



San Joaquin County Clinics Board Meeting
AGENDA
Tuesday, August 31, 2021, 5:00 p.m.

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[+1 209-645-4071](#) United States, Stockton (Toll)

Conference ID: 421 643 065#

| | | |
|---|----------------------------|---------|
| 1. Introduction & Establish Quorum | Rod Place | 5 mins |
| a. Call to Order & Establish Quorum | | |
| b. SJCC Board of Director's Attendance Record (Jan-July 2021) | | |
| c. Introductions | | |
| 2. Approval of Minutes | * Rod Place | 1 min |
| SJCC Board Meeting from 7/27/21 | | |
| 3. Public Comment | General Public | 5 mins |
| 4. Credentialing & Privileging Report – August 2021 | * Betty Jo Riendel | 1 min |
| 5. Finance Committee Report – August 2021 | * Kris Zuniga | 30 mins |
| 6. Governance Committee Report – August 2021 | * Rod Place | 10 mins |
| 7. Quality Committee Report – August 2021 | * Padma Magadala | 5 mins |
| 8. Board Self-Assessment Review | Rod Place | 10 mins |
| 9. Strategic Plan Update | Jeff Slater/Rajat Simhan | 5 mins |
| 10. Legislative Update & Grants Approvals – August 2021 | * Jeff Slater/Rajat Simhan | 5 mins |
| 11. Form 5B Change in Scope (Mobile Clinic) | * Jeff Slater | 5 mins |
| 12. CEO Report | Dr. Farhan Fadoo | 10 mins |
| 13. Adjournment of Board Meeting | Rod Place | 1 min |

***Action Item**

Next Meeting Date: September 28, 2021 @ 5:00 P.M.
Microsoft Teams Meeting

Note: If you need disability-related modification or accommodation to participate in this meeting, please contact San Joaquin County Clinics (SJCC) at (209) 468-6757 or (209) 468-6372 at least 48 hours prior to the start of the meeting. Government Code Section 54954.2(a). Materials related to an item on this agenda submitted to the Board after distribution of the agenda packet are available for public inspection by contacting SJCC Ambulatory Care Services at 500 W. Hospital Road, French Camp, CA during normal business hours.



SJCC BOARD OF DIRECTORS ATTENDANCE RECORD 2021

2021 Meeting Dates

| Member Name | Patient? Yes / No | Joined Board | 1/26/21 | 2/23/21 | 3/30/21 | 4/27/21 | 5/25/21 | 6/29/21 | 7/27/21 | 8/31/21 | 9/28/21 | 10/26/21 | 11/30/21 | 12/28/21 |
|----------------------|----------------------|-----------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|----------|----------|----------|
| Baskett, Mike | No | 2018 | AU | AE | P | P | AE | P | P | | | | | |
| Cortez, Ismael | Yes | 2011 | AE | AE | AU | P | P | AU | AU | | | | | |
| Heck, Brian | No | 2019 | P | P | P | P | P | P | P | | | | | |
| Maldonado, Alvin | Yes | 2011 | P | AE | P | | | | | | | | | |
| Medina, Esgardo * | Yes | 2020 | P | P | P | P | AE | P | P | | | | | |
| Mills, Mary | No | 2010 | P | P | AE | AU | P | P | AU | | | | | |
| Place, Rod | No | 2010 | P | AE | P | P | AE | P | P | | | | | |
| Sandoval, Luz Maria | Yes | 2013 | AU | AU | AU | AU | AU | AU | AU | | | | | |
| Scoz, Christopher ** | Yes | 2020 | P | P | AE | P | AE | P | P | | | | | |
| Yonemoto, Alicia | Yes | 2014 | P | P | P | P | P | P | P | | | | | |

CODE P = Present

Code AE = Absence Excused

CODE AU = Absence Unexcused

* Voted on to Board 5/26/2020

** Voted on to Board 10/27/2020

Minutes of July 27, 2021
San Joaquin County Clinics Board of Directors

Board Members Present:

Rod Place (SJCC Board Chair); Brian Heck (SJCC Board Member); Mike Baskett (SJCC Board Member); Esgardo Medina (SJCC Board Member); Chris Scoz (SJCC Board Member); Alicia Yonemoto (SJCC Board Vice-Chair);

Excused Absent:

None

Unexcused Absent:

Luz Maria Sandoval (SJCC Board Member); Ismael Cortez (SJCC Board Member); Mary Mills (SJCC Board Member)

Guests:

Dr. Farhan Fadoo (SJCC CEO); Alice Souligne (SJCC COO); Kris Zuniga (SJCC CFO); Rajat Simhan (SJCC Consultant); Padmaja Magadala (SJCC); Jeff Slater (SJCC Consultant); Susan Thorner (SJCC Consultant); Michael Allen (SJCC Board Clerk)

| AGENDA ITEM | ATTACHMENTS | ACTION |
|---|----------------|---|
| <p>1. <u>Call to Order (Rod Place, SJCC Board Chair)</u> The meeting was called to order at 5:07 p.m. A quorum was established for today's meeting.</p> | | No action required |
| <p>2. <u>Approval of Minutes from 6/29/21 (Rod Place, SJCC Board Chair)</u> Meeting Minutes from 6/29/21 were approved.</p> | (Attachment 2) | Chris motioned to accept minutes from 6/29/21 and Escardo seconded; minutes were accepted unanimously |
| <p>3. <u>Public Comment</u> None</p> | | No action required |
| <p>4. <u>Credentialing & Privileging (C&P) Report (Alice Souligne for Betty Jo Riendel)</u> Initial appointments: Dr. Sun Yong Lee (PMC), Dr. Helen Otteno (HB) Reappointments: Dr. Soujanya Sodavarapu (PMC), Dr. Rachel Ruskin (HB), Mandana Motameni (HB) No advancements or resignations</p> | (Attachment 4) | Escardo motioned to accept report and Chris seconded; C&P Report was approved unanimously |
| <p>5. <u>Finance Committee Report (Kris Zuniga, SJCC CFO)</u></p> <p>Billable visits through June are favorable to budget by 5,440 visits, or 5.0% greater than budget. YTD Net Patient Revenues are \$6.6M greater than budget mainly due to a favorable Medi-Cal PPS reconciliation liability adjustment of \$5.5M for fiscal years 2015, 2016, and 2017 recorded in the months of January and April. June financials reflect a year-to-date PPS reconciliation liability accrual of \$961K.</p> <p>June results include \$212K in DHCS recoveries for overpaid Code 18 Wrap payments for the period of October 2020 through December 2020.</p> <p>Year-to-date capitation has exhibited an upward trend with a favorable variance of \$193,468 due to membership enrollments increasing each month. Year-to-date 340B Pharmacy Program revenue is recognized for \$1,921,198 and the program related expenses for \$597,608 are included in Supplies & Other Expenses categories on the financials. Also, Other Revenue includes combined Grants Revenue for Essential Access Title X, First5 SJ Teeth, Behavioral Health Integration, SOR2, HRSA LAL, and Sunlight Giving grants and the First Responder program for \$1,402,102 and \$132,400 respectively. Thus, Total Net Revenues are greater than budget by \$10,255,142.</p> | (Attachment 5) | Brian motioned to accept report and Chris seconded; Finance Report was approved unanimously |

| | | |
|---|-----------------------|--|
| <p>Salaries and benefits expenses exhibit an unfavorable variance to budget of \$1,18,1413, or 8.6%. This unfavorable variance can be attributed to the greater than expected patient volumes and to meet the staffing needs.</p> <p>Other operating expenses exhibit a year-to-date unfavorable variance of \$461,645 largely due to Professional Fees and Other Expenses unfavorable variance of \$800,680 mainly offset by favorable variance in Supplies and Purchased Services \$339,035.</p> <p>Supplemental revenues reflected below Net Income are an estimation and are pending the final determination associated with the SJCC/SJGH separation.</p> <p>Unaudited, as presented, Net Income inclusive of the estimated overhead allocation and estimated supplemental revenues is \$10,415,759 on a year-to-date basis which is greater than budget by \$8,069,874. We expect these results of operation to change materially with the finalization of a pending SJCC/SJGH MOU associated with the SJCC/SJGH separation retroactively effective 7/1/20.</p> <p>Gross accounts receivable (AR) for June totaled \$3 million, with unfavorable adjustment due to overpayment recovery.</p> <p>AR days increased to 54, due to overpayment recovery affecting the calculations, but this is not indicative of actual AR days for June.</p> | | |
| <p>5a. Charge Master Discussion Charge master increased by 6% to an average cost per visit of \$201.40 in 2019, per Wipfli's recommendation. Discussed whether to leave cost as-is or increase as a maintenance value of 1 or 2%, which should not appreciably affect income or patient cost. Alicia noted that, since it wouldn't drastically affect income, it would be better at this time to leave the rate unchanged. Other Board Members were in agreement and motion to retain current rate was carried.</p> | | <p>Alicia motioned to maintain current charge master rate and Brian seconded; motion to maintain current rate approved unanimously</p> |
| <p>6. Review and Approve Bylaws (Susan Thorner, SJCC Consultant) Noted significant changes to Bylaws: -Added SJCC's mission -Substituted Board Secretary role with Clerk of the Board and defined Clerk's general duties -Finetuned alignment with SJCC's mission & BPHC Compliance Manual (CM) -Strengthened language that no other entity, committee or individual has authority over Board's functions -Finetuned language to better align with CM -Added provision to stagger Board terms -Clarified provision for removal of Board members -Redefined attendance requirements -Added provision regarding reimbursement of lost wages for low income Board members, as permitted by HRSA -Clarified a quorum to be a "simple majority"</p> | <p>(Attachment 6)</p> | <p>Chris motioned to approve Bylaws and Brian seconded; new Bylaws were approved unanimously</p> |
| <p>7. Governance Committee Report (Rod Place, SJCC Board Member) Brief review of Bylaws changes as noted in Item #6 (Review and Approve Bylaws)</p> | <p>(Attachment 7)</p> | <p>No action required</p> |

| | | |
|---|------------------------|---|
| <p>8. <u>Board Self-Assessment Review (Rod Place, SJCC Board Chair)</u> As only 4 of 8 self-assessments were received, this item will be tabled until next session for review.</p> | <p>(Attachment 8)</p> | <p>No action required</p> |
| <p>9. <u>Board Member Orientation/Training (Susan Thorner, SJCC Consultant)</u> Discussed setting up a mentoring program for new Board members. Several members noted that a more “intentional” orientation would be helpful. Due to current COVID protocols, in-person meetings may be difficult, but value was still recognized to build interpersonal relationships. Brian offered to help Rod orient/mentor the new Board members.</p> | | <p>No action required</p> |
| <p>10. <u>Strategic Plan Update (Jeff Slater & Rajat Simhan, SJCC Consultants)</u> First draft of strategic plan is under review. Finalized plan anticipated to be brought to the Board by September 2021.</p> | | <p>No action required</p> |
| <p>11. <u>Legislative Updates & Grants (Jeff Slater/Rajat Simhan)</u> HRSA American Rescue Plan funding of \$5.1 million for grant period 7/1/21 – 6/30/23. Funds intended for staff and facilities development and maintenance, included a new mobile clinic. Sunlight Giving grant of \$40k in unrestricted funds to supplement COVID efforts.</p> | <p>(Attachment 11)</p> | <p>Escardo motioned to accept both grants and seconded by Brian; motion to accept grants accepted unanimously</p> |
| <p>12. <u>CEO Report (Dr. Farhan Fadoo, SJCC CEO)</u> SJCC has contracted with a new marketing group, who will be working on a memorial for SJCC founding Board member Alvin Maldonado who passed away this year. Conducting daily pop-up vaccination events throughout County, although demand has drastically decrease. Mobile clinic preparations are under way. Telehealth reimbursement flexibility continues. Audio-only PPS reimbursements will continue until at least December 2022. SJCC FY22 budget was approved by San Joaquin County (SJC) Board of Supervisors (BOS) on 7/13/21. MOU with San Joaquin General Hospital (SJGH) reviewed and being finalized. New Payroll/HR/Financial processes in effect. PerfectServe after-hours call service active as of 7/5/21. Board development will continue with consultant Susan Thorner. Strategic plan is being finalized by Port City Marketing/Substratum. New QI lead now firmly established and implementing greater in-clinic support. IBH program lead position filled and starting in August 2021.</p> | <p>(Attachment 12)</p> | <p>No action required</p> |
| <p>13. <u>Adjournment</u> There being no further topics of discussion, Rod Place adjourned the meeting at 6:15 p.m.</p> | | <p>No action required</p> |



San Joaquin County Clinics
Financial Statement Comments
July 2021

Summary of Clinics Year to Date

Billable visits for July are favorable to budget by 81 visits. Net Patient Revenues are \$215,951 greater than budget. July financials reflect a PPS reconciliation liability accrual of \$25,000.

July results include \$37,473 in DHCS recoveries for overpaid Code 18 Wrap payments for the period of October 2020 through December 2020.

Supplemental Revenue includes the recognition of estimated Quality Incentive Program revenue for \$967,837 in July. There was no activity for the Grant Revenue for July which accounts for the majority of the Total Revenue variance. Other Income includes the Capitation Revenue with a favorable variance to budget by \$1,230 due to a slight increase in capitation payment rate per member in July. Also, Other Income includes the 340B Pharmacy Program revenue for \$126,368 and the program related expenses for \$41,261 are included in Supplies & Other Expenses categories on the financials. Total Net Operating Revenues are unfavorable to budget by \$119,877.

Salaries and benefits expenses exhibit an unfavorable variance to budget of \$116,847. Other operating expenses exhibit a favorable variance of \$257,386 largely due to Professional Fees and Other Expenses favorable variance of \$463,195 mainly offset by unfavorable variance in Supplies and Purchased Services \$205,809. An estimated expense for the Purchased Services is recorded for July based on the MOU.

Unaudited, as presented, Net Income of \$167,499 for July is greater than budget by \$20,662.

Additional Factors Impacting Clinic Performance Presentation

- Supplemental revenues are estimates based on the Master MOU between SJCC and SJ County.

Other Material Notes

- SJGH has submitted to its independent auditor history-to-date financial adjustments which effectively have resulted in SJCC being a breakeven operation as of 6/30/2020.

SAN JOAQUIN COUNTY CLINICS

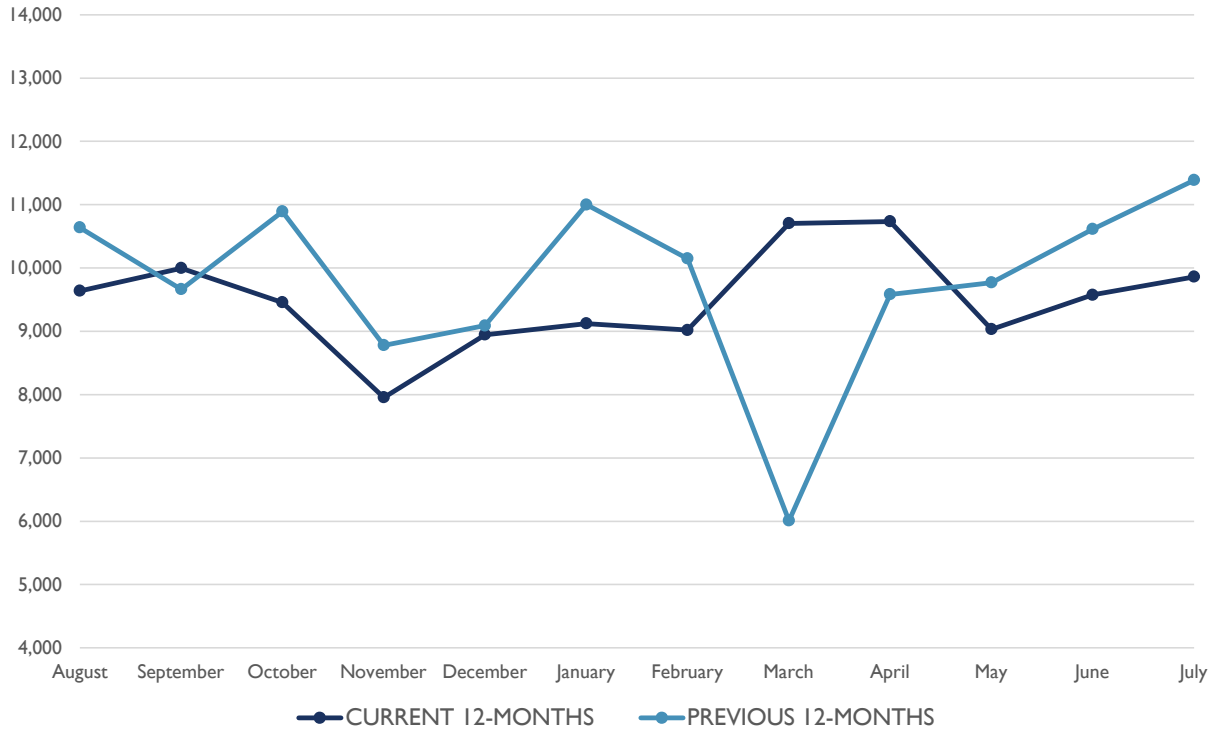
CFO PRESENTATION

Kris Zuniga
Chief Financial Officer
August 2021

ROLLING 12-MONTH BILLABLE VISITS

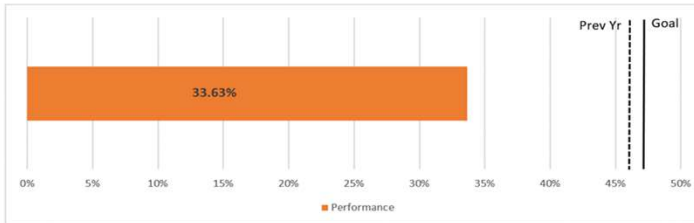
| | August | September | October | November | December | January | February | March | April | May | June | July |
|--------------------|--------|-----------|---------|----------|----------|---------|----------|--------|--------|-------|--------|--------|
| CURRENT 12-MONTHS | 9,638 | 9,997 | 9,455 | 7,954 | 8,944 | 9,120 | 9,018 | 10,703 | 10,737 | 9,032 | 9,574 | 9,859 |
| PREVIOUS 12-MONTHS | 10,639 | 9,662 | 10,892 | 8,780 | 9,089 | 11,000 | 10,146 | 6,010 | 9,582 | 9,768 | 10,612 | 11,389 |

ROLLING 12-MONTH TRENDS



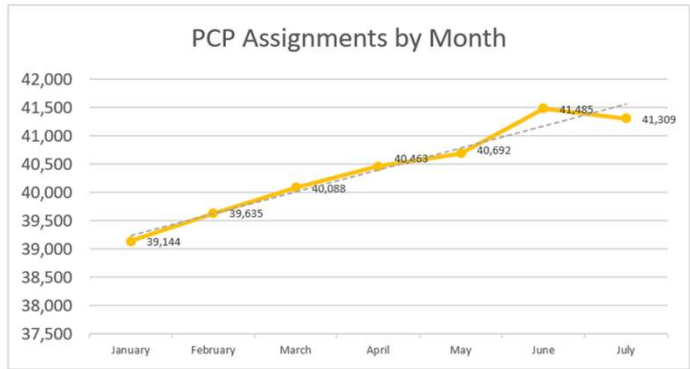
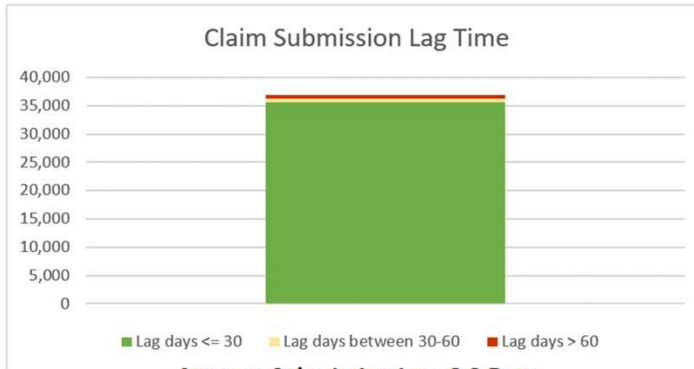
HEALTH PLAN OF SAN JOAQUIN MEMBERSHIP ASSIGNMENTS AS OF JULY 2021

| Year | Panel Size | Panel Seen | Goal | % Goal | Performance |
|------|------------|------------|--------|--------|-------------|
| 2020 | 37,109 | 17,048 | 18,753 | 50.53% | 45.94% |
| 2021 | 40,402 | 13,587 | 18,989 | 47.00% | 33.63% |



Panel Metrics for San Joaquin County Clinics

| | |
|--------------------------|--------|
| Average Panel Size | 40,402 |
| Current Month Panel Size | 41,309 |
| YTD Panel Seen Count | 13,587 |
| YTD % Panel Seen | 33.6% |
| Goal to Panel Seen Count | 18,989 |
| PCP Claim Count | 36,936 |



SJCC INCOME STATEMENT – JULY 2021

| | Current Period Budget - Current Period Budget | | | YTD Budget Variance - | | |
|-------------------------------|---|------------------|---------------------|-----------------------|-----------------------|------------------|
| | Current Period Actual | Original | Variance - Original | Current Year Actual | YTD Budget - Original | Original |
| Operating Revenue | | | | | | |
| Net Patient Service Revenue | 1,491,308 | 1,275,357 | 215,951 | 1,491,308 | 1,275,357 | 215,951 |
| Supplemental Revenue | 967,837 | 967,837 | (0) | 967,837 | 967,837 | (0) |
| Grant Revenue | 0 | 270,278 | (270,278) | 0 | 270,278 | (270,278) |
| Miscellaneous Income | 371 | 63,518 | (63,147) | 371 | 63,518 | (63,147) |
| Other Income | <u>611,431</u> | <u>613,833</u> | <u>(2,403)</u> | <u>611,431</u> | <u>613,833</u> | <u>(2,403)</u> |
| Total Operating Revenue | <u>3,070,946</u> | <u>3,190,823</u> | <u>(119,877)</u> | <u>3,070,946</u> | <u>3,190,823</u> | <u>(119,877)</u> |
| Expenditures | | | | | | |
| Salaries & Wages | 1,417,042 | 1,282,091 | (134,951) | 1,417,042 | 1,282,091 | (134,951) |
| Employee Benefits | 801,305 | 819,409 | 18,104 | 801,305 | 819,409 | 18,104 |
| Professional Fees | 168,590 | 618,081 | 449,491 | 168,590 | 618,081 | 449,491 |
| Purchased Services | 296,507 | 172,707 | (123,800) | 296,507 | 172,707 | (123,800) |
| Supplies | 121,439 | 39,431 | (82,009) | 121,439 | 39,431 | (82,009) |
| Depreciation | 19,313 | 20,509 | 1,196 | 19,313 | 20,509 | 1,196 |
| Interest | 3,875 | 4,298 | 422 | 3,875 | 4,298 | 422 |
| Other Expenses | <u>75,375</u> | <u>87,461</u> | <u>12,086</u> | <u>75,375</u> | <u>87,461</u> | <u>12,086</u> |
| Total Expenditures | <u>2,903,447</u> | <u>3,043,986</u> | <u>140,539</u> | <u>2,903,447</u> | <u>3,043,986</u> | <u>140,539</u> |
| Net Revenue Over Expenditures | <u>167,499</u> | <u>146,837</u> | <u>20,662</u> | <u>167,499</u> | <u>146,837</u> | <u>20,662</u> |

| | <u>Current Period Balance</u> | <u>Beginning Period Balance</u> |
|----------------------------------|-------------------------------|-------------------------------------|
| Assets | | |
| Cash & Cash Equivalents | 2,274,759 | 2,266,991 |
| Accounts Receivable | 1,567,532 | 1,786,574 |
| Inventory | 81,249 | 128,913 |
| Property & Equipment | 869,728 | 889,042 |
| Other Assets | <u>14,451,635</u> | <u>11,253,902</u> |
| Total Assets | <u>19,244,903</u> | <u>16,325,422</u> |
| Liabilities | | |
| Accounts Payable | 603,004 | 389,403 |
| Other Liabilities | <u>15,970,587</u> | <u>13,432,205</u> |
| Total Liabilities | <u>16,573,591</u> | <u>13,821,608</u> |
| Net Assets | | |
| Beginning Net Assets | 2,503,814 | 2,503,814 |
| Current YTD Net Income | <u>167,499</u> | <u>0</u> |
| Total Net Assets | <u>2,671,312</u> | <u>2,503,814</u> |
| Total Liabilities and Net Assets | <u>19,244,903</u> | <u>16,325,422</u> |

SJCC BALANCE SHEET

JULY 2021

| | <u>Current Period</u> | <u>Current Year</u> |
|--------------------------------------|-----------------------|---------------------|
| Net Income | <u>167,499</u> | <u>167,499</u> |
| Cash Flows from Operating Activities | | |
| Depreciation Expense | 19,313 | 19,313 |
| Dec/(Inc) in Accounts Receivable | 219,042 | 219,042 |
| Dec/(Inc) in Other Receivables | (3,197,733) | (3,197,733) |
| Dec/(Inc) in Inventories | 47,664 | 47,664 |
| Inc/(Dec) in Accounts Payable | 213,601 | 213,601 |
| Inc/(Dec) in Payroll Liabilities | 1,994,504 | 1,994,504 |
| Inc/(Dec) in Other Liabilities | <u>545,838</u> | <u>545,838</u> |
| Total Operating Activities | <u>(157,771)</u> | <u>(157,771)</u> |
| Cash Flows from Financing Activities | | |
| Inc/(Dec) in Debt | (1,960) | (1,960) |
| Total Financing Activities | <u>(1,960)</u> | <u>(1,960)</u> |
| Net Inc/(Dec) in Cash | <u>7,768</u> | <u>7,768</u> |
| Beginning Cash Balance | <u>2,266,991</u> | <u>2,266,991</u> |
| Ending Cash Balance | <u>2,274,759</u> | <u>2,274,759</u> |

SJCC STATEMENT OF CASH FLOWS

JULY 2021

SJCC BILLING & COLLECTIONS

A/R AGING JULY 2021

| SJCC Accounts Receivable Aging Analysis For the Month of July 2021 | | | | | | | | |
|---|------------------|----------------|-----------------|--------------------|------------------------|------------------------|------------------------|----------------------------|
| Aging Category | MediCare | MediCal | Commercial | Self Pay | Total Aging This Month | Total Aging Last Month | \$ Increase (Decrease) | % Increase (Decrease) |
| 1-30 Days | 197,039 | 1,942,095 | 21,804 | 21,992 | 2,182,931 | 1,720,472 | 462,458 | 26.88% |
| 31-60 Days | 107,745 | 208,175 | 19,804 | 19,342 | 355,065 | 241,640 | 113,426 | 46.94% |
| 61-90 Days | 65,451 | 103,314 | 17,618 | 19,221 | 205,604 | 311,571 | (105,967) | -34.01% |
| 91-120 Days | 47,053 | 173,422 | 17,975 | 23,336 | 261,786 | 305,915 | (44,129) | -14.43% |
| 121-180 Days | 53,720 | 155,133 | 25,297 | 6,181 | 240,331 | 205,959 | 34,372 | 16.69% |
| 181-240 Days | 35,515 | 30,609 | 18,185 | 1,305 | 85,614 | 78,675 | 6,939 | 8.82% |
| 241-270 Days | (8,052) | 11,099 | 6,061 | 267 | 9,375 | 46,132 | (36,757) | -79.68% |
| 271-365 Days | 29,965 | 12,321 | 16,843 | 1,018 | 60,147 | 73,112 | (12,966) | -17.73% |
| 366 Days & Over | (21,607) | 21,972 | 33,369 | 16 | 33,750 | 62,995 | (29,245) | -46.42% |
| Total FC This Month | 15% | 77% | 5% | 3% | | | | |
| Total FC Last Month | 506,829 | 2,658,141 | 176,956 | 92,678 | 3,434,603 | 3,046,472 | 388,131 | 12.74% |
| \$ Increase (Decrease) | 503,299 | 2,246,767 | 173,286 | 123,120 | 3,046,472 | | | |
| % Increase (Decrease) | 3,530 | 411,374 | 3,670 | (30,442) | 388,131 | | | |
| | 0.70% | 18.31% | 2.12% | -24.73% | 12.74% | | | |
| Monthly Management Summary | | | | | | | | |
| July Activity | Beginning | Charges | Payments | Adjustments | Ending Gross | | | |
| | 3,046,472 | 2,964,957 | (1,732,142) | (844,684) | 3,434,603 | | | |
| A/R Days Analysis | | | | | | | | |
| | July | June | May | April | March | February | January | Increase (Decrease) |
| Gross A/R Days | 36 | 34 | 27 | 30 | 32 | 43 | 43 | 3 |
| Net A/R | 1,992,113 | 1,766,997 | 1,262,842 | 1,396,758 | 1,396,885 | 1,813,698 | 1,782,679 | 225,116 |
| Net A/R Days | 44 | 42 | 24 | 29 | 31 | 40 | 38 | 2 |

SJCC BILLING & COLLECTIONS

COLLECTION TIME JULY 2021

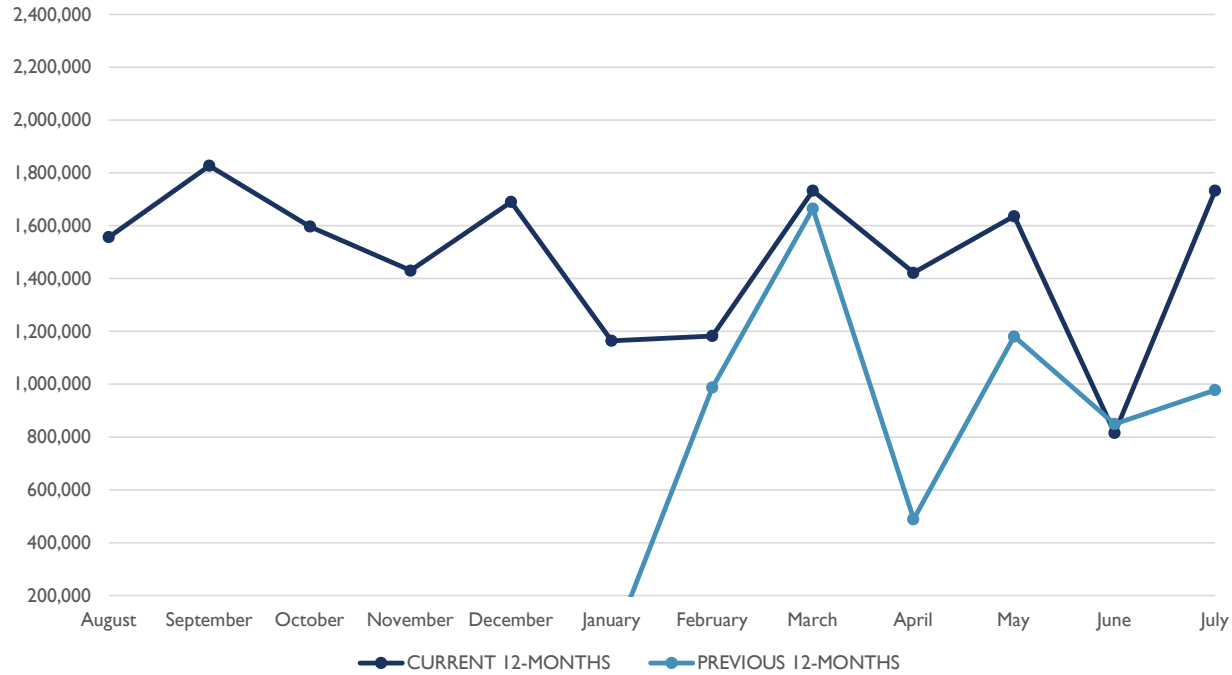
AVERAGE COLLECTION TIME ON PAID ACCOUNTS BY DATE OF SERVICE

| Row Labels | Average of Service to Claim | Average of Claim to Payment | Average of Collection Time |
|--------------------|-----------------------------|-----------------------------|----------------------------|
| 2020-08 | 9.97 | 44.38 | 54.35 |
| 2020-09 | 8.89 | 43.27 | 52.16 |
| 2020-10 | 8.52 | 40.79 | 49.31 |
| 2020-11 | 8.46 | 27.64 | 36.10 |
| 2020-12 | 10.95 | 22.95 | 33.91 |
| 2021-01 | 18.67 | 26.04 | 44.71 |
| 2021-02 | 17.55 | 22.54 | 40.08 |
| 2021-03 | 13.69 | 22.00 | 35.69 |
| 2021-04 | 7.45 | 19.14 | 26.59 |
| 2021-05 | 7.68 | 19.54 | 27.22 |
| 2021-06 | 5.18 | 18.81 | 23.99 |
| 2021-07 | 5.05 | 13.66 | 18.71 |
| Grand Total | 10.17 | 26.73 | 36.90 |

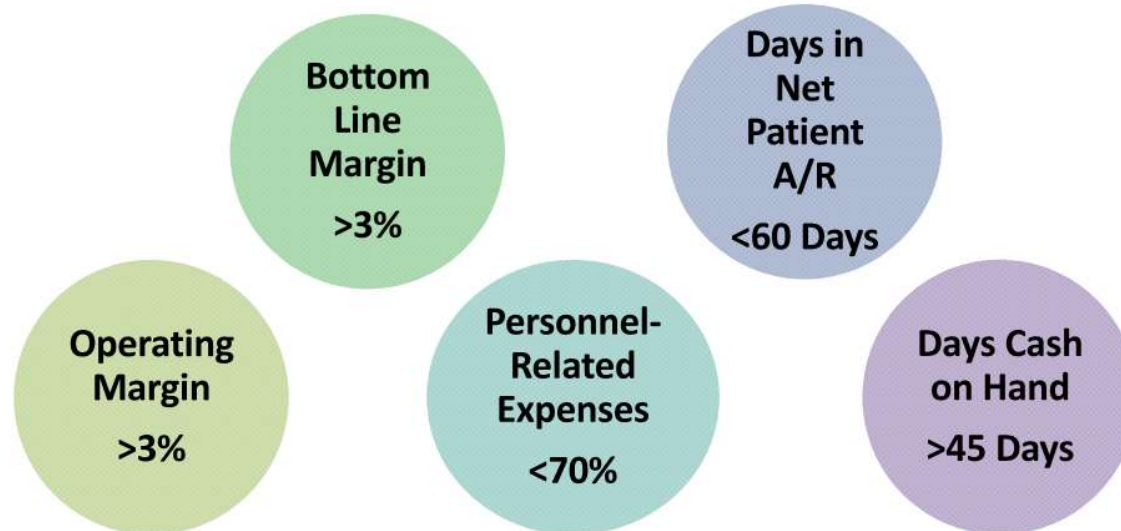
ROLLING 12-MONTH EMMI CASH COLLECTED

| | August | September | October | November | December | January | February | March | April | May | June | July |
|--------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|---------|-----------|
| CURRENT 12-MONTHS | 1,556,202 | 1,826,205 | 1,596,943 | 1,429,989 | 1,690,049 | 1,163,930 | 1,182,200 | 1,732,058 | 1,421,367 | 1,635,817 | 815,474 | 1,732,142 |
| PREVIOUS 12-MONTHS | 0 | 0 | 0 | 0 | 0 | 8,127 | 987,392 | 1,664,820 | 488,964 | 1,180,425 | 849,688 | 977,846 |

ROLLING 12-MONTH TRENDS - CASH COLLECTED



Key Financial Metrics: Capital Link Industry Guidelines



CAPITAL LINK FQHC FINANCIAL BENCHMARKS VS SJCC

| DATA SUMMARY | Capital Link Target | 2019 National Median | 2019 CA Median | SJCC July 2021 | SJCC FYTD FY22 |
|---|---------------------|----------------------|----------------|----------------|----------------|
| FINANCIAL HEALTH | | | | | |
| 1 Operating Margin As a % of Operating Revenue | >1-3% | 2.0% | 2.5% | 6% | 6% |
| 2 Bottom Line Margin As a % of Operating Revenue | >3% | 3.4% | 3.5% | 6% | 6% |
| 3 Days Cash on Hand | >30-45 Days | 67 | 77 | 24 | 24 |
| 4 Days in Net Patient Receivables | <60 Days | 38 | 38 | 44 | 44 |
| 5 Personnel-Related Expense (PRE) As a % of Operating Revenue | <70 | 72.7% | 74.9% | 87% | 87% |

QUESTIONS & ANSWERS



SJCC Board Recruitment Goals

August 31, 2021

Goal: 9 - 13

| Characteristics/Percent of Pt Population | What We Have | New Candidates | Subtotal | What We Need |
|--|--------------|----------------|----------|--|
| Continuing Past 10/21 | 3 | 2 | 5 | 4-8 |
| | | | | |
| Pts | 2 | | | (51%) 5-7 |
| | | | | |
| Female (29%) | 0 | 1 | 1 | 4-7 |
| Male (18%) | 3 | 1 | 4 | 0-2 |
| Unreported (52%) | | | | |
| | | | | |
| African American (15%) | 0 | 0 | | |
| Asian/Pacific Islander (12%) | 0 | 1 | | |
| Caucasian (21%) | 1 | | | |
| Native American (.05%) | 0 | 0 | | |
| Unreported (50%) | | | | |
| Latino (38%) | 2 | 1 | 3 | 1-2 |
| | | | | |
| 18-30 | | | | |
| 31-45 | | | | |
| 46-65 | | | | |
| 65+ | | | | |
| | | | | |
| HCWs | 0 | 1 | 1 | No more than 50% of non-pt Board members |
| Fiscal Expertise | 1 | 1 | 2 | |



**San Joaquin County Clinics
Governance Committee
August 31, 2021**

Brief Board Candidate Biographies

Paul Antigua, MBA

Paul is a 2.5-year resident of Tracy. He has 30 years of professional experience working for managed healthcare organizations with a focus on Medi-Cal. He is currently the Chief Financial Officer of Valley Health Plan (VHP), a Health Maintenance Organization in Santa Clara County. He has been in that role since 2014. Before joining VHP, Paul worked with Health Plan of San Joaquin (HPSJ) for 17 years with his last seven as Chief Financial Officer. Through this work, Paul has a deep understanding of managed Medi-Cal, its challenges, and its impact on Federally Qualified Health Centers.

Having worked with SJGH and its clinics and their leadership in the past while at HPSJ, Paul developed a strong interest in helping the clinics be successful.

Paul is an avid traveler, music lover and really enjoys attending concerts and sporting events with his wife and friends. Paul has experience serving on boards of local organizations, but is currently not volunteering for any community organizations.

Charson Chang, MD

Dr. Chang is a 30-year resident of Stockton. She is an Internal Medicine physician who practiced at Kaiser Medical Centers and Permanente Medical Groups in Santa Clara, Walnut Creek, Pleasanton and Stockton from 1989 until 1998. She retired from formal clinical practice in 1998 to focus her energies on raising her family but continues to maintain her license.

Dr. Chang is deeply committed to promoting community health care, the practice of evidence-based medicine and health equity and looks to pursue that through her role as a Board member.

Dr. Chang is a dog trainer and is fluent in English, Taiwanese, and Mandarin and is currently studying Korean. She is a very active community volunteer. Most recently, she has designed, sewed, and donated over 1,000 cloth face masks for communities in San Joaquin County and the Navajo Nation since the start of the pandemic and has been a volunteer COVID-19 vaccinator for San Joaquin County Office of Education, University of the Pacific, and San Joaquin County mass vaccination sites and mobile vaccination unit sites including San Joaquin County Clinics.

REQUEST FOR BOARD ACTION:

- 1. Approve Paul Antigua as member of San Joaquin County Clinics Board of Directors with an initial three-year term.**
- 2. Approve Dr. Carson Chang as member of San Joaquin County Clinics Board of Directors with an initial three-year term.**



Quality Assurance / Quality Improvement

Board Meeting

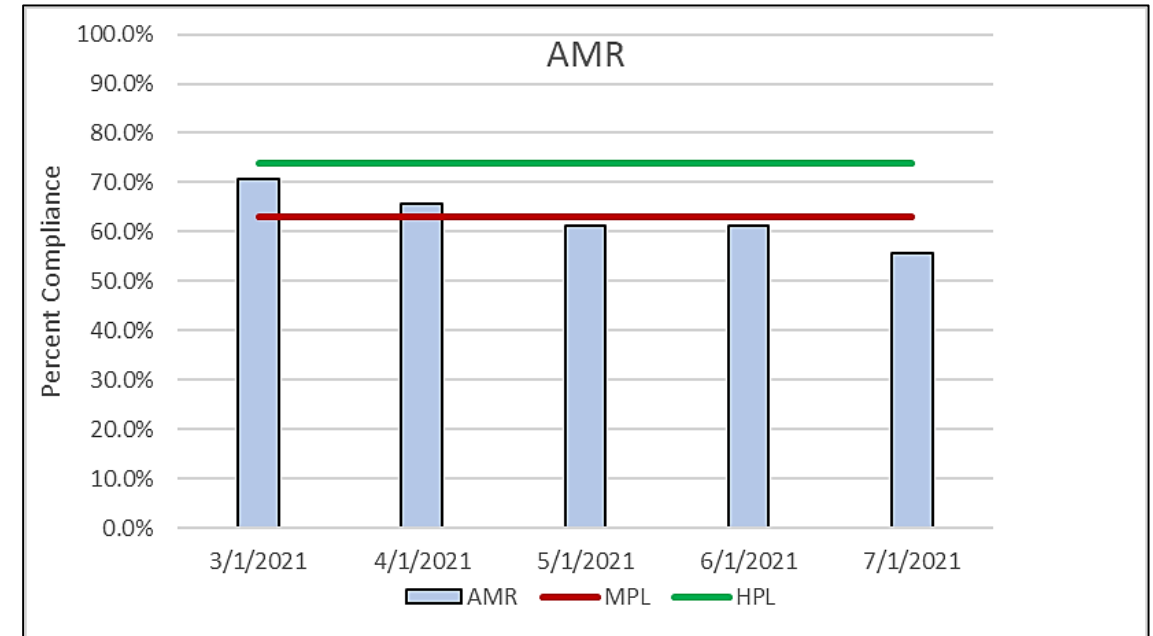
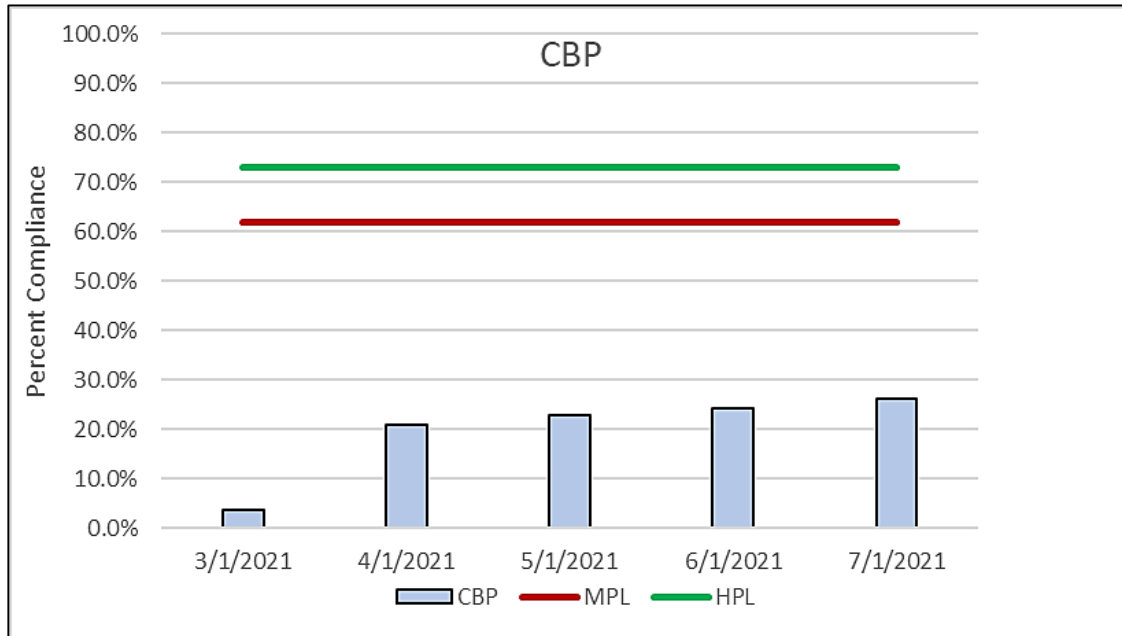
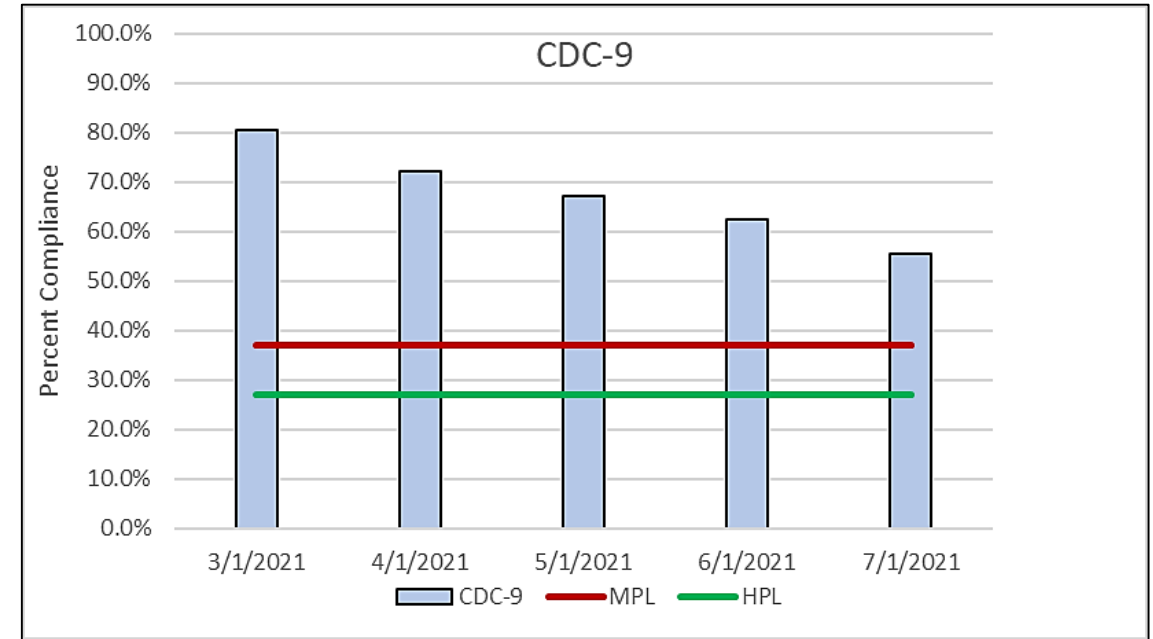
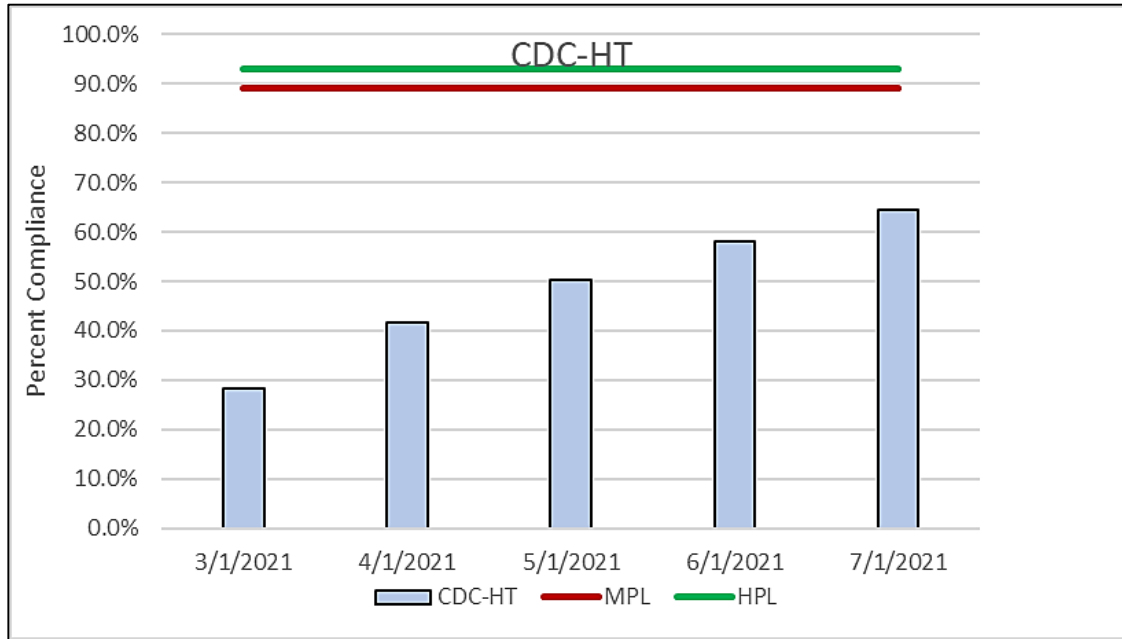
08/3/21

1. HEDIS Performance
2. Ongoing Quality Improvement activities

HEDIS Performance %

| Women's Health | | | | |
|---------------------------------|-------|-------|-------|-------------------|
| Measure | Q1 | Q2 | | 50th Percentile % |
| Breast Cancer Screening | 32.47 | 39.0 | ↑6.53 | 59 |
| Cervical Cancer Screening | 39.46 | 42.3 | ↑3.07 | 62 |
| PPC Post Partum | 57.25 | 57.7 | ↑0.45 | 77 |
| PPC Pre-natal | 78.82 | 80.0 | ↑1.18 | 90 |
| Chlamydia Screening | 36.7 | 47.9 | ↑11.2 | 59 |
| Acute And Chronic Care | | | | |
| Measure | April | July | | 50th Percentile % |
| Asthma Med Ratio | 64.74 | 55.7 | ↓9.04 | 63 |
| HgA1c Testing | 41.66 | 64.4 | ↑22.7 | 89 |
| HgA1c >9 (inverse) | 72.31 | 55.6 | ↑16.7 | 37 |
| CBP | 20.87 | 26.1 | ↑5.23 | 62 |
| Pediatrics | | | | |
| Measure | April | July | | 50th Percentile % |
| Child and Adolescent WCV | 10.4 | 21.9 | ↑11.5 | - |
| Childhood Immunization 10 | 22.52 | 32.6 | ↑10.1 | 38 |
| Adolescent Immunization 2 | 21.86 | 26.0 | ↑4.14 | 37 |
| Well Child 15 mo. 6 visits | 21.15 | 30.1 | ↑8.95 | - |
| Well child 30 mo. 2 visits | 39.74 | 48.3 | ↑8.56 | - |
| WCC- BMI | 23.37 | 30.9 | ↑7.53 | 81 |
| WCC - Nutrition | 3.04 | 5.6 | ↑2.56 | 72 |
| WCC - Physical Activity | 2.97 | 5.8 | ↑2.83 | 67 |
| Lead Screening | - | 66.9 | | 73 |
| Behavioral Health | | | | |
| Measure | April | July | | 50th Percentile % |
| ADD - Initiation Phase | 26.09 | 19.5 | ↓6.59 | 54 |
| ADD - Continuation Phase | | | | 70 |
| AMM Acute phase 12 weeks | 42.35 | 46.18 | ↑3.83 | 54 |
| AMM Continuation phase 84 weeks | 17.79 | 18.15 | ↑0.36 | 39 |

7



Controlled Blood Pressure (CBP) Measure

7

We are currently using different monitoring systems for the Providers and MA's to capture their improvements and provide feedback.

| Month/Year | Hypertensive Patients Seen | % Compliance | BP monitors given |
|------------|----------------------------|--------------|-------------------|
| May 2021 | 1129 | 38.5% | 42 |
| June 2021 | 1260 | 46% | 17 |
| July 2021 | 998 | 50% | 8 |

Quality Improvement Activities

7

- Continued in-service
- Monitoring of MA progress
- Continued support to Providers with training
 - Quality Metrics and codes



**San Joaquin County Clinics
Board of Directors Meeting
August 31, 2021**

Legislative and Grants Update

Informational Legislative Update

1. State legislature is back in session.
2. At the federal level, the 117th Congress convened January 3, 2021.

State of California

SB 56 – Medi Cal Eligibility: Full-Scope Medi-Cal for Undocumented Seniors (Durazo, 24th District)

Introduced December 7, 2020, this bill would, subject to an appropriation by the Legislature, and effective July 1, 2022, extend eligibility for full-scope Medi-Cal benefits to individuals who are 65 years of age or older, and who are otherwise eligible for those benefits but for their immigration status.

Current Status: Active Bill – In Committee Process. Passed by the Senate Health Committee (9-2) on March 10, 2021. Referred to Senate Appropriations Committee. Heard by Appropriations Committee on May 20. Passed on 5-2 vote. Referred to Assembly Committee on Health on June 10. Revised and passed by Assembly Committee on Health (11-3) on June 22 and re-referred to Committee on Appropriations.

Note: The governor's approved budget and the approved AB 113 Health Omnibus trailer bill has approved expansion of Medi-Cal to older (50+) undocumented adults

SB 316 - Medi-Cal: Federally Qualified Health Centers And Rural Health Clinics (Eggman, 5th District)

Introduced February 4, 2021, this bill would authorize reimbursement for a maximum of 2 visits taking place on the same day at a single FQHC location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and a mental health visit or a dental visit, as defined. The bill would authorize an FQHC or RHC that currently includes the cost of a medical visit and a mental health visit that take place on the same day at a single location as a single visit for purposes of establishing the FQHC's or RHC's rate to apply for an adjustment to its per-visit rate, and after DHCS has approved that

rate adjustment, to bill a medical visit and a mental health visit that take place on the same day at a single location as separate visits, in accordance with the bill.

Currently, community health centers may bill for a behavioral health visit or a physical health visit in a 24 hour period, but will not be reimbursed for both. This means that patients with a medically necessary behavioral health condition must wait 24 hours before they can be seen for a visit if they already obtained a physical health visit on that same day.

Current Status: Active Bill – In Committee Process. Has been passed by Senate and Assembly Committees on Health. Now in Assembly Appropriations Committee. Moved to suspense file August 19. Assembly Appropriations Committee is meeting August 26.

NOTE: The Appropriations committee sends any bill with an annual cost of more than \$150,000 to the suspense file. **Suspense File** bills are then considered at one hearing after the state budget has been prepared and the committee has a better sense of available revenue. No testimony is presented – author or witness – at the Suspense File hearing.

SB 365 – Medi-Cal E-Consult Coverage (Caballero, 12th District)

Introduced February 10, 2021, this bill would require Medi-Cal to reimburse all participating primary care providers, including those who operate out of a federally qualified health center (FQHC) or rural health clinic (RHC), for e-consult services.

Electronic consults (or e- consults) are one method of telehealth used to provide patient-centered care and improve health care providers' ability to better manage their patients' care. An e-consult service ordinarily involves a treating provider, usually a primary care physician, sending information regarding a patient and a consultation request to a consultative provider, usually a specialist provider. The specialist can respond in any number of ways, including providing requested feedback, asking for additional information, recommending certain studies or examinations, or initiating the scheduling of an appointment. When the patient's condition is not too severe, the patient can generally continue to be seen by their local primary care provider, while the primary care provider e-consults with the specialist when necessary.

Through a Blue Shield of California Foundation grant-funded initiative, SJCC primary care providers have been using e-consults for the past three years. However, existing Department of Health Care Services policy only allows for the reimbursement of e-consults delivered by consultant providers, usually specialists, in its current telehealth policy.

Reimbursement is not allowed for any requesting or treating providers, who are usually the primary care providers. Existing law also prohibits FQHCs or RHCs from being compensated for the e-consults that their requesting providers render.

If passed, SB 365 will ensure coverage and utilization of e-consults under Medi-Cal for primary care providers, including those who operate at an FQHC or RHC.

Current Status: Active Bill – In Committee Process. Passed by Senate Health Committee (11-0) on March 24. Passed by Senate Appropriations Committee on May 20, 2021. Referred to Assembly Committee on Health on June 3. Passed Committee (15-0) on July 6 and re-referred to Committee on Appropriations. Placed on suspense file August 19, 2021. To be heard by Appropriations Committee on August 26.

SB 644 – Health Care Coverage Outreach - (Leyva, 20th District)

Introduced February 19, 2021, this bill would allow the California Employment Development Department (EDD) to share information with Covered California for the purpose of outreach on health coverage options. This would include:

- Applicants for Unemployment Insurance, State Disability Insurance and other programs administered by EDD.
- Those who cease to be eligible for EDD-administered benefits since they have exhausted benefits.
- Those who lost employment or hours as reported by employers for payroll withholding purposes.

Existing law does not allow the California Employment Development Department EDD to share information on people filing for unemployment with Covered California. If Covered California had contact information for all unemployment applicants, it would be able to conduct targeted outreach to a population that is likely to benefit from information on coverage options including Medi-Cal and Covered California.

This policy change would also allow Covered California to reach not only those who qualify for unemployment, but also those who apply and are ineligible such as gig workers, those with insufficient hours, or those in the underground economy. It would also give Covered California information about those who lost employment or hours as reported for purposes of payroll withholding or ran out of unemployment benefits.

Current Status: Active Bill - In Committee Process. Passed by Senate (38-0) on May 13. Referred to Assembly Committees on Health and Labor and Employment. Re-referred to Assembly Committees on Health and Labor and Employment on June 17.

AB 4 – Medi-Cal Eligibility: Full-Scope Medi-Cal for Undocumented Adults (Arambula, 31st District, et. al)

Introduced December 7, 2021, this bill would, subject to an appropriation by the Legislature, and effective July 1, 2022, extend eligibility for full scope Medi-Cal benefits to anyone regardless of age, and who is otherwise eligible for those benefits but for their immigration status.

Current Status: Active Bill - In Committee Process - Referred to Assembly Committee on Health on January 11, 2021. Passed by Assembly Committee on Health (11-3) on April 14, 2021. Referred to the Assembly Committee on Appropriations. Passed by Assembly Committee on Appropriations (11-4) on May 20, 2021. Referred to Senate Committee on Health on June 9, 2021. Passed Committee (8-2) and re-referred to Committee on Appropriations. Referred to suspense file July 5.

AB 32 - Telehealth (Aguilar-Curry, 4th District and Rivas, 30th District)

Introduced December 7, 2020, this bill would require health care services furnished by an enrolled clinic through telehealth to be reimbursed by Medi-Cal on the same basis, to the same extent, and at the same payment rate as those services are reimbursed if furnished in person. The bill would prohibit the State Department of Health Care Services (DHCS) from restricting the ability of an enrolled clinic to provide and be reimbursed for services furnished through telehealth. The bill would require DHCS to indefinitely continue the telehealth flexibilities in place during the COVID-19 pandemic state of emergency, except as specified.

The bill would require DHCS, by January 2022, to convene an advisory group to provide input to DHCS on the development of a revised Medi-Cal telehealth policy. The bill would require the department, by July 2024, to complete an evaluation to assess the benefits of telehealth in Medi-Cal, including an analysis of improved access for patients, changes in health quality outcomes and utilization, and best practices for the right mix of in-person visits and telehealth. The bill would require DHCS to report its findings and recommendations from the evaluation to the appropriate policy and fiscal committees of the Legislature no later than October 31, 2024. The bill would also require DHCS, in consultation with various stakeholders, to develop one or more alternative payment models, as specified, and to submit and seek federal approval of the state plan amendment necessary for the implementation of those provisions to be effective no later than January 1, 2025.

Current Status: Active Bill - In Committee Process – Passed Assembly (78-0) on June 1, 2021. Referred to Senate Committee on Health on June 9. Author requested hearing cancellation.

This was done after negotiations with the governor’s office, legislative staff and other key stakeholders resulted in the following:

- Extension of audio-only through December 2022. Payment for both non-FQHCs and FQHCs for audio-only will be same as it would be for an in-person service.
- Creation of an advisory group that will work with DHCS on utilization management protocols and help influence the development of the DHCS telehealth proposal for the Gov’s Jan 2022/23 budget. Once the protocols are developed, they will not be implemented until January 2023.
- Inclusion of remote patient monitoring as a covered modality in Medi-Cal.

AB 1131 – Health Information Network (Wood, 2nd District)

Introduced February 18, 2021, this bill calls on the California Health and Human Services Agency (CHHS) to establish a statewide health information network and would require providers, health plans, and the Department of Health Care Services, among others, to participate in the network in order to ensure care teams throughout California have the information they need to serve patients at the point of care.

AB 1131 leverages existing data sharing infrastructure across California by allowing participants the option to share data with the statewide network through regional health information organizations and commercial entities.

AB 1131 will build upon the efforts of regional health exchanges throughout California including the San Joaquin Community Health Information Exchange (SJCHIE). Founded in 2013 through a \$500,000 grant from Blue Shield of California Foundation, SJCHIE started as a partnership between San Joaquin General Hospital, Community Medical Centers, San Joaquin County Health Care Services Agency, San Joaquin County Behavioral Health Services, and Health Plan of San Joaquin, to create cost effective health information exchange solutions for local providers in San Joaquin County. It has subsequently expanded to include health care providers in Merced and Stanislaus counties.

Current Status: Active Bill - In Committee Process. Passed by Assembly Committee on Health (13-1) on April 6, 2021. Referred to the Assembly Committee on Appropriations. Hearing by Assembly Committee on Appropriations was postponed on May 20, 2021. Will now be considered in next legislative session.

AB 1400 - Guaranteed Health Care for All (Kalra, 27th District)

Introduced February 19, 2021 this bill would create the California Guaranteed Health Care for All program, or CalCare, to provide comprehensive universal single-payer health care coverage and a health care cost control system for the benefit of all residents of the state.

CalCare would cover a wide range of medical benefits and other services and would incorporate the health care benefits and standards of other existing federal and state provisions, including the federal Children’s Health Insurance Program, Medi-Cal, ancillary health care or social services covered by regional centers for persons with developmental disabilities, Knox-Keene, and the federal Medicare program.

Current Status: Active Bill - Pending Referral to Committee.

AB 133 Health Omnibus Trailer Bill (Signed by Governor July 27)

Contains several major provisions, including expansion of Medi-Cal to all undocumented adults 50 years+

Maintains current Medi-Cal telehealth policy through end of 2022, including all temporary flexibilities

Requires DHCS to convene a stakeholder advisory group to determine billing and utilization management protocols for Medi-Cal telehealth policy; stakeholder group to be announced at the end of August

Includes support for statewide e-consult service for primary care pediatric and family practice providers to receive asynchronous support and consultation to manage behavioral health conditions for their patients.

Opportunity for stakeholders to advocate for e-consult reimbursement for PCPs and FQHCs/RHCs

**Grants for Board Approval
Action Required**

1. ACTION REQUESTED: BOARD APPROVAL TO ACCEPT FOLLOWING GRANT

California Department of Public Health (CDPH) – \$11,000. Grant period: August 2, 2021 through August 1, 2022.

Purpose: The State of California CalVaxGrant program is committed to increasing the number of providers able to vaccinate Californians against COVID-19 by supporting and incentivizing physicians to participate in the “myCAvax” program and administer vaccines.

This was a non-competitive, formula-driven grant program, but required application. SJCC applied 8/2 and received notice of funding on 8/27.

Grant funds may be spent on staffing, training, technology, infrastructure, supplies and equipment, and administrative overhead associated with COVID-19 vaccination.

2. ACTION REQUESTED: BOARD APPROVAL TO APPLY FOR FOLLOWING GRANT

Kaiser Community Benefits - (Increasing Access) - \$25,000.

Purpose: General support of San Joaquin County Clinics’ community outreach activities including COVID testing and vaccinations. Funds will be used to help with supplies, operations, and outreach.

Proposals are due to Kaiser Community Benefits by September 13 with grant decisions to be announced in early October. SJCC received invite to apply yesterday (8/30).

11. Form 5B Change in Scope – Mobile Clinic



Background:

- San Joaquin County Clinics has purchased a 30-ft mobile clinic. It has one exam room, one rest room, and a small waiting room.
- Cost of clinic, modifications, equipment, and supplies is approximately \$300,000. HRSA grant funds will cover these costs.
- SJCC is preparing to begin using the mobile clinic as a new access point for primary care in the community.
- In order to make this possible, HRSA requires that SJCC add the mobile clinic as a new service site on its Form 5b on the EHB. This is done by requesting a change in scope.

SJCC is finalizing its change in scope request to HRSA for submission and is asking the Board's approval of the change in scope.

Key components of the change in scope request are:

1. The mobile clinic's service area will cover every zip code in San Joaquin County.
2. There is a documented unmet need for primary care, including behavioral health services in San Joaquin County.
3. The mobile clinic will target underserved and unserved communities/populations. No specific locations for clinic have yet been agreed upon.
4. It is anticipated that the vast majority of the patients seen by the clinic will have incomes at or below 200% of the Federal Poverty Level.
5. The clinic will operate 40 hours per week on a year-round basis.
6. Staffing plan is not yet finalized but depending on location and use, may include a physician, mid-level, nurse, behavioral health worker, medical assistant, and/or community outreach worker
7. Services to be provided will include primary/preventive care, behavioral health services, health screenings, COVID testing, and COVID and other vaccines.
8. SJCC currently projects that the mobile clinic will provide primary care to more than 1,080 patients annually and behavioral health visits to more than 800 patients.
9. As needed, patients will be referred to SJCC brick-and-mortar sites for follow-up.
10. SJCC will be including letters of collaboration from Community Medical Centers, San Joaquin General Hospital, San Joaquin County Public Health Services and perhaps others with the application.

ACTION REQUESTED: BOARD APPROVAL OF CHANGE IN SCOPE TO ADD SJCC MOBILE CLINIC AS A NEW SERVICE SITE.

CEO Report – Previous 30 Days

12

- COVID19 updates
 - Dynamic balance between vaccination and testing
 - Field teams performing rapid antigen testing, PCR testing, and vaccinations
 - 3rd doses/boosters on the horizon
 - Telehealth audio >> video visits augment face-to-face care
- SJCC/SJGH separation
 - MOU reviewed by all County agencies; meeting to finalize 8/27
 - Administrative consolidation underway: office space, hiring (IT/finance/pharmacy/HR/credentialing)
 - Port City marketing team engaged as of August
- HRSA compliance
 - Governance committee convened 8/23 – board composition evolving
 - Vendor engaged for credentialing/privileging (e2o health)
 - Strategic plan being finalized by Port City/Substratum
- Quality Update – focus on QIP PY4, UDS, HEDIS
 - HPSJ to make heavy push on collaboration to improve HEDIS performance for assigned lives
 - PPS APM methodology planned to replace FFS in 2023, will have heavy implications for quality
 - IBH program lead position – search continues
 - Chronic disease management programming – clinical pharmacist recruitment, Teladoc/Livongo RPM, obesity clinic