



**San Joaquin County Clinics
Board Meeting Agenda
Tuesday, January 25, 2022, 5:00 p.m.**

[Click here to join the meeting](#)

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

Conference ID: 421 643 065#

- | | | |
|--|---|------------------------------|
| 1. Call to Order & Establish Quorum | | Rod Place |
| a. Call to Order & Establish Quorum | | |
| b. SJCC Board of Director's Attendance Record (Jan-Dec 2021) | | |
| 2. Approval of Minutes SJCC Board Meeting from 12/28/21 | * | Rod Place |
| 3. Public Comment (3 minutes/speaker) | | General Public |
| 4. Authority to Submit UDS Report | * | Jeff Slater |
| 5. Form 700 Filing (Due April 1, 2022) | * | Michael Allen |
| 6. Board Training (Board Composition) | | Susan Thorner |
| a. Scheduling Focused Board Orientations | | |
| 7. Credentialing & Privileging Report – January 2022 | * | Angela Ayala |
| 8. Quality Committee Report – January 2022 | * | Padma Magadala/Charson Chang |
| 9. Finance Committee Report – January 2022 | * | Kris Zuniga |
| 10. Legislative Update & Grants Approvals – January 2022 | * | Jeff Slater/Rajat Simhan |
| 11. CEO Report | | Dr. Farhan Fadoo |
| a. Alias Change to San Joaquin Health Centers (SJ Health) | * | |
| 12. Adjournment of Board Meeting | | Rod Place |

***Action Item**

**Next Meeting Date: February 23, 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) 468-7837 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 the SJCC Clerk of the Board 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 | P | P |
| Baskett, Mike | No | 2018 | AU | AE | P | P | AE | P | P | P | AU | AU | | |
| Chang, Charson MD | No | 2021 | | | | | | | | P | P | P | P | P |
| Cortez, Ismael | Yes | 2011 | AE | AE | AU | P | P | AU | AU | AU | AU | AU | | |
| Fuentes, Monica | No | 2021 | | | | | | | | | | P | P | P |
| Heck, Brian | Yes | 2019 | P | P | P | P | P | P | P | P | P | P | P | P |
| Hernandez, Jessica | Yes | 2021 | | | | | | | | | | P | P | AE |
| King, Cynthia | No | 2021 | | | | | | | | | P | P | P | AU |
| Lee, Karen | No | 2021 | | | | | | | | | P | P | P | P |
| Maldonado, Alvin | Yes | 2011 | P | AE | P | | | | | | | | | |
| Medina, Esgardo * | Yes | 2020 | P | P | P | P | AE | P | P | 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 | P | P |
| Pua, Bernadette | No | 2021 | | | | | | | | | P | P | 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 December 28, 2021

San Joaquin County Clinics Board of Directors

Board Members Present:

Rod Place (SJCC Board Chair); Paul Antigua (SJCC Board Treasurer); Charson Chang (SJCC Board Member); Dr. Farhan Fadoo (SJCC CEO); Monica Fuentes (SJCC Board Member); Brian Heck (SJCC Vice Chair); Karen Lee (SJCC Board Member); Esgardo Medina (SJCC Board Member); Bernadette Pua (SJCC Board Member)

Excused Absent:

Jessica Hernandez (SJCC Board Member)

Unexcused Absent:

Cynthia King (SJCC Board Member)

SJCC Staff:

Alice Souligne (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)

Guests:

None

| AGENDA ITEM | ATTACHMENTS | ACTION |
|---|---|---|
| 1. <u>Call to Order (Rod Place)</u> The meeting was called to order at 5:04 p.m. A quorum was established for today's meeting. | No attachment | No action required |
| 2. <u>Approval of Minutes from 11/30/21 (Rod Place)</u> Meeting minutes from 11/30/21 were approved. | Board Minutes 2021-11-30 | Paul motioned to approve the minutes and Brian seconded; motion was approved unanimously |
| 3. <u>Public Comment</u> Discussed length time allowed for public comment. All attendees noted that 3 minutes per speaker was the common limit at other Board meetings. | No attachment | Karen motioned to approve a 3 minute/speaker limit for public comment and Paul seconded; motion was approved unanimously |
| 4. <u>Subcommittee Date Changes for 2022 (Michael Allen)</u> Proposed date changes to various meetings were discussed, including January Finance & Quality meetings change to 1/24/22; February Finance & Quality meetings change to 2/22/22; full Board meeting change to 2/23/22; May Finance & Quality meetings change to 5/23/22; October Finance & Quality meetings change to 10/24/22; December Finance & Quality meetings change to 12/27/22; and full Board meeting change to 12/28/22. | No attachment | Charson motioned to approve the proposed meeting date changes and Brian seconded; motion was approved unanimously |
| 5. <u>Review Applicant/Co-Applicant Agreement (Farhan Fadoo)</u> Dr. Fadoo explained the purpose and scope of the Co-Applicant Agreement. It was noted that all previous changes were ratified on 1/5/21 and no recommended changes at this time. Dr. Fadoo requested a motion from the Board to acknowledge review of this document and accepted that no changes are recommended at this time. | SJCC FQHC Co-Applicant Agreement A-21-4 | Karen motioned to acknowledge that the Board reviewed the Co-Applicant Agreement with no changes and Paul seconded; motion was approved unanimously |
| 6. <u>Quality Committee Report (Padma Magadala/Charson Chang)</u> Padma noted that, due to the short amount of time since the last Quality meeting, there are not many quality measures to review. HEDIS measures dashboard was reviewed. QIP PY4 COVID-related modifications were reviewed. 50% of measures will be COVID-related pay for reporting, 40% | Board QA-QI Committee Meeting 12.28.21 | Brian motioned to accept the Quality Committee Report and Bernadette seconded; motion was approved unanimously |

| | | |
|---|---|---|
| <p>will be pay for performance measures, and 10% will be pay for reporting measures. Reporting is due by 6/15/22.</p> <p>Charson noted that Press Ganey satisfaction reporting will be presented on a quarterly basis, due to low volume of returned surveys.</p> | | |
| <p>7. <u>Credentialing & Privileging Report (Angela Ayala)</u> Reappointments are Jason Bass and Ramiro Zuniga; Allied Health Professional reappointment is Rebecca Morris.</p> | <p>Credentialing & Privileging Report – December 2021</p> | <p>Brian motioned to accept the Credentialing & Privileging Report and Paul seconded; motion was approved unanimously</p> |
| <p>8. <u>Finance Committee Report (Kris Zuniga, SJCC CFO)</u> Billable visits for November are unfavorable to budget by 736 visits. Net Patient Revenues are \$10,104 greater than budget. YTD financials reflect a PPS reconciliation liability accrual of \$125,000. YTD Medi-Cal payments for \$1,771,824 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 \$89,766 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. Also, November financials include a \$4.6 million cash receipt from SJGH related to unaudited Due To/Due From estimations in accordance with 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 \$4,985,825. Combined Grants Revenue includes revenues for Essential Access Title X, SOR2, Health Net and American Rescue Plan (ARP) grants for \$325,716. Capitation and Managed Care Incentives include the YTD Capitation Revenue with an unfavorable variance to budget by \$365,445 due to pending manage care incentive revenue recognition associated with our HEDIS performance. Also, Other Income includes the 340B Pharmacy Program revenue for \$658,820 and the program related expenses for \$289,215 are included in Supplies & Other Expenses categories on the financials. YTD financials reflect First Responder Program revenue for \$12,600. YTD Other Revenue includes revenues accrued for \$282,313 related to Purchased Services provided to SJGH by SJCC per the MOU. Total Net Operating Revenues are favorable to budget by \$174,624.</p> <p>YTD Salaries and benefits expenses exhibit a favorable variance to budget of \$97,505. Non-labor operating expenses exhibit an unfavorable variance of \$640,434 largely due to Professional Fees and Other Expenses favorable variance of \$533,951 mainly offset by unfavorable variance in Purchased Services, Supplies, Interest and Miscellaneous Expenses \$1,174,385. An expense accrual for the Purchased Services is recorded from July through November based on the MOU expense estimations.</p> | <p>Finance Committee Report – December 2021</p> | <p>Charson motioned to accept the Finance Report and Paul seconded; motion was approved unanimously</p> |

| | | |
|---|--|--|
| <p>Unaudited, as presented, Net Income of \$365,878 on a year-to-date basis is unfavorable compared to budget by \$368,306.</p> <p>December represents the first month with a net loss (unfavorable variance of \$109,560).</p> <p>Gross A/R Days are at 33 days for November, with Net A/R at 29 days. Medi-Cal Managed Care and Medi-Cal remain our largest income sources, followed by Medicare.</p> <p>Kris gave an update on our FY22-23 budgeting process, with key milestones and timeline shown. Budget assumptions and methodology from FY21-22 were also reviewed, with possible changes for the current year noted.</p> | | |
| <p>9. <u>Legislative Updates & Grants (Jeff Slater/Rajat Simhan)</u> Build Back Better Act was reviewed, with a note that it is currently unlikely to pass as written, although portions of it may be broken out and voted on separately.</p> <p>Jeff reviewed the HealthNet grant of \$17,257.98 for HEDIS gap closure, with a grant period of 10/1/21 – 12/31/21. This grant was not applied for by SJCC, but was funded by HealthNet and we are therefore seeking retroactive approval to accept these funds.</p> <p>The full annual Look-Alike (LAL) application was reviewed by Jeff. This was approved at the full Board meeting in September and was information to see if any Board members needed clarification. No questions were raised.</p> | <p>Legislative Update & Grants Approvals – December 2021; Annual LAL Certification</p> | <p>Charson motioned to accept the funds from this grant and Monica seconded; motion was approved unanimously</p> <p>Charson motioned to accept the full Annual LAL Certification and Brian seconded; motion was approved unanimously</p> |
| <p>10. <u>CEO Report (Dr. Farhan Fadoo)</u> COVID testing and vaccination efforts continue, along with field events and monoclonal antibody therapies. Roughly 1/3 of visits are virtual (telehealth).</p> <p>Selected services purchased from SJGH/County sources require a 180-day notice of cancellation; options are being evaluated. FY23 budget planning was begun in December. The new Admin HQ readiness anticipated for February. Rebranding efforts for “SJ Health” continue, along with a new logo and a virtual launch.</p> <p>Board recruitment efforts continue, with a goal of 13 Board members. The 3-year strategic plan was presented to SJC BoS on 12/15/21 and was well-received. UDS submission is due 2/15/22.</p> <p>APM planned replacement has been pushed back from 2023 to 2024. New monthly SJCC committee begins meeting this week to address patient & staff experience.</p> | <p>CEO Report – December 2021</p> | <p>No action required</p> |
| <p>11. <u>Adjournment</u> There being no further topics of discussion, Rod Place adjourned the meeting at 6:41 p.m.</p> | <p>No attachments</p> | <p>No action required</p> |

January 25, 2022

Board of Directors
San Joaquin County Clinics

Dear Board Members:

**Approval of Submission of Calendar Year 2021
Uniform Data System (UDS) Report by February 15, 2022**

RECOMMENDATION

It is recommended that the Board of Directors:

1. Approve the submission of the Calendar Year 2021 UDS Report by February 15, 2022

REASON FOR RECOMMENDATION

Like all 330 grantees and Look-Alikes, SJCC is required to submit a Uniform Data System (UDS) performance report annually in accordance with specific instructions from the HRSA Program Office. The 2021 UDS report is due February 15, 2022.

The Uniform Data System (UDS) is a standard data set that is reported annually and provides consistent information about health centers. This core set of information encompasses patient characteristics, services provided, clinical processes and health outcomes, patients' use of services, staffing, costs, and revenues for the calendar year.

The UDS is the source of unduplicated data for the entire scope of services included in the grant (for 330 grantees) or designation (for Look-Alikes like SJCC) for the calendar year. If a health center brings services or service delivery sites into scope of project during the calendar year, data must be included from the period after the date of the scope change.

Failure to submit a complete UDS report by the specified deadline may result in additional conditions and/or restrictions being placed on SJCC's Notice of Look-alike Designation.

FISCAL/ORGANIZATIONAL IMPACT

The UDS report contains hundreds if not thousands of data points with the primary sources being SJCC's electronic health record and accounting records.

Preparation of the annual report is a significant undertaking involving multiple business intelligence, finance, and clinic operations staff over a six-week period. Additionally, after submission, HRSA staff/consultants thoroughly review the report for perceived errors and clarity. SJCC then has until March 31 for any needed data changes and narrative response to questions from HRSA. In August, reports are available to health centers in the EHB.

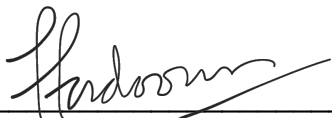
ACTIONS TO BE TAKEN FOLLOWING APPROVAL

Upon approval by the Board of Directors, SJCC will continue to work on the UDS report according to the requirements of HRSA and submit it on the Electronic Handbook (EHB) by February 15, 2022.

It will continue to respond to any queries from HRSA as quickly as possible to ensure that data is finalized by March 31, 2022.

SJCC staff will then present a summary of the final report to the Board of Directors at a subsequent Board meeting.

Sincerely,



Farhan Fadool, MD
Chief Executive Officer
San Joaquin County Clinics

1/19/2022

Date

INITIAL APPOINTMENTS

The following practitioners have applied for membership and privileges at San Joaquin County Clinics. 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 institutional affiliations, physical and mental health status, peer references, and past or pending professional disciplinary action. The applicants meet the requirements for membership unless noted below.

| Membership Request | Name | Specialty/ Assigned Div/Dept | Competency / Privilege Review | Proctoring Required | Proctor | Rec Status/Term | Recommend | Credentialing Dept |
|---|------------------------|---|---|----------------------------|----------------|------------------------|---|---------------------------|
| Initial | *Ofelia Ortiz, MD | OB/GYN | Graduated: Rutgers New Jersey Medical School: 1996 Internship: Bronx-Lebanon, Albert Einstein Medical Center: 2000 Residency: Bronx-Lebanon, Albert Einstein Medical Center: 2000 | Y | Lim | Provisional | CRED: 09/15/2021 CC: 12/23/2021 Board: 01/25/2022 | CVO |
| Initial | Narinder Singh, MD | Pediatrics | Graduated: North Bengal Medical College: 2003 Internship: Government Medical College: 2008 Residency: The Brooklyn Hospital Center: 2016 | Y | Jain | Provisional | CRED: 01/14/2022 CC: 01/21/2022 Board: 01/25/2022 | CVO |
| Initial | **Kimberley Yescas, MD | Internal Medicine | Graduated: People's Friendship University of Russia: 2013 Internship: San Joaquin General Hospital: 2019 Residency: San Joaquin General Hospital: 2021 Board Certified: Not Board Certified Yet. | Y | Saadat | Provisional | CRED: 01/04/2022 CC: 01/18/2022 Board: 02/15/2022 | SJGH Med Staff |
| *Transitioned from temporary to provisional status **Temporary Privilege Request | | | | | | | | |

**REAPPOINTMENTS
JANUARY 2022**

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.

| Membership Request | Name | Specialty/ Assigned Div/Dept | Quantitative/Qualitative Factors Request for Privileges and/or Privilege Change | Action Taken/Rec. Exceptions for Cause | Rec. Staff Category/ Reappoint Period | Recommend | Credentialing Dept |
|--------------------|------------|------------------------------------|--|---|--|--|--------------------|
| Reappointment | Anh Le, MD | OB/GYN | Requirements for Active Staff Met | None | Active 03/22 to 03/24 | CRED: 01/04/2022 Mec: 01/18/2022 Board: 02/15/2022 | SJGH Med Staff |

**ADVANCEMENTS
JANUARY 2022**

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

| Name | Specialty/Assigned Div/Dept | Current Category of Membership | Recommended Category | Reason | Recommend | Credentialing Dept |
|--|-----------------------------|--------------------------------|----------------------|----------------------|--|--------------------|
| Vanessa Kennedy, MD UC Davis Provider | Gyn/Oncology OB/GYN | Provisional | Courtesy | Proctoring Completed | Cred: 01/04/2022 MEC: 01/18/2022 Board: 02/15/2022 | SJGH Med Staff |

RESIGNATIONS
NOVEMBER 2021

| Name | Reason for Resignation: | Effective Date of Resignation | Processed By |
|-------------------|-------------------------|-------------------------------|----------------|
| Jerry Fessler, MD | Did Not Wish To Reapply | 1/1/2022 | SJGH Med Staff |

**ADVANCEMENTS - ALLIED HEALTH PROFESSIONAL
JANUARY 2022**

The following practitioners are being advanced to their requested status 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.

| Name | Specialty/Assigned Div/Dept | Current Category of Membership | Recommended Category | Reason | Recommend | Credentialing Dept |
|-------------------|-----------------------------|--------------------------------|----------------------------|----------------------|--|--------------------|
| Julia Goldin, CNM | Nurse Midwife OB/GYN | Provisional | Allied Health Professional | Proctoring Completed | CRED: 01/04/2022 MED: 01/18/2022 Board: 02/15/2022 | SJGH Med Staff |

San Joaquin County Clinics



OFELIA ORTIZ, MD (OB/GYN) is being considered for appointment as follows:

- Licensed Independent Practitioner (LIP)
- Initial Appointment – Provisional Status – appointment for one year requiring proctoring.
- Privileges as outlined in the privileges request form.

CREDENTIALS VERIFICATION ORGANIZATION: The practitioner's application, supporting documentation, department chairperson's report and other information available has been reviewed by the Credentials Verification Organization (CVO) and it is our recommendation that the practitioner be granted appointment and clinical privileges. Documentation supporting this recommendation is stored and found in the CVO's centralized compliance platform (www.hipaawatchdog.com) as of:

08/27/2021

CREDENTIALING SPECIALIST RECOMMENDATION: I have reviewed the application and supporting documents including, but not limited to: license, health status, clinical privileges and scope of service requested by this practitioner and based on medical/clinical knowledge, technical and clinical skills, clinical judgment, interpersonal skills, communication skills and professionalism, current competency as evidenced by results of quality assessment, training, experience, peer references, character, and/or my personal knowledge. The Quality Performance file and attached summaries of the practitioner listed have been reviewed and an evaluation completed as applicable. Any decision made was not based on race, ethnic/national identity, gender, age, or sexual orientation.

☒ **RECOMMEND** appointment/reappointment/ additional privilege(s) for this practitioner and if applicable, appointment to the category requested unless otherwise indicated.

☐ am **UNABLE TO RECOMMEND** as set forth in the attached document (i.e. letter, outline etc).

Angela R Ayala

Signature, Credentialing Specialist

09/15/2021

Date

CREDENTIALING COMMITTEE RECOMMENDATION: The Chief Medical Officer and Credentialing Committee have reviewed the reports, supporting documentation and recommendations of the CVO/Credentialing Specialist regarding this practitioner and makes the following recommendation to the Governing Board.

☒ **RECOMMENDED** as forwarded

☐ **RECOMMENDED** with modification: _____

☐ **RECOMMEND DENYING** request for the following reason(s): _____

This action was taken by the Credentialing Committee and is documented in the minutes of: 12/23/2021

GOVERNING BOARD ACTION: The findings and recommendations of the Department Chairperson and Medical Executive Committee have been reviewed by the Governing Board with the following action:

☐ **APPROVED** appointment/reappointment to the requested staff category and clinical privileges or additional privilege (s) as recommended.

☐ **APPROVED** appointment/reappointment/additional privilege(s) with modification as indicated in the attached:

☐ **DENIED** appointment/reappointment and/or clinical privileges for the reasons set forth in the attached.

This action was taken by the Governing Board and is documented in the minutes of: _____

Reappointment Expiration Date: _____

San Joaquin County Clinics



NARINDER SINGH, MD (OB/GYN) is being considered for appointment as follows:

- Licensed Independent Practitioner (LIP)
- Initial Appointment – Provisional Status – appointment for one year requiring proctoring.
- Privileges as outlined in the privileges request form.

CREDENTIALS VERIFICATION ORGANIZATION: The practitioner's application, supporting documentation, department chairperson's report and other information available has been reviewed by the Credentials Verification Organization (CVO) and it is our recommendation that the practitioner be granted appointment and clinical privileges. Documentation supporting this recommendation is stored and found in the CVO's centralized compliance platform (www.hippawatchdog.com) as of:

01/14/2022

CREDENTIALING SPECIALIST RECOMMENDATION: I have reviewed the application and supporting documents including, but not limited to: license, health status, clinical privileges and scope of service requested by this practitioner and based on medical/clinical knowledge, technical and clinical skills, clinical judgment, interpersonal skills, communication skills and professionalism, current competency as evidenced by results of quality assessment, training, experience, peer references, character, and/or my personal knowledge. The Quality Performance file and attached summaries of the practitioner listed have been reviewed and an evaluation completed as applicable. Any decision made was not based on race, ethnic/national identity, gender, age, or sexual orientation.

☒ **RECOMMEND** appointment/reappointment/ additional privilege(s) for this practitioner and if applicable, appointment to the category requested unless otherwise indicated.

☐ am **UNABLE TO RECOMMEND** as set forth in the attached document (i.e. letter, outline etc).

Tanya Ramirez

Signature, Credentialing Specialist

01/14/2022

Date

CREDENTIALING COMMITTEE RECOMMENDATION: The Chief Medical Officer and Credentialing Committee have reviewed the reports, supporting documentation and recommendations of the CVO/Credentialing Specialist regarding this practitioner and makes the following recommendation to the Governing Board.

☐ **RECOMMENDED** as forwarded

☐ **RECOMMENDED** with modification: _____

☐ **RECOMMEND DENYING** request for the following reason(s): _____

This action was taken by the Medical Executive Committee and is documented in the minutes of: _____

GOVERNING BOARD ACTION: The findings and recommendations of the Department Chairperson and Medical Executive Committee have been reviewed by the Governing Board with the following action:

☐ **APPROVED** appointment/reappointment to the requested staff category and clinical privileges or additional privilege (s) as recommended.

☐ **APPROVED** appointment/reappointment/additional privilege(s) with modification as indicated in the attached:

☐ **DENIED** appointment/reappointment and/or clinical privileges for the reasons set forth in the attached.

This action was taken by the Governing Board and is documented in the minutes of: _____

Reappointment Expiration Date: _____

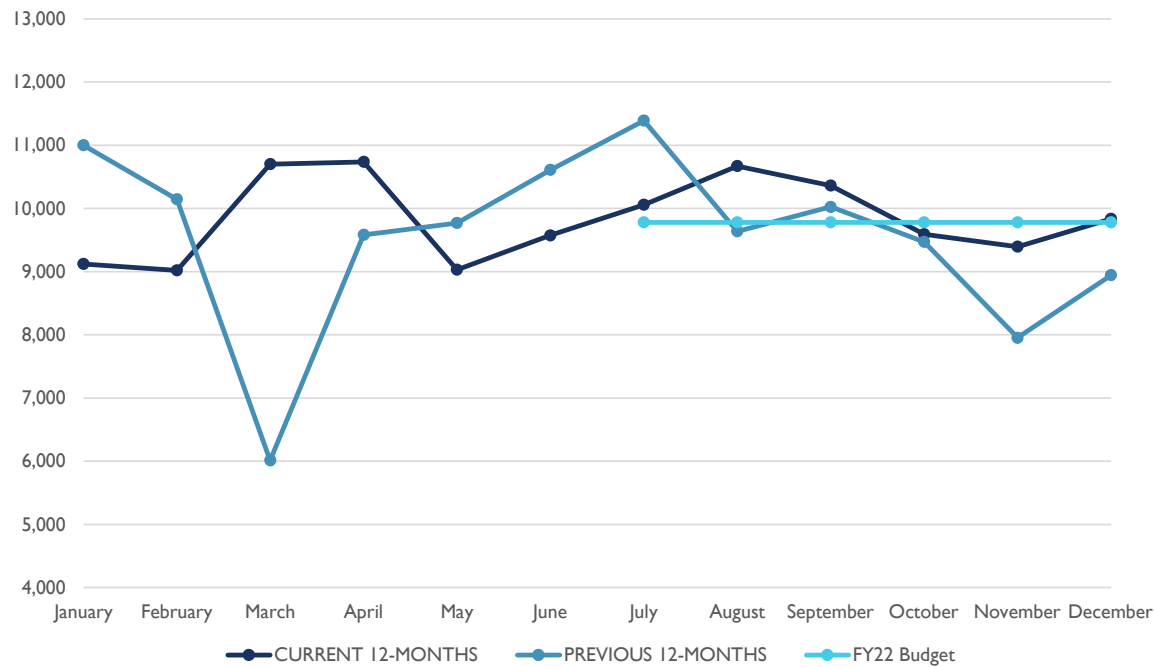
SAN JOAQUIN COUNTY CLINICS

CFO PRESENTATION

Kris Zuniga
Chief Financial Officer
Presentation Date: 1/25/2022

DECEMBER 2021 BILLABLE VISITS – 9,834

ROLLING 12-MONTH BILLABLE VISIT TRENDS



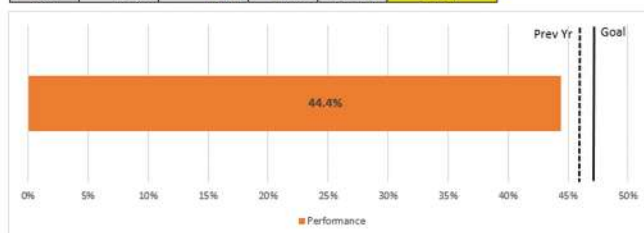
| Visits By Financial Class | % |
|---------------------------|---------|
| Medi-Cal Managed Care | 74.29% |
| Medicare | 10.92% |
| Medi-Cal | 9.93% |
| Self-Pay | 3.47% |
| Commercial | 1.40% |
| Total | 100.00% |

| FY22 Month | Actual | Budget | Variance |
|------------|--------|--------|----------|
| Jul-21 | 10,059 | 9,778 | 281 |
| Aug-21 | 10,670 | 9,778 | 892 |
| Sep-21 | 10,361 | 9,778 | 583 |
| Oct-21 | 9,594 | 9,778 | (184) |
| Nov-21 | 9,393 | 9,778 | (385) |
| Dec-21 | 9,834 | 9,778 | 56 |
| Total | 59,911 | 58,668 | 1,243 |

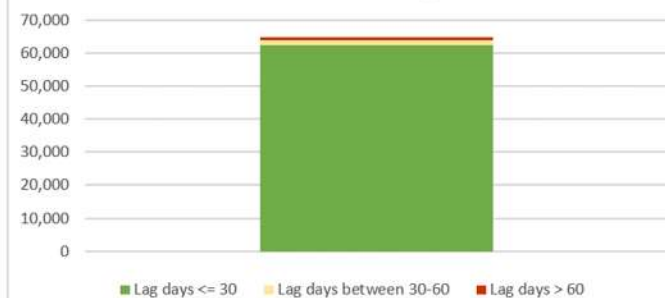
HEALTH PLAN OF SAN JOAQUIN MEMBERSHIP ASSIGNMENTS CALENDAR YTD AS OF DECEMBER 2021

San Joaquin County Clinics

| Year | Panel Size | Panel Seen | Goal | % Goal | Performance |
|------|------------|------------|--------|--------|-------------|
| 2020 | 37,109 | 17,048 | 18,753 | 50.53% | 45.94% |
| 2021 | 40,822 | 18,106 | 19,227 | 47.10% | 44.4% |



Claim Submission Lag Time

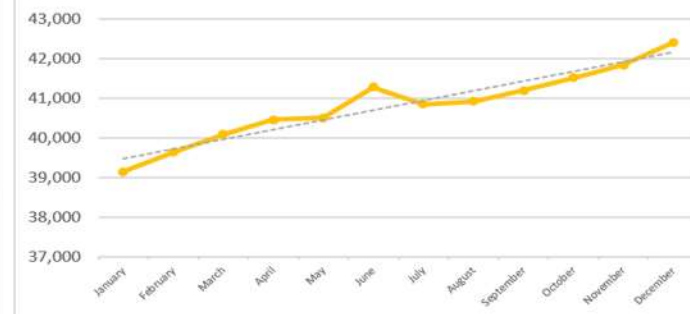


Average Submission Lag: 7.0 Days

Panel Metrics for San Joaquin County Clinics

| | |
|-------------------------------|--------|
| Average Panel Size | 40,822 |
| Current Month Panel Size | 42,413 |
| Calendar YTD Panel Seen Count | 18,106 |
| Calendar YTD % Panel Seen | 44.4% |
| Goal to Panel Seen Count | 19,227 |
| PCP Claim Count | 64,990 |

PCP Assignments by Month



SJCC INCOME STATEMENT – DECEMBER 2021

| | Current Period Actual | Current Period Budget - Original | Budget Variance - Original | Current Year Actual | YTD Budget - Original | YTD Budget Variance - Original |
|--------------------------------------|--------------------------|-------------------------------------|-------------------------------|------------------------|--------------------------|-----------------------------------|
| Operating Revenue | | | | | | |
| Net Patient Service Revenue | 1,613,552 | 1,275,357 | 338,195 | 9,080,408 | 7,652,143 | 1,428,265 |
| Supplemental Revenue | 997,165 | 967,837 | 29,328 | 5,982,990 | 5,807,019 | 175,970 |
| Capitation & Managed Care Incentives | 489,145 | 553,833 | (64,688) | 2,892,867 | 3,323,000 | (430,133) |
| Grant Revenue | 591,679 | 270,278 | 321,401 | 917,395 | 1,621,670 | (704,275) |
| 340B Pharmacy Program | 84,439 | 60,000 | 24,439 | 743,259 | 360,000 | 383,259 |
| MOU & Other Income | 60,107 | 63,518 | (3,410) | 347,908 | 381,106 | (33,198) |
| Total Operating Revenue | <u>3,836,088</u> | <u>3,190,823</u> | <u>645,265</u> | <u>19,964,827</u> | <u>19,144,938</u> | <u>819,889</u> |
| Expenditures | | | | | | |
| Salaries & Wages | 1,530,720 | 1,282,091 | (248,629) | 8,339,433 | 7,692,547 | (646,885) |
| Employee Benefits | 843,996 | 819,409 | (24,587) | 4,445,280 | 4,916,455 | 471,175 |
| Professional Fees | 254,659 | 212,324 | (42,336) | 1,274,785 | 1,273,942 | (843) |
| Purchased Services | 399,643 | 578,464 | 178,822 | 2,808,054 | 3,470,787 | 662,732 |
| Supplies | 38,812 | 39,431 | 618 | 483,992 | 236,584 | (247,409) |
| Depreciation | 45,611 | 20,509 | (25,102) | 139,608 | 123,054 | (16,554) |
| Interest | 14,077 | 4,298 | (9,779) | 126,441 | 25,786 | (100,655) |
| Other Expenses | 283,100 | 87,461 | (195,639) | 1,555,885 | 524,764 | (1,031,121) |
| Total Expenditures | <u>3,410,617</u> | <u>3,043,986</u> | <u>(366,631)</u> | <u>19,173,478</u> | <u>18,263,918</u> | <u>(909,560)</u> |
| Net Income(Loss) | <u>425,471</u> | <u>146,837</u> | <u>278,634</u> | <u>791,349</u> | <u>881,020</u> | <u>(89,671)</u> |

| | <u>PERIOD 0</u> | <u>JULY 2021</u> | <u>AUGUST 2021</u> | <u>SEPTEMBER 2021</u> | <u>OCTOBER 2021</u> | <u>NOVEMBER 2021</u> | <u>DECEMBER 2021</u> |
|----------------------------------|-------------------|-------------------|--------------------|-----------------------|---------------------|----------------------|----------------------|
| Assets | | | | | | | |
| Cash & Cash Equivalents | 2,266,991 | 2,274,759 | 10,274,204 | 11,439,672 | 11,987,361 | 17,506,250 | 11,884,586 |
| Accounts Receivable | 1,786,574 | 1,567,532 | 1,544,418 | 1,652,978 | 1,574,805 | 1,383,482 | 1,270,381 |
| Inventory | 11,250 | (36,414) | (60,467) | 0 | 0 | 0 | 11,458 |
| Property & Equipment | 1,411,298 | 1,391,984 | 1,373,582 | 1,354,724 | 1,335,866 | 1,317,536 | 1,426,517 |
| Other Assets | 19,828,212 | 23,025,945 | 17,992,367 | 19,543,137 | 13,163,166 | 8,243,877 | 8,990,719 |
| 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> | <u>28,451,145</u> | <u>23,583,659</u> |
| Liabilities | | | | | | | |
| Accounts Payable | 396,672 | 610,273 | 721,439 | 923,594 | 989,410 | 975,540 | 1,136,364 |
| Other Liabilities | 15,087,742 | 17,626,124 | 19,616,244 | 21,834,230 | 15,576,439 | 16,751,439 | 11,097,659 |
| Deferred Revenue | 0 | 0 | 600,000 | 1,000,000 | 1,200,000 | 538,376 | 738,376 |
| 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> | <u>18,265,355</u> | <u>12,972,399</u> |
| Net Assets | | | | | | | |
| Beginning Net Assets | 9,819,912 | 9,819,912 | 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 | 365,878 | 791,349 |
| 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> | <u>10,185,790</u> | <u>10,611,261</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> | <u>28,451,145</u> | <u>23,583,659</u> |

SJCC BALANCE SHEET DECEMBER 2021

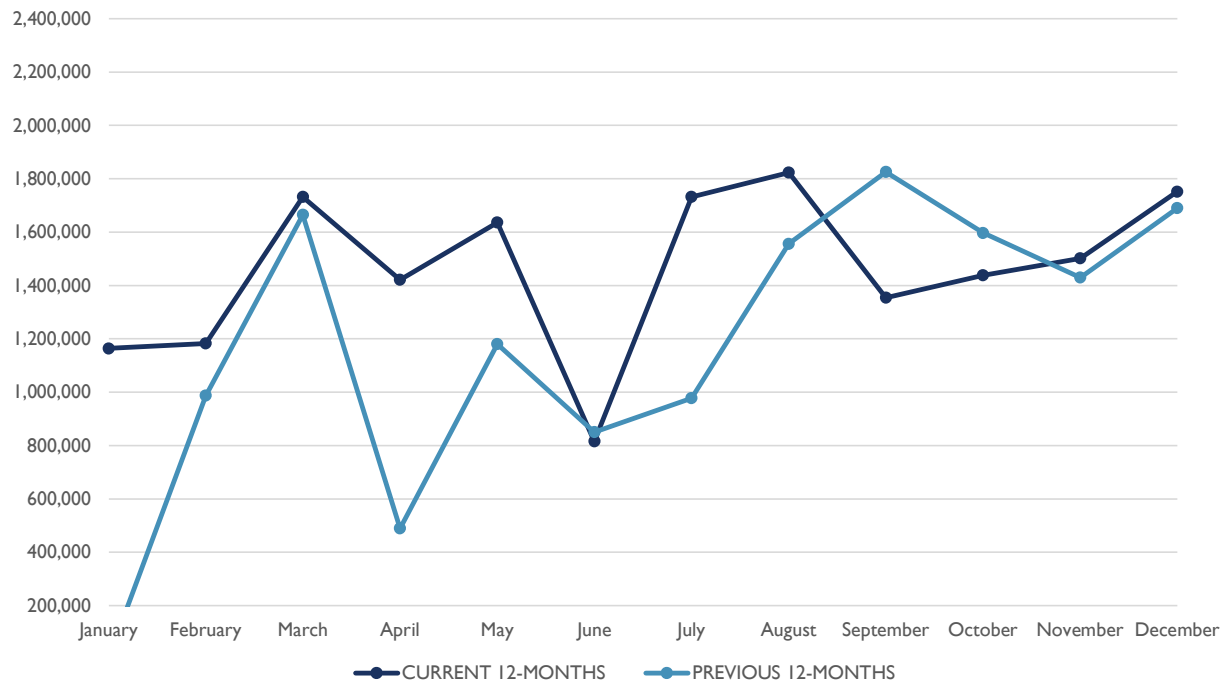
SJCC BILLING & COLLECTIONS

A/R AGING DECEMBER 2021

| SJCC Accounts Receivable Aging Analysis For the Month of December 2021 | | | | | | | | |
|---|-----------|-----------|-------------|-------------|---------------------------|---------------------------|---------------------------|--------------------------|
| Aging Category | MediCare | MediCal | Commercial | Self Pay | Total Aging This Month | Total Aging Last Month | \$ Increase (Decrease) | % Increase (Decrease) |
| 1-30 Days | 174,721 | 1,533,755 | 30,083 | 24,227 | 1,762,787 | 2,141,399 | (378,612) | -17.68% |
| 31-60 Days | 94,051 | 146,995 | 21,651 | 20,773 | 283,471 | 325,294 | (41,823) | -12.86% |
| 61-90 Days | 53,931 | 104,158 | 17,919 | 21,565 | 197,572 | 186,448 | 11,124 | 5.97% |
| 91-120 Days | 14,160 | 67,182 | 14,989 | 8,860 | 105,190 | 102,388 | 2,803 | 2.74% |
| 121-180 Days | 19,408 | 67,099 | 13,214 | 2,134 | 101,854 | 93,161 | 8,693 | 9.33% |
| 181-240 Days | 14,206 | 33,289 | 14,263 | 2,516 | 64,275 | 66,817 | (2,542) | -3.80% |
| 241-270 Days | 6,058 | 5,450 | 9,417 | 1,536 | 22,461 | 20,934 | 1,527 | 7.30% |
| 271-365 Days | 6,759 | 4,313 | 13,475 | 915 | 25,462 | 19,832 | 5,631 | 28.39% |
| 366 Days & Over | (27,994) | 16,709 | 43,120 | (3,580) | 28,255 | (8,722) | 36,977 | -423.93% |
| | 14% | 76% | 7% | 3% | | | | |
| Total FC This Month | 355,300 | 1,978,950 | 178,132 | 78,946 | 2,591,328 | 2,947,550 | (356,222) | -12.09% |
| Total FC Last Month | 390,455 | 2,323,493 | 179,034 | 54,568 | 2,947,550 | | | |
| \$ Increase (Decrease) | (35,156) | (344,542) | (902) | 24,378 | (356,222) | | | |
| % Increase (Decrease) | -9.00% | -14.83% | -0.50% | 44.67% | -12.09% | | | |
| | | | | | | | | |
| Monthly Management Summary | | | | | | | | |
| | Beginning | Charges | Payments | Adjustments | Ending Gross | | | |
| December Activity | 2,947,550 | 2,590,949 | (1,751,654) | (1,195,518) | 2,591,328 | | | |
| | | | | | | | | |
| A/R Days Analysis | | | | | | | | |
| | December | November | October | September | August | July | June | Increase (Decrease) |
| Gross A/R Days | 30 | 33 | 35 | 32 | 28 | 36 | 34 | (3) |
| Net A/R | 1,270,381 | 1,383,482 | 1,574,805 | 1,652,978 | 1,574,249 | 1,992,113 | 1,766,997 | (113,102) |
| Net A/R Days | 25 | 29 | 31 | 31 | 33 | 44 | 42 | (4) |

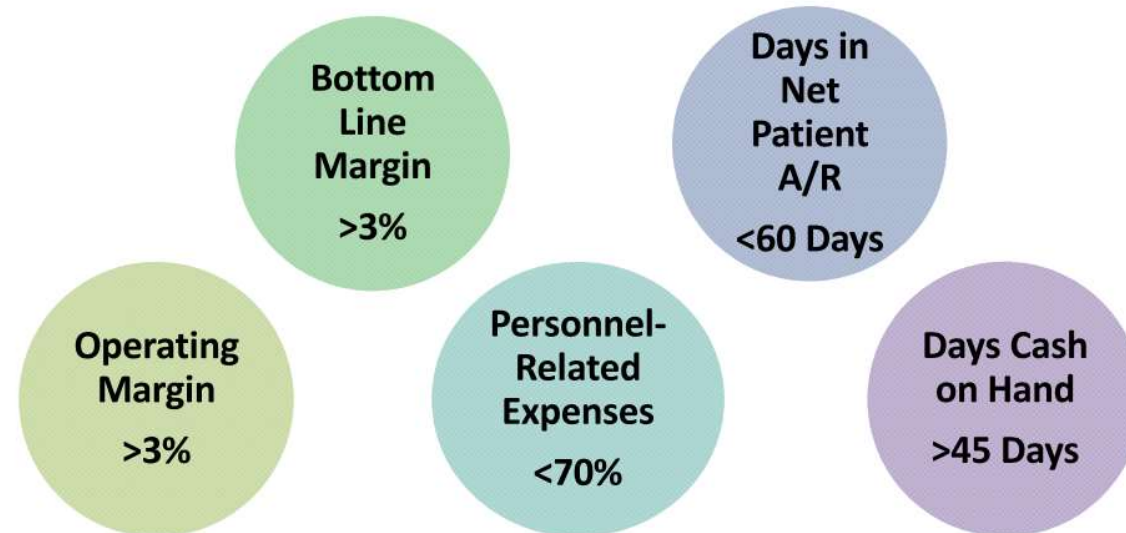
DECEMBER 2021 EMMI CASH COLLECTED - \$1,751,654

ROLLING 12-MONTH TRENDS - CASH COLLECTED



| FY22 Collections by Financial Class | % |
|-------------------------------------|---------|
| Medi-Cal Managed Care | 76.64% |
| Medi-Cal | 14.92% |
| Medicare | 7.31% |
| Self-Pay | 0.46% |
| Commercial | 0.67% |
| Total | 100.00% |

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 | >1-3% | 2% |
| 2 Bottom Line Margin As a % of Operating Revenue | >3% | 4% |
| 3 Days Cash on Hand | >30-45 Days | 115 |
| 4 Days in Net Patient Receivables | <60 Days | 25 |
| 5 Personnel-Related Expense (PRE) As a % of Operating Revenue | <70 | 84% |

QUESTIONS & ANSWERS





San Joaquin County Clinics
Financial Statement Comments
December 2021

Summary of Clinics Year to Date

Billable visits for December are favorable to budget by 56 visits. YTD visits have been updated on the December financials due to an updated report received for the additional visits (1,602 visits) that were not captured in the previous months. Additional Patient Revenues have been recorded accordingly. This new methodology has no impact on patient collections. Net Patient Revenues for December are \$338,195 greater than budget. YTD financials reflect a PPS reconciliation liability accrual of \$150,000. YTD Medi-Cal payments for \$2,033,085 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 \$107,720 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. Also, YTD financials include \$4.1 payment from SJGH related to unaudited FY2021 financial statement and according to the separation agreement between SJGH and SJCC. December financials include funds transferred for \$6,892,501 to San Joaquin County as a payment for payroll and benefits paid by San Joaquin County on behalf of SJCC from July 2021 through November 2021.

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 \$5,982,990. Combined Grants Revenue includes revenues for Essential Access Title X, SOR2, Whole Person Care, Behavioral Health Integration, Health Net and American Rescue Plan (ARP) grants for \$904,195. Capitation and Managed Care Incentives include the YTD Capitation Revenue with an unfavorable variance to budget by \$430,133 due to a slight decline in capitation payment rate per member and non-recognition of HEDIS revenue during the year. Also, Other Income includes the 340B Pharmacy Program revenue for \$743,259 and the program related expenses for \$568,269 are included in Supplies & Other Expenses categories on the financials. YTD financials reflect First Responder Program revenue for \$13,200. YTD Other Revenue includes revenues accrued for \$342,420 related to Purchased Services provided to SJGH by SJCC per the MOU and Interest Income of \$5,488. Total Net Operating Revenues are favorable to budget by \$819,889.

YTD Salaries and benefits expenses exhibit an unfavorable variance to budget of \$175,710. Other operating expenses exhibit an unfavorable variance of \$733,850 largely due to Professional Fees and Other Expenses favorable variance of \$662,732 mainly offset by unfavorable variance in Purchased Services, Supplies, Interest and Miscellaneous Expenses \$1,396,582. An estimated expense for the Purchased Services is recorded from July through November based on the MOU.

Unaudited, as presented, Net Income of \$791,349 on a year-to-date basis is unfavorable compared to budget by \$89,671.

Additional Factors Impacting Clinic Performance Presentation

- Supplemental revenues are estimates based on the Master MOU between SJCC and SJ County. Revenue recognition for QIP Receivable is pending independent auditor's evaluation.

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
January 25, 2021**

LEGISLATIVE UPDATE

Legislative Update

State of California

On January 3, 2022, the State legislature returned to session. Will be updating Board on legislative activity in future meetings.

On January 10, 2022, Governor Newsom announced his 2022-23 state budget proposal referred to as the “California Blueprint. This proposal will initiate several months of negotiations with the legislature who face a June 15 deadline to pass a budget.

The Governor’s brief summary of his proposed budget and its priorities is included with this report as is a statement from CaliforniaHealth+ Advocates in response to the Budget. CaliforniaHealth+ Advocates is the advocacy affiliate of the California Primary Care Association (CPCA) and advocates on behalf of FQHCs, FQHC Look-Alikes, and other health centers in California.

Federal

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

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.

Congressional Democrats unveiled updated text of the BBBA October 28. The now \$1.75 trillion bill is a scaled-back version of the original budget reconciliation legislation 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

Current Status: The bill is opposed by all Republican Senators and Democratic Senator Joe Manchin (West Virginia). While it has not yet come to a vote, it appears that other Democratic Senators may also be against the bill and/or the budget reconciliation process being suggested to pass the bill without Republican support.

The Biden Administration has not yet given up on getting the bill passed, but many pundits are suggesting that this is extraordinarily unlikely.



GOVERNOR NEWSOM'S CALIFORNIA BLUEPRINT TACKLES THE STATE'S GREATEST EXISTENTIAL THREATS WHILE BUILDING ON CALIFORNIA'S HISTORIC PROGRESS

-
- **Governor Newsom's Blueprint takes on five of California's biggest challenges: COVID-19, climate change, homelessness, inequality, and keeping our streets safe.**
-

Governor Newsom's Blueprint for California directly confronts the state's largest threats while bolstering our state's strong economic growth and making historic investments in California's future. The Governor's plan doubles down on the work of the last several years to respond to COVID-19, the climate crisis – including worsening wildfires and drought, persistent inequality and homelessness, and keeping our streets safe.

The Blueprint offers a vision for how California can continue to tackle short-term crises and long-term challenges. Last year, as California wrestled with the upheaval caused by the pandemic, the state passed the largest recovery package in the nation, the California Comeback Plan, providing short-term relief to millions of Californians and making billions in longer-term investments that will benefit workers, businesses and families for years to come.

That vision persists this year – because our challenges persist. The pandemic laid bare many of the most striking disparities in our state – unequal access to healthcare, child care, education, and the economic ability to endure a rapidly changing and unpredictable world. Today, as our state's economy drives a still-recovering nation, California continues to offer a model for how we can move forward together.

The Governor's Blueprint calls for billions more to fight COVID-19 and educate and care for all our 40 million residents, prioritizes the safety and security of all Californians, and reinforces California's role as a global leader in climate protection, innovation and job creation.

THE CALIFORNIA BLUEPRINT

CALIFORNIA'S 5 GREATEST EXISTENTIAL THREATS

1. FIGHTING COVID-19 WITH SCIENCE

Governor Newsom's plan will continue to protect Californians by fighting COVID with science, with a focus on keeping our schools open and the economy moving. Governor Newsom's plan will protect frontline workers, battle misinformation, and ensure our healthcare system is prepared to handle whatever curveballs COVID-19 may throw at us in 2022. The Blueprint includes an additional **\$2.7 billion to ramp up vaccines, boosters, statewide testing, and increase medical personnel** to meet potential surges.

2. COMBATING THE CLIMATE CRISIS

California continues to face extreme weather conditions amid a changing climate. Governor Newsom's plan tackles the increasing threat of climate change including by:

- **Fighting Wildfires:** The Blueprint provides \$648 million to support firefighters, and more helicopters and dozers, along with an additional \$1.2 billion – building on last year's \$1.5 billion investment – to step-up forest management and other practices that save lives.
- **Tackling the Drought:** On top of last year's \$5.2 billion water package, the Blueprint makes an additional \$750 million investment for immediate drought response to aid residents, farmers, and wildlife as California continues to grapple with a historic drought.
- **Forging an Oil-Free Future:** The plan will decrease California's reliance on fossil fuels while preparing our economy and workforce for a clean energy future. California will write the playbook for how America confronts the impacts of climate change – investing billions in climate tech research & development, clean cars, preparing Californians for career opportunities, and further readying our infrastructure to withstand extreme weather.

3. CONFRONTING HOMELESSNESS

The Governor's Blueprint ensures vulnerable people have the necessary help to get off our streets and get the mental health treatment they need. The plan adds **\$2 billion for mental health housing and services and clearing encampments**. Governor Newsom's new investments expand on last year's \$12 billion package - all told, creating **55,000 new housing units and treatment slots** for people exiting homelessness.

THE CALIFORNIA BLUEPRINT

4. TACKLING THE COST OF LIVING

Too many Californians find themselves on the wrong end of income inequality -- crushed by the rising costs of the most basic expenses like healthcare, housing, child care, and keeping the doors of a small business open. Governor Newsom's plan seeks to bring down the costs of those everyday expenses. The Governor's Blueprint will:

- **Create Universal Access to Healthcare Coverage:** Governor Newsom's Blueprint will make California the first state in the nation to offer universal access to healthcare coverage for all state residents, regardless of immigration status.
- **Confront the cost of child care and education:** The plan invests more than ever before in our students by doubling down on achieving **free universal pre-K**, adding **thousands of child care slots** and increasing access to before, after, and summer school programs.
- **Building More Housing:** The Blueprint will create more housing California desperately needs with **\$2 billion in new grants and tax credits**
- **Growing Small Businesses:** Governor Newsom's plan will invest even more in small businesses - cutting red tape, waiving fees and providing **hundreds of millions in grants and tax breaks to small businesses** suffering from the pandemic.

5. KEEPING OUR STREETS SAFE

Governor Newsom's Blueprint includes his Real Public Safety Plan, which focuses on three key areas to fight and prevent crime:

- **Bolstering law enforcement and local response** to stop and apprehend criminals, including \$255 million in grants to local law enforcement and creating a new Smash and Grab Enforcement Unit to combat organized retail crime and grants for impacted small businesses.
- **More prosecutors to hold perpetrators accountable**, ensuring District Attorneys are effectively and efficiently prosecuting criminals, and creating a new statewide team of investigators and prosecutors to go after perpetrators.
- **Getting guns and drugs off our streets** – creating a new statewide gun buyback program, holding the gun industry accountable with nation-leading legislation, and intercepting drugs at the border.

FOR IMMEDIATE RELEASE
January 10, 2022

CaliforniaHealth+ Advocates' Statement on Governor Newsom's 2022-23 Budget Proposal

Sacramento – CaliforniaHealth+ Advocates Senior Vice President, Andie Martinez Patterson, released the following statement today in response to California's 2022-23 proposed Budget:

"We applaud Governor Newsom on his FY2022-23 proposed budget. This budget confirms a strong commitment to prioritizing the health and safety of all Californians as COVID-19 continues to be a factor across our state. It is clear the Governor is determined to deliver on his promise of equity and access for all Californians.

California Health+ Advocates commends the Governor and key legislative leaders who have tirelessly worked on the historic proposal to make California the first state in the nation to achieve universal access to Medi-Cal coverage regardless of age or immigration status.

As workforce is one of our top priorities for this Legislative session, we are grateful to see the Governor is proposing to allocate funding to address workforce challenges that predated COVID-19 and have only been exacerbated by this public health crisis. The physical and mental health burden on our clinical teams cannot be understated. For this very reason we are thrilled to see over \$1 billion in investments to expand the training for and supply of nurses, social workers, behavioral health care providers, and community health workers. We look forward to working with the Administration and the Legislature to ensure that these health care workforce investments help create and maintain a diverse workforce in community health centers.

We are pleased that the Governor continues to lead on efforts to respond to the COVID-19 pandemic and support the \$583 million proposed investment to get more Californians vaccinated. Addressing vaccine hesitancy is one of the greatest barriers we face and to guarantee we are engendering confidence across all communities, it is critical that community health centers are included in this effort.

Without a financially robust community health center delivery system, California cannot realize all the opportunities laid out in this budget. With a massive state budget surplus, we call on the Legislature and Governor to add an additional \$50 million to the Supplemental Payment Pool for Non-Hospital 340B Clinics so that health centers aren't forced to lay off staff and reduce services.

California must also continue to support telehealth access beyond the pandemic to ensure equity for Medi-Cal recipients."

About CaliforniaHealth+ Advocates

CaliforniaHealth+ Advocates is committed to advancing the mission of California's community health centers, who provide care to one in seven Californians each year. Community health centers provide comprehensive, high quality health care to everyone who walks through their doors, in a compassionate and culturally sensitive manner. Community health centers include federally qualified health centers

(FQHC) and FQHC look-alikes, community clinics, free clinics, rural health clinics, migrant health centers, Indian health service clinics, and family planning clinics. Services include comprehensive primary and preventive care, women's health, dental, mental health, substance use treatment, health education, outreach and enrollment, pharmacy and more.

###

January 25, 2022

Board of Directors
San Joaquin County Clinics

Dear Board Members:

**Retroactive Approval of the Grant Application to Heluna Health
for Catalyzing Congenital Syphilis Prevention Project in the Amount of \$22,900,
Effective January 25, 2022 through July 31, 2022**

RECOMMENDATION

It is recommended that the Board of Directors:

1. Retroactively approve the grant application to Heluna Health in the amount of \$22,900 for the grant period January 25, 2022 through July 31, 2022.

REASON FOR RECOMMENDATION

The California Department of Public Health (CDPH) applied for and was one of five grantees funded nationally by the US Centers for Disease Control and Prevention (CDC) to implement a congenital syphilis (CS) prevention project. Led by its Department of Family Medicine, San Joaquin County Clinics (SJCC) was engaged in the development of CDPH's application and submitted a letter of support on behalf of CDPH's proposal in mid-April 2021.

According to CDPH's grant proposal, "Untreated syphilis in pregnancy can result in congenital syphilis (CS) as well as other adverse outcomes of pregnancy including spontaneous abortion, prematurity, low birth weight, and stillbirth - affecting up to 40% of syphilitic pregnancies. Manifestations of CS include rash, bone malformations, severe anemia, hepatosplenomegaly, jaundice, meningitis, and cranial nerve involvement resulting in blindness or deafness later in life. Timely diagnosis of syphilis before or during the prenatal period, and adequate treatment are the cornerstones of CS prevention, with treatment efficacy approaching 100%."

Once rare, the number of CS cases in California rose 1,249% between 2012 and 2019, from 33 to 445. San Joaquin County is among California's most impacted counties with 97 cases of prenatal syphilis diagnoses reported in 2019.

Among its primary activities on this grant project, SJCC will provide comprehensive routine prenatal care and obstetrical care to homeless and/or substance-using pregnant women at risk for syphilis infection through its newly established SJCC Pregnancy Connections open access prenatal program at the Family Medicine Clinic.

The Pregnancy Connections program will provide necessary prenatal labs, treatment as indicated, and care coordination related to the patient's pregnancy. The program will also

disseminate gift cards and other supportive materials to patients and will coordinate patient transportation to ensure prenatal care continuity. Heluna Health is hiring and placing a Medical Assistant and Licensed Clinical Social Worker to support SJCC's prenatal care providers in delivering comprehensive care and services to patients of this project.

De-Identified data regarding prenatal care and clinic operations will be shared with the evaluator (UCSF) and CDC for the purpose of monitoring and evaluation. It is anticipated that publications on the overall project activities, results, and potential for implementation in other highly impacted communities may result.

FISCAL IMPACT

The total amount of the award is \$22,900 for the period January 25, 2022 through July 31, 2022, which will be paid in a cost-reimbursement basis. Grant funds will primarily be used to cover the cost of laboratory supplies, program supplies, mileage, transportation, and supportive materials to ensure prenatal care continuity for patients in the program.

SJCC will be billing for the services provided by the physicians during this period so grant funds are not being used to cover physician time. Based on conversations with CDPH and Heluna Health, SJCC anticipates a budget amendment of approximately \$40,000 for the current grant. These funds would be allocated to non-clinical personnel costs of the open access clinic.

With the likelihood of an additional year of funding after July 31, 2022, SJCC will be conducting necessary financial analysis during the initial grant period to determine how to best modify the budget as needed for the next grant period.

ACTIONS TO BE TAKEN FOLLOWING APPROVAL

Upon retroactive approval of the grant application by the Board of Directors, SJCC will continue the efforts currently underway on this program. SJCC staff will implement the grant in accordance with the requirements of Heluna Health.

Because these are pass-through federal funds, SJCC will also be responsible for meeting all federal grant accounting and reporting compliance requirements. Review of the use of these grant funds will be included in the scope of SJCC's single audit(s) covering the grant period.

Sincerely,



Farhan Fadoo, MD
Chief Executive Officer
San Joaquin County Clinics

1/19/2022

Date

CEO Report – Previous 30 Days

- COVID19 Updates
 - Major Omicron surge producing massive demand for testing
 - Field events continue for vax and testing; mass vax site at SJC Ag Center taking some pressure off
 - January MTD encounters are beating budget so day-to-day access is preserved despite surge (leveraging virtual care)
- SJCC Structural Independence
 - SJCC FY23 budget planning kicked off late December
 - Administrative HQ ready sometime in February; IT/furnishings will determine actual move-in/occupancy date
 - Rebrand – BOS action on 2/1 agenda resolving to establish San Joaquin Health Centers (SJ Health) as the name of the Health Center going forward; reciprocal action required by SJCC Board of Directors (*ACTION ITEM)
 - SJCC executed extension RCM agreement for billing/collections that lowers costs by 40% (4-year term)
- HRSA Compliance
 - UDS submission on the horizon 2/15/22
 - Board-approved 3-year SJCC strategic plan moving into implementation phase
 - 67 projects with 13 project owners; segmented into priorities
- Quality Report
 - To be separately presented by Quality committee chair on monthly basis

