

**SJCC BOARD OF DIRECTORS ATTENDANCE RECORD 2020**

2020 Meeting Dates

Member Name	Patient? Yes / No	Joined Board	1/8/20 Board Training	1/28/20	2/25/20	3/31/20	4/28/20	5/26/20	6/30/20	7/28/20	8/25/20	9/29/20	10/27/20	11/24/20	12/29/20
Baskett, Mike	No	2018	AE	P	P	P	P	P	P	P	P	P	AE		
Cortez, Ismael	Yes	2011	P	AE	P	P	P	P	P	AE	P	AE	P		
Heck, Brian	No	2019	P	P	P	P	P	P	P	P	P	P	P		
Maldonado, Alvin	Yes	2011	AE	AE	AE	P	P	AE	P	P	P	P	AE		
Medina, Esgardo	Yes	2018	P	P	P	AE	P	P	P	P	P	P	P		
Mills, Mary	No	2010	P	P	AE	P	P	AE	AE	P	AE	P	P		
Place, Rod	No	2010	AE	P	P	P	P	P	P	P	P	P	P		
Sandoval, Luz Maria	Yes	2013	P	P	P	P	P	AE	AE	AE	AE	AE	AE		
Scoz, Christopher*	Yes	2020	N/A	N/A	N/A	N/A	N/A	N/A	N/A	P*	P*	P*	P		
Toutai, Melanie	No	2019	P	P	P	AE	P	P	AE	AE	P	P	P		
Yonemoto, Alicia	Yes	2014	AE	P	AE	P	P	P	P	P	P	P	P		

\* Voted on to Board 10/27/2020, guest in July, August and September

CODE P = Present

Code AE = Absence Excused

CODE AU = Absence Unexcused



San Joaquin County Clinics  
Board Self-Assessment – September 2020

1e

**Please note: Responses are from five board members only - November 16, 2020**

Please respond to all the statements below. When completed, please return to Adelé Gribble, Board Assistant, who will compile the results which will be, in aggregate, shared with the entire Board. Ms. Gribble will not share any individual Board Member's responses with anyone else.

**There are no wrong answers** – each Board member may have different perceptions and answers. That is part of the value of this exercise. So please do not share your answers / responses with other members before the group discussion of the aggregate results.

**Room for comments is provided.** All comments are welcome. But comments are required \*\* if your assessment is either "Strongly disagree" or "Disagree".

### Assessing the Board

Statement	Strongly disagree/ never (1) **	Disagree/ sometimes (2) **	Agree/ most of the time (3)	Strongly agree/ always (4)	Unable to Assess
<b><i>Our meetings actively engage the members to focus on the matters that are most important to the CHCs.</i></b>	0	0	2	3	0
<b>** This would improve if – <i>if any singular matter is of more importance to the CHC's (I assume this acronym could be "COMMUNITY HEALTH CENTERS") any material pertaining to the matter should be provided to the Executive Secretary, for distribution to the Members as soon as possible. "New items" need to be placed upon the agenda and posted allowing enough time for the Members to review the facts in evidence (IN A PERFECT WORLD)</i></b>					
<b><i>Most Board Members are prepared for the meetings most of the time.</i></b>	0	0	3	1	1
<b>** This would improve if – <i>Again, Staff or any presenter should provide materials pertaining to any matter scheduled for the Board's consideration as soon as possible. All action items will be posted on the Agenda for the next month's meeting.</i></b>					
<b><i>Board packets (including agenda, previous meeting minutes, related reports, background reading) are complete and provided to the Board sufficiently prior to the meeting for meaningful participation.</i></b>	0	1	0	4	1
<b>** This would improve if – <i>Adele Gribble, Executive Secretary to the Board of Directors of the San Joaquin County Clinics should be provided all of the afore mentioned materials in a timely fashion as to allow the Members enough time to read and review the material and if necessary, request additional information.</i></b>					

Statement	Strongly disagree/ never (1) **	Disagree/ sometimes (2) **	Agree/ most of the time (3)	Strongly agree/ always (4)	Unable to Assess
<b>The Board asks hard and even unpopular questions.</b>	0	1	3	1	0
<b>** This would improve if –</b> <ul style="list-style-type: none"> <li><i>Sometimes the complexity of the financials and other concerns are probably beyond most of our expertise. I plan on improving in this area as I gain more knowledge.</i></li> <li><i>As a board I feel that is part of our duties for the board to operate properly.</i></li> <li><i>The members had enough time to make requests for information, explanation, definition or other points of clarification</i></li> </ul>					
<b>There is friendly, respectful exchange of ideas that encourages participation?</b>	0	0	1	4	0
<b>** This would improve if –</b> <i>Information, documentation, definition, points of law and clarification would make for even more productive exchange between Members, Staff, and anyone from the community wishing to address the Members on any posted Agenda item.</i>					
<b>The Board spends most of its time on the issues of greatest importance.</b>	0	0	3	2	0
<b>** This would improve if –</b> <i>No comments received</i>					
<b>The Board spends the majority of its time discussing the future.</b>	0	0	4	1	0
<b>** This would improve if –</b> <ul style="list-style-type: none"> <li><i>The San Joaquin County Clinics was established in 2015 as a FQHC-LAL as such the future is tomorrow and the past is yesterday. The Board of Directors, Staff, and patients all have the future of the Clinics in mind. Being so “young” we have very few yesterdays and endless tomorrows.</i></li> <li><i>It spends the appropriate time to accomplish what needs to be done.</i></li> </ul>					
<b>I feel prepared for my role on the Board.</b>	0	0	4	1	0
<b>** This would improve if –</b> <i>Now that I have a copy of the “91-page Board of Directors Guide Book for Dummies” I am closer to being prepared. The Board educational seminars and Board Training are very helpful and perhaps one day I will be prepared.</i>					

**More room for comments about how the Board operates today / could improve in the future:**

- We probably should add a legal expert and financial expert to the Board. Rod Place is amazing, but he needs more support – Board development / recruitment is essential to our health as an organization.*
- I would like to have a packet of the upcoming meeting ahead of time. I would be better prepared. I do take notes, but visual aids are better*
- Operations are appropriate – Great Board. Much improvement from previous years.*

**INITIAL APPOINTMENTS  
NOVEMBER 2020**

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

Membership Request	Name	Specialty/ Assigned Div/Dept	Competency / Privilege Review	Proctoring Required	Proctor	Rec Status/Term	Recommend
Initial	* Kimberly Greer, CNM	OB/GYN	Frontier Nursing University: 2019	Y	Lim	AHP	Cred: 11/03/2020 MEC: 11/17/2020 Board: 12/08/2020
Initial	* Tenzin Pelkyi, CNM	OB/GYN	Frontier Nursing University: 2019	Y	Lim	AHP	Cred: 11/03/2020 MEC: 11/17/2020 Board: 12/08/2020
Initial	* Linda Geverts, NP	OB/GYN	Sonoma State University: 2006	Y	Lim	AHP	Cred: 11/03/2020 MEC: 11/17/2020 Board: 12/08/2020
Initial	* Svetlana Yagudayeva, NP	OB/GYN	Holy Names University: 2007	Y	Lim	AHP	Cred: 11/03/2020 MEC: 11/17/2020 Board: 12/08/2020

*Temporary Privileges	Department	Reason for Temporary Privileges:
Kimberly Greer, CNM	OB/GYN	Department is short of staff.
Tenzin Pelkyi, CNM	OB/GYN	Department is short of staff.
Linda Geverts, NP	OB/GYN	Department is short of staff.
Svetlana Yagudayeva, NP	OB/GYN	Department is short of staff.

**REAPPOINTMENTS**  
**NOVEMBER 2020**

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

<b>Membership Request</b>	<b>Name</b>	<b>Specialty/ Assigned Div/Dept</b>	<b>Quantitative/Qualitative Factors Request for Privileges and/or Privilege Change</b>	<b>Action Taken/Rec. Exceptions for Cause</b>	<b>Rec. Staff Category/ Reappoint Period</b>	<b>Recommend</b>
Reappointment	Lauren Brown-Bechtold, MD	Family Medicine	Requirements for Active Staff Met	None	01/2021 to 01/2023	CRED: 11/03/2020 MEC: 11/17/2020 Board: 12/08/2020
Reappointment	Eric Chapa, MD	Psychiatry Internal Medicine	Requirements for Consulting Staff Met	None	01/2021 to 01/2023	CRED: 11/03/2020 MEC: 11/17/2020 Board: 12/08/2020

**ADVANCEMENTS**  
**NOVEMBER 2020**

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

Name	Specialty/Assigned Div/Dept	Current Category of Membership	Recommended Category	Reason	Recommend
No advancements for this month					

**RESIGNATIONS  
NOVEMBER 2020**

Name	Reason for Resignation:	Effective Date of Resignation
Toni Amundsen, CNM	Resignation Received	Nov-20



**Finance Committee  
November 23, 2020, 4:00 p.m.**

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**[Join Microsoft Teams Meeting](#)**

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

Conference ID: 398 986 650#

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**Agenda**

I.	Call to order	Rod Place	<b>1 min</b>
II.	Approval of Minutes from 10/26/2020	* Rod Place	<b>1 min</b>
III.	Introductions	Rod Place	<b>1 min</b>
IV.	Presentation of September Financials	Kris Zuniga	<b>20 mins</b>
V.	Accounts Receivables Status / KPI	Kris Zuniga	<b>10 mins</b>
VI.	Adjournment	Rod Place	<b>1 min</b>

**\* Action Item**

Next Meeting: December 28, 2020 at 4:00 p.m.

Note: If you need disability-related modification or accommodation to participate in this meeting, please contact Ambulatory Care Services 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 Ambulatory Care Services at 500 W. Hospital Road, French Camp, CA during normal business hours.





**San Joaquin County Clinics (SJCC) Finance Committee  
Minutes of October 26, 2020 Meeting**

**San Joaquin General Hospital (SJGH)  
Web Conference Meeting  
French Camp, CA**

**Present**

Rod Place (SJCC Board Chair); Alicia Yonemoto (SJCC Board Vice-Chair); Brian Heck (SJCC Board Member); David Culberson (SJGH CEO); Dr. Farhan Fadoo (SJCC CEO); Monica Nino (SJ County Administrator); Chris Roberts (SJGH CFO); Kris Zuniga (SJCC CFO); Adelé Gribble (SJCC ACS OTC)

**Excused**

Alice Souligne (SJCC COO);

**Absent**

Esgardo Medina (SJCC Board Member); Luz Maria Sandoval (SJCC Board Treasurer); Greg Diederich (HCS Director)

**I. Call to Order**

The meeting was called to order by Rod Place at 4:02 p.m.

**II. Approval of Minutes from September 28, 2020 (Rod Place, SJCC Board Chair)**

A quorum was established for today's Finance Committee. The minutes were reviewed by present board members. Alicia Yonemoto made a motion to approve the minutes from 09/28/2020. Brian Heck seconded the motion and all board members present unanimously approved the minutes.

**III. Introductions (Rod Place, SJCC Board Chair)**

There were no introductions for this meeting.

**IV. Presentation of August Financials (Kris Zuniga, SJCC CFO)**

Kris Zuniga advised SJCC had another good month; billable visits for the month were \$9,681. Net Patient Revenue is at \$1.5M for the month.

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD Actual	YTD Budget	Variance	% Var
<b>Total Visits</b>	13,515	11,195											24,710	19,109	5,601	29.3%
<b>Billable Visits</b>	11,569	9,681											21,250	18,336	2,914	15.9%
<b>Patient Revenue</b>																
Medicare	131,541	27,929											159,470	525,622	(366,152)	-69.7%
Medi-Cal Fee-for-Service	460,856	229,265											690,122	573,406	116,716	20.4%
Medi-Cal Managed Care	2,062,888	1,396,553											3,419,401	3,486,238	(66,837)	-2.0%
Insurance	51,883	56,976											108,859	47,784	61,075	127.8%
Self Pay	(5,622)	63,105											57,483	143,351	(85,868)	-59.9%
Indigent	0	0											0	0	0	#DIV/0!
<b>Gross Patient Revenue</b>	<b>2,701,507</b>	<b>1,783,829</b>	0	0	0	0	0	0	0	0	0	0	<b>4,435,335</b>	<b>4,778,381</b>	<b>(343,046)</b>	<b>-7.2%</b>
Contractual Adjustments	(1,387,126)	(86,489)											(1,473,616)	(2,429,727)	954,111	39.3%
PPS Reconciliation	0	(100,000)											(100,000)	(100,000)	0	0.0%
Other Allowances	(4,083)	4,233											148	(3,932)	4,100	101.8%
<b>Net Patient Revenue</b>	<b>1,310,298</b>	<b>1,549,571</b>	0	0	0	0	0	0	0	0	0	0	<b>2,859,867</b>	<b>2,244,708</b>	<b>615,164</b>	<b>27.4%</b>
<b>Other Revenue</b>																
Incentives & Pay-for-Performance Revenues													0	0	0	#DIV/0!
Capitation Revenue	444,084	442,220											886,304	902,938	(16,634)	-1.8%
Grant Revenue													0	0	0	0.0%
First Responder Program													0	0	0	0.0%
CARE's Funding													0	0	0	0.0%
Meaningful Use													0	0	0	0.0%
<b>Total Other Revenue</b>	<b>444,084</b>	<b>442,220</b>	0	0	0	0	0	0	0	0	0	0	<b>886,304</b>	<b>902,938</b>	<b>(16,634)</b>	<b>-1.8%</b>
<b>Total Net Revenue</b>	<b>1,754,381</b>	<b>1,991,791</b>	0	0	0	0	0	0	0	0	0	0	<b>3,746,172</b>	<b>3,147,621</b>	<b>598,551</b>	<b>19.0%</b>
<b>Operating Expense</b>																
Salaries	707,163	914,327											1,621,490	1,312,167	(309,322)	-23.6%
Benefits	449,533	425,283											874,816	988,900	(114,084)	-11.6%
<b>Total Salaries &amp; Benefits</b>	<b>1,156,696</b>	<b>1,339,609</b>	0	0	0	0	0	0	0	0	0	0	<b>2,496,306</b>	<b>2,301,067</b>	<b>(195,300)</b>	<b>-8.0%</b>
Professional Fees/Registry	132,092	153,275											285,367	171,594	(113,773)	-66.3%
Supplies	23,268	35,037											58,305	152,921	(94,616)	-61.9%
Purchased Services	65,997	134,024											200,021	276,895	(76,875)	-27.8%
Depreciation	18,745	18,745											37,490	45,383	(7,893)	-17.4%
Other Expense	35,155	20,421											55,576	37,815	(17,761)	-31.9%
<b>Total Direct Expense</b>	<b>1,431,752</b>	<b>1,701,111</b>	0	0	0	0	0	0	0	0	0	0	<b>3,152,864</b>	<b>3,005,678</b>	<b>(147,187)</b>	<b>-4.8%</b>
<b>Net Income (Loss)</b>	<b>322,628</b>	<b>290,680</b>	0	0	0	0	0	0	0	0	0	0	<b>613,308</b>	<b>141,943</b>	<b>471,365</b>	<b>332.1%</b>
<b>Revenues from Supplemental Sources</b>																
Public Hospital Redesign													0	0	0	0.0%
Incentives in Medi-Cal (PRIME)	614,083	614,083											1,228,166	1,228,166	0	0.0%
Quality Incentive Program (QIP)													0	0	0	0.0%
<b>Overhead Allocation</b>	<b>472,478</b>	<b>563,387</b>	0	0	0	0	0	0	0	0	0	0	<b>1,035,865</b>	<b>991,873</b>	<b>(43,992)</b>	<b>-4.3%</b>
<b>Net Income (Loss) w/ OH Allocation</b>	<b>444,223</b>	<b>443,398</b>	0	0	0	0	0	0	0	0	0	0	<b>807,824</b>	<b>379,237</b>	<b>428,587</b>	<b>313.0%</b>
													0.539390378			
<b>Key Ratios</b>																
Gross Pt Revenue/Billable Visit	\$ 233.51	\$ 179.10											\$ 208.72	\$ 260.60	\$ (51.88)	-19.9%
Net Patient Service Revenue/Billable Visit	\$ 151.64	\$ 205.74											\$ 176.29	\$ 171.66	\$ 4.63	2.7%
Direct Cost/Billable Visit	\$ 123.76	\$ 175.72											\$ 147.43	\$ 163.92	\$ 16.49	10.1%
Indirect Cost/Billable Visit	\$ 40.84	\$ 57.99											\$ 48.65	\$ 54.09	\$ 5.44	10.1%
Total Medical Cost/Billable Visit	\$ 164.60	\$ 233.70											\$ 196.08	\$ 218.02	\$ 21.94	10.1%
Net Income(Loss)/Billable Visit	\$ 40.13	\$ 35.47											\$ 18.01	\$ 20.61	\$ (2.60)	-12.4%
Total Cost/Patient (1)	\$ 411.49	\$ 584.26											\$ 490.20	\$ 545.04	\$ 54.84	10.1%
Net Pt Rev as % of Gross Rev	48.5%	89.4%											64.5%	47.0%	17.5%	37.3%
Total Net Rev as % of Gross Rev	64.9%	114.9%											84.5%	65.9%	18.6%	28.2%
Benefits as a % of Salaries	63.5%	46.5%											53.9%	75.4%	21.4%	28.4%
Overhead % of Direct Exp	33.0%	33.0%											33.0%	33.0%	0.0%	0.0%

Kris explained all of the Wrap payments associated our MediCal Managed Care business were valued at the new rates and therefore fewer visits meant increased Net Patient Revenues.

Another item of note is the \$100K we have accrued for the Annual PPS Reconciliation. We are accruing about \$50K per month. This accrual shown above in August is for July and August, we expect that number to be \$600K by the end of the year.

Total Net Revenues for the month is \$1.9M which \$442K in capitation. On a YTD basis we are showing after two months a of \$598K. For the month of August, we had total Salaries and Benefits of \$1.3M. Kris advised the reason for this that Provider Incentives for the month of June 2020 and July 2020, in excess of \$200K are included in this figure. Kris will be reclassifying in the audited financials for June, the portion of that that belongs to June 2020. On a YTD basis, we had an unfavorable variance to budget of \$195K. Total Direct Expenses for the month of August were \$1.7M. Net Income for the month is \$290,680, and when we attach the Supplemental Revenues of \$614K, which is a very conservative accrual for QIP, and also attach the Overhead Allocation for FY20/21, is now valued at 33% of Total Direct Expenses. We arrive at a Net Income for the month of August of \$343,396.

**V. Accounts Receivables Status / KPI (Kris Zuniga, SJCC CFO)**

PFS Accounts Receivable Aging Analysis For SJCC For the Month of August 2020								
Aging Category	MediCare	MediCal	Commercial	Self Pay	Total Aging This Month	Total Aging Last Month	\$ Increase (Decrease)	% Increase (Decrease)
Accrued Receivables					-	0	0	0.00%
1-30 Days	52,826	1,493,629	73,270	176	1,619,901	1,421,720	198,180	13.94%
31-60 Days	55,237	85,114	99,965	1,494	241,810	400,900	(159,090)	-39.68%
61-90 Days	123,650	110,300	118,263	684	352,897	318,462	34,435	10.81%
91-120 Days	113,627	61,812	115,531	112	291,083	228,854	62,229	27.19%
121-180 Days	70,270	225,659	108,278	0	404,207	537,272	(133,065)	-24.77%
181-240 Days	176,439	368,094	79,174	(17,032)	606,675	668,110	(61,434)	-9.20%
241-270 Days	0	0	0	0	0	1,133,487	(1,133,487)	-100.00%
271-365 Days	0	0	0	0	0	423,283	(423,283)	-100.00%
366 Days & Over	0	0	0	0	0	155,780	(155,780)	-100.00%
	26%	64%	8%	2%				
Total FC This Month	592,050	2,344,608	594,481	(14,566)	3,516,573	5,287,868	(1,771,295)	-33.50%
Total FC Last Month	985,749	3,401,587	714,295	186,237	5,287,868			
\$ Increase (Decrease)	(393,699)	(1,056,979)	(119,815)	(200,803)	(1,771,295)			
% Increase (Decrease)	-39.94%	-31.07%	-16.77%	-107.82%	-33.50%			
PFS Key Performance Indicators for SJCC								
	August	July	June	May	April	March	February	Increase (Decrease)
Gross A/R Days	49	41	51	57	76	92	106	8
Net A/R	1,898,949	2,220,764	2,502,157	2,297,224	2,773,469	2,418,439	5,121,559	(321,814)
Net A/R Days	52	48	46	36	40	63	88	4

We have Total Gross A/R of \$3.5M, that nets out to roughly \$1.9M in Net A/R Net Collectable Revenues.

Below is the report for 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
2020-01	12.71	67.17	79.87
2020-02	7.27	65.97	73.24
2020-03	5.49	47.57	53.06
2020-04	12.32	29.64	41.96
2020-05	7.45	19.08	26.52
2020-06	7.69	19.97	27.65
2020-07	5.85	17.83	23.69
2020-08	7.60	17.32	24.93
<b>Grand Total</b>	<b>8.62</b>	<b>45.21</b>	<b>53.83</b>

Kris advised overall we observe that it is taking EMMI approximately 53 days for paid accounts to be paid. From service date to claim date, it is less than 9 days for that to happen and our HRSA regulations require that to happen within 14 days.

**VI. Adjournment (Rod Place, SJCC Board Chair)**

There being no further discussion, Rod Place adjourned the meeting at 4:40 p.m.

Attachments: Finance Agenda 10.26.20  
Minutes of September 28, 2020  
AR Aging Analysis For the Month of August 2020  
EMMI Collection Time Report 2020-08  
Finance Narrative – 2020-08  
Fiscal Year 2020-2021 Budget – EPSI  
Income Statement 2020-08  
Income Statement by Cost Center 2020-08



San Joaquin County Clinics  
Financial Statement Comments  
Year to Date through September 2020

**Summary of Clinics Year to Date**

Billable visits through September were favorable to budget by 4,996 visits, or 19% greater than budget. Net patient revenues are \$1.3MM greater than budget primarily associated with large Medi-Cal Code 18 increases effective July 15, 2020 and greater than expected visits. A liability associated with the annual PPS reconciliation is being accrued at \$50K per month. September financials include a year-to-date PPS reconciliation liability accrual of \$150,000.

Year-to-date capitation is in line with budget exhibiting a minimal unfavorable variance of \$9,673. Thus, total net revenues are greater than budget by \$1,324,165.

Salaries and benefits expenses are greater than budget by \$142,983, or 4.1%. This unfavorable variance can be attributed to the greater than expected patient volumes.

Other operating expenses exhibit a year-to-date favorable variance of \$107,296 largely due to a professional fees unfavorable variance of \$43,380 offset by favorable variances in supplies and purchased services of \$115,096 and \$24,679, respectively.

The Clinic financials include conservative, estimated FYTD supplemental revenues earned by the Clinics in the amount of \$1,842,248 for the Quality Incentive Program.

Unaudited net income inclusive of the estimated overhead allocation is \$1,557,030 on a year-to-date basis which is greater than budget by \$1,276,700.

**Additional Factors Impacting Clinic Performance Presentation**

- Estimated hospital overhead allocated to the clinics has been changed to 33% of direct expenses.

San Joaquin County Clinics  
Income Statement  
As of September 30, 2020

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Year to Date			
													YTD Actual	YTD Budget	Variance	% Var
<b>Total Visits</b>	13,515	11,195	11,861										36,571	27,389	9,182	33.5%
<b>Billable Visits</b>	11,569	9,681	10,025										31,275	26,279	4,996	19.0%
<b>Patient Revenue</b>																
Medicare	131,541	27,929	28,358										187,828	753,299	(565,471)	-75.1%
Medi-Cal Fee-for-Service	460,856	229,265	224,964										915,086	821,780	93,305	11.4%
Medi-Cal Managed Care	2,062,848	1,356,553	1,133,058										4,552,459	4,999,164	(446,705)	-8.9%
Insurance	51,883	56,976	64,627										173,486	68,482	105,004	153.3%
Self Pay	(5,622)	63,105	29,973										87,456	205,445	(117,989)	-57.4%
Indigent	0	0	0										0	0	0	#DIV/0!
<b>Gross Patient Revenue</b>	<b>2,701,507</b>	<b>1,733,829</b>	<b>1,480,979</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5,916,314</b>	<b>6,848,169</b>	<b>(931,856)</b>	<b>-13.6%</b>
Contractual Adjustments	(1,387,128)	(88,489)	115,869										(1,359,747)	(3,623,925)	2,264,178	62.5%
PPS Reconciliation	0	(100,000)	(50,000)										(150,000)	(150,000)	0	0.0%
Other Allowances	(4,083)	4,231	(4,528)										(4,379)	(5,895)	1,516	25.7%
<b>Net Patient Revenue</b>	<b>1,310,296</b>	<b>1,549,571</b>	<b>1,542,320</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,402,187</b>	<b>3,068,349</b>	<b>1,333,838</b>	<b>43.5%</b>
<b>Other Revenue</b>																
Incentives & Pay-For-Performance Revenues													0	0	0	#DIV/0!
Capitation Revenue	444,084	442,220	451,024										1,337,328	1,347,001	(9,673)	-0.7%
Grant Revenue													0	0	0	
First Responder Program													0	0	0	
CARES Funding													0	0	0	
Meaningful Use													0	0	0	
<b>Total Other Revenue</b>	<b>444,084</b>	<b>442,220</b>	<b>451,024</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,337,328</b>	<b>1,347,001</b>	<b>(9,673)</b>	<b>-0.7%</b>
<b>Total Net Revenue</b>	<b>1,754,381</b>	<b>1,991,791</b>	<b>1,993,344</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5,739,516</b>	<b>4,415,351</b>	<b>1,324,165</b>	<b>30.0%</b>
<b>Operating Expense</b>																
Salaries	707,163	914,327	677,400										2,298,890	1,945,487	(353,402)	-18.2%
Benefits	449,333	425,283	417,536										1,292,152	1,502,571	210,419	14.0%
<b>Total Salaries &amp; Benefits</b>	<b>1,156,496</b>	<b>1,339,609</b>	<b>1,094,936</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,591,042</b>	<b>3,448,058</b>	<b>(142,983)</b>	<b>-4.1%</b>
Professional Fees/Registry	132,092	153,275	13,416										298,783	255,403	(43,380)	-17.0%
Supplies	23,268	35,037	48,371										106,676	221,772	115,096	51.9%
Purchased Services	65,997	134,024	190,644										390,664	415,343	24,679	5.9%
Depreciation	18,745	18,745	18,745										56,235	68,070	11,835	17.4%
Other Expense	35,155	20,421	30,900										86,476	85,542	(934)	-1.1%
<b>Total Direct Expense</b>	<b>1,431,752</b>	<b>1,701,111</b>	<b>1,397,012</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,529,875</b>	<b>4,494,188</b>	<b>(35,688)</b>	<b>-0.8%</b>
<b>Net Income (Loss)</b>	<b>322,628</b>	<b>290,680</b>	<b>596,332</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,209,640</b>	<b>(78,837)</b>	<b>1,288,477</b>	<b>1634.4%</b>
<b>Revenues from Supplemental Sources</b>																
Public Hospital Redesign and Incentives in Medi-Cal (PRIME)													0	0	0	
Quality Incentive Program (QIP)	614,083	614,083	614,083										1,842,248	1,842,248	0	
Overhead Allocation	472,478	561,367	461,014	0	0	0	0	0	0	0	0	0	1,494,859	1,483,082	(11,777)	-0.8%
<b>Net Income (Loss) w/ OH Allocation</b>	<b>464,233</b>	<b>343,396</b>	<b>749,401</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,557,030</b>	<b>280,329</b>	<b>1,276,700</b>	<b>-455.4%</b>

Key Ratios																			
Gross Pt Revenue/Billable Visit	\$	233.51	\$	179.10	\$	147.73							\$	189.17	\$	260.59	\$	(71.42)	-27.4%
Net Patient Service Revenue/Billable Visit	\$	151.64	\$	205.74	\$	198.84							\$	183.52	\$	168.02	\$	15.50	9.2%
Direct Costs/Billable Visit	\$	123.76	\$	175.72	\$	139.35							\$	144.84	\$	171.02	\$	26.18	15.3%
Indirect Costs/Billable Visit	\$	40.84	\$	57.99	\$	45.99							\$	47.80	\$	56.44	\$	8.64	15.3%
Total Medical Cost/Billable Visit	\$	164.60	\$	233.70	\$	185.34							\$	192.64	\$	227.45	\$	34.82	15.3%
Net Income(Loss)/Billable Visit	\$	40.13	\$	35.47	\$	74.75							\$	49.79	\$	10.67	\$	(39.12)	-366.7%
Total Cost/Patient (1)	\$	411.49	\$	584.26	\$	463.35							\$	481.59	\$	568.64	\$	87.04	15.3%
Net Pt Rev as % of Gross Rev		48.5%		89.4%		104.1%								74.4%		44.8%		29.6%	66.1%
Total Net Rev as % of Gross Rev		64.9%		114.9%		134.6%								97.0%		64.5%		32.5%	50.5%
Benefits as a % of Salaries		63.5%		46.5%		61.6%								56.2%		77.2%		21.0%	27.2%
Overhead % of Direct Exp		33.0%		33.0%		33.0%								33.0%		33.0%		0.0%	0.0%

San Joaquin General Hospital-FQHC LAL Clinics  
Income Statement  
For the YTD Ending  
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	Children's Health Services (#7080)	Family Medicine (#7092)	Family Practice - Ca (#7093)	Primary Medicine (#7096)	Healthy Beginnings - Ca (#7182)	Healthy Beginnings French Camp (#7183)	Hazeltan Clinic (#7184)	Manteca Clinic (#7185)	FQ Grants	FQ Admin	Total	YTD Budget	YTD Variance - Fav (Unf)	% Var - Fav (Unf)
Total Visits	5,069	11,676	1,248	12,716	4,447	1,415	0	0	-		36,571	27,389	9,182	33.5%
Billable Visits	4,614	7,253	1,198	12,357	4,447	1,406	0	0			31,275	26,279	4,996	19.0%
Productive FTEs (Provider)	4.1	2.7	1.2	9.2	4.0	1.7	0.0	0.0			22.9	20.0	(2.9)	-14.7%
Productive FTEs (Non-Provider)	13.3	13.1	5.2	12.4	6.3	4.9	2.6	4.1	18.1		79.9	75.5	(4.4)	-5.9%
Total FTEs	17.4	15.8	6.4	21.6	10.2	6.6	2.6	4.1	18.1		102.9	95.5	(7.4)	-7.7%
Total Hours/Visit	2.21	5.30	2.00	2.66	2.21	1.63	-	-	0.00		2.70	2.61	(0.10)	-3.7%
<b>Patient Revenue</b>														
Medicare	1,728	65,135	10,326	93,877	13,726	4,814	(863)	(915)	0		187,828	753,299	(565,470)	-75.1%
Medi-Cal	240,795	145,943	16,412	148,730	268,478	83,939	1,967	8,822	0		915,086	821,780	93,305	11.4%
Medi-Cal Managed Care	1,321,519	834,373	170,534	1,328,959	656,965	233,271	218	6,619	0		4,552,459	4,999,164	(446,705)	-8.9%
Insurance	16,245	44,343	1,767	99,533	3,472	6,797	3,605	(2,277)	0		173,486	68,482	105,004	153.3%
Self Pay	(1,382)	24,166	8,006	41,885	18,263	11,887	(4,067)	(11,302)	0		87,456	205,445	(117,990)	-57.4%
Indigent	0	0	0	0	0	0	0	0	0		0	0	0	#DIV/0!
Gross Revenue	1,578,904	1,113,961	207,045	1,712,984	960,904	340,707	860	947	0	0	5,916,314	6,848,169	(931,857)	-13.6%
Contractual Adjustments	(497,334)	(106,282)	(1,783)	(525,532)	(207,715)	93,331	(33,373)	(81,058)	0	0	(1,359,747)	(1,981,671)	621,924	31.4%
PPS Reconciliation	(26,538)	(40,299)	(9,829)	(38,333)	(15,535)	(19,467)	0	0	0	0	(150,000)	(150,000)	0	0.0%
Other Allowances	78	(1,077)	(5,574)	723	(156)	193	0	1,433	0	0	(4,379)	(5,895)	1,516	25.7%
Net Patient Revenue	1,055,110	966,303	189,860	1,149,842	737,499	414,765	(32,512)	(78,678)	0	0	4,402,187	3,068,349	1,333,837	43.5%
Incentives & Pay-For-Performance Revenues											0	0	0	
Physician Capitation- PMPM	224,969	306,411	54,630	506,462	185,492	59,364	0	0			1,337,328	1,347,001	(9,673)	-0.7%
	1,280,079	1,272,714	244,489	1,656,304	922,990	474,129	(32,512)	(78,678)	0	0	5,739,516	4,415,351	1,324,164	30.0%
Other Revenue	0	0	0	0	0	0	0	0	0	0	0	0	0	100.0%
Total Operating Revenue	1,280,079	1,272,714	244,489	1,656,304	922,990	474,129	(32,512)	(78,678)	0	0	5,739,516	4,415,351	1,324,164	30.0%
	-	-	-	(0.00)	-	-	-	-			-			
<b>Expenses</b>														
Salaries	335,847	319,347	187,481	590,190	275,726	157,331	0	0	0	432,968	2,298,890	1,945,487	(353,402)	-18.2%
Benefits	214,526	176,113	131,181	235,879	148,776	105,033	0	0	0	280,644	1,292,152	1,502,571	210,419	14.0%
Total Salaries & Benefits	550,373	495,460	318,662	826,070	424,502	262,364	0	0	0	713,612	3,591,042	3,448,058	(142,983)	-4.1%
Professional Fees/Registration	13,255	58,503	0	29,172	0	0	0	0	0	197,854	298,783	255,403	(43,380)	-17.0%
Supplies	6,150	18,177	6,464	14,285	30,088	14,730	0	0	0	16,781	106,676	221,772	115,096	51.9%
Purchased Services	10,829	265	4,970	278	6,377	370	0	0	0	367,575	390,664	415,343	24,679	5.9%
Depreciation	1,842	5,577	448	408	3,415	7,215	0	0	0	37,329	56,235	68,070	11,835	17.4%
Other Expense	25,857	5,499	9,166	1,305	11,678	2,228	0	0	0	30,743	86,476	85,542	(934)	-1.1%
Total Expenses	608,306	583,482	339,709	871,517	476,060	286,906	0	0	0	1,363,895	4,529,875	4,494,188	(35,688)	-0.8%
Allocation of Direct Admin Exp	364,098	256,881	47,745	395,017	221,586	78,568	0	0	0	(1,363,895)	0	0	0	0.0%
Total Expenses excl Hosp OH	972,404	840,363	387,454	1,266,534	697,646	365,474	0	0	0	-	4,529,875	4,494,188	(35,688)	-0.8%
Profit/(Loss) before Hosp OH	307,676	432,351	(142,965)	389,770	225,344	108,655	(32,512)	(78,678)	0	-	1,209,641	(78,837)	1,288,478	1634.4%
<b>Revenues from Supplemental Sources</b>														
Public Hospital Redesign and Incentives in Medi-Cal (PRIME)											0	0	0	
Quality Incentive Program (QIP)	309,909	422,099	75,255	697,682	255,526	81,778					1,842,248	1,842,248	0	0.0%
Overhead Allocation	320,893	277,320	127,860	417,956	230,223	120,606	0	0	0	0	1,494,859	1,483,082	(11,777)	-0.8%
Net Income (Loss)	296,691	577,130	(195,570)	669,495	250,646	69,827	(32,512)	(78,678)	0	0	1,557,030	280,329	1,276,701	455.4%

San Joaquin General Hospital-FQHC LAL Clinics

Income Statement

For the YTD Ending

September 30, 2020

	<u>Children's</u> <u>Health Services</u> <u>(#7080)</u>	<u>Family</u> <u>Medicine</u> <u>(#7092)</u>	<u>Family Practice</u> <u>Calif St (#7093)</u>	<u>Primary</u> <u>Medicine</u> <u>(#7096)</u>	<u>Healthy</u> <u>Beginnings</u> <u>California</u> <u>Street (#7182)</u>	<u>Healthy</u> <u>Beginnings</u> <u>French Camp</u> <u>(#7183)</u>	<u>FQ Admin</u>	<u>Total</u>	<u>YTD Budget</u>	<u>YTD Variance</u>	<u>% Var - Fav</u> <u>(Unf)</u>
<b>Key Ratios</b>											
Net Pt Rev as % of Gross Rev	66.8%	86.7%	91.7%	67.1%	76.8%	121.7%	0.0%	74.4%	44.8%	29.6%	66.1%
Total Net Rev as % of Gross Rev	81.1%	114.3%	118.1%	96.7%	96.1%	139.2%	0.0%	97.0%	64.5%	32.5%	50.5%
Benefits as a % of Salaries	63.9%	55.1%	70.0%	40.0%	54.0%	66.8%	64.8%	56.2%	77.2%	21.0%	27.2%
Overhead % of Direct Expenses	52.8%	47.5%	37.6%	48.0%	48.4%	42.0%	0.0%	33.0%	33.0%	0.0%	0.0%
Gross Revenue per Billable Visit	342.20	153.59	172.83	138.62	216.08	242.32	0.00	189.17	260.59	(71.42)	-27.4%
Net Revenue per Billable Visit	277.43	175.47	204.08	134.04	207.55	337.22	0.00	183.52	168.02	15.50	9.2%
Direct Costs/Billable Visit	131.84	80.45	283.56	70.53	107.05	204.06	0.00	144.84	171.02	26.18	15.3%
Indirect Costs/Billable Visit	69.55	38.24	106.73	33.82	51.77	85.78	0.00	47.80	56.44	8.64	15.3%
Net Income(Loss)/Billable Visit	64.30	79.57	(163.25)	54.18	56.36	49.66	0.00	49.79	10.67	39.12	-366.7%
<b>Payer Mix</b>											
Medicare	0.1%	5.8%	5.0%	5.5%	1.4%	1.4%	0.0%	3.2%	11.0%	-7.8%	-71.1%
Medi-Cal	15.3%	13.1%	7.9%	8.7%	27.9%	24.6%	0.0%	15.5%	12.0%	3.5%	28.9%
Medi-Cal Managed Care	83.7%	74.9%	82.4%	77.6%	68.4%	68.5%	0.0%	76.9%	73.0%	3.9%	5.4%
Insurance	1.0%	4.0%	0.9%	5.8%	0.4%	2.0%	0.0%	2.9%	1.0%	1.9%	193.2%
Self Pay / Indigent	-0.1%	2.2%	3.9%	2.4%	1.9%	3.5%	0.0%	1.5%	3.0%	-1.5%	-50.7%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	0.0%	0.0%

(1) Average Visits per Patient is 2.5; per a study conducted by the ACS Director

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
2020-01	12.76	99.28	112.04
2020-02	7.24	89.55	96.79
2020-03	5.51	72.65	78.16
2020-04	11.84	54.42	66.25
2020-05	7.62	21.78	29.40
2020-06	7.92	30.67	38.59
2020-07	9.87	18.03	27.91
2020-08	8.63	19.83	28.46
2020-09	7.48	17.01	24.49
<b>Grand Total</b>	<b>9.06</b>	<b>62.85</b>	<b>71.90</b>

PFS Accounts Receivable Aging Analysis For SJCC For the Month of September 2020								
Aging Category	MediCare	MediCal	Commercial	Self Pay	Total Aging This Month	Total Aging Last Month	\$ Increase (Decrease)	% Increase (Decrease)
Accrued Receivables					-	0	0	0.00%
1-30 Days	85,807	1,630,549	76,869	0	1,793,226	1,619,901	173,325	10.70%
31-60 Days	25,071	63,683	70,493	0	159,247	241,810	(82,562)	-34.14%
61-90 Days	25,034	53,653	95,479	0	174,166	352,897	(178,731)	-50.65%
91-120 Days	101,562	47,526	114,192	0	263,280	291,083	(27,803)	-9.55%
121-180 Days	120,926	72,617	189,745	0	383,288	404,207	(20,919)	-5.18%
181-240 Days	97,784	13,527	58,804	0	170,115	606,675	(436,560)	-71.96%
241-270 Days	76,551	7,172	39,255	(24,042)	98,936	320,306	(221,370)	-69.11%
271-365 Days	108,028	653,325	56,408	45,411	863,172	1,156,195	(293,023)	-25.34%
366 Days & Over	100,054	504,504	73,292	163,647	841,496	137,190	704,307	513.38%
Total FC This Month	26% 740,818	64% 3,046,556	8% 774,536	2% 185,016	4,746,926	5,130,262	(383,336)	-7.47%
Total FC Last Month	879,866	3,315,307	738,475	196,613	5,130,262			
\$ Increase (Decrease)	(139,049)	(268,751)	36,060	(11,597)	(383,336)			
% Increase (Decrease)	-15.80%	-8.11%	4.88%	-5.90%	-7.47%			
Monthly Management Summary								
September Activity	Beginning 5,130,262	Charges 2,329,609	Payments (1,850,381)	Adjustments (862,565)	Ending Gross 4,746,926			
PFS Key Performance Indicators for SJCC								
	September	August	July	June	May	April	March	Increase (Decrease)
Gross A/R Days	66	72	79	101	104	130	92	(6)
Net A/R	1,842,401	1,979,634	2,220,764	2,502,157	2,297,224	2,773,469	2,418,439	(137,232)
Net A/R Days	50	55	66	77	74	92	63	(5)



# San Joaquin County Clinics Sliding Fee Discount Program



FISCAL SOLUTIONS LLC

Susan Thorner, MHSA  
November 24, 2020

# Learning Objectives

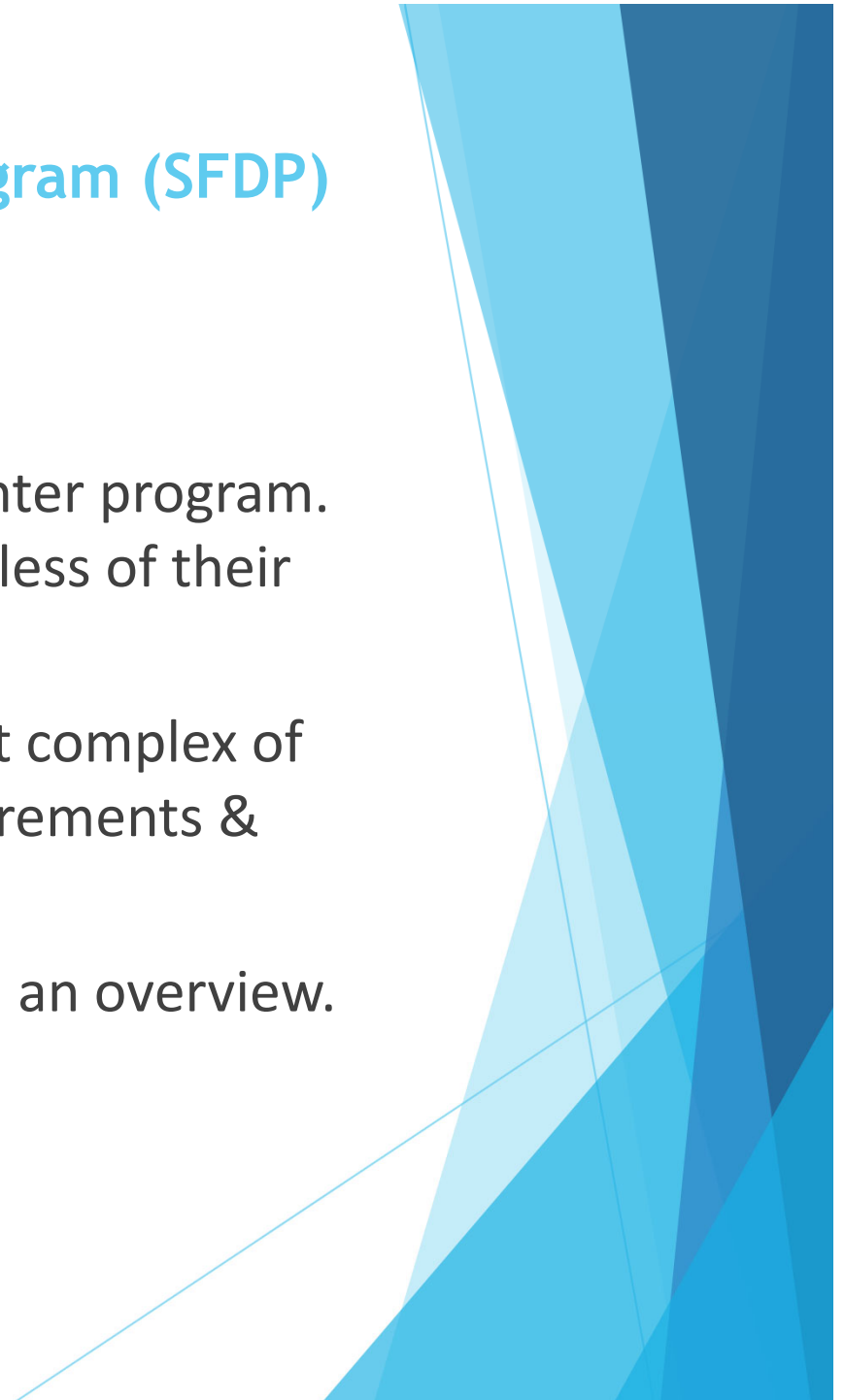
- ▶ To understand BPHC's requirements re the sliding fee discount program (SFDP) &
- ▶ To understand the board role & responsibilities re SFDP.

## The Sliding Fee Discount Program (SFDP)

... is a cornerstone of the health center program. It ensures access to patients regardless of their ability to pay for services.

This requirement is one of the most complex of all the health center program requirements & includes many components.

This training is intended to give you an overview.



# Summary of BPHC Requirements re the SFDP

- ▶ The health center must operate in a manner such that no patient shall be denied service due to an individual's inability to pay.
- ▶ The SFDP must include a corresponding schedule of discounts [sliding fee discount schedule (SFDS)] by which discounts are adjusted on the basis of the patient's ability to pay.
- ▶ The health center's schedule of discounts must provide for:
  - A full discount to individuals & families with annual incomes at or below those set forth in the most recent Federal Poverty Guidelines (FPG) [100% of the FPG], except that nominal charges for service may be collected from such individuals & families where imposition of such fees is consistent with project goals; &
  - No discount to individuals & families with annual incomes greater 200% of the FPG.

# Demonstrating Compliance

***A health center would demonstrate compliance with these requirements by fulfilling the following: (See HRSA Compliance Manual for complete list)***

- ▶ The health center has a sliding fee discount program that applies to all required & additional health services within the HRSA-approved scope of project for which there are distinct fees.
- ▶ The health center has board-approved policy(ies) for its sliding fee discount program that apply uniformly to all patients & address the following areas:
  - Definitions of income & family;
  - Assessment of all patients for sliding fee discount eligibility based only on income & family size, including methods for making such assessments;

# Demonstrating Compliance

- ▶ The manner in which the health center's sliding fee discount schedule(s) (SFDS(s)) will be structured in order to ensure that patient charges are adjusted based on ability to pay; &
- ▶ *Only applicable to health centers that choose to have a nominal charge for patients at or below 100% of the FPG:* The setting of a **flat nominal charge(s)** at a level that would be nominal from the **perspective of the patient** (for example, based on input from patient board members, patient surveys, advisory committees, or a review of co-pay amount(s) associated with Medicare & Medicaid for patients with comparable incomes) & **would not reflect the actual cost of the service being provided.**

# Demonstrating Compliance

- ▶ For health centers that choose to have more than one SFDS, these SFDSs would be based on services (for example, having separate SFDSs for broad service types, such as medical & dental, or distinct subcategories of service types, such as preventive dental & additional dental services) &/or on service delivery methods (for example, having separate SFDSs for services provided directly by the health center & for in-scope services provided via formal written contract) & no other factors.
- ▶ The health center's SFDS(s) has incorporated the most recent FPG.

# Demonstrating Compliance

- ▶ For in-scope services provided via contracts (Form 5A: Services Provided, Column II, Formal Written Contract/Agreement) and For services provided via formal referral arrangements (Form 5A: Services Provided, Column III) the health center ensures that fees for such services are discounted per HRSA's Compliance Manual.



# The Board Role & Responsibilities

- ▶ The Board is responsible for approving the SFDP policies once every 3 years.
  - Collects utilization data that allows it to assess the rate at which patients within each of its discount pay classes, as well as those at or below 100% of the FPG, are accessing health center services;
  - Utilizes this &, if applicable, other data (for example, results of patient satisfaction surveys or focus groups, surveys of patients at various income levels) to evaluate the effectiveness of its sliding fee discount program in reducing financial barriers to care; &
  - Identifies & implements changes as needed.

# The Board Role & Responsibilities

- ▶ The Board is responsible for adopting policy for eligibility for services including the criteria for partial payment schedules.
- ▶ If the health center chooses to have a nominal fee, the board is responsible for ensuring that the fee would be considered nominal from the perspective of the patient (for example, based on input from patient board members, patient surveys, advisory committees, etc.).

# Resources

- ▶ The Health Center Program Compliance Manual  
<https://bphc.hrsa.gov/programrequirements/compliancemanual/>
- ▶ The Operational Site Visit Protocol  
<https://bphc.hrsa.gov/programrequirements/svprotocol>



► Questions?

# 2021 Calendar - FQHC Board Meetings

January							February							March							April						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
27	28	29	30	31	1	2	31	1	2	3	4	5	6	28	1	2	3	4	5	6	28	29	30	31	1	2	3
3	4	5	6	7	8	9	7	8	9	10	11	12	13	7	8	9	10	11	12	13	4	5	6	7	8	9	10
10	11	12	13	14	15	16	14	15	16	17	18	19	20	14	15	16	17	18	19	20	11	12	13	14	15	16	17
17	18	19	20	21	22	23	21	22	23	24	25	26	27	21	22	23	24	25	26	27	18	19	20	21	22	23	24
24	25	26	27	28	29	30	28	1	2	3	4	5	6	28	29	30	31	1	2	3	25	26	27	28	29	30	1
31	1	2	3	4	5	6																					
May							June							July							August						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
25	26	27	28	29	30	1	30	31	1	2	3	4	5	27	28	29	30	1	2	3	1	2	3	4	5	6	7
2	3	4	5	6	7	8	6	7	8	9	10	11	12	4	5	6	7	8	9	10	8	9	10	11	12	13	14
9	10	11	12	13	14	15	13	14	15	16	17	18	19	11	12	13	14	15	16	17	15	16	17	18	19	20	21
16	17	18	19	20	21	22	20	21	22	23	24	25	26	18	19	20	21	22	23	24	22	23	24	25	26	27	28
23	24	25	26	27	28	29	27	28	29	30	1	2	3	25	26	27	28	29	30	31	29	30	31	1	2	3	4
30	31	1	2	3	4	5																					
September							October							November							December						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
29	30	31	1	2	3	4	26	27	28	29	30	1	2	31	1	2	3	4	5	6	28	29	30	1	2	3	4
5	6	7	8	9	10	11	3	4	5	6	7	8	9	7	8	9	10	11	12	13	5	6	7	8	9	10	11
12	13	14	15	16	17	18	10	11	12	13	14	15	16	14	15	16	17	18	19	20	12	13	14	15	16	17	18
19	20	21	22	23	24	25	17	18	19	20	21	22	23	21	22	23	24	25	26	27	19	20	21	22	23	24	25
26	27	28	29	30	1	2	24	25	26	27	28	29	30	28	29	30	1	2	3	4	26	27	28	29	30	31	1
							31	1	2	3	4	5	6														

# CEO Report – Previous 30 Days

9

- COVID19 response

- Drive-through testing with Verily Project Baseline (contract with State of CA ends 12/31)
  - 250 scheduled/day, 5 days/week (volumes down to 50ish daily)
  - Transition to HR Support as County's vendor
- Homeless and ag worker testing 7 days/week
- Twindemic prevention – drive-through flu shots 6 days/week
- COVID vaccine planning underway

- SJCC/SJGH separation

- Working with SJC ACO, SJC CAO, SJC Counsel, and SJGH CEO/CFO
- Detailed updates provided to SJCC Board Audit Committee

- Grant activity

- Proposition 56 Value-Based Payment Behavioral Health Integration Incentive Program (Health Plan of San Joaquin)  
\$2,214,604 Effective December 1, 2020 Through December 31, 2022