



# Santa Clara Family Health Plan™

Executive/Finance Committee Meeting

January 28, 2021



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

Thursday, January 28, 2021, 11:30 PM – 1:30 PM  
Santa Clara Family Health Plan  
6201 San Ignacio Ave, San Jose, CA 95119

**Via Teleconference**  
(669) 900-6833  
Meeting ID: 998 1988 5079  
Passcode: ExecFina21  
<https://zoom.us/j/99819885079>

## AGENDA

- |  |              |       |       |
|--|--------------|-------|-------|
| <b>1. Roll Call</b>  | Ms. Alvarado | 11:30 | 5 min |
| <b>2. Public Comment</b><br>Members of the public may speak to any item not on the agenda; two minutes per speaker. The Executive/Finance Committee reserves the right to limit the duration of the public comment period to 30 minutes.   | Ms. Alvarado | 11:35 | 5 min |
| <b><u>Announcement Prior to Recessing into Closed Session</u></b><br>Announcement that the Executive/Finance Committee will recess into closed session to discuss Item No. 3 below:  |              |       |       |
| <b>3. Adjourn to Closed Session</b>  |              | 11:40 |       |
| <b>a. <u>Pending Litigation</u></b> (Government Code Section 54956.9(d)(1)):<br>It is the intention of the Executive/Finance Committee to meet in Closed Session to confer with Legal Counsel regarding <u>Kindred Hospital - San Francisco Bay Area v. Santa Clara Family Health Plan</u> ; Superior Court of the State of California for the County of Alameda Case No.: RG20076644  |              |       |       |
| <b>4. Report from Closed Session</b>   | Ms. Alvarado | 11:50 | 5 min |
| <b>5. Approve Consent Calendar and Changes to the Agenda</b><br>Items removed from the Consent Calendar will be considered as regular agenda items.<br><b>Possible Action:</b> Approve Consent Calendar  | Ms. Alvarado | 11:55 | 5 min |
| <b>a.</b> Approve minutes of the November 19, 2020 <b>Executive/Finance Committee</b> Meeting<br><b>b.</b> Approve <b>Claims Policies:</b> <ul style="list-style-type: none"> <li>• CL.07 Emergency Room Services</li> <li>• CL.13 Processing of Family Planning Claims</li> <li>• CL.22 Processing of Abortion Claims</li> <li>• CL.27 Non-Medical Transportation Services</li> </ul> |              |       |       |

<p><b>6. CEO Update</b> Discuss status of current topics and initiatives.</p>	<p>Ms. Tomcala      12:00   10 min</p>
<p><b>7. Government Relations Update</b> Discuss local, state, and federal legislative and policy issues impacting the Plan and its members.</p>	<p>Mr. Haskell      12:10   10 min</p>
<p><b>8. November 2020 Financial Statements</b> Review November 2020 Financial Statements. <b>Possible Action:</b> Approve the November 2020 Financial Statements</p>	<p>Mr. Jarecki      12:20   10 min</p>
<p><b>9. Quality Update</b> Discuss follow-up on the following topics: a. CMC 2019 Population Health Management Impact Analysis b. CY'19 Medi-Cal HEDIS Network Comparison Rates</p>	<p>Dr. Nakahira      12:30   15 min</p>
<p><b>10. Strategic Planning Update</b> Review and discuss draft Vision, Mission and Values.</p>	<p>Pacific Health      12:45   45 min Consulting Group</p>
<p><b>11. Adjournment</b></p>	<p>1:30</p>

**Notice to the Public—Meeting Procedures**

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

Regular Meeting of the

## Santa Clara County Health Authority Executive/Finance Committee

Thursday, November 19, 2020, 11:30 PM – 1:30 PM

Santa Clara Family Health Plan - Teleconference

6201 San Ignacio Ave, San Jose, CA 95119

# Minutes

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### Members Present

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

### Staff Present

Christine Tomcala, Chief Executive Officer  
Neal Jarecki, Chief Financial Officer  
Laurie Nakahira, D.O., Chief Medical Officer  
Jonathan Tamayo, Chief Information Officer  
Chris Turner, Chief Operating Officer  
Ngoc Bui-Tong, VP, Strategies & Analytics  
Teresa Chapman, VP, Human Resources  
Barbara Granieri, Controller  
Lori Andersen, Director, Long Term Services &  
Supports  
Tyler Haskell, Director, Government Relations  
Johanna Liu, Director, Quality & Process  
Improvement  
Jayne Giangreco, Manager, Administrative  
Services  
Rita Zambrano, Executive Assistant

### 1. Roll Call

Dolores Alvarado, Chair, called the meeting to order at 11:33 am. Roll call was taken and a quorum was established.

### 2. Public Comment

There were no public comments.

### 3. Approve Consent Calendar and Changes to the Agenda

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

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

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

**Motion:** Ms. Murphy

**Second:** Ms. Kniss

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

#### 4. CEO Update

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

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

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

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

#### 5. Government Relations Update

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

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

#### 6. September 2020 Financial Statements

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

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

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

**Motion:** Mr. Cameron

**Second:** Ms. Kniss

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

## 7. Quality Update

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

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

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

## 8. Institute on Aging (IOA) Funding Request

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

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

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

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

**Motion:** Ms. Murphy

**Second:** Ms. Kniss

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

**9. Adjournment**

The meeting was adjourned at 1:28 pm.

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Susan G. Murphy, Secretary



# Santa Clara Family Health Plan™

CEO Update

January 28, 2021



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

Group	Focus Area	Activities and Metrics																																																																
Members	Statistics	Data as of 1/27 <ul style="list-style-type: none"> <li>4,499 members positive</li> <li>Cumulatively 1,679 members hospitalized</li> </ul> 173 deceased (90 SNF and 83 non-SNF), representing 13% of County-reported total (total membership equals about 12% of the County population)																																																																
	Skilled Nursing Facilities	<ul style="list-style-type: none"> <li>SCFHP has requested that hospitals divert non-LTC and non-COVID-positive members away from facilities with three or more COVID positives.</li> </ul> <table border="1"> <thead> <tr> <th>LTC</th> <th># Positive</th> <th>Expired</th> <th>Total Beds</th> <th>STAR Rating</th> </tr> </thead> <tbody> <tr> <td>A Grace Subacute &amp; Skilled</td> <td>0</td> <td>3</td> <td>166</td> <td>2</td> </tr> <tr> <td>Cupertino HCC</td> <td>1</td> <td>1</td> <td>170</td> <td>1</td> </tr> <tr> <td>Grant Cuesta</td> <td>0</td> <td>2</td> <td>102</td> <td>5</td> </tr> <tr> <td>Lincoln Glen</td> <td>7</td> <td>0</td> <td>59</td> <td>5</td> </tr> <tr> <td>Mission Skilled</td> <td>2</td> <td>3</td> <td>133</td> <td>5</td> </tr> <tr> <td>Mission De La Casa</td> <td>3</td> <td>0</td> <td>163</td> <td>4</td> </tr> <tr> <td>Mountain View</td> <td>0</td> <td>7</td> <td>138</td> <td>2</td> </tr> <tr> <td>Pacific Hills Manor</td> <td>19</td> <td>0</td> <td>99</td> <td>4</td> </tr> <tr> <td>Skyline</td> <td>0</td> <td>2</td> <td>253</td> <td>1</td> </tr> <tr> <td>Sunnyvale Post Acute</td> <td>7</td> <td>3</td> <td>99</td> <td>4</td> </tr> <tr> <td>The Redwoods</td> <td>1</td> <td>7</td> <td>152</td> <td>2</td> </tr> <tr> <td>The Villas</td> <td>6</td> <td>5</td> <td>85</td> <td>4</td> </tr> </tbody> </table> <p>           *SNF with 5 or greater active positive cases or previously presented            #Positive = Reported cases within 10 days with more than 10 SCFHP members and previous significant changes            Expired = Cumulative         </p>	LTC	# Positive	Expired	Total Beds	STAR Rating	A Grace Subacute & Skilled	0	3	166	2	Cupertino HCC	1	1	170	1	Grant Cuesta	0	2	102	5	Lincoln Glen	7	0	59	5	Mission Skilled	2	3	133	5	Mission De La Casa	3	0	163	4	Mountain View	0	7	138	2	Pacific Hills Manor	19	0	99	4	Skyline	0	2	253	1	Sunnyvale Post Acute	7	3	99	4	The Redwoods	1	7	152	2	The Villas	6	5	85
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# Santa Clara Family Health Plan™

## Government Relations Update

January 28, 2021

# State Budget

## Big Picture

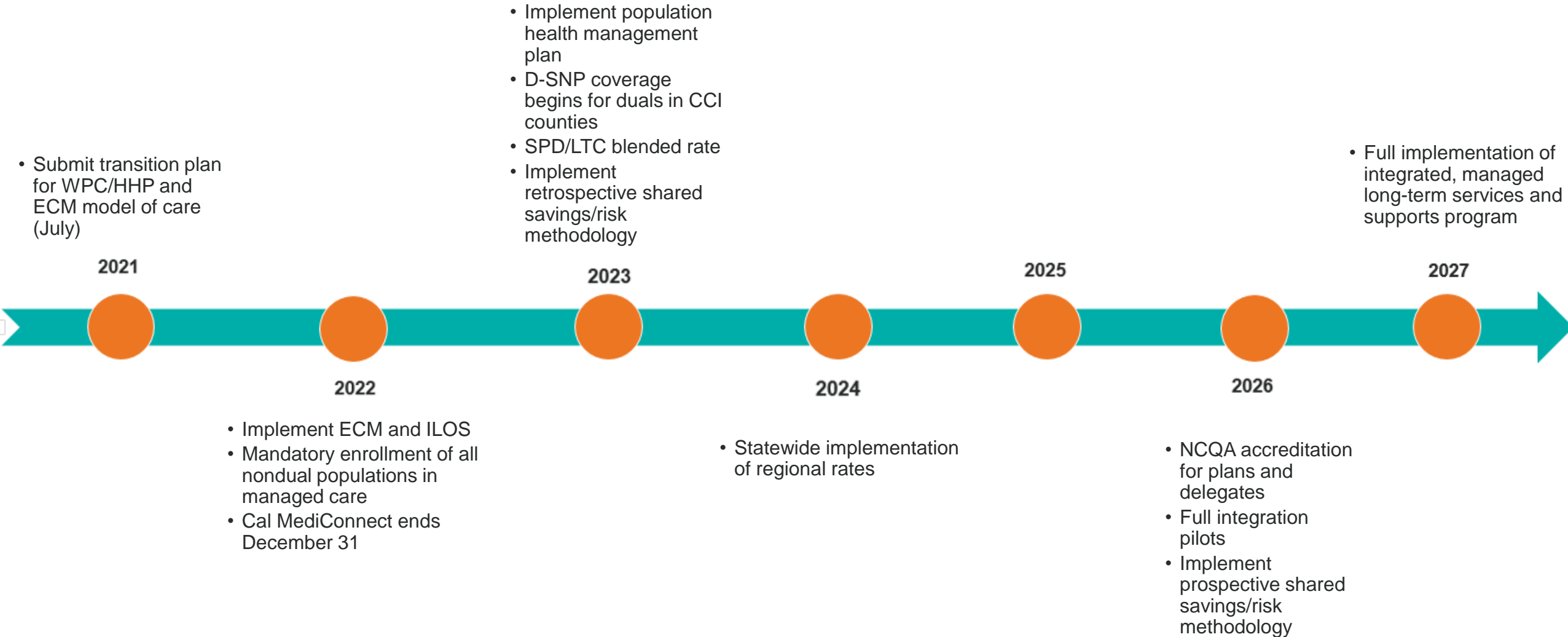
- Uses one-time surplus to replenish reserves and restore cuts
- No new cuts
- Structural deficits remain forecasted in out-years

# State Budget

## Medi-Cal

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

# Updated CalAIM Timeline





**Santa Clara Family  
Health Plan™**

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

# Agenda

<b>Table of Contents</b>	<b>Page</b>
<b>Financial Highlights</b>	<b>3 - 4</b>
<b>Detail Analyses:</b>	<b>5</b>
<b>Enrollment</b>	<b>6</b>
<b>Enrollment by Category of Aid</b>	<b>7-8</b>
<b>Revenue</b>	<b>9</b>
<b>Medical Expense</b>	<b>10</b>
<b>Administrative Expense</b>	<b>11</b>
<b>Balance Sheet</b>	<b>12</b>
<b>Tangible Net Equity</b>	<b>13</b>
<b>Reserves Analysis</b>	<b>14</b>
<b>Capital Expenditures</b>	<b>15</b>
<b>Financial Statements:</b>	<b>16</b>
<b>Income Statement</b>	<b>17</b>
<b>Balance Sheet</b>	<b>18</b>
<b>Cash Flow Statement</b>	<b>19</b>
<b>Statement of Operations by Line of Business</b>	<b>20</b>
<b>Appendices:</b>	<b>21</b>
<b>Enrollment by Category of Aid with October</b>	<b>22</b>

# Financial Highlights



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



# Financial Highlights



<b>Net Surplus (Net Loss)</b>	<ul style="list-style-type: none"> <li>▶ Month: Surplus of \$134.5K is \$285.6K or 189.0% favorable to budget of (\$151.1K).</li> <li>▶ YTD: Surplus of \$5.5M is \$3.9M or 231.3% favorable to budget of \$1.7M.</li> </ul>
<b>Enrollment</b>	<ul style="list-style-type: none"> <li>▶ Month: Membership was 268,881 (2,534 or 0.9% lower than budget of 271,415).</li> <li>▶ YTD: Member Months YTD was 1,314,927 (24,940 or 1.9% lower than budget of 1,339,867).</li> </ul>
<b>Revenue</b>	<ul style="list-style-type: none"> <li>▶ Month: \$103.9M (\$2.9M or 2.9% favorable to budget of \$101.0M).</li> <li>▶ YTD: \$515.2M (\$15.4M or 3.1% favorable to budget of \$499.8M).</li> </ul>
<b>Medical Expenses</b>	<ul style="list-style-type: none"> <li>▶ Month: \$97.9M (\$2.0M or 2.1% unfavorable to budget of \$95.8M).</li> <li>▶ YTD: \$481.7M (\$10.2M or 2.2% unfavorable to budget of \$471.6M).</li> </ul>
<b>Administrative Expenses</b>	<ul style="list-style-type: none"> <li>▶ Month: \$5.7M (\$161K or 2.9% unfavorable to budget of \$5.5M).</li> <li>▶ YTD: \$27.6M (\$169K or 0.6% favorable to budget of \$27.7M).</li> </ul>
<b>Tangible Net Equity</b>	<ul style="list-style-type: none"> <li>▶ TNE was \$214.2M (represents approximately two months of total expenses).</li> </ul>
<b>Capital Expenditures</b>	<ul style="list-style-type: none"> <li>▶ YTD Capital Investments of \$2.9M vs. \$6.9M annual budget, primarily Community Resource Center.</li> </ul>



**Santa Clara Family  
Health Plan™**

Detail Analyses

# Enrollment



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

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

## Santa Clara Family Health Plan Enrollment By Network November 2020

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

<sup>1</sup> SCVHHS = Santa Clara Valley Health & Hospital System

<sup>2</sup> FQHC = Federally Qualified Health Center

# Enrollment By Aid Category

SCFHP TRENDED ENROLLMENT BY COA YTD NOVEMBER-2020

		2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	FYTD var	%	
<b>NON DUAL</b>	Adult (over 19)	24,207	23,999	23,620	23,604	23,873	24,051	25,253	26,299	27,066	27,877	28,269	29,181	29,835	3,536	13.4%	
	Child (under 19)	93,829	93,477	92,339	92,248	92,843	93,374	95,145	96,173	96,605	97,359	97,629	98,409	98,930	2,757	2.9%	
	Aged - Medi-Cal Only	10,897	10,903	10,904	10,831	10,753	10,801	11,044	11,207	11,227	11,178	11,229	11,263	11,328	121	1.1%	
	Disabled - Medi-Cal Only	10,865	10,839	10,845	10,854	10,882	10,851	10,902	10,922	10,944	10,910	10,839	10,875	10,830	(92)	(0.8%)	
	Adult Expansion	69,889	69,069	68,130	68,372	69,272	70,458	72,546	74,553	76,262	77,701	79,263	80,654	82,060	7,507	10.1%	
	BCCTP	12	11	11	11	11	11	11	11	11	11	11	11	11	11	0	0.0%
	Long Term Care	371	373	379	373	367	380	398	405	402	406	407	409	389	(16)	(4.0%)	
	<b>Total Non-Duals</b>	<b>210,070</b>	<b>208,671</b>	<b>206,228</b>	<b>206,293</b>	<b>208,001</b>	<b>209,926</b>	<b>215,299</b>	<b>219,570</b>	<b>222,517</b>	<b>225,442</b>	<b>227,647</b>	<b>230,802</b>	<b>233,383</b>	<b>13,813</b>	<b>6.3%</b>	

<b>DUAL</b>	Adult (21 Over)	350	341	330	328	320	311	320	321	327	320	337	354	353	32	10.0%
	SPD (21 Over)	23,577	23,498	23,472	23,540	23,541	23,443	23,595	23,508	23,641	23,686	23,654	23,687	23,760	252	1.1%
	Adult Expansion	82	177	139	130	136	134	190	241	261	289	358	410	498	257	106.6%
	Long Term Care	1,271	1,308	1,266	1,257	1,231	1,235	1,252	1,248	1,261	1,267	1,256	1,237	1,208	(40)	(3.2%)
	<b>Total Duals</b>	<b>25,280</b>	<b>25,324</b>	<b>25,207</b>	<b>25,255</b>	<b>25,228</b>	<b>25,123</b>	<b>25,357</b>	<b>25,318</b>	<b>25,490</b>	<b>25,562</b>	<b>25,605</b>	<b>25,688</b>	<b>25,819</b>	<b>501</b>	<b>2.0%</b>

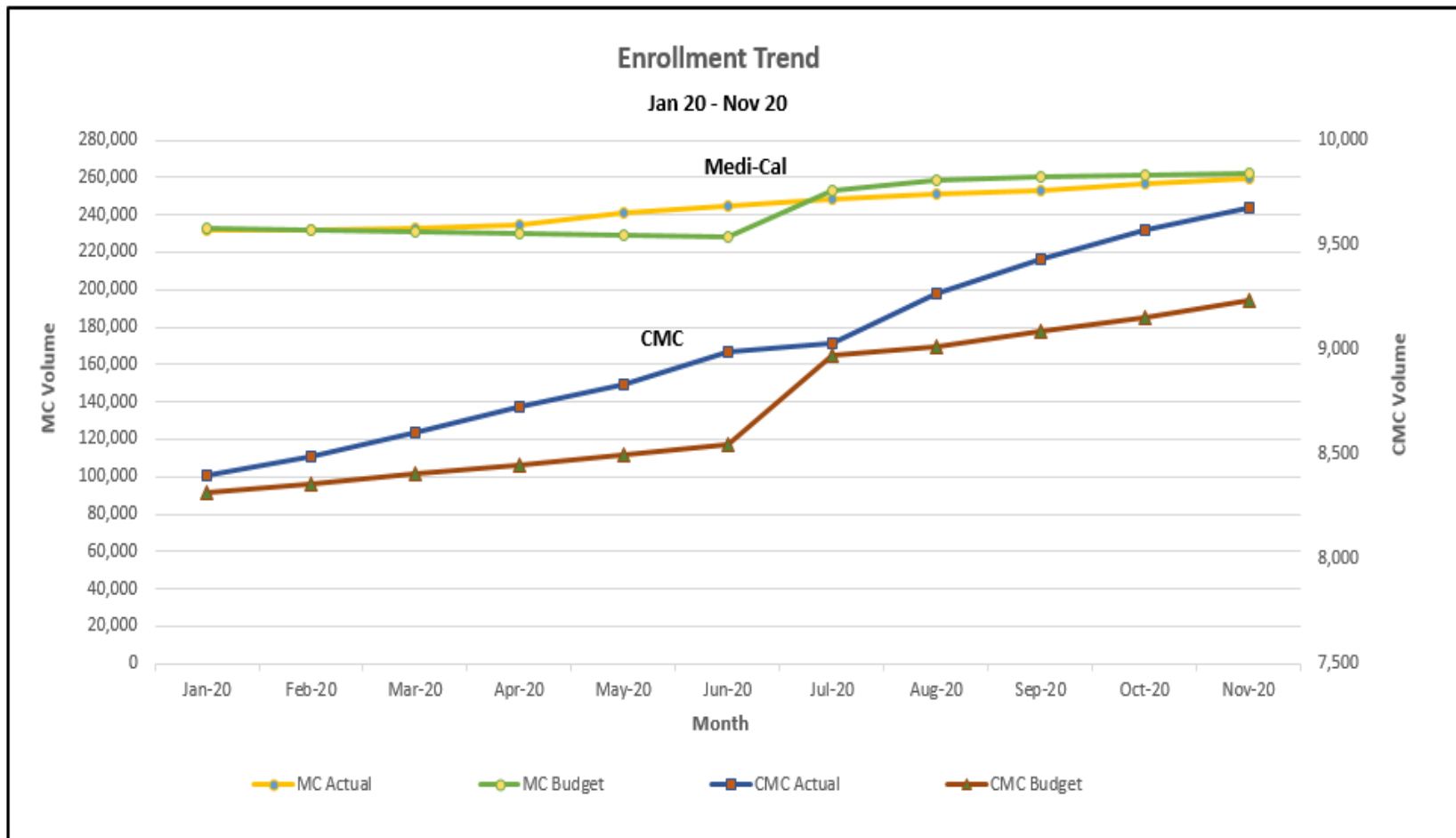
<b>Total Medi-Cal</b>	<b>235,350</b>	<b>233,995</b>	<b>231,435</b>	<b>231,548</b>	<b>233,229</b>	<b>235,049</b>	<b>240,656</b>	<b>244,888</b>	<b>248,007</b>	<b>251,004</b>	<b>253,252</b>	<b>256,490</b>	<b>259,202</b>	<b>14,314</b>	<b>5.8%</b>
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<b>Healthy Kids</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0%</b>
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<b>CMC</b>	CMC Non-Long Term Care	8,069	8,206	8,177	8,261	8,388	8,511	8,625	8,775	8,814	9,055	9,212	9,360	9,470	695	7.9%
	CMC - Long Term Care	220	222	224	225	213	214	212	212	215	211	216	210	209	(3)	(1.4%)
	<b>Total CMC</b>	<b>8,289</b>	<b>8,428</b>	<b>8,401</b>	<b>8,486</b>	<b>8,601</b>	<b>8,725</b>	<b>8,837</b>	<b>8,987</b>	<b>9,029</b>	<b>9,266</b>	<b>9,428</b>	<b>9,570</b>	<b>9,679</b>	<b>692</b>	<b>7.7%</b>

<b>Total Enrollment</b>	<b>243,641</b>	<b>242,425</b>	<b>239,836</b>	<b>240,034</b>	<b>241,830</b>	<b>243,774</b>	<b>249,493</b>	<b>253,875</b>	<b>257,036</b>	<b>260,270</b>	<b>262,680</b>	<b>266,060</b>	<b>268,881</b>	<b>15,006</b>	<b>5.9%</b>
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# Enrollment Trend

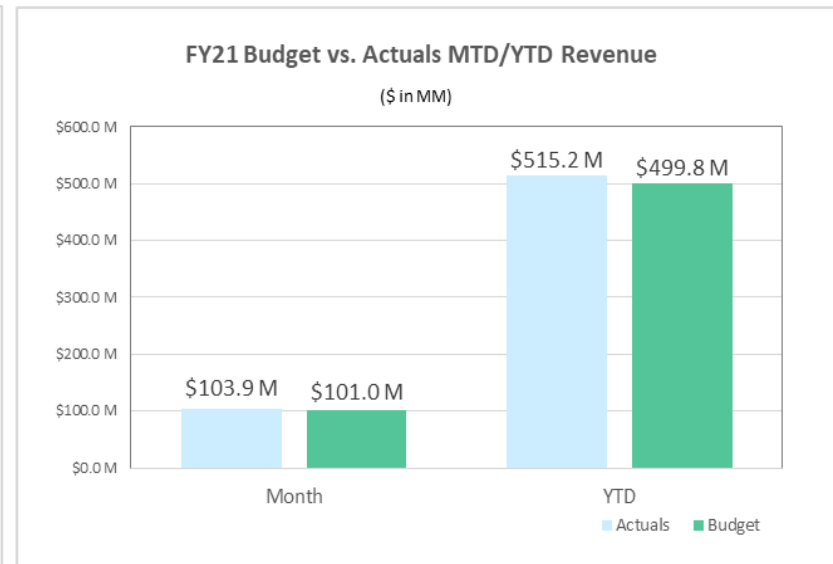
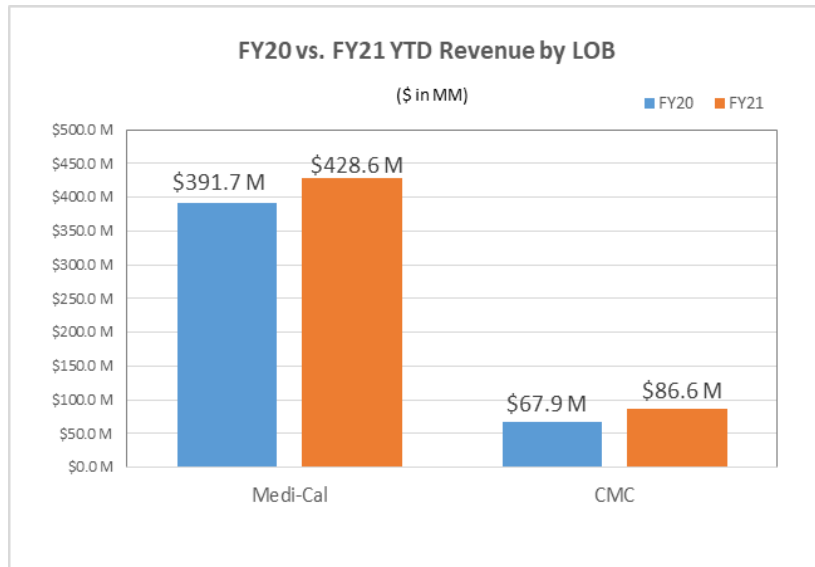


- Budgeted enrollment, represented by the green & red lines, anticipated steep COVID enrollment growth early in the fiscal year followed by a general flattening.
- Actual enrollment, represented by the gold & blue lines, has grown steadily.

# Revenue

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

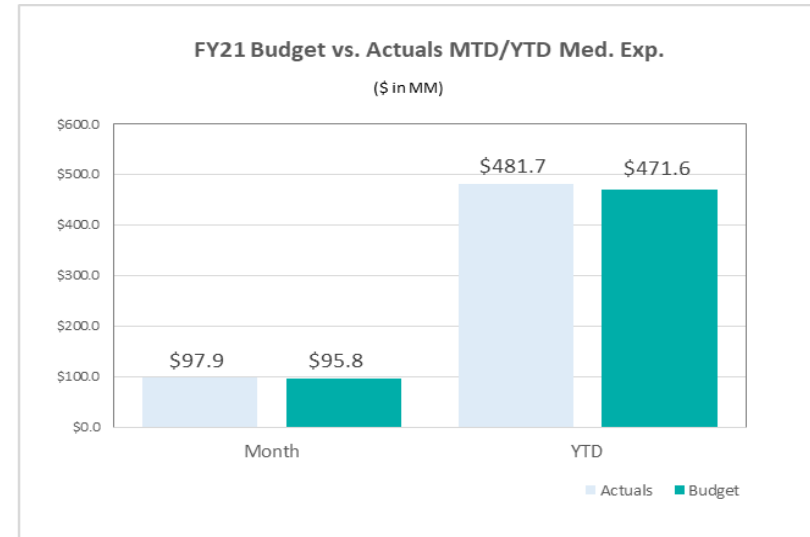
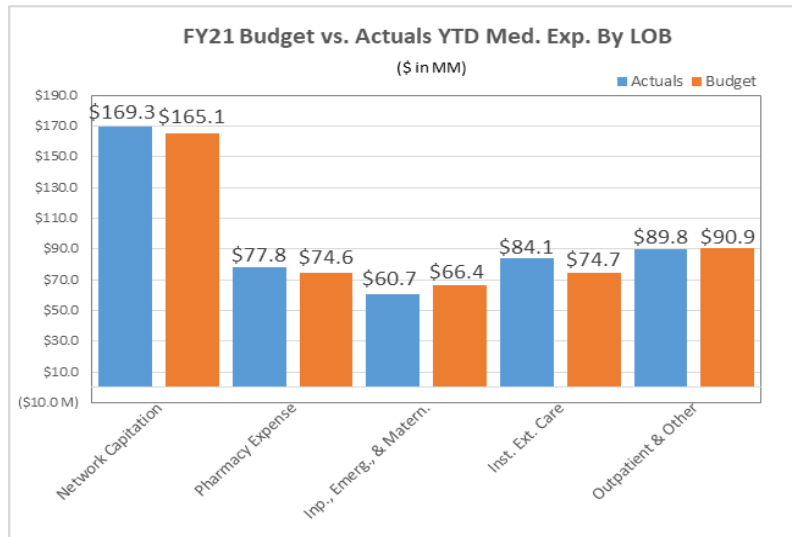
- Supplemental Kick revenue is \$985K favorable to budget due primarily to increased utilization of BHT & Maternity.
- Medi-Cal Dual revenue is \$843K favorable to budget due to a higher CY20 Medi-Cal MLTSS rate and higher enrollment than budgeted.
- MC Non-Dual revenue is \$817K favorable to budget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



# Medical Expense

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

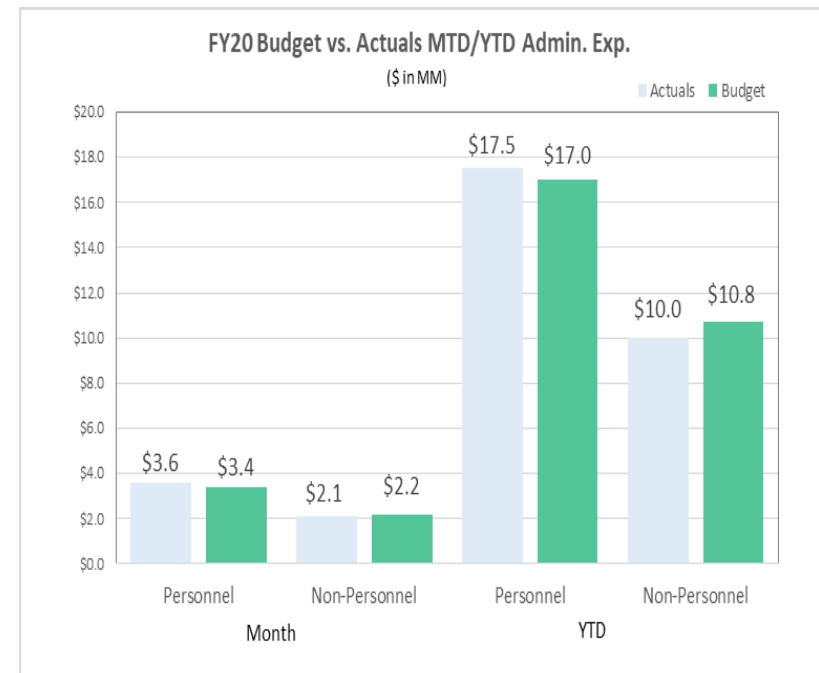
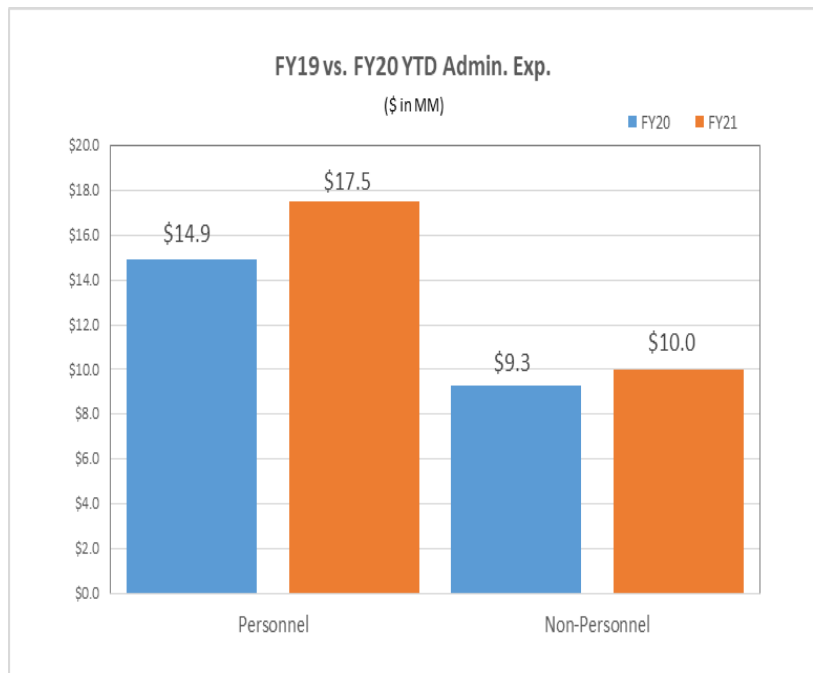
- Capitation expense is an \$618K unfavorable variance due to capitation rates paid (offsetting favorable revenue variance).
- Fee-For-Service expense is a \$1.2M favorable variance due to lower utilization in Inpatient and Outpatient services, netted with a mandated LTC rate increase for COVID.
- Supplemental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



# Administrative Expense

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

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





# Balance Sheet



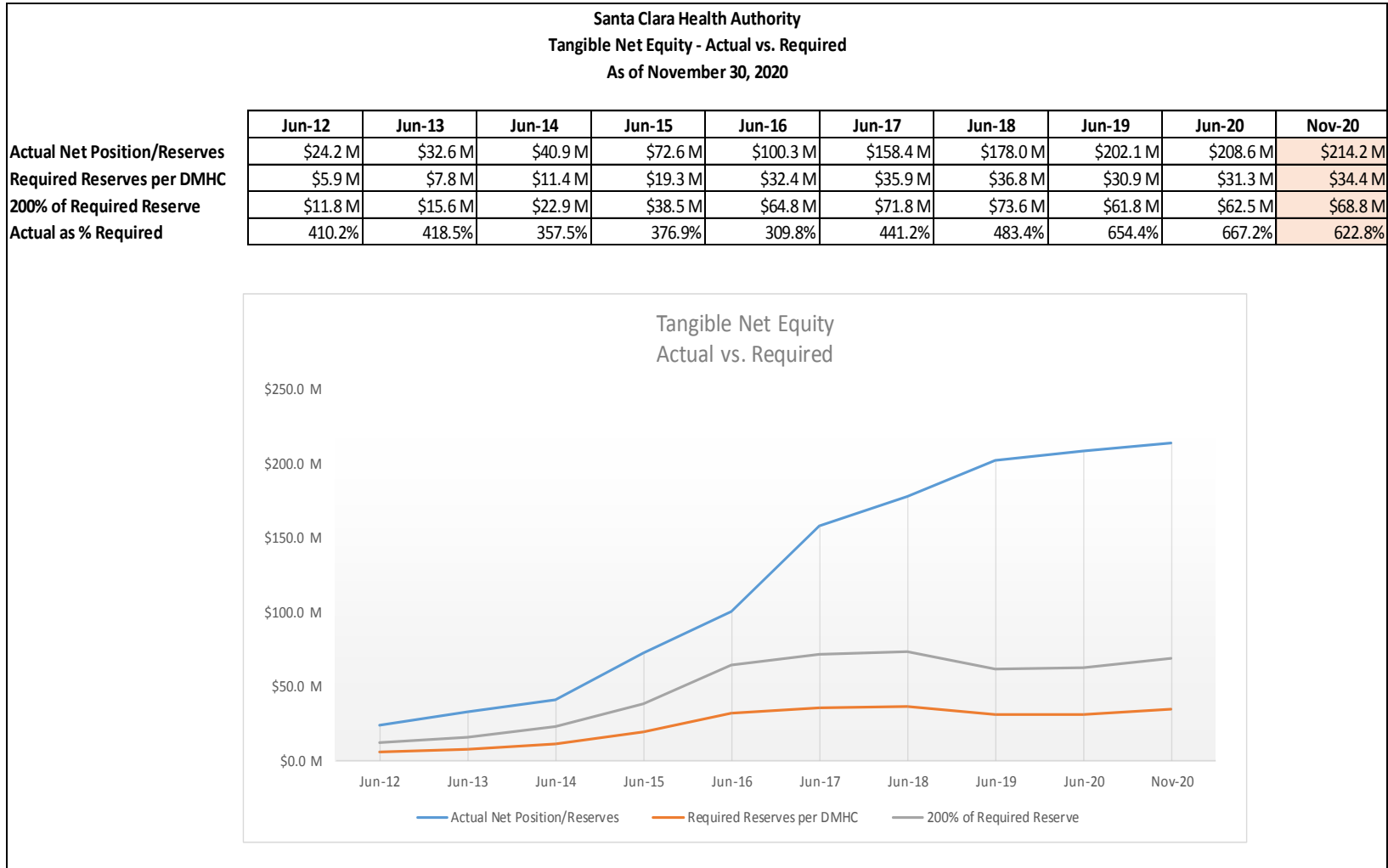
- Current assets totaled \$856.4M compared to current liabilities of \$675.7M, yielding a current ratio (Current Assets/Current Liabilities) of 1.27:1 vs. the DMHC minimum requirement of 1.0:1.
- Cash balance decreased by \$6.0M compared to the cash balance as of year-end June 30, 2020 due to the timing of inflows and outflows.
- Current Cash & Equivalents components and yields were as follows:

Description	Cash & Investments	Current Yield %	Interest Income	
			Month	YTD
<b>Short-Term Investments</b>				
County of Santa Clara Comingled Pool	\$156,463,444	1.29%	\$100,000	\$500,000
Wells Fargo Investments	\$140,493,643	0.15%	\$20,319	\$171,240
	<u>\$296,957,087</u>		<u>\$120,319</u>	<u>\$671,240</u>
<b>Cash &amp; Equivalents</b>				
Bank of the West Money Market	\$145,590	0.13%	\$365	\$8,483
Wells Fargo Bank Accounts	\$30,565,726	0.01%	\$317	\$3,334
	<u>\$30,711,316</u>		<u>\$682</u>	<u>\$11,817</u>
<b>Assets Pledged to DMHC</b>				
Restricted Cash	\$305,350	0.42%	\$107	\$107
<b>Petty Cash</b>				
	\$500	0.00%	\$0	\$0
<b>Month-End Balance</b>	<u><b>\$327,974,253</b></u>		<u><b>\$121,107</b></u>	<u><b>\$683,165</b></u>

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

# Tangible Net Equity

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



# Reserves Analysis

<b>SCFHP RESERVES ANALYSIS NOVEMBER 2020</b>			
<b>Financial Reserve Target #1: Tangible Net Equity</b>			
	<b>Approved</b>	<b>Expended</b>	<b>Balance</b>
<b>Unrestricted Net Assets</b>			<b>\$168,387,352 *</b>
Board Designated Funds (Note 1):			
Special Project Funding for CBOs	\$4,000,000	\$560,727	\$3,439,274
Innovation & COVID-19 Fund	\$16,000,000	\$2,169,999	\$13,830,001
Subtotal	\$20,000,000	\$2,730,726	\$17,269,275
Net Book Value of Fixed Assets			\$28,198,178
Restricted Under Knox-Keene Agreement			\$305,350
<b>Total Tangible Net Equity (TNE)</b>			<b>\$214,160,155</b>
Current Required TNE			\$34,385,330
TNE %			622.8%
<b>SCFHP Target TNE Range:</b>			
350% of Required TNE (Low)			\$120,348,654
500% of Required TNE (High)			\$171,926,649
<b>Total TNE Above/(Below) SCFHP Low Target</b>			<b>\$93,811,500</b>
<b>Total TNE Above/(Below) High Target</b>			<b>\$42,233,506</b>
<b>Financial Reserve Target #2: Liquidity</b>			
Cash & Investments			\$327,974,253
Less Pass-Through Liabilities:			
Hospital Directed Payments			(738,407)
MCO Tax Payable to State of CA			(18,230,783)
Whole Person Care / Prop 56			(45,872,521)
Other Pass-Through Liabilities (Note 2)			(47,016,394)
<b>Total Pass-Through Liabilities</b>			<b>(111,858,104)</b>
Net Cash Available to SCFHP			<u>216,116,148</u>
SCFHP Target Liquidity (Note 3)			
45 Days of Total Operating Expense			(152,072,570)
60 Days of Total Operating Expense			(202,763,427)
<b>Liquidity Above/(Below) SCFHP Low Target</b>			<b>64,043,578</b>
<b>Liquidity Above/(Below) High Target</b>			<b>\$13,352,721</b>

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

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

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

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

# Capital Expenditures

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

<b>Expenditure</b>	<b>YTD Actual</b>	<b>Annual Budget</b>
Community Resource Center	\$2,320,690	\$3,507,100
Hardware	\$172,560	\$1,282,500
Software	\$31,703	\$1,194,374
Building Improvements	\$418,777	\$866,500
Furniture & Equipment	\$0	\$28,000
<b>TOTAL</b>	<b>\$2,943,730</b>	<b>\$6,878,474</b>



**Santa Clara Family  
Health Plan™**

Financial Statements

# Income Statement



## Santa Clara County Health Authority INCOME STATEMENT For Five Months Ending November 30, 2020

	Nov-2020	% of	Nov-2020	% of	Current Month Variance		YTD Nov-2020	% of	YTD Nov-2020	% of	YTD Variance	
	Actuals	Rev	Budget	Rev	\$	%	Actuals	Rev	Budget	Rev	\$	%
<b>REVENUES</b>												
MEDI-CAL	\$ 87,410,202	84.1%	\$ 84,765,471	83.9%	\$ 2,644,731	3.1%	\$ 428,616,468	83.2%	\$ 419,915,435	84.0%	\$ 8,701,033	2.1%
CMC MEDI-CAL	3,455,159	3.3%	2,980,720	3.0%	474,439	15.9%	18,643,335	3.6%	14,674,757	2.9%	3,968,578	27.0%
CMC MEDICARE	13,065,774	12.6%	13,235,739	13.1%	(169,964)	-1.3%	67,917,390	13.2%	65,161,000	13.0%	2,756,390	4.2%
TOTAL CMC	16,520,933	15.9%	16,216,459	16.1%	304,474	1.9%	86,560,725	16.8%	79,835,758	16.0%	6,724,968	8.4%
<b>TOTAL REVENUE</b>	<b>\$ 103,931,135</b>	<b>100.0%</b>	<b>\$ 100,981,930</b>	<b>100.0%</b>	<b>\$ 2,949,206</b>	<b>2.9%</b>	<b>\$ 515,177,193</b>	<b>100.0%</b>	<b>\$ 499,751,193</b>	<b>100.0%</b>	<b>\$ 15,426,001</b>	<b>3.1%</b>
<b>MEDICAL EXPENSES</b>												
MEDI-CAL	\$ 81,322,086	78.2%	\$ 80,463,721	79.7%	\$ (858,365)	-1.1%	\$ 405,391,589	78.7%	\$ 395,854,932	79.2%	\$ (9,536,657)	-2.4%
CMC MEDI-CAL	2,968,131	2.9%	3,052,780	3.0%	84,650	2.8%	14,791,271	2.9%	15,034,196	3.0%	242,925	1.6%
CMC MEDICARE	13,593,109	13.1%	12,332,289	12.2%	(1,260,820)	-10.2%	61,558,043	11.9%	60,695,126	12.1%	(862,917)	-1.4%
TOTAL CMC	16,561,239	15.9%	15,385,069	15.2%	(1,176,170)	-7.6%	76,349,314	14.8%	75,729,322	15.2%	(619,992)	-0.8%
HEALTHY KIDS	0	0.0%	0	0.0%	0	0.0%	7,303	0.0%	0	0.0%	(7,303)	0.0%
<b>TOTAL MEDICAL EXPENSES</b>	<b>\$ 97,883,326</b>	<b>94.2%</b>	<b>\$ 95,848,790</b>	<b>94.9%</b>	<b>\$ (2,034,536)</b>	<b>-2.1%</b>	<b>\$ 481,748,207</b>	<b>93.5%</b>	<b>\$ 471,584,254</b>	<b>94.4%</b>	<b>\$ (10,163,952)</b>	<b>-2.2%</b>
<b>MEDICAL OPERATING MARGIN</b>	<b>\$ 6,047,810</b>	<b>5.8%</b>	<b>\$ 5,133,140</b>	<b>5.1%</b>	<b>\$ 914,670</b>	<b>17.8%</b>	<b>\$ 33,428,987</b>	<b>6.5%</b>	<b>\$ 28,166,938</b>	<b>5.6%</b>	<b>\$ 5,262,048</b>	<b>18.7%</b>
<b>ADMINISTRATIVE EXPENSE</b>												
SALARIES AND BENEFITS	\$ 3,604,158	3.5%	\$ 3,369,654	3.3%	\$ (234,504)	-7.0%	\$ 17,547,263	3.4%	\$ 16,991,264	3.4%	\$ (555,999)	-3.3%
RENTS AND UTILITIES	12,856	0.0%	43,275	0.0%	30,418	70.3%	156,281	0.0%	163,460	0.0%	7,179	4.4%
PRINTING AND ADVERTISING	28,718	0.0%	75,429	0.1%	46,712	61.9%	118,721	0.0%	360,371	0.1%	241,650	67.1%
INFORMATION SYSTEMS	255,555	0.2%	333,322	0.3%	77,767	23.3%	1,325,866	0.3%	1,670,611	0.3%	344,745	20.6%
PROF FEES/CONSULTING/TEMP STAFFING	1,091,602	1.1%	951,155	0.9%	(140,446)	-14.8%	4,821,389	0.9%	4,834,317	1.0%	12,928	0.3%
DEPRECIATION/INSURANCE/EQUIPMENT	370,221	0.4%	361,549	0.4%	(8,673)	-2.4%	1,648,008	0.3%	1,727,689	0.3%	79,680	4.6%
OFFICE SUPPLIES/POSTAGE/TELEPHONE	32,723	0.0%	59,074	0.1%	26,352	44.6%	312,114	0.1%	285,099	0.1%	(27,016)	-9.5%
MEETINGS/TRAVEL/DUES	65,698	0.1%	110,048	0.1%	44,350	40.3%	385,500	0.1%	556,817	0.1%	171,317	30.8%
OTHER	232,741	0.2%	229,417	0.2%	(3,324)	-1.4%	1,257,501	0.2%	1,151,685	0.2%	(105,816)	-9.2%
<b>TOTAL ADMINISTRATIVE EXPENSES</b>	<b>\$ 5,694,271</b>	<b>5.5%</b>	<b>\$ 5,532,924</b>	<b>5.5%</b>	<b>\$ (161,347)</b>	<b>-2.9%</b>	<b>\$ 27,572,643</b>	<b>5.4%</b>	<b>\$ 27,741,311</b>	<b>5.6%</b>	<b>\$ 168,668</b>	<b>0.6%</b>
<b>OPERATING SURPLUS (LOSS)</b>	<b>\$ 353,539</b>	<b>0.3%</b>	<b>\$ (399,784)</b>	<b>-0.4%</b>	<b>\$ 753,323</b>	<b>-188.4%</b>	<b>\$ 5,856,344</b>	<b>1.1%</b>	<b>\$ 425,627</b>	<b>0.1%</b>	<b>\$ 5,430,716</b>	<b>1275.9%</b>
GASB 75 - POST EMPLOYMENT BENEFITS EXPENSE	\$ 84,067	0.1%	\$ 60,000	0.1%	\$ (24,067)	-40.1%	\$ 420,336	0.1%	\$ 300,000	0.1%	\$ (120,336)	-40.1%
GASB 68 - UNFUNDED PENSION LIABILITY	284,152	0.3%	75,000	0.1%	(209,152)	-278.9%	1,420,760	0.3%	375,000	0.1%	(1,045,760)	-278.9%
<b>NON-OPERATING EXPENSES</b>	<b>\$ 368,219</b>	<b>0.4%</b>	<b>\$ 135,000</b>	<b>0.1%</b>	<b>\$ (233,219)</b>	<b>-172.8%</b>	<b>\$ 1,841,096</b>	<b>0.4%</b>	<b>\$ 675,000</b>	<b>0.1%</b>	<b>\$ (1,166,096)</b>	<b>-172.8%</b>
INTEREST & INVESTMENT INCOME	\$ 121,001	0.1%	\$ 350,000	0.3%	\$ (228,999)	-65.4%	\$ 683,058	0.1%	\$ 1,750,000	0.4%	\$ (1,066,942)	-61.0%
OTHER INCOME	28,134	0.0%	33,668	0.0%	(5,535)	-16.4%	182,063	0.2%	165,250	0.0%	65,812	396.9%
<b>NON-OPERATING INCOME</b>	<b>\$ 149,134</b>	<b>0.1%</b>	<b>\$ 383,668</b>	<b>0.4%</b>	<b>\$ (234,534)</b>	<b>-61.1%</b>	<b>\$ 1,504,120</b>	<b>0.3%</b>	<b>\$ 1,915,250</b>	<b>0.4%</b>	<b>\$ (411,130)</b>	<b>-21.5%</b>
<b>NET NON-OPERATING ACTIVITIES</b>	<b>\$ (219,085)</b>	<b>-0.2%</b>	<b>\$ 248,668</b>	<b>0.2%</b>	<b>\$ (467,754)</b>	<b>-188.1%</b>	<b>\$ (336,976)</b>	<b>-0.1%</b>	<b>\$ 1,240,250</b>	<b>0.2%</b>	<b>\$ (1,577,226)</b>	<b>-127.2%</b>
<b>NET SURPLUS (LOSS)</b>	<b>\$ 134,454</b>	<b>0.1%</b>	<b>\$ (151,115)</b>	<b>-0.1%</b>	<b>\$ 285,569</b>	<b>-189.0%</b>	<b>\$ 5,519,368</b>	<b>1.1%</b>	<b>\$ 1,665,877</b>	<b>0.3%</b>	<b>\$ 3,853,490</b>	<b>231.3%</b>

# Balance Sheet



**SANTA CLARA COUNTY HEALTH AUTHORITY**  
As of November 30, 2020

	Nov-2020	Oct-2020	Sep-2020	Nov-2019
<b>Assets</b>				
<b>Current Assets</b>				
Cash and Investments	327,974,253	352,583,853	624,723,291	323,681,801
Receivables	519,117,475	523,710,482	520,171,179	545,738,541
Prepaid Expenses and Other Current Assets	9,277,640	9,350,628	10,630,246	11,776,164
<b>Total Current Assets</b>	<b>856,369,368</b>	<b>885,644,963</b>	<b>1,155,524,716</b>	<b>881,196,507</b>
<b>Long Term Assets</b>				
Property and Equipment	50,329,615	50,220,519	49,650,861	45,935,579
Accumulated Depreciation	(22,131,437)	(21,806,251)	(21,539,191)	(18,867,161)
Total Long Term Assets	28,198,178	28,414,268	28,111,670	27,068,418
<b>Total Assets</b>	<b>884,567,546</b>	<b>914,059,230</b>	<b>1,183,636,385</b>	<b>908,264,924</b>
<b>Deferred Outflow of Resources</b>	<b>8,402,260</b>	<b>8,402,260</b>	<b>8,402,260</b>	<b>9,237,609</b>
<b>Total Assets &amp; Deferred Outflows</b>	<b>892,969,806</b>	<b>922,461,490</b>	<b>1,192,038,645</b>	<b>917,502,533</b>
<b>Liabilities and Net Assets:</b>				
<b>Current Liabilities</b>				
Trade Payables	8,674,019	7,120,503	8,837,491	8,257,553
Deferred Rent	48,071	47,900	47,728	0
Employee Benefits	2,793,372	2,585,153	2,430,308	1,983,388
Retirement Obligation per GASB 75	2,534,233	2,450,166	2,366,099	4,242,184
Deferred Revenue - Medicare	0	20,476,272	0	10,204,914
Whole Person Care / Prop 56	45,872,521	42,736,765	39,655,575	27,601,237
Payable to Hospitals (SB90)	534,979	531,963	529,171	0
Payable to Hospitals (SB208)	203,428	206,574	274,742,278	0
Pass-Throughs Payable	26,787	26,787	26,877	6,533,345
Due to Santa Clara County Valley Health Plan and Kaiser	19,192,019	18,589,122	18,334,201	35,291,694
MCO Tax Payable - State Board of Equalization	18,230,783	36,461,565	51,653,884	51,762,850
Due to DHCS	46,989,606	47,266,463	49,264,236	31,562,982
Liability for In Home Support Services (IHSS)	419,268,582	419,268,582	419,268,582	416,092,527
Current Premium Deficiency Reserve (PDR)	8,294,025	8,294,025	8,294,025	8,294,025
Medical Cost Reserves	103,064,639	99,575,513	100,043,325	106,775,698
<b>Total Current Liabilities</b>	<b>675,727,065</b>	<b>705,637,355</b>	<b>975,493,781</b>	<b>708,602,395</b>
<b>Non-Current Liabilities</b>				
Net Pension Liability GASB 68	1,420,760	1,136,607.68	852,456	358,966
<b>Total Non-Current Liabilities</b>	<b>1,420,760</b>	<b>1,136,607.68</b>	<b>852,456</b>	<b>358,966</b>
<b>Total Liabilities</b>	<b>677,147,825</b>	<b>706,773,962</b>	<b>976,346,237</b>	<b>708,961,361</b>
<b>Deferred Inflow of Resources</b>	<b>1,661,827</b>	<b>1,661,827</b>	<b>1,661,827</b>	<b>2,994,548</b>
<b>Net Assets</b>				
Board Designated Fund: Special Project Funding for CBOs	3,439,274	3,439,274	3,459,274	2,040,000
Board Designated Fund: Innovation & COVID-19 Fund	13,830,001	13,830,001	13,880,001	0
Invested in Capital Assets (NBV)	28,198,178	28,414,268	28,111,670	27,068,418
Restricted under Knox-Keene agreement	305,350	305,350	305,350	305,350
Unrestricted Net Equity	162,867,984	162,651,895	162,884,493	172,551,985
Current YTD Income (Loss)	5,519,368	5,384,914	5,389,795	3,580,872
<b>Total Net Assets / Reserves</b>	<b>214,160,155</b>	<b>214,025,701</b>	<b>214,030,582</b>	<b>205,546,625</b>
<b>Total Liabilities, Deferred Inflows and Net Assets</b>	<b>892,969,806</b>	<b>922,461,490</b>	<b>1,192,038,645</b>	<b>917,502,533</b>

# Cash Flow Statement



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



# Statement of Operations by Line of Business - YTD



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

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



**Santa Clara Family  
Health Plan™**

Appendix

# Enrollment By Aid Category

SCFHP TRENDED ENROLLMENT BY COA YTD DECEMBER-2020

		2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	FYTD var	%	
<b>NON DUAL</b>	Adult (over 19)	23,999	23,620	23,604	23,873	24,051	25,253	26,299	27,066	27,877	28,269	29,181	29,835	30,327	4,028	15.3%	
	Child (under 19)	93,477	92,339	92,248	92,843	93,374	95,145	96,173	96,605	97,359	97,629	98,409	98,930	99,012	2,839	3.0%	
	Aged - Medi-Cal Only	10,903	10,904	10,831	10,753	10,801	11,044	11,207	11,227	11,178	11,229	11,263	11,328	11,385	178	1.6%	
	Disabled - Medi-Cal Only	10,839	10,845	10,854	10,882	10,851	10,902	10,922	10,944	10,910	10,839	10,875	10,830	10,849	(73)	(0.7%)	
	Adult Expansion	69,069	68,130	68,372	69,272	70,458	72,546	74,553	76,262	77,701	79,263	80,654	82,060	83,250	8,697	11.7%	
	BCCTP	11	11	11	11	11	11	11	11	11	11	11	11	11	11	0	0.0%
	Long Term Care	373	379	373	367	380	398	405	402	406	407	409	389	393	(12)	(3.0%)	
	<b>Total Non-Duals</b>	<b>208,671</b>	<b>206,228</b>	<b>206,293</b>	<b>208,001</b>	<b>209,926</b>	<b>215,299</b>	<b>219,570</b>	<b>222,517</b>	<b>225,442</b>	<b>227,647</b>	<b>230,802</b>	<b>233,383</b>	<b>235,227</b>	<b>15,657</b>	<b>7.1%</b>	

<b>DUAL</b>	Adult (21 Over)	341	330	328	320	311	320	321	327	320	337	354	353	353	32	10.0%
	SPD (21 Over)	23,498	23,472	23,540	23,541	23,443	23,595	23,508	23,641	23,686	23,654	23,687	23,760	23,988	480	2.0%
	Adult Expansion	177	139	130	136	134	190	241	261	289	358	410	498	537	296	122.8%
	Long Term Care	1,308	1,266	1,257	1,231	1,235	1,252	1,248	1,261	1,267	1,256	1,237	1,208	1,182	(66)	(5.3%)
	<b>Total Duals</b>	<b>25,324</b>	<b>25,207</b>	<b>25,255</b>	<b>25,228</b>	<b>25,123</b>	<b>25,357</b>	<b>25,318</b>	<b>25,490</b>	<b>25,562</b>	<b>25,605</b>	<b>25,688</b>	<b>25,819</b>	<b>26,060</b>	<b>742</b>	<b>2.9%</b>

<b>Total Medi-Cal</b>	<b>233,995</b>	<b>231,435</b>	<b>231,548</b>	<b>233,229</b>	<b>235,049</b>	<b>240,656</b>	<b>244,888</b>	<b>248,007</b>	<b>251,004</b>	<b>253,252</b>	<b>256,490</b>	<b>259,202</b>	<b>261,287</b>	<b>16,399</b>	<b>6.7%</b>
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<b>Healthy Kids</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0%</b>
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<b>CMC</b>	CMC Non-Long Term Care	8,206	8,177	8,261	8,388	8,511	8,625	8,775	8,814	9,055	9,212	9,360	9,470	9,613	838	9.5%
	CMC - Long Term Care	222	224	225	213	214	212	212	215	211	216	210	209	207	(5)	(2.4%)
	<b>Total CMC</b>	<b>8,428</b>	<b>8,401</b>	<b>8,486</b>	<b>8,601</b>	<b>8,725</b>	<b>8,837</b>	<b>8,987</b>	<b>9,029</b>	<b>9,266</b>	<b>9,428</b>	<b>9,570</b>	<b>9,679</b>	<b>9,820</b>	<b>833</b>	<b>9.3%</b>

<b>Total Enrollment</b>	<b>242,425</b>	<b>239,836</b>	<b>240,034</b>	<b>241,830</b>	<b>243,774</b>	<b>249,493</b>	<b>253,875</b>	<b>257,036</b>	<b>260,270</b>	<b>262,680</b>	<b>266,060</b>	<b>268,881</b>	<b>271,107</b>	<b>17,232</b>	<b>6.8%</b>
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# Santa Clara Family Health Plan™

CMC 2019 Population Health Management (PHM) Impact Analysis

January 28, 2021

# CMC 2019 PHM Impact Analysis

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

Review:

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

# CMC Complex & Moderate Case Management Tiers

Tier 1 Criteria for Complex Cases	Tier 2 Criteria for Moderate Cases
<ul style="list-style-type: none"> <li>• 3 or more hospitalization in past year and one other below criteria:</li> </ul> <p style="text-align: center;">Or</p> <ul style="list-style-type: none"> <li>• 3 or more below criteria:               <ul style="list-style-type: none"> <li>- Age greater than 75 with 3 Activities of Daily Living (ADLs) limitations</li> <li>- Greater than 3 ED visits in past year</li> <li>- Hospitalized in past 180 days</li> <li>- 3 or more Chronic Conditions with one condition being uncontrolled*</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Newly enrolled members with no claims or utilization history</li> </ul> <p style="text-align: center;">Or</p> <ul style="list-style-type: none"> <li>• Members with at least one criteria below and one uncontrolled chronic condition:               <ul style="list-style-type: none"> <li>- Age greater than 75 with 3 ADLs limitations</li> <li>- Greater than 3 ED visits in the past year</li> <li>- Hospitalized in past 180 days</li> <li>- 3 or more hospitalizations in past year</li> <li>- 1 or more Social Determinants of Health (i.e. homelessness)</li> </ul> </li> </ul> <p style="text-align: center;">Or</p> <ul style="list-style-type: none"> <li>• Member is enrolled in either:               <ul style="list-style-type: none"> <li>- Multipurpose Senior Services Program</li> <li>- Serious Mental Illness (uncontrolled symptoms)</li> </ul> </li> </ul>

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

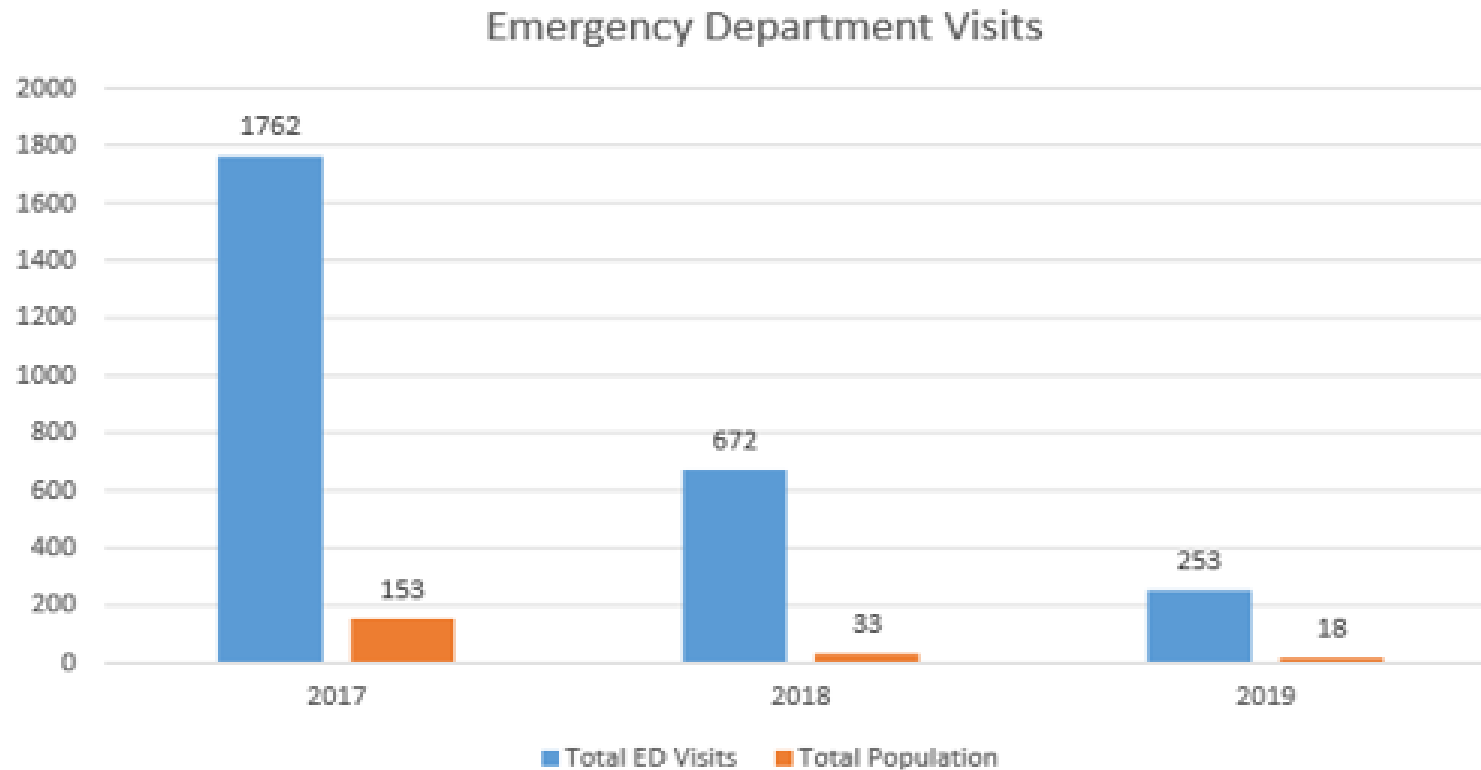
# CMC Case Management Required Activities

Activities	
Health Risk Assessment (HRA)	<ul style="list-style-type: none"> <li>• Outreach is done for all CMC members for HRAs</li> <li>• HRAs completion are completed by mail, phone or face-to-face</li> <li>• Members can opt out of completing the HRA</li> </ul>
Individualized Care Plan (ICP)	<ul style="list-style-type: none"> <li>• ICPs are completed by phone or face-to-face</li> <li>• ICPs are also completed for members who were unable to be reached (based on claims diagnosis, medications and past medical history)</li> <li>• ICPs are sent to the members and providers for completed &amp; the unable to reach</li> </ul>
Interdisciplinary Care Team (ICT)	<ul style="list-style-type: none"> <li>• Outreach is done for all CMC members to coordinate an interdisciplinary care team meeting with the member, provider(s) and other care team members</li> </ul>

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

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

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





# CMC Complex & Moderate Case Management

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

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

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

# Case Management Activities

2018-2019

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



# Case Management Strategy

## 2020-2021

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



thank  
you



# Santa Clara Family Health Plan™

CY 2019 Medi-Cal HEDIS Network Comparison Rates -  
Update  
January 2021

# Aggregated Quality Factor Score (AQFS) Calculation

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

## Example:

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

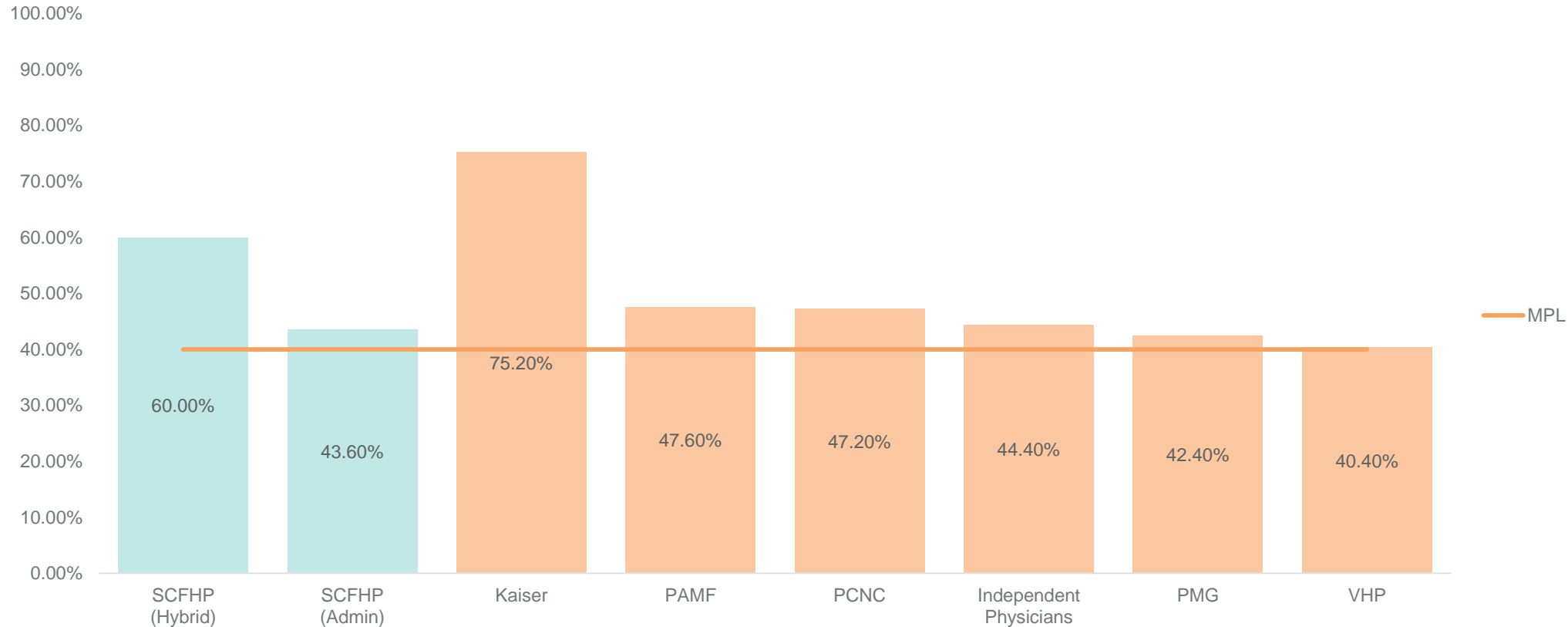
# DHCS AQFS Calculation - Scoring

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

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

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

AQFS Scores by Network (Based on Admin Rates Only)



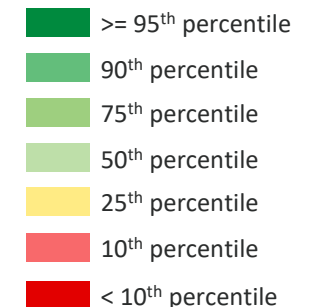
\*Admin Rates include supplemental data received from delegates/providers. Hybrid data is not used due to unequal distribution between groups  
^SCFHP rate is the estimated AQFS including hybrid rates



# Measure Percentiles by Network (Admin rates only)



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



Held to MPL

- Measure has been retired
  - AWC and W34 will be combined into a new measure, WCV
  - No supplemental data provided by Kaiser
- \* Small denominator (N < 30)



**Santa Clara Family  
Health Plan™**

Questions?



# Santa Clara Family Health Plan™

## Strategic Planning Update

January 28, 2021

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

## Vision Statement

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

**Current Vision Statement:** None

**Future Options for Discussion:**

- 1) “Health equity for all”
- 2) “A healthy local community with equitable health access and outcomes for all residents”

## **Discussion Questions:**

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

### **Definitions of Health Equity:**

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

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

## Mission Statement

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

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

### **Future Options for Discussion:**

- 1) “To make a lasting difference in our members’ lives by ensuring equitable access to quality care through effectively engaging members and partnering with providers and the community.”
- 2) “To improve the health of our members and their communities by providing equitable access to quality care, partnering with local providers, and engaging members in their care.”

### **Discussion Questions:**

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

## Organizational Values

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

**Current Values:** *See next page.*

### **Draft Values:**

- 1) **Members First:** Our actions, behaviors and attitudes always focus first on the health and welfare of our members.
- 2) **Better Together:** We listen to, invest in and collaborate with our partners and our staff to benefit the community and its residents.
- 3) **Integrity:** We do the right things for the right reasons to earn and keep our members' and partners' trust.
- 4) **Inclusion and Compassion:** We treat all members, colleagues, partners and providers with compassion and respect and honor our collective differences.
- 5) **Stewardship:** We are prudent financial stewards of our resources and are accountable to the communities we serve.
- 6) **Excellence:** We strive to deliver the highest quality experience to our members and partners.

### **Discussion Questions:**

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

**Current Values:**

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

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