Regular Meeting of the

Santa Clara County Health Authority
Governing Board

Thursday, June 25, 2020, 12:00 PM – 2:30 PM

Santa Clara Family Health Plan

6201 San Ignacio Ave, San Jose, CA 95119

Via Teleconference Only
(669) 900-6833
Meeting ID: 972 3174 8905
Password: 6PgZr^f*

AGENDA

1. Roll Call Acknowledge outgoing Board members Evangeline Sangalang and Linda Williams.	Mr. Brownstein	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.	Mr. Brownstein	12:05	5 min
3. Approve Consent Calendar and Changes to the Agenda Items removed from the Consent Calendar will be considered as regular agenda items. **Possible Action:** Approve Consent Calendar	Mr. Brownstein	12:10	5 min

    a. Approve minutes of the March 26, 2020 **Governing Board** Meeting

    b. Accept minutes of the April 13, 2020 **Special Executive/Finance Committee** meeting

- Ratify approval of criteria for consideration of COVID-19-related funding requests
- Ratify amendment of the Innovation Fund criteria to include the COVID-19 criteria during the pandemic
- Ratify approval to form a small group to consider emergency COVID-19-related funding requests up to $2 million between Board and Executive/Finance meetings

    c. Accept minutes of the April 23, 2020 **Executive/Finance Committee** Meeting

- Ratify approval of the Advertising Agency of Record contract
- Ratify approval of the February 2020 Financial Statements
- Ratify approval of revised Policy FA.07 Investments
- Ratify acceptance of the Utilization Management and Hospital Costs presentation

    d. Accept minutes of the May 28, 2020 **Executive/Finance Committee** Meeting

- Ratify acceptance of the Network Detection and Prevention Update

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Governing Board Regular Meeting
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- Ratify acceptance of the Quality Update
- Ratify approval of the March 2020 Financial Statements
- Ratify approval of the Financial Forecast Presentation
- Ratify approval of COVID-19 funding for the YMCA Emergency Summer Food Distribution program
- Ratify approval of COVID-19 funding for the Valley Verde Home Gardening program
- Ratify approval of Policy GO.04 Donations and Sponsorships

e. Accept minutes of the May 27, 2020 **Compliance Committee** Meeting
- Ratify acceptance of the Oversight Activity Report

f. Accept minutes of the April 8, 2020 **Quality Improvement Committee** Meeting
- Ratify acceptance of the Quality Improvement (QI) Program Evaluation 2019
- Ratify acceptance of the QI Work Plan 2020
- Ratify acceptance of the Member Cultural and Linguistic Needs and Preferences Assessment
- Ratify the Annual Review of QI Policies
  - QI.03 Distribution of QI Information
  - QI.04 Peer review Process
  - QI.06 Study Design/Performance Program Reporting
  - QI.08 Cultural and Linguistically Competent Services
  - QI.09 Health Education Program and Delivery System Policy
  - QI.11 Member Non-Monetary Incentives
  - QI.12 Screening, Brief Intervention, and Referral to Treatment (BIRT) for Misuse of Alcohol
  - QI.16 Managed Long-Term Services and Support Care Coordination
  - QI-28 Health Homes Program Policy
- Ratify acceptance of Committee Report
  - Credentialing Committee Report – February 5, 2020

g. Accept minutes of the June 10, 2020 **Quality Improvement Committee** Meeting
- Ratify acceptance of the Population Health Management Strategy 2020
- Ratify acceptance of the Cal MediConnect (CMC) Members Understanding of Marketing Information Assessment
- Ratify acceptance of the VHP Provider Satisfaction Survey (PSS) Report
- Ratify acceptance of QI Policies
  - QI.13 Comprehensive Case Management
  - QI.15 Transitions of Care
  - QI.17 Behavioral Health Care Coordination
  - QI.18 Sensitive Services, Confidentiality, Rights of Adults and Minors
  - QI.19 Care Coordination Staff Training
  - QI.20 Information Sharing with San Andreas Regional Center (SARC)
  - QI.21 Information Exchange Between SCFHP and Health Services Department
  - QI.22 Early Start Program (Early Intervention Services)

- o QI.23 Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care
- o QI.24 Outpatient Mental Health Services: Mental Health Parity
- o QI.25 Intensive Outpatient Palliative Care
- o QI.27 Informing Members of Behavioral Health Services
- • Ratify acceptance of Committee Reports
  - o Pharmacy and Therapeutics Committee – December 19, 2019
  - o Utilization Management Committee – January 15, 2020
  - o Credentialing Committee Report – February 5, 2020
  h. Accept minutes of the June 6, 2020 **Provider Advisory Council** Meeting
  i. Accept the minutes of the June 9, 2020 **Consumer Advisory Committee**
  j. Approve **Publicly Available Salary Schedule**
  k. Accept **Compliance Report**
  l. Approve **March 31, 2020 Quarterly Investment Compliance Report**
  m. Accept **FY'19-20' Donations & Sponsorships Annual Report and Board Designated Funds Project Commitments Report**
  n. Appoint **Debra Porchia-Usher to chair the Consumer Advisory Committee**
  o. Appoint **Dave Cameron** (new Board member, effective July 1, 2020) **to the Executive/Finance Committee**
  p. Appoint **Bob Brownstein, Dolores Alvarado, Kathleen King, Sue Murphy, and Darrell Evora to a temporary ad-hoc subcommittee to conduct the annual evaluation of the CEO**

4. **CEO Update** Discuss status of current topics and initiatives.	Ms. Tomcala	12:15	10 min
5. **Government Relations Update** Discuss state budget status and other local, state, and federal legislative and policy issues impacting the plan and its members.	Mr. Haskell	12:25	15 min
6. **April 2020 Financial Statements** Review recent organizational finance performance. **Possible Action:** Approve the April 2020 Financial Statements	Mr. Jarecki	12:40	10 min
7. **Innovation Fund Expenditure** Consider funding for the Leigh Avenue Aging in Place Pilot. **Possible Action:** Approve expenditure from the Board Designated Innovation Fund for the Leigh Avenue Aging in Place Pilot, subject to noted contingencies	Ms. Tomcala Ms. Andersen	12:50	15 min
8. **Fiscal Year 2020-2021 Budget** Review proposed budget for FY'21. **Possible Action:** Approve FY'21 Budget	Mr. Jarecki	1:05	20 min
9. **Preliminary Fiscal Year 2019-2020 Year in Review** Review preliminary performance on FY'20 Plan Objectives.	Ms. Tomcala	1:25	10 min
10. **Fiscal Year 2020-2021 Plan Objectives** Review draft FY'21 Plan Objectives. **Possible Action:** Approve FY'21 Plan Objectives	Ms. Tomcala	1:35	10 min

Announcement Prior to Recessing into Closed Session
Announcement that the Governing Board will recess into closed session to discuss Item No. 11 below:

11. Adjourn to Closed Session   1:45
   a. **Existing Litigation** Government Code Section 54956.9(d)(1)):
   It is the intention of the Governing Board to meet in Closed Session to confer with Legal Counsel regarding consolidated Cases before the Board Administration of the California Public Employees' Retirement System.
   - In the matter of the Appeal Regarding Membership Exclusion of Foundation Employees by Santa Clara County Health Authority (Respondent) and Craig W. Walsh (Respondent) Case Number: CalPERS Case No. 2017-1114;OAH No. 2018051223.
   - In the matter of the Appeal Regarding Membership Exclusion of Foundation Employees by Santa Clara County Health Authority (Respondent) and Melodie U. Gellman (Respondent) Case Number: CalPERS Case No. 2017-1115; OAH Case No. 2018051029.

   b. **Anticipated Litigation** (Government Code Section 54956.9(d)(3)):
   It is the intention of the Governing Board to meet in Closed Session to confer with Legal Counsel regarding significant exposure to litigation based on receipt of a claim pursuant to the Government Claims Act: one case.

12. Report from Closed Session   Mr. Brownstein   2:25   5 min

13. Adjournment   2:30

Notice to the Public—Meeting Procedures

- Persons wishing to address the Governing Board on any item on the agenda are requested to advise the Recorder so that the Chairperson can call on them when the item comes up for discussion.

- The Committee may take other actions relating to the issues as may be determined following consideration of the matter and discussion of the possible action.

- In compliance with the Americans with Disabilities Act, those requiring accommodations in this meeting should notify Rita Zambrano 48 hours prior to the meeting at (408) 874-1842.

- To obtain a copy of any supporting document that is available, contact Rita Zambrano at (408) 874-1842. Agenda materials distributed less than 72 hours before a meeting can be inspected at the Santa Clara Family Health Plan offices at 6201 San Ignacio Ave, San Jose, CA 95119.

- This agenda and meeting documents are available at www.scfhp.com.

Regular Meeting of the

Santa Clara County Health Authority
Governing Board

Thursday, March 26, 2020, 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
Dolores Alvarado
Alma Burrell
Darrell Evora
Kathleen King
Liz Kniss
Sue Murphy
Ria Paul
Debra Porchia-Usher
Sherri Sager
Jolene Smith
Linda Williams

Members Absent
Evangeline Sangalang

Staff Present
Christine Tomcala, Chief Executive Officer
Neal Jarecki, Chief Financial Officer
Laurie Nakahira, M.D., Chief Medical Officer
Jonathan Tamayo, Chief Information Officer
Chris Turner, Chief Operating Officer
Ngoc Bui-Tong, VP, Strategies and Analytics
Teresa Chapman, VP, Human Resources
Laura Watkins, VP, marketing and Enrollment
Sharon Valdez, VP, Human Resources
Barbara Granieri, Controller
Tyler Haskell, Director, Government Relations
Johanna Liu, Director, Quality and Process
    Improvement
Jayne Giangreco, Manager, Administrative
    Services

Others Present
Daphne Anneet, Burke, Williams, Sorenson, LLP
Raymundo Espinoza, CEO, Gardner Health
    Center
Dr. Kent Imai, Medical Officer, Community Health
    Partnership
Stephanie Kleinheinz, CEO, School Health
    Clinics
Sonya Tetnowski, CEO, Indian Health Center

1. **Roll Call**

   Bob Brownstein, Chair, called the meeting to order at 12:02 pm. Roll call was taken and a quorum was established. Mr. Brownstein swore in new Board member, Debra Porchia-Usher, and welcomed her to the Santa Clara County Health Authority Governing Board.

2. **Public Comment**

   There were no public comments.

3. **Adjourn to Closed Session**

   a. **Existing Litigation**

   The Governing Board met in Closed Session to confer with Legal Counsel regarding consolidated Cases CalPERS Case No. 2017-1114; OAH No. 2018051223 and CalPERS Case No. 2017-1115; OAH Case No. 2018051029.

   b. **Anticipated Litigation**

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

   Kathleen King joined the meeting at 12:35 pm.

   c. **Contract Rates**

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

   d. **Conference with Labor Negotiators**

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

   Mr. Brownstein took roll call for members returning from the Closed Session.

4. **Report from Closed Session**

   Mr. Brownstein reported the Governing Board met in Closed Session to discuss Item 3, Existing Litigation, Anticipated Litigation, Contract Rates, and Conference with Labor Negotiators.

5. **Tentative Agreement with SEIU Local 521**

   Mr. Brownstein reported on the agreement reached with SEIU Local 521 resulting from the annual reopener in the contract. For the 2020-2021 fiscal year, bargaining unit members will receive a salary increase of 2.75%, effective July 1, 2020. In addition, SCFHP will offer a merit pay increase for eligible unit members who receive a final 2019-2020 performance appraisal rating of meets expectations or better.

   It was moved, seconded and the Agreement with SEIU Local 521 was **unanimously approved.**

Motion:	Ms. Alvarado
Second:	Ms. Williams
Ayes:	Ms. Alvarado, Mr. Brownstein, Ms. Burrell, Mr. Evora, Ms. King, Ms. Kniss, Ms. Murphy, Dr. Paul, Ms. Porchia-Usher, Ms. Sager, Ms. Smith, Ms. Williams

6. **Approve Consent Calendar and Changes to the Agenda**.

   a. Approve minutes of the December 12, 2019 **Regular Board** Meeting
   b. Approve minutes of the March 6, 2020 **Special Governing Board** Meeting
   c. Accept minutes of the January 23, 2020 **Executive/Finance Committee** Meeting
   - Ratify approval of the November 2019 Financial Statements
   - Ratify acceptance of the Quarterly Investment Compliance Report
   - Ratify acceptance of the DMHC Routine Financial Audit Report
   d. Accept minutes of the February 27, 2020 **Executive/Finance Committee** Meeting
   - Ratify approval of the December 2019 Financial Statements
   - Ratify acceptance of the Rate Development Process
   - Ratify acceptance of the Quarterly Investment Compliance Report
   - Ratify approval of the Innovation Fund Expenditure for the Healthier Kids Foundation
   - Ratify approval of the Network/Voice Circuit Contract
   - Ratify acceptance of the Compliance Update
   - Ratify acceptance of the Network Detection & Prevention Update
   e. Accept minutes of the March 2, 2020 **Compliance Committee** Meeting
   - Ratify acceptance of the Compliance Activity Report

- Ratify approval of the Compliance Policies and Procedures (HIPAA Policies and Procedures HI.01-HI.51)
- Ratify acceptance of the CMC and Medi-Cal Compliance Dashboard and Work Plans
- Ratify acceptance of the Fraud, Waste and Abuse Report

f. Accept minutes of the February 12, 2020 **Quality Improvement Committee** Meeting
- Ratify approval of the Quality Improvement (QI) Program Description 2020
- Ratify approval of the Health Education (HE) Program Description 2020, HE Work Plan 2020, and HE Evaluation 2019
- Ratify approval of the Cultural and Linguistics (C&L) Program Description 2020, C&L Work Plan 2020, and C&L Evaluation 2019
- Ratify approval of the Satisfaction Report for MY2019
- Ratify approval of the Population Health Assessment
- Ratify approval of the Clinical, Behavioral, and Medical Preventative Practice Guidelines
- Ratify approval of the American with Disabilities Act (ADA) Work Plan 2020
- Ratify approval of the Continuity and Coordination between Medical Care and Behavioral Health Analysis
- Ratify approval of the Annual Review of QI Policies
  - QI.05 Potential Quality of Care Issues
  - QI.07 Physical Access Compliance
  - QI.10 IHA and IHEBA Assessments
- Ratify acceptance of Committee Reports
  - Credentialing Committee – December 20, 2019
  - Utilization Management Committee – October 16, 2019

g. Accept minutes of the February 11, 2020 **Provider Advisory Council** Meeting
h. Approve **Publicly Available Salary Schedule**
i. Adopt resolution approving the revised **Conflict of Interest Code**
j. Ratify resolution to **name the Community Resource Center after Blanca Alvarado**
k. Approve the **January 2020 Financial Statements**
l. Approve renewal of **funding for The Health Trust for Health Insurance Enrollment**
m. Approve **Fulfillment and Provider Directory Vendor Contract**
n. Appoint **Sue Murphy to the Compliance Committee**
o. **Elect Officers** to a two-year term:
  - Chairperson – Bob Brownstein
  - Vice-Chairperson – Dolores Alvarado
  - Secretary – Sue Murphy
  - Treasurer – Neal Jarecki

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

Motion: Ms. Williams
Second: Ms. Murphy
Ayes: Ms. Alvarado, Mr. Brownstein, Ms. Burrell, Mr. Evora, Ms. King, Ms. Kniss, Ms. Murphy, Dr. Paul, Ms. Porchia-Usher, Ms. Sager, Ms. Smith, Ms. Williams

7. COVID-19 Update

Christine Tomcala, Chief Executive Officer, updated the Board on COVID-19 pertaining to our members, providers, and staff, and discussion ensued. Dr. Paul inquired where the 19 hospitalized patients had been admitted. Ms. Tomcala indicated she did not have the breakdown, but would subsequently provide it to the Board.

8. Government Relations Update

Tyler Haskell, Director, Government Relations, provided an update of federal and state activity. He noted there had been a shift away from work on CalAIM due to the COVID-19 crisis. Mr. Haskell summarized a number of executive orders from the Governor, including a shelter in place order, a 90-day suspension of redeterminations, and waivers of certain licensing, and clinic staffing requirements.

Mr. Haskell reported on actions taken by CMS and DHCS. The regulators have been busy changing rules to allow providers to be reimbursed for telehealth services.

The Legislature adjourned until April 13, putting legislative business on hold. The budget the Governor proposed in January will need to be rewritten, focusing new spending or programs on the COVID crisis and economic recovery.

Mr. Haskell also provided a federal update.

Mr. Brownstein announced due to the difficulties of taking votes by telephone, he will only ask for approval on items that require action.

Dolores Alvarado left the meeting at 1:33 pm.

9. COVID-19 Funding Support for Community Health Centers

Ms. Tomcala presented a request for COVID-19 funding support from Community Health Partners to support Community Health Center operations during the COVID-19 response. The $2 million request includes mitigating the loss of revenue due to the decreased number of patient visits over the past four weeks, staffing, and unanticipated mandatory sick leave, as well as personal protective equipment and ramping up telehealth.

Dr. Kent Imai, Chief Medical Officer, Community Health Partnership, noted he and the community clinic medical directors and staff have met weekly over the last month. He discussed the various approaches clinics are taking to address patient needs while reducing the risk of COVID-19 transmission.

Sonya Tetnowski, CEO, Indian Health Center (IHC), added that IHC is providing drive-through testing for IHC patients if they pass the three-question phone screening. This is exclusive for current patients only. Dr. Balakrishnan has lead the effort and we have done over 80 tests already at our facilities.

Raymundo Espinoza, CEO, Gardner Health Center, noted that telehealth reimbursement was approved last week. The clinics are creating protocols, but do not know what the impact will be in terms of generating additional revenue. They are hoping to obtain funding to maintain capacity until they can get such activities in place.

Mr. Brownstein opened the floor to public comments.

Mr. Espinoza addressed the Board in support of COVID-19 funding for the Community Health Centers. He spoke of his concern for his clinics' weekly average loss of $192,000 in revenue, as dental, chiropractic and optometry services cannot be performed by telemedicine, in addition to the loss of daily routine medical visits. He continued they are doing everything possible, including asking employees to take PTO, and trying to see if they can refinance a few of their buildings.

Ms. Tetnowski thanked the Board for the opportunity to speak. She spoke to the request for funding and noted the community health centers are working hard to continue to serve patients as best as possible. She gave a brief update on how IHC is doing with the current burden of revenue loss.

Stephanie Kleinheinz, CEO, School Health Clinics, also spoke in support of funding and noted the situation COVID-19 has created for community health centers is absolutely unprecedented. She stated they have been forced to change operations over night, and to deliver health care to their patients through curb-side screening, telephone visits, and by piecing together a mechanism for telehealth visits to keep patients at home, sheltering in place, and to protect staff while continuing to provide healthcare services. They have had staffing issues due

to illnesses and were trying to manage unforeseen expenses due to telehealth expenses and purchase of PPE to protect staff. She thanked the Board for listening and considering their request.

Board discussion ensued.

> **It was moved, seconded and unanimously approved** that SCFHP provide $2 million in funding, on a one-time basis, to meet the urgent needs of the Community Health Partnership community health centers associated with their response to the coronavirus pandemic, and to delegate to the CEO administration of the funds in accordance with the following directions:
> 1. The highest priority is to provide financial resources to clinics for patient care during the pandemic. Administrative criteria are secondary to this goal.
> 2. Funds can be used to pay for tents, testing, protective gear, other medical supplies, staff costs including additional personnel, replacement personnel, overtime, telemedicine equipment or operating costs, or any other expense necessary to assure patient care during this crisis.
> 3. Depending upon circumstance, funds can be either immediately transferred or paid upon receipt of invoices. Patient care is not to be delayed as a result of reimbursement procedures.
> 4. Clinics will agree to seek support and reimbursement from all levels of government and private institutions for which they may be eligible, and should sufficient payments for these services or supplies be provided by some other entity, clinics will notify SCFHP that they have received these funds and will discuss with SCFHP whether reimbursement is necessary.

Motion:	Mr. Brownstein
Second:	Ms. Murphy
Ayes:	Mr. Brownstein, Ms. Burrell, Mr. Evora, Ms. King, Ms. Kniss, Ms. Murphy, Dr. Paul, Ms. Porchia-Usher, Ms. Sager, Ms. Smith, Ms. Williams
Absent:	Ms. Alvarado

10. Innovation Fund Expenditure

Ms. Tomcala presented a funding request from the Santa Clara County Office of Education (SCCOE), requesting $515,000 for Child Health and Wellness Coordination. The proposal is to provide a centralized place for hospitals, doctors, parents, and schools to access information, coordinate care plans, and implement best practices for students returning to school from home/hospital.

This request was initially discussed at the Executive/Finance Committee meeting in February. After discussion, the Committee identified questions to be addressed prior to further consideration. A response from Dr. Mary Ann Dewan, County Superintendent of Schools, has been provided that addresses the questions the Executive/Finance Committee raised.

Board discussion ensued. There was support for the request with the stipulation that the Board of Education, along with school districts, work on making this a sustainable program without long-term funding from SCFHP.

> **It was moved, seconded and** funding of $515,000 from the Board Designated Innovation Fund for SCCOE Child Health and Wellness Coordination was **unanimously approved.**

Motion:	Ms. Murphy
Second:	Ms. Smith
Ayes:	Mr. Brownstein, Ms. Burrell, Mr. Evora, Ms. Kniss, Ms. Murphy, Dr. Paul, Ms. Porchia-Usher, Ms. Sager, Ms. Smith, Ms. Williams
Abstain:	Ms. King
Absent:	Ms. Alvarado

11. Quality Measure Overview

Laurie Nakahira, DO, Chief Medical Officer, reassured the Board that in the midst of COVID-19, we are still focused on quality and considering the safety of our members, providers, and staff.

Dr. Nakahira reviewed the quality measures for calendar year 2019, SCFHP Quality Program enhancements, and Medi-Cal HEDIS CY19 status. Thus far we have reached goal on 10 measures and are continuing to receive additional data.

Due to time constraints and questions regarding the information presented, a drill down of the data by network was requested at a future meeting to provide the Board with a better understanding of performance across our network.

Darrell Evora left the meeting at 2:55 pm.

Jolene Smith left the meeting at 3:08 pm.

12. Compliance Report

The Compliance Report was provided in the meeting packet.

13. Adjournment

The meeting was adjourned at 3:14 pm.

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Susan G. Murphy, Secretary

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

Monday, April 13, 2020, 3:00 PM – 4:00 PM
Santa Clara Family Health Plan
6201 San Ignacio Ave, San Jose, CA 95119

Minutes – Draft

Member Present
Dolores Alvarado, Chair
Bob Brownstein
Liz Kniss
Sue Murphy
Linda Williams

Staff Present
Christine Tomcala, Chief Executive Officer
Neal Jarecki, Chief Financial Officer
Laurie Nakahira, D.O., Chief Medical Officer
Chris Turner, Chief Operating Officer
Ngoc Bui-Tong, VP, Strategies & Analytics
Laura Watkins, VP, Marketing & Enrollment
Tyler Haskell, Director, Government Relations
Jayne Giangreco, Manager, Administrative
    Services
Rita Zambrano, Executive Assistant

1. **Roll Call**

   Dolores Alvarado, Chair, called the meeting to order at 3:00 pm. Roll call was taken and a quorum was established.

2. **Public Comment**

   There were no public comments.

3. **Process for Consideration of COVID-19 Funding Requests**

   Christine Tomcala, CEO, reviewed the objectives of the meeting, which were to: (1) understand the Plan's reserves and the need for those reserves, (2) determine a process for consideration of COVID-19 funding requests from Plan reserves, and (3) consider the request received from FIRST 5 for emergency funding of infant formula.

   Ms. Tomcala reported on the Plan's reserves, noting that Tangible Net Equity (TNE) was $204 million. She noted the reserves represent the accumulated net surplus since Plan inception, and are needed to maintain the long-term health and stability of the Plan. She further noted that reserves include the value of the Plan's fixed assets (largely the building) and the two Board-designated funds. With these items removed, and less the recent Board-approved COVID-19 funding to the community clinics of $2 million, the Plan's unrestricted net reserves are $156 million, or less than sixty days of total expenses of $185 million.

   Ms. Tomcala noted that the Board-Designated Innovation Fund and the Special Project Fund for Community-Based Organizations (CBO) have remaining balances of $15.3 million and $3.7 million, respectively. She noted that COVID-related funding requests may not meet the existing criteria of these Board-designated funds.

Ms. Tomcala summarized potential budgetary challenges which threaten the Plan's reserves, including: issues with the Federal government, the State budget and Med-Cal funding process, increasing State program expectations, increasing acuity of an aging membership, the potential for additional Medi-Cal membership growth, support for providers, and direct COVID-related costs to the Plan.

Ms. Tomcala summarized several criteria proposed by Mr. Brownstein for consideration of COVID-related funding requests, as follows;

1. Demonstrate the need is directly related to the COVID-19 pandemic.
2. Demonstrate the project targets those in the most acute need.
3. Indicate if a one-time need; if longer-term program, how will the need be sustained with resources other than SCFHP.
4. Demonstrate the applicant is making maximum use of own resources, including reserves.
5. Indicate if funding is being sought from other potential sources.
6. Indicate if a loan/advance could meet the need.
7. Indicate if the request is health care-related (e.g., provider network stabilization).

Mr. Brownstein spoke about the many devastating effects of the current COVID-19 crisis that are overwhelming Federal and State resources. The Committee members discussed balancing their duty to protect the ability of the plan to fulfill its mission, with the tremendous needs in the community as a result of the COVID-19 pandemic.

Mr. Brownstein suggested establishing the above-criteria for consideration of COVID-19-related funding requests. He further suggested a small group be designated to consider emergency COVID-19 requests that cannot wait for consideration at a Board or Executive/Finance Committee meeting.

It was moved, seconded and the proposed criteria were **unanimously approved** with amendments to include "reserves and emergency funds" in number (4), and to add two additional criteria: (8) Funds are not to be used for other expenses and may not supplant normal recurring funding, and (9) Funds are to be used exclusively for direct service provision and not for indirect overhead.

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

It was moved, seconded and unanimously approved that for the period of the COVID-19 pandemic, the criteria for the Innovation Fund should be amended to include the COVID-19 criteria just approved, as an alternate means of eligibility for funding.

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

It was moved, seconded and unanimously approved to form a small group, composed of the Board Chair, the Executive/Finance Committee Chair, and the Chief Executive Officer, to consider emergency COVID-19-related funding requests between meetings of the Governing Board and/or the Executive/Finance Committee. The group can make funding decisions up to a maximum of $2 million between meetings.

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

4. COVID-19 Funding Request

Ms. Tomcala presented a funding request from FIRST 5 for $300,000 to provide infant formula to 7,500 families in the month of April 2020. The Committee raised several questions and requested that Ms. Tomcala follow-up with FIRST 5.

5. Adjournment

The meeting was adjourned at 4:08 pm.

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Susan G. Murphy, Secretary

PROCESS FOR EVALUATING REQUESTS FOR COVID 19 EMERGENCY GRANTS

Background:

The COVID 19 is causing immediate and acute hardship to hundreds of thousands of Santa Clara County households. In addition to the effects on people's health, there are severe economic impacts that are overwhelming existing safety net institutions and funds. Recognizing the ways in which social determinants influence health, these economic factors will rapidly have negative consequences for the physical well-being of numerous families.

Every organization and institution in the County, including the SCFHP, must accept a major responsibility to take action to respond to this crisis. Since the resources that the SCFHP controls are limited – and relatively small in relation to the scale of the need – it is necessary that we develop a procedure for evaluating requests for assistance.

I suggest the following process.

Criteria for Evaluation of Proposals

1) Applicant must demonstrate that the need for resources is directly related to the COVID 19 pandemic. SCFHP has other funds and processes available that are designed to support community projects and proposals during normal times.

2) Applicant must demonstrate that the program or project is targeting those in most acute need.

3) Applicant must indicate whether the proposal will satisfy a one-time need or is requested to support a longer-term program. In the latter case, applicant must indicate how the program will be sustained until the pandemic is controlled with resources from sources other than SCFHP.

4) Applicant must demonstrate that it is making a maximum use of its own resources, including reserves.

5) Applicant must indicate that is seeking funding from other feasible potential sources.

6) Applicant must indicate whether the need can be met in full or in part be met through a loan instead of a grant and whether either the organization submitting the proposal or recipients of program funds can make repayments. For example, some families in immediate distress will become financially stable once they receive unemployment insurance.

Decision-Making Procedure

1. The Executive/Finance Committee establish a maximum amount of funds that can be made available on an emergency basis in between Exec/Finance Committee meetings. Decisions regarding these funds can be allocated by a three-person team: The CEO, the Chair of the Board, and the Chair of the Exec/Finance Committee.

2. Non-emergency proposals shall be placed on the agenda of the next Exec./Finance Committee meeting.

3. Discussion and ratification or amendment of these procedures shall be placed on the agenda of the next meeting of the full SCFHP Board.

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Policy Title:	Special Project Fund for CBOs	Policy No.:	GO.02 v2
Replaces Policy Title (if applicable):	N/A	Replaces Policy No. (if applicable):	N/A
Issuing Department:	Governance & Org Structure	Policy Review Frequency:	Periodically as warranted
Lines of Business (check all that apply):	☐ Medi-Cal	☐ Healthy Kids	☐ CMC

I. Purpose

To define and outline the requirements and criteria by which SCFHP may provide funding through a Board Designated Fund for special projects submitted by community based organizations (CBOs).

II. Policy

SCFHP has established a Board Designated Fund to allow the Plan to provide funding for special projects and initiatives focused on serving the health needs of the safety net population in Santa Clara County. The amount of reserves available for this Designated Fund will be based on the amount available, if any, over the Board-designated maximum Tangible Net Equity (TNE), subject to the Plan exceeding the Board-established liquidity target range, determined annually after release of the audited financial statements and as recommended by management in consideration of current and anticipated financial challenges.

It is SCFHP's policy to make investments, subject to the availability of funds, in special projects that support the mission of the Plan, are consistent with annual and strategic objectives, strengthen community partnerships, and explore new and emerging models of care or facilitate expansion of best practice quality care. Applications will be accepted from 501(c)(3) community based organizations (CBOs) on a rolling basis.

The Executive/Finance Committee may approve special project investments up to $100,000. Project funding over $100,000 must be approved by the Governing Board. Maximum funding per project proposal is $250,000.

Special project investments will be evaluated based on the following:
1. The funding fulfills an overriding public purpose to ensure Santa Clara County residents have access to high quality, comprehensive health care and services that impact health.
2. The special project is consistent with the Plan's mission and with the strategic and/or annual objectives of the Plan, which may include:
   - Promoting quality of care and cost efficiency
   - Addressing issues that affect Plan regulatory compliance or accreditation
   - Expanding best practices/evidence-based care
   - Piloting a promising approach to address emerging health care issues
   - Providing social services and supports that impact health
3. There is a lack of other resources in the community to fund the special project.

4. With the exception of pilot projects, continued special project funding from SCFHP would not be required for sustainability of the project.

Funding requests may not:
- Be used for general operating costs, but may support project overhead;
- Personally financially benefit any Santa Clara County Health Authority official or employee; or
- Be used to support political causes, candidates, organizations, campaigns, ballot measures, or religious organizations for religious purposes.

III.   References

1. Tangible Net Equity Policy
2. Liquidity Policy

IV.   Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
[Manager/Director Name] [Title]	[Compliance Name] Title]	[Executive Name] [Title]
Date	Date	Date

Version Number	Original/ Reviewed/ Revised	Reviewing Committee (if applicable)	Committee Action/Date (Recommended or Approved)	Board Action/Date (Approved or Ratified)
v1	Original			Approved 06/28/2018
v2	Revised			

POLICY

Policy Title:	Innovation Fund	Policy No.:	GO.03 v1
Replaces Policy Title (if applicable):	N/A	Replaces Policy No. (if applicable):	N/A
Issuing Department:	Governance & Org Structure	Policy Review Frequency:	Periodically as warranted
Lines of Business (check all that apply):	□ Medi-Cal	□ Healthy Kids	□ CMC

I. Purpose

To establish an innovation fund for strategic initiatives determined by SCFHP to be high priority investments.

II. Policy

SCFHP has established a Board Designated Fund to allow the Plan to identify and fund potential high value strategic investments. The amount of reserves available for this Designated Fund will be based on a portion of the amount available, if any, over the Board-designated maximum Tangible Net Equity (TNE), subject to the Plan exceeding the Board-established liquidity target range, determined annually after release of the audited financial statements and as recommended by management in consideration of current and anticipated financial challenges.

It is SCFHP's policy to make investments in keeping with the following principles:

1. Focus investments on identified gaps in serving our members, potential members and providers to better meet member health needs, consistent with SCFHP's mission.
2. Fund initiatives that enable SCFHP to address evolving state and federal health care policy and regulatory expectations.
3. Work in collaboration with organizations in the community, as appropriate for the initiative.
4. Strategic investments may span multiple years.

The Executive/Finance Committee may approve innovation fund investments up to $250,000. Project funding over $250,000 must be approved by the Governing Board.

III. References

1. Tangible Net Equity Policy
2. Liquidity Policy

IV.   Approval/Revision History

First Level Approval		Second Level Approval		Third Level Approval	
[Manager/Director Name] [Title]		[Compliance Name] Title]		[Executive Name] [Title]	
Date		Date		Date	

Version Number	Original/ Reviewed/ Revised	Reviewing Committee (if applicable)	Committee Action/Date (Recommended or Approved)	Board Action/Date (Approved or Ratified)
v1	Original			

Regular Meeting of the

Santa Clara County Health Authority
Executive/Finance Committee

Thursday, April 23, 2020, 11:30 PM – 1:30 PM
Santa Clara Family Health Plan
6201 San Ignacio Ave, San Jose, CA 95119

MINUTES - Draft

Members Present
Dolores Alvarado, Chair
Bob Brownstein
Liz Kniss
Sue Murphy
Linda Williams

Staff Present
Christine Tomcala, Chief Executive Officer
Neal Jarecki, Chief Financial Officer
Laurie Nakahira, D.O., Chief Medical Officer
Chris Turner, Chief Operations Officer
Ngoc Bui-Tong, VP, Strategies & Analytics
Teresa Chapman, VP, Human Resources
Laura Watkins, VP, Marketing & Enrollment
Barbara Granieri, Controller
Tyler Haskell, Director, Government Relations
Jordan Yamashita, Director, Compliance
Jayne Giangreco, Manager, Administrative
    Services
Rita Zambrano, Executive Assistant

1. **Roll Call**

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

2. **Public Comment**

   There were no public comments.

   Ms. Alvarado announced that the committee will not be convening to Closed Session.

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 February 27, 2020 **Regular Executive/Finance Committee** meeting
   b. Approve minutes of the April 13, 2020 **Special Executive/Finance Committee** meeting
   c. Approve **Advertising Agency of Record** contract

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

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

4. CEO Update

Christine Tomcala, Chief Executive Officer, stated, as directed by the Executive/Finance Committee at the Special meeting on April 13, 2020, the designated small group met and approved $50,000 in funding for FIRST 5's emergency fund request for infant formula.

Ms. Tomcala updated the Committee on the Plan's responses to COVID-19. Ms. Alvarado expressed interest in understanding the Plan's percentage of the data reported by the County Public Health Department. She also inquired about the age and gender of Plan members affected by COVID-19. Staff will pursue data availability with the Public Health Department.

Ms. Tomcala asked Dr. Nakahira to provide a brief update on the Plan's Medi-Cal HEDIS status for calendar year 2019. Dr. Nakahira summarized the highlights and opportunities. Ms. Tomcala suggested a more in-depth discussion could be included on a future agenda.

Ms. Tomcala discussed the impact COVID-19 may have on the Plan's enrollment. Opinions on enrollment increases range from low single digits to 30%. Ms. Tomcala discussed whether individuals receiving unemployment compensation may have incomes that are still too high to qualify for Medi-Cal. She referred to the Federal Poverty Level (FPL) for 2020 and the cutoff for Medi-Cal programs.

5. Government Relations Update

Tyler Haskell, Director, Government Relations, shared a summary of Federal and State Legislative and Executive actions. The Senate passed a fourth COVID-19 response bill, which includes $480 billion dollars to backfill the small business loan program and $75 billion for hospitals and providers. The House is expected to pass the bill today. Discussions are underway about a fifth bill, which would provide state budget relief. Senate Majority Leader Mitch McConnell has signaled opposition to this, but is likely to eventually relent. How this plays out is likely to affect what happens with Medicaid over the next couple of years. At issue is whether states will have enough money to handle increased enrollment, as well as the future of existing Whole Person Care infrastructure.

Mr. Haskell reported on the executive response, noting that in the current phase, the State is trying to figure out how to ease restrictions with no treatment or vaccine and less than ideal testing and tracing capacity, all while managing the still-unfolding crisis. He also noted the Governor's executive order allowing non-coronavirus surgeries and procedures in hospitals.

Mr. Haskell reported that legislature will reconvene in early May. At two recent budget hearings, State finance staff stated that the budget forecast has worsened to the point that they expect the State will likely use all of its "rainy day fund" reserves over the next two fiscal years. Legislative bill packages will be limited by time and funding, but a few relevant bills are likely to proceed, including one significant bill relating to the pharmacy carve-out and perhaps some of the six lead testing bills currently pending. Some legislators are pushing for the revised budget to continue to include Medi-Cal coverage for undocumented individuals over 65.

DHCS is still pursuing additional 1135 waiver flexibilities. DHCS is also pushing deadlines and other plan duties, and allowing CBAS centers to be paid for certain off-site services. We are providing daily reports to DHCS about the COVID-19 status of our members, and DHCS has also requested reports on outreach to vulnerable populations among our members. Additionally, DHCS announced the indefinite delay of the July 1 deadline for plans to submit plans to transition Whole Person Care and Health Homes Programs to Enhanced Care Management and In Lieu of Services. DHCS will seek a one-year extension of the 1115 waiver and perhaps make other changes to the CalAIM implementation schedule.

Mr. Haskell noted that the county has pushed back its budget process to August and was already expecting a $150-200 million deficit, raising the possibility of service cuts.

6. February 2020 Financial Statements

Neal Jarecki, Chief Financial Officer, presented the February 2020 financial statements, which reflected a current month net surplus of $1.5 million ($762 thousand favorable to budget) and a fiscal year-to-date net surplus of $3.9 million ($1.5 million unfavorable to budget).

Enrollment increased by 197 members from the prior month to 240,034 members (474 unfavorable to budget). While Medi-Cal enrollment has generally declined since October 2016, the Plan began to receive new undocumented Adult members in February. CMC enrollment increased due to continued outreach efforts.

Revenue reflected a favorable current month variance of $3.8 million (4.3%) largely due to retroactive adjustment to the estimate CY19 Medicare Part D reconciliation adjustment.

Medical expense reflected an unfavorable current month variance of $3.9 million (4.7%) due to certain higher fee-for-service expenses versus budget and increased Prop 56 expense.

Administrative expense reflected a favorable current month variance of $704 thousand (13.4%) due largely to the timing of certain non-personnel expenses.

The balance sheet reflected a Current Ratio of 1.25:1, versus the minimum required by DMHC of 1.0:1. Tangible Net Equity was $206 million, which represented approximately two months of the Plan's total monthly expenses. Year-to-date capital investments of $1.3 million were made, largely comprised of building improvements and IT hardware.

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

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

7. Annual Investment Policy Review

Mr. Jarecki presented the updated Policy FA.07: Investments, as prepared by the Plan's advisor, Sperry Capital. The policy is reviewed annually, and was last updated in April 2018. Mr. Jarecki noted that all current revisions reflect updated Government Code and other minor verbiage changes.

> **It was moved, seconded, and** the revised Policy FA.07: Investments was **unanimously approved.**

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

8. Utilization Management and Hospital Costs

Ngoc Bui-Tong, Vice President, Strategies & Analytics, and Dr. Laurie Nakahira, Chief Medical Officer, provided a presentation on the Plan's utilization management practices and hospital costs, and discussion ensued.

> **It was moved, seconded, and** the Utilization Management and Hospital Costs presentation was **unanimously approved.**

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

9. Compliance Update
Ms. Tomcala noted a written summary of the Compliance Update was sent to the Committee for review prior to the meeting.

10. Adjournment

The meeting was adjourned at 1:40 pm.

_____

Susan G. Murphy, Secretary

Advertising Agency of Record – Contract

Executive/Finance Committee – April 23, 2020

Advertising Agency of Record – RFP Purpose and Criteria

To select an agency that demonstrates knowledge and understanding of healthcare marketing and advertising strategy and trends.

- **Account Management:** Maintain a relationship with SCFHP to evaluate and respond to current and future business needs upon mutual agreement to a statement of work.

- **Market Research:** Conduct market research in the form of focus groups and/or surveys.

- **Campaigns:** Develop and implement campaigns for SCFHP brand awareness, Community Resource Center opening, other.

- **Production/Creative:** Manage development of creative to support campaigns.

- **Media Planning and Buys:** Develop strategic media planning and manage media placements/buys.

- **Reporting and Analytics:** Provide timely updates and reports to monitor, measure, and evaluate the campaign's objective.

Agencies

RFP distributed via email and posted to scfhp.com.

Agencies	Worked with/ Referred by	Submitted RFP Response	Invited to Provide Media Plan	Invited to Interview
3fold	Business Journal – Sutter Health (Sac Valley)	No	No	No
AMF Media Group	Alameda Health System	No	No	No
Better World Advertising	Santa Clara County Public Health	No	No	No
Decca Design	Business Journal – McAfee	Yes	No	No
Dobies Health Marketing	Health Plan San Joaquin	Yes	Yes	Yes
Duft & Watterson	Second Harvest Food Bank	No	No	No
Elkins Advertising	Second Harvest Food Bank	No	No	No
Maricich Health	LA Care & SCVMC	Yes	Yes	No
Palmer Advertising	Health Plan San Joaquin	Yes	Yes	Yes
Verdin	Internal Recommendation	Yes	Yes	Yes
Westbound Communications	LA Care and Cal Optima	Yes	Yes	No

Evaluation Criteria

- Ability to support SCFHP with all advertising and marketing components listed in the RFP – account management, market research, advertising campaigns, reporting and analytics.

- Ability to launch specific campaign, including SCFHP Brand Awareness Campaign to support market share growth and brand recognition in Santa Clara County.

- Experience working with California managed healthcare clients.

- Agency capabilities to support a strategic advertising campaign:

  - Experience conducting marketing research and using the results to inform an advertising plan;

  - Copywriting capabilities that demonstrate a knowledge of planning and executing cohesive messaging;

  - Creative production team that understands our market and target demographic

  - Media planner that can place both digital and traditional media aimed at our target demographic

  - Expertise in using reporting and analytics to optimize campaign results

Advertising Agency of Record Selection – Dobies Health Marketing

Based on strategy, pricing, and references in RFP responses, Dobies Health Marketing meets requirements and offers health care marketing expertise within the SCFHP cost scenario of $350k.

- **Account Management:** Dedicated client service manager and strategic advisor in CA with experience in Medi-Cal and managed care.

- **Market Research:** Includes deep dive on brand background and organization; online surveys using Qualtrics platform.

- **Campaign Strategy/Copy:**
    - Market research-based; audiences segmented and prioritized;
    - Creative design with consistent messaging across all channels;
    - In-house staff for design and videography.

- **Media Planning and Reporting:**
    - Strategic media planner leading in-house traditional buyer and contracted digital buyer;
    - Dashboards to track and analyze digital campaigns, Google Ads to optimize results.

- **Media Hard Costs:** Strategic placements based on target audience and reporting results.

Advertising Agency of Record Selection

Possible Action

- Authorize Chief Executive Officer to negotiate, execute, amend, and terminate a contract with Dobies Health Marketing as advertising agency of record, based on RFP pricing.

Unaudited Financial Statements
For Eight Months Ended February 29, 2020

Agenda

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Financial Highlights

	MTD		YTD	
Revenue	$92 M		$732 M	
Medical Expense (MLR)	$87 M	93.9%	$692 M	94.6%
Administrative Expense (% Rev)	$4.6 M	4.9%	$39.0 M	5.3%
Other Income/Expense	$406K		$3.2 M	
Net Surplus (Loss)	**$1.5 M**		**$3.9 M**	
Cash and Investments			$331 M	
Receivables			$539 M	
Total Current Assets			$881 M	
Current Liabilities			$707 M	
Current Ratio			1.25	
Tangible Net Equity			$206 M	

Financial Highlights

Net Surplus (Loss)	▸ Month: Surplus of $1.5M is $762K or 102.1% favorable to budget of $746K. ▸ YTD: Surplus of $3.9M is $1.5M or 27.2% unfavorable to budget of $5.3M.
Enrollment	▸ Month: Membership was 240,034 (474 or 0.2% unfavorable budget of 240,508). ▸ YTD: Membership was 1,952,638 (2,288 or 0.1% favorable budget of 1,950,350).
Revenue	▸ Month: $92.4M ($3.8M or 4.3% favorable to budget of $88.6M). ▸ YTD: $731.7M ($19.4M or 2.7% favorable to budget of $712.3M).
Medical Expenses	▸ Month: $86.8M ($3.9M or 4.7% unfavorable to budget of $82.9M). ▸ YTD: $692.0M ($25.0M or 3.7% unfavorable to budget of $667.0M).
Administrative Expenses	▸ Month: $4.6M ($704K or 13.4% favorable to budget of $5.3M). ▸ YTD: $39.0M ($2.9M or 7.0% favorable to budget of $42.0M).
Tangible Net Equity	▸ TNE was $206.0M (667.9% of minimum DMHC requirement of $30.8M).
Capital Expenditures	▸ YTD Capital Investments of $1.3M vs. $4.8M annual budget, primarily building improvements and hardware.

Detail Analyses

Enrollment

- Total enrollment of 240,084 members is lower than budget by 474 or 0.2%. Since June 30, 2019, total enrollment has decreased by 9,171 members or 3.7%, near budgeted expectations.

- Medi-Cal enrollment has declined since October 2016, predominately in the Non-Dual Adult Expansion, Child, & Adult categories of aid. Effective October 1st, 2019, approximately 3,500 Healthy Kids members transitioned to Medi-Cal. Since the beginning of the fiscal year, Medi-Cal Non-Dual enrollment has decreased 3.1%, Dual enrollment has grown 1.8%, and CMC enrollment has grown 5.8%, all in line with budgeted expectations.

- With the transfer of the Healthy Kids members, net Medi-Cal membership has decreased since the beginning of the fiscal year by 6,149 or 2.6%. CMC membership has increased since the beginning of the fiscal year by 464 or 5.8%.

	For the Month February 2020				For Eight Months Ending February 29, 2020				Prior Year Actuals	Δ FY19 vs. FY20
	Actual	Budget	Variance	Variance (%)	Actual	Budget	Variance	Variance (%)		
Medi-Cal	231,548	232,148	(600)	-0.3%	1,875,869	1,874,662	1,207	0.1%	1,950,188	(3.8%)
Cal Medi-Connect	8,486	8,360	126	1.5%	66,241	65,644	597	0.9%	61,148	8.3%
Healthy Kids	0	0	0	0.0%	10,528	10,044	484	4.8%	26,277	(59.9%)
Total	**240,034**	**240,508**	**(474)**	**-0.2%**	**1,952,638**	**1,950,350**	**2,288**	**0.1%**	**2,037,613**	**(4.2%)**

Santa Clara Family Health Plan Enrollment By Network
February 2020

Network	Medi-Cal		CMC		Healthy Kids		Total	
	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total
Direct Contract Physicians	30,199	13%	8,486	100%	-	0%	38,685	16%
SCVHHS[1], Safety Net Clinics, FQHC[2] Clinics	114,845	50%	-	0%	-	0%	114,845	48%
Palo Alto Medical Foundation	6,473	3%	-	0%	-	0%	6,473	3%
Physicians Medical Group	40,860	18%	-	0%	-	0%	40,860	17%
Premier Care	14,407	6%	-	0%	-	0%	14,407	6%
Kaiser	24,764	11%	-	0%	-	0%	24,764	10%
Total	**231,548**	**100%**	**8,486**	**100%**	**-**	**0%**	**240,034**	**100%**
Enrollment at June 30, 2019	237,697		8,022		3,486		249,205	
Net Δ from Beginning of FY20	(2.6%)		5.8%		(100.0%)		(3.7%)	

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

Enrollment By Aid Category

SCFHP TRENDED ENROLLMENT BY COA YTD FEB-2020

		2019-02	2019-03	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	FYTD var	%
NON DUAL	Adult (over 19)	25,846	25,779	25,563	25,198	25,204	24,989	24,888	24,689	24,492	24,207	23,999	23,620	23,604	(1,600)	(6.3%)
	Child (under 19)	95,177	95,229	94,956	94,255	94,026	93,536	92,668	92,092	95,000	93,829	93,477	92,339	92,248	(1,778)	(1.9%)
	Aged - Medi-Cal Only	10,963	10,934	10,949	10,871	10,995	10,948	10,958	10,855	10,850	10,897	10,903	10,904	10,831	(164)	(1.5%)
	Disabled - Medi-Cal Only	10,579	10,595	10,678	10,780	10,819	10,774	10,833	10,814	10,836	10,865	10,839	10,845	10,854	36	0.3%
	Adult Expansion	72,223	72,143	72,114	71,364	71,465	71,082	70,635	70,418	70,285	69,889	69,069	68,130	68,372	(3,093)	(4.3%)
	BCCTP	9	8	10	11	11	10	10	10	10	12	11	11	11	0	0.0%
	Long Term Care	376	375	375	370	372	372	364	366	372	371	373	379	373	1	0.3%
	Total Non-Duals	**215,173**	**215,063**	**214,644**	**212,848**	**212,891**	**211,711**	**210,356**	**209,244**	**211,845**	**210,070**	**208,671**	**206,228**	**206,293**	**(6,598)**	**(3.1%)**
DUAL	Adult (21 Over)	376	367	368	354	352	351	345	351	341	350	341	330	328	(24)	(6.8%)
	SPD (21 Over)	22,728	22,725	22,941	23,009	22,988	23,087	23,230	23,445	23,531	23,577	23,498	23,473	23,540	552	2.4%
	Adult Expansion	529	479	304	252	253	209	226	201	122	82	177	139	130	(123)	(48.6%)
	BCCTP	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
	Long Term Care	1,203	1,201	1,187	1,192	1,213	1,220	1,232	1,237	1,256	1,271	1,308	1,266	1,257	44	3.6%
	Total Duals	**24,837**	**24,773**	**24,800**	**24,807**	**24,806**	**24,867**	**25,033**	**25,234**	**25,250**	**25,280**	**25,324**	**25,208**	**25,255**	**449**	**1.8%**
	Total Medi-Cal	**240,010**	**239,836**	**239,444**	**237,655**	**237,697**	**236,578**	**235,389**	**234,478**	**237,095**	**235,350**	**233,995**	**231,436**	**231,548**	**(6,149)**	**(2.6%)**
	Healthy Kids	**3,375**	**3,348**	**3,465**	**3,507**	**3,486**	**3,501**	**3,509**	**3,512**	**2**	**2**	**2**	**0**	**0**	**(3,486)**	**(100.0%)**
CMC	CMC Non-Long Term Care	7,616	7,680	7,661	7,706	7,815	7,869	7,921	7,982	8,016	8,069	8,206	8,177	8,261	446	5.7%
	CMC - Long Term Care	198	204	208	209	207	207	213	212	217	220	222	224	225	18	8.7%
	Total CMC	7,814	7,884	7,869	7,915	8,022	8,076	8,134	8,194	8,233	8,289	8,428	8,401	8,486	464	5.8%
	Total Enrollment	**251,199**	**251,068**	**250,778**	**249,077**	**249,205**	**248,155**	**247,032**	**246,184**	**245,330**	**243,641**	**242,425**	**239,837**	**240,034**	**(9,171)**	**(3.7%)**

7

Revenue

Current month revenue of $92.4M is $3.8M or 4.3% favorable to budget of $88.6M. The current month variance was primarily due to the following:

- CMC Medicare Part D Recon accrued revenue of $2M based on recent Wakely's report.

- Increased Prop 56 revenue accrual of $839K due to rate increase (with an offsetting increase to medical expense).

- Higher retroactive member months than budget primarily in LTC, Non-Dual and Dual Senior Person's with Disability (SPD) and Adult Expansion categories ($805M).

- Slightly higher FY20 base rates in the Medi-Cal Non-Dual categories of aid ($565K).
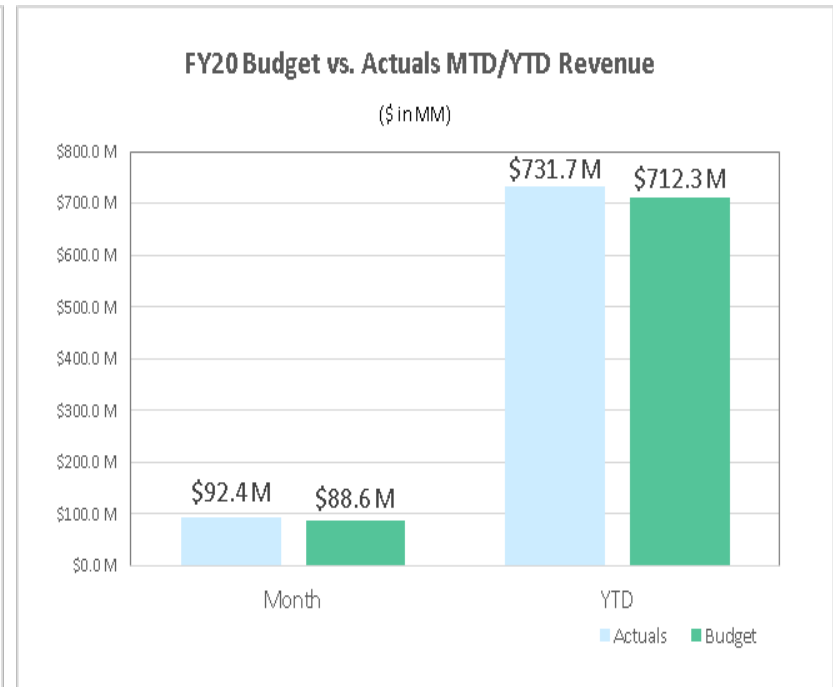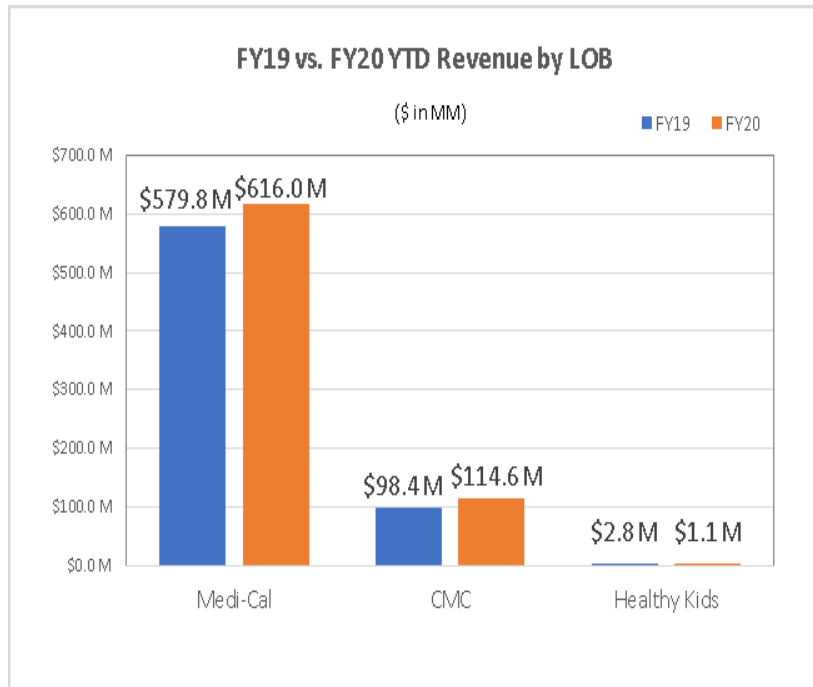
Medical Expense

Current month medical expense of $86.8M is $3.9M or 4.7% unfavorable to budget of $82.9M. The current month variance was due largely to:

- Medi-Cal and Cal MediConnect (CMC) Long Term Care (LTC) and Inpatient Hospital expenses in excess of budget yielded an unfavorable variance of $1.4M due to higher average cost per day versus budget.

- Pharmacy is $1.1M unfavorable to budget due to a higher average specialty script cost.

- Increased FY20 Prop 56 accrued expense of $839K (with offsetting an increase to revenue).
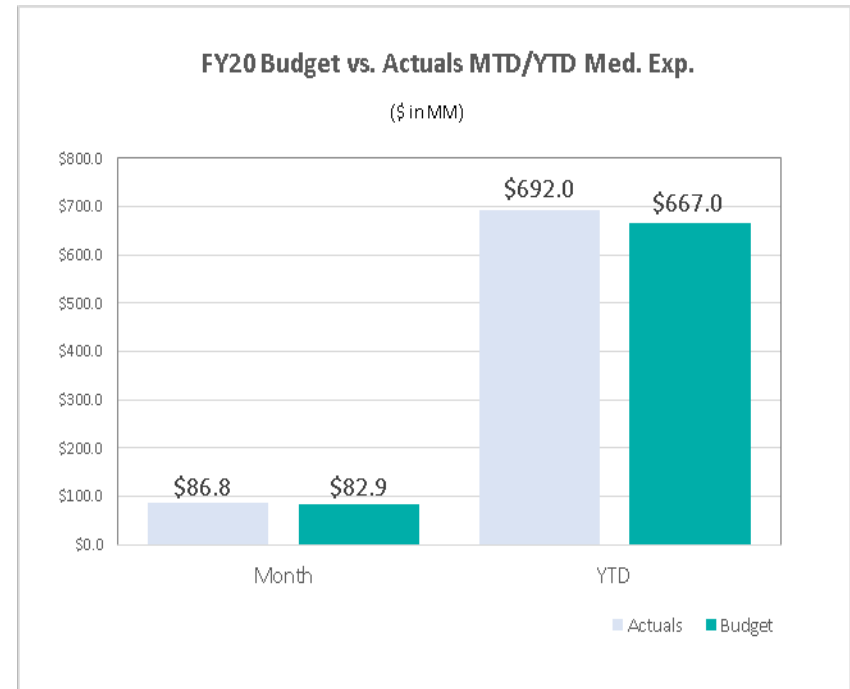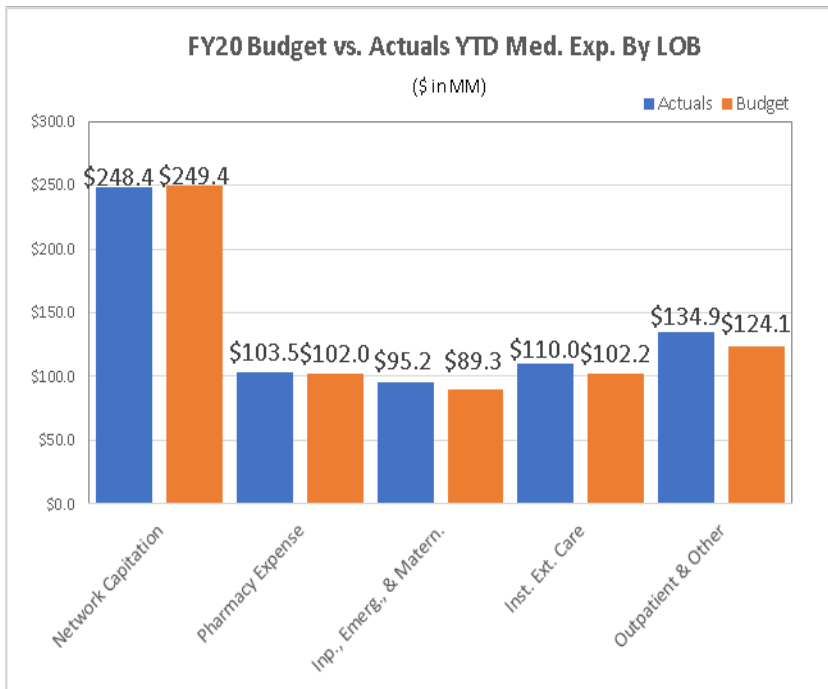
Administrative Expense

Current month admin expense of $4.6M is $704K or 13.4% favorable to budget of $5.3M. The current month variances were primarily due to the following:
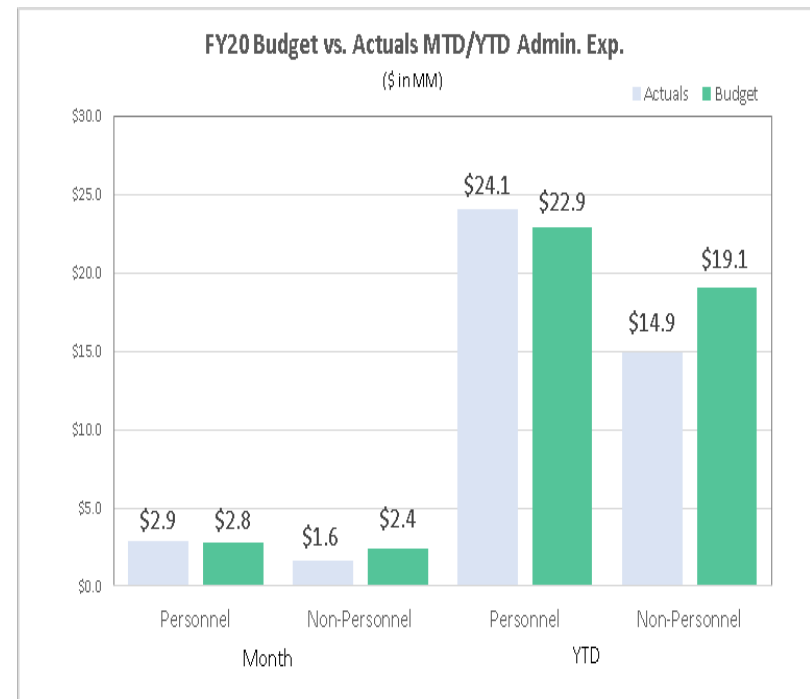
- Personnel expenses were $97K or 3.4% unfavorable to budget due to slightly higher average salaries partially offset by a lower head count.

- Non-Personnel expenses were overall $800K or 32.7% favorable to budget due to timing of printing, advertising and postage expenses and reduced Quality Improvement spending versus budget.
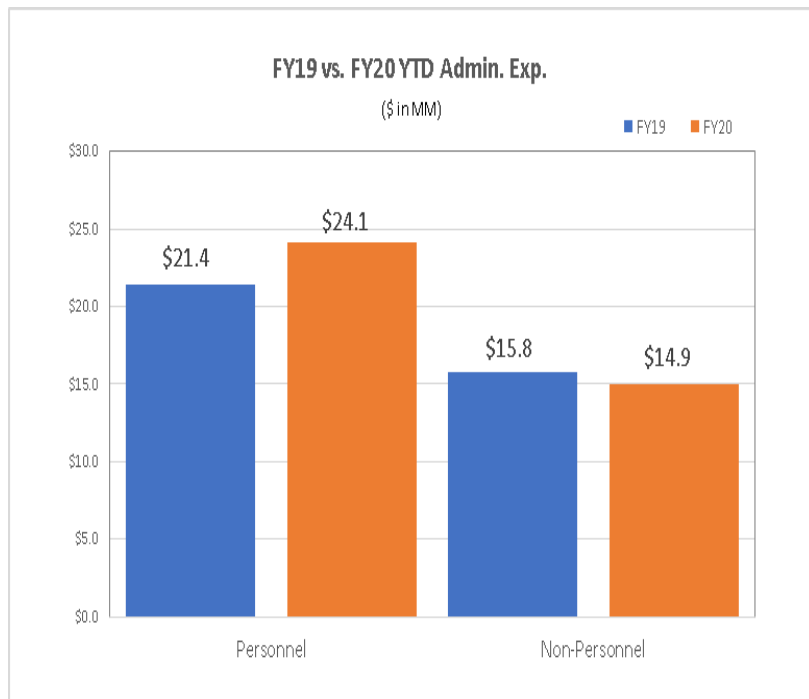
Balance Sheet

- Current assets totaled $880.9M compared to current liabilities of $706.9M, yielding a current ratio (Current Assets/Current Liabilities) of 1.25:1 vs. the DMHC minimum requirement of 1.0:1.

- Cash balance increased by $31.7M compared to the cash balance as of year-end June 30, 2019 due to timing of payments received and paid.

- 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	$105,093,473	1.97%	$100,000	$934,050
Wells Fargo Investments	$194,488,304	1.71%	$369,248	$1,834,064
	$299,581,778		$469,248	$2,768,114
Cash & Equivalents				
Bank of the West Money Market	$33,412	0.70%	$1,913	$61,363
Wells Fargo Bank Accounts	$31,234,895	1.45%	$44,618	$1,305,115
	$31,268,307		$46,531	$1,366,478
Assets Pledged to DMHC				
Restricted Cash	$305,350	0.42%	$105	$1,473
Petty Cash	$500	0.00%	$0	$0
Month-End Balance	**$331,155,934**		**$515,885**	**$4,136,065**

- Overall cash and investment yield favorably exceeds budget (1.8% actual vs. 1.4% budgeted).

Tangible Net Equity

- TNE was $206.0M or 667.9% of the most recent quarterly DMHC minimum requirement of $30.8M. TNE balance represents approximately two months of the Plan's total expenses.

Santa Clara Health Authority
Tangible Net Equity - Actual vs. Required
As of February 29, 2020

	Jun-11	Jun-12	Jun-13	Jun-14	Jun-15	Jun-16	Jun-17	Jun-18	Jun-19	Feb-20
Actual Net Position/Reserves	$36.1 M	$24.2 M	$32.6 M	$40.9 M	$72.6 M	$100.3 M	$158.4 M	$178.0 M	$202.1 M	$206.0 M
Required Reserves per DMHC	$5.0 M	$5.9 M	$7.8 M	$11.4 M	$19.3 M	$32.4 M	$35.9 M	$36.8 M	$30.9 M	$30.8 M
200% of Required Reserve	$10.0 M	$11.8 M	$15.6 M	$22.9 M	$38.5 M	$64.8 M	$71.8 M	$73.6 M	$61.8 M	$61.7 M
Actual as % Required	722.5%	410.2%	418.5%	357.5%	376.9%	309.8%	441.2%	483.4%	654.4%	667.9%

Tangible Net Equity
Actual vs. Required
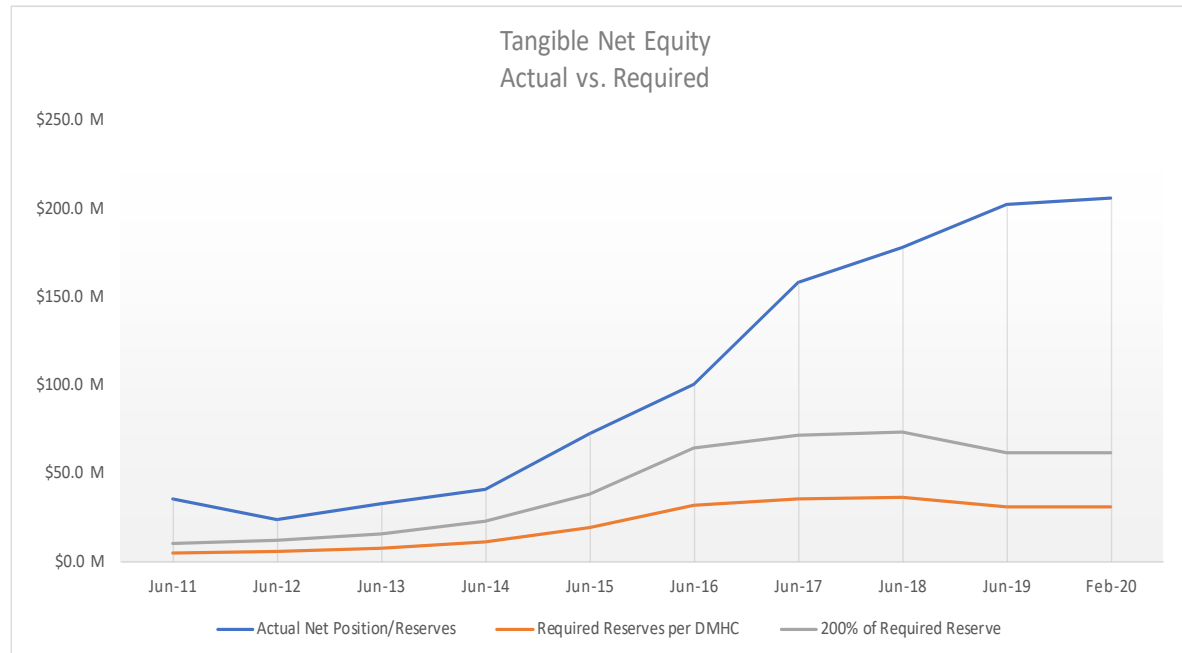
Reserves Analysis

SCFHP RESERVES ANALYSIS FEBRUARY 2020

Financial Reserve Target #1: Tangible Net Equity	Approved	Balance
Board Designated Special Project Funding for CBOs	$4,000,000	$3,840,000
Board Designated Innovation Fund	16,000,000	16,000,000
Invested in fixed assets (NBV)		26,344,698
Restricted under Knox-Keene agreement		305,350
Unrestricted Net Equity		159,525,219
Total TNE		206,015,267
Current Required TNE		30,844,207
TNE %		667.9%
SCFHP Target TNE Range:		
350% of Required TNE (Low)		107,954,726
500% of Required TNE (High)		154,221,037
Total TNE Above/(Below) SCFHP Low Target		**98,060,541**
Total TNE Above/(Below) High Target		**$51,794,229**

Financial Reserve Target #2: Liquidity	Balance
Cash & Investments	$331,155,934
Less Pass-Through Liabilities	
MCO Tax Payable to State of CA	(16,205,140)
Whole Person Care / Prop 56	(33,656,494)
Other Pass-Through Liabilities (Note 2)	(28,935,668)
Total Pass-Through Liabilities	**(78,797,301)**
Net Cash Available to SCFHP	252,358,633
SCFHP Target Liquidity (Note 3)	
45 Days of Total Operating Expense	(132,195,124)
60 Days of Total Operating Expense	(176,260,166)
Liquidity Above/(Below) SCFHP Low Target	**120,163,508**
Liquidity Above/(Below) High Target	**$76,098,467**

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 and Rate Range payables.

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

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Capital Expenditures

- Majority of the capital variances are building improvements and software due to timing of certain projects have been postponed.

Expenditure	YTD Actual	Annual Budget
Hardware	$251,798	$620,000
Software	$54,824	$1,029,000
Automobile	$0	$0
Building Improvements	$990,769	$3,149,500
TOTAL	**$1,297,392**	**$4,798,500**

Financial Statements

Income Statement

Santa Clara County Health Authority
INCOME STATEMENT
For Eight Months Ending February 29, 2020

	Feb-2020 Actuals	% of Rev	Feb-2020 Budget	% of Rev	Current Month Variance $	%	YTD Feb-2020 Actuals	% of Rev	YTD Feb-2020 Budget	% of Rev	YTD Variance $	%
REVENUES												
MEDI-CAL	$ 76,196,199	82.4%	$ 74,162,387	83.7%	$ 2,033,812	2.7%	$ 615,955,066	84.2%	$ 599,903,377	84.2%	$ 16,051,689	2.7%
CMC MEDI-CAL	2,769,741	3.0%	2,914,731	3.3%	(144,990)	-5.0%	24,328,002	3.3%	22,886,912	3.2%	1,441,090	6.3%
CMC MEDICARE	13,454,627	14.6%	11,555,025	13.0%	1,899,602	16.4%	90,263,061	12.3%	88,480,229	12.4%	1,782,831	2.0%
TOTAL CMC	16,224,367	17.6%	14,469,756	16.3%	1,754,612	12.1%	114,591,063	15.7%	111,367,141	15.6%	3,223,921	2.9%
HEALTHY KIDS	0	0.0%	0	0.0%	0	0.0%	1,123,789	0.2%	1,043,572	0.1%	80,218	7.7%
TOTAL REVENUE	$ 92,420,567	100.0%	$ 88,632,142	100.0%	$ 3,788,424	4.3%	$ 731,669,918	100.0%	$ 712,314,089	100.0%	$ 19,355,828	2.7%
MEDICAL EXPENSES												
MEDI-CAL	$ 72,742,657	78.7%	$ 69,489,441	78.4%	$ (3,253,216)	-4.7%	$ 585,242,613	80.0%	$ 560,789,137	78.7%	$ (24,453,475)	-4.4%
CMC MEDI-CAL	2,822,828	3.1%	3,072,040	3.5%	249,212	8.1%	22,328,355	3.1%	24,130,263	3.4%	1,801,908	7.5%
CMC MEDICARE	11,200,795	12.1%	10,313,140	11.6%	(887,655)	-8.6%	83,540,971	11.4%	80,914,819	11.4%	(2,626,152)	-3.2%
TOTAL CMC	14,023,623	15.2%	13,385,181	15.1%	(638,442)	-4.8%	105,869,326	14.5%	105,045,082	14.7%	(824,244)	-0.8%
HEALTHY KIDS	686	0.0%	0	0.0%	(686)	0.0%	853,244	0.1%	1,123,405	0.2%	270,162	24.0%
TOTAL MEDICAL EXPENSES	$ 86,766,966	93.9%	$ 82,874,622	93.5%	$ (3,892,344)	-4.7%	$ 691,965,182	94.6%	$ 666,957,625	93.6%	$ (25,007,558)	-3.7%
MEDICAL OPERATING MARGIN	$ 5,653,601	6.1%	$ 5,757,520	6.5%	$ (103,920)	-1.8%	$ 39,704,736	5.4%	$ 45,356,465	6.4%	$ (5,651,729)	-12.5%
ADMINISTRATIVE EXPENSE												
SALARIES AND BENEFITS	$ 2,903,223	3.1%	$ 2,806,651	3.2%	$ (96,571)	-3.4%	$ 24,091,181	3.3%	$ 22,883,792	3.2%	$ (1,207,389)	-5.3%
RENTS AND UTILITIES	18,688	0.0%	13,683	0.0%	(5,005)	-36.6%	159,041	0.0%	113,168	0.0%	(45,873)	-40.5%
PRINTING AND ADVERTISING	12,723	0.0%	84,613	0.1%	71,890	85.0%	106,444	0.0%	598,904	0.1%	492,460	82.2%
INFORMATION SYSTEMS	192,840	0.2%	299,410	0.3%	106,570	35.6%	1,923,052	0.3%	2,452,280	0.3%	529,228	21.6%
PROF FEES/CONSULTING/TEMP STAFFING	969,648	1.0%	1,397,885	1.6%	428,237	30.6%	7,767,606	1.1%	9,799,199	1.4%	2,031,593	20.7%
DEPRECIATION/INSURANCE/EQUIPMENT	292,612	0.3%	346,599	0.4%	53,987	15.6%	2,720,170	0.4%	3,041,163	0.4%	320,994	10.6%
OFFICE SUPPLIES/POSTAGE/TELEPHONE	58,037	0.1%	110,741	0.1%	52,704	47.6%	490,269	0.1%	747,328	0.1%	257,059	34.4%
MEETINGS/TRAVEL/DUES	79,045	0.1%	130,211	0.1%	51,166	39.3%	731,461	0.1%	1,005,255	0.1%	273,794	27.2%
OTHER	24,993	0.0%	65,667	0.1%	40,674	61.9%	1,048,231	0.1%	1,329,334	0.2%	281,103	21.1%
TOTAL ADMINISTRATIVE EXPENSES	$ 4,551,808	4.9%	$ 5,255,461	5.9%	$ 703,653	13.4%	$ 39,037,455	5.3%	$ 41,970,424	5.9%	$ 2,932,968	7.0%
OPERATING SURPLUS (LOSS)	$ 1,101,792	1.2%	$ 502,059	0.6%	$ 599,733	119.5%	$ 667,280	0.1%	$ 3,386,041	0.5%	$ (2,718,761)	-80.3%
ALLOWANCE FOR UNCOLLECTED PREMIUM	0	0.0%	0	0.0%	0	0.0%	42330	0.0%	0	0.0%	(42,330)	0.0%
GASB 75 - POST EMPLOYMENT BENEFITS EXPENSE	59,780	0.1%	60,000	0.1%	220	0.4%	493,458	0.1%	480,000	0.1%	(13,458)	-2.8%
GASB 68 - UNFUNDED PENSION LIABILITY	75,000	0.1%	75,000	0.1%	0	0.0%	584,780	0.1%	600,000	0.1%	15,220	2.5%
NON-OPERATING EXPENSES	$ 134,780	0.1%	$ 135,000	0.2%	$ 220	0.2%	$ 1,120,567	0.2%	$ 1,080,000	0.2%	$ (40,567)	-3.8%
INTEREST & OTHER INCOME	541,130	0.6%	379,225	0.4%	161,905	42.7%	4,342,801	0.6%	3,033,801	0.4%	1,309,000	43.1%
NET NON-OPERATING ACTIVITIES	$ 406,350	0.4%	$ 244,225	0.3%	$ 162,125	66.4%	$ 3,222,233	0.4%	$ 1,953,801	0.3%	$ 1,268,433	64.9%
NET SURPLUS (LOSS)	$ 1,508,142	1.6%	$ 746,284	0.8%	$ 761,858	102.1%	$ 3,889,514	0.5%	$ 5,339,842	0.7%	$ (1,450,328)	-27.2%

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Balance Sheet

SANTA CLARA COUNTY HEALTH AUTHORITY
For Eight Months Ending February 29, 2020

	Feb-2020	Jan-2020	Dec-2019	Feb-2019
Assets				
Current Assets				
Cash and Investments	331,155,934	304,676,729	302,290,000	270,810,416
Receivables	538,827,087	583,760,271	564,782,828	492,312,300
Prepaid Expenses and Other Current Assets	10,910,433	10,492,241	9,966,417	7,420,076
Total Current Assets	**880,893,455**	**898,929,241**	**877,039,245**	**770,542,792**
Long Term Assets				
Property and Equipment	46,056,161	46,053,228	46,127,393	43,382,948
Accumulated Depreciation	(19,711,463)	(19,453,913)	(19,198,652)	(16,084,786)
Total Long Term Assets	26,344,698	26,599,315	26,928,742	27,298,162
Total Assets	**907,238,153**	**925,528,556**	**903,967,987**	**797,840,954**
Deferred Outflow of Resources	**9,237,609**	**9,237,609**	**9,237,609**	**14,535,240**
Total Assets & Deferred Outflows	**916,475,762**	**934,766,165**	**913,205,596**	**812,376,194**
Liabilities and Net Assets:				
Current Liabilities				
Trade Payables	6,954,520	7,079,550	6,110,110	4,263,231
Employee Benefits	1,995,511	1,937,233	1,944,170	1,738,577
Retirement Obligation per GASB 75	3,168,673	3,108,894	3,049,114	4,029,032
Advance Premium - Healthy Kids	-	-	-	95,070
Deferred Revenue - Medicare	10,629,601	10,728,095	-	-
Whole Person Care / Prop 56	33,656,494	30,976,499	28,925,879	15,198,657
Pass-Throughs Payable	28,935,668	2,779,072	2,755,503	540,100
Due to Santa Clara County Valley Health Plan and Kaiser	37,115,900	35,519,620	32,490,778	13,862,491
MCO Tax Payable - State Board of Equalization	16,205,140	72,467,990	62,115,420	17,569,814
Due to DHCS	41,503,407	39,317,050	42,054,661	52,268,200
Liability for In Home Support Services (IHSS)	416,092,527	416,092,527	416,092,527	416,092,526
Current Premium Deficiency Reserve (PDR)	8,294,025	8,294,025	8,294,025	8,294,025
Medical Cost Reserves	102,342,543	98,462,988	102,726,060	83,187,263
Total Current Liabilities	**706,894,007**	**726,763,544**	**706,558,246**	**617,138,986**
Non-Current Liabilities				
Net Pension Liability GASB 68	571,940	500,948.34	429,957	2,424,796
Total Non-Current Liabilities	**571,940**	**500,948**	**429,957**	**2,424,796**
Total Liabilities	**707,465,947**	**727,264,492**	**706,988,203**	**619,563,782**
Deferred Inflow of Resources	**2,994,548**	**2,994,548**	**2,994,548**	**4,034,640**
Net Assets				
Board Designated Fund: Special Project Funding for CBOs	3,840,000	3,840,000	3,840,000	-
Board Designated Fund: Innovation Fund	16,000,000	16,000,000	16,000,000	-
Invested in Capital Assets (NBV)	26,344,698	26,599,315	26,928,742	27,298,162
Restricted under Knox-Keene agreement	305,350	305,350	305,350	305,350
Unrestricted Net Equity	155,635,705	155,381,088	155,051,661	150,412,351
Current YTD Income (Loss)	3,889,514	2,381,372	1,097,091	10,761,909
Total Net Assets / Reserves	**206,015,267**	**204,507,125**	**203,222,844**	**188,777,772**
Total Liabilities, Deferred Inflows and Net Assets	**916,475,762**	**934,766,165**	**913,205,596**	**812,376,194**

Cash Flow Statement

	Feb-2020	Year-to-date
Cash Flows from Operating Activities		
Premiums Received	$83,277,257	$948,474,416
Medical Expenses Paid	(55,134,537)	(910,307,698)
Adminstrative Expenses Paid	(2,201,712)	(9,478,697)
Net Cash from Operating Activities	**$25,941,009**	**$28,688,022**
Cash Flows from Capital and Related Financing Activities		
Purchase of Capital Assets	(2,933)	(1,297,392)
Cash Flows from Investing Activities		
Interest Income and Other Income (Net)	541,130	4,342,801
Net Increase/(Decrease) in Cash & Cash Equivalents	**26,479,205**	**31,733,431**
Cash & Investments (Beginning)	304,676,729	299,422,504
Cash & Investments (Ending)	**$331,155,934**	**$331,155,934**
Reconciliation of Operating Income to Net Cash from Operating Activities		
Operating Income/(Loss)	$967,012	($453,287)
Adjustments to Reconcile Operating Income to Net Cash from Operating Activities		
Depreciation	257,550	2,344,933
Changes in Operating Assets/Liabilities		
Premiums Receivable	44,933,184	212,239,039
Prepaids & Other Assets	(418,192)	1,229,654
Accounts Payable & Accrued Liabilities	2,574,527	26,532,799
State Payable	(54,076,493)	4,565,460
IGT, HQAF & Other Provider Payables	27,752,875	(232,830,041)
Net Pension Liability	70,991	571,940
Medical Cost Reserves & PDR	3,879,554	14,487,526
Total Adjustments	**24,973,996**	**29,141,309**
Net Cash from Operating Activities	**$25,941,009**	**$28,688,022**

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 29, 2020

	Medi-Cal	CMC Medi-Cal	CMC Medicare	Total CMC	Healthy Kids	Grand Total
P&L (ALLOCATED BASIS)						
REVENUE	$615,955,066	$24,328,002	$90,263,061	$114,591,063	$1,123,789	**$731,669,918**
MEDICAL EXPENSE	$585,242,613	$22,328,355	$83,540,971	$105,869,326	$853,244	**$691,965,182**
(MLR)	95.0%	91.8%	92.6%	92.4%	75.9%	94.6%
GROSS MARGIN	$30,712,453	$1,999,647	$6,722,090	$8,721,737	$270,545	**$39,704,736**
ADMINISTRATIVE EXPENSE	$32,863,615	$1,297,994	$4,815,888	$6,113,882	$59,959	**$39,037,455**
(% of Revenue Allocation)						
OPERATING INCOME/(LOSS)	($2,151,162)	$701,653	$1,906,202	$2,607,855	$210,587	**$667,280**
(% of Revenue Allocation)						
OTHER INCOME/(EXPENSE)	$2,712,632	$107,139	$397,513	$504,653	$4,949	**$3,222,233**
(% of Revenue Allocation)						
NET INCOME/(LOSS)	$561,470	$808,792	$2,303,716	$3,112,508	$215,536	**$3,889,514**
PMPM (ALLOCATED BASIS)						
REVENUE	$328.36	$367.27	$1,362.65	$1,729.91	$106.74	**$374.71**
MEDICAL EXPENSES	$311.98	$337.08	$1,261.17	$1,598.24	$81.05	**$354.37**
GROSS MARGIN	$16.37	$30.19	$101.48	$131.67	$25.70	**$20.33**
ADMINISTRATIVE EXPENSES	$17.52	$19.60	$72.70	$92.30	$5.70	**$19.99**
OPERATING INCOME/(LOSS)	-$1.15	$10.59	$28.78	$39.37	$20.00	**$0.34**
OTHER INCOME/(EXPENSE)	$1.45	$1.62	$6.00	$7.62	$0.47	**$1.65**
NET INCOME/(LOSS)	$0.30	$12.21	$34.78	$46.99	$20.47	**$1.99**
ALLOCATION BASIS:						
MEMBER MONTHS - YTD	1,875,869	66,241	66,241	66,241	10,528	1,952,638
REVENUE BY LOB	84.2%	3.3%	12.3%	15.7%	0.2%	100.0%

Procedure Title:	Investments		Procedure No.:	FA.07
Replaces Procedure Title (if applicable):			Replaces Procedure No. (if applicable):	
Issuing Department:	Finance		Procedure Review Frequency:	Annually
Lines of Business (check all that apply):	☒ Medi-Cal	☒ Healthy Kids		☒ CMC

I. PURPOSE

This Annual Investment Policy (AIP) sets forth the investment guidelines and structure for the investment of short term operating funds not required for the immediate needs on and after April 23, 2020, 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. SCFHP is required to invest its funds in accordance with the 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.

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

(1) **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,

(2) **Liquidity:** maintain sufficient liquidity to meet the operating requirements for six months,

(3) **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.

(4) **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 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 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. Santa Clara Commingled Investment Pool

The Governing Board of SCFHP 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:

(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. Depository (Financial) Institutions

All SCFHP money shall be deposited in financial institutions that meet the requirements as set forth in 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 Governing 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.

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 Investments and the AIP shall be communicated to the investment manager upon approval.

D. 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 CA Government code. The Governing 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 CA Government Code, subject to the limitations of this AIP.

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

(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 state of five years pursuant to the Code.

INVESTMENT TYPE	MAXIMUM REMAINING MATURITY	MAXIMUM SPECIFIED % OF PORTFOLIO	MINIMUM QUALITY REQUIREMENTS
U.S. Treasury Obligations	5 years	None	None
U.S. Agency Obligations	5 years	None	None
State Obligations: CA and Others	5 years	None	None for CA; AA or better for other States
CA Local Agency Obligations	5 years	None	AA rated
Commercial Paper: Non-Pooled Funds	270 days or less	25% of Plan's investible funds	Highest letter and number rating by an NRSRO[1]
Placement Service Certificates of Deposit	2 years	$250,000 per deposit per institution	FDIC insured at all times
Repurchase Agreements	1 year	None	U.S. Treasury and Agency Obligations
Medium-term Notes	5 years or less	30% (with not more than 20% in any one institution)	"A" rating category or better
Mutual Funds and Money Market Mutual Funds	N/A	20% (no more than 10% invested in any one mutual fund; limitation does not apply to money market mutual funds)	Multiple[2]
Collateralized Bank Deposits	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	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
Joint Powers Authority Pool (CAMP, CalTrust)	N/A	None	Multiple[3]
Local Agency Investment Fund (LAIF)	N/A	None	None
Supranational Obligations	5 years or less	30%	"AA" rating or better

[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.*

B. **Prohibited Investment Types:** CA 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:

    (1) Bankers' Acceptances
    (2) Commercial Paper: Pooled Funds (pertains only to Managed Portfolio)
    (3) Negotiable Certificates of Deposit
    (4) Non-negotiable Certificates of Deposit
    (5) Reverse Repurchase Agreements and Securities Lending Agreements
    (6) 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. Managed 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, and 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.

VIII. REVIEW OF INVESTMENT POLICY

At least annually and more frequently as needed, the SCFHP 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/Finance Committee and the Governing Board will be supported in this work by the CFO 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. REFERENCES

None.

X. MONITORING

Investment policy, investments and yield will be reviewed on an annual basis by the Controller and Chief Financial Officer

XI. Approval/Revision History

First Level Approval	Second Level Approval	Compliance Approval
Barbara Granieri, Controller	Neal Jarecki, CFO	Jordan Yamashida, Compliance Officer
April 23, 2020	April 23, 2020	April 23, 2020
Date	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	Executive/Finance Committee	Approved 04/26/18	Approved 06/28/18
V1	Reviewed	Executive/Finance Committee	Reviewed (no changes) 05/01/19	Approved 06/27/19
V2	Revised	Executive/Finance Committee		

Utilization Management and Hospital Costs
Executive Finance Committee

April 23, 2020

Presentation Topics

- Delegation Models for Inpatient Services

- Inpatient Contracting Methods
  - Cost and Utilization Statistics
  - HEDIS Plan All Cause Readmission Rates

- Inpatient Utilization Management (UM) Functions
  - Functions
    - Concurrent Review
    - Discharge Planning
    - Transition of Care

- Opportunities

Delegation Models for Inpatient Services

Delegate/ Line of Business (LOB)	Delegation	Members	Contracting Responsibilities:
Valley Health Plan (VHP) Kaiser (KP)	Full	109,922 22,327	• Fully capitated for acute inpatient hospitalization for both in and out-of-area hospitalizations • Fully capitated for hospital discharge planning and transition of care

Physicians Medical Group (PMG)
Premiere Care of Northern California (PCNC)
	Partial	41,212
		14,487
			• Partially capitated for in-area hospital stays:
			   • Delegates pay for professional services
			   • SCFHP pays for hospital services
			• Delegate performs discharge planning and transition of care

Directly contracted providers Palo Alto Medical Foundation (PAMF) Partial Medicare	Not Delegated	17,025 5,953 2,250	• Managed by SCFHP staff • SCFHP performs discharge planning and transition of care
Cal MediConnect (CMC)	Not Delegated	8,725	• Managed by SCFHP staff • SCFHP performs discharge planning and transition of care

Inpatient Contracting Methods

- For Medi-Cal, SCFHP contracts may be structured as:
  - APR-DRG (All Patients Refined Diagnosis Related Groups)
  - Per-Diem
  - Per Case

- For Cal MediConnect, all hospitals are paid by:
  - MS-DRG (Medicare Severity Diagnosis Related Groups)

Medi-Cal Contracting Methods for Inpatient Services

- **APR-DRG** (Good Samaritan, Regional, Stanford, El Camino, Kaiser & non-contracted hospitals)
  - Conditions are grouped into Diagnosis Related Group (DRG) and one of 4 severity levels, based on severity of illness and risk of mortality, to reduce cherry-picking of patients with the same DRG
  - Outlier payments kick in after $61K of loss and then pays 60% of costs

- **Per Diem** (Valley Medical Center (VMC), O'Connor (OCH), St. Louise (STL), Lucile Packard Children's Hospital (Packard)
  - A fixed rate per day with different rates for different bed acuity levels.

- **Case Rate** (OCH, STL, VMC - negotiations pending)
  - A fixed rate is paid for each maternity delivery type, Vaginal or C-Section.

Medi-Cal FFS Cost by Hospital, CY2019

Hospital	Cost/Discharge	Cost/Day	ALOS
Average	*$ 12,066*	*$ 3,149*	*3.8*
A (Per Diem)	$ 15,820	$ 3,809	4.2
B (Per Diem, Case Rate)	$ 11,640	$ 3,356	3.5
D (Per Diem, Case Rate)	$ 9,711	$ 3,151	3.1
C (Per Diem)	$ 8,409	$ 3,250	2.6
E APR-DRG	$ 19,374	$ 4,397	4.4
F APR-DRG	$ 14,943	$ 3,906	3.8
G APR-DRG	$ 8,089	$ 2,675	3.0
H APR-DRG	$ 9,024	$ 2,542	3.5
I APR-DRG	$ 17,251	$ 2,530	6.8
J APR-DRG	$ 9,269	$ 2,509	3.7
	% of Cost	% Discharges	% Days
Per Diem Hospitals	46%	40%	40%

Medi-Cal APR-DRG Example for Septicemia & Disseminated Infections, CY2019

APR-DRG 720-04	Cost/Discharge	Cost/Day	ALOS
Average Weighted	$ 44,337	$ 3,753	*11.8*
A APR-DRG	$ 28,752	$ 4,792	6.0
B Per Diem	$ 57,069	$ 4,301	13.3
C Per Diem	$ 51,133	$ 3,741	13.7
D APR-DRG	$ 46,684	$ 3,261	14.3
E APR-DRG	$ 26,662	$ 3,163	8.4
F APR-DRG	$ 29,617	$ 3,094	9.6
G APR-DRG	$ 37,083	$ 3,090	12.0

Base ~$25K/Discharge for APR-DRG

Medi-Cal Days/1,000 by Category of Aid and Network, FY2019*
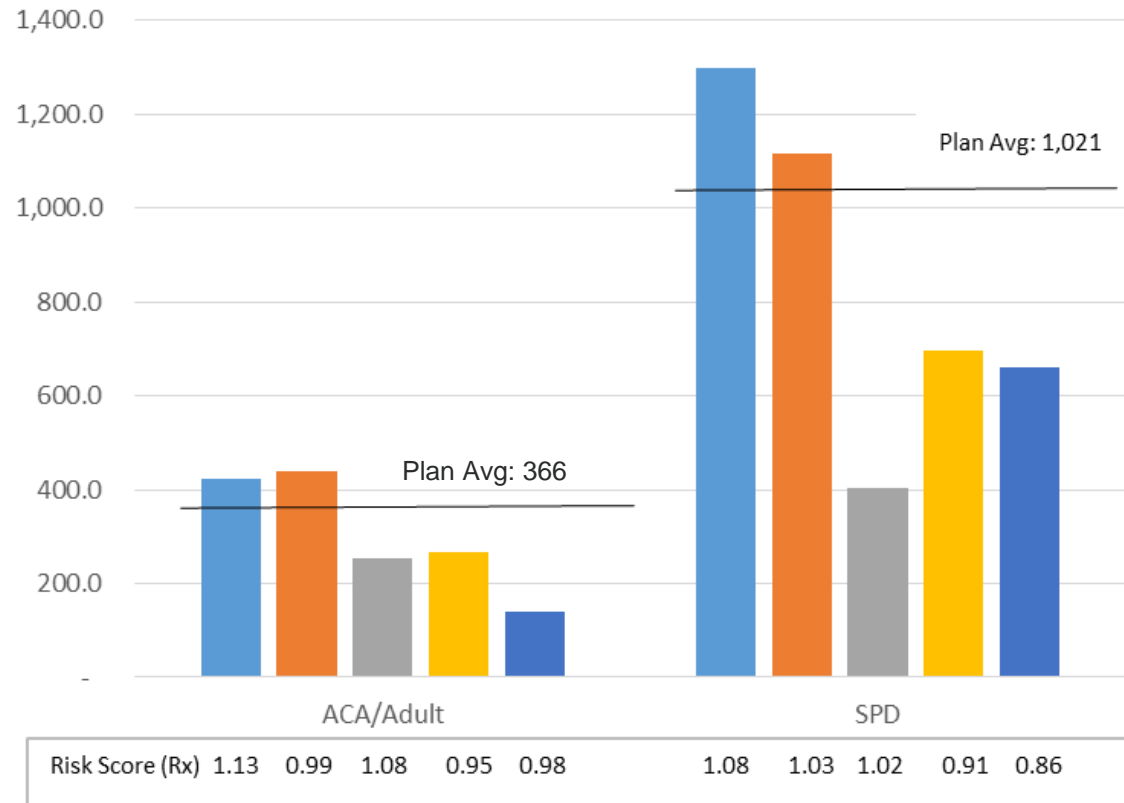
*With IBNP

CMC Contracting Method for Inpatient Services

SCFHP uses Medicare's Inpatient Prospective Payment System (IPPS) to pay all hospitals

- Each hospital discharge is categorized into a diagnosis-related group (DRG). Each DRG has a specific payment weight, reflecting the average resources used to treat Medicare patients in that DRG. It is called Medicare Severity DRG or MS-DRG.

- Hospitals in the same area will receive the same payment for the same DRG, encouraging efficient use of resources.

- Final payment per discharge will vary due to add-ons for Disproportionate Share Hospital (DSH) for low income patients, teaching hospital, and outlier cases. For example, VMC's add-ons can be up to $10,000 per discharge compared to $1,000 for another hospital.

CMC MS-DRG Example for Septicemia/Severe Sepsis CY2019

MS-DRG 871	Cost/Day	Cost/Discharge *	ALOS
Average Weighted	*$ 3,603*	*$ 20,972*	*5.8*
A	$ 5,622	$ 27,107	4.8
B	$ 2,808	$ 18,548	6.6
C	$ 1,924	$ 18,382	9.6
D	$ 3,472	$ 17,858	5.1
E	$ 2,343	$ 17,285	7.4
G	$ 5,021	$ 17,071	3.4
H	$ 2,983	$ 15,911	5.3

*Cost includes Add-Ons per Discharge; Base: ~ $17,000/Discharge

HEDIS Plan All Cause Readmission (PCR) Rates, CY2019

LOB	Rate	HEDIS Percentile*
Medi-Cal	20%	90th
CMC 18-64	12%	10th
CMC 65+	8%	10th

Rate for HEDIS 50th Percentile
14.35%
16.39%
12.08%

Medi-Cal Network	Rate	HEDIS Percentile
A	22%	95th
B	21%	95th
C	16%	75th
D	17%	75th
E	10%	25th

*Lower rate and percentile are better

Source: Citius Tech as of 4/20/20

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Readmission as a Percentage of Hospital Admissions, CY2019

Medi-Cal

Hospital*	% Readmission	Total Admissions
A	22%	2,454
B	22%	1,058
C	18%	626
D	21%	335
E	16%	344
F	18%	314
G	15%	183

CMC

Hospital	% Readmission	Total Admissions
A	13%	490
B	14%	270
C	9%	77
D	17%	190
E	11%	104
F	NA	
G	23%	101

*Excludes hospitals with less than 50 admissions
Source: Citius Tech as of 4/20/20

Inpatient UM Functions

SCFHP performs inpatient UM functions for 34,000 non-delegated Medi-Cal and CMC members.

UM staff perform the following functions for inpatient stays at Acute, Long-Term Acute Care (LTAC) Hospital, Sub-Acute Hospital, and Skilled Nursing Facilities:

- Concurrent Review
- Discharge Planning
- Transition of Care

Inpatient UM Functions

Concurrent Review

SCFHP UM nurses review medical records sent by secure email, fax, or via remote access to electronic medical record (EMR) systems at the time of acute or skilled inpatient admission. (SCFHP currently has EMR access to: Regional Medical Center, Good Sam, and Stanford hospitals.)

- Assess if the member meets criteria for admission or observation
- Assess level of care
- Review current records against clinical guidelines to determine need for continued stay
  - If medical necessity criteria are not met, the Medical Director reviews for continued stay determination
- Communicate with all inpatient case managers

Inpatient UM Functions

Discharge Planning

Discharge planning is initiated on the day of admission and takes into consideration:

- Anticipated length of stay
- Anticipated next level of care (i.e., home, SNF, rehabilitation within an acceptable geographic location)
- Member's environment and family / support structures
- Physical and mental health condition
- Member's ability to perform their activities of daily living (ADLs)
- Need for skilled therapy services and medical equipment (i.e., home health care or Durable medical equipment)
- Need for referrals and follow-up to specialists post acute care

Inpatient UM Functions

Transition of Care (TOC)

- Transition of Care is the movement of a patient from one setting of care (hospital, ambulatory primary care practice, long-term care) to another.

- TOC ensures:
  - Avoidance of preventable poor outcomes for our at-risk patients
  - Reduced readmissions

- A coordinator completes a structured TOC assessment with the member or designated representative within 72 hours of discharge.

- All TOC members are then transitioned to the SCFHP Case Management team.

Opportunities

Areas of Focus	Activity	Timeline
Concurrent Review On-Site	Implement in-person reviews at per diem hospitals with high utilization	Q4 CY2020
Data and Systems	Improve daily capture of hospital census data directly into QNXT (in process) Improve organizational analytic capabilities, creating business unit specific reports to assist in operations and delegation oversight Finalize SCFHP provider portal for direct provider input (Prior Authorization) into QNXT system	In process for some hospitals Q3 CY2020 In process
Process Improvement	Expand Transitions of Care to all Medi-Cal directly managed discharges Develop Targeted Case Management for high acuity initial admission diagnosis with known high readmissions (i.e. sepsis) Expand staff access to electronic health records with SCVMC	Q3 CY2020 Q3 CY2020 In process
Contracting	Explore rates for skilled nursing facilities to increase acceptance of hospitalized patients	In process

Regular Meeting of the

Santa Clara County Health Authority

Executive/Finance Committee

Thursday, May 28, 2020, 11:30 PM – 1:30 PM

Santa Clara Family Health Plan, Teleconference

6201 San Ignacio Ave, San Jose, CA 95119

MINUTES

Members Present

Dolores Alvarado, Chair

Bob Brownstein

Sue Murphy

Liz Kniss

Linda Williams

Staff Present

Christine Tomcala, Chief Executive Officer

Neal Jarecki, Chief Financial Officer

Laurie Nakahira, D.O., Chief Medical Officer

Jonathan Tamayo, Chief Information Officer

Chris Turner, Chief Operating Officer

Ngoc Bui-Tong, VP, Strategies & Analytics

Teresa Chapman, VP, Human Resources

Laura Watkins, VP, Marketing & Enrollment

Barbara Granieri, Controller

Tyler Haskell, Director, Government Relations

Johanna Liu, Director, Quality and Process
    Improvement

Jordan Yamashita, Director, Compliance

Jayne Giangreco, Manager, Administrative Services

Rita Zambrano, Executive Assistant

1. **Roll Call**

   Dolores Alvarado, Chair, called the meeting to order at 11:34 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. It was noted there would be no Closed Session.

   a. Approve minutes of the April 23, 2020 **Regular Executive/Finance Committee** meeting
   b. Accept the **Compliance Update**
   c. Accept the **Network Detection and Prevention Update**

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

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

4. CEO Update

Christine Tomcala, Chief Executive Officer, reported that construction on the Community Resource Center has resumed. The current occupancy date is September 15, 2020. The Plan looks forward to welcoming Dolores Alvarado and the Community Health Partnership team as tenants.

Ms. Tomcala discussed the Plan's Long-Term Strategic Planning efforts. She resumed conversations with Pacific Health Consulting Group, led by Bobbie Wunsch and Tim Reilly, to again assist with the planning process. Due to environmental disruptions resulting from the pandemic, planning activities will be scheduled later in the year.

Ms. Tomcala reported Foothill Community Health Center is merging with Tri-City Health Center effective June 1, 2020. Their new name will be Bay Area Community Health (BACH).

It was moved, seconded and unanimously approved to accept the CEO Update.

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

5. Quality Update

Laurie Nakahira, D.O., Chief Medical Officer, provided a presentation on Medi-Cal HEDIS CY'19 performance and CY'20 opportunities.

Ms. Alvarado discussed opportunities for further root cause analysis on Cervical Cancer Screening, Diabetes HbA1c Testing, and Adolescent Well-Care Visits. SCFHP staff will work with Ms. Alvarado and provide a follow-up report at the next Executive/Finance meeting.

It was moved, seconded, and unanimously approved to accept the Quality Update.

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

6. Government Relations Update

Tyler Haskell, Director, Government Relations, noted the volume of legislation moving through Sacramento will be at a lower volume since the legislature was on hiatus for eight weeks. Only a handful of Medi-Cal bills may survive the process. Most of the significant proposals have been pulled for this year due to the reduced bandwidth of the legislature and the changes to the budget.

Mr. Haskell reviewed highlights to the Governor's May Revise budget proposal, noting the estimated deficit is $54 billion. Unemployment is expected to peak at 18%, which is significantly higher than the 12% peak of the last recession. The Medi-Cal caseload is anticipated to increase by two million and peak at 14.5 million in July 2020.

Mr. Haskell highlighted the changes to the Medi-Cal budget, the delay of CalAIM, the elimination and reduction of Prop 56 payment increases, managed care rate reductions, and optional adult benefits. He noted that the Managed Care rate reductions would directly impact our capitation rates for the period from July 2019 through the end of calendar 2020 by 1.5%, with further reductions in 2021. Mr. Haskell presented a list of proposed exclusions that are part of trigger cuts, which may be reinstated if the Federal Government comes through with additional funding.

Mr. Haskell spoke to next steps. It is a constitutional requirement that the budget be delivered to the Governor's desk by June 15. He noted that SCFHP, along with other local plans, are working through our statewide associations to advocate on our behalf.

Dolores Alvarado left the meeting at 12:39 pm.

With respect to federal issues, two weeks ago the House passed the Hero's Act, the largest relief package, for $3 trillion. However, the bill will be dead on arrival in the Senate, which is evaluating the economic impact of the Cares

Act before making decisions about a new package.

Mr. Haskell noted SCFHP is also working with our federal health plan association, and will hopefully be speaking to our local delegation of House members and Senate in June. We plan to discuss our concerns for our members.

It was moved, seconded, and unanimously approved to accept the Government Relations Update.

Motion:	Ms. Williams
Second:	Ms. Murphy
Ayes:	Ms. Brownstein, Ms. Murphy, Ms. Kniss, Ms. Williams
Absent:	Ms. Alvarado

7. **March 2020 Financial Statements**

Mr. Jarecki presented the March 2020 financial statements, which reflected a current month net surplus of $773 thousand ($128 thousand favorable to budget) and a fiscal year-to-date net surplus of $4.7 million ($1.3 million unfavorable to budget).

Enrollment increased by 1,796 members from the prior month to 241,830 members (2,246 favorable to budget). While Medi-Cal enrollment has generally declined since October 2016, the Plan began to receive new undocumented Adult members in beginning in February. CMC enrollment increased due to continued outreach efforts. COVID did not have a material impact on March 2020 enrollment.

Revenue reflected a favorable current month variance of $3.3 million (3.7%) largely due to higher enrollment, fiscal year 2020 rates in excess of budget, and higher supplemental Medi-Cal revenues. COVID did not have a material impact on March 2020 revenue.

Medical expense reflected an unfavorable current month variance of $3.5 million (4.3%) due to certain higher fee-for-service expenses versus budget and increased Prop 56 expense. COVID did not have a material impact on March 2020 medical expense.

Administrative expense reflected a favorable current month variance of $29 thousand (0.5%) due largely to the timing of certain non-personnel expenses. COVID did not have a material impact on March 2020 administrative expense.

The balance sheet reflected a Current Ratio of 1.24:1, versus the minimum required by DMHC of 1.0:1. Tangible Net Equity was $207 million, which represented approximately two months of the Plan's total monthly expenses. Year-to-date capital investments of $1.8 million were made, largely comprised of building improvements and I.T. hardware.

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

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

8. **Financial Forecast Presentation**

Mr. Jarecki reviewed the financial forecast presentation, noting that COVID will have an unfavorable effect on the Plan's future financial results. He advised that, based on proposals contained in the Governor's revised budget, Medi-Cal rates will decrease by approximately 1.5% for the period of July 2019 through December 2020, and by an estimated 3.0% for the period of January 2021 through June 2021. The Plan may report a FY21 deficit budget and may report potential future annual losses. He advised that, while the prospect of future potential losses is concerning, the Plan has sufficient accumulated reserves.

It was moved, seconded, and unanimously approved to accept the Financial Forecast Presentation.

Motion:	Ms. Kniss
Second:	Ms. Murphy

Ayes: Mr. Brownstein, Ms. Murphy, Ms. Kniss, Ms. Williams
Absent: Ms. Alvarado

9. COVID-19 Funding Requests

Ms. Tomcala presented two COVID-19 related funding requests. The first request was from YMCA of Silicon Valley for their Emergency Summer Food Distribution Program, which would coordinate daily distribution of approximately 2,240 snacks and meals to children in the lowest-income neighborhoods. The second request was from Valley Verde for their Home Gardening program, which serves low-income families in San Jose and Gilroy by teaching them how to grow organic vegetables, providing preventive health and reducing food insecurity.

It was moved, seconded, and unanimously approved to provide the YMCA with $50,000 for Emergency Summer Food Distribution, provided they can secure an additional $50,000 from another source.

Motion: Mr. Brownstein
Second: Ms. Williams
Ayes: Mr. Brownstein, Ms. Murphy, Ms. Kniss, Linda Williams
Absent: Ms. Alvarado

It was moved, seconded, and unanimously approved to provide Valley Verde with $20,000 for their Home Gardening Program.

Motion: Mr. Brownstein
Second: Ms. Kniss
Ayes: Mr. Brownstein, Ms. Murphy, Ms. Kniss, Linda Williams
Absent: Ms. Alvarado

Mr. Brownstein left the meeting at 1:35 pm.

10. Donations and Sponsorships Policy

Ms. Tomcala presented the Donations and Sponsorships Policy, noting a change in the annual limit from $120,000 to $150,000.

It was moved, seconded, and Policy GO.04: Donations and Sponsorships was **unanimously approved.**

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

14. Adjournment

The meeting was adjourned at 1:40 pm.

_____

Susan G. Murphy, Secretary

Network Detection and Prevention Report

May 2020

Executive/Finance Committee Meeting

Firewall Background

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

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

The attempts have been categorized in three severity levels:

Critical/High

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

Medium

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

Low/Informational

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

5/22/2020

Attack Statistics Combined

January/February/March/April

Severity Level	Number of Different Types of Attacks				Total Number of Attempts				Percent of Attempts			
	Jan	Feb	Mar	Apr	Jan	Feb	Mar	Apr	Jan	Feb	Mar	Apr
Critical	17	18	16	16	146	1894	131	329	0.29	2.87	.09	0.10
High	12	13	13	10	419	878	301	217	0.82	1.33	.20	0.07
Medium	20	23	20	24	11839	14154	17620	24355	23.11	21.46	11.91	7.57
Low	4	5	7	5	185	64	687	689	0.36	0.10	.46	0.21
Informational	13	17	18	20	38635	48955	129244	296002	75.42	74.24	87.34	92.04

Summary – Compare April to previous month of March 2020
- Critical Severity Level – number of threat attempts is **251%** higher.
- High Severity Level - number of threat attempts is 28**%** lower.
- Medium Severity Level - number of threat attempts is 38% higher.
- Low Severity Level - number of threat attempts is 0.29% higher.

5/22/2020

Top 5 Events for Feb, March and April

Critical Events – total 2122 events

Top 5 Critical vulnerability events
- 1752 events all in **February** for "Floosietek FTGate PRO SMTP Buffer Overflow Vulnerability" (overflow)
- 230 events for "Draytek Vigor Remote Command Execution Vulnerability" (code-execution)
- 61 events for "ThinkPHP Remote Code Execution Vulnerability" (code-execution)
- 58 events for "Mirai and Reaper Exploitation Traffic" (code-execution)
- 21 events for "Netgear DGN Device Remote Command Execution Vulnerability" (code-execution)

High Events – total 1155 events

Top 5 High vulnerability events
- 647 events for "SIP INVITE Method Request Flood Attempt" (brute-force)
- 275 events for "SIP Bye Message Brute Force Attack" (brute-force)
- 127 events for "Netis/Netcore Router Default Credential Remote Code Execution Vulnerability" (code-execution)
- 124 events for "HTTP Unix Shell IFS Remote Code Execution Detection" (code-execution)
- 56 events for "MVPower DVR TV Shell Unauthenticated Command Execution Vulnerability" (code-execution)

Medium Events – total 47702 events

Top 5 Medium vulnerability events
- 36626 events for "SIPVicious Scanner Detection" (Info-Leak)
- 3904 events for "RPC Portmapper DUMP Request Detection" (Info-Leak)
- 3457 events for "PHP DIESCAN Information Disclosure Vulnerability" (Info-Leak)
- 2412 events for "RPC Portmapper DUMP Request Detection" (Info-Leak)
- 1303 events for "Metasploit VxWorks WDB Agent Scanner Detection" (info-leak)

5/22/2020

Attack Attempts Definitions

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

Email Security – April Statistics

Santa Clara Family Health Plan™

Overview > Incoming Mail Summary		☒
Message Category	%	Messages
Stopped by Reputation Filtering	69.9%	445.8k
Stopped as Invalid Recipients	0.0%	3
Spam Detected	9.6%	61.3k
Virus Detected	0.0%	31
Detected by Advanced Malware Protection	0.0%	0
Messages with Malicious URLs	0.1%	556
Stopped by Content Filter	0.0%	317
Stopped by DMARC	0.0%	0
S/MIME Verification/Decryption Failed	0.0%	0
Total Threat Messages:	**79.5%**	**507.5k**
Marketing Messages	3.8%	24.3k
Social Networking Messages	0.1%	675
Bulk Messages	2.0%	12.6k
Total Graymails:	**5.9%**	**37.6k**
S/MIME Verification/Decryption Successful	0.0%	0
Clean Messages	14.6%	93.0k
Total Attempted Messages:		**638.0k**

Pie chart: 79.5%, 5.9%, 14.6%
■ Spam ■ Gray Mail ■ Clean mail
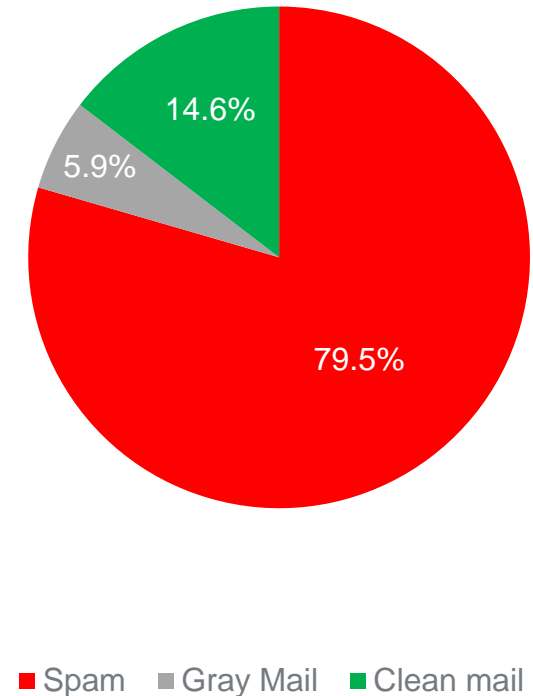
April

During the month.
- 79.5% of threat messages had been blocked.
- 5.9% were Graymails *(Graymail is solicited bulk email messages that don't fit the definition of email spam).*
- 14.6% were clean messages that delivered.

5/22/2020

Email Security – April Threat Statistics

Top Senders by Total Threat Messages

Sender	Messages
goingthroughthecycle.com	91.1k
No Domain Information	50.9k
colocrossing.com	39.4k
trdeserver.com	30.9k
ttnet.com.tr	24.4k
psychz.net	19.0k
snapbullet.com	14.6k
hemenhosting.org	11.2k
cuuntryhillcottage.com	4,955
orbittelekom.com	4,758

April
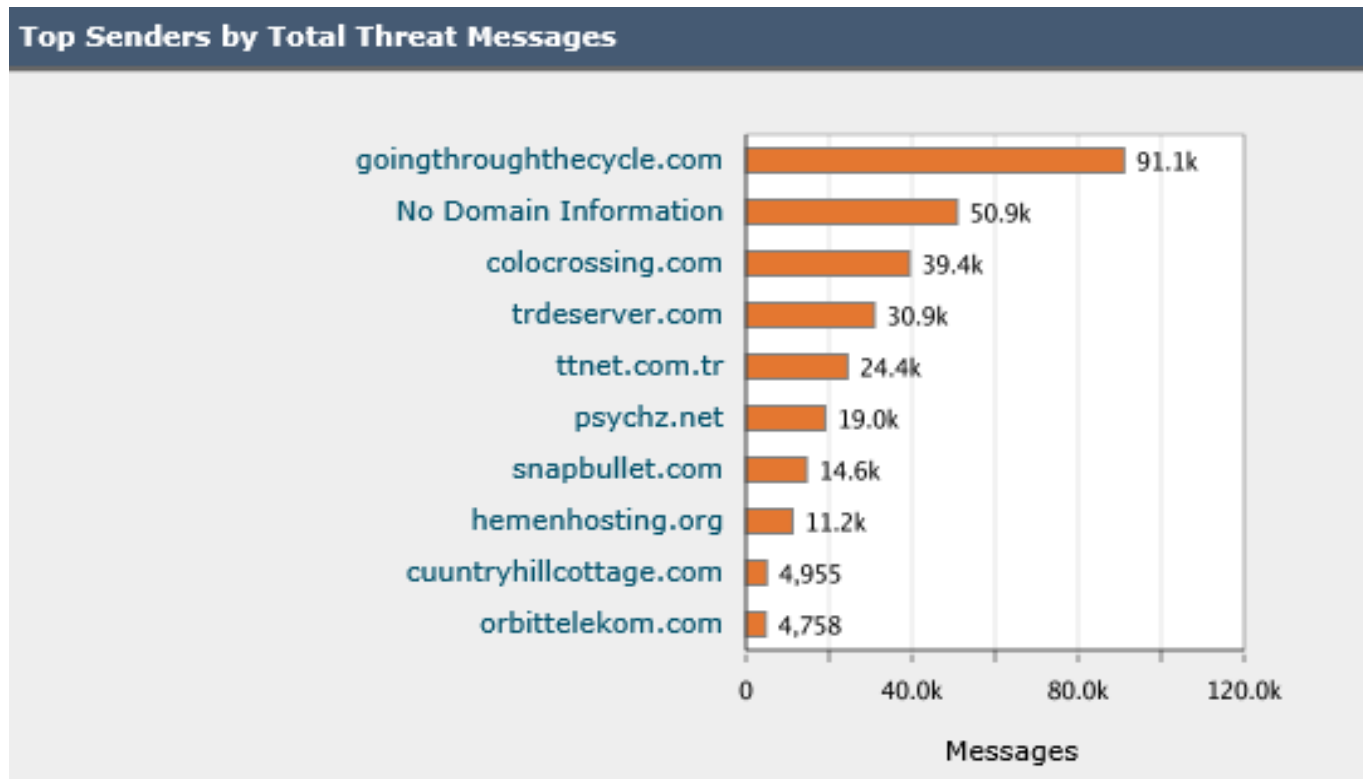
goingthroughthecycle.com
 - web and domain hosting from Turkey

colocrossing.com
 - web and domain hosting from U.S.

trdeserver.com
 - web and domain hosting from Turkey

ttnet.com.tr
 - web and domain hosting from Turkey

psychz.net
 - web and domain hosting from Brazil

snapbullet.com
- web and domain hosting from U.S.

hemenhosting.org
 - web and domain hosting from Turkey

cuuntryhillcottage.com
- web and domain hosting U.K.

orbittelekom.com
 - web and domain hosting from Turkey

These are top 10 domains that were blocked by File Reputation and Analysis from our Cisco Email Security Appliance.
The "**No Domain Information**" category is for IP addresses with no reverse DNS information.
➢ Additionally there were 10 suspicious phishing messages manually added to the Blacklist of our Cisco Email Security Appliance for this month.

5/22/2020

Santa Clara Family Health Plan

Medi-Cal HEDIS Update CY19 + Opportunities CY20

Laurie Nakahira, DO, Chief Medical Officer

Medi-Cal HEDIS Changes Between Years
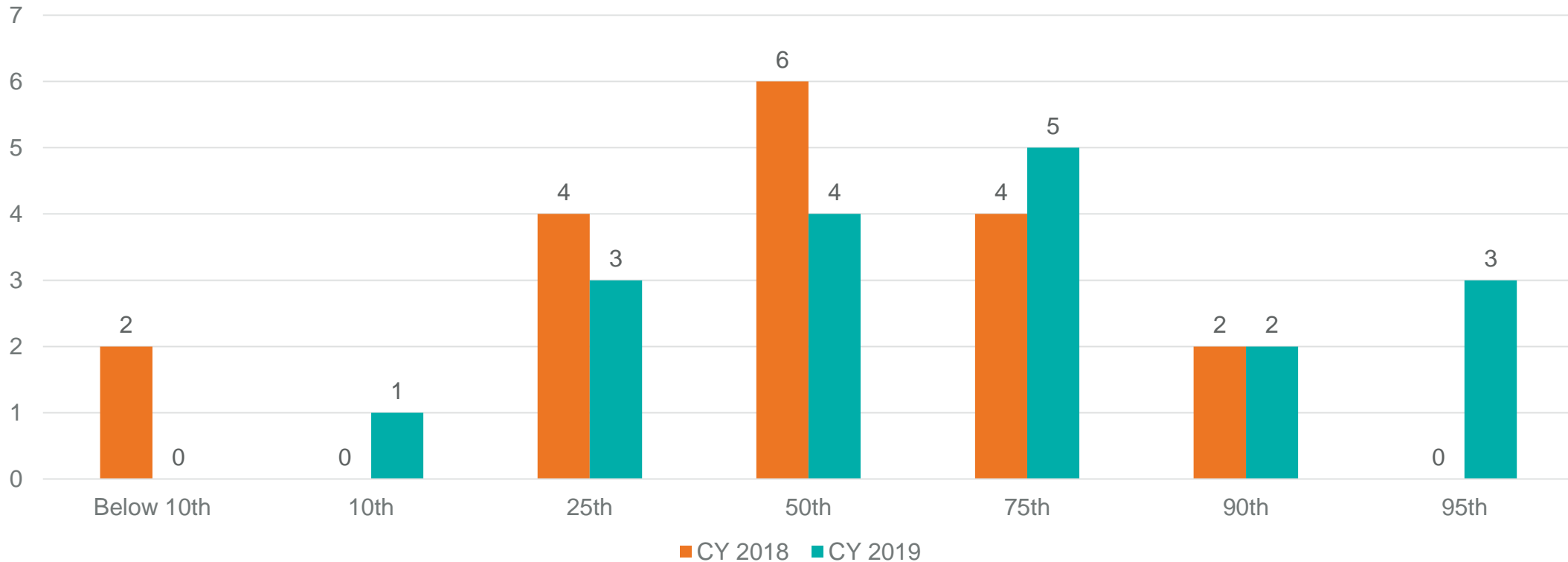
Medi-Cal HEDIS Changes Between Years

Year to Year Improvement

Value	Percentile	Number of Measures		
		CY 2017	CY 2018	CY 2019
4	90th and above	1	1	5
3	75th	7	3	5
2	50th	11	12	4
1	25th	1	5	3
0	<25th	1	0	1
	Total Measures*	21	21	18
	Average Value	2.29	2	2.55

*Only measures held to MPL are included. Note that in CY 2018, CCS and CBP were not held to MPL, but they are included in the calculation as the rates were used for Auto Assignment calculation.

Medi-Cal HEDIS CY19 Status

	Measure	CY 2018 Rate	CY 2018 50th Percentile	CY 2018 Percentile	CY 2019 Rate	CY 2019 50th Percentile	CY 2019 Percentile
1	Adult Body Mass Index Assessment (H)	26.20%	88.47%	Below 10th	92.46%	90.27%	50th
2	Antidepressant Medication Management - Acute	62.36%	51.76%	75th	63.57%	52.35%	75th
3	Antidepressant Medication Management - Continuation	46.12%	36.43%	75th	49.87%	36.51%	90th
4	Asthma Medication Ratio	64.87%	62.30%	50th	62.31%	63.58%	25th
5	Adolescent Well-Care Visits (H)	48.89%	54.57%	25th	51.82%	54.26%	25th
6	Breast Cancer Screening	64.21%	58.08%	75th	66.72%	58.73%	75th
7	Controlling Blood Pressure (H)	56.93%	58.64%	25th	62.04%	61.01%	50th
8	Cervical Cancer Screening (H)	61.07%	60.10%	50th	52.07%	60.58%	10th
9	Comprehensive Diabetes Care - HBA1C Testing (H)	89.78%	87.83%	50th	86.13%	88.56%	25th

(H) = hybrid measure

Orange shading = auto assignment measure

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Medi-Cal HEDIS CY19 Status

	Measure	CY 2018 Rate	CY 2018 50th Percentile	CY 2018 Percentile	CY 2019 Rate	CY 2019 50th Percentile	CY 2019 Percentile
10	Comprehensive Diabetes Care - HbA1c Poor Control (H)	43.31%	38.08%	25th	31.14%	38.48%	75th
11	Chlamydia Screening in Women Ages 16 -24	57.47%	56.04%	50th	59.19%	58.33%	50th
12	Childhood Immunization Status-Combo 10 (H)	49.39%	35.28%	90th	66.91%	34.79%	95th
13	Immunizations for Adolescents - Combo 2 (Meningococcal, Tdap, HPV) (H)	48.91%	31.87%	90th	46.72%	34.43%	75th
14	Prenatal and Postpartum Care - Prenatal (H)	86.86%	83.21%	50th	93.19%	83.76%	95th
15	Prenatal and Postpartum Care - Postpartum (H)	71.78%	69.34%	75th	85.16%	65.69%	95th
16	Weight Assessment & Counseling for Nutrition & Physical Activity for Children & Adolescents - BMI (H)	71.05%	75.55%	25th	89.29%	79.09%	75th
17	Well-Child Visits in the First 15 months of Life - 6 or More Visits (H)	37.05%	66.23%	Below 10th	75.43%	65.83%	90th
18	Well-Child Visits in the 3rd 4th 5th and 6th Years of Life (H)	76.16%	77.89%	50th	77.13%	72.87%	50th

(H) = hybrid measure

Orange shading = auto assignment measure

5

Asthma Medication Ratio (AMR)

AMR (Admin)
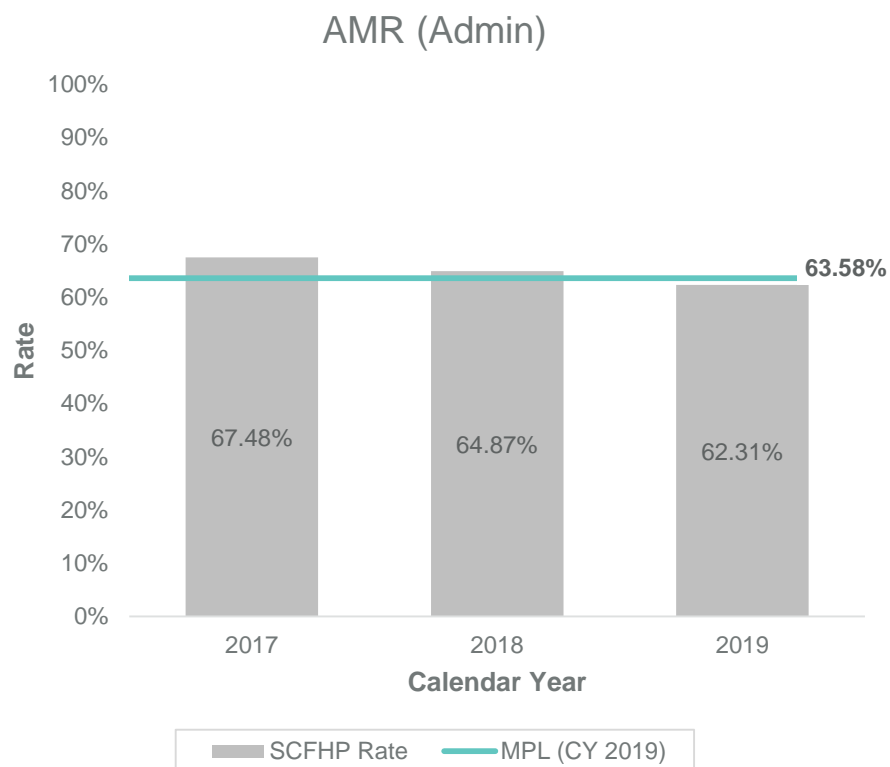
Interventions for 2019

- Member: Newsletter (Aug)
- Member Incentive: $15 per quarter
- Provider: Fax Memo + E-News (July)
- Provider Performance Program Measure
- Facebook Post (Sept)
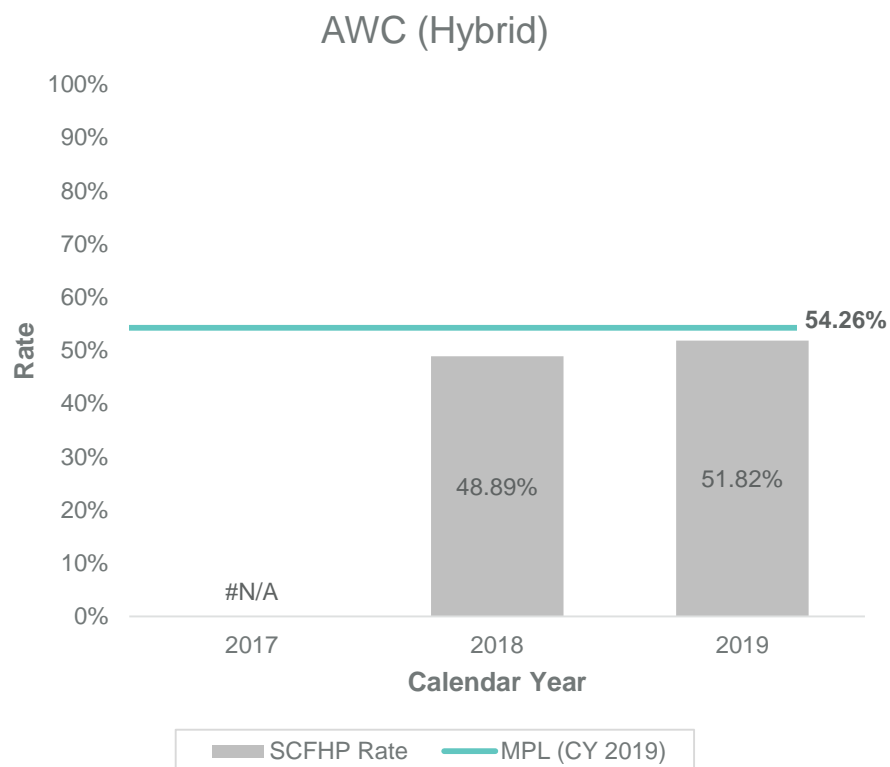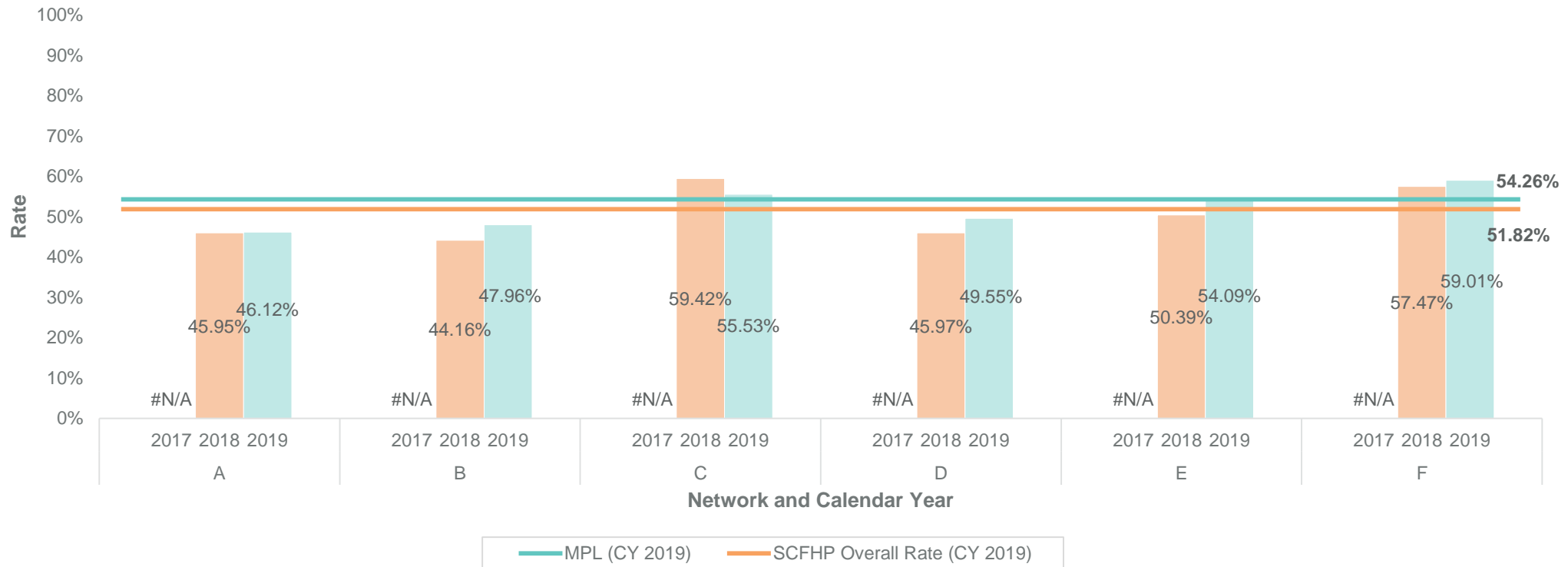- Gaps in Care Reminder Employee Incentive (Oct)

Additional Interventions for 2020
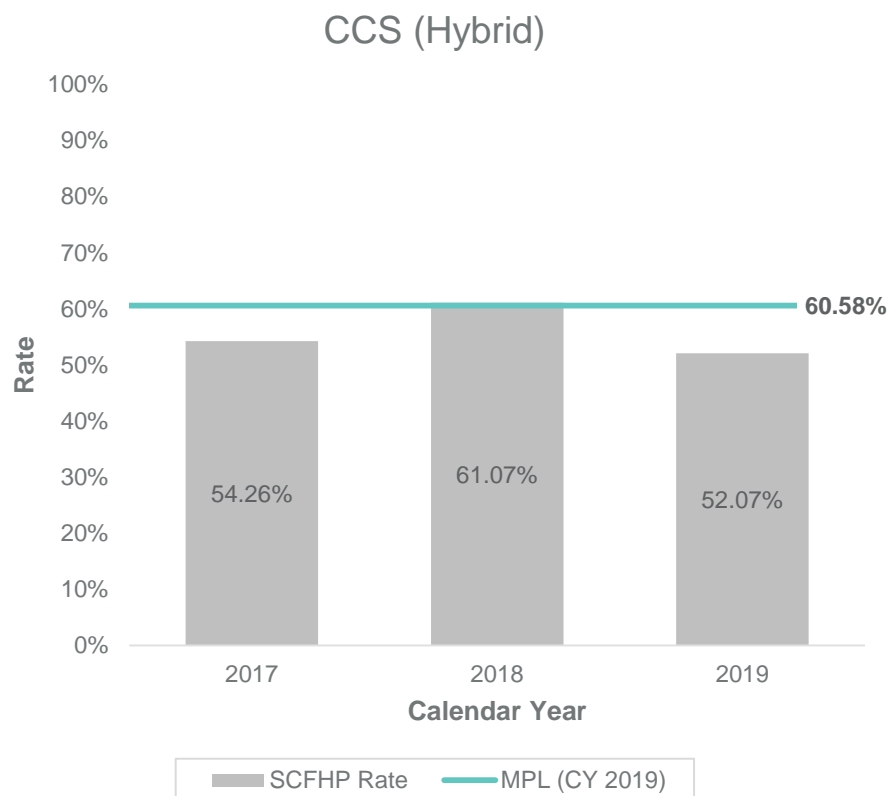
- Member text reminders (pending DHCS approval)
- Member phone outreach reminders to refill medications, change to auto refill
- Member on-hold messaging (3Q20)
- Targeted provider education

Asthma Medication Ratio (AMR)
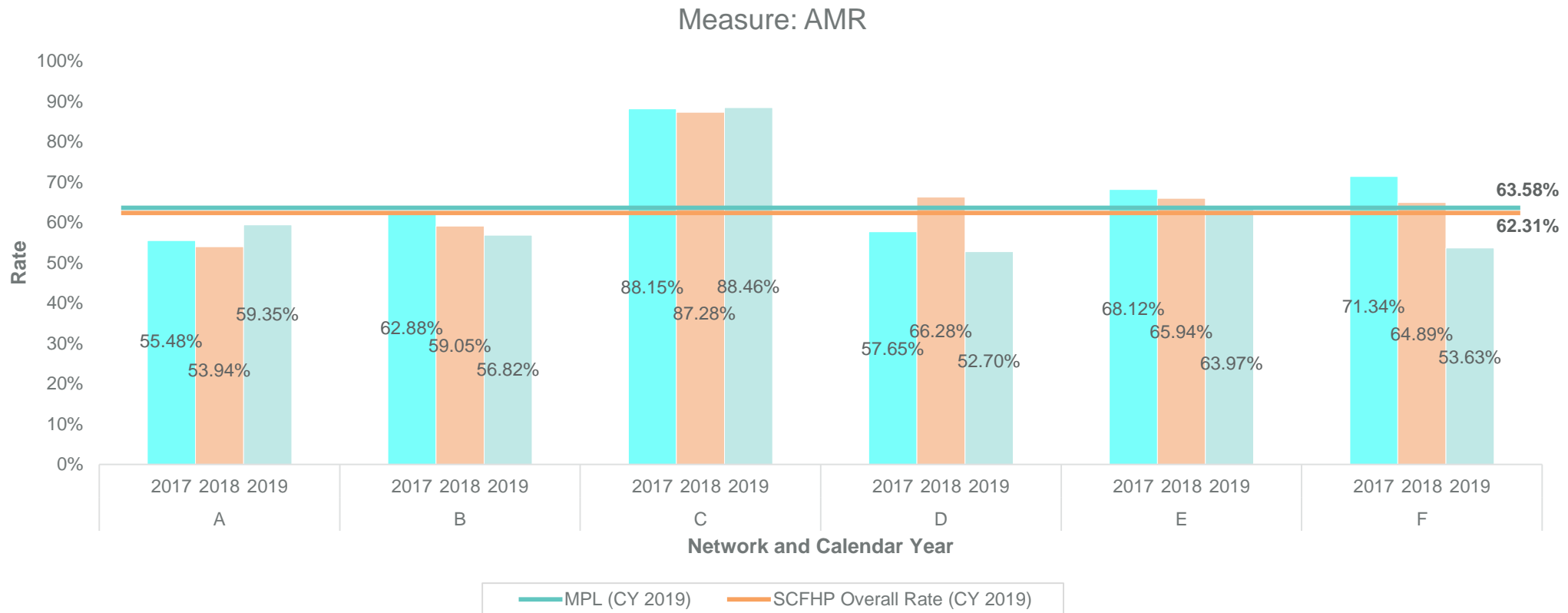
Measure: AMR

Adolescent Well-Care Visits (AWC)

AWC (Hybrid)

Interventions for 2019

- Member: Newsletter (Aug)
- Member Incentive: $30
- Provider: Fax Memo + E-News (July)
- Provider Performance Program Measure
- Facebook Post (Sept, Nov)
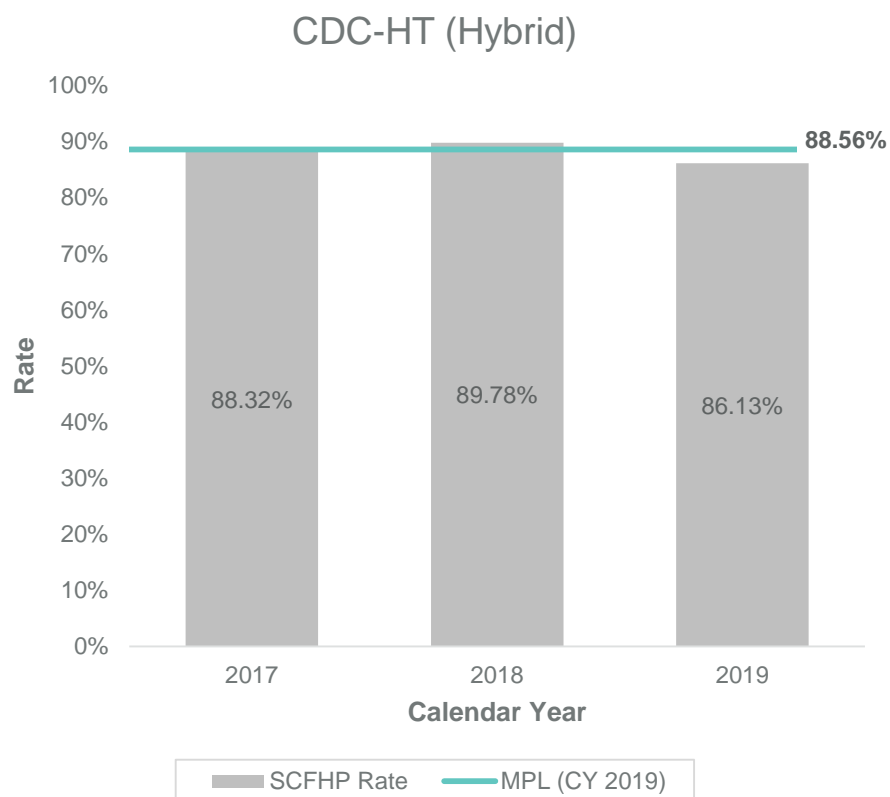- Gaps in Care Reminder Employee Incentive (Oct)

Additional Interventions for 2020

- Member text reminders (pending DHCS approval)
- Member phone outreach reminders
- Member on-hold messaging (3Q20)
- Member Incentive increased to $50
- Clinic days
- Performance Improvement Project

Adolescent Well-Care Visits (AWC)

Measure: AWC

Cervical Cancer Screening (CCS)

CCS (Hybrid)

Bar chart showing SCFHP Rate by Calendar Year with MPL (CY 2019) line at 60.58%:
- 2017: 54.26%
- 2018: 61.07%
- 2019: 52.07%

Y-axis: Rate (0% to 100%)
X-axis: Calendar Year

Legend: SCFHP Rate, MPL (CY 2019)

Interventions for 2019

- Member: Newsletter (Aug), Direct Mail for 2 targeted Community Clinics (July)
- Member Incentive: $30
- Provider: Fax Memo + E-News (July)
- Provider Performance Program Measure
- Clinic Days (May – Aug)
- Facebook Post (Sept)
- Gaps in Care Reminder Employee Incentive (Oct)

Additional Interventions for 2020

- Member phone outreach reminders
- Member on-hold messaging (3Q20)
- Targeted provider education
- Identify and improve additional gaps with a delegated network

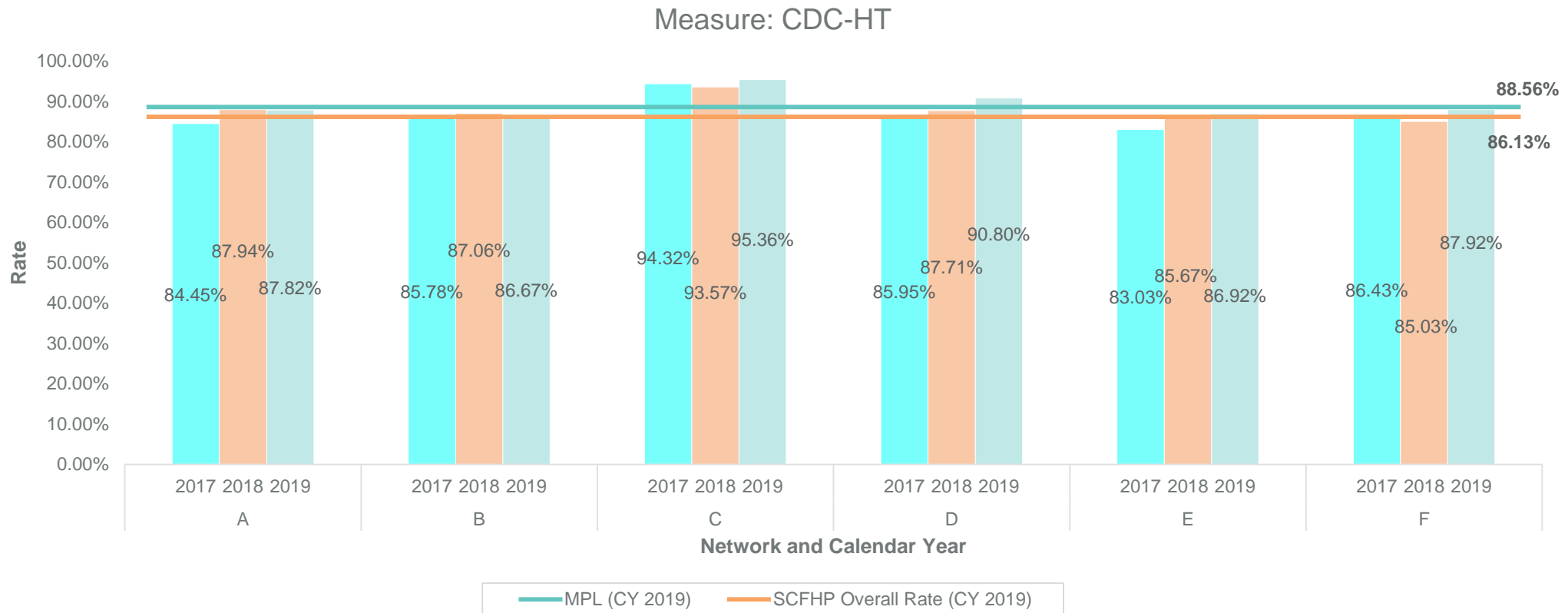# Comprehensive Diabetes Care - HbA1c Testing (CDC-HT)
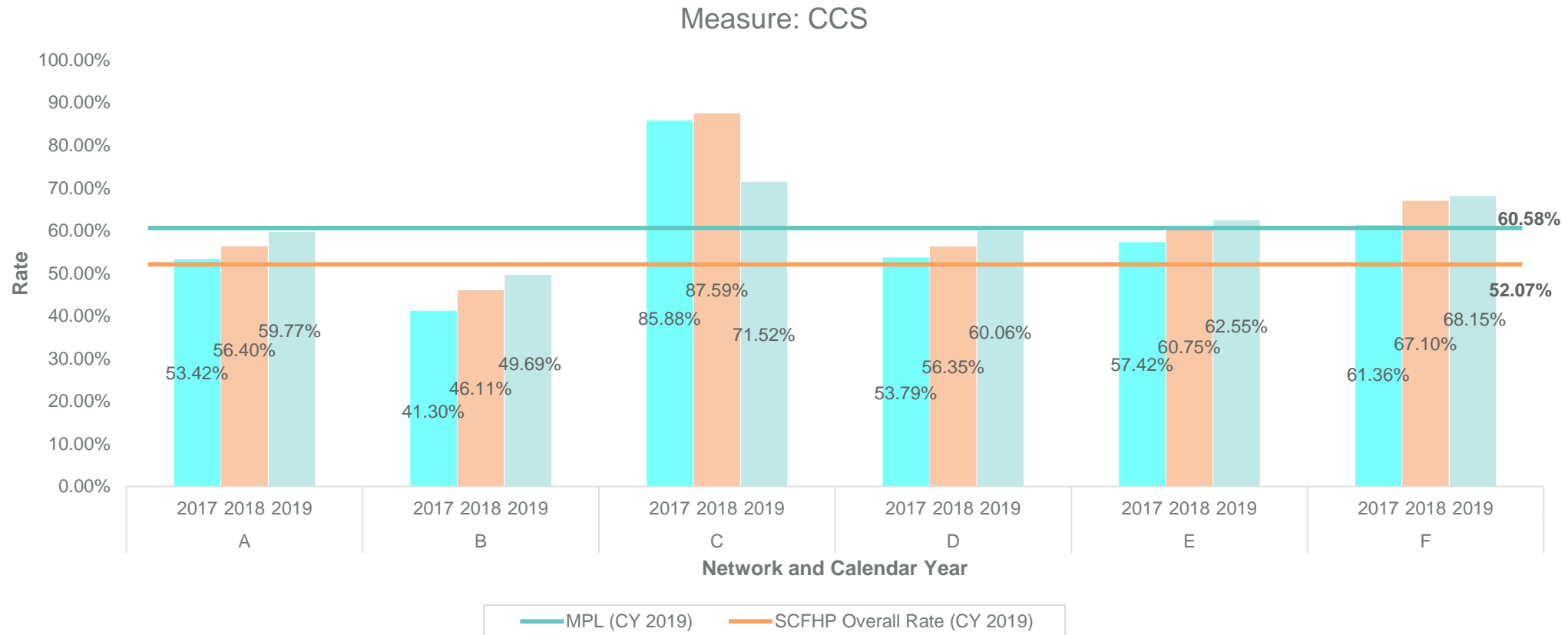
CDC-HT (Hybrid)

Interventions for 2019

- Member: Newsletter (Aug)

- Member Incentive: $30

- Provider: Fax Memo + E-News (July)

- Provider Performance Program Measure

- Facebook Post (Sept)

- Gaps in Care Reminder Employee Incentive (Oct)

Additional Interventions for 2020

- Member text reminders (pending DHCS approval)

- Member phone outreach reminders to get lab test

- Member on-hold messaging (3Q20)

- Targeted provider education

Comprehensive Diabetes Care - HbA1c Testing (CDC-HT)

Measure: CDC-HT

88.56%

86.13%

MPL (CY 2019) ——— SCFHP Overall Rate (CY 2019)

A: 2017 84.45%, 2018 87.94%, 2019 87.82%
B: 2017 85.78%, 2018 87.06%, 2019 86.67%
C: 2017 94.32%, 2018 93.57%, 2019 95.36%
D: 2017 85.95%, 2018 87.71%, 2019 90.80%
E: 2017 83.03%, 2018 85.67%, 2019 86.92%
F: 2017 86.43%, 2018 85.03%, 2019 87.92%

Network and Calendar Year

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Questions?

Unaudited Financial Statements
For Nine Months Ended March 31, 2020

Agenda

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Financial Highlights

	MTD		YTD	
Revenue	$92 M		$823 M	
Medical Expense (MLR)	$86 M	94.0%	$778 M	94.5%
Administrative Expense (% Rev)	$5.3 M	5.8%	$44.4 M	5.4%
Other Income/Expense	$603K		$3.8 M	
Net Surplus (Loss)	**$773K**		**$4.7 M**	
Cash and Investments			$301 M	
Receivables			$584 M	
Total Current Assets			$896 M	
Current Liabilities			$721 M	
Current Ratio			1.24	
Tangible Net Equity			$207 M	
% of DMHC Requirement			**669.8%**	

Financial Highlights

Net Surplus (Loss)	▸ Month: Surplus of $773K is $128K or 19.9% favorable to budget of $644K. ▸ YTD: Surplus of $4.7M is $1.3M or 22.1% unfavorable to budget of $6.0M.
Enrollment	▸ Month: Membership was 241,830 (2,246 or 0.9% favorable budget of 239,584). ▸ YTD: Membership was 2,194,467 (4,533 or 0.2% favorable budget of 2,189,934).
Revenue	▸ Month: $91.8M ($3.3M or 3.7% favorable to budget of $88.6M). ▸ YTD: $823.5M ($22.6M or 2.8% favorable to budget of $800.9M).
Medical Expenses	▸ Month: $86.3M ($3.5M or 4.3% unfavorable to budget of $82.8M). ▸ YTD: $778.3M ($28.5M or 3.8% unfavorable to budget of $749.7M).
Administrative Expenses	▸ Month: $5.3M ($29K or 0.5% favorable to budget of $5.4M). ▸ YTD: $44.4M ($3.0M or 6.3% favorable to budget of $47.3M).
Tangible Net Equity	▸ TNE was $206.8M (669.8% of minimum DMHC requirement of $30.9M).
Capital Expenditures	▸ YTD Capital Investments of $1.8M vs. $4.8M annual budget, primarily building improvements and hardware.

Detail Analyses

Enrollment

Santa Clara Family Health Plan

- Total enrollment of 241,830 members is higher than budget by 2,246 or 0.9%. Since June 30, 2019, total enrollment has decreased by 7,375 members or 3.0%, near budgeted expectations.

- Medi-Cal enrollment has been increasing since January, reflecting newly-eligible and beginning COVID enrollment. In October 2019, approximately 3,500 Healthy Kids members transitioned to Medi-Cal. Since the beginning of the fiscal year, Medi-Cal Non-Dual enrollment has decreased 2.3%, Dual enrollment has increased 1.7%, and CMC enrollment has grown 7.2%, all in line with budgeted expectations.

	For the Month March 2020				For Nine Months Ending March 31, 2020					
	Actual	Budget	Variance	Variance (%)	Actual	Budget	Variance	Variance (%)	Prior Year Actuals	Δ FY19 vs. FY20
Medi-Cal	233,229	231,179	2,050	0.9%	2,109,097	2,105,841	3,256	0.2%	2,190,024	(3.7%)
Cal Medi-Connect	8,601	8,405	196	2.3%	74,842	74,049	793	1.1%	69,032	8.4%
Healthy Kids	0	0	0	0.0%	10,528	10,044	484	4.8%	29,625	(64.5%)
Total	**241,830**	**239,584**	**2,246**	**0.9%**	**2,194,467**	**2,189,934**	**4,533**	**0.2%**	**2,288,681**	**(4.1%)**

Santa Clara Family Health Plan Enrollment By Network
March 2020

Network	Medi-Cal		CMC		Healthy Kids		Total	
	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total
Direct Contract Physicians	30,169	13%	8,601	100%	-	0%	38,770	16%
SCVHHS[1], Safety Net Clinics, FQHC[2] Clinics	115,965	50%	-	0%	-	0%	115,965	48%
Palo Alto Medical Foundation	6,481	3%	-	0%	-	0%	6,481	3%
Physicians Medical Group	41,050	18%	-	0%	-	0%	41,050	17%
Premier Care	14,467	6%	-	0%	-	0%	14,467	6%
Kaiser	25,097	11%	-	0%	-	0%	25,097	10%
Total	**233,229**	**100%**	**8,601**	**100%**	**-**	**0%**	**241,830**	**100%**
Enrollment at June 30, 2019	237,697		8,022		3,486		249,205	
Net Δ from Beginning of FY20	(1.9%)		7.2%		(100.0%)		(3.0%)	

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

Enrollment By Aid Category

SCFHP TRENDED ENROLLMENT BY COA YTD MAR-2020

		2019-03	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	FYTD var	%
NON DUAL	Adult (over 19)	25,779	25,563	25,198	25,204	24,989	24,888	24,689	24,492	24,207	23,999	23,620	23,604	23,873	(1,331)	(5.3%)
	Child (under 19)	95,229	94,956	94,255	94,026	93,536	92,668	92,092	95,000	93,829	93,477	92,338	92,248	92,843	(1,183)	(1.3%)
	Aged - Medi-Cal Only	10,934	10,949	10,871	10,995	10,948	10,958	10,855	10,850	10,897	10,903	10,904	10,831	10,753	(242)	(2.2%)
	Disabled - Medi-Cal Only	10,595	10,678	10,780	10,819	10,774	10,833	10,814	10,836	10,865	10,839	10,845	10,854	10,882	64	0.6%
	Adult Expansion	72,143	72,114	71,364	71,465	71,082	70,635	70,418	70,285	69,889	69,069	68,130	68,372	69,272	(2,193)	(3.1%)
	BCCTP	8	10	11	11	10	10	10	10	12	11	11	11	11	0	0.0%
	Long Term Care	375	375	370	372	372	364	366	372	371	373	379	373	367	(5)	(1.3%)
	Total Non-Duals	215,063	214,644	212,848	212,891	211,711	210,356	209,244	211,845	210,070	208,671	206,227	206,293	208,001	-4,890	(2.3%)
DUAL	Adult (21 Over)	367	368	354	352	351	345	351	341	350	341	330	328	320	-32	(9.1%)
	SPD (21 Over)	22,725	22,941	23,009	22,988	23,087	23,230	23,445	23,531	23,577	23,498	23,473	23,540	23,541	553	2.4%
	Adult Expansion	479	304	252	253	209	226	201	122	82	177	139	130	136	-117	(46.2%)
	BCCTP	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0%
	Long Term Care	1,201	1,187	1,192	1,213	1,220	1,232	1,237	1,256	1,271	1,308	1,266	1,257	1,231	18	1.5%
	Total Duals	24,773	24,800	24,807	24,806	24,867	25,033	25,234	25,250	25,280	25,324	25,208	25,255	25,228	422	1.7%
	Total Medi-Cal	239,836	239,444	237,655	237,697	236,578	235,389	234,478	237,095	235,350	233,995	231,435	231,548	233,229	-4,468	(1.9%)
	Healthy Kids	3,348	3,465	3,507	3,486	3,501	3,509	3,512	2	2	2	0	0	0	-3,486	(100.0%)
CMC	CMC Non-Long Term Care	7,680	7,661	7,706	7,815	7,869	7,921	7,982	8,016	8,069	8,206	8,177	8,261	8,388	573	7.3%
	CMC - Long Term Care	204	208	209	207	207	213	212	217	220	222	224	225	213	6	2.9%
	Total CMC	7,884	7,869	7,915	8,022	8,076	8,134	8,194	8,233	8,289	8,428	8,401	8,486	8,601	579	7.2%
	Total Enrollment	251,068	250,778	249,077	249,205	248,155	247,032	246,184	245,330	243,641	242,425	239,836	240,034	241,830	-7,375	(3.0%)

Revenue

Current month revenue of $91.8M is 3.3M or 3.7% favorable to budget of $88.6M. The current month variance was primarily due to the following:

- Slightly higher FY20 base rates in the Medi-Cal Non-Dual categories of aid and higher enrollment than budget, net favorable of $2.4M.

- Increased Prop 56 revenue accrual of $885K due to rate increase (with an offsetting increase to medical expense).

- Supplemental revenue is $510K favorable variance due to increased BHT utilization.
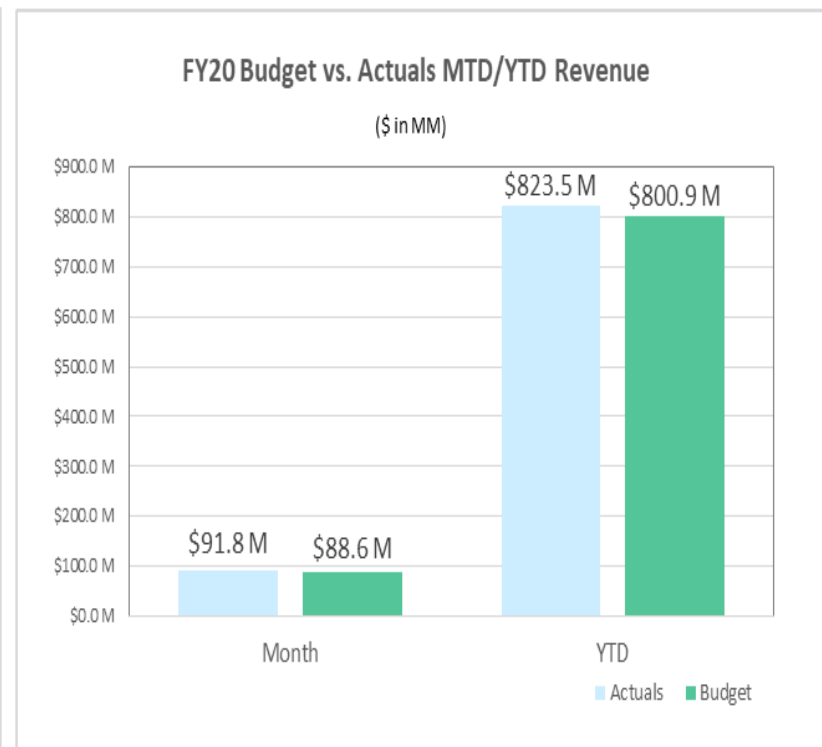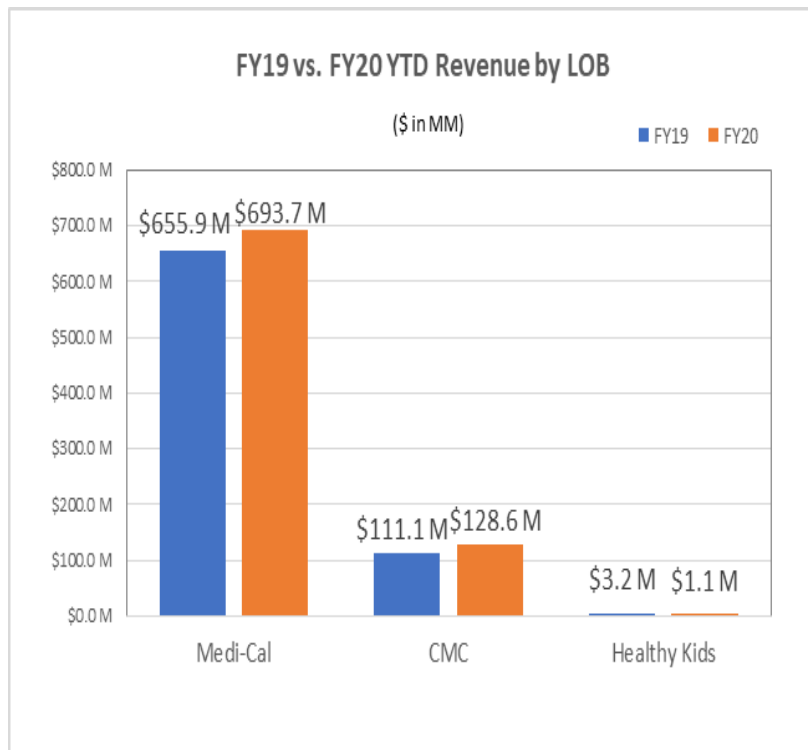
Medical Expense

Current month medical expense of $86.3M is $3.5M or 4.3% unfavorable to budget of $82.8M. The current month variance was due largely to:

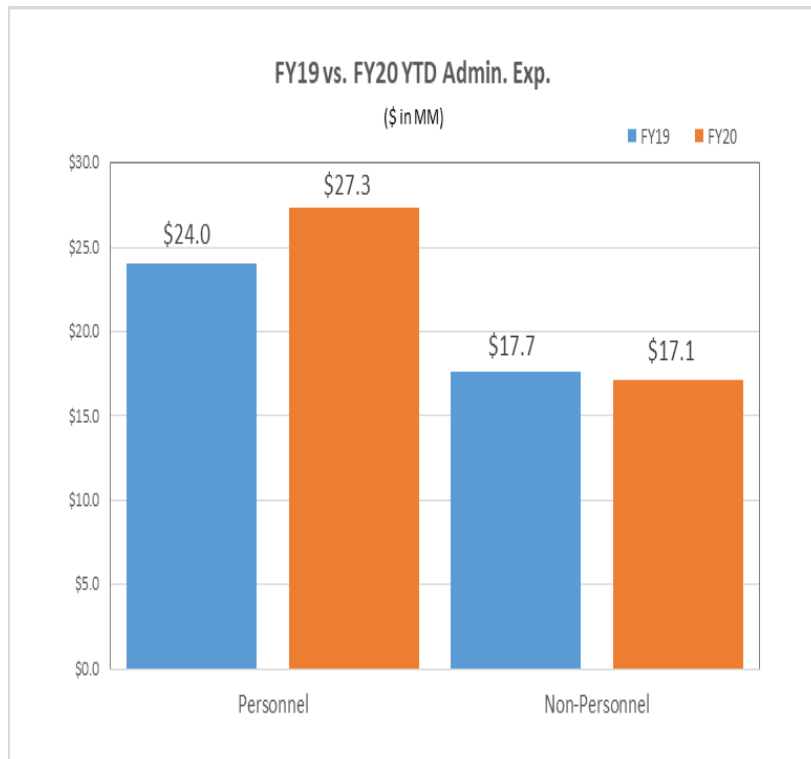- Pharmacy is $1.4M unfavorable to budget due to a higher average specialty script cost and increase in prescription volume.

- An unbudgeted initiative commenced which yielded claims recoveries of $1.2M during March. Certain higher fee-for-service expenses including Inpatient and Pharmacy of $1.8M. Increased FY20 Prop 56 expense accrual of $885K (with offsetting increase to revenue).

- Increased BHT utilization of $510K unfavorable to budget (with offsetting increase to revenue)
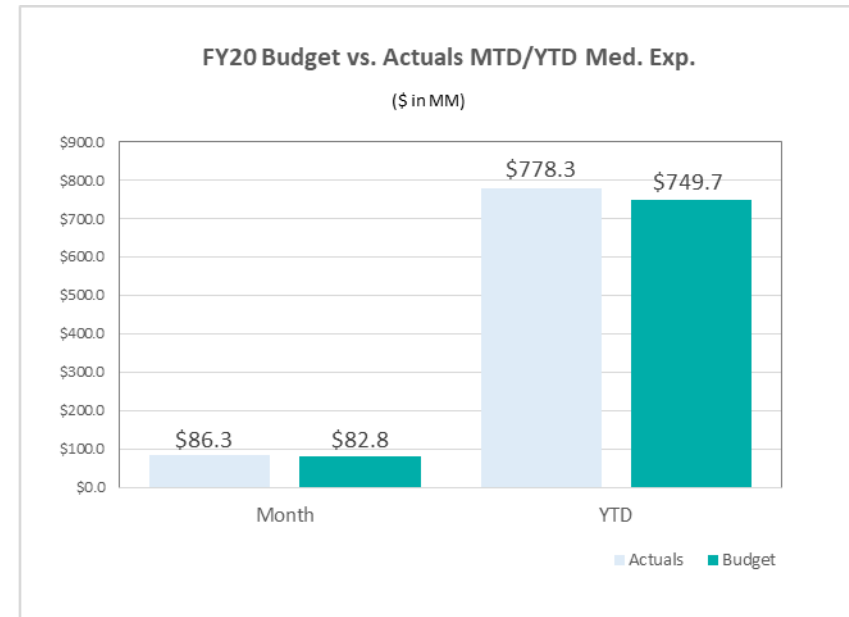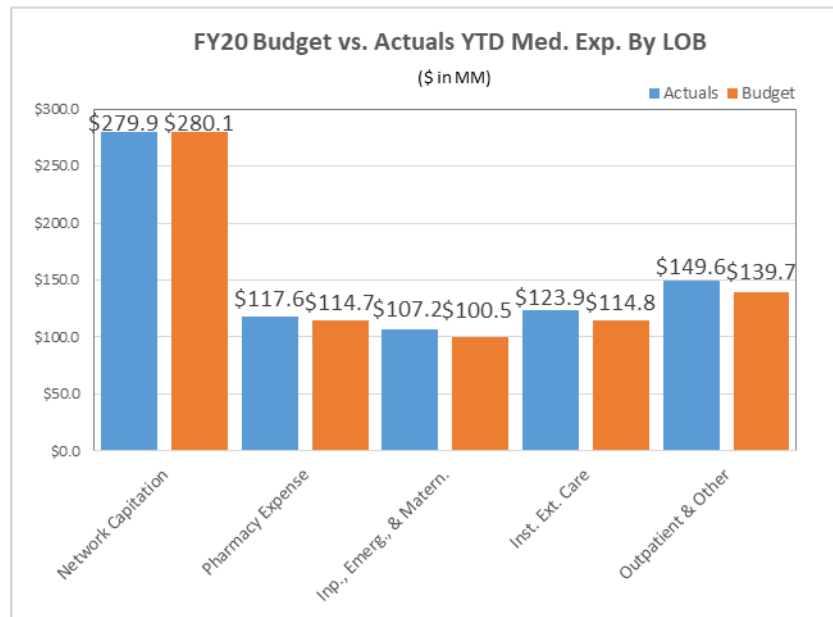
Administrative Expense

Current month admin expense of $5.3M is $29K or 0.5% favorable to budget of $5.4M. The current month variances were primarily due to the following:

- Personnel expenses were $182K or 6.0% unfavorable to budget due to slightly higher average salaries partially offset by a lower head count.

- Non-Personnel expenses were overall $212K or 9.0% favorable to budget due to savings on MedImpact pharmacy contract services and reduced Quality Improvement spending versus budget.

FY19 vs. FY20 YTD Admin. Exp. ($ in MM) — FY19, FY20

FY20 Budget vs. Actuals MTD/YTD Admin. Exp. ($ in MM) — Actuals, Budget
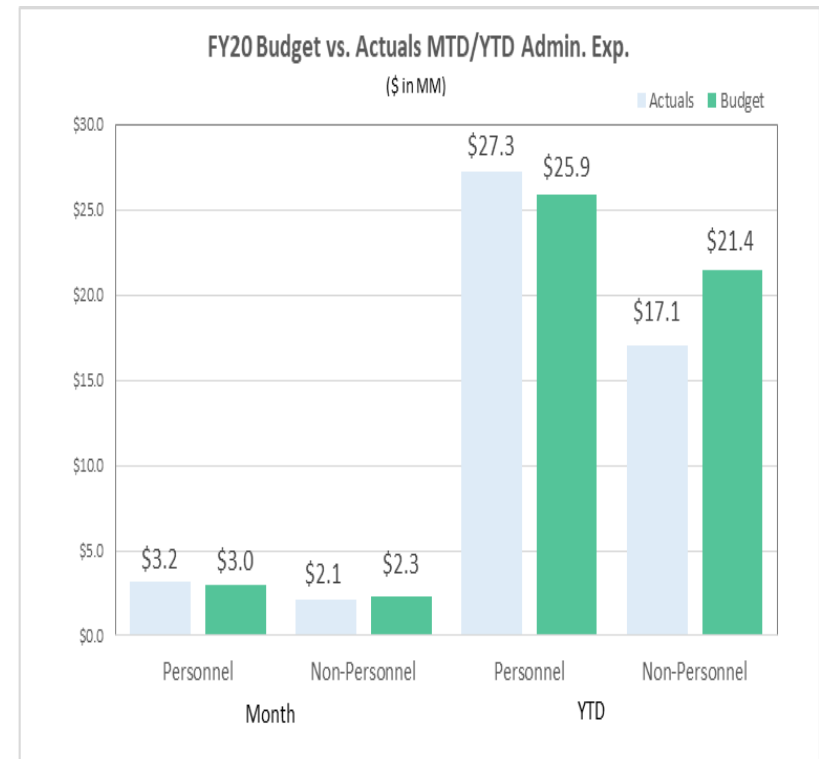
Balance Sheet

- Current assets totaled $896.0M compared to current liabilities of $721.4M, yielding a current ratio (Current Assets/Current Liabilities) of 1.24:1 vs. the DMHC minimum requirement of 1.0:1.

- Cash balance increased by $1.2M compared to the cash balance as of year-end June 30, 2019 due to timing of payments received and paid.

- 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	$105,255,151	1.80%	$230,218	$1,164,268
Wells Fargo Investments	$168,446,243	1.45%	$458,769	$2,292,833
	$273,701,395		$688,987	$3,457,101
Cash & Equivalents				
Bank of the West Money Market	$76,827	0.17%	$2,158	$63,521
Wells Fargo Bank Accounts	$26,569,580	0.28%	$24,195	$1,329,310
	$26,646,407		$26,353	$1,392,831
Assets Pledged to DMHC				
Restricted Cash	$305,350	0.42%	$107	$1,473
Petty Cash	$500	0.00%	$0	$0
Month-End Balance	**$300,653,652**		**$715,446**	**$4,851,405**

- Overall cash and investment yield favorably exceeds budget (1.5% actual vs. 1.4% budgeted).

Tangible Net Equity

- TNE was $206.8M - representing approximately two months of the Plan's total expenses.

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

	Jun-11	Jun-12	Jun-13	Jun-14	Jun-15	Jun-16	Jun-17	Jun-18	Jun-19	Mar-20
Actual Net Position/Reserves	$36.1 M	$24.2 M	$32.6 M	$40.9 M	$72.6 M	$100.3 M	$158.4 M	$178.0 M	$202.1 M	$206.8 M
Required Reserves per DMHC	$5.0 M	$5.9 M	$7.8 M	$11.4 M	$19.3 M	$32.4 M	$35.9 M	$36.8 M	$30.9 M	$30.9 M
200% of Required Reserve	$10.0 M	$11.8 M	$15.6 M	$22.9 M	$38.5 M	$64.8 M	$71.8 M	$73.6 M	$61.8 M	$61.7 M
Actual as % Required	722.5%	410.2%	418.5%	357.5%	376.9%	309.8%	441.2%	483.4%	654.4%	669.8%

Tangible Net Equity
Actual vs. Required
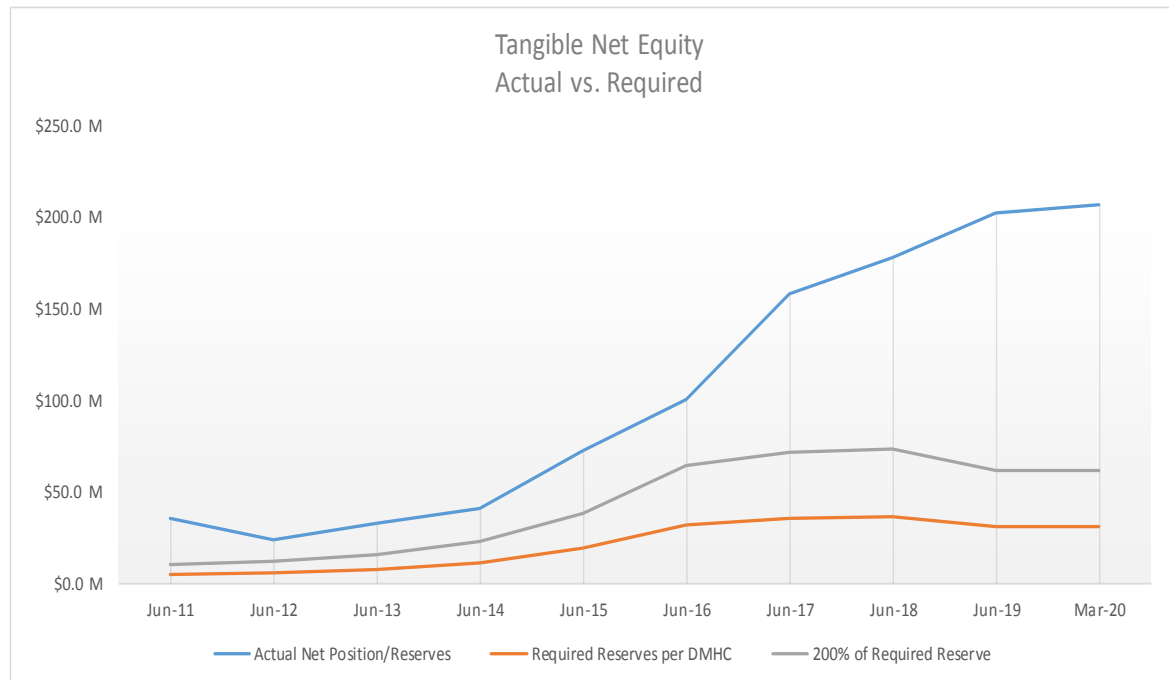
Reserves Analysis

SCFHP RESERVES ANALYSIS MARCH 2020

Financial Reserve Target #1: Tangible Net Equity

	Approved	Balance
Board Designated Special Project Funding for CBOs	$4,000,000	$3,820,000
Board Designated Innovation Fund	16,000,000	16,000,000
Invested in fixed assets (NBV)		26,552,933
Restricted under Knox-Keene agreement		305,350
Unrestricted Net Equity		160,109,859
Total TNE		206,788,142
Current Required TNE		30,872,277
TNE %		669.8%

SCFHP Target TNE Range:

350% of Required TNE (Low)	108,052,969
500% of Required TNE (High)	154,361,384
Total TNE Above/(Below) SCFHP Low Target	**98,735,173**
Total TNE Above/(Below) High Target	**$52,426,758**

Financial Reserve Target #2: Liquidity

Cash & Investments	$300,653,651
Less Pass-Through Liabilities	
MCO Tax Payable to State of CA	(24,307,710)
Whole Person Care / Prop 56	(32,701,914)
Other Pass-Through Liabilities (Note 2)	(54,383,626)
Total Pass-Through Liabilities	**(111,393,250)**
Net Cash Available to SCFHP	189,260,401
SCFHP Target Liquidity (Note 3)	
45 Days of Total Operating Expense	(132,225,601)
60 Days of Total Operating Expense	(176,300,802)
Liquidity Above/(Below) SCFHP Low Target	**57,034,800**
Liquidity Above/(Below) High Target	**$12,959,599**

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 and Rate Range payables.

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

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Capital Expenditures

- Majority of the capital variances are building improvements and software due to timing of certain projects having been postponed.

Expenditure	YTD Actual	Annual Budget
Hardware	$439,926	$620,000
Software	$165,607	$1,029,000
Automobile	$0	$0
Building Improvements	$1,166,717	$3,149,500
TOTAL	**$1,772,250**	**$4,798,500**

Financial Statements

Income Statement

Santa Clara Family Health Plan™

Santa Clara County Health Authority
INCOME STATEMENT
For Nine Months Ending March 31, 2020

	Mar-2020 Actuals	% of Rev	Mar-2020 Budget	% of Rev	Current Month Variance $	%	YTD Mar-2020 Actuals	% of Rev	YTD Mar-2020 Budget	% of Rev	YTD Variance $	%
REVENUES												
MEDI-CAL	$ 77,783,104	84.7%	$ 74,002,974	83.6%	$ 3,780,131	5.1%	$ 693,738,170	84.2%	$ 673,906,350	84.1%	$ 19,831,820	2.9%
CMC MEDI-CAL	2,702,976	2.9%	2,930,420	3.3%	(227,444)	-7.8%	27,030,978	3.3%	25,817,332	3.2%	1,213,646	4.7%
CMC MEDICARE	11,329,684	12.3%	11,617,223	13.1%	(287,539)	-2.5%	101,592,744	12.3%	100,097,452	12.5%	1,495,292	1.5%
TOTAL CMC	14,032,659	15.3%	14,547,643	16.4%	(514,983)	-3.5%	128,623,722	15.6%	125,914,784	15.7%	2,708,938	2.2%
HEALTHY KIDS	0	0.0%	0	0.0%	0	0.0%	1,123,789	0.1%	1,043,572	0.1%	80,218	7.7%
TOTAL REVENUE	$ 91,815,764	100.0%	$ 88,550,617	100.0%	$ 3,265,147	3.7%	$ 823,485,682	100.0%	$ 800,864,706	100.0%	$ 22,620,976	2.8%
MEDICAL EXPENSES												
MEDI-CAL	$ 73,652,721	80.2%	$ 69,318,540	78.3%	$ (4,334,181)	-6.3%	$ 658,895,334	80.0%	$ 630,107,678	78.7%	$ (28,787,656)	-4.6%
CMC MEDI-CAL	2,576,252	2.8%	3,088,280	3.5%	512,029	16.6%	24,904,607	3.0%	27,218,544	3.4%	2,313,937	8.5%
CMC MEDICARE	10,070,473	11.0%	10,369,792	11.7%	299,319	2.9%	93,611,444	11.4%	91,284,611	11.4%	(2,326,833)	-2.5%
TOTAL CMC	12,646,725	13.8%	13,458,073	15.2%	811,347	6.0%	118,516,051	14.4%	118,503,155	14.8%	(12,896)	0.0%
HEALTHY KIDS	2,366	0.0%	0	0.0%	(2,366)	0.0%	855,610	0.1%	1,123,405	0.1%	267,795	23.8%
TOTAL MEDICAL EXPENSES	$ 86,301,813	94.0%	$ 82,776,613	93.5%	$ (3,525,200)	-4.3%	$ 778,266,995	94.5%	$ 749,734,238	93.6%	$ (28,532,757)	-3.8%
MEDICAL OPERATING MARGIN	$ 5,513,951	6.0%	$ 5,774,004	6.5%	$ (260,053)	-4.5%	$ 45,218,687	5.5%	$ 51,130,468	6.4%	$ (5,911,782)	-11.6%
ADMINISTRATIVE EXPENSE												
SALARIES AND BENEFITS	$ 3,207,093	3.5%	$ 3,024,859	3.4%	$ (182,233)	-6.0%	$ 27,298,274	3.3%	$ 25,908,651	3.2%	$ (1,389,622)	-5.4%
RENTS AND UTILITIES	21,011	0.0%	2,383	0.0%	(18,628)	-781.7%	180,052	0.0%	115,551	0.0%	(64,501)	-55.8%
PRINTING AND ADVERTISING	(45,213)	0.0%	72,113	0.1%	117,326	162.7%	61,231	0.0%	671,017	0.1%	609,786	90.9%
INFORMATION SYSTEMS	268,997	0.3%	299,410	0.3%	30,413	10.2%	2,192,049	0.3%	2,751,690	0.3%	559,641	20.3%
PROF FEES/CONSULTING/TEMP STAFFING	1,379,580	1.5%	1,357,157	1.5%	(22,423)	-1.7%	9,147,187	1.1%	11,156,356	1.4%	2,009,169	18.0%
DEPRECIATION/INSURANCE/EQUIPMENT	315,814	0.3%	347,736	0.4%	31,922	9.2%	3,035,984	0.4%	3,388,899	0.4%	352,916	10.4%
OFFICE SUPPLIES/POSTAGE/TELEPHONE	59,886	0.1%	84,741	0.1%	24,855	29.3%	550,155	0.1%	832,069	0.1%	281,914	33.9%
MEETINGS/TRAVEL/DUES	92,506	0.1%	118,471	0.1%	25,965	21.9%	823,967	0.1%	1,123,727	0.1%	299,759	26.7%
OTHER	44,687	0.0%	66,917	0.1%	22,230	33.2%	1,092,918	0.1%	1,396,251	0.2%	303,333	21.7%
TOTAL ADMINISTRATIVE EXPENSES	$ 5,344,361	5.8%	$ 5,373,788	6.1%	$ 29,427	0.5%	$ 44,381,817	5.4%	$ 47,344,211	5.9%	$ 2,962,395	6.3%
OPERATING SURPLUS (LOSS)	$ 169,590	0.2%	$ 400,216	0.5%	$ (230,626)	-57.6%	$ 836,870	0.1%	$ 3,786,257	0.5%	$ (2,949,387)	-77.9%
ALLOWANCE FOR UNCOLLECTED PREMIUM	0	0.0%	0	0.0%	0	0.0%	42330	0.0%	0	0.0%	(42,330)	0.0%
GASB 75 - POST EMPLOYMENT BENEFITS EXPENSE	59,780	0.1%	60,000	0.1%	220	0.4%	553,237	0.1%	540,000	0.1%	(13,237)	-2.5%
GASB 68 - UNFUNDED PENSION LIABILITY	75,000	0.1%	75,000	0.1%	0	0.0%	659,780	0.1%	675,000	0.1%	15,220	2.3%
NON-OPERATING EXPENSES	$ 134,780	0.1%	$ 135,000	0.2%	$ 220	0.2%	$ 1,255,347	0.2%	$ 1,215,000	0.2%	$ (40,347)	-3.3%
INTEREST & OTHER INCOME	738,066	0.8%	379,225	0.4%	358,840	94.6%	5,080,866	0.6%	3,413,026	0.4%	1,667,841	48.9%
NET NON-OPERATING ACTIVITIES	$ 603,286	0.7%	$ 244,225	0.3%	$ 359,061	147.0%	$ 3,825,519	0.5%	$ 2,198,026	0.3%	$ 1,627,494	74.0%
NET SURPLUS (LOSS)	$ 772,876	0.8%	$ 644,441	0.7%	$ 128,435	19.9%	$ 4,662,389	0.6%	$ 5,984,283	0.7%	$ (1,321,893)	-22.1%

Balance Sheet

SANTA CLARA COUNTY HEALTH AUTHORITY
For Nine Months Ending March 31, 2020

	Mar-2020	Feb-2020	Jan-2020	Mar-2019
Assets				
Current Assets				
Cash and Investments	300,653,651	331,155,934	304,676,729	349,893,575
Receivables	583,619,915	538,827,087	583,760,271	521,751,208
Prepaid Expenses and Other Current Assets	11,735,059	10,910,433	10,492,241	7,194,235
Total Current Assets	**896,008,625**	**880,893,455**	**898,929,241**	**878,839,018**
Long Term Assets				
Property and Equipment	46,531,020	46,056,161	46,053,228	43,486,597
Accumulated Depreciation	(19,978,087)	(19,711,463)	(19,453,913)	(16,404,608)
Total Long Term Assets	26,552,933	26,344,698	26,599,315	27,081,989
Total Assets	**922,561,558**	**907,238,153**	**925,528,556**	**905,921,007**
Deferred Outflow of Resources	**9,237,609**	**9,237,609**	**9,237,609**	**14,535,240**
Total Assets & Deferred Outflows	**931,799,167**	**916,475,762**	**934,766,165**	**920,456,247**
Liabilities and Net Assets:				
Current Liabilities				
Trade Payables	10,498,821	6,954,520	7,079,550	5,344,552
Employee Benefits	1,952,566	1,995,511	1,937,233	1,765,354
Retirement Obligation per GASB 75	3,228,453	3,168,673	3,108,894	4,088,812
Advance Premium - Healthy Kids	0	0	0	91,854
Deferred Revenue - Medicare	500,000	10,629,601	10,728,095	0
Whole Person Care / Prop 56	32,701,914	33,656,494	30,976,499	16,962,490
Pass-Throughs Payable	54,383,626	28,935,668	2,779,072	102,962,225
Due to Santa Clara County Valley Health Plan and Kaiser	29,553,631	37,115,900	35,519,620	7,933,735
MCO Tax Payable - State Board of Equalization	24,307,710	16,205,140	72,467,990	26,354,443
Due to DHCS	37,964,537	41,503,407	39,317,050	47,065,056
Liability for In Home Support Services (IHSS)	416,092,527	416,092,527	416,092,527	416,092,526
Current Premium Deficiency Reserve (PDR)	8,294,025	8,294,025	8,294,025	8,294,025
Medical Cost Reserves	101,899,745	102,342,543	98,462,988	86,448,530
Total Current Liabilities	**721,377,554**	**706,894,007**	**726,763,544**	**723,403,602**
Non-Current Liabilities				
Net Pension Liability GASB 68	638,923	571,939.73	500,948	2,499,796
Total Non-Current Liabilities	**638,923**	**571,940**	**500,948**	**2,499,796**
Total Liabilities	**722,016,477**	**707,465,947**	**727,264,492**	**725,903,398**
Deferred Inflow of Resources	**2,994,548**	**2,994,548**	**2,994,548**	**4,034,640**
Net Assets				
Board Designated Fund: Special Project Funding for CBOs	3,820,000	3,840,000	3,840,000	0
Board Designated Fund: Innovation Fund	16,000,000	16,000,000	16,000,000	0
Invested in Capital Assets (NBV)	26,552,933	26,344,698	26,599,315	27,081,989
Restricted under Knox-Keene agreement	305,350	305,350	305,350	305,350
Unrestricted Net Equity	155,447,470	155,635,705	155,381,088	150,628,524
Current YTD Income (Loss)	4,662,389	3,889,514	2,381,372	12,502,346
Total Net Assets / Reserves	**206,788,142**	**206,015,267**	**204,507,125**	**190,518,209**
Total Liabilities, Deferred Inflows and Net Assets	**931,799,167**	**916,475,762**	**934,766,165**	**920,456,247**

Cash Flow Statement

	Mar-2020	Year-to-date
Cash Flows from Operating Activities		
Premiums Received	$51,586,635	$1,000,061,052
Medical Expenses Paid	(94,306,879)	(753,882,812)
Adminstrative Expenses Paid	11,954,753	(248,255,708)
Net Cash from Operating Activities	**($30,765,490)**	**($2,077,469)**
Cash Flows from Capital and Related Financing Activities		
Purchase of Capital Assets	(474,859)	(1,772,250)
Cash Flows from Investing Activities		
Interest Income and Other Income (Net)	738,066	5,080,866
Net Increase/(Decrease) in Cash & Cash Equivalents	**(30,502,283)**	**1,231,148**
Cash & Investments (Beginning)	331,155,934	299,422,504
Cash & Investments (Ending)	**$300,653,651**	**$300,653,651**
Reconciliation of Operating Income to Net Cash from Operating Activities		
Operating Income/(Loss)	$34,810	($418,477)
Adjustments to Reconcile Operating Income to Net Cash from Operating Activities		
Depreciation	266,623	2,611,556
Changes in Operating Assets/Liabilities		
Premiums Receivable	(44,792,828)	167,446,211
Prepaids & Other Assets	(824,626)	405,028
Accounts Payable & Accrued Liabilities	17,924,913	(206,274,052)
State Payable	4,563,699	9,129,159
IGT, HQAF & Other Provider Payables	(7,562,268)	10,339,455
Net Pension Liability	66,983	638,923
Medical Cost Reserves & PDR	(442,798)	14,044,728
Total Adjustments	**(30,800,300)**	**(1,658,992)**
Net Cash from Operating Activities	**($30,765,490)**	**($2,077,469)**

Statement of Operations by Line of Business - YTD

Santa Clara Family Health Plan

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Santa Clara County Health Authority

Statement of Operations

By Line of Business (Including Allocated Expenses)

For Nine Months Ending March 31, 2020

</div>

	Medi-Cal	CMC Medi-Cal	CMC Medicare	Total CMC	Healthy Kids	Grand Total
P&L (ALLOCATED BASIS)						
REVENUE	$693,738,170	$27,030,978	$101,592,744	$128,623,722	$1,123,789	$823,485,682
MEDICAL EXPENSE	$658,895,334	$24,904,607	$93,611,444	$118,516,051	$855,610	$778,266,995
(MLR)	95.0%	92.1%	92.1%	92.1%	76.1%	94.5%
GROSS MARGIN	$34,842,836	$2,126,371	$7,981,300	$10,107,671	$268,179	$45,218,687
ADMINISTRATIVE EXPENSE	$37,389,066	$1,456,836	$5,475,348	$6,932,184	$60,567	$44,381,817
(% of Revenue Allocation)						
OPERATING INCOME/(LOSS)	($2,546,229)	$669,534	$2,505,952	$3,175,487	$207,613	$836,870
(% of Revenue Allocation)						
OTHER INCOME/(EXPENSE)	$3,222,775	$125,573	$471,951	$597,524	$5,221	$3,825,519
(% of Revenue Allocation)						
NET INCOME/(LOSS)	$676,545	$795,107	$2,977,904	$3,773,011	$212,833	$4,662,389
PMPM (ALLOCATED BASIS)						
REVENUE	$328.93	$361.17	$1,357.43	$1,718.60	$106.74	$375.26
MEDICAL EXPENSES	$312.41	$332.76	$1,250.79	$1,583.55	$81.27	$354.65
GROSS MARGIN	$16.52	$28.41	$106.64	$135.05	$25.47	$20.61
ADMINISTRATIVE EXPENSES	$17.73	$19.47	$73.16	$92.62	$5.75	$20.22
OPERATING INCOME/(LOSS)	-$1.21	$8.95	$33.48	$42.43	$19.72	$0.38
OTHER INCOME/(EXPENSE)	$1.53	$1.68	$6.31	$7.98	$0.50	$1.74
NET INCOME/(LOSS)	$0.32	$10.62	$39.79	$50.41	$20.22	$2.12
ALLOCATION BASIS:						
MEMBER MONTHS - YTD	2,109,097	74,842	74,842	74,842	10,528	2,194,467
REVENUE BY LOB	84.2%	3.3%	12.3%	15.6%	0.1%	100.0%

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Financial Forecast Presentation

Executive /Finance Meeting of May 28, 2020

Financial Forecast Update

- Prior to COVID, the Plan achieved a net surplus of $3.9 million through February 2020 for the fiscal year-to-date.

- The May Revise to the State Budget included several proposals that will affect the Plan unfavorably, and are not subject to trigger reduction, notably:
  - 1.5% Med-Cal rate reduction for the Bridge Period (July 2019 to December 2020).
  - Calendar year 2021 Medi-Cal rate reduction estimated at 3.0%

- Looking ahead, financial losses are forecasted:
  - FY20 results will include the 1.5% Medi-Cal rate reduction and contract rate changes.
  - The FY21 budget, which is now being prepared, may reflect an annual deficit.
  - For the next two years, Medi-Cal rate reductions are probable and additional deficits may result. The Plan has limited ability to pass rate cuts to providers.

- With these unprecedented changes, the Plan currently projects future potential annual deficits for roughly three future years, which would reduce Tangible Net Equity by $30M-$50M to $150M-170M (under two months of total expenses).

Financial Forecast Update

- While future potential losses are concerning, the Plan currently has sufficient accumulated reserves (both equity and liquidity) to weather the road ahead for the foreseeable future.

- SCFHP has reserves of $207M at 3/31/20, represents just over two months of total expenses and falls in the middle of local health plans measured on multiple of Required TNE:

LHPC TNE Ratio per DMHC @ 03/31/20

Health Plan	TNE Multiple
Community Health Group	10.74
Health Plan of San Mateo	9.93
Orange County Health Authority...	9.74
Central CA Alliance for Health	8.20
L.A. Care	8.05
Health Plan of San Joaquin	7.60
San Francisco Health Plan	7.37
CalViva Health Plan	7.34
Cencal Health	6.56
Partnership Health Plan of CA	6.51
Santa Clara Family Health Plan	6.37
Alameda Alliance for Health	6.07
Inland Empire Health Plan	5.20
Contra Costa Health Plan	4.86
Kern Health Systems	4.42
Gold Coast Health Plan	2.10

Santa Clara County Health Authority
COVID-19 Funding Request Summary

Organization Name: YMCA of Silicon Valley (YMCA)

Project Name: Emergency Summer Food Distribution

Date Submitted to SCFHP: May 16, 2020

Contact Name and Title: Sandy Berlin Walker, President and CEO

Requested Amount: $100,000

Time Period for Project Expenditures: June – August 2020

Proposal Submitted to: Executive/Finance Committee

Date Submitted for Review: May 28, 2020

Summary of Proposal:

- Funding for YMCA Summer Food Service Program (SFSP) Nutrition Manager to manage all ordering, compliance, training for staff and volunteers and direct administration of the YMCA Summer Feeding Program at 26 SFSP open meal sites to serve the increased number of children and families in need throughout Silicon Valley this summer.

- Funding for part-time YMCA Food Distribution Site Coordinators for 10 YMCA sites to oversee compliance with regulations with accepting daily food deliveries, and recruiting and leading volunteers and staff during daily food distribution.

Summary of Projected Outcome/Impact:

Through these sites, the YMCA will coordinate distribution of approximately 2,240 snacks and meals daily to children in the lowest-income neighborhoods during the summer.

Evaluation Relative to SCFHP COVID-19 Funding Criteria

Criteria	Met/Not Met
1. Demonstrate the need is directly related to the COVID-19 pandemic.	Met
2. Demonstrate the project targets those in the most acute need.	Met
3. Indicate if a one-time need; if longer-term program, how will the need be sustained with resources other than SCFHP.	One-time
4. Demonstrate the applicant is making maximum use of own resources, including reserves and emergency funds.	Met?
5. Indicate if funding is being sought from other potential sources.	Met
6. Indicate if a loan/advance could meet the need.	No information provided
7. Indicate if the request is health care-related (e.g., provider network stabilization).	Indirectly related (food)
8. Funds are not to be used for other expenses and may not supplant normal recurring funding.	Met
9. Funds are to be used exclusively for direct service provision and not for indirect overhead.	Met

YMCA of Silicon Valley COVID-19
Emergency Hunger Relief for Children and Families

Proposal for Santa Clara Family Health Plan

After the Shelter in Place (SIP) order was put in place on March 17, YMCA of Silicon Valley closed 100+ program sites in two counties, including ten YMCA facilities, and paused programs. With the closure of Y facilities, and the suspension of all non-essential programs and services, Y leadership made extremely tough decisions to stabilize the organization and ensure its' sustainability. This translated into an organization-wide furlough of all part-time and the majority of full-time employees reducing staff by 85% from 1,955 employees before COVID-19 to 293 Y staff employed today. The revenue loss has been significant and the remaining staff, many working reduced pay, are focused on essential operations.

Despite this shut down and major reductions, our Y continues to serve our community. We have partnered with healthcare providers, school districts and local government to respond to the COVID-19 pandemic. Adjusting to meet urgent needs, the Y transformed several of our Y facilities, along with local elementary school sites, to be Community Response Centers. These centers are providing essential services that are part of the YMCA of Silicon Valley's COVID-19 Response Efforts including:

- **Critical Care Camps for Essential Workers' children** with capacity to care for up to 220 children daily
- **Food Distribution** for youth in partnership with school districts and for older adults at Senior Centers in Gilroy and Morgan Hill
- **Blood Drives** in partnership with American Red Cross
- **Support for teachers and students** working via distance learning
- **Virtual YMCA Diabetes Prevention Programs** among the many health, wellness, educational and family programs offered virtually and free to the community

In 2019, in Silicon Valley, roughly 1 in 4 individuals were considered at risk for hunger with 37.5% of families living below self-sufficiency standards. As a result of the current pandemic, an unprecedented number of individuals are suffering financial losses due to widespread business closures, reduced work schedules, and layoffs, which has led to an increased demand for food assistance in our communities and across the globe. During the eight weeks since SIP began, over 4 million Californians have filed for unemployment. The Bay Area's unemployment rate hit 14.7% in mid-April and is predicted to increase. Those in the bottom of the income distribution are hurt most by unemployment. This is exacerbated in Silicon Valley due to the prohibitively high cost of living, where many families were already being forced to make difficult choices between paying for food or rent.

Food banks and meal service providers have always been needed to fill the gaps in food assistance created by federal safety net programs that have eligibility limitations. With this dramatic increase in demand, food banks and meal service providers must fill a much larger gap than before the pandemic. For example, Second Harvest Food Bank of Silicon Valley has reported that they are now helping an average of 500 households apply for CalFresh (California's version of SNAP or the food stamp program) each month— a 150% increase from the normal monthly average.

YMCA of Silicon Valley is a long time United States Department of Agriculture (USDA) food program sponsor and meal service provider. Beginning mid-March, as part of our COVID-19 Response, our Y partnered with local school districts to provide food distribution to youth. We are currently serving more than 19,000 meals weekly to children at ten Title I school sites in low-income neighborhoods.

While schools have been closed, students in need have been able to access meals through drive-up and take-away food distribution sites such as the ten the Y has coordinated. Many of these options end when school is out in early June. Research shows, six out of seven low-income youth who receive free or reduced price school meals during the school year lose access to this resource during a typical summer, and the need will be even greater this summer. As the school year distribution comes to an end and we face a reduced availability of summer programs where food is often served, the Y will be able to provide food distribution at Summer Food Service Program (SFSP) open meal sites to serve the increased number of children and families in need throughout Silicon Valley this summer.

Beginning in June, the Y will significantly pivot and expand our efforts to provide hunger relief for children and families. Through 26 SFSP open meal sites at YMCA and community-based partner locations, the Y will coordinate the distribution of approximately 2,240 snacks and meals daily to children in the lowest-income neighborhoods. The Y will also coordinate additional community sites including libraries and shelters for homeless families with children. We have also partnered with Second Harvest Food Bank to provide meals for the adults in the family.

In addition to daily nutritious meals, the Y will partner with community partners to provide take home enrichment activities for youth such as free books; STEAM kits through Resource Area for Teaching (RAFT); Resources from Santa Clara County Public Health Department, such as Potter the Otter books and other nutrition education activities.

In conjunction with our SFSP open meal program, the Y will expand our emergency relief efforts by offering Y Super Camp Sites at six of the YMCA locations this summer. In these Special Camps, youth will receive a rich mix of academic support, enrichment, art, STEM and physical activity. Free healthy meals will be served in these programs as part of the SFSP. Our six Y camps can enroll up to 500 campers of essential worker families for nine weeks this summer.

We are diligently following CA Department of Education food distribution guidance, as well as federal, state and county COVID-19 food service safety modification orders critical to reducing the spread of the virus. Meal service for children not enrolled in the Special Camps will continue to be drive-up and take-away. We are in ongoing communication with our partners, staff and volunteers to maintain safe practices to ensure children and families receive nutritious meals during this time of increased need for food assistance.

The Y respectfully requests **$100,000 from Santa Clara Family Health Plan** to support the delivery of this essential emergency relief. As these emergency relief efforts were not planned for in our budget, and we no longer have revenue coming in to help subsidize these outreach efforts, it is essential we raise the funds needed to support staff providing coordination and food operations, who will in turn deliver these services to those who need it the most.

Specifically, these funds would support a portion of the direct staff costs for:

- **SFSP Nutrition Manager**, who is responsible for ordering, compliance and training of all staff and volunteers and the direct administration of the YMCA Summer Feeding Program at all 26 sites.
- **Y Food Distribution Site Coordinators** for ten Y sites. These part-time Site Coordinators oversee compliance with regulations along with accepting daily food deliveries, and recruiting and leading volunteers and staff during daily food distribution.

Though the responsibilities of these staff positions are required as a USDA SFSP sponsor and meal service provider, federal funding provided to food program sponsors does not provide support to cover the costs to run these food service programs, only reimbursement for the cost of food.

The Y is seeking this new critical support for the YMCA Summer Feeding Program. We have been able to reallocate grant funds offered by some funders including foundations and other donors in light of the current crisis. This support has been critical for our service thus far for our COVID-19 response in April and May. Our need is now to support this increased summer effort and food distribution is our top priority. The California Department of Education provides pass through funding from the USDA as reimbursement for the cost of meals for the SFSP. Funds from Santa Clara Family Health Plan would supplement, and not supplant, any other funding for the YMCA Summer Feeding Program. A grant from the SCFHP would be a meaningful portion of the $230,000 we need to raise to administer and coordinate the SFSP. The Y is also raising funds to provide the Special Camp to 500 children daily throughout the summer ahead.

The financial impact of this pandemic has the potential to be devastating for YMCA of Silicon Valley. We project a loss of $23M in membership and program revenues this fiscal year. Additionally, the SIP came during a critical fundraising time for the Y. We were finishing a collective $4.5M annual campaign. Funds from the Y's annual campaign have provided financial assistance for low-income youth, individuals, families, and seniors since July 2019, helping alleviate monetary barriers to participation in Y programs and services. We are projecting a total loss of over $25M in revenue by fiscal year end on June 30.

As a result of our Y's swift response to closing our facilities, furloughing staff and reducing full-time hours of all remaining staff, our organization cut expenses through the end of June 2020 by $18 million, resulting in a net loss of $7 million by the end of June 2020. With well-developed business plans, YMCA of Silicon Valley had $5.2 million in cash reserves as well as $9 million in endowment funds at the beginning of the crisis. Based on our current projections, we will utilize all reserves and possibly a small portion of our endowment to sustain the organization through our current fiscal year, ending June 30, 2020.

This pandemic has affected organizations, communities and individuals from all walks of life, locally and across the globe. We are in a time of crisis and families need support more than ever to make ends meet. The YMCA Summer Feeding Program is a critical component for family stability and can be a stop gap to homelessness. If food is covered, unemployment benefits can go to cover rent or housing. With the Santa Clara Family Health Plan Board's support, the Y can ensure more kids and their families will have access to nutrition during this pandemic crisis this summer.

Sources:
- National Summer Learning Association
- Second Harvest Food Bank
- Food Research and Action Center
- Insight Center for Community Economic Development
- Bureau of Labor and Statistics

Santa Clara County Health Authority
COVID-19 Funding Request Summary

Organization Name: Valley Verde

Project Name: Emergency Summer Food Distribution

Date Submitted to SCFHP: May 20, 2020

Contact Name and Title: Raul Lozano, Executive Director

Requested Amount: $80,000

Time Period for Project Expenditures: June – December 2020

Proposal Submitted to: Executive/Finance Committee

Date Submitted for Review: May 28, 2020

Summary of Proposal:

- The Valley Verde Home Gardening program serves low-income families in San Jose and Gilroy, teaching families how to grow organic vegetables to provide preventive healthcare and reduce food insecurity. The Home Gardening program includes the following activities which have required resource-intensive adjustments due to COVID-19:

    o Garden bed builds: changed from group events to individual appointments.

    o Home garden workshops: changed from in-person workshops to development of online workshops, with subsequent staff follow up with individual families.

    o Mentor visits: implemented home visits, using face masks and gloves in compliance with social distancing requirements, and conducted outside; augmented by outreach via phone, email, text.

    o Alumni seedling pickups: modified process for pick up, to ensure social distancing; distribution targets graduates, low-income community members and the unemployed in Santa Clara County.

- The requested funding would support additional personnel working on the labor-intensive adjustments necessitated by COVID-19, including home delivery, development of video workshop content, translation into Spanish, and home mentoring visits. It would also support materials, soil and lumber for gardening beds.

Summary of Projected Outcome/Impact:

Each year Valley Verde serves approximately 350 individuals. Through the funding from SCFHP and other organizations, Valley Verde will be able to adapt its programs and continue to serve low-income residents of San Jose and Gilroy.

Evaluation Relative to SCFHP COVID-19 Funding Criteria

Criteria	Met/Not Met
1. Demonstrate the need is directly related to the COVID-19 pandemic.	Met
2. Demonstrate the project targets those in the most acute need.	Met
3. Indicate if a one-time need; if longer-term program, how will the need be sustained with resources other than SCFHP.	One-time
4. Demonstrate the applicant is making maximum use of own resources, including reserves and emergency funds.	Met*
5. Indicate if funding is being sought from other potential sources.	Met
6. Indicate if a loan/advance could meet the need.	No information provided
7. Indicate if the request is health care-related (e.g., provider network stabilization).	Indirectly related (food)
8. Funds are not to be used for other expenses and may not supplant normal recurring funding.	Met
9. Funds are to be used exclusively for direct service provision and not for indirect overhead.	Met

* The response to a follow up question noted that Valley Verde had $18,000 in reserves that were used in the month of April 2020.

Christine Tomcala, CEO

Santa Clara Family Health Plan

6201 San Ignacio Ave.

San José, CA 95119

Subject: Request for Support

Dear Ms. Tomcala,

The purpose of this letter is to ask Santa Clara Family Health Plan to consider a request from Valley Verde in the amount of $80,000 to support the operations associated with the response to COVID-19 by our Home Gardening program.

Background

Valley Verde works with high need, low-income communities to teach families how to grow organic vegetables. The benefits of the home garden program include access to fresh, affordable, organic vegetables. Participants also learn how to prepare healthy meals, get exercise by tending to their gardens, and model these healthy behaviors to their children. Home gardens particularly provide needed preventive healthcare in Santa Clara County, where one in five children are food insecure. Most importantly, participant gardening families have become self-sufficient in having a source of fresh vegetables because they have acquired the gardening skills needed to grow organic vegetables for the rest of their lives.

Valley Verde serves Santa Clara County's vulnerable communities that were already struggling and are now disproportionately affected by the COVID-19 pandemic according to recent CDC data. Among Santa Clara County's 1.9 million residents, 69% are people of color and 7.2% were below the poverty line as this crisis hit, though that figure is rising sharply with comparatively high job losses in the service sector and attendant spikes in food insecurity. Those low-income and/or people of color still employed remain overrepresented among essential workers at high risk of exposure to the virus. While home gardening's effects of reducing food insecurity and improving nutrition are well documented, a new study finds significantly higher benefits of emotional well-being in urban household gardening for low-income growers and growers of

vegetables in particular (Ambrose et al., 2020).

Population Served

Since 2012, Valley Verde has helped more than 500 low-income families learn to grow food at home and share that knowledge with others. Each year, we serve about 350 individuals. Valley Verde's service area is Santa Clara County, specifically San Jose and Gilroy. Prior to COVID-19, Valley Verde conducted workshops at its La Finca greenhouse site, as well as at seven partnership sites at local schools, affordable housing sites, community and senior centers and now has shifted its programs to observe the stay-at-home/social distancing order.

According to Valley Verde's 2019 intake survey of new participants, 100% of its participants are low-income, and 30% have less than a high school education. The population in San Jose includes a large number of "working underprivileged", and approximately 100,000 people are eligible for SNAP. A 2017 study by Second Harvest Food Bank found that nearly 27% of Silicon Valley residents are facing food insecurity. Previous participant classes have been approximately 33% Hispanic/Latino, 44% Asian/Southeast Asian/Pacific Islander, and 23% white. Fifty-five percent were born outside of the US.

Activities and Adjustments to COVID-19

The Home Gardening program includes a range of activities, all of which require adjustments during the COVID-19 pandemic.

1. Garden Bed Builds: We built 48 garden beds in March 2020 for the participants in our program. These garden beds will be used by the same participants for the fall/winter planting days in October 2020. Sites had 110 existing garden beds for which we provided compost and soil amendments and we will add additional compost amendments in fall 2020 if needed. Distribution of garden beds, soil, and seedlings was conducted through individual appointments and deliveries in order to maintain social distance regulations. Participants who picked up their materials from Valley Verde wore masks and gloves (as did Valley Verde staff) and remained in their vehicles while supplies were loaded by staff members. Deliveries were made for those who were unable to travel to Valley Verde's site.

2. Home Garden Workshops: Due to the shelter-in-place and social distancing orders, we have moved our in-person workshops to an online format. Workshops are recorded and posted on YouTube and participants are emailed a link to the video as well as copies of the handouts and worksheets. Our staff check in with each participant who has internet access to ensure videos are watched and questions are answered. Not all participants can pivot to online learning and

Valley Verde is continuing to provide intensive support to those individuals to make sure they are not left out. Those who do not have computers will be prioritized for home instruction first.

Currently, our April videos (English and Spanish) have 74 views on YouTube, and our March videos have 69 views. This information tells us the reach of our workshop presentations in addition to the phone and email contact we have with participants. Program Coordinators will be taking attendance by asking participants if they have viewed the monthly materials. The videos are shorter (40-50 minutes) than our in-person workshops as we normally have discussions and group activities which take up part of the 90 minute session. Program Coordinators are reaching out to participants individually to ensure they can address questions and discuss garden troubleshooting issues. We are also including a monthly recipe and educational handouts which participants can read as part of the 90 minute workshop session obligation. See the following website to view workshop content: https://www.youtube.com/channel/UC7fCiBGNLPUbozgMp1mqAkw?view_as=subscriber

Nutrition and health information is covered in the workshop videos and participants receive a new recipe using seasonal vegetables each month.

3. Mentor Visits: Home visits are still occurring with staff wearing protective face masks and gloves, maintaining 6 feet distance when interacting with participants, and accessing gardens through the outdoor entryways rather than entering through the homes. In addition, participants reach out through email, text, and phone calls to troubleshoot garden issues. Our coordinators are in regular communication with participants to ensure their garden needs are met.

4. Alumni Seedling Pickups: Alumni were invited in April 2020 to participate in our May 8th and 9th, 2020 seedling give-away. This giveaway includes graduates but also low-income community members and the unemployed in Santa Clara County. All alumni have access to this give-away and we have seedlings available for up to 600 families. The first give away, 230 families who signed up received a bag full of seedlings, seeds, instructions, and resource materials. We are going to do another seedling giveaway on May 23 for another 300 families, and another in the fall for the winter planting. We are asking people who got seedlings to send photos of their gardens. We maintain records of participant phone numbers, email, and home address, so we will be able to follow up with support and keep in touch with them.

Health Outcomes

Valley Verde is working with children through families with chronic diseases that are joining the program. Each year, year after year, VV's intake surveys show about 65% of the adults who

participate in the program have chronic diseases. Our work empowers adults to eat more healthfully, and since the adults are preparing and providing food for their children, the children also get to practice good eating habits, exercise (through working in the garden), and knowing how to garden so they can have access to fresh, nutritious, organic veggies. These practices are inculcated and reproduced across generations in preventive care that is embedded in a home setting.

Participants report nutritional benefits that extend throughout the family and into the community. As a low-income resident, one father in the program reported that the vegetable seedlings and subsequent harvest increased his family's food security and access to nutritious food. "I have thoroughly enjoyed the Valley Verde gardening program. The education and resources provided have been great. My family and I learned a lot about organic gardening. From composting to organic pest deterrent, the content has been quite informative and practical. It has also provided us a way to supplement our vegetable budget in the store. My kids now look forward to planting and harvesting in our garden. I was also able to share extra harvest with my neighbors."

Research demonstrates that inculcating urban gardening habits in youth fosters a preference for a nutrient rich diet high in fresh fruits and vegetables (Gatto et al 2012). A study of the nutrition and health outcomes of Valley Verde gardening programs in particular found participants experienced "greater food access, increased consumption of fresh produce, a shift toward home cooking, and decreased fast food consumption. Participants attributed these changes to greater affordability, freshness, flavor, and convenience of their garden produce; increased health motivation owing to pride in their gardens; and improved nutritional knowledge. Participants also reported improved physical activity, mental health, and stress management; some reported improved weight and adherence to diabetes-healthy diets" (Palar et al 2019).

Budget

The bulk of the requested $80,000 budget will cover personnel, who are working on the labor intensive adjustments necessitated by COVID-19. Adaptations involve more home delivery, the development of video workshop content on YouTube and its translation into Spanish, and an increasing number of home mentoring visits. Some of the requested funds will be used for materials, soil and lumber for the gardening beds next year.

Evaluation

Program staff use sign-in sheets and other internal tracking systems to measure progress toward quantitative benchmarks, such as workshop attendance, and gardens installed. Valley

Verde staff also complete an in-depth internal evaluation of the programs at the end of the year, which is used to identify successes and challenges.

Valley Verde's participants fill out detailed application forms and a pre-participation survey during their enrollment. The intake forms and survey collect demographic information and baseline data about health, food security, nutrition knowledge. Valley Verde uses pre- and post-participation surveys to gather data about the program's impacts. Valley Verde also collects anecdotal feedback from participants on an ongoing basis, and an external program evaluation is conducted at the conclusion of the program. Those tutored through our YouTube videos are also quizzed on the content of that instruction.

Thank you very much for considering this request. Santa Clara County Health Plan's support of community organizations like ours that provide preventive healthcare services helps to build resilience among those most adversely affected by the COVID-19 crisis.

Sincerely,

Raul Lozano

Executive Director

Valley Verde

2020 Project Budget

Revenue		
Applied Materials	$ 15,000	secured
Health Trust	$ 20,000	secured
El Camino Hospital Foundation	$ 45,000	secured
FTFCU	$ 15,000	secured
San Benito Community Found	$ 10,000	secured
Packard Foundation	$ 35,000	secured
SCCFHP	$ 80,000	pending
Total Revenue	**$ 220,000**	

Expenses	
Home Garden Program	
Greenhouse manager FTE	$ 46,000
Home GardenManager FTE	$ 48,000
Home Garden Coordinator FTE	$ 44,000
Home Garden Coordinator .5 FTE	$ 35,000
Subtotal Personnel	**$ 173,000**
Drip Irrigation	$ 4,000
Soil	$ 15,000
Lumber	$ 12,900
Row Cover	$ 400
Gopher Wire	$ 700
Labor	$ 2,500
Workshop supplies	$ 2,500
Mileage	$ 4,000
Postage	$ 2,000
Printing	$ 3,000
Subtotal Home Garden Program	**$ 47,000**
Total Expenses	**$ 220,000**

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **JAN 08 2012**

VALLEY VERDE
1530 MERIDIAN AVE
SAN JOSE, CA 95125

Employer Identification Number:
 45-3084814
DLN:
 17053347361001
Contact Person:
 GERRY R MCLAUGHLIN   ID# 31115
Contact Telephone Number:
 (877) 829-5500
Accounting Period Ending:
 December 31
Public Charity Status:
 170(b)(1)(A)(vi)
Form 990 Required:
 Yes
Effective Date of Exemption:
 October 25, 2011
Contribution Deductibility:
 Yes
Addendum Applies:
 No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax
exempt status we have determined that you are exempt from Federal income tax
under section 501(c)(3) of the Internal Revenue Code. Contributions to you are
deductible under section 170 of the Code. You are also qualified to receive
tax deductible bequests, devises, transfers or gifts under section 2055, 2106
or 2522 of the Code. Because this letter could help resolve any questions
regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified
as either public charities or private foundations. We determined that you are
a public charity under the Code section(s) listed in the heading of this
letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public
Charities, for some helpful information about your responsibilities as an
exempt organization.

Sincerely,

Lois G. Lerner
Director, Exempt Organizations

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)

Donations and Sponsorships Policy History

By Resolution dated November 4, 2010, the Santa Clara County Health Authority Governing Board established a policy detailing the process by which Santa Clara Family Health Plan (SCFHP), through Board action, could make donations to carry out its mission, and setting forth the criteria for the use of SCFHP funds for such purpose. Refer to the attached Donations and Scholarships Policy (Exhibit A to November 4, 2020 Board Resolution).

The policy was revised in 2016 to clarify, consistent with the Board's original intent, that the CEO was authorized to make individual donations in amounts not to exceed $5,000, up to a total of $120,000 in donations per year, and to provide an annual report on such donations to the Board.

Pursuant to the policy, in FY2019-2020 SCFHP made a total of $111,050 in donations to 31 community organizations.

Exhibit A

DONATIONS AND SPONSORSHOPS POLICY

This policy establishes criteria and procedures to follow when the Santa Clara County Health Authority ("the Health Authority") seeks to make a donation and/or sponsorship (hereinafter referred to as "donation") using Health Authority funds. The Health Authority's mission is to provide high quality, comprehensive health care coverage to those in Santa Clara County who do not have access to, or are not able to purchase, good health care at an affordable price. From time to time, the Health Authority wishes to make a donation to support this mission.

1. Applications

This policy applies to any donation made by the Health Authority.

2. Criteria

Any donation made in accordance with this policy will meet all of the following criteria:

(A) The donation fulfills an overriding public purpose to carry out the Health Authority's mission to provide high quality, comprehensive health care coverage to those in Santa Clara County who do not have access to, or are not able to purchase, good health care at an affordable price.

(B) The donation will be made with surplus and unexpended funds.

(C) The donation will not adversely impact the ability of the Health Authority to operate and to deliver services and programs.

(D) The donation will not be used to support or oppose a candidate for public office and/or a ballot measure.

(E) The donation will not financially benefit any Health Authority official or employee.

3. Procedures

The Health Authority Governing Board may approve any donation after finding that all of the criteria in Section 2 (A)-(E) are met. The CEO will make a written determination that all the criteria are met. The Health Authority Governing Board will adopt a resolution approving the donation.

4. Single Donations Not to Exceed $5,000

The Health Authority Governing Board delegates authority to the Chief Executive Officer ("CEO") to make single donations, on behalf of the Health Authority, not to exceed $5,000,

Santa Clara Family
Health Plan.

Policy Title:	Donations and Sponsorships	Policy No.:	GO.04 v1
Replaces Policy Title (if applicable):	N/A	Replaces Policy No. (if applicable):	N/A
Issuing Department:	Governance & Org Structure	Policy Review Frequency:	Periodically as warranted
Lines of Business (check all that apply):	☐ Medi-Cal	☐ CMC	

I.   Purpose

To establish criteria for Santa Clara Family Health Plan (SCFHP) to make a donation or sponsorship using SCFHP funds.

II.   Policy

SCFHP makes donations and sponsorships in support of SCFHP's mission to provide high quality, comprehensive health care coverage to those in Santa Clara County who do not have access to, or are not able to purchase, good health care at an affordable price, and to support the broader Santa Clara County safety net. SCFHP recognizes that health is impacted by many factors. It is SCFHP's policy to support community organizations and public agencies that provide safety net services that help to directly or indirectly strengthen community health and/or the health of county residents.

Any donations or sponsorships must meet the following criteria:
A.   The organization requesting funding is a non-profit, not-for-profit, or public agency providing safety net services to residents of Santa Clara County; and
B.   The donation or sponsorship will not be used to support political causes, candidates, organizations, campaigns, ballot measures; and
C.   The donation or sponsorship will not personally financially benefit any Santa Clara County Health Authority official or employee.

SCFHP's Chief Executive Officer has authority to approve donations and sponsorships not to exceed $5,000 to a single organization in any given fiscal year, up to a total limit for all donations and sponsorships of $150,000 in any given fiscal year. Exceptions to these limits require approval by the Executive/Finance Committee.

POLICY

III.   Approval/Revision History

First Level Approval		Second Level Approval		Third Level Approval	
[Manager/Director Name] [Title]		[Compliance Name] Title]		[Executive Name] [Title]	
Date		Date		Date	

Version Number	Original/ Reviewed/ Revised	Reviewing Committee (if applicable)	Committee Action/Date (Recommended or Approved)	Board Action/Date (Approved or Ratified)
v1	Original			

Compliance Committee Meeting Minutes
May 27, 2020

Regular Meeting of the

Santa Clara County Health Authority

Compliance Committee

Wednesday, May 27, 2020, 8:30 AM – 10:00 AM

Santa Clara Family Health Plan

6201 San Ignacio Ave, San Jose, CA 95119

MINUTES

Members Present
Jordan Yamashita, Compliance Officer
Susan Murphy, Board Member
Christine M. Tomcala, Chief Executive Officer
Neal Jarecki, Chief Financial Officer
Dr. Laurie Nakahira, Chief Medical Officer
Jonathan Tamayo, Chief Information Officer
Chris Turner, Chief Operating Officer
Ngoc Bui-Tong, VP Strategies and Analysis
Teresa Chapman, VP Human Resources
Laura Watkins, VP Marketing and Enrollment

Staff Present
Dr. Jeff Robertson, Medical Director
Leanne Kelly, Delegation Oversight Analyst
Sylvia Luong, Audit Program Manager
Mai Phuong Nguyen, Oversight Manager
Vanessa Santos, Compliance Coordinator
Megha Shah, Compliance Coordinator
Leah Tubera, Compliance Coordinator
Bryan Valdez, Compliance Coordinator
Anna Vuong, Compliance Manager

1. **Roll Call**

    Ms. Yamashita, Compliance Officer, called the meeting to order at 8:31am. Roll call was taken and a quorum established.

    Ms. Yamashita welcomed Susan Murphy as a new member of the Compliance Committee. Susan Murphy is a member of the Governing Board.

2. **Public Comment**

    There were no public comments.

3. **Approve Minutes of the March 2, 2020, Regular Compliance Committee Meeting**

    Minutes of the March 2, 2020 regular Compliance Committee meeting were approved with amendment to modify the date within the footer.

4. **Regulatory Audits Report**

    Ms. Yamashita provided an update on regulatory audits.

    Centers for Medicare and Medicaid (CMS) Revalidation- Ms. Yamashita reported that all required submissions have been made to ATTAC related to the Part D Coverage Determinations, Appeals & Grievances portion of the CMS Revalidation. The Compliance Program Effectiveness evaluation took place on May 21, 2020 and included the OIG screening verification for FDRs, employees, and board members. The auditors had no significant comments and it appears that the Plan is likely to pass this portion of the audit. Ms. Yamashita reported that the draft audit report from ATTAC will be received by the Plan on or around June 15, 2020. The Plan will have an opportunity to comment or provide feedback and then the final report must be submitted to CMS by June 19, 2020. The Plan has been working to obtain full compliance with the tasks outlined in the audit work plan. At this time, the Plan's Case Management Department is well situated to pass the Care Coordination Quality Improvement

Program Effectiveness Revalidation Audit. The Plan is currently in the clean period for this portion of the audit which will take place in August, with the final report due to CMS on Sept 25, 2020. Dr. Nakahira explained the Case Management team has been working diligently to be compliant with completion of Health Risk Assessments, Interdisciplinary Care Plans, and Interdisciplinary Care Team meetings. Reports have been run daily and are showing 100% compliance. Dr. Nakahira, Chief Medical Officer, thanked all departments especially IT for helping these efforts.

Medicare Data Validation- Ms. Yamashita reported that due to COVID-19, CMS reduced the scope of the 2020 Medicare Data Validation audit. The review focused only on validation of Medication Therapy Management. Fieldwork was conducted May 26, 2020, and the Plan was informed that the no issues were identified during the audit fieldwork. The auditors are completing a review of the source materials, but preliminary results indicate that the Plan will pass.

State Regulatory Audits- Ms. Vuong reported that the Plan is wrapping up the 2019 Joint Department of Managed Health Care (DMHC) and California Department of Healthcare Services (DHCS) audit. The DMHC portion has been closed. However, the DHCS portion still remains open. The Plan and the DHCS CAP unit have been in communication since September 2019 regarding the remaining corrective actions. While continuing to wrap up the 2019 DHCS audit, the Plan underwent the on-site portion of 2020 DHCS Audit in early March. At this time, the Plan is still awaiting the preliminary audit report. Ms. Yamashita added that the Plan is currently on the DMHC 18 month follow-up survey schedule for March 2021. The Plan has not received any official audit notification, but expect it will be forthcoming.

Ms. Murphy asked the group what the Plan is doing to ensure everything will be in place despite operational disruption occurring due to the COVID-19 pandemic. Ms. Yamashita explained that the Plan is continuing to audit and conduct all functions besides Facility Site Reviews which are postponed per regulatory guidance. Regulators have been pausing on-site audits and limiting the scope of audits. Ms. Yamashita reported that she does not have concerns of downstream consequences on audit results due to the pandemic. Dr. Nakahira explained that the Plan is exploring other alternatives to complete tasks that were meant to be in person.

A **motion** was made to accept the Regulatory Audits Report; the motion was **seconded and unanimously approved**.

5. **Oversight Activity Report**

Compliance Dashboard- Ms. Nguyen, Oversight Manager, presented the Compliance Dashboard. Ms. Nguyen explained that green signifies that the compliance goal is met. Yellow signifies "substantially met" which includes 98-99.9% compliance. Ms. Murphy asked if Red is anything less than 98%. Mai confirmed yes, that is the case.

Enrollment missed one element in Q3 due to transition from working in the office to working from home. The Case Management team has ongoing deficiencies related to Medi-Cal Health Risk Assessments (HRAs). Currently, HRAs for Medi-Cal members are only being done in a limited number of networks. Dr. Nakahira noted that the Plan is working with delegates to complete HRAs. Currently, the Plan completes the HRAs for the Independent Physician Associations. Dr. Nakahira further noted that much work is being done around the Medi-Cal HRA process and will be implementing revised processes in quarters 3 and 4. Claims is doing very well There was one month of incorrectly forwarding claim; however, the issue has been resolved. The Quality Metric for Facility Site Review is not met because partly because of a limited number of nurse evaluators. However, most recently, DHCS suspended the requirements related to in-person Facility Site Reviews as a result of COVID-19. Customer Service, Provider Relations, IT, Marketing have been doing well with respect to their compliance metrics. G&A continues to demonstrate improvement in its metrics. The Plan did not achieve compliance with its Compliance Training metric in Q2, as some Board Members did not timely complete their training requirements. Report submissions for CMC and Medi-Cal were non-compliant for FY Q419.

Internal Audits – Ms. Luong, Audit Program Manager, provided an update on internal audits. The Plan is on schedule for conducting audits based the 3 year audit schedule. The Final Audit Reports for Customer Service and Marketing Website Audit are being reviewed by Ms. Yamashita. The Utilization Management and Claims are currently in progress.

External Audits- Ms. Kelly, Delegation Oversight Analyst, stated that the Plan is on schedule in conducting delegation audits of FDRs and Delegated Entities according to the 3 Year Audit Plan. The Final Reports for the 2019 delegation audits of Focus Care, Vision Service Plan, PMG, PCNC and Kaiser have been issued. The Oversight Team has implemented a Corrective Action Plan (CAP) Workbook delivered with each Final Audit Report. The CAP Workbook tracks necessary Root Cause Analyses and all tasks associated with correcting deficiencies identified during the audit. The Oversight Team is currently conducting delegation audits of Language Line, Hanna and MedImpact. The Quarter 2 delegation audit of Vision Service Plan is currently in the planning phase.

Pre-Delegation Audit- Ms. Luong stated that prior to delegating functions to a new Delegated Entity, California IPA, the Plan is currently conducting a Pre-Delegation Audit. The Oversight Team has issued the audit notification and will be utilizing subject matter experts from each of the Plan's internal departments for all delegated functions to be performed by California IPA. This audit will assess the proposed delegate's capacity to perform the delegated functions. Ms. Yamashita added that an audit introduction webinar was held between the Plan and California IPA.

A **motion** was made to accept the Oversight Activity Report; the motion was **seconded and unanimously approved.**

6. **Fraud, Waste, and Abuse Report**

Ms. Yamashita stated that Fraud, Waste, and Abuse is currently outsourced to T&M Protection Resources. Given the unprecedented budget cuts resulting from the COVID-19 pandemic, the Plan terminated its contract withT&M effective November 2020. The Plan is exploring ways to continue to complete FWA activities, while reducing costs for outsourcing these activities. The Plan is developing a plan to bring these activities back in-house, with activities involving collaboration with the Finance team.

Ms. Yamashita stated that in April, 2020 the Plan received indication from a provider that a member was impersonating her in an effort to obtain medical supplies from BioReference. The member was sending e-mails to a contact at BioReference to get printers, ink, and other laboratory supplies. In addition, the member attempted to obtain several COVID-19 tests The member also fraudulently requested every lab test that is available under this provider. The Plan submitted the required reporting to DHCS on this matter.

Ms. Yamashita stated a complaint was received by the Plan that a member fraudulently obtained services by not reporting their full income. This has been reported to the regulators and no further action is required on the Plan's side at this time.

Ms. Turner, Chief Operating Officer, inquired about a complaint related to a member's alleged HIPAA breach. This matter was investigated by the Plan and also reported to DHCSD. Both investigations closed the matter, as the complaint was not substantiated.

A **motion** was made to accept the Fraud, Waste, and Abuse; the motion was **seconded and unanimously approved.**

7. **Adjournment**

The meeting was adjourned at 9:20 am.

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Jordan Yamashita, Compliance Officer

Cal MediConnect FY 2019-2020

	Q1	Q2	Q3	Apr-20	FY to Date
ENROLLMENT					
Enrollment Materials					
% of New member packets mailed within 10 days of effective date Goal: 100%	Yellow	Yellow	Red	Yellow	Yellow
% of New Member ID cards mailed within 10 days of effective date Goal: 100%	Green	Yellow	Yellow	Yellow	Yellow
Out of Area Members					
% Compliance with OOA Member Process Goal: 100%	Green	Green	Green	Green	Green
CUSTOMER SERVICE					
Call Stats					
Member Queue					
Member Average Hold Time in Seconds Goal: ≤120 Seconds	Green	Green	Green	Green	Green
Member Service Level Goal: 80% in <30 sec	Green	Green	Green	Green	Green
Disconnect Rate from CMS Quarterly Report (part C) Goal: ≤5%	Green	Green	Green	Green	Green
HEALTH SERVICES (UTILIZATION MANAGEMENT)					
Pre-Service Organization Determinations					
Standard Part C					
% of Timely Decisions made within 14 days Goal 100%	Yellow	Yellow	Green	Green	Green
Expedited Part C					
% of Timely Decisions made within 72 Hours Goal: 100%	Red	Yellow	Yellow	Yellow	Yellow
Urgent Concurrent Organization Determinations					
% of Timely Decisions made within 24 hours Goal: 100%	Red	Red	Green	Green	Red
Post Service Organization Determinations					
% of Timely Decisions made within 30 days Goal: 100%	Yellow	Green	Green	Green	Yellow
HEALTH SERVICES (CASE MANAGEMENT)					
HRAs and ICPs					
Total IPC % Completion Goal: 100%	Red	Red	Yellow	Yellow	Red
Total HRA % Completion Goal: 100%	Yellow	Red	Yellow	Yellow	Yellow

Medi-Cal FY 2019-2020

	Q1	Q2	Q3	Apr-20
ENROLLMENT				
Enrollment Materials				
% of New member packets mailed within 7 days of effective Date Goal:100%	Green	Green	Green	Green
% of New Member ID cards mailed within 7 days of effective date Goal: 100%	Green	Green	Green	Green
CUSTOMER SERVICE				
Call Stats				
Member Queue				
Member Average Speed of Answer in Seconds Goal: ≤600 Seconds	Green	Green	Green	Green
% of Reports Submitted Timely Goal: 100%	Green	Green	Gray	Gray
HEALTH SERVICES (UTILIZATION MANAGEMENT)				
Medical Authorizations				
Routine Authorizations				
% of Timely Decisions made within 5 Business Days of request Goal: 95%	Green	Green	Green	Green
% of PA Notification Sent Within 2 Business Days of Decision Date - Goal: 95%	Green	Green	Green	Green
Expedited Authorizations				
% of Timely Decisions made within 72 Hours of request Goal: 95%	Red	Green	Green	Green
% of PA Notification Sent Within 2 Business Days of Decision Date - Goal: 95%	Green	Green	Green	Green
Concurrent Review				
% of Timely Decisions made within 24 Hours of request Goal: 95%	Red	Red	Green	Green
% of PA Notification Sent Within 2 Business Days of Decision Date - Goal: 95%	Green	Green	Green	Green
Retrospective Review				
% of Retrospective Reviews completed within 30 Calendar Days of request - Goal: 95%	Green	Green	Green	Green
% of PA Notification Sent Within 2 Business Days of Decision Date - Goal 95%	Green	Green	Green	Green
HEALTH SERVICES (CASE MANAGEMENT)				
Initial Health Assessment				
% of High Risk SPD Members who completed HRA in 45 days Goal: 100%	Red	Red	Red	Red
% of HRAs completed in 90 days for Low Risk SPD Members Goal: 100%	Red	Red	Red	Red
% Overall compliance for High Risk SPD ICP requirements Goal: 100%	Red	Red	Red	Red

Cal MediConnect FY 2019-2020

	Q1	Q2	Q3	Apr-20	FY to Date
CLAIMS					
Non-Contracted Providers					
Clean Claims to Non-Contracted Providers processed within 30 days - Goal: 90%	Green	Green	Green	Green	Green
Contracted Providers					
% of Claims to Contracted Providers processed within 45 days Goal: 90%	Green	Green	Green	Green	Green
% of Claims to Contracted Providers processed within 90 days Goal: 99%	Green	Green	Green	Green	Green

	Q1	Q2	Q3	Apr-20	FY to Date
PHARMACY - PART D					
Standard Part D Authorization Requests					
% of Standard Prior Authorizations completed within 72 Hours Goal: 100%	Green	Yellow	Green	Green	Green
Expedited Part D Authorization Requests					
% of Expedited Prior Authorizations completed within 24 Hours Goal: 100%	Green	Green	Green	Green	Green
Other Pharmacy Requirements (MedImpact)					
Provider/Pharmacy Average Hold Time in Seconds Goal 100%	Green	Green	Green	Pending Report	Pending Report
Provider/Pharmacy Service Level Goal: 100%	Green	Green	Green	Pending Report	Pending Report
Disconnect Rate Goal: 100%	Green	Green	Green	Pending Report	Pending Report
Disconnect Rate from CMS Quarterly Report (part D) Goal: ≤5%	Green	Green	Green	Pending Report	Pending Report

Medi-Cal FY 2019-2020

	Q1	Q2	Q3	Apr-20
CLAIMS				
All Claims				
% Claims Processed within 45 business days / 62 calendar days Goal:95%	Green	Green	Green	Green
% Claims Processed within 90 calendar days Goal: 99%	Green	Green	Green	Green
% Misdirected Claims forwarded within 10 business days Goal: 95%	Green	Red	Green	Green
Clean Claims				
% Practitioner/CBAS/SNF Claims Processed within 30 calendar days - Goal: 90%	Green	Green	Green	Green
% of Claims Processed to Non Practitioners, SNF CBAS Providers within 45 wrk days - Goal: 95%	Green	Green	Green	Green
Provider Claim Dispute Requests				
% of Provider Disputes Acknowledged within 15 business days Goal: 95%	Green	Green	Green	Green
% of Contracted Provider Disputes Processed within 45 days Goal:95%	Green	Green	Green	Green
Overturned Cases				
% Overturned Cases with Check Provided Within 5 Business Days - Goal: 95%	Green	Green	Green	Green

	Q1	Q2	Q3	Apr-20
PHARMACY				
Standard Authorization Request				
% of Standard Prior Authorizations completed within 24-hours Goal: 95%	Green	Green	Green	Green
Expedited Authorization Request				
% of Standard Prior Authorizations completed within 24-hours Goal: 95%	Green	Green	Green	Green

	Q1	Q2	Q3	Apr-20
HEALTH SERVICES (QUALITY)				
Facility Site Reviews				
% of FSRs completed timely Goal: 100%	Green	Green	Red	Delayed COVID-19

Cal MediConnect FY 2019-2020

GRIEVANCE & APPEALS	Q1	Q2	Q3	Apr-20	FY to Date
Grievances, Part C					
Standard Grievances Part C					
% of Standard Grievances (part C) that received Acknowledgment Letters within 5 calendar days. - Goal: 100%	[red]	[yellow]	[yellow]	[yellow]	[red]
% of Standard Grievances resolved within 30/44 days Goal: 100%	[yellow]	[yellow]			
Expedited Grievances Part C					
% of Expedited Grievances resolved within 24 hours Goal: 100%	[green]	[green]	[green]	[green]	[green]
Grievances, Part D					
Standard Grievance Part D					
% of Standard Grievances that received Acknowledgement Letters within 5 days Goal: 100%	[green]	[green]	[green]	[green]	[green]
% of Standard Grievances resolved within 30/44 days Goal: 100%	[green]	[green]	[green]	[green]	[green]
Expedited Grievance Part D					
% of Expedited Grievances resolved within 24 hours Goal: 100%	[green]	[green]	[green]	[green]	[green]
Reconsiderations, Part C					
Standard Pre-Service Part C					
% of Standard Pre-Service Reconsiderations that received Acknowledgement Letters within 5 days - Goal: 100%	[green]	[red]	[red]	[green]	[red]
% of Standard Pre-Service Reconsiderations resolved within 30/44 days - Goal: 100%	[green]	[green]	[green]	[green]	[green]
Standard Post-Service Part C					
% of Standard Post-Service Reconsiderations resolved within 60 days - Goal: 100%	[green]	[green]	[green]	[green]	[green]
Expedited Pre-Service Part C					
% of Expedited Reconsiderations (part C) grouped on Resolution Letter Date and resolved within 72 hours - Goal: 100%	[green]	[green]	[green]	[green]	[green]
% Expedited Pre-Service Reconsiderations (upheld & untimely) submitted to IRE within 24-hours of decision - Goal: 100%	[green]	[green]	[green]	[green]	[green]
Redeterminations, Part D					
Standard Part D					
% of Standard Redeterminations resolved within 7 calendar days Goal: 100%	[green]	[green]	[green]	[green]	[green]
Expedited Part D					
% of Expedited Redeterminations grouped on Resolution Letter Date and resolved within 72 hours with Resolution Letter and Oral Notification - Goal: 100%	[green]	[green]	[green]	[green]	[green]
% of Untimely Expedited Redeterminations Submitted to IRE within 24 Hours of decision - Goal: 100%	[green]	[green]	[green]	[green]	[green]
Complaint Tracking Module (CTM) Complaints					
% Resolved Timely Goal: 100%	[green]	[green]	[green]	[red]	[red]

Medi-Cal FY 2019-2020

GRIEVANCE & APPEALS	Q1	Q2	Q3	Apr-20
Grievances				
Standard Grievances				
% of Standard Grievances that received Acknowledgement Letters within 5 days - Goal: 100%	[yellow]	[red]	[yellow]	[green]
% of Grievances resolved within 30 days Goal: 100%	[yellow]	[yellow]	[green]	[green]
Expedited Grievances				
% of Expedited Grievances grouped on Resolution Letter Date and resolved within 72 hours - Goal: 100%	[green]	[red]	[red]	[green]
Appeals				
Standard Appeals				
% of Acknowledgement Letters sent within 5 calendar days Goal: 100%	[red]	[green]	[green]	[green]
% of Standard Appeals resolved within 30/44 calendar days Goal: 100%	[green]	[green]	[green]	[green]
Expedited Appeals				
% of Expedited Appeals grouped on Resolution Letter Date and resolved within 72 hours - Goal: 100%	[green]	[red]	[green]	[green]

Cal MediConnect FY 2019-2020

	Q1	Q2	Q3	Apr-20	FY to Date
PROVIDER RELATIONS					
Provider Directories updated monthly by the first day of the month - Goal: 100%	Green	Green	Green	Green	Green
Annual Health Service Delivery Tables Submission - Mid Sep Goal: 100%	Green	Annual	Annual	Annual	Green
Monthly Excluded Provider Screening Completed (Independent Providers) - Goal: 100%	Green	Green	Green	Green	Green
MARKETING					
% of Marketing Materials Submitted for Approval Goal: 100%	Green	Green	Green	Green	Green
% of Materials Posted to the Website Goal: 100%	Green	Green	Green	Green	Green
Web review completed Goal: 100%	Green	Green	Gray	Gray	Green
Annual member materials distributed on schedule Goal: 100%	Green	Green	Green	Green	Green
Annual MCMG training completed Goal: 100%	Green	Green	Green	Green	Green
FINANCE					
% of Encounters successfully submitted to CMS Goal: 100%	Green	Green	Green	Green	Green
% of Encounters submitted to CMS within 180 days of date of Service - Goal: 80%	Green	Green	Annual	Annual	Green
Quality Withhold Calculation Goal: 80%	Green	Green	Annual	Annual	Green

Medi-Cal FY 2019-2020

	Q1	Q2	Q3	Apr-20
PROVIDER NETWORK MANAGEMENT				
% of New Independent Providers Rec'd Orientation within 10 days Goal: 100%	Green	Green	Green	Green
Monthly Excluded Provider Screening Completed Goal: 100%	Green	Green	Green	Green
Timely Access Surveys (due in June) Goal: 100%	Green	Green	Delayed COVID-19	Delayed COVID-19
Annual Network Certification Goal: 100%				Delayed COVID-19
INFORMATION TECHNOLOGY				
% Encounter Files Successfully Submitted to DHCS by end of month - Goal: 100%	Green	Green	Green	Green
% Monthly Eligibility Files successfully submitted to Delegates Timely - Goal: 100%	Green	Green	Green	Green
% 274 File submitted to DHCS by the 10th of Each Month Goal:100%	Green	Green	Green	Green

Company Wide Compliance 2019-2020

	Q1	Q2	Q3	Apr-20	FY to Date
EXCLUSION SCREENINGS					
Excluded Individual Screening Prior to Hiring Goal: 100%	Green	Green	Green	Green	Green
Excluded Individual Screening Completed Monthly Goal: 100%	Green	Green	Green	Green	Green
FDR SCREENINGS					
Initial Screeing of new FDRs Goal: 100%	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Monthly Screeing of Existing FDRs Goal: 100%	Green	Green	Green	Green	Green
COMPLIANCE TRAINING					
% New Employee Training Completed Timely completed within 3 business days - Goal: 100%	Green	Green	Green	Green	Green
% Annual Employee Training Completed completed by year end Goal: 100%	Annual	Yellow	Annual	Annual	Yellow
% Annual Board Training Completed Timely completed by year end - Goal: 100%	Annual	Red	Annual	Annual	Red
STANDARDS OF CONDUCT AND COMPLIANCE POLICIES					
% New Employee receive Standards of Conduct and P&Ps Goal: 100%	Green	Green	Green	Green	Green
% Current Employee receive Standards of Conduct and P&Ps Goal: 100%	Yellow	Annual	Annual	Annual	Yellow
INTERNAL AND EXTERNAL AUDITS					
% of Scheduled Internal Audits Issued Goal: 100%	Green	Green	Green	Green	Green
% of Scheduled External Audits Issued Goal: 100%	Green	Green	Green	Green	Green
REPORTING					
% of CMC Routine Reports Submitted Timely Goal: 100%	Green	Green	Red	Green	Red
% of Medi-Cal Routine Reports Submitted Timely Goal: 100%	Green	Green	Green	Red	Yellow
FILINGS					
% of Key Personnel Filings Timely Goal: 100%	Green	Not Applicable	Not Applicable	Not Applicable	Green

Quality Improvement Committee
April 8, 2020

Regular Meeting of the

Santa Clara County Health Authority
Quality Improvement Committee

Wednesday, April 8, 2020, 6:00 PM – 8:00 PM
Santa Clara Family Health Plan
6201 San Ignacio Ave, San Jose, CA 95119

Minutes

Members Present	Staff Present
Ria Paul, MD, Chair	Darryl Breakbill, Director, Grievance & Appeals
Ali Alkoraishi, MD	
Nayyara Dawood, MD	Johanna Liu, PharmD, Director, Quality & Process Improvement
Jennifer Foreman, MD	
Jimmy Lin, MD	Mai Chang, Manager, Quality Improvement
Laurie Nakahira, D.O., Chief Medical Officer	Jamie Enke, Manager, Process Improvement
Christine Tomcala, Chief Executive Officer	Mai Phuong Nguyen, Manager, Compliance
	Carmen Switzer, Manager, Provider Network Access
Members Absent	Jordan Yamashita, Director, Compliance
Jeffrey Arnold, MD	Theresa Zhang, Manager, Marketing

1. **Roll Call**

   Ria Paul, MD, Chair, called the meeting to order at 6:00 pm. Roll call was taken and a quorum was established.

2. **Public Comment**

   There were no public comments.

3. **Meeting Minutes**

   Minutes of the February 12, 2020 Quality Improvement Committee (QIC) meeting were reviewed.

   It was moved, seconded and the minutes of the February 12, 2020 QIC meeting were **unanimously approved**.

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

4. **CEO Update**

   Christine Tomcala, Chief Executive Officer, reported there are currently 235,000 Medi-Cal members and 8,700 Cal MediConnect (CMC) members, reflecting a total of 3,700 new members since February 2020.

   Ms. Tomcala explained that over the last two weeks, SCFHP has redesigned the way business is operated in response to the pandemic. As of now, 96% of staff have shifted to work remotely, while an estimated 12 individuals remain at the office, primarily for mailroom needs and other functions which cannot be done remotely.

SCFHP does not have an accurate number of members diagnosed with COVID-19, as lab results aren't shared with SCFHP. However, the data available reflects a total of 41 members hospitalized with COVID-19, two members deceased, and 17 members diagnosed with COVID-19 isolating at home.

In response to the pandemic, SCFHP has suspended Prior Authorizations (PAs), as well as expended the pharmacy refill parameters. A new telehealth capability connected to SCFHP's Nurse Advice Line (NAL) has been recently implemented. Vulnerable populations have been identified and SCFHP continues to do outreach to them, such as robo-calls or direct mail.

Ali Alkoraishi, MD, asked if prescriptions writtenfor 90 days would be authorized. Laurie Nakahira, D.O., Chief Medical Officer, indicated they would, and explained early prescription refills do not require a PA and are being passed directly to the pharmacy, coded as "State of Emergency" (code 13). Disinfectants and gloves have been added to the Medi-Cal line of business, as available per supply.

5. **Follow-Up / Old Business**

   a. **CalAIM Overview**
   Dr. Nakahira reported Healthier California for All has changed their name back to CalAIM. Due to the current state of emergency, future plans for CalAIM are unsure. SCFHP continues their efforts toward the given CalAIM timeline while awaiting further instruction.

   b. **Out of Network Requests for Ambulatory Surgical Centers (ASC)**
   Carmen Switzer, Manager, Provider Network Access, SCFHP, confirmed SCFHP is actively in contract negotiations with Peninsula Eye Surgery Center and Tri-County Vascular Care (now named Satellite Dialysis).

   c. **Grievance and Appeals Report Q3**
   The Grievance and Appeals Report Q3 was deferred to Agenda item 10.

   d. **Compliance Report Q1**
   The Compliance Report Q1 was deferred to Agenda item 13.

6. **Review of Quality Improvement (QI) Program Evaluation 2019**

   Mai Chang, Manager, Quality Improvement, SCFHP, reviewed the Clinical Improvement Activities for 2019 and reported the results of the HEDIS and Administrative measures for 2018. In the Medi-Cal line of business, there was a significant improvement in the Cervical Cancer Screenings (>5%) from 2018 to 2019. In the CMC line of business, there was a significant improvement (>10%) in the 30 Day Follow-Up after Hospitalization for Mental Illness measure from 2018 to 2019.

   Dr. Paul asked which hospital has the highest readmission rate. This information was not readily available, but will be addressed at the following QIC meeting.

   It was moved, seconded and the QI Program Evaluation 2019 was **unanimously approved.**

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

7. **Review of QI Work Plan 2020**

   Ms. Chang reviewed the following additions to the QI Work Plan for 2020:

   1. Two state-wide Performance Improvement Projects (PIPs) relating to adolescent and child welfare: Adolescent Well Care visits and Well Child visits for children turning 15 months.
   2. Internal Performance Improvement Project – Comprehensive Diabetes Care.

It was moved, seconded and the QI Work Plan 2020 was **unanimously approved.**

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

8. **Assessment of Member Cultural and Linguistic Needs and Preferences**

Ms. Switzer reviewed the Assessment of Member Cultural and Linguistic Needs and Preferences.

It was moved, seconded and the Assessment of Member Cultural and Linguistic Needs and Preferences was **unanimously approved.**

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

9. **Annual Review of QI Policies**

Johanna Liu, PharmD, Director, Quality and Process Improvement, SCFHP, reported the following changes to the policies during their annual review:

a. QI.03 Distribution of QI Information – *No change*
b. QI.04 Peer Review Process – *No change*
c. QI.06 QI Study Design/Performance Improvement Program Reporting – *No change*
d. QI.08 Cultural and Linguistically Competent Services – *Healthy Kids was removed as a line of business and CMC was applied. A Population Needs Assessment requirement has been added.*
e. QI.09 Health Education Program and Delivery System – *Healthy Kids was removed as a line of business and a line item was added as a 2020 NCQA requirement.*
f. QI.11 Member Non-Monetary Incentives – *No change*
g. QI.12 Screening, Brief Intervention, and Referral to Treatment (BIRT) for Misuse of Alcohol – *No change*
h. QI.16 Managed Long Term Services and Support Care Coordination – *No change*
i. QI.28 Health Homes Program – *No change*

It was moved, seconded and the annual review of QI policies QI.03, QI.04, QI.06, QI.08, QI.09, QI.11, QI.12, QI.16, and QI.28 were **unanimously approved.**

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

10. **Grievances and Appeals Report**

Darryl Breakbill, Director, Grievance & Appeals reviewed the Grievances and Appeals Report for Q3 and Q4. Balance Billing and Transportation Grievances are the primary focus for the remainder of 2020.

Mr. Breakbill reported a total of 8 Grievances received related to COVID-19. Some of which were questions and others were resolved by connecting the member with the correct provider/resource.

11. **Quality Dashboard**

Dr. Liu reviewed the Quality Dashboard for December, 2019 through February, 2020. Dr. Liu explained only 20% of the Facility Site Reviews (FSR) were completed due to staffing changes, the HEDIS audit, and COVID-19. DHCS has granted SCFHP an extension on the FSRs that have been delayed.

Dr. Dawood suggested completing a portion of the FSR virtually, rather than in-person, if appropriate. Dr. Liu will present this suggestion to the Provider Advisory Council.

12. Compliance Report

Jordan Yamashita, Director, Compliance, SCFHP, noted SCFHP is currently in the revalidation phase of the CMS program audit. Revalidation audit activities for Coverage Determinations and Appeals and Grievances (CDAG) Conditions have begun.

Ms. Yamashita highlighted the 2019 DHCS audit. Although the final report has not been received, DHCS anticipates fewer findings for 2019, than 2018.

13. Credentialing Committee Report

Dr. Nakahira reviewed the details of the Credentialing Committee Report for February 5, 2020. There were no comments made.

It was moved, seconded and the Credentialing Committee Report was **unanimously approved.**

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

14. Adjournment

The next QIC meeting will be on June 10, 2020. The meeting was adjourned at 7:42 pm.

  Approved via Teleconference   June 10, 2020
Ria Paul, MD, Chair   Date

A. CLINICAL IMPROVEMENT ACTIVITIES

NCQA 2019 Quality Healthcare Effectiveness Data and Information Set (HEDIS) Measures for (Medi-Cal (MC), and Centers for Medicare and Medicaid Services for Cal Mediconnect (CMC): (2018 Measurement Year)

HEDIS Hybrid Measures Key:	HEDIS Administrative Measures Key:
o Childhood Immunization Status – CIS (MC) o Well Child Visits 3,4,5,6 – W34 (MC) o Cervical Cancer Screening – CCS (MC) o Timely Prenatal and Postpartum Care – PPC (MC) o Comprehensive Diabetes Care – CDC (MC & CMC) o Weight Assessment and Counseling – WCC (MC) o Immunization for Adolescents – IMA (MC) o Controlling High Blood Pressure – CBP (MC & CMC) o Adult BMI Assessment – ABA (CMC) o Colorectal Cancer Screening – COL (CMC) o Medication Reconciliation Post-Discharge – MRP (CMC) o Care of Older Adults – COA (CMC) o Transitions of Care – TRC (CMC)	o All Cause Readmission – ACR (MC) / PCR (CMC) o Ambulatory Care – AMB (MC & CMC) o Use of Imaging Studies for Low Back Pain –LBP (MC) o Avoidance of Antibiotic Treatment in Adults w/ Acute Bronchitis – AAB (MC) o Children's & Adolescent's Access to PCPs – CAP (MC) o Annual Monitoring for Patients on Persistent Medication – MPM (MC) o Follow-Up After Hospitalization for Mental Illness – FUH (CMC) o Asthma Medication Ration – AMR (MC) o Breast Cancer Screening – BCS (MC & CMC) o Osteoporosis Management in Women Who Had a Fracture – OMW (CMC) o Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis – ART (CMC) o Use of Spirometry Testing in the Assessment and Diagnosis of Chronic Obstructive Pulmonary Disease (COPD) – SRP (CMC) o Pharmacotherapy Management of COPD Exacerbation – PCE (CMC) o Statin Therapy for Patients with Cardiovascular Disease – SPC (CMC) o Statin Therapy for Patients with Diabetes – SPD (CMC) o Antidepressant Medication Management – AMM (CMC) o Follow-Up After Emergency for Department Visit for Mental Illness – FUM (CMC) o Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence – FUA (CMC) o Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions – FMC (CMC) o Non-Recommended PSA-Based Screening in Older Men – PSA (CMC) o Potentially Harmful Drug-Disease Interactions in the Elderly – DDE (CMC) o Use of High-Risk Medications in the Elderly – DAE (CMC) o Use of Opioids at High Dosage – UOD (CMC) o Use of Opioids from Multiple Providers – UOP (CMC) o Adults' Access to Preventative/Ambulatory Health Services – AAP (CMC)

| | o Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment – IET (CMC) |
| | |

A.1 Goal:
- o Exceed Medi-Cal Managed Care (MMCD) Minimum Performance Levels (MPL), which is the 25th percentile, for all Medi-Cal HEDIS Measures.
- o Develop and implement interventions for MMCD Auto-Assignment Measures and Quality Withhold related measures.
- o Increase administrative (claims and encounter) data submissions across Networks.

A.2. Interventions:
- o Collect and report Hybrid HEDIS rates for ALL Product Lines within specified timeframe.
- o Develop member incentives to support CDC – Nephropathy, Prenatal Care, Childhood Immunizations and Hypertension (CBP).
- o Present HEDIS results and analysis to:
  - SCFHP Governing Board & SCFHP Quality Improvement Committee.
- o Quality Improvement Activities:
  - Continue immunization reminder letters to parents with children at 17 months to 2 years of age to receive recommended immunizations.
  - Mail Well-child visit reminder letters to children 3-6 years old.
  - Provide education in Quarterly Member Newsletters, Provider eNewsletters, for immunizations, well child visits, diabetic care, and prenatal and postpartum care.
  - Outbound call campaign for gaps in care reminders.
  - Gaps in Care reminders in QNXT
  - Provider Performance Program

A.3. Results:
- o Exceeded or at MMCD Minimum Performance Level (MPL) for all measures
- o Medi-Cal measures CIS-3 and IMA-Combo 2 exceeded the HPL.
- o Medi-Cal measure(s) that have improved significantly (>5%) from the prior year: Cervical Cancer Screening (CCS).
- o Some Medi-Cal measures decreased significantly (>5%): Comprehensive Diabetes Care – HbA1c Poor Control and Control (CDC-H9 and CDC-H8) and Controlling Blood Pressure (CBP)
- o All CMC measures reportable for Measurement Year 2018. There are no MPL's for the CMC line of business.

A.4. Analysis of Findings/Barriers/Progress
- o Due to Administrative Data Volume being flat, continued chart abstraction and Pinpoint chart chase logic is necessary to improve key measures.
- o HEDIS Member outreach and incentives is important to increase key measures.
- o Providers / Networks continue to require assistance for data issue improvements:
  - Provider Address discrepancies
  - Coding issues
  - Timely data submission
- o Lack supplemental/EMR data

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Immunization Measures Findings

CIS – Childhood Immunization Status (Combo 3) (MC)

Childhood Immunization Status - Combo 3

	2015 Final Rates	2016 Final Rates	2017 Final Rates	2018 Final Rates	2019 Final Rates
CIS-3 Childhood Immunization Status – Combo 3	71.53%	72.02%	77.37%	77.62%	73.72%
2019 MPL	65.45%				
2019 HPL	79.56%				
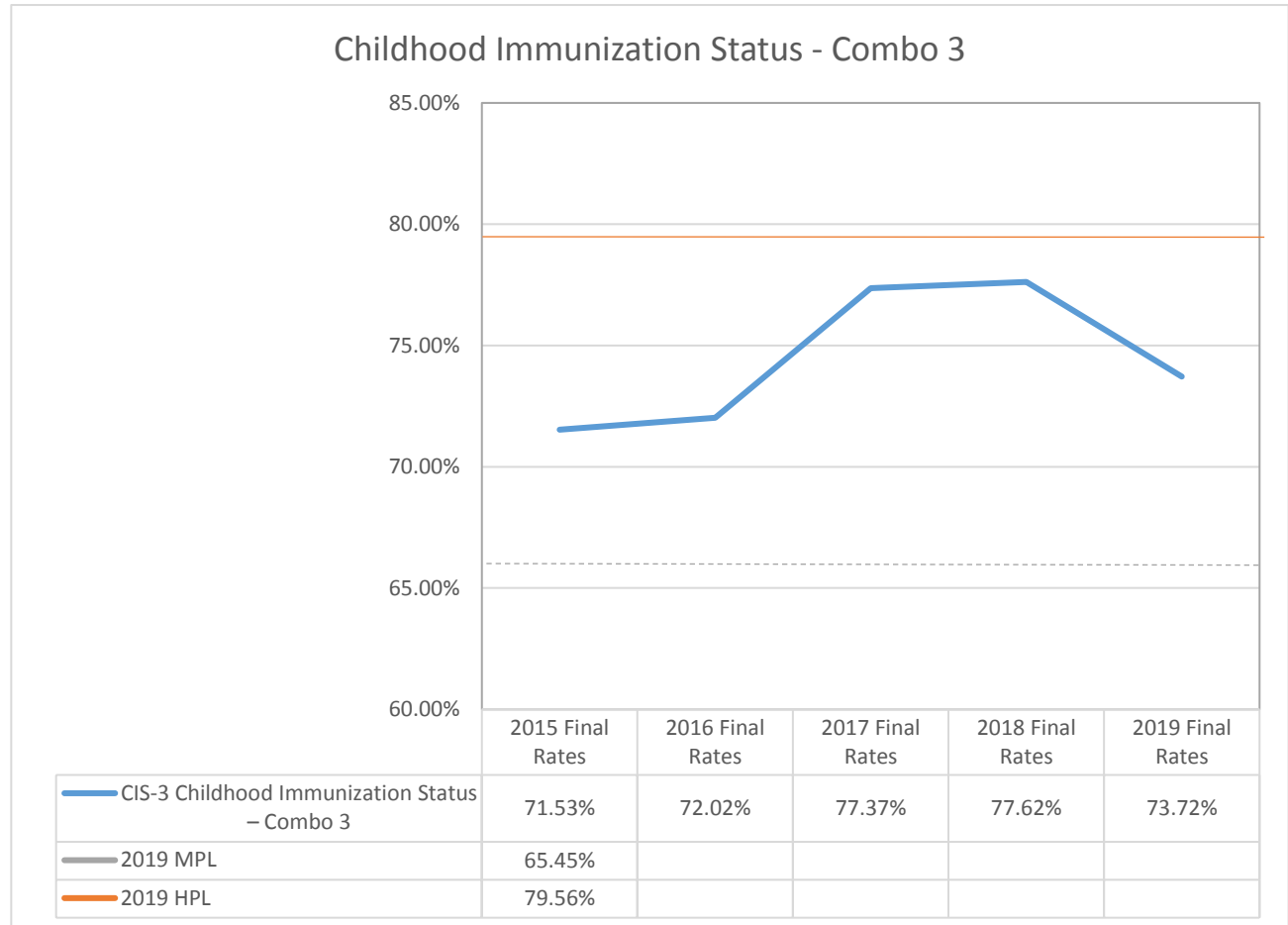
Analysis and Findings/Barriers/Progress
- o Met goal of exceeding the MPL of 65.45% but remains below the HPL of 79.56%.
- o SCFHP analysis on membership and claims data shows a continued pattern of immunizations given outside of the recommended timeframes for children 2 years of age.

Follow up/Actions:
- o Continue interventions in place from 2018 for member outreach and incentives.
- o Continue to utilize CAIR for missing immunization status in claims and/or PCP medical record.
- o Mine CAIR for additional numerator events that were not matched from the HEDIS extract.
- o Obtain supplemental data from provider groups and clinics.

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Well Child Visits Key Findings

W34 – Well Child Visits in the 3rd, 4th, 5th, 6th Years of Life (MC)

Well-Child Visits in the 3rd, 4th, 5th, 6th Years of Life

	2015 Final Rates	2016 Final Rates	2017 Final Rates	2018 Final Rates	2019 Final Rates
W-34 Well-Child Visits in the 3rd, 4th 5th & 6th Years of Life	78.35%	74.45%	73.97%	72.75%	76.16%
2019 MPL	67.15%				
2019 HPL	83.70%				
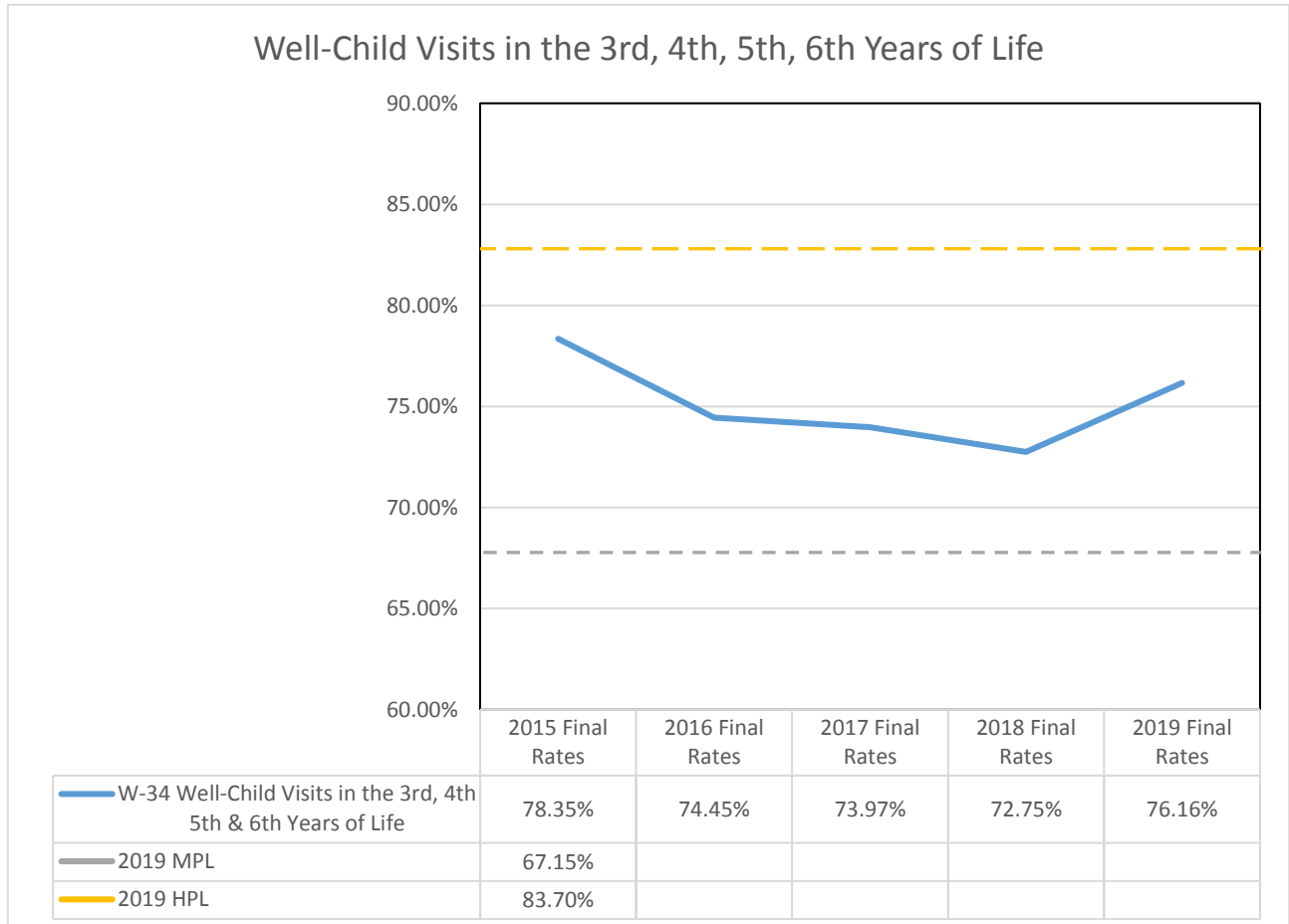
Analysis and Findings/Barriers/Progress
- o   Met goal of exceeding the MPL of 67.15%, and remains below the HPL of 83.70%.
- o   2019 rate increased by 3.41% from HEDIS 2018.
- o   Possible increase in rate due to well-child reminder letters.

Follow up/Actions:
- o   Focus ideas on continue interventions in 2019 for member outreach with incentives to encourage members to see their PCP.
- o   Focus ideas on continue interventions in 2019 for Providers on well child visit schedule.
- o   Continue reconciliation of encounter data to close any data gaps.

Adult Hybrid Measures: Prenatal / Postpartum Care Key Findings

PPC – Prenatal and Postpartum Care (MC)

Prenatal and Postpartum Care (PPC)

	2015 Final Rates	2016 Final Rates	2017 Final Rates	2018 Final Rates	2019 Final Rates
Prenatal & Postpartum Care - Timeliness of Prenatal Care	82.24%	79.56%	82.48%	83.70%	86.86%
Prenatal & Postpartum Care - Postpartum Care	61.07%	64.23%	68.61%	69.10%	71.78%
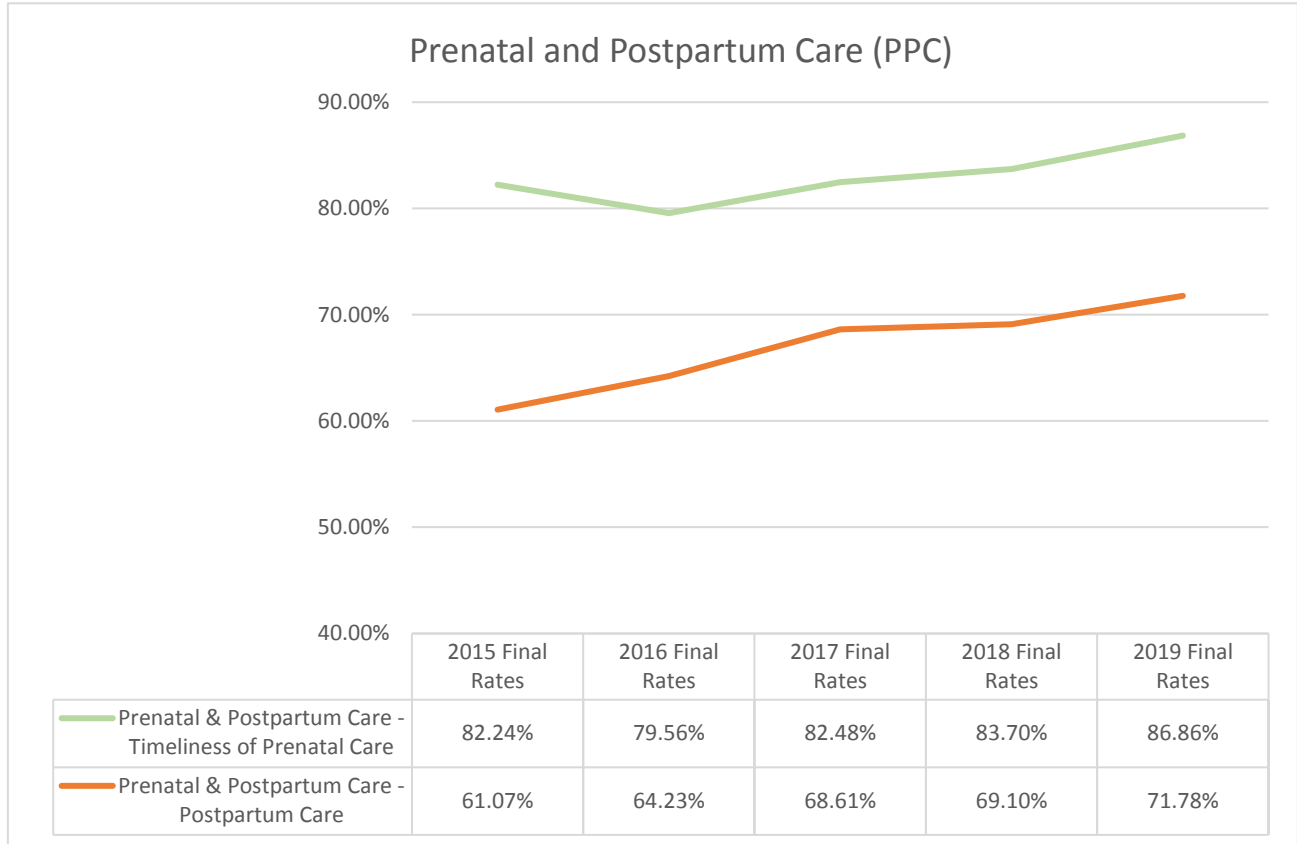
Analysis and Findings/Barriers/Progress
- Met goal of exceeding the MPL's (Prenatal visits 76.89%; Postpartum visits 59.61 %) and remains below the HPL (Prenatal visits 90.75%; Postpartum visits 73.97 %) of both indicators.
- For Prenatal visits, rate increased by 3.16%; Postpartum visits, rate increased by 2.68 %.
- Challenging to find expecting mother's before they enter the healthcare system.

Follow up/Actions:
- Continue intervention in 2019 for member reminders and outreach.
- Open prenatal incentive to all members.
- Pinpoint chart chases for this measure for 2019 data.
- Continue to partner with community organizations where expectant mothers may receive non-healthcare related services.

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Adult Measures: Cervical Cancer Screening Key Findings

CCS – Cervical Cancer Screening (MC)

Cervical Cancer Screening

	2015 Final Rates	2016 Final Rates	2017 Final Rates	2018 Final Rates	2019 Final Rates
CCS Cervical Cancer Screening	57.18%	50.36%	57.42%	54.26%	61.07%
2019 MPL	54.26%				
2019 HPL	70.56%				
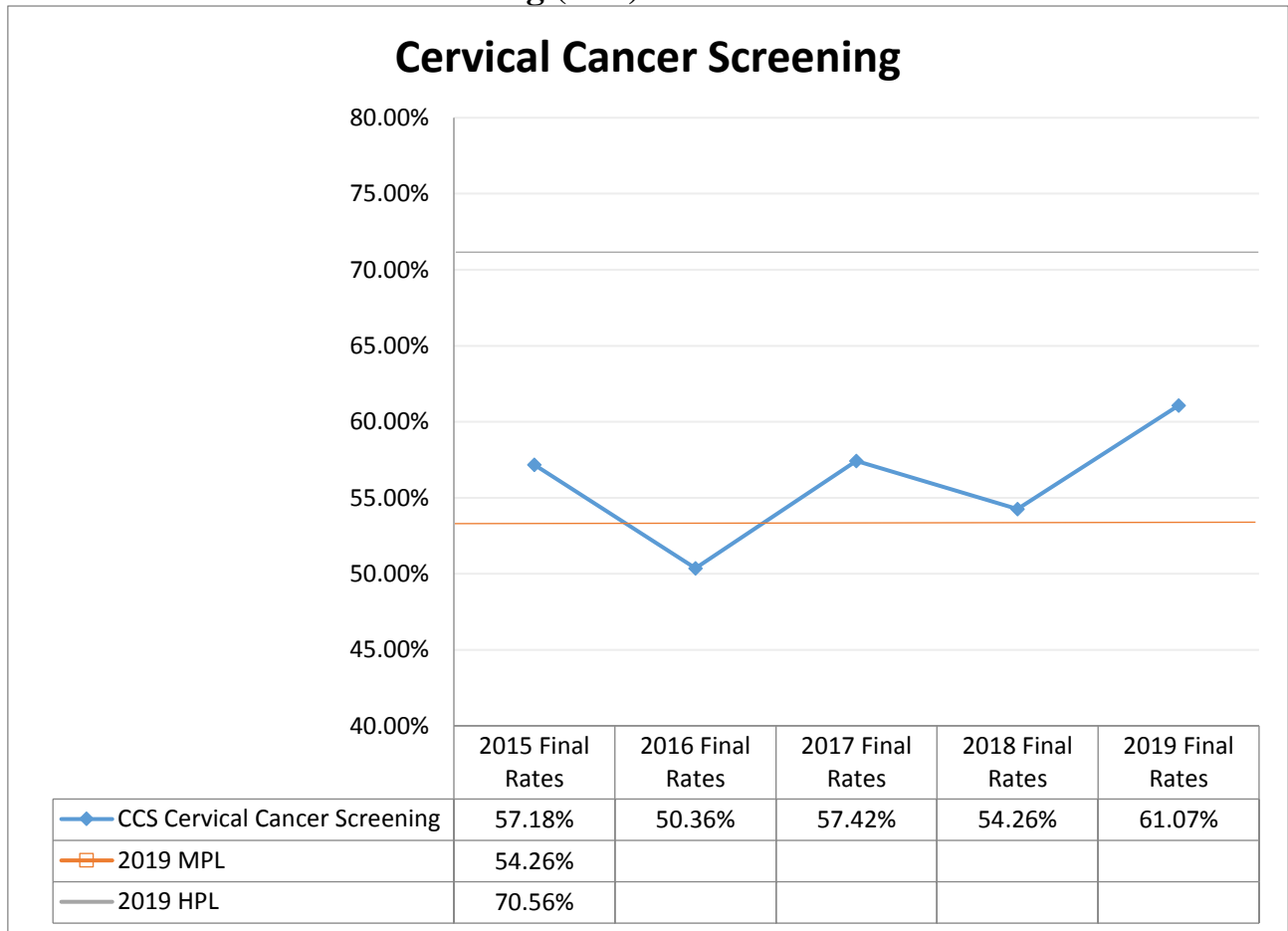
Analysis and Findings/Barriers/Progress
- Met goal to exceed the MPL of 54.26% but below HPL of 70.56%.
- Rate increased significantly by 6.81% from HEDIS 2018

Follow up/Actions:
- Focus interventions in 2019 for member reminders and outreach.
- Initiation of Clinic Days
- Pinpoint chart chases for this measure for 2019 data.

Chronic Care/Disease Management Measures: Comprehensive Diabetes Care (CDC)

CDC – Comprehensive Diabetes Care (MC) HbA1c

Comprehensive Diabetes Care

	2015 Final Rates	2016 Final Rates	2017 Final Rates	2018 Final Rates	2019 Final Rates
CDC-HT Comprehensive Diabetes Care - HbA1c Testing	88.81%	86.37%	88.32%	88.32%	89.78%
Comprehensive Diabetes Care - HbA1c Poor Control (>9.0%)	26.68%	32.36%	37.23%	34.06%	43.31%
Comprehensive Diabetes Care - HbA1c Control (<8.0%)	58.15%	60.10%	53.77%	54.50%	46.23%
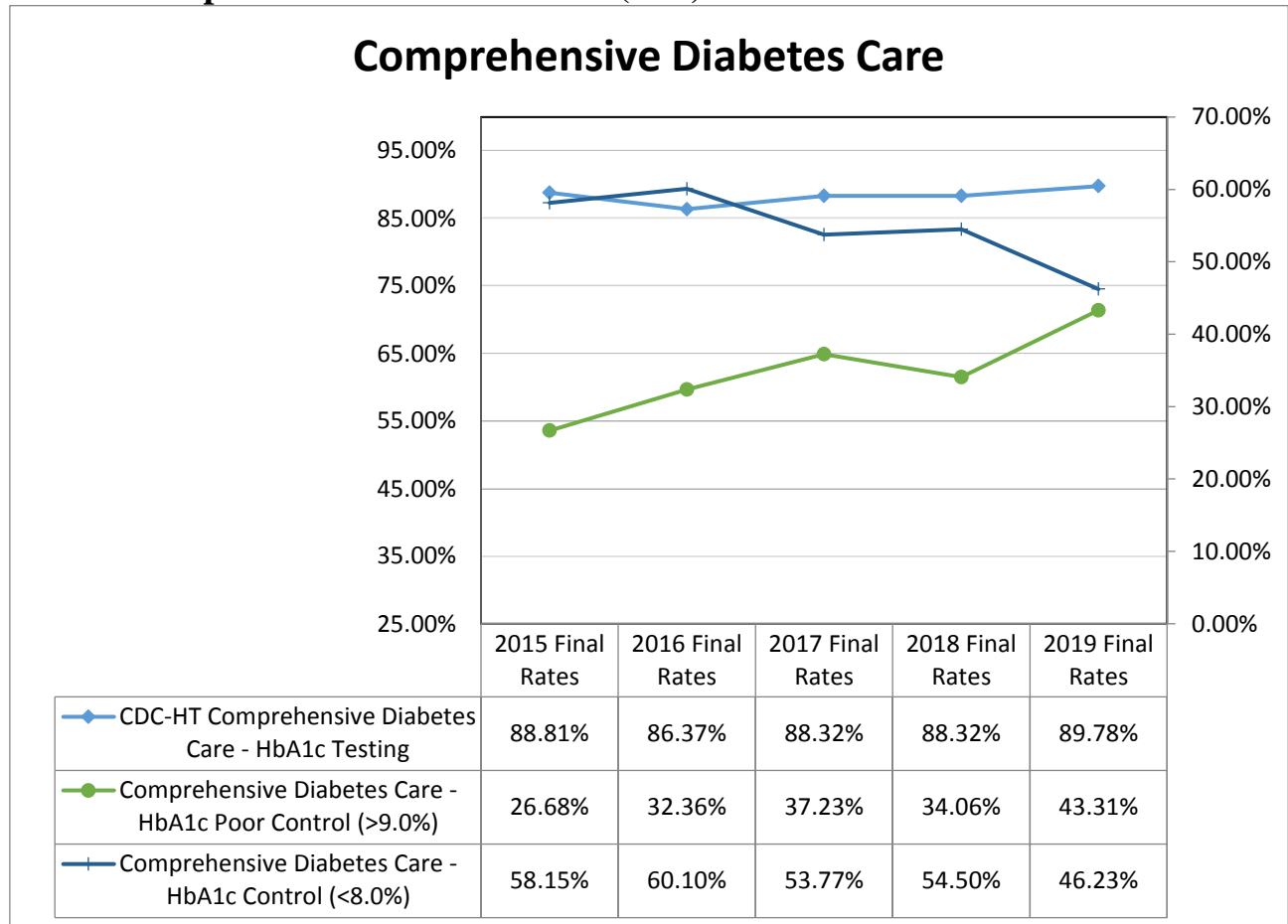
Analysis and Findings/Barriers/Progress
- Met goal of exceeding the MPL for all the CDC HbA1c indicators. MPL's are as follows:
  - CDC HT: 84.99%
  - CDC HbA1c Poor Control: 47.08%
  - CDC HbA1c Control: 44.44%
- Rate is flat for HbA1c Testing and increased 1.46% for CDC HbA1c Control from HEDIS 2018. For HbA1c Testing Poor Control a lower rate is better. HEDIS 2019 rate shows an increase of 9.25% from HEDIS 2018.

Follow up/Actions:
- Focus ideas on new intervention in 2019 for member reminders and outreach.
- Pinpoint chart chases for this measure for 2019 data.

Chronic Care/Disease Management Measures CBP - Controlling High Blood Pressure (MC)

CBP - Controlling High Blood Pressure (MC)

Controlling Blood Pressure (CBP)

	2015 Final Rates	2016 Final Rates	2017 Final Rates	2018 Final Rates	2019 Final Rates
Controlling High Blood Pressure	54.99%	36.01%	66.91%	65.94%	56.93%
2019 MPL	49.15%				
2019 HPL	71.04%				
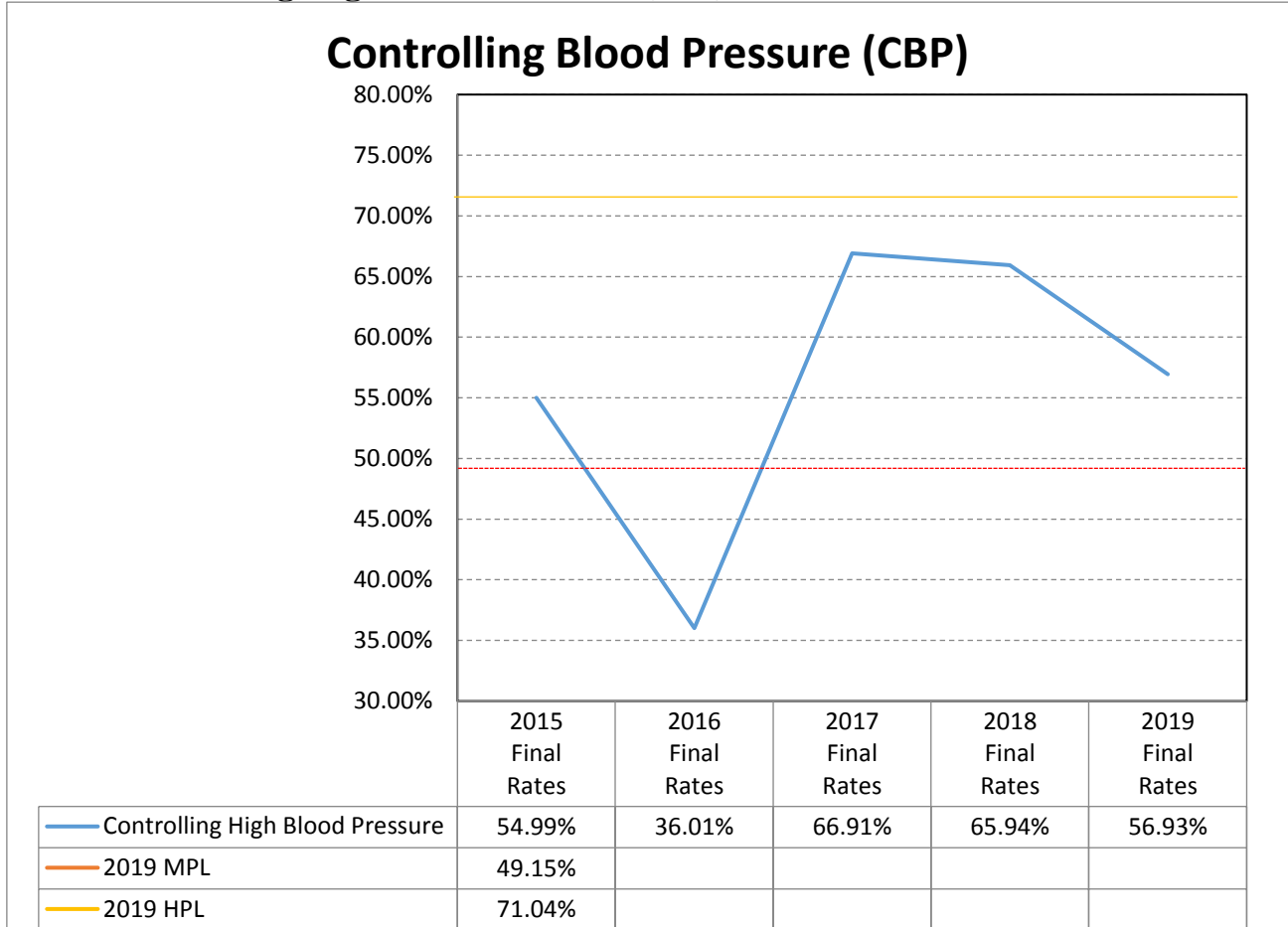
Analysis and Findings/Barriers/Progress
- Met goal of Blood Pressure Control exceeding the MPL of 49.15%, and below HPL of 71.04%.
- Rate decreased by 9.01%.
- Barriers for this measure include the challenge of this being a 100% chart pull measure, in addition to lack of supplemental data and EMR access.

Follow up/Actions:
- Continue interventions in 2019 for member reminders and outreach. Incentive form to be signed by the PCP.
- Discuss data share opportunities with delegate groups.

Quality Withhold Measure: Plan All-Cause Readmission

PCR – Plan All-Cause Readmission – (CMC)

Analysis and Findings/Barriers/Progress
- Lower is better for PCR. HEDIS 2019 rate increased by 4.07%. CMS changed the Quality Withhold standard to use the Observed Readmission/Expected Readmissions (O/E) Ratio as the benchmark as of March 2018 with the ratio being less than 1. SCFHP's O/E Ratio for HEDIS 2018 is under 1 (0.8692), therefore meeting the Quality Withhold benchmark.
- Lack of timely notification of discharge is a barrier for this measure.

Follow up/Actions:
- Focus on case management processes and follow up with members with transition discharge telephone calls.

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Quality Withhold Measure: Follow-Up After Hospitalization for Mental Illness

FUH – Follow-Up After Hospitalization for Mental Illness – 30 days (CMC)
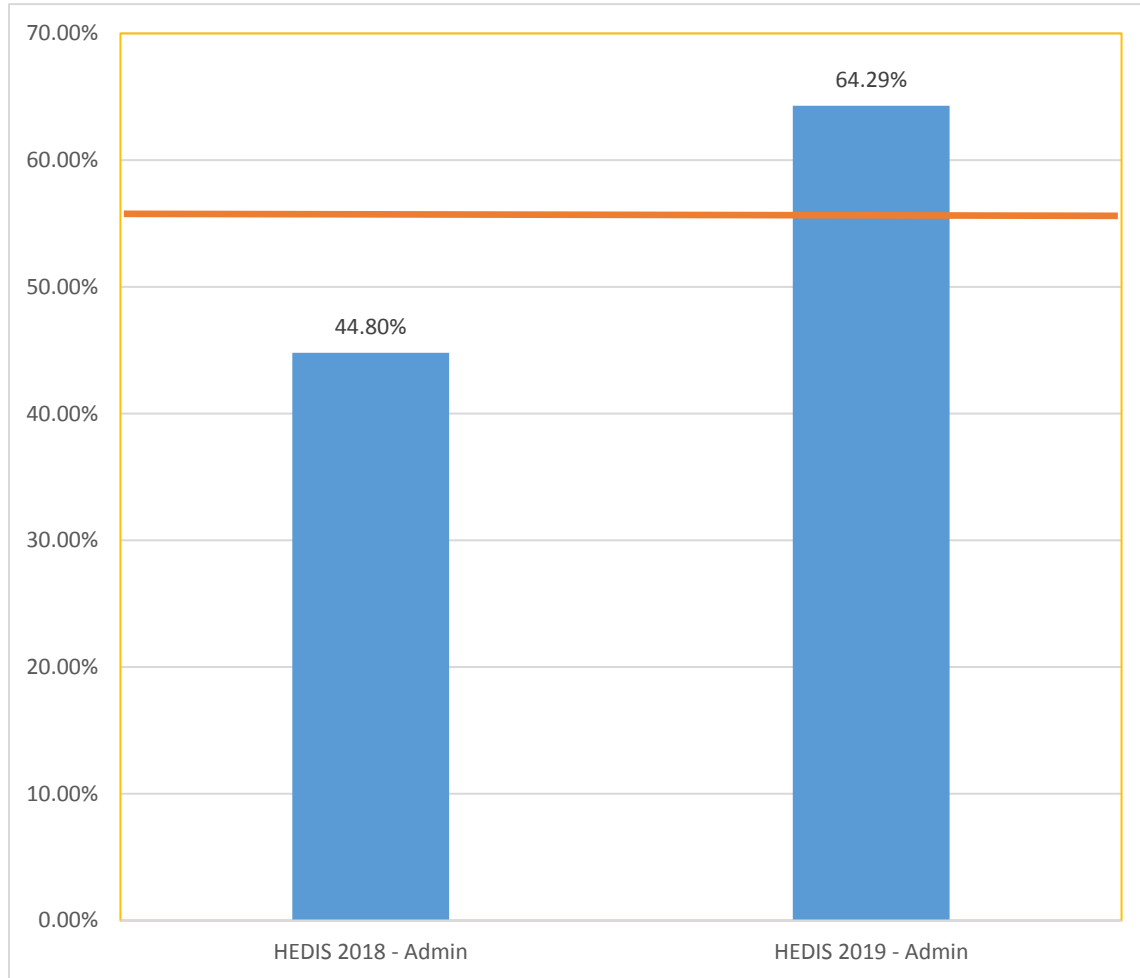
Analysis and Findings/Barriers/Progress
o Measure increased significantly by 19.49% from HEDIS 2018
o Significant rate increase due to collaboration with Santa Clara County to ensure that the Plan receives all encounters for members who were seen at the County Behavioral Health clinics and that members are entered into their system and appropriately identified as SCFHP members.

Follow up/Actions:
o Continue to monitor and collaborate with Behavioral Health delegates to ensure members obtain follow-up appointment after hospitalization for mental illness.
o Meet with County Behavioral Health Services (CBHS) on a quarterly basis to collaborate and get data.

Quality Withhold Measure: Controlling High Blood Pressure

CBP – Controlling High Blood Pressure – (CMC)

Analysis and Findings/Barriers/Progress
- o Measure decreased by 3.9% from HEDIS 2018
- o Measure is above the Quality Withhold benchmark of 53.11% which meets goal.

Follow up/Actions:
- o Continue interventions in 2019 for member reminders and outreach.
- o Pinpoint chart chases for this measure for 2019 data.
- o Discuss data share opportunities with delegated groups.

B. Clinical Improvement Activities
External and Internal QIP's (2019 Measurement Year)

Disparities Childhood Immunization Status Combination 3(CIS-3)–DHCS Performance Improvement Project (PIP)

Goal: By June 30, 2019 increase the rate of childhood immunizations among Medi-Cal Vietnamese children 2 years and younger who reside in Santa Clara County and have a SCFHP Network 60 PCP by 18.7% or from 6.3% to 25%.

Intervention: Promote a reminder flyer and incentive for eligible Premier Care members for completing a series of immunization by the age of 2.

Design:
This 18-month PIP began in January of 2018 and will continue through June of 2019. Starting in October 2018, a list of eligible members was generated to identify those that have not completed all CIS-3 immunizations. The members are mailed a Health Education flyer with a reminder to complete their immunizations. Members are informed that if they submit proof of the completed immunizations to Health Education, they will receive a $30 Target gift card.

Smart Goal Results:
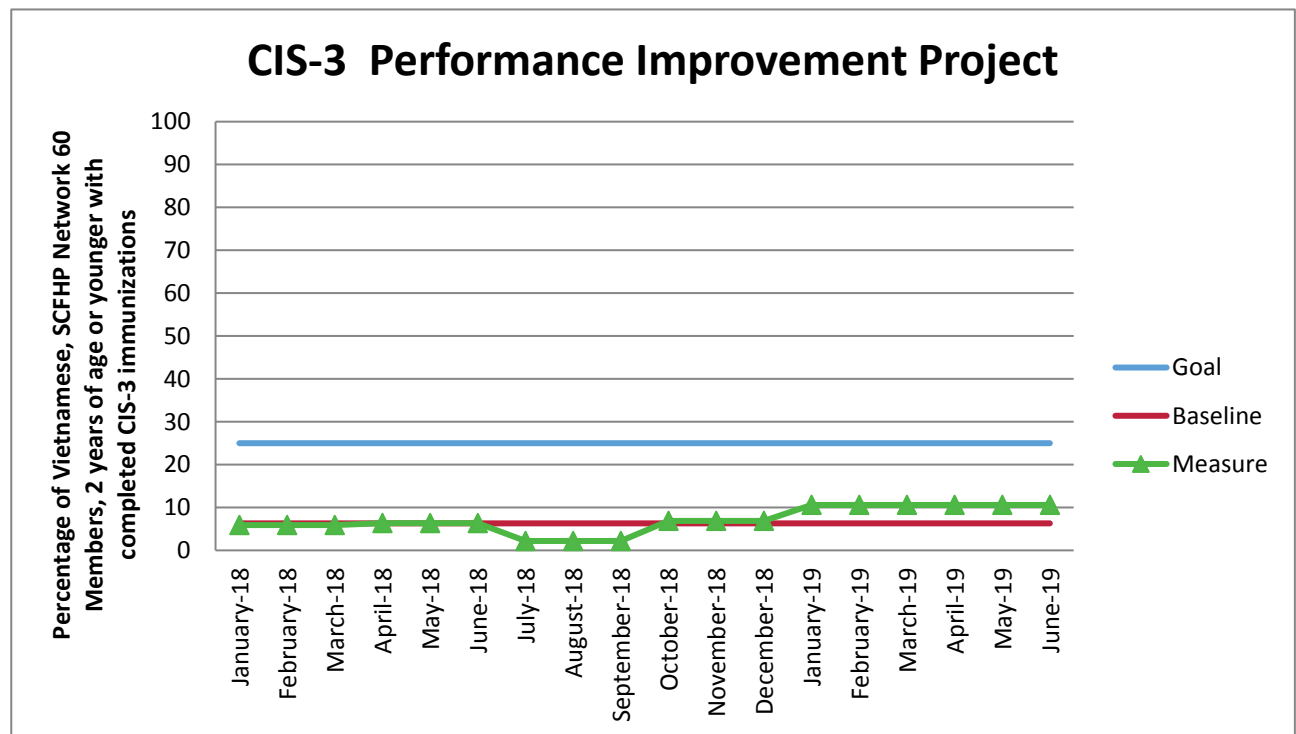
Analysis of Findings/Barriers/Progress
- The Plan has not achieved the SMART Aim goal in 2019 but there is an increase in the compliance rate. May be the result of successful intervention of incentivized gift card rewards.
- Only mailings were conducted to reach out to the targeted population. Since this is a hard-to-reach population, we may explore other methods of reaching the members.

- o Members were also required to have multiple doctors' visits in order to complete the required immunizations to receive the $30 gift card. We see an opportunity to increase the gift card amount to motivate members to schedule and/or attend all scheduled appointments.
- o Another barrier we have encountered is the amount of incorrect member contact information and obtaining transportation to appointments. Members usually missed about 5% of their required immunizations in order to be compliant.
- o We will continue to work with providers and ask them to educate their patients about immunizations, schedule appointments, and complete all required immunizations within the appropriate immunization schedule timeframe.

Controlling Blood Pressure -DHCS Performance Improvement Project (PIP)

Goal: By 06/30/2019, increase the percentage rate of Network 10, Foothill Clinic members aged 18-85, with a diagnosis of hypertension, whose blood pressure is adequately controlled, during the previous rolling 12 months, from 26.47% to 50%.

Interventions: Promote a reminder and incentive for eligible Network 10, Foothill Clinic members for completing a blood pressure check.

Design
This 18-month PIP began in January of 2018 and will continue through June of 2019. On a monthly basis, a list of eligible members is generated to identify Foothill members that have not completed an annual blood pressure exam. The members are mailed a Health Education flyer with a reminder to complete a blood pressure exam. Members are informed that if they submit proof of a completed blood pressure exam to Health Education, they will receive a $25 Target gift card.

Smart Goal Results: 2019 results indicate an improvement over baseline for the CBP measure in 8 out of 12 months.

Controlling Blood Pressure Performance Improvement Project
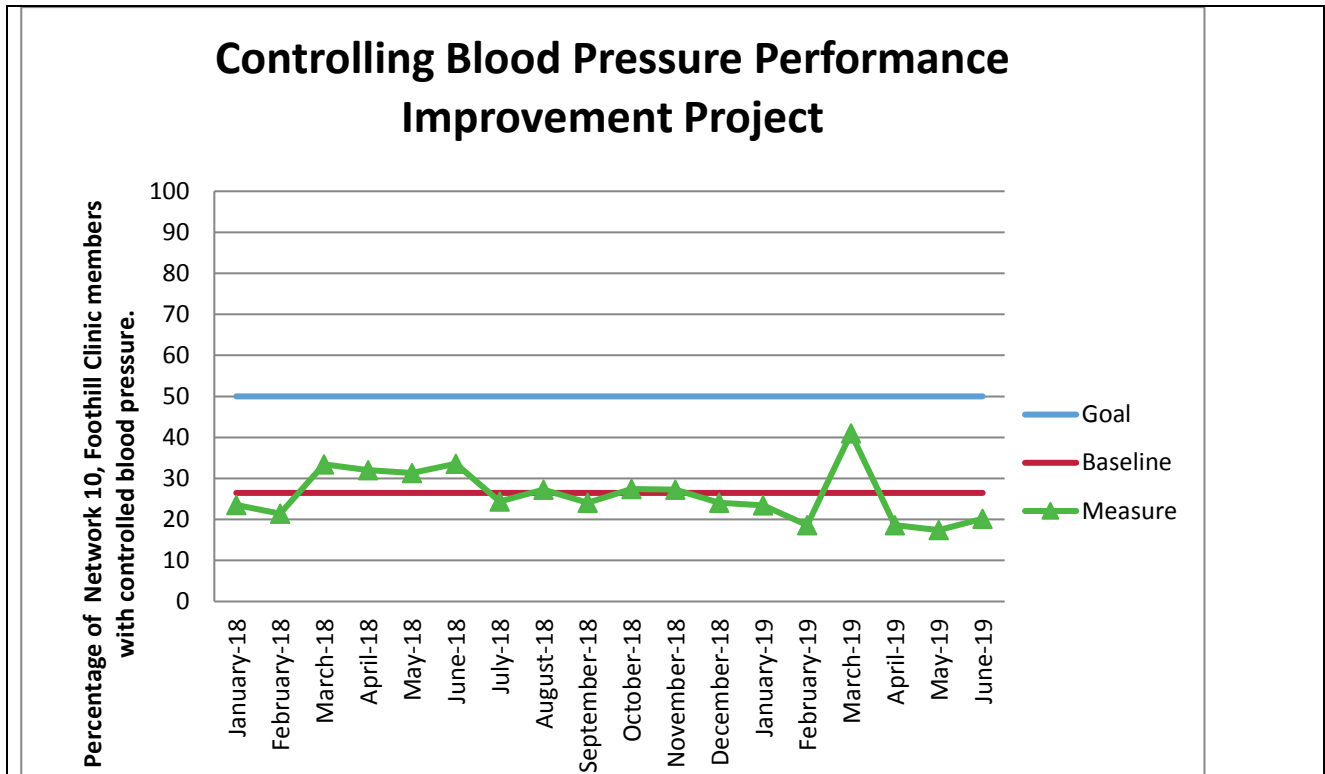
Analysis of Findings/Barriers/Progress

- o From January 1, 2018 to June 30, 2019 the controlling blood pressure rate among Medi-Cal members aged 18 to 75 who reside in Santa Clara County and who have a Foothill Clinic/Network 10 PCP varied between 17.41%-40.98%.
- o The SMART Aim goal of 50 % was not met during the intervention testing and in fact the rate remained below 50% for the duration of the PIP cycle.
- o There was no evidence supporting either meaningful or sustained improvement in the controlling blood pressure compliance rate for the measured population and the SMART Aim was never met.
- o The Plan will not continue to offer members this particular incentive to complete their blood pressure check exam. The intervention as designed will be removed from operating procedures.
- o The Plan is evaluating the need to implement a different intervention for this measure. The Plan tracks CBP rates to monitor results through its HEDIS processes.
- o The HEDIS Project Manager is responsible to identify patterns in the rate that may signify the need for new improvement activities.
- o The Quality team will continue to serve as quality improvement consultants for the HEDIS Project Manager to explore and address future quality improvement efforts. The Team plans to share the PIP results with the Plan's Quality Improvement Committee.

Individual Care Plan (ICP) CMS , Performance Improvement Project (PIP)

Goal:

- • Increase total number of high risk members who had an ICP completed from in 59% 2018 to 68% in 2019
- • Increase total number of low risk members who had an ICP completed from 58% in 2018 to 66.8% in 2019.

- Increase the total number of Cal MediConnect members with at least one documented discussion of care goals in the initial ICP from 56.9% in 2018 to 65% in 2019.

Intervention:

The Health Services Department has implemented interventions including data reviews, increased member outreach, staff training, process improvements and resource/staffing models to meet goals.

Design:

This three year project began in January 2018 and will conclude on December 31, 2020. The study question is:

- Do targeted interventions increase the percentage of eligible members with an ICP completed and the percentage of eligible members with documented discussions of care goals?

2019 Results:

Study Indicator 1: High Risk Members with an ICP Completed

Period	Indicator Measurement	Numerator	Denominator	Rate or Results	Goal
01/01/2017-12/31/2017	Baseline	1,206	2,080	58.00%	N/A
01/01/2018-12/31/2018	Re-measurement 1	1,437	2,458	59.00%	63.00%
01/01/2019-12/31/2019	Re-measurement 2	1,477	2,554	57.83%	68.00%

Study Indicator 2: Low Risk Members with an ICP Completed

Period	Indicator Measurement	Numerator	Denominator	Rate or Results	Goal
01/01/2017-12/31/2017	Baseline	2,578	4,641	55.50%	N/A
01/01/2018-12/31/2018	Re-measurement 1	2,853	4,941	58.00%	61.80%
01/01/2019-12/31/2019	Re-measurement 2	3,063	5,473	55.97%	66.80%

Study Indicator 3: Total number of CMC members with at least one documents discussion of care goals in the initial ICP

Time Period	Indicator Measurement	Numerator	Denominator	Rate of Results	Goal
01/01/2017 - 12/31/2017	Baseline	145	791	18.30%	N/A
01/01/2018-12/31/2018	Re-measurement 1	432	759	56.90%	60.00%
01/01/2019-12/31/2019	Re-measurement 2	793	793	100.00%	65.00%

Analysis of Findings/Barriers/Progress

- In 2019, 1477 out of 2554 (57.83%) of Santa Clara Health Plan's Cal MediConnect high risk members had an ICP created for them. This is a small decrease from the baseline rate of 58% and is a decrease of 1.17 percentage points from the rate in 2018. For Study Indicator 2, 3063 out of 5473 low risk members (55.97%) had an ICP completed. This is 0.47 percentage points about the baseline in 2017 and a decrease of 2.03 percentage points over prior year.

- In 2019, 793, or 100% of Santa Clara Health Plan's Cal MediConnect members with an initial ICP completed had at least one documented discussion of care goals. This is an increase of 44.1% percentage points over the prior year rate of 56.9%. This significant increase from prior year are due to business process changes in the way ICPs are captured and reported out of the case management system as well as reporting enhancements.
- The barriers, in order of priority and reiterated through this process are
    1. Data
        a. Inconsistent and incomplete data collection for reporting purposes and ongoing routine evaluation of interventions and their effectiveness.
        b. Lack of integrated data across multiple software data programs.
    2. Member Outreach
        a. Lack of Care Goal discussions in members preferred language due to language indicator errors in eligibility file
    3. Resources
        a. Insufficient case management staffing
    4. Processes and Training
        a. Inadequate development and implementation of case management training materials.
- The plan developed the following actions to further improve existing interventions:
    1. CM staffing plan was revised to add 1 additional supervisor, 3 social work case managers, 2 RN case managers and 3 personal care coordinators
    2. Individual Care Plan (ICP) Outreach and Documentation processes were updated and included extensive staff training. The process improvements will allow the team to utilize the CM system for simultaneous ICP development to occur with the member during telephonic HRA engagement
    3. An enhanced Supervisor Review Procedure was developed to evaluate staff productivity and monitor for potential risks for regulatory non- compliance.
    4. Additional data improvements included the development of a real-time quality monitoring tool developed collaboratively between our CM and IT teams. This live report tracks each required regulatory requirement for ICP outreach beginning with the date that a member's most recent HRA was completed. This tool allows the internal CM leadership team to immediately adjust staff daily work assignments to ensure compliance with ICP outreach requirements.
    5. CM leadership team has also focused on including additional multi-lingual CM team members who help to facilitate improved telephonic communications with our members and also ensure that CM correspondence is processed in a member's preferred language.

C. Initial Health Assessment (IHA)

C.1 Goal:
To ensure all SCFHP members complete an Initial Health Assessment (IHA) within 120 days of enrollment into the Plan, and a Staying Healthy Assessment (SHA) form in accordance with the timeframes appropriate by age. In addition, documentation of the completed assessments is evidenced in their medical record.

C.2 Interventions:
- On an annual basis, SCFHP provides information regarding the IHA to Plan members and providers in the Member and Provider Newsletters, and on the SCFHP website.
- SCFHP promotes provider education for the IHA to its delegates and independent network providers.
- The Plan uses IHA specifications aligned with the methodology of other health plans in the geographic area.
- The Plan runs IHA compliance reports on a monthly and quarterly basis.
- Plan medical record review methodology allows closer tracking of IHA criteria. Additional improvements were made with respect to DHCS auditor input.

C.3 Results:

- o No trending was possible for medical record review between 2018 and 2019 data, due to improvements in methodology. However, monthly claims tracking through 2018 shows improvement from Quarter 1 (44.6%) to Quarter 4 (51.9%), and an annual improvement from 2017 (37.9%) to 2018 (48.3%).

C.4 Analysis of Findings/Barriers/Progress

- o QI Nurse continues to audit medical records to determine compliance with IHA criteria requirements and report results to the Quality Improvement Committee.
- o QI Nurse monitors and submits IHA rates to the SCFHP Compliance Dashboard monthly and quarterly.
- o QI Nurse provides internal staff trainings for member facing teams.
- o QI Nurse continues to work with Provider Network Management team to train providers and delegates.
- o QI Nurse prepares Corrective Action Plans for providers who have been trained and continue to score below the 80% passing rate.
- o QI Team continues to work with the Community Health Partnership IHA Collaboration Workgroup on a quarterly basis.

D. Patient Safety: Facility Site Review (FSR) / Medical Record Review(MRR)

D.1 Goal:

All contracted SCFHP Primary Care Providers (PCP's) receive a FSR Part A (site), Part B (medical records) and Part C (physical accessibility) evaluation every three years. PCPs that score below 80% are monitored more frequently. 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 effective date. SCFHP PCPs who move office locations are reviewed within 30 days of the date QI is notified of the move.

D.2 Intervention:

- o Complete Full Facility Site Review of all PCP sites every third year unless required more frequently for corrective action reasons.
- o Complete Full Facility Site Review for all newly contracted sites.
- o Complete Full Facility Site Review for all PCPs who move location.
- o Continue to collaborate with Anthem Blue Cross.
- o Maintain most current materials for educating providers and staff during site reviews.
- o Provide educational and supportive resources as needed for PCPs pre- and post-review.
- o Involve Delegates and Provider Network Management more directly for noncompliant providers.

D.3 2019 Results:

- o Completed **18** PCP FSRs.
- o Completed **20** MRRs.
- o Completed **3** Initial FSRs.
- o Completed **18** FSR Part C reviews. (Providers with a FSR-C review in the last six years may attest no changes rather than having FSR-C completed.)
- o **14** FSR Corrective Action Plans (CAPs) issued, monitored and validated. 10 CAPs closed, 4 have closure dates in 2020.
- o **18** MRR CAPs issued, monitored and validated. 14 CAPs closed, 4 have closure dates in 2020.
- o **3** providers had exempted pass for FSR, **2** had exempted pass for MRR.
- o **2** providers had failing scores for FSR.
- o Conducted **2** collaboration meetings with Anthem Blue Cross to share data.

D.4 Analysis of Findings/Barriers/Progress

- o SCFHP successfully completed the DHCS FSR Oversight Audit of 16 providers. DHCS staff reviewed FSR A and B for 16 Plan PCPs and notified SCFHP of findings. SCFHP worked with delegates and administered and

closed 16 of 16 CAPs timely. However, due to the loss of our FSR Consultant, 6 re-reviews resulting from the audit were unable to be completed by the end of 2019.
- o FSR Consultant unavailable last 4 months of 2019.
- o Due to the additional workload from the DHCS audit of 16 PCPs and the loss of our FSR Consultant, we were unable to complete 4 initial reviews and 8 full reviews.
- o 4 FSRs were completed by Anthem Blue Cross on behalf of SCFHP.
- o Created new FSR/MRR/PAR database software for use by reviewers in office via web interface in collaboration with SCFHP IT Department to be field tested in 2020 which will expedite tracking and reporting of FSR results.
- o Uploaded FSR results to DHCS FSR web portal timely in January and July 2019.
- o FSR staff attended DHCS mandated Interrater Reliability training to maintain certification.
- o Training for new FSR certified reviewer initiated.

E. Patient Safety: Provider Preventable Conditions (PPCs)

E.1 Goal:
To report 100% of identified PPCs to DHCS.

E.2 Intervention:
- o Review encounter data submitted by network providers for evidence of PPCs that must be reported.

E.3 Results:
- o 0 PPCs identified 1/2019 – 12/2019.

E.4 Analysis of Findings/Barriers/Progress
- o There are current technical issues obtaining accurate data for PPCs report. IT is continuing to work to resolve.
- o Will reissue PPC notice to network regarding reporting PPCs to DHCS and to SCFHP.

F. Potential Quality of Care Issues Summary

F.1 Goal:
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).

F.2 Intervention:
- o QI Nurse reviews and track and trends member grievances for PQIs and CIs.
- o QI Nurse analyzes issues and correlates with other reports to identify areas requiring improvement activities.
- o QI Nurse submits monthly PQI data to the SCFHP Compliance Dashboard.
- o QI submits quarterly PQI report to QIC for review and appropriate action.

F.3 Results:
- o 569 PQI's were reported in 2019.
- o All PQI from 2019 were closed. Of the 569 closed:
    - o 20 were Level 0 – Does not meet PQI criteria, Not our member/Not our provider
    - o 390 were Level 1 – Quality of Care is Acceptable
    - o 37 were Level 1A – no Quality of Care found
    - o 114 were Level 2 – Opportunity for Improvement, no adverse occurrence
    - o 7 were Level 3 – Opportunity for Improvement, adverse occurrence
    - o 1 were Level 4 – Immediate Jeopardy

       o   10 Critical Incidents

F.4 Analysis of Findings/Barriers/Progress

- There was an increase in the number of PQIs in 2019. This was due to the following: increased grievances, process improvements and improved communication between the Customer service team, Quality team Grievance and Appeals team. The majority of PQIs reviewed were unsubstantiated, or closed as Level 1- Quality of Care is Acceptable issues.

- The Plan identified 10 PQI's with critical incidents in 2019. Of those, 5 involved cab companies, 4 occurred at a skilled nursing facility (SNF), 1 involved a provider. Critical Incidents are high priority cases. Those occurring at SNFs are reported to the California Department of Public Health Licensing and Certification office in San Jose for investigation. SCFHP uses those findings to create a CAP depending on the State's findings.
  - Level 1 – 5, no CAP
  - Level 1A – 2, no CAP
  - Level 2 – 0, no CAPs
  - Level 3 – 3, 1 CAP (SNF)

- 3 out of 10 PQIs were substantiated for quality of care. The increase in Critical Incidents in 2019 was due to an increased awareness on the part of plan staff regarding what constitutes a critical incident.

G. Timely Access and Availability

Provider Availability Assessment

G.1 Introduction:
Santa Clara Family Health Plan measures at least annually its primary care providers, high volume specialists, high impact specialists, and behavioral health providers to ensure members have an adequate number of providers located in their area to meet their health care needs.

G.2 Objectives:
Santa Clara Family Health Plan (SCFHP) measures the ratio of providers to members and geographic time and distance from member's home to provider offices, and compares results to Santa Clara Family Health Plan standards. Primary Care Providers (PCP) are defined as General Practice, Family Practice and Internal Medicine.

G.3 SCFHP Contracted Providers

Table II: Specialists (ALL) – Open/Close

Provider Group	# of Providers	Total Open	% Open	% Closed
Direct Network Providers	218	194	89%	11%
Palo Alto Medical Foundation	437	424	97%	3%
Physicians Medical Group of SJ	270	261	97%	3%
Premier Care	78	75	96%	4%
Valley Health Plan	378	343	91%	9%
Stanford	714	711	99%	1%
*LPCH				
Total	2095	2008	96%	4%

Tables C I, II and/or III:

LPCH: Lucille Packard Children's Hospital contractual agreement with SCFHP includes mostly pediatric specialists. In addition, SCFHP does no have a PCP contract with LPCH.

Stanford: Contractual agreement wit SCFHP includes Specialists only.

Premier Care: There are no BH provic

Table II-A: High Volume Specialists – Open/Close

Provider Type	# of Providers	Open	% Open	% Closed
Cardiologist	134	131	98%	2%
Ophthalmology	89	88	99%	1%
Physical Therapy	42	42	100%	0%
Gynecology	187	157	84%	16%
Total	452	418	92%	8%

Table II-B: High Impact Specialist – Open/Close

High Impact Provider	# of Providers	Open	% Open	% Closed
Hematologist /Oncologist	73	73	100%	0%

Table III: Behavioral Health – Cal MediConnect (CMC) Open/Close

Provider Group	Psychiatrist	Open	Psychologist	Open	Addiction Medicine	Open	Family/Marriage Counseling	Open	Clinical Social Worker	Open	Total Providers	Total Open	% Open	% Closed
Independent Physicians	34	34	2	2	1	1	28	28	22	22	87	87	100%	0%
* LPCH														
* Stanford														
Valley Health Plan	44	44	2	2	2	2	0	0	1	1	49	49	100%	0%
Palo Alto Medical Foundation	8	7	0	0	0	0	0	0	0	0	8	7	88%	12%
Physicians Medical Group of San Jo	1	1	0	0	0	0	0	0	0	0	1	1	100%	0%
* Premier Care														
Total	87	86	4	4	3	3	28	28	23	23	145	144	97%	3%

Table IV: High Volume Behavioral Health

High Volume Provider	# of Providers	Open	% Open	% Closed
Psychiatrist	87	86	99%	1%
Clinical Social Worker	23	23	100%	0%

D. MEASURE – PROVIDER TO MEMBER RATIOS

Table I: Primary Care Provider

Provider Type (PCP)	Measure	Standard	Performance Goal
Family Practice	Family Practice Provider to Member	1:2000	90%
General Practice	General Practice Provider to Member	1:2000	90%
Internal Medicine	Internal Medicine Provider to Member	1:2000	90%

Table II: High Volume Specialist (HVS) and/or High Impact Specialist (HIS)

Provider Type	Measure:	Standard	Performance Goal
Cardiology	Cardiology Provider to Member	1:1200	90%
Gynecology	Gynecology Provider to Member	1:1200	90%
Ophthalmology	Ophthalmology Provider to Member	1:1200	
Hematology/Oncology	Hematology/Oncology Provider to Member	1:1200	90%

Table III: Behavioral Health Provider

Provider Type	Measure:	Standard	Performance Goal
Psychiatrist	Psychiatrist Provider to Member	1:1200	90%
Licensed Clinical Social Worker (LCSW)	LCSW Provider to Member	1:1200	90%
Psychologist	Psychologist Provider to Member	1:1200	90%
Family/Marriage Counseling	Family/Marriage Counselor to Member	1:1200	90%
Addiction Medicine	Addiction Medicine to Member	1:1200	90%

E. MEASURE – GEOGRAPHIC DISTANCE

Table I: Primary Care Provider

Provider Type (PCP)	Measure: Miles or Minutes	Performance Goal
Family Practice	One within 10 miles (DHCS) / 15 miles (DMHC) or 30 minutes	90%
General Practice	One within 10 miles (DHCS) / 15 miles (DMHC) or 30 minutes	90%
Internal Medicine	One within 10 miles (DHCS) / 15 miles (DMHC) or 30 minutes	90%
Geriatrics	One within 10 miles (DHCS) / 15 miles (DMHC) or 30 minutes	90%

Table II: High Volume Specialist (HVS) and/or High Impact Specialist (HIS)

Provider Type	Measure: Miles or Minutes	Performance Goal
Cardiology	15 miles or 30 minutes	90%
Gynecology	15 miles or 30 minutes	90%
Ophthalmology	15 miles or 30 minutes	90%
Hematology/Oncology	15 miles or 30 minutes	90%

Table III: Behavioral Health Provider

Provider Type	Measure: Miles or Minutes	Performance Goal
Psychiatrist	15 miles or 30 minutes	90%
Licensed Clinical Social Worker (LCSW)	15 miles or 30 minutes	90%
Psychologist	15 miles or 30 minutes	90%
Family/Marriage Counseling	15 miles or 30 minutes	90%
Addiction Medicine	15 miles or 30 minutes	90%

E. MEASURE – GEOGRAPHIC DISTANCE

Table I: Primary Care Provider

Provider Type (PCP)	Measure: Miles or Minutes	Performance Goal
Family Practice	One within 10 miles (DHCS) / 15 miles (DMHC) or 30 minutes	90%
General Practice	One within 10 miles (DHCS) / 15 miles (DMHC) or 30 minutes	90%
Internal Medicine	One within 10 miles (DHCS) / 15 miles (DMHC) or 30 minutes	90%
Geriatrics	One within 10 miles (DHCS) / 15 miles (DMHC) or 30 minutes	90%

Table II: High Volume Specialist (HVS) and/or High Impact Specialist (HIS)

Provider Type	Measure: Miles or Minutes	Performance Goal
Cardiology	15 miles or 30 minutes	90%
Gynecology	15 miles or 30 minutes	90%
Ophthalmology	15 miles or 30 minutes	90%
Hematology/Oncology	15 miles or 30 minutes	90%

Table III: Behavioral Health Provider

Provider Type	Measure: Miles or Minutes	Performance Goal
Psychiatrist	15 miles or 30 minutes	90%
Licensed Clinical Social Worker (LCSW)	15 miles or 30 minutes	90%
Psychologist	15 miles or 30 minutes	90%
Family/Marriage Counseling	15 miles or 30 minutes	90%
Addiction Medicine	15 miles or 30 minutes	90%

F. RESULTS: The results demonstrate the Provider network availability as of June 30, 2018.

Table I: PROVIDER TO MEMBER RATIOS

Provider Type	Provider-- Member	Measure	Standard	Goal	Met/Not Met
Primary Care Provider					
Family Practice	218—7,503	1:34	1:2000	90%	Met
General Practice	15--7,503	1:500	1:2000	90%	Met
Internal Medicine	260—7,503	1:28	1:2000	90%	Met
Geriatrics	5--7,503	1:1500	1:2000	90%	Met
High Volume Specialist					
Cardiology	131—7,503	1:57	1:1200	90%	Met
Gynecology	138—7,503	1:54	1:1200	90%	Met
Ophthalmology	95--7503	1:78	1:1200	90%	Met
High Impact Specialist					
Hematology--Oncology	73—7,503	1:102	1:1200	90%	Met
High Volume Behavioral Health Providers					
Psychiatrist	87--7,503	1:86	1:1200	90%	Met
Clinical Social Worker	23--7,503	1:326	1:1200	90%	Met

Table II: GEOGRAPHIC DISTANCE

Provider Type	Members with Access	Members without Access	Standard	Goal	Met/Not Met
Primary Care Provider					
Family Practice	7,503	0	10 miles/15 miles or 30 min	90%	Met
General Practice	7,503	0	10 miles/15 miles or 30 min	90%	Met
Internal Medicine	7,503	0	10 miles/15 miles or 30 min	90%	Met
Geriatrics	6,753	750	10 miles/15 miles or 30 min	90%	Not Met
High Volume Specialist					
Cardiology	7,503	0	15 miles or 30 min	90%	Met
Ophthalmology	7,503	0	15 miles or 30 min	90%	Met
Gynecology	7,503	0	15 miles or 30 min	90%	Met
High Impact Specialist					
Hematology--Oncology	7,503	0	15 miles or 30 min	90%	Met
High Volume Behavioral Health Providers					
Psychiatrist	7,503	0	15 miles or 30 min	90%	Met
Clinical Social Worker	7,203	300	15 miles or 30 min	90%	Not Met

G.4 Provider Availability Analysis

Santa Clara Family Health Plan (SCFHP) contracts with a large number of independent providers and provider groups. The provider open/close analysis demonstrates that the majority of providers are open to new patients.

Overall the analysis demonstrates that SCFHP standards for specialist availability are realistic for the communities and delivery system within Santa Clara County. The majority of the members dwell in an urban environment and a small fraction of the members reside in the cities of Gilroy, Morgan Hill and San Martin located in the south east area of Santa Clara County. Rural communities often face challenges maintaining an adequate provider network, making it difficult for health plans to meet geographic time or distance and provider to member ratios. A study of mental health shortages in California by the Office of Statewide Health Planning and Development (OSHPD) indicated mental health shortages across many rural areas of the state.

Recruitment challenges and provider shortages could be the root cause for the deficiencies shown in this analysis. SCFHP contracting will assess and monitor recruitment activities and contractual opportunities in the south east area of Santa Clara County and other areas of the county as necessary to ensure members have adequate access to health care providers. When necessary, SCFHP will re-direct members to out-of-network specialists and behavioral health providers to ensure timely access standards of care are met.

G.4 Opportunities

Barrier	Opportunity	Intervention	Selected for 2018	Date Initiated
Lack of providers: Clinical Social Work, Addiction Medicine and Geriatric Medicine	• Recruit new providers when available in rural areas – Southeast area of SCFHP's service area.	• Monitor counties for new providers especially in rural areas.	Yes	Ongoing
Long wait times for PT appointments in San Jose	• Investigate if the Plan needs to explore adding other PT Provider's to the network.	• Explore contracting opportunities in San Jose	Yes	TBD

Provider Accessibility Assessment

G.5 Introduction:

The purpose of the Santa Clara Family Health Plan's (SCFHP) provider accessibility analysis is to demonstrate how the Plan has monitored timely access regulations during Measurement Year (MY) 2019. SCFHP has a Plan-to-Plan arrangement for delivery of care with Valley Health Plan (VHP) and Kaiser and they conduct their own surveys; thus, this report does not include VHP or Kaiser Survey results. The providers and groups included in this survey are Direct (individually contracted providers), Palo Alto Medical Foundation (PAMF), Physician Medical Group (PMG) and Premier Care (PC).

G.6 Objective:

On an annual basis SCFHP conducts access surveys to assess compliance with access standards that are established by SCFHP, CMS, DMHC and DHCS. SCFHP monitors and reports on timely access to appointments for primary care, specialists, behavioral health and ancillary services to meet regulatory requirements for CMS, DMHC, DHCS and accreditation requirements for NCQA. In addition, the Plan also conducts an annual after-hours survey.

Primary Care Providers are defined as physicians, nurse practitioners, certified nurse midwifes, and physician assistants licensed in the areas of Family Medicine, General Medicine and Internal Medicine.

Provider Appointment and Availability Survey (PAAS) and After-Hours

G.7 Goal

To ensure that SCFHP and its network providers meet appointment access standards established by the DMHC and other regulatory agencies.

G.8 Objectives

• Measure primary care, specialist and behavioral health provider's timely appointment access, at least annually.
• Measure primary care after-hours access at least annually.
• Evaluate SCFHP's timely access performance in comparison to goals.
• Identify areas to improve timely appointment access.
• Develop interventions as appropriate to address deficiencies and/or gaps in care.

G.9 Measures – Appointments and After-Hours Care

Provider Type	Urgent Appointment	Non-Urgent/ Routine Appointment	Non-Life Threatening Appointment	Follow-up Care	After-Hours Care
Family Practice	48 hours	10-days	NA	NA	24-hours / 7-days a week
General Medicine	48 hours	10-days	NA	NA	24-hours / 7-days a week
Internal Medicine	48 hours	10-days	NA	NA	24-hours / 7-days a week
Oncology (HIS)	96 hours	15-days	NA	NA	NA
Gynecology (HVS)	96 hours	15-days	NA	NA	NA
Cardiology (HVS)	96 hours	15-days	NA	NA	NA
Ophthalmology (HVS)	96 hours	15-days	NA	NA	NA
BH - Prescribers	48 hours	10-days	6-hours	30-days	NA
BH – Non-Prescribers	48 hours	10-days	6-hours	30-days	NA

G.10 Provider Appointment Availability Survey (PAAS) Results

Primary Care Providers

A. Standard: Urgent Care Appointment within 48-hours (PCP providers combined)

Provider Type	# Responded	Goal	Goal Met	Rate of Compliance	PY Change
PCP (N=361)	199	90%	No	68%	+1

B. Standard: Urgent Care Appointment within 48-hours (PCP provider break down)

Provider Type	# Responded	Goal	Goal Met	Rate of Compliance	PY Change
Family Medicine (N=156)	95	90%	No	58%	-11
General Practice (N=12)	6	90%	No	83%	+1
Internal Medicine (N=193)	98	90%	No	63%	No Change

C. Standard: Non-Urgent/Routine Appointment within 10-days (PCP providers combined)

Provider Type	# Responded	Goal	Goal Met	Rate of Compliance	PY Change
PCP (N=361)	218	90%	No	84%	-7

D. Standard: Non-Urgent/Routine Appointment within 10-days (PCP provider break down)

Provider Type	# Responded	Goal	Goal Met	Rate of Compliance	PY Change
Family Medicine (N=156)	104	90%	No	88%	-4
General Practice (N=12)	6	90%	No	83%	+1
Internal Medicine (N=193)	108	90%	No	81%	-11

Although PAMF showed a decrease in performance on both measures in 2019, we should take into account that the group complied with their 2018 corrective action plan to increase provider participation in access surveys. It may also be worth noting that with a 29% (urgent) and 27% (non-urgent) participation increase, results only showed a 5 percentage point (urgent) and 8 percentage point (non-urgent) decrease in performance from 2018.

Through access surveys, it appears the requirement to schedule urgent appointments within a 48-hour timeframe continues to be a challenge for providers. However, it may be worth noting that several provider groups may have other providers in the office who are available within the required timeframe to serve patients; therefore, the survey's focus on the availability of a specific provider may not reflect the way patients experience care and it may not provide a comprehensive picture of the access SCFHP offers.

Specialists – High Volume/High Impact

A. Standard: Urgent Care Appointment within 96-hours (High Volume/Impact Specialists)

Provider Type	# Responded	Goal	Goal Met	Rate of Compliance	PY Change
Cardiology (N=134)	33	90%	No	68%	-3
Gynecology (N=187)	44	90%	No	47%	-34
Ophthalmology (N=89)	22	90%	No	62%	-38
*Oncology (N=74)	20	90%	No	58%	+2

*Oncology – High Impact Specialist (HIS)
Note that all other provider types in Table II A are High Volume Specialists (HVS)

B. Standard: Non-Urgent/Routine Appointment within 15-days (High Volume/Impact Specialists)

Provider Group	# Responded	Goal	Goal Met	Rate of Compliance	PY Change
Cardiology (N=134)	33	90%	No	81%	+11
Gynecology (N=187)	27	90%	No	57%	-33
Ophthalmology (N=89)	14	90%	No	87%	-9
Oncology (N=74)	12	90%	No	84%	+34

*Oncology – High Impact Specialist (HIS)
Note that all other provider types in Table II A are High Volume Specialists (HVS)

As shown in Table A, the urgent appointment standard was not met across all provider types and with the exception of Oncology, Cardiology, Gynecology and Ophthalmology showed a decrease in performance from 2018. As shown in Table B, while Cardiology and Oncology did not met goal, there was a marked improvement from 2018. The table also shows that Gynecology and Ophthalmology did not meet goal and showed a decrease in performance from 2018.

While the results show that goals were not met for high volume/impact specialists, we need to consider the actual number of respondents to judge the outcome of the survey. It is worth noting that the CAHPS survey showed an increase in satisfaction from 2018 to "received appointment to see a specialist as soon as needed (Q29)" by 3.32 percentage points.

Behavioral Health Providers – High Volume/High Impact

A. Psychiatry (N=83) – Prescribers (High Volume Provider)

Standard	# Responded	Goal	Goal Met	Rate of Compliance	PY Change
Initial Routine Visit within 10-days	12	90%	No	58%	NA
Urgent Care within 48-hours	12	90%	No	25%	NA
Non-Life Threatening Emergency within 6-hours	12	90%	NA	0%	NA
Follow-up Routine Care within 30-days	12	90%	No	58%	NA

B. Psychology (N=32) – Non-Prescribers

Standard	# Responded	Goal	Goal Met	Rate of Compliance	PY Change
Initial Routine Visit within 10-days	5	90%	No	20%	NA
Urgent Care within 48-hours	4	90%	No	25%	NA
Non-Life Threatening Emergency within 6-hours	3	90%	N0	0%	NA
Follow-up Routine Care within 30-days	2	90%	No	50%	NA

C. Non-Physician Mental Health (N=63) – Non-Prescribers

Standard	# Responded	Goal	Goal Met	Rate of Compliance	PY Change
Initial Routine Visit within 10-days	5	90%	No	80%	NA
Urgent Care within 48-hours	5	90%	No	60%	NA
Non-Life Threatening Emergency within 6-hours	4	90%	N0	0%	NA
Follow-up Routine Care within 30-days	3	90%	No	67%	NA

D. Marriage/Family Therapy (N=20) – Non-Prescriber (High Volume Provider)

Standard	# Responded	Goal	Goal Met	Rate of Compliance	PY Change
Initial Routine Visit within 10-days	8	90%	No	75%	NA
Urgent Care within 48-hours	8	90%	No	63%	NA
Non-Life Threatening Emergency within 6-hours	5	90%	N0	20%	NA
Follow-up Routine Care within 30-days	3	90%	No	67%	NA

SCFHP has identified that some of the barriers to meeting the goals were a lack of extended office hours, hours of operation not suiting the patient and providers not aware of appointment access standards. In 2018 and 2019 results showed that prescribing and non-prescribing behavioral health providers have challenges with meeting the "non-life threatening emergency appointment within 6 hours" standard. This measure is fairly new to SCFHP's network providers and further education will be necessary to ensure the BH network is aware of this access requirement.

Although, the Availability of Provider Network analysis did not show deficiencies with prescribing or non-prescribing provider types in terms of time/distance or with provider to member ratios, access is always an important metric in monitoring our providers.

It is also important to note that SCFHP partners with the County Behavioral Health Services Department (CBHSD). The CBHSD conducts behavioral health screenings and refers SCFHP members to the County Mental Health clinic or a Community Based Organization (CBO) for services. SCFHP members are assisted with care coordination by the SCFHP Behavioral Health (BH) social workers. Mild to moderate behavioral health cases could be referred by the county to SCFHP behavioral health provider network.

SCFHP will continue its efforts to expand the behavioral health network in 2019/2020.

After Hours Survey

G12. Goal
To ensure that SCFHP providers meet after-hours access and timeliness standards established by the DMHC and other regulatory and accreditation agencies.

G13. Objective
SCFHP requires providers to direct patients with a life-threatening emergency to hang up and dial 911 and messaging to state that a call back from the after-hours on call provider will occur within 30-minutes.

G14. After Hours Results

A: PCP Access Compliance: 911 Information

Provider Type	# Responded	Goal	Goal Met	Rate of Compliance	PY Change
PCP (N=504)	453	90%	No	82%	-10

B. PCP Timeliness Compliance: 30-minutes or less

Provider Type	# Responded	Goal	Goal Met	Rate of Compliance	PY Change
PCP (N=504)	453	90%	No	54%	+2

Table A shows the rate of compliance at 82%; a decrease in performance by 10 percentage points from 2018. Table B shows the rate of compliance at 54%; an increase in performance by 2 percentage points from 2018. Although after-hours performance goals were not met, results showed an increase in compliance relevant to timeliness in 2019.

C. Behavioral Health (BH) Access Compliance: 911 Information

Provider Type	# Responded	Goal	Goal Met	Rate of Compliance	PY Change
BH (N=328)	299	90%	No	80%	+9

D. Behavioral Health (BH)Timeliness Compliance: 30-minutes or less

Provider Type	# Responded	Goal	Goal Met	Rate of Compliance	PY Change
BH (N=328)	299	90%	No	40%	-7

Although after-hours performance goals were not met, results showed an increase in compliance relevant to timeliness in 2019. Following survey results from 2018, provider outreach was conducted which may have contributed to performance improvements in 2019.

G.15 After-Hours Analysis

The after-hours results for access (911 information) showed the following rate of compliance for each group of providers: Direct (N=31) at 52%, Palo Alto Medical Foundation (N=282) at 79%, Physicians Medical Group (N=118) at 95%, and Premier (N=22) at 95%. It appears that Direct providers will require further education on after-hours messaging to ensure they instruct patients to call 911 or go to the emergency room in the event they are experiencing an emergency.

SCFHP conducted a further review on Palo Alto Medical Foundation after-hours access and found that one phone number which represents 46 PCP providers was deemed non-compliant – this phone number did not have the 911 message, but rather a menu where the patient would select which clinic to be transferred to. SCFHP was able to validate that once the patient is transferred to the clinic phone number, it had the appropriate 911 message. PAMF was contacted to advise them that they would need to include 911 messaging on the main number, and they agreed to update the message. It is worth noting that following the updated PAMF message, the overall rate of compliance for PCP providers is at 93%; 3 percentage points above goal.

The after-hours results for timeliness (call backs within 30-minutes) showed the following rate of compliance for each group of providers: Direct (N=31) at 48%, Palo Alto Medical Foundation (N=282) at 49%, Physicians Medical Group (N=118) at 65%, and Premier (N=22) at 68%. While the overall performance rating on timeliness fell short of goal, further data analysis revealed that members receive timely after-hours care through SCFHP 24/7 Nurse Line at no cost to members.

Regarding the 911 results, there were a total of 263 Direct providers and/or groups on the contact list of which 80% were compliant. PAMF had a total of 33 providers and/or groups on the contact list of which 85% were compliant. Non-compliant providers/groups in 2019 were issued a CAP and provider outreach will be conducted by the PNM department.

Regarding timeliness compliance (call back within 30-min), PAMF showed the highest non-compliant rate at 69%, followed by PMG at 20%. Following distribution of CAP notices to non-compliant BH providers, some providers contacted the Plan to learn more about this specific after-hours requirement.

Provider education should be a focus point to ensure provider after-hours messaging states that a return call will be made to the patient within 30-minutes.

Provider Satisfaction Survey

G.16 Introduction

Santa Clara Family Health Plan (SCFHP) contracted with Center for the Study of Services (CSS) to administer the Measurement Year (MY) 2019 Provider Satisfaction Survey (PSS). The following groups/delegates serve SCFHP members: Direct (independent providers), Palo Alto Medical Foundation (PAMF), Physicians Medical Group (PMG) and Premier Care. All direct providers and groups were targeted to participate in the provider satisfaction survey. In addition, SCFHP has a plan to plan agreement with Kaiser and Valley Health Plan to serve members; however, they administer their own annual provider satisfaction surveys and issue assessment reports directly to the regulators.

This report summarizes the 2019 Provider Satisfaction Survey (PSS) methodology and the results for SCFHP.

G.17 Goals

• To ensure that SCFHP providers have a positive experience with health plan services.

G.18 Objectives:

• Measure provider experience (satisfaction) at least annually.
• Evaluate provider's satisfaction with performance measures.
• Identify any areas for improving contracted provider's experience with the health plan.

• Develop interventions as appropriate to address gaps in service.

G.19 Performance Standards for Provider Satisfaction:

-Eighty percent (80%) of provider's will be satisfied (Q1-7 & 9)
-One hundred percent (100%) of provider's will be satisfied (Q8)

G.20 Survey Updates - MY2018 vs MY2019

SCFHP followed DMHC's updated guidelines to include interpreter questions on the Provider Satisfaction Survey in MY2019. Due to this change, there is no comparison data from the previous year and some questions from the MY2018 were not included in the MY2019 survey within the following categories: Utilization Management, Customer Service and Provider Relations.
To ensure results are accurately presented, results as shown in the assessment and in the comparison chart did not include providers who responded with "not applicable/no experience". However, not applicable/no experience ratings were assessed and are noted throughout the report. This change was applied in 2019; therefore 2018 satisfaction ratings were adjusted accordingly to accurately report changes from previous year.

Note: SCFHP uses one survey instrument to conduct the survey and a full census approach, which includes providers from delegated groups. SCFHP acknowledges that to some extent the survey instrument may not be designed to capture quantifiable measures and/or reach conclusions. For example, delegated provider groups process their own claims for the Medi-Cal line of business. Therefore, it is possible that some providers from delegated groups will rate satisfaction on claims processing and appeals that do not involve SCFHP operations.

G.21 Rate of Response

Table I: Responses by IPA/Medical Group

Group	# Surveyed	Response #	Rate (%)
Direct	1890	97	5%
PAMF	476	20	4%
PMG	388	138	36%
PC	614	24	39%
Total	2820	284	10 %

Table II: Response by Provider Type

Group	# Surveyed	Response #	Rate (%)
PCP	401	108	27%
SPC	2169	145	7%
BH	250	31	12%
Total	2820	284	10%

G.22 Rate of Response – 2 year comparison

Chart I: Responses by IPA/Medical Group Affiliation

Rate of Response - Provider Group
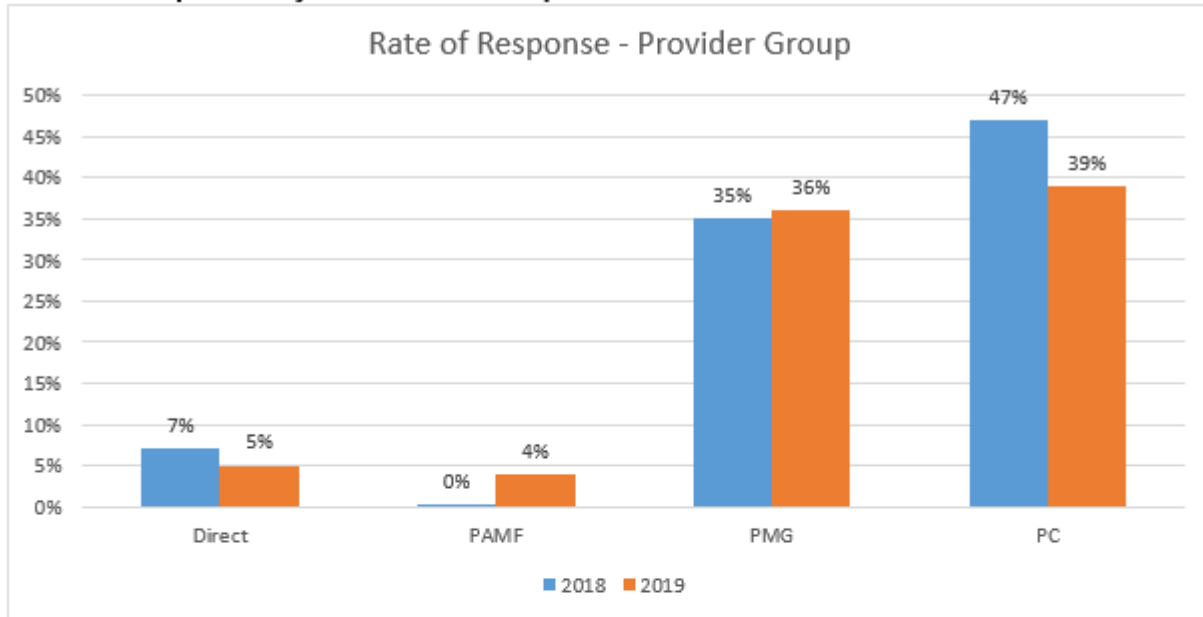
Chart II: Responses by Provider Type

Rate of Response - Provider Type
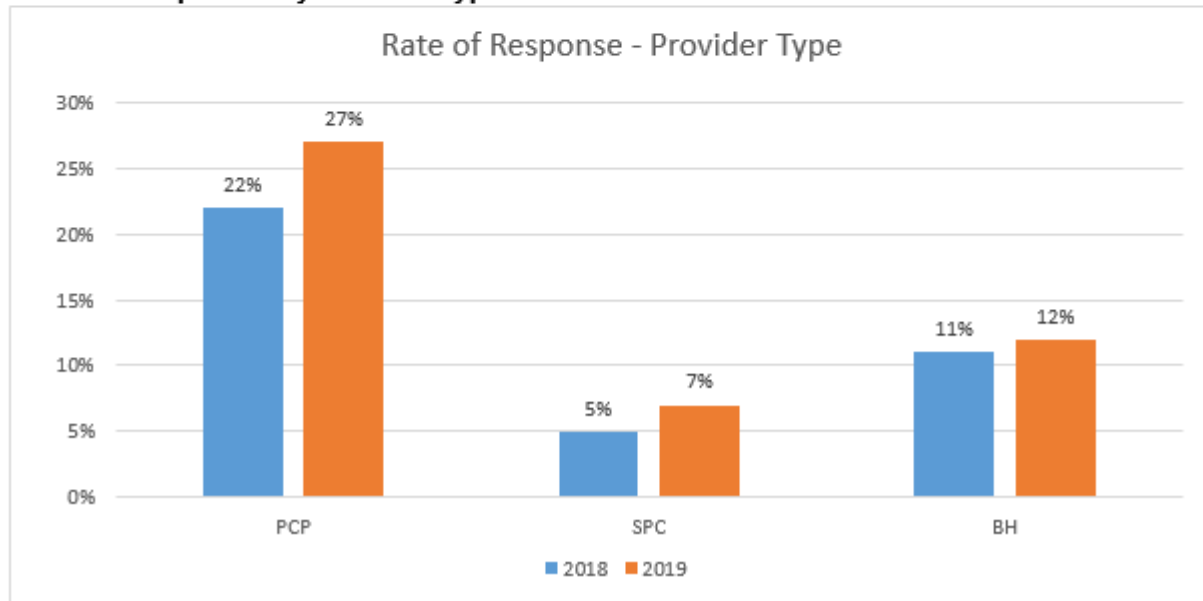
Analysis: Charts I and II – With the exception of Direct provider groups, response rates in 2019 showed an increase across groups and provider types. Premier Care (PC) participation increased from 39% to 47%. PAMF showed participation in 2019 at 4%. PCP participation increased from 22% to 27%.

G.23 Overall Provider Satisfaction

Chart I: Overall Satisfaction by Provider Type – MY2019
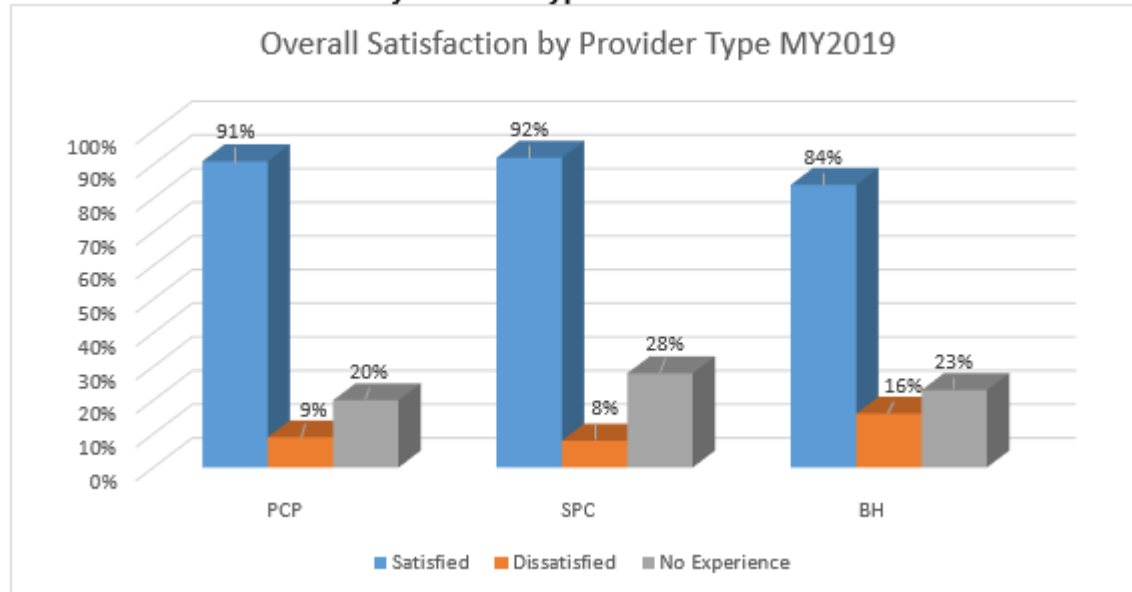
Chart II: Overall Satisfaction Rate 2018-2019

Analysis (Chart I): Specialists providers rated satisfaction the highest at 92%, followed by PCP's at 91% and Behavioral Health (BH) providers at 84%.

Analysis (Chart II): Overall satisfaction in MY2018 and MY2019 met and exceeded goal. The aggregated satisfaction rate across all provider types was met at 89%, which yields 9 percentage points above goal.

G.28 Provider Satisfaction Assessment

Overall Provider Experience with SCFHP 2018-2019
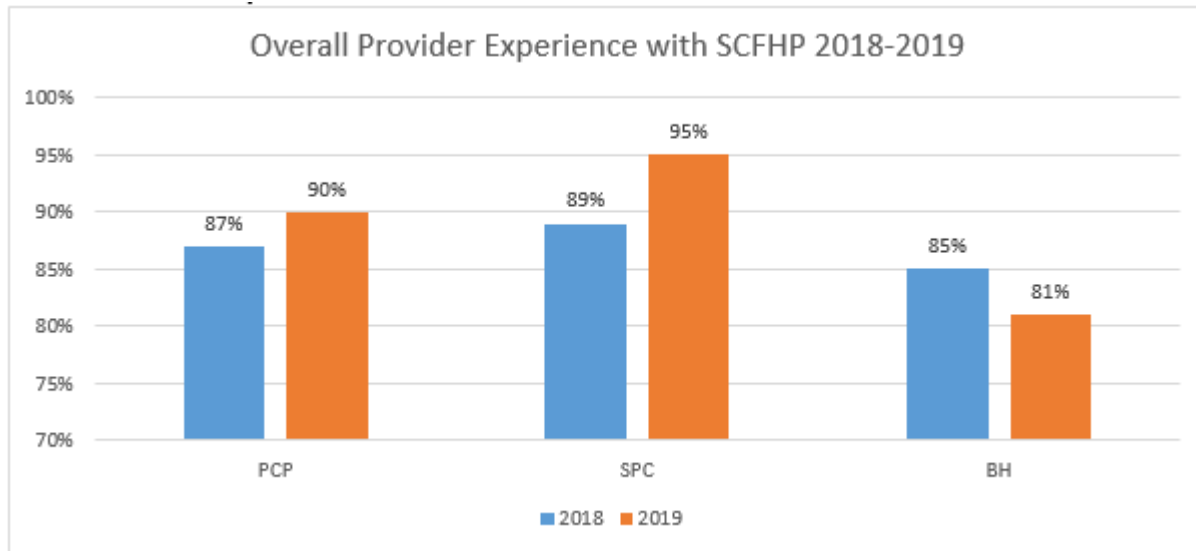
The total number of providers that answered Q9a = 217 (76%). Provider Satisfaction with overall experience with SCFHP increased across all provider types by 4percentage points in 2019. Overall provider experience with SCFHP rated at 89%, dissatisfaction at 11%, and 4% responded with "not applicable/no experience".

Table I: Overall Satisfaction by Primary Care Providers

Survey Q: 1-8

Category	Goal	Goal Met	Very Satisfied/ Satisfied	Very Dissatisfied/ Dissatisfied	Change PY	Not Applicable/No Experience
Utilization Management	80%	Yes	93%	7%	+8	12%
Utilization Management Appeals	80%	Yes	84%	16%	+4	28%
Claims	80%	Yes	86%	14%	+3	39%
Claims Appeals	80%	Yes	84%	16%	+9	28%
Timely Access	80%	Yes	92%	8%	+5	16%
Customer Service	80%	Yes	96%	4%	+7	15%
Provider Relations	80%	Yes	97%	3%	+6	13%
Provider Network	80%	Yes	87%	13%	+11	11%
*SCFHP's Language Assistance Program	100%	No	99%	1%	NA	37%

The raw data report showed that PCP satisfaction on availability of behavioral health providers (Q7c) had the highest level of dissatisfaction at 73%. As referenced in the 2018 provider availability analysis, a study of mental health shortages in California by the Office of Statewide Health Planning and Development (OSHPD) indicated mental health shortages across many rural areas of the state. Additionally, according to data from the California Employment Development Department, demand for mental health and substance abuse social workers, and substance abuse and behavioral disorder counselors shortages has grown by 22.8 percent in the past 2 years. It was also noted that there are known provider shortages and recruitment challenges with behavioral health providers in the northeast and southeast areas of Santa Clara County, which are within rural communities. It is also worth noting that PCP satisfaction with access to BH providers increased by 17 percentage points in 2019; which in part contributes to SCFHP's efforts to expand its BH network by adding 9 ABA groups, 4 LMFT's, and 2 Psychologists in 2018/2019. As a continued effort to

ensure members have timely access to network providers, SCFHP will monitor provider recruitment activities and seek out providers who become available to join SCFHP's network.

Table II: Overall Satisfaction by Specialist Providers   Survey Q: 1-8

Category	Goal	Goal Met	Very Satisfied/ Satisfied	Very Dissatisfied/ Dissatisfied	Change PY	Not Applicable/No Experience
Utilization Management	80%	Yes	92%	9%	+1	11%
Utilization Management Appeals	80%	Yes	82%	18%	+7	34%
Claims	80%	Yes	87%	13%	+8	20%
Claims Appeals	80%	Yes	87%	13%	+9	35%
Timely Access	80%	Yes	95%	5%	+8	49%
Customer Service	80%	Yes	93%	7%	+5	6%
Provider Relations	80%	Yes	94%	6%	+6	5%
Provider Network	80%	Yes	95%	5%	+9	22%
*SCFHP's Language Assistance Program	100%	No	90%	10%	NA	70%

The raw data reports showed that 22 specialist types responded to the 2019 survey. SCFHP is very pleased that all measures showed marked improvements from 2018. With the exception of SCFHP's Language Assistance Program, which fell short of goal by 10 percentage points, all measures exceeded the goal. The raw data showed that Direct Cardiology providers and PMG Dermatology rated all measures relevant to the language assistance program (Q8a-c) the lowest. As shown in Table II, specialist rated satisfaction the lowest on utilization management appeals-82%, claims-87% and claims appeals-87%. Although the goal was met in these areas, a further assessment was conducted to identify trends - the raw data showed that there were two specialist provider types (Oncology, Otolaryngology) that were the least satisfied with measures Q2a-c (claims processing, claims inquiries and dispute process), and the providers were from PMG, Premier and Direct (individually contracted). The raw data showed that there were two specialist provider types (OBGYN, Otolaryngology) that were the least satisfied with measure Q3a (timeliness/efficiency of UM appeals), and the providers were from PMG and Direct (individually contracted). The raw data also showed that there were two specialist provider types (OBGYN, Otolaryngology) that were the least satisfied with measure Q3b (timeliness/efficiency of claims appeals), and the providers were from PMG and Direct (individually contracted). These results indicate that a review of utilization appeals, claims processing and claims appeals on the provider types/groups listed above may help identify potential issues. SCFHP staff will collaborate internally, and if operational issues are identified, a correction plan will be established.

Table III: Overall Satisfaction by Behavioral Health Providers   Survey Q: 1-8

Category	Goal	Goal Met	Very Satisfied/ Satisfied	Very Dissatisfied/ Dissatisfied	Change PY	Not Applicable/No Experience
Utilization Management	80%	Yes	89%	11%	+1	11%
Utilization Management Appeals	80%	No	47%	53%	-3	55%
Claims	80%	No	70%	30%	-4	24%
Claims Appeals	80%	No	44%	56%	-9	58%
Timely Access	80%	Yes	92%	8%	+3	35%
Customer Service	80%	Yes	89%	11%	+5	11%
Provider Relations	80%	Yes	88%	12%	+6	8%
Provider Network	80%	No	78%	22%	-3	11%
*SCFHP's Language Assistance Program	100%	Yes	100%	0	NA	34%

The raw data reports showed that 6 BH provider types responded to the 2019 survey. Compared to PCP's and specialists, the behavioral health providers had a much lower number of participation in the survey, likely due to circumstances where several BH providers manage their own schedules between patients, coupled with non-standard office hours. Of the 6 BH provider types that participated in the survey, it appears that psychiatry and LCSW providers consistently rated satisfaction below goal. SCFHP staff will collaborate internally, and if operational issues are identified, a correction plan will be established.

G.24 Conclusion:

While the 2019 provider satisfaction survey revealed improvements and strengths in most areas of operations, a review in the following areas may be warranted:

- Timeliness of clean claims processing
- Timeliness/efficiency of claims disputes
- Timeliness/efficiency of claims appeals
- Timeliness/efficiency of UM appeals
- Availability of Behavioral Health Providers

SCFHP staff will collaborate internally on the areas above, and if operational issues are identified, a correction plan will be established.

H. Consumer Assessment of Healthcare Providers and Systems (CAHPS)

H.1 Goal:
Use Consumer Assessment of Healthcare Providers & Systems (CAHPS) results to improve member satisfaction and for results to exceed California Medicare Medicaid Plan's (MMP) average scores in all categories.

H.2 Interventions:
- The Plan sent 2 reminder post cards and 6 phone calls to members regarding the importance of completing the CAHPS survey and providing the plan with feedback.
- The Plan published articles regarding CAHPS in both provider and member newsletters.
- The Plan included an oversample of 800 members (1600 total) to help improve the CAHPS response rate.
- The Plan implemented the official CAHPS surveys in Chinese and Vietnamese to increase response rate.
- The Plan worked with DSS Research to break down results by provider group.
- The Plan shared results with provider advisor committee and quality improvement committee and delegated groups.
- The Plan shared results with internal cross-functional workgroups, including Provider Network Management.
- The Plan worked with Customer Service to integrate CAHPS survey language in to existing call scripts to ensure members' needs are being met when they call SCFHP.

H.3 Results
- In 2019, the Plan response rate was 28.8 %, which is a 2.7% increase over prior year. Overall California response rate was 27.9%.
- Category results did not indicate a significant improvement in any category, however, moderate improvements were made in the following areas:
  - Getting Needed Care

- o Getting Appointments and Care Quickly
- o Customer Service
- o Overall Rating of Health Plan
- o The Plan had the highest increase year/year in the Overall Rating of Health Care Quality, improving from 8.4 in 2018 to 8.5 in 2019. This exceeded the CA MMP mean score and met the National MMP mean score.
- o The Plan exceed the California MMP average in the following questions within the categories:
  - o In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?
  - o In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did you get those results as soon as you needed them?
  - o In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?
  - o In the last 6 months, how often was it easy to use your prescription drug plan to fill prescriptions by mail?
  - o Influenza Vaccination
  - o Pneumonia Shot
  - o Do you have serious difficulty walking or climbing stairs? (% saying no)*
  - o Do you have difficulty dressing or bathing? (% saying no)*
  - o Do you ever use the internet at home? (% saying yes)*
    *(THESE ARE STAND ALONE QUESTIONS)
- o The Plan's scores decreased from 2018 in the following areas:
  - o Getting Needed Prescription Drugs
  - o Rating of Personal Doctor
  - o Customer Service
  - o Rating of Drug Plan

H.4 Analysis of Findings/Barriers/Progress

- o The health plan response rate increased in 2019, leveling the 2017 rate at 29%.
- o The plan successfully implemented 2 new languages (Chinese and Vietnamese) survey. The survey rate increased in 2019 and will continue to use this opportunity to improve response rate.
- o Through the increase in responses, the Plan was able to obtain more actionable data.
- o The interventions between year two and year three identified specific opportunities for improvement in Health Plan Composite Measures and Overall Health Plan rankings.
- o Results were broken down by provider group for the first time in 2018 and added more provider groups in 2019. Held meetings with provider network management to develop strategies to share with provider group representatives.
- o Continue to work with SPH Analytics, who has acquired DSS Research. Evaluate and leverage the new portal available for data analytics.

I. Appeals and Grievances

SCFHP

I.1 Goal:

    Increase member satisfaction by addressing member grievances within mandated timelines.

I.2 Intervention:

- Process
  - Timely resolution of grievances within mandated time frames
- Measure improvement
  - 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

I.3 Results:

- 2019 showed an improved compliance rate of 97.0% for standard grievances and appeals resolved in the mandated time frames, this was an improvement of over 1.05% from the prior year's rate of 95.95%.
- The lowest performing metric was related to expedited grievances and appeals where the compliance rate dipped over multiple quarters in 2019.

I.4 Analysis of Findings/Barriers/Progress

- Low number of Grievance and Appeals staff compared to the overall volume of cases received has presented a barrier
- Staff turnover also presented a barrier throughout the year
- Three staff members were hired in Q1 and Q2 2019 to address staffing deficiency
- A new grievance and appeals processing platform was introduced in 2019. The platform contains new monitoring reports that were developed and refined in late 2019 to flag potential untimely cases.

QI Program Effectiveness

The 2019 Quality Improvement (QI) Program was effective in demonstrating improvements in both the clinical and service areas for Medi-Cal, Healthy Kids and Cal MediConnect members. The Program resources, which include staffing, committee structure, external and internal practitioner participation, along with the plan's leadership, proved to be sufficient in meeting the QI Program's goals and objectives.

2020 Quality Improvement Work Plan

Scope	Area	Objective	Contract Reference	Project Objectives	Activity	Final Deliverable(s)	Goals or Baseline	Responsible Position	Reporting Frequency	Target Completion	Completed	Assessments, Findings, Monitoring of Previous Issues
Quality of Care	**QI Program Evaluation**	QI Program Annual Evaluation	CMC 2.16.3.3.4 NCQA 2018 QI1 Elements A and B	- To evaluate the results of QI initiatives and submit the results to DHCS and CMT - QI Program and QI Work Plan will be evaluated for effectiveness on an annual basis	- collect aggregate data on utilization - review of quality services rendered - review and analyze outcomes/findings from Improvement Projects, customer satisfaction surveys and collaborative initiatives - trending of measures to assess performance in the quality and safety of clinical care and quality of service - analysis and evaluation of the overall effectiveness of the QI Program and of its progress toward influencing network-wide safe clinical practices	- submission of QI Program evaluation to - QIC - Board	Annual Evaluation	QI Manager	Annually	May 2020		Approved by QIC: Adopted by Board:
Member Experience	**NCQA Health Plan Accreditation**	SCFHP provides members with the information they need to understand and use their pharmacy benefit.	NCQA 2020 ME 5 - Pharmacy Benefit Information	Ensure pharmacy benefit information provided to members on an ongoing basis is accurate	- The Pharmacy Department and Customer Service will collect data and review for accuracy and ensure quality of information being provided to members	- Annually the Pharmacy Department will report -data collection - assessment -actions	100%	Pharmacy Manager and Customer Service Director	Annually	Third quarter Quality Improvement Committee		Approved by QIC: Adopted by Board:
Member Experience	**NCQA Health Plan Accreditation**	SCFHP provides members with the information they need to easily understand and use health plan benefits	NCQA 2020 ME 6 - Personalized Information on Health Plan Services	Ensure members can use personalized information to navigate health plan services effectively	- The Customer Service Department will collect data on the quality and accuracy provided, compare information against goals, and determine deficiencies in delivery of information act to improve deficiencies identified	- Annually the Customer Service Department will report data collection, analysis, deficiencies, and actions to improve data	100%	Customer Service Director	Annually	Third quarter Quality Improvement Committee		Approved by QIC: Adopted by Board:
Member Experience	**NCQA Health Plan Accreditation**	SCFHP provides members with the information they need to easily understand and use health plan benefits	NCQA 2020 - ME 6 Element D	Ensure quality and timely email communication to members is happening on an ongoing basis	- The Customer Service Department will collect data email responses to members is happening on an ongoing basis in a timely manner	Annually the Customer Service Department will report data collection, analysis, deficiencies, and actions of email responses to members	100%	Customer Service Director	Annually	Third quarter Quality Improvement Committee		Approved by QIC: Adopted by Board:
Member Experience	**NCQA Health Plan Accreditation**	SCFHP maintains sufficient numbers and types of primary care, behavioral health and specialty care practitioners in its network	NCQA 2020 NET 1 Element A	SCFHP maintains an adequate network of primary care, behavioral healthcare and specialty care practitioners (SCP) and monitors how effectively this network meets the needs and preferences of its membership.	- SCFHP assesses the cultural, ethnic, racial and linguistic needs of its members and adjusts the availability of practitioners within its network, if necessary.	Analysis of cultural, ethnic, racial and linguistic needs of it's members relative to the provider network	100%	Provider Network Access Program Manager	Annually	Third quarter Quality Improvement Committee		Approved by QIC: Adopted by Board:

2020 Quality Improvement Work Plan

Scope	Area	Objective	Contract Reference	Project Objectives	Activity	Final Deliverable(s)	Goals or Baseline	Responsible Position	Reporting Frequency	Target Completion	Completed	Assessments, Findings, Monitoring of Previous Issues
Quality of Service	**NCQA Health Plan Accreditation**	SCFHP maintains sufficient numbers and types of primary care, behavioral health and specialty care practitioners in its network	NCQA 2020 NET 1 Element B	SCFHP maintains an adequate network of primary care, behavioral healthcare and specialty care practitioners (SCP) and monitors how effectively this network meets the needs and preferences of its membership.	- Evaluate the availability of practitioners who provide primary care services, including general medicine or family practice, internal medicine and pediatrics, the organization: 1. Establishes measurable standards for the number of each type of practitioner providing primary care 2. Establishes measurable standards for the geographic distribution of each type of practitioner providing primary care. 3. Annually analyzes performance against the standards for the number of each type of practitioner providing primary care. 4. Annually analyzes performance against the standards for the geographic distribution of each type of practitioner providing primary care.	Analyze performance against primary care availability standards	100%	Provider Network Access Program Manager	Annually	Third quarter Quality Improvement Committee		Approved by QIC: Adopted by Board:
Quality of Service	**NCQA Health Plan Accreditation**	SCFHP maintains sufficient numbers and types of primary care, behavioral health and specialty care practitioners in its network	NCQA 2020 NET 1 Element C	SCFHP maintains an adequate network of primary care, behavioral healthcare and specialty care practitioners (SCP) and monitors how effectively this network meets the needs and preferences of its membership.	- Evaluate the availability of specialists in its delivery system, the organization: 1. Defines the types of high-volume and high-impact specialists. 2. Establishes measurable standards for the number of each type of high-volume specialists. 3. Establishes measurable standards for the geographic distribution of each type of high-volume specialists. 4. Establishes measurable standards for the geographic distribution of each type of high-impact specialist. 5. Analyzes its performance against the established standards at least annually.	Analyze performance against specialists (including high volume and high impact) availability standards	100%	Provider Network Access Program Manager	Annually	Third quarter Quality Improvement Committee		Approved by QIC: Adopted by Board:
Quality of Service	**NCQA Health Plan Accreditation**	SCFHP maintains sufficient numbers and types of primary care, behavioral health and specialty care practitioners in its network	NCQA 2020 NET 1 Element D	SCFHP maintains an adequate network of primary care, behavioral healthcare and specialty care practitioners (SCP) and monitors how effectively this network meets the needs and preferences of its membership.	- Evaluate the availability of high-volume behavioral healthcare practitioners in its delivery system, the organization: 1. Defines the types of high-volume behavioral healthcare practitioners 2. Establishes measurable standards for the number of each type of high-volume behavioral healthcare practitioner 3. Establishes measurable standards for the geographic distribution of each type of high-volume behavioral healthcare practitioner 4. Analyzes performance against the standards annually	Analysis of behavioral health care practitioners access standards	100%	Provider Network Access Program Manager	Annually	Third quarter Quality Improvement Committee		Approved by QIC: Adopted by Board:
Quality of Service	**NCQA Health Plan Accreditation**	SCFHP establishes mechanisms to provide access to appointments for primary care services, behavioral healthcare services and specialty care services	NCQA 2020 NET 2 Elements A-C	SCFHP establishes mechanisms to provide access to appointments for primary care services, behavioral healthcare services and specialty care services.	Collect and perform analysis of data for primary care, specialty, and behavioral health 1. Regular and routine care appointments. 2. Urgent care appointments. 3. After-hours care	Analysis and report	100%	Provider Network Access Program Manager	Annually	Third quarter Quality Improvement Committee		Approved by QIC: Adopted by Board:

2020 Quality Improvement Work Plan

Scope	Area	Objective	Contract Reference	Project Objectives	Activity	Final Deliverable(s)	Goals or Baseline	Responsible Position	Reporting Frequency	Target Completion	Completed	Assessments, Findings, Monitoring of Previous Issues
Quality of Service	**NCQA Health Plan Accreditation**	SCFHP monitors access to healthcare services and takes action to improve it	NCQA 2020 NET3 Elements A-C	SCFHP provides members adequate network access for needed healthcare services.	- SCFHP annually: 1. Analyzes data from member experience, complaints and appeals about network adequacy for non-behavioral healthcare, behavioral, and overall services 2. Analyzes data from member experience, complaints and appeals about network adequacy for behavioral healthcare services, behavioral, and overall services 3. Compiles and analyzes requests for and utilization of out-of-network services. 4. Prioritizes opportunities for improvement identified, 5. implements intervention 6. measure effectiveness of interventions	Annual report	100%	Provider Network Access Program Manager	Annually	Third quarter Quality Improvement Committee		Approved by QIC: Adopted by Board:
Health Plan Accreditation	**NCQA Health Plan Accreditation**	SCFHP systematically collects, integrates and assesses member data to inform its population health management programs	NCQA 2020 PHM 2 Element B	SCFHP assesses the needs of its population and determines actionable categories for appropriate intervention.	- SCFHP annually: 1. Assesses the characteristics and needs, including social determinants of health, of its member population. 2. Identifies and assesses the needs of relevant member subpopulations. 3. Assesses the needs of child and adolescent members. 4. Assesses the needs of members with disabilities. 5. Assesses the needs of members with serious and persistent mental illness (SPMI)	Annual report	N/A	Health Educator	Annually	First quarter Quality Improvement Committee		Approved by QIC: Adopted by Board:
Member Experience	**NCQA Health Plan Accreditation**	SCFHP has a systematic process to evaluate whether it has achieved its goals and to gain insights into areas needing improvement	NCQA 2020 PHM 6 Element A	- Quantitative results for relevant clinical, cost/utilization and experience measures -Comparison of results with a benchmark or goal. -Interpretation of results	-collect data on relevant cost, utilization and experience measures	Annual report	100%	Case Management Manager	Annually	First quarter Quality Improvement Committee		Approved by QIC: Adopted by Board:
Member Experience	**NCQA Health Plan Accreditation**	SCFHP implements mechanisms to assess and improve member experience	NCQA 2020 ME 7 Elements C-D	To assess member experience with its services, the organization annually evaluates member complaints and appeals and member survey data (i.e. CAHPS), and identified opportunities for improvement	Collect valid measurement data for each of the following categories -quality of care -access -attitude and service -billing and financial issues -quality of practitioner office site

Analyze and identify opportunities for improvement from the following sources -Member complaint and appeal data | Annual report | 100% | Director, Grievance and Appeals Operations | Annually | Fourth quarter Quality Improvement Committee | | Approved by QIC: Adopted by Board: |
| Member Experience | **NCQA Health Plan Accreditation** | SCFHP implements mechanisms to assess and improve member experience | NCQA 2020 ME 7 Elements E-F | Assess member experience with Behavioral Health services Evaluate and identify opportunities for improvement | -Evaluate member complaints and appeals --conduct member survey -Improve members experience with behavioral healthcare and service --Assess data from complaints and appeals or from member experience surveys --Identifying opportunities for improvement --implementing interventions --measuring effectiveness of interventions | Annual report | 100% | Behavioral Health Manager | Annually | Fourth quarter Quality Improvement Committee | | Approved by QIC: Adopted by Board: |

2020 Quality Improvement Work Plan

Scope	Area	Objective	Contract Reference	Project Objectives	Activity	Final Deliverable(s)	Goals or Baseline	Responsible Position	Reporting Frequency	Target Completion	Completed	Assessments, Findings, Monitoring of Previous Issues
Quality of Care	QI Program	Development of a QI Work Plan and Evaluation each year and subsequent tracking of implementation	CMC 2.16.1 Medi-Cal Exhibit A, Attachment 4 .7	- To document and initiate appropriate modifications to the QI Program, and set QI goals each year. - To identify areas of focus for the QI program. - To organize and prioritize the workload with assignments given for accountability and responsibility	QI Program and QI Work Plan will be adopted on an annual basis	Submit the 2019 QI Evaluation and 2020 QI Work Plan for the Board Report	Annual Adoption	QI Manager	Annually	May 2020		Approved by QIC: Adopted by Board:
Quality and Safety of Clinical Care	NCQA Health Plan Accreditation	SCFHP monitors and takes action, as necessary, to improve continuity and coördination of care across the health care network.	NCQA 2020 QI 3 Elements A-C	SCFHP annually identifies opportunities to improve coordination of medical care, act on opportunities identified, measuring effectiveness of improvement actions taken	A. Collect 1. Collect data on member movement between practitioners 2. Collect data on member movement across settings 3. Conduct quantitative and causal analysis of data to identify improvement opportunities 4. Identifying and selecting four opportunities for improvement B. Act Annually act to improve coordination of care activities identified in the Collect phase C. Measure Annually measure the effectiveness of improvement actions taken in the Act phase	Quantitative and qualitative analysis with identification of four opportunities for improvement documented in a report	100%	Health Services Director	Annually	Third quarter Quality Improvement Committee		Approved by QIC: Adopted by Board:
Medi-Cal and CMC	UM Program	Annual oversight of UM Program and Work Plan	CMC 2.11.5.1	- To document and initiate appropriate modifications to the UM Program, and set UM goals each year. - To identify areas of focus for the UM program. - To organize and prioritize the workload with assignments given for accountability and responsibility	UM Program and UM Work Plan will be evaluated for effectiveness on an annual basis	- submission of UM Program evaluation to - UMC - QIC - Board	Annual Adoption	Medical Director UM	Annually	September 2020		Approved by QIC: Adopted by Board:
Quality of Service	CAHPS	Annual Oversight of CAHPS Survey and Work Plan		Complete annual survey, analyze results, identify opportunities for improvement and implement interventions	Develop improvement plans and other interventions based on results	Areas for improvement identified in the CAHPS 2020 survey	Annual recommendation	Process Improvement Manager or Designee	Annually	Third quarter Quality Improvement Committee		Approved by QIC: Adopted by Board:
Quality of Service	HOS	Annual Oversight of HOS Survey and Work Plan		Complete annual survey, analyze results, identify opportunities for improvement and implement interventions	Develop improvement plans and other interventions based on results	Areas for improvement identified in the HOS survey	Annual recommendation	Process Improvement Manager or Designee	Annually	Third quarter Quality Improvement Committee		Approved by QIC: Adopted by Board:
Quality of Service	NCQA Plan Ratings	Annual Oversight of NCQA Plan Ratings and Work plan		Analyze Results	Develop Improvement Plans based on results	Areas for improvement identified in results	Annua recommendation	Process Improvement Manager or Designee	Annually	Third quarter Quality Improvement Committee		Approved by QIC: Adopted by Board:
Timely Access	Access/Availability	Access to needed medical services in a timely manner is maintained	CMC 2.11.9.1		Measure and analyze data against goals for the following: 1. Regular & routine appointments within 30 days 2. Urgent Care appointments within 48 hours 3. After-hours care within 6 hours 4. Member services, by telephone ASA 30 seconds with abandonment rate <5% 5. PCP capacity		97%	Provider Services Director or Designee	Quarterly	February 2020 April 2020 Aug 2020 Dec 2020		Approved by QIC: Adopted by Board:

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Scope	Area	Objective	Contract Reference	Project Objectives	Activity	Final Deliverable(s)	Goals or Baseline	Responsible Position	Reporting Frequency	Target Completion	Completed	Assessments, Findings, Monitoring of Previous Issues
Safety of Clinical Care	Access/Availability	Credentialing program activities monitored	CMC 2.10.5		Credentialing file reviews New applicants processed within 180 calendar days of receipt of application		100%	Provider Services Director or Designee	Quarterly	February 2020 April 2020 Aug 2020 Dec 2020		Approved by QIC: Adopted by Board:
Safety of Clinical Care	Access/Availability	Credentialing program activities monitored	CMC 2.10.5		Credentialing file reviews Recredentialing is processed within 36 months		100%	Provider Services Director or Designee	Quarterly	February 2020 April 2020 Aug 2020 Dec 2020		Approved by QIC: Adopted by Board:
Quality of Service	Access/Availability	Availability of Practitioners	CMC 2.11.2.1		Measure and analyze availability of practitioners in order to maintain an adequate network of PCPs, BH and specialty care practitioners.		90%	Provider Services Director or Designee	Annually	August 2020		Approved by QIC: Adopted by Board:
Quality of Service	Access/Availability	Availability of Practitioners	CMC 2.11.2.1		Measure and analyze practitioner network to determine how the network is meeting the needs and preferences of the plans membership and adjusts as necessary. Measured through quantifiable and measurable standards for the following: 1. Each type of PCP 2. Geographic distribution 3. Performance against standards for PCPs 4. Performance against geographic distribution		90%	Provider Services Director or Designee	Annually	August 2020		Approved by QIC: Adopted by Board:
Medi-Cal and CMC	Case Management	CM Program Annual Evaluation			CM Program and CM Work Plan will be evaluated for effectiveness on an annual basis		Annual Evaluation	CM Manager	Annually	June 2020		Approved by QIC: Adopted by Board:
Medi-Cal and CMC	HEDIS Reporting	Report HEDIS successfully by 6/15/2020	CMC 2.19.2.5 Medi-Cal Exhibit A Attachment 4.9	- To successfully report HEDIS for Medi-Cal and CMC by June 15, 2020 - To successfully complete MRRV without a second sample being reviewed - Successfully close the IS Grid by 6/1/2020 - ≤4 Medi-Cal HEDIS 2020 measures below the Medicaid Minimum Performance Level -CMC Composite HEDIS 2020 Average at 60%	- Create data warehouse - pull samples - request medical records - onsite audit - review of vendor numerator positive medical records prior to MRRV	Submission of the IDSS to NCQA by 6/15/2020	Annual Submission	HEDIS Project Manager	Annually	June 2020		Approved by QIC: Adopted by Board:
Quality of Clinical Care	Statewide Disparity Performance Improvement Projects	Increase rate of adolescent well care visits	CMC 2.16.4.3.1.2.2 Medi-Cal Exhibit A, Attachment 4.9.C.b	5.8% percent increase in adolescent well care rate over the 18 month life of the project	Collaborate with clinic or medical group to improve rates on a small scale using Rapid Cycle Improvement and use member incentive to improve rates		5.8% increase over baseline rate of 16.7% for Network 20	Process Improvement Project Manager	Quarterly			Approved by QIC: Adopted by Board:
Quality of Clinical Care	Statewide Child and Adolescent Performance Improvement Projects	Increase rate of well child visits for children turning 15 months	Medi-Cal Exhibit A, Attachment 4.9.C.b	26.43% increase in W15 rate over the 18 month life of the project	Collaborate with clinic or medical group to improve rates on a small scale using Rapid Cycle Improvement and use member incentive to improve rates		26.43% increase over basline rate of 35.11% for Network 50	Process Improvement Project Manager	Quarterly			

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Scope	Area	Objective	Contract Reference	Project Objectives	Activity	Final Deliverable(s)	Goals or Baseline	Responsible Position	Reporting Frequency	Target Completion	Completed	Assessments, Findings, Monitoring of Previous Issues
Quality of Clinical Care	**Internal Performance Improvement Projects Medi-Cal**	Comprehensive Diabetes Care - Poor Control	Medi-Cal Exhibit A Attachment 4.9.C.a	5% decrease in CDC-Poor Control rate over the life of the project	Collaborate with clinic or medical group to improve rates on a small scale using Rapid Cycle Improvement		By December 31, 2020, decrease by 5% from basline rate of 46.04%	Process Improvement Project Manager	Annually			
Quality of Service	**Internal Performance Improvement Projects CMC**	Increase number of members with an ICP and discussion of care goals	CMC 2.16.4.3.1.2.1	Increase the percentage of members with an ICP completed and percentage of members with documented discussion of care goals	- Plan will further develop and implement new processes and training materials to improve consistency of documentation within SCFHP's case management software program	Annual Submission	By December 31st 2020, increase by 5% from baseline in all three submeasures	Health Services Director	Annually	December 31st, 2020		
Quality of Clinical Care	**Chronic Clinical Performance Improvement Projects CMC**	Target Chronic Condition: Behavorial Health Condition - Mental Illness	CMC	Increase the number of follow up visits for members with a discharge from the Emergency Department with a diagnosis of mental illness	Plan will develop and implement a 3 year project to increase the precentage of discharges for members 6 years of age and older who were hopsitalzied for treatemnet of selected mental illness or intentional self-harm diagnosis and who had a follow up visit with a metnal health practiioner within 30 days of discharge.	Annual Submission	By December 31, 2021, increase measure rate from 43.18 % to 53.18%.	Behavioral Health Manager and Process Improvement Project Manager	Annually	December 31, 2019 December 31, 2020 December 31, 2021		
Quality of Clinical Care	**Project: Prevention and Screening**	HEDIS Measure: Cervical Cancer Screening (CCS)	DHCS 2020 Managed Care Accountibility Set	Increase the number of SCFHP women who have a screening exam for cervical cancer	- Develop and implement interventions based on a barrier analysis for CCS	successful implementation of intervention and evaluation of interventions effectiveness	-increase cervical cancer screening rates over the Medicaid 50th percentile (60.65%) - 61.07% HEDIS 2019	QI Manager or designee	Quarterly	October 2021		
Quality of Clinical Care	**Project: Prevention and Screening**	HEDIS Measure: Childhood Immunization Status (CIS) – Combination 3	DHCS 2020 Managed Care Accountibility Set	Increase the number of SCFHP children who are compliant for their immunizations through Combo 10	- Develop and implement interventions based on a barrier analysis for CIS Combo 10	successful implementation of intervention and evaluation of interventions effectiveness	- Increase CIS Combo 10 rate over the Medicaid 50th Percentile (34.79%) - 49.39% HEDIS 2019	QI Manager or designee	Quarterly	October 2021		
Quality of Clinical Care	**Project: Diabetes**	HEDIS Measure: Comprehensive Diabetes Care (CDC) - HbA1c Testing	DHCS 2020 Managed Care Accountibility Set	Increase the number of SCFHP members with diabetes who have an HbA1c screening annually	- Develop and implement interventions based on a barrier analysis for CDC HbA1c Testing - develop a system to evaluate effectiveness of interventions	successful implementation of intervention and evaluation of interventions effectiveness	- increase CDC - HbA1c testing rate over Medicaid 50th percentile (88.55%) - 89.78% HEDIS 2019	QI Manager or designee	Quarterly	October 2021		
Quality of Clinical Care	**Project: Cardiovascular Conditions**	HEDIS Measure: Controlling High Blood Pressure (CBP)	DHCS 2020 Managed Care Accountibility Set	Increase the number of SCFHP members with hypertension who have their blood pressure below 140/90	- Develop and implement interventions based on a barrier analysis for CBP - work with network providers to develop an organized system of regular follow up and review of patients with hypertension - develop a system to evaluate effectiveness of interventions	successful implementation of intervention and evaluation of interventions effectiveness	- increase blood pressure control for members with hypertension over the Medicaid 50th percentile (61.04%) -56.93% HEDIS 2019	QI Manager or designee	Quarterly	October 2021		

2020 Quality Improvement Work Plan

Scope	Area	Objective	Contract Reference	Project Objectives	Activity	Final Deliverable(s)	Goals or Baseline	Responsible Position	Reporting Frequency	Target Completion	Completed	Assessments, Findings, Monitoring of Previous Issues
Quality of Clinical Care	**Project: Access & Availability of Care**	HEDIS Measure: Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care	DHCS 2020 Managed Care Accountibility Set	Increase the number of SCFHP members who get timely prenatal care	- Develop and implement interventions based on a barrier analysis for PPC - Timely Prenatal Care - develop a system to evaluate effectiveness of interventions	successful implementation of intervention and evaluation of interventions effectiveness	- Increase PPC Timeliness of Prenatal Care over the Medicaid 50th Percentile (83.76%) -86.86% HEDIS 2019	QI Manager or designee	Quarterly	October 2021		
Quality of Clinical Care	**Project: Utilization**	HEDIS Measure: Well-Child Visits in the 3rd, 4th, 5th, & 6th Years of Life	DHCS 2020 Managed Care Accountibility Set	Increase the number of SCFHP members who get their annual well child visit	- Develop and implement interventions based on a barrier analysis for W34 - Annual reminder letters for non-compliant members - develop a system to evaluate effectiveness of interventions	successful implementation of intervention and evaluation of interventions effectiveness	- Increase W34 rate over the Medicaid 90th Percentile (83.85%) - 76.16% HEDIS 2019	QI Manager or designee	Quarterly	October 2021		
Quality of Service	**Project: 120 Initial Health Assessment**	Initial Health Assessment and Staying Health Assessment	Exhibit A, Attachment 10.3	Ensure new enrollees to SCFHP receive an IHA within 120 calendar days of enrollment and HIF/MET within 90 days of the effective enrollment	- develop a reporting system that monitors the IHA and HIF/MET compliance across the plan - integrate medical record review for a sample of IHA visits each quarter as part of Facility Site Review - Provider training on IHA requirements - IHA Work Plan will be evaluated for effectiveness on an annual basis	- develop regular reporting mechanism to monitor ongoing performance - medical record audit of IHA visits and document compliance - training attestations	- Medicaid rate 80%	QI Manager or designee	Quarterly	December 2020		
Health Plan Accreditation	**NCQA Accreditation**	NCQA Accreditation of the CMC line of business	CMC	Maintain accreditation status for CMC line of business	- Ensure all business units are completing required activities, analyses and interventions per the annual NCQA work plan	- all required evidence collected for 2020 by December 31, 2020	Maintain accreditation	Process Improvement Manager	Annually	12/31/2020	Yes	The Plan achieved full accredidation on February 22, 2019. Will be going for reaccreditation in January 2022.
Safety of Clinical Care	**Facility Site Review**	Perform Facility Site Review Part A, B and C for all PCP offices and High Volume Specialists offices		Perform Facility Site Review Part A, B and C for all PCP offices and High Volume Specialists offices	- Review every 3 years as part of the Credentialing process - Review all new potential PCP offices prior to contracting - Provide follow/up and ongoing monitoring of timely correction of Critical Element (CE) deficiencies and Corrective Action Plan as mandated by DHCS guidelines. - Continue the collaborative process with the County's MCMC Commercial Plan	- successful submission of FSR scores on a semi annual basis		QI Nurse	Ongoing	Ongoing - Monthly	N/A	

2020 Quality Improvement Work Plan

Scope	Area	Objective	Contract Reference	Project Objectives	Activity	Final Deliverable(s)	Goals or Baseline	Responsible Position	Reporting Frequency	Target Completion	Completed	Assessments, Findings, Monitoring of Previous Issues
Safety of Clinical Care	**Quality of Care**	- Identify potential quality of care (PQI) - Identify and Report Provider Preventable Conditions	DPL 15-002	Complete all PQI's originating from Grievance and Appeals within 60 days	- update PQI policy - Roll out retraining of Medical Management and Member Services Staff - develop methodology for retrospective review of call notes to identify PQI's - ongoing reporting of PPC's to DHCS	- revised PQI policy - training materials used	90% of PQIs closed within 60 days	QI Nurse	Ongoing	Ongoing - Monthly	N/A	
Quality and Safety of Clinical Care	**NCQA Health Plan Accreditation**	SCFHP collaborates with behavioral healthcare practitioners to monitor and improve coordination between medical care and behavioral healthcare.	NCQA 2020 QI 4 Elements A-C	SCFHP collaborates with behavioral healthcare practitioners and uses information at its disposal to coordinate medical care and behavioral healthcare.	SCFHP annually collects data about opportunities for collaboration between medical care and behavioral healthcare and conducts activtiies to improve coodiation, including: 1. Collaborating with behavioral healthcare practitioners 2. Quantitative and causal analysis of data to identify improvement opportunities 3. Identify and selecting two opportunities for improvement, implement interventions and measure the effectiveness of the interventions.	Aggregate available data	100%	Behavioral Health Manager	Annually	Third quarter Quality Improvement Committee		Approved by QIC: Adopted by Board:

Laurie Nakahira, DO
Chief Medical Officer
Santa Clara Family Health Plan

Date

Assessment of Member Cultural and Linguistic Needs and Preferences Cal MediConnect

Prepared by: Carmen Switzer, Provider Network Access Manager

For review and approval by the Quality Improvement Committee

April 8, 2020

Introduction

Santa Clara Family Health Plan collects data on the cultural and linguistic needs and preferences of its membership and the availability of providers in the network with these same characteristics to determine the adequacy of the provider network to meet the needs of its members.

SCFHP is committed to provide language services at no cost and equal access to services for members with hearing or language related needs. Oral Interpreters, signers, bilingual providers are available at all key points of contact.

This report includes a data analysis for Cal-MediConnect and is exclusive to its members/enrollees.

Member and Provider Language Assessment

Member Language Assessment   N=8428

Language	Member Count	% of Members Speak the Language	PY Change
English	2873	35%	5% ⬇
Spanish	1724	20%	1% ⬆
Vietnamese	1369	16%	3% ⬆
Chinese	1198	14%	2% ⬆
Other	1264	15%	0%

Top 3 - Most common non-English languages spoken by CMC Members:
- Spanish
- Vietnamese
- Chinese

- Table shows the total number of members who speak English and the top 3 most common non-English languages spoken by CMC members.

Member and Provider Language Assessment

Provider Language Assessment

Provider Type	# of Providers	Spanish	Vietnamese	Chinese
PCP	479	70	62	49
Specialist	1571	208	64	132
Behavioral Health	106	13	9	7

- Table shows the number of PCP's, Specialists and Behavioral Health providers who speak the top 3 languages spoken by CMC members.

Member and Provider Language Assessment

Provider to Member Ratios & Provider Percentages (Top 3 Languages) – *slides 5-8*

PCP, Specialists, Behavioral Health (ALL)

Provider Type	Provider Count	Spanish (Member N=1724)			Vietnamese (Member N=1369)			Chinese (Member N=1198)		
		Providers-Spanish	% of Providers	Provider to Member Ratio	Providers-Vietnamese	% of Providers	Provider to Member Ratio	Providers-Chinese	% of Providers	Provider to Member Ratio
PCP	479	70	15%	1:25	62	13%	1:22	49	10%	1:24
Specialists	1571	208	13%	1:8	64	4%	1:21	132	8%	1:9
Behavioral Health	106	13	12%	1:132	9	8%	1:152	7	7%	1:171

- Table shows the number and percentage of providers who speak the top 3 languages spoken by our CMC members.

- Provider to member ratios are also noted in the table.

Member and Provider Language Assessment

Primary Care Providers

Provider Type	Provider Count	Spanish (Member N=1724)			Vietnamese (Member N=1369)			Chinese (Member N=1198)		
		Providers-Spanish	% of Providers	Provider to Member Ratio	Providers-Vietnamese	% of Providers	Provider to Member Ratio	Providers-Chinese	% of Providers	Provider to Member Ratio
Family Practice	214	44	21%	1:39	25	12%	1:55	26	12%	1:46
General Practice	16	1	6%	1:1724	6	38%	1:228	1	6%	1:1198
Internal Medicine	249	25	10%	1:69	31	12%	1:44	22	9%	1:54

- Table shows the number and percentage of providers who speak the top 3 languages spoken by our CMC members.

- Provider to member ratios are also noted in the table.

Member and Provider Language Assessment

Specialists – High Volume/Impact

Provider Type	Provider Count	Spanish (Member N=1724)			Vietnamese (Member N=1369)			Chinese (Member N=1198)		
		Providers-Spanish	% of Providers	Provider to Member Ratio	Providers-Vietnamese	% of Providers	Provider to Member Ratio	Providers-Chinese	% of Providers	Provider to Member Ratio
Cardiology	95	11	10%	1:156	6	4%	1:228	5	3%	1:239
Ophthalmology	86	18	21%	1:95	11	13%	1:124	16	19%	1:75
Gynecology	176	45	26%	1:38	8	5%	1:171	14	8%	1:86
Hematology/Oncology	86	9	10%	1:191	6	7%	1:228	11	13%	1:108

- Table shows the number and percentage of High Volume/Impact Specialists who speak the top 3 languages spoken by our CMC members.

- Provider to member ratios are also noted in the table.

Member and Provider Language Assessment

Behavioral Health Providers

Provider Type	Provider Count	Spanish (Member N=1724)			Vietnamese (Member N=1369)			Chinese (Member N=1198)		
		Providers-Spanish	% of Providers	Provider to Member Ratio	Providers-Vietnamese	% of Providers	Provider to Member Ratio	Providers-Chinese	% of Providers	Provider to Member Ratio
Psychiatrist	88	4	5%	1:431	4	5%	1:342	5	6%	1:239
Clinical Social Worker	38	11	29%	1:156	5	13%	1:274	2	5%	1:599
Family & Marriage Therapy	35	7	20%	1:246	0	0%	0:0	3	9%	1:399

- Table shows the number and percentage of Behavioral Health providers who speak the top 3 languages spoken by our CMC members.

- Provider to member ratios are also noted in the table.

Member Translation Requests

Language Line Requests – Top 3 Languages

Language	Total Requests	Total Duration	% of Requests
Spanish (N=1724)	3562	571hrs, 40min	37%
Vietnamese (N=1369)	2766	488hrs, 46min	24%
Chinese (N=1198)	3140	551hrs, 37min	27%

- Table shows the number and percentage of members who requested language line assistance.

Member Translation Requests

Member Face to Face Requests

Translation Type	Total Request	Total Duration	% of Requests
Sign Language (N=13)	48	39hrs, 31min	56%
Spanish (N=1724)	4	4hrs, 25min	5%
Vietnamese (N=1369)	4	3hrs, 25min	5%
Chinese (N=1198)	20	21hrs, 11min	24%

- Table shows the number and percentage of members who requested face to face translation assistance.

Member Grievances

Service Type	Language	Description	Quarter
Language Line	Spanish	Member was dissatisfied with the quality of skills by the interpreter on the language line.	Q1
Language Line	Russian	Member was dissatisfied with the quality of skills by the interpreter on the language line.	Q2
SCFHP Customer Service	Spanish	Member reported that there were extended wait times to access a Spanish speaking Customer Service representative.	Q4
American Sign Language	Sign	Member was dissatisfied with the quality of skills by the interpreter who provided sign language assistance.	Q4

- Q1 & Q2 (2-complaints) - Language line complaints were reported to the Quality Cultural and Linguistics team who reported the incidents to the language line vendor. The language line vendor assured that the complaints would be addressed with their staff and will continue to work on improving the quality of interpretation services.

- Q4 (1-complaint)The CS director reported that the department is in the process of hiring additional Spanish-speaking team members.

- Q4 (1-complaint) Complaint was reported to the vendors Manager of Client Relations who assured that additional training and coaching will be provided to their ASL staff.

Data Collection: January-December 2019

Conclusion:

- Santa Clara Family Health Plan **(**SCFHP) serves a highly diverse membership.

- Assessment study showed that –

  ❑ Fifty three percent (53%) of Santa Clara County citizens are speakers of a non-English language, which is higher than the national average of 22%.

  ❑ Most common non-English language spoken in Santa Clara County is Spanish at 19%, and the next two most common languages are Chinese at 9% and Vietnamese at 7%.

- Eighty eight percent (88%) of interpreter services requests were Spanish, Vietnamese and Chinese.

- Bi-lingual providers and interpreter services (free of cost) are available to members when needed, which concludes that member needs are being met overall.

Santa Clara Family Health Plan will continue to evaluate the needs of its members to ensure they receive care and services in their preferred language.

Santa Clara Family Health Plan will also continue to seek contracts with providers who have diverse backgrounds and language skills to meet the needs of its members.

Study Data Source: Data USA

POLICY

Policy Title:	Distribution of Quality Improvement Information	Policy No.:	QI.03
Replaces Policy Title (if applicable):	Dissemination of Approved Information Following Quality Improvement Committee	Replaces Policy No. (if applicable):	QM007_01
Issuing Department:	Quality Improvement	Policy Review Frequency:	Annually
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 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. The Plan may distribute information through regular mail, e-mail, fax, the Web or mobile devices. If posted on the Web, practitioners, providers, and members will be 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, 2018

POLICY

V.   Approval/Revision History

First Level Approval		Second Level Approval	
Signature		Signature	
Johanna Liu, PharmD		Laurie Nakahira, D.O.	
Name		Name	
Director, Quality and Process Improvement		Chief Medical Officer	
Title		Title	
04/10/2019		04/10/2019	
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 05/10/2016	
V1	Reviewed	Quality Improvement	Approve 05/10/2017	
V1	Reviewed	Quality Improvement	Approve 06/06/2018	
V1	Reviewed	Quality Improvement	Approve 04/10/2019	
V1	Review	Quality Improvement		

POLICY

Policy Title:	Peer Review Process	Policy No.:	QI.04
Replaces Policy Title (if applicable):	Peer Review Process	Replaces Policy No. (if applicable):	QM009_02
Issuing Department:	Quality Improvement	Policy Review Frequency:	Annually
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

A. 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.

B. 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 (QIC).

III. Responsibilities

QI Continuously monitors, evaluates, and develops plans to improve upon Potential Quality Issues (PQI). QI, Health Services, Customer Service, IT, Grievances & Appeals, and Credentialing monitor for PQIs. The QI Department tracks and trends valuable data which 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

V. Approval/Revision History

First Level Approval			Second Level Approval	
(signature)			*(signature)*	
Signature			Signature	
Johanna Liu, PharmD			Laurie Nakahira, D.O.	
Name			Name	
Director, Quality and Process Improvement			Chief Medical Officer	
Title			Title	
04/10/2019			04/10/2019	
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 05/10/2016	
V1	Reviewed	Quality Improvement	Approve 05/10/2017	
V1	Reviewed	Quality Improvement	Approve 06/06/2018	
V1	Reviewed	Quality Improvement	Approve 04/10/2019	
V1	Review	Quality Improvement		

POLICY

Policy Title:	Quality Improvement Study Design/Performance Improvement Program Reporting	Policy No.:	QI.06
Replaces Policy Title (if applicable):	Quality Improvement Study Design/Performance Improvement Program Reporting	Replaces Policy No. (if applicable):	QM005_02
Issuing Department:	Quality Improvement	Policy Review Frequency:	Annually
Lines of Business (check all that apply):	☒ Medi-Cal		☒ CMC

I. Purpose

To develop a standard design and/or format for Quality Improvement (QI) Studies and Performance Improvement Program Reporting.

II. Policy

A. 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.

B. 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 Services, Claims, Grievances & Appeals, 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). Medicare Managed Care Manual Chapter 5, Quality Assessment
The National Committee for Quality Assurance (NCQA), 2018 NCQA HEDIS Specifications, 2018

POLICY

V. Approval/Revision History

First Level Approval		Second Level Approval	
Signature		Signature	
Johanna Liu, PharmD		Laurie Nakahira, D.O.	
Name		Name	
Director, Quality and Process Improvement		Chief Medical Officer	
Title		Title	
04/10/2019		04/10/2019	
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 05/10/2016	
V1	Reviewed	Quality Improvement	Approve 05/10/2017	
V1	Reviewed	Quality Improvement	Approve 06/06/2018	
V1	Reviewed	Quality Improvement	Approve 04/10/2019	
V1	Review	Quality Improvement		

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 Improvement	Policy Review Frequency:	Annually
Lines of Business (check all that apply):	☒ Medi-Cal	☐ ~~Healthy Kids~~	☒☐ 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 ~~Group~~ Population Needs Assessment (GNA) ~~every five years~~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.

See associated procedures Cultural and Linguistically Competent Services, Language Assistance Program, Member Document Translations, Standing Requests for member Materials in Alternate Formats, and Ad Hoc Requests for Member Materials in Alternate Format 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 Management, ensure Health Plan Staff and Providers are adequately trained, have access to resources, and provide culturally competent services to all Plan members.

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 five years based on the results of the ~~GNA~~ PNA survey.

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
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

V. Approval/Revision History

First Level Approval			Second Level Approval	
Signature			Signature	
Johanna Liu, PharmD			Laurie Nakahira, DO	
Name			Name	
Director, Quality and Process Improvement			Chief Medical Officer	
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)**
V1	Quality Improvement Committee	Approved 6/6/18		

POLICY

Policy Title:	Health Education Program and Delivery System	Policy No.:	QI.09
Replaces Policy Title (if applicable):		Replaces Policy No. (if applicable):	
Issuing Department:	Quality Improvement	Policy Review Frequency:	Annually
Lines of Business (check all that apply):	☒ Medi-Cal ☐ Healthy Kids	☒ 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:
   a. Nutrition
   b. Healthy weight maintenance and physical activity
   c. Individual and group counseling and support services
   d. Parenting
   e. Smoking and tobacco use cessation
   f. Alcohol and drug use
   g. Injury prevention
   h. Prevention of sexually transmitted diseases, HIV, and unintended pregnancy
   i. Chronic disease management, including asthma, diabetes, and hypertension
   j. 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.

I. 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.
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.

II.   References

> • Contract between United States Department of Health and Human Services Centers for Medicare & Medicaid Services in Partnership with the California Department of Health Care Services and Santa Clara County Health Authority.
> • NCQA 2020 Health Plan Accreditation Requirements PHM 4A-K (Wellness and Prevention), PHM 1B (Informing Members)

III.   Approval/Revision History

First Level Approval		Second Level Approval		
Signature		Signature		
Johanna Liu, PharmD		Laurie Nakahira, DO		
Name		Name		
Director of Quality and Process Improvement		Chief Medical Officer		
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)
V2	Revised	Quality Improvement Committee	Approve 06/06/18	

POLICY

Policy Title:	Member Non-Monetary Incentives	Policy No.:	QI.11
Replaces Policy Title (if applicable):		Replaces Policy No. (if applicable):	
Issuing Department:	Quality Improvement	Policy Review Frequency:	Annually
Lines of Business (check all that apply):	☒ Medi-Cal		☐ CMC

I. Purpose

To establish guidelines for the administration of rewarding members who demonstrate effort and success in adopting health-promoting behaviors.

II. Policy

A. Santa Clara Family Health Plan (SCFHP) may utilize non-monetary incentives to reward members who demonstrate effort and success in adopting health-promoting behaviors or changing health risk behaviors.

B. SCFHP obtains approval by DHCS prior to offering any type of member incentive for a member incentive (MI) program, focus group, or survey.

C. SCFHP will submit annual updates to justify the continuation of an ongoing member incentive (MI) program and an end of program evaluation to describe whether or not the MI program was successful.

D. For Focus Group Incentives (FGIs), SCFHP submits an evaluation that includes recruitment, participation methodology, and results summary. The FGI evaluation will also indicate if policy and program changes are warranted. For Survey Incentives, SCFHP will submit a copy of the survey, along with an evaluation that includes finding and recommendations.

E. No member incentives are offered to CMC members (Medicare Managed Care Manual, Chapter 4, Section 100 Rewards and Incentives, pg. 72).

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

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.

POLICY

V.   Approval/Revision History

First Level Approval			Second Level Approval	

Signature			Signature	
Johanna Liu, PharmD			Laurie Nakahira, D.O.	
Name			Name	
Director, Quality and Process Improvement			Chief Medical Officer	
Title			Title	
04/10/2019			04/10/2019	
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 08/10/2016	
V1	Reviewed	Quality Improvement	Approve 05/10/2017	
V1	Reviewed	Quality Improvement	Approve 06/06/2018	
V1	Reviewed	Quality Improvement	Approve 04/10/2019	
V1	Review	Quality Improvement		

POLICY

Policy Title:	Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Misuse of Alcohol	Policy No.:	QI.12
Replaces Policy Title (if applicable):		Replaces Policy No. (if applicable):	
Issuing Department:	Quality Improvement	Policy Review Frequency:	Annually
Lines of Business (check all that apply):	☒ Medi-Cal		☐ CMC

I. Purpose

To describe the required administration of Screening, Brief Intervention, and Referral to Treatment (SBIRT) services for Medi-Cal members ages 18 and older who misuse alcohol.

II. Policy

A. Santa Clara Family Health Plan (SCFHP) will support the contracted network in the use and administration of SBIRT when indicated during administration of the Staying Health Assessment (SHA) or at any time the PCP identifies a potential alcohol misuse problem.

B. SCFHP will meet the Department of Health Care Services (DHCS) contractual requirements for identification, referral, and coordination of care for members requiring alcohol abuse treatment services.

III. Responsibilities

The Quality Improvement Department is responsible for monitoring compliance with the policy and collaborate with the assistance of the Health Educator and Provider Services department to train/educate providers on SBIRT.

IV. References

DHCS All Plan Letter 14-004: Screening Brief Intervention, and Referral to Treatment for Misuse of Alcohol
DHCS Contract Exhibit A, Attachment 11, Provisions 1A.
United States Preventive Task Force (USPSTF) alcohol screening recommendation
http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/alcohol-misuse-screening-and-behavioral-counseling-interventions-in-primary-care
Website for SHA Questionnaires http://www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthy.aspx

POLICY

V.   Approval/Revision History

First Level Approval		Second Level Approval	

Signature
Johanna Liu, PharmD
Name
Director, Quality and Process Improvement
Title
04/10/2019
Date

Signature
Laurie Nakahira, D.O.
Name
Chief Medical Officer
Title
04/10/2019
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 11/09/2016	
V1	Reviewed	Quality Improvement	Approve 05/10/2017	
V1	Reviewed	Quality Improvement	Approve 06/06/2018	
V1	Reviewed	Quality Improvement	Approve 04/10/2019	
V1	Review	Quality Improvement		

POLICY

Policy Title:	Long Term Services and Supports (LTSS) 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		☒ CMC

I. Purpose

This policy defines how SCFHP shall provide and manage Long Term Services and Supports (LTSS) so that its members receive coordinated care across a continuum of benefits and services that includes medical, behavioral health, LTSS and community resources.

The Plan promotes coordination of LTSS 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. SCFHP shall maintain an LTSS program that coordinates and monitors access, availability, and continuity for Long Term Services and Supports (LTSS) for members. SCFHP, in partnership with members, providers, advocates and other community stakeholders shall support a person-driven long-term continuum of care where members with disabilities and chronic conditions have choice and access to an array of quality services. LTSS shall provide an alternative to institutional placement and be available to members who meet eligibility criteria.

B. SCFHP maintains LTSS Program procedures as well as Case Management and Utilization Management procedures that apply.

LTSS Program Procedures include:

1. LTSS Coordination of Services
2. In-Home Supportive Services Referrals and Coordination Community Based Adult Services (CBAS): Eligibility/Determination and Coordination, Referrals
3. Multipurpose Senior Services Program (MSSP) Referrals and Coordination
4. LTC Case Management and Care Transitions
5. Care Plan Options and Home and Community Services (HCBS) Coordination

III. Responsibilities

SCFHP Health Services integrates LTSS with internal departments to inform and identify members receiving or requesting LTSS, to coordinate services and to meet the following requirements:

A. Support coordinated care delivered by an appropriate network of providers
B. Support a comprehensive initial and annual health assessment of each member's physical, behavioral, psychosocial, functional and social support needs;
C. Support and participate in a members' interdisciplinary Care Team (ICT), as appropriate;
D. Facilitate the development of an individual care plan in consultation with the member that identifies goals, interventions, services and benefits to be provided

POLICY

IV. References

NCQA 2019 Health Plan Accreditation Standards Population Health Management
APL 17-012 Care Coordination Requirements for Managed Long Term 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
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

V. Approval/Revision History

First Level Approval	Second Level Approval
Lori Andersen	*(signature)*
Signature	Signature
Lori Andersen	Laurie Nakahira, D.O.
Name	Name
Director, Long Term Services and Support	Chief Medical Officer
Title	Title
06/12/2019	06/12/2019
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 08/08/2017	
V2	Revised	Quality Improvement	Approve 02/13/2018	
V3	Revised	Quality Improvement	Approve 05/23/2019	
V3	Review	Quality Improvement		

POLICY

Policy Title:	Health Homes Program	Policy No.:	QI.28
Replaces Policy Title (if applicable):		Replaces Policy No. (if applicable):	
Issuing Department:	Quality Improvement	Policy Review Frequency:	Annually
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

A. 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:
   1. Comprehensive Care Management
   2. Care Coordination
   3. Health Promotion
   4. Comprehensive Transitional Care
   5. Individual and Family Support Services
   6. Referral to Community and Social Supports
   7. Housing Navigation

III. Responsibilities

A. 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.
B. SCFHP members are assigned to CB-CMEs based on the following factors:
   1. PCP Assignment
   2. Geographic Location of the Member

       3. Behavioral Health Needs

       4. CB-CME's Experience with Certain Populations (homelessness, Language, Demographic, etc.)

C. SCFHP will utilize Model 1

    1. CB-CMEs contracted for HHP embeds care coordinators on-site in the community provider offices

       i. CB-CMEs will employ staff that meet the care coordination ration of 1:60 over two years

D. Delegation will occur when applicable

    1. Delegated entity will use Model I or Model II

    2. Delegated entity will oversee Health Home responsibilities with their subcontracted CB-CMEs

       i. Delegated entity and their CB-CMEs will follow the same HHP policies and procedures set forth by SCFHP

       ii. To ensure consistency among all CB-CMEs under SCFHP and delegated entities, SCFHP will approve all CB-CME sites and contracts

    3. Delegated entity will be responsible for capturing data and reporting on the measures for each CB-CME they subcontract with.

    4. Delegated entity will be responsible for meeting all reporting deadlines set forth by SCFHP

E. SCFHP is responsible for selecting, and overseeing the implementation of a shared HIT platform that will assist in data collection and reporting

F. Ensure that the CM-CME have the capacity to provide assigned HHP members with a multi-disciplinary care team.

    1. This is completed through site reviews prior to the initial launch date of HHP and during quarterly auditing reviews.

G. SCFHP will provide outreach to provider networks and hospital systems to strengthen multi-disciplinary participation from non-participating CB-CMEs

    1. Site visits, marketing materials, and ongoing informational webinars will be utilized to disseminate information (See Outreach Procedure)

H. 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:

    1. SCFHP will notify CB-CME of inpatient admissions and ED visits/discharges

    2. SCFHP will share each member's health history with assigned CB-CMEs

    3. 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.

I. Identify, review, and prioritize HHP eligible members by tier/risk grouping and assign members to CB-CMEs

    1. Identify members through the DHVS-provided Targeted Engagement List (TEL), internal TEL, and member/provider referrals

    2. Group members according to a tier structure, which should correlate with the member's risk grouping and intensity of services needed

J. Reduce the duplication of services to the member by verifying eligible members' involvement in other case management programs (e.g. Whole Person Care)

K. Develop CB-CME training tools as needed, as well as coordinate trainings to strengthen skills for CB-CMEs in conjunction with HHP

L. Develop and administer payment structure for CB-CMEs

    1. Payment structure may consider the payments received from DHCS, member's tier/risk grouping and any other supplemental funding

M. Prepare SCFHP's Customer Service, Nurse Advice Line, and other staff as necessary to ensure HHP members' needs can be addressed

CM-CME Responsibilities

A. 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

    1. CB-CME will perform all seven core services to the HHP-eligible member, as defined in the DHCS HHP Program Guide

B. Complete a readiness assessment as developed by SCFHP

      1. If services are insufficient, CB-CME will work with SCFHP to fulfill the readiness gaps to enrolling members

C. Ensure that providers with experience servicing frequent utilizers of health services and those experiencing homelessness, are available as needed per AB 361 requirements

D. Leverage existing county and community provider care management infrastructure and experience, where possible and appropriate

E. Ensure assigned HHP members receive access to HHP services including completing a patient-centered health action plan (HAP) within 90 days of enrollment

F. Maintain a strong and direct connection to the PCP and ensure PCP's participation in HAP development and ongoing coordination

G. Assess the HHP member's physical, behavioral, substance use, palliative, trauma-informed care, and social services need using screenings and assessments with standardized tools

H. Maintain a multi-disciplinary care team to provide the 7 core services

I. CB-CME will utilize assigned member lists provided by SCFHP to complete outreach and enrollment

J. Ensure needs are met based on the member's HAP and the tiered structure outlined by SCFHP

K. Utilize existing health information technology (HIT) to collect and share data to SCFHP

      1. 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

L. CB-CME will attend required trainings for the HHP

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
(signature)	*(signature)*
Signature	Signature
Johanna Liu, PharmD	Laurie Nakahira, D.O.
Name	Name
Director, Quality and Process Improvement	Chief Medical Officer
Title	Title
04/10/2019	04/10/2019
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 02/13/2019	
V1	Reviewed	Quality Improvement	Approve 04/10/2019	
V1	Review	Quality Improvement		

QUALITY IMPROVEMENT
COMMITTEE or ACTIVITY REPORT

Name of Reporting Committee or Activity: Monitoring or Meeting Period:

    Credentialing Committee   02/05/2020

Areas of Review or Committee Activity
Credentialing of new applicants and recredentialing of existing network practitioners

Findings and Analysis

Initial Credentialing (excludes delegated practitioners)		
Number initial practitioners credentialed	18	
Initial practitioners credentialed within 180 days of attestation signature	100%	100%
Recredentialing		
Number practitioners due to be recredentialed	13	
Number practitioners recredentialed within 36-month timeline	13	
% 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 01/31/2020	288	

(For Quality of Care ONLY)	Stanford	LPCH	VHP	PAMF	PMG	PCNC
Total # of Suspension	0	0	0	0	0	0
Total # of Terminations	0	0	0	0	0	0
Total # of Resignations	0	0	0	0	0	0
Total # of practitioners	1636	1576	904	819	406	138

 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.

Actions Taken
1. All current network practitioners were monitored on an ongoing basis for licensing issues, sanctions, validated quality of care issues and opt-out exclusion. - #   currently credentialed practitioner or provider had an identified issue on any of the exclusion lists or licensing boards.
2. Staff education conducted regarding the recredentialing of practitioners within the required 36-month timeframe. Procedure review of mailing pre-populated recredentialing applications six months prior to due date reviewed.

Outcomes & Re-measurement

Weekly re-measurement will be conducted on recredentialing applications to measure compliance

 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

Wednesday, June 10, 2020, 6:00 PM – 8:00 PM
Santa Clara Family Health Plan, Teleconference
6201 San Ignacio Ave, San Jose, CA 95119

Minutes - Draft

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

Members Absent
Jeffrey Arnold, MD

Staff Present
Chris Turner, Chief Operating Officer
Laura Watkins, Vice President, Marketing &
   Enrollment
Lori Andersen, Director, Long Term Services
   & Support
Darryl Breakbill, Director, Operations
Johanna Liu, PharmD, Director, Quality &
   Process Improvement
Jamie Enke, Manager, Process Improvement
Carmen Switzer, Manager, Provider Network
   Access
Theresa Zhang, Manager, Communications
Desiree Funches, Grievance & Appeals
   Clinical Specialist, Quality Improvement

1. **Roll Call**

    Ria Paul, MD, Chair, called the meeting to order at 6:03 pm. Roll call was taken and a quorum was established.

2. **Public Comment**

    There were no public comments.

3. **Meeting Minutes**

    Minutes of the April 8, 2020 Quality Improvement Committee (QIC) meeting were reviewed.

    It was moved, seconded and the minutes of the April 8, 2020 QIC meeting were **unanimously approved**.

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

4. **CEO Update**

    Christine Tomcala, Chief Executive Officer, reported current plan membership is approximately 250,000 members and has been increasing recently. This is primarily due to the State suspending member disenrollments as a result of the pandemic. Currently, 97% of Plan staff continue to work remotely and there is no specific return-to-office date. There is a $54 billion State budget deficit and there are various proposals in Sacramento that include potential premium decreases and benefit changes as a result of the deficit. CalAIM has been delayed until further notice.

5. Follow-Up / Old Business

a. SCFHP Access Interventions Progress Report – MY 2019
Carmen Switzer, Manager, Provider Network Access, reviewed the SCFHP Access Interventions Progress Report – MY2019.

Nayyara Dawood, MD, arrived at 6:11 pm.

6. Review Population Health Management Strategy 2020

Lori Anderson, Director, Long Term Services and Support, reviewed the Population Health Management Strategy 2020. There were no questions asked.

It was moved, seconded and the Population Health Management Strategy 2020 was **unanimously approved.**

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

7. Assessment of Cal MediConnect (CMC) Members Understanding of Marketing Information

Teresa Zhang, Manager, Communications, reviewed the Assessment of CMC Members Understanding of Marketing Information. There were no questions were asked.

It was moved, seconded and the Assessment of Cal MediConnect Members Understanding of Marketing Information was **unanimously approved.**

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

8. VHP Provider Satisfaction Survey (PSS) Report

Ms. Switzer reviewed the VHP PSS Report and clarified this report is specific to all lines of business.

It was moved, seconded and the VHP Provider Satisfaction Survey Report was **unanimously approved.**

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

9. Annual Review of QI Policies

Ms. Andersen reported no changes to the following policies during their annual review:

a. QI.13 Comprehensive Case Management
b. QI.15 Transitions of Care
c. QI.17 Behavioral Health Care Coordination
d. QI 18 Sensitive Services, Confidentiality, Rights of Adults and Minors
e. QI.19 Care Coordination Staff Training
f. QI.20 Information Sharing with San Andreas Regional Center (SARC)
g. QI.21 Information Exchange Between SCFHP & Health Services Department
h. QI.22 Early Start Program (Early Prevention Services)
i. QI.23 Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care
j. QI.24 Outpatient Mental Health Services: Mental Health Party
k. QI.25 Intensive Outpatient Palliative Care
l. QI.27 Informing Members of Behavioral Health Services

It was moved, seconded and the annual review of QI policies QI.13, QI.15, QI.17, QI.18, QI.19, QI.20, QI.21, QI.22, QI.23, QI.24, QI.25 and QI.27 were **unanimously approved.**

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

10. Grievances and Appeals Report

Darryl Breakbill, Director, Operations, reviewed the Grievances and Appeals Report for Q1 2020. Mr. Breakbill explained the increase in grievances filed in February, 2020, was a result of COVID-19, as PCP offices adjusted their hours as well as business operations.

11. Quality Dashboard

Dr. Liu reviewed the Quality Dashboard and clarified the Health Homes Program is designed to coordinate care for Medi-Cal members with chronic conditions and/or substance use disorders.

Dr. Liu explained SCFHP is currently rolling out the 2020 Member Incentives, with added enhancements, in hopes of increasing the compliant rate for Wellness Checks.

12. Compliance Report

Dr. Liu reviewed the Compliance Report on behalf of Jordan Yamashita, Director, Compliance. No questions were asked.

13. Pharmacy and Therapeutics Committee

Minutes if the December 19, 2019 Pharmacy and Therapeutics Committee (P&T) meeting were reviewed by Jimmy Lin, MD.

It was moved, seconded, and the December 19, 2019 P&T Committee meeting minutes were **unanimously approved.**

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

14. Utilization Management Committee

Minutes of the January 15, 2020 Utilization Management Committee (UMC) meeting were reviewed by Dr. Lin.

It was moved, seconded and the January 15, 2020 UMC meeting minutes were **unanimously approved.**

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

15. Credentialing Committee Report

Laurie Nakahira, DO, Chief Medical Officer, reviewed the Credentialing Committee Report for April 1, 2020.

It was moved, seconded and the Credentialing Committee Report was **unanimously approved.**

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

16. Adjournment

The next QIC meeting will be on August 12, 2020. The meeting was adjourned at 7:32 pm.

_____   _____
Ria Paul, MD, Chair   Date

Population Health Management Strategy 2020

Table of Contents

I. Comprehensive Population Health Management (PHM) Strategy

In accordance with the NCQA 2019 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 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 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.

Populations Targeted for PHM:
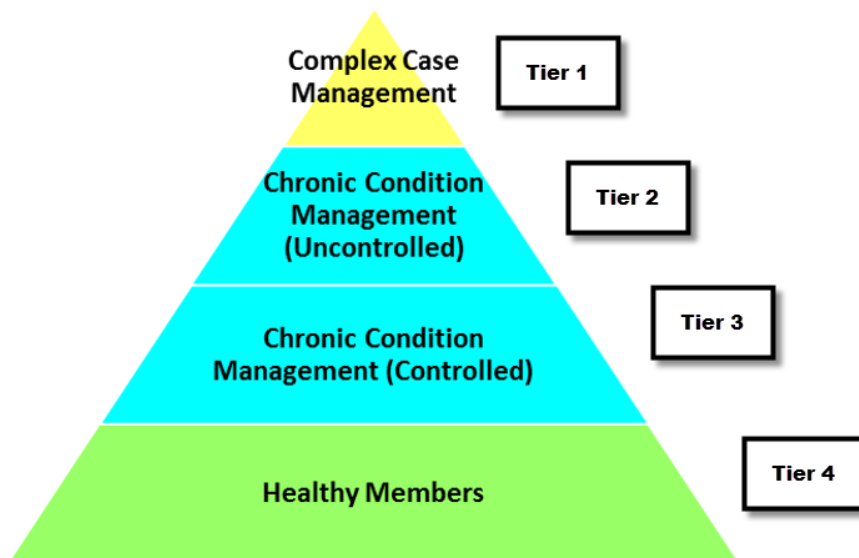
A. Tier 1: Complex Case Management (CCM) Member Eligibility Criteria

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 HRA responses)
- >3 ED visits in the past year
- Hospitalized in the past 180 days
- Member has a diagnosis of Dementia (identified through claims 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*

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)
- 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 Member 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

All other members that do not meet criteria for Tiers 1-3 are eligible for Tier 4.

II. Population Health Program (PHM) Focus Areas

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. 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.

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	Keeping Members Healthy (1)	Managing Members with Emerging Risk (2)	Patient Safety or Outcomes Across Settings (3)	Managing Multiple Chronic Illnesses (4)	Tier
Complex Case Management		X	X	X	1
Moderate Case Management	X	X	X	X	2
Basic Case Management	X	X	X		3, 4
Long Term Care Transitions			X	X	3
Transitions of Care	X	X	X	X	1-4
Behavioral Health Severe Mental Illness	X	X	X	X	2, 3, 4
Provider Engagement	X	X	X	X	1-4
Nurse Advice Line	X	X	X	X	1-4
Utilization Management & Concurrent Review	X	X	X	X	1-4
Health Education	X	X			1-4
Health Homes Program		X	X	X	2-4
Community Resources Integration	X	X	X	X	1-4
Whole Person Care Nursing Home Diversion			X	X	3
Medication Therapy Management (MTM)				X	1-4
Gaps in Care	X	X	X	X	1-4

IV. PHM Goals

SCFHP's plan of action for each of the focus areas include measurable goals for specific targeted Cal MediConnect (CMC) populations as follows:

Keeping members healthy

Goal: Increase the number of newly enrolled CMC members with no claims or utilization data have an annual wellness visit within 365 days of their enrollment by 5 percentage points compared to the prior year results

Goal Justification: 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.

Population Targeted: All CMC members (not in LTC facility)

Managing members with emerging risk

Goal: Increase diabetic control rate by 2 percentage points compared to prior year results

Goal Justification Statement: Within SCFHP CMC line of business, there are 1,450 or 18% of members that meet the HEDIS definition of diabetes. The plan also has a larger population of Hispanic and Asian members who are at higher risk for 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 9%

Patient safety or outcomes across settings

Goal: Decrease 30 Day Readmission rate for CMC members by 1 percentage point compared to prior year results

Goal Justification Statement: The intent is to promote transitions of care for 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.

Population Targeted: Members readmitted within 30 days of discharge

Managing multiple chronic illnesses

Goal: Reduce the number of members with multiple chronic conditions with 3+ ED visits at Santa Clara County safety net hospitals in the past year by 10 percentage points.

Goal Justification Statement: 1015 CMC members visited the emergency department 3 or more times in the past year. Unmanaged multiple chronic conditions often results in avoidable ER utilization.

Populations Targeted: All CMC members with 3+ ED visits in the last year at a SCC safety net hospitals

V. PHM Goal Outcomes by Focus Area & Target Population

Segmentation by Focus Area: Keeping Members Healthy						
Goal	Programs & Services	Targeted CMC Population	Opt-in / Out	Member Communication	# of Eligible CMC Members	% of Membership
Newly enrolled CMC members with no claims or utilization data have an annual wellness visit within 365 days of their enrollment by 5 percentage points compared to the prior year results	1. Basic Case Management	All Tiers	Opt-out	Interactive	270	3%
	2. Nurse Advice Line	All Tiers	Opt-Out	Interactive	270	3%
	3. Health Education	All Tiers	Opt-In	Interactive & Passive	270	3%
	4. Wellness & Prevention	Per benefit	Opt-Out	Interactive & Passive	270	3%
	5. Community Resource Integration	All Tiers	Opt-Out	Interactive	270	3%
	6. Provider Engagement	All Tiers	Opt-Out	Physician Passive & Interactive	270	3%
	7. Gaps in Care	All Tiers	Non-Member driven	Data Sharing	270	3%

Segmentation by Focus Area: Managing Members with Emerging Risk						
Goal	**Programs & Services**	**Targeted CMC Population**	**Opt-in / Out**	**Member Communication**	**# of Eligible CMC Members**	**% of Membership**
Increase diabetic control rate by 2 percentage points compared to prior year results	1. Basic Case Management	All Tiers	Opt-Out	Interactive	3157	35%
	2. Health Education	All Tiers	Opt-In	Interactive	3157	35%
	3. Provider Engagement	All Tiers	Non-Member directed	Physician	3157	35%
	4. Behavioral Health, Severe Mental Illness (SMI)	Tier 2	Opt-Out	Interactive	75	0.8%
	5. Gaps in Care	All Tiers	Non-Member driven	Data Sharing	3157	35%

Segmentation by Focus Area: Patient Safety across settings						
Goal	Programs & Services	Targeted CMC Population	Opt-in / Out	Member Communication	# of Eligible CMC Members	% of Membership
Decrease 30 day Readmission rate by 1 percentage point	1. Basic Case Management	All Tier	Opt-Out	Interactive	8632	97%
	2. Transition Of Care (TOC)	All Tiers	Opt-Out	Interactive	8632	97%
	3. Long Term Care Transitions	Tier 2	Opt-Out	Interactive & Passive	399	4.5%
	4. Provider Engagement	All Tiers	Opt-Out	Interactive & Passive	8632	97%

Segmentation by Focus Area: Managing Multiple Chronic Illness						
Goal	Programs & Services	Targeted CMC Population	Opt-in / Out	Member Communication	# of Eligible CMC Members	% of Membership
Decrease the number of members with 3+ ED Visits by 10 percentage points	1. Complex Case Management	Tier 1	Opt-In	Interactive	81	1%
	2. Moderate Case Management	Tier 2	Opt-Out	Interactive	35	0.4%
	3. Medication Therapy Management	Tier 1-4	Opt-In	Interactive	342	4%
	4. Nurse Advice Line	Tier 1-4	Per benefit	Interactive	342	4%
	5. Behavior Health Case Management	Tiers 2-4	Opt-Out	Interactive	261	3%

IV. Description of Case Management Program and Service Activities

Members are identified for case management through multiple sources, including eligibility files, medical and pharmacy claims data, health risk assessment 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 right level of support at the right time.

Activities and Resources to help meet the needs of the population can be found in the found in Appendix A.

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 Essette, the CM system. Members that need CM intervention are identified and escalated to CM immediately through the Essette SPD TASK Intervention Queue Case Management. Referrals from HIF/METs result in an outbound call to the member to discuss the results and follow up care coordination as needed. If the member is an SPD, the HIF/MET is used to initiate and inform the completion of a Health Risk Assessment (HRA) and subsequent care coordination.

In addition, SCFHP Customer Service (CS) 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 nursing facility. This information is documented in the Essette, CM system and a designated LTSS Care Coordinator or CM 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 on an annual basis using the Health Risk Assessment (HRA). This tool assesses members understanding of their health status and is a baseline risk assessment that helps to identify wellness goals and appropriate assignment for case management programs and other services. The HRA is used to develop a baseline clinical risk and includes health, psychosocial and specific SDOH questions required by APL 13-017 that are used to assess level of support needed to address barriers and goals of care. Medi-Cal SPD members are also provided the Health Information Form Medical Evaluation Tool (HIF MET) upon enrollment that assesses for level of self-management or need for care coordination. Additional assessments which may be utilized include all assessments in our care management platform, Essette. All assessments completed are analyzed to adjust members clinical risk level.

Individual Care Plan (ICP)

The HRA & HIF MET identify the need for further case management assessment and help to identify wellness goals and appropriate assignment for case management programs and other services. The HRA and any additional assessments are utilized in communication with members, Providers and others involved in the members health to develop the member's individual Care Plan (ICP). Every CMC and high risk SPD member will be provided an opportunity to participate in ICP development according to their preference in meeting prioritized health care goals.

Interdisciplinary Care Team (ICT)

At a minimum, all CMC and Medi-Cal only high risk SPD members have an ICT composed of their PCP and case manager. Other members that request an ICT or demonstrate the need will also be offered an ICT. Additional providers, such as social worker, specialists, LTSS provider, community-based case manager, and caregivers are included at the request of the member. The ICT provides input into the member's ICP. Meetings with the ICT will be offered and are scheduled periodically or as needed for the member's care or if requested by the member.

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. Some external care coordination vendors also use Essette to document their work for real time updates. 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 Complex Case Management summary. These members are offered intensive support and are contacted as often as weekly. 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 health risk assessment (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 and is episodic case management with Utilization Management (UM) coordination to support discharge planning from acute hospital or long term care facility. TOC calls are made by Case Managers who

complete a TOC assessment 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. Behavioral Health case managers complete TOC assessments specific to psychiatric admissions and follow up needs. 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 BH care team in the community, both the discharging hospital and the BH CM need to ensure coordination of a visit within 7 and 30 days post discharge.

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 coordinate on 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 Case Manager conducts a TOC call following discharge and transitions the member to another case management program, as appropriate.

6. **Behavioral Health (BH)** case management is a program for members who are diagnosed with Severe Mental Illness (SMI) may be found in any tier, based on their level of stability. The members will likely be assigned to Tier 2 and will be managed internally by the BH CM team. The BH CM team will participate with the other CM teams to coordinate the medical case management services as needed. Behavioral Health Services as provided by the SCFHP BH CM team, include comprehensive services across all settings. Specific focus areas of BH Services include:
   a. Reduction of ED visits for those who have any BH diagnosis;
   b. Concurrent review and follow up for all members who are hospitalized in a psychiatric hospital;
   c. 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
   d. Care coordination with community BH providers for the SMI population who are served in Specialty Mental Health clinics. All CM teams are able to consult with the BH CM team for behavioral health components of their cases.

7. **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, which includes the Annual Wellness Visit Goal. 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 all scheduled ICT meetings.

To further engage our provider network, we offer educational materials that are available on our website. Our Provider Network Management team also schedules visits and distributes a quarterly provider newsletter.

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 available to case management staff on a monthly basis. All Nurse Advice Line calls resulting in a 911 disposition will be immediately referred to SCFHP case management for follow-up.

Whole Person Care Nursing Home Diversion Program

SCFHP has partnered with the Santa Clara County Health and Hospital System in the operation of their Whole Person Care (WPC) Pilot through the year 2020. One component of the WPC program is the Nursing Home Diversion Program that combines intensive case management, housing services and additional services to enable successful transitions for long term care members in a nursing facility. This program is administered by a provider contracted with the County – Institute on Aging (IOA) in partnership with community housing resources, safety net hospital, Behavioral Health Department and other community-based providers. SCFHP members may be identified for the program by the nursing facility staff, Institute on Aging or SCFHP UM or case management staff. The targeted population is members whose primary barrier to transition is the lack of housing and the need for ongoing intensive case management pre and post-discharge from Long Term Care. WPC case management is provided in collaboration with the SCFHP assigned case manager.

Health Homes Program

The Health Homes Program (HHP) becomes a benefit for Medi-Cal members enrolled in Managed Care Plans (MCPs) on July 1, 2019. This program services members with multiple chronic conditions and social determinants, and will begin serving members with Serious Mental Illness beginning January 1, 2020. The HHP serves eligible Medi-Cal beneficiaries with complex medical needs and chronic conditions who may benefit from enhanced care management and coordination. The HHP coordinates the full range of physical health, behavioral health, and community-based long-term services and supports (LTSS) needed by eligible beneficiaries. SCFHP contracts with local clinics and agencies in the community to provide these services to our members on behalf of the plan. SCFHP also directly provides HHP services to a portion of eligible members that cannot be assigned to a local clinic and/or agency due to capacity or other reasons.

Utilization Management and Concurrent Review

Utilization Management Concurrent Review and Discharge Planning nurses are assigned admission review cases using an alphabetized process using the first initial of a member's last name. This process allows for the same nurse to follow the ongoing clinical status for any individual member thru an initial acute hospital admission, to all lower levels of care including home or Long Term Care placement. Concurrent review processes identify members expected to be discharged and include collaborative discussions 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 DME, home health, Long Term Services and Supports (LTSS), behavioral health and outpatient services.

Within 72 business hours of a member's discharge to a residential home or his or her community setting such as an Assisted Living facility, Concurrent Review nurses notify the Case Management team to conduct a total of three documented attempts to reach the member or their caregiver all of which are expected to be completed within 5 business days from discharge. Outreach calls will be made on different days and/or different times of the day, in order to meet this process requirement. The TOC assessment within Essette evaluates for any member or caregiver supports 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.

Health Education Programs	Class	Organization/Contact
Chronic Disease Self-Management	Asthma Education	Breathe California
	Diabetes/Nutritional Counseling	Indian Health Center
		The Health Trust
		Solera/YMCA
	Chronic Disease/Condition Management (Diabetes, HBP, Heart Disease, Arthritis)	SCVMC Ambulatory Health Education Department
		The Health Trust
Counseling & Support Services	Group Counseling & Support	ACT for Mental Health
	Stress Management Class	
	Anger Management Class	
Nutrition & Weight Management	Weight Management (Weight Watchers)	Weight Watchers
Prenatal Education	Infant/Child CPR & First Aid	El Camino Hospital, SCVMC Ambulatory Health Education Department
	Infant Care	El Camino Hospital, SCVMC Ambulatory Health Education Department
Safety Programs	Infant/Child CPR & First Aid	El Camino Hospital, SCVMC Ambulatory Health Education Department
	Car Seat Safety	Santa Clara County Car Seat Safety Program
Smoking Cessation	Smoker's Help-Line	English: 800.662.8887 Spanish: 800.456.6386 Vietnamese: 800.778.8440 Chinese: 800.838.8917
	Smoking Cessation Program	SCVMC Ambulatory Health Education Department
		Breathe California
Others:	Health Education Materials Requests	

Community Resources Integration

SCFHP members face many barriers in the form of social determinants of health. From the population assessment, nearly a third of members ran out of money to pay for food, bills, rent, or medications. In order to help remove these barriers, SCFHP contracts and partners with Aunt

Bertha (AB), 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 AB 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 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 AB 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 AB Single Sign-on platform, SCFHP staff can directly send referrals to community based providers and AB will continue to update that referral status to make sure members have been connected to programs successfully. Members may also access AB on their own through the SCFHP website and reports can be run to determine the highest needs identified by programs and resources searched by 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

When a member's profile is searched in QNXT, automated notifications pop up that alert the reader when a member has not received a specific wellness screening. Customer Service Representatives 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 goal of care.

V. Informing Members

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 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 members will receive a mailing on how to access this information on line or how to request it from customer services.

Members deemed eligible for inclusion in any PHM program involving interactive contact may opt-out of participation at any time. 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.

VI. 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

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

Indirect Interventions	Focus Area(s)
SCFHP's Provider Network Management (PNM) 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), and the Staying Healthy Assessment.	1-4
Quarterly provider newsletters, distributed by fax and e-mail and posted on the website	1-4
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
SCFHP financially supports community clinics with their Patient Centered Medical Home (PCMH) certification when appropriate. By supporting this effort, we are ensuring the safety and quality treatment for our members.	3
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

Indirect Interventions	Focus Area(s)
Behavioral Health Services coordinates and partners with the County Behavioral Health Services Department (CBHSD), 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 treatment for best outcome results. The coordination includes continuous education to Specialty Mental Health Clinics about the CMC population, consultation to providers and regular monthly CMC care coordination meetings.	1-4
Behavioral Health Services provides training materials to provider offices regarding SBIRT assessment and counseling.	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
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 Bertha and how to access it through scfhp.auntbertha.com in an e-newsletter. Providers can also access Aunt Bertha 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, scfhp.com. The information is located within the Provider Resources section on the website and includes guidelines for:
    i.   Cervical Cancer Screening
   ii.   Clinical and Preventive
  iii.   BMI calculations
  iv.   Recommended immunization schedules
	1-4

VII. Coordination of Member Programs

Internal and external population health programs and services are coordinated across settings, providers and levels of care to minimize confusion to members from being contacted from multiple sources.

To provide care in a coordinated manner, SCFHP has several programs offered to 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, CM coordinates with internal departments such as Pharmacy, Utilization Management, Customer Service, Eligibility, Network Management, Quality department and the 24 hour Nurse Advice Line to identify potential member coordination opportunities, access and education needs. CM coordinates with community based service partners to align members with non-benefit resources to support their ICP through the ICT process.

Case management and interdepartmental coordination are 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 a lead care coordinator 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. The case conferences include case presentation and identification of the needs of the members and the role the various departments can play.

For care coordination across organizations, including delegates and community level case management programs, SCFHP case management programs coordinate with external partners through regularly scheduled case reviews and ICT meetings.

Members identified with Serious Mental Illness are assigned to the behavioral health program and are referred to community programs; this referral process is coordinated through a personal care coordinator or BH case manager 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.

VIII. Impact Analysis of Population Health Management Strategy

At least annually, SCFHP conducts a comprehensive analysis of the impact of its PHM strategy that includes the following; Quantitative results for relevant clinical/cost, utilization and experience measures. Quantitative and qualitative analysis is conducted on the 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, Pharmacy Management, Quality, Process Improvement, Grievance & Appeals and LTSS to support Cal MediConnect members and promote an effective Population Health Management Strategy.

Appendix A: Activities and Resources based on Population Assessment

Populations with Identified Need	Population Needs and Gaps	Activities	Resources/Staffing	Community Resources
Type 2 Diabetics	Second most common condition within CMC members including identified sub-populations	1) Chronic disease management classes through community partners 2) Health education resources and access to registered dietitian 3) Referrals to Diabetes Prevention Program 4) Automation of ICP goals and interventions specific to Hba1c reduction 5) Online portal wellness education 6) Health Risk Assessment (HRA) identification of medication and nutritional needs 7) Address identified social determinants of health 8) Direct coordination with pharmacy to ensure access to needed medication and equipment	Ongoing updates (in-services and training) for case managers on food access and health education resources	1) Diabetes education programs through contracted hospitals or national disease organizations 2) Expansion of community resource through an online network (Aunt Bertha) to support SDOH barriers to wellness

Populations with Identified Need	Population Needs and Gaps	Activities	Resources/Staffing	Community Resources
Members with Multiple Uncontrolled Chronic Conditions	Complex case management and coordinated care between multiple providers External support through ICT	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, SW Case Managers and PCCs, specialty CM for behavioral health and LTSS and external stakeholders and providers.	1) External case managers, County Behavioral Health including Substance Use Treatment Services, Long Term Services and Supports providers and other community organizations 2) Community-based providers for physical activity, nutrition programs including Medically Tailored Meals. 3) Santa Clara County Health & Hospital System (SCCHHS) and other county departments including Aging & Adult Services, In-Home Supportive Services (IHSS), public nutrition programs

Populations with Identified Need	Population Needs and Gaps	Activities	Resources/Staffing	Community Resources
Members aged 75+ or adults with disabilities with dependencies for 3 or more activities of daily living (ADLs) living in the community or long term care facilities, including members with cognitive impairment (Includes LTSS and LTC subpopulations)	Unmet personal care (eating, bathing, dressing or getting around the house) or routine needs. Social Determinants of Health such as lack of adequate access to food, caregiver burden, poverty and language issues Transportation for visiting family and friends Case management to assist with transition from long term care facilities back to the community with supports and services	1) Comprehensive assessments identify needs for ADLs, social determinants of health (SDOH), cognitive impairment and need for authorized representative, financial management and other long term services and supports (LTSS) 2) Care planning includes discussion with members of home and community-based services including LTSS available as benefits or in the community 3) Care plan goals may include home safety assessment, referral to LTSS, community resources to address SDOH, neuropsych testing, facilitate advanced care directives and family support and education	Dedicated SW Case Manager and PCC to support all case managers with timely referrals and follow up for LTSS benefits and community resources Dedicated staff for maintaining inventory of community resources, including Aunt Bertha, with initial and ongoing staff training Dedicated RN Case Manager for members transitioning from long term care back to community Partnership with Santa Clara County Health & Hospital (SCCHHS) Whole Person Care (WPC) Initiative for	1) Santa Clara County Health & Hospital System (SCCHHS) and other county departments including Aging & Adult Services, In-Home Supportive Services (IHSS), public nutrition and paratransit programs. 2) Community-based providers of nonmedical home care, housing, food, transportation, case management and other home and community-based services (e.g. Independent Living Center, Institute on Aging) 3) Alzheimer's Association coordination and training for case managers

Populations with Identified Need	Population Needs and Gaps	Activities	Resources/Staffing	Community Resources
			nursing home diversion program transitioning long term care members	

Populations with Identified Need	Population Needs and Gaps	Activities	Resources/Staffing	Community Resources
Homeless and members with housing instability	Care coordination for medical and behavioral health services, transportation, cell phones, clothing and connection to short term or emergency or shelter housing, food, or other supports Prevention of frequent hospitalizations and assistance with safe discharge	1) The Homeless Management Information System(HMIS) is used by CMs to support care coordination 2) Identify community and clinic case managers to assist including Valley Homeless Health Care Program 3) Assist members to get on housing waitlists, when applicable 4) Conduct annual training for case managers on Housing resources (Office of Supportive Housing) and other resources to address needs 5) Collaboration with County Behavioral Health case management team to identify members experiencing homelessness 6) Health Homes Program and their network of Community-based Case Management Entities target high utilizers that include chronically homeless	Concerted effort to find alternative contact information for members who are SCFHP is unable to contact due to homelessness Care coordination vendor (New Directions) is used to help locate homeless members in the community	1) Partnerships with community providers (Health Trust, Institute on Aging, County Departments, community and senior centers, housing and food providers, 2) Participation on community improvement efforts including Whole Person Care and Medi-Cal 2020, LTSS Integration Committee 3) County Office of Supportive Housing partnership

Populations with Identified Need	Population Needs and Gaps	Activities	Resources/Staffing	Community Resources
Severe Mental Illness (SMI)	Lack of sufficient connections with primary care physicians is a barrier to care for SMI Rate of SMI ED visits and readmissions for psychiatric patients	1) Specialized case management with intensive interventions to coordinate care 2) PHQ9 screening for all members 3) Coordination with the specialty mental health providers and county behavioral health services department (CBHSD) 4) Intensive follow up after psychiatric hospitalization to ensure follow up outpatient care at 7 and 30 days after discharge	Dedicated behavioral health CM team including SW Case Managers and behavioral health care coordinators Members are identified by self-report of a qualifying severe mental illness diagnosis, are receiving specialty mental health services through the county, are not currently connected to BH provider	1) County Behavioral Health Department Services (CBHSD) 2) Meet regularly with community based organizations (CBOs) 3) Refer clients to National Alliance for Mental Illness (NAMI) for education and member and caregiver support 4) Community Resource Center - community space for members to meet with SCFHP or external CMs, attend support groups and health education classes

Populations with Identified Need	Population Needs and Gaps	Activities	Resources/Staffing	Community Resources
Social Determinants of Health	Financial Insecurity Language Assistance Employment assistance Understanding medical information Knowledge of social supports	1) Comprehensive assessments identify needs for social determinants of health (SDOH), cognitive impairment and need for authorized representative, financial management and other long term services and supports (LTSS) 2) Care planning includes discussion with members of home and community-based services including LTSS available as benefits or in the community 3) Care plan goals may include home safety assessment, referral to LTSS, community resources to address SDOH, neuropsych testing, facilitate advanced care directives and family support and education	Dedicated SW Case Manager and PCC to support all case managers with timely referrals and follow up for LTSS benefits and community resources Dedicated staff for maintaining inventory of community resources, including Aunt Bertha, with initial and ongoing staff training	1) Partnerships with community providers (Health Trust, Institute on Aging, County Departments, community and senior centers, paratransit, housing and food providers 2) Expansion of community resource through an online network (Aunt Bertha) to support SDOH barriers to wellness

Last Update:	Author(s):	Approval Date:
May 2020	Dr. Laurie Nakahira, Chief Medical Officer, Health Services 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	

![Santa Clara Family Health Plan logo]

Assessment of Member Understanding of Policies & Procedures: Call Code Analysis

Date Analysis Conducted: 4/14/20

By: Theresa Zhang, Manager, Communications, and Chelsea Byom, Director, Marketing & Communications

Process:

A call report was generated from the internal call reporting system for calls received between January 1, 2019 and July 1, 2019.The report contains the following fields:

Call_Date1
Create_User_ID1
Caller_ID
Type_Issue1
Relvnt Issue Tag
Within 90 day tag
LOB
Member_Full_Name
Member_HPID
Eff Date
dob
Provider_Name
Provider_ID
Status
ClosedDate
TAT
Resolution
Resolnotes
CallNotes
Assigned_To

The records in the call report were filtered by specific call codes reported under the [Type_Issue1] field to focus theassessment. The following list contains the types of issues and their descriptions:

Type_Issue1	Description
Administrative	Materials Request
Administrative	Positive Feedback
Administrative	PQI
Inquiry Auth	INQ Auth Member Call Pharmacy
Inquiry Auth	INQ Auth Provider Call Pharmacy
Inquiry Auth	INQ Auth Provider Call Medical
Inquiry Benefit	INQ Benefit Behavioral Health Therapy (BHT)
Inquiry Benefit	INQ Benefit Case Management Support
Inquiry Benefit	INQ Benefit Continuity of Care

Type_Issue1	Description
Inquiry Benefit	INQ Benefit Dental Service
Inquiry Benefit	INQ Benefit DME, Enteral and Parenteral Service
Inquiry Benefit	INQ Benefit Mental Health Service
Inquiry Benefit	INQ Benefit MLTSS Support: CBAS, IHSS, LTC, MSSP
Inquiry Benefit	INQ Benefit Other (need to specify)
Inquiry Benefit	INQ Benefit Pharmacy
Inquiry Benefit	INQ Benefit Reimbursement
Inquiry Benefit	INQ Benefit Specialist
Inquiry Benefit	INQ Benefit Vision Service
Inquiry Billing	INQ Billing Statement
Inquiry Claim	INQ Adminstrative Error
Inquiry Claim	INQ Claim Status
Inquiry General	INQ General Assistance with obtaining appointment
Inquiry General	INQ General HK Renewal Question
Inquiry General	INQ General HRA
Inquiry General	INQ General Medi-Care/CMC Inquiry
Inquiry General	INQ General Provider/Network Information Inquiry
Quality of Serv	GRV Adminstrative Issues
Quality of Serv	GRV ID Card
Quality of Serv	GRV Transportation Services (NEMT)
Quality of Serv	GRV Transportation Services (NMT)
Referral Grv	GRV Prior Auth/Appeal Process
Transportation	Member Communications Notice

Next, the report was narrowed to include members that called within 90 days of their enrollment date with the Santa Clara Family Health Plan Cal MediConnect plan.

Member health plan IDs (HPID) were included in the call report. HPID was used to source the member's enrollment date from the internal enrollment data tables. The member's enrollment date was measured against the call date to identify if the member called within 90 days of his or her enrollment. The following pivot table outlines the volume of calls members made by the type of issue (call code) within 90 days of member's enrollment.

Row Labels	Count of Member_HPID	Count of Member_HPID2
Administrative-Materials Request	250	14.16%
Administrative-Positive Feedback	2	0.11%
Administrative-PQI	20	1.13%
Inquiry Auth-INQ Auth Member Call Pharmacy	30	1.70%
Inquiry Auth-INQ Auth Provider Call Medical	10	0.57%
Inquiry Auth-INQ Auth Provider Call Pharmacy	1	0.06%
Inquiry Benefit-INQ Benefit Behavioral Health Therapy (BHT)	3	0.17%
Inquiry Benefit-INQ Benefit Case Management Support	131	7.42%
Inquiry Benefit-INQ Benefit Continuity of Care	4	0.23%
Inquiry Benefit-INQ Benefit Dental Service	62	3.51%
Inquiry Benefit-INQ Benefit DME, Enteral and Parenteral Service	53	3.00%
Inquiry Benefit-INQ Benefit Mental Health Service	13	0.74%
Inquiry Benefit-INQ Benefit MLTSS Support: CBAS, IHSS, LTC, MSSP	27	1.53%
Inquiry Benefit-INQ Benefit Other (need to specify)	222	12.57%
Inquiry Benefit-INQ Benefit Pharmacy	228	12.91%
Inquiry Benefit-INQ Benefit Reimbursement	8	0.45%
Inquiry Benefit-INQ Benefit Specialist	51	2.89%
Inquiry Benefit-INQ Benefit Vision Service	83	4.70%
Inquiry Billing-INQ Billing Statement	38	2.15%
Inquiry Claim-INQ Administrative Error	3	0.17%
Inquiry Claim-INQ Claim Status	55	3.11%
Inquiry General-INQ General Assistance with obtaining appointment	37	2.10%
Inquiry General-INQ General HK Renewal Question	1	0.06%
Inquiry General-INQ General HRA	90	5.10%
Inquiry General-INQ General Medi-Care/CMC Inquiry	113	6.40%
Inquiry General-INQ General Provider/Network Information Inquiry	183	10.36%
Quality of Serv-GRV-Administrative Issues	4	0.23%
Quality of Serv-GRV-ID Card	8	0.45%
Quality of Serv-GRV-Transportation Services (NEMT)	2	0.11%
Quality of Serv-GRV-Transportation Services (NMT)	9	0.51%
Referral Grv-GRV-Prior Auth/Appeal Process	8	0.45%
Transportation-Member Communications Notice	17	0.96%
Grand Total	**1766**	**100.00%**

Individual call records were grouped and assessed by issue type and description. The top four highest occurrence call types in individual call records were:

1. Materials Request	14.16%
2. INQ Benefit Pharmacy	12.91%
3. Other (need to specify)	12.57%
4. General Provider/Network Information Inquiry	10.36%

A sample of call notes were reviewed within these categories to identify noticeable trends and opportunities for improvement. Themes identified in the call notes are summarized in the table below.

Themes Identified in Top Call Types:

Materials Request	Mail AOR (Appointment of Representative) form
Pharmacy Benefit Inquiry	Trouble getting prescription drugs
	Status of coverage determination

Other (need to specify)	Inquiry on prescription refill
	Inquiry on transportation benefit
General Provider/Network Information Inquiry	Confirming provider
	Inquiring for case management

Conclusion:

Upon detailed review of the call notes, the Appointment of Representative process has been identified as an actionable opportunity for improvement. Member education via a mass communication vehicle would be an effective way to improve new member understanding of the form's purpose, how to find the form, and how to submit it to the Plan. Possible interventions include:

- Publishing an educational member newsletter article.
- Include instructions on appointing a representative in the new member orientation under development.
- Allowing members to access and submit the AOR form via the member portal.

**Valley Health Plan – MY2019
Provider Satisfaction Survey**

Prepared by: Carmen Switzer, Provider Network Access Manager

Introduction

The survey tool for MY2019 was revised with new and different survey questions for MY2019 to fulfill the requirement from Department of Managed Health Care (DMHC).

The authorization/referral process was the only measure with two years of comparative data.

Standards and Thresholds

- Eighty percent (80%) of practitioners will be satisfied.

- Seventy percent (70%) of primary care physicians (PCP) will be satisfied with the authorization/referral process.

Provider Satisfaction Survey

Table I: Response Rates

Measurement Year	Completed Surveys	Ineligible	Non-respondents	Response Rate
2019 (2,595)	260	385	1,950	12%
2018 (1,457)	253	237	967	20%

- Table shows comparison in respondents for two (2) consecutive years.

- While respondents show an increase by 8 percentage points in 2019, the provider sample increased by 56%.

Provider Satisfaction Survey

Table II: Overall Satisfaction by Provider Type
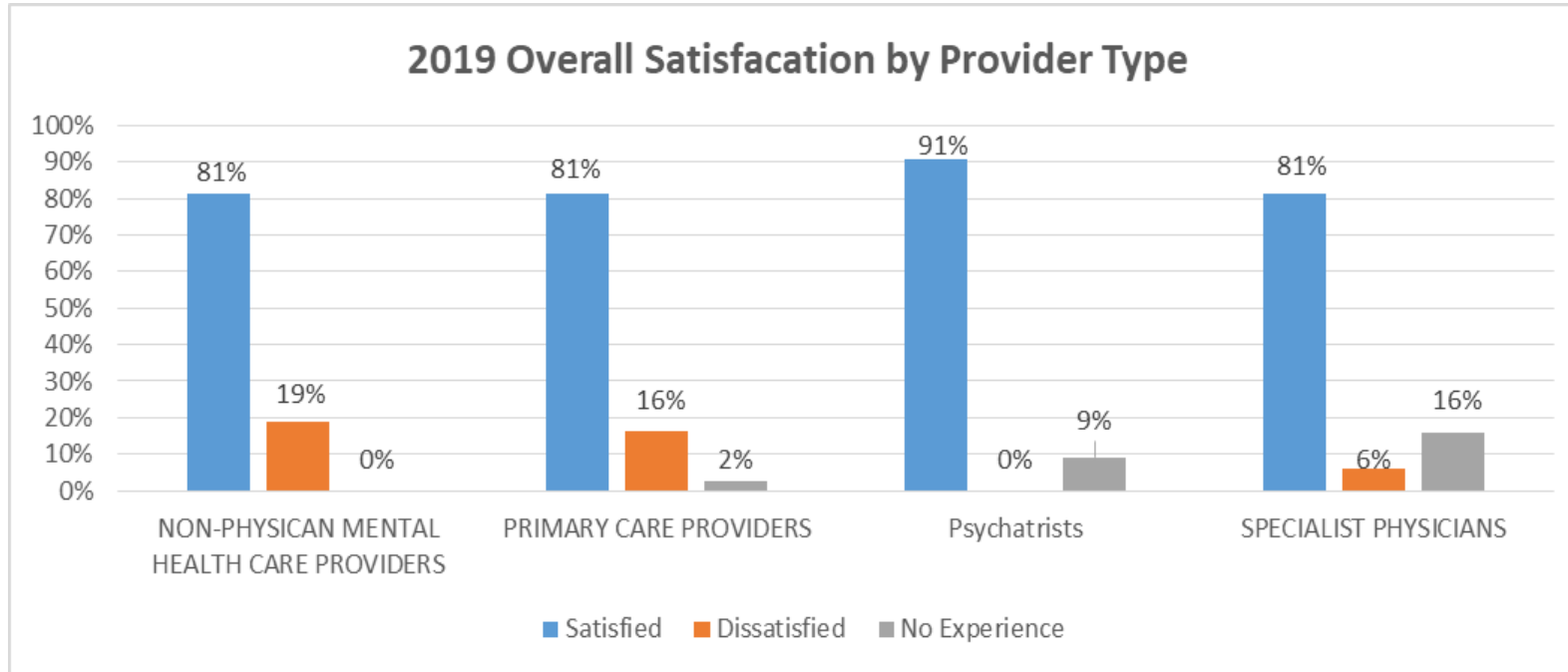
- Psychiatrists experienced the highest rate of satisfaction exceeding the goal by 21 percentage points at 91%.

- The NPMH, PCP and SPECS resulted in the same rate of satisfaction and exceeded the goal by 11 percentage points at 81%.

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Provider Satisfaction Survey

Table IV. Results by Department (MY2018 and MY2019)

Rate Scores by Departments	MY 2019 260 Total Respondents (all Provider Types)			MY 2018			Change
	Satisfied	Dissatisfied	No Experience	Satisfied	Dissatisfied	No Experience	↓↑
Referral/Authorization Process							
Referral Process	82%	10%	8%	82%	NA	NA	--
Timeliness of Referrals	76%	15%	8%	Baseline			N/A
Access to Care							
Access to Urgent Care Services	64%	4%	31%	Baseline			N/A
Access to Non-Urgent Primary Care	64%	7%	29%	Baseline			N/A
Access to Non-Urgent Specialty Services	67%	14%	19%	Baseline			N/A
Access to Non-Urgent Ancillary Services	50%	10%	40%	Baseline			N/A
Access to Non-Urgent Behavioral Care	44%	12%	44%	Baseline			N/A
Access to Timely Appointment Scheduling	72%	10%	18%	Baseline			N/A
Access to Continuity of Care	76%	8%	15%	Baseline			N/A
Language Assistance Program							
Coordination of Appointments with an Interpreter	26%	7%	67%	Baseline			N/A
Availability of Interpreters	26%	7%	67%	Baseline			N/A
Training of Interpreters	22%	6%	72%	Baseline			N/A

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Opportunities for Improvement

Table V. Interventions

Description of Intervention for My2020	Barrier Addressed	Time Frame	Expected Outcome
Dedicated staff focused on Developing, implementing, and monitoring improvement plan.	Low response rate to Provider Satisfaction Survey	12 months	Improve response rate by 10%
Gather information related to provider dissatisfaction regarding patients' access to care, then develop and implement work plans	Low response rate to Provider Satisfaction Survey	12 months	Improve response rate by 10%
Develop strategy aimed at Language Assistance Program to determine more targeted approach	Overall Low Satisfaction with LAP	12 months	Improve satisfaction with LAP by 10%
Provider Relations Department to utilize proactive outreach between surveys to address Physician concerns.	Low response rate to Provider Satisfaction Survey	12 months	Improve response rate by 5%
Investigate incentives for surveys	Low response rate to Provider Satisfaction Survey	12 months	Improve response rate by 5%

- The interventions outlined above will be the focus for MY2019.

Conclusion

- VHP met and exceeded the goals for Physician Overall Satisfaction and for Authorization/Referral Process.

- The survey results reveal some opportunities for improvement. VHP will collaborate with VHP's operational departments (e.g., Quality, Utilization Management, Member Services, etc.) to improve provider's satisfaction.

- VHP values its providers and wants to create a positive, collegial working relationship with them.

Santa Clara Family Health Plan™

POLICY

Policy Title:	Comprehensive Case Management	Policy No.:	QI.13
Replaces Policy Title (if applicable):	Case Management	Replaces Policy No. (if applicable):	CM030_05
Issuing Department:	Health Services	Policy Review Frequency:	Annually
Lines of Business (check all that apply):	☒ Medi-Cal	☒ Healthy Kids	☒ CMC

I. Purpose

To promote access to appropriate, coordinated services with the intent that members with case management needs may achieve optimal health and functionality.

II. Policy

A. The comprehensive case management program is established to provide case management processes and procedures that helps members with multiple or complex conditions to obtain access to care and services, and the coordination of appropriate care and resources. The structure of comprehensive case management is organized to promote quality case management, client satisfaction and cost efficiency through the use of collaborative communications, evidence-based clinical guidelines and protocols, patient-centered care plans, and targeted goals and outcomes.

B. To define the fundamental components of SCFHP case management services which when appropriate for any given member, include:
   1. Initial assessment of members' health status, including condition specific issues
   2. Documentation of clinical history, including medications
   3. Initial assessment of the activities of daily living;
   4. Initial assessment of behavioral health status, including cognitive functions
   5. Initial assessment of social determinants of health
   6. Initial assessment of life-planning activities
   7. Evaluation of cultural and linguistic needs, preferences or limitations
   8. Evaluation of visual and hearing need, preferences or limitations
   9. Evaluation of caregiver resources and involvement
   10. Evaluation of available benefits
   11. Evaluation of community resources

C. Referrals to SCFHP's case management team are accepted from members or their caregivers, practitioner's or other external providers, hospital discharge planners, SCFHP internal staff (including customer service and utilization management) and/or community partners. All referrals will initially be assessed by case management staff for the appropriate level of case management support needed to coordinate care and services for medical, behavioral health and other non-medical risk factors. Successful completion of an initial assessment will determine member's placement in the most appropriate Population Health case management tier for ongoing support.

D. A Case Management referral form is available on SCFHP's public website and all completed forms and supporting documentation may be submitted directly to the Case Management department by USPS mail delivery or by secure email to: CaseManagementHelpDesk@scfhp.com. Case Management referrals may also be requested verbally thru telephonic interaction by calling SCFHP's Customer Service department at 1-877-

723-4795 (Medicare members) of 1-800-260-2055 (Medi-Cal members) and requesting case management support. All Case Management referrals will receive an initial review within 72 business hours of receipt.

E. SCFHP's 2018 Complex Case Management program description defines the process of how SCFHP coordinates services for the highest risk members with complex conditions and helps them access needed resources thru intensive and comprehensive interactions.

III. Responsibilities

A. Health Services collaborates with other SCFHP departments (IT, claims, benefits, provider services) as well as providers and community services to identify, coordinate services, coordinate benefits and provide members with complex case management.

IV. References

3 Way Contract. (2017). Contract Between United States Department of Health and Human Services; Centers for Medicare and Medicaid Services and California Department of Health Care Services.

Cal MediConnect Continuity of Care Technical Assistance Guide (TAG). (2015, October 27). California, USA. NCQA Health Plan Accreditation Guidelines 2018 - Population Health (PHM) Element 5

DPL 17-001 and DPL 17-002

V. Approval/Revision History

First Level Approval		Second Level Approval	
Signature		Signature	
Johanna Liu, PharmD		Laurie Nakahira, DO	
Name		Name	
Director, Quality and Process Improvement		Chief Medical Officer	
Title		Title	
08/14/19		08/14/19	
Date		Date	

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original 08/05/16; Reviewed 08/09/17; Reviewed 06/06/18; Reviewed 06/12/19	Quality Improvement	Approve 08/19/17; 06/06/18; 06/12/19	
V2	Revised 7/22/19	Quality Improvement	8/14/19	
V2	Review	Quality improvement		

POLICY

Policy Title:	Transitions of Care	Policy No.:	QI.15
Replaces Policy Title (if applicable):	None	Replaces Policy No. (if applicable):	None
Issuing Department:	Health Services	Policy Review Frequency:	Annually
Lines of Business (check all that apply):	☒ Medi-Cal		☒ CMC

I. Purpose

To define the process the Plan adopts to monitor and take action to improve continuity and coordination of care across the health care network, including medical care settings, medical with behavioral health care settings, and for transitioning members between levels of care.

II. Policy

A. The Plan supports and promotes appropriate transitions between care settings which is critical to improving member quality of care and health outcomes. The Plan's Care Transitions Program goal is to improve transitions between settings to the most appropriate and safe level of care for that member. Objectives include:
   1. Curtail medical errors
   2. Identify issues for early intervention
   3. Minimize unnecessary hospitalizations and readmissions
   4. Support member preferences and choices
   5. Reduce duplication of processes and efforts to more effectively utilize resources
   6. Promote the exchange of information
   7. Support appropriate use of medications
   8. Meet special needs of members with behavioral disorders commonly seen in primary care

B. The Plan implements processes that arrange for/ authorize and coordinate services and care needed for members after inpatient discharge, nursing facility residents or at other levels of care into the community or to the least restrictive setting possible. This includes ensuring access to necessary medical/behavioral health care, medications, durable medical equipment, supplies, transportation, and integration of Long Term Support Services (LTSS) benefits and community based resources.

C. The Plan uses information at its disposal to facilitate continuity and coordination of medical care across its delivery system
   1. Between medical care settings
   2. Between medical and behavioral health care settings

Process is detailed in the associated Procedure document Transitions of Care.

III. Responsibilities
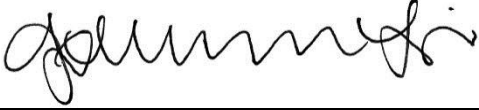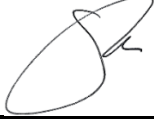
A. Health Services works with internal departments, providers and community resources for referrals and to transition members to appropriate levels of care.

POLICY

IV.   References

WIC section 14182.17(d)(4)(H).
NCQA, 2016
87890 2016 SCFHP Model of Care
DHCS/Plan Renewed Contract 2013
DHCS/CMS/Plan 3-Way Contract

V.   Approval/Revision History

First Level Approval			Second Level Approval	
Signature Johanna Liu, PharmD			Signature Laurie Nakahira, DO	
Name Director, Quality and Process Improvement			Name Chief Medical Officer	
Title 06/12/19			Title 06/12/19	
Date			Date	

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original 08/05/16 Reviewed 08/09/17; Reviewed 06/06/18; Reviewed 06/12/19; Review 06/10/20	Quality Improvement	Approve: 08/09/17; 06/06/18; 06/12/19	

POLICY

Policy Title:	Comprehensive Case Management	Policy No.:	QI.13
Replaces Policy Title (if applicable):	Case Management	Replaces Policy No. (if applicable):	CM030_05
Issuing Department:	Health Services	Policy Review Frequency:	Annually
Lines of Business (check all that apply):	☒ Medi-Cal	☒ Healthy Kids	☒ CMC

I. Purpose

To promote access to appropriate, coordinated services with the intent that members with case management needs may achieve optimal health and functionality.

II. Policy

A. The comprehensive case management program is established to provide case management processes and procedures that helps members with multiple or complex conditions to obtain access to care and services, and the coordination of appropriate care and resources. The structure of comprehensive case management is organized to promote quality case management, client satisfaction and cost efficiency through the use of collaborative communications, evidence-based clinical guidelines and protocols, patient-centered care plans, and targeted goals and outcomes.

B. To define the fundamental components of SCFHP case management services which when appropriate for any given member, include:
   1. Initial assessment of members' health status, including condition specific issues
   2. Documentation of clinical history, including medications
   3. Initial assessment of the activities of daily living;
   4. Initial assessment of behavioral health status, including cognitive functions
   5. Initial assessment of social determinants of health
   6. Initial assessment of life-planning activities
   7. Evaluation of cultural and linguistic needs, preferences or limitations
   8. Evaluation of visual and hearing need, preferences or limitations
   9. Evaluation of caregiver resources and involvement
   10. Evaluation of available benefits
   11. Evaluation of community resources

C. Referrals to SCFHP's case management team are accepted from members or their caregivers, practitioner's or other external providers, hospital discharge planners, SCFHP internal staff (including customer service and utilization management) and/or community partners. All referrals will initially be assessed by case management staff for the appropriate level of case management support needed to coordinate care and services for medical, behavioral health and other non-medical risk factors. Successful completion of an initial assessment will determine member's placement in the most appropriate Population Health case management tier for ongoing support.

D. A Case Management referral form is available on SCFHP's public website and all completed forms and supporting documentation may be submitted directly to the Case Management department by USPS mail delivery or by secure email to: CaseManagementHelpDesk@scfhp.com. Case Management referrals may also be requested verbally thru telephonic interaction by calling SCFHP's Customer Service department at 1-877-

723-4795 (Medicare members) of 1-800-260-2055 (Medi-Cal members) and requesting case management support. All Case Management referrals will receive an initial review within 72 business hours of receipt.

E. SCFHP's 2018 Complex Case Management program description defines the process of how SCFHP coordinates services for the highest risk members with complex conditions and helps them access needed resources thru intensive and comprehensive interactions.

III. Responsibilities

A. Health Services collaborates with other SCFHP departments (IT, claims, benefits, provider services) as well as providers and community services to identify, coordinate services, coordinate benefits and provide members with complex case management.

IV. References

3 Way Contract. (2017). Contract Between United States Department of Health and Human Services; Centers for Medicare and Medicaid Services and California Department of Health Care Services.

Cal MediConnect Continuity of Care Technical Assistance Guide (TAG). (2015, October 27). California, USA. NCQA Health Plan Accreditation Guidelines 2018 - Population Health (PHM) Element 5

DPL 17-001 and DPL 17-002

V. Approval/Revision History

First Level Approval			Second Level Approval	
Signature			Signature	
Johanna Liu, PharmD			Laurie Nakahira, DO	
Name			Name	
Director, Quality and Process Improvement			Chief Medical Officer	
Title			Title	
08/14/19			08/14/19	
Date			Date	

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original 08/05/16; Reviewed 08/09/17; Reviewed 06/06/18; Reviewed 06/12/19	Quality Improvement	Approve 08/19/17; 06/06/18; 06/12/19	
V2	Revised 7/22/19	Quality Improvement	8/14/19	
V2	Review	Quality improvement		

POLICY

Policy Title:	Sensitive Services, Confidentiality, Rights of Adults and Minors	Policy No.:	QI.18
Replaces Policy Title (if applicable):	Sensitive Services, Confidentiality, Rights of Adults and Minors	Replaces Policy No. (if applicable):	CM036_04
Issuing Department:	Health Services	Policy Review Frequency:	Annually
Lines of Business (check all that apply):	☒ Medi-Cal		☒ CMC

I. Purpose

To promote timely access to sensitive, confidential medical services for adult and minor children when needed and/or requested.

II. Policy

A. Santa Clara Family Health Plan (SCFHP) allows minor children and adult members to have access to sensitive, confidential medical services without the need for prior authorization.

1. The following services are considered confidential and sensitive services for adult and minor children aged 12 and older without parental consent:

 a. Sexually transmitted diseases
 b. Family planning
 c. Sexual assault
 d. Pregnancy testing
 e. HIV testing and counseling
 f. Abortion
 g. Drug and alcohol abuse
 h. Outpatient mental health care

B. Requirements for consent, confidentiality and rights for these sensitive services are defined in the associated procedure CM.06.01.

III. Responsibilities

A. Health Services works with IT, Provider and Customer Services, providers and community services to provide sensitive and confidential services to members without requiring prior authorization.

IV. References

Fed. Law 1987 OBRA, Sec. 4113 (c)(1)(B), 1905 (a)(4)(c); BBA
DHS Contract A-12, Exhibit A, Attachments 5, et. seq, 9, Items 1, 3, 8, 2. C
MMCD Pol. Letter #s: 94-13, 96-09, 97-08, 98-11
T22, CCR, 50063.5, 51009, 50063.5; Family Code §6925 et. seq., W & I Code §14132. et. seq., 14451 et. seq. ; T28, CCR

V.   Approval/Revision History

First Level Approval		Second Level Approval		
[signature]		*[signature]*		
Signature		Signature		
Johanna Liu, PharmD		Laurie Nakahira, D.O.		
Name		Name		
Director of Quality and Process Improvement		Chief Medical Officer		
Title		Title		
06/12/2019		06/12/2019		
Date		Date		
Version Number	**Change (Original/ Reviewed/ Revised)**	**Reviewing Committee (if applicable)**	**Committee Action/Date (Recommend or Approve)**	**Board Action/Date (Approve or Ratify)**
V1	Original 08/05/16 Reviewed 08/09/17 Reviewed 06/12/19; Review 06/10/20	Quality Improvement	Approve: 08/09/17; 06/06/18; 06/12/19	

POLICY

Policy Title:	Care Coordination Staff Training	Policy No.:	QI.19
Replaces Policy Title (if applicable):	Long Term Support Services and Social Services Training	Replaces Policy No. (if applicable):	112_01
Issuing Department:	Health Services	Policy Review Frequency:	Annually
Lines of Business (check all that apply):	☒ Medi-Cal		☒ CMC

I. Purpose

To provide staff the skills to meet member needs related to care coordination principals.

II. Policy

A. Care Coordination Staff training includes but is not limited to the following:
1. Overview of regulatory / contractual requirements including ICP and ICT training
2. Accessibility and accommodations; independent living
3. Wellness principles
4. Criteria for safe transitions, transition planning, care plans after transitioning
5. Along with other required training as specified by DHCS—both initially and on an annual basis
6. Dementia care management for specially designated care coordination
7. LTSS operations including:
   a. LTSS benefits
   b. Eligibility and Service Authorization process
   c. Program limitations
   d. Referrals
   e. Interface with Case Management
   f. Overview of characteristics and needs of LTSS target population
8. Self-direction
9. Behavioral Health coordination
10. Community Services
11. Model of Care
12. Cultural and Linguistic Services
13. Care Plan Options
14. Person centered planning process
15. Home and Community Based Services

B. Training content is reviewed and updated as needed in regards to state and federal regulations as well as other best practices. Staff training is completed upon hire, reviewed annually and additional reviewed as needed.

III. Responsibilities

A. Health Services management works with internal departments, external partners and providers to provider staff training.

POLICY

IV. References

3 Way Contract. (2014). Contract between United States Department of Health and Human Services; Centers for Medicare and Medicaid Services and California Department of Health Care Services.
Cal MediConnect Prime Contract (§2.9.10.10.)
H7890 2016 SCFHP Model of Care

V. Approval/Revision History

First Level Approval	Second Level Approval
(signature)	*(signature)*
Signature	Signature
Johanna Liu, PharmD	Laurie Nakahira, DO
Name	Name
Director, Quality and Process Improvement	Chief Medical Officer
Title	Title
06/12/19	06/12/19
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original 08/05/16; Reviewed 06/06/18; Reviewed 06/12/19; Review 06/10/20	Quality Improvement	Approve: 08/09/19; 06/06/18; 06/12/19	

POLICY

Policy Title:	Information Sharing with San Andreas Regional Center (SARC): MOU	Policy No.:	QI.20
Replaces Policy Title (if applicable):	None	Replaces Policy No. (if applicable):	
Issuing Department:	Health Services	Policy Review Frequency:	Annually
Lines of Business (check all that apply):	☒ Medi-Cal		☐ CMC

I.   **Purpose**

This policy supports the agreement between 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.

Santa Clara Family Health Plan

- SCFHP is responsible for coordination of services provided by SCFHP including primary care, and carve out services such as California Children's Services, Specialty Mental Health Services.
- 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.
- SCFHP and/or its subcontracted providers and vendors shall arrange and pay for BHT services for members who meet criteria as outlined in APL 18-006 or any revised version of these APL's.
- SCFHP shall provide client information to SARC to ensure appropriate care coordination, in compliance with all privacy laws.
- 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.

San Andreas Regional Center

- 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)
- 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.

- SARC shall provide case management & care coordination services related to SARC's Early Start Program clients to SCFHP for medically necessary BHT services.
- 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.
- 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.
- SARC will share information on community resources to SCFHP and/or its sub-contracted providers and vendors.
- 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.

TCM includes, but is not limited to:
   a. Coordination of health related services with SCFHP to avoid duplication of services; and
   b. Provision of referrals to specialty centers and follow-up with schools, social workers and others involved in the IPP and IFSP
- SARC agrees to provide periodic training to SCFHP's staff as requested by the SCFHP concerning SARC services and requirements
- SARC shall work collaboratively with SCFHP to resolve timely access and coordination of care issues.

III.   Responsibilities

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 18-006 Responsibilities For Behavioral Health Treatment Coverage For Members Under The Age Of 21, 03/02/2018

Approval/Revision History

First Level Approval		Second Level Approval		
(signature)		*(signature)*		
Signature		Signature		
Jeff Robertson, MD		Laurie Nakahira, MD		
Name		Name		
Medical Director		Chief Medical Officer		
Title		Title		
June 3, 2019		June 3, 2019		
Date		Date		

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v.1	Original 08/05/16; Reviewed 08/09/2017, 6/3/2019; Review 06/10/20	Quality Improvement	Approve 08/05/16; Reviewed 08/09/19; Reviewed 06/12/2019	

POLICY

Policy Title:	Information Exchange Between Santa Clara Family Health Plan & County of Santa Clara Behavioral Health Services Department	Policy No.:	QI.21
Replaces Policy Title (if applicable):	Information Exchange Between Santa Clara Family Health Plan & County of Santa Clara County	Replaces Policy No. (if applicable):	HS 409
Issuing Department:	Health Services	Policy Review Frequency:	Annually
Lines of Business (check all that apply):	☒ Medi-Cal		☒ CMC

I.   Purpose

This policy is to provide detailed instructions for how Santa Clara County Behavioral Health Services Department and Santa Clara Family Health Plan (SCFHP) will perform activities to support the provision of Medi-Cal Specialty Mental Health and/or drug Medi-Cal services as a managed care benefit under the Medi-Connect program. SCFHP and the County of Santa Clara Behavioral Health Services Department (formerly known as Santa Clara County Mental Health Department and Santa Clara County Department of Alcohol and Drugs) entered into a MOU effective January 1, 2014 to specify how roles and responsibilities between the two entities were to be performed.

II.   Policy

It is the policy of the SCFHP to provide coordination of care for the purpose of providing services to CMC members which are coordinated with Santa Clara County BHSD, their mental health clinics and contractors. The SCFHP and the CBHSD will follow the medical necessity criteria for Medi-Cal specialty mental health 1915 (b) waiver services described in Title 9, California Code of Regulations. DHCS has developed a matrix of Roles and Responsibilities "Behavioral Health Benefits in the Duals Demonstration" which is attached to the MOU. Medical necessity for Drug Medi-Cal Substance Abuse Services will be as found in Title 22, California Code of Regulations (CCR).

III.   Responsibilities

1. Assessment Process
The SCFHP and CBHSD shall develop and agree to written policies and procedures regarding screening and assessment processes that comply with all federal and state requirements. SCFHP completes a Health Risk Assessment (HRA) pursuant to the CMC three way contract guidelines. SCFHP Behavioral Health Department reviews and/or completes the HRA with special attention to the depression Indicators as well as Severe Mental Illness indicators. The HRA, in conjunction with claims and pharmacy Information, is utilized to create a preliminary interdisciplinary care plan (ICP). The ICP is reviewed with

the member and sent to the member's primary care physician and the member's Specialty Mental Health provider for their review and changes.

2. Referrals

The SCFHP and the CBHSD shall develop and agree to written policies and procedures regarding referral processes including:

    a. CBHSD will accept referrals from SCFHP staff, providers, and members' self-referral for determination of medical necessity

    b. SCFHP will accept referrals from CBHSD for services needed are provided by the SCFHP and not the CBHSD and the member does not meet the Medi-Cal Specialty mental health and/or Drug Medi-Cal medical necessity criteria. This will include mild to moderate levels of care needs which are the responsibility of SCFHP.

3. Information Exchange

    a. CBHSD will develop and agree to information sharing policies and procedures. CBHSD Director has provided a memo to County Clinics and Sub-contractors stating that basic information may be shared in order to determine if a member is being seen and who is the provider in the agency.

    b. SCFHP will create a list of members who are receiving Medi-Cal specialty mental health services, and/or Drug Medi-Cal services.

    c. A signed mental health release of information is obtained from the member in order to 1. Share information with behavioral health services agencies; 2. Provide care coordination and 3. Complete and updated ICP and an interdisciplinary care team (ICT) meeting as needed.

    d. The information sharing policies and procedures developed by the CBHSD and SCFHP will include milestones agreed upon for shared roles and responsibilities for sharing personal health information. Meetings with County BHSD providers and their contractors will be held to provide training to discuss the policies and procedures which have been agreed upon for sharing of personal health information.

4. Care Coordination

    a. The SCFHP and CBHSD will develop and agree to policies and procedures for coordinating Medical and behavioral health care for members enrolled in SCFHP and receiving Medi-Cal specialty mental health or Drug Medi-Cal services.

    b. The policies and procedures will include:

- An identified point of contact from both CBHD and SCFHP who will initiate and maintain ongoing care coordination
- CBHSD and their contractors will participate in ICT's for members receiving County services and identified as needing an ICT.
- At the County's request, the SCFHP will assist the CBHSD in developing behavioral health care plans
- SCFHP will have a process for reviewing and updating the care plans as clinically indicated and following a hospitalization or significant change such as level of care.
- SCFHP will have regular quarterly meetings to review the care coordination process
- SCFHP will coordinate with the County to perform an annual review, analysis & evaluation of the effectiveness of the care management program to identify actions to implement and improve the quality of care and delivery of services.

IV. References

California Code of Regulations, Title 9, Division 4, Chapter 8 commencing with Section 13000

Department of Health Care Services (DHCS) Agreement 04-36069, and Amendments thereof, Exhibit A, Attachment 11, Case Management and Coordination of Care, 5. Specialty Mental Health

DHCS Agreement 04-36069, and Amendments thereof, Exhibit A, Attachment 10, Scope of Services, 7. Services for All Enrollees, D. Mental Health Services

MMCD Policy Letter 00-01

Title 9, CCR, Chapter 11, Division 1, Section (s) 1810.231; 1810.247; 1810.350; 1810.405; 1810.415; 1820.100; 1820.205; 1820.225; 1830.205; 1830.205 (b) (1); 1830.210; 1850.210 (I); 1850.505

Title 22, CCR, Chapter 3, Article 4, Section (s) 51305; 51311; 51313; 51183

Title 22, Section 51341.1, Drug Medi-Cal Substance Abuse Services; the California Health and Safety Code, Section 11752.1 (1) and the State of California Alcohol and/or Other Drug Program Certification Standards

Welfare and Institutions Code Section 5600.3; and 14016.5

V. Approval/Revision History

First Level Approval		Second Level Approval	
(signature)		_(signature)_	
Signature		Signature	
Jeff Robertson, MD		Laurie Nakahira, MD	
Name		Name	
Medical Director		Chief Medical Officer	
Title		Title	
06/03/19		**06/03/19**	
Date		Date	

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v.1	Original 06/06/2018; Reviewed 6/3/2019	Quality Improvement	Approve 06/06/2018; Reviewed 06/12/2019	

POLICY

Policy Title:	Early Start Program (Early Intervention Services)	Policy No.:	QI.22
Replaces Policy Title (if applicable):	Early Start Program (Early Intervention Services): Developmental Delay Identification, Referral and Care Coordination	Replaces Policy No. (if applicable):	CM.005_03
Issuing Department:	Health Services	Policy Review Frequency:	Annually
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 SCFHOP 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

POLICY

V.   Approval/Revision History

First Level Approval		Second Level Approval	
Signature Jeff Robertson, MD		Signature Laurie Nakahira, MD	
Name Medical Director		Name Chief Medical Officer	
Title June 3, 2019		Title June 3, 2019	
Date		Date	

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v.4	Original 06/06/2018; Reviewed 06/02/2019; Review 06/10/20		02/08/2017 Approve 06/06/2018 Approve 06/12/2019 Approve	

![Santa Clara Family Health Plan logo]

POLICY

Policy Title:	Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care	Policy No.:	QI.23
Replaces Policy Title (if applicable):	Screening, Brief Intervention and Referral for Treatment for Misuse of Alcohol	Replaces Policy No. (if applicable):	
Issuing Department:	Health Services	Policy Review Frequency:	Annually
Lines of Business (check all that apply):	☒ Medi-Cal		☐ CMC

I. **Purpose**

Santa Clara Family Health Plan (SCFHP) primary care providers will provide Alcohol Misuse: Screening and Behavioral Counseling (AMSC) Interventions in Primary Care settings for members 18 years of age and older who misuse alcohol.

II. **Policy**

A. SCFHP's policy is to support the contracted network in providing an expanded alcohol screening for members 18 years of age and older who answer "yes" to the alcohol question in the Individual Health Education Behavioral Assessment (IHEBA).

B. It is the policy of SCFHP to meet the Department of Health Care Services (DHCS) expanded contractual requirements for identification of potential alcohol misuse problems.

C. Providers in SCFHP primary care settings must offer and document AMSC services are offered.

D. The SCFHP will not limit behavioral counseling interventions. Beneficiaries who meet criteria for an alcohol use disorder or whose diagnosis is uncertain, are to be referred for further evaluation to the County Gateway program at 1-800-488-9419.
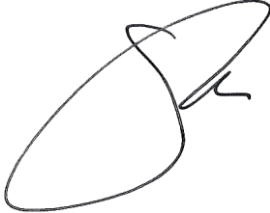
III. **Responsibilities**

The Quality Improvement Department is responsible for monitoring compliance with the policy and to collaborate with the assistance of the Health Education, Provider Services and Behavioral Health Departments to train/educate providers in the provision of the AMSC.

IV. References

DHCS All Plan Letter 17-016 Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care
Title 42 CFR Requirements with the Mental Health Parity Rule

V. Approval/Revision History

First Level Approval		Second Level Approval	
Signature		Signature	
Jeff Robertson, MD		Laurie Nakahira, MD	
Name		Name	
Medical Director		Chief Medical Officer	
Title		Title	
June 3, 2019		June 3, 2019	
Date		Date	

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v.1	Original 02/21/2018 Reviewed 06/03/2019; Review 06/10/20	Quality Improvement	Approve 02/21/18; Approve 06/03/19;	

POLICY

Policy Title:	Outpatient Mental Health Services: Mental Health Parity	Policy No.:	QI.24
Replaces Policy Title (if applicable):		Replaces Policy No. (if applicable):	
Issuing Department:	Health Services	Policy Review Frequency:	Annually
Lines of Business (check all that apply):	☒ Medi-Cal		☒ CMC

I. Purpose

To define the contractual responsibilities of Santa Clara Family Health Plan (SCFHP) for the provision of services to adults and children with mental health disorders resulting in mild to moderate distress in the areas of mental, emotional or behavioral functioning. The responsibilities also include referring to and coordinating with the Santa Clara County Behavioral Health Services Department (CBHSD).

II. Policy

It is the policy of SCFHP to provide access to outpatient mental health services for beneficiaries who do not meet the criteria for Specialty Mental Health Services (SMHS). These mild to moderate services will be provided by licensed mental health professionals, in addition to primary care physicians within their scope of practice. The treatment limitations will not be more restrictive than the treatment limitations applied to medical or surgical benefits to ensure parity in access to mental health services. SCFHP will not restrict access to an initial mental health assessment by requiring a prior authorization. SCFHP will be responsible for the arrangement and payment of an initial mental health assessment performed by a network mental health provider unless there is no in-network provider available who can provide the necessary service.

III. Responsibilities

SCFHP will ensure that authorization determinations are based on medical necessity in a manner which is consistent with current evidence-based clinical practice guidelines.

These policies and procedures will be consistently applied to medical/surgical, mental health and substance use disorders.

SCFHP will be responsible for outpatient mental health services as follows:

1. Individual and group mental health evaluation and treatment
2. Psychological testing, when clinically indicated to evaluate a mental health condition;
3. Outpatient services for the purposes of monitoring drug therapy;
4. Outpatient laboratory, drugs, supplies and supplements (excluding carded out medications)
5. Psychiatric consultation

IV.   References

DHCS All Plan Letter 17-018 Medi-Cal Managed Care Health Plan Responsibilities For Outpatient Mental Health Services, 10/27/2017
Mental Health Parity Final Rule (CMS-2333-F)
Title42, CFR 438.915 (a) (b)
CA Health and Safety Code 1367.01

V.   Approval/Revision History

First Level Approval	Second Level Approval
Signature	Signature
Jeff Robertson, MD	Laurie Nakahira, MD
Name	Name
Medical Director	Chief Medical Officer
Title	Title
June 3, 2019	June 3, 2019
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v.1	Original 02/21/2018 Reviewed 06/03/2019; Review 06/10/20	Quality Improvement	02/21/2018 Approve	

Santa Clara Family Health Plan

POLICY

Policy Title:	Intensive Outpatient Palliative Care	Policy No.:	QI.25
Replaces Policy Title (if applicable):	None	Replaces Policy No. (if applicable):	None
Issuing Department:	Health Services	Policy Review Frequency:	Annually
Lines of Business (check all that apply):	☒ Medi-Cal		☐ CMC

I.   Purpose

To promote access to appropriate and effective symptom management and palliative care in accordance with Final Draft All Plan Letter (APL) 17-015 and Senate Bill (SB) 1004, with the intent that members facing serious illness may achieve optimal quality of life.

II.   Policy

A. The Intensive Outpatient Palliative Care (IOPC) program is established to provide processes and procedures that enable SCFHP to improve the health and health care of its members with palliative care needs

B. To define the fundamental components of SCFHP palliative care services, which include: Advance Care Planning; Palliative Care Assessment and Consultation; Plan of Care; Palliative Care Team; Care Coordination; Pain and Symptom Management; and Mental Health and Medical Social Services. The structure of the IOPC program is organized to promote quality palliative care, client satisfaction and cost efficiency through the use of collaborative patient-centered palliative care services, evidence-based guidelines and protocols, and targeted goals and outcomes.

C. SCFHP defines the process of how the plan coordinates palliative care services for members with serious illness and helps them access needed resources and care.

III.   Responsibilities

A. Health Services collaborates with other SCFHP departments (IT, Claims, Benefits, Provider Services, and Member Services) as well as contracted IOPC providers and member providers and delegates to identify, coordinate services, coordinate benefits, and provide eligible members with IOPC palliative care services.

IV.   References

California Welfare and Institutions Code (WIC) Section 14132.75
Final Draft APL 17-015, October 2017

POLICY

V.   Approval/Revision History

First Level Approval		Second Level Approval	
Signature		Signature	
Johanna Liu, PharmD		Laurie Nakahira, D.O.	
Name		Name	
Director, Quality and Process Improvement		Chief Medical Officer	
Title		Title	
6/12/19		6/12/19	
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; Review 06/10/20	Quality Improvement	Approve	

POLICY

Policy Title:	Informing Members of Behavioral Health Services	Policy No.:	QI.27
Replaces Policy Title (if applicable):		Replaces Policy No. (if applicable):	
Issuing Department:	Health Services	Policy Review Frequency:	Annually
Lines of Business (check all that apply):	☒ Medi-Cal		☒ CMC

I. **Purpose**

The purpose of this policy is to address how members are informed of their eligibility for services through the Santa Clara Family Health Plan (SCFHP), the Santa Clara County Behavioral Health Services Department and under the Behavioral Health (BH) Department. The information to the members includes:

A. Member eligibility to participate in the BH programs

B. How to use BH program services

C. How to opt in or out of BH program services

II. **Policy**

It is the policy of the SCFHP, specifically, the BH Department to offer services to those Cal Medi Connect (CMC) members who are diagnosed with a Severe Mental Illness (SMI) and/or Substance Use Disorder (SUD). Services include care coordination to ensure that the members receive the specialty mental health, substance use treatment, physical health and other psycho-social services they need to be able to live in the least restrictive environment possible and to be as healthy as possible. In addition, the BH Department will provide consultation and support to the other departments and the community to assist all those members with a behavioral health diagnosis and/ or substance use disorder to access needed services.

A. Eligible members will be identified through claims, referrals from community providers, and referrals from other departments, from the Health Risk Assessment (HRA) or through self-referral. In addition, through data-sharing agreements and MOUs, the County Behavioral Health Services Department will provide information to the SCFHP BH Department to identify the members who are eligible for Specialty Mental Health Services.

1. Behavioral Health program services will be initiated through outreach to the member, completion of the HRA and care plan and care coordination to assist the member to meet their own goals.

2. The BH Social Worker or Personal Care Coordinator (PCC) will explain to the member that the County Behavioral Health Services Department will provide a screening through their Call Center to determine if the member is qualified for Specialty Mental Health.

3. The member receives information from the BH Social Worker or PCC that if the member is not eligible for Specialty Mental Health services, then the SCFHP will assist with providing services such as counseling and care coordination.

4. The information regarding BH services is also provided on the SCFHP website www.SCFHP.com

POLICY

    5. Information on how to reach the County Call Center is provided on the member identification card.

    6. Members may participate in the BH program as they would any of the SCFHP programs. The member may opt out of any part of the case management program including the HRA and care plan or ICP.

III.   Responsibilities

Behavioral Health Services Department has the primary responsibility for carrying out the policy requirements. Case management and the Customer Services Department may be responsible for referring members into BH services.

IV.   References

DPL # 14-003   CROSSOVER CLAIMING RESPONSIBILITY FOR MENTAL HEALTH SERVICES PROVIDED TO CAL MEDICONNECT BENEFICIARIES

V.   Approval/Revision History

First Level Approval	Second Level Approval
Signature	Signature
Jeff Robertson, MD	Laurie Nakahira, MD
Name	Name
Medical Director	Chief Medical Officer
Title	Title
June 3, 2019	June 3, 2019
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v.1	Original 11/08/2018 Reviewed 06/03/2019	Quality Improvement	06/03/20196 Approve	

Regular Meeting of the

Santa Clara County Health Authority
Pharmacy and Therapeutics Committee

Thursday, December 19, 2019, 6:00 PM - 8:00 PM

Santa Clara Family Health Plan, Redwood Conference Room

6201 San Ignacio Ave, San Jose, CA 95119

MINUTES (OPEN)

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

Members Absent
Amara Balakrishnan, MD
Dolly Goel, MD
Hao Bui, BS, RPh
Minh Thai, MD
Narinder Singh, PharmD

Staff Present
Duyen Nguyen, PharmD
Nancy Aguirre, Administrative Assistant
Tami Otomo, PharmD

Others Present
Alan Kaska, Abbott Labs, Public
Amy McCarty, PharmD, MedImpact

1. **Roll Call**

   Jimmy Lin, MD, Chair, called the meeting to order at 6:06pm. Roll call was taken and a quorum was not established.

2. **Public Comment**

   Alan Kaska, Abbott Labs, talked about continuous glucose monitoring (CGM) devices for diabetes care. Abbott's CGM product, FreeStyle Libre, involves reading a person's blood glucose level with a reader and sensor instead of using the traditional fingerstick method. Mr. Kaska shared that Abbott Labs introduced the FreeStyle Libre CGM products at a lower cost than competitors.

3. **Open Meeting Minutes**

   The review of the 3Q2019 Pharmacy and Therapeutics Committee open meeting minutes was deferred until a quorum was established.

4. Standing Agenda Items

a. Chief Medical Officer Health Plan Updates

Laurie Nakahira, DO, Chief Medical Officer, Santa Clara Family Health Plan (SCFHP), reviewed the following Health Plan updates:

   I. The Healthy Kids line of business has ended. The children who were enrolled in Healthy Kids were transitioned into the Medi-Cal line of business, which offers more benefits. All but two of the 3,500 children were transitioned into Medi-Cal on October 1, 2019. The two children (siblings) who did not meet criteria for Medi-Cal are being transitioned into Valley Kids. This transition should take full effect on January 1, 2020. Until that date, the two siblings will be covered by SCFHP.

   II. One of SCFHP's durable medical equipment (DME) providers, California Home Medical Equipment (CHME), contract is terminating. Their contract ends on December 31, 2019.

   III. SCFHP completed the Centers for Medicare and Medicaid Services (CMS) audit with a total of five findings. There will be one more audit to complete.

   IV. Dr. Nakahira announced that SCFHP signed a lease for a new Community Resource Center (CRC) located in San Jose, near McKee Road and North Capitol Avenue. Member engagement, educational classes, and physical activity classes are a few of the resources that will be available to members within the CRC.

   V. SCFHP has a new website and launched a new mobile app. The mobile app is user friendly and feedback on this new resource is highly encouraged.

   VI. Presently, developmental screenings are being conducted during well child visits. However, providers have not been billing for them. Proposition 56 offers an extra payment to providers for performing this task. SCFHP will be working with some of the clinics to ensure providers obtain credit for completed developmental screenings.

b. Plan/Global Medi-Cal Drug Use Review

Tami Otomo, PharmD, SCFHP, provided the final update on the Retrospective Drug Utilization Review (DUR) Morphine Equivalency Initiative program, which aimed to improve the quality of pain treatment and prevent opioid overdose in members with at least one month of prescription opioid claims exceeding 120 morphine equivalent daily dose (MEDD).

Dr. Otomo noted that opioid safety edits at point-of-sale (POS) were implemented on October 1, 2019 for all Medi-Cal members.

Ali Alkoraishi, MD, Committee Member, asked where SCFHP acquired their data. Dr. Otomo explained that the data was obtained from approved pharmacy claims for opioid prescriptions.

Peter Nguyen, DO, Committee Member, arrived at 6:18pm. A quorum was established at this time.

c. Appeals & Grievance 3Q2019 Report

Dang Huynh, PharmD, Director of Pharmacy, SCFHP, presented the 3Q2019 Grievance & Appeals Report.

Dr. Nguyen asked about the number of prior authorization requests with subsequent appeals. Dr. Huynh explained that there is a 24-hour turnaround time for Medi-Cal. If the initial request does not have the necessary information, SCFHP will conduct telephonic outreach to the requesting provider to gather

supporting information. If the provider's office does not submit the supporting information within the turnaround time, then a denial will be made due to not having enough information to approve the request.

For Cal MediConnect (CMC), the majority of appeals are requests for high risk medications (HRM). HRM authorization requests require providers to submit an attestation acknowledging that the medication they are prescribing is considered high risk, but the benefits outweigh the risks for their patient. Dr. Lin asked if this is a state requirement. Dr. Huynh replied that CMS encourages the monitoring of HRM drugs. Dr. Huynh will request that Appeals & Grievances provide details about the other types of appeals for the next P&T Committee meeting.

d. National Committee for Quality Assurance (NCQA) Member Connection Standards – 2019 Pharmacy Report

Duyen Nguyen, PharmD, SCFHP, reported that there were no issues found in the required annual NCQA self-audit of SCFHP's member portal, resulting in a score of 100% in all measurements of quality and accuracy.

e. CY2020 Utilization Management Drug PA Grid

Dr. Otomo presented the Utilization Management Drug Prior Authorization (PA) grid for CY2020 and noted that it was approved at the most recent 4Q2019 Utilization Management Committee meeting.

SCFHP added newly released and soon-to-be released biosimilars to the PA grid. Dr. Otomo noted that if a biosimilar is available, SCFHP requires a step therapy for the brand name product.

At 6:30pm, Dr. Lin resumed the Committee's review of the 3Q2019 Pharmacy and Therapeutics Committee open meeting minutes, as a quorum was established upon Dr. Nguyen's arrival.

> Dr. Nguyen motioned to accept the open meeting minutes as presented, and it was seconded by Dr. Alkoraishi. Motion carried.

Adjourn to Closed Session
Pursuant to Welfare and Institutions Code Section 14078.36 (w)
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5. Closed Meeting Minutes

The 3Q2019 Pharmacy and Therapeutics Committee closed meeting minutes were reviewed as presented.

> Dr. Nguyen motioned to accept the closed meeting minutes as presented, and it was seconded by Dr. Alkoraishi. Motion carried.

6. Metrics and Financial Updates

a. Membership Report

Dr. Nakahira presented the membership report.

b. Pharmacy Dashboard

Dr. Otomo presented the pharmacy dashboard.

c. Drug Use Evaluation

Dr. Huynh presented a follow-up to the 1Q19 Drug Use Evaluation (DUE) program.

d. Drug Utilization & Spend

Dr. McCarty presented the Drug Utilization & Spend.

7. **Discussion and Recommendations for Changes to SCFHP's CMC Formulary & Coverage Determination Criteria**

   a. **Pharmacy Benefit Manager 3Q2019 P&T Minutes**

   b. **Pharmacy Benefit Manager 4Q2019 P&T Part D Actions**

   Dr. McCarty presented the PBM's Medicare Part D Pharmacy & Therapeutics minutes and actions.

   Dr. Nguyen motioned to accept the PBM's 3Q2019 P&T Minutes and 4Q2019 P&T Part D Actions, and it was seconded by Dr. Nakahira. Motion carried.

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

   a. **Old Business/Follow-Up**

      i. **Continuous Glucose Monitors (CGM)**
         Dr. Huynh reviewed the cost of Abbott FreeStyle Libre's CGM sensor.

      ii. **Opioid Point-of-Sale Safety Edits**
         Dr. Huynh reviewed the provider memo faxed out on October 1, 2019 with details about these opioid safety edits.

      iii. **Insulin Vial and Insulin Pen**
         Dr. Huynh reviewed the cost difference between an insulin pen and an insulin vial.

      iv. **Prior Authorization Approval Length**
         Dr. Huynh addressed Dr. Nguyen's question from the previous P&T Committee meeting regarding the consideration of approving PAs.

   b. **Formulary Modifications**

      Dr. Otomo presented Medi-Cal formulary changes.

      Dr. Nguyen motioned to accept the Formulary Modifications, and it was seconded by Jesse Parashar-Rokicki, MD, Committee Member. Motion carried.

   c. **Fee-for-Service Contract Drug List Comparability**

      Dr. McCarty reviewed the summary of changes to the Medi-Cal Fee-for-Service (FFS) Contract Drug List (CDL).

      Dr. Nguyen motioned to accept the recommendation that no action was needed by SCFHP, and it was seconded by Dr. Parashar-Rokicki. Motion carried.

   d. **Prior Authorization Criteria**

      Dr. Duyen Nguyen presented the following PA criteria:
      i. **New or Revised Criteria:**
         1. Non-Formulary
         2. Hepatitis C Policy
         3. Epclusa
         4. Mavyret
         5. Norditropin Flexpro
         6. Retacrit
      ii. **Annual Review:**
         1. Zarxio

Dr. Nguyen motioned to accept the PA criteria as presented, and it was seconded by Dr. Alkoraishi. Motion carried.

9. **New Drug and Class Reviews**

Dr. McCarty presented the following new drugs and class reviews:
a. **Review**
   i. **Vumerity (diroximel fumarate)**
   ii. **Nourianz (istradefylline)**
   iii. **Glucagon-like peptide-1 (GLP-1) Class – Diabetes**

   Dr. Nguyen motioned to accept the New Drugs and Class Reviews as presented, and it was seconded by Dr. Cung. Motion carried.

b. **Informational Only**
   i. Adakveo (crizanlizumab) – Sickle Cell Disease
   ii. Beovu (brolucizamab) – Age-Related Macular Degeneration
   iii. Nubeqa (darolutamide) – Prostate Cancer
   iv. Rozlytrek (entrectinib) – Oncology
   v. Inrebic (fedratinib) – Oncology
   vi. Reyvow (lasmiditan) – Migraine
   vii. Ubrogepant – Migraine
   viii. Rimegepant – Migraine
   ix. Palforzia (AR101) – Peanut Allergy
   x. Bonsity (teriparatide) – Osteoporosis
   xi. Pretomainid – Tuberculosis
   xii. Aklief (triparatide) – Acne
   xiii. Guideline Updates – Pulmonary Arterial Hypertension
   xiv. Biosimilar Update
   xv. New and Expanded Indications

   No questions were asked about the Informational Only items.

Reconvene in Open Session

10. **Discussion Items**

   a. **New and Generic Pipeline**

   Dr. McCarty noted an upcoming high impact-interest agent coming in 1Q2020 for peanut allergies. A second agent for peanut allergies will be released in the second half of 2020.

   Dr. McCarty shared that generic Novolog Flexpen and Novolog vial will be available early 2020. These drugs are not on SCFHP's Medi-Cal formulary.

11. **Adjournment**

   The next Pharmacy and Therapeutics Committee meeting will be on March 19, 2020. The meeting was adjourned at 7:37pm.

Approved via teleconference   04/30/2020

_____   _____
Jimmy Lin, MD, Chair of Pharmacy &Therapeutics Committee   Date

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

Thursday, January 15, 2020 6:30 PM - 8:00 PM

Santa Clara Family Health Plan, Redwood

6201 San Ignacio Ave, San Jose, CA 95119

MINUTES - Approved

Members Present
Ali Alkoraishi, MD, Psychiatry
Dung Van Cai, MD, OB/GYN
Ngon Hoang Dinh, DO, Head & Neck
Jimmy Lin, MD, Internal Medicine, Chairperson
Habib Tobbagi, MD, PCP, Nephrology
Indira Vemuri, Pediatric Specialist

Members Absent
Laurie Nakahira, DO, Chief Medical Officer

Staff Present
Lily Boris, MD, Medical Director
Angela Chen, Manager, Utilization Management
Natalie McKelvey, Manager, Behavioral Health
Amy O'Brien, Administrative Assistant
Luis Perez, Supervisor, Utilization Management

Staff Absent
Christine Tomcala, Chief Executive Officer

1. **Introduction**

   Dr. Jimmy Lin, Chair, called the meeting to order at 6:30 p.m. Roll call was taken, and a quorum was established. Absent this evening were Laurie Nakahira, DO, Chief Medical Officer, and Christine Tomcala, Chief Executive Officer.

2. **Public Comment**

   There were no public comments.

3. **Review and Approval of October 16, 2019 Meeting Minutes**

   The minutes of the October 16, 2019 Utilization Management Committee meeting were reviewed.

   > Dr. Lin called for a motion to approve the October 16, 2019 Utilization Management Committee meeting minutes. Dr. Alkoraishi moved to approve the October 16, 2019 Utilization Management Committee meeting minutes. Dr. Van Cai seconded the motion. The motion passed 6-6.

4. **CEO and CMO Update**

   Dr. Boris gave the CEO and CMO updates on behalf of Ms. Tomcala and Dr. Nakahira. The governor of California has proposed a Medi-Cal Healthier California for all, formerly known as CalAim (California Advancing and Innovating Medi-Cal). This is a set of proposals that uses Medi-Cal as a tool to address some of California's biggest challenges, such as homelessness, insufficient access to behavioral health care,

children with complex medical needs, the clinical needs of the justice system population, and the medical needs of the elderly. The governor has identified three (3) goals: (1) Identify and manage member risk and need through whole person care approaches, while addressing the social determinants of health; (2) move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility; and (3) improve quality outcomes and drive delivery system transformation through value-based initiatives, the modernization of systems and payment reform. At present, the Plan's Cal MediConnect plan has attained NCQA accreditation. The Plan is now working towards NCQA accreditation for its Medi-Cal line of business.

5. **Old Business/Follow-Up Items**

   a. **General Old Business**

   There is no old business to discuss this evening.

   b. **Medical Covered Services Prior Authorization Grid**

   Dr. Boris reviewed the updated Medical Covered Services Prior Authorization Grid, which is included in the agenda packet materials. The biggest change to the Grid refers to Podiatry services. The Plan removed the need for general authorization for podiatric office visits. Members still need a referral for office visits, but not a prior authorization. Only podiatric surgery will require a prior authorization. Medi-Cal dictates the number of office visits; as such, the Plan will follow the Medi-Cal rules.

6. **UMC Meeting Calendar - 2020**

   Dr. Boris presented the UMC Calendar for 2020 to the Committee. Dr. Boris summarized the dates of the UMC meetings for 2020.

   > Dr. Lin called for a motion to approve the UMC Meeting Calendar for 2020. Dr. Van Cai moved to approve the UMC Meeting Calendar for 2020. Dr. Alkoraishi seconded the motion. The motion passed 6-6.

   > Dr. Lin next called for a motion to change the UMC meeting start time from 6:30 p.m. to 6:00 p.m. Dr. Alkoraishi moved to approve the UMC meeting start time of 6:00 p.m. Dr. Van Cai seconded the motion. The motion passed 6-6.

7. **UMC Program Description - 2020**

   Dr. Boris presented the UMC Program Description for 2020, as a redline version, to the Committee. Dr. Boris highlighted various changes to the UM Program Description included in the agenda packet materials.

   > Dr. Lin called for a motion to approve the UMC Program Description – 2020. Dr. Vemuri moved to approve the UMC Program Description – 2020. Dr. Alkoraishi seconded the motion. The motion passed 6-6.

8. **Annual Review of UM Policies**

   Dr. Boris presented the UM policies for 2020, as redline versions, to the Committee.

   a. HS.02 Medical Necessity Criteria
   b. HS.03 Appropriate Use of Professionals
   c. HS.04 Denial of Services Notification
   d. HS.05 Evaluation of New Technology
   e. HS.06 Emergency Services
   f. HS.07 Long-Term Care Utilization Review
   g. HS.08 Second Opinion

h. HS.09 Inter-Rater Reliability
i. HS.10 Financial Incentive
j. HS.11 Informed Consent
k. HS.12 Preventive Health Guidelines
l. HS.13 Transportation Services
m. HS.14 System Controls – **New policy**

> Dr. Lin called for a motion to approve the Annual Review of UM Policies and the new policy HS.14 System Controls. Dr. Van Cai moved to approve the Annual Review of UM Policies. Dr. Dinh seconded the motion. The motion passed 6-6.

9. Reports

a. Membership

Dr. Boris presented the membership report for December 2019. The Plan has 233,995 Medi-Cal members. The Cal MediConnect line-of-business continues to grow from 8,076 members in July 2019 to 8,428 members in December 2019. As of January 1, 2020 the Plan no longer has Healthy Kids members. All former Healthy Kids members have been successfully transitioned into other plans, mostly Medi-Cal.

b. Standard Utilization Metrics

Dr. Boris briefly summarized the Standard Utilization Metrics for the Committee. The purpose is to measure and compare the Plan's utilization levels against relevant industry benchmarks, as well as monitor utilization trends amongst the Plan's membership. From January 2019 through December 2019, the average length of stay for Medi-Cal members is 3.99. For Medi-Cal non-SPD the average length of stay is 3.79, with the Medi-Cal-SPD population slightly higher at a 4.62 average length of stay. From January 1, 2019 through December 5, 2019 the discharge rate per every 1,000 members is 2.50 for the non-SPD population. The discharge rate per every 1,000 members for the SPD population is higher at 8.92. The SPD population is smaller than the non-SPD population. As a result, the Medi-Cal total numbers per 1,000 members comes down to approximately 3 discharges per every 1,000 members. Dr. Boris discussed the Plan's ranking for Medi-Cal inpatient utilization in comparison to the NCQA Medicaid Percentile Rank, and the Plan's average for the non-SPD population, per every 1,000 members, is less than 5%. Dr. Boris next discussed the rate of inpatient readmissions for both the Medi-Cal and Cal MediConnect populations. For the MediCal SPD population, our readmission rate is 21.03% which is considered high. Dr. Lin and Dr. Boris discussed the fact this is likely due to patients diagnosed with Sepsis. Dr. Boris outlined the readmission rates for the Cal MediConnect population. The over 65 age group actually has a lower readmission rate than the 18-64 age group, as the 18-64 age group are generally on MediCare and/or receiving disability. Dr. Boris then discussed the Medi-Cal Frequency of Selected procedures from January 1, 2019 through December 5, 2019. There are no significant changes since the last Committee meeting. The trends are generally down on an overall basis. A discussion ensued between Dr. Boris and Dr. Alkoraishi as to why the numbers trend downward. Dr. Boris stated she can review the numbers from the last Committee meeting and compare them to the current data to see if there is an explanation. Dr. Alkoraishi provided a possible rationale from the clinical point-of-view, but it could also be due to the fact that the numbers are so small it does not take much change to see a downward trend. Dr. Boris next discussed the rate of anti-depressant medications for acute phase treatment and continuation phase treatment, and there is no significant change from the last Committee meeting.

c. Dashboard Metrics

- Turn-Around Time – Q4 2019 – Dr. Boris next reviewed the Turn-Around time report for Medi-Cal from October 2019 through December 2019. The Plan met its' goals for December, with the percentage of timely decisions made within 5 business days at 100%. Dr. Boris also presented the

Committee with the Plan's timeliness of decisions for the urgent, concurrent, retro, and standard authorizations. Dr. Lin asked Dr. Boris for the Medi-Care guidelines for turn-around time. Dr. Boris replied that the Medi-Care guidelines are 100% on all decisions. During the CMS audit, however, CMS did not issue any corrective action for the current numbers due to the significant improvement the Plan made since the last audit.

- Call Center – Q4 2019 – Mr. Perez presented the Utilization Management Call Center metrics to the Committee, beginning with Medi-Cal. There has been less call volume in December, compared to October and November. The statistics show that the UM department has been able to increase the number of calls they take, with a higher rate of response and a lower rate of call abandonment. For the Cal MediConnect line of business, the volume of calls also dropped in December, as compared to October and November, and the abandonment rate is lower, so the UM department is able to answer a higher rate of calls with more efficiency. Dr. Lin inquired as to which language is the most prevalent for the calls received in the UM Call Center. Mr. Perez advised that, as the UM Call Center answers calls from providers, the language spoken is normally English. Dr. Lin also inquired as to why the call volume is so much lower in December, which Dr. Boris attributes to the holidays. Dr. Lin further inquired as to the average length of the calls, and Dr. Boris advised the average talk time is 2 minutes. Dr. Tobbagi inquired as to reason behind Provider call frequency. Dr. Boris replied that Stanford accounts for a large number of the calls taken by the UM department.

d. Quarterly Referral Tracking – Q4 2019

Dr. Boris next discussed the 'Referral Tracking Report'. The Plan does an annual report to the committee. This report is specific to the number of authorizations, and whether or not service was rendered and the Claim was paid within 90 days; or after 90 days; and what percentage of the authorizations approved had no Claim paid. The UM team also completed review of the Annual Referral Tracking report for calendar year 2019, which is included in this packet under Agenda item f. No additional clarification was needed. Dr. Lin asked if CBAS falls under the Plan's budget, not the State's budget. A discussion ensued as to the scope of services provided by CBAS centers, contracted with and paid for, by the Plan, versus a Senior Activity Center which is provided by the City.

e. Quality Monitoring of Denial Letters (HS.04.01) – Q4 2019

Dr. Boris reviewed the results of the standard quarterly report on Quality Monitoring of Denial Letters for the 4th quarter of 2019. Dr. Boris explained that the Plan analyzes a random sample of 30 total denial letters per quarter, which includes examination of all the elements the Plan is audited on. During this review process, half of the letters are for the Medi-Cal line of business, the other half are for the Cal Medi-Connect line of business, and 100% are denials. Dr. Boris reported that the results show the Plan rated 100% in each of the quality measurement benchmarks.

f. Referral Tracking System (HS.04.02) - 2019

Dr. Boris reviewed the Referral Tracking System report for the calendar year 2019. Normally, there is a rolling 12 month lookback period; however, due to issues with the new system, Dr. Boris only pulled data from January 1, 2019 through October 1, 2019. The purpose of this report is to comply with policy HS.02.Medical Necessity Criteria. The UM department conducts a random sample of 50 or more files, and the department then makes outbound calls to determine why members failed to get approved services, and connect them with a Case Manager to assist them with getting covered services. The findings show that there were 24,000 unique authorizations, which is approximately 2,400 authorizations per month. Of those, 9,170 were for Cal MediConnect and 15,000 were for Medi-Cal. It was identified that there was an average of 3 months claims lag-time. Dr. Boris examined the percentage of authorizations rendered with a claim paid within 90 days, and this showed that 74% of the Plan's authorized services were rendered with a claim paid within 90 days of authorization; 1% of authorized services were rendered with a claim paid after 90 days of authorization; and 28% of authorized services did not yet have a claim paid. Dr. Boris reviewed the most

common high volume authorizations comprised of CBAS, DME, Home Health and Hospice, and Outpatient Hospital. For example, our CBAS providers had a low rate of only 5% of claims paid; DME was 20%; Home Health was 30%; Outpatient Hospital was 43%; Continuity-of-Care was 58%; dental anesthesia was 16%; and transportation was the highest category of unpaid claims at 69%. Dr. Boris explained that out of 4,752 authorizations, only 5.2% had no claims paid on an Inpatient scale. The UM department follows up with members who have not had a claim paid to ascertain the reasons why they did not receive an authorized service or file a claim. There were no high risk areas that necessitated Case Management. Please see complete report in the packet.

g. Physician Peer-to-Peer (HS.02.02) - 2019

Dr. Boris next presented the Physician Peer-to-Peer report for calendar year 2019. The purpose of this report is to ensure the peer-to-peer process is on-track, and the needs of the Provider are addressed by the Plan. Typically how this works is the Provider calls in and requests to speak to the doctor who rendered the denial. For calendar year 2019, there were 27 total scheduled requests for peer-to-peer reviews. These were reviewed for compliance. 26 out of 27 denials were completed with the Plan physician and requesting physician; 26 out of the 27 had the appropriate documentation in our call tracking system. The current findings are that 96% of peer-to-peer calls occurred and no corrective action is required. Stanford, El Camino Hospital, and a few private physicians comprise most of the peer-to-peer review cases.

h. Behavioral Health UM

Ms. McKelvey presented the Behavioral Health UM PowerPoint to the Committee. Ms. McKelvey began with the Developmental Screening numbers for calendar year 2019. She explained that the goal is to hit 5,000 screenings for the year; however, in 2019 the number of screenings was 3,476. She anticipates this number will increase as more claims come in. For BHT, the average for Q4 was 185 receiving ABA services each month. There are 26 children on the waitlist with ABA authorizations approved, however, they are not yet receiving services due to the fact that the families and the providers have yet to agree on a time. Dr. Alkoraishi asked about the average age of these members, and Ms. McKelvey advised they are typically less than 10 years old, ranging from as young as 2 years old, up to age 17. Treatment is provided by a physician or a licensed Psychologist. Dr. Lin wanted to know why a 2 year old would need behavioral health services, and Ms. McKelvey clarified that if they have an autism diagnosis, or it is proven to be medically necessary, they can receive behavioral health services. Dr. Vemuri inquired about the waitlist. Ms. McKelvey advised it varies by family, and it is usually because they are waiting for a spot to open up that does not conflict with their child's school schedule. Children can receive services for years, so the Plan reviews cases every 6 months to ensure progress. The ABA providers meet with the Plan on a quarterly basis, and they all request more feedback from the Pediatricians. Ms. McKelvey advised she will facilitate this open communication. Ms. McKelvey gave a breakdown of the number of Cal MediConnect psychiatric admissions for Q3 and Q4. The team completed 8 transition of care calls to patients who were discharged to home. For the Medi-Cal mild to moderate referrals, 7 members were connected to services. Dr. Vemuri asked how many child Psychiatrists are in our network. Ms. McKelvey advised it is a little misleading to try to determine that number. They are all connected to the BHT. A discussion ensued as to the difficulty of the process to refer a patient to a psychiatrist. The BH team provided case management to 248 Cal MediConnect members; and case management to 65 Medi-Cal SPD members.

10. Adjournment

The meeting adjourned at 6:04 p.m. The next UMC meeting is scheduled for Wednesday, April 15, 2020 at 6:00 p.m.
Approved via teleconference – 04/15/2020

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Jimmy Lin, MD, Utilization Management Committee Chairperson

QUALITY IMPROVEMENT
COMMITTEE or ACTIVITY REPORT

Name of Reporting Committee or Activity: Monitoring or Meeting Period:

    Credentialing Committee   04/01/2020

Areas of Review or Committee Activity
Credentialing of new applicants and recredentialing of existing network practitioners

Findings and Analysis

Initial Credentialing (excludes delegated practitioners)		
Number initial practitioners credentialed	15	
Initial practitioners credentialed within 180 days of attestation signature	100%	100%
Recredentialing		
Number practitioners due to be recredentialed	10	
Number practitioners recredentialed within 36-month timeline	10	
% 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 03/31/2020	287	

(For Quality of Care ONLY)	Stanford	LPCH	VHP	PAMF	PMG	PCNC
Total # of Suspension	0	0	0	0	0	0
Total # of Terminations	0	0	0	0	0	0
Total # of Resignations	0	0	0	0	0	0
Total # of practitioners	1617	1551	746	830	405	139

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.

Actions Taken

1. All current network practitioners were monitored on an ongoing basis for licensing issues, sanctions, validated quality of care issues and opt-out exclusion. - #   currently credentialed practitioner or provider had an identified issue on any of the exclusion lists or licensing boards.
2. Staff education conducted regarding the recredentialing of practitioners within the required 36-month timeframe. Procedure review of mailing pre-populated recredentialing applications six months prior to due date reviewed.

Outcomes & Re-measurement

Weekly re-measurement will be conducted on recredentialing applications to measure compliance

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

Regular Meeting of the
Santa Clara County Health Authority
Provider Advisory Council (PAC)

Tuesday, May 13, 2020, 12:15 – 1:45 PM
Santa Clara Family Health Plan, Teleconference
6201 San Ignacio Ave, San Jose, CA 95119

MINUTES - Draft

Committee Members Present
Thad Padua, MD, Chair
Clara Adams, LCSW
Dolly Goel, MD
Michael Griffis, MD
Bridget Harrison, MD
Jimmy Lin, MD
David Mineta
Peter L. Nguyen, DO
Sherri Sager
Hien Truong, MD

Staff Present
Christine Tomcala, CEO
Laurie Nakahira, DO, CMO
Chris Turner, COO
Dang Huynh, PharmD, Director, Pharm
Janet Gambatese, Director, PNM
Johanna Liu, PharmD, Director, Quality &
Process Improvement
Angela Chen, Manager, UM
Brandon Engelbert, Manager, PNM
Angelique Tran, Supervisor Prior
Authorization
Robyn Esparza, Administrative Assistant

Committee Members Absent
Meg Tabaka, MD, Resident

1. **Roll Call/Establish Quorum**
   Thad Padua, MD, Chair, called the meeting to order at 12:20 pm. Roll call was taken and a quorum was established.

2. **Meeting Minutes**
   The previous minutes from February 11, 2020 were reviewed. Dr. Padua called for a motion to approve the minutes from the February 11, 2020 Provider Advisory Council (PAC) meeting. Dr. Lin moved to approve the minutes. Dr. Nguyen seconded the motion. The motion passed 9 out of 9**.**

3. **Public Comment**
   There was no public comment.

4. Chief Executive Officer Update

Christine Tomcala, CEO, presented the April 2020 Enrollment Summary, noting total enrollment of 243,774, with 8,725 members in Cal MediConnect and 235,049 members in Medi-Cal (MC). Ms. Tomcala shared that the Plan is seeing an increase in MC membership, largely due to the State temporarily suspending disenrollment of members due to COVID-19. The Plan's current May enrollment stands at 249,500 members.

Ms. Tomcala presented a table outlining SCFHP's responses to the COVID-19 crisis. She briefed the council on the Plan's efforts related to the crisis.

5. Quality

Johanna Liu, PharmD, Director of Quality & Process Improvement provided the council with an update on the HEDIS process. Dr. Liu noted that due to COVID-19virus, there are some unprecedented allowances. With regard to the Cal MediConnect line of business, CMS advised the Plan that they are not requiring the Plan to report on HEDIS for measurement year 2019. The announcement took place in the middle of the medical record review season, so we stopped outreach for medical records after the announcement. We continued to collect data for providers or groups that we had access to their EMR, and for charts that were already submitted to us for the purpose of internal quality measurement and improvement. So, that did put us at risk of having incomplete medical records from our HEDIS season. Regarding Medi-Cal, we are still required to report by DHCS, but they also made some allowances. We are allowed to substitute out hybrid measures, using our previous year's rate. Hybrid measures are those measures that are a combination of our claims and encounter data plus medical record review data. There also was an APL that came out recently that said they will not hold us to 50th percentile benchmarks for hybrid measures. Previously, they had said that we would receive sanctions, including monetary penalties if we didn't meet that 50th percentile. So, we have put our pencils down so to speak in that all of the data collection and measuring has been completed for calendar year 2019. Now, we are in audit phase of the HEDIS season, where we need to show that our data is correct and the charts were reviewed appropriately and all of that to our HEDIS auditors. After that, we will finalize rates and scores for this year. Dr. Liu inquired if the council had any questions for her.

Dr. Griffis inquired when Dr. Liu expects to have the report card over to Physicians Medical Group for 2019. Dr. Liu noted that we normally wait until the auditors have sort of approved and locked our rate before we do an official report card. She believes there's going to be some unofficial numbers coming out soon just for the sake of process improvements and discussion, but then after we do lock our rates, we do share their final rates with you probably in July. Dr. Griffis inquired about the rate lock for NCQA and HSAG for Medi-Cal. Dr. Liu noted that the Plan is locked in the sense of what we submitted to them already. We are not allowed to alter that during the audit process. However, if they find errors, we may have to do kind of take back some of what we claimed like a corrected chart for example. So, all will not be finalized until like mid-June.

6. Utilization Management Revised Pre-Authorization Form

Angela Chen, Manager, Utilization Management, provided the council with an update on the status of the Prior Authorization Portal. Ms. Chen noted that we are back up and running as of 05/01. We are seeing a slow ramp up in the prior authorization requests that we're receiving, but we are tracking it on a daily basis to see what the trends look like and how it compares to what it was before the PA suspension. She noted the last time, we had shared our new Prior Authorization Request form and we were talking about our working with it and getting our provider portal up and running. We are continuing to test entering the authorizations on the provider portal. We are noticing some glitches here and there, but we are working with I.T. very closely to work out those out with HealthX, and we will have more of an update at the next meeting.

7. Provider Network Management Updates

Brandon Engelbert, Provider Network Manager, advised the council on Provider Training and Education endeavors. With respect to training and with the current landscaping shifting ever so slightly, he noted the PNM Department is working on the process of refining a virtual outreach process with plans of going virtual

in the near future. And, hopefully, as situations arise, perhaps to that we wander into the territory of meeting with providers on an individual or collective basis, depending on the subjects or the topics to cover.   He noted PNM is working on the 2020 Provider Performance Program and another kind of mission critical targeted training outreach campaigns.

Dr. Laurie Nakahria, CMO, advised the council of an upcoming provider education related to lead screening for children. She noted we there will be information coming out to providers about what's coming up from the legislation on providing lead screening for our children the first year at 12 months and at 24 months.

8. Old Business

There was no new old business items presented.

9. New Business

Dr. Nakahira, CMO, lead a discussion on Continuing Medical Education (CME). She noted the Plan hasn't had a CME in about 15 months and wanted to bring this to PAC and talk about what subjects or areas of interest there are for a topic of interest. The last CME was related to ABA services, which had a great turn out. The Plan was to have one in the third quarter of this year, but is unsure how we're going to be able to provide that due to COVID. She noted the Plan would like to address behavioral health, especially in this time of social isolation, depression, and anxiety with COVID, how to get services, what services can be provided to primary care, and how to get services within our community within both lines of business of Medi-Cal and CMC. Dr. Nakahira would like to open it up to the council to see if there is anything in particular that they'd like to have us address in the future with CME planning.

Dr. Padua agrees with planning around behavioral health and anxieties since the clinic is seeing a lot of it. For the primary care physician, it might be a topic that providers will be interested in, trying to help members deal with stressors of COVID. Dr. Lin suggested doing both anxiety and mild to moderate depression.

Dr. Nakahira inquired if providers in the community would be willing to receive this education in a virtual setting via Zoom if the Plan is unable to provide the CME in a typical in-person setting due to COVID. Dr. Harrison suggested education on best practices of telehealth. She shared that her hospital residents put together something really helpful and useful. A lot of providers are conducting telehealth for the first time. Ms. Clara Adams shared that she does approximately 35 telehealth visits a week. She noted she is seeing a variety of stressors with anxiety being the main one. She noted a lot of patients do not have access to the internet for the purpose video appointments. She stressed having to be creative in how to communicate with them. Providers are trying to assess patients over the phone, just to make sure that they're doing okay. There are some instances where she is actually talking to people a couple of times a week because they're trying to deal with life and finances, and not being able to see her in person. She thinks providers need to have some support in how to work with the client population, which the council collectively agreed.

10. Adjournment

The meeting adjourned at 1:20 p.m. The next meeting is scheduled for August 12, 2020.

Dr. Thad Padua, Chair   Date

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

Tuesday, June 9, 2020, 6:00-7:00 PM
Santa Clara Family Health Plan, Redwood Conference Room
6201 San Ignacio Ave, San José, CA 95119

<u>Via Teleconference</u>
(669) 900-6833
Meeting ID: 927 6012 4890
Password: cacmtg0609

MINUTES - Draft

Committee Members Present
Evangeline P. Sangalang
Barifara (Bebe) Barife
Rebecca Everett
Blanca Ezquerro
Rachel Hart
Maria Trejo-Ramirez
Tran Vu

Staff present:
Christine Tomcala, Chief Executive Officer
Chris Turner, Chief Operating Officer
Laura Watkins, Vice President, Marketing & Enrollment
Theresa Zhang, Manager, Communications
Cristina Hernandez, Marketing Project Manager
Zara Hernandez, Health Educator
Divya Shah, Heath Educator
Sherry Faphimai, Marketing Coordinator

Others Present:
Vishnu Karnataki – Guest

1. **Roll Call/Establish Quorum**
    a. Ms. Sangalang, Committee Chair, called the meeting to order at 6:04 PM.

2. **Public Comment**
    a. There were no public comments.

3. **Review and Approval of December 10, 2019 Meeting Minutes**
    a. Ms. Everett moved and Mr. Vu seconded the motion to approve the minutes from the meeting held on December 10, 2019. The motion passed unanimously.

4. **Health Plan Update**
    a. Ms. Tomcala presented the enrollment update: As of June 1, Medi-Cal enrollment is 244,888 and Cal MediConnect is 8,987, for a total enrollment of 253,875 members. The recent overall increase is due to COVID-19 and DHCS' "pause" of Medi-Cal redeterminations during the declared

emergency so that beneficiaries are not losing eligibility. Ms. Tomcala mentioned that there has been a 12% increase in Cal MediConnect enrollment from a year ago because of the efforts of our Medicare Outreach team.

b. Ms. Tomcala shared that we currently have about 97% of our staff working remotely from home. There are about 10 people working at the office doing functions that cannot be performed remotely.

c. Ms. Tomcala reviewed the proposed California state budget, which now projects a combined deficit for fiscal years 2020 and 2021 of $54 billion. The state is anticipating unemployment to peek at 18% this year, with the Medi-Cal caseload increasing by an estimated 2 million people to a peak of 14.5 million in July 2020. With the budget impact of COVID-19, CalAIM is being delayed. The transition of Cal MediConnect plans to dual eligible special needs plans (DSNPs) is still planned for 1/1/2023. As the budget process moves forward, SCFHP will continue to work with our associations and address the proposed changes in our internal budgeting and planning process.

d. Ms. Watkins added that the state put Medi-Cal redeterminations on pause in mid-March, so no negative redeterminations will be processed until after August. All eligibility will stay the same except for situations such as moving out of the area.

5. **COVID-19 Update**

a. Ms. Zhang shared that the plan has implemented telehealth via the nurse advice line for members to be referred to a virtual consult within a physician. An option to send the summary of their virtual visit to their PCP is also provided.

b. A flyer was sent to all members letting them know about local support resources and how to contact SCFHP for assistance. Ms. Zhang stated that robocalls were made to members who may be more vulnerable to COVID-19, sharing similar information. Calls were made to members who were pregnant or postpartum, members age 65+, and members with multiple chronic conditions, to provide live assistance as needed.

c. A Community Resource Guide was developed that documents and shares local resources during COVID-19. It is available on the website and used by staff to assist members.

d. The requirement to contact Customer Service 3-5 business days in advance to schedule transportation to medical appointments has been suspended. Ms. Zhang mentioned that SCFHP worked with transportation vendors to establish special accommodations and cleaning guidelines to safely transport members.

e. A COVID-19 page has been developed on the SCFHP website to consolidate information for members. The Communications team is sharing and posting the same information on Facebook.

f. Mr. Vu asked if Twitter is being used to also relay information. Ms. Zhang responded that an account has been created but it is not currently active.

6. **Community Resource Center**

a. Ms. Watkins stated that construction resumed in May after it was put on hold because of COVID-19. Demolition is complete and plans have been approved. Finishes and furnishings are being finalized.

b. The CRC manager job description has been posted. Programming is under development with internal departments and with Community Based Organizations.

c. The projected occupancy date is September, with plans for a grand opening pending due to COVID-19 and social distancing.

d. Ms. Sangalang asked if there were any tweaks made for the new normal since designs were created pre-COVID. Ms. Watkins said that cubicles and office space were reconfigured to ensure sufficient space for social distancing. In the near term, SCFHP is planning to use bigger rooms for smaller size classes and does not anticipate implementing larger classes right away.

7. **Medi-Cal Enrollee Assessment**
    a. Ms. Zara Hernandez explained that this assessment looks at the cultural and linguistic needs of members every 3 years and is required by the Department of Managed Health Care. It is intended to help inform the health plan about language needs of our Medi-Cal population.
    b. Ms. Hernandez shared the methodology, summarized the results for each question, and shared opportunities for improvement.
    c. Ms. Tomcala asked if the questions asked in the survey were the same ones asked 3 years ago to be able to compare and see any trends. Ms. Hernandez stated this is something she can look at and present at a future CAC meeting.

8. **Health Education Update**
    a. Ms. Hernandez updated the CAC on SCFHP Health Education activities in 2019 which included creating an internal library of approved health education resources for internal staff that can be printed out and mailed to members, developing an intranet page that houses health education materials for internal staff, and the Wellness Rewards Program offering gift cards as incentives for completing health screenings/visits.
    b. Ms. Hernandez reviewed 2020 Health Education plans, including a text messaging campaign to educate and encourage healthy behaviors, and incentive offers though the Wellness Rewards Program.
    c. Ms. Sangalang asked if the incentives of gift cards made a significant difference in members completing their health screenings/visits. Ms. Hernandez answered that she feels it had a significant impact, with Adolescent Well-Care being most popular in members completing their visit.

9. **New Member Welcome Packet**
    a. Ms. Cristina Hernandez shared that currently a welcome packet is sent within 7 days of a member's effective date, and reviewed the contents of the packet.
    b. Ms. Hernandez presented proposed changes to improve member satisfaction, including changing the timing of the Primary Care Provider (PCP) auto assignment for new members who did not choose a PCP and sending these members a personalized subset of the full provider directory as part of their welcome packet. Welcome packets are also being edited to include additional information to help members get the most out of their SCFHP benefits, including instructions on selecting or changing PCP (including Kaiser or PAMF), accessing care in a PCP's network, completing an HRA if applicable, completing a HIF/MET, enrolling in the mySCFHP member portal, and scheduling an initial health assessment.
    c. Ms. Ezquerro asked if full directories will not be sent to new members at all or just members who haven't selected a PCP. Ms. Hernandez answered that members do not receive the full directory now (it is approximately 2,000 pages), but receive a notice about how to access the directory online or request a copy. The plan is to send those members who have not chosen a PCP a much smaller, personalized directory to help select a PCP that is convenient for them.

10. **Brand Awareness Campaign**
    a. Ms. Hernandez presented SCFHP's plan for development of a brand awareness advertising campaign. The goal is to build SCFHP brand and increase awareness of its Medi-Cal and Cal MediConnect lines of business in the county.
    b. Ms. Hernandez asked for CAC member participation in an initial survey that will be sent out later in June. CAC members expressed interest in participating.
    c. Ms. Sangalang asked why this survey couldn't be included with the Medi-Cal Enrollee Assessment. Ms. Watkins stated that the Medi-Cal Enrollee Assessment questions are required by regulation, so this needs to be done separately.

11. SCFHP Member Communications
   a. In addition to information about communications related to COVID-19, discussed previously, Ms. Zhang informed CAC members that the Spring Member Newsletter came out at the end of April and contained articles related to COVID-19, as well as other health plan information.
   b. On the website, board and committee meeting materials, formulary and provider directories, and information related to COVID-19 are kept updated. Ms. Zhang stated that SCFHP is now using the Aunt Bertha resource platform; she will do a live web demo at the next CAC meeting.
   c. Only a few educational events were attended in March, due to COVID-19 and shelter in place, and no upcoming events have been scheduled.
   d. Ms. Faphimai reviewed the list of current CAC members and CAC member changes. Current active members are Rebecca Everett, Blanca Ezquerro, Rachel Hart, Evangeline Pickell Sangalang (Chair), and Tran Vu. Maria Cristela Trejo Ramirez will be moved to active members and Danette Zuniga is no longer a member due to her move out of the area. Since member information forms need to be renewed every two years, Ms. Faphimai will email forms to current CAC members who are in need of renewal.
   e. Ms. Sangalang announced this will be her last meeting, as her term on the Governing Board is over at the end of June. Ms. Tomcala thanked Ms. Sangalang and expressed appreciation for her service. Ms. Tomcala announced that they are working on identifying a new CAC chair. Thanks all around were given to Ms. Sangalang.

12. Future Agenda Items
   a. There were no agenda item suggestions.
   b. Any suggestions can be sent to Sherry Faphimai (sfaphimai@scfhp.com).

13. Adjournment
   a. Ms. Sangalang adjourned the meeting at 7:14 pm.

_____
Laura Watkins
Vice President, Marketing & Enrollment

Publicly Available Salary Schedule
June 25, 2020

Santa Clara County Health Authority
Updates to Pay June 25, 2020

Job Title	Pay Rate	Minimum	Midpoint	Maximum
Director, Customer Service	19	143,171	186,122	229,073
Director, Long Term Services and Supports	18	124,236	158,401	192,566
Manager, Clinical Quality and Safety (RN)	17	105,733	134,810	163,886
Manager, Community Resource Center	17	105,733	134,810	163,886
Manager, Grievance and Appeals	17	105,733	134,810	163,886
Manager, Quality and Health Education	17	105,733	134,810	163,886
Operations Director	19	143,171	186,122	229,073
Supervisor, Community Resource Center	15	79,813	99,767	119,720

Santa Clara County Health Authority
Job Titles Removed from Pay Schedule
June 25, 2020

Job Title	Pay Rate	Minimum	Midpoint	Maximum
Manager, Grievance and Appeals Operations	16	89,986	114,732	139,478
Manager, Quality Improvement	17	105,733	134,810	163,886

Compliance Report

June 25, 2020

AUDIT UPDATE

- **Centers for Medicare & Medicaid Services (CMS) Program Audit**

  The Plan is underway with activities related to our CMS Program Audit Revalidation (Revalidation Audit). The Revalidation Audit was broken out into two parts. The first part evaluated the Plan's deficiencies related to Coverage Determinations, Appeals and Grievances (CDAG) and Compliance Program Effectiveness (CPE). ATTAC, the consulting firm directing the audit activities on behalf of CMS, completed all fieldwork and provided a final audit report to the Plan on 6/16/2020. The report noted that the CPE audit resulted in no findings. The CDAG portion of the audit resulted in 2 new findings and 1 repeat finding. ATTAC's final audit report has been submitted to the lead CMS auditor. The lead CMS auditor has scheduled a meeting with the Plan on 6/29/2020 to discuss the findings in the final audit report.

  The second part of the Revalidation Audit is related to the Care Coordination and Quality Improvement Program Effectiveness (CCQIPE) Conditions. The Plan has been working to sustain full compliance with respect to the relevant tasks. We are currently nearing the end of the second month of our 3-month audit "clean period", which runs from 5/1/2020, through 7/31/2020. Monitoring reports indicate that the organization is well-situated to have a successful Revalidation Audit of these conditions. The Revalidation Audit field work for the CCQIPE Conditions will begin in August 2020, with ATTAC's Final Report for the CCQIPE Conditions due to CMS on or before 9/25/2020.

- **Medicare Data Validation (MDV) Audit**

  The Plan's 2020 MDV Audit for the Cal MediConnect (CMC) line of business just concluded. The purpose of the MDV Audit is to validate the accuracy and completeness of Part C (inpatient and outpatient medical care) and Part D (prescription drug) data reported to CMS. The validation provides CMS with assurance that the data submitted to them is credible and consistently collected. The audit is conducted annually by a data validation contractor selected to perform and review data submitted, based on the previous calendar year's reporting requirements. CMS issued a memo reducing the scope of the 2020 MDV audit activities as a result of the COVID-19 pandemic. This reduction in scope is consistent with CMS' reprioritization of certain activities to allow organizations to focus on health and safety threats posed by the COVID-19 pandemic. Based on the new guidance, the auditors focused solely on Medicare Part D (prescription drug) Medication Therapy Management

(MTM). On 6/18/2020, Advent, the organization conducting the audit on behalf of CMS, notified SCFHP that the Plan successfully passed the data validation audit.

- **Department of Health Care Services (DHCS) Medi-Cal Managed Care Audit**

  The Plan has completed all initial activities related to our 2020 annual DHCS audit for the Medi-Cal line of business. We anticipate receiving the draft report from DHCS within the next 4-6 weeks. However, due to the impact of the COVID-19 pandemic, there may be a delay in receiving the report.

- **Department of Managed Health Care (DMHC) Medi-Cal Managed Care Audit**

  The DMHC has indicated that the Plan is scheduled for a follow-up audit in March 2021.

Santa Clara Family Health Plan
Quarterly Investment Compliance Report
First Quarter Ending March 31, 2020
(In accordance with the California Government Code)

1. OVERVIEW

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

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

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

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

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

2. COMPLIANCE WITH ANNUAL INVESTMENT POLICY

Based upon our independent compliance review of the quarterly investment reports prepared for the County Pool, and Portfolio) investments and the Sweep account were in compliance with the Santa Clara Family Health Plan's 2020 Annual Investment Policy adopted April 23, 2020. Investments made by Wells Fargo Asset Management are made in keeping with the Annual Investment Policy and the California Government Code.

Investment information for the County Pool and the Portfolio is as of March 31, 2020. Going forward, this investment oversight report will be provided as of quarter end and be available no later than 30 days after quarter end provided source documents are available.

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

3.   PORTFOLIO SUMMARY

As of March 31, 2020, the market values of the investments of the SCFHP as invested in the County Pool, the Wells' managed portfolio and the Wells' Stagecoach Money Market Fund (Sweep Account) are as follows:

County Commingled Investment Pool (County Pool)	Wells Fargo Asset Management Portfolio (Portfolio)	Wells Fargo Stagecoach Money Market Fund (Sweep Account)	Total
$105,255,151	$168,446,243	$38,396,840	$312,098,234

4.   SIX MONTH CASH SUFFICIENCY

The Plan's treasury management staff confirmed to Sperry Capital that the Plan has sufficient cash on-hand plus projected revenues to meet its operating expenditure requirements for at least the next six months.

5.   DIVERSIFICATION COMPLIANCE

As of March 31, 2020, the investment composition of the Wells Portfolio and Sweep accounts is compliant with the SCFHP Annual Investment Policy 2020.

The published Quarterly Investment Report as of March 31, 2020 for the Commingled Investment Pool indicates compliance with the County Treasurer's Investment Policy and Diversification parameters. There is no maximum percentage requirement for investment in the Commingled Investment Pool.

6. ACTUAL VS. DIVERSIFICATION REQUIREMENTS

Investment Type	Maximum Maturity	Maximum Specified % of Portfolio	Minimum Quality Requirements	Portfolio As of 03-31-2020	Compliance
Wells Stagecoach MMF	N/A	20%	**	38,396,840	Yes
Wells Govt MMF	N/A	20%	**	185,313	Yes
Commingled Investment Pool	N/A	None	None	105,255,151	Yes
U.S. Treasury Obligations	5 years	None	None	19,475,.271	Yes
U.S. Agency Obligations	5 years	None	None	88,444,926	Yes
Commercial Paper	270 days	25% of the agency's money	Highest letter and number rating by a national rating agency	19,492,386	Yes
CA Local Agency Obligations	5 years	None	None	2,687,681	Yes
CA State Obligation	5 years	None	None for CA	4,005,262	
Medium-Term Notes	5 years	30% (with not more than 20% in any 1 institution)	"A" rating or better	31,636,668	Yes
Supranational Obligations	5 years	30%	"AA" rating or better	2,518,383	Yes
Cash		None		353	Yes

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

7. PERFORMANCE

For the quarter ending March 31, 2020

Wells Fargo Asset Managed portfolio

Annualized Yield = 2.32%*

Primary Benchmark: ICE BofA Merrill Lynch 3-Month T-Bill: 0.57%

Average Duration: 0.31 years*

Average Effective Maturity: 0.31 years*

*provided by Wells Fargo Asset Management

For the quarter ending March 31, 2020

1. Santa Clara County Commingled Investment Pool
    Yield (annualized) = 1.893%
    Weighted average life = 1.48 years (539 days)
    Benchmark: LAIF = 1.89%; weighted average life =0.57 years (213 days)
    Benchmark: 2-year T-Note = 0.82%

2. Stagecoach Sweep Account (Wells Money Market Mutual Fund)
   Annualized fund yield as of March 31, 2020 = 0.266%

ATTACHMENT

Portfolio listing of the Wells managed portfolio

Organization	Event Name	Check Date	Event Date	Amount
SCFHP DONATIONS/SPONSORSHIPS				
		FY 2019-2020		
		Check Date	Event Date	Amount
Aging Services Collaborative	Annual Caregivers Conference	11/25/2019	4/25/2020	$ 200
Alum Rock Counseling Center	Annual Luncheon	1/24/2020	3/27/2020	$ 1,000
Asian Americans for Community Involvement	Annual Event (Gala)	Pending	9/29/2020	$ 5,000
Breathe California	Breath of Life Walk	10/25/2019	10/19/2019	$ 500
California Association for Adult Day Services	Northern California Spring Conference: The Quality Imperative	4/3/2020	4/15/2020	$ 350
Community Health Partnership	Symposium	10/25/2019	11/7/2019	$ 1,000
	Diaper Drive	5/8/2020	6/30/2020	$ 1,500
Community Solutions	Awards Luncheon	2/21/2020	3/20/2020	$ 2,500
Gardner Family Health	Dia de los muertos Run/Walk	10/4/2019	11/2/2019	$ 5,000
Gilroy Compassion Center	Harvest Moon Fund Raiser	11/4/2019	11/16/2019	$ 2,500
Grail Family Services	20th Anniversary Event	11/25/2019	5/15/2020	$ 5,000
The Health Trust	Spring into Health Breakfast	1/31/2020	4/3/2020	$ 5,000
Healthier Kids Foundation	Wine Tasting Benefit/ABC Kids	8/16/2019	9/27/2019	$ 5,000
Indian Health Center Santa Clara Valley	Annual Event	9/27/2019	9/28/2019	$ 5,000
Los Gatos Chamber of Commerce	Feed the Need	4/3/2020	4/1/2020	$ 3,000
March of Dimes	March for Babies	11/15/2019	4/25/2020	$ 5,000
MayView Community Health Center	Garden Party Fundraiser	9/20/2019	9/22/2019	$ 2,000
Momentum for Mental Health	Annual Shining Stars Benefit	8/8/2019	10/4/2019	$ 5,000
National Alliance on Mental Illness	NAMIWalks Silicon Valley	Pending	9/19/2020	$ 5,000
Next Door Solutions to Domestic Violence	Light up the Night	10/25/2019	10/17/2019	$ 1,000
PACT	Leadership Luncheon	8/16/2019	11/7/2019	$ 5,000
Parents Helping Parents	Annual Gala	2/21/2020	4/25/2020	$ 1,000
Planned Parenthood	Children's Summit	2/21/2020	3/13/2020	$ 5,000
Recovery Café	Closing the Gap Breakfast	Pending	5/8/2020	$ 2,500
Sacred Heart Community Service	Pack a Back	8/8/2019	8/9/2019	$ 5,000
SCC Fairgrounds Management Corp	WPUSA Labor Movement Holiday Party	12/6/2019	12/21/2019	$ 5,000
Silicon Valley Council of Non Profits	Be Our Guest Annual Luncheon	9/27/2019	10/24/2019	$ 2,000
	Policy/Housing Summit	9/27/2019	3/20/2020	$ 2,500
Silicon Valley Leadership Group	Silicon Valley Turkey Trot - Sponsorship	11/15/2019	11/28/2019	$ 5,000
SOMOS Mayfair	Gracias A La Vida Annual Luncheon	4/3/2020	4/30/2020	$ 2,500
Uplift Family Services	Silicon Valley Community Awards Luncheon	3/13/2020	4/24/2020	$ 5,000
Veggielution	Feast San Jose	4/3/2020	6/14/2020	$ 5,000
VMC Foundation	Annual Gala	4/3/2020	5/30/2020	$ 5,000
TOTAL				**$ 111,050**

FY2019-20 Board Designated Funds Project Commitments

Organization	Project	Amount
Community Health Partnership - Community Clinics — AACI, Gardner, Indian Health Center, NEMS, Planned Parenthood, Ravenswood, School Health Clinics	Network stabilization for the Community Clinics in their work to continue delivering patient care during COVID-19	$ 2,000,000
FIRST 5 Santa Clara County	Infant formula for distribution to low-income families during COVID-19	$ 50,000
Healthier Kids Foundation	Roadmap for planning and implementing mental health screenings and referrals for children and youth in SCC public schools	$ 41,710
Santa Clara County Office of Education	Child health and wellness coordination to support all school districts in SCC in coordinating care for students returning to school after hospitalization or extended absence due to medical concerns (funding over 3 years)	$ 598,033
Valley Verde	Home Gardening Program adaptations to enable continuation during COVID-19	$ 20,000
YMCA of Silicon Valley	Emergency summer food distribution for children in lowest-income neighborhoods in SCC during COVID-19	$ 50,000
Office of Supportive Housing (OSH), Abode Services*	*Leigh Avenue Aging in Place pilot to provide permanent housing and supplemental services and supports for SCFHP members who are homeless (funding over 3 years)*	$ 650,000

* Proposal - pending review and approval by the Governing Board

Total (excluding OSH/Abode) $ 2,759,743
Total (including OSH/Abode) $ 3,409,743

May 7, 2020

Christine Tomcala
Chief Executive Officer
Santa Clara Family Health Plan
6201 San Ignacio Avenue
San Jose, CA 95119

Dear Ms. Tomcala,

On behalf of Community Health Partnership (CHP), thank you for your donation of 4,984 hand sanitizers, which we received on April 22, 2020. The Community Health Partnership is a 501(c)(3) nonprofit regional association of ten Community Health Centers, representing 40 locations, in Santa Clara and San Mateo Counties. CHP is a unique resource for local health center, with its professional staff offering critical support to allow member health centers to stay focused on patient care and community health. Our mission is to advocate for affordable and accessible health services for our diverse and multicultural communities regardless of socioeconomic, ethnic, religious, or cultural background and to support our community health centers efforts to provide high quality health care to its 165,000 low-income and medically underserved patients.

SCFHP's generous donation of hand sanitizers provides vital Personal Protective Equipment (PPE) and supplies to front-line healthcare workers across our community health centers. The PPE keeps healthcare workers, patients, and families safe during face-to-face interactions while providing COVID-19 testing and a range of healthcare services provided by our community health centers, such as adult and pediatric primary care, prenatal care, immunizations, dental, optometry, and urgent care.

CHP is a tax-exempt organization. Our tax identification number is 77-0352645. Your much-appreciated donation is tax deductible, to the extent allowable by law.

Thank you again for your donation and your support of the community health centers.

Sincerely,

Dolores Alvarado, MSW, MPH
Chief Executive Officer
Community Health Partnership

AACI • Gardner Health Services • Indian Health Center of Santa Clara Valley • Mar Monte Community Clinic • MayView Community Health Centers
North East Medical Services • Peninsula Healthcare Connection • Planned Parenthood Mar Monte • Ravenswood Family Health Center • RotaCare Bay Area
School Health Clinics of Santa Clara County • COMMUNITY HEALTH PARTNERSHIP, INC., *a consortium of community health centers*

Dear Christine,

On behalf of the FIRST 5 Santa Clara County Commission, I am writing to thank you for your recent grant supporting our efforts on behalf of children and families in Santa Clara County.   We are so grateful for the investment of Santa Clara Family Health Plan, which has enabled us to provide certified infant formula for the most vulnerable children and families in our County during the COVID 19 health crisis. Please watch this video by clicking here.

I am happy to report that to date, approximately 13,076 families throughout Santa Clara County received 7,424 diapers and baby wipes for children birth through age 3, and 5,652 cans of certified infant formula for children birth through age two. (Please see the attached report for details).

I wanted to share a few quotes from some of the families who have received these essential supplies:

• "Thank you so much. Only God knows how much my family and I need the help. We have both been laid off, our rent is due and we are running low on food and diapers. May God bless your heart and your work. Thank you!"

• "Thank you, this is a big help as we are not working and there is no income right now."

• "I am a single mother of 2 and currently not working. It's been very stressful trying to buy enough wipes, diapers and formula for both my children. Any small help counts right now so this means a lot. thank you, thank you."

Thank you for your generous contribution. With your funding we are able to provide essential supplies to the most vulnerable children and families in Santa Clara County during the COVID 19 health crisis.

With Gratitude,

Jolene Smith

Jolene Smith
Chief Executive Officer

Inventory	
Source	
April Inventory	6888
April Remaining Inventory	1111
First 5 CA Order	2683
May Order	3795
Total	7589
May Distributions	1647
Current Diaper Inventory	**5942**
April Distributions	
April 13-17	485
April 20 - 24	1559
April 27 - May 1	1219
APRIL TOTAL	3263
May Distributions	
May 4 - May 8	916
May 11 - May 15	707
May 18 - May 22	891
MAY TOTAL	2514
April Stock (Initial Order & Reserves)	6888
April Stock Distributed	5777
April Stock Available	1111
May Order	
May 25 - May 30	714
June 1 - 5	933
May Stock Distribution	1647
Total Distribution	7424
Confirmed May Restock	3816

Families	
Source	
April Families	3263
May Families	3228
June Families	933
Total	7424

Analytics	
Top 10 Diapers Distributed	
Cesar Chavez	929
Sherman Oaks	426
Painter	414
AACSA	390
Seven Trees	379
Randall	365
Luther Burbank	352
Dahl	339
Mercy	331
Adelante	308
Top 5 Formula Sites	
Cesar Chavez	166
Hubbard	157
Roots	152
Dahl	146
Family Justice Center	100

Formula	
Original Inventory	5979
Distributed as of 5/29	5652
Formula Inventory Remaining	**327**

DISTRIBUTIONS TO DATE = 7,424

June 1 - 5, 933
April 13-17, 485
May 25 - May 30, 714
April 20 - 24 , 1559
May 18 - May 22, 891
April 27 - May 1, 1219
May 11 - May 15, 707
May 4 - May 8, 916
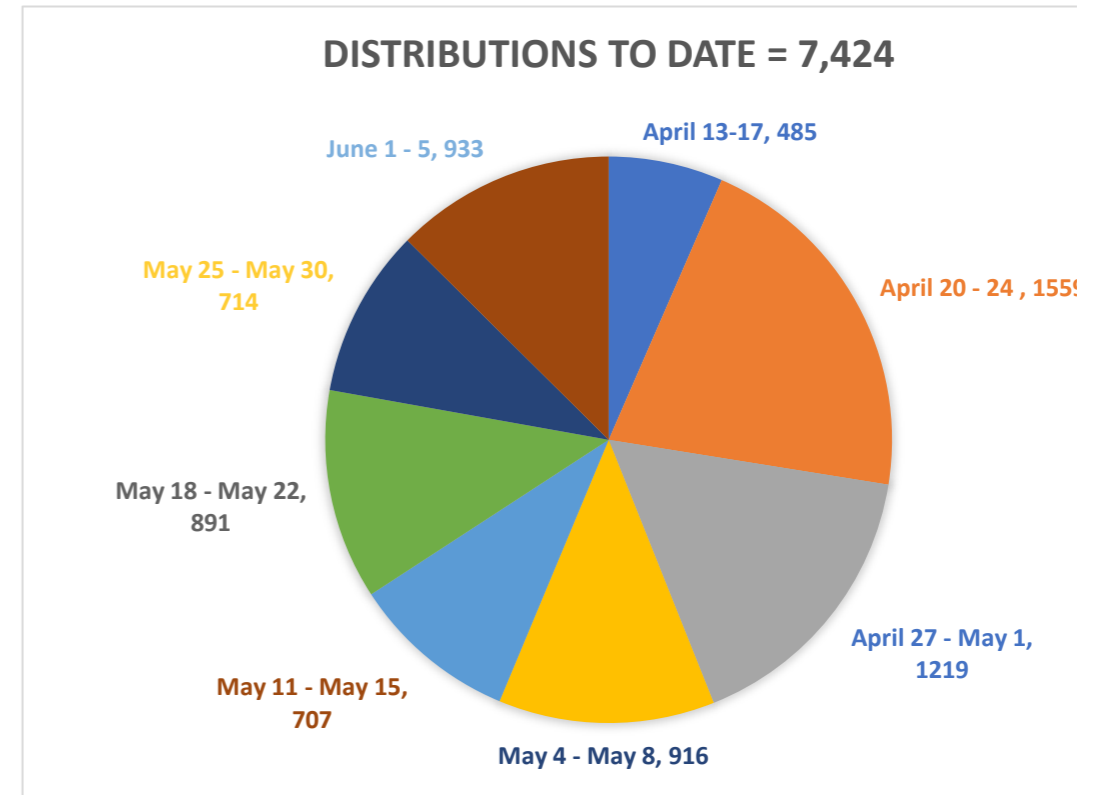
First 5 CA Order		
Diapers - 80ct		
FCCHP	FRC	Total
205	2683	2888
Wipes - 1pk		
FCCHP	FRC	Total
410	3106	3516
FRC Alottment		
Diapers	Wipes	Extra wipes
2683	3106	423

Planned Parenthood®
Mar Monte

May 6, 2020

Santa Clara Family Health Plan
c/o Christine Tomcala
6201 San Ignacio Ave
San Jose, CA 95119-1325

Dear Christine,

Warmest thanks for your grant of $207,655.00. Santa Clara Family Health Plan is instrumental in helping Planned Parenthood Mar Monte provide quality reproductive healthcare services that are affordable and accessible to our local communities, services that have become even more critical during the COVID-19 pandemic.

This grant is making it possible for our health care team in Santa Clara County to stand on the front-lines of this public health crisis, fighting to deliver life-saving care under difficult circumstances. Thanks to the foundation's support, as of writing this letter, patients are able to benefit from curbside pickup of birth control and emergency contraception, and continue to access in-person abortion care and STI treatment visits. And, at many of these health centers, we continue to provide full family medicine, as well as COVID-19 testing for individuals who qualify and have appointments in accordance with public health official guidance.

Your investment ensures that we can continue to implement innovative health care options, like video-based telehealth appointments, to help every person who needs us get the high quality care they depend on, regardless of their income, identity, immigration status or beliefs, even during a global pandemic.

As a small token of our gratitude, we would like to honor your generosity in our Planned Parenthood publications; the recognition will appear as follows: *Santa Clara Family Health Plan.* If the Foundation would prefer to be listed differently, or prefer not to be listed, please contact our office at (408) 795-3780 or at development@ppmarmonte.org.

Santa Clara Family Health Plan's commitment is crucial to our continued success. We look forward to working with you and Santa Clara Family Health Plan again in the future.

Gratefully,

Meghan Macaluso
Chief Development Officer

Our mission is to ensure that every individual has the knowledge, opportunity, and freedom to make every child a wanted child and every family a healthy family.

Christine –

Thanks to you and the SCFHP Executive and Finance Committee for this generous and meaningful support for the Y's Summer Feeding efforts.
In just this first week, we were grateful to have been able to distribute 2,710 lunches and 2,585 snacks via our Y locations plus 2,060 lunches in partnership with others in Morgan Hill and Gilroy for a total of 7,355 lunches and snacks in Week One.

A signed copy of our agreement is attached.

Greatly appreciate the new way of supporting our community together!

Sandy Berlin Walker
President and CEO

YMCA of Silicon Valley
80 Saratoga Ave, Santa Clara, CA 95051
(D) 408-351-6413 (C) 513-373-7782

sandy.walker@ymcasv.org
www.ymcasv.org

The Y: We're for youth development, healthy living and social responsibility.

Connect with **YMCA of Silicon Valley** on Facebook, Twitter and YouTube

---

From: Christine M. Tomcala [mailto:CTomcala@scfhp.com]
Sent: Thursday, June 11, 2020 7:57 PM
To: Sandy Walker (Association Office) <Sandy.Walker@ymcasv.org>
Cc: Laura Watkins <lwatkins@scfhp.com>
Subject: SCFHP Funding - Award Letter and LOA for the YMCA

Warning: this message is from outside our association. Do not click on links or open attachments unless you recognize the sender's email address and know the content is safe

Sandy,

Attached for your review and signature are the award letter and LOA for the YMCA, for the funding awarded by SCFHP's Executive/Finance Committee for emergency summer food distribution.

Thank you for your efforts to support the community during the COVID-19 crisis!

--Christine

Christine M. Tomcala
Chief Executive Officer

Direct: 408-874-1701
Mobile: 408-612-6914
ctomcala@scfhp.com

Santa Clara Family
Health Plan™

6201 San Ignacio Ave, San Jose, CA 95119

April 15, 2020

Christine M. Tomcala
Chief Executive Officer
Santa Clara Family Health Plan
PO Box 18880
San Jose, CA 95158

Re: COVID-19 Relief Fund for Ravenswood Family Health Center

Dear Christine,

On behalf of Ravenswood Family Health Center (RFHC), MayView (a member of Ravenswood Family Health Network), and the communities we serve, we are so grateful for Santa Clara Family Health Plan's grant of $237,586 to support network stabilization during the COVID-19 crisis, which we received on April 13th, 2020. Your grant comes at a critical time during the COVID-19 public health crisis.

During the COVID-19 crisis, community health centers such as RFHC are on the front lines of defense. Given that hospitals are currently overloaded, keeping patients cared for in the community and out of emergency rooms is more important than ever and plays a critical role in the nation's response strategy to COVID-19.

We remain open to serve our communities.

Your grant to RFHC during this time of crisis and uncertainty due to COVID-19 helps us continue providing health care services to our communities.

Thank you for being part of the RFHC family.

In gratitude,

[signature]

Luisa Buada, RN, MPH
Chief Executive Officer
South County Community Health Center, Inc.
d.b.a. Ravenswood Family Health Center
Federal Tax ID #94-3372130

[handwritten note: Dear Christine, Thank you so much for making these grant funds available to Ravenswood Family Health Network at this critical time dealing with COVID-19. Best Wishes, Luisa]

P.S. **Lourdes Sanchez, Development Assistant,** is your contact at Ravenswood. She can be contacted at lsanchez@ravenswoodfhc.org.

1885 Bay Road
East Palo Alto, CA 94303
Tel: 650.330.7400 Fax: 650.321.4552

Community Resource Center

Update

- Construction restarted in early May; demolition now completed

- Plans approved

- Finishes and furnishings being finalized

- Program planning in process internally and with Community Based Organizations

- Construction scheduled to be completed mid-September

Community Resource Center

Santa Clara Family Health Plan™

Blanca Alvarado
Community Resource Center

Named after a local community leader and social justice advocate, the Santa Clara Family Health Plan (SCFHP) Blanca Alvarado Community Resource Center (CRC) is a local space being designed to provide an array of services that promote health and wellbeing for SCFHP members and the residents of East San José.

Blanca Alvarado CRC Goals

- Deliver engaging programming and services that support improved health outcomes for local residents.

- Support community-based organizations as they work to improve the lives of Santa Clara County families.

- Build a collaborative and inclusive space for our members, partners, and community!

Open Door to All

Once completed, the CRC will welcome all SCFHP members, Santa Clara County residents, and specifically the residents of East San José, and will provide convenient services such as:

- In-person customer service
- Enrollment assistance
- Health and wellness classes

Why East San José

The East San José location increases accessibility to resources for the community we serve!

More than 91,000 SCFHP members live in East San José.

Convenient public transit at the corner of McKee and Capitol.

Light rail

Bus service

To learn more visit
www.scfhp.com/crc

The SCFHP Community Resource Center will be located in the **Capitol Square Mall** at **408 North Capitol Avenue, San José.**

Capitol Ave.

McKee Rd.

680

SCFHP's COVID-19 Responses – June 25, 2020

Group	Focus Area	Activities and Metrics
Members	Statistics	Data as of 6/12; note that SCFHP does <u>not</u> have complete information about members tested, diagnosed, hospitalized, deceased: • Cumulatively 156 hospitalized, including 22 deceased (16 SNF and 6 non-SNF) • Currently only have data from internal reports and Kaiser. PNM has conducted outreach to additional delegates to collect supplemental COVID data for SCFHP members.
	Call Center	• Call volume down 15% week of 6/8 vs prior year average • Average wait time of 41 seconds
	Nurse Advice Line	• 139 calls regarding coronavirus 3/6 – 6/15 • Implemented telehealth application that integrates with nurse advice line on 4/10 • 272 members transferred for a physician consult as of 4/30
	Grievance and Appeals	• 32 COVID-19 related grievances (Rx access due to provider office closed; transportation safety concerns, employment concerns) as of 6/16

	Outreach to Vulnerable Populations	• Mailed flyer telling members we are here for them, to visit our website for information on resources and support, reiterate CDC's guidelines to stay safe, to call the nurse advice line for health questions, and call Customer Service for all other help.
		• Robo-calls to high risk members telling them they may be more vulnerable to COVID-19, reiterate CDC's guidelines to stay safe, call doctor for health questions or call nurse advice line, visit our website for more information on resources and support, and call Customer Service for questions.
		• Outbound calls:
		  o To pregnant & post-partum population, asking how they are doing and if they need any help.
		  o To members age 65+ with multiple chronic conditions, asking how they are doing and if they need any help.
		  o To Health Homes Program (HHP) members

Group	Focus Area	Activities and Metrics
		■ HHP Community-Based Care Management Entities (CB-CMEs) outreached 1,097 members o To newly enrolled members: ■ Case Management (CM) outreached and informed 814 members about COVID resources o To annual re-assessed members: ■ CM outreached and informed 1,473 members about COVID resources o To members recently discharged after COVID hospitalizations: ■ CM outreached 12 members recently discharged after COVID hospitalizations o To Behavioral Health/SMI members: ■ Behavioral Health outreached 16 members
	Pharmacy	• Refills available via mail-order for 90 day fills; pharmacy overrides to allow early refills • Formulary expanded to include disinfectant and gloves
	Transportation	• Lifted requirement to provide Customer Service notice 3-5 business days before medical appointment to arrange transportation (NMT and NEMT) • Amended agreements with two vendors to make special accommodations and cleaning relating to transporting suspected or confirmed COVID members
	Communications to Members	• Developed new webpage; published 20 member news updates • April newsletter includes infographics on do's and don'ts of coronavirus and five steps to clean hands • Facebook posts in April through May to include more information on coronavirus precautions • Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey for Cal MediConnect has been discontinued for 2020. Surveys have already been mailed out but no additional phone outreach will be conducted by the vendor.
	Eligibility Redetermination	• State and counties have paused redeterminations from mid-March through August for beneficiaries with a change in status (affects approximately 3-5k SCFHP members each month who otherwise would have lost their eligibility), so these members will not lose eligibility • SCFHP enrollment will be temporarily elevated April – August, and will fall as the pause is lifted
Providers	Prior Authorizations	• Suspended SCFHP requirement for all prior authorizations for network providers to decrease burden on providers; resumed authorizations on 5/1 • Delegates are following their own prior authorization guidelines

Group	Focus Area	Activities and Metrics
	Telehealth	• Regulations during state of emergency allow provider reimbursement, with specific coding and documentation requirements • Added capability for Nurse Advice Line to offer members telephonic physician consultation • Communication sent to BHT providers with guidelines
	CBAS centers	• All five contracted CBAS centers have submitted operations plans to the State outlining Temporary Alternative Services (TAS) they have been providing. • Since 4/30 CDA has been providing health plans with approved versions of the operational plans. All of the CBAS centers has had their operational plans approved by CDA. Internal monitoring of these TAS indicate successful implementation of the plans.
	Skilled Nursing Facilities	• Continued outreach to SNFs regarding diagnosed residents; 32 facilities are reporting no COVID cases; nine SNFs reporting positive COVID cases; total of 15 members residing at SNFs have tested positive. • SCFHP has requested that hospitals divert non-LTC and non-COVID-positive members away from facilities with three or more COVID positives.

Table within Skilled Nursing Facilities:

LTC	# Positive	Expired	Total Beds	STAR Rating
Canyon Springs	4	8	185	3
Mission De La Casa	2	0	163	4
Almaden CC	1	0	77	4
Mount Pleasant	5	0	54	5
The Villas	3	1	85	3

• SCFHP identified and reached out to three of the contracted SNFs hart-hit by COVID patients asking what staff support would be helpful. In response, a meal was delivered for all staff at two SNFs.
• Public Health Dept. now saying SNFs cannot unilaterally refuse to admit patients who test positive for COVID-19

Group	Focus Area	Activities and Metrics
		• Produced "Healthcare Heroes" flyers for contracted SNFs to thank them for caring for our members

	Clinics/Providers	• By measure of outreach completed to community clinics, direct contracts, and IPA practice locations:
		  o PCPs:
		    ▪ 124 locations are open to in-person visits, member walk-ins included.
		    ▪ 20 are open to in-person visits, appointments only.
		    ▪ 19 locations are telehealth only.
		    ▪ 0 locations anticipate any future change in their operations.
		  o Specialists:
		    ▪ 129 are open to in-person visits, member walk-ins included.
		    ▪ 3 are closed; no in-person nor telehealth.
		    ▪ 9 locations are telehealth only.
		    ▪ 15 locations have deferred routine services/procedures.
		    ▪ 5 locations plan on opening back up without restrictions.
		• HEDIS Medical Record Review outreach has stopped for the Cal MediConnect line of business. The vendor will no longer call/fax/email/visit providers to obtain medical records. For Medi-Cal line of business, vendor is only reviewing records they can access electronically.

Staff	Working from home	• 97% of staff working remotely (10 regularly on site) • Planning has begun for certain staff to return to the office following shelter-in-place • Implemented relaxed telecommuting agreement • Staff onsite only for work that cannot be performed remotely • PTO/leave emergency policies implemented consistent with federal legislation
Community	Communications	• Informed CBOs and general community of SCFHP operational status via email and social media posts: still working and providing services for members and providers, most staff remote, lobby closed to visitors, how to contact us • Prepared a press release to announce telehealth integration with nurse advice line
	Partnerships with CBOs	• SCFHP staff donated $10,250 in cash to Second Harvest of Silicon Valley • Supported meal distribution programs by providing SCFHP's reusable bags to Veggielution, Santa Clara County's Senior Nutrition Program and Gilroy Compassion Center

Group	Focus Area	Activities and Metrics
		• Provided financial support for Community Heath Partnership Diaper Drive, FIRST 5 certified infant formula distribution, and meal distribution to providers working in hospital settings • Provided individual hand sanitizers to Community Clinics for distribution to patients and to the Gilroy Compassion Center for distribution to the homeless population in South County • Participated in County assessment of food access needs for seniors to inform use of federal dollars • Continued documentation and sharing of community resources available to support members during COVID

Unaudited Financial Statements
For Ten Months Ended April 30, 2020

Agenda

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Financial Highlights

	MTD		YTD	
Revenue	$94 M		$917 M	
Medical Expense (MLR)	$91 M	97.3%	$870 M	94.8%
Administrative Expense (% Rev)	$5.4 M	5.7%	$49.8 M	5.4%
Other Income/Expense	$443K		$4.3 M	
Net Surplus (Loss)	**($2.4 M)**		**$2.3 M**	
Cash and Investments			$374 M	
Receivables			$512 M	
Total Current Assets			$897 M	
Current Liabilities			$725 M	
Current Ratio			1.24	
Tangible Net Equity			$204 M	
% of DMHC Requirement			**659.8%**	

Financial Highlights

Net Surplus (Loss)	▸ Month: Loss of $2.4M is $3.0M or 529.3% unfavorable to budget of $559K. ▸ YTD: Surplus of $2.3M is $4.3M or 65.4% unfavorable to budget of $6.5M.
Enrollment	▸ Month: Membership was 243,774 (5,108 or 2.1% favorable budget of 238,666). ▸ YTD: Membership was 2,438,242 (9,642 or 0.4% favorable budget of 2,428,600).
Revenue	▸ Month: $93.9M ($5.4M or 6.1% favorable to budget of $88.5M). ▸ YTD: $917.4M ($28.0M or 3.2% favorable to budget of $889.4M).
Medical Expenses	▸ Month: $91.4M ($8.7M or 10.5% unfavorable to budget of $82.7M). ▸ YTD: $869.7M ($37.2M or 4.5% unfavorable to budget of $832.4M).
Administrative Expenses	▸ Month: $5.4M ($102K or 1.9% favorable to budget of $5.5M). ▸ YTD: $49.8M ($3.1M or 5.8% favorable to budget of $52.8M).
Tangible Net Equity	▸ TNE was $204.4M (659.8% of minimum DMHC requirement of $31.0M).
Capital Expenditures	▸ YTD Capital Investments of $2.1M vs. $4.8M annual budget, primarily building improvements and hardware.

Detail Analyses

Enrollment

- Total enrollment of 243,774 members is higher than budget by 5,108 or 2.1%. Since June 30, 2019, total enrollment has decreased by 5,431 members or 2.2%.

- Medi-Cal enrollment has been increasing since January, reflecting newly-eligible and COVID enrollments (Beginning in March redetermination of eligibility was suspended). In October 2019, approximately 3,500 Healthy Kids members transitioned to Medi-Cal.

- Since the beginning of the fiscal year, Medi-Cal Non-Dual enrollment has decreased 1.4%, Dual enrollment has increased 1.3%, and CMC enrollment has grown 8.8%.

	For the Month April 2020				For Ten Months Ending April 30, 2020				Prior Year Actuals	Δ FY19 vs. FY20
	Actual	Budget	Variance	Variance (%)	Actual	Budget	Variance	Variance (%)		
Medi-Cal	235,049	230,215	4,834	2.1%	2,344,147	2,336,056	8,091	0.3%	2,190,024	7.0%
Cal Medi-Connect	8,725	8,451	274	3.2%	83,567	82,500	1,067	1.3%	69,032	21.1%
Healthy Kids	0	0	0	0.0%	10,528	10,044	484	4.8%	29,625	(64.5%)
Total	**243,774**	**238,666**	**5,108**	**2.1%**	**2,438,242**	**2,428,600**	**9,642**	**0.4%**	**2,288,681**	**6.5%**

Santa Clara Family Health Plan Enrollment By Network
April 2020

Network	Medi-Cal		CMC		Healthy Kids		Total	
	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total	Enrollment	% of Total
Direct Contract Physicians	30,244	13%	8,725	100%	-	0%	38,969	16%
SCVHHS[1], Safety Net Clinics, FQHC[2] Clinics	117,358	50%	-	0%	-	0%	117,358	48%
Palo Alto Medical Foundation	6,448	3%	-	0%	-	0%	6,448	3%
Physicians Medical Group	41,212	18%	-	0%	-	0%	41,212	17%
Premier Care	14,487	6%	-	0%	-	0%	14,487	6%
Kaiser	25,300	11%	-	0%	-	0%	25,300	10%
Total	**235,049**	**100%**	**8,725**	**100%**	**-**	**0%**	**243,774**	**100%**
Enrollment at June 30, 2019	237,697		8,022		3,486		249,205	
Net Δ from Beginning of FY20	(1.1%)		8.8%		(100.0%)		(2.2%)	

[1] SCVHHS = Santa Clara Valley Health & Hospital System

[2] FQHC = Federally Qualified Health Center

Enrollment By Aid Category

SCFHP TRENDED ENROLLMENT BY COA YTD APR-2020

		2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	FYTD var	%
NON DUAL	Adult (over 19)	25,563	25,198	25,204	24,989	24,888	24,689	24,492	24,207	23,999	23,620	23,604	23,873	24,051	(1,153)	(4.6%)
	Child (under 19)	94,956	94,255	94,026	93,536	92,668	92,092	95,000	93,829	93,477	92,339	92,248	92,843	93,374	(652)	(0.7%)
	Aged - Medi-Cal Only	10,949	10,871	10,995	10,948	10,958	10,855	10,850	10,897	10,903	10,904	10,831	10,753	10,801	(194)	(1.8%)
	Disabled - Medi-Cal Only	10,678	10,780	10,819	10,774	10,833	10,814	10,836	10,865	10,839	10,845	10,854	10,882	10,851	33	0.3%
	Adult Expansion	72,114	71,364	71,465	71,082	70,635	70,418	70,285	69,889	69,069	68,130	68,372	69,272	70,458	(1,007)	(1.4%)
	BCCTP	10	11	11	10	10	10	10	12	11	11	11	11	11	0	0.0%
	Long Term Care	375	370	372	372	364	366	372	371	373	379	373	367	380	8	2.2%
	Total Non-Duals	**214,644**	**212,848**	**212,891**	**211,711**	**210,356**	**209,244**	**211,845**	**210,070**	**208,671**	**206,228**	**206,293**	**208,001**	**209,926**	**-2,965**	**(1.4%)**
DUAL	Adult (21 Over)	368	354	352	351	345	351	341	350	341	330	328	320	311	-41	(11.6%)
	SPD (21 Over)	22,941	23,009	22,988	23,087	23,230	23,445	23,531	23,577	23,498	23,473	23,540	23,541	23,443	455	2.0%
	Adult Expansion	304	252	253	209	226	201	122	82	177	139	130	136	134	-119	(47.0%)
	BCCTP	0	0	0	0	0	0	0	0	0	0	0	0		0	0.0%
	Long Term Care	1,187	1,192	1,213	1,220	1,232	1,237	1,256	1,271	1,308	1,266	1,257	1,231	1,235	22	1.8%
	Total Duals	**24,800**	**24,807**	**24,806**	**24,867**	**25,033**	**25,234**	**25,250**	**25,280**	**25,324**	**25,208**	**25,255**	**25,228**	**25,123**	**317**	**1.3%**
	Total Medi-Cal	**239,444**	**237,655**	**237,697**	**236,578**	**235,389**	**234,478**	**237,095**	**235,350**	**233,995**	**231,436**	**231,548**	**233,229**	**235,049**	**-2,648**	**(1.1%)**
	Healthy Kids	**3,465**	**3,507**	**3,486**	**3,501**	**3,509**	**3,512**	**2**	**2**	**2**	**0**	**0**	**0**	**0**	**-3,486**	**(100.0%)**
CMC	CMC Non-Long Term Care	7,661	7,706	7,815	7,869	7,921	7,982	8,016	8,069	8,206	8,177	8,261	8,388	8,511	696	8.9%
	CMC - Long Term Care	208	209	207	207	213	212	217	220	222	224	225	213	214	7	3.4%
	Total CMC	**7,869**	**7,915**	**8,022**	**8,076**	**8,134**	**8,194**	**8,233**	**8,289**	**8,428**	**8,401**	**8,486**	**8,601**	**8,725**	**703**	**8.8%**
	Total Enrollment	**250,778**	**249,077**	**249,205**	**248,155**	**247,032**	**246,184**	**245,330**	**243,641**	**242,425**	**239,837**	**240,034**	**241,830**	**243,774**	**-5,431**	**(2.2%)**

Revenue

Current month revenue of $93.9M is $5.4M or 6.1% favorable to budget of $88.5M. The current month variance was primarily due to the following:

- Higher FY20 base rates in the Medi-Cal Non-Dual categories of aid and higher enrollment than budget, net favorable of $4.1M.

- Increased Prop 56 revenue accrual of $945K due to rate increase (with an offsetting increase to medical expense).

- Supplemental revenue is $884K favorable to budget variance due to increased BHT utilization.

FY19 vs. FY20 YTD Revenue by LOB ($ in MM) — FY19, FY20: Medi-Cal $741.4 M / $773.4 M; CMC $125.9 M / $142.9 M; Healthy Kids $3.5 M / $1.1 M

FY20 Budget vs. Actuals MTD/YTD Revenue ($ in MM) — Month: Actuals $93.9 M / Budget $88.5 M; YTD: Actuals $917.4 M / Budget $889.4 M
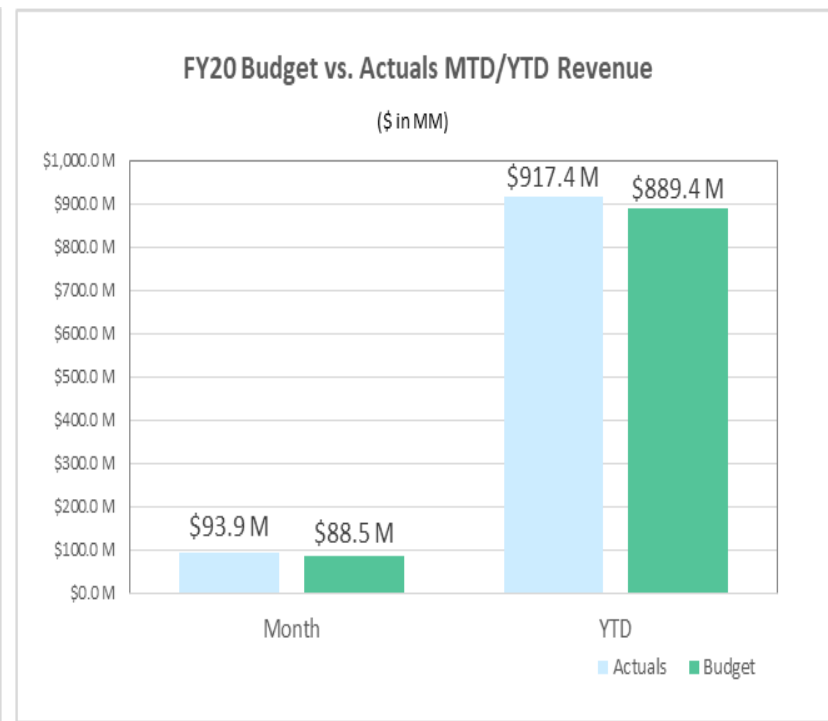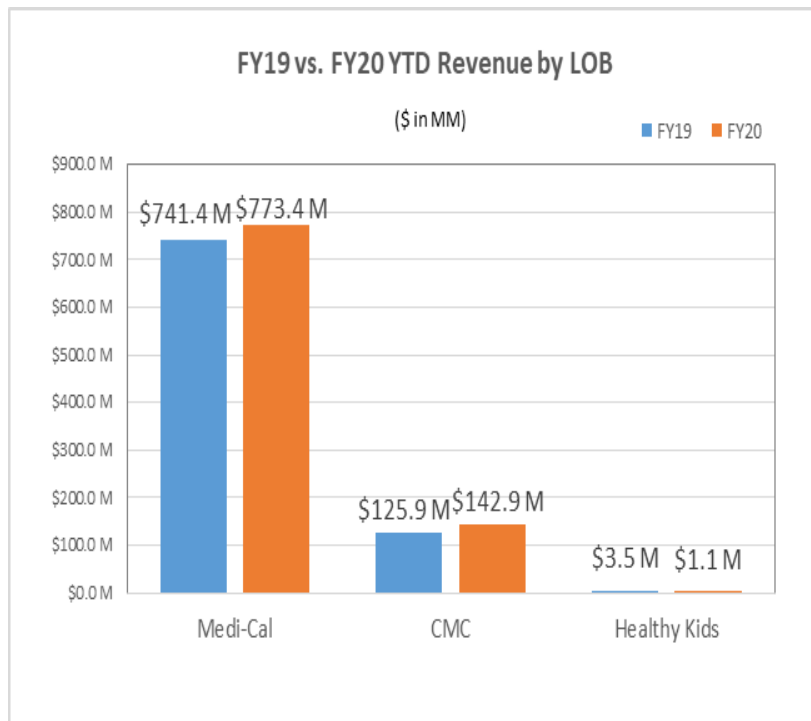
Medical Expense

Current month medical expense of $91.4M is $8.7M or 10.5% unfavorable to budget of $82.7M. The current month variance was due largely to:

- Certain higher fee-for-service expenses, including Inpatient and Other MLTSS, were $2.3M unfavorable to budget.

- Unbudgeted Board-Designated COVID payments to CBOs of $2.4M were issued.

- Pharmacy is $2.5M unfavorable to budget due to a higher average specialty script cost and an increase in prescription volume.

- Increased BHT utilization of $1.1M is unfavorable to budget (with offsetting increase to revenue).

- Increased FY20 Prop 56 expense accrual of $945K (with offsetting increase to revenue).

- An unbudgeted initiative for COB claims recoveries, which reduces net medical expense, yielded $722K during April.
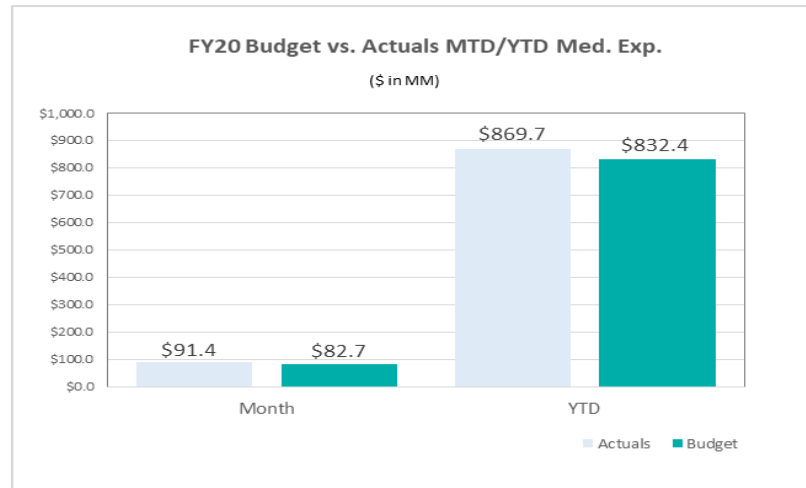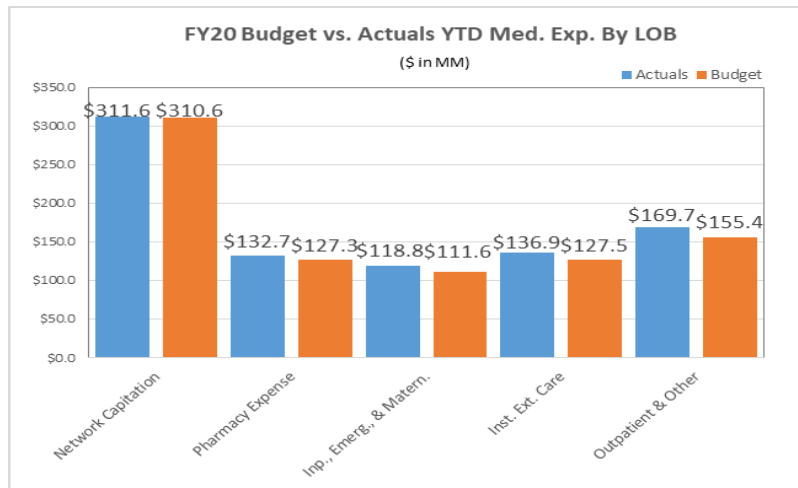
Administrative Expense

Current month admin expense of $5.4M is $102K or 1.9% favorable to budget of $5.5M. The current month variances were primarily due to the following:

- Personnel expenses were $256K or 8.5% unfavorable to budget due to slightly higher average salaries partially offset by a lower head count.

- Non-Personnel expenses were $359K or 14.7% favorable to budget due to reduced contract services and lower pharmacy fees than budgeted.

FY19 vs. FY20 YTD Admin. Exp.
($ in MM)

FY20 Budget vs. Actuals MTD/YTD Admin. Exp.
($ in MM)
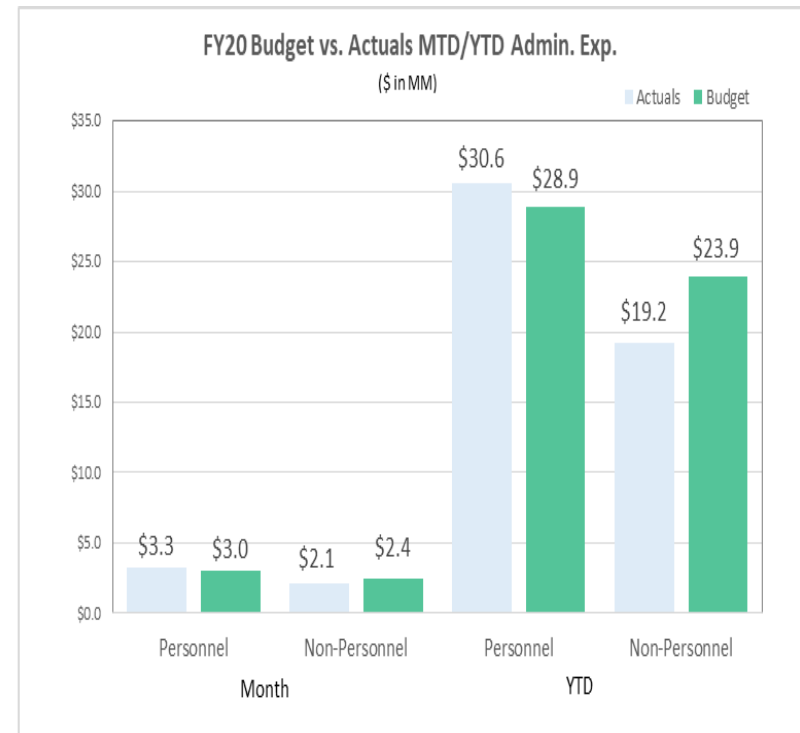
Balance Sheet

- Current assets totaled $897.1M compared to current liabilities of $724.9M, yielding a current ratio (Current Assets/Current Liabilities) of 1.24:1 vs. the DMHC minimum requirement of 1.0:1.

- Cash balance increased by $74.6M compared to the cash balance as of year-end June 30, 2019 due to timing of payments received and paid.

- 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	$105,255,151	1.80%	$100,000	$1,264,268
Wells Fargo Investments	$237,041,487	0.79%	$218,444	$2,511,277
	$342,296,638		$318,444	$3,775,545
Cash & Equivalents				
Bank of the West Money Market	$27,611	0.13%	$2,333	$65,853
Wells Fargo Bank Accounts	$31,368,724	0.13%	$5,973	$1,335,284
	$31,396,335		$8,306	$1,401,137
Assets Pledged to DMHC				
Restricted Cash	$305,350	0.42%	$107	$1,473
Petty Cash	$500	0.00%	$0	$0
Month-End Balance	**$373,998,823**		**$326,858**	**$5,178,156**

- Overall cash and investment yield is slightly lower than budget (1.02% actual vs. 1.4% budgeted).

Tangible Net Equity

- TNE was $204.4M - representing approximately two months of the Plan's total expenses.

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

	Jun-11	Jun-12	Jun-13	Jun-14	Jun-15	Jun-16	Jun-17	Jun-18	Jun-19	Apr-20
Actual Net Position/Reserves	$36.1 M	$24.2 M	$32.6 M	$40.9 M	$72.6 M	$100.3 M	$158.4 M	$178.0 M	$202.1 M	$204.4 M
Required Reserves per DMHC	$5.0 M	$5.9 M	$7.8 M	$11.4 M	$19.3 M	$32.4 M	$35.9 M	$36.8 M	$30.9 M	$31.0 M
200% of Required Reserve	$10.0 M	$11.8 M	$15.6 M	$22.9 M	$38.5 M	$64.8 M	$71.8 M	$73.6 M	$61.8 M	$62.0 M
Actual as % Required	722.5%	410.2%	418.5%	357.5%	376.9%	309.8%	441.2%	483.4%	654.4%	659.8%

Tangible Net Equity
Actual vs. Required

Reserves Analysis

Santa Clara Family Health Plan
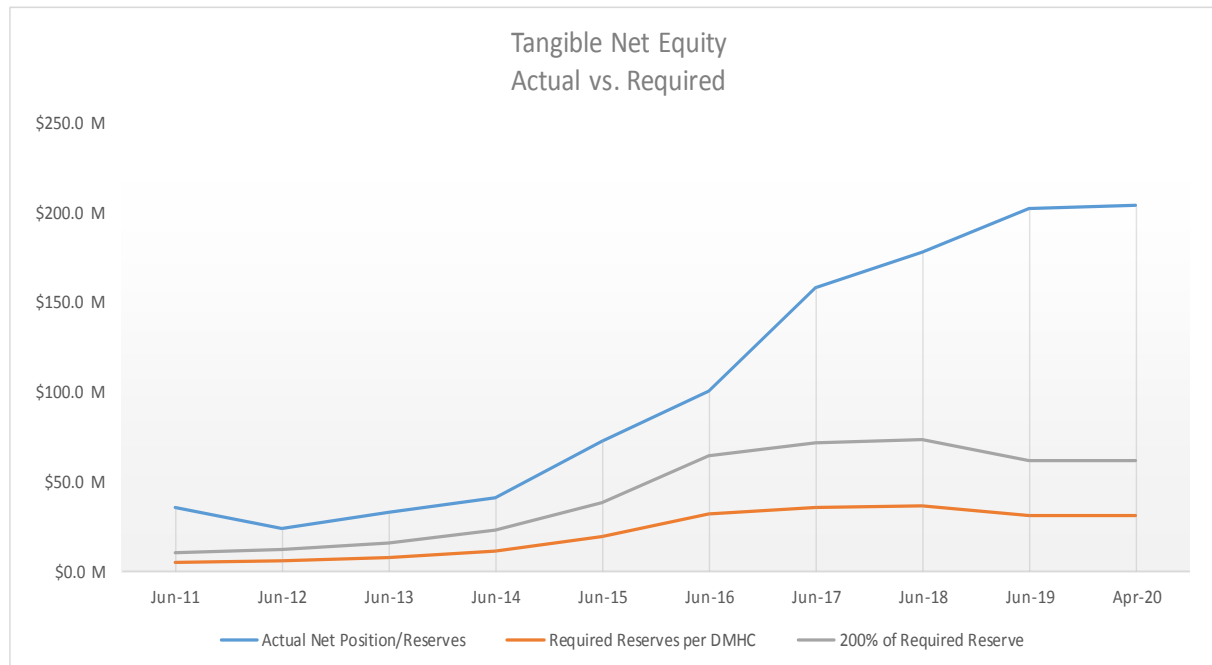
SCFHP RESERVES ANALYSIS APRIL 2020

Financial Reserve Target #1: Tangible Net Equity

	Approved	Balance
Board Designated Special Project Funding for CBOs	$4,000,000	$3,459,274
Board Designated Innovation and COVID-19 Fund	16,000,000	13,950,001
Invested in fixed assets (NBV)		26,640,491
Restricted under Knox-Keene agreement		305,350
Unrestricted Net Equity		160,032,933
Total TNE		204,388,048
Current Required TNE		30,979,593
TNE %		659.8%

SCFHP Target TNE Range:

350% of Required TNE (Low)	108,428,575
500% of Required TNE (High)	154,897,965
Total TNE Above/(Below) SCFHP Low Target	**95,959,473**
Total TNE Above/(Below) High Target	**$49,490,083**

Financial Reserve Target #2: Liquidity

Cash & Investments	$373,998,823
Less Pass-Through Liabilities	
MCO Tax Payable to State of CA	(32,410,280)
Whole Person Care / Prop 56	(35,440,767)
Other Pass-Through Liabilities (Note 2)	(39,857,332)
Total Pass-Through Liabilities	**(107,708,378)**
Net Cash Available to SCFHP	266,290,445
SCFHP Target Liquidity (Note 3)	
45 Days of Total Operating Expense	(132,261,365)
60 Days of Total Operating Expense	(176,348,486)
Liquidity Above/(Below) SCFHP Low Target	**134,029,080**
Liquidity Above/(Below) High Target	**$89,941,958**

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 and Rate Range payables.

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

Capital Expenditures

- Majority of the capital variances are building improvements and software due to timing of certain projects having been postponed.

Expenditure	YTD Actual	Annual Budget
Hardware	$465,726	$620,000
Software	$212,397	$1,029,000
Building Improvements	$1,437,707	$3,149,500
TOTAL	**$2,115,830**	**$4,798,500**

Financial Statements

Income Statement

Santa Clara County Health Authority
INCOME STATEMENT
For Ten Months Ending April 30, 2020

	Apr-2020 Actuals	% of Rev	Apr-2020 Budget	% of Rev	Current Month Variance $	%	YTD Apr-2020 Actuals	% of Rev	YTD Apr-2020 Budget	% of Rev	YTD Variance $	%
REVENUES												
MEDI-CAL	$ 79,646,972	84.8%	$ 73,861,807	83.5%	$ 5,785,165	7.8%	$ 773,385,142	84.3%	$ 747,768,157	84.1%	$ 25,616,984	3.4%
CMC MEDI-CAL	2,716,628	2.9%	2,946,458	3.3%	(229,830)	-7.8%	29,747,606	3.2%	28,763,790	3.2%	983,816	3.4%
CMC MEDICARE	11,547,662	12.3%	11,680,803	13.2%	(133,141)	-1.1%	113,140,406	12.3%	111,778,255	12.6%	1,362,151	1.2%
TOTAL CMC	14,264,290	15.2%	14,627,261	16.5%	(362,971)	-2.5%	142,888,012	15.6%	140,542,045	15.8%	2,345,967	1.7%
HEALTHY KIDS	0	0.0%	0	0.0%	0	0.0%	1,123,789	0.1%	1,043,572	0.1%	80,218	7.7%
TOTAL REVENUE	$ 93,911,262	100.0%	$ 88,489,068	100.0%	$ 5,422,193	6.1%	$ 917,396,944	100.0%	$ 889,353,774	100.0%	$ 28,043,169	3.2%
MEDICAL EXPENSES												
MEDI-CAL	$ 75,472,897	80.4%	$ 69,167,865	78.2%	$ (6,305,033)	-9.1%	$ 734,368,231	80.0%	$ 699,275,543	78.6%	$ (35,092,689)	-5.0%
CMC MEDI-CAL	3,173,600	3.4%	3,104,881	3.5%	(68,719)	-2.2%	28,078,207	3.1%	30,323,425	3.4%	2,245,218	7.4%
CMC MEDICARE	12,721,927	13.5%	10,430,116	11.8%	(2,291,811)	-22.0%	106,333,371	11.6%	101,714,728	11.4%	(4,618,644)	-4.5%
TOTAL CMC	15,895,528	16.9%	13,534,998	15.3%	(2,360,530)	-17.4%	134,411,579	14.7%	132,038,153	14.8%	(2,373,426)	-1.8%
HEALTHY KIDS	16,946	0.0%	0	0.0%	(16,946)	0.0%	872,556	0.1%	1,123,405	0.1%	250,849	22.3%
TOTAL MEDICAL EXPENSES	$ 91,385,371	97.3%	$ 82,702,863	93.5%	$ (8,682,509)	-10.5%	$ 869,652,367	94.8%	$ 832,437,100	93.6%	$ (37,215,266)	-4.5%
MEDICAL OPERATING MARGIN	$ 2,525,890	2.7%	$ 5,786,206	6.5%	$ (3,260,315)	-56.3%	$ 47,744,577	5.2%	$ 56,916,674	6.4%	$ (9,172,097)	-16.1%
ADMINISTRATIVE EXPENSE												
SALARIES AND BENEFITS	$ 3,280,661	3.5%	$ 3,024,540	3.4%	$ (256,121)	-8.5%	$ 30,578,935	3.3%	$ 28,933,191	3.3%	$ (1,645,744)	-5.7%
RENTS AND UTILITIES	8,054	0.0%	2,383	0.0%	(5,671)	-238.0%	188,105	0.0%	117,934	0.0%	(70,171)	-59.5%
PRINTING AND ADVERTISING	30,099	0.0%	72,613	0.1%	42,514	58.5%	91,330	0.0%	743,630	0.1%	652,300	87.7%
INFORMATION SYSTEMS	304,232	0.3%	299,410	0.3%	(4,822)	-1.6%	2,496,281	0.3%	3,051,100	0.3%	554,819	18.2%
PROF FEES/CONSULTING/TEMP STAFFING	1,137,707	1.2%	1,300,886	1.5%	163,179	12.5%	10,284,894	1.1%	12,457,242	1.4%	2,172,348	17.4%
DEPRECIATION/INSURANCE/EQUIPMENT	290,255	0.3%	360,736	0.4%	70,481	19.5%	3,326,239	0.4%	3,749,635	0.4%	423,397	11.3%
OFFICE SUPPLIES/POSTAGE/TELEPHONE	46,001	0.0%	85,741	0.1%	39,740	46.3%	596,157	0.1%	917,810	0.1%	321,653	35.0%
MEETINGS/TRAVEL/DUES	89,070	0.1%	126,071	0.1%	37,001	29.3%	913,038	0.1%	1,249,798	0.1%	336,760	26.9%
OTHER	182,847	0.2%	199,000	0.2%	16,153	8.1%	1,275,765	0.1%	1,595,251	0.2%	319,486	20.0%
TOTAL ADMINISTRATIVE EXPENSES	$ 5,368,927	5.7%	$ 5,471,381	6.2%	$ 102,453	1.9%	$ 49,750,744	5.4%	$ 52,815,592	5.9%	$ 3,064,848	5.8%
OPERATING SURPLUS (LOSS)	$ (2,843,037)	-3.0%	$ 314,825	0.4%	$ (3,157,862)	-1003.1%	$ (2,006,167)	-0.2%	$ 4,101,082	0.5%	$ (6,107,249)	-148.9%
ALLOWANCE FOR UNCOLLECTED PREMIUM	0	0.0%	0	0.0%	0	0.0%	42330	0.0%	0	0.0%	(42,330)	0.0%
GASB 75 - POST EMPLOYMENT BENEFITS EXPENSE	59,780	0.1%	60,000	0.1%	220	0.4%	613,017	0.1%	600,000	0.1%	(13,017)	-2.2%
GASB 68 - UNFUNDED PENSION LIABILITY	75,000	0.1%	75,000	0.1%	0	0.0%	734,780	0.1%	750,000	0.1%	15,220	2.0%
NON-OPERATING EXPENSES	$ 134,780	0.1%	$ 135,000	0.2%	$ 220	0.2%	$ 1,390,127	0.2%	$ 1,350,000	0.2%	$ (40,127)	-3.0%
INTEREST & OTHER INCOME	577,722	0.6%	379,225	0.4%	198,497	52.3%	5,658,588	0.6%	3,792,251	0.4%	1,866,338	49.2%
NET NON-OPERATING ACTIVITIES	$ 442,942	0.5%	$ 244,225	0.3%	$ 198,717	81.4%	$ 4,268,462	0.5%	$ 2,442,251	0.3%	$ 1,826,211	74.8%
NET SURPLUS (LOSS)	$ (2,400,094)	-2.6%	$ 559,050	0.6%	$ (2,959,144)	-529.3%	$ 2,262,295	0.2%	$ 6,543,333	0.7%	$ (4,281,038)	-65.4%

Balance Sheet

SANTA CLARA COUNTY HEALTH AUTHORITY
For Ten Months Ending April 30, 2020

	Apr-2020	Mar-2020	Feb-2020	Apr-2019
Assets				
Current Assets				
Cash and Investments	373,998,823	300,653,651	331,155,934	270,252,107
Receivables	512,264,590	583,619,915	538,827,087	492,637,170
Prepaid Expenses and Other Current Assets	10,805,210	11,735,059	10,910,433	7,981,670
Total Current Assets	**897,068,624**	**896,008,625**	**880,893,455**	**770,870,947**
Long Term Assets				
Property and Equipment	46,874,600	46,531,020	46,056,161	43,537,565
Accumulated Depreciation	(20,234,109)	(19,978,087)	(19,711,463)	(16,729,648)
Total Long Term Assets	26,640,491	26,552,933	26,344,698	26,807,917
Total Assets	**923,709,114**	**922,561,558**	**907,238,153**	**797,678,864**
Deferred Outflow of Resources	**9,237,609**	**9,237,609**	**9,237,609**	**14,535,240**
Total Assets & Deferred Outflows	**932,946,723**	**931,799,167**	**916,475,762**	**812,214,104**
Liabilities and Net Assets:				
Current Liabilities				
Trade Payables	11,118,630	10,498,821	6,954,520	4,808,234
Employee Benefits	2,013,844	1,952,566	1,995,511	1,817,397
Retirement Obligation per GASB 75	3,288,233	3,228,453	3,168,673	4,148,592
Advance Premium - Healthy Kids	0	0	0	94,963
Deferred Revenue - Medicare	262,932	500,000	10,629,601	0
Whole Person Care / Prop 56	35,440,767	32,701,914	33,656,494	22,418,108
Pass-Throughs Payable	39,857,332	54,383,626	28,935,668	1,870,202
Due to Santa Clara County Valley Health Plan and Kaiser	32,843,615	29,553,631	37,115,900	14,430,773
MCO Tax Payable - State Board of Equalization	32,410,280	24,307,710	16,205,140	8,784,630
Due to DHCS	38,041,327	37,964,537	41,503,407	37,700,002
Liability for In Home Support Services (IHSS)	416,092,527	416,092,527	416,092,527	416,092,526
Current Premium Deficiency Reserve (PDR)	8,294,025	8,294,025	8,294,025	8,294,025
Medical Cost Reserves	105,190,703	101,899,745	102,342,543	92,524,194
Total Current Liabilities	**724,854,213**	**721,377,554**	**706,894,007**	**612,983,646**
Non-Current Liabilities				
Net Pension Liability GASB 68	709,914	638,922.51	571,940	2,574,796
Total Non-Current Liabilities	**709,914**	**638,923**	**571,940**	**2,574,796**
Total Liabilities	**725,564,127**	**722,016,477**	**707,465,947**	**615,558,442**
Deferred Inflow of Resources	**2,994,548**	**2,994,548**	**2,994,548**	**4,034,640**
Net Assets				
Board Designated Fund: Special Project Funding for CBOs	3,459,274	3,820,000	3,840,000	0
Board Designated Fund: Innovation Fund	13,950,001	16,000,000	16,000,000	0
Invested in Capital Assets (NBV)	26,640,491	26,552,933	26,344,698	26,807,917
Restricted under Knox-Keene agreement	305,350	305,350	305,350	305,350
Unrestricted Net Equity	157,770,638	155,447,470	155,635,705	150,902,596
Current YTD Income (Loss)	2,262,295	4,662,389	3,889,514	14,605,159
Total Net Assets / Reserves	**204,388,048**	**206,788,142**	**206,015,267**	**192,621,022**
Total Liabilities, Deferred Inflows and Net Assets	**932,946,723**	**931,799,167**	**916,475,762**	**812,214,104**

Cash Flow Statement

	Apr-2020	Year-to-date
Cash Flows from Operating Activities		
Premiums Received	$173,445,946	$1,173,506,998
Medical Expenses Paid	(84,804,430)	(838,687,242)
Adminstrative Expenses Paid	(15,530,486)	(263,786,195)
Net Cash from Operating Activities	**$73,111,030**	**$71,033,561**
Cash Flows from Capital and Related Financing Activities		
Purchase of Capital Assets	(343,580)	(2,115,830)
Cash Flows from Investing Activities		
Interest Income and Other Income (Net)	577,722	5,658,588
Net Increase/(Decrease) in Cash & Cash Equivalents	**73,345,172**	**74,576,320**
Cash & Investments (Beginning)	300,653,651	299,422,504
Cash & Investments (Ending)	**$373,998,823**	**$373,998,823**
Reconciliation of Operating Income to Net Cash from Operating Activities		
Operating Income/(Loss)	($2,977,816)	($3,396,293)
Adjustments to Reconcile Operating Income to Net Cash from Operating Activities		
Depreciation	256,023	2,867,579
Changes in Operating Assets/Liabilities		
Premiums Receivable	71,355,325	238,801,535
Prepaids & Other Assets	929,849	1,334,877
Accounts Payable & Accrued Liabilities	(11,283,642)	(217,557,694)
State Payable	8,179,360	17,308,519
IGT, HQAF & Other Provider Payables	3,289,984	13,629,439
Net Pension Liability	70,991	709,914
Medical Cost Reserves & PDR	3,290,958	17,335,686
Total Adjustments	**76,088,846**	**74,429,855**
Net Cash from Operating Activities	**$73,111,030**	**$71,033,561**

Statement of Operations by Line of Business - YTD

Santa Clara Family Health Plan

	Medi-Cal	CMC Medi-Cal	CMC Medicare	Total CMC	Healthy Kids	Grand Total
P&L (ALLOCATED BASIS)						
REVENUE	$773,385,142	$29,747,606	$113,140,406	$142,888,012	$1,123,789	**$917,396,944**
MEDICAL EXPENSE	$734,368,231	$28,078,207	$106,333,371	$134,411,579	$872,556	**$869,652,367**
(MLR)	95.0%	94.4%	94.0%	94.1%	77.6%	94.8%
GROSS MARGIN	$39,016,910	$1,669,399	$6,807,035	$8,476,433	$251,233	**$47,744,577**
ADMINISTRATIVE EXPENSE	$41,940,935	$1,613,223	$6,135,642	$7,748,865	$60,943	**$49,750,744**
(% of Revenue Allocation)						
OPERATING INCOME/(LOSS)	($2,924,025)	$56,176	$671,393	$727,569	$190,290	**($2,006,167)**
(% of Revenue Allocation)						
OTHER INCOME/(EXPENSE)	$3,598,404	$138,410	$526,419	$664,829	$5,229	**$4,268,462**
(% of Revenue Allocation)						
NET INCOME/(LOSS)	$674,379	$194,586	$1,197,812	$1,392,398	$195,518	**$2,262,295**
PMPM (ALLOCATED BASIS)						
REVENUE	$329.92	$355.97	$1,353.89	$1,709.86	$106.74	**$376.25**
MEDICAL EXPENSES	$313.28	$336.00	$1,272.43	$1,608.43	$82.88	**$356.67**
GROSS MARGIN	$16.64	$19.98	$81.46	$101.43	$23.86	**$19.58**
ADMINISTRATIVE EXPENSES	$17.89	$19.30	$73.42	$92.73	$5.79	**$20.40**
OPERATING INCOME/(LOSS)	($1.25)	$0.67	$8.03	$8.71	$18.07	**($0.82)**
OTHER INCOME/(EXPENSE)	$1.54	$1.66	$6.30	$7.96	$0.50	**$1.75**
NET INCOME/(LOSS)	$0.29	$2.33	$14.33	$16.66	$18.57	**$0.93**
ALLOCATION BASIS:						
MEMBER MONTHS - YTD	2,344,147	83,567	83,567	83,567	10,528	2,438,242
REVENUE BY LOB	84.3%	3.2%	12.3%	15.6%	0.1%	100.0%

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Santa Clara County Health Authority
Board Designated Innovation Fund Request Summary

Organization Name: Office of Supportive Housing, Abode Services

Project Name: Leigh Avenue Aging in Place Pilot

Contact Name and Title: Lori Andersen, Director LTSS

Requested Amount: $650,000

Time Period for Project Expenditures: December 2020 – December 2023

Proposal Submitted to: Governing Board

Date Proposal Submitted for Review: June 25, 2020

Summary of Proposal:

Three (3) year partnership between Santa Clara Family Health Plan (SCFHP), Anthem Blue Cross, the County Office of Supportive Housing (OSH) and Abode Services for a pilot program at Leigh Avenue Senior Apartments. This project will provide permanent housing and supplemental services and supports for all residents and designate an estimated 20 units for SCFHP and Anthem health plan members transitioning from long term care (LTC) in nursing facilities who are homeless. Funding is contingent upon the following:

- Final OSH confirmation of designated 20 units for LTC referrals from health plans, and
- Confirmation of resident selection process to include referrals of LTC members and use of supplemental VI-SPAT assessment, and
- Commitment from Anthem Blue Cross for shared funding of supplemental service package.

Summary of Projected Outcome/Impact:

Permanent supportive housing for an estimated 17 LTC members transitioning from nursing facilities but lacking housing, with supplemental services that support their aging in place, prevent institutionalization, and reduce other high cost utilization.

Leigh Avenue Project

Proposal Summary

To commit $ 650,000 in funding for a 3 year partnership between SCFHP, Anthem Blue Cross, the County Office of Supportive Housing (OSH) and Abode Services for a pilot program at Leigh Avenue Senior Apartments. This project will provide permanent housing and supplemental services and supports for all residents and designate an estimated 20 units for beneficiaries in Medi-Cal managed care with Santa Clara Family Health Plan (SCFHP) or Anthem transitioning from long term care (LTC) in nursing facilities and who are homeless.

Leigh Avenue Senior Apartments is a 64-unit permanent supportive senior (55+) housing project being developed by First Community Housing using 2016 Santa Clara County Measure A affordable housing funds for the chronically homeless. The expected date for opening is mid-to-late November, 2020, with full placement by the end of January, 2021. All units come with Section 8 Project Based Vouchers, as well as onsite supportive services funded by OSH and provided by Abode as the lead case management agency.

Project Background

Discussions were initiated in 2018 between OSH and SCFHP representatives via their participation on the County's LTSS Integration Committee around a potential pilot program at the Leigh Avenue site. Ky Le, Director of OSH asked if the health plan(s) and other senior service providers were interested in partnering to provide supportive services for this resident population. SCFHP's interest was in an opportunity to secure access to permanent supportive housing for LTC members transitioning from nursing facilities but lacking housing, and to pilot a model that would support aging in place and prevent institutionalization and other high cost utilization.

A pilot program was proposed, asking OSH to designate or carve out 20 of the 64 units for Medi-Cal members transitioning from LTC, with the health plans providing a set of supplemental LTSS services to complement those provided by Abode. The 20 units would be divided between SCFHP and Anthem Blue Cross by the member market share in the county; approximately 78% currently for SCFHP, or equivalent to 17 units. Both plans have agreed to pursue a commitment to fund the cost of supplemental services.

Supplemental Service Package

Discussions between SCFHP, the LTSS Committee, OSH and Abode over the past two years have clarified the role of Abode and the process for selecting residents, and have identified supplemental services and supports likely to be needed by Leigh Avenue residents. Agreement was reached on a set of services that would supplement the Abode program components, as well as potential vendors, estimated costs and utilization for the resident population. In anticipation of resident needs varying over time, estimates of cost per member were based on the experiences of Abode working with similar housing populations and LTSS provider input.

The mechanism for funding and purchasing services is to contract with Abode for a total amount in the first year for a package of services available to all residents upon referral from the Abode case manager to address social determinants of health and support residents' ability to age in place at Leigh Avenue for as long as possible. Through a contract with Abode, the health plans will provide a pooled fund to purchase these services in the first year. The amount of subsequent year funding will be contingent on utilization and outcomes. In addition to this, the total year 1 cost includes the purchase of a van for non-medical transportation (Honda Pilot with wheelchair conversion: $60,000).

Below is a comparison of the Abode, county-funded services and the supplemental services proposed to be funded by the health plans.

Abode Services provided in conjunction with Permanent Supportive Housing	Additional Supportive Services for Targeted Aging in Place Population
Goals • Increase stability, independence and financial status • Single point of contact for providers and property manager	**Goals** • Maintain stability and functional capacity • Prevent ED and hospitalization • Successfully transition to lower level of care
Services • Short term/intensive case management at onset, followed by intermittent service coordination • Assistance with housing retention • Linkage to non-housing benefits, behavioral health and primary care • Vocational assistance	**Services** • Home delivered meals/food delivery • Short term private caregiver services • Social day care vouchers • Cleaning services & pest control • Personal emergency response system • Van purchase for non-medical transportation

Eligibility and Placement

OSH oversees the selection of residents for unit placement and is required to base selection on an applicant's score from the VI-SPDAT assessment tool. A key limitation of the VI-SPDAT is how well it measures functional impairments and/or activities of daily living, two key measures for older adults with LTSS needs. These individuals typically do not score above 6, while a score of 13-16 is typically what is needed for placement in permanent supportive housing. A supplemental assessment has been developed that addresses this gap and OSH has been asked to approve its use for Leigh Avenue selection.

Cost

Leigh Avenue Three Year Cost				
	Assumptions for Cost Changes in Years 2 and 3	Cost	Allocation to SCFHP	Funding
Year 1		$ 300,000	78%	$ 234,000
Year 2	minus $60K van cost plus 5% for cost increases	$ 252,000	78%	$ 196,560
Year 3	plus 5% for cost increases	$ 264,600	78%	$ 206,388
Total		$ 816,600	78%	$ 636,948
Board Request		3 Year Funding Up to: $650,000		

Commitment Contingencies

If approved by the SCFHP Governing Board, SCFHP will commit funds only upon:

- Final OSH confirmation of designated 20 units for LTC referrals from both Medi-Cal health plans, and
- Confirmation of resident selection process to include referrals of LTC members and use of supplemental VI-SPAT assessment, and
- Commitment from Anthem Blue Cross for shared funding of supplemental service package, proportional to Medi-Cal market share and allocation of designated units.

Fiscal Year 2020-2021
Proposed Operating & Capital Budgets

Governing Board Meeting of June 25, 2020

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FY21 Budget Process Overview

- **COVID**
  - SCFHP, along with rest of the world, faces many unknowns due to the COVID pandemic. Many areas of our budget may yet be affected.
- **State Budget:**
  - After multiple versions, the Legislative version was passed
  - Final negotiations continue between Legislature & Governor
  - The Legislative version is the basis for today's presentation
- **SCFHP Budget:**
  - While some items in the State Budget may change, Medi-Cal rate reductions are not likely to change.
  - Includes upside opportunities and downside risks, as requested.
- **CY21 Rates:** Medi-Cal rates will not be available until September 2020.
- **Budget Approach:**
  - FY21 budget will be reviewed with the Board on a quarterly basis.

Major Changes & Updates

- **FY20 Significant Changes:**

  - Risk adjustment frozen at 25% plan-specific and 75% Countywide average

  - Health Homes Program launched

  - Enhanced Quality Initiatives launched

  - Healthy Kids members moved to Medi-Cal

  - DHCS provided 18-month bridge rates (July 2019 - December 2020)

- **FY21 Updates:**

  - COVID crisis continues to unfold

  - Enrollment is increasing due to COVID (suspended disenrollments & unemployment)

  - DHCS to provide calendar year rates for 2021 and thereafter

  - State Budget includes significant Medi-Cal rate reductions

    - Both retroactive (Bridge Period) & prospective (CY21)

  - Pharmacy to be carved-out from Managed Care effective 01/01/21

  - Opening Community Resource Center (CRC) in September

  - Projected FY21 deficit of $13.9M

Enrollment Assumptions

- **Medi-Cal Line of Business:**
  - Actual enrollment data through May 2020.
  - FY21 budget assumes enrollment grows (Q1-Q2), begins to flatten (Q2-Q3) and gradually falls thereafter (Q4) largely due to COVID.
  - Total Medi-Cal membership is expected to increase from projected FY20 close of 246,472 to 258,573 at close of FY21 (increase of 4.9%).

- **Cal MediConnect Line of Business:**
  - With continued outreach, CMC membership is expected to increase from the projected FY20 close of 8,949 to 9,549 members at the close of FY21 (annual increase of 6.7%).
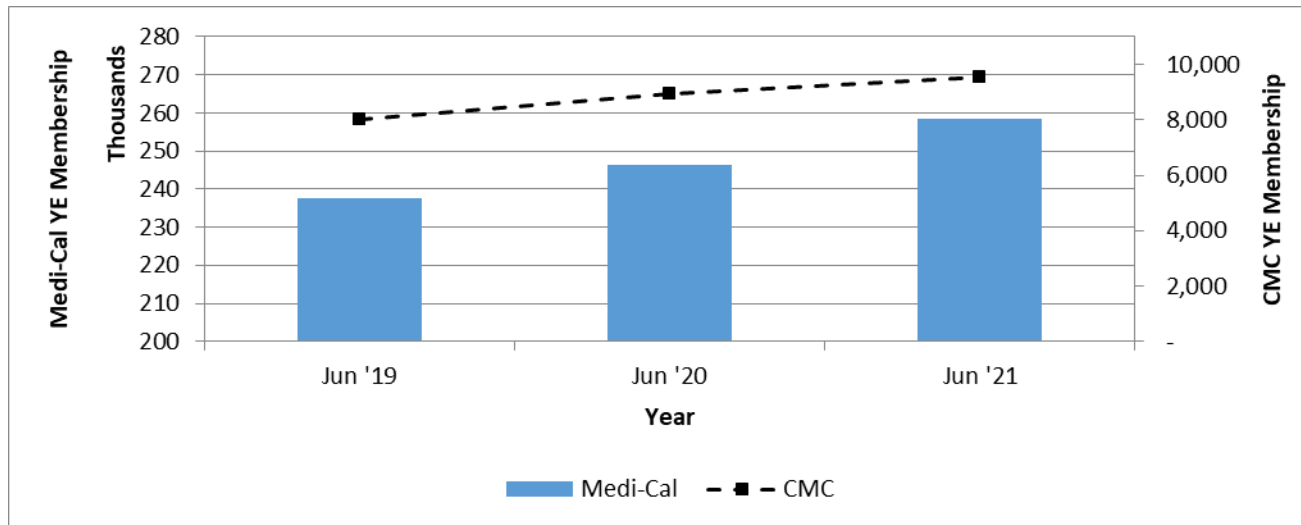
Enrollment Detail

	Jun 20	Jun 21	Variance	
NON DUALS	**Projected**	**Budget**	**Increase/ (Decrease)**	**%**
Adult Expansion	74,722	79,663	4,941	6.6%
Adult/Family (under 19)	97,999	102,935	4,936	5.0%
Adult/Family (over 19)	26,011	27,731	1,720	6.6%
SPD	21,946	22,318	372	1.7%
BCCTP	11	11	0	0.0%
Long Term Care	398	398	0	0.0%
Non-Dual Subtotal	**221,087**	**233,056**	**11,969**	**5.4%**

DUALS				
Adult Expansion	190	190	0	0.0%
Adult/Family (21 over)	320	320	0	0.0%
SPD	23,612	23,612	0	0.0%
BCCTP	0	0	0	0.0%
Long Term Care	1,263	1,395	132	10.5%
Dual Subtotal	**25,385**	**25,517**	**132**	**0.5%**

Total Medi-Cal	**246,472**	**258,573**	**12,101**	**4.9%**

Cal MediConnect	8,949	9,549	600	6.7%

TOTAL ENROLLMENT	**255,421**	**268,122**	**12,701**	**5.0%**

Trended Enrollment Summary

	Actual Member Months			Proj.	Budget
	FY17	**FY18**	**FY19**	**FY20**	**FY21**
Medi-Cal	3,217,527	3,073,184	2,904,840	2,831,275	3,124,259
Annual Growth	*5.9%*	*-4.5%*	*-5.5%*	*-2.5%*	*10.3%*
Cal MediConnect	92,376	88,970	92,838	101,353	111,163
Annual Growth	*-9.4%*	*-3.7%*	*4.3%*	*9.2%*	*9.7%*
Healthy Kids	35,692	34,294	40,083	10,528	-
Total	3,345,595	3,196,448	3,037,761	2,943,156	3,235,422
Annual Growth	*4.8%*	*-4.5%*	*-5.0%*	*-3.1%*	*9.9%*
Average Covered Lives	278,800	266,371	253,147	245,263	269,619

Revenue Assumptions

- Revenue is expected to increase from projected FY20 of $1.087 billion to $1.146 billion due to a combination of factors:

  - Enrollment:

    - Projected Medi-Cal enrollment increases 4.9% while projected CMC enrollment increases 6.7%

    - Projected enrollment growth differs by category of aid

  - Rates:

    - Medi-Cal July 2019 to December 2020 "Bridge Period"

      - DHCS froze risk adjustment at 25% plan-specific and 75% Countywide average.

      - Rates reflect a 1.5% decrease to four key categories of aid for the Bridge Period

    - Medi-Cal Calendar Year 2021

      - Rates reflect an estimated 2% reduction

      - Actual CY21 rates will not be available until September 2020

    - Medicare is based on the CY20 mid-year risk score, the CY20 published rate, and CY21 draft Medicare rate. The Medi-Cal component based on CY19 rate.

Revenue Composition
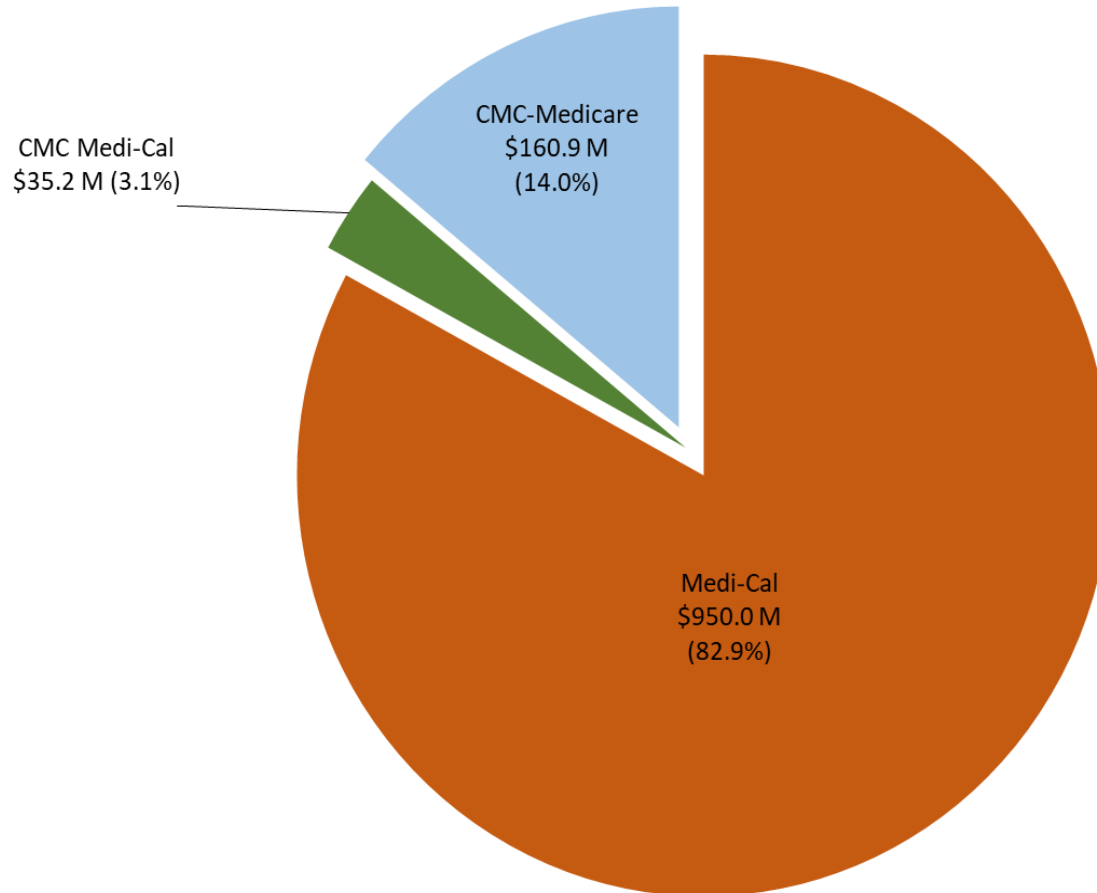
Total FY21 Revenue = $1.146 B

Medical Expense Assumptions

- Medical expenses are expected to increase from projected FY20 of $1.026 billion to $1.096 billion

- Several methods were utilized in the development of medical expense projections. Primarily, projections were based on trends calculated from historical experience and known contract changes.

- FY21 medical expenses are projected to be 95.6% of FY21 budgeted revenue (compared to 94.4% projected for FY20)

  - Fee-For-Service (FFS) rates increased 1%-6% due to increasing utilization and unit costs

  - Increased capitation rates due to provider contracts and benefit changes

  - Increased Non-Dual Long-Term Care member months

  - Vision increases due to additional eligible diabetic members and enhanced eyewear benefit

  - Pharmacy carve-out (reduces both revenue and medical expenses)

Medical Expense Composition

Total FY21 Medical Expense = $1.096 B
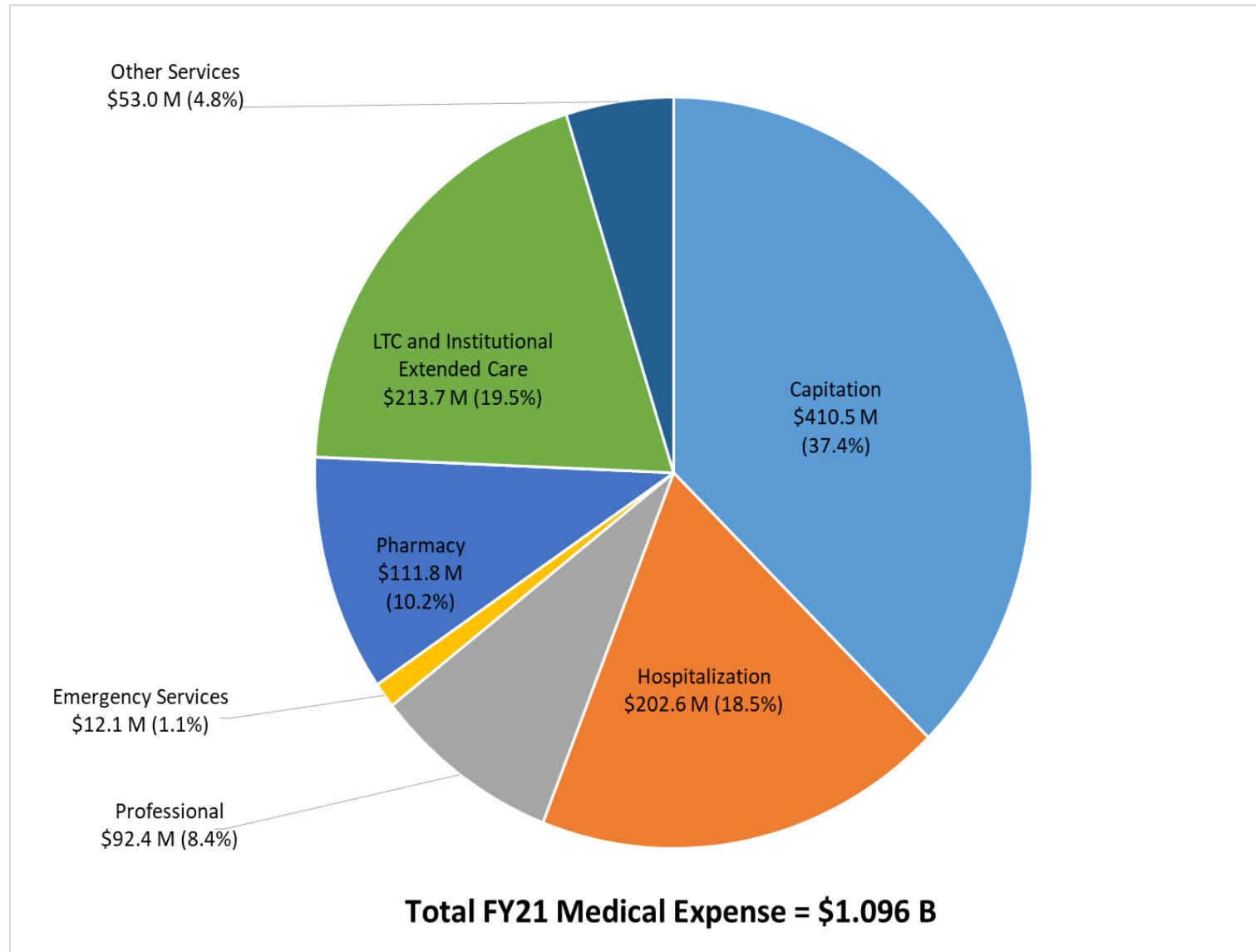
Administrative Expense Analysis

	FY20 Forecast		FY21 Budget	
Revenue	$1,086,936,486		$1,146,101,190	
Member Months	2,943,156		3,235,422	
FTEs (at fiscal year end)	305		366	
	EXPENSE	PMPM	EXPENSE	PMPM
Salaries & Benefits	$36,247,698	$12.32	$41,846,146	$12.93
Rents & Utilities	$240,069	$0.08	$466,382	$0.14
Depreciation / Insurance / Equipment	$4,047,978	$1.38	$4,410,632	$1.36
Prof Fees / Consulting / Temp Staffing	$12,106,916	$4.11	$11,191,380	$3.46
Printing & Advertising	$81,641	$0.03	$900,375	$0.28
Information Systems	$2,922,732	$0.99	$4,133,867	$1.28
OfficeSupplies / Postage / Telephone	$733,541	$0.25	$783,710	$0.24
Meetings / Travel / Dues	$1,098,623	$0.37	$1,300,599	$0.40
Other Expenses	$1,457,224	$0.50	$1,862,104	$0.58
Total Administrative Expenses	$58,936,422	$20.02	$66,895,196	$20.68
Administrative Ratio	5.4%		5.8%	

FY20 Forecast represents ten months of actual expense and two months of estimate.

Administrative Expense Assumptions

- **Personnel Expense:**

  - Costs are increasing over projected FY20 by $5.6 million or 15.4%

    - Excludes temp costs (non-personnel expense) which are declining

  - Staffing includes 305 current FTEs and 40 open positions

  - FY21 budget adds 21 new positions (6%):

    - 8 Health Service positions, largely additional Case Management

    - 5 positions for the new Community Resource Center

    - Additional positions in each of the following departments to meet additional workload and compliance demands:

      - 3 - Customer Service

      - 3 - Information Technology

      - 2 – Compliance

  - No layoffs or furloughs are contemplated

Administrative Expense Assumptions (cont.)

- **Non-Personnel Expense:**

  Annual costs are increasing $2.4 million over projected FY20 due to the following:

  - **New Software Licenses** for increased efficiency, compliance, quality ($965K).
  - **Printing & Advertising** for brand awareness, regulatory requirements, enrollment growth ($819K).
  - **Depreciation Expense** on newly-acquired assets, including Community Resource Center and additional software ($363K).
  - **Member Incentives** to achieve greater than the 50th percentile for all 21 Medi-Cal HEDIS measures and gaps in care ($300K).

- Overall increase in Administrative Expense limited to 5% of prior year budget

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Consolidated Budget

	FY20 Forecast		FY21 Budget	
	Total $	PMPM	Total $	PMPM
Enrollment	2,943,156		3,235,422	
Revenues	$1,086,936,486	$369.31	$1,146,101,190	$354.24
Health Care Expenses	$1,025,912,823	$348.58	$1,096,073,498	$338.77
Gross Margin	$61,023,663	$20.73	$50,027,691	$15.46
Administrative Expenses	$58,936,422	$20.02	$66,895,196	$20.68
Non Operating Income	$5,100,692	$1.73	$2,980,928	$0.92
Net Surplus	$7,187,933	$2.44	($13,886,577)	($4.29)
Medical Loss Ratio	94.4%		95.6%	
Administrative Ratio	5.4%		5.8%	
Net Surplus %	0.7%		-1.2%	

FY21 Budget by Line of Business

|	Consolidated	Medi-Cal		CMC-Medi-Cal		CMC-Medicare		Total CMC	
	Totals	Totals	PMPM	Totals	PMPM	Totals	PMPM	Totals	PMPM
Member Months	**3,235,422**	3,124,259		111,163		111,163		111,163	
Revenues:									
Capitation and Premium Revenue	$ 1,146,101,190	$ 950,040,828	$ 304.09	$ 35,193,947	$ 316.60	$ 160,866,415	$ 1,447.12	$ 196,060,362	$ 1,763.72
MCO Revenue net of expense	-				$ -		$ -		$ -
Total Revenues	**$ 1,146,101,190**	**$ 950,040,828**	**$ 304.09**	**$ 35,193,947**	**$ 316.60**	**$ 160,866,415**	**$ 1,447.12**	**$ 196,060,362**	**$ 1,763.72**
Medical Expenses:									
Capitation	$ 410,453,964	$ 410,453,964	$ 0.43		$ -		$ -		$ -
Hospitalization	$ 202,637,131	$ 127,257,861	$ 40.73	$ 5,363,254	$ 48.25	$ 70,016,016	$ 629.85	$ 75,379,269	$ 678.10
Professional	$ 92,396,266	$ 67,926,408	$ 21.74	$ 6,332,504	$ 56.97	$ 18,137,355	$ 163.16	$ 24,469,859	$ 220.13
Emergency Services	$ 12,095,278	$ 8,729,395	$ 2.79	$ 356,701	$ 3.21	$ 3,009,182	$ 27.07	$ 3,365,883	$ 30.28
Pharmacy	$ 111,817,643	$ 68,412,464	$ 21.90	$ -	$ -	$ 43,405,179	$ 390.46	$ 43,405,179	$ 390.46
LTC and Institutional Extended Care	$ 213,657,007	$ 178,916,310	$ 57.27	$ 22,452,739	$ 201.98	$ 12,287,958	$ 110.54	$ 34,740,697	$ 312.52
Other	$ 53,016,209	$ 49,536,278	$ 15.86	$ 1,839,230	$ 16.55	$ 1,640,700	$ 14.76	$ 3,479,931	$ 31.30
Total Medical Expenses	**$ 1,096,073,498**	**$ 911,232,681**	**$ 291.66**	**$ 36,344,427**	**$ 326.95**	**$ 148,496,391**	**$ 1,335.84**	**$ 184,840,818**	**$ 1,662.79**
MLR	95.6%	95.9%		103.3%		92.3%		94.3%	
Gross Margin	**$ 50,027,691**	**$ 38,808,147**	**$ 12.42**	**$ (1,150,481)**	**$ (10.35)**	**$ 12,370,024**	**$ 111.28**	**$ 11,219,544**	**$ 100.93**
Administrative Expenses	**$ 66,895,196**	**$ 55,451,620**	**$ 17.75**	**$ 2,054,187**	**$ 18.48**	**$ 9,389,389**	**$ 84.47**	**$ 11,443,576**	**$ 102.94**
ALR	5.8%	5.8%		5.8%		5.8%		5.8%	
Other Income	**$ 2,980,928**	**$ 2,470,989**	**$ 0.79**	**$ 91,537**	**$ 0.82**	**$ 418,402**	**$ 3.76**	**$ 509,939**	**$ 4.59**
Net Surplus (Deficit) $	**$ (13,886,577)**	**$ (14,172,484)**	**$ (4.54)**	**$ (3,113,130)**	**$ (28.01)**	**$ 3,399,037**	**$ 30.58**	**$ 285,907**	**$ 2.57**
Net Surplus (Deficit) %	-1.2%	-1.5%		-8.8%		2.1%		0.1%	

Medi-Cal Line of Business - Overview

- Revenue of $950.0 million, an increase of $31.0M or 3.4% over FY20.

  - 3,124,259 member months, an increase of 10.3%.

  - Medi-Cal rates are decreasing by 15.5% overall, driven largely by the pharmacy carve-out effective 1/1/21.

- Medical Expense of $911.2 million, an increase of $37.0M or 4.2% over FY20.

  - FFS costs based on historic claims experience adjusted for utilization trends and contracted rates.

  - Unit cost trends reflect increases of 1.0 – 6.0% for various categories of service.

  - Capitation payments based on expected rates, enrollment growth and network distribution.

- Administrative Expense of $55.5 million.

  - Allocated by line of business based on premium revenue.

  - Admin cost as a percentage of revenue = 5.8%.

Cal MediConnect Line of Business - Overview

- Revenue of $196.1 million, an increase of $23.2 million or 13.4% over FY20.

  - 111,163 projected member months, an increase of 9.7%.

  - Medicare Revenue based on CY20 mid-year risk score and Medicare rates with anticipated CMS savings and quality withhold targets included.

  - Medi-Cal revenue blending based on projected membership mix and CY19 DHCS rates.

- Medical Expense of $184.8 million, an increase of $26.8 million or 17.0% over FY20.

  - FFS costs based on historic claims experience adjusted for utilization trends and contracted rates and increasing Medicare fee schedule.

  - Unit cost trends reflect increases of 1.0 - 6.0% for various categories of service

- Administrative Expense of $11.4 million.

  - Allocated by line of business based on premium revenue.

  - Admin cost as a percentage of revenue = 5.8%.

Tangible Net Equity
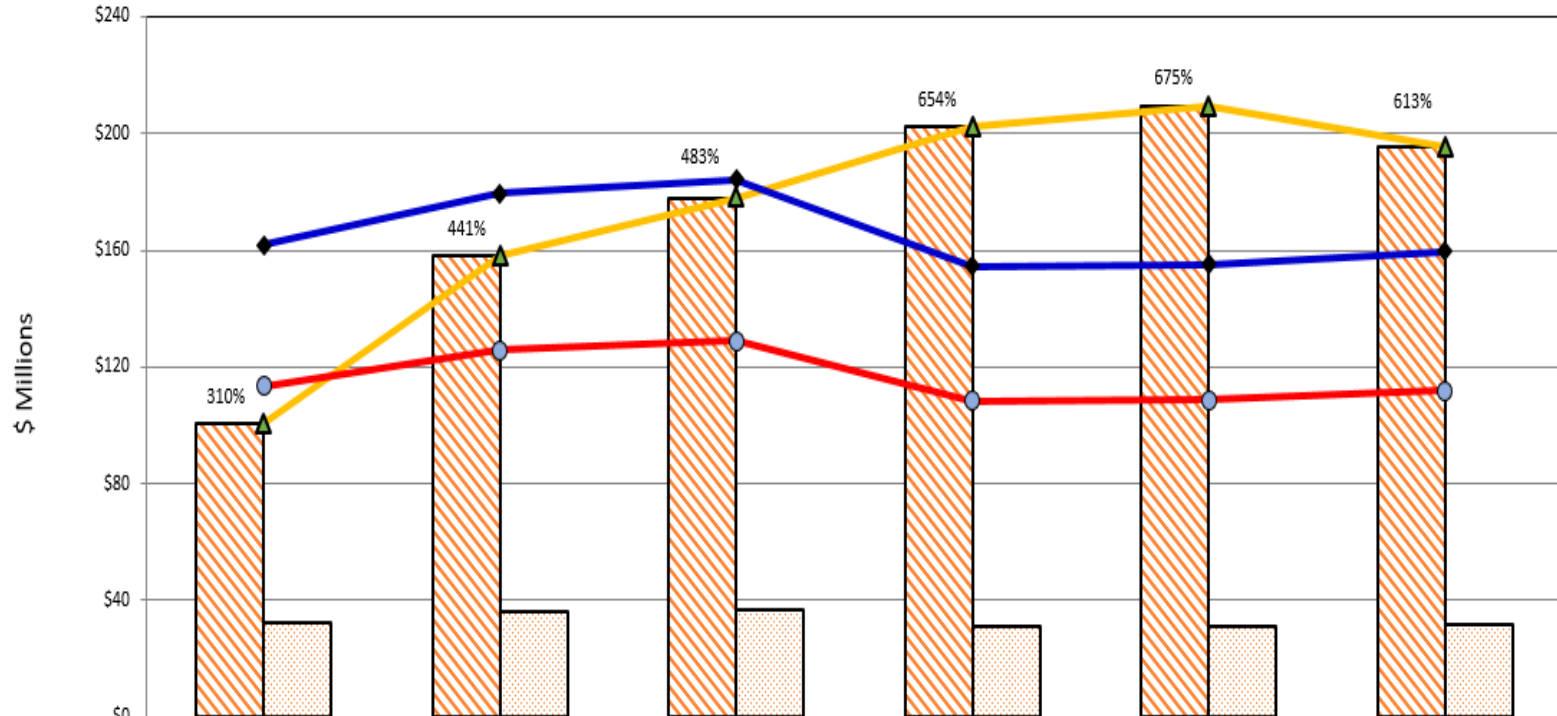
	FY16 Actual	FY17 Actual	FY18 Actual	FY19 Actual	FY20 Forecast	FY21 Budget
Tangible Net Equity	$100.3 M	$158.4 M	$178.0 M	$202.1 M	$209.3 M	$195.4 M
Minimum TNE	$32.4 M	$35.9 M	$36.8 M	$30.9 M	$31.0 M	$31.9 M
Tangible Net Equity	$100.3 M	$158.4 M	$178.0 M	$202.1 M	$209.3 M	$195.4 M
350% Low Target	$113.3 M	$125.6 M	$128.9 M	$108.2 M	$108.5 M	$111.7 M
500% High Target	$161.9 M	$179.5 M	$184.1 M	$154.5 M	$155.0 M	$159.5 M

Tangible Net Equity Local Plans at 3/31/20
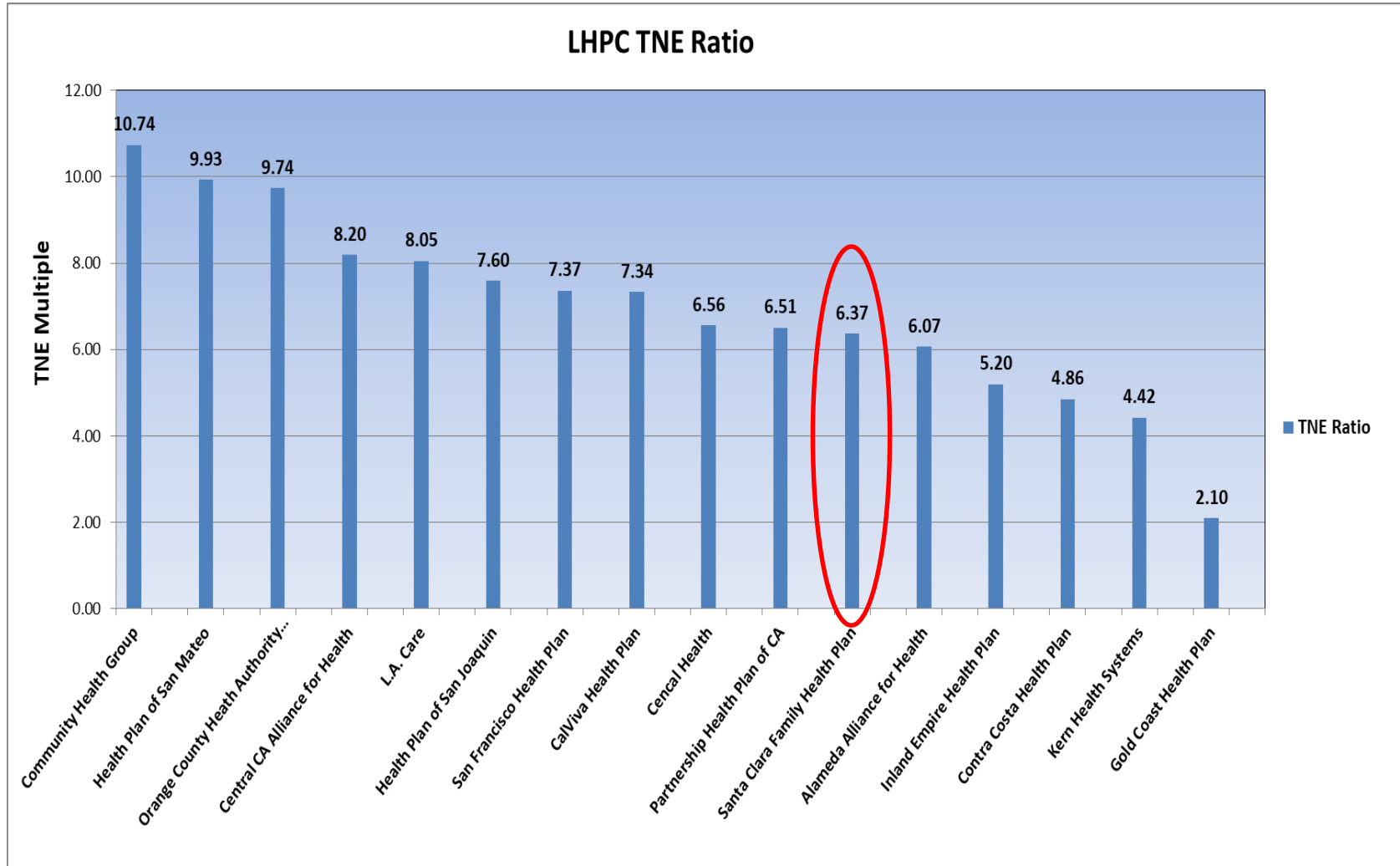
Key Opportunities & Unknowns

- **Potential Upside Opportunities:**

  - Improved utilization management

  - Provider contracting opportunities

  - Enhanced coordination of benefits and third-party recoupments

  - Close monitoring of administrative expenses

- **Potential Downside Costs:**

  - Increased non-COVID acuity resulting from hiatus in care

  - Additional Board-Designated expenditures:

    - Leigh Avenue Year 1 funding included

    - Additional Options:

      - $0-$3.5M   Available from CBO Fund

      - $0-$13.9M Available from Innovation/COVID Fund

- **Major Unknowns:**

  - COVID (favorable/unfavorable)

  - Emerging enrollment trends

  - Additional impacts of State Budget (favorable/unfavorable)

FY21 Capital Assets Summary

Description	Amount ($)
FACILITIES - COMMUNITY RESOURCE CENTER	$ 3,507,100
HARDWARE	$ 1,282,500
SOFTWARE	$ 1,194,374
FACILITIES - MAIN OFFICE	$ 866,500
FURNITURE & EQUIPMENT	$ 28,000
TOTAL FY21 CAPITAL ASSETS	**$ 6,878,474**

Capital Budget – Key Components

Major Facilities Requests:

CRC: tenant improvements of $2.6 million, IT infrastructure of $595K, and furniture & equipment of $312K.

Main Office enhancements include (1) main electrical service panel upgrade of $150K, and (2) interior enhancements of $717K.

Major IT Requests:

Hardware includes (1) data center storage expansion of $600K, (2) server & backup enhancements of $450K,and (3) computer hardware of $233K.

Software includes (1) QNXT enhancements $377K, (2) EDW enhancement of $200K, (3) FHIR Solutions of $260K, (4) provider & member portal enhancement of $120K, (5) security enhancement of $100K, and (6) various process improvement software totaling $138K.

Capital Budget – Detail

Santa Clara Family Health Plan™

Description	Amount ($)
Building Tenant Improvements	$ 2,600,000
Network infrastructure equipments (Firewall, network switch, WIFI, Rack, computers) and professional services	$ 595,000
Furniture, Event Room Cart, Electric Cook Top, and general items	$ 312,100
FACILITIES - COMMUNITY RESOURCE CENTER	**$ 3,507,100**

Description	Amount ($)
Primary data center storage expansion to support new project and initiatives	$ 600,000
Server & Backup Enhancements to increase capacity, improve redundancy and recovery capabilities	$ 450,000
Computer and phone hardware (desktop, laptop, phone)	$ 232,500
HARDWARE	**$ 1,282,500**

Description	Amount ($)
Concrete floor sealant application	300,000
Building main electrical service panel upgrade	150,000
AV equipments, acoutstics, badge access, roof hatch and overflow drains, and misc	416,500
FACILITIES - MAIN OFFICE	**$ 866,500**

TOTAL FY21 CAPITAL ASSETS	**$ 6,878,474**

Description	Amount ($)
NetworX Pricer (QNXT Client) & NetworX Modeler plus NetworX Modeler Analytics	$ 376,874
EDW Enhancement	$ 200,000
FHIR Solution Implementation	$ 260,000
Provider & Member Portal enhancements / configuration	$ 120,000
Security Enhancement - upgrades and improvements based on feedback from enterprise security risk assessment.	$ 100,000
HEDIS MRR software, Provider Credential Verification Organization (CVO), and Cloud based compliance monitoring	$ 137,500
SOFTWARE	**$ 1,194,374**

Description	Amount ($)
Main corridor suspended ceiling tiles	10,000
Mass notification system announcer installation	10,000
Front lobby door lock down button	5,000
Portable AC Units for IDF rooms during power outage	3,000
FURNITURE & EQUIPMENT	**$ 28,000**

FY 2019-20 FOCUS
Drive Quality Improvement & Achieve Operational Excellence   D R A F T

	Plan Objectives	Success Measures	Preliminary Year- End Status
1	**Pursue benchmark quality performance**	• **Increase HEDIS composite average to 60% for CMC** • **Decrease Medi-Cal HEDIS measures below the new MPL (50th percentile) to < 4** • **Increase developmental screenings for children to > 5,000** • **Conduct gap analysis and roadmap for Medi-Cal NCQA accreditation** • **Achieve < 100 second average speed of answer for Medi-Cal member calls** • **Expand member health education programs**	• Increased CMC HEDIS composite average to 71.72% • Decreased to 4 Medi-Cal HEDIS measures below MPL • Increased to 6,649 developmental screenings (through May) • Gap analysis and roadmap for Medi-Cal NCQA accreditation completed in June • Achieved 62-second average speed of answer for Medi-Cal member calls (through May) • Increased member completion of 10 Steps to a Healthier You; hosted Diabetes Prevention Program classes at SCFHP office in collaboration with YMCA; researched potential offerings for Community Resource Center
2	**Enhance compliance program and delegation oversight**	• **> 95% of metrics on Compliance Dashboard in compliance** • **95% of routine regulatory reports submitted timely, without resubmission** • **Full implementation of enhanced delegation oversight program**	• 93.8% of Compliance Dashboard metrics in compliance • 92% of routine regulatory reports submitted timely without resubmission (resubmissions primarily voluntary to clean up case management data in support of CMS revalidation) • Delegation oversight enhanced through risk assessment and audit work plan, comprehensive audit tools, pre-delegation audit program & compliance guide for delegates
3	**Improve IT infrastructure**	• **Conduct HIPAA security risk assessment** • **Implement and optimize phone system upgrade by December 2019** • **Implement monthly gaps in care on the provider portal by December 2019**	• HIPAA security risk assessment final report to be completed in June • Cisco phone system upgrade implemented in November; optimization in progress with call-back feature in June • Provider portal gaps-in-care module deployed in December; monthly data updates initiated in June

Critical Priority

4	Foster membership growth and retention	• **Maintain membership in proportion to Medi-Cal managed care enrollment in SCC (78.3% mkt share)** • **Achieve net increase of 533 CMC members** • **Develop a robust provider network strategy**	• Increased Medi-Cal market share to 78.5% (as of May) • Directly enrolled 2,097 new CMC members, for a net increase of 965 members; increased market share to 81.1% • Completed SWOT analysis by provider network to inform the network strategy; revised access & availability survey strategy for improved access insights
5	Collaborate with Safety Net Community Partners	• **Continue Whole Person Care partnership with SCVHHS and achieve ≥ 40 Long Term Care community transitions** • **Implement Health Homes for members with severe mental illness (SMI) by January 2020** • **Establish satellite office/community resource center (CRC)**	• Achieved 62 Long Term Care community transitions [WPC (14) and SCFHP (48)] • Health Homes Program for SMI implemented in January, with four Community-Based Care Management Entities (CB-CMEs). • Signed lease for CRC, construction underway, secured $1M Kaiser grant, and initiated program development with CBOs
6	Achieve budgeted financial performance	• **Achieve FY 2019-20 Net Surplus of $7.7 million** • **Maintain administrative loss ratio ≤ 7% of revenue**	• Projected net surplus of $7.2 million • Projected administrative loss ratio 5.4% of revenue

Membership Growth: June '20 – 253,875 members   1.9% increase in members (4,669)
                            June '19 – 249,206 members   3.2% decrease in member months

Revenue Growth: FY 2019-20 – $1.1 billion $100 million decrease in revenue
                            FY 2018-19 – $1.2 billion   8.3% decrease in revenue

Employee Hiring: June '20 – 300 staff/24 temps   13.6% turnover rate (39 departures)
                            June '19 – 274 staff/14 temps   66 new hires

Critical Priority

Santa Clara Family Health Plan

FY 2020-21 FOCUS
Drive Quality Improvement & Achieve Operational Excellence

D R A F T

	Plan Objectives	Success Measures
1	**Pursue benchmark quality performance**	• Increase screenings to ≥11,000 developmental, ≥5,000 trauma, and ≥9,500 blood lead (children 0-3) • Achieve HEDIS average performance score of 2.52 for Medi-Cal and 2.02 for Cal MediConnect • Reduce Medi-Cal Plan All-Cause Readmissions (PCR) to 7.48% • Achieve 75% of points required for Medi-Cal NCQA Interim Accreditation
2	**Enhance compliance program and delegation oversight**	• ≥ 95% of metrics on Compliance Dashboard in compliance • Implement delegate oversight dashboard by December 2020
3	**Improve IT infrastructure**	• Add Pharmacy, Case Management, and G&A data to Enterprise Data Warehouse; produce reports • Implement vendor solution for Fast Healthcare Interoperability Resource (FHIR) by March 2021 • Develop authorization submission capability in provider portal by March 2021
4	**Foster membership growth and retention**	• Increase Medi-Cal market share to 80% • Achieve net increase of 600 CMC members • Expand provider network in accordance with DHCS standards at network level • Implement new vendor for provider payment transactions to improve provider satisfaction • Develop Dual Eligible Special Needs Plan (D-SNP) implementation plan for 2023 by January 2021
5	**Collaborate with Community Partners to Strengthen the Safety Net**	• Open Community Resource Center; partner with CBOs on health education & fitness programming • Implement YMCA membership benefit for Medi-Cal and CMC members
6	**Achieve budgeted financial performance**	• FY 2020-21 Net Deficit ≤ $14 million • Maintain administrative loss ratio ≤ 7% of revenue
7	**Employee Satisfaction**	• Statistical improvement in employee satisfaction from 2019

Critical Priority