OCTOBER 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	* Neeta Shroff, MD	Pediatrics	Graduated: Drexel University: 2016	Y	Jain	Provisional	CRED: 10/06/2020
			Residency: Hofstra Northwell Zucker School: 2019				MEC: 10/20/2020
							Board: 11/02/2020
			Board Certified: Pediatrics				
			·				
Initial	* Mindy Brown-Lechner, CNM	OB/GYN	Frontier Nursing University: 2020	Y	Lim	AHP	CRED: 10/06/2020
							MEC: 10/20/2020
							Board: 11/02/2020
			·				
Initial	* Toni Amundsen, CNM	OB/GYN	California State University Fullerton: 2010	Υ	Lim	AHP	CRED: 10/06/2020
			Residency: Hofstra Northwell Zucker School: 2019				MEC: 10/20/2020
			,				Board: 11/02/2020

*Temporary Privileges Neeta Shroff, MD	Department Pediatrics	Reason for Temporary Privileges: Patient volume exceeds the number of current physicians available in service area
Mindy Brown-Lechner, CNM	OB/GYN	Patient volume exceeds the number of current physicians available in service area
Toni Amundsen, CNM	OB/GYN	Patient volume exceeds the number of current physicians available in service area

REAPPOINTMENTS OCTOBER 2020

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

Membership Request	Name	Specialty/ Assigned Div/Dept	Quantitative/Qualitative Factors Request for Privileges and/or Privilege Change	•	Rec. Staff Category/ Reappoint Period	Recommend
Reappointment	Ala Elayyan, MD	Pediatrics	Requirements for Active Staff Met	None	Active 12/2020 to 12/2022	CRED: 10/06/2020 MEC: 10/20/2020 Board: 11/03/2020
Reappointment	Shabneet Hira-Brar, MD	Psychiatry Internal Medicine	Requirements for Active Staff Met	None	Active 12/2020 to 12/2022	CRED: 10/06/2020 MEC: 10/20/2020 Board: 11/03/2020
Reappointment	Maureen Abaray, NP	Family Medicine	Requirements for AHP Staff Met	None	AHP 12/20 to 12/22 11/2020 to 11/2022	CRED: 10/06/2020 MEC: 10/20/2020 Board: 11/03/2020

ADVANCEMENTS OCTOBER 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		Current Category of Membership	Recommended Category	Reason	Recommend
Sabhrup Biring, MD	Family Medicine	Provisional	Active	J 1	CRED: 10/06/2020
					MEC: 10/20/2020
					Board: 11/03/2020

RESIGNATIONS OCTOBER 2020

Name	Reason for Resignation:	Effective Date of Resignation					
Spencer Wong, MD	Resignation Received	Oct-20					
Lorena Behrman, NP	Resignation Received	Oct-20					
Tamira Zarza, CNM	Resignation Received	Oct-20					

INITIAL APPOINTMENTS SEPTEMBER 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.

			Proctoring		Pac	
	~		•		7.7	Recommend
Name	1 111		rtoquirou	rioctoi	Otatas/Term	Recommend
		The initial Appointments on the report				
		•	Assigned	Assigned Proctoring Name Div/Dept Competency / Privilege Review Required	Assigned Proctoring Name Competency / Privilege Review Proctor	Assigned Proctoring Rec Name Div/Dept Competency / Privilege Review Proctor Status/Term

REAPPOINTMENTS SEPTEMBER 2020

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

Membership Request	Name	•	Quantitative/Qualitative Factors Request for Privileges and/or Privilege Change	•	Rec. Staff Category/ Reappoint Period	Recommend
Reappointment	Rowena Korobkin, MD	Pediatric	Requirements for Consulting Staff Met		11/2020 to 11/2022	CRED: 09/01/2020 MEC: 09/15/2020 Board:10/06/2020

ADVANCEMENTS SEPTEMBER 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		Current Category of Membership	Recommended Category	Reason	Recommend
	No Advancements on this report				

RESIGNATIONS SEPTEMBER 2020

Name	Reason for Resignation:	Effective Date of Resignation					
Ramona Bahnam, MD	Resignation Received	Sep-20					
Rahul Paryani, MD	Resignation Received	Sep-20					



Join Microsoft Teams Meeting

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Conference ID: 710 946 401#

Agenda

1.	Call to order		Brian Heck	1 min
2.	Approval of Minutes from September 29, 2020	*	Brian Heck	1 min
3.	Independent Auditor Selection		Kris Zuniga	10 mins
4.	SJCC Separation Update		Kris Zuniga	20 mins
5.	Adjournment		Brian Heck	1 min

* Action Item

Next Meeting: November 24, 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) Audit Committee Minutes of September 29, 2020 Meeting

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

Present

Rod Place (SJCC Board Chair); Brian Heck (SJCC Board Member); Dr. Farhan Fadoo (SJCC CEO); Alice Souligne (SJCC COO); Kris Zuniga (SJCC CFO); Adelé Gribble (SJCC ACS OTC)

1. Call to Order

This inaugural meeting of the SJCC Audit Subcommittee was called to order by Rod Place at 4:06 p.m. Today we will discuss our Audit Committee Function, go over the Audit Committee Composition and Meeting Frequency, the process of selecting an independent auditor as well as the separation of San Joaquin County Clinics (SJCC) from San Joaquin General Hospital (SJGH).

2. Review of SJCC Bylaws: Article VIII - Section 8 (Kris Zuniga, FQHC CFO)

Kris Zuniga advised they looked to SJCC's Bylaws for the function of our Audit Committee, specifically Article VIII – Section 8 of our Bylaws. This reads as follows:

The corporation shall have an Audit Committee consisting of at least three (3) directors and may include nonvoting advisors. Directors who are officers of the corporation or who receive, directly or indirectly, any consulting, advisory, or other compensatory fees from the corporation (other than for service as director) may not serve on the audit committee. The Audit Committee shall perform the duties and adhere to the guidelines set forth in the corporation's audit policy guidelines as amended from time to time by the board. Such duties include, but are not limited to:

- (a) Assisting the Board in choosing an independent auditor and recommending termination of the auditor, if necessary;
- (b) Negotiating the independent auditor's compensation;
- (c) Conferring with the independent auditor regarding the corporation's financial affairs: and
- (d) Reviewing and accepting or rejecting the independent auditor's report.

Members of the Audit Committee may be compensated for their service on the Audit Committee in excess of that provided to directors for their service ono the board. If the corporation has a Finance Committee, a majority of the Audit Committee may not concurrently serve as member of Finance Committee, and the chair of the Audit Committee may not serve on the Finance Committee.

Rod Place asked for clarification that there needs to be three members on the Audit Committee. He asked if they all need to be part of the Board. Kris stated this is correct, they need to be Board Members but can also include nonvoting advisors, such as Dr. Fadoo and Kris or anyone else. Kris advised if someone is on the Audit Committee, and not the Chair, they could also serve on the Finance Committee.

3. Audit Committee Composition (Kris Zuniga, FQHC CFO)

The suggested Audit Committee members are Rod Place and Brian Heck. Brian will be the Chairman of the Audit Committee and Rod will continue to chair the Finance Committee while serving as a member on the Audit Committee. Brian and Kris Zuniga will meet one-on-one to go over the FQHC finances in greater detail to prepare him for his new role.

Rod will reach out to two additional Board members to serve on the audit committee. By next month's meeing we will have the required three directors on the Audit Committee.

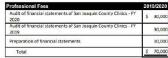
4. Audit Committee Frequency (Kris Zuniga, FQHC CFO)

Kris Zuniga advised SJCC will hold monthly audit committee meetings initially and will reevaluate frequency in six months. With everything going on and the clinic separation from the hospital, it is going to be pertinent that we hold these audit committees frequently to ensure we are on track and doing everything we said we were going to do.

5. Independent Auditor Selection Process (Kris Zuniga, FQHC CFO)

Kris Zuniga advised in selecting an independent auditor, we have received two proposals; one from the County and San Joaquin General Hospital's auditor (Eide Bailly) and an independent auditor (BKD Advisors).

- Two CPA firm proposals: BKD CPA's & Advisors versus Eide Bailly
- Eide Bailly



- Pros:
 - EB is the independent auditor for the County of San Joaquin and SJGH. Upon completion of the SJGH audit, they will be very familiar with the balance sheet of SJCC and thus audit fees could be mitigated.
 - EB is helping to facilitate the SJCC/SJGH split.
- Cons
 - EB does not display a familiarity with the FQHC business.
 - = EB is the independent auditor for the County of San Joaquin and SJGH. There could be a risk that EB will not put our interests first.

Above are the Pros and Cons listed for EB selected as the independent auditor. Our audit would be scheduled right after the hospital's audit. Because they are helping facilitate the separation, they would already familiar with our balance sheet.

Below is BKD's proposal:

BKD CPA's & Advisors

Proposed Fees

San Joaquin County Clinics				
For the 2019 Fiscal Year	2020			
Financial Statement Audit in Accordance with Government Auditing Standards	\$30,000 to \$40,000			
Compliance Audit under Uniform Guidance if needed	\$6.000 per major program			
Beginning balance work for fiscal 2019 to establish beginning equity	\$10,000			

- Pros:
 - BKD has a large portfolio of FQHC clients and is highly visible within the California Primary Care Association (CPCA).
 - Kris Zuniga has first-hand experience with both BKD audit and Medicare Cost Report services.
- Cons:
 - Due to their would-be acclimation period, overall BKD audit fees could be more than EB audit fees.

6. Separation of SJCC from SJGH (Kris Zuniga, FQHC CFO)

Kris Zuniga stated an extension of the independent audit is the separation of the clinics from the hospital. On July 22, 2020, Eide Bailly audit partner conducted a meeting with the Hospital Executives and the FQHC, specifically addressing the independence of the FQHC. He presented this as a realization that there are articles of incorporation that we have our Bylaws. At that point he wasn't aware of the Co-applicant agreement that makes us an FQHC. This is when the idea of the clinics being independent from the Hospital was introduced to County officials and Hospital executives.

We followed up with a second meeting on August 13, 2020 and essentially everyone at that meeting was of the same realization that the hospital has no jurisdiction over the clinics and the clinics should function as their own entity and their own fund under the county system. They have since had weekly meetings with Eide Bailly to have a collective game plan. This includes all the accountants; Kris Zuniga, Chris Roberts, David Showalter of EB and the accountants from the County Auditor Controller as well, making sure they are on track with the audit, bringing up weekly issues to get this project done. This includes a County Audit, Hospital Audit and an FQHC Audit. They are engaging outsiders to assist us in identifying various pieces of the overall project or facilitating roles within the overall project.

Kris advised they are recommending we go with BKD as our independent auditor. Stemming from our weekly meetings, Chris Roberts (SJGH CFO) has requested additional hands-on-deck from EB which is separate from the audit function they are performing. He is asking for temporary folks to help him carve out the clinics and identify what assets and liabilities belong to whom. EB will have a two-pronged role, not only are they the auditors

of the hospital, they will be assisting the hospital accounting team and carving out the clinics. Kris stated they will be a part of that process as well. Below is the plan for this separation and audit:

- BKD SJCC Independent Auditor
- EB SJCC Separation Assistance
- Toyon SJCC supplemental revenues and SJCC Financial Statement Assistance.

Toyon & Associates is a third consulting group who will be assisting us with the identification of historical supplemental revenues and the creation of historical financial statements. The comparative advantage that Toyon exhibits is the fact that their consultant (Robert Steele) we work with used to be one of the main accountants at SJGH for many years, so he has specific knowledge about the financial transactions and the general ledger for multiple fiscal years.

Rod Place asked who would be paying for these audits. Kris advised SJCC will pay for BKD and their work. The assistance on the separation by EB, the hospital will pay the larger end on that. SJGH has engaged with Toyon and we are generating our own agreement with Toyon, SJCC will therefore have our own fees for their services as well. Kris advised the EB and Toyon expenses will be more borne by the hospital versus the FQHC.

Dr. Fadoo advised the FQHC management felt this diversified portfolio of outside help would be the best approach to making sure we have people working on this project that know enough of the background but also a component of independent representation.

Kris displayed an outline of the projected timeline below:

SJCC SEPARATION ANTICIPATED PROJECT PLAN

PR	OJECT ITEM	ESTIMATED COMPLETION
1.	ESTABLISHMENT OF SJCC COUNTY ENTERPRISE FUND	OCT 2020
2.	ESTABLISHMENT OF COUNTY INFRASTRUCTURE FOR SJCC	OCT 2020
3.	NOTIFICATION OF PLANNED SEPARATION TO SJCC PAYERS	OCT 2020
4.	IDENTIFICATION OF SJCC FINANCIAL SYSTEMS	OCT 2020
5.	IDENTIFICATION OF SJCC GAAP FINANCIAL STATEMENTS	NOV 2020
6.	EXECUTION OF SJCC MOU'S WITH THE BH, & SJGH	NOV 2020
7.	CASH DEPOSIT INTO SJCC CASH OPERATING ACCOUNT	NOV 2020
8.	TRANSFER OF SJCC EMPLOYEES FROM SJGH	NOV 2020
9.	EXECUTION OF NEW CONTRACTS WITH SJCC PAYERS	DEC 2020
10.	SJGH AUDIT COMPLETION	DEC 2020
11.	SJCC AUDIT COMPLETION	MAR 2021
12.	IMPLEMENTATION OF NEW SJCC FINANCIAL SYSTEMS	SUMMER 2021

The Project Plan listed above will be the items that will drive the monthly meetings going forward. The committee will discuss each item in more detail at each subsequent meeting.

7. Adjournment (Brian Heck, Audit Committee Chairman)

There being no further discussion, the meeting was adjourned at 4:57 pm.

Attachments: Audit Committee Agenda 09.29.20

Audit Committee PowerPoint Presentation

Finance Committee October 26, 2020, 4:00 p.m.

Join Microsoft Teams Meeting

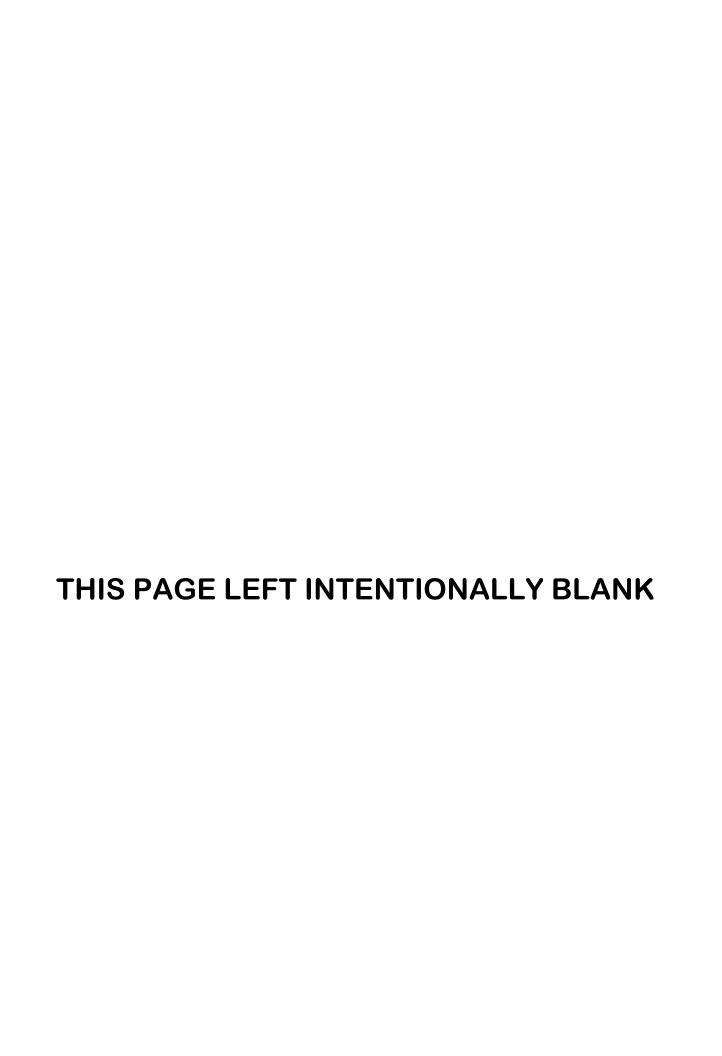
<u>+1 209-645-4071</u> United States, Stockton (Toll)

Conference ID: 954 379 072#

Agenda

l.	Call to order		Rod Place	1 min
II.	Approval of Minutes from 09/28/2020	*	Rod Place	1 min
III.	Introductions		Rod Place	1 min
IV.	Presentation of August Financials		Kris Zuniga	20 mins
V.	Accounts Receivables Status / KPI		Kris Zuniga	10 mins
VI.	Adjournment		Rod Place	1 min
	* Action Item			

Next Meeting: November 23, 2020 at 4:00 p.m.





San Joaquin County Clinics (SJCC) Finance Committee Minutes of September 28, 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); Esgardo Medina (SJCC Board Member); Greg Diederich (HCS Director); Dr. Farhan Fadoo (SJCC Executive Director); Chris Roberts (SJGH CFO); Alice Souligne (SJCC COO); Kris Zuniga (SJCC CFO); Adelé Gribble (SJCC ACS OTC) <a href="Excused: Excused: Excused

David Culberson (SJGH CEO); Monica Nino (SJ County Administrator);

Absent

Luz Maria Sandoval (SJCC Board Treasurer); Lynn Kelly (SJGH Pt. Financial Services Deputy Director)

I. Call to Order

The meeting was called to order by Rod Place at 4:06 p.m.

II. Approval of Minutes from August 24, 2020 (Rod Place, Board Chair)

A quorum was established for today's Finance Committee. The minutes were reviewed by present board members. Esgardo Medina made a motion to approve the minutes from 08/24/2020. Alicia Yonemoto seconded the motion and all board members present unanimously approved the minutes.

III. Introductions (Rod Place, Board Chair)

There were no introductions for this meeting.

IV. FY20/21 Budget (Kris Zuniga, FQHC CFO)

Kris Zuniga advised Dr. Fadoo, Alice Souligne and Kris put together a budget that was submitted into the EPSI system (the budgeting system for San Joaquin). He described how they went about building the budget for FY2021. They made a lot of assumptions and tried to make it as straightforward a budget as they possibly could and anticipate business volumes as well as major expenses they knew was on the horizon. (Below is the initial budget created)

	(#7080)	(#7092)	(#7093)	(#7096)	(#7182)	(#7183)	(#7071)	
FISCAL YEAR ENDED 6/30/2021	Children's Health	No. of Contract	1000	10000	Healthy Beginnings -	Healthy Beginnings		
FISCAL YEAR ENDED 6/30/2021	Services	Family Medicine	Family Practice - Ca	Primary Medicine	<u>Ca</u>	French Camp	FQ Admin	Total
Billable Visits	19,440	29,520	7,200	28,080	11,380	14,260	5.000 5.0000000000000000000000000000000	109,880
Productive FTEs (Provider)	5.40	8.20	2.00	7.80	3.30	4.10		30.80
Productive FTEs (Non-Provider)	12.50	14.75	5.25	15.00	7.05	5.75	5.04	65.34
Total FTEs	17.90	22.95	7.25	22.80	10.35	9.85	5.04	96.14
Net Patient Revenue	2,226,698	4,092,515	824,703	3,892,880	1,303,489	1,976,940		14,317,225
Billing Services - EMMI	(178,136)	(327,401)	(65,976)	(311,430)	(104,279)	(158,155)		(1,145,378)
Physician Capitation- PMPM	940,508	1,428,179	348,336	1,358,512	550,565	689,900		5,316,000
PPS Recon Liability Accrual	(106,152)	(161,194)	(39,316)	(153,331)	(62,141)	(77,867)		(600,000)
Grant Revenue	38,893	59,059	14,405	56,178	22,767	28,529		219,832
Pharmacy Revenue	44,534	81,850	16,494	77,858	26,070	39,539		286,345
Total Operating Revenue	2,966,345	5,173,008	1,098,646	4,920,667	1,736,472	2,498,886	5	18,394,023
								25.7
Expenses								
Salaries	1,770,669	2,439,610	595,368	2,459,306	1,064,074	1,109,321	608,453	10,046,800
Benefits	796,801	1,097,824	267,916	1,106,688	478,833	499,194	345,303	4,592,560
Professional Fees/Registration	152,855	232,113	56,613	220,790	89,480	112,125	316,249	1,180,225
Supplies	87,377	267,182	34,451	308,797	115,684	88,843	62,995	965,330
Purchased Services	55,551	34,498	33,340	1,657	33,340	33,340	328,042	519,767
Depreciation	7,759	27,482	1,944	1,782	13,660	28,862	40,737	122,226
Other Expense	75,774	27,590	47,987	29,181	56,716	9,690	322,047	568,985
Total Expenses	2,946,786	4,126,299	1,037,618	4,128,201	1,851,787	1,881,374	2,023,827	17,995,892
Allocation of Direct Admin Exp	358,056	543,715	132,613	517,192	209,603	262,648	(2,023,827)	
Total Expenses excl Hosp OH	3,304,842	4,670,014	1,170,231	4,645,393	2,061,390	2,144,023		17,995,892
Profit/(Loss) before Hosp OH	(338,496)	502,995	(71,585)	275,274	(324,919)	354,863	8 (398,131

This budget was created in March and there is more information that they did not have at that time (significantly the PPS rate that we now have). These net revenues were estimated based on information available at the time. If they were to make the budget today, they would use the actual PPS rates that the clinics now have.

We had Total Billable Visits of 110K for the year. This would yield us \$14,317,225. On those patient revenues, EMMI charges us 8%. All numbers are reflected in the table above. For Grant Revenue, we now know that is more than likely going to be a lot higher especially with regards to the CARES funding and similar grants. Pharmacy Revenue is a quick estimation, assuming 2% of Net Patient Revenues will come in that form.

For Salary Expenses, we looked at the entire workforce, knowing we would be closing Manteca and Hazelton. We had specific employee names and titles and went through the entire FQHC staff list and deciphered who would be remaining from those workforce reductions. The budget we put together for benefits, we now know was a little light (estimated at about 46% benefits) because we were using our financial statements from 19/20 and at that time that was the percentage on our P&L. We now know benefits expenses are much higher at 62-63%.

The remainder of the operational expenses (Professional Fees through Other) were multiples of historical trends. We did do some reallocation for changes in volumes as we anticipated. At the end of the day we expected about \$18M in total operating revenue which incorporates \$1.1M in fees to EMMI. On the expense side we are just about \$18M there, we were anticipating about \$400K Net Income for the budget. This table above is for July 1, 2020 through June 30, 2021.

Above is the budget we created but what is shown below is what ended up in the EPSI system (slightly different). We have the same essential categories here. There is a change in that we represented EMMI as a contra revenue above and they were correctly loaded up as an expense on the purchased service side.

On the revenue side, everything matched up accordingly. It is on the expense side that Dr. Fadoo and Kris noticed we somehow veered from what we anticipated to what actually ended up in our system. For salaries – approximately \$7.7M where we anticipated \$10M, so there is a lot less in salaries in our system. Chris Roberts advised there is a breakout in EPSI that needs to be revised. This is because of Physicians because anything outside of Physicians base salaries shows up as a benefit which is what is skewing the numbers. In total, the difference is about \$800K. There are other adjustments needed to be made for staff who were from Manteca and Hazelton because at the time the budget was created, they had no placements yet, so they remained with the home cost centers. Chris advised now that we know where they are, they will be moving them out of SJCC budget.

Alicia Yonemoto inquired about the Manteca Clinic building lease and wanted to know if we were able to sublet the building. Kris advised we have some hospital department at the space, and they are helping us with some of that lease expense. He advised SJCC is still responsible for a good portion of it, particularly those expenses associated with the leasehold improvements (construction pieces).

Kris stated the budget below is what is in our EPSI system.

	(#7080)	(#7092)	(#7093)	(#7096)	(#7182)	(#7183)	(#7184)	(#7185)	(#7071)	
FIGURE WEAR FRIDER CARAGONA	Children's Health			20 200	Healthy Beginnings -	Healthy Beginnings				
FISCAL YEAR ENDED 6/30/2021	Services	Family Medicine	Family Practice - Ca	Primary Medicine	Ca	French Camp	SJCC - Hazelton	SJCC -Manteca	FQ Admin	Total
Billable Visits	19,440	29,520	7,200	28,080	11,380	14,260	2 2			109,880
Productive FTEs (Provider)	5.40	8.20	2.00	7.80	3.30	4.10				30.80
Productive FTEs (Non-Provider)	12.50	14.75	5.25	15.00	7.05	5.75			5.04	65.34
Total FTEs	17.90	22.95	7.25	22.80	10.35	9.85			5.04	96.14
Angua serios constru	30,000,000	10000000	D. A. C.		200000					
Net Patient Revenue	2,226,698	4,092,515	824,703	3,892,880	1,303,489	1,976,940				14,317,225
Physician Capitation- PMPM	941,508	1,429,693	348,706	1,359,952	551,149	690,631				5,321,639
PPS Recon Liability Accrual	(106,152)	(161,194)	(39,316)	(153,331)	(62,141)	(77,867)				(600,000)
Grant Revenue	38,893	59,059	14,405	56,178	22,767	28,529				219,832
Pharmacy Revenue	44,534	81,850	16,494	77,858	26,070	39,539				286,345
Total Operating Revenue	3,145,481	5,501,924	1,164,992	5,233,537	1,841,334	2,657,772	250			19,545,041
										0
Expenses										2
Salaries	1,160,305	1,275,994	536,710	2,243,361	595,230	224,771	339,028	635,366	721,946	7,732,712
Benefits	820,865	834,074	554,037	1,193,352	665,713	311,916	307,047	611,944	766,048	6,064,996
Professional Fees/Registration	75,000	235,320	56,611	275,000		112,125			261,591	1,015,647
Supplies	78,707	264,606	38,380	285,062	106,208	85,651			57,733	916,347
Purchased Services	231,871	361,036	98,172	313,087	137,620	191,545			328,041	1,661,372
Depreciation	7,700	24,586	1,803	1,709	13,511	28,550		243,557	40,740	362,156
Other Expense	61,565	22,522	46,404	21,777	53,298	8,013		11,320	20,928	245,827
Total Expenses	2,436,013	3,018,138	1,332,117	4,333,348	1,571,580	962,571	646,075	1,502,187	2,197,027	17,999,056
Allocation of Direct Admin Exp (Totl Exp %)	338,690	419,625	185,210	602,485	218,504	133,831	89,827	208,856	(2,197,027)	
Total Expenses excl Hosp OH	2,774,703	3,437,763	1,517,328	4,935,832	1,790,084	1,096,402	735,902	1,711,043		17,999,056
Profit/(Loss) before Hosp OH	370,778	2,064,161	(352,336)	297,705	51,250	1,561,370	(735,902)	(1,711,043)		1,545,985

Kris advised we are in the process of selecting an auditor for the FQHC and that auditor will go through this fiscal year and more than likely through the previous fiscal year ending June 30, 2019 to evaluate our financial position and give an opinion about the presentation of those financial statements. At that point we will be able to say that our financials have been audited. These are financials that have not been finalized or audited. Therefore, when the auditor does come back and present the audit report, it could, and very often does, look different.

For the month of June, we had Billable Visits of 10,651 which equates to YTD visits of 115,964. For Net Patient Revenues is looking enormous at 8.8M for the month. The reason for this is because the month of June contains retroactive adjustments presented last month, PPS reconciliation and we reduced our liabilities we thought we owed the state by approximately \$3.5M. The other piece was the recognition of a receivable for our traditional MediCal visits (about \$3M). The total was greater than \$7M in retroactive adjustments which is why this number is so high.

Total Net Revenue for the month of June is \$9.3M. On a YTD basis, Net Patient Revenue is \$20M whereas total Net Revenue is upwards of \$27.4M. On the expense side, we had \$619K in salaries and benefits, largely due to an adjustment for over accrual of expenses which puts us on a YTD basis of approximately \$17.1M for salaries and benefits. Other Direct Expenses were \$1.2M for the month of June and \$21.1M for the entire fiscal year.

Net Income is \$8.1M, largely due to those retroactive adjustments and on a YTD basis we have Net Income of \$6.2M. When we consider our supplemental revenues and overhead allocation, we have \$9M for the month of June and \$14.7M on a YTD basis.

	As of June 36 Jan 13,424 12,849 533,369 592,998 39,269,176 69,409 176,791 250 1,457,982 60,833 429,000 0 0 490,641	Feb 10,686 10,282 832,521 769,477 5,159,148 77,616 267,604 190 (2,03),203,27 (2,03),27 (60,833 426,956 0 0	6,492 6,136 339,653 316,510 2,201,011 42,962 65,002 22,251 2,998,269 (340) 1,058,678 427,030	Apr 10,313 9,661 (33,668) (49,366) 1,006,798 (19,790) 146,851 (22,365) 1,118,421 (411,202) (1,684) 705,335 60,833 434,052	May 10,969 8,398 243,425 138,639 1,465,429 118,451 241,904 (0) 2,207,848 (1,240,077) (1,109) 966,662 60,833	June 12,331 10,651 223,304 209,011 1,570,741 86,166 74,945 0 164 164 8,806,771 6,642,440 164 8,806,771	YTD Actual 125,742 115,964 13,982,061 3,544,537 26,248,947 511,040 1,457,011 842 35,739,839 (15,127,345) (150,220) 20,449,566	Year to D: 112,257 98,287 1,964,432 2,806,485 19,221,915 378,175 575,592 3,452 24,050,051 (11,154,090) (12,579) 12,843,382	Variance 13,485 17,677 2,017,630 738,053 8,027,032 132,865 776,419 (2,610) 11,689,388 (3,933,255)	% Va
, 533 9,366 9,818 8,223 535 318,833 530 233,111 034 1,771,824 6,481 2,734,824 6,481 2,742,824 6,481 2,742,824 6,812 2,824,200 13,968,124 9,001 3,462 6,87 732,381 1,882,124 6,87 732,381 1,883,413 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	13,424 12,849 533,369 592,988 3,465,176 69,619 4,860,933 (3,40),011 (0) 1,457,982 60,833 429,000 0 0 0 4690,641	10,686 10,282 832,521 769,477 5,159,148 77,616 267,604 190 7,106,555 (5,074,029) 2,031,927 60,833 426,956 0	6,492 6,136 339,653 326,510 2,201,011 42,962 55,882 22,251 2,998,269 (1,999,252) (340) 1,058,678 60,833 427,030	10,313 9,661 (33,668) (49,366) 1,096,798 (19,790) 146,651 (22,365) 1,118,421 (411,202) (1,884) 705,335	10,969 8,398 243,425 138,639 1,465,429 118,451 241,904 (0) 2,207,848 (1,26,077) (1,109) 966,662	12,331 10,651 223,304 209,011 1,570,741 86,166 74,945 0 2,164,167 6,642,440 164 8,806,771	125,742 115,964 3,942,061 3,544,537 26,248,947 511,040 1,452,011 842 35,739,439 (15,127,345) (163,528)	112,257 98,287 1,964,432 2,806,485 18,221,915 378,175 675,592 24,050,051 (11,194,090) (12,579)	Variance 13,485 17,677 2,017,630 738,053 8,027,032 132,865 776,419 (2,610) 11,689,388 (3,933,255)	10
, 533 9,366 9,818 8,223 535 318,833 530 233,111 034 1,771,824 6,481 2,734,824 6,481 2,742,824 6,481 2,742,824 6,812 2,824,200 13,968,124 9,001 3,462 6,87 732,381 1,882,124 6,87 732,381 1,883,413 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	13,424 12,849 533,369 592,988 3,465,176 69,619 4,860,933 (3,40),011 (0) 1,457,982 60,833 429,000 0 0 0 4690,641	10,686 10,282 832,521 769,477 5,159,148 77,616 267,604 190 7,106,555 (5,074,029) 2,031,927 60,833 426,956 0	6,492 6,136 339,653 326,510 2,201,011 42,962 55,882 22,251 2,998,269 (1,999,252) (340) 1,058,678 60,833 427,030	10,313 9,661 (33,668) (49,366) 1,096,798 (19,790) 146,651 (22,365) 1,118,421 (411,202) (1,884) 705,335	10,969 8,398 243,425 138,639 1,465,429 118,451 241,904 (0) 2,207,848 (1,26,077) (1,109) 966,662	12,331 10,651 223,304 209,011 1,570,741 86,166 74,945 0 2,164,167 6,642,440 164 8,806,771	125,742 115,964 3,942,061 3,544,537 26,248,947 511,040 1,452,011 842 35,739,439 (15,127,345) (163,528)	112,257 98,287 1,964,432 2,806,485 18,221,915 378,175 675,592 24,050,051 (11,194,090) (12,579)	13,485 17,677 2,017,630 738,053 8,027,032 132,865 776,419 (2,610) 11,689,388 (3,93,255)	10
9,988 8,923 2,57 318,833 3,530 2,531,111 3,530 2,531,111 3,774,224 4,648 3,774,224 4,648 3,774,224 4,648 3,774,224 4,648 3,774 3,741	12,849 533,369 592,998 3,486,176 69,409 178,791 2590 4,860,993 (3,403,011) 1,457,982 60,833 429,808 0 0 0 490,641	10,282 832,521 769,477 5,159,148 77,616 267,604 267,604 (5,074,029) 2,031,927 60,833 426,956 0	6,136 339,653 326,510 2,201,011 42,962 22,251 2,998,269 (3,99,252) (340) 1,058,678 60,833 427,030	9,661 (33,668) (49,366) (109,790) (19,790) (14,651) (22,365) (1,118,421) (411,202) (1,884) 705,335	8,398 243,425 138,639 1,465,429 118,451 241,904 (0) 2,207,848 (1,240,077) (1,109) 966,662 60,833	10,651 223,304 209,011 1,570,741 86,166 74,945 0 2,164,167 6,642,440 164 8,806,771	3,982,061 3,944,537 26,248,947 511,040 1,452,011 842 35,739,439 (15,127,345) (162,528)	98,287 1,964,432 2,806,485 18,221,915 378,175 675,592 3,452 24,050,051 (11,194,090) (12,579)	17,677 2,017,630 738,053 8,027,032 132,865 776,419 (2,610) 11,689,388 (3,933,255)	10
257 318,833 530 233,111 024 1,771,824 648 2,734,844 459 79,545 195 10 1132 2,427,063 101 3,442 001 3,442 001 3,443 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0	533,369 592,998 3,486,176 69,409 178,791 230 4,860,993 (3,403,011) (0) 1,457,982 0 0,303,013 429,808 0 0 0 0 0	832,521 769,477 5,159,148 77,616 267,604 190 7,106,555 (5,074,029) (599) 2,031,927 60,833 426,956	339,653 326,510 2,201,011 42,962 65,882 22,251 2,988,269 (1,939,252) (340) 1,058,678 60,833 427,030	(33,668) (49,366) 1,096,798 (19,790) 146,851 (22,365) 1,118,421 (411,202) (1,884) 705,335	243,425 138,639 1,465,429 118,451 241,904 (0) 2,207,848 (1,240,077) (1,109) 966,662	223,304 209,011 1,570,741 86,166 74,945 0 2,164,167 6,642,440 164 8,806,771	3,982,061 3,544,537 26,248,947 511,040 1,452,011 842 35,739,439 (15,127,345) (162,528)	1,964,432 2,806,485 18,221,915 378,175 675,592 3,452 24,050,051 (11,194,090) (12,579)	2,017,630 738,053 8,027,032 132,865 776,419 (2,610) 11,689,388 (3,933,255)	11
530 233,111 004 1,771,004 4,771,004 568 1,771,004 569 1,571,004 570 1,57	592,998 3,486,176 69,409 178,791 250 4,560,993 (3,403,011) (0,0) 1,457,982 60,833 429,008 0 0 0 490,641	769,477 5,159,148 77,616 267,604 190 7,106,555 (5,074,029) 2,031,927 60,833 426,956 0	326,510 2,201,011 42,962 65,882 22,251 2,999,269 (1,939,252) (340) 1,058,678 60,833 427,030	(49,386) 1,096,798 (19,790) 146,651 (22,365) 1,118,421 (411,202) (1,804) 705,335 60,833	138,639 1,465,429 118,451 241,904 (0) 2,207,848 (1,240,077) (1,109) 966,662 60,835	209,011 1,570,741 86,166 74,945 0 2,164,167 6,642,440 164 8,806,771	3,544,537 26,248,947 511,040 1,452,011 842 35,739,439 (15,127,345) (162,528)	2,806,485 18,221,915 378,175 675,592 3,452 24,050,051 (11,194,090) (12,579)	738,053 8,027,032 132,865 776,419 (2,610) 11,689,388 (3,933,255)	1
530 233,111 004 1,771,004 4,771,004 568 1,771,004 569 1,571,004 570 1,57	592,998 3,486,176 69,409 178,791 250 4,560,993 (3,403,011) (0,0) 1,457,982 60,833 429,008 0 0 0 490,641	769,477 5,159,148 77,616 267,604 190 7,106,555 (5,074,029) 2,031,927 60,833 426,956 0	326,510 2,201,011 42,962 65,882 22,251 2,999,269 (1,939,252) (340) 1,058,678 60,833 427,030	(49,386) 1,096,798 (19,790) 146,651 (22,365) 1,118,421 (411,202) (1,804) 705,335 60,833	138,639 1,465,429 118,451 241,904 (0) 2,207,848 (1,240,077) (1,109) 966,662 60,835	209,011 1,570,741 86,166 74,945 0 2,164,167 6,642,440 164 8,806,771	3,544,537 26,248,947 511,040 1,452,011 842 35,739,439 (15,127,345) (162,528)	2,806,485 18,221,915 378,175 675,592 3,452 24,050,051 (11,194,090) (12,579)	738,053 8,027,032 132,865 776,419 (2,610) 11,689,388 (3,933,255)	1
0.04 1,771,824 648 23,781,824 4489 79,545 193 16 1,132 2,427,063 3906 [1,681,124 901 3,442,657 732,381 0 0,333 0 0,033 7,730 439,413 0	3,486,176 69,409 178,791 250 4,860,993 (3,403,011) (0) 1,457,982 60,833 429,808 0 0 0 490,641	5,159,148 77,616 267,604 190 7,106,555 (5,074,029) (599) 2,031,927 60,833 426,956 0	2,201,011 42,962 65,882 22,251 2,989,269 (1,939,252) (340) 1,058,678 60,833 427,030	1,096,798 (19,790) 146,851 (22,365) 1,118,421 (411,202) (1,884) 705,335 60,833	1,465,429 118,451 241,904 (0) 2,207,848 (1,240,077) (1,109) 966,662 60,833	1,570,741 86,166 74,945 0 2,164,167 6,642,440 164 8,806,771	26,248,947 511,040 1,452,011 842 35,739,439 (15,127,345) (162,528)	18,221,915 378,175 675,592 3,452 24,050,051 (11,194,090) (12,579)	8,027,032 132,865 776,419 (2,610) 11,689,388 (3,933,255)	1:
,548 3,734 429 75,545 195 16 1,32 2,427,68 1312 2,427,68 132 1,427,18 133 (1,981,124) 1901 3,422 1,687 732,381 10 0 0 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0	69,409 178,791 250 4,860,993 (3,403,011) 1,457,982 60,833 429,808 0 0 0	77,616 267,604 190 7,106,555 (5,074,029) 2,031,927 60,833 426,956 0	42,962 65,882 22,251 2,998,269 (1,919,252) (340) 1,058,678 60,833 427,030	(19,790) 146,851 (22,365) 1,118,421 (411,202) (1,884) 705,335 60,833	118,451 241,904 (0) 2,207,848 (1,240,077) (1,109) 966,662 60,835	86,166 74,945 0 2,164,167 6,642,440 164 8,806,771	511,040 1,452,011 842 35,739,439 (15,127,345) (162,528)	378,175 675,592 3,452 24,050,051 (11,194,090) (12,579)	132,865 776,419 (2,610) 11,689,388 (3,933,255)	1
489 79,545 195 16 1,132 2,427,063 396) (1,691,139 901 3,442 657 732,361 3,442 657 732,361 0 0,333 0 0,033 0 0 0 0 0 0 0 0 0 0 0 0 0 0	178,791 250 4,960,933 (3,403,011) (0) 1,457,982 60,833 429,808 0 0 0 490,641	267,604 190 7,106,555 (5,074,029) (599) 2,031,927 60,633 426,956 0	65,882 22,251 2,998,269 (1,919,252) (340) 1,058,678 60,833 427,030	146,851 (22,365) 1,118,421 (411,202) (1,884) 705,335	241,904 (0) 2,207,848 (1,240,077) (1,109) 966,662 60,833	74,945 0 2,164,167 6,642,440 164 8,806,771	1,452,011 842 35,739,439 (15,127,345) (162,528)	675,592 3,452 24,050,051 (11,194,090) (12,579)	776,419 (2,610) 11,689,388 (3,933,255)	1
195 16 132 2,427 50 1342 12,427 50 15,695,124] 501 3,442 507 732,811 853 60,833 730 439,413 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	250 4,860,993 (3,403,011) (0) 1,457,982 60,833 429,808 0 0 0 490,641	190 7,106,555 (5,074,029) (599) 2,031,927 60,833 426,956 0	22,251 2,998,269 (1,939,252) (340) 1,058,678 60,833 427,030	(22,365) 1,118,421 (411,202) (1,884) 705,335 60,833	(0) 2,207,848 (1,240,077) (1,109) 966,662 60,833	0 2,164,167 6,642,440 164 8,806,771	842 35,739,439 (15,127,545) (162,528)	3,452 24,050,051 (11,194,090) (12,579)	(2,610) 11,689,388 (3,933,255)	
132 2,427,063 356) (1,583,124) 501 3,442 687 732,381 833 60,833 0 0,833 0 0 0 0 0 0 0 0 0 503 590,246 200 1,232,627	4,860,993 (3,405,011) (0) 1,457,982 60,833 429,808 0 0 0 490,641	7,106,555 (5,074,029) (599) 2,031,927 60,833 426,956 0	2,998,269 (1,939,252) (340) 1,058,678 60,833 427,030	1,118,421 (411,202) (1,884) 705,335 60,833	(1,240,077) (1,109) 966,662 60,833	6,642,440 164 8,806,771	35,739,439 (15,127,345) (162,528)	24,050,051 (11,194,090) (12,579)	11,689,388 (3,933,255)	
356) (1,993,124) 3,442 657 752,361 833 60,833 439,413 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(3,403,011) (0) 1,457,982 60,833 429,808 0 0 0 490,641	(5,074,029) (599) 2,031,927 60,833 426,956 0	2,998,269 (1,939,252) (340) 1,058,678 60,833 427,030	(411,202) (1,884) 705,335 60,833	(1,240,077) (1,109) 966,662 60,833	6,642,440 164 8,806,771	(15,127,345) (162,528)	(11,194,090) (12,579)	(3,933,255)	
356) (1,993,124) 3,442 657 752,361 833 60,833 439,413 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(3,403,011) (0) 1,457,982 60,833 429,808 0 0 0 490,641	(5,074,029) (599) 2,031,927 60,833 426,956 0	(1,939,252) (340) 1,058,678 60,833 427,030	(411,202) (1,884) 705,335 60,833	(1,240,077) (1,109) 966,662 60,833	6,642,440 164 8,806,771	(15,127,345) (162,528)	(11,194,090) (12,579)	(3,933,255)	
901 3,442 637 732,361 833 60,833 730 439,413 0 0 0 0 0 0 0 0 0 563 500,246 200 1,232,627 551 855,631 805 455,551	(0) 1,457,982 60,833 429,808 0 0 0 490,641	(599) 2,031,927 60,833 426,956 0	(340) 1,058,678 60,833 427,030	(1,884) 705,335 60,833	(1,109) 966,662 60,833	164 8,806,771	(162,528)	(12,579)		
,837 732,381 ,833 60,833 ,730 439,413 0 0 0 0 0 0 0 0 0 0 0 0 563 500,246 200 1,232,627	60,833 429,808 0 0 0 0 490,641	60,833 426,956 0	60,833 427,030	60,833	966,662 60,833		20,449,566		(149.949)	-11
,833 60,833 ,730 439,413 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	60,833 429,808 0 0 0 0 490,641	60,833 426,956 0	60,833 427,030	60,833	60,833		20,440,500		7,606,184	
730 439,413 0 0 0 0 0 0 0 0 0 0 563 500,246 200 1,232,627 551 855,631 005 455,351	429,808 0 0 0 0 490,641	426,956 0	427,030					12,043,302	7,000,104	
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 490,641	0		434.052			729,996	729,996	0	
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 490,641		132,117		441,396	441,087	5,275,425	6,729,447	(1,454,022)	
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 490,641	٥		11,778	308,765		452,660	0	452,660	
0 0 563 500,246 200 1,232,627 551 855,631 805 455,351	0 490,641	- 1		1,000	17,000		18,000	0	18,000	
0 0 563 500,246 200 1,232,627 551 855,631 805 455,351	0 490,641		0	284,419	0		284,419	0	284,419	
,551 855,631 ,805 455,351			0	178,018	0		178,018	0	178,018	
,551 855,631 ,805 455,351		487,789	619,980	970,100	827,993	501.920	6,938,518	7,459,443	(520,925)	
,551 855,631 ,805 455,351		2,519,717	1,678,658	1,675,435	1,794,655	9,308,691	27,388,084	20,302,825	7,085,259	
805 455,351	2,940,023	2,325,727	1,070,030	2,073,433	2,754,033	9,300,091	27,300,004	20,302,023	7,003,239	
805 455,351										
805 455,351										
	850,294	967,935	619,403	1,306,483	928,258	673,823	11,024,928	9,842,330	(1,182,598)	
356 1,310,982	822,811	534,035	396,229	743,702	996,612	(54,615)	6,122,150	5,307,076	(815,075)	
	1,673,105	1,501,970	1,015,632	2,050,185	1,924,869	619,208	17,147,079	15,149,405	(1,997,673)	
503 89,211	34,674	101,000	106,624	109,130	46,210	138,980	1,117,589	757,400	(360,189)	
804 108,849	73,391	74,422	51.274	33,961	11.333	281.890	1.104.154	1.063.210	(40,944)	
656 35,859	126,587	131,327	136,331	58,107	168,112	109,387	1,037,185	1,230,799	193,614	
426 22.426	22.426	19.533	19,533	19.533	19.533	18,362	254.266	105.583	(148,683)	
215 22,364	48,541	37,838	(2,681)	49,418	78,600	36,324	454,975	351,704	(103,271)	
962 1,589,691	1,978,725	1,866,090	1,326,713	2,320,333	2,248,657	1,204,150	21,115,248	18,658,101	(2,457,146)	
762) (357,064)	(30,102)	653,627	351,945	(644,898)	(454,002)	8,104,540	6,272,836	1,644,724	4,628,113	
250 572,250	572,250	572,250	572,250	572,250	572,250	572,250	6,867,000	6,867,000	0	
442 670 850	835.022	787 490	483.615	974 210	948 933	508 151	8 829 406	7 873 718	(955 688)	
									3,672,424	
572,250 572,	572,250 572,250 572,250 809,502 649,442 670,850	572,250 572,250 572,250 572,250	572,250 572,250 572,250 572,250 572,250 809,502 649,442 670,850 835,022 787,490	572,250 572,25	572,250 572,25	572,250 572,25	572,250 572,25	572,250 572,25	572,250 572,25	572,250 572,250 572,250 572,250 572,250 572,250 572,250 572,250 572,250 572,250 572,250 572,250 6,867,000 6,867,000 0 009,502 648,442 670,250 835,022 787,480 443,615 974,210 948,935 500,151 8,829,406 7,873,718 (955,648)
.	809,502 649,442 670,850	809,502 649,442 670,850 835,022	809,502 649,442 670,850 835,022 787,490	809,502 649,442 670,850 835,022 787,490 483,615	809,502 649,442 670,850 835,022 787,490 483,615 974,210	809,502 649,442 670,850 835,022 787,490 483,615 974,210 948,933	809,502 649,442 670,850 835,022 787,490 483,615 974,210 948,933 508,151	809,502 649,442 670,850 835,022 787,490 483,615 974,210 948,933 508,151 8,829,406	809,502 649,442 670,850 835,022 787,490 483,615 974,210 948,933 508,151 8,829,406 7,873,718	809,502 649,442 670,850 835,022 787,490 485,615 974,210 948,933 508,151 8,829,406 7,873,718 (955,688)
		492,792 413,082 575,872	492,792 413,082 575,872 1,307,133	492,792 413,082 575,872 1,307,133 1,309,326	492,792 413,082 575,872 1,307,133 1,309,326 (178,112)	492,792 413,082 575,872 1,307,133 1,309,326 (178,112) 38,060	492,792 413,082 575,872 1,307,133 1,309,326 (178,112) 38,060 9,037,385	492,792 413,082 575,872 1,307,133 1,309,326 (178,112) 38,060 9,037,385 14,735,382	492,792 413,082 575,872 1,307,133 1,309,326 (178,112) 38,060 9,037,385 14,735,382 11,062,958	
250	572,250 670,850	572,250 572,250 670,850 835,022	572,250 572,250 572,250 670,850 835,022 787,490	572,250 572,250 572,250 572,250 670,850 835,022 787,490 483,615	572,250 572,250 572,250 572,250 572,250 572,250 670,850 835,022 767,490 483,615 974,210	572,250 572,25	572,250 572,25	572,250 572,25	572,250 572,250 572,250 572,250 572,250 572,250 572,250 572,250 572,250 6,867,000 6,867,000 670,050 835,022 767,490 483,615 974,210 948,935 508,151 8,829,406 7,873,718	572,250 572,250 572,250 572,250 572,250 572,250 572,250 572,250 6,867,000 0 670,050 835,022 787,460 485,615 974,210 948,933 508,351 8,828,406 7,873,718 (955,648)

Below is the table for the Income Statement for the Month of July 2020. Kris stated we had 11,569 billable visits. That equated to \$1.3M in Net Patient Revenue. Total Net Revenue of \$1.7M. Salaries and Benefits - \$1.1M. Total Direct Expenses - \$1.4M and Net Income is \$322K.

When we consider our revenues for supplemental sources and also our Overhead Allocation which is now being calculated at 33%, we have Net Income of \$464K for the month of July.

							As of July 3:	1. 2020								
														Year to E		_
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD Actual	YTD Budget	Variance	% V
otal Visits	13,515												13,515	9,017	4,498	
llable Visits	11,569												11,569	8,680	2,889	
stient Revenue																
Medicare	131,541												131,541	248,821	(117,279)	
Medi-Cal Fee-for-Service	460,856												460.856	271.441	189,416	
Medi-Cal Managed Care	2,062,848												2,062,848	1,651,264	411,583	
Insurance	51,883												51,883	22,620	29,263	
Self Pay	(5,622)												(5.622)	67,860	(73,482)	
Indigent	(5,022)												(5,022)	0,,00	(13,402)	#DI
Gross Patient Revenue	2,701,507	0	0	0	0	0	0	0	0	0	0	0	2,701,507	2,262,006	439,501	
Contractual Adjustments	(1,387,128)			*				*		*	*		(1,387,128)	(1,226,752)	(160,375)	1
Other Allowances	(4.083)												(4,083)	(1.533)	(2,550)	١.
Net Patient Revenue	1,310,296	0		0	0	0	0			0	0	0	1,310,296	1,033,721	276,575	-
er Revenue	1,310,290	۰				۰ ،		· •		°	۰	۰	1,310,290	1,033,721	270,373	1
Incentives & Pay-For-Performance Revenues														0	0	#0
Capitation Revenue	444,084												444,084	437,720	6,365	
Grant Revenue	444,004												444,004	437,720	0,303	1
First Responder Program													, ,	0	ő	1
CARES Funding														0	0	
Meaningful Use														0	0	
Total Other Revenue	444,084		0				0			0	0			437,720	6,365	_
Total Net Revenue	1,754,381	0		0	0		0	0	0	0	0	0	1,754,381	1,471,441	282,940	-
																1
erating Expense																1
laries	707,163												707,163	655,152	(52,011)	1
nefits	449,333												449,333	481,891	32,558	1
Total Salaries & Benefits	1,156,496	0	0	0	0	0	0	0	0	0	0	0	1,156,496	1,137,043	(19,453)	
fessional Fees/Registry	132,092												132,092	85,797	(46,294)	
plies	23,268												23,268	73,455	50.187	1
chased Services	65,997												65,997	138,448	72,451	1
preciation	18,745												18,745	22,696	3,951	1
ner Expense	35,155												35,155	28,454	(6.701)	1
Total Direct Expense	1,431,752	0	0	0	0	0	0	0	0	0	0	0	1,431,752	1,485,893	54,141	
Net Income (Loss)	322,628	0		0	0	0	0	0		0	0	0	322,628	(14,452)	337,080	
																$\overline{}$
renues from Supplemental Sources																1
blic Hospital Redesign																1
id Incentives in Medi-Cal (PRIME)													0	0	0	1
ality Incentive Program (QIP)	614,083												614.083	614.083	ō	
	1 1												· ·			1
erhead Allocation	472.478	0					0	۰ ا		0	0	0	472.478		(472.478)	1
et Income (Loss) w/ OH Allocation	464,233	0	0	0	0	0	0	0	0	0	0	0	464,233	599.630	(135,398)	
. , .								•					0.635402553			
Key Ratios																
ss Pt Revenue/Billable Visit	\$ 233.51												\$ 233.51	\$ 260.60	S (27.09)	
Patient Service Revenue/Billable Visit	5 151.64												5 151.64			
ratient service kevenue/billable visit ict Costs/Billable Visit	S 131.64 S 123.76												S 131.64 S 123.76			
ect Costs/Billable Visit lirect Costs/Billable Visit	S 123.76 S 40.84												S 123.76			
Medical Cost/Billable Visit													5 164.60			
Income(Loss)/Billable Visit	\$ 40.13												\$ 40.13			
al Cost/Patient (1)	5 411.49												\$ 411.49			
Pt Rev as % of Gross Rev	48.5%												48.5%	45.7%	2.8%	
al Net Rev as % of Gross Rev	64.9%												64.9%	65.1%	-0.1%	
nefits as a % of Salaries	63.5%												63.5%	73.6%	10.0%	
erhead % of Direct Exp	33.0%												33.0%	0.0%	-33.0%	

Below is the Accounts Receivable Aging Analysis Schedule for the month of June 2020.

			ts Receivable Agi For the Month of		SJCC			
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	180,776	1.559.164	131,609	996	1.872.545	1,557,004	315,541	20.27%
31-60 Days	120,036	277,705	118,272	944	516,957	285,648	231,309	80.98%
61-90 Days	54,773	80,866	86,351	139	222,129	100,222	121,906	121.64%
91-120 Days	46,180	24,727	27,956	1,283	100,145	192,580	(92,435)	-48.00%
121-180 Days	245,227	60,290	79,630	(22,881)	362,267	840,775	(478,508)	-56.91%
181-240 Days	99,976	386,352	30,717	24,759	541,806	1,862,809	(1,321,003)	-70.91%
241-270 Days	407,220	1,173,654	105,572	31,808	1,718,255	987,406	730,848	74.02%
271-365 Days	200,238	639,084	52,021	18,840	910,182	1,146,911	(236,729)	-20.64%
366 Days & Over	248,392	72,248	90,386	136,316	547,341	16,737	530,604	3170.23%
	26%	64%	8%	2%				
Total FC This Month	1,602,818	4,274,090	722,515	192,204	6,791,627	6,990,093	(198,466)	-2.84%
Total FC Last Month	1,667,470	4,404,614	672,927	245,082	6,990,093			
\$ Increase (Decrease)	(64,653)	(130,524)	49,589	(52,878)	(198,466)			
% Increase (Decrease)	-3.88%	-2.96%	7.37%	-21.58%	-2.84%			
		PFS Ke	y Performance Inc	licators for SJC	cc			
								Increase
	June	May	April	March	February	January	December	(Decrease)
Gross A/R Days	51	57	76	92	106	121	121	(6)
Net A/R	2,502,157	2,297,224	2,773,469	2,418,439	5,121,559	2,500,641	3,006,647	204,932
Net A/R Days	21	23	31	63	88	100	120	(2)

Kris stated at the end of the Fiscal Year our Gross Accounts Receivable had a value of \$6.7M, the bulk of that is the MediCal piece, which we would expect. On a Net A/R basis, that equates to \$2.5M in collectable receivables or just about 21 Net A/R days.

For the month of July, we have Gross Accounts Receivable at \$5.2M, largely due to the efforts our PFS team has been making to bring down the balances of our older accounts and that has a Net A/R valuation of \$2.2M or 20 Net A/R days.

			ts Receivable Agi		r SJCC			
Aging Category	MediCare	MediCal	For the Month of Commercial	Self Pay	Total Aging This Month	Total Aging Last Month	\$ Increase (Decrease)	% Increase (Decrease)
Accrued Receivables						0	0	0.00%
1-30 Days	28,242	1,293,732	99.746	0	1,421,720	1.872.545	(450,825)	-24.08%
31-60 Days	128,515	153,796	118.423	166	400,900	516.957	(116,057)	-22.45%
61-90 Days	115,158	87,040	116,423	0	318,462	222,129	96,333	43.37%
91-120 Days	44,802	97,948	86,104	0	228,854	100,145	128,708	128.52%
121-180 Days	119.947	349,308	68.017	0	537,272	362.267	175,005	48.31%
181-240 Days	151,423	443,479	65,547	7.661	668,110	541,806	126,304	23.31%
241-270 Days	219,545	816.292	67.027	30,624	1.133.487	1.718.255	(584,767)	-34.03%
271-365 Days	96,500	280.786	27,786	18,211	423,283	910.182	(486,899)	-53.49%
366 Days & Over	81.618	(120,794)	65,381	129,575	155,780	547,341	(391,562)	-71.54%
2002.1,500.010	01,010	(120,751)	05,501	125,575	100,700	517,511	(571,502)	71.517
	26%	64%	8%	2%				
Total FC This Month	985,749	3,401,587	714,295	186.237	5,287,868	6,791,627	(1,503,759)	-22.14%
Total FC Last Month	1,602,818	4,274,090	722,515	192,204	6,791,627	.,,	(=,===,==)	
\$ Increase (Decrease)	(617,069)	(872,503)	(8,220)	(5,966)	(1,503,759)			
% Increase (Decrease)	-38.50%	-20.41%	-1.14%	-3.10%	-22.14%			
		PFS Ke	y Performance In	dicators for SJC	CC			
	July	June	May	April	March	February	January	Increase (Decrease)
Gross A/R Days	41	51	57	76	92	106	121	(10)
Net A/R	2,220,764	2,502,157	2.297.224	2,773,469	2,418,439	5,121,559	2,500,641	(281,393)
Net A/R Davs	2,220,764	2,302,137	2,297,224	31	63	3,121,339 88	100	
Net A/K Days	20	41	43	31	03	00	100	(1)

With regards to how quickly EMMI is collecting for us, the below schedule describes how quickly they are collecting on PAID accounts. For accounts that have received a payment, EMMI is averaging about 56 days in collection time. This incorporates the clinic lag (if there is a lag) and also the time it takes to collect from their claims

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	12.51	66.43	78.94
2020-02	7.22	65.47	72.69
2020-03	5.32	47.24	52.55
2020-04	11.52	29.02	40.54
2020-05	7.23	18.90	26.13
2020-06	7.29	19.73	27.02
2020-07	5.57	14.99	20.56
Grand Total	8.63	47.65	56.28

Rod Place asked if this is within what we contracted them to do. Kris responded one of the keys is our Service to Claim statistic, how long it takes from when we see our patients to when a bill goes out. That is about 8.63 calendar days. HRSA requires that we send those claims out within 14 business days, so our claims are going out quicker than required. As a point of measure for collections, we like to see collections occur in less than 65 days. This is only on accounts that have been paid. For accounts that have not been paid, or are still open, we look to our Aging Schedule and that gives us an indication. EMMI has balances going back to about January. Part of this is EMMI and part is PFS. Kris advised we have to circle back with EMMI and make sure we are making every effort to get those January and February accounts collected.

In addition to Kris' presentation, he stated we have finalized PPS rates for every one of our clinics. The last clinic to be finalized, (FPCC) that ended up with one of the healthiest PPS rates. We have excellent PPS rates; we need our volumes to stay where they are at and increase to improve our financial situation. As far as the fundamental rates that dictate our business, we did really well.

V. Adjournment (Rod Place, Board Chair)

There being no further discussion, Rod Place adjourned the meeting at 4:34 p.m.

Attachments: Finance Agenda 09.28.20

Minutes of August 24, 2020

PFS AR Aging Analysis For the Month of June 2020 PFS AR Aging Analysis For the Month of July 2020

EMMI Collection Time Report 2020-07

Finance Narrative - 2020-06

Fiscal Year 2020-2021 Budget – EPSI Fiscal Year 2020-2021 Budget – Submitted

Income Statement June 2020 Income Statement July 2020

Income Statement by Cost Center June 2020 Income Statement by Cost Center July 2020

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



HOLIDAY SCHEDULE

November 26, 2020 Thanksgiving Day (CLOSED)

November 27, 2020 Day After Thanksgiving (CLOSED)

December 24, 2020 Family Medicine (Walk-In Clinic only, 8am—1pm)

Children's Health Services (Walk-In Clinic only, 8am—12pm)

ACS Call Center & ACS Administration (8am – 1pm)

December 25, 2020 Christmas Day (CLOSED)

December 31, 2020 Family Medicine (Walk-In Clinic only, 8am—1pm)

Children's Health Services (Walk-In Clinic only, 8am—12pm)

ACS Call Center & ACS Administration (8am – 1pm)

January 1, 2021 New Year's Day (CLOSED)

CALENDARIO DE DIAS FESTIVOS

26 de Noviembre, 2020 Día de Acción de Gracias (CERRADO)

27 de Noviembre, 2020 El día después de Acción de Gracias (CERRADO)

24 de Diciembre, 2020 Clínica Familiar (Clínica Sin Cita Solamente, 8am – 1pm)

Servicios de Salud de Niños (Clínica Sin Cita Solamente, 8am—12pm)

ACS Centro de Llamadas & ACS Administración (8am-1pm)

25 de Diciembre, 2020 Día de Navidad (CERRADO)

31 de Diciembre, 2020 Clínica Familiar (Clínica Sin Cita Solamente, 8am—1pm)

Servicios de Salud de Niños (Clínica Sin Cita Solamente, 8am—12pm)

ACS Centro de Llamadas & ACS Administración (8am – 1pm)

1 de Enero, 2021 Día de Año Nuevo (CERRADO)

San Joaquin County Clinics Required & Additional Services



Susan Thorner, MHSA October 27, 2020

Learning Objectives

- To understand BPHC's requirements re required & additional services;
- ▶ To understand the significance of Form 5A;
- To understand how the services may be provided; &
- ➤ To understand what is considered a required service, an additional service & a specialty service.

BPHC Requirements re Required & Additional Services

- The health center must provide the <u>required primary health</u> <u>services</u> as defined by HRSA.
- A health center (including LALs) that are designated as serving <u>individuals experiencing homelessness</u> must also provide substance use disorder services.
- The health center may provide <u>additional</u> (<u>supplemental</u>) <u>health services</u> that are appropriate to meet the needs of the population served by the health center, **subject to review & approval by HRSA**.
- All required & applicable additional health services must be provided through one or more service delivery method(s): directly, or through written contracts &/or cooperative arrangements (which may include formal referrals).

BPHC Requirements re Required & Additional Services

- A health center which serves a population that includes a substantial proportion of individuals of <u>limited English-speaking ability</u> must:
 - Develop a plan & make arrangements for interpretation & translation that are responsive to the needs of such populations for providing health center services to the extent practicable in the language & cultural context most appropriate to such individuals; &
 - Provide guidance to appropriate staff members with respect to cultural sensitivities & bridging linguistic & cultural differences.

Demonstrating Compliance

- A health center would demonstrate compliance with these requirements by fulfilling all of the following:
- 1. The health center provides access to all services included in its HRSA-approved scope of project (Form 5A: Services Provided) through one or more service delivery methods, as described below: 3
 - Direct: If a required or additional service is provided directly by health center employees or volunteers, this service is accurately recorded in Column I on Form 5A: Services Provided, reflecting that the health center pays for & bills for direct care.
 - Formal Written Contract/Agreement: If a required or additional service is provided on behalf of the health center via a formal contract/agreement between the health center & a third party (including a <u>subrecipient</u>), this service is accurately recorded in Column II on Form 5A: Services Provided, reflecting that the health center pays for the care provided by the third party via the agreement. In addition, the health center ensures that such contractual agreements for services include:
 - How the service will be documented in the patient's health center record; &
 - How the health center will pay for the service.

Demonstrating Compliance

- Formal Written Referral Arrangement: If access to a required or additional service is provided & billed for by a third party with which the health center has a formal referral arrangement, this service is accurately recorded in Column III on Form 5A: Services Provided, reflecting that the health center is responsible for the act of referral for health center patients & any follow-up care for these patients provided by the health center subsequent to the referral. In addition, the health center ensures that such formal referral arrangements for services, at a minimum, address:
 - The manner by which referrals will be made & managed; &
 - The process for tracking & referring patients back to the health center for appropriate follow-up care (for example, exchange of patient record information, receipt of lab results).
- 1. Health center patients with <u>limited English proficiency</u> are provided with interpretation & translation (for example, through bilingual providers, on-site interpreters, high quality video or telephone remote interpreting services) that enable them to have reasonable access to health center services.
- The health center makes arrangements &/or provides resources (for example, training) that enable its staff to deliver services in a manner that is culturally sensitive & bridges linguistic & cultural differences.

Related Considerations

- The health center board determines which, if any, additional health services to offer in order to meet the health needs of the population served by the health center (subject to review & approval by HRSA).
- The health center determines how to make services accessible in a culturally & linguistically appropriate manner, based on its patient population.
- The health center determines the level or intensity of required & additional services, as well as the method for delivering these services, based on factors such as the needs of the population served, demonstrated unmet need in the community, provider staffing & collaborative arrangements.
- The health center may, through policies & operating procedures, prioritize the availability of additional services within the approved scope of project to individuals who *utilize the health* center as their primary care medical home.

Scope of Service

► Form 5A together with Forms 5B (locations & hours of operations) & 5C (other activities & locations) constitute your Scope of Service, which must be reviewed & approved by HRSA.

Required Services Include

- General Primary Medical Care
- Diagnostic Laboratory
- Diagnostic Radiology (CT, MRI, diagnostic mammograms, advanced ultrasound are considered specialty services)
- Screenings including cancer, communicable diseases, cholesterol, lead & parasitic infections in MSFWs
- Coverage for Emergencies During & After Hours
- Voluntary Family Planning
- Immunizations
- Well Child Services
- Gynecological Care
- Obstetrical Care including prenatal, labor & delivery & postpartum care

Required Services Include

- Preventive Dental Care including dental screenings, oral hygiene instruction, oral prophylaxis, fluoride applications, screening for periodontal disease, use of dental x-rays
- Pharmaceutical Services
- Substance Use Disorder Services (Health Care for the Homeless only) including screening, diagnosis & treatment of alcohol, tobacco & prescription drugs; may include MAT
- Case Management
- Eligibility Assistance
- Health Education
- Outreach
- Transportation
- Translation

Additional Services Include

- Additional Dental Services such as fillings, crowns, extractions, periodontal therapies, bridges or dentures
- Mental Health Services such as the prevention, assessment, diagnosis & treatment of depression, anxiety, attention deficit, etc., not including psychiatry
- Substance Use Disorder Services (same definition as above but for non-HCH programs)
- Optometry
- Recuperative Care Program Services such as short-term care & case management for individuals recovering from an acute illness or injury
- Environmental Health Services to prevent, detect & mitigate unhealthy environments
- Occupational Therapy
- Physical Therapy
- Speech-Language Pathology Therapy
- Nutrition
- Complementary & Alternative Medicine
- Additional Enabling/Supportive Services such as facilitating access to child care, food banks, legal counseling, employment counseling, etc.

Specialty Services Include

- Psychiatry
- Oral surgery, orthodontics surgical endodontics
- Perinatology (maternal-fetal medicine)
- Gynecological oncology, reproductive endocrinology & infertility
- ▶ CT, MRI, diagnostic mammograms, advanced ultrasound

Resources

- Most recent Form 5A
- ► HRSA Service Descriptors for Form 5A
 https://bphc.hrsa.gov/sites/default/files/bphc/program-requirements/scope/form5aservicedescriptors.pdf
- ► Health Center Self-Assessment Worksheet for Form 5A

https://bphc.hrsa.gov/sites/default/files/bphc/programreq uirements/scope/form-5a-self-assessment-review.pdf Questions?



Service Descriptors for Form 5A: Services Provided

Background:

Services are one of five elements that comprise the scope of project, as described in the Bureau of Primary Health Care's (BPHC) scope of project policy (PIN 2008-01). Specifically, the scope of project defines the approved service sites, services, providers, service area(s) and target population(s) which are supported (wholly or in part) under the total budget approved for the health center.

Health centers are required to provide a set of primary health care services described in statute and regulations. Health centers may also provide additional health services, beyond those required by statute or regulations, <u>as appropriate</u> to meet the needs of the population served by the health center, including certain specialty services.² Any service, whether required or additional, may be provided <u>directly by the health center or through established (formal) arrangements</u>.³ All services within the approved Health Center Program scope of project must be appropriately recorded on Form 5A: Services Provided (Form 5A) in the HRSA Electronic Handbooks Scope Module.

Health centers should keep in mind the following requirements and considerations related to the delivery of services.

- The <u>specific amount and level or intensity of services may vary by health center</u> based on a number of factors including, but not limited to: the population served, demonstrated unmet need in the community, provider staffing, collaborative arrangements and/or State licensing requirements.
- <u>Services provided by a health center are defined at the grantee/designee level, not by individual site</u>. Thus, not all services must be available at every health center service site; rather, health center patients must have reasonable access to the full complement of services offered by the center as a whole, either directly or through formal written established arrangements.
- Once a service is included in the approved scope of project, it <u>must be available to all patients regardless of ability to pay and be discounted in accordance with the health center's sliding feediscount program</u>.
- Health centers should assure services are provided in a culturally and linguistically appropriate manner based on the target population(s).
 In assuring that services are appropriate for the needs of the patient population served, the health center must take reasonable steps to provide meaningful access to health center services for patients with limited English proficiency.

¹ Refer to PIN 2008-01: *Defining Scope of Project and Policy for Requesting Changes* for further information at http://bphc.hrsa.gov/programrequirements/policies/pin200801.html

² HRSA considers specialty services to be within the broad category of "additional" health services, defined in section 330 as services that are not included as required primary health care services and that are (1) necessary for the adequate support of primary health services and (2) appropriate to meet the health needs of the population served by the health center. Refer to PIN 2009-02: Specialty Services & Health Centers' Scope of Project at http://bphc.hrsa.gov/programrequirements/policies/pin200902purpose.html

³ The term "established arrangement" means an arrangement where a service is provided through a formal written contract or cooperative arrangement (section 330(a)(1) of the PHSAct).

Overview

The Form 5A service descriptors outline the general elements for all services, both Required and Additional, to assist in accurate recording of the approved Health Center Program scope of project.⁴

The descriptors are broadly written to acknowledge the variety of staff and provider types that may deliver any one service and to ensure individual health centers understand where and how to appropriately record the services they provide within the Health Center Program scope of project on Form 5A. For example, in the case of obstetrical care, the service may be provided by a family practice physician, certified nurse midwife, OB/GYN physician, and/or other appropriate provider. Additionally, both clinical and non-clinical workers (e.g., physician assistants, registered nurses, promotoras, community workers, doulas) may provide or support the delivery of a service. All providers must be properly credentialed and privileged (i.e., appropriately trained and licensed) to perform any service(s), activities and/or procedures on behalf of the health center. In addition, health centers must ensure that any/all Federal, State and local standards/accreditation requirements of the facility where the service is provided have been met.

Descriptors for Required Services:

Health centers are required to provide, either directly or through an established arrangement, a set of primary health care services. The descriptors for the Required Services provide a "floor" for what elements, at a minimum, are included for a particular service. In addition, where applicable the descriptors:

- Provide detail as to what "may" (but is not required to) be included for a particular service to account for health centers that may provide a more expansive or an intense level of a service. In these instances, a separate change in scope (CIS) request is not needed.
- Identify a "ceiling" that clarifies what is not included in a particular service and thus where a separate change in scope request is required.

⁴ Key benefits that health centers should consider and/or actively plan to address prior to requesting a change in scope include Medicaid and Medicare FQHC reimbursement, FTCA coverage (eligible to grantees only), and 340B Drug Pricing benefits for a specific service, as appropriate. While identification within a scope of project is required for participation in these programs, it is not a guarantee that these benefits will be realized. Each of these programs has a specific application process and a comprehensive set of requirements, of which scope of project is only one.

⁵ For further information, review the Health Center Program Compliance Manual, Chapter 5: Clinical Staffing available at: https://bphc.hrsa.gov/programrequirements/compliancemanual/index.html.

Descriptors for Additional Services:

When considering what additional services to provide, health centers should thoroughly investigate the costs, benefits, and risks before making such decisions. In general, a health center must prioritize making required primary health services available to all patients before proposing to add additional health services, including additional specialty services. Each health center must determine whether adding additional services as part of approved scope of project is appropriate for the population served, demonstrated unmet need, and other relevant factors.

The descriptors for Additional Services:

- Provide detail as to what "may" (but is not required to) also be included for a particular service to account for health centers that may provide a more expansive or an intense level of a service. In these instances, a separate change in scope request is not needed.
- Identify a "ceiling" that clarifies what is not included in a particular service and thus where a separate change in scope request is required.

Specialty Services are recorded under Additional Services, on Form 5A.

• When a proposed specialty service change in scope request is approved, only those aspects of the specialty service, described within the change in scope request, will be included within the approved scope of project.

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5A Service	Service Descriptor	Statute Reference	Regulation Reference
REQUIRED SERVICE	CES		
General Primary Medical Care	General primary medical care services are comprehensive and address prevention as well as acute and chronic conditions. At a minimum, these services include assessment, diagnosis, screening, education and treatment; referrals; and follow-up of such services. Any referrals are based on the provider's documented assessment of the health center patient, indicating the medical necessity for referral(s) to other health-related services (including but not limited to specialty, mental health and substance use disorder services). Follow-up of services includes the medical coordination of ongoing treatment involved with the transfer or discharge planning of health center patients in various settings.	Section 330(b)(1)(A) "(i)Basic Health Services: (I) Health services related to family medicine, internal medicine, pediatrics, obstetrics or gynecology, that are furnished by physicians and where appropriate, physician assistants, nurse practitioners, and nurse midwives; (II) diagnostic laboratory and radiologic services; (III) preventive health services, including"	42 CFR, Part 51c.102(h) "Primary health services means: (1) Diagnostic treatment, consultative, referral, and other services rendered by physicians, and, where feasible, by physicians' extenders, such as physicians' assistants, nurse clinicians, and nurse practitioners;"

5A Service	Service Descriptor	Statute Reference	Regulation Reference
Diagnostic Laboratory	Diagnostic laboratory services are screening and diagnostic tests ordered by health center providers to provide information for the assessment of health center patients. At a minimum, these services include the specimen collection, processing and interpretation of the result, and must include access to a combination of: a) Clinical Laboratory Improvement Amendments (CLIA) waived tests; and b) moderate complexity laboratory tests, which are appropriate for the treatment and management of common conditions of the patient population. Services may also include access to high complexity laboratory tests in the support of basic health services, ordinarily provided by a certified reference laboratory.	Section 330(b)(1)(A) "(i) Basic Health Services: (II) Diagnostic Laboratory and Radiologic Services"	42 CFR, Part 51c.102(h) "Primary Health Services means:(2) Diagnostic laboratory services and diagnostic radiologic services"
Diagnostic Radiology	Diagnostic radiology services are the processing and interpreting of radiologic images to guide the health center provider's subsequent care and/or treatment of a patient. At a minimum, these services are inclusive of plain medical films. All other types of advanced diagnostic radiology (e.g., CT, MRI, diagnostic mammogram, advanced ultrasound, advanced imaging or nuclear medicine) are considered specialty services.	Section 330(b)(1)(A) "(i) Basic Health Services: (II) Diagnostic Laboratory and Radiologic Services"	42 CFR, Part 51c.102(h) "Primary Health Services means:(2) Diagnostic laboratory services and diagnostic radiologic services"

⁶Other service descriptors reference associated diagnostic radiology services that are included in the scope of project of the related service. For instance, screening mammography is considered a screening service; basic obstetrical ultrasounds are a prenatal service; basic gynecology imaging (i.e., ultrasound) is a gynecology service; and dental x-rays are part of preventive and additional dental services.

5A Service	Service Descriptor	Statute Reference	Regulation Reference
Screenings	Screening services are performed based on identified risk factors in the patient population and/or communities to evaluate, treat, and educate a health center patient. At a minimum, these services include all of the following: cancer, communicable disease, cholesterol and blood lead. Cancer screenings at a minimum must include, but are not limited to, screening for breast, cervix, and colorectal cancers (e.g., mammography, Pap testing, fecal occult blood testing, sigmoidoscopy, colonoscopy). Communicable disease screenings at a minimum must include, but are not limited to, testing for tuberculosis, HIV, Hepatitis B and C, and other sexually transmitted diseases/infections based on a patient's identified risk factors. Cholesterol screenings are blood tests used to assess and understand a patient's risk for cardiovascular disease. Blood lead screenings at a minimum must comply with recommendations of state and/or local health departments for children at-risk for elevated blood lead levels. Additional communicable disease screenings that are appropriate for special populations may also be included (e.g., screening for parasitic infections in migratory and/or seasonal agricultural worker populations).	Section 330(b)(1)(A) "(i) Basic Health Services: (III) Preventive Health Services, including(aa) prenatal and perinatal services; (bb) appropriate cancer screening; (cc) well- child services; (dd) immunizations against vaccine-preventable diseases; (ee) screenings for elevated blood lead levels, communicable diseases, and cholesterol"	Not described

5A Service	Service Descriptor	Statute Reference	Regulation Reference
Coverage for Emergencies During and After Hours	During the health center's regularly scheduled hours, at a minimum, health centers must have clearly defined processes and arrangements to respond to patients presenting with emergencies and to transfer patients to a more appropriate setting for additional health care services when appropriate. After the health center's regularly scheduled hours, at a minimum, after hours coverage includes the provision of telephone access through clearly defined written arrangements, to an individual who has the qualification and training (consistent with licensing requirements in the health center's jurisdiction) to exercise professional judgment in assessing a health center patient's need for emergency medical care and if appropriate, who can then refer patients to a covering physician or licensed or certified independent practitioner, and/or to locations such as emergency rooms or urgent care facilities for further assessment or immediate care. A patient's need for emergency medical care might arise from an emergent physical, oral, behavioral and/or other health need and therefore, the health center's after hours arrangement must have the capacity to address comprehensive emergent health situations. The coverage arrangement must include provisions to facilitate follow-up by the health center for patients accessing after hours coverage, as appropriate.	Section 330(b)(1)(A) "(i) Basic Health Services (IV) emergency medical services"	42 CFR, Part 51c.102(h) "Primary Health Services means:(4) Emergency medical services, including provision, through clearly defined arrangements, for access of users of the center to health care for medical emergencies during and after the center's regularly scheduled hours;"

5A Service	Service Descriptor	Statute Reference	Regulation Reference
Voluntary Family Planning	Voluntary family planning services are appropriate counseling on available reproductive options consistent with Federal, state, local laws and regulations. These services may include management/treatment and procedures for a patient's chosen method, e.g., vasectomy, tubal ligation, placement of long-acting reversible contraception (LARC) (IUDs and implants). Please note pursuant to existing law, and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using Federal funds to provide abortion services (except in cases of rape or incest, or when the life of the woman would be endangered).	Section 330(b)(1)(A) "(i) Basic Health Services (III) Preventive Health Services, including(gg) voluntary family planning services"	42 CFR, Part 51c.102(h) "Primary Health Services means(3) Preventive health services, including medical social services, nutritional assessment and referral, preventive health education, children's eye and ear examinations, prenatal and post-partum care, prenatal services, well child care (including periodic screening), immunizations, and voluntary family planning services;"
Immunizations	Immunization services are the provision of age appropriate preventive vaccines. These services may also include any immunizations recommended by Federal, state or local authorities to address an outbreak.	Section 330(b)(1)(A) "(i) Basic Health Services (III) Preventive Health Services, including(dd) immunizations against vaccine-preventable diseases,"	42 CFR, Part 51c.102(h) "Primary Health Services means(3) Preventive health services, including medical social services, nutritional assessment and referral, preventive health education, children's eye and ear examinations, prenatal and post-partum care, prenatal services, well child care (including periodic screening), immunizations, and voluntary family planning services;"

5A Service	Service Descriptor	Statute Reference	Regulation Reference
Well Child Services	Well child services are age appropriate preventive care and treatment for newborns through adolescents. At a minimum, these services must include regular/periodic physical exams and measurements; appropriate screenings and tests to assess vision, hearing, oral health, growth and development, and immunization status; and health education and counseling.	Section 330(b)(1)(A) "(i) Basic Health Services: (III) Preventive Health Services, including(cc) well- child services"	42 CFR, Part 51c.102(h) "Primary Health Services means (3) Preventive health services, including medical social services, nutritional assessment and referral, preventive health education, children's eye and ear examinations, prenatal and post-partum care, prenatal services, well child care (including periodic screening), immunizations, and voluntary family planning services;"
Gynecological Care	Gynecological care services are the regular preventive assessment and appropriate treatment of conditions or disorders of the female reproductive system (with the exception of obstetrical services). At a minimum, these services must include pelvic and breast exams, cervical cancer screening, and the review of menstrual and reproductive history and gynecological symptoms. Basic gynecological ultrasounds are included in this category. Services may also include common gynecological procedures (e.g., colposcopy, hysterectomy, fibroid removal). Advanced gynecological services are considered specialty services (e.g., gynecologic oncology, urogynecology, reproductive endocrinology and infertility).	Section330(b)(1)(A) "(i)Basic Health Services: (I) Health services related to family medicine, internal medicine, pediatrics, obstetrics or gynecology, that are furnished by physicians and where appropriate, physician assistants, nurse practitioners, and nurse midwives; (II) diagnostic laboratory and radiologic services; (III) preventive health services, including"	42 CFR, Part 51c.102(h) "Primary health services means: (1) Diagnostic treatment, consultative, referral, and other services rendered by physicians, and, where feasible, by physicians' extenders, such as physicians' assistants, nurse clinicians, and nurse practitioners;"

5A Service	Service Descriptor	Statute Reference	Regulation Reference
Obstetrical Care	Obstetrical care services are the clinical assessment, management/treatment and coordination of services and referrals for the mother and fetus to maximize the outcome of the pregnancy. Such services extend from the mother's diagnosis of pregnancy thru the approximately six-week period following the delivery and can be divided into three components: 1) Prenatal; 2) Intrapartum (labor & delivery); and 3) Postpartum. Services include progressive risk assessments of mother, fetus and the newborn, and must be consistent with the individual health center provider's licensure, credentials, and privileging.	Section330(b)(1)(A) "(i)Basic Health Services: (I) Health services related to family medicine, internal medicine, pediatrics, obstetrics or gynecology, that are furnished by physicians and where appropriate, physician assistants, nurse practitioners, and nurse midwives; (II) diagnostic laboratory and radiologic services; (III) preventive health services, including"	
Prenatal Care	Prenatal care services are the care and treatment to both the mother and developing fetus to include ongoing risk assessment and counseling. At a minimum, these services include regular screening (including labs and basic ultrasounds), ongoing monitoring of uterine and fetal growth, risk assessment, and counseling regarding childbirth, nutrition and any identified risks. Maternal-fetal medicine (i.e., perinatology) is considered a specialty service.	Section 330(b)(1)(A) "(i) Basic Health Services: (III) Preventive Health Services, including(aa) prenatal and perinatal services"	42 CFR, Part 51c.102(h) "Primary Health Services means(3) Preventive health services, including medical social services, nutritional assessment and referral, preventive health education, children's eye and ear examinations, prenatal and post-partum care, prenatal services, well child care (including periodic screening), immunizations, and voluntary family planning services;"

5A Service	Service Descriptor	Statute Reference	Regulation Reference
o Intrapartum Care (Labor & Delivery)	Intrapartum care (labor & delivery) services are the care of a mother and newborn during labor and birth. At a minimum, these services include ongoing assessment and potential transfer to an appropriate delivery and postnatal care setting for the mother and/or newborn. Maternal-fetal medicine (i.e., perinatology) is considered a specialty service.	Section 330(b)(1)(A): "(i)Basic Health Services: (I) Health services related to family medicine, internal medicine, pediatrics, obstetrics or gynecology, that are furnished by physicians and where appropriate, physician assistants, nurse practitioners, and nurse midwives; (II) diagnostic laboratory and radiologic services; (III) preventive health services, including"	
 Postpartum Care 	Postpartum care services are the care of the mother during the six-week period after childbirth. At a minimum, these services include the mother's postpartum checkup(s) along with appropriate follow-up treatment and education.	Section 330(b)(1)(A): "(i)Basic Health Services: (I) Health services related to family medicine, internal medicine, pediatrics, obstetrics or gynecology, that are furnished by physicians and where appropriate, physician assistants, nurse practitioners, and nurse midwives; (II) diagnostic laboratory and radiologic services; (III) preventive health services, including"	42 CFR, Part 51c.102(h) "Primary Health Services means(3) Preventive health services, including medical social services, nutritional assessment and referral, preventive health education, children's eye and ear examinations, prenatal and post-partum care, prenatal services, well child care (including periodic screening), immunizations, and voluntary family planning services;"

5A Service	Service Descriptor	Statute Reference	Regulation Reference
Preventive Dental	Preventive dental services prevent diseases of the oral cavity and related structures. At a minimum, these services include all of the following: • basic dental screenings and recommendations for preventive intervention; • oral hygiene instruction and related oral health education (e.g., prevention of oral trauma and oral cancer);	Section 330(b)(1)(A) "(i) Basic Health Services: (III) Preventive Health Services, including(hh) preventive dental services"	42 CFR, Part 51c.102(h) "Primary Health Services means(6) Preventive dental services provided by a licensed dentist or other qualified personnel, including (i) oral hygiene instruction; (ii) oral prophylaxis, as necessary; and (iii) topical application of fluorides, and the prescription
	 oral prophylaxis, as necessary; and topical application of fluorides (e.g., fluoride varnishes) and the prescription of fluorides for systemic use when not available in the water supply. Services may include application of sealants, and diagnostic screening for caries and periodontal disease through the use of dental x-rays. 		of fluorides for systemic use when not available in the community water supply."
Pharmaceutical Services	Pharmaceutical services provide access to prescribed medications. These services may include a broad spectrum of functions ranging from the dispensing and tracking of medications to pharmacist-delivered patient care services (e.g., disease state management, medication reconciliation, therapeutic monitoring, wellness promotion, and disease prevention).	Section 330(b)(1)(A) "(i) Basic Health Services: (V) pharmaceutical services as may be appropriate for particular centers"	42 CFR, Part 51c.102(j) "Supplemental health services means health services which are not included as primary health services and which are: (9)Pharmaceutical services, including the provision of prescription drugs;"

5A Service	Service Descriptor	Statute Reference	Regulation Reference
HCH Required Substance Use Disorder Services (Health Care for the Homeless only)	Substance use disorder services are screening, diagnosis, and treatment services for substance use disorders (e.g., abuse of alcohol, tobacco, prescription drugs). At a minimum, these services include: • age appropriate, harm/risk reduction and age appropriate counseling to address identified risk factors, support abstinence, and/or decrease negative consequences of substance use disorder; • detoxification to manage withdrawal symptoms associated with substance use disorder; and • treatment/rehabilitation, to include individual and/or group treatment, counseling and case management. Treatment may occur in out-patient or short-term residential settings and may include medication-assisted treatment (e.g., buprenorphine products, methadone, naltrexone).	Section 330(h) – Health Care for the Homeless only "(5)(B) Substance use disorder services. The term "substance use disorder services" includes detoxification, risk reduction, outpatient treatment, residential treatment, and rehabilitation for substance abuse provided in settings other than hospitals."	
Case Management	Case management services are the coordination of support and enabling services to meet the ongoing needs of a patient. At a minimum, these services include an assessment of factors affecting health (e.g., medical, social, housing, or educational), counseling and referrals to address identified needs and periodic follow-up of services.	Section 330(b)(1)(A) " (iii) Patient case management services (including counseling, referral, and follow-up services) and other services designed to assist health center patients in establishing eligibility for and gaining access to Federal, State, and local programs that provide or financially support the provision of medical, social, housing, educational, or other related services;"	

5A Service	Service Descriptor	Statute Reference	Regulation Reference
Eligibility Assistance	Eligibility assistance services are support to health center patients to establish eligibility for and gain access to appropriate federal, state and local programs that provide or financially support the provision of medical, social, educational, housing, or other related services (e.g., Medicaid, Veteran's benefits, the Special Supplemental Nutrition Assistance Program, Legal Aid).	Section 330(b)(1)(A) "(iii) Patient case management services (including counseling, referral, and follow-up services) and other services designed to assist health center patients in establishing eligibility for and gaining access to Federal, State, and local programs that provide or financially support the provision of medical, social, housing, educational, or other related services;"	
Health Education	Health education services are a variety of learning experiences designed to help individuals improve their health. At a minimum, these services include education regarding the availability and appropriate use of health services. Services may include primary prevention and/or targeted education on self-managed care and other health promoting behaviors for patients with identified risk factors or conditions (e.g., tobacco cessation). These services may also include education on injury prevention and unique needs and risks of special populations (e.g., education to prevent common exposures experienced by migratory and/or seasonal agricultural workers).	Section 330 (b)(1)(A) "(V) education of patients and the general population served by the health center regarding the availability and proper use of health services"	42 CFR, Part 51c.102(j) "(13) Health education services"

5A Service	Service Descriptor	Statute Reference	Regulation Reference
Outreach	Outreach services are a broad range of culturally and linguistically appropriate activities focused on recruiting and retaining patients from the target population/service area. At a minimum, these services must promote awareness of the health center's services and support entry into care. These services do not involve direct patient care where a provider is generating a face-to-face visit with a patient, documenting the care in a patient medical record, or exercising clinical judgment in the provision of services to a patient.	Section 330(b)(1)(A) "(iv) Services that enable individuals to use the services of the health center (including outreach and transportation services and, if a substantial number of the individuals in the population served by a center are of limited English- speaking ability, the services of appropriate personnel fluent in the language spoken by a predominant number of such individuals);"	42 CFR, Part 51c.102(j) "(14) services, including the services of outreach workers, which promote and facilitate optimal use of primary health services and servicesif a substantial number of individuals in the population served by the center are of limited English-speaking ability, the services of outreach workers and other personnel fluent in the language or languages spoken
Transportation	Transportation services are services that enable patients to access health center services when transportation would otherwise be a barrier to care (e.g., providing transport vans, bus tokens or vouchers for public transportation, or linkages to other community transportation programs).	Section 330 (b)(1)(A) "(iv) Services that enable individuals to use the services of the health center (including outreach and transportation services and, if a substantial number of the individuals in the population served by a center are of limited English-speaking ability, the services of appropriate personnel fluent in the language spoken by a predominant number of such individuals);"	by such individuals." 42 CFR, Part 51c.102(h) "Primary Health Services means(5) Transportation services as needed for adequate patient care, sufficient so that residents of the catchment area served by the center with special difficulties of access to services provided by the center receive such services;"

5A Service	Service Descriptor	Statute Reference	Regulation Reference
Translation	Translation services are services to make care linguistically accessible and culturally responsive for individuals with limited English proficiency and/or a disability impacting communication. At a minimum, these services includes the timely availability of professional translation (written) and interpretation (oral) services (e.g., access to bilingual providers, onsite interpreters, language telephone line) based on the primary language(s) spoken by a substantial number of individuals in the health center's target population and service area.	Section 330 (b)(1)(A) "(iv) Services that enable individuals to use the services of the health center (including outreach and transportation services and, if a substantial number of the individuals in the population served by a center are of limited English-speaking ability, the services of appropriate personnel fluent in the language spoken	42 CFR, Part 51c.102(j) "(14) services, including the services of outreach workers, which promote and facilitate optimal use of primary health services and servicesif a substantial number of individuals in the population served by the center are of limited English-speaking ability, the services of outreach workers and other
	These services also include auxiliary aids to ensure effective communication with individuals who have disabilities.	by a predominant number of such individuals);"	personnel fluent in the language or languages spoken by such individuals."
ADDITIONAL SERV	VICES		
Additional Dental Services	Additional dental services are basic services at a general practice level to diagnose and treat disease, injury, or impairment in teeth and associated structures of the oral cavity and include any diagnostic x-rays or imaging. These services may include: fillings and single unit crowns; non-surgical-endodontics, extractions, periodontal therapies, bridges or dentures.	Not described	42 CFR, Part 51c.102(j) "(6) Dental services other than those provided as primary health services"
	Complex dental services (e.g., oral surgery, surgical endodontics, orthodontics) are considered specialty services.		

5A Service	Service Descriptor	Statute Reference	Regulation Reference
Behavioral Health Services Behavioral health services encompass a wide array of services that address both mental health and substance use disorder.		Section 330(b)(2) "(A) behavioral and mental health and substance use disorder services;"	42 CFR, Part 51c.102(j) "(5) Mental health services, including services of psychiatrists, psychologists, and other appropriate mental health professionals;"
 Mental Health Services 	Mental health services are the prevention, assessment, diagnosis, treatment/intervention, and follow-up of mental health conditions and disorders (e.g., depression, anxiety, attention deficit and disruptive behavior disorders) including care of patients with severe mental illness who have been stabilized. These services may include treatment and counseling for health center patients such as individual or group counseling/psychotherapy, cognitive-behavioral therapy or problem solving therapy, 24-hour crisis services, and case management services.	Section 330(b)(2) "(A) behavioral and mental health and substance use disorder services;"	42 CFR, Part 51c.102(j) "(5) Mental health services, including services of psychiatrists, psychologists, and other appropriate mental health professionals;"
	Psychiatry is considered a specialty service.		

5A Service	Service Descriptor	Statute Reference	Regulation Reference
 Substance Use Disorder Services⁷ 	Substance use disorder services are screening, diagnosis, and treatment services for substance use disorders (e.g., abuse of alcohol, tobacco, prescription drugs). These services may include: • age appropriate, harm/risk reduction and age appropriate counseling to address identified risk factors, support abstinence and/or decrease negative consequences of substance use disorder; • detoxification to manage withdrawal symptoms associated with substance use disorder; and/or • treatment/rehabilitation, to include individual and/or group treatment, counseling and case management. Treatment may occur in out-patient or in short-term residential settings and may include medication-assisted treatment (e.g., buprenorphine products, methadone, naltrexone).	Section 330(b)(2) "(A) behavioral and mental health and substance use disorder services;"	

⁷ Health centers that do not receive HCH funding or designation, record substance use disorder services under the Additional Services section of Form 5A, under Behavioral Health Services. Health centers receiving Healthcare for the Homeless (HCH) funding or designation through 330(h) must record substance use disorder services under the Required Services section of Form 5A. For HCH health centers that also receive funding or designation to serve an additional population (e.g., 330(e)), substance use disorder services are only recorded once, under Required Services.

5A Service	Service Descriptor	Statute Reference	Regulation Reference
Optometry	Optometry services assess the health of the eyes and related structures. These services include conducting routine eye exams, prescribing glasses/contacts, identifying related systemic conditions affecting the eye, and treating injuries and disorders of the visual system. Ophthalmology and surgical procedures of the eye (e.g., laser surgery) are considered specialty services.	Not described	42 CFR, Part 51c.102(j) "(7) Vision services, including routine eye and vision examinations and provision of eyeglasses, as appropriate and feasible;"
Recuperative Care Program Services	Recuperative care program services are short-term care and case management provided to individuals recovering from an acute illness or injury that generally does not necessitate hospitalization, but would be exacerbated by their living conditions (e.g., street, shelter or other unsuitable places).	Section 330(b)(2) "(B) recuperative care services"	Not described

Environmental Health Services	Environmental health services prevent, detect and mitigate unhealthy environmental conditions (e.g., contaminated water supply, chemical and pesticide exposures, air quality, exposure to lead, poor field sanitation, rodent and parasitic infestation, and aging or over-crowded housing).	Section 330(b)(2) "(C) environmental health services including(i) the detection and alleviation of unhealthful conditions associated with(I) water supply; (II) chemical and pesticide exposures; (III) air quality; or (IV) exposure to lead; (ii) sewage treatment; (iii) solid waste disposal; (iv) rodent and parasitic infestation; (v) field sanitation; (vi) housing; and (vii) other environmental factors related to health; and"	42 CFR, Part 51c.102 "(d) Environmental health services means the detection and alleviation of unhealthful conditions of the environment of the catchment area, such as problems associated with water supply, sewage treatment, solid waste disposal, rodent and parasite infestation, and housing conditions. For the purposes of this part, the detection and alleviation of unhealthful conditions of the environment includes the notification of and making of arrangements with appropriate Federal, State, or local authorities responsible for correcting such conditions."
		I control of the cont	

5A Service	Service Descriptor	Statute Reference	Regulation Reference
Nutrition	Nutrition services prevent and treat diseases and conditions through nutritional assessment, diagnosis and treatment.	Not described	42 CFR, Part 51c.102(h) "(3) Preventive health services, including medical
	These services may include medical nutrition therapy,		social services, nutritional
	nutrition education and counseling, and other interventions		assessment and referral,
	to enhance knowledge and impact behaviors related to		preventive health education,
	healthy eating, nutrition and health.		children's eye and ear examinations, prenatal and
	These services may include the nutrition services of a WIC		post-partum care, prenatal
	program, if the WIC program is within the scope of project.		services, well child care (including periodic screening), immunizations, and voluntary family planning services;"
	Occupational therapy services provide assessment	Not described	42 CFR, Part 51c.102(j)
Occupational	and treatment services to assist patients in their		"(4) Rehabilitative services
Therapy	ability to perform activities of daily living.		(including physical and occupational therapy) and long-term physical medicine;"
	Physical therapy services provide assessment and treatment	Not described	42 CFR, Part 51c.102(j)
Physical Therapy	services to assist patients to maintain, restore, and improve		"(4) Rehabilitative services
	physical activity and functioning while ensuring safety.		(including physical and occupational therapy) and
			long-term physical medicine;"
Speech-Language Pathology/ Therapy	Speech-language pathology/therapy services provide assessment and treatment services to assist patients to improve and optimize their ability to communicate and swallow.	Not described	Not described

5A Service	Service Descriptor	Statute Reference	Regulation Reference
Complementary and Alternative Medicine	Complementary and alternative medicine services are the assessment, diagnosis and non-conventional treatment of disorders/conditions used together with or in place of conventional medicine to support health and well-being of the mind and body (e.g., chiropractic care, acupuncture, meditation, and massage therapy).	Not described	Not described
Additional Enabling/ Supportive Services	Additional enabling/supportive services are beyond any required case management services and support a health center patient's access to non-medical, social, educational or other related services (e.g., child care, food banks/meals, employment and education counseling, legal services/legal aid).	Not described	Not described

Form 5A - Required Services Provided

▼ 00181862: SAN JOAQUIN, COUNTY OF

Look-Alike Number: LALCS00158

Target Population: Community Health Centers

Current Certification Period: 1/1/2020 - 12/31/2020

Current Designation Period: 7/1/2014 - 12/31/2021

Application Type: Annual Certification

Resources

As of 09/30/2020 08:23:55 PM

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

Due Date: 10/03/2020 (Due In: 3 Days)

Form 5A - Required Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
General Primary Medical Care	[X]	[_]	[_]
Diagnostic Laboratory	[X]	[_]	[_]
Diagnostic Radiology	[X]	[_]	[_]
Screenings	[X]	[_]	[_]
Coverage for Emergencies During and After Hours	[X]	[_]	[_]
Voluntary Family Planning	[X]	[_]	[_]
Immunizations	[X]	[_]	[_]
Well Child Services	[X]	[_]	[_]
Gynecological Care	[X]	[_]	[_]
Obstetrical Care			
Prenatal Care	[X]	[_]	[_1
Intrapartum Care (Labor & Delivery)	[X]	[_]	[_]
Postpartum Care	[X]	[_]	[_]
Preventive Dental	[_]	[_]	[x]
Pharmaceutical Services	[X]	[_]	[_]
HCH Required Substance Use Disorder Services	[_]	[_]	[_]
Case Management	[X]	[_]	[_]
Eligibility Assistance	[X]	[_]	[_]
Health Education	[X]	[_]	[_]
Outreach	[X]	[_]	[_]
Transportation	[X]	[_]	[_]
Translation	[X]	[_]	[_]

Form 5A - Additional Services Provided

▼ 00181862: SAN JOAQUIN, COUNTY OF

Look-Alike Number: LALCS00158 Target Population: Community Health Centers

Application Type: Annual Certification

Resources

As of 09/30/2020 08:23:58 PM

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

Due Date: 10/03/2020 (Due In: 3 Days)

Form 5A - Additional Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
Additional Dental Services	[_]	[_]	[_]
Behavioral Health Services			
Mental Health Services	[X]	[_]	[_]
Substance Use Disorder Services	[X]	[_]	[_]
Optometry	[_]	[_]	[_]
Recuperative Care Program Services	[_]	[_]	[_]
Environmental Health Services	[_]	[_]	[_]
Occupational Therapy	[_]	[_]	[X]
Physical Therapy	[_]	[_]	[X]
Speech-Language Pathology/Therapy	[_]	[_]	[_]
Nutrition	[_]	[_]	[_]
Complementary and Alternative Medicine	[_]	[_]	[_]
Additional Enabling/Supportive Services	[_1	[_1	[_1

Form 5A - Specialty Services Provided

▼ 00181862: SAN JOAQUIN, COUNTY OF

Look-Alike Number: LALCS00158 Target Population: Community Health Centers

rget Population: Community Health Centers Application Type: Annual Certification

Resources

As of 09/30/2020 08:24:02 PM

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

Due Date: 10/03/2020 (Due In: 3 Days)

Form 5A - Specialty Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
Podiatry	[X]	[_]	[x]
Psychiatry	[_]	[_]	[_1
Endocrinology	[_]	[_1	[_]
Ophthalmology	[_]	[_]	[_]
Cardiology	[_]	[_]	[_]
Pulmonology	[_]	[_]	[_]
Dermatology	[_]	[_]	[_]
Infectious Disease	[_]	[_]	[_]
Gastroenterology	[_]	[_1	[_]
Advanced Diagnostic Radiology	[_]	1_1	[_]

Form 5B - Service Sites

▼ 00181862: SAN JOAQUIN, COUNTY OF

Current Certification Period: 1/1/2020 - 12/31/2020

Look-Alike Number: LALCS00158

Target Population: Community Health Centers

Current Designation Period: 7/1/2014 - 12/31/2021

Application Type: Annual Certification

▼ Resources 🗹

As of 09/30/2020 08:24:06 PM

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

Due Date: 10/03/2020 (Due In: 3 Days)

		OMB Number:	0915-0285 OMB Expiration Date: 12/31/201			
Healthy Beginnings French Camp (BPS-L	.AL-014286)		Action Status: Picked from Scope			
Site Name	Healthy Beginnings French Camp	Physical Site Address	500 W Hospital Rd Ste A, French Camp, CA 95231-9693			
Site Type	Service Delivery Site	Site Phone Number	(209) 468-6131			
Web URL						
Location Type	Permanent	Site Setting	All Other Clinic Types			
Date Site was Added to Scope	7/1/2014	Site Operational By				
FQHC Site Medicare Billing Number Status		FQHC Site Medicare Billing Number	751119			
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	45			
Months of Operation	May, June, July, August, January, February	, March, April, September, October, December	, November			
Number of Contract Service Delivery Locations		Number of Intermittent Sites				
Site Operated by	Health Center/Applicant					
Organization Information	No Organiz	ation Added				
	140 Organiz	ation Added				
Service Area Zip Codes	95203, 95231, 95210, 95206, 95330, 9533 95204, 95212, 95207, 95202	7, 95336, 95240, 95205, 95236, 95215, 9520	9, 95242, 95377, 95366, 95376, 95219,			
Family Practice Clinic California (BPS-LA	AL-014285)		Action Status: Picked from Scope			
Site Name	Family Practice Clinic California	Physical Site Address	1414 N California St Ste C, Stockton, CA 95202-1515			
Site Type	Service Delivery Site	Site Phone Number	(209) 468-9540			
Web URL						
Location Type	Permanent	Site Setting	All Other Clinic Types			
Date Site was Added to Scope	7/1/2014	Site Operational By				
FQHC Site Medicare Billing Number Status		FQHC Site Medicare Billing Number	050167			
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	53			
Months of Operation	May, June, July, August, January, February	, March, April, September, October, December	, November			
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0			

Organization Information

Site Operated by

No Organization Added

Health Center/Applicant

Service Area Zip Codes	95231, 95204, 95337, 95242, 95202, 9520 95215, 95376, 95366, 95336	6, 95210, 95205, 95240, 95203, 95330, 95207	7, 95209, 95377, 95212, 95236, 95219,
Family Medicine Clinic (BPS-LAL-014284)			Action Status: Picked from Scope
Site Name	Family Medicine Clinic	Physical Site Address	500 W Hospital Rd Ste B, French Camp, CA 95231-9693
Site Type	Service Delivery Site	Site Phone Number	(209) 468-6709
Web URL	www.sjgeneralhospital.com		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	7/1/2014	Site Operational By	
FQHC Site Medicare Billing Number Status		FQHC Site Medicare Billing Number	751127
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	68
Months of Operation	May, June, July, August, January, February	March, April, September, October, December,	November
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Health Center/Applicant		
Organization Information			
	No Organiz	ation Added	
Service Area Zip Codes	95219, 95206, 95366, 95242, 95203, 9520 95330, 95215, 95204, 95212	5, 95376, 95377, 95337, 95209, 95207, 95202	2, 95210, 95336, 95236, 95240, 95231,
Children's Health Services (BPS-LAL-014	283)		Action Status: Picked from Scope
Site Name	Children's Health Services	Physical Site Address	1414 N California St Ste A, Stockton, CA

Service Area Zip Codes	95219, 95206, 95366, 95242, 95203, 95205, 95376, 95377, 95337, 95209, 95207, 95202, 95210, 95336, 95236, 95240, 95231, 95330, 95215, 95204, 95212										
Children's Health Services (BPS-LAL-014283) Action Status: Picked from S											
Site Name	Children's Health Services	Physical Site Address	1414 N California St Ste A, Stockton, CA 95202-1515								
Site Type	Service Delivery Site	Site Phone Number	(209) 468-8154								
Web URL	www.sjgeneralhospital.com	vww.sjgeneralhospital.com									
Location Type	Permanent	Site Setting	All Other Clinic Types								
Date Site was Added to Scope	7/1/2014	Site Operational By									
FQHC Site Medicare Billing Number Status		FQHC Site Medicare Billing Number	751117								
FQHC Site National Provider Identification (NPI) Number	1083955801	Total Hours of Operation	55								
Months of Operation	May, June, July, August, January, February	, March, April, September, October, December,	November								
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0								
Site Operated by	Health Center/Applicant										

011. 0										
Site Operated by	Health Center/Applicant									
Organization Information										
No Organization Added										
Service Area Zip Codes 95242, 95236, 95330, 95204, 95240, 95212, 95366, 95209, 95210, 95231, 95202, 95376, 95377, 95337, 95205, 95203, 95219, 95206										
Primary Medicine Clinic (BPS-LAL-014288)			Action Status: Picked from Scope							
Site Name	Primary Medicine Clinic	Physical Site Address	500 W Hospital Rd Ste C, French Camp, CA 95231-9693							
Site Type	Service Delivery Site	Site Phone Number	(209) 468-7162							
Web URL	www.sjgeneralhospital.com									

Location Type	Permanent	Site Setting	All Other Clinic Types								
Date Site was Added to Scope	7/1/2014	Site Operational By									
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	FQHC Site Medicare Billing Number	75750								
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	59.5								
Months of Operation	May, June, July, August, January, February	May, June, July, August, January, February, March, April, September, October, December, November									
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0								
Site Operated by	Health Center/Applicant										
Organization Information											
	No Organiz	ation Added									
Service Area Zip Codes 95366, 95219, 95240, 95376, 95242, 95236, 95210, 95206, 95212, 95202, 95337, 95209, 95204, 95203, 95336, 95207, 95330, 95377, 95231, 95205, 95215											
Healthy Beginnings California (BPS-LAL-	014287)		Action Status: Picked from Scope								
Site Name	Healthy Beginnings California	Physical Site Address	1414 N California St Ste B, Stockton, CA 95202-1515								
Site Type	Service Delivery Site	Site Phone Number	(209) 468-8154								
Web URL											
Location Type	Permanent	Site Setting	All Other Clinic Types								
Date Site was Added to Scope	7/1/2014	Site Operational By									
FQHC Site Medicare Billing Number Status		FQHC Site Medicare Billing Number	751118								
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	45								
Months of Operation	May, June, July, August, January, February	, March, April, September, October, December,	November								
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0								
Site Operated by	Health Center/Applicant										
Organization Information											
	No Organiz	ation Added									
Service Area Zip Codes 95219, 95209, 95203, 95242, 95376, 95231, 95202, 95240, 95204, 95337, 95206, 95366, 95330, 95205, 95236, 95377, 95212, 95210											

Item #10

Legislative Update October 27, 2020

SJCC has historically provided an update on key state and federal legislative activities relevant to SJCC and community health centers as part of Board meetings We will be reimplementing this update going forward.

California's legislative year ended September 30. This legislative session took place against the backdrop of the pandemic and a projected \$54 billion budget deficit.

This report highlights two pieces of legislation signed into law that are focused on <u>scope of practice</u> issues and two pieces of vetoed legislation focused on <u>telemedicine</u>.

1. Legislation signed into law by Governor Newsom

<u>AB 890 - Nurse Practitioners: Scope of Practice: Practice Without Standardized</u> Procedures. (Wood)

Establishes the Nurse Practitioner (NP) Advisory Committee to advise and give recommendations to the Bord of Registered Nursing regarding the ability of NPs to transition into practicing independently. Beginning January 1, 2023, this bill authorizes a NP to function as an independent practitioner without physician supervision, under specified guidelines.

Requires physician supervision for three to six years before NPs can practice independently. A supplemental examination for licensure may be required as determined by the Board. Twenty-two other states currently allow NPs to practice independently.

SB 1237 – Nurse-midwives: Scope of Practice. (Dodd)

Removes the requirement for a certified nurse midwife (CNM) to practice midwifery according to standardized procedures or protocols with a physician; revises the provisions defining the practice of midwifery; authorizes a CNM to furnish or order drugs or devices in accordance with standardized protocols with a physician.

As a result of this legislation, CNMs will be authorized to attend cases of low-risk pregnancy, as defined, and childbirth and to provide prenatal, intrapartum, and postpartum care, including family-planning services, interconception care, and immediate care of the newborn, consistent with standards adopted by a specified professional organization.

2. Legislation vetoed by Governor Newsom

As the result of state and Federal flexibility during the pandemic, the use of telehealth for primary and specialty care has exploded nationally, statewide, and at SJCC and is

generally being well received by patients. Maintaining and even expanding access to telehealth beyond the pandemic is of great interest to clinics, providers, and advocates.

AB 2164 – Telehealth (Rivas)

Would have authorized a Federally Qualified Health Center (FQHC) and Rural Health Center (RHC) to establish a relationship with a patient who is located within their service area by synchronous or asynchronous (store-and-forward) telehealth. It would have sunset 180 days after the COVID-19 Public Health Emergency has been terminated by the State of California.

In his veto message, Governor Newsom stated, "While I am supportive of utilizing telehealth to increase access to primary and specialty care services, the Department of Health Care Services is currently in the process of evaluating its global telehealth policy to determine what temporary flexibilities should be extended beyond the COVID-19 pandemic.

Changes to FQHC and RHC telehealth is better considered within the context of a global assessment around telehealth in the State of California. Further, the cost of these changes is also more appropriately considered alongside other policy changes in the budget process next year. "

AB 2360 - Telehealth: Mental Health (Maienschein)

Would have required health care service plans, including Knox-Keene licensed Medi-Cal managed care health plans to provide access to a telehealth consultation program that meets specified criteria and provides providers who treat children and pregnant and certain postpartum persons with access to mental health consultation program, as specified. The bill would have required the consultation by a mental health clinician with expertise appropriate for pregnant, postpartum, and pediatric patients be conducted by telephone or telehealth video, and to include guidance on the range of evidence-based treatment options, screening tools, and referrals.

In his veto message, Governor Newsom stated that while he appreciated the intent of the legislation to expand mental health services for children and pregnant and postpartum persons, the bill would have created costs that would be more appropriately addressed through the annual budget process

3. Partnering with Look-Alike Advocacy

Background

The group Look-Alike Advocacy (https://www.lookalikeadvocacy.com) is an informally organized group of FQHCs formed earlier this year by the CEO of Wahiawa Health, a look-alike on Oahu. It was formed in response to the announcement that FQHC look-alikes were not initially eligible to receive any of \$1.9 billion in funding passed by Congress to prepare community health centers to respond to the COVID-19 pandemic.

Under the guidance of the CEO of Wahiawa Health and a Look-Alike consultant she hired, the initial mission of Look-Alike Advocacy was to gather the support of patients, board members, providers, administrators, and community stakeholders - to demand emergency funding be released to <u>all</u> community health centers. In great part because of the organizing and advocacy efforts of Look-Alike Advocacy, HRSA initiated the Look-Alike Expanded Testing for Coronavirus grant program. This was the first ever HRSA grant program for look-alikes and SJCC received over \$600,000 through the program.

According to Look-Alike Advocacy, there are over 75 FQHCs look-alikes across the country providing care to 600,000 patients. They operate identical to, but are not eligible for the funding and other benefits received by 330 grantees. There has historically been no organized advocacy on behalf of all Look-Alikes. Based on its initial success in helping to get HRSA grant funding for look-alikes and its strong and increasing outreach to look-alikes across the country, Look-Alike Advocacy appears to be emerging as a strong and perhaps leading voice for look-alikes.

Partners

To strengthen its capacity to be recognized by HRSA and elected officials as the voice of lookalikes, Look-Alike Advocacy is asking all look-alikes to consider partnering with it. Currently, the following look-alikes are identified as partners:

- Wahiawa Health Wahiawa, HI
- Brighter Beginnings Richmond, CA
- Castle Family Health Centers, Inc. Atwater, CA
- Catherine's Health Center Grand Rapids, MI
- Health Service Alliance Montclair, CA
- 219 Health Network East Chicago, IN
- Legacy Medical Care Arlington Heights, IL
- Trillium Health Rochester, NY
- Southwest C.A.R.E. Center Sante Fe, NM
- White Mountain Health Conway, NH
- Edgewater Health Gary, IN
- Sharon Community Health Center Sharon, PA

- Aspire Indiana Health Noblesville, IN
- Hope Family Care Center Kansas City, MO
- Wright Centers for Community Health Scranton, PA
- Community Access Network Lynchburg, WA
- Logan Mingo Area Mental Health Logan, WV

After a conference call last week with Look Alike Advocacy, their consultant, and several Look-Alikes from across the country discussing the future of Look-Alikes, SJCC believes that there is great value to partnering with Look-Alike Advocacy. Following are basic details on this informal partnership:

Cost

There is currently no financial cost associated with partnership. However, SJCC staff may devote a few hours per month to Look-Alike Advocacy associated educational activities.

<u>Benefit</u>

SJCC will be identified as a partner on the Look-Alike Advocacy website, receive regular updates on emerging legislative and other issues of potential concern, have the opportunity to influence the organization's advocacy and training priorities, and participate in look-alike specific training and advocacy.

CEO Report – Previous 30 Days

• COVID19 response

- Drive-through testing with Verily Project Baseline
 - 250 scheduled/day, 5 days/week (volumes down to 50ish daily)
- Homeless and ag worker testing 7 days/week
- Twindemic prevention drive-through flu shots 6 days/week
- CNA strike SJCC volumes were significantly downsized 10/7 10/9
- SJCC/SJGH separation
 - Working with SJC ACO, SJC CAO, and SJGH CFO
 - Detailed updates provided to SJCC Board Audit Committee
- National Binational Health Week SJCC-led event was held 10/24 (drive-through format)
- Grant activity
 - HRSA ECT grant + CARES Act dollars = mobile clinic (7th clinic site); looking at purchase options
 - DHCS State Opioid Response 2 (continuation of Aegis CA Hub and Spoke grant)
 - 9/30/20 9/29/22
 - Up to \$100,690



			ts Receivable Ag	•	r SJCC			
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	50,296	228,589	18,565	22,856	320,306	1,133,487	(813,182)	-71.74%
271-365 Days	190,924	842,958	69,021	53,292	1,156,195	423,283	732,912	173.15%
366 Days & Over	46,596	(100,847)	56,409	135,032	137,190	155,780	(18,590)	-11.93%
	26%	64%	8%	2%				
Total FC This Month	879,866	3,315,307	738,475	196,613	5,130,262	5,287,868	(157,606)	-2.98%
Total FC Last Month	985,749	3,401,587	714,295	186,237	5,287,868			
\$ Increase (Decrease)	(105,882)	(86,280)	24,180	10,376	(157,606)			
% Increase (Decrease)	-10.74%	-2.54%	3.39%	5.57%	, , ,			
		Mo	onthly Managem	ent Summary				
August Activity	Beginning 5,287,868	Gross 2,370,881	Payments (1,651,545)	Adjustments (876,941)	Ending Gross 5,130,262			
		PFS Ke	y Performance In	ndicators for SJ	CC			
	August	July	June	May	April	March	February	Increase (Decrease)
Gross A/R Days	72	79	101	104	130	92	106	(6)
Net A/R	1,979,634	2,220,764	2,502,157	2,297,224	2,773,469	2,418,439	5,121,559	(241,130)
				· _ í				` ' '

Net A/R Days

(11)

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
Grand Total	8.62	45.21	53.83



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

Summary of Clinics Year to Date

Billable visits through August were favorable to budget by 2,914 visits, or 15.9% greater than budget. Net patient revenues are \$615,164 greater than budget primarily associated with large Medi-Cal Code 18 increases effective July 15, 2020. A liability associated with the annual PPS reconciliation is being accrued at \$50K per month. August financials include the accrual for both July and August 2020.

Year-to-date capitation is in line with budget at \$868,304. Thus, total net revenues are greater than budget by \$598,551.

Salaries and benefits expenses are greater than budget by \$195,038. In the August 2020 financials, physician incentives were accrued for June and July 2020 at \$144,902 and \$82,394, respectively.

Other operating expenses exhibit a year-to-date favorable variance of \$67,851 largely due to a professional fees unfavorable variance of \$113,773 offset by favorable variances in supplies and purchased services of \$94,616 and \$76,875, respectively.

The Clinic financials include conservative, estimated FYTD supplemental revenues earned by the Clinics in the amount of \$1,228,165 for the Quality Incentive Program.

Unaudited net income inclusive of the estimated overhead allocation is \$807,628 on a year-to-date basis which is greater than budget by \$429,392.

<u>Additional Factors Impacting Clinic Performance Presentation</u>

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

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

Form 5A - Additional Services Provided

▼ 00181862: SAN JOAQUIN, COUNTY OF

Look-Alike Number: LALCS00158 Target Population: Community Health Centers

Application Type: Annual Certification

Resources

As of 09/30/2020 08:23:58 PM

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

Due Date: 10/03/2020 (Due In: 3 Days)

Form 5A - Additional Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)			
Additional Dental Services	[_]	[_]	[_]			
Behavioral Health Services						
Mental Health Services	[X]	[_]	[_]			
Substance Use Disorder Services	[X]	[_]	[_]			
Optometry	[_]	[_]	[_]			
Recuperative Care Program Services	[_]	[_]	[_]			
Environmental Health Services	[_]	[_]	[_]			
Occupational Therapy	[_]	[_]	[X]			
Physical Therapy	[_]	[_]	[X]			
Speech-Language Pathology/Therapy	[_]	[_]	[_]			
Nutrition	[_]	[_]	[_]			
Complementary and Alternative Medicine	[_]	[_]	[_]			
Additional Enabling/Supportive Services	[_1	[_1	[_1			

Form 5A - Specialty Services Provided

▼ 00181862: SAN JOAQUIN, COUNTY OF

Look-Alike Number: LALCS00158 Target Population: Community Health Centers

rget Population: Community Health Centers Application Type: Annual Certification

Resources

As of 09/30/2020 08:24:02 PM

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

Due Date: 10/03/2020 (Due In: 3 Days)

Form 5A - Specialty Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
Podiatry	[X]	[_]	[x]
Psychiatry	[_]	[_]	[_1
Endocrinology	[_]	[_1	[_]
Ophthalmology	[_]	[_]	[_]
Cardiology	[_]	[_]	[_]
Pulmonology	[_]	[_]	[_]
Dermatology	[_]	[_]	[_]
Infectious Disease	[_]	[_]	[_]
Gastroenterology	[_]	[_1	[_]
Advanced Diagnostic Radiology	[_]	1_1	[_]

San Joaquin County Clinics Income Statement As of August 31, 2020

Year to Date

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD Actual	YTD Budget	Variance	% Var
Total Visits	13,515	11,195											24,710	19,109	5,601	29.3%
Billable Visits	11,569	9,681											21,250	18,336	2,914	15.9%
Patient Revenue																
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	2,062,848	1,356,553											3,419,401	3,488,218	(68,817)	-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!
Gross Patient Revenue	2,701,507	1,733,829	0	0	0	0	0	0	0	0	0	0	4,435,335	4,778,381	(343,046)	-7.2%
Contractual Adjustments	(1,387,128)	(88,489)											(1,475,616)	(2,429,727)	954,111	39.3%
PPS Reconciliation	0	(100,000)											(100,000)	(100,000)	0	0.0%
Other Allowances	(4,083)	4,231					-	_	_	_			148	(3,952)	4,100	103.8%
Net Patient Revenue	1,310,296	1,549,571	0	0	0	0	0	0	0	0	0	0	2,859,867	2,244,703	615,164	27.4%
Other Revenue													ا ا	0	0	#DIV/0!
Incentives & Pay-For-Performance Revenues	444,084	442,220											ı "	902,918	- 1	
Capitation Revenue Grant Revenue	444,084	442,220											886,304	902,918	(16,614) 0	-1.8%
First Responder Program							1		1				0	0	0	
CARES Funding													ا ا	0	0	
Meaningful Use							1		1					0	0	
Total Other Revenue	444.084	442,220	0	0	0	0	0	0	0	0	0	0	886,304	902,918	(16,614)	-1.8%
Total Net Revenue	1,754,381	1,991,791	0								0	0		3,147,621	598,551	19.0%
Total Net Net Penae	2,754,502	2,552,752					Ť			-			3,7 10,272	5,147,021	330,331	
Operating Expense																
Salaries	707,163	914,327											1,621,490	1,312,167	(309,322)	-23.6%
Benefits	449,333	425,283						_	_	_			874,616	988,900	114,284	11.6%
Total Salaries & Benefits	1,156,496	1,339,609	0	0	0	0	0	0	0	0	0	0		2,301,067	(195,038)	-8.5%
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 18,745	134,024 18,745											200,021 37,490	276,895 45,383	76,875 7,893	27.8% 17.4%
Depreciation Other Expense	35,155	20,421											55,576	57,815	2,239	3.9%
Total Direct Expense	1,431,752	1,701,111	0	0	0	0	0	0	0	0	0	0		3,005,676	(127,187)	-4.2%
Net Income (Loss)	322,628	290,680	0								0	0		141,945	471,363	-332.1%
Net income (2033)	322,020	250,000					-						013,300	141,545	471,303	-552.170
Revenues from Supplemental Sources																
Public Hospital Redesign																
and Incentives in Medi-Cal (PRIME)													ا ۱	0	0	
Quality Incentive Program (QIP)	614,083	614,083											1,228,165	1,228,165	0	
Z,	,	,											_,,	-,,	-	
Overhead Allocation	472,478	561,367	0	0	0	0	0	0	0	0	0	0	1,033,845	991,873	(41,972)	-4.2%
Net Income (Loss) w/ OH Allocation	464,233	343,396	0	0	0	0	0	0	0	0	0	0	807,628	378,237	429,392	-113.5%
													0.539390378			
Key Ratios																
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												\$ 176.29			2.7%
Direct Costs/Billable Visit	\$ 123.76												\$ 147.43			10.1%
Indirect Costs/Billable Visit	\$ 40.84												\$ 48.65			10.1%
Total Medical Cost/Billable Visit	\$ 164.60												\$ 196.08			10.1%
Net Income(Loss)/Billable Visit	\$ 40.13												\$ 38.01			-84.2%
Total Cost/Patient (1)	\$ 411.49	\$ 584.26											\$ 490.20			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%

San Joaquin General Hospital-FQHC LAL Clinics Income Statement For the YTD Ending August 31, 2020

						Healthy								
	Children's	<u>Family</u>	Family Practice -	Primary	Healthy	Beginnings							YTD Variance -	% Var - Fav
	Health Services	Medicine	<u>Ca</u>	Medicine	Beginnings - Ca	French Camp	Hazelton Clinic	Manteca Clinic	FQ Grants	FQ Admin	Total	YTD Budget	Fav (Unf)	<u>(Unf)</u>
	<u>(#7080)</u>	(#7092)	<u>(#7093)</u>	(#7096)	(#7182)	(#7183 <u>)</u>	(#7184)	(#7185)						
Total Visits	3,202	7,855	1,025	8,827	2,903	898	0	0		- [24,710	19,109	5,601	29.3%
Billable Visits	3,057	4,752	986	8,659	2,903	893	0	0			21,250	18,336	2,914	15.9%
Productive FTEs (Provider)	4.1	2.6	1.3	9.3	4.2	1.8	0.0	0.0			23.4	20.0	(3.4)	-16.8%
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	15.7	6.5	21.7	10.5	6.7	2.6	4.1		18.1	103.3	95.5	(7.8)	-8.1%
Total Hours/Visit	2.17	5.30	2.23	2.70	1.99	1.45		-			2.65	2.67	0.02	0.7%
10141110410, 11011		5.55			2.55							,	0.02	•
Patient Revenue														
Medicare	0	48,510	8,919	87,792	12,697	3,534	(498)	(1,484)		0	159,470	525,622	(366,151)	-69.7%
Medi-Cal	183,660	103,445	12,824	87,483	228,201	64,098	1,812	8,599		0	690,122	573,406	116,716	20.4%
Medi-Cal Managed Care	906,849	634,033	145,729	1,047,650	488,749	190,524	709	5,159		0	3,419,401	3,488,218	(68,817)	-2.0%
Insurance	8,438	24,705	1,871	66,487	2,135	4,759	862	(397)		0	108,859	47,784	61,075	127.8%
Self Pay	(9,775)	19,633	9,372	28,870	11,168	11,572	(2,310)	(11,047)		0	57,483	143,351	(85,869)	-59.9%
Indigent	0	0	0	0	0	0	0	0		0	0	0	0	#DIV/0!
Gross Revenue	1,089,171	830,326	178,715	1,318,281	742,950	274,487	575	830	0	0	4,435,335	4,778,381	(343,047)	-7.2%
Contractual Adjustments	(378,948)	(142,845)	(3,827)	(524,309)	(209,634)	(80,764)	(39,366)	(95,923)		0	(1,475,616)	(1,589,532)	113,915	7.2%
PPS Reconciliation	(17,692)	(26,866)	(6,553)	(25,555)		(12,978)	0	0			(100,000)	(100,000)	0	0.0%
Other Allowances	78	(504)	(1,671)	725	(105)	193	0	1,433		o	148	(3,952)		103.8%
Net Patient Revenue	692,609	660,111	166,665	769,142	522,854	180,938	(38,791)		0	0	2,859,867	2,244,703	•	27.4%
Incentives & Pay-For-Performance Revenues	052,005	000,111	200,000	703,212	522,05	100,500	(00):52)	(55,555)	· ·	٠,	0	_, ,, . 60	0	271.75
Physician Capitation- PMPM	143,792	193,666	43,409	350,446	118,682	36,309	0	0			886,304	902,918		-1.8%
yololai. capitation	836,401	853,777	210,074	1,119,588	641,536	217,247	(38,791)	(93,660)		0	3,746,172	3,147,621	598,550	19.0%
Other Revenue	030,401	033,777	0	0	041,550	0	(30,731)	(55,000)	0	0	0	0,147,021	0	100.0%
Total Operating Revenue	836,401	853,777	210,074	1,119,588	641,536	217,247	(38,791)	(93,660)	0	0	3,746,172	3,147,621	598,550	19.0%
Total operating nevenue	000,101	555,777	220,07	1,110,000	0.1,550		(00):02)	(55)555)			5,7 .5,2.72	0,1 ,021	550,550	25.070
Expenses														
Salaries	236,895	218,063	124,373	417,765	202,178	109,822	0	0	0	312,394	1,621,490	1,312,167	(309,322)	-23.6%
Benefits	156,186	116,503	75,263	162,873	102,835	73,616	0	0	0	187,340	874,616	988,900		11.6%
Total Salaries & Benefits	393,081	334,566	199,636	580,638	305,013	183,438	0	0	0	499,733	2,496,105	2,301,067	(195,038)	-8.5%
Professional Fees/Registration	8,950	34,698	0	23,412	0	0	0	0	0	218,308	285,367	171,594	(113,773)	-66.3%
Supplies	5,149	9,213	6,050	7,811	19,497	9,237	0	0	0	1,349	58,305	152,921	94,616	61.9%
Purchased Services	10,816	265	4,556	248	5,963	60	0	0	0	178,112	200,021	276,895	76,875	27.8%
			299	272			0	0	0					
Depreciation Other Expense	1,228 11,846	3,718 3,600	7,131	958	2,277 8,410	4,810 1,563	0	0	0	24,886 22,069	37,490 55,576	45,383 57,815	7,893 2,239	17.4% 3.9%
Other Expense							0	0	0					
Total Expenses	431,070	386,060	217,671	613,339	341,160	199,108	0	-	0	944,456	3,132,864	3,005,676		-4.2%
Allocation of Direct Admin Exp	232,001	176,865	38,068	280,803	158,253	58,467		0		(944,456)	0	0	0	0.0%
Total Expenses excl Hosp OH	663,071	562,925	255,738	894,142	499,413	257,575	0	0	0	-	3,132,864	3,005,676		-4.2%
Profit/(Loss) before Hosp OH	173,331	290,852	(45,665)	225,447	142,123	(40,329)	(38,791)	(93,660)	0	-	613,309	141,945	471,364	-332.1%
Devenues from Sumplemental Sources														
Revenues from Supplemental Sources														
Public Hospital Redesign														
and Incentives in Medi-Cal (PRIME)											0	0	0	
Quality Incentive Program (QIP)	199,255	268,366	60,152	485,619	164,459	50,314					1,228,165	1,228,165	0	0.0%
Overhead Allocation	218,813	185,765	84,394	295,067	164,806	85,000	0	0	0	0	1,033,845	991,873	(41,972)	-4.2%
Net Income (Loss)	153,772	373,453	(69,906)	415,999	141,776	(75,015)	(38,791)	(93,660)	0	0	807,628	378,237	429,393	113.5%

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San Joaquin General Hospital-FQHC LAL Clinics Income Statement For the YTD Ending August 31, 2020

					Healthy	Healthy					
	Children's	Family		Primary	Beginnings	Beginnings					
	Health Services	Medicine	Family Practice	Medicine	California	French Camp					% Var - Fav
	(#7080)	(#7092)	Calif St (#7093)	(#7096)	Street (#7182)	(#7183)	FQ Admin	Total	YTD Budget	YTD Variance	(Unf)
Key Ratios	1	1		1			<u> </u>				141
Net Pt Rev as % of Gross Rev	63.6%	79.5%	93.3%	58.3%	70.4%	65.9%	0.0%	64.5%	47.0%	17.5%	37.3%
Total Net Rev as % of Gross Rev	76.8%	102.8%	117.5%	84.9%	86.3%	79.1%	0.0%	84.5%	65.9%	18.6%	28.2%
Benefits as a % of Salaries	65.9%	53.4%	60.5%	39.0%	50.9%	67.0%	60.0%	53.9%	75.4%	21.4%	28.4%
Overhead % of Direct Expenses	50.8%	48.1%	38.8%	48.1%	48.3%	42.7%	0.0%	33.0%	33.0%	0.0%	0.0%
Gross Revenue per Billable Visit	356.29	174.73	181.25	152.24	255.92	307.38	0.00	208.72	260.60	(51.88)	-19.9%
Net Revenue per Billable Visit	273.60	179.67	213.06	129.30	220.99	243.28	0.00	176.29	171.66	4.63	2.7%
Direct Costs/Billable Visit	141.01	81.24	220.76	70.83	117.52	222.96	0.00	147.43	163.92	16.49	10.1%
Indirect Costs/Billable Visit	71.58	39.09	85.59	34.08	56.77	95.18	0.00	48.65	54.09	5.44	10.1%
Total Medical Cost/Billable Visit							0.00				
Total Cost/Patient (1)							0.00				
Net Income(Loss)/Billable Visit	50.30	78.59	(70.90)	48.04	48.84	(84.00)	0.00	38.01	20.63	17.38	-84.2%
Payer Mix											
Medicare	0.0%	5.8%	5.0%	6.7%	1.7%	1.3%	0.0%	3.6%	11.0%	-7.4%	-67.3%
Medi-Cal	16.9%	12.5%	7.2%	6.6%	30.7%	23.4%	0.0%	15.6%	12.0%	3.6%	29.7%
Medi-Cal Managed Care	83.3%	76.4%	81.5%	79.5%	65.8%	69.4%	0.0%	77.1%	73.0%	4.1%	5.6%
Insurance	0.8%	3.0%	1.0%	5.0%	0.3%	1.7%	0.0%	2.5%	1.0%	1.5%	145.4%
Self Pay / Indigent	-0.9%	2.4%	5.2%	2.2%	1.5%	4.2%	0.0%	1.3%	3.0%	-1.7%	-56.8%
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

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