Regular Meeting of the

Santa Clara County Health Authority
Governing Board

Thursday, June 23, 2022, 12:00 PM – 2:30 PM

Santa Clara Family Health Plan

6201 San Ignacio Ave, San Jose, CA 95119

Via Teleconference Only
(408) 638-0968
Meeting ID: 811 0228 8572
Passcode: GovBd2022!
https://us06web.zoom.us/j/81102288572

AGENDA

1. Roll Call and Board Member Recognition Acknowledge outgoing Board members Debra Porchia-Usher, Darrell Evora, and Bob Brownstein.	Mr. Brownstein Ms. Tomcala	12:00	5 min
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. **Announcement Prior to Recessing into Closed Session** Announcement that the Governing Board will recess into closed session to discuss Item No. 3 below.	Mr. Brownstein	12:05	5 min
3. Adjourn to Closed Session		12:10	
a. Conference with Labor Negotiators (Government Code Section 54957.6): It is the intention of the Governing Board to meet in Closed Session to confer with its management representatives regarding negotiations with SEIU Local 521. • Santa Clara County Health Authority Designated Representatives: Christine Tomcala, Neal Jarecki, Teresa Chapman, and Richard Noack • Employee Organization: SEIU Local 521			
b. Contract Rates (Welfare and Institutions Code Section 14087.38(n)): It is the intention of the Governing Board to meet in Closed Session to discuss Plan partner rates.			
4. Report from Closed Session	Mr. Brownstein	12:35	5 min
5. Tentative Agreement with SEIU Local 521 **Possible Action:** Approve agreement with SEIU Local 521	Ms. Brownstein	12:40	5 min

6. Approve Consent Calendar and Changes to the Agenda Mr. Brownstein 12:45 5 min

Items removed from the Consent Calendar will be considered as regular agenda items.

Possible Action: Approve Consent Calendar

a. Approve minutes of the March 24, 2022 **Governing Board** Meeting

b. Accept minutes of the April 25, 2022 **Special Executive/Finance Committee** Meeting
- Ratify approval to continue use of teleconferencing

c. Accept minutes of the April 28, 2022 **Executive/Finance Committee** Minutes
- Ratify approval of Finance Policies
  - FA.01 v3 Finance - General
  - FA.02 v3 Cash & Cash Receipts
  - FA.03 v3 Cash Disbursements
  - FA.04 v3 Accounts Receivable & Revenue
  - FA.05 v3 Payroll & Employee Expenses
  - FA.06 v3 Fixed Assets & Depreciation Expense
  - FA.08 v3 Treasury & Debt
  - FA.09 v3 Financial Close & Reporting
  - FA.10 v3 Medical Expenses & Incurred-But-Not-Paid (IBNP)
  - FA.11 v2 Healthcare Economics
  - FA.12 v2 Employee Recognition Gift Cards
- Ratify approval of Microsoft License Renewal
- Ratify approval of the February 2022 Financial Statements
- Ratify approval of Investment Policy FA.07v4
- Ratify approval of an extension to the Institute on Aging Contract for Assisted Living Services
- Ratify approval of funding for the Alum Rock Counseling Center Clinic Renovations Project from the Board Designated Innovation Fund

d. Accept minutes of the May 26, 2022 **Executive/Finance Committee** Meeting
- Ratify acceptance of the Network Detection & Prevention Update
- Ratify approval of Finance Policy
  - FA.14 Board Committee Stipends
- Ratify approval of the Dynamic Module for D-SNP revenue reconciliation
- Ratify approval of the Healthcare Fraud Shield software solution
- Ratify approval to continue use of teleconferencing
- Ratify approval of the March 2022 Financial Statements

e. Accept minutes of the May 26, 2022 **Compliance Committee** Meeting
- Ratify approval of Compliance Policies
  - **o** CP.01 Regulatory Reporting
  - **o** CP.02 Fraud Waste and Abuse
  - **o** CP.04 Data Mining to Detect, Correct and Prevent FWA
  - **o** CP.05 Record Retention
  - **o** CP.06 False Claims Act
  - **o** CP.07 Corrective Actions
  - **o** CP.08 Compliance Reporting Mechanisms
  - **o** CP.09 Exclusion Screening
  - **o** CP.10 Compliance Training
  - **o** CP.11 Effective Communications

- CP.12 Annual Compliance Program Effectiveness Audit
- CP.15 Standard of Conduct
- CP.16 Vendor and FDR Contracting
- CP.17 Risk Assessment and Audit Work Plan
- CP.18 Protection of HIV AIDS Information
- CP.26 Compliance Hotline
- CP.30 Subcontracting Terminations and Block Transfer Filings
- CP.31 Conducting Internal Investigations
- CP.32 Conflict of Interest
- CP.33 Well-Publicized Disciplinary Standards
- CP.35 Key Personnel Filing
- CP.37 DMHC Independent Medical Review (IMR)
- DE.01 Delegation Oversight
- DE.02 Pre-Delegation Audit
- DE.03 Delegation Agreement
- DE.05 Joint Operation Committee Meetings Between SCFHP and FDRs/Delegated Entities
- DE.07 Delegation Corrective Action

f. Accept minutes of the April 12, 2022 **Quality Improvement Committee** Meeting

- Ratify approval of the Medi-Cal (MC) & Cal MediConnect (CMC) Quality Improvement (QI) Work Plan 2022
- Ratify approval of the MC & CMC QI Program Evaluation 2021
- Ratify approval of the Pharmacy Benefit Information Analysis
- 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.15 Transitions of Care
  - QI.16 Managed Long Term Services and Support Care Coordination
  - QI.19 Care Coordination Staff Education and Training
  - QI.23 SABIRT Misuse of Alcohol and Substances
  - QI.28 Health Homes Program
  - QI.30 Health Risk Assessment
  - QI.31 Community Supports (CS)
  - QI.32 Enhanced Care Management (ECM)
- Ratify acceptance of Committee Reports
  - Consumer Advisory Board – March 3, 2022
  - Pharmacy and Therapeutics Committee **–** March 17, 2022
  - Credentialing Committee Report – February 23, 2022

g. Accept minutes of the June 14, 2022 **Quality Improvement Committee** Meeting

- Ratify approval of the Cal MediConnect Cultural & Linguistics Provider
- Ratify approval of the CMC Population Health Assessment 2022
- Ratify approval of the CMC Population Health Management Impact Analysis
- Ratify approval of the CMC and Medi-Cal PHM Strategy 2022
- Ratify approval of the Activities and Resources Grid

- Ratify approval of QI Policies
  - QI.08 Cultural and Linguistically Competent Services
  - QI.20 Information Sharing with San Andreas Regional Center (SARC)
  - QI.22 Early Start Program (Early Intervention Services)
  - QI.33 SCFHP ECM Denial & Disenrollment
- Ratify approval of the Grievance & Appeals Report Q1 2022
- Ratify acceptance of Committee Reports
  - Utilization Management Committee – April 20, 2022
  - Consumer Advisory Board – June 2, 2022
  - Credentialing Committee Report – April 6, 2022

h. Accept minutes of the May 11, 2022 **Provider Advisory Council** Meeting
i. Accept minutes of the June 7, 2022 **Consumer Advisory Committee** Meeting
j. Approve **Publicly Available Salary Schedule**
k. Approve March 2022 **Quarterly Investment Performance & Compliance Report**
l. Approve **Resolution to Adopt an Amended Conflict of Interest Code**
m. Approve **Cisco Phone System 3-Year Subscription Maintenance**
n. Accept **FY'21-'22 Donations & Sponsorships Annual Report**
o. Accept **Board Designated Fund Summary**
p. Accept **FY'21-'22 Gift Card Report**
q. Accept **2022 Employee Satisfaction Survey Highlights**
r. **Elect Officers** to a two-year term:
Chairperson – Michele Lew
Secretary – Sarita Kohli
s. Appoint **Sarita Kohli to the Executive/Finance Committee**
t. Appoint **Sherri Sager to chair the Consumer Advisory Committee**
u. Appoint **Sherri Sager, Sue Murphy, Michele Lew, Sarita Kohli, and EvaTerrazas to a temporary, ad-hoc subcommittee to conduct the annual evaluation of the CEO**
v. Approve **continued use of teleconferencing** without providing public access to each teleconference location pursuant to Government Code Section 54953

7.	**April 2022 Financial Statements** Review April 2022 Financial Statements. **Possible Action:** Approve the April 2022 Financial Statements	Mr. Jarecki	12:50	5 min
8.	**Fiscal Year 2022-2023 Budget** Review proposed budget for FY'23. **Possible Action:** Approve FY'23 Budget	Mr. Jarecki	12:55	20 min
9.	**Innovation Fund Expenditure Requests**	Ms. Bui-Tong	1:15	30 min

a. Consider funding request from **Community Health Partnership** for Community Health Centers' transition to Epic.
Possible Action: Approve expenditure from the Board Designated Innovation Fund for the Community Health Partnership Epic implementation
b. Consider funding request from **Healthier Kids Foundation** for expansion of My HealthFirst.
Possible Action: Approve expenditure from the Board Designated Innovation Fund for the Healthier Kids Foundation My HealthFirst expansion

10. Preliminary Fiscal Year 2021-2022 Year in Review Review preliminary performance on FY'22 Plan Objectives.	Ms. Tomcala	1:45	10 min
11. Fiscal Year 2022-2023 Plan Objectives Review draft FY'23 Plan Objectives. **Possible Action:** Approve FY'23 Plan Objectives	Ms. Tomcala	1:55	10 min
12. CEO Update Discuss status of current topics and initiatives.	Ms. Tomcala	2:05	10 min
13. Compliance Report Review and discuss compliance activities and notifications.	Mr. Haskell	2:15	5 min
14. Government Relations Update Discuss local, state, and federal legislative and policy issues impacting the Plan and its members.	Mr. Haskell	2:20	10 min
15. Adjournment		2:30	

Notice to the Public—Meeting Procedures

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

Regular Meeting of the

Santa Clara County Health Authority

Governing Board

Thursday, March 24, 2022, 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
Kathleen King
Liz Kniss
Sarita Kohli
Michele Lew
Sue Murphy
Ria Paul
Sherri Sager

Members Absent
Darrell Evora
Debra Porchia-Usher

Staff Present
Christine Tomcala, Chief Executive Officer
Neal Jarecki, Chief Financial Officer
Laurie Nakahira, DO, Chief Medical Officer
Jonathan Tamayo, Chef Information Officer
Chris Turner, Chief Operating Officer
Ngoc Bui-Tong, VP, Strategies & Analytics
Chelsea Byom, VP, Marketing, Communications & Outreach
Teresa Chapman. VP, Human Resources
Laura Watkins, VP, Marketing & Enrollment
Tyler Haskell, Interim Compliance Officer
Barbara Granieri, Controller
Mike Gonzales, Director, Community Engagement
Johanna Liu, Director, Quality & Process Improvement
Khanh Pham, Director, Financial Reporting & Budgeting
Ashley Kerner, Manager, Administrative Services
Rita Zambrano, Executive Assistant

Others Present
Eva Terrazas, Chief Public Policy & Advocacy Officer, Pacific Clinics
Jennifer Smith, Co-CEO, Bay Area Women's Sports Initiative (BAWSI)
Dana Weintraub, Co-CEO, Bay Area Women's Sports Initiative (BAWSI)
Sherri Shaner, Development Director, Bay Area Women's Sports Initiative (BAWSI)
Noemi Conway, Executive Director, Stroke Awareness Foundation
Nicole Farkouh, CultureWonk
Gavin Ward, 24 Hour Home Care
Tiffany Washington, Program Manager, Valley Health Plan

1. Roll Call

Bob Brownstein, Chair, called the meeting to order at 12:00 pm. Roll call was taken and a quorum was established.

2. Public Comments

There were no public comments.

3. Approve Consent Calendar and Changes to the Agenda

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

a. Approve minutes of the December 16, 2021 **Governing Board** Meeting

b. Accept minutes of the January 10, 2022 **Executive/Finance Special Committee** Meeting
- Ratify approval to continue use of teleconferencing

c. Accept minutes of the January 27, 2022 **Executive/Finance Committee** Meeting
- Ratify approval of the YE 2021 Flexible Spending Account change resolution
- Ratify approval of authorization for CEO to execute contract with selected Claims Editing SystemVendor
- Ratify approval of the November 2021 Financial Statements
- Ratify approval of the CMC CAHPS 2021 Results presentation
- Ratify approval of the expenditure from the Board Designated Innovation Fund for the Parents Helping Parents Connections California program

d. Accept minutes of the February 24, 2022 **Executive/Finance Committee** Meeting
- Ratify approval of the Network Detection and Prevention Update
- Ratify approval of the December 2021 Financial Statements
- Ratify approval of the expenditure from the Board Designated Innovation Fund for the Santa Clara County Public Health Department Juntos Initiative
- Receive the DHCS Comprehensive Quality Strategy Report

e. Accept minutes of the February 24, 2022 **Compliance Committee** Meeting
- Ratify approval of proposed amendments to the Compliance Program

f. Accept minutes of the February 8, 2022 **Quality Improvement Committee** Meeting
- Ratify approval of the Network Adequacy Assessment 2021
- Ratify approval of the QI Program Description 2022
- Ratify approval of the Cultural and Linguistics (C&L) Evaluation 2021, C&L Program Description 2022, and C&L Work Plan 2022
- Ratify approval of the Grievance and Appeals (G&A) Report Q3 and Q4 2021
- Ratify approval of QI policies
  - QI.05 Potential Quality of Care Issues
  - QI.07 Physical Access Compliance
  - QI.10 Initial Health Assessment (IHA) and Staying Health Assessment (SHA)
  - QI.14 Disease Surveillance
  - QI.23 Alcohol and Drug Screening Assessment, Brief Intervention, and Referral to Treatment (SABRIT)
  - QI.29 Nurse Advice Line
  - QI.31 Community Supports (CS)
  - QI.32 Enhanced Care Management (ECM)
- Ratify acceptance of Committee Reports
  - Utilization Management Committee **-** January 19, 2022
  - Credentialing/Peer Review Committee **-** December 1, 2022
  - Pharmacy and Therapeutics Committee **-** December 16, 2021
  - Cal MediConnect Consumer Advisory Board **-** December 2, 2021

g. Accept minutes of the February 9, 2022 **Provider Advisory Council** Meeting

h. Accept minutes of the March 8, 2022 **Consumer Advisory Committee** Meeting

i. Approve **Publically Available Salary Schedule**

j. Approve December 2021 **Quarterly Investment Compliance Report**

k. Approve **Resolution to Delegate Authority to CEO to Amend Retirement and Health and Welfare Plans**

l. Approve **continued use of teleconferencing** without providing public access to each teleconference location pursuant to Government Code Section 54953.

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

Motion: Ms. Kniss
Second: Ms. Murphy
Ayes: Mr. Brownstein, Ms. Burrell, Mr. Cameron, Ms. Kniss, Ms. Lew, Ms. Murphy, Dr. Paul, Ms. Sager
Absent: Mr. Evora, Ms. King, Ms. Kohli, Ms. Porchia-Usher

4. Resolution for CalPERS Post-Retirement Service

Christine Tomcala, Chief Executive Officer, presented the Resolution for 180-Day Wait Period Exception, stating Laura Watkins, Vice President, Marketing and Enrollment, would retire on June 24, 2022 without receiving any retirement-related incentive.

Ms. Tomcala further stated, in compliance with Government Code section 7522.56 of the Public Employees' Retirement Law, the Santa Clara County Health Authority (SCCHA) Governing Board must provide CalPERS with a certification resolution when hiring a retiree before 180 days have passed since their retirement date.

Ms. Tomcala explained the urgent need for a subject matter expert resulting from the January 1, 2023 transition of Cal MediConnect to a Medicare Dual-Eligible Special Needs Plan.

Kathleen King joined the meeting at 12:05 pm.

It was moved, seconded, and the Resolution to authorize the Vice President, Marketing and Enrollment post-retirement service was **approved.**

Motion: Ms. Kniss
Second: Ms. Murphy
Ayes: Mr. Brownstein, Ms. Burrell, Mr. Cameron, Ms. Kniss, Ms. Lew, Ms. Murphy, Dr. Paul, Ms. Sager
Abstain: Ms. King
Absent: Mr. Evora, Ms. Kohli, Ms. Porchia-Usher

5. January 2022 Financial Statements

Neal Jarecki, Chief Financial Officer, presented the unaudited financial statements for January 2022, which reflected a current month net loss of $14.5 million ($15.0 million unfavorable to budget) and a year-to-date net surplus of $10.7 million ($2.5 million favorable to budget).

Enrollment increased by 3,561 members from the prior month to 294,658 members (21,194 members or 6.7% lower than monthly budget). January 2022 Medi-Cal enrollment included approximately 3,000 newly-eligible members having Other Health Coverage (OHC), significantly lower than budget. Membership continues to grow due to the extended duration of the COVID public health emergency during which member disenrollments have been suspended. YTD member months trailed budget by 37,005 member months or 0.9%).

Revenue reflected an unfavorable current month variance of $12.4 million (10.2%) largely due to inclusion of Med-Cal pharmacy through FY22 in the budget. Pharmacy was carved-out of managed care effective January 1st, which reduced revenue with a corresponding reduction to medical expense. Additionally, revenue was lower than expected due to lower enrollment (largely fewer OHC members than budgeted) with a corresponding reduction to medical expense. Partially offsetting these unfavorable revenue variance were higher calendar year 2022 Medi-Cal CCI rates versus budget and higher CY20 Medicare quality withhold earnback versus estimate.

Medical Expense reflected an unfavorable current month variance of $2.4 million (2.1%) largely due to the unfavorable impact of a one-time capitation payment for VMC based on actual utilization. Partially offsetting were favorable variances caused by the pharmacy carve-out and lower enrollment discussed above.

Sarita Kohli joined the meeting at 12:37 pm

Administrative Expense was $136 thousand (2.0%) favorable to budget for the month largely due to lower headcount than budgeted offset by an unfavorable variance in non-personnel expense due to the timing of certain expenses in the budget.

The Balance Sheet reflected a Current Ratio, a key measure of liquidity, of 1.30:1 versus the DMHC minimum current ratio requirement of 1.00:1.

Tangible Net Equity of $265.5 million, which represented approximately three months of the Plan's total expenses, included unrestricted net assets of $223.1 million.

Capital Investments of $928 thousand were made year-to-date, predominately computer software licenses.

It was moved, seconded, and the January 2022 unaudited Financial Statements were **unanimously approved.**

Motion:	Mr. Cameron
Second:	Ms. King
Ayes:	Mr. Brownstein, Ms. Burrell, Mr. Cameron, Ms. King, Ms. Kniss, Ms. Kohli, Ms. Lew, Ms.Murphy, Dr. Paul, Ms. Sager
Absent:	Mr. Evora, Ms. Porchia-Usher

6. Special Project Fund for CBOs Expenditure Request

Ms. Watkins presented a funding request of $250,000 for the Stroke Awareness Foundation's (SAF) Multilingual Awareness of Stroke Signs project. Ms. Watkins noted the projected outcomes during the grant period would be increased stroke awareness and education for residents in the county whose primary language is Chinese, Vietnamese or Spanish. She noted the long-term outcome should be an ultimate reduction of stroke-related long-term impact and death.

Ms. Watkins introduced Noemi Conway, Executive Director, Stroke Awareness Foundation. Ms. Conway responded to Board members' questions.

A motion was put forward by Michele Lew to approve the $250,000 request with a requirement that SAF provide a report in six months on their efforts to obtain additional funders.

An amendment to the motion was introduced by Sue Murphy to reduce the funding amount to $125,000, with the request that SAF return in six months with a report on results achieved to date, as well as on efforts to obtain additional funders.

Mr. Brownstein offered a friendly amendment to Ms. Murphy's amendment, requiring SCFHP staff to follow up with SAF throughout the year to confirm the organization has attemted to secure funds from alternative sources, and that the program is showing signs of success. Should these conditions be met, SAF would be granted the additional $125,000 without requiring a return appearance to request the additional funding at a meeting of the Governing Board.

Ms. Murphy declined Mr. Brownstein's friendly amendment.

It was moved by Ms. Murphy, **seconded** by Ms. Kniss, and **not passed** to provide $125,000 to SAF for the Multilingual Awareness of Stroke Signs project, with the opportunity to request additional funding on a return visit in six months with evidence of successful program results and unsuccessful attempts to obtain additional funding from other sources.

Motion:	Ms. Murphy
Second:	Ms. Kniss
Ayes:	Mr. Cameron, Ms. Kniss, Ms. Murphy
Nays:	Mr. Brownstein, Ms. Burrell, Ms. King, Ms. Kohli, Ms. Lew, Dr. Paul, Ms. Sager
Absent:	Mr. Evora, Ms. Porchia-Usher

Mr. Brownstein offered his friendly amendment to Ms. Lew's original motion, and it was accepted.

It was moved, seconded, and approved to provide $125,000 to SAF for the Multilingual Awareness of Stroke Signs project as an expenditure from the Board Designated Special Project Fund for CBOs, with an additional $125,000 to be funded based on assessment of progress toward securing additional project funding and achieving metrics, as documented in a progress report due to SCFHP staff in one year.

Motion: Mr. Lew
Second: Ms. King
Ayes: Mr. Brownstein, Ms. Burrell, Ms. King, Ms. Kohli, Ms. Lew, Dr. Paul, Ms. Sager
Nays: Mr. Cameron, Ms. Kniss, Ms. Murphy
Absent: Mr. Evora, Ms. Porchia-Usher

7. Innovation Fund Expenditure Request

Ms. Watkins presented a funding request for the Bay Area Women's Sports Initiative's (BAWSI) Leadership Accelerator program buildout in East San Jose. The grant would cover 80% of the cost for year 2 and 40% for year 3 of the Leadership Accelerator. The BAWSI Leadership Accelerator will expand BAWSI's programming, developing a continuum from elementary to middle schools and eventually to high schools, focusing on building leadership skills for girls in under-resourced communities through sport. The funding would enable BAWSI to engage up to 1,460 girls in the Alum Rock School District, ages 7-14, for 24 months.

It was moved, seconded, and the Bay Area Women's Sports Initiative request for $250,000 to fund BAWSI Leadership Accelerator was **unanimously approved** as an expenditure from the Board Designated Innovation Fund.

Motion: Ms. Sager
Second: Ms. Kniss
Ayes: Mr. Brownstein, Ms. Burrell, Mr. Cameron, Ms. King, Ms. Kniss, Ms. Lew, Ms. Murphy, Dr. Paul, Ms. Sager
Abstain: Ms. Kohli
Absent: Mr. Evora, Ms. Porchia-Usher

8. CEO Update

Ms. Tomcala presented updated COVID-19 vaccination graphs, including data by age, group, ethnicity, and booster status. Ms. Tomcala noted 73% of SCFHP members, age five and over, had received a minimum of one COVID vaccine dose, 12% less than the county's current average (85%). Ms. Tomcala noted SCFHP is the second-highest performing Medi-Cal plan in the State. She shared SCFHP earned 88% of the State incentive money available for the Plan in the first payment period, $2.476 million. Additionally, the Plan will receive reimbursement for the $50 member incentives.

Ms. Tomcala acknowledged an award presented to SCFHP by the Stanford Office of Community Engagement. The award recognized SCFHP as an "Outstanding Community Partner" for being a community health leader, the organization's COVID-19 response plan, and the CRC planning process to advance health equity.

Ms. Tomcala shared the percentage of staff vaccinated (92%), boosted (44%), and considered up to date (48%). She discussed the phased re-entry approach to welcoming staff back to the office, with the first group returning in May, the second in June, and the third in July.

Ms. Tomcala reported on the pharmacy carve out, Medi-Cal Rx, stating effective January 1st, all retail pharmacy expenses are being carved out to PBM Magellan. Ms. Tomcala noted a decrease in calls to the SCFHP call center resulting from the state suspension of prior authorization requirements.

Ms. Tomcala provided a summary of SCFHP's COVID-19 outreach efforts, as well as the Board Dashboard.

9. SCFHP Blanca Alvarado CRC Framework

Mike Gonzalez, Director, Community Engagement, presented and requested feedback on the Blanca Alvarado Community Resource Center (CRC) planning process, framework, and strategy to improve the health and wellbeing of members residing in East San Jose.

Mr. Gonzalez stated the CRC Framework's intent to address the social determinants of health (SDOH) and to improve health and reduce longstanding health disparities.

Mr. Gonzalez summarized the community-led planning process conducted by two advisory groups, a Resident Advisory Group composed of 18 residents from East San Jose, and a System Advisory Group made up of 22 community leaders. Mr. Gonzalez further explained the goal of the Advisory Groups to ensure the planning process was comprehensive and culturally responsive. Mr. Gonzalez shared that the community health needs assessment enabled SCFHP to secure primary data through surveys, focus groups, and stakeholder meetings.

Mr. Gonzalez explained the planning process defined relevant programs, strengthened the SCFHP approach to member engagement, strengthened the safety-net system, and enhanced the journey for Medi-Cal and Cal MediConnect members.

Mr. Gonzalez summarized the CRC Framework detailing the center's vision, purpose, center priorities, and center strategies for the upcoming three years.

Mr. Gonzalez indicated the intent to finalize the planning process and CRC Framework by incorporating feedback from the SCFHP Governing Board, local elected officials, and community stakeholders with the final report being made available in June 2022.

Mr. Gonzalez invited the Governing Board Members to attend an upcoming Community Celebration in May 2022, showcasing the CRC planning process and Framework.

A*lma Burrell left the meeting at 1:51 pm..*

10. Compliance Report

Tyler Haskell, Interim Compliance Officer, provided brief comments about some of the activity discussed in the written Compliance Activity Report, including the compliance program effectiveness audit, Medicare data validation audit, and CMS notices of noncompliance. Mr. Haskell discussed the recent DHCS annual medical audit, including potential findings received verbally from the auditors in the areas of utilization management, grievances and appeals, initial health assessments, transportation, quality improvement, and fraud, waste, and abuse.

10. Government Relations Update

Mr. Haskell provided updates on relevant federal and state government actions. He discussed the recently-enacted federal funding bill, the prospects for future health-related legislation, and the status of the Public Health Emergency. Mr. Haskell provided an update on the State budget and budget proposals relating to Medi-Cal, and discussed State legislation, the status of the CalAIM project, and a direct Medi-Cal managed care contract for Kaiser proposed by the State.

11. Adjourn to Closed Session

a. <u>Report Involving Trade Secrets</u>
The Governing Board met in Closed Session to discuss Plan Contract Rates.

b. <u>Contract Rates</u>
The Governing Board met in Closed Session to discuss Plan partner rates.

12. Report from Closed Session

Mr. Brownstein reported that the Governing Board met in Closed Session to discuss trade secrets and contract rates.

13. Adjournment

The meeting was adjourned at 2:39 pm.

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Michele Lew, Secretary

Special Meeting of the

Santa Clara County Health Authority
Executive/Finance Committee

Monday, April 25, 2022, 1:00 PM – 2:00 PM
Santa Clara Family Health Plan – Teleconference
6201 San Ignacio Ave, San Jose, CA 95119

MINUTES

Members Present
Bob Brownstein
Alma Burrell
Dave Cameron
Michele Lew

Staff Present
Christine Tomcala, Chief Executive Officer
Neal Jarecki, Chief Financial Officer
Tyler Haskell, Interim Compliance Officer
Ashley Kerner, Manager, Administrative Services
Amy O'Brien, Administrative Assistant
Rita Zambrano, Executive Assistant

Members Absent
Sue Murphy

1. Roll Call

Bob Brownstein called the meeting to order at 1:00 pm. Roll call was taken and a quorum was established.

2. Public Comments

There were no public comments.

3. AB 361 Compliance

Tyler Haskell, Interim Compliance Officer, explained the need for the Committee to meet in order to comply with AB 361. Under this law, public agencies that intend to continue meeting by teleconference during a declared state of emergency without providing public access to each teleconference location need to make certain findings and certify the ongoing need for teleconferencing every 30 days.

It was moved, seconded, and unanimously approved to continue use of teleconferencing without providing public access to each teleconference location pursuant to Government Code Section 54953.

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

4. Adjournment

The meeting was adjourned at 1:06 pm.

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Michele Lew, Secretary

Regular Meeting of the

Santa Clara County Health Authority
Executive/Finance Committee

Thursday, April 28, 2022, 10:30 AM – 12:30 PM
Santa Clara Family Health Plan
6201 San Ignacio Ave, San Jose, CA 95119

MINUTES

Members Present
Bob Brownstein, Chair
Alma Burrell
Dave Cameron
Michele Lew

Members Absent
Sue Murphy

Staff Present
Christine Tomcala, Chief Executive Officer
Neal Jarecki, Chief Financial Officer
Laurie Nakahira, DO, Chief Medical Officer
Jonathan Tamayo, Chef Information Officer
Chris Turner, Chief Operating Officer
Ngoc Bui-Tong, VP, Strategies & Analytics
Chelsea Byom, VP, Marketing, Communications & Outreach
Tyler Haskell, Interim Compliance Officer
Barbara Granieri, Controller
Lori Andersen, Director, Long Term Services & Supports
Khanh Pham, Director, Financial Reporting & Budgeting
Ashley Kerner, Manager, Administrative Services
Lloyd Alaban, Copy Writer and Content Strategist
Robyn Esparza, Administrative Assistant
Rita Zambrano, Executive Assistant

Others Present
Steve Eckert, CEO, Alum Rock Counseling Center
Richard Noack, Hopkins & Carley LLC
Jared Pratt, VP/Senior Investment Analyst, Meketa Investment Group
Hannah Schriner, Managing Principal/Consultant, Meketa Investment Group

1. Roll Call

Bob Brownstein, Chair, called the meeting to order at 10:33 am. Roll call was taken and a quorum was established.

2. Public Comments

There were no public comments.

3. 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 February, 2022 **Executive/Finance Committee** minutes
b. Approve April 25, 2022 **Special Executive/Finance Committee** minutes

c. Approve **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.08 Treasury & Debt
- FA.09 Financial Close & Reporting
- FA.10 Medical Expense & Incurred-But-Not Paid (IBMP)
- FA.11 Healthcare Economics
- FA.12 Employee Recognition Gift Cards

d. Approve **Microsoft License Renewal**

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

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

4. February 2022 Financial Statements

Neal Jarecki, Chief Financial Officer, presented the unaudited financial statements for February 2022, which reflected a current month net surplus of $2.9 million ($2.6 million favorable to budget) and a year-to-date net surplus of $13.6 million ($5.0 million favorable to budget).

Enrollment increased by 764 members from the prior month to 295,422 members (18,265 members or 5.9% lower than budget, largely due to fewer newly-eligible members having Other Health Coverage (OHC). Membership continues to grow due to the extended duration of the COVID public health emergency during which member disenrollment's have been suspended. YTD member months trailed budget by 55,470 member months or 2.3%).

Revenue reflected a favorable current month variance of $194.6 million (160%) largely due to two key factors: (1) the inclusion of $212.4 million of unbudgeted hospital directed payment revenue (with offsetting unbudgeted medical expense) partially offset by (2) the inclusion Med-Cal pharmacy throughout FY22 in the budget. Pharmacy was carved-out of managed care effective January 1, 2022, which reduced revenue (with a corresponding reduction to medical expense). Additionally, revenue was lower than budget due to lower enrollment due to fewer OHC members than budgeted (with a corresponding reduction to medical expense). Revenue also reflected favorable calendar year 2022 Medi-Cal CCI rates versus budget and unbudgeted COVID vaccine program revenue received partially offset by additional medical loss ratio accruals payable to DHCS.

Medical Expense reflected an unfavorable current month variance of $192.7 million (168%) largely due to offsets to the three key revenue items above (hospital directed payments, pharmacy carve-out, and OHC enrollment). Additionally, certain fee-for-service expense categories reflected favorable variances due to reduced enrollment and lower unit costs than budgeted. Capitation expense was slightly unfavorable due to budget due to higher capitation rates partially offset by lower capitated enrollment.

Administrative Expense was $963.9 thousand (14.4%) favorable to budget for the month largely due to lower headcount than budgeted and a favorable variance in non-personnel expense due to the timing of certain expenses in the budget.

The **Balance Sheet** reflected a Current Ratio, a key measure of liquidity, of 1.24:1 versus the DMHC minimum current ratio requirement of 1.00:1.

Tangible Net Equity of $268.4 million, which represented approximately three months of the Plan's total expenses, included unrestricted net assets of $226.4 million.

Capital Investments of $939 thousand were made year-to-date, predominately computer software licenses, versus the annual capital budget of $3.3 million.

It was moved, seconded, and the February 2022 unaudited Financial Statements were **unanimously approved.**

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

5. Annual Investment Policy Review

Mr. Jarecki introduced Harrah Schriner and Jared Pratt of the Meketa Investment Group, who presented recommended updates to the Investment Policy FA.07 Version 4. The policy was last updated in April 2021. Proposed revision reflect the updated Government Code, investment vehicle and duration recommendation by Meketa, and minor verbiage changes.

It was moved, seconded, and the revised Investment Policy FA.07 was **unanimously approved.**

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

6. Institute on Aging (IOA) Contract Extension

Lori Andersen, Director, Long Term Services & Supports, presented a request to extend the funding period for Institute on Aging's (IOA) Assisted Living Services. Ms. Andersen noted that in November 2019, the Executive/Finance Committee approved a funding proposal of $867,000 from IOA to provide supportive services to SCFHP members who were placed in Residential Care Facilities for the Elderly (RCFEs) through the Whole Person Care (WPC) program.

With the launch of CalAIM in January 2022, Medi-Cal members receiving RCFE Assisted Living Services transitioned to Community Supports. However, Cal MediConnect (CMC) members are not eligible for Community Supports until SCFHP transitions to a Dual Eligible Special Needs Plan (D-SNP). One CMC member is therefore at risk of eviction from the RCFE where he lives.

By extending the IOA contract, some of the remaining funds can be used to continue covering supportive services for CMC members until they transition to the D-SNP in January 2023, at which time they will be eligible for Community Supports.

SCFHP would like to extend the IOA contract's original termination date of February 15, 2022, until December 31, 2022, to ensure that CMC members are able to access RCFEs as a medically appropriate and cost-effective alternative.

It was moved, seconded, and an extension of the IOA Contract for Assisted Living Services to December 31, 2022 was **unanimously approved.**

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

7. Board Designated Fund Expenditure Request

Christine Tomcala, Chief Executive Officer, presented a funding request for $249,726 for the Alum Rock Counseling Center (ARCC) Clinic Renovations Project. ARCC's Clinic Renovations Project will support key elements of ARCC's strategic plan, including expanding current programs, adding new programs, improving ARCC facilities, and recruiting and retaining staff. It will also improve the ability to support telehealth and make it possible for providers to serve more clients. The expected completion is July or August 2022. To date, ARCC has secured over 80% of the required funding for the renovation.

Ms. Tomcala introduced Steve Eckert, the ARCC CEO, and the Committee asked several questions regarding the ARCC request. Mr. Brownstein also requested that future funding applicants be educated and encouraged to provide information timely enough to allow for feedback on opportunities to seek funding from additional entities.

It was moved, seconded, and the ARCC request for $249,726 to fund the Clinic Renovations Project was **unanimously approved** as an expenditure from the Board Designated Innovation Fund**.**

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

Michele Lew requested a future agenda item to refresh the Committee on the available funding policies. Alma Burrell further requested a list of projects previously funded.

8. CEO Update

Ms. Tomcala presented updated COVID vaccination graphs, including data by age group, ethnicity, and booster status. Ms. Tomcala shared that there is currently an 11% gap between eligible SCFHP members (74%) and overall Santa Clara County (85%) residents who have received at least one COVID vaccine dose.

Ms. Tomcala discussed the State's vaccine incentive program and noted that for SCFHP members age 12 and up, 78% have received one vaccination, up from 65% last August, a 13% increase. SCFHP continues to host vaccine clinics at our Blanca Alvarado Community Resource Center (CRC), offer $50 gift cards, and support local community-based organizations that are providing outreach to communities with low vaccination rates.

Ms. Tomcala further shared that Partnership Health Plan recently had a ransomware attack and was significantly impacted. She noted that SCFHP continues to take preventive measures in an effort to reduce the odds of a malicious system penetration.

9. Government Relations Update

Tyler Haskell, Interim Compliance Officer, discussed the recent extension of the federal public health emergency and the related impact on plan enrollment, congressional efforts to cap out-of-pocket insulin costs, and the possibility of other federal health legislation in 2022.

Mr. Haskell provided an update on the State budget, which is expecting a large surplus, likely resulting in additional one-time infrastructure spending. He mentioned four state bills concerning a Kaiser direct Medi-Cal contract, network requirements relating to midwives, continuous Medi-Cal eligibility for young children, and teleconferencing for public agencies.

Mr. Haskell concluded his presentation with a report on a proposal developed by the Mayor and members of the San Jose City Council regarding the possibility of SCFHP participation in establishing and operating a housing development with on-site outpatient treatment for substance use disorder.

10. Adjourn to Closed Session

a. Conference with Labor Negotiators

The Executive/Finance Committee met in Closed Session to confer with its management representatives regarding negotiation with SEIU Local 521.

b. Contract Rates

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

11. Report from Closed Session

Mr. Brownstein reported that the Executive/Finance Committee met in Closed Session to discuss items 10. a. & b.

12. Adjournment

The meeting was adjourned at 12:02 pm.

_____

Michele Lew, Secretary

Annual Review of Finance Policies
April 28, 2022

Policy No.	Policy Title	Changes
FA.01	Finance - General	No Change
FA.02	Cash & Cash Receipts	**Revised**
FA.03	Cash Disbursements	No Change
FA.04	Accounts Receivable & Revenue	No Change
FA.05	Payroll & Employee Expenses	No Change
FA.06	Fixed Assets & Depreciation Expense	No Change
FA.08	Treasury & Debt	No Change
FA.09	Financial Close & Reporting	No Change
FA.10	Medical Expense & Incurred-But-Not-Paid (IBNP)	No Change
FA.11	Healthcare Economics	No Change
FA.12	Employee Recognition Gift Cards	No Change

POLICY

Policy Title:	Finance - General	**Policy No.:**	FA.01 v3
Replaces Policy Title (if applicable):	N/A	**Replaces Policy No. (if applicable):**	N/A
Issuing Department:	Finance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

This policy governs the general financial policies and procedures used by SCFHP.

II. Policy

SCFHP's Governing Board, Executive Management Team, and generally-accepted accounting principles (GAAP) require that the Finance department implement and maintain proper controls and procedures to ensure that the Plan's assets are protected, properly recorded, and periodically reconciled.

This policy will ensure that the Finance department has sufficient procedures governing the general Finance areas not otherwise addressed through specific procedures for a specific area (e.g., Cash Receipts).

This policy will be supported by specific detailed procedures on:

a. Finance definitions,
b. Asset access controls
c. Budgeting & forecasting
d. Member months
e. Audit preparation
f. Financial systems access,
g. Accounting calendar development
h. Commercial insurance
i. Administrative expense allocations
j. Any future procedures of a general financial nature as needed.

III. Responsibilities

The Chief Financial Officer has overall responsibility for this policy. The Controller has responsibility for implementation, periodic updates, and oversight of the Finance's staff adherence to this policy and all related procedures.

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POLICY

IV. References

None

V. Approval/Revision History

First Level Approval	Second Level Approval
Barbara Granieri, Controller **03/31/22** Date	Neal Jarecki, CFO **4/5/22** Date

Version Number	Original/ Reviewed/ Revised	Reviewing Committee (if applicable)	Committee Action/Date (Recommended or Approved)	Board Action/Date (Approved or Ratified)
V1	Original	Executive/Finance Committee	Approved 05/01/19	Ratified 06/27/19
V2	Revised	Executive/Finance Committee	Approved 05/27/21	Ratified 06/24/21
V3	Reviewed	Executive/Finance Committee		

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POLICY

Policy Title:	Cash & Cash Receipts	**Policy No.:**	FA.02 v3
Replaces Policy Title (if applicable):	N/A	**Replaces Policy No. (if applicable):**	N/A
Issuing Department:	Finance	**Policy Review Frequency:**	~~Periodically~~ ~~As Warranted~~ Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

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I. Purpose

This policy governs all Cash and Cash Receipts received by SCFHP.

II. Policy

SCFHP's Governing Board, Executive Management Team, and generally-accepted accounting principles (GAAP) require that the Finance department implement and maintain proper controls and procedures governing cash and cash receipts to ensure that the Plan's assets are protected, properly recorded, and periodically reconciled.

This policy will be supported by specific detailed procedures on:

- Cash receipts
- Incoming wire transfers
- Bank accounts
- Bank statement reconciliations
- Incoming Finance mail
- Petty cash
- Any future cash receipts procedures as needed.

III. Responsibilities

The Chief Financial Officer has overall responsibility for this policy. The Controller has responsibility for implementation, ~~periodic upd~~atesannual revision, and oversight of the Finance's staff adherence to this policy and all related procedures.

IV. References

None.

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POLICY

V. Approval/Revision History

First Level Approval	Third Level Approval
Barbara Granieri, Controller **03/31/22** Date	Neal Jarecki, CFO **4/5/22** Date

Version Number	Original/ Reviewed/ Revised	Reviewing Committee (if applicable)	Committee Action/Date (Recommended or Approved)	Board Action/Date (Approved or Ratified)
V1	Original	Executive/Finance Committee	Approved 05/01/19	~~Approved~~ Ratified 06/27/19
V2	Revised	Executive/Finance Committee	Approved 05/27/21	Ratified 06/24/21
V3	Revised	Executive/Finance Committee		

POLICY

Policy Title:	Cash Disbursements	**Policy No.:**	FA.03 v3
Replaces Policy Title (if applicable):	N/A	**Replaces Policy No. (if applicable):**	N/A
Issuing Department:	Finance	**Policy Review Frequency:**	Annually
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

SCFHP's Governing Board, Executive Management Team, and generally-accepted accounting principles (GAAP) require that the Finance department implement and maintain proper controls, policies and procedures governing all disbursement of funds, and ensure that the Plan's assets are protected, properly recorded, and routinely reconciled.

II. Policy

The Chief Executive Officer (CEO) and Executive Management Team are charged with the authority and responsibility for maximizing the purchasing value of the Plan's funds as follows:

a. Acquiring services, supplies and equipment for all department in an economical, consistent, expeditious, and reasonable manner.
b. Analyzing bids, awarding contracts, and assuring vendor performance through effective contract administration.
c. Identifying qualified vendors and maintaining good vendor relationships.
d. Educating and training employees and vendors on this policy and associated procedures.

Unless specifically exempted, no expenditure of funds should occur without a contract, statement of work (SOW), or check request approved by the CEO (or, for urgent purchases and/or in the CEO's absence, an Executive Management designee). Exceptions include:

a. Contracts with healthcare providers involved in the delivery of healthcare services (which are governed by specific procedures of the Provider Network Management department).
b. Personnel (which are governed by specific procedures of the Human Resources department).
c. Items under $1,000, which are subject to approval after purchase.
d. Urgent purchases, as designated by the CEO or CFO. Emergency purchases require CEO or CFO advance approval. Should an emergency occur in the absence of the CEO and CFO, another Executive may approve the purchase and subsequently the purchase will be approved by the CFO.

POLICY

e. Telephone and utilities expenses, which are recurring in nature and require initial approval by the Facilities department and CFO.
f. Brokered insurance and reinsurance, following a competitive bidding process, which require CFO review and approval.
g. Postage, delivery and shipping charges, which require approval after purchase.
h. Janitorial or facilities services, which require approval after purchase.
i. Purchases made via credit card or purchasing card, which require subsequent approval.

All contracts in excess of $250,000 require the review and approval of the Governing Board or the Executive/Finance Committee.

This policy is supported by detailed procedures on such topics as:

a. Procurement
b. Contracting
c. Payment processing
d. Authorization of administrative and capital expenditures
e. Company credit & purchasing cards
f. Accounts payable vendor maintenance
g. Company accounts with outside vendors
h. Prepaid expense
i. Stale checks & escheatment
j. Provider refunds
k. Any future cash disbursement procedures as needed.

III. Responsibilities

The Chief Financial Officer has overall responsibility for this policy. The Controller has responsibility for implementation, periodic updates, and oversight of the Finance's staff adherence to this policy and all related procedures.

IV. References

None.

POLICY

V. Approval/Revision History

First Level Approval	Third Level Approval
Barbara Granieri, Controller **5/3/21** Date	Neal Jarecki, CFO **4/5/22** Date

Version Number	Original/ Reviewed/ Revised	Reviewing Committee (if applicable)	Committee Action/Date (Recommended or Approved)	Board Action/Date (Approved or Ratified)
V1	Original	NA	NA	Ratified 12/13/18
V2	Revised	Executive/Finance Committee	Approved 05/27/21	Ratified 06/24/21
V3	Reviewed	Executive/Finance Committee		

POLICY

Policy Title:	Accounts Receivable and Revenue	**Policy No.:**	FA.04 v3
Replaces Policy Title (if applicable):	N/A	**Replaces Policy No. (if applicable):**	N/A
Issuing Department:	Finance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

This policy governs all accounts receivables and revenue recorded by SCFHP.

II. Policy

SCFHP's Governing Board, Executive Management Team, and generally-accepted accounting principles (GAAP) require that the Finance department implement and maintain proper controls and procedures governing accounts receivables and revenues to ensure that the Plan's assets are protected, properly recorded and periodically reconciled.

This policy will be supported by specific detailed procedures:

- Capitation
- Premiums accounts receivable/revenue
- Supplemental (kick) accounts receivable/revenue
- Pass-through accounts receivable/revenue
- Any future accounts receivable/revenue procedures as needed.

III. Responsibilities

The Chief Financial Officer has overall responsibility for this policy. The Controller has responsibility for implementation, periodic updates, and oversight of the Finance's staff adherence to this policy and all related procedures.

IV. References

None.

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POLICY

V. Approval/Revision History

First Level Approval	Third Level Approval
Barbara Granieri, Controller **5/3/21** Date	Neal Jarecki, CFO **4/5/22** Date

Version Number	Original/ Reviewed/ Revised	Reviewing Committee (if applicable)	Committee Action/Date (Recommended or Approved)	Board Action/Date (Approved or Ratified)
V1	Original	Executive/Finance Committee	Approved 05/01/19	Ratified 06/27/19
V2	Revised	Executive/Finance Committee	Approved 05/27/21	Ratified 06/24/21
V3	Reviewed	Executive/Finance Committee		

POLICY

Policy Title:	Payroll & Employee Expenses	**Policy No.:**	FA.05 v3
Replaces Policy Title (if applicable):	N/A	**Replaces Policy No. (if applicable):**	N/A
Issuing Department:	Finance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

This policy governs all payroll and employee expenses recorded by SCFHP.

II. Policy

SCFHP's Governing Board, Executive Management Team, and generally-accepted accounting principles (GAAP) require that the Finance department implement and maintain proper controls and procedures governing payroll and employee expenses to ensure that the Plan's assets are protected, properly recorded and periodically reconciled.

This policy will be supported by specific detailed procedures on:

- Payroll & employee benefits processing
- Reimbursed business expenses
- Employee gift cards
- Any future payroll and/or employee expense procedures as needed.

III. Responsibilities

The Chief Financial Officer has overall responsibility for this policy. The Controller has responsibility for implementation, periodic updates, and oversight of the Finance's staff adherence to this policy and all related procedures.

IV. References

None.

POLICY

V. Approval/Revision History

First Level Approval	Third Level Approval
Barbara Granieri, Controller **3/31/22** Date	Neal Jarecki, CFO **4/5/22** Date

Version Number	Original/ Reviewed/ Revised	Reviewing Committee (if applicable)	Committee Action/Date (Recommended or Approved)	Board Action/Date (Approved or Ratified)
V1	Original	Executive/Finance Committee	Approved 05/01/19	Ratified 06/27/19
V2	Revised	Executive/Finance Committee	Approved 05/27/21	Ratified 06/24/21
V3	Reviewed	Executive/Finance Committee		

POLICY

Policy Title:	Fixed Assets & Depreciation Expense	**Policy No.:**	FA.06 v3
Replaces Policy Title (if applicable):	N/A	**Replaces Policy No. (if applicable):**	N/A
Issuing Department:	Finance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

This policy governs all fixed asset and depreciation transactions recorded by SCFHP.

II. Policy

SCFHP's Governing Board, Executive Management Team, and generally-accepted accounting principles (GAAP) require that the Finance department implement and maintain proper controls and procedures governing fixed asset transactions to ensure that the Plan's assets are protected, properly recorded and periodically reconciled.

This policy will be supported by specific detailed procedures on:

- Capital asset acquisitions
- Depreciation & amortization expense
- Disposition of fixed asset
- Any future fixed asset procedures as needed.

III. Responsibilities

The Chief Financial Officer has overall responsibility for this policy. The Controller has responsibility for implementation, periodic updates, and oversight of the Finance's staff adherence to this policy and all related procedures.

IV. References

None.

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POLICY

V. Approval/Revision History

First Level Approval	Third Level Approval
Barbara Granieri, Controller **03/31/22** Date	Neal Jarecki, CFO **4/5/22** Date

Version Number	Original/ Reviewed/ Revised	Reviewing Committee (if applicable)	Committee Action/Date (Recommended or Approved)	Board Action/Date (Approved or Ratified)
V1	Original	Executive/Finance Committee	Approved 05/01/19	Ratified 06/27/19
V2	Revised	Executive/Finance Committee	Approved 05/27/21	Ratified 06/24/21
V3	Reviewed	Executive/Finance Committee		

POLICY

Policy Title:	Treasury & Debt	**Policy No.:**	FA.08 v3
Replaces Policy Title (if applicable):	N/A	**Replaces Policy No. (if applicable):**	N/A
Issuing Department:	Finance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

This policy governs all treasury and debt transactions recorded by SCFHP.

II. Policy

SCFHP's Governing Board, Executive Management Team, and generally-accepted accounting principles (GAAP) require that the Finance department implement and maintain proper controls and procedures governing treasury and debt to ensure that the Plan's assets are protected, properly recorded and periodically reconciled.

This policy will be supported by specific detailed procedures on:

- Treasury management
- Debt
- Any future treasury or debt procedures as needed.

III. Responsibilities

The Chief Financial Officer has overall responsibility for this policy. The Controller has responsibility for implementation, periodic updates, and oversight of the Finance's staff adherence to this policy and all related procedures.

IV. References

None.

Santa Clara Family Health Plan™

POLICY

V. Approval/Revision History

First Level Approval	Third Level Approval
Barbara Granieri, Controller **3/31/22** Date	Neal Jarecki, CFO **4/5/22** Date

Version Number	Original/ Reviewed/ Revised	Reviewing Committee (if applicable)	Committee Action/Date (Recommended or Approved)	Board Action/Date (Approved or Ratified)
V1	Original	Executive/Finance Committee	Approved 05/01/19	Ratified 06/27/19
V2	Revised	Executive/Finance Committee	Approved 05/27/21	Ratified 06/24/21
V3	Reviewed	Executive/Finance Committee		

POLICY

Policy Title:	Financial Close & Reporting	**Policy No.:**	FA.09 v3
Replaces Policy Title (if applicable):	N/A	**Replaces Policy No. (if applicable):**	N/A
Issuing Department:	Finance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

This policy governs the financial closing and reporting processes used by SCFHP.

II. Policy

SCFHP's Governing Board, Executive Management Team, and generally-accepted accounting principles (GAAP) require that the Finance department implement and maintain proper controls and procedures governing financial close and reporting to ensure that the Plan's assets are protected, properly recorded, and periodically reconciled.

This policy will be supported by specific detailed procedures on:

- Month-end close & reconciliation process
- Journal entries
- Internal financial reporting
- External & regulatory financial reporting
- Monitoring of capitated providers' financial solvency
- Tangible net equity (TNE)
- Managed care organization (MCO) taxes
- Month-end close analysis
- Any future financial close and reporting procedures as needed.

III. Responsibilities

The Chief Financial Officer has overall responsibility for this policy. The Controller has responsibility for implementation, periodic updates, and oversight of the Finance's staff adherence to this policy and all related procedures.

IV. References

POLICY

None.

V. Approval/Revision History

First Level Approval	Third Level Approval
Barbara Granieri, Controller **3/22/22** Date	Neal Jarecki, CFO **4/5/22** Date

Version Number	Original/ Reviewed/ Revised	Reviewing Committee (if applicable)	Committee Action/Date (Recommended or Approved)	Board Action/Date (Approved or Ratified)
V1	Original	Executive/Finance Committee	Approved 05/01/19	Ratified 06/27/19
V2	Revised	Executive/Finance Committee	Approved 05/27/21	Ratified 06/24/21
V3	Reviewed	Executive/Finance Committee		

POLICY

Policy Title:	Medical Expense & Incurred-But-Not Paid (IBNP)	**Policy No.:**	FA.10 v3
Replaces Policy Title (if applicable):	N/A	**Replaces Policy No. (if applicable):**	N/A
Issuing Department:	Finance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

This policy governs all medical expense and IBNP transactions recorded by SCFHP.

II. Policy

SCFHP's Governing Board, Executive Management Team and generally-accepted accounting principles (GAAP) require that the Finance department implement and maintain proper controls and procedures governing medical expense recordation and IBNP to ensure that the Plan's assets are protected, properly recorded, and periodically reconciled.

This policy will be supported by specific detailed procedures on:

- Fee-for-service (FFS) provider payments
- Capitation
- Pharmacy expense
- Pharmacy rebates
- IBNP calculations (claims incurred-but-not-paid)
- Reinsurance expense
- Reinsurance recoveries
- Any future medical expense and IBNP procedures as needed.

III. Responsibilities

The Chief Financial Officer has overall responsibility for this policy. The Controller has responsibility for implementation, periodic updates, and oversight of the Finance's staff adherence to this policy and all related procedures.

IV. References

None.

Santa Clara Family Health Plan™

POLICY

V. Approval/Revision History

First Level Approval	Third Level Approval
Barbara Granieri, Controller **5/3/21** Date	Neal Jarecki, CFO **4/5/22** Date

Version Number	Original/ Reviewed/ Revised	Reviewing Committee (if applicable)	Committee Action/Date (Recommended or Approved)	Board Action/Date (Approved or Ratified)
V1	Original	Executive/Finance Committee	Approved 05/01/19	Ratified 06/27/19
V2	Revised	Executive/Finance Committee	Approved 05/27/21	Ratified 06/24/21
V3	Reviewed	Executive/Finance Committee		

POLICY

Policy Title:	Healthcare Economics	**Policy No.:**	FA.11 v2
Replaces Policy Title (if applicable):	N/A	**Replaces Policy No. (if applicable):**	N/A
Issuing Department:	Finance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

This policy governs all key functions performed by the Healthcare Economics team.

II. Policy

SCFHP's Governing Board and Executive Management Team require that the Healthcare Economics team implement and maintain proper controls and procedures governing certain key tasks to ensure that the Plan's assets are protected, transactions are properly recorded, and records are periodically reconciled.

This policy will be supported by specific detailed procedures on:

- Target claims audits
- Monthly calculation and payment of capitation to delegates
- Medicare prescription drug event (PDE) reporting
- Any future Healthcare Economics procedures as needed.

III. Responsibilities

The Chief Financial Officer has overall responsibility for this policy. The Director of Healthcare Economics has responsibility for implementation, periodic updates, and oversight of the staff's adherence to this policy and all related procedures.

IV. References

None.

Santa Clara Family Health Plan™

POLICY

V. Approval/Revision History

First Level Approval	Third Level Approval
Ngoc Bui-Tong, VP, Strategies and Analytics **4/20/22** Date	Neal Jarecki, CFO **4/22/22** Date

Version Number	Original/ Reviewed/ Revised	Reviewing Committee (if applicable)	Committee Action/Date (Recommended or Approved)	Board Action/Date (Approved or Ratified)
V1	Original	Executive/Finance Committee	Approved 05/01/19	Ratified 06/27/19
V2	Reviewed	Executive/Finance Committee		

POLICY

Policy Title:	**Employee Recognition Gift Cards**	**Policy No.:**	FA.12 v2
Replaces Policy Title (if applicable):	N/A	**Replaces Policy No. (if applicable):**	N/A
Issuing Department:	Finance & Accounting	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	Medi-Cal	CMC	

I. Purpose

The purpose of this policy is to describe the Chief Executive Officer's authority to issue gift cards 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 Resources Department is responsible for coordinating the delivery of an employee award according to the terms of this policy.

IV. References

Santa Clara Family Health Plan™

POLICY

V. Approval/Revision History

First Level Approval	Second Level Approval
Barbara Granieri Controller Date 4/14/2022	Neal Jarecki Chief Financial Officer Date 4/15/22

Version Number	Original/ Reviewed/ Revised	Reviewing Committee (if applicable)	Committee Action/Date (Recommended or Approved)	Board Action/Date (Approved or Ratified)
V1	Original	Executive/Finance Committee	Approved 05/01/19	Ratified 06/27/19
V2	Reviewed	Executive/Finance Committee		

Santa Clara Family Health Plan™

Microsoft License Renewal

April 2022

Microsoft Renewal

Renewal of Microsoft Enterprise Software License

- The current Microsoft Enterprise Agreement expired on March 31, 2022
- We are currently operating under a 90 day grace period
- The proposed agreement is for a three year term
- The total cost is quoted at $775k paid annually at a rate of $258.4k per year
- The new agreement continues to have us in the lowest Microsoft pricing tier (tier 4 out of 4) based on SCFHP qualifying for government pricing

    - **Possible Action:** Authorize Chief Executive Officer to negotiate, execute, amend, and terminate a contract with Microsoft in an amount not to exceed $775,000 for licensing a three year term

Santa Clara Family Health Plan™

Unaudited Financial Statements

For Eight Months Ended February 28, 2022

Agenda

Santa Clara Family Health Plan

Table of Contents	Page

Financial Highlights

Santa Clara Family Health Plan

	MTD		YTD	
Revenue	$316 M		$1,105 M	
Medical Expense (MLR)	$308 M	97.3%	$1,043 M	94.4%
Administrative Expense (% Rev)	$5.7 M	1.8%	$49.2 M	4.5%
Other Income/(Expense)	$123K		$1.1 M	
Net Surplus (Net Loss)	**$2.9 M**		**$13.6 M**	
Cash and Investments			$505 M	
Receivables			$735 M	
Total Current Assets			$1.25 B	
Current Liabilities			$1.01 B	
Current Ratio			1.24	
Tangible Net Equity			$268 M	
% of DMHC Requirement			**787.8%**	

Financial Highlights

Santa Clara Family Health Plan

Net Surplus (Net Loss)	Month: Surplus of $2.9M is $2.6M or 795.4% favorable to budget of $325K surplus. YTD: Surplus of $13.6M is $5.0M or 59.0% favorable to budget of $8.5M surplus.
Enrollment	Month: Membership was 295,422 (18,465 or 5.9% lower than budget of 313,887). YTD: Member Months YTD was 2,314,165 (55,470 or 2.3% lower than budget of 2,369,635).
Revenue	Month: $316.3M ($194.6M or 159.9% favorable to budget of $121.7M). YTD: $1.1B ($180.0M or 19.5% favorable to budget of $924.6M).
Medical Expenses	Month: $307.7M ($192.7M or 167.5% unfavorable to budget of $115.0M). YTD: $1.04B ($177.1M or 20.5% unfavorable to budget of $865.8M).
Administrative Expenses	Month: $5.7M ($964K or 14.4% favorable to budget of $6.7M). YTD: $49.2M ($4.1M or 7.6% favorable to budget of $53.3M).
Tangible Net Equity	TNE was $268.4M (represents approximately three months of total expenses).
Capital Expenditures	YTD Capital Investments of $939K vs. $3.3M annual budget, primarily software.

Santa Clara Family Health Plan™

Detail Analyses

Enrollment

- Total enrollment of 295,422 members is 18,465 or 5.9% lower than budget. Since the beginning of the fiscal year, total enrollment has increased by 12,752 members or 4.5%.
- Medi-Cal & CMC enrollment have been increasing since March 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 4.7%, Medi-Cal Dual enrollment has increased 3.4%, and CMC enrollment has grown 1.7%.

	For the Month February 2022				For Eight Months Ending February 28, 2022					
	Actual	Budget	Variance	Variance (%)	Actual	Budget	Variance	Variance (%)	Prior Year Actuals	Δ FY22 vs. FY21
Medi-Cal	285,171	303,187	(18,016)	(5.9%)	2,231,763	2,285,905	(54,142)	(2.4%)	2,057,430	8.5%
Cal Medi-Connect	10,251	10,700	(449)	(4.2%)	82,402	83,730	(1,328)	(1.6%)	76,492	7.7%
Total	**295,422**	**313,887**	**(18,465)**	**(5.9%)**	**2,314,165**	**2,369,635**	**(55,470)**	**(2.3%)**	**2,133,922**	**8.4%**

Santa Clara Family Health Plan Enrollment By Network
February 2022

Network	Medi-Cal		CMC		Total	
	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total
Direct Contract Physicians	36,933	13%	10,251	100%	47,184	16%
SCVHHS[1], Safety Net Clinics, FQHC[2] Clinics	142,355	50%	-	0%	142,355	48%
North East Medical Services	3,392	1%	-	0%	3,392	1%
Palo Alto Medical Foundation	7,385	3%	-	0%	7,385	2%
Physicians Medical Group	44,472	16%	-	0%	44,472	15%
Premier Care	16,152	6%	-	0%	16,152	5%
Kaiser	34,482	12%	-	0%	34,482	12%
Total	**285,171**	**100%**	**10,251**	**100%**	**295,422**	**100%**
Enrollment at June 30, 2021	272,590		10,080		282,670	
Net Δ from Beginning of FY22	4.6%		1.7%		4.5%	

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

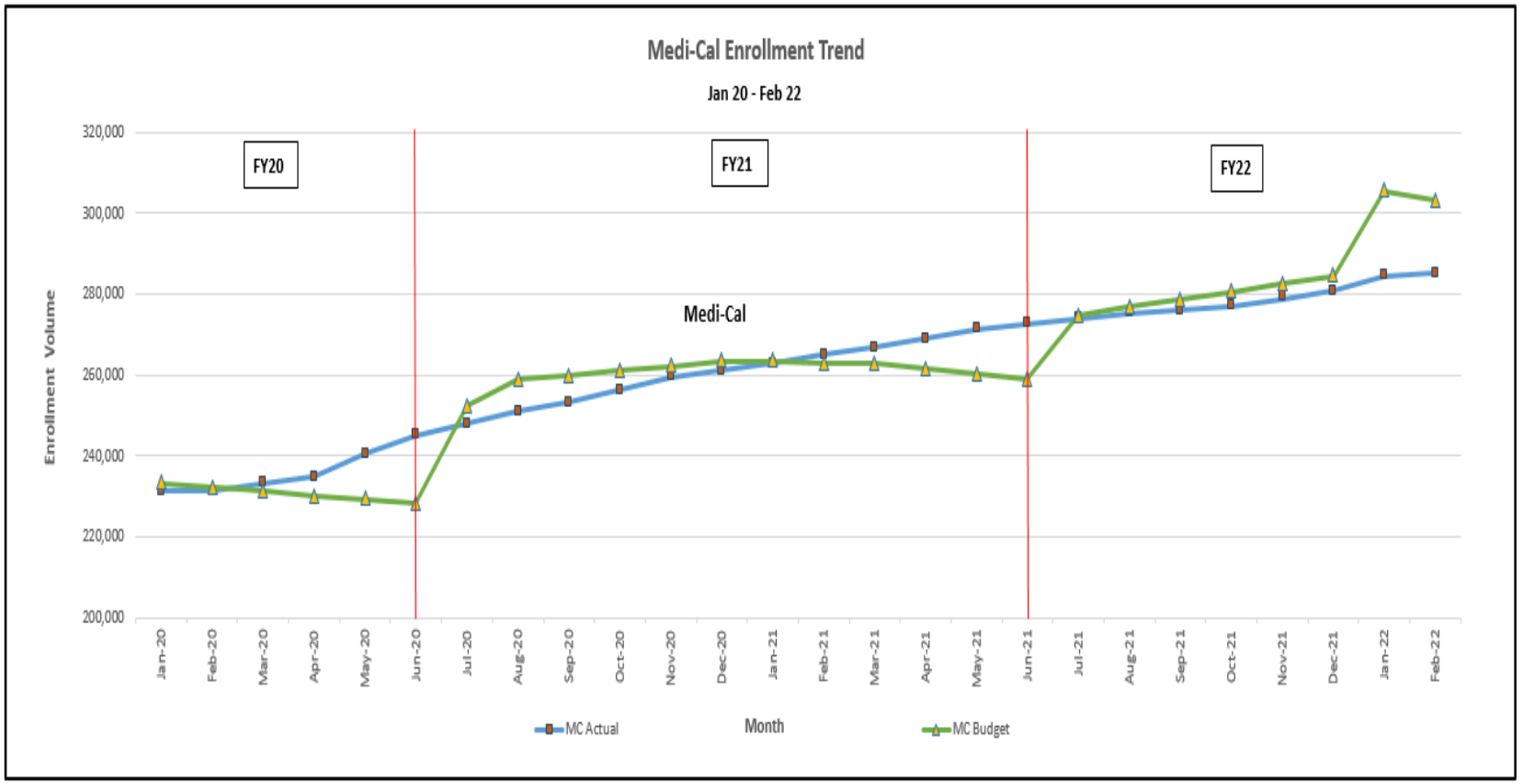
Enrollment By Aid Category

Santa Clara Family Health Plan

SCFHP TRENDED ENROLLMENT BY COA YTD FEBRUARY - 2022

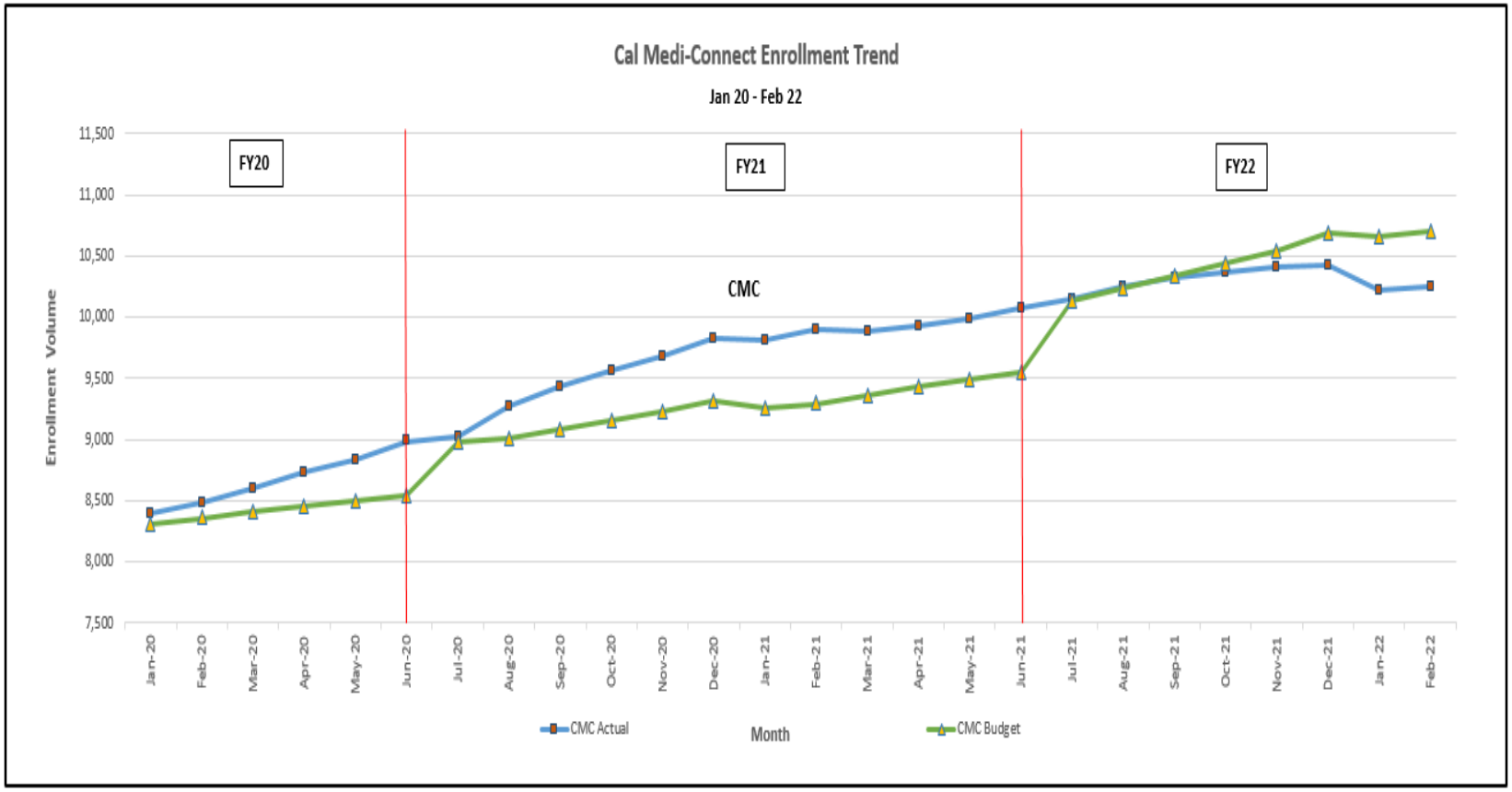
		2021-02	2021-03	2021-04	2021-05	2021-06	2021-07	2021-08	2021-09	2021-10	2021-11	2021-12	2022-01	2022-02	FYTD var	%
NON DUAL	Adult (over 19)	31,307	31,711	32,106	32,577	32,997	32,995	33,281	33,546	33,809	34,245	34,653	35,652	35,761	2,764	8.4%
	Child (under 19)	99,377	99,557	99,872	100,245	100,477	101,010	101,085	101,093	101,125	101,411	101,722	102,516	102,519	2,042	2.0%
	SPD	22,308	22,281	22,290	22,291	22,301	22,363	22,276	22,331	22,381	22,463	22,537	22,740	22,731	430	1.9%
	Adult Expansion	85,477	86,677	88,035	89,361	89,957	90,711	91,392	91,960	92,393	93,186	94,092	95,819	96,366	6,409	7.1%
	Long Term Care	380	373	375	367	365	414	408	401	391	385	392	391	403	38	10.4%
	Total Non-Duals	**238,849**	**240,599**	**242,678**	**244,841**	**246,097**	**247,493**	**248,442**	**249,331**	**250,099**	**251,690**	**253,396**	**257,118**	**257,780**	**11,683**	**4.7%**
DUAL	Adult (over 21)	355	361	357	365	366	367	376	375	396	398	408	410	403	37	10.1%
	SPD	24,155	24,206	24,168	24,146	24,115	23,980	24,159	24,206	24,244	24,307	24,320	24,330	24,350	235	1.0%
	Long Term Care	1,074	1,054	1,038	1,031	1,060	1,127	1,115	1,092	1,083	1,106	1,111	1,085	1,107	47	4.4%
	SPD OE	662	742	802	863	952	1,063	1,135	1,223	1,308	1,372	1,431	1,496	1,531	579	60.8%
	Total Duals	**26,246**	**26,363**	**26,365**	**26,405**	**26,493**	**26,537**	**26,785**	**26,896**	**27,031**	**27,183**	**27,270**	**27,321**	**27,391**	**898**	**3.4%**
	Total Medi-Cal	**265,095**	**266,962**	**269,043**	**271,246**	**272,590**	**274,030**	**275,227**	**276,227**	**277,130**	**278,873**	**280,666**	**284,439**	**285,171**	**12,581**	**4.6%**
CMC	CMC Non-Long Term Care	9,706	9,696	9,745	9,809	9,895	9,939	10,037	10,122	10,160	10,211	10,221	10,017	10,038	143	1.4%
	CMC - Long Term Care	187	184	179	180	185	209	208	203	208	204	210	202	213	28	15.1%
	Total CMC	**9,893**	**9,880**	**9,924**	**9,989**	**10,080**	**10,148**	**10,245**	**10,325**	**10,368**	**10,415**	**10,431**	**10,219**	**10,251**	**171**	**1.7%**
	Total Enrollment	**274,988**	**276,842**	**278,967**	**281,235**	**282,670**	**284,178**	**285,472**	**286,552**	**287,498**	**289,288**	**291,097**	**294,658**	**295,422**	**12,752**	**4.5%**

Medi-Cal Enrollment Trend



- Actual enrollment, represented by the blue line, showed steeper initial COVID enrollment growth in FY21 followed by a lower growth in FY22 with continued public health emergency.
- Budgeted enrollment, represented by the green line, was presumed to decrease in late FY21 but continues due to sustained public health emergency. Current budget effective July 2021. The Budget included a higher projection of new mandatory Medi-Cal population having Other Health Coverage (OHC).

Cal Medi-Connect Enrollment Trend

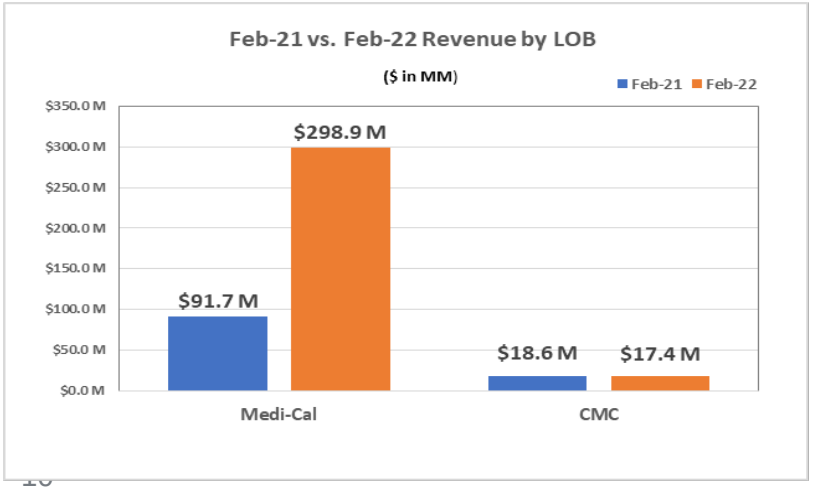


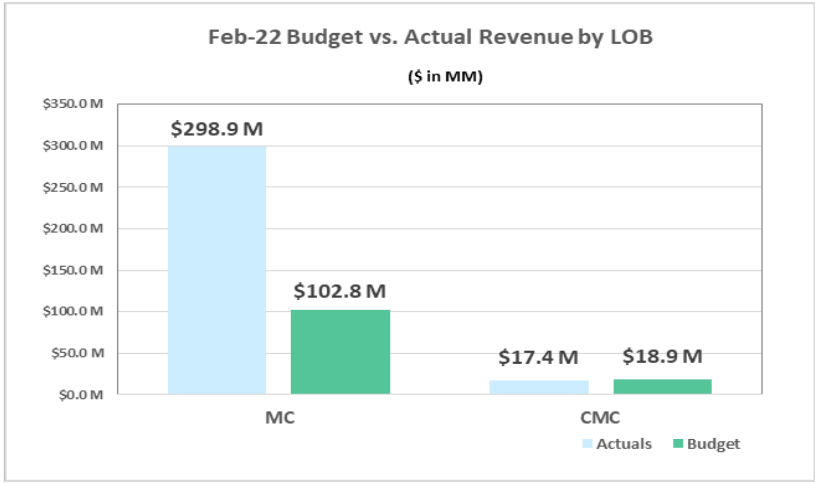
- Actual enrollment, represented by the blue line, showed steeper initial COVID enrollment growth in FY21 followed by a lower growth in FY22 with continued public health emergency.
- Budgeted enrollment, represented by the green line, was presumed to decrease in late FY21 but continues due to sustained public health emergency. Current budget effective July 2021.

Current Month Revenue

Current month revenue of $316.3M was $194.6M or 159.9% favorable to budget of $121.7M. The current month variance was primarily due to the following:

- Due to a change in accounting prescribed by DHCS, hospital directed payments are now reported on the P&L resulting in a favorable current month revenue variance of $212.4M with an offsetting unfavorable medical expense).
- Medi-Cal revenue was $16.2M unfavorable to budget due to (1) the pharmacy benefit carve-out and (2) lower Other Health Coverage (OHC) mandatory enrollment, offset by higher CY22 MLTSS rates versus budget. The Budget projected pharmacy benefit continued until the end of fiscal year but pharmacy carve-out began on Jan 1. Unfavorable pharmacy revenue is offset by favorable pharmacy expense.
- CMC revenue was $1.5M unfavorable to budget due to additional CY20 medical loss ratio (MLR) accrual payables to DHCS and CMS coupled with lower enrollment versus budget, partially offset by favorable CY22 rates versus budget.

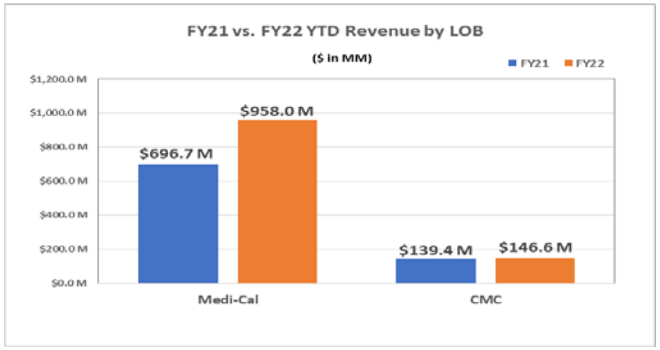


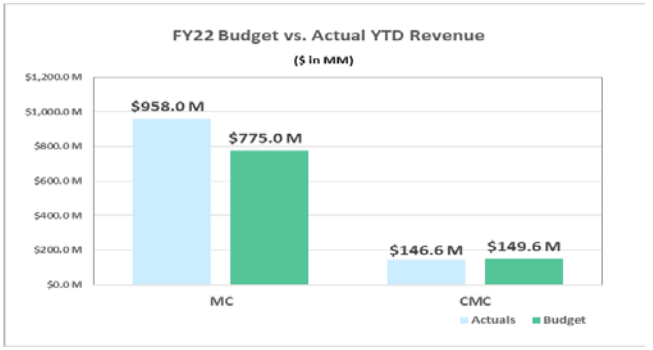


YTD Revenue

YTD revenue of $1.1B was $180.0M or 19.5% favorable to budget of $924.6M. The YTD variance was primarily due to the following:

- Due to a change in accounting prescribed by DHCS, hospital directed payments are now reported on the P&L resulting in a favorable current month revenue variance of $212.4M with an offsetting unfavorable medical expense).
- Medi-Cal revenue is $27.6M unfavorable largely due to the timing of the pharmacy benefit carve-out effective January 1st (the budget assumed the Rx benefit would continue through FY23). Lower pharmacy-related revenue is largely offset by lower pharmacy-related medical expense. Lower enrollment than anticipated from OHC contributes to the net unfavorable variance. Partially offsetting favorable variances pertained to higher CY22 rates versus budget and unbudgeted revenue associated with the COVID vaccine program (with associated expense).
- MCAL Prop-56 revenue is $1.8M unfavorable to budget due to lower enrollment from OHC than estimated budget (offset with lower Prop-56 expense).
- CMC revenue was $3.0M unfavorable to budget due to accrued CY20 Medical Loss Ratio reserves payable to DHCS & CMS and lower enrollment, offset by CY20 Part-D Reconciliation payment, Part-C Quality Withholding Earnback, and higher CY21 & CY22 CCI rates versus budget.

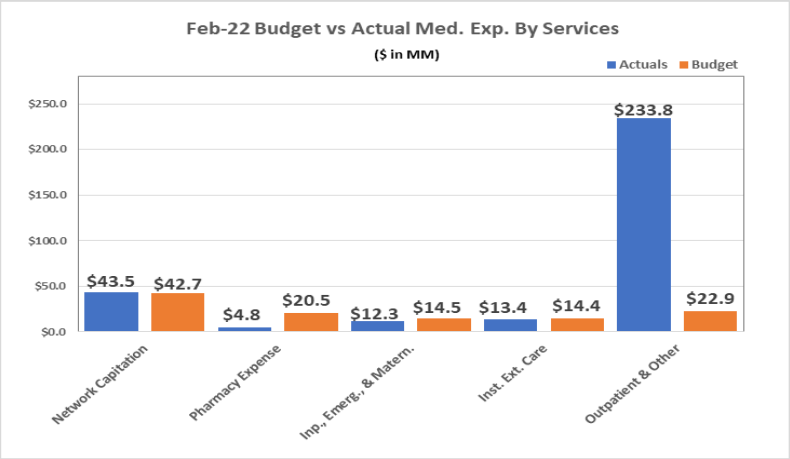


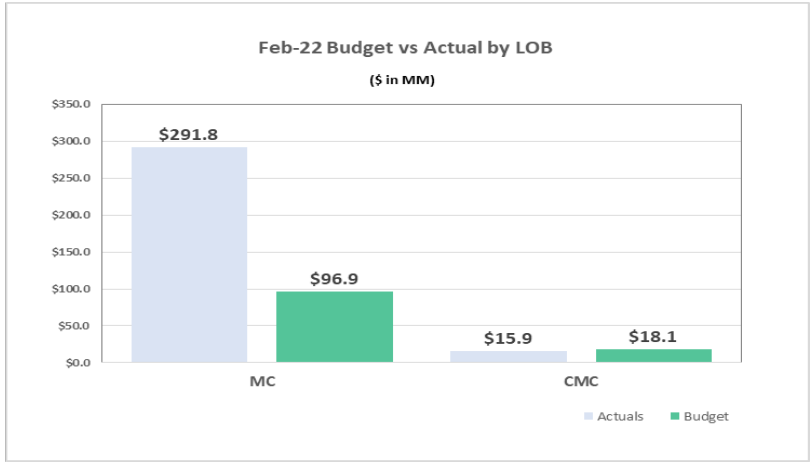


Current Month Medical Expense

Current month medical expense of $307.7M was $192.7M or 167.5% unfavorable to budget of $115.0M. The current month variance was due largely to:

- Due to a change in accounting prescribed by DHCS, hospital directed payments are now reported on the P&L resulting in a favorable current month revenue variance of $212.4M with an offsetting unfavorable medical expense).
- Pharmacy expenses were $15.8M favorable to budget primarily due to timing of the Medi-Cal pharmacy carve-out (largely offsetting the unfavorable revenue variance). The budget assumed the pharmacy benefit would continue until end of fiscal year.
- Fee-For-Service expenses reflected a $4.7M or 9.3% favorable variance due to lower enrollment than expected and favorable differences in unit costs for Inpatient, LTC, PCP, Specialty, Other MLTSS, Behavior Health and Transportation services.
- Capitation expense was $757K or 1.8% unfavorable to budget to higher CY22 capitated rates partially offset by lower capitated enrollment than expected.

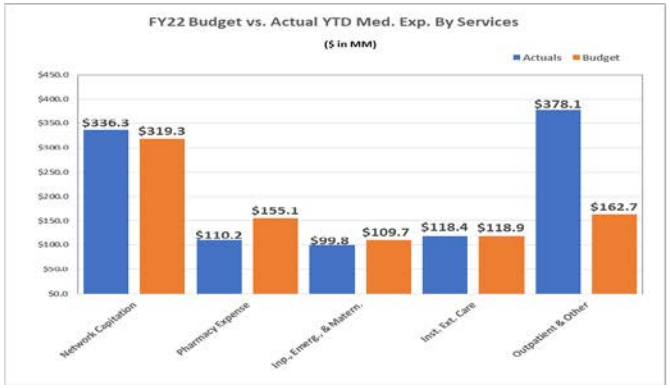


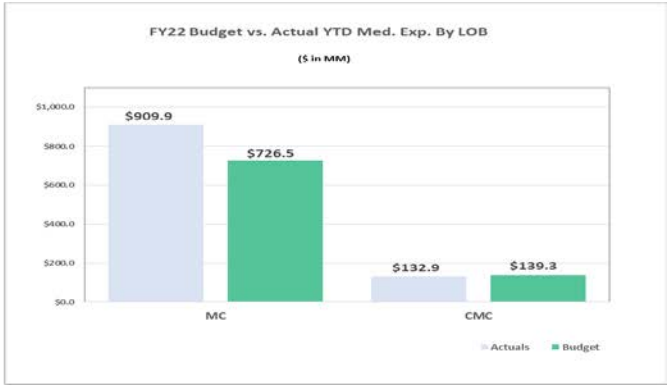


YTD Medical Expense

YTD medical expense of $1.04B was $177.1M or 20.5% unfavorable to budget of $865.8M. The YTD variance was due largely to:

- Due to a change in accounting prescribed by DHCS, hospital directed payments are now reported on the P&L resulting in a favorable current month revenue variance of $212.4M with an offsetting unfavorable medical expense).
- Pharmacy expenses were $44.9M or 28.9% favorable to budget because budget was projected to have pharmacy benefit continue until June 30 but it ended Jan 1 and lower enrollment from OHC than anticipated, thus lower overall pharmacy costs. Actual costs of diabetic drugs were also affected by lower enrollment. MC favorable pharmacy expenses were offset by unfavorable revenue.
- Capitation expense was $17.0M or 5.3% unfavorable to budget due to $20M accrued for VHP as one-time capitation payment for SPD utilization costs not reflected in original CY21 paid capitation rates. VHP is expected to pass the entire amount to VMC, offset by lower capitated MC enrollment.
- Fee-For-Service expenses reflected a net $7.4M or 1.6% favorable variance due to lower enrollment, which caused lower utilization in Inpatient and LTC, offset by unexpected cost increases in Outpatient, Specialty, PCP, ER and increased supplemental services such as Behavioral Health Therapy, Health Home and high maternity deliveries (offset with favorable revenue variance).

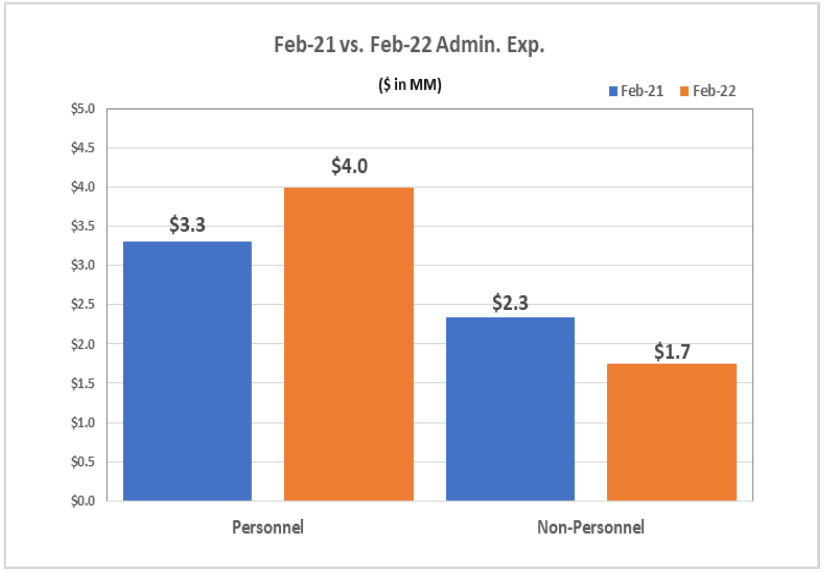


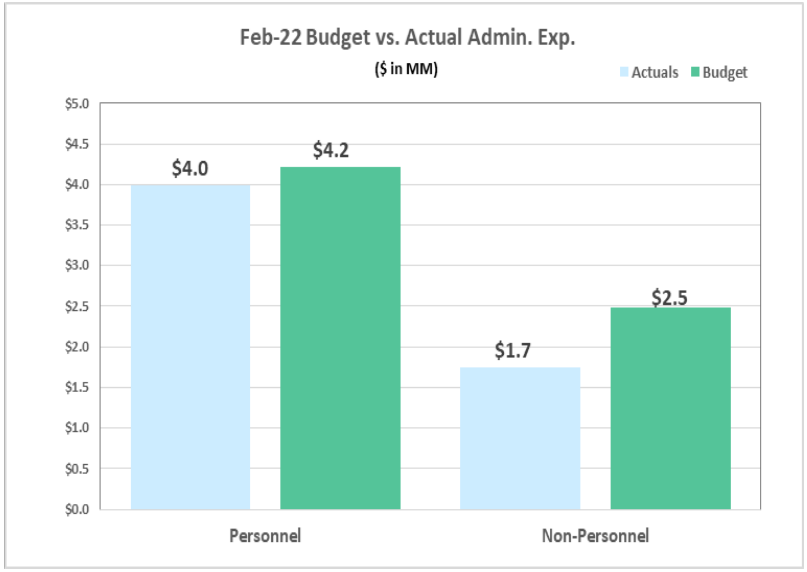


Current Month Administrative Expense

Current month expense of $5.7M was $963.9K or 14.4% favorable to budget of $6.7M. The current month variances were primarily due to the following:

- Non-Personnel expenses were $742K or 29.8% favorable to budget due to the timing of spending in certain expense categories (consulting, contract service, translation, and other fees). Other Expense included unbudgeted COVID incentive gift cards.
- Personnel expenses were $222K or 5.3% favorable to budget due to lower headcount than budget which included payroll tax, benefit savings and CalPERS reconciliations.

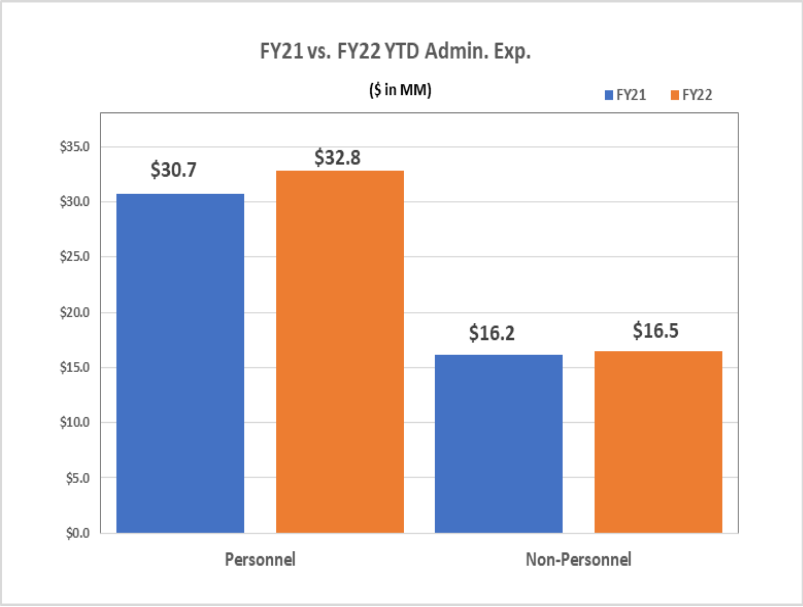


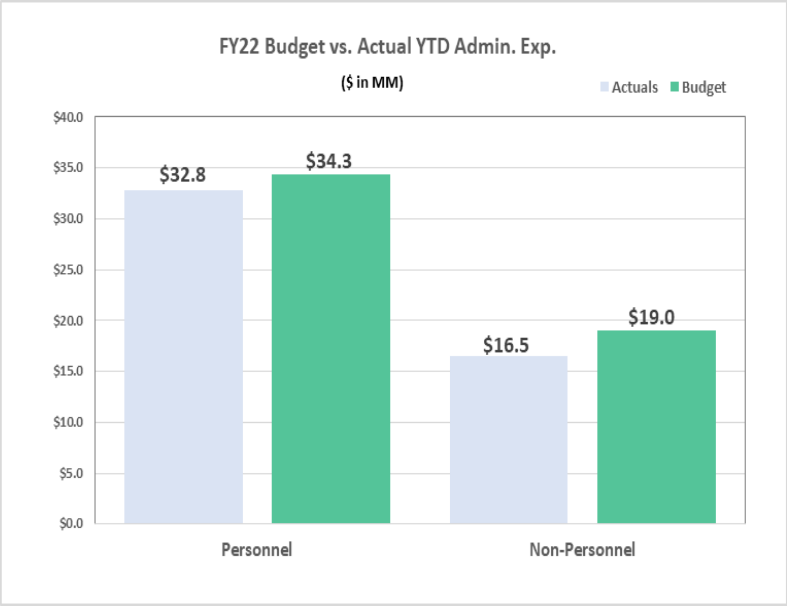


YTD Administrative Expense

YTD administrative expense of $49.2M was $4.1M or 7.6% favorable to budget of $53.3M. The YTD variance was primarily due to the following:

- Non-Personnel expenses were $2.6M or 13.4% favorable to budget due to the timing of budget spending in certain expenses (consulting, contract service, translation, advertising, information systems, and other fees) which are expected to be incurred later in the fiscal year. Other Expense included COVID member incentive gift cards.
- Personnel expenses were $1.5M or 4.4% favorable to budget due to lower headcount than budget which included lower payroll tax, benefits and CalPERS reconciliations.





Balance Sheet

- Current assets totaled $1.25B compared to current liabilities of $1.01B, yielding a current ratio (Current Assets/Current Liabilities) of 1.24:1 vs. the DMHC minimum requirement of 1.0:1.
- On a YTD basis, the overall cash balance increased by $97.0M compared to the cash balance as of year-end June 30, 2021 due to the timing of inflows and outflows.
- Current Cash & Equivalents components and yields were as follows:

Description	Cash & Investments	Current Yield %	Interest Income	
			Month	YTD
Short-Term Investments				
County of Santa Clara Comingled Pool	$183,331,585	0.65%	$124,392	$872,346
Wells Fargo Investments	($20)	0.00%	$0	$34,513
City National Bank Investments	$179,389,892	0.22%	($38,866)	($60,282)
	$362,721,456		$85,526	$846,578
Cash & Equivalents				
Bank of the West Money Market	$24,792	0.10%	$2	$3,308
City National Bank Accounts	$87,504,641	0.01%	$701	$2,109
Wells Fargo Bank Accounts	$54,452,287	0.01%	$416	$2,636
	$141,981,720		$1,119	$8,053
Assets Pledged to DMHC				
Restricted Cash	$325,000	0.01%	$3	$588
Petty Cash	$500	0.00%	$0	$0
Month-End Balance	**$505,028,677**		**$86,648**	**$855,218**

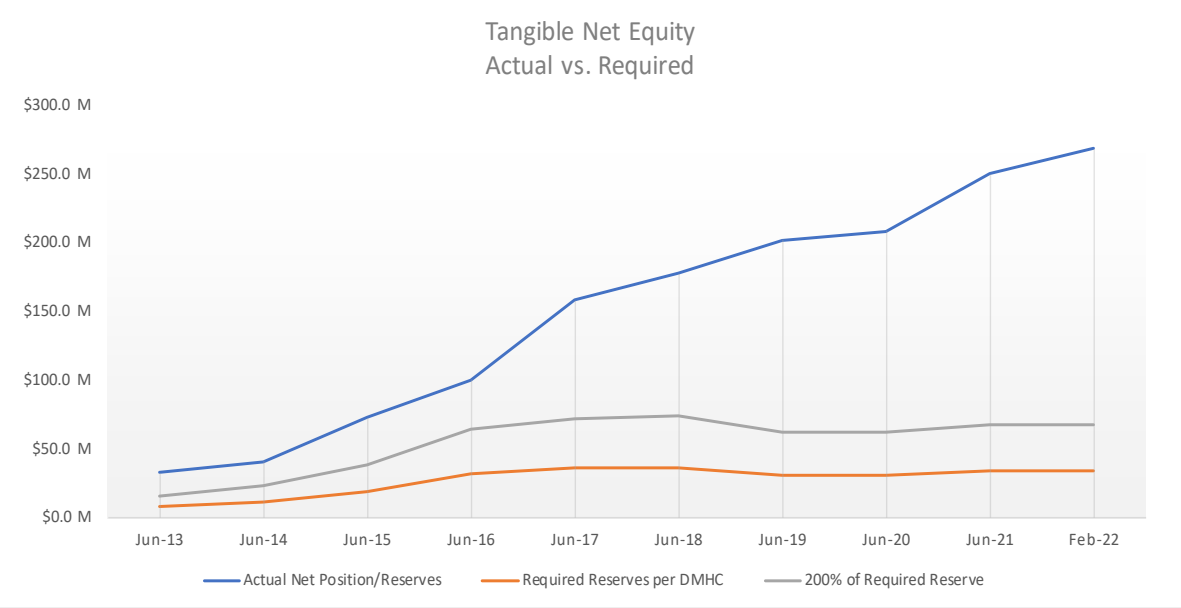
- County of Santa Clara Comingled Pool funds have longer-term investments which currently provide a higher yield than WFB Investments.
- The investment transition from Wells Fargo to City National Bank was largely completed in January.
- Overall cash and investment yield is lower than budget (0.32% actual vs. 1.4% budgeted).

Tangible Net Equity

- TNE was $268.4M - representing approximately three months of the Plan's total expenses.

Santa Clara Health Authority
Tangible Net Equity - Actual vs. Required
As of February 28, 2022

	Jun-13	Jun-14	Jun-15	Jun-16	Jun-17	Jun-18	Jun-19	Jun-20	Jun-21	Feb-22
Actual Net Position/Reserves	$32.6 M	$40.9 M	$72.6 M	$100.3 M	$158.4 M	$178.0 M	$202.1 M	$208.6 M	$250.4 M	$268.4 M
Required Reserves per DMHC	$7.8 M	$11.4 M	$19.3 M	$32.4 M	$35.9 M	$36.8 M	$30.9 M	$31.3 M	$33.9 M	$34.1 M
200% of Required Reserve	$15.6 M	$22.9 M	$38.5 M	$64.8 M	$71.8 M	$73.6 M	$61.8 M	$62.5 M	$67.8 M	$68.1 M
Actual as % Required	418.5%	357.5%	376.9%	309.8%	441.2%	483.4%	654.4%	667.2%	739.1%	787.8%



Reserves Analysis

Santa Clara Family Health Plan

SCFHP RESERVES ANALYSIS FEBRUARY 2022

Financial Reserve Target #1: Tangible Net Equity

	Board Funds Committed	Approved Projects	Funds Expended	Balance	
Unrestricted Net Assets				**$226,382,089**	*
Board Designated Funds (Note 1):					
Special Project Funding for CBOs	$4,000,000	$483,710	$363,710	$3,636,290	
Innovation & COVID-19 Fund	$16,000,000	$6,442,273	$3,156,133	$12,843,867	
Subtotal	$20,000,000	$6,925,983	$3,519,843	$16,480,157	
Net Book Value of Fixed Assets				$25,243,661	
Restricted Under Knox-Keene Agreement				$325,000	
Total Tangible Net Equity (TNE)				$268,430,907	
Current Required TNE				$34,074,891	
TNE %				787.8%	
SCFHP Target TNE Range:					
350% of Required TNE (Low)				$119,262,118	
500% of Required TNE (High)				$170,374,455	
Total TNE Above/(Below) SCFHP Low Target				**$149,168,789**	
Total TNE Above/(Below) High Target				**$98,056,452**	

Financial Reserve Target #2: Liquidity

Cash & Investments	$505,028,677
Less Pass-Through Liabilities:	
Hospital Directed Payments	(212,873,067)
MCO Tax Payable to State of CA	(24,902,610)
Whole Person Care / Prop 56	(58,687,768)
Other Pass-Through Liabilities (Note 2)	(90,381,751)
Total Pass-Through Liabilities	**(386,845,196)**
Net Cash Available to SCFHP	118,183,481
SCFHP Target Liquidity (Note 3)	
45 Days of Total Operating Expense	(182,612,508)
60 Days of Total Operating Expense	(243,483,344)
Liquidity Above/(Below) SCFHP Low Target	**(64,429,027)**
Liquidity Above/(Below) High Target	**(125,299,863)**

- **Unrestricted Net Assets represents approximately 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 $939K, largely due to software licensing, were comprised of the following:

Expenditure	YTD Actual	Annual Budget
Community Resource Center	$39,626	$55,800
Hardware	$246,074	$1,060,000
Software	$519,485	$1,896,874
Building Improvements	$130,174	$62,000
Furniture & Equipment	$3,391	$179,101
TOTAL	**$938,750**	**$3,253,775**

Santa Clara Family Health Plan™

Financial Statements

Income Statement

Santa Clara Family Health Plan

Santa Clara County Health Authority
INCOME STATEMENT
For Eight Months Ending February 28, 2022

	Feb-2022 Actuals	% of Rev	Feb-2022 Budget	% of Rev	Current Month Variance $	Current Month Variance %	YTD Feb-2022 Actuals	% of Rev	YTD Feb-2022 Budget	% of Rev	YTD Variance $	YTD Variance %
REVENUES												
MEDI-CAL	$ 298,850,373	94.5%	$ 102,802,879	84.5%	$ 196,047,494	190.7%	$ 957,971,588	86.7%	$ 774,970,773	83.8%	$ 183,000,815	23.6%
CMC MEDI-CAL	3,284,441	1.0%	3,567,013	2.9%	(282,572)	(7.9%)	28,618,371	2.6%	29,786,017	3.2%	(1,167,646)	(3.9%)
CMC MEDICARE	14,137,113	4.5%	15,309,239	12.6%	(1,172,126)	(7.7%)	117,978,141	10.7%	119,798,372	13.0%	(1,820,231)	(1.5%)
TOTAL CMC	17,421,554	5.5%	18,876,252	15.5%	(1,454,698)	(7.7%)	146,596,512	13.3%	149,584,389	16.2%	(2,987,877)	(2.0%)
TOTAL REVENUE	**$ 316,271,927**	**100.0%**	**$ 121,679,131**	**100.0%**	**$ 194,592,796**	**159.9%**	**$ 1,104,568,100**	**100.0%**	**$ 924,555,162**	**100.0%**	**$ 180,012,938**	**19.5%**
MEDICAL EXPENSES												
MEDI-CAL	$ 291,834,922	92.3%	$ 96,935,741	79.7%	$(194,899,181)	(201.1%)	$ 909,911,152	82.4%	$ 726,520,632	78.6%	$(183,390,520)	(25.2%)
CMC MEDI-CAL	3,569,584	1.1%	3,136,465	2.6%	(433,119)	(13.8%)	26,924,978	2.4%	24,320,367	2.6%	(2,604,611)	(10.7%)
CMC MEDICARE	12,337,280	3.9%	14,962,873	12.3%	2,625,593	17.5%	106,020,240	9.6%	114,942,438	12.4%	8,922,198	7.8%
TOTAL CMC	15,906,865	5.0%	18,099,338	14.9%	2,192,473	12.1%	132,945,218	12.0%	139,262,805	15.1%	6,317,587	4.5%
TOTAL MEDICAL EXPENSES	**$ 307,741,787**	**97.3%**	**$ 115,035,079**	**94.5%**	**$(192,706,708)**	**(167.5%)**	**$ 1,042,856,370**	**94.4%**	**$ 865,783,437**	**93.6%**	**$(177,072,934)**	**(20.5%)**
GROSS MARGIN	**$ 8,530,140**	**2.7%**	**$ 6,644,052**	**5.5%**	**$ 1,886,088**	**28.4%**	**$ 61,711,729**	**5.6%**	**$ 58,771,725**	**6.4%**	**$ 2,940,005**	**5.0%**
ADMINISTRATIVE EXPENSE												
SALARIES AND BENEFITS	$ 3,993,413	1.3%	$ 4,215,744	3.5%	$ 222,330	5.3%	$ 32,787,245	3.0%	$ 34,311,952	3.7%	$ 1,524,707	4.4%
RENTS AND UTILITIES	26,253	0.0%	42,067	0.0%	15,814	37.6%	286,951	0.0%	336,534	0.0%	49,583	14.7%
PRINTING AND ADVERTISING	40,770	0.0%	107,542	0.1%	66,772	62.1%	481,179	0.0%	862,333	0.1%	381,154	44.2%
INFORMATION SYSTEMS	252,099	0.1%	397,753	0.3%	145,653	36.6%	2,454,453	0.2%	3,052,671	0.3%	598,218	19.6%
PROF FEES/CONSULTING/TEMP STAFFING	508,580	0.2%	1,194,898	1.0%	686,318	57.4%	7,205,328	0.7%	8,939,869	1.0%	1,734,541	19.4%
DEPRECIATION/INSURANCE/EQUIPMENT	401,579	0.1%	452,953	0.4%	51,374	11.3%	3,197,877	0.3%	3,417,495	0.4%	219,618	6.4%
OFFICE SUPPLIES/POSTAGE/TELEPHONE	32,282	0.0%	62,242	0.1%	29,960	48.1%	402,971	0.0%	498,538	0.1%	95,566	19.2%
MEETINGS/TRAVEL/DUES	68,908	0.0%	134,088	0.1%	65,180	48.6%	731,494	0.1%	1,103,920	0.1%	372,426	33.7%
OTHER	418,855	0.1%	99,307	0.1%	(319,548)	(321.8%)	1,701,845	0.2%	801,053	0.1%	(900,792)	(112.5%)
TOTAL ADMINISTRATIVE EXPENSES	**$ 5,742,740**	**1.8%**	**$ 6,706,593**	**5.5%**	**$ 963,853**	**14.4%**	**$ 49,249,344**	**4.5%**	**$ 53,324,365**	**5.8%**	**$ 4,075,020**	**7.6%**
OPERATING SURPLUS/(LOSS)	**$ 2,787,400**	**0.9%**	**$ (62,541)**	**-0.1%**	**$ 2,849,941**	**(4,556.9%)**	**$ 12,462,385**	**1.1%**	**$ 5,447,360**	**0.6%**	**$ 7,015,025**	**128.8%**
INTEREST & INVESTMENT INCOME	$ 86,648	0.0%	$ 350,000	0.3%	$ (263,352)	(75.2%)	$ 855,218	0.1%	$ 2,800,000	0.3%	$ (1,944,782)	(69.5%)
OTHER INCOME	36,663	0.0%	37,602	0.0%	(939)	(2.5%)	262,703	0.0%	291,890	0.0%	(29,186)	(10.0%)
NON-OPERATING INCOME	**$ 123,311**	**0.0%**	**$ 387,602**	**0.3%**	**$ (264,291)**	**(68.2%)**	**$ 1,117,922**	**0.1%**	**$ 3,091,890**	**0.3%**	**$ (1,973,968)**	**(63.8%)**
NET SURPLUS (LOSS)	**$ 2,910,711**	**0.9%**	**$ 325,061**	**0.3%**	**$ 2,585,650**	**795.4%**	**$ 13,580,306**	**1.2%**	**$ 8,539,250**	**0.9%**	**$ 5,041,056**	**59.0%**

Balance Sheet

Santa Clara Family Health Plan

SANTA CLARA COUNTY HEALTH AUTHORITY
As of February 28, 2022

	Feb-2022	Jan-2022	Dec-2021	Feb-2021
Assets				
Current Assets				
Cash and Investments	$ 505,028,677	$ 494,670,999	$ 458,434,836	$ 362,000,143
Receivables	735,265,048	514,892,512	547,776,814	650,794,128
Prepaid Expenses and Other Current Assets	8,518,866	10,010,129	10,313,774	8,901,299
Total Current Assets	**$ 1,248,812,591**	**$ 1,019,573,640**	**$ 1,016,525,423**	**$ 1,021,695,570**
Long Term Assets				
Property and Equipment	$ 52,461,621	$ 52,450,485	$ 52,459,777	$ 51,070,144
Accumulated Depreciation	(27,217,960)	(26,876,796)	(26,521,602)	(23,133,032)
Total Long Term Assets	25,243,661	25,573,689	25,938,175	27,937,112
Total Assets	**$ 1,274,056,252**	**$ 1,045,147,329**	**$ 1,042,463,598**	**$ 1,049,632,682**
Deferred Outflow of Resources	**$ 6,048,237**	**$ 6,271,114**	**$ 6,493,990**	**$ 8,402,260**
Total Assets & Deferred Outflows	**$ 1,280,104,488**	**$ 1,051,418,442**	**$ 1,048,957,589**	**$ 1,058,034,942**
Liabilities and Net Assets:				
Current Liabilities				
Trade Payables	$ 13,396,942	$ 7,355,316	$ 7,102,079	$ 8,087,827
Deferred Rent	45,946	46,244	46,542	48,585
Employee Benefits	3,817,549	4,030,828	3,812,771	3,002,306
Retirement Obligation per GASB 75	2,339,162	2,299,037	2,218,787	2,768,118
Whole Person Care / Prop 56	58,687,768	55,058,764	51,817,008	49,144,350
Payable to Hospitals	(1,344)	18,152,703	18,152,889	20,688
Payable to Hospitals	212,874,410	474,774	474,774	124,936,215
Pass-Throughs Payable	8,422,934	4,650,420	759,037	330,470
Due to Santa Clara County Valley Health Plan and Kaiser	62,839,841	57,598,300	29,971,646	29,466,215
MCO Tax Payable - State Board of Equalization	24,902,610	14,771,399	35,024,325	18,230,783
Due to DHCS	81,958,818	77,988,907	76,739,175	52,760,437
Liability for In Home Support Services (IHSS)	419,990,933	419,990,933	419,990,933	419,268,582
Current Premium Deficiency Reserve (PDR)	8,294,025	8,294,025	8,294,025	8,294,025
Medical Cost Reserves	113,564,670	114,647,277	113,956,220	117,508,759
Total Current Liabilities	**$ 1,011,134,263**	**$ 785,358,928**	**$ 768,360,212**	**$ 833,867,361**
Non-Current Liabilities				
Net Pension Liability GASB 68	(0)	(0)	(0)	1,915,458
Total Non-Current Liabilities	**$ (0)**	**$ (0)**	**$ (0)**	**$ 1,915,458**
Total Liabilities	**$ 1,011,134,263**	**$ 785,358,928**	**$ 768,360,212**	**$ 835,782,819**
Deferred Inflow of Resources	**$ 539,318**	**$ 539,318**	**$ 539,318**	**$ 1,661,827**
Net Assets				
Board Designated Fund: Special Project Funding for CBOs	$ 3,636,290	$ 3,636,290	$ 3,636,290	$ 3,337,274
Board Designated Fund: Innovation & COVID-19 Fund	12,843,867	12,923,410	12,923,410	13,830,001
Invested in Capital Assets (NBV)	25,243,661	25,573,689	25,938,175	27,937,112
Restricted under Knox-Keene agreement	325,000	325,000	325,000	425,000
Unrestricted Net Equity	212,801,783	212,392,212	212,027,726	163,111,401
Current YTD Income (Loss)	13,580,306	10,669,596	25,207,458	11,949,509
Total Net Assets / Reserves	**$ 268,430,907**	**$ 265,520,197**	**$ 280,058,059**	**$ 220,590,296**
Total Liabilities, Deferred Inflows and Net Assets	**$ 1,280,104,488**	**$ 1,051,418,442**	**$ 1,048,957,589**	**$ 1,058,034,942**

Cash Flow Statement

Santa Clara Family Health Plan

	Feb-2022	Year-to-date
Cash Flows from Operating Activities		
Premiums Received	$ 110,000,512	$ 897,898,735
Medical Expenses Paid	(303,582,854)	(997,824,862)
Adminstrative Expenses Paid	203,827,844	196,703,567
Net Cash from Operating Activities	**$ 10,245,502**	**$ 96,777,439**
Cash Flows from Capital and Related Financing Activities		
Purchase of Capital Assets	$ (11,135)	$ (938,750)
Cash Flows from Investing Activities		
Interest Income and Other Income (Net)	123,311	1,117,922
Net Increase/(Decrease) in Cash & Cash Equivalents	**$ 10,357,678**	**$ 96,956,611**
Cash & Investments (Beginning)	494,670,999	408,072,066
Cash & Investments (Ending)	**$ 505,028,677**	**$ 505,028,677**
Reconciliation of Operating Income to Net Cash from Operating Activities		
Operating Surplus/(Loss)	$ 2,787,400	$ 12,462,385
Adjustments to Reconcile Operating Income to Net Cash from Operating Activities		
Depreciation	341,163	2,751,752
Changes in Operating Assets/Liabilities		
Premiums Receivable	(220,372,536)	(223,045,523)
Prepaids & Other Assets	1,491,263	197,638
Accounts Payable & Accrued Liabilities	207,515,281	241,638,400
State Payable	14,101,121	16,376,158
IGT, HQAF & Other Provider Payables	5,241,541	39,054,162
Net Pension Liability	0	0
Medical Cost Reserves & PDR	(1,082,608)	5,977,346
Total Adjustments	**$ 7,458,102**	**$ 84,315,054**
Net Cash from Operating Activities	**$ 10,245,502**	**$ 96,777,439**

Statement of Operations by Line of Business - YTD

Santa Clara Family Health Plan

Santa Clara County Health Authority
Statement of Operations
By Line of Business (Including Allocated Expenses)
For Eight Months Ending February 28, 2022

	Medi-Cal	CMC Medi-Cal	CMC Medicare	Total CMC	Grand Total
P&L (ALLOCATED BASIS)					
REVENUE	$957,971,588	$28,618,371	$117,978,141	$146,596,512	**$1,104,568,100**
MEDICAL EXPENSE	$909,911,152	$26,924,978	$106,020,240	$132,945,218	**$1,042,856,370**
(MLR)	95.0%	94.1%	89.9%	90.7%	94.4%
GROSS MARGIN	$48,060,435	$1,693,393	$11,957,901	$13,651,294	**$61,711,729**
ADMINISTRATIVE EXPENSE	$42,713,050	$1,276,006	$5,260,288	$6,536,294	**$49,249,344**
(% of Revenue Allocation)					
OPERATING SURPLUS/(LOSS)	$5,347,385	$417,387	$6,697,613	$7,115,000	**$12,462,385**
(% of Revenue Allocation)					
OTHER INCOME/(EXPENSE)	$969,553	$28,964	$119,404	$148,369	**$1,117,922**
(% of Revenue Allocation)					
NET SURPLUS/(LOSS)	$6,316,938	$446,351	$6,817,017	$7,263,368	**$13,580,306**
PMPM (ALLOCATED BASIS)					
REVENUE	$429.24	$347.30	$1,431.74	$1,779.04	**$477.31**
MEDICAL EXPENSES	$407.71	$326.75	$1,286.62	$1,613.37	**$450.64**
GROSS MARGIN	$21.53	$20.55	$145.12	$165.67	**$26.67**
ADMINISTRATIVE EXPENSES	$19.14	$15.49	$63.84	$79.32	**$21.28**
OPERATING INCOME/(LOSS)	$2.40	$5.07	$81.28	$86.34	**$5.39**
OTHER INCOME/(EXPENSE)	$0.43	$0.35	$1.45	$1.80	**$0.48**
NET INCOME/(LOSS)	$2.83	$5.42	$82.73	$88.15	**$5.87**
ALLOCATION BASIS:					
MEMBER MONTHS - YTD	2,231,763	82,402	82,402	82,402	2,314,165
REVENUE BY LOB	86.7%	2.6%	10.7%	13.3%	100.0%

Santa Clara Family Health Plan™

Appendices

Statement of Operations by Line of Business – Current Month

Santa Clara Family Health Plan

Santa Clara County Health Authority
Statement of Operations
By Line of Business (Including Allocated Expenses)
For the Month February 2022

	Medi-Cal	CMC Medi-Cal	CMC Medicare	Total CMC	Grand Total
P&L (ALLOCATED BASIS)					
REVENUE	$298,850,373	$3,284,441	$14,137,113	$17,421,554	**$316,271,927**
MEDICAL EXPENSE	$291,834,922	$3,569,584	$12,337,280	$15,906,865	**$307,741,787**
(MLR)	97.7%	108.7%	87.3%	91.3%	97.3%
GROSS MARGIN	$7,015,451	($285,143)	$1,799,832	$1,514,689	**$8,530,140**
ADMINISTRATIVE EXPENSE	$5,426,406	$59,638	$256,696	$316,334	**$5,742,740**
(% of Revenue Allocation)					
OPERATING SURPLUS/(LOSS)	$1,589,045	($344,781)	$1,543,136	$1,198,356	**$2,787,400**
(% of Revenue Allocation)					
OTHER INCOME/(EXPENSE)	$116,518	$1,281	$5,512	$6,792	**$123,311**
(% of Revenue Allocation)					
NET SURPLUS/(LOSS)	$1,705,563	($343,500)	$1,548,648	$1,205,148	**$2,910,711**
PMPM (ALLOCATED BASIS)					
REVENUE	$1,047.97	$320.40	$1,379.10	$1,699.50	**$1,070.58**
MEDICAL EXPENSES	$1,023.37	$348.22	$1,203.52	$1,551.74	**$1,041.70**
GROSS MARGIN	$24.60	($27.82)	$175.58	$147.76	**$28.87**
ADMINISTRATIVE EXPENSES	$19.03	$5.82	$25.04	$30.86	**$19.44**
OPERATING INCOME/(LOSS)	$5.57	($33.63)	$150.54	$116.90	**$9.44**
OTHER INCOME/(EXPENSE)	$0.41	$0.12	$0.54	$0.66	**$0.42**
NET INCOME/(LOSS)	$5.98	($33.51)	$151.07	$117.56	**$9.85**
ALLOCATION BASIS:					
MEMBER MONTHS	285,171	10,251	10,251	10,251	295,422
REVENUE BY LOB	94.5%	1.0%	4.5%	5.5%	100.0%

Enrollment By Aid Category

Santa Clara Family Health Plan

SCFHP TRENDED ENROLLMENT BY COA YTD MARCH - 2022

		2021-03	2021-04	2021-05	2021-06	2021-07	2021-08	2021-09	2021-10	2021-11	2021-12	2022-01	2022-02	2022-03	FYTD var	%
NON DUAL	Adult (over 19)	31,711	32,106	32,577	32,997	32,995	33,281	33,546	33,809	34,245	34,653	35,652	35,761	36,104	3,107	9.4%
	Child (under 19)	99,557	99,872	100,245	100,477	101,010	101,085	101,093	101,125	101,411	101,722	102,516	102,519	102,740	2,263	2.3%
	SPD	22,281	22,290	22,291	22,301	22,363	22,276	22,331	22,381	22,463	22,537	22,740	22,731	22,749	448	2.0%
	Adult Expansion	86,677	88,035	89,361	89,957	90,711	91,392	91,960	92,393	93,186	94,092	95,819	96,366	97,386	7,429	8.3%
	Long Term Care	373	375	367	365	414	408	401	391	385	392	391	403	395	30	8.2%
	Total Non-Duals	**240,599**	**242,678**	**244,841**	**246,097**	**247,493**	**248,442**	**249,331**	**250,099**	**251,690**	**253,396**	**257,118**	**257,780**	**259,374**	**13,277**	**5.4%**
DUAL	Adult (over 21)	361	357	365	366	367	376	375	396	398	408	410	403	407	41	11.2%
	SPD	24,206	24,168	24,146	24,115	23,980	24,159	24,206	24,244	24,307	24,320	24,330	24,350	24,378	263	1.1%
	Long Term Care	1,054	1,038	1,031	1,060	1,127	1,115	1,092	1,083	1,106	1,111	1,085	1,107	1,102	42	4.0%
	SPD OE	742	802	863	952	1,063	1,135	1,223	1,308	1,372	1,431	1,496	1,531	1,612	660	69.3%
	Total Duals	**26,363**	**26,365**	**26,405**	**26,493**	**26,537**	**26,785**	**26,896**	**27,031**	**27,183**	**27,270**	**27,321**	**27,391**	**27,499**	**1,006**	**3.8%**
	Total Medi-Cal	**266,962**	**269,043**	**271,246**	**272,590**	**274,030**	**275,227**	**276,227**	**277,130**	**278,873**	**280,666**	**284,439**	**285,171**	**286,873**	**14,283**	**5.2%**
CMC	CMC Non-Long Term Care	9,696	9,745	9,809	9,895	9,939	10,037	10,122	10,160	10,211	10,221	10,017	10,038	10,084	189	1.9%
	CMC - Long Term Care	184	179	180	185	209	208	203	208	204	210	202	213	215	30	16.2%
	Total CMC	**9,880**	**9,924**	**9,989**	**10,080**	**10,148**	**10,245**	**10,325**	**10,368**	**10,415**	**10,431**	**10,219**	**10,251**	**10,299**	**219**	**2.2%**
	Total Enrollment	**276,842**	**278,967**	**281,235**	**282,670**	**284,178**	**285,472**	**286,552**	**287,498**	**289,288**	**291,097**	**294,658**	**295,422**	**297,172**	**14,502**	**5.1%**

MEKETA
INVESTMENT GROUP

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MEMORANDUM

TO: Neal Jarecki, Chief Financial Officer
Santa Clara Family Health Plan
FROM: Hannah Schriner, Jared Pratt
Meketa Investment Group
DATE: April 15, 2022
RE: Summary of Annual Investment Policy Recommendations

Meketa Investment Group was engaged by the Santa Clara Family Health Plan ("SCFHP") to complete a review of the SCFHP Annual Investment Policy ("AIP"). Our process incorporated a thorough review of the SCFHP investment program, current AIP, discussions with the CFO, as well as feedback from City National Bank.

We can confirm that our recommendations are in alignment with the California Government Code and *Local Agency Investment Guidelines: Update for 2022*.

Below is a summary of recommended changes, along with supporting rationale.

General Updates:

→ Replaced "Board of Directors" with "Governing Board" throughout

→ Editorial/grammatical updates to clean up the document and provide clarification

Section V: Delegation of Authority

→ Added "Governing Board". The Governing Board is responsible for the management and oversight of the SCFHP investment program and referenced throughout the AIP, as such, we believe this body should be defined.

→ Added "Executive/Finance Committee". The Committee is responsible for providing advice and recommendations to the Board on the SCFHP investment program, as such, we believe this body should be defined.

→ Added "Chief Financial Officer". The CFO is responsible for the day-to-day management and reporting of the SCFHP investment program, as such, we believe this body should be defined.

Section VI: Authorized Investments

→ A. 1. Recommend that permitted investments in the managed portfolio be subject to a maximum stated term of two years (current max is 450 days). Where the maximum stated term allowed by the California Government Code is less than two years, no changes recommended.

- Given the liquid nature of the portfolio, and maximum of five years permitted by the Code, extending from 450 days to two years is a marginal increase (+9 months) that will allow the investment manager to expand its opportunity set for yield in balance with the investment goal of holding securities to maturity.

→ A. 2. Modified the table to include all permitted investment types, AIP permitted maximum maturity, maximum specified % of portfolio, and minimum quality requirements. Additionally, added the California Government Code maximum allowances for comparison purposes.

→ Recommend adding Negotiable Certificates of Deposit to authorized investment types. These have a highly liquid secondary market and are FDIC insured. Additionally, the Code has a 30% maximum exposure cap.

→ B. Recommend removing Negotiable Certificates of Deposit from the prohibited investment types.

We look forward to discussing our recommendations.

HS/JP/mps

Attachments:
FINANCE INVESTMENT POLICY UPDATED 04-28-22 CLEAN
FINANCE INVESTMENT POLICY UPDATED 04-28-22 REDLINED

POLICY

Policy Title:	**Investment Policy**	**Policy No.:**	**FA.07**
Replaces Policy Title (if applicable):	NA	**Replaces Policy No. (if applicable):**	NA
Issuing Department:	Finance	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☐ Medi-Cal	☐ CMC	

I. PURPOSE

This Investment Policy sets for the investment guidelines and structure for the investment of short- term operating funds not required for the immediate cash needs of the Plan on and after April 22, 2021 of the Santa Clara Family Health Plan ("SCFHP" or the "Plan") which was established by the Santa Clara County Board of Supervisors under Ordinance 300.576 and licensed by the State of California under the Knox-Keene Act of 1975 in 1996.

Investments may only be made as authorized by this Annual Investment Policy ("Policy" or "AIP"). SCFHP is required to invest its funds in accordance with the California Government Code ("Code") Sections 27130 et seq., Sections 53635 and/or 53601 et seq., Section 1346 of the Knox- Keene Act of 1975 as well as the prudent investment standard:

> The Prudent Investor Standard: When investing, reinvesting, purchasing, acquiring, exchanging, selling or managing public funds, a trustee shall act with care, skill, prudence, and diligence under the circumstances then prevailing, including but not limited to, the general economic conditions and the anticipated needs of SCFHP, that a prudent person acting in a like capacity and familiarity with those matters would use in the conduct of funds of a like character and with like aims, to safeguard the principal and maintain the liquidity needs of the agency (California Government Code Section 53600.3).

II. OBJECTIVES

i. **Safety**: the primary objective of this Policy is the preservation of principal; avoiding capital losses by minimizing credit risk and interest rate or market risk.
ii. **Liquidity:** maintain sufficient liquidity to meet the operating requirements for six months.
iii. **Yield:** achieve a market-average rate of return (yield) through budgetary and economic cycles, considering SCFHP's regulatory constraints and cash flow characteristics. Investments will be limited to low risk securities in anticipation of earning a fair return relative to the risk being assumed.
iv. **Diversification:** provide diversification of the portfolio securities to avoid incurring unreasonable market and credit risks.

POLICY

III. INVESTMENT STRATEGY

The Plan will adhere to the investment goal of holding investments to maturity. From time to time, the portfolio may go out of alignment. The Chief Financial Officer may choose to rebalance the portfolio at any time to bring it back into compliance if the portfolio will not suffer any losses for selling the investment prior to maturity.

IV. ETHICS AND CONFLICTS OF INTEREST

SCFHP's officers, employees and Governing Board members involved in the investment process shall refrain from personal and professional business activities that could conflict with the proper execution of the investment program, or which could impair their ability to make impartial investment decisions. SCFHP's officers and employees involved in the investment process are not permitted to have any material financial interests in financial interests in financial institutions, including state or federal credit unions, that conduct business with SCFHP, and they are not permitted to have any personal financial or investment holdings that could be materially related to the performance of SCFHP's investments.

V. DELEGATION OF AUTHORITY

A. Governing Board

The Governing Board (the "Board") is responsible for the management and oversight of SCFHP's investment program.

B. Executive/Finance Committee

The Executive/Finance Committee ("Committee") is responsible for providing advice and recommendations on the SCFHP Investment Policies, Procedures and Practices.

C. Chief Financial Officer

The Chief Financial Officer is responsible for day-to-day managing and reporting of SCFHP's Investment Program. The Chief Financial Officer is also responsible for the oversight of investment contractual obligations between SCFHP and the County, Depository Institution and/or Investment Manager that has been granted authority over any SCFHP funds.

D. County of Santa Clara Commingled Investment Pool

The Board has directed that available excess funds not required for immediate operational cash flow purposes be deposited with the County Treasurer into the County of Santa Clara Commingled Investment Pool which will be invested by the County Treasurer in accordance with the policies contained in the County of Santa Clara Treasury Investment Policy, now in effect, and which may be revised from time to time. As per the deposit requirements for county health plans under California Health and Safety Code Section 1346 and 1376.1, depositing SCFHP's excess funds with the County of Santa Clara is permitted if:

(1) All of the evidence of indebtedness of the County, has been rated "A" or better by Moody's Investors Service, Inc. or Standard & Poor's Corporation, based on a rating conducted during the immediately preceding 12 months.

(2) The County has cash or cash equivalents in an amount equal to fifty million dollars or more, based on its audited financial statements for the immediately preceding fiscal year.

(3) The day-to-day managing, reporting, and oversight of the investment contractual obligations between the County and SCFHP shall be the responsibility of SCFHP's Chief Financial Officer.

E. Depository (Financial) Institutions

All SCFHP money shall be deposited in financial institutions that meet the requirements as set forth in California Government Code Section 53635.2 and authorized by the Board. The financial institution shall have received an overall rating of not less than "satisfactory" in its most recent evaluation by its appropriate federal financial supervisory agency. In addition, the depository financial institution shall maintain a rating of its senior long-term debt obligations, deposit rating or claims-paying ability rating, or is guaranteed by an entity whose obligations are rated not lower than "AA- by S&P, AA- by Fitch or "Aa3" by Moody's or its equivalent from another nationally recognized rating agency.

(1) All depository institutions shall provide SCFHP with notification of any downgrades in long-term ratings or any unsatisfactory rating by their appropriate federal financial supervisory agency within 10 days of such downgrade.

(2) Any downgrade in ratings of a financial institution holding SCFHP funds, shall be provided to the Board by the Chief Financial Officer.

(3) The day-to-day managing, reporting, and oversight of the depository and investment contractual obligations for SCFHP shall be the responsibility of SCFHP's Chief Financial Officer.

(4) The Board may renew the delegation of authority to enter into depository and investment relationships annually.

(5) Funds not required to compensate for transaction costs shall be invested in and earn a market rate of return in the depository institution's highest rated money market mutual fund as permitted by the California Government Code, Section 53600 et seq.

F. Portfolio Investment Manager

The Governing Board may grant authority to a qualified investment manager to direct investments of excess funds in accordance with the AIP and be subject to periodic review for compliance to the AIP. The qualified investment manager must meet all requirements established by federal and California law. Any Board-approved changes in Authorized Investments and the AIP shall be communicated to the investment manager upon approval.

POLICY

G. Exceptions to this Policy

The Governing Board may grant express written authority to make a one-time investment not permitted by this Policy however, the investment must be permitted by the California Government Code. The Board may also make amendments to the AIP at any quarterly meeting as needed.

VI. AUTHORIZED INVESTMENTS

A. Authorized Investment Types: SCFHP shall invest only in instruments as permitted by the California Government Code Section 53601, subject to the limitations of this AIP.

1. Permitted investments in the investment manager portfolio shall be considered short-term operating funds and are subject to a maximum stated term of two years.

2. The Governing Board may designate a reserve fund for excess funds not required for operational cash flow for which permitted investments are subject to a maximum term of five years pursuant to the Code.

Authorized Investments

Investment Type	Maximum Maturity (Code Allowance in Parenthesis if Different)	Maximum Specified % of Portfolio (Code Allowance in Parenthesis if Different)	Minimum Quality Requirements (Code Allowance in Parenthesis if Different)
U.S. Treasury Obligations	2 years (5 years)	None	None. May invest in securities that could result in zero or negative interest accrual if held to maturity, in the event of a period of negative market interest rates.
U.S. Agency Obligations	2 years (5 years)	None	None
State Obligations: CA and Others	2 years (5 years)	None	None for CA; AA or better for other States (None for all States)
CA Local Agency Obligations	2 years (5 years)	None	AA rated (None)
Commercial Paper: Non-Pooled Funds (minimum $100,000,000 of investments)[5]	270 days or less	40% of Plan's investible funds	Highest letter and number rating by an NRSRO[1]
Negotiable Certificates of Deposit	2 years (5 years)	30%	None
Placement Service Certificates of Deposit	2 years (5 years)	$250,000 per deposit per institution (50%)	FDIC insured at all times (None)

POLICY

Repurchase Agreements	1 year	None	U.S. Treasury and Agency Obligations (None)
Medium-term Notes	2 years (5 years or less)	30%, with not more than 10 % in any one institution (30%)	"A" rating category or better
Mutual Funds and Money Market Mutual Funds	N/A	20%, with no more than 10% invested in any one mutual fund; limitation does not apply to money market mutual funds	Multiple[2]
Collateralized Bank Deposits	2 years (5 years)	None	If investments require collateral, collateral must be placed in institution not affiliated with the issuer of the obligation.
Mortgage Pass-through and Asset Backed Securities	2 years (5 years or less)	20%	"AA" rating category or its equivalent or better[4]
County Pooled Investment Funds-Santa Clara County Pool	N/A	None	"A" or better (None)
Joint Powers Authority Pool (CAMP, CalTrust)	N/A	None	Multiple[3]
Local Agency Investment Fund (LAIF)	N/A	None	None
Supranational Obligations	2 years (5 years or less)	30%	"AA" rating or better
Public Bank Obligations	2 years (5 years)	None	Section 57600 (b) [6]

[1]Issuing corporation must be organized and operating within the U.S., have assets in excess of $500 million, and debt other than commercial paper must be in a rating category of "A" or its equivalent or higher by a nationally recognized statistical rating organization, or the issuing corporation must be organized within the U.S. as a special purpose corporation, trust, or LLC, have program wide credit enhancements, and have commercial paper that is rated "A-1" or higher, or the equivalent, by a nationally recognized statistical rating agency (NSRO).

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

[3]A joint powers authority pool must retain an investment advisor who is registered with the SEC (or exempt from registration), has assets under management in excess of $500 million, and has at least five years' experience investment in instruments authorized by Section 53601, subdivisions (a) to (o).

[4]Any investments in asset-backed securities (mortgage pass-through securities, collateralized mortgage obligations, mortgage-backed or other pay-through bonds, equipment lease-backed certificates, consumer receivable pass-through certificates, or consumer receivable-backed bonds) are required to have a maximum remaining maturity of five years or less. While the Legislature removed

the requirement that the securities' issuer be rated "A" or its equivalent or better for the issuer's debts in accordance with a nationally recognized statistical rating organization (NRSRO), the Plan retains this requirement.

[5] In 2021, Section 53601 (h) amended to allow local agencies that have one hundred million dollars or more of investment assets under management to invest no more than 40% of their moneys in eligible commercial paper. Further amendment to Section 53601 limits local agencies to invest no more than 10% of their total investment assets in commercial paper and medium- term notes of any single issuer. Commercial Paper: Pooled Funds are not allowed in the Investment Manager Portfolio.

[6] Public Bank means a corporation organized under the Nonprofit Mutual benefit corporation Law for the purpose of engaging in the commercial banking business or industrial banking business that is wholly owned by a local agency, local agencies or a joint powers authority that is composed only of local agencies. A local agency may invest in commercial paper, debt securities, or other obligations of a public bank.

B. Prohibited Investment Types: California Government Code Section 53601.6 prohibits local agencies from investing in inverse floaters, range notes, or mortgage-derived, interest-only strips, and any security which could result in zero interest accrual if held to maturity. In addition, the Plan does not authorize investment in the following:

i. Bankers' Acceptances
ii. Commercial Paper: Pooled Funds (pertains only to Investment Manager Portfolio)
iii. Non-negotiable Certificates of Deposit
iv. Reverse Repurchase Agreements and Securities Lending Agreements
v. Voluntary Investment Program Fund

VII. REPORTING REQUIREMENTS

The following documents and reports will be periodically provided to support the investment procedures, oversight and reporting requirements:

A. County of Santa Clara Investment Pool Disclosure and Agreement for Voluntary Deposits

B. County of Santa Clara Treasury Investment Policy

C. County of Santa Clara Treasury Quarterly Report

D. SAP Balance and Interest Earnings Report of SCFHP Invested Funds

E. Depository Institution – daily transaction and monthly activity report

F. Investment Manager Portfolio - month-end and quarter-end portfolio performance summary, income, ending balance sheet, trading activity, transaction detail and portfolio diversification report. The listing must include issuer names, dates of maturity, par amounts, dollar amount, market values as of month-end and comparable published index as to diversification and duration that most closely tracks the performance of the portfolio.

G. Investment Oversight Quarterly Report – provides independent review of all invested funds for tracking of AIP, diversification requirements and performance review. Minimum reporting requirements includes a listing of the types of investment, issuer names, dates of maturity, par amounts, dollar amount, market values, descriptions of the programs under the management of contracted parties, a statement of compliance with the investment policy, and a statement of the ability to meet cash flow needs for six months. Any irregularities shall be noted and included in the report.

POLICY

VIII. REVIEW OF INVESTMENT POLICY

At least annually and more frequently as needed, the Governing Board will review this investment policy at a regular meeting of the Board. Any recommended changes to the Policy, including modifications to current investment strategy, oversight procedures including internal controls will be first be brought to the Executive/Finance Committee by the CFO for review and approval prior to presentation to the Board. The Executive Committee and Governing Board will be supported in this work by the CFO, investment advisors and legal counsel for financial and legal issues, respectively.

Any modifications to this Investment Policy, including withdrawal from the County of Santa Clara Commingled Investment Pool, will be made in accordance with California Government Code Sections 27130 et seq., Sections 53635 and/or 53601 et seq., Section 1346 of the Knox Keene Act of 1975 as well as the prudent investment standard.

IX. Approval/Revision History

First Level Approval	Second Level Approval
Barbara Granieri, Controller Date	Neal Jarecki Chief Financial Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original	Exec/Finance	Approved 04/26/18	Approved 06/28/18
V1	Original (no changes)	Exec/Finance	Approved 05/01/19	Approved 06/27/19
V2	Revised	Exec/Finance	Approved 04/23/20	Approved 06/25/20
V3	Revised	Exec/Finance	04/22/21	Approved 06/24/2021
V4	Revised	Exec/Finance	04/28/22	

POLICY

Policy Title:	**Investment Policy**	**Policy No.:**	**FA.07**
Replaces Policy Title (if applicable):	NA	**Replaces Policy No. (if applicable):**	NA
Issuing Department:	Finance	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☐ Medi-Cal	☐ CMC	

I. PURPOSE

This ~~i~~investment ~~p~~Policy sets for the investment guidelines and structure for the investment of short- term operating funds not required for the immediate cash needs of the Plan on and after April 22, 2021 of the Santa Clara Family Health Plan ("SCFHP" or the "Plan") which was established by the Santa Clara County Board of Supervisors under Ordinance 300.576 and licensed by the State of California under the Knox-Keene Act of 1975 in 1996.

Investments may only be made as authorized by this Annual Investment Policy ("Policy" or "AIP"). SCFHP is required to invest its funds in accordance with the California Government Code ("Code") Sections 27130 et seq., Sections 53635 and/or 53601 et seq., Section 1346 of the Knox- Keene Act of 1975 as well as the prudent investment standard:

> The Prudent Investor Standard: When investing, reinvesting, purchasing, acquiring, exchanging, selling or managing public funds, a trustee shall act with care, skill, prudence, and diligence under the circumstances then prevailing, including but not limited to, the general economic conditions and the anticipated needs of SCFHP, that a prudent person acting in a like capacity and familiarity with those matters would use in the conduct of funds of a like character and with like aims, to safeguard the principal and maintain the liquidity needs of the agency (California Government Code Section 53600.3).

II. OBJECTIVES

i. **Safety**: the primary objective of this ~~p~~Policy is the preservation of principal; avoiding capital losses by minimizing credit risk and interest rate or market risk.
ii. **Liquidity:** maintain sufficient liquidity to meet the operating requirements for six months.
iii. **Yield:** achieve a market-average rate of return (yield) through budgetary and economic cycles, considering SCFHP's regulatory constraints and cash flow characteristics. Investments will be limited to low risk securities in anticipation of earning a fair return relative to the risk being assumed.
iv. **Diversification:** provide diversification of the portfolio securities to avoid incurring unreasonable market and credit risks.

III. INVESTMENT STRATEGY

The Plan will adhere to the investment goal of holding investments to maturity. From time to time, the portfolio may go out of alignment. The Chief Financial Officer may choose to rebalance the portfolio at any time ~~earlier~~ to bring it back into compliance if the portfolio will not suffer any losses for selling the investment prior to maturity.

IV. ETHICS AND CONFLICTS OF INTEREST

SCFHP's officers, employees and Governing Board members involved in the investment process shall refrain from personal and professional business activities that could conflict with the proper execution of the investment program, or which could impair their ability to make impartial investment decisions. SCFHP's officers and employees involved in the investment process are not permitted to have any material financial interests in financial interests in financial institutions, including state or federal credit unions, that conduct business with SCFHP, and they are not permitted to have any personal financial or investment holdings that could be materially related to the performance of SCFHP's investments.

V. DELEGATION OF AUTHORITY

A. Governing Board

The Governing Board (the "Board") is responsible for the management and oversight of SCFHP's investment program.

B. Executive/Finance Committee

The Executive/Finance Committee ("Committee") is responsible for providing advice and recommendations on the SCFHP Investment Policies, Procedures and Practices.

C. Chief Financial Officer

The Chief Financial Officer is responsible for day-to-day managing and reporting of SCFHP's Investment Program. The Chief Financial Officer is also responsible for the oversight of investment contractual obligations between SCFHP and the County, Depository Institution and/or Investment Manager that has been granted authority over any SCFHP funds.

D~~A~~. County of Santa Clara Commingled Investment Pool

~~The Governing Board is responsible for the management and oversight of SCFHP's investment program.~~ The Board has directed that available excess funds not required for immediate operational cash flow purposes be deposited with the County Treasurer into the County of Santa Clara Commingled Investment Pool which will be invested by the County Treasurer in accordance with the policies contained in the County of Santa Clara Treasury Investment Policy, now in effect, and which may be revised from time to time. As per the deposit requirements for county health plans under California Health and Safety Code Section 1346 and 1376.1, depositing SCFHP's excess funds with the County of Santa Clara is permitted if:

POLICY

(1) All of the evidence of indebtedness of the County, has been rated "A" or better by Moody's Investors Service, Inc. or Standard & Poor's Corporation, based on a rating conducted during the immediately preceding 12 months.

(2) The County has cash or cash equivalents in an amount equal to fifty million dollars or more, based on its audited financial statements for the immediately preceding fiscal year.

(3) The day-to-day managing, reporting, and oversight of the investment contractual obligations between the County and SCFHP shall be the responsibility of SCFHP's Chief Financial Officer.

~~B~~E. Depository (Financial) Institutions

All SCFHP money shall be deposited in financial institutions that meet the requirements as set forth in California Government Code Section 53635.2 and authorized by the Board. The financial institution shall have received an overall rating of not less than "satisfactory" in its most recent evaluation by its appropriate federal financial supervisory agency. In addition, the depository financial institution shall maintain a rating of its senior long-term debt obligations, deposit rating or claims-paying ability rating, or is guaranteed by an entity whose obligations are rated not lower than "AA- by S&P, AA- by Fitch or "Aa3" by Moody's or its equivalent from another nationally recognized rating agency.

(1) All depository institutions shall provide SCFHP with notification of any downgrades in long-term ratings or any unsatisfactory rating by their appropriate federal financial supervisory agency within 10 days of such downgrade.

(2) Any downgrade in ratings of a financial institution holding SCFHP funds, shall be provided to the Board by the Chief Financial Officer.

(3) The day-to-day managing, reporting, and oversight of the depository and investment contractual obligations for SCFHP shall be the responsibility of SCFHP's Chief Financial Officer.

(4) The Board ~~of Directors~~ may renew the delegation of authority to enter into depository and investment relationships annually.

(5) Funds not required to compensate for transaction costs shall be invested in and earn a market rate of return in the depository institution's highest rated money market mutual fund as permitted by the California Government Code, Section 53600 et seq.

~~F~~C. Portfolio Investment Manager

The Governing Board may grant authority to a qualified investment manager to direct investments of excess funds in accordance with the AIP and be subject to periodic review for compliance to the AIP. The qualified investment manager must meet all requirements established by federal and California law. Any Board-approved changes in ~~Permitted~~ Authorized Investments and the AIP shall be communicated to the investment manager upon approval.

~~D~~G. Exceptions to this Policy

POLICY

The Governing Board may grant express written authority to make a one-time investment not permitted by this Policy however, the investment must be permitted by the CaliforniaA Government Ceode. The Board of Directors may also make amendments to the AIP at any quarterly meeting as needed.

VI. AUTHORIZED INVESTMENTS

A. Authorized Investment Types: SCFHP shall invest only in instruments as permitted by the CaliforniaA Government Code Section 53601, subject to the limitations of this AIP.

1. Permitted investments in the investment managerd portfolio shall be considered short-term operating funds and are subject to a maximum stated term of four hundred fifty (450) daystwo years.

2. The Governing Board may designate a reserve fund for excess funds not required for operational cash flow for which permitted investments are subject to a maximum term of five years pursuant to the Code.

Authorized Investments

Investment Type	Maximum Maturity (Code Allowance in Parenthesis if Different)	Maximum Specified % of Portfolio (Code Allowance in Parenthesis if Different)	Minimum Quality Requirements (Code Allowance in Parenthesis if Different)
U.S. Treasury Obligations	2 years (5 years)	None	None. May invest in securities that could result in zero or negative interest accrual if held to maturity, in the event of a period of negative market interest rates.
U.S. Agency Obligations	2 years (5 years)	None	None
State Obligations: CA and Others	2 years (5 years)	None	None for CA; AA or better for other States (None for all States)
CA Local Agency Obligations	2 years (5 years)	None	AA rated (None)
Commercial Paper: Non-Pooled Funds (minimum $100,000,000 of investments)[5]	270 days or less	40% of Plan's investible funds	Highest letter and number rating by an NRSRO[1,5]
Negotiable Certificates of Deposit	2 years (5 years)	30%	None
Placement Service Certificates of Deposit	2 years (5 years)	$250,000 per deposit per institution (50%)	FDIC insured at all times (None)
Repurchase Agreements	1 year	None	U.S. Treasury and Agency Obligations (None)

Santa Clara Family Health Plan™

POLICY

Medium-term Notes	2 years (5 years or less)	30%, ~~(~~with not more than 10 % in any one institution~~)~~ (30%)	"A" rating category or better
Mutual Funds and Money Market Mutual Funds	N/A	20%, ~~(~~with no more than 10% invested in any one mutual fund; limitation does not apply to money market mutual funds~~)~~	Multiple[2]
Collateralized Bank Deposits	2 years (5 years)	None	If investments require collateral, collateral must be placed in institution not affiliated with the issuer of the obligation.
Mortgage Pass-through and Asset Backed Securities	2 years (5 years or less)	20%	"AA" rating category or its equivalent or better[4]
County Pooled Investment Funds-Santa Clara County Pool	N/A	None	"A" or better (None)
Joint Powers Authority Pool (CAMP, CalTrust)	N/A	None	Multiple[3]
Local Agency Investment Fund (LAIF)	N/A	None	None
Supranational Obligations	2 years (5 years or less)	30%	"AA" rating or better
Public Bank Obligations	2 years (5 years)	None	Section 57600 (b) [6]

[1]Issuing corporation must be organized and operating within the U.S., have assets in excess of $500 million, and debt other than commercial paper must be in a rating category of "A" or its equivalent or higher by a nationally recognized statistical rating organization, or the issuing corporation must be organized within the U.S. as a special purpose corporation, trust, or LLC, have program wide credit enhancements, and have commercial paper that is rated "A-1" or higher, or the equivalent, by a nationally recognized statistical rating agency (NSRO).

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

[3]A joint powers authority pool must retain an investment advisor who is registered with the SEC (or exempt from registration), has assets under management in excess of $500 million, and has at least five years' experience investment in instruments authorized by Section 53601, subdivisions (a) to (o).

[4]Any investments in asset-backed securities (mortgage pass-through securities, collateralized mortgage obligations, mortgage-backed or other pay-through bonds, equipment lease-backed certificates, consumer receivable pass-through certificates, or consumer receivable-backed bonds) are required to have a maximum remaining maturity of five years or less. While the Legislature removed the requirement that the securities' issuer be rated "A" or its equivalent or better for the issuer's debts in accordance with a nationally recognized statistical rating organization (NRSRO), the Plan retains this requirement.

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[5] *In 2021, Section 53601 (h) amended to allow local agencies that have one hundred million dollars or more of investment assets under management to invest no more than 40% of their moneys in eligible commercial paper. Further amendment to Section 53601 limits local agencies to invest no more than 10% of their total investment assets in commercial paper and medium- term notes of any single issuer. Commercial Paper: Pooled Funds are not allowed in the Investment Manager Portfolio.*

[6] *Public Bank means a corporation organized under the Nonprofit Mutual benefit corporation Law for the purpose of engaging in the commercial banking business or industrial banking business that is wholly owned by a local agency, local agencies or a joint powers authority that is composed only of local agencies. A local agency may invest in commercial paper, debt securities, or other obligations of a public bank.*

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~~iii. Negotiable Certificates of Deposit~~
~~iv.~~iii. Non-negotiable Certificates of Deposit
~~v.~~iv. Reverse Repurchase Agreements and Securities Lending Agreements
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E. Depository Institution – daily transaction and monthly activity report

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G. Investment Oversight Quarterly Report – provides independent review of all invested funds for tracking of AIP, diversification requirements and performance review. Minimum reporting requirements includes a listing of the types of investment, issuer names, dates of maturity, par amounts, dollar amount, market values, descriptions of the programs under the management of contracted parties, a statement of compliance with the investment policy, and a statement of the ability to meet cash flow needs for six months. Any irregularities shall be noted and included in the report.

POLICY

VIII. REVIEW OF INVESTMENT POLICY

At least annually and more frequently as needed, the Governing Board will review this investment policy at a regular meeting of the Board. Any recommended changes to the Policy, including modifications to current investment strategy, oversight procedures including internal controls will be first be brought to the Executive/Finance Committee by the CFO for review and approval prior to presentation to the Board. The Executive Committee and Governing Board ~~of Directors~~ will be supported in this work by the CFO, investment advisors and legal counsel for financial and legal issues, respectively.

Any modifications to this Investment Policy, including withdrawal from the County of Santa Clara Commingled Investment Pool, will be made in accordance with California Government Code Sections 27130 et seq., Sections 53635 and/or 53601 et seq., Section 1346 of the Knox Keene Act of 1975 as well as the prudent investment standard.

IX. Approval/Revision History

First Level Approval	Second Level Approval
Barbara Granieri, Controller ~~April 14, 2021~~ Date	Neal Jarecki Chief Financial Officer ~~April 14, 2021~~ Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original	Exec/Finance	Approved 04/26/18	Approved 06/28/18
V1	Original (no changes)	Exec/Finance	Approved 05/01/19	Approved 06/27/19
V2	Revised	Exec/Finance	Approved 04/23/20	Approved 06/25/20
V3	Revised	Exec/Finance	04/22/21	Approved 06/24/2021
V4	Revised	Exec/Finance	04/28/22	

Santa Clara Family Health Plan™

MEMORANDUM

TO: Executive/Finance Committee
FROM: Lori Andersen, Director, Long Term Services and Supports (LTSS)
DATE: April 28, 2022
RE: Institute on Aging Contract Extension for Residential Care for the Elderly (RCFE) Supportive Services

On November 19, 2020, the Executive/Finance Committee approved a funding proposal of $867,000 from Institute on Aging (IOA) to provide supportive services to Santa Clara Family Health Plan (SCFHP) members who were placed in Residential Care Facilities for the Elderly (RCFEs) through the Whole Person Care program (WPC).

With the launch of California Advancing and Innovating Medi-Cal (CalAIM) in January 2022, WPC has transitioned to Community Supports, now allowing SCFHP to directly place eligible Medi-Cal members in RCFEs. However, Cal MediConnect (CMC) members are currently not eligible for Community Supports until SCFHP transitions to a Dual Eligible Special Needs Plan (D-SNP) in January 2023.

SCFHP would like to extend the IOA contract original termination date of February 15, 2022 until December 31, 2022, to ensure that CMC members are able to access RCFEs as a medically appropriate and cost-effective alternative.

Through March 31, 2022, costs of $375,000 have been incurred on the IOA contract.

Possible Action: Approve extension of the IOA Contract for Assisted Living Services to December 31, 2022.

Santa Clara County Health Authority
Board Designated Fund Request Summary

Organization Name:	Alum Rock Counseling Center (ARCC)
Project Name:	Clinic Renovations Project
Contact Name and Title:	Steve Eckert, MSW Chief Executive Officer seckert@alumrockcc.org 408.240-0070 ext. 3000
Requested Amount:	$249,726
Time Period for Project Expenditures:	April – August, 2022
Proposal Submitted to:	Executive/Finance Committee, April 28, 2022
Date Proposal Submitted to SCFHP:	March 29, 2022

Summary of Proposal:

ARCC's Clinic Renovations Project will support key elements of ARCC's strategic plan, including expanding current programs, adding new programs, improving ARCC facilities, and recruiting and retaining staff. As ARCC prepares for providing services in the post-pandemic world, the agency is faced with renovating a physical space that, for all intents and purposes, has had no major renovations since it was built in 1978. This project will dramatically build up ARCC's organizational infrastructure and improve facilities by updating and making more flexible not only the physical clinic rooms and office space, but also the technology systems, which are foundational to the work of both counselors and administrators. This includes, but is not limited to, new electrical and IT wiring, replacing dilapidated furniture and technology, and creating workstations that will provide more privacy and confidentiality for telehealth. Improved ability to support telehealth will make it possible for providers to offer back-to-back sessions (or in person depending on client request and clinical need), lessening the need to travel to/from multiple community sites or homes, thereby saving valuable drive-time and serving more clients. Included in the renovation will be the installation of a two-way mirror with AV equipment which allows for innovative team training for interns and new staff. The improved facilities and upgraded equipment will also support staff retention by making it easier for providers to perform their duties efficiently and effectively and to do so in a higher quality space that will be "fresh" and more enjoyable in which to work.

Summary of Projected Outcome/Impact:

The expected outcome is a renovated ARCC facility, reconfigured and updated to more efficiently and appropriately support both current and expanded programming, including telehealth. The expected data of completion is July or August, 2022, with occupancy within two weeks of completion.

Summary of Additional Funding and Funding Requests:

The budgeted cost of the project is $1,342,596. ARCC has secured over 80% of the required funding for the renovation – $1,067,787 from Jest Us, Inc. (landlord) and $25,000 from Kaiser Permanente. ARCC is pursuing additional funding possibilities through the Santa Clara County Board of Supervisors (Inventory Item process, unlikely to provide full amount needed) and the Santa Clara County American Rescue Plan (strong competition). ARCC also investigated the possibility of funding through the State Behavioral Health Community Infrastructure Program but the state contractor determined ARCC was not eligible due to ARCC's inability to guarantee that ARCC can provide services in the current location for a minimum of 30 years.

Alum Rock Counseling Center Background

Since 1974, Alum Rock Counseling Center (ARCC) has worked with low-income, predominantly Latinx youth and families in some of the most underserved communities throughout Santa Clara County, with a focus on our founding region of East San Jose. Today, with a budget of about $8 million and a staff size of 80-90, ARCC serves 6,000-10,000 individuals annually through a variety of behavioral health and community support programs, including youth mentoring, parent advocates, peer support, school based behavioral health and clinic based child and family therapy.

Many of our core programs leverage Medi-Cal eligibility and aim to address a range of risk factors/behaviors including trauma, juvenile delinquency, gang activity, drug/alcohol use, school failure/dropout, and family violence, most of which result from or lead to serious emotional disturbances or serious mental illness. We serve a large proportion of immigrant families, including households where caregivers are monolingual Spanish-speakers and/or where at least one adult is undocumented. This makes it sometimes difficult for them to navigate the educational and healthcare systems, including accessing quality behavioral healthcare and other needed support. In FY21, ARCC's clients were over 90% ethnically diverse, with 70% being Latinx. Our direct service staff are typically from communities & neighborhoods similar to those served by ARCC, with 87% being ethnically diverse (71% Latinx) and 66% being bilingual.

A hallmark of ARCC's services has always been to meet clients where they are and where they feel safe - in homes, on school campuses, out in the community and in our clinic, which is very intentionally located in the heart of the community we primarily serve: East San Jose. In spite of the considerable stigma that mental health issues carry in the Latinx community, ARCC's staff and especially our clinic are viewed as a haven and trusted source of counseling and support for our often underserved, under-resourced youth and families.

Our mission is: To heal families and inspire youth to reach their full potential.

Renovation Strategic Plan

ARCC's clinic, located at 1245 East Santa Clara Street at 26th Street, was built in 1978 and prior to our occupancy, the building was occupied by the Indian Health Center. It is a 6000 square foot two story structure, with client counseling rooms on the first floor and offices and conference room on the second floor. ARCC has been the sole tenant since about 1995. As ARCC expanded with new programs 10 and 12 years ago, we leased additional office space in the building which currently houses our administrative offices at 777 North First Street.

In 2018, the ARCC Board of Directors approved a Strategic Plan which includes the below strategic goals:

1. Grow unrestricted revenue and increase financial reserves
2. Moderate Growth: Expand current programs and add new programs
3. Build up ARCC organizational infrastructure
4. Improve ARCC facilities
5. Increase recruitment and retention of staff

The proposed Clinic Renovations Project directly supports/aligns with strategic goals 2, 3 and 4. More specifically, improved telehealth will improve ARCC's capacity to maximize its existing contracts (goal #2), by improving the technological infrastructure supporting telehealth making it possible for providers to offer back-to-back sessions via telehealth (or in person depending on client request and clinical need), lessening the need to travel to/from multiple community sites or homes, thereby saving valuable drive-time and serving more clients. The project will dramatically build up ARCC's organizational infrastructure and improve facilities (goals #3 and #4), by updating and making more flexible not only the physical clinic rooms and office space, but also the technology systems, which are foundational to the work of both counselors and administrators. Included in the renovation will be the installation of a two-way mirror with AV equipment which allows for innovative team training for interns and new staff with live participating families. Finally, the improved facilities and upgraded equipment likely will also support staff retention (goal #5) by making it easier for providers to perform their duties efficiently and effectively and to do so in a higher quality space that will be "fresh" and more enjoyable in which to work.

Clinic Renovation Efficiency in a Post-Continuing COVID World

As ARCC prepares for providing services in the post-pandemic world, where COVID-19 transmission and variants are still very much a reality and may be so for many years to come, the agency is faced with renovating a physical space that, for all intents and purposes, has had no major renovations since it was built in 1978. This includes, but is not limited to, new electrical and IT wiring, replacing dilapidated furniture and technology, and creating workstations that will provide more privacy/confidentiality for telehealth. As our space was designed for primary and dental health care, we require structural renovations to increase the size of our clinic rooms due to the fact that cramming large families and a counselor into an 8x8 room is no longer safe in COVID times, in addition to being less than comfortable and conducive to family therapy.

Due in part to the well documented increases in behavioral health need brought on by COVID-19, the State is releasing unprecedented financial support to expand behavioral health services for children, youth and families to address this increased need. Prior to the pandemic, our clinic's space was already stretched and inefficient. During the pandemic, services necessarily pivoted significantly to telehealth. While telehealth at ARCC was born out of tragedy and necessity surrounding COVID-19, what we've learned is the potential of telehealth to dramatically improve the accessibility of mental/behavioral health services for our at-risk, hard-to-reach population even beyond the pandemic. However, what threatens ARCC's ability to fully serve our youth right now is the usability of our clinic space for both in-person and telehealth sessions.

As the pandemic wanes the demand for in person services is growing. While many clients will continue with telehealth as their preferred modality to receive services, others will prefer or need in person services. Our goal is to further refine and solidify our telehealth infrastructure, so that we can achieve and sustain high quality, hybrid programming on a permanent basis in our post-pandemic world.

With assistance from a board member who is an executive at a prominent commercial real estate firm, we set out to find alternate space, in East San Jose, large enough to combine our clinic (6000 square feet), and our programs and administration located at 777 North First Street (9000 square

feet). We learned, after a couple of years of search, that finding appropriate space large enough to accommodate these needs was not and would not likely be available in East San Jose on a major bus line. At the same time we began negotiations with our landlord at our clinic to renovate the existing space. Also, with the pivot to more telehealth service delivery and hybrid work-from-home administration, we recognized that as the renovated clinic will use space more efficiently to accommodate more programs, our demand for office space footprint will actually reduce from the current 15,000 square feet total to more like 10,000 square feet.

The clinic building owners have owned the building since it was built in 1978. As ARCC has no capacity to purchase any property (our resources are fully dedicated to provision of services), the landlord agreed pay for the vast majority of tenant improvements. After multiple iterations complicated by the impact of COVID on construction costs and the City of San Jose's Planning division, we signed a 10 year lease (with a 5 year option to renew), in December, 2021.

ARCC has been paying below market rent, and with these new tenant improvements most costs will be amortized into the new lease at market rate rent. This increased cost will be offset by a reduction in rent costs at our 777 North First Street location.

Given these factors (i.e., likely increased funding to increase services, moderate return to in-person services, relocation of programs officed at our other location), we anticipate our clinic to be at capacity to be near or fully used again by the end of this year.

Budget Narrative:

Structural Tenant Improvements: includes internal demolition, counseling room size expansions, office modifications for flexible use including counseling rooms, HVAC upgrades, sidewalk repair/replacement, flooring and ceiling replacement.
Technology: includes cabling, panic alarm, ethernet jacks, white noise system (confidentiality), AX-Wi-Fi access points, security cameras, video conference monitors, switches, 1 server, Wi-Fi hotspots with power, power/data for conference monitor, cooled and secure IT room with dedicated power. (Desktops, laptops & phone upgrades are being purchased separately via a grant from the Sierra Foundation and not included in this proposal).
Furniture: Includes chairs, sofas and tables conducive for family therapy, modular work stations with chairs and separation panels allowing for confidential telehealth conversations, conference room collapsible tables, bookcases, artwork and internal and external murals provided by local community muralist organizations.
Current Change Order List: includes two-way mirror and AV equipment for innovative team approach family therapy training, employee lockers, kitchen appliances, janitor closet with sink.
Contingency: includes typical 5% for unplanned change orders found in a renovation project.

Asset Movability:

1. Permanent and non-moveable major items:
    a. Structural tenant improvements
    b. Technology that is built in such as: cabling, IT closet, power
    c. Murals
    d. Two-Way Mirror

2. Moveable major items
    a. Technology such as video conference monitors and server
    b. Furniture
    c. Appliances

Revenue Sources and Prospects

Confirmed:

1. Jest Us, Inc. (landlord): estimated $1,067,787
2. Kaiser Permanente: $25,000

Requested

1. Santa Clara Family Health Plan: $249,726

Additional Options:

1. Santa Clara County Board of Supervisors Inventory Item process (very unlikely to provide full amount needed, requests due April 18th)
2. Santa Clara County American Rescue Plan Act (likely strong competition, will be managed by the SVCF, not available yet)
3. State Behavioral Health Community Infrastructure Program: ARCC was determined by state contractor as not eligible due to our inability to guarantee that we can provide services in the current location for a minimum of 30 years.

Budget

Expense		
	Items	**Amount**
	Tenant Improvement	$ 1,067,787
	Technology	$ 91,708
	Furniture	$ 95,189
	Design Change Orders	$ 23,900
	subtotal	$ 1,278,584
	Contingency (5%)	$ 63,929
	Total	**$ 1,342,513**
Revenue		
	Source	**Amount**
	Jest Us, Inc. (landlord)	$1,067,787
	Kaiser Permanente	$ 25,000
	SC Family Health Plan	**$ 249,726**
	Total	**$ 1,342,596**

Alum Rock Counseling Center
Santa Clara Family Health Plan

Questions posed by SCFHP Executive Staff. Answers from Alum Rock Counseling Center

1. What is ARCC's timeline for renovation? Start date, completion date, occupancy date?
    a. Renovation (internal demolition) began in March, construction begins by end of April, and the project is anticipated to be complete in July or August. We plan to occupy and provide service within 2 weeks of completion.
2. The first sentence of paragraph 2 of the request says "Many of our core programs leverage Medi-Cal eligibility…" What does "leverage Medi-Cal eligibility" mean?
    a. Depending on the ARCC program, if a potential client is eligible for Medi-Cal, then we bill service (via Santa Clara County Behavioral Health Services Department) to Medi-Cal. For those clients who are "unsponsored" by Medi-Cal and who are 0-5 years old, First Five is billed. For a limited number of clients who are referred to us by schools participating in Santa Clara County's Prevention and Early Intervention or School Linked Services program who are "unsponsored", the Mental Health Services Act is billed.
3. We understand ARCC provides SED services to Medi-Cal members through a contract with County Behavioral Health. Does ARCC provide Mild-to-Moderate (M2M) services for Medi-Cal members?
    a. We currently do not provide service for Medi-Cal members with Mild-to-Moderate assessments. We are interested in doing so, but our understanding of the rate structure is that reimbursement rates will not cover costs.
    b. If Yes, through fee-for-service Medi-Cal and/or through Anthem Medi-Cal?
        i. N/A
    c. If Yes but not funded through Medi-Cal, how do low income residents of East San Jose pay for ARCC's M2M services/how are these services funded?
        i. N/A
4. SCFHP's Medi-Cal members match the profile of those identified in ARCC's mission, however ARCC has declined to contract with SCFHP to provide M2M services to SCFHP's Medi-Cal members. Why should SCFHP provide this funding if ARCC will not enter into a contract to provide M2M services to SCFHP Medi-Cal members? What are the barriers to contracting?
    a. Per item 3a above, ARCC is interested in contracting with SCFHP to provide M2M services if costs to provide services can be covered. We hope that with the State's Cal AIM and/or Child and Youth Behavioral Health Initiative there may be new processes that could allow for ARCC costs to be covered. We are interested in exploring these or other options with SCFHP. And, we also hope that whatever this outcome, that SCFHP will fund this renovation expense to better serve the community that both organizations serve.

5. Budget includes 5% for Contingency. This seems low. What will ARCC do if the costs exceed the budgeted amount?
    a. We have been told by our project manager (an experienced local architect) that 5% is typical. However, if costs exceed this contingency we will seek additional funding from foundations. Our very last option is to absorb additional costs into our existing contracts, but that will be difficult given that contracts will likely be operating at contract maximums.
6. Additional funding options:
    a. How much is ARCC requesting from the Santa Clara County Board of Supervisors Inventory Item process?
        i. Supervisor Cindy Chavez represents District 2, where our clinic is located. We are asking for a "not to exceed" amount of $250,000 via the "Inventory Item" process. We will submit our proposal by the due date of 4/18/22. The Supervisor's staff have advised us to include the "not to exceed" language and that will not receive funding anywhere close to that amount due to demand and limited funds.
    b. How much is ARCC planning to request through the Santa Clara County American Rescue Plan Act?
        i. Guidelines have not been released yet. We do know that the Board of Supervisors approved a broad plan to allocate $5M, which the Silicon Valley Council of Nonprofits is advising the Silicon Valley Community Foundation who will administer the program, and the requests will overwhelm the funding availability. Our challenge is that construction starts in April and subcontractors have already submitted bids for us (i.e. cabling, alarm system)

Alum Rock Counseling Center thanks the Santa Clara Family Health Plan for this opportunity to request support for this very timely and important strategic request to serve our community.

Regular Meeting of the

Santa Clara County Health Authority
Executive/Finance Committee

Thursday, May 26, 2022, 10:30 AM – 12:30 PM
Santa Clara Family Health Plan
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, Chef Information Officer
Chris Turner, Chief Operating Officer
Ngoc Bui-Tong, VP, Strategies & Analytics
Chelsea Byom, VP, Marketing, Communications & Outreach
Teresa Chapman. VP, Human Resources
Laura Watkins, VP, Marketing & Enrollment
Barbara Granieri, Controller
Mike Gonzales, Director, Community Engagement
Tyler Haskell, Director, Government Relations
Khanh Pham, Director, Financial Reporting & Budgeting
Lloyd Alaban, Copy Writer and Content Strategist
Rita Zambrano, Executive Assistant
Robyn Esparza, Administrative Assistant

Others Present
John Domingue, Rossi Domingue LLP
Darcy Muilenburg, DSR Health Law

1. Roll Call

Sue Murphy, Chair, called the meeting to order at 10:32 pm. 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 April 28, 2022 **Executive/Finance Committee** minutes
b. Accept **Network Detection and Prevention Update**
c. Approve **Finance Policy**
- FA.14 Board Committee Stipends

d. Approve **Dynamic Module** for D-SNP revenue reconciliation
e. Approve **Healthcare Fraud Shield** software solution

f. Approve **continued use of teleconferencing** without providing public access to each teleconference location pursuant to Government Code Section 54953

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

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

4. March 2022 Financial Statements

Mr. Jarecki presented the unaudited financial statements for March 2022, which reflected a current month net surplus of $2.8 million ($2.9 million favorable to budget) and a year-to-date net surplus of $16.4 million ($8.0 million favorable to budget).

Enrollment increased by 1,750 members from the prior month to 297,172 members (14,503 members or 4.7% lower than budget, largely due to fewer newly-eligible members having Other Health Coverage (OHC) than budgeted. Membership continues to grow due to the extended duration of the COVID public health emergency during which member disenrollment's have been suspended. YTD member months trailed budget by 69,973 member months or 2.6%.

Revenue reflected an unfavorable current month variance of $10.6 million (8.7%) largely due to the inclusion of Medi-Cal pharmacy throughout FY22 in the budget. Pharmacy was carved-out of managed care effective January 1, 2022, which reduced revenue by $12.1 million (with a corresponding reduction to medical expense). Additionally, revenue was $3.7 million lower than budget due to lower enrollment due to fewer OHC members (with a corresponding reduction to medical expense) and $1.1 million lower due to additional medical loss ratio accruals payable to DHCS. Offsetting these items, revenue reflected favorable calendar year 2022 Medi-Cal CCI rates versus budget ($2.9 million), enhanced Prop 56 revenue ($1.5 million) and unbudgeted COVID vaccine program revenue ($1.3 million).

Medical Expense reflected a favorable current month variance of $12.8 million (11.2%) largely due to offsets of key revenue items above (pharmacy carve-out and OHC enrollment totaling $12.4 million). Additionally, certain fee-for-service expense categories reflected favorable variances due to reduced enrollment and lower utilization than budgeted ($2.8M). Increased Prop 56 revenue exceeded budget by $2.4 million.

Administrative Expense was $1 million (14.2%) favorable to budget for the month largely due to lower headcount than budgeted and a favorable variance in non-personnel expense due to the timing of certain expenses vs. in the budget.

The **Balance Sheet** reflected a Current Ratio, a key measure of liquidity, of 1.29:1 versus the DMHC minimum current ratio requirement of 1.00:1.

Tangible Net Equity of $271.2 million, which represented approximately three months of the Plan's total expenses, included unrestricted net assets of $230.0 million.

Capital Investments of $923 thousand were made year-to-date, predominately computer software licenses, versus the annual capital budget of $3.3 million.

It was moved, seconded, and the March 2022 unaudited financial statements were **unanimously approved.**

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

5. CEO Update

Christine Tomcala, Chief Executive Officer, presented the updated COVID vaccination graphs, including data by age group, ethnicity, and booster status. Ms. Tomcala shared that there is currently a 16% gap between eligible SCFHP members (74%) and overall Santa Clara County residents (90%) who have received at least one COVID vaccine dose. She noted that the age band with the highest number of unvaccinated members is the 5-11 year-old group, with more than 20,000 unvaccinated children.

Ms. Tomcala shared that 63% of the Plan's Black/African Ancestry population and 66% of Hispanic/Latino members have received at least one vaccine, both of which remain below the Plan average. Ms. Tomcala noted that the comparably larger percentage of children in the Hispanic/Latino membership contributes to the lower rate of vaccinated individuals in that ethnic group.

Ms. Tomcala noted that of all Medi-Cal health plans, only San Francisco Health Plan has a higher vaccination rate than SCFHP.

Ms. Tomcala provided an update on the ongoing efforts at the Blanca Alvarado Community Resource Center (CRC). She noted that SCFHP continues to offer COVID-19 vaccine clinics, with a $50 incentive for any individual receiving a shot at the CRC. Over 2,000 vaccines have been administered from January through May, with eight more clinics scheduled through August. Ms. Tomcala noted we continue to partner with Bay Area Community Health, County of Santa Clara Mobile Vaccine Unit, COVID-19 Black, and Roots Community Health Center.

Ms. Tomcala announced that SCFHP now serves greater than 300,000 members, which is approximately 15% of the residents of Santa Clara County.

6. Government Relations Update

Tyler Haskell, Director of Government Relations, provided updates on recent government activity affecting the health plan. He discussed the likelihood of another 90-day extension of the federal Public Health Emergency and a recent request from the federal Department of Health and Human Services that the Federal Communications Commission clarify whether health plans are permitted to call and text their members to assist with coordination of Medicaid redeterminations. Mr. Haskell also discussed Congressional action related to COVID funding, out-of-pocket insulin costs, and the possibility of health care legislation that would carry various proposals related to services and coverage for low-income Americans. He gave an overview of new proposals included in the revised State budget, and discussed three bills affecting health plan operations that are pending in the State Legislature.

Mr. Brownstein arrived at 11:10 am.

7. Adjourn to Closed Session

a. <u>Existing Litigation</u>
The Executive/Finance Committee met in Closed Session to confer with Legal Counsel regarding litigation initiated by a vendor.

b. <u>Pending Litigation</u>
The Executive/Finance Committee met in Closed Session to confer with Legal Counsel regarding pending litigation.

c. <u>Contract Rates</u>
The Executive/Finance Committee met in Closed Session to discuss Plan partner rates.

Ms. Burrell left the meeting at 12:00 pm.

8. Report from Closed Session

Ms. Murphy reported that the Executive/Finance Committee met in Closed Session to discuss existing litigation, pending litigation, and contract rates.

9. Adjournment

The meeting was adjourned at 12:06 pm.

_____

Michele Lew, Secretary

Santa Clara Family Health Plan™

Network Detection and Prevention Report

May 2022

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

	Number of Different Types of Attacks				Total Number of Attempts				Percent of Attempts			
Severity Level	Jan	Feb	Mar	Apr	Jan	Feb	Mar	Apr	Jan	Feb	Mar	Apr
Critical	24	24	17	19	1,925	980	1942	819	0.03	0.02	0.02	0.01
High	19	17	19	12	601,383	4402	6591	10,026	10.26	0.10	0.07	0.11
Medium	24	29	34	25	796,313	639,431	355,474	720,569	13.58	14.13	3.60	7.72
Low	11	10	11	10	1,474,999	417,447	2,106,697	2,966,538	25.16	9.22	21.33	31.79
Informational	34	35	34	36	2,988,340	3,464,339	7,404,369	5,633,743	50.97	76.53	74.98	60.37

Summary – Compare Apr 2022 to previous month of Mar 2022

- Critical Severity Level – number of threat attempts is **57.83%** lower
- High Severity Level - number of threat attempts is **52.12**% higher
- Medium Severity Level - number of threat attempts **102.71%** higher
- Low Severity Level - number of threat attempts is **40.82%** higher

5/19/2022

Top 5 Events for Feb/Mar/Apr

Critical Events – total 3,741 events

Top 5 Critical vulnerability events
- 2027 events for “Realtek Jungle SDK Remote Code Execution Vulnerability” (**Code-Execution**)
- 606 events for “ZeroAccess.Gen Command and Control Traffic” (**Code-Execution**)
- 251 events for “D-Link DSL Soap Authorization Remote Command Execution Vulnerability” (**Code-Execution**)
- 172 events for “Cisco IOS and IOS XE Software Cluster Management Protocol Remote Code Execution Vulnerability” (**Code-Execution**)
- 111 events for “GPON Home Routers Remote Code Execution Vulnerability” (**Code-Execution**)

High Events – total 21,019 events

Top 5 High vulnerability events
- 11,257 events for “SIP INVITE Method Request Flood Attempt” (**Brute Force**)
- 4,875 events for “HTTP Unauthorized Brute Force Attack” (**Brute Force**)
- 2,582 events for “SMB: User Password Brute Force Attempt” (**Brute Force**)
- 1773 events for “SIP Bye Message Brute Force Attack” (**Brute Force**)
- 133 events for “SSH User Authentication Brute Force Attempt” (**Brute Force**)

Medium Events – total 1,715,474 events

Top 5 Medium vulnerability events
- 1,500,789 events for “SCAN: Host Sweep” (**Info-Leak**)
- 189,224 events for “SIPVicious Scanner Detection” (**Info-Leak**)
- 17,699 events for “RPC Portmapper DUMP Request Detected” (**Info-Leak**)
- 3,669 events for “Metasploit VxWorks WDB Agent Scanner Detection” (**Info-Leak**)
- 1,226 events for “DNS Amplification Attack Query” (**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.

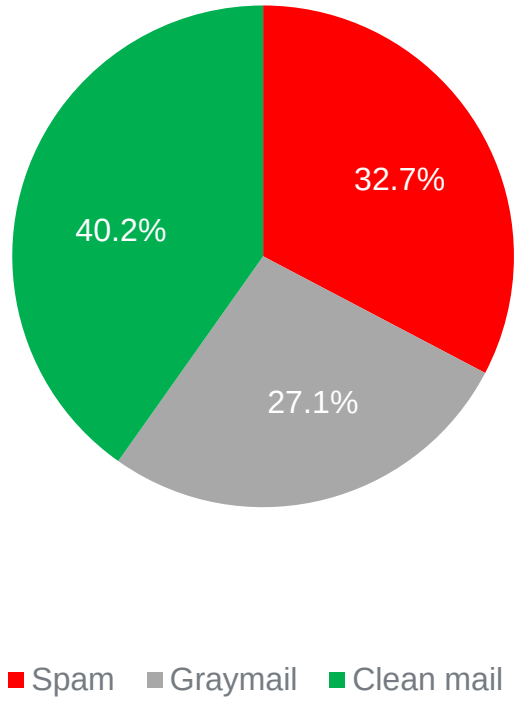
5/19/2022

Email Security – Monthly Statistics

Santa Clara Family Health Plan

Overview > Incoming Mail Summary

Message Category	%	Messages
Stopped by IP Reputation Filtering	23.0%	43.5k
Stopped by Domain Reputation Filtering	2.8%	5,344
Stopped as Invalid Recipients	1.0%	1,821
Spam Detected	5.4%	10.1k
Virus Detected	0.0%	2
Detected by Advanced Malware Protection	0.0%	2
Messages with Malicious URLs	0.1%	137
Stopped by Content Filter	0.4%	784
Stopped by DMARC	2.1%	3,962
S/MIME Verification/Decryption Failed	0.0%	0
Total Threat Messages:	**32.7%**	**61.7k**
Marketing Messages	14.9%	28.1k
Social Networking Messages	0.3%	623
Bulk Messages	11.9%	22.5k
Total Graymails:	**27.1%**	**51.2k**
S/MIME Verification/Decryption Successful	0.0%	0
Clean Messages	40.2%	75.9k
Total Attempted Messages:		**188.8k**



April

During the month.

- 32.7% of threat messages had been blocked.
- 27.1% were Graymails *(Graymail is solicited bulk email messages that don't fit the definition of email spam).*
- 40.2% were clean messages that delivered.

5/19/2022

POLICY

Procedure Title:	Board Committee Stipends	**Procedure No.:**	FA.14 v1
Replaces Procedure Title (if applicable):	N/A	**Replaces Procedure No. (if applicable):**	N/A
Issuing Department:	Finance	**Procedure Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

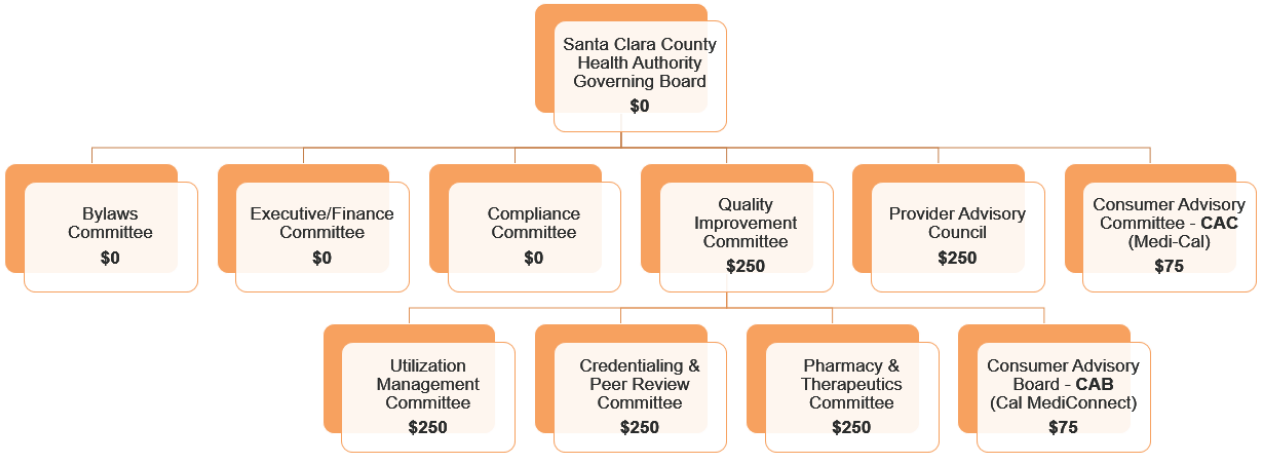
This policy governs the payment of stipends to members of certain Governing Board committees and subcommittees for meeting attendance in recognition of the following:

Provider committees - their time and advice relative to their expertise and experience as participating Medi-Cal and/or Medicare providers.

Member advisory committees - their input and feedback to help SCFHP provide culturally appropriate and equitable services, and achieve its mission.

II. Policy

The Governing Board authorizes payment of stipends to committee members as follows:



Santa Clara Family Health Plan™

POLICY

The payments noted above are per meeting attended. Details concerning the tracking of committee attendance and stipend payments are included in the associated procedure. SCFHP staff are ineligible for committee stipends.

III. Responsibilities

The Chief Financial Officer has overall responsibility for this policy. The Controller has responsibility for implementation, periodic updates, and oversight of the Finance's staff adherence to this policy and all related procedures.

IV. References

None.

V. Policy Reference

FA.03 v2 Cash Disbursements

VI. Approval/Revision History

First Level Approval	Second Level Approval
Barbara Granieri, Controller **05/18/22** Date	Neal Jarecki, CFO **05/18/22** Date

Version Number	Original/ Reviewed/ Revised	Reviewing Committee (if applicable)	Committee Action/Date (Recommended or Approved)	Board Action/Date (Approved or Ratified)
V1	Original	Executive/Finance Committee		

Santa Clara Family Health Plan™

Dual-Eligible Special Needs Plan (D-SNP)

Software for Revenue Reconciliation and Coordination of Benefits

May 26, 2022

D-SNP Requirements

Ensure timely, accurate eligibility and enrollment processing, revenue reconciliation and coordination of benefits when members have other health coverage

- Effective 1/1/23, in addition to application processing, eligibility, enrollment and disenrollment management for the D-SNP plan (for which software modules have already been approved and purchased), SCFHP will be responsible for the following additional functions:
  - **Revenue reconciliation**
    - Functionality for revenue reconciliation and coordination of benefits must be integrated with D-SNP enrollment and eligibility system
  - **Management of Medicare secondary payer (MSP)/coordination of benefits (COB)**
    - MA Plans (including D-SNP plans) are required to coordinate benefits with other carriers when their members have other health coverage (OHC), and are required to send and receive updates through file submissions to the COB contractor
- SCFHP's existing IT systems do not support requirements for Revenue Reconciliation or Coordination of Benefits

Overview of Functionality

Implementation of Revenue Reconciliation and MSP/COB modules will support revenue optimization, operational efficiency, and regulatory compliance

- Revenue optimization
  - Automatically imports members with information relating to their secondary payers, supporting identification of reimbursement opportunities and mitigation of potential revenue shortfalls
  - Tracks retroactive payments and adjustments
- Operational efficiency
  - Automates generation of CMS required correspondence and storing of that correspondence with member records for audit purposes
  - Automation to ensure proper primary or secondary payment and recovery of overpayments
  - Supports submitting to CMS changes to existing OHC information and adding new OHC information
- Regulatory compliance

Vendor Selection

Recommendation:

Contract with Dynamic Healthcare Systems for Revenue Reconciliation and Medicare Secondary Payer/Coordination of Benefits (MSP/COB) modules, which:

- Provide the required functionality
- Are integrated with Dynamic's Member Enrollment & Eligibility module (approved by Executive/Finance Committee November 2021)
- Can be implemented as part of implementation of the Dynamic Enrollment & Eligibility module, to ensure launch in advance of D-SNP launch

Possible Action:

Authorize Chief Executive Officer to negotiate, execute, and amend contracts with Dynamic Healthcare Systems for Revenue Reconciliation and MSP/COB modules, not to exceed $500,000 over three years.

Santa Clara Family Health Plan™

Fraud, Waste and Abuse (FWA) Software Solution

Executive/Finance Committee

May 26, 2022

Vendor Selection

The Plan Needs a FWA Software Solution To:

- Comply with DHCS auditors' recommendation for more pro-active FWA activities
- Avoid costs associated with improper claims payments
- Detect suspicious intentional or unintentional FWA activities as soon as possible
- Integrate FWA activities into regular business unit operations

What Does a Fraud, Waste and Abuse Software Solution Do?

- Detect anomalous medical claims practice patterns
- Enhance data mining process for detecting new and emerging fraud schemes
- Provide a centralized system that offers business units easy access to FWA dashboards, reports, and ad-hoc analysis.

Vendor Selection

SCFHP's Compliance team interviewed three vendors, compared costs & functionality, and reviewed references.

Recommendation: Healthcare Fraud Shield FWA Product

Possible Action:

Authorize CEO to negotiate, execute, and amend contract(s) with Healthcare Fraud Shield for Fraud, Waste and Abuse Software Solution up to a three-year cost of $500,000 (inclusive of implementation fee and 10% contingency).

MEMORANDUM

Date: May 19, 2022

From: Tyler Haskell, Interim Compliance Officer

To: SCFHP Executive/Finance Committee

Re. AB 361 compliance

Background

Because the Governor's executive order suspending certain Brown Act requirements expired at the end of September 2021, the Legislature passed, and the Governor signed, AB 361. AB 361 amends Government Code §54953 to permit teleconferencing by local agencies during a declared state of emergency without providing public access to each individual teleconference location. In order to do so, a local agency must, within 30 days of its first teleconference meeting following enactment of AB 361 and every 30 days thereafter, make the following findings by majority vote:

- The local agency has reconsidered the circumstances of the state of emergency.
- Any of the following circumstances exist:
    - The state of emergency continues to directly impact the ability of the members to meet safely in person.
    - State or local officials continue to impose or recommend measures to promote social distancing.

The Executive/Finance Committee met and made the above findings in April, and needs to do so again in order for the Governing Board and committees to continue meeting remotely during the ongoing state of emergency. SCFHP bylaws permit the Executive/Finance Committee to act on behalf of the Governing Board on urgent matters.

Recommended Action

Make the following findings and approve continued use of teleconferencing without providing public access to each teleconference location:

- Santa Clara Family Health Plan has reconsidered the circumstances of the state of emergency.
- Any of the following circumstances exist:
    - The state of emergency continues to directly impact the ability of the members to meet safely in person.
    - State or local officials continue to impose or recommend measures to promote social distancing.

Santa Clara Family Health Plan™

Unaudited Financial Statements

For Nine Months Ended March 31, 2022

Agenda

Santa Clara Family Health Plan

Financial Highlights

Santa Clara Family Health Plan

	MTD		YTD	
Revenue	$110 M		$1.21 B	
Medical Expense (MLR)	$102 M	92.0%	$1.14 B	94.2%
Administrative Expense (% Rev)	$6.1 M	5.5%	$55.4 M	4.6%
Other Income/(Expense)	$71K		$1.2 M	
Net Surplus (Net Loss)	**$2.8 M**		**$16.4 M**	
Cash and Investments			$523 M	
Receivables			$537 M	
Total Current Assets			$1.07 B	
Current Liabilities			$827 M	
Current Ratio			1.29	
Tangible Net Equity			$271 M	
% of DMHC Requirement			**797.0%**	

Financial Highlights

Santa Clara Family Health Plan

Net Surplus (Net Loss)	Month: Surplus of $2.8M is $2.9M or 1,791.1% favorable to budget of $164K loss. YTD: Surplus of $16.4M is $8.0M or 95.3% favorable to budget of $8.4M surplus.
Enrollment	Month: Membership was 297,172 (14,503 or 4.7% lower than budget of 311,675). YTD: Member Months YTD was 2,611,337 (69,973 or 2.6% lower than budget of 2,681,310).
Revenue	Month: $110.4M ($10.6M or 8.7% unfavorable to budget of $121.0M). YTD: $1.2B ($169.4M or 16.2% favorable to budget of $1.05B).
Medical Expenses	Month: $101.6M ($12.8M or 11.2% favorable to budget of $114.4M). YTD: $1.14B ($164.2M or 16.8% unfavorable to budget of $980.2M).
Administrative Expenses	Month: $6.1M ($1.0M or 14.2% favorable to budget of $7.1M). YTD: $55.4M ($5.1M or 8.4% favorable to budget of $60.5M).
Tangible Net Equity	TNE was $271.2M (represents approximately three months of total expenses).
Capital Expenditures	YTD Capital Investments of $923K vs. $3.3M annual budget, primarily software.

Santa Clara Family Health Plan™

Detail Analyses

Enrollment

- Total enrollment of 297,172 members is 14,503 or 4.7% lower than budget. Since the beginning of the fiscal year, total enrollment has increased by 14,502 members or 5.1%.
- Medi-Cal & CMC enrollment have been increasing since March 2020 largely due to COVID. Beginning in March 2020, annual eligibility redeterminations were suspended and, as a result, enrollment continues to increase.
- Since the beginning of the fiscal year, Medi-Cal Non-Dual enrollment has increased 5.4%, Medi-Cal Dual enrollment has increased 3.8%, and CMC enrollment has grown 2.2%.

	For the Month March 2022				For Nine Months Ending March 31, 2022					
	Actual	Budget	Variance	Variance (%)	Actual	Budget	Variance	Variance (%)	Prior Year Actuals	Δ FY22 vs. FY21
Medi-Cal	286,873	300,945	(14,072)	(4.7%)	2,518,636	2,586,850	(68,214)	(2.6%)	2,324,392	8.4%
Cal Medi-Connect	10,299	10,730	(431)	(4.0%)	92,701	94,460	(1,759)	(1.9%)	86,372	7.3%
Total	**297,172**	**311,675**	**(14,503)**	**(4.7%)**	**2,611,337**	**2,681,310**	**(69,973)**	**(2.6%)**	**2,410,764**	**8.3%**

Santa Clara Family Health Plan Enrollment By Network
March 2022

Network	Medi-Cal		CMC		Total	
	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total
Direct Contract Physicians	37,438	13%	10,299	100%	47,737	16%
SCVHHS[1], Safety Net Clinics, FQHC[2] Clinics	143,056	50%	-	0%	143,056	48%
North East Medical Services	3,384	1%	-	0%	3,384	1%
Palo Alto Medical Foundation	7,399	3%	-	0%	7,399	2%
Physicians Medical Group	44,571	16%	-	0%	44,571	15%
Premier Care	16,211	6%	-	0%	16,211	5%
Kaiser	34,814	12%	-	0%	34,814	12%
Total	**286,873**	**100%**	**10,299**	**100%**	**297,172**	**100%**
Enrollment at June 30, 2021	272,590		10,080		282,670	
Net Δ from Beginning of FY22	5.2%		2.2%		5.1%	

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

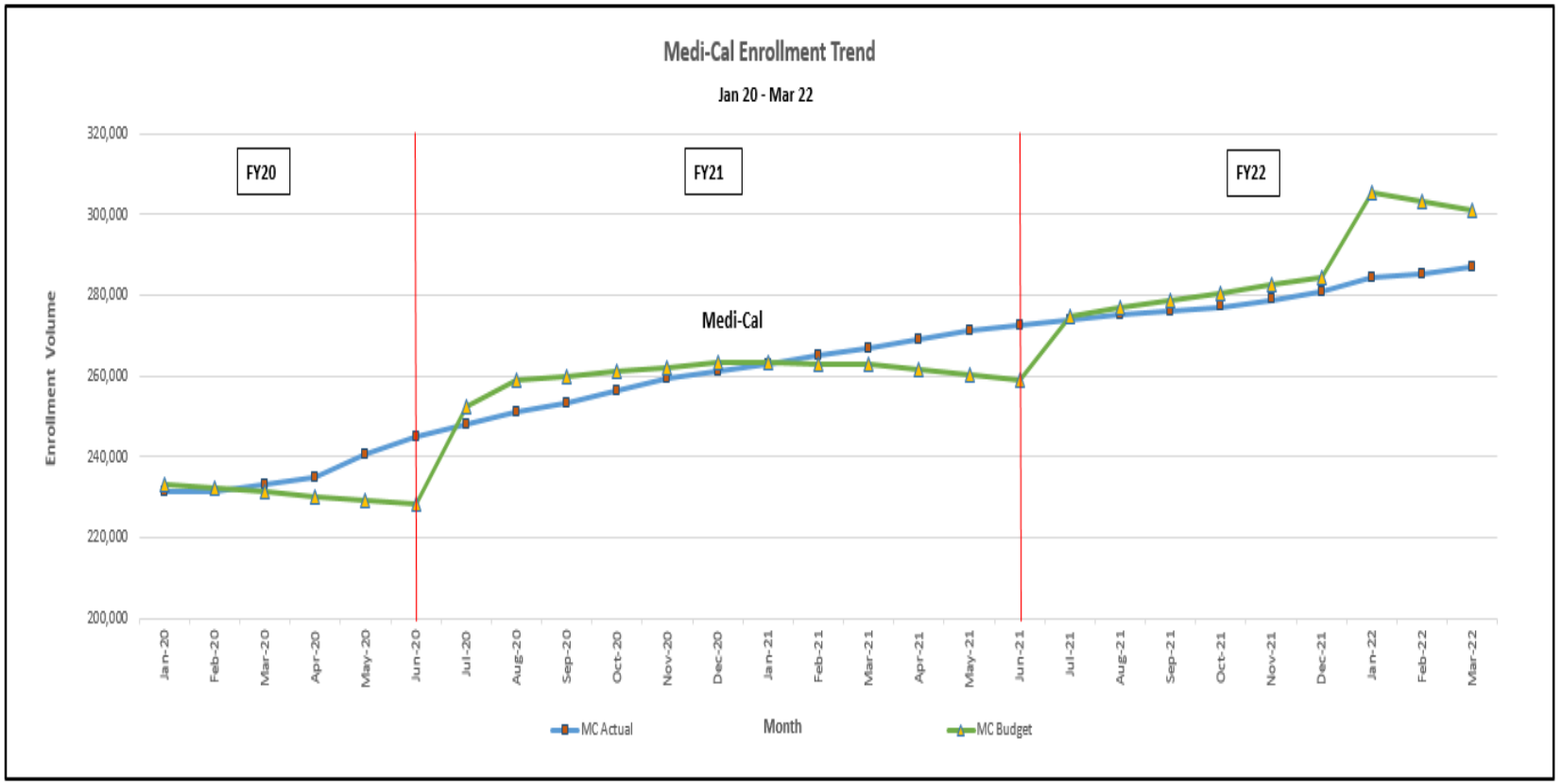
Enrollment By Aid Category

Santa Clara Family Health Plan

SCFHP TRENDED ENROLLMENT BY COA YTD MARCH - 2022

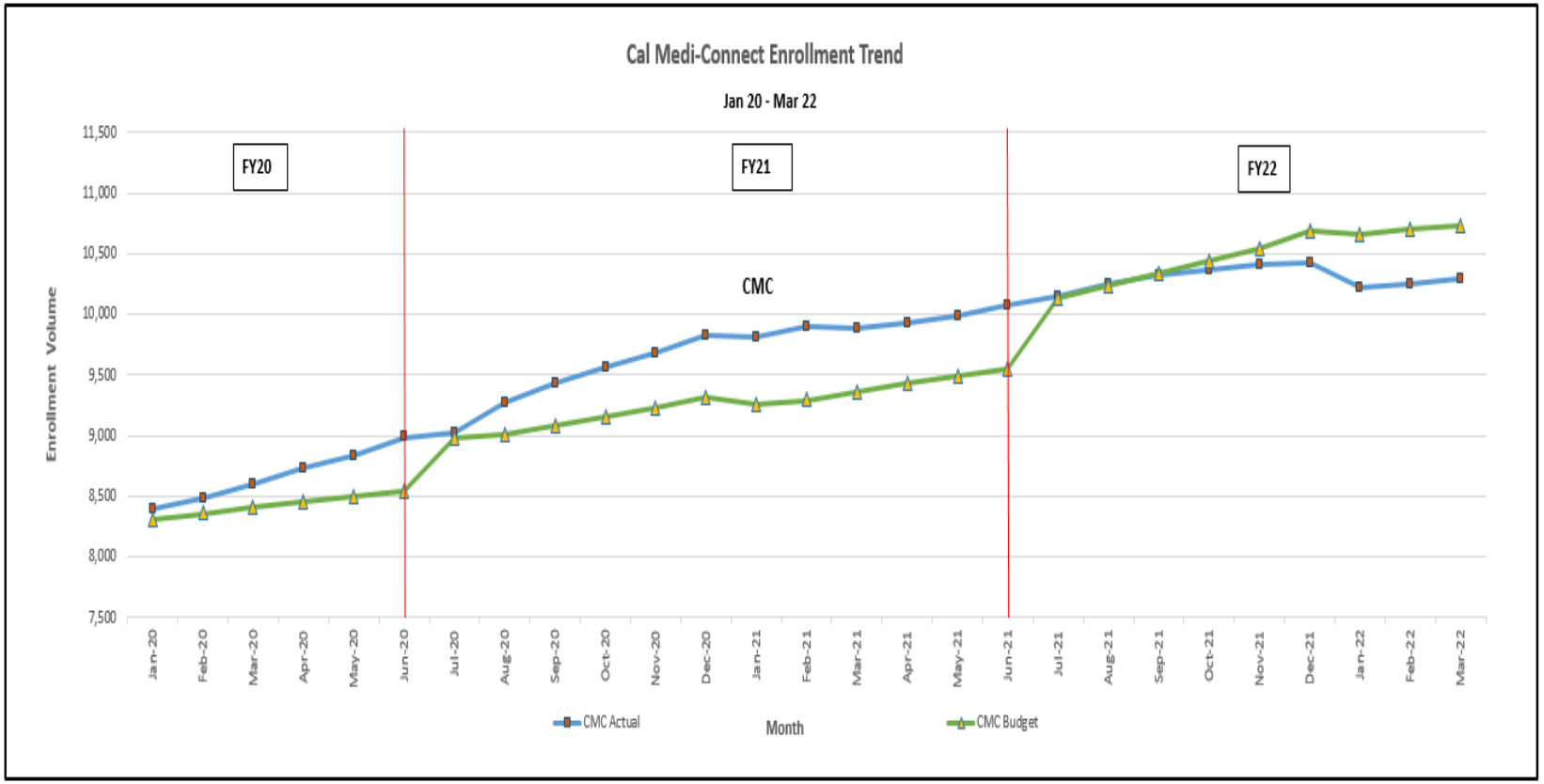
		2021-03	2021-04	2021-05	2021-06	2021-07	2021-08	2021-09	2021-10	2021-11	2021-12	2022-01	2022-02	2022-03	FYTD var	%
NON DUAL	Adult (over 19)	31,711	32,106	32,577	32,997	32,995	33,281	33,546	33,809	34,245	34,653	35,652	35,761	36,104	3,107	9.4%
	Child (under 19)	99,557	99,872	100,245	100,477	101,010	101,085	101,093	101,125	101,411	101,722	102,516	102,519	102,740	2,263	2.3%
	SPD	22,281	22,290	22,291	22,301	22,363	22,276	22,331	22,381	22,463	22,537	22,740	22,731	22,749	448	2.0%
	Adult Expansion	86,677	88,035	89,361	89,957	90,711	91,392	91,960	92,393	93,186	94,092	95,819	96,366	97,386	7,429	8.3%
	Long Term Care	373	375	367	365	414	408	401	391	385	392	391	403	395	30	8.2%
	Total Non-Duals	**240,599**	**242,678**	**244,841**	**246,097**	**247,493**	**248,442**	**249,331**	**250,099**	**251,690**	**253,396**	**257,118**	**257,780**	**259,374**	**13,277**	**5.4%**
DUAL	Adult (over 21)	361	357	365	366	367	376	375	396	398	408	410	403	407	41	11.2%
	SPD	24,206	24,168	24,146	24,115	23,980	24,159	24,206	24,244	24,307	24,320	24,330	24,350	24,378	263	1.1%
	Long Term Care	1,054	1,038	1,031	1,060	1,127	1,115	1,092	1,083	1,106	1,111	1,085	1,107	1,102	42	4.0%
	SPD OE	742	802	863	952	1,063	1,135	1,223	1,308	1,372	1,431	1,496	1,531	1,612	660	69.3%
	Total Duals	**26,363**	**26,365**	**26,405**	**26,493**	**26,537**	**26,785**	**26,896**	**27,031**	**27,183**	**27,270**	**27,321**	**27,391**	**27,499**	**1,006**	**3.8%**
	Total Medi-Cal	**266,962**	**269,043**	**271,246**	**272,590**	**274,030**	**275,227**	**276,227**	**277,130**	**278,873**	**280,666**	**284,439**	**285,171**	**286,873**	**14,283**	**5.2%**
CMC	CMC Non-Long Term Care	9,696	9,745	9,809	9,895	9,939	10,037	10,122	10,160	10,211	10,221	10,017	10,038	10,084	189	1.9%
	CMC - Long Term Care	184	179	180	185	209	208	203	208	204	210	202	213	215	30	16.2%
	Total CMC	**9,880**	**9,924**	**9,989**	**10,080**	**10,148**	**10,245**	**10,325**	**10,368**	**10,415**	**10,431**	**10,219**	**10,251**	**10,299**	**219**	**2.2%**
	Total Enrollment	**276,842**	**278,967**	**281,235**	**282,670**	**284,178**	**285,472**	**286,552**	**287,498**	**289,288**	**291,097**	**294,658**	**295,422**	**297,172**	**14,502**	**5.1%**

Medi-Cal Enrollment Trend



- Actual enrollment, represented by the blue line, showed steeper initial COVID enrollment growth in FY21 followed by a lower growth in FY22 with continued public health emergency.
- Budgeted enrollment, represented by the green line, was presumed to decrease in late FY21 but continues due to sustained public health emergency. Current budget effective July 2021, the Budget included a higher projection of new mandatory Medi-Cal population having Other Health Coverage (OHC).

Cal Medi-Connect Enrollment Trend

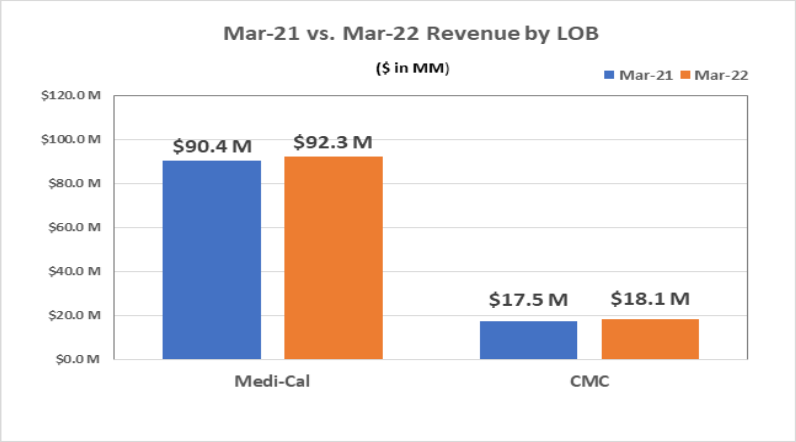


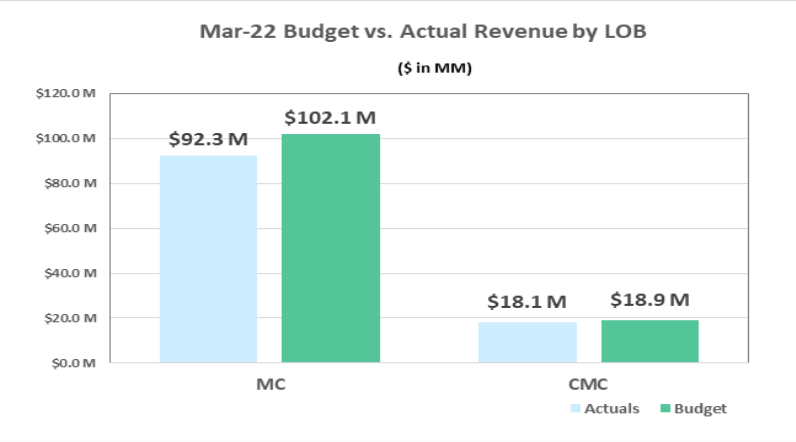
- Actual enrollment, represented by the blue line, showed steeper initial COVID enrollment growth in FY21 followed by a lower growth in FY22 with continued public health emergency.
- Budgeted enrollment, represented by the green line, was presumed to decrease in late FY21 but continues due to sustained public health emergency. Current budget effective July 2021.

Current Month Revenue

Current month revenue of $110.4M was $10.6M or 8.7% unfavorable to budget of $121.0M. The current month variance was primarily due to the following:

- Medi-Cal revenue was $13.8M unfavorable to budget due to (1) the pharmacy benefit carve-out and (2) lower Other Health Coverage (OHC) mandatory enrollment, offset by higher CY22 MLTSS rates versus budget. The Budget anticipated the Medi-Cal pharmacy benefit would continue until the end of fiscal year but pharmacy carve-out began on Jan 1. Unfavorable pharmacy revenue is offset by favorable pharmacy expense.
- Prop-56 revenue is $1.5M favorable to budget due to CY21 retro payment (offset with unfavorable Prop-56 expense). COVID incentive program payment received of $1.3M. Other supplemental revenue is $1.2M favorable to budget due to increase BHT and Health Home utilization, offset by lower maternity deliveries and budgeted Hep-C.
- CMC revenue was $886K unfavorable to budget due to additional CY20 medical loss ratio (MLR) accrual payables to DHCS and CMS, coupled with lower enrollment versus budget, partially offset by favorable CY22 rates versus budget.

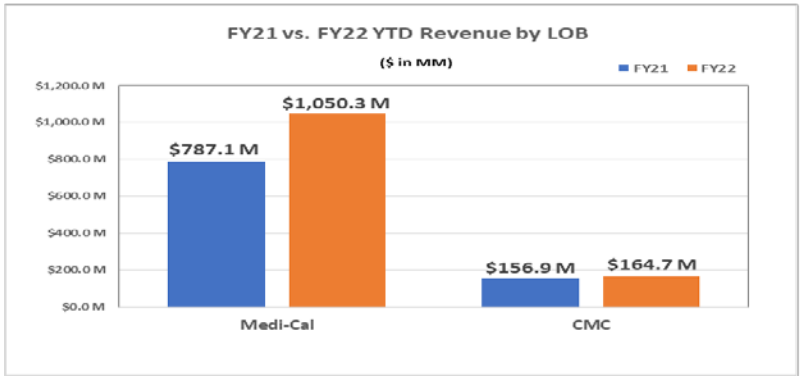


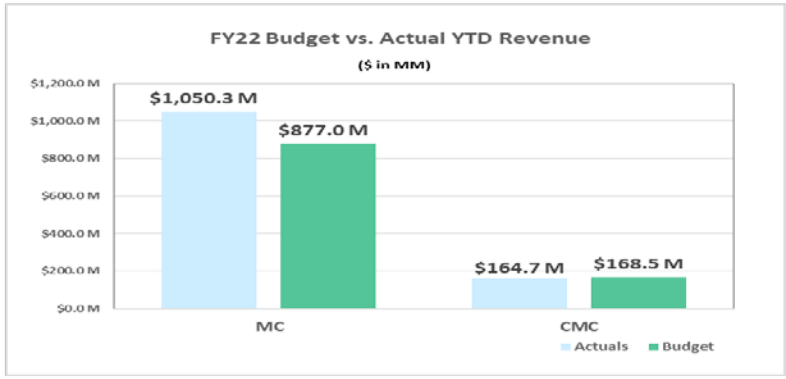


YTD Revenue

YTD revenue of $1.2B was $169.4M or 16.2% favorable to budget of $1.05B. The YTD variance was primarily due to the following:

- Due to a change in accounting prescribed by DHCS, hospital directed payments are now reported on the P&L resulting in a favorable current month revenue variance of $212.4M with an offsetting unfavorable medical expense).
- Medi-Cal revenue is $41.6M unfavorable largely due to the timing of the pharmacy benefit carve-out effective January 1st (the budget assumed the Rx benefit would continue through FY23). Lower pharmacy-related revenue is largely offset by lower pharmacy-related medical expense. Lower enrollment than anticipated from OHC contributes to the net unfavorable variance. Partially offsetting favorable variances pertained to higher CY22 rates versus budget and unbudgeted revenue associated with the COVID vaccine program (with associated expense).
- Supplemental revenue is $2.7M favorable to budget due to increased utilization in BHT, Health Homes, and Hep-C and higher maternity deliveries.
- CMC revenue was $3.9M unfavorable to budget due to accrued CY20 Medical Loss Ratio reserves payable to DHCS & CMS and lower enrollment, offset by CY20 Part-D Reconciliation payment, Part-C Quality Withholding Earnback, and higher CY21 & CY22 CCI rates versus budget.

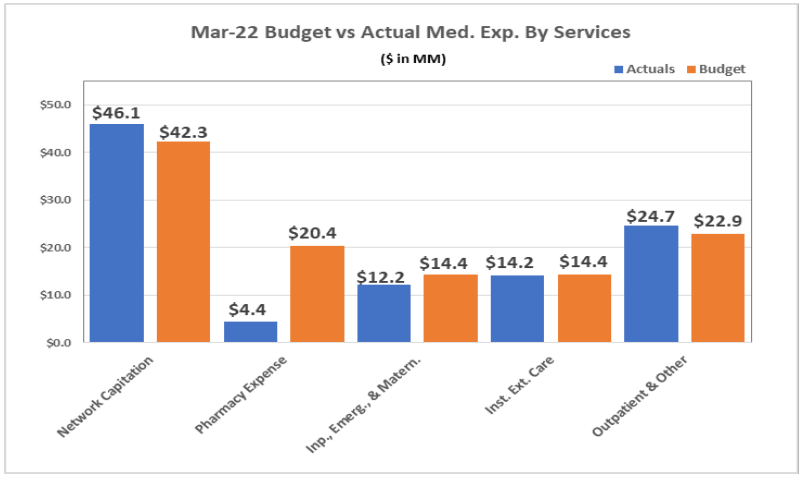


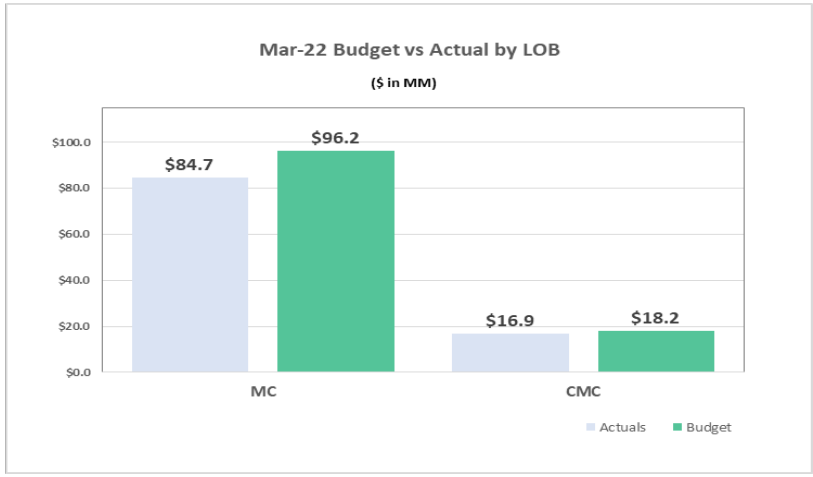


Current Month Medical Expense

Current month medical expense of $101.6M was $12.8M or 11.2% favorable to budget of $114.4M. The current month variance was due largely to:

- Capitation expense was $3.7M or 8.8% unfavorable to budget due to higher CY22 capitated rates partially offset by lower capitated enrollment than expected.
- Pharmacy expenses were $16.1M favorable to budget primarily due to timing of the Medi-Cal pharmacy carve-out (largely offsetting the unfavorable revenue variance). The budget assumed the pharmacy benefit would continue through the end of fiscal year.
- Fee-For-Service expenses reflected a $2.8M or 5.9% favorable variance due to lower enrollment than expected and favorable differences in unit costs for Inpatient, LTC, PCP, Specialty, Other MLTSS, Behavior Health and Transportation services.
- Reinsurance & Other expense was $2.4M or 62.9% unfavorable to budget due to Prop-56 prior year payment true-up (offset with favorable revenue).

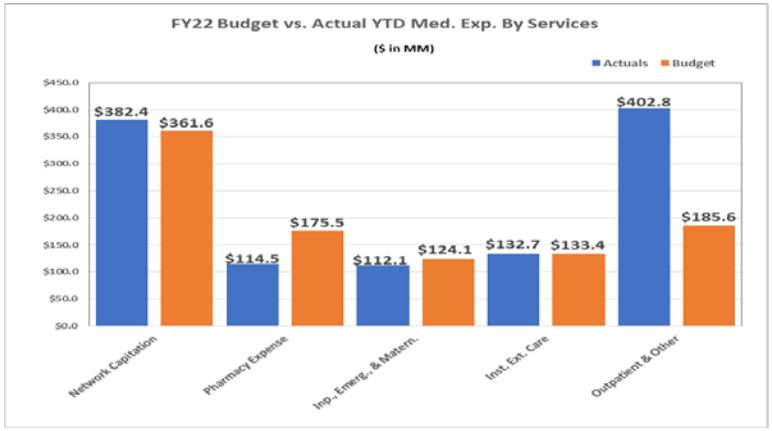


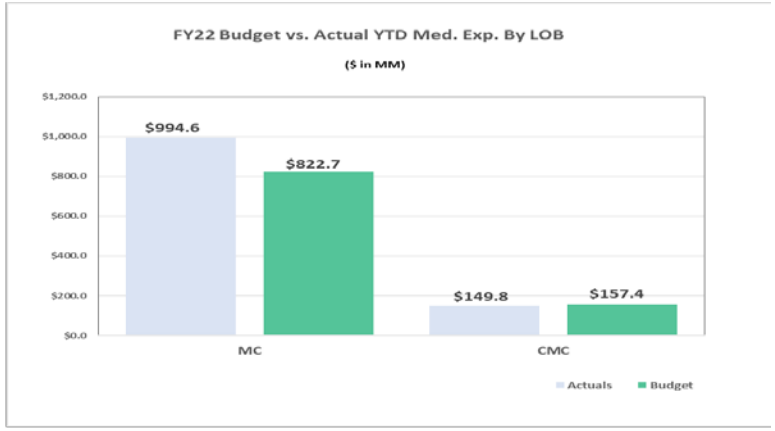


YTD Medical Expense

YTD medical expense of $1.14B was $164.2M or 16.8% unfavorable to budget of $980.2M. The YTD variance was due largely to:

- Due to a change in accounting prescribed by DHCS, hospital directed payments are now reported on the P&L resulting in a favorable current month revenue variance of $212.4M with an offsetting unfavorable medical expense).
- Pharmacy expenses were $61.0M or 34.7% favorable to budget because budget was projected to have pharmacy benefit continue until June 30 but it ended Jan 1 and lower enrollment from OHC than anticipated, thus lower overall pharmacy costs. Actual costs of diabetic drugs were also affected by lower enrollment. MC favorable pharmacy expenses were offset by unfavorable revenue.
- Capitation expense was $20.8M or 5.7% unfavorable to budget due to $23M accrued for VHP as one-time capitation payment for SPD utilization costs not reflected in original CY21 paid capitation rates. VHP is expected to pass the entire amount to VMC, offset by lower capitated MC enrollment.
- Fee-For-Service expenses reflected a net $8.1M or 2.0% favorable variance due to lower enrollment, which caused lower utilization in Inpatient and LTC, offset by unexpected cost increases in Outpatient, Specialty, PCP, ER and increased supplemental services such as Behavioral Health Therapy, Health Home and high maternity deliveries (offset with favorable revenue variance).

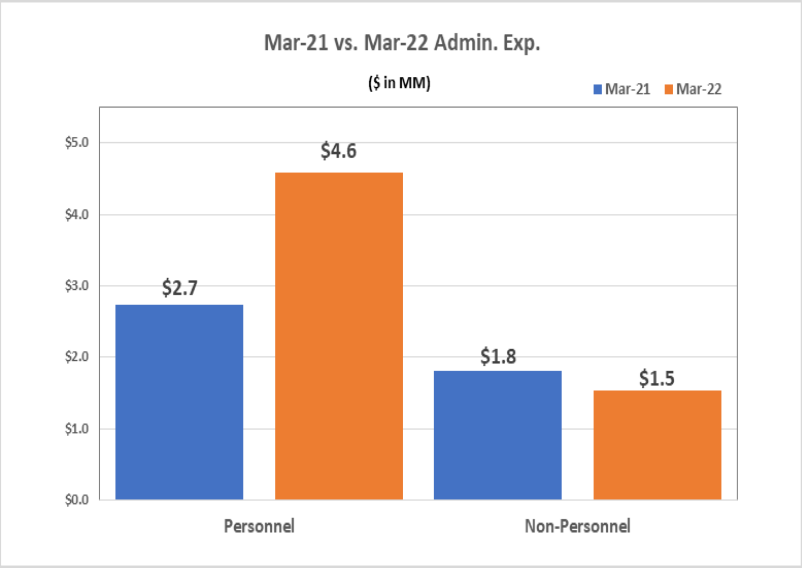


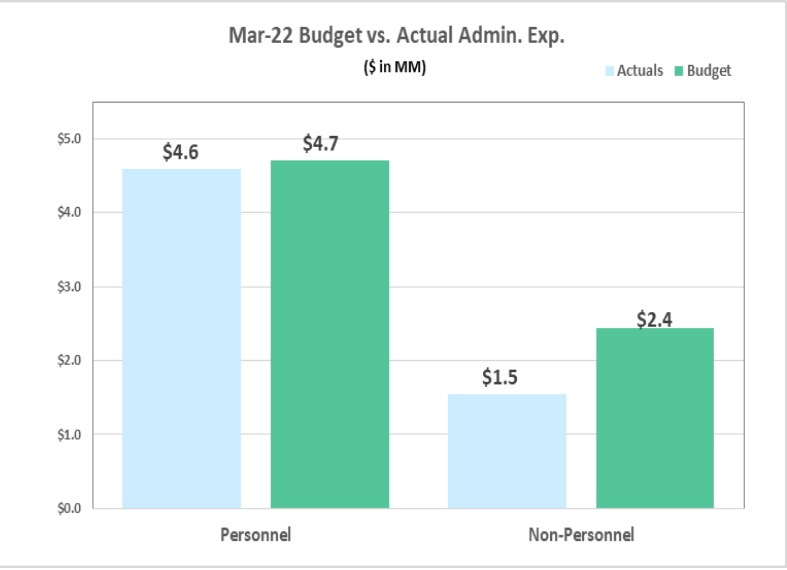


Current Month Administrative Expense

Current month expense of $6.1M was $1.0M or 14.2% favorable to budget of $7.1M. The current month variances were primarily due to the following:

- Personnel expenses were $116K or 2.5% favorable to budget due to lower headcount than budget which included payroll tax, benefit savings and CalPERS reconciliations.
- Non-Personnel expenses were $896K or 36.8% favorable to budget due to the timing of spending in certain expense categories (consulting, contract service, translation, and other fees). Other Expense also included unbudgeted COVID incentive gift cards.

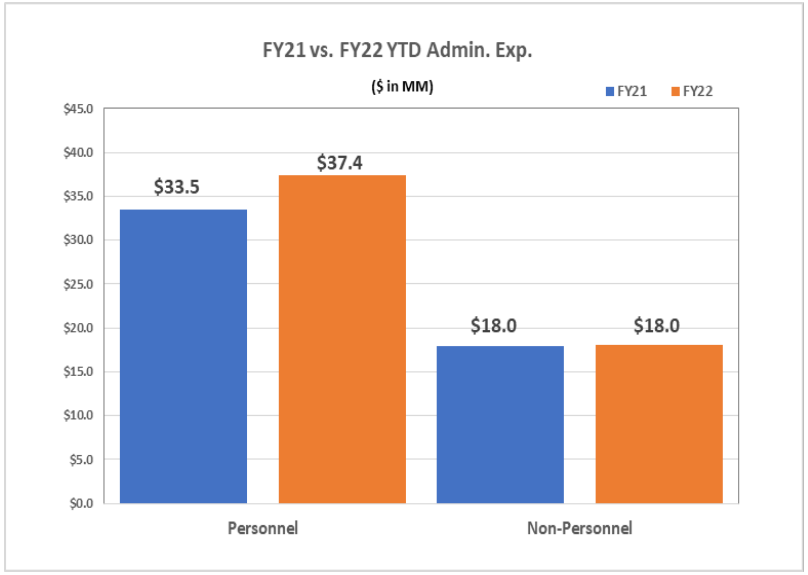


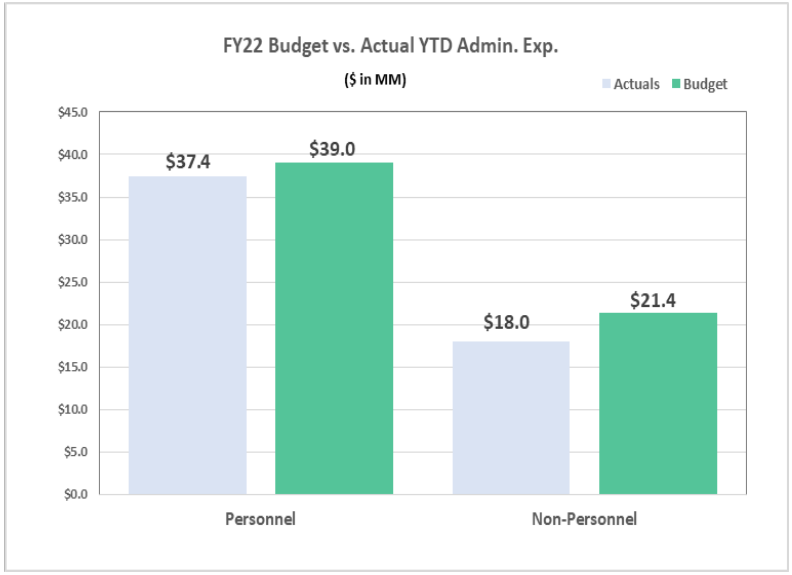


YTD Administrative Expense

YTD administrative expense of $55.4M was $5.1M or 8.4% favorable to budget of $60.5M. The YTD variance was primarily due to the following:

- Non-Personnel expenses were $3.4M or 16.1% favorable to budget due to the timing of budget spending in certain expenses (consulting, contract service, translation, advertising, information systems, and other fees) which are expected to be incurred later in the fiscal year. Other Expense included COVID member incentive gift cards.
- Personnel expenses were $1.6M or 4.2% favorable to budget due to lower headcount than budget which included lower payroll tax, benefits and CalPERS reconciliations.





Balance Sheet

- Current assets totaled $1.07B compared to current liabilities of $827.5M, yielding a current ratio (Current Assets/Current Liabilities) of 1.29:1 vs. the DMHC minimum requirement of 1.0:1.
- On a YTD basis, the overall cash balance increased by $115.2M compared to the cash balance as of year-end June 30, 2021 due to the timing of inflows and outflows.
- Current Cash & Equivalents components and yields were as follows:

Description	Cash & Investments	Current Yield %	Interest Income	
			Month	YTD
Short-Term Investments				
County of Santa Clara Comingled Pool	$183,331,585	0.65%	$100,000	$972,346
Wells Fargo Investments	($20)	0.00%	$0	$34,513
City National Bank Investments	$254,126,972	0.51%	($67,348)	($127,630)
	$437,458,537		$32,652	$879,229
Cash & Equivalents				
Bank of the West Money Market	$0	0.00%	$0	$3,308
City National Bank Accounts	$80,632,040	0.01%	$767	$2,875
Wells Fargo Bank Accounts	$4,825,547	0.13%	$463	$3,099
	$85,457,587		$1,230	$9,282
Assets Pledged to DMHC				
Restricted Cash	$325,000	0.01%	$2	$590
Petty Cash	$500	0.00%	$0	$0
Month-End Balance	**$523,241,624**		**$33,884**	**$889,102**

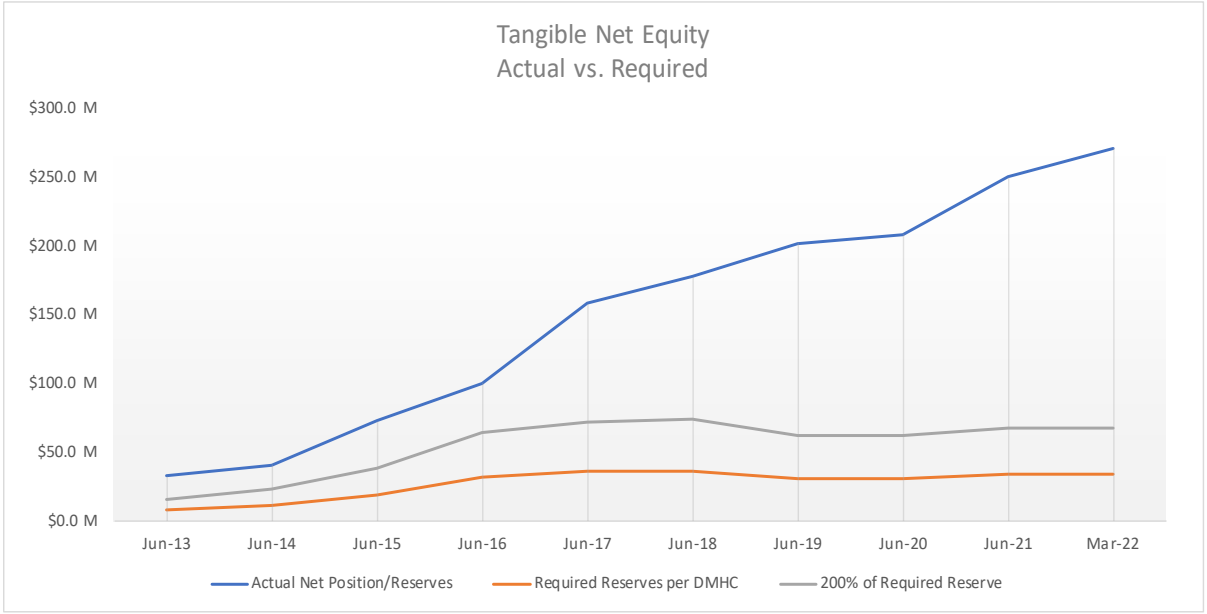
- Cash balances include balances payable to the State of CA for certain items.
- County of Santa Clara Comingled Pool funds have longer-term investments which currently provide a higher yield than WFB Investments.
- The investment transition from Wells Fargo to City National Bank was largely completed in January.
- Overall cash and investment yield is lower than budget (0.48% actual vs. 1.4% budgeted).

Tangible Net Equity

- TNE was $271.2M - representing approximately three months of the Plan's total expenses.

Santa Clara Health Authority
Tangible Net Equity - Actual vs. Required
As of March 31, 2022

	Jun-13	Jun-14	Jun-15	Jun-16	Jun-17	Jun-18	Jun-19	Jun-20	Jun-21	Mar-22
Actual Net Position/Reserves	$32.6 M	$40.9 M	$72.6 M	$100.3 M	$158.4 M	$178.0 M	$202.1 M	$208.6 M	$250.4 M	$271.2 M
Required Reserves per DMHC	$7.8 M	$11.4 M	$19.3 M	$32.4 M	$35.9 M	$36.8 M	$30.9 M	$31.3 M	$33.9 M	$34.0 M
200% of Required Reserve	$15.6 M	$22.9 M	$38.5 M	$64.8 M	$71.8 M	$73.6 M	$61.8 M	$62.5 M	$67.8 M	$68.1 M
Actual as % Required	418.5%	357.5%	376.9%	309.8%	441.2%	483.4%	654.4%	667.2%	739.1%	797.0%



Reserves Analysis

SCFHP RESERVES ANALYSIS MARCH 2022

Financial Reserve Target #1: Tangible Net Equity	Board Funds Committed	Approved Projects	Funds Expended	Balance
Unrestricted Net Assets				**$229,514,784** *
Board Designated Funds (Note 1):				
Special Project Funding for CBOs	$4,000,000	$483,710	$363,710	$3,636,290
Innovation & COVID-19 Fund	$16,000,000	$7,206,999	$3,156,133	$12,843,867
Subtotal	$20,000,000	$7,690,709	$3,519,843	$16,480,157
Net Book Value of Fixed Assets				$24,887,074
Restricted Under Knox-Keene Agreement				$325,000
Total Tangible Net Equity (TNE)				$271,207,016
Current Required TNE				$34,028,453
TNE %				797.0%
SCFHP Target TNE Range:				
350% of Required TNE (Low)				$119,099,585
500% of Required TNE (High)				$170,142,264
Total TNE Above/(Below) SCFHP Low Target				**$152,107,431**
Total TNE Above/(Below) High Target				**$101,064,752**
Financial Reserve Target #2: Liquidity				
Cash & Investments				$523,241,624
Less Pass-Through Liabilities:				
Hospital Directed Payments				(432,909)
MCO Tax Payable to State of CA				(35,033,577)
Prop 56 / Whole Person Care				(60,272,504)
Other Pass-Through Liabilities (Note 2)				(96,114,346)
Total Pass-Through Liabilities				**(191,853,336)**
Net Cash Available to SCFHP				331,388,288
SCFHP Target Liquidity (Note 3)				
45 Days of Total Operating Expense				(182,316,966)
60 Days of Total Operating Expense				(243,089,288)
Liquidity Above/(Below) SCFHP Low Target				**149,071,323**
Liquidity Above/(Below) High Target				**88,299,001**

- **Unrestricted Net Assets represents approximately 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 $923K, largely due to software licensing, were comprised of the following:

Expenditure	YTD Actual	Annual Budget
Community Resource Center	$17,593	$55,800
Hardware	$246,074	$1,060,000
Software	$519,485	$1,896,874
Building Improvements	$136,794	$62,000
Furniture & Equipment	$3,391	$179,101
TOTAL	**$923,336**	**$3,253,775**

Santa Clara Family Health Plan™

Financial Statements

Income Statement

Santa Clara Family Health Plan

Santa Clara County Health Authority
INCOME STATEMENT
For Nine Months Ending March 31, 2022

	Mar-2022 Actuals	% of Rev	Mar-2022 Budget	% of Rev	Current Month Variance $	Current Month Variance %	YTD Mar-2022 Actuals	% of Rev	YTD Mar-2022 Budget	% of Rev	YTD Variance $	YTD Variance %
REVENUES												
MEDI-CAL	$ 92,326,958	83.6%	$ 102,063,665	84.4%	$ (9,736,708)	(9.5%)	$ 1,050,298,545	86.4%	$ 877,034,438	83.9%	$ 173,264,107	19.8%
CMC MEDI-CAL	4,190,570	3.8%	3,577,052	3.0%	613,518	17.2%	32,808,941	2.7%	33,363,069	3.2%	(554,128)	(1.7%)
CMC MEDICARE	13,889,577	12.6%	15,352,162	12.7%	(1,462,585)	(9.5%)	131,867,718	10.9%	135,150,534	12.9%	(3,282,816)	(2.4%)
TOTAL CMC	18,080,147	16.4%	18,929,214	15.6%	(849,067)	(4.5%)	164,676,659	13.6%	168,513,603	16.1%	(3,836,943)	(2.3%)
TOTAL REVENUE	**$ 110,407,105**	**100.0%**	**$ 120,992,880**	**100.0%**	**$ (10,585,775)**	**(8.7%)**	**$ 1,214,975,205**	**100.0%**	**$ 1,045,548,041**	**100.0%**	**$ 169,427,164**	**16.2%**
MEDICAL EXPENSES												
MEDI-CAL	$ 84,694,742	76.7%	$ 96,229,326	79.5%	$ 11,534,584	12.0%	$ 994,605,894	81.9%	$ 822,749,958	78.7%	$(171,855,937)	(20.9%)
CMC MEDI-CAL	3,675,471	3.3%	3,155,027	2.6%	(520,444)	(16.5%)	30,600,448	2.5%	27,475,394	2.6%	(3,125,054)	(11.4%)
CMC MEDICARE	13,208,353	12.0%	15,025,595	12.4%	1,817,242	12.1%	119,228,593	9.8%	129,968,033	12.4%	10,739,439	8.3%
TOTAL CMC	16,883,823	15.3%	18,180,622	15.0%	1,296,798	7.1%	149,829,042	12.3%	157,443,427	15.1%	7,614,385	4.8%
TOTAL MEDICAL EXPENSES	**$ 101,578,565**	**92.0%**	**$ 114,409,947**	**94.6%**	**$ 12,831,382**	**11.2%**	**$ 1,144,434,936**	**94.2%**	**$ 980,193,384**	**93.7%**	**$(164,241,552)**	**(16.8%)**
GROSS MARGIN	**$ 8,828,539**	**8.0%**	**$ 6,582,932**	**5.4%**	**$ 2,245,607**	**34.1%**	**$ 70,540,269**	**5.8%**	**$ 65,354,657**	**6.3%**	**$ 5,185,612**	**7.9%**
ADMINISTRATIVE EXPENSE												
SALARIES AND BENEFITS	$ 4,585,168	4.2%	$ 4,700,999	3.9%	$ 115,831	2.5%	$ 37,372,413	3.1%	$ 39,012,951	3.7%	$ 1,640,538	4.2%
RENTS AND UTILITIES	45,521	0.0%	42,067	0.0%	(3,454)	(8.2%)	332,472	0.0%	378,600	0.0%	46,129	12.2%
PRINTING AND ADVERTISING	20,004	0.0%	107,542	0.1%	87,538	81.4%	501,183	0.0%	969,875	0.1%	468,692	48.3%
INFORMATION SYSTEMS	283,062	0.3%	397,753	0.3%	114,691	28.8%	2,737,515	0.2%	3,450,424	0.3%	712,909	20.7%
PROF FEES/CONSULTING/TEMP STAFFING	324,595	0.3%	1,143,397	0.9%	818,802	71.6%	7,529,923	0.6%	10,083,266	1.0%	2,553,343	25.3%
DEPRECIATION/INSURANCE/EQUIPMENT	414,617	0.4%	452,953	0.4%	38,336	8.5%	3,612,494	0.3%	3,870,448	0.4%	257,954	6.7%
OFFICE SUPPLIES/POSTAGE/TELEPHONE	41,234	0.0%	62,242	0.1%	21,008	33.8%	444,206	0.0%	560,780	0.1%	116,575	20.8%
MEETINGS/TRAVEL/DUES	128,621	0.1%	127,187	0.1%	(1,434)	(1.1%)	860,115	0.1%	1,231,107	0.1%	370,992	30.1%
OTHER	280,158	0.3%	100,557	0.1%	(179,602)	(178.6%)	1,982,003	0.2%	901,610	0.1%	(1,080,394)	(119.8%)
TOTAL ADMINISTRATIVE EXPENSES	**$ 6,122,981**	**5.5%**	**$ 7,134,696**	**5.9%**	**$ 1,011,716**	**14.2%**	**$ 55,372,325**	**4.6%**	**$ 60,459,061**	**5.8%**	**$ 5,086,736**	**8.4%**
OPERATING SURPLUS/(LOSS)	**$ 2,705,559**	**2.5%**	**$ (551,764)**	**-0.5%**	**$ 3,257,323**	**(590.3%)**	**$ 15,167,944**	**1.2%**	**$ 4,895,596**	**0.5%**	**$ 10,272,348**	**209.8%**
INTEREST & INVESTMENT INCOME	$ 33,884	0.0%	$ 350,000	0.3%	$ (316,116)	(90.3%)	$ 889,102	0.1%	$ 3,150,000	0.3%	$ (2,260,898)	(71.8%)
OTHER INCOME	36,666	0.0%	37,602	0.0%	(936)	(2.5%)	299,369	0.0%	329,492	0.0%	(30,123)	(9.1%)
NON-OPERATING INCOME	**$ 70,549**	**0.1%**	**$ 387,602**	**0.3%**	**$ (317,052)**	**(81.8%)**	**$ 1,188,471**	**0.1%**	**$ 3,479,492**	**0.3%**	**$ (2,291,021)**	**(65.8%)**
NET SURPLUS (LOSS)	**$ 2,776,108**	**2.5%**	**$ (164,163)**	**-0.1%**	**$ 2,940,271**	**(1,791.1%)**	**$ 16,356,415**	**1.3%**	**$ 8,375,088**	**0.8%**	**$ 7,981,327**	**95.3%**

Balance Sheet

Santa Clara Family Health Plan

SANTA CLARA COUNTY HEALTH AUTHORITY
As of March 31, 2022

	Mar-2022	Feb-2022	Jan-2022	Mar-2021
Assets				
Current Assets				
Cash and Investments	$ 523,241,624	$ 505,028,677	$ 494,670,999	$ 520,024,777
Receivables	537,062,747	735,265,048	514,892,512	507,477,386
Prepaid Expenses and Other Current Assets	8,189,334	8,518,866	10,010,129	9,506,927
Total Current Assets	**$ 1,068,493,705**	**$ 1,248,812,591**	**$ 1,019,573,640**	**$ 1,037,009,089**
Long Term Assets				
Property and Equipment	$ 52,446,207	$ 52,461,621	$ 52,450,485	$ 51,142,872
Accumulated Depreciation	(27,559,133)	(27,217,960)	(26,876,796)	(23,463,932)
Total Long Term Assets	24,887,074	25,243,661	25,573,689	27,678,940
Total Assets	**$ 1,093,380,779**	**$ 1,274,056,252**	**$ 1,045,147,329**	**$ 1,064,688,028**
Deferred Outflow of Resources	**$ 5,825,360**	**$ 6,048,237**	**$ 6,271,114**	**$ 8,402,260**
Total Assets & Deferred Outflows	**$ 1,099,206,139**	**$ 1,280,104,488**	**$ 1,051,418,442**	**$ 1,073,090,288**
Liabilities and Net Assets:				
Current Liabilities				
Trade Payables	$ 27,246,778	$ 13,396,942	$ 7,355,316	$ 6,086,219
Deferred Rent	45,647	45,946	46,244	48,757
Employee Benefits	4,084,708	3,817,549	4,030,828	3,097,436
Retirement Obligation per GASB 75	2,379,287	2,339,162	2,299,037	2,833,868
Prop 56 / Whole Person Care	60,272,504	58,866,403	55,165,639	49,776,444
Payable to Hospitals	(1,415)	(1,344)	18,152,703	104,014
Payable to Hospitals	434,325	212,874,410	474,774	124,936,215
Pass-Throughs Payable	12,462,691	8,422,934	4,650,420	330,470
Due to Santa Clara County Valley Health Plan and Kaiser	63,609,776	62,839,841	57,598,300	29,732,966
MCO Tax Payable - State Board of Equalization	35,033,577	24,902,610	14,771,399	27,447,737
Due to DHCS	83,651,655	81,780,182	77,882,032	53,630,663
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	109,955,316	113,564,670	114,647,277	119,021,715
Total Current Liabilities	**$ 827,459,806**	**$ 1,011,134,263**	**$ 785,358,928**	**$ 844,609,111**
Non-Current Liabilities				
Net Pension Liability GASB 68	(0)	(0)	(0)	1,758,958
Total Non-Current Liabilities	**$ (0)**	**$ (0)**	**$ (0)**	**$ 1,758,958**
Total Liabilities	**$ 827,459,806**	**$ 1,011,134,263**	**$ 785,358,928**	**$ 846,368,069**
Deferred Inflow of Resources	**$ 539,318**	**$ 539,318**	**$ 539,318**	**$ 1,661,827**
Net Assets				
Board Designated Fund: Special Project Funding for CBOs	$ 3,636,290	$ 3,636,290	$ 3,636,290	$ 3,337,274
Board Designated Fund: Innovation & COVID-19 Fund	12,843,867	12,843,867	12,923,410	13,830,001
Invested in Capital Assets (NBV)	24,887,074	25,243,661	25,573,689	27,678,940
Restricted under Knox-Keene agreement	325,000	325,000	325,000	425,000
Unrestricted Net Equity	213,158,369	212,801,783	212,392,212	163,369,573
Current YTD Income (Loss)	16,356,415	13,580,306	10,669,596	16,419,606
Total Net Assets / Reserves	**$ 271,207,016**	**$ 268,430,907**	**$ 265,520,197**	**$ 225,060,393**
Total Liabilities, Deferred Inflows and Net Assets	**$ 1,099,206,139**	**$ 1,280,104,488**	**$ 1,051,418,442**	**$ 1,073,090,288**

Cash Flow Statement

Santa Clara Family Health Plan

	Mar-2022	Year-to-date
Cash Flows from Operating Activities		
Premiums Received	$ 320,611,846	$ 1,218,331,945
Medical Expenses Paid	(104,417,984)	(1,102,242,847)
Adminstrative Expenses Paid	(198,066,877)	(1,184,675)
Net Cash from Operating Activities	**$ 18,126,985**	**$ 114,904,424**
Cash Flows from Capital and Related Financing Activities		
Purchase of Capital Assets	$ 15,414	$ (923,336)
Cash Flows from Investing Activities		
Interest Income and Other Income (Net)	70,549	1,188,471
Net Increase/(Decrease) in Cash & Cash Equivalents	**$ 18,212,948**	**$ 115,169,559**
Cash & Investments (Beginning)	505,028,677	408,072,066
Cash & Investments (Ending)	**$ 523,241,624**	**$ 523,241,624**
Reconciliation of Operating Income to Net Cash from Operating Activities		
Operating Surplus/(Loss)	$ 2,705,559	$ 15,167,944
Adjustments to Reconcile Operating Income to Net Cash from Operating Activities		
Depreciation	341,173	3,092,925
Changes in Operating Assets/Liabilities		
Premiums Receivable	198,202,301	(24,843,221)
Prepaids & Other Assets	329,532	527,170
Accounts Payable & Accrued Liabilities	(192,837,478)	48,979,558
State Payable	12,002,440	28,199,962
IGT, HQAF & Other Provider Payables	769,935	39,824,097
Net Pension Liability	0	0
Medical Cost Reserves & PDR	(3,609,354)	2,367,992
Total Adjustments	**$ 15,421,426**	**$ 99,736,480**
Net Cash from Operating Activities	**$ 18,126,985**	**$ 114,904,424**

Statement of Operations by Line of Business - YTD

Santa Clara Family Health Plan

Santa Clara County Health Authority
Statement of Operations
By Line of Business (Including Allocated Expenses)
For Nine Months Ending March 31, 2022

	Medi-Cal	CMC Medi-Cal	CMC Medicare	Total CMC	Grand Total
P&L (ALLOCATED BASIS)					
REVENUE	$1,050,298,545	$32,808,941	$131,867,718	$164,676,659	**$1,214,975,205**
MEDICAL EXPENSE	$994,605,894	$30,600,448	$119,228,593	$149,829,042	**$1,144,434,936**
(MLR)	94.7%	93.3%	90.4%	91.0%	94.2%
GROSS MARGIN	$55,692,651	$2,208,493	$12,639,125	$14,847,618	**$70,540,269**
ADMINISTRATIVE EXPENSE	$47,867,209	$1,495,263	$6,009,853	$7,505,116	**$55,372,325**
(% of Revenue Allocation)					
OPERATING SURPLUS/(LOSS)	$7,825,442	$713,230	$6,629,272	$7,342,502	**$15,167,944**
(% of Revenue Allocation)					
OTHER INCOME/(EXPENSE)	$1,027,387	$32,093	$128,991	$161,084	**$1,188,471**
(% of Revenue Allocation)					
NET SURPLUS/(LOSS)	$8,852,828	$745,323	$6,758,263	$7,503,586	**$16,356,415**
PMPM (ALLOCATED BASIS)					
REVENUE	$417.01	$353.92	$1,422.51	$1,776.43	**$465.27**
MEDICAL EXPENSES	$394.90	$330.10	$1,286.16	$1,616.26	**$438.26**
GROSS MARGIN	$22.11	$23.82	$136.34	$160.17	**$27.01**
ADMINISTRATIVE EXPENSES	$19.01	$16.13	$64.83	$80.96	**$21.20**
OPERATING INCOME/(LOSS)	$3.11	$7.69	$71.51	$79.21	**$5.81**
OTHER INCOME/(EXPENSE)	$0.41	$0.35	$1.39	$1.74	**$0.46**
NET INCOME/(LOSS)	$3.51	$8.04	$72.90	$80.94	**$6.26**
ALLOCATION BASIS:					
MEMBER MONTHS - YTD	2,518,636	92,701	92,701	92,701	2,611,337
REVENUE BY LOB	86.4%	2.7%	10.9%	13.6%	100.0%

Santa Clara Family Health Plan™

Appendices

Statement of Operations by Line of Business – Current Month

Santa Clara Family Health Plan

Santa Clara County Health Authority
Statement of Operations
By Line of Business (Including Allocated Expenses)
For the Month March 2022

	Medi-Cal	CMC Medi-Cal	CMC Medicare	Total CMC	Grand Total
P&L (ALLOCATED BASIS)					
REVENUE	$92,326,958	$4,190,570	$13,889,577	$18,080,147	**$110,407,105**
MEDICAL EXPENSE	$84,694,742	$3,675,471	$13,208,353	$16,883,823	**$101,578,565**
(MLR)	91.7%	87.7%	95.1%	93.4%	92.0%
GROSS MARGIN	$7,632,216	$515,099	$681,224	$1,196,324	**$8,828,539**
ADMINISTRATIVE EXPENSE	$5,120,288	$232,402	$770,291	$1,002,693	**$6,122,981**
(% of Revenue Allocation)					
OPERATING SURPLUS/(LOSS)	$2,511,928	$282,698	($89,067)	$193,631	**$2,705,559**
(% of Revenue Allocation)					
OTHER INCOME/(EXPENSE)	$58,996	$2,678	$8,875	$11,553	**$70,549**
(% of Revenue Allocation)					
NET SURPLUS/(LOSS)	$2,570,924	$285,376	($80,191)	$205,184	**$2,776,108**
PMPM (ALLOCATED BASIS)					
REVENUE	$321.84	$406.89	$1,348.63	$1,755.52	**$371.53**
MEDICAL EXPENSES	$295.23	$356.88	$1,282.49	$1,639.37	**$341.82**
GROSS MARGIN	$26.60	$50.01	$66.14	$116.16	**$29.71**
ADMINISTRATIVE EXPENSES	$17.85	$22.57	$74.79	$97.36	**$20.60**
OPERATING INCOME/(LOSS)	$8.76	$27.45	($8.65)	$18.80	**$9.10**
OTHER INCOME/(EXPENSE)	$0.21	$0.26	$0.86	$1.12	**$0.24**
NET INCOME/(LOSS)	$8.96	$27.71	($7.79)	$19.92	**$9.34**
ALLOCATION BASIS:					
MEMBER MONTHS	286,873	10,299	10,299	10,299	297,172
REVENUE BY LOB	83.6%	3.8%	12.6%	16.4%	100.0%

Enrollment By Aid Category

Santa Clara Family Health Plan

SCFHP TRENDED ENROLLMENT BY COA YTD APRIL - 2022

		2021-04	2021-05	2021-06	2021-07	2021-08	2021-09	2021-10	2021-11	2021-12	2022-01	2022-02	2022-03	2022-04	FYTD var	%
NON DUAL	Adult (over 19)	32,106	32,577	32,997	32,995	33,281	33,546	33,809	34,245	34,653	35,652	35,761	36,104	36,529	3,532	10.7%
	Child (under 19)	99,872	100,245	100,477	101,010	101,085	101,093	101,125	101,411	101,722	102,516	102,519	102,740	103,211	2,734	2.7%
	SPD	22,290	22,291	22,301	22,363	22,276	22,331	22,381	22,463	22,537	22,740	22,731	22,749	22,751	450	2.0%
	Adult Expansion	88,035	89,361	89,957	90,711	91,392	91,960	92,393	93,186	94,092	95,819	96,366	97,386	98,130	8,173	9.1%
	Long Term Care	375	367	365	414	408	401	391	385	392	391	403	395	393	28	7.7%
	Total Non-Duals	**242,678**	**244,841**	**246,097**	**247,493**	**248,442**	**249,331**	**250,099**	**251,690**	**253,396**	**257,118**	**257,780**	**259,374**	**261,014**	**14,917**	**6.1%**
DUAL	Adult (over 21)	357	365	366	367	376	375	396	398	408	410	403	407	412	46	12.6%
	SPD	24,168	24,146	24,115	23,980	24,159	24,206	24,244	24,307	24,320	24,330	24,350	24,378	24,282	167	0.7%
	Long Term Care	1,038	1,031	1,060	1,127	1,115	1,092	1,083	1,106	1,111	1,085	1,107	1,102	1,111	51	4.8%
	SPD OE	802	863	952	1,063	1,135	1,223	1,308	1,372	1,431	1,496	1,531	1,612	1,666	714	75.0%
	Total Duals	**26,365**	**26,405**	**26,493**	**26,537**	**26,785**	**26,896**	**27,031**	**27,183**	**27,270**	**27,321**	**27,391**	**27,499**	**27,471**	**978**	**3.7%**
	Total Medi-Cal	**269,043**	**271,246**	**272,590**	**274,030**	**275,227**	**276,227**	**277,130**	**278,873**	**280,666**	**284,439**	**285,171**	**286,873**	**288,485**	**15,895**	**5.8%**
CMC	CMC Non-Long Term Care	9,745	9,809	9,895	9,939	10,037	10,122	10,160	10,211	10,221	10,017	10,038	10,084	10,127	232	2.3%
	CMC - Long Term Care	179	180	185	209	208	203	208	204	210	202	213	215	206	21	11.4%
	Total CMC	**9,924**	**9,989**	**10,080**	**10,148**	**10,245**	**10,325**	**10,368**	**10,415**	**10,431**	**10,219**	**10,251**	**10,299**	**10,333**	**253**	**2.5%**
	Total Enrollment	**278,967**	**281,235**	**282,670**	**284,178**	**285,472**	**286,552**	**287,498**	**289,288**	**291,097**	**294,658**	**295,422**	**297,172**	**298,818**	**16,148**	**5.7%**

Regular Meeting of the

Santa Clara County Health Authority
Compliance Committee

Thursday, May 26, 2022, 2:00 PM – 3:00 PM
Santa Clara Family Health Plan
6201 San Ignacio Ave, San Jose, CA 95119

MINUTES

Members Present
Sue Murphy, Chair
Christine Tomcala, Chief Executive Officer
Neal Jarecki, Chief Financial Officer
Jonathan Tamayo, Chief Information Officer
Chris Turner, Chief Operating Officer
Ngoc Bui-Tong, VP, Strategies & Analytics
Chelsea Byom, VP, Marketing, Communications & Outreach
Laura Watkins, VP, Marketing & Enrollment
Tyler Haskell, Interim Compliance Officer

Members Absent
Teresa Chapman, VP, Human Resources
Laurie Nakahira, DO, Chief Medical Officer

Staff Present
Barbara Granieri, Controller
Daniel Quan, Director, Compliance, Compliance
Anna Vuong, Manager, Compliance, Compliance
Mai Phuong Nguyen, Fraud, Waste, and Abuse Program Manager
Sue Won, Compliance Audit Program Manager
Alicia Zhao, Compliance Audit Program Manager
Sonia Lopez, Compliance Coordinator, Compliance
Alejandro Rodriguez, Compliance Analyst, Compliance
Megha Shah, Compliance Analyst, Compliance
Amy O'Brien, Administrative Assistant
Rita Zambrano, Executive Assistant

1. Roll Call

Sue Murphy, Chair, 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

Ms. Murphy reviewed the February 24, 2022 Compliance Committee minutes.

It was moved, seconded, and the February 24, 2022 Compliance Committee minutes were **unanimously approved.**

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

4. Compliance Activity Report

Tyler Haskell, Interim Compliance Officer, provided an update on regulatory audits and other related issues. First, he discussed a notification the Plan provided to regulators about a software glitch that temporarily prevented members from receiving letters notifying them of authorization decisions. Mr. Haskell then provided updates on the ongoing Medicare data validation audit, recent Department of Health Care Services annual audit, upcoming

Department of Managed Health Care routine audit, and ongoing Department of Managed Health Care financial audit.

5. Oversight Activity Report

a. Compliance Dashboard

Daniel Quan, Director, Compliance, reviewed the FY 2021-2022 Compliance Dashboard. Mr. Quan shared that the Plan is at 89.9% for recorded metrics, with the fiscal year goal of reaching 95%. He further reviewed areas where metric goals were not met during the preceding quarter.

b. Oversight Audits

Mr. Quan reported on the 2021 VSP oversight audit noting findings and Corrective Action Plan (CAP) for claims payment and compliance requirements.

Mr. Quan reported on the Verifpoint oversight audit noting a correction to a finding with Standard of Conduct distribution.

Mr. Quan shared preliminary findings on the oversight audit of Docustream, noting four findings related to general compliance requirements.

Mr. Quan reported on the 2021 MedImpact oversight audit noting a correction to one finding related to transition letters.

Mr. Quan reported on the 2021 Physician Medical Group of San Jose (PMGSJ) oversight audit and noted 28 findings and one observation.

Mr. Quan shared preliminary results for the 2021 Valley Health Plan (VHP) oversight audit and noted 34 findings and four observations. VHP has the opportunity to provide additional information to rebut the findings.

Mr. Quan shared the preliminary results of the NovaTrans audit, noting it was the first audit done by the Plan of a transportation provider. The preliminary report included 12 findings and two observations. NovaTrans has an opportunity to provide additional information to rebut the findings.

c. Corrective Action Plans

Mr. Quan presented a log of CAPs which noted two CAPs for internal business units have been closed and six delegate or provider CAPs are open or being monitored.

6. Fraud, Waste, and Abuse Report

Mia Phuong Nguyen, Fraud, Waste, and Abuse Program Manager, presented the Fraud, Waste, and Abuse Report activities and investigations. Ms. Nguyen shared there are a total of 21 reported leads for the first quarter of 2022 from CMC, Medi-Cal, and CMC Medi-Cal.

Ms. Nguyen shared the majority of intake come from the G&A and Compliance teams with five intakes each. The majority of allegations are originated by members with 7 reported leads. Ms. Nguyen detailed the largest initial allegation type listed is for services not rendered. Ms. Nguyen stated a total of 11 investigations were opened in the first quarter of 2022.

Ms. Nguyen concluded her presentation by providing an update on SCFHP open investigations.

7. Compliance Policies

Mr. Haskell presented the updated Compliance Policies.

- CP.01 Regulatory Reporting
- CP.02 Fraud Waste and Abuse
- CP.04 Data Mining to Detect, Correct and Prevent FWA
- CP.05 Record Retention

- CP.06 False Claims Act
- CP.07 Corrective Actions
- CP.08 Compliance Reporting Mechanisms
- CP.09 Exclusion Screening
- CP.10 Compliance Training
- CP.11 Effective Communications
- CP.12 Annual Compliance Program Effectiveness Audit
- CP.15 Standards of Conduct
- CP.16 Vendor and FDR Contracting
- CP.17 Risk Assessment and Audit Work Plan
- CP.18 Protection of HIV AIDS Information
- CP.26 Compliance Hotline
- CP.28 Subcontracting Terminations and Block Transfer Filings
- CP.30 Conducting Internal Investigations
- CP.31 Voluntary Self-Disclosures of Significant Non-Compliance and Fraud, Waste & Abuse
- CP.32 Conflict of Interest
- CP.33 Well-Publicized Disciplinary Standards
- CP.35 Key Personnel Filing
- CP.37 DMHC Independent Medical Review (IMR)
- DE.01 Delegation Oversight
- DE.02 Pre-Delegation Audit
- DE.03 Delegation Agreement
- DE.05 Joint Operations Committee Meetings Between SCFHP and FDRs/Delegated Entities
- DE.07 Delegation Corrective Action

It was moved, seconded, and the Compliance Policies CP.01, CP.02, CP.04, CP.05, CP.06, C.07, CP.08, CP.09, CP.10, CP.11, CP.12, CP.15, CP.16, CP.17, CP.18, CP.26, CP.28, CP.30, CP.31, CP.32, CP.33, CP.35, CP.37, DE.01, DE.02, DE.03, DE.05, and DE.07 were **unanimously approved.**

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

8. Adjournment

The meeting was adjourned at 2:56 pm.

_____
Sue Murphy, Secretary

Santa Clara Family Health Plan™

Annual Review of Finance Policies

April 28, 2022

Policy No.	Policy Title	Changes
CP.01	Regulatory Reporting	Revised
CP.02	Fraud Waste and Abuse	Revised
CP.04	Data Mining to Detect, Correct and Prevent FWA	Revised
CP.05	Record Retention	Revised
CP.06	False Claims Act	Revised
CP.07	Corrective Actions	Revised
CP.08	Compliance Reporting Mechanisms	Revised
CP.09	Exclusion Screening	Revised
CP.10	Compliance Training	Revised
CP.11	Effective Communications	Revised
CP.12	Annual Compliance Program Effectiveness Audit	Revised
CP.15	Standards of Conduct	No Change
CP.16	Vendor and FDR Contracting	Revised
CP.17	Risk Assessment and Audit Work Plan	Revised
CP.18	Protection of HIV AIDS Information	Revised
CP.26	Compliance Hotline	Revised
CP.28	Subcontracting Terminations and Block Transfer Filings	Revised
CP.30	Conducting Internal Investigations	Revised
CP.31	Voluntary Self-Disclosures of Significant Non-Compliance and Fraud, Waste, & Abuse	Revised
CP.32	Conflict of Interest	Revised
CP.33	Well-Publicized Disciplinary Standards	Revised
CP.35	Key Personnel Filing	Revised
CP.37	DMHC Independent Medical Review (IMR)	Revised
DE.01	Delegation Oversight	Revised
DE.02	Pre-Delegation Audit	Revised
DE.03	Delegation Agreement	Revised
DE.05	Joint Operations Committee Meetings Between SCFHP and FDRs/Delegated Entities	Revised
DE.07	Delegation Corrective Action	Revised

POLICY

Policy Title:	**Regulatory Reporting**	**Policy No.:**	CP.01 v2~~1~~
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒CMC/D-SNP	

I. Purpose

This policy establishes Santa Clara Family Health Plan's (SCFHP) guidelines for adhering to the reporting requirements set forth by the Centers for Medicare & Medicaid Services (CMS) for the ~~Cal Medi-Connect~~Medicare product and as set forth by the Department for Health Care Services (DHCS) and the Department of Managed Health Care (DMHC) for Medi-Cal.

II. Policy

SCFHP is committed to data integrity in capturing, extracting, analyzing, reporting and validating all data generated for its ~~Cal MediConnect~~Medicare and Medi-Cal products.

III. Responsibilities

A. ~~[need to determine compliance department responsibilities associated with communicating regulatory reporting updates; creating reporting calendars; conducting compliance reviews of proposed final data; and submission of the data in the appropriate regulator's portal]~~Compliance Department is responsible to communicate regulatory reporting requirements, specifications, and schedule, with business units. Business units and Compliance shall determine whether reporting is required from delegates to support SCFHP's reporting to regulators. IT shall support business units with reporting as necessary. Business units have responsibility to review and ensure accuracy of reporting. Compliance have responsibility to coordinate the submission of reports, which may require IT support.

IV. References

Medicare Part C Plan Reporting Requirements: Technical Specifications Document
Medicare Part D Plan Reporting Requirements: Technical Specifications Document
Medicare Part C and Part D Reporting Requirements Data Validation Procedure Manual
California and CORE MMP Reporting Requirements
~~[need Medi-Cal regulatory citations]~~MCP contract Exhibit A, Attachment 17, Reporting Requirements.

POLICY

V. Approval/Revision History

First Level Approval	Second Level Approval
~~[name]~~Daniel Quan ~~Manager~~Director, Compliance Date	Tyler Haskell Interim Compliance Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V2	Revised	Compliance		

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POLICY

Policy Title:	Fraud, Waste and Abuse	**Policy No.:**	CP.02 v9
Replaces Policy Title (if applicable):	Fraud, Waste, and Abuse Policy	**Replaces Policy No. (if applicable):**	CP002_2
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC/D-SNP	

I. Policy Statement

Santa Clara Family Health Plan (SCFHP) requires its staff (employed, temporary or contracted), board members, First Tier, Downstream and Related Entities (FDRs), and delegated entities to exercise due diligence in the prevention, detection and correction of fraud waste and abuse (FWA). SCFHP promotes an ethical culture of compliance with all state and federal regulatory requirements, and mandates the reporting of any suspected fraud, waste and abuse to the Compliance Officer by any means including the use of an anonymous hotline.

II. Purpose

To ensure SCFHP has a comprehensive plan to prevent, detect and correct FWA as required by state and federal regulatory provisions governing SCFHP's operations.

III. Responsibilities

SCFHP maintains ultimate responsibility for the effectiveness of its compliance program, including FWA detection, correction and prevention. As part of this responsibility, SCFHP requires all health care providers and business partners to adhere to and maintain policies to address the following principles which are further outlined in SCFHP's procedure CP.02.01:

- Monitor for fraud, waste, and abuse;
- Comply with any monitoring or auditing requests from SCFHP;
- Develop and implement monitoring and auditing work plans for any functions supporting SCFHP's government programs;
- Develop, implement and monitor reporting mechanisms, including appropriate notification to regulatory agencies; and
- Provide ongoing education relating to FWA schemes.

IV. References

18 U.S.C. § 1347
42 CFR 422 and 423
42 C.F.R. § 423.501
42 CFR 438.608
42 CFR 455.2
CA W&I Code Section 14043.1(a)
Medicare Managed Care Manual, Chapter 21
Prescription Drug Benefit Manual, Chapter 9

V. Approval/Revision History

First Level Approval	Second Level Approval
MaiPhuongNguyen Mai-Phuong Nguyen Oversight Program Manager ~~11/27/2020~~ 05/19/22 Date	Tyler Haskell Interim Compliance Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee	Approved 7/28/1999	
v2	Revised		Revised 2/1/2005	
v3	Revised		Revised 3/1/2006	
v4	Revised		Revised 5/1/2009	
v5	Revised	Compliance Committee	Approved/5/10/2011	
v6	Revised		Revised 11/1/2014	
v7	Revised		Revised 4/1/2015	
v8	Revised	Compliance Committee	Approved/8/11/2015	11/19/2015
v9	Revised 05/19/22	Compliance Committee		

POLICY

Policy Title:	**Data Mining to Detect, Correct and Prevent FWA**	**Policy No.:**	CP.04 v2~~1~~
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	CP.04 v1
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒CMC/D-SNP	

I. Purpose

To establish Santa Clara Family Health Plan (SCFHP)'s commitment to analyzing available data for the detection, correction, and prevention of fraud, waste, and abuse (FWA).

II. Policy

~~Santa Clara Family Health Plan (~~SCFHP~~)~~ is committed to complying with all applicable laws and regulations and to the reduction and elimination of fraudulent and/or unnecessary costs or spending that may put its members, the ~~Medicare~~ SCFHP Compliance ~~p~~Program, or the health plan at risk.

III. Responsibilities

The SCFHP ~~Compliance Manager for fraud, waste and abuse~~~~Oversight~~ Fraud, Waste and Abuse ~~P~~Program Manager is responsible for the development, implementation, and operationalization of anti-fraud activities within SCFHP.

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IV. References

42 C.F.R. § 422.503(b)(4)(vi)(F)
42 C.F.R. § 423.504(b)(4)(vi)(F)
42 CFR §§ 422.504(d) and (e)(4)
Medicare Managed Care Manual, Chapter 21, Section 50.6.9

V. Approval/Revision History

First Level Approval	Second Level Approval
Mai Phuong-Nguyen ~~Manager, Compliance~~~~Oversight~~ Program Manager, Fraud, Waste and Abuse **05/10/2022** Date	Tyler Haskell Interim Compliance Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original			
v2	Revised 05/10/22	Compliance Committee		

POLICY

Policy Title:	**Record Retention**	**Policy No.:**	CP.05 v6~~5~~
Replaces Policy Title (if applicable):	Record Retention and Destruction	**Replaces Policy No. (if applicable):**	CP005_04; LC-0-04
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC/ D-SNP	

I. Purpose

The purpose of the policy is to establish the rules and process by which written, recorded and electronic documents, including those of Santa Clara Family Health Plan's (SCFHP) provider network, first tier, downstream and related entities (FDRs), and Delegates are retained, made available for inspection and appropriately destroyed upon expiration of the applicable regulatory timeframe.

II. Policy

SCFHP and its delegates are required to retain any ~~books, contracts,~~ records ~~and documents~~ related to SCFHP's government programs contracts for a period of ten (10) years from the final date of the ~~of the contract period~~calendar year for which the record is created, or the completion of any active audit where the records were requested for review, whichever is later; or longer if specified in law or regulation.

III. Definitions

~~A. Destroy: Permanently and securely dispose of documents.~~

~~B. Duplicate Copy: A reproduction prepared simultaneously or separately.~~

~~C. Duplicate Original: A duplicate where the original is no longer available.~~

~~D. Durable Medium: Maintaining a record where the properties of such medium provide reasonable assurances against tampering with the information contained in the original and degradation of any reproduction generated, and where the reproduction is an exact copy of the original. The medium may include micrographic, magnetic, optical, mechanical or electronic media, such as scanned copies.~~

~~E. Excluded Records: Includes working copies and draft documents normally discarded when no longer useful or personal records that do not concern the business or operation of the Plan, the provision of services and/or communications to members, or the use of federal funds.~~

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~~F. General Record: Records that include correspondence as well as personnel, accounting, purchasing, and administrative records.~~

~~G.~~A. Record: Any communication or document prepared, owned, used or retained by the Plan regardless of physical form or characteristic. Many types and forms of records exist including, but not limited to, books, contracts, electronic mail, correspondence, orders, ledgers, financial data, claims data, reports, computer printouts, drawings, maps, photographs, government filings, tapes, microfilm, disks, digital and computerized records, transcripts, etc.

IV. Responsibilities

A. SCFHP business units are responsible for maintaining their department's ~~R~~records ~~retention is the responsibility of each SCFHP business unit~~

~~A.~~B. The Facilities Department is responsible for storage and destruction of records that have exceeded their retention period.

~~B.~~C. The IT Department is responsible for the creation and maintenance of secure electronic ~~document~~ record retention protocols.

~~C.~~D. Provider education on this requirement is handled by the Provider Network Operation~~& Management~~ Team.

~~D.~~E. Delegate/FDR education on these requirements is the responsibility of the business unit providing oversight of the delegated function and/or the Compliance Department.

~~E.~~F. ~~Internal Audit~~Compliance Department is responsible for ensuring required documentation is available for both internal and external audit purposes.

V. References

42 CFR § 422.504(d)
42 CFR § 422.504(e)
Health Insurance Portability and Accountability Act of 1996
Medicare Managed Care Manual, Chapter 21/9, Section 50.3.2

VI. Approval/Revision History

First Level Approval	Second Level Approval
~~Anna Vuong~~Daniel Quan ~~Manager, Medi-Cal~~ Director, Compliance	Tyler Haskell Interim Compliance Officer

Santa Clara Family Health Plan

POLICY

Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original		Approve/5/18/2001	
V2	Reviewed		Approve/4/2006	
V3	Reviewed		Approve/5/2007	
V4	Reviewed		Approve/4/7/2011	
V5	Revised			
V6	Revised	Compliance Committee		

POLICY

Policy Title:	**False Claims Act**	**Policy No.:**	CP.06 v~~4~~5
Replaces Policy Title (if applicable):	False Claims Act	**Replaces Policy No. (if applicable):**	CP006~~_03~~ v4
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒CMC/D-SNP	

I. Purpose

The purpose of this policy is to provide information regarding the Federal False Claims Act (FCA) and the whistleblower protections under such laws to employees, associates, agents, and contractors and to ensure compliance with the FCA regarding false claims and statements.

II. Policy

As a health plan that receives federal funds, Santa Clara Family Health Plan (SCFHP) is responsible for establishing and disseminating detailed information regarding the Federal False Claims Act (FCA), and related whistleblower protection laws to all employees, associates, agents, and contractors. Complaints which violate the FCA are promptly reported, investigated, and remedied, as appropriate and required by law.

III. Responsibilities

Each department is responsible for retaining and maintaining documents/records/paperwork for a minimum of ten (10) years for their own department (refer to policy LC-07-04 Record Retention).

IV. References

31 U.S.C. §§ 3729-3733 (as amended March 23, 2010);
42 U.S.C.§1396 a(a)
Public Law 109-171§6032 (amended Feb.8,2006)
CA Government Code §§ 12650-12655
DHCS Contract Exhibit E Attachment 2 Item # 32

V. Approval/Revision History

First Level Approval	Second Level Approval

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POLICY

~~[name]~~Mai-Phuong Nguyen Program Manager, ~~Compliance~~Fraud, Waste and Abuse **05/10/22** Date	Tyler Haskell Interim Compliance Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original			
V2	Revised			
V3	Revised			
V4	Revised			
V5	Revised 5/10/22	Compliance Committee		

POLICY

Policy Title:	**Corrective Actions**	**Policy No.:**	CP.07 v2
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	CP.07 v1
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒CMC/D-SNP	

I. Purpose

The purpose of this policy is to establish the standards that Santa Clara Family Health Plan (SCFHP) utilizes to correct actual or potential non-compliance, fraud, waste and abuse (FWA) and/or unethical conduct, and to promote a culture of compliance and continuous improvement.

II. Policy

SCFHP issues corrective actions to internal business units, individuals, delegated entities (delegates) and/or first-tier, downstream and related entities (FDRs), as appropriate, upon the identification of non-compliance, unethical behavior or FWA to correct and prevent the issue(s) from recurring.

III. Responsibilities

A. Compliant activities and ethical behavior is the responsibility of all SCFHP employees, temporary staff, volunteers, interns, consultants and Governing Body members (Employees), delegates, and FDRs. Accordingly, the following are responsible for investigating , issuing, ~~investigating~~, supporting and/or demonstrating remediation of corrective actions associated with potential non-compliance, unethical behavior or FWA:

1. SCFHP managers and directors may issue corrective actions ~~for~~ to their staff to resolve issues identified during regular monitoring;
2. SCFHP's ~~c~~Compliance department may issue corrective actions ~~for~~ to internal business units, individuals, delegates, and/or FDRs to resolve issues identified during regular monitoring, auditing or associated with unmet regulatory reporting requirements ~~that have not been met~~;
3. The Compliance Committee may recommend the issuance of corrective actions based on their review of potential issues presented for their guidance and input;

4. The Governing Body may request corrective actions based on the organization's overall financial or operational performance;
5. SCFHP's Human Resources may issue performance improvement plans (PIPs), a form of corrective action, when it identifies systemic performance or behavioral issues demonstrated by employees; and
6. FDRs or delegates may issue corrective actions to its staff and/or downstream entities that support SCFHP's government-funded health care programs.

B. All SCFHP Employees and FDRs/Delegates are responsible for participation in, and remediation of, any regulatory corrective actions issued by regulatory agencies to SCFHP.

IV. References

42 C.F.R. § 422.503(b)(4)(vi)(G)
42 C.F.R. § 423.504(b)(4)(vi)(G)
Medicare Managed Care Manual, Chapter 21, Section 50.7.2
Medicare Prescription Drug Benefit Manual, Chapter 9, Section 50.7.2

V. Approval/Revision History

First Level Approval	Second Level Approval
~~Anna Vuong~~Mai-Phuong Nguyen Program Manager, ~~Medi-Cal Compliance~~ Fraud, Waste, and Abuse **05/19/22** Date	Tyler Haskell Interim Compliance Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee	Approved/2/28/19	Ratify/3/28/19
v2	Revised 05/19/22	Compliance Committee		

POLICY

Policy Title:	**Compliance Reporting Mechanisms**	**Policy No.:**	CP.08 v2~~1~~
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	CP.08 v1
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒ CMC/~~-~~D~~-~~/SNP	

I. Purpose

This policy establishes the mechanisms available for Santa Clara Family Health Plan's (SCFHP) Governing Body, employees, temporary employees, consultants, contractors, members, and first tier, downstream and related entities (FDRs), delegated entities (Delegates), ~~-~~and other stakeholders to report anonymously and/or confidentially any suspected non-compliance or fraud, waste and abuse (FWA), in good faith, without fear of retaliation or retribution.

II. Policy

SCFHP requires the prompt reporting, in good faith, by its Governing Body, employees, temporary employees, consultants, contractors, ~~and~~ FDRs, and delegates of any suspected non-compliance or FWA applicable to federal and/or state health care programs, SCFHP's Standards of Conduct and/or SCFHP's policies and procedures.

III. Responsibilities

A. SCFHP's Compliance Officer with the support of the Fraud, Waste, and Abuse Program Manager is responsible for ~~[~~providing a variety of mechanisms to allow for the reporting of potential non-compliance and FWA anonymously and/or confidentiality. ~~need to identify who owns this in terms of responsibilities within the compliance department]~~

IV. References

42 C.F.R. § 423.501
42 C.F.R. §§ 422.503(b)(4)(vi)(A) through (G)
42 C.F.R. §§ 423.504(b)(4)(vi)(A) through (G)
Medicare Managed Care Manual, Chapter 21, 50.4.2
Prescription Drug Benefit Manual, Chapter 9, 50.4.2

V. Approval/Revision History

POLICY

First Level Approval	Second Level Approval
[name] Program Manager, ~~Compliance~~ Fraud, Waste and Abuse Program **05/17/22** Date	Tyler Haskell Interim Compliance Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original			
V2	Revised (05/17/22)			

Santa Clara Family Health Plan™

POLICY

Policy Title:	**Exclusion Screening**	**Policy No.:**	CP.09 v2~~1~~
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	~~☒ Healthy Kids~~ ☒ CMC/D-SNP	

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I. Purpose

The purpose of this policy is to monitor Santa Clara Family Health Plan's (SCFHP) new employees, temporary employees, existing employees, volunteers, interns, consultants, first tier, downstream and related entities (FDRs), and governing body members to ensure that they are permitted to work government-funded health care programs.

II. Policy

SCFHP implements an ongoing process to review the Office of Inspector General (OIG) and General Services Administration (GSA) exclusion lists.

III. Responsibilities

1. SCFHP reviews OIG and GSA exclusion lists prior to hiring, or contracting ~~or the appointment of an individual to the governing body~~ to ensure the prospective individual or entity has not been excluded from working in government-funded health care programs. This review also applies to volunteers and interns.

~~1.~~a. SCFHP, as a public entity that derives its authority to operate health care programs in Santa Clara County. SCFHP's Board of Directors are appointed by the Board of County Supervisors under a process that is not open to SCFHP input. SCFHP screens all known new Board members as soon as it is made aware of new appointments.

2. SCFHP reviews OIG and GSA exclusion lists on a monthly basis to ensure employees, temporary employees, volunteers, interns, consultants, FDRs and Governing Board members have not been excluded from working in government-funded health care programs.

~~3. Exclusion screening is a cross-departmental activity and managed by the following business units:~~

~~a. Human Resources is responsible for conducting initial exclusion screening for all staff through the background check process, including temporary staff, volunteers, interns and consultants, and the Governing Body.~~

~~b. Provider Network Management, in collaboration with the Information Technology (IT) Compliance Department, is responsible for exclusion screening contracted providers, FDRs and~~

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Commented [MA1]: Leah to confirm with HR how this is done. Does the placement agency include exclusion screening in its process and is saving documentation? Or, does HR need to identify the temp staff name, DOB and SS number prior to coming onsite to run that through the screening process?

Commented [LT2]: HR has the temp agency fill out the OIG form, returns the form to HR to do the OIG screening. It is not conducted through the background check.

Commented [MA3]: Leah to confirm if SCFHP uses any volunteers. And, if so, how are these individuals screened? If not, what would be the process if a volunteer was used at the health plan?

Commented [LT4]: HR will have the intern fill out the OIG form and will run OIG screening. HR also mentioned that they do not run background checks on interns. HR has not had any volunteers, but assumes it will be the same process as the inters.

~~non-FDR vendors.~~

~~b. Compliance is responsible for conducting monthly screening of all staff, temporary staff, volunteers, interns, consultants and the Governing Body.~~

~~Claims, in collaboration with the IT Department, is responsible for conducting exclusion screening for non-contracted providers prior to remittance for any approved claims.~~

~~c. IT Department is responsible for extracting all accounts payable (AP) entities from SCFHP's AP system and uploading it, along with the full provider network file, in to the web-based program utilized by SCFHP for exclusion screening purposes.~~

IV. References

The Social Security Act §1862(e)(1)(B)
42 C.F.R. § 422.503(b)(4)(vi)(F)
42 C.F.R. § 422.752(a)(8), 423.504(b)(4)(vi)(F)
42 C.F.R. § 423.752(a)(6)
42 C.F.R. § 1001.1901
Medicare Managed Care Manual, Chapter 21, Section 50.6.8
Medicare Prescription Drug Benefit Manual, Chapter 9, Section 50.6.8
CA Welfare and Institutions Code, §§ 14043.6 and 14123

V. Approval/Revision History

First Level Approval	Second Level Approval
[~~Name~~Anna Vuong] [~~Title~~Manger, Medi-Cal Compliance] Date	Tyler Haskell Interim Compliance Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee of the Board	Approved; 2/28/2019	Ratify; 3/28/2019
v2	Revised	Compliance Committee ~~of the Board~~		

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POLICY

Policy Title:	**Compliance Training**	**Policy No.:**	CP.10 v32
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC/D-SNP	

I. Purpose

The purpose of this policy is to ensure all Santa Clara Family Health Plan (SCFHP) employees, temporary staff, volunteers, consultants, and governing board members ("Employees"), First-tier, Downstream and Related entities (FDRs), and delegated entities receive appropriate training and comply with all state, federal and SCFHP compliance requirements and policies.

II. Policy

SCFHP ensures that all eEmployees, temporary staff, volunteers, consultants, governing board members, FDRs, and delegated entities receive general compliance training that includes SCFHP's Standards of Conduct, compliance policies and procedures, and fraud waste and abuse (FWA) training upon hire, appointment or contract, upon any updates in regulatory requirements, and annually thereafter (within the 12-month period from the prior training cycle).

III. Responsibilities

A. General compliance and FWA training is a cross-departmental activity and managed by the following Business Units:
   1. Human Resources, in collaboration with the Compliance Department, is responsible for conducting new hire orientation training that includes general compliance and FWA training within 90 days of hire for all eEmployees, upon updates to regulatory requirements, and annually thereafter.
   2. The Provider Network Management Operations Department is responsible for communicating the requirements for SCFHP's contracted provider network to provide new hire and annual general compliance training to its staff.
   3. The Compliance Department is responsible for communicating to SCFHP's FDRs and delegated entities the requirements for providing general compliance and FWA

training to all FDR staff within 90 days of hire, upon updates to regulatory requirements, and annually thereafter.

IV. References

42 C.F.R. § 422.503(b)(4)(vi)(C)
42 C.F.R. § 423.504(b)(4)(vi)(C)
Medicare Managed Care Manual, Chapter 21, Section 50.3.1
Medicare Prescription Drug Benefit Manual, Chapter 9, Section 50.3.1

V. Approval/Revision History

First Level Approval	Second Level Approval
Anna Vuong Manager, Medi-Cal Compliance Date	Tyler Haskell Interim Compliance Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee	Approved/2/28/19	Ratify/3/28/19
v2				
V3	Revised	Compliance Committee		

Santa Clara Family Health Plan™

POLICY

Policy Title:	**Effective Communications**	**Policy No.:**	CP.11 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:		**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC/D-SNP	

I. Purpose

To identify a process for Santa Clara Family Health Plan (SCFHP) to notify staff of applicable regulatory communications and/or state and federal regulatory updates.

II. Policy

SCFHP is committed to providing effective ways to communicate information from the Compliance Department ~~Officer~~ to its Board of Directors, employees, temporary employees, volunteers, consultants, contractors, members, ~~and~~ First Tier, Downstream and Related Entities (FDRs), and delegated entities.

III. Responsibilities

A. The Compliance Department is responsible for notifying SCFHP business unit management of Health Plan Management System (HPMS) memos, All Plan Letters (APLs), Dual Plan Letters (DPLs) and other regulatory requirements applicable to SCFHP. The Compliance Department and responsible business units are responsible for ensuring completion and implementation of the required actions from the HPMS memos, APLs, and DPLs.~~:~~

~~1. Notifying SCFHP Business Unit (BU) Managers/Directors/Supervisors of communications applicable to SCFHP.~~

~~2. Establishing placeholders for bi-monthly Oversight Workgroup meetings that will allow for discussion of key communications that have critical deadlines or require cross-departmental coordination.~~

~~3. Creating the meeting agenda materials to provide summaries of applicable Communications received.~~

~~4. Archiving meeting materials and communications on the SharePoint (icat) site for Regulatory Communications.~~

~~5. Assigning SharePoint (icat) Regulatory Communications tasks to SCFHP Business Units that delineate required actions from the HPMS and/or APL/DPL communications.~~

~~B. SCFHP Operational Business Units are responsible for:~~

~~1. Reading regulatory memos upon receipt in their mailboxes from the CMS HPMS and/or DHCS APL/DPL systems to understand any impacts applicable to their respective business operations.~~

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~~2. To escalate to the Compliance Department any potential gaps in operations that may be identified in relation to new or modified regulatory requirements.~~

~~To complete SharePoint (icat) communications tasks as assigned by the Compliance Department by the designated due date.~~

B. The Compliance Department, Provider Network ~~Management~~Operations , and responsible b~~B~~usiness u~~U~~nits ~~work together~~are responsible to disseminate relevant communications to FDRs and delegated entities by:

1. Provider Memos
2. Joint Operation Committee Meetings
3. Email Communications

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IV. References

42 C.F.R. § 422.503(b)(4)(vi)(D)
42 C.F.R. § 423.504(b)(4)(vi)(D)
Medicare Managed Care Manual, Chapter 21, Section 50.4

V. Approval/Revision History

First Level Approval	Second Level Approval
Anna Vuong Manager, Medi-Cal Compliance **Date**	Tyler Haskell Interim Compliance Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committtee		

POLICY

Policy Title:	**Annual Compliance Program Effectiveness Audit**	**Policy No.:**	CP.12 v32
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC/D-SNP	

I. Purpose

The purpose of this policy is to establish the standards that Santa Clara Family Health Plan (SCFHP) utilizes to implement, monitor, measure and promote an effective compliance program that detects, corrects and prevents non-compliance and fraud, waste and abuse.

II. Policy

SCFHP performs an annual, comprehensive compliance program audit or assessment to measure the overall effectiveness of its compliance program.

III. Responsibilities

A. SCFHP's compliance department identifies qualified, independent individuals or entities that are subject matter experts in conducting annual compliance program audits or assessments.
B. The Compliance Committee will review and approve the Compliance Officer's candidates prior to the award of the contract.
C. SCFHP's Compliance Officer and Compliance Committee are responsible for reviewing the compliance program audit or assessment report and making recommendations for corrective actions, where appropriate.
D. The compliance department conducts regular monitoring of compliance program operational activities through the use of established dashboard metrics.

IV. References

42 C.F.R. § 422.503(b)(4)(vi)(F)
42 C.F.R. § 423.504(b)(4)(vi)(F)
Medicare Managed Care Manual, Chapter 21, Section 50.6.7
Medicare Prescription Drug Benefit Manual, Chapter 9, Section 50.6.7

POLICY

V. Approval/Revision History

First Level Approval	Second Level Approval
~~Anna Vuong~~Daniel Quan ~~Manager, Medi-Cal Compliance~~ Director, Compliance Date	Tyler Haskell Interim Compliance Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original	Compliance	Approved / 2/28/19	Ratify / 3/28/19
V2	Revised	Compliance	Approved 11/19/2020	Ratify 12/17/2020
V2	Reviewed	Compliance		
V3	Revised	Compliance		

POLICY

Policy Title:	**Standards of Conduct**	**Policy No.:**	CP.15 v2
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

The purpose of this policy is to state Santa Clara Family Health Plan (SCFHP)'s overarching principles and values by which SCFHP operates and define the underlying framework for its compliance policies and procedures.

II. Policy

SCFHP has formal Standards of Conduct describing the expectations that apply to all employees, temporary employees, volunteers, interns, consultants and Governing Body members (Employees), First Tier, Downstream and Related entities (FDRs), and delegated entities in conducting themselves in an ethical manner.

III. Responsibilities

A. SCFHP's Compliance Officer is responsible for:
   1. Updating the Standards of Conduct to incorporate changes in applicable laws, regulations, and other program requirements; and
   2. Obtaining approval from the Compliance Committee of the Board whenever updates are made to the Standards of Conduct.

B. SCFHP's Human Resources is responsible for ensuring that the Standards of Conduct and the underlying compliance policies and procedures are distributed to all Employees upon hire and annually thereafter.

C. SCFHP's Compliance Department is responsible for ensuring all FDRs and delegated entities have access to SCFHP's Standards of Conduct.

D. The Compliance Committee of the Board is responsible for review and approval of updates made to the Standards of Conduct.

IV. References

42 C.F.R. § 422.503(b)(4)(vi)(A)

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42 C.F.R. § 423.504(b)(4)(vi)(A)
Medicare Managed Care Manual, Chapter 21, Section 50.1.1
Medicare Prescription Drug Benefit Manual, Chapter 9, Section 50.1.1

V. Approval/Revision History

First Level Approval	Second Level Approval
Anna Vuong Manager, Medi-Cal Compliance	Tyler Haskell Interim Compliance Officer
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee	Approved/2/28/19	Ratify/3/28/19
v2				

Santa Clara Family Health Plan

POLICY

Policy Title:	**First Tier, Downstream, Related Entity, Delegate and Vendor Contracting**	**Policy No.:**	CP.16 v2
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	CP.16 v1
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒CMC/D-SNP ~~/D-SNPMC~~	

I. Purpose

The purpose of this policy is to ensure that Santa Clara Family Health Plan (SCFHP) follows a standardized protocol in the development, negotiation, and approval of all First tier, Downstream, Related entities (FDRs), ~~and~~ non-FDR vendors, and delegated entities (Delegates) contracts and agreements for any purpose and for any amounts between SCFHP and other parties.

II. Policy

SCFHP complies with all statutory and regulatory requirements regarding the content of its FDR, non-FDR vendor, and delegate contracts. SCFHP requires its FDRs, ~~and~~ non-FDR vendors, and delegates to comply with the same requirements with respect to any subcontracts executed in support of SCFHP's government programs and the members enrolled in those programs.

III. Responsibilities

1. Contract Initiation and Review. The individual initiating the contract on behalf of SCFHP and subsequent reviewers are responsible for reading the entire contract and determining that its content, objectives, definitions, and terms are in compliance with state, federal and 3-way contract requirements.
    a. Business Owner. Business owners that initiate a new contract, agreement, letter of intent (LOI) or letter of agreement (LOA) must ensure that the contract contains the following before submitting the contract, LOI or LOA to the Contracting Department:
        i. Accurately reflects agreements made during negotiations; and
        ii. Is consistent with the business unit's regulatory or administrative requirements.
    b. Contracting Department. The Contracting Department ensures that the contract, LOI or LOA meets the following standards before submitting the contract, LOI or LOA to Compliance:
        i. Contains the standard terms and conditions required by SCFHP, to the extent applicable;
        ii. Contractual provisions are clear and consistent throughout; and
        iii. Use of the appropriate SCFHP contract template.
    c. Compliance. The Compliance Department is responsible for ensuring that the contract, LOI or LOA is:
        i. Free of any conflicts of interest for the parties affected by the contract;

ii. Compliant with SCFHP's regulatory contracts;
iii. Compliant with state and federal laws, as may be applicable;
iv. Routed to the appropriate executive team member for review prior to signing; and
v. Delivered to the Contracting Department for appropriate filing, tracking and storage.

2. Approvals. The authority to approve ~~and sign~~ contracts, LOIs or LOAs on behalf of SCFHP rests with the primary authorized executive team members: the Chief Executive Officer, the Chief Financial Officer, and the Chief Operating Officer ~~identified in Exhibit A to this policy~~. In some cases, additional approval by the Board of Directors may be required.

3. Authorized Signatories. The primary authorized executive team members (Authorized Signatories) ~~identified on Exhibit A~~ have the authority, with respect to contracts, LOIs, LOAs and agreements that relate to functions and operations within their respective administrative and business units, to:
   a. Approve and execute such contracts, LOIs, LOAs and agreements, and
   b. Delegate approval and/or signatory authority to a subordinate director or manager, with any appropriate dollar-value, timeframe, contract-specific or other limitations they deem appropriate. Such delegation does not negate the requirement that all contracts, LOIs, LOAs or agreements require the review mandated by Section III.1 ~~.~~ above.

4. Archiving Contracts. All contracts are maintained pursuant to SCFHP's Record Retention policy.

IV. References

CP.05 Record Retention
FA.03 Cash Disbursements
CP.32 Conflict of Interest
DHCS Contract
3-Way Contract between SCFHP, CMS and DHCS

V. Approval/Revision History

First Level Approval	Second Level Approval
Mai Phuong-Nguyen ~~Oversight~~Program ~~-~~Manager, Fraud, Waste and Abuse **05/17/22** Date	Tyler Haskell Interim Compliance Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee	Approved/2/28/19	Ratify/3/28/19
v2	Revised			

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POLICY

v3	Revised 05/17/22	Compliance Committee		

POLICY

Policy Title:	**Risk Assessments and Audit Work Plan**	**Policy No.:**	CP.17 v32
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	CP.25v2, DE.06
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC/D-SNP	

I. Purpose

The purpose of this policy is to establish Santa Clara Family Health Plan (SCFHP)'s commitment to prioritize auditing and monitoring activities to ensure organization compliance.

~~The purpose of this policy is to establish Santa Clara Family Health Plan (SCFHP)'s commitment to identifying, prioritizing, and assigning accountability for managing existing or potential threats related to noncompliance or ethical misconduct that could lead to fines or penalties, reputational damage, or the inability to continue operations in its government-funded health care programs.~~

II. Policy

SCFHP employs a standardized and consistent methodology for assessing its internal operational risks, contractual and regulatory risks, as well as the risks associated with delegated activities performed by it First tier, Downstream and Related entities (FDRs) and Delegates that are designed to prioritize monitoring and auditing activities according to specified risk categorizations. SCFHP shall develop a work plan to conduct auditing and monitoring activities based on an annual risk assessment.

III. Responsibilities

A. SCFHP's Compliance Officer is responsible for the:
   1. Development and maintenance of SCFHP's risk assessment system;
   2. Annual implementation of the risk assessment process;
   3. Annual effectiveness reviews of the risk assessment system;
   4. Education of all stakeholders on the results and implications of the annual risk assessment; and
   5. Development of an annual monitoring and auditing work plan derived from the results of the annual risk assessment.

POLICY

B. SCFHP's Compliance Department is responsible for establishing monitoring and auditing schedules based on the risk prioritization established by the risk assessment process.
C. SCFHP's Compliance Department is responsible for educating FDRs and Delegates on SCFHP's risk assessment policy and procedure.
D. The Compliance Committee of the Board is responsible for overseeing~~assisting with~~ the implementation and oversight of the risk assessment process, including approval of the annual monitoring and auditing work plan that is derived from the annual risk assessment process.
E. The Governing Body is responsible for reviewing and approving the risk assessment process.

IV. References

42 C.F.R. §§ 422.503(b)(4)(vi)(B) and (F)
42 C.F.R. §§ 423.504(b)(4)(vi)(B) and (F)
Medicare Managed Care Manual, Chapter 21, §§ 50.2.2, 50.2.3, 50.6.2
Medicare Prescription Drug Benefit Manual, Chapter 9, §§ 50.2.2, 50.2.3, 50.6.2

V. Approval/Revision History

First Level Approval	Second Level Approval
~~Mai Phuong Nguyen~~Daniel Quan ~~Oversight Manager~~Director, Compliance Date	Tyler Haskell Interim Compliance Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Compliance Committee	Approved/2/28/19	Ratify/3/28/19
v2				
V3	Revised	Compliance Committee		

POLICY

Policy Title:	**Protection of HIV AIDS Information**	**Policy No.:**	CP.18 v4
Replaces Policy Title (if applicable):	Protection of HIV AIDS Information	**Replaces Policy No. (if applicable):**	CP0017_03
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☐ CMC/D-SNP	

I. Purpose

Santa Clara Family Health Plan (SCFHP) describes the process to protect the confidentiality of members who have a diagnosis of human immunodeficiency virus (HIV) and/or acquired immunodeficiency syndrome (AIDS).

II. Policy

It is the policy of SCFHP to protect the confidentiality of all members who have the diagnosis of HIV and/or AIDS.

This policy is also applicable to those members with HIV and/or AIDS for which ~~the Plan~~SCFHP and the California Department of Health Care Services (DHCS) have agreed to special payment arrangements under the Medi-Cal Managed Care Contract, precautions will be taken in communications between the parties to protect the identity of the members.

III. Responsibilities

The Compliance Department will demonstrate that ~~the Plan~~SCFHP and its related FDRs adheres to proper procedures to maintain the confidentiality of members who have a diagnosis of HIV and/or AIDS.

IV. References

38 C.F.R. §1.486. Disclosure of information related to infection with the human immunodeficiency virus to public health authorities
Federal Rehabilitation Act 29 US Code §791.
Americans with Disabilities Act (ADA) 42 USC §12101 et seq.
DHCS Contract, Exhibit B, Provision 12

V. Approval/Revision History

Santa Clara Family Health Plan™

POLICY

First Level Approval	Second Level Approval
Anna Vuong Manager, Medi-Cal Compliance Date	Tyler Haskell Interim Compliance Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original			
V2	Revised			
V3	Revised			
V4	Revised	Compliance Committee		

POLICY

Policy Title:	**Compliance Hotline**	**Policy No.:**	CP.26 v~~1~~2
Replaces Policy Title (if applicable):	Compliance Hotline	**Replaces Policy No. (if applicable):**	~~CP026_02~~ CP.26 v1
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒CMC/D-SNP	

I. Purpose

To provide a mechanism for employees, providers, members, First Tier, Downstream and Related Entities, delegated entities, and general public to report any activity that may violate Santa Clara Family Health Plan's (SCFHP) mission, Compliance Program, Standards of Conduct, or state, federal or local law and regulations. The Compliance Hotline allows for~~, in addition to~~ the proactive identification, investigation, correction and prevention of inappropriate activities.

II. Policy

SCFHP maintains a Compliance Hotline (408-874-1450) available 24 hours a day, 7 days a week, to enable an individual to report any suspected violations of SCFHP mission, Compliance Program, Standards of Conduct, or state, federal or local law and regulations~~the federal, state or local laws and regulations, SCFHP's policies or procedures or Standards of Conduct.~~ anonymously (if so desired) without fear of retaliation.

III. Responsibilities

A. The operation, confidentiality, communication, and tracking of the Compliance Hotline is the responsibility of the Compliance Officer in adherence to CP.26.01 Compliance Hotline Operations.

IV. References

U.S. Sentencing Guidelines Manual, section 8A1.2
Office of Inspector General Compliance Program Guidance for Hospitals
CP.26.01 Compliance Hotline Operations

V. Approval/Revision History

First Level Approval	Second Level Approval

POLICY

~~Anna Vuong~~Mai-Phuong Nguyen ~~Compliance~~ Program Manager, Fraud, Waste and Abuse **05/10/2022** Date	Tyler Haskell Interim Compliance Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original			
v2	Revised 05/10/22	Compliance Committee		

Santa Clara Family Health Plan™

POLICY

Policy Title:	Subcontracting Terminations and Block Transfer Filings	**Policy No.:**	CP.28 v4
Replaces Policy Title (if applicable):	Enrollee Block Transfer Notice to DMHC	**Replaces Policy No. (if applicable):**	CP028_05
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☐ CMC/D-SNP	

I. Purpose

The purpose of this policy is to outline the protocol and notification requirements Santa Clara Family Health Plan (SCFHP) follows when provider subcontracting relationships (IPA, Medical Groups, Hospitals, Clinics, Primary Care Physicians, and other subcontracted providers) are terminated.

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II. Policy

SCFHP members who are affected by a change in the Provider Network, as outlined in the provider subcontracting relationships outlined above, receive timely notification and accurate information in accordance with the state and federal regulations.

For any proposed block transfer, SCFHP files with the Department of Managed Health Care (DMHC) a Block Transfer filing. A filing is submitted to the Department of Health Care Services (DHCS), when there is a change in the availability or location of covered services for subcontracting plan partners and other entities.

III. Responsibilities

The Compliance Department is responsible for notification of its regulatory partners, DMHC and DHCS when a block transfer of members is needed due to a provider subcontracting termination/suspension/decertification. This includes submission of the Block Transfer Enrollee Transfer Notices for regulatory review.

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IV. References

28 CCR § 1300.67.1.3
DMHC All Plan Letter APL 19-013 (OPM) Block Transfer Enrollee Transfer Notices
DHCS All Plan Letter APL 16-001 Medi-Cal Provider and Subcontract Suspensions, Terminations, and Decertifications

V. Approval/Revision History

First Level Approval	Second Level Approval

Santa Clara Family Health Plan™

POLICY

Anna Vuong Manager, Medi-Cal Program Compliance	Tyler Haskell Interim Compliance Officer
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	New	P&P Committee	Approve; 2/1/2003	
v2	Revise	P&P Committee	Approve; 2/1/2009	
v3	Revise	P&P Committee	Approve; 4/1/2011	
v4	~~Revise~~Review	Compliance Committee		

POLICY

Policy Title:	**Conducting Internal Investigations**	**Policy No.:**	CP.30 v~~1~~2
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	CP.30 v1
Issuing Department:		**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒CMC/D-SNP	

I. Purpose

To establish a process for investigating potential non-compliance and to implement appropriate actions that correct and prevent future non-compliant activities.

II. Policy

Santa Clara Family Health Plan (SCFHP) timely conducts and provides oversight of all internal investigations to verify potential non-compliance associated with staff, temporary staff, volunteers, consultants, vendors, contracted providers (s~~S~~taff), First Tier Downstream and Related entities' (FDRs) and/or d~~D~~elegated entities (Delegates) violations of applicable laws, regulations, SCFHP's Standards of Conduct and internal policies and procedures, as well as adherence to contractual requirements.

III. Responsibilities

A. SCFHP's business units, FDRs, and Delegates are responsible for voluntarily reporting potential non-compliance, FWA and privacy and security incidents to the Compliance Department.

B. The Compliance Department is responsible for initiating and managing the investigative process and collaborating with business units, FDRs, Delegates, members and providers, as appropriate, on gathering information, data and documentation to assist in the investigative process.

   1. Compliance commences its investigation within two (2) weeks of the identification of the issue by compliance during the normal course of operations; or, reporting of the potential incident, whichever is the earlier date.

C. Upon completion of the investigation, the Compliance Officer determines whether the issue requires any of the following actions:

   1. Issuance of a corrective action;
   2. Referral to SCFHP's SIU;
   3. Voluntary self-disclosure to the CMS ~~CMT~~, DHCS and/or DMHC; or

4. Reporting of privacy and security issues to the OIG.

D. The Compliance Officer presents the result of significant investigations to the Compliance Committee on at least quarterly basis or more frequently as needed.

E. The Compliance Officer reports significant issues to the Governing Body on a quarterly basis.

IV. References

42 C.F.R. §§ 422.503(b)(4)(vi)(G)
423.504(b)(4)(vi)(G)
Medicare Managed Care Manual, Chapter 21/9, Section 50.7.2
3-Way Contract between SCFHP, CMS and DHCS
DHCS Contract Exhibit E, Attachment 2, Provision 26A
CA Healthy and Safety Code Section 1348

V. Approval/Revision History

First Level Approval	Second Level Approval
~~Sylvia Luong~~Mai-Phuong Nguyen ~~Audit~~ Program Manager, Fraud, Waste and Abuse **05/10/22** Date	Tyler Haskell Interim Compliance Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original			
v2	Revised 05/10/22	Compliance Committee		

POLICY

Policy Title:	**Voluntary Self-Disclosures of Significant Non-Compliance and Fraud, Waste & Abuse**	**Policy No.:**	CP.31 v~~1~~2
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	CP.31 v1
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒CMC/D-SNP	

I. Purpose

Santa Clara Family Health Plan (SCFHP) establishes a process for self-disclosing incidences of significant non-compliance and/or fraud, waste and abuse (FWA) to foster partnership with its regulatory agencies and to detect, correct and prevent issues.

II. Policy

SCFHP follows the guidelines and regulations set forth by the Centers for Medicare & Medicaid Services (CMS), the California Department of Health and Human Services (DHCS), and the Department for Managed Health Care (DMHC) regarding compliance with Medicare, Medi-Cal and Health Kids' requirements, including identifying significant issues that require self-disclosure to the appropriate regulatory agency (ies).

III. Responsibilities

1. SCFHP Business Units, First Tier Downstream and Related Entities (FDR), non-FDR Vendors, and Delegates are responsible for proactively reporting in good faith any incidences of potential non-compliance, FWA, privacy incidents and/or security breaches to SCFHP's Compliance Department for investigation.
2. SCFHP's Compliance Department is responsible for:
   a. Posting its Voluntary Self-Disclosure Reporting form to SCFHP's internal SharePoint site and to the SCFHP public website;
   b. Providing member and provider education relating to the importance of reporting issues to SCFHP and the availability of the Voluntary Self-Disclosure Reporting form for member and/or provider use;
   c. Providing education to SCFHP's FDRs, non-FDR Vendors, and Delegates on the availability of the Voluntary Self-Disclosure Reporting form;
   d. Conducting investigations associated with any issues reported to the Compliance Department;
   e. Issuing appropriate corrective action for any verified issues;
   f. Reporting baseline metrics on self-disclosures, including the number of cases and preliminary or final outcomes of investigations, to the Compliance Committee;
   g. Engaging either SCFHP's external SIU and/or the NBI MEDIC, as appropriate; and
   h. Reporting privacy incidents and security breaches in accordance with HI.50 and HI.51.

3. SCFHP's Compliance Officer, in collaboration with SCFHP's Compliance Committee and Executive Team, makes the determination to self-disclose significant issues to SCFHP's appropriate regulatory agency (ies).

IV. References

42 C.F.R. § 422.503 (b)(4)(vi)(G)
42 C.F.R. § 423.504(b)(4)(vi)(G)
Medicare Managed Care Manual, Chapter 21, Section 50.6
Prescription Drug Benefit Manual, Chapter 9, Section 50.6

V. Approval/Revision History

First Level Approval	Second Level Approval
~~Anna Vuong~~Mai-Phuong Nguyen Program Manager, ~~Medi-Cal Compliance~~Fraud, Waste and Abuse **5/17/22** Date	Tyler Haskell Interim Compliance Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original			
V2	Revised 05/17/22	Compliance Committee		

Santa Clara Family Health Plan™

POLICY

Policy Title:	**Conflict of Interest**	**Policy No.:**	CP.32 v2
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:		**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC/D-SNP	

I. Purpose

Santa Clara Family Health Plan (SCFHP or Plan) describes the process that the Plan avoids potential and actual conflict of interest in operating its health plan responsibilities under its 3-way contract with the Centers for Medicare & Medicaid Services (CMS) and the Department of Health Care Services (DHCS), as well as when providing care and services to its members.

II. Policy

SCFHP is committed to conducting ethical business operations and ensures that business decisions are free of conflicts of interest, including personal bias, interest or gain.

III. Responsibilities

The Compliance Department will develop and manage the initial and annual process of obtaining from SCFHP board members, employees, consultants, contractors, temporary employees, volunteers, and first tier downstream and related entities (FDRs) and other stakeholders affirmative statements that those individuals/entities are free from any conflicts of interest or enable those individuals/entities to fully disclose any potential conflicts of interest.

IV. References

45 C.F.R. §50 subpart F.
45 C.F.R. §73.735-1003. Conflicts of Interests statutes
45 C.F.R. §94
45 C.F.R. §155.215. Conflict of Interest standards

V. Approval/Revision History

Santa Clara Family Health Plan™

POLICY

First Level Approval	Second Level Approval
[~~name~~Anna Vuong] Manager, Medi-Cal Compliance ~~Manager~~ Date	Tyler Haskell Interim Compliance Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original			
V2	Revised	Compliance Committe		

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POLICY

Policy Title:	**Well-Publicized Disciplinary Standards**	**Policy No.:**	CP.33 v2~~1~~
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC/D-SNP	

I. Purpose

SCFHP is committed to maintaining a culture and work environment that reflects its core values and strives to communicate expectations and provide disciplinary guidelines to its employees, temporary employees, volunteers, interns, contractors, consultants, board members (collectively "Employees"), first tier, downstream and related entities (FDRs), and delegated entities.
~~Santa Clara Family Health Plan (SCFHP) ensures clear expectations for Employees' and FDRs' performance and conduct are communicated and that it establishes and implements standardized and consistent disciplinary and corrective actions.~~

II. Policy

SCFHP shall take and request disciplinary action against employees, FDRs, and delegated entities when non-compliance occurs. The range of disciplinary action may include but not limited to: corrective action plan, performance improvement plan, coaching and mentoring, warning, delegation, and/or termination, depending on the severity and involvement of the non-compliance activity. ~~is committed to maintaining a culture and work environment that reflects its core values and strives to communicate expectations and provide disciplinary guidelines to its employees, temporary employees, volunteers, interns, contractors, consultants, board members (collectively "Employees"), and first-tier, downstream and related entities (FDRs), and delegated entities on an ongoing basis.~~

III. Responsibilities

1. SCFHP's Compliance ~~Officer~~Department~~, and any designees, are~~ is responsible for:
   ~~a. Updating the Disciplinary Standards guidelines to incorporate changes in applicable laws, regulations, and other government program requirements; and~~
   ~~b.~~a. Collaborating with the Human Resources Department on disciplinary actions resulting from systemic non-compliance associated with negligent, willful or other unethical conduct exhibited by Employees;
   ~~c.~~b. Collaborating with the Provider Network Management Department and other internal B~~b~~usiness ~~u~~Units, as implicated, on any escalating actions required associated with a delegated entity's~~n~~ or

FDR's failure to monitor, detect, correct or prevent non-compliance, potential FWA and/or other unethical behaviors engaged in by the FDR's or delegated entity's staff or subcontracted entities supporting SCFHP's lines of business; and

~~d.~~c. Ensuring delegated entity/FDRs receive a copy of SCFHP's Disciplinary Standards policy and procedure upon contract and annually thereafter.

2. SCFHP's Human Resources is responsible for ensuring:
   ~~a.~~ Disciplinary standards~~Processes~~ associated with employees are appropriately executed, maintained, and documents, based on union requirements, if applicable, associated with disciplinary issues are maintained ~~and documented;~~
   ~~b.~~a. ~~Adherence to state and federal employment laws, including protections, exclusions and timely and accurate communications to Employees associated with disciplinary standards~~; and
   ~~c.~~b. Distribution upon hire and annually thereafter of SCFHP's Disciplinary Standards to all Employees.
3. SCFHP's internal ~~b~~Business ~~u~~Units are responsible for supporting any investigations, communications and/or recommendations associated with any Employee or FDR/delegated entity disciplinary actions required.
4. The Compliance Committee ~~of~~and the Board is responsible for review and approval of updates made to SCFHP's Disciplinary Standards.

IV. References

42 C.F.R. § 422.503(b)(4)(vi)(D)
42 C.F.R. § 423.504(b)(4)(vi)(D)
42 CFR § 422.504(d) and (e)
U.S.C. § 203 (Fair Labor Standards Act)

V. Approval/Revision History

First Level Approval	Second Level Approval
~~[name]~~Daniel Quan Director, Compliance Date	Tyler Haskell Interim Compliance Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original			
V2	Revised	Compliance Committee		

Santa Clara Family Health Plan™

POLICY

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POLICY

Policy Title:	**Key Personnel Filing**	**Policy No.:**	CP.35 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC/D-SNP	

I. Purpose

The purpose of this policy is to establish the Santa Clara Family Health Plan (SCFHP) requirements to file a key personnel filing with the Department of Managed Health Care (DMHC).

II. Policy

~~Santa Clara Family Health Plan (~~SCFHP~~)~~ establishes the process to ensure that ~~SCFHP files~~ an amendment is filed within five (5) calendar days to its applications in the form required by the DMHC when there are any of the following changes in SCFHP personnel, of any management company of SCFHP, or of any parent company of SCFHP or governing board:

A. There is an addition or deletion of a governing board member, director, trustee, principal officer, general partner, general manager or principal management persons, or persons occupying similar positions or performing similar functions, or a substantial and material change in the duties of any such person.

B. There is the addition or deletion of a limited partner, shareholder or owner of an equity interest in SCFHP, whose interest exceeds 5 percent of the total partnership interests, shares or equity interests, or there is a change in the interest of any partner, shareholder or owner of an equity interest exceeding 5 percent of the total partnership interests, shares or equity interests.

C. There is the addition or deletion of a principal creditor, a material change in the terms of the obligation to a principal creditor, a material increase or decrease in the amount due a principal creditor other than (except in the case of a demand obligation) by the normal terms of the obligation, or a default in the obligation to a principal creditor.

III. Responsibilities

The Compliance Department is responsible for communicating the key personnel filing requirements to all business units and ensuring timely submission with the DMHC .~~carrying out the terms of this policy.~~

~~A. The Compliance Department is responsible for:~~

Santa Clara Family Health Plan™

POLICY

~~1. Initiating, monitoring, reporting, auditing, and documenting processes related to key personnel filings with DMHC.~~

~~2. Reporting Compliance activities, requirements, and issues to the Compliance Committee related to key personnel filings with DMHC.~~

~~3. Communicating to the Business Units regarding all applicable requirements, changes, and issues related to key personnel filings.~~

~~B.~~ The business units are responsible for notifying the Compliance Department of any new or terminating key personnel staff and governing board members.~~:~~

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~~1. Participating in all applicable key personnel filing activities as assigned.~~

~~2. Submitting all required documents to the Compliance Department related to a key personnel change.~~

~~3. Immediately notifying the Compliance Department of any new or terminating key staff (executive staff or directors) or governing board members requiring a key personnel filing.~~

IV. References

28 CCR § 1300.52.2

V. Approval/Revision History

First Level Approval	Second Level Approval
Anna Vuong Manager, Medi-Cal Compliance Date	Tyler Haskell Interim Compliance Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original	Compliance Committee ~~of the Board~~		

POLICY

Policy Title:	**DMHC Independent Medical Review (IMR)**	**Policy No.:**	CP.37 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC/D-SNP	

I. Purpose

The purpose of this policy is to establish the process that Santa Clara Family Health Plan (SCFHP) utilizes to provide an independent medical review (IMR) to members.

II. Policy

SCFHP provides members with the opportunity to seek an independent medical review when ~~Medi-Cal or Healthy Kids~~ health care services have been denied, modified, or delayed because they are not found to be medically necessary; for denial of reimbursement for urgent or emergency services, or for denial of services that involve experimental or investigational therapies.

III. Responsibilities

SCFHP's Utilization Management and Pharmacy Departments are responsible for issuing Notice of Action (NOA) letters with the "Your Rights" attachment for ~~Medi-Cal~~ Denial, Modified, and Delay letters. The notice includes instructions on how to appeal the plan's decision including how to request an Independent Medical Review.

The Grievance & Appeals Department is responsible for issuing NOA letters with the "Your Rights" attachment and an application for Independent Medical Review and an addressed envelope.

SCFHP's Compliance Department is responsible for processing Independent Medical Review Applications/Complaint Forms received from the Department of Managed Health Care (DMHC) Help Center.

SCFHP's contracted providers are responsible for responding to requests by the Compliance Department for records/information related to the IMR.

IV. References

28 CCR 1300.68
28 CCR 1300.70 (a-c) and (d)(4)

POLICY

28 CCR 1300.74
CA Health and Safety Code 1374.30
DHCS/SCFHP Contract
SCFHP/CMS/DHCS 3-way Contract

V. Approval/Revision History

First Level Approval	Second Level Approval
Anna Vuong Manager, Medi-Ceal Compliance Date	Tyler Haskell Interim Compliance Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original	Compliance Committee ~~of the Board~~		

Santa Clara Family Health Plan

POLICY

Policy Title:	**Delegation Oversight**	**Policy No.:**	DE.01 v~~43~~
Replaces Policy Title (if applicable):	Delegation Oversight Process	**Replaces Policy No. (if applicable):**	DE001, DE2001, DE01 v2
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC/D-SNP	

I. Purpose

The purpose of this policy is to establish the requirement for Santa Clara Family Health Plan (SCFHP) ~~requirements~~ to oversee all delegated services provided to members and/or providers on behalf of SCFHP.

II. Policy

A. SCFHP ~~has established the process~~shall ~~to~~ conduct ~~delegation~~ oversight of delegated entities that provide services to SCFHP members and/or providers on behalf of SCFHP. SCFHP shall also oversee or ensure delegates oversee any sub-delegation. ~~SCFHP also conducts oversight of SCFHP policies, processes, systems and staff utilized in the delegation oversight process.~~

III. Responsibilities

A. The Compliance Department is responsible for carrying out the terms of this policy.
   1. The Compliance Department is responsible for:
      a. Initiating, monitoring, reporting, auditing, and documenting processes related to internal and external delegation oversight.
      b. Communicating to the delegate regarding all applicable issues related to delegation oversight activities.
      c. Communicating to the delegate all applicable regulatory changes.
      d. Issuing Corrective Action Plans (CAPs) to delegated entities as applicable.
      e. Monitoring the delegated entities' adherence to the CAPs issued.
      f. Reporting on delegation oversight activities, requirements, and issues during the Joint Operations Committee (JOC) meetings.
      g. Reporting delegation oversight issues and activities to the Governing Board Compliance Committee.
      h. Reporting delegation oversight issues and activities to the Oversight Committee.
      i. ~~Reporting to~~Alerting DHCS ~~the Managed Care Operations Divisions~~ Contract Manager any significant instances of non-compliance, ~~or~~ corrective actions, or financial sanctions pertaining to the Plan's obligation under the Contract within three business days of discovery or imposition.

POLICY

2. The Business Units are responsible for:

~~Participating in all applicable delegation oversight activities as assigned.~~Conducting regular oversight activities that include auditing, monitoring, and evaluation of delegated activities related to their respective areas or department.

a.

~~a.~~ Notifying the Compliance Department of any violation of contractual obligations, failure to meet quality benchmarks or service level agreements~~non-compliant activity~~ related to any delegated entity.

b.

~~b.~~c. ~~Functioning as a~~ Being the subject matter expert for their respective areas or department in audits, during workgroup or committee meetings, ~~reporting, JOCs,~~ and other oversight activities as appropriate~~related to delegation oversight~~.

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IV. References

DHCS: SCFHP Contract with DHCS Exhibit A, Attachment 4
CMS: Three-Way contract between SCFHP, DHCS, CMS
NCQA: NCQA Health Plan Standards, 2021~~19~~
APL 17-004
42 Code of Federal Regulations (CFR), Section 438.230

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V. Approval/Revision History

First Level Approval	Second Level Approval
~~Mai Phuong Nguyen~~Daniel Quan ~~Delegation Oversight Manager~~Director, Compliance Date	Tyler Haskell Interim Compliance Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original			
V2	Revised	Delegation Oversight	4/28/2016	
V3	Revised			
V4	Revised	Compliance Committee		

POLICY

Policy Title:	**Pre-Delegation Audit**	**Policy No.:**	DE.02 v~~43~~
Replaces Policy Title (if applicable):	Pre-Delegation Oversight Process	**Replaces Policy No. (if applicable):**	DE002, DE202
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC/D-SNP	

I. Purpose

Santa Clara Family Health Plan (SCFHP) is ultimately responsible for ensuring our subcontractors and delegated entities comply with all applicable contractual obligations and requirements (State and federal laws and regulations, contractual provisions and guidance from the regulatory bodies, APLs, Policy Letters, Duals Plan Letters, and accreditation bodies, and contract terms and policies and procedures of SCFHP). ~~The purpose of t~~This policy is to establish the ~~Santa Clara Family Health Plan (SCFHP)~~ requirements to conduct a pre-delegation audit to evaluate a potential delegate's capacity prior to implementing any delegation. ~~of an entity prior to executing a delegation agreement.~~

II. Policy

SCFHP shall conduct~~s~~ a pre-delegation audit of an entity prior to delegating any activity to another entity. Pre-Delegation audits shall be completed within 12 months prior to the implementation of delegation. If SCFHP amends any existing delegation agreement to include additional delegated activities, a pre-delegation audit for the additional activities shall be conducted. ~~executing a delegation agreement for any delegated services the entity plans to provide SCFHP members and/or providers on behalf of SCFHP.~~

~~A. SCFHP uses a standard approved audit tools to conduct the pre-delegation audit.~~

~~B.~~ Under certain circumstances and at SCFHP's discretion, SCFHP may accept National Committee for Quality Assurance (NCQA) accreditation or certification status instead of completing a pre-delegation audit of specific areas, if the entity is accredited in the area to be delegated. ~~for some of the pre-delegation audit components.~~

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III. Responsibilities

A. The Compliance Department is responsible for carrying out the terms of this policy.

1. The Contracting and Credentialing Departments are responsible for the contracting requirements of this policy, including the review of any delegation application and drafting the delegation agreement.

2. The Compliance Department is responsible for:

   a. Overseeing the pre-delegation audit. The audit team includes participation of subject matter experts from applicable SCFHP departments based on the delegated function or activity~~areas of audit~~.

   b. Approving and distributing all auditing tools.

   ~~b.~~c. ~~c.~~ Reporting audit results to Contracting and Credentialing Departments and other stakeholders.

3. SCFHP Business Units are responsible for staffing the audit team based on directions from the Compliance Department.

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IV. References

DHCS: SCFHP Contract with DHCS Exhibit A, Attachment 4
DHCS All Plan Letter (APL) 17-004: Subcontractual Relationships and Delegation
CMS: Three-Way contract between SCFHP, DHCS, CMS
NCQA: NCQA Health Plan Standards, 2021

V. Approval/Revision History

First Level Approval	Second Level Approval
~~Leanne Kelly~~Daniel Quan ~~Delegation Oversight Manager~~Director, Compliance Date	Tyler Haskell Interim Compliance Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1				
V2	Revised	Delegation Oversight		
V3	Revised			
V4	Revised	Compliance Committee		

POLICY

Policy Title:	**Delegation Agreement**	**Policy No.:**	DE.03 v4~~3~~
Replaces Policy Title (if applicable):	Delegation Oversight Agreement Process	**Replaces Policy No. (if applicable):**	DE003, DE203
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC/D-SNP	

I. Purpose

T~~he purpose of this policy is t~~o establish the ~~Santa Clara Family Health Plan (SCFHP)~~ requirements Santa Clara Family Health Plan (SCFHP) shall follow ~~to execute~~when preparing a delegation agreement with a first tier, downstream related entity (FDR), or delegated~~n~~ entity~~. after an approved pre-delegation audit.~~

II. Policy

A. SCFHP shall execute~~s~~ a delegation agreement with any entity that provides services to SCFHP members and/or providers on behalf of SCFHP. Delegation shall ~~does~~ not begin until SCFHP receives a fully executed agreement. The agreement must:

1. State ~~that~~ the agreement is mutually agreed upon with an effective date.
2. ~~Describe~~ Specify the delegated activities and identifying the responsibilities performed by ~~of SCFHP and~~ the delegated entity or retained by SCFHP.
3. Specify~~Include the~~ reporting requirements ~~by~~ from the delegate for delegated activities with reporting~~at set~~ frequency to be~~ies,~~ at least semi-annual reporting ~~by the delegated entity~~ to SCFHP.
4. Specify SCFHP's oversight and monitoring activities, including approving of reports and evaluating the delegate's performance.
5. Identify the delegate's responsibility to report findings and actions taken to remediate.
6. Include the actions/remedies available to SCFHP if the delegated entity does not fulfill its obligations, including but not limited to, reporting to the Manage Care Operations Divisions any significant instances of non-compliance, ~~or~~ corrective action, or imposition of sanctions or penalties pertaining to the Plan's obligation under the state/federal contracts, and revocation of the delegation agreement.

7. Describe SCFHP's process for providing member data to the delegate.

8. Include a fully executed business associate agreement between SCFHP and the delegated entity to clarify and limit, as appropriate, the permissible and required uses and disclosures of protected health information that is created, received, maintained, transmitted and returned or destroyed (as applicable and appropriate) by the delegated entity, based on the relationship with SCFHP and the delegated activity/ies or function(s) being performed by the delegated entity.

9. Specify the delegate's responsibility to allow for inspection books, records, documents, and other evidence of administrative, medical and accounting procedures and practices that shall be maintained for at least ten (10) years from the final date of the contract period or completion of any active audit where the records were requested for review, whichever is later.

~~8. Include the use of protected health information (PHI) by the delegate and :~~

~~a. List of allowed uses for PHI.~~

~~b. Description of delegate safeguards to protect PHI from inappropriate use or disclosure.~~

~~c. Stipulation that the delegate will ensure that all sub-delegates have similar safeguards.~~

~~d. Stipulation that the delegate will provide individuals with access to their PHI.~~

~~e. Stipulation that the delegate will inform SCFHP if inappropriate uses of the information occur.~~

~~f. Stipulation that the delegate will ensure that PHI is returned, destroyed, or protected if the delegation agreement ends.~~

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III. Responsibilities

A. The Compliance Department is responsible for carrying out the terms of this policy.

1. The Contracts and Credentialing Department is responsible for the contracting requirements of this policy, including obtaining and maintaining a fully executed delegation agreement, and revising the agreement as applicable.

2. The Compliance Department is responsible for monitoring and enforcing the terms of the agreement, and annually reviewing the agreement.

3. The Business Units are responsible for assisting the Compliance Department in monitoring and enforcing the terms of the agreement.

POLICY

IV. References

DHCS: SCFHP Contract with DHCS Exhibit A, Attachment 4
CMS: Three-Way contract between SCFHP, DHCS, CMS
NCQA: NCQA Health Plan Standards, 2021~~0~~

V. Approval/Revision History

First Level Approval	Second Level Approval
~~Leanne Kelly~~Daniel Quan ~~Delegation Oversight Manager~~Director, Compliance Date	Tyler Haskell Interim Compliance Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1				
V2	Revised	Delegation Oversight	4/28/2016	
V3	Revised	Delegation Oversight		
V4	Revised	Compliance Committee		

POLICY

Policy Title:	**Joint Operations Committee Meetings Between SCFHP and FDRs/Delegated Entities**	**Policy No.:**	DE.05 V34
Replaces Policy Title (if applicable):	Delegation Oversight Joint Operations Committee Meeting	**Replaces Policy No. (if applicable):**	DE005 DE205
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC/D-SNP	

I. Purpose

The purpose of this policy is to establish the Santa Clara Family Health Plan (SCFHP) requirements to conduct and participate in Joint Operations Committee (JOC) meetings between SCFHP and its First Tier, Downstream, and Related Entities (FDRs)/delegated entities.

II. Policy

SCFHP establishes, conducts, and participates in JOC meetings with FDRs/delegated entities. The JOC meetings occur on at least an annual basis with each FDR/delegated entity. JOC meetings may be held in person, via webinar, or telephonic. A standard agenda will be established with specific needs of the FDR/delegated entity and SCFHP. FDRs/delegated entities and key SCFHP participants have the opportunity to submit agenda topics prior to each JOC meeting. Ad hoc meetings may be scheduled at the request of the FDR/delegated entity or by SCFHP.

III. Responsibilities

The Compliance Department and Provider Network Management are responsible for carrying out the terms of this policy.

A. The Provider Network Management Department is responsible for:
    1. Managing all JOC meetings for FDRs/delegated entities that have network providers

B. The Compliance Department is responsible for:
    1. Managing all JOC meetings for FDRs/delegated entities that do not have network providers

C. Managing the JOC meetings includes:
    1. Scheduling JOC meetings
    2. Participating in the JOC meetings
    3. Documenting the JOC meeting in the standardized meeting minute format
    4. Distributing all related documents to the JOC participants
    5. Escalating JOC activities if necessary to the Oversight Workgroup or Compliance Committee

6. Relaying applicable information from the Compliance Committee or regulators to the FDR/delegated entity through the JOC.

D. Business Units representing areas of delegation are responsible for staffing and/or participating in the JOC, providing meeting materials when applicable, and addressing issues involving the FDR/delegated entity.

E. Quality Improvement Department is responsible for:
   1. Reporting JOC activities to the Quality Improvement Committee (QIC).
   2. Relaying applicable information from the QIC to the FDR/delegated entity through the JOC.

IV. References

DHCS: SCFHP Contract with DHCS Exhibit A, Attachment 4
CMS: Three-Way contract between SCFHP, DHCS, CMS
NCQA: NCQA Health Plan Standards, 2021~~17~~

V. Approval/Revision History

First Level Approval	Second Level Approval
~~Leanne Kelly~~Daniel Quan ~~Compliance Audit Program Manager~~Director, Compliance Date	Tyler Haskell Interim Compliance Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original	Delegation Oversight Committee	4/28/2016	
V2	Revise	Compliance Committee	11/19/2020	12/17/2020
V2~~3~~	Reviewed	Compliance Committee	11/18/2021	
V3~~4~~	Revised	Compliance Committee		

POLICY

Policy Title:	**Delegation Corrective Action**	**Policy No.:**	DE.07 v43
Replaces Policy Title (if applicable):	Delegation Corrective Action Process	**Replaces Policy No. (if applicable):**	DE007, DE207, DE.08, DE.09
Issuing Department:	Compliance	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC/D-SNP	

I. Purpose

The purpose of this policy is to establish the Santa Clara Family Health Plan (SCFHP) requirements to identify the need for, and issue, a Corrective Action Plan (CAP) to a delegated entity or further necessary action.

II. Policy

A. SCFHP shall issue and request CAP from delegated entities when SCFHP identifies ~~delegated entities~~ that delegate's performance do not meet SCFHP's standards for delegation. CAPs can pertain to any area of delegation that affects the delegated entity's ability to effectively provide delegated services to SCFHP members and/or providers on SCFHP's behalf. CAPs can also be issued if the delegated entity does not comply with all applicable Medicaid laws and regulations as well as applicable State and federal laws.

The following are characteristics of a CAP:

- Non-compliant areas of delegation are identified as requiring a CAP from the delegated entity.
- The delegated entity is expected to correct all non-compliance within the timeframe designated in the CAP.
- Failure to correct areas of non-compliance will result in escalation of action by SCFHP.

B. SCFHP shall revoke delegation from a delegated entity for one or more areas when the delegated entity consistently shows unwillingness or inability to correct non-compliance.

III. Responsibilities

The Compliance Department is responsible for carrying out the terms of this policy.

A. The Compliance Department is responsible for:
   1. Issuing the CAP
   2. Communicating and documenting all subsequent correspondence related to the CAP.
   3. Reporting CAPs to the Compliance Committee.
   4. Reporting CAPs to the Oversight Committee.
   ~~4.~~5. Recommend, seek approval, and initiate the revocation process

~~5.~~6. Reporting to the Managed Care Operations Divisions any significant instances of non-compliance or corrective action pertaining to the Plan's obligation under the Contract within three business days.

B. Business units representing areas of delegation are responsible for reviewing received delegated entity materials and providing responses to the Compliance Department within the designated timeframes.

IV. References

DHCS: SCFHP Contract with DHCS Exhibit A, Attachment 4
CMS: Three-Way contract between SCFHP, DHCS, CMS
NCQA: NCQA Health Plan Standards, 2021~~19~~
APL 17-004

V. Approval/Revision History

First Level Approval	Second Level Approval
~~Mai-Phuong Nguyen~~Daniel Quan ~~Delegation Oversight Manager~~Director, Compliance Date	Tyler Haskell Interim Compliance Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original			
V2	Revised	Delegation Oversight Committee Compliance Committee		
V3	Revised			
V4	Revised	Compliance Committee		

Regular Meeting of the

Santa Clara County Health Authority
Quality Improvement Committee

Tuesday, April 12, 2022, 6:00 PM – 8:00 PM
Santa Clara Family Health Plan, Teleconference
6201 San Ignacio Ave, San Jose, CA 95119

Minutes

Members Present	Specialty
Ali Alkoraishi, MD	Adult & Child Psychiatry
Nayyara Dawood, MD	Pediatrics
Jennifer Foreman, MD	Pediatrics
Jimmy Lin, MD	Internist
Laurie Nakahira, D.O., Chief Medical Officer	
Christine Tomcala, Chief Executive Officer	
Members Absent	
Ria Paul, MD, Chair	Geriatrics

Staff Present
Chris Turner, Chief Operating Officer
Tyler Haskell, Interim Compliance Officer
Lori Andersen, Director, Long Term Services and Support
Angela Chen, Director, Case Management & Behavioral Health
Duyen Nguyen, PharmD, Clinical Pharmacist
Stephanie Sit, Quality Improvement Nurse
Lucille Baxter, Manager, Quality & Health Education
Charla Bryant, Manager, Clinical Quality & Safety
Karen Fadley, Manager, Provider Data, Credentialing and Reporting
Ashley Kerner, Manager, Administrative Services
Mauro Oliveira, Manager, Grievance and Appeals
Robert Scrase, Manager, Process Improvement
Amber Tran, Project Manager, Process Improvement
Emily Hennessy, Consultant, Long Term Services & Supports
Nancy Aguirre, Administrative Assistant
Robyn Esparza, Administrative Assistant

1. Roll Call

Laurie Nakahira, D.O., Chief Medical Officer (CMO), Acting Chair, called the meeting to order at 6:05pm. Roll call was taken and quorum was established.

Dr. Nakahira announced the reassignment of Johanna Liu, PharmD, Director, Quality and Process Improvement. Dr. Liu's last day with The Plan is 05/13/2022. Dr. Nakahira thanked Dr. Liu for her 8 years of service to the Health Plan, and for her significant contributions to the growth and quality of the organization.

2. Public Comment

There were no public comments.

3. Meeting Minutes

Meeting minutes of the 02/08/2022 Quality Improvement Committee (QIC) meeting were reviewed.

It was moved, seconded and the minutes of the 02/08/2022 QIC meeting were **unanimously approved.**

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

4. Chief Executive Officer (CEO) Update

Christine Tomcala, Chief Executive Officer (CEO), was pleased to announce SCFHP passed the National Committee for Quality Assurance (NCQA) Medicare Accreditation Renewal Survey for the Cal MediConnect (CMC) line of business.

Ms. Tomcala noted The Plan is looking to become NCQA accredited for the Medi-Cal (MC) line of business.

5. Medi-Cal (MC) & Cal MediConnect (CMC) Quality Improvement (QI) Work Plan 2022

Lucille Baxter, Manager, Health and Education, presented the MC & CMC QI Work Plan 2022. Every year, the Quality, Grievance and Appeals (G&A), and Health Services departments, come together to create the QI Work Plan. The QI Work Plan includes quality metrics and goals to be accomplished for the coming year.

Divided into two (2) lines of businesses, MC and CMC, the activities, including the Quality of Clinical Care, Member Services, and Quality of Service, are outlined in the Work Plan 2022. Ms. Baxter noted G&As have been incorporated into this Work Plan.

It was moved, seconded and the MC & CMC QI Work Plan 2022 was **unanimously approved.**

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

6. MC & CMC QI Program Evaluation 2021

Ms. Baxter presented an overview of the QI Program Evaluation 2021. Included in the QI Program Evaluation 2021, is the 2021 QI Work Plan for MC and CMC lines of business. This Work Plan focuses on the Quality of Clinical Care, Member Services, and Quality of Service.

Ms. Baxter reviewed the Table of Contents, highlighting the contents of Clinical Improvement, Safety of Clinical Care, Quality of Service, and Member Experience.

It was moved, seconded and the MC & CMC QI Program Evaluation 2021 was **unanimously approved.**

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

7. Pharmacy Benefit Information Analysis

Duyen Nguyen, PharmD, Clinical Pharmacist, presented the Pharmacy Benefit Information Analysis. SCFHP has a responsibility to provide accurate, quality information on pharmacy benefits to CMC members through the website. Annually, The Plan audits the information on the website by randomly selecting one (1) drug in each of the four (4) formulary tiers, one (1) excluded drug, and one (1) newly added drug. The goal for both accuracy and quality is 100%.

Dr. Duyen reported both accuracy and quality measures met goal at 100%. There were no deficiencies identified. Additionally, there were no significant changes to the CMC pharmacy member portal since the

previous report in August 2020.

It was moved, seconded and the Pharmacy Benefit Information Analysis was **unanimously approved.**

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

8. Quality Dashboard

Ms. Baxter presented the Quality Dashboard and an overview of the Wellness Rewards Program – a calendar year program offered to members who complete preventative screenings and close gaps in care. Year to date, (YTD), a total of 7,990 gift cards have been mailed to members.

Ms. Baxter reviewed the results for the Outreach Call Campaign, an internal program where staff conduct calls to members to promote health education. A total of 7,422 calls were made from January 2022 – March 2022. Also reviewed were the completion rates for the Initial Health Assessment (IHA). Reports indicate a decrease in completion rates from January 2022 – March 2022.

Ms. Baxter reviewed the Potential Quality of Care Issues (PQIs), noting 98.4% of PQIs, due from January – March 2022, closed on time (within 90 days). Also, Facility Site Reviews (FSR) have resumed. Between January 2022 and March 2022, there were 22 FSRs completed.

In an effort to improve the HEDIS MC and CMC rates, alerts have been loaded into QNXT, so that internal staff can remind members about screenings and/or visits they are due for. Ms. Baxter noted a total of 3,341 QNXT Gaps in Care (GIC) alerts were terminated between January – March 2022.

9. Compliance Report

Tyler Haskell, Interim Compliance Officer, presented the Compliance Report. Mr. Haskell noted SCFHP recently received two (2) notices of non-compliance from CMS in February 2022 for late submissions of attestations and policies & procedures related to the use of a formulary for the Medicare Part D program. There are no penalties or corrective actions required by CMS, and steps have been taken to ensure future timely submissions.

The 2022 Department of Health Care Services (DHCS) Annual Audit took place between March 7 and March 18 2022, covering a review period of March 2021 through February 2022. Unlike previous DHCS audits, which covered only the MC line of business, this audit covered both MC and CMC. During the exit conference, DHCS verbally indicated potential findings in several areas, with other areas still under review.

Mr. Haskell noted in January 2022, SCFHP received notice of the Department of Managed Health Care (DMHC) Financial Audit that will be conducted by June 2022. This audit occurs every three (3) years and examines the financial health and sustainability of The Plan. The Finance department is responding to document requests from DMHC.

10. Annual Review of QI Policies

Dr. Nakahira reviewed policies QI.03, QI.04, QI.06, QI.08, QI.09, QI.11, QI.15, QI.16, QI.19, QI.23, QI.28, and QI.30, and noted the changes made, if applicable.

a. QI.03 Distribution of QI Information – *No changes except for the reference NCQA 2022*
b. QI.04 Peer Review Process – *No Changes*
c. QI.06 QI Study Design/Performance Improvement Program Reporting – *No changes except for the reference NCQA 2022*
d. QI.08 Cultural and Linguistically Competent Services – *Included the Consumer Advisory Board (CAB) meeting and updated reference NCQA 2022*
e. QI.09 Health Education Program and Delivery System - *No changes except for the reference NCQA 2022*
f. QI.11 Member Non-Monetary Incentives – *No changes*
g. QI.15 Transitions of Care – *No changes*

h. QI.16 Managed Long Term Services and Support Care Coordination – *No changes*
i. QI.19 Care Coordination Staff Education and Training – *No changes*
j. QI.23 Alcohol and Drug Screening Assessment, Brief Intervention, and Referral to Treatment (SABIRT) – *Replaces SBIRT APL 18-014; New APL SBIRT has USPSTF; Updated the definition of risky drinking of ETOH & substance use with screenings & BH counseling intervention to reduce ETOH & substance use in adolescents & adults; MCP is requiring ETOH or SUD Rx MCP must arrange for referral to the county department for outpatient Rx SUD; Requirements are consistent with USPSTF grade A/B, AAP/Bright futures, MCAL provider manual; List of screening tools; Brief assessment; Brief intervention & referral for Rx*
k. QI.28 Health Homes Program – *Retiring HHP ending 2022*
l. QI.30 Health Risk Assessment – *No changes*

Emily Hennessy, Consultant, Long Term Services & Supports, reviewed the two (2) new policies QI.31 and QI.32, and noted these policies will need to be renumbered, as there is currently a QI.31 and QI.32 in use.

m. QI.31 Community Supports (CM) – *New policy 2022*
n. QI.32 Enhanced Care Management (EMC) – *New policy 2022*

It was moved, seconded and policies QI.03, QI.04, QI.06, QI.08, QI.09, QI.11, QI.15, QI.16, QI.19, QI.23, QI.28, QI.30, QI.31 and QI.32 were **unanimously approved.**

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

11. Consumer Advisory Board (CAB)

Dr. Nakahira reviewed the draft minutes of the 03/03/2022 CAB meeting.

It was moved, seconded and the 03/03/2022 draft CAB meeting minutes were **unanimously approved.**

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

12. Pharmacy & Therapeutics Committee (P&T)

The draft minutes of the 03/17/2022 P&T Committee meeting were reviewed by Dr. Lin, Chair, Pharmacy and Therapeutics Committee.

It was moved, seconded and the 03/17/2022 draft meeting minutes were **unanimously approved.**

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

13. Credentialing Committee Report

Dr. Nakahira reviewed the 02/23/2022 Credentialing Committee Report.

It was moved, seconded and the 02/23/2022 Credentialing Committee Report was **unanimously approved.**

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

14. Adjournment

The next regular QIC meeting will be held on June 14, 2022. The meeting was adjourned at 7:07PM.

_____ _____

Ria Paul, MD, Chair Date

Santa Clara Family Health Plan

2021 QUALITY IMPROVEMENT PROGRAM

Medi-Cal & Cal-Medi-Connect

ANNUAL EVALUATION

QIC Approval Date: mm/dd/yyyy

TABLE OF CONTENTS

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I. INTRODUCTION

The Santa Clara County Health Authority, operating as Santa Clara Family Health Plan (SCFHP), is licensed under the Knox Keene Act of 1975 and the regulations adopted hereunder as administered by the State of California's Department of Managed Health Care (DMHC). SCFHP is a public agency contracted with the Department of Health Care Services (DHCS) to serve the Medi-Cal enrollees in Santa Clara County. Since 2015, SCFHP has held a three-way contract with DHCS and the Centers for Medicare and Medicaid Services to offer a Cal MediConnect Plan (Medicare-Medicaid Plan).

- SCFHP served 280,666 Medi-Cal enrollees in Santa Clara County at the end of December, 2021.
- 10,431 members were enrolled in SCFHP's Cal MediConnect (CMC) plan at the end of December, 2021.

SCFHP is dedicated to improving the health and well-being of the residents of Santa Clara County and monitors, evaluates, and takes effective action to address any needed improvements in the quality of care delivered by all providers rendering services on its behalf, in any setting. SCFHP is accountable for the quality of all covered services.

SCFHP is committed to the provision of a well-designed and well-implemented Quality Improvement Program. The Plan's culture, systems and processes are structured to improve the health of all enrolled members. The QI Program utilizes a systematic approach to quality using reliable and valid methods for monitoring, analysis, evaluation and improvement of the delivery of health care provided to all members, including those with special needs. This systematic approach to quality improvement provides a continuous cycle for assessing the quality of care and services in such areas as preventive health, acute and chronic care, behavioral health, over- and under-utilization, continuity and coordination of care, patient safety, administrative and network services, and member satisfaction. Most of the activities are led by Quality and Process Improvement Department, collaborated with cross-functional departments including: Utilization Management, Medical Management, Long Term Services and Support, Pharmacy, Provider Network and Behavioral Health.

II. CLINICAL IMPROVEMENT

A. QUALITY MEASURES & PERFORMANCE IMPROVEMENT

Medi-Cal

In 2021, SCFHP reported 33 Managed Care Accountability Set (MCAS) measures following directions from the California Department of Health Care Services (DHCS). MCAS measures consisted of the Healthcare Effectiveness Data Information Set (HEDIS) measures developed by the National Committee of Quality Assurance (NCQA) and CMS Adult and Child Core Sets. The calendar year of these 10 hybrid and 23 administrative measures was 2020 and the reporting year was 2021.

https://www.dhcs.ca.gov/dataandstats/reports/Documents/RY2021-MCAS-%282021-05-07%29.pdf

DHCS sets a Minimum Performance Level (MPL) and a High Performance Level (HPL) for each quality measure. The MPL and HPL are the 50th and 90th percentiles of the national benchmarks, respectively. SCFHP sets a goal to meet MPL and strive to reach HPL for all measures. In addition, SCFHP also monitored the utilization and overutilization measures for quality improvement.

The goal was to exceed MPL for all MCAS measures. Below are the results of all MCAS measures reported in measurement year 2020 and reporting year 2021:

#	Measure Acronym	Measure	Measure Type Methodology	MY 2020 Final Rate	MPL	HPL
1	AMM-Acute	Antidepressant Medication Management: Acute Phase Treatment	Admin	64.15%	53.57%	64.29%
2	AMM-Cont	Antidepressant Medication Management: Continuation Phase Treatment	Admin	50.40%	38.18%	49.37%
3	AMR	Asthma Medication Ratio aged 5-64 years	Admin	64.25%	62.43%	73.38%
4	BCS	Breast Cancer Screening	Admin	59.78%	58.82%	69.22%
5	CCS	Cervical Cancer Screen	Hybrid	59.85%	61.31%	72.68%
6	WCV	Child and Adolescent Well-Care visits	Admin	43.92%	NA	NA
7	CIS-10	Childhood Immunization Status: Combination 10	Hybrid	57.91%	37.47%	52.07%
8	CHL	Chlamydia Screening in Women for aged 16-24 years	Admin	57.43%	58.44%	71.42%

#	Measure Acronym	Measure	Measure Type Methodology	MY 2020 Final Rate	MPL	HPL
9	CDC-H9	Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)	Hybrid	34.31%	37.47%	27.98%
10	CBP	Controlling High Blood Pressure	Hybrid	57.42%	61.80%	72.75%
11	SSD	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	Admin	74.08%	82.09%	87.91%
12	IMA-2	Immunizations for Adolescents: Combination 2	Hybrid	43.31%	36.86%	50.85%
13	APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics	Admin	45.15%	35.43%	56.34%
14	PPC-Pst	Prenatal and Postpartum Care: Postpartum C are	Hybrid	84.67%	76.40%	84.18%
15	PPC-Pre	Prenatal and Postpartum Care: Timeliness of Prenatal Care	Hybrid	92.70%	89.05%	95.86%
16	WCC-BMI	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: BMI Assessment	Hybrid	80.54%	80.50%	90.77%
17	WCC-N	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Nutrition	Hybrid	74.21%	71.55%	85.16%
18	WCC-PA	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Physical Activity	Hybrid	72.26%	66.79%	81.02%
19	W30-6	Well-Child Visits in the First 15 Months of Life - 6 or more visits	Admin	33.89%	NA	NA
20	W30-2	Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits	Admin	76.73%	NA	NA

#	Measure Acronym	Measure	Measure Type Methodology	MY 2020 Final Rate	MPL	HPL
21	AMB-ED	Ambulatory Care: Emergency Department (ED) Visits	Admin	28.91%	NA	NA
22	COB	Concurrent Use of Opioids and Benzodiazepines	Admin	12.45% (18-64) 7.23% (65+)	NA	NA
23	CCW-LARC	Contraceptive Care—All Women: Long Acting Reversible Contraception	Admin	2.28% (15-20) 4.98% (21-44)	NA	NA
24	CCW-MMEC	Contraceptive Care—All Women: Most or Moderately Effective Contraception	Admin	14.81% (15-20) 26.05% (21-44)	NA	NA
25	CCP-LA RC3	Contraceptive Care—Postpartum Women: LARC—3 Days	Admin	18.86% (15-20) 13.95% (21-44)	NA	NA
26	CCP-LA RC60	Contraceptive Care—Postpartum Women: LARC—60 Days	Admin	32.57% (15-20) 23.33% (21-44)	NA	NA
27	CCP-MMEC3	Contraceptive Care—Postpartum Women: Most or Moderately Effective Contraception—3 Days	Admin	27.43% (15-20) 24.52% (21-44)	NA	NA
28	CCP-MMEC60	Contraceptive Care—Postpartum Women: Most or Moderately Effective Contraception—60 Days	Admin	52.57% (15-20) 46.90% (21-44)	NA	NA
29	DEV	Developmental Screening in the First Three Years of Life	Admin	22.85%	NA	NA
30	ADD-C&M	Follow-Up Care for Children Prescribed Attention-Deficit / Hyperactivity Disorder (ADHD) Medication: Continuation and Maintenance Phase	Admin	49.28%	42.95%	55.33%
31	ADD-Init	Follow-Up Care for Children Prescribed Attention-Deficit /	Admin	45.26%	54.73%	67.98%

#	Measure Acronym	Measure	Measure Type Methodology	MY 2020 Final Rate	MPL	HPL
		Hyperactivity Disorder (ADHD) Medication: Initiation Phase				
32	PCR	Plan All-Cause Readmissions	Admin	9.55%	NA	NA
33	CDF	Screening for Depression and Follow-Up Plan	Admin	0.85% (12-17) 2.22% (18-64) 1.36% (65+)	NA	NA
34	OHD	Use of Opioids at High Dosage in Persons Without Cancer	Admin	0.00%	NA	NA

In summary, SCFHP met 13 of the 17 MCAS measures which were held to MPL. 4 measures, Controlling Blood Pressure (CBP), Cervical Cancer Screening (CCS), Chlamydia Screening (CHL), and Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications (SSD) did not meet MPL.

Other than the above 7 focus measures, SCFHP monitored other measure performance monthly and shared results at the Quality & Strategy Workgroup. Immediate quality activities and interventions were created to maintain the quality clinic service standards as needed.

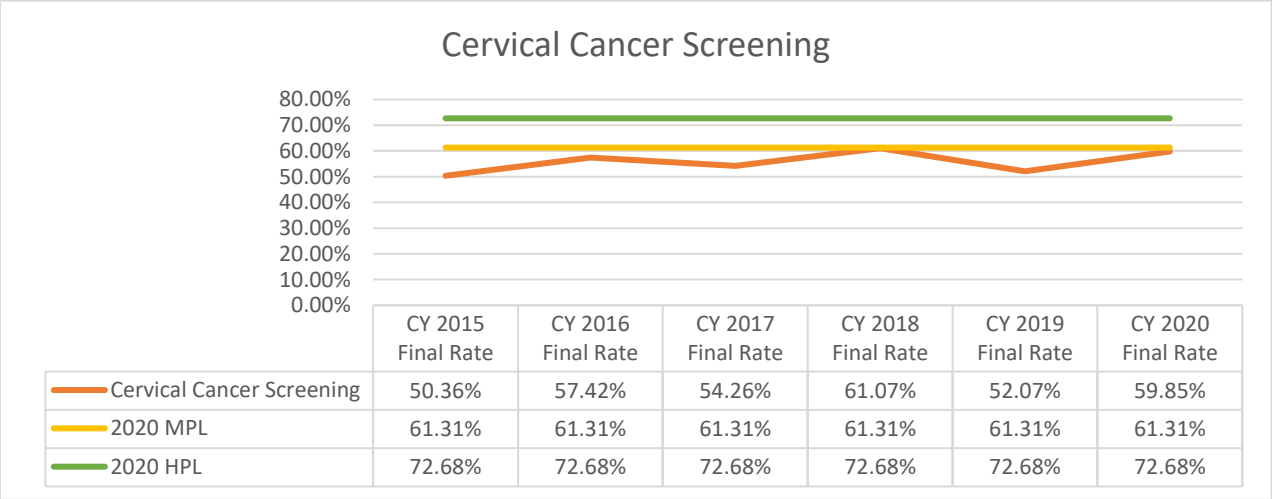
In addition, SCFHP developed a work plan and implemented quality interventions. Quality Improvement (QI) Work Plan was approved at the Quality Improvement Committee and was implemented in February 2021. SCFHP used the results in 2020 to conduct barrier analyses and focus on the following measures. Detailed documentation is included in the Quality Measure Workbook in 2021:

1. Cervical Cancer Screening (CCS)
2. Breast Cancer Screening (BCS)
3. Child and Adolescent Well-Care Visits (WCV)
4. Childhood Immunization Status: Combination 10 (CIS-10)
5. Chlamydia Screening in Women (CHL)
6. Comprehensive Diabetes Care – HbA1c Poor Control (>9%)
7. Controlling Blood Pressure <140/90 mmHg (CBP)
8. Immunizations for Adolescents: Combination 2 (IMA-2)
9. Prenatal & Postpartum Care – Timeliness of Prenatal Care (PPC-Pre) and Postpartum Care (PPC-Pst)
10. Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – BMI Assessment (WCC-BMI), Nutrition (WCC-N) and Physical Activity (WCC-PA)
11. Well-Child Visits in the First 30 Months of Life (W30)
12. Trauma, Developmental and Blood Lead Screenings

1. Cervical Cancer Screening (CCS)

Women 21 – 64 years of age who were screened for cervical cancer using either of the following criteria:

- Aged 21 - 64 years of age who had cervical cytology performed within the last 3 years (2018 – 2020)
- Aged 30 – 64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years (2016 – 2020)
- Aged 30 – 64 years of age who had cervical cytology/high-risk papillomavirus (hrHPV) testing performed within the last 5 years (2016-2020)

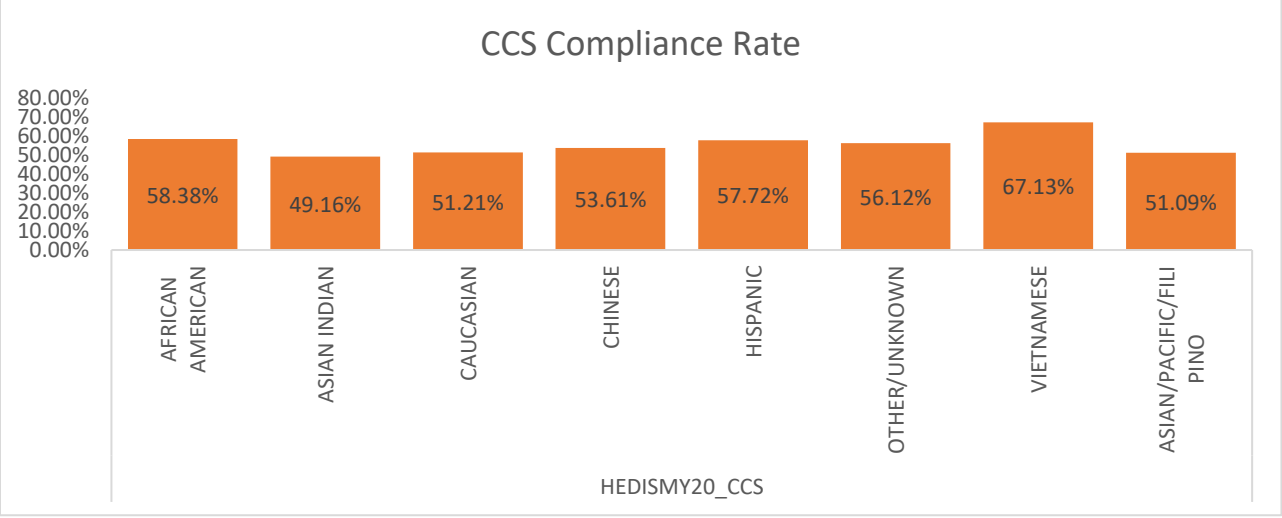


	CY 2015 Final Rate	CY 2016 Final Rate	CY 2017 Final Rate	CY 2018 Final Rate	CY 2019 Final Rate	CY 2020 Final Rate
Cervical Cancer Screening	50.36%	57.42%	54.26%	61.07%	52.07%	59.85%
2020 MPL	61.31%	61.31%	61.31%	61.31%	61.31%	61.31%
2020 HPL	72.68%	72.68%	72.68%	72.68%	72.68%	72.68%

CY 2020 Goal: Meet Cervical Cancer Screening MPL (61.31%)

CY 2020 Rate: 59.85%

Analysis:
The CCS rate increased by 7% compared to the previous calendar year 2019 but still missed the SCFHP goal of meeting the MPL by 2%. SCFHP struggled with meeting MPL.



As can be seen in the chart above, the Asian Indian, Caucasian, and Asian/Pacific/Filipino groups had the lowest compliance rates. The compliance rates for these three groups were statistically significantly lower than for other ethnicity groups with $p < .005$ for all three ethnicities. Vietnamese group had the best compliance rate (67.13%), in which was the same as previous year. As a result of this analysis, targeted outreach was conducted for Asian Indian, Caucasian, and Asian/Pacific/Filipino members.

355 outreach calls were conducted to remind 165 Caucasians, 61 Asian Indians and 29 Asian Pacific members the importance of cervical cancer screening and assisting members to schedule well woman visit with PCP or GYN in April 2021. 37 members (10.42%) were scheduled an appointment. However, 17 out of 61 (28.54%) Asian Indian either declined the services or had invalid phone numbers. SCFHP learnt that Asian Indians would avoid discussion on the topic deeply influenced of cultural beliefs.

3596 letters were also sent to remind members who were still missing both cervical cancer screening and breast cancer screening in October 2021. An incentives $15 were offered who completed the screening.

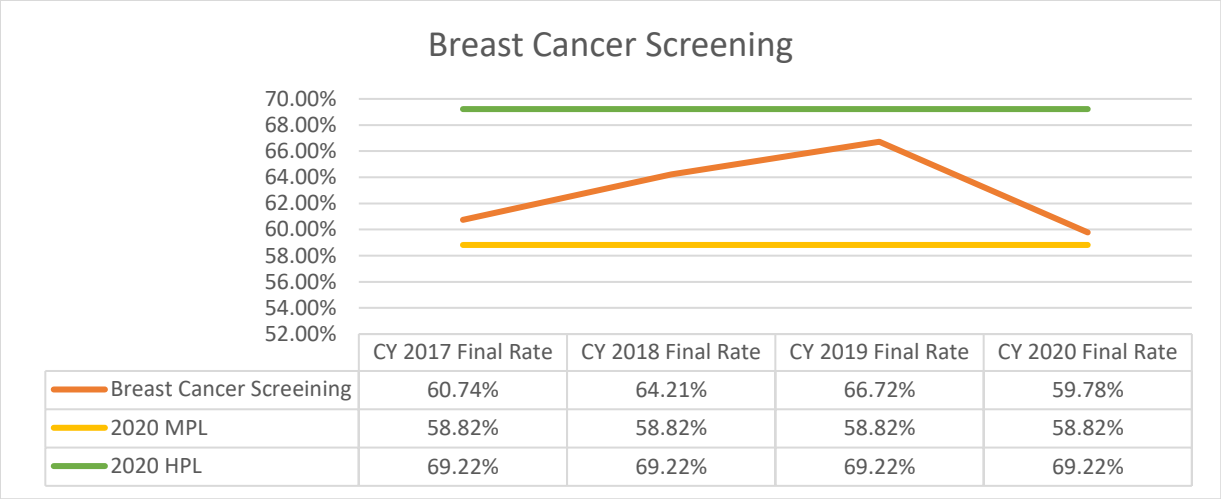
In addition, SCFHP educated PCPs and OBGYN through multiple channels and identified couple barriers. Some PCPs who are specialized in Internal Medicine or other specialties would not perform cervical cancer screening during visit. Therefore, members would be referred to GYN but members never made to the GYN appointment. Or OBGYN limited the appointment availability during COVID-19 pandemic and prioritized patients for obstetrical needs, instead of preventive services.

Follow-up & Strategies to be considered for future years:

- Focus on disparity groups by conducting focus group of Asian Indians, Caucasian and Asian/Pacific/Filipino to identify root causes
- Strengthen communication and education with PCPs on importance of cervical cancer screening for both PCPs and OBGYN providers. Encourage clinics to follow-up members on appointments once referral is received.

2. Breast Cancer Screening (BCS)

Percentage of women 50–74 years of age who had one or more mammograms any time on or between October 1, 2018 to December 31, 2020.

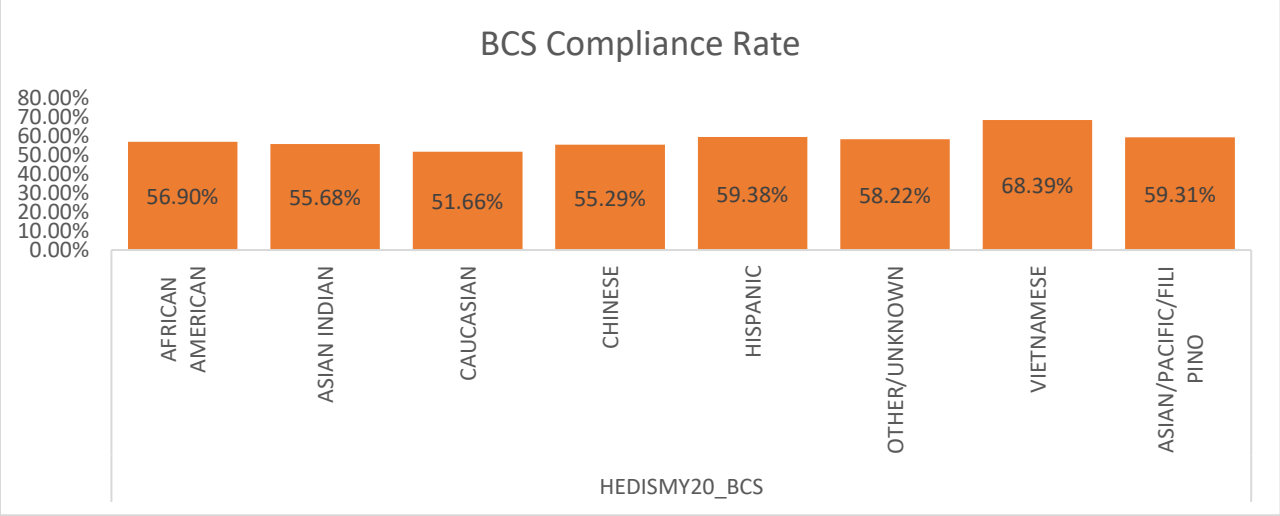


	CY 2017 Final Rate	CY 2018 Final Rate	CY 2019 Final Rate	CY 2020 Final Rate
Breast Cancer Screeining	60.74%	64.21%	66.72%	59.78%
2020 MPL	58.82%	58.82%	58.82%	58.82%
2020 HPL	69.22%	69.22%	69.22%	69.22%

CY 2020 Goal: Meet Breast Cancer Screening MPL (58.82%)

CY 2020 Rate: 59.78%

Analysis:
From CY 2017 to 2019, there was a steady increase in the breast cancer screening rate. However, there was a drop of 7% from CY 2019 to CY 2020. This decrease in screening is likely due to the COVID-19 pandemic, as many mammography centers were closed and not performing screenings for members. Despite this drop, the plan was still able to meet the MPL of 58.82%.



From the chart above, it can be seen that the Caucasian, Asian Indian, and Chinese ethnicities were the lowest performing. The lower performance of these three ethnicity groups was statistically significant at $p < .005$.

3,596 letters were sent to remind members who were missing both cervical cancer screening and breast cancer screening in October 2021. $15 Incentives were offered to those who completed the screening.

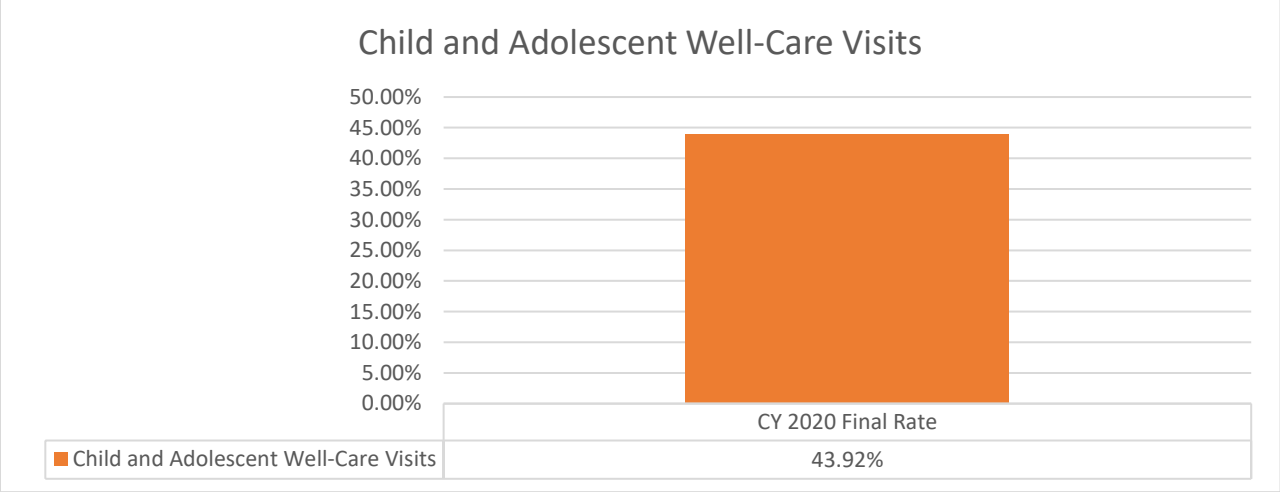
504 warm outreach calls were made to remind the importance of breast cancer screening. However, mammogram appointment availability was limited during the COVID-19 pandemic. Therefore, SCFHP also partnered with Bay Area Community Healthcare (BACH) and Alinea Medical Imaging to host a Mobile Mammogram event in October 2021. 22 members completed the mammogram on that event.

Follow-up & Strategies to be considered for future years:

- Focus on disparity groups by conducting focus group of Asian Indians, Caucasian and Chinese to identify root causes
- Continue to partner with clinics for mobile mammogram events

3. Child and Adolescent Well-Care Visits (WCV)

Percentage of members 3- 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner in 2020.

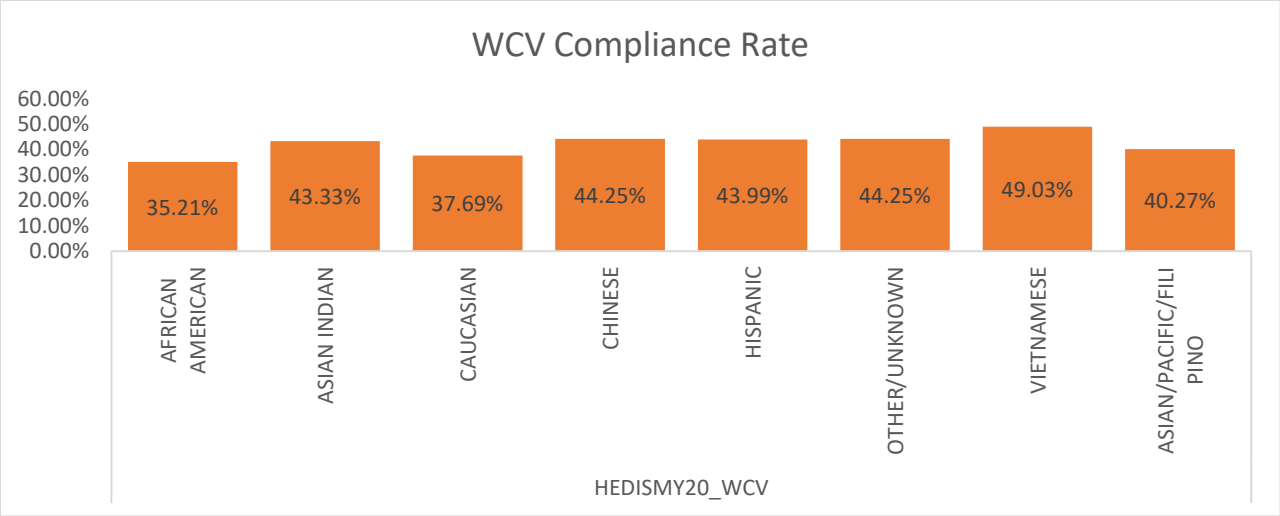


CY 2020 Goal: N/A (This was a new measure for CY 2020 so there were no benchmarks)

CY 2020 Rate: 43.92%

Analysis:
As WCV was a new measure for CY 2020, there were no benchmarks to set as the goal. However, comparing the rate to Adolescent Well Child Visit (WCV) (51.82%) and Well Child Visit in the Third, Fourth, Fifth and Sixth years of Life (W34) (77.13%) from CY 2019, we can see that performance in CY 2020 was lower. Similar to the other decreases in CY 2020, this is likely due to COVID-19 and members' reluctance to go to the doctor's office for their well-visits. In addition, this measure was used to hybrid measure. Coding opportunities may be missed.

SCFHP stratified the performance of WCV. Age 3-11 performed at 51.94%, Age 12-17 performed at 43.86% and 18-21 poorly performed at only 22.72%.



The African American, Caucasian, and Asian/Pacific/Filipino ethnicity groups were the lowest performing. All three of these ethnicity groups had statistically significantly lower performance than the others with $p < .005$ for all three groups.

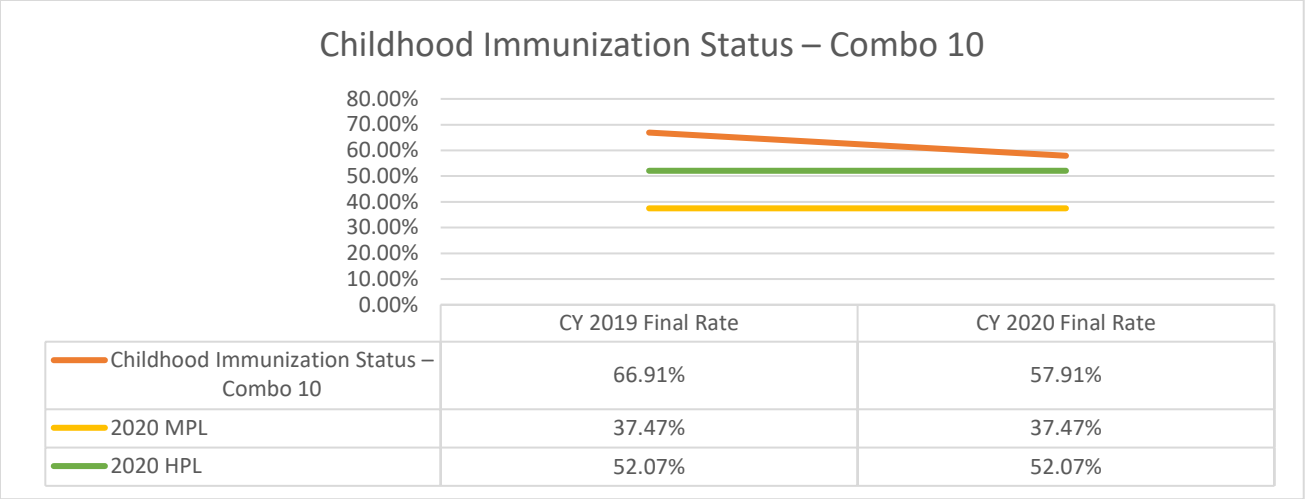
15,982 parents/guardians were received well-child visit reminder letters from July to November and incentives for $50 gift card. WCV was also one of the Provider Pay for Performance measure. SCFHP fully supported DHCS efforts to implement a comprehensive member outreach campaign to increase children utilization of preventive services through live calls to member for whom had landline and direct mail to those had wireless numbers in July. Live calls made to 1373 unique household for 1690 members and successfully scheduled PCP appointments on 62 calls. 19,624 direct member mailing sent to under age 7 who have not received a check-up or well-visit for preventive care services within the last six (6) months. It covered developmental screening, blood lead screening, well visit, physical exam, nutrition screening, mental health screening, immunizations, dental, hearing, and vision screenings.

Follow-up & Strategies to be considered in future years:
W34 retired and combined with Adolescent Well Care Visit (AWC) into measure Child and Adolescent Well Care Visit (WCV)

- Continue to strengthen the member's parents and members. Communication. Look for opportunity to communicate with members who are aged 18-21 in different technology communication channels like app or text
- Provide provider education on appropriate coding of services on claims and encounter
- Focus on African American and Asian Pacific groups to have root cause analysis on barriers for further improvement

4. Childhood Immunization Status: Combination 10 (CIS-10)

Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday

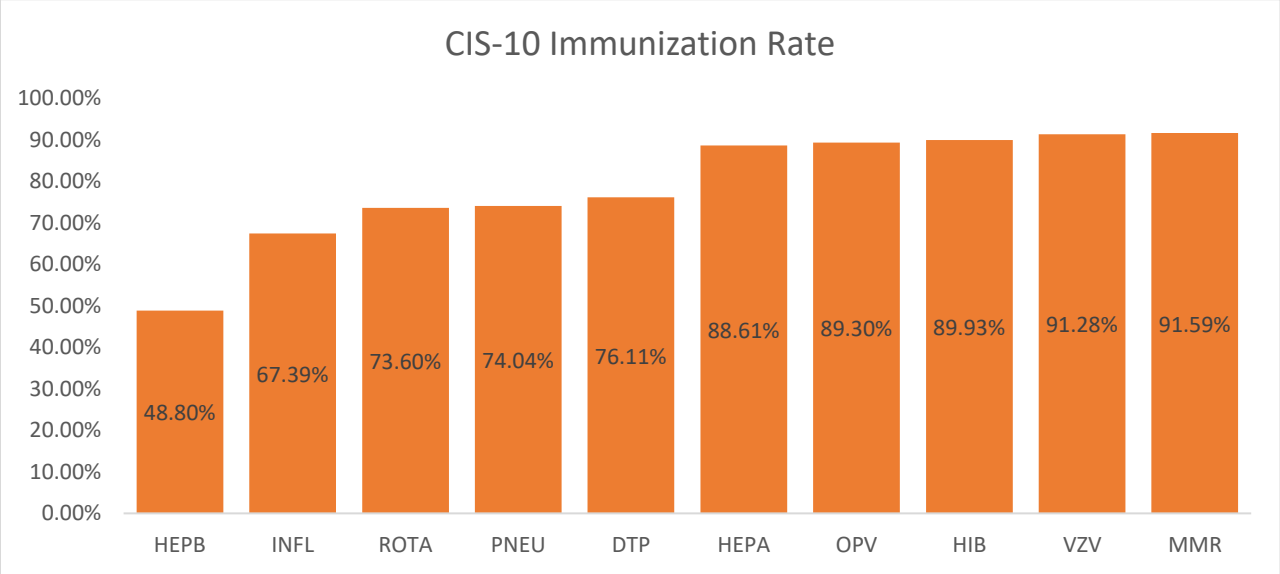


	CY 2019 Final Rate	CY 2020 Final Rate
Childhood Immunization Status – Combo 10	66.91%	57.91%
2020 MPL	37.47%	37.47%
2020 HPL	52.07%	52.07%

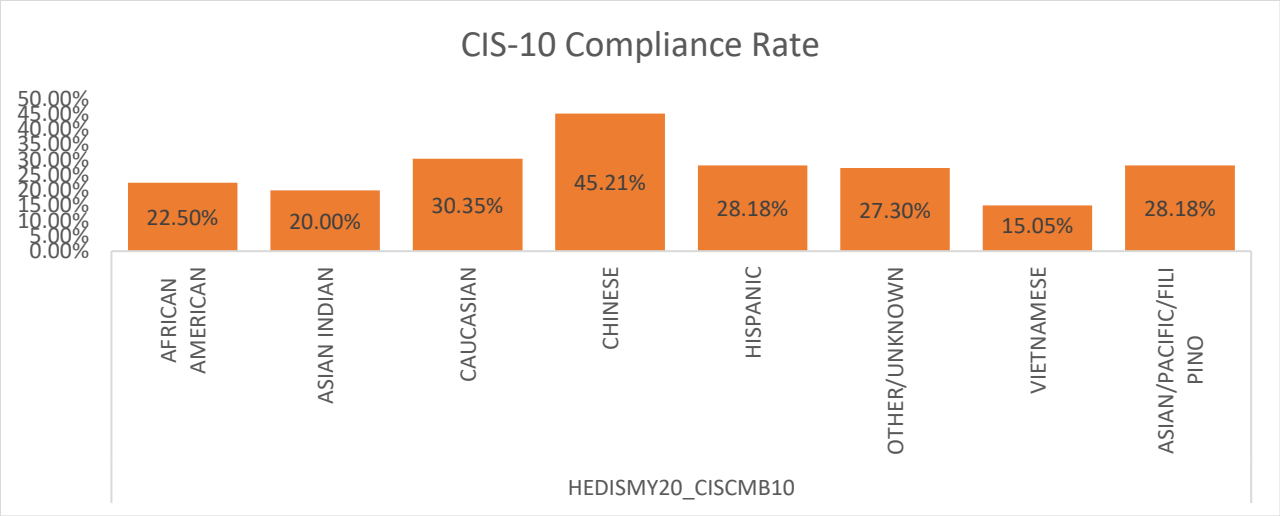
CY 2020 Goal: 37.47%

CY 2020 Rate: 57.91%

Analysis:
The MPL (37.47%) for this measure was exceeded by 20% in CY 2020, with a final rate of 57.91%. However, this was lower than the CY 2019 final rate of 66.91%. It was consistent with the county data of 0-2 years old with lower immunization total doses given in CY2020 (342,732 doses) compared to CY2019 (358,065 doses).



From the graph above, it can be seen that the Hepatitis B immunization has the lowest rate, followed by the influenza immunization.



The Vietnamese ethnicity group had the lowest performance at 15.05%. This rate was statistically significantly lower than the other ethnicities with $p < .005$. There were no other statistically significant low performers for this measure.

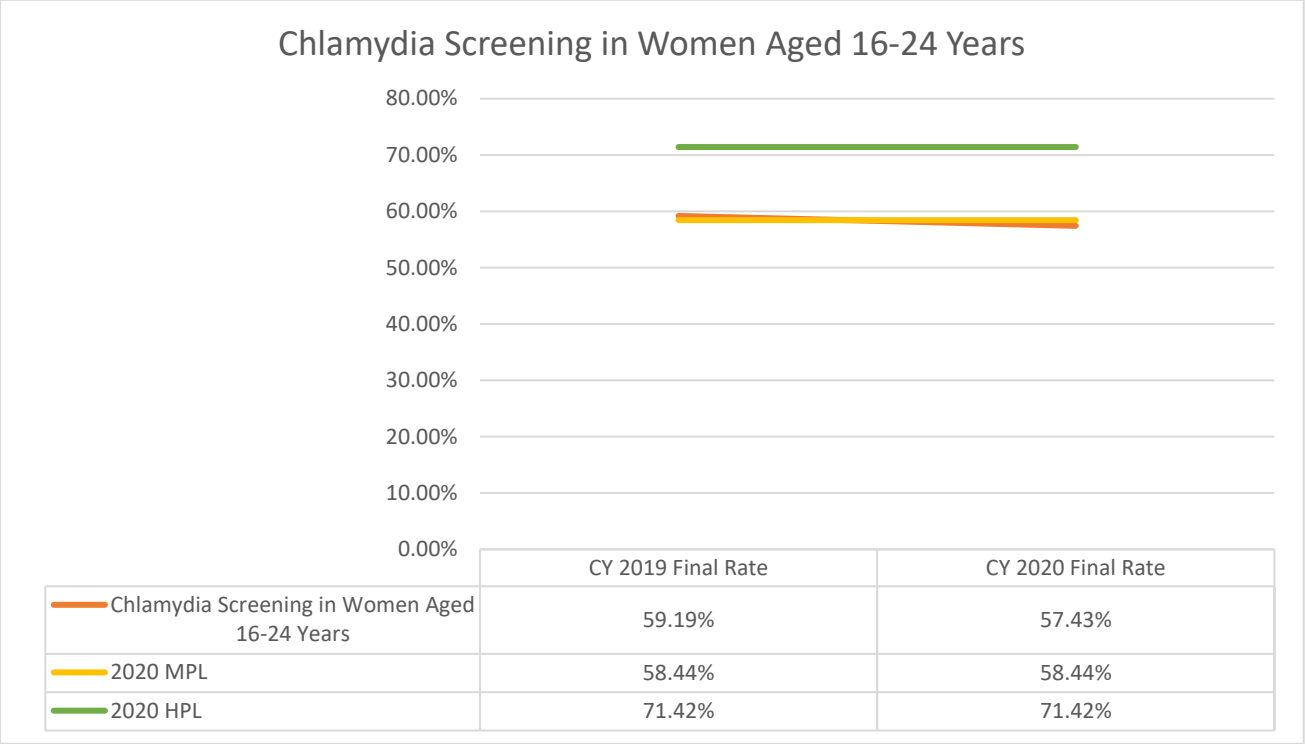
SCFHP realized COVID-19 pandemic is significantly affecting the immunization rates due to limited in-person appointment availability and were afraid of visiting clinics where could be high risk area. Though some clinics have implemented drive-through clinics, it was still a concern by the parents. Besides, SCFHP also identified there was gap from CAIR data monthly feed during medical records review. Any name spelling or format is difference from health plan member ID, data would not be extracted to plan.

Follow-up & Strategies to be considered in future years:

- Emphasize to the provider and clinic staff of the importance of data entry into California Immunization Registry (CAIR), including Hep B at birth given in hospital and member's demographics matching health plan information
- Maximize supplemental data submission for immunized vaccines

5. Chlamydia Screening in Women (CHL)

The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia in 2020.

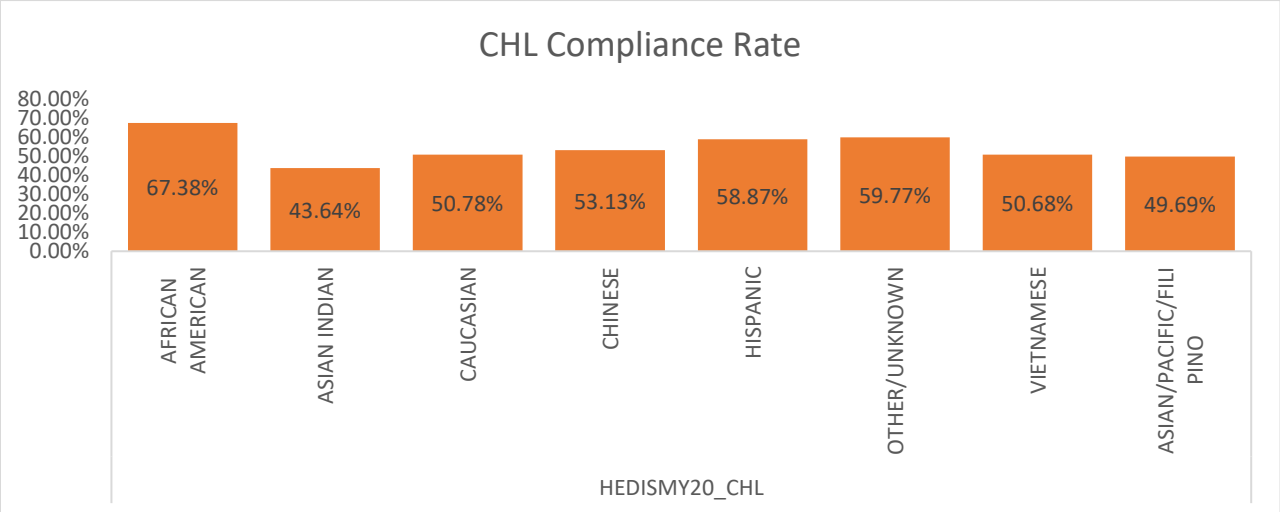


	CY 2019 Final Rate	CY 2020 Final Rate
Chlamydia Screening in Women Aged 16-24 Years	59.19%	57.43%
2020 MPL	58.44%	58.44%
2020 HPL	71.42%	71.42%

CY 2020 Goal: Meet the Chlamydia Screening MPL (58.44%)

CY 2020 Rate: 57.43%

Analysis:
In CY 2020, the CHL rate was missed by 1% (MPL as 58.44% while the final rate was 57.43%). Performance was worse in CY 2020 than it was in CY 2019 by about 2%.



Analysis comparing the performance of different ethnicity groups was conducted, but there were no statistically significant lower performers identified.

Age was analyzed by stratified into Age 16 -20 which performed at 52.85% and Age 21 -24 performed at 63.37%. Screening at age 16-20 was mostly missed. SCFHP has implemented Plan, DO, Study, Act (PDSA) Performance Improvement Plan (PIP) in 2021.

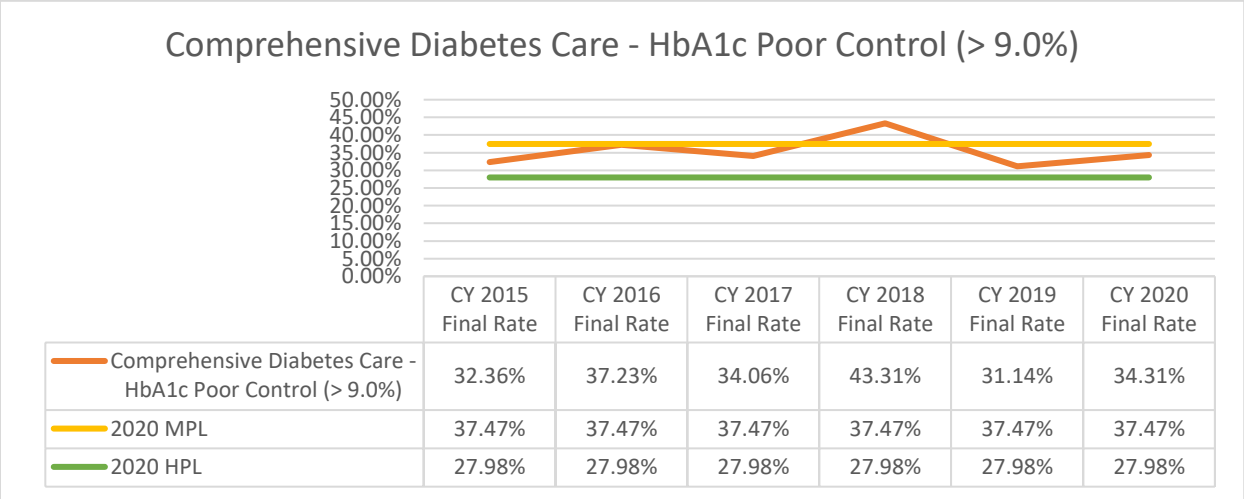
302 warm outreach calls were made to members ages 18-24 to remind them of the importance of chlamydia screening and educate that it can be done during well women exam. Overall, the feedback was good without embarrassment because of sensitive a topic. This measure was chosen to be part of short cycle PSDA Quality Improvement Plan with Cervical Cancer Screening. See PIP section for details.

Follow-up & Strategies to be considered in future years:

- Continue implementing Chlamydia PDSA PIP
- Offer incentive reward for completing screening and continue warm outreach calls
- Consider focusing on specific provider network to isolate members with low-compliance

6. Comprehensive Diabetes Care – HbA1c > 9% Poor Control

Members 18 – 75 years of age with Diabetes who had Hemoglobin A1C (HbA1c) > 9% in 2020.

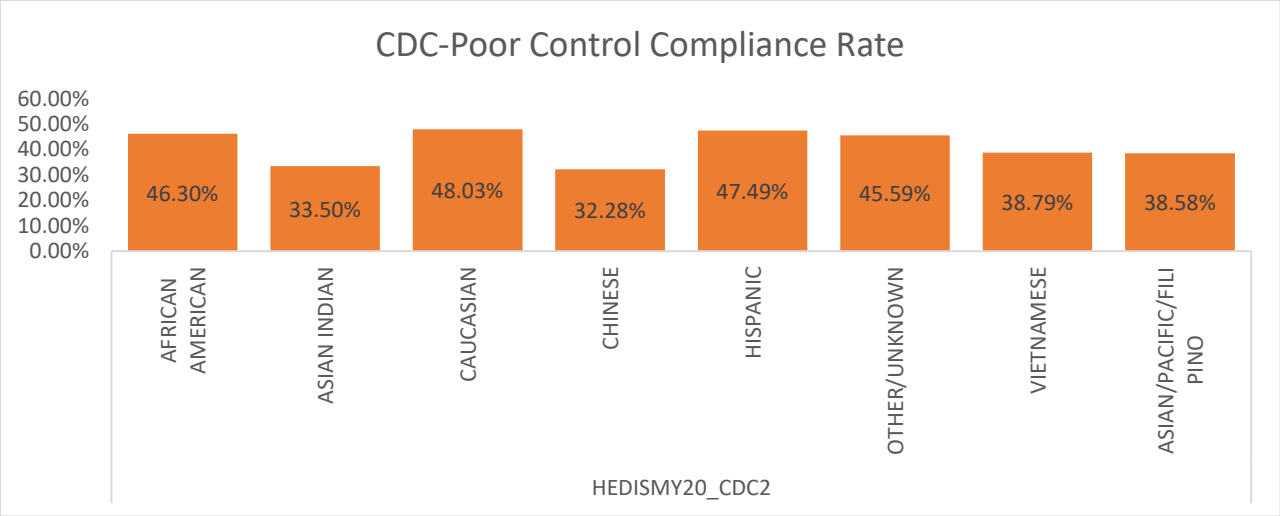


	CY 2015 Final Rate	CY 2016 Final Rate	CY 2017 Final Rate	CY 2018 Final Rate	CY 2019 Final Rate	CY 2020 Final Rate
Comprehensive Diabetes Care - HbA1c Poor Control (> 9.0%)	32.36%	37.23%	34.06%	43.31%	31.14%	34.31%
2020 MPL	37.47%	37.47%	37.47%	37.47%	37.47%	37.47%
2020 HPL	27.98%	27.98%	27.98%	27.98%	27.98%	27.98%

CY 2020 Goal: Meet the Comprehensive Diabetes Care HbA1C >9% Poor Control MPL (37.47%)

CY 2020 Rate: 34.31%

Analysis:
CDC Poor Control is a reverse measure where lower rates indicate better performance. Although the CDC Poor control rate increased in CY 2020 compared to CY 2019, the MPL of 37.47% was met with a final rate of 34.31%.



The chart above shows that the Caucasian and Hispanic ethnicity groups had the lowest performance compared to the other ethnicities. Statistical testing revealed that these differences were statistically significant for the Caucasian and Hispanic groups with $p < .005$.

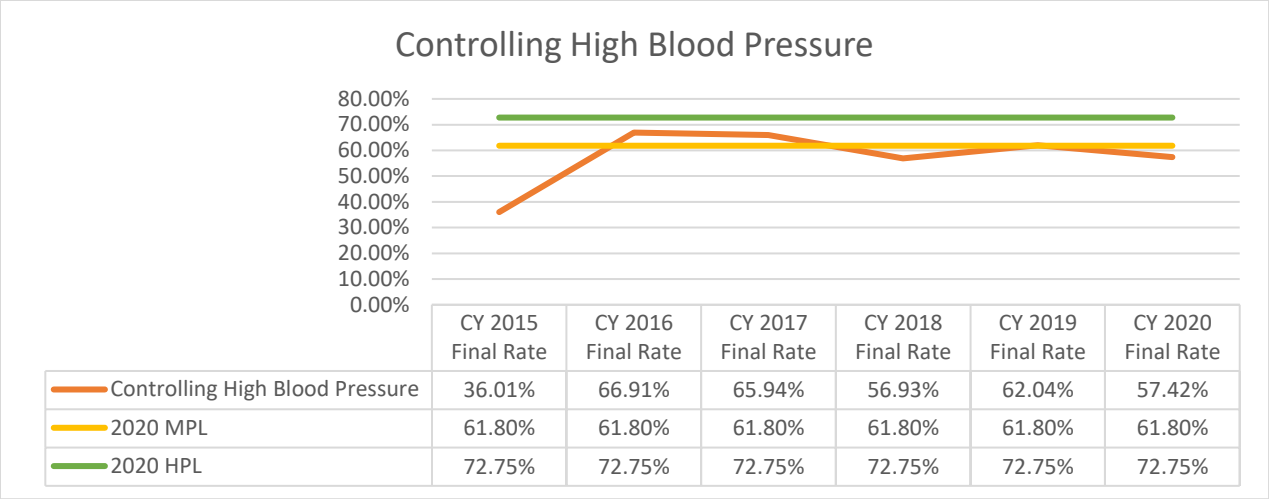
SCFHP mailed letter to 973 members to complete a health education class with certified diabetes educator from July to November 2021. $20 incentive given to 15 eligible members from January to December. QI Outreach team conducted 2784 warm outreach calls to members assisting in scheduling appointments with PCP to follow-up Diabetes in September to December. Through outreach calls, SCFHP identified some barriers - members are not aware of their HbA1C result and do not check their levels often. Members are non-compliant with medication and lack understanding of the disease process. CDC- HbA1c Member Newsletters on Smoking and Diabetes was published in fall.

Follow-up & Strategies to be considered in future years:

- Focus on younger age groups specifically those Ages 18 – 49
- Strengthen communication and education regarding importance of managing diabetes to members
- Continue to improve administrative data on HbA1C testing and attain result from various laboratories

7. Controlling Blood Pressure <140/90 mmHg (CBP)

Members 18 – 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled under 140/90 mmHg in 2020.

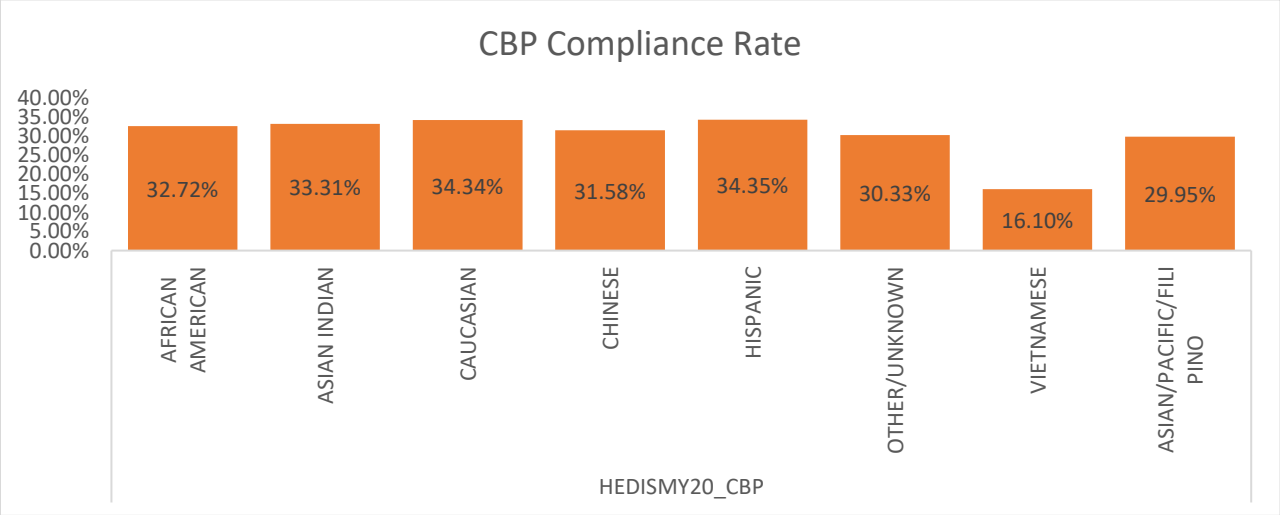


	CY 2015 Final Rate	CY 2016 Final Rate	CY 2017 Final Rate	CY 2018 Final Rate	CY 2019 Final Rate	CY 2020 Final Rate
Controlling High Blood Pressure	36.01%	66.91%	65.94%	56.93%	62.04%	57.42%
2020 MPL	61.80%	61.80%	61.80%	61.80%	61.80%	61.80%
2020 HPL	72.75%	72.75%	72.75%	72.75%	72.75%	72.75%

CY 2020 Goal: Meet Controlling Blood Pressure MPL (61.80%)

CY 2020 Rate: 57.42%

Analysis:
The goal of meeting the MPL at 61.80% was not met, with the plan performing at 57.42%. Although there was more supplemental data provided by delegates in CY 2020 compared to previous years, the overall rate for CBP decreased compared to CY 2019.



After performing an analysis on performance by ethnicity, the Vietnamese, Asian/Pacific/Filipino, and Other/Unknown groups were determined to have statistically significantly lower compliance rates with $p < .05$.

QI Outreach team conducted 5860 warm outreach calls to members with a diagnosis of hypertension from February to December 2021. Members were three-way connected to their PCP if found of not having a recent office visit. SCFHP launched a health education class in August 2021 for hypertensive members to educate them on their condition, learn how to use BP monitor, diet considerations, and ways to control their BP. Of 5860 members called, 2113 were invited to health education class and 34 members attended.

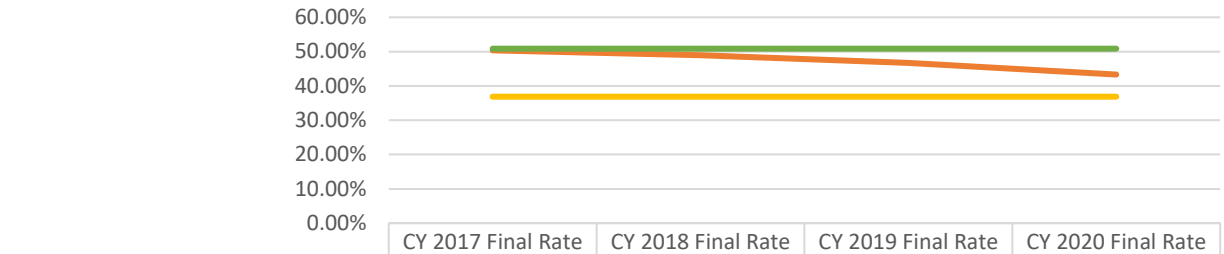
Barriers found during outreach calls: members are not aware of their current BP reading, member unknown when last visited PCP, and members were unware that blood pressure monitor is SCFHP benefit and can be redeemed at no-cost. SCFHP encouraged providers to submit supplemental data for BP reading for better analysis and intervention all year long. Member & Provider Newsletters were published on Hypertension in July.

Follow-up & Strategies to be considered in future years:
Focus on younger age groups specifically those Ages 30 – 49

- Reinforce the importance of BP control and self-management/accountability
- Advocate to ensure each hypertensive member for home monitoring BP
- Strategize ways to increase enrollment in health education class

8. Immunizations for Adolescents: Combination 2 (IMA-2)

The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday in 2020.

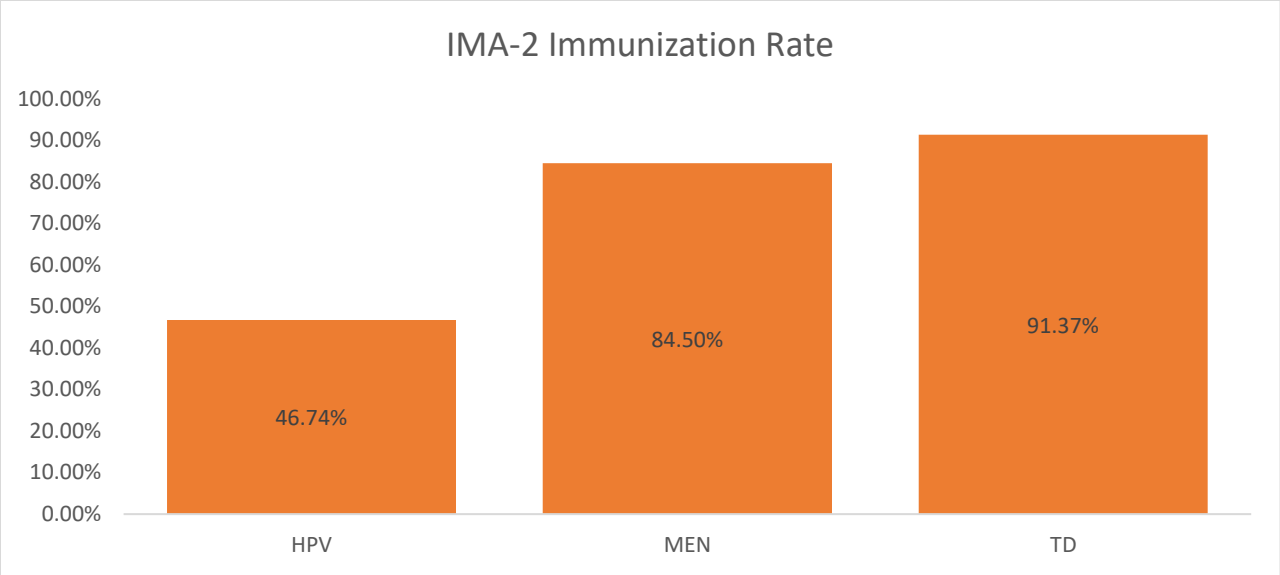


	CY 2017 Final Rate	CY 2018 Final Rate	CY 2019 Final Rate	CY 2020 Final Rate
Immunizations for Adolescents - Combo 2	50.36%	48.91%	46.72%	43.31%
2020 MPL	36.86%	36.86%	36.86%	36.86%
2020 HPL	50.85%	50.85%	50.85%	50.85%

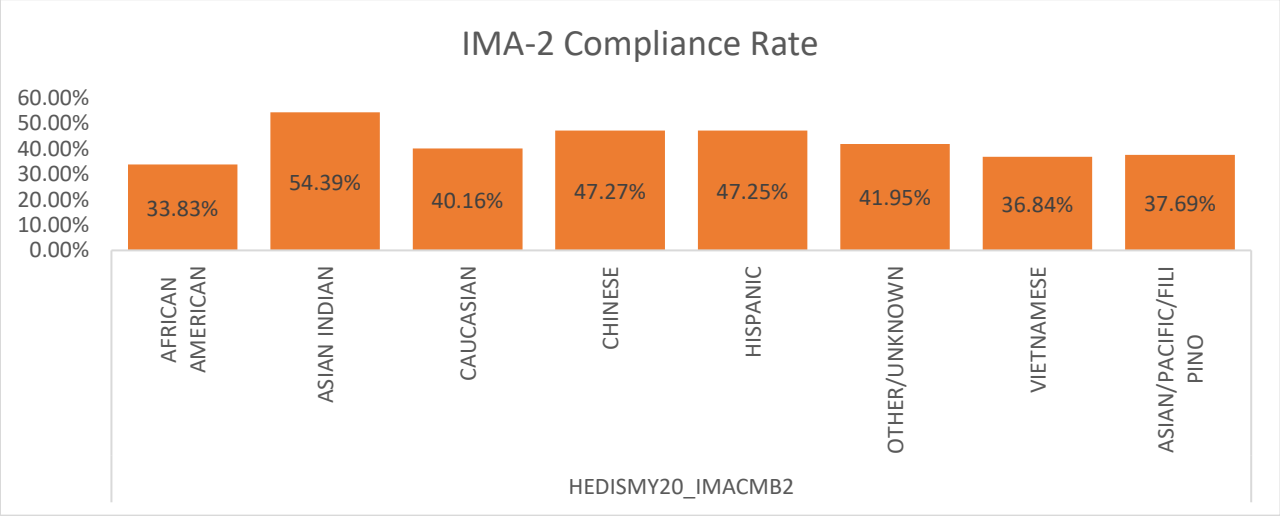
CY 2020 Goal: Meet Immunizations for Adolescents – Combo 2 MPL (36.86%)

CY 2020 Rate: 43.31%

Analysis:
The goal of meeting the MPL (36.86%) was exceeded by 7%. However, the IMA-2 rate continues to decrease each year, going from 50.36% in CY 2017 to 43.31% in CY 2020.



Looking at the immunizations individually, the HPV immunization has a much lower rate than the other two immunizations.



An analysis was conducted looking into performance by ethnicity group, and the African American and Vietnamese groups were determined to have statistically significantly lower performance than the other ethnicities with $p < .05$.

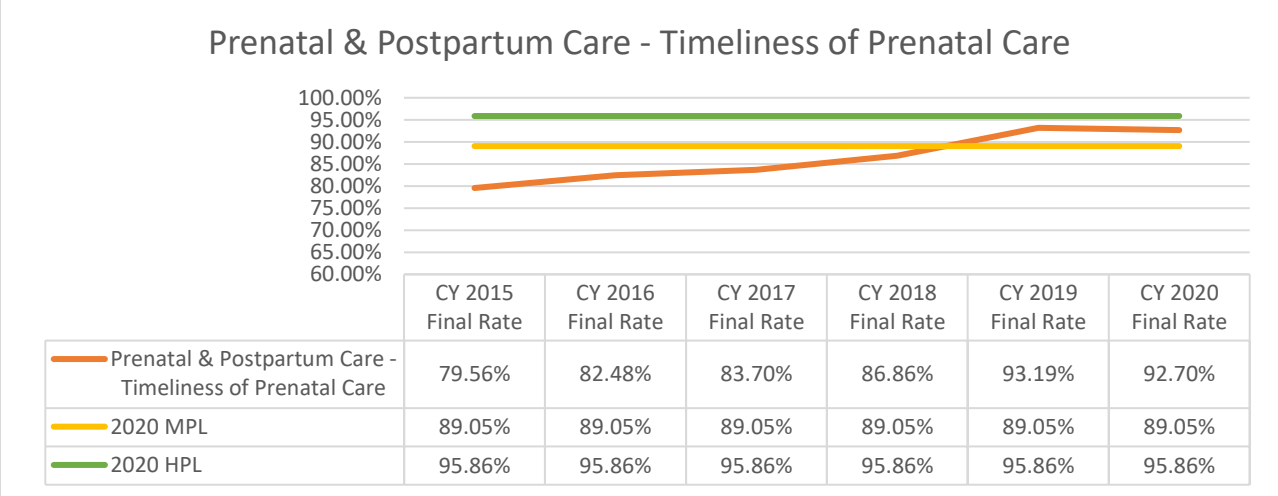
SCFHP realized COVID-19 pandemic is significantly affecting the immunization rates due to limited in-person appointment availability and were afraid of visiting clinics where could be high risk area. Though some clinics have implemented drive-through clinics, it was still a concern by the parents. Besides, SCFHP also identified there was gap from CAIR data monthly feed during medical records review. Any name spelling or format is difference from health plan member ID, data would not be extracted to plan.

Follow-up & Strategies to be considered in future years:

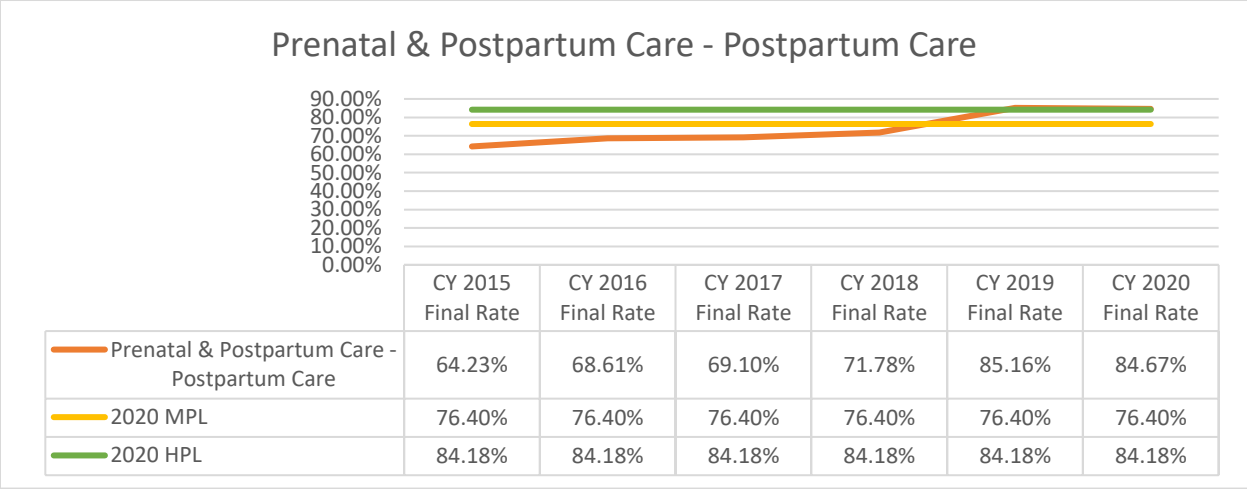
- Emphasize to the provider and clinic staff of the importance of data entry into California Immunization Registry (CAIR), and member's demographics matching health plan information
- Maximize supplemental data submission for immunized vaccines

9. Prenatal & Postpartum Care – Timeliness of Prenatal Care (PPC-Pre)

Pregnant women with live birth on or between October 8, 2019 and October 7, 2020 who received a prenatal care visit in the first trimester on or before the enrollment start date or within 42 days of enrollment.



	CY 2015 Final Rate	CY 2016 Final Rate	CY 2017 Final Rate	CY 2018 Final Rate	CY 2019 Final Rate	CY 2020 Final Rate
Prenatal & Postpartum Care - Timeliness of Prenatal Care	79.56%	82.48%	83.70%	86.86%	93.19%	92.70%
2020 MPL	89.05%	89.05%	89.05%	89.05%	89.05%	89.05%
2020 HPL	95.86%	95.86%	95.86%	95.86%	95.86%	95.86%

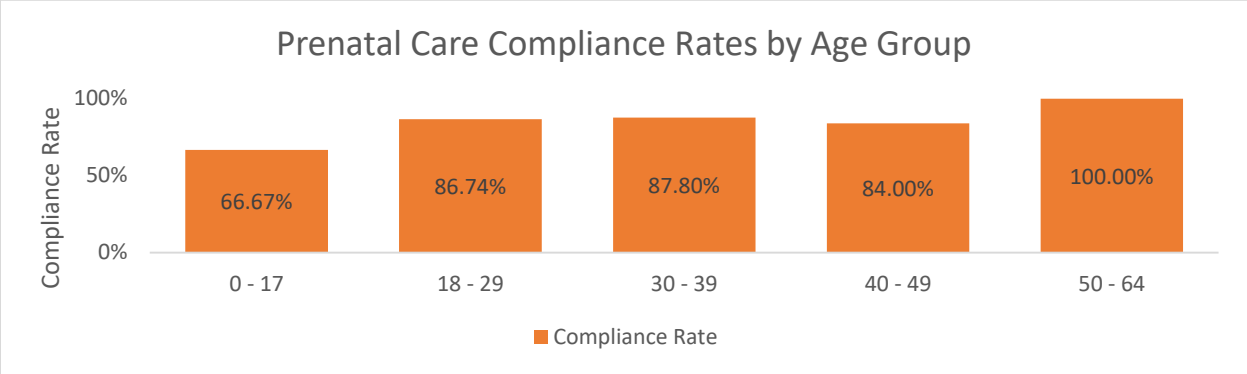


	CY 2015 Final Rate	CY 2016 Final Rate	CY 2017 Final Rate	CY 2018 Final Rate	CY 2019 Final Rate	CY 2020 Final Rate
Prenatal & Postpartum Care - Postpartum Care	64.23%	68.61%	69.10%	71.78%	85.16%	84.67%
2020 MPL	76.40%	76.40%	76.40%	76.40%	76.40%	76.40%
2020 HPL	84.18%	84.18%	84.18%	84.18%	84.18%	84.18%

CY 2020 Goal: Meet Timeliness of Prenatal Care MPL (89.05%) and Postpartum Care MPL (76.40%)

CY 2020 Rate: Prenatal - 92.70%; Postpartum – 84.67%

Analysis:
The goal for this measure was exceeded by 3% for the Timeliness of Prenatal Care measure and 8% for the Postpartum Care measure. However, even though the performance exceeded the goal for both measures, SCFHP found opportunities to better serve our members under the age of 18.



For members ages 17 or below, the compliance rate of having prenatal visit in first trimester or within 42 days of enrollment was lower than all other age groups. Members in this group had a compliance rate of 66.67% compared to the other age groups which performed at 80% or above. Teenage pregnancy carries extra health risks to both the mother and the baby, including premature birth and low birth weight, so it is important that members complete their prenatal visits.

Upon further analysis, SCFHP found the rate for postpartum visits continues to trend lower than prenatal visits in the last few years. In CY 2018 the rate was 71.78%, increasing to 85.16% in CY 2019 and slightly decreasing to 84.67% in CY 2020. This tells us that members may not have postpartum visits after delivery and further work is needed to increase these rates. Analysis looking at ethnicity groups was also conducted, but no statistically significant differences were found.

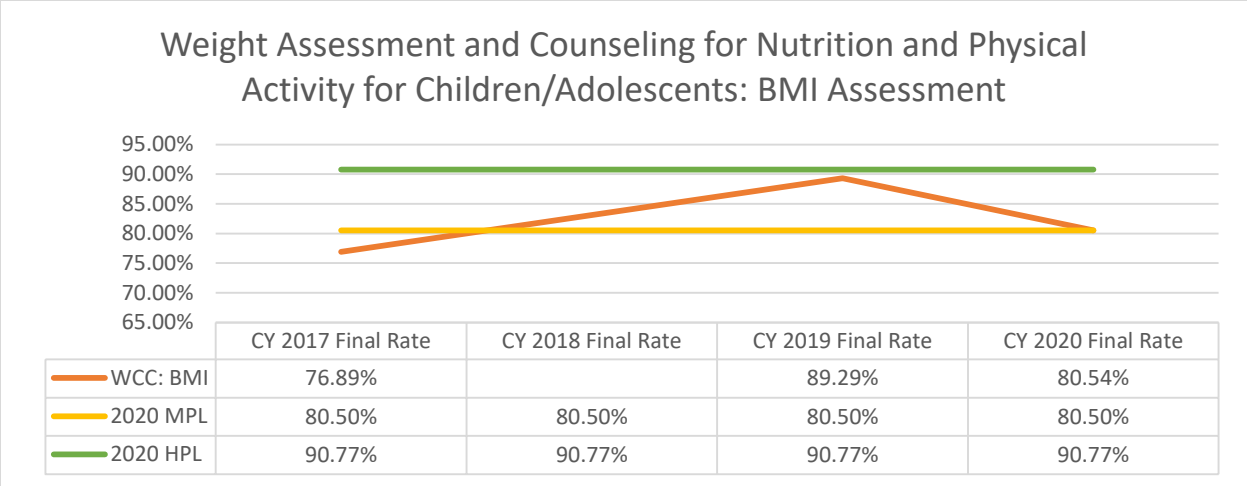
Healthy Mom Healthy Babies program was implemented with incentives to encourage pregnant women to receive prenatal and postnatal care. Program was mainly by provider referral. The participation was relatively low. 185 referrals received. As part of the program, a health education class "Virtual Baby Shower" was hosted. Topics included prenatal and postpartum care, SCFHP health education classes available, SCFHP benefits, mental health. 84 pregnant members participated in virtual baby shower. SCFHP continued to partner with community organizations, including Black Infant Health to offer community outreach and support for members during pregnancy. PPC-Pre is a Provider Pay for Performance measure.

Follow-up & Strategies to be considered in future years:

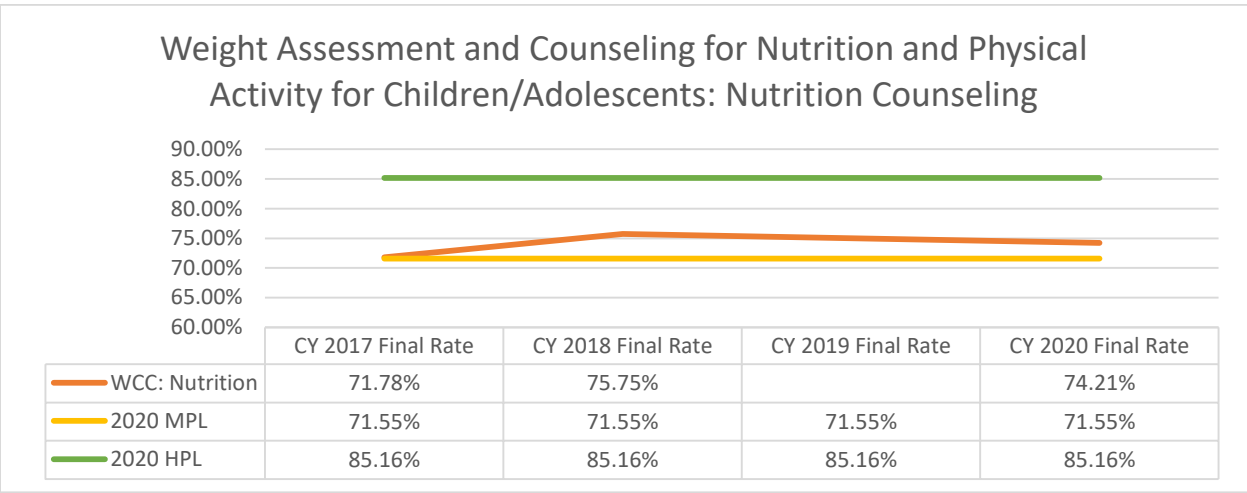
- Continue offering Virtual Baby Shower, hosting in-person option when
- Early identification of teenage pregnancy through claims data for coordination of care and to analyze any disparities.
- Conduct postpartum outreach calls educating member on importance of visit and connecting member to local resources (breastfeeding, doula support, etc.).

10. Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – BMI Assessment (WCC-BMI), Nutrition (WCC-N) and Physical Activity (WCC-PA)

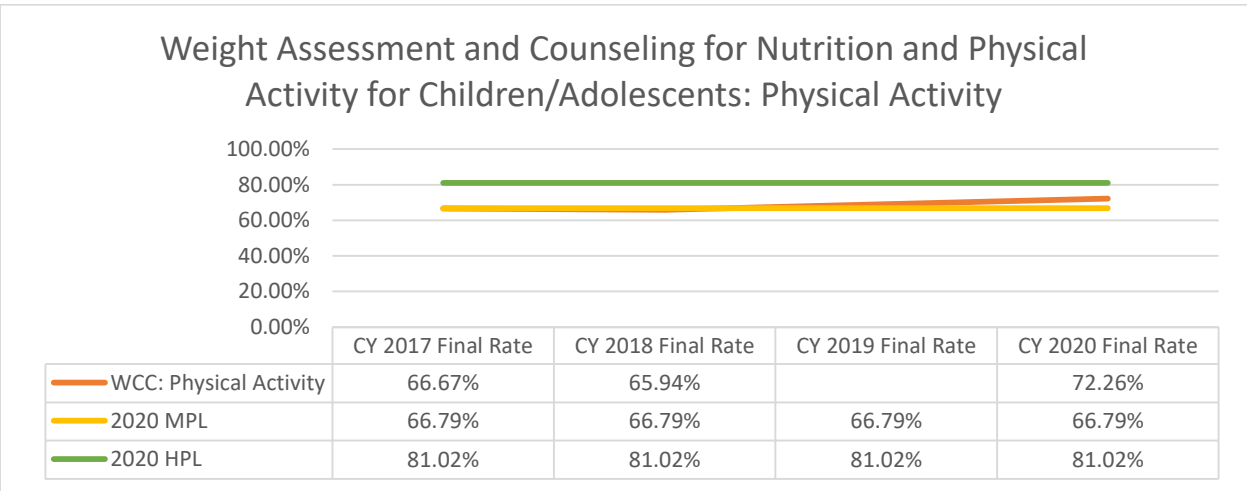
The percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following in 2020: BMI percentile documentation, counseling for nutrition, and counseling for physical activity.



	CY 2017 Final Rate	CY 2018 Final Rate	CY 2019 Final Rate	CY 2020 Final Rate
WCC: BMI	76.89%		89.29%	80.54%
2020 MPL	80.50%	80.50%	80.50%	80.50%
2020 HPL	90.77%	90.77%	90.77%	90.77%



	CY 2017 Final Rate	CY 2018 Final Rate	CY 2019 Final Rate	CY 2020 Final Rate
WCC: Nutrition	71.78%	75.75%		74.21%
2020 MPL	71.55%	71.55%	71.55%	71.55%
2020 HPL	85.16%	85.16%	85.16%	85.16%

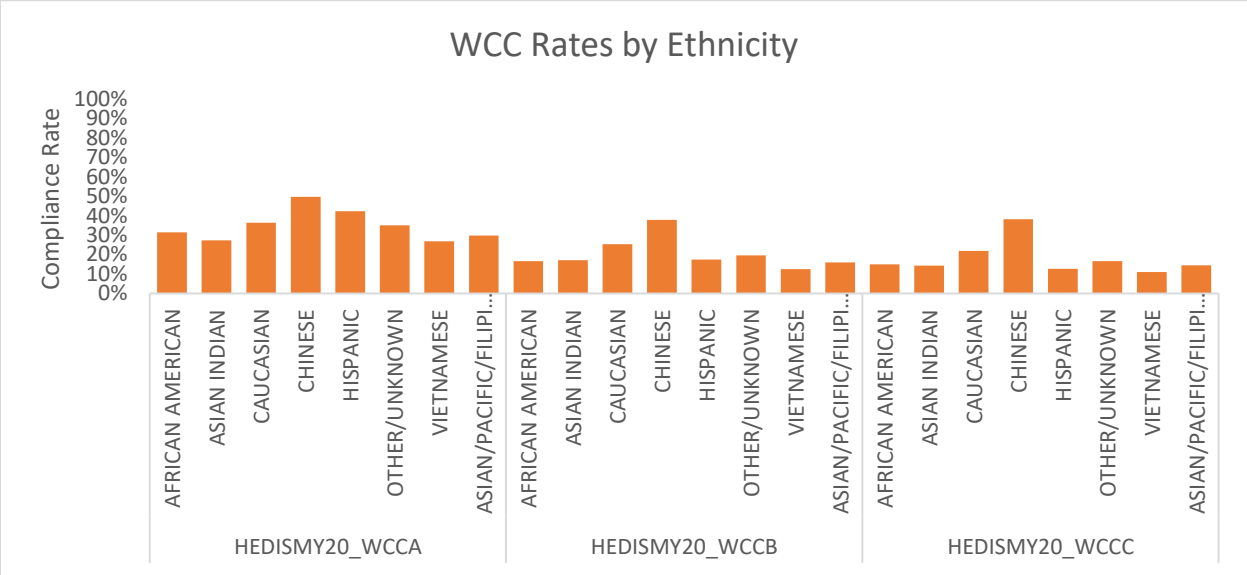


	CY 2017 Final Rate	CY 2018 Final Rate	CY 2019 Final Rate	CY 2020 Final Rate
WCC: Physical Activity	66.67%	65.94%		72.26%
2020 MPL	66.79%	66.79%	66.79%	66.79%
2020 HPL	81.02%	81.02%	81.02%	81.02%

CY 2020 Goal: Meet the MPL for BMI (80.50%), Nutrition Counseling (71.55%), and Physical Activity Counseling (66.79%)

CY 2020 Rate: BMI—80.54%; Nutrition Counseling—74.21%; Physical Activity Counseling—72.26%

Analysis: The MPL was met for all three of the WCC sub measures, with slight decreases in the BMI and Nutrition Counseling compared to previous years, and an increase in Physical Activity Counseling compared to previous years.



As can be seen in the graph above, the Chinese ethnicity group tends to perform higher than other groups, while the Vietnamese group tends to be one of the lower-performing groups across all three sub measures. SCFHP further analyzed the relationships among age, delegates and gender with Ethnicity. There were no significance difference.

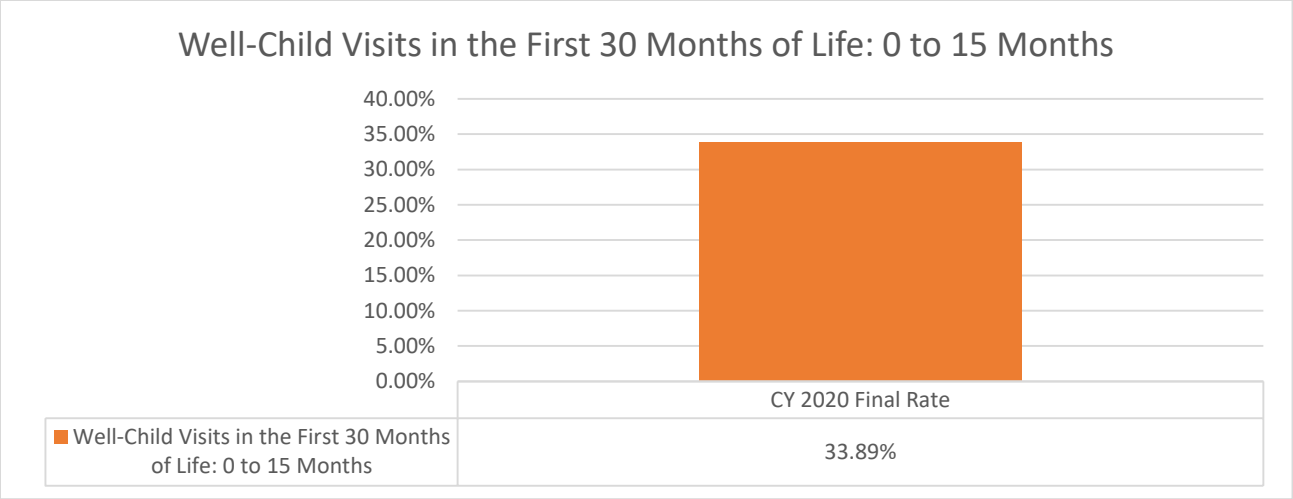
During medical record review, SCFHP found that documentation is the contributing factor for members who completed well visits, especially to those providers who are still using paper charts.

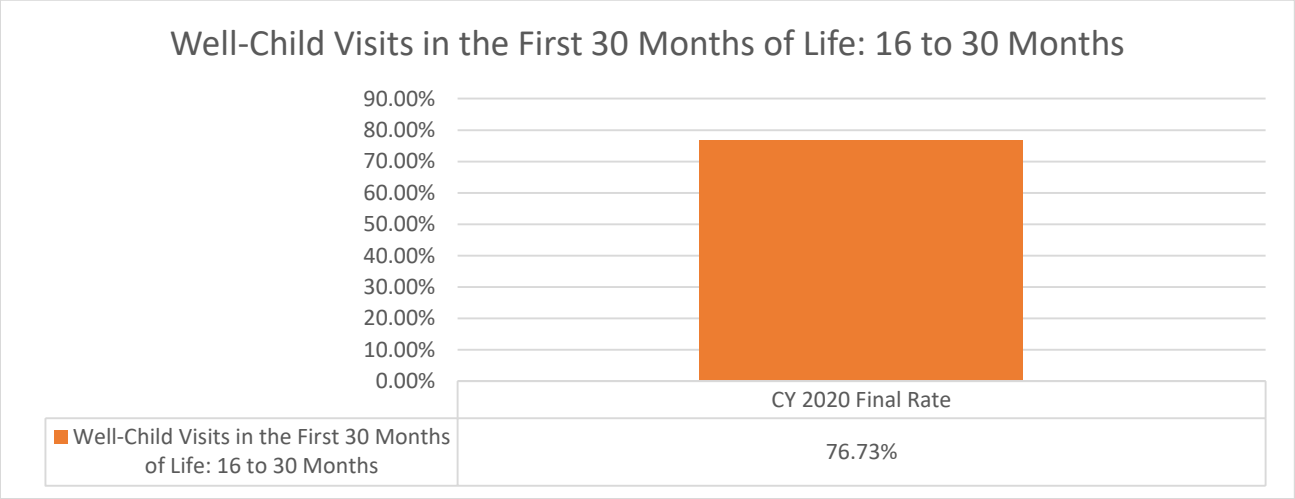
Follow-up & Strategies to be considered in future years:

- Educate providers on documentation requirement
- Continue for member communication the importance of well visits

11. Well-Child Visits in the First 15 months of life – 6 Visits (W30-6) and 2 Visits (W30-2)

Well-Child Visits in the First 15 Months: Children who turned 15 months old in 2020 and had six or more well-child visits. Well-Child Visits for Age 15 Months–30 Months: Children who turned 30 months old in 2020 and had two or more well-child visits.

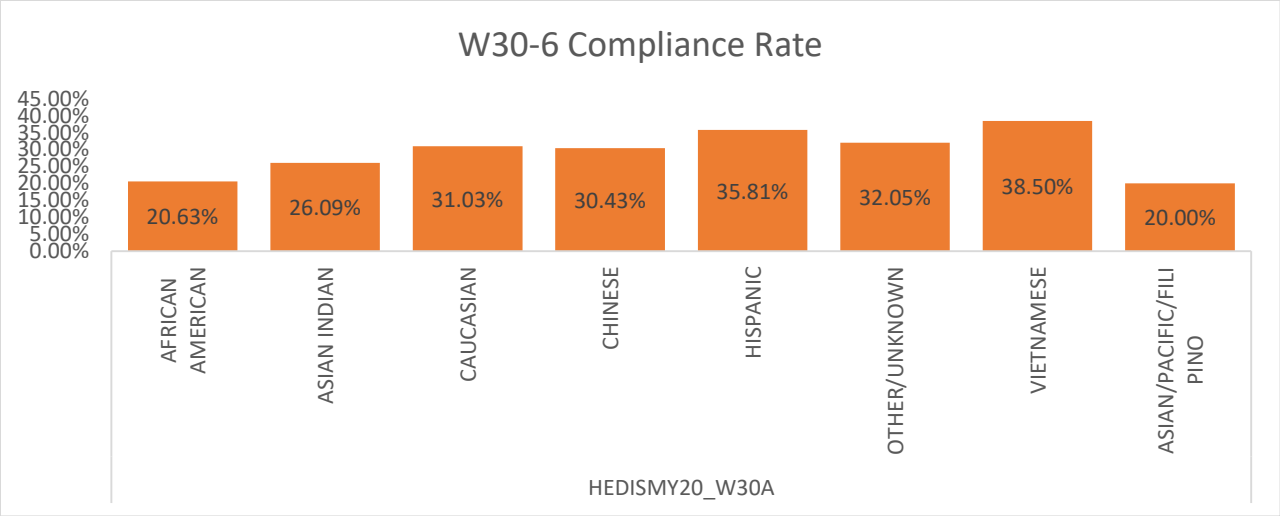




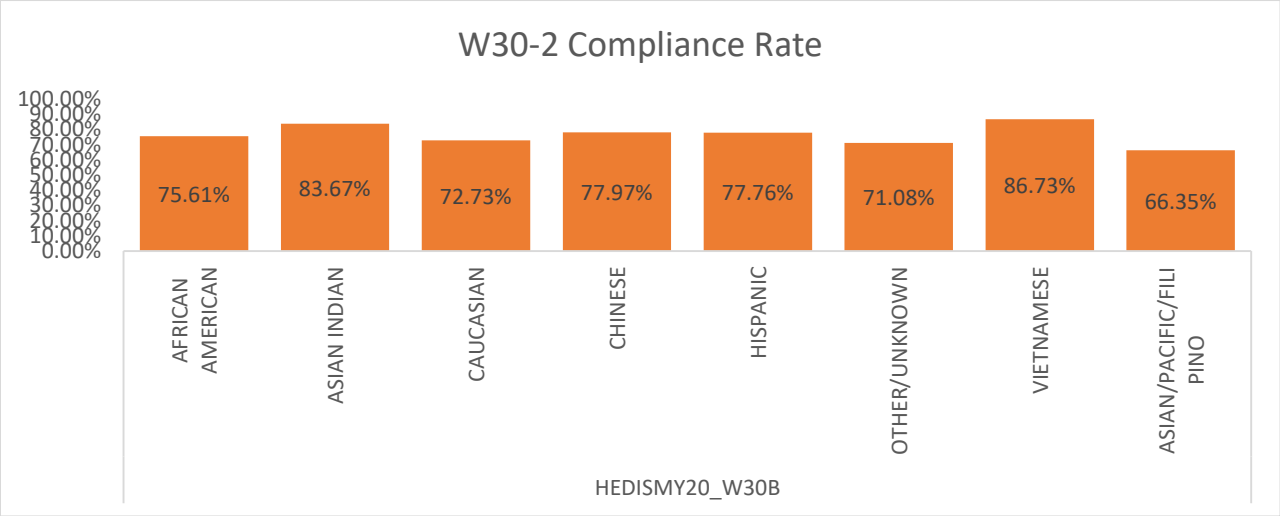
CY 2020 Goal: N/A (This was a new measure for CY 2020 so there were no benchmarks)

CY 2020 Rate: W30-6—33.89%; W30-2—76.73%

Analysis:
As W30 was a new measure for CY 2020, there were no benchmarks to set as the goal. It also became an administrative measure after being a hybrid measure in CY 2019. However, comparing to the W15 administrative rate in CY 2019 (33.25%) to the W30-6 rate in CY 2020 (33.89%), we can see that the score slightly increased by .6%.



Looking at the chart above, the African American, Asian Indian, and Asian/Pacific/Filipino ethnicity groups were the lowest performing. However, only the African American group was statistically significantly lower than the other ethnicities with $p < .05$.



For W30-2, the Asian/Pacific/Filipino ethnicity group had the lowest performance. This was statistically significantly lower than the other ethnicities with $p < .05$.

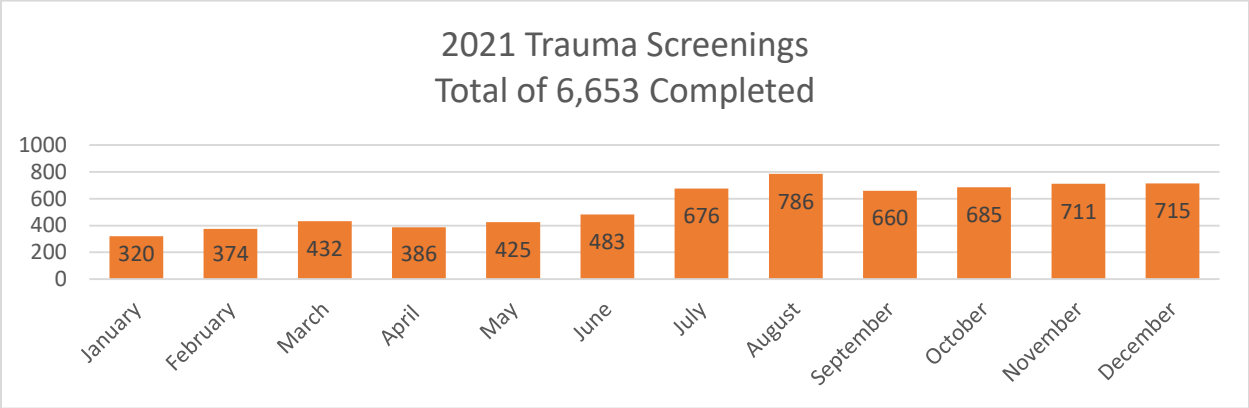
SCFHP realized COVID-19 pandemic was affecting the well visits rates due to limited in-person appointment availability and were afraid of visiting clinics where could be high risk area.

Follow-up & Strategies to be considered in future years:

- Continue to strengthen the member's parents and members. Communication.
- Provide provider education on appropriate coding of services on claims and encounter
- Focus on Asian Pacific Filipino groups to have root cause analysis on barriers for further improvement

12. Trauma, Developmental and Blood Lead Screenings

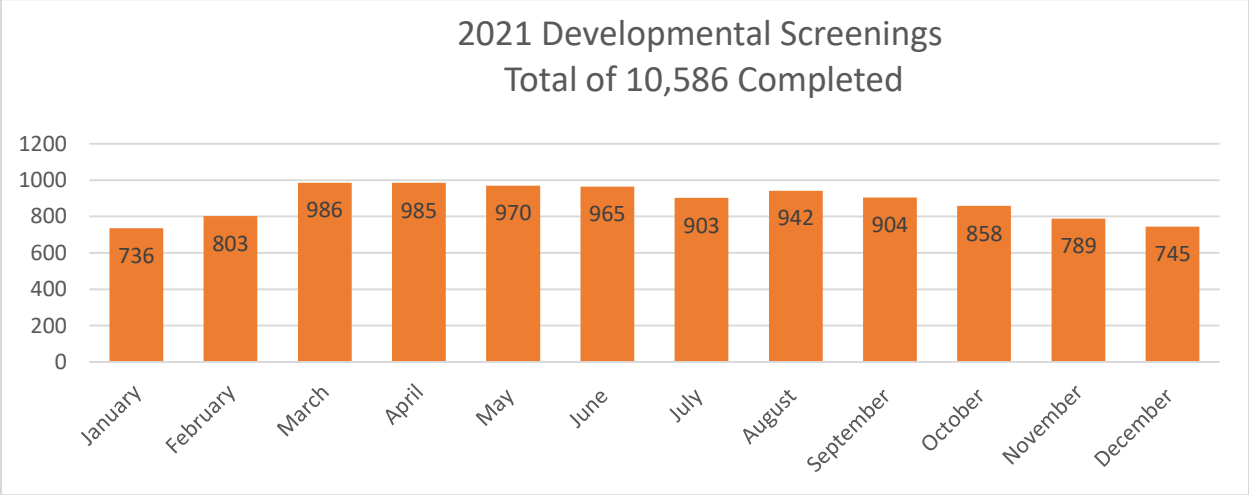
A. Trauma Screening



For 2021 the SCFHP QI goal for the year for Trauma Screenings was to increase screenings completed for eligible Members 65 year of age and under to 5,000 screenings. The outcome for the year was 6,653 screenings completed. In order to increase the number of completed trauma screenings for our eligible Members, SCFHP worked to educate our providers and meet their individualized network needs. Our Performance Provider Program staff review and discuss the Provider Performance Report card at provider monthly quality meetings to increase focus on this initiative. Topics of discussion include the trauma screening goal and outcomes, review of any gaps in care with root cause analysis, the tracking and monitoring of progress, and discussion of outcomes and any actionable items.

Actionable items include review of tip sheets, coding education, staff education and training, communicating best practices for trauma screening, and including the screening guidelines in the Provider Manual. In addition, providers were encouraged with a monetary incentive to attend an ACES Training on the ACEs Aware website for ACEs certification, and attest to training certification on the DHCS website by December 31, 2021. Transformation Consultants aligned with offices as appropriate to incorporate the screening as best practice into in their clinical workflow. Our Member education has included a social media campaign through Facebook posts, in addition to member newsletters on the importance of trauma screenings, as well as the guidelines for testing.

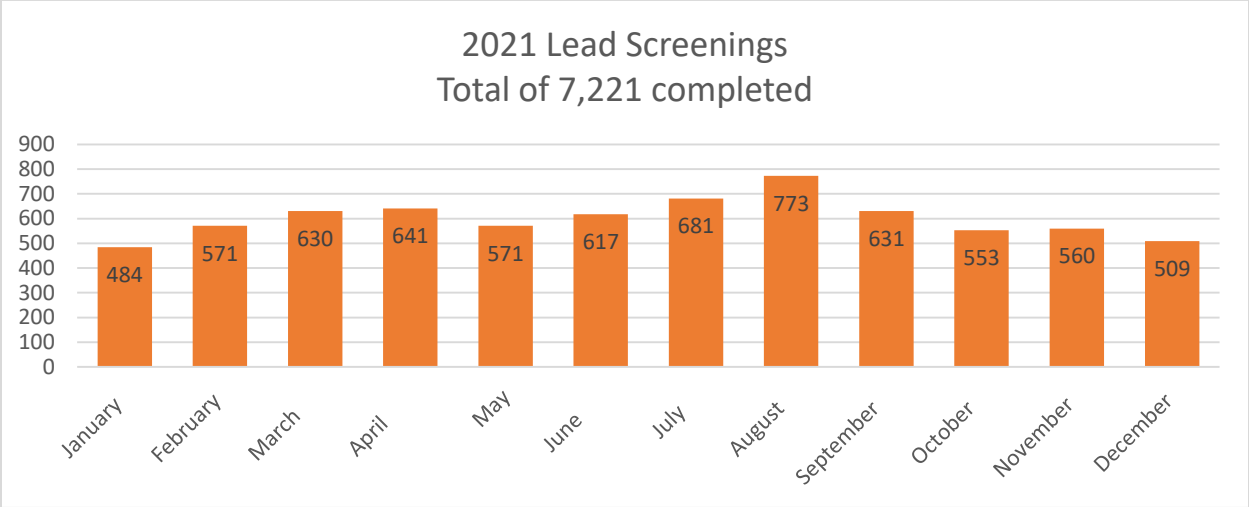
B. Developmental Screenings



For 2021 the SCFHP QI goal for the year for Developmental Screenings was to increase screenings completed for Members 3 years of age and under to 11,000 screenings. The outcome for the year was 10,586 screenings completed. In order to increase the number of completed developmental screenings for our eligible Members, SCFHP worked to educate our providers and meet their individualized network needs as our Performance Provider Program staff review and discuss the Provider Performance Report card at provider monthly Quality meetings. Topics of discussion include the developmental screening goal and outcomes, review of any gaps in care with root cause analysis, the tracking and monitoring of progress, and discussion of outcomes and any actionable items.

Actionable items include review of tip sheets, coding education, staff education and training, communicating best practices for developmental screening, and including the screening guidelines in the Provider Manual. Provider education involved incorporating the Developmental Screening as part of the well child visit at the 9 month, 18 month and 30 month milestone visits following a best practice algorithm. Providers were invited to attend our 2021 Provider Performance Program meeting to review the initiative, and increase knowledge about the importance of developmental screenings. Transformation Consultants aligned with offices as appropriate to incorporate the screening as best practice into in their clinical workflow. Our Member education has included a social media campaign through Facebook posts, in addition to member newsletters on the importance of developmental screenings as well as the age expectations for testing.

C. Lead Screenings



For 2021 Lead Screenings, the SCFHP QI goal for the year was is to increase lead screenings to >/= 9500 for children 3 years and under. Outcome for the year was 7,221 screenings completed. In order to increase lead screenings for our eligible members, SCFHP worked to educate our providers and meet their individualized network needs by discussion at monthly quality meetings to review the Provider Performance Report card that included lead screening outcomes, review of any gaps in care with root cause analysis, the tracking and monitoring of progress, and discussion of outcomes and any actionable items.

Actionable items included collectively working with providers on the development of a standing order in their Electronic Health Record, educating on the importance of following -up and closing the loop on Member outstanding lead screening lab orders, providing various resources for lead prevention and trainings from the California Lead Prevention Program, review of tip sheets, coding education, staff education and training, communicating best practices for lead screening, and including screening guidelines in the Provider Manual. Our Member education has included a social media campaign through Facebook posts, in addition to member newsletters on the importance of lead screenings as well as the age expectations for testing. Customer Service Representatives provide reminders to parents of child Members who call in on whether they should have a lead screening test completed for their child.

Cal-Medi-Connect

CMS and the State establish a set of quality withhold measures with established thresholds which MMPs are required to meet. Due to impacts from the Coronavirus Disease (COVID-19) public health emergency, SCFHP (MMP) is not required to submit HEDIS CY 2020 data covering the 2020 measurement year. However, SCFHP continued to monitor the quality withhold measure performance. Detailed documentation of interventions is included in the Quality Measure Workbook in 2021:

Rates of the measures are reflected for calendar year 2020:

#	Measure Acronym	Measure	Measure Type Methodology	Rate in CY 2020 (Reporting year 2021)	Withhold Threshold
1	CW6	Plan All-Cause Readmission	Administrative HEDIS	1.02	Did not meet 1.0
2	CW7	Annual Flu Vaccine	CAHPS	83.1%	Met 69%
3	CW8	Follow-up After Hospitalization for Mental Illness	HEDIS	32.14%	Did not meet 56% (Not reported due to small denominator)
4	CW11	Controlling blood pressure (CBP)	HEDIS	59.85%	Did not meet 71%
5	CW12	Medication Adherence for Diabetes Medications	PDE	87.3%	Met 80%
6	CW13	Encounter Data	Encounter Data	98.4%	Met 80%
7	CAW7	BH shared accountability outcome measure	Compliance Reporting	85.3	Met 78.3
8	CAW8	Documentation of care goals	Compliance Reporting	99.5%	Met 95%
9	CAW9	Interaction with care team	Compliance Reporting	40.5%	Did not meet 95%
10	CAW10	Care Plan Completion	Compliance Reporting	94.9%	Met 80%

SCFHP met 7 of the 10 quality withhold measures by collaborating cross-functionally across departments, including but not limited to: Quality, Medical Management, Behavioral Health, Pharmacy, Case Management and Marketing to implement interventions. One of the measures, CW8 had a small denominator so the rate was not reported.

Other than the Quality Withhold measures, SCFHP also reported HEDIS Medicare measures for NCQA Accreditation and Medicare-Medicaid Plan (MMP). National Percentiles and Star Rating cut points are used as benchmarks and goals for improvement and comparison.

In addition, HEDIS measures are also required reporting for NCQA Accreditation and CMS Medicare Star Ratings. These measures are highlighted as follows:

#	Measure Acronym	Measure	Measure Type Methodology	Final Rate	National 50th Percentile	3-Star Cut Point
1	AHUT	AHUT: Acute Hospital Utilization- Total	Admin	10.49%	N/A	N/A
2	AMM3	AMM3: Continuation Phase	Admin	61.57%	56.6	N/A
3	BCS	BCS: Breast Cancer Screening	Admin	65.01%	74.11	61%
4	CBP	CBP: Controlling High BP	Hybrid	59.85%	70.8	N/A
5	CDC10	CDC: HbA1c <8	Hybrid	62.53%	69.1	N/A
6	CDC2	CDC: HbA1c >9 Poor Control	Hybrid	28.71%	18.62	40%
7	CDC4	CDC: Eye Exam	Hybrid	77.13%	75.67	62%
8	CDC7	CDC: Nephropathy	Hybrid	88.08%	96	88%
9	CDC9	CDC: BP Control	Hybrid	55.96%	70.13	N/A
10	COA1	COA: Care Planning	Hybrid	20.92%	70.03	N/A
11	COA2	COA: Med Review	Hybrid	84.67%	95.73	71%
12	COA3	COA: Functional Assessment	Hybrid	43.07%	94.12	N/A
13	COA4	COA: Pain Assessment	Hybrid	82.97%	96.84	76%
14	COL	COL: Colorectal Screen	Hybrid	60.34%	73.48	62%
15	COUB	COU: Risk of Continued Use 31 aged 18 years and older	Admin	10.29%	N/A	N/A
16	DAE1	DAE1: Use of High Risk Medications to Avoid	Admin	N/A	N/A	N/A
17	DDE4	DDE : Total rate	Admin	30.68%	40.22	N/A
18	EDU	EDU: Emergency Department Utilization	Admin	19.41%	N/A	N/A
19	FMC	FMC: 7 days Post ED Mult High Risk CC aged 18 years and older	Admin	58.49%	54.85	N/A
20	FUA7	FUA: 7 day FUP post SU ED visit aged 13 years and older	Admin	8.33%	7.38	N/A
21	FUH7	FUH: 7 Day FUP post discharge	Admin	21.43%	24.68	N/A
22	FUI7	FUI: 7 Day FUP Post SU Event	Admin	15.38%	N/A	N/A
23	FUM7	FUM: 7 day FUP post MI ED visit	Admin	92.31%	29.65	N/A
24	HDO	HDO: Use of High Dose Opioids	Admin	6.18%	4.28	N/A
25	HFSA	HFSA: Hospitalization Following Discharge From a Skilled Nursing Facility with 30 days	Admin	12.10%	10.62	N/A

#	Measure Acronym	Measure	Measure Type Methodology	Final Rate	National 50th Percentile	3-Star Cut Point
26	HPCT	HPCT: Hospitalization for Potentially Preventable Complications-Total ACSC	Admin	1.94%	33.38	N/A
27	IETBT	IET: Engagement: Total	Admin	7.33%	3.88	N/A
28	OMW	OMW: Osteoporosis Management	Admin	42.86%	48.48	40%
29	PCE1	PCE: COPD Corticosteroids	Admin	75.00%	72.8	N/A
30	PCE2	PCE: COPD Bronchodilator	Admin	88.46%	81.32	N/A
31	PCR	PCR: Plan All-Cause Readmissions	Admin	10.50%	N/A	N/A
32	POD	POD: Pharmacotherapy Opioid Use	Admin	N/A	N/A	N/A
33	PSA	PSA: Non-Recommended PSA	Admin	13.46%	27.6	N/A
34	SAA	SAA: Antipsychotic Med Adherence	Admin	88.24%	N/A	N/A
35	SPCA	SPC: Statin Therapy for CAD	Admin	83.19%	80.94	81%
36	SPCB	SPC: Statin Adherence for CAD	Admin	88.83%	81.08	N/A
37	SPDA	SPD: Statin Therapy	Admin	81.83%	74.12	N/A
38	SPDB	SPD: Statin Adherence	Admin	87.42%	78.17	N/A
39	TRCD	TRC: Receipt of discharge information	Hybrid	45.26%	2.59	N/A
40	TRCE	TRC: Patient Engagement	Hybrid	83.94%	82.08	N/A
41	TRCI	TRC: Notification of Inpatient Admission	Hybrid	54.26%	7.39	N/A
42	TRCM	TRC: Medication Reconciliation	Hybrid	54.99%	52.31	N/A
43	UOPC	UOP: Opioid Use-Multi Presc & Pharms	Admin	2.43%	1.02	N/A
44	FRM	Fall Risk Management	HOS	70.44%	N/A	55%
45	PNU	Pneumococcal Vaccination Status for Older Adults	CAHPS	64.85%	N/A	N/A
46	FVO	Flu Vaccinations for Adults Ages 65 and Older	CAHPS	76.13%	N/A	N/A

SCFHP tracked and trended the HEDIS measures to identify barriers for quality improvement to reach the national benchmark 50th percentile.

Besides providing education to members on the importance of managing diseases, preventive health, and well-being through newsletters, providers were also educated on proper documentation and coding. In

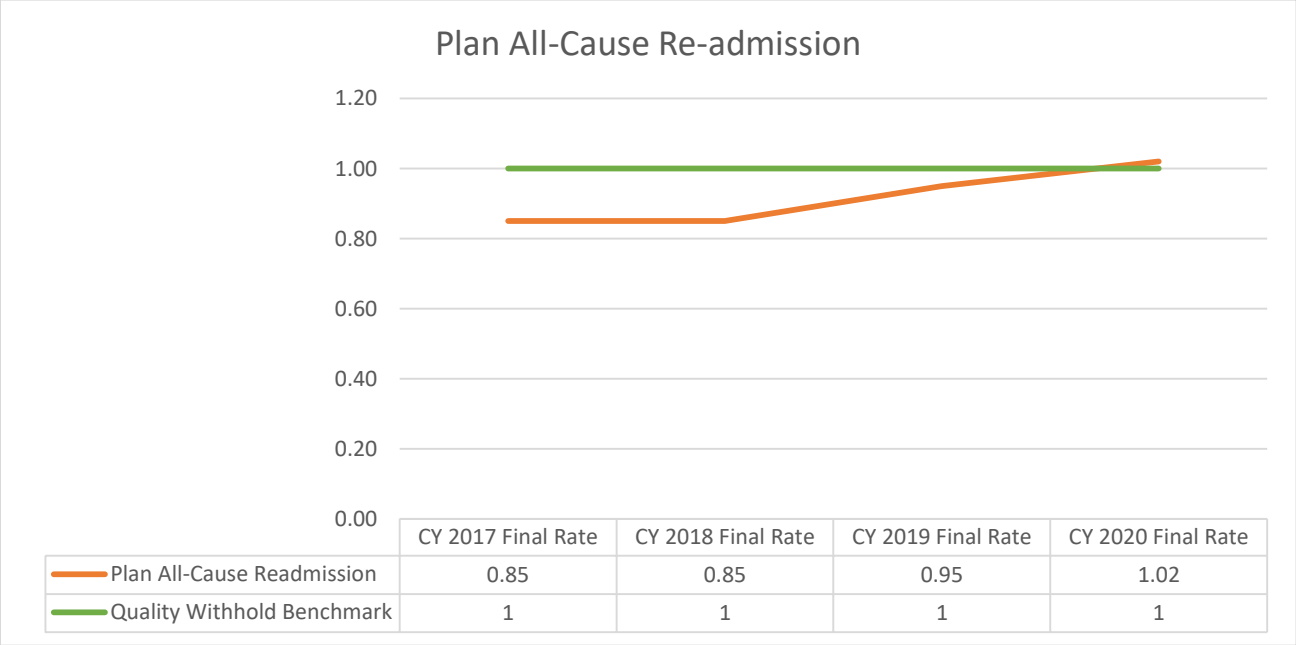
2021, SCFHP conducted 1620 in-home assessments to provide clinical assessment and health services by physician or nurse practitioner to member's home. It was lower than planned as many members were reluctant or refused due to COVID-19 pandemic.

During in-home assessment, physician or nurse practitioner assess member's health and safety, including but not limited to functional status, preventives services, physical and mental screenings, and medication review. The assessment is shared with member's assigned PCP for coordination of care.

In addition, care gap lists were provided to PCPs for follow-up to address missing services via provider portal.

1. Plan All-Cause Re-Admission

The table below shows the ratio of the plan's observed readmission rate to the expected readmission rate in 2020. The readmission rate is based on the percent of plan members discharged from a hospital stay who were readmitted to a hospital within 30 days, either for the same condition as their recent hospital stay or for a different reason.



	CY 2017 Final Rate	CY 2018 Final Rate	CY 2019 Final Rate	CY 2020 Final Rate
Plan All-Cause Readmission	0.85	0.85	0.95	1.02
Quality Withhold Benchmark	1	1	1	1

** Methodology changed in CY 2019 to remove outlier members from the final rate*

CY 2020 Goal: 1.0

CY 2020 Rate: 1.02

Analysis:
The PCR rate in CY 2020 did not meet the goal of having a ratio of observed to expected visits below 1, with a final rate of 1.02. The main barrier for this measure is lack of timeliness of notification of discharge.

HEDIS Measure	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020
PCR - Plan All-Cause Readmissions - Observed-to-Expected Ratio (Ages 18-64)*	0.90	0.86	0.83	0.79	N/A	1.00
PCR - Plan All-Cause Readmissions - Observed-to-Expected Ratio (Ages 65+)*	0.98	0.81	0.79	0.75	N/A	1.06

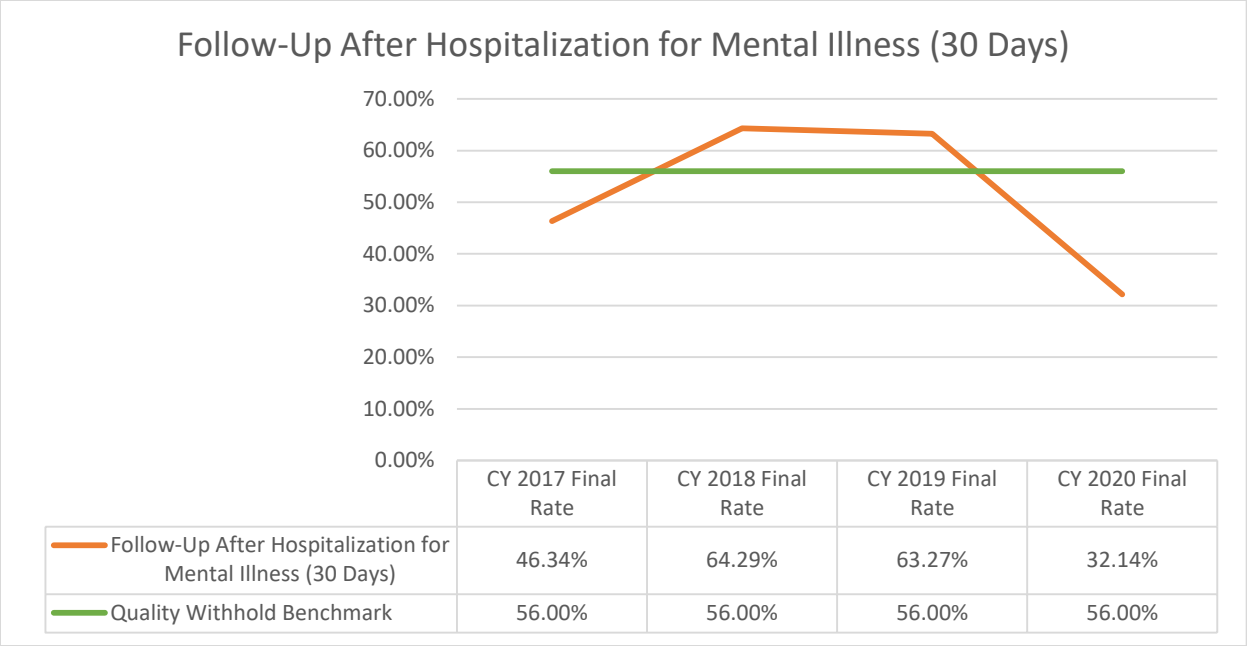
Comparing the PCR rates to statewide performance from CMS in the table above, the increase in rates in CY 2020 aligns with the increase seen statewide.

A cross-functional work group was set up, comprised of representatives from Utilization Management (UM), Case Management (CM), Quality, and Information Technology (IT) departments for barrier analysis. Transitions of Care (TOC) work was continued to complete follow up calls to members within 72 hours post discharge. These calls were redistributed from the Case Management team to the Utilization Management team due to limited staff resources to accommodate the TOC task in April 2020. Notification letters were sent to PCPs with discharge information in an SBAR format for post discharge follow-up. IT infrastructure was built obtaining census data on admission and discharge from a majority of the contracted hospitals.

Follow-up & Strategies to be considered for future years:
SCFHP continues 2020 interventions and improve the census data on admission and discharge from contracted hospitals to address the barriers for this measure.

2. Follow-up after Hospitalization for Mental Illness

Discharges for plan members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner within 30 days of discharge in 2020.



CY 2020 Goal: 56%

CY 2020 Rate: 32.14%

The rate for this measure dropped by 30% compared to the previous calendar year, resulting in the plan not meeting the Quality Withhold benchmark. However, due to the small denominator for this measure, the rate was not reported.

HEDIS Measure	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020
FUH - Follow-Up After Hospitalization for Mental Illness- 30 Days	31.2	46.6	47.7	48.3	N/A	46.4

Comparing SCFHP's performance in this measure to the statewide average, the plan's rate dropped much more dramatically in CY 2020 compared to the state, which only dropped 2% between 2018 and 2020.

SCFHP selected this measure as Chronic Care Performance Improvement Project in 2020.

SCFHP realized that inconsistent data and communication received from Santa Clara County Behavioral Health Department. The efforts made by SCFHP behavioral health team, including keeping track of admission and discharges to Santa Clara Valley Medical Center, collaboration with acute social work staff on the barriers to follow up care prior discharge, and completing the transition of care (TOC) outreach once discharged, have shown to be successful. The outcomes were as follows:

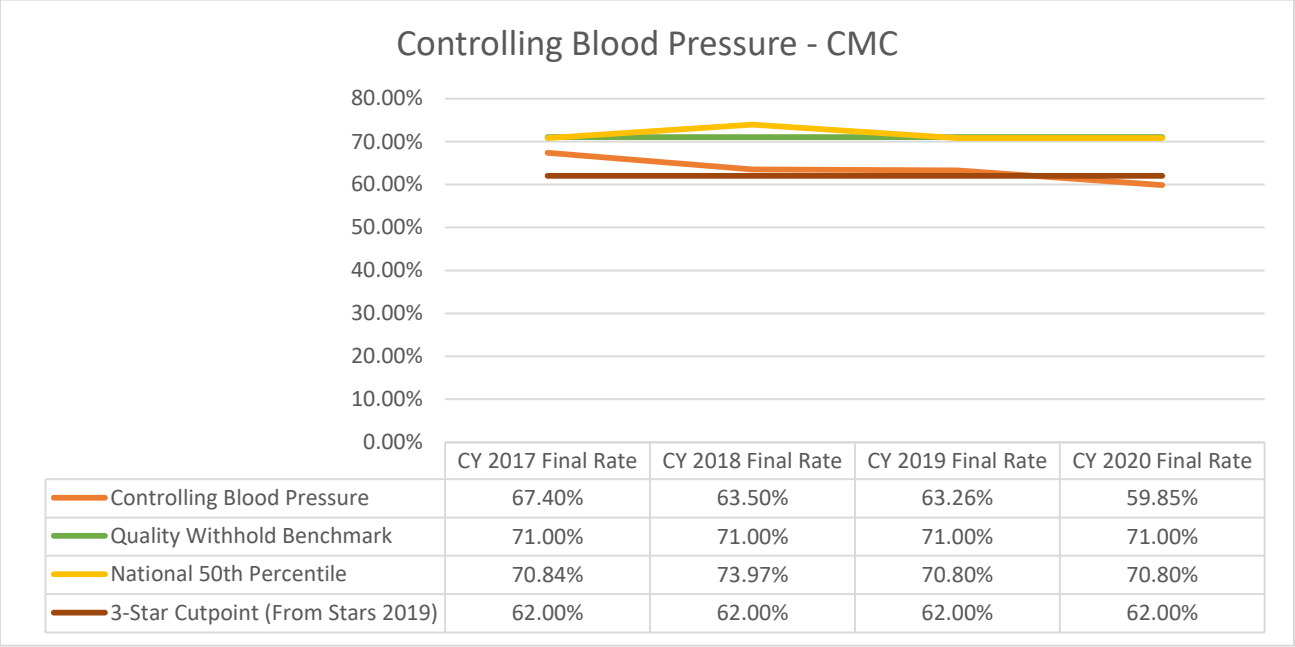
	Baseline 11/01/2017- 10/31/2018	Year 1 2/15/2019-2/14/2020	Year 2 2/15/2020-3/14/2021
Numerator	19	7	2
Denominator	44	9	2
Result	46.18%	77.78%%	100%

In measurement year 2 (2/15/2020 – 3/14/2021), there were 2 eligible members and both cases received completed TOC outreach. The number of discharges to home from SCVMC was smaller in 2020 than previous measurement year. Assuming that COVID-19 pandemic has changed the health care access and process, members who may have increased symptoms either do not present to services out of fear or there are no community/family available to witness the current unstable symptomology requiring an admission. Another factor may be that symptoms are more severe due to the pandemic that less are discharged to home and instead transferred to a lower level of care such as crisis residential or IMD setting.

The plan has identified the best practice by developing coordination between the health plan behavioral health worker and the acute psychiatric social worker at the facility. Post discharge communication with the outpatient behavioral health treatment team has benefited the TOC transition process. The best practices has impacted smooth transition and communication for successful TOC. Although the admission rate is low, the practices of addressing barriers to care, coordination of discharge, maximizing current health plan benefits such as transportation and PCP appointments will continue to be practiced going forward.

3. Controlling Blood Pressure

Members 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled in 2020.



	CY 2017 Final Rate	CY 2018 Final Rate	CY 2019 Final Rate	CY 2020 Final Rate
Controlling Blood Pressure	67.40%	63.50%	63.26%	59.85%
Quality Withhold Benchmark	71.00%	71.00%	71.00%	71.00%
National 50th Percentile	70.84%	73.97%	70.80%	70.80%
3-Star Cutpoint (From Stars 2019)	62.00%	62.00%	62.00%	62.00%

CY 2020 Goal: 71%

CY 2020 Rate: 59.85%

Analysis:
CBP did not meet any of the three benchmarks (Quality Withhold, National 50th percentile, 3-Star cut point) in CY 2020. CBP is a hybrid measure and data is obtained for the sample during the HEDIS medical record review period. It is challenging to monitor and identify whether members have controlled blood pressure. During chart review, SCFHP identified that BP was not rechecked even if the first reading was >140/90 mmgHg. Secondly, the care team did not initiate or intensify treatment during office visits if member's BP was not at goal. Thirdly, there was poor patient participation in self-management behaviors.

HEDIS Measure	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020
CBP - Controlling High Blood Pressure	60.0	62.7	66.4	69.0	N/A	61.6

The plan's performance was 2% lower than the statewide MMP average and did not see as drastic of a drop between CY 2018 and 2019.

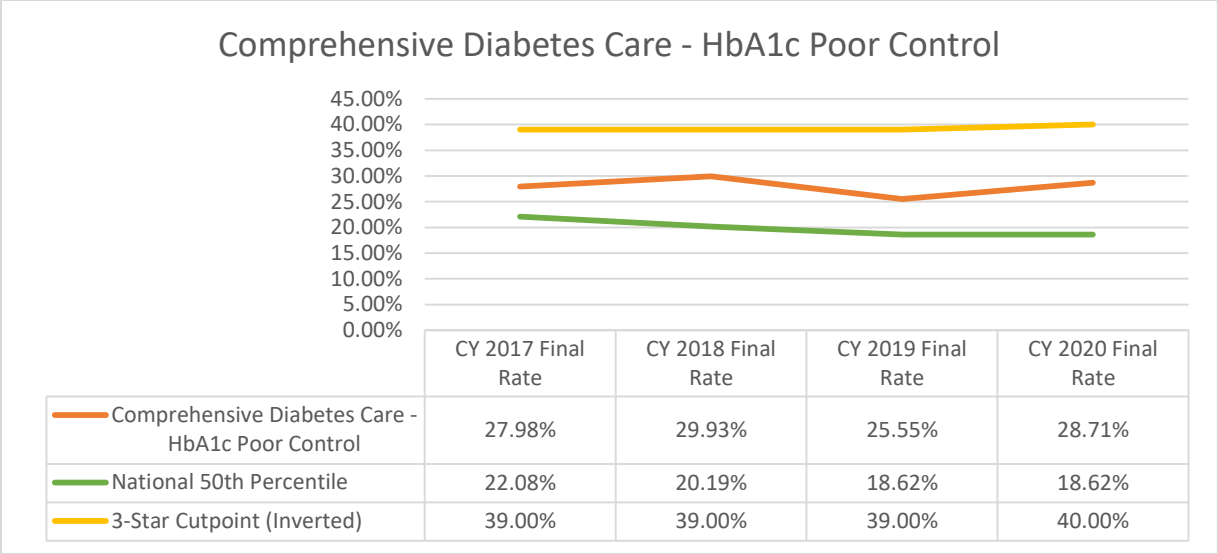
Providers were encouraged to utilize telehealth for hypertension follow-up. They were also educated on proper coding and how to prescribe home blood pressure monitor to hypertensive member in order to submitting BP readings as supplemental data. Member newsletters about high blood pressure were published in Spring and Winter newsletters. SCFHP launched health education class focusing on controlling blood pressure July 2021. Please see Health Education section (D) for more information.

Follow-up & Strategies to be considered for future years:

- Ensure members have blood pressure monitors for home monitoring and reporting BP result to their PCP during telehealth follow-ups
- Continue conducting health education class for members on how to use BP monitors at home so they know their BP reading

4. Comprehensive Diabetes Care – HbA1C Poor Control

Percentage of members 18-75 years of age with Diabetes (type 1 and type 2) who had had HbA1C poor control (>9%) in 2020.



	CY 2017 Final Rate	CY 2018 Final Rate	CY 2019 Final Rate	CY 2020 Final Rate
Comprehensive Diabetes Care - HbA1c Poor Control	27.98%	29.93%	25.55%	28.71%
National 50th Percentile	22.08%	20.19%	18.62%	18.62%
3-Star Cutpoint (Inverted)	39.00%	39.00%	39.00%	40.00%

CY 2020 Goal: 18.62%

CY 2020 Rate: 28.71%

Analysis:
CDC – HbA1C Poor Control (<9%) is a hybrid inverted rate measure. It scored 28.71% in CY 2020 and met the CMS Star Rating 3-star cut point (40%). However, the rate was 10% below the national 50th percentile. The rate for this measure worsened by 3% compared to the previous year. CDC is a hybrid measure. Though SCFHP improved the data and received HbA1C results from a majority of laboratories, the data are still incomplete, with many members being flagged as having HbA1c > 9% due to missing lab values.

HEDIS Measure	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020
CDC - Comprehensive Diabetes Care - Poor HbA1c Control*	39.6	29.9	24.9	25.6	N/A	28.8

SCFHP's rate for this measure was very similar to the statewide average in CY 2020 and saw a slight improvement compared to the plan's rate in CY 2018.

Member education on the importance of HbA1C testing through was published in the member newsletter. Providers were encouraged to offer standing orders for HbA1C test. Member and provider newsletters on the importance of diabetes care were sent out in the fall. Providers were also encouraged to submit HbA1C results and coding in encounters and/or supplemental data. Member incentive was offered to those who complete Medical Nutrition Therapy (MNT) with Registered Dietician or Diabetic Self-Management (DSME) with a Certified Diabetic Educator. 973 letters were mailed to members with offer of an incentive for completing MNT/DSME. In all, 15 members were compliant and awarded the gift card.

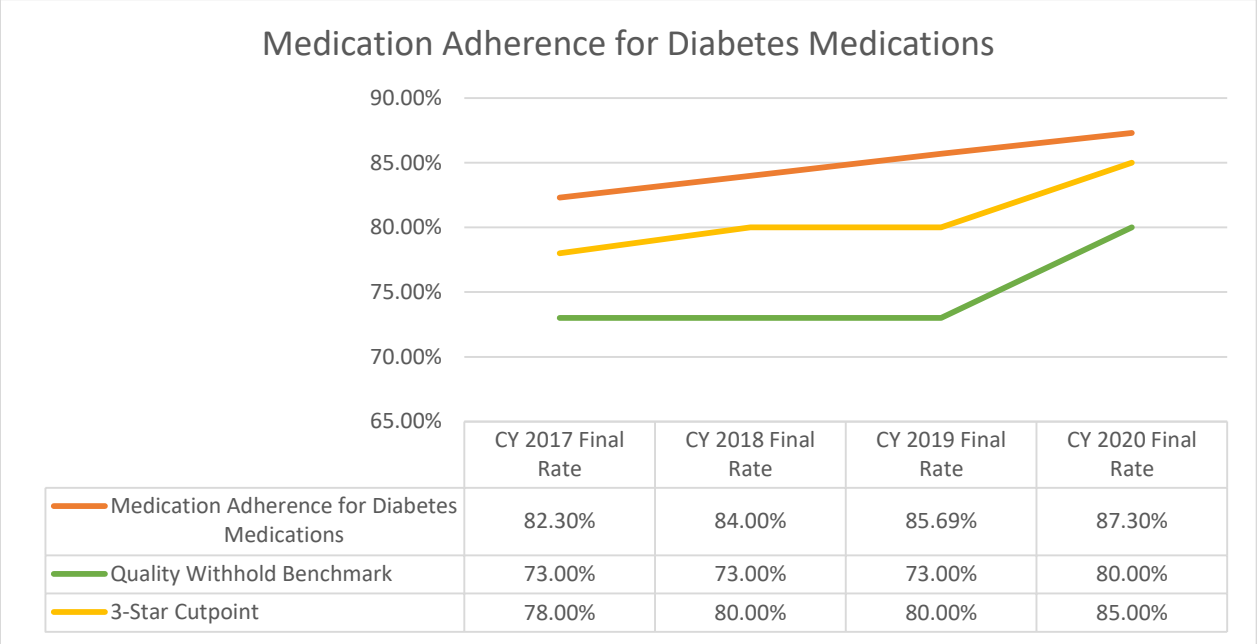
Follow-up & Strategies to be considered for future years:

- Improve supplemental data for HbA1C results

- Promote Diabetes Self-Management Education and Medical Nutrition Therapy to members with uncontrolled diabetes

5. Medication Adherence for Diabetes Medications

Members with a prescription for diabetes medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication in 2020.



	CY 2017 Final Rate	CY 2018 Final Rate	CY 2019 Final Rate	CY 2020 Final Rate
Medication Adherence for Diabetes Medications	82.30%	84.00%	85.69%	87.30%
Quality Withhold Benchmark	73.00%	73.00%	73.00%	80.00%
3-Star Cutpoint	78.00%	80.00%	80.00%	85.00%

CY 2020 Goal: 85%

CY 2020 Rate: 87.30%

Analysis:
The rate for medication adherence for diabetes medications improved by 1.61% compared to the previous year. The Quality Withhold benchmark and the 3-Star cut point were both met for this measure.

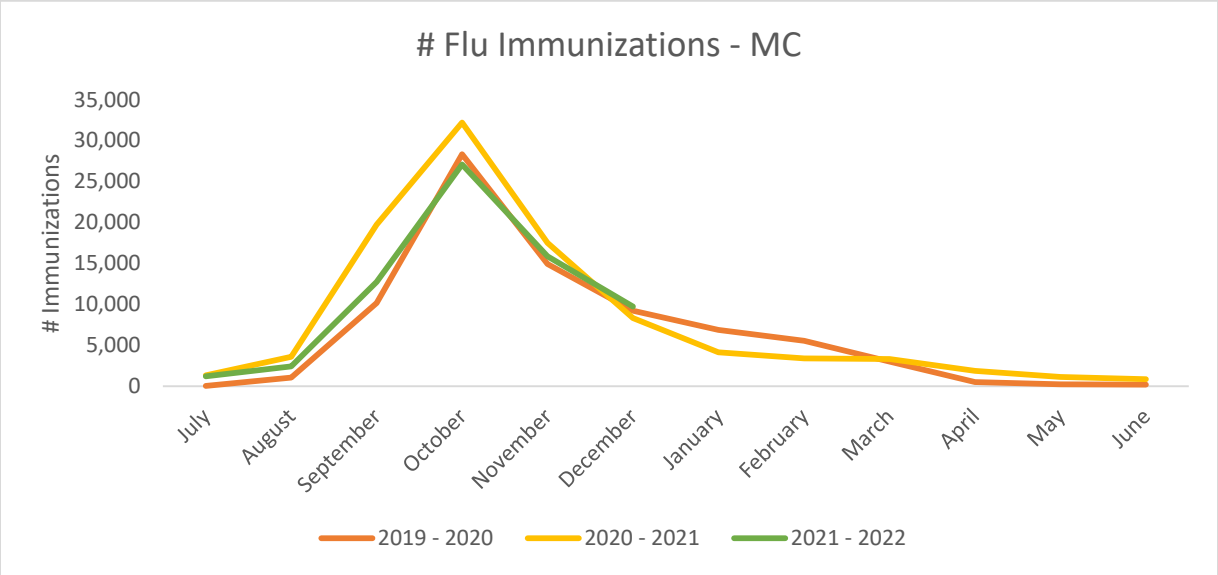
Providers are encouraged to prescribe mail order and 90-days' supply of hypoglycemic medication to members, especially during the COVID-19 pandemic.

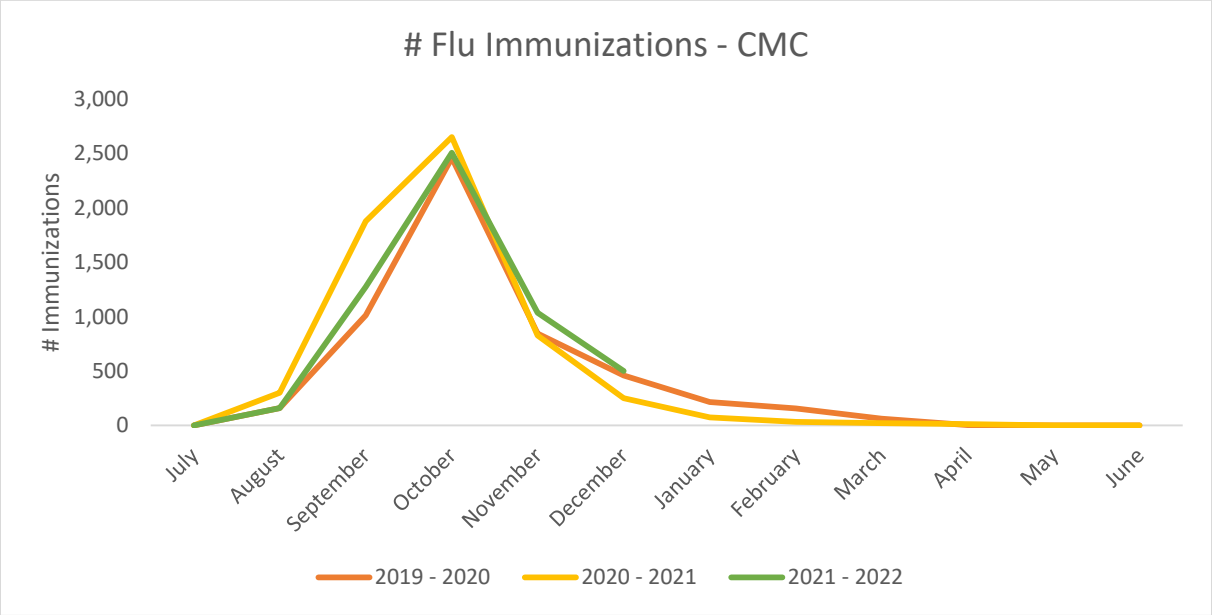
Follow-up & Strategies to be considered for future years:

- Continue to encourage the 90-days' supply and mail order

Both Medi-Cal and Cal-Medi-Connect

1. Influenza Vaccine





Analysis:

As the tables above indicate, the number of flu immunizations for both LOBs for flu season 2021-2022 are lower compared to the previous 2 years. There are several barriers that explain this drop compared to

previous years. Due to competing information around the COVID and flu vaccine, the flu may be trivialized by COVID. Confusion also exists regarding the timing of COVID and flu vaccines, and the possibility of co-administering both vaccines. This may cause people to underestimate the importance of getting their annual flu vaccination, due to the overpowering COVID public health crisis.

Interventions:

SCFHP hosted a health fair at our Blanca Alvarado Community Resource Center (CRC) in October 2021, where free flu vaccines, as well as other health screenings, were available to the public. The CRC is located in East San Jose, where a majority of SCFHP's members reside. The event was promoted via social media, outreach with SCFHP community partners, and shared with all member-facing staff to share with members.

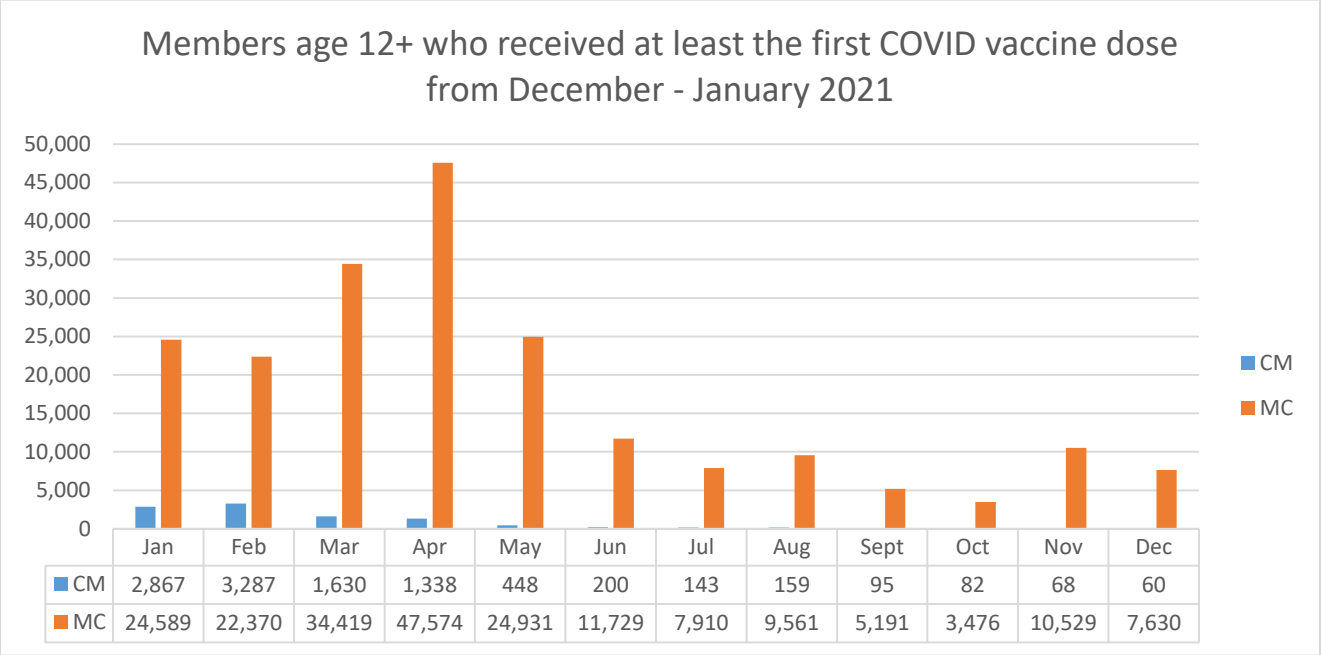
SCFHP also released several member communication via newsletters, on-hold phone messages, social media, and SCFHP's member-facing website, to inform and remind members to get the flu shot. The website also offers a dedicated Flu Homepage, where members can view a Google Maps Flu Vaccine Locator, to find nearby flu vaccine locations. All communications remind members they can get the free flu shot at any retail pharmacy and can also schedule for free transportation services to their appointment by calling SCFHP's Customer Service.

Additionally, Case Management staff remind members to get their flu shots during Health Risk Assessment (HRA) outreach. SCFHP holds an internal flu shot reminder campaign for all member-facing teams, including Customer Service, Case Management, Behavioral Health, MLTSS, Health Homes Program, and Medicare Outreach. The campaign incentivizes all member-facing staff to remind members to get their flu shot at the end of member phone calls. Teams are provided with a flu FAQ and script to ensure members are appropriately informed about the flu shot and where they can go to get the flu shot. A Quality Alert for flu vaccines is provided in the internal QNXT system to identify members who have not received their flu shot yet to notify member-facing staff to make the reminder. In total, SCFHP staff gave 8,267 flu reminders to un-vaccinated members.

Follow-up & Strategies to be considered in future years:

- Engage community partners early in the planning process to learn about barriers their patients face to getting the flu vaccine and develop strategies to address those barriers
- Host more flu vaccine drive-through clinics with expanded hours (evening and weekends) to accommodate different schedules and availabilities

2. COVID-19 Vaccine



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
CM	2,867	3,287	1,630	1,338	448	200	143	159	95	82	68	60
MC	24,589	22,370	34,419	47,574	24,931	11,729	7,910	9,561	5,191	3,476	10,529	7,630

Interventions and Outcomes:

SCFHP is dedicated to providing evidence-based information to members, providers, CBOs, and other local partners about the COVID vaccine to encourage vaccine uptake. Information strategies included:

- Community Resource Center Outreach - Offer one-stop shop for COVID vaccine information, resources, testing, and vaccination at SCFHP's Community Resource Center (CRC). In CY 2021, the CRC hosted 7 COVID vaccination clinics and administered 1,163 COVID vaccines.
- Social media and ad campaign - Expand COVID social media advertising campaign on Facebook and Instagram. Plan ran Spanish and English digital and social media ads starting in November 2021 and targeted county zip codes with the lowest vaccination rates.
- Member outreach –
    - Robocall campaign: 114,417 robocalls were made to members to share information about the COVID vaccine and where and how to schedule appointments,
    - Mail campaign: 25,130 letters and flyers were mailed to identified vulnerable populations and target groups to share information about the COVID vaccine and where and how to schedule appointments
    - Call campaign: a call campaign was strategized in four different phases throughout CY 2021, based on priority vulnerable groups. A total of 16,048 members were contacted.

B. QUALITY IMPROVEMENT PROJECT (QIP), PERFORMANCE IMPROVEMENT PROJECT (PIP) & Chronic Condition Improvement Plan (CCIP)

SCFHP conducted Performance Measure Plan-Do-Study-Act (PDSA) PIP, COVID-19 QIP, Health Equity PIP, Priority PIP, Chronic Condition Improvement Plan (CCIP), and Diabetes PIP in 2021.

1. Performance Measure Plan-Do-Study Act (PDSA) Process QIP 2021

For 2021, SCFHP implemented a Plan Do Study Act (PDSA) rapid cycle project that focuses on preventive care of chlamydia (CHL) screening. The first cycle of the PDSA was implemented from October 1, 2021 to December 31, 2021. The global aim for the PDSA was to increase CHL measure to meet minimum performance level at 58.44% for the measurement year 2021.

280 members were identified as non-compliant for CHL belonging to Independent Network (directly contracted providers), Community Health Partnership (CHP), and Premier Care (PCNC). The SMART objective for this cycle is that SCFHP will increase Chlamydia Screening in Women (CHL) rate by completing the lab test for 40% of the 280 members, or 112 members who had completed at least one chlamydia screening between measurement years 2018 to 2020 and are assigned to directly contracted providers, Community Health Partnership (CHP) Clinics, or Premier Care (PCNC) Network within Santa Clara County.

SCFHP identified a barrier as providers needing assistance in identifying members with CHL screening gaps in care. SCFHP added CHL screening dates from three measurement years: MY18, MY19, and MY20 who were assigned to the provider groups listed above. By adding these screening dates on the member list, SCFHP is able to facilitate a conversation with each provider group during a one-one-one call. The call will consist of:

i. Sharing the list of non-compliant members including the most recent chlamydia screening date for each member
ii. Reminding the provider/provider group the importance of having members complete the chlamydia screening annually
iii. Strongly recommending the provider/provider groups to put in a standing order at the lab for the list of non-compliant members
iv. Sharing the provider tool kit

This PDSA cycle continues into 2022 and will run from January 1st 2022 – April 30th, 2022.

2. COVID-19 Quality Improvement Plan (QIP) for 2021

Due to the COVID-19 pandemic in 2020, DHCS required managed care plans to develop strategies and conduct interventions that support efforts to improvement member accessibility to preventive health services. As a part of the requirement, SCFHP was required to submit an initial description of interventions and/or strategies aimed at increasing the provision of preventive services, behavioral health services, and/or chronic disease care to members amidst COVID-19. An initial submission outlining the three (3) strategies and rationale were required to be submitted to DCHS. A 6-month follow-up and progress submission is required in early 2022.

The first strategy focused on behavioral health. The goal is to monitor members' adherence for newly prescribed antidepressant medication with regular follow up for 12 weeks post physician's order. Due to the strains and effects of the COVID pandemic, SCFHP wants to focus on antidepressant medication adherence was chosen to provide targeted support and assistance to those newly diagnosed with depression. The start date of this intervention was Oct 3, 2021. Current progress on this intervention includes developing logic to identify target population through encounter data, a letter template drafted for provider and member outreach, and warm outreach calls to members.

The second strategy was focused on women's health. The goal is to promote order for screening mammogram by PCP for SCFHP Quality Improvement Coordinator outreach and assisting in appointment scheduling. SCFHP selected White, Chinese, and Asian Indians as the focus of this intervention as these three groups are significantly lower in compliance for breast cancer screenings compared to other ethnic backgrounds. The start date of this intervention was October 1, 2021. Current progress on this intervention includes 786 warm outreach calls made to members promoting mammogram screenings and assisting in appointment scheduling. From October 2021 – December 2021, a total of 986 members completed mammograms. SCFHP also partnered with a local community clinic for mobile mammogram day in October 2021. 19 members registered for this event and 12 completed their screenings on-site.

The third strategy was focused on chronic disease self-management. Members' management on high blood pressure by providers was interrupted during COVID pandemic. Therefore, the goal is to promote home monitoring for hypertension self-management by (1) assisting member to obtain home BP monitor and (2) offering SCFHP health education class for Controlling High Blood Pressure. The start date of this intervention was October 1, 2021. Current progress on this intervention includes 2008 calls made to members promoting in health education class. 142 members registered for classes held monthly from August – December 2021 and total 43 members attended. A post-class survey was conducted after each class. 83% of members who attended reported they learned something about the chronic condition they did not know before. 369 members have since received at home BP monitor.

QIP continues to be in the strategies and interventions until 2022.

3. Health Equity Performance Improvement Project

Health Equity PIP focused on an identified health disparity based on, but not limited to, age, gender, race or ethnicity, language spoken, income, educational attainment, sexual orientation or gender identity, occupation, provider or geographic area.

SCFHP has identified Adolescent Well Care Visit (AWC) aged 18 – 21 to be the Health Equity Improvement Project.

In Module 1, the SMART aim goal was defined as "By December 31, 2022 use key driver diagram interventions to increase the percentage of adolescent well-care visits among members' aged 18-21 assigned to Gardner Health, Asian Americans for Community Involvement (AACI), Saint James Health

Center, School Health Clinics, and Planned Parenthood clinics from a 19.53% compliance rate to a 25.0% compliance rate."

The SMART aim goal's baseline 19.53% identified 932 eligible members assigned to the clinics listed. The goal was established based on the 2020 HEDIS 25th percentile. Module 1 was validated on May 26, 2021.

During module 2, process map, FMEA and key drivers were developed and identified. The key drivers were to increase low participation rate in AWC visits, improve member awareness, and member's appointment coordination. The plan developed gift card incentive program to promote the participation rate, clinic days to increase member awareness and educate the members on the importance of the visits. Module 2 was completed and validated on August 6, 2021.

PIP continues to be in the intervention testing phase until December 31, 2022.

4. Childhood Health – Blood Lead Screening in Children (LSC) Priority PIP

SCFHP has identified that Blood Lead Screening in Children (LSC) is a measure that needed additional focus as it had a low compliance rate and was a priority measure for the Plan.

Module 1 of LSC Priority PIP, the SMART aim goal was "by December 31st, 2022, use health education and incentive member mailings, monthly provider Care Gap Report, and quality calls to increase the percentage of children two years of age, assigned to Valley Health Plan (VHP) and Physicians Medical Group (PMG), who had one or more capillary or venous lead blood test by their second (2nd) birthday, from 69.08%to 73.13%."

The SMART aim baseline 69.08%, is comprised of 2613 total eligible members assigned to Valley Health Plan and Physicians Medical Group. This baseline was calculated from our HEDIS certified vendor for the LSC measure, following NCQA HEDIS 2020 technical specifications. Claims, encounter, and supplemental data using lead test value set were used in order to determine if members 2 years of age in 2020 had one or more capillary or venous lead blood tests for lead poisoning by their second birthday. Module 1 was validated on April 28, 2021.

Module 2 process map was developed and failure modes and effects analysis (FMEA) was identified as well as the key driver diagram. The key drivers were to increase the AWC visit rates within the two selected networks, increase member awareness and to inform members of their scheduled visits and getting appointments scheduled. The plan developed incentive program to increase the visit rates, visit coordination to ensure members attend the scheduled visit as well as scheduling the appropriate time. Module 2 was completed and validated on June 29, 2021.

PIP continues to be in the intervention phase until December 31, 2022.

5. Chronic Condition Improvement Plan (CCIP)

In the 2021 the number of psychiatric discharges increased to a total of 8 in the final measurement year. Seven of those 8 had successful transition of care (TOC) outreaches, resulting in 87.5% result. The plan successfully reached the target goal of 56% in the final year. Over the last three years, SCFHP's efforts to track and monitor the follow up after psychiatric admission have resulted in updates to processes and workflows that aid in successful coordination of care for a vulnerable population. During the baseline year, SCFHP met with County Behavioral Health Services Department to clarify how to identify a Cal-Medi-Connect (CMC) member so that claims are sent correctly and timely.

Annually SCFHP trained internal staff on the importance of this measure and their role for a successful follow up appointment within 30 days. Training focused on not only the process, but also the importance of quality assessment. The TOC process was enhanced over the course of the three years to include easier notification and documentation of the assessment and TOC. Once the Behavioral Health (BH) Case Manager is notified of the admission, collaboration with the acute inpatient staff commenced with the goal of coordination of the after-care treatment recommended. If the member did not have a scheduled appointment, the SCFHP BH case manager assisted with scheduling and addressing barriers addressed during the assessment to getting to that appointment.

The COVID-19 pandemic had forced our entire community to address the needs of members after a psychiatric admission in a different manner. Due to the pandemic, SCFHP was unable to complete face to face visits with members, or visit them in the hospital prior to discharge. Staff relied on telephone communication only. SCFHP learned that we must remain flexible in approaches to outreach and interventions that focus not only barriers to getting to that one follow-up appointment, but also assess the overall needs, specifically Social Determinants of Health that may contribute to readmission and instability. Within the SCFHP BH Case Management team, there is consistency of case assignments. This specialized population requires skills to build rapport and trust that may take longer than the average member. The Behavioral Health Case Manager not only addresses the follow up needs after discharge, but also takes the opportunity to assess the medical, behavioral, and social needs and over time reduces the rate of hospitalizations and creates a plan for maximum health and well-being.

6. Comprehensive Diabetes Care PIP

The Comprehensive Diabetes Care PIP is aimed to improve diabetes status of our members. Goal is to decrease the percentage of the poor HbA1c poor control >9% within the poor control population. The Hispanic population in CY2020 was at 44.44%, ranking the highest non-compliant population. The national benchmark (MPL) is at 37.47%. SCFHP worked with Arkray USA and Advanced Pharmacy Solutions (APS) to provide English and Spanish talking glucose meter to our Medi-Cal Hispanic members that were HbA1c poor control >9% in CY2019 and CY2020. In 2021, the distribution count of Arkray Glucose monitors was at 24 units. SCFHP will continue to monitor the distribution of glucose monitors until the end of June 2022 and further analysis if the bilingual glucose monitor contributes to improvement in the HbA1c poor control >9% Hispanic population.

C. Health Education

SCFHP offered Health Education classes and resources for members in 2021 under topics including nutrition and weight management, fitness and exercise, chronic disease self-management, smoking

cessation, prenatal education, counseling and support services, parent education, and sexual health. The Plan also offers written resource materials on a variety of topics if requested by the member. A total of 626 members attended various health education classes in 2021. SCFHP is highlighting three classes:

Prenatal Education – SCFHP launched a health education class for expecting mothers as part of the incentive program in 2021. Members who attended a first prenatal visit were invited to attend a Virtual Baby Shower. Held monthly, the class is led by a Certified Health Education Specialist. Topics include prenatal and postnatal health, mental health, SCFHP benefits such as breast pump and transportation to appointments, health education offerings through local partners such as breastfeeding classes, infant and child safety, and newborn prep. Members were also awarded a diaper bag for attending the baby shower. In 2021, 84 members attended the shower virtually. SCFHP will continue offering this class and update the content in order to continue engaging the target population. SCFHP will continue this offering in 2022.

Chronic Disease Self-Management – SCFHP launched a health education class for members diagnosed with high blood pressure (hypertension) in July 2021. A total of 34 members attended. Held monthly, this class is led by a Certified Health Education Specialist. Topics discussed include overview of what high blood pressure is, how to manage the condition, diet and exercise, health education offerings such as stress and anger management, weight control, and smoking cessation. SCFHP benefits are also reviewed including at-home BP monitor and services such as transportation and translation for appointments. Members who attend the class are also awarded a $15 gift card as an incentive. Follow-up is done to ensure members understand how to receive BP monitor. SCFHP will continue this offering in 2022.

Nutrition and Weight Management – Nutrition and healthy eating class focused on parents and caregivers of children at SCFHP are offered as part of health education. Because healthy eating habits start in the home, the class is critical to educating parents on how to raise a happy, healthy child. Topics include addressing picky eater, grocery shopping tips, meal preparation, sugary snacks and alternatives. In 2021, a total of 159 members attended the class hosted by a local partner in Santa Clara County. The Plan will continue to promote this class in 2022.

For details, refer to Health Education Work Plan 2022.

D. Cultural & Linguistics

The Plan offers interpreters and written translation services at no charge to members. The Plan promoted these services on member newsletters Spring, Summer, Fall, and Winter. Education for providers during monthly collaboration calls, as well as SCFHP's Cultural Competency & Disability Toolkit outlines the services and provides clinics with one-page guide on how to connect with translation for members who request them at medical appointments. 22,542 calls to interpreter services were made on behalf of members in 2021. Calls can be initiated from provider offices or through SCFHP staff. Interpreters attended 1,048 in-person appointments with SCFHP members in 2021. Interpreter requests can be made through SCFHP. The Plan will continue to promote these services in future years and work with provider offices to utilize the service. Additionally, the Plan will also offer these services during warm outreach calls made to members.

For details, refer to Cultural & Linguistics Work Plan 2022.

E. INITIAL HEALTH ASSESSMENT (IHA)

The Department of Health Care Services (DHCS) requires all new Medi-Cal members complete their comprehensive Initial Health Assessments with their selected or assigned primary care provider within 120 days from Santa Clara Family Health Plan enrollment and it must be documented in the medical record. The IHA consists of a comprehensive history, physical exam, mental status exam, preventive care services, diagnosis and plan of care, and the Staying Healthy Assessment (SHA). The intent is to evaluate members' engagement with Providers by measuring the rate of members who received an IHA within the required timeframe.

Santa Clara Family Health Plan's providers are required to use and administer the SHA to all Medi-Cal beneficiaries as part of the Initial Health Assessment (IHA) and periodically re-administer it according to contract requirements. The Staying Healthy Assessment (SHA) is the Department of Health Care Services' (DHCS's) version of the Individual Health Education Behavior Assessment (IHEBA). Providers may use an alternative IHEBA tool with prior approval of the Medi-Cal Managed Care Division (MMCD). It is a valuable tool for early detection of possible risks to patients' health and well-being. After reviewing the completed form, PCPs may refer patients to health education classes through SCFHP, or provide them with copies of their own educational materials. SCFHP offers health education classes and programs to all of our members at no charge.

SCFHP recognizes the importance of promoting Initial Health Assessments (IHA) within 120 days of enrollment into the health plan. Quarterly medical record audits are performed for each of the required elements of an IHA, including the SHA. Each quarter, the Quality Improvement Nurse randomly selects 5 members from 10 randomly selected providers, including members who did and did not have a claim for an IHA. Santa Clara Family Health Plan reviews 50 charts for IHA components each quarter. Our list of providers comes from claims and/or encounter data.

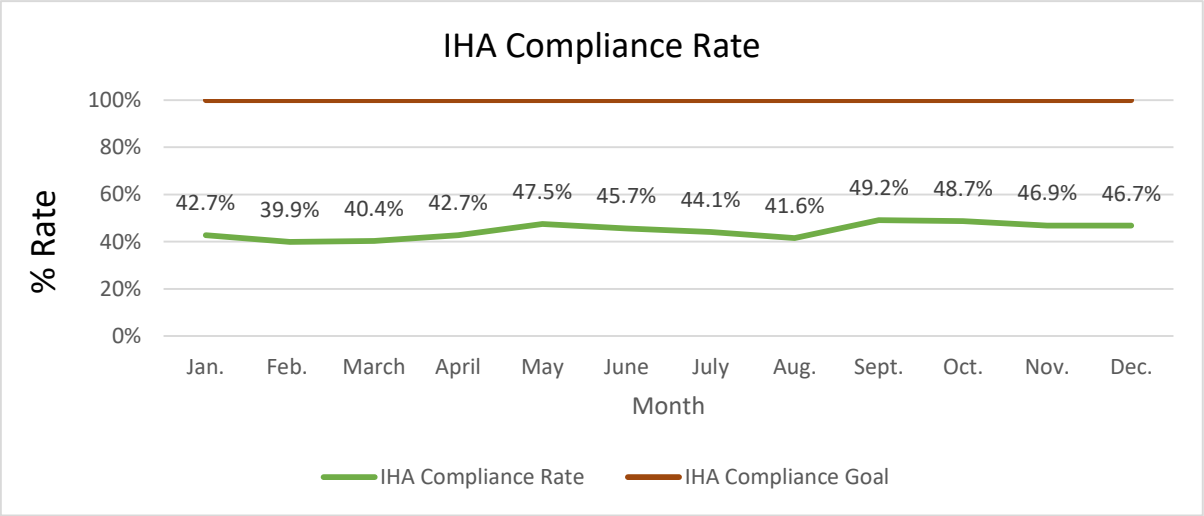
Charts are scored for presence or absence of the elements of the IHA, including the SHA and outreach attempts. A provider who scores 80% or less on the individual chart score or the overall score, will be considered a fail. For providers who scored 80% or less, the QI Department coordinated with the Provider Network Operations Department to educate the provider about the requirements for completing an IHA and SHA. If the Provider continues to fail after education has been provided, then a Corrective Action Plan is issued. The Quality Improvement Committee is provided a report of results and analysis.

Based off the quarterly audit that was conducted in 2021, SHA remains the element with the greatest opportunity for improvements. Physical exams were incomplete often due to the limitation of tele-visits. SCFHP identified provider, member, and system level barriers. Lack of documentation of outreach attempts and provider knowledge on IHA requirements contributes to the provider of being non-compliant. There are limited staff in the clinic to support providers on IHA outreach due to COVID. Members are hesitant to schedule visits with their Providers or do not come in for visits due to COVID. Members who change their PCP within 120 days do not allow enough time for Providers to schedule and conduct IHA visit. Member may have other barriers including getting to an appointment that is outside SCFHP's control.

Providers or Clinic who scored less than 80% were issued letter to educate about IHA Elements and the

importance of completing an IHA visit. Correction Action Plans (CAPs) were not issued from December 1, 2019 to September 30, 2021 due to DHCS' temporarily suspending the requirement to complete an IHA within 120 days for any newly enrolled members within that timeframe. This was lifted October 1, 2021 by DHCS and Providers were advised to review their member roster to identify and outreach members newly enrolled since December 1, 2019 to present who are still currently enrolled who have not received an IHA.

SCFHP runs a report based on claims and encounter data on a monthly basis to identify IHA compliance rates and reports this to the Compliance Dashboard to monitor. The measurement relies on Providers to submit accurate claims and encounter data to identify an IHA was completed. The rate is calculated based on the number of newly-enrolled Medi-Cal members who received an IHA out of the total newly-enrolled Medi-Cal members. Based on the rates each month listed in the table below, the IHA Compliance rates were consistently above 40% in 2021 except for February. These rates are presented to the Quality Improvement Committee. The rates are lower likely due to COVID and members' reluctance to go to the doctor's office for their visits.



Follow-up & Strategies to be considered in future years:

SCFHP continues to promote the importance of completing an IHA and DHCS IHA requirements to its delegates and independent network providers. SCFHP provides a list of new or re-enrolled members each month to Primary Care Providers to help them meet these timelines. Provider Network Operation representatives continues to educate Providers on how to download their member list in the Provider Portal. SCFHP incorporates IHA requirements in the provider packet to educate the provider on the importance of completing an IHA. To help PCPs fulfill the IHA requirements, Santa Clara Family Health Plan provide copies of various professional standards, guidelines, and age-appropriate screening/assessment tools, IHA information in provider newsletters, and on our website. A training manual and presentation was created to educate providers on the requirement and benefit of outreach to their new members. SCFHP annually reviews the IHA Policy and Procedure to incorporate any new changes to improve overall IHA performance.

Quality Improvement (QI) Nurse continues to audit medical records to validate IHA compliance and reports the results to the Quality Improvement Committee. SCFHP follows DHCS established Facility Site Review and Medical Record Review guidelines for scoring of the IHA and SHA. Certified Site Review Nurses and DHCS Master Trainer educates providers on importance of conducting IHA during the audit and

instructions on how to complete an IHA if there are any deficiencies or gaps in knowledge.

Santa Clara Family Health Plan continues to inform members of the availability and importance of an IHA through the Evidence of Coverage (EOC) booklets, which are mailed to each member shortly after enrollment. Santa Clara Family Health Plan also mails a welcome letter to each new member on behalf of our PCPs, which mentions the value of an IHA.

SCFHP initiated a new pilot April 2021 to help School Health Clinics (SHC) with outreach attempts by sending letters to selected members to remind them of the importance and to schedule an IHA visit. The letters for all new members who either selected or were assigned to School Health Clinic were mailed on 4/9/2021. A report listing all members who were mailed a letter was sent to School Health Clinics on 4/12/2021. SCFHP has established a process where letters will be sent around the first of each month with a monthly report to be sent to the School Health Clinic contact to improve IHA visit rates.

F. Health Outcomes Survey (HOS)

SCFHP participates in the Medicare Health Outcomes Survey (HOS) to gather valid and reliable clinically meaningful data that have many uses, such as targeting quality improvement activities and resources; monitoring health plan performance and rewarding top-performing health plans; helping beneficiaries make informed health care choices; and advancing the science of functional health outcomes measurement.

Each year a random sample of Medicare beneficiaries is drawn and surveyed from each participating Medicare Advantage Organization (MAO) that has a minimum of 500 enrollees. In 2021, SCFHP received the 2018 -2020 Cohort 21 performance measurement response rate of 66.5%, with 252 eligible samples and 121 respondents. Compared to HOS follow up response rate of 66.8% the plan's response rate is about the same.

In 2020 the change of survey administration changed due to the impact of the COVID-19 Public Health Emergency (PHE), administration of the 2020 HOS took place from August to November 2020 in accordance with the revised 2020 HOS Program Timeline, in 2021 the survey timeline continued.

The 2021 survey administration used the HOS 3.0 that was implemented in 2015. The HOS 3.0 uses the Veterans RAND 12-Item Health Survey (VR-12) as the core physical and mental health outcomes measures, and the four HEDIS Effectiveness of Care measures, those measures are Management of Urinary Incontinence in Older Adults, Physical Activity in Older Adults, Fall Risk Management, and Osteoporosis Testing in Older Women. Outcomes would be available in Cohort 22 follow up report in 2022.

The trends in Physical Health results and Mental Health results performance was as expected in Cohort 20.

Trends in Physical Health Results over Three Cohorts are as below:

	Percent Better	Percent Same	Percent Worse	Percent Better + Same	Performance Result
2018-2020 Cohort 21	18.91%	51.92%	29.18%	70.82%	As expected (same as national average)

2017-2019 Cohort 20	12.95%	60.40%	26.65%	73.35%	As expected (same as national average)
2016-2018 Cohort 19	15.20%	61.97%	22.83%	77.17%	As Expected (same as national average)

Trends in Mental Health Results over Three Cohorts are as below:

	Percent Better	**Percent Same**	**Percent Worse**	**Percent Better + Same**	**Performance Results**
2018-2020 Cohort 21	19.20%	58.83%	21.97%	78.03%	As expected (same as national average)
2017-2019 Cohort 20	21.62%	61.73%	16.65%	83.35%	As expected (same as national average)
2016-2018 Cohort 19	15.21%	79.93%	10.86%	89.14%	Performed Better

The general health performance in the follow up group decreased 3.2% in the fair or poor condition compared the baseline. This year's result did not see an increase when compared to California overall performance at 1.2% increase and 1.9% increase in HOS total. Comparative physical health performance in slightly worse or much worse compared to baseline, the Plan saw a decrease of 7.6%. Compared to California and HOS total at 3.5% and 4.2% increase. In the comparative mental health performance the plan saw 0.5% decrease when compared the baseline in slightly worse and much worse condition. California increased 6.8% and 6% in HOS total. The category can provide assumption of greater risk in mortality.

	General Health Fair or Poor		**Comparative Physical Slightly Worse or Much Worse**		**Comparative Mental Slightly Worse or Much Worse**	
	Baseline	**Follow Up**	**Baseline**	**Follow Up**	**Baseline**	**Follow Up**
SCFHP	53.8%	49.6%	44.7%	37.1%	25.7%	25.2%
California	30.2%	31.4%	26.5%	30.0%	13.3%	20.1%
HOS Total	22.5%	24.9%	22.6%	26.8%	10.0%	16.0%

The higher percentage of multiple (2 or more) chronic medical conditions table members can indicate the increase risk of the following outcomes: mortality, poor functional status, unnecessary hospitalizations, adverse drug events, duplicative tests and conflicting medical advice. The plan had very small increase at 0.2% when compared to California and HOS total performance with 1.9% and 2.3% increase.

	Multiple Chronic Medical Conditions	
	Baseline	**Follow Up**
SCFHP	86.2%	86.4%
California	74.1%	76.0%
HOS Total	75.2%	77.5%

The Healthy Days Measures served as indicators of populations with greater risk for disease or injury. In the 14 or more days of poor physical health, mental health, or activity limitations are considered indicative of poor well-being, the plan saw 2.8% decrease compared to the baseline. When compared to slight increased percentage in California and HOS Total performance with 0.5% and 1.0% increase. The plan had 0.4% decreased in 14 or More Days of Poor Mental health while California and HOS Total had slight increase at 0.9% and 1.5% respectively. In the 14 or More Days of Activity Limitations the plan had 0.2% decrease while California had 1% increase and 1.4% increase in HOS Total. The performance can be used to identify beneficiaries in poor health who may have undiagnosed conditions or are having difficulty managing stress or chronic diseases.

	14 or More Days of Poor Physical Health		14 or More Days of Poor Mental health		14 or More Days of Activity Limitations	
	Baseline	**Follow Up**	**Baseline**	**Follow Up**	**Baseline**	**Follow Up**
SCFHP	33.0%	29.2%	11.8%	20.2%	27.5%	27.2%
California	19.6%	20.1%	12.0%	12.9%	14.1%	15.1%
HOS Total	16.9%	17.9%	9.3%	10.8%	11.3%	12.7%

The Body Mass Index (BMI) chart can identify the unhealthy weight range and are associated with increased chronic diseases, and in the case of the underweight, increased mortality for the elderly. The plan has a higher increase in underweight group at 3.9%, when compared to 0.7% increase in California and HOS Total. The percentage of overweight increased 0.6% and in California and HOS total had 1.4% and 1.2% decrease. The obese group decreased 2.2%. Both California and HOS Total had 1.5% and 1.4% decrease.

	Underweight		Overweight		Obese	
	BMI<18.5		**BMI 25 to 29.99**		**BMI > 30**	
	Baseline	**Follow Up**	**Baseline**	**Follow Up**	**Baseline**	**Follow Up**

SCFHP	1.9%	5.8%	31.1%	31.7%	26.2%	24.0%
California	2.5%	3.2%	36.9%	35.5%	25.3%	23.8%
HOS Total	1.6%	2.3%	38.1%	36.9%	31.6%	30.2%

SCFHP identified opportunities for our Cal-Medi-Connect members to reduce health disparities and explore potential programmatic interventions aimed at maintaining or improving the overall health of the population. Quality Department track and trend patient outcomes and experiences of care to address ongoing improvement. Cross-functional departments work closely to implement innovate care management approach. Health education team find extensive variety of resources to enhance patient education and care, offering health classes whose subjects range from physical activity, to wellness program; provide weight loss program; distribute newsletters to discuss topics important to a specific segment of the population and ensure that education is culturally appropriate. The case management team will continue to provide comprehensive care through annual health risk assessment, individual care plan, interdisciplinary care team meeting, and transition of care follow up and complex case management.

III. Safety of Clinical Care

A. FACILITY SITE REVIEW (FSR) & MEDICAL RECORDS REVIEW (MRR)

All contracted SCFHP Primary Care Providers (PCP's) receive Part A Facility Site Review (FSR), Part B Medical Records Review (MRR), and Part C Physical Accessibility Survey (PAR) evaluation every three years. All newly contracted SCFHP PCP's must complete and pass FSR Part A and C before being contracted with the Plan. FSR Part B is completed within 90 days of the effective date. SCFHP PCPs who move office locations are reviewed within 30 days of the date QI is notified of the move.

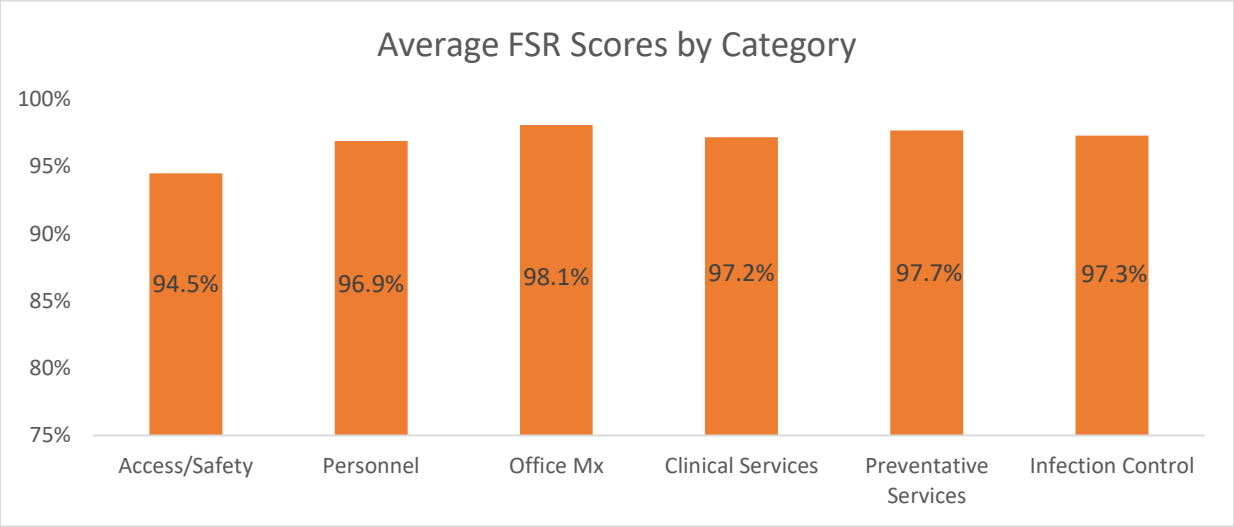
PCPs that score below 80% are monitored more frequently. If critical elements of deficiencies are identified, a score in any section of the site or medical record review below 90%, or there is a deficiency in Pharmacy or Infection Control or an overall score below 90%, then a Corrective Action Plan (CAP) is required to be completed by the providers. SCFHP reviews the sites more frequently when determined necessary based on monitoring, evaluation, or CAP follow-ups needs. CAPs are monitored by QI Nurses.

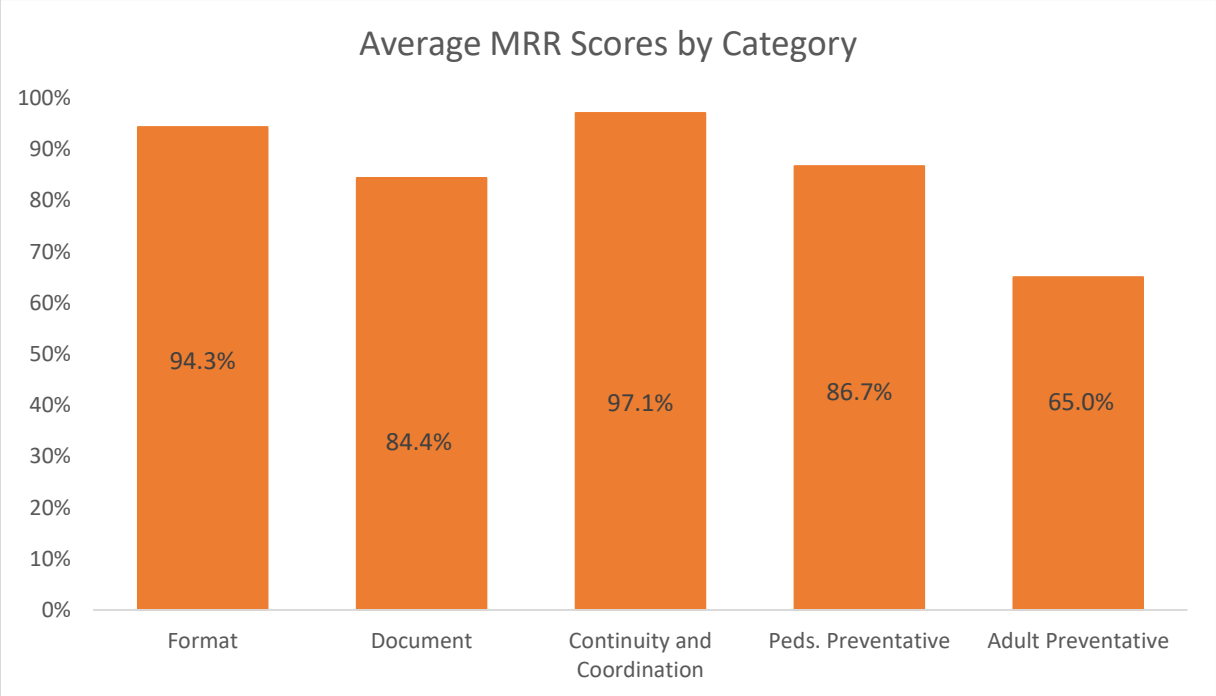
SCFHP works collaboratively with Anthem Blue Cross, on shared primary care provider facilities to minimize duplicated audits and support consistency of reviews in Primary care facilities.

The QI department and DHCS CMT started working on virtual FSRs for providers/offices. DHCS MT and QI Nurses resumed on-site audits starting October 12, 2021. SCFHP and DHCS CMT completed 14 Initial FSRs with 3 CAPs issued, 7 periodic FSRs with 2 CAPs issued, 2 Initial MRR with 2 CAPs issued, 5 Periodic MRR with 3 CAPs issued in 2021. CAPs were issued, monitored, verified, closed and pending closure in 2021. Of the 21 Facility Site Reviews completed in 2021, the average Facility Site Review (FSR) score was 97%. Of the 7 Medical Record Reviews completed in 2021, the average Medical Record Review (MRR) was 87%.

3 PARs were conducted in 2021, one was for a Primary Care Provider (PCP) site and 2 were from High Volume Specialist Site (HVS).

2 providers with exempted passes for FSR and MRR requirements. 2 FSR and MRR corrective action plan issued, monitored, validated, and closed. The facility site review deficiencies were mainly identified among access/safety, personnel and clinical services criteria. The most common medical record review deficiencies were identified among document, adult, and pediatric prevention criteria.





Common Deficiencies identified in Facility Site Review:

- A written policy on referrals are not available
- Lack of Emergency medical supplies and emergency medication
- Blood, other potentially infectious materials, and Regulated Wastes are not appropriately placed in leak proof, labeled containers for collection, handling, processing, storage, transport, or shipping.
- Specialized equipment such as scales, EKG's is not always calibrated.
- No evidence that staff has received training and/or information on different topics such as infection control, biohazard waste handling, child/elder/domestic violence abuse, Patient confidentiality, etc.

Common Deficiencies identified in Adult Medical Record Review:

- Staying Healthy Assessments as well as subsequent Staying Health Assessments are not completed
- TB risk assessments are not always documented
- Advance care directives are not documented in the medical record
- Adult immunizations are not administered
- Vaccine Information Statement documentation is not complete or evidence of publication date is not noted
- Completion of Initial Health Assessment within 120 days of enrollment
- Referral for breast and cervical cancer screening are not documented in the medical record

Common Deficiencies identified in Pediatric Medical Record Review:

- Staying Healthy Assessments as well as subsequent Staying Health Assessments are not completed
- Hearing screenings or vision screenings are not always performed
- Blood lead screening test is not completed
- VIS documentation is not completed

SCFHP collaborated with Anthem Blue Cross to obtain results of site reviews as to not duplicate site reviews of the same providers. There were 17 periodic FSRs and MRRs, 1 initial FSR and 2 initial MRRs performed.

QI nurses continue to work on FSR/MRR/PAR database software for use by reviewers in the office via the web interface. FSR staff attends mandated DHCS Site review workgroup meetings to stay connected with new changes from DHCS. SCFHP published a provider news article on the new FSR and MRR tool in June 2020. The new tool and the guideline are available on the SCFHP's website.

SCFHP contracted with a DHCS Certified Master Trainer (CMT) Consultant to conduct pending site reviews and certified 1 nurse.

DHCS terminated the flexibilities outlined in APL 20-011 effective June 30th, 2021 per EO N-08-21 issued by Governor on June 11th, 2021. Therefore, effective July 1st MCPs were required to begin resumption of these activities and return to standard program operations, policies, and procedures in place before the COVID-19 public health emergency.

B. PROVIDER PREVENTABLE CONDITIONS (PPCs)

SCFHP tracked Provider Preventable Conditions by number of cases each month, number of cases per hospital to see any trends. There were a total 48 cases in 2021: 36 were Medi-Cal and 15 were Medi-Cal-Connect.

Hospital	Number of Cases
EL CAMINO HOSPITAL-MOUNTAIN VIEW CAMPUS	1
GOOD SAMARITAN HOSPITAL	5
KAISER HOSITAL- SANTA CLARA	1
O'CONNOR HOSPITAL	5
PROTECION A LA INFANCIA, A.C. HOSPITAL 'LA LUZ'	1
REGIONAL MEDICAL CENTER OF SAN JOSE	6
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL, INC	1
ST. LOUISE REGIONAL HOSPITAL	3
SANTA CLARA VALLEY MEDICAL ACUTE CARE HOSPITALS	10
SANTA CLARA VALLEY MEDICAL CENTER REHABILITATION UNITS	3
STANFORD MEDICAL CENTER HOSPITAL	9
UNIVERSITY MEDICAL CENTER	1
WASHINGTON HOSPITAL	1
WHITE BLOSSOM CARE CENTER	1

SCFHP also tracked the count of cases by Provider Preventable Conditions. The top conditions were Catheter-associated urinary tract infection with 41 cases, comprised of 85.42% of 48 cases.

Condition	Number of cases
Catheter-associated urinary tract infection	41
Stage III or IV pressure ulcers	2
Falls/trauma	4
Iatrogenic pneumothorax with venous catheterization	1

QI nurses are to investigate cases as PQI, including but not limited to: wrong surgery/invasive procedure, surgery/invasive procedure on the wrong body part and wrong patient. Out of the 39 PPC cases investigated: 36 cases were closed at a level 1- no quality of care issue identified; 3 cases were closed at a level 0.

C. POTENTIAL QUALITY CARE OF ISSUES (PQI)

The Potential Quality Issue (PQI) is a suspected deviation from the standard performance, clinical care, or outcome of care, which requires further investigation to determine whether the issue is substantiated to quality of care or opportunity for improvement exist.

The goal of the SCFHP PQI process is to identify, address, investigate, report, and resolve any potential quality of care issues (PQI) to ensure that services provided to members meet established professional quality of care standards and improve member outcomes. This includes Critical Incidents (CI) and Provider Preventable Conditions (PPC's).

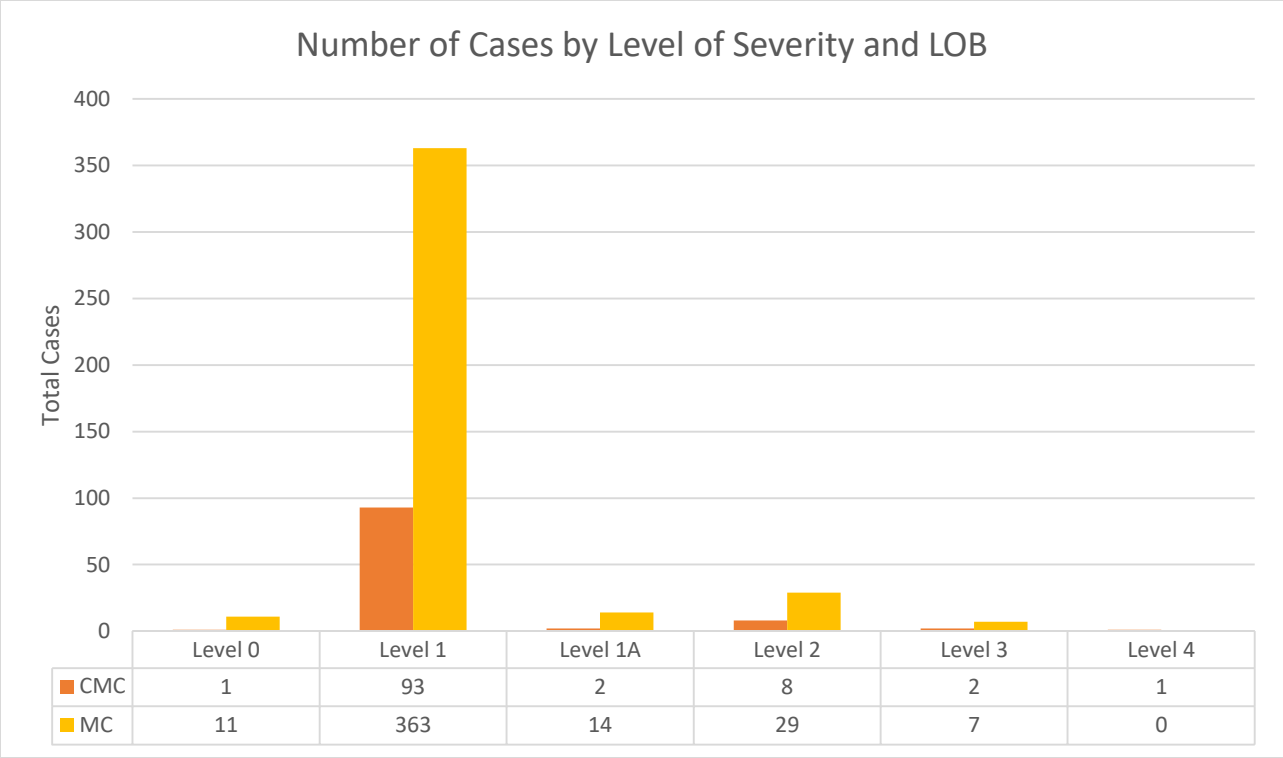
The Grievance and Appeal (G&A) Clinical Specialist reviews PQI referrals and all the grievances to identify PQI. If the referral or grievance is identified as a PQI, the G&A Clinical Specialist will notify QI coordinators to request medical records for investigation. The QI Nurses review each PQI and CI case with Medical Director. QI Nurses provide annual PQI training to all the member-facing departments at the health plan. QI nurses submit quarterly PQI reports to the credentialing and peer review committee. QI nurses also report PQI cases to the health plan's delegate network for re-credentialing purposes. The Medical Director makes the final determination and assigns a severity level to each PQI case.

Description of each severity level:

- Level 0: Not our member/Not our provider/Not a covered benefit
- Level 1: No quality of care issue identified. Quality of Care is Acceptable
- Level 1A: No quality of care issue identified (ie., Quality of Service issue)
- Level 2: Opportunity for Improvement; No adverse occurrence
- Level 3: Opportunity for Improvement; No adverse occurrence
- Level 4: Immediate Jeopardy

SCFHP investigated a total of 531 cases in 2021. Of those 531 cases closed, 12 cases were closed at a level 0; 456 cases closed at a level 1; 16 cases closed at a level 1A; 37 cases closed at a level 2; 9 cases closed at a level 3; and 1 case was closed at a level 4. However, the level 4 case was recently downgraded to a level 3 in Quarter 1 of 2022 after further investigation.

A total of 16 PQI notification letters were issued. A total of 6 corrective action plans (CAPs) were issued, monitored, validated, and closed in 2021. Out of the 6 CAPS issued: 2 were against Acute Hospitals; 2 against Skilled Nursing Facility (SNF); 1 against a Long Term Care Facility (LTC); 1 against a Transportation Vendor; and 1 against a Home Health Agency.



	Level 0	Level 1	Level 1A	Level 2	Level 3	Level 4
CMC	1	93	2	8	2	1
MC	11	363	14	29	7	0

There was a decrease in the number of PQIs in 2021 compared to 2020. The majority of PQIs reviewed were unsubstantiated or closed as level 1-Quality of Care is Acceptable. The health plan defined the process to temporarily hold PCP auto-assignment based on the PQI cases closed at levels 2, 3, and 4 with CAP. Two PCP's auto-assignments were paused in 2021 by SCFHP.

The plan identified 10 PQIs with Critical Incidents in 2021. Of those PQIs identified as Critical Incidents, 4 involved non-emergency medical transportation/cab vendors, 3 occurred at a skilled nursing facility (SNF), and 3 involved providers. Critical incidents are identified as high-priority cases.

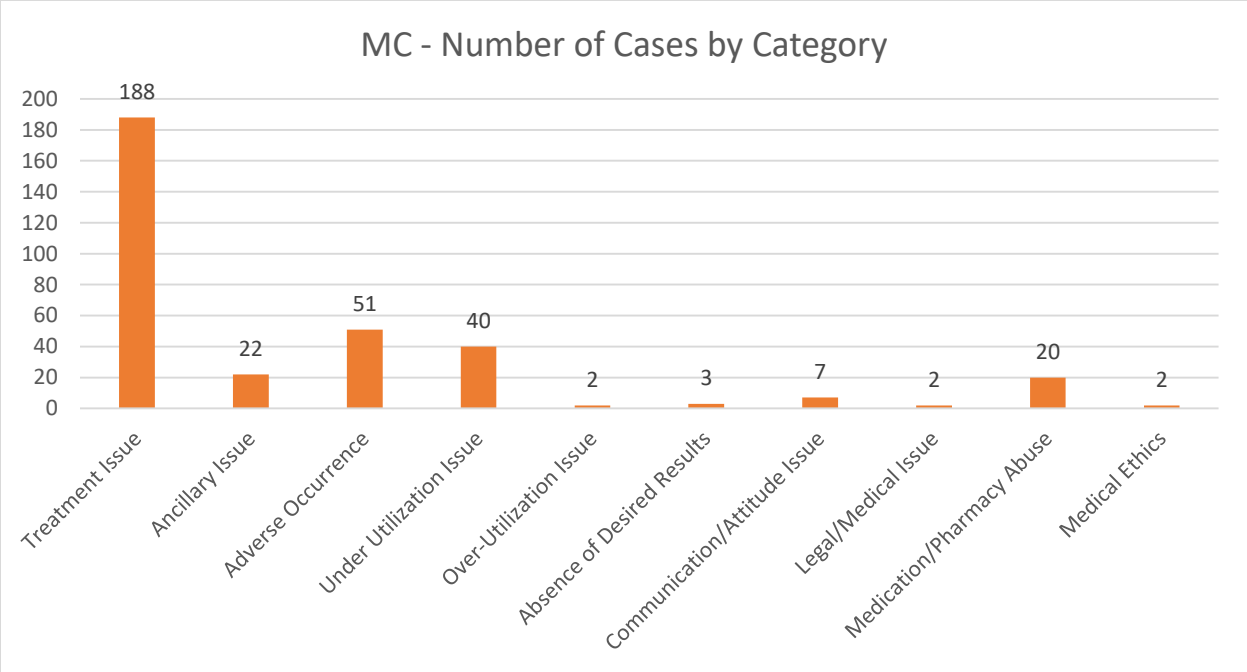
The 3 Critical Incident cases against the SNFs were reported to the California Department of Public Health (CDPH) Licensing and Certification office in San Jose for investigation. Two Critical Incident cases against providers were closed at a level 2 and PQI notification letters were sent. One out of the 3 Critical Incident cases against the SNFs was closed at a level 3 with a corrective action plan requesting the facility's policies and procedures in regards to carrying out physician orders (i.e., written, telephone, etc.). One transportation-related critical incident PQI case was closed at a level 3 with a CAP requesting the vendor's policy and procedures in regards to operational vehicle and equipment inspection, basic operations and maneuvering, boarding and aligning passengers, safety and operation of wheelchair/gurney and other special equipment along with driving condition, passenger assistance and securement. One Critical incident PQI case identified in Quarter 4 is still currently under investigation. The following severity levels were assigned to the identified Critical Incident cases:

Level 0- 0
Level 1- 5; No CAP
Level 2-2; PQI Notification Letter sent

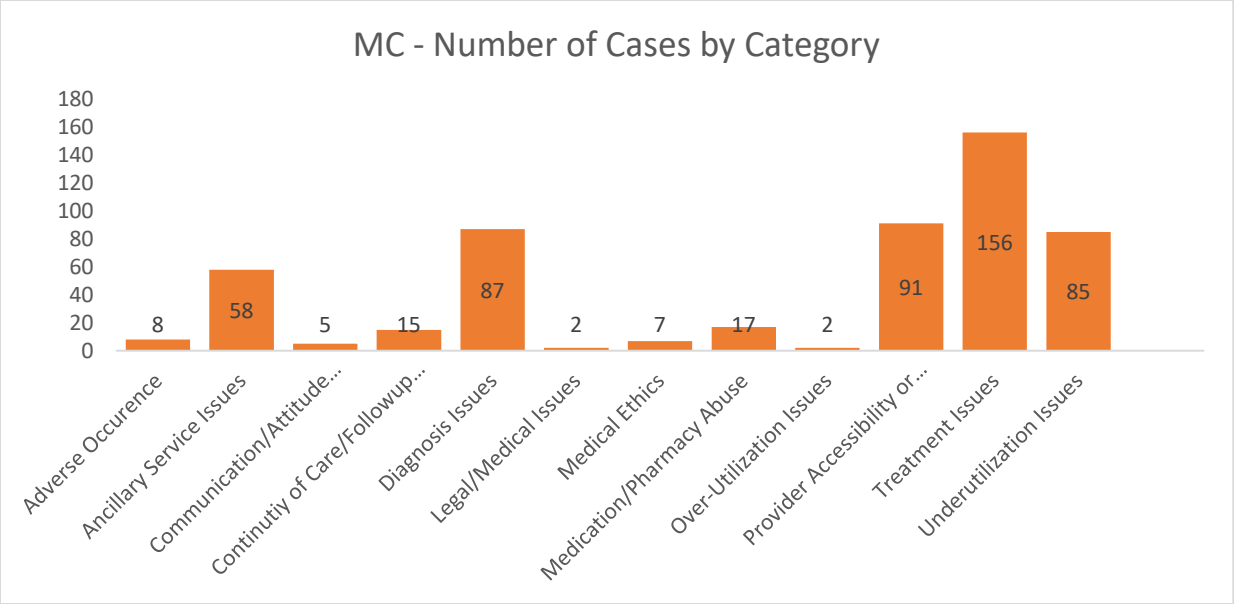
Level 3- 2; CAPs sent
Level 4- 0

QI Nurses assign a quality indicator to each PQI cases to determine the type of PQI.

The chart below shows the number of Medi-Cal PQIs by category. Treatment, adverse occurrence, and underutilization-related PQIs were mostly identified among the Medi-Cal LOB.



The chart below showed the number of 3 represents the number of Cal MediConnect PQIs by category. The most common type of PQI among Cal- MediConnect LOB were treatment issues, provider accessibility, and diagnosis issues.



SCFHP continues to monitor the numbers and categories of PQI to improve our member safety and satisfaction.

IV. QUALITY OF SERVICE

A. ACCESS & AVAILABILITY

SCFHP makes every effort to ensure that its members receive timely access to appointments, medical services and after-hours care. When appointment and after-hours access is not being met, an analysis of findings is conducted and a corrective action plan is required (when applicable). Access reporting monitoring activities are reviewed in the Timely Access & Availability (TAA) Work Group and Quality Improvement Committee (QIC). The Work Group is represented by the following departments: Provider Network Operations, Quality, Utilization Management, Customer Service, Behavioral Health, Compliance, Grievance/Appeals, Contracting, and Marketing. The TAA work group and QIC reviews, evaluates, and makes recommendations as needed.

Appointment Standards

Provider Type	Urgent Appointment	Non-Urgent/ Routine Appointment	Non-Life Threatening Appointment	Follow-up Care
Primary Care Providers (All)	48 hours	10-days	NA	NA
Specialists (All)	96 hours	15-days	NA	NA
BH/MH – (All)	48 hours	10-days	6-hours	30-days

Results

PCP Urgent Care Appointment within 48-hours

Year	Provider Type	# Responded	# Refused/Non-Response	# Providers Meet AA	Rate of Compliance	Goal 90%	Goal Met Yes/No
2021	PCP (N=725)	268	387	158	59%	90%	No
2021	PCP – Telehealth (N=61)	36	23	33	92%	90%	Yes

PCP Non-Urgent/Routine Appointment within 10-days

Year	Provider Type	# Responded	# Refused/Non-Response	# Providers Meet AA	Rate of Compliance	Goal 90%	Goal Met Yes/No
2021	PCP (N=725)	278	92	231	83%	90%	No
2021	PCP – Telehealth (N=61)	38	23	33	87%	90%	No

Specialists Urgent Care Appointment within 96 hours

Year	Provider Type	# Responded	# Refused/Non-Response	# Providers Meet AA	Rate of Compliance	Goal 90%	Goal Met Yes/No
2021	Specialists (N=286)	52	227	21	40%	90%	No
2021	Specialists Telehealth (N=47)	11	19	8	73%	90%	No

Specialists Non-Urgent Care Appointment within 15-days

Year	Provider Type	# Responded	# Refused/Non-Response	# Providers Meet AA	Rate of Compliance	Goal 90%	Goal Met Yes/No
2021	Specialists (N=286)	59	227	34	58%	90%	No
2021	Specialists Telehealth (N=47)	11	19	7	64%	90%	No

Psychiatry Urgent Care Appointment within 48-hours

Year	Provider Type	# Responded	# Refused/Non-Response	# Providers Meet AA	Rate of Compliance	Goal 90%	Goal Met Yes/No
2021	Psychiatrists (N=178)	6	171	3	50%	90%	No
2021	Psychiatrists Telehealth (N=9)	0	9	0	0%	90%	No

Psychiatry Non-Urgent/Routine Care Appointment within 10-days

Year	Provider Type	# Responded	# Refused/Non-Response	# Providers Meet AA	Rate of Compliance	Goal 90%	Goal Met Yes/No
2021	Psychiatrists (N=178)	7	171	5	71%	90%	No
2021	Psychiatrists Telehealth (N=9)	1	8	1	100%	90%	Yes

Non-Physician Mental Health Urgent Appointment within 48-hours

Year	Provider Type	# Responded	# Refused/Non-Response	# Providers Meet AA	Rate of Compliance	Goal 90%	Goal Met Yes/No
2021	Non-Physician Mental Health(N=125)	11	113	7	70%	90%	No
2021	Non-Physician Mental Health Telehealth (N=21)	5	16	5	100%	90%	Yes

Non-Physician Mental Health Non-Urgent/Routine Appointment within 10-days

Year	Provider Type	# Responded	# Refused/Non-Response	# Providers Meet AA	Rate of Compliance	Goal 90%	Goal Met Yes/No
2021	Non-Physician Mental Health(N=125)	12	1	7	64%	90%	No
2021	Non-Physician Mental Health Telehealth (N=21)	7	16	7	100%	90%	Yes

SCFHP administers Cal MediConnect (CMC); a dual eligible plan for members who qualify for both Medicare and Medi-Cal.

CMC enrollees receives 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.

Medi-Cal enrollees receive accessible, and cost-effective health care through managed care delivery systems. Managed care plans are a cost-effective use of health care resources that improve health care access and assure quality of care.

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.

For line of business CMC, 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.

Provider to Member Ratio Standards

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%

Results

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

Maximum Tine and Distance Standards

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.

Results

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	99.5%	90%	Met
Cardiology	10,060	70	20 min and 10	99.3%	90%	Met
Gynecology	10,130	0	30 min and 15	100%	90%	Met
Ophthalmology	9,977	153	20 min and 10	98.5%	90%	Met

Hematology -	9,923	207	20 min and 10	98.0%	90%	Met
Psychiatry	10,130	0	20 min and 10	100%	90%	Met
Marriage/Family	9,256	878	20 min and 10	91.4%	90%	Met
Clinical Social	9,432	702	20 min and 10	93.1%	90%	Met

***Goal:** 90% of members will have access

For line of business MC, SCFHP follows the annual network certification procedure.

V. MEMBER EXPERIENCE

A. CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS (CAHPS)

Medi-Cal

The NCQA HEDIS Consumer Assessment of Healthcare Providers & Systems (CAHPS) 5.0H Child and Adult Medicaid survey follows the DHCS direction of a 2-year cycle. The last CAHPS was conducted in MY2020, and the result was released in 2021.

Adult Medicaid Survey's total response rate is 18.6%.

CAHPS 5.0 Adult Medicaid Health Plan Survey

Measure	Rate (8+9+10)	Rate (9+10)
Rating of Health Plan	71.18%	53.31%
Rating of All Health Care	79.8%	58.59%
Rating of Personal Doctor	83.14%	66.67%%
Rating of Specialist Seen Most Often	83.47%	71.9%
Measure	**Rate (Always)**	**Rate (Always + Usually)**
Getting Needed Care	47.13%	77.13%
Getting Care Quickly	44.36%	70.57%
How Well Doctors Communicate	69.2%	89.2%
Customer Service	63.02%	90.43%

Child Medicaid Survey's total response rate is 21.87%

CAHPS 5.0 Child Medicaid Health Plan Survey

Measure	Rate (8+9+10)	Rate (9+10)
Rating of Health Plan	88.4%	72.85%
Rating of All Health Care	91.11%	74.44%
Rating of Personal Doctor	91.1%	76.26%
Rating of Specialist Seen Most Often	NA	NA
Measure	**Rate (Always)**	**Rate (Always + Usually)**
Getting Needed Care	51.94%	84.62%
Getting Care Quickly	61.38%	79.89%
How Well Doctors Communicate	72.92%	91.1%
Customer Service	60.76%	86.92%

SCFHP continues to review the results of CAHPS 5.0 Medicaid survey for both children and adult and aim at continuous improvement. In 2021, SCFHP developed customer service education and up to date Medi-Cal call handling. Utilize marketing material inform our members regarding access and availability during the Covid-19 public health emergency. Many routine visits and non-elective procedures were affected by Covid-19 public health emergency, SCFHP continued to provide customer service and transportation arrangements for our members to ensure the quality and comprehensive care was provided. SCFHP worked on developing disaster management plan to ensure the continuous care was provided in a timely matter. The next Medicaid CAHPS survey will be conducted in 2023.

Cal Medi-Connect

SCFHP utilizes Consumer Assessment of Healthcare Providers & Systems (CAHPS) results to improve member satisfaction and use results to compare to Medicare Medicaid Plan's (MMP) National Data Benchmark average scores in all categories to reach health plan improvement and increase member satisfaction annually.

In 2021, the response rate was 33.5%, a 4.3% increase over the prior year. 27.4% of surveys were completed by mail and 5.9% were completed by phone call. In 2021, data submission to CMS resumed. Overall there were no significant changes compared to 2020. However there were moderate improvements and the gaps compared to 2019 results were closed in the following areas: Rating of Health Plan and Rating of Health Care Quality. The ease of filling prescriptions by mail showed a 5 point increase between 2019 and 2021.

Below is the rate of each survey measure in 2021:

Measure	Rate
Getting Care Easily	77.4%
Getting Care Quickly	79.2%
Rating of Primary Care Doctor	67.1%
Rating of Specialists	65.0%
Rating of Care	50.6%
Coordination of Care	87.1%
Rating of Health Plan	59.9%

SCFHP had the highest increase year over year in the Getting Care Quickly measure, improving from 67.7% in 2020 to 79.2% in 2021.

The top three performing measures were the Coordination of Care, Getting Care Quickly, and Getting Care Easily measures. The lowest three performing measures were the Rating of Care, Rating of Health Plan, and Rating of Specialists measures.

SCFHP's response rate increased in 2021 to 33.5%, the highest response rate since the plan conducted the first CAHPS survey in 2016. The plan continued the implementation of 2 new languages (Chinese and Vietnamese) for the survey. The number of surveys completed in Chinese continued to grow in 2021. The Chinese survey rate increased from 0.65% in 2019 to 11.07% in 2021. The plan will continue to use this opportunity to improve response rates. There were 33 survey language barriers in 2021, which was less than the 2019 and 2018 surveys with 55 and 116 barriers reported, respectively. The plan will look into potentially adding Tagalog as an additional language.

SCFHP saw improvement projects implemented successfully in 2020 and 2021 with the focus of improving customer service, mainly targeting Question 37 of the survey. After making health plan forms easier to fill, the score improved from 3.56 in 2019 to 3.68 in 2021. A successful marketing campaign also increased the overall response rate to 33.5%.

SCFHP is looking into opportunities to stratify reporting on provider groups. The stratified provider groups will provide better understanding for the plan to better work with our network partners. This will allow the plan to provide the best care to our members through provider education and have our provider network operations team develop strategies with our providers on providing timely access to care and getting needed care in time. SCFHP is working on developing enhanced customer service training and education to ensure the customer service representatives have all the tools to provide the information requested by members and explain the information clearly for members to understand. SCFHP will also work on primary care physician (PCP) panel review to ensure the loading for PCPs are manageable.

B. GRIEVANCES & APPEALS (G&A)

SCFHP's goal is to increase member satisfaction by addressing member grievances within mandated timeliness. Appeal and grievance data is reported on the company compliance dashboard and offers ongoing monitoring to rapidly identify variances and address the variances in a timely manner. SCFHP's

G&A Clinical Specialist also conducts expedited review for any imminent and serious threat to health including but not limited severe pain, or potential loss of life, limb, or major body function for Medi-Cal line of business.

A total of 5,613 grievances and appeals were received in 2021 (1,411 grievances and 698 appeals from CMC and 2,401 grievances and 1,103 appeals from Medi-Cal). The cases are classified in 3 categories: Access, Quality of Care, and Quality of Service.

Medi-Cal

SCFHP monitors Medi-Cal grievances by category and subcategory from medical and pharmacy grievances.

Category	Medical Grievance	Pharmacy Grievance	Total	Percentage
Quality of Service	1,150	32	1,182	49.23%
Access	621	1	622	25.91%
Quality of Care	364	1	365	15.20%
Referral	108	0	108	4.50%
Compliance	59	0	59	2.46%
Enrollment/Disenrollment	27	3	30	1.25%
Other	20	0	20	0.83%
Language Access	8	0	8	0.33%
Plan Benefits	5	0	5	0.21%
Marketing	2	0	2	0.08%
Grand Total	2,364	37	2,401	100%

Transportation service (non-medical transportation - NMT) was the top subcategory for all medical grievances under quality of service in which comprised of 28% (350 cases). It is consistently the highest subcategory. SCFHP meets with the transportation vendor regularly to determine the specific solutions to decrease overall grievances.

Timely access to primary care provider and specialist were the highest in Access category with 190 cases and 176 cases respectively. In 2021, appointment availability and timely access was due to the COVID-19 pandemic.

Third top category of medical grievances quality of care received the most grievance on inappropriate provider care which comprised of 10% of all grievances (243 cases). That also the most referred cases for PQI.

All cases are reviewed and determined whether required Potential Quality of Care review. Some cases could be withdrawn or had one or more related cases which PQI was reviewed on the “mother case”. 1633 cases (80.17%) were resolved in favor member and 6 cases were partially resolved in favor of member. 172 cases were resolved in favor of plan. 165 cases and 56 cases were withdrawn and dismissed respectively. And 5 cases were closed.

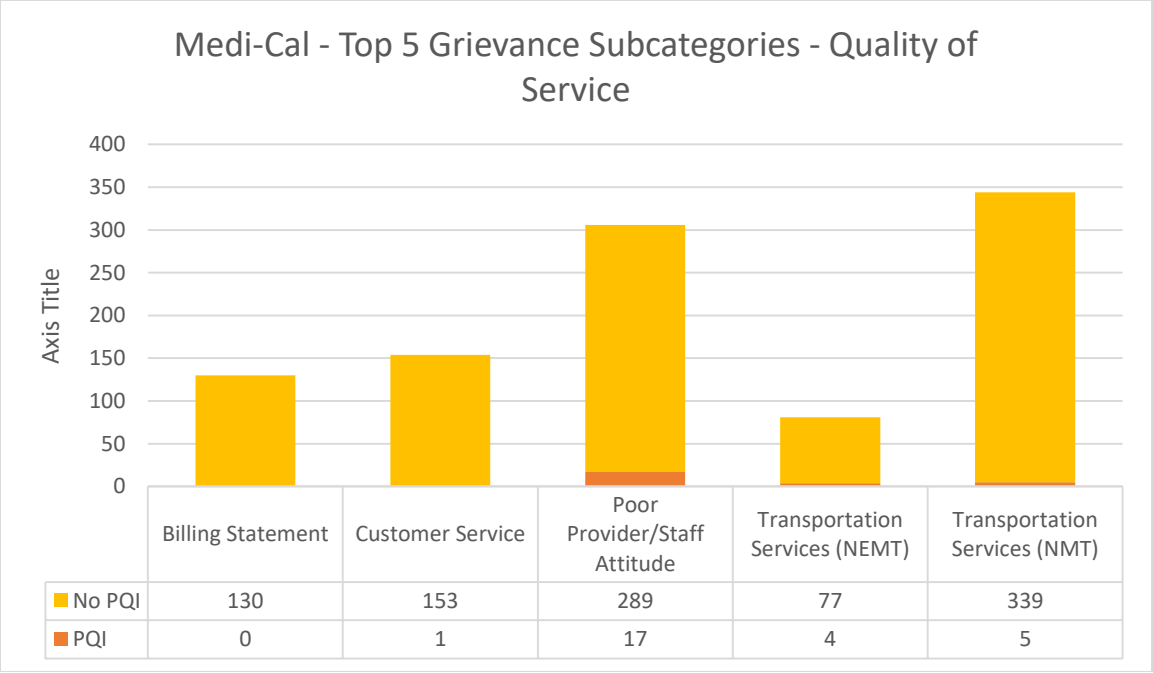
SCFHP tracks and trends all member appeals for each of the five categories including: Authorization – covered service, Authorization – medical necessity, Continuity of Care, Covered Service, and Medical Necessity. The data below representative of total 1,103 member appeals in 2021.

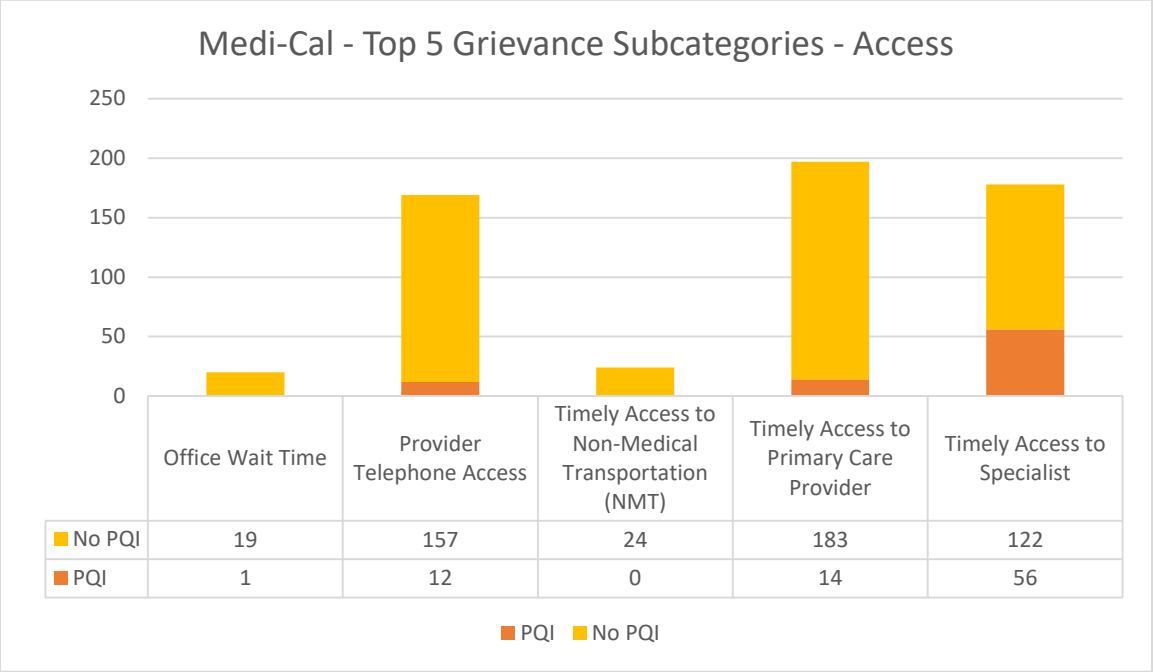
Case Type	Category Name	Grand Total

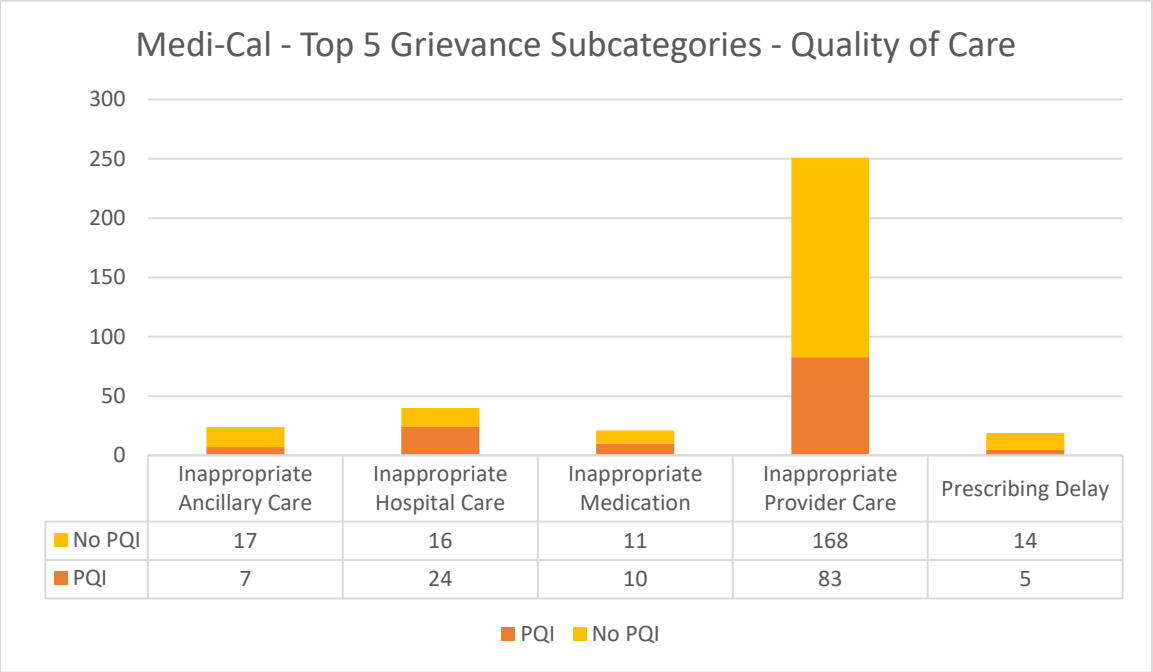
Medi-Cal Pre Service Pharmacy Appeal	Authorization (Medical Necessity)	474
	Authorization (Covered Service)	45
Pre Service Pharmacy Appeal		***519***
Medi-Cal Pre Service Medical Appeal	Authorization (Medical Necessity)	377
	Authorization (Covered Service)	164
	Continuity of Care	1
Pre Service Medical Appeal		***542***
Medi-Cal Post Service Medical Appeal	Medical Necessity	25
	Covered Service	14
	Direct Member Reimbursement Appeal	1
Post Service Medical Appeal		***40***
Medi-Cal Post Service Pharmacy Appeal	Medical Necessity	2
Post Service Pharmacy Appeal		***5***
Grand Total		**1,103**

262 cases were overturn, 8 were partially favorable, 691 were uphold, and 15 were withdrawn by Plan/Medical Direction Disposition.

Case Status Name	Overturn	Partially Favorable	Uphold	Withdrawn	Other	Grand Total
Resolved in Favor of Plan			762		11	773
Resolved in Favor of Member	266	2	2		2	272
Dismissed					43	43
Partially Resolved in Favor of Member		15				15
Grand Total	**266**	**17**	**764**		**56**	**1,103**







Cal Medi-Connect (CMC)

SCFHP monitored CMC grievances by category and subcategory from Part C and Part D grievances.

Grievance Category	Part C	Part D	Grand Total	Percentage
Quality of Service	875	29	904	64.07%
Access	186	3	189	13.39%

Quality of Care	176	11	187	13.25%
Compliance	47	3	50	3.54%
Plan Benefits	15	9	24	1.70%
Service Authorization and Plan Level Appeals Process	24	0	24	1.70%
Other	13	2	15	1.06%
Enrollment/Disenrollment Coverage Determination/Redetermination Process	7	0	7	0.50%
Language Access	4	0	4	0.28%
Marketing	4	0	4	0.28%
Coverage Determination/Redetermination Process	0	2	2	0.14%
Expedited	1	0	1	0.07%
Grand Total	1,352	59	1,411	100%

Balance Billing Statement was the top subcategory for all Part C & D grievances under quality of service in which comprised of 27.42% (387 cases). Same as Medi-Cal, Transportation service (NMT) was also on the top subcategory for Part C & D grievances under quality of service in which comprised of 12.97% (183 cases).

The third top subcategory was Inappropriate Provider Care under the category of Quality of Care. There were total 124 cases, 117 from Part C, and 7 from Part D.

All cases are reviewed and determined whether required Potential Quality of Care review. 1,095 cases (89.39%) were resolved in favor member and 7 cases were partially resolved in favor of member. 28 cases were resolved in favor of plan. 91 cases and 2 cases were withdrawn and dismissed respectively. Two cases were closed.

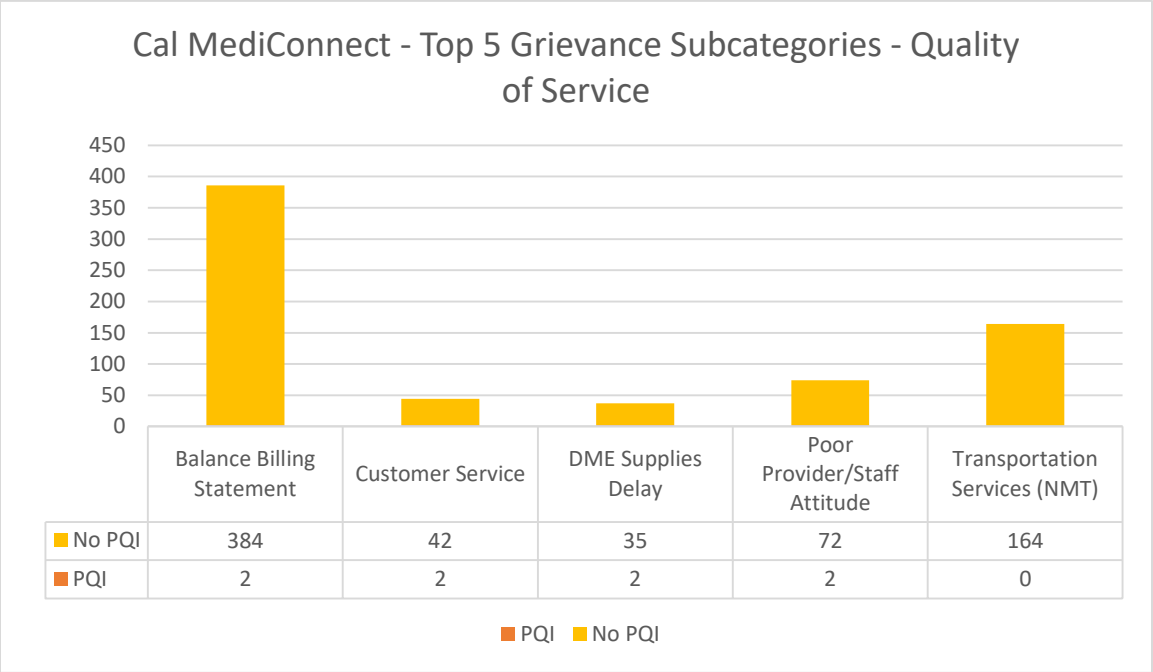
SCFHP tracks and trends all member appeals for each of the five categories: including Post Services and Pre-Services for Part B, C and D. The data below representative of total 698 member appeals in 2021.

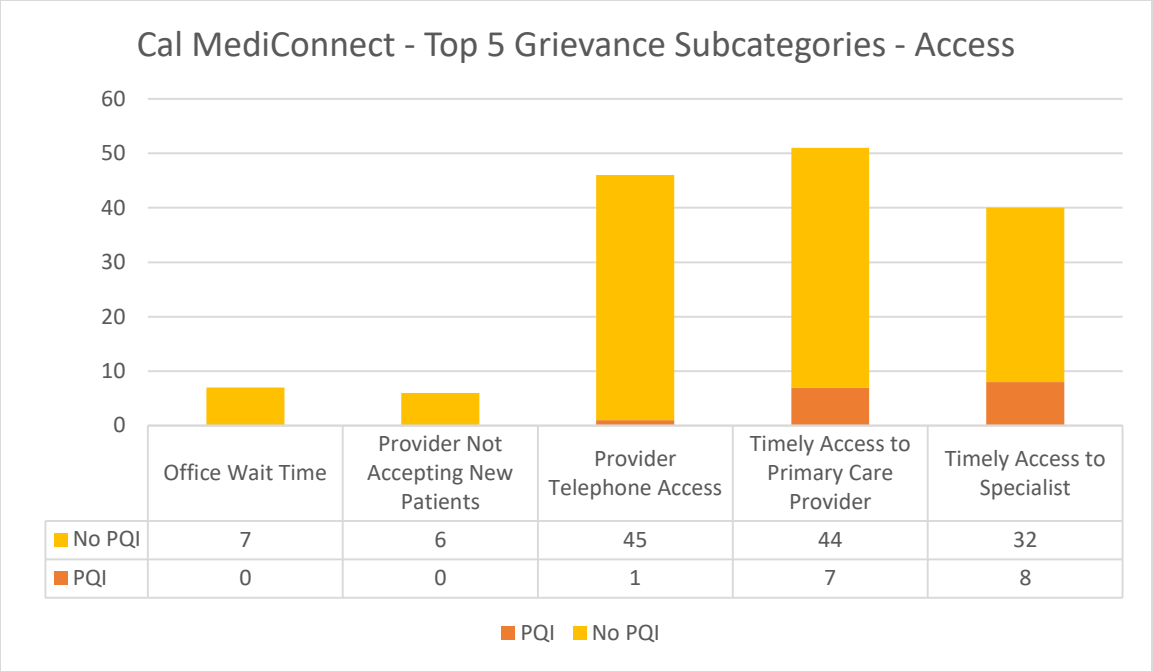
Appeal Case Type	Category Name	Grand Total
Cal Medi-Connect Post Service Part C		***331***
	Post-Service Reconsideration (Claims)	331
Cal MediConnect Post Service Part D		***12***
	Direct Member Reimbursement Redetermination	3
	Post-Service Redetermination (Claim)	9
Cal MediConnect Pre-Service Part C		***213***
	Expedited	19
	Pre-Service Reconsideration (Authorization)	194
Cal MediConnect Pre-Service Part D		***142***
	Expedited	31
	Pre-Service Reconsideration (Authorization)	111

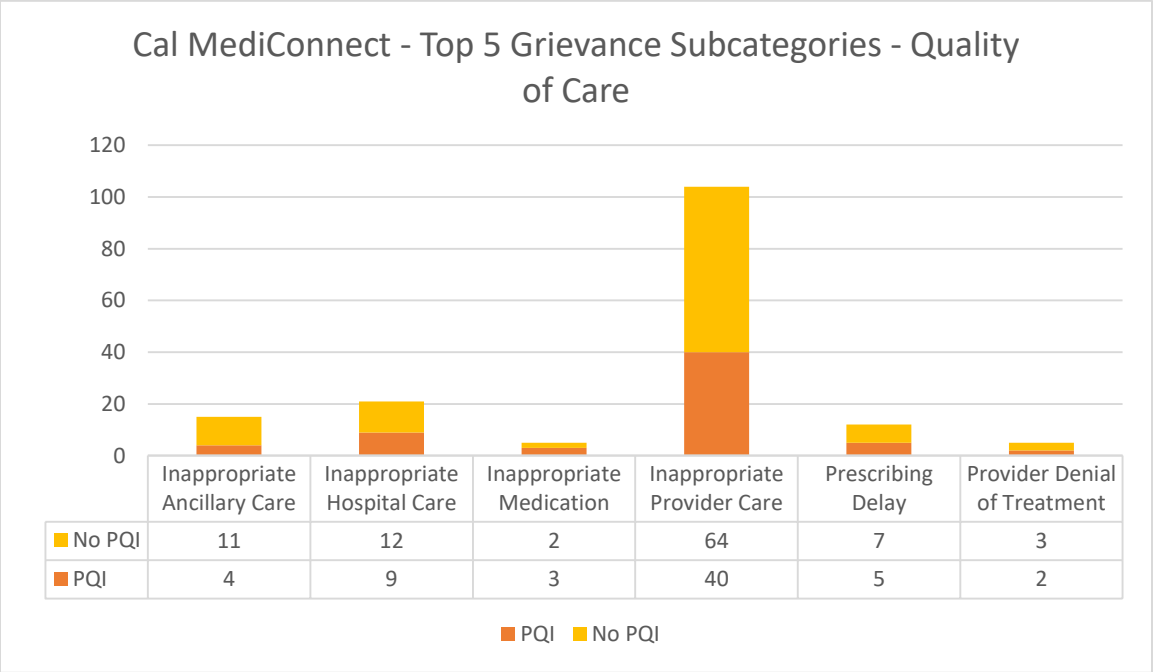
Grand Total		**698**

328 cases were overturn, and 211 were uphold by Plan/Medical Direction Disposition.

Case Status	Overturn	Uphold	Other	Grand Total
Resolved in Favor of Member	325	4	48	377
Dismissed			14	14
Resolved in Favor of Plan	1	206	15	222
Withdrawn	2	1	82	85
Grand Total	**328**	**211**	**159**	**698**







G&A management provides daily review of oversight monitoring reports to flag staff for potential untimely cases; Regular monitoring of company holiday schedule and ensure proper holiday coverage; provide reminders to staff about the upcoming holiday and promote compliance on their cases prior to departing for the scheduled holidays. Refresher training is also provided to staff on notification requirements for expedited grievance and appeal cases. SCFHP always seeks to identify opportunities to enhance member experience by identifying sources of abrasion to resolve grievances and appeals in a timely manner.

VI. CONCLUSION

In summary, SCFHP was able to complete Quality Improvement Interventions as planned in Quality Improvement Work Plan.

The COVID-19 pandemic has reflected a number of strengths of the plan. The collaboration efforts and dedication of leading by Quality Department and other departments, including but not limited to: Grievance & Appeals, Pharmacy, Medical Management, Provider Network continued to focus on providing best possible quality clinical care and safety of care services to our Medi-Cal and Medi-Connect members in Santa Clara County. Besides, plan has good relationship with provider networks to maintain coordination of care and enhance data collection and sharing process. Plan continued to strive and minimize the impact of our quality services in 2022.

Plan will follow the analysis, identify barriers, and track and trend data in 2020-2021 to develop the 2022 Quality Improvement Work Plan and obtain approval from Quality Improvement Committee (QIC) in April 2022.

SCFHP Medi-Cal (MC) 2021 Quality Improvement Work Plan

QI Activity	Area	Deliverable	Objective	Staff Responsible	Timeframe	Previous Barrier/Issue	Goal	Evaluate/Monitoring	Impact of COVID-19
Quality of Clinical Care	QI Program	QI Work Plan	Development of a QI Work Plan each year and subsequent tracking of implementation	QI & Health Education Manager	May 2022	N/A	Annual Completion	Approved by QIC: 2/8/22	
Quality of Clinical Care	QI Program	QI Work Plan Evaluation	Subsequent tracking of implementation of the QI Work Plan	QI & Health Education Manager	May 2022	N/A	Annual Completion	Approved by QIC: 2/8/22	
Members' Experience	CAHPS	CAHPS Survey Results Report	Develop Improvement Plans based on results areas for improvement identified in the CAHPS 2021 survey	Process Improvement Manager or Designee	October 2021 (report is provided by DHCS)	N/A	Annual Completion	Approved by QIC: 12/7/21	
Quality of Clinical Care	Health Education	Health Education Work Plan and Evaluation	Development of a HE Work Plan each year and subsequent tracking of implementation	QI & Health Education Manager	February 2022	- limited availability of classes	Expansion of virtual classes	Approved by QIC: 2/8/22	X
Quality of Clinical Care	Cultural & Linguistics	Cultural and Linguistics Work Plan and Evaluation	Development of a C&L Work Plan each year and subsequent tracking of implementation	QI & Health Education Manager	February 2022	N/A	Annual Completion	Approved by QIC: 2/8/22	
Quality of Service	Access/Availability	Provider Accessibility Report	Access to needed medical services in a timely manner is maintained	Provider Services Director or Designee	August 2021	- Timely appointment access - After-hours timeliness (call back within 30min) - In-office wait times not to exceed 15-minutes.	One hundred percent (100%) of network providers will meet appointment access standards established by SCFHP, CMS, and NCQA.	Approved by QIC: 2/8/22 Assessment/findings: Rate of compliance for PCPs relevant to urgent care appt and non-urgent/routine appt access was 59% and 83%, respectively, in 2021, and did not meet the goal. In the past survey cycles, the Plan established interventions in an effort to assist providers with improving PCP urgent/non-urgent appointment access and survey participation. SCFHP's Provider Network Access Mgr worked directly with compliance officers and/or office admins and issued a corrective action plan (CAP) for providers who were non-compliant with access standards. All non-compliant providers are resurveyed within 30 days from the date of the CAP.	
Quality of Service	Access/Availability	Provider Availability Report	Measure and analyze availability of practitioners in order to maintain an adequate network of PCPs, BH and specialty care practitioners.	Provider Services Director or Designee	August 2021	- Rural communities in the southeast area of Santa Clara County	Meet performance goal of 90% for 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.	Approved by QIC: 2/8/22 Assessment/findings: Overall, providers have made a significant amount of progress in trending upward in meeting after-hours and timeliness in the past 3 years. Aggregate access results increased from 78% to 95.7%, respectively, from 2019 to 2021. Aggregate timeliness results increased from 33% to 82.6%, respectively, from 2019 to 2021. The Plan believes that the efforts made in partnership with the providers through notifications of non-compliant and access training increased awareness on after-hours standards, thus both PCPs and BH providers showed improved results on access (911) and timeliness (30 mins).	
Quality of Service	Access/Availability	Credentialing Report	Credentialing file reviews - New applicants processed within 180 calendar days of receipt of application - Recredentialing is processed within 36 months	Provider Services Director or Designee	February 2021 April 2021 August 2021 December 2021	N/A	100%	Approved by QIC: 2/8/22 for Dec 21	
Quality of Clinical Care	HEDIS Reporting	HEDIS Submission	Report HEDIS successfully by 6/15/2021	QI & Health Education Manager	June 2021	N/A	Annual Completion	HEDIS Reporting submitted to NCQA & CMS on 6/14/2021.	
Quality of Clinical Care	Quality (MCAS/HEDIS) Measures	Quality Measures Intervention Workbook	Report on specific HEDIS and CMS core set measures	QI & Health Education Manager	June 2021 December 2021	N/A	Annual Completion	Approved by QIC: 8/10/21	

SCFHP Medi-Cal (MC) 2021 Quality Improvement Work Plan

QI Activity	Area	Deliverable	Objective	Staff Responsible	Timeframe	Previous Barrier/Issue	Goal	Evaluate/Monitoring	Impact of COVID-19
Quality of Clinical Care	Statewide Quality Improvement Plan	DHCS Modules	PDSA Cycle - Quality Improvement Plan	QI & Health Education Manager	December 2021	N/A	Submit by deadline indicated by DHCS	Have Ivy run data monthly to check for increase or decrease of compliance and input into run chart provided in Module.	
Quality of Clinical Care	Statewide Quality Improvement Plan	DHCS Modules	COVID-19 Quality Improvement Plan	QI & Health Education Manager	December 2021	N/A	Submit by deadline indicated by DHCS	Completed December 2021.	
Quality of Clinical Care	Statewide Disparity Performance Improvement Projects	DHCS Modules	Increase rate of adolescent well care visits	Process Improvement Project Manager	Module 1 Due Date: March 1, 2021	Improve rate of adolescent well care visits	5.8% increase over baseline rate of 16.7% for Network 20	Have Ivy run data monthly to check for increase or decrease of compliance and input into run chart provided in Module.	X
Quality of Clinical Care	Statewide Child and Adolescent Performance Improvement Projects	DHCS Modules	Blood lead screening in children	Process Improvement Project Manager	Status: Submitted, pending validation	Children under the age of 3 need blood lead screening completed	8% increase over baseline rate of 65.14% for all target population (goal: 73.13%)	Goal was 9,500 to complete. 7,221 were completed. That is 76% completion rate	X
Safety of Clinical Care	Project: 120 Initial Health Assessment	IHA Report	Initial Health Assessment and Staying Health Assessment	QI Manager or designee	February 2021 December 2021	Low compliance rate	100%	Approved by QIC: 12/7/21 Assessment/Findings: Based off the quarterly audit that was conducted in 2021, SHA remains the element with the greatest opportunity for improvements. Physical exams were incomplete often due to the limitation of tele-visits. Providers or Clinic who scored less than 80% were issued letter to educate about IHA Elements and the importance of completing an IHA visit. Correction Action Plans (CAPs) were not issued from December 1, 2019 to September 30, 2021 due to DHCS' temporarily suspending the requirement to complete an IHA within 120 days for any newly enrolled members within that timeframe. This was lifted October 1, 2021 by DHCS and Providers were advised to review their member roster to identify and outreach members newly enrolled since December 1, 2019 to present who are still currently enrolled who have not received an IHA. .	X
Safety of Clinical Care	Facility Site Review	FSR/MMR Report	Perform Facility Site Review Part A, B and C for all PCP offices and High Volume Specialists offices	QI Nurse	Ongoing - Monthly	COVID-19 has prevented completion	N/A	DHCS terminated the flexibilities outlined in APL 20-011 effective June 30th, 2021 per EO N-08-21 issued by Governor on June 11th, 2021. Therefore, effective July 1st MCPs were required to begin resumption of these activities and return to standard program operations, policies, and procedures in place before the COVID-19 public health emergency. The QI department and DHCS CMT started working on virtual FSRs for providers/offices. DHCS MT and QI Nurses resumed on-site audits starting October 12, 2021. SCFHP and DHCS CMT completed 14 Initial FSRs with 3 CAPs issued, 7 Periodic FSRs with 2 CAPs issued, 2 Initial MRR with 2 CAPS issued, 5 Periodic MRR with 3 CAPS issued in 2021. CAPs were issued, monitored, verified, closed, and pending closure in 2021. 3 PARs were conducted in 2021, one was for a Primary Care Provider (PCP) site and 2 were from High Volume Specialist Site (HVS).	X
Safety of Clinical Care	Quality of Care	PQI Report	- Identify potential quality of care (PQI) - Identify and Report Provider Preventable Conditions	QI Nurse	Ongoing - Monthly	N/A	-Close 90% cases within 90 days from receipt date -Review PQI referral within 7 calendar days of receiving the referral	Assessment/Findings: SCFHP investigated total 424 PQI cases in 2021. Of those 424 closed cases, 11 cases were closed at a level 0; 363 cases closed at Level 1; 14 cases closed at Level 1A; 29 cases closed at Level 2; and 7 cases closed at Level 3. A total of 14 PQI notification letters were issued. A total of 4 CAPS were issued, monitored, validated, and closed in 2021. Out of the 4 CAPS issued: 2 were against an acute hospital; 1 was against a Skilled Nursing Facility (SNF); and 1 against a transportation vendor.	

SCFHP Medi-Cal (MC) 2021 Quality Improvement Work Plan

QI Activity	Area	Deliverable	Objective	Staff Responsible	Timeframe	Previous Barrier/Issue	Goal	Evaluate/Monitoring	Impact of COVID-19
Members' Experience	Grievance and Appeal	Grievance and Appeal Annual Report	Grievance and Appeal	Director, Customer Service or Designee	May 2022	Expedited grievances and appeals	Increase member satisfaction by addressing member grievances within mandated timelines.	Assessments/Findings: A total of 5,613 grievances and appeals were received in 2021 (1,411 grievances and 698 appeals from CMC and 2,401 grievances and 1,103 appeals from Medi-Cal). Transportation service (non-medical transportation - NMT) was the top subcategory for all medical grievances under quality of service in which comprised of 28% (350 cases). SCFHP meets with the transportation vendor regularly to determine the specific solutions to decrease overall grievances. Timely access to primary care provider and specialist were the highest in Access category with 190 cases and 176 cases respectively. In 2021, appointment availability and timely access was due to the COVID-19 pandemic. All cases are reviewed and determined whether required Potential Quality of Care review. Some cases could be withdrawn or had one or more related cases which PQI was reviewed on the "mother case". 1633 cases (80.17%) were resolved in favor member and 6 cases were partially resolved in favor of member. 172 cases were resolved in favor of plan. 165 cases and 56 cases were withdrawn and dismissed respectively. And 5 cases were closed	
Quality of Service	Delegation Oversight Audit Results	Semi-Annual Report	Delegation Oversight Audit Results	Compliance Officer or Designee	June 2021 December 2021	N/A	Annual Completion	Delegation Oversight Audit Results is estimated to be avaialable by end of April 2022. Preliminary results will be shared with Oversight Workgroup by 4/21/22	

2021 Quality Improvement Work Plan

SCFHP Cal-Medi-Connect (CMC) 2021 Quality Improvement Work Plan

QI Activity	Area	Deliverable	Objective	Staff Responsible	Timeframe	Previous Barrier/Issue	Goal	Evaluate/Monitoring	Impact of COVID-19
Quality of Clinical Care	QI Program	QI Work Plan	Development of a QI Work Plan each year and subsequent tracking of implementation	QI & Health Education Manager	May 2022	N/A	Annual Completion	Approved by QIC: 2/8/22	
Quality of Clinical Care	QI Program	QI Work Plan Evaluation	Subsequent tracking of implementation of the QI Work Plan	QI & Health Education Manager	May 2022	N/A	Annual Completion	Approved by QIC: 2/8/22	
Members' Experience	CAHPS	CAHPS Survey and Work Plan	Develop Improvement Plans based on results areas for improvement identified in the CAHPS 2021 survey	Process Improvement Manager or Designee	August 2021	N/A	Annual Completion	Presented to QIC: 12/7/21 Monitor and plan: Based on the result of 2021, the Plan will focus on the following measures: Customer Service, Getting needed care and getting needed prescription drugs. The Plan will have 3 projects to focus on these 3 areas. CS- Enhanced call handling training, Rx- Increase MTM rate to 4star, and PNO/Operations team will work on PCP panel review to ensure PCP have manageable load.	X
Members' Experience	HOS	HOS Survey and Work Plan	Develop Improvement Plans based on results areas for improvement identified in the HOS 2021 survey	Process Improvement Manager or Designee	Third quarter Quality Improvement Committee	N/A - follow up only completed every 2 years	Annual Completion	Presented to QIC: 2/8/22 Monitor and plan: Continue to monitor cohort results. Case Management team will continue to provide CM services (HRA,ICP,ICT,TOC and CCM) to our members. Health education and physical activities will continue be provided to our members.	X
Quality of Clinical Care	Health Education	Health Education Work Plan and Evaluation	Development of a HE Work Plan each year and subsequent tracking of implementation	QI & Health Education Manager	February 2022	- limited availability of classes	Expansion of virtual classes	Approved by QIC: 2/8/22	X
Quality of Clinical Care	Cultural & Linguistics	Cultural and Linguistics Work Plan and Evaluation	Development of a C&L Work Plan each year and subsequent tracking of implementation	QI & Health Education Manager	February 2022	N/A	Annual Completion	Approved by QIC: 2/8/22	
Quality of Service	Access/Availability	Provider Accessibility Report	Access to needed medical services in a timely manner is maintained	Provider Services Director or Designee	August 2021	- Timely appointment access - After-hours timeliness (call back within 30min) - In-office wait times not to exceed 15-minutes.	One hundred percent (100%) of network providers will meet appointment access standards established by SCFHP, CMS, and NCQA.	Approved by QIC: 2/8/22 Assessment/findings: Rate of compliance for PCPs relevant to urgent care appt and non-urgent/routine appt access was 59% and 83%, respectively, in 2021, and did not meet the goal. In the past survey cycles, the Plan established interventions in an effort to assist providers with improving PCP urgent/non-urgent appointment access and survey participation. SCFHP's Provider Network Access Mgr worked directly with compliance officers and/or office admins and issued a corrective action plan (CAP) for providers who were non-compliant with access standards. All non-compliant providers are resurveyed within 30 days from the date of the CAP.	X

SCFHP Cal-Medi-Connect (CMC) 2021 Quality Improvement Work Plan

QI Activity	Area	Deliverable	Objective	Staff Responsible	Timeframe	Previous Barrier/Issue	Goal	Evaluate/Monitoring	Impact of COVID-19
Quality of Service	Access/Availability	Provider Availability Report	Measure and analyze availability of practitioners in order to maintain an adequate network of PCPs, BH and specialty care practitioners.	Provider Services Director or Designee	August 2021	- Rural communities in the southeast area of Santa Clara County	Meet performance goal of 90% for 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.	Approved by QIC: 2/8/22 Assessment/findings: Overall, providers have made a significant amount of progress in trending upward in meeting after-hours and timeliness in the past 3 years. Aggregate access results increased from 78% to 95.7%, respectively, from 2019 to 2021. Aggregate timeliness results increased from 33% to 82.6%, respectively, from 2019 to 2021. The Plan believes that the efforts made in partnership with the providers through notifications of non-compliant and access training increased awareness on after-hours standards, thus both PCPs and BH providers showed improved results on access (911) and timeliness (30 mins).	
Quality of Service	Access/Availability	Credentialing Report	Credentialing file reviews - New applicants processed within 180 calendar days of receipt of application - Recredentialing is processed within 36 months	Provider Services Director or Designee	February 2021 April 2021 August 2021 December 2021	N/A	100%	Approved by QIC: 12/7/21	
Quality of Clinical Care	HEDIS Reporting	HEDIS Submission	Report HEDIS successfully by 6/15/2021	QI & Health Education Manager	June 2021	N/A	Annual Submission	HEDIS Reporting submitted to NCQA & CMS on 6/14/2021.	
Quality of Clinical Care	Quality Measures	Quality Measures Intervention Workbook	Report on MMP, Star Rating and Accreditation Measures	QI & Health Education Manager	April 2021	N/A	Annual Submission	Approved by QIC: 8/10/21	
Quality of Clinical Care	Chronic Clinical Performance Improvement Projects (CCIP) CMC	PDSA Modules	Target Chronic Condition: Behavioral Health Condition - Mental Illness	Behavioral Health Manager	There is no required submission deadline. SCFHP internally tracks the project. Third year cycle ends on February 2022	Plan will develop and implement a 3 year project to increase the percentage of members who had a follow-up visit with a mental health practitioner within 30 days of discharge, specifically from an acute psychiatric facility and for members age of 21 and older, who were hospitalized for treatment of mental illness. Targeting members who are discharged home and from Valley Medical Center.	By December 31, 2021, increase measure rate from 43.18 % to 53.18%.	The number of psychiatric discharges in the final measurement year increased to 8. Seven of those 8 had successful TOC outreaches, resulted in 87.5%. We reached the target goal of 56% in the final year. During the final year, improvements were made in the TOC process, case managers were notified within Essette via automatic task notification when an authorization was created for admission. This allowed staff to initiate communication with in-patient staff prior to discharge and to schedule outreach to the member within a small timeframe after discharge. The plan will continue to provide enhanced training to staff on the importance and purpose of a transition of care activity occurred.	

SCFHP Cal-Medi-Connect (CMC) 2021 Quality Improvement Work Plan

QI Activity	Area	Deliverable	Objective	Staff Responsible	Timeframe	Previous Barrier/Issue	Goal	Evaluate/Monitoring	Impact of COVID-19
Safety of Clinical Care	Facility Site Review	FSR/MMR	Perform Facility Site Review Part A, B and C for all PCP offices and High Volume Specialists offices	QI Nurse	Ongoing - Monthly	COVID-19 has prevented completion	N/A	DHCS terminated the flexibilities outlined in APL 20-011 effective June 30th, 2021 per EO N-08-21 issued by Governor on June 11th, 2021. Therefore, effective July 1st MCPs were required to begin resumption of these activities and return to standard program operations, policies, and procedures in place before the COVID-19 public health emergency. The QI department and DHCS CMT started working on virtual FSRs for providers/offices. DHCS MT and QI Nurses resumed on-site audits starting October 12, 2021. SCFHP and DHCS CMT completed 14 Initial FSRs with 3 CAPs issued, 7 Periodic FSRs with 2 CAPs issued, 2 Initial MRR with 2 CAPS issued, 5 Periodic MRR with 3 CAPS issued in 2021. CAPs were issued, monitored, verified, closed, and pending closure in 2021. 3 PARs were conducted in 2021, one was for a Primary Care Provider (PCP) site and 2 were from High Volume Specialist Site (HVS).	**X**
Safety of Clinical Care	Potential Quality Issues	PQI Report	- Identify potential quality of care (PQI) - Identify and Report Provider Preventable Conditions	QI Nurse	Ongoing - Monthly	N/A	-Close 90% cases within 90 days from receipt date -Review PQI referral within 7 calendar days of receiving the referral	Assessment/Findings: SCFHP investigated total 107 PQI cases in 2021. Of those 107 closed cases, 1 case was closed at a level 0; 93 cases closed at Level 1; 2 cases closed at Level 1A; 8 cases closed at Level 2; 2 cases closed at Level 3 and 1 case closed at a Level 4. However, the level 4 was recently downgraded to a level 3 in 2022 after further investigation. A total of 2 PQI notification letters were issued. A total of 3 CAPS were issued, monitored, validated, and closed in 2021. Out of the 3 CAPS issued: 1 was against a Skilled Nursing Facility (SNF); 1 against a Long Term Care Facility (LTC); and 1 against a Home Health Agency.	

SCFHP Cal-Medi-Connect (CMC) 2021 Quality Improvement Work Plan

QI Activity	Area	Deliverable	Objective	Staff Responsible	Timeframe	Previous Barrier/Issue	Goal	Evaluate/Monitoring	Impact of COVID-19
Members' Experience	Grievance and Appeal	Grievance and Appeal Annual Report	Grievance and Appeal	Director, Customer Service or Designee	April 2022	Expedited grievances and appeals	Increase member satisfaction by addressing member grievances within mandated timelines.	Assessment/Findings: Balance Billing Statement was the top subcategory for all Part C & D grievances under quality of service in which comprised of 27.42% (387 cases). Same as Medi-Cal, Transportation service (NMT) was also on the top subcategory for Part C & D grievances under quality of service in which comprised of 12.97% (183 cases). The third top subcategory was Inappropriate Provider Care under the category of Quality of Care. There were total 124 cases, 117 from Part C, and 7 from Part D. All cases are reviewed and determined whether required Potential Quality of Care review. 1,095 cases (89.39%) were resolved in favor member and 7 cases were partially resolved in favor of member. 28 cases were resolved in favor of plan. 91 cases and 2 cases were withdrawn and dismissed respectively. Two cases were closed. SCFHP tracks and trends all member appeals for each of the five categories: including Post Services and Pre-Services for Part B, C and D.	
Quality of Service	Delegation Oversight Audit Results	Semi-Annual Report	Delegation Oversight Audit Results	Compliance Officer or Designee	June 2021 December 2021	N/A	Annual Completion	Delegation Oversight Audit Results is estimated to be avaialable by end of April 2022. Preliminary results will be shared with Oversight Workgroup by 4/21/22	

2021 Quality Improvement Work Plan

Medi-Cal (MC) 2022 Quality Improvement Work Plan

QI Activity	Area	Deliverable	Objective	Staff Responsible	Timeframe	Previous Barrier/Issue	Goal	Evaluate/Monitoring	Impact of COVID-19
Quality of Clinical Care	QI Program	QI Work Plan	Development of a QI Work Plan each year and subsequent tracking of implementation	QI & Health Education Manager	May 2022	N/A	Annual Completion		
Quality of Clinical Care	QI Program	QI Work Plan Evaluation	Subsequent tracking of implementation of the QI Work Plan	QI & Health Education Manager	May 2022	N/A	Annual Completion		
Members' Experience	CAHPS	CAHPS Survey Results Report	Develop Improvement Plans based on results areas for improvement identified in the CAHPS 2021 survey	Process Improvement Manager or Designee	December 2022	N/A	Annual Completion		
Quality of Clinical Care	Health Education	Health Education Work Plan and Evaulation	Development of a HE Work Plan each year and subsequent tracking of implementation	QI & Health Education Manager	February 2022	- limited availability of classes	Expansin of virtual classes		
Quality of Clinical Care	Cultural & Linguistics	Cultural and Linguistics Work Plan and Evaluation	Development of a C&L Work Plan each year and subsequent tracking of implementation	QI & Health Education Manager	February 2022	N/A	Annual Completion		
Quality of Service	Access/Availability	Provider Accessibility Report	Access to needed medical services in a timely manner is maintained	Provider Services Director or Designee	August 2022	- Timely appointment access - After-hours timeliness (call back within 30min) - In-office wait times not to exceed 15-minutes.	One hundred percent (100%) of network providers will meet appointment access standards established by SCFHP, CMS, and NCQA.		

QI Activity	Area	Deliverable	Objective	Staff Responsible	Timeframe	Previous Barrier/Issue	Goal	Evaluate/Monitoring	Impact of COVID-19
Quality of Service	Access/Availability	Provider Availability Report	Measure and analyze availability of practitioners in order to maintain an adequate network of PCPs, BH and specialty care practitioners.	Provider Services Director or Designee	August 2022	- Rural communities in the southeast area of Santa Clara County	Meet performance goal of 90% for 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.		
Quality of Service	Access/Availability	Credentialing Report	Credentialing file reviews - New applicants processed within 180 calendar days of receipt of application - Recredentialing is processed within 36 months	Provider Services Director or Designee	February 2022 April 2022 August 2022 December 2022	N/A	100%		
Quality of Clinical Care	HEDIS Reporting	HEDIS Submission	Report HEDIS successfully by 6/15/2020	QI & Health Education Manager	June 2022	N/A	Annual Completion		
Quality of Clinical Care	Quality (MCAS/HEDIS) Measures	Quality Measures Intervention Workbook	Report on specific HEDIS and CMS core set measures	QI & Health Education Manager	June 2022 December 2022	N/A	Annual Completion		
Quality of Clinical Care	Statewide Quality Improvement Plan	DHCS Modules	PDSA Cycle - Quality Improvement Plan	QI & Health Education Manager	December 2022	N/A	Submit by deadline indicated by DHCS		
Quality of Clinical Care	Statewide Quality Improvement Plan	DHCS Modules	COVID-19 Quality Improvement Plan	QI & Health Education Manager, CM & BH Director	December 2022	N/A	Submit by deadline indicated by DHCS		
Quality of Clinical Care	Statewide Disparity Performance Improvement Projects	DHCS Modules	Increase rate of adolescent well care visits	QI & Health Education Manager	December 2022	Improve rate of adolescent well care visits	5.8% increase over baseline rate of 16.7% for Network 20		
Quality of Clinical Care	Statewide Child and Adolescent Performance Improvement Projects	DHCS Modules	Blood lead screening in children	QI & Health Education Manager	December 2022	Children under the age of 3 need blood lead screening completed	8% increase over baseline rate of 65.14% for all target population (goal: 73.13%)		

QI Activity	Area	Deliverable	Objective	Staff Responsible	Timeframe	Previous Barrier/Issue	Goal	Evaluate/Monitoring	Impact of COVID-19
Safety of Clinical Care	Project: 120 Initial Health Assessment	IHA Report	Initial Health Assessment and Staying Health Assessment	Quality & Clinical Safety Manager or designee	February 2022 December 2022	Low compliance rate	100%		
Safety of Clinical Care	Facility Site Review	FSR/MMR Report	Perform Facility Site Review Part A, B and C for all PCP offices and High Volume Specialists offices	Quality & Clinical Safety Manager or designee	Ongoing - Monthly	COVID-19 has prevented completion	N/A		
Safety of Clinical Care	Quality of Care	PQI Report	- Identify potential quality of care (PQI) - Identify and Report Provider Preventable Conditions	QI Nurse	Ongoing - Monthly	N/A	- Close 80% cases with in 60 days - Review PQI referral with in 5 calendar days from a day referral was recieved		
Members' Experience	Grievance and Appeal	Grievance and Appeal Annual Report	Grievance and Appeal	Director, Customer Service or Designee	May 2022	Expedited grievances and appeals	Increase member satisfaction by addressing member grievances within mandated timelines.		
Quality of Service	Delegation Oversight Audit Results	Semi-Annual Report	Delegation Oversight Audit Results	Compliance Officer or Designee	June 2022 December 2022	N/A	Annual Completion		

Medi-Cal (MC) 2022 Quality Improvement Work Plan

Cal-Medi-Connect (CMC) 2022 Quality Improvement Work Plan

QI Activity	Area	Deliverable	Objective	Staff Responsible	Timeframe	Previous Barrier/Issue	Goal	Evaluate/Monitoring
Quality of Clinical Care	QI Program	QI Work Plan	Development of a QI Work Plan each year and subsequent	QI & Health Education Manager	May 2022	N/A	Annual Completion	
Quality of Clinical Care	QI Program	QI Work Plan Evaluation	Subsequent tracking of implementation of the QI Work	QI & Health Education Manager	May 2022	N/A	Annual Completion	
Members' Experience	CAHPS	CAHPS Survey and Work Plan	Develop Improvement Plans based on results areas for	Process Improvement Manager or Designee	August 2022	- low response rate	Annual Completion	
Members' Experience	HOS	HOS Survey and Work Plan	Develop Improvement Plans based on results areas for	Process Improvement Manager or Designee	Third quarter Quality Improvement	N/A - only completed every 2 years	Annual Completion	
Quality of Clinical Care	Health Education	Health Education Work Plan and	Development of a HE Work Plan each year and subsequent	QI & Health Education Manager	February 2022	- limited availability of classes	Expansion of virtual classes	
Quality of Clinical Care	Cultural & Linguistics	Cultural and Linguistics Work	Development of a C&L Work Plan each year and subsequent	QI & Health Education Manager	February 2022	N/A	Annual Completion	
Quality of Service	Access/Availability	Provider Accessibility Report	Access to needed medical services in a timely manner is maintained	Provider Services Director or Designee	August 2022	- Timely appointment access - After-hours timeliness (call back within 30min) - In-office wait times not to exceed 15-minutes.	One hundred percent (100%) of network providers will meet appointment access standards established by SCFHP, CMS, and NCQA.	
Quality of Service	Access/Availability	Provider Availability Report	Measure and analyze availability of practitioners in order to maintain an adequate network of PCPs, BH and specialty care practitioners.	Provider Services Director or Designee	August 2022	- Rural communities in the southeast area of Santa Clara County	Meet performance goal of 90% for 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.	
Quality of Service	Access/Availability	Credentialing Report	Credentialing file reviews - New applicants processed within 180 calendar days of receipt of application - Recredentialing is processed within 36 months	Provider Services Director or Designee	February 2022 April 2022 August 2022 December 2022	N/A	100%	
Quality of Clinical Care	HEDIS Reporting	HEDIS Submission	Report HEDIS successfully by 6/15/2022	QI & Health Education Manager	June 2022	N/A	Annual Submission	
Quality of Clinical Care	Quality Measures	Quality Measures Intervention	Report on MMP, Star Rating and Accreditation Measures	QI & Health Education Manager	April 2022	N/A	Annual Submission	

QI Activity	Area	Deliverable	Objective	Staff Responsible	Timeframe	Previous Barrier/Issue	Goal	Evaluate/Monitoring
Quality of Clinical Care	Chronic Clinical Performance Improvement Projects (CCIP) CMC	PDSA Modules	Target Chronic Condition: Behavorial Health Condition - Mental Illness	Behavioral Health Manager	There is no required submission deadline. SCFHP internally tracks the project. Third year cycle ends on February 2022	Plan will develop and implement a 3 year project to increase the percentage of members who had a follow-up visit with a mental health practitioner within 30 days of discharge, specifically from an acute psychiatric facility and for members age of 21 and older, who were hospitalized for treatment of mental illness. Targeting members who are discharged home and from Valley Medical Center.	By December 31, 2021, increase measure rate from 43.18 % to 53.18%.	
Safety of Clinical Care	Facility Site Review	FSR/MMR	Perform Facility Site Review Part A, B and C for all PCP offices and High Volume Specialists offices	QI Nurse	Ongoing - Monthly	COVID-19 has prevented completion	N/A	
Safety of Clinical Care	Potential Quality Issues	PQI Report	- Identify potential quality of care (PQI) - Identify and Report Provider Preventable Conditions	QI Nurse	Ongoing - Monthly	N/A	- Close 80% cases with in 60 days - Review PQI referral with in 5 calendar days from a day referral was received	
Members' Experience	Grievance and Appeal	Grievance and Appeal Annual Report	Grievance and Appeal	Director, Customer Service or Designee	April 2022	Expedited grievances and appeals	Increase member satisfaction by addressing member grievances within mandated timelines.	
Quality of Service	Delegation Oversight Audit Results	Semi-Annual Report	Delegation Oversight Audit Results	Compliance Officer or Designee	June 2022	N/A	Annual Completion	

Cal-Medi-Connect (CMC) 2022 Quality Improvement Work Plan

Santa Clara Family Health Plan

2021 QUALITY IMPROVEMENT PROGRAM

Medi-Cal & Cal-Medi-Connect

ANNUAL EVALUATION

QIC Approval Date: mm/dd/yyyy

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QI Activity	Area	Deliverable	Objective	Staff Responsible	Timeframe	Previous Barrier/Issue	Goal	Evaluate/Monitoring	Impact of COVID-19
Quality of Clinical Care	QI Program	QI Work Plan	Development of a QI Work Plan each year and subsequent tracking of implementation	QI & Health Education Manager	May 2022	N/A	Annual Completion	Approved by QIC: 2/8/22	
Quality of Clinical Care	QI Program	QI Work Plan Evaluation	Subsequent tracking of implementation of the QI Work Plan	QI & Health Education Manager	May 2022	N/A	Annual Completion	Approved by QIC: 2/8/22	
Members' Experience	CAHPS	CAHPS Survey Results Report	Develop Improvement Plans based on results areas for improvement identified in the CAHPS 2021 survey	Process Improvement Manager or Designee	October 2021 (report is provided by DHCS)	N/A	Annual Completion	Approved by QIC: 12/7/21	
Quality of Clinical Care	Health Education	Health Education Work Plan and Evaluation	Development of a HE Work Plan each year and subsequent tracking of implementation	QI & Health Education Manager	February 2022	- limited availability of classes	Expansion of virtual classes	Approved by QIC: 2/8/22	X
Quality of Clinical Care	Cultural & Linguistics	Cultural and Linguistics Work Plan and Evaluation	Development of a C&L Work Plan each year and subsequent tracking of implementation	QI & Health Education Manager	February 2022	N/A	Annual Completion	Approved by QIC: 2/8/22	
Quality of Service	Access/Availability	Provider Accessibility Report	Access to needed medical services in a timely manner is maintained	Provider Services Director or Designee	August 2021	- Timely appointment access - After-hours timeliness (call back within 30min) - In-office wait times not to exceed 15-minutes.	One hundred percent (100%) of network providers will meet appointment access standards established by SCFHP, CMS, and NCQA.	Approved by QIC: 2/8/22 Assessment/findings: Rate of compliance for PCPs relevant to urgent care appt and non-urgent/routine appt access was 59% and 83%, respectively, in 2021, and did not meet the goal. In the past survey cycles, the Plan established interventions in an effort to assist providers with improving PCP urgent/non-urgent appointment access and survey participation. SCFHP's Provider Network Access Mgr worked directly with compliance officers and/or office admins and issued a corrective action plan (CAP) for providers who were non-compliant with access standards. All non-compliant providers are resurveyed within 30 days from the date of the CAP.	
Quality of Service	Access/Availability	Provider Availability Report	Measure and analyze availability of practitioners in order to maintain an adequate network of PCPs, BH and specialty care practitioners.	Provider Services Director or Designee	August 2021	- Rural communities in the southeast area of Santa Clara County	Meet performance goal of 90% for 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.	Approved by QIC: 2/8/22 Assessment/findings: Overall, providers have made a significant amount of progress in trending upward in meeting after-hours and timeliness in the past 3 years. Aggregate access results increased from 78% to 95.7%, respectively, from 2019 to 2021. Aggregate timeliness results increased from 33% to 82.6%, respectively, from 2019 to 2021. The Plan believes that the efforts made in partnership with the providers through notifications of non-compliant and access training increased awareness on after-hours standards, thus both PCPs and BH providers showed improved results on access (911) and timeliness (30 mins).	
Quality of Service	Access/Availability	Credentialing Report	Credentialing file reviews - New applicants processed within 180 calendar days of receipt of application - Recredentialing is processed within 36 months	Provider Services Director or Designee	February 2021 April 2021 August 2021 December 2021	N/A	100%	Approved by QIC: 2/8/22 for Dec 21	
Quality of Clinical Care	HEDIS Reporting	HEDIS Submission	Report HEDIS successfully by 6/15/2021	QI & Health Education Manager	June 2021	N/A	Annual Completion	HEDIS Reporting submitted to NCQA & CMS on 6/14/2021.	
Quality of Clinical Care	Quality (MCAS/HEDIS) Measures	Quality Measures Intervention Workbook	Report on specific HEDIS and CMS core set measures	QI & Health Education Manager	June 2021 December 2021	N/A	Annual Completion	Approved by QIC: 8/10/21	

SCFHP Medi-Cal (MC) 2021 Quality Improvement Work Plan

QI Activity	Area	Deliverable	Objective	Staff Responsible	Timeframe	Previous Barrier/Issue	Goal	Evaluate/Monitoring	Impact of COVID-19
Quality of Clinical Care	Statewide Quality Improvement Plan	DHCS Modules	PDSA Cycle - Quality Improvement Plan	QI & Health Education Manager	December 2021	N/A	Submit by deadline indicated by DHCS	Have Ivy run data monthly to check for increase or decrease of compliance and input into run chart provided in Module.	
Quality of Clinical Care	Statewide Quality Improvement Plan	DHCS Modules	COVID-19 Quality Improvement Plan	QI & Health Education Manager	December 2021	N/A	Submit by deadline indicated by DHCS	Completed December 2021.	
Quality of Clinical Care	Statewide Disparity Performance Improvement Projects	DHCS Modules	Increase rate of adolescent well care visits	Process Improvement Project Manager	Module 1 Due Date: March 1, 2021	Improve rate of adolescent well care visits	5.8% increase over baseline rate of 16.7% for Network 20	Have Ivy run data monthly to check for increase or decrease of compliance and input into run chart provided in Module.	X
Quality of Clinical Care	Statewide Child and Adolescent Performance Improvement Projects	DHCS Modules	Blood lead screening in children	Process Improvement Project Manager	Status: Submitted, pending validation	Children under the age of 3 need blood lead screening completed	8% increase over baseline rate of 65.14% for all target population (goal: 73.13%)	Goal was 9,500 to complete. 7,221 were completed. That is 76% completion rate	X
Safety of Clinical Care	Project: 120 Initial Health Assessment	IHA Report	Initial Health Assessment and Staying Health Assessment	QI Manager or designee	February 2021 December 2021	Low compliance rate	100%	Approved by QIC: 12/7/21 Assessment/Findings: Based off the quarterly audit that was conducted in 2021, SHA remains the element with the greatest opportunity for improvements. Physical exams were incomplete often due to the limitation of tele-visits. Providers or Clinic who scored less than 80% were issued letter to educate about IHA Elements and the importance of completing an IHA visit. Correction Action Plans (CAPs) were not issued from December 1, 2019 to September 30, 2021 due to DHCS' temporarily suspending the requirement to complete an IHA within 120 days for any newly enrolled members within that timeframe. This was lifted October 1, 2021 by DHCS and Providers were advised to review their member roster to identify and outreach members newly enrolled since December 1, 2019 to present who are still currently enrolled who have not received an IHA. .	X
Safety of Clinical Care	Facility Site Review	FSR/MMR Report	Perform Facility Site Review Part A, B and C for all PCP offices and High Volume Specialists offices	QI Nurse	Ongoing - Monthly	COVID-19 has prevented completion	N/A	DHCS terminated the flexibilities outlined in APL 20-011 effective June 30th, 2021 per EO N-08-21 issued by Governor on June 11th, 2021. Therefore, effective July 1st MCPs were required to begin resumption of these activities and return to standard program operations, policies, and procedures in place before the COVID-19 public health emergency. The QI department and DHCS CMT started working on virtual FSRs for providers/offices. DHCS MT and QI Nurses resumed on-site audits starting October 12, 2021. SCFHP and DHCS CMT completed 14 Initial FSRs with 3 CAPs issued, 7 Periodic FSRs with 2 CAPs issued, 2 Initial MRR with 2 CAPS issued, 5 Periodic MRR with 3 CAPS issued in 2021. CAPs were issued, monitored, verified, closed, and pending closure in 2021. 3 PARs were conducted in 2021, one was for a Primary Care Provider (PCP) site and 2 were from High Volume Specialist Site (HVS).	X
Safety of Clinical Care	Quality of Care	PQI Report	- Identify potential quality of care (PQI) - Identify and Report Provider Preventable Conditions	QI Nurse	Ongoing - Monthly	N/A	-Close 90% cases within 90 days from receipt date -Review PQI referral within 7 calendar days of receiving the referral	Assessment/Findings: SCFHP investigated total 424 PQI cases in 2021. Of those 424 closed cases, 11 cases were closed at a level 0; 363 cases closed at Level 1; 14 cases closed at Level 1A; 29 cases closed at Level 2; and 7 cases closed at Level 3. A total of 14 PQI notification letters were issued. A total of 4 CAPS were issued, monitored, validated, and closed in 2021. Out of the 4 CAPS issued: 2 were against an acute hospital; 1 was against a Skilled Nursing Facility (SNF); and 1 against a transportation vendor.	

SCFHP Medi-Cal (MC) 2021 Quality Improvement Work Plan

QI Activity	Area	Deliverable	Objective	Staff Responsible	Timeframe	Previous Barrier/Issue	Goal	Evaluate/Monitoring	Impact of COVID-19
Members' Experience	Grievance and Appeal	Grievance and Appeal Annual Report	Grievance and Appeal	Director, Customer Service or Designee	May 2022	Expedited grievances and appeals	Increase member satisfaction by addressing member grievances within mandated timelines.	Assessments/Findings: A total of 5,613 grievances and appeals were received in 2021 (1,411 grievances and 698 appeals from CMC and 2,401 grievances and 1,103 appeals from Medi-Cal). Transportation service (non-medical transportation - NMT) was the top subcategory for all medical grievances under quality of service in which comprised of 28% (350 cases). SCFHP meets with the transportation vendor regularly to determine the specific solutions to decrease overall grievances. Timely access to primary care provider and specialist were the highest in Access category with 190 cases and 176 cases respectively. In 2021, appointment availability and timely access was due to the COVID-19 pandemic. All cases are reviewed and determined whether required Potential Quality of Care review. Some cases could be withdrawn or had one or more related cases which PQI was reviewed on the "mother case". 1633 cases (80.17%) were resolved in favor member and 6 cases were partially resolved in favor of member. 172 cases were resolved in favor of plan. 165 cases and 56 cases were withdrawn and dismissed respectively. And 5 cases were closed	
Quality of Service	Delegation Oversight Audit Results	Semi-Annual Report	Delegation Oversight Audit Results	Compliance Officer or Designee	June 2021 December 2021	N/A	Annual Completion	Delegation Oversight Audit Results is estimated to be avaialable by end of April 2022. Preliminary results will be shared with Oversight Workgroup by 4/21/22	

2021 Quality Improvement Work Plan

SCFHP Cal-Medi-Connect (CMC) 2021 Quality Improvement Work Plan

QI Activity	Area	Deliverable	Objective	Staff Responsible	Timeframe	Previous Barrier/Issue	Goal	Evaluate/Monitoring	Impact of COVID-19
Quality of Clinical Care	QI Program	QI Work Plan	Development of a QI Work Plan each year and subsequent tracking of implementation	QI & Health Education Manager	May 2022	N/A	Annual Completion	Approved by QIC: 2/8/22	
Quality of Clinical Care	QI Program	QI Work Plan Evaluation	Subsequent tracking of implementation of the QI Work Plan	QI & Health Education Manager	May 2022	N/A	Annual Completion	Approved by QIC: 2/8/22	
Members' Experience	CAHPS	CAHPS Survey and Work Plan	Develop Improvement Plans based on results areas for improvement identified in the CAHPS 2021 survey	Process Improvement Manager or Designee	August 2021	N/A	Annual Completion	Presented to QIC: 12/7/21 Monitor and plan: Based on the result of 2021, the Plan will focus on the following measures: Customer Service, Getting needed care and getting needed prescription drugs. The Plan will have 3 projects to focus on these 3 areas. CS- Enhanced call handling training, Rx- Increase MTM rate to 4star, and PNO/Operations team will work on PCP panel review to ensure PCP have manageable load.	X
Members' Experience	HOS	HOS Survey and Work Plan	Develop Improvement Plans based on results areas for improvement identified in the HOS 2021 survey	Process Improvement Manager or Designee	Third quarter Quality Improvement Committee	N/A - follow up only completed every 2 years	Annual Completion	Presented to QIC: 2/8/22 Monitor and plan: Continue to monitor cohort results. Case Management team will continue to provide CM services (HRA,ICP,ICT,TOC and CCM) to our members. Health education and physical activities will continue be provided to our members.	X
Quality of Clinical Care	Health Education	Health Education Work Plan and Evaluation	Development of a HE Work Plan each year and subsequent tracking of implementation	QI & Health Education Manager	February 2022	- limited availability of classes	Expansion of virtual classes	Approved by QIC: 2/8/22	X
Quality of Clinical Care	Cultural & Linguistics	Cultural and Linguistics Work Plan and Evaluation	Development of a C&L Work Plan each year and subsequent tracking of implementation	QI & Health Education Manager	February 2022	N/A	Annual Completion	Approved by QIC: 2/8/22	
Quality of Service	Access/Availability	Provider Accessibility Report	Access to needed medical services in a timely manner is maintained	Provider Services Director or Designee	August 2021	- Timely appointment access - After-hours timeliness (call back within 30min) - In-office wait times not to exceed 15-minutes.	One hundred percent (100%) of network providers will meet appointment access standards established by SCFHP, CMS, and NCQA.	Approved by QIC: 2/8/22 Assessment/findings: Rate of compliance for PCPs relevant to urgent care appt and non-urgent/routine appt access was 59% and 83%, respectively, in 2021, and did not meet the goal. In the past survey cycles, the Plan established interventions in an effort to assist providers with improving PCP urgent/non-urgent appointment access and survey participation. SCFHP's Provider Network Access Mgr worked directly with compliance officers and/or office admins and issued a corrective action plan (CAP) for providers who were non-compliant with access standards. All non-compliant providers are resurveyed within 30 days from the date of the CAP.	X

SCFHP Cal-Medi-Connect (CMC) 2021 Quality Improvement Work Plan

QI Activity	Area	Deliverable	Objective	Staff Responsible	Timeframe	Previous Barrier/Issue	Goal	Evaluate/Monitoring	Impact of COVID-19
Quality of Service	Access/Availability	Provider Availability Report	Measure and analyze availability of practitioners in order to maintain an adequate network of PCPs, BH and specialty care practitioners.	Provider Services Director or Designee	August 2021	- Rural communities in the southeast area of Santa Clara County	Meet performance goal of 90% for 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.	Approved by QIC: 2/8/22 Assessment/findings: Overall, providers have made a significant amount of progress in trending upward in meeting after-hours and timeliness in the past 3 years. Aggregate access results increased from 78% to 95.7%, respectively, from 2019 to 2021. Aggregate timeliness results increased from 33% to 82.6%, respectively, from 2019 to 2021. The Plan believes that the efforts made in partnership with the providers through notifications of non-compliant and access training increased awareness on after-hours standards, thus both PCPs and BH providers showed improved results on access (911) and timeliness (30 mins).	
Quality of Service	Access/Availability	Credentialing Report	Credentialing file reviews - New applicants processed within 180 calendar days of receipt of application - Recredentialing is processed within 36 months	Provider Services Director or Designee	February 2021 April 2021 August 2021 December 2021	N/A	100%	Approved by QIC: 12/7/21	
Quality of Clinical Care	HEDIS Reporting	HEDIS Submission	Report HEDIS successfully by 6/15/2021	QI & Health Education Manager	June 2021	N/A	Annual Submission	HEDIS Reporting submitted to NCQA & CMS on 6/14/2021.	
Quality of Clinical Care	Quality Measures	Quality Measures Intervention Workbook	Report on MMP, Star Rating and Accreditation Measures	QI & Health Education Manager	April 2021	N/A	Annual Submission	Approved by QIC: 8/10/21	
Quality of Clinical Care	Chronic Clinical Performance Improvement Projects (CCIP) CMC	PDSA Modules	Target Chronic Condition: Behavioral Health Condition - Mental Illness	Behavioral Health Manager	There is no required submission deadline. SCFHP internally tracks the project. Third year cycle ends on February 2022	Plan will develop and implement a 3 year project to increase the percentage of members who had a follow-up visit with a mental health practitioner within 30 days of discharge, specifically from an acute psychiatric facility and for members age of 21 and older, who were hospitalized for treatment of mental illness. Targeting members who are discharged home and from Valley Medical Center.	By December 31, 2021, increase measure rate from 43.18 % to 53.18%.	The number of psychiatric discharges in the final measurement year increased to 8. Seven of those 8 had successful TOC outreaches, resulted in 87.5%. We reached the target goal of 56% in the final year. During the final year, improvements were made in the TOC process, case managers were notified within Essette via automatic task notification when an authorization was created for admission. This allowed staff to initiate communication with in-patient staff prior to discharge and to schedule outreach to the member within a small timeframe after discharge. The plan will continue to provide enhanced training to staff on the importance and purpose of a transition of care activity occurred.	

SCFHP Cal-Medi-Connect (CMC) 2021 Quality Improvement Work Plan

QI Activity	Area	Deliverable	Objective	Staff Responsible	Timeframe	Previous Barrier/Issue	Goal	Evaluate/Monitoring	Impact of COVID-19
Safety of Clinical Care	Facility Site Review	FSR/MMR	Perform Facility Site Review Part A, B and C for all PCP offices and High Volume Specialists offices	QI Nurse	Ongoing - Monthly	COVID-19 has prevented completion	N/A	DHCS terminated the flexibilities outlined in APL 20-011 effective June 30th, 2021 per EO N-08-21 issued by Governor on June 11th, 2021. Therefore, effective July 1st MCPs were required to begin resumption of these activities and return to standard program operations, policies, and procedures in place before the COVID-19 public health emergency. The QI department and DHCS CMT started working on virtual FSRs for providers/offices. DHCS MT and QI Nurses resumed on-site audits starting October 12, 2021. SCFHP and DHCS CMT completed 14 Initial FSRs with 3 CAPs issued, 7 Periodic FSRs with 2 CAPs issued, 2 Initial MRR with 2 CAPS issued, 5 Periodic MRR with 3 CAPS issued in 2021. CAPs were issued, monitored, verified, closed, and pending closure in 2021. 3 PARs were conducted in 2021, one was for a Primary Care Provider (PCP) site and 2 were from High Volume Specialist Site (HVS).	**X**
Safety of Clinical Care	Potential Quality Issues	PQI Report	- Identify potential quality of care (PQI) - Identify and Report Provider Preventable Conditions	QI Nurse	Ongoing - Monthly	N/A	-Close 90% cases within 90 days from receipt date -Review PQI referral within 7 calendar days of receiving the referral	Assessment/Findings: SCFHP investigated total 107 PQI cases in 2021. Of those 107 closed cases, 1 case was closed at a level 0; 93 cases closed at Level 1; 2 cases closed at Level 1A; 8 cases closed at Level 2; 2 cases closed at Level 3 and 1 case closed at a Level 4. However, the level 4 was recently downgraded to a level 3 in 2022 after further investigation. A total of 2 PQI notification letters were issued. A total of 3 CAPS were issued, monitored, validated, and closed in 2021. Out of the 3 CAPS issued: 1 was against a Skilled Nursing Facility (SNF); 1 against a Long Term Care Facility (LTC); and 1 against a Home Health Agency.	

SCFHP Cal-Medi-Connect (CMC) 2021 Quality Improvement Work Plan

QI Activity	Area	Deliverable	Objective	Staff Responsible	Timeframe	Previous Barrier/Issue	Goal	Evaluate/Monitoring	Impact of COVID-19
Members' Experience	Grievance and Appeal	Grievance and Appeal Annual Report	Grievance and Appeal	Director, Customer Service or Designee	April 2022	Expedited grievances and appeals	Increase member satisfaction by addressing member grievances within mandated timelines.	Assessment/Findings: Balance Billing Statement was the top subcategory for all Part C & D grievances under quality of service in which comprised of 27.42% (387 cases). Same as Medi-Cal, Transportation service (NMT) was also on the top subcategory for Part C & D grievances under quality of service in which comprised of 12.97% (183 cases). The third top subcategory was Inappropriate Provider Care under the category of Quality of Care. There were total 124 cases, 117 from Part C, and 7 from Part D. All cases are reviewed and determined whether required Potential Quality of Care review. 1,095 cases (89.39%) were resolved in favor member and 7 cases were partially resolved in favor of member. 28 cases were resolved in favor of plan. 91 cases and 2 cases were withdrawn and dismissed respectively. Two cases were closed. SCFHP tracks and trends all member appeals for each of the five categories: including Post Services and Pre-Services for Part B, C and D.	
Quality of Service	Delegation Oversight Audit Results	Semi-Annual Report	Delegation Oversight Audit Results	Compliance Officer or Designee	June 2021 December 2021	N/A	Annual Completion	Delegation Oversight Audit Results is estimated to be avaialable by end of April 2022. Preliminary results will be shared with Oversight Workgroup by 4/21/22	

2021 Quality Improvement Work Plan

SANTA CLARA FAMILY HEALTH PLAN

ME 5C Pharmacy Benefit Information: 2022 Accuracy and Quality Analysis (Web)

I: Overview

Pharmacy benefits and pharmaceutical costs are of concern to all members with any chronic or acute condition treatment. Santa Clara Family Health Plan (SCFHP) has a responsibility to provide accurate, quality information on pharmacy benefits to Cal MediConnect (CMC) members through the website.

In an effort to make this information readily available, the website allows the member to self - serve and find information on drugs, coverage, cost and effectiveness. The member may also obtain this information from Customer Service or the Pharmacy Department.

Pharmaceutical benefits and drugs change periodically throughout the year; therefore, SCFHP has an obligation to be sure the information displayed on the web site is accurate and current. SCFHP audits pharmacy information annually to identify any opportunities to improve pharmacy benefit interactions with the members.

II: Methodology: Web

Annually, Santa Clara Family Health Plan audits the information on the website that is available to CMC members. The auditor randomly selects a drug in each of the 4 formulary tiers, one excluded drug, and one newly added drug (6 total). The selected drugs are tested through 5 test members at each LIS levels from 0 to 4. There was no LIS 4 member at SCFHP for this audit, therefore, LIS 4 was excluded. The selected drugs are tested through 4 test members at each LIS levels from 0 to 3 instead.

- The drugs are checked for accurate reflection of financial responsibility per LIS level (copays).
- The drugs are checked for availability of a generic substitution.
- For each test member, pharmacy search is conducted for 3 different types of pharmacies (choice 90 retail, long term care, home infusion) to locate an in-network pharmacy.
- A pharmacy proximity search is conducted based on 3 random zip codes in Santa Clara County.
- For the exception request validation, 3 actual members' completed coverage determinations are audited to make sure MedImpact was able to receive the requests and all the fields populate correctly.

The audit is performed on an annual basis by collecting data on the quality and accuracy of the pharmacy benefit information (see Appendix A for Audit Sheet).

Definitions

Accuracy: Information provided is correct.

Quality: Information is understandable to the member.

Goal:

Accuracy: 100%

Quality: 100%

III: Data

Table 1: Accuracy of Pharmacy Benefit Information on the Website: Information is correct and members can access in one session

Measure	Total sample	Accuracy Goal Met	% Goal Accuracy Goal Met
1. Determine financial responsibility for a drug, based on pharmacy benefit	24	24	100%
2. Initiate the exceptions process	3	3	100%
3. Order a refill for an existing, unexpired mail-order prescription*	N/A	N/A	N/A
4. Find the location of an in-network pharmacy	12	12	100%
5. Conduct a Pharmacy proximity search based on zip codes	12	12	100%
6. Determine the availability of generic substitution	24	24	100%
Total	**75**	**75**	**100%**

* Members are able to use any mail order service that is offered by any of our contracted, in-network pharmacies. Thus, testing of the mail order service is N/A for SCFHP.

Table 2: Quality of the Website: Information is understandable to the member.

Measure	Total Sample	Quality Goal Met	%Goal Quality Goal Met
1. Their financial responsibility for a drug, based on pharmacy benefit	24	24	100%
2. How to initiate the exceptions process	3	3	100%
3. How to order a refill for an existing, unexpired mail-order prescription*	N/A	N/A	N/A
4. How to find the location of an in-network pharmacy	12	12	100%
5. How to conduct a Pharmacy proximity search based on zip codes	12	12	100%
6. How to determine the availability of generic substitution	24	24	100%
Total	**75**	**75**	**100%**

***** Members are able to use any mail order service that is offered by any of our contracted, in-network pharmacies. Thus, testing of the mail order service is N/A for SCFHP.

IV: Accuracy and Quality Analysis

Both Accuracy and Quality measures met goal at 100%. There were no deficiencies identified.

This population is more likely to call into the Member Services Department for this type of information, but SCFHP will continue to monitor the accuracy and quality of web information provided to members.

SCFHP did not test the quality and accuracy of the ability for members to order a refill on an existing, mail-order prescription because SCFHP does not offer a mail order service. Members are able to use any mail order service that is offered by any of our contracted, in-network pharmacies. Thus, testing of the mail order service is N/A for SCFHP.

V. Conclusion

There were no significant changes to the CMC pharmacy member portal since the previous report in August 2020. From 2020 to this year, there was a 19.4% decrease in the number of samples (93 vs. 75) for both accuracy and quality measures because there was no LIS 4 member for this year's analysis. Should any LIS 4 members arise in the future prior to 2023 report, we will conduct an interim analysis to make sure information for LIS 4 members meet all measures for accuracy and quality. The accuracy and quality measures continued to meet goals of 100%

and no deficiencies were identified. Compared to August 2020 report, there was no change in the % of meeting accuracy and quality measures because for both reports 100% of goals were met.

APPENDIX A

Audit Sheet

Test member:

LIS level:

Accuracy and Quality of Pharmacy Benefit Information on the Website (circle Y=YES OR N=NO where indicated).

Measure	Accuracy Goal Met Y/N	Quality Goal Met Y/N
Pharmacy Benefit Information on the Website (factors 1-11 below) **Accuracy:** Members can access the following in one session without the need to sign in again or contact the organization. **Quality**: Information is legible, complete and allows the member to understand.		
1. Determine financial responsibility for a drug, based on pharmacy benefit. **Accuracy:** Allow members to enter a drug name, the National Drug Code (NDC) or another identifier. Co-pay matches with LIS level and formulary tier (see table 1 for reference). **Quality:** Easy to find co-pay information.		
Tier 1 Drug:	Y / N	Y / N
Tier 2 Drug:	Y / N	Y / N
Tier 3 Drug:	Y / N	Y / N
Tier 4 Drug:	Y / N	Y / N
Excluded Drug:	Y / N	Y / N
New Drug:	Y / N	Y / N
2. Initiate the exceptions process (audit 3 actual member's history). **Accuracy:** MedImpact (PBM) is able to receive the request and all fields on exception request form populate correctly. **Quality:** Explanation of the exception process is written in a member-friendly manner.	See Appendix B	See Appendix B
3. Order a refill for an existing, unexpired mail-order prescription.	N/A	N/A

Measure	Accuracy Goal Met Y/N	Quality Goal Met Y/N
4. Find the location of an in-network pharmacy (randomly pick 3 types of in-network pharmacies): **Accuracy:** Pharmacy name, pharmacy label, address, phone number, hours of operation, national provider identifier, map and direction are accurate. **Quality:** Includes easy to understand instructions on use of search feature.		
Pharmacy 1 (Choice 90 Retail):	Y / N	Y / N
Pharmacy 2 (Long Term Care):	Y / N	Y / N
Pharmacy 3 (Home Infusion):	Y / N	Y / N
5. Conduct a Pharmacy proximity search based on zip codes (randomly pick 3 zip codes in Santa Clara County). **Accuracy:** All pharmacies populate correctly within certain miles. Pharmacy name, address, phone number, hours of operation, national provider identifier are accurate. **Quality:** Includes easy to understand instruction on use of search feature.		
Zip code 1 (search within 1 mile):	Y / N	Y / N
Zip code 2 (search within 2 miles):	Y / N	Y / N
Zip code 3 (search within 3 miles):	Y / N	Y / N
6. Determine the availability of generic substitutes. **Accuracy:** Search using brand names of chosen drugs to retrieve a list of available generic substitutes. If no generics available, then generics should not be listed. **Quality:** Easy to search for available generic substitutes.		
Tier 1 Drug:	Y / N	Y / N
Tier 2 Drug:	Y / N	Y / N
Tier 3 Drug:	Y / N	Y / N
Tier 4 Drug:	Y / N	Y / N
Excluded Drug:	Y / N	Y / N
New Drug:	Y / N	Y / N

Reviewer's name: **Date reviewed:**

APPENDIX B

Audit Sheet

Accuracy and Quality of Pharmacy Benefit Information on the Website (circle Y=YES OR N=NO where indicated).

Measure	Accuracy Goal Met Y/N	Quality Goal Met Y/N
1. Initiate the exceptions process (audit 3 member's history). **Accuracy:** Members can initiate the exceptions process on their own behalf. MedImpact is able to receive the request and all fields on exception request form populate correctly. **Quality:** Explanation of the exception process is written in a member-friendly manner.		
Member #1 Drug:	Y / N	Y / N
Member #2 Drug:	Y / N	Y / N
Member #3 Drug:	Y / N	Y / N

Reviewer's name: **Date reviewed:**

Table 1: LIS Level and Copays for 2020

Formulary Tier	Formulary Tier Description	LIS	Copay Range
1	Generic drugs	Any LIS	$0
2	Brand drugs	0, 1, 4	$0 - $9.85
		2	$0 - $4.00
		3	$0
3	Non-Medicare prescription drugs	Any LIS	$0
4	Non-Medicare over-the-counter (OTC) drugs	Any LIS	$0

APPENDIX A

Audit Sheet

Test member: #1
LIS level: 0
Accuracy and Quality of Pharmacy Benefit Information on the Website (circle Y=YES OR N=NO where indicated).

Measure	Accuracy Goal Met Y/N	Quality Goal Met Y/N
Pharmacy Benefit Information on the Website (factors 1-11 below) **Accuracy:** Members can access the following in one session without the need to sign in again or contact the organization. **Quality**: Information is legible, complete and allows the member to understand.		
1. Determine financial responsibility for a drug, based on pharmacy benefit. **Accuracy:** Allow members to enter a drug name, the National Drug Code (NDC) or another identifier. Co-pay matches with LIS level and formulary tier (see table 1 for reference). **Quality:** Easy to find co-pay information.		
Tier 1 Drug: pravastatin 10mg tablet	Y / N	Y / N
Tier 2 Drug: Lucemyra 0.18mg tablet	Y / N	Y / N
Tier 3 Drug: benzonatate 100mg capsule	Y / N	Y / N
Tier 4 Drug: arthritis pain reliever 1% gel	Y / N	Y / N
Excluded Drug: Cranberry 500mg capsule	Y / N	Y / N
New Drug: Welireg 40mg tablet	Y / N	Y / N
2. Initiate the exceptions process (audit 3 actual member's history). **Accuracy:** MedImpact (PBM) is able to receive the request and all fields on exception request form populate correctly. **Quality:** Explanation of the exception process is written in a member-friendly manner.	See Appendix B	See Appendix B
3. Order a refill for an existing, unexpired mail-order prescription.	N/A	N/A
4. Find the location of an in-network pharmacy (randomly pick 3 types of in-network pharmacies): **Accuracy:** Pharmacy name, pharmacy label, address, phone number, hours of operation, national provider identifier, map and direction are accurate. **Quality:** Includes easy to understand instructions on use of search feature.		

Measure	Accuracy Goal Met Y/N	Quality Goal Met Y/N
Pharmacy 1 (Choice 90 Retail): Walgreens #1179 1795 E Capitol Expy, San Jose, CA 95121 Phone#408-238-5890, opening hours Su 10am-6pm, M-F 8am-9pm, Sat 9am-6pm. NPI#1013922301	Y / N	Y / N
Pharmacy 2 (Long Term Care): Garcia Pharmacy, 25 N 14th St STE 110, San Jose, CA 95116. Phone#408-294-3219, opening hours M-F 9am - 5:30pm Sat 9am - 2:30pm Su closed. NPI#1023660875	Y / N	Y / N
Pharmacy 3 (Home Infusion): Tully Medical Clinic Pharmacy, 1693 Flanigan Dr STE 104, San Jose 95121, (408) 274-6698, opening hours M-F 9am - 6:30pm Sat 9am - 1:30pm Su closed, NPI#1689139735	Y / N	Y / N
5. Conduct a Pharmacy proximity search based on zip codes (randomly pick 3 zip codes in Santa Clara County). **Accuracy:** All pharmacies populate correctly within certain miles. Pharmacy name, address, phone number, hours of operation, national provider identifier are accurate. **Quality:** Includes easy to understand instruction on use of search feature.		
Zip code 1 (search within 5 miles): 95014	Y / N	Y / N
Zip code 2 (search within 10 miles): 95117	Y / N	Y / N
Zip code 3 (search within 5 miles): 94040	Y / N	Y / N
6. Determine the availability of generic substitutes. **Accuracy:** Search using brand names of chosen drugs to retrieve a list of available generic substitutes. If no generics available, then generics should not be listed. **Quality:** Easy to search for available generic substitutes.		
Tier 1 Drug: pravastatin 10mg tablet	Y / N	Y / N
Tier 2 Drug: Lucemyra 0.18mg tablet	Y / N	Y / N
Tier 3 Drug: benzonatate 100mg capsule	Y / N	Y / N
Tier 4 Drug: arthritis pain reliever 1% gel	Y / N	Y / N
Excluded Drug: Cranberry 500mg capsule	Y / N	Y / N
New Drug: Welireg 40mg tablet	Y / N	Y / N

APPENDIX B

Audit Sheet

Accuracy and Quality of Pharmacy Benefit Information on the Website (circle Y=YES OR N=NO where indicated).

Measure	Accuracy Goal Met Y/N	Quality Goal Met Y/N
1. Initiate the exceptions process (audit 3 member's history). **Accuracy:** Members can initiate the exceptions process on their own behalf. MedImpact is able to receive the request and all fields on exception request form populate correctly. **Quality:** Explanation of the exception process is written in a member-friendly manner.		
Member #1 Drug: SC0436179 (zolpidem tartrate 5mg tab)	Y / N	Y / N
Member #2 Drug: SC0431918 (lidocaine 5% patch)	Y / N	Y / N
Member #3 Drug: SC0410778 (colchicine 0.6mg tab)	Y / N	Y / N

Reviewer's name: Duyen Nguyen, PharmD **Date reviewed: 2/14/2022**

Table 1: LIS Level and Copays for 2020

Formulary Tier	Formulary Tier Description	LIS	Copay Range
1	Generic drugs	Any LIS	$0
2	Brand drugs	0, 1, 4	$0 - $8.95
		2	$0 - $3.90
		3	$0
3	Non-Medicare prescription drugs	Any LIS	$0
4	Non-Medicare over-the-counter (OTC) drugs	Any LIS	$0

Test member: #2
LIS level: 1
Accuracy and Quality of Pharmacy Benefit Information on the Website (circle Y=YES OR N=NO where indicated).

Measure	Accuracy Goal Met Y/N	Quality Goal Met Y/N
Pharmacy Benefit Information on the Website (factors 1-11 below) **Accuracy:** Members can access the following in one session without the need to sign in again or contact the organization. **Quality**: Information is legible, complete and allows the member to understand.		
1. Determine financial responsibility for a drug, based on pharmacy benefit. **Accuracy:** Allow members to enter a drug name, the National Drug Code (NDC) or another identifier. Co-pay matches with LIS level and formulary tier (see table 1 for reference). **Quality:** Easy to find co-pay information.		
Tier 1 Drug: pravastatin 10mg tablet	Y / N	Y / N
Tier 2 Drug: Lucemyra 0.18mg tablet	Y / N	Y / N
Tier 3 Drug: benzonatate 100mg capsule	Y / N	Y / N
Tier 4 Drug: arthritis pain reliever 1% gel	Y / N	Y / N
Excluded Drug: Cranberry 500mg capsule	Y / N	Y / N
New Drug: Welireg 40mg tablet	Y / N	Y / N
2. Initiate the exceptions process (audit 3 actual member's history). **Accuracy:** MedImpact (PBM) is able to receive the request and all fields on exception request form populate correctly. **Quality:** Explanation of the exception process is written in a member-friendly manner.	See Appendix B	See Appendix B
3. Order a refill for an existing, unexpired mail-order prescription.	N/A	N/A
4. Find the location of an in-network pharmacy (randomly pick 3 types of in-network pharmacies): **Accuracy:** Pharmacy name, pharmacy label, address, phone number, hours of operation, national provider identifier, map and direction are accurate. **Quality:** Includes easy to understand instructions on use of search feature.		

Measure	Accuracy Goal Met Y/N	Quality Goal Met Y/N
Pharmacy 1 (Choice 90 Retail): Walgreens #1179 1795 E Capitol Expy, San Jose, CA 95121 Phone#408-238-5890, opening hours Su 10am-6pm, M-F 8am-9pm, Sat 9am-6pm. NPI#1013922301	Y / N	Y / N
Pharmacy 2 (Long Term Care): Garcia Pharmacy, 25 N 14th St STE 110, San Jose, CA 95116. Phone#408-294-3219, opening hours M-F 9am - 5:30pm Sat 9am - 2:30pm Su closed. NPI#1023660875	Y / N	Y / N
Pharmacy 3 (Home Infusion): Tully Medical Clinic Pharmacy, 1693 Flanigan Dr STE 104, San Jose 95121, (408) 274-6698, opening hours M-F 9am - 6:30pm Sat 9am - 1:30pm Su closed, NPI#1689139735	Y / N	Y / N
5. Conduct a Pharmacy proximity search based on zip codes (randomly pick 3 zip codes in Santa Clara County). **Accuracy:** All pharmacies populate correctly within certain miles. Pharmacy name, address, phone number, hours of operation, national provider identifier are accurate. **Quality:** Includes easy to understand instruction on use of search feature.		
Zip code 1 (search within 5 miles): 95014	Y / N	Y / N
Zip code 2 (search within 10 miles): 95117	Y / N	Y / N
Zip code 3 (search within 5 miles): 94040	Y / N	Y / N
6. Determine the availability of generic substitutes. **Accuracy:** Search using brand names of chosen drugs to retrieve a list of available generic substitutes. If no generics available, then generics should not be listed. **Quality:** Easy to search for available generic substitutes.		
Tier 1 Drug: pravastatin 10mg tablet	Y / N	Y / N
Tier 2 Drug: Lucemyra 0.18mg tablet	Y / N	Y / N
Tier 3 Drug: benzonatate 100mg capsule	Y / N	Y / N
Tier 4 Drug: arthritis pain reliever 1% gel	Y / N	Y / N
Excluded Drug: Cranberry 500mg capsule	Y / N	Y / N
New Drug: Welireg 40mg tablet	Y / N	Y / N

Reviewer's name: Duyen Nguyen, PharmD **Date reviewed: 2/14/2022**

Test member: #3
LIS level: 2
Accuracy and Quality of Pharmacy Benefit Information on the Website (circle Y=YES OR N=NO where indicated).

Measure	Accuracy Goal Met Y/N	Quality Goal Met Y/N
Pharmacy Benefit Information on the Website (factors 1-11 below) **Accuracy:** Members can access the following in one session without the need to sign in again or contact the organization. **Quality**: Information is legible, complete and allows the member to understand.		
1. Determine financial responsibility for a drug, based on pharmacy benefit. **Accuracy:** Allow members to enter a drug name, the National Drug Code (NDC) or another identifier. Co-pay matches with LIS level and formulary tier (see table 1 for reference). **Quality:** Easy to find co-pay information.		
Tier 1 Drug: pravastatin 10mg tablet	Y / N	Y / N
Tier 2 Drug: Lucemyra 0.18mg tablet	Y / N	Y / N
Tier 3 Drug: benzonatate 100mg capsule	Y / N	Y / N
Tier 4 Drug: arthritis pain reliever 1% gel	Y / N	Y / N
Excluded Drug: Cranberry 500mg capsule	Y / N	Y / N
New Drug: Welireg 40mg tablet	Y / N	Y / N
2. Initiate the exceptions process (audit 3 actual member's history). **Accuracy:** MedImpact (PBM) is able to receive the request and all fields on exception request form populate correctly. **Quality:** Explanation of the exception process is written in a member-friendly manner.	See Appendix B	See Appendix B
3. Order a refill for an existing, unexpired mail-order prescription.	N/A	N/A
4. Find the location of an in-network pharmacy (randomly pick 3 types of in-network pharmacies): **Accuracy:** Pharmacy name, pharmacy label, address, phone number, hours of operation, national provider identifier, map and direction are accurate. **Quality:** Includes easy to understand instructions on use of search feature.		

Measure	Accuracy Goal Met Y/N	Quality Goal Met Y/N
Pharmacy 1 (Choice 90 Retail): Walgreens #1179 1795 E Capitol Expy, San Jose, CA 95121 Phone#408-238-5890, opening hours Su 10am-6pm, M-F 8am-9pm, Sat 9am-6pm. NPI#1013922301	Y / N	Y / N
Pharmacy 2 (Long Term Care): Garcia Pharmacy, 25 N 14th St STE 110, San Jose, CA 95116. Phone#408-294-3219, opening hours M-F 9am - 5:30pm Sat 9am - 2:30pm Su closed. NPI#1023660875	Y / N	Y / N
Pharmacy 3 (Home Infusion): Tully Medical Clinic Pharmacy, 1693 Flanigan Dr STE 104, San Jose 95121, (408) 274-6698, opening hours M-F 9am - 6:30pm Sat 9am - 1:30pm Su closed, NPI#1689139735	Y / N	Y / N
5. Conduct a Pharmacy proximity search based on zip codes (randomly pick 3 zip codes in Santa Clara County). **Accuracy:** All pharmacies populate correctly within certain miles. Pharmacy name, address, phone number, hours of operation, national provider identifier are accurate. **Quality:** Includes easy to understand instruction on use of search feature.		
Zip code 1 (search within 5 miles): 95014	Y / N	Y / N
Zip code 2 (search within 10 miles): 95117	Y / N	Y / N
Zip code 3 (search within 5 miles): 94040	Y / N	Y / N
6. Determine the availability of generic substitutes. **Accuracy:** Search using brand names of chosen drugs to retrieve a list of available generic substitutes. If no generics available, then generics should not be listed. **Quality:** Easy to search for available generic substitutes.		
Tier 1 Drug: pravastatin 10mg tablet	Y / N	Y / N
Tier 2 Drug: Lucemyra 0.18mg tablet	Y / N	Y / N
Tier 3 Drug: benzonatate 100mg capsule	Y / N	Y / N
Tier 4 Drug: arthritis pain reliever 1% gel	Y / N	Y / N
Excluded Drug: Cranberry 500mg capsule	Y / N	Y / N
New Drug: Welireg 40mg tablet	Y / N	Y / N

Reviewer's name: Duyen Nguyen, PharmD **Date reviewed: 2/14/2022**

Test member: #4
LIS level: 3
Accuracy and Quality of Pharmacy Benefit Information on the Website (circle Y=YES OR N=NO where indicated).

Measure	Accuracy Goal Met Y/N	Quality Goal Met Y/N
Pharmacy Benefit Information on the Website (factors 1-11 below) **Accuracy:** Members can access the following in one session without the need to sign in again or contact the organization. **Quality**: Information is legible, complete and allows the member to understand.		
1. Determine financial responsibility for a drug, based on pharmacy benefit. **Accuracy:** Allow members to enter a drug name, the National Drug Code (NDC) or another identifier. Co-pay matches with LIS level and formulary tier (see table 1 for reference). **Quality:** Easy to find co-pay information.		
Tier 1 Drug: pravastatin 10mg tablet	Y / N	Y / N
Tier 2 Drug: Lucemyra 0.18mg tablet	Y / N	Y / N
Tier 3 Drug: benzonatate 100mg capsule	Y / N	Y / N
Tier 4 Drug: arthritis pain reliever 1% gel	Y / N	Y / N
Excluded Drug: Cranberry 500mg capsule	Y / N	Y / N
New Drug: Welireg 40mg tablet	Y / N	Y / N
2. Initiate the exceptions process (audit 3 actual member's history). **Accuracy:** MedImpact (PBM) is able to receive the request and all fields on exception request form populate correctly. **Quality:** Explanation of the exception process is written in a member-friendly manner.	See Appendix B	See Appendix B
3. Order a refill for an existing, unexpired mail-order prescription.	N/A	N/A
4. Find the location of an in-network pharmacy (randomly pick 3 types of in-network pharmacies): **Accuracy:** Pharmacy name, pharmacy label, address, phone number, hours of operation, national provider identifier, map and direction are accurate. **Quality:** Includes easy to understand instructions on use of search feature.		

Measure	Accuracy Goal Met Y/N	Quality Goal Met Y/N
Pharmacy 1 (Choice 90 Retail): Walgreens #1179 1795 E Capitol Expy, San Jose, CA 95121 Phone#408-238-5890, opening hours Su 10am-6pm, M-F 8am-9pm, Sat 9am-6pm. NPI#1013922301	Y / N	Y / N
Pharmacy 2 (Long Term Care): Garcia Pharmacy, 25 N 14th St STE 110, San Jose, CA 95116. Phone#408-294-3219, opening hours M-F 9am - 5:30pm Sat 9am - 2:30pm Su closed. NPI#1023660875	Y / N	Y / N
Pharmacy 3 (Home Infusion): Tully Medical Clinic Pharmacy, 1693 Flanigan Dr STE 104, San Jose 95121, (408) 274-6698, opening hours M-F 9am - 6:30pm Sat 9am - 1:30pm Su closed, NPI#1689139735	Y / N	Y / N
5. Conduct a Pharmacy proximity search based on zip codes (randomly pick 3 zip codes in Santa Clara County). **Accuracy:** All pharmacies populate correctly within certain miles. Pharmacy name, address, phone number, hours of operation, national provider identifier are accurate. **Quality:** Includes easy to understand instruction on use of search feature.		
Zip code 1 (search within 5 miles): 95014	Y / N	Y / N
Zip code 2 (search within 10 miles): 95117	Y / N	Y / N
Zip code 3 (search within 5 miles): 94040	Y / N	Y / N
6. Determine the availability of generic substitutes. **Accuracy:** Search using brand names of chosen drugs to retrieve a list of available generic substitutes. If no generics available, then generics should not be listed. **Quality:** Easy to search for available generic substitutes.		
Tier 1 Drug: pravastatin 10mg tablet	Y / N	Y / N
Tier 2 Drug: Lucemyra 0.18mg tablet	Y / N	Y / N
Tier 3 Drug: benzonatate 100mg capsule	Y / N	Y / N
Tier 4 Drug: arthritis pain reliever 1% gel	Y / N	Y / N
Excluded Drug: Cranberry 500mg capsule	Y / N	Y / N
New Drug: Welireg 40mg tablet	Y / N	Y / N

Reviewer's name: Duyen Nguyen, PharmD **Date reviewed: 2/14/2022**

Santa Clara Family Health Plan™

Quality Improvement Policies

Annual Review

Santa Clara Family Health Plan™

Santa Clara Family Health Plan™

POLICY

Policy Title:	**Distribution of Quality Improvement Information**	**Policy No.:**	QI.03~~v2~~
Replaces Policy Title (if applicable):	Dissemination of Approved Information Following Quality Improvement Committee	**Replaces Policy No. (if applicable):**	QM007_01
Issuing Department:	Quality & Process Improvement	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

Santa Clara Family Health Plan (SCFHP) requires staff to follow a standard process for annually distributing Quality Improvement (QI) information to providers and members.

II. Policy

a. At least annually, SCFHP communicates Quality Improvement (QI) program information to practitioners, providers and members. Information about QI program processes, goals, and outcomes are shared, as they relate to member care and services, in language that is easy to understand.

b. SCFHP may distribute information through regular mail, e-mail, fax, the Web or mobile devices. If posted on the Web, practitioners, providers and members are notified of the posting and given the opportunity to request the information by mail.

III. Responsibilities

QI forwards information for approval to appropriate departments (HS, Marketing, CEO/COO, DHCS) prior to distribution. Distribution takes place through the approved and appropriate departments after approval.

IV. References

NCQA ~~2020~~2022, MED 8, Element D

V. Approval/Revision History

First Level Approval	Second Level Approval

Santa Clara Family Health Plan™

POLICY

Johanna Liu Director, Quality & Process Improvement	Laurie Nakahira Chief Medical Officer
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Quality Improvement	Approve 5/10/2016	
v1	Reviewed	Quality Improvement	Approve 5/10/2017	
v1	Reviewed	Quality Improvement	Approve 06/06/2018	
v2				

POLICY

Policy Title:	**Peer Review Process**	**Policy No.:**	QI.04 ~~v2~~
Replaces Policy Title (if applicable):	Peer Review Process	**Replaces Policy No. (if applicable):**	QM009_02
Issuing Department:	Quality & Process Improvement	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To provide a fair, comprehensive peer review process for participating Santa Clara Family Health Plan (SCFHP) providers.

II. Policy

Santa Clara Family Health Plan (SCFHP) Quality Improvement Program provides methods to continuously monitor and evaluate the quality of care and services delivered by the contracted network of practitioners and providers.

The Chief Medical Officer (CMO), overseeing the QI Program activities, is responsible for oversight of peer review activities. Peer Review is coordinated through the Quality Improvement (QI) Department and communicated to the Credentialing Department. Credentialing and Peer Review Committee is a subcommittee of the Quality Improvement Committee.

III. Responsibilities

QI continuously monitors, evaluates, and develops plans to improve upon PQIs. QI, Health Services, Customer Service, IT, Grievances & Appeals, and Credentialing monitor for PQIs. The QI Department tracks and trends valuable data that can identify PQIs. All PQIs have the potential for peer review.

IV. References

CA Health and Safety Code section 1370
28 CCR 1300.70(a)(1); 28 CCR 1300.70(b)(2)(C) through (E)
California Business and Professions Code Section 805

POLICY

V. Approval/Revision History

First Level Approval	Second Level Approval
Johanna Liu Director, Quality & Process Improvement	Laurie Nakahira Chief Medical Officer
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Quality Improvement	Approve 5/10/2016	
v1	Reviewed	Quality Improvement	Approve 5/10/2017	
v1	Reviewed	Quality Improvement	Approve 06/06/2018	
v2				

POLICY

Policy Title:	**Quality Improvement Study Design/Performance Improvement Program Reporting**	**Policy No.:**	QI.06 ~~v2~~
Replaces Policy Title (if applicable):	Quality Improvement Study Design/Performance Improvement Program Reporting	**Replaces Policy No. (if applicable):**	QM005_02
Issuing Department:	Quality & Process Improvement	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

SCFHP's Quality Improvement (QI) department continuously works to improve the quality and safety of clinical care and services it provides to its members and to oversee the QI program. SCFHP clearly defines its QI program structure and processes, assigns responsibility to appropriate individuals and operationalizes its QI program.

II. Policy

Santa Clara Family Health Plan (SCFHP) continuously monitors and develops ways to improve quality of care for plan members. This is achieved through a variety of measures including, quality of clinical care, safety in clinical care, quality of service, members' experience, trends in potential quality of care issues, chronic care improvement projects, and quality improvement activities. Annually, SCFHP develops a QI Work Plan to track these measures and activities, and conducts a QI Program Evaluation at the close of each calendar year. SCFHP uses findings from the QI Program Evaluation to make adjustments to the QI Program as needed.

SCFHP utilizes sound statistical techniques, measurable and quantitative data and reporting techniques that produce reliable and timely data. Procedure details are documented in the associated Procedure Document QI.06.01 Quality Improvement Study Design/Performance Improvement Program Reporting.

III. Responsibilities

Health Services, Customer Service, Provider Network Operations, Claims, Appeals and Grievance, and IT provide data to QI for quality monitoring and reporting. QI then develops a work plan and further monitors and reports on progress and further actions.

IV. References

The Centers for Medicare and Medicaid Services (CMS). (2014). Quality Assessment, *Medicare Managed Care Manual*.
NCQA ~~2020~~ Health Plan Accreditation (HPA) Standards, QI
Elements A-C
NCQA HEDIS Specifications~~. (2018).~~

V. Approval/Revision History

Santa Clara Family Health Plan™

POLICY

First Level Approval	Second Level Approval
Johanna Liu Director, Quality & Process Improvement	Laurie Nakahira Chief Medical Officer
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Quality Improvement	Approve 5/10/2016	
v1	Reviewed	Quality Improvement	Approve 05/10/2017	
v1	Reviewed	Quality Improvement	Approve 06/06/2018	
v2				

POLICY

Policy Title:	**Cultural and Linguistically Competent Services**	**Policy No.:**	QI.08 ~~v2~~
Replaces Policy Title (if applicable):	Cultural and Linguistic Services Program Policy	**Replaces Policy No. (if applicable):**	CU 002_02
Issuing Department:	Quality & Process Improvement	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To define Santa Clara Family Health Plan's (SCFHP) process for monitoring services provided to members are culturally and linguistically appropriate to meet member needs.

II. Policy

It is the policy of SCFHP to promote member centric care that recognizes the beliefs, traditions, customs and individual differences of the diverse population served. SCFHP is committed to providing all services, both clinical and non-clinical, in a culturally competent manner that are accessible to all members, including those with non-English speaking/limited English proficiency, limited reading skills, hearing incapacity, or those with diverse cultural, ethnic backgrounds, disabilities and regardless of race, color, national origin, age, disability, sexual orientation, gender or gender identity. SCFHP maintains a Cultural and Linguistics Program that is reviewed and approved by the Quality Improvement Committee on an annual basis. SCFHP completes the Population Needs Assessment (PNA) annually to assess member cultural and linguistic needs.

SCFHP assesses, monitors, and evaluates services for Cultural and Linguistic appropriateness. SCFHP involves member input through the Consumer Advisory Committee (CAC) and Consumer Advisory Board (CAB).

See associated procedures Cultural and Linguistically Competent Services, Language Assistance Program, Member Document Translations, Standing Requests for member Materials in Alternate Languages and Formats, and Ad Hoc Requests for Member Materials in Alternate Languages and Format, Face-to-Face interpreter services, Population Needs Assessment for detailed process for meeting these objectives.

III. Responsibilities

A. DHCS updates threshold language data at least once every three years to address potential changes to both numeric threshold and concentration standard languages within all Medi-Cal Managed Care counties. Quality Improvement complies with the update requirements within three months of the publication of the update.

B. Quality Improvement and Provider Network Operations, ensure Health Plan Staff and Providers are adequately trained, have access to resources, and provide culturally competent services to all Plan members.

POLICY

C. Quality Improvement, Marketing Communications and Outreach, and Compliance maintain a list of member threshold languages, which is reviewed and updated as needed based on member assessment needs, but no later than every three years based on the DHCS' threshold language data.

D. Quality Improvement notifies SCFHP staff and departments of changes to member threshold languages via the Quality Improvement Committee and internal memos or department training sessions.

IV. References

CMS.gov; Managed Care Manual, Chapter 13
NCQA ~~2018~~2022
California Code of Regulations (28 CCR 1300.67.04) (d) (9) (A) (B) (C)
DHCS Contract
Title 22 CCR Section 53876
Title 22 CCR 53853 (c)
CA Health and Safety Code Sections 1367.04 (b)(1)(a), (b)(4) and (b)(5)
Section 1367.04(h)(1)
Civil Rights Act of 1964, (42 U.S.C. Section 2000d, and 45 C.F.4. Part 80)
PL – 99-003
APL 99-005
APL 17-011
CFR 42 § 440.262
APL 19-011

V. Approval/Revision History

First Level Approval	Second Level Approval
Johanna Liu Director, Quality & Process Improvement	Laurie Nakahira Chief Medical Officer
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Quality Improvement Committee	Approved 06/06/2018	
v2	Revised	Quality Improvement Committee		

POLICY

POLICY

Policy Title:	**Health Education Program and Delivery System**	**Policy No.:**	QI.09 ~~v3~~
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Quality & Process Improvement	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

The purpose of this policy is to describe Santa Clara Family Health Plan's (SCFHP) Health Education Program and its functions. Health Education at SCFHP is operationalized within the Quality Improvement Department.

II. Policy

The Health Education Program provides organized programs, services, functions, and resources necessary to deliver health education, health promotion, and patient education. It includes assessment, monitoring, and evaluation of all services provided by SCFHP and contracted Vendors.

A. The Health Education Program will provide classes and/or materials free of charge to beneficiaries including, but not limited to, the following topics:
   1. Nutrition
   2. Healthy weight maintenance and physical activity
   3. Individual and group counseling and support services
   4. Parenting
   5. Smoking and tobacco use cessation
   6. Alcohol and drug use
   7. Injury prevention
   8. Prevention of sexually transmitted diseases, HIV, and unintended pregnancy
   9. Self-care and chronic disease management, including asthma, diabetes, and hypertension
   10. Pregnancy care

B. SCFHP also offers self-management tools through the Member Portal.

C. All SCFHP members are eligible to receive Health Education classes through SCFHP and/or their assigned network where applicable.

D. All programs are voluntary and opt-in process. Member can choose to opt-out/no longer participate even after signing up or enrolling for a class or program at any time. To opt-out, members should contact the vendor or organizer directly.

III. Responsibilities

The Quality Department and Health Educator will do the following:

POLICY

A. Ensure all programs and services are provided at no cost to members.
B. Ensure the organized delivery of health education programs using educational strategies and methods that are appropriate for members and effective in achieving behavioral change for improved health outcomes.
C. Ensure that health education materials are written at the sixth-grade reading level and are culturally and linguistically appropriate for the intended audience.
D. Maintain a program that provides educational interventions addressing the topics listed above.
E. Ensure that members receive point of service education as part of preventive and primary health care visits. Health Education shall provide education, training, and program resources to assist Network Providers in the delivery of health education services for members.
F. Maintain policies and procedures, and standards and guidelines; conduct appropriate levels of program evaluation; and monitor the performance of providers that are contracted to deliver health education services to ensure effectiveness.
G. Periodically review the health education program to ensure appropriate allocation of health education resources and maintain documentation that demonstrates effective implementation of the health education requirements.
H. Ensure online self-management tools are useful and up-to-date and meet the language, vision, and hearing needs of members.
I. Oversight health education programs provided by contracted vendors.
J. Track and trend the referrals and the utilization of health education programs.

IV. References

3-Way Contract, SCFHP, CMS and DHCS
NCQA ~~2020~~2022 Health Plan Accreditation Requirements PHM 4A-K (Wellness and Prevention), PHM 1B (Informing Members)

V. Approval/Revision History

First Level Approval	Second Level Approval
Johanna Liu Director, Quality & Process Improvement	Laurie Nakahira Chief Medical Officer
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original			
v2	Revised	Quality Improvement Committee	Approve; 6/6/2018	
v3				

Santa Clara Family Health Plan™

Santa Clara Family Health Plan™

POLICY

Policy Title:	**Member Non-Monetary Incentives**	**Policy No.:**	QI.11 ~~v2~~
Replaces Policy Title (if applicable):	None	**Replaces Policy No. (if applicable):**	None
Issuing Department:	Quality & Process Improvement	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

The purpose of this policy is to establish guidelines for the administration of rewarding members who demonstrate effort and success in adopting health-promoting behaviors.

II. Policy

SCFHP may utilize non-monetary incentives to reward members who demonstrate effort and success in adopting health-promoting behaviors or changing health risk behaviors.

A. SCFHP obtains approval by DHCS prior to offering any type of member incentive for a member incentive (MI) program, focus group, or survey.
B. SCFHP will submit annual updates to DCHS through the Member Incentives Evaluation Form to justify the continuation of an ongoing MI program and an end of program evaluation to describe whether or not the MI program was successful.
C. For Focus Group Incentives (FGIs), SCFHP will submit an evaluation that incudes recruitment, participation methodology, and results summary. The FGI evaluation will also indicate if policy and program changes are warranted. For Survey Incentives (SI), SCFHP will submit a copy of the survey, along with an evaluation that includes findings and recommendations.
D. SCFHP obtains approval from CMS for incentives for CMC members. Incentives in the form of cash or monetary rebates are not offered. SCFHP ensures that the monetary value of the incentive does not exceed the value of the health related service or activity (§422.134(C)(1)(iii)). (Medicare Managed Care Manual, Chapter 4, Section 100 Rewards and Incentives).

III. Responsibilities

It is the responsibility of the Quality Improvement (QI) department and all departments within the QI department and departments administering incentives, focus groups, and surveys to ensure SCFHP is in compliance with relevant regulations.

IV. References

Santa Clara Family Health Plan™

POLICY

MMCD APL 16-005, February 25, 2016
AB 915 (Chapter 500., Statutes of 2007): Welfare and Institutions(W&I) Code 14407.1
Title 28. CCR. Section 1300.46
Medicare Managed Care Manual, Chapter 4, Section 100 Rewards and Incentives, pg. 72.

Santa Clara Family Health Plan™

POLICY

V. Approval/Revision History

First Level Approval	Second Level Approval
Johanna Liu Director, Quality & Process Improvement	Laurie Nakahira Chief Medical Officer
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Quality Improvement Committee	Approve; 08/10/2016	
v1	Reviewed	Quality Improvement Committee	Approve: 05/10/2017	
v1	Reviewed	Quality Improvement Committee	Approve: 06/06/2018	
v2				

POLICY

Policy Title:	**Transitions of Care**	**Policy No.:**	QI.15
Replaces Policy Title (if applicable):	n/a	**Replaces Policy No. (if applicable):**	n/a
Issuing Department:	Health Services	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal ☒ CMC		

I. Purpose

To outline Santa Clara Family Health Plan's process for managing Cal Medi-Connect (CMC) and non-delegated Medi-Cal High Risk Seniors and Persons with Disabilities (SPD) members at risk for planned and unplanned transitions across the care continuum.

II. Policy

A. Santa Clara Family Health Plan (SCFHP) supports and promotes appropriate transitions between care settings which is critical to improving member quality of care and health outcomes.

B. SCFHP's Transitions of Care program is focused on identifying members at risk for transitions and facilitating the transitions between settings to the most appropriate and safe level of care for that member. This includes, but is not limited to:
   a. Acute hospitals;
   b. Inpatient psychiatric hospitals;
   c. Skilled Nursing Facilities (SNFs);
   d. Assisted living and residential care facilities;
   e. Rehabilitation facilities; and
   f. Member's home

C. SCFHP will implement evidence-based interventions to ensure safe and coordinated care across the Care Continuum and to prevent readmissions.

D. SCFHP will ensure members are in the least restrictive and most appropriate setting that meets the members' health care needs

E. The Transition of Care program is the combined responsibility of SCFHP and the member's assigned Primary Care Provider (PCP).

F. The Transition of Care program consists of, but is not limited to:
   a. Identification and management of members at risk for planned and unplanned transitions;
   b. Communication with the member and/or the member's authorized representative, PCPs, and specialists, if appropriate;
   c. Reduction of unplanned transitions;
   d. Support member preferences and choice through the ICP process;
   e. Promote the exchange of information across care settings; and
   f. Analyzing and monitoring data for process improvement

G. SCFHP implements processes that coordinate services and care needed for members including, but not limited to, ensuring access to necessary medical and behavioral health care, medications, durable medical equipment, supplies, transportation, Long Term Support Services (LTSS) benefits, and community based resources.

III. Responsibilities

Health Services collaborates with other SCFHP departments as well as providers and community partners to identify member risks and gaps, and to coordinate services and benefits for positive member outcome and optimum health.

IV. References

Santa Clara Family Health Plan Three-Way Contract with the Centers for Medicare and Medicaid Services (CMS) and the Department of Health Care Services (DHCS) for Cal MediConnect (2019)

Department of Health Care Services (DHCS) Duals Plan Letter (DPL) 16-002: Continuity of Care

Department of Health Care Services (DHCS) Duals Plan Letter (APL) 16-003: Discharge Planning for Cal MediConnect

National Committee on Quality Assurance: Population Health Management (2021)

V. Approval/Revision History

First Level Approval	Second Level Approval
Angela Chen Interim Director, Case Management	Laurie Nakahira, D.O. Chief Medical Officer
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	**Original**	**Quality Improvement**	**Approve**	08/05/2016
V1	**Reviewed**	**Quality Improvement**	**Approve**	08/09/2017
V1	**Reviewed**	**Quality Improvement**	**Approve**	06/06/2018
V2	**Revised**	**Quality Improvement**	**Approve**	04/14/2021

Santa Clara
Family Health Plan

Policy Title:	**Managed Long Term Services and Supports (MLTSS) Care Coordination**	**Policy No.:**	QI.16
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Health Services	**Policy Review Frequency:**	
Lines of Business (check all that apply):	☒ Medi-Cal	☐ Healthy Kids	☒ CMC

I. Purpose

Santa Clara Family Health Plan (SCFHP) identifies members that are possibly at risk for institutional placement, that are currently placed in nursing facilities or those that want to move to a lower level of care. The Plan promotes coordination of services with the goal of achieving optimal well-being and functionality at the least restrictive level of care most beneficial to individual members.

II. Policy

A. In addition to following the Comprehensive Case Management policy, the Plan coordinates and monitors access, availability, continuity and coordination of care to Managed Long Term Services and Supports (MLTSS) for members. Additional procedures are specific to this form of care coordination.

B. <u>The Plan defines MLTSS procedures to include</u>:

- LTSS Assessment Review
- Community Based Adult Services (CBAS): Eligibility/Determination and Coordination, Referrals
- Referrals and Coordination for Multipurpose Senior Services Program
- LTC Case Management and Care Transitions
- Home and Community Services (HCBS) Coordination
- Individual Care Team (ICT): Specific providers required
- Individual Care Plan (ICP): Specific requirements
- Training: Additional needs for providers and staff

C. The Plan maintains procedures specific to the above mentioned areas as well as Comprehensive Case Management and Utilization Management procedures that provide details.

III. Responsibilities

Health Services collaborates with internal departments (IT, Claims) to identify members for MLTSS Care Coordination and to coordinate services as well as contracted providers, community resources and facilities.

IV. References

3 Way Contract. (2018). *Contract Between United States Department of Health and Human Services; Centers for Medicare and Medicaid Services and California Department of Health Care Services*.

APL 17-012 Care Coordination Requirements for Managed Long-Term Care Services and Supports
APL 17-013 Requirements for Health Risk Assessment of Medi-Cal Seniors and Persons with Disabilities

DPL 15-001 Interdisciplinary Care Team and Individual Care Plan Requirements for Medicare-Medicaid Plans

Cal MediConnect Continuity of Care Technical Assistance Guide (TAG). (2015, October 27). California, USA.

DPL 16-002 Continuity of Care

DPL 16-003 Discharge Planning for Cal MediConnect

DPL 17-001 Health Risk Assessment and Risk Stratification Requirements for Cal MediConnect

All Call Center Letters, CA Department of Aging 20-08, 10, 11 and 12 (CBAS COVID)

All Plan Letter 20-007, 009 (COVID)

SCFHP Procedures: QI 16.02-IHSS, QI 16.03-MSSP and QI 16.04-CBAS

NCQA Guidelines 2019

SCFHP NCQA Population Health Management Strategy (2019)

V. Approval/Revision History

First Level Approval	Second Level Approval
 Signature Lori Andersen Name Director of LTSS Title Date	 Signature Laurie Nakahira, MD Name Chief Medical Officer Title Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1.0	**Original**			
v1.1	**Revised**			
v1.2	**Revised**			

POLICY

Policy Title:	Care Coordination Staff Training	**Policy No.:**	QI.19
Replaces Policy Title (if applicable):	n/a	**Replaces Policy No. (if applicable):**	n/a
Issuing Department:	Health Services	**Policy Review Frequency:**	Annually
Lines of Business (check all that apply):	☒ Medi-Cal ☒ CMC		

I. Purpose

To outline Santa Clara Family Health Plan's consistent processes for providing initial and ongoing education and training to all Care Coordination staff who have responsibilities related to serving members and the skills to meet member needs related to care coordination principles.

II. Policy

A. Santa Clara Family Health Plan (SCFHP) Care Coordination staff will receive initial and on-going education and training to provide members with access to quality health care that is delivered in a cost-effective and compassionate manner

B. Training will be provided in a variety of educational formats including, but not limited to, the distribution of documents, classroom, informational sessions, and virtual learning modules as appropriate

C. Care Coordination Staff training includes, but is not limited to, the following:

1. Overview of regulatory and contractual requirements
2. Organizational objectives
3. SCFHP policies and procedures
4. Member eligibility and benefits
5. Member rights and responsibilities
6. Health Insurance Portability and Accountability Act (HIPAA)
7. Seniors and Persons with Disabilities (SPD)
8. Disability Awareness and Sensitivity
9. Population Health Management
10. Interdisciplinary Care Teams (ICTs) role and responsibilities
11. Long Term Services and Supports (LTSS) eligibility, referrals and operations
12. Behavioral Health services and coordination
13. Grievance and appeals process
14. Pharmacy management
15. Care Coordination and care transitions
16. Cultural Competency and available Cultural and Linguistic Services
17. Community resources and services
18. Person centered planning process
19. Wellness principles

20. Understanding Dementia

D. Training content is reviewed and updated as needed to meet state and federal regulatory requirements as well as other best practices. Staff training is completed upon hire, reviewed annually and as needed.

III. Responsibilities

Health Services management works with internal departments, external partners and providers to provide staff training to prepare Care Coordination to best assist and support our members.

IV. References

Santa Clara Family Health Plan Three-Way Contract with the Centers for Medicare and Medicaid Services (CMS) and the Department of Health Care Services (DHCS) for Cal MediConnect (2019)

Department of Health Care Services (DHCS) All Plan Letter (APL) 11-010: Competency and Sensitivity Training Required in Serving the Needs of Seniors and Persons with Disabilities

Department of Health Care Services (DHCS) Duals Plan Letter (DPL) 15-001: Interdisciplinary Care Team and Individual Care Plan Requirements for Medicare-Medicaid Plans

V. Approval/Revision History

First Level Approval	Second Level Approval
Angela Chen Interim Director, Case Management	Laurie Nakahira, D.O. Chief Medical Officer
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original	Quality Improvement	Approve	08/05/2016
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V1	Reviewed	Quality Improvement	Approve	06/06/2018
V2	Revised	Quality Improvement	Approve	04/14/2021

POLICY

Policy Title:	**Alcohol and Drug Screening, Assessment, Brief Interventions, and Referral to Treatment (SABIRT)**	**Policy No.:**	QI.23
Replaces Policy Title (if applicable):	**Alcohol and Drug Misuse: Screening, Assessment, Brief Interventions, and Referral to Treatment in Primary Care**	**Replaces Policy No. (if applicable):**	QI.23 v3
Issuing Department:	Health Services – Behavioral Health	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒CMC	

I. Purpose

To outline Santa Clara Family Health Plan's process for providing required Alcohol and Drug Screening, Assessment, Brief Interventions, and Referral to Treatment (SABIRT) to members ages 11 years and older, including pregnant women.

II. Policy

A. The US Preventative Services Task Force (USPSTF) uses the term "unhealthy alcohol use" to define a spectrum of behaviors, from risky drinking to Alcohol Use Disorder (AUD) (e.g., harmful alcohol use, abuse, or dependence). Risky or hazardous alcohol use means drinking more than the recommended daily, weekly, or per-occasion amounts, resulting in increased risk for health consequences, but not meeting criteria for AUD. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines "heavy use" as exceeding the recommended limits of 4 drinks per day or 14 drinks per week for adult men or 3 drinks per day or 7 drinks per week for adult women. The term "unhealthy drug use" is defined as the use of illegally obtained substances, excluding alcohol and tobacco products, or the nonmedical use of prescription psychoactive medications; that is, use of medications for reasons, for duration, in amounts, or with frequency other than prescribed or by persons other than the prescribed individual.

B. SCFHP's policy is to support the contracted network in screening, assessment, brief interventions, and referral to treatment for members over the age of 11, including pregnant women, in the primary care setting. AAP/Bright Futures Initiative recommends screening, assessment, and follow up action should begin at 11 years of age for tobacco, alcohol, and drug use. The USPSTF recommends screening by asking questions about unhealthy drug use in adults age 18 years and older, and providing persons engaged in risky and hazardous drinking with brief behavioral counseling intervention to reduce unhealthy alcohol use. It is the policy of SCFHP to meet the Department of Health Care Services (DHCS) expanded contractual requirements for all preventative services for members who are 21 years of age or older consistent with USPSTF Grade A&B recommendations.

   a. <u>Screening</u>

      Unhealthy alcohol and drug use screening must be conducted using validated screening tools. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred. Validated screening tools include, but are not limited to:

- Cut Down-Annoyed-Guilty-Eye-Opener Adapted to Include Drugs (CAGE-AID)
- Tobacco Alcohol, Prescription medication and other Substances (TAPS)
- National Institute on Drug Abuse (NIDA) Quick Screen for adults o The single NIDA Quick Screen alcohol-related question can be used for alcohol use screening
- Drug Abuse Screening Test (DAST-10)
- Alcohol Use Disorders Identification Test (AUDIT-C)
- Parents, Partner, Past and Present (4Ps) for pregnant women and adolescents
- Car, Relax, Alone, Forget, Friends, Trouble (CRAFFT) for non-pregnant adolescents
- Michigan Alcoholism Screening Test Geriatric (MAST-G) alcohol screening for geriatric population.

b. Brief Assessment
When a screening is positive, validated assessment tools should be used to determine if unhealthy alcohol use disorder (AUD) or substance use disorder (SUD) is present. Validated assessment tools include, but are not limited to:

- NIDA-Modified Alcohol, Smoking and Substance Involvement Screening Test (NM-ASSIST)
- Drug Abuse Screening Test (DAST-20)
- Alcohol Use Disorders Identification Test (AUDIT)

c. Brief Interventions and Referral to Treatment
For recipients with brief assessments that reveal unhealthy alcohol use, brief misuse counseling should be offered. Appropriate referral for additional evaluation and treatment, including medications for addiction treatment, must be offered to recipients whose brief assessment demonstrates probable AUD or SUD. SCFHP must make good faith efforts to confirm whether members receive referred treatments and document when, where, and any next steps following treatment. If a member does not receive referred treatments, the SCFHP must follow up with the member to understand barriers and make adjustments to the referrals if warranted. MCPs should also attempt to connect with the provider to whom the member was referred to facilitate a warm hand off to necessary treatment. Brief interventions must include the following: Providing feedback to the patient regarding screening and assessment results; Discussing negative consequences that have occurred and the overall severity of the problem; Supporting the patient in making behavioral changes; and Discussing and agreeing on plans for follow-up with the patient, including referral to other treatment if indicated.

d. Documentation Requirements
SCFHP will ensure that PCPs maintain documentation of SABIRT services provided to members. Member medical records must include the following: The service provided (e.g., screen and brief intervention); The name of the screening instrument and the score on the screening instrument (unless the screening tool is embedded in the electronic health record); The name of the assessment instrument (when indicated) and the score on the assessment (unless the screening tool is embedded in the electronic health record); and If and where a referral to an AUD or SUD program was made.

C. Providers in SCFHP primary care settings must offer and document SABIRT services are offered. When a member transfers from one PCP to another, the receiving PCP must attempt to obtain the member's

prior medical records, including those pertaining to the provision of preventive services. SCFHP will continue to cover and ensure the provision of primary care and other services unrelated to the alcohol and SUD treatments and coordinate services between Primary Care Providers (PCP) and treatment programs.

D. SCFHP will not limit behavioral counseling interventions. Beneficiaries who meet criteria for an alcohol or substance use disorder or whose diagnosis is uncertain, are to be referred for further evaluation to the Santa Clara County Substance Use Treatment Services Gateway Call Center at 1-800-488-9919.
E. SCFHP will arrange referral to Gateway Call Center when indicated, or to other community resources when services are not available through the county substance abuse treatment services program, and to outpatient heroin detoxification providers available through the Medi-Cal Fee-For-Service program for appropriate services.
F. SABIRT services may be provided by providers within their scope of practice, including, but not limited to:
    a. Physicians
    b. Physician assistants
    c. Nurse practitioners
    d. Certified nurse midwives
    e. Licensed midwives
    f. Licensed clinical social workers
    g. Licensed professional clinical counselors
    h. Psychologists
    i. Licensed marriage and family therapists.

III. Responsibilities

A. SCFHP's Behavioral Health Department is responsible for monitoring compliance with the policy.
B. SCFHP's Health Services Department coordinates with the Quality Improvement Department to collaborate with the assistance of the Health Education, Provider Services and Behavioral Health Departments to train/educate providers in the provision of the SABIRT.
C. SCFHP must comply with all applicable laws and regulations relating to the privacy of SUD records, as well as state law concerning the right of minors over 12 years of age to consent to treatment, including, without limitation, Title 42 Code of Federal Regulations (CFR) Section 2.1 et seq., 42 CFR Section 2.14, and Family Code Section 6929.
D. SCFHP can provide linkage to treatment and may assist members in locating treatment service facilities. SCFHP will pursue placement outside of the county if treatment slots are not available within the county substance abuse treatment services program.
E. SCFHP must include information about SABIRT services in member-informing materials.

IV. References

Department of Health Care Services (DHCS) All Plan Letter 21-014 – Alcohol and Drug Screening, Assessment, Brief Interventions, and Referral to Treatment
Title 42 Code of Federal Regulations (CFR) Section 2.1 et seq.
Family Code Section 6929

POLICY

Bright Futures Periodicity Schedule and Guidelines for Pediatric Preventive Care
The US Preventative Services Task Force (USPSTF) Guidelines

V. Approval/Revision History

First Level Approval	Second Level Approval
Angela Chen, RN Director, Case Management & Behavioral Health	Laurie Nakahira, DO Chief Medical Officer
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original	Quality Improvement Committee	Approve	02/21/2018
V2	Reviewed	Quality Improvement Committee	Approve	06/03/2019
V3	Revised	Quality Improvement Committee		

POLICY

Policy Title:	Health Homes Program	Policy No.:	QI.28 v2
Replaces Policy Title (if applicable):		Replaces Policy No. (if applicable):	
Issuing Department:	Health Services – Care Management	Policy Review Frequency:	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☐ CMC	

I. Purpose

The Health Homes Program (HHP) offers coordinated care to individuals with multiple chronic health conditions, including mental health, substance use disorders and those experiencing homelessness. The HHP is a team-based clinical approach that includes the member, their providers, and family members (when appropriate). The HHP builds linkages to community supports and resources, as well as enhances coordination and integration of primary and behavioral health care to better meet the needs of people with multiple chronic illnesses.

The Medi-Cal HHP offers comprehensive, high quality health care for eligible Santa Clara Family Health (SCFHP) Plan Medi-Cal members. The purpose of this policy is to identify all of the HHP requirements for SCFHP and selected Community-Based Care Management Entities (CB-CMEs). SCFHP will work with selected CB-CMEs to facilitate care planning, care coordination, care transitions, and housing navigation services. SCFHP will utilize communication and reporting capabilities to perform health promotion, encounter reporting, and quality of care reporting. Selected CB-CMEs will serve as the community-based entity with responsibilities that will ensure members receive access to HHP services.

II. Policy

SCFHP will be responsible for the overall administration of the HHP. SCFHP will have oversight of the CB-CMEs and their performance. CB-CMEs will provide all members with access to the same level of HHP service, in accordance with the tier/risk grouping that is appropriate for members' needs and HHP service requirements. SCFHP will perform regular auditing and monitoring activities to ensure that all HHP services are delivered according to the contract signed by the selected CB-CMEs and SCFHP. SCFHP will select and assess the readiness of community organizations to serve as CB-CMEs. Selected entities will need to provide all core services of the HHP, including:

- Comprehensive Care Management
- Care Coordination
- Health Promotion
- Comprehensive Transitional Care
- Individual and Family Support Services
- Referral to Community and Social Supports
- Housing Navigation

III. Responsibilities

A. SCFHP

POLICY

1. Maintain the HHP infrastructure with contracted CB-CMEs and ensure that the roles and division of responsibility between the CB-CME and SCFHP are clearly identified
2. Ensure that the CB-CME has the capacity to provide assigned HHP members with a multi-disciplinary care team
    a. SCFHP will encourage participation of member care team members who are not on the multi-disciplinary care team (such as a member's PCP or Specialist)
3. Share information with CB-CMEs to assist with identifying patients and providing HHP services; data sharing agreements will be established with selected CB-CMEs and SCFHP:
    a. SCFHP will notify CB-CME of inpatient admissions and ED visits/discharges
    b. SCFHP will share each member's health history with assigned CB-CMEs
    c. Data will be exchanged between CB-CME and SCFHP to better track CMS-required quality measures and state-specific measures, including health status and outcomes data for the DHCS evaluation process
4. Identify, review and prioritize HHP eligible members by tier/risk grouping and assign members to CB-CMEs
    a. Identify members through the DHCS-provided Targeted Engagement List (TEL), internal TEL, and member/provider referrals
    b. Group members according to a tier structure, which should correlate with the member's risk grouping and intensity of services needed
5. Reduce the duplication of services to the member by verifying eligible members' involvement in other case management programs (e.g., Whole Person Care)
6. Develop CB-CME training tools as needed, as well as coordinate trainings to strengthen skills for CB-CMEs in conjunction with HHP
7. Develop and administer payment structure for CB-CMEs
    a. Payment structure may consider the payments received from DHCS, member's tier/risk grouping and any other supplemental funding
8. Prepare SCFHP's Customer Service, Nurse Advice Line, and other staff as necessary to ensure HHP members' needs can be addressed

B. CB-CME Responsibilities
1. CB-CMEs retain overall responsibility for all duties that the CB-CME has agreed to perform for SCFHP, as defined in the contract between the CB-CME and SCFHP
    a. CB-CME will perform all seven core services to the HHP-eligible member, as defined in the DHCS HHP Program Guide
2. Complete a readiness assessment as developed by SCFHP
    a. If services are insufficient, CB-CME will work with SCFHP to fulfill the readiness gaps prior to enrolling members
3. Ensure that providers with experience servicing frequent utilizers of health services and those experiencing homelessness, are available as needed per AB 361 requirements
4. Leverage existing county and community provider care management infrastructure and experience, where possible and appropriate
5. Ensure assigned HHP members receive access to HHP services including completing a patient-centered health action plan (HAP) within 90 days of enrollment
    a. Maintain a strong and direct connection to the PCP and ensure PCP's participation in HAP development and ongoing coordination

b. Assess the HHP member's physical, behavioral, substance use, palliative, trauma-informed care, and social services need using screenings and assessments with standardized tools

6. Maintain a multi-disciplinary care team to provide outreach and enrollment
   a. CB-CME will utilize assigned member lists provided by SCFHP to complete outreach and enrollment
   b. Ensure needs are met based on the member's HAP and the tiered structure outlined by SCFHP
7. Utilize existing health information technology (HIT) to collect and share data to SCFHP
   a. If CB-CME does not have adequate technology, CB-CME will work with SCFHP to determine how information will be shared for HHP services and reporting purposes
8. CB-CME will attend required trainings for the HHP
9. CB-CME may utilize community health workers to conduct outreach and other services as appropriate

IV. References

Department of Health Care Services. (2018). *Medi-Cal Health Homes Program-Program Guide.* Sacramento, CA

Department of Health Care Services. (2018). *All Plan Letter 18-012.* Sacramento, CA: Managed Care Quality and Monitoring Division.

Legislative Counsel's Digest. (2013). *AB-361 Medi-Cal: Health Homes for Medi-Cal Enrollees and Section 1115 Waiver Demonstration Population with Chronic and Complex Conditions.* Sacramento, CA: Marjorie Swartz.

V. Approval/Revision History

First Level Approval	Second Level Approval
Lori Andersen Director, Managed Long Term Supports and Services	Laurie Nakahira Chief Medical Officer
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original	Quality Improvement Committee	12/05/2018	
V2	Revised	Quality Improvement Committee		

POLICY

Policy Title:	**Health Risk Assessment**	**Policy No.:**	QI.30
Replaces Policy Title (if applicable):	n/a	**Replaces Policy No. (if applicable):**	n/a
Issuing Department:	Health Services	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal ☒ CMC		

I. Purpose

To outline Santa Clara Family Health Plan's process for identifying potential health risks of Cal MediConnect (CMC) and Medi-Cal only Seniors and Persons with Disabilities (SPD) members based on the responses provided by the member in the Health Risk Assessment (HRA) that is to be used for development of a member's Individualized Care Plan (ICP).

II. Policy

A. Santa Clara Family Health Plan (SCFHP) shall identify the health risk of each newly enrolled CMC and Medi-Cal only SPD members using a proprietary Risk Stratification Algorithm to identify members who have High Risk and more complex health needs and those who have Low Risk.

B. The Risk Stratification Algorithm shall incorporate member-specific utilization data for the most recent 12 months to identify members who are High Risk and have more complex healthcare needs. These data sources may include, but not limited to:
   a. Medicare Parts A, B, and D;
   b. Medi-Cal FFS;
   c. Medi-Cal In Home Supportive Services (IHSS);
   d. Multipurpose Senior Services Program (MSSP);
   e. Skilled Nursing Facility (SNF);
   f. Behavioral health pharmacy;
   g. Outpatient, inpatient, emergency department, pharmacy, and ancillary services; and
   h. Results of previously administered assessments

C. SCFHP identifies higher risk members for meeting any one of the following criteria:
   a. Has been on oxygen within the past 90 days;
   b. Has been hospitalized within the last 90 days, or has had three or more voluntary and/or involuntary hospitalizations within the past year;
   c. Has had three or more emergency room visits in the past year in combination with other evidence of high utilization of services (e.g. multiple prescriptions consistent with the diagnoses of chronic diseases);
   d. Has IHSS greater than or equal to 195 hours/month. Higher risk IHSS beneficiaries can be identified in the IHSS assessment files;
   e. Is enrolled in MSSP;
   f. Is receiving Community Based Adult Services;

g. Has End Stage Renal Disease, Acquired Immunodeficiency Syndrome, and/or a recent organ transplant;
h. Has cancer and is currently being treated;
i. Has been prescribed anti-psychotic medication within the past 90 days;
j. Has been prescribed 15 or more medications in the past 90 days; or
k. Has other conditions as determined by the SCFHP, based on local resources.

D. Members stratified as High Risk shall be assessed using the HRA within forty-five (45) days of enrollment with SCFHP.
E. Members stratified as Low Risk shall be assessed using the HRA within ninety (90) days of enrollment with SCFHP.
F. All communications, whether by phone, mail, or in-person, shall be provided in a linguistically and culturally appropriate manner.
G. SCFHP shall use the completed HRA to develop an ICP to meet the member's medical, functional, cognitive, psychosocial, social support, and access to care needs as appropriate.
H. Members shall be reassessed, using the HRA, as appropriate, as follows:
   a. Annually, for all active members, within twelve (12) months of completing the last HRA, or before the enrollment anniversary date of the member if no HRA was obtained in the prior measurement year, or
   b. As often as the medical, functional, cognitive, psychosocial, and social needs of the member requires based on clinical review of the SCFHP Care Coordination staff
I. SCFHP shall ensure a process for incorporating member and stakeholder input in the development and update of the HRA for the CMC population that includes, but is not limited to, reviewing the tool and process at:
   a. Member Advisory Committee (MAC) meeting or other member events
   b. Quality Improvement Committee (QIC) meeting, and
   c. Provider Advisory Committee (PAC) meeting

III. Responsibilities

Health Services collaborates with other SCFHP departments as well as providers and community partners to identify member risks and gaps, and to coordinate services and benefits for positive member outcome and optimum health.

IV. References

Santa Clara Family Health Plan Three-Way Contract with the Centers for Medicare and Medicaid Services (CMS) and the Department of Health Care Services (DHCS) for Cal MediConnect
Department of Health Care Services (DHCS) Duals Plan Letter (DPL) 17-001: Health Risk Assessment and Risk Stratification Requirements for Cal MediConnect
Department of Health Care Services (DHCS) Duals Plan Letter (DPL) 15-001: Interdisciplinary Care Team and Individual Care Plan Requirements for Medicare-Medicaid Plans
Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements: California-Specific Reporting Requirements (2018)
Medicare-Medicaid Capitated Financial Alignment Model Reporting Requirements (2021)

POLICY

Department of Health Care Services (DHCS) All Plan Letter (APL) 17-013: Requirements for Health Risk Assessment of Medi-Cal Seniors and Persons with Disabilities (2017)

V. Approval/Revision History

First Level Approval	Second Level Approval
Angela Chen Interim Director, Case Management	Laurie Nakahira, D.O. Chief Medical Officer
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	**Original**	**Quality Improvement**	**Approve**	**04/14/2021**

POLICY

Policy Title:	**Community Supports (CS)**	**Policy No.:**	QI.31
Replaces Policy Title (if applicable):	N/A	**Replaces Policy No. (if applicable):**	N/A
Issuing Department:	Health Services, Long Term Services and Supports (LTSS)	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☐Healthy Kids	☐CMC

I. Purpose

The purpose of this policy is to define Community Supports (CS) and distinguish the responsibilities for delivering CS between SCFHP and CS providers.

II. Definition

CS are medically-appropriate and cost-effective substitutes or settings for more costly Medi-Cal health care services. CS are not Medi-Cal benefits, but supplemental services paid by SCFHP that focus on addressing combined medical and social determinants of health needs to avoid higher levels of care and are typically delivered by a different provider or in a different setting than traditional Medi-Cal benefits. CS is one of many initiatives of the Department of Health Care Services (DHCS)'s California Advancing and Innovating Medi-Cal (CalAIM).

III. Policy

SCFHP is responsible for the overall administration of CS, including providing oversight and monitoring of all contracted CS providers, ensuring providers adhere to all requirements as set forth by DHCS and SCFHP, evaluating provider performance on quality measures and metrics, and submitting reporting to DHCS. SCFHP ensures that members are determined eligible and authorized for CS and are aligned with an Enhanced Care Management (ECM) Population of Focus. Once authorized for CS, SCFHP assigns members to CS providers for the delivery of the CS in accordance with guidelines and requirements defined in the *CS Vendor Agreement* and the *CS Provider User Guide*. SCFHP monitors the processes for member identification, referral intake, eligibility determination, authorization, provider assignment, service delivery, closed-loop notification to referring entity, claim and invoice submission, reporting, and quality assurance. SCFHP works collaboratively with member care teams to integrate services with ECM or other case management programs to help members live independently and address social determinants of health (SDOH) or other social needs. SCFHP maintains a 'no wrong door' policy for those members who do not meet the eligibility criteria for CS to ensure warm handoffs to community-based entities for the provision of CS-equivalent services.

IV. Responsibilities

A. SCFHP Responsibilities
   1. CS Provider Network
      a. Network Development

i. SCFHP identifies providers who have experience, expertise, and capacity to deliver CS to SCFHP members. LTSS staff distribute a CS readiness assessment to all interested CS providers and require providers to complete it within a specified timeframe, participate in meetings to address any concerns with the assessment, and respond to follow-up questions.
ii. SCFHP considers all qualified providers by each offered CS to determine overall provider capacity based on pre-determined estimates of eligible members, geographical representation (if applicable), and specialties or strengths of particular providers that may impact specific member needs.
iii. SCFHP ensures that providers understand the terms, requirements, payment rates, and claim and invoice process for any CS that they are interested in providing to SCFHP members. SCFHP requires CS providers to adhere to the eligibility criteria, restrictions and/or limitations, and program models for the delivery of CS.
iv. SCFHP engages interested providers in the contracting process, which includes a credentialing process and execution of a *CS Vendor Agreement*.
v. Upon launch of a CS, SCFHP ensures that it has an adequate network of providers to ensure that all eligible members will have access to the CS after being authorized. As such, SCFHP will adhere to its implementation plan to ensure that the network is not only adequate for newly launched CS, but also for ongoing CS should the demand for the services increase resulting in a need to expand the networks.

b. Provider Training and Technical Support
i. SCFHP is responsible for providing its standard Network Provider training to all CS providers, as well as an initial training to support the launch of CS.
ii. SCFHP hosts ongoing trainings and distributes materials to ensure consistency for delivering the CS to SCFHP members.
iii. SCFHP hosts provider meetings to provide technical support to providers by discussing challenges and issues, clarifying requirements, discussing best practices, and creating a forum for general communication among CS providers.

2. Member Identification
a. SCFHP identifies Members eligible for offered CS by working with Enhanced Care Management (ECM) providers to identify members receiving ECM who could benefit from and be eligible for CS and encouraging referrals for CS from internal case managers.
b. SCFHP promotes the self-referral process for members, their authorized representatives, and/or family supports for submitting referrals for CS.
c. SCFHP provides trainings and materials to network primary care physicians (PCPs), Enhanced Care Management (ECM) providers, internal SCFHP and external case managers, CS providers, community-based organizations (CBOs), and other providers on offered CS, general eligibility for CS, and how to refer their patients/clients to CS.

3. Referral Process

a. SCFHP accepts referrals or requests for CS electronically via online provider portal, fax, secure email, or U.S. mail using procedures that address required functions that support equitable and cost-effective use of services.
b. SCFHP manages and provides all oversight for the referral intake, eligibility determination, timelines, accuracy of data, and assignment to a contracted CS provider for the delivery of the CS.
c. SCFHP ensures that the referring entity is notified of the receipt of a referral, status of the referral, and completion of the delivered CS through a closed-loop referral process.

4. Eligibility Determination and Authorization
   a. SCFHP staff uses all information available to determine eligibility for CS referrals and authorizes or denies based on strict adherence to the eligibility criteria as defined by DHCS.
   b. SCFHP assigns to an appropriate CS provider that has capacity to accept new CS referrals.
   c. SCFHP makes a concerted effort to ensure that if a referring member does not meet the eligibility criteria for the CS that other documentation is acquired from the referring entity, ECM provider, case manager, PCPs, CBOs, and others before denying the request for CS. In addition, SCFHP must review internal data (utilization, claims, case management notes, etc.) and incorporate it into the decision to deny the request.
   d. SCFHP adheres to criteria set forth in its procedures for situations that warrants expediting authorization for members needing immediate access to CS.
   e. SCFHP adheres to the timelines as set forth in its procedures to ensure that CS are authorized in a timely manner.
   f. SCFHP assigns members for authorized CS to CS providers within specified timeframes as designed by DHCS for timely access to services.
   g. SCFHP sends written notifications to members, assigned CS providers, and the referring entities related to the authorization of CS and to members and the referring entity for denied CS.

5. Discontinuation
   a. SCFHP provides access to health plan eligibility information to all CS providers.
   b. SCFHP requires all CS providers to review health plan eligibility prior to delivering a service.
   c. Members who no longer have coverage under SCFHP are not authorized to receive CS services.
   d. Members who are no longer interested in continuing a CS can notify the CS provider or SCFHP to discontinue. CS providers direct member to SCFHP to discontinue.
   e. SCFHP reviews all requests for discontinuation and applicable documentation and processes the discontinuation with 3 business days of receipt
   f. SCFHP provides written notification to members, the referring entity, and the assigned provider for any discontinuation of service.
   g. Members who discontinue from CS are able to request CS at another time by contacting SCFHP or a referring entity can submit a new referral for CS.

6. Data Systems and Data Sharing
   a. SCFHP maintains appropriate systems for collecting and maintaining data for tracking CS referrals, determining eligibility, assigning to CS providers, providing status on the delivery of CS,

documenting submitted claims and invoices, documenting payments released to providers, providing status on filed grievances and appeals, and tracking performance on quality measures and metrics.

b. Consistent with all federal, state, and local privacy and confidentiality laws, SCFHP shares data with CS providers via a secure system (e.g., SFTP). Data that SCFHP provides is member demographics, utilization, SDOH and other social needs, and performance on quality measures.
c. SCFHP uses defined federal and state standards, specifications, code sets, and terminologies when sharing physical, behavioral, social, and administrative data with CS providers, to the extent practicable.

7. Claims and Payment
   a. SCFHP ensures that all CS providers understand the requirements for submitting claims or invoices for payment after CS has been rendered.
   b. If CS providers are not able to submit claims, SCFHP must convert the invoice information into DHCS-defined standard specifications and code sets for submission to DHCS.
   c. SCFHP releases payment for rendered CS only when the CS was authorized prior to the start of the delivery of the services.
   d. SCFHP adheres to the timelines set forth by DHCS for the release of payment for clean claims.
   e. SCFHP collects, maintains, and monitors CS expenditures for reporting and evaluation purposes.

8. CS Network Oversight
   a. SCFHP provides oversight of all CS providers, holding them accountable to all CS requirements as set forth by the DHCS and SCFHP, and are subject to change based on updated guidance from DHCS.
   b. SCFHP ensures that CS providers adhere to the processes as defined in the *CS Provider User Guide* and the services are delivered in accordance with SCFHP's CS program models.
   c. SCFHP requires all CS providers to adhere to the same reporting requirements as those that DHCS requires of SCFHP.
   d. SCFHP provides ongoing monitoring of the provider network capacity for each CS and will expand the capacity of current providers and/or engage additional providers to meet the demand. With sufficient monitoring, SCFHP avoids placing members on waiting lists for any CS that does not have any restrictions. SCFHP anticipates that for those CS that will launch with restrictions, SCFHP will place members on a waiting list with CS services provided on a first referred, first authorized basis to ensure that SCFHP is equitable and non-discriminatory.
   e. SCFHP provides ongoing monitoring of CS providers, which includes meetings, trainings and technical assistance, data sharing on cost-effectiveness and the outcome of the provision of the CS, and other activities.
   f. SCFHP adheres to requirements set forth by DHCS on reporting and outcome monitoring and evaluation of performance measures and metrics.
   g. SCFHP adheres to its procedure on evaluating whether an elected CS is a cost-effective alternative to a State Plan service or setting.

B. CS Provider Responsibilities

POLICY

1. Vetting and Contracting
   a. CS providers must submit a completed CS readiness assessment and supporting evidence to illustrate their experience and expertise in providing the CS, and the capacity and ability to meet all of the service requirements.
   b. CS providers are required to complete the CS credentialing process as defined in the *CS Vendor Agreement.*
   c. CS providers must understand the terms, requirements, payment rates, and claim and invoice process for any CS that they are providing to SCFHP members. In addition, CS providers must adhere to the eligibility criteria, restrictions and/or limitations, and program models for the delivery of the CS.
   d. CS providers must hold their subcontractors accountable to the same standards and requirements as SCFHP requires of CS providers.
   e. CS providers must participate in trainings, technical assistance sessions, meetings, and other forums related to the launch of CS and the ongoing support to ensure consistent and effective delivery of CS.
   f. CS providers must execute a *CS Vendor Agreement* prior to delivering any services to SCFHP members.

2. Patient Identification and Referral Submission
   a. CS providers must share details on CS with their patients/clients, have the ability to screen for basic qualifications and need for CS, and submit a referral to SCFHP on behalf of members if deemed appropriate.
   b. CS providers must adhere to SCFHP's requirements for submitting a referral for CS.
   c. CS providers must formally accept the referral for authorized CS before providing services to members.
   d. CS providers must regularly update the SCFHP with outcomes on the delivery of the authorized CS.

3. Service Delivery
   a. CS providers are required to adhere to the service definitions and requirements for each CS they are contracted to deliver as defined in the *CS Provider User Guide*.
   b. CS providers are required to adhere to the designated program model for each of the CS they are contracted to provide in order to standardize the delivery services among all CS providers.
   c. CS providers are required to maintain appropriate staffing who is experienced and skilled in the delivery of the CS. Should staffing decrease below an appropriate level, CS providers need to restructure their current staffing and/or hire new staff to increase staffing to an appropriate level to ensure effective and efficient delivery of the CS.
   d. CS providers must accept and act upon CS referrals, conduct initial and ongoing outreach, and respond to related communication in accordance to the timelines set forth by DHCS and SCFHP.
   e. CS providers must coordinate the delivery of CS with members' care teams, PCPs, CBOs, and other providers; and assist with the transition to other services should members discontinue CS.
   f. CS providers are encouraged to identify additional CS that members may benefit from whether they are or are not contracted to provide them and submit referrals to SCFHP.

4. Data System and Data Sharing
   a. CS providers must accept and/or make referrals using SCFHP's stated process. CS providers must be able to receive CS assignments, update others on the status of the delivery of the CS, and report outcomes after CS are rendered in a mutually-agreed upon timeframe and method.
   b. CS providers must submit the required reporting as defined in the *CS Vendor Agreement* by the specified submission dates. Reported data must be accurate and properly monitored, and is subject to auditing by SCFHP and DHCS.

5. Claim Submission
   a. CS providers must submit claims using specifications based on national standards and code sets as defined by DHCS. For CS providers that submit invoices, they must include the minimum necessary data elements defined by DHCS. Claims and invoices must be submitted within the designated timeframe as specified by DHCS and defined in the *CS Vendor Agreement*.
   b. CS providers may not submit claims or invoices for rendered CS that were not authorized prior to the start of delivering the CS.

C. CS Implementation
   1. SCFHP has established a timeline for launching all 14 of the DHCS-approved CS between 1/1/2022 and 7/1/2023 in six-month increments.
   2. When launching a CS, SCFHP ensures that it has a sufficient provider network to minimize any restrictions on providing the CS and ensure that all eligible members are able to access the services.
   3. For all launched CS, SCFHP will expand the provider networks over time to ensure their capacity increases to accommodate all members who are determined eligible for CS services.

V. References

- CalAIM-Proposal-Updated-1-8-21
- MCP-ECM-and-CS-Contract-Template-Provisions-05282021
- ECM-and-CS-Standard-Provider-Terms-and-Conditions-05282021
- ECM-CS-Model-of-Care-Template-05282021

VI. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Lori Andersen, Director, LTSS		
[Manager/Director Name] [Title]	[Compliance Name] [Title]	[Executive Name] [Title]
Date	Date	Date

POLICY

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1		QIC		

POLICY

Policy Title:	**Enhanced Care Management (ECM)**	**Policy No.:**	QI.32
Replaces Policy Title (if applicable):	N/A	**Replaces Policy No. (if applicable):**	N/A
Issuing Department:	Health Services, Long Term Services and Supports (LTSS)	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☐ CMC	

I. Purpose

The purpose of this policy is to define Enhanced Care Management (ECM) and distinguish the responsibilities for delivering ECM between SCFHP and contracted ECM providers.

II. Definitions

A. ECM: A whole person care approach that addresses the clinical and non-clinical needs of high-need, high-cost Medi-Cal members through systematic coordination of services. ECM is a collaborative and interdisciplinary approach to providing intensive and comprehensive care management services to targeted individuals that is community based, interdisciplinary, high touch, and person centered. The goals of ECM are to improve care coordination, integrate services, facilitate community resources, address social determinants of health (SDOH), improve health outcomes, and decrease inappropriate utilization and duplication of services.

B. ECM Providers: Contracted community-based entities with the experience and expertise to provide intensive, in-person care management services to individuals who meet the eligibility criteria for one or more of the ECM Populations of Focus (POF).

C. Lead Care Manager: A member's designated care manager for ECM, who works for the ECM Provider organization (except in circumstances under which the Lead Care Manager could be SCFHP staff). The Lead Care Manager operates as part of the member's multi-disciplinary care team and is responsible for coordinating all aspects of ECM and any Community Services (CS). To the extent a member has other care managers, the Lead Care Manager will be responsible for coordinating with those individuals and/or entities to ensure a seamless experience for the member and non-duplication of services.

D. Populations of Focus (POF): To be eligible for ECM, members must be enrolled in Medi-Cal Managed Care and meet the eligibility criteria for one or more of the ECM POF. The seven POF are:

1. Adults and families experiencing homelessness, chronic homelessness, or who are at risk of homelessness
2. High utilizers adults with frequent hospital admissions, short-term skilled nursing facility stays or emergency room visits
3. Adults with Serious Mental Illness (SMI) and/or Substance Use Disorder (SUD)

4. Individuals transitioning from incarceration and have significant complex health needs
5. Individuals at-risk for institutionalization and are eligible for long term care (LTC)
6. Nursing facility residents who are willing and able to transition to the community
7. Children with complex health needs

III. Responsibilities

A. SCFHP Responsibilities

1. ECM Provider Network
   a. Network Development
      i. SCFHP identifies providers who have experience, expertise, and capacity to deliver ECM to members. LTSS staff distribute an ECM readiness assessment to all interested providers and require providers to complete it within a specified timeframe, participate in meetings to address any concerns with the assessment, and respond to follow-up questions.
      ii. SCFHP considers all qualified providers and determines overall provider capacity based on pre-determined estimates of eligible members, special focus on ECM POF, geographical representation (if applicable), and specialties or strengths of particular providers that may impact specific member needs.
      iii. SCFHP ensures that providers understand the terms, requirements, payment rates, and claim and invoice process for ECM. SCFHP requires ECM providers to adhere to the expectations and requirements set forth by DHCS and SCFHP.
      iv. SCFHP engages interested providers in the contracting process, which includes a credentialing process and execution of an *ECM Agreement*.
      v. Upon initial implementation, SCFHP ensures that it has an adequate network of providers to ensure that all eligible members have access to ECM services. After initial implementation, SCFHP ensures that it will expand its provider network to account for newly implemented POF and an overall increase in the number of members enrolled in ECM over time.

   b. Provider Training and Technical Support
      i. SCFHP is responsible for providing its standard provider network training to all ECM providers, as well as an initial training to support the launch and ongoing delivery of ECM.
      ii. SCFHP hosts ongoing trainings and distributes materials to ensure consistency for delivering ECM to members.
      iii. SCFHP hosts provider meetings to provide technical support which may include discussing challenges and issues, clarifying requirements, discussing best practices, and creating a forum for general communication among ECM providers.

2. Member Identification and Referral Process

a. SCFHP proactively identifies members who may benefit from ECM and who meet the eligibility criteria for one or more of the ECM POF. When identifying such members, SCFHP considers members' health care utilization, health risks and needs due to SDOH, and LTSS needs.
b. SCFHP identifies members for ECM using such data as enrollment, claims/utilization, pharmacy, lab, screening or assessment, clinical information on physical and/or behavioral health, SMI/SUD, ICD-10 codes, and other cross-sector data (e.g., housing, social services, foster care, criminal justice history, etc.)
c. SCFHP encourages ECM providers to identify members who meet the eligibility criteria for ECM and submit referrals to SCFHP for ECM.
d. SCFHP disseminates information and provides details on its referral process to primary care physicians (PCPs) and other provider groups to encourage them to submit referrals to SCFHP for members who may benefit from and be eligible for ECM.
e. SCFHP promotes the self-referral process for members, their authorized representatives, and/or family supports for submitting referrals for ECM.

3. Eligibility Determination and Authorization
   a. SCFHP staff adheres to the eligibility set forth by DHCS to determine whether members are eligible for ECM. SCFHP authorizes or denies based on strict adherence to the eligibility criteria as defined by DHCS and further refined by SCFHP.
   b. For transitioned members from Health Homes Program (HHP) and Whole Person Care (WPC), SCFHP adheres to DHCS requirements for transitioning them into ECM as outlined in its procedures.
   c. SCFHP adheres to its process as stated in its procedures for authorizing members for ECM in an equitable and non-discriminatory manner and within an appropriate timeline that ensures members access services in a timely manner.
   d. SCFHP adheres to criteria set forth in its procedures for situations that warrants presumptive authorization or preauthorization of ECM.
   e. SCFHP adheres to its standard notice process for denying ECM services when members do not meet the eligibility criteria, voluntarily discontinue, or meet one or more of the exclusion criteria.

4. Assignment to an ECM Provider
   a. SCFHP assigns to an appropriate contracted ECM provider that has the capacity and appropriate expertise to serve members based on the POF for which they are eligible. To the extent practicable, SCFHP takes into consideration member preference for assignment.
   b. If a member's assigned PCP is a contracted ECM provider, SCFHP assigns the member to the PCP as the ECM provider, unless the member expresses a different preference or SCFHP identifies a more appropriate ECM provider given the member's individual needs and health conditions.
   c. If a member receives services from a Specialty Mental Health provider for Serious Emotional Disturbance (SED), SUD, and/or SMI; or enrolled in California Children's Services (CCS); SCFHP

adheres to its procedures to assign the member to the appropriate ECM provider in accordance with DHCS requirements.

d. SCFHP assigns members to an ECM provider within ten business days of authorization.
e. SCFHP permits members to change ECM providers at any time and implements such change within thirty days.

5. Outreach and Engagement and Delivery of ECM
   a. SCFHP requires ECM providers to adhere to its requirements for conducting outreach and engagement into ECM in accordance with its procedures.
   b. SCFHP does not require verbal or written member authorization for ECM-related data sharing as a condition for initiating the delivery of ECM.
   c. SCFHP ensures that a Lead Care Manager is assigned to each member receiving ECM. The Lead Care Manager has the responsibility for interacting directly with the member and/or family, authorized representative, caretakers, and/or other authorized support person(s) as appropriate.
   d. SCFHP establishes and defines acuity levels for ECM. Upon determining members are eligible for ECM, SCFHP assigns the initial acuity level (i.e., tier) and communicates such to the assigned ECM provider.

6. Discontinuation
   a. SCFHP allows members to decline or end ECM upon initial outreach and engagement, or at any other time.
   b. SCFHP allows ECM providers to discontinue ECM for members when any of the circumstances are met as outlined in its procedures.
   c. SCFHP maintains processes to determine if a member is no longer authorized to receive ECM and notifies the assigned ECM provider to initiate the discontinuation of services in accordance with the Notice of Action (NOA) process as described in its procedures.
   d. SCFHP notifies the member when ECM is discontinued and provides information on their right to appeal and the appeal process by way of the NOA process.

7. Data Systems and Data Sharing
   a. SCFHP maintains an IT infrastructure and data analytic capabilities to support ECM, including the capabilities to consume and use claims and encounter data, assign members to ECM providers, maintain records for members receiving ECM and authorizations for sharing member-specific data with ECM and other providers (if necessary), securely share data with ECM providers and others members of the care team, receive and process reports from ECM providers, manage referrals, and submit data to DHCS.
   b. SCFHP maintains and provides oversight of a Health Information Technology (HIT) platform jointly utilized by SCFHP and ECM providers.

c. SCFHP adheres to DHCS guidance on data sharing and provides the required information to all ECM providers, including inpatient admissions stays and discharges, emergency department (ED) use, medical history as needed.
d. SCFHP uses defined federal and state standards, specifications, code sets, and terminologies when sharing physical, behavioral, social, and administrative data with ECM providers and DHCS.

8. Claims and Payment
   a. SCFHP ensures that all ECM providers understand the requirements for submitting claims or invoices for payment.
   b. If ECM providers are not able to submit claims, SCFHP must convert the invoice information into DHCS-defined standard specifications and code sets for submission to DHCS.
   c. SCFHP adheres to the timelines set forth by DHCS for the release of payment for clean claims and approved invoices.

9. Network Oversight
   a. SCFHP provides oversight of all ECM providers, holding them accountable to all ECM requirements as set forth by the DHCS and SCFHP, and are subject to change based on updated guidance from DHCS.
   b. SCFHP ensures that ECM providers adhere to the processes as defined in the *ECM Provider User Guide* and the core services are provided in accordance with member needs.
   c. SCFHP requires all ECM providers to adhere to the same reporting requirements as those that DHCS requires of SCFHP.
   d. SCFHP provides ongoing monitoring of the ECM provider network capacity and will expand the capacity of current providers and/or engage additional providers to meet the demand.
   e. SCFHP provides ongoing support to ECM providers, which includes meetings, trainings and technical assistance, best practices on outreach and engagement strategies, and other activities.
   f. SCFHP adheres to requirements set forth by DHCS on reporting and outcome monitoring and evaluation of performance measures and metrics.

B. ECM Provider Responsibilities

1. Vetting and Contracting
   a. ECM providers must submit a completed ECM readiness assessment and supporting evidence to illustrate their experience and expertise in providing the ECM core services and the capacity and ability to meet all of the service requirements.
   b. ECM providers are required to complete SCFHP's credentialing process as defined in the *ECM Agreement.*
   c. ECM providers must understand the requirements, payment rates, and claim and invoice process for ECM services they are providing to members.

d. ECM providers must hold their subcontractors accountable to the same standards and requirements as SCFHP requires of ECM providers.
e. ECM providers must participate in trainings, technical assistance sessions, meetings, and other forums related to the launch of ECM and the ongoing support to ensure consistent and effective delivery of ECM.
f. ECM providers must actively participate in semi-annual audits, provide documentation as requested by SCFHP and/or DHCS, and work to resolve any findings within the specified timeline that is outlined in the ECM audit process.

2. Member Identification and Referral Submission
   a. ECM providers identify members who may benefit from and are eligible for ECM and submit referrals to ECM for eligibility determination and authorization.
   b. ECM providers must adhere to SCFHP's requirements for submitting a referral to SCFHP for ECM.

3. Outreach and Engagement
   a. ECM providers utilize the Member Information File (MIF) to track and monitor their assigned members for ECM.
   b. ECM providers are required to conduct outreach to newly assigned members as identified on the monthly MIF and engage them into ECM in accordance with the required attempts and timeline as stated in the *ECM Provider User Guide*.
   c. ECM providers must track and monitor the enrollment status and the enrollment date of each assigned member and report changes in enrollment status on the monthly Return Transmission File (RTF) in adherence with DHCS and SCFHP requirements.
   d. ECM providers must submit outreach data on assigned members monthly to SCFHP as outlined in the *ECM Provider User Guide*.

4. Service Delivery
   a. ECM providers are required to maintain appropriate staffing who is experienced and skilled in the delivery of the ECM. Should staffing decrease below an appropriate level, ECM providers need to restructure their current staffing and/or hire new staff to increase staffing to an appropriate level to ensure effective and efficient delivery of ECM.
   b. ECM providers must provide all assigned and enrolled members all seven ECM core services, which include outreach and engagement, comprehensive assessment and care management plan, enhanced care management, health promotion, comprehensive transitional care, member and family supports, and coordination of and referral to community and social support services (includes Community Supports).
   c. ECM providers must deliver services primarily through in-person interaction in settings that are most appropriate for the member, such as where the member lives, seeks care, or prefers to access services; and in a culturally-appropriate and timely manner.

d. ECM providers must adhere to all federal laws and regulations and all ECM requirements as stated in *ECM Agreement* and the *ECM Provider User Guide*.
e. If a member is receiving duplicative services from other sources that are similar to ECM, ECM provider must notify SCFHP as part of their monthly reporting.

5. Data System and Data Sharing
   a. ECM providers must have and maintain a care management system or process that supports the documentation of member information, member needs, member care plan, and other relevant data that assists with the effective delivery of ECM to members.
   b. ECM providers must submit the required reporting as defined in the *ECM Agreement* and the *ECM Provider User Guide,* adhering to the specified data elements and in accordance with the submission dates. Reported data must be accurate and properly monitored, and is subject to auditing by SCFHP and DHCS.

6. Claim Submission
   a. ECM providers must submit claims using specifications based on national standards and code sets as defined by DHCS. For ECM providers that submit invoices, they must include the minimum necessary data elements defined by DHCS. Claims and invoices must be submitted within the designated timeframe as specified by DHCS and defined in the *ECM Agreement*.

C. ECM Implementation

1. SCFHP will go live with the seven POF in accordance with the timeline set forth by DHCS.
2. As SCFHP goes lives with each POF, SCFHP ensures that it has a sufficient provider network to deliver services to all members determined as eligible for ECM.
3. SCFHP will expand its ECM provider network over time to ensure its capacity increases to accommodate more members being determined as eligible for and in need of ECM.

IV. References

- CalAIM-Proposal-Updated-1-8-21
- MCP-ECM-and-CS-Contract-Template-Provisions-05282021
- ECM-and-CS-Standard-Provider-Terms-and-Conditions-05282021
- ECM-CS-Model-of-Care-Template-05282021

I. Approval/Revision History

First Level Approval	Second Level Approval

POLICY

Lori Andersen Director, Long Term Services and Supports	Dr. Laurie Nakahira Chief Medical Officer
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	DHCS		N/A
2	Revised	QIC		

Regular Meeting of the

Santa Clara County Health Authority
Cal MediConnect Consumer Advisory Board (CAB)

Thursday, March 3, 2022 11:30 AM – 1:00 PM
Santa Clara Family Health Plan
6201 San Ignacio Ave, San Jose, CA 95119

Minutes - Draft

Members Present
Laurie Nakahira, DO, Chief Medical Officer, Chair
Andy Le, Ombudsperson, Supervising Staff Attorney, Bay Area Legal Aid
Narendra Pathak

Members Absent
Luis Gova Gonzalez
Charles Hanks
Verna Sarte
Dennis Schneider

Staff Present
Chelsea Byom, Vice President, Marketing, Communications, and Outreach
Laura Watkins, Vice President, Marketing and Enrollment
Mike Gonzalez, Director, Community Engagement
Johanna Liu, Director, Quality and Process Improvement
Thien Ly, Director, Medicare Outreach
Lucille Baxter, Manager, Quality and Health Education
Charla Bryant, Manager, Clinical Quality and Safety
Cristina Hernandez, Manager, Marketing and Public Relations
Jocelyn Ma, Manager, Community Outreach
Natalie McKelvey, Manager, Behavioral Health
Liz Sullivan, Manager, Communications
Andrea Smith, Supervisor, Case Management
Sherry Anne Faphimai, Graphic Design Project Manager
Byron Lu, Process Improvement Project Manager
Lynette Topacio, Marketing Project Manager
Zara Ernst, Health Educator
Jeanette Montoya, Health Educator
Ashley Kerner, Manager, Administrative Services
Amy O'Brien, Administrative Assistant

Others Present
Rita Cruz Gallegos, Aurrera Health Group

1. Roll Call

Dr. Laurie Nakahira, DO, Chief Medical Officer, and Chair called the meeting to order at 11:32 a.m., and roll call was taken. There was no quorum. Mr. Pathak noted that our thoughts are with the people of Ukraine. Dr. Nakahira introduced Rita Cruz Gallegos with Aurrera Health Group as a guest.

2. Public Comment

There were no public comments.

3. Meeting Minutes

The minutes of the December 2, 2021 Cal MediConnect (CMC) Consumer Advisory Board Committee meeting were reviewed.

4. Health Plan Update

Dr. Nakahira presented the Health Plan update. She began with an update on audit season. The National Committee for Quality Assurance (NCQA) re-accreditation audit for the Plan's CMC line of business occurred from March 1, 2022 through March 2, 2022. The audit went well and concluded after 1 day. The Plan is pending the written results. The Department of Health Care Services (DHCS) audit is scheduled to occur from March 7, 2022 through March 18, 2022. These are both routine audits.

As of January 1, 2022 the Plan implemented the Medi-Cal (MC) Enhanced Care Management (ECM) and Community Supports programs. As of December 31, 2021, the County's Whole Person Care and Health Homes programs were discontinued. The CMC program has begun its transition to the Dual Eligible Special Needs Plan (D-SNP), which will go into effect on January 1, 2023.

5. COVID-19 Update

Dr. Nakahira provided the committee with a COVID-19 update. Dr. Nakahira discussed the vaccination rates for SCFHP members, as compared to the residents of Santa Clara County. She also discussed the COVID-19 vaccine incentive program campaign goals. The Plan has partnered with Anthem Blue Cross to cobrand materials and increase vaccination rates. The Plan has held several vaccination clinics at both the Blanca Alvarado Community Resource Center and the Children's Discovery Museum.

6. Consumer Assessment of Healthcare Providers and Systems (CAHPS)/Health Outcome Survey (HOS)

Byron Lu, Process Improvement Project Manager, presented an overview of the CAHPS and HOS surveys. Mr. Lu began with an explanation of the purpose of the CAHPS survey, which is a requirement of the Centers for Medicare and Medicaid Services (CMS). The Plan achieved a 33.5% response rate, which is the highest response rate since 2016. Mr. Lu summarized the results of the survey. He also discussed the CAHPS strategy and goals for 2022.

Next, Mr. Lu gave an overview of the HOS survey. The HOS survey is mandatory for all Medicare Advantage plans and Medicaid-Medicare contracts. He discussed the purpose of the HOS survey, and he summarized the 2021 results. Mr. Lu also discussed the interventions that the Plan offers our members for comprehensive care. The Plan has formed internal workgroups to include the participation of our Provider networks.

7. 2022 Wellness Rewards Program

Lucille Baxter, Manager, Quality and Health Education, provided an overview of the 2022 Wellness Rewards program. Ms. Baxter outlined the various types of medical visits and screenings that qualify for wellness rewards. She also discussed the eligibility requirements, and the specific rewards members will receive for completion of screenings and visits. All screenings must be completed by December 31, 2022. These services do not require a doctor's authorization. Upon completion of any eligible screening, SCFHP will receive a claim from the rendering Provider, and a gift card will be mailed to the member.

Ms. Baxter introduced Sherry Anne Faphimai, Graphic Design Project Manager. Ms. Faphimai discussed the various direct mailing photo concepts under consideration that emphasize the importance of preventive screenings. Mr. Pathak provided her with feedback on how these images make him feel, and whether or not certain images speak to him more than others.

8. Standing Items

a. Community Resource Center

Mike Gonzalez, Director, Community Engagement, presented an overview of the recent activities at the Center. Mr. Gonzalez introduced Elizabeth Gonzales, the newest member of the Customer Service team. Mr. Gonzalez shared the monthly calendar of activities, which can be found on our website at www.crc.scfhp.com and through our social media account @CRC_SCFHP. He also shared the hours the Center is open.COVID-19 safety protocols remain in place. Mr. Gonzalez highlighted the services, programs, and events on offer at the Center.

Mr. Gonzalez discussed the impact of the CRC on the community. Members can receive in-person application assistance for enrollment into Covered California and Medi-Cal. The Center also provides members with resource navigation assistance. Mr. Gonzalez discussed the member orientation program. Members can sign up via our website, or by calling Customer Service. The CRC has hosted numerous COVID-19 vaccination clinics, in partnership with local school districts. He also highlighted the various cultural events hosted at the Center.

Mr. Gonzalez discussed the elements and strategies of the community-led CRC Planning Process and the process roadmap. He also spotlighted the members of the Resident Advisory Group. This planning process included a CRC Resident Survey targeted to residents within 6 specific zip codes in East San Jose. There were 770 respondents, and he summarized the key findings based on the respondents' feedback.

Mr. Gonzalez concluded his presentation with an outline of next steps and future plans for the CRC. He will finalize the CRC framework with the stakeholders, and he hopes to share this framework with the community in either late April or early May 2022.

b. Member Communications

Chelsea Byom, Vice President, Marketing, Communications, and Outreach discussed the member communications completed since the December 2021 meeting. Member communications included the winter newsletter, the CAHPS survey awareness postcard, and the COVID-19 vaccine rewards program. Her presentation highlighted the SCFHP website which is updated with meeting materials, and member materials such as the Formulary, Provider directory, newsletters, and COVID-19 vaccine information. Ms. Byom concluded with a list of the events the Plan participated in since our December 2021 meeting.

c. Behavioral Health

Natalie McKelvey, Manager, Behavioral Health, presented an overview of the Behavioral Health program. She discussed the California incentive and Grant programs. She also discussed the elements of the Student Behavioral Health Incentive Program and the Behavioral Health Continuum Infrastructure Program (BHCIP). The Governor has announced a multi-year plan to create infrastructure to support the homeless population and those with severe mental illness. Ms. McKelvey discussed the CalHOPE program. Ms. McKelvey concluded with an update on the new 988 hotline. The 988 hotline goes into effect on July 16, 2022, and is specifically for those experiencing a mental health crisis.

d. Case Management Update

Andrea Smith, Supervisor, Case Management, provided an overview of the Case Management and Care Coordination programs. She discussed the steps members can take in order to access care coordination. Ms. Smith also included contact information for members interested in case management and care coordination.

e. Health Education and Cultural Linguistics

Jeanette Montoya, Health Educator, presented an overview of the Health Education classes available at SCFHP. Available programs and classes include asthma education and an in-home assessment by Breathe California. Members can enroll in a wide range of classes, with topics such as chronic disease management, stress and anger management, nutrition and weight management, and smoking cessation programs. She also provided details on how to sign up for classes. Wellness and health education materials are available on our website at no cost to members. Ms. Montoya also discussed some of the new classes that SCFHP will roll out in 2022. Ms. Montoya's presentation also included a brief overview of how to access translation services.

f. Cal MediConnect Ombudsperson Program Update

Andy Le, Ombudsperson and Supervising Staff Attorney for Bay Area Legal Aid, gave an overview of the services available for our CMC members. Members with issues such as health plan enrollment, disenrollment, or healthcare access are encouraged to call Bay Area Legal Aid. There has been an increase in phone calls related to emergency health plan enrollment. The public health emergency is scheduled to end on April 16, 2022. As a result, the pause on MC redeterminations will be lifted, and more people may be terminated from MC for failure to renew their annual application. Members with concerns are encouraged to call Bay Area Legal Aid.

Mr. Le highlighted some of the changes to expect for 2022. As of May 2022, MC coverage expands to include undocumented older adults 50 years of age and over regardless of their immigration status. As of July 1, 2022, the state will raise the asset limit for MC recipients to $130,000 for an individual, and $65,000 for each additional family member, up to a maximum of 10 individuals. These asset limit increases also apply to participants in the Medicare Savings Program. This is part of the state's goal to eliminate the asset test requirement, which may be completely phased out in 2024.

Mr. Le advised the committee that an additional four COVID-19 tests are now available at www.covidtests.gov. Mr. Le also discussed the new Medi-Cal Rx program which took effect in 2022. Members who purchased COVID tests between March 11, 2021 and January 31, 2022 can request reimbursement by the state through the Medi-Cal Rx program.

g. Future Agenda Items

Dr. Nakahira asked for suggestions on topics of interest for our June 2, 2022 meeting. Mr. Pathak took the opportunity to express his gratitude for SCFHP, and the wonderful job the Plan has done with their COVID-19 vaccination outreach efforts.

9. Adjournment

The meeting adjourned at 1:05 p.m. The next Cal MediConnect Consumer Advisory Board meeting is scheduled for Thursday, June 2, 2022 at 11:30 a.m.

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Laurie Nakahira, DO, Chairperson
Cal MediConnect Consumer Advisory Board Committee

Regular Meeting of the

Santa Clara County Health Authority

Pharmacy & Therapeutics Committee

Thursday, March 17, 2022, 6:00 PM – 8:00 PM

Santa Clara Family Health Plan

6201 San Ignacio Ave, San Jose, CA 95119

Minutes (Closed) - Draft

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

Members Absent
Judy Ngo, PharmD
Peter Nguyen, DO

Staff Present
Kathy Le, PharmD, Pharmacy Resident
Duyen Nguyen, PharmD, Clinical Pharmacist
Caroline Tambe, PharmD, Clinical Pharmacist
Nancy Aguirre, Administrative Assistant

1. Roll Call

Jimmy Lin, MD, Chair, called the meeting to order at 6:06 pm. Roll call was taken and a quorum was established.

2. Public Comment

There were no public comments.

3. Open Meeting Minutes

The 4Q2021 P&T Committee open meeting minutes were reviewed.

It was moved, seconded and the open minutes of the 4Q2021 P&T meeting minutes were **unanimously approved.**

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

4. Standing Agenda Items

a. Chief Medical Officer Health Plan Updates

Laurie Nakahira, D.O., Chief Medical Officer (CMO), presented the CMO Health Plan Updates. Dr. Nakahira noted the 2022 Department of Health Care Services (DHCS) Annual Audit will take place between March 7 and March 18, covering a review period of March 2021 through February 2022. Unlike previous DHCS audits, which covered only the MC line of business, this audit will cover both MC and Cal MediConnect (CMC).

Dr. Nakahira noted in January 2022, SCFHP received notice of the Department of Managed Health Care (DMHC) Financial Audit that will be conducted by June 2022. This audit occurs every three years and examines the financial health and sustainability of the health plan. It is expected that DMHC will begin requesting documents in March 2022.

b. Medi-Cal Rx Update

Dang Huynh, PharmD, Director, Pharmacy and Therapeutics and Utilization Management, provided an Medi-Cal (MC) Rx Update. Dr. Huynh noted, the state has suspended a lot of Prior Authorization requirements. As a result, the turnaround time for PAs reduced from 7 days to 1 day or less.

Dr. Huynh also noted call time has dramatically been reduced as there is no longer a 4-6 hour wait to speak to someone. Working with state to expand the state with clinical liaisons. Access has improved as restrictions have been removed.

c. Policy Review

i. PH.01 Pharmacy and Therapeutics Committee
ii. PH.02 Formulary Development and Guideline Management
iii. PH.03 Prior Authorization
iv. PH.04 Pharmacy Clinical Programs and Quality Monitoring
v. PH.05 Continuity of Care for Pharmacy Services
vi. PH.06 Pharmacy Communications
vii. PH.07 Drug Recalls
viii. PH.08 Pain Management Drugs for Terminally Ill
ix. PH.09 Medications for Members with Behavioral Health Conditions
x. PH.10 Cal MediConnect Part D Transition
xi. PH.11 340B Program Compliance
xii. PH.12 Drug Management Program
xiii. PH.14 Medications for Cancer Clinical Trial
xiv. PH.15 Diabetic Supplies

Dr. Huynh reviewed the policies due for annual review.

It was moved, seconded and the SCFHP Pharmacy Policies were **unanimously approved.**

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

d. Plan/Global Medi-Cal Drug Use Review

i. **Annual DHCS Global DUR Submission**
Caroline Tambe, PharmD, Clinical Pharmacist, presented the annual DHCS Global DUR Submission.

ii. **Drug Utilization Evaluation Update**
Dr. Tambe reviewed the results from SCFHP's quarterly retrospective Drug Use Evaluation (DUE) program.

e. Emergency Supply Report – 1Q 2021

Duyen Nguyen, PharmD, Clinical Pharmacist, reviewed the Emergency Supply Report for Q1 2021. Dr. Nguyen reported in Q1 2021, SCFHP had a total of 16,302 ER visits from claims and encounter data. Approved claims were appropriate. There were no inappropriate denied claims. For no claims, there were no issues with the completed charts that were reviewed.

f. NCQA Member Portal Evaluation

Dr. Nguyen presented the NCQA Member Portal Evaluation and reviewed the results. Dr. Nguyen noted both accuracy and quality measures met goal at 100%. There were no deficiencies identified.

Adjourned to Closed Session at 6:31p.m.
Pursuant to Welfare and Institutions Code Section 14087.36 (w)

5. Closed Meeting Minutes

The 4Q2021 P&T Committee closed meeting minutes were reviewed.

It was moved, seconded and the closed minutes of the 4Q2021 P&T meeting minutes were **unanimously approved**.

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

6. Metrics and Financial Updates

a. Membership Report
The Membership Report was presented by Dr. Nakahira.

b. Pharmacy Dashboard
Dr. Nguyen reviewed the Pharmacy Dashboard.

c. Pharmacy Member Portal Stats – 2H 2021
Dr. Tambe reviewed the Pharmacy Member Portal Stats – 2H 2021.

d. Drug Utilization & Spend – 4Q 2021
Dr. Huynh presented the Drug Utilization & Spend 4Q 2021.

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

a. Pharmacy Benefit Manager 4Q 2021 P&T Minutes
Dr. Huynh referenced the Pharmacy Benefit Manager 4Q 2021 P&T Minutes included in the meeting packet.

b. Pharmacy Benefit Manager 1Q 2022 P&T Part D Actions
Dr. Huynh reviewed the Pharmacy Benefit Manager 1Q 2022 P&T Part D Actions.

It was moved, seconded and the MedImpact Minutes and Actions were **unanimously approved**.

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

Absent: Dr. Ngo, Dr. Nguyen

c. 2023 Medical Benefit Drug Prior Authorization Grid

Dr. Huynh reviewed the proposed changes to the 2023 Medical Benefit Drug PA Grid.

It was moved, seconded and the 2023 Medical Benefit Drug PA Grid was **unanimously approved**.

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

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

a. Diabetes Management Program

Dr. Tambe reviewed the Diabetes Management Program.

9. New Drugs and Class Reviews

a. COVID-19 Updates

Dr. Tambe reviewed the COVID-19 updates.

b. Ryzneuta (benegrastim): Chenotherapy-induced Neutropenia

Dr. Nguyen reviewed Ryzneuta (benegrastim): Chenotherapy-induced Neutropenia.

c. Vadadustat: Anemia in CKD

Dr. Nguyen reviewed Vadadustat:Anemia in CKD.

d. Informational only:

Dr. Nguyen reviewed the following:

i. *HIV Disease State Review – Ienacapavir, Apretude*
ii. *Gefapixant – chronic cough*
iii. *Vitrisiran – hATTR-polyneuropathy*
iv. *Oteseconazole – Recurrent vulvovaginal candiasis*
v. *Tavneos – ANCA-associated vasculitis*
vi. *Adlarity – Alzheimer's disease*
vii. *Skyrizi – psoriasis arthritis*

***e.* New and Generic Pipeline**

Dr. Huynh reviewed the new and generic pipeline.

Reconvene in Open Session at 7:16 p.m.

10. Adjournment

The meeting adjourned at 7:19p.m. The next P&T Committee meeting will be on Thursday, June 16, 2022.

_____ _____

Jimmy Lin, MD, Chair Date

QUALITY IMPROVEMENT
COMMITTEE or ACTIVITY REPORT

Name of Reporting Committee or Activity: Monitoring or Meeting Period:

Credentialing Committee 02/23/2022

Areas of Review or Committee Activity

Credentialing of new applicants and recredentialing of existing network practitioners

Findings and Analysis

DIRECT NETWORK		
Initial Credentialing		
Number initial practitioners credentialed	17	
Initial practitioners credentialed within 180 days of attestation signature	100%	100%
Recredentialing		
Number practitioners due to be recredentialed	18	
Number practitioners recredentialed within 36-month timeline	18	
% recredentialed 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 01/31/2022	628	

DELEGATED NETWORS							
(For Quality of Care ONLY)	**Stanford**	**LPCH**	**VHP**	**PAMF**	**PMG**	**PCNC**	**NEMS**
Total # of Suspension	0	0	0	0	0	0	0
Total # of Terminations	0	0	0	0	0	0	0
Total # of Resignations	0	0	0	0	0	0	0
Total # of practitioners	1342	907	723	791	1229	449	1041

Total counts for some Networks have increased due to Provider Adds for Full Delegate Network Reporting.

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
Quality Improvement Committee

Tuesday, June 14, 2022, 6:00 PM – 8:00 PM
Santa Clara Family Health Plan
6201 San Ignacio Ave, San Jose, CA 95119

MINUTES - DRAFT

Members Present

Ria Paul, MD, Chair	Geriatrics
Ali Alkoraishi MD	Adult & Child Psychiatry
Jennifer Foreman, MD	Pediatrics
Jimmy Lin, MD	Pediatrics
Laurie Nakahira, D.O., Chief Medical Officer	Internist
Christine Tomcala, Chief Executive Officer	

Members Absent
Nayyara Dawood, MD

Staff Present
Chris Turner, Chief Operations Officer
Tyler Haskell, Interim Compliance Officer
Jessica Bautista, Manager, Community Base Case Management
Lucille Baxter, Manager, Quality & Health Education
Charla Bryant, Manager, Clinical Quality & Safety
Shawna Cagle, Manager, Case Management
Janet Gambatese, Director, Provider Network Operations
Karen Fadley, Manager, Provider Data, Credentialing and Reporting
Mauro Oliveira, Manager, Grievance and Appeals
Robert Scrase, Manager, Process Improvement
Claudia Graciano, Manager, Provider Access Program Manager
Amber Tran, Project Manager, Process Improvement
Robyn Esparza, Administrative Assistant

1. **Roll Call – Dr. Paul**

   Ria Paul, MD, Chair, called the meeting to order at 6:04 pm. Roll call was taken and a quorum was established.

2. **Public Comment**

   There were no public comments

3. **Meeting Minutes**

   Meeting minutes of the 04/12/2022 Quality Improvement Committee (QIC) meeting were reviewed.

   It was moved, seconded, and the minutes of the 04/8/2022 QIC meeting were **unanimously approved.**
   Motion: Dr. Lin
   Second: Dr. Alkoraishi
   Ayes: Dr. Alkoraishi, Dr. Foreman, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala
   Absent: Dr. Dawood

4. Chief Executive Officer (CEO) Update

Christine Tomcala, Chief Executive Officer, acknowledged Ms. Lucille Baxter, Manager, Quality & Health Education, and all the cross-functional teams working on HEDIS. The Plan's Medi-Cal HEDIS goal was exceeded through the diligent efforts of all.

5. Cal MediConnect (CMC) Cultural & Linguistics (C&L) Provider Assessment

Ms. Claudia Graciano, Manager, Provider Access Program Manager, provided a review of the Assessment of Member Cultural and Linguistic Needs and Preferences.

It was moved, seconded, and the CMC C&L Provider Assessment was **unanimously approved.**
Motion: Dr. Lin
Second: Dr. Alkoraishi
Ayes: Dr. Alkoraishi, Dr. Foreman, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: Dr. Dawood

6. CMC Population Health Assessment (PHA) 2022

Ms. Lucille Baxter, Manager, Quality & Health Education, provided a review of CMC PHA 2022.

It was moved, seconded, and the CMC PHA 2022 was **unanimously approved.**
Motion: Dr. Lin
Second: Dr. Foreman
Ayes: Dr. Alkoraishi, Dr. Foreman, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: Dr. Dawood

7. CMC Population Health Management (PHM) Impact Analysis Report 2021

Ms. Shawna Cagle, Manager, Case Management, provided a review of CMC PHM Impact Analysis Report 2021. The Case Management (CM) team conducts a comprehensive annual analysis of the impact of its PHM program strategy and the focus area goals, including: Keeping members healthy, managing members with emerging risk, managing multiple chronic illnesses, Patient Safety or outcomes across setting, and Member experience with PHM program.

It was moved, seconded, and the CMC PHM Impact Analysis Report 2021 was **unanimously approved.**
Motion: Dr. Lin
Second: Dr. Foreman
Ayes: Dr. Alkoraishi, Dr. Foreman, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: Dr. Dawood

8. CMC and Medi-Cal (MC) PHM Strategy 2022

Ms. Shawna Cagle, Manager, Case Management, provided a review of CMC and MC PHM Strategy 2022. The PHM Strategy is a document that is reviewed every year and updated, as necessary. The PHM Strategy is based on the PHM Impact Analysis Report, as well as the Population Health Assessment, and serves as a guide to the Case Management program.

It was moved, seconded, and the CMC and MC PHM Strategy 2022 was **unanimously approved.**
Motion: Dr. Lin
Second: Dr. Alkoraishi
Ayes: Dr. Alkoraishi, Dr. Foreman, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: Dr. Dawood

9. Compliance Report

Mr. Tyler Haskell, Director, Government Relations, presented the Compliance Report. He noted the following: With regard to the Medicare Data Validation Audit, Mr. Haskell noted, The Plan is currently undergoing the annual Medicare data validation audit. SCFHP engaged Advent Advisory Group to complete a validation of various reports to CMS for calendar year 2021 operational activities. 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. Advent's team conducted a virtual interview in April to review our reporting process and is currently reviewing our source documentation. Advent will be submitting final results to CMS by the end of July.

With regard to the Department of Managed Health Care (DMHC) Routine Audit, Mr. Haskell noted The Plan recently received notice of a routine DMHC survey to be held in October, covering the overall performance of the Plan. DMHC has requested certain documents be submitted in June. Compliance is leading the preparation and document response in advance of the audit.

With regard to the Department of Managed Health Care (DMHC) Triennial Financial Audit, Mr. Haskell noted the Plan will begin a financial audit conducted by DMHC on June 13. This audit occurs every three years and examines the financial health and sustainability of the health plan, including cash, investments, liabilities, billing processes, claims data, and provider disputes. Finance has taken the lead in responding to document requests from DMHC.

10. Activities and Resources Grid

Ms. Shawna Cagle, Manager, Case Management, provided a review of the Activities and Resources Grid. Ms. Cagle highlighted some of the populations and needs identified in the Population Health Assessment and how SCFHP is addressing those populations and their needs. Needs and/or populations identified included financial insecurity, languages barriers, admission for sepsis, members with multiple uncontrolled chronic conditions, and comprehensive diabetes care.

It was moved, seconded, and the Activities and Resources Grid was **unanimously approved.**
Motion: Dr. Lin
Second: Dr. Alkoraishi
Ayes: Dr. Alkoraishi, Dr. Foreman, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: Dr. Dawood

11. Annual Review of QI Policies

Ms. Baxter reviewed policy QI.08. Dr. Nakahira reviewed policy QI.20 and QI.22. Ms. Bautista reviewed policy QI.33

a. QI.08 Cultural and Linguistically Competent Services
b. QI.20 Information Sharing with San Andreas Regional Center (SARC)
c. QI.22 Early Start Program (Early Intervention Services)
d. QI.33 Enhanced Care Management (ECM) Denial and Disenrollment Policy

It was moved, seconded, and the QI policies QI.08, QI.20, QI.22, and QI.33 were **unanimously approved.**
Motion: Dr. Lin
Second: Dr. Foreman
Ayes: Dr. Alkoraishi, Dr. Foreman, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: Dr. Dawood

12. Grievance & Appeals (G&A) Report Q1 2022

Mauro Oliveira, Manager, Grievance and Appeals, reviewed the G&A Report Q1 2022.

It was moved, seconded, and the G&A Report Q1 2022 was **unanimously approved.**
Motion: Dr. Lin
Second: Dr. Foreman
Ayes: Dr. Alkoraishi, Dr. Foreman, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: Dr. Dawood

13. Quality Dashboard

Ms. Lucille Baxter, Manager, Quality & Health Education, provided a review of the Quality Dashboard. for April & May 2022, including outcomes of Outreach Call Campaign, Initial Health Assessment (IHA), Facility Site Review (FSR), Potential Quality of Care Issues and QNXT Gaps in Care Alerts

14. Utilization Management Committee (UMC)

Dr. Jimmy Lin reviewed the 04/20/2022 UMC meeting.

It was moved, seconded, and the 04/20/2022 UMC draft meeting minutes were **unanimously approved.**
Motion: Dr. Lin
Second: Dr. Alkoraishi
Ayes: Dr. Alkoraishi, Dr. Foreman, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: Dr. Dawood

15. Consumer Advisory Board (CAB)

Dr. Laurie Nakahira, CMO, reviewed the 06/02/2022 CAB Committee meeting.

It was moved, seconded, and the 06/02/2022 CAB draft meeting minutes were **unanimously approved.**
Motion: Dr. Lin
Second: Dr. Paul
Ayes: Dr. Alkoraishi, Dr. Foreman, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: Dr. Dawood

16. Credentialing Committee Report

Dr. Nakahira reviewed the 04/06/2022 Credentialing Committee Report.

It was moved, seconded, and the 04/06/2022 Credentialing Committee Report were **unanimously approved.**
Motion: Dr. Lin
Second: Dr. Paul
Ayes: Dr. Alkoraishi, Dr. Foreman, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: Dr. Dawood

17. Adjournment

The meeting adjourned at 7:30 p.m. The next QIC meeting will be held on August 9, 2022.

_____ _____

Ria Paul, MD, Chair Date

Santa Clara Family Health Plan
Assessment of Member Cultural and Linguistic Needs and Preferences
Measurement Year - 2021

Cal Medi-Connect - 2022

Prepared by: Claudia Graciano, Provider Network Access Program Manager
For review and approval by the Quality Improvement Committee

INTRODUCTION

SCFHP believes that cultural competency is a best practice for valuing diversity, practicing inclusion and creating health equity. SCFHP continues to support developmental processes to ensure awareness of cultural, ethnic/racial differences.

SCFHP is committed to providing language services at no cost and equal access to services for members with hearing or language related needs. Oral Interpreters, signers, bilingual providers and provider staff are available at all key points of contact. These services are provided in all languages spoken by SCFHP members.

SCFHP annually assess the cultural, ethnic/racial and linguistic needs of its members relative to its provider network. Network provider characteristics (i.e., culture, ethnicity/race, spoken language) are assessed to ensure member preferences and needs are met.

DATA SOURCES AND COLLECTIONS

To assess member needs, data is collected from multiple sources to include:

- 2021 US Census
- Statistical Atlas
- Data USA
- CAHPS
- APL 21-004
- Provider Language Report via eVips
- Member Ethnicity/Race and Language Report via QNXT, 834
- Language Translation Usage: January 1, 2021 – Dec 31, 2021
- Member Complaints: January 1, 2021 – Dec 31, 2021

METHODOLOGY

SCFHP will use US Census, Statistical Atlas, Data USA and/or other sources to collect and examine data on the cultural ethnic/racial and linguistic composition of the population in its service area in Santa Clara County.

SCFHP extracts available enrollee demographic information from the 834 file to identify characteristics such as culture, ethnic/racial and primary language. SCFHP will extract available demographics on the same characteristics of its provider network by running reports from the eVips system. While the Plan does not have concrete data on provider ethnicity/race, conclusions are drawn from the languages spoken by network providers. For further evaluation, SCFHP also uses available publications on physician diversity in California to examine provider diversity statistics in its service area.

Santa Clara Family Health Plan and the California Department of Health Care Services (DHCS) uses the following methodology to identify enrollee threshold languages –

- A population group of mandatory eligible beneficiaries residing in the Plan's service area who indicate their primary language as other than English, and that meet a numeric threshold of 3,000 or five-percent (5%) of the eligible beneficiary population, whichever is lower (Threshold Standard Language);

- A population group of mandatory eligible beneficiaries residing in the Plan's service area who indicate their primary language as other than English and who meet the concentration standards of 1,000 in a single zip code or 1,500 in two contiguous zip codes (Concentration Standard Language).

The DHCS issues an all plan letter (APL 21-004) to notify the health plans of which threshold languages were identified for each county in California. SCFHP's annual cultural and linguistic assessment incorporates the threshold languages the DHCS identifies in its service area in Santa Clara County. In addition, SCFHP follows state requirements regarding translation of written informing materials for members who have limited English proficiency and speak one of the languages which meet the threshold and concentration standards.

The DHCS updates threshold language data at least once every three fiscal years, to address potential changes to both numeric threshold and concentration standard languages within all Medi-Cal managed care counties.

SCFHP cultural and linguistic assessments include PCP's, high volume/impact specialists and high volume mental/behavioral health providers. PCP provider counts include family practice and internal medicine. Family practice provider counts include geriatric and general practice providers.

DEMOGRAPHICS

Data Source: US Census

County:		**Cities:**	**Population**
Santa Clara County		ALL	**1,885,508** (-2.6% from 2020)

Data Source (Language *only*): Statistical Atlas

Santa Clara County Race and Hispanic Origin	**Percentage**	**Language other than English spoken at Home (Top 3)**	**Percentage**
White alone, percent (a)	52.4%	Spanish	18%
Black or African American alone (a)	2.8%	Chinese	9.4%
American Indian and Alaska Native alone (a)	1.2%	Vietnamese	6.5%
Asian alone, percent (a)	39.0%		
Native Hawaiian and Other Pacific Islander alone (a)	0.5%		
Two or More Races, percent	4.2%		
Hispanic or Latino, percent (b)	25.0%		
White alone, not Hispanic or Latino	30.6%		

(a) Includes persons reporting only one race
(b) Hispanics may be of any race--are included in applicable race categories

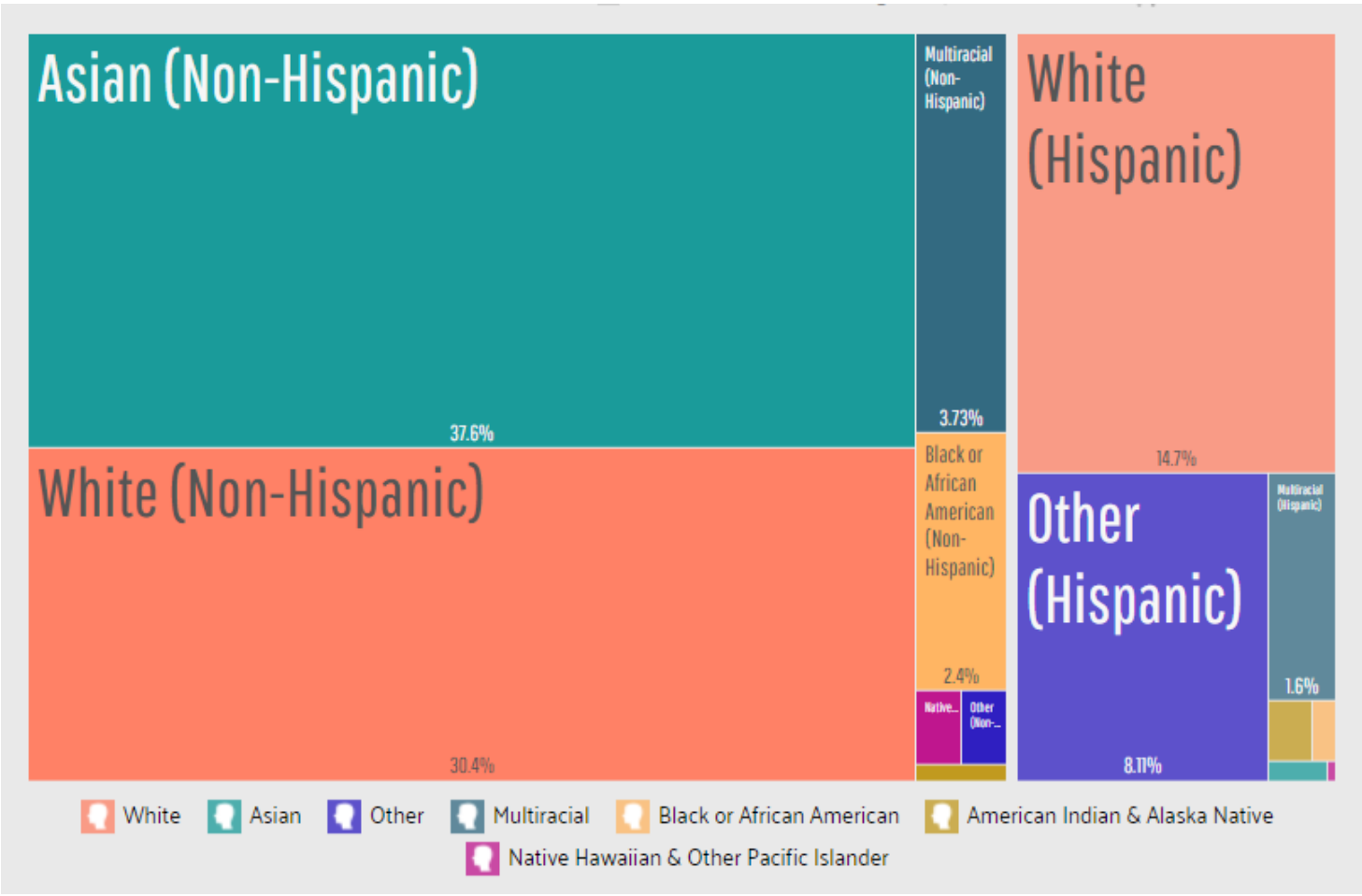
Data Source: 2019 US Census

Santa Clara County Age & Gender	**Number/Percentage**	**Santa Clara County Health**	**Percentage**
Persons under 5 years	5.8%	With disability, under 65	4.5%
Persons under 18 years	21.6%	Persons without Health Insurance	5.5%
Persons 65 years and over	13.9%		
Median Age	37.2%		
Female persons	49.3%		
Male persons	51.0%		

In 2021, US Census reported that there were 1.3 times more Asian Alone residents (724k people) in Santa Clara County than any other ethnicity/race. There were 586k White Alone and 482k Hispanic or Latino residents, the second and third most common racial or ethnic groups.

To further assess and to gain a better understanding of SCFHP's service area, a study was conducted using Data USA, which reports that 54.3% of Santa Clara County citizens are speakers of a non-English language, which is higher than the national average of 22%. Data USA also reports that the most common non-English language spoken in Santa Clara County is Spanish at 17.6%, followed by Chinese at 9.7% and Vietnamese at 6.73%.

The following chart shows the races and ethnicities represented in Santa Clara County as a share of the total population.



AL MEDI-CONNECT ENROLLMENT COUNT

Source: 834 Enrollment File

LINE OF BUSINESS	Enrollment Count
Cal MediConnect (CMC)	10,264 (4.5% increase from 2020)

DESCRIPTION OF CAL MEDI-CONNECT:

Cal Medi-Connect is a dual eligible plan for members who qualify for both Medicare and Medi-Cal. Cal Medi-Connect enrollees receives Medicare and Medi-Cal benefits from one plan, such as hospital, medical and prescription drug benefits (Medicare Parts A, B and D benefits), In-Home Supportive Services (IHSS), Community Based Adult Services (CBAS), care coordination, and nursing home care.

MEMBER LANGUAGE and CULTURAL ASSESSMENTS

Table I: Member Languages Spoken at Home (N=10,264)

Language	Member Count	% of Members Speak the Language
English	4,159	41%
Spanish	1,908	19%
Vietnamese	1,632	16%
*Chinese	1,444	14%
Tagalog	337	3%
Other	292	3%

*Chinese is the combined total of Chinese, Mandarin and Cantonese

Top 4 - Most common non-English languages spoken by CMC Members:

- **Spanish**
- **Vietnamese**
- **Chinese**
- **Tagalog**

As shown in Table I, SCFHP's Cal MediConnect member's most common non-English languages spoken are Spanish, Vietnamese, Chinese and Tagalog. Changes in member spoken languages from the previous year showed a decrease in English at 1% a increase in Spanish at 1%, Vietnamese increased by 1%. Chinese remained the same, at 14% and Tagalog decreased by 1%, overall no significant increase or decrease in the threshold languages.

Table II: MEMBER ETHNICITY/RACE (Top 4)

Source: 834 Enrollment File

Culture	Member Count	%
Hispanic	2,436	24%
Vietnamese	1,552	15%
Chinese	1,370	13%
Caucasian	1,283	13%

As shown in Table II, the top 4 member races are Hispanic, Vietnamese, Chinese and Caucasian.

External publications and studies relevant to SCFHP's service area were used to assess cultural traits on the top three member ethnicity/race (excluding Caucasian). Following is a summary of the publications and studies reviewed:

***Source**: Santa Clara County Public Health*

Hispanic

Studies showed that Hispanics/Latinos are the third largest racial/ethnic group in Santa Clara County and are projected to be the largest group by 2050. As the Hispanic population grows, the public health system in the county will continue to expand and adjust to meet changing health needs.

In 2017, at the request of the Santa Clara County Board of Supervisors, the Santa Clara County Public Health Department conducted a study on Latino/Hispanic health, with the goal of providing information that can be used to generate solutions to health issues within this population. The study showed that reliance on traditional medicine and health practices is common among Latinos/Hispanics. Culture is central in their health habits and due to the influence of traditional medical beliefs and health practices, many Latinos/Hispanics may simultaneously seek the help of both Western medicine and traditional healers.

Latinos/Hispanics have a deep rooted tradition of looking to extended family members and close family friends for emotional support and resources, which may support healthy behaviors and improve health. Family involvement in health care is common and health care providers are strongly advised to encourage such involvement and to include the family as a resource and focus of care in health planning, whether for individuals or a community. Faith and church remain powerful sources of hope and strength in the Hispanic community, especially in times of sickness.

Vietnamese

In 2011, the Santa Clara County Public Health Department (SCCPHD) completed the Vietnamese - American Health Assessment and reported that the Vietnamese culture, interactions and communication styles are important to adopt to meet the needs of this population. In Vietnamese culture, the traditional family is valued highly, and elders are greatly respected. For example, to show respect, elderly patients and family members should be addressed with a slight bow of the head. Certain hand gestures may be offensive

to this population, such as placing your hand on your hip while speaking.

The assessment also revealed significant health disparities within the community as well as cultural and language barriers preventing access to vital services. In 2016, the city of San Jose (the largest city in SCFHP's service area), a city with one of the largest Vietnamese population in the nation, opened its first Vietnamese American Community Center; known as the Shirakawa Community Center. The center demonstrates a need in the community for a place that celebrates the Vietnamese culture and provides services for the growing demographics. Having a dedicated center for the Vietnamese community provides immigrants, refugees, youth, and seniors with a center that meets cultural needs to call their own.

The findings of the SCCPHD assessment also resulted in a recommendation by the Office of the County Executive to construct the Vietnamese - American Service Center; a health center that honors the Vietnamese culture and is expected to open its doors in summer 2021 in the city of San Jose. The service center will deliver integrated, accessible and culturally responsive social and health services to support the local community, specifically the Vietnamese - American community. Its fundamental goal is connecting the community to the County services they need, in a seamless and collaborative model. The service center model will bring key County agencies together, to work in collaboration and address the overall needs of the Vietnamese community.

Chinese (data is within the Asian/Pacific Islander report)

A study by the Stanford School of Medicine reported that Pacific Islanders are a very diverse group and that it is important to avoid stereotyping. The study showed that in order for the clinical interaction to be meaningful, Pacific Islanders need to develop a sense of trust with their health care providers. They may initiate this process by trying to establish a "connection" with their physician or health care provider. This connection may involve questions to the provider regarding the community lived in, the school attended or work places. Not uncommonly, Pacific Islanders patients will start off the encounter by asking questions, trying to "find that connection".

In 2017, the County of Santa Clara Public Health Department (CSCPHD) completed an assessment which presented both secondary data and primary health survey data on Asian/Pacific Islander communities residing in Santa Clara County. Findings from this assessment served as a building block in the county's efforts to address health disparities in the Asian/Pacific Islander community. In 2018, the CSCPHD partnered with the Asian Americans for Community Involvement (AACI) to raise awareness of the unique issues affecting health and wellbeing of this population and to establish strategies to address key areas of concern for health, mental health and social determinants of health for Asian/Pacific Islanders and identified gaps in achieving healthy communities.

SCFHP has a provider network where members have access to medical and mental health services with providers who are sensitive to cultural diversity. For example, Gardner Health Services and Asian Americans for Community Involvement (AACI) are contracted provider groups who are dedicated to improving the health status of the communities we serve, especially the disenfranchised, disadvantaged and most vulnerable members. Gardner Health Services and AACI aligns with SCFHP's mission to provide high quality, comprehensive medical and mental health care, including prevention and education, early intervention, treatment and advocacy services which are affordable, respectful, culturally, linguistically and age appropriate..

SCFHP and its provider network recognizes that every member encounter is unique; every patient is different i n age, gender, ethnicity or religion and will bring to the medical encounter their individualized perspectives and experiences. Resources to increase awareness of cultural diversity are available to SCFHP's provider network and staff and are intended to help build sensitivity to differences and styles as a goal to improve patient- provider and patient-office staff communications and to foster an environment that is non-threatening and comfortable for Plan members.

To ensure provider awareness of cultural, racial and ethnic differences, SCFHP providers are required to complete a cultural competency training program, offered on SCFHP's website, which includes a Cultural Competency Toolkit with a guide on understanding cultural differences and how to establish effective communications with patients of all ethnic/racial and cultural backgrounds. Training objectives are to teach an enhanced awareness of cultural competency imperatives and issues related to improving access and quality of care.

Santa Clara Family Health Plan™

PROVIDER NETWORK THRESHOLD LANGUAGE ASSESSMENT– *Tables I - III shows the percentage of SCFHP network providers who speak threshold languages (Spanish, Vietnamese, Chinese and Tagalog). *The numbers below are rounded up to the nearest tenth.*

Table I: Primary Care Providers

Source: eVIps/ICAT

		Spanish (Member N=1,908)		Vietnamese (Member N=1,632)		Chinese (Member N=1,433)		Tagalog (Member N=337)	
Provider Type	Provider Count	Providers-Spanish	% of Providers	Providers-Vietnamese	% of Providers	Providers-Chinese	% of	Providers-Tagalog	% of Providers
Family Practice	238	56	24%	26	11%	25	11%	5	2%
Internal Medicine	258	29	11%	31	12%	29	11%	6	2%

Table II: Specialists - High Volume/Impact

Source: eVips/ICAT

		Spanish (Member N=1,908)		Vietnamese (Member N=1,632)		Chinese (Member N=1,433)		Tagalog (Member N=337)	
Provider Type	Provider Count	Providers-Spanish	% of Providers	Providers-Vietnamese	% of Providers	Providers-Chinese	% of Providers	Providers-Tagalog	% of Providers
Cardiology	133	15	11%	10	13%	4	3%	0	0%
Ophthalmology	199	69	17%	27	14%	29	15%	6	3%
Gynecology	266	79	30%	15	5%	7	3%	0	0%
Hematology/Oncolog	118	13	11%	7	6%	2	2%	1	1%

Table III: Behavioral Health Providers – High Volume

Source: eVIps/ICAT

		Spanish (Member N=1,908)		Vietnamese (Member N=1,632)		Chinese (Member N=1,433)		Tagalog (Member N=337)	
Provider Type	Provider Count	Providers-Spanish	% of Providers	Providers-Vietnamese	% of Providers	Providers-Chinese	% of Providers	Providers-Tagalog	% of Providers
Psychiatry	174	23	13%	9	5%	4	2%	2	1%
Clinical Social Worker	50	14	28%	9	18%	2	4%	0	0%
Family & Marriage Therapy	16	2	13%	0	0%	0	0%	0	0%

As noted in the report above, SCFHP does not have concrete data on provider ethnicity/race, therefore conclusions are drawn from the languages spoken by network providers.Tables I-III shows the number of network providers who can speak the top 4 languages and meet member cultural, ethnic/racial needs. The tables do not include provider staff who may also speak the top 4 languages and who may share the same cultural, ethnic/racial characteristics of SCFHP members.

Comparison from previous year assessment shows that the number of providers that speak threshold languages remained steady.

LANGUAGE LINE OR TRANSLATION REQUESTS

Table I: Member Language Line Requests

Language	Total Requests	Total Duration	% of Requests
Spanish	4,847	883 hrs	39%
Vietnamese	3,139	478 hrs	25%
Chinese	4,005	540 hrs	32%
Tagalog	359	61 hrs	3%

Table II: Member Face to Face Requests

Translation Type	Total Request	Total Duration	% of Requests
Sign Language	111	117 hrs	60%
Spanish	29	30 hrs	16%
Vietnamese	22	25 hrs	12%
Chinese	22	24 hrs	12%
Tagalog	0	0	0%

In Tables I & II, it shows the language line and member face to face translation data was analyzed two different ways, one was through the frequency of language selected and second was the duration of the calls and face to face translation services.

Available access to interpreter services for members is a foundational element of Medicare - Medicaid plans. This could take the shape of telephonic or face to face interaction with a qualified interpreter. SCFHP provides this service through a vendor free of charge to its members and providers. SCFHP members have access to interpreter services 24 hours a day, 7 days a week. The plan also hires bilingual customer service representatives to further promote timely and quality access to language interpretation.

To ensure provider awareness of language assistance services and requirements, SCFHP providers are required to complete a cultural competency training program, offered on SCFHP's website, which includes a Cultural Competency Toolkit with a guide on using interpreter services. Training objectives are to teach an enhanced awareness of cultural competency imperatives and issues related to improving access and quality of care.

To further understand membership language diversity and potential barriers to care due to language barriers, as shown above in Section F (Tables I and II), SCFHP annually reviews data from its Language Line and Face to Face interpreter services reports.

The raw data showed that twenty eight (28) different languages were requested for interpreter services; some of which are not frequently seen, such as Portuguese, Swahili, and Tigrinya. While there were several other languages requested for interpreter services, it does not appear that there is a growing population outside of the threshold languages identified and spoken by SCFHP members in this report.

MEMBER GRIEVANCES

Table I. Member Language, Ethnicity/Race Complaints

Service Type	Language	Description	Quarter
Provider	Spanish	Member was dissatisfied with their Primary Care Physician, they did not offer and interpreter and refused to schedule an appointment	Q1
Interpreter	Farsi	Member was dissatisfied with the interpreter, arrived 34 minutes late.	Q2
Interpreter	Mandarin	Member reported face to face interpreter did not show up and member was unable to be seen.	Q3
Interpreter	American Sign Language (ASL)	Member was dissatisfied with the face to face interpreter, the interpreter arrived 20 minutes late and offered medical advice once the provider left the room. Member stated they have had negative experiences with this interpreter the past 2-3 months.	Q4

An assessment of member complaints against language/interpreter services and cultural/racial preferences was completed. The chart above are some examples from each quarter, the resolution of those complaints are as follows:

(Q1) Compliant was reported to the Quality Cultural and Linguistics team for tracking purposes. The provider was educated regarding interpreter services. The provider shared they did not refuse to see the member, they were advising to bring a family member along to understand treatment plan and follow ups.

(Q2) Compliant was reported to the Quality Cultural and Linguistics team who reported the incident to the language/interpreter vendor. The language/interpreter vendor investigated and found that the interpreter did arrive on time (checked in at 2:45 pm, appointment time was 3:00 pm) and was asked to wait outside because there were too many people in the waiting area. The interpreter waited outside until they were called in for the appointment (3:25 pm).

(Q3) the complaint was reported to the Quality Cultural and Linguistics team who reported the incidents to the language/interpreter vendor. The language/interpreter vendor assured that the complaints would be addressed with their staff and will continue to work on improving the quality of interpretation services.

(Q4) the complaint was reported to the Quality Cultural and Linguistics team who reported the incidents to the language/interpreter vendor. The language/interpreter vendor states that due to the short notice to book this encounter, the interpreter did call the providers office to explain he was running late in an effort to accommodate the members request. The interpreter also denied providing any medical advice, once the

doctor left the room he only helped member to schedule their next appointment. The vendor agreed to no longer schedule services with this interpreter for the member for future request and share this interpreter is a valued employee and they disagree with the members view on his professionalism.

The assessment on member complaints did not identify trending and the data showed complaints within acceptable limits.

Conclusion:

SCFHP and Santa Clara County officials has a long-standing commitment to the health and well-being of all its community regardless of race, ethnicity, age or gender. SCFHP will continue to partner with community stakeholders to help improve the overall health of its diverse membership.

The assessment revealed that there are no significant disparities in meeting member cultural, ethnic/racial and linguistic preferences, which concludes that member needs are being met overall; thus, no adjustments to the provider network are necessary at this time.

While SCFHP did not identify disparities to meet language or cultural needs of its members, the Plan will continue to seek available providers with diverse backgrounds and language skills to ensure member needs continue to be met. SCFHP will also continue to evaluate the needs of its members to ensure they receive the care and services they need in a culturally sensitive manner and in their preferred language.

PARTICIPANTS:
Provider Network Operations Data Analyst
Timely Access and Availability Work Group
Quality Improvement
Behavioral Health
Grievances and Appeals
Provider Relations

Approving Committee	Date of Approval	Recommendations
Quality Improvement Committee (QIC)		None

2022 Cal MediConnect (CMC) Population Health Assessment

Quality Improvement Committee Review: June 14, 2022

Table of Contents

Background

Santa Clara Family Health Plan (SCFHP) is a not-for-profit organization established in 1997 that offers comprehensive and affordable health coverage for low-income residents in Santa Clara County, California. SCFHP currently services over 11,000 beneficiaries under its Cal MediConnect (CMC) line of business. In order to qualify for the optional program, beneficiaries must meet the following criteria: live in Santa Clara County; be 21 years of age or older; have both Medicare Part and B and be eligible for full-scope Medi-Cal.

Introduction

This report reviews general member demographic information as well as more specific information within the framework of the social determinants of health (SDOH) to better understand the SCFHP CMC population in regards to who they are and some of their needs. While the report looks at the SCFHP CMC population as a whole, it also looks at three subpopulations of members enrolled in the CMC program, as well as a few combinations of the subpopulations: individuals currently in Long Term Care (LTC); those who have severe mental illness (SMI) and those utilizing Long-Term Support & Services (LTSS).

Additionally, this report dives into SCFHP's Healthcare Effectiveness Data and Information Set (HEDIS) data, the Medicare Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, Health Outcomes Survey (HOS), Social Determinants of Health (SDOH) Z Codes and the beneficiary self-reported Health Risk Assessment (HRA). Various data sources were utilized to assess the needs of beneficiaries, including: reports from Centers for Medicare & Medicaid Services (CMS), the Santa Clara County Public Health Department, SCFHP's claims, encounter, pharmacy, socioeconomic, and demographic data.

Using this data, SCFHP can address the needs of beneficiaries and help connect them with appropriate programs and services. Furthermore, SCFHP will be able to strengthen existing practices and develop new resources and interventions to better serve SCFHP beneficiaries, moving towards reducing health disparities and improved health outcomes.

1. Population Demographics

SCFHP serves a diverse CMC population, with women making up 59% of the population. A large portion of the CMC population are ages 60 and older. Beneficiaries ages 60 to 89 represent 83% of the CMC population. Hispanic beneficiaries made up 24% of the CMC population during calendar year 2021, with Vietnamese representing 15%, Caucasian representing 13% and Chinese representing 12%. Over 40% of the population lists English as their primary language. Other languages that represent the SCFHP population include: Spanish at 20%; Vietnamese at 17%; and Chinese at 14%. Approximately 95% of SCFHP CMC enrollees have disabilities. Majority of the CMC population who are disabled are 65 years and older. CMC enrollees utilizing LTSS have higher rates with disabilities compared to other subpopulations such as LTC and SMI.

Gender

Gender	Member Count	Percentage
Female	6,814	59.05%
Male	4,725	40.95%
Total	**11,539**	**100.00%**

Table 1.1. Member Demographics: Gender

Age

Age Group	Member Count	Percentage
< 29 years	55	0.48%
30-39 years	186	1.61%
40-49 years	297	2.57%
50-59 years	678	5.88%
60-69 years	2939	25.47%
70-79 years	4279	37.08%
80-89 years	2389	20.70%
90-99 years	675	5.85%
100+ years	41	0.36%
Total	**11,539**	**100.00%**

Table 1.2. Member Demographics: Age

Ethnicity (ethnicities that make up >= 5% of the SCFHP CMC population)

Ethnicity	Member Count	Percentage
HISPANIC	**2,786**	**24.14%**
<65 years	530	4.59%
65-74 years	1221	10.58%
75+ years	1035	8.97%
VIETNAMESE	**1,753**	**15.19%**
<65 years	122	1.06%
65-74 years	1012	8.77%
75+ years	619	5.36%
CAUCASIAN	**1,524**	**13.21%**

<65 years	495	4.29%
65-74 years	594	5.15%
75+ years	435	3.77%
CHINESE	**1,480**	**12.83%**
<65 years	37	0.32%
65-74 years	491	4.26%
75+ years	951	8.25%
OTHER	**1,027**	**9.03%**
<65 years	261	2.29%
65-74 years	508	4.47%
75+ years	258	2.27%
FILIPINO	**667**	**5.78%**
<65 years	61	0.53%
65-74 years	328	2.84%
75+ years	278	2.41%
All remaining ethnicities with less than 5%	**2,302**	**19.94%**
Total	**11,539**	**100.00%**

Table 1.3. Member Demographics: Ethnicity

Language (languages that make up >=5% of the SCFHP CMC population)

Primary Language	Member Count	Percentage
ENGLISH	**4,616**	**43.30%**
<65 years	1426	13.38%
65-74 years	2033	19.07%
75+ years	1157	10.85%
SPANISH	**2,202**	**20.65%**
<65 years	228	2.14%
65-74 years	1030	9.66%
75+ years	944	8.85
VIETNAMESE	**1,867**	**17.51%**
<65 years	97	0.91%
65-74 years	1094	10.26%
75+ years	676	6.34%
CHINESE*	**1,564**	**14.68%**
<65 years	17	0.16%
65-74 years	484	4.54%
75+ years	1063	9.98%
AMERICAN SIGN LANGUAGE	**17**	**0.16%**
<65 years	14	0.13%
65-74 years	3	0.03%

75+ years	0	0%
All remaining languages with less than 5%	**1,306**	**11%**
Total	**11,539**	**100.00%**

Table 1.4. Member Demographics: Primary Language

*Chinese includes Mandarin and Cantonese speakers.

Disabled Population

CMC Population	Member Count	Percentage
NON-DISABLED	**511**	**4.42%**
<65 years	185	1.60%
65-74 years	186	1.61%
75+ years	140	1.21%
DISABLED	**11,028**	**95.58%**
<65 years	1683	14.59%
65-74 years	4934	42.76%
75+ years	4411	38.23%
Total	**11,539**	**100.00%**

Table 1.5. Member Demographics: Disabilities

CMC Population	Non-Disabled				Disabled			
Age	# of Total Members	Sum of LTC	Sum of LTSS	Sum of SMI	# of Total Members	Sum of LTC	Sum of LTSS	Sum of SMI
<65 years	185	17	40	28	1683	21	498	485
65-74 years	186	31	3	32	4934	49	876	403
75+ years	140	69	2	36	4411	103	2015	524

Table 1.6. CMC Beneficiaries by subpopulation (LTC, SMI, LTSS)

2. Social Determinants of Health

According to the World Health Organization (WHO), social determinants of health (SDOH) are the conditions in which people are born, grow, live, work, age, and play that impact a wide range of health, functioning, and quality-of-life outcomes and risks. These social and/or demographic characteristics of individuals, groups, communities, and societies have been shown to have powerful influences on health and well-being at the individual and population levels.[7] Social determinants are also the root cause of health disparities, a measure of differences in health outcomes between populations. It is vital to address social determinants of health to decrease health disparities and move towards achieving health equity. Health equity implies that everyone should have a fair opportunity to attain their full potential wellness and that no one should be disadvantaged from achieving this potential.

In reviewing CMC population, SCFHP opted to review the SDOH by utilizing the framework outlined by *Healthy People 2030* [4] and supported by the CDC:

(1) Economic Stability: financial resources; poverty; employment; food security; housing stability
(2) Education: graduating from high school; enrollment in higher education; language and literacy; early childhood education and development
(3) Social and Community Context: cohesion within a community; civic participation; discrimination; conditions in the workplace; incarceration
(4) Health and Health Care: access to healthcare; access to primary care; health insurance coverage; health literacy; understanding of an individual's own health
(5) Neighborhood and Built Environment: quality of housing; access to transportation; availability of healthy foods; quality of water or air; neighborhood crime and violence

To do so, SCFHP utilized data from multiple sources: Health Risk Assessment (HRA); Consumer Assessment of Healthcare Providers and Systems (CAHPS); Health Outcomes Survey (HOS); Z-codes for Social Determinant of Health and Risk Adjustment In Home Assessment results. [*Appendix C – Data Sources*]

Economic Stability

One of the vital indicators of economic instability is food insecurity and housing instability and therefore are social determinants of health. A healthy diet is key to having positive health outcomes. Not being able to access nutritious meals can create various health problems.[1] According to the article "Housing and Health: An Overview of the Literature", people who are not chronically homeless, but face housing instability in the form of moving frequently, falling behind on rent, or couch surfing are more likely to experience poor health in comparison to their stably housed peers.[2]

Three different data sources indicates that almost 29% of CMC members ran out of money for their food, rent, bills or medicines. Also 1.74% CMC members responded that they have to make decision between food, medication and other basic necessities because of financial instability. These figures, in conjunction with rates of members who report having problems writing checks, keeping track of money, or who need assistance managing money, potentially indicate a lack of financial knowledge.

The SMI and LTSS population more specifically have higher rates than plan average indicating that they run out of money to pay for their basic necessities.

It was also identified that 2.60% of CMC population delayed or did not fill the prescription because they felt they couldn't afford it which again indicate lack of knowledge about covered benefits and services along with community resources.

Financial Resources

Measure	SCFHP Rate	LTC Rate	SMI Rate	LTSS Rate	Data Source
Members who have to make choices between food, medication, heat, or other necessities because of financial concerns	1.74% (N=863)				2021 Signify SDOH Report – 11/3/2021
Members who delayed or did not fill a prescription because they felt they could not afford it	2.60% (N=533)				2021 Santa Clara CAHPS Report Survey
Respondents who run out of money to pay for food, rent, bills, or medicine	29.1% (N=6,670)	5.4% (N=204)	27.7% (N=880)	31.5% (N=2,030)	HRA Results (2021)
Respondents with problems writing checks or keeping track of money	20.9% (N=6,617)	79.3% (N=203)	37.0% (N=872)	43.1% (N=1,983)	HRA Results (2021)
Respondents in need of assistance managing money	2.78% (N=863)				2021 Signify SDOH Report – 11/3/2021

Table 2.1. Economic Stability and Financial Resources

Education

The level of education is highly important and increasingly recognized as social determinant of health. Higher levels of education play a vital role in opening doors for employment opportunities, improve ability to make better decision regarding health and increase awareness of available social and personal resources that are for physical and mental health. Post-secondary education is fast becoming a minimum requirement to be eligible for employment.[3] CMC enrollees in Santa Clara County are more likely to have college degrees than CMC enrollees elsewhere in the state, but SCFHP still has higher rates of CMC enrollees without a high school diploma than those who opt-out of CMC with SCFHP.

Measure: Highest level of education	SCFHP Rate	CA CMC Enrollees	SCFHP CMC Opt-Outs	Data Source
Not a high school graduate	40%	44%	29%	SCAN (’15-’17)
High school graduate	21%	22%	22%	
Some college/trade school	17%	19%	19%	
College graduate	19%	12%	26%	

Table 2.2. Level of education achieved

Language Ultilization

SCFHP has five threshold languages as defined by the California Department of Healthcare Services (DHCS), including English, Spanish, Vietnamese, Tagalog, and Chinese (Mandarin and Cantonese). These languages are the most frequently spoken languages among SCFHP beneficiaries. SCFHP partners with language vendors to provide telephonic and face-to-face interpreter services and utilizes California Relay Services for TDD/TTY services. All in-person interpretation and translations services are provided at no cost to beneficiaries.

Spanish (20%), Vietnamese (17%), and Chinese (14%) are most commonly spoken languages by SCFHP CMC members (Table 1.4). However, 16% of CMC enrollees faced language barriers to care which is higher than average in the state of California (12%).

Measure	SCFHP Rate/Score	CA CMC Enrollees	SCFHP CMC Opt-Outs	Data Source
Respondents who said their health care provider did not speak their language and/or had no interpreter available	16%	12%	17%	SCAN (’15-’17)

Table 2.3. Language

Face-to-Face Interpretation Requests by Language	Number of Requests
Spanish	29
Vietnamese	22
Chinese	22
Tagalog	0
American Sign Language	111
Other	1
Total	**185**

Table 2.4. Face-to-Face Interpretation Requests in 2021

Alternative Format	Number of Requests
Audio CD	1
Braille	0
Large Print	15
Total	**16**

Table 2.5. Alternative Format Requests in 2021

In 2021, SCFHP's primary language vendor was utilized for 185 CMC beneficiaries for face-to-face interpretation services for their health care needs. 16 CMC beneficiaries have submitted alternative format request to receive their health information as large print, audio CD or in braille.

In 2021 Q1-Q3, SCFHP's primary language vendor, was utilized for over 12,000 calls for CMC beneficiaries. Telephone interpretation requests were made for 47 languages. Top three requested languages included: Spanish (3,897), Chinese (3,126), and Vietnamese (2,994). Table 2.5. shows the breakdown of language services utilization by CMC beneficiaries in 2021 Q1-Q3. Although there are more beneficiaries that speak Vietnamese than Chinese, there were more requests for Chinese interpretation (26%) than Vietnamese (25%). This suggests that's members are seeking assistance from family members to assist with health needs and not utilizing SCFHP interpretation services.

Language	Number of Calls	Percentage
Spanish	3,897	32.3%
Chinese	3,126	25.9%
Vietnamese	2,994	24.9%
Tagalog	710	5.9%
Farsi	237	2.0%
Punjabi	183	1.5%
Russian	182	1.5%
Other	397	6.0%
Total	**12,049**	**100%**

Table 2.6. Telephone Utilization of Interpretation Services by CMC Beneficiaries in 2021 Q1-Q3

Social and Community Context

Support System

Social support system or social relationship is key part for physical and mental health. Relationships are often interpreted as social cohesion, social capital and social network. Having a social network also provides emotional support (e.g. motivation to be compliant on treatment regimen or encourage to get back to regular routine after traumatic event) and instrumental support (e.g. ride to medical appointment).[3]

CMC members with LTC and LTSS report higher rates of needing a ride or see the doctor or friends than the plan average and the LTC populations.

All three subpopulations of interest LTC, SMI, and LTSS report higher than plan-average rates of needing a ride or assistance to see the doctor, friends, or family. Access to transportation may be inhibiting access to care for SCFHP CMC enrollees, and/or the subpopulations specifically. Transportation to medically necessary services is a covered benefit of the health plan.

Measure	SCFHP Rate	LTC Rate	SMI Rate	LTSS Rate	Data Source
Respondents without family members or others willing and able to help when needed	13.5% (N=6,675)	13.2% (N=204)	15.6% (N=880)	11.8% (N=2,022)	HRA Results (2021)
Respondents in need of a ride to see the doctor or friends	42.2% (N=6,691)	89.2% (N=204)	58.8% (N=880)	73.9% (N=2,025)	HRA Results (2021)
Respondents in need of assistance to see family or friends	33.7% (N=6,594)	69.5% (N=203)	46.4% (N=862)	64.1% (N=1,977)	HRA Results (2021)

Table 2.7. Support System

Social Interactions

The high rates reported for living alone and experiencing loneliness or social isolation, in conjunction with the data below, indicated that all three subpopulations experience rates of loneliness higher than the overall SCFHP CMC population.

Measure	SCFHP Rate	LTC Rate	SMI Rate	LTSS Rate	Data Source
Living alone	28.3%				2021 Santa Clara CAHPS Report Survey
"Yes" response to the question: are you afraid of anyone or is anyone hurting you?	4.4% (N=6,741)	1.9% (N=204)	4.9% (N=886)	5.5% (N=2,036)	HRA Results (2021)
Members experiencing loneliness or social isolation	4.87% (N=863)				2021 Signify SDOH Report – 11/3/2021

Table 2.8. Social Interaction

Loneliness or Social Isolation

The high rates reported for CMC enrollees that they never feel lonely, although members utilizing LTSS services reported that they felt loneliness more than 15 days a month (10%) to most of the days (9%).

Over the past month (30 days), how many times have you felt lonely?	All CMC N=6,699	LTC N=197	SMI N=877	LTSS N=2,019
<5 days	22.1%	71.5%	29.2%	26.9%
>15 days	7.3%	8.6%	10.1%	10.3%
Most Days (Always feel Lonely)	6.6%	4.6%	11.1%	9.4%
None (Never feel Lonely)	64.0%	15.2%	49.5%	53.4%

Table 2.9. Loneliness or Social Isolation

Health and Health Care

Access to Care

According to HEDIS® measure Adults Access to Preventive/Ambulatory Health Services (AAP) rate is 91%. This measure assesses whether members 20 years and older had a preventive or ambulatory visit to their physician in 2021. Health care visits are an opportunity for individuals to receive preventive services and counseling on topics such as diet and exercise. These visits also can help them to address acute issues or manage chronic conditions. CAHPS and SCAN reports/surveys indicate that there is still opportunity to improve access to care – less than 76% of respondents said that they were getting their needed care, or getting appointments and care quickly. SCFHP has lower rates of satisfaction than the statewide average for CMC enrollees with the wait time to see a doctor when they need an appointment, while a higher rate of respondents' report that the physician they were seeing is not available through the SCFHP provider network.

Measure	SCFHP Rate/Score	CA CMC Enrollees	SCFHP CMC Opt-Outs	Data Source
Getting needed care	75.9%			2021 Santa Clara CAHPS Report Survey
Getting appointments & care quickly	73.5%			2021 Santa Clara CAHPS Report Survey
Good communication from clinicians	91.7%			2021 Santa Clara CAHPS Report Survey
Respondents satisfied with the wait to see a doctor when they need an appointment	73%	78%	75%	SCAN ('15-'17)
Respondents who said the doctor they were seeing is not available through SCFHP	20%	18%	17%	SCAN ('15-'17)

Table 2.10. Access to Care

Health Literacy

SCFHP CMC enrollees have a higher rate of misunderstanding their services and coverage than CMC enrollees throughout California in general.

Measure	SCFHP Rate	CA CMC Enrollees	SCFHP CMC Opt-Outs	Data Source
Respondents who had a misunderstanding about health care services or coverage	22%	19%	23%	SCAN ('15-'17)

Table 2.11. Health Literacy

Health Status

SCFHP CMC beneficiaries have, based on claims data, higher prevalence in the listed below conditions than the national average for the same conditions, as well as higher than Santa Clara County. 80% of the CMC enrollees have at least one chronic condition and 42% of the CMC members have three or more chronic conditions.

Top 10 chronic onditions are as follows:

1. Hyperlipidemia
2. Diabetes
3. Chronic Kidney Disease
4. Rheumatoid Arthritis
5. Anemia
6. Depression
7. Acquired hypothyroidism
8. Ischemic Heart Disease
9. Osteoporosis
10. Glaucoma

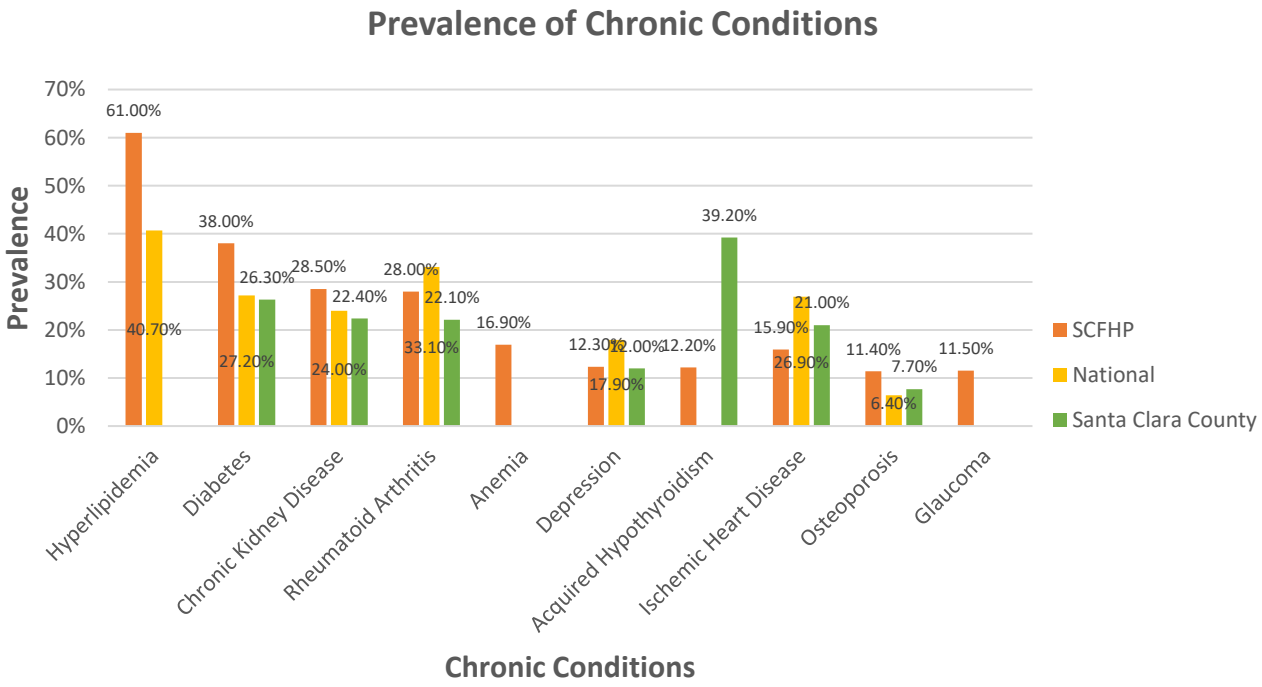


Table 2.12. Top 10 prevalence of chronic conditions for CMC members at SCFHP

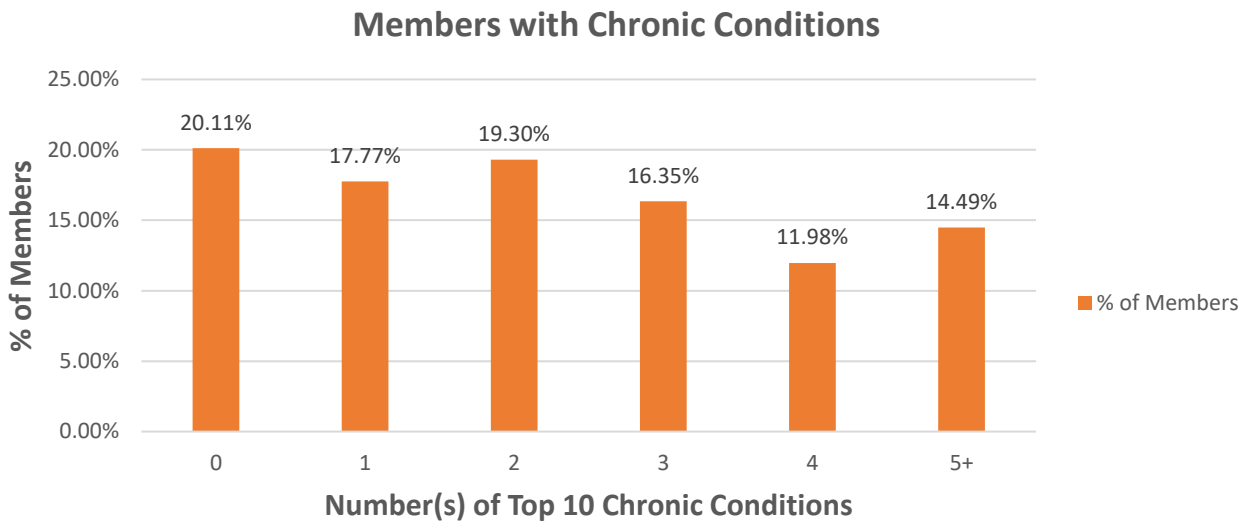


Table 2.13. SCFHP CMC members with multiple top 10 chronic conditions

Knowledge of Condition

The variability in the rates of self-reported knowledge of condition compared to condition prevalence based on claims data can potentially indicate a gap in health literacy.

- Are providers explaining conditions to the patients in a way that patients understand?
- Are providers asking patients to repeat the conditions back to them, ensuring an understanding of their health status?
- Are patients told the medical term for their condition, but lack an understanding of what the condition impacts?

Chronic Condition		SCFHP Rate	National Rate	Santa Clara County Rate	Knowledge of Condition[1]			
					CMC (N=6,097)	LTC (N=205)	SMI (N=869)	LTSS (N=1986)
Hyperlipidemia	High Cholesterol	61.0%	40.70%		52.3%	84.1%	73.8%	64.8%
Diabetes	Diabetes	38.0%	27.20%	26.30%	37.0%	39.5%	39.7%	37.4%
Chronic Kidney Disease	Kidney Problem	28.5%	24.00%	22.40%	4.9%	15.6%	11.0%	7.0%
Rheumatoid Arthritis Osteoarthritis	Arthritis/ Arthritis-Rheumatoid	28.0%	33.10%	22.10%	32.7%	32.7%	32.2%	40.5%
Anemia		16.9%			9.6%	45.3%	34.6%	18.0%
Depression	Depression	12.3%	17.90%	12.00%	16.9%	38.5%	28.0%	21.1%
Acquired Hypothyroidism	Thyroid problems	12.2%		39.20%	9.4%	25.6%	18.5%	12.8%
Ischemic Heart Disease	Heart Problems/ Congestive	15.9%	26.90%	21.00%	5.0%	15.6%	18.6%	7.5%

	Heart Failure (CHF)							
Osteoporosis	Osteoporosis	11.4%	6.40%	7.70%	9.4%	17.9%	11.7%	15.7%
Glaucoma	Limited Vision	11.5%			27.8%	36.6%	27.5%	33.6%

Table 2.14. Knowledge of condition

Quality of Care

Fewer SCFHP CMC beneficiaries expressed satisfaction with their physicians working together than CMC enrollees across the state and then individuals who opted-out of the SCFHP CMC program. SCFHP CMC program is made up of doctors, hospitals, pharmacies, providers of long-term services and supports, behavioral health providers, and other providers. They all work together to provide the members with the care they need such as health care services, behavioral health (mental health and substance use disorder) services, prescription drug coverage, and long-term services and supports. LTSS help you stay at home instead of going to a nursing home or hospital.

Measure	SCFHP Rate/Score	CA CMC Enrollees	SCFHP CMC Opt-Outs	Data Source
Respondents satisfied with the way their providers work together	77%	83%	80%	SCAN (’15-’17)

Table 2.15. Quality of care

The HEDIS scores below are measures for which SCFHP is at less than or equal to the 10th percentile for CMC in 2021.

Measure	Sub Measure	SCFHP Rate/Score	2021 Quality Compass 50th Percentile	Data Source
BCS: Breast Cancer Screening		64.91%	70.34%	HEDIS 2021 Preliminary Rates
COL: Colorectal Cancer Screening		60.18%	72.02%	HEDIS 2021 Preliminary Rates
CDC: Comprehensive Diabetes Care	Eye Exam	69.83%	69.34%	HEDIS 2021 Preliminary Rates
	HbA1c Testing	91.00%	92.46%	HEDIS 2021 Preliminary Rates
	Medical Attention for Nephropathy	91.00%	94.74%	HEDIS 2021 Preliminary Rates
OMW: Osteoporosis Management in Women Who Had a Fracture		20.45%	37.28%	HEDIS 2021 Preliminary Rates

MRP: Medication Reconciliation Post-Discharge		37.47%	63.75%	HEDIS 2021 Preliminary Rates
PBH: Persistence of Beta-Blocker Treatment After a Heart Attack		83.33%	87.80%	HEDIS 2021 Preliminary Rates
Pharmacotherapy Management of COPD Exacerbation	Bronchodilator	93.18%	83.52%	HEDIS 2021 Preliminary Rates
Statin Therapy for Patients with Cardiovascular Disease	Statin Adherence 80% - Total	87.05%	85.13%	HEDIS 2021 Preliminary Rates
Statin Therapy for Patients with Diabetes	Statin Adherence 80% - Total	85.39%	83.76%	HEDIS 2021 Preliminary Rates

Table 2.16. HEDIS

Neighborhood and Built Environment

Access to Transportation

Despite transportation utilization and costs increasing rapidly for the plan, 16% of respondents to the SCAN survey reported issues with transportation that kept them from getting needed healthcare, while 13% of CMC respondents on a Risk Adjustment in Home Assessment report indicated that they need assistance with driving and/or arranging transportation.

Measure	Rate	CA CMC Enrollees	SCFHP CMC Opt-Outs	Data Source
Respondents with transportation problems that kept them from getting needed healthcare	16%	13%	18%	SCAN ('15-'17)
Members who need assistance with driving and/or arranging transportation	13% (N=863)			2021 Signify SDOH Report – 11/3/2021

Table 2.17. Access to Transportation

Housing

99% of SCFHP CMC enrollees have housing, however less than quarter population need help with instrumental activities of daily living.

Measure	Rate	Data Source
Members who need help with laundry and/or housekeeping	6.26% (N=863)	2021 Signify SDOH Report – 11/3/2021

Table 2.18. Housing

Quality of Air & Water

Air quality: According to Bay Area Air Quality Management District, there were 2 days where particulate matter of 2.5 exceeded the national standard compared to 25 days on 2021.[5]

Water quality: According to Santa Clara Valley Water District review there are no contaminants above maximum levels in 2021.[6]

3. Subpopulation

This document looks at three subpopulations – members in Long Term Care (LTC), members with Severe Mental Illness (SMI), and members utilizing Long Term Support Services (LTSS). [*Appendix A* – Subpopulation Definitions 38% SCFHP CMC beneficiaries eligible for subpopulation. As these three groups are not mutually exclusive, a few combinations are also included. These combinations are made based on the one or more services utilized by subpopulation in measurement year (2021). Combinations such as members in LTC with SMI and who also utilized LTSS in measurement year; members in LTC with SMI who did not utilize LTSS; members in LTC who utilized LTSS but do not have SMI; members who have SMI and utilized LTSS.

Long Term Care (LTC)

LTC is an institute who provides variety of services medical and non-medical needs of people with disabilities and/or chronic illness who cannot care for themselves for longer period. The goal of these services are to indorse independence, maximize quality of life and meet the need of patients. SCFHP CMC beneficiaries has a very small subpopulation (1.5%) of members in LTC. However, these members experience many barriers in the form of social determinants of health. For example, 89% LTC members require a ride to see the doctor. 79% have difficulty writing checks or keeping track of money. Social determinants of health such as transportation and financial management needs have to be addressed in the case management of LTC members.

Serious Mental Illness (SMI)

Approximately 1,500 (12.24%) CMC enrollees have a mental health diagnosis. SCFHP collaborates with the County Behavioral Health Services Department (CBHSD), which serves consumers ages 18 and above. The CBHSD Call Center screens individuals for functional impairments, such as homelessness, lack of support, and recent job loss, etc. and direct individuals based on diagnosis. Once the screening has been completed, CBHSD refers individuals who are identified as SMI to either a county mental health clinic or a community based organization (CBO) for services. These are considered specialty mental health providers and may include: psychiatry, therapy, and case management. Please refer to the CBHSD screening tools in Appendix B.

Those identified as mild to moderate are accommodated within a county clinic or are referred to SCFHP for placement within the health plans' network for services. SCFHP Behavioral Health Department's Social Workers assists with care coordination to meet the needs of all beneficiaries that are referred, including: shared care plans, integrating care plan goals, assistance with transportation to medical appointments, coordinating medical care with primary and specialty care and behavioral health care to identify unmet needs, ensuring follow up care is received, etc. The health plan receives SMI referrals from CBHSD and SCFHP staff. Services are initiated within 15 days once a referral is received.

Long Term Support and Services (LTSS)

A subset of the CMC population are beneficiaries living with multiple chronic conditions and limited functional capacity that makes it difficult for them to live independently without LTSS, SCFHP defines these members as the disabled population. These individuals require assistance with at least three activities of daily living, are in poor or fair health and may have cognitive impairments or behavioral health issues. These members frequently have needs related to transportations and financial insecurity. 74% of LTSS members reported needed transportation help in order to see their doctor or family members. 32% reported running out of money and 43% reported having trouble tracking money. They can either be living

in the community or a long-term care nursing facility, and a population at high risk for falls and isolation due to their impairments. Nearly 3,400 (29.37%) enrollees utilized LTSS in the measurement year. To meet the needs of SCFHP's members with disabilities the following LTSS programs are included for CMC beneficiaries:

- In Home Supportive Services (IHSS)
- Community-based Adult Services (CBAS)
- Multipurpose Senior Services Program (MSSP)

Of the subpopulations and amalgamations reviewed, the largest population was those who utilize LTSS services (regardless of whether or not they have SMI or utilized LTC). On the other side, 14% SCFHP CMC enrollees have SMI and also utilized LTC and LTSS in the measurement year. In this report subpopulations with less than 150-member count are excluded from further utilization assessment as there is not enough data to study the need in emergency room and inpatient utilization.

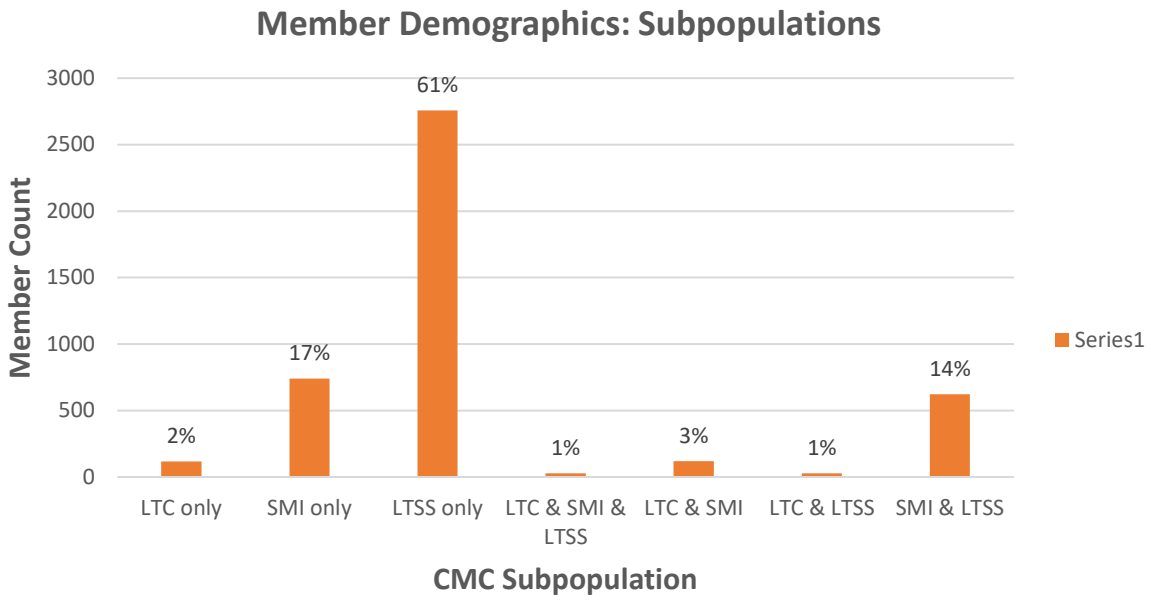


Chart 3.1. Member Demographics: Subpopulation

Utilization

The report below provides an overview of most common discharge diagnosis from emergency room (ER) visits and inpatient admissions for SCFHP CMC beneficiaries. The overall utilization for CMC enrollees in 2021 were 18% had an ER visit and 12% had an inpatient admission.

Inpatient Utilization

Reviewing the in-depth utilization below indicates that the most common diagnosis for inpatient hospitalization is sepsis among the LTC, LTSS and SMI subpopulations. Hypertensive heart and chronic kidney disorder and acute respiratory disease are the second and third most common discharge diagnosis among CMC enrollees with SMI and/or member utilizing LTSS.

LTC Top 5 Primary Diagnosis (Dx1)

Diagnosis Code	Description	Total
A419	Sepsis, unspecified organism	40
A4189	Other specified sepsis	12
U07.1	COVID-19	9
I110	Hypertensive heart disease with heart failure	7
N179	Acute kidney failure, unspecified	6

LTSS Top 5 Primary Diagnosis (Dx1)

Diagnosis Code	Description	Total
A419	Sepsis, unspecified organism	111
I130	Hypertensive heart and chronic kidney disease without heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	43
U07.1	COVID-19	38
I110	Hypertensive heart disease with heart failure	30
N179	Acute kidney failure, unspecified	22

SMI Top 5 Primary Diagnosis (Dx1)

Diagnosis Code	Description	Total
A419	Sepsis, unspecified organism	121
I130	Hypertensive heart and chronic kidney disease without heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	67
I110	Hypertensive heart disease with heart failure	59
U07.1	COVID-19	34
N179	Acute kidney failure, unspecified	31

Table 3.1.1. Most Common Discharge Diagnosis From Inpatient Admission

Diagnosis Code	Description	Total
A419	Sepsis, unspecified organism	208
U07.1	COVID-19	78
I130	Hypertensive heart and chronic kidney disease without heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease	67
I110	Hypertensive heart disease with heart failure	60
A4189	Other specified sepsis	45

Emergency Room Utilization

The most common discharge diagnosis from ER visits among LTC, SMI and LTSS subpopulations are chest pain, dizziness, and urinary tract infection. Members utilizing LTSS have been to the ER more often than

the LTC and SMI subpopulations. The most ER visits among ethnicities were American Indian/Alaskan Native, Black or African Ancestry and White. The most ER visits among languages were American Sign Language with 1,143 visits.

LTC Top 5 Primary Diagnosis (Dx1)

Diagnosis Code	Description	Total
R42	Dizziness & giddiness	9
R0789	Other chest pain	9
R51.9	Headache, unspecified	8
K9423	Gastrostomy malfunction	7
R079	Chest pain, unspecified	6

LTSS Top 5 Primary Diagnosis (Dx1)

Diagnosis Code	Description	Total
N390	Urinary tract infection, site not specified	46
R42	Dizziness & giddiness	39
R079	Chest pain, unspecified	37
F4325	Adjustment disorder with mixed disturbance of emotions and conduct	27
R55	Syncope and collapse	26

SMI Top 5 Primary Diagnosis (Dx1)

Diagnosis Code	Description	Total
R079	Chest pain, unspecified	45
F4325	Adjustment disorder with mixed disturbance of emotions and conduct	41
R0789	Other chest Pain	34
N390	Urinary tract infection, site not specified	30
F29	Unspecified psychosis not due to a substance or known physiological condition	28

Table 3.1.2. Most Common Discharge Diagnosis From ER Visit

Diagnosis Code	Description	Total
R079	Chest Pain, unspecified	100
R42	Dizziness & giddiness	96
N390	Urinary tract infection, site not specified	95
R0789	Other Chest Pain	89
R51.9	Headache, unspecified	84

Utilization by Ethnicity

Ethnicity	Emergency Room	Inpatient Hospital	Mental Health	Professional
American Indian/Alaskan native	794	1,405	305	30,504
Asian Indian	225	790	289	16,018
Black or African Ancestry	750	1,656	816	20,792

Chinese	145	729	176	14,742
Filipino	281	1,303	136	20,632
Hispanic or Latino	530	1,596	351	20,117
Other	530	1,113	761	17,736
Other Asian/Pacific Islander	322	1,140	482	14,815
Unknown	376	1,352	405	16,457
Vietnamese	165	575	162	13,705
White	630	2,312	1,438	23,137
Total	**397**	**1,294**	**489**	**18,006**

Utilization by Language Groupings

Language	Emergency Room	Inpatient Hospital	Mental Health	Professional
Arabic	339	4,154	658	23,541
Cambodian	165	457	419	10,295
Chinese	126	688	115	14,395
English	604	1,735	960	20,590
Farsi	439	1,474	182	23,556
Ilocano	237	600	257	11,489
Korean	233	860	621	12,923
Other Non-English	273	863	425	15,236
Russian	226	1,776	396	22,948
Sign American	1,143	1,571	111	23,820
Spanish	409	1,330	151	18,368
Tagalog	339	1,479	21	20,734
Unknown	212	1,092	958	12,396
Vietnamese	156	683	111	14,317
Total	**397**	**1,293**	**489**	**18,037**

4. Conclusion

The goal of this report is to identify the needs of SCFHP's CMC population and identify gaps. Key indicators were identified and analyzed focusing on subpopulations LTC, SMI and LTSS. Based on the assessment of the data, the following conclusions can be made:

- The lack of knowledge about health care services and coverage is most likely due to language barriers and access to care. The SCAN ('15-'17) data indicates that 22% of SCFHP CMC enrollees have higher rates around misunderstanding health care services and coverage than CMC enrollees throughout California (19%). 16% CMC enrollees faced language as barrier while receiving care despite the availability of free interpreter services for CMC enrollees.[8] This suggests that future interventions should focus around language and health literacy. There is also a need for interventions with provider offices to improve their quality of service about offering interpreter service to CMC members.
- A large proportion of the CMC population speak Spanish (19.08%), Vietnamese (16.18%) and Chinese (13%). To improve awareness of interpretation service is very important.
- Education, employment and income correlate strongly with an individual's health status. Interventions to improve these indicators intend to improve the overall health of our members.
- The Health Risk Assessment data (HRA) show that all subpopulations (LTSS, LTC and SMI) report issues arranging transportation to see their provider, family and/or friends. All sub-populations would benefit from additional knowledge about community resources for social support.
- Based on HRA responses, CMC enrollees, in general, have a high rate of reporting that they never feel lonely. However, members utilizing LTSS reported that they felt lonely more than 15 days a month (10.3%) to most days (9.3%). In addition, 28.3% of LTSS members report that they live alone. There is a link between members who report feeling lonely and living alone. The data suggests that resources should be provided to this population to promote social connectedness/reduce loneliness.
- The LTSS subpopulation visit the ER most frequently and/or had an inpatient admission in with in past calendar year, compared to LTC subpopulation, however SCFHP had a small population of CMC enrollees who have utilized LTC. There is a need for interventions to identify the contributing factors for ER and inpatients visits for the LTSS subpopulation.
- Members in LTC are most likely to be hospitalized for sepsis, but the primary reason for an emergency room visit for these members is actually a diagnosis of "Schizoaffective disorder, bipolar type". Therefore, ED visits among SMI and LTC members are more often due to Schizoaffective disorder. There is a need for further exploration to assess the behavior of SMI subpopulation that may lead to infectious disease and eventually to sepsis.
- The SMI population is more likely to go to the ER for sepsis. The SMI population also has a high frequency of having a hypertensive heart and chronic kidney disease with heart failure at the time of discharge from the hospital. The data shows that there is an opportunity for intervention to improve the follow-up care for SMI members who go to the ER for chest pain so they do not get readmitted later due to worsening of their condition.

The data analyzed in this report provides key information about the CMC population's health care experience and barriers that may exist to obtaining care and maintaining optimal health. It also provides

insight into social determinants of health and the role they plan in shaping an individual's health care experience and outcomes.

Using this evidence, SCFHP will explore new ways to strengthen existing interventions and identify new strategies, activities and resources to address beneficiaries' needs.

Appendix

Appendix A – Subpopulation Definitions

Long Term Care (LTC)

Individuals with a MLTSS Risk Category similar to “Institute” were classified as LTC

Severe Mental Illness (SMI)

For this population, SCFHP utilized the SMI definition employed by the Health Homes Program (HHP).

Long Term Support & Services (LTSS)

Individuals with a MLTSS Risk Category of “CBAS and MSSP” or “IHSS” were classified as LTSS

Appendix B –Santa Clara County BHSD Screening Tool

Santa Clara County BHSD Screening Tool

Beneficiary Name_____ Gender Identity ☐ Male ☐ Female ☐ Other_____ Date of Birth____/____/____

Insurance Type_____ Medi-Cal Plan Name_____Provider Network_____

Preferred Language_____ Identified Culture_____

Address_____ City_____Zipcode_____ Phone(___)_____-_____

Conservator/Caregiver/other consented contact_____ Phone(___)_____-_____

Primary Care Physician_____ _____Location_____ VMC PCP (Y/N)_____

Probation/Parole (Y/N)____AB109 (Y/N)_____ Preferred Clinic_____

Crisis Screening conducted (Y/N)_____ Mandated report required (Y/N)_____ if Y, date filed_____/_____/_____

Referral Criteria		
List A	List B	List C
1 ☐ MH sx, impairments and stressors	1 ☐ 2 Psychiatric Hospitalizations in 12 months	☐ 3+ psychiatric hospitalizations in 12 months
2 ☐ Comorbid Physical and MH condition	2 ☐ 2 EPS visits in 12 months	
3 ☐ Situationally driven life stressors *	3 ☐ Functionally significant Psychosis (specify below)	
4 ☐ Hx of Trauma/PTSD impacting functioning	4 ☐ Recent and/or ongoing SI/HI, or self harm bx	☐ 3+ EPS contacts in 12 months
5 ☐ Isolation or lack of social/family support	5 ☐ Eating disorder with related medical issues	
6 ☐ Hx of SI/HI or attempts	6 ☐ Requires Assistance with ADLs due to MH symptoms	
7 ☐ Behavior problems, i.e. aggressive bx	7 ☐ Receiving services from San Andreas Regional Center	
8 ☐ Behavior incongruent with age (18-21)	8 ☐ Used illicit and/or prescrip. drugs/ETOH (last 30 days**)	
9 ☐ 3+ ED visits due to MH concerns	9 ☐ Personality Disorder w/significant fx impairment	
10 ☐ 1 acute psych hospitalization in 12 mo		
	Note: If #8 in list B selected, conduct SUTS screening (ASAM)	

Referral Algorithm		
Criteria	Disposition	Call
4 or less in List A, and None in List B	(Age 18-59) Refer to Mild to Moderate or FFS provider (Age 60+) Refer to Specialty MH OA program	BHS Call Center 1-800-704-0900
5 or more in List A, (4 or more for 18-21) or 1 or more in List B	Refer to Specialty MH services	BHS Call Center 1-800-704-0900
1 from List C	Refer to FSP	BHS Call Center 1-800-704-0900

Referral Disposition_____

Symptom description/details_____

_____

_____

Brief summary of relevant history_____

_____

_____

Screener Signature_____

Screener Name_____ Screener title_____ Date_____/_____/_____

* Examples of stressors include, but are not limited to, homelessness, recent death in family, job loss, divorce, etc.

** This does not include drugs for medical use, or to treat a medical condition

Revised Jan 6, 2017

Appendix C – Data Sources

Health Risk Assessment (HRA)

This assessment is a self-reported questionnaire that is provided to low-risk CMC members within the first 90 calendar days, or 45 calendar days for high-risk members, of enrollment into SCFHP. It includes questions about the beneficiary's demographics, current health status, change in health status, and hospitalizations. It can also be used to identify SDOH, such as safety at home, family and community involvement (or lack thereof), and nutritional risk, among others. Some questions related to general information (name, birthdate, demographics etc.) and contact information have been removed from this survey for the purpose of this appendix, but a full-length version is available upon request from the SCFHP team.

Questions:

1. Marital Status (Single; Married; Divorced; Widowed; Separated)
2. Race/Ethnicity (African American; Asian; Caucasian; Hispanic; Native American or Alaska Native; Native Hawaiian or Pacific Islander; Other; Unknown)
3. Your preferred language – Speak (English; Spanish; Tagalog; Chinese; Russian; Vietnamese; Other)
4. Your preferred language – Read (English; Spanish; Tagalog; Chinese; Russian; Vietnamese; Other)
5. Do you want to choose someone to be your authorized representative with Santa Clara Family Health Plan?
6. How would you describe your general health? (Excellent; Very Good; Good; Fair; Poor)
7. Do you have or have you been treated for any of these conditions in the past 12 months (please check all that apply)? (Arthritis; Depression; Liver Disease; Asthma; Diabetes; Memory Problems; Cancer; Developmental Disability; Organ Transplant; Chronic Pain; Hearing Problem; Schizophrenia/Bi-polar; COPD; Infectious Disease; Seizures; Congestive Heart Failure; Kidney Disease; Stroke; Coronary Artery Disease; Limited Vision; Other)
8. How many different medications are you taking? (0; 1-5; 6-10; 11+)
9. In the last 6 months, did anyone from a doctor's office, pharmacy or your prescription drug plan contact you to make sure you filled or refilled a prescription? (Yes; No)
10. During the past four weeks, how much did pain interfere with your normal activities? (Not at all; A little bit; Moderately; Quite a bit; Extremely)
11. Are you currently receiving treatment for pain? (Yes; No)
12. Do you smoke or use tobacco? (Yes; No)
13. Would you like help quitting (Yes; No)
14. Do you feel you drink too much alcohol? (Yes; No)
15. Are you using any drugs or taking prescription medications in a way that's not prescribed? (Yes; No)
16. Do you need help taking your medicines? (Yes; No)
17. Do you need help filling out health forms? (Yes; No)
18. Do you need help answering questions during a doctor's visit? (Yes; No)
19. Are you using any of these supplies or equipment right now (please check all that apply)? (Walker; Wheelchair; Prosthetics; Portable toilet; Hospital bed/Hoyer lift; Tube feeding supplies; diabetes supplies; incontinence supplies; ostomy supplies;

nebulizer; suction supplies; wound care supplies; c-pap or bi-pap; ventilator; oxygen; blood pressure monitor; eyeglasses/contacts; hearing aids; other; none)

20. Do you need help with getting any supplies or equipment at this time?
21. Do you need help with any of these actions (check for each item)? (taking a bath or shower; eating; getting dressed; using the toilet; brushing teeth, brushing hair, shaving; walking; getting out of bed or a chair; going up stairs; making meals or cooking; doing house or yard work; washing dishes or clothes; shopping and getting food; getting a ride to the doctor or to see your friends; writing checks or keeping track of money; using the phone; keeping track of appointments; going out to visit family or friends; other)
22. Are you getting all the help you need with these actions? (Yes; No)
23. Can you live safely and move easily around in your home? (Yes; No)
24. If no, does the place where you live have (good lighting; good heating; good cooling; rails for any stairs or ramps; hot water; indoor toilet; a door to the outside that locks; stairs to get into your home or stairs inside your home; elevator; space to use a wheelchair; clear ways to exit your home)
25. Have you fallen in the last month? (Yes; No)
26. Are you afraid of falling? (Yes; No)
27. What type of residence do you live in? (Own your own residence; rented room; homeless; rent your residence; board and care; nursing facility; family member's residence; assisted living facility; other)
28. Who do you live with? (alone; spouse or significant other; family member; friend; other)
29. Are you getting any of these resources in your community? (transportation services; case manager; CBAS/adult day health center; county alcohol or drug outpatient program; county mental health case management services; food assistance programs; wellness organizations; help paying utility bills/rent; hospice/palliative care program; in-home supportive services; San Andreas Regional Center; Social Security; Veterans Affairs; other community resources)
30. Are you interested in getting information about resources in your community? (Yes; No)
31. Do you have family members or others willing and able to help you when you need it? (Yes; No)
32. Do you ever think your caregiver has a hard time giving you all the help you need? (Yes; No)
33. Do you sometimes run out of money to pay for food, rent, bills, or medicine? (Yes; No)
34. Over the past month (30 days), how many times have you felt lonely? (None – I never feel lonely; less than 5 days; more than half the days; most days – I always feel lonely)
35. Over the past month (30 days) how often have you felt tense, anxious or depressed? (Almost every day; sometimes; rarely; never)
36. Have you had any changes in thinking, remembering or making decisions? (Yes; No)
37. Are you afraid of anyone or is anyone hurting you? (Yes; No)
38. Is anyone using your money without your ok? (Yes; No)
39. Given all that was covered here, what would you say are your main concerns right now?

40. Would you like to create a care plan with goals that may help you address these concerns? (Yes; No)
41. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

- A program started by the Agency for Healthcare Research and Quality (AHRQ) whose purpose is to understand the patient experience with health care
- CAHPS surveys are designed to assess patient experience in a specific health care setting

Health Outcomes Survey (HOS)

- The Medicare Health Outcomes Survey (HOS) is the first patient-reported outcomes measure used in Medicare managed care.
- The goal is to gather data that can be used in quality improvement activities, pay for performance, program oversight, public reporting, and to improve health
- All managed care organizations with Medicare contracts must participate

Signify Health – In Home Assessment (IHA)

- Signify Health is a vendor hired to visit members at home and administer an initial health assessment
- Questions are shown below. Some questions are not listed below for length but the full questionnaire can be requested from SCFHP.
    1. Does the individual take any prescription medications? (Yes; No)
    2. In the past 6 months, has medication cost inhibited medication use? (Yes; No)
    3. Does individual understand the reason(s) for each medication they are taking? (Yes; No)
    4. In the past 6 months, has access to a pharmacy inhibited medication use? (Yes; No)
    5. Oxygen available or in use? (Yes; No)
    6. Are any of the following used regularly? (Multivitamin; calcium supplements; fish oil; antacid/PPI; ibuprofen; naproxen; aspirin, chronic use; aspirin, intermittent use; acetaminophen; antihistamine)
    7. Reason(s) for OTC or supplement use? (Pain; preventive; osteoarthritis; GERD; Other)
    8. Over the past 6 months, indicate the number of the following types of hospital visits: current ER or urgent care (from plan); ER or urgent care (update from individual); last hospitalization primary diagnosis; current hospitalizations (from plan); hospitalizations (update from individual)
    9. Compared to other people your age, how would you describe your health? (excellent; very good; good; fair; poor; refused; don't know/not sure)
    10. Compared to 1 year ago, how would you rate your physical health in general now? (Much better; slightly better; about the same; slightly worse; much worse)
    11. Compared to 1 year ago, how would you rate your emotional health (such as feeling anxious, depressed, or irritable) in general now? (Much better; slightly better; about the same; slightly worse; much worse)
    12. In the past 4 weeks, have you had too little energy to do the things you want to do? (Yes; No)

13. During the past 30 days, how many days did poor physical or mental health keep you from your usual activities, self-care, or recreation? (0-5; 6-10; 11-15; 16-20; 21-25; 26-30)
14. What is your current living situation? (Home, apt, condo; assisted living facility; senior/low income housing; long-term care facility; other)
15. Currently living alone? (Yes; No)
16. Are you a caregiver for someone else? (Yes; No)
17. Who else lives with you? (Spouse/domestic partner; child/children; long-term care setting; other family/friend; other)
18. Help needed to go out of the house? (Yes; No)
19. Because of financial concerns, does individual have to make choices between food, medication, heat, or other necessities? (Yes; No)
    a. Specify choices due to financial concerns (food; medications; electric/gas service; telephone; transportation; other)
20. Does individual have any special needs? (Yes; No)
21. Home safety could be improved to better support ADLs? (Yes; No)
22. Do you feel unsafe in your home? (Yes; No)
23. Does individual use Durable Medical Equipment (DME) on a regular basis? (Yes; No)
24. Is your caregiver providing adequate support for your needs? (Yes; No; N/A)
25. Difficulties with activities of daily living? (Yes; No)
26. Difficulties with instrumental activities of daily living? (Yes; No)
27. In the past 12 months, did you talk with a doctor or other health care provider about your level of exercise or physical activity? (Yes; No)
28. In the past 12 months, did a doctor or other health care provider advise you to start, increase or maintain your level of exercise or physical activity? (Yes; No)
29. Do you regularly experience any of the following (stress; loneliness/social isolation; anger; anxiety, of such intensity, that it interferes with daily activities; current or recent hallucinations)

Reference

1. Mosier, Susan, and Paula F Clayton. *Economic Instability A Social Determinant of Health*. Mar. 2015, www.kdheks.gov/brfss/PDF/2013_Kansas_Economic_Instability_Report.pdf.

2. Taylor, Lauren. (2018, June 7). Housing and Health: An Overview of the Literature. https://www.healthaffairs.org/do/10.1377/hpb20180313.396577/full/

3. Janki Shankar, et el. "Education as a Social Determinant of Health: Issues Facing Indigenous and Visible Minority Students in Postsecondary Education in Western Canada" 2013 Sep; 10(9): 3908–3929. Published online 2013 Aug 28. doi: 10.3390/ijerph10093908 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3799536/

4. "Social Determinants of Health." Social Determinants of Health | Healthy People 2030, 2021, https://health.gov/healthypeople/objectives-and-data/social-determinants-health.

5. Data and Records." *Particulate Matter Historical Data*, 2022, www.sparetheair.org/understanding-air-quality/data-and-records/pm-data.

6. Valleywater.org. (2021). *Water Quality Reports | Santa Clara Valley Water*. [online] Available at: https://www.valleywater.org/your-water/water-quality/water-quality-reports [Accessed 2 Mar. 2022].

7. Singh, Gopal K, et al. "Social Determinants of Health in the United States: Addressing Major Health Inequality Trends for the Nation, 1935-2016." *International Journal of MCH and AIDS*, Global Health and Education Projects, Inc., 2017, www.ncbi.nlm.nih.gov/pmc/articles/PMC5777389/.

8. "2017 Findings from the Cal MediConnect Rapid Polling Project." The SCAN Foundation, 2017, http://www.thescanfoundation.org/sites/default/files/2017_wave_5_summary_report_12_13_17_final_0.pdf

2021 POPULATION HEALTH MANAGEMENT (PHM) IMPACT ANALYSIS CAL MEDI-CONNECT (CMC)

Quality Improvement Committee
June 14, 2022

PHM 6 Population Health Management Impact Analysis Report

PHM 6: Population Health Management Impact Analysis

BACKGROUND/INTRODUCTION

Santa Clara Family Health Plan (SCFHP) is a public, not-for-profit managed care health plan committed to making high quality health care services accessible and affordable to residents most in need in Santa Clara County. Established in January 1997, SCFHP was created by the Santa Clara County Board of Supervisors whom elects a board of directors for residents and reflects the cultural and linguistic diversity of the community. In addition, SCFHP providers, employees, and Board of Governors live in the areas that the health plan serves.

In 2021, SCFHP provided health care coverage to over 10,431 seniors and persons with disabilities through the Cal MediConnect (CMC) program. The CMC program manages the Medicare and Medi-Cal benefits for these members. Members choose from a network of 541 Primary Care doctors, 3,091 Specialists, 9 hospitals, 30 community health centers, 239 ancillary providers and 174 pharmacies throughout Santa Clara County. Through active partnerships with healthcare providers and community partnerships, SCFHP achieved a seal of National Committee for Quality Assurance (NCQA) accreditation in 2018 and demonstrates that the managed care model can achieve the highest standard of care and successfully meets the individual needs of health plan members through the Population Health Management (PHM) Program as outlined in the Population Health Management Strategy.

PURPOSE

Annually, SCFHP measures the effectiveness of the PHM Strategy to ensure that we are providing valuable and meaningful services to our members. This is done through the measurement of effectiveness of program services and activities to meet benchmark goals developed around specific areas of focus and targeted populations. The annual PHM Impact Analysis analyzes the impact of achieving quality outcomes for members through care management services and outlines new strategies to implement when opportunities for improvement are identified. This is performed through interpretation and quantitative comparison of results with established benchmarks set for relevant clinical, cost/utilization, and member experience measures:

- Clinical measures evaluate the comparison of incidence or prevalence rates for desirable or undesirable health outcomes or the clinical performance based on practice guidelines and clinical specifications for 4 focus areas designated by the PHM Strategy.
- Cost/utilization measures evaluate cost, resource use by occurrence or outcomes that demonstrate a desirable increase or decrease in utilization.
- Experience measures member feedback sourced from member satisfaction surveys and member complaints flagged by Grievance and Appeals specific to Complex Case Management (CCM).

This annual PHM Impact Analysis is reviewed at the Quality Improvement Committee (QIC) meeting, chaired by the Chief Medical Officer (CMO) and drives the PHM Strategy for the following year. The PHM Impact Analysis includes a quantitative and qualitative analysis of Case Management programs performed by the Population Health Management (PHM) Workgroup which includes the Manager of Case Management, Director of Case Management & Behavioral Health,

Director of Quality & Process Improvement, Director of Long Term Services and Supports, and NCQA Project Manager.

PHM Focus Areas & Target Populations

The focus areas and target populations of the PHM program focuses on a whole-person approach to identify members at risk and to provide strategies, programs, and services to mitigate or reduce that risk. We also aim to maintain or improve the physical and psychosocial well-being of individuals and address health disparities through cost-effective and tailored solutions. SCFHP promotes a program that is both sustainable, person and family-centered, and enables CMC members to attain their personal health goals. We do so by providing timely access to appropriate, coordinated health care services and community resources, including home and community-based services and behavioral health services. SCFHP's plan of action for each of the Focus Areas include measurable goals for specific targeted member populations.

Focus Areas:

1) Keeping Members Healthy
2) Managing Members with Emerging Risk
3) Managing Multiple Chronic Illnesses
4) Patient Safety or Outcomes Across Settings
5) Member Experience with PHM Programs

Focus Area 1: Keeping Members Healthy

Focus Area Goal: Increase the number of newly enrolled CMC members with no claims or utilization data to have an annual wellness visit within 365 days of their enrollment by 5 percentage points compared to the prior year results.

Goal Relevance Statement: Based on analysis of Information Technology (IT) Risk Stratification data, utilization information on many of our newly enrolled CMC members was minimal. Annual Wellness Visits (AWV) are critical to maintaining the health of all CMC members.

Population Targeted: All CMC members not residing in a skilled nursing facility (SNF).

Programs & Services: Basic Case Management, Transitions of Care (TOC), Provider Engagement.

Utilization Measure Methodology: This study compares the rate of in office Annual Wellness Visits of newly enrolled Cal MediConnect members in CY 2021 to the rates of in office Annual Wellness Visits for newly enrolled members in CY 2020. The analysis is based on the paid claims for office-based primary care visits billed services codes G0438 & G0439 of all CMC members from January 2021 – December 2021.

Quantitative Analysis:

The Annual Wellness Visit (AWV) Graph shows in 2020, 143 out of 2,282 of the newly enrolled members had one or more Annual Wellness Visit encounters for a total of 6.27% of the newly enrolled population. In 2021, 174 of the 1,502 newly enrolled members who had one or more

Annual Wellness Visit encounters for a total of 11.58%. This is an increase of AWV by 5.31% from the previous year.

For members who are not connected to a primary care provider, an in-home Initial Health Assessment (IHA) is completed by an external vendor if agreed upon by the member. In 2020, 29.62%, or 676 of the 2,282, newly enrolled members received an IHA compared to 86.75%, or 1,303 of the 1,502, newly enrolled members in 2021.This is an increase of IHA by 57.13%.

This Focus Area goal was met as we identified a significant increase in members who received an AWV and IHA. This may be largely due to members regaining access to their providers as the pandemic restrictions eased. Also, the drastic increase in in-home assessments may be related to members feeling more comfortable to inviting healthcare providers into their home again.

Care Coordination staff will continue to educate the members on the importance of seeing their PCP for an Annual Wellness Visit. In order to increase engagement and collaboration with the members, the PHM Workgroup will develop and implement new ways to ensure regular follow up with the member occurs throughout the year by the Care Coordination staff and continue our ongoing collaboration with PCPs.

PHM Work Group Qualitative Analysis & Opportunities for Improvement

Priority	Barrier	Opportunity	Action	Status
1	Inability to do in-person visits with limited Primary Care Provider (PCP) availability due to COVID-19 related fears	Increase member education and engagement and provide assistance to members who need assistance to access their PCP	Continue to remind members the importance of seeing PCP for AWV during initial and annual Health Risk Assessment (HRA) outreach and Individual Care Plan (ICP) development	Ongoing
2	Members may not be aware that telehealth visits are available or be able to access telehealth visits	Educate members on the availability of telehealth visits and how to access	Continue to educate members of the availability of telehealth visits through during initial and annual Health Risk Assessment (HRA) outreach and Individual Care Plan (ICP) development Assist members to make telehealth visits with PCP if needed	Ongoing Ongoing

Recommendation: We will continue to review this measure and develop and implement strategies and tactics to increase the AWV percentage for the next measurement year.

Focus Area 2: Managing Members with Emerging Risk

Focus Area Goal: Increase glycated hemoglobin (HbA1c) control rate by 2 percentage points compared to baseline

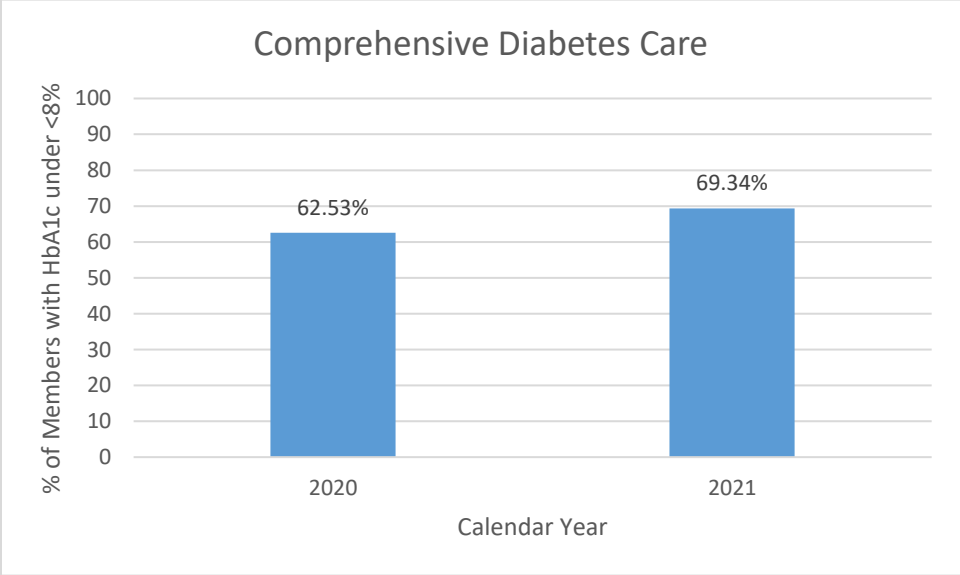
Goal Relevance Statement: Within SCFHP CMC line of business, there are 2,152 of members that meet the HEDIS definition of diabetes. Uncontrolled diabetes can lead to cardiac disease and progressive decline in health. Programs and services are aligned with HEDIS efforts decrease HbA1c and improve diabetic health outcomes for members.

Population Targeted: All members with a controlled chronic condition of diabetes with an HbA1c over 8%

Programs & Services: Basic Case Management, Complex Case Management, Health Education, Provider Engagement, Behavioral Health (SMI), Gaps in Care

Control Rate – Methodology: Data is gathered through claim/encounter data and pharmacy data. SCFHP uses both methods to identify the eligible population. Claims data includes members who are is identified through either method are included the sample. Members who have at least one acute inpatient encounter or at least 2 outpatient on different dates of services due to diabetes diagnosis. Pharmacy data includes members who were dispensed insulin or hypoglycemic / antihyperglycemics on an ambulatory basis during the measurement year. CPT codes are isolated to identify members most recent HbA1c level is <8.0% out of those that are not <8.0% or is missing a result, or if an HbA1c test was not done during the measurement year. Medical records are reviewed, documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result.

Quantitative Analysis:



The Comprehensive Diabetes Care graph illustrates the percentage of members whose HbA1c was less than 8%. In 2020, the Comprehensive Diabetes Care Control Rate was 62.53%, or 257 of the

411 diabetic members whose HbA1c was lower than 8%. In 2021, this percentage increased to 69.34%, or 285 of the 411 members. This outcome meets the goal of a 2 percentage point increase.

PHM Work Group Qualitative Analysis & Opportunities for Improvement:

Priority	Barrier	Opportunity	Action	Status
1	Members have difficulty maintaining blood glucose levels	Enroll members in the appropriate Diabetes Management program	Continue to collaborate within Health Services to optimize the Diabetes Management programs spread over Quality, Case Management, and Pharmacy teams.	Ongoing

Recommendation: We will continue to review this measure and develop and implement strategies and tactics to increase the CDC percentage for the next measurement year.

Focus Area 3: Managing Multiple Chronic Illnesses

Focus Area Goal: Reduce the number of members with multiple unmanaged chronic conditions who also have had 3 or more avoidable Emergency Department (ED) visits in the past year, by 10 percentage points.

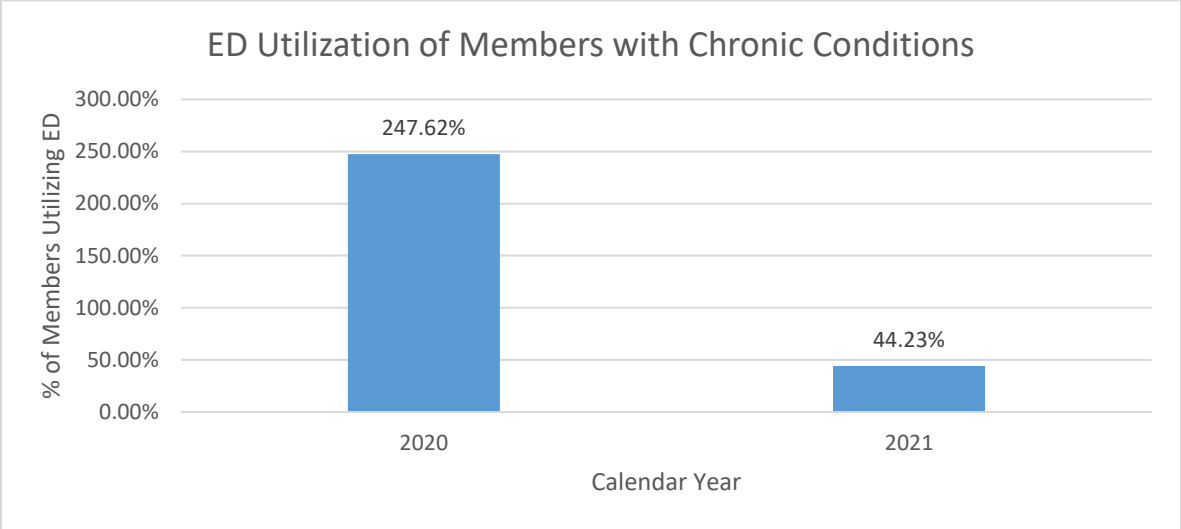
Goal Relevance Statement: Unmanaged multiple chronic conditions often results in avoidable ER utilization.

Population Targeted: Members who had one or more unmanaged chronic condition(s) that resulted in 3 or more ED visits in 2021 at a safety net hospital within Santa Clara County.

Programs and Services: Complex Case Management, Medication Therapy Management, 24 Hour Nurse Advice Line

Utilization Measure – Methodology: This study compares the amount of ED utilization in 12 months compared to the same targeted population in the measurement year.

Quantitative Analysis:



This graph illustrates a large decrease in ED utilization by members with chronic conditions. In 2020, 42 of the members who had chronic conditions had 104 ED utilization, equating to 247.62%. This drastically decreased in 2021 where 46 members had 104 ED utilization, equating to 44.23%. This outcome meets the goal of a 10 percentage point decrease.

PHM Work Group Qualitative Analysis & Opportunities for Improvement:

Priority	Barrier	Opportunity	Action	Status
1	Lack of ED follow up	Utilize available ED census data from safety net hospitals to target outreach and follow up	Develop and implement workflow for Care Coordination staff follow up post ED utilization	Complete by Q3 2021
			Provide education on available non-emergent services like the 24 Nurse Advise Line and contracted urgent care clinics	Ongoing

Recommendation: Over the last 3 years, we have noticed large fluctuations with the data findings related to this goal, leading us to re-evaluate the purpose and the logic of this data. After reviewing this data year over year, we will be shifting our focus to a different goal for the current year's strategy as want to focus on members with multiple chronic conditions and their perceived health condition. This effort will further promote the member-centric individual care plans that we develop with the member and their Interdisciplinary Care Team to empower the members to drive their own health and well-being. For this focus area, our new goal will to evaluate self-management of members with a chronic condition

Focus Area 4: Patient Safety or Outcomes across Settings

Goal: Decrease 30 Day Readmission rate for CMC members by 1 percentage point.

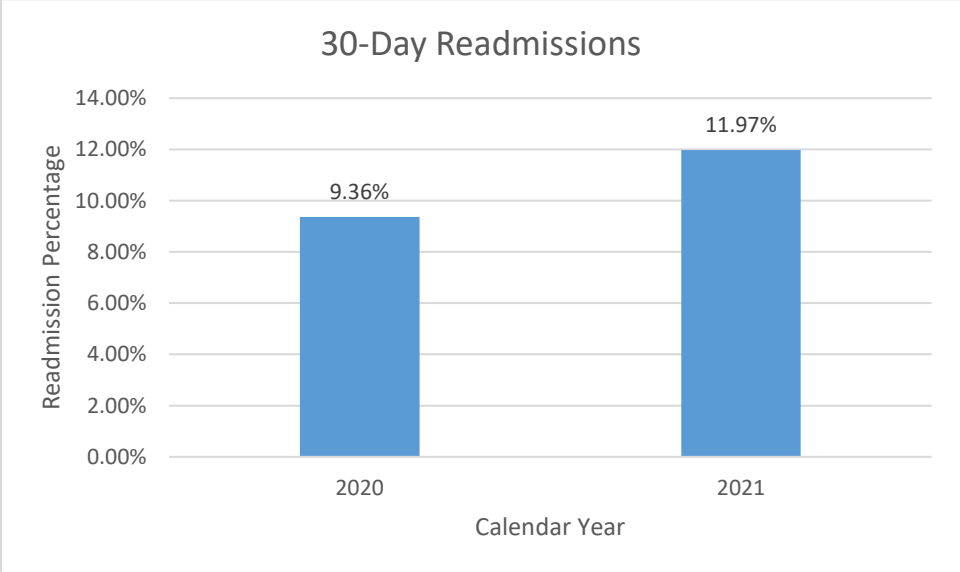
Goal Relevance Statement: Programs and services are aligned with HEDIS efforts to reduce all cause readmissions and improve health outcomes for members. Through targeted outreach as the member moves across the care continuum between different settings of acute care, long term care, behavioral health and home and community based settings, potential gaps will be identified and assistance will be provided to improve continuity of care.

Population Targeted: Members readmitted within 30 days of discharge

Programs & Services: Transitions of Care (TOC), Complex Case Management

Utilization Measure – Methodology: This study evaluates the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.

Quantitative Analysis



The 30-Day Readmission Graph illustrates in 2020 Plan All-Cause Readmissions (PCR) Observed Readmission Rate was 9.36% compared to 2021 which was 11.97% resulting in an increase of PCR. In 2020, there were 84 readmissions of the 897 hospitalizations compared to the 125 readmissions out of 1,044 in 2021. This outcome does not meet the goal of a 1 percentage decrease.

The increase in readmissions may be due to decrease PCP and specialist availability for follow up in combination with unsafe discharges due to the overcrowding in hospitals related to COVID-19.

The updated Transitions of Care program will be monitored closely for effectiveness. Priority will be put on Targeted Case Management programs along with automation opportunities and platform updates.

PHM Work Group Qualitative Analysis & Opportunities for Improvement

Priority	Barrier	Opportunity	Action	Status
1	Transitions of Care program was fragmented between business units	Reduce gaps as members move across the care continuum	Continue to monitor and optimize existing Transition of Care program for efficiency	Ongoing
2	Increase collaboration with PCP	Collaborate with PCP and appropriate specialist for disease management	Notify PCPs and specialists of discharges for appropriate and timely follow up	Ongoing

Recommendation: We will continue to review this measure and develop and implement strategies and tactics to decrease readmissions for the next measurement year.

Focus Area 5: Member Experience with CCM

Santa Clara Family Health Plan (SCFHP) monitors Cal MediConnect (CMC) members' experience with Complex Case Management (CCM) Program with the goal of reaching a 90% or better satisfaction rating. The purpose of measuring member satisfaction for CM specific programs is to ensure adequate satisfaction with the program and that the program objectives are achieved. Annually, SCFHP completes an analysis which incorporates member survey questions and complaints related to CMC Complex case management services. This analysis allows the organization to identify opportunities for improving the CM and CCM program services through action plans in order to provide the highest quality of case management services. Annual survey results contribute to the overall Population Health Management (PHM) program effectiveness evaluation.

Process

Santa Clara Family Health Plan measures CCM program effectiveness and overall member satisfaction with the Complex Case Management services through quarterly reporting and annual monitoring of complaints from members related to Complex Case Management services by performing regular CCM member satisfaction surveys. All members that were enrolled in CCM are provided the opportunity to complete the survey within 30 days of their transition to a lower level of CM services. Members that meet inclusionary criteria are outreached by phone at least twice and are offered assistance to complete the survey in their preferred language. Surveys are completed in the CM platform Essette. All survey responses are captured and reported by IT. Additionally the Grievance and Appeals department flags member complaints and reports them to CM leadership. Case Management leadership receives a report of survey outcomes and grievances and completes an annual analysis of all member experience data.

Satisfaction measures:

1. Information about the overall program.
2. The program staff.
3. Usefulness of the information disseminated.
4. Members' ability to adhere to recommendations.
5. Percentage of members indicating that the program helped them achieve health goals.

CCM Member Satisfaction Survey Inclusion Criteria:

All members who participated in CCM for 60 days or more who have transitioned to a lower level of case management. Members have the right to refuse to participate in all or parts of the survey.

Members who were able to be reached by phone and who were willing to complete the 16 question survey were pulled into the survey population. Results were generated from the survey population that met the inclusion criteria who participated in answering all 16 survey questions.

Methodology

Essette case management was configured to house the survey assessment. Case Management staff conduct 2 telephonic outreach calls and document the outcomes with in the survey assessment. The number of members who are reached to complete the survey is a subset of the number of members that the health plan attempted to reach. Survey responses are data entered the survey assessment in real time by Personal Care Coordinators (PCCs). Survey responses can be provided by member or formal/informal caregiver on record. Survey responses are scored based on the members answer to the questions. Answers are scored as follows Strongly Agree/Very Satisfied, Agree/Satisfied, Disagree/Somewhat Satisfied, and Strongly Disagree/Not at all Satisfied. Percentage for each response will be rounded up to report in whole numbers. Overall goal is to have members respond "agree or "strongly agree" for questions 1-15 and "satisfied" or "very satisfied" for question 16 for an overall satisfaction percentage rate of 95% or better. Members are also encouraged to leave feedback which is documented in the comments section. Survey responses are collected annually throughout the look back year starting January 1, 2021 through December 31, 2021. Survey responses were pulled into the CCM survey response report and analyzed.

Member Complaints

The process for measuring member CCM complaints is through the Grievance and Appeals department. Member filed grievances for CCM are flagged and reported directly to Case Management Leadership. CCM Leadership works directly with G &A to resolve the grievance. CCM grievances are measured and reported annually. To date there have been (0) grievances for CCM services. In CY 2021, there were 19 grievances for case management.

2021 CCM Satisfaction Survey	Disagree		Strongly Disagree		Agree		Strongly Agree		Goal Met
Total Survey Sample: 7 Members enrolled in CCM in CY 2021	#	%	#	%	#	%	#	%	**Measure Met Y/N**
The Program Staff									
My case manager treated me with respect.	0	0.00%	0	0.00%	2	28.6%	5	71.4%	**Y**
My case manager listened to what I had to say.	0	0.00%	0	0.00%	2	28.6%	5	71.4%	**Y**
My case manager returned my phone calls in a timely manner.	0	0.00%	0	0.00%	2	28.6%	5	71.4%	**Y**
Usefulness of Information									
My case manager helped me find services that I needed.	0	0.00%	0	0.00%	2	28.6%	5	71.4%	**Y**
My case manager involved me in discussing and planning my care.	0	0.00%	0	0.00%	3	42.9%	4	57.1%	**Y**
I better understand my disease or condition after being in the case management program.	0	0.00%	0	0.00%	2	33.3%	4	66.7%	**Y**
My case manager helped me better communicate with my providers.	0	0.00%	0	0.00%	1	14.3%	6	85.7%	**Y**
Ability to Adhere to Recommendations									
I am able to better manage my health and health care after being in the case management program.	0	0.00%	0	0.00%	2	28.6%	5	71.4%	**Y**
I know what to do if I need help.	0	0.00%	0	0.00%	2	28.6%	5	71.4%	**Y**
I know what to avoid when it comes to my health conditions.	0	0.00%	0	0.00%	3	42.9%	4	57.1%	**Y**
Members Indicating that the Program Helped Them Reach Their Health Goals									
I feel like I have achieved my CCM goals.	0	0.00%	0	0.00%	2	28.6%	5	71.4%	**Y**
My situation is better because of my case manager's help.	0	0.00%	0	0.00%	2	28.6%	5	71.4%	**Y**
I feel ready to transition to a lower level of case management.	0	0.00%	0	0.00%	2	33.3%	4	66.7%	**Y**

Overall Program									
My Care Plan was clear and easy to understand.	0	0.00%	0	0.00%	2	28.6%	5	71.4%	**Y**
My input was considered when developing my plan of care.	0	0.00%	0	0.00%	1	14.3%	6	85.7%	**Y**
Overall, how satisfied are you with the Case Management Services you received?	**Very Unsatisfied**		**Unsatisfied**		**Satisfied**		**Very Satisfied**		**Goal Met**
Total	0	0.00%	0	0.00%	6	85.9	1	14.30 %	Y

PHM Work Group Qualitative Analysis & Opportunities for Improvement

SCFHP met the 90% performance goal in focus areas

1. Information about the overall program (100%)
2. The Program staff (100%)
3. Usefulness of the information disseminated (100%)
4. Members ability to adhere to recommendations (100%)
5. Percentage of members indicating that the program helped them reach their health goals (100%)

The CCM program was effective in managing members with multiple unmanaged chronic conditions and impacting better health outcomes among those enrolled in the program for greater than 60 days. Enrollees and their caregivers have benefited from intensive care coordination support to address complex medical, psychosocial, and social determinants of health needs. Through the CCM program, the risk of adverse health outcomes for members decreased by linking members with doctors, pharmacy, specialty and DME providers in collaboration with the Interdisciplinary Care Team.

The Member Satisfaction surveys showed that 100% of members who engaged in the CCM program had better health outcomes due to actions directly related to linkage to covered benefits and community based services. Members agreed that overall the information provided by their CMs was useful, easy to understand and helped them reach their health goals.

Opportunities for improvement: Priority will be put on Targeted Case Management programs, such as this, along with automation opportunities and platform updates to increase member engagement with Care Coordination staff.

Recommendation: We will continue to review this measure and develop and implement strategies and tactics to increase member engagement and satisfaction with the assistance provided by Care Coordination staff.

Behavioral Health Member Satisfaction Survey Inclusion Criteria:

All members who participated in Behavioral Health (BH) Case Management and discharged from the program. Members have the right to refuse to participate in all or parts of the survey.

Members who were able to be reached by phone and who were willing to complete the survey were pulled into the survey population. Results were generated from the survey population that met the inclusion criteria who participated in answering the survey questions.

Methodology

Essette case management was configured to house the survey assessment. BH Case Management staff conduct 3 telephonic outreach calls and document the outcomes with in the survey assessment tool. The number of members who are reached to complete the survey is a subset of the number of members that the health plan attempted to reach. Survey responses are entered into the survey assessment in real time by BH Staff. Survey responses can be provided by the member or formal/informal caregiver on record. Survey responses are scored based on the members answer to the questions. Answers are scored on a scale of 1 to 10 or as Yes/No/Don't Know. 1 to 10 scale and Yes/No response questions were used as this is a familiar way to BH members and easy for them to understand. Counts and percentage for each response will be rounded up to report to the first decile point. Scores for questions with 1 to 10 rating are averaged. Members are also encouraged to leave feedback which is documented in the comments section. Survey responses are collected annually throughout the look back year starting January 1, 2021 through December 31, 2021. Survey responses were pulled into the BH satisfaction survey response report and analyzed.

NCQA 2021 Behavioral Health Member Survey		I Don't Know		No		Yes		Totals		Average Score	Performance Percentage	Goal Met
NCQA Area	Questions	#	%	#	%	#	%	#	%	-		Y/N
Overall Program Information	Overall, how satisfied are you with the Case Management Services you received?	-								9.13	91.36%	-
	Performance Percentage for Area	**-**								**9.13**	**91.36%**	**Y**
Program Staff	My case manager treated me with respect.	-								9.86	98.64%	-
	My case manager listened to what I had to say.	-								9.81	98.18%	**-**
	My case manager returned my phone calls in a timely manner.	-								9.68	96.82%	-
	Performance Percentage for Area	**-**								**9.78**	**97.88%**	**Y**
Usefulness of Information disseminated	Did you customize a care plan with behavioral health at SCFHP?	0	0%	6	27.27%	16	72.73%	22	100%	-	**-**	**-**
	My case manager involved me in discussing and planning my care.	-								9.75	97.50%	**-**
	My case manager helped me find the benefits and community resources that I needed.	-								8.68	86.82%	-
	My case manager helped me better communicate with my providers.	-								8.31	83.18%	-
	I found the information my CM provided to be useful.	-								9.13	91.36%	-
	Performance Percentage for Area									**8.97**	**89.72%**	**N**
Member's ability to adhere to recommendations	Did participating in BH help you to follow your treatment recommendations?	2	9%	3	14%	17	77%	22	100%	-	-	-
	I know what to avoid when it comes to my health conditions.	-								9.01	90.91%	-
	I know what to do if I need help.	-								8.77	87.73%	-
	Performance Percentage for Area	**-**								**8.93**	**89.32%**	**N**
Achieving member health goals	My situation is better because of my case manager's help.	3	13.64%	0	0%	19	86.36%	22	100%	-	86.36%	-
	I feel like I have achieved my health goals.	4	18.18%	4	18.18%	14	63.64%	22	100%	-	63.64%	-
	Performance Percentage for Area										**75%**	**N**

NCQA 2021 BH Member Experience Survey Results Analysis

The Santa Clara Family Health Plan (SCFHP) – Behavioral Health Program set a goal to achieve 90% member satisfaction in four of five NCQA areas. A member experience survey was administered to CMC members who participated in behavioral health program case management services. A random sample of 100 CMC members were identified for outreach. A total of 22 members responded to the survey. The five NCQA areas include information about the overall program, the program staff, usefulness of the information disseminated, member's ability to adhere to recommendations, and percentage of members indicating the program helped them reach their health goals. Respectively, the areas scored 91.36%, 97.88%, 89.72%, 89.32% and 75%.The overall satisfaction with behavioral health case management services received was 88.65%.

A focus group was conducted with SCFHP behavioral health (BH) case management staff to present the findings and identify barriers and areas of opportunity to improve member satisfaction in areas that scored below 80%. The group identified a variety of barriers to achieving member health goals and treatment adherence including member cognitive limitations, language barriers, health literacy, care giver support, coordination of transportation services, substance use, case management intensity, treatment confidentiality, and member's lived experience with other case management programs. Limited communication/collaboration with community partners and member engagement were identified as the primary barriers to achieving member health goals. The group highlighted that members may be participating in multiple case management programs that they may be unaware of. Lack of communication and coordination between SCFHP and these alternate programs may create confusion and a misalignment of health goals if members have active care plans with multiple organizations. Staff also stated concerns with unengaged members and advised that a follow up process should be implemented to outreach to these members.

These identified barriers present an opportunity to strengthen community partnership and collaboration. To improve member engagement and follow up, the behavioral health program seeks to implement a procedure to track unengaged members and conduct progressive outreach accordingly.

Opportunities for improvement:
Priority will be put on Targeted Case Management programs, such as this, along with automation opportunities and platform updates to increase member engagement amongst all Care Coordination staff.

Recommendation:
We will continue to review this measure and develop and implement strategies and tactics to increase member engagement and satisfaction with the assistance provided by Care Coordination staff.

Conclusion
Members and their caregivers have benefited from intensive support and assistance with care coordination, however, there is still need for improvement of expanding the criteria to enroll more members into Targeted Case Management programs.

The PHM Workgroup will continue to establish action plans and evaluate the accuracy of actual case management impacts on targeted groups within the greater HEDIS metrics and consider different reporting strategies. Additionally, staff will be provided additional training on case management best practices to provide standardize support to members.

CM programs continue to strive to keep members healthy through comprehensive annual wellness assessment and preventative screenings. Members who complete an Annual Wellness Visit (AWV) are more likely to receive important preventive care services like vaccines and cancer screenings than those who do not. In-office AWVs focus on members self-identified health status, psychosocial, socio-economical, past medical history, level of independence and other potential risk factors. SCFHP will continue to contract with a vendor to complete in-home Initial Health Assessments (IHA) performed by nurse practitioners in the member's home and are comparable to in office AWVs. Our success in meeting this measure is largely due to evaluation and transmission of valuable assessment information to providers as well as member education on the importance of preventative screenings.

Targeted Case Management Programs identify members at risk and aim to promote safety across with additional evaluation and follow up. The value of connecting members with their PCP for discharge follow up has been shown to decrease the likelihood for readmissions. CM support post discharge promotes greater linkage to follow up services and ongoing management support through regular outreach and follow up to assist the member meets their health care goals.

Upcoming Improvements
In addition to increased collaboration within business units, many automation opportunities have also been identified to explore with IT including updates to the existing care coordination platform. This, coupled with constant monitoring and optimizing of procedures and workflows to maximize efficiency, will simplify the work for Care Coordination staff so the focus will be on how to best assist the member reach their health care goals.

Population Health Management (PHM) Strategy 2022
Cal-MediConnect (CMC) and Medi-Cal (MC)

Table of Contents

I. Comprehensive Population Health Management Strategy Introduction

In accordance with the National Committee for Quality Assurance (NCQA) 2022 Standards and Guidelines for the Accreditation of Health Plans, Santa Clara Family Health Plan (SCFHP) has developed a basic framework to support a cohesive plan of action for addressing member needs across the continuum of care including the community setting, through participation, engagement, and targeted interventions for a defined population. The framework is designed to address the four focus areas of population health, as outlined by NCQA, while using Cal MediConnect (CMC) and/or Medi-Cal (MC) Department of Health Care Services (DHCS)/Department of Managed Health Care (DMHC) required methods via health risk assessment (HRA) and individualized care planning (ICP) through an Interdisciplinary Care Team (ICT) approach. At a minimum, annual evaluations of various elements of this PHM strategy will assess the Plan's performance against the Institute for Healthcare Improvement (IHI) Triple Aim dimensions to improve patient experience of care, improve the health of populations and reduce the per capita cost of healthcare.

The goal of the comprehensive PHM strategy is to improve health equity for SCFHP members and how their care is managed. This goal supports SCFHP's mission to improve the well-being of our members by addressing their health and social needs in a culturally competent manner, and partnering with providers and organizations in our shared commitment to the health of our community, with the ultimate vision of health for all. This work falls under SCFHP's 3-year strategic plan to deliver exceptional quality outcomes and health equity for all members, with the goal of becoming a leader in community health.

This work is carried out by several groups. SCFHP has a Population Health Management Work Group, which includes diverse representation from Case Management, Quality Improvement, Long Term Support Services (LTSS), Utilization Management (UM), Pharmacy, and Clinical Quality and Safety. The purpose of this workgroup is to develop action plans and monitor and control programs, services, and activities related to the PHM strategy for meeting the care needs of our diverse population.

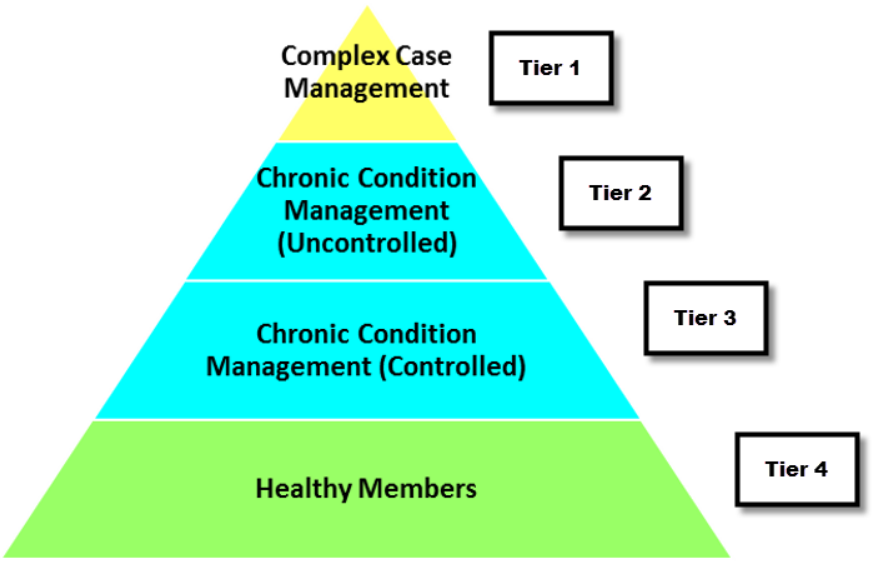
SCFHP also has a Member Health Equity Steering Committee. This committee consists of department representatives from Quality Improvement, Community Engagement, Customer Service, Grievance & Appeals, Case Management (CM), and Long Term Services and Supports (LTSS). At least one member of the PHM Work Group acts as a liaison to the Member Health Equity Council to keep both groups informed. The Member Health Equity Steering Committee collaborates closely with the Consumer Advisory Committee (for Medi-Cal LOB), Consumer Advisory Board (for CMC LOB), and the SCFHP Blanca Alvarado Community Resource Center Resident Advisory Group to develop, strengthen, and/or expand initiatives that promote health equity and reduce health disparities among members. The committee also serves as an advisory body to the executive team in support of the Strategic Plan and Plan Objectives.

SCFHP's Social Determinants of Health (SDOH) cross-functional team, led by LTSS, consists of department representatives from Case Management, Behavioral Health (BH), Quality Improvement (QI), Provider Network Operations (PNO), and Marketing and Communications. This group meets monthly to discuss SDOH related items and takes a deliberate approach to selecting data, intelligence, partnerships, and initiatives that enable SCFHP to provide impactful and sustainable SDOH programs and services. The main functions of this team are to establish social needs priorities for SCFHP informed by an SDOH data strategy, partner with internal and external stakeholders to identify & address social needs, track and

strategically engage in SDOH related community initiatives and partnerships and oversee Community Supports Network development and operations.

These groups work to improve members' health outcomes by analyzing data to understand risks (through stratification, segmentation, and tiering) to develop strategies and provide appropriate support services to our members. The member population is segmented into subset targeted populations based off assessment of population needs and there are specific programs and services to address the four focus areas. To accomplish this, SCFHP has developed a tier of programs and qualifying populations that would be eligible for each program. This tier stratification is applicable to both CMC and Medi-Cal.

Populations Targeted for PHM:



A. Tier 1: Complex Case Management (CCM) Eligibility Criteria

Members have 3+ hospitalizations in the past year and one other Tier 1 criteria *or* members meet three or more Tier 1 criteria:

- Age 75+ with 3 ADLs (as identified through Health Risk Assessment responses)
- >3 ED visits in the past year
- Hospitalized in the past 180 days (includes psychiatric admissions)
- Member has a diagnosis of Dementia (identified through claims data, and member self-disclosure)
- Member having acute or uncontrolled symptoms of severe mental illness (SMI) (identified through psychiatric admissions data)
- 3+ Chronic Conditions and at least one uncontrolled*

  **Uncontrolled is defined as 1 ED Visit or Inpatient stay within the past year, with a primary diagnosis of the member's chronic condition*
- Members who meet this criteria may be enrolled in either Enhanced Care Management (ECM) or CCM but not both

B. Tier 2: Chronic Condition Management Uncontrolled Eligibility Criteria

Newly enrolled members with no claims or utilization history ***or*** members that have at least one of the below criteria AND have at least one chronic condition that is uncontrolled:

- 75+ with 3 ADLs (as identified through HRA responses)
- >3 ED Visits in the Past Year
- Hospitalized in the Past 180 Days
- 3+ Hospitalizations in the Past Year
- 1+ Social Determinant of Health (as identified through HRA responses)

OR

- Member is enrolled in the Multipurpose Senior Services Program (MSSP) or Community Based Adult Centers (CBAS) or In Home Supportive Services (IHSS)
- Member has uncontrolled symptoms of severe mental illness (SMI) (identified through psychiatric admissions data)
- Member has been identified as homeless (through demographic data such as address, HMIS (once HMIS data is available) and/or diagnosis code)

C. Tier 3: Chronic Condition Controlled Eligibility criteria

Members that do not meet criteria for Tier 1 or 2 ***and*** have more than one controlled chronic conditions, and have greater than $3,000 claims costs per year after facility and pharmacy costs are removed, ***or***

- Member is in Long Term Care (LTC) with no discharge plan
- Member has been admitted to Hospice within the last 12 months
- Members with chronic conditions and SMI who are able to access primary and specialty services

D. Tier 4: Healthy Members Eligibility Criteria

All other members that do not meet criteria for Tiers 1-3 are eligible for Tier 4.

II. Population Health Program Focus Areas

SCFHP aims to maintain or improve the physical and psychosocial well-being of individuals and address health disparities through cost-effective and tailored solutions. The following four areas of this strategy focus on a whole-person approach to identify members at risk and to provide strategies, programs, and services to mitigate or reduce that risk:

1. Keeping members healthy
2. Managing members with emerging risk
3. Patient safety or outcomes across settings
4. Managing multiple chronic illnesses

III. PHM Programs and Services by Focus Area

SCFHP seeks to promote a program that is both sustainable, person-and family-centered, and enables beneficiaries to attain or maintain personal health goals. We do so by providing timely access to appropriate, coordinated health care services and community resources, including home- and community-based services and behavioral health services.

Table 1: Programs and Services by Focus Area

Programs & Services	LOB		NCQA Focus Area				Tier(s)
	CMC	MC	Keeping Members Healthy	Managing Members with Emerging Risk	Patient Safety or Outcomes Across Settings	Managing Multiple Chronic Illnesses	
Complex Case Management	X	X		X	X	X	1
Moderate Case Management	X	X	X	X	X	X	2
Basic Case Management	X	X	X	X	X		3, 4
Long Term Care	X	X	X	X	X	X	2 to 3
Transitions of Care	X	X	X	X	X	X	1 to 4
Behavioral Health Severe Mental Illness	X		X	X	X	X	1 to 4
Provider Engagement	X	X	X	X	X	X	1 to 4
Nurse Advice Line	X	X	X	X	X	X	1 to 4
Utilization Management & Concurrent Review	X	X	X	X	X	X	1 to 4
Health Education	X	X	X	X			1 to 4
Enhanced Care Management		X	X	X	X	X	1 to 4

Community Supports		X	X	X	X	X	1 to 2
Community Resources Integration	X	X	X	X	X	X	1 to 4
Medication Therapy Management (MTM)	X					X	1 to 4
Gaps in Care	X	X	X	X	X	X	1 to 4

IV. PHM Goals

SCFHP's plan of action for each of the focus areas include measurable goals for specific targeted Cal MediConnect (CMC) and Medi-Cal (MC) populations are as follows:

Keeping Members Healthy

Line of Business	Goal	Goal Justification	Population Targeted
CMC	Increase the number of newly enrolled CMC members with no claims or utilization data to have an Annual Wellness Visit (AWV), including the In-Home Assessment (IHA), within 365 days of their enrollment by 5 percentage points compared to the prior year results.	Based on analysis of IT risk stratification data, SCFHP discovered that we did not have utilization information on many of our newly enrolled CMC members. Annual Wellness visits are critical to maintaining the health of all CMC members.	All CMC members (not in LTC facility)
MC	100% of newly enrolled MC SPD members to have an Initial Health Assessment (IHA) annual wellness visit as a goal in their care plan.	Completing an IHA allows SCFHP to understand the needs of the member and develop a care plan with the PCP accordingly.	All new MC SPD members

Managing Members with Emerging Risk

Line of Business	Goal	Goal Justification	Population Targeted
CMC	Increase diabetic control rate by 2 percentage points compared to prior year results	In CY 2021, 20.63% of CMC members had diabetes. Uncontrolled diabetes can lead to cardiac disease and progressive decline in health.	All CMC members with a uncontrolled (<8%) chronic condition of diabetes with an HbA1c over 9%
MC	Increase diabetic control (< 8%) rate by 2 percentage points compared to prior year results	Uncontrolled diabetes can lead to cardiac disease and progressive decline in health. Programs and services are aligned with HEDIS efforts to decrease HbA1c and improve	All MC members with a uncontrolled (<8%) chronic condition of diabetes with an HbA1c over 9%

		diabetic health outcomes for members.	

Patient Safety or Outcomes Across Settings

Line of Business	Goal	Goal Justification	Population Targeted
CMC	Decrease 30 Day Readmission rate for CMC members by 1 percentage point compared to prior year results	The intent is to promote transitions of care for CMC members discharged from an acute or skilled nursing facility setting and improve continuity of care across acute care, long term care, behavioral health and home and community-based settings. Programs and services are aligned with HEDIS efforts to reduce all cause readmissions and improve health outcomes for members.	CMC members readmitted within 30 days of discharge
MC	Decrease 30 Day Readmission rate for MC members by 1 percentage point compared to prior year results	The intent is to promote transitions of care for MC members discharged from an acute or skilled nursing facility setting and improve continuity of care across acute care, long term care, behavioral health and home and community-based settings. Programs and services are aligned with HEDIS efforts to reduce all cause readmissions and improve health outcomes for members.	MC members readmitted within 30 days of discharge

Managing Multiple Chronic Illnesses

Line of Business	Goal	Goal Justification	Population Targeted
CMC	95% of CMC members with a chronic illness report improved self-management of their illness on patient-reported outcome surveys within 24 months of enrollment.	The intent is to empower and encourage CMC members with chronic illnesses to take a proactive approach in monitoring and controlling their health.	CMC members not enrolled in CCM
MC	95% of MC members with a chronic illness report	The intent is to empower and encourage MC members with	MC members not enrolled in CCM

	improved self-management of their illness on patient-reported outcome surveys within 24 months of enrollment.	chronic illnesses to take a proactive approach in monitoring and controlling their health.	

V. PHM Goal Outcomes by Focus Area & Target Population

Segmentation by Focus Area: Keeping Members Healthy (CMC) Goal: Increase the number of newly enrolled CMC members with no claims or utilization data to have an Annual Wellness Visit (AWV), including the In-Home Assessment (IHA), within 365 days of their enrollment by 5 percentage points compared to the prior year results.					
Programs & Services	**Targeted CMC Population**	**Opt-in / Out**	**Member Communication**	**# of Eligible CMC Members**	**% of CMC Membership**
1. Basic Case Management	All Tiers	Opt-out	Interactive	9,207	100%
2. Nurse Advice Line	All Tiers	Opt-Out	Interactive	9,207	100%
3. Health Education	All Tiers	Opt-In	Interactive & Passive	9,207	100%
4. Wellness & Prevention	Per benefit	Opt-Out	Interactive & Passive	9,207	100%
5. Community Resource Integration	All Tiers	Opt-Out	Interactive	9,207	100%
6. Provider Engagement	All Tiers	Opt-Out	Physician Passive & Interactive	9,207	100%
7. Gaps in Care	All Tiers	Non-Member driven	Data Sharing	9,207	100%

Segmentation by Focus Area: Keeping Members Healthy (MC) Goal: 100% of newly enrolled MC SPD members to have an Initial Health Assessment (IHA) annual wellness visit as a goal in their care plan.					
Programs & Services	**Targeted MC Population**	**Opt-in / Out**	**Member Communication**	**# of Eligible MC Members**	**% of MC Membership**
1. Basic Case Management	All Tiers	Opt-out	Interactive	274,031	100%
2. Nurse Advice Line	All Tiers	Opt-Out	Interactive	274,031	100%
3. Health Education	All Tiers	Opt-In	Interactive & Passive	274,031	100%

4. Wellness & Prevention	Per benefit	Opt-Out	Interactive & Passive	274,031	100%
5. Community Resource Integration	All Tiers	Opt-Out	Interactive	274,031	100%
6. Provider Engagement	All Tiers	Opt-Out	Physician Passive & Interactive	274,031	100%
7. Gaps in Care	All Tiers	Non-Member driven	Data Sharing	274,031	100%

Segmentation by Focus Area: Managing Members with Emerging Risk (CMC and MC) *Goal:* Increase diabetic control rate by 2 percentage points compared to prior year results							
Programs & Services	**Targeted Population**	**Opt-in / Out**	**Member Communication**	**# of Eligible CMC Members**	**% of CMC Membership**	**# of Eligible MC Members**	**% of MC Membership**
1. Basic Case Management	All Tiers	Opt-Out	Interactive	9,207	100%	274,031	100%
2. Health Education	All Tiers	Opt-In	Interactive	9,207	100%	274,031	100%
3. Provider Engagement	All Tiers	Non-Member directed	Physician	9,207	100%	274,031	100%
4. Behavioral Health, Severe Mental Illness (SMI)	Tier 2	Opt-Out	Interactive	324	3%	8,147	2%
5. Gaps in Care	All Tiers	Non-Member driven	Data Sharing	9,207	100%	274,031	100%

Segmentation by Focus Area: Patient Safety across settings (CMC and MC) Goal: Decrease 30 day Readmission rate by 1 percentage point							
Programs & Services	**Targeted Population**	**Opt-in / Out**	**Member Communication**	**# of Eligible CMC Members**	**% of CMC Membership**	**# of Eligible MC Members**	**% of MC Membership**
1. Basic Case Management	All Tier	Opt-Out	Interactive	9,207	100%	274,031	100%
2. Transition Of Care (TOC)	All Tiers	Opt-Out	Interactive	9,207	100%	274,031	100%

Segmentation by Focus Area: Patient Safety across settings (CMC and MC) Goal: Decrease 30 day Readmission rate by 1 percentage point							
Programs & Services	**Targeted Population**	**Opt-in / Out**	**Member Communication**	**# of Eligible CMC Members**	**% of CMC Membership**	**# of Eligible MC Members**	**% of MC Membership**
3. Long Term Care Transitions	Tier 2	Opt-Out	Interactive & Passive	324	3%	8,147	2%
4. Provider Engagement	All Tiers	Opt-Out	Interactive & Passive	9,207	100%	274,031	100%

Segmentation by Focus Area: Managing Multiple Chronic Illness (CM and MC) Goal: 95% of members with a chronic illness report improved self-management of their illness on patient-reported outcome surveys within 24 months of enrollment.							
Programs & Services	**Targeted Population**	**Opt-in / Out**	**Member Communication**	**# of Eligible CMC Members**	**% of CMC Membership**	**# of Eligible MC Members**	**% of MC Membership**
1. Complex Case Management	Tier 1	Opt-In	Interactive	213	2%	136	.0005%
2. Moderate Case Management	Tier 2	Opt-Out	Interactive	324	3%	8,147	3%
3. Medication Therapy Management	Tier 1-4	Opt-In	Interactive	9,207	100%	274,031	100%
4. Nurse Advice Line	Tier 1-4	Per benefit	Interactive	9,207	100%	274,031	100%
5. Behavior Health Case Management	Tiers 2-4	Opt-Out	Interactive	8,670	94%	273,895	99%

Racial Bias Assessment in Segmentation

SCFHP gathers and analyzes data from multiple sources to understand members' risks (through stratification, segmentation, and tiering) to develop strategies and provide appropriate support services to members and their needs. Based on a member's potential risk or risk status, they are assigned to Tiers 1-4 where they may be eligible for programs and services. SCFHP is committed to analyzing our processes and methodologies to address possible racial bias and ensure equity for all our members. For example, in assessing CMC members' tier stratification, SCFHP found that although Vietnamese members accounted for 14% of total CMC membership, only 4% were stratified as Tier 1. However, when comparing this to the Caucasian group, Caucasian members account for 13% of total membership but make up 25% of Tier 1 members (the second highest group). This trend of the Caucasian group having a disproportionately higher weight in Tier 1 relative to its size in population runs true within our Medi-Cal members as well, in which 24% of Tier 1 members are Caucasian but account for only 10% of the total population. The reverse is also

found with Vietnamese Medi-Cal members, in which Vietnamese members account for 16% of the total population but make up 7% of Tier 1. Member tier stratification is based on meeting critiera. Members in Tier 1 are the most complex due the complications of their health. This comparison between our Vietnamese versus Causian members may have different factors that explain this disproproration weight. Different ethnic groups have different approaches to healthcare, support system, cultural beliefs, etc., that may contribute to the member's overall conditions and needs.

VI. Description of Case Management Program and Service Activities

Members are identified for case management through multiple sources, including, but not limited to eligibility files, medical and pharmacy claims data, Health Risk Assessment (HRA) data, and utilization management data. Members may also self-refer, or be referred by providers, discharge planners, caregivers, delegates, vendors, and community partners.

Members are assigned to CM programs based on risk stratification, member's responses to the health risk assessment, additional assessments, clinical evaluation and consultation with members to determine their willingness to participate. Members can move between programs as appropriate to provide the most appropriate level of support at the time.

A. Case Management Activities:

Health Information Form/ Member Evaluation Tool (HIF/MET)

SCFHP uses the HIF/MET data to help identify newly enrolled Medi-Cal members who may need expedited services. It is included in the new member packet mailed to all newly enrolled Medi-Cal beneficiaries including a postage paid business reply envelope for response.

Within the 90 days of a new member's effective date of enrollment, SCFHP Production Services and the Customer Service Department oversee the receipt and processing of completed HIF/MET forms returned via USPS mail and all HIF/MET data is entered into Case Management Platform, Essette. Members that need Case Management (CM) intervention are identified and escalated to CM immediately through Essette. Referrals from HIF/METs include an outbound call to the member to discuss the results and follow up on care coordination as needed.

If the member falls within the Seniors and Persons with Disabilities (SPD) population, the HIF/MET is used to initiate the completion of a Health Risk Assessment (HRA) and any subsequent care coordination as appropriate.

In addition, SCFHP Medical Management Personal Care Coordinator conducts at least two outreach calls to members if a completed HIF/MET is not returned within 30 days of the member's enrollment date.

Long Term Services and Supports (LTSS) Assessment

Care Coordination for members enrolled in LTSS benefit programs who are dually eligible for Medicare and Medi-Cal and not enrolled in the Cal MediConnect line of business is provided in collaboration with LTSS providers. SCFHP retains and compiles a copy of assessments and care plans for members enrolled in Community-Based Adult Services (CBAS), Multipurpose Senior

Services Program (MSSP), and Long Term Care (LTC) in a skilled nursing facility. This information is documented in Essette and a designated LTSS Care Coordinator or Case Manager conducts a review to determine if further care coordination is needed.

Health Risk Assessment (HRA)

CMC and Medi-Cal SPD members are assessed upon enrollment and, at a minimum, on an annual basis using the Health Risk Assessment (HRA). This tool consists of questions related to health, psychosocial needs, and Social Determinants of Health (SDOH) to assess the members' understanding of their health status and to identify wellness goals and appropriate assignment for Case Management programs and services. All assessments completed are analyzed to adjust clinical risk level of members.

Individual Care Plan (ICP)

Upon completion of an HRA or through any demonstrated need, an Individual Care Plan (ICP) will be developed with the members' participation. The ICP is to include the member's goals and preferences, measureable objectives, and community resources as appropriate, to meet member-prioritized health care goals. The ICP will be shared with the member and their Primary Care Provider (PCP) and members are encouraged to share the ICP with anyone that provides care coordination to them. ICP's are updated based on the member's condition and preferences and, at a minimum, on an annual basis. Members who cannot be reached or who refuse to engage in the ICP process will receive a preventative ICP with their assigned care coordinators contact information.

Interdisciplinary Care Team (ICT)

SCFHP will assist members to identify their Interdisciplinary Care Team (ICT) when a need is demonstrated or as requested by the member or the member's authorized representative. ICTs are comprised of professionals appropriate for the needs, preferences, and abilities of the member and will integrate the member's medical care, LTSS needs, and behavioral health services as appropriate. The members' ICT will be led by professionally knowledgeable and credentialed personnel that will include, at a minimum, the member, individuals approved by the member, County In-Home Support and Services (IHSS) social worker, the member's Primary Care Provider, and SCFHP Care Coordination staff. Additional providers, such as social workers, specialists, LTSS providers, community-based case managers, and caregivers are included at the request of the member. The ICT collaborates with the member to stabilize medical conditions, increase compliance with the ICP, and meet ICP goals for optimal health and functional status. Meetings with a member's ICT will be offered and conducted periodically as needed for the member's care or if requested by the member. Members have the right to opt-out of participation on the ICT without disrupting their access to care coordination. Members who opt out will receive a preventative ICP with their assigned care coordinators contact information.

Use of SCFHP Software Systems to Coordinate Member and Provider Programs

Essette is the care management platform that includes data from all areas of the plan for care coordination communication. Data includes pharmacy claims, medical claims (including ED visits

and hospitalizations), UM authorizations, and lab data to inform member care planning by the case manager and the ICT. Member demographic data flows from QNXT, our claims processing platform, which is the source of truth for that information. Care coordination outreach by all departments is documented in Essette for cross departmental transparency. Case management referrals are also documented within Essette. There is ongoing initiatives to include information from additional vendors, such as assessments, medication therapy management, etc.

B. Case Management Programs

1. **Complex Case Management** is provided to all eligible members in Tier 1 and is described in detail in the corresponding PHM strategy and QI.13 policy summary. These members are offered intensive support and are established based on member's preference and needs. Members are engaged in a thorough initial assessment.
2. **Moderate Case Management** is provided to members in Tier 2 and includes those members with multiple chronic conditions with at least one uncontrolled and complex social determinants of health. It includes members receiving MSSP services and care coordination around severe mental illness (SMI).
3. **Basic Case Management** is provided to members in Tiers 3 and 4 and includes at a minimum, the completion of a HRA and further assessment as needed for benefit coordination in collaboration with the PCP.
4. **Transitions of Care (TOC)** is provided across all CM Tiers for members to support discharge planning from acute hospital or long term care facility. Outreach is made to members who recently discharged from the acute hospital, inpatient psychiatric hospital, or skilled nursing facility to ensure a safe transition to the appropriate level of care and minimize risk of readmission. This service is also provided to support continuity of care for members transitioning between providers. Members will be reassessed for the appropriate tier of CM after their transition period. Case management services include integration of the discharge plan into the current ICP including facilitating follow up visits to the member's providers, post-discharge medication reconciliation, and confirmation that the discharge plan has been implemented. If a member is not connected to a Behavioral Health (BH) care team in the community following discharge from an inpatient psychiatric hospital, both the discharging hospital and the BH CM will help to coordinate a visit.
5. **Long Term Care (LTC) Transition** case management is provided to the subgroup of nursing facility members who are authorized for long term care but have been identified as able to discharge back to the community. Case management includes working with the member and their family or caregivers and the nursing facility team to assess readiness for discharge and coordination of a discharge plan. The LTC RN CM visits the member to conduct a face-to-face assessment, provides information about long term services and supports (LTSS) benefits and other community-based resources, and facilitates arrangement of and authorization for services and supports needed post-discharge. This includes addressing social determinants that may be a barrier to discharge including income benefits, lack of housing and family support and coordination with community resources. The CM coordinates closely, as

appropriate with other community-based services targeted to nursing home residents including the Community Care Transitions (CCT) program and other programs serving this population including Community Supports (CS). The Case Manager conducts a TOC call following discharge notification and follows all TOC and case management processes as outlined below for TOC. After 30 days following transition, the member is referred to the appropriate CM team.

6. **Behavioral Health (BH) Case Management** is provided to members who have behavioral diagnosis in any tier, based on their level of stability. The BH CM team collaborates with the other CM teams to coordinate the medical and LTSS case management services as needed across all settings. Specific focus areas of BH Services include:
    - Reduction of ED visits for those who have any BH diagnosis;
    - Follow up after psychiatric hospitalization to ensure safety for members and that all members have a follow up visit with a BH provider at 7 and 30 days; and
    - Coordination of care with community BH providers as needed and appropriate
7. **Enhanced Care Management (ECM)** is a whole person care approach that addresses the clinical and non-clinical needs of high-need, high-cost Medi-Cal members through systematic coordination of services. ECM provides intensive and comprehensive care management services to targeted individuals that is community based, high touch, and person centered. The goals of ECM are to improve care coordination, integrate services, facilitate community resources, address social determinants of health (SDOH), improve health outcomes, and decrease unnecessary utilization and duplication of services.
8. **Community Supports** are medically-appropriate and cost-effective alternatives to Medi-Cal covered benefits and seek to address combined medical and social determinants of health (SDOH) needs to avoid higher levels of care (e.g., emergency department (ED) visits, in-patient (IP) stays, skilled nursing facility (SNF) stays). Community Supports are optional for plans to provide and optional for members to receive. There are 14 DHCS-approved Community Supports that can be found in the Community Supports Policy Guide.

C. Case Management Supportive Services

24/7 Nurse Advice Line:

The Nurse Advice Line is a nurse-driven telephonic support program that empowers members to better manage their health. Highly trained registered nurses help participants navigate through questions and concerns about symptoms, appropriate treatment choices, comorbid conditions and additional risk factors. Nurse Advice Line data is provided to SCFHP Care Coordination staff for review and follow-up as needed. All Nurse Advice Line calls resulting in a 911 disposition will trigger a referral to SCFHP Care Coordination staff.

Provider Engagement

SCFHP engages providers in the member's care in various ways. Member PCPs are provided their specific CMC enrollment data monthly so that they can identify new members requiring an Initial Health Assessment (IHA). They also receive a copy of the member's ICP. Through IHA and the ICP, the provider can engage the member in discussions about preventative services, regular screenings, maintenance therapies, and health education programs, such as nutrition and physical activity education. PCPs are also members of the members' Interdisciplinary Care Team (ICT) and

are invited to attend any scheduled ICT meetings. To further engage the provider network, educational materials are made available on the external SCFHP website. The Provider Network Operations (PNO) team also schedules visits and distributes a quarterly provider newsletter.

Utilization Management and Concurrent Review

The Utilization Management (UM) team includes clinical and non-clinical staff who review prior authorization request of inpatient and outpatient services. Medical necessity are determined by licensed clinical staff. Concurrent review of inpatient stays including hospitalization are completed by California-licensed Registered Nurses (RNs) who collaborate with the facility and other providers to coordinate member's discharge needs and related follow up care. Care coordination related to discharge planning may include referrals to any available CM programs and coordinating benefits across health care settings, such as skilled nursing facility placement, home health, Long Term Services and Supports (LTSS), behavioral health and outpatient services.

Within 3 calendar days of a Cal MediConnect member's discharge to a residential home or his or her community setting such as an assisted living facility, the UM team notify the Case Management team of a member's discharge for Transition of Care (TOC) outreach and assessment. The TOC assessment within Essette evaluates for any member or caregiver support and/or resources which are needed to minimize gaps in care which may otherwise result in readmissions or preventable emergency room visits.

Health Education

The Health Education program has a variety of classes and workshops available for members to help maintain and improve their health and manage their illnesses. SCFHP works with a number of agencies within the community to provide programs covering topics from chronic disease, counseling services, weight management, smoking cessation, safety programs, and more. A complete list of these programs are available on the SCFHP website (www.scfhp.com). Members may self-refer to all programs, except for the Diabetes Prevention Program. Self-referral is completed through the mySCFHP Member Portal or by contacting Customer Service. Referrals are also received from PCPs and all SCFHP departments.

Community Resources Integration

Cal MediConnect and Medi-Cal SCFHP members face many barriers in the form of social determinants of health. In order to help remove these barriers, SCFHP contracts and partners with FindHelp (FH), a social care network that offers an online database of community resources specific to Santa Clara County. The LTSS team serves as the liaison with FH to coordinate updates and training for all case managers. This, combined with any additional community resources we are made aware of, assist the CMs with addressing social determinants of health experienced by Cal MediConnect and Medi-Cal SCFHP members. Designated SCFHP LTSS staff also manage local relationships with key community providers and attend relevant community meetings to stay abreast of available resources and changes in eligibility.

All CM staff receive initial and annual training on FH and community-based programs and services with detailed information on program scope, eligibility, referral processes, and key contacts. This information is updated at least annually. Case managers and supporting staff also have access to

trainings with providers, face-to- face visits and presentations by providers with new resources shared on an ongoing basis.

Community resources that address the most common social determinants of health needs identified by our members are food, housing, transportation, socialization, caregiver support and respite, legal services, public benefits and services such as protective services, and specialized case management (e.g. HIV). CM referrals are made as part of the individual care plan development and goal setting to facilitate coordination of benefits and community resources. Through FH Single Sign-on (SSO) platform, SCFHP staff can directly send referrals to community based providers and FH will continue to update that referral status to make sure members have been connected to programs successfully. The LTSS team will work with trusted and reliable organizations and contracted vendors to ensure their organization is claimed on FH and continuously updated. This will also allow for CMs to utilize the closed-loop referral function to ensure the best care for members. Cal MediConnect and Medi-Cal members may also access FH on their own through the SCFHP website and reports can be run to determine the highest needs identified by programs and resources searched by Cal MediConnect and Medi-Cal SCFHP members.

Medication Management Therapy (MTM)

The goal of MTM is to optimize drug therapy and improve therapeutic outcomes for members. Members that take medications for multiple different medical conditions may be eligible to receive MTM services at no cost. Members that qualify are automatically enrolled in to the program and mailed a welcome letter explaining the program and instructions for opting out. Specific eligibility criteria is posted both on www.scfhp.com and within the member handbook. MTM is only performed for the CMC line of business. MTM services may include:

- Calls from a pharmacist or other health professional to review all of the members' medications and discuss medication benefits, concerns, and questions
- Written, mailed summary of the medical review as well as a medication action plan and personal medication list
- Follow up from the pharmacist or other health professional every 3 months to ensure records are up to date as well as the safety and cost effectiveness of medications

Gaps in Care (GIC)

When a member's profile is searched in QNXT, automated notifications will pop-up that will alert the reader when a member has not received a specific wellness screening or follow-up with PCP. Customer Service Representatives and member facing team staff can provide members with this information when they call in to ask a question. Members who have questions or who need assistance to schedule appointments to their PCP or require transportation assistance can be helped immediately. Gaps in Care pop-ups also serve to alert the care coordination team to include annual wellness and prevention screening elements as a member's care goal.

VII. Informing Members

Cal MediConnect and Medi-Cal members are informed about all available PHM programs and services at any level of contact including the Plan's website, direct mail, e-mail, text or other mobile applications, telephone or in-person. Many programs offered are communicated to Cal MediConnect and Medi-Cal

members within their Evidence of Coverage/Member Handbook document, which is mailed to members annually and upon enrollment, as well as through www.scfhp.com. Additionally, a catalog of all PHM programs was created and made available on the health plan website so that members may be informed of all programs that they may be eligible for. The catalog will be updated annually and can be mailed to members upon their request. Annually, Cal MediConnect and Medi-Cal members will receive a mailing on how to access this information on line or how to request it from customer services.

Cal MediConnect and Medi-Cal members deemed eligible for inclusion in any PHM program, involving interactive contact, may opt-out of participation at any time. Cal MediConnect and Medi-Cal members or their Authorized Representatives may request to opt-out by calling SCFHP's Customer Service department at 408-376-2000, sending a secure email to the SCFHP's Case Management Department at www.CaseManagementhelpdesk@scfhp.com, or via USPS mail delivery.

VIII. Population Health Delivery System Support

SCFHP provides support to practitioners and providers providing population health management to our members and to support the achievement of program goals. Below are a list of activities conducted by the Plan that support PHM programs or services not directed at individual members.

Table 2: Indirect Member Interventions for Cal MediConnect and Medi-Cal Lines of Business

Indirect Interventions	Focus Area(s)
SCFHP shares member data with providers to assist them in delivering services, programs and care to our members. We mail, fax, and/or verbally inform providers of their members individualized care plans and goals at least annually and after any updates. We also inform providers via fax when we have been unable to reach a member to complete a comprehensive Health Risk Assessment (HRA) and request their assistance. Additionally, we electronically send our providers member eligibility reports, language, and demographic data, and gaps in care reminders via the online provider portal.	1-4
SCFHP's Provider Network Operations (PNO) team completes provider education and required trainings, including the provision of continuing education units (CEUs/CMEs). These trainings include: cultural competency, Screening, Brief Intervention and Referral to Treatment (SBIRT), communicating across language barriers, Long Term Services and Supports (LTSS), the Staying Healthy Assessment, and Interdisciplinary Care Team (ICT).	1-4
Quarterly provider newsletters, distributed by fax and e-mail and posted on the website	1-4

Indirect Interventions	Focus Area(s)
SCFHP presents quarterly to a Provider Advisory Council (PAC) on topics such as behavioral health treatment advances, opioid addiction, and other topics relevant to the characteristics of our SCFHP member population.	2, 3
SCFHP participates in monthly community Safety Net Network meetings. Discussions within these meetings with our community partners include topics such as food resources, housing, and resources that address social determinants impacting the member population.	1, 3
Coordination with Housing Services Information System: SCFHP participates in the County's Homeless Management Information System (HMIS) - an online database that enables organizations to collect data on the services they provide to people experiencing homelessness and people who are at risk for homelessness. Members who are in the HMIS database may have priority access to housing assistance.	2-4
Nursing Home Support and Training The LTSS team has designated clinical and provider network staff to manage relationships with all contracted nursing facilities serving a large member population. This includes conducting regular visits, to support utilization and case management for long term care members including collaboration for care transitions. A provider liaison monitors quality measures, troubleshoots issues related to authorizations claims, or contracting and conducts periodic trainings for SNF staff.	2-4
Behavioral Health Services coordinates and partners with the County Behavioral Health Services Department (CBHSD) that also includes Substance Use Treatment Services (SUTS), community-based organizations, and providers to facilitate patient outcomes across all settings. This could include collaboration with acute and outpatient staff disposition, follow up and ongoing BH/SUTS treatment for best outcome results. The coordination includes continuous collaboration with providers and provider training and education as appropriate.	1-4
Quality department provides intermittent training for contracted providers on appropriate wellness and preventative services (e.g. USPSTF, clinical practice guidelines) as appropriate. Clinical practice guidelines are also available to providers on the website.	1, 3

Indirect Interventions	Focus Area(s)
Pharmacy department performs quarterly drug use evaluations (DUEs) on various clinical areas (e.g. polypharmacy, asthma controller medication review) to look for gaps in care and contacts providers as appropriate for intervention.	1-4
SCFHP notifies the community and providers about Aunt BerthaFindHelp and how to access it through scfhp.findhelp.com scfhp.auntbertha.com in an e-newsletter. Providers can also access Aunt BerthaFindHelp through the resource page found on the plan's website (scfhp.com).	1-4
SCFHP shares evidence-based guidelines with our provider network on the health plan website, www. scfhp.com. The information is located within the Provider Resources section on the website and includes guidelines for: i. Cervical Cancer ScreeningPreventive Screenings • US Preventive Services Task Force – A and B Recommendations • Treating Tobacco Use and Dependence • The American College of Obstetricians and Gynecologists (ACOG) Clinical Information • Child Health and Disability Prevention (CHDP) Health Assessment Guidelines • Centers for Disease Control and Prevention (CDC) 2021 Sexually Transmitted Diseases Treatment Guidelines • Adopted clinical and preventive guidelines Clinical and Preventive ii. BMI calculations • BMI chart: Boys 2-20 years • BMI chart: Girls 2-20 years iii. Recommended immunization schedules • Recommended adult immunization schedule • Recommended immunization schedule for persons aged 0 through 18 years	1-4

IX. Coordination of Cal MediConnect and Medi-Cal Member Programs

Internal and external population health programs and services are coordinated across settings, providers and levels of care to minimize confusion to Cal MediConnect and Medi-Cal members from being contacted from multiple sources.

To provide care in a coordinated manner, SCFHP has several programs offered to Cal MediConnect and Medi-Cal members as specified in Section IV, depending on their clinical conditions and psychosocial needs. The health plan strives to provide the right care at the right time in the right place to members in

order to improve patient experience of care, the health of populations and reduce the per capita cost of healthcare.

To better understand where the member is in the continuum of care, SCFHP Care Coordination staff collaborates with all internal departments, vendors, and community partners to identify potential member coordination opportunities, access and education needs. The CM team coordinates with community based service partners to align members with non-benefit resources to support their ICP through the ICT process.

Interdepartmental coordination is key to effective service coordination. SCFHP's case management software platform, Essette, acts as the central point of documentation for all care management programs and services related to the member. All members are assigned to an SCFHP Care Coordination staff member who acts as the primary point of contact for population health management support. In addition to the ICT discussed above, internal case conferencing across specialties is facilitated for coordination of care plan development and implementation across member needs including medical, LTSS and BH.

For care coordination across organizations, including delegates and community level case management programs, SCFHP Case Management programs coordinate with external partners as needed.

Members identified with Serious Mental Illness are assigned to the Behavioral Health Case Management program and are referred to community programs as appropriate; this referral process is coordinated through the appropriate Behavioral Health (BH) Care Coordination staff to ensure services are not duplicated by external programs, and that the needs (i.e. medical needs, social determinants of health) of the member are met. In addition, BH collaborates with the county through county reporting of new assessments from their call center. The behavioral health case manager communicates regularly with the medical and behavioral health care teams to assist with access issues. BH also coordinates treatment and care for members who have been discharged from acute settings by following-up and collaborating with providers from the acute setting.

X. Health Equity

Every SCFHP member, regardless of the line of business or primary care assignment, should have access to the same level of care and resources when addressing social needs. However, through case studies, we have identified that not all members receive the same type of care navigation and assistance to address social needs. This is due to providers not having the needed training, resources, or time to address such complex issues. In order to address this issue, a project was created out of the cross-functional SDOH team of member facing stakeholders, who will map out the member journey based on the line of business and primary care assignment to determine gaps in care navigation. The group will develop solutions to address these gaps and implement at least one change by FY 2023.

Project Description	Departments Involved	Tasks	Target Date
Care Coordination for non-delegated members	• Case Management • ECM • Community Supports • LTSS • Community Resource Center • Customer Service	• Map Current and Future state • Create and train staff on workflow for staff	12/31/2022

XI. Impact Analysis of Population Health Management Strategy

At least annually, SCFHP conducts a comprehensive analysis of the impact of its PHM strategy that includes quantitative results for relevant clinical/cost and utilization and experience measures. Quantitative and qualitative analysis is conducted based on these results. Comparison of results with established benchmarks are evaluated for evidence of program effectiveness and room for improvement. This analysis will be conducted by the Health Services department in conjunction with IT, Member Services, Provider Services, and Grievance & Appeals to support the Cal MediConnect and Medi-Cal members and promote an effective Population Health Management Strategy.

Appendix A: Activities and Resources Based on Population Health Assessment

Need or Population Identified	**Activities**	**Internal Resources/Staffing**	**Community Resources**
Financial insecurity Interventions aimed at finding options for members to access food, subsidize rent or utilities	Designated SCFHP Long Term Services and Support (LTSS) staff assigned to providing training to Cal MediConnect (CMC) Case Managers on available community resources for rental assistance, utility assistance, and food. Provide training and education to Santa Clara Family Health Plan (SCFHP) staff and contracted providers on CalAIM Community Supports, such as housing services, transition services and medically supportive foods, offerings for Medi-Cal member. Partner with housing sector to address housing related issues for members through screening, identification, navigation and tenancy.	All Case Management (CM) staff receive initial and annual training on the FindHelp (FH), formerly known as Aunt Bertha, platform and community-based programs and services with detailed information on program scope, eligibility, referral processes, and key contacts. Designated LTSS staff is assigned as a liaison to the FH staff to work on expanding agencies participating in the platform and to ensure that resources on FH are up to date. Designated SCFHP LTSS staff also manage local relationships with key community providers and attend relevant community meetings to stay abreast of available resources and changes in eligibility Community Resource Center (CRC) will allow for member access to SCFHP staff and will facilitate member access to the FH platform on site.	Members who identify as needing help with financial security can be referred to resources on the FH platform that support the member's needs. Depending on the impact of the financial insecurity (e.g. housing stability, food insecurity), the resources needed may vary. Case Managers can also assist the member with accessing additional benefits such as CalFresh or Supplemental Security Income (SSI).

Language: Interventions should focus on ensuring members are aware of interpreter services, know how to access these services, and providers are able to offer them when needed.	Annual refresher training and onboarding for Providers to educate them on translation and interpreter services offered at no-cost 24/7 to SCFHP members Cultural & Linguistics (C&L) Toolkit – created to educate Providers about LEP (limited English proficiency) speakers and services/tips available, quick reference guide with Language Line access numbers for Providers. SCFHP Member ID cards have the member's preferred spoken language listed to help Providers identify members that need interpreter services. Quarterly Newsletters – all CMC member newsletters have information on accessing language services at no cost to members. Member letters – all member letters include tagline on language assistance services offered to them, and how to access the services at no cost.	Annual internal refresher training C&L Training for member facing teams including, but not limited to Customer Service, Case Management, Behavioral Health, LTSS, Medicare Outreach, & Quality Improvement (QI) Outreach teams on interpreter/ translation services for LEP members by C&L team. SCFHP wide annual training through Litmos, (SCFHP's training portal) on Cultural Competency to describe the role of communication and language in providing culturally competent care. 4 Outreach Coordinators full-time staff for Quality Outreach Program– staff proficient in Vietnamese, Cantonese, Tagalog, & Spanish. Outreach to members will be prioritized to the Coordinator who speaks that language.	Planned expansion of Health Education programs Contracting with organizations to offer health education opportunities such as classes, workshops, webinars, etc. in additional threshold languages, including Vietnamese and Chinese, both virtually and in-person at Community Resource Center. Supporting local community – SCFHP endorses and promotes health prevention and wellness by supporting call-to-action letters from supporting organizations on topics such as reducing tobacco use, asthma, and allergy awareness.
Admission for Sepsis: There is a need for further exploration to assess the behavior of SMI sub-population and those in LTSS, particularly enrollees in SNFs that may lead to infectious disease and eventually to sepsis so case managers can	CDC handouts to members who are at risk of contracting sepsis or for members who have recovered from sepsis Educational materials and tools related to sepsis are provided on the SCFHP website targeted for providers.	In-service to CM staff on sepsis prevention and how to identify members at risk	Continue to share best practices, resources and trainings to BH and LTSS partners on sepsis

provide education to members on preventative strategies.			
Members with Multiple Uncontrolled Chronic Conditions	Tier 1 & 2 - Complex and Moderate case management (CCM): Comprehensive assessment within 60 days of identification for CCM Intensive engagement up to weekly with the CM team for CCM HRA and care planning identifies chronic conditions and member goals Coordination of medical care	All care teams will be cross-trained to provide CCM Multidisciplinary teams with RNs, Social Work Case Managers and Personal Care Coordinators (PCCs), specialty CM for behavioral health and LTSS and external stakeholders and providers	External case managers, County Behavioral Health including Substance Use Treatment Services, Long Term Services and Supports providers and other community organizations Community-based providers for physical activity, nutrition programs including Medically Tailored Meals. Santa Clara County Health & Hospital System (SCCHHS) and other county departments including Aging & Adult Services, In-Home Supportive Services (IHSS), public nutrition programs
Comprehensive diabetes care for members with uncontrolled A1C >9%, targeting Caucasian, Vietnamese, and Hispanic members	Diabetes Focus Groups for English and Spanish-speaking members Diabetes Health Disparity Education Program by Clinical Pharmacist Coordinators enroll eligible members and schedule appointments for pharmacists Pharmacists telephonically outreach enrolled members once/month Pharmacists fax recommendations to provider office after each encounter with member. Coordinators follow up with providers, help with administrative tasks	Have English, Spanish, and Vietnamese speaking staff (Pharmacists and Coordinators) to outreach members Conduct social screenings and connect members to other plan resources and services. Work with Case Management (CM) and Social Determinants of Health (SDOH) teams to refer members appropriately and learn resources to share with members.	Meetings with partner community-based organizations provide updates on program enrollment, project updates, share best practices, etc. Attend Joint Operating Committee (JOC) meetings with partners

Last Update:	Author(s):	Approval Date:
June 2021	Dr. Laurie Nakahira, Chief Medical Officer, Health Services Angela Chen, Interim Director, Case Management Lori Andersen, Director, Long Term Services and Supports (LTSS) Shawna Cagle, Manager, Case Management Natalie McKelvey, Manager, Behavioral Health Andrea Smith, Supervisor, Case Management Johanna Liu, Quality & Process Improvement Lucille Baxter, Quality & Health Education	June 9, 2021
June 2022	Angela Chen, Director, Case Management Lori Andersen, Director, Long Term Services and Supports (LTSS) Dang Huynh, Director, Utilization Management and Pharmacy Shawna Cagle, Manager, Case Management Lucille Baxter, Manager, Quality & Health Education Gaya Amirthavasar, Manager, Social Determinants of Health Jessica Bautista, Manager, Community Based Case Management	June 14, 2022

Santa Clara Family Health Plan™

Activities and Resources Grid Based on Population Health Assessment

Need or Population Identified	Activities	Internal Resources/Staffing	Community Resources
Financial insecurity Interventions aimed at finding options for members to access food, subsidize rent or utilities	Designated SCFHP Long Term Services and Support (LTSS) staff assigned to providing training to Cal MediConnect (CMC) Case Managers on available community resources for rental assistance, utility assistance, and food. Provide training and education to Santa Clara Family Health Plan (SCFHP) staff and contracted providers on CalAIM Community Supports, such as housing services, transition services and medically supportive foods, offerings for Medi-Cal member. Partner with housing sector to address housing related issues for members through screening, identification, navigation and tenancy.	All Case Management (CM) staff receive initial and annual training on the FindHelp (FH), formerly known as Aunt Bertha, platform and community-based programs and services with detailed information on program scope, eligibility, referral processes, and key contacts. Designated LTSS staff is assigned as a liaison to the FH staff to work on expanding agencies participating in the platform and to ensure that resources on FH are up to date. Designated SCFHP LTSS staff also manage local relationships with key community providers and attend relevant community meetings to stay abreast of available resources and changes in eligibility Community Resource Center (CRC) will allow for member access to SCFHP staff and will facilitate member access to the FH platform on site.	Members who identify as needing help with financial security can be referred to resources on the FH platform that support the member's needs. Depending on the impact of the financial insecurity (e.g. housing stability, food insecurity), the resources needed may vary. Case Managers can also assist the member with accessing additional benefits such as CalFresh or Supplemental Security Income (SSI).
Language: Interventions should focus on ensuring members are aware of interpreter services, know how to access these services, and providers are able	Annual refresher training and onboarding for Providers to educate them on translation and interpreter services offered at no-cost 24/7 to SCFHP members Cultural & Linguistics (C&L) Toolkit – created to educate Providers about LEP (limited English proficiency) speakers	Annual internal refresher training C&L Training for member facing teams including, but not limited to Customer Service, Case Management, Behavioral Health, LTSS, Medicare Outreach, & Quality Improvement (QI) Outreach teams on interpreter/	Planned expansion of Health Education programs Contracting with organizations to offer health education opportunities such as classes, workshops, webinars, etc. in additional

to offer them when needed.	and services/tips available, quick reference guide with Language Line access numbers for Providers. SCFHP Member ID cards have the member's preferred spoken language listed to help Providers identify members that need interpreter services. Quarterly Newsletters – all CMC member newsletters have information on accessing language services at no cost to members. Member letters – all member letters include tagline on language assistance services offered to them, and how to access the services at no cost.	translation services for LEP members by C&L team. SCFHP wide annual training through Litmos, (SCFHP's training portal) on Cultural Competency to describe the role of communication and language in providing culturally competent care. 4 Outreach Coordinators full-time staff for Quality Outreach Program– staff proficient in Vietnamese, Cantonese, Tagalog, & Spanish. Outreach to members will be prioritized to the Coordinator who speaks that language.	threshold languages, including Vietnamese and Chinese, both virtually and in-person at Community Resource Center. Supporting local community – SCFHP endorses and promotes health prevention and wellness by supporting call-to-action letters from supporting organizations on topics such as reducing tobacco use, asthma, and allergy awareness.
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Members with Multiple Uncontrolled Chronic Conditions	Tier 1 & 2 - Complex and Moderate case management (CCM): Comprehensive assessment within 60 days of identification for CCM	All care teams will be cross-trained to provide CCM Multidisciplinary teams with RNs, Social Work Case Managers and Personal Care Coordinators (PCCs), specialty CM for	External case managers, County Behavioral Health including Substance Use Treatment Services, Long Term Services and Supports providers and other

	Intensive engagement up to weekly with the CM team for CCM HRA and care planning identifies chronic conditions and member goals Coordination of medical care	behavioral health and LTSS and external stakeholders and providers	community organizations Community-based providers for physical activity, nutrition programs including Medically Tailored Meals. Santa Clara County Health & Hospital System (SCCHHS) and other county departments including Aging & Adult Services, In-Home Supportive Services (IHSS), public nutrition programs
Comprehensive diabetes care for members with uncontrolled A1C >9%, targeting Caucasian, Vietnamese, and Hispanic members	Diabetes Focus Groups for English and Spanish-speaking members Diabetes Health Disparity Education Program by Clinical Pharmacist Coordinators enroll eligible members and schedule appointments for pharmacists Pharmacists telephonically outreach enrolled members once/month Pharmacists fax recommendations to provider office after each encounter with member. Coordinators follow up with providers, help with administrative tasks	Have English, Spanish, and Vietnamese speaking staff (Pharmacists and Coordinators) to outreach members Conduct social screenings and connect members to other plan resources and services. Work with Case Management (CM) and Social Determinants of Health (SDOH) teams to refer members appropriately and learn resources to share with members.	Meetings with partner community-based organizations provide updates on program enrollment, project updates, share best practices, etc. Attend Joint Operating Committee (JOC) meetings with partners

Annual Review of Quality Improvement Policies
June 14, 2022

Policy No.	Policy Title	Changes
QI.08 v	Cultural and Linguistically Competent Services	Include requirements outlined in APL 22-002. Added 21-004 to part IV (references).
QI.20 v	Information Sharing with San Andreas Regional Center (SARC)	No Change
QI.22 v	Early Start Program (Early Intervention Services)	No Change
QI.33 v1	Enhanced Care Management (ECM) Denial and Disenrollment	No Change

POLICY

Policy Title:	**Cultural and Linguistically Competent Services**	**Policy No.:**	QI.08
Replaces Policy Title (if applicable):	Cultural and Linguistic Services Program Policy	**Replaces Policy No. (if applicable):**	CU 002_02
Issuing Department:	Quality & Process Improvement	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To define Santa Clara Family Health Plan's (SCFHP) process for monitoring services provided to members are culturally and linguistically appropriate to meet member needs.

II. Policy

It is the policy of SCFHP to promote member centric care that recognizes the beliefs, traditions, customs and individual differences of the diverse population served. SCFHP is committed to providing all services, both clinical and non-clinical, in a culturally competent manner that are accessible to all members, including those with non-English speaking/limited English proficiency, limited reading skills, hearing incapacity, or those with diverse cultural, ethnic backgrounds, disabilities and regardless of race, color, national origin, age, disability, sexual orientation, gender or gender identity. SCFHP maintains a Cultural and Linguistics Program that is reviewed and approved by the Quality Improvement Committee on an annual basis. SCFHP completes the Population Needs Assessment (PNA) annually to assess member cultural and linguistic needs.

SCFHP assesses, monitors, and evaluates services for Cultural and Linguistic appropriateness. SCFHP involves member input through the Consumer Advisory Committee (CAC) and Consumer Advisory Board (CAB).

See associated procedures Cultural and Linguistically Competent Services, Language Assistance Program, Member Document Translations, Standing Requests for member Materials in Alternate Languages and Formats, and Ad Hoc Requests for Member Materials in Alternate Languages and Format, Face-to-Face interpreter services, Population Needs Assessment for detailed process for meeting these objectives.

III. Responsibilities

A. DHCS updates threshold language data at least once every three years to address potential changes to both numeric threshold and concentration standard languages within all Medi-Cal Managed Care counties. Quality Improvement complies with the update requirements within three months of the publication of the update.

B. Quality Improvement and Provider Network Operations, ensure Health Plan Staff and Providers are adequately trained, have access to resources, and provide culturally competent services to all Plan members.

POLICY

C. Quality Improvement, Marketing Communications and Outreach, and Compliance maintain a list of member threshold languages, which is reviewed and updated as needed based on member assessment needs, but no later than every three years based on the DHCS' threshold language data.

D. Quality Improvement notifies SCFHP staff and departments of changes to member threshold languages via the Quality Improvement Committee and internal memos or department training sessions.

E. SCFHP ensures effective communication with members with visual impairments or other disabilities by the complying with Title II of the American Disabilities Act (ADA) and ensuring provision of written materials in alternative formats and by tracking and fulfilling member and AR alternative format selections or requests (AFS) including large print, Braille, and encrypted and unencrypted Audio/Data CD. SCFHP follows DCHS requirements on encryption process for members who select encrypted Audio or Data CD as their format.

F. Quality Improvement and Information Technology (IT) participates in regular data sharing with Department of Health Care Services (DCHS) and collects and stores alternative format selections and requests from and for members and/or authorized representative (AR). Data will also be shared with delegate and contracted providers, as appropriate.

IV. References

CMS.gov; Managed Care Manual, Chapter 13
NCQA 2022
California Code of Regulations (28 CCR 1300.67.04) (d) (9) (A) (B) (C)
DHCS Contract
Title 22 CCR Section 53876
Title 22 CCR 53853 (c)
CA Health and Safety Code Sections 1367.04 (b)(1)(a), (b)(4) and (b)(5)
Section 1367.04(h)(1)
Civil Rights Act of 1964, (42 U.S.C. Section 2000d, and 45 C.F.4. Part 80)
PL – 99-003
APL 99-005
APL 17-011
APL 21-004
APL 22-002
CFR 42 § 440.262
APL 19-011

V. Approval/Revision History

First Level Approval	Second Level Approval

POLICY

Johanna Liu Director, Quality & Process Improvement	Laurie Nakahira Chief Medical Officer
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Quality Improvement Committee	Approved 06/06/2018	
v2	Revised	Quality Improvement Committee		

Policy Title:	**Information Sharing with San Andreas Regional Center (SARC): MOU**	**Policy No.:**	QI.20
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Health Services – Behavioral Health	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☐ CMC	

I. Purpose

This policy supports the agreement bsetween San Andreas Regional Center (SARC) and the Santa Clara Family Health Plan (SCFHP) to perform care coordination and information exchange activities when Medi-Cal beneficiaries are accessing medically necessary Behavioral Health Treatment Services (BHT) without regard to diagnosis. The agreement addresses both new referrals for BHT and clients/beneficiaries receiving BHT when funding for this service is transitioning from SARC to SCFHP.

II. Policy

SCFHP is responsible for the provision of BHT as a managed care health benefit, including the coordination of the client's care with SARC and the BHT provider(s). SARC will support SCFHP's care coordination by providing necessary client information to SCFHP and vendors in accordance with any and all privacy laws and regulations.

A. Santa Clara Family Health Plan
   1. SCFHP is responsible for coordination of services provided by SCFHP including primary care, and carve out services such as California Children's Services and Specialty Mental Health Services.
   2. SCFHP and/or its subcontracted providers and vendors shall arrange and pay for comprehensive diagnostic evaluations (CDE's) for members/clients who are suspected of needing BHT services.
   3. SCFHP and/or its subcontracted providers and vendors shall arrange and pay for BHT services for members who meet criteria as outlined in APL 19-014 or any revised version of these APL's.
   4. SCFHP shall provide client information to SARC to ensure appropriate care coordination, in compliance with all privacy laws.
   5. SCFHP and/or its subcontracted providers and vendors shall be available to assist, the SARC in the development of the Individual Program Plan (IPP) or Individualized Family Services Plan (IFSP) as necessary.

B. San Andreas Regional Center

1. SARC shall provide client information, including comprehensive diagnostic evaluation(s), treatment plan(s), utilization data and assessment information to SCFHP upon receipt of appropriate release of information (ROI)
2. SARC shall refer clients under age 21 who are diagnosed without regard to diagnosis for evaluation for medically necessary BHT services upon client/member request for BHT services.
3. SARC shall provide case management & care coordination services related to SARC's Early Start Program clients to SCFHP for medically necessary BHT services.
4. SARC shall provide case management and care coordination to eligible clients and assist those clients in maintaining an ongoing relationship with the SCFHP's assigned primary care provider when medical needs arise.
5. SARC will identify a staff person to be the primary liaison to SCFHP. The liaison will meet not less than quarterly to ensure continuous communication and resolve any operational, administrative and policy complications.
6. SARC will share information on community resources to SCFHP and/or its sub-contracted providers and vendors.
7. SARC shall provide Targeted Case Management (TCM) services to eligible clients and their families to assure timely access to health, developmental, social, educational, and vocational services. a. TCM includes, but is not limited to:
    i. Coordination of health-related services with SCFHP to avoid duplication of services; and
    ii. Provision of referrals to specialty centers and follow-up with schools, social workers and others involved in the IPP and IFSP
    iii. SARC agrees to provide periodic training to SCFHP's staff as requested by the SCFHP concerning SARC services and requirements
    iv. SARC shall work collaboratively with SCFHP to resolve timely access and coordination of care issues.

III. Responsibilities

A. See Memorandum of Understanding between SARC and SCFHP. Policies and Procedures to be attached. Health Services works collaboratively with plan benefits, compliance, QA, IT, plan and community providers to coordinate members' Behavioral Health Treatment services and members' Behavioral Health managed care.

IV. References

Center for Medicare & Medicaid Services approved California State Plan Amendment (SPA) 14-026
Section 1915 C waiver, CA.336 HCBS Waiver for Californians with Developmental Disabilities
DHCS All Plan Letter 18-009 Memorandum of Understanding Requirements for Medi-Cal Managed Care Plans and Regional Centers, 03/02/2018

DHCS All Plan Letter 19-014 Responsibilities for Behavioral Health Treatment Coverage For Members Under The Age Of 21, 11/12/2019

V. Approval/Revision History

First Level Approval	Second Level Approval
Angela Chen Director, Case Management & Behavioral Health	Laurie Nakahira, D.O. Chief Medical Officer
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original		Approve	08/05/2016
V1	Reviewed		Approve	06/03/2019
V2	Revised	Quality Improvement	Approve	06/09/2021
V2	Reviewed	Quality Improvement		06/14/2022

Policy Title:	**Early Start Program (Early Intervention Services)**	**Policy No.:**	QI.22
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Health Services – Behavioral Health	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☐ CMC	

I. Purpose

Santa Clara Family Health Plan (SCFHP) ensures that eligible members receive early screening, counseling and treatment for developmental delay or disabilities.

II. Policy

Santa Clara Family Health Plan (SCFHP) identifies members (aged 0 to 2.9 years) who have, or are at risk of acquiring developmental delays or disabilities and need early intervention services. SCFHP will coordinate the referral of members to the Early Start Program, which is a collaborative effort between the San Andreas Regional center (SARC) and the Santa Clara County Office of Education

III. Responsibilities

The Health Services Department of the SCFHP is responsible for referring members to Early Start as they are identified by the primary care physicians, case managers and others. The Department is also responsible to notify SCFHP delegates of their responsibilities to refer to Early Start.

IV. References

DHCS All Plan Letter 18-009 Memorandum of Understanding Requirements for Medi-Cal Managed Health Care Plans and Regional Centers, 03/02/2018

V. Approval/Revision History

First Level Approval	Second Level Approval
Angela Chen Director, Case Management & Behavioral Health	Laurie Nakahira, D.O. Chief Medical Officer
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	**Original**	**Quality Improvement**	**Approve**	
V2	Revised			02/08/2017
V3	Revised			06/06/2018
V4	Revised			06/03/2019
V5	Revised	Quality Improvement		06/09/2021
V5	Reviewed	Quality Improvement		06/14/2022

POLICY

Santa Clara Family Health Plan™

Policy Title:	**ECM Denial and Disenrollment Policy**	**Policy No.:**	QI.33
Replaces Policy Title (if applicable):	N/A	**Replaces Policy No. (if applicable):**	N/A
Issuing Department:	LTSS	**Procedure Review Frequency:**	Annually
Lines of Business (check all that apply):	☒ Medi-Cal	☐ CMC	

I. Purpose

The purpose of this policy is to define a consistent process and define reasons to deny or disenroll members from the Enhanced Care Management (ECM) benefit.

II. Overview

Enhanced Care Management (ECM) is a collaborative and interdisciplinary approach to providing intensive and comprehensive care management services to targeted individuals that is community-based, high touch, and person-centered. The goals of ECM are to improve care coordination, integrate services, facilitate community resources, address social determinants of health (SDOH), improve health outcomes, and decrease inappropriate utilization and duplication of services.

If a member does not meet the ECM program eligibility or a member is currently enrolled in an excluded program, the member is not eligible for ECM services and denied the ECM benefit. Members eligible for ECM are able to decline enrollment into ECM or terminate ECM services at any time throughout the duration of their enrollment.

III. ECM Benefit Exclusions

A. Duplicative Services

i. The Department of Health Care Services (DHCS) established a list of programs that members are (1) excluded from enrollment into ECM due to members receiving similar services, (2) unable to enroll in both ECM and another program to prevent duplication of services, and (3) able to enroll in ECM as a "wrap" when also enrolled in the other program as long as SCFHP ensures that duplicative services are not provided. They are as follows:

a. Members are excluded from enrollment in both ECM and one of the following programs:
   1. Cal MediConnect (CMC)
   2. Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs)
   3. Program for All-Inclusive Care for the Elderly (PACE)
   4. Mosaic Family Services
   5. Hospice

b. Members are able to enroll in either ECM or one of the following programs, but not both at the same time:
   1. Multipurpose Senior Services program (MSSP)
   2. Assisted Living Waiver (ALW)

3. Home and Community Based Alternatives (HCBA) Waiver
4. HIV/AIDS Waiver
5. HCBS Waiver for Individuals with Developmental Disabilities (DD)
6. Self-Determination Program for Individuals with I/DD
7. Basic Case Management
8. Complex Case Management
9. California Community Transitions (CCT) Money Follows the Person (MFTP)
10. 1915 (C) Waiver

c. Members are able to enroll in both ECM and one of the following programs to serve as a "wrap" with SCFHP ensuring there is not any duplication of services:
   1. California Children's Services (CCS)
   2. Genetically Handicapped Person's Program (GHPP)
   3. County-based Targeted Case Management (TCM
   4. Specialty Mental Health (SMHS) TCM
   5. SMHS Intensive Care Coordination for children (ICC)
   6. Drug Medi-Cal Organized Delivery Systems (DMC-ODS)
   7. CCS Whole Child Model
   8. Community-Based Adult Services (CBAS)
   9. Dual Eligible Special Needs Plans (D-SNPs) [from 2023]
   10. D-SNP look-alike plan
   11. Other Medicare Advantage Plans
   12. Medicare FFS
   13. AIDS Healthcare Foundation Plans
   14. In Home Support Services (IHSS)

B. Reasons for Denying or Disenrolling Members
   i. Does Not Meet the Eligibility Criteria
      a. Members must have certain chronic medical conditions and experience complex social factors that influence their health. If documentation does not indicate a member meets the ECM program eligibility, the member is denied ECM services.
   ii. Unsuccessful Engagement
      a. If an ECM provider is unable to contact a member and/or a member is not actively engaged in ECM services, the ECM provider may recommend that the member is disenrolled from ECM. Members are considered disengaged if they meet at least one of the following:
         1. Member has missed three consecutive appointments with care team within the last 60 days.
         2. Member has not completed a care plan within 90 days of enrolling in ECM.
         3. Member has not followed their care plan.
         4. Care team could not reach member within 90 days of providing outreach on three different days and time, utilizing different forms of outreach methods (i.e. phone, mail, in-person, etc.).
   iii. Unsafe Behavior
      a. Members are considered unsafe if one of the following occurs:
         1. Member displays disruptive behavior that keeps the ECM provider from delivering ECM services.
         2. Member creates a situation where ECM services are delivered in an unsafe environment and leads to the ECM provider not being able to continue providing services.
   iv. Well Managed
      a. Members are considered well managed if once of the following occurs:

1. Member has met all care plan goals and the ECM provider and/or member has determined the member does not have any additional goals.
2. Member has met all care plan goals and has determined that they do not have any additional goals.
3. Member continues to meet their care plan goals and the ECM Provider has determined the member is able to self-manage their care needs.
4. Member continues to meet their care plan goals and has determined they are able to self- manage with care needs.

v. Transition to Lower Level of Care

a. Members who have been in tier 3 for at least 6 months may be eligible to transition to a lower level of care. To reduce a member's acuity level, the ECM provider follows a tier assessment that may consist of the following elements:
   1. Care adherence
   2. Current health status
   3. Medication adherence
   4. Health literacy
   5. Sexual/reproductive health promotion
   6. Mental health
   7. Drug and alcohol use
   8. Housing
   9. Living situation/support systems
   10. Legal
   11. Income/personal finance
   12. Transportation
   13. Nutrition

b. SCFHP and the ECM provider should work collaboratively to recommend an alternative program that is better suited for the member's needs if care management services are still needed or requested by the member.

c. Members are considered ready to transition to a lower level of care if they meet one of the following:
   1. Member has met all care plan goals and the ECM provider or member has determined the member does not have any additional goals.
   2. Member continues to meet their care plan goals and the ECM provider or member is able to self-manage the member's care needs.

vi. Member Request

a. Member notifies the ECM provider that they have elected to disenroll and discontinue ECM services.

b. Member requests to discontinue services are not mailed a Notice of Action (NOA) letter denying the member the ECM benefit.

vii. Medi-Cal Termed

a. Member is not actively enrolled in SCFHP's Medi-Cal plan.

b. Member termed from Medi-Cal are not mailed an NOA letter

IV. **SCFHP Responsibilities**

A. SCFHP is responsible for reviewing relevant information pertaining to members who refer into ECM or ECM enrolled members who meet the criteria for disenrollment. When members cannot be provided the ECM benefit and must be denied the ECM benefit, members undergo a review process. If it is determined the member cannot receive the ECM benefit, the member is issued an NOA letter.

B. Referring into ECM

i. When a member self-refers into ECM or is referred by a provider for ECM services, the member must meet specific eligibility criteria

1. If member does not meet ECM eligibility criteria or has been identified as meeting one of the program exclusions, the member is denied the ECM benefit and SCFHP will proceed with the denial process
2. When the member is denied the ECM Medi-Cal benefit, the member is issued an NOA

C. ECM Provider may recommend members for disenrollment
   i. If an ECM provider identifies a member as meeting the exclusion criteria or is ready to "graduate" from ECM services, the ECM provider may recommend the member for disenrollment.
   ii. ECM providers are required to submit supporting documentation to SCFHP for review.
   iii. The member undergoes a review process, in which SCFHP reviews the submitted documentation and determines if the member meets the graduation criteria or meets one of the program exclusions.
   iv. If it is determined the member should be disenrolled from the ECM benefit, the member is mailed an NOA letter, which denies the member from continuing the ECM benefit.
   v. If SCFHP determines the member should remain enrolled, SCFHP will communicate the determination to the member's ECM provider services will continue.

D. Claims and encounter data
   i. Each month, SCFHP generates a Member Information File (MIF) to identify new members who may be eligible, as well as members enrolled in ECM who may meet one of the program exclusions.
   ii. Enrolled ECM members who are no longer eligible for the ECM benefit are systematically identified and disenrolled from ECM.
   iii. Enrolled members who meet one of the exclusions will be processed for disenrollment by SCFHP and mailed an NOA letter.

E. Notice of Action (NOA) Letter
   i. All members that are denied and/or excluded from receiving ECM services undergo a review process by SCFHP.
   ii. Upon completion of the review process and a determination that the member should be denied the ECM benefit or disenrolled from ECM services, the member is mailed an NOA letter.
   iii. An NOA letter is sent to the disenrolled or denied member, the member's PCP, if a fax number is available, and the ECM provider, if applicable.
   iv. The member disenrollment date is documented in SCFHP's systems, as applicable.
   v. If the member was enrolled in ECM, the member will remain on the MIF for 60 days with a disenrollment attribute, then will be removed off the MIF

V. **ECM Provider Responsibilities**

A. ECM providers are required to notify SCFHP of members who may no longer qualify for ECM or wish to discontinue ECM services.

B. ECM providers are required to submit documentation that supports a recommendation for disenrolling a member from ECM.
   i. Required documentation may include:
      1. Care plan
      2. Recent chart notes
      3. Outreach log
      4. Alternate program attestation
      5. Other materials, as applicable
   ii. Upon request, SCFHP may request additional documentation to ensure a determination can be made.
   iii. ECM providers must report disenrollments using SCFHP's ECM Disenrollment Reporting template.
   iv. ECM providers may recommend a case management program that better suits the members' needs.

v. ECM providers must document the member disenrollment date in the member's ECM care plan, if applicable.

VI. **Reference**

A. Department of Health Care Services. (2022). *California Advancing & Innovating Medi-Cal (CalAIM) Enhanced Care Management Policy Guide.* Sacramento, CA: Unknown

VII. **Approval/Revision History**

First Level Approval	Second Level Approval
Signature Lori Andersen, MPA	Signature Laurie Nakahira, MD
Name Director, Long Term Services and Supports (LTSS)	Name Chief Medical Officer (CMO)
Title	Title
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	N/A		

Santa Clara Family Health Plan™

Quality Improvement Committee

Q1 2022 Grievance & Appeals Data

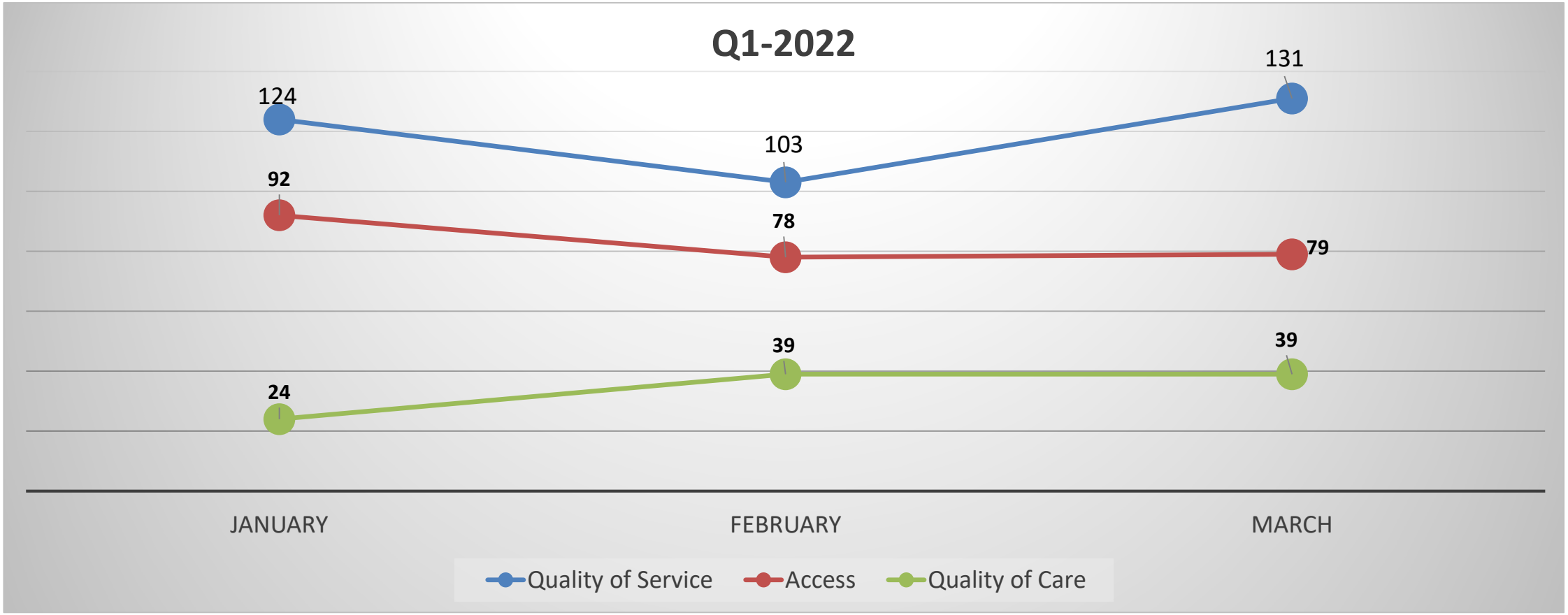
Q1 2022 Medi-Cal Grievances & Appeals Received

Case Type/Month	January	February	March
Medi-Cal Medical Grievance	290	276	326
Medi-Cal Pharmacy Grievance	3	0	0
Medi-Cal Post Service Medical Appeal	7	2	3
Medi-Cal Pre Service Medical Appeal	50	48	43
Medi-Cal Pre Service Pharmacy Appeal	5	2	0
Total Received	**355**	**328**	**372**
Received p/1000 Members	**1.25**	**1.15**	**1.30**

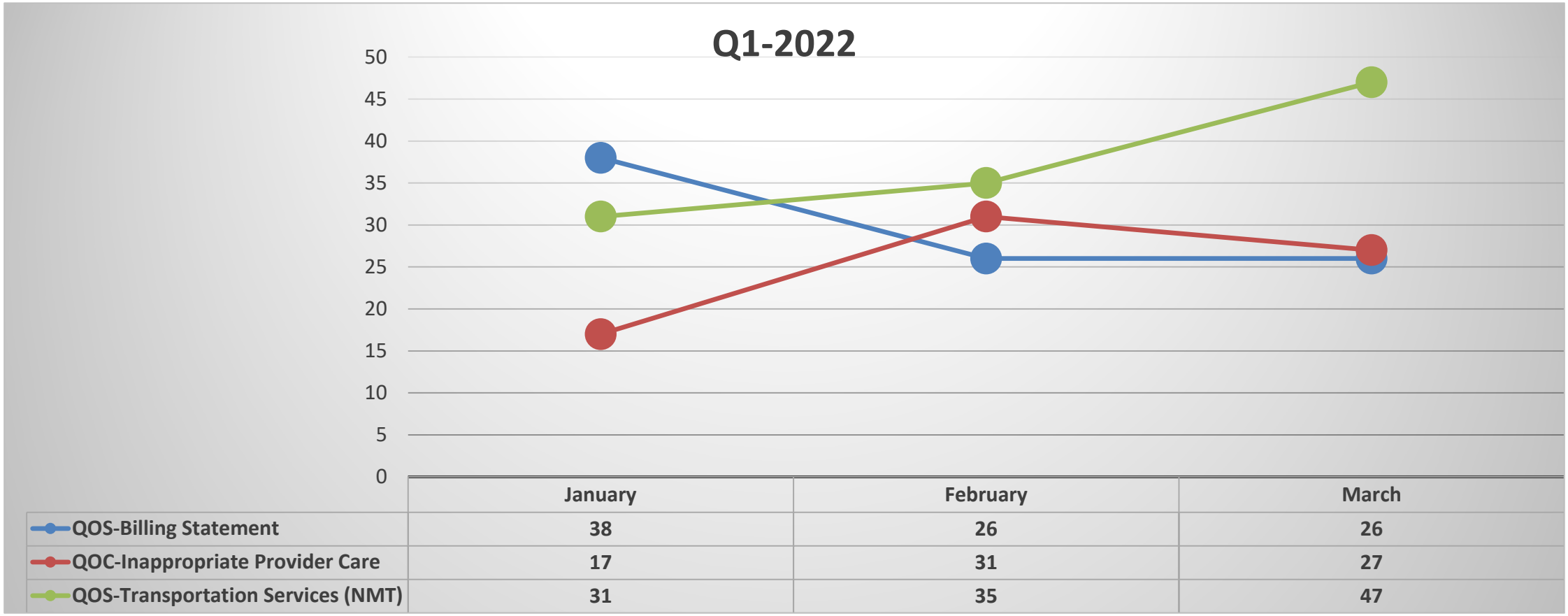
Q1 2022 Cal MediConnect Grievances & Appeals Received

Case Type/Month	January	February	March
Cal MediConnect Part C Grievance	92	79	130
Cal MediConnect Part D Grievance	2	9	3
Cal MediConnect Post Service Part C Appeal	43	54	71
Cal MediConnect Post Service Part D Appeal	1	0	1
Cal MediConnect Pre-Service Part B Appeal	0	0	1
Cal MediConnect Pre-Service Part C Appeal	16	12	17
Cal MediConnect Pre-Service Part D Appeal	3	10	11
Total Received	**157**	**164**	**234**
Received p/1000 Members	**15.36**	**15.99**	**22.72**

Q1 2022:Top 3 Medi-Cal Grievance Categories

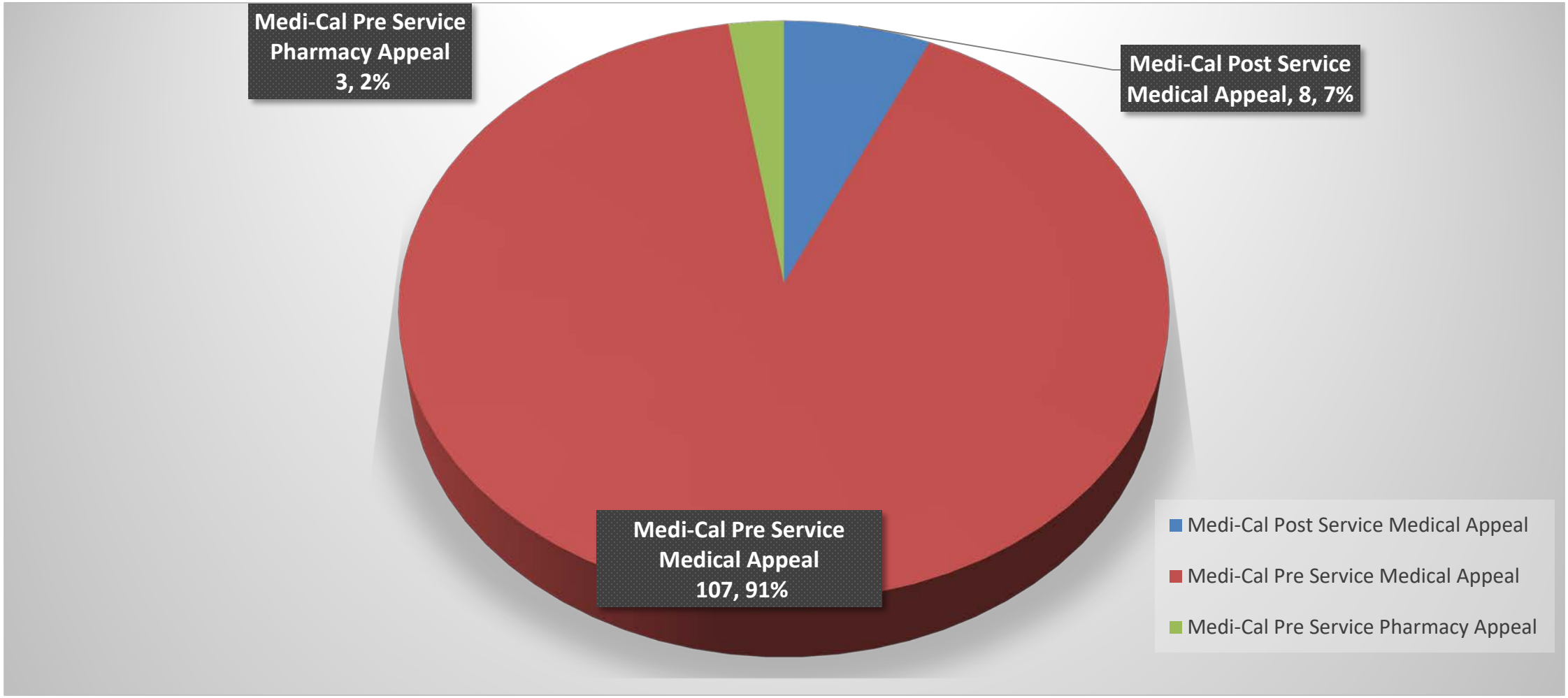


Q1 2022:Top 3 Medi-Cal Grievance Subcategories

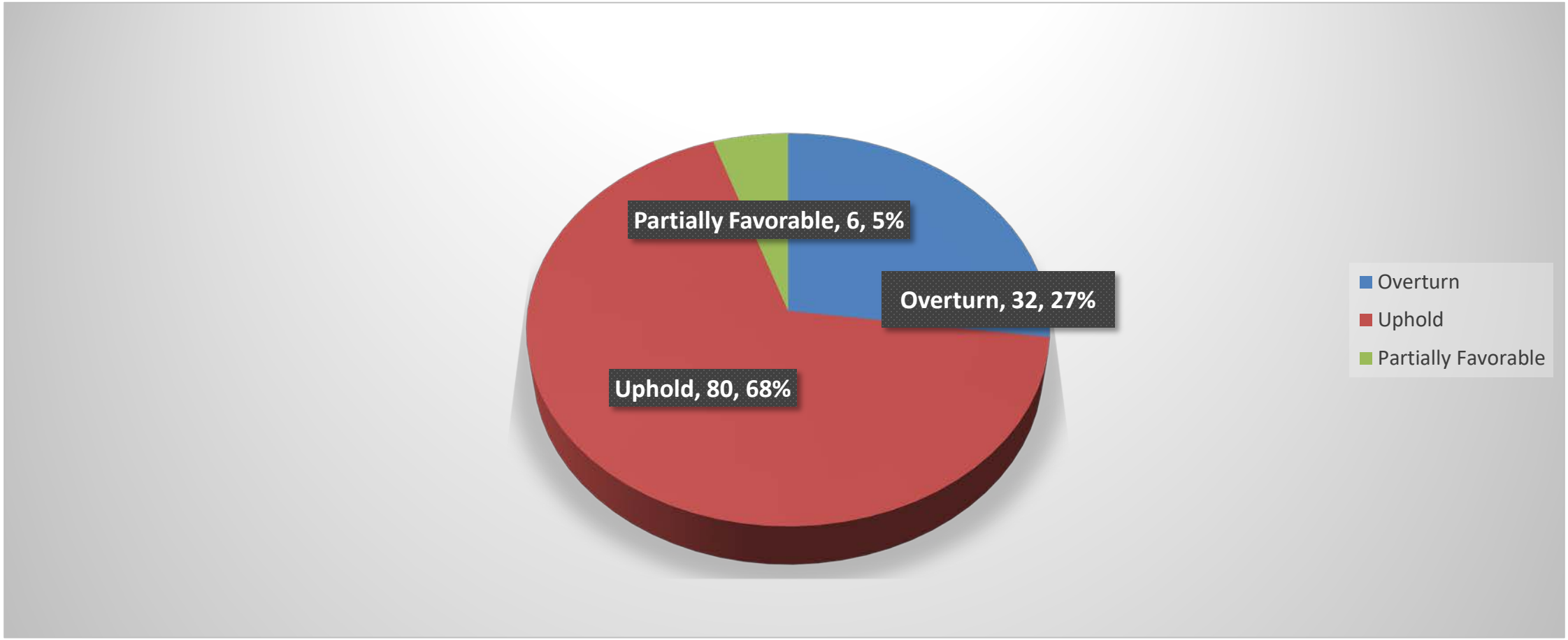


	January	February	March
QOS-Billing Statement	38	26	26
QOC-Inappropriate Provider Care	17	31	27
QOS-Transportation Services (NMT)	31	35	47

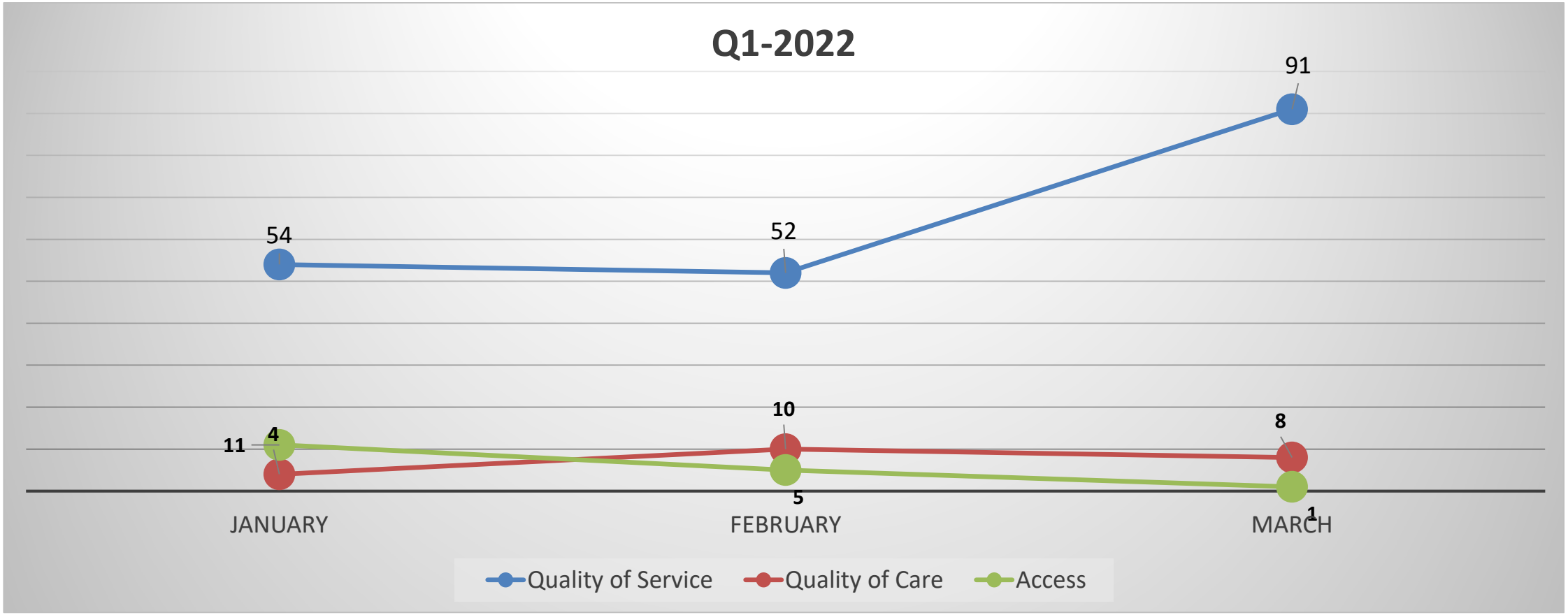
Q1 2022 Medi-Cal Appeals by Case Type



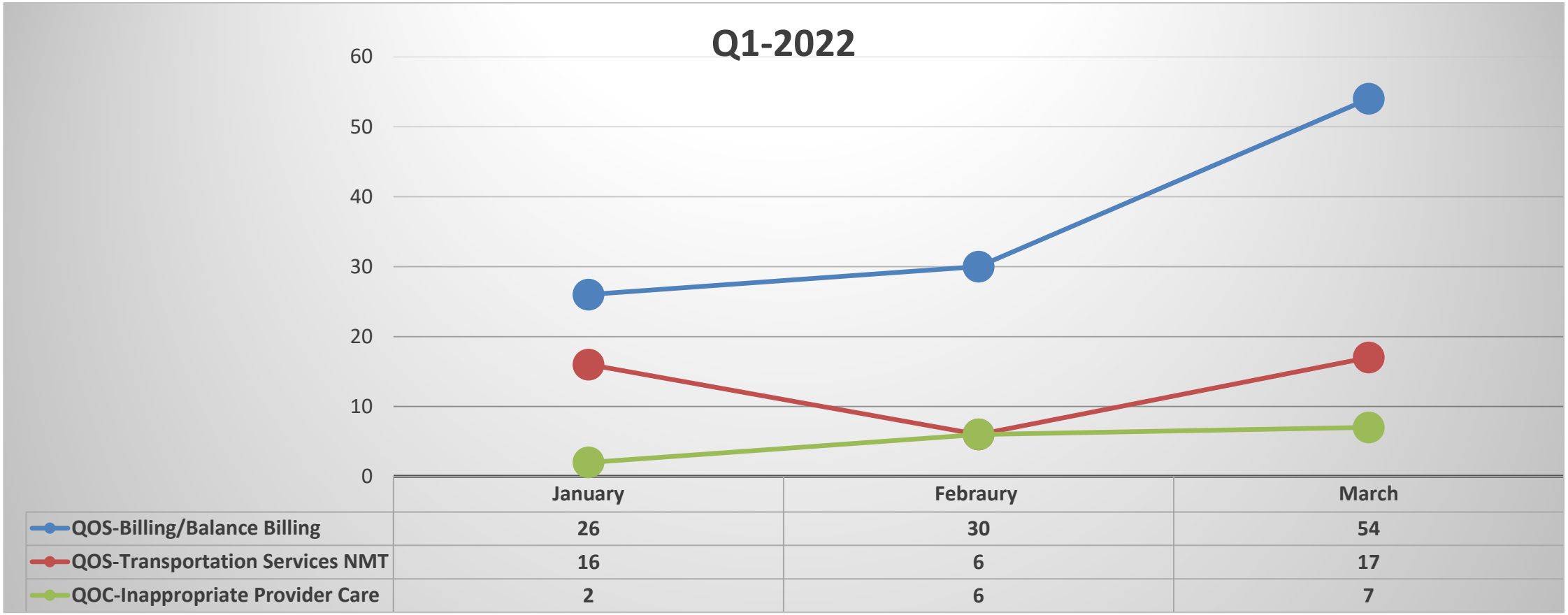
Q1 2022 MC Appeals by Disposition



Q1 2022:Top 3 Cal MediConnect Grievance Categories

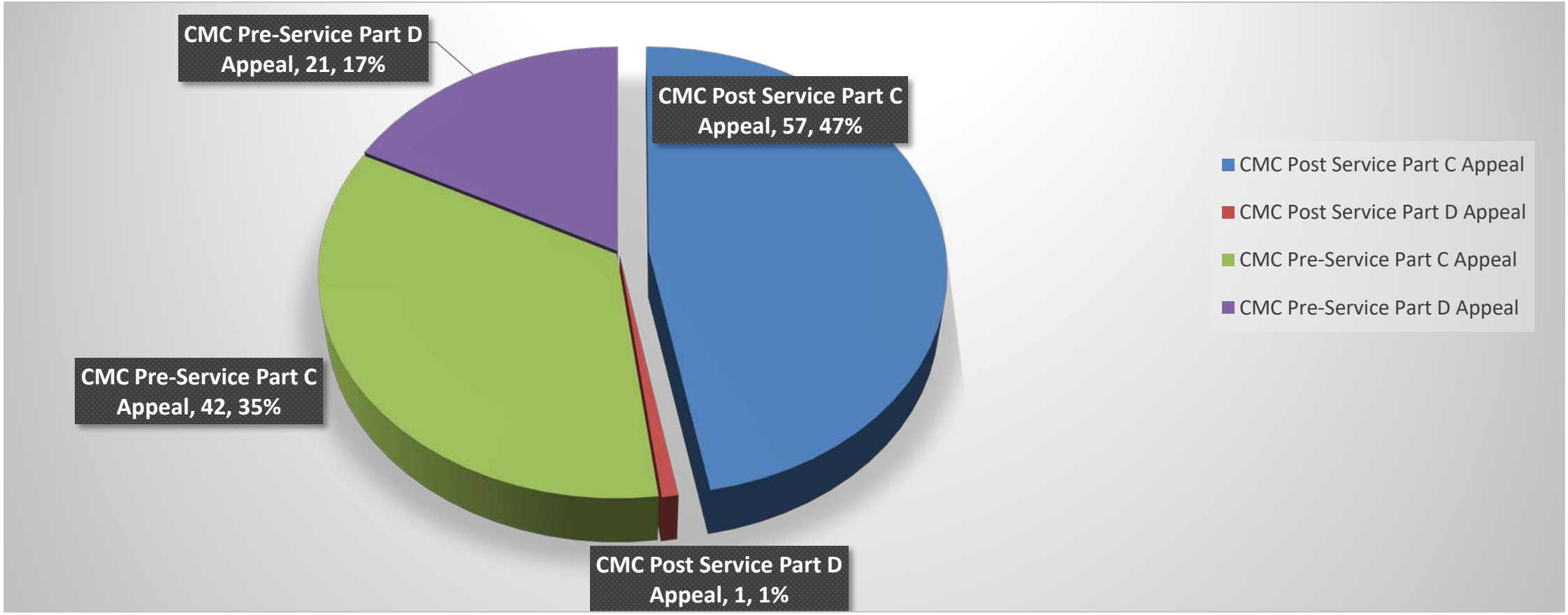


Q1 2022:Top 3 Cal MediConnect Grievance Subcategories

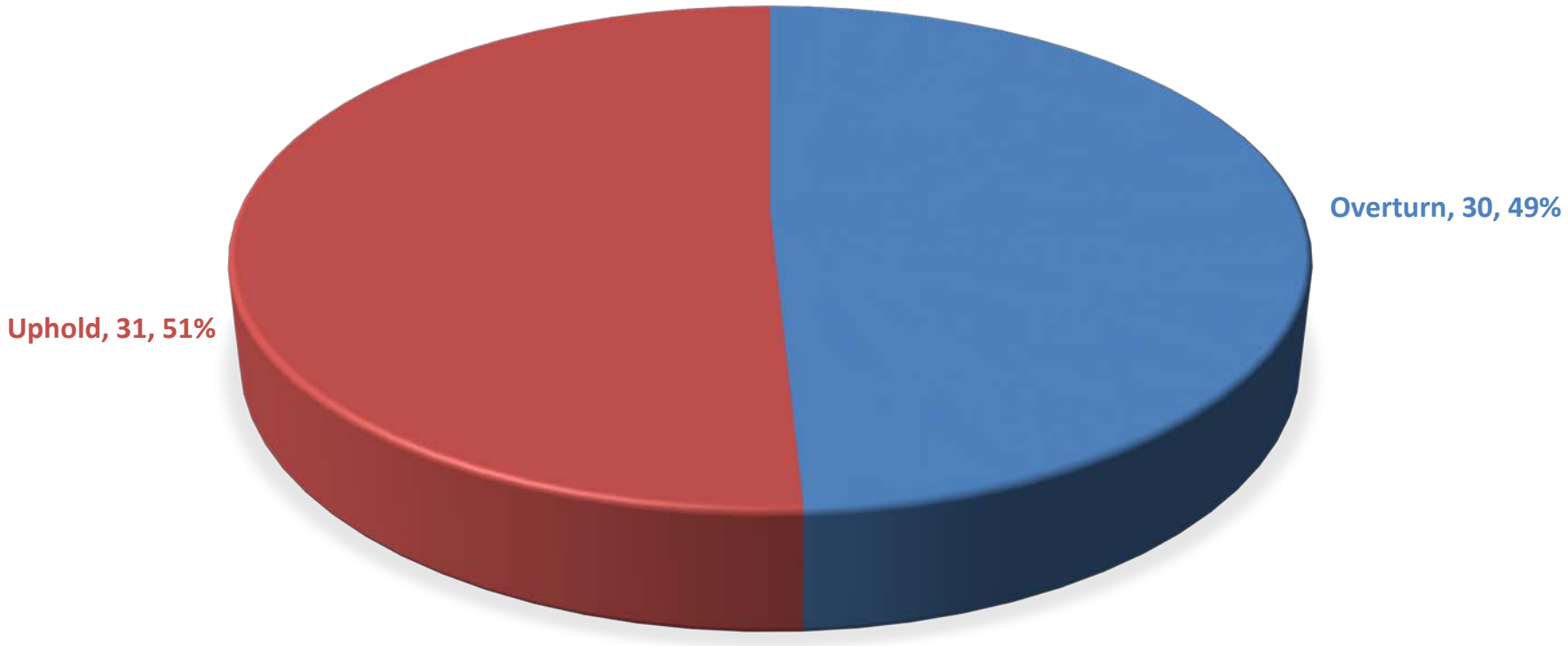


	January	Febraury	March
QOS-Billing/Balance Billing	26	30	54
QOS-Transportation Services NMT	16	6	17
QOC-Inappropriate Provider Care	2	6	7

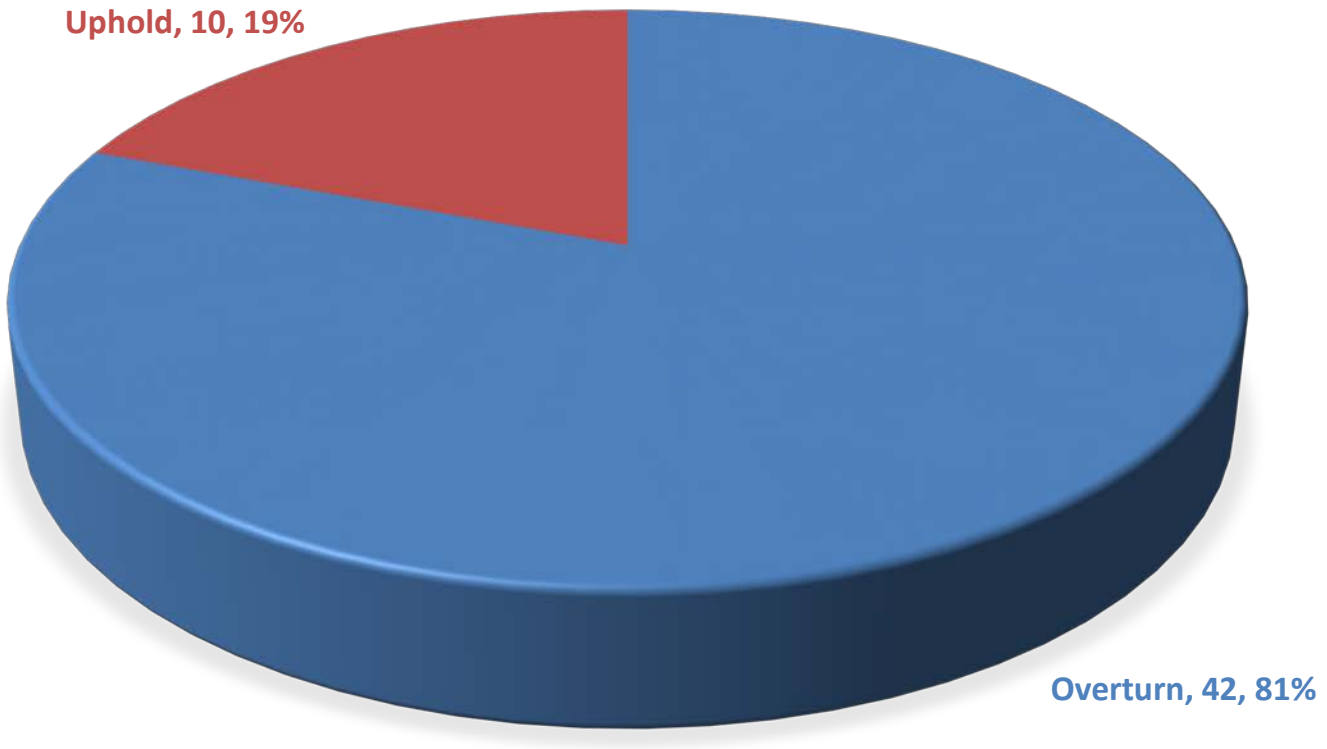
Q1 2022 CMC Appeals by Case Type



Q1 2022 CMC Pre-Service Appeals by Disposition



Q1 2022 CMC Post-Service Appeals by Disposition



Santa Clara Family Health Plan™

Quality Improvement Committee

Q1 2022 Grievance and Appeals Data

Regular Meeting of the

Santa Clara County Health Authority
Utilization Management Committee

Wednesday, April 20, 2022, 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, D.O., Head & Neck Surgeon
Laurie Nakahira, D.O., Chief Medical Officer
Habib Tobbagi, MD, PCP, Nephrology
Indira Vemuri, MD, Pediatric Specialist

Staff Present
Christine Tomcala, Chief Executive Officer
Dang Huynh, Director, Pharmacy and Utilization Management
Jessica Bautista, Manager, Community Based Case Management
Luis Perez, Supervisor, Utilization Management
Ashley Kerner, Manager, Administrative Services
Robyn Esparza, Administrative Assistant
Amy O'Brien, Administrative Assistant

1. **Roll Call**

   Jimmy Lin, MD, Chair, called the meeting to order at 6:02 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 January 20, 2022 Utilization Management Committee (UMC) meeting were reviewed.

   It was moved, seconded, and the minutes of the January 20, 2022 UMC meeting were **unanimously approved**.

   Motion: Dr. Alkoraishi
   Second: Dr. Nakahira
   Ayes: Dr. Alkoraishi, Dr. Lin, Dr. Nakahira
   Abstain: Dr. Tobbagi
   Absent: Dr. Vemuri

4. **CEO Update**

   Christine Tomcala, Chief Executive Officer, announced that the Plan successfully completed its National Committee for Quality Assurance (NCQA) accreditation renewal survey for the Cal MediConnect (CMC) Medicare product. Congratulations were offered to the medical management team and all staff members who ensured the audit was a success.

   It was noted the Plan is actively preparing for implementation of a Dual Eligible Special Needs Plan (D-SNP). The D-SNP is a requirement of California Advancing and Innovating Medi-Cal (CalAIM), and it will replace the current CMC plan in 2023. The Plan's preparation includes, among other things, re-contracting with our provider network.

5. Chief Medical Officer Update

Dr. Laurie Nakahira, Chief Medical Officer, began with an update on the Department of Health Care Services (DHCS) audit. The audit took place over a 2 week period in March 2022. The Plan currently awaits the results of the audit. In addition, the Plan has begun preparation for next year's NCQA interim accreditation audit for our Medi-Cal (MC) line of business.

6. Old Business/Follow-Up Items

a. NCQA Cardiovascular Monitoring of People with Cardiovascular Disease and Schizophrenia

Dr. Huynh presented the summary of changes from Healthcare Effectiveness Data and Information Set (HEDIS) for Measure Year (MY) 2022. Dr. Huynh noted that members who receive hospice care anytime during the measurement year are excluded. The full data set will be reported to the NCQA. Please refer to the complete UMC agenda packet for the handout that outlines these changes.

7. UM Program Evaluation - 2021

Dr. Nakahira presented an overview of the UM Program Evaluation for 2021. The Program Evaluation pertains to both the Plan's CMC and MC lines of business. It is also necessary for NCQA MC accreditation purposes.

It was moved, seconded, and the UM Program Evaluation - 2021 was **unanimously approved**.

Motion: Dr. Lin
Second: Dr. Alkoraishi
Ayes: Dr. Alkoraishi, Dr. Lin, Dr. Nakahira, Dr. Tobbagi
Absent: Dr. Dinh, Dr. Vemuri

8. UM Work Plan - 2022

Dr. Nakahira presented an overview of the UM Work Plan for 2022. Dr. Nakahira advised that lines one through twenty-two are the standard measures used for prior years, and lines twenty-three and twenty-four were added to meet regulatory requirements.

It was moved, seconded, and the UM Work Plan - 2022 was **unanimously approved**.

Motion: Dr. Lin
Second: Dr. Alkoraishi
Ayes: Dr. Alkoraishi, Dr. Lin, Dr. Nakahira, Dr. Tobbagi
Absent: Dr. Dinh, Dr. Vemuri

9. Prior Authorization Grid for Medi-Cal and Dual SNP - 2023

Dr. Huynh presented an overview of the Prior Authorization Grid for Medi-Cal and Dual SNP for 2023. Currently, there are no changes for 2022. The UM department is in the process of updating the grid to reflect the implementation of the D-SNP in 2023. Revisions to the Prior Authorization Grid will be brought to either the July 2022 or October 2022 UMC meetings. The current grid was approved by the Pharmacy and Therapeutics committee during the January 2022 meeting.

It was moved, seconded, and the Prior Authorization Grid for Medi-Cal and Dual SNP - 2023 was **unanimously approved**.

Motion: Dr. Tobbagi
Second: Dr. Dinh
Ayes: Dr. Alkoraishi, Dr. Dinh, Dr. Lin, Dr. Nakahira, Dr. Tobbagi
Absent: Dr. Vemuri

10. UM 1B Annual Assessment of Senior Level Practitioners for NCQA - 2021

Dr. Nakahira presented an overview of the UM 1B Annual Assessment of Senior Level Practitioners for NCQA 2021 to the committee. This annual review occurs as a result of NCQA requirements. The assessment illustrates the Plan's activities related to oversight of senior level practitioners within their provider networks.

11. Delegation Oversight

Dr. Huynh gave an overview of the Plan's Delegation Oversight Program Description. Kaiser Permanente is excluded from this Program Description. Dr. Huynh's summary included some of the changes pending from North East Medical Services (NEMS), Valley Health Plan (VHP), Physicians' Medical Group of San Jose, and Premier Care of Northern California. Dr. Huynh explained that the Program Description is approximately 350 pages in length, and includes all of the UM Program Descriptions. During the annual review, the UM department will take a deeper dive into the Program Description and bring their findings and recommendations to the UMC at the end of the year. Please refer to the complete UMC agenda packet for the handouts that outline these Program Descriptions.

It was moved, seconded, and Delegation Oversight was **unanimously approved**.

Motion: Dr. Dinh
Second: Dr. Lin
Ayes: Dr. Alkoraishi, Dr. Dinh, Dr. Lin, Dr. Nakahira, Dr. Tobbagi
Absent: Dr. Vemuri

12. Enhanced Care Management (ECM)

a. ECM Denial and Disenrollment Policy

Dr. Huynh gave a brief summary of the ECM Denial and Disenrollment Policy. The purpose of the policy is to clearly define the Plan's ECM Denial and Disenrollment process. The policy falls under the Quality Improvement department, but it is a UM function. Dr. Huynh explained that this process is similar to the prior authorization process. The main difference is that when an ECM member or beneficiary no longer meets the requirements, disenrollment occurs and the member or beneficiary is sent a notice of action.

b. ECM Care Coordinator Guidelines

Dr. Huynh next provided an overview of the ECM Care Coordinator Guidelines. These guidelines outline how members or beneficiaries meet the eligibility requirements for ECM. These guidelines are utilized by non-medical clinical staff members. In cases where it is deemed that a member or beneficiary no longer meets the criteria, a medical director reviews the case to determine if medical necessity still exists and they can remain in the ECM program.

It was moved, seconded, and the ECM Denial and Disenrollment Policy and the ECM Care Coordinator Guidelines were **unanimously approved**.

Motion: Dr. Tobbagi
Second: Dr. Dinh
Ayes: Dr. Alkoraishi, Dr. Dinh, Dr. Lin, Dr. Nakahira
Absent: Dr. Vemuri

13. Reports

a. Membership

Dr. Nakahira gave a summary of the Membership Report from April 2021 through April 2022. The Plan's current CMC membership includes 10,333 members. The Plan's total MC membership includes 288,485 members. As of April 2022, our total membership includes 298,818 members.

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

Dr. Nakahira gave an overview of the UM objectives and goals. Dr. Nakahira advised that these metrics cover the period from April 1, 2021 through March 31, 2022. Dr. Nakahira gave a summary of the data for the Plan's MC SPD line of business. Dr. Nakahira then gave a summary of the data for the Plan's MC non-SPD line of business. She continued with her summary of the data for the Plan's CMC line of business.

Dr. Nakahira continued with a comparison of the inpatient and outpatient utilization rates for the Plan's MC non-SPD and SPD populations. Her summarization included the outpatient utilization rates for our MC SPD and non-SPD populations, and for our CMC population.

Dr. Nakahira discussed the inpatient readmissions rates for the MC line of business, and she included a comparison of the data from 2020 versus 2021. Next, she discussed the inpatient readmissions rates for our CMC line of business.

Dr. Tobbagi asked for a more detailed breakdown of the specific types of readmissions and their causes. Dr. Huynh replied that there could be several diagnoses that could lead to patients' readmissions. The UM department is developing a process which enables staff to share all hospitalization discharges and transfers with our provider networks on a timely basis. Dr. Huynh agreed that there should be a transparent process in place to notify providers when a patient is admitted to the hospital, along with the cause of admission. The UM department can put together some additional metrics, and/or conduct a random sampling of the causes of patients' readmissions, and bring these results to either the July 2022 or October 2022 UMC meeting.

Dr. Nakahira gave an overview of the ADHD MC BH metrics. The UM department hopes to increase the rankings in the category of 'Follow-up Care for Children Prescribed ADHD Medication' through increased follow-up measures and services, such as telehealth, primary care, and behavioral health care visits. The category of 'Antidepressant Medication Management' was on track for 2021. In the category of 'Cardiovascular Monitoring for People with Cardiovascular Disease & Schizophrenia' the 2021 ranking has shown improvement.

Dr. Huynh presented a summary of the discussion points from the UM department's medical deep dive meeting on April 7, 2022. Dr. Lin asked for the eligibility requirements for Community-Based Adult Services (CBAS). Dr. Huynh advised he will discuss the Department of Managed Health Care (DMHC) eligibility requirements with Dr. Lin in a separate discussion outside of this meeting. Dr. Huynh then gave an overview of the California Children's Services (CCS) Utilization Review, which was also a part of the deep dive discussion. Please refer to the complete UMC agenda packet for the handouts that address the specifics pertaining to these two topics.

c. Dashboard Metrics

- Turn-Around Time – Q1 2022

  Dr. Huynh summarized the CMC and MC Turn-Around Time metrics for Q1 2022. The turn-around times in almost all categories are compliant at 98% or better, with many categories at 100%. Due to an IT glitch, however, approximately 750 letters were not mailed out on a timely basis and member notification was non-compliant. This is not reflected on the CMC and MC dashboards. Dr. Huynh advised that the updated numbers will be reviewed and brought to the July 2022 meeting.

d. Cal MediConnect and Medi-Cal Quarterly Referral Tracking – Q1 2022

Mr. Perez summarized the data from the Q1 2022 CMC and MC Quarterly Referral Tracking reports. Mr. Perez explained the purpose of the quarterly referral tracking reports. At the end of the year, the Plan analyzes the members who did not receive authorized services to determine why those services were not rendered. This is a requirement of the DHCS. Mr. Perez explained that these numbers are affected by claims lag times. The UM department regularly reviews authorizations where no services were rendered to determine why the members did not receive the services.

Dr. Lin asked why only 43.8% of authorized services were received in March 2022. Mr. Perez replied that the UM department will conduct some research and bring the results to the July 2022 meeting.

e. Cal MediConnect and Medi-Cal Annual Referral Tracking – 2021 Annual Assessment

Mr. Perez summarized the results of the CMC and MC Annual Referral Tracking Assessments for 2021. Mr. Perez explained the purpose of the annual referral tracking reports. At the end of the year, the Plan analyzes the members who did not receive authorized services to determine why those services were not rendered. This is a requirement of the DHCS. Mr. Perez explained that these numbers are affected by claims lag times.

f. Quality Monitoring of Plan Authorizations and Denial Letters (HS.04.01) – Q1 2022

Dr. Huynh presented the results of the Quality Monitoring of Plan Authorizations and Denial Letters for Q1 2022. Dr. Huynh reported that 96% of the standard authorizations were compliant with regulatory turnaround times. There was one case that was completed on the 15th day rather than the 14th day, and the UM department is working to identify if this was due to user error or increased volume during that timeframe. All findings are reviewed on a quarterly basis, with oversight by the Plan's medical directors.

g. Behavioral Health (BH) UM

Dr. Huynh presented the BHT (Behavioral Health Treatment) program overview to the committee. Dr. Huynh highlighted the developmental and trauma screenings that were completed in 2021 and, so far, in Q1 2022. These screening numbers may be affected by a data lag. Dr. Huynh highlighted the CMC and MC BHT utilization rates for members in 2019, 2020, 2021, and currently for 2022. The number of BHT services for 2022 will increase as we progress through the year. These utilization rates include our CMC Unique Members. Kaiser Permanente and Palo Alto Medical Foundation (PAMF) continue to lead among our provider networks for the highest utilization rates from 2019 through Q1 2022.

Ms. Tomcala asked if the numbers for the MC Outpatient Mild to Moderate Unique Members would be better reflected as percentages. Dr. Huynh agreed, and a discussion ensued in regards to tracking the data for any members who have progressed from the mild to moderate stage to the severe stage. In addition, information on patients' actual diagnoses would help determine who should receive mild to moderate services versus who might qualify for more intensive services.

Dr. Huynh continued with his presentation. Dr. Lin would like to see the UM department take a deeper dive into why Valley Health Plan's numbers are so much higher than Kaiser's in the MC Outpatient Mild to Moderate Unique Members category. Dr. Huynh will do some research and bring the results to our July 2022 meeting.

Dr. Huynh concluded with his summary of the data for BHT per/1000 and BHT Unique Members for 2019, 2020, 2021, and thus far for 2022. Dr. Huynh will ensure all BHT data will be presented in a more digestible format for future UMC meetings.

14. Adjournment

The meeting adjourned at 7:40 p.m. The next meeting of the Utilization Management Commitment is on July 20, 2022 at 6:00 p.m.

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Jimmy Lin, M.D, Chair
Utilization Management Committee

QUALITY IMPROVEMENT
COMMITTEE or ACTIVITY REPORT

Name of Reporting Committee or Activity: Monitoring or Meeting Period:

Credentialing Committee 04/06/2022

Areas of Review or Committee Activity

Credentialing of new applicants and recredentialing of existing network practitioners

Findings and Analysis

DIRECT NETWORK		
Initial Credentialing		
Number initial practitioners credentialed	20	
Initial practitioners credentialed within 180 days of attestation signature	100%	100%
Recredentialing		
Number practitioners due to be recredentialed	5	
Number practitioners recredentialed within 36-month timeline	5	
% recredentialed 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 01/31/2022	669	

DELEGATED NETWORS							
(For Quality of Care ONLY)	**Stanford**	**LPCH**	**VHP**	**PAMF**	**PMG**	**PCNC**	**NEMS**
Total # of Suspension	0	0	0	0	0	0	0
Total # of Terminations	0	0	0	0	0	0	0
Total # of Resignations	0	0	0	0	0	0	0
Total # of practitioners	1354	908	754	800	1224	488	1040

Total counts for some Networks have increased due to Provider Adds for Full Delegate Network Reporting.

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

Cal MediConnect Consumer Advisory Board (CAB)

Thursday, June 2, 2022 11:30 AM – 1:00 PM
Santa Clara Family Health Plan
6201 San Ignacio Ave, San Jose, CA 95119

Minutes - Draft

Members Present
Laurie Nakahira, DO, Chief Medical Officer, Chair
Andy Le, Ombudsperson, Supervising Staff Attorney, Bay Area Legal Aid
Narendra Pathak

Members Absent
Charles Hanks
Dennis Schneider

Guest
John B. Henley, Jr.

Staff Present
Chelsea Byom, Vice President, Marketing, Communications, and Outreach
Angela Chen, Director, Case Management
Mike Gonzalez, Director, Community Engagement
Thien Ly, Director, Medicare Outreach
Carole Ruvalcaba, Director, Marketing and Communications
Lucille Baxter, Manager, Quality and Health Education
Charla Bryant, Manager, Clinical Quality and Safety
Shawna Cagle, Manager, Case Management
Cristina Hernandez, Manager, Marketing and Public Relations
Jocelyn Ma, Manager, Community Outreach
Zara Ernst, Health Educator
Jeanette Montoya, Health Educator
Rita Zambrano, Executive Assistant
Amy O'Brien, Administrative Assistant

Others Present
Rita Cruz Gallegos, Aurrera Health Group
Mary Haughey, Chief Operating Officer, YMCA of Silicon Valley
Lesa Honick, Marketing Consultant, Jensen-Honick
Shari Jensen, Marketing Consultant, Jensen-Honick

1. Roll Call

Dr. Laurie Nakahira, DO, Chief Medical Officer, and Chair called the meeting to order at 11:32 a.m., roll call was taken, and a quorum was established. Dr. Nakahira welcomed John B. Henley, Jr. as a guest and new member to the Consumer Advisory Board. Mr. Pathak noted that our thoughts and condolences are with all the victims of the recent mass shootings.

2. Public Comment

There were no public comments.

3. Meeting Minutes

The minutes of the March 3, 2022 Cal MediConnect (CMC) Consumer Advisory Board Committee meeting were reviewed.

4. Health Plan Update

Dr. Nakahira presented the Health Plan update. She began with an enrollment update. As of May 1, 2022, SCFHP has 301,262 members. This is a 7.1% increase since May 2021. The Plan's total Cal MediConnect (CMC) membership includes 10,334 members, which is a 3.5% increase since May 2021. Dr. Nakahira gave an update on the status of the recent National Committee for Quality Assurance (NCQA) audit. The Plan successfully completed this routine audit and is now re-accredited for the CMC line of business.

Dr. Nakahira continued with a general overview of Plan updates that are in the works. It is anticipated that the COVID-19 public health emergency (PHE) will be extended until at least October 15, 2022, with all board and committee meetings to remain virtual throughout that time. If the PHE continues, the "pause" on Medi-Cal (MC) redeterminations will remain in effect. Effective July 1, 2022, the Plan has a new CMC fitness provider, YMCA of Silicon Valley. The Governor's May budget was revised, and Dr. Nakahira summarized the changes made to some of the benefits covered under this budget.

5. COVID-19 Update

Dr. Nakahira provided the committee with an overview of the Plan's COVID-19 vaccination data and clinics. She discussed the various organizations the Plan has partnered with to increase testing and vaccination rates throughout the community. She gave an overview of the vaccination rates for SCFHP members, as compared to the residents of Santa Clara County who are non-members. Her presentation included the data for vaccination rates by age groups and ethnicities. She also provided data that compared SCFHP's MC membership vaccination rates with other managed care and Fee-for-Service health plans.

6. Cal MediConnect Transition to Dual Eligible Special Needs Plan (D-SNP)

Thien Ly, Director, Medicare Outreach, gave an overview of the upcoming CMC transition to the Dual Eligible Special Needs Plan (D-SNP). This transition is part of the California Advancing and Innovating Medi-Cal (CalAIM) initiative by the Department of Health Care Services (DHCS). Mr. Ly provided a link to the DHCS website. Mr. Ly defined D-SNP for the committee members, and he explained all of the elements of the transition. As of January 1, 2023, current SCFHP CMC members do not need to take any action, and they will automatically transition to the D-SNP.

At this time, Cristina Hernandez, Manager, Marketing and Public Relations, presented the committee members with 3 options for D-SNP messaging that will be rolled out later this year. She asked for the members' feedback on which option they prefer and feel is the most clear and concise.

Mr. Pathak asked if the prescription drug benefit of up to $75 for OTC items every 3 months will be increased to $100 or $150, which is a better benefit for our members. Ms. Hernandez will relay this feedback to the staff members who work on our benefits packages.

Mr. Henley likes the compactness of the messaging in Option 1. Mr. Pathak likes both Options 1 and 2, however, he feels strongly that Option 3's messaging is not beneficial.

7. Member Orientation

Jocelyn Ma, Manager, Community Outreach, provided an overview of the Plan's Member Orientation pilot program. Ms. Ma highlighted the accomplishments of the pilot program. She discussed the number of orientation sessions to date, offered both virtually and in-person. Sessions are conducted in English and 3 threshold languages. She discussed the number of registrants and attendees since the pilot program's implementation in 2021. Ms. Ma also discussed the results of the member orientation feedback survey sent to

all attendees. Ms. Ma concluded with an overview of some of the challenges SCFHP has experienced in the implementation of the Member Orientation program.

Ms. Ma asked the committee members for their feedback on how SCFHP can increase attendance for member orientations. Mr. Henley commented that the member newsletter is a good resource for information on events at SCFHP. Mr. Pathak suggested that the Plan send the newsletter to our various non-profit organizations, community partners, and Santa Clara County elected officials so they can publish it on their message boards and websites in the threshold languages.

8. Standing Items

a. Community Resource Center

Mike Gonzalez, Director, Community Engagement, presented an overview of the recent activities at the Blanca Alvarado Community Resource Center. Mr. Gonzalez introduced Daisy Montoya, Community Resource Center Coordinator, and the newest member of the team. Mr. Gonzalez shared the monthly calendar of activities, which can be found on our website at www.crc.scfhp.com and through our social media account @CRC_SCFHP. He also shared the hours the Center is open.COVID-19 safety protocols remain in place. Mr. Gonzalez highlighted the services, programs, and events on offer at the Center. He also shared the number of visitors and the types of services provided to them since the Center opened in 2021.

Mr. Gonzalez discussed the impact of the CRC on the community. Members can receive in-person application assistance for enrollment into Covered California and MC. The Center also provides members with resource navigation assistance. Mr. Gonzalez discussed the goals of the process roadmap and the members of the Resident Advisory Group. He also discussed the Center's vision and purpose, which is in alignment with the vision of SCFHP. Mr. Gonzalez introduced the Center's 'Welcome Statement'. He concluded his presentation with an announcement about the 'Community Celebration Event' on Saturday, June 25, 2022 from 10:00 a.m. to 2:00 p.m. The topics for discussion include the conclusion of the CRC planning process, and the launch of a community health framework.

b. Member Communications

Chelsea Byom, Vice President, Marketing, Communications, and Outreach discussed the member communications completed since the March 2022 meeting. Member communications included the spring newsletter, and updated Welcome Kits that include information about the current fitness benefit. Her presentation highlighted the SCFHP website which is updated with materials such as the Formulary, the Provider directory, our newsletters, and the PHE Homepage banner. The PHE Homepage includes a link to County websites. Ms. Byom also discussed the SCFHP PHE communication strategy once the PHE ends. Ms. Byom concluded with a list of the events the Plan participated in since our March 2022 meeting, as well as upcoming events.

c. Behavioral Health

Angela Chen, Director, Case Management, discussed Mental Health Awareness Month. Ms. Chen explained that mental health includes our emotional, psychological, and social well-being. It affects how people think, feel, act, handle stress, relate to others, and make good choices. Mental health is important from childhood through adulthood. Mental illness can cause psychological and behavioral problems that are not uncommon, yet are largely treatable. Ms. Chen shared that 1 in 5 Americans will be affected by a mental health condition at some point in their lifetime. She also shared key points related to Mental Health Awareness month and how to take action to fight the stigma of mental illness and raise awareness.

d. Case Management Update

Shawna Cagle, Manager, Case Management, provided an overview of the Case Management Care Coordination and In-Home Supportive Services (IHSS) programs. Ms. Cagle's overview included details such as who qualifies for IHSS, what services are included and how to apply for them, and the overall timeline from the start of the application process until the start of IHSS. It is possible to expedite applications for individuals

with critical care or hospice care needs. Ms. Cagle also explained the scenarios in which IHSS reassessment is required. Ms. Cagle provided contact information for the IHSS registry list and the care coaching referral process. Ms. Cagle also provided contact information for the Care Coordinator Case Management Help Desk and their hours of operation.

e. Health Education and Cultural Linguistics – Overview of the YMCA Diabetes Prevention Program

Dr. Nakahira introduced Mary Haughey, Chief Operating Officer, YMCA of Silicon Valley, who presented an overview of the Diabetes Prevention Program (DPP). Ms. Haughey explained that the DPP program model is a structured intervention with the goal of Type 2 Diabetes prevention in individuals with an indication of pre-diabetes. Ms. Haughey provided the details of the year-long program which consists of at least 16 intensive "core" sessions which follow a curriculum approved by the Centers for Disease Control and Prevention (CDC). The program provides practical training in long-term dietary changes, increasing physical activity, and behavior change strategies for weight management. Upon completion of the core sessions, monthly follow-up meetings are conducted to ensure the continuation of the new behaviors. The primary goals are to reduce body weight by 5-7% and increase physical activity.

Ms. Haughey further explained that the National DPP is based on the results of a study funded by the National Institutes of Health (NIH) which showed that these strategies sharply reduced the onset of Type 2 Diabetes in people at high risk for the disease. The program is virtual at this time, with limited availability of Chromebooks and scales and internet hot spots. In-person classes will resume within the next year, with a virtual option available if allowed to do so by the CDC. Classes are currently in English, Spanish, and, after July 1, 2022, Vietnamese. The YMCA is currently recruiting for lifestyle coaches who speak Mandarin and Cantonese. They also have the capacity to deliver the program in Russian, Hindi, and Portuguese.

Ms. Haughey continued with an overview of the program reach and impact. She discussed the eligibility requirements and instructions on how to register for the program. The YMCA works with enrollees' insurance plans and with medical offices for direct referrals.

f. Cal MediConnect Ombudsperson Program Update

Andy Le, Ombudsperson and Supervising Staff Attorney for Bay Area Legal Aid, gave an overview of the services available for our CMC members. Members who experience difficulty with CMC health plan enrollment, disenrollment, or access to healthcare are encouraged to call Bay Area Legal Aid. Oftentimes, disenrollment occurs when the premium has not been paid, when the individual has enrolled within the wrong county, one of the MC or Medicare programs is inactive or has been terminated, or when there is a gap in coverage.

Mr. Le included his contact information in the 'Chat'. He encouraged committee members to contact him with any healthcare access or eligibility issues, as well as instructions on how to file an appeal of disenrollment. He can also assist with redetermination letters or questions about share of cost.

Bay Area Legal Aid has seen an increase in phone calls related to emergency health plan enrollment. They are short-staffed at this time, so please be patient and leave a voicemail if you call after 1:00 p.m. Your calls will be returned within 24 hours.

g. Future Agenda Items

Dr. Nakahira asked for suggestions on topics of interest for our September 1, 2022 meeting. At this time, there were no suggestions.

9. Adjournment

The meeting adjourned at 1:04 p.m. The next Cal MediConnect Consumer Advisory Board meeting is scheduled for Thursday, September 1, 2022 at 11:30 a.m.

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Laurie Nakahira, DO, Chairperson
Cal MediConnect Consumer Advisory Board Committee

Regular Meeting of the

Santa Clara County Health Authority
Provider Advisory Council (PAC)

Wednesday, May 11, 2022, 12:15 – 1:45 PM
Santa Clara Family Health Plan – Teleconference
6201 San Ignacio Ave, San Jose, CA 95119

MINUTES - DRAFT

Members Present
Thad Padua, MD, Chair
Clara Adams, LCSW
Michael Griffis, MD
Ghislaine Guez, MD
Bridget Harrison, MD
Jimmy Lin, MD
Peter L. Nguyen, DO
Jack Pollack, MD
Sherri Sager
Meg Tabaka, MD

Members Absent
Pedro Alvarez, MD
Dolly Goel, MD
David Mineta
Hien Truong, MD

Staff Present
Christine Tomcala, Chief Executive Officer
Christine Turner, Chief Operating Officer
Laurie Nakahira, DO, Chief Medical Officer
Janet Gambatese, Director, Provider Network Operations
Dang Huynh, PharmD, Director, Pharmacy & Utilization Management
Angela Chen, Director, Case Management & Behavioral Health
Brandon Engelbert, Manager, Provider Network Operations
Ashley Kerner, Manager, Administrative Services
Amy O'Brien, Administrative Assistant
Robyn Esparza, Administrative Assistant

1. **Roll Call/Establish Quorum**
   Thad Padua, MD, Chair, called the meeting to order at 12:19 pm. Roll call was taken and a quorum was established.

2. **Public Comment**
   There was no public comment.

3. **Meeting Minutes**
   The minutes of the February 9, Provider Advisory Council (PAC) meeting were reviewed.

   It was moved, seconded, and the February 9, 2022, Provider Advisory Council (PAC) minutes were **unanimously approved.**

   Motion: Dr. Peter Nguyen
   Second: Dr. Jimmy Lin
   Ayes: Ms. Adams, Dr. Guez, Dr. Griffis, Dr. Harrison, Dr. Lin, Dr. Nguyen, Dr. Padua, Dr. Pollack, Ms. Sager, Dr. Tabaka

4. Chief Executive Officer Update

Christine Tomcala, CEO, presented the May 2022 Enrollment Summary, noting the Plan now has more than 300,000 members, with 10,334 members in Cal MediConnect (CMC) and 290,928 members in Medi-Cal (MC). Ms. Tomcala noted membership is expected to decrease when the public health emergency ends and the redetermination process is reinstated.

Ms. Tomcala announced that the Plan officially passed its NCQA Medicare renewal survey, providing designation as an accredited plan for the next three years. She expressed appreciation to the Plan's team members who achieved this cross-functional accomplishment. She further noted the Plan is actively working on obtaining NCQA accreditation for the Medi-Cal line of business.

5. Pharmacy Updates

a. Review and Discuss the Current Drug Reports

Dr. Dang Huynh, Director, Pharmacy and Utilization Management, advised the council that prior authorization and claims data related to the Medi-Cal will no longer be brought to this committee, as it has been carved out to fee-for-service Medi-Cal. Upon availability of data and reports will be shared with this council upon availability.

Dr. Huynh presented the 2022 Q1 Top 10 Drugs by Total Cost and Prior Authorization (PA) Volume for 01/01/22 – 03/31/22. He noted that for Q4 2021 to Q1 2022, there was a slight increase in drug costs of roughly $125,000 and that the Plan typically sees an increase at the beginning of the calendar year. Utilization and the top ten pharmaceutical utilization have roughly been the same, with Xeljanz at #10 replacing Lantus Solostar. Dr. Huynh reviewed Prior Authorizations by volume and ranked in the top ten. As mentioned at previous meetings, any increase in requests will shift the ranking due to the low PA request levels. For this report, there was nothing notable for discussion.

b. Medi-Cal Rx

Dr. Huynh informed the council that DHCS announced they would not be terminating the grandfather logic. They will continue allowing historical PAs or historical claims until further notice. The DHCS will be making a phase-in approach for Medi-Cal Rx PAs that are terminating or not on their contracted drug list. He noted that DHCS sent out a notification to clarify coverage regarding continuous glucose monitors (CGMs). He explained that there are two types of CGMs: therapeutic and non-therapeutic. Therapeutic CGMs are Dexcom G6 and FreeStyle Libre, which Medi-Cal Rx would cover with prior authorization for Diabetes Type 1. Non-therapeutics CGMs, such as Medtronic, are not covered.

CMC and CGMs are covered under Medicare Part B and are coverable for Type 1 and Type 2 Diabetes. The Plan is currently covering Part B CGMs through a DME vendor but looking to expand access through the PBM. For any requests that Medi-Cal Rx does not cover, the Plan will be reviewed for medical necessity and potentially covered through the prior authorization process.

6. Utilization Management (UM) Updates

Expiring Continuity of Care Authorizations

The UM Department is working on notifying members and providers of expiring continuity of care authorizations. Notices will advise members of the COC requirements for continued care for a non-contracted provider.

Provider Portal

The UM Department is also working on updating and implementing new templates to make the Provider Portal more user-friendly and is hoping to have some enhancements in the next few months. Dr. Huynh encouraged the providers to try to use the Provider Portal, and to feel free to reach out to himself or Mr. Brandon Englebert, Manager, Provider Network Operations, and either would be more than happy to help get them set up. Dr. Huynh noted that feedback is greatly welcomed during the refining of the online portal.

Community-Based Adult Services (CBAS) and Temporary Alternative Services (TAS)

Dr. Huynh noted that CBAS, which allows CBAS centers to provide remote services through TAS allowance, is

expiring at the end of June. The recommendation is that members go back into the physical CBAS centers; however, the Department of Aging is working on a policy, which they coined ERS or Emergency Remote Services, to allow for remote CBAS services. Policies are being worked on right now with the Department of Aging, DHCS, and CMS.

7. Quality

DHCS Comprehensive Quality Strategy 2022

Dr. Laurie Nakahira, COO, provided an in-depth overview of the 2022 DHCS Comprehensive Quality Strategy (CQS), a 10-year vision for Medi-Cal. Dr. Nakahara expressed that these quality measures are the standard of care to ensure measures are accomplished. She noted that Well Child Visits are recommendations from the American Academy of Pediatrics, Family Practice, Internal Medicine, and the US Task Force and should be done regularly. The Plan is internally working with the providers in the community. A practice transformation and provider education campaign to try and help with provider performance is being conducted by the Plan. Dr. Nakahira noted that although many providers are doing a great job, some providers need a little more assistance with accountability. We are here to support the providers and help with improving the process and assuring that the Members are getting the standard of care.

8. Provider Network Operations

Update on Provider Satisfaction Survey

Ms. Janet Gambatese, Director, Provider Network Operations (PNO), provided an update on Provider Satisfaction Survey, reminding the council of the previous discussions at the last couple of PAC meetings, including asking for council's feedback on how we can make the survey better which would result in more provider participation. It's a plan objective to develop a new provider satisfaction survey to understand what we are doing well and where there are areas for opportunity. PNO has been working with a vendor to help craft and execute the study. The online survey was launched on April 29th and took approximately eight to ten minutes to complete. The survey includes areas of checkboxes for preferred selection and also a free text box for comments.

Once the survey closes, focus groups will be conducted where providers and their office staff can give additional information during breakfast or lunch meetings. There will be an incentive for the provider and the office staff to participate. Once all the information has been collected and shared with providers/delegates, action plans will be put in place. Ms. Gambatese encouraged the council to take the survey if they had not yet completed it. The online survey will be open thru May 20th. PCPs, specialists, and anyone in their offices can achieve it.

9. Case Management / Behavioral Health

a. Student Behavioral Health Incentive Program

Ms. Angela Chen, Director, Case Management & Behavioral Health, provided a presentation on an overview of the Student Behavioral Health Incentive Program. More information can be found at https://www.dhcs.ca.gov/studentbehavioralheathincentiveprogram.

10. Old Business

There was no old business discussed.

11. New Business

a. Discuss Dual Special Needs Plan (D-SNP)

Ms. Chris Turner, COO, presented the SCFHP's D-SNP efforts. The updates included information on the CalAIM Requirements, Differences between CMC and D-SNP, Key Milestones / Deadlines, and Current Focus Areas.

Ms. Gambatese updated the council on the D-SNP contracting efforts. She noted that D-SNP is a major contracting endeavor the Plan is undertaking and are in constant communication with providers to execute and return the D-SNP contracts. The PNO Department is diligently working with providers and encouraging them to sign and return them as soon as possible, as the Plan's goal is to have 100% of network adequacy by the end of this month.

b. Update on FY22 Disparity and Equity Initiatives:

Ms. Tomcala, CEO, provided an update on the Vaccine Incentive Program to Close the Vaccination Gaps between SCFHP and County Rates. She presented updated COVID vaccination graphs, including age group, ethnicity, and booster status data. There is an 11% gap between SCFHP members (74%) and overall Santa Clara County (85%) residents who have received at least one COVID vaccine dose.

Ms. Tomcala referred to a CalMatters article, "California backs away from COVID vaccine mandates for kids." She shared that beyond the State's incentive program, SCFHP continues working with community-based organizations and offers COVID-19 clinics at the Blanca Alvarado Community Resource Center (CRC) and funding incentives. This program looked at ages 12 and up; currently, 78% of SCFHP members have received one vaccination, up from 65% last August, a 13% increase.

We continue to work with COVID-19 black outreach to the African ancestry community (63%), which continues to trail percentage-wise, and we continue to participate with the Catholic Charities' COVID-19 outreach and education project.

SCFHP membership continues in second place of all the medical plans in terms of the vaccination status.

12. Discussion / Recommendations

Dr. Laurie Nakahira, CMO, informed the council that the Plan is starting Continuing Medical Educations (CMEs) again. She noted that a virtual CME session would be on May 17th, 19th, and 24th. The topic of discussion is The Prevention of Childhood Lead Poisoning: Why Physicians Should Counsel on Lead and Screen for Lead Exposure. By attending and completing the class, providers can earn 1.5 AAFP prescribed Continuing Medical Education (CME) credits on Lead Poisoning and Preventive Care. The presenter will be Dr. Jean Woo, M.D., MPH, MBA, Public Health Medical Officer, California State Childhood Lead Poisoning Prevention. The first 150 providers registered will receive $50 for completing a session and evaluation, plus an additional $40 in DoorDash credit.

13. Adjournment

The meeting adjourned at 1:43 p.m. The next meeting is scheduled for Wednesday, August 10, 2022.

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Thad Padua, Chair Date

Regular Meeting of the

Santa Clara County Health Authority
Consumer Advisory Committee

Tuesday, June 7, 2022, 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
Ajit Raina
Ishendra Sinha
Hoang Truong
Tran Vu

Members Absent
Barifara (Bebe) Barife
Vishnu Karnataki
Maria Cristela Trejo Ramirez

Staff Present
Christine Tomcala, Chief Executive Officer
Chris Turner, Chief Operating Officer
Chelsea Byom, Vice President, Marketing, Communications and Outreach
Mike Gonzalez, Director, Community Engagement
Carole Ruvalcaba, Director, Marketing and Communications
Lucille Baxter, Manager, Quality and Health Education
Cristina Hernandez, Manager, Marketing and Public Relations
Jocelyn Ma, Manager, Community Outreach
Jenny Arellano, Marketing Project Manager
Zara Hernandez, Health Educator
Rita Zambrano, Executive Assistant
Amy O'Brien, Administrative Assistant

1. **Roll Call**

   Debra Porchia-Usher, Chair, called the meeting to order at 6:02 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 March 8, 2022 Consumer Advisory Committee meeting were reviewed.

   It was moved, seconded, and the minutes of the March 8, 2022 Consumer Advisory Committee meeting were **unanimously approved.**

Motion:	Mr. Vu
Second:	Mr. Sinha
Ayes:	Ms. Everett, Ms. Ezquerro, Ms. Hart, Ms. Porchia-Usher, Mr. Raina, Mr. Sinha, Ms. Truong, Mr. Vu
Absent:	Ms. Barife, Mr. Karnataki, Ms. Ramirez

4. Member Orientation Update

Jocelyn Ma, Manager, Community Outreach, presented an overview of the Member Orientation pilot program. Ms. Ma highlighted the accomplishments of the pilot program since its implementation in 2021. She discussed the number of sessions to date, offered both virtually and in-person. Sessions are conducted in the 5 threshold languages. Eligible members receive a $25.00 member incentive for their attendance. To date, the Plan has given $8,200.00 in member incentives. Ms. Ma also discussed the results of the feedback survey sent to all attendees. Ms. Ma concluded with an overview of some of the challenges experienced in the implementation of this program.

Ms. Ma asked the committee members for their feedback on how SCFHP can increase attendance at orientations. Ms. Hart suggested stipends to increase member attendance. She also feels that a more dynamic name in place of 'Member Orientation' might attract more interest and excitement in this program. Ms. Hart commented that some people may not understand what an orientation is and what to expect if they attend. She also suggested sending out a colorful flyer to increase enthusiasm. Ms. Ezquerro suggested we rename the program 'Know your Health Plan'. Ms. Porchia-Usher suggested the use of the word 'raffle' to attract people's attention.

Ms. Ma concluded with an overview of what's next as they continue to develop the program. Customer Service representatives are currently in training to conduct sessions in more languages. The Marketing team is working on a new flyer that draws attention to the $25.00 incentive. In the next fiscal year, the orientations will be given at various community office spaces, community centers, and libraries.

5. Health Plan Update

Christine Tomcala, Chief Executive Officer, announced that SCFHP membership now exceeds 300,000. As of May 2022, total enrollment was 301,262, an increase of approximately 7.1% since May 2021. Medi-Cal membership stands at 290,928, while Cal MediConnect (CMC) covers 10,334 members.

Ms. Tomcala extended a sincere thank you on behalf of all committee members and staff to Debra Porchia-Usher, who has served as the CAC Chair since 2020.

Ms. Tomcala asked the committee members if their schedules would accommodate consistently holding CAC meetings on the 1st Tuesday of the month for the two remaining meetings in 2022, and throughout 2023. The committee members agreed with the proposed change.

It was noted that the COVID-19 public health emergency (PHE) will likely be extended until October 15, 2022. The "pause" on Medi-Cal redeterminations remains in effect until at least January 2023. All board and committee meetings may remain virtual until that time. There may be an opportunity to conduct hybrid meetings, and Ms. Tomcala asked members for their preference as to the meeting location once the PHE has ended. The committee members agreed that they liked the options to either participate virtually or to attend meetings in person at the Blanca Alvarado Community Resource Center (CRC). Ms. Tomcala explained that she will keep the committee members informed of any changes to the Brown Act requirements that may affect our ability to virtually attend meetings.

Ms. Tomcala continued with a general overview of additional Plan updates. The Governor's May budget was revised, and she summarized the changes made to some of the benefits covered under this budget. Ms. Tomcala concluded with an update on the accomplishments of the COVID-19 One-Stop-Shop at the CRC.

6. Blanca Alvarado Community Resource Center

Mike Gonzalez, Director, Community Engagement, presented an overview of the recent activities at the Center. Mr. Gonzalez introduced Daisy Montoya, CRC Coordinator, and the newest member of the CRC team. Mr. Gonzalez shared the monthly calendar of activities, which can also be found on our website at www.crc.scfhp.com and through our social media account @CRC_SCFHP. He also shared the hours the

Center is open.COVID-19 safety protocols remain in place. Mr. Gonzalez highlighted the services, programs, and events on offer at the Center.

One of the events held at the CRC was the SCFHP Older Adults Resource Fair and Conference on May 14, 2022 which was attended by 150 older adults, 43 of whom were Plan members. Mr. Gonzalez highlighted the additional services, programs, and events on offer at the Center. He also shared the number of visitors and the types of services provided to them from July 2021 through April 2022. Members can receive in-person application assistance for enrollment into Covered California and Medi-Cal. The Center also provides members with resource navigation assistance.

The CRC planning process, in partnership with the Resident Advisory Group, has concluded, and he shared the key results of this process. He also shared the CRC's vision and purpose statements, in alignment with the vision of SCFHP, and he introduced the CRC's 'Welcoming All' statement. Mr. Gonzalez concluded by encouraging all committee members to attend the Community Celebration Event on Saturday, June 25, 2022 from 10:00 a.m. to 2:00 p.m. to officially conclude the CRC planning process and to launch the new community health framework.

7. Health Education and Cultural Linguistics

Zara Hernandez, Health Educator, presented an overview of the various Health Education classes available to our members. The majority of these classes do not require a PCP referral. Transportation can also be arranged by calling Customer Service. Ms. Hernandez's overview included a description of the asthma education program offered by Breathe California, and the Plan's new High Blood Pressure management class. She also discussed the counseling and support services offered to members through the ACT for Mental Health program.

Ms. Hernandez continued her overview, and she described the wide range of classes available for members, with topics such as parent education, nutrition and weight management, exercise and fitness, prenatal education, smoking cessation, and summer programs for our younger members. Almost all classes are offered in English and Spanish, and the smoking cessation class is also offered in Vietnamese. The Health Education department will expand the languages offered once we can return to in-person classes and there is increased demand. She gave instructions on how to sign up for these classes.

Members are also encouraged to access the SCFHP health library. SCFHP is also working with the City of San Jose to develop additional programs, such as mobility classes, wheelchair access programs, classes for seniors, and a mobile app diabetes prevention program through Yes Health. Ms. Hernandez concluded with an overview of our cultural and linguistics translation and interpretation services.

Mr. Sinha asked why the age range for the blood pressure class ends at age 75. Ms. Hernandez agreed that it is a good idea to extend the age range past 75 years old, and the Health Education department will make this change to the program.

8. SCFHP Member Communications

Chelsea Byom, Vice President, Marketing, Communications, and Outreach discussed the member communications completed since the March 2022 meeting. Member communications included the spring newsletter, which contained the Member Handbook Errata. Members who would like a hard copy of the Errata may call Customer Service to request it. Ms. Byom discussed the Plan's PHE communication campaign, especially once the "pause" on MC redeterminations has concluded. Her presentation highlighted the SCFHP website which is updated with materials such as the Formulary, the Provider directory, our newsletters, and the PHE Homepage banner. The PHE Homepage includes a link to County websites. Ms. Byom concluded with a list of the events the Plan participated in since our March 2022 meeting, as well as upcoming events.

9. Future Agenda Items

Ms. Porchia-Usher asked for suggestions on future agenda items. At this time, there were no suggestions.

10. Adjournment

The meeting adjourned at 7:02 p.m. The next Consumer Advisory Committee meeting is scheduled for Tuesday, September 6, 2022 at 6:00 p.m.

_____

Debra Porchia-Usher, Chair
Consumer Advisory Committee

Santa Clara County Health Authority
Updates to Pay Schedule
June 23, 2022

Job Title	Pay Rate	Minimum	Midpoint	Maximum
Accreditation Program Manager	Annually	99,315	$126,626	$153,938

Adjust Pay Schedule in its entirety as recommended by C-Biz Talent & Compensation Solutions by an adjustment factor of 5.00% effective July 1, 2022 to ensure salary range minimums and maximums remain competitive to the market.

Santa Clara Family Health Plan™

Santa Clara Family Health Plan
Quarterly Investment Performance & Compliance Report
For The Quarter Ended March 31, 2021

1. OVERVIEW

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

1. A statement of compliance with the investment policy.
2. A summary of investments & cash held at quarter-end.
3. A statement of SCFHP's ability to meet its expenditure requirements for the next six months.
4. Statements of diversification compliance with investment policies from the County of Santa Clara, City National Bank & Wells Fargo Bank.
5. Details of investment diversification.
6. Analysis of, and commentary on, investment yield.
7. Reports & other reference materials

2. KEY RECENT CHANGES

Change in Investment Advisor: This report was prepared by CFO Neal Jarecki and retains the format used by Sperry Capital, the Plan's former investment advisor. The Plan has contracted with a new investment oversight advisor, Meketa Investment Group, for future investment reporting, beginning with the quarter ending June 30, 2022.

Transition from Wells Fargo: At the end of December 2021, the Plan commenced movement of bank-held investments from Wells Fargo Bank to City National Bank, as approved by the Exec/Finance Committee in August 2021. Funds at City National Bank were largely cash at 12/31/21. The transition to City National Bank was completed in March 2022.

3. COMPLIANCE WITH THE INVESTMENT POLICY

The Plan's Investments and Cash & Equivalent accounts include the following:

1. Investments
    a. County of Santa Clara Comingled Investment Pool (County Investment Pool)
    b. City National Bank (CNB Investments)
    c. Allspring Global Investments - formerly Wells Fargo Investments (Allspring Investments)

2. Cash & Equivalents
    a. City National Bank
    b. Wells Fargo Bank
    c. Bank of the West Money Market Account (Money Market Account)
    d. Chase Bank account (Lockbox account)

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For The Quarter Ended March 31, 2021

Following review of the quarterly investment reports of the above-listed accounts, all investments made were compliant with Santa Clara Family Health Plan's 2021 Investment Policy (as adopted at the Executive/Finance Committee meeting of April 28, 2022 and attached to this report) and with the California Government Code.

4. PORTFOLIO SUMMARY

The quarter-end value of the Investments and Cash & Equivalents accounts were as follows:

CHART #1: PORTFOLIO SUMMARY

Investments:	
County Comingled Investment Pool (County Investment Pool)	$183,331,585
City National Bank Investments (CNB Investments)	$254,126,972
	$437,458,557
Cash & Equivalents:	
City National Bank	$80,632,040
Wells Fargo Bank	$4,714,733
Chase Bank	$110,794
	$85,457,567
Quarter-End Balance of Investments and Cash & Equivalents	**$522,916,124**

5. SIX MONTH CASH SUFFICIENCY

The Plan has sufficient cash on-hand, plus projected revenues, to meet its operating expenditure requirements for at least the next six months.

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Santa Clara Family Health Plan
Quarterly Investment Performance & Compliance Report
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6. DIVERSIFICATION COMPLIANCE

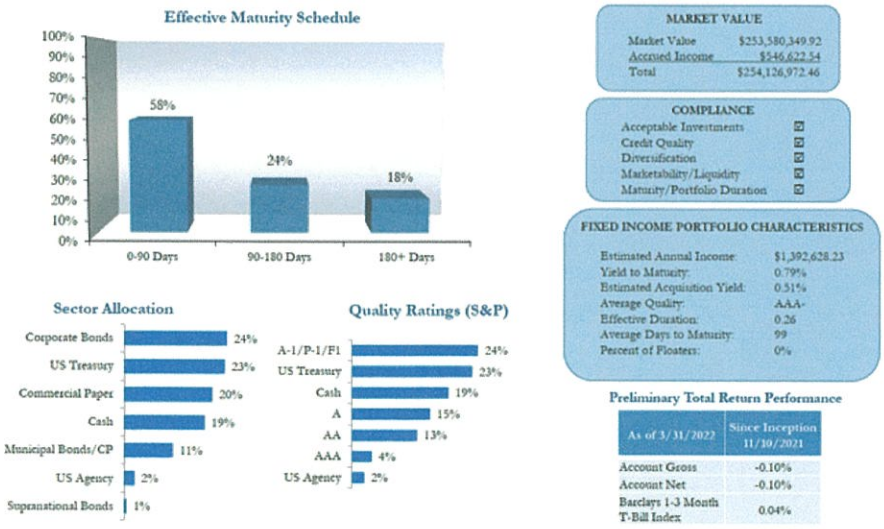
Prior published Quarterly Investment Reports for the Santa Clara County Commingled Investment Pool indicates compliance with the County Treasurer's Investment Policy and Diversification parameters. The Plan's investment policy specifies no maximum percentage or investment in the Commingled Investment Pool.

City National Bank provided a report of compliance with the Plan's investment policy, attached to this report.

7. ACTUAL VS. DIVERSIFICATION REQUIREMENTS

CHART #2: DIVERSIFICATION SUMMARY

Investment Type	Maximum Maturity	Maxium % of Portfolio	Quality Requirements	Quarter-End Balance	Compliant?
County Comingled Investment Pool	**N/A**	**None**	**None**	**$183,331,585**	**Yes**
City National Bank Investments:	**410 days**	**See below & attached**	**See below & attached**	**$254,126,972**	**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.*

Santa Clara Family Health Plan

Santa Clara Family Health Plan
Quarterly Investment Performance & Compliance Report
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8. INVESTMENT PERFORMANCE

CHART #3: INVESTMENT PERFORMANCE

Santa Clara County Comingled Investment Trust

Annualized Yield = 0.79%

Weighted Average Life = 1.84 years (670 days)

City National Bank Investments

Annualized Yield = -0.1% gross (also -0.1% net as fees were waived for Q1-22)

Benchmark: 3-Month T-Bill Rate: 0.04%

Average Duration: 99 days

The overall investment yield is lower than budget of 1.4% due to changing market conditions.

9. REFERENCE/ATTACHMENTS

a. 2022 SCFHP Investment Policy
b. County Investment Report excerpt (link to the full quarterly County Investment report: https://controller.sccgov.org/sites/g/files/exjcpb511/files/report/Quarterly-Investment-Report-20220331_0.pdf
c. City National Bank Investment Report

Santa Clara Family Health Plan™

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POLICY

Policy Title:	Investment Policy	Policy No.:	FA.07
Replaces Policy Title (if applicable):	NA	Replaces Policy No. (if applicable):	NA
Issuing Department:	Finance	Procedure Review Frequency:	Annual
Lines of Business (check all that apply):	☐ Medi-Cal	☐ CMC	

I. PURPOSE

This Investment Policy sets for the investment guidelines and structure for the investment of short- term operating funds not required for the immediate cash needs of the Plan on and after April 22, 2021 of the Santa Clara Family Health Plan ("SCFHP" or the "Plan") which was established by the Santa Clara County Board of Supervisors under Ordinance 300.576 and licensed by the State of California under the Knox-Keene Act of 1975 in 1996.

Investments may only be made as authorized by this Annual Investment Policy ("Policy" or "AIP"). SCFHP is required to invest its funds in accordance with the California Government Code ("Code") Sections 27130 et seq., Sections 53635 and/or 53601 et seq., Section 1346 of the Knox- Keene Act of 1975 as well as the prudent investment standard:

> The Prudent Investor Standard: When investing, reinvesting, purchasing, acquiring, exchanging, selling or managing public funds, a trustee shall act with care, skill, prudence, and diligence under the circumstances then prevailing, including but not limited to, the general economic conditions and the anticipated needs of SCFHP, that a prudent person acting in a like capacity and familiarity with those matters would use in the conduct of funds of a like character and with like aims, to safeguard the principal and maintain the liquidity needs of the agency (California Government Code Section 53600.3).

II. OBJECTIVES

i. **Safety**: the primary objective of this Policy is the preservation of principal; avoiding capital losses by minimizing credit risk and interest rate or market risk.
ii. **Liquidity:** maintain sufficient liquidity to meet the operating requirements for six months.
iii. **Yield:** achieve a market-average rate of return (yield) through budgetary and economic cycles, considering SCFHP's regulatory constraints and cash flow characteristics. Investments will be limited to low risk securities in anticipation of earning a fair return relative to the risk being assumed.
iv. **Diversification:** provide diversification of the portfolio securities to avoid incurring unreasonable market and credit risks.

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III. INVESTMENT STRATEGY

The Plan will adhere to the investment goal of holding investments to maturity. From time to time, the portfolio may go out of alignment. The Chief Financial Officer may choose to rebalance the portfolio at any time to bring it back into compliance if the portfolio will not suffer any losses for selling the investment prior to maturity.

IV. ETHICS AND CONFLICTS OF INTEREST

SCFHP's officers, employees and Governing Board members involved in the investment process shall refrain from personal and professional business activities that could conflict with the proper execution of the investment program, or which could impair their ability to make impartial investment decisions. SCFHP's officers and employees involved in the investment process are not permitted to have any material financial interests in financial interests in financial institutions, including state or federal credit unions, that conduct business with SCFHP, and they are not permitted to have any personal financial or investment holdings that could be materially related to the performance of SCFHP's investments.

V. DELEGATION OF AUTHORITY

A. Governing Board

The Governing Board (the "Board") is responsible for the management and oversight of SCFHP's investment program.

B. Executive/Finance Committee

The Executive/Finance Committee ("Committee") is responsible for providing advice and recommendations on the SCFHP Investment Policies, Procedures and Practices.

C. Chief Financial Officer

The Chief Financial Officer is responsible for day-to-day managing and reporting of SCFHP's Investment Program. The Chief Financial Officer is also responsible for the oversight of investment contractual obligations between SCFHP and the County, Depository Institution and/or Investment Manager that has been granted authority over any SCFHP funds.

D. County of Santa Clara Commingled Investment Pool

The Board has directed that available excess funds not required for immediate operational cash flow purposes be deposited with the County Treasurer into the County of Santa Clara Commingled Investment Pool which will be invested by the County Treasurer in accordance with the policies contained in the County of Santa Clara Treasury Investment Policy, now in effect, and which may be revised from time to time. As per the deposit requirements for county health plans under California Health and Safety Code Section 1346 and 1376.1, depositing SCFHP's excess funds with the County of Santa Clara is permitted if:

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(1) All of the evidence of indebtedness of the County, has been rated "A" or better by Moody's Investors Service, Inc. or Standard & Poor's Corporation, based on a rating conducted during the immediately preceding 12 months.

(2) The County has cash or cash equivalents in an amount equal to fifty million dollars or more, based on its audited financial statements for the immediately preceding fiscal year.

(3) The day-to-day managing, reporting, and oversight of the investment contractual obligations between the County and SCFHP shall be the responsibility of SCFHP's Chief Financial Officer.

E. Depository (Financial) Institutions

All SCFHP money shall be deposited in financial institutions that meet the requirements as set forth in California Government Code Section 53635.2 and authorized by the Board. The financial institution shall have received an overall rating of not less than "satisfactory" in its most recent evaluation by its appropriate federal financial supervisory agency. In addition, the depository financial institution shall maintain a rating of its senior long-term debt obligations, deposit rating or claims-paying ability rating, or is guaranteed by an entity whose obligations are rated not lower than "AA- by S&P, AA- by Fitch or "Aa3" by Moody's or its equivalent from another nationally recognized rating agency.

(1) All depository institutions shall provide SCFHP with notification of any downgrades in long-term ratings or any unsatisfactory rating by their appropriate federal financial supervisory agency within 10 days of such downgrade.

(2) Any downgrade in ratings of a financial institution holding SCFHP funds, shall be provided to the Board by the Chief Financial Officer.

(3) The day-to-day managing, reporting, and oversight of the depository and investment contractual obligations for SCFHP shall be the responsibility of SCFHP's Chief Financial Officer.

(4) The Board may renew the delegation of authority to enter into depository and investment relationships annually.

(5) Funds not required to compensate for transaction costs shall be invested in and earn a market rate of return in the depository institution's highest rated money market mutual fund as permitted by the California Government Code, Section 53600 et seq.

F. Portfolio Investment Manager

The Governing Board may grant authority to a qualified investment manager to direct investments of excess funds in accordance with the AIP and be subject to periodic review for compliance to the AIP. The qualified investment manager must meet all requirements established by federal and California law. Any Board-approved changes in Authorized Investments and the AIP shall be communicated to the investment manager upon approval.

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G. Exceptions to this Policy

The Governing Board may grant express written authority to make a one-time investment not permitted by this Policy however, the investment must be permitted by the California Government Code. The Board may also make amendments to the AIP at any quarterly meeting as needed.

VI. AUTHORIZED INVESTMENTS

A. Authorized Investment Types: SCFHP shall invest only in instruments as permitted by the California Government Code Section 53601, subject to the limitations of this AIP.

1. Permitted investments in the investment manager portfolio shall be considered short-term operating funds and are subject to a maximum stated term of two years.

2. The Governing Board may designate a reserve fund for excess funds not required for operational cash flow for which permitted investments are subject to a maximum term of five years pursuant to the Code.

Authorized Investments

Investment Type	Maximum Maturity (Code Allowance in Parenthesis if Different)	Maximum Specified % of Portfolio (Code Allowance in Parenthesis if Different)	Minimum Quality Requirements (Code Allowance in Parenthesis if Different)
U.S. Treasury Obligations	2 years (5 years)	None	None. May invest in securities that could result in zero or negative interest accrual if held to maturity, in the event of a period of negative market interest rates.
U.S. Agency Obligations	2 years (5 years)	None	None
State Obligations: CA and Others	2 years (5 years)	None	None for CA; AA or better for other States (None for all States)
CA Local Agency Obligations	2 years (5 years)	None	AA rated (None)
Commercial Paper: Non-Pooled Funds (minimum $100,000,000 of investments)[5]	270 days or less	40% of Plan's investible funds	Highest letter and number rating by an NRSRO[1]
Negotiable Certificates of Deposit	2 years (5 years)	30%	None
Placement Service Certificates of Deposit	2 years (5 years)	$250,000 per deposit per institution (50%)	FDIC insured at all times (None)

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Repurchase Agreements	1 year	None	U.S. Treasury and Agency Obligations (None)
Medium-term Notes	2 years (5 years or less)	30%, with not more than 10 % in any one institution (30%)	"A" rating category or better
Mutual Funds and Money Market Mutual Funds	N/A	20%, with no more than 10% invested in any one mutual fund; limitation does not apply to money market mutual funds	Multiple[2]
Collateralized Bank Deposits	2 years (5 years)	None	If investments require collateral, collateral must be placed in institution not affiliated with the issuer of the obligation.
Mortgage Pass-through and Asset Backed Securities	2 years (5 years or less)	20%	"AA" rating category or its equivalent or better[4]
County Pooled Investment Funds-Santa Clara County Pool	N/A	None	"A" or better (None)
Joint Powers Authority Pool (CAMP, CalTrust)	N/A	None	Multiple[3]
Local Agency Investment Fund (LAIF)	N/A	None	None
Supranational Obligations	2 years (5 years or less)	30%	"AA" rating or better
Public Bank Obligations	2 years (5 years)	None	Section 57600 (b) [6]

[1]Issuing corporation must be organized and operating within the U.S., have assets in excess of $500 million, and debt other than commercial paper must be in a rating category of "A" or its equivalent or higher by a nationally recognized statistical rating organization, or the issuing corporation must be organized within the U.S. as a special purpose corporation, trust, or LLC, have program wide credit enhancements, and have commercial paper that is rated "A-1" or higher, or the equivalent, by a nationally recognized statistical rating agency (NSRO).

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

[3]A joint powers authority pool must retain an investment advisor who is registered with the SEC (or exempt from registration), has assets under management in excess of $500 million, and has at least five years' experience investment in instruments authorized by Section 53601, subdivisions (a) to (o).

[4]Any investments in asset-backed securities (mortgage pass-through securities, collateralized mortgage obligations, mortgage-backed or other pay-through bonds, equipment lease-backed certificates, consumer receivable pass-through certificates, or consumer receivable-backed bonds) are required to have a maximum remaining maturity of five years or less. While the Legislature removed

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the requirement that the securities' issuer be rated "A" or its equivalent or better for the issuer's debts in accordance with a nationally recognized statistical rating organization (NRSRO), the Plan retains this requirement.

[5] In 2021, Section 53601 (h) amended to allow local agencies that have one hundred million dollars or more of investment assets under management to invest no more than 40% of their moneys in eligible commercial paper. Further amendment to Section 53601 limits local agencies to invest no more than 10% of their total investment assets in commercial paper and medium- term notes of any single issuer. Commercial Paper: Pooled Funds are not allowed in the Investment Manager Portfolio.

[6] Public Bank means a corporation organized under the Nonprofit Mutual benefit corporation Law for the purpose of engaging in the commercial banking business or industrial banking business that is wholly owned by a local agency, local agencies or a joint powers authority that is composed only of local agencies. A local agency may invest in commercial paper, debt securities, or other obligations of a public bank.

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B. Prohibited Investment Types: California Government Code Section 53601.6 prohibits local agencies from investing in inverse floaters, range notes, or mortgage-derived, interest-only strips, and any security which could result in zero interest accrual if held to maturity. In addition, the Plan does not authorize investment in the following:

i. Bankers' Acceptances
ii. Commercial Paper: Pooled Funds (pertains only to Investment Manager Portfolio)
iii. Non-negotiable Certificates of Deposit
iv. Reverse Repurchase Agreements and Securities Lending Agreements
v. Voluntary Investment Program Fund

VII. REPORTING REQUIREMENTS

The following documents and reports will be periodically provided to support the investment procedures, oversight and reporting requirements:

A. County of Santa Clara Investment Pool Disclosure and Agreement for Voluntary Deposits

B. County of Santa Clara Treasury Investment Policy

C. County of Santa Clara Treasury Quarterly Report

D. SAP Balance and Interest Earnings Report of SCFHP Invested Funds

E. Depository Institution – daily transaction and monthly activity report

F. Investment Manager Portfolio - month-end and quarter-end portfolio performance summary, income, ending balance sheet, trading activity, transaction detail and portfolio diversification report. The listing must include issuer names, dates of maturity, par amounts, dollar amount, market values as of month-end and comparable published index as to diversification and duration that most closely tracks the performance of the portfolio.

G. Investment Oversight Quarterly Report – provides independent review of all invested funds for tracking of AIP, diversification requirements and performance review. Minimum reporting requirements includes a listing of the types of investment, issuer names, dates of maturity, par amounts, dollar amount, market values, descriptions of the programs under the management of contracted parties, a statement of compliance with the investment policy, and a statement of the ability to meet cash flow needs for six months. Any irregularities shall be noted and included in the report.

Santa Clara Family Health Plan™

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VIII. REVIEW OF INVESTMENT POLICY

At least annually and more frequently as needed, the Governing Board will review this investment policy at a regular meeting of the Board. Any recommended changes to the Policy, including modifications to current investment strategy, oversight procedures including internal controls will be first be brought to the Executive/Finance Committee by the CFO for review and approval prior to presentation to the Board. The Executive Committee and Governing Board will be supported in this work by the CFO, investment advisors and legal counsel for financial and legal issues, respectively.

Any modifications to this Investment Policy, including withdrawal from the County of Santa Clara Commingled Investment Pool, will be made in accordance with California Government Code Sections 27130 et seq., Sections 53635 and/or 53601 et seq., Section 1346 of the Knox Keene Act of 1975 as well as the prudent investment standard.

IX. Approval/Revision History

First Level Approval	Second Level Approval
Barbara Granieri, Controller Date	Neal Jarecki Chief Financial Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original	Exec/Finance	Approved 04/26/18	Approved 06/28/18
V1	Original (no changes)	Exec/Finance	Approved 05/01/19	Approved 06/27/19
V2	Revised	Exec/Finance	Approved 04/23/20	Approved 06/25/20
V3	Revised	Exec/Finance	04/22/21	Approved 06/24/2021
V4	Revised	Exec/Finance	04/28/22	

Quarterly Investment Report

March 31, 2022

Santa Clara County Commingled Pool and Segregated Investments

March 31, 2022

Fund	Cost Value**	Market Value	Variance	% Variance
Commingled Investment Pool	$10,519,272,787	$10,314,119,075	-$205,153,712	-1.95%
Worker's Compensation	$30,073,554	$29,379,536	-$694,019	-2.31%
Park Charter Fund	$4,424,938	$4,339,597	-$85,341	-1.93%
San Jose-Evergreen	$21,276,107	$21,224,666	-$51,441	-0.24%
Medical Malpractice Insurance Fund (1)	$9,815,115	$9,552,509	-$262,606	-2.68%
Total	**$10,584,862,501**	**$10,378,615,383**	**-$206,247,119**	**-1.95%**

(1) Managed by Chandler Asset Management, Inc.

Summary of Yields* for Select Santa Clara County Investment Funds

Fund	2022			2021
	Jan 31	Feb 28	Mar 31	Mar 31
Commingled Investment Pool	0.68%	0.72%	0.79%	0.85%
Worker's Compensation	0.87%	0.87%	1.21%	1.42%
Weighted Yield	**0.68%**	**0.72%**	**0.79%**	**0.85%**

*Yield to maturity (YTM) is the rate of return paid on a bond, note, or other fixed income security if the investor buys and holds it to its maturity date and if the coupon interest paid over the life of the bond is reinvested at the same rate as the coupon rate. The calculation for YTM is based on the coupon rate, length of time to maturity, and market price at time of purchase.

Yield is a snapshot measure of the yield of the portfolio on the day it was measured based on the current portfolio holdings on that day. This is not a measure of total return, and is not intended to be, since it does not factor in unrealized capital gains and losses and reinvestment rates are dependent upon interest rate changes

**Cost Value is the amortized book value of the securities as of the date of this report.

Santa Clara County Commingled Pool and Segregated Investments

Economic Update and Portfolio Strategy

March 31, 2022

The U.S. domestic economy continued to exhibit strong momentum during the first quarter evidenced by strength in labor markets and robust consumer demand. As the Federal Reserve Bank (Fed) begins tightening monetary policy through higher interest rates to constrain disturbing inflation trends, this momentum may be threatened. The U.S. consumer price index (CPI) increased in March by 8.5 percent from a year earlier following a 7.9 percent annual gain in February, both the highest since the early 1980s. The impact of higher interest rates on the overall economy is only in the beginning stages and has yet to be fully realized. One initial effect has been the rise in mortgage rates that is making purchasing homes less affordable. So far, a material deceleration of growth has not occurred. The labor market remains resilient. The unemployment rate fell to 3.6 percent in March from 3.8 percent the prior month, and nearly matched the February 2020, pre-pandemic unemployment rate of 3.5 percent, which was a 50-year low. The current tight labor market has boosted wages and enticed more workers return to the labor force. Unemployment rates has fallen broadly across all major demographic groups and the total number of job openings currently exceed the unemployed by 70 percent.

Due to strength of consumer spending and business investment, economists dismissed the tepid 1.4 percent annualized GDP contraction in the first quarter 2022 as non-consequential. A build-up of excess inventories from the prior quarter eventually led to a subsequent cut in production and orders once demand had been satisfied. The prior quarter's 6.9 percent GDP growth contained 5.3 percentage points related to inventory building.

Weeks before Russia's invasion of Ukraine, Federal Reserve Bank policy makers had already begun laying the groundwork for a series of rate increases, to address concerns that inflation was approaching a zone in which containment would be difficult. Inflation had begun to outpace wage growth, effectively dealing a pay cut to many Americans and dampening consumer demand. Soon afterwards, initial inflation catalysts including supply-chain disruptions, soaring prices of durable goods, especially autos and demand for workers were further exasperated by the Ukrainian conflict and Covid-19 lock-downs in China. The domestic U.S. and global economy now face higher prices for energy and key commodities, which will increase costs to transport and manufacture a range of goods, while the conflict further disrupts global shipping networks. Meanwhile, inflation has spread well beyond durables to a wider range of goods and services and producer prices have been exhibiting broad gains. All these factors reinforced pressure on Fed policy makers to not only raise rates but to do so more aggressively.

In March, the Fed hiked its benchmark rate by a quarter point and on May 4th increased the rate by an additional one half point to a target range between 0.75 to 1 percent. Policymakers have indicated more increases to come. Initial projections by the Fed suggested rate hikes would continue until they reach 2 percent by December. The accelerated path most recently outlined by the Fed would now allow the bank to attain this 2 percent goal by July. Policymakers intend to shrink the massive holdings of Treasuries and mortgage-backed securities sitting on the Fed's balance sheet, a measure they believe will play an important role in amplifying the impact of interest rate hikes. Starting in June, reductions should occur at a monthly pace of $47.5 billion, ramping up over three months to $95.0 billion per month. Adding additional supply to the outstanding universe of securities should pressure prices and force bond yields higher.

Santa Clara County Commingled Pool and Segregated Investments

Economic Update and Portfolio Strategy

March 31, 2022

Economists worry that the Fed's efforts to rein in inflation with more aggressive monetary policy will result in an abrupt slowdown or recession. Growth was already expected to slow this year after 2021's strong 5.7 percent expansion. So far, Consumer spending which is by far the largest contributor to economic activity has been resilient. March retail sales which grew .5 percent from the prior month and despite the boost from higher gasoline prices, reflected growth from discretionary categories including apparel and restaurant spending. Easing in pandemic-related restrictions continues to support consumer spending. Even with headwinds like rising prices and the expiration of fiscal stimulus payments, the consumer continues to be bolstered by historically low unemployment, high savings, and a sizable wealth effect from robust gains in stock and housing prices.

Initially, the impact of higher borrowing costs most likely will be felt in the housing market, a sector generally considered over-heated but also represents the largest expenditure for most U.S. households. Home prices in 20 of the largest U.S. cities rose by 20.2 percent in February 2022 from the prior year according to the S&P CoreLogic Case-Schiller index. Mortgage rates have been soaring since the start of the year. Most recently, the average for a 30-year loan, which is heavily influenced by Treasury yields, reached 5.27 percent, the highest level since 2009. As recently as the end of 2021, rates were 3.11 percent. The quick rise in mortgage rates, rising home prices, escalating construction costs and a limited inventory of available housing have significantly decreased housing affordability.

The interest rates of U.S. government securities along with those of most domestic bonds have risen in anticipation of tighter monetary policy and consequently have suffered substantial price declines. Bond prices and yield are inversely related and hence, move in opposite directions. Although the Fed has increased, so far, its policy rate, fed funds only twice, the two-year Treasury yield has already increased by 203 basis points from .69 percent on December 31, 2021, to 2.72 percent most recently on May 5th. Likewise, ten-year Treasury yields rose almost as much over the same period to 3.08 percent from 1.51 percent, a 157-basis point surge. The bond market's bearish tone has been further reinforced by selloff in government debt from the euro-area on heightened expectations for rate hikes later this summer in the region.

The portfolio strategy continues to focus on the:
(1) acquisition of high-quality issuers;
(2) identifying and selecting bonds with attractive valuations;
(3) appropriately sizing the liquidity portion of the portfolio to ensure adequate cash for near term obligations; and
(4) ensuring that monies targeted for longer term investments are deployed in vehicles with favorable risk-adjusted yields.

Santa Clara County Commingled Pool and Segregated Investments

Portfolio Liquidity Adequacy, Review, and Monitoring

March 31, 2022

Yield and Weighted Average Maturity

The yield of the Commingled Pool is 0.79 and the weighted average life is 675 days.

Liquidity Adequacy

The County Treasurer believes the Commingled Pool contains sufficient cash flow from liquid and maturing securities, bank deposits and incoming cash to meet the next six months of expected expenditures.

Review and Monitoring

FHN Financial Main Street Advisors, the County's investment advisor, currently monitors the Treasury Department's investment activities.

Additional Information

Securities are purchased with the expectation that they will be held to maturity, so unrealized gains or losses are not reflected in the yield calculations.

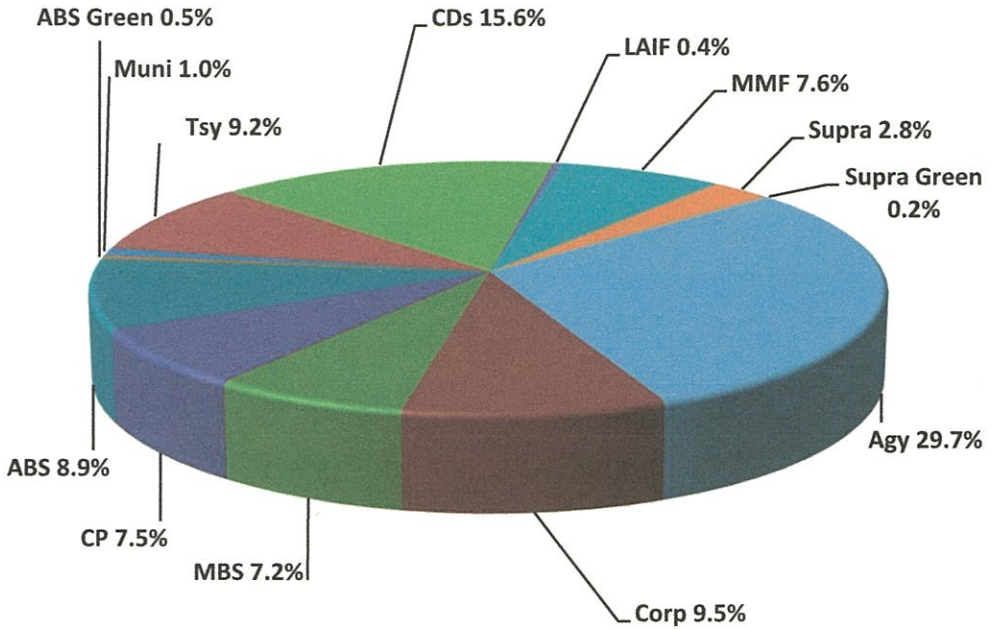
The market values of securities were taken from pricing services provided by the Bank of New York Mellon, Bloomberg Analytics, dealer quotes, and an independent pricing service.

Santa Clara County Commingled Pool

Allocation by Security Types

March 31, 2022

Sector	3/31/2022	12/31/2021	% Chng
Federal Agencies	29.73%	28.60%	1.1%
Corporate Bonds	9.50%	7.87%	1.6%
Mortgage Backed Securities	7.19%	6.41%	0.8%
Commercial Paper	7.48%	10.37%	-2.9%
ABS	8.89%	7.60%	1.3%
ABS Green Bonds	0.47%	0.27%	0.2%
Municipal Securities	0.97%	0.92%	0.1%
U.S. Treasuries	9.17%	9.17%	0.0%
Negotiable CDs	15.59%	15.97%	-0.4%
LAIF	0.41%	0.39%	0.0%
Money Market Funds	7.55%	9.58%	-2.0%
Supranationals	2.82%	2.43%	0.4%
Supranationals Green Bonds	0.23%	0.44%	-0.2%
Total	100.00%	100.00%	



Sector	3/31/2022	12/31/2021
Federal Agencies	3,127,034,107	3,197,295,230
Corporate Bonds	999,803,424	879,370,076
Mortgage Backed Securities	755,887,855	716,177,570
Commercial Paper	787,284,454	1,158,777,524
ABS	935,073,222	849,793,066
ABS Green Bonds	48,993,778	29,996,769
Municipal Securities	102,196,141	102,555,590
U.S. Treasuries	964,281,931	1,025,162,662
Negotiable CDs	1,639,901,049	1,784,901,678
LAIF	43,212,399	43,187,537
Money Market Funds	794,323,347	1,071,065,184
Supranational	296,816,390	271,852,631
Supranationals Green Bonds	24,464,690	49,424,441
Total	10,519,272,787	11,179,559,958

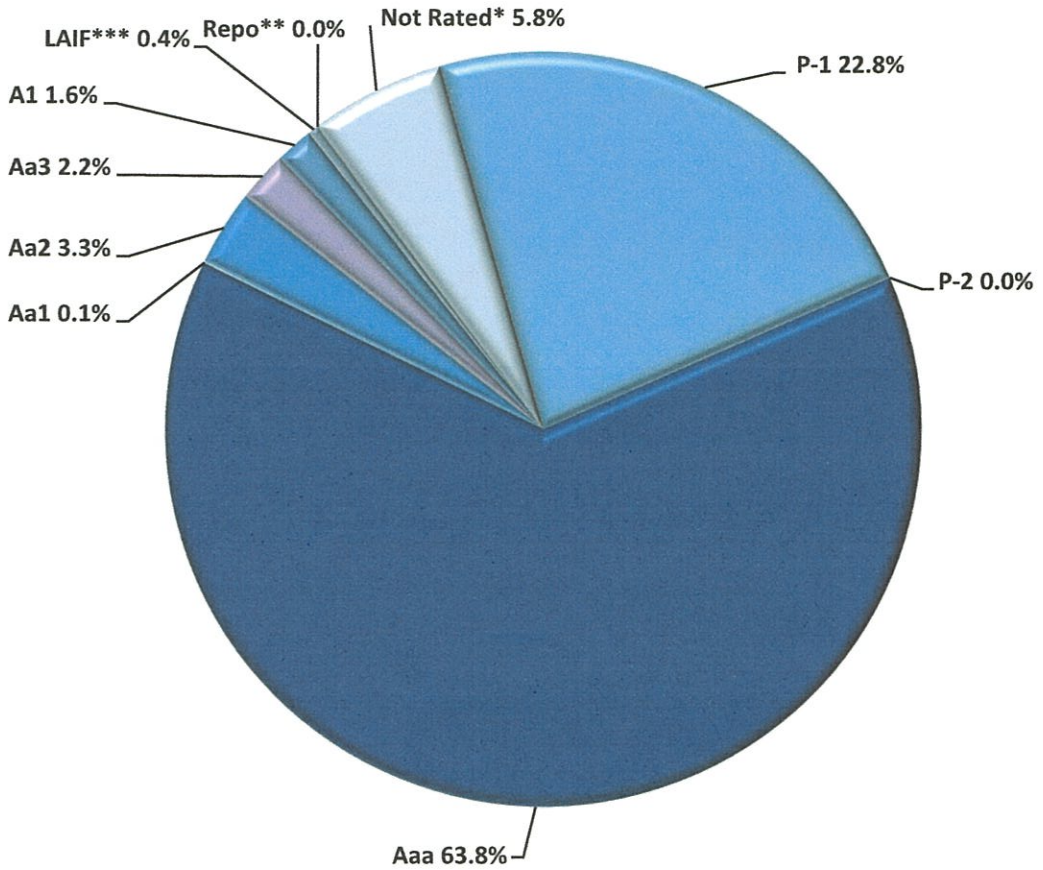
Amounts are based on book value

Santa Clara County Commingled Pool

Allocation by Ratings

March 31, 2022

Moody's Rating	Portfolio $	Portfolio %
P-1	2,402,295,064	22.8%
P-2	-	0.0%
Aaa	6,715,335,217	63.8%
Aa1	7,538,891	0.1%
Aa2	342,668,291	3.3%
Aa3	228,215,114	2.2%
A1	170,006,746	1.6%
A2	2,495,000	0.0%
A3	-	0.0%
LAIF***	43,212,399	0.4%
Repo**	-	0.0%
Not Rated*	607,506,066	5.8%
Total	10,519,272,787	100.0%



*Not Rated by Moody's but at least A-1 & F1 by S&P & Fitch.

**Repurchase Agreements are not rated, but are collateralized by U.S. Treasury securities or securities issued by the Federal Agencies of the U.S.

***LAIF is not rated, but is comprised of State Code allowable securities

Amounts are based on book values

City National Rochdale®
INVESTMENT MANAGEMENT

March 2022

Portfolio Review

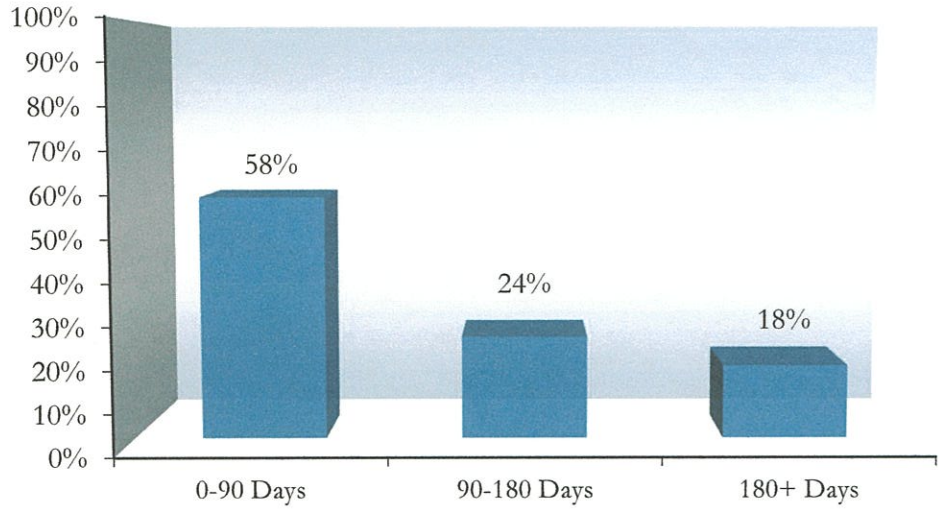
Prepared for: Santa Clara Family Health Plan

Presented by:
Michael Taila
Managing Director, Co-Director Fixed Income

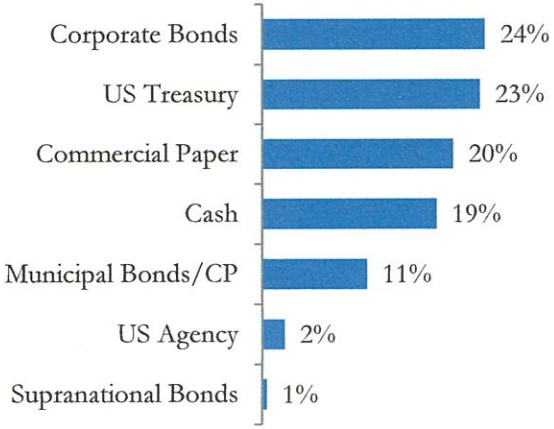
City National Rochdale®
INVESTMENT MANAGEMENT

Portfolio Review Snapshot as of 3/31/2022

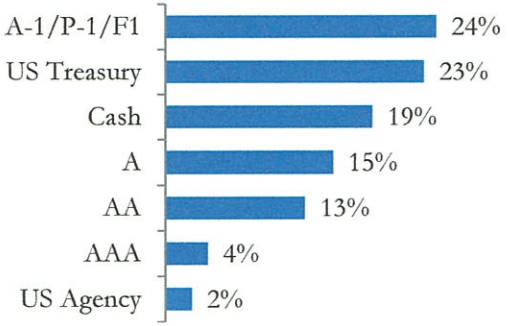
Effective Maturity Schedule



Sector Allocation



Quality Ratings (S&P)



MARKET VALUE

Market Value	$253,580,349.92
Accrued Income	$546,622.54
Total	$254,126,972.46

COMPLIANCE

Acceptable Investments	☑
Credit Quality	☑
Diversification	☑
Marketability/Liquidity	☑
Maturity/Portfolio Duration	☑

FIXED INCOME PORTFOLIO CHARACTERISTICS

Estimated Annual Income:	$1,392,628.23
Yield to Maturity:	0.79%
Estimated Acquisition Yield:	0.51%
Average Quality:	AAA-
Effective Duration:	0.26
Average Days to Maturity:	99
Percent of Floaters:	0%

Preliminary Total Return Performance

As of 3/31/2022	Since Inception 11/10/2021
Account Gross	-0.10%
Account Net	-0.10%
Barclays 1-3 Month T-Bill Index	0.04%

City National Rochdale®
INVESTMENT MANAGEMENT

Portfolio Holdings as of 3/31/2022 – By Maturity

Par ($000)	CUSIP	Description	Moody Short	S&P Short	Fitch Short	Moody Long	S&P Long	Fitch Long	Coupon	Maturity	Days	Market Price	Market Value + Accrued	YTW	Yield Cost	Eff Dur	Total Gain or Loss
47,286	0000CNAM8	Cash & Equivalent				U.S.	U.S.	U.S.	0.030	03/31/2022	0	100.00	47,286,474.76	0.03	0.03	0.00	0.00
10,000	912796N47	United States Treas Bills Dt 100721-040722 Dt 100				U.S.	U.S.	U.S.		04/07/2022	7	100.00	9,999,760.00	0.13	0.10	0.02	-42.47
10,000	912796P29	United States Treas Bills Dt 101421-041422 Dt 101				U.S.	U.S.	U.S.		04/14/2022	14	99.99	9,999,400.00	0.16	0.13	0.04	-93.72
25,000	912796T90	United States Treas Bills Dt 122121-041922 Dt 122				U.S.	U.S.	U.S.		04/19/2022	19	99.99	24,998,250.00	0.13	0.16	0.05	292.98
10,000	912796G45	United States Treas Bills Dt 042221-042122 Dt 042				U.S.	U.S.	U.S.		04/21/2022	21	99.99	9,999,290.00	0.12	0.19	0.06	354.27
4,100	912796P37	United States Treas Bills Dt 102821-042822 Dt 102				U.S.	U.S.	U.S.		04/28/2022	28	99.99	4,099,585.90	0.13	0.20	0.08	208.56
1,500	21969AAA0	Corona Calif Pension Oblig Taxable Bds 2021 Taxabl					AA+		0.249	05/01/2022	31	99.96	1,501,132.63	0.73	0.25	0.08	-600.00
1,515	91412HJH7	University Calif Revs Taxable Gen Bds 2021 B Taxabl			NR	Aa2	AA	AA	0.163	05/15/2022	45	99.94	1,514,993.60	0.67	0.16	0.12	-939.30
3,000	90331HPC1	U S Bk Natl Assn Sr Glbl Nt 22 Sr Glb			NR	A1	AA-	AA-	2.650	05/23/2022	53	100.10	3,031,308.67	1.38	0.15	0.08	-1,326.00
4,000	313313XH6	Federal Farm Cr Bks Matures 05/27/22 Mature				USAGY	USAGY	USAGY		05/27/2022	57	99.93	3,997,393.00	0.42	0.06	0.16	-2,226.00
1,500	130658QX8	California St Dept Vet Affairs Taxable Bds 2021 a Taxabl			NR	Aa3	AA	AA-	0.214	06/01/2022	62	99.94	1,500,185.00	0.57	0.21	0.17	-885.00
600	80182AAA7	Santa Cruz Cnty Calif Pension Taxable Bds 2021 Taxabl					AAA		0.163	06/01/2022	62	99.92	600,036.17	0.64	0.16	0.17	-480.00
500	966770AA7	Whittier Calif Pension Oblig Taxable Bds 2021 Taxabl					AA		0.212	06/01/2022	62	99.90	499,863.33	0.80	0.21	0.17	-490.00
5,000	13078FCJ3	California St Univ Taxable Iam Coml Paper Coml P	P-1	A-1					0.400	06/02/2022	63	99.92	4,999,161.11	0.85	0.40	0.17	-3,950.00
500	244199BE4	Deere & CO Sr Glbl Nt2.6%22 Sr Glb			NR	A2	A	A	2.600	06/08/2022	69	100.11	504,646.06	1.19	0.14	0.08	565.50
8,000	91411UFA8	UNCALB MP CP 06/10/22	P-1	A-1+						06/10/2022	71	99.86	7,988,480.00	0.74	0.76	0.20	320.42
8,200	0667K1FF3	Banque Et Caisse Depargne 0% Cp 15/06/2022	P-1	A-1+						06/15/2022	76	99.83	8,186,420.80	0.80	0.55	0.21	-4,233.33
5,000	89233HFG4	Toyota Mtr Cr Corp 0% Cp 16/06/2022	P-1	A-1+						06/16/2022	77	99.81	4,990,535.00	0.90	0.73	0.21	-1,766.32
1,715	05531FBG7	Truist Finl Corp -G 3.05%22 -G 3.0			NR	A3	A-	A	3.050	06/20/2022	81	100.23	1,733,640.24	1.34	0.17	0.14	-2,742.29
5,000	769110CV7	Riverside Cnty Calif Tax Rev Antic Nt 2021 Tax Re		SP-1+	F1+			NR	2.000	06/30/2022	91	100.27	5,088,600.00	0.88	0.70	0.25	-2,250.00
500	284035AA0	El Segundo Calif Pension Oblig Taxable Bds 2021 Taxabl					AA+		0.191	07/01/2022	92	99.85	499,473.75	0.80	0.19	0.25	-765.00
1,000	459058GU1	International Bk For Recon&Dev Sr Glbl 10079622 Sr Glb				Aaa	AAA		2.125	07/01/2022	92	100.28	1,008,075.44	1.00	0.02	0.25	-2,501.02
450	797356DC3	San Diego Calif Uni Sch Dist Taxable Election 2012 GO 2021 Z Taxabl			NR	Aa2		AAA	0.199	07/01/2022	92	99.88	449,683.88	0.68	0.20	0.25	-540.00
8,000	09659CGF9	Bnp Paribas Sa 0% Cp 15/07/2022	P-1	A-1						07/15/2022	106	99.73	7,978,064.00	0.95	1.05	0.29	2,338.18
600	223047AA9	Covina Calif Pension Oblig Taxable Bds 2021 Taxabl					AA		0.299	08/01/2022	123	99.75	598,805.00	1.05	0.30	0.33	-1,494.00
855	419792F68	Hawaii St GO Ref Taxable Bds 2021 G GO Ref			NR	Aa2	AA+	AA	0.247	08/01/2022	123	99.77	853,351.28	0.95	0.25	0.33	-2,000.70

City National Rochdale®
INVESTMENT MANAGEMENT

Portfolio Holdings as of 3/31/2022 – By Maturity

Par ($000)	CUSIP	Description	Moody Short	S&P Short	Fitch Short	Moody Long	S&P Long	Fitch Long	Coupon	Maturity	Days	Market Price	Market Value + Accrued	YTW	Yield Cost	Eff Dur	Total Gain or Loss
800	612574EP4	Monterey Peninsula Calif Cmnty Election 2020 Taxable GO a Electi					AA		0.182	08/01/2022	123	99.79	798,594.67	0.80	0.18	0.33	-1,648.00
8,000	697379XV2	Palo Alto Calif Uni Sch Dist Election 2018 GO Bds 2022 Electi				Aaa	AAA		5.000	08/01/2022	123	101.08	8,086,000.00	1.42	1.27	0.30	-3,680.00
475	796720NX4	San Bernardino Calif Cmnty Col Taxable GO Ref Bds 2021 Taxabl				Aa1			0.225	08/01/2022	123	99.81	474,251.88	0.81	0.23	0.33	-926.25
1,000	86787EAT4	Truist Bk Charlotte N C Fr 2.45%080122 Fr 2.4			NR	A2	A	A+	2.450	08/01/2022	123	100.27	1,006,827.33	1.34	0.16	0.25	-2,972.00
1,000	9523474S8	West Contra Costa Calif Uni SC Taxable GO Ref Bds 2021 B Taxabl			NR		AA-	AAA	0.206	08/01/2022	123	99.75	997,873.33	0.95	0.21	0.33	-2,470.00
2,000	06406RAK3	Bank New York Mellon Corp Fr 1.95%082322 Fr 1.9			NR	A1	A	AA-	1.950	08/23/2022	145	100.23	2,008,768.67	1.35	0.13	0.39	-9,680.00
1,345	14913Q3A5	Caterpillar Finl Svcs Mtns Be Fr 1.9%090622 Fr 1.9			NR	A2	A	A	1.900	09/06/2022	159	100.23	1,349,891.02	1.36	-0.32	0.43	-9,752.59
3,000	89236TEC5	Toyota Mtr Cr Corp Fr 2.15%090822 Fr 2.1			NR	A1	A+	A+	2.150	09/08/2022	161	100.25	3,011,539.83	1.58	-0.29	0.44	-24,495.00
8,000	5006E1JC9	Korea Dev Bk N Y Brh 0% Cp 12/09/2022	P-1	A-1+						09/12/2022	165	99.40	7,952,256.00	1.33	1.29	0.46	-1,505.41
6,800	14912EJF5	Caterpillar Finl Svcs Corp 0% Cp 15/09/2022	P-1	A-1						09/15/2022	168	99.46	6,763,504.40	1.17	1.07	0.46	-3,170.19
2,450	63743HEQ1	National Rural Utils Coop Fin Fr 2.3%091522 Fr 2.3			NR	A2	A-	A	2.300	09/15/2022	168	100.32	2,460,292.99	1.44	0.18	0.45	-11,574.85
8,000	22533UJL8	Credit Agricole Corp 0% Cp 20/09/2022	P-1	A-1	F1					09/20/2022	173	99.34	7,947,208.00	1.40	1.30	0.48	-3,950.54
2,000	46625HJE1	Jpmorgan Chase & CO Sr Nt 3.25%22 Sr Nt			NR	A2	A-	AA-	3.250	09/23/2022	176	100.82	2,017,846.44	1.52	0.17	0.48	-12,984.00
780	69371RQ33	Paccar Financial Corp Fr 2%092622 Fr 2%0				A1	A+		2.000	09/26/2022	179	100.35	782,964.61	1.27	0.15	0.48	-4,253.34
2,000	313313J58	Federal Farm Cr Bks Matures 10/06/22 Mature				USAGY	USAGY	USAGY		10/06/2022	189	99.42	1,988,386.92	1.13	0.17	0.52	-9,843.69
3,000	91324PDD1	Unitedhealth Group Inc Sr Nt 2.375%22 Sr Nt			NR	A3	A+	A	2.375	10/15/2022	198	100.47	3,046,924.17	1.50	0.23	0.54	-20,613.00
8,000	86562MAU4	Sumitomo Mitsui Fin Grp Inc 2.778%22 2.778%				A1	A-		2.778	10/18/2022	201	100.59	8,147,104.00	1.70	0.90	0.55	-35,236.00
4,000	166764AB6	Chevron Corporation Sr Nt 2.355%22 Sr Nt				Aa2	AA-		2.355	12/05/2022	249	100.41	4,046,861.33	1.38	0.64	0.59	-12,752.00
8,000	06051GEU9	Bk of America Corp Fr 3.3%011123 Fr 3.3			NR	A2	A-	AA-	3.300	01/11/2023	286	101.11	8,147,698.67	1.85	0.96	0.77	-55,432.00
4,000	539830BG3	Lockheed Martin Corp Sr Glbl Nt3.1%23 Sr Glb			NR	A3	A-	A-	3.100	01/15/2023	290	100.86	4,060,697.78	1.70	0.74	0.62	-23,972.00
6,830	85771PAG7	Equinor Asa Sr Nt 2.45%23 Sr Nt				Aa2	AA-		2.450	01/17/2023	292	100.34	6,887,194.80	2.02	1.83	0.79	-9,896.67
8,000	961214DZ3	Westpac Bkg Corp Sr Glbl Nt 23 Sr Glb			NR	Aa3	AA-	A+	3.650	05/15/2023	410	101.60	8,237,676.00	2.20	1.86	1.11	-30,032.00
253,301									**0.887**	**07/08/2022**	**99**	**100.11**	**254,126,972.46**	**0.79**	**0.51**	**0.26**	**-316,084.77**

City National Rochdale®
INVESTMENT MANAGEMENT

Portfolio Holdings as of 3/31/2022 – By Sector

Par ($000)	CUSIP	Description	Moody Short	S&P Short	Fitch Short	Moody Long	S&P Long	Fitch Long	Coupon	Maturity	Days	Market Price	Market Value + Accrued	YTW	Yield Cost	Eff Dur	Total Gain or Loss
Cash																	
47,286	0000CNAM8	Cash & Equivalent				U.S.	U.S.	U.S.	0.030	03/31/2022	0	100.00	47,286,474.76	0.03	0.03	0.00	0.00
47,286									0.030	03/31/2022	0	100.00	47,286,474.76	0.03	0.03	0.00	0.00
Corp CP Disc Note																	
8,000	91411UFA8	UNCALB MP CP 06/10/22	P-1	A-1+						06/10/2022	71	99.86	7,988,480.00	0.74	0.76	0.20	320.42
8,200	0667K1FF3	Banque Et Caisse Depargne 0% Cp 15/06/2022	P-1	A-1+						06/15/2022	76	99.83	8,186,420.80	0.80	0.55	0.21	-4,233.33
5,000	89233HFG4	Toyota Mtr Cr Corp 0% Cp 16/06/2022	P-1	A-1+						06/16/2022	77	99.81	4,990,535.00	0.90	0.73	0.21	-1,766.32
8,000	09659CGF9	Bnp Paribas Sa 0% Cp 15/07/2022	P-1	A-1						07/15/2022	106	99.73	7,978,064.00	0.95	1.05	0.29	2,338.18
8,000	5006E1JC9	Korea Dev Bk N Y Brh 0% Cp 12/09/2022	P-1	A-1+						09/12/2022	165	99.40	7,952,256.00	1.33	1.29	0.46	-1,505.41
6,800	14912EJF5	Caterpillar Finl Svcs Corp 0% Cp 15/09/2022	P-1	A-1						09/15/2022	168	99.46	6,763,504.40	1.17	1.07	0.46	-3,170.19
8,000	22533UJL8	Credit Agricole Corp 0% Cp 20/09/2022	P-1	A-1	F1					09/20/2022	173	99.34	7,947,208.00	1.40	1.30	0.48	-3,950.54
52,000									0.000	07/29/2022	120	99.63	51,806,468.20	1.04	0.97	0.33	-11,967.19
Corp Fixed Rate MTN																	
1,000	86787EAT4	Truist Bk Charlotte N C Fr 2.45%080122 Fr 2.4			NR	A2	A	A+	2.450	08/01/2022	123	100.27	1,006,827.33	1.34	0.16	0.25	-2,972.00
2,000	06406RAK3	Bank New York Mellon Corp Fr 1.95%082322 Fr 1.9			NR	A1	A	AA-	1.950	08/23/2022	145	100.23	2,008,768.67	1.35	0.13	0.39	-9,680.00
1,345	14913Q3A5	Caterpillar Finl Svcs Mtns Be Fr 1.9%090622 Fr 1.9			NR	A2	A	A	1.900	09/06/2022	159	100.23	1,349,891.02	1.36	-0.32	0.43	-9,752.59
3,000	89236TEC5	Toyota Mtr Cr Corp Fr 2.15%090822 Fr 2.1			NR	A1	A+	A+	2.150	09/08/2022	161	100.25	3,011,539.83	1.58	-0.29	0.44	-24,495.00
2,450	63743HEQ1	National Rural Utils Coop Fin Fr 2.3%091522 Fr 2.3			NR	A2	A-	A	2.300	09/15/2022	168	100.32	2,460,292.99	1.44	0.18	0.45	-11,574.85
780	69371RQ33	Paccar Financial Corp Fr 2%092622 Fr 2%0				A1	A+		2.000	09/26/2022	179	100.35	782,964.61	1.27	0.15	0.48	-4,253.34
8,000	06051GEU9	Bk of America Corp Fr 3.3%011123 Fr 3.3			NR	A2	A-	AA-	3.300	01/11/2023	286	101.11	8,147,698.67	1.85	0.96	0.77	-55,432.00
18,575									2.635	10/30/2022	213	100.63	18,767,983.12	1.61	0.40	0.57	-118,159.78
Corp Note / Bond																	
3,000	90331HPC1	U S Bk Natl Assn Sr Glbl Nt 22 Sr Glb			NR	A1	AA-	AA-	2.650	05/23/2022	53	100.10	3,031,308.67	1.38	0.15	0.08	-1,326.00
500	244199BE4	Deere & CO Sr Glbl Nt2.6%22 Sr Glb			NR	A2	A	A	2.600	06/08/2022	69	100.11	504,646.06	1.19	0.14	0.08	565.50
1,715	05531FBG7	Truist Finl Corp -G 3.05%22 -G 3.0			NR	A3	A-	A	3.050	06/20/2022	81	100.23	1,733,640.24	1.34	0.17	0.14	-2,742.29
2,000	46625HJE1	Jpmorgan Chase & CO Sr Nt 3.25%22 Sr Nt			NR	A2	A-	AA-	3.250	09/23/2022	176	100.82	2,017,846.44	1.52	0.17	0.48	-12,984.00
3,000	91324PDD1	Unitedhealth Group Inc Sr Nt 2.375%22 Sr Nt			NR	A3	A+	A	2.375	10/15/2022	198	100.47	3,046,924.17	1.50	0.23	0.54	-20,613.00
8,000	86562MAU4	Sumitomo Mitsui Fin Grp Inc 2.778%22 2.778%				A1	A-		2.778	10/18/2022	201	100.59	8,147,104.00	1.70	0.90	0.55	-35,236.00
4,000	166764AB6	Chevron Corporation Sr Nt 2.355%22 Sr Nt				Aa2	AA-		2.355	12/05/2022	249	100.41	4,046,861.33	1.38	0.64	0.59	-12,752.00
4,000	539830BG3	Lockheed Martin Corp Sr Glbl Nt3.1%23 Sr Glb			NR	A3	A-	A-	3.100	01/15/2023	290	100.86	4,060,697.78	1.70	0.74	0.62	-23,972.00
6,830	85771PAG7	Equinor Asa Sr Nt 2.45%23 Sr Nt				Aa2	AA-		2.450	01/17/2023	292	100.34	6,887,194.80	2.02	1.83	0.79	-9,896.67
8,000	961214DZ3	Westpac Bkg Corp Sr Glbl Nt 23 Sr Glb			NR	Aa3	AA-	A+	3.650	05/15/2023	410	101.60	8,237,676.00	2.20	1.86	1.11	-30,032.00
41,045									2.877	12/08/2022	252	100.70	41,713,899.49	1.75	1.02	0.65	-148,988.46

City National Rochdale®
INVESTMENT MANAGEMENT

Portfolio Holdings as of 3/31/2022 – By Sector

Par ($000)	CUSIP	Description	Moody Short	S&P Short	Fitch Short	Moody Long	S&P Long	Fitch Long	Coupon	Maturity	Days	Market Price	Market Value + Accrued	YTW	Yield Cost	Eff Dur	Total Gain or Loss
Muni Bond																	
1,500	21969AAA0	Corona Calif Pension Oblig Taxable Bds 2021 Taxabl					AA+		0.249	05/01/2022	31	99.96	1,501,132.63	0.73	0.25	0.08	-600.00
1,515	91412HJH7	University Calif Revs Taxable Gen Bds 2021 B Taxabl			NR	Aa2	AA	AA	0.163	05/15/2022	45	99.94	1,514,993.60	0.67	0.16	0.12	-939.30
1,500	130658QX8	California St Dept Vet Affairs Taxable Bds 2021 a Taxabl			NR	Aa3	AA	AA-	0.214	06/01/2022	62	99.94	1,500,185.00	0.57	0.21	0.17	-885.00
600	80182AAA7	Santa Cruz Cnty Calif Pension Taxable Bds 2021 Taxabl					AAA		0.163	06/01/2022	62	99.92	600,036.17	0.64	0.16	0.17	-480.00
500	966770AA7	Whittier Calif Pension Oblig Taxable Bds 2021 Taxabl					AA		0.212	06/01/2022	62	99.90	499,863.33	0.80	0.21	0.17	-490.00
500	284035AA0	El Segundo Calif Pension Oblig Taxable Bds 2021 Taxabl					AA+		0.191	07/01/2022	92	99.85	499,473.75	0.80	0.19	0.25	-765.00
450	797356DC3	San Diego Calif Uni Sch Dist Taxable Election 2012 GO 2021 Z Taxabl			NR	Aa2		AAA	0.199	07/01/2022	92	99.88	449,683.88	0.68	0.20	0.25	-540.00
600	223047AA9	Covina Calif Pension Oblig Taxable Bds 2021 Taxabl					AA		0.299	08/01/2022	123	99.75	598,805.00	1.05	0.30	0.33	-1,494.00
855	419792F68	Hawaii St GO Ref Taxable Bds 2021 G GO Ref			NR	Aa2	AA+	AA	0.247	08/01/2022	123	99.77	853,351.28	0.95	0.25	0.33	-2,000.70
800	612574EP4	Monterey Peninsula Calif Cmnty Election 2020 Taxable GO a Electi					AA		0.182	08/01/2022	123	99.79	798,594.67	0.80	0.18	0.33	-1,648.00
8,000	697379XV2	Palo Alto Calif Uni Sch Dist Election 2018 GO Bds 2022 Electi				Aaa	AAA		5.000	08/01/2022	123	101.08	8,086,000.00	1.42	1.27	0.30	-3,680.00
475	796720NX4	San Bernardino Calif Cmnty Col Taxable GO Ref Bds 2021 Taxabl				Aa1			0.225	08/01/2022	123	99.81	474,251.88	0.81	0.23	0.33	-926.25
1,000	9523474S8	West Contra Costa Calif Uni SC Taxable GO Ref Bds 2021 B Taxabl			NR		AA-	AAA	0.206	08/01/2022	123	99.75	997,873.33	0.95	0.21	0.33	-2,470.00
18,295									2.306	07/08/2022	99	100.40	18,374,244.52	1.05	0.68	0.25	-16,918.25
Muni CP																	
5,000	13078FCJ3	California St Univ Taxable Iam Coml Paper Coml P	P-1	A-1					0.400	06/02/2022	63	99.92	4,999,161.11	0.85	0.40	0.17	-3,950.00
5,000									0.400	06/02/2022	63	99.92	4,999,161.11	0.85	0.40	0.17	-3,950.00
Muni Note																	
5,000	769110CV7	Riverside Cnty Calif Tax Rev Antic Nt 2021 Tax Re		SP-1+	F1+			NR	2.000	06/30/2022	91	100.27	5,088,600.00	0.88	0.70	0.25	-2,250.00
5,000									2.000	06/30/2022	91	100.27	5,088,600.00	0.88	0.70	0.25	-2,250.00
Supranational Bond																	
1,000	459058GU1	International Bk For Recon&Dev Sr Glbl 10079622 Sr Glb				Aaa	AAA		2.125	07/01/2022	92	100.28	1,008,075.44	1.00	0.02	0.25	-2,501.02
1,000									2.125	07/01/2022	92	100.28	1,008,075.44	1.00	0.02	0.25	-2,501.02
US Agency Disc Note																	
4,000	313313XH6	Federal Farm Cr Bks Matures 05/27/22 Mature				USAGY	USAGY	USAGY		05/27/2022	57	99.93	3,997,393.00	0.42	0.06	0.16	-2,226.00
2,000	313313J58	Federal Farm Cr Bks Matures 10/06/22 Mature				USAGY	USAGY	USAGY		10/06/2022	189	99.42	1,988,386.92	1.13	0.17	0.52	-9,843.69
6,000									0.000	07/10/2022	101	99.76	5,985,779.92	0.65	0.10	0.28	-12,069.69
US Treas Bill																	
10,000	912796N47	United States Treas Bills Dt 100721-040722 Dt 100				U.S.	U.S.	U.S.		04/07/2022	7	100.00	9,999,760.00	0.13	0.10	0.02	-42.47
10,000	912796P29	United States Treas Bills Dt 101421-041422 Dt 101				U.S.	U.S.	U.S.		04/14/2022	14	99.99	9,999,400.00	0.16	0.13	0.04	-93.72
25,000	912796T90	United States Treas Bills Dt 122121-041922 Dt 122				U.S.	U.S.	U.S.		04/19/2022	19	99.99	24,998,250.00	0.13	0.16	0.05	292.98
10,000	912796G45	United States Treas Bills Dt 042221-042122 Dt 042				U.S.	U.S.	U.S.		04/21/2022	21	99.99	9,999,290.00	0.12	0.19	0.06	354.27
4,100	912796P37	United States Treas Bills Dt 102821-042822 Dt 102				U.S.	U.S.	U.S.		04/28/2022	28	99.99	4,099,585.90	0.13	0.20	0.08	208.56
59,100									0.000	04/17/2022	17	99.99	59,096,285.90	0.13	0.15	0.05	719.62
253,301									**0.887**	**07/08/2022**	**99**	**100.11**	**254,126,972.46**	**0.79**	**0.51**	**0.26**	**-316,084.77**

Santa Clara County Health Authority

(dba Santa Clara Family Health Plan)

Conflict of Interest Code

RESOLUTION OF
THE SANTA CLARA COUNTY HEALTH AUTHORITY
TO ADOPT AN AMENDED
CONFLICT OF INTEREST CODE

WHEREAS, the Political Reform Act (Government Code Section 81000, *et seq.)* requires state and local government agencies to adopt and promulgate conflict of interest codes; and

WHEREAS, the Fair Political Practices Commission ("FPPC") has adopted a regulation (2 Cal. Code of Regs. 18730) which contains the terms of a standard conflict of interest code and following public notice and hearing it may be amended by the Fair Political Practices Commission to conform to Amendments in the Political Reform Act; and

WHEREAS,~~-~~ the Santa Clara County Heath Authority ("the Health Authority") has recently reviewed its conflict of interest code, its positions, and the duties of each position, and has determined that changes to the current conflict of interest code are necessary; and

WHEREAS, any earlier resolution and/or appendices containing the Health Authority's conflict of interest code shall be rescinded and superseded by this resolution and Appendix;

NOW, THEREFORE BE IT RESOLVED THAT, the terms of 2 California Code of Regulations Section 18730 (available at http://www.fppc.ca.gov/content/dam/fppc/NS-Documents/LegalDiv/Regulations/Index/Chapter7/Article2/18730.pdf) and any amendments to it duly adopted by the FPPC are hereby incorporated by reference and this regulation and the Appendices, attached hereto and incorporated herein, designating officials and employees, and establishing disclosure categories, shall constitute the Conflict of Interest Code of the Health Authority.

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IT IS **FURTHER RESOLVED THAT,** designated employees shall file their Statements of Economic Interests with the Health Authority's filing official. If a statement is received in signed paper format, the Health Authority's filing official shall make and retain a copy and forward the original of this statement to the filing officer, the County of Santa Clara Clerk of the Board of Supervisors. If a statement is electronically filed using the County of Santa Clara's Form 700 e-fling system, both the Health Authority's filing official and the County of Santa Clara Clerk of the Board of Supervisors will receive access to the e-filed statement simultaneously. The Health Authority shall make a copy of the statements available for public inspection and reproduction in accordance with Government Code section 81008.

PASSED AND ADOPTED by the Santa Clara County Health Authority of the County of Santa Clara, State of California on ~~December~~ June ~~16~~23, ~~2021~~ 2022 by the following vote:

AYES:
NOES:
ABSENT:

Signed: _____
Robert Brownstein, Chair

Attest: _____
Susan G. Murphy, Secretary

Attachments to this Resolution:
Appendix A - Positions Required to File
Appendix B – Disclosure Categories

Appendix A – Amended
Santa Clara County Health Authority
Conflict of Interest Code
POSITIONS REQUIRED TO FILE

The following is a list of those positions that are required to submit Statements of Economic Interests (Form 700) pursuant to the Political Reform Act of 1974, as amended:

Required to File Form 700:

Position	Disclosure Category Number
Health Authority Board Member	1
Chief Executive Officer	1
Chief Financial Officer	1
Chief Operating Officer	1
Director, Facilities	1
Chief Medical Officer	8
Chief Information Officer	8
Chief Compliance Officer	8
Vice President, Strategies and Analytics	8
Vice President, Marketing, Communications & Outreach	8
Director, Community Engagement	8
~~Director, Facilities~~	~~8~~
Director, Provider Network Operations	8
Director, Infrastructure and System Support	8
Director, Long Term Services and Supports	8
Director, Operations	8
Director, Pharmacy and Utilization Management	8
Director, Quality and Process Improvement	8
Medical Director	8
Consultant	7

*Newly Created Positions

A newly created position that makes or participates in the making of decisions that may foreseeably have a material effect on any financial interest of the position-holder, and which specific position title is not yet listed in the Health Authority 's conflict of

interest code is included in the list of designated positions and shall disclose pursuant to the broadest disclosure category in the code, subject to the following limitation: The Chief Executive Officer may determine in writing that a particular newly created position, although a "designated position," is hired to perform a range of duties that are limited in scope and thus is not required to fully comply with the broadest disclosure requirements, but instead must comply with more tailored disclosure requirements specific to that newly created position. Such written determination shall include a description of the newly created position's duties and, based upon that description, a statement of the extent of disclosure requirements. The Health Authority's determination is a public record and shall be retained for public inspection in the same manner and location as this conflict-of-interest code. (Gov. Code Section 81008.)

As soon as the Health Authority has a newly created position that must file statements of economic interests, the Health Authority filing official shall contact the County of Santa Clara Clerk of the Board of Supervisors Form 700 division to notify it of the new position title to be added in the County's electronic Form 700 record management system, known as eDisclosure. Upon this notification, the Clerk's office shall enter the actual position title of the newly created position into eDisclosure and the Health Authority filing official shall ensure that the name of any individual(s) holding the newly created position is entered under that position title in eDisclosure.

Additionally, within 90 days of the creation of a newly created position that must file statements of economic interests, the Health Authority shall update this conflict-of-interest code to add the actual position title in its list of designated positions, and submit the amended conflict of interest code to the County of Santa Clara Office of the County Counsel for code-reviewing body approval by the County Board of Supervisors. (Gov. Code Sec. 87306.)

Appendix B - Amended
Santa Clara County Health Authority
Conflict of Interest Code
DISCLOSURE CATEGORIES

Category 1. Persons in this category shall disclose (1) all interests in real property in Santa Clara County located entirely or partly within the boundaries of the County, or within two miles of the County's boundaries, or of any land owned or used by the Authority; and (2) all investments, business positions, and income, including gifts, loans and travel payments, from all sources.

Category 2. Persons in this category shall disclose all investments, business positions, and income, including gifts, loans and travel payments, from all sources.

Category 3. Persons in this category shall disclose all interests in real property in Santa Clara County located entirely or partly within the boundaries of the County, or within two miles of the County's boundaries, or of any land owned or used by the Authority.

Category 4. Persons in this category shall disclose all investments, business positions, and income (including gifts, loans, and travel payments) from all sources that provide leased facilities, goods, equipment, vehicles, machinery or services, including training or consulting services, of the type utilized by the Authority.

Category 5. Persons in this category shall disclose all investments, business positions, and income (including gifts, loans, and travel payments) from all sources that either contract to provide education or training required by the Authority to qualify for or maintain a license, or that provide education or training services which courses or curricula are approved by the Authority.

Category 6. Persons in this category shall disclose all investments, business positions, and income (including gifts, loans, and travel payments) from (1) all sources that provide leased facilities, goods, equipment, vehicles, machinery or services, including training or consulting services, of the type utilized by the Authority, and (2) all sources that are of the type to receive grants or other monies from or through the Authority, including, but not limited to, nonprofit organizations.

Category 7. Each Consultant, as defined for purposes of the Political Reform Act, shall disclose pursuant to the broadest disclosure category in the conflict of interest code subject to the following limitation: The Chief Executive Officer may determine in writing that a particular consultant, although a "designated position," is hired to perform a range of duties that is limited in scope and thus is not required to comply fully with the disclosure requirements of the broadest disclosure category, but instead must comply with more tailored disclosure requirements specific to that consultant. Such a determination shall include a description of the consultant's duties and, based upon that description, a statement of the extent of disclosure requirements. All such determinations are public records and shall be retained for public inspection along with this conflict of interest code.

DISCLOSURE CATEGORIES (cont.)

Category 8. Persons in this category shall disclose all investments in, business positions in, and income (including gifts, loans and travel payments) from (1) all sources that provide leased facilities, goods, equipment, vehicles, machinery, or services, including training or consulting services, of the type utilized by the Authority, and (2) all sources that are potential or current members or providers of the Authority; and (3) all sources that are of the type to receive grants or other monies from or through the Authority, including, but not limited to, nonprofit organizations, and (4) sources that receive referrals to provide assessments and/or treatments that are required or recommended by the Authority.

Santa Clara Family Health Plan™

Cisco Phone System 3-Year Subscription Maintenance

June 2022

Cisco Phone 3-Year Support Proposal

Proposal – Cisco phone support transition from perpetual license to 3-year subscription support maintenance license

- The current Cisco phone support agreement expires on July 31, 2022.
- Cisco is converting all clients to a “FLEX” support license agreement.
- The proposed agreement is for a 3-year subscription term.
- The quote includes implementation of enhanced call agent recording software and version upgrades for Cisco phone system.
- The total cost is quoted at $615 k paid annually at a rate of $177 k per year.

Possible Action: Authorize Chief Executive Officer to negotiate, execute, amend, and terminate a contract with Cisco for phone “FLEX” support in an amount not to exceed $615,000 for licensing a three-year term.

SCFHP DONATIONS/SPONSORSHIPS

Organization	Event Name	FY 2021-2022 Commitments		
		Check Date	Event Date	Amount
Alum Rock Counseling Center	Fundraiser	2/14/2022	4/15/2022	$2,500
Amigos de Guadalupe	10th Anniversary Event	TBD	9/8/2022	$ 5,000
Asian Americans for Community Involvement	Annual Event (Gala)	TBD	8/25/2022	$ 5,000
Breathe California	Breath of Life Walk	TBD	10/8/2022	$ 2,000
California Association for Adult Day Services	Fall Conference	11/3/2021	11/16/2021	$ 500
California Coverage and Health Initiatives	Virtual Awards Reception	1/3/2022	10/7/2021	$ 2,500
Campbell Community Center	Caregivers Count Conference	TBD	9/10/2022	$ 2,500
Chinese American Coalition for Compassionate Care	Seminar	TBD	8/20/2022	$ 1,500
Community Health Partnership	Diaper Drive	TBD	6/14/2022	$ 2,500
Community Solutions	Matching Donation	TBD	N/A	$ 2,500
Day Worker Center of Mountain view	Donation	TBD	N/A	$ 5,000
Eating Disorders Resource Center	Ask the Expert Series	TBD	TBD	$ 5,000
Gardner Family Health	Dia de los muertos Run/Walk	9/27/2021	10/30/2021	$ 5,000
Gilroy Downtown Business Association	South County Health Fair	3/23/2022	4/30/2022	$ 2,500
Grail Family Services	Annual Event	TBD	9/22/2022	$ 5,000
The Health Trust	25th Anniversary Event	8/25/2021	10/6/2021	$ 5,000
Healthier Kids Foundation	Annual Symposium on Status of Children's Health in Santa Clara County (sponsorship)	3/23/2022	5/10/2022	$ 2,500
	Annual Benefit Fundraiser	8/9/2021	9/24/2021	$ 2,500
Indian Health Center Santa Clara Valley	Annual Event - Virtual Gala	TBD	7/28/2022	$ 5,000
LifeMoves	Backpack Drive	8/25/2021	9/1/2021	$ 2,000
Loaves & Fishes	Donation for meal funding	TBD	N/A	$ 2,500
March of Dimes	Ohana Health Fair	5/11/2022	5/21/2022	$ 5,000
Martha's Kitchen	Donation for meal funding	TBD	N/A	$ 2,500
Momentum for Health	Annual Shining Stars Benefit	8/30/2021	10/10/2021	$ 5,000
National Alliance on Mental Illness	NAMIWalks Silicon Valley	TBD	10/1/2022	$ 5,000
Next Door Solutions to Domestic Violence	Light up the Night	8/25/2021	10/16/2021	$ 5,000
Pacific Clinics (formerly Uplift Family Services)	Hearts & Hands Luncheon	3/23/2022	4/22/2022	$ 5,000
PACT	Leadership Luncheon	10/27/2021	11/3/2021	$ 5,000
Parents Helping Parents	Annual Gala	5/4/2022	6/2/2022	$ 1,000
Planned Parenthood	Children's Summit	3/23/2022	3/18/2022	$ 5,000
Ravenswood Family Health Center	20th Year Anniversary Virtual Event	6/2/2022	5/26/2022	$ 2,500
Recovery Café	Closing the Gap Breakfast	6/2/2022	5/6/2022	$ 2,500
Roots Community Health Center	A Night Out With Roots	7/28/2021	7/29/2021	$ 5,000
Sacred Heart Community Service	Pack a Back	8/9/2021	7/30/2021	$ 5,000
Silicon Valley Council of Non Profits	Annual Be Our Guest Luncheon	8/25/2021	10/21/2021	$ 2,500
	Policy/Housing Summit	8/25/2021	6/10/2022	$ 2,500
SOMOS Mayfair	Gracias A La Vida Annual Luncheon	8/9/2021	8/9/2021	$ 2,500
South County Compassion Center	Matching Donation	1/19/2022	1/10/2022	$ 2,500
Veggielution	Feast	3/23/2022	6/12/2022	$ 5,000
VMC Foundation	Tribute to Heroes	8/30/2021	9/25/2021	$ 5,000
West Valley Community Services	Chefs of Compassion	3/23/2022	3/25/2021	$ 2,000
Working Partnerships USA	Champions for Change	TBD	8/25/2022	$ 1,000
			TOTAL	**$ 145,000**
			BUDGET	**$ 150,000**

Santa Clara Family Health Plan™

Report of Board Designated Funds

Cumulative through May 2022

Governing Board Meeting of 06/23/22

Report of Board-Designated Funds Cumulative Through May 2022

Ref.	Recipient	Nature of Expenditure	Approval Month	Board Funds Committed	Approved Projects	Expended To Date	Unexpended Balance
		Special Project Funding for Community-Based Organizations (CBOs)					
1	Community-Based Care Mgmt. Entities	Health Homes Start-Up Costs	Mar-19		$400,000	$280,000	$120,000
	Special Project Funding for CBOs			**$4,000,000**	**$400,000**	**$280,000**	**$3,720,000**
		Innovation & COVID-19 Fund					
1	Healthier Kids Foundation	School Mental Health Screenings	Feb-20		$41,710	$41,710	$0
2	CHP Community Clinics	COVID Clinic Support	Mar-20		$2,000,000	$2,000,000	$0
3	SCC Office of Education	Child Health & Wellness (2 year funding)	Mar-20		$598,033	$598,033	$0
4	FIRST 5 Santa Clara	COVID Infant Formula	Apr-20		$50,000	$50,000	$0
5	Valley Verde	COVID Home Gardening	May-20		$20,000	$20,000	$0
6	YMCA Silicon Valley	COVID Food Distribution	May-20		$50,000	$50,000	$0
7	Eastside Union High School District	COVID Student Wireless Support	Aug-20		$150,000	$100,000	$50,000
8	Healthier Kids Foundation	My Health First (Phase 1)	Dec-20		$42,000	$42,000	$0
9	YMCA Silicon Valley	COVID Food Distribution	May-21		$100,000	$100,000	$0
10	Agrihood Senior Apartment	LTC Member Transitional Housing	May-21		$2,420,000	$0	$2,420,000
11	Community Health Partnership	Health Equity Agenda	Jun-21		$115,000	$57,500	$57,500
12	FIRST 5 Santa Clara	Integrated Behavioral Health Pilot Project	Jun-21		$500,000	$250,000	$250,000
13	Next Door Solutions	Domestic Violence	Jul-21		$89,995	$89,995	$0
14	Children's Discovery Museum (CDM)	COVID-19 Vaccination Clinics for Children	Nov-21		$30,000	$30,000	$0
15	Behavioral Health Contractors' Assocation (BHCA) of Santa Clara County	Readiness Support for Delivery System Changes	Nov-21		$160,160	$80,080	$80,080
16	Parents Helping Parents	Connections California	Jan-22		$159,085	$79,543	$79,543
17	Santa Clara County Public Health Dept	Juntos Initiative (formerly ParkRx)	Feb-22		$15,000	$15,000	$0
18	Stroke Awareness Foundation	Multilingual Awareness of Stroke Signs	Mar-22		$250,000	$125,000	$125,000
19	Bay Area Women's Sports Initiative (BAWSI)	BAWSI Leadership Accelerator	Mar-22		$250,000	$154,000	$96,000
20	Alumn Rock Counseling Center (ARCC)	Clinic Renovations Project	Apr-22		$249,726	$249,726	$0
	Innovation & COVID-19 Fund			**$16,000,000**	**$7,290,709**	**$4,132,586**	**$11,867,414**
	Total Board-Designated Funds			**$20,000,000**	**$7,690,709**	**$4,412,586**	**$15,587,414**

*** Cumulative payments & approvals through May 2022.**

Santa Clara Family Health Plan™

Report of Gift Cards Issued

Fiscal Year To Date 2021-2022

Governing Board Meeting of 06/23/22

Report of Gift Cards Issued
Fiscal Year To Date 2021-2022

Per Finance Policy FA.13 on Employee Recognition Gift Cards, *"The CEO shall provide periodic reports to the Governing Board on the issuance of gift cards."*

- For the fiscal year to date through May 2022, SCFHP issued gift cards to 184 employees totaling $8,890.
  - The majority represented "Team Building" expenses to enhance employee morale when the COVID pandemic made in-person interactions very challenging.
  - Gift cards were also given to staff for specific purposes - e.g., to increase participation in the annual employee satisfaction survey, Cheers for Peers recognitions, Employee Appreciation Day, WalkTober, and to staff for encouraging member vaccination referrals.
- Beyond employees, for the year to date, ~24,000 gift cards totaling $1.2M were issued for COVID vaccinations/boosters (including members and non-members) with DHCS providing funding for members.
- For the year to date, gift cards totaling $2.6M were provided to providers & members to incentivize specific behaviors to improve health outcomes.

Santa Clara Family Health Plan™

SCFHP Employee Satisfaction Survey

Governing Board Meeting – June 23, 2022

SCFHP Employee Satisfaction Survey

April 11 – May 6, 2022

HIGHLIGHTS

- 83% response rate (282 responses/340 employees)
- Last year there were many large and significant improvements over the prior (2019) survey. Results generally improved this year, albeit at a slower pace, as might be expected after the large improvements in 2021.
- 75 total questions (5-point agreement scale)
    - 51 improved compared to 2021
    - Average improvement of 1.1 percentage points
    - 4 improvements were statistically significant; no declines were statistically significant

SCFHP Employee Satisfaction Survey

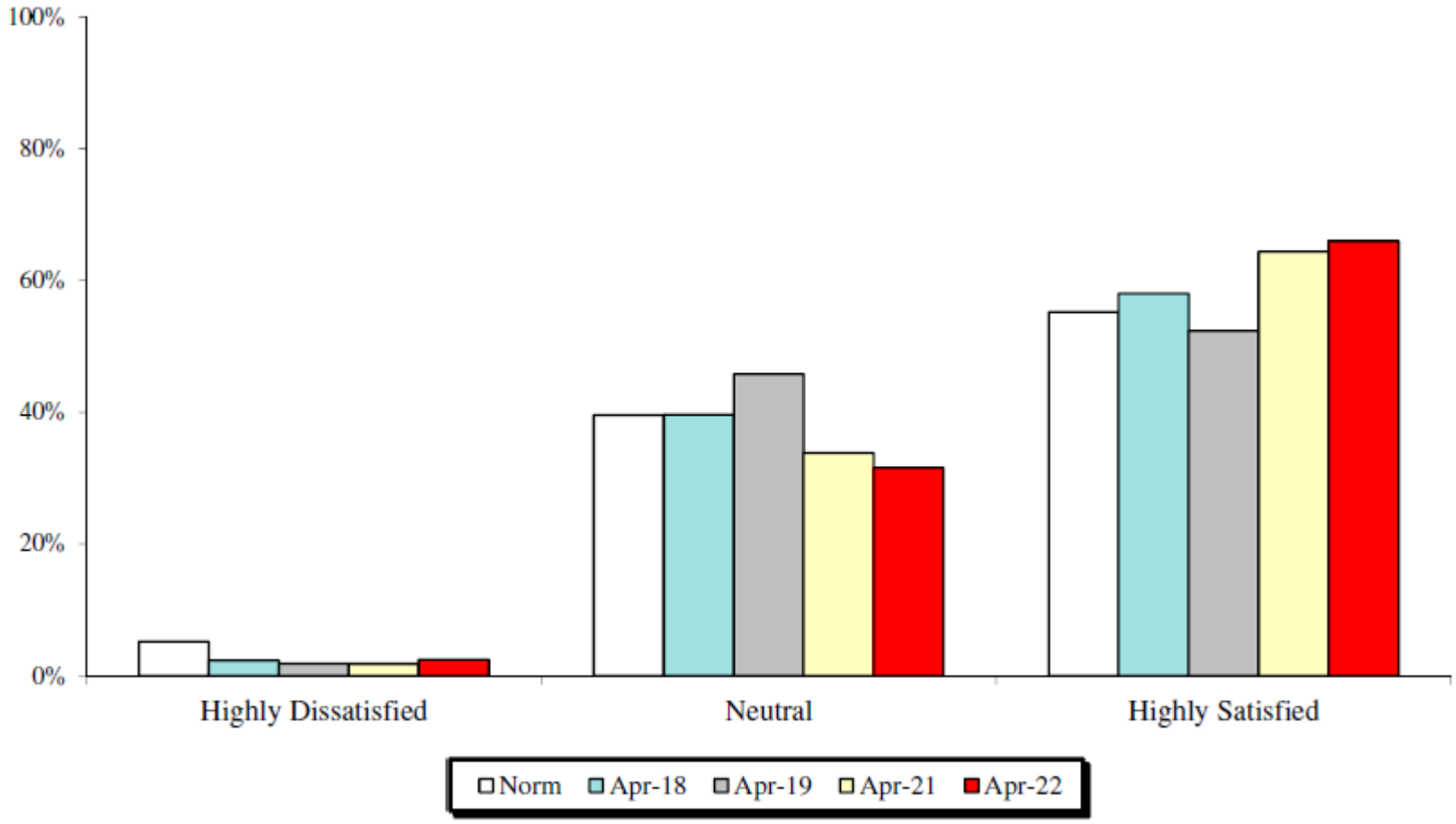
April 11 – May 6, 2022

HIGHLIGHTS

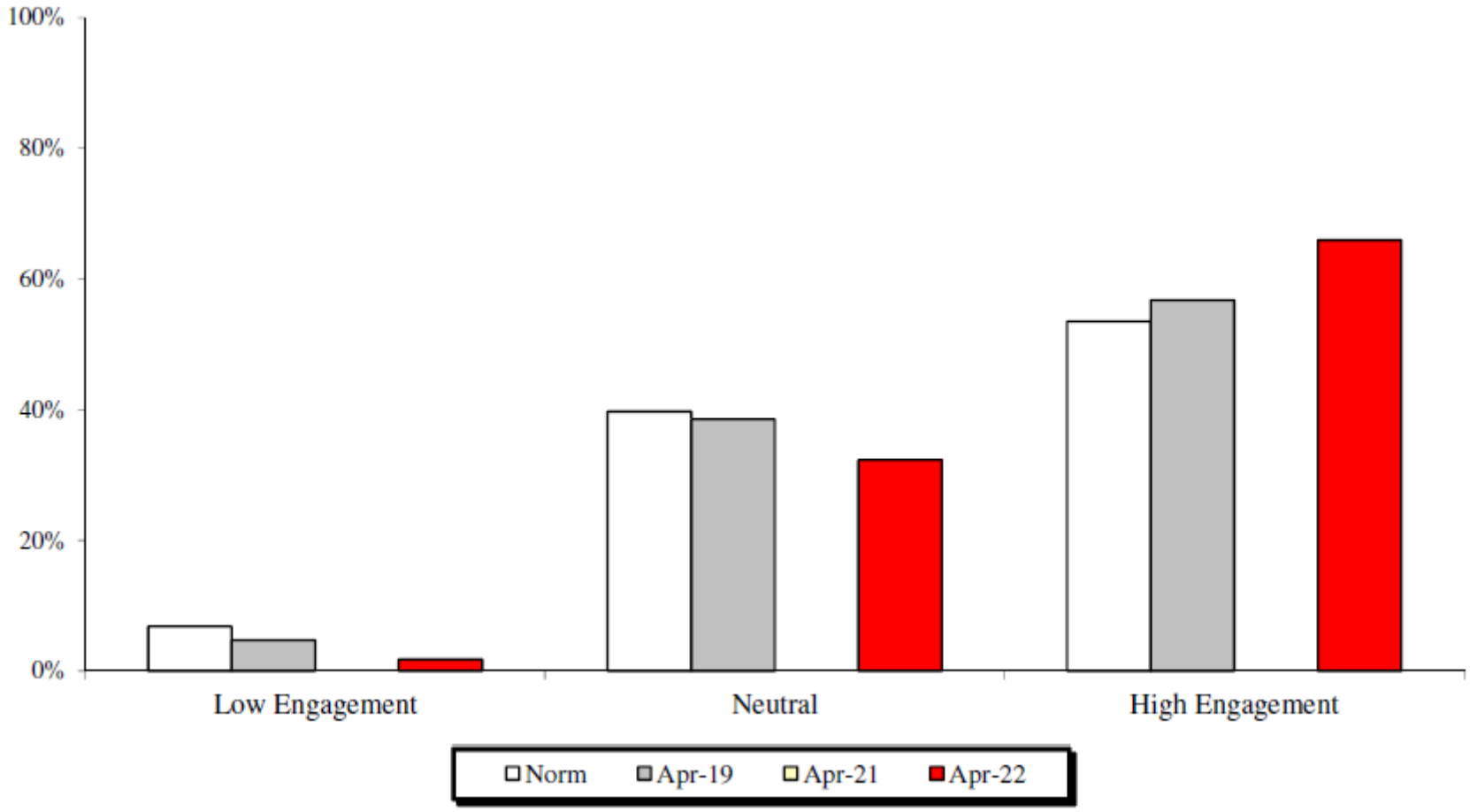
- Most improved question categories (out of 14)
  - Immediate Supervisor (+3.6)
  - Teamwork and Cooperation (+2.8)
  - Career Development (+2.5)
  - Employee's Role (+2.5)
  - Ethics (+2.5)
- 5 category averages declined very slightly (<1 percentage point)
- Norm includes 7 local Medi-Cal plans:

  SCFHP, Health Plan of San Mateo, San Francisco Health Plan, Alameda Alliance for Health, Health Plan of San Joaquin, CenCal Health, & Gold Coast Health Plan

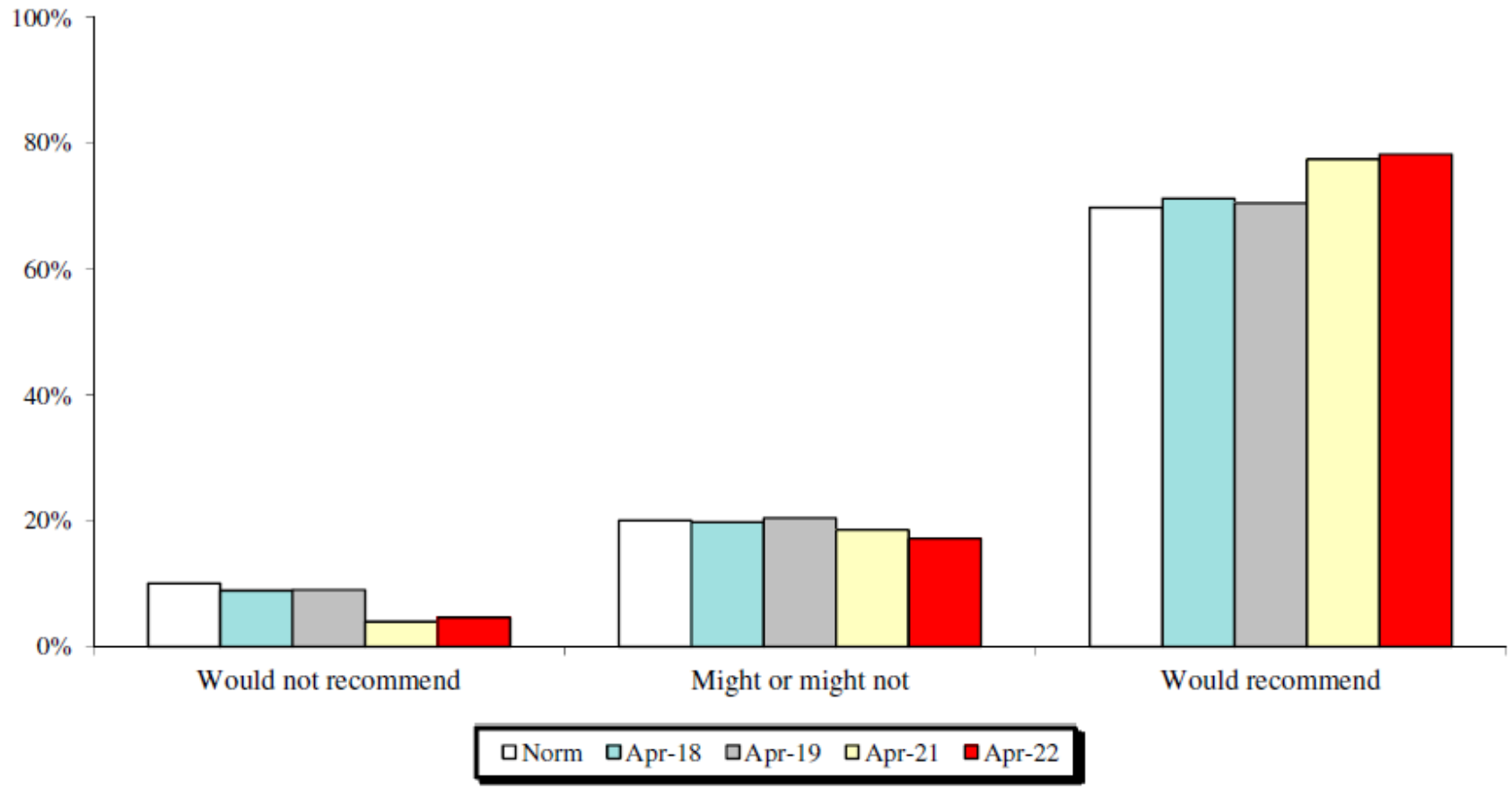
Overall Satisfaction



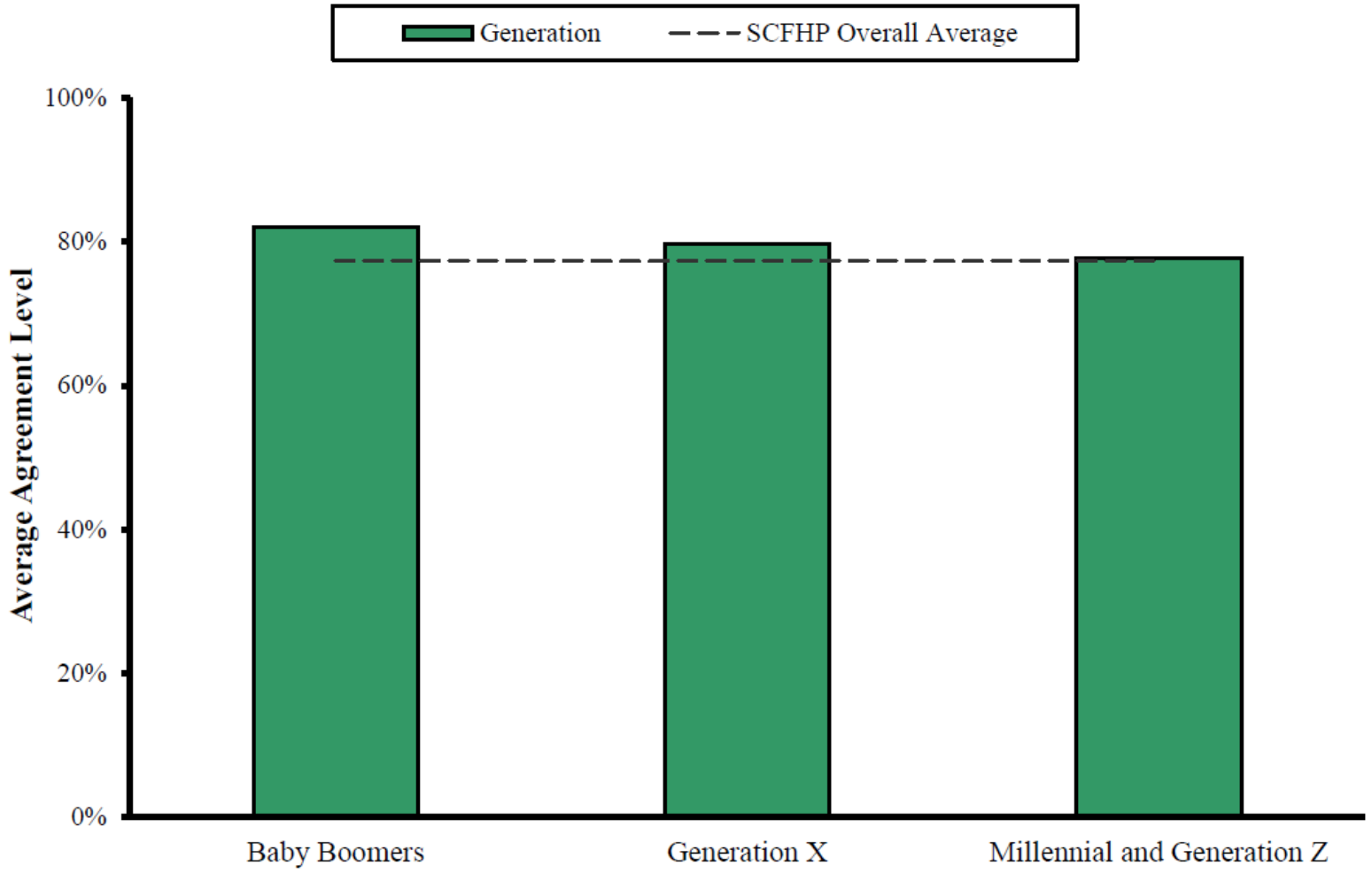
Engagement (Enthusiasm)



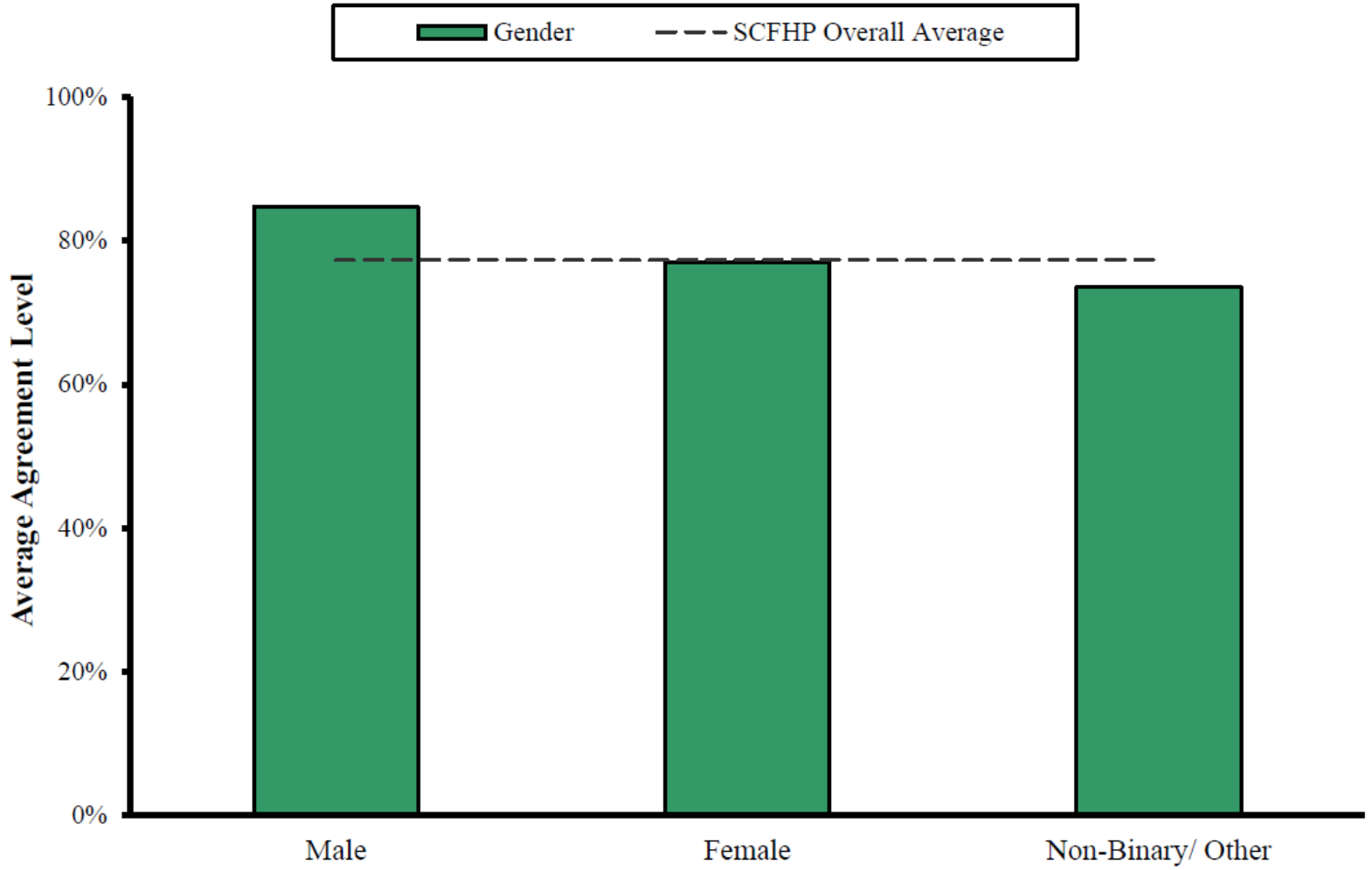
Willingness to Recommend SCFHP to a Friend Seeking Employment



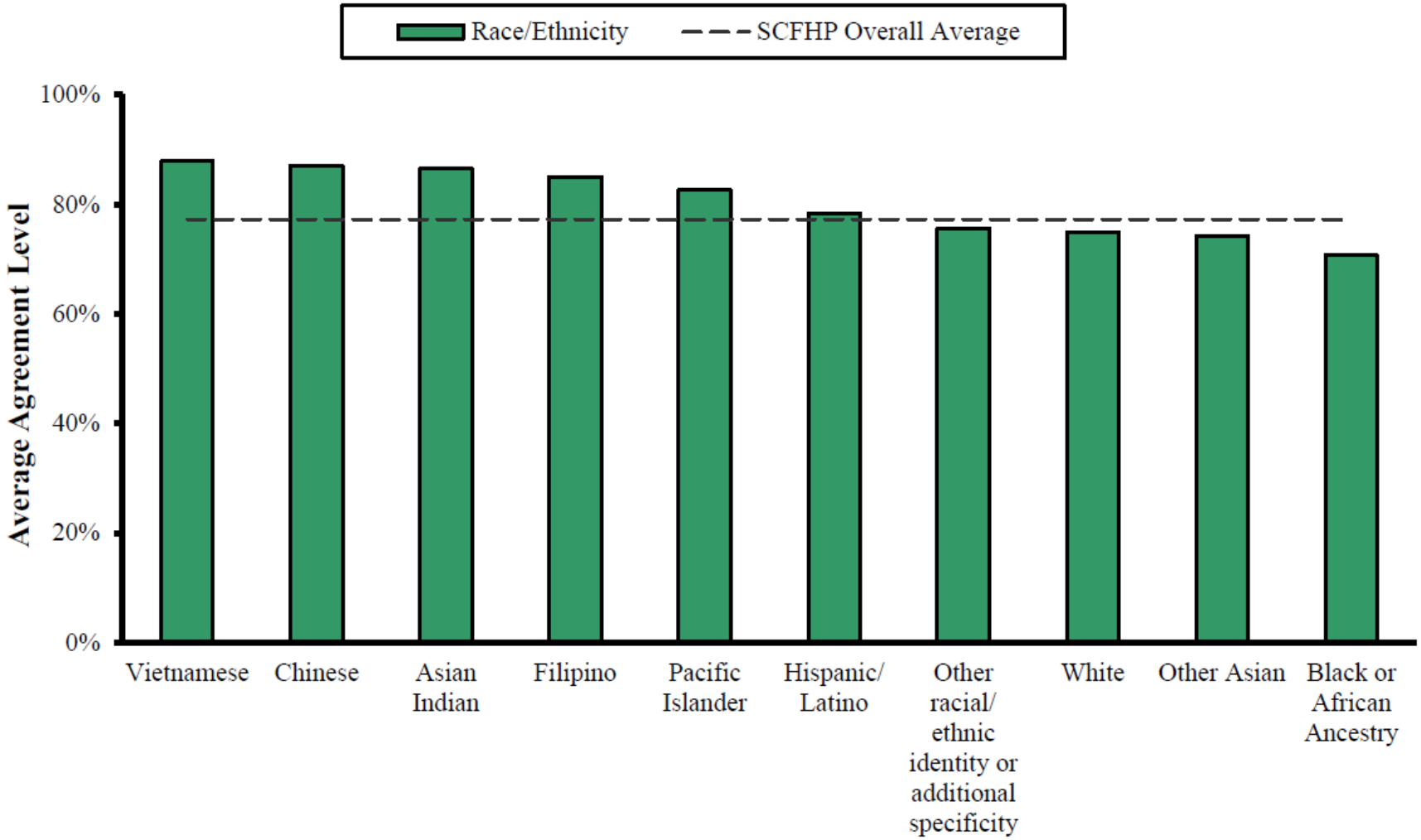
Average Agreement Level of Items Measured, by Generation



Average Agreement Level of Items Measured, by Gender



Average Agreement Level of Items Measured, by Race/Ethnicity



Key Strengths

The average agreement level of the key strengths is 91%.

- I have never felt “pressure” from anyone at SCFHP to violate our ethics or values
- I understand how my work supports SCFHP’s strategic objectives
- I understand how my work supports my department’s objectives
- I know what is expected of me at work
- My supervisor treats me with respect
- My supervisor treats me fairly *
- My supervisor handles my work-related issues satisfactorily *
- I feel comfortable telling my supervisor about any questions, concerns, or ideas I have *

***** *New Key Strength – not on 2021 list*

Key Opportunities for Improvement

The average agreement level of the key opportunities is 61%.

- There is adequate communication between departments
- “Politics” at this company are kept to a minimum
- The Executive Team does not play favorites
- People at SCFHP are held accountable for their actions
- Everyone here “pulls their own weight”
- The performance appraisal system is fair
- My salary is fair for the work that I do
- My workload is reasonable *

***** *New Key Opportunity – not on 2021 list*

Next Steps

- Executive team and extended leadership will spend time analyzing the recently received survey results to identify particularly strong or weak departmental scores
- Leaders share and openly discuss results with their teams, and seek input from team members
- Leaders will focus on key items in need of improvement, work with HR and Executive leadership on an action plan
- Employee Engagement Committee will review and analyze the results to make recommendations to the Executive team
- Include employee survey activities as a recurring agenda item in department meetings, management meetings and all staff

MEMORANDUM

Date: June 16, 2022

From: Tyler Haskell, Interim Compliance Officer

To: SCFHP Executive/Finance Committee

Re. AB 361 compliance

Background

Because the Governor's executive order suspending certain Brown Act requirements expired at the end of September 2021, the Legislature passed, and the Governor signed, AB 361. AB 361 amends Government Code §54953 to permit teleconferencing by local agencies during a declared state of emergency without providing public access to each individual teleconference location. In order to do so, a local agency must, within 30 days of its first teleconference meeting following enactment of AB 361 and every 30 days thereafter, make the following findings by majority vote:

- The local agency has reconsidered the circumstances of the state of emergency.
- Any of the following circumstances exist:
    - The state of emergency continues to directly impact the ability of the members to meet safely in person.
    - State or local officials continue to impose or recommend measures to promote social distancing.

The Executive/Finance Committee met and made the above findings in May, and the Governing Board needs to do so again in order for the Governing Board and committees to continue meeting remotely during the ongoing state of emergency.

Recommended Action

Make the following findings and approve continued use of teleconferencing without providing public access to each teleconference location:

- Santa Clara Family Health Plan has reconsidered the circumstances of the state of emergency.
- Any of the following circumstances exist:
    - The state of emergency continues to directly impact the ability of the members to meet safely in person.
    - State or local officials continue to impose or recommend measures to promote social distancing.

Santa Clara Family Health Plan™

Unaudited Financial Statements

For Ten Months Ended April 30, 2022

Agenda

Santa Clara Family Health Plan

Financial Highlights

Santa Clara Family Health Plan

	MTD		YTD	
Revenue	$120.8 M		$1.34 B	
Medical Expense (MLR)	$106.0 M	87.7%	$1.25 B	93.6%
Administrative Expense (% Rev)	$7.1 M	5.8%	$62.4 M	4.7%
Other Income/(Expense)	$125K		$1.3 M	
Net Surplus (Net Loss)	**$7.9 M**		**$24.3 M**	
Cash and Investments			$498 M	
Receivables			$548 M	
Total Current Assets			$1.05 B	
Current Liabilities			$804 M	
Current Ratio			1.31	
Tangible Net Equity			$279 M	
% of DMHC Requirement			**824.3%**	

Financial Highlights

Santa Clara Family Health Plan

Net Surplus (Net Loss)	Month: Surplus of $7.9M is $7.7M or 4,054.1% favorable to budget of $190K surplus. YTD: Surplus of $24.3M is $15.7M or 183.2% favorable to budget of $8.6M surplus.
Enrollment	Month: Membership was 298,818 (10,382 or 3.4% lower than budget of 309,200). YTD: Member Months YTD was 2,910,155 (80,355 or 2.7% lower than budget of 2,990,510).
Revenue	Month: $120.8M ($529K or 0.4% favorable to budget of $120.3M). YTD: $1.3B ($170.0M or 14.6% favorable to budget of $1.17B).
Medical Expenses	Month: $106.0M ($7.7M or 6.8% favorable to budget of $113.6M). YTD: $1.25B ($156.5M or 14.3% unfavorable to budget of $1.09B).
Administrative Expenses	Month: $7.1M ($246K or 3.6% unfavorable to budget of $6.8M). YTD: $62.4M ($4.8M or 7.2% favorable to budget of $67.3M).
Tangible Net Equity	TNE was $279.1M (represents approximately three months of total expenses).
Capital Expenditures	YTD Capital Investments of $1.0M vs. $3.3M annual budget, primarily software.

Santa Clara Family Health Plan™

Detail Analyses

Enrollment

- Total enrollment of 298,818 members is 10,382 or 3.4% lower than budget. Since the beginning of the fiscal year, total enrollment has increased by 16,148 members or 5.7%.
- Medi-Cal & CMC enrollment have been increasing since March 2020 largely due to COVID. Beginning in March 2020, annual eligibility redeterminations were suspended and, as a result, enrollment continues to increase.
- Since the beginning of the fiscal year, Medi-Cal Non-Dual enrollment has increased 6.1%, Medi-Cal Dual enrollment has increased 3.7%, and CMC enrollment has grown 2.5%.

	For the Month April 2022				For Ten Months Ending April 30, 2022					
	Actual	Budget	Variance	Variance (%)	Actual	Budget	Variance	Variance (%)	Prior Year Actuals	Δ FY22 vs. FY21
Medi-Cal	288,485	298,430	(9,945)	(3.3%)	2,807,121	2,885,280	(78,159)	(2.7%)	2,593,435	8.2%
Cal Medi-Connect	10,333	10,770	(437)	(4.1%)	103,034	105,230	(2,196)	(2.1%)	96,296	7.0%
Total	**298,818**	**309,200**	**(10,382)**	**(3.4%)**	**2,910,155**	**2,990,510**	**(80,355)**	**(2.7%)**	**2,689,731**	**8.2%**

Santa Clara Family Health Plan Enrollment By Network
April 2022

Network	Medi-Cal		CMC		Total	
	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total
Direct Contract Physicians	38,081	13%	10,333	100%	48,414	16%
SCVHHS[1], Safety Net Clinics, FQHC[2] Clinics	143,647	50%	-	0%	143,647	48%
North East Medical Services	3,381	1%	-	0%	3,381	1%
Palo Alto Medical Foundation	7,387	3%	-	0%	7,387	2%
Physicians Medical Group	44,659	15%	-	0%	44,659	15%
Premier Care	16,208	6%	-	0%	16,208	5%
Kaiser	35,122	12%	-	0%	35,122	12%
Total	**288,485**	**100%**	**10,333**	**100%**	**298,818**	**100%**
Enrollment at June 30, 2021	272,590		10,080		282,670	
Net Δ from Beginning of FY22	5.8%		2.5%		5.7%	

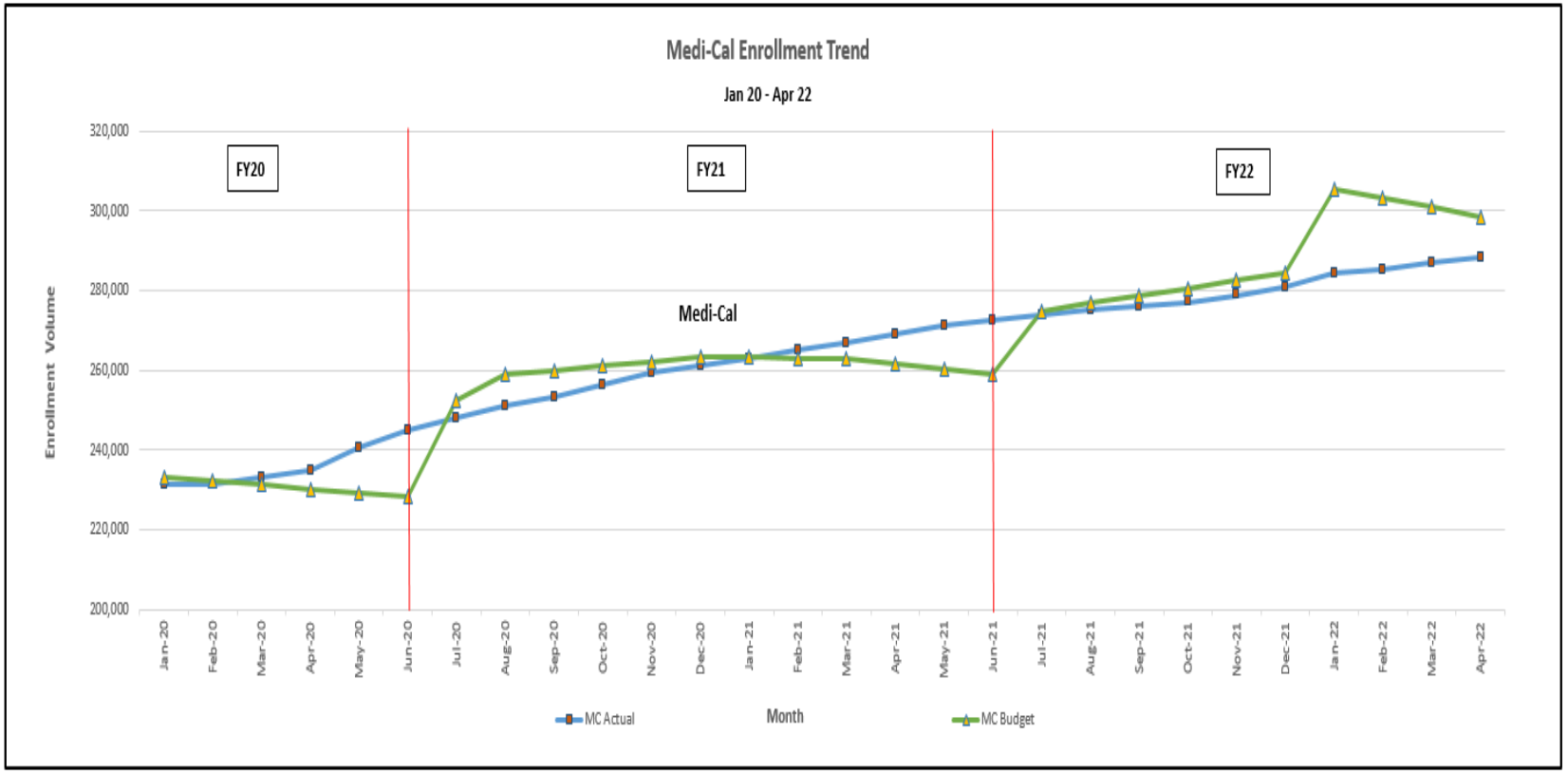
[1] *SCVHHS = Santa Clara Valley Health & Hospital System*
[2] *FQHC = Federally Qualified Health Center*

Enrollment By Aid Category

SCFHP TRENDED ENROLLMENT BY COA YTD APRIL - 2022

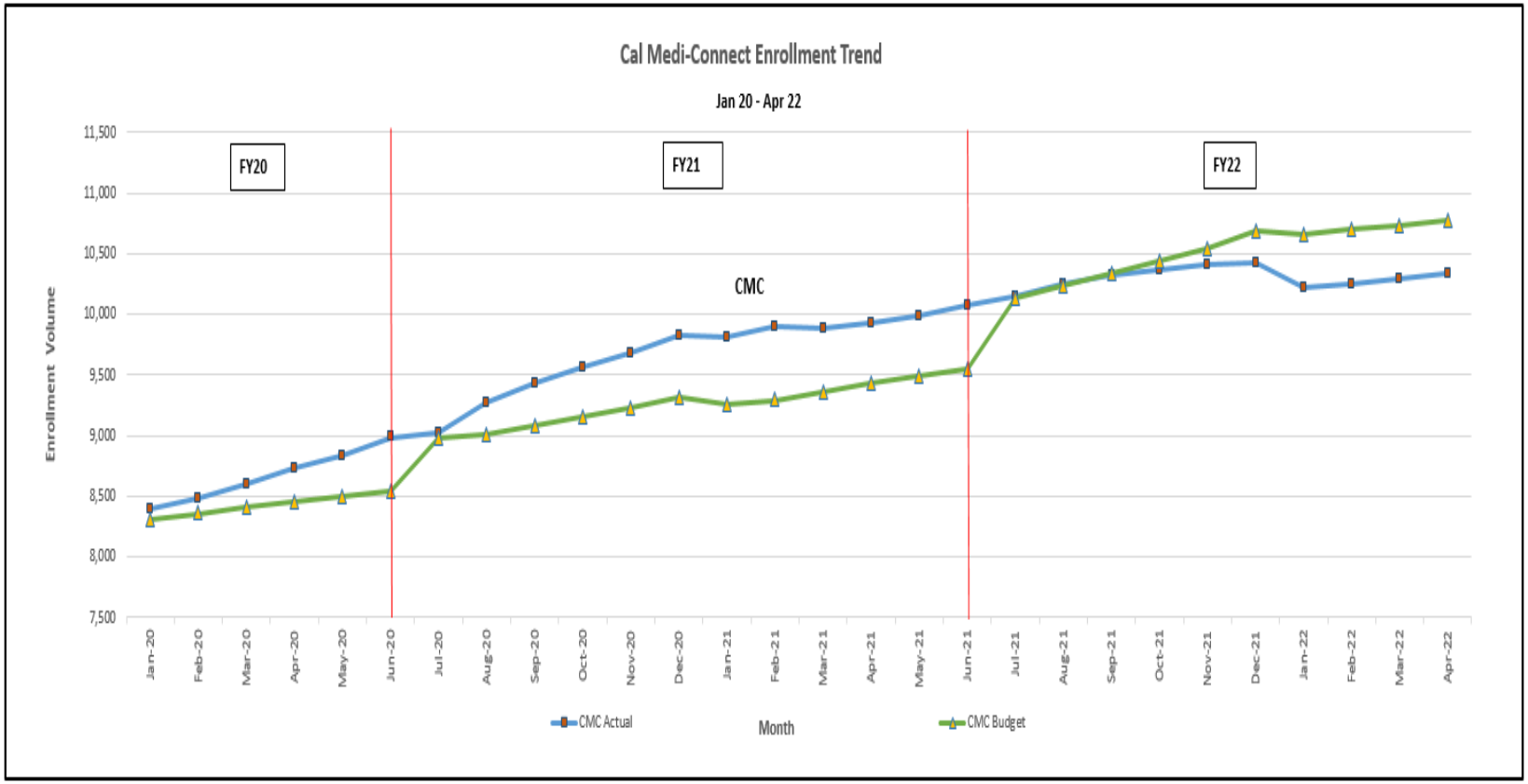
		2021-04	2021-05	2021-06	2021-07	2021-08	2021-09	2021-10	2021-11	2021-12	2022-01	2022-02	2022-03	2022-04	FYTD var	%
NON DUAL	Adult (over 19)	32,106	32,577	32,997	32,995	33,281	33,546	33,809	34,245	34,653	35,652	35,761	36,104	36,529	3,532	10.7%
	Child (under 19)	99,872	100,245	100,477	101,010	101,085	101,093	101,125	101,411	101,722	102,516	102,519	102,740	103,211	2,734	2.7%
	SPD	22,290	22,291	22,301	22,363	22,276	22,331	22,381	22,463	22,537	22,740	22,731	22,749	22,751	450	2.0%
	Adult Expansion	88,035	89,361	89,957	90,711	91,392	91,960	92,393	93,186	94,092	95,819	96,366	97,386	98,130	8,173	9.1%
	Long Term Care	375	367	365	414	408	401	391	385	392	391	403	395	393	28	7.7%
	Total Non-Duals	**242,678**	**244,841**	**246,097**	**247,493**	**248,442**	**249,331**	**250,099**	**251,690**	**253,396**	**257,118**	**257,780**	**259,374**	**261,014**	**14,917**	**6.1%**
DUAL	Adult (over 21)	357	365	366	367	376	375	396	398	408	410	403	407	412	46	12.6%
	SPD	24,168	24,146	24,115	23,980	24,159	24,206	24,244	24,307	24,320	24,330	24,350	24,378	24,282	167	0.7%
	Long Term Care	1,038	1,031	1,060	1,127	1,115	1,092	1,083	1,106	1,111	1,085	1,107	1,102	1,111	51	4.8%
	SPD OE	802	863	952	1,063	1,135	1,223	1,308	1,372	1,431	1,496	1,531	1,612	1,666	714	75.0%
	Total Duals	**26,365**	**26,405**	**26,493**	**26,537**	**26,785**	**26,896**	**27,031**	**27,183**	**27,270**	**27,321**	**27,391**	**27,499**	**27,471**	**978**	**3.7%**
	Total Medi-Cal	**269,043**	**271,246**	**272,590**	**274,030**	**275,227**	**276,227**	**277,130**	**278,873**	**280,666**	**284,439**	**285,171**	**286,873**	**288,485**	**15,895**	**5.8%**
CMC	CMC Non-Long Term Care	9,745	9,809	9,895	9,939	10,037	10,122	10,160	10,211	10,221	10,017	10,038	10,084	10,127	232	2.3%
	CMC - Long Term Care	179	180	185	209	208	203	208	204	210	202	213	215	206	21	11.4%
	Total CMC	**9,924**	**9,989**	**10,080**	**10,148**	**10,245**	**10,325**	**10,368**	**10,415**	**10,431**	**10,219**	**10,251**	**10,299**	**10,333**	**253**	**2.5%**
	Total Enrollment	**278,967**	**281,235**	**282,670**	**284,178**	**285,472**	**286,552**	**287,498**	**289,288**	**291,097**	**294,658**	**295,422**	**297,172**	**298,818**	**16,148**	**5.7%**

Medi-Cal Enrollment Trend



- Actual enrollment, represented by the blue line, showed steeper initial COVID enrollment growth in FY21 followed by a lower growth in FY22 with continued public health emergency.
- Budgeted enrollment, represented by the green line, was presumed to decrease in late FY21 but continues due to sustained public health emergency. Current budget effective July 2021, the Budget included a higher projection of new mandatory Medi-Cal population having Other Health Coverage (OHC).

Cal Medi-Connect Enrollment Trend

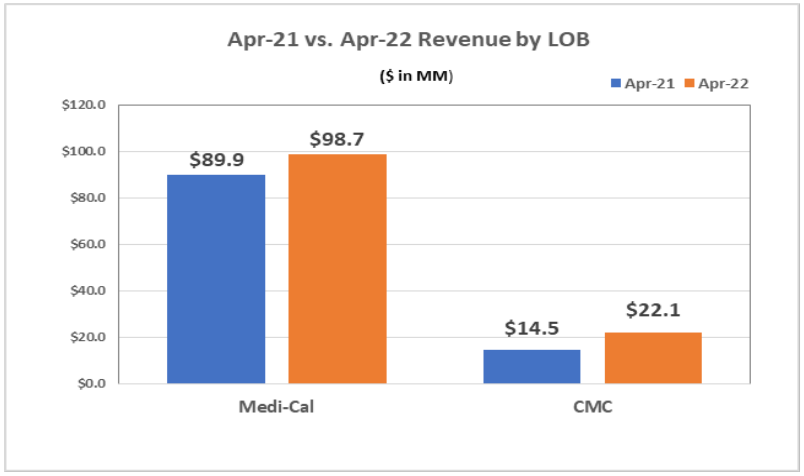


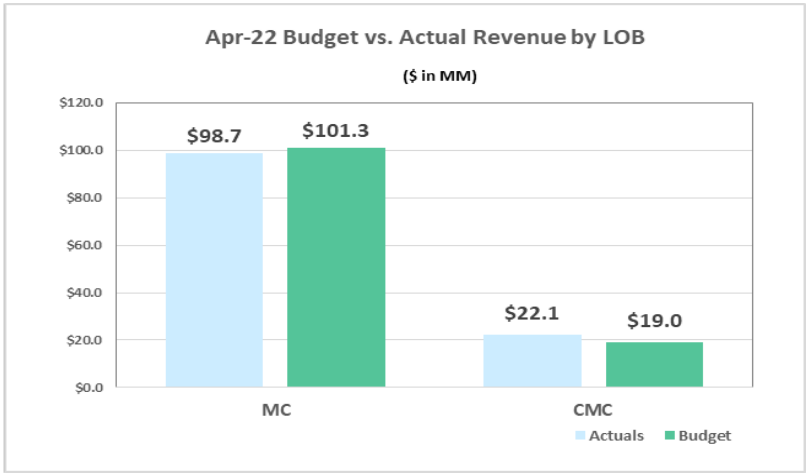
- Actual enrollment, represented by the blue line, showed steeper initial COVID enrollment growth in FY21 followed by a lower growth in FY22 with continued public health emergency.
- Budgeted enrollment, represented by the green line, was presumed to decrease in late FY21 but continues due to sustained public health emergency. Current budget effective July 2021.

Current Month Revenue

Current month revenue of $120.8M was $529K or 0.4% favorable to budget of $120.3M. The current month variance was primarily due to the following:

- Medi-Cal revenue was $10.6M unfavorable to budget due to (1) the pharmacy benefit carve-out and (2) lower Other Health Coverage (OHC) mandatory enrollment, offset by higher CY22 MLTSS rates versus budget. The Budget anticipated the Medi-Cal pharmacy benefit would continue until the end of fiscal year but pharmacy carve-out began on Jan 1. Unfavorable pharmacy revenue is offset by favorable pharmacy expense.
- ECM incentive program received ($5.4M favorable to budget). Other supplemental revenue is $2.6M favorable to budget due to increased retro BHT encounter data and maternity deliveries, offset by budgeted Hep-C. Medi-Cal pharmacy carved out effective Jan 2022.
- CMC revenue was $3.1M favorable to budget due to CY20 Medicare QWH payment received in excess of accrual and favorable CY22 rates versus budget, offset by additional CY20 medical loss ratio (MLR) accrual payables to DHCS and CMS, coupled with lower enrollment versus budget.

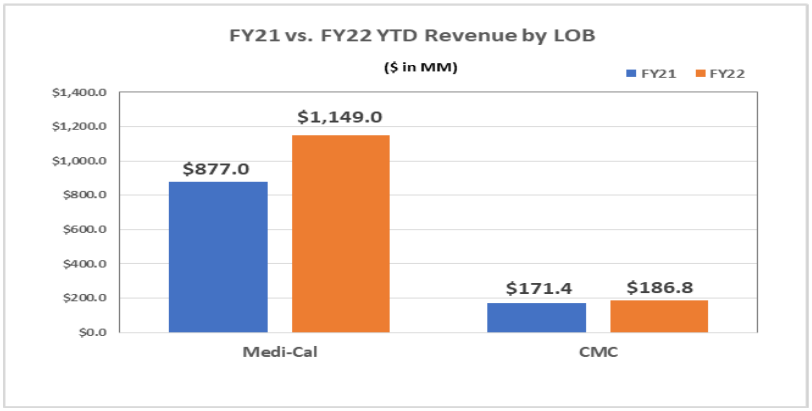


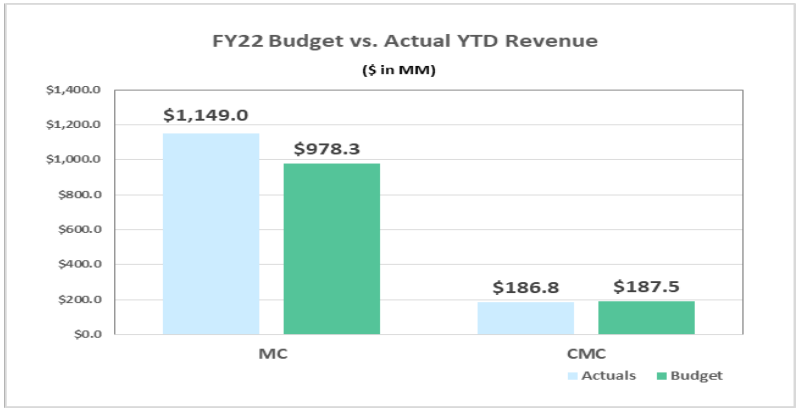


YTD Revenue

YTD revenue of $1.34B was $170.0M or 14.6% favorable to budget of $1.17B. The YTD variance was primarily due to the following:

- Due to a change in accounting prescribed by DHCS, hospital directed payments are now reported on the P&L resulting in a favorable current month revenue variance of $212.4M with an offsetting unfavorable medical expense.
- Medi-Cal revenue is $47.0M unfavorable largely due to the timing of the pharmacy benefit carve-out effective January 1st (the budget assumed the Rx benefit would continue through FY23). Lower pharmacy-related revenue is largely offset by lower pharmacy-related medical expense. Lower enrollment than anticipated from OHC contributes to the net unfavorable variance. Partially offsetting favorable variances pertained to higher CY22 rates versus budget and unbudgeted revenue associated with the COVID vaccine program (with associated expense).
- Supplemental revenue is $5.3M favorable to budget due to increased utilization in BHT, Health Homes, Hep-C, and higher maternity deliveries.
- CMC revenue was $706K unfavorable to budget due to accrued CY20 Medical Loss Ratio reserves payable to DHCS & CMS and lower enrollment, offset by CY20 Part-D Reconciliation payment, Part-C Quality Withholding Earnback received, and higher CY21 & CY22 CCI rates versus budget.

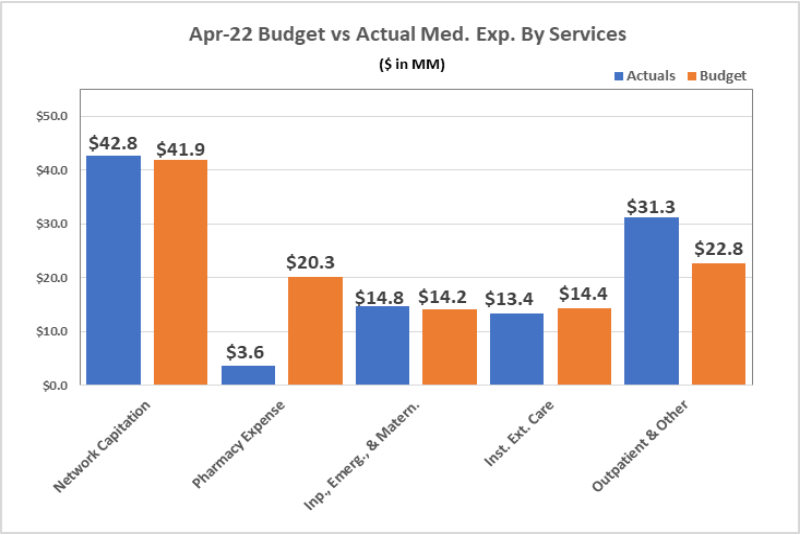


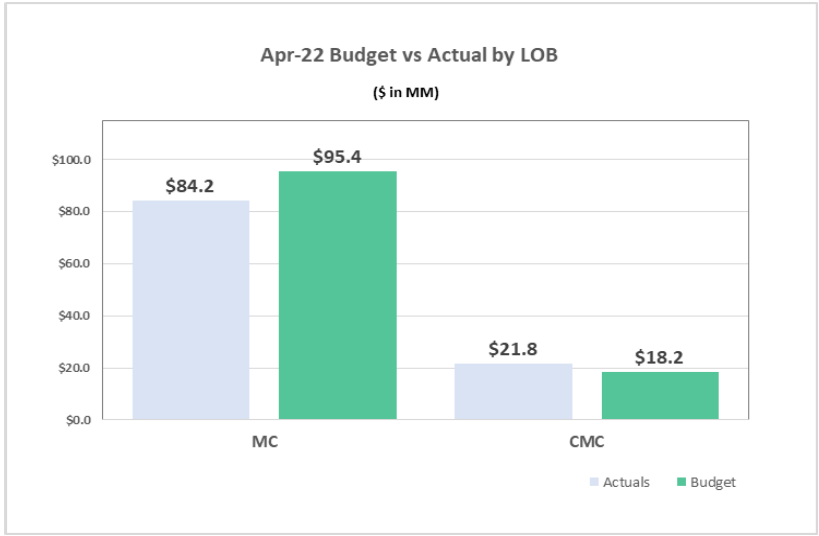


Current Month Medical Expense

Current month medical expense of $106.0M was $7.7M or 6.8% favorable to budget of $113.6M. The current month variance was due largely to:

- Pharmacy expenses were $16.7M favorable to budget primarily due to timing of the Medi-Cal carve-out (largely offsetting the unfavorable revenue variance). The budget assumed the pharmacy benefit would continue through the end of fiscal year. $1.3M received for CY21 MC pharmacy performance guaranteed.
- Fee-For-Service expenses reflected a $8.1M or 17.0% unfavorable variance due to increases in Outpatient Facility, PCP, Emergency Service, Physician Specialty services, ECM expense accruals, and increase BHT utilization and maternity deliveries, offset by lower enrollment.
- Capitation expense was $879K or 2.1% unfavorable to budget due to higher CY22 capitated rates partially offset by lower capitated enrollment than expected.

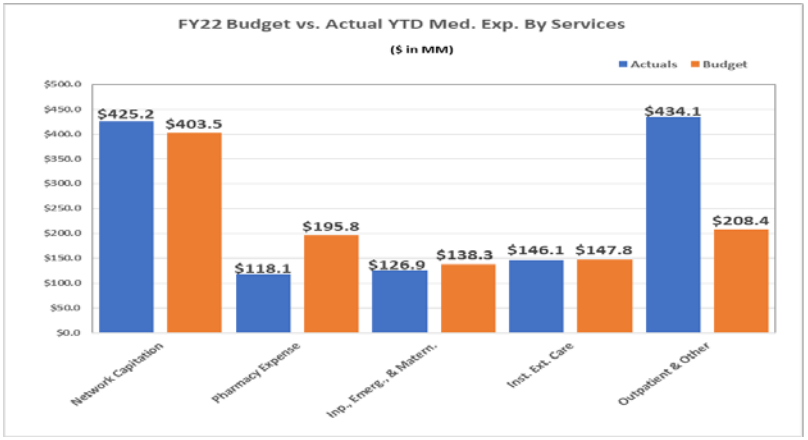


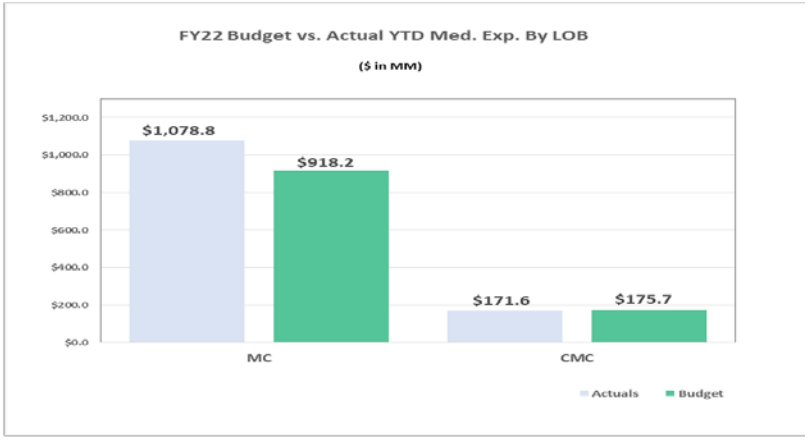


YTD Medical Expense

YTD medical expense of $1.25B was $156.5M or 14.3% unfavorable to budget of $1.09B. The YTD variance was due largely to:

- Due to a change in accounting prescribed by DHCS, hospital directed payments are now reported on the P&L resulting in a favorable current month revenue variance of $212.4M with an offsetting unfavorable medical expense).
- Pharmacy expenses were $77.6M or 39.7% favorable to budget because budget was projected to have pharmacy benefit continue until June 30 but it ended Jan 1 and lower enrollment from OHC than anticipated, thus lower overall pharmacy costs. Actual costs of diabetic drugs were also affected by lower enrollment. MC favorable pharmacy expenses were offset by unfavorable revenue.
- Capitation expense was $21.6M or 5.4% unfavorable to budget due to $23M accrued for VHP as one-time capitation payment for SPD utilization costs not reflected in original CY21 paid capitation rates. VHP is expected to pass the entire amount to VMC, offset by lower capitated MC enrollment.
- Fee-For-Service expenses is on target of budget due to IBNP claim accruals for lower enrollment, which caused lower utilization in Inpatient and LTC, offset by unexpected cost increases in Outpatient, Specialty, PCP, ER and increased supplemental services such as Behavioral Health Therapy, Health Home and high maternity deliveries (offset with favorable revenue variance).

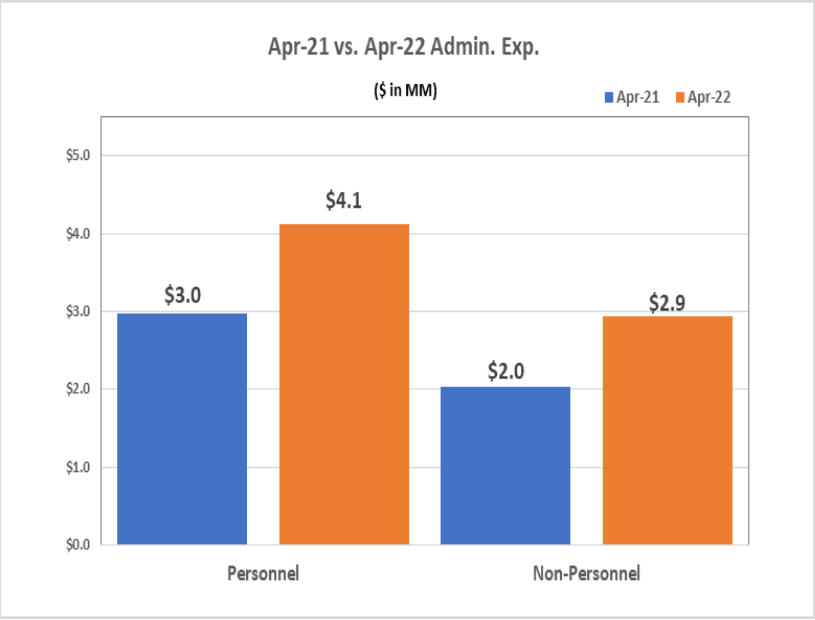


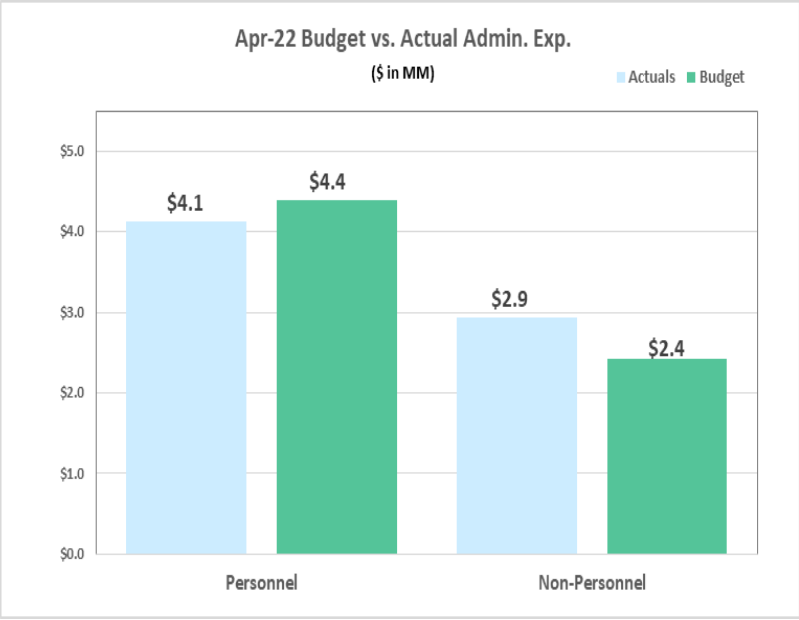


Current Month Administrative Expense

Current month expense of $7.1M was $246K or 3.6% unfavorable to budget of $6.8M. The current month variances were primarily due to the following:

- Personnel expenses were $265K or 6.0% favorable to budget due to lower headcount than budget which included payroll tax, benefit savings and CalPERS reconciliations.
- Non-Personnel expenses were $511K or 21.1% unfavorable to budget due to the timing of spending in certain expense categories (consulting, contract service, translation, and other fees). Other Expense also included unbudgeted COVID incentive gift cards. COVID vaccination incentive program is provided by DHCS.

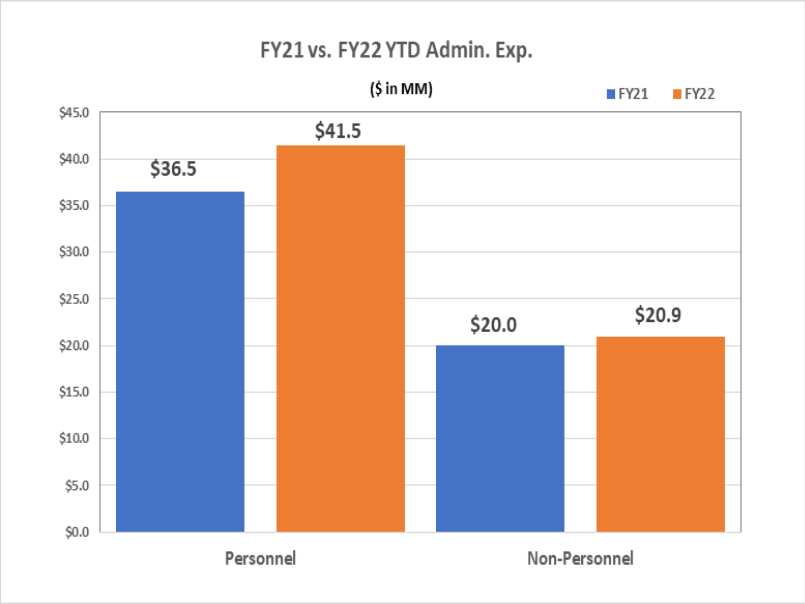


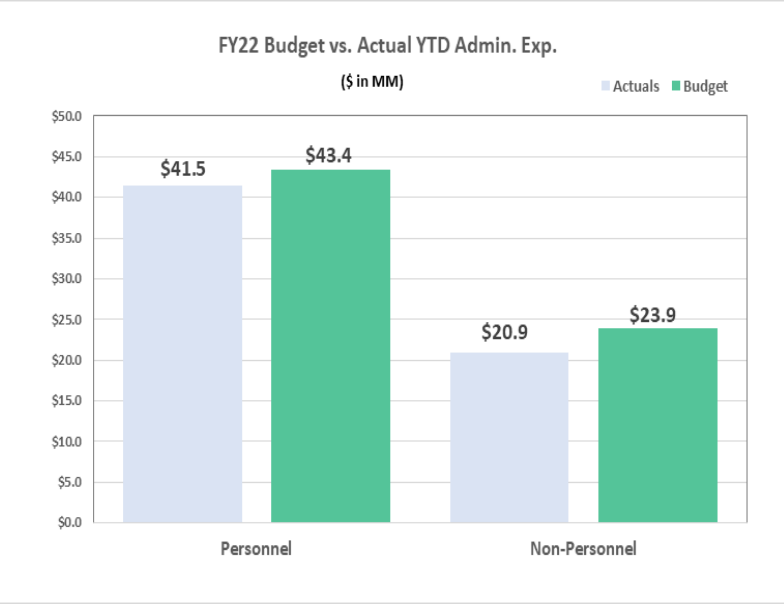


YTD Administrative Expense

YTD administrative expense of $62.4M was $4.8M or 7.2% favorable to budget of $67.3M. The YTD variance was primarily due to the following:

- Non-Personnel expenses were $2.9M or 12.3% favorable to budget due to the timing of budget spending in certain expenses (consulting, contract service, translation, advertising, information systems, and other fees) which are expected to be incurred later in the fiscal year. Other Expense included COVID member incentive gift cards.
- Personnel expenses were $1.9M or 4.4% favorable to budget due to lower headcount than budget which included lower payroll tax, benefits and CalPERS reconciliations.





Balance Sheet

- Current assets totaled $1.05B compared to current liabilities of $804.4M, 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 $90.1M compared to the cash balance as of year-end June 30, 2021 due to the timing of inflows and outflows.
- Current Cash & Equivalents components and yields were as follows:

Description	Cash & Investments	Current Yield %	Interest Income	
			Month	YTD
Short-Term Investments				
County of Santa Clara Comingled Pool	$183,331,585	0.79%	$100,000	$1,072,346
Wells Fargo Investments	($20)	0.00%	$0	$34,513
City National Bank Investments	$278,644,963	0.69%	($5,390)	($133,021)
	$461,976,527		$94,610	$973,839
Cash & Equivalents				
Bank of the West Money Market	$0	0.00%	$0	$3,308
City National Bank Accounts	$31,092,219	0.01%	$479	$3,354
Wells Fargo Bank Accounts	$4,777,583	0.21%	$708	$3,807
	$35,869,803		$1,187	$10,469
Assets Pledged to DMHC				
Restricted Cash	$325,000	0.01%	$3	$593
Petty Cash	$500	0.00%	$0	$0
Month-End Balance	**$498,171,830**		**$95,799**	**$984,901**

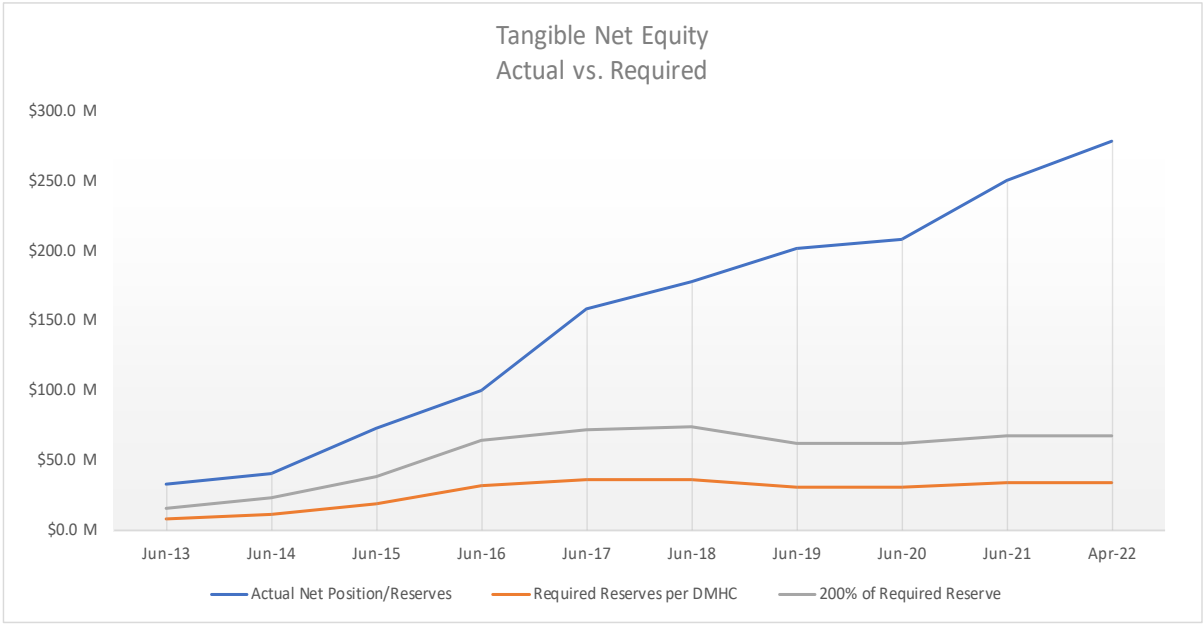
- Cash balances include balances payable to the State of CA for certain items.
- County of Santa Clara Comingled Pool funds have longer-term investments which currently provide a higher yield than WFB Investments.
- The investment transition from Wells Fargo to City National Bank was largely completed in January.
- Overall cash and investment yield is lower than budget (0.68% actual vs. 1.4% budgeted).

Tangible Net Equity

- TNE was $279.1M - representing approximately three months of the Plan's total expenses.

Santa Clara Health Authority
Tangible Net Equity - Actual vs. Required
As of April 30, 2022

	Jun-13	Jun-14	Jun-15	Jun-16	Jun-17	Jun-18	Jun-19	Jun-20	Jun-21	Apr-22
Actual Net Position/Reserves	$32.6 M	$40.9 M	$72.6 M	$100.3 M	$158.4 M	$178.0 M	$202.1 M	$208.6 M	$250.4 M	$279.1 M
Required Reserves per DMHC	$7.8 M	$11.4 M	$19.3 M	$32.4 M	$35.9 M	$36.8 M	$30.9 M	$31.3 M	$33.9 M	$33.9 M
200% of Required Reserve	$15.6 M	$22.9 M	$38.5 M	$64.8 M	$71.8 M	$73.6 M	$61.8 M	$62.5 M	$67.8 M	$67.7 M
Actual as % Required	418.5%	357.5%	376.9%	309.8%	441.2%	483.4%	654.4%	667.2%	739.1%	824.3%



Reserves Analysis

Santa Clara Family Health Plan

SCFHP RESERVES ANALYSIS APRIL 2022

Financial Reserve Target #1: Tangible Net Equity	Board Funds Committed	Approved Projects	Funds Expended	Balance
Unrestricted Net Assets				**$237,834,670** *
Board Designated Funds (Note 1):				
Special Project Funding for CBOs	$4,000,000	$400,000	$280,000	$3,720,000
Innovation & COVID-19 Fund	$16,000,000	$7,290,709	$3,408,843	$12,591,157
Subtotal	$20,000,000	$7,690,709	$3,688,843	$16,311,157
Net Book Value of Fixed Assets				$24,641,189
Restricted Under Knox-Keene Agreement				$325,000
Total Tangible Net Equity (TNE)				$279,112,016
Current Required TNE				$33,861,939
TNE %				824.3%
SCFHP Target TNE Range:				
350% of Required TNE (Low)				$118,516,786
500% of Required TNE (High)				$169,309,694
Total TNE Above/(Below) SCFHP Low Target				**$160,595,231**
Total TNE Above/(Below) High Target				**$109,802,323**
Financial Reserve Target #2: Liquidity				
Cash & Investments				$498,171,830
Less Pass-Through Liabilities:				
Hospital Directed Payments				(432,791)
MCO Tax Payable to State of CA				(14,776,148)
Prop 56 / Whole Person Care				(63,537,854)
Other Pass-Through Liabilities (Note 2)				(102,136,796)
Total Pass-Through Liabilities				**(180,883,589)**
Net Cash Available to SCFHP				317,288,240
SCFHP Target Liquidity (Note 3)				
45 Days of Total Operating Expense				(180,695,592)
60 Days of Total Operating Expense				(240,927,456)
Liquidity Above/(Below) SCFHP Low Target				**136,592,648**
Liquidity Above/(Below) High Target				**76,360,784**

- **Unrestricted Net Assets represents approximately 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 $1.0M, largely due to software licensing, were comprised of the following:

Expenditure	YTD Actual	Annual Budget
Community Resource Center	$17,593	$55,800
Hardware	$246,074	$1,060,000
Software	$598,610	$1,896,874
Building Improvements	$147,709	$62,000
Furniture & Equipment	$8,702	$179,101
TOTAL	**$1,018,687**	**$3,253,775**

Santa Clara Family Health Plan™

Financial Statements

Income Statement

Santa Clara Family Health Plan

Santa Clara County Health Authority
INCOME STATEMENT
For Ten Months Ending April 30, 2022

	Apr-2022 Actuals	% of Rev	Apr-2022 Budget	% of Rev	Current Month Variance $	Current Month Variance %	YTD Apr-2022 Actuals	% of Rev	YTD Apr-2022 Budget	% of Rev	YTD Variance $	YTD Variance %
REVENUES												
MEDI-CAL	$ 98,664,481	81.7%	$ 101,266,476	84.2%	$ (2,601,995)	(2.6%)	$ 1,148,963,026	86.0%	$ 978,300,914	83.9%	$ 170,662,112	17.4%
CMC MEDI-CAL	3,413,798	2.8%	3,590,553	3.0%	(176,755)	(4.9%)	36,222,739	2.7%	36,953,622	3.2%	(730,883)	(2.0%)
CMC MEDICARE	18,717,043	15.5%	15,409,393	12.8%	3,307,650	21.5%	150,584,761	11.3%	150,559,927	12.9%	24,834	0.0%
TOTAL CMC	22,130,841	18.3%	18,999,946	15.8%	3,130,895	16.5%	186,807,500	14.0%	187,513,549	16.1%	(706,049)	(0.4%)
TOTAL REVENUE	**$ 120,795,322**	**100.0%**	**$ 120,266,422**	**100.0%**	**$ 528,900**	**0.4%**	**$ 1,335,770,526**	**100.0%**	**$ 1,165,814,463**	**100.0%**	**$ 169,956,063**	**14.6%**
MEDICAL EXPENSES												
MEDI-CAL	$ 84,169,868	69.7%	$ 95,405,959	79.3%	$ 11,236,091	11.8%	$ 1,078,775,762	80.8%	$ 918,155,917	78.8%	$(160,619,845)	(17.5%)
CMC MEDI-CAL	6,069,993	5.0%	3,168,762	2.6%	(2,901,231)	(91.6%)	36,670,441	2.7%	30,644,155	2.6%	(6,026,286)	(19.7%)
CMC MEDICARE	15,711,980	13.0%	15,071,937	12.5%	(640,043)	(4.2%)	134,940,573	10.1%	145,039,970	12.4%	10,099,397	7.0%
TOTAL CMC	21,781,973	18.0%	18,240,699	15.2%	(3,541,274)	(19.4%)	171,611,015	12.8%	175,684,125	15.1%	4,073,111	2.3%
TOTAL MEDICAL EXPENSES	**$ 105,951,840**	**87.7%**	**$ 113,646,658**	**94.5%**	**$ 7,694,817**	**6.8%**	**$ 1,250,386,776**	**93.6%**	**$ 1,093,840,042**	**93.8%**	**$(156,546,734)**	**(14.3%)**
GROSS MARGIN	**$ 14,843,481**	**12.3%**	**$ 6,619,764**	**5.5%**	**$ 8,223,717**	**124.2%**	**$ 85,383,750**	**6.4%**	**$ 71,974,421**	**6.2%**	**$ 13,409,329**	**18.6%**
ADMINISTRATIVE EXPENSE												
SALARIES AND BENEFITS	$ 4,122,611	3.4%	$ 4,387,802	3.6%	$ 265,192	6.0%	$ 41,495,024	3.1%	$ 43,400,754	3.7%	$ 1,905,730	4.4%
RENTS AND UTILITIES	48,761	0.0%	42,067	0.0%	(6,694)	(15.9%)	381,233	0.0%	420,667	0.0%	39,434	9.4%
PRINTING AND ADVERTISING	2,104	0.0%	107,542	0.1%	105,438	98.0%	503,287	0.0%	1,077,417	0.1%	574,130	53.3%
INFORMATION SYSTEMS	411,149	0.3%	397,753	0.3%	(13,396)	(3.4%)	3,148,664	0.2%	3,848,177	0.3%	699,513	18.2%
PROF FEES/CONSULTING/TEMP STAFFING	1,770,742	1.5%	1,136,398	0.9%	(634,344)	(55.8%)	9,300,665	0.7%	11,219,664	1.0%	1,918,999	17.1%
DEPRECIATION/INSURANCE/EQUIPMENT	408,265	0.3%	452,953	0.4%	44,688	9.9%	4,020,759	0.3%	4,323,401	0.4%	302,641	7.0%
OFFICE SUPPLIES/POSTAGE/TELEPHONE	89,738	0.1%	62,242	0.1%	(27,495)	(44.2%)	533,943	0.0%	623,022	0.1%	89,079	14.3%
MEETINGS/TRAVEL/DUES	98,837	0.1%	131,007	0.1%	32,169	24.6%	958,952	0.1%	1,362,113	0.1%	403,161	29.6%
OTHER	111,139	0.1%	99,307	0.1%	(11,833)	(11.9%)	2,093,142	0.2%	1,000,916	0.1%	(1,092,226)	(109.1%)
TOTAL ADMINISTRATIVE EXPENSES	**$ 7,063,345**	**5.8%**	**$ 6,817,070**	**5.7%**	**$ (246,275)**	**(3.6%)**	**$ 62,435,670**	**4.7%**	**$ 67,276,131**	**5.8%**	**$ 4,840,461**	**7.2%**
OPERATING SURPLUS/(LOSS)	**$ 7,780,136**	**6.4%**	**$ (197,306)**	**(0.2%)**	**$ 7,977,442**	**(4,043.2%)**	**$ 22,948,080**	**1.7%**	**$ 4,698,290**	**0.4%**	**$ 18,249,790**	**388.4%**
INTEREST & INVESTMENT INCOME	$ 95,799	0.1%	$ 350,000	0.3%	$ (254,201)	(72.6%)	$ 984,901	0.1%	$ 3,500,000	0.3%	$ (2,515,099)	(71.9%)
OTHER INCOME	29,065	0.0%	37,602	0.0%	(8,536)	(22.7%)	328,434	0.0%	367,093	0.0%	(38,659)	(10.5%)
NON-OPERATING INCOME	**$ 124,864**	**0.1%**	**$ 387,602**	**0.3%**	**$ (262,737)**	**(67.8%)**	**$ 1,313,335**	**0.1%**	**$ 3,867,093**	**0.3%**	**$ (2,553,758)**	**(66.0%)**
NET SURPLUS (LOSS)	**$ 7,905,000**	**6.5%**	**$ 190,296**	**0.2%**	**$ 7,714,705**	**4,054.1%**	**$ 24,261,415**	**1.8%**	**$ 8,565,383**	**0.7%**	**$ 15,696,032**	**183.2%**

Balance Sheet

Santa Clara Family Health Plan

SANTA CLARA COUNTY HEALTH AUTHORITY
As of April 30, 2022

	Apr-2022	Mar-2022	Feb-2022	Apr-2021
Assets				
Current Assets				
Cash and Investments	$ 498,171,830	$ 523,241,624	$ 505,028,677	$ 393,293,437
Receivables	547,688,913	537,062,747	735,265,048	729,385,339
Prepaid Expenses and Other Current Assets	7,979,786	8,189,334	8,518,866	10,329,799
Total Current Assets	**$ 1,053,840,528**	**$ 1,068,493,705**	**$ 1,248,812,591**	**$ 1,133,008,575**
Long Term Assets				
Property and Equipment	$ 52,541,558	$ 52,446,207	$ 52,461,621	$ 51,175,489
Accumulated Depreciation	(27,900,369)	(27,559,133)	(27,217,960)	(23,795,734)
Total Long Term Assets	24,641,189	24,887,074	25,243,661	27,379,755
Total Assets	**$ 1,078,481,717**	**$ 1,093,380,779**	**$ 1,274,056,252**	**$ 1,160,388,330**
Deferred Outflow of Resources	**$ 5,602,483**	**$ 5,825,360**	**$ 6,048,237**	**$ 8,402,260**
Total Assets & Deferred Outflows	**$ 1,084,084,200**	**$ 1,099,206,139**	**$ 1,280,104,488**	**$ 1,168,790,590**
Liabilities and Net Assets:				
Current Liabilities				
Trade Payables	$ 17,022,946	$ 27,246,778	$ 13,396,942	$ 6,233,361
Deferred Rent	45,349	45,647	45,946	48,928
Employee Benefits	4,105,609	4,084,708	3,817,549	3,158,835
Retirement Obligation per GASB 75	2,419,412	2,379,287	2,339,162	2,899,618
Prop 56 / Whole Person Care	63,537,854	60,272,504	58,866,403	52,715,488
Payable to Hospitals	(1,533)	(1,415)	(1,344)	103,805
Payable to Hospitals	434,325	434,325	212,874,410	179,860,984
Pass-Throughs Payable	16,381,877	12,462,691	8,422,934	43,742,187
Due to Santa Clara County Valley Health Plan and Kaiser	70,625,067	63,609,776	62,839,841	29,440,619
MCO Tax Payable - State Board of Equalization	14,776,148	35,033,577	24,902,610	9,216,954
Due to DHCS	85,754,920	83,651,655	81,780,182	53,734,670
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	101,045,936	109,955,316	113,564,670	112,260,630
Total Current Liabilities	**$ 804,432,867**	**$ 827,459,806**	**$ 1,011,134,263**	**$ 934,210,311**
Non-Current Liabilities				
Net Pension Liability GASB 68	(0)	(0)	(0)	1,602,458
Total Non-Current Liabilities	**$ (0)**	**$ (0)**	**$ (0)**	**$ 1,602,458**
Total Liabilities	**$ 804,432,866**	**$ 827,459,806**	**$ 1,011,134,263**	**$ 935,812,769**
Deferred Inflow of Resources	**$ 539,318**	**$ 539,318**	**$ 539,318**	**$ 1,661,827**
Net Assets				
Board Designated Fund: Special Project Funding for CBOs	$ 3,720,000	$ 3,636,290	$ 3,636,290	$ 3,337,274
Board Designated Fund: Innovation & COVID-19 Fund	12,591,157	12,843,867	12,843,867	13,830,001
Invested in Capital Assets (NBV)	24,641,189	24,887,074	25,243,661	27,379,755
Restricted under Knox-Keene agreement	325,000	325,000	325,000	325,000
Unrestricted Net Equity	213,573,254	213,158,369	212,801,783	163,768,758
Current YTD Income (Loss)	24,261,415	16,356,415	13,580,306	22,675,207
Total Net Assets / Reserves	**$ 279,112,016**	**$ 271,207,016**	**$ 268,430,907**	**$ 231,315,994**
Total Liabilities, Deferred Inflows and Net Assets	**$ 1,084,084,200**	**$ 1,099,206,139**	**$ 1,280,104,488**	**$ 1,168,790,590**

Cash Flow Statement

Santa Clara Family Health Plan

	Apr-2022	Year-to-date
Cash Flows from Operating Activities		
Premiums Received	$ 92,014,991	$ 1,310,346,936
Medical Expenses Paid	(107,845,930)	(1,210,088,776)
Adminstrative Expenses Paid	(9,268,369)	(10,453,044)
Net Cash from Operating Activities	**$ (25,099,308)**	**$ 89,805,116**
Cash Flows from Capital and Related Financing Activities		
Purchase of Capital Assets	$ (95,351)	$ (1,018,687)
Cash Flows from Investing Activities		
Interest Income and Other Income (Net)	124,864	1,313,335
Net Increase/(Decrease) in Cash & Cash Equivalents	**$ (25,069,795)**	**$ 90,099,764**
Cash & Investments (Beginning)	523,241,624	408,072,066
Cash & Investments (Ending)	**$ 498,171,830**	**$ 498,171,830**
Reconciliation of Operating Income to Net Cash from Operating Activities		
Operating Surplus/(Loss)	$ 7,780,136	$ 22,948,080
Adjustments to Reconcile Operating Income to Net Cash from Operating Activities		
Depreciation	341,236	3,434,161
Changes in Operating Assets/Liabilities		
Premiums Receivable	(10,626,166)	(35,469,388)
Prepaids & Other Assets	209,548	736,719
Accounts Payable & Accrued Liabilities	(2,978,686)	46,000,872
State Payable	(18,154,165)	10,045,797
IGT, HQAF & Other Provider Payables	7,015,291	46,839,388
Net Pension Liability	0	0
Medical Cost Reserves & PDR	(8,909,380)	(6,541,388)
Total Adjustments	**$ (32,879,444)**	**$ 66,857,036**
Net Cash from Operating Activities	**$ (25,099,308)**	**$ 89,805,116**

Statement of Operations by Line of Business - YTD

Santa Clara Family Health Plan

Santa Clara County Health Authority
Statement of Operations
By Line of Business (Including Allocated Expenses)
For Ten Months Ending April 30, 2022

	Medi-Cal	CMC Medi-Cal	CMC Medicare	Total CMC	Grand Total
P&L (ALLOCATED BASIS)					
REVENUE	$1,148,963,026	$36,222,739	$150,584,761	$186,807,500	**$1,335,770,526**
MEDICAL EXPENSE	$1,078,775,762	$36,670,441	$134,940,573	$171,611,015	**$1,250,386,776**
(MLR)	93.9%	101.2%	89.6%	91.9%	93.6%
GROSS MARGIN	$70,187,264	($447,702)	$15,644,188	$15,196,486	**$85,383,750**
ADMINISTRATIVE EXPENSE	$53,704,042	$1,693,098	$7,038,530	$8,731,628	**$62,435,670**
(% of Revenue Allocation)					
OPERATING SURPLUS/(LOSS)	$16,483,222	($2,140,801)	$8,605,658	$6,464,858	**$22,948,080**
(% of Revenue Allocation)					
OTHER INCOME/(EXPENSE)	$1,129,665	$35,614	$148,056	$183,670	**$1,313,335**
(% of Revenue Allocation)					
NET SURPLUS/(LOSS)	$17,612,888	($2,105,186)	$8,753,714	$6,648,527	**$24,261,415**
PMPM (ALLOCATED BASIS)					
REVENUE	$409.30	$351.56	$1,461.51	$1,813.07	**$459.00**
MEDICAL EXPENSES	$384.30	$355.91	$1,309.67	$1,665.58	**$429.66**
GROSS MARGIN	$25.00	($4.35)	$151.84	$147.49	**$29.34**
ADMINISTRATIVE EXPENSES	$19.13	$16.43	$68.31	$84.75	**$21.45**
OPERATING INCOME/(LOSS)	$5.87	($20.78)	$83.52	$62.74	**$7.89**
OTHER INCOME/(EXPENSE)	$0.40	$0.35	$1.44	$1.78	**$0.45**
NET INCOME/(LOSS)	$6.27	($20.43)	$84.96	$64.53	**$8.34**
ALLOCATION BASIS:					
MEMBER MONTHS - YTD	2,807,121	103,034	103,034	103,034	2,910,155
REVENUE BY LOB	86.0%	2.7%	11.3%	14.0%	100.0%

Santa Clara Family Health Plan™

Appendices

Statement of Operations by Line of Business – Current Month

Santa Clara Family Health Plan

Santa Clara County Health Authority
Statement of Operations
By Line of Business (Including Allocated Expenses)
For the Month April 2022

	Medi-Cal	CMC Medi-Cal	CMC Medicare	Total CMC	Grand Total
P&L (ALLOCATED BASIS)					
REVENUE	$98,664,481	$3,413,798	$18,717,043	$22,130,841	**$120,795,322**
MEDICAL EXPENSE	$84,169,868	$6,069,993	$15,711,980	$21,781,973	**$105,951,840**
(MLR)	85.3%	177.8%	83.9%	98.4%	87.7%
GROSS MARGIN	$14,494,613	($2,656,195)	$3,005,063	$348,868	**$14,843,481**
ADMINISTRATIVE EXPENSE	$5,769,274	$199,617	$1,094,454	$1,294,071	**$7,063,345**
(% of Revenue Allocation)					
OPERATING SURPLUS/(LOSS)	$8,725,340	($2,855,812)	$1,910,609	($945,203)	**$7,780,136**
(% of Revenue Allocation)					
OTHER INCOME/(EXPENSE)	$101,988	$3,529	$19,348	$22,876	**$124,864**
(% of Revenue Allocation)					
NET SURPLUS/(LOSS)	$8,827,328	($2,852,284)	$1,929,956	($922,327)	**$7,905,000**
PMPM (ALLOCATED BASIS)					
REVENUE	$342.01	$330.38	$1,811.39	$2,141.76	**$404.24**
MEDICAL EXPENSES	$291.77	$587.44	$1,520.56	$2,108.00	**$354.57**
GROSS MARGIN	$50.24	($257.06)	$290.82	$33.76	**$49.67**
ADMINISTRATIVE EXPENSES	$20.00	$19.32	$105.92	$125.24	**$23.64**
OPERATING INCOME/(LOSS)	$30.25	($276.38)	$184.90	($91.47)	**$26.04**
OTHER INCOME/(EXPENSE)	$0.35	$0.34	$1.87	$2.21	**$0.42**
NET INCOME/(LOSS)	$30.60	($276.04)	$186.78	($89.26)	**$26.45**
ALLOCATION BASIS:					
MEMBER MONTHS	288,485	10,333	10,333	10,333	298,818
REVENUE BY LOB	81.7%	2.8%	15.5%	18.3%	100.0%

Enrollment By Aid Category

Santa Clara Family Health Plan

SCFHP TRENDED ENROLLMENT BY COA YTD MAY - 2022

		2021-05	2021-06	2021-07	2021-08	2021-09	2021-10	2021-11	2021-12	2022-01	2022-02	2022-03	2022-04	2022-05	FYTD var	%
NON DUAL	Adult (over 19)	32,577	32,997	32,995	33,281	33,546	33,809	34,245	34,653	35,652	35,761	36,104	36,529	37,033	4,036	12.2%
	Child (under 19)	100,245	100,477	101,010	101,085	101,093	101,125	101,411	101,722	102,516	102,519	102,740	103,211	103,765	3,288	3.3%
	SPD	22,291	22,301	22,363	22,276	22,331	22,381	22,463	22,537	22,740	22,731	22,749	22,751	22,836	535	2.4%
	Adult Expansion	89,361	89,957	90,711	91,392	91,960	92,393	93,186	94,092	95,819	96,366	97,386	98,130	99,249	9,292	10.3%
	Long Term Care	367	365	414	408	401	391	385	392	391	403	395	393	397	32	8.8%
	Total Non-Duals	**244,841**	**246,097**	**247,493**	**248,442**	**249,331**	**250,099**	**251,690**	**253,396**	**257,118**	**257,780**	**259,374**	**261,014**	**263,280**	**17,183**	**7.0%**
DUAL	Adult (over 21)	365	366	367	376	375	396	398	408	410	403	407	412	431	65	17.8%
	SPD	24,146	24,115	23,980	24,159	24,206	24,244	24,307	24,320	24,330	24,350	24,378	24,282	24,352	237	1.0%
	Long Term Care	1,031	1,060	1,127	1,115	1,092	1,083	1,106	1,111	1,085	1,107	1,102	1,111	1,126	66	6.2%
	SPD OE	863	952	1,063	1,135	1,223	1,308	1,372	1,431	1,496	1,531	1,612	1,666	1,739	787	82.7%
	Total Duals	**26,405**	**26,493**	**26,537**	**26,785**	**26,896**	**27,031**	**27,183**	**27,270**	**27,321**	**27,391**	**27,499**	**27,471**	**27,648**	**1,155**	**4.4%**
	Total Medi-Cal	**271,246**	**272,590**	**274,030**	**275,227**	**276,227**	**277,130**	**278,873**	**280,666**	**284,439**	**285,171**	**286,873**	**288,485**	**290,928**	**18,338**	**6.7%**
CMC	CMC Non-Long Term Care	9,809	9,895	9,939	10,037	10,122	10,160	10,211	10,221	10,017	10,038	10,084	10,127	10,128	233	2.4%
	CMC - Long Term Care	180	185	209	208	203	208	204	210	202	213	215	206	206	21	11.4%
	Total CMC	**9,989**	**10,080**	**10,148**	**10,245**	**10,325**	**10,368**	**10,415**	**10,431**	**10,219**	**10,251**	**10,299**	**10,333**	**10,334**	**254**	**2.5%**
	Total Enrollment	**281,235**	**282,670**	**284,178**	**285,472**	**286,552**	**287,498**	**289,288**	**291,097**	**294,658**	**295,422**	**297,172**	**298,818**	**301,262**	**18,592**	**6.6%**

Santa Clara Family Health Plan™

Fiscal Year 2022-2023
Proposed Operating & Capital Budgets

Governing Board Meeting of June 23, 2022

Table of Contents

FY23 Budget Summary

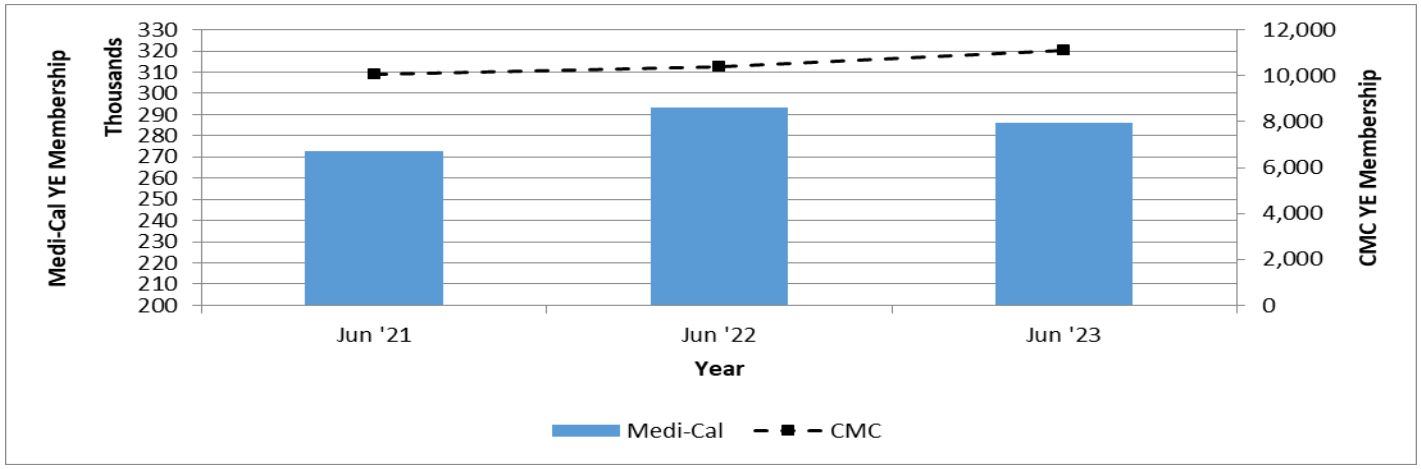
- **Overall:** Projected net surplus of $11.8M comprised of Medi-Cal surplus of $11.2M and CMC/D-SNP surplus of $600K.
- **Enrollment:** Due to the extended Public Health Emergency (PHE), enrollment is projected to peak at 320,000 in January 2023 and decline thereafter as member disenrollment resumes.
- **Revenue:** Revenue is projected at $1.4B, decreasing from a $1.6B in FY 2022.
- **Medical Expense:** Medical expenses are projected at $1.3B, decreasing from $1.5 billion in FY 2022.
- **Medical Loss Ratio (MLR):** For the fiscal year, an MLR of 92.7% is projected for Medi-Cal and 92.9% for CMC/D-SNP.
- **Administrative Expense:** Administrative expenses are projected at $90M, increasing from $74M in FY2022. Administrative ratio of 6.5%.
- **Tangible Net Equity (TNE):** TNE of $291M or 915% is projected at June 2023 (representing approximately three months of the Plan's total expenses).

Major Changes & Updates

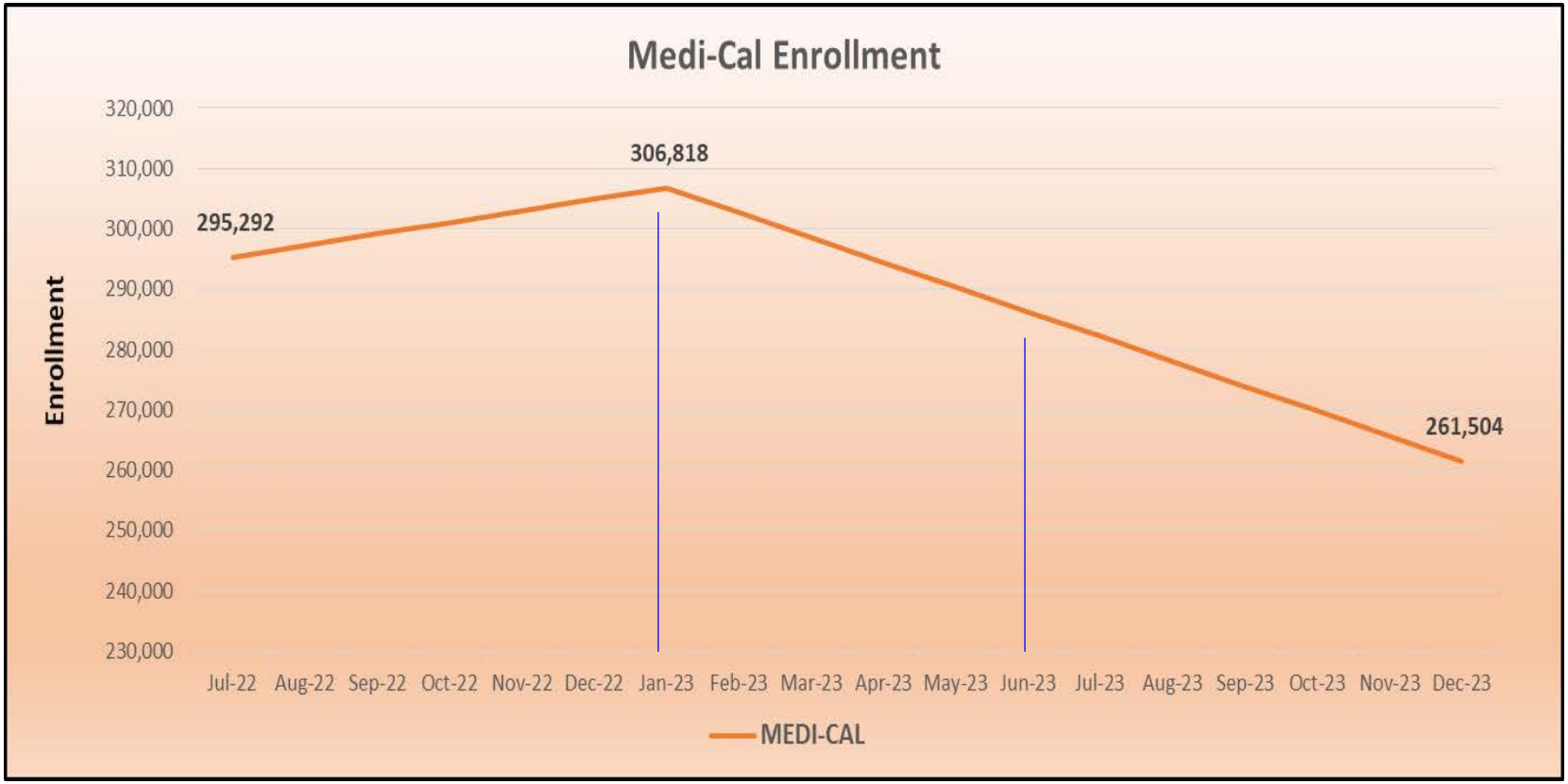
- **FY22 Significant Changes:**
  - Multiple extension of the COVID Public Health Emergency (PHE).
  - For Medi-Cal rate-setting, risk adjustment remained frozen at 25% plan-specific and 75% Countywide average.
  - CY22 Medi-Cal Non-Dual and CCI rates were slightly better than projected.
  - The Medi-Cal pharmacy benefit was carved out effective Jan 1, 2022.
  - Budgeted FY22 net surplus of $8.6M.
- **FY23 Updates:**
  - Enrollment is expected to increase through Jan 2023.
  - The CMC program will transition to a D-SNP program effective Jan 1, 2023.
  - COVID crisis seems to be winding down. Fee-For-Service utilization expected to rebound somewhat.
  - Budgeted FY23 net surplus of $11.8M.

Enrollment – Membership Assumptions

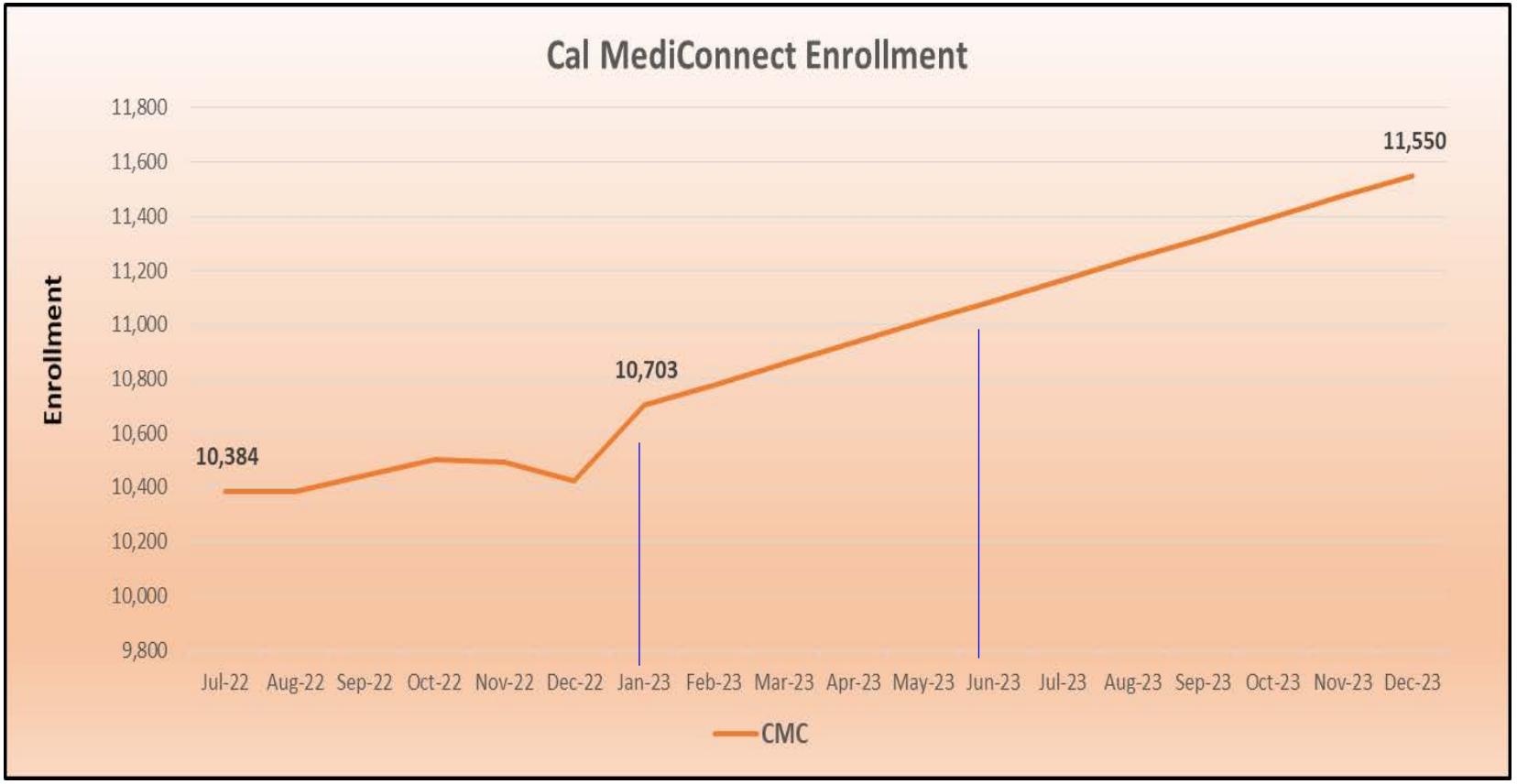
- **Medi-Cal Line of Business:**
  - FY23 budget assumes enrollment grows through Jan-23 and falls thereafter.
  - Total MCAL membership is expected to decrease from projected FYE 22 of 293,371 to 286,221 at FYE 23 (net decrease of 2.4%).
- **Cal MediConnect Line of Business:**
  - As with MCAL, CMC enrollment grows through Jan-23 and falls once redetermination resumes.
  - CMC transitions into a D-SNP program starting Jan 1, 2023.
  - With enhanced outreach, D-SNP membership is expected to increase from the projected FYE 22 of 10,384 to 11,088 members at FYE 23 (net increase of 6.8%).



Medi-Cal Enrollment Trend



CMC Enrollment Trend



Enrollment – Member Month Summary

	Jun 22	Jun 23	Variance	
NON DUALS	**Projected**	**Budget**	**Increase/ (Decrease)**	**%**
Adult Expansion	100,368	96,378	(3,990)	(4.0%)
Child	104,319	103,250	(1,069)	(1.0%)
Adult	37,537	35,844	(1,693)	(4.5%)
SPD	22,921	22,770	(151)	(0.7%)
Long Term Care	401	400	(1)	(0.2%)
Non-Dual Subtotal	**265,546**	**258,642**	**(6,904)**	**(2.6%)**
DUALS				
MLTSS Adult	450	480	30	6.6%
MLTSS SPD	24,422	24,180	(242)	(1.0%)
MLTSS LTC	1,141	1,180	39	3.4%
SPD OE DUAL	1,812	1,739	(73)	(4.0%)
Dual Subtotal	**27,825**	**27,579**	**(246)**	**(0.9%)**
Total Medi-Cal	**293,371**	**286,221**	**(7,150)**	**(2.4%)**
Cal MediConnect / DSNP	10,384	11,088	704	6.8%
TOTAL ENROLLMENT	**303,755**	**297,309**	**(6,446)**	**(2.1%)**

Enrollment – Member Months

	Actual Member Months			Proj.	Budget
	FY19	FY20	FY21	FY22	FY23
Medi-Cal	2,904,840	2,829,691	3,138,573	3,391,420	3,579,684
Annual Growth	*-5.5%*	*-2.6%*	*10.9%*	*8.1%*	*5.6%*
Cal MediConnect / DSNP	92,838	101,391	116,365	123,752	128,008
Annual Growth	*4.3%*	*9.2%*	*14.8%*	*6.3%*	*3.4%*
Healthy Kids	40,083	10,528	-	-	-
Total	3,037,761	2,941,610	3,254,938	3,515,172	3,707,692
Annual Growth	*-5.0%*	*-3.2%*	*10.7%*	*8.0%*	*5.5%*
Average Covered Lives	253,147	245,134	271,245	292,931	308,974

Revenue Assumptions

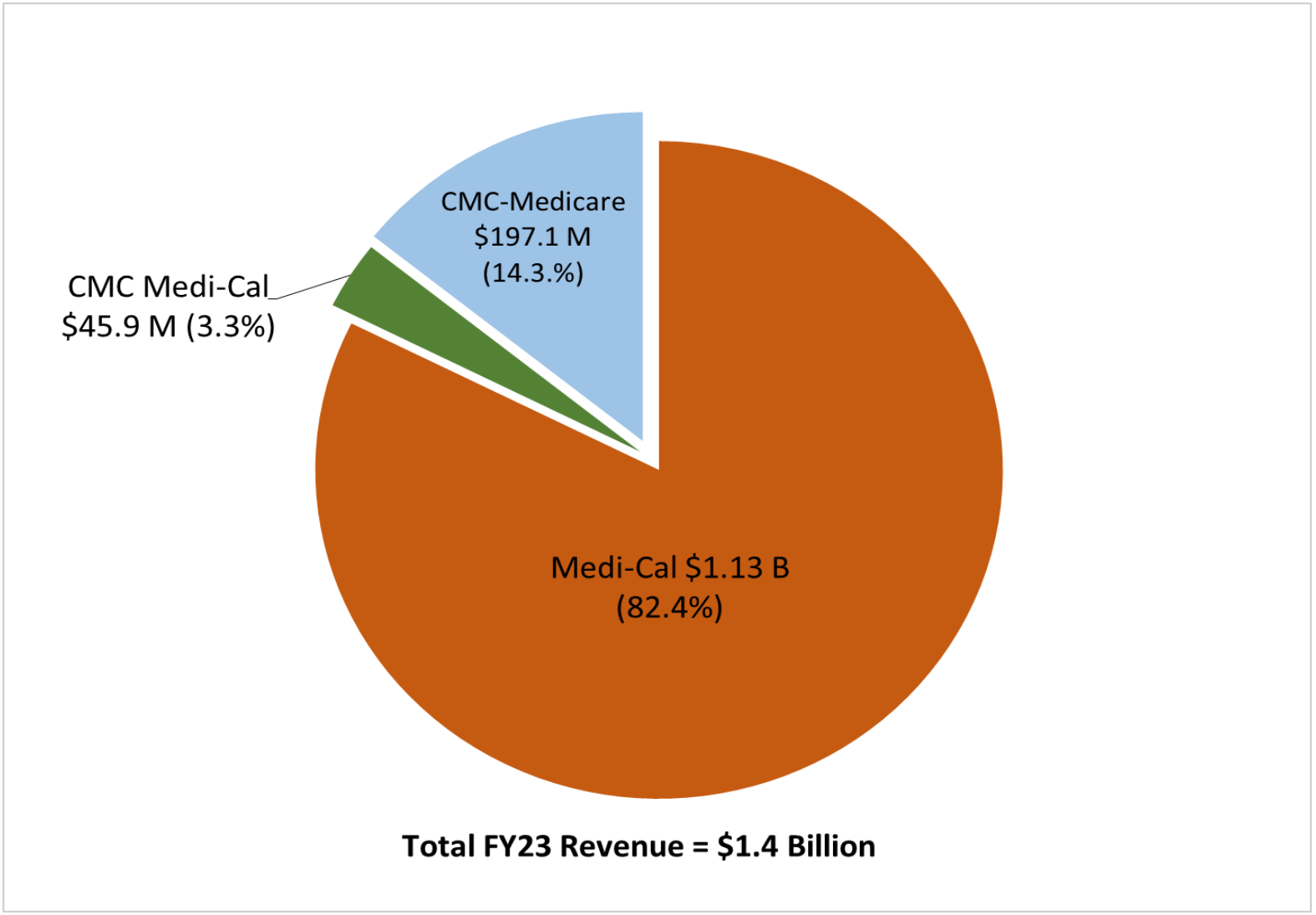
- Revenue is expected to decrease from projected FY22 of $1.6 billion to $1.4 billion for FY23 due to a combination of factors:
- **Enrollment**:
  - Projected Medi-Cal enrollment decreases 2.4% while projected CMC enrollment increases 6.8%.
  - Projected MC enrollment continues to grow in first half of FY23 and gradually decreases in second half.
- **Rates**:
  - Medi-Cal Non-Dual & MLTSS CY22 Rates:
    - Includes LTC extended reimbursement benefits for CY22.
    - Risk adjustment at 25% plan-specific and 75% Countywide average.
    - Rates reflected an average 2.6% increase between calendar years.
    - Public Hospital Directed Payments received.
  - Medi-Cal Non-Dual & MLTSS CY23 Rates:
    - CY23 rates will not be finalized until December 2022.
    - Rates reflect an estimated 1.3% increase.
    - ECM/CS/MOT increment added.

Revenue Assumptions (continued)

- Cal MediConnect **Medi-Cal** Rates:
  - CY22 – rates decreased by 4.6%.
  - CY23 – rates developed with our actuaries project a decrease of 1.5%

- Cal MediConnect **Medicare** Rates:
  - CY22: Rates based on actual PMPM for Jan-June 2022 less 1% net quality withhold.
  - CY23: Based on the CY23 draft rates from Medicare and Jan-22 to Apr-22 risk score.

Revenue Composition



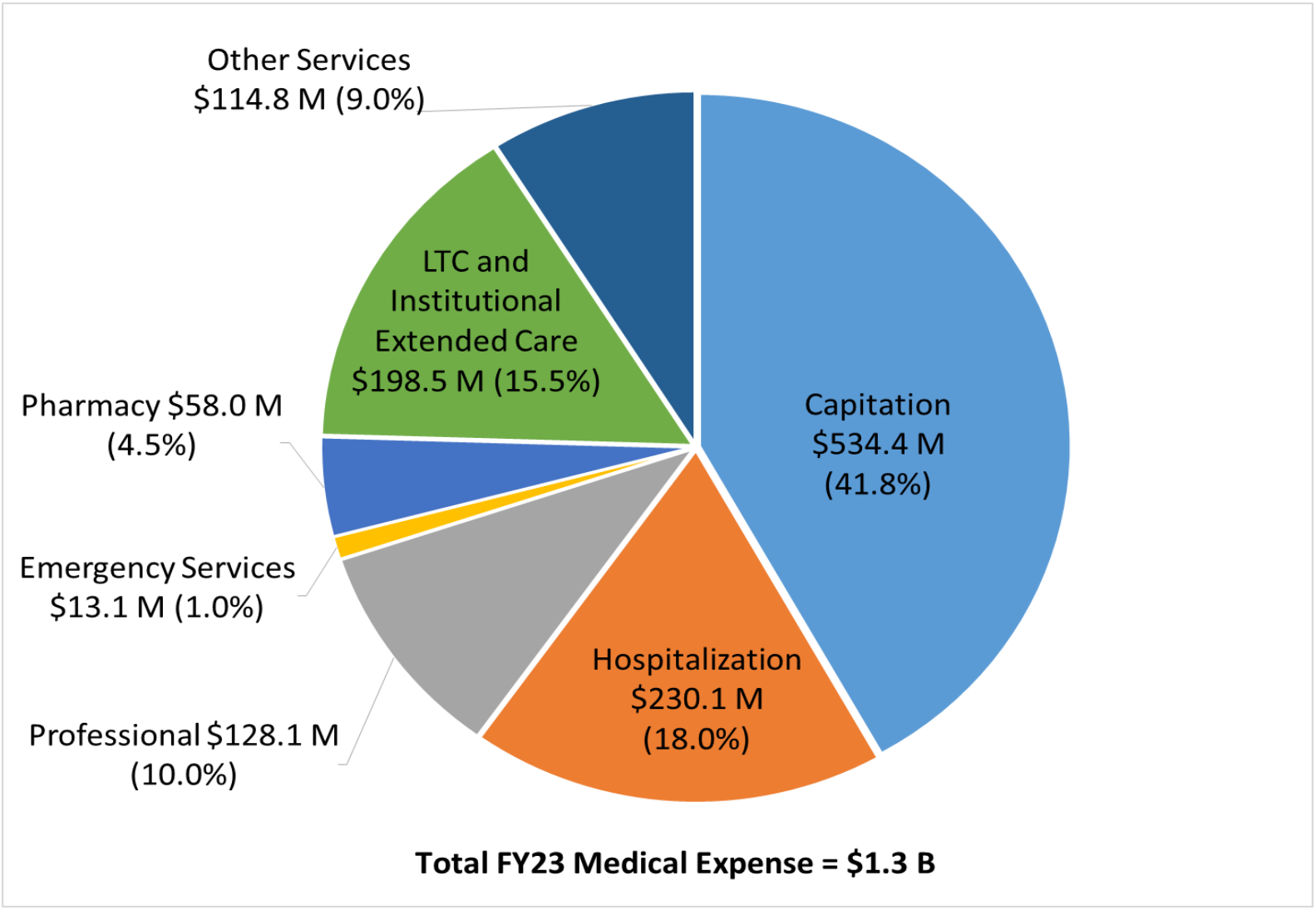
Medical Expense Assumptions

- Medical expenses are expected to decrease from projected FY22 of $1.5 billion to $1.3 billion.
- Several methods were utilized in the development of medical expense projections. Projections were primarily based on trends calculated from historical experience and known contract changes.
- FY22 projection includes prior year Public Hospital Directed Payments and QIP (offsetting revenue).
- FY23 medical expenses are projected to be 92.7% of FY23 budgeted revenue (compared to 93.8% projected for FY22)
    - Enrollment increases/decreases.
    - Fee-For-Service (FFS) rates increased 1%-5% due to increased post-COVID utilization and unit costs. Utilizes most recent 12 months and 25% of CY19 (pre-COVID) experience.
    - LTC reimbursement rate changes.

Medical Expense Assumptions (cont.)

- Public Health Emergency (PHE) ending.
- CalAIM impacts including ECM and major organ transplants (MOT).
- Capitation rates reflect provider contract changes.
- Non-Dual Long-Term Care member months are assumed flat, consistent with recent experience.
- CMC pharmacy expense projected with a cost increase of 5% Specialty and 3% Non Specialty drugs from FY22. Additional 5% increase for D-SNP and VBID starting Jan 2023.
- Prop-56 expenses offset Prop 56 revenue.
- Homelessness Housing Provider Incentives, School of Behavioral Health Incentives, ECM IIP, and Community Supports provider incentive programs.

Medical Expense Composition



Administrative Expense Analysis

	FY22 Forecast		FY23 Budget	
Revenue	$1,558,768,230		$1,377,035,387	
Member Months	3,515,172		3,707,692	
FTEs (current + open @ FYE)	357		446	
	EXPENSE	PMPM	EXPENSE	PMPM
Salaries & Benefits	$51,127,917	$14.54	$58,878,534	$15.88
Rents & Utilities	$469,035	$0.13	$480,238	$0.13
Depreciation / Insurance / Equipment	$4,856,345	$1.38	$5,481,733	$1.48
Prof Fees / Consulting / Temp Staffing	$8,504,923	$2.42	$13,591,388	$3.67
Printing & Advertising	$668,245	$0.19	$1,167,700	$0.31
Information Systems	$3,650,020	$1.04	$6,086,437	$1.64
OfficeSupplies / Postage / Telephone	$592,274	$0.17	$778,630	$0.21
Meetings / Travel / Dues	$1,146,820	$0.33	$1,848,312	$0.50
Other Expenses	$2,642,671	$0.75	$1,724,600	$0.47
Total Administrative Expenses	$73,658,251	$20.95	$90,037,572	$24.28
Administrative Ratio	4.7%		6.5%	

FY22 Forecast represents ten months of actual expense and two months of estimate.

Administrative Expense Assumptions

- **Personnel Expense:**
  - Increasing by $7.8 million or 15.2% due to increase headcount and related benefit costs.
  - FY22 staffing includes 357 current FTEs and 62 open positions.
  - FY23 budgeted staffing contemplates filling the open positions & adds 26 new positions (6%) due to new programs, strategic initiatives, increased workload and additional compliance requirements:
    - 9 Operations positions.
    - 6 Health Service positions: LTSS, UM and Quality Improvements.
    - 5 Community Engagement and Enrollment & Eligibility positions.
    - 4 Compliance positions
    - 2 Finance & Human Resources positions.

Administrative Expense Assumptions (cont.)

- **Non-Personnel Expense:**

  Annual costs are increasing $8.6 million over projected FY22 due to new initiatives and reduced FY22 spending during COVID.

  - **Professional / Consulting** increases for new programs (D-SNP, Cal AIM, ECM, ILOS, Community Supports - $5.1M).
  - **Information Systems** increases due to efficiency, compliance, security, and quality assurance ($2.4M).
  - **Printing & Advertising** increases for brand awareness, new programs, regulatory requirements, and enrollment growth ($499K).
  - **Depreciation / Insurance Expense** increases on newly-acquired assets, including software and hardware enhancements ($625K).

Consolidated Budget

	FY22 Forecast		FY23 Budget	
	Total $	PMPM	Total $	PMPM
Enrollment	3,515,172		3,707,692	
Revenues	$1,558,768,230	$443.44	$1,377,035,387	$371.40
Health Care Expenses	$1,462,371,343	$416.02	$1,277,020,224	$344.42
Gross Margin	$96,396,887	$27.42	$100,015,163	$26.98
Administrative Expenses	$73,658,251	$20.95	$90,037,572	$24.28
Non Operating Income	$1,584,628	$0.45	$1,843,631	$0.50
Net Surplus	$24,323,264	$6.92	$11,821,222	$3.19
Medical Loss Ratio	93.8%		92.7%	
Administrative Ratio	4.7%		6.5%	
Net Surplus %	1.6%		0.9%	

FY23 Budget by Line of Business

Santa Clara Family Health Plan

	Medi-Cal		CMC-Medi-Cal		CMC-Medicare		Total CMC		Consolidated
	Totals	PMPM	Totals	PMPM	Totals	PMPM	Totals	PMPM	Totals
Member Months	3,579,684		128,008		128,008		128,008		**3,707,692**
Premium Revenue	**$ 1,134,011,554**	$ 316.79	**$ 45,949,193**	$ 358.95	**$ 197,074,640**	$ 1,539.55	**$ 243,023,833**	$ 1,898.50	**$ 1,377,035,387**
Medical Expenses:									
Capitation	$ 532,109,252	$ 0.47	$ -	$ -	$ 2,300,000	$ 17.97	$ 2,300,000	$ 17.97	**$ 534,409,252**
Hospitalization	$ 143,419,895	$ 40.06	$ 5,371,732	$ 41.96	$ 81,332,443	$ 635.37	$ 86,704,175	$ 677.33	**$ 230,124,070**
Professional	$ 97,442,592	$ 27.22	$ 8,276,444	$ 64.66	$ 22,398,436	$ 174.98	$ 30,674,880	$ 239.63	**$ 128,117,471**
Emergency Services	$ 8,480,037	$ 2.37	$ 620,341	$ 4.85	$ 4,023,291	$ 31.43	$ 4,643,632	$ 36.28	**$ 13,123,670**
Pharmacy	$ -	$ -	$ -	$ -	$ 57,969,393	$ 452.86	$ 57,969,393	$ 452.86	**$ 57,969,393**
LTC and Institutional Extended Care	$ 158,820,864	$ 44.37	$ 27,317,254	$ 213.40	$ 12,327,357	$ 96.30	$ 39,644,611	$ 309.70	**$ 198,465,475**
Other	$ 111,012,157	$ 31.01	$ 1,646,307	$ 12.86	$ 2,152,429	$ 16.81	$ 3,798,736	$ 29.68	**$ 114,810,894**
Total Medical Expenses	**$ 1,051,284,797**	$ 293.68	**$ 43,232,077**	$ 337.73	**$ 182,503,350**	$ 1,425.72	**$ 225,735,427**	$ 1,763.44	**$ 1,277,020,224**
MLR	92.7%		94.1%		92.6%		92.9%		92.7%
Gross Margin	**$ 82,726,757**	$ 23.11	**$ 2,717,116**	$ 21.23	**$ 14,571,290**	$ 113.83	**$ 17,288,406**	$ 135.06	**$ 100,015,163**
Administrative Expenses	$ 73,025,150	$ 20.40	$ 3,273,727	$ 25.57	$ 13,738,694	$ 107.33	$ 17,012,422	$ 132.90	**$ 90,037,572**
ALR	6.4%		7.1%		7.0%		7.0%		6.5%
Other Income	$ 1,518,261	$ 0.42	$ 61,519	$ 0.48	$ 263,852	$ 2.06	$ 325,370	$ 2.54	**$ 1,843,631**
Net Surplus (Deficit) $	**$ 11,219,868**	**$ 3.13**	**$ (495,093)**	**$ (3.87)**	**$ 1,096,447**	**$ 8.57**	**$ 601,354**	**$ 4.70**	**$ 11,821,222**
Net Surplus (Deficit) %	1.0%		-1.1%		0.6%		0.2%		0.9%

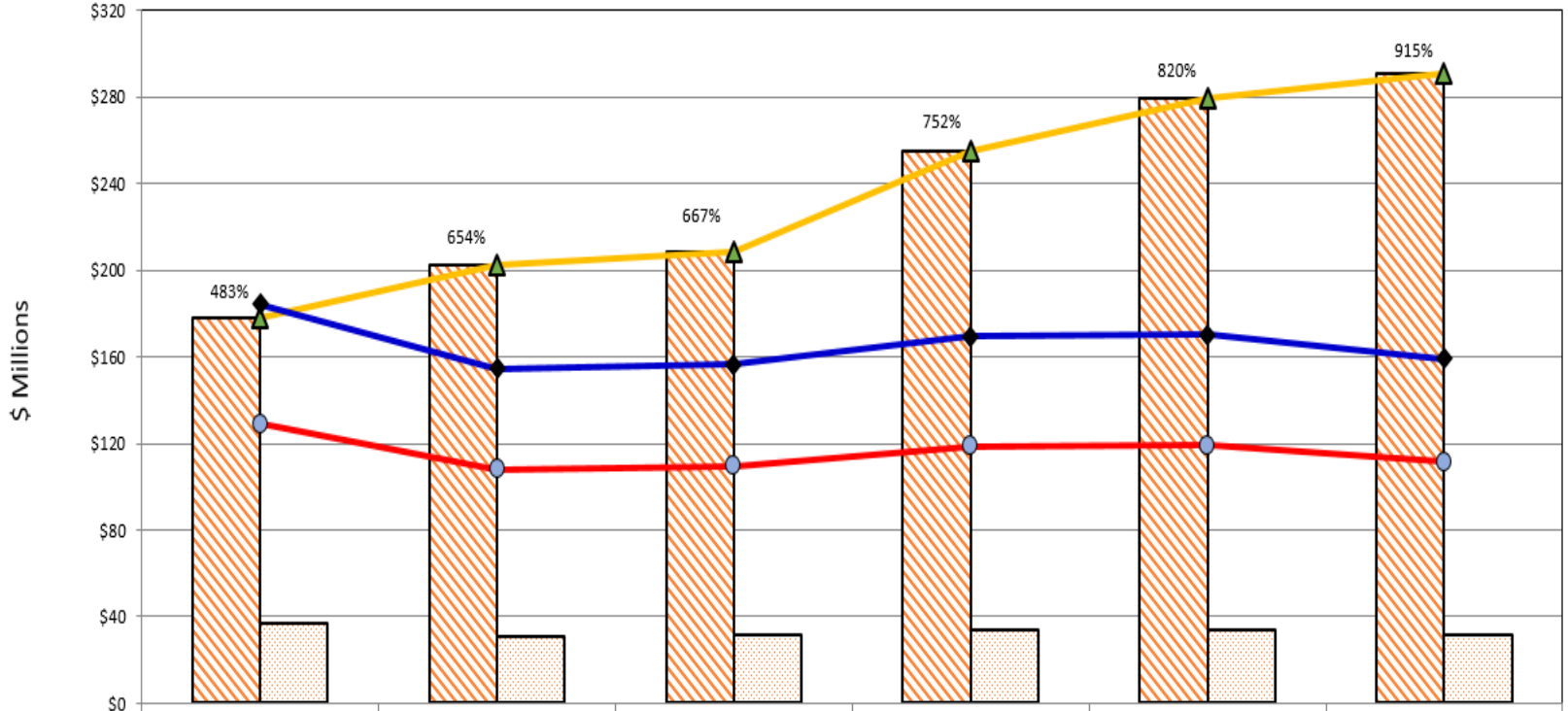
Medi-Cal Line of Business - Overview

- Revenue of $1.1 billion, a decrease of $193M or 14.6% over FY22.
  - 3,579,684 member months, an increase of 5.6%.
  - Medi-Cal rates are projected to increase by 1.3%.
  - FY22 projections include prior year Public Hospital Directed Payments revenue.
- Medical Expense of $1.1 billion, a decrease of $211M or 16.7% over FY22.
  - FY22 projections include prior year Public Hospital Directed Payments expense.
  - Medi-Cal pharmacy benefit carved out effective Jan 1, 2022.
  - Capitation payments based on expected rates, enrollment growth and network distribution.
  - FFS costs based on historic claim experience adjusted for different utilization trends between COVID vs. normal year utilization and contracted rates.
  - Unit cost trends reflect increase of 1.0 – 5.0% for various categories of service.
- Administrative Expense of $73 million.
  - Certain costs allocated by line of business based on premium revenue.
  - Administrative cost as a percentage of revenue = 6.4%.

Cal MediConnect Line of Business - Overview

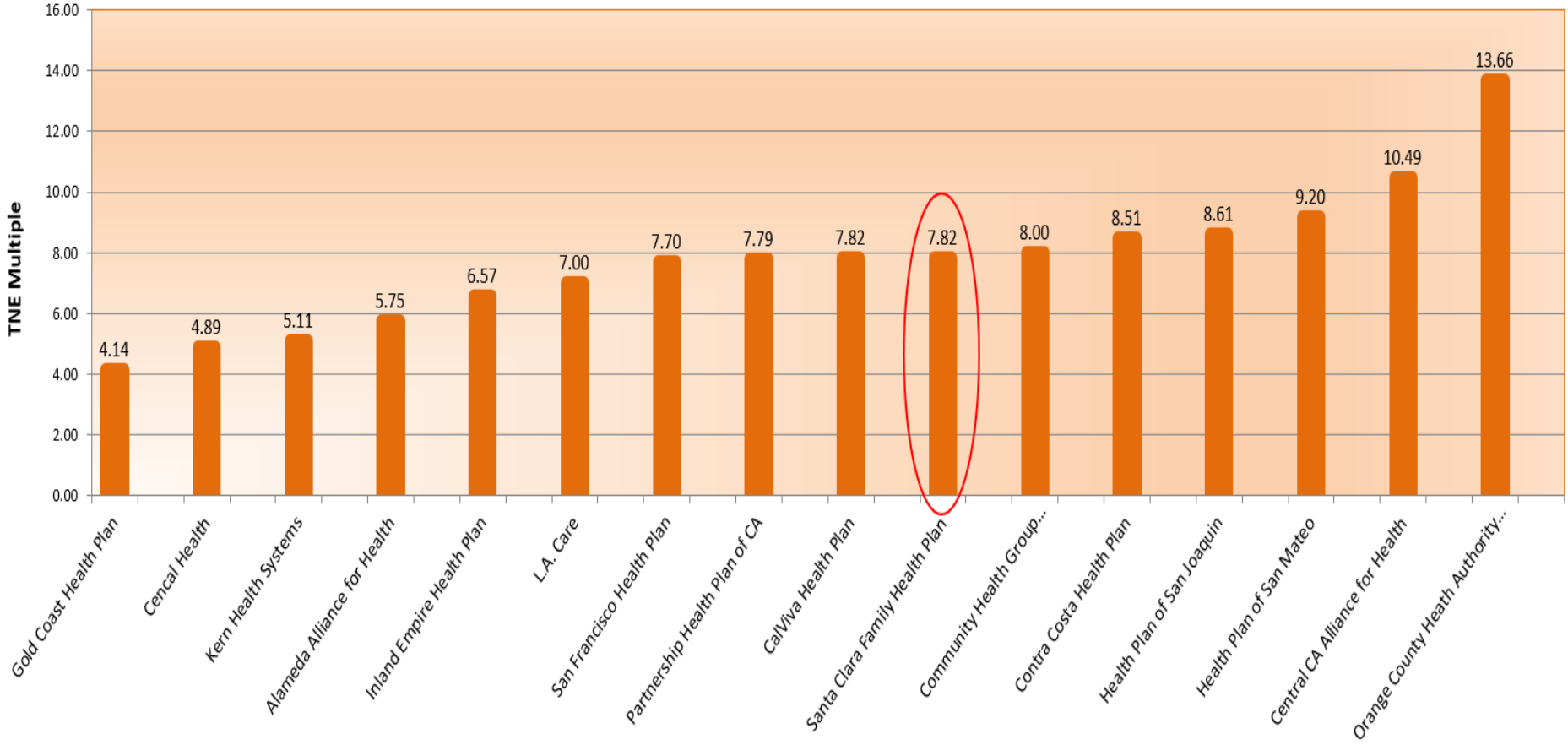
- Revenue of $243.0 million, an increase of $11.5 million or 5.0% over FY22.
  - 128,008 projected member months, an increase of 3.4%.
  - Medi-Cal revenue blending based on projected membership mix and higher CY22 DHCS rates.
  - Medicare revenue based on Jan – Apr 22 risk score and Medicare rates include anticipated CMS savings and quality withhold targets.
- Medical Expense of $225.7 million, an increase of $26.0 million or 13.0% over FY22.
  - FFS costs based on historic claim experience adjusted for utilization trends and contracted rates and increasing Medicare fee schedule.
  - Unit cost trends reflect increases of 1.0 - 5.0% for various categories of service.
  - Pharmacy costs increase 3.0 – 5.0% based on current unit cost and utilization trends.
- Administrative Expense of $17.0 million.
  - Allocated by line of business based on premium revenue.
  - Administrative cost as a percentage of revenue = 7.0%.

Tangible Net Equity



	FY18 Actual	FY19 Actual	FY20 Actual	FY21 Actual	FY22 Forecast	FY23 Budget
Tangible Net Equity	$178.0 M	$202.1 M	$208.6 M	$254.9 M	$279.2 M	$291.0 M
Minimum TNE	$36.8 M	$30.9 M	$31.3 M	$33.9 M	$34.0 M	$31.8 M
Tangible Net Equity	$178.0 M	$202.1 M	$208.6 M	$254.9 M	$279.2 M	$291.0 M
350% Low Target	$128.9 M	$108.2 M	$109.4 M	$118.6 M	$119.1 M	$111.3 M
500% High Target	$184.1 M	$154.5 M	$156.3 M	$169.4 M	$170.1 M	$159.1 M

Tangible Net Equity - Local Plans at 03/31/22



Key Opportunities Risks & Unknowns

- **Potential Upside Opportunities:**
  - Enhanced utilization management
  - Provider contracting opportunities
  - Enhanced coordination of benefits and third-party recoupments
  - Close monitoring of headcount & other administrative expenses
- **Potential Downside Costs:**
  - Increased non-COVID acuity resulting from hiatus in care
  - New initiatives from DHCS
  - Additional Board-Designated expenditures:
    - Estimated $3M distribution
- **Major Unknowns:**
  - COVID (favorable/unfavorable)
  - DHCS risk adjustment methodologies changes
  - Unfolding Major Organ Transplants (MOT) experience

FY23 Capital Budget Summary

Description	Amount ($)
COMPUTER SOFTWARE	$ 3,806,437
COMPUTER HARDWARE	$ 2,205,000
FURNITURE & EQUIPMENT	$ 36,000
FACILITIES - MAIN OFFICE	$ 30,650
FACILITIES - ESJ COMMUNITY RESOURCE CENTER	$ 94,400
TOTAL FY23 CAPITAL ASSETS	**$ 6,172,487**

Capital Budget – Key Components

Santa Clara Family Health Plan

Major IT Requests:

Computer Software of $3.8M includes software development and licensing expenses largely comprised of: (1) Case Management / ECM software developments of $2.1M, (2) Cognizant NetworX pricer of $377K, (3) DSNP encounter submission and risk adjustment of $200K (4) SmileCDR FHIR solution of $150K, (5) provider & member portal enhancements of $120K, (6) security enhancements of $120K, (7) Claims Editing software of $100K, and (8) various process improvement software totaling $640K.

Computer Hardware of $2.2M includes: (1) servers, firewall & infrastructure enhancements of $1.1M, (2) data center storage expansion of $600K, and (3) Cal AIM program expansion (CM / ECM) OF $500K.

Facilities Requests:

Minor furniture & capital improvements at two existing facilities - $161K.

Capital Budget – Detail

Santa Clara Family Health Plan

Description	Amount ($)
Miscellaneous Case Management and ECM modification and software developments - DHCS grant	$ 2,100,000
HEDIS MRR, Medicare Enrollment software, Fraud Waste & Abuse Software, and other softwares	$ 639,563
NetworX Pricer, Modeler, amd Analytics (QNXT Client)	$ 376,874
DSNP encounter submission and risk adjustment software implementation cost	$ 200,000
SmileCDR FHIR Solution Phase 2 Implementation - Payer to payer module.	$ 150,000
Provider & member portal enhancements / configuration	$ 120,000
Security Enhancement - improvements based on feedback from enterprise security risk assessment.	$ 120,000
Claims Editing Software - Optum CES	$ 100,000
COMPUTER SOFTWARE	$ 3,806,437
Servers, firewall, and infrastructure upgrade	$ 1,105,000
Data Storage expansion - Coresite primary data center	$ 600,000
CalAIM program expansion (CM / ECM) - part of DHCS grant	$ 500,000
COMPUTER HARDWARE	$ 2,205,000
Conference room video camera and microphones. Boardroom audio enhancement. Main office contigency plan.	$ 36,000
FURNITURE & EQUIPMENT	$ 36,000
Main entrance handicap automatic door opener, building perimeter sealer to prevent water intrusion	$ 30,650
FACILITIES - MAIN OFFICE	$ 30,650
Building Tenant Improvements	$ 94,400
FACILITIES - ESJ COMMUNITY RESOURCE CENTER	$ 94,400
TOTAL FY23 CAPITAL ASSETS	$ 6,172,487

Santa Clara County Health Authority
Board Designated Innovation Fund Request Summary

Organization Name:	Community Health Partnership,
Project Name:	Community Health Centers' OCHIN Epic Implementation
Fiscal Sponsor Contact Name and Title:	Dolores Alvarado, CEO, Community Health Partnership
Requested Amount:	$503,329
Time Period for Project Expenditures:	July 1, 2022-June 30, 2024
Proposal Submitted to:	Governing Board
Date Proposal Submitted for Review:	June 23, 2022

Summary of Proposal:

To support the Community Health Centers (CHCs) transition to the OCHIN version of Epic, an electronic medical record system customized for FQHC operations. The funding request reflects costs associated with the following:

- Care transition and care coordination modalities through Epic's CalAIM Enhanced Care Management customized build
- Patient engagement and outreach via Epic's Roster Management Engine (RME)
- Data exchange via laboratory and radiology interfaces
- Quality improvement through data analytics reporting and personnel infrastructure

Significant progress has been made to date with the implementation to Epic, but additional funding is needed. The requested amount does not duplicate the deliverables and funding that SCFHP recently awarded some of the CHP Community Health Centers through the DHCS's Incentive Payment Plan for Enhanced Care Management (ECM) and Community Support, nor the amount and deliverables requested from the County of Santa Clara for FY 2023.

Summary of Projected Outcome/Impact:

The transition of the CHCs to OCHIN Epic is a significant turning point in building a coordinated system of care across the county safety-net system. With the rollout of OCHIN EPIC at Gardner Health Services, AACI, School Health Clinics, and Indian Health Clinic by November 2022, there will be a total of 6 FQHCs, including Ravenswood Family Health Center and Peninsula Healthcare on Epic.

Additionally, 3 clinics (AACI, Gardner Health Services, and Indian Health Center) will also have specialty mental health functionality by May 2023.

Summary of Additional Funding and Funding Requests:

The Epic implementation cost is $13,821,266 and includes phased implementation process with Primary Care go-live in 2022, Specialty Mental Health go-live in 2023, and Laboratory and Radiology Interfaces go-live by June 2024. To date, the county has approved funding of $7.2M. A second request for $6.5M was submitted to the county in June 2022, as part of the VMC budget, with the Board of Supervisors approving $3.25M, half of the amount requested and needed. Given this partial funding, much of the additional Epic functionality will not be supported by county funding. CHP is requesting $503,329 to support the functionalities listed above and will seek foundation funding for any remaining gap.

COMMUNITY HEALTH PARTNERSHIP
Supporting our health centers

408 N. Capitol Ave.
San Jose, CA, 95133
408.556.6605

June 8, 2022

Christine M. Tomcala, CEO
Santa Clara Family Health Plan
6201 San Ignacio Avenue
San José, CA 95119

Dear Ms. Tomcala,

Thank you for the opportunity to submit a proposal to apply for funding that will support the Community Health Centers (CHCs) transition to the OCHIN version of Epic, an electronic medical record system customized for FQHC operations. The total funding request, for your consideration, is **$503,329**. The amount reflects costs associated with the following:

- Care transition and care coordination modalities through Epic's CalAim Enhanced Care Management customized build.
- Patient engagement and outreach via Epic's Roster Management Engine (RME)
- Data exchange via laboratory and radiology interfaces
- Quality improvement through data analytics reporting and personnel infrastructure

Community Health Partnership is comprised of 10 primary care community-based organizations providing health services at 40 sites. Our membership includes Federally Qualified Health Centers (FQHCs), School Health Clinics, free clinics, family planning clinics, and Indian Health Center. Our health centers in Santa Clara County served over 123,637 patients totaling 392,533 encounters in 2021 (52% MediCal).

The transition of the CHCs to OCHIN Epic is a significant turning point in building a coordinated system of care across our county safety-net system. With the rollout of OCHIN Epic at Gardner Health Services, AACI, School Health Clinics, and Indian Health Clinic by November 2022, we will have a total of 6 FQHCs, including Ravenswood Family Health Center and Peninsula Healthcare on Epic. Additionally, 3 clinics (AACI, Gardner Health Services, and Indian Health Center) will also have specialty mental health functionality by May 2023.

Significant progress has been made to date with the implementation to Epic, but additional funding is needed. This document outlines the funding request and timeline for expenditure of these funds. Please note that the requested amount does not duplicate the deliverables and funding that SCFHP recently awarded some of the CHP Community Health Centers in the ECM category, nor the amount and deliverables requested from the County of Santa Clara for FY 2023.

Thank you for your considering this request. Please let me know if you need additional information.

Sincerely,

Dolores Alvarado
Chief Executive Officer

C: Bob Brownstein, Chair, SCFHPs Governing Board
Michele Lew, Member, SCFHPs Governing Board

Budget Narrative

1. **Roster Management Engine**
   The Roster Management Engine (RME) functionality directly supports SCFHP's priorities around patient engagement, member satisfaction, and health care quality. OCHIN Epic's RME automates the process of loading and maintaining attribution data for roster-based patient populations directly into Epic. It will take SCFHP's member attribution lists and match existing patients or if no match is found, creates a patient record that clinic staff can use to conduct patient outreach. RME is the foundation for additional functionally that can be built to drive claims ingestion by applying unique identifiers from rosters to patient records. This information can be associated with claims data to provide a more complete picture of the care patients received outside their organization.

   The budget for rosters is based on the $5,000 per roster ingestion fee, plus a $1,200 annual maintenance fee.

2. **CalAim ECM**
   The CalAim module is a recent development in Epic created to support the documentation and tracking of Enhanced Care Management patients. OCHIN's basic Enhanced Care Management module allows clinic staff to document enrollment/disenrollment activities, assessments, care planning, panel management, referral tracking, and outreach. However, additional builds based on SCFHP guidelines and reporting are needed to develop new workflows that will allow clinic staff to easily document health plan requirements.

   The total customized build for ECM is $10,500. OCHIN estimates it will take 84 hours at a rate of $125/hour. One clinic is requesting funding support for this customized build.

3. **Laboratory and Radiology Interface**
   OCHIN has built functionality for custom interfaces. Given a significant portion of the care for the clinic's patients is conducted in coordination with Valley Medical Center and the Santa Clara Public Health Department, laboratory and hospital diagnostic imaging interfaces would allow the clinician to receive the reported data electronically in Epic, thus improving care coordination and reporting to Santa Clara Family Health Plan for measures such as breast cancer screenings and HbA1c testing.

   OCHIN charges $15,000 per interface implementation, plus a $6,000 annual maintenance fee per interface.

4. **Quality Improvement**
   Achieving improvements in quality performance around the CalAim Program will require investments in Epic data analytics infrastructure to ensure successful implementation of Enhanced Care Management and patient engagement activities. Infrastructure needs include personnel (Data Analyst position), Epic report licenses, data visualization licenses (Tableau), and Epic compliant vital sign machines for automatic documentation into Epic.

Community Health Partnership
Budget Request

FY2023	AACI	GHS	IHC	RFHN	SHC
Operating Costs					
CalAIM ECM Roster			$ 6,200.00		
CalAIM ECM Build			$ 4,250.00		
Roster Management (PMG, Independent, MediConnect, MediCal, etc.)	$ 12,400.00		$ 18,600.00	$ 24,800.00	$ 18,600.00
VMC Lab Interface	$ 21,000.00	$ 21,000.00	$ 21,000.00	$ 21,000.00	$ 21,000.00
VMC Radiology Interface	$ 21,000.00	$ 21,000.00	$ 21,000.00	$ 21,000.00	$ 21,000.00
SCC Public Health Interface				$ 21,000.00	$ 21,000.00
Equipment: Hardware for patient registration (Tablets)					$ 21,184.00
Business Objects License Fees (Epic Report Licenses)					$ 5,795.00
Tableau Licenses					$ 4,500.00
Equipment: Epic Compliant Vital Sign Machines					$ 30,000.00
Sub-total	$ 54,400.00	$ 42,000.00	$ 71,050.00	$ 87,800.00	$ 143,079.00
Personnel					
Personnel: Data Analyst (1.0 FTE)	$ -	$ -	$ -	$ -	$ 105,000.00
Sub-total	$ -	$ -	$ -	$ -	$ 105,000.00
Total Clinic Budget	$ 54,400.00	$ 42,000.00	$ 71,050.00	$ 87,800.00	$ 248,079.00

Grand Total	**$ 503,329.00**

COMMUNITY HEALTH PARTNERSHIP
Supporting our health centers

408 N. Capitol Ave.
San Jose, CA, 95133
408.556.6605

June 15, 2022

To: Christine Tomcala, CEO, SCFHP

From: Dolores Alvarado, CEO, Community Health Partnership

Subject: Response to SCFHPs questions to the funding request

On behalf of the community health centers, thank you for considering a request for funding in the amount of $503,329. In addition to the original proposal, we are responding to your thoughtful questions below. Representatives from the clinics and I will be available to answer questions at the SCFHP Board meeting on June 23, 2022.

Together with OCHIN, the Community Health Centers (CHCs) are implementing Epic, an electronic health record system (EHR). The CHCs secured OCHIN as their EHR vendor because OCHIN deploys and hosts a version of Epic that is more compatible to Federally Qualified Health Center operations and the needs of community-based providers. Each of the CHCs has their own contract with OCHIN, which means they each have their own instance of Epic and own their data.

1. **What is CHP's/Community Health Centers' timeline for using this funding? Start date, end date, major milestones?**

The Community Health Partnership proposes a two-year timeline for utilization the SCFHP funds to support the Community Health Centers Epic Implementation. The timeline would start July 1, 2022 and end June 30, 2024. Major milestones and timeframes are listed below.

Milestone	Timeframe
Roster Management Engine (RME) Implementation	July 2022 - December 2022
CalAim Enhanced Care Management and Community Supports Customized Build	August 2022 - March 2023
Laboratory and Radiology Interface Implementation	May 2023 - June 2024
Equipment Purchase and Integration with Epic	July 2022 - December 2022
Epic & Tableau Report Licenses	September 2022 – March 2023
Data Analyst	August 2022 - June 2023

2. **Budget for the entire Epic implementation**

    a. **What is the total budget for the entire Epic implementation?**

The cost, thus far, for the Epic implementation is $13,821,266. This includes a phased implementation process that includes Primary Care Go-Live in 2022, Specialty Mental Health Go-Live in 2023, and Laboratory and Radiology Interfaces in 2024. This amount does not include additional build outs and functionalities that are yet to be identified.

    b. **What portion of that budget is proposed to be funded by this request?**

CHP is requesting $503,329 of the total $13,821,266 needed to implement Epic.

    c. **What are the sources of funding for the incurred and expected costs not included in this funding request?**

The Community Health Centers (CHCs) built into their general operating budget funds to support incurred and expected costs not associated with this funding request. Additionally, other sources of funding some of the CHCs plan to use include:

- Program/Direct Patient Care Revenue
- Cash on Hand
- Santa Clara County Funding

    d. **What amount(s) and specific elements is the County funding?**

In September 2021, the Santa Clara County Board of Supervisors approved $7.2 million in funding to support the CHCs implementation of the OCHIN Epic Electronic Health Record (EHR) system. Contracts commenced on January 1, 2022. These funds are being used to support:

- OCHIN Primary Care installation fees and other operating costs
- Personnel Costs
- Training Costs

A second request for $6.5 million was submitted to Dr. Jeff Smith, to support additional Epic implementation costs not included in the original request. The recommendation to the Board of Supervisors from county administration is to approve $3.25 million in the FY2023 county budget. Funding for this request will commence on July 1, 2022 and will primarily support the 2023 Specialty Mental Health implementation for AACI, Gardner Health Services, and Indian Health Center. Elements of this funding will support:

- Specialty Mental Health implementation fees
- Specialty Mental Health customized report build to ensure CHCs ability to report county SMH data requirements to the County's NetSmart MyAvatar system
- Personnel Costs associated with the Specialty Mental Health Implementation
- Operating Costs associated with the Specialty Mental Health Implementation (e.g., EHR upgrades to ensure alignment with 21st Century Cures Act, EHR upgrades)

Given the reduced funding, many of the operating costs built into the $6.5 million budget that would have supported additional Epic functionality, such as the Roster Management Engine, laboratory and radiology interfaces, CalAim customization, and equipment needs for AACI, Gardner Health Services, Indian Health Center, Peninsula HealthCare Connections, Ravenswood Family Health Network, and School Health Clinics will not be funded by the county.

Please note, that given that the Specialty Mental Health Go-Live will take place after the Primary Care Go-Live, the CHCs are required to temporarily sustain two EHRs systems in order to maintain their Specialty Mental Health operations, including an upgrade to their current EHR systems in order to meet the 21st Century Cures Act. The funds requested to the county are not only going to support the SMH implementation, but also this transition period to maintain their existing EHR systems.

3. **What, if any, additional funding options for this $503,329 is CHP pursuing? Status?**

CHP is not considering any additional funding options. Community Health Partnership is applying on behalf of the Community Health Centers and is only seeking funding from SCFHP for the $503,329.

4. **What, if any, additional funding options are the individual Community Health Centers pursuing? Status?**

The Community Health Centers will continue to pursue additional funding from other sources, such as foundations, with the help of Community Health Partnership. However, at this time, the CHCs are not seeking additional funding to support the requests submitted in this proposal.

5. **If this funding request is not approved, how will the Community Health Centers fund the items that this funding would support?**

There will be a delay in the implementation of these items while the CHCs pursue other funding opportunities.

6. **For the items that are noted to include an annual fee, how will these ongoing costs be funded? This includes:**
    a. **Roster Management** – The annual maintenance fees associated with the RME will be funded through CHCs general operating budget and Program/Direct patient care revenue.
    b. **Lab and Radiology Interface** – The annual maintenance fees associated with interfaces will be funded through CHCs general operating budget and Program/Direct patient care revenue.
    c. **Quality Improvement, including Data Analyst (1 FTE), EPIC report licenses, data visualization licenses (Tableau), other? -** The annual personnel costs (Data Analyst) and license fees associated with this request will be built into School Health Clinics operating budget.
    d. **Other recurring costs included in this funding request –** There are no other reoccurring costs including in this funding request.

7. **As a result of this implementation, what improvements related to quality are expected and within what timeframes?**

    a. **With Roster Management's ability to attribute members/patients to SCFHP, can that facilitate those medical records to be sequestered in an area for SCFHP's access for health plan operations such as audit, risk adjustment?**

    No, the RME only supports the automation process for loading and maintaining the attribution data in the CHCs Epic system and would not facilitate SCFHP's access to medical records for auditing or risk adjustment purposes. However, there is additional functionality that OCHIN is currently piloting with a few clinics in Alameda County that drives claims and HEDIS integration by applying unique identifiers from rosters to patient records so that they can be associated

with claims data, thus providing a full picture of patient care. The RME is the foundation for this additional functionality.

SCFHP would still be able to access records as they have in the past with the CHCs to conduct audits. Each of the CHCs have their own contract with OCHIN and their own version of Epic that is not associated with the health care networks instance of Epic. OCHIN is a nonprofit health care innovation vendor. OCHIN offers a fully hosted, highly customized instance of Epic specifically designed for Federally Qualified Health Centers.

b. Similar to the lab and radiology interface, is there ability for CHP clinics to interface and receive electronically acute inpatient or ED admissions notification, acute inpatient discharge notes and/or ability of hospitals to schedule PCP follow-up upon discharge?

Yes, there is functionality for CHP clinics to receive electronic information on acute inpatient and ED admission notification through Epic's Care Everywhere. Through Care Everywhere patient information can be shared between healthcare systems who are also Epic users. It allows for the exchange of information between Epic systems using a set of industry standards for communicating and formatting information. Users query an organization, such as Valley Medical Center, to find a patient match, request the record, and can view the record. Notes requesting a follow-up visit with the PCP can be indicated in the discharge summary. All information obtained using Care Everywhere is view-only and consists of:

- Clinical summary
- An encounter list and details
- Results history

Clinical summary contains patient-level information, such as:

- Alcohol and Tobacco Use
- Allergies
- Family History
- Immunizations
- Medical History
- Medications
- Problems (active and resolved)
- Recent encounters
- Surgical History
- OB and Pediatric History

The encounter summary contains information specific to a particular visit or hospitalization:

- Diagnoses (Admitting, Discharge, and/or Visit)
- Discharge Disposition
- Orders and Results
- Reason for Visit/Referral
- Administered Medications
- Ordered/Discontinued Medications
- Notes
- Surgery Details

- Vitals

The Care Everywhere data set consists of standard Continuity of Care Documents (CCD) that contains the following:

- Advanced Directives
- Allergies
- Current Medications
- Insurance Information
- Immunizations
- Recent Procedures (within the last three months)
- Recent Lab Results (within the last three months)
- A list of encounters in the last three months (including discharge notes where available)
- Problem list
- Last Filed Vitals

8. **Can you explain why SHC's request is significantly different than the other clinics? What is the role of a full time analyst? Will the analyst be able to support SCFHP quality data requirements?**
   School Health Clinic (SHC) does not provide Specialty Mental Health services. Given that the recent request to the County was primarily to support the SMH fees and operating costs associated with SMH implementation, the reduced award impacted a greater proportion of SHC's request for operating funds. Thus, SHC request is significantly greater than the other CHCs.

   The Data Analyst position is a new position that will be hired in FY2023. The role of the Data Analyst will be to help support data validation and report production for quality improvement purposes, such as SCFHP's Provider Performance Program and supplemental data requirements. Additionally, the Data Analyst skills in SQL and Tableau will allow SHC to develop reports for care teams to address care gaps and support with encounter and coding workflow issues. Transition to a new EHR system requires migration and archiving of data from one system to the other system. Once SHC is live on Epic, the data analyst will help support with identifying data gaps and support workflows to ensure validated data into the Epic system.

Santa Clara County Health Authority
Board Designated Innovation Fund Request Summary

Organization Name:	Healthier Kids Foundation
Project Name:	My HealthFirst Rescreening
Fiscal Sponsor Contact Name and Title:	Kathleen King, CEO Healthier Kids Foundation
Requested Amount:	$250,000
Time Period for Project Expenditures:	July 1, 2022-June 30, 2023
Proposal Submitted to:	Governing Board
Date Proposal Submitted for Review:	June 23, 2022

Summary of Proposal:

Healthier Kids Foundation request funding to rescreen the 5th graders who are now 6th graders to assess their status as well as screen 6th graders who were missed as 5th graders from Luther Burbank, Franklin McKinley, and Alum Rock Union School Districts. My HealthFirst, a universal mental health screening, helps identify unmet needs for students, families, and schools in the most impoverished communities. Based on screening results, students and families are referred to behavioral health providers within a few days of screening. This is the third SCFHP funding request for this project. The initial amount of $41,710 funded in February 2020, was used to develop a roadmap for planning, implementing, and evaluating a collective action to implement mental health screening and referrals, and improve mental health outcomes, for children and youth in Santa Clara County public schools. The second amount of $42,000 funded in December 2020, was used to pilot the screening in Franklin McKinley School District.

Summary of Projected Outcome/Impact:

An estimated 1,250 6th graders would be screened and linked to appropriate services in the school districts described above. About 12% of the 1,250 would be initial screenings. Additionally, experience and data from this project will serve as the basis for a proposal to DHCS for an evidenced-based behavioral health screening and referral practice that can be scaled throughout the state.

Summary of Additional Funding and Funding Requests:

Funding for the project development and implementation over the past couple of years has come from SCFHP ($84K), PAMF ($200K), Anthem Blue Cross ($100K), Santa Clara County Supervisors and Behavioral Health ($220K). For FY22-23, funding for 5th grade screenings will come from Anna Eshoo ($200K, restricted to Campbell), PAMF ($100K), County of Behavioral Health Services ($242K), and potentially the City of San Jose ($125K). Shortfalls for funding for 5th grade screenings will be made up through HKF fundraising. This request to SCFHP for $250K would be the sole funding for 6th grade screenings.

Healthier Kids Foundation
4040 Moorpark Avenue, Suite 100
San Jose, CA 95117
Phone: 408.564.5114
Fax: 408.326.2711
www.hkidsf.org

April 30, 2022

Sub: Proposal to Expand My HealthFirst into 6th Grade in FY 2022-23
UPDATE

Healthier Kids Foundation is appreciative of SCFHP funding in the past to support the consultant that guided us through the first two years of our universal mental health screening, My HealthFirst. With two years' worth of promising and statistically significant data across 7 school districts in Santa Clara County (Campbell Union Elementary, Luther Burbank, Franklin McKinley, Alum Rock Union, Morgan Hill, Gilroy, and Rocketship), My *HealthFirst* screening is contributing to the identification of significant unmet needs for students, families, and schools in our most impoverished communities. Over 3000 screenings have occurred, 462 fifth grade students were screened last school year virtually and 2598 this school year in person. The following key outcomes indicate the project's success, potential position impact, and need for ongoing expansion and sustainability.

- The project efficiently finds students needing support that the school district may not have known about, gets parents involved quickly, and completes paperwork with parents that can be directed to behavioral providers within a few days of screening.
- Female students represented 75% in the imminent need categories, suggesting there may be opportunities to tailor services based on gender.
- Most students with higher levels of need indicated Spanish as their primary language.
- At least half of students with borderline imminent need reported often or almost always to 8 of the 13 Likert questions: 'I felt like I couldn't do anything right', 'I felt everything in my life went wrong', 'I felt upset', 'I felt worried', 'I was so angry I felt like yelling at somebody', 'I felt mad', 'I felt scared', and 'I felt like something awful might happen'.
- After screenings this year, 42% have borderline needs and 58 students or 2% have imminent needs that needed treatment immediately from school personnel. Healthier Kids Foundation's Parent Advocates are following up with over 1100 students' parents.

The plan is to screen the next set of fifth graders during the FY 2022-23 school year in the same 7 school districts that have been screened this school year to continue efforts to identify children who may benefit from mental health services and whose needs may otherwise go unknown to their families and school personnel. The interviewees cited the ease of the screening instrument and the universal screening of all 5th graders as key to systematic identification.

PREVIOUS AND FUTURE FUNDING

Funding has been supplied in the past to develop the program, run a virtual pilot FY 20-21 school year, and run operations this school year. This funding has come from SCFHP ($83.7K), PAMF ($200K), Anthem Blue Cross ($100K), Santa Clara County Supervisors and Behavioral Health ($220K).

For the new fiscal year, the plan is to have fifth grade funding from Anna Eshoo restricted to Campbell ($200K), PAMF ($100k), Behavioral Health ($242K), and potentially the City of San Jose

($125K). If all funding doesn't come in for fifth grade screening/case management, we will make it up with fundraising.

REQUEST OF SCFHP

With $250K Innovation Funding from SCFHP, Healthier Kids Foundation could expand the program into 6th graders in Luther Burbank, Franklin McKinley, and Alum Rock Union School District to see how the previous 5th graders have fared with additional support from School Social Workers, School Linked Services, and Behavioral Health Provider. We would be able to screen 1250 6th graders in the 3 districts and if we can raise additional funding with other funders we are working with, we might be able to screen more 6th graders.

The State 2021 budget has funding of $429M for FY 2022-23 and DHCS has plans to select a limited number of evidence-based practices to scale throughout the State based on robust evidence of effectiveness, impact on racial equity, and sustainability. DHCS has selected a committee of 30 to help develop and guide design of the workstream. At the end of the calendar year, grants will be open to fund a limited number of evidence-based efforts. Steve Adelsheim, MD of Stanford Department of Psychiatry, Carolyn Gray from SCCOE, Lishaun Francis of Children Now and I are on the Think Tank Committee. Think Tank Committee members as well as managed care plans, commercial health plans, community-based organizations, behavioral health providers, county behavioral health, and tribal entities can apply.

DATA ON CURRENT RESULTS

Total Screened	#	%
Well	1446	56%
Borderline	1094	42%
Imminent Need	58	2%
Total Screened	2598	100%

Enthnicity		%
Hispanic Yes	1716	66%
Hispanic No	860	33%
N/A	22	1%
Total	2598	100%

Race	
Alaskan	4%
Asian	19%
Black	3%
Pacific Isl.	1%
White	20%
Other	48%
Decline to	5%

Language	
English	63%
Spanish	31%
Vietnamese	3%
Cantonese	1%
Other	2%
Total	100%

7 School Districts
51 School Sites
67 Screening Days
14 Contracted Physicians
58 School Support
8 Healthier Kids Screeners

Gender	
Female	49%
Male	51%

MY HealthFirst FY 2021-2022 updated 5 20 2022

School District Comparison	FMSD	%	LBUSD	%	CUSD	%	ARUSD		MHUSD	%	Rocket		Gilroy		All	%
Number screened	566		127		644		676		462		63		60		2598	100.00%
Number no concerns=1 Star	272	48%	77	61%	337	52%	394	58%	305	66%	31	49%	30	50%	1446	55.66%
Number of borderline=2 Stars	228	40%	31	24%	271	42%	227	34%	137	30%	30	48%	23	38%	947	36.45%
Number of imminent borderline=2.5	50	9%	10	8%	29	5%	34	5%	17	4%	2	3%	5	8%	147	5.66%
Number of imminent=3 Stars	16	3%	9	7%	7	1%	21	3%	3	1%	0	0%	2	3%	58	2.23%
Total Imminent and borderline	294	52%	50	39%	307	48%	282	42%	157	34%	32	51%	30	50%	1152	44.34%

STEPS TO SCREENING AND COORDINATED RESOURCE SUPPORT

Fifth grade students this year and with plans to add sixth graders next school year, are interviewed by a physician, school social worker, and screener in a confidential manner using a modified Kaiser POQ2 survey with added Positive Attribute questions. If the student scores above a certain level, the student is considered as having imminent needs; the school social worker stays with that student after the survey is completed and leads the student through the district emergency procedures.

For those students that show concern or borderline concern, Healthier Kids Foundation Parent Advocates/Case Managers call the parents and survey the parents with a similar survey to the child's survey. For those parents that scored high enough concern for their children and agree to further support, those children receive a 'Medically Necessary Referral" to contracted District Behavioral Health support (Uplift, Catholic Charities, etc.). For those not in this category but parents are concerned, these students receive support from Healthier Kids Foundation Parent Advocate to go through School Linked Services and the District for other support options (ex. Preventive Early Intervention, etc.). Like all current programs, Healthier Kids Foundation stays with the youth until all care is completed by the behavioral health provider.

Program Impact and Effectiveness Themes (What do providers view as key impacts of the My HealthFirst Program?) per Aimee Reedy, EdD, MPH report:

A. My HealthFirst Program identifies, refers, and connects children to needed mental health services. All 15 of the interviewees reported that a key impact of the program is its ability to identify children who may benefit from mental health services and whose needs may otherwise go unknown to their families and school personnel. The interviewees cited the ease of the screening instrument and the universal screening of all 5th graders as key to systematic identification. The following quotes, edited for grammatical accuracy and clarity, reflect this theme.

- "We don't know what they are going through, so the program made a huge impact on identifying children who are going through situations at home."
- "For some of the referrals, students were already receiving services, but for students who were not on anyone's radar, who were doing well academically, there wasn't any reason to investigate it further. The screening provided the opportunity to identify those students."
- "At our elementary schools we only have two counselors who are at their capacity, and they are unable to see everyone. So, this helped us identified those students who are flying under the radar."
- "We have had the ability to identify some students who have not outwardly shown behaviors or concerns regarding mental health through universal screening."
- "Some kids who the schools didn't know were struggling or had new struggles that were manifesting in the classroom, were able to be identified and helped."

B. My HealthFirst Program normalizes talking about feelings for children. Eight out of the 15 interviewees described how the program communicates to children that it is normal to talk about your feelings. The screenings provided a systematic opportunity, structured interaction, and a comfortable experience for children to share struggles and strengths. The following quotes, edited for grammatical accuracy and clarity, reflect this theme.

- "The program gives them a green light to be okay with talking about their feelings and know that there's people out their willing to help."

- "The program is a pathway to have those difficult conversations. Like any other dental or hearing screening, it's just going to be normalized for everyone in the fifth grade. There's no stigma."

• “I was really surprised by how much children would open up and use this opportunity to share some personal details of things they were struggling with at home or with friends.”
• “The program normalizes concerns for mental health, and it’s fantastic that this is a safe place to talk.”
• “I feel like it starts to really normalize that talking about our feelings is just as important as talking about any of the symptoms kids express about their physical health.”

C. My HealthFirst Program makes children aware that people care about them and are available to help. Six of the 15 interviewees described the screening experience as an opportunity for children to understand that there are people who care about what they are going through and who are available to help them. The following quotes, edited for grammatical accuracy and clarity, reflect this theme.

• “Children see that we are concerned for their well-being, and we let them know that we are concerned because they are going to make this big jump to middle school, and we just want to know how they are doing.”
• “For the children and families, we have to understand culturally what this means to them and delicately let them know that we are here, we are available to provide help and support.”
• “I do believe there is a health and healing value in just asking somebody how they’re doing if they are not in crisis. Emotionally there is a connection or just a sense of attention. I really like it when the social worker or school staff invite them to talk, saying you know where my office is, and I’d love to talk to you if you ever want to talk.”
• “I think it brought a greater awareness to the children that we are interested in their well-being, in making sure they are doing okay.”

Testimonial

My daughter worries a lot for me. I am a Cancer survivor, and she worries the Cancer might come back. When Healthier Kids Foundation’s Parent Advocate called offering emotional support, I requested the support for my daughter. I wanted my daughter to have the support at school to have someone to talk to express her feelings and concerns. Since attending the sessions with Uplift she has been happier and notices others care for her. This week her counselor took her to the Uplift office during her Spring break for a tour. My daughter enjoys talking and spending time with her. My daughter has created a bond with her counselor, and it brings me a lot of joy. Having the counselor supporting my daughter is one less worry for me to worry about now. Our family is going through a lot at the moment. The parent advocate offered to register my grandson for the Diaper pick up. God bless the funders for giving to the families that are struggling at the moment.

Healthier Kids Foundation (HKF) Funding Request to Santa Clara Family Health Plan (SCFHP) for My HealthFirst Expansion

Follow-up questions from SCFHP

1. **What is the timeline of this phase? Will screenings happen during the summer months?**

   5th grade and 6th grade screening would start in September but there is much preparation with the school districts and their staff over the summer.

2. **When is the funding for this phase needed by?**

   Fiscal FY 22-23, we would start as soon as we had the go ahead. We screened 2598 this school year and if we can add 6th graders, we would screen close to 3900, a 50% increase in My HealthFirst effort. We are moving to a more specialized staff approach pertaining to physical versus mental health screenings. We learned this year through analysis that we need to put more effort around the school organizing on the front end and back end.

   a. **Can you explain more what 'more specialized staff approach' means?**

      For screening, we will have screening staff that only focus on My HealthFirst screening and not focus on all four screenings. Other screeners will be responsible for physical screenings

3. **If SCFHP members, how can the screening information be transmitted to the PCP, Delegate, and SCFHP to ensure that the referral loop or CM activities are completed?**

   We would work with families to encourage them to share with their PCP. We would like to have dedicated support on SCFHP's end to help families access care. I hope this extra screening work will tell us if this current school year's efforts with fifth graders has shown some improvement in mental health wellness. My hope is that our effort and data will help us prepare for additional State funding.
   I want to keep physicians at the screenings so that they can reinforce to the students how important it is to see their pediatrician.
   For this amount of funding, I can't guarantee how successful we are at encouraging parents to talk to their child's physician. We have been trying to develop a closed loop system in dental and it takes a tremendous amount of additional effort.

   a. **What are some barriers for parents to share the information with their PCP and how can HKF and SCFHP work to address that?**

      We are screening 5 and 6th graders, children 10-13 years old and our effort is to de-stigmatize mental health, help children understand that mental health is part of their body, and how to assist students and parents in how to ask for help. This focus is on the school system, school linked services, and the providers contracted for each site. If there is long term need versus PEI (prevention early intervention) we assist the parents in assessing long term support through their insurance.
      For children at this age that need help, we are going to encourage parents to take their children to their PCP visit for their wellness checks, vaccinations, etc.

4. **What % of the children screened are with SCFHP?**

   I don't think we have the answer to that although I can check. I don't think we have made it a requirement to collect that data. In the past when we have checked on Medi-Cal membership for physical screening, it has been around 70% of those we help. It is difficult to collect due to parents not understanding the difference between SCFHP, Valley Care, and Kaiser Medi-Cal.

   a. **Can the project help parents/kids know who their insurance plan is and how to access covered services including PCP and behavioral health services?**

      We do this with all our programs when specialty care is needed and setting up escalation procedures through SCFHP would really help our dozen Parent Advocates assist parents in advocating for their child when they need additional support and don't know where to turn.

5. **Can the data be shared with SCFHP for our members?**

   No, not without parent permission and we have not built that into the cost of the effort. We can share all de-identified 5th and 6th grade data.

   a. **What kind of identifiers are collected? Please expand on why parents would not want to give permission to share with their child's PCPs? Would education on the PCP's key role in helping the child achieve well-being be helpful in addressing this hesitation? What are the barriers for parents/families/child to identifying the PCP as such and what are some interventions that My Health First can include to address this?**

      The purpose of My HealthFirst is to focus:

      - on a whole child approach to health (physical and mental health screenings)
      - reducing stigma associated with mental health needs
      - offering additional resources to families in need
      - increasing school attendance and performance

      We don't have the resources to do anymore than encourage parents to see their PCP's and to voice their concerns. We can explain the value of sharing with the PCP but frankly, our interest is in helping families take advantage of seeing their PCP for wellness checks now that we are through the worst of the pandemic. For example, cancellations for optometry and dental appointments have been very high this year, we are having a tough time helping parents keep the appointment we have helped them set up. I think we will need to take this effort one step at a time. We have been in the districts we are in for 9 years now, and we know what we can advocate for right now, what we can afford to do with the staff we have currently, and this may not be the age of children to make this happen with it. It would also take school staff participation, School Linked Services, and Santa Clara County Behavioral Health to accept this next step in the evolution of mental health efforts.

6. **How can these activities be incorporated in the Student Behavioral Health Incentive Program (SBHIP) where there is funding for screening and service loop closure?**

   We haven't evaluated.

   a. **The timing for the SBHIP funding is October 2022 for intervention plans submitted to DHCS on Jun 1, 2022. Therefore, your request for July 2022 funding will not coincide with the state's funding timeline. Additionally, the 5 LEAs participating may not include the schools you are proposing. The LEAs are: Milpitas Unified, Gilroy Unified, Sunnyvale Elementary, San Jose and Evergreen School Districts. One of the SBHIP intervention is IT enhancements for Behavioral Health Services to increase referral, coordination, data exchange, and/or billing of health services between the schools and the MCP and county behavioral health department. We would like My First Health program to move in that direction. This will increase the continuity and coordination of the care through the active involvement of the PCP and SCFHP system of care.**

      We are doing significant work in data analysis, but this is not part of the effort we are asking for this funding for. We can share what we learn. The LEA sites, I understand are mostly high school age and that may be an age where mental health has manifested clearly before high school, and the wellness centers can help families with resources from the health plans.

7. **What is the mapping process from screening to service provision?**

   I can send you a logic model but most of the effort after screening is built into Salesforce. We now have 11-12 Parent Advocates that utilize Salesforce, School Linked Services, School Social Work personnel, and escalation for care. This would only be the second year of work in large scale and benchmarking best methods is often driven by us and what we learn in each district. This next year would be the year to help improve the support each family receives. See PowerPoint.

8. **How can the work be consistent with those proposed so that we have one screening process and tool for these needs?**

   I am not sure what this means but we will be using the same screening tool for all screened and the tools have been agreed upon by Santa Clara County Behavioral Health. Is this what you mean?

   a. **Can you share the screening tools used – wellness and the PSC-35? We want to understand whether the tool is recognized by DHCS/MCAL for billing purposes.**

      We have shared them a couple of times with the SCFHP team, but we can do it again.

9. **How can this activity be incorporated into the current SCFHP delivery system since screening, referral and service provision are part of the delivery system?**

   We are open to this but I think this is more of a question for SCFHP. Because sharing specific child data outside of us and the school district (MOU) would require parental permission, I think we need to take this slowly and build trust. It is extremely time intensive to get parental permission to share specific data.

10. **What is the plan for future sustainability of this program and could the screening tool (POQ2) incorporate other screening tools with a MCAL encounter/billing code?**

    I think we can continue to fall under MHSA funding but can't guarantee this. There could be more tools added to the POQ2 but there are some large considerations around not keeping children out of class too long (this takes 8-10 minutes), will districts agree, and are there enough backend supports to the effort. Currently, we are only in underserved districts, only where the School Linked Services are strong, the Superintendent is passionately bought in, and the district has decided to use their resources to support mental health wellness.

11. **In the HKF PowerPoint, Step 3 is Behavioral Health Referrals. Can you propose possible activities to encourage better connection with PCPs and integration to SCFHP covered benefits and provider network for our members?**

    For this next year, our focus is streamlining our process, and this means the following:

    - Setting up a strong procedure going into the school, so they understand their part and what to expect
    - Working with the school district (all are slightly different) on referrals, sharing data confidentiality, and making sure they are clearly aware of the children with the greatest needs.
    - Parent Advocates screening parents to understand better what the parent accepts as their child's need,
    - Working with School Linked Services to see if it is appropriate for school social workers to handle the child's need, or the providers contracted to the district, or working with health insurance companies if the child's need is more severe and longer term.

My HealthFirst – Wellness Check (*FINAL v.8.1-10/20/20*)

Date/time: _____ Student:_____

Physician:_____ FMSD School Social Worker:_____

Healthier Kids Foundation Screener: _____ **Confidential**

Introductory Asset Question:

What is the best thing about you that you would like to tell us?

_____

Thinking about the past 7 days:	**Likert Scale**
1. I felt sad.	0 1 2 3 4
2. I felt alone.	0 1 2 3 4
3. It was hard for me to have fun.	0 1 2 3 4
4. I could not stop feeling sad.	0 1 2 3 4
5. I felt like I couldn't do anything right.	0 1 2 3 4
6. I felt everything in my life went wrong.	0 1 2 3 4
7. I felt scared.	0 1 2 3 4
8. I felt like something awful might happen.	0 1 2 3 4
9. I felt nervous.	0 1 2 3 4
10.I felt worried.	0 1 2 3 4
11.I felt mad.	0 1 2 3 4
12.I felt upset.	0 1 2 3 4
13.I was so angry I felt like yelling at somebody.	0 1 2 3 4

Follow-up Asset Questions:

1.What is one way you help a friend who is upset?_____

2.What is one thing that can help you focus during class?_____

Pediatrician's notes_____

Likert Scale Key: 0 = Never **1** = Almost Never (1x/wk.) **2** = Sometimes (1-3x/wk.) **3** = Often (more than 1/2/wk.) **4** = Almost Always (daily)

Three Star Zone – total score between 26 – 36+

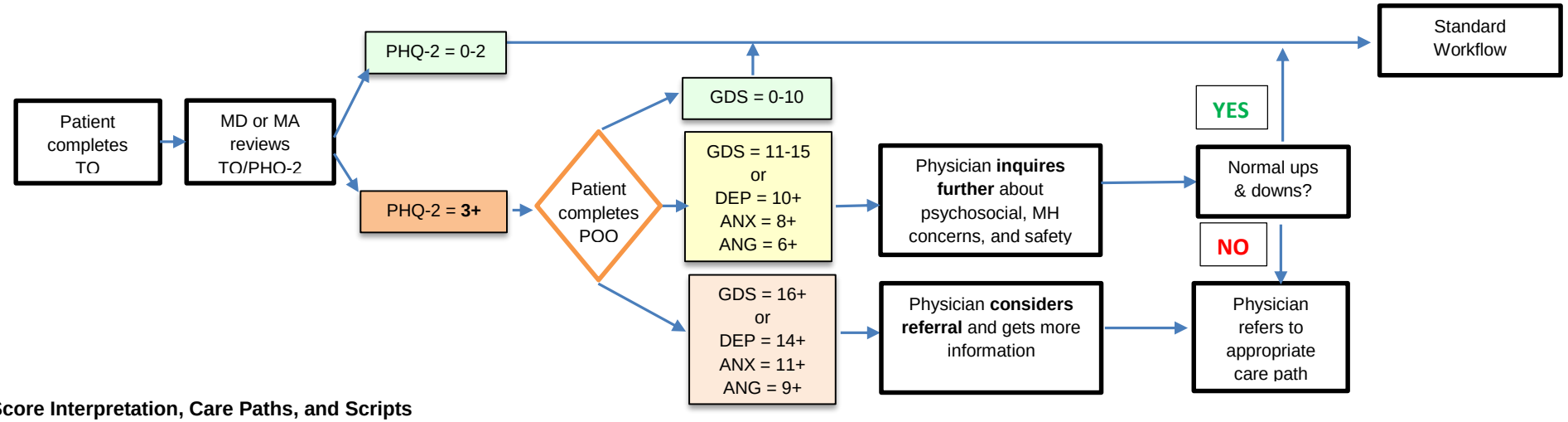
Two Star Zone (some unmet level of need) – total between 11 – 25

LOGIC MODEL WORKSHEET

HEALTHY KIDS FOUNDATION – My HealthFirst – Wellness Check Pilot 2020 - 2021

INPUTS	PROGRAM COMPONENT	ACTIVITIES	OUTPUTS	Pilot OUTCOMES	Process OUTCOMES (Pilot Phases 1-3)	Student OUTCOMES (FMSD 5th Grade)
Staff -Screeners -Program managers -Parent Advocates -School SW -SD Managers -Data Dept -Executive Dir -Pediatricians & GP -HKF leadership **Partners** -FMSD -SCC BHD -Community-based organizations -Funders -BOS -Anthem Blue Cross -Kaiser -Chen Foundation -COE **Research & Business Case for Action** -Federal, State and local research, context, data, analysis of need **Funding** -Revenue and expenditures -Blended/braided sources, Federal, State & local sources	COORDINATION	-Compelling Vision -Solicit sponsorship, partners, funding -Project Design Implementation -Work Teams & objectives	Administrative agreements and parental consents # screeners and staff oriented	My HealthFirst Parental knowledge of child's wellness status Early detection of mental health needs Linkage to MH provider Parent linkage to community resources; meeting life domain needs and reducing student stress Identification of unmet learning needs (e.g. remote access technical assistance)	-Protocols and Policies -Work Flow -Roles & Responsibilities -Parent Town Halls -Parent Consent & ROI -Remote Access; Screening, Risk Response, Disposition Data Collection -Rapid Problem Resolution -CBO Partnerships -Parent Focus Group Model -Life Domain Resources -Case Manager Roles & Responsibilities	Prevention of mental health decline/crises Prevention of emotional pain Increase school attendance Improved school performance De-stigmatization of emotional and mental needs Increase student, parent and school community awareness of Whole Person Care, student Wellness and the positive impact on attendance and school performance
	SCREENING	-Set up remote access -Orient physicians, SW, screeners -Conduct screening -Complete documentation	# children screened for wellness, assets, unmet needs # of parents screened re. students' symptoms, assets, basic & parenting skill needs			
	REFERRALS	-Assess for payer status -Identify appropriate type/location provider -Complete and document referral	# children assessed for payer/insurance # of children by scoring category # children receiving referrals to CBO # children receiving assistance removing barriers to access # children enrolled in insurance # of PSC-35 completed and scoring # & of basic needs met # & of parenting skills taught			
	CASE MANAGEMENT	-Assist parents to link child to needed service -Follow up with appointment reminder -Follow up with insurance eligibility -Follow up to ensure ongoing services as needed				

PEDIATRIC WELL-CHECK WORKFLOW HIGHLIGHTS



Score Interpretation, Care Paths, and Scripts

Severity Ranges	**Global Distress Score (GDS)**	**Note**: Parents and youth may report similar or different distress levels, both of which can be useful subjects of clinical conversations.	**Referral:** According to local agreements between Pediatrics, Behavioral Medicine (BMS), Behavioral Health (BHE), and Child Psychiatry.	**Sample scripts**
Mild distress	0 - 10	Less likely to have clinical concerns		This is like a vital sign, like having your blood pressure checked. This suggests that your feelings blood pressure is pretty good overall. Does that seem right?
Borderline	11-15	Either the youth or the caregiver might have routine concerns	Inquire further	This is like a vital sign, like having your blood pressure checked. Yours isn't bad, but in a kind of borderline range. How are things going, like in school, or with your friends or family? Any problems?
Moderate	16-25	Consider MH* referral if score is **above 16 *and* if further inquiry** suggests need for MH treatment.	Consider MH Referral	This is like a vital sign, like having your blood pressure checked. This suggests that you are having a fair amount of stress right now; can you tell me a little about what is going on?
Severe	26-35	A rough estimate of the 75th-90th percentile of distressed patients in clinical populations.	MH referral	This is like a vital sign, like having your blood pressure checked. This suggests that things are pretty rough for you right now; can you tell me what's going on?
Very Severe	36+	A rough estimate of the top 10% of distressed MH patients.	MH Referral and **consider warm handoff**	This is like a vital sign, like having your blood pressure checked. This suggests that things are really rough for you right now; can you tell me what's going on?

Clinical range

Subscale	More careful inquiry indicated	Consider Referral	Sample scripts
Depression	>=10	**>=14**	This suggests that you are experiencing a lot of depression right now. Can you tell me more about that?
Anxiety	>=8	**>=11**	This suggests that you are experiencing a lot of anxiety right now. Can you tell me more about that?
Anger	>=6	**>=9**	This suggests that you are experiencing a lot of anger right now. Can you tell me more about that?

For Referrals: "Often teens who are having a rough time like you find it helpful to talk to someone like a therapist. I think it's really important that you talk to someone, what do you think about that? …(After Discussion)…"I want to share with your parent that I think it's important that you talk with someone. I will not share with them any of the specific details that you asked me not to share." (*or, if applicable:* "I also have to tell them about any safety concerns, like that you are thinking about hurting yourself.")

These are working guidelines. Clinical judgment should be the ultimate basis for action.

Child's Name _____ Record Number _____
Today's Date _____ Filled out by _____
Date of Birth _____

Pediatric Symptom Checklist

Emotional and physical health go together in children. Because parents are often the first to notice a problem with their child's behavior, emotions or learning, you may help your child get the best care possible by answering these questions. Please mark under the heading that best fits your child.

			Never (0)	Sometimes (1)	Often (2)
1.	Complains of aches/pains	1			
2.	Spends more time alone	2			
3.	Tires easily, has little energy	3			
4.	Fidgety, unable to sit still	4			
5.	Has trouble with a teacher	5			
6.	Less interested in school	6			
7.	Acts as if driven by a motor	7			
8.	Daydreams too much	8			
9.	Distracted easily	9			
10.	Is afraid of new situations	10			
11.	Feels sad, unhappy	11			
12.	Is irritable, angry	12			
13.	Feels hopeless	13			
14.	Has trouble concentrating	14			
15.	Less interest in friends	15			
16.	Fights with others	16			
17.	Absent from school	17			
18.	School grades dropping	18			
19.	Is down on him or herself	19			
20.	Visits doctor with doctor finding nothing wrong	20			
21.	Has trouble sleeping	21			
22.	Worries a lot	22			
23.	Wants to be with you more than before	23			
24.	Feels he or she is bad	24			
25.	Takes unnecessary risks	25			
26.	Gets hurt frequently	26			
27.	Seems to be having less fun	27			
28.	Acts younger than children his or her age	28			
29.	Does not listen to rules	29			
30.	Does not show feelings	30			
31.	Does not understand other people's feelings	31			
32.	Teases others	32			
33.	Blames others for his or her troubles	33			
34.	Takes things that do not belong to him or her	34			
35.	Refuses to share	35			

Total score _____

Does your child have any emotional or behavioral problems for which she/he needs help? ( ) N ( ) Y
Are there any services that you would like your child to receive for these problems? ( ) N ( ) Y

If yes, what services?_____

Parent Asset Narrative Questions

Include with PSC Follow up Interview (CM should choose 1-3). The purpose for these questions is to help the parents feel supported, to establish rapport and to acknowledge strengths rather than focusing only on difficulties. The Case Manager may want to ask 1-2 of these after they explain the purpose of the phone call.

1. Please describe what you love most about your child?

2. What's your proudest parenting moment?
3. How can you tell when your child is sad, worried or upset?
4. How do you comfort your child when (s)he is upset?
5. Who helps you when you're having one of those stressful parenting days?
6. Please describe one family tradition that is special to you.
7. What's the best thing about your child's school?

Healthier Kids Foundation
My HealthFirst Program Flow

Program Communications, Town Halls

Wellness Check Scheduling Call

STEP 1

Wellness Check conducted with Student by Physician.

School district staff there for support.

Healthier Kids staff record and score screening as one, two or three star.

1 Star: Total Score 1-10
No unmet needs identified, no follow up required based on adapted Kaiser survey

2 Star: Total Score 11-25
Borderline needs identified, not in imminent risk, follow up required

3 Star: Total Score 26+
Unmet needs identified, child in imminent risk, follow-up required

School district staff immediately follow risk response protocol in breakout room and expedite referral

STEP 2

Follow-up and PSC-35 completed with parent by Healthier Kids Foundation Parent Advocate by phone

Parent Advocates record and score assessment as meets or does not meet medical necessity

Does Not Meet Medical Necessity:
Total Score 1-27
Parent Advocate explores what type of basic resources the family may benefit from, makes referrals as appropriate. If parent expresses interest in Behavioral Health services, completes referral.

Meets Medical Necessity:
Total Score 28+
Parent Advocate makes referral for Behavioral Health services and explores what type of basic resources the family may benefit from, makes referrals as appropriate.

STEP 3

Behavioral Health Referrals
Parent Advocates work closely with district staff and providers to complete referral and effectively communicate with parent.

Parent Advocates continue to follow up with parents to ensure they were connected with behavioral health services and are attending appointments.

Santa Clara Family Health Plan™

FY 2021-22 FOCUS
Drive Quality Improvement & Reduce Health Disparities

D R A F T

	Plan Objectives	Success Measures	Preliminary Year-End Status *(as of 6/17/21)*
1	**Lead improvement in the health of communities impacted by disparities**	• **Pursue bold initiative(s) to address community health disparities in collaboration with community partners**	✓ As member of Health Equity Agenda Steering Committee, engaged research team to gather/synthesize data from existing sources, stakeholders, and community members to prioritize policy recommendations and action items to address health disparities and develop an index to track key health equity metrics in Santa Clara County.
		• **Collaborate with community & system partners on programs/services/resources at the CRC to advance health/well-being of members & residents**	✓ Created a community Framework with input from 120+ community & system partners to address health disparities in East San Jose. Engaged > 4,000 people through 189 programs/events & 167 member orientations offered in partnership with 35 community organizations. Created COVID-19 One-Stop-Shop, hosting 18 vaccination clinics and administering 2,500 shots.
		• **Explore South County community resource center**	✓ Explored opportunities to advance health in South County by completing listening sessions with 100 residents & 15 system partners. Evaluated available real estate.
		• **Implement YMCA membership benefit for Medi-Cal and CMC members**	– Agreement negotiated with YMCA to offer membership benefit with July 1 go-live for CMC, and by calendar year-end for Medi-Cal (subsequent to State approval). Contracting in process.
		• **Expand health education offerings and participation for members and community**	✓ Health education class offerings increased to 24 from 17 the prior year; participation increased to 756 class attendees *(through May).*
		• **Raise Plan visibility in community and with elected officials**	✓ Engaged in ongoing discussion and collaboration with >160 community and system partners and elected officials. Participated in 37 community events and 30 sponsorships.

Critical Priority

2	**Pursue benchmark quality and health equity**	• **Increase screenings to ≥ 11,000 developmental & ≥ 9,500 blood lead (< 6 yrs), and ≥ 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 (BH) prevention and treatment in schools**	– Increased screenings to 8,999 developmental, 6,686 lead, and 8,638 trauma fiscal YTD *(~2 mo. claims lag).* Created workflows to identify positive screenings. Provider newsletter in July '22 offering education on workflow processes. Provider CME training on lead screening & intervention offered in May '22. – HEDIS average performance score increased to 2.47 for Medi-Cal and decreased to 1.43 for CMC. – Focused on reducing HEDIS disparities in well women screenings and diabetes. In general, percentile performance improved across all networks and ethnicities. ✓ Roadmap for NCQA Health Equity Accreditation (formerly Distinction in Multicultural Health Care) completed for survey & accreditation in May 2024. ✓ Successfully passed NCQA Medicare renewal survey. x Medi-Cal NCQA Delegation Agreements are to be executed by August 2022. ✓ Increased BH in schools through (1) BH Integration Incentive Program (BHIIP) screening & treatment initiated at School Health Clinics in partnership with Pacific Clinics, (2) collaboration with County Office of Education, County BH & Anthem on design of School BH Incentive Program (SBHIP), including submission of Accelerated Intervention to DHCS 6/1/22, and (3) funding Healthier Kids Foundation "My HealthFirst" pilot program of BH screenings & assistance getting to a BH provider for 5th graders
3	**Implement initial CalAIM deliverables**	• **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 (MOT) 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**	✓ Implemented ECM & Community Supports (CS—formerly ILOS) in January 2022. ✓ Developed 2022 PHM strategy for CMC & Medi-Cal that aligns with NCQA. Awaiting release of PHM requirements from DHCS. ✓ MOT implemented effective January 2022. ✓ Successfully transitioned Health Home Program (HHP)/Whole Person Care (WPC) recipients to ECM and CS; educated and informed members and community through communications campaign; planning for additional ECM populations of focus and CS effective July 1.

Critical Priority

4	**Enhance compliance program and delegation oversight**	• **≥ 95% of metrics on Compliance Dashboard in compliance** • **Update agreements with delegates to strengthen compliance enforcement**	x 89.9% of Dashboard metrics in compliance. *(May fiscal YTD)* ✓ CMC and Medi-Cal contract templates include pass through penalties and Service Level Agreements for delegated activities.
5	**Foster membership growth and retention**	• **Increase Medi-Cal market share to 80%** • **Achieve net increase of 835 Cal MediConnect (CMC) 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**	x Medi-Cal market share effectively unchanged at 78.4%; increase not achievable despite efforts as a result of freeze in auto-assignment rates due to PHE. x Net increase of 252 CMC members; large disenrollment due to Share-of-Cost carveout; PHE impacts. x DHCS provider satisfaction survey started in September, and small group sessions/focus groups being conducted from April-July. Assessments and action plans to follow in July. ✓ Provider network access at the delegate level was completed and shared with Delegates in September; discussions continue at Joint Operating Committees. ✓ Provider payment solution was implemented November 2021. ✓ D-SNP implementation is on track with the exception of provider contract signatures.
6	**Achieve budgeted financial performance**	• **Achieve FY 2021-22 net surplus of $8.6 million (0.6% of revenue)** • **Maintain administrative expense ratio ≤ 7% of revenue**	✓ Projected net surplus in excess of budget. ✓ Projected administrative expense ratio < 7% of revenue.
7	**Seek to be an Employer of Choice**	• **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**	✓ Satisfaction 66% (v. 61%), Engagement 66% (v. 64%), and Recommendation 78% (v. 79%) ✓ Provided unconscious bias training to all staff, and diversity & sensitivity training to management.

✓ Achievement of success measure

− At risk for achievement / mixed performance on multiple metric success measure / measure substantially completed

X Success measure not achieved

Critical Priority

Membership Growth:	**June ’22 – 303,755 members** **June ’21 – 282,670 members**	**7.5% increase in members (21,085);** **8.0% increase in member months**
Revenue Growth:	**FY 2021-22 – $1.6 billion** **FY 2020-21 – $1.3 billion**	**$288 million increase in revenue;** **22.6% increase in revenue**
Employee Hiring:	**June ’22 – 358 staff/24 temps** **June ’21 – 323 staff/19 temps**	**11.75% turnover rate (40 departures);** **63 new hires**

Critical Priority

Santa Clara Family Health Plan™

FY’21-’22 Community Outreach and Engagement

Governing Board

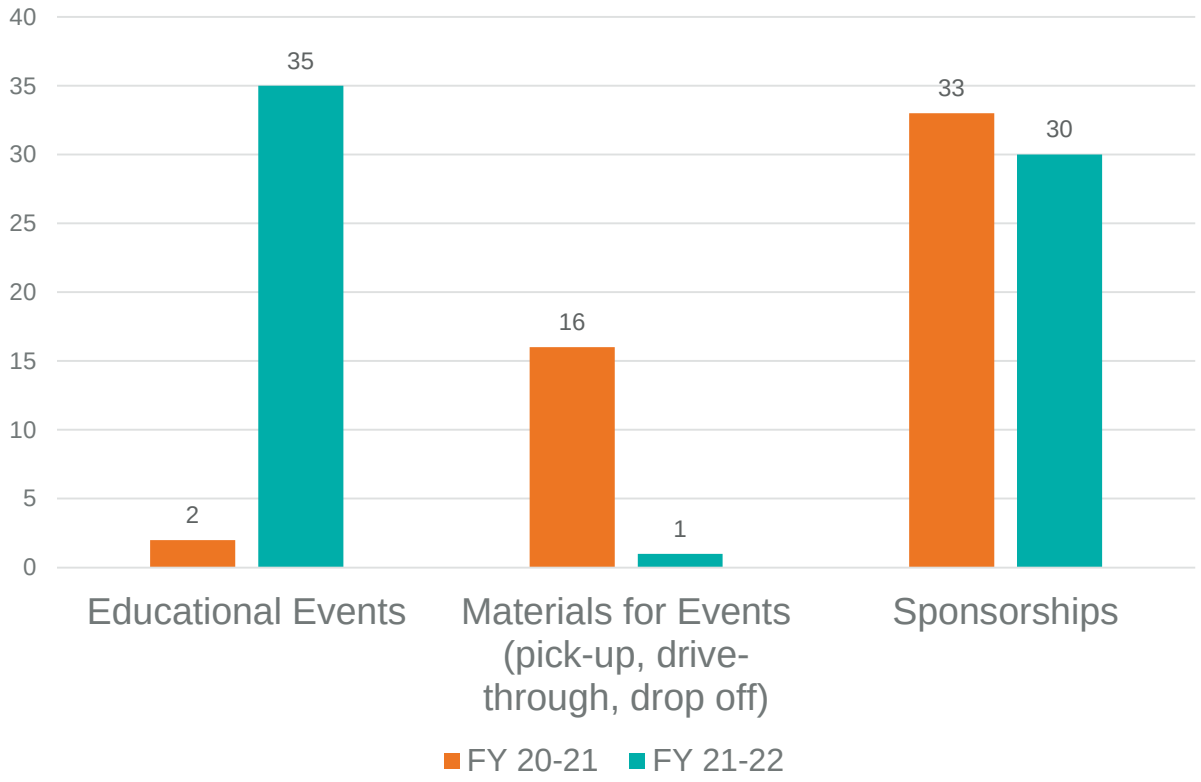
FY'21-'22 Community Outreach and Engagement

Santa Clara Family Health Plan (SCFHP) conducted community engagement and provided support to partners, members and nonmembers.

- Outreach Activities
  - Educational events
  - Materials
  - In-kind donations
  - Sponsorships
  - Meetings with community partners and agencies
- Collaborations
  - Workgroup/association leadership
  - Workgroup/association participation
- Presentations to community, system partners, and elected officials
- Advocacy
  - Letters of support, opposition and clarification
- Community Health Investments
- SCFHP Events and Programs
  - COVID-19 Vaccine Clinics
  - COVID -19 Testing Clinic
  - Health & Wellness workshops
  - Member Orientations
  - Community Health Events

Outreach Activities

With COVID-19 cases decreasing, SCFHP increased participation in outreach events.



SCFHP contributed supplies to various organizations, including:

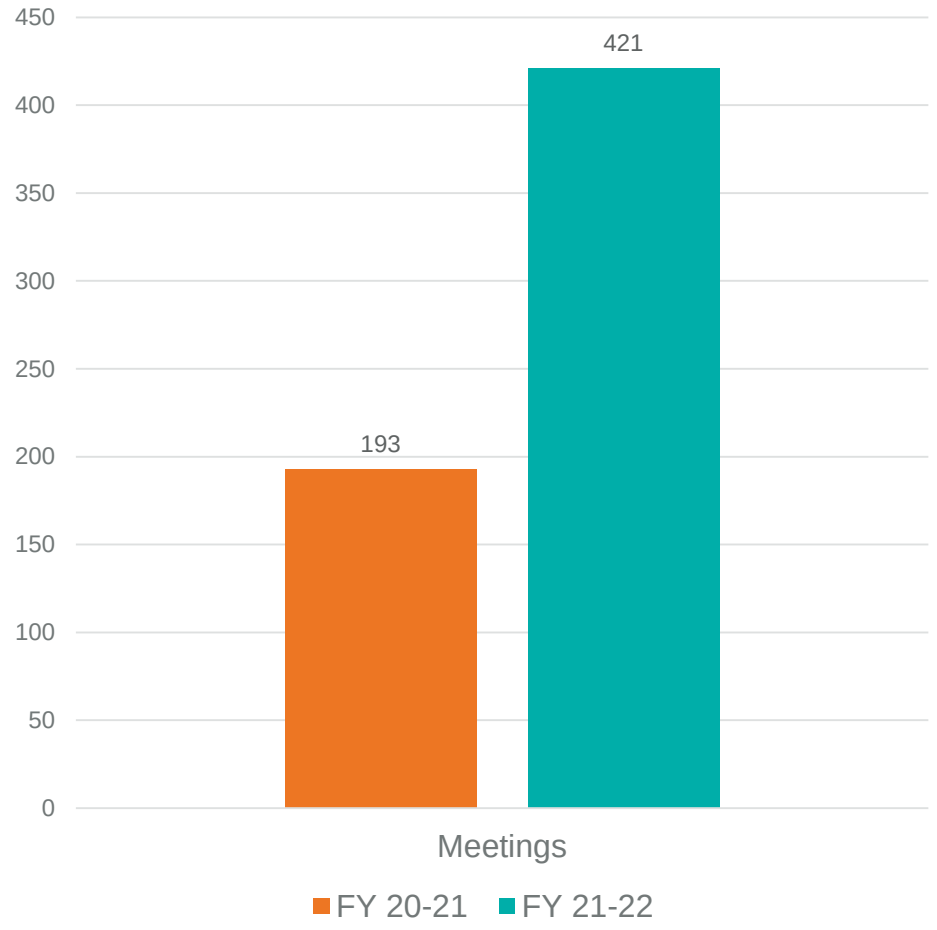
- 13,400 reusable bags
- 1,622 toothbrushes
- 4,000 flyers and brochures

Outreach Activities

Meetings

SCFHP facilitates and/or participates in a number of meetings with community and agency partners, including:

- Collaboration meetings
- Introduction meetings
- Planning meetings
- Strategy meetings
- Provider support meetings
- Networking at community events



Collaborations

SCFHP participates and leads 73 workgroups including:

- ACAP SDOG Learning Collaborative
- ACES Connection Network Steering Committee
- All-County Duals Communications Workgroup Collaborative
- Binational Health Week Planning Group
- Birth-Centered Outcome Research Engagement in Medi-Cal (B-CORE)
- Bridge to Recovery Safety Net Task Force
- CACHI Community-Clinical Linkages Affinity Group
- California Pharmacy Regulations Team
- Community Health Partnership Data Committee & Initial Health Assessment Workgroup
- Community Health Worker Certificate Program Advisory
- COVID-19 Vaccine Community Stakeholders Workgroup
- Cross Agency Service Team (CAST)
- IHSS Advisory Board
- LGBTQ Advisory Committee
- LTSS Integration Committee
- National Day of Racial Healing Planning Committee
- DHCS Duals Integration Plan Workgroup, ECM and CS Learning Collaborative, & Home and Community Based Initiatives
- East San Jose PEACE Partnership
- Mujeres Empresarias Tomando Accion
- Office of Supportive Housing Continuum of Care & Coordinated Assessment Workgroup
- Race and Health Disparities Community Board
- Santa Clara County Safety Net
- SCC Behavioral Health Services Integration Incentive Program
- & Student Behavioral Health Incentive Program
- SCC PHD SDOH Symposium Workgroup, Diabetes Prevention Initiative, Parental Mental Health Collaboration, Oral Health Work Group, & Tobacco Coalition, Healthy Brain Initiative
- Silicon Valley Leadership Group
- South County Collaborative
- School Linked Services Stakeholder Meeting
- Senior Nutrition Funding
- Service Providers Network (SNP)
- Universal Access Care Program (UAP)
- Vietnamese Caregiver Conference Planning Committee
- Welcoming Week Planning Committee

Presentations

SCFHP hosted 24 presentations including:

- 20th Annual Community Health Symposium at Stanford Health Care
- Community Resource Center framework presentations for several elected officials
- Enhanced Case Management and Community Supports overview to all Joint Operating Committees, all community clinics, and several community-based organizations
- SCFHP Overview for Emergency Assistance Network
- Town Hall on CalAIM, Enhanced Care Management and Community Supports

Advocacy and Investments

Advocacy Letters:

- Support for tobacco-free housing
- Mental health and substance use public health declaration
- Community-based alternatives to pre-trial incarceration
- Opposition of AB2724 – bill requiring direct Kaiser Medi-Cal contract
- School Health Clinics of Santa Clara County PRACTICE grant letter
- Breathe CA COPD and Children's Asthma grant applications
- Healthier Kids Foundation grant connecting pregnant patients to oral health and Community Project Fund
- North East Medical Services (NEMS) Service Area Competition Grant
- Human Good Morgan Hill Senior Housing MHP application

Investments:

- Alum Rock Counseling Center
- Bay Area Women's Sports Initiative (BAWSI)
- Behavioral Health Contractors' Association of Santa Clara County
- Catholic Charities
- Children's Discovery Museum of San Jose
- COVID-19 Black
- First 5 Santa Clara County
- Next Door Solutions
- Parents Helping Parents
- Santa Clara County Public Health Department
- Stroke Awareness Foundation

SCFHP Blanca Alvarado Community Resource Center

Doors opened to the public November 2021

Program, Services and Resources offerings include:

- **Application Assistance for Covered California, Medi-Cal, and CalFresh** – Certified enrollment counselors available to provide in person assistance
- **Resource Navigation** – Linking residents to food, housing and healthcare resources and services
- **COVID-19 Vaccination Assistance & Information** - *One-Stop-Shop* for resources including vaccination and testing
- **SCFHP Customer Service –** In-person help for SCFHP members, member orientation
- **Fitness Program** – Zumba
- **Health & Wellness Workshops** – Nutrition Education
- **Community & Cultural Celebrations** – Monthly Open Houses
- **Cal MediConnect Seminars** – Info session with Medicare Outreach Team
- **COVID-19 Vaccinations & Testing clinics** – In partnership with County of Santa Clara, Bay Area Community Health and Roots Community Health Center

SCFHP Blanca Alvarado Community Resource Center

FY 22 Highlights (as of May 30)

Total Number of Visitors	5,419
Offerings	**Number of People Served**
Application Assistance	1,185
Resource Navigation	791
Community Open House Events	3,266
Health Workshops & Zumba	536

Member Orientation Accomplishments

Goal: To educate members about SCFHP benefits, services, providers, and resources and improve member experience

- Updated new member kits to include member orientation information
- Created a training curriculum to certify seven SCFHP staff to conduct orientation sessions
- Conducted over 7,450 outreach calls inviting members to orientations
- Generated 3,381 visits on member orientation landing page www.scfhp.com/welcome
- Collected 114 surveys (Medi-Cal and Cal MediConnect) from attendees to determine most useful information and/or missing information for members
- Provided over $8,200 in member incentives
- Offered 157 virtual and in-person sessions in English, Spanish, Vietnamese, and Chinese

	Total Members Registered	Total Members Attended
Medi-Cal	664	369
Cal MediConnect	53	29

"Keep up the great work and outreach efforts. We as local citizens feel valued and informed about your community services and care."

Santa Clara Family Health Plan™

FY 2022-23 FOCUS
Drive Quality Improvement & Reduce Health Disparities

D R A F T

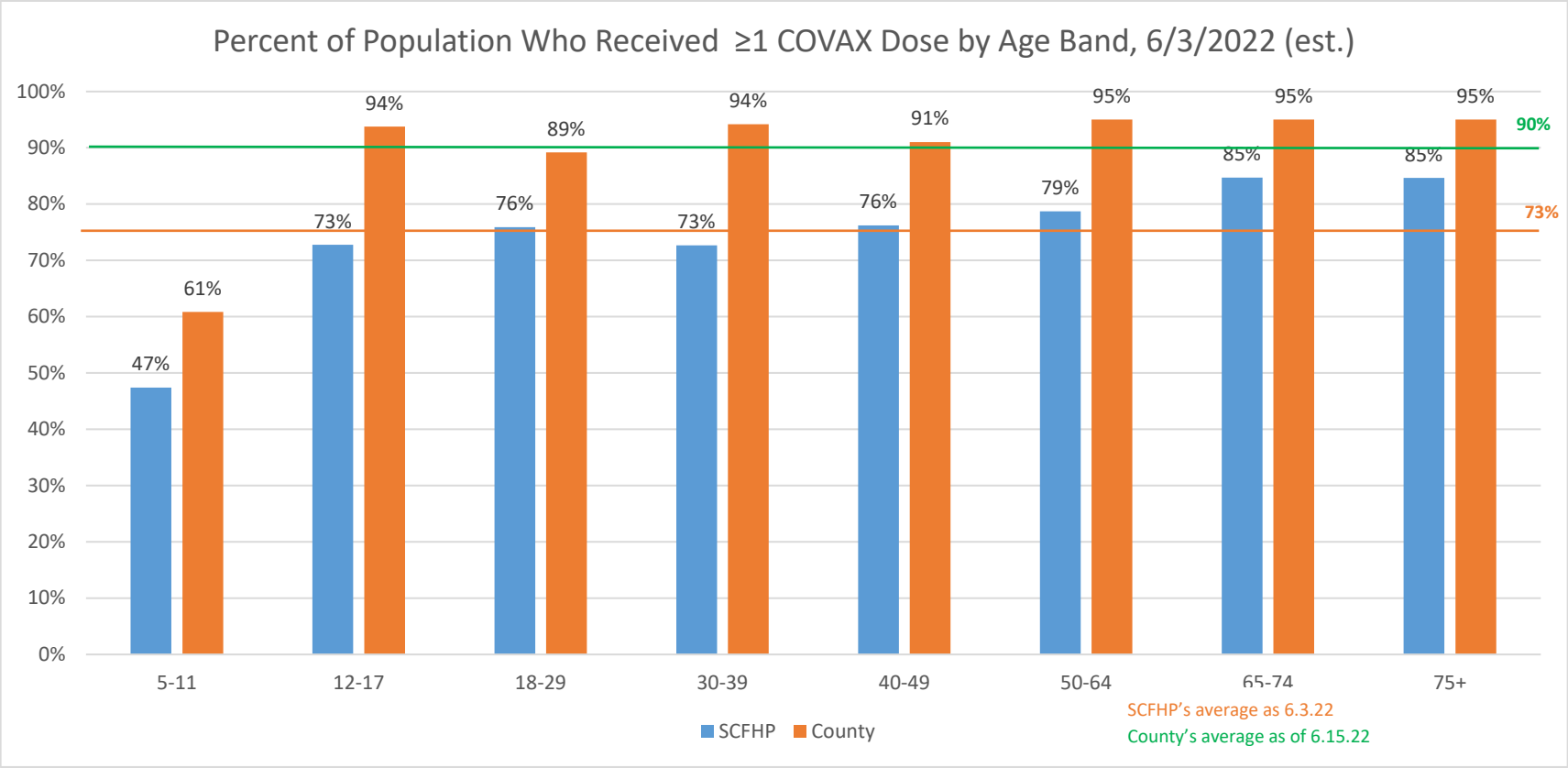
	Plan Objectives	Success Measures
1	**Lead improvement in the health of communities impacted by disparities**	• Address community health disparities in collaboration with community partners by facilitating the work of the Health Equity Agenda Steering Committee • Meet required milestones for the Housing & Homeless Incentive Program (HHIP) with community partners • Adopt an SDOH strategy by August, and implement the data collection plan to inform plan priorities by February • Fully operationalize the Blanca Alvarado Community Resource Center (CRC), welcoming ≥ 6,000 visitors • Develop a strategy to increase access to health and wellness programs, services, & resources in South County • Raise Plan visibility in community and with elected officials
2	**Pursue benchmark quality and health equity**	• Implement process to identify positive childhood screenings (lead/trauma/developmental) and track closures of care by 12/31/22 • Achieve HEDIS average performance score of 2.13 for Medi-Cal and 1.67 CMC • Implement social & peer support groups for diabetes control and women's screenings to address disparities for targeted ethnicities, Hispanics and Asians respectively • Implement NCQA Health Equity Accreditation road map and submit application for accreditation by 5/31/23 • Achieve Medi-Cal NCQA Interim Accreditation by 6/30/23 • Increase behavioral health prevention & treatment in schools by implementing Student Behavioral Health Incentive Program (SBHIP) interventions in six Local Education Agencies in accordance with approved project plan
3	**Implement CalAIM deliverables and new benefits**	• Implement 6 additional Community Supports, 4 additional ECM populations of focus, and Incentive Payment Plan as required by DHCS • Implement a Population Health Management (PHM) strategy that aligns with CalAIM and NCQA by 1/1/23 • Implement new Medi-Cal benefits: Community Health Workers by 7/1/22, Doula and Dyadic treatment by 1/1/23 • Launch Dual Eligible Special Needs Plan (D-SNP) effective 1/1/23

Critical Priority

	Plan Objectives	Success Measures
4	**Enhance compliance program and delegation oversight**	• ≥ 95% of metrics on Compliance Dashboard in compliance (non-delegated) • Measure delegates' compliance using Compliance Dashboard metrics • Improve oversight through increased monitoring and corrective action plan (CAP) activity
5	**Foster membership retention**	• Launch YMCA benefit for SCFHP staff by October and Medi-Cal by January • Launch interventions to improve provider satisfaction based on surveys • Improve 2023 CAHPS survey results related to Customer Service for D-SNP • Implement text messaging to help members retain coverage beyond the public health emergency • Increase annual volume of contact information updates submitted to Santa Clara County Social Services Agency from 2022 baseline
6	**Achieve budgeted financial performance**	• Achieve FY 2022-23 net surplus of $ 11.8 million (0.9% of revenue) • Maintain administrative expense ratio ≤ 7% of revenue
7	**Seek to be an Employer of Choice**	• Achieve recognition as a Great Place to Work certified employer by January • Achieve average of overall ratings on employee satisfaction survey that exceeds norm of CA plans surveyed • Upgrade SharePoint by September and develop intranet prototype by June to support organizational communications, and employee self-service and engagement

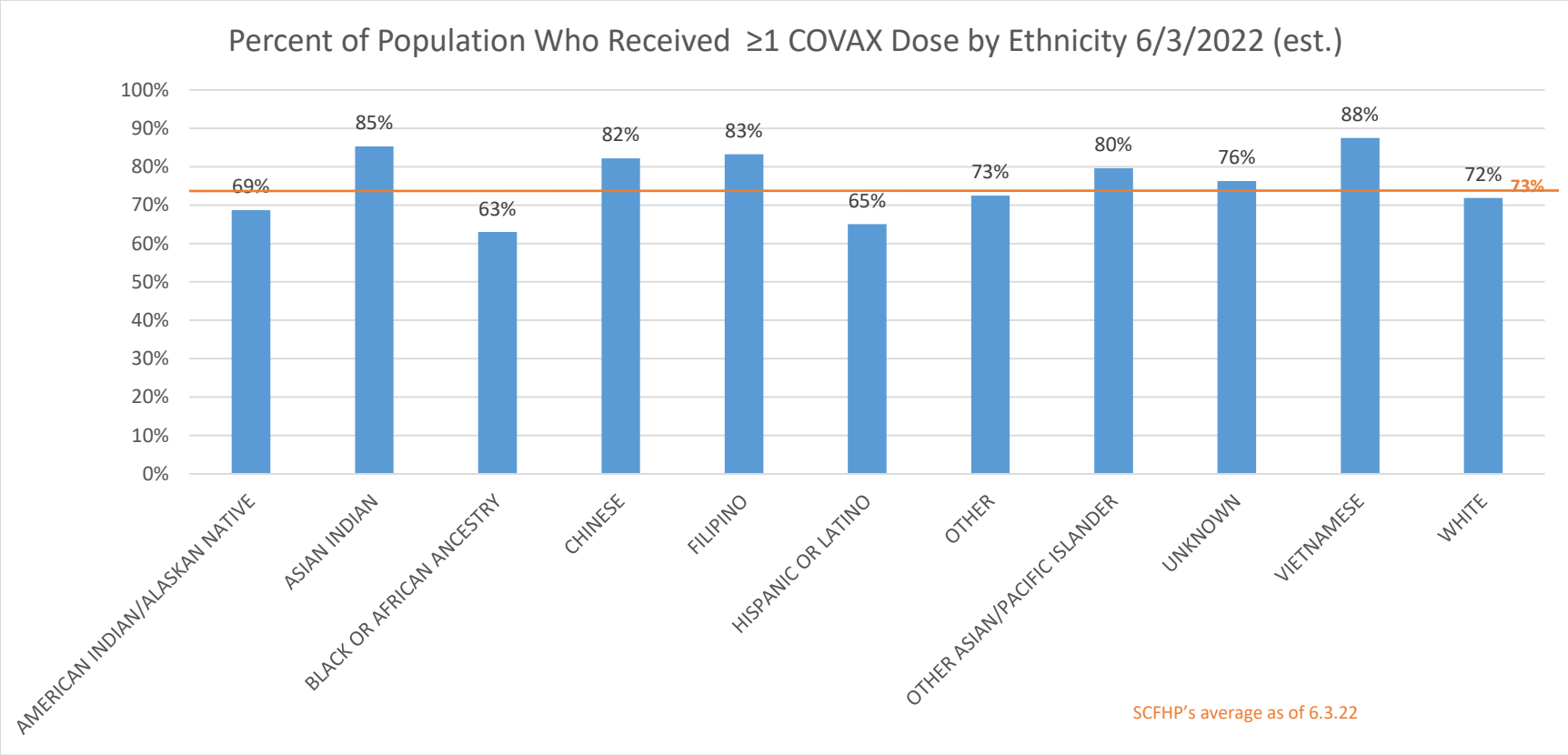
Critical Priority

Santa Clara Family Health Plan



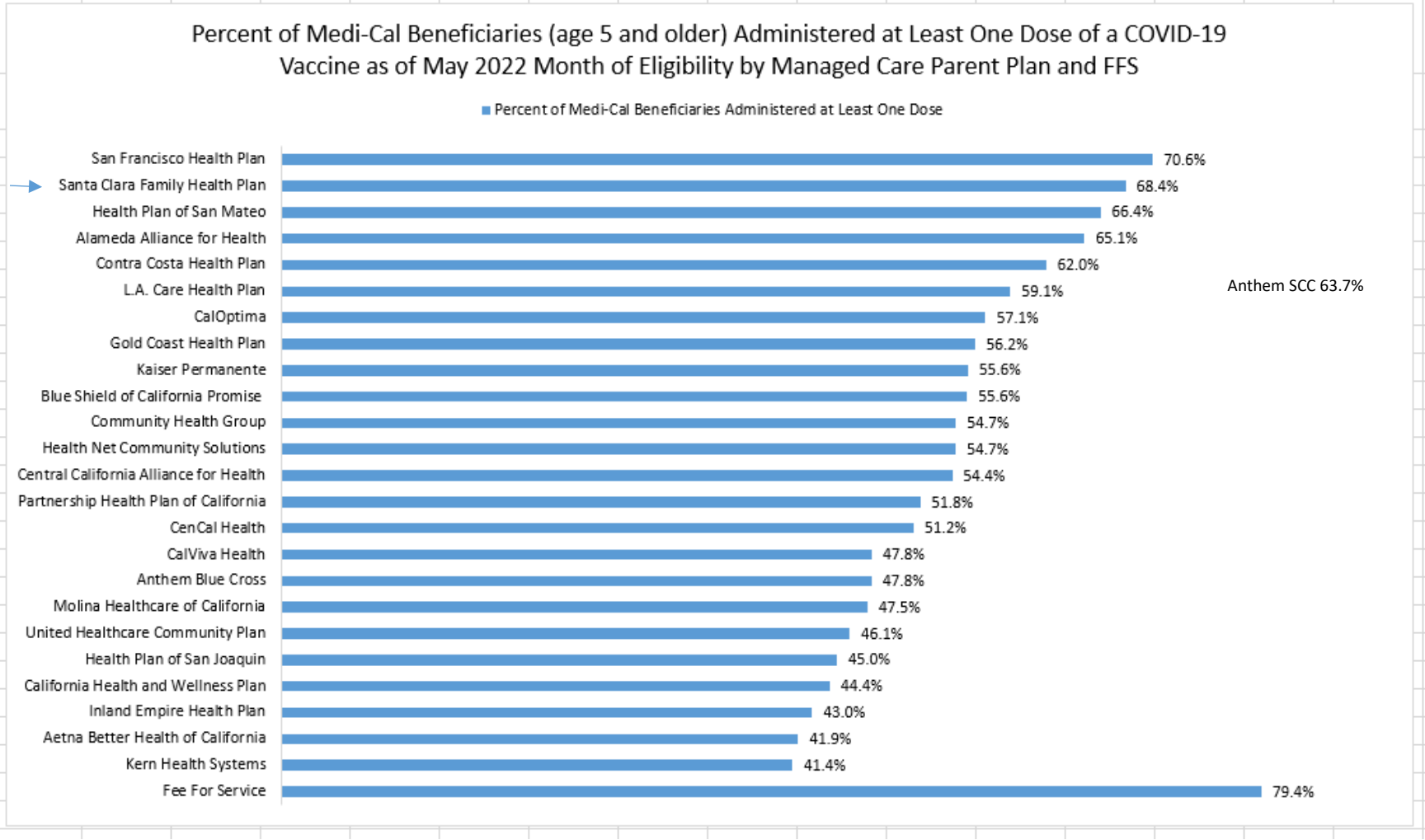
Age Band	5-11	12-17	18-29	30-39	40-49	50-64	65-74	75+	Total
Vaccinated	18,143	27,605	45,203	22,219	18,054	36,257	20,207	19,885	207,573
Unvaccinated	20,123	10,324	14,351	8,348	5,638	9,795	3,643	3,608	75,830
Boosted	452	10,262	24,390	12,697	11,074	24,936	15,390	15,732	114,933
Membership	38,266	37,929	59,554	30,567	23,692	46,052	23,850	23,493	283,403
% boosted	1%	27%	41%	42%	47%	54%	65%	67%	41%

Santa Clara Family Health Plan



	% of membership				% vaccinated			
Ethnicity/Age Band	5-11	12-17	18+	Overall % of SCFHP	5-11	12-17	18+	Overall
BLACK OR AFRICAN ANCESTRY	12%	13%	75%	3%	35%	60%	68%	63%
HISPANIC OR LATINO	22%	22%	56%	38%	44%	70%	71%	65%
Remaining Ethnicities	8%	8%	84%	59%	54%	80%	81%	79%

Santa Clara Family Health Plan



Santa Clara Family Health Plan™

SCFHP Blanca Alvarado Community Resource Center COVID-19 One-Stop-Shop

Year End Summary

COVID-19 Vaccination & Testing

SCFHP created a One-Stop-Shop at our Blanca Alvarado Community Resource Center to respond to and support the ongoing needs of members and community residents during the pandemic, including:

- **Information Sharing:** Vaccination, testing, sharing key messages to combat misinformation and promote health and safety
- **Resource Navigation**: Connecting residents to safety net services including food and housing assistance
- **COVID-19 Vaccination Clinics:** In partnership with Bay Area Community Health, County of Santa Clara Mobile Vaccine Unit, COVID-19 Black, Roots Community Health Center
- **$50 Incentive:** Available to anyone five years old or older receiving their first, second, or booster shot at the CRC
- **COVID-19 Testing Clinics**: Walk-in and Drive-through testing
  - 8 clinics held Jan 2022 – June 2022

Results for Fiscal Year 2022	
Vaccination Clinics Hosted	18
Shots Administered	>2,577
Incentives Provided	>2,200

SCFHP COVID-19 Response

Next Steps

- Continue hosting vaccination clinics at SCFHP Blanca Alvarado CRC
  - Next clinic is June 21
- Continue incentive for SCFHP Medi-Cal members at SCFHP Blanca Alvarado CRC
  - Initial doses (1 or 2)
  - 1st booster
- Focus grassroots efforts on remaining unvaccinated/unboosted
- Engage new partners to reach parents of children 0-5

Santa Clara Family Health Plan™

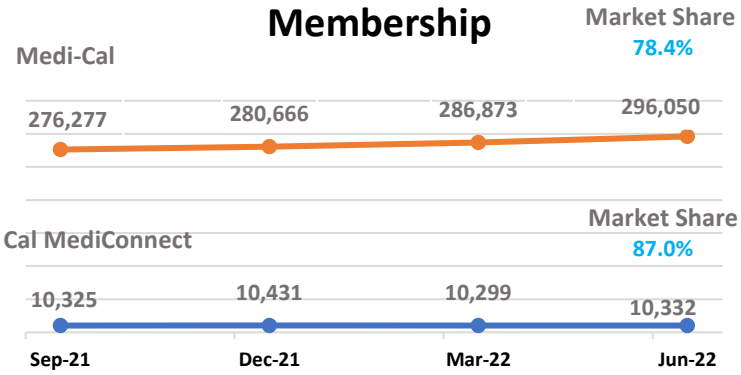
Now proudly serving over 300,000 members!

Board Dashboard

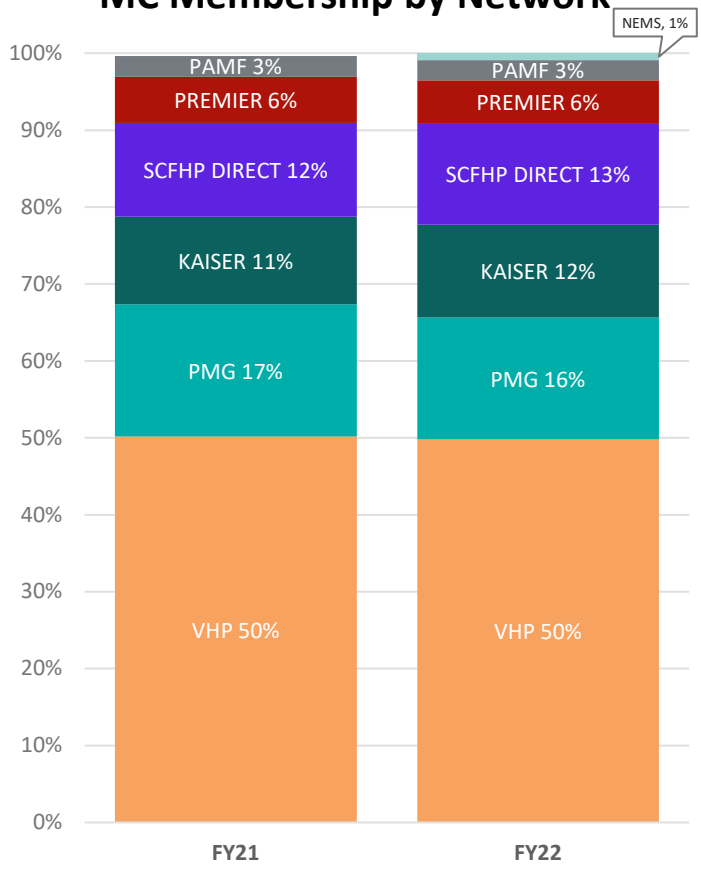
June 2022

Santa Clara Family Health Plan™

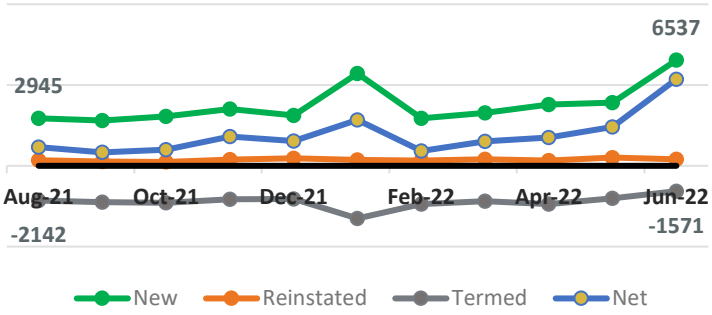
Membership



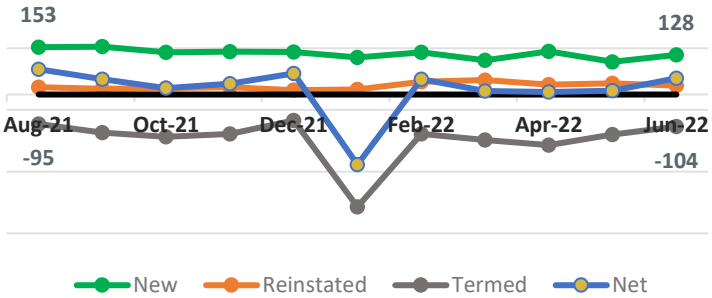
MC Membership by Network



Medi-Cal Membership Gain/Loss



Cal MediConnect Membership Gain/Loss



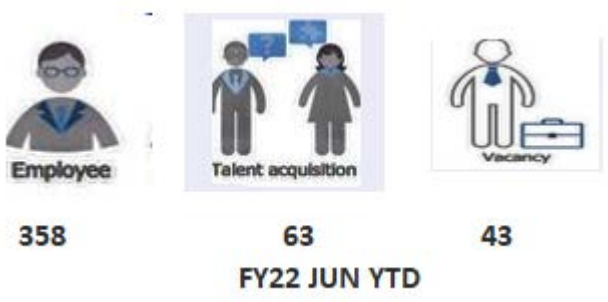
Financial Highlights

	Apr-22	YTD
Revenue	$120.8 M	$1335.8 M
Medical Expense (MLR)	87.7%	93.6%
Administrative Expense	5.8%	4.7%
Net Surplus (Loss)	$7.9 M	$24.3 M

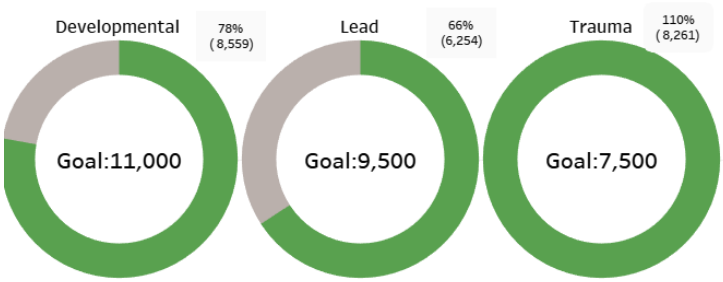
favorable variance

unfavorable variance

Human Resource Statistics



Health Screenings FY22 MAY YTD

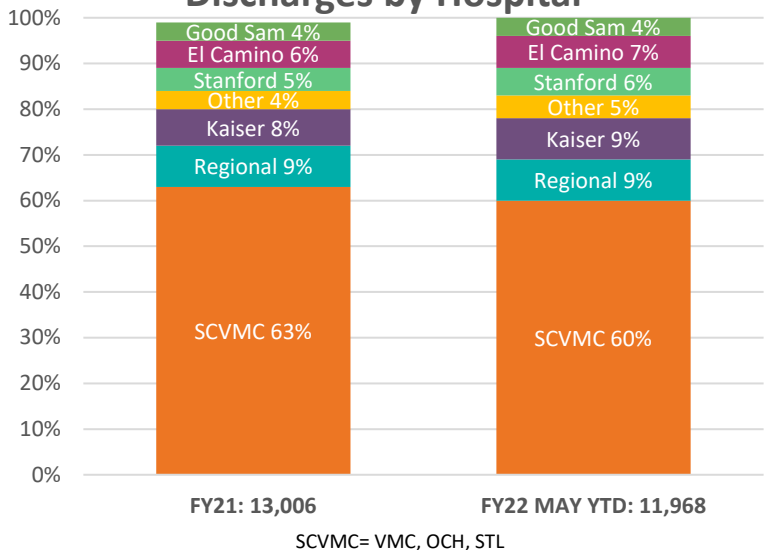


Board Dashboard

June 2022

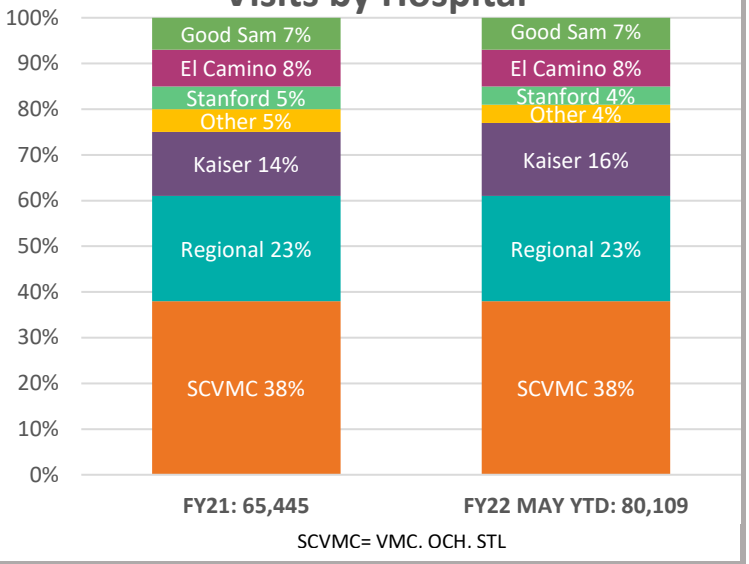
Santa Clara Family Health Plan™

Medi-Cal Inpatient Discharges by Hospital



SCVMC= VMC, OCH, STL

Medi-Cal Emergency Visits by Hospital



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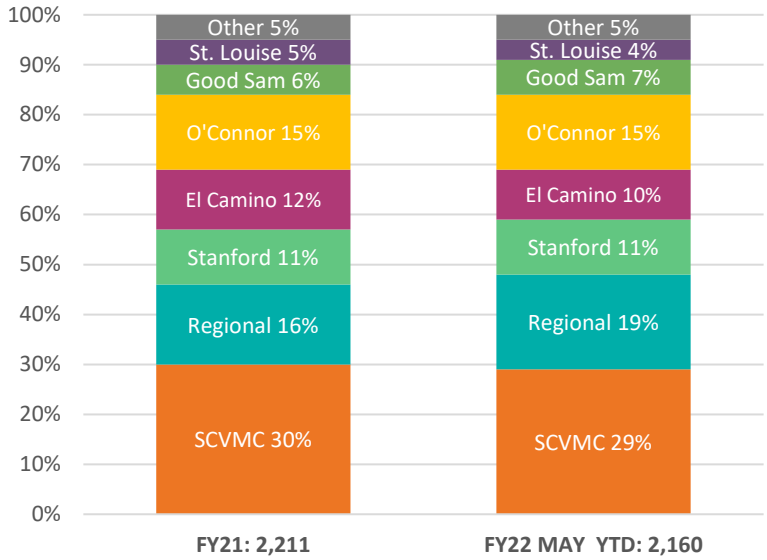
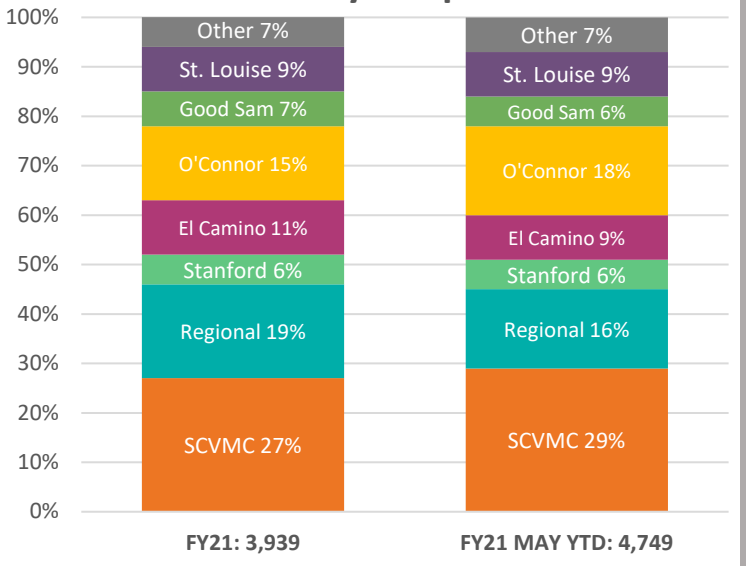
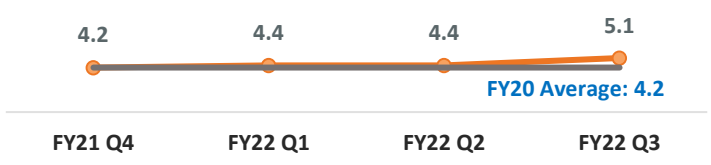
Cal MediConnect Inpatient Discharges by Hospital



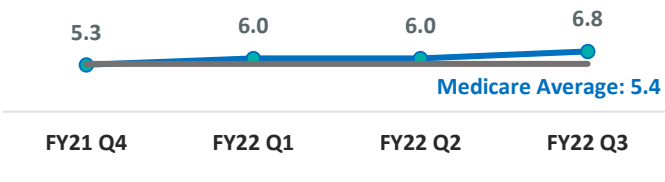
Cal MediConnect Emergency Visits by Hospital



Medi-Cal Inpatient Average Length of Stay (ALOS)



Cal MediConnect Inpatient Average Length of Stay (ALOS)

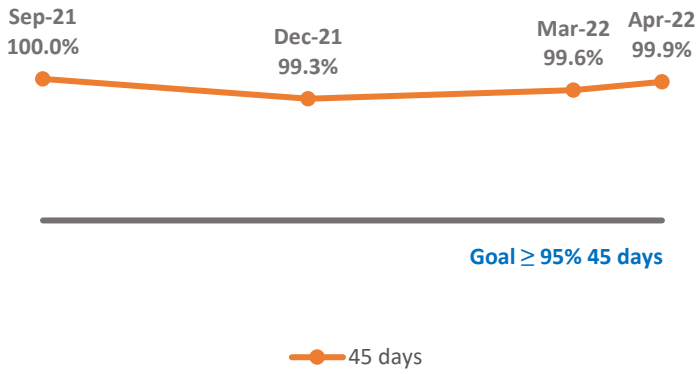


Board Dashboard

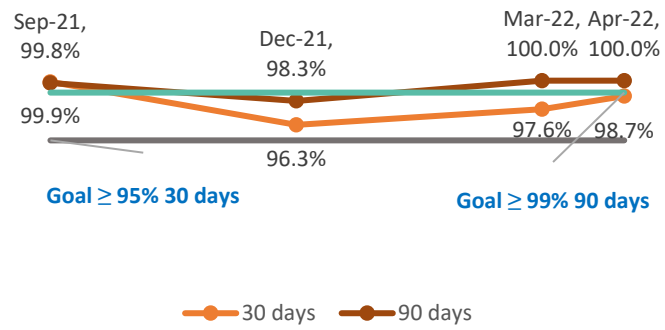
June 2022

Santa Clara Family Health Plan™

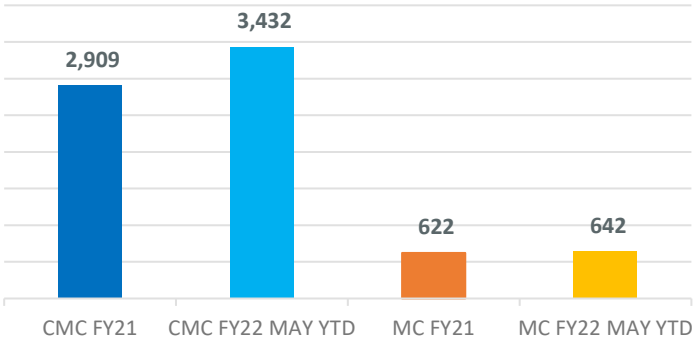
Medi-Cal Claims Processing



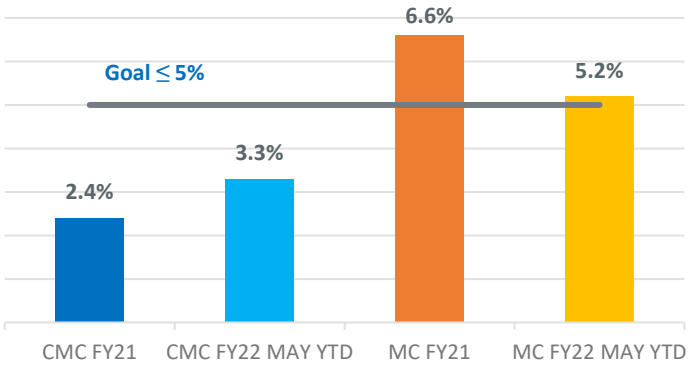
Cal MediConnect Claims Processing



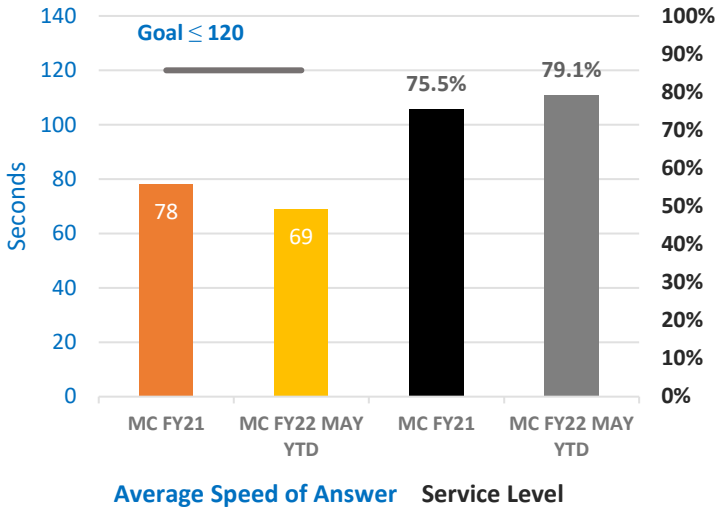
Member Calls Handled per 1,000 Members/Year



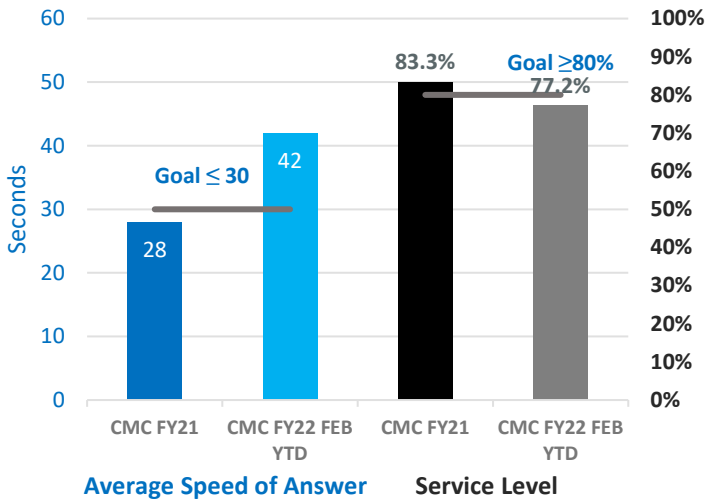
Abandoned Call Data



Medi-Cal Member Call Data



Cal MediConnect Member Call Data



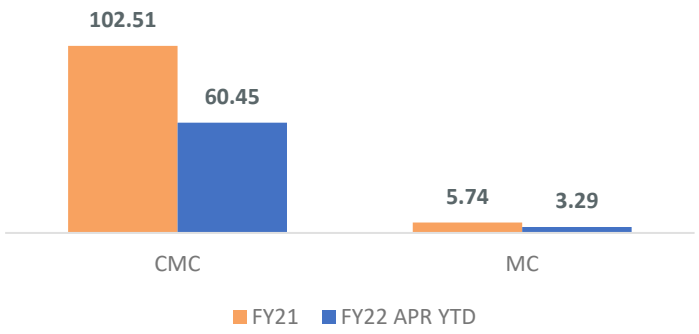
Board Dashboard

June 2022

Santa Clara Family Health Plan™

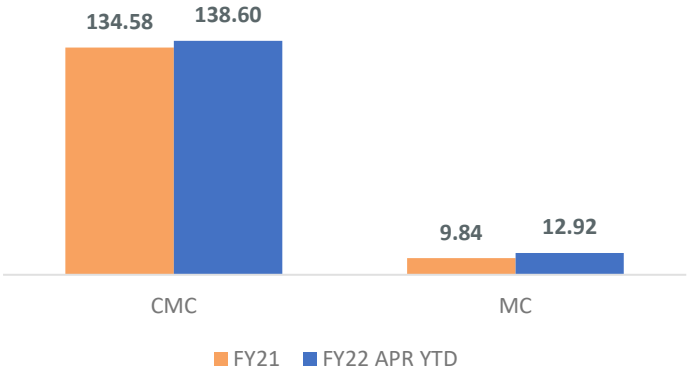
Appeals per 1,000 Members/Year

Appeal: request to change SCFHP coverage decision

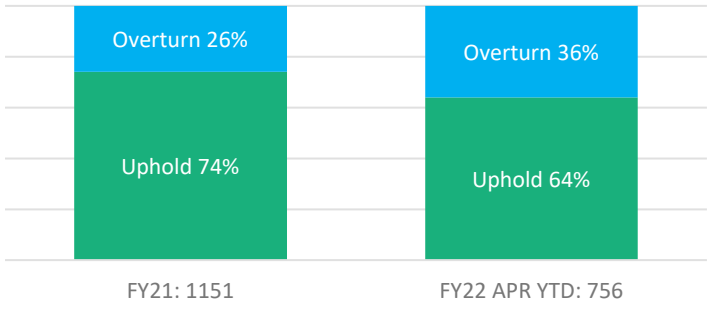


Grievances per 1,000 Members/Year

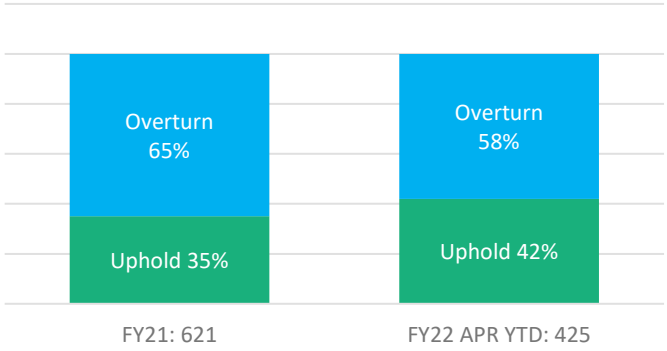
Grievance: member dissatisfaction with a service



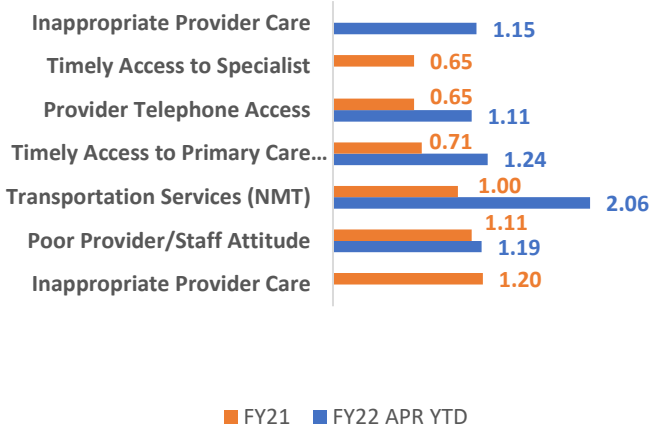
Medi-Cal Appeals by Outcome



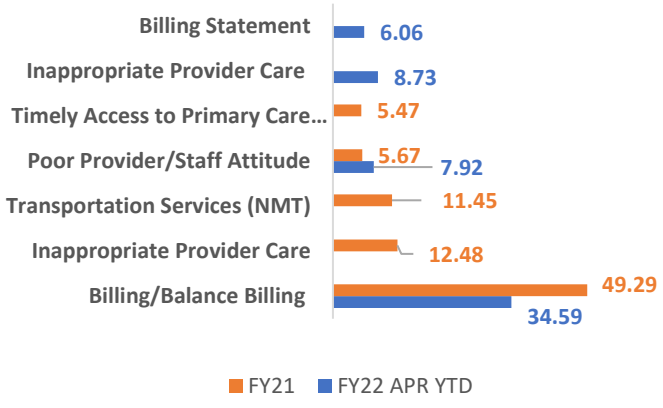
Cal MediConnect Appeals by Outcome



Medi-Cal Top Grievances per 1,000 Members/Year



Cal MediConnect Top Grievances per 1,000 Members/ Year



Compliance Activity Report

June 23, 2022

- **Medicare Data Validation Audit**
  The Plan is currently undergoing the annual Medicare data validation audit. SCFHP engaged Advent Advisory Group to complete a validation of various reports to CMS for calendar year 2021 operational activities. 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. Advent's team conducted a virtual interview in April to review our reporting process and is currently reviewing our source documentation. Advent will be submitting final results to CMS by the end of July.

- **Department of Managed Health Care (DMHC) Triennial Financial Audit**
  The Plan began a financial audit conducted by DMHC on June 13. This audit occurs every three years and examines the financial health and sustainability of the health plan, including cash, investments, liabilities, billing processes, claims data, and provider disputes. Finance has taken the lead in responding to document requests from DMHC.

- **DMHC Routine Audit**
  The Plan recently received notice of a routine DMHC survey to be held in October, covering the overall performance of the Plan. DMHC has requested certain documents be submitted in June. Compliance is leading the preparation and document response in advance of the audit.

- **2024 Department of Health Care Services (DHCS) Contract Operational Readiness**
  DHCS has recently initiated a process to ensure Medi-Cal managed care plans' operational readiness for the requirements of the 2024 contract. This is a comprehensive contract revision that will coincide with the implementation of the Medi-Cal managed care reprocurement. Between August 2022 and July 2023, plans will be required to submit documentation attesting to their readiness to implement all sections of the revised contract.

Santa Clara Family Health Plan™

Government Relations Update

June 23, 2022

Federal Issues

Congress

- COVID funding
- Mini BBB Act
- Senate mental health legislation
- Other health care legislation

State Issues

Budget

- Legislature's budget
- Trailer bills

Legislation

- AB 2724 – Kaiser direct Medi-Cal contract update
- AB 1944 – public meetings
- AB 2697 – community health workers