FQHC RE-START

Strategic re-evaluation of FQHC and positioning for a Re-Start.

WAYS TO TRIGGER A NEW FQHC PPS MEDI-CAL RATE

- New Site
- New Service
- Significant change in FQHC environment:
  - Patient demographics,
  - Service area,
  - Services, etc.

CLINICS

Clinic	Location	PPS Rate
Primary Medicine Clinic (PMC)	French Camp	$158.26
Family Medicine Clinic (FMC)	French Camp	183.40
Healthy Beginnings (HBF)	French Camp	306.14
Children's Health Service (CHS)	Stockton – CA St	232.59
Healthy Beginnings (HBC)	Stockton – CA St	249.52
Family Practice Clinic CA	Stockton – CA St	292.11
Hazelton	Stockton – Hazelton	2019-2020
Manteca	Manteca	2019-2020

FQHC SERVICES OPTIONS

- Chiropractor
- Acupuncture
- Dental Hygienist
- Dentist
- Optometry
- Physical Therapy
- Occupational Therapy
- Podiatry
- Cardiology

FQHC Costs to include in PPS Rate Setting

POPULATION HEALTH	100%
BUSINESS INFORMATICS	90-100%
PHONE CENTER COSTS	70%
ACCOUNTING STAFF	2.0 FTE'S
CODERS	4.0 FTE'S
BILLERS	5-6 FTE'S
IT STAFF	?
OCA'S	2.0 /PROVIDER

Recommendations:

CONSOLIDATE FRENCH CAMP CLINICS INTO 1 CLINIC

CONSOLIDATE CALIFORNIA STREET CLINICS INTO 1 CLINIC

COST LOAD MANTECA & HAZELTON FOR RATE SETTING

ADD NEW SERVICES – CHIROPRACTIC AND ACUPUNCTURE TO FRENCH CAMP AND CA STREET

CALCULATE AND SHIFT ACTUAL FQHC COSTS OF SLIDE 5 TO THE FQHC FINANCIALS

MODEL THE COST STRUCTURE OF THIS PLAN

RECOMMENDATIONS (CONTINUED)

- Increase provider productivity by 5 more visits/day
- Convert our model to increased Mid-levels – 2 mid-levels/provider
- Add 340B contracted pharmacy
- Identify and correct dropped charges for improved reporting to HPSJ to earn incentive payments
- Target Managed Capitated patients to be seen and not lose capitation payments back to Medi-Cal
- Grow space and providers to spread the same overhead costs over more visits

INITIAL APPOINTMENTS
APRIL 2019

The following practitioners have applied for membership and privileges at San Joaquin General Hospital The following summary includes factors that determine membership: licensure, DEA, professional liability insurance, required certifications (if applicable), etc. Factors that determine competency include medical/professional education, internship/residencies/fellowships, board certification (if applicable), current and previous hospital and other institutional affiliations, physical and mental health status, peer references, and past or pending professional disciplinary action. The applicants meet the requirements for membership unless noted below.

Membership Request	Name	Specialty/ Assigned Div/Dept	Competency / Privilege Review	Proctoring Required	Proctor	Rec Status/Term	Recommend
Initial	*Esther Ogunjimi, MD	OB/GYN	Graduated: Wright State University School of Medicine: 2006 Residency: University of Texas Medical School at Houston: 2010 American Board of: Board Certified with ABMS of OB/GYN	Yes	Dr. Lim	Provisional	Dept: 04/02/19 Cred: 04/02/19 MEC: 04/16/19

*Temporary Privileges

REAPPOINTMENTS
APRIL 2019

The following practitioners have applied for reappointment to the Medical Staff of San Joaquin General Hospital. This summary includes factors that determine membership: licensure, DEA, professiona liability insurance, hospital affiliations, etc. Qualitative/quantitative factors include ongoing performance evaluation which includes data from peer review, quality performance, clinical activity, privileges, competence, technical skill, behavior, health status, medical records, blood review, medication usage, litigation history, utilization and continuity of care. affiliations, physical and mental health status, peer references, and past or pending professional disciplinary action. All the applicants privilege request commensurate with training, experience and current competence unless noted below.

Membership Request	Name	Specialty/ Assigned Div/Dept	Quantitative/Qualitative Factors Request for Privileges and/or Privilege Change	Action Taken/Rec. Exceptions for Cause	Rec. Staff Category/Reappoint Period	Recommend
Reappointment	Asma Jafri, MD	Family Medicine	Requirements for Active Staff met.	None	Active 06/2019 to 062021	Dept: 04/02/19 Cred: 04/02/19 MEC: 04/16/19

MEDICAL STAFF ADVANCEMENTS

APRIL 2019

The following practitioners are being advanced to their requested staff status to the Medical Staff of San Joaquin General Hospital. This summary includes factors that determine membership: licensure, DEA, professional liability insurance, hospital affiliations, etc. Qualitative/quantitative factors include ongoing performance evaluation which includes data from peer review, quality performance, clinical activity, privileges, competence, technical skill, behavior, health status, medical records, blood review, medication usage, litigation history, utilization and continuity of care.

Name	Specialty/Assigned Div/Dept	Current Category of Membership	Recommended Category	Reason	Recommend
Jonathon Diulio, MD	Family Medicine/PMC	Provisional	Active	Proctoring Completed	Dept: 04/02/2019 Cred: 04/02/2019 MEC: 04/16/2019
Shailaja Munagala, MD	Family Medicine/PMC	Provisional	Active	Proctoring Completed	Dept: 04/02/2019 Cred: 04/02/2019 MEC: 04/16/2019

CIDP - INITIAL APPOINTMENTS
APRIL 2019

The following practitioners have applied for membership and privileges at San Joaquin General Hospital The following summary includes factors that determine membership: licensure, DEA, professional liability insurance, required certifications (if applicable), etc. Factors that determine competency include medical/professional education, internship/residencies/fellowships, board certification (if applicable), current and previous hospital and other institutional affiliations, physical and mental health status, peer references, and past or pending professional disciplinary action. The applicants meet the requirements for membership unless noted below.

Membership Request	Name	Specialty/ Assigned Div/Dept	Competency / Privilege Review	Proctoring Required	Proctor	Rec Status/Term	Recommend
Initial	Lorena Behrmann, FNP	Family Medicine	Samuel Merritt University: 2017	Yes	Dr. Fadoo	Provisional	Dept: 04-02-19 Cred: 04-02-19 MEC: 04-16-19
Initial	Margie Belinda Aquino, NP	Family Medicine	University of Phoenix: 2017	Yes	Dr. Fadoo	Provisional	Dept: 04-02-19 Cred: 04-02-19 MEC: 04-16-19
Initial	Mary Angelyn Joves, FNP	Family Medicine	San Francisco State University: 2018	Yes	Dr. Fadoo	Provisional	Dept: 04-02-19 Cred: 04-02-19 MEC: 04-16-19

*Temporary Privileges

CIDP - ADVANCEMENTS
APRIL 2019

The following practitioners are being advanced to their requested staff status to the Medical Staff of San Joaquin General Hospital. This summary includes factors that determine membership: licensure, DEA, professional liability insurance, hospital affiliations, etc. Qualitative/quantitative factors include ongoing performance evaluation which includes data from peer review, quality performance, clinical activity, privileges, competence, technical skill, behavior, health status, medical records, blood review, medication usage, litigation history, utilization and continuity of care.

Name	Specialty/Assigned Div/Dept	Current Category of Membership	Recommended Category	Reason	Recommend
Tuesday Benavidez-Knight, C.N.M.	OB/GYN	Provisional	Allied Health Professional	Proctoring Complete	Dept: 04/02/19 CIDP: 04/05/19 MEC: 04/16/19

San Joaquin County Clinics

Director's Report

April 30, 2019

Monthly Statistical Report:

Our Monthly visits were:

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		Total/Avg
Visits	8,993	10,172	8,354	10,602	8,788	7,988	10,529	9,240	10,105					84,771
Work Days	21	23	19	22	20	20	22	20	21	22	22	20		
Vsts/ Day	428	442	440	482	439	399	479	462	481					450

Our visits are consistently above 450/day for the past three months. This is progress in the right direction.

Short Term Strategic Plan

Now that we are completing the interim Medi-Cal PPS rate period and will be getting our permanent rate, it provides us our first opportunity to ask for the changes and get an appropriate rate. One of the most important opportunities we have is that. We know that we got a terribly low PPS rate the first time around. Therefore we want to do a dramatic change to get the PPS rate set for the future. So we are proposing to bring to the board some dramatic options to get the right rate that fully covers all of our cost. FQHC is based on cost based reimbursement. So we need to include all of our costs and to accurately include all known direct costs.

One broad concept we would like to propose is consolidating all three clinics at French Camp into a single clinic and all three of the clinics at California Street into a single clinic. We would maintain our accounting cost center to differentiate the costs associated with the OB-Gyn practice, Family Practice, Children's Health Services, PMC, Mental Health services, etc. We would directly include (instead of fund separately) the enabling services in Population Health. They are required FQHC services. Business Informatics would also be directly attributed to the FQHC since it is so completely focused on the quality measures of the FQHC.

The consolidation of clinics is one part but the other is to introduce a new service(s). The least costly investment types of services would be chiropractic and acupuncture which are good adjuncts to pain management. Other potential services could include dental, optometry, physical and occupational therapy.

A strong criticism from the UDS guru was that we need to directly account for the costs of accounting, IT, and other staff expected in an FQHC. They are expecting to compare costs between FQHC's and they want the exact same costs reported within the FQHC. So we need to identify accountants working on FQHC data, IT staff costs specific to FQHC, and other areas like that. In my estimation, with that we should be able to get rates that are at or near $300 per visit. Once we get a new PPS rate, we will be locked into it for several years thereafter. However, once we have it, we then have to work on efficiencies to improve our bottom line. That is essentially achieved at least two ways.

Reduce costs and keep same overhead but spread it over more visits. So we want to change our model to increase the number of mid-levels to physician ratio. Growing the available space and visits is the second method.

There are other means to add to the revenue with little to no investment on our part and we will discuss that as well.

NAP Grant

The NAP Grant did not get in. It literally shut down while entering the last three numbers of the budget. We had a technical issue of not being able to enter data on one form and spent time with the helpdesk troubleshooting the issue.

PWPM Access

In the search for the drop of charges between the visit and the Health Plan, we have identified four places it can and has dropped out some of the charges. The first is between Cerner PowerChart and PWPM. Powerchart is where the provider activity is recorded and CPT codes, ICD-10 codes and signed provider notes occur. That is then transferred to PWPM for coding and billing. The coders review the appropriateness of the codes and adjust accordingly. When they complete the record, the charge goes out to Trizetto the clearinghouse for claims to the Health Plan.

We found that claims were coming across to PWPM and dropping the claim or parts of the claim to 0 and so cancelled out. Next coders had previously been instructed to drop any $0 charges from the claim. Coders no longer do that and verify that the fee schedule needs to be remedied to have a charge added or rules changed to avoid $0 charge. Once the claim leaves the coder & PWPM, it goes to Trizetto where we found that it too was dropping claims or parts of claims. Those rules have been changed and so no longer drops claim. From Trizetto it goes out to the Health Plan or other payors. We have yet to find if any of the claim or parts of claims are not received by Health Plan.

Until this past week, PWPM was a complete mystery that we could not get reports on the claims in PWPM. We have now been trained to see that. We will now be able to verify what is coming across to PWPM, what is processed by PWPM and going out to Trizetto. We hope that will give us a clear view of the claims all the way through the process. Health Plan is very willing to sit down with us to verify data on their side compared to the data we are sending through.

UDS Report

The UDS report will be available at the Board meeting. We will give you the data for 2017 compared to 2019. You will see that the number of patients is slightly less 30,360 (2018) vs 31, 224 (2017). The number of services however, is up to 116,938 in 2018 compared to 105,208 the previous year. We have to remember that in 2018, we implemented Cerner and actually reduced schedules in March through June and continued a slow recovery of productivity through the rest of the year. I note that our visits during July to December 2018 averaged 438 per day. In January, February, and March 2019 our visits are averaging 474 per day.