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.

I	Membership		Specialty/ Assigned		Proctoring		Rec	
F	Request	Name	Div/Dept	Competency / Privilege Review	Required	Proctor	Status/Term	Recommend
				No Initial Appointments on this report				

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.

		Specialty/		Action Taken/Rec.		
Membership		Assigned	Quantitative/Qualitative Factors Request for Privileges	Exceptions	Rec. Staff Category/	
Request	Name	Div/Dept	and/or Privilege Change	for Cause	Reappoint Period	Recommend
Reappointment	Rowena Korobkin, MD	Pediatric	Requirements for Consulting Staff Met	None	Consulting	CRED: 09/01/2020
					11/2020 to 11/2022	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.

		Current Category of			
Name	Specialty/Assigned Div/Dept	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

PFS Accounts Receivable Aging Analysis For SJCC For the Month of June 2020								
Aging Category	MediCare	MediCal	Commercial	Self Pay	Total Aging This Month	Total Aging Last Month	\$ Increase (Decrease)	% Increase (Decrease)
Accrued Receivables					-	0	0	0.00%
1-30 Days	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 Key	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)

	PFS Accounts Receivable Aging Analysis For SJCC For the Month of July 2020								
Aging Category	MediCare	MediCal	lediCal Commercial Sel		Total Aging This Month	Total Aging Last Month	<pre>\$ Increase (Decrease)</pre>	% 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	116,264	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%	
Total FC This Month	26% 985,749	64% 3,401,587	8% 714,295	2% 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) % Increase (Decrease)	(617,069) -38.50%	(872,503) -20.41%	(8,220) -1.14%	(5,966) -3.10%	(1,503,759) -22.14%				
		PFS Key	y Performance Ind	licators 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 Days	20	21	23	31	63	88	100	(1)	

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



September 28, 2020, 4:00 p.m.

Join Microsoft Teams Meeting

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

Conference ID: 954 379 072#

Agenda

I.	Call to order		Rod Place	1 min
II.	Approval of Minutes from 08/24/2020	*	Rod Place	1 min
III.	Introductions		Rod Place	1 min
IV.	FY20/21 Budget		Kris Zuniga	20 mins
V.	Presentation of June Financials (maybe July as well)		Kris Zuniga	20 mins
VI.	Accounts Receivables Status / KPI		Kris Zuniga	10 mins
VII.	Adjournment		Rod Place	1 min
	* Action Item			

Next Meeting: October 26, 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.

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San Joaquin County Clinics (SJCC) Finance Committee Minutes of August 24, 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); Esgardo Medina (SJCC Board Member); David Culberson (SJGH CEO); Greg Diederich (HCS Director); Dr. Farhan Fadoo (SJCC Executive Director); Monica Nino (SJ County Administrator); Chris Roberts (SJGH CFO); Alice Souligne (SJCC COO); Kris Zuniga (SJCC CFO); Carlos Jimenez (Wipfli Consultant); Adelé Gribble (SJCC ACS OTC) <u>Excused:</u>

Brian Heck (SJCC Board Member); Lynn Kelly (SJGH Pt. Financial Services Deputy Director) Absent

Luz Maria Sandoval (SJCC Board Treasurer)

I. Call to Order

The meeting was called to order by Rod Place at 4:04 p.m.

II. Approval of Minutes from May 21, 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 07/27/2020. 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.

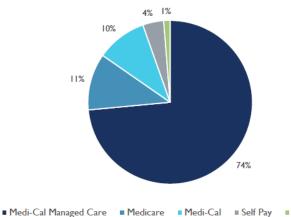
IV. PPS Reconciliations (Kris Zuniga, FQHC CFO)

Kris Zuniga advised we will speak about our MediCal PPS Rate Process and the PPS reconciliations received for San Joaquin County Clinics (SJCC) this afternoon.

He acknowledged this information is not straightforward but as the Finance Committee, as members of the Board, he is presenting this information for the Board's education, for their information. It is not the Board's responsibility to calculate anything discussed today, it is merely an introduction.

The presentation this afternoon will cover four areas: MediCal PPS rate in general and what settlement means and is for our MediCal PPS rates; SJCC specific PPS rates and what settlement can mean there; MediCal PPS reconciliation process (associated with Managed Care Population); SJCC specific PPS reconciliations settlements and summation of what that means for our financial statements.

SJCC's payer mix is shown below as a pie chart. This is our business, our visits, this is essentially what EMMI collects off of.:



This diagram depicts 100% of our patient population by financial class or major payer. The percentage make-up of our payer mix is as follows: The larger portion (74%) is MediCal Managed Care, followed by Medicare at 11%, Traditional MediCal at 10%, Self-Pay at 4% and Commercial at 1%.

This afternoon's discussion will cover two pieces of the pie: 10% for traditional MediCal and 74% for MediCal Managed Care.

- MediCal Federally Qualified Health Center (FQHC) Reimbursement is based on the Prospective Payment System (PPS Rate). This effectively means a method of reimbursement in which a payment is made on a predetermined fixed amount.
- > FQHC's are paid at a static interim PPS rate until a final PPS rate is determined for each clinic site
 - PPS Rate = Base-Year Total Allowable Costs/Base-Year Total Billed Visits
 - > EXAMPLE FOR ONE CLINIC:

 \geq

- 2,000,000 ALLOWABLE COSTS/10,000 BILLED VISITS = \$200 PPS RATE
- When the PPS rate is set, the state pays a retroactive settlement payment for each traditional Medi-Cal visit since inception (in our case, inception was July 1st, 2014).
- > Annual PPS Rate increases occur each October

Kris presented the below table (SJCC traditional Medi-Cal PPS Rates), reminding the board that items shown in green are final rates, yellow items are still pending (Family Practice Clinic California Street):

GREEN IS FINAL YELLOW IS NOT

		Family Medicine	Children's Health	Primary Medicine	Healthy Beginnings	Healthy Beginnings		Family Practice Clinic California
	Effective Date	Clinic	Services	Clinic	California St.	French Camp	Effective Date	St.***
Interim PPS Rate	7/1/2014	129.02	129.02	129.02	129.02	129.02	7/1/2015	158.85
Base Year PPS Rate	7/1/2014	172.37	208.46	142.30	217.36	268.47	7/1/2015	242.41
Today's PPS Rate	10/1/2019	182.96	221.27	151.04	230.72	284.97	10/1/2019	255.26

***FPCC is an estimate as of 8-10-20

The interim rates at the first five initial clinics were all the same at \$129.02 but as of May 2020 we learned our final PPS rates for that base year were \$172.37 through \$268.47 respectively for the five clinics. Because the state has issued us increases every October 1st, our current PPS rates at those clinics are \$182.96 through \$284.97. We have also been conducting the audit process with the State of California for the FPCC and that process has concluded. Kris stated they expect our final PPS rate later this week. He anticipates coming in at \$242.41. If their calculations are correct, we will be at \$250.00. This means the FQHC has really healthy PPS rates. Kris reiterated that the above is still speaking about the 10% piece of the pie.

When the PPS rate is set, the State pays a retroactive settlement for each traditional MediCal visit since inception.

The Annual PPS rate increases occur each October.

The State will determine the final retroactive settlement payment amounts.

Estimated receivables below do not include FPCC

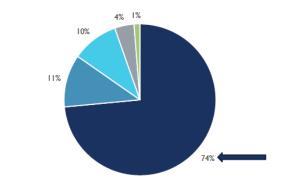
	Family Medicine	Children's Health	Primary Medicine	Healthy Beginnings	Healthy Beginnings
	Clinic	Services	Clinic	California St.	French Camp
Interim Rate	129.02	129.02	129.02	129.02	129.02
7/1/2014	172.37	208.46	142.30	217.36	268.47
10/1/2015	173.75	210.13	143.44	219.10	270.62
10/1/2016	175.66	212.44	145.02	221.51	273.60
10/1/2017	177.77	214.99	146.79	224.17	276.88
10/1/2018	180.26	218.00	148.81	227.31	280.76
10/1/2019	182.96	221.27	151.04	230.72	284.97

Kris advised while we may have been conducting our business at a rate of \$129.02 across all five of our clinics, the State of California will compensate us for every traditional MediCal visit at their respective PPS rate that was in effect for that visit date, all the way back to inception.

Kris stated they have estimated what that means to our clinics for each Fiscal Year. Wipfli is estimating our MediCal business will return approximately \$\$3.9M to the clinics from the State of California for our Traditional MediCal visits that have occurred through the years of our history. The State will look at all our visits and determine the final total.

Estimated R	Estimated Receivables								
Fiscal Year 15	\$	622,109							
Fiscal Year 16	\$	583,253							
Fiscal Year 17	\$	590,865							
Fiscal Year 18	\$	688,190							
Fiscal Year 19	\$	719,915							
Fiscal Year 20	\$	742,311							
Estimated Total	\$	3,946,643							

74% of SJCC's business (Medi-Cal Managed Care) reflects the following:



- Medi-Cal Managed Care
 Medicare
 Medi-Cal
 Self Pay
 Commercial
- More complicated than traditional Medi-Cal FQHC reimbursement (with traditional Medi-Cal visits, the patient comes into the clinic, we get our PPS rate for that visit).
- Reimbursement comes in three forms:
 - 1. Capitation payments monthly payments per Managed Care member for a bundle of services (outlined in our Managed care contract)
 - Example: 1,000 enrolled members x \$10 per member = \$10,000 per month
 - 2. Wrap payments (formerly known as Code 18 payments) payments per visit
 - Wrap rate is issued to each clinic
 - Billed by EMMI
 - > Paid by the State
 - 3. Managed Care Fee-For-Service payments payments per visit for service not covered under capitation
 - Billed by EMMI
 - Paid by HPSJ

For the Managed Care Fee-For-Service, EMMI will bill these services out directly to the health plan and they will pay us.

- > At the conclusion of each fiscal year, all California FQHC's are required to file a per-site PPS reconciliation report with the Department of Health Care Services (DHCS)
- The reconciliation compares FQHC payments received (3 components) versus a calculation of what the FQHC is "entitled" to receive
- Entitlement per site is equal to the total Managed Care billed visits multiplied by the individual site's PPS rate
 - EXAMPLE FOR ONE CLINIC: 5.000 managed care visits x \$250 PPS rate = \$1,250,000 entitlement reimbursement
 CONCLUSION: VISITS DICTATE ENTITLEMENT (the more visits we have, the more money we can keep at the end of the fiscal year)
- If the payments received are greater than the entitlement amount, then the FQHC owes monies back to the State
- If the payments received are less than the entitlement amount, then the FQHC is owed monies from the State
- The final PPS reconciliation settlement amount is determined by the DHCS, not the FQHC.

Taking this information and applying it specifically to SJCC, this large schedule below represents our PPS reconciliation submissions from FY15 through FY20 (not final, estimated)

- The schedule below estimates annual PPS reconciliation liabilities inclusive of the Family Practice
- Clinic but calculated at the interim PPS rate
- The State is usually about three years behind on finalizing PPS reconciliations
 All fiscal years have been submitted to DHCS except for fiscal year 2020

Fiscal Year	2015	2016	2017	2018	2019	2020	Aggregate
Managed Care Wrap Around Visits	50,078	48,746	57,735	70,557	74,880	91,939	393,935
Total Entitlement	8,708,282	8,975,699	10,659,487	12,980,066	13,716,166	16,360,268	71,399,968
Average Entitlement Amount Per Visit	173.89	184.13	184.63	183.97	183.18	177.95	181.25
Less:							
Medi-Cal Wrap Around Payments	5,669,267	5,828,797	6,752,064	7,903,747	8,429,004	9,722,084	44,304,963
Managed Care FFS Payments	5,642,254	682,830	803,790	1,537,250	3,106,507	1,964,943	13,737,574
Managed Care Capitation Payments	-	5,945,541	5,974,366	5,657,849	5,538,716	5,275,425	28,391,897
Total Payments Received	11,311,521	12,457,168	13,530,220	15,098,846	17,074,227	16,962,452	86,434,434
Average Payment Received Per Visit	225.88	255.55	234.35	214.00	228.02	184.50	219.41
Estimated Settlement	(2,603,239)	(3,481,469)	(2,870,733)	(2,118,780)	(3,358,061)	(602,185)	(15.034.467

Kris advised the State is usually three years behind on finalizing these PPS reconciliations, for example, the June 30, 2020 PPS reconciliation is due November 30, 2020. We don't expect the State to get to it and finalize that submission for another two to three years. All fiscal years have been submitted to DHCS except for FY20. If we find that our liabilities are not in line with our expectations, or are too high, the leadership may pursue the wrap-rates If FY20 is indeed an indication of where we are, and where we are trending, we might not adjust those wrap-rates at all. General practices dictate an FQHC is a net borrower from the State because of this three-year issue.

Finance Committee Minutes of August 24, 2020 Page 4 of 5

ANNUAL DDS DECONCILIATION ACCOURD LIADULTICS

Estimated F	Recei	vables	Estimate	d Pay	yables
Fiscal Year 15	\$	622,109	Fiscal Year 15	\$	(2,603,239)
Fiscal Year 16	\$	583,253	Fiscal Year 16	\$	(3,481,469)
Fiscal Year 17	\$	590,865	Fiscal Year 17	\$	(2,870,733)
Fiscal Year 18	\$	688,190	Fiscal Year 18	\$	(2,118,780)
Fiscal Year 19	\$	719,915	Fiscal Year 19	\$	(3,358,061)
Fiscal Year 20	\$	742,311	Fiscal Year 20	\$	(602,185)
Estimated Total	\$	3,946,643	Estimated Total	\$	(15,034,467)

What we have noticed is our Managed Care visits are trending upward, therefore our entitlement is trending upwards. When we look at the total payments received, that is also increasing. When we look at the estimated settlements, beginning at FY16, that decreases. The more visits we have, the more we are earning and therefore the less we expect to pay back. There is one exception (2019), and we are currently looking at that year's filing because we have good reason to believe that perhaps our reported Fee-For-Service payments at \$3.1M were way too high. Kris advised they are working with Wipfli on this and if it is determined we over reported our payments, we will notify the State and come to a reduced amount that we owe the State back.

Across the horizontal, we are looking at what the balances were in our financial records at the end of May 2020. At the end of May 2020, for accrued liabilities for the PPS reconciliations, we had \$18.4M accrued in liabilities. Our analysis estimates \$15M so there is cause for adjustment on our financial records of \$3.3M to the positive. This is a \$3.3M increase in FY20 revenues and reductions of liabilities.

Below are two schedules, one that represents the liabilities associated with our PPS reconciliations and the second for receivables for traditional MediCal business.

ANNUAL PPS RECONCIL	IATION ACCRUED LIABILITIES				
GL ACCOUNT CODE	ACCOUNT DESCRIPTION FQ	5/31/20 BALANCE	RECOMMENDED 6/30/20 BALANCES	RECOMMENDED ADJUSTMENTS	
2062015	DUE TO MCMC CD 18 FY15 FQ	(4,254,789)	(2,603,239)	1,651,550	
2062016	DUE TO MCMC CD 18 FY16 FQ	(5,108,533)	(3,481,469)	1,627,064	
2062017	DUE TO MCMC CD 18 FY17 FQ	(4,912,655)	(2,870,733)	2,041,922	
2062018	DUE TO MCMC CD 18 FY18 FQ	(3,591,068)	(2,118,780)	1,472,288	
2062019	DUE TO MCMC CD 18 FY19 FQ	-	(3,358,061)	(3,358,061)	
2062020	DUE TO MCMC CD 18 FY20	(550,000)	(602,185)	(52,185)	
	TOTAL ACCRUED	(18,417,045)	(15,034,467)	3,382,578 R	EDUCTION IN ACCRUED LIABILITY

Kris stated, looking at the receivables for the traditional MediCal visits, we can see that as of the May 2020 financials, we had accrued \$1M in receivables. Our estimations say that number is closer to \$3.9M. We can realize a difference on our P&L of \$3M associated with these receivables. We have not yet booked this receivable adjustment on our books because we are taking a conservative approach. We are submitting to our auditors and have them examine our work and therefore sign off on our accrual. If they sign off on the accrual this will mean another \$3M in addition to the already discussed \$3.3M for the liability, bringing the total balance sheet adjustment to \$6.3M and total increase in FY20 FQHC revenues of \$6.3M as well.

TRADITIONAL MEDI-CAI	L DIFFERENTIAL RECEIVABLE R	ESULTING FROM FINA	L PPS RATE SETTING			
GL ACCOUNT CODE	ACCOUNT DESCRIPTION		5/31/20 BALANCE	RECOMMENDED 6/30/20 BALANCES	RECOMMENDED ADJUSTMENTS	
1052015	DUE FROM MCAL		193,460	622,109	428,649	
1052016	DUE FROM MCAL		170,204	583,253	413,049	
1052017	DUE FROM MCAL		185,747	590,865	405,118	
1052018	DUE FROM MCAL		473,969	688,190	214,221	
1052019	DUE FROM MCAL		-	719,915	719,915	
1052020	DUE FROM MCAL	_	-	742,311	742,311	
		TOTAL ACCRUED	1,023,380	3,946,643	2,923,263	INCREASE IN ACCRUED RECEIVABLE
				TOTAL BALANCE SHEET ADJUSTMENT	6,305,841	
				ADDITIONAL FY20 FQHC REVENUES	6,305,841	

Monica Nino asked Kris if there were any reserves established as a result of the anticipation of possibly having to pay back once our rates came in. Will part of that liability (when this becomes final), get reduced and be able to be paid for. It would be good to see our Net Income but what liability remains to have a cash perspective from the balance sheet.

Kris advised these are balance sheet reserves from an accounting perspective. From a cash perspective, the story is a little different. When the State finally says, for FY15 for example, we are sending you a bill for \$2.6M. How that plays out is the State will take those funds out of remittance advises that you are currently receiving, so it is not like you have to write a check because they are taking it out of the payments that they will be sending you at that time. Monica stated you may have overstated revenue in the current fiscal year, unless you included this assumption as part of the budget for 2021. Kris stated reported revenues will not be affected. The accounting involved will recognize the current year revenues in the current years and those current revenues will not be reduced because the State is taking money back that they are owed. From a cash piece, it does not make sense, but this is effectively what it is. Monica stated you have to show the payment. At the end when you close the books at June 30, 2021, hopefully this is all resolved. Is there the potential that current receivable that are due from the State will be reduced by \$15M or some portion of that?

Kris stated it will be closer to Monica's last statement. He reminded the committee that the FQHC does not have \$15M sitting in a bank account, there is no cash reserve.

Kris stated, fortunately for us, his experience with the State for receivables, we can employ certain strategies. They know for an average FQHC, a cash hit, like a \$15M bill is unsustainable to an average FQHC. Most FQHCs are not tied to accounting, they are on their own and they have their cash balances, how they pay their staff and their bills. In Kris' experience, he has negotiated with the State, payment plans to deal with the liabilities to make the cash flow easier to swallow. What is more encouraging than how we are going to deal with the cash business, is the fact that our visits are going up. That visit level supports a larger entitlement amount and there is every reason to believe we will be at these levels, if not better for FY21. These large liabilities may not be a reality of our business. They were a reality of these fiscal years and the ramping up of our FQHC. Our billable visits are trending upward, which, going forward, are going to improve this liability situation with the State.

Monica stated while the rates are good news, her biggest concern is how do we capture a greater level of recovery through the MediCal (74%) and more timely, but also what we anticipate, and if we should be putting some sort of reevaluating our revenues on the 2021 fiscal year (depending on what the timing is of the State reducing what we receive on the \$15M).

Carlos Jimenez stated the clinics will not get into a situation where the State is going to take back monies on the reconciliations. The State has been particularly good with Counties who are ramping up these huge amounts (may counties are in the same situation). There will be some type of repayment plan put in place. In terms of our cash position, SJCC will have to pay out monies to satisfy these liabilities, but that does not impact what we are going to get paid for the services going forward. When Kris speaks about the revenues, the revenue situation being way different, what we will get on a real time basis is going to be based on the new rates issued this year and the one forthcoming. In terms of a cash perspective there is no revenue adjustment to be made prospectively. What will happen is there will need to be a way to pay those liabilities. In conversations had with the State, it is likely that FY15, FY16 and FY17, now that the reports have been done and when FPCC is finished, the State will move to try and close those years out fairly quickly. Carlos advised our first installment plan will be for those three years. The State understands they are behind, and their target is to get to these in eighteen months to two years going forward. During the process, we specifically asked the State not to collect parts until this point in time. This is a positive in that we did not have to pay any monies out until we knew what it would be.

Monica asked if the State will be requiring interest. Carlos responded if we go to installment basis, there will be an interest assessment. At this point it will not be accumulating interest because they are not actual settlements calculated. Until we receive a letter with the final amount owed, there is a grace period. If the FQHC does not come up with the payment up front, we will move to a payment plan and there will be an interest rate assessed (approximately 5%-10%). Monica asked when this will be finalized. Carlos advised he anticipates FY15 will be completed by the end of this calendar year or thirty to sixty days into the new year.

Carlos advised once they finish the audit, issue the final report and then we will know if the \$2.6M is valid. As soon as these hits, we start negotiations with the State to ask them to do the subsequent years in as short a period as they can, so we can establish an overall liability and do an installment, at least one time for a number of the years. We will then know from a cash flow perspective what we are looking at. We do not want to do every two years another installment where you eventually have five or six. The State is really good working particularly with the counties because they understand the cash implications.

V. Adjournment (Rod Place, Board Chair)

There being no further discussion, Rod Place adjourned the meeting at 4:49 p.m.



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

Summary of Clinics Year to Date

Billable visits through June were favorable to budget by 17,677 visits. The fiscal year 2019-2020 budget was constructed with a built-in average net revenue per visit of \$150.24. This visit valuation is not what is being realized in collections and is therefore not a realistic expectation of net revenue or collections. The actual average net revenue per visit is \$110.55.

The unaudited June 2020 financials benefited from the attainment of final PPS rates and the resulting retroactive accounting adjustments for the recognition of Medi-Cal traditional receivables and the reduction of annual PPS reconciliation liabilities. The total inception-to-date effect of the adjustments was an additional \$7.4MM in revenue. Total revenues for the year amount to \$27,388,084.

On a year-to-date basis, salaries and benefits expenses at \$17,147,079 were greater than budget by \$1,997,673 largely due to pension benefit expense increases.

Other operating expenses exhibit a year-to-date unfavorable variance of \$459,473 largely due to a professional fees unfavorable variance of \$360,189.

The Clinic financials include FYTD supplemental revenues earned by the Clinics in the amounts of \$10,424,952 for PRIME and \$6,867,000 for the Quality Incentive Program.

Unaudited net income inclusive of the estimated overhead allocation is \$14,735,382 on a year-to-date basis which is greater than budget by \$3,672,424.

Additional Factors Impacting Clinic Performance Presentation

• Estimated hospital overhead allocated to the clinics remains at 42.2% of clinic operating expenditures pending a detailed review by the hospital CFO and clinic CFO to identify a more appropriate overhead allocation methodology for the hospital.

	<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 6/50/2021	<u>Services</u>	Family Medicine	Family Practice - Ca	Primary Medicine	<u>Ca</u>	French Camp	SJCC - Hazelton	SJCC -Manteca	FQ Admin	Total
Billable Visits	19,440	29,520	7,200	28,080	11,380	14,260				109,880
Productive FTEs (Provider)	5.40	8.20	2.00	7.80	3.30	4.10				30.80
Productive FTEs (Non-Provider)	12.50	14.75	5.25	15.00	7.05	5.75			5.04	65.34
Total FTEs	17.90	22.95	7.25	22.80	10.35	9.85			5.04	96.14
										-
Net Patient Revenue	2,226,698	4,092,515	824,703	3,892,880	1,303,489	1,976,940				14,317,225
Physician Capitation- PMPM	941,508	1,429,693	348,706	1,359,952	551,149	690,631				5,321,639
PPS Recon Liability Accrual	(106,152)	(161,194)	(39,316)	(153,331)	(62,141)	(77,867)				(600,000)
Grant Revenue	38,893	59,059	14,405	56,178	22,767	28,529				219,832
Pharmacy Revenue	44,534	81,850	16,494	77,858	26,070	39,539				286,345
Total Operating Revenue	3,145,481	5,501,924	1,164,992	5,233,537	1,841,334	2,657,772	-	-	-	19,545,041
										-
Expenses										-
Salaries	1,160,305	1,275,994	536,710	2,243,361	595,230	224,771	339,028	635,366	721,946	7,732,712
Benefits	820,865	834,074	554,037	1,193,352	665,713	311,916	307,047	611,944	766,048	6,064,996
Professional Fees/Registration	75,000	235,320	56,611	275,000	-	112,125			261,591	1,015,647
Supplies	78,707	264,606	38,380	285,062	106,208	85,651			57,733	916,347
Purchased Services	231,871	361,036	98,172	313,087	137,620	191,545			328,041	1,661,372
Depreciation	7,700	24,586	1,803	1,709	13,511	28,550		243,557	40,740	362,156
Other Expense	61,565	22,522	46,404	21,777	53,298	8,013		11,320	20,928	245,827
Total Expenses	2,436,013	3,018,138	1,332,117	4,333,348	1,571,580	962,571	646,075	1,502,187	2,197,027	17,999,056
Allocation of Direct Admin Exp (Totl Exp %)	338,690	419,625	185,210	602,485	218,504	133,831	89,827	208,856	(2,197,027)	-
Total Expenses excl Hosp OH	2,774,703	3,437,763	1,517,328	4,935,832	1,790,084	1,096,402	735,902	1,711,043	-	17,999,056
Profit/(Loss) before Hosp OH	370,778	2,064,161	(352,336)	297,705	51,250	1,561,370	(735,902)	(1,711,043)	-	1,545,985

	<u>(#7080)</u>	<u>(#7092)</u>	<u>(#7093)</u>	<u>(#7096)</u>	<u>(#7182)</u>	<u>(#7183)</u>	<u>(#7071)</u>	
FISCAL YEAR ENDED 6/30/2021	Children's Health				Healthy Beginnings -	Healthy Beginnings		
FISCAL TEAK ENDED 0/50/2021	<u>Services</u>	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		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	-	18,394,023
								-
Expenses								-
Salaries	1,770,669	2,439,610	595,368	2,459,306	1,064,074	1,109,321	608,453	10,046,800
Benefits	796,801	1,097,824	267,916	1,106,688	478,833	499,194	345,303	4,592,560
Professional Fees/Registration	152,855	232,113	56,613	220,790	89,480	112,125	316,249	1,180,225
Supplies	87,377	267,182	34,451	308,797	115,684	88,843	62,995	965,330
Purchased Services	55,551	34,498	33,340	1,657	33,340	33,340	328,042	519,767
Depreciation	7,759	27,482	1,944	1,782	13,660	28,862	40,737	122,226
Other Expense	75,774	27,590	47,987	29,181	56,716	9,690	322,047	568,985
Total Expenses	2,946,786	4,126,299	1,037,618	4,128,201	1,851,787	1,881,374	2,023,827	17,995,892
Allocation of Direct Admin Exp	358,056	543,715	132,613	517,192	209,603	262,648	(2,023,827)	-
Total Expenses excl Hosp OH	3,304,842	4,670,014	1,170,231	4,645,393	2,061,390	2,144,023	-	17,995,892
Profit/(Loss) before Hosp OH	(338,496)	502,995	(71,585)	275,274	(324,919)	354,863	-	398,131

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

														Year to [Date	
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD Actual	YTD Budget	Variance	% Var
Total Visits	9,995	11,085	10,018	11,580	9,453	9,396	13,424	10,686	6,492	10,313	10,969	12,331	125,742	112,257	13,485	12.0%
Billable Visits	9,995	10,386	9,516	10,788	8,938	8,923	12,849	10,080	6,136	9,661	8,398	12,551	115,964	98,287	13,485	18.0%
bilable visits	5,450	10,500	5,510	10,700	0,550	0,525	12,045	10,202	0,150	5,001	0,550	10,051	115,504	56,267	17,077	10.070
Patient Revenue																
Medicare	236,056	297,379	380,364	292,588	318,257	318,833	533,369	832,521	339,653	(33,688)	243,425	223,304	3,982,061	1,964,432	2,017,630	102.7%
Medi-Cal Fee-for-Service	205,608	219,088	282,603	390,358	226,520	233,111	592,998	769,477	326,510	(49,386)	138,639	209,011	3,544,537	2,806,485	738,053	26.3%
Medi-Cal Managed Care	933,051	2,219,472	2,303,051	2,250,224	1,792,024	1,771,824	3,486,176	5,159,148	2,201,011	1,096,798	1,465,429	1,570,741	26,248,947	18,221,915	8,027,032	44.1%
Insurance	13,134	22,250	25,360	26,099	25,648	23,734	69,409	77,616	42,962	(19,790)	118,451	86,166	511,040	378,175	132,865	35.1%
Self Pay	68,636	68,201	96,780	94,384	68,489	79,545	178,791	267,604	65,882	146,851	241,904	74,945	1,452,011	675,592	776,419	114.9%
Indigent	106	(16)	63	154	193	16	250	190	22,251	(22,365)	(0)	0	842	3,452	(2,610)	-75.6%
Gross Patient Revenue	1,456,592	2,826,374	3,088,220	3,053,806	2,431,132	2,427,063	4,860,993	7,106,555	2,998,269	1,118,421	2,207,848	2,164,167	35,739,439	24,050,051	11,689,388	48.6%
Contractual Adjustments	(498,718)	(1,493,673)	(2,292,309)	(2,022,995)	(1,696,396)	(1,698,124)	(3,403,011)	(5,074,029)	(1,939,252)	(411,202)	(1,240,077)	6,642,440	(15,127,345)	(11,194,090)	(3,933,255)	-35.1%
Other Allowances	(120,492)	(40,742)	(1,258)	(612)	901	3,442	(0)	(599)	(340)	(1,884)	(1,109)	164	(162,528)	(12,579)	(149,949)	-1192.1%
Net Patient Revenue	837,382	1,291,960	794,653	1,030,199	735,637	732,381	1,457,982	2,031,927	1,058,678	705,335	966,662	8,806,771	20,449,566	12,843,382	7,606,184	59.2%
Other Revenue Incentives & Pay-For-Performance Revenues	60,833	60,833	60,833	60,833	60,833	60,833	60,833	60,833	60,833	60,833	60,833	60,833	729,996	729,996	0	0.0%
Capitation Revenue	446,785	451,203	438,369	455,595	443,730	439,413	429,808	426,956	427,030	434,052	441,396	441,087	5,275,425	6,729,447	(1,454,022)	-21.6%
Grant Revenue	440,785	451,203	438,309	455,555	443,730	435,413	425,808	420,930	132,117	11,778	308,765	441,087	452,660	0,723,447	452,660	21.0/0
First Responder Program	0	0	0	0	0	0	0	0	132,117	1.000	17,000		432,000	0	432,000	
CARES Funding	ő	0	0	0	0	ő	0		0	284,419	1,,000		284,419	0	284,419	
Meaningful Use	0	0	0	0	0	0	0	0	0	178,018	0		178,018	0	178,018	
Total Other Revenue	507,618	512,036	499,202	516,428	504,563	500,246	490,641	487,789	619,980	970,100	827,993	501,920	6,938,518	7,459,443	(520,925)	-7.0%
Total Net Revenue	1,345,000	1,803,996	1,293,855	1,546,628	1,240,200	1,232,627	1,948,623	2,519,717	1,678,658	1,675,435	1,794,655	9,308,691	27,388,084	20,302,825	7,085,259	34.9%
Operating Expense																
Salaries	909,780	1,042,139	917,997	1,103,634	849,551	855,631	850,294	967,935	619,403	1,306,483	928,258	673,823	11,024,928	9,842,330	(1,182,598)	-12.0%
Benefits	455,187	447,909	438,518	436,607	449,805	455,351	822,811	534,035	396,229	743,702	996,612	(54,615)	6,122,150	5,307,076	(815,075)	-15.4%
Total Salaries & Benefits	1,364,967	1,490,048	1,356,515	1,540,241	1,299,356	1,310,982	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)	-13.2%
Professional Fees/Registry	69,022	185,386	62,720	108,129	66,503	89,211	34,674	101,000	106,624	109,130	46,210	138,980	1,117,589	757,400	(360,189)	-47.6%
Supplies	69,094	128,143	77,216	125,775	68,804	108,849	73,391	74,422	51,274	33,961	11,333	281,890	1,104,154	1,063,210	(40,944)	-3.9%
Purchased Services	39,160	56,359	42,011	92,288	41,656	35,859	126,587	131,327	136,331	58,107	168,112	109,387	1,037,185	1,230,799	193,614	15.7%
Depreciation	22,696	22,687	22,686	22,427	22,426	22,426	22,426	19,533	19,533	19,533	19,533	18,362	254,266	105,583	(148,683)	-140.8%
Other Expense	33,477	45,971	35,515	29,393	40,215	22,364	48,541	37,838	(2,681)	49,418	78,600	36,324	454,975	351,704	(103,271)	-29.4%
Total Direct Expense	1,598,416	1,928,594	1,596,664	1,918,252	1,538,962	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)	-13.2%
Net Income (Loss)	(253,416)	(124,598)	(302,808)	(371,624)	(298,762)	(357,064)	(30,102)	653,627	351,945	(644,898)	(454,002)	8,104,540	6,272,836	1,644,724	4,628,113	-281.4%
Revenues from Supplemental Sources																
Public Hospital Redesign																
and Incentives in Medi-Cal (PRIME)	868,746	868,746	868,746	868,746	868,746	868,746	868,746	868,746	868,746	868,746	868,746	868,746	10,424,952	10,424,952	0	
Quality Incentive Program (QIP)	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	
Overhead Allocation	674,532	813,867	673,792	809,502	649,442	670,850	835,022	787,490	483,615	974,210	948,933	508,151	8,829,406	7,873,718	(955,688)	-12.1%
Net Income (Loss) w/ OH Allocation	513,048	502,532	464,395	259,869	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	3,672,424	-33.2%
Key Ratios																
Gross Pt Revenue/Billable Visit	\$ 154.37	\$ 272.13	ś 324.53	Ś 283.07	\$ 272.00 s	272.00	\$ 378.32	\$ 691.16	\$ 488.64	\$ 115.77	\$ 262.90 s	\$ 203.19	\$ 308.19	\$ 244.69	\$ 63.50	26.0%
Net Patient Service Revenue/Billable Visit				\$ 285.07 \$ 137.73					\$ 242.13				\$ 221.84			11.4%
Direct Costs/Billable Visit				\$ 177.81				\$ 181.49						\$ 189.83		4.1%
Indirect Costs/Billable Visit				\$ 75.04				\$ 76.59								5.0%
Total Medical Cost/Billable Visit				\$ 252.85					\$ 295.03				\$ 258.22			4.3%
Net Income(Loss)/Billable Visit				\$ 24.09				\$ 127.13					\$ 127.07			-12.9%
Total Cost/Patient (1)				\$ 632.13				\$ 645.20					\$ 645.56			4.3%
Net Pt Rev as % of Gross Rev	57.5%	45.7%	25.7%	33.7%	30.3%	30.2%	30.0%	28.6%	35.3%	63.1%	43.8%	406.9%	57.2%	53.4%	3.8%	7.1%
Total Net Rev as % of Gross Rev	92.3%	63.8%	41.9%	50.6%	51.0%	50.8%	40.1%	35.5%	56.0%	149.8%	81.3%	430.1%	76.6%	84.4%	-7.8%	-9.2%
Benefits as a % of Salaries	50.0%	43.0%	47.8%	39.6%	52.9%	53.2%	96.8%	55.2%	64.0%	56.9%	107.4%	-8.1%	55.5%	53.9%	-1.6%	-3.0%
Overhead % of Direct Exp	42.2%	42.2%	42.2%	42.2%	42.2%	42.2%	42.2%	42.2%	36.5%	42.0%	42.2%	42.2%	41.8%	42.2%	0.4%	0.9%

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

														Year to I	Date	
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD Actual	YTD Budget	Variance	% Var
Total Visits	13,515												13,515	9,017	4,498	49.9%
Billable Visits	11,569												11,569	8,680	2,889	33.3%
	11,505												11,505	0,000	2,005	55.570
Patient Revenue																
Medicare	131,541												131,541	248,821	(117,279)	-47.1%
Medi-Cal Fee-for-Service	460,856												460,856	271,441	189,416	69.8%
Medi-Cal Managed Care	2,062,848												2,062,848	1,651,264	411,583	24.9%
Insurance	51,883												51,883	22,620	29,263	129.4%
Self Pay	(5,622)												(5,622)	67,860	(73,482)	-108.3%
Indigent	0												0	0	0	#DIV/0!
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	19.4%
Contractual Adjustments	(1,387,128)												(1,387,128)	(1,226,752)	(160,375)	-13.1%
Other Allowances	(4,083)												(4,083)	(1,533)	(2,550)	-166.4%
Net Patient Revenue	1,310,296	0	0	0	0	0	0	0	0	0	0	0	1,310,296	1,033,721	276,575	26.8%
Other Revenue																
Incentives & Pay-For-Performance Revenues													0	0	0	#DIV/0!
Capitation Revenue	444,084												444,084	437,720	6,365	1.5%
Grant Revenue													0	0	0	
First Responder Program													0	0	0	
CARES Funding													0	0	0	
Meaningful Use													0	0	0	
Total Other Revenue	444,084	0	0	0	0	0	0	0	0	0		0	444,084	437,720	6,365	1.5%
Total Net Revenue	1,754,381	0	0	0	0	0	0	0	0	0	0	0	1,754,381	1,471,441	282,940	19.2%
Operating Expense																
Salaries	707,163												707,163	655,152	(52,011)	-7.9%
Benefits	449,333												449,333	481,891	32,558	6.8%
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)	-1.7%
Professional Fees/Registry	132,092												132,092	85,797	(46,294)	-54.0%
Supplies	23,268												23,268	73,455	50,187	68.3%
Purchased Services	65,997												65,997	138,448	72,451	52.3%
Depreciation	18,745												18,745	22,696	3,951	17.4%
Other Expense	35,155												35,155	28,454	(6,701)	-23.6%
Total Direct Expense	1,431,752	0	0	0	0	0	0		0	0		0		1,485,893	54,141	3.6%
Net Income (Loss)	322,628	0	0	0	0	0	0	0	0	0	0	0	322,628	(14,452)	337,080	2332.4%
Revenues from Supplemental Sources																
Public Hospital Redesign																
and Incentives in Medi-Cal (PRIME)													0	0	0	
Quality Incentive Program (QIP)	614,083												614,083	614,083	0	
Overhead Allocation	472,478	0	0	0	0	0	0	0	0	0	0	0	472,478		(472,478)	
Net Income (Loss) w/ OH Allocation	464,233	0	0	0	0	0	0	0	0	0	0	0		599,630	(135,398)	22.6%
													0.635402553			
Key Ratios																
Gross Pt Revenue/Billable Visit	\$ 233.51												\$ 233.51	\$ 260.60	\$ (27.09)	-10.4%
Net Patient Service Revenue/Billable Visit	\$ 233.51 \$ 151.64												\$ 233.51 \$ 151.64			-10.4%
Direct Costs/Billable Visit	\$ 151.64 \$ 123.76												\$ 151.64 \$ 123.76			-10.5%
Indirect Costs/Billable Visit	\$ 40.84												\$ 40.84			21.170
Total Medical Cost/Billable Visit	\$ 164.60												\$ 164.60			3.8%
Net Income(Loss)/Billable Visit	\$ 40.13												\$ 40.13			41.9%
Total Cost/Patient (1)	\$ 411.49												\$ 411.49			3.8%
Net Pt Rev as % of Gross Rev	48.5%												411.45	427.30	2.8%	6.1%
Total Net Rev as % of Gross Rev	64.9%												64.9%	45.7%	-0.1%	-0.2%
Benefits as a % of Salaries	63.5%												63.5%	73.6%	10.0%	13.6%
Overhead % of Direct Exp	33.0%												33.0%	0.0%	-33.0%	13.078
overhead // of birect exp	55.0%												55.078	0.076	-55.076	

San Joaquin General Hospital-FQHC LAL Clinics Income Statement For the YTD Ending June 30, 2020

	<u>Children's</u> Health Services	<u>Family</u> Medicine	<u>Family Practice -</u> Ca	<u>Primary</u> Medicine	<u>Healthy</u> Beginnings - Ca	<u>Healthy</u> <u>Beginnings</u> French Camp	Hazelton Clinic	Manteca Clinic	FQ Grants	FQ Admin	Total	YTD Budget	<u>YTD Variance -</u> Fav (Unf)	<u>% Var - Fav</u> (Unf)
	<u>(#7080)</u>	<u>(#7092)</u>	<u>(#7093)</u>	(#7096)	<u>(#7182)</u>	<u>(#7183)</u>	<u>(#7184)</u>	<u>(#7185)</u>						
Total Visits	19,357	29,734	5,375	39,987	10,063	4,807	4,440	11,979		- [125,742	112,257	13,485	12.0%
Billable Visits	17,755	25,773	5,151	38,801	8,846	4,616	3,335	11,687			115,964	98,287	17,677	18.0%
Productive FTEs (Provider)	3.6	2.4	1.6	9.9	1.8	1.2	1.1	4.2			26.1	28.3	2.2	7.7%
Productive FTEs (Non-Provider)	13.1	15.6	6.1	23.3	12.2	5.4	7.4	12.5		14.4	110.0	105.3	(4.7)	-4.5%
Total FTEs	16.8	18.0	7.7	33.2	14.0	6.6	8.6	16.7		14.4	136.1	133.6	(2.5)	-1.9%
Total Hours/Visit	2.45	5.36	1.57	1.96	2.42	1.87	1.46	1.39			2.23	1.75	(0.49)	-27.8%
Patient Revenue														
Medicare	1,494	864,908	259,343	2,358,928	77,174	51,196	79,011	290,008		0	3,982,061	1,964,432	2,017,631	102.7%
Medi-Cal	879,921	622,257	36,336	419,704	805,641	268,584	246,479	265,615		0	3,544,537	2,806,485	738,053	26.3%
Medi-Cal Managed Care	6,143,546	4,877,913	1,052,104	7,224,359	2,411,772	1,045,039	676,509	2,817,706		0	26,248,947	18,221,915	8,027,032	44.1%
Insurance	36,704	269,740	22,214	92,588	30,177	31,681	9,160	18,777		0	511,040	378,175	132,865	35.1%
Self Pay	131,464	461,450	63,052	406,218	98,910	42,429	86,116	162,373		0	1,452,011	675,592	776,418	114.9%
Indigent	0	842	0	0	0	0	0	0		0	842	3,452	(2,610)	-75.6%
Gross Revenue	7,193,129	7,097,110	1,433,048	10,501,797	3,423,673	1,438,928	1,097,274	3,554,479	0	0	35,739,439	24,050,051	11,689,387	48.6%
Contractual Adjustments	(3,894,567)	(2,577,342)	(409,478)	(3,357,500)	(1,747,211)	(638,576)	(632,463)	(1,870,208)		0	(15,127,345)	(11,194,090)	(3,933,255)	-35.1%
Other Allowances	(3,276)	(6,518)	(1,540)	(11,103)	(2,348)	(1,702)	(96,743)	(39,298)		0	(162,528)	(12,579)	(149,949)	-1192.1%
Net Patient Revenue	3,295,286	4,513,250	1,022,031	7,133,193	1,674,113	798,650	368,068	1,644,974	0	0	20,449,566	12,843,382	7,606,183	59.2%
Incentives & Pay-For-Performance Revenues	131,099	150,558	34,003	235,774	53,062	28,282	16,257	80,962		0	729,996	729,996	0	0.0%
Physician Capitation- PMPM	947,406	1,088,028	245,728	1,703,854	383,460	204,382	117,482	585,085		0	5,275,425	6,729,447	(1,454,022)	-21.6%
	4,373,791	5,751,835	1,301,761	9,072,821	2,110,636	1,031,314	501,807	2,311,021		0	26,454,987	20,302,825	6,152,161	30.3%
Other Revenue	45,832	80,772	14,215	99,211	23,284	11,108	5,119	22,879	452,660	178,018	933,097	0	933,097	100.0%
Total Operating Revenue	4,419,623	5,832,607	1,315,976	9,172,032	2,133,920	1,042,422	506,927	2,333,900	452,660	178,018	27,388,084	20,302,825	7,085,258	34.9%
Expenses														
Salaries	1,333,219	1,263,661	542,432	3,036,160	970,919	500,356	637,027	1,406,928	134,743	1,199,482	11,024,928	9,842,330	(1,182,598)	-12.0%
Benefits	781,015	687,754	365,548	1,452,147	634,677	284,804	421,420	876,241	43,186	575,357	6,122,150	5,307,076	(815,074)	-15.4%
Total Salaries & Benefits	2,114,234	1,951,415	907,980	4,488,307	1,605,596	785,161	1,058,448	2,283,170	177,929	1,774,839	17,147,078	15,149,405	(1,997,673)	-13.2%
Professional Fees/Registration	42,710	156,383	0	169,320	169,279	9,800	0	0	8,000	562,098	1,117,589	757,400	(360,189)	-47.6%
Supplies	66,987	228,841	41,925	326,814	106,970	107,937	58,874	98,458	6,350	60,998	1,104,154	1,063,210	(40,944)	-3.9%
Purchased Services	45,171	16,979	24,689	1,124	67,076	40,217	47,299	3,049	0	791,582	1,037,185	1,230,799	193,614	15.7%
Depreciation	7,747	26,121	1,944	1,782	13,660	28,861	0	148,785	0	25,366	254,267	105,583	(148,684)	-140.8%
Other Expense	59,104	26,834	35,944	16,380	42,866	8,797	50,569	209,315	205	4,962	454,975	351,704	(103,271)	-29.4%
Total Expenses	2,335,952	2,406,572	1,012,482	5,003,727	2,005,446	980,773	1,215,189	2,742,776	192,484	3,219,845	21,115,247	18,658,101	(2,457,146)	-13.2%
Allocation of Direct Admin Exp	648,045	639,394	129,106	946,130	308,446	129,636	98,856	320,231	0	(3,219,845)	0	0	0	0.0%
Total Expenses excl Hosp OH	2,983,997	3,045,966	1,141,589	5,949,857	2,313,893	1,110,409	1,314,045	3,063,007	192,484	-	21,115,247	18,658,101	(2,457,146)	-13.2%
Profit/(Loss) before Hosp OH	1,435,626	2,786,640	174,387	3,222,175	(179,973)	(67,987)	(807,119)	(729,109)	260,175	178,018	6,272,838	1,644,724	4,628,114	-281.4%
Revenues from Supplemental Sources Public Hospital Redesign														
and Incentives in Medi-Cal (PRIME)	1,872,202	2,150,089	485,591	3,367,046	757,769	403,886	232,161	1,156,207	0	-	10,424,952	10,424,952	0	0.0%
Quality Incentive Program (QIP)	1,233,235	1,416,281	319,863	2,217,900	499,149	266,043	152,926	761,603	0	-	6,867,000	6,867,000	0	0.0%
Overhead Allocation	1,259,247	1,285,398	481,751	2,510,840	976,463	468,593	554,527	1,292,589	0	o	8,829,406	7,873,718	(955,688)	-12.1%
Net Income (Loss)	3,281,816	5,067,613	498,091	6,296,282	100,483	133,350	(976,559)	(103,888)	260,175	178,018	14,735,382	11,062,958	3,672,426	33.2%

San Joaquin General Hospital-FQHC LAL Clinics Income Statement For the YTD Ending June 30, 2020

	<u>Children's</u> Health Services	Family Medicine	Family Practice	<u>Primary</u> Medicine	<u>Healthy</u> <u>Beginnings</u> <u>California</u>	<u>Healthy</u> <u>Beginnings</u> French Camp	Hazelton Clinic	Manteca Clinic					<u>% Var - Fav</u>
	(#7080)	(#7092)	Calif St (#7093)	(#7096)	Street (#7182)	(#7183)	#7184	#7185	FQ Admin	Total	YTD Budget	YTD Variance	<u>(Unf)</u>
Key Ratios													
Net Pt Rev as % of Gross Rev	45.8%	63.6%	71.3%	67.9%	48.9%	55.5%	33.5%	46.3%	0.0%	57.2%	53.4%	3.8%	7.1%
Total Net Rev as % of Gross Rev	60.8%	81.0%	90.8%	86.4%	61.6%	71.7%	45.7%	65.0%	0.0%	74.0%	84.4%	-10.4%	-12.3%
Benefits as a % of Salaries	58.6%	54.4%	67.4%	47.8%	65.4%	56.9%	66.2%	62.3%	48.0%	55.5%	53.9%	-1.6%	-3.0%
Overhead % of Direct Expenses	53.9%	53.4%	47.6%	50.2%	48.7%	47.8%	45.6%	47.1%	0.0%	41.8%	42.2%	0.4%	0.9%
Gross Revenue per Billable Visit	405.13	275.37	278.21	270.66	387.03	311.73	329.02	304.14	0.00	308.19	244.69	63.50	26.0%
Net Revenue per Billable Visit	248.92	226.31	255.48	236.39	241.23	225.83	152.00	199.70	0.00	236.18	206.57	29.61	14.3%
Direct Costs/Billable Visit	131.57	93.38	196.56	128.96	226.71	212.47	364.37	234.69	0.00	182.08	189.83	7.75	4.1%
Indirect Costs/Billable Visit	70.92	49.87	93.53	64.71	110.38	101.51	166.27	110.60	0.00	76.14	80.11	3.97	5.0%
Total Medical Cost/Billable Visit	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	0.00	#REF!	#REF!	#REF!	#REF!
Total Cost/Patient (1)	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	0.00	#REF!	#REF!	#REF!	#REF!
Net Income(Loss)/Billable Visit	184.84	196.62	96.70	162.27	11.36	28.89	(292.82)	(8.89)	0.00	127.07	112.56	14.51	-12.9%
Payer Mix													
Medicare	0.0%	12.2%	18.1%	22.5%	2.3%	3.6%	7.2%	8.2%	0.0%	11.1%	8.2%	3.0%	36.4%
Medi-Cal	12.2%	8.8%	2.5%	4.0%	23.5%	18.7%	22.5%	7.5%	0.0%	9.9%	11.7%	-1.8%	-15.0%
Medi-Cal Managed Care	85.4%	68.7%	73.4%	68.8%	70.4%	72.6%	61.7%	79.3%	0.0%	73.4%	75.8%	-2.3%	-3.1%
Insurance	0.5%	3.8%	1.6%	0.9%	0.9%	2.2%	0.8%	0.5%	0.0%	1.4%	1.6%	-0.1%	-9.1%
Self Pay / Indigent	1.8%	6.5%	4.4%	3.9%	2.9%	2.9%	7.8%	4.6%	0.0%	4.1%	2.8%	1.2%	44.0%
Total	100.0%	100.0%	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

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

$ \begin{array}{ c c c c c c c c c c c c c c c c c c $		<u>Children's</u> <u>Health Services</u> (#7080)	<u>Family</u> <u>Medicine</u> (#7092)	<u>Family Practice -</u> <u>Ca</u> (#7093)	<u>Primary</u> <u>Medicine</u> (#7096)	<u>Healthy</u> <u>Beginnings - Ca</u> (#7182)	<u>Healthy</u> <u>Beginnings</u> <u>French Camp</u> (#7183)	<u>Hazelton Clinic</u> (#7184)	<u>Manteca Clinic</u> (#7185)	FQ Grants	FQ Admin	<u>Total</u>	YTD Budget	<u>YTD Variance -</u> Fav (Unf)	<u>% Var - Fav</u> (Unf)
Billabe (vinits) 1,459 1,459 2,749 569 5,041 1,458 2,050 0 0,42 2,225 8,860 1,757 10,757 Prodxiter FTs (Provider) 13.3 13.1 2.2 12.4 4.3 4.4 12.5 13.1 13.5 2.1	Total Visits										Г	25 494	9.017	16 477	107 7%
productor FTS (Provider)3.92.71.60.00.42.50.90.04.22.22.0(7.2)3.6.0%Productor FTS (Provider)13.313.15.22.22.46.34.92.612.518.183.37.5(1.2.8)0.0Total Hurr/Vink1.35.42.162.142.171.78.90/Vin13.314.62.20.013.1542.260.013.1542.260.013.1542.28,210.100.0<						,					-				
Productor FTs. (New Provider)13.313.15.212.46.34.92.41.5.511.188.37.5.5(12.0)11.0 (h)Total FTS.12.35.742.35.742.232.38.00 (n)1.391.5592.62.42.65Total FTS.1.59.39.3.008.2.227.1.1110.6458.41(1.099)0113.1412.88.21(117.278)4.7.1.15Medi-Cal10.5008.0.208.5.507.4.56515.7.107.4.56515.7.101.6.659.3.600131.5412.88.21(117.278)4.7.1.15Medi-Cal Managed Grae(16.0)12.5.221.1113.4.1892.0.201.1.103.4.1992.0.66000.0.000.0.000.0.000.0.000.0.00.0.000.0.00.0.00.0.0.000.0.0.000.0.0.00.0.0.0.00.0.0.0.0.00.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.						,		-					•	,	
Tela IPIS Total Mour/Mu17.215.96.822.42.7.42.7.82.61.6.715.111.5.595.595.002.009-2.0%Patter Total Mour/Mu72.169.0010.31.1595.502.009-2.0%9-2.0%Patter Total Mour/Mu98.227.11110.9588.116.891.0.9900131.54195.527.441119.466.238Medic Ja Managel Car Mode Ja Mather Medic Ja Managel Car Mode Ja Mather Mode Ja Mather Medic Ja Managel Car Mode Ja Mather Medic Ja Managel Car Mode Ja Mather Medic Ja Managel Car Managel Car Mather 											18 1				
Test HouryVisit 2.13 5.74 2.74 2.37 1.78 HDD/(H) 1.39 4.65 2.47 (2.39) -98.97 Paisent Medicare Medicare 59 39,200 8.221 2.530 74,665 2.510 6.000 6	. ,														
Patient Revenue Medical 159 59 39,200 8,222 74,151 10,685 641 (1099) 0 131,541 248,821 (117,728) 47,151 Medi-Cal 103,006 80,221 1,213,007 72,4561 103,007 131,541 248,821 (117,728) 47,151 Medi-Cal 103,006 80,221 1,211 34,97 24,513 148,457 333 4,524 0 2,662,481 1,51,248 411,894,45 62,884 1,013,141 189,445 62,884 1,043,183 24,962,19 1,214,84 1,23,241 1,214,26 1,213,241 1,213,241 1,214,84 1,214,84 1,213,241 1,213,241 1,214,84 1,214,183 1,244,84 1,213,241											10.1			· · · · ·	
Interface 9 39,200 5,222 7,131 10,682 641 (498) (4,099) 0 131,541 248,621 (117,278) -7,116 Medi-Cal 377,871 460,721 123,092 72,687 276,571 583 6,552 0 460,652 27,414 139,416 69,853 10,524 411,983 24,951 Self Stry 64,857 333 6,524 0 64,857 383 6,124 0 6,646 67,40 107,435 10,953 10,750 10,953 10,956 10,956 10,956 10,956 10,956 10,956		2.15	5.74	2.10	2.74	2.37	1.70	#510/0:	1.55			4.00	2.47	(2.55)	-30.376
Medic Cal 103,306 80,261 9,550 74,656 159,179 26,066 1,222 0.005 0 460,248 165,174 189,416 68,88 Insurance (65) 12,222 1,111 34,189 2,030 1,933 155 (2) 0 51,881 22,260 73,248 1,212 1,212 0 51,881 22,260 (73,484 1,232,48 1,212 0 <td></td>															
Medic Olymanged Care Insurance 377,871 460,721 122,082 772,871 772,871 64,857 333 4,524 0 2,062,384 1,651,264 411,583 24.5% Self Pay (24,227) 6,183 5,515 10,035 6,210 1,788 (1,066) (6,3,61) 0 <t< td=""><td>Medicare</td><td>59</td><td>39,200</td><td>8,222</td><td>74,131</td><td>10,685</td><td>841</td><td>(498)</td><td>(1,099)</td><td></td><td>0</td><td>131,541</td><td>,</td><td>(117,278)</td><td>-47.1%</td></t<>	Medicare	59	39,200	8,222	74,131	10,685	841	(498)	(1,099)		0	131,541	,	(117,278)	-47.1%
Insurance (65) 12,222 1,11 34,189 2,00 1,993 105 (2) 5,188 2,2,620 22,648 129,448 Indigent 0	Medi-Cal	103,906	80,261	9,550	74,656	159,179	26,066	1,232	6,006		0	460,856	271,441	189,416	69.8%
Self Pay (24,92) 6,83 5,516 10,035 6,20 1,788 (1,066) (9,551) (9,522) (7,8,80) (7,9,80) (1,0,8) (1,2,2,5,72) (2,2,5,72) (2,2,2,7) (2,2,5,80) (1,2,2,5,72) (1,2,2,5,72) (1,2,2,5,72) (1,2,2,5,72) (1,2,2,5,72) (1,2,2,5,72) (1,2,2,5,72) (1,2,2,5,72) (1,2,2,5,72) (1,2,2,5,72) (1,2,2,5,72) (1,2,2,5,72) (1,2,2,5,72) (1,2,2,5,72) (1,2,2,5,72) (1,2,2,5,72) (1,2,2,5,72) (1,2,2,5,72)	Medi-Cal Managed Care	,		123,092	752,877	,	64,857				0			411,583	
Indigent 0<	Insurance	(65)	12,522	1,111	34,189	2,030	1,993	105	(2)		0	51,883	22,620	29,263	129.4%
Gross Revenue 458,843 598,887 147,490 945,884 156 68 0 0 2,701,507 2,220,006 439,500 13.94% Contractual Algustments (22,859,61) (22,859,61) (22,859,61) (20,71,107) (22,820,72) (35,827) (22,820,72) (35,827) (22,820,72) (35,827) (22,820,72) (35,827) (22,820,72) (35,827) (23,824) (23,923) (22,820,72) (33,827) (22,820,72) (33,827) (22,820,72) (33,827) (22,820,72) (33,827) (23,848) (23,848) (23,848) (23,848) (23,848) (23,848) (23,848) (23,848) (23,848) (24,72) (23,829) (23,848)	Self Pay	(24,927)	6,183	5,516	10,035	6,210	1,788	(1,066)	(9,361)		0	(5,622)	•	(73,483)	-108.3%
	Indigent	0	0	0	0	0	-	-	÷		0	0	0	0	#DIV/0!
Other Allowances 19,46 8,38 (18,59) 22,439 10,574 (19,9) 0 32,11 (1,53) 33,642 2195,54 Wet Patient Revenues 247,398 348,308 98,666 42,1932 259,540 17,285 (23,845) (58,948) 0	Gross Revenue		598,887							0	0				
bit Patient Revenue 247,398 348,308 98,626 421,932 259,540 17,285 (23,845) (58,945) 0 0 1,310,296 10,337,21 276,574 26.89 Physican Capitation-PMPM 53,387 103,474 24,375 137,847 55,100 9,901 0	Contractual Adjustments	(228,592)	(258,961)	(29,914)	(544,394)	(207,751)	(69,356)	(25,527)	(58,826)		0	(1,423,321)	(1,226,752)	(196,569)	-16.0%
Incentive: & Pay-for-Performance Revenues Data Data <thdata< th=""> Data Data<td>Other Allowances</td><td></td><td>,</td><td></td><td>,</td><td></td><td></td><td></td><td></td><td></td><td>•</td><td></td><td></td><td></td><td></td></thdata<>	Other Allowances		,		,						•				
Physician Capitation - PMPM 63,387 103,474 24,375 137,374 55,100 9.901 0 0 444,084 437,720 63,65 155% Other Revenue 0 <	Net Patient Revenue	247,398	348,308	98,626	421,932	259,540	17,285	(23,845)	(58,948)	0	0	1,310,296		276,574	26.8%
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	Incentives & Pay-For-Performance Revenues											-	-		
0 0	Physician Capitation- PMPM		,		,	,	,	-				,			
Total Operating Revenue 310,785 451,782 123,002 609,779 314,640 27,186 (23,845) (58,948) 0 0 1,754,381 1,471,441 282,339 19.2% Expenses Salaries 79,429 107,309 45,396 173,151 85,928 29,341 8,397 37,780 0 140,432 707,163 655,152 (52,011) -7.9% Benefits 87,418 64,308 25,022 91,875 47,306 33,744 (375) 25,472 0 74,564 49,391 32,528 6.8% Total Staries & Benefits 166,847 171,616 70,418 265,026 133,224 63,085 8,022 0 214,996 11,37,043 14,373 41,379 Professional Fees/Registration 2,636 1,634 5,780 3,530 5,021 4,316 0 198 23,268 73,455 50,187 68,397 Purchased Services 13,649 265 2,109 128 1,932 30 218 <td></td> <td></td> <td>,</td> <td>,</td> <td>,</td> <td></td> <td>,</td> <td>(23,845)</td> <td>(58,948)</td> <td></td> <td></td> <td>, ,</td> <td>, ,</td> <td>,</td> <td></td>			,	,	,		,	(23,845)	(58,948)			, ,	, ,	,	
Expenses Constraint Constrain			-	-	-	-	-					-	-		
Salaries 79,429 107,309 45,306 173,151 85,282 29,341 8,397 37,780 0 140,432 707,163 655,152 (52,011) -7.9% Benefits 87,418 64,308 25,022 91,875 47,306 33,744 (375) 25,472 0 74,564 449,333 481,891 32,258 6.8% Total Salaries & Benefits 166,847 171,616 70,418 256,026 133,224 63,085 8,022 63,252 0 214,996 1,137,043 (19,43) -1.7% Professional Fees/Registration 4,560 11,718 0 10,340 0 0 0 105,474 132,092 85,797 (46,294) -54.0% Supplies 2,636 1,634 5,780 3,530 5,021 4,316 0 153 0 947,574 65,997 138,448 72,451 52,3% Depreciation 614 1,859 149 136 1,138 2,405 0 379	Total Operating Revenue	310,785	451,782	123,002	609,779	314,640	27,186	(23,845)	(58,948)	0	0	1,754,381	1,471,441	282,939	19.2%
Salaries 79,429 107,309 45,306 173,151 85,282 29,341 8,397 37,780 0 140,432 707,163 655,152 (52,011) -7.9% Benefits 87,418 64,308 25,022 91,875 47,306 33,744 (375) 25,472 0 74,564 449,333 481,891 32,258 6.8% Total Salaries & Benefits 166,847 171,616 70,418 250,026 133,224 63,085 8,022 63,252 0 214,996 1,137,043 (19,453) -1.7% Professional Fees/Registration 4,560 11,718 0 10,340 0 0 0 105,474 113,2092 85,797 (46,294) -54,0% Supplies 2,636 1,634 5,780 3,530 5,021 4,316 0 153 0 47,574 65,997 138,448 72,451 52,3% Depreciation 614 1,859 149 136 1,138 2,405 0 379	Expenses														
Benefits 87,418 64,308 25,022 91,875 47,306 33,744 (375) 25,472 0 74,564 449,333 441,891 32,558 6.8% Total Salaries & Benefits 166,847 171,616 70,418 266,026 133,234 63,085 8,022 63,252 0 214,956 1,137,043 (19,453) -1.7% Supplies 2,636 1,614 5,780 3,530 5,021 4,316 0 153 0 198 23,268 73,455 50,187 66.3% Purchased Services 13,649 265 2,109 218 1,932 30 218 0 0 47,574 61,979 13,8448 72,451 52,3% Depreciation 614 1,859 149 136 70,754 8,289 64,506 396,339 1,413,752 1,484,893 54,141 3,6% Total Expenses 6,236 2,1,638 21,638 145,460 70,754 8,289 64,506 396,339		79.429	107.309	45.396	173.151	85.928	29.341	8.397	37.780	0	140.432	707.163	655.152	(52.011)	-7.9%
Total Salaries & Benefits 166,847 171,616 70,418 265,026 133,234 63,085 8,022 63,252 0 214,996 1,137,043 (19,453) -1.7% Professional Fees/Registration 4,560 11,718 0 10,340 0 0 0 0 105,474 132,092 83,797 (46,294) -54,0% Supplies 2,636 1,634 5,780 3,530 5,021 4,316 0 153 0 194 23,268 73,455 50,187 66,3% Purchased Services 13,649 2.65 2,109 218 1,932 30 218 0 0 47,574 65,997 138,448 72,451 52,3% Depreciation 6,236 2,129 4,224 618 4,134 918 49 722 0 16,033 35,151 28,454 (6,701) -2,36% Total Expenses 194,542 189,714 82,781 27,9688 143,727 66,999 1,4018	Benefits	•	64.308	•		,						449.333			6.8%
Professional Fees/Registration 4,560 11,718 0 10,340 0 0 0 0 105,474 132,092 85,797 (46,294) -54.0% Supplies 2,636 1,634 5,780 3,530 5,021 4,316 0 153 0 198 23,268 73,455 50,187 68.3% Depreciation 614 1,859 149 136 1,138 2,405 0 379 0 12,064 18,745 22,696 3,951 17.4% Other Expense 6,236 2,122 4,324 618 4,134 918 49 722 0 16,033 35,155 28,454 (6,701) -23.6% Total Expense 6,236 2,122 4,324 127,968 145,018 24 10 0 396,339 1,431,752 1,485,893 54,141 3.6% Allocation of Direct Admin Exp 67,024 87,863 21,638 138,772 66,991 14,018 24 0	Total Salaries & Benefits		,		,	,	,		,	0	,	,		,	
Supplies 2,636 1,634 5,780 3,530 5,021 4,316 0 153 0 198 23,268 73,455 50,187 68.3% Purchased Services 13,649 265 2,109 218 1,932 30 218 0 0 47,574 65,997 138,448 72,451 52.3% Depreciation 614 1,859 149 136 1,138 2,405 0 379 0 12,064 18,745 22,696 3,951 17.4% Other Expense 6,236 2,122 4,324 618 4,134 918 49 722 0 16,033 35,155 28,454 (6,701) -23.6% Total Expenses 194,542 189,214 82,781 279,868 145,460 70,754 8,289 64,506 0 396,339 1,431,752 1,485,893 54,141 3.6% Allocation of Direct Admin Exp 67,024 87,863 21,656 27,707 104,418,639 21,2450 84,771 8,314 64,516 0 -1,431,752 1,485,893 54,141			,	,		,	,	,		0					
Depreciation 614 1,859 149 136 1,138 2,405 0 379 0 12,064 18,745 22,696 3,951 17.4% Other Expense 6,236 2,122 4,324 618 4,134 918 49 722 0 16,033 35,155 28,454 (6,701) -23,6% Total Expenses 194,542 189,214 82,781 279,868 145,460 70,754 8,289 64,506 0 396,339 1,431,752 1,485,893 54,101 3.6% Allocation of Direct Admin Exp 67,024 87,863 21,638 138,772 66,991 14,018 24 10 0 (396,339) 14,317,52 1,485,893 54,141 3.6% Total Expenses excl Hosp OH 261,566 277,077 104,419 418,639 212,450 84,771 8,314 64,516 0 - 1,431,752 1,485,893 54,141 3.6% Profit/(Loss) before Hosp OH 49,219 17,4705 18,583	Supplies	2,636	1,634	5,780	3,530	5,021	4,316	0	153	0	198	23,268	73,455		68.3%
Depreciation 614 1,859 149 136 1,138 2,405 0 379 0 12,064 18,745 22,696 3,951 17.4% Other Expense 6,236 2,122 4,324 618 4,134 918 49 722 0 16,033 35,155 28,454 (6,701) -23,6% Total Expenses 194,542 189,214 82,781 279,868 145,460 70,754 8,289 64,506 0 396,339 1,431,752 1,485,893 54,101 3.6% Allocation of Direct Admin Exp 67,024 87,863 21,638 138,772 66,991 14,018 24 10 0 (396,339) 14,317,52 1,485,893 54,141 3.6% Total Expenses excl Hosp OH 261,566 277,077 104,419 418,639 212,450 84,771 8,314 64,516 0 - 1,431,752 1,485,893 54,141 3.6% Profit/(Loss) before Hosp OH 49,219 17,4705 18,583	Purchased Services	13,649	265	2,109	218	1,932	30	218	0	0	47,574	65,997	138,448	72,451	52.3%
Total Expenses 194,542 189,214 82,781 279,868 145,460 70,754 8,289 64,506 0 396,339 1,431,752 1,485,893 54,141 3.6% Allocation of Direct Admin Exp 67,024 87,863 21,638 138,772 66,991 14,018 24 10 0 (396,339) 0 0 0 0.0% Total Expenses excl Hosp OH 261,566 277,077 104,419 418,639 212,450 84,771 8,314 64,516 0 - 1,431,752 1,485,893 54,141 3.6% Profit/(Loss) before Hosp OH 261,566 277,077 104,419 418,639 212,450 84,771 8,314 64,516 0 - 1,431,752 1,485,893 54,141 3.6% Profit/(Loss) before Hosp OH 49,219 174,705 18,583 191,139 102,190 (57,585) (32,159) (123,464) 0 - 322,629 (14,452) 337,081 2332.4% Revenues from Supplemental Sources - 0 0 0 0 0 0 0 0	Depreciation		1,859	149	136	1,138	2,405		379	0	12,064				17.4%
Allocation of Direct Admin Exp 67,024 87,863 21,638 138,772 66,991 14,018 24 10 0 (396,339) 0 0 0 0 0.0% Total Expenses excl Hosp OH 261,566 277,077 104,419 418,639 212,450 84,771 8,314 64,516 0 - 1,431,752 1,485,893 54,141 3.6% Profit/(Loss) before Hosp OH 49,219 174,705 18,583 191,139 102,190 (57,585) (32,159) (123,464) 0 - 322,629 (14,452) 337,081 2332.4% Revenues from Supplemental Sources Public Hospital Redesign and Incentives in Medi-Cal (PRIME) 87,652 143,085 33,706 259,756 76,193 13,691 - 0 0 0 0.0% Quality Incentive Program (QIP) 87,652 143,085 33,706 259,756 76,193 13,691 - 0 0 0 0.0% Overhead Allocation 86,317 91,435 34,458 138,151 70,109 27,975 2,744 21,290 0 0 0 0	Other Expense	6,236	2,122	4,324	618	4,134	918	49	722	0	16,033	35,155	28,454	(6,701)	-23.6%
Total Expenses excl Hosp OH Profit/(Loss) before Hosp OH 261,566 277,077 104,419 418,639 212,450 84,771 8,314 64,516 0 - 1,431,752 1,485,893 54,141 3.6% Profit/(Loss) before Hosp OH 49,219 174,705 18,583 191,139 102,190 (57,585) (32,159) (123,464) 0 - 322,629 (14,452) 337,081 2332.4% Revenues from Supplemental Sources Public Hospital Redesign and Incentives in Medi-Cal (PRIME) - 0	Total Expenses	194,542	189,214	82,781	279,868	145,460	70,754	8,289	64,506	0	396,339	1,431,752	1,485,893	54,141	3.6%
Profit/(Loss) before Hosp OH 49,219 174,705 18,583 191,139 102,190 (57,585) (32,159) (123,464) 0 - 322,629 (14,452) 337,081 2332.4% Revenues from Supplemental Sources Public Hospital Redesign and Incentives in Medi-Cal (PRIME) 0 <td< td=""><td>Allocation of Direct Admin Exp</td><td>67,024</td><td>87,863</td><td>21,638</td><td>138,772</td><td>66,991</td><td>14,018</td><td>24</td><td>10</td><td>0</td><td>(396,339)</td><td>0</td><td>0</td><td>0</td><td>0.0%</td></td<>	Allocation of Direct Admin Exp	67,024	87,863	21,638	138,772	66,991	14,018	24	10	0	(396,339)	0	0	0	0.0%
Revenues from Supplemental Sources 0	Total Expenses excl Hosp OH	261,566	277,077	104,419	418,639	212,450	84,771	8,314	64,516	0	-	1,431,752	1,485,893	54,141	3.6%
Public Hospital Redesign and Incentives in Medi-Cal (PRIME) 0 0 0 0 Quality Incentive Program (QIP) 87,652 143,085 33,706 259,756 76,193 13,691 614,083 614,083 0 0.0% Overhead Allocation 86,317 91,435 34,458 138,151 70,109 27,975 2,744 21,290 0 0 490,345 17,866 3.6%	Profit/(Loss) before Hosp OH	49,219	174,705	18,583	191,139	102,190	(57,585)	(32,159)	(123,464)	0	-	322,629	(14,452)	337,081	2332.4%
Quality Incentive Program (QIP) 87,652 143,085 33,706 259,756 76,193 13,691 614,083 614,083 0 0.0% Overhead Allocation 86,317 91,435 34,458 138,151 70,109 27,975 2,744 21,290 0 0 490,345 17,866 3.6%	Public Hospital Redesign											0	0	0	
Overhead Allocation <u>86,317 91,435 34,458 138,151 70,109 27,975 2,744 21,290 0 0 472,478 490,345 17,866 3.6%</u>	Quality Incentive Program (QIP)	87,652	143,085	33,706	259,756	76,193	13,691					614,083	-		0.0%
		- ,	-,	,		-,	.,,					. ,	- ,,	-	
Net Income (Loss) 50,554 226,355 17,831 312,744 108,274 (71,869) (34,903) (144,754) 0 0 0 464,233 109,286 354,948 324.8%	Overhead Allocation	86,317	91,435	34,458	138,151	70,109	27,975	2,744	21,290	0	o	472,478	490,345	17,866	3.6%
	Net Income (Loss)	50,554	226,355	17,831	312,744	108,274	(71,869)	(34,903)	(144,754)	0	0	464,233	109,286	354,948	324.8%

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

					Healthy	Healthy						
	Children's	Family		Primary	Beginnings	Beginnings						
	Health Services	Medicine	Family Practice	Medicine	California	French Camp						<u>% Var -</u>
	<u>(#7080)</u>	(#7092)	Calif St (#7093)	(#7096)	Street (#7182)	(#7183)	1	FQ Admin	Total	YTD Budget	YTD Variance	(Unf
Key Ratios								Г				
Net Pt Rev as % of Gross Rev	54.2%	58.2%	66.9%	44.6%	56.8%	18.1%		0.0%	48.5%	45.7%	2.8%	
Total Net Rev as % of Gross Rev	68.0%	75.4%	83.4%	64.5%	68.9%	28.5%		0.0%	64.9%	65.1%	-0.1%	
Benefits as a % of Salaries	110.1%	59.9%	55.1%	53.1%		115.0%		53.1%	63.5%	73.6%	10.0%	
Overhead % of Direct Expenses	44.4%	48.3%	41.6%	49.4%	48.2%	39.5%		0.0%	33.0%	33.0%	0.0%	
Gross Revenue per Billable Visit	313.12	217.86	247.47	187.64	313.18	359.19		0.00	116.16	260.60	(144.44)	
Net Revenue per Billable Visit	213.01	164.34	206.38	120.96	215.80	102.20		0.00	75.44	169.52	(94.08)	
Direct Costs/Billable Visit	133.34	68.83	138.89	55.52	99.77	265.99		0.00	61.56	171.19	109.62	
Indirect Costs/Billable Visit	59.16	33.26	57.82	27.41	48.09	105.17		0.00	20.32	56.49	36.17	
Total Medical Cost/Billable Visit	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!		0.00	#REF!	#REF!	#REF!	#RE
Total Cost/Patient (1)	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!		0.00	#REF!	#REF!	#REF!	#RE
Net Income(Loss)/Billable Visit	34.65	82.34	29.92	62.04	74.26	(270.18)		0.00	19.96	12.59	7.37	
Payer Mix												
Medicare	0.0%	6.5%	5.6%	7.8%	2.3%	0.9%		0.0%	4.9%	11.0%	-6.1%	
Medi-Cal	22.7%	13.4%	6.5%	7.9%	34.9%	27.3%		0.0%	17.1%	12.0%	5.1%	
Medi-Cal Managed Care	82.7%	76.9%	83.5%	79.6%	61.0%	67.9%		0.0%	76.4%	73.0%	3.4%	
Insurance	0.0%	2.1%	0.8%	3.6%	0.4%	2.1%		0.0%	1.9%	1.0%	0.9%	
Self Pay / Indigent	-5.5%	1.0%	3.7%	1.1%	1.4%	1.9%		0.0%	-0.2%	3.0%	-3.2%	-
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		0.0%	100.0%	100.0%	0.0%	

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

San Joaquin County Clinics Needs Assessment

7



Susan Thorner, MHSA September 29, 2020

Learning Objectives

- To understand BPHC's requirements re needs assessment;
- To understand the local needs assessment process;
- To highlight the most recent needs assessment findings; &
- To identify the needs assessment could & should be used.

BPHC Requirements re Needs Assessment

- The health center identifies & annually reviews its service area based on where current or proposed patient populations reside as documented by the ZIP codes reported on the health center's <u>Form 5B: Service Sites</u>.
 - In addition, these service area ZIP codes are consistent with patient origin data reported by ZIP code in its annual <u>Uniform</u> <u>Data System (UDS)</u> report (for example, the ZIP codes reported on the health center's Form 5B: Service Sites would include the ZIP codes in which at least 75 percent of current health center patients reside, as identified in the most recent UDS report).
 - The reconciliation is documented in the Board minutes.

BPHC Requirements re Needs Assessment

- The health center completes or updates a needs assessment of the current or proposed population *at least once every three years*,² for the purposes of informing and improving the delivery of health center services. The needs assessment utilizes the most recently available data³ for the service area and, if applicable, <u>special populations</u> and addresses the following:
 - Factors associated with access to care and health care utilization (for example, geography, transportation, occupation, transience, unemployment, income level, educational attainment);
 - The most significant causes of morbidity and mortality (for example, diabetes, cardiovascular disease, cancer, low birth weight, behavioral health) as well as any associated health disparities; &
 - Any other unique health care needs or characteristics that impact health status or access to, or utilization of, primary care (for example, social factors, the physical environment, cultural/ethnic factors, language needs, housing status.

Local Needs Assessment Process

The San Joaquin County 2019 CHNA was an effort of the Healthier San Joaquin Collaborative that included:

- Adventist Health Lodi Memorial
- Community Medical Centers
- Dameron Hospital
- Dignity Health St. Joseph's Medical Center
- Dignity Health St. Joseph's Behavioral Health
- First 5 San Joaquin
- Health Net
- Health Plan of San Joaquin
- Kaiser Permanente
- San Joaquin County Public Health Services
- Sutter Health

Local Needs Assessment Process

- Conducting a Community Health Needs Assessment every three years has been a California requirement for nonprofit hospitals for more than 20 years & is now a national requirement as well as a requirement for Public Health Accreditation & FQHCs.
- The 2019 CHNA process applied a social determinants of health framework & examined San Joaquin County's social, environmental & economic conditions that impact health in addition to exploring factors related to diseases, clinical care & physical health.
- Analysis of this broad range of contributing factors resulted in identification of the county's top health needs.

Key Findings from the 2019 County Needs Assessment

Highest Priority

Mental Health

Economic Security

Obesity/Healthy Eating, Active Living (HEAAL)/Diabetes

Medium Priority

Violence/Injury Prevention

Access to Care

Substance Abuse/Tobacco

Low Priority

Asthma

Oral Health

Climate & Health

Focus of 2019 Needs Assessment

To maximize impact, the Community Health Improvement Plan of San Joaquin County identified one priority health need and one goal for strategic attention:

Health Need: Obesity/HEAL/Diabetes

Goal: Help community members of all ages and abilities get more physical activity, including programs that meet language/culture needs

How the Needs Assessment Can & Should Be Used

- Should be a significant input to SJCC's strategic plan.
- Should drive the health center's community outreach/community outreach plan.
- Must be incorporated into SJCC's LAL recertification/NAP application.
- Should inform what grants you're seeking.
- Other?

• Questions?

Program Specific Form(s) - Review

00181862: SAN JOAQUIN, COUNTY OF

Look-Alike Number: LALCS00158 Current Certification Period: 1/1/2020 -12/31/2020 Target Population: Community Health Centers Current Designation Period: 7/1/2014 -12/31/2021 Due Date: 10/03/2020 (Due In: 4 Days)

Application Type: Annual Certification

Resources 🗹

Form 1C - Documents On File

As of 09/29/2020 05:39:15 PM OMB Number: 0915-0285 OMB Expiration Date: 1/31/2021

	-	
Management and Finance	Date of Last Review/Revision (MM/DD/YYYY)	Not Applicable (N/A)
Personnel policies, including selection and dismissal procedures, salary and benefit scales, employee grievance procedures, and equal opportunity practices.	09/12/2018	
Procurement procedures.	07/13/2016	
Standards of Conduct/Conflict of Interest policies/procedures.	09/12/2018	
Financial Management/Accounting and Internal Control policies and/or procedures to ensure awarded Health Center Program federal funds are not expended for restricted activities.	09/20/2018	
Financial Management/Accounting and Internal Control policies/procedures related to restrictions on the use of federal funds for the purchase of sterile needles or syringes for the hypodermic injection of any illegal drug. ¹ (Only applicable if your organization provides syringe exchange services or is otherwise engaged in syringe service programs; otherwise, indicate as N/A).		[X]
Financial Management/Accounting and Internal Control policies/procedures related to restrictions on the use of federal funds to provide abortion services, except in cases of rape or incest or where there is a threat to the life of the mother. ² (Only applicable if your organization provides abortion services; otherwise, indicate as N/A).		[X]
Billing and Collections policies/procedures, including those regarding waivers or fee reductions and refusal to pay.	01/12/2018	
Services	Date of Last Review/Revision (MM/DD/YYYY)	Not Applicable (N/A)
Credentialing/Privileging operating procedures.	06/19/2020	
Coverage for Medical Emergencies During and After Hours operating procedures.	09/12/2018	
Continuity of Care/Hospital Admitting operating procedures.	09/12/2018	
Sliding Fee Discount Program policies, operating procedures, and sliding fee schedule.	05/26/2020	
Quality Improvement/Assurance Program policies and operating procedures that address clinical services and management, patient safety, and confidentiality of patient records.	09/12/2018	
Governance	Date of Last Review/Revision (MM/DD/YYYY)	Not Applicable

		(N/A)
Governing Board Bylaws.	04/21/2020	
Co-Applicant Agreement (Only applicable to public entity health centers; otherwise, indicate as N/A.)	04/21/2020	[_]

Form 3 - Income Analysis

As of 09/29/2020 05:39:15 PM OMB Number: 0915-0285 OMB Expiration Date: 12/31/2016

OWB Number: 03	915-0285	ONB Expira	ation Date:	2/31/2016

Payer Category	Patients By Primary Medical Insurance (a)	Billable Visits (b)	Income Per Visit (c)	Projected Income (d)	Prior FY Income (e)		
Part 1: Patient Service Revenue - Program Income	Part 1: Patient Service Revenue - Program Income						
1. Medicaid	27769.00	97686.00	\$184.00	\$17,974,224.00	\$15,216,612.00		
2. Medicare	2705.00	9516.00	\$150.00	\$1,427,400.00	\$697,587.00		
3. Other Public	0.00	0.00	\$0.00	\$0.00	\$156,781.00		
4. Private	427.00	1502.00	\$20.00	\$30,040.00	\$34,256.00		
5. Self Pay	2064.00	7261.00	\$25.00	\$181,525.00	\$186,547.00		
6. Total (Lines 1 to 5)	32965	115965	N/A	\$19,613,189.00	\$16,291,783.00		
Part 2: Other Income - Federal, State, Local and Othe	r Income						
7. Federal	N/A	N/A	N/A	\$750,000.00	\$82,881.00		
8. State Government	N/A	N/A	N/A	\$0.00	\$0.00		
9. Local Government	N/A	N/A	N/A	\$9,558,204.00	\$7,522,892.21		
10. Private Grants/Contracts	N/A	N/A	N/A	\$0.00	\$0.00		
11. Contributions	N/A	N/A	N/A	\$0.00	\$0.00		
12. Other	N/A	N/A	N/A	\$0.00	\$0.00		
13. Applicant (Retained Earnings)	N/A	N/A	N/A	\$0.00	\$0.00		
14. Total Other (Lines 7 to 13)	N/A	N/A	N/A	\$10,308,204.00	\$7,605,773.21		
Total Income (Program Income Plus Other)							
15. Total Income (Lines 6+14)	N/A	N/A	N/A	\$29,921,393.00	\$23,897,556.21		

Comments/Explanatory Notes (if applicable)

Form 3A - Budget Information

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Budget Category	Community Health Centers (CHC - 330(e))	Migrant Health Centers (MHC - 330(g))	Health Care for Homeless (HCH - 330(h))	Public Housing Primary Care (PHPC - 330(i))	Total
1. Expenses					
a. Personnel	\$9,720,000.00				\$9,720,000.00
b. Fringe Benefits	\$5,977,800.00				\$5,977,800.00
c. Travel	\$3,593.00				\$3,593.00
d. Equipment	\$430,000.00				\$430,000.00
e. Supplies	\$1,000,000.00				\$1,000,000.00
f. Contractual	\$3,100,000.00				\$3,100,000.00
g. Construction	\$0.00				\$0.00

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h. Other	\$690,000.00				\$690,000.00
i. Total Direct Charges (sum of a through h)	\$20,921,393.00	\$0.00	\$0.00	\$0.00	\$20,921,393.00
j. Indirect Charges	\$9,000,000.00				\$9,000,000.00
k. Total Expenses (sum of i and j)	\$29,921,393.00	\$0.00	\$0.00	\$0.00	\$29,921,393.00
2. Revenue					
a. Applicant	\$0.00				\$0.00
b. Federal	\$750,000.00				\$750,000.00
c. State	\$0.00				\$0.00
d. Local	\$9,558,204.00				\$9,558,204.00
e. Other	\$0.00				\$0.00
f. Program Income	\$19,613,189.00				\$19,613,189.00
g. Total Revenue (sum of a through f)	\$29,921,393.00	\$0.00	\$0.00	\$0.00	\$29,921,393.00

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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]	[_]	[_]
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]	[_]	[_]

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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	[_]	[_]	[_]

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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	[_]	[_]	[_]
Endocrinology	[_]	[_]	[_]
Ophthalmology	[_]	[_]	[_]
Cardiology	[_]	[_]	[_]
Pulmonology	[_]	[_]	[_]
Dermatology	[_]	[_]	[_]
Infectious Disease	[_]	[_]	[_]

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Gastroenterology	[_]	[_]	[_]
Advanced Diagnostic Radiology	[_]	[_]	[_]

Form 5B - Service Sites

Number of Contract Service Delivery

Locations

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

		OWB NUMBER: 08	15-0285 OMB Expiration Date: 12/31/201				
Healthy Beginnings French Camp (BPS	S-LAL-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	e Delivery Site Site Phone Number					
Web URL							
Location Type	Permanent	Site Setting	All Other Clinic Types				
Date Site was Added to Scope	7/1/2014						
FQHC Site Medicare Billing Number Status		751119					
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	45				
Months of Operation	May, June, July, August, January, Febr	uary, March, April, September, October, Decer	nber, November				
Number of Contract Service Delivery Locations	ry Number of Intermittent Sites 0						
Site Operated by Health Center/Applicant							
Organization Information							
	No Orgar	ization Added					
Service Area Zip Codes	95203, 95231, 95210, 95206, 95330, 9 95204, 95212, 95207, 95202	5337, 95336, 95240, 95205, 95236, 95215, 99	5209, 95242, 95377, 95366, 95376, 95219,				
Family Practice Clinic California (BPS-I	LAL-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 Intermittent Sites

0

	No C	Organization Added				
Service Area Zip Codes	95231, 95204, 95337, 95242, 952 95215, 95376, 95366, 95336	02, 95206, 95210, 95205, 95240, 95203, 95330, 95	5207, 95209, 95377, 95212, 95236, 952			
Family Medicine Clinic (BPS-LAL-01428	84)		Action Status: Picked from Sco			
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 dentification (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				
Site Operated by	Health Center/Applicant					
Organization Information	No C	Organization Added				
Service Area Zip Codes	95219, 95206, 95366, 95242, 952 95330, 95215, 95204, 95212	03, 95205, 95376, 95377, 95337, 95209, 95207, 95	5202, 95210, 95336, 95236, 95240, 952			
-	95330, 95215, 95204, 95212	03, 95205, 95376, 95377, 95337, 95209, 95207, 95				
Children's Health Services (BPS-LAL-0	95330, 95215, 95204, 95212	03, 95205, 95376, 95377, 95337, 95209, 95207, 95 Physical Site Address	Action Status: Picked from Sco			
Children's Health Services (BPS-LAL-0	95330, 95215, 95204, 95212 1 14283)		Action Status: Picked from Sc 1414 N California St Ste A, Stockton			
Children's Health Services (BPS-LAL-0 Site Name Site Type	95330, 95215, 95204, 95212 1 14283) Children's Health Services	Physical Site Address	Action Status: Picked from Sc 1414 N California St Ste A, Stockton CA 95202-1515			
Children's Health Services (BPS-LAL-0 Site Name Site Type Web URL	95330, 95215, 95204, 95212 114283) Children's Health Services Service Delivery Site	Physical Site Address	Action Status: Picked from Sc 1414 N California St Ste A, Stockton CA 95202-1515			
Children's Health Services (BPS-LAL-0 Site Name Site Type Web URL Location Type	95330, 95215, 95204, 95212 14283) Children's Health Services Service Delivery Site www.sjgeneralhospital.com	Physical Site Address Site Phone Number	Action Status: Picked from Sca 1414 N California St Ste A, Stockton CA 95202-1515 (209) 468-8154			
Children's Health Services (BPS-LAL-0 Site Name Site Type Web URL Location Type Date Site was Added to Scope	95330, 95215, 95204, 95212 14283) Children's Health Services Service Delivery Site www.sjgeneralhospital.com Permanent	Physical Site Address Site Phone Number Site Setting	Action Status: Picked from Sca 1414 N California St Ste A, Stockton CA 95202-1515 (209) 468-8154			
Children's Health Services (BPS-LAL-O Site Name Site Type Web URL Location Type Date Site was Added to Scope FQHC Site Medicare Billing Number Status FQHC Site National Provider	95330, 95215, 95204, 95212 14283) Children's Health Services Service Delivery Site www.sjgeneralhospital.com Permanent	Physical Site Address Site Phone Number Site Setting Site Operational By	Action Status: Picked from Sca 1414 N California St Ste A, Stockton CA 95202-1515 (209) 468-8154 All Other Clinic Types			
Children's Health Services (BPS-LAL-0 Site Name Site Type Web URL Location Type Date Site was Added to Scope FQHC Site Medicare Billing Number Status FQHC Site National Provider dentification (NPI) Number	95330, 95215, 95204, 95212 TH283) Children's Health Services Service Delivery Site www.sjgeneralhospital.com Permanent 7/1/2014 1083955801	Physical Site Address Site Phone Number Site Setting Site Operational By FQHC Site Medicare Billing Number	Action Status: Picked from Sco 1414 N California St Ste A, Stockton CA 95202-1515 (209) 468-8154 All Other Clinic Types 751117 55			
Service Area Zip Codes Children's Health Services (BPS-LAL-0 Site Name Site Type Web URL Location Type Date Site was Added to Scope FQHC Site Medicare Billing Number Status FQHC Site National Provider Identification (NPI) Number Months of Operation Number of Contract Service Delivery Locations	95330, 95215, 95204, 95212 TH283) Children's Health Services Service Delivery Site www.sjgeneralhospital.com Permanent 7/1/2014 1083955801	Physical Site Address Site Phone Number Site Setting Site Operational By FQHC Site Medicare Billing Number Total Hours of Operation	Action Status: Picked from Sc. 1414 N California St Ste A, Stockton CA 95202-1515 (209) 468-8154 All Other Clinic Types 751117 55			

Organization Information									
	No Organiz	ation Added							
Service Area Zip Codes	95242, 95236, 95330, 95204, 95240, 952 95206	12, 95366, 95209, 95210, 95231, 95202, 95	376, 95377, 95337, 95205, 95203, 9521						
Primary Medicine Clinic (BPS-LAL-0142	288)		Action Status: Picked from Sco						
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	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, 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, 952 95377, 95231, 95205, 95215	36, 95210, 95206, 95212, 95202, 95337, 95	209, 95204, 95203, 95336, 95207, 9533						
Healthy Beginnings California (BPS-LA	L-014287)		Action Status: Picked from Sco						
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		FQHC Site Medicare Billing Number	751118						
Status		Total Hours of Operation	45						
FQHC Site National Provider									
FQHC Site National Provider Identification (NPI) Number	May, June, July, August, January, Februa	ry, March, April, September, October, Decen	nber, November						
Status FQHC Site National Provider Identification (NPI) Number Months of Operation Number of Contract Service Delivery Locations	May, June, July, August, January, Februa	-	nber, November 0						

Organization Information	
	No Organization Added
Service Area Zip Codes	95219, 95209, 95203, 95242, 95376, 95231, 95202, 95240, 95204, 95337, 95206, 95366, 95330, 95205, 95236, 95377, 95212, 95210

Form 5C - Other Activities/Locations

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Activity/Location Information	
Type of Activity	Health Fairs
Frequency of Activity	There are usually at least ten events per year but will do more if opportunities become available.
Description of Activity	SJCC provides health education and point of care testing for participants.
Type of Location(s) where Activity is Conducted	The events are scheduled in parks, Community Centers, Business parking lots, San Joaquin Hospital Campus, etc.
Activity/Location Information	
Type of Activity	Portable Clinical Care
Frequency of Activity	Weekly sick call at an Army base for the participants in a camp for High School aged young people in a six month program.
Description of Activity	Each of the Camp participants is given a Physical at the FQHC center. All of the follow up sick call services are provided by nurses and EMT's. If the needs require a Physician, they are transported to the FQHC for care.
Type of Location(s) where Activity is Conducted	An army base which operates a camp for these young folks.
Activity/Location Information	
Type of Activity	Home Visits
Frequency of Activity	The Home visits are done based on patient needs frequently with patients in palliative care and/or where pain in movement is so limiting that the provider decides to see the patient at home.
Description of Activity	The provider makes a regular visit to evaluate and adjust treatment for a patient confined to home or nursing home.
Type of Location(s) where Activity is Conducted	Patient Homes and Nursing Homes.

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Program Narrative Update - Organizational Capacity

▼ Organizational Capacity

 San Joaquin County Clinics (SJCC) has no key staffing vacancies. Its new CFO has strengthened SJCC's accounting systems and long-term financial position. He has led SJCC's successful efforts to get its PPS rates increased and improve its billing practices. SJCC's Board welcomed two new members

Discuss current major changes, since the last certification period, in the organization's capacity that have impacted or may impact the progress of the designated project, including changes in:

- Staffing, including key vacancies;
- Operations, including changes in policies and procedures as they relate to COVID-19; and
- Financial status, including the most current audit findings, as applicable.

during the year. An FQHC consulting firm reviewed and ensured all of SJCC's policies and procedures are current and updated the corporate bylaws and co-applicant agreement between San Joaquin County and SJCC. The Board has approved credentialing/privileging operating procedures; sliding fee discount program policies, procedures, and schedule; and updated bylaws and co-applicant agreement. SJCC's closed its Hazelton and Manteca clinics effective June 30, 2020. These clinics lost over \$2 million during the first six months of Fiscal Year 19/20. SJCC has absorbed the vast majority of the approximately 6,000 unique patients served by these clinics at its six remaining sites. In October 2019, SJCC's heart failure clinic won the 2019 California Association of Public Hospitals and Health Systems (CAPH)/California Health Care Safety Net Institute (SNI) Quality Leaders Award in the category of Performance Excellence. The pandemic caused a near immediate drop in patient demand by more than 50 percent. SJCC maintained access to care by rapidly expanding its telemedicine capabilities. In February, approximately two percent of SJCC patient visits were conducted via telemedicine. By April this had increased to 40%. As of September 2020, SJCC is seeing more patients than it did prior to the pandemic. SJCC is a leader in the community in COVID-19 testing. Its drive-through testing site has tested more than 17,000 community members. It also partners with a variety of communitybased organizations and public agencies to bring testing, education, and support directly to the County's high-risk homeless and agricultural worker populations at shelters, encampments, and migrant centers.

Program Narrative Update - Patient Capacity

Patient Capacity

Referencing the % Change 2017-2019 Trend, % Change 2018-2019, and % Progress Toward Goal columns:

Discuss trends in unduplicated patients served and report progress in reaching the projected number of patients. In the Patient Capacity Narrative column, explain negative trends or limited progress toward the projected number of patients and plans for achievement.

Notes:

- 2017-2019 Patient Number data are pre-populated from Tables 3a and 4 in the UDS Report.
- The Projected Number of Patients values cannot be edited during the AC submission. If these values are not accurate, provide adjusted projections and an explanation in the Patient Capacity Narrative section.

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

Unduplicated Patients	2017 Patient Number (i)	2018 Patient Number (j)	2019 Patient Number i	% Change 2017-2019 Trend (i)	% Change 2018-2019 Trend (i)	% Progress Toward Goal (i)	Projected Number of Patients	Patient Capacity Narrative
								SJCC achieved an 8.58% growth in the
								number of unduplicated patients seen
								from 20182019. However, it did not
								achieve its goal of seeing 34,497 patients
								during the year. The increase in patients
								seen was primarily due to an increase in

	I Unduplicated ents	31224	30360	32965	5.58%	8.58%	N/A	N/A	the number of physicians and midlevels at the clinics as well as an increase in provider productivity. SJCC has been seeking ways to get the significant percentage of its patients assigned by Medi-Cal managed care plans that never come in for care to schedule and come in for their initial visits. This "assigned but unseen" population is approximately 17,000 patients. SJCC began using a communication technology platform to reach out to these patients through robocalls to schedule initial appointments, but achieved far less success than anticipated. With the onset of the pandemic this year, SJCC experienced a significant drop in patients seen during the months of March – June 2020. SJCC also closed its Hazelton and Manteca clinics at the end of June 2020. While SJCC successfully absorbed the vast majority of the nearly 6,000 patients seen at these clinics, there were still some who chose not to transfer to one of SJCC's rapid adoption of telemedicine and its resulting increase in the numbers of patients seen, the combination of the pandemic and closure of the Hazelton and Manteca clinics is still causing a drop in unduplicated patients seen during 2019-2020. However, SJCC's central call center is proving very effective at scheduling appointments (in-person and telemedicine) and reducing patient no- shows. And patients seem to be beginning to feel in need of and more comfortable seeking care. As a result, SJCC is beginning the recruitment of two additional midlevels to start serving the increase beyond their capacity, SJCC will recruit other providers as needed.
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Notes:

- 2017-2019 Patient Number data are pre-populated from Tables 3a and 4 in the UDS Report.
- The Projected Number of Patients values cannot be edited during the AC submission. If these values are not accurate, provide adjusted projections and • an explanation in the Patient Capacity Narrative section.

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

2017 2018 2019 %

Special Populations	Patient Pati Number Num	nber Number	% Change 2017-2019 Trend (i)	% Change 2018-2019 Trend (i)	Progress Toward Goal (i)	Projected Number of Patients	Patient Capacity Narrative
Total Migratory and Seasonal Agricultural Worker Patients	915 33	34 440	-51.91%	31.74%	Data not available	Data not available	San Joaquin County is California's 7th- largest producer of agriculture with 773,000 acres of land in farms producing \$2.6 billion in agriculture in 2019,. Anecdotally, SJCC sees a large number of agricultural workers and served more than the 440 migratory and seasonal agricultural worker patients reported in 2019. As noted last year, the difference between the number of agricultural workers reported and the number actually seen is at least partially explained by data collection/reporting challenges. Migratory or seasonal agricultural worker is not a required data element in the current EHR. However, registration workflows require it and SJCC's registration manager reinforced the importance of following registration workflows and collecting the data in multiple trainings While the number of migrant and seasonal agricultural workers is still not as high as in 2017 or as anticipated, it is a 31.74% increase over 2018. The onset of the pandemic highlighted the importance of agricultura workers to San Joaquin County and the rest of the country. These essential workers are crucial to San Joaquin County's economy and help feed people across the county, state and nation. The nature of their work and housing puts them at greater risk for contracting COVID-19 than many in the community. SJCC partners with the County Administrator's Office, County Administrator's Office, County Agricultural Commissioner, local philanthropy, community-based organizations, and others to provide COVID testing of agricultural workers an their family members at migrant centers and other locations throughout the County. Individuals testing positive are provided free room and board and medical support at local motels/hotels so they can quarantine. Through this initiative, SJCC anticipates further growt in the number of migratory and seasonal agricultural workers it serves.

Total People

Experiencing

Homelessness Patients

433

281

521

20.32%

85.41%

Data not available	Data not available	The 2019 point-in-time count of homeless in San Joaquin County found 1,558 unsheltered homeless residents in the county. A count hasn't been conducted in 2020, but there is consensus that the number of homeless has increased in the County since 2019. SJCC reported serving 521 patients who identified as homeless during 2019. This was an 85% increase in the number reported in 2018. While a portion of the 85% increase in homeless patients seen is due to improvements in screening/documentation during patient intake and registration, the majority of this reported patient growth is likely due to an actual increase in the number of homeless served. SJCC is an active partner in the County's Whole Person care program focused on improving access to health and social services for the county's homeless population that are heavy utilizers of San Joaquin General Hospital's Emergency Department (ED). SJCC provides primary
available		care for homeless patients transitioning from the ED or from inpatient hospitalization. To help with controlling
		the spread of COVID-19, SJCC has been a leader in testing the general population
		as well as high-risk populations including
		the homeless. SJCC partners with the
		County District Attorney's office, the
		United Way, Gospel Center Rescue
		Mission, and other social service
		agencies to bring testing directly to the
		high-risk homeless. SJCC physicians,
		medical assistants, nurses, and administrative staff regularly go to
		shelters and encampments to educate
		and test, provide t sanitizing supplies and
		masks and link those in need with
		behavioral health, medical and other
		services. SJCC is now moving to
		establish mobile testing/mobile care
		services to expand its capacity to test
		and provide care for the homeless and
		other individuals facing transportation
		and other barriers to coming into a clinic.
		SJCC does not operate a site located in or immediately accessible to a public

housing site which is the reason for

Total Public Housing Resident Patients	0	0	0	Data not available	Data not available	Data not available	Data not available	reporting "0" in 2017, 2018, and 2019. SJCC does not intend to establish a site located in or immediately accessible to a public housing site during the current designation period.
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Notes:

- 2017-2019 Patient Number data are pre-populated from Table 5 in the UDS Report.
- The Projected Number of Patient values cannot be edited during the AC submission. If these values are not accurate, provide adjusted projections and an explanation in the Patient Capacity Narrative section.

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

Patients and Visits by Service Type	2017 Patient Number (i)	2018 Patient Number (i)	2019 Patient Number i	% Change 2017-2019 Trend (i)	% Change 2018-2019 Trend (i)	% Progress Toward Goal (i)	Projected Number of Patients	Patient Capacity Narrative
								SJCC achieved a 6.55 percent increase
								in the number of medical services
								patients seen from 2018 to 2019 and
								exceeded its goal of 31,846 patients. The
								growth in medical services patients seen
								from 2018-2019 is primarily attributed to
								an increase in the number of physicians
								and mid-levels at the clinics as well as an
								increase in provider productivity. SJCC
								hired several new physicians since last
								year's annual certification. A significant
								percentage of patients assigned by Medi-
								Cal managed care plans to SJCC never
								come in for care. This "assigned but
								unseen" population is approximately
								17,000 patients. SJCC began using a
								communication technology platform to
								reach out to these patients through
								robocalls to schedule initial
								appointments, but achieved far less
								success than anticipated. SJCC
								continues to work with its health plans to
								explore alternative solutions to the
								"assigned but unseen" problem. With the
								onset of the pandemic this year, SJCC
Total Medical Services	31224	30360	32350	3.61%	6.55%	101.58%	31846	experienced a significant drop in patients
Patients	51224	30300	32330	5.0176	0.55 /6	101.50 /0	51640	seen during the months of March – June
								2020. SJCC also closed its Hazelton and
								Manteca clinics at the end of June 2020.
								While SJCC successfully absorbed the
								vast majority of the nearly 6,000 patients
								seen at these clinics, there were still
								some who chose not to transfer to one of
								SJCC's other six clinic sites. In spite of

SJCC's rapid adoption of telemedicine upon the onset of the pandemic, the combination of the pandemic and closure of the Hazelton and Manteca clinics has led to a drop in medical services patients seen so far during 2020. However, SJCC's central call center is proving very effective at scheduling appointments (inperson and telemedicine) and reducing patient no-shows. And patients seem to be beginning to feel more comfortable seeking care. As a result, demand for medical services is increasing and SJCC is beginning the recruitment of two additional mid-levels with plans to recruit additional medical staff if demand continues to grow.

SJCC provides preventive dental varnishes. It also participates in a First 5 San Joaquin-funded dental program that provides oral health outreach, oral health care coordination including linkage of patients to a dental home, and oral health screening. SJCC also is a part of a collaborative children's virtual dental home project with Community Medical Centers (a local FQHC that provides dental services). Through this project, a Community Medical Centers dental care team (led by a registered dental hygienist) provides full dental exams with x-rays, teeth cleaning and fluoride varnish, sealants, small fillings, and referrals for additional services to children with support by a dentist available by computer/phone.

SJCC achieved a 165.31% in the number of mental health services patients seen from 2018 to 2019. This is attributed to stability in the mental health staff (one psychiatrist and one LCSW throughout the year) in the clinics. As a result, the medical staff developed more comfort with the mental health staff. Additionally, the psychiatrist began to focus more on helping PCPs with their challenging patients. The number of mental health staff continues to be the primary limiting factor in SJCC's plans to integrate behavioral health in its primary care clinics. SJCC has historically relied on

Total	Mental	Health	

Total Dental Services

Patients

Ο

0

0

Data not

available

Data not

available

Data not

available

Ο

Services Patients	410	49	130	-68.29%	165.31%	available	0	San Joaquin County Behavioral Health Services to recruit and provide mental health professionals to the clinics. Due to its inability to meet SJCC's mental health staffing needs, SJCC has begun exploring other opportunities for contract with/hiring mental health professionals. SJCC currently has a large funding request under review by a local funder. If funded, SJCC will have the resources available to significantly increase the number of licensed mental health professionals embedded in its clinics as well as the number of mental health services patients it serves.
Total Substance Use Disorder Services Patients	0	0	0	Data not available	Data not available	Data not available	0	SJCC has historically reported 0 substance use disorder services patients. This is in great part because SJCC has not historically documented substance use disorder services provided by its primary care providers. SJCC has a substance abuse counselor located in its French Camp clinics that assesses and intervenes with patients on substance use and abuse. She comanages patients with medical providers. SJCC also has an outpatient medication assisted treatment program for its patients with opioid use disorders at its Family Practice Clinic. It is looking to initiate outpatient substance use disorder services for its prenatal and maternity patients through a funding request currently under consideration by a local funder. SJCC is developing the necessary workflow to ensure that these services are documented on the EHR.
Total Enabling Services Patients	578	6945	610	5.54%	-91.22%	7.69%	7929	SJCC experienced a 91% drop in reported total enabling services from 2018 to 2019. SJCC attributes this to a significant overstatement of enabling services in 2018 combined with a disbanding of SJCC's population health unit in 2019 resulting in less actual enabling services provided. SJCC changed its methodology for reporting enabling service in 2019 to only report those documented in the EHR. When
								SJCC completes its implementation of Cerner's HealtheCare community care

https://grants2.hrsa.gov/WebGAM2External/Interface/Application/PrintForm.aspx?RV=33da0e3d-8e89-401d-9138-459cff9e4707&RTC=1

								management system (integrated with the EHR) in the next few months, it will be able to document and report its enabling services in a consistent and transparent manner.
Total Vision Services Patients	Data not availa ble	Data not availa ble	0	Data not available	Data not available	Data not available	NA*	SJCC does not have an optometrist on staff. However, it does refer patients in need of vision services to outside optometrists. As a Child Health and Disability Program (CHDP) provider, SJCC does provide vision screens for its child patients following CHDP guidelines. SJCC also conducts retinal screening.