

**SJCC BOARD OF DIRECTORS ATTENDANCE RECORD 2020**

2020 Meeting Dates

Member Name	Patient? Yes / No	Joined Board	1/8/20 Board Training	1/28/20	2/25/20	3/31/20	4/28/20	5/26/20	6/30/20	7/28/20	8/25/20	9/29/20	10/27/20	11/24/20	12/29/20
Baskett, Mike	No	2018	AE	P	P	P									
Cortez, Ismael	Yes	2011	P	AE	P	P									
Heck, Brian	No	2019	P	P	P	P									
Maldonado, Alvin	Yes	2011	AE	AE	AE	P									
Medina, Esgardo	Yes	2018	P	P	P	AE									
Mills, Mary	No	2010	P	P	AE	P									
Place, Rod	No	2010	AE	P	P	P									
Sandoval, Luz Maria	Yes	2013	P	P	P	P									
Toutai, Melanie	No	2019	P	P	P	AE									
Yonemoto, Alicia	Yes	2014	AE	P	AE	P									

CODE P = Present

Code AE = Absence Excused

CODE AU = Absence Unexcused

## INITIAL APPOINTMENTS

APRIL 2020

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
			There are no Initial Appointments on this report				

# REAPPOINTMENTS

APRIL 2020

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, 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. 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	Qui Tang, CNM	OB/GYN	Requirements for AHP staff met.	None	06/2020 to 06/2022	CIDP: 04/03/2020 Cred: 04/07/2020 MEC: 04/21/2020

# ADVANCEMENTS

APRIL 2020

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
Monish Sodhi, MD	Family Medicine	Provisional	Active	Proctoring Complete	Dept: 04/07/2020
					Cred: 04/07/2020
					MEC: 04/21/2020
Janani Sankaran, MD	Family Medicine/PMC	Provisional	Active	Proctoring Complete	Dept: 04/07/2020
					Cred: 04/07/2020
					MEC: 04/21/2020
Anuja Oza, MD	Family Medicine/PMC	Provisional	Active	Proctoring Complete	Dept: 04/07/2020
					Cred: 04/07/2020
					MEC: 04/21/2020
Lorena Behrmann, NP	Family Medicine	Provisional	Allied Health Professional	Proctoring Complete	CIDP: 04/03/2020
					Cred: 04/07/2020
					MEC: 04/21/2020

**RESIGNATIONS**  
**APRIL 2020**

Name	Reason for Resignation:	Effective Date of Resignation
John Krpan, DO	Resignation Received	Jan-20
Dherain Patel, MD	Resignation Received	Mar-20
Christine Mitchell, CNM	Resignation Received	Mar-20
	<b>There are no resignations/retirements for Apr-20</b>	

## Sliding Fee Scale for San Joaquin County Clinics

### 2020 Federal Poverty Level Based on Monthly Income by Family Size

Office Visit	\$30 Nominal Fee	\$40 Minimum Fee	\$50 Minimum Fee	\$60 Minimum Fee	\$185 FULL FEE
Nurse Visit	\$5 Nominal Fee	\$10 Minimum Fee	\$15 Minimum Fee	\$20 Minimum Fee	\$40 Full Fee
Family Size	0-100%	101 - 133%	134 - 150%	151 - 200%	Over 200%
1	\$1,063.33	\$1,414.23	\$1,595.00	\$2,126.66	\$2,126.67 and over
2	\$1,436.67	\$1,910.77	\$2,155.01	\$2,873.34	\$2,873.35 and over
3	\$1,810.00	\$2,407.30	\$2,715.00	\$3,620.00	\$3,620.01 and over
4	\$2,183.33	\$2,903.83	\$3,275.00	\$4,366.66	\$4,366.67 and over
5	\$2,556.67	\$3,400.37	\$3,835.01	\$5,113.34	\$5,113.35 and over
6	\$2,930.00	\$3,896.90	\$4,395.00	\$5,860.00	\$5,860.01 and over
7	\$3,303.33	\$4,393.43	\$4,955.00	\$6,606.66	\$6,606.67 and over
8	\$3,676.67	\$4,889.97	\$5,515.01	\$7,353.34	\$7,353.35 and over
Each additional person +8	\$373.33	\$496.53	\$560.00	\$746.66	\$746.66

**FULL FEE \$185 per visit**  
(**\$40 for Nurse Visit**)

**All above Services- Income Above 200% of Federal  
Poverty Guidelines or No Proof of Income**

Source: <https://www.federalregister.gov/documents/2020/01/17/2020-00858/annual-update-of-the-hhs-poverty-guidelines>

*Updated 4/7/2020*

## San Joaquin County Community Clinics Changes to Co-Applicant Agreement & Bylaws



FISCAL SOLUTIONS LLC

Susan Thorner, MHSA  
April 28, 2020

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## Rationale for the Changes

- ▶ SJCC is currently not in compliance with the Bureau of Primary Health Care's Compliance Manual (Last Updated August 2018) & Operational Site Visit Protocol (Last Updated February 2020).
- ▶ Must meet the requirements as outlined in BPHC's Compliance Manual, including:
  - ▶ The look-alike (LAL) is not owned, controlled, or operated by another entity.
  - ▶ The health center has safeguards in place to ensure the benefits that accrue through LAL designation as a Federally Qualified Health Center (FQHC) (for example, FQHC payment rates, 340B Drug Pricing Program eligibility) will only be distributed to the Health Center Program project.
  - ▶ The **look-alike** organization has a Project Director/CEO in place who carries out independent, day-to-day oversight of health center activities (i.e., the services and activities included in the look-alike application), solely on behalf of the governing board.

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## Rationale for Proposed Changes

- ▶ BPHC's expectation is that all FQHCs will be in compliance at all times;
- ▶ To more accurately reflect that County as the public entity and the SJCC Board have agreed to enter a co-applicant arrangement and *together shall constitute the Federally Qualified Health Center*.
- ▶ To more accurately reflect changes since the documents were originally developed & the current structure.
- ▶ To strategically position the health center to apply for Federal funding to become a grantee (also called a New Access Point (NAP)).

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- ## Changes to the Co-Applicant Agreement & Bylaws Approved by County Counsel
- ▶

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- ▶ Ensure that SJCC structure & governance conform with the Federal regulations & policies as outlined in BPHC's Compliance Manual.
- ▶ Clarify that together, the County, as the public entity, and SJCC's Governing Board are understood to constitute the Health Center.
- ▶ Affirm that the County retain authority over certain general personnel, financial management & accounting policy-setting functions & limited management responsibilities (the Health Center may enter into a formal management agreement with SJGH or other County entity for certain tasks).
- ▶ Clarify that SJCC's Board must retain authority for adopting a policy for eligibility for services including criteria for partial payment schedules & setting fee schedules.
- ▶ Clarifies financial & accounting roles & responsibilities through a formal management agreement.
- ▶ Ensure that billing is timely, according to HRSA's definition.

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## Board Composition

- ▶ Add SJGH Hospital CEO
- ▶ Add SJ County Director of Health Care Services
- ▶ The County representatives shall also be either community or patient representatives & may not have a direct day-to-day operational role within the FQHC. County employees may not be the Chair of SJCC's Board.
- ▶ Must maintain all other BPHC requirements related to Board composition, such as
  - ▶ At least 51% of the board members must be patients served by the health center. Patient board members must, as a group, represent the individuals who are served by the health center in terms of demographic factors, such as race, ethnicity & gender.
  - ▶ Non-patient health center board members must be representative of the community served by the health center and must be selected for their expertise in relevant subject areas, such as community affairs, local government, finance and banking, legal affairs, trade unions, & other commercial & industrial concerns, or social service agencies within the community.

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## Board Composition

- ▶ Of the non-patient health center board members, no more than one-half may derive more than 10% of their annual income from the health care industry (must develop a policy defining “the health care industry”).
- ▶ A health center board member may not be an employee of the center, or spouse or child, parent, brother or sister by blood or marriage of such an employee. The project director [Chief Executive Officer (CEO)] may be a non-voting, ex-officio member of the board.

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- ▶ Delineates the role of the County Health Care Services Project Review Committee. Add the Health Center CEO to the Committee.
- ▶ Add the Health Center CEO to the Liaison Committee.
- ▶ Clarifies that credentialing & privileging must conform to BPHC’s Compliance Manual.

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**FHQC "LOOK-ALIKE" ORGANIZATION CHART**

**FHQC BOARD**

**FHQC CEO**  
Dr. Farhan Farhan

**ADMINISTRATIVE SUPPORT**

**ACCOUNTING SUB-COMMITTEE**

**ACCESS & QUALITY**  
David Gubinski

- Talent Engagement
- Electronic
- Expenditures
- Procedures of Care
- Continuity of Care, Network & Safety

**STRATEGY & MARKETING**  
(vacant)

- Strategic Planning
- Capital Projects
- Community Engagement
- Business Development
- Marketing

**CHMO**  
Farhan Farhan, MD

**PELAGIUS**  
Dr. Marina Jais

**FAMILY MEDICINE**  
Dr. Arjun Jais

**INTERNAL MEDICINE**  
Dr. Mahesh Sankar

**OB/GYN**  
Dr. Suresh Gini

**CHMO**  
Benny de Mendez, RN

- Patient Experience
- HR/HR Staff Development

**CHMO**  
Rishi Bhargava

**SOC French Camp**  
Rishi Bhargava

**CALIFORNIA STREET**  
Charlotte Hunter Brown

**SOC VALLEJO**  
John Sosalet

**SOC MANTITA**  
Rishi Bhargava

- Clinic Operations
- HR/HR Staff Development
- Population Health
- Community Based Operations

**CHMO**  
Rishi Bhargava (Intern)

- Financial/Operational Management
- Operations/Case Management
- Marketing/Community
- Cost Accounting & HR Administration

**COMPLIANCE**  
Rishi Bhargava

- Regulatory Compliance
- Practice Engagement
- Medical Malpractice
- Clinical Quality
- Asset Management

Updated 5/25/2020

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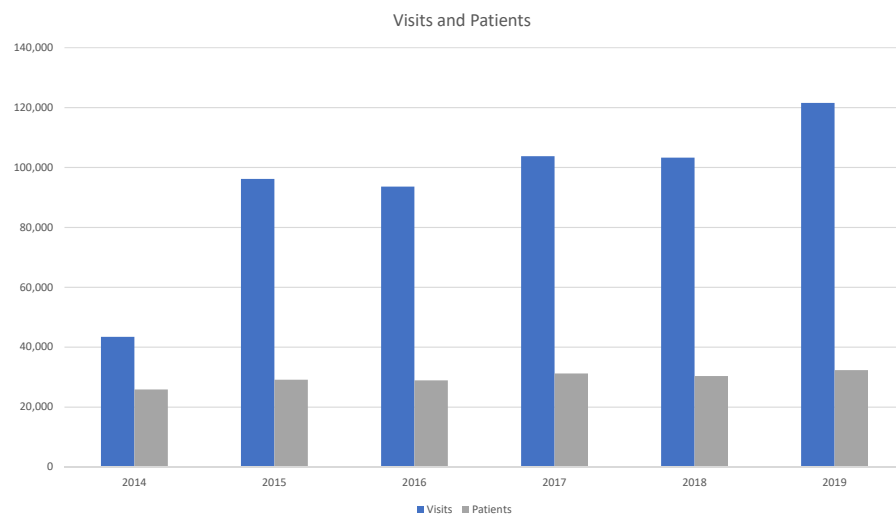
# Selected UDS 2019 Trends

Presented to SJCC Board of Directors

4/28/2020

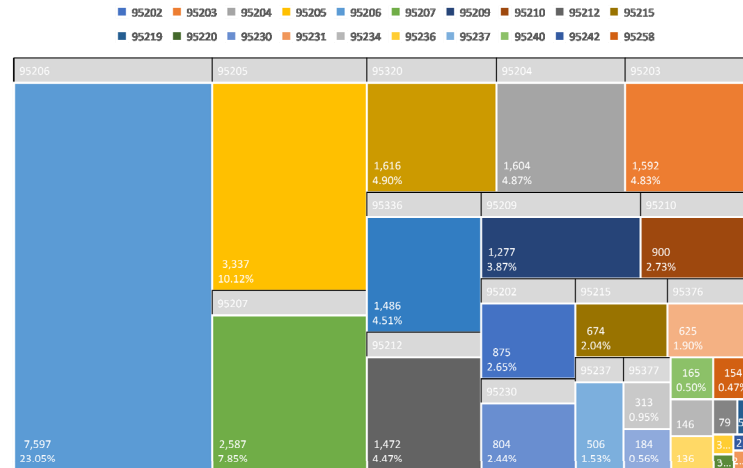
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**SJCC Visits and Patients 2014 - 2019**



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### Zip Code Reconciliation (Table 5B)



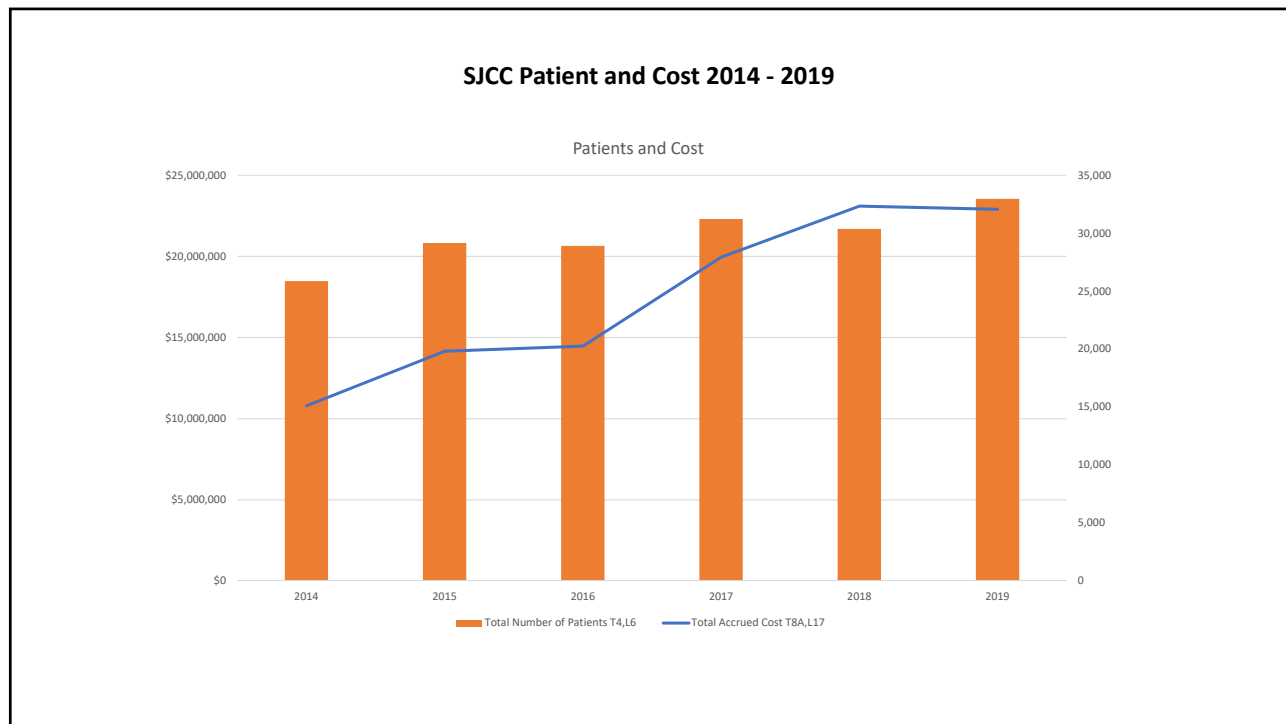
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### SJCC Clinical Performance Indicators 2019

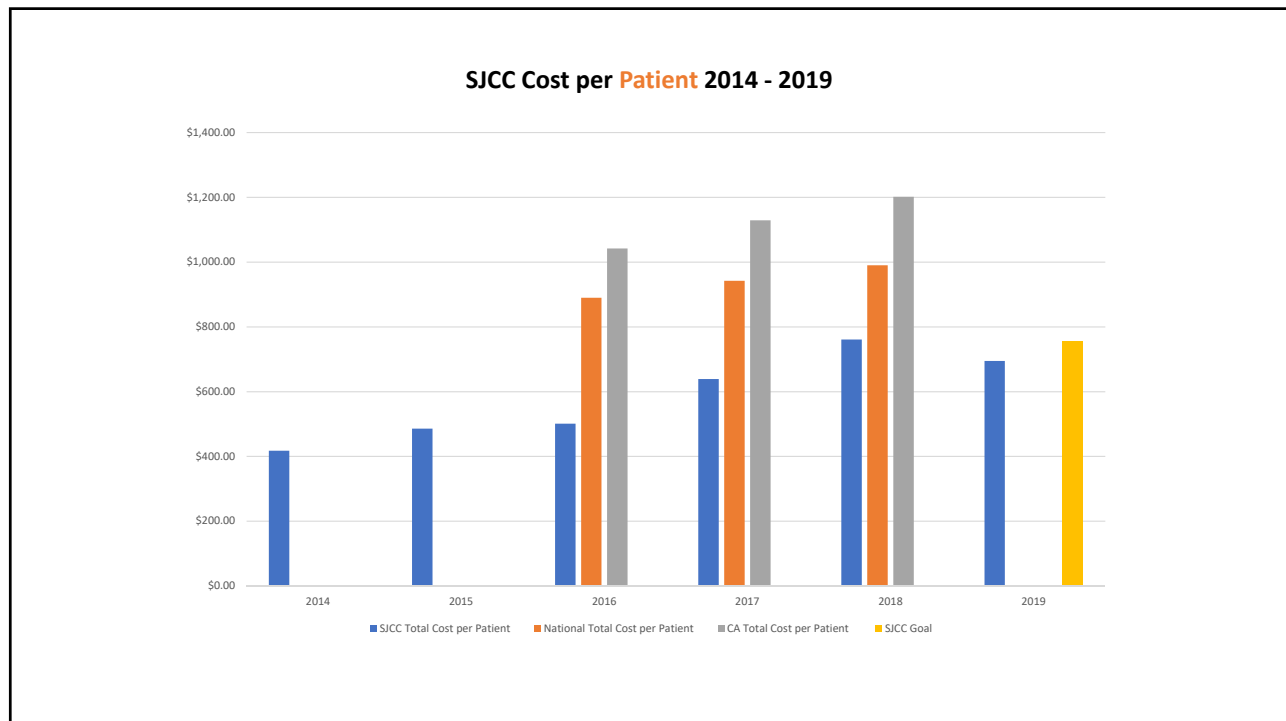
Reporting Period 01/01/2019 - 12/31/2019

Measure		CY 2019	CY 2018	Target	Benchmark Source	Reference
DM A1c Control	Outcome	32.68%	32.86% $\nless$	37.75%	HEDIS - 2017 DHCS MCMC Average	NQF 0059
CVD BP Control	Outcome	65.28%	59.93%	66.88%	PRIME DY 13 Target	NQF 0018
Pap Screening	Process	51.43% $\nless$	54.29% $\nless$	56.67%	UDS National Data 2017	NQF 0032
Prenatal Care in 1st Trimester	Process	56.91%	63.11%	77.90%	HP2020	UDS 6B
Birth Weight < 2500 gm	Outcome	10.59%	8.44%	7.80%	HP2020	UDS 7
Pediatric Immunizations	Process	38.57% $\nless$	44.29% $\nless$	70.70%	HEDIS CIS - 2017 DHCS MCMC Average	NQF 0038
Pediatric Dental Referrals (non-UDS)	Process		68.57% $\nless$	33.20%	HP2020	NQF 1334
Pediatric BMI Screening and Intervention	Process	61.31%	77.14% $\nless$	54.70%	HP2020	NQF 0024
Adult BMI Screening and Intervention	Process	19.76%	50.00% $\nless$	53.60%	HP2020	NQF 0421
Tobacco Use Screening and Intervention	Process	84.08%	87.14% $\nless$	87.50%	UDS National Data 2017	NQF 0027
Asthma Pharmacological Therapy	Process	92.02%	95.83%	86.62%	UDS National Data 2017	NQF 0047
CVD Lipid Therapy	Process	75.53%	N/A	85.00%	SJCC Local Target	CMS 347
IVD Aspirin Therapy	Process	83.60%	85.44%	79.27%	UDS National Data 2017	NQF 0068
Colorectal Cancer Screening	Process	56.78%	42.86% $\nless$	47.92%	PRIME DY 13 Target	NQF 0034
HIV Linkage to Care	Process	83.33%	100.00%	84.52%	UDS National Data 2017	UDS 6B
Depression Screening and Follow-up	Process	61.96%	78.57% $\nless$	84.54%	PRIME DY 13 Target	NQF 0418

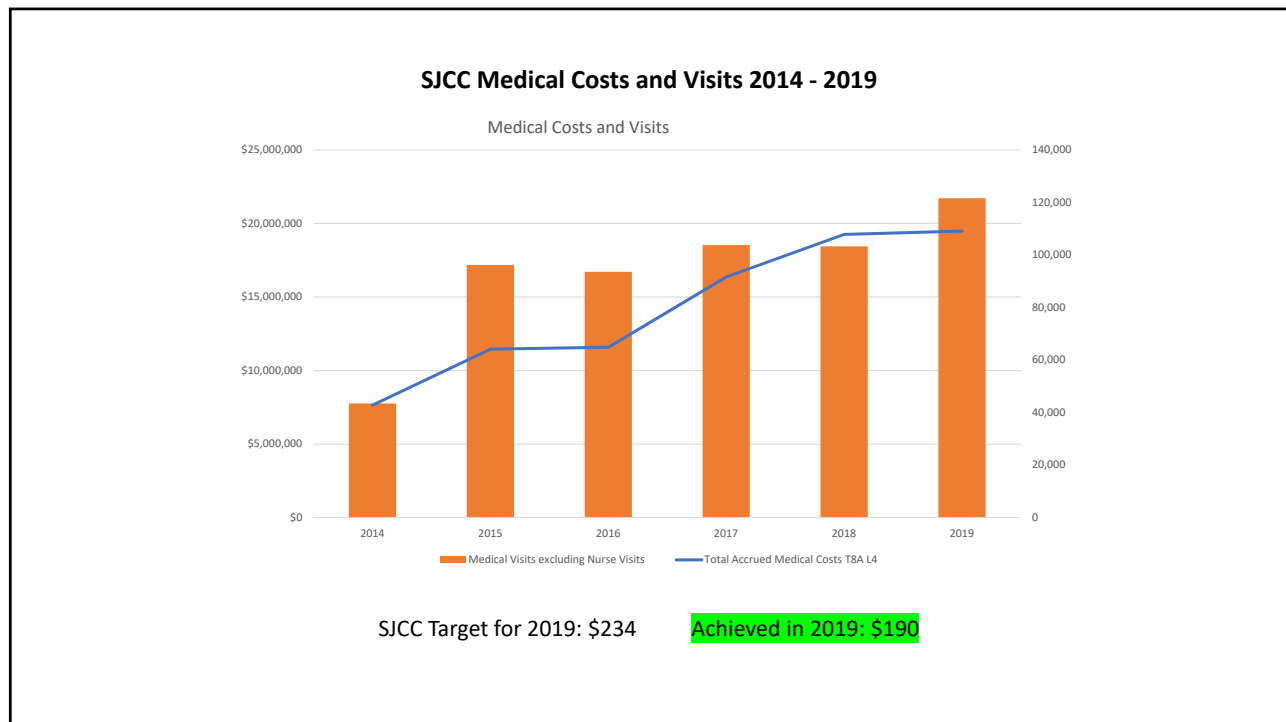
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 **Form 5B - Service Sites**

▼ 00168283: SAN JOAQUIN, COUNTY OF

Due Date: 10/17/2019 (Due In: 0 Days)

Look-Alike Number: LALCS00158

Target Population: Community Health Centers

Application Type: Annual Certification

Current Certification Period: 1/1/2019 - 12/31/2019

Current Designation Period: 7/1/2014 - 12/31/2020

▼ Resources 

As of 10/17/2019 02:32:07 PM

OMB Number: 0915-0285 OMB Expiration Date: 12/31/2016

**Primary Medicine Clinic (BPS-LAL-014288)****Action Status: Picked from Scope**

Site Name	Primary Medicine Clinic	Physical Site Address	500 W Hospital RdSuite C, French Camp, CA 95231-9693
Site Type	Service Delivery Site	Site Phone Number	(209) 468-7162
Web URL	www.sjgeneralhospital.com		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	7/1/2014	Site Operational By	
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	FQHC Site Medicare Billing Number	75750
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	59.5
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Health Center/Applicant		

**Organization Information**

No Organization Added

Service Area Zip Codes 95366, 95219, 95240, 95376, 95242, 95236, 95210, 95206, 95212, 95202, 95337, 95209, 95204, 95203, 95336, 95207, 95330, 95377, 95231, 95205, 95215

**Family Medicine Clinic (BPS-LAL-014284)****Action Status: Picked from Scope**

Site Name	Family Medicine Clinic	Physical Site Address	500 W Hospital RdSuite B, French Camp, CA 95231-9693
Site Type	Service Delivery Site	Site Phone Number	(209) 468-6709
Web URL	www.sjgeneralhospital.com		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	7/1/2014	Site Operational By	
FQHC Site Medicare Billing Number Status		FQHC Site Medicare Billing Number	751127
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	68
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Health Center/Applicant		

**Organization Information**

No Organization Added

Service Area Zip Codes	95219, 95206, 95366, 95242, 95203, 95205, 95376, 95377, 95337, 95209, 95207, 95202, 95210, 95336, 95236, 95240, 95231, 95330, 95215, 95204, 95212		
Healthy Beginnings French Camp (BPS-LAL-014286)		Action Status: Picked from Scope	
Site Name	Healthy Beginnings French Camp	Physical Site Address	500 W Hospital RdSuite A, French Camp, CA 95231-9693
Site Type	Service Delivery Site	Site Phone Number	(209) 468-6131
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	7/1/2014	Site Operational By	
FQHC Site Medicare Billing Number Status		FQHC Site Medicare Billing Number	751119
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	45
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Health Center/Applicant		
Organization Information			
No Organization Added			
Service Area Zip Codes	95203, 95231, 95210, 95206, 95330, 95337, 95336, 95240, 95205, 95236, 95215, 95209, 95242, 95377, 95366, 95376, 95219, 95204, 95212, 95207, 95202		
Children's Health Services (BPS-LAL-014283)		Action Status: Picked from Scope	
Site Name	Children's Health Services	Physical Site Address	1414 N California St Suite A, Stockton, CA 95202-1515
Site Type	Service Delivery Site	Site Phone Number	(209) 468-8154
Web URL	www.sjgeneralhospital.com		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	7/1/2014	Site Operational By	
FQHC Site Medicare Billing Number Status		FQHC Site Medicare Billing Number	751117
FQHC Site National Provider Identification (NPI) Number	1083955801	Total Hours of Operation	55
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Health Center/Applicant		
Organization Information			
No Organization Added			
Service Area Zip Codes	95242, 95236, 95330, 95204, 95240, 95212, 95366, 95209, 95210, 95231, 95202, 95376, 95377, 95337, 95205, 95203, 95219, 95206		
Family Practice Clinic California (BPS-LAL-014285)		Action Status: Picked from Scope	
Site Name	Family Practice Clinic California	Physical Site Address	1414 N CALIFORNIA STSuite C, STOCKTON, CA 95202-1515
Site Type	Service Delivery Site	Site Phone Number	(209) 468-9540
Web URL			

Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	7/1/2014	Site Operational By	
FQHC Site Medicare Billing Number Status		FQHC Site Medicare Billing Number	050167
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	53
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Health Center/Applicant		

#### Organization Information

No Organization Added

Service Area Zip Codes	95231, 95204, 95337, 95242, 95202, 95206, 95210, 95205, 95240, 95203, 95330, 95207, 95209, 95377, 95212, 95236, 95219, 95215, 95376, 95366, 95336
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#### Healthy Beginnings California (BPS-LAL-014287) Action Status: Picked from Scope

Site Name	Healthy Beginnings California	Physical Site Address	1414 N California St Suite B, Stockton, CA 95202-1515
Site Type	Service Delivery Site	Site Phone Number	(209) 468-8154
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	7/1/2014	Site Operational By	
FQHC Site Medicare Billing Number Status		FQHC Site Medicare Billing Number	751118
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	45
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Health Center/Applicant		

#### Organization Information

No Organization Added

Service Area Zip Codes	95219, 95209, 95203, 95242, 95376, 95231, 95202, 95240, 95204, 95337, 95206, 95366, 95330, 95205, 95236, 95377, 95212, 95210
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#### Manteca Clinic (BPS-LAL-020767) Action Status: Picked from Scope

Site Name	Manteca Clinic	Physical Site Address	283 Spreckels Ave, Manteca, CA 95336-6005
Site Type	Service Delivery Site	Site Phone Number	(209) 468-6820
Web URL	www.sjcclinics.org		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	6/20/2017	Site Operational By	9/10/2017
FQHC Site Medicare Billing Number Status		FQHC Site Medicare Billing Number	921002
FQHC Site National Provider Identification (NPI) Number	1417407636	Total Hours of Operation	55
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		

Number of Contract Service Delivery Locations	Number of Intermittent Sites	0
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Site Operated by	Health Center/Applicant
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#### Organization Information

No Organization Added

Service Area Zip Codes	95206, 95391, 95203, 95212, 95219, 95210, 95230, 95202, 95242, 95320, 95205, 95330, 95209, 95366, 95234, 95204, 95236, 95231, 95376, 95240, 95336, 95258, 95215, 95220, 95237, 95337, 95304, 95377, 95207
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#### Hazelton Clinic (BPS-LAL-019320)

Action Status: Picked from Scope

Site Name	Hazelton Clinic	Physical Site Address	1601 E Hazelton Ave, Stockton, CA 95205-6229
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Site Type	Service Delivery Site	Site Phone Number	(209) 468-6820
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Web URL	www.sjcclinics.org
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Location Type	Permanent	Site Setting	All Other Clinic Types
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Date Site was Added to Scope	2/28/2017	Site Operational By	2/28/2017
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FQHC Site Medicare Billing Number Status		FQHC Site Medicare Billing Number	
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FQHC Site National Provider Identification (NPI) Number	1679023980	Total Hours of Operation	40
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Months of Operation	August, July, June, May, December, November, October, September, April, March, January, February
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Number of Contract Service Delivery Locations	Number of Intermittent Sites	0
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Site Operated by	Health Center/Applicant
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#### Organization Information

No Organization Added

Service Area Zip Codes	95204, 95212, 95210, 95336, 95337, 95231, 95219, 95207, 95206, 95215, 95209, 95377, 95320, 95203, 95202, 95236, 95376, 95240, 95366, 95330, 95242, 95205
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# CEO Report – Previous 30 Days

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- COVID19 response
  - Roughly 40% reduction in visit volume
  - Video visits using Zoom; converting to Cerner tele-med platform
  - Face-to-face visits slowly resuming with active screening measures in place
  - Flexed off PT staff for expense reduction to mitigate revenue hit
  - Drive-through testing with Verily Project Baseline started 4/8
  - 7 Occupational testing MOUs in place with first responder agencies
- Permanent SJCC CFO hired; Tenisha Dunham started 4/27
- Wipfli and DHCS finalizing 5 PPS rates by 5/29
- SJCC/SJGH formal MOU – Fiscal Solutions to send draft this week
- Grants activities – heavy COVID/telehealth focus
- PRIME DY15-MY extension
- Request for extensions to current 1115 waiver programs (? PRIME, ? WPC) have been submitted by DHCS to CMS
  - P4R for DY15-YE
- QIP timeline affected by PRIME transition
- CalAIM implementation delayed
- 4/7 Beilenson Hearing conducted by SJC Board of Supervisors
  - Authorized closure of Manteca and Hazelton sites effective 6/30
  - 17 positions deleted
  - Request for additional information re: transportation options and reassignments for displaced patients (5/19 BOS agenda)
- SJCC Management taking operational steps regarding closures



## *San Joaquin County Clinics (SJCC)*

### **Minutes of April 1, 2020 Emergency Board Meeting**

#### **San Joaquin General Hospital Web Conference Meeting**

**ATTENDEES:** Rod Place (Chairman); Luz Maria Sandoval (Treasurer); Brian Heck (Board Member); Mary Mills (Board Member); Melanie Toutai (Board Member); Dr. Farhan Fadoo (SJCC Executive Director); Alice Soulligne (SJCC COO); Kristopher Zuniga (SJCC Interim CFO); Adelé Gribble (ACS OTC)

**ABSENT:** Alicia Yonemoto (Vice-Chair); Ismael Cortez (Secretary); Mike Baskett (Board Member); Alvin Maldonado (Board Member); Esgardo Medina (Board Member)

AGENDA ITEM	ATTACHMENTS	ACTION
<p><b>1. <u>Introduction &amp; Establish Quorum (Rod Place, Board Chair)</u></b></p> <p>a. Call to Order &amp; Establish Quorum Rod Place called the meeting to order at 4:04 p.m.</p> <p>b. SJCC Board Members accounted for by roll call and a quorum was established for today's meeting.</p> <p>c. Introductions Due to this being a web conference, each attendee identified themselves over the phone.</p>		
<p><b>2. <u>Walgreens Agreement (Kris Zuniga)</u></b></p> <p>Kris Zuniga presented the proposed agreement for board review and approval. Walgreens agrees to fill prescriptions of San Joaquin County Clinic eligible patients at specific Walgreens locations based on SJCC patient zip codes. They have already taken a look at our patient volumes. They have selected eight stores that our patients most visit. All of our patients are eligible for us to benefit from, except for our straight MediCal patients. This is true across all states. Straight Medicaid fee for service population is excluded from 340B program contracts. Our payer mix is only 10% straight Medicaid, straight MediCal. The other 90% allows us to benefit from a 340B program. The bulk of that 90% comes from our Managed Care MediCal patients.</p> <p>The State of California via the state plan amendment that will be effective as of January 1<sup>st</sup>, 2021 eliminated the benefit that we can take advantage of for our Managed Care MediCal patients. That is a big piece of our population. What it means is we will be able to see revenues from July 1<sup>st</sup>, 2020 through December 31<sup>st</sup>, 2020 for those patients. Because of the developments with COVID-19, FQHCs, all healthcare providers, need as much resources as they can to service the public in general, so it would not be surprising for that to be lifted and not enforced. Therefore, the covered entities would be able to continue to see the benefit from their Managed Care MediCal population.</p>	<p>Walgreens 340B Contract Pharmacy Services Agreement</p> <p>Walgreens Revenue Estimate</p>	<p>Brian Heck made a motion to approve the Walgreens Agreement, Luz Maria Sandoval seconded the motion and the board unanimously approved.</p>

AGENDA ITEM	ATTACHMENTS	ACTION																														
<p>Walgreens will provide inventory management services which will utilize and replenish drugs at 340B pricing. Inventory will be reconciled monthly.</p> <p>Why is this advantageous for Walgreens to engage in this? Under this program, we buy the drugs at our discounted rate. Without a 340B situation, that pharmacy buys drugs on the open market. We are servicing as their supplier and they don't have those drug costs anymore. They are receiving a dispensing fee and not realizing any of the cost of the drugs anymore. This is their incentive for participating in a program like this. There are rules, regulations, audits and lots of compliance that need to be adhere to when conducting a 340B program. The inventory that belongs to our patients gets dispensed to our patients only, not to other customers of Walgreens. Their inventory will be reconciled monthly. They have developed a proprietary tracking system (340B Complete) that will ensure the avoidance of diversion of 340B drugs to individuals who are not 340B eligible patients. Because it is a high compliance/high audit environment, Walgreens agrees to furnish and keep records for the purposes of compliance and audit and whenever we undergo audit, we will notify Walgreens.</p> <p>Which locations will be a part of this program? There are eight locations, mostly in Stockton but also in Manteca and Lathrop. These were the highest volume locations that showed up in Walgreens' analysis. Our responsibility is to provide all eligible patients with a valid prescription. Further, SJCC will provide a relationship with a drug supplier for which Walgreens will approve.</p> <p>Finally, our responsibility is to pay any outstanding amounts due to Walgreens within thirty days of them issuing an invoice. They have the same stipulation on their end as well. Any amounts outstanding due to SJCC will be paid within thirty days of invoicing as well.</p> <p>On a monthly basis, Walgreens will issue an invoice which will detail an amount due to Walgreens and a simultaneous amount due to San Joaquin. The two amounts will be netted and the difference will be sent to SJCC via electronic funds transfer.</p> <p>This is a three-year contract which goes under auto-renew for one-year periods after the first initial three-year period. We do have the ability to terminate the contract for cause or without cause with a thirty-day written notice.</p> <p>What will we be paying Walgreens? There is a fifty-cent administrative fee for the inventory management services and a thirteen-dollar dispensing fee for the purposes of dispensing the drugs to our patients. Both of these are per prescription prices. Annually this pricing will adjust in alignment with the consumer price index; as it goes up, so do these fees.</p> <p>Monthly Revenue Estimate for Walgreens Contract</p> <table border="1"> <thead> <tr> <th>3-month scripts (from volume analysis)</th><th>Per Month</th><th>@ \$15 net to SJCC, per script (conservative estimate)</th></tr> </thead> <tbody> <tr><td>566</td><td>188.67</td><td>2,830</td></tr> <tr><td>555</td><td>185.00</td><td>2,775</td></tr> <tr><td>434</td><td>144.67</td><td>2,170</td></tr> <tr><td>426</td><td>142.00</td><td>2,130</td></tr> <tr><td>242</td><td>80.67</td><td>1,210</td></tr> <tr><td>235</td><td>78.33</td><td>1,175</td></tr> <tr><td>219</td><td>73.00</td><td>1,095</td></tr> <tr><td>190</td><td>63.33</td><td>950</td></tr> <tr><td>2867</td><td>955.67</td><td>14,335</td></tr> </tbody> </table> <p>Kris advised this is a conservative example of what we can possibly estimate. He does not wish to overstate the benefits and have us realize financials that don't measure up to the estimates that we've talked about.</p> <p>Walgreens took three months volume from our patients; how many prescriptions are being filled at their locations. These are the actuals for our patients at the eight locations mentioned. This is an estimate of what we would realize, with no changes in the State plan amendment. The idea is we should take advantage of this program for as long as we can.</p>	3-month scripts (from volume analysis)	Per Month	@ \$15 net to SJCC, per script (conservative estimate)	566	188.67	2,830	555	185.00	2,775	434	144.67	2,170	426	142.00	2,130	242	80.67	1,210	235	78.33	1,175	219	73.00	1,095	190	63.33	950	2867	955.67	14,335		
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AGENDA ITEM	ATTACHMENTS	ACTION
Brian Heck made a motion to approve the contract and move forward with the Walgreens relationship. Luz Maria Sandoval seconded the motion and the board unanimously approved the agreement.		
<b>3. <u>Adjournment</u></b>  There being no further topics to discuss, Rod Place adjourned the meeting at 4:25 p.m.		

Signed by:

\_\_\_\_\_  
RESPECTFULLY SUBMITTED ON BEHALF OF SJCC BOARD BY:  
ADELÉ R. GRIBBLE, OFFICE TECHNICIAN COORDINATOR  
ACS ADMINISTRATION, SAN JOAQUIN COUNTY CLINICS

\_\_\_\_\_  
Date



## San Joaquin County Clinics (SJCC)

### Minutes of April 8, 2020 Emergency Board Meeting, SJCC Board Executive Committee

#### San Joaquin General Hospital Web Conference Meeting

**ATTENDEES:** Rod Place (Chairman); Luz Maria Sandoval (Treasurer); Ismael Cortez (Secretary); Brian Heck (Board Member); Dr. Farhan Fadoo (SJCC Executive Director); Alice Souligne (SJCC COO); Kristopher Zuniga (SJCC Interim CFO); Adelé Gribble (ACS OTC)

**ABSENT:** Alicia Yonemoto (Vice-Chair)

AGENDA ITEM	ATTACHMENTS	ACTION
<p><b>1. <u>Introduction &amp; Establish Quorum (Rod Place, Board Chair)</u></b></p> <p>a. Call to Order &amp; Establish Quorum Rod Place called the meeting to order at 4:33 p.m.</p> <p>b. SJCC Executive Board Members accounted for and a quorum was established for today's meeting.</p> <p>c. Introductions Due to this being a web conference, each attendee identified themselves over the phone.</p>		
<p><b>2. <u>Memorandum of Understanding between SJCC and Fire Districts/Municipalities (Kris Zuniga)</u></b></p> <p>The purpose of this MOU is to define the roles and responsibilities of San Joaquin County Clinics (SJCC) who will provide basic COVID-19 physician screening and as medically indicated, order and perform laboratory testing for COVID-19 and Influenza for employees of FIRE DISTRICT/MUNICIPALITY who are referred to SJCC and who meet clinical guidelines and who sign a release of information permitting SJCC to share their protected health information with their employer.</p> <p>Kris Zuniga advised this is a potential Memorandum of Understanding. We will send this out to the municipalities and first responder agencies, but they are under no obligation to accept it as is. They might consider this a negation point. We are hoping to get roughly thirty to thirty-five percent margin. This is merely a hope, we will have to see where we end up agreeing with the individual municipalities and how much labor this is going to account for. The second month (monthly fee, or subscription fee) will be much more profitable than the first because we assume once these municipalities sign up, they are going to send all their employees. Most of the employees won't be back in the second month for testing but they will still have that as a service. A lot of the expenses will be realized up front but in the second month, third month, we will see a much bigger margin because of employees already having been tested.</p> <p>Kris stated the first month will not show as a profitable month because of the labor charged to this program.</p>	<p>Memorandum of Understanding between SJCC and Fire District/Municipality</p>	<p>Luz Maria Sandoval made a motion to approve the MOU between SJCC and Fire Districts, Ismael Cortez seconded the motion and the Executive Committee unanimously approved.</p>

AGENDA ITEM	ATTACHMENTS	ACTION																
<p>Rod Place asked if the levels are not reduced in the second and third month, is it a break-even cost? Kris advised we have built in good revenues, but we are speaking conservatively. It would not make sense for the utilization of this program to be so high that we end up losing money on this.</p> <p>Dr. Fadoo stated this will be a dramatically profitable line of business based on a fee for service model, assuming that everybody will come in and be tested. We know that is probably not going to happen; a small fraction of these workforces will come in for testing. For example, if there are 100 police officers enrolled in the program, we don't think all 100 will come in because they were exposed to COVID-19 and are going to utilize our services. We think perhaps 10-15% might have this occur and will need to bring our services to bare. We have priced this in such a way that all 100 would come in and what our PPS rate might be on those 100 visits. This is a starting assumption for us. Dr. Fadoo stated he expects the municipalities to look at our pricing and see this as still being too expensive. This is not a losing proposition, we are not at any risk of losing money on this. The proposed MOU was provided to the Executive Committee to review during this conference call meeting.</p> <p>Dr. Fadoo advised there are seven agencies that have expressed an interest in the program thus far. These are the numbers of employees each of them advised said they need to enroll. This would be the monthly revenue for each of these agencies.</p> <table><thead><tr><th>Employees</th><th>Monthly Fee</th></tr></thead><tbody><tr><td>15</td><td>10000</td></tr><tr><td>20</td><td>10000</td></tr><tr><td>55</td><td>12500</td></tr><tr><td>85</td><td>15500</td></tr><tr><td>129</td><td>19900</td></tr><tr><td>166</td><td>23600</td></tr><tr><td>300</td><td>40000</td></tr></tbody></table> <p>Dr. Fadoo advised we have been providing screening services for our own employees (SJGH and SJCC) for the last several weeks since the pandemic hit. What we have heard there are bunch of fire districts and police departments and city agencies that don't have a solution for their first responders. They are exposing themselves to this virus in the course of their work but they do not have an occupational medicine service that is able to screen those employees, test them and provide recommendations whether or not they should continue working, quarantine or whether or not they are safe to return to work. They approached us to see if we would be willing to service all of these employees throughout these various agencies.</p> <p>Our Family Medicine physicians are capable of doing this. If we are going to step up and provide this service, we wanted to make sure we monetize this appropriately and we are able to capture some new revenue for this type of service.</p> <p>Luz Maria Sandoval made a motion to approve the MOU between SJCC and Fire Districts, Ismael Cortez seconded the motion and the Executive Committee unanimously approved.</p>	Employees	Monthly Fee	15	10000	20	10000	55	12500	85	15500	129	19900	166	23600	300	40000		
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<p><b>3. <u>Additional 340B Agreements (Kris Zuniga)</u></b></p> <p>Kris Zuniga advised within the last hour we have received four 340B Pharmacy Contracts. They are for Rite-Aid, Walmart, Safeway and a fourth contract with what is called a third-party administrator that Walmart works with. Since we just received these, we have not vetted them out with County Legal yet, but we will be doing so. Kris emailed the agreement to all the board members and stated they wanted to put these agreements before the board so that we could have a motion to pursue these agreements, but the final version is not yet set.</p> <p>We have a window of about a week that we need to have the contract finalized, executed and registered with HRSA so that we are eligible to begin receiving revenues at the beginning of our fiscal year (July 1<sup>st</sup>). Dr. Fadoo stated this is exactly the</p>	<p>Safeway PSA 340B Agreement; WalMart PSA 340B Agreement, Walmart Third Party Administrator Agreement and Rite-Aid 340B Agreement</p>	<p>Ismael Cortez made a motion to move forward with 340B Agreements, Luz Maria Sandoval seconded the motion and the Executive Committee unanimously approved</p>																

AGENDA ITEM	ATTACHMENTS	ACTION
<p>same thing the board voted on and approved last week for the Walgreens agreement. Dr. Fadoo added this is the exact same program, just with a number of other retail pharmacies, the same rationale. The fee structure is similar but not exactly the same. We will be vetting this with the legal teams. Because of the deadline of the 15<sup>th</sup>, we wanted to get authorization from the board to move forward. If we miss the deadline we potentially missing about three months of potential revenue.</p> <p>Adelé Gribble asked for verification that we have a quorum to vote on this agenda item. Dr. Fadoo advised the Executive Committee can always take action on behalf of the entire board.</p> <p>Ismael Cortez made a motion to allow management to move forward with the four new pharmacy services on the 340B agreements. Luz Maria Sandoval seconded the motion and the Executive Committee unanimously approved the motion.</p>		
<p><b>4. <u>Adjournment</u></b></p> <p>There being no further topics to discuss, Rod Place adjourned the meeting at 4:30 p.m.</p>		

Signed by:

\_\_\_\_\_  
RESPECTFULLY SUBMITTED ON BEHALF OF SJCC BOARD BY:  
ADELÉ R. GRIBBLE, OFFICE TECHNICIAN COORDINATOR  
ACS ADMINISTRATION, SAN JOAQUIN COUNTY CLINICS

\_\_\_\_\_  
Date

## San Joaquin County Community Clinics Board Training



FISCAL SOLUTIONS LLC

Susan Thorner, MHSA  
April 28, 2020

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## SJCC Board Training Agenda

- ▶ Program Monitoring & Data Reporting Requirement (HRSA)
- ▶ Why Review UDS Data?
  - ▶ Zip Code Reconciliation (Vote!)
  - ▶ Review of Forms 5A & 5B (Vote!)
  - ▶ How does this tie into your needs assessment, strategic plan & community outreach

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## Program Monitoring & Data Reporting Requirement

BPHC's Compliance Manual requires the following:

- ▶ The health center has a system in place to collect & organize data related to the HRSA-approved scope of project, to meet HHS reporting requirements, including the Uniform Data System (UDS) reporting; &
- ▶ The health center submits timely, accurate & complete UDS reports as required.
- ▶ Does the health center have systems or methods in place to collect & organize data, including ensuring the integrity of such data, for overseeing the health center project, for monitoring & reporting on program performance?

3

## Program Monitoring & Data Reporting Requirement

- ▶ Do the health center's program data reporting systems or methods result in the production of relevant reports that inform & support internal decision-making & oversight by key management staff & the governing board? This would include, but is not limited to:
  - ▶ Patient service utilization?
  - ▶ Trends and patterns in the patient population?
  - ▶ Overall health center clinical, financial or operational performance?

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## Why Review UDS Data?

- ▶ It's a snapshot of the health center's key financial & clinical performance measures, where your patients are coming from, staffing profile and more. Although new measures may be added occasionally, the UDS report allows you track key measures from year to year.
- ▶ Does the UDS data tie into/support your needs assessment, strategic plan & community outreach? Are there emerging populations? Needs? Shifts in where your patients are coming from?
- ▶ If not, does the organization need to monitor &/or update their needs assessment, strategic plan &/or community outreach plan?
- ▶ How do the key performance measures impact the organization's current QA/QI plan? Do adjustments need to be made?

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## Board Actions Related to UDS Data Review

- ▶ Zip Code Reconciliation (Vote!)
  - ▶ HRSA requires that the health center identifies and annually reviews its service area based on where current or proposed patient populations reside as documented by the ZIP codes reported on the health center's Form 5B: Service Sites.
  - ▶ These service area ZIP codes must be consistent with patient origin data reported by ZIP code in its annual Uniform Data System (UDS) report (the ZIP codes reported on the health center's Form 5B: Service Sites would include the ZIP codes in which at least 75% of current health center patients reside, as identified in the most recent UDS report).

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## Board Actions Related to UDS Data Review

- ▶ Review Forms 5A (Services) & 5B (Sites) – Are any updates needed to either Form? (Vote!)
- ▶ There's a Health Center Self-Assessment Worksheet for Form 5A: Services Provided - This worksheet is a self-assessment tool for health centers to evaluate the accuracy of their HRSA scope of project, specifically Form 5A: Services Provided. This tool also may be used by health centers to facilitate conversations with their Project Officers.

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## Resources

- ▶ Requesting a Change in Scope to Add Temporary Service Sites in Response to Emergency Events  
<https://bphc.hrsa.gov/sites/default/files/bphc/programrequirements/pdf/pal202005.pdf>
- ▶ Telehealth and Health Center Scope of Project  
<https://bphc.hrsa.gov/sites/default/files/bphc/programrequirements/pdf/telehealth-pal.pdf>
- ▶ Health Center Self-Assessment Worksheet for Form 5A: Services Provided February 3, 2020  
<https://bphc.hrsa.gov/sites/default/files/bphc/programrequirements/scope/form-5a-self-assessment-review.pdf>
- ▶ BPHC Operational Site Visit Protocol Last updated: February 27, 2020  
<https://bphc.hrsa.gov/programrequirements/svprotocol.html>

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