San Joaquin County Clinics (SJCC)

Minutes of July 28, 2020
Board of Directors Meeting

San Joaquin General Hospital
Web Conference Call

BOARD MEMBERS PRESENT:	Rod Place (Chairman); Alicia Yonemoto (Vice-Chair); Mike Baskett (Board Member); Brian Heck (Board Member); Alvin Maldonado (Board Member); Esgardo Medina (Board Member); Mary Mills (Board Member)
BOARD MEMBERS ABSENT:	Ismael Cortez (Secretary); Luz Maria Sandoval (Treasurer)
BOARD MEMBERS EXCUSED:	Melanie Toutai (Board Member)
SJCC STAFF PRESENT:	Dr. Farhan Fadoo (SJCC Executive Director); Greg Diederich (HCS Director); Betty Jo Riendel (SJCC Nursing Dept Manager); Alice Souligne (SJCC COO); Kristopher Zuniga (SJCC Interim CFO); Rajat Simhan (SJCC Program Manager – Compliance); Jeff Slater (SJCC Grant Writer); Adelé Gribble (SJCC ACS OTC)
GUESTS:	Carlos Jimenez (Wipfli Consultant); Christopher Scoz; Dr. Anjani Thakur; Susan Thorner (Fiscal Solutions Consultant);

AGENDA ITEM	ATTACHMENTS	ACTION
1. <u>Introduction & Establish Quorum (Rod Place, Board Chair)</u> a. Call to Order & Establish Quorum b. Rod Place called the meeting to order at 5:08 p.m. c. SJCC Board of Director's Attendance Record (Jan 2020 through June 2020) Board Members were accounted for by roll call and a quorum was established for today's meeting. d. Introductions Christopher Scoz was introduced to the committee. He is an associate pastor at Thrive Church in Lathrop. Chris and his family are established patients at Family Medicine Clinic in French Camp. He is interested in Board Membership and is excited to learn. He will attend two required meetings before the board will vote to either approve or decline his application.	SJCC Board of Directors Attendance Record through June 2020	No action required
2. <u>Approval of Minutes from 06/30/2020 (Rod Place, Board Chair)</u> Esgardo Medina made a motion to approve the minutes from the Board meeting on June 30, 2020. Brian Heck seconded the motion and the board unanimously approved the minutes.	BOD Meeting Minutes from 06/30/2020	Motion to approve the minutes from 06/30/20 – Esgardo Medina, seconded by Brian Heck & unanimously approved by the board.
3. <u>Public Comment (General Public)</u> There was no public comment at this month's meeting.	No Attachments	No Action Required

AGENDA ITEM	ATTACHMENTS	ACTION
4. Credentialing Report (Betty Jo Riendel) Betty Jo Riendel advised there are no initial appointment for July 2020: There are four reappointments for July 2020: Dr. Patricia Apolinario in Children's Health Services, Dr. Imeline Troncales in Children's Health Services, Dr. Bhanu Wunnava in Family Medicine Clinic and Jun Paz, Nurse Practitioner in Family Medicine Clinic. We have two advancements for July 2020: Dr. Yvan Tranquille and Dr. Rahul Paryani in Primary Medicine Clinic. There are no resignations of note for July 2020. Mary Mills made a motion to approve the credentials and privileges as provided, Alicia Yonemoto seconded the motion and the board unanimously approved the motion.	Attachment 4 (Credentialing Report)	Motion to approve the credentialing report – Mary Mills, seconded by Alicia Yonemoto & unanimously approved by the board.
5. Strategic Plan Update (Rajat Simhan) Rajat Simhan presented the San Joaquin County Clinics Strategic Plan 2019-2022. He has recaptured what was put together and submitted to Health Resources and Services Administration (HRSA) last year. This is the same plan that was finalized by the SJCC Board Committee. Rajat advised at the time the Mission Statement was "To improve the health status of our diverse community by providing healthcare that is affordable, accessible, comprehensive and culturally sensitive regardless of the ability to pay." The Vision Statement is "Our community's health and well-being are our highest priority." This is the time for the board to reflect on any of these statements to see if any changes need to be made or agree if this is something we would like to keep as-is. Rajat stated his role is to be the facilitator to work with the Board members as well as clinic leadership at the FQHC to take this to the next level and to keep everyone on track with regards to what was sent to HRSA and how we are tracking what we said we would do between 2019 and 2022 and see if we have achieved any of the goals and where there might be opportunities to work on and improve. At the time we submitted to HRSA, we had identified certain priority areas: ➢ Financial Strength and Sustainability ➢ Operational and Administrative Capacity ➢ Quality ➢ Board Governance ➢ Community Role ➢ Marketing and Business Development ➢ Technological Capacity Rajat stated in speaking about Financial Strength and Sustainability, some of the key aspects that come to mind that was articulated in the plan was: "How can we improve financial oversight", "How can we increase our revenues", "How do we increase productivity" and "How can we eliminate unnecessary expenditures". Our PPS rate became effective last month, and it is retroactive where we can collect revenue on and be able to bill at a higher rate. We have done fairly well on all the MediCal Waiver Programs, mainly PRIME, QIP, GPP and some more. We	Attachments 5 (FQHC Strategic Plan 2019-2022 Final & SJCC Strategic Plan 2019-2022 Board meeting 07282020 Slideshow)	No action required

AGENDA ITEM	ATTACHMENTS	ACTION
have done well on not just the quality of care but also captured a large share of dollars allocated to the Public Health System. In that sense we have done fairly well on capitalizing on the opportunities for revenue that came down to the clinic. We have non-performing clinics and two of them were shut down (Hazelton & Manteca Clinics). This was an analysis done on the non-performing clinics and based on productivity and volume, we felt the need to move that volume to the French Camp Clinics. This is one of the ways to eliminate expenditures. The other thing we have achieved is to outsource the billing of the FQHC clinics. We have contracted with EMMI and they are rendering billing services for us. Rajat stated there is still some opportunity for growth but he wanted to highlight these achievements. The three major bullet points Rajat wanted to focus on regarding Operational and Admin Capacity were increased Productivity, Improved Access and Improved Organizational infrastructure. In terms of productivity, our providers are seeing a lot more patients today than they were last year. In the age of COVID, we have seen a drop in productivity, but we pivoted our strategy to add telemedicine. The access is still there, we have centralized the scheduling process. We have Dena Galindo in our Call Center managing all of our referrals, making sure the patients are receiving the level of access that they seek. Even before we partnered with Verily (Project Baseline), we had started the Drive-Thru COVID-19 clinic for our SJCC allocated patients. This was amplified with the partnership SJCC was able to establish with Verify (sister company of Alphabet and Google). Since mid-March, the volume of patients we have served is not just limited to our SJCC assigned patients but anyone who is a resident of San Joaquin County (about 800K people). Quality of Care – we want to make sure the level of quality of the care patients receive is excellent. We want to engage providers and payors. We have a new Ambulatory Clinical Quality Team, led by Reynaldo Sulit who has a huge quality background. He has a degree in Clinical Quality and leads this team made up of nurses and medical assistants who are going to approach the quality in a very scientific manner in terms of PDSA cycles etc. We have invested in automating certain clinical quality measures in terms of Realtime dashboards that will go live in September. These are called HealtheRegistries which is a supplemental program to the Cerner Electronic Health Records (EHR). Reynaldo and team are focusing on HEDIS and improvement of the coding at the point of care. In the past there has been some cognitive dissidence in terms of how SJCC has performed with regards to MediCal incentives. Our payors were not seeing the same results because most of what the payors see are dependent on codes being dropped on a claim. With EMMI taking care of our billing, there is an increased focus on making sure the providers are dropping the necessary CPT2 codes so that these translate to improved HEDIS scores with our payors. Board Governance – We want to encourage board participation and vital board of directors. We also want to make sure that the work each board member does brings a high degree of satisfaction to each member. We want to encourage the board be engaged, participates, asks questions and keeps everyone honest. Community Role – Rajat wanted to remind the board of the work done by Joan Singson, the providers at SJCC, with regards to how we went to the homeless camps and shelters providing COVID-19 testing. This has received enough credit from the board. Those kinds of activities will go a long way in making sure that HRSA looks at us favorably when it comes time to getting a recertification. Joan has been very active in not just this project but also engaging with the San Joaquin County Board of Supervisors as well.		

AGENDA ITEM	ATTACHMENTS	ACTION
Marketing and Business Development – We are starting to do some work on this but there is still much that needs to be done in terms of getting the word out and rebranding SJCC, what we have to offer. We want to start to be out there in the community. The partnership with Verily was received well, we have gotten exposure on certain public forums because of that but there is an opportunity to go and do a whole lot more in terms of increasing our web and social media presence. Rajat advised he would like to make sure the Board as an action item that is visited on a periodic basis. There is a little more work needed in terms of firming up the partnership with our payor, Health Plan of San Joaquin (HPSJ). Technological Capacity – We have invested in a unified EHR (Cerner). This has been live since 2018 and as an organization, the clinic has started to utilize Cerner EHR and optimize their workflows with regards to what it can offer. We have invested in a suite of population health tools that will enable smart intelligent data driven decision making which is the key to anything we want to do from a clinical operational financial standpoint. The Healthe analytics has been tremendously used during COVID to build dashboard that provide real-time insight to hospital and clinic leadership and has been well received by the organization. We want to move towards the self-service data model. For clinical quality measures specifically, the data should drive decision making almost near real-time. The ability is available through HealtheRegistries in Cerner. Our providers will be able to look at their attributed patient and have a score card view about how they are doing with regards to multiple conditions we are measuring (most of them are preventable, chronic conditions such as blood pressure, diabetes). We have invested in growing our data analytics and business intelligence team and we are starting to see the fruits of this investment. Rajat respectfully asked the board to revisit the Strategic Plan at least on a semi-annual or quarterly basis (whatever the board decides) so we can continue to track our wins or identify gaps that need to be addressed.		
6. <u>Finance Committee Report (Kris Zuniga)</u> Kris Zuniga advised they presented at the Finance Committee meeting last night, a compliance issue as well as a revenue maximization opportunity. As an FQHC one of the compliance items would be to examine our patient fee schedule (aka Charge Master) and compare that to other fee schedules of other FQHCs in our area. While examining this, we noticed an opportunity for us to increase our revenue appropriately by setting our **Medicare** reimbursement rates, otherwise known as the Medicare G Code rates at a particular level. This report and the recommendations from Wipfli was presented to the Finance Committee and they approved the report and also approved action associated with the report (going with the recommendations of Wipfli). Kris stated since we did not present financials last month, he will be speaking about both April and May. Billable visits for April were 9,661 and in May billable visits were 8,398. As Rajat Simhan mentioned in his presentation, we had a contraction due to COVID-19. Due to creative thinking and flexibility of our staff, we generated virtual visits to generate visits similar to what we had seen before the pandemic. For the month of April, we had gross patient revenue at $1.1M, down due to reporting consistencies and bringing our general ledger (balance sheet) in line with reports from EMMI (our collections agency). We made a few adjustments to the balance sheet and when you do this it registers in your P&L. For the month of May we had gross patient revenue of $2.2M. On a net patient revenue, for the month of April we had $705,335 and for May it was $966,662.	Attachment 6 (Finance Committee Agenda and Minutes with attachments)	

AGENDA ITEM	ATTACHMENTS	ACTION

Other revenue for the month of April was $970,100 and for May it was $827,993. Total Net Revenue for April was approximately $1.7M and $1.8M for the month of May. On the expense side, for salaries and benefits, in the month of April we experienced $2M, similarly in the month of May we experienced $1.9M. In the month of May we have higher than expected benefits costs, largely due to a better than ½ million-dollar adjustment for our pension liability. On the whole we are running about 62% benefits expenses in relation to the underlying salaries.

Net Income (Loss) – We saw a net loss of 178,112 and in Month we saw a net income of $38,060. On the whole, when we speak about our entire fiscal year, on a YTD basis, we are profitable $5.7M.

Accounts Receivable Aging Schedule – last month our gross A/R amounted to $8.8M, this month our gross A/R is about $7M. We can expect the gross A/R to be declining for the next several months because EMMI's A/R has a gross valuation that is lower than what we had for the previous PWPM system. The charges were billed different but does not mean we will collect less money, just that the valuation is different from one system to the next. If we are speaking of net collectible dollars, in April it was $2.7M and in May it is $2.3M so not much difference. We are encouraging our PFS department to get those older dollars that we know are out there (Medicare pieces) and they are doing a great job. We will hopefully see the older part of our A/R diminish over time.

Kris advised part of our compliance with HRSA is to look at our patient fee schedule on an annual basis, our charge master and compare that to other FQHCs. We engaged Wipfli to help us with this project. The purpose of the review was to evaluate SJCC's patient Fee schedule for compliance with HRSA's program requirements as specified in Chapter 16: Billing and Collections. We provided the data and Wipfli performed an analysis.

All attachments pertaining to the Finance Committee Meeting are attached to today's meeting for further review.

Findings and Recommendations

As explained in the summary below, we feel a rate increase for patient service charges of a minimum of 6% is justified at this time. We also recommend increasing the Medicare G Code charges to reflect the total charges for the basket of services provided for each type of G Code visit. These suggestions are based on the following factors:

1. **Finding:** Based on the 2019 UDS data summarized in the table on Page 4, San Joaquin's average charge per visit was $189.73, roughly 6% below its average cost per visit of $201.40. In addition, San Joaquin's average charge per visit was below that of four comparable clinics in its service area.

   Recommendation: Patient service charges should be increased by 6% to close the gap between average cost and charges per visit so that charges more adequately cover the reasonable costs of operation and are more consistent with local clinic charges.

Market Rate Analysis - Average Charge per Billable Visit

San Joaquin County Clinics	$190
Adventist Health Lodi Memorial	$256
Community Medical Centers - Channel	$276
Golden Valley Health Centers – Manteca	$372
Lodi Memorial Community Clinic - Trinity	$245

Wipfli compared SJCC to four other FQHC clinics in the area (see above) which brought them to the conclusion that it was appropriate to recommend a rate increase for patient charges of a minimum of 6% at this time.

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Finding #2 is specific to Medicare G Code charges and the recommendation is that it should be increased to at least $188.00 for established patient visits and $266.00 for new patient / preventative visits to reflect SJCC's average total charges per Medicare visit.

Kris reminded the committee they can refer back to the report that is attached with the Finance Committee minutes and attachments.

2. **Finding:** We had previously performed an analysis of San Joaquin's Medicare G Code charges in comparison to the basket of services typically provided to San Joaquin's Medicare patients (see Attachment 1). The analysis has been updated to reflect the recommended minimum price increase of 6% for patient charges.

According to CMS FAQs regarding how to set the FQHC G Code amounts, "Once you have determined the typical bundle of services that your FQHC furnishes to Medicare patients during an encounter, total your normal charges for those services. The sum of the charges for the services included in the bundle of services is your G code amount."

Recommendation: Medicare G Code charges should be increased to at least $188.00 for established patient visits and $266.00 for new patient/preventive visits to reflect San Joaquin's average total charges per Medicare visit.

With our Medicare visits, CMS will pay the lower of our C Code rate or what is known as the Medicare PPS rate. In this particular case, we are not speaking about the MediCal PPS rate. What our neighbors are charging for similar services is the baseline to keep in compliance with HRSA. Wipfli recommends the G Code rates for established patients undergoing their annual well visit, the recommended G Code rate to qualify us for the Medicare PPS rate is $266.00.

2020 PPS Calculator Stockton-Lodi GAF	2020 PPS Rate	Est. 2021 MEI	Est. 2021 PPS Rate (2020+MEI)
Est. patient	$ 179.20	2%	$182.78
New patient/preventive	$ 240.42	2%	$245.22

Recommended G Code Charges

G Code	Visity Type	FY2020 SJCC Basket of Charges	FY2021 - with Price Increase of 6%	Recommended Minimum	Recommended Maximum
G0466	New-medical	$250.68	$266.00	$266.00	$266.00
G0467	Est.-medical	$177.73	$188.00	$188.00	$188.00
G0468	IPPE/AWV	$303.00	$321.00	$266.00	$321.00
G0469	New-mental health	$358.00	$379.00	$266.00	$379.00
G0470	Est.-mental health	$320.33	$340.00	$188.00	$340.00
Grand Total		$181.08			

Kris explained all Medicare encounters are paid with these G Codes. CMS compares our G Code rates to these PPS rates and they will pay the lesser of. As it stands now, we are not maximizing our revenue, particularly in G0466 and G0467. In following Wipfli's recommendations, we will qualify for the maximum reimbursement we are entitled to for our Medicare encounters.

AGENDA ITEM	ATTACHMENTS	ACTION

Kris requested the board vote to approve the report for moving forward with the minimum recommended changes for the G Codes and the 6% increase for the general charge master.

Rod Place explained this is an internal change. We will not need to do anything with HRSA, it is internal to our billing. This is just to allow us to make this change so we can bill at a higher rate.

Alicia Yonemoto made a motion to approve the increase of the G Codes to the recommended minimum amounts by Wipfli, Brian Heck seconded the motion and the board unanimously approved the motion.

Alicia Yonemoto motioned to approve the annual 6% increase for the general charge master for Medicare as advised by Wipfli. Mary Mills seconded the motion and the board unanimously approved the motion.

Kris advised we have finalized our **MediCal** PPS rate for five of our clinics. We are still awaiting finalization for Family Practice California Street Clinic's rates.

SAN JOAQUIN COUNTY CLINICS
FQHC RATE SETTING AUDIT: FINAL PPS RATE SUMMARY
FYE 6/30/2015

7/22/2020

Description	Family Medicine Clinic NPI 1578803425	Children's Health Services NPI 1083955801	Primary Medicine Clinic NPI 1710228531	Healthy Beginnings California St. NPI 1538400353	Healthy Beginnings French Camp NPI 1629319447	TOTALS
Audited MCal PPS Rate	**172.37**	**208.46**	**142.30**	**217.36**	**268.47**	
Medi-Cal Interim Payment Rate	129.02	129.02	129.02	129.02	129.02	
Variance Final to Interim Rate	**43.35**	**79.44**	**13.28**	**88.34**	**139.45**	
SUBSEQUENT YEARS' PPS RATES - by effective dates						**MEI**
10/1/2015	173.75	210.13	143.44	219.10	270.62	0.8%
10/1/2016	175.66	212.44	145.02	221.51	273.60	1.1%
10/1/2017	177.77	214.99	146.79	224.17	276.88	1.2%
10/1/2018	180.26	218.00	148.81	227.31	280.76	1.4%
10/1/2019	182.96	221.27	151.04	230.72	284.97	1.5%

Since 2014 we have been paid interim rates of $129 for all of our traditional MediCal encounters. The bulk of our payor mix is actually our managed care MediCal mix. Our approved rates for the five clinics are shown above.

These approved rates are applicable from July 1st, 2014 until September 30th, 2015. As soon as October 2015 came along, we received a raise and have continued to receive a raise every single year since then. This has all kinds of implications for the clinics.

This does not mean we will receive a check from the State, it means we are finanically stronger than we previously were. The specifics of all the ins and outs and what we owe to the State vs what the State owes us will be detailed next month.

Motion to approve the increase of Medicare G Codes as recommended by the Finance Committee – Alicia Yonemoto, seconded by Brian Heck and unanimously approved by the board.

Motion to approve the 6% increase – Alicia Yonemoto, seconded by Mary Mills and unanimously approved by the board.

AGENDA ITEM	ATTACHMENTS	ACTION
7. <u>SJCC Board Training (Susan Thorner – Fiscal Solutions)</u> Susan Thorner presented tonight's training that aims to enhance the board members' understanding on Credentialing & Privileging. The learning objectives are: To understand HRSA's requirements regarding credentialing and privileging (C&P); To be able to describe the differences between credentialing & privileging; To be able to describe the differences between credentialing and privileging and credentialing with third party payors and; To be able to explain the impact of delays in credentialing with third party payors. The slideshow provides explanation of each item listed. Susan explained as Betty Jo Riendel presented earlier tonight, SJCC has credentialing and privileging for any initial appointments as well as every two years for all clinical staff. According to HRSA, the Credentialing and Privileging process also has to include a process for denying, modifying or removing privileges based on assessments of clinical competence and/or fitness for duty and a process to appeal the decision. Alicia Yonemoto stated, historically the Board has taken management's recommendations for credentialing and privileging. Alicia wanted clarification if the Board is liable if a provider is not who they say they are on paper. Susan advised the SJCC Board has delegated the credentialing process to SJGH and it is reviewed by the Medical Executive Committee (MEC) who has approval authority for the credentialing and privileging of its clinical staff. Susan stated the Board would typically not see all the documents as we have delegated this to the MEC. Betty Jo's report that is submitted to the Board comes after the MEC has reviewed and approved. She advised it may be useful for the Board members if someone from the MEC came and provided a tutorial on what their processes are for the Credentialing and Privileging. Dr. Fadoo advised the credentialing process for providers is very exhaustive and fairly prescriptive. He explained there is checking of the National Practitioner Databank which is a national database of actions taken against licensed providers. This is one of the key components of the credentialing process so if there is activity against the clinician's license in a different state, this is information the health center will get. Alicia's concern is that the provider's past may not follow them and Dr. Fadoo assured her that this is part of the credentialing paperwork. When the provider applies for privileges in our health system, they have to answer questions and attest everything from their past, have they been suspended, disciplinary action etc. Part of the process is checking the National Databank. It is a very exhaustive vetting process. Alicia's concern is if an individual has done certain unethical things, they will not attest to it. As a board member, when they approve the credentialing, are they liable. Susan stated she would reinforce what Dr. Fadoo stated. It is mandatory from HRSA that we do queries through the National Practitioner Database. We also have liability insurance for the Board. Susan reiterated it may be a good idea to have a presentation from the MEC to provide the Board with information on what they follow and if they are adhering to it. Susan covered the difference between credentialing and privileging. Historically there were delays in third party credentialing for some of the health center providers which resulted in delayed billing and loss of revenue. Dr. Fadoo advised our new policy is to not allow any provider to go on schedule or start seeing patients until they are credentialed with our payors. Even if someone has an employment agreement, they do not go on schedule in the clinics until those payor credentials come through. Kris Zuniga stated credentialing in an FQHC is challenging. We have been supplementing the credentialing arm of the FQHC and helping to ensure forms are filed on time, we are tracking the right things, files are kept current etc.	Attachment 7 (Fiscal Solutions SJCC Board Training)	No Action Required.

AGENDA ITEM	ATTACHMENTS	ACTION
Kris stated if we are having physicians see patients without being credentialed with all the payors, we cannot be reimbursed for encounters. He advised while we not yet where we would like to be, this is something we continue working on to improve on. (See attached training for further details of today's training – Attachment 7)		

8. <u>CEO Report (Dr. Farhan Fadoo)</u>
 	
Dr. Fadoo advised the staff are doing real heroes work would like to recognize and appreciate everyone for the work being done by not only the clinical staff but also the administrative staff. Dr. Fadoo presented his CEO Report – Previous 30 Days (shown below).
 	
➢ *COVID19 response*
  ➢ *Dynamic situation – mainly virtual with some Face-to-Face in peds, OB*
  ➢ *Active screening measures in place for Face-to-Face visits*
  ➢ *Drive-through testing with Verily Project Baseline*
  ➢ *250 schedule/day, 5 days/week*
  ➢ *Homeless testing – encampments/shelters*
  ➢ *Occupational testing MOU now extend to field testing migrant workers; private sector companies; Discover Challenge Academy*
  ➢ *Testing turnaround times are a challenge*
➢ *SJCC/SJGH formal MOU – Fiscal Solutions working on revision #3; reviewing fee methodology*
➢ *SJCC consolidation proposal – Wipfli whitepaper under review by outside counsel (Foley)*
➢ *SJGH FY20 Financial Audit in progress – Eide Bailly LLP reviewing SJCC's governance model and corporate structure to determine how to treat SJCC financials in the SJGH audit*
➢ *Grant activity – Jeff*
  ➢ *HRSA ECT - $608,927 for SJCC to support COVID response efforts, awarded 7/9*
➢ *Hazelton and Manteca officially closed 6/30*
  ➢ *Transitioned staff and patients to other SJCC sites*
  ➢ *New provider templates in effect (higher production)*
  ➢ *Manteca site recently occupied by SJGH HIM staff due to COVID reconfiguration*
➢ *Supplemental funding programs – see one-page document*
 	
Esgardo Medina asked what availability is for beds for COVID patients. Greg Diederich (HCS Director) advised as of today, we have 982 licensed beds in San Joaquin County and 70% are full. Yesterday the county had an all-time high of 262 COVID positives in the hospitals and ICU capacity was running at 127%. Even though we are only at 70% of licensed bed capacity, one of the real challenges are staffing those beds with critical care nursing and physicians and respiratory therapists. San Joaquin County did bring in two Federal resources (DOD Federal strike team went to Lodi Memorial two weeks ago and another to Dameron Hospital). These are short term resources. Public Health is looking to greatly expand their laboratory testing capacity. They are hoping to increase the search capacity from 144 tests per day to over 1,000 which will help getting a quicker turnaround for our health professionals. Greg explained we have transferred COVID positive patients out of the County to give a load balance within the system so today we dropped from 262 to 245.
 	
Jeff Slater advised during the last meeting he reported and the board approved submission of a $592K request to HRSA for expanding capacity of coronavirus testing at look-alike clinics. We requested $592,000 and on July 9th we received notice that we received $608K, almost $609K. Funds are to be used for expenses to purchase, administer and expand capacity
	Attachment 8 (CEO Report & Status of Policy/Program Modifications as a result of COVID)	

AGENDA ITEM	ATTACHMENTS	ACTION
for testing, to monitor and suppress COVID. The Board of Supervisors will be approving their acceptance of these dollars during their meeting next Tuesday (August 4th). At this point we are considering using the money to purchase mobile units or vans to do more community-based testing, to get out to underserved communities that aren't able to come in for drive-through testing. We were one of the larger recipients of this grant. Dr. Fadoo explained it needs to be related to COVID response and needs to be separate from other funding also directed at COVID response. They are currently working through the logistics of management of these funds. Dr. Fadoo advised for the Manteca site, we are slated to hold the lease through 2027 and have been looking for alternative uses for this site; sub-lease or other tenants. Through the COVID pandemic, our hospital has needed to increase bed capacity and they moved a lot of patient care areas into administrative areas. Our Medical Records department staff were displaced by this creation of new bed space. These staff will move into the Manteca site as we moved out. Kris Zuniga is working with the hospital to get the cost off the clinic's books and onto the hospital's books. Supplemental funding programs – We have spoken a lot about how the Public Health Emergency is impacting supplemental funding programs (waiver programs). Dr. Fadoo provided a one-page overview of the status of all the various requests made by the State to CMS. Some of this is related to the 115 waiver which includes both PRIME GPP and also Whole Person Care (WPC) and some flexibilities being requested around Quality Incentive Program (QIP). He advised CMS has approved the flexibilities on PRIME DY15. They will be using performance on DY14 (last year's performance) for the purposes of determining how much of a payment we get this year. We were looking at a 94% capture rate if CMS approved it and they have. Rajat Simhan advised a lot of flexibility is being asked of CMS through DHCS and Safety Net Institute who help Public Health Hospitals and entities such as ourselves. We could look forward to more favorable news when it comes to funding for QIP. He stated we will keep the board apprised as they receive updates.		
9. ADJOURNMENT There being no further topics of discussion, Rod Place adjourned the meeting at 6:20 p.m. Closed Session followed for the Executive Director Evaluation Report. Dr. Fadoo was evaluated and provided his confidential report card during this session.	No attachments	No Action Required

Signed by:

_____ _____
Date

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