San Joaquin County Clinics (SJCC)

Minutes of September 29, 2020
Board of Directors Meeting

San Joaquin County Clinics
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); Melanie Toutai (Board Member)
BOARD MEMBERS ABSENT:	Ismael Cortez (Secretary); Luz Maria Sandoval (Treasurer)
BOARD MEMBERS EXCUSED:	N/A
SJCC STAFF PRESENT:	Dr. Farhan Fadoo (SJCC Executive Director); David Culberson (SJGH CEO); Greg Diederich (HCS Director); Betty Jo Riendel (SJCC Nursing Dept Manager); Alice Souligne (SJCC COO); Rajat Simhan (SJCC Program Manager – Compliance); Jeff Slater (SJCC Grant Writer); Kristopher Zuniga (SJCC CFO); Adelé Gribble (SJCC ACS OTC)
GUESTS:	Carlos Jimenez (Wipfli Consultant); Christopher Scoz; 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 Rod Place called the meeting to order at 5:02 p.m. b. SJCC Board of Director's Attendance Record (Jan 2020 through August 2020) Board Members were accounted for by roll call and a quorum was established for today's meeting. c. Introductions There were no introductions at today's meeting.	SJCC Board of Directors Attendance Record through August 2020	No action required
2. <u>Approval of Minutes of 08/25/20 (Rod Place, Board Chair)</u> Alvin Maldonado made a motion to approve the minutes from the Board meeting on August 25, 2020. Ismael Cortez seconded the motion and the board unanimously approved the minutes. Rod Place advised there are a handful of changes taking place within our clinics. There has been a shift in the finances and the clinics are finally starting to get the correct ratings that we have been looking for. We have been able to take advantage of some of the issues happening this year and get grants. All of this has resulted in a positive impact to our financials, causing our clinics to finally turn the corner and be profitable. Rod advised we have initiated an Audit Committee Meeting and he will be reaching out to some of the Board members to discuss. In addition, we are separating ourselves from San Joaquin General Hospital (SJGH) from a financial and organizational structure. A separate audit has taken place and has made it to the point where it is no longer correct, both legally as an entity to function in the way we have functioned. The Audit Committee is working diligently with Kris Zuniga and Dr. Fadoo to get everything in order to make this a smooth transaction.	BOD Meeting Minutes from 08/25/2020	Alvin Maldonado motioned to approve minutes from 08/25/20, Ismael Cortez seconded & the board unanimously approved the minutes.

AGENDA ITEM	ATTACHMENTS	ACTION
Rod offered his availability to all board members outside of the agenda items and advised everyone to please reach out to him with any questions. He stated he would like us to stick to our agenda and if any item goes longer than scheduled for, we will be sure to add as an agenda item for the next meeting so that we can be respectful of everyone's time.		
3. Public Comment (General Public) There was no public comment at this meeting.	No Attachments	No Action Required
4. Quarterly Quality Committee Report including PSS Summary (Alicia Yonemoto) Alicia Yonemoto advised COVID-19 has affected our clinics. The Clinical Quality Report and Clinical Indicators where we compare ourselves with other facilities of our size and services took a big hit, mainly because patients did not feel comfortable coming to the hospital for laboratory tests. The A1c were off target again. Blood Pressure target has changed slightly, and the clinic is currently working to try and get appliances for our patients so they can do self-measuring and we can start getting those indicators in our system. Pediatric BMI stands out, we are above, we have met all our criteria. Colorectal Cancer Screening – the numbers are also good, and Alicia believes we can attribute this to the FIT tests that can be done at home and the Quality Improvement Nurses and staff reaching out to patients. The Call Center – Alicia advised Dena Galindo has done a miraculous job. She is trying to maintain less than 6% on the missed calls but she has done incredibly well with taking patients who need same-day appointments and has been able to fill those. As of July, she filled it at 102%. Alicia advised Carla Bomben with Standards & Compliance reported seven complaints that were similar to previous quarters; waiting to see a provider and the time spent with the provider.	No Attachments	No Action Required
5. Credentialing Report (Betty Jo Riendel) Betty Jo Riendel advised there are no initial appointment for September 2020. There is one reappointment for September 2020: Dr. Rowena Korobkin who is Pediatric Neurologist in Children's Health Services who has met the requirements for a consulting staff member. There are no advancements for September 2020, and there are two resignations: Dr. Ramona Bahnam and Dr. Rahul Paryani. Rod Place stated since there is no new credentialing, there is no reason for the board to vote on this agenda item. Betty Jo advised Dr. Korobkin is a reappointment and has met the requirements for consulting staff member.	Attachment 5 (Credentialing Report)	No Action Taken
6. Finance Committee Report (Kris Zuniga) Kris Zuniga advised the budget below is what Dr. Fadoo, Alice Souligne and Kris worked to build and submit for Fiscal Year 2021. Going through the line items represented here, they have Billable Visits; discussion on FTEs (Full Time Equivalence),	Attachment 6 (Finance Committee Agenda and Minutes with attachments)	Bring back EPSI budget for vote of approval at October's Board meeting

AGENDA ITEM	ATTACHMENTS	ACTION

which is an indicator of our labor force; Net Patient Revenue; Billing Services – EMMI; Physician Capitation; PPS Reconciliation Liability Accrual; Grant Revenue; Pharmacy Revenue that we anticipate.

FISCAL YEAR ENDED 6/30/2021	(#7080) Children's Health Services	(#7092) Family Medicine	(#7093) Family Practice - Ca	(#7096) Primary Medicine	(#7182) Healthy Beginnings - Ca	(#7183) Healthy Beginnings French Camp	(#7071) FQ Admin	Total
Billable Visits	19,440	29,520	7,200	28,080	11,380	14,260		109,880
Productive FTEs (Provider)	5.40	8.20	2.00	7.80	3.30	4.10		30.80
Productive FTEs (Non-Provider)	12.50	14.75	5.25	15.00	7.05	5.75	5.04	65.34
Total FTEs	17.90	22.95	7.25	22.80	10.35	9.85	5.04	96.14
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Net Patient Revenue	2,226,698	4,092,515	824,703	3,892,880	1,303,489	1,976,940		14,317,225
Billing Services - EMMI	(178,136)	(327,401)	(65,976)	(311,430)	(104,279)	(158,155)		(1,145,378)
Physician Capitation- PMPM	940,508	1,428,179	348,336	1,358,512	550,565	689,900		5,316,000
PPS Recon Liability Accrual	(106,152)	(161,194)	(39,316)	(153,331)	(62,141)	(77,867)		(600,000)
Grant Revenue	38,893	59,059	14,405	56,178	22,767	28,529		219,832
Pharmacy Revenue	44,534	81,850	16,494	77,858	26,070	39,539		286,345
Total Operating Revenue	2,966,345	5,173,008	1,098,646	4,920,667	1,736,472	2,498,886	-	18,394,023
								-
Expenses								-
Salaries	1,770,669	2,439,610	595,368	2,459,306	1,064,074	1,109,321	608,453	10,046,800
Benefits	796,801	1,097,824	267,916	1,106,688	478,833	499,194	345,303	4,592,560
Professional Fees/Registration	152,855	232,113	56,613	220,790	89,480	112,125	316,249	1,180,225
Supplies	87,377	267,182	34,451	308,797	115,684	88,843	62,995	965,330
Purchased Services	55,551	34,498	33,340	1,657	33,340	33,340	328,042	519,767
Depreciation	7,759	27,482	1,944	1,782	13,660	28,862	40,737	122,226
Other Expense	75,774	27,590	47,987	29,181	56,716	9,690	322,047	568,985
Total Expenses	2,946,786	4,126,299	1,037,618	4,128,201	1,851,787	1,881,374	2,023,827	17,995,892
Allocation of Direct Admin Exp	358,056	543,715	132,613	517,192	209,603	262,648	(2,023,827)	-
Total Expenses excl Hosp OH	3,304,842	4,670,014	1,170,231	4,645,393	2,061,390	2,144,023	-	17,995,892
Profit/(Loss) before Hosp OH	(338,496)	502,995	(71,585)	275,274	(324,919)	354,863	-	398,131

Kris stated we have each of our six clinics represented as well as the FQHC Admin Cost Center. For billable visits, we anticipated 109K billable visits. Approximately 96 FTEs. On those 109K billable visits, we anticipated Net Patient Revenues to be $14.3M that would cost us $1.1M in collection services. Capitation is estimated at $5.3M. We have a PPS annual reconciliation liability accrual for $600K. Grant Revenue is estimated at $219K, Pharmacy Revenue is estimated at $286K. When they put this together in February/March, these were their estimations for the fiscal year beginning July 1, 2020. At that time, our income statement indicated we were paying approximately 46% employee benefits to salaries. Our model anticipated $10M in salaries with $4.6M in benefits. We have since learned that this is a little light on the benefits percentage. At San Joaquin County we run at about 63% so it should have been $6.3M. Other expenses which include the Manteca Lease are going to run us about $568K. Budgeted Net Income is approximately $400K. This is what was submitted but not what ended up in our budgeting system (see below).

FISCAL YEAR ENDED 6/30/2021	(#7080) Children's Health Services	(#7092) Family Medicine	(#7093) Family Practice - Ca	(#7096) Primary Medicine	(#7182) Healthy Beginnings - Ca	(#7183) Healthy Beginnings French Camp	(#7184) SJCC - Hazelton	(#7185) SJCC -Manteca	(#7071) FQ Admin	Total
Billable Visits	19,440	29,520	7,200	28,080	11,380	14,260				109,880
Productive FTEs (Provider)	5.40	8.20	2.00	7.80	3.30	4.10				30.80
Productive FTEs (Non-Provider)	12.50	14.75	5.25	15.00	7.05	5.75			5.04	65.34
Total FTEs	17.90	22.95	7.25	22.80	10.35	9.85			5.04	96.14
										-
Net Patient Revenue	2,226,698	4,092,515	824,703	3,892,880	1,303,489	1,976,940				14,317,225
Physician Capitation- PMPM	941,508	1,429,693	348,706	1,359,952	551,149	690,631				5,321,639
PPS Recon Liability Accrual	(106,152)	(161,194)	(39,316)	(153,331)	(62,141)	(77,867)				(600,000)
Grant Revenue	38,893	59,059	14,405	56,178	22,767	28,529				219,832
Pharmacy Revenue	44,534	81,850	16,494	77,858	26,070	39,539				286,345
Total Operating Revenue	3,145,481	5,501,924	1,164,992	5,233,537	1,841,334	2,657,772	-	-	-	19,545,041
										-
Expenses										-
Salaries	1,160,305	1,275,994	536,710	2,243,361	595,230	224,771	339,028	635,366	721,946	7,732,712
Benefits	820,865	834,074	554,037	1,193,352	665,713	311,916	307,047	611,944	766,048	6,064,996
Professional Fees/Registration	75,000	235,320	56,611	275,000	-	112,125			261,591	1,015,647
Supplies	78,707	264,606	38,380	285,062	106,208	85,651			57,733	916,347
Purchased Services	231,871	361,036	98,172	313,087	137,620	191,545			328,041	1,661,372
Depreciation	7,700	24,586	1,803	1,709	13,511	28,550		243,557	40,740	362,156
Other Expense	61,565	22,522	46,404	21,777	53,298	8,013		11,320	20,928	245,827
Total Expenses	2,436,013	3,018,138	1,332,117	4,333,348	1,571,580	962,571	646,075	1,502,187	2,197,027	17,999,056
Allocation of Direct Admin Exp (Totl Exp %)	338,690	419,625	185,210	602,485	218,504	133,831	89,827	208,856	(2,197,027)	-
Total Expenses excl Hosp OH	2,774,703	3,437,763	1,517,328	4,935,832	1,790,084	1,096,402	735,902	1,711,043	-	17,999,056
Profit/(Loss) before Hosp OH	370,778	2,064,161	(352,336)	297,705	51,250	1,561,370	(735,902)	(1,711,043)	-	1,545,985

AGENDA ITEM	ATTACHMENTS	ACTION
Kris advised where we veered is our expenses for Salaries and Benefits. Chris Roberts (Hospital CFO) explained at our Finance Meeting yesterday at the time when the budget was uploaded to the system, even though we knew that Hazelton and Manteca were being closed, we budgeted no salaries and benefits for them. The fact that there were employees there still triggered these budgeted expenses and benefits for those two cost centers. They will be removed and dispersed from those cost centers. We do differ in our prediction of salaries, we predicted $10M and the system has us at $7.7M. All told, this is about $13M and our budgeted amount was about $14.5M so we may be a little light on labor costs. Professional Fees is $1M, Supplies is $1M, Purchased Services (which includes EMMI which we represented as a contra revenue account) is $1.6M. Depreciation is at $362K and other expenses is at $245K. $19.5M in revenues against $18M in expenses gives us an EPSI system budgeted Net Income of $1.5M. Kris requested the board vote to approve this EPSI budget as our official budget because for purposes of producing Financial Statements it is much easier for our accountants to produce financial statements from the system if the budget equals what the budget system has as our budget. If not, they would have to be reworking our financials every month to agree with something different and this is not pragmatic. There is a difference of Net Income of $400K vs. $1.5M and we are optimistic that we will at least be able to meet that budgeted Net Income thereby being acceptable to having this be our Board Approved Budget Alicia Yonemoto advised according to Robert's Rules and Order regarding a public non-profit, since this topic was not an action agenda item, the Board cannot vote on this item today. Kris advised this is a point of compliance for the Board of Directors to approve the budget for the FQHC annually. This is the nature of the presentation today – to present the FQHC's budget for fiscal year 20/21. Alicia thanked Kris for the explanation but advised as a point of order, the board cannot vote on an item that is not listed as an action item. This will either need to be taken to an Executive Committee if it is time sensitive or put it on the Agenda for the next meeting. After further discussion, it was agreed the EPSI Budget will be added as a voteable action item to October's agenda to be voted upon since it must be on the agenda that is publicly posted. Kris proceeded to the presentation of the Financial Statements of June 2020 and July 2020. He advised the fiscal year ended with 115K billable visits, for the month of June there was 10,651 billable visits. Our Net Patient income in the month of June is highly inflated. This is associated with the two items presented last month where we were adjusting our balance sheet firstly for MediCal traditional visits since the beginning of the FQHC (we accrued for those receivables). We also reduced the liabilities for our PPS reconciliations for each fiscal year and we also recognized the PPS reconciliation for FY2020 (the liability for that year). That resulted in upwards of $7M+ in additional FY2020 revenues, so when we look at the results in June and the fiscal year, we need bear in mind that $7M of those positive results are due to retroactive adjustments. Total Net Patient Revenue for June was $8.8M, Total Net Patient Revenue for the fiscal year was $20.5M. Total Net Revenue is $9.3M for the month of June and $27.3M for the fiscal year as a whole. We have expenses for the month of June at $1.2M, total expenses for the entire fiscal year at $21M. We have Net Income for the month of June at $8.1M, total Net Income on the fiscal year is $6.2M. Bottom, bottom line Net Income for the month of June is $9M and for the fiscal year is $14.7M in net income, $7M of which is retroactive to FY14/15. In the new fiscal year, July 2020, we started off the fiscal year very positively, generating 11,569 billable visits for the month which equates to $1.3M in Net Patient Revenue for the FQHC. Total Net Revenue on the month was $1.7M, salaries and benefits were $1.1M for total Net Income of $322K. Bottom, bottom line Net Income inclusive of overhead allocation and supplemental revenues is $464K for the month.		FY20/21 EPSI Budget to be an action item on October's FQHC Board Meeting agenda

AGENDA ITEM	ATTACHMENTS	ACTION
Kris presented the Accounts Receivable for fiscal year ended June 2020. At June 2020, our gross receivables are $6.8M largely due to our MediCal Receivables. On a net collectable basis, that Net A/R is valued at $2.5M or 21 net A/R days. For the month of July, our gross receivables are now valued at $5.2M, you see the difference month over month, $6.7M vs 5.2M. This is largely due to the efforts at PFS bringing down those old balances we have had for some time and their work in that regard. From a net A/R difference, we are at $2.2M and that equates to 20 net A/R days. Based on our data points for paid accounts, the average service to claim i.e. from the date of service to the patient to the date of a claim being issued by EMMI, it is about 8.6 days. From the time the claim is issued out to the time we receive payment, it is about 47 days. This equates to a total collection time on PAID accounts of 56.28 days.		
7. <u>SJCC Board Training (Susan Thorner – Fiscal Solutions)</u> Susan Thorner advised today's training will focus on Needs Assessment. We will go over the Bureau of Public Health Care's (BPHC) requirements or expectations around Needs Assessments; understand the local needs assessment process; highlight the most recent needs assessment findings were from 2019; and identify areas where the needs assessment could and should be utilized. Susan advised in terms of BPHC's expectations or requirements around Needs Assessment: the first one is you have to identify and annually review your service area where your current or proposed patient populations are. One of the key things here are it is done by zip code. 75% of your patients (either current or proposed) need to come from those zip codes. That reconciliation needs to be done annually and documented in Board Minutes (Form 5B). Once every three years the Board needs to complete or participate in a Needs Assessment. During that process we have to look at several different items; things that impact access to care or utilization of services e.g. transportation or lack thereof; transient population etc. You have to look at the principle causes in your community or the community you are serving (illness or death) and you also have to look at any special healthcare needs or factors that influence access to or utilization of primary care services. These typically tend to be social determinants of health, physical environment, cultural factors, housing status etc. Looking at the local process, in 2019 there was a Community Health Needs Assessment (CHNA) done as part of Healthier San Joaquin Collaborative. The major hospitals and other FQHCs were involved (Adventist Health Lodi Memorial, Community Medical Centers, Dameron Hospital, Dignity Health St. Joseph's Medical Center, Dignity Health St. Joseph's Behavioral Health, First 5 San Joaquin, Health Net, Health Plan of San Joaquin, Kaiser Permanente, San Joaquin County Public Health Services and Sutter Health). The next time this is done (2022), San Joaquin County Clinics (SJCC) should also be included in this process as a named entity. Susan advised Joan Singson who leads the Community Outreach initiative has been involved in the process in the past. One of the requirements is that a CHNA is a requirement for all California Non-Profit hospitals. It is also a requirement for any accredited Public Health Department and is also the same timeframe for FQHCs as well. In 2019, the Needs Assessments focused on the social determinants of health and also looked at environmental and economic conditions that impact health in addition to exploring factors related to disease and access to clinical care and people's well-being.	Attachment 7 (Fiscal Solutions SJCC Board Training)	No Action Required.

AGENDA ITEM	ATTACHMENTS	ACTION
The key findings from the 2019 County Needs Assessment were as follows: **Highest Priority** - Mental Health - Economic Security - Obesity / Healthy Eating, Active Living (HEAAL) / Diabetes **Medium Priority** - Violence / Injury Prevention - Access to Care - Substance Abuse / Tobacco **Low Priority** - Asthma - Oral Health - Climate & Health Susan advised the collaborative decided to maximize impact they would focus on one priority health need and one goal for strategic attention – identified as Obesity / Healthy Eating, Active Living (HEAL) / Diabetes one. This was identified as the primary focus for San Joaquin County. Alicia Yonemoto stated, the Needs Assessment was done and reported on in 2019. Since then, there has been a global pandemic. With our transient population in SJC, Joan has done a fantastic job in reaching the homeless. They are also reaching out to our seasonal workers to address the COVID problem. She asked how this Needs Assessment vs what is happening in real time going to correlate and balance. Susan acknowledged this is a unique situation we find ourselves in and obviously COVID-19 has changed everything. Dr. Fadoo stated our clinics have mobilized in response to the pandemic in a variety of ways. We have not gone through any formal activity to update this in a document. Our response in a number of different spheres have been very robust (education, outreach, testing, prevention etc.) while collaborating with Public Health and other partners but we have not formalized any of this in a new document. Our mandate from HRSA is to make sure we have Needs Assessment on a periodic basis (every three years). Susan advised the clinics have been incredibly nimble in responding to COVID, in terms of testing, moving to tele-medicine, acquisition of funding to respond to the pandemic. None of this resolves the issue in terms of economic hardship and the impact on peoples' lives. One of the things that COVID has shown is where there is a committed staff and board, the health centers have been able to innovate. The fact that SJCC is doing really well and able to move forward is during these trying times is really testament to the staff and the Board and your commitment to serve the community. Alicia asked, given the onset of the pandemic, and the shift in focus, will the clinic be penalized if we focus on the pandemic and the current needs of our community vs what the 2019 Needs Assessment calls out as our priority. Susan advised SJCC will not be in any trouble at all. The Needs Assessment can be looked at somewhat as a historical document because COVID has turned everything upside down since then. It does not mean we don't have to pay attention to it but COVID is obviously a pandemic and we need to focus on that right now. Susan advised the Needs Assessment can and should be tied into our Strategic Planning. It should be tied into our Community Outreach. It should inform our Annual Certification or when we are able to apply for new access point funding. All of those things get woven in. (See attached training for more details) – Attachment 7		

AGENDA ITEM	ATTACHMENTS	ACTION
8. <u>Authority to Submit Annual Certification (Rajat Simhan / Jeff Slater)</u> Jeff Slater advised the Annual Certification submission is due October 2nd and we are seeking authority from the Board to submit. It is an update document FQHC Look-Alikes submit to HRSA describing progress we have made from the beginning of our current certification period (2014), until when we submit on October 2nd. We describe expected progress for the remainder of the current certification which has now been extended through the end of next year and any projected changes we have. In this year, because there was the pandemic, HRSA has significantly shortened the application and have asked for some information just on what impact COVID has had on our operation this last year and going forward. Jeff stated the submission consists of six or seven sections. Form 1C – Documents on File asks for a summary of documents that support the implementation of our Health Center Program requirements and the dates they were last reviewed or approved. The next is Form 3 – Income Analysis for the next calendar year 2021. This was based on an estimate of the billable visits, income per visit. They have come up with an income analysis and associated expenses. These were done prior to the budget that the board will be voting on next month. Kris Zuniga stated these numbers speak to different periods, whereas the fiscal period has July 1st through June 30th period, this is based on a calendar year. Form 5A, Form 5B and Form 5C are references. These are forms showing what services we provide, required and additional (Form 5A). Form 5B are for the service sites which reflects the closure of Hazelton and Manteca Clinics. Form 5C reflects other Activities / Locations that we provide offsite such as outreach activities. Jeff advised we are going to be adding to this some of the week we have been doing in outreach such as COVID to the homeless and agricultural workers. The big piece starts at the Program Narrative Update where they ask for information in relation to our Organizational Capacity and then to our Patient Capacity. In the Organizational Capacity they ask about our Board, our staffing, any changes in policies and procedures. We have highlighted the addition of two board members during the year, the new CFO, update to our Bylaws and Co-applicant agreement. We wanted to emphasize some of the quality stuff we have done and discussed the impact of COVID. On Patient Capacity they ask about a series of patients; unduplicated patients; migratory and seasonal agricultural workers and homeless. The unduplicated patients we had an 8.5% growth. We still have a large population of patients that are considered assigned but unseen that we are working to begin bringing into the clinics. Jeff stated we referenced the closure of Manteca and Hazelton clinics, but we also were successful in transitioning those patients to other clinics. Migratory and Seasonal Agricultural Worker patients – we reported about a 31% increase. Jeff believes we are not quite as good a job as we might in terms of documenting patient's agricultural status at registration. He believes this number will increase over time as registration clerks improve this documentation. We anticipate with all the outreach we are doing with COVID testing this number will continue to increase over time. Homeless – we experienced a massive growth due to documentation issue. Registration has been emphasizing documentation at the time of registration. We are seeing more in part because of the Whole Person Care project engaging and in terms of the future, we suspect our Homeless Outreach will lead to further increases in our next report. We do not have Total Public Housing Resident Patients. This requires us to be located in a Public Housing facility, so we report zero on this line item.	Attachment 8 (FY21 Look-Alike Annual Certification Submission)	Alvin Maldonado motioned to approve the submission of the Annual Certification to HRSA, Mary Mills seconded the motion and the Board unanimously approved the motion.

AGENDA ITEM	ATTACHMENTS	ACTION
We do not have Total Public Housing Resident Patients. This requires us to be located in a Public Housing facility, so we report zero on this line item. Total Medical Services Patients – we report the same was as we do on our unduplicated patients. What is important to note on this item is our original goal at the time we applied to be a look-alike was we would reach 31,846 patients. We are reaching 32,000 patients so we have exceeded our goal. Total Dental Services Patients – we do not do dental, so we are reporting zero on this line item. On Mental Health Services Patients we grew quite a bit this year in part because we were so low in 2018. We experienced 165% growth attributed to having the same BHS staff located in our clinics for a full year so there was a stronger relationship developed between the medical staff and the mental health staff with more frequent warm handoffs. The numbers are still not where they should be. We are thinking this is partly because of the way we document mental health services but also the shortage of BHS staff and we continue to look at ways to expand the staff embedded in the clinics. Total Substance Use Disorder Services Patients – Jeff stated we have historically reported zero on this item, but we do have a substance abuse counselor embedded and we are looking at ways to document her services and looking to expand the number of counselors embedded in the clinic. We expect the numbers to improve going forward. Alicia Yonemoto mentioned that we have MAP which is a substance abuse program. Jeff advised he would add this to his report as it was not included. (See Attachment 8 for more details) Alvin Maldonado made a motion to approve the submission of the Annual Certification to HRSA. Mary Mills seconded the motion and the board unanimously approved the motion.		

9. <u>CEO Report (Dr. Farhan Fadoo)</u>
 	
Dr. Fadoo presented the CEO report for the previous thirty days.
• *COVID19 response*
  • *Drive-through testing with Verily Project Baseline*
  • *250 scheduled/day, 5 days/week (volumes down to 50ish daily)*
  • *Homeless and ag worker testing 7 days/week*
  • *Twindemic prevention – drive-through flu shots 6 days/week*
 	
Dr. Fadoo stated the volumes for our COVID19 drive-thru testing is down. We believe a lot has to do with the availability of testing elsewhere in the community. We continue to do outreach for the homeless and ag workers. As we move into the flu season, we have added the ability to receive your flu vaccine through our drive-through service at the hospital campus and also on Saturdays at our California Street campus. We think there is an opportunity to expand the drive-through vaccinations to all pediatric immunizations, not just flu vaccines because we are seeing our pediatric population falling behind in their immunization schedules so there may be opportunity to add more through the drive-thru.
• *SJCC/SJGH separation*
  • *Working with SJC ACO, SJC CAO, and SJGH CFO*
  • *Modeling underway*
	Attachment 9 (CEO Report)	No Action Required.

AGENDA ITEM	ATTACHMENTS	ACTION

- *Reviewing proposals for accounting support*
- *Draft MOUs being revised*
- *SJCC Board Audit Committee apprised*

In terms of the efforts to unravel the clinic finances from the hospital, we are working with the County Auditor Controller's office, the County Administrator's office and the Hospital CFO to untangle the operations of the clinics in terms of the finances. We are putting together a whole new model that recognizes that independence. Dr. Fadoo stated we are getting some support from third party accounting firms.

Dr. Fadoo advised the inaugural audit committee met prior to the board meeting and will be meeting on a monthly basis until all the above is sorted out.

- *SJCC consolidation proposal – DHCS informally reviewed and discouraged moving the proposal forward*

We had previously discussed at the board level to consolidate the three sites that operate independently at French Camp into one site and to do the same thing at our California Street location. We have decided not to move forward with this proposal. There are some internal moves we are making that will allow us to achieve some of the same objectives. We are moving some of our physicians around so that we are able to operate more as one site, but it is local operational decisions rather than formal strategies with the State.

- *EMMI RCM to take over SJCC payer credentialing*

Dr. Fadoo updated the committee on our relationship with EMMI. They have agreed to take on Payer Credentialing function that remained with SJGH without any incremental costs to the clinic. This will improve how we onboard physicians and how we coordinate credentialing activities with the payers.

- *Code 18 rates adjusted to reduce projected PPS recon liabilities to zero (based on maintaining current productivity)*

Kris Zuniga stated what are known as our Code 18 rates are the WRAP billings associated with our MediCal Managed Care line of business. The majority of our clinics have had Code 18 rates in the area of $116.00. Those Code 18 rates changed as of July 15th, 2020 to really high levels. DHCS guided us through the process of changing those rates. We submitted Form 3100's on behalf of each of the six clinic locations. One of the submissions was already approved as of September 16, 2020 (FPCC) at $174.70. We have valuations for the other five remaining clinics and their new Code 18s will go into effect October 1st, 2020. Dr. Fadoo stated we were able to catch this in order to ensure we don't have these massive PPS reconciliation liabilities going forward. The numbers Kris and his team computed were based on maintaining our current level of productivity.

- *Grant activity – no new awards this month*
  - *Significant progress on grant accounting and grants management*
  - *HRSA ECT grant + CARES Act dollars = mobile clinic (7th clinic site)*

Dr. Fadoo advised while there are no new awards to report this month, Kris and Jeff and a whole team have made significant progress on how we are managing all these grants. There is a weekly meeting that includes hospital and SJCC accounting staff on managing the accounting functions and disciplines around managing these awards.

AGENDA ITEM	ATTACHMENTS	ACTION
Our HRSA ECT grant coupled with the CARES Act dollars earmarked for our outreach have translated into what amounts into our seventh clinic site (mobile clinic). We have two vans that have been leased from our County Fleet that are doing the outreach. We are more formally looking to purchase and retrofit a vehicle that would operate as a mobile exam room essentially. This would be our "seventh" clinic site. This one would operate the same as our other six sites except it would have four wheels. Dr. Fadoo advised we received notice from the C.N.A. (Nurses Union) that they are planning labor action beginning the morning of October 7th at 7am, lasting five days, ending at 6:59am on October 12th. The FQHC and hospital clinics will be closed down for that period of time with the exception of PMC. The labor action does make it difficult for us to continue working.		
10. ADJOURNMENT There being no further topics of discussion, Rod Place adjourned the meeting at 6:26 p.m.	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