



**San Joaquin County Clinics
Board Meeting Agenda
Tuesday, November 30, 2021, 5:00 p.m.**

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+1 209-645-4071 United States, Stockton (Toll)
Conference ID: 421 643 065#

1. Introduction & Establish Quorum		Rod Place	5 mins
a. Call to Order & Establish Quorum			
b. SJCC Board of Director's Attendance Record (Jan-Oct 2021)			
c. Introductions			
2. Approval of Minutes SJCC Board Meeting from 10/26/21	*	Rod Place	1 min
3. Public Comment		General Public	2 mins
4. Board Training – Brown Act		Quenny Macedo	20 mins
5. Subcommittee Date Changes for 2022		Michael Allen	2 mins
a. January Finance meeting change to 1/24/21	*		
b. February Finance & Quality meetings change to 2/21/21	*		
6. Strategic Plan Presentation	*	Jeff Slater	20 mins
7. Quality Committee Report – November 2021	*	Padma Magadala/Charson Chang	10 mins
8. Credentialing & Privileging Report – November 2021	*	Angela Ayala	5 mins
9. Finance Committee Report – November 2021	*	Kris Zuniga	15 mins
10. Legislative Update & Grants Approvals – November 2021	*	Jeff Slater/Rajat Simhan	5 mins
11. CEO Report		Dr. Farhan Fadoo	7 mins
12. Adjournment of Board Meeting		Rod Place	1 min

***Action Item**

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

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



SJCC BOARD OF DIRECTORS ATTENDANCE RECORD 2021

2021 Meeting Dates

Member Name	Patient? Yes / No	Joined Board	1/26/21	2/23/21	3/30/21	4/27/21	5/25/21	6/29/21	7/27/21	8/31/21	9/28/21	10/26/21	11/30/21	12/28/21
Antigua, Paul	No	2021								P	P	P		
Baskett, Mike	No	2018	AU	AE	P	P	AE	P	P	P	AU	AU		
Chang, Charson MD	No	2021								P	P	P		
Cortez, Ismael	Yes	2011	AE	AE	AU	P	P	AU	AU	AU	AU	AU		
Fuentes, Monica	No	2021										P		
Heck, Brian	Yes	2019	P	P	P	P	P	P	P	P	P	P		
Hernandez, Jessica	Yes	2021										P		
King, Cynthia	No	2021									P	P		
Lee, Karen	No	2021									P	P		
Maldonado, Alvin	Yes	2011	P	AE	P									
Medina, Esgardo *	Yes	2020	P	P	P	P	AE	P	P	P	P	P		
Mills, Mary	No	2010	P	P	AE	AU	P	P	AU	AU	AU	P		
Place, Rod	Yes	2010	P	AE	P	P	AE	P	P	P	P	P		
Pua, Bernadette	No	2021									P	P		
Sandoval, Luz Maria	Yes	2013	AU	AU	AU	AU	AU	AU	AU	AU	AU	AU		
Scoz, Christopher **	Yes	2020	P	P	AE	P	AE	P	P	AE	AE	AE		
Yonemoto, Alicia	Yes	2014	P	P	P	P	P	P	P	P	P	P		

CODE P = Present

Code AE = Absence Excused

CODE AU = Absence Unexcused

Minutes of October 26, 2021

San Joaquin County Clinics Board of Directors

Board Members Present:

Rod Place (SJCC Board Chair); Paul Antigua (SJCC Board Member); Dr. Charson Chang (SJCC Board Member); Brian Heck (SJCC Board Member); Cynthia King (SJCC Board Member); Karen Lee (SJCC Board Member); Esgardo Medina (SJCC Board Member); Mary Mills (SJCC Board Member); Bernadette Pua (SJCC Board Member); Alicia Yonemoto (SJCC Board Vice-Chair)

Excused Absent:

Chris Scoz (SJCC Board Member)

Unexcused Absent:

Luz Maria Sandoval (SJCC Board Member); Mike Baskett (SJCC Board Member); Ismael Cortez (SJCC Board Member)

Guests:

Dr. Farhan Fadoo (SJCC CEO); Alice Soulligne (SJCC COO); Kris Zuniga (SJCC CFO); Rajat Simhan (SJCC Consultant); Padmaja Magadala (SJCC Staff); Angela Ayala (SJCC Staff); Jeff Slater (SJCC Consultant); Susan Thorner (SJCC Consultant); Michael Allen (SJCC Clerk of the Board); Monica Fuentes (Prospective SJCC Board Member); Jessica Hernandez (Prospective SJCC Board Member)

AGENDA ITEM	ATTACHMENTS	ACTION
1. <u>Call to Order (Rod Place, SJCC Board Chair)</u> The meeting was called to order at 5:01 p.m. A quorum was established for today's meeting.	No attachment	No action required
2. <u>Board Transition Ceremony</u> Retrospective and appreciation for departed Board member Alvin Maldonado. Alvin's niece Jodie Moreno spoke briefly about how much Board membership and service meant to Alvin. Certificates of Appreciation reviewed for departing Board members. New and returning Board members introduced themselves, including Paul Antigua, Charson Chang, Brian Heck, Cynthia King, Karen Lee, Esgardo Medina, Rod Place and Bernadette Pua.	No attachment	No action required
3. <u>Public Comment</u> None	No attachment	No action required
4. <u>Governance Committee Report (Rod Place, SJCC Board Chair)</u> Monica Fuentes introduced herself. Jessica Hernandez introduced herself. Rod was proposed as new Board Chair. Brian Heck was proposed as new Board Vice-Chair. Paul Antigua was proposed as new Board Treasurer. Susan reviewed the subcommittee compositions and the onboarding process. Audit committee will be chaired by Brian Heck and joined by Rod Place and another (TBD). Finance committee will be chaired by Paul Antigua and joined by Rod Place and Esgardo Medina. Governance committee will be chaired by Brian Heck and joined by Rod Place and another (TBD). Quality committee will be chaired by Charson Chang and joined by Jessica Hernandez, Cynthia King, Karen Lee and Bernadette Pua.	Board Application – Monica Fuentes Board Application – Jessica Hernandez	Cynthia motioned to accept Monica Fuentes for Board membership and Brian seconded; motion was approved unanimously Cynthia motioned to accept Jessica Hernandez for Board membership and Brian seconded; motion was approved unanimously Karen motioned to approve new slate of Board officers and Charson seconded; motion was approved unanimously

<p>5. <u>Approval of Minutes from 9/28/21 (Rod Place, SJCC Board Chair)</u> Cynthia raised a question about the closures of the Manteca and Hazelton clinics. Dr. Fadoo addressed the need for this as being a mandate to reduce expenses and these were the two most underperforming clinics. Meeting minutes from 9/28/21 were approved.</p>	<p>Board Minutes 9/28/2021</p>	<p>Brian motioned to accept the minutes from 9/28/21 and Charson seconded; motion was approved unanimously</p>
<p>6. <u>Credentialing & Privileging Report (Angela Ayala, SJCC Staff)</u> Angela presented the Credentialing Report for October 2021. Reappointment was Nancy Field; initial appointment was Bajwa Kamaljot; advancements from provisional to active are Linda Geverts, Kimberly Greer and Tenzin Pelkyi; resignation was Melissa Santillana.</p>	<p>Credentialing Report – October 2021</p>	<p>Karen motioned to approve the credentialing report and Charson seconded; motion was approved unanimously</p>
<p>7. <u>Finance Committee Report (Kris Zuniga, SJCC CFO)</u> Kris introduced himself to Board and discussed his previous experience with FQHCs.</p> <p>Billable visits for September are favorable to budget by 197 visits. Net Patient Revenues are \$153,077 greater than budget. YTD financials reflect a PPS reconciliation liability accrual of \$75,000. YTD Medi-Cal payments for \$912,247 have been reflected on the Balance Sheet for FY2015, FY2016, and FY2017 according to the payment plan with DHCS. YTD Income Statement includes interest expense of \$53,860 for PPS liability payments made to DHCS for FY2015, FY2016, and FY2017. YTD financials includes \$8.1M payment from SJGH related to the finalization of FY2020 financial statement audit and according to the separation agreement between SJGH and SJCC.</p> <p>YTD results include \$37,473 in DHCS recoveries for overpaid Code 18 Wrap payments for the period of October 2020 through December 2020.</p> <p>YTD Supplemental Revenue includes the recognition of estimated Quality Incentive Program revenue for \$2,903,510. Other Revenue includes combined Grants Revenue for Essential Access Title X and American Rescue Plan (ARP) grants for \$281,022. Other Income includes the YTD Capitation Revenue with an unfavorable variance to budget by \$15,976 due to a slight decline in capitation payment rate per member. Also, Other Income includes the 340B Pharmacy Program revenue for \$409,311 and the program related expenses for \$268,537 are included in Supplies & Other Expenses categories on the financials. September financials reflect First Responder Program revenue for \$8,600. YTD Other Revenue includes revenues accrued for \$175,744 related to Purchased Services provided to SJGH by SJCC per the MOU. Total Net Operating Revenues are favorable to budget by \$490,322.</p> <p>YTD Salaries and benefits expenses exhibit a favorable variance to budget of \$273,090. Other operating expenses exhibit an unfavorable variance of \$791,147 largely due to Professional Fees and Other Expenses favorable variance of \$1,298,355 mainly offset by unfavorable variance in Purchased Services, Supplies, Interest and Miscellaneous Expenses \$2,089,502. An estimated expense for the Purchased Services is recorded from July through September based on the MOU.</p>	<p>Finance Committee Report – October 2021</p>	<p>Charson motioned to accept the finance report and Karen seconded; motion was approved unanimously</p> <p>Dr. Fadoo will pursue data regarding the percentage of HPSJ patients assigned to SJCC</p>

<p>Unaudited, as presented, Net Income of \$412,775 on a year-to-date basis is unfavorable compared to budget by \$27,735.</p> <p>Charson inquired about other FQHCs that manage patients for HPSJ. Dr. Fadoo noted there are a total of 5 FQHCs between San Joaquin and Stanislaus counties, including Golden Valley and CMC. Request was made to determine percentage of HPSJ patients served by SJCC and Dr. Fadoo noted that we will pursue this data.</p>		
<p>8. <u>Legislative Updates & Grants (Jeff Slater/Rajat Simhan)</u> H.R. 5376 is known as the “Build Back Better Act” and may include \$10 billion for community health center capital projects for Look ALike (LAL) organizations.</p> <p>SJCC has applied for a USDA grant for emergency rural health in the amount of \$631,800 over 3 years. Grant will fund efforts to enhance access to COVID-19 testing and vaccinations in French Camp and other rural areas of the County and improve access to telehealth, including remote monitoring of patients with heart disease and diabetes.</p>	<p>Legislative and Grants Update – October 2021</p>	<p>Charson motioned to approve the USDA grant and Karen seconded; motion was approved unanimously</p>
<p>9. <u>CEO Report (Dr. Farhan Fadoo, SJCC CEO)</u> COVID efforts are currently slightly biased toward vaccination over testing and 3rd doses of boosters are beginning to be rolled out. Telehealth comprises roughly 1/3 of overall SJCC visits.</p> <p>MOU between SJCC and SJGH has been executed. Tenant improvement is underway on the new Admin office. More administrative functions are transitioning to SJCC from SJGH support. Rebranding efforts are underway by SJCC leadership and our marketing firm.</p> <p>Board recruitment has been very successful and a few more candidates are being sought out. The strategic plan will be presented soon and will represent a new roadmap for organizational health and growth.</p> <p>Collaboration with HPSJ to improve HEDIS performance continues, with frequent meetings to facilitate this. Efforts are underway to staff Integrated Behavioral Health (IBH) programs. Chronic disease management efforts are continuing, including adding a clinical pharmacist to the staff and starting an obesity clinic in January 2022.</p>	<p>CEO Report – October 2021</p>	<p>No action required</p>
<p>10. <u>Adjournment</u> There being no further topics of discussion, Rod Place adjourned the meeting at 7:05 p.m.</p>	<p>No attachments</p>	<p>No action required</p>



THE RALPH BROWN ACT

What Agencies Must Comply

- California Government Code Section 54952 provides legislative bodies must comply. As used in this chapter, “legislative body” means:
- (c) (1) A board, commission, committee, or other multimember body that governs a private corporation, limited liability company, or other entity that either:
- (A) Is created by the elected legislative body in order to exercise authority that may lawfully be delegated by the elected governing body to a private corporation, limited liability company, or other entity.
- “Creating” a private entity need not require extensive action by a legislative body; the public agency board only needs to “play a role” in bringing the private entity into existence. (International Longshoremen’s & Warehousemen’s Union v. Los Angeles Export Terminal, Inc. (1999) 69 Cal.App.4th 287; Epstein v. Hollywood Entertainment Dist. II Bus. Improvement Dist. (2001) 87 Cal.App.4th 862; 85 Ops.Cal.Atty.Gen. 55 (2002).)
- **SJCC Board is a legislative body for purposes of the Act.**

Standing and Ad Hoc Committees

- Meeting requirements apply to all subsidiary bodies of the agency created by the governing body.
 - ▣ This includes standing committees.
 - ▣ Standing committee is described as one with continuing subject matter jurisdiction, or a meeting schedule fixed by charter, ordinance or resolution, or formal action of a legislative body.
- Section 54952 provides an exception to the open meeting requirements for an Ad Hoc committee composed of less than a quorum of the full body.
 - ▣ Cannot be a meeting with continuing subject matter or a fixed schedule by action of the legislative body.

Notice & Posting Agendas

- Agenda must be posted 72 hours in advance.
- Brief description of items of business.
 - ▣ Sufficient to give the public notice of the item being discussed.
- Agendas must be publicly accessible and distributed in advance to those who request copies.

Items Not on Agenda



- ❑ No discussion or decision on items not on the posted agenda.

Items Not on Agenda

- Members or staff may briefly respond to questions posed by the public.
- Members may ask staff a question, make a brief announcement or make a brief report on his or her own activities.
- Members may ask staff to report back to the body at a subsequent meeting, or take action to direct staff to place a matter on a future agenda.

Public Comment

- Every agenda for a regular meeting must allow members of the public to speak on any item of interest, so long as the item is within the subject area of the legislative body.
- Further, the public must be allowed to speak on a specific item of business before or during the legislative body's consideration.

Public Comment

- The Brown Act permits legislative bodies to adopt “[r]easonable regulations” for public comment periods, but the body may not “prohibit public criticism of the policies, procedures, programs, or services of the agency, or of the acts or omissions of the legislative body.” Gov. Code section 54954.3(b), (c). See also *Norse v. City of Santa Cruz* (9th Cir. 2010) 629 F.3d 966.

Public Comment

- The moderator at a public meeting may limit speech in order to maintain order at the meeting.
- In public meetings, “[c]itizens have an enormous first amendment interest in directing speech about public issues to those who govern their city.” (*White v. City of Norwalk* (9th Cir. 1990) 900 F.2d 1421.)

Closed Sessions



Closed Sessions – General Principles

- ❑ Closed sessions are narrow exceptions to the open meeting rule. Found in Government Code Section 54962.
- ❑ Permitted only where specifically available by statute (e.g., litigation, real estate negotiations, labor negotiations, personnel decisions, etc.)
- ❑ Standard is NOT whether the subject is sensitive, embarrassing or controversial.
- ❑ Discussion must stay within parameters of item.
- ❑ What happens in closed session, stays in closed session. Only Board as a whole can waive privilege.

Report on Closed Session

- The Board must report in public certain formal or informal actions taken in closed session.
- When an action must be reported roll call vote on the matter must be reported.
- Items to be reported out are found in Government Code section 54957.1
 - ▣ Concluded real estate negotiations where the Board is last to approve
 - ▣ Formal steps in litigation
 - ▣ Settlement where Board is last to approve
 - ▣ Action regarding a public employee
 - ▣ Pension fund investment transactions

Special and Emergency Meetings

- ❑ Special meetings may be called only if the agenda is posted 24 hours before the meeting.
- ❑ Items cannot be added to the agenda at the meeting.
- ❑ Agenda may not include salaries, salary schedules, or other compensation of a local agency executive.
- ❑ Closed session may be held on any otherwise permissible topic for closed session.
- ❑ Emergency Meeting much more narrow and require 24 hour notice. Should not hold without advice of Counsel.

Remote Meetings

- Current Hot Topic
- In normal times....Brown Act general rule in order to teleconference for meeting:
 - ▣ Board must post agendas at all teleconference locations
 - ▣ Board must conduct meeting in a manner that protects the statutory and constitutional rights of the parties or the public appearing before the body
 - ▣ Board must list each teleconference location on the agenda
 - ▣ **Each teleconference location must be accessible to the public**
 - ▣ At least a quorum of the members must participate from locations within the boundaries of the territory over which the local agency exercised jurisdiction
 - ▣ Must provide opportunity for public to address the legislative body from each location

In Times of Covid.....

- Was a series of orders from Governor waving remote meeting requirements such as accessibility to the public that have expired.
- Currently AB 361 provides that:
 - ▣ If Agency passes a resolution that makes certain findings can continue to meet remote without meeting requirements while state of emergency remains in effect.
 - ▣ San Joaquin County issued a resolution that includes all Boards and Commissions within its jurisdiction.

Brown Act Violations: Civil Action

- Any individual or the District Attorney may file a civil lawsuit for injunctive relief or to void action taken in violation of the Brown Act.
(Government Code Sec. 54960.)
- Attorneys' fees are available to prevailing plaintiffs. (Government Code Sec. 54959.)

Brown Act Violations: Criminal Penalties

- Each member of a legislative body who attends a meeting of that legislative body where action is taken in violation of the Brown Act and where the member intends to deprive the public of information to which the member knows or has reason to know the public is entitled to, is guilty of a misdemeanor. (Government Code Sec. 54959.)

Questions?





Quality Assurance / Quality Improvement

Committee Meeting

11/29/21



Topics

1. Ongoing Quality Improvement activities
2. HEDIS Performance
3. Chronic Disease Management



Quality Improvement Activities

1. Gap Clinics

- Women's Health and Chronic Disease management
- Well Child visits and IMA2

2. Flu Vaccine Drive-thru Clinics

- As of October total 379 patients reached; 181 were children

3. Cerner Documentation Support to Providers

- Quality metrics, Codes and Orders
- Track cancer screening results for follow-up

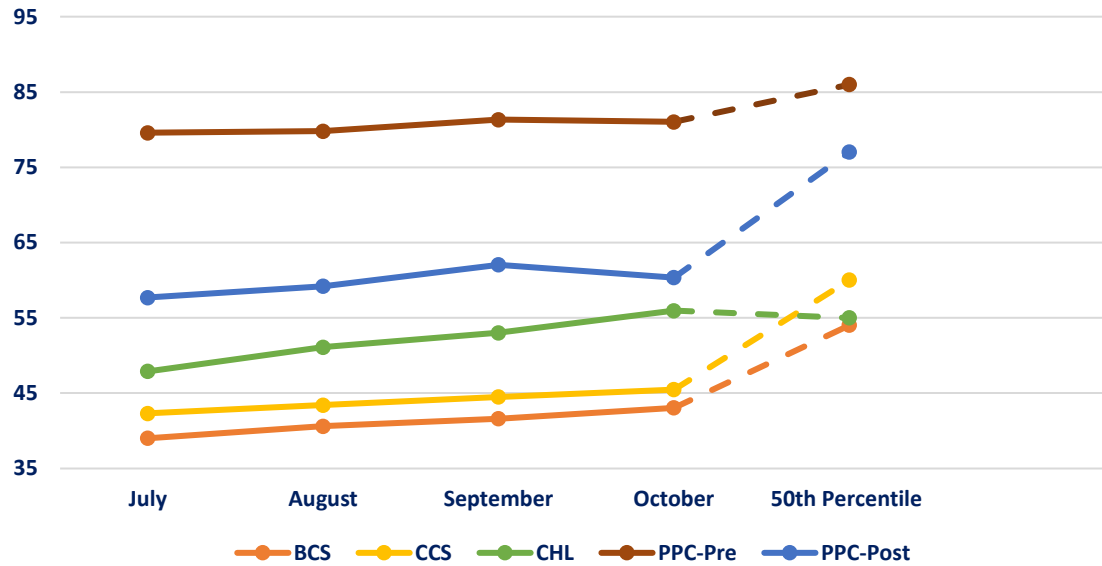
4. Data integrity, Cerner Updates and Clinical Indicators

Healthcare Effectiveness Data and Information Set (HEDIS)

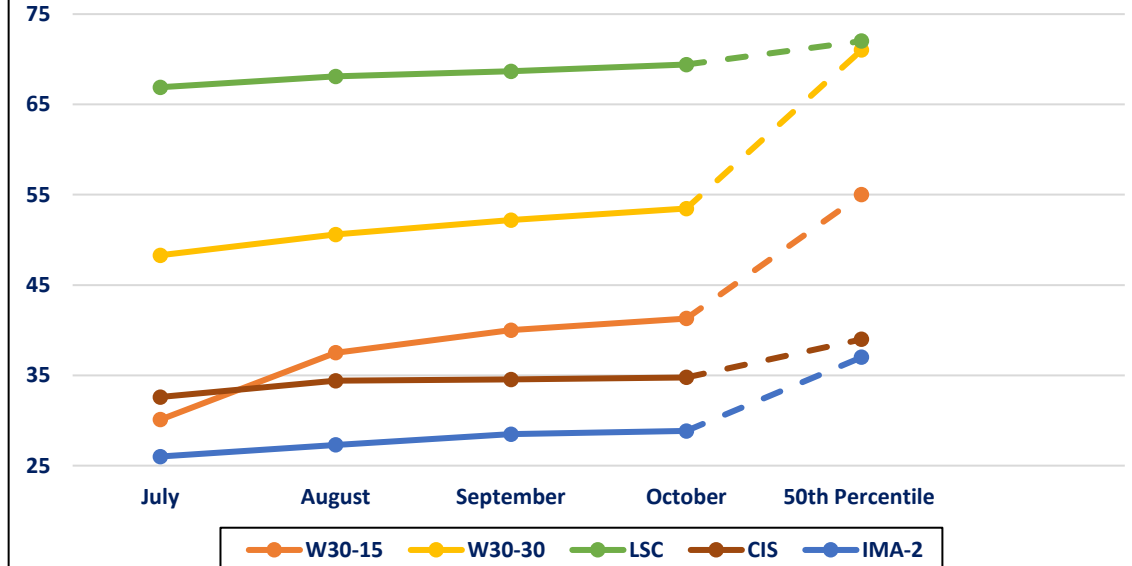
- HEDIS is a registered trademark of the National Quality Committee for Quality Assurance (NCQA)
- HEDIS indicators have been designed by NCQA to standardize performance measurement across managed care organizations
- There are two types of HEDIS data referred to in this guide:
 - Administrative data – comes from submitted claims and encounters
 - Hybrid data – comes from chart collection/review
- San Joaquin County Clinics partner with Health Plan of San Joaquin (HPSJ) And HealthNet for MediCal managed care

HEDIS Performance %				
Women's Health				
Measure	Q1	Q2	Q3	50th Percentile %
Breast Cancer Screening	32.5	39.0	43.1	59
Cervical Cancer Screening	39.5	42.3	45.5	62
PPC Post Partum	57.3	57.7	56.0	77
PPC Pre-natal	78.8	80.0	81.0	90
Chlamydia Screening	36.7	47.9	60.4	59
Acute And Chronic Care				
Measure	Q1	Q2	Q3	50th Percentile %
Asthma Med Ratio	64.7	55.7	52.1	65
HgA1c Testing	41.7	64.4	74.7	83
HgA1c >9 (lower is better)	72.3	55.6	47.5	43
CBP	20.9	26.1	34.6	56
Pediatrics				
Measure	Q1	Q2	Q3	50th Percentile %
Child and Adolescent WCV	10.4	21.9	34.0	-
Childhood Immunization 10	22.5	32.6	34.8	38
Adolescent Immunization 2	21.9	26.0	28.8	37
Well Child 15 mo. 6 visits	21.2	30.1	41.3	-
Well child 30 mo. 2 visits	39.7	48.3	53.5	-
WCC- BMI	23.4	30.9	38.9	81
WCC - Nutrition	3.0	5.6	6.3	72
WCC - Physical Activity	3.0	5.8	7.8	67
Lead Screening	-	66.9	69.4	73
Behavioral Health				
Measure	Q1	Q2	Q3	50th Percentile %
ADD - Initiation Phase	26.1	19.5	18.2	45
ADD - Continuation Phase	-	-	-	56
AMM Acute phase 12 weeks	42.4	46.2	55.3	57
AMM Continuation phase 84 weeks	17.8	18.2	32.1	41

HEDIS % – Women's Health Target Measures



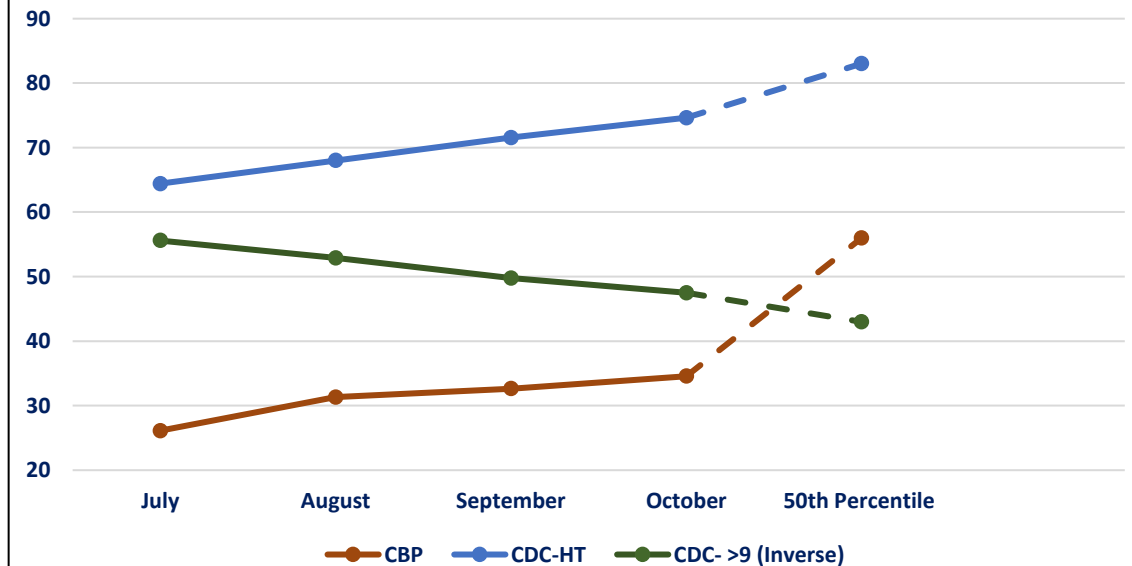
HEDIS % – Pediatric Target Measures



Data updates with HPSJ due this month

- Expected increase in performance rates
- Claims lag 5 - 45 days

HEDIS % – Chronic Disease Target Measures



Chronic Disease Management

1. Hypertension

2. Diabetes

Month/Year:	Hypertensive Patients Seen:	% of Compliant BP:	BP monitors given by QI:
July 2021	1129	38.5%	42
August 2021	1260	46%	17
September 2021	998	50%	8

1) Titration Clinic for Diabetes Management

- Patients with HbA1c >8% enrolled; diet and nutrition education; life-style changes and counseling
- HbA1c testing, eye exam, foot exam, nephropathy

2) CipherHealth Outreach – Diabetes Care

- Scripted outreach calls made to patients with an option to switch to a live call and schedule an appointment
- Two calls per day, over two separate days

Grand Total	1228
Successful	543
Patient Reached	269
Appointment Made	134
Patient screening already scheduled	94

Q & A

**REAPPOINTMENTS - ALLIED HEALTH PROFESSIONAL
NOVEMBER 2021**

The following practitioners have applied for reappointment to the Medical Staff of San Joaquin County Clinics. 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.

Name	Specialty/Assigned Div/Dept	Current Category of Membership	Recommended Category	Reason	Recommend	Credentialing Dept
Vivian Cefalo, CNM	Nurse Midwife OB/GYN	Provisional	Allied Health Professional 01/2022 to 01/2024	Reqs for AHP staff met	CIDP: 11/09/2021 Cred: 11/02/2021 MED: 11/16/2021 Board: 12/07/2021	SJGH Med Staff

**RESIGNATIONS
NOVEMBER 2021**

Name	Reason for Resignation:	Effective Date of Resignation	Reported by
Melissa Santillana	Resigned	Oct-21	SJGH Med Staff

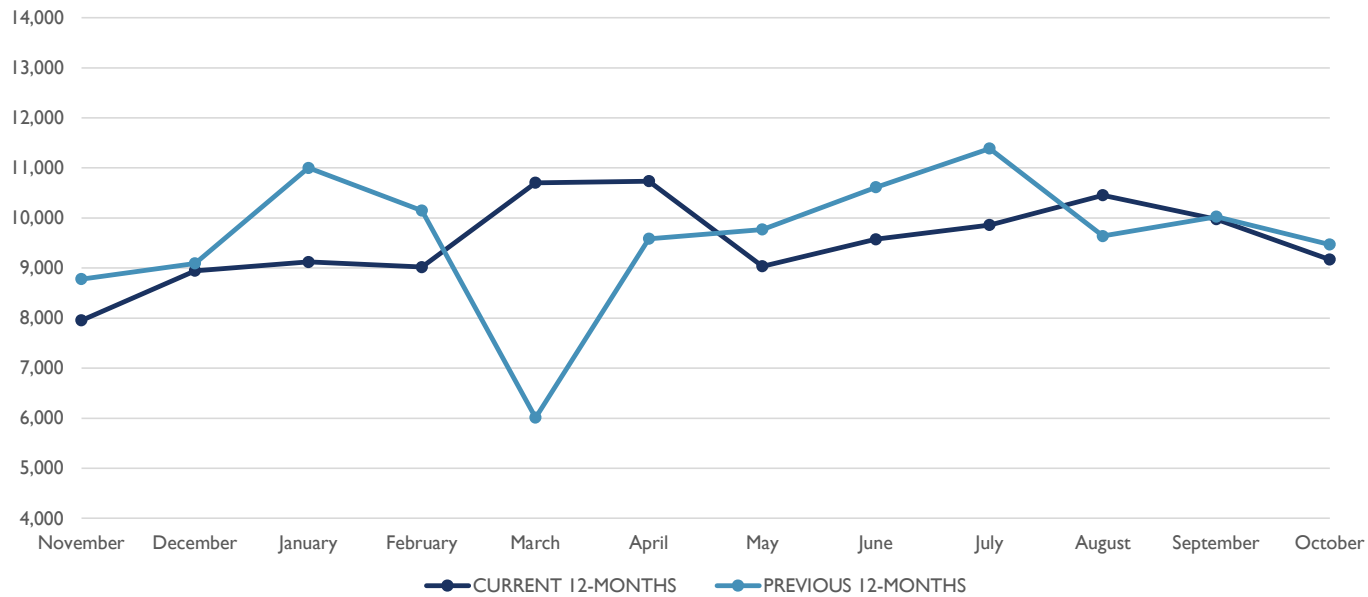
SAN JOAQUIN COUNTY CLINICS

CFO PRESENTATION

Kris Zuniga
Chief Financial Officer
Presentation Date: 11/30/2021

OCTOBER 2021 BILLABLE VISITS – 9,167

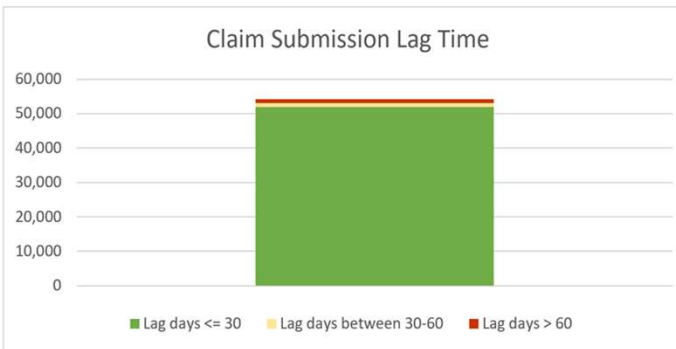
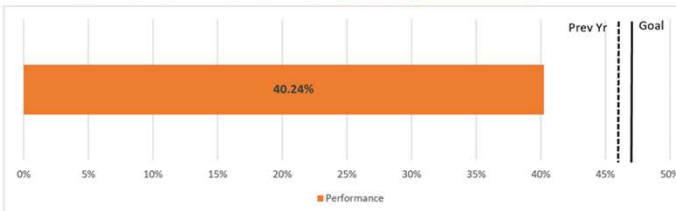
ROLLING 12-MONTH TRENDS - BILLABLE VISITS



Visits by Financial Class	%
Medi-Cal Managed Care	75.38%
Medicare	10.62%
Medi-Cal	9.24%
Self-Pay	3.08%
Commercial	1.68%
Total	100.00%

HEALTH PLAN OF SAN JOAQUIN MEMBERSHIP ASSIGNMENTS CALENDAR YTD AS OF OCTOBER 2021

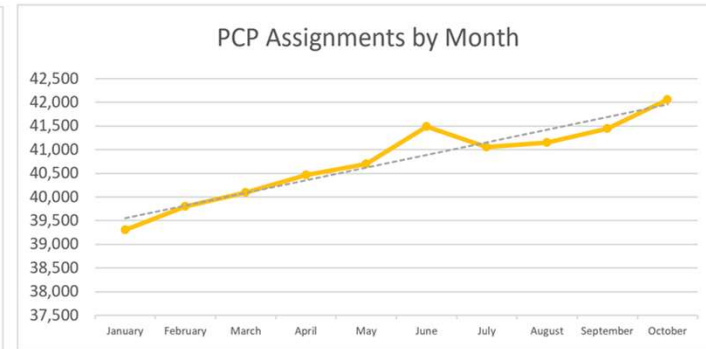
Year	Panel Size	Panel Seen	Goal	% Goal	Performance
2020	37,109	17,048	18,753	50.53%	45.94%
2021	41,569	16,729	19,579	47.10%	40.24%



Average Submission Lag: 7.2 Days

Panel Metrics for San Joaquin County Clinics

Average Panel Size	41,569
Current Month Panel Size	41,615
Calendar YTD Panel Seen Count	16,729
Calendar YTD % Panel Seen	40.2%
Goal to Panel Seen Count	19,579
PCP Claim Count	54,166



SJCC INCOME STATEMENT – OCTOBER 2021

	Current Period Actual	Current Period Budget - Original	Current Period Budget Variance - Original	Current Year Actual	YTD Budget - Original	YTD Budget Variance - Original
Operating Revenue						
Net Patient Service Revenue	1,335,285	1,275,357	59,928	6,181,395	5,101,428	1,079,966
Supplemental Revenue	1,085,150	967,837	117,313	3,988,660	3,871,346	117,313
Grant Revenue	17,258	270,278	(253,020)	298,280	1,081,113	(782,833)
Miscellaneous Income	56,012	63,518	(7,506)	232,127	254,070	(21,944)
Other Income	622,128	613,833	8,295	2,478,163	2,455,333	22,830
Total Operating Revenue	<u>3,115,833</u>	<u>3,190,823</u>	<u>(74,990)</u>	<u>13,178,624</u>	<u>12,763,292</u>	<u>415,332</u>
Expenditures						
Salaries & Wages	1,266,283	1,282,091	15,808	5,200,422	5,128,365	(72,057)
Employee Benefits	613,437	819,409	205,972	2,710,709	3,277,636	566,927
Professional Fees	250,113	212,324	(37,789)	810,954	849,295	38,340
Purchased Services	538,529	578,464	39,935	1,855,936	2,313,858	457,921
Supplies	49,145	39,431	(9,715)	396,922	157,722	(239,200)
Depreciation	18,858	20,509	1,651	75,431	82,036	6,604
Interest	17,953	4,298	(13,656)	94,412	17,191	(77,221)
Other Expenses	298,852	87,461	(211,391)	1,558,399	349,843	(1,208,556)
Total Expenditures	<u>3,053,171</u>	<u>3,043,986</u>	<u>(9,184)</u>	<u>12,703,186</u>	<u>12,175,945</u>	<u>(527,241)</u>
Net Income(Loss)	<u>62,662</u>	<u>146,837</u>	<u>(84,175)</u>	<u>475,437</u>	<u>587,347</u>	<u>(111,909)</u>

	<u>PERIOD 0</u>	<u>JULY 2021</u>	<u>AUGUST 2021</u>	<u>SEPTEMBER 2021</u>	<u>OCTOBER 2021</u>
Assets					
Cash & Cash Equivalents	2,266,991	2,274,759	10,274,204	11,439,672	11,987,361
Accounts Receivable	1,786,574	1,567,532	1,544,418	1,652,978	1,574,805
Inventory	11,250	(36,414)	(60,467)	0	0
Property & Equipment	1,411,298	1,391,984	1,373,582	1,354,724	1,335,866
Other Assets	19,828,212	23,025,945	17,992,367	19,543,137	13,163,166
Total Assets	<u>25,304,325</u>	<u>28,223,807</u>	<u>31,124,104</u>	<u>33,990,511</u>	<u>28,061,198</u>
Liabilities					
Accounts Payable	396,672	610,273	721,439	923,594	989,410
Other Liabilities	15,087,742	17,626,124	19,616,244	21,834,230	15,576,439
Deferred Revenue	0	0	600,000	1,000,000	1,200,000
Total Liabilities	<u>15,484,414</u>	<u>18,236,396</u>	<u>20,937,683</u>	<u>23,757,824</u>	<u>17,765,848</u>
Net Assets					
Beginning Net Assets	9,819,912	9,819,912	9,819,912	9,819,912	9,819,912
Current YTD Net Income	0	167,499	366,510	412,775	475,437
Total Net Assets	<u>9,819,912</u>	<u>9,987,411</u>	<u>10,186,421</u>	<u>10,232,687</u>	<u>10,295,349</u>
Total Liabilities and Net Assets	<u>25,304,325</u>	<u>28,223,807</u>	<u>31,124,104</u>	<u>33,990,511</u>	<u>28,061,198</u>

SJCC BALANCE SHEET

OCTOBER 2021

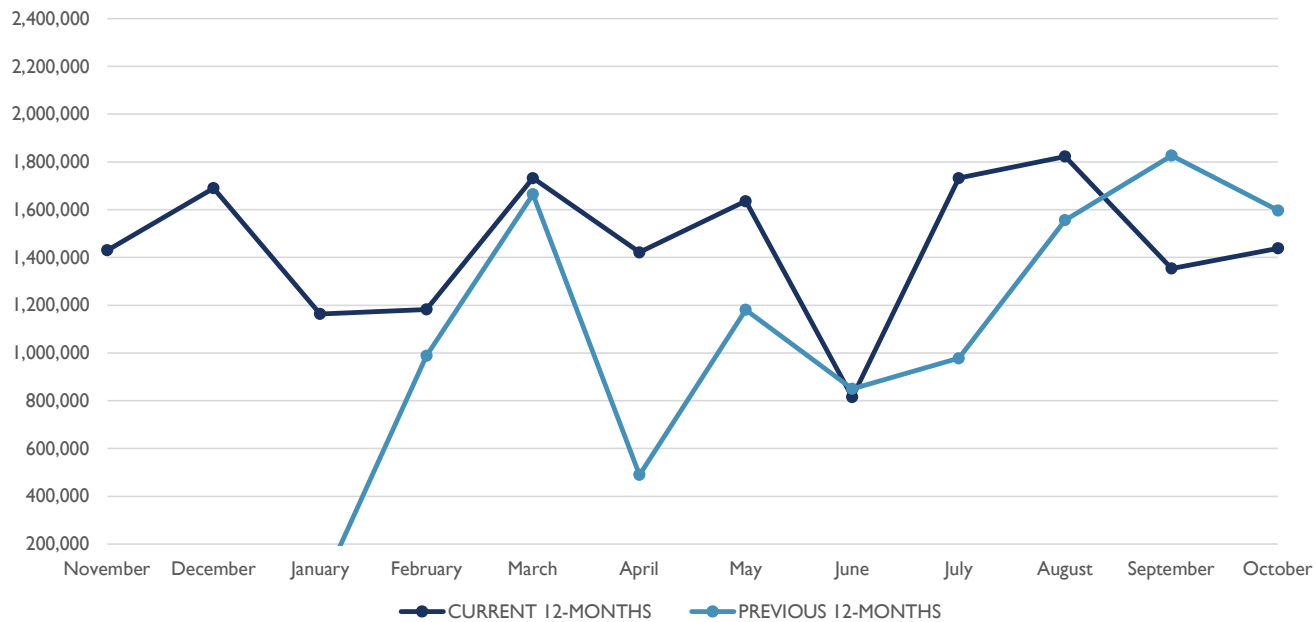
SJCC BILLING & COLLECTIONS

A/R AGING OCTOBER 2021

SJCC Accounts Receivable Aging Analysis For the Month of October 2021								
Aging Category	MediCare	MediCal	Commercial	Self Pay	Total Aging This Month	Total Aging Last Month	\$ Increase (Decrease)	% Increase (Decrease)
1-30 Days	198,654	2,009,732	27,872	23,397	2,259,655	2,099,162	160,494	7.65%
31-60 Days	68,681	180,338	28,957	23,623	301,598	306,416	(4,818)	-1.57%
61-90 Days	56,941	86,730	13,631	20,175	177,477	136,789	40,687	29.74%
91-120 Days	44,780	47,406	9,400	12,114	113,700	110,296	3,404	3.09%
121-180 Days	31,767	61,152	20,610	4,186	117,715	159,056	(41,342)	-25.99%
181-240 Days	21,985	26,107	23,454	2,746	74,292	94,860	(20,568)	-21.68%
241-270 Days	2,440	5,338	6,674	386	14,838	24,817	(9,979)	-40.21%
271-365 Days	6,970	8,052	14,054	1,161	30,237	4,571	25,666	561.52%
366 Days & Over	(36,427)	11,165	43,248	(2,092)	15,894	44,883	(28,989)	-64.59%
	13%	78%	6%	3%				
Total FC This Month	395,791	2,436,019	187,900	85,696	3,105,406	2,980,851	124,556	4.18%
Total FC Last Month	397,489	2,306,587	208,810	67,965	2,980,851			
\$ Increase (Decrease)	(1,698)	129,432	(20,910)	17,731	124,556			
% Increase (Decrease)	-0.43%	5.61%	-10.01%	26.09%	4.18%			
Monthly Management Summary								
	Beginning	Charges	Payments	Adjustments	Ending Gross			
October Activity	2,980,851	2,753,978	(1,438,459)	(1,190,964)	3,105,406			
A/R Days Analysis								
	October	September	August	July	June	May	April	Increase (Decrease)
Gross A/R Days	35	32	28	36	34	27	30	2
Net A/R	1,574,805	1,652,978	1,574,249	1,992,113	1,766,997	1,262,842	1,396,758	(78,173)
Net A/R Days	31	31	33	44	42	24	29	0

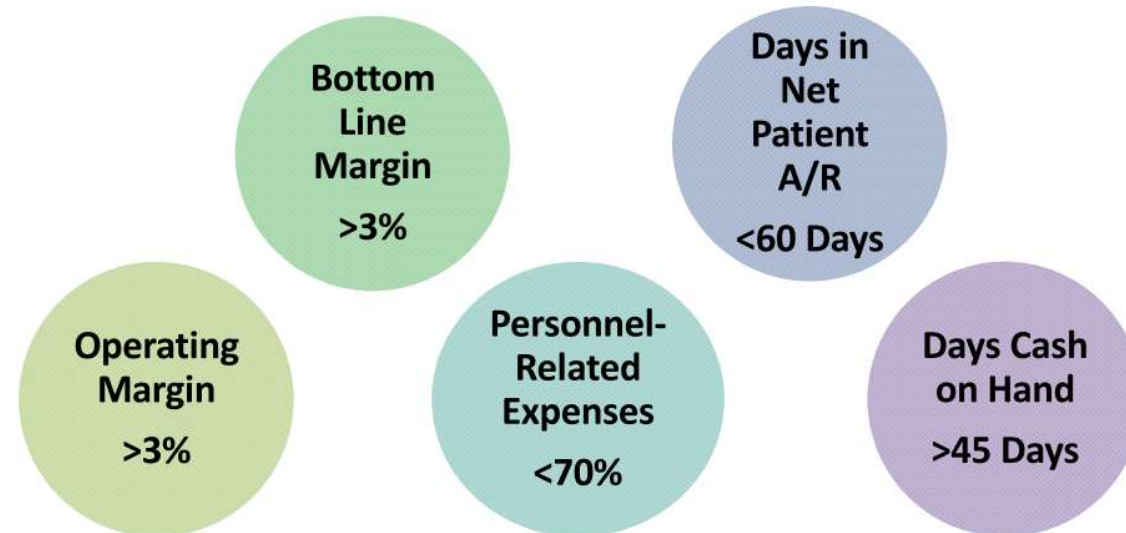
OCTOBER 2021 EMMI CASH COLLECTED - \$1,438,459

ROLLING 12-MONTH TRENDS - CASH COLLECTED



FY22 Collections By Financial Class	%
Medi-Cal Managed Care	69.23%
Medi-Cal	21.82%
Medicare	8.17%
Self-Pay	0.54%
Commercial	0.25%
Total	100%

Key Financial Metrics: Capital Link Industry Guidelines



CAPITAL LINK FQHC FINANCIAL BENCHMARKS VS SJCC

DATA SUMMARY	Capital Link Target	SJCC FYTD FY22
FINANCIAL HEALTH		
1 Operating Margin As a % of Operating Revenue	>3%	4%
2 Bottom Line Margin As a % of Operating Revenue	>3%	4%
3 Days Cash on Hand	>45 Days	117
4 Days in Net Patient Receivables	<60 Days	31
5 Personnel-Related Expense (PRE) As a % of Operating Revenue	<70%	80%

QUESTIONS & ANSWERS





San Joaquin County Clinics

Financial Statement Comments

October 2021

Summary of Clinics Year to Date

Billable visits for October are unfavorable to budget by 611 visits. Net Patient Revenues are \$59,928 greater than budget. YTD financials reflect a PPS reconciliation liability accrual of \$100,000. YTD Medi-Cal payments for \$1,473,250 have been reflected on the Balance Sheet for FY2015, FY2016, and FY2017 according to the payment plan with DHCS. YTD Income Statement includes interest expense of \$71,813 for PPS liability payments made to DHCS for FY2015, FY2016, and FY2017. YTD financials includes \$8.1M payment from SJGH related to the finalization of FY2020 financial statement audit and according to the separation agreement between SJGH and SJCC.

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

YTD Supplemental Revenue includes the recognition of estimated Quality Incentive Program revenue for \$3,988,660. Other Revenue includes combined Grants Revenue for Essential Access Title X, Health Net and American Rescue Plan (ARP) grants for \$298,280. Other Income includes the YTD Capitation Revenue with an unfavorable variance to budget by \$17,516 due to a slight decline in enrolled members. Also, Other Income includes the 340B Pharmacy Program revenue for \$549,145 and the program related expenses for \$329,619 are included in Supplies & Other Expenses categories on the financials. YTD financials reflect First Responder Program revenue for \$11,200. YTD Other Revenue includes revenues accrued for \$226,639 related to Purchased Services provided to SJGH by SJCC per the MOU. Total Net Operating Revenues are favorable to budget by \$415,332.

YTD Salaries and benefits expenses exhibit a favorable variance to budget of \$494,870. Other operating expenses exhibit an unfavorable variance of \$1,022,111 largely due to Professional Fees and Other Expenses favorable variance of \$502,866 mainly offset by unfavorable variance in Purchased Services, Supplies, Interest and Miscellaneous Expenses \$1,524,977. An estimated expense for the Purchased Services is recorded from July through September based on the MOU.

Unaudited, as presented, Net Income of \$475,437 on a year-to-date basis is unfavorable compared to budget by \$111,909.

Additional Factors Impacting Clinic Performance Presentation

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

Other Material Notes

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



**San Joaquin County Clinics
Board of Directors Meeting
November 30, 2021**

LEGISLATIVE AND GRANTS UPDATE

Legislative Update

State of California

State legislature adjourned September 10, 2021 and returns January 3, 2022.

Federal

H.R. 5376 – 117th Congress: Build Back Better Act

Introduced September 27, 2021, H.R. 5376 was a 2,465-page, \$3.5 trillion bill (over ten years) that “provides funding, establishes programs, and otherwise modifies provisions relating to a broad array of areas, including education, labor, childcare, health care, taxes, immigration, and the environment.”

While its more publicly discussed components include funding for such items as universal preschool, two years of free junior college, twelve weeks of paid family leave, tax cuts for electric vehicles and other climate incentives, and expanded Medicare and Medicaid, of special note for SJCC, H.R. 5376 sets aside \$10 billion for community health center capital projects including for Look-Alikes and \$6.3 billion for primary care workforce programs.

Current Status: The bill is opposed by Republicans. Democrats are trying to enact it through a budgetary process called reconciliation, solely with Democratic support. But this will require a "yes" vote from every Senate Democrat, and two of them, Kyrsten Sinema (Arizona) and Joe Manchin (West Virginia), say they won't support it unless the price comes down substantially.

Congressional Democrats unveiled updated text of the Build Back Better Act (BBBA) on October 28. The now \$1.75 trillion bill is a scaled-back version of the original budget reconciliation legislation discussed in our last update. The House Committee on Rules then amended the BBBA on November 4. While the \$1.75 trillion package is still subject to change, it now includes **\$2 billion for community health center capital projects, including for Look-Alikes.**

The Congressional Budget Office is in the process of preparing a cost estimate for the current version of H.R. 5376.

Grants for Board Approval

1. ACTION REQUESTED: RETROACTIVE BOARD APPROVAL TO APPLY FOR THE FOLLOWING GRANT

Kaiser Permanente – COVID-19 Vaccine Equity Grants: Child and Targeted Community Strategy

SJCC Request Amount: - \$95,000 – 6 months

Request Submitted: November 22, 2021

Background: Earlier this year, Kaiser Permanente provided SJCC a grant of \$25,000 to support its COVID-19 testing and vaccination outreach efforts. Kaiser recently invited SJCC to apply for up to and additional \$95,000 in support of COVID-19 vaccine efforts over six months (January 1, 2022 – June 30, 2022) with applications due November 22.

Through this invitation only grant program, Kaiser-Permanente seeks “to help community-based organizations ensure equitable uptake of the COVID-19 vaccine as new populations (e.g., ages 5-11) become eligible. Funds will also support geo-targeted collaborations (e.g., faith, CBOs, public health, FQHCs) working together to develop and implement a short-term action plan to increase vaccination rates in significantly under-vaccinated zip codes and/or census tracts.

Activities eligible for funding should aim to remove the barriers that prevent equitable vaccine access for communities hardest hit by the pandemic, with a particular focus on increasing vaccine uptake in African American, Latino, or other communities of color. Some core support for community vaccine clinic operations can also be included in a proposal.

Grant Application:

SJCC is proposing to improve vaccine access and/or administer community-based vaccinations focusing on children ages 5 to 11 and their families as well as broader populations to be identified based on vaccination rates, gaps, and other local needs. Targeted zip codes (95203, 95205, and 95206 and others to be determined during the project) include significantly under-vaccinated communities.

The requested funding will primarily be used to cover the cost of SJCC staff conducting COVID-19 vaccination outreach activities.

CEO Report – Previous 30 Days

- COVID19 updates
 - Dynamic balance between vaccination and testing (testing will increase through expected winter spike)
 - 3rd doses/boosters for all; new series for ages 5+; taking community referrals for monoclonal Abs; walk-ins for all comers
 - Telehealth continues to be an important contributor of visits with expectation for long-term payment-parity at PPS
 - SJCC is hitting production targets in clinic in November MTD through both F2F and virtual care
- SJCC/SJGH separation
 - MOU fully executed – SJGH and SJCC CFO have worked out accounting methodology for MOU due-to/due-from entries between the two entities
 - Administrative office TI making great progress, target move-in Jan/Feb; furnishings/IT procurement in progress
 - Recruitment: additional finance staff with special recruitment criteria; registration manager in flight
 - IT specialist, payroll specialist, credentialing specialist onboard
 - Port City Marketing facilitated rebrand – San Joaquin Health Centers (SJ Health); sjhealth.org domain name secured; logo design in progress
- HRSA compliance
 - Governance committee slowing pace on board recruitment activity; newly reconstituted board with lots to do
 - Strategic plan completed and will be shared with County BOS, CAO in December
- Quality Update – focus on QIP PY4, UDS, HEDIS/MCAS, PPS APM
 - Heavy collaboration with HPSJ continues on HEDIS
 - PPS APM methodology planned to replace FFS in 2023, evolving in terms of structure and risk corridors (quality wedge if encounters drop)
 - IBH program – looking at technology alternatives to human staffing given the scarcity of BH talent with FQHC experience
 - Chronic disease management – clinical pharmacist ramping up Teladoc/Livongo RPM
 - QIP PY4 concessions – likely to be a combination of historical performance, current performance, and COVID response metrics