



10100 Trinity Parkway, Suite 100, Stockton, CA 95219
SJ Health Board of Directors Agenda
Tuesday August 30, 2022, 5:00 p.m.

- | | | |
|---|---|----------------------------|
| 1. Call to Order & Establish Quorum | | Rod Place |
| a. Call to Order & Establish Quorum | | |
| b. SJCC Board of Director’s Attendance Record (July 2022) | | |
| 2. Approval of Minutes SJCC Board Meeting from 7/26/2022 | * | Rod Place |
| 3. Public Comment (3 minutes/speaker) | | General Public |
| 4. Credentialing & Privileging Report – July & Aug 2022 | * | Angela Ayala |
| 5. Quality Committee Report – Aug 2022 | * | Angela Ayala/Kristin Shinn |
| 6. Finance Committee Report – Aug 2022 | * | Kris Zuniga |
| 7. Legislative Update & Grant Proposal Approvals – Aug 2022 | * | Jeff Slater |
| 8. Retroactive Approval of Change in Scope to include Manteca Health Center | * | Jeff Slater |
| 9. Approval of HIPAA Policies (9) | * | Farhan Fadoo |
| 10. Board Membership Vote | | |
| a. Samantha Monk | * | Rod Place |
| 11. Board Training | | Susan Thorner |
| 12. CEO Report | | Farhan Fadoo |
| 13. Adjournment of Board Meeting | | Rod Place |

***Action Item**

Next Meeting Date: September 27, 2022 @ 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 Health Centers at (209) 953-3711 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 SJ Health Clinic Administration at 10100 Trinity Parkway, Suite 100, Stockton, CA 95219 during normal business hours.



SJ HEALTH BOARD OF DIRECTORS ATTENDANCE RECORD 2022

2022 Full Board Meeting Dates

Member Name	Patient? Yes / No	Joined Board	1/25/22	2/23/22	3/29/22	4/26/22	5/31/22	6/28/22	7/26/22	8/30/22	9/27/22	10/25/22	11/29/22	12/28/22
Antigua, Paul	Yes	2021	AE	P	P	P	AU	AE						
Chang, Charson MD	Yes	2021	P	P	P	P	P	P						
Fuentes, Monica	No	2021	AU	P	P	P	P	P	AU					
Heck, Brian	Yes	2019	P	P	P	P	P	P	P					
Hernandez, Jessica	Yes	2021	P	P	P	P	P	P	AU					
King, Cynthia	No	2021	P	P	AE	P	P	P	AE					
Lee, Karen	No	2021	P	P	P	P	P	P	P					
Medina, Esgardo	Yes	2020	P	P	P	AU	AU	AE	AU					
Moreno, Jodie	No	2022				P	P	P	AE					
Place, Rod	Yes	2010	P	P	P	P	P	P	P					
Pua, Bernadette	No	2021	AU	P	AU	P	P	AE	P					
Shinn, Kristin	No	2022						P	P					
Taylor-Godfrey, Tarsha	No	2022					P	P	P					

CODE P = Present

Code AE = Absence Excused

CODE AU = Absence Unexcused

Minutes of July 27, 2022
San Joaquin Health Centers Board of Directors

Board Members Present: Dr. Farhan Fadoo (CEO); Brian Heck (Vice Chair); Karen Lee; Rod Place (Board Chair); Bernadette Pua; Kristin Shinn; Tarsha Taylor-Godfrey

Excused Absent: Cynthia King; Jodie Moreno

Unexcused Absent: Monica Fuentes; Jessica Hernandez; Esgardo Medina

SJCC Staff: Michael Allen (Board Clerk); Jhoanna Amigable; Angela Ayala; Adele Campos; Dr. Jonathon Diulio; Marlene Martinez; Joey Nease; Joan Singson; Jeff Slater (Consultant); Alice Souligne (COO); Susan Thorner (Consultant); Kris Zuniga (CFO)

Guests: David Durst

AGENDA ITEM	ATTACHMENTS	ACTION
1. <u>Call to Order (Rod Place)</u> The meeting was called to order at 5:05 p.m. A quorum was established for today's meeting.	No attachments	No action required
2. <u>Approval of Minutes from June 27, 2022 (Rod Place)</u> Meeting minutes from 6/27/22 were approved unanimously.	Board Minutes 2022-06-27	Karen motioned to approve the minutes and Brian seconded; motion was approved unanimously
3. <u>Public Comment</u> none	No attachment	No action required
4. <u>Advisory Board Presentation (Ford Koles)</u> Advisory Board speaker Ford Koles was introduced and gave a state of the union presentation on healthcare in the United States. Effects of COVID on the health care industry were discussed, along with emerging strategies and economic trends. Several delivery models and their advantages and drawbacks were reviewed. Brand identity was noted as a major guiding factor in how consumers choose their health care providers. In summary, the Board was asked to consider the organization's identity going forward, in relation to being either a "one thing" service model where patients go for specific concerns, or a "one stop" service model that focuses on patient relationships.	No attachments	No action required
5. <u>Adjournment</u> There being no further topics of discussion, Brian Heck adjourned the meeting at 6:38 p.m.	No attachments	No action required

**REAPPOINTMENTS
JULY 2022**

The following practitioners have applied for reappointment to the Medical Staff of San Joaquin Health Centers. 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	Patricia Apolinario, MD	Pediatrics	Requirements for Active Staff Met	None	Active 09/22 to 09/24	Cred: 07/05/2022 MEC: 07/19/2022 Board: 08/09/2022	SJGH Med Staff
Reappointment	Imeline Troncales, MD *Red Flags Noted	Pediatrics	Requirements for Active Staff Met	None	Active 09/22 to 09/24	Cred: 07/05/2022 MEC: 07/19/2022 Board: 08/09/2022	SJGH Med Staff
Reappointment	Bhanu Wunnava, MD	Family Medicine	Requirements for Active Staff Met	None	Active 09/22 to 09/24	Cred: 07/05/2022 MEC: 07/19/2022 Board: 08/09/2022	SJGH Med Staff

**ADVANCEMENTS
JULY 2022**

The following practitioners are being advanced to their requested staff status to the Medical Staff of San Joaquin Health Centers. 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
Shani Troung, MD	Family Medicine	Provisional	Requesting 6-Month Extension	To complete proctoring requirements	CRED: 07/05/2022 MEC: 07/19/2022 Board: 08/19/2022	SJGH Med Staff

RESIGNATIONS
JULY 2022

Name	Reason for Resignation:	Effective Date of Resignation	Reported by
Soudavarapu, Soujanya, MD	Resigned	Jun-22	San Joaquin Health Centers
Linda Geverts, NP	Resigned	May-22	San Joaquin Health Centers

**INITIAL APPOINTMENTS
AUGUST 2022**

The following practitioners have applied for membership and privileges at San Joaquin Health Centers. 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	Hina Farooq, MD	Internal Medicine	Graduated: Rawalpindi Medical University Residency: Louis A. Weiss Memorial Hospital Fellowship: RUSH University Medical Center Board Certified: ABIM Internal Medicine	N	N/A	Provisional	CRED: 08/16/2022 CC: 08/19/2022 Board: 08/30/2022	CVO
Initial	Richa Handa, MD	Internal Medicine	Graduated: Sri Aurobindo Institute of Medical Sciences Residency: Henry Ford Allegiance Health Board Certified: ABIM Internal Medicine	N	N/A	Provisional	CRED: 08/16/2022 CC: 08/19/2022 Board: 08/30/2022	CVO

**REAPPOINTMENTS
AUGUST 2022**

The following practitioners have applied for reappointment to the Medical Staff of San Joaquin Health Centers. 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	Benjamin Morrison, MD	Family Medicine	Requirements for Consulting Staff Met	None	Consulting 10/22 to 10/24	Cred: 08/09/2022 MEC: 08/16/2022 Board: 09/13/2022	SJGH Med Staff

**ADVANCEMENTS
AUGUST 2022**

The following practitioners are being advanced to their requested staff status to the Medical Staff of San Joaquin Health Centers. 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
Shani Troung, MD	Family Medicine	Provisional	Active	Proctoring Complete	CRED: 08/09/2022 MEC: 08/16/2022	SJGH Med Staff

ADVANCEMENTS - ALLIED HEALTH PROFESSIONAL

AUGUST 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.

Name	Specialty/Assigned Div/Dept	Current Category of Membership	Recommended Category	Reason	Recommend	Credentialing Dept
Deborah Jamieson, NP	Internal Medicine	Provisional	Allied Health Professional	Proctoring Complete	CIDP: 08/05/2022 CRED: 08/09/2022 MEC: 08/16/2022	SJGH Med Staff
James Simmons, NP	Internal Medicine	Provisional	Allied Health Professional	Proctoring Complete	CIDP: 08/05/2022 CRED: 08/09/2022 MEC: 08/16/2022	SJGH Med Staff

RESIGNATIONS
AUGUST 2022

Name	Reason for Resignation:	Effective Date of Resignation	Reported by
Ortiz, Ofelia MD	Resigned	Aug-22	San Joaquin Health Centers



Hina Farooq, MD 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: 08/09/2022

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).

Angela R. Ayala

Signature, Credentialing Specialist

08/16/2022

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 Credentialing 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: _____



Richa Handa, MD 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: 08/09/2022

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).

Angela R. Ayala

Signature, Credentialing Specialist

08/16/2022

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 Credentialing 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: _____

AUGUST 2022 QUALITY REPORT

By Angela R. Ayala

1. Department Updates

- Introducing Dr. Jonathon Diulio, Medical Director of Ambulatory Quality (from July's report)

2. Work Plan Updates

- Gap Closure Clinics
 - Continuing Saturday clinics – Provider Participation
 - Continue additional workday clinics
 - Weekly Thursday Pap clinics
 - Backpack distribution at French Camp
- Clinic Team Engagement Efforts
 - Visit frequency for Well Care Visits
 - Streamline information regarding payer partner benefits to our patients
 - Adequate use of quality reporting codes
- 2-week Sprints with Clinic Operations
 - Capturing clinical workflows
- Reporting
 - Draft Dashboard – Presented to leadership
 - Areas of focus: Cervical Cancer Screening, Breast Cancer Screening and Well Care Visits

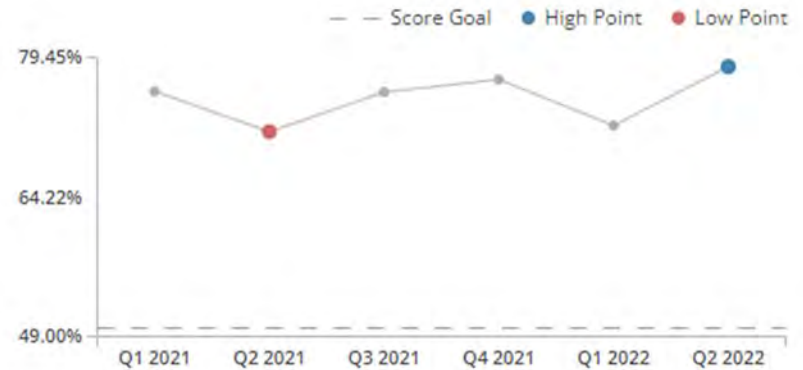
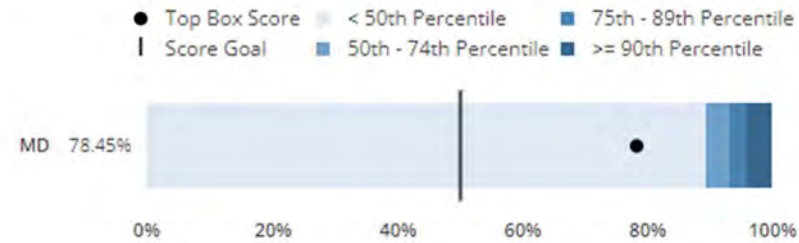
3. Ongoing Efforts

- Affinity Project – Week 15
 - Appoint post-partum care and well care visit on the same day
 - 23 successful connections
- Outreach
 - Cervical Cancer Screenings
 - Well Care Visits
 - Chronic Care
 - Postpartum
- Providing feedback to our clinical teams
 - Provider level performance information
 - Participate in formal monthly meetings

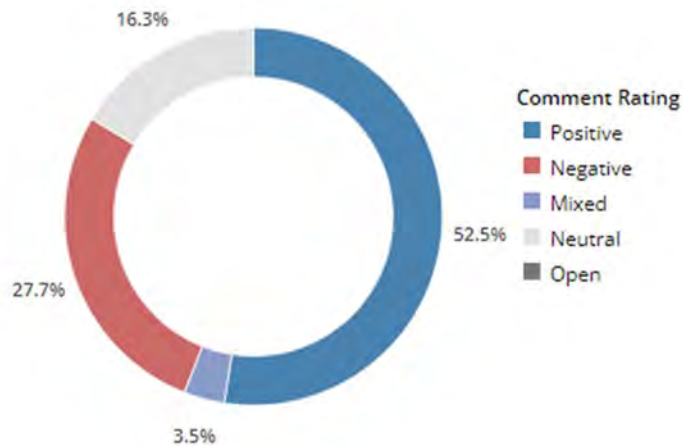
4. Patient Satisfaction

Service Line Performance ⓘ

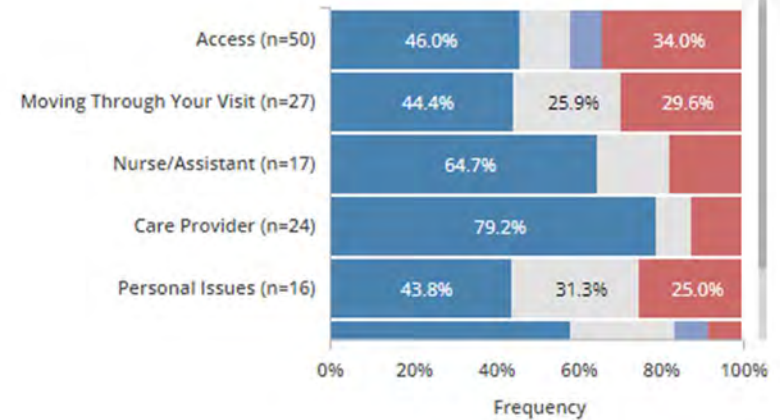
CAHPS Rate 0-10



Comment Sentiment Distribution ⓘ



Comment Sentiment Distribution by Section ⓘ



5. Overall Performance Updates

- Sexual Orientation

Sexual Orientation Audit Dashboard (Monthly)



- Gender Identity

Gender Identity Audit Dashboard (Monthly)



- Comprehensive Diabetes Care-Code Completeness

2022 A1c Data Completion Dashboard (Weekly)



- Health Plan of San Joaquin HEDIS Performance

Children's Health Measures

Measure Abbrev.	Denominator	Numerator	Compliance Rate	June Rate	25th Percentile	2022 50 th Percentile	Members to Goal
CIS-10 (Childhood Immunization Status)	522	171	32.76%	30.81%	32.00%	39.00%	33
IMA-2 (Immunizations for Adolescents)	558	179	32.08%	27.57%	31.00%	37.00%	27
W30 – 15 mos (Well Child Visits in the first 15 months of life)	290	101	34.83%	30.03%	45.00%	55.00%	59
W30 – 30 mos (Well Child Visits in the first 30 months of life)	532	314	59.02%	56.74%	67.00%	71.00%	64
WCV (Child and Adolescent Well Care Visits)	11,164	2,322	20.80%	16.63%	40.00%	46.00%	2813
LSC (Lead Screening in Children)	523	375	71.70%	71.32%	62.00%	72.00%	2

Women's Health Measures

Measure	Denominator	Numerator	Compliance Rate	June Rate	25th Percentile	2022 50 th Percentile	Members to Goal
BCS (Breast Cancer Screening)	2,344	952	40.61%	39.01%	49%	54%	314
CCS (Cervical Cancer Screening)	10,306	4,433	43.01%	41.92%	52%	60%	1,751
CHL (Chlamydia Screening)	835	437	52.34%	53.09%	49%	55%	22
PPC Post (Postpartum Care)	485	317	65.36%	64.01%	72%	77%	56
PPC - PRE (Prenatal Care)	485	407	83.92%	84.97%	80%	86%	10



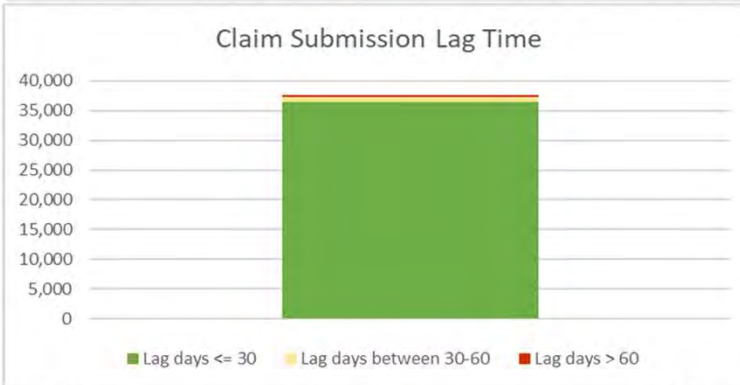
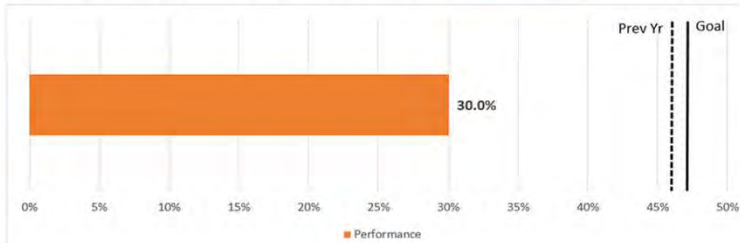
SAN JOAQUIN HEALTH CENTERS

CFO PRESENTATION

Kris Zuniga
Chief Financial Officer
Presentation Date: 8/30/2022

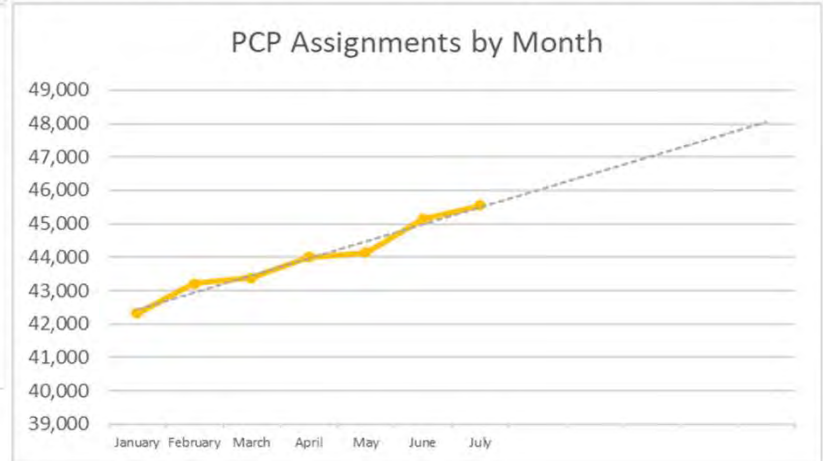
HEALTH PLAN OF SAN JOAQUIN MEMBERSHIP ASSIGNMENTS CALENDAR YTD AS OF JULY 2022

San Joaquin Health Centers					
Year	Panel Size	Panel Seen	Goal	% Goal	Performance
2021	40,852	18,141	19,227	47.07%	44.41%
2022	43,963	13,201	18,904	43.00%	30.0%



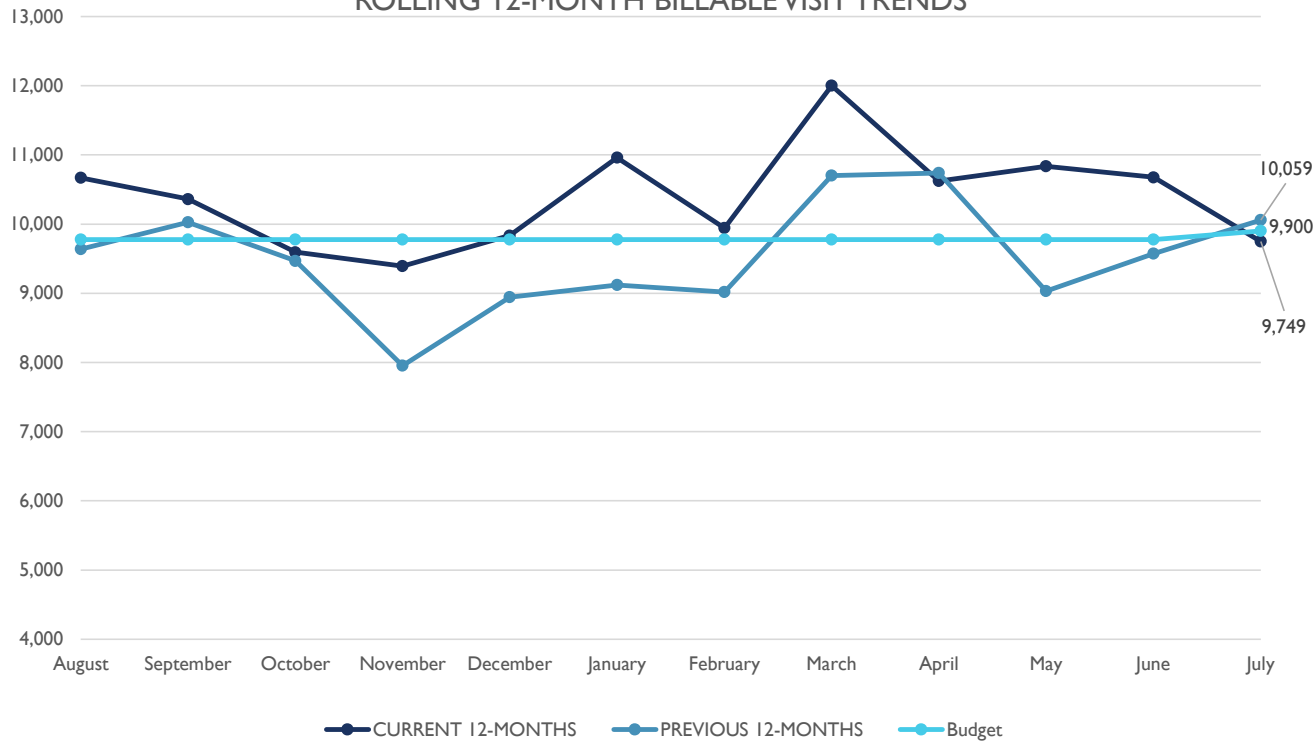
Average Submission Lag: 7.4 Days

Panel Metrics for San Joaquin Health Centers	
Average Panel Size	43,963
Current Month Panel Size	45,548
Calendar YTD Panel Seen Count	13,201
Calendar YTD % Panel Seen	30.0%
Goal to Panel Seen Count	18,904
PCP Claim Count	37,669



JULY 2022 BILLABLE VISITS – 9,749

ROLLING 12-MONTH BILLABLE VISIT TRENDS



Visits By Financial Class	%
Medi-Cal Managed Care	76.23%
Medicare	11.50%
Medi-Cal	9.73%
Self-Pay	1.58%
Commerical	0.95%
Total	100.00%

FY23 Month	Actual	Budget	Variance
Jul-22	9,749	9,900	(151)
Total	9,749	9,900	(151)

SJ HEALTH INCOME STATEMENT – JULY 2022

	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	1,448,794	1,620,833	(172,039)	1,448,794	1,620,833	(172,039)
Supplemental Revenue	1,280,629	1,002,824	277,804	1,280,629	1,002,824	277,804
Capitation & Managed Care Incentives	525,311	511,311	13,999	525,311	511,311	13,999
Grant Revenue	1,119,609	305,165	814,443	1,119,609	305,165	814,443
340B Pharmacy Program	189,106	117,731	71,376	189,106	117,731	71,376
MOU & Other Income	69,426	64,869	4,557	69,426	64,869	4,557
Total Operating Revenue	<u>4,632,874</u>	<u>3,622,733</u>	<u>1,010,141</u>	<u>4,632,874</u>	<u>3,622,733</u>	<u>1,010,141</u>
Expenditures						
Salaries & Wages	1,893,955	1,765,010	(128,945)	1,893,955	1,765,010	(128,945)
Employee Benefits	889,421	867,737	(21,685)	889,421	867,737	(21,685)
Professional Fees	451,831	212,464	(239,367)	451,831	212,464	(239,367)
Purchased Services	399,386	556,741	157,355	399,386	556,741	157,355
Supplies	140,270	81,165	(59,104)	140,270	81,165	(59,104)
Depreciation	25,971	23,268	(2,703)	25,971	23,268	(2,703)
Interest	3,340	21,074	17,734	3,340	21,074	17,734
Other Expenses	674,968	260,314	(414,653)	674,968	260,314	(414,653)
Total Expenditures	<u>4,479,142</u>	<u>3,787,773</u>	<u>(691,369)</u>	<u>4,479,142</u>	<u>3,787,773</u>	<u>(691,369)</u>
Net Income(Loss)	<u>153,732</u>	<u>(165,040)</u>	<u>318,772</u>	<u>153,732</u>	<u>(165,040)</u>	<u>318,772</u>

	<u>PERIOD 0</u>	<u>JULY 2022</u>
Assets		
Cash & Cash Equivalents	5,978,796	8,650,878
Accounts Receivable	2,239,956	2,085,467
Inventory	12,881	12,881
Property & Equipment	2,101,833	2,083,066
Other Assets	<u>15,694,917</u>	<u>16,337,439</u>
Total Assets	<u>26,028,381</u>	<u>29,169,731</u>
Liabilities		
Accounts Payable	504,607	659,141
Other Liabilities	10,403,680	12,736,764
Deferred Revenue	<u>2,265,668</u>	<u>2,765,668</u>
Total Liabilities	<u>13,173,954</u>	<u>16,161,572</u>
Net Assets		
Beginning Net Assets	9,819,912	12,854,427
Current YTD Net Income	<u>3,034,515</u>	<u>153,732</u>
Total Net Assets	<u>12,854,427</u>	<u>13,008,159</u>
Total Liabilities and Net Assets	<u>26,028,381</u>	<u>29,169,731</u>

SJ HEALTH BALANCE SHEET JULY 2022

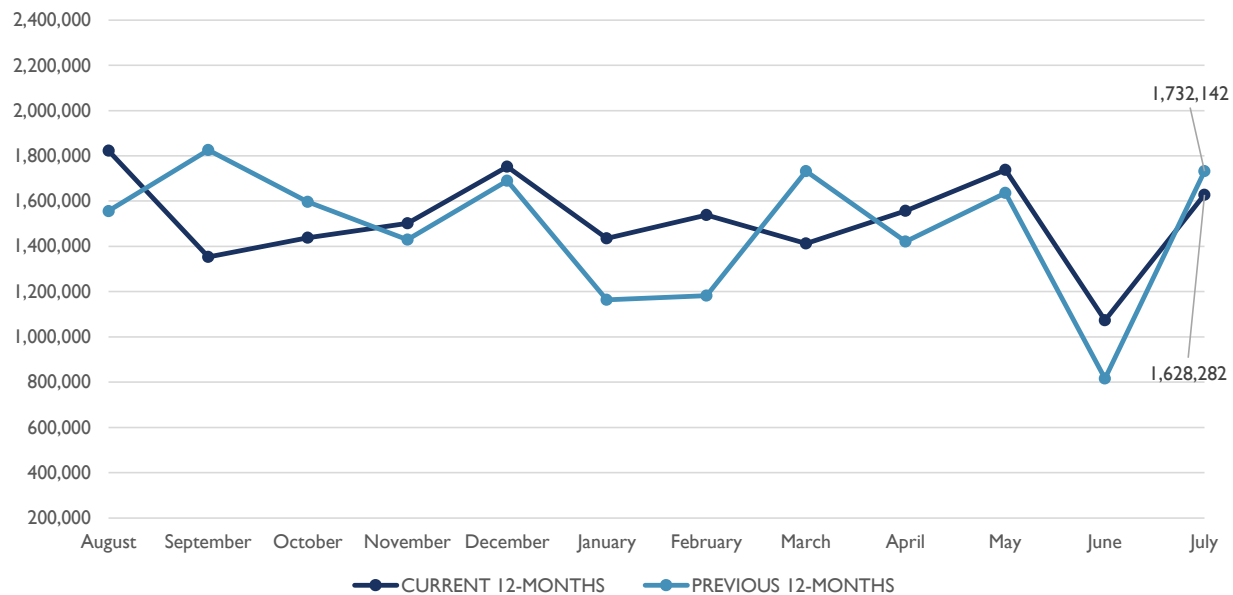
SJ HEALTH BILLING & COLLECTIONS

A/R AGING JULY 2022

SJ Health Centers Accounts Receivable Aging Analysis For the Month of July 2022								
Aging Category	MediCare	MediCal	Commercial	Self Pay	Total Aging This Month	Total Aging Last Month	\$ Increase (Decrease)	% Increase (Decrease)
1-30 Days	185,166	1,602,358	28,479	7,630	1,823,633	2,326,626	(502,993)	-21.62%
31-60 Days	135,966	552,596	25,526	12,283	726,372	462,769	263,603	56.96%
61-90 Days	97,253	217,381	29,032	10,696	354,362	433,776	(79,414)	-18.31%
91-120 Days	69,832	272,705	16,019	5,621	364,178	278,074	86,104	30.96%
121-180 Days	171,578	182,614	26,291	3,879	384,363	223,818	160,545	71.73%
181-240 Days	105,231	50,355	15,607	367	171,560	113,655	57,904	50.95%
241-270 Days	17,419	5,047	10,565	0	33,032	25,388	7,643	30.11%
271-365 Days	13,136	10,685	11,905	628	36,354	57,581	(21,227)	-36.87%
366 Days & Over	6,227	10,671	7,396	78,785	103,079	70,315	32,763	46.59%
	20%	73%	4%	3%				
Total FC This Month	801,808	2,904,413	170,822	119,889	3,996,932	3,992,003	4,928	0.12%
Total FC Last Month	678,047	3,065,708	198,987	49,262	3,992,003			
\$ Increase (Decrease)	123,762	(161,295)	(28,165)	70,627	4,928			
% Increase (Decrease)	18.25%	-5.26%	-14.15%	143.37%	0.12%			
Monthly Management Summary								
	Beginning	Charges	Payments	Adjustments	Ending Gross			
July Activity	3,992,003	2,463,382	(1,628,282)	(830,172)	3,996,932			
A/R Days Analysis								
	July	June	May	April	March	February	January	Increase (Decrease)
Gross A/R Days	48	46	34	36	37	31	33	2
Net A/R	2,085,467	2,239,955	1,725,999	1,803,835	1,703,360	1,334,255	1,421,291	(154,488)
Net A/R Days	43	47	33	36	35	25	28	(3)

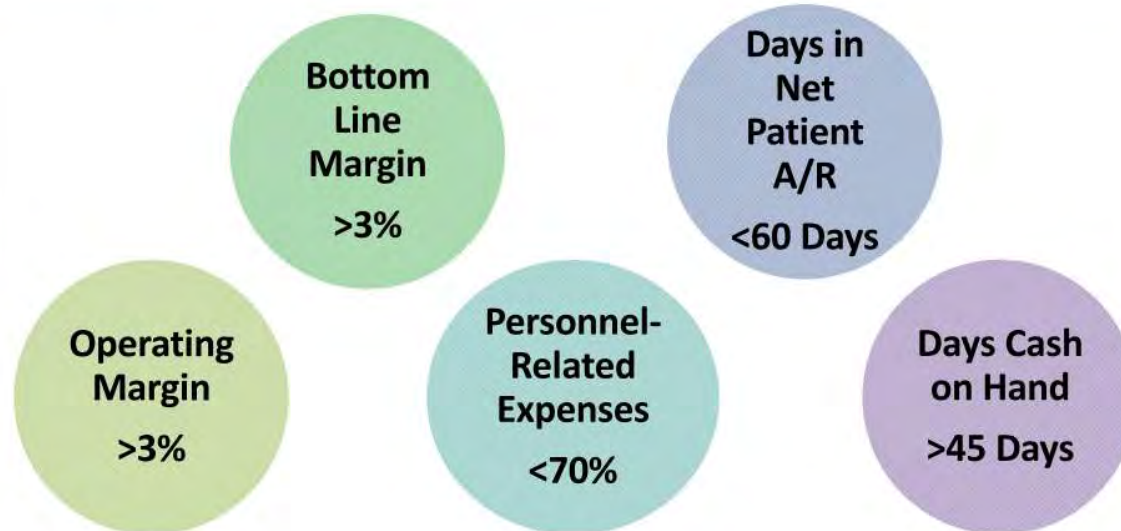
JULY 2022 EMMI PAYMENTS POSTED - \$1,628,282

ROLLING 12-MONTH TRENDS - CASH COLLECTED



FY23 Collections by Financial Class	%
Medi-Cal Managed Care	79.19%
Medi-Cal	15.86%
Medicare	4.21%
Self-Pay	0.40%
Commercial	0.34%
Total	100.00%

Key Financial Metrics: Capital Link Industry Guidelines



CAPITAL LINK FQHC FINANCIAL BENCHMARKS VS SJ HEALTH

DATA SUMMARY	Capital Link Target	SJ HEALTH FYTD FY23
FINANCIAL HEALTH		
1 Operating Margin As a % of Operating Revenue	>3%	3%
2 Bottom Line Margin As a % of Operating Revenue	>3%	3%
3 Days Cash on Hand	>45 Days	60
4 Days in Net Patient Receivables	<60 Days	43
5 Personnel-Related Expense (PRE) As a % of Operating Revenue	<70	70%

QUESTIONS & ANSWERS





San Joaquin Health Centers
Financial Statement Comments
July 2022

Summary of Clinics Year to Date

Billable visits for July are unfavorable to budget by 151 visits. Net Patient Service Revenues for July are \$172,039 less than budget. July financials reflect a PPS reconciliation liability accrual of \$25,000.

Medi-Cal cost settlement payments for \$667,770 related to PPS reconciliations for FY2020 are reflected on the July financials.

Supplemental Revenue includes the recognition of estimated Quality Incentive Program revenue for \$1,280,629. Combined Grants Revenue includes revenues for Behavioral Health Integration and American Rescue Plan (ARP) grants for \$1,119,609. Also, July grant revenues are higher than budget due to the recognition of American Rescue Plan (ARP) grant revenue for \$765,299 for activity related to January 2021 through June 2021 period. Capitation and Managed Care Incentives include the Capitation Revenue with a favorable variance to budget by \$13,999. Also, Other Income includes the 340B Pharmacy Program revenue for \$189,106 and the program related expenses for \$72,112 are included in Supplies & Other Expenses categories on the financials. Other Revenue includes revenues accrued for \$59,192 related to Purchased Services provided to SJGH by SJCC per the MOU and Interest Income of \$10,234. Total Net Operating Revenues are favorable to budget by \$1,010,141.

Salaries and benefits expenses exhibit an unfavorable variance to budget by \$150,629. Other operating expenses exhibit an unfavorable variance of \$540,739 largely due to Purchased Services and Interest Expense with favorable variance of \$175,088 mainly offset by unfavorable variance in Professional Fees, Supplies, Depreciation, and Other Expenses for \$715,827. An estimated expense for the Purchased Services is recorded for July based on the MOU.

Unaudited, as presented, Net Income of \$153,732 for July is favorable compared to budget by \$318,772.

Additional Factors Impacting Clinic Performance Presentation

- Supplemental revenues are estimates based on historic performance and statewide pool amounts for the California Department of Public Health Quality Incentive Pool Program.



Legislative Update August 30, 2022

California State Legislation

The California State Legislature adjourned for Summer Recess on July 1. It reconvened and continued appropriations committee hearings on August 1 for all fiscal bills that have moved out of policy committees.

The Legislature will be going into Final Recess on September 1. Its last day to pass bills is August 31. The Governor has until September 30 to sign or veto any bills passed by the Legislature before September 1 and in the Governor's possession on or after September 1.

Following is background and status information on three bills that SJ Health has been tracking.

AB 32 (Aguiar-Curry) Telehealth

Initially introduced December 7, 2020, AB 32 seeks to make current, more flexible rules for the use and reimbursement of telehealth services permanent under state law. It would require health care services furnished by an enrolled clinic through telehealth to be reimbursed by Medi-Cal on the same basis, to the same extent, and at the same payment rate as those services are reimbursed if furnished in person.

The bill would expand the definition of synchronous interaction for purposes of telehealth to include audio-video, audio only, and other virtual communication; would extend telehealth payment parity to Medi-Cal managed care and allows remote eligibility determinations, enrollment, and recertification for Medi-Cal and specified Medi-Cal programs.

Status: Passed Assembly Committee on Health (10-0) on June 29, 2022 and Assembly Committee on Appropriations (7-0) on August 11, 2022. It is in third reading as of August 25 in preparation to be passed to the Senate for consideration.

SB 939 (Pan): Prohibiting Discriminatory Contracting in the 340B Pharmacy Program

The 340B Drug Pricing Program is an essential source of support for CHCs and their patients. CHCs reinvest the savings from the 340B program into patient services, such

as patient navigation, transportation, and other critical services. In recent years, community health centers have grown increasingly concerned about actions by pharmacy benefit managers (PBMs), manufacturers and others who are taking 340B savings from CHCs and their patients impacting patient services while also threatening patient access to critical medicines made affordable through the federal 340B Program.

The legislature must prohibit discriminatory actions by PBMs and drug manufacturers when providing 340B drugs to CHCs and their patients. These important consumer protections are necessary to protect patient services and access to low-cost drugs. Senate Bill 939 would prohibit discriminatory actions by PBMs and drug manufacturers when providing 340B drugs to CEs and their patients. These important consumer protections are necessary to protect the remaining 340B savings for CHCs and their patients.

Status: Passed Senate on May 23 and referred to Assembly. Referred to Assembly Committee on Health on June 28, 2022.

SB 966 (Limón): Increasing Behavioral Health Access

California is an extreme workforce shortage, leaving community health centers with decreased capacity to meet the increased demand of behavioral health services for California's vulnerable safety net. Additionally, the ramifications of COVID-19 on mental health are extensive, and often disproportionately harmful to populations that have historically been marginalized. In May 2020, DHCS (and pursuant to SPA 20-0024) temporarily allowed Associate Clinical Social Workers (ASWs) and Associate Marriage and Family Therapists (AMFTs) as billable provider types for FQHCs and RHCs, contingent on the declared COVID-19 public health emergency. This flexibility has greatly increased access to behavioral health services and helped meet the increased patient demand during COVID-19. The looming concern for health centers is the inability to continue utilizing this workforce upon the expiration of the public health emergency greatly decreasing the ability to offer access to care and almost certainly interrupting continuity of care for patients finally receiving treatment. Behavioral health care should not be separate from the rest of the body. Training Associates in community health centers allows the future workforce to have field training in integrated care, where Associates will be working with a team to address both medical and behavioral health conditions. Health centers consider a patient's physical, behavioral, and social determinants of health and are positioned to treat the whole person, not just a single ailment or diagnosis.

Senate Bill 966 would extend flexibilities allowed during the declared public health emergency to hire and bill for ASWs and AMFTs, therefore sustaining continuity of care for patients and increasing access to a diverse behavioral health workforce. This bill will also remove the current administrative barrier to utilizing LMFTs by aligning FQHC/RHC Medi-Cal Change in Scope-Of-Service Request (CSOSR) requirements for both medical and behavioral health services, ensuring that health centers are not disadvantaged when trying to bring in critical behavioral health workforce.

Status: Passed by Senate on May 25, 2022 and referred to Assembly. Passed Assembly Committee on Health and referred to Assembly Committee on Appropriations on June 15. Passed Assembly Committee on Appropriations (16-0) on August 11. Was amended in Assembly on August 25 and currently under review.



August 30, 2022

Retroactive Approval of Change in Scope Request Submitted to HRSA to Include Manteca Health Center

Dear Board Members:

RECOMMENDATION:

It is recommended that the Board of Directors retroactively approve the following Change in Scope Request submitted to HRSA on August 12, 2022:

CIS00128138 – Addition of Manteca as a new service site.

BACKGROUND:

HRSA requires that all health centers have a scope of project. The health center scope of project defines a health center's approved service sites, services, providers, service area, and target populations.

A health center can change its scope of project, including adding or deleting services or sites, through a process called a change in scope (CIS) request. If a health center needs to make a change in its scope of project, it must submit a CIS request through the Electronic Handbook (EHB).

This retroactive approval is focused on SJ Health's service sites.

A service site is defined as a location where providers:

- Conduct face-to-face visits with patients and document those encounters in the patients' medical records.
- Exercise independent judgment when delivering these services, meaning they, as trained medical or healthcare professionals, can diagnose and treat the patients themselves.
- Deliver services by, or on behalf of, the health center, which means the health center's governing board must have control and authority over the services provided at the location.
- Deliver services on a regularly scheduled basis.

REASON FOR RECOMMENDATION:

SJ Health Centers closed its Manteca site in June 2020 with encouragement from the San Joaquin County Administrator at the time. SJ Health was not in a strong financial position and the Manteca site was losing money and was projected to continue to do so with SJ Health's then reimbursement rates and model for clinic operations. Since the closure of the Manteca clinic, SJ Health Centers has undergone major organizational transformation and significantly improved its operations and financial strength. As SJ Health now follows its strategic plan and looks to expand access points and grow its patient population, its evaluation of potential sites/target communities within its service area identified reopening the Manteca site as a full-time clinic as its best first option for the following reasons:

1) Documented need for a Manteca service site based on SJ Health's current patient population and findings from its Community Health Needs Assessment. More than 4,000 of SJ Health Centers' patients seen during 2021 live in Manteca zip codes and SJ Health and there are an estimated 2,000 low-income residents of Manteca area estimated to be potential patients of a Manteca Health Center

2) SJ Health's improved financial strength and organizational capacity. With improved reimbursement rates, prospective additions to services, and enhanced productivity, the Manteca Health Center will participate in an enterprise-wide effort to increase patient revenues and reduce our fiscal reliance on state funded supplemental programs.

3) Relatively low cost of reopening this site. SJ Health still has a lease on the Manteca site and the cost of bringing the health center online will be less than at other locations. Since SJ Health closed the Manteca clinic in 2020, San Joaquin General Hospital has been using the site as administrative offices. The hospital will be leaving the facility by the end of August 2022 and SJ Health will be preparing the site to once again be a health center. This will require some minor repair and rehabilitation as well as purchasing and installing furniture, clinical equipment, and information technology/telecommunication equipment.

SJ Health will initially staff the health center with Family Medicine physicians and nurse practitioners. The health center will offer the full range of services offered by SJ Health. In its Change in Scope request, SJ Health conservatively estimated that it will serve approximately 2,000 existing patients and 100 new patients annually at its Manteca Health Center.

Patients in need of SJ Health services not available at the Manteca Health Center will be referred to SJ Health's French Camp site. SJ Health will be exploring offering dental, vision, and integrated behavioral health services at this site over time.

While SJ Health's current fiscal year budget includes funding for the costs of reopening the Manteca Health Center, SJ Health is looking at its existing grants and new grants for opportunities to help cover a portion of the costs of the equipment and remodeling for this new health center.

ACTIONS TO BE TAKEN FOLLOWING APPROVAL

The Board's approval of this CIS request will be documented in the Board minutes and made available for HRSA if requested. The CIS request is currently under review by HRSA and the Board will be notified when it has been approved.

Sincerely,



Farhan Fadoo, MD
Chief Executive Officer
San Joaquin Health Centers

San Joaquin Health Centers	Department ADMINISTRATION		Page 1 of 2
	Policy/Procedure No	Effective 7/1/2021	Date Replaces April 2003
Title of Policy/Procedure USES AND DISCLOSURES OF PHI AFTER PATIENT DEATH (HIPAA)			

POLICY:

San Joaquin Health Centers (SJHC) shall not use or disclose protected health information about an individual without a signed authorization for release of that information from the individual, or the individual’s representative. Two exceptions exist after a patient has expired. These exceptions are:

- PHI may be used or disclosed to coroners, medical examiners, or funeral directors, and
- PHI may also be used or disclosed for organ procurement purposes, to organ procurement organizations or similar entities.

PURPOSE:

This policy is designed to give guidance and ensure compliance with all relevant laws and regulations when using or disclosing protected health information (PHI).

DEFINITIONS:

Protected Health Information (PHI) means individually identifiable information relating to past, present or future physical or mental health or condition of an individual, provision of health care to an individual, or the past, present or future payment for health care provided to an individual transmitted in any form or medium.

Disclosure is the release, transfer, provision of access to, or divulging in any other manner PHI outside the entity holding the information.

Use means, with respect to individually identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.

Authorization allows for the use and disclosure of PHI for purposes other than Treatment, Payment, and health care Operations (TPO).

PROCEDURE:

Coroners and Medical Examiners

SJHC may disclose PHI to a coroner, medical examiner for the purpose of identifying a deceased person, determining the cause of death, or other duties as authorized by law.

Funeral Directors

SJHC may disclose PHI to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent. If necessary for funeral directors to carry out their duties, SJHC may disclose the PHI prior to, and in reasonable anticipation of, the individual’s death.

San Joaquin Health Centers	Department ADMINISTRATION		Page 2 of 2
	Policy/Procedure No	Effective 7/1/2021	Date Replaces April 2003
Title of Policy/Procedure USES AND DISCLOSURES OF PHI AFTER PATIENT DEATH (HIPAA)			

Organ Procurement

SJHC may use or disclose PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaver organs, eyes, or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation.

Approval(s):	Approval(s):
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San Joaquin Health Centers	Department ADMINISTRATION		Page 1 of 3
	Policy/Procedure No	Effective 7/1/2021	Date Replaces April 2003
Title of Policy/Procedure USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION – GENERAL RULES (HIPAA)			

POLICY:

Protected health information shall not be used or disclosed except as permitted or required by law.

For details on specific requirements, refer to the appropriate policies in this manual as indicated by brackets.

PURPOSE:

The intent of this policy is to outline San Joaquin Health Center’s (SJHC) general guidelines and expectations for the necessary collection, use, and disclosure of protected information about individuals in order to provide quality care to individuals, while maintaining reasonable safeguards to protect the privacy of their information.

DEFINITIONS:

Protected Health Information (PHI) means individually identifiable information relating to past, present or future physical or mental health or condition of an individual, provision of health care to an individual, or the past, present or future payment for health care provided to an individual transmitted in any form or medium.

Treatment means the provision, coordination, or management of health care and related services, consultation between providers relating to an individual, or referral of an individual to another provider for health care.

Payment means activities undertaken to obtain or provide reimbursement for health care, including determinations of eligibility or coverage, billing, collections activities, medical necessity determinations and utilization review.

Health Care Operations includes functions such as quality assessment and improvement activities, reviewing competence or qualifications of health care professionals, conducting or arranging for medical review, legal services and auditing functions, business planning and development, and general business and administrative activities.

Disclosure means the release, transfer, provision of access to, or divulging in any other manner of information outside the entity holding the information.

Use means, with respect to individually identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.

- A. Generally: PHI shall not be used or disclosed except as permitted or required by law.
- B. Notice of Privacy Practices Required: Individuals served must be given a Privacy Notice outlining the uses and disclosures of PHI that may be made, and notifying them of their rights and our legal duties with respect to PHI. [*Notice of Privacy Practices*]

San Joaquin Health Centers	Department ADMINISTRATION		Page 2 of 3
	Policy/Procedure No	Effective 7/1/2021	Date Replaces April 2003
Title of Policy/Procedure USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION – GENERAL RULES (HIPAA)			

C. Permitted and Required Uses and Disclosures: PHI may or shall be disclosed as follows:

- ◆ To the individual [*Individuals' Rights Related to PHI*];
- ◆ To carry out treatment, payment, or healthcare operations (TPO), within specified limits [*Uses and Disclosures of PHI*];
- ◆ Pursuant to, and in compliance with, a current and valid Authorization [*Authorization Requirement for Uses and Disclosures*];
- ◆ In keeping with a Business Associate arrangement [*Business Associate Agreements*]; and
- ◆ As otherwise provided for in the HIPAA privacy regulations [*Uses and Disclosures of PHI for which an Authorization is Not Required*].

D. Minimum Necessary: Generally, when using or disclosing PHI, or when requesting PHI from another entity, reasonable efforts must be made to limit the PHI used or disclosed to the minimum necessary to accomplish the purpose of the use/disclosure [*Minimum Necessary*].

E. Personal Representatives: A person acting in the role of personal representative must be treated as the individual regarding access to relevant PHI unless:

- ◆ The individual is an unemancipated minor, but is authorized to give lawful consent, or may obtain the health care without consent of the personal representative, and minor has not requested that the person be treated as a personal representative, or the personal representative has assented to agreement of confidentiality between the provider and the minor.
- ◆ There is a reasonable basis to believe that the individual has been or may be subjected to domestic violence, abuse or neglect by the personal representative or that treating that person as a personal representative could endanger the individual, and, in the exercise of professional judgment, it is determined not to be in the best interests of the individual to treat that person as a personal representative.

F. Agreed Upon Restrictions: An individual has a right to request a restriction on any uses or disclosures of his/her PHI, though a covered entity need not agree to the requested restriction, and cannot agree to a restriction relating to disclosures required under law (i.e. disclosures to the U. S. Secretary of Health and Human Services for HIPAA enforcement purposes). [*Individuals' Rights Related to PHI*]

G. Confidential Communications: An individual has a right to request to receive communications of PHI by alternative means or at alternative locations, and reasonable requests must be accommodated. [*Individuals' Rights – Confidential Communications*]

H. Accounting of Disclosures: An individual has a right to an accounting of disclosures of his/her PHI for up to a six-year period. [*Individuals' Rights – Accounting of Disclosures*]

San Joaquin Health Centers	Department ADMINISTRATION		Page 3 of 3
	Policy/Procedure No	Effective 7/1/2021	Date Replaces April 2003
Title of Policy/Procedure USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION – GENERAL RULES (HIPAA)			

I. De-identified PHI: Health information may be considered not to be individually identifiable in the following circumstances:

- ◆ A person with appropriate knowledge and experience with generally acceptable statistical and scientific principles and methods determines that the risk is very small that the information could be used, alone or with other reasonably available information, to identify the individual who is the subject of the information; or
- ◆ The following identifiers of the individual (and relatives, employers or household members) is removed: names; information relating to the individual’s geographic subdivision if it contains fewer than 20,000 people; elements of dates (except year) directly related to the individual, and all ages and elements of dates that indicate age for individuals over 89, unless aggregated into a single category of age 90 and older; telephone numbers; fax numbers; e-mail addresses; social security numbers; medical record numbers;

health plan beneficiary numbers; account numbers; certificate or license numbers; vehicle identifiers and serial numbers, including license plate numbers; device identifiers and serial numbers; Web Universal Resource Locaters (URLs); Internet Protocol (IP) address numbers; biometric identifiers; full face photographic images; and, any other unique identifying number, characteristic or code.

J. Complaint Process: SJHC shall have in place a process for individuals to make complaints about their HIPAA privacy policies and procedures and/or the compliance with those policies.

[*Accessing The Privacy Officer*]

K. Documentation: All policies and procedures, communications, actions, activities or designations as are required to be documented shall be maintained for a period of six (6) years from the later of the date of creation or the last effective date.

Approval(s):	Approval(s):
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San Joaquin Health Centers	Department ADMINISTRATION		Page 1 of 3
	Policy/Procedure No	Effective 7/1/2021	Date Replaces April 2003
Title of Policy/Procedure USES AND DISCLOSURES OF PHI REQUIRING AN AUTHORIZATION (HIPAA)			

POLICY:

San Joaquin Health Centers (SJHC) shall not use or disclose protected health information about an individual without a signed authorization for release of that information from the individual, or the individual’s representative, unless required by state or federal law.

PURPOSE:

This policy is designed to give guidance and ensure compliance with all relevant laws and regulations when using or disclosing protected health information (PHI).

DEFINITIONS:

Protected Health Information (PHI) means individually identifiable information relating to past, present or future physical or mental health or condition of an individual, provision of health care to an individual, or the past, present or future payment for health care provided to an individual transmitted in any form or medium.

Disclosure is the release, transfer, provision of access to, or divulging in any other manner PHI outside the entity holding the information.

Use means, with respect to individually identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.

Authorization allows for the use and disclosure of PHI for purposes other than Treatment, Payment, and health care Operations (TPO).

PROCEDURE:

General

All requests for use and disclosure of PHI requiring an authorization shall be through the Medical Records/Health Information Management (HIM) Department.

1. Except as otherwise permitted or required by law and consistent with these policies, SJHC shall obtain a completed and signed authorization for release of information from the individual, or the individual’s representative, before obtaining or using information about an individual from a third party or disclosing any information about an individual to a third party.
2. A signed authorization is required to use or disclose information beyond treatment, payment, and health care operations and in the following situations:
 - A. For the use and disclosure of psychotherapy notes, unless:

San Joaquin Health Centers	Department ADMINISTRATION		Page 2 of 3
	Policy/Procedure No	Effective 7/1/2021	Date Replaces April 2003
Title of Policy/Procedure USES AND DISCLOSURES OF PHI REQUIRING AN AUTHORIZATION (HIPAA)			

- i. Use is by the originator of the psychotherapy notes, for treatment purposes;
 - ii. Use or disclosure is for SJHC in training programs where students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills; or
 - iii. When the use or disclosure is by a health oversight agency in connections with oversight of the originator of the psychotherapy notes.
- B. For disclosures to an employer for use in employment-related determinations.
 - C. For research purposes unrelated to the individual's treatment.
 - D. For any purpose in which state or federal law requires a signed authorization.

Core Elements of a Valid Authorization:

For information on valid authorizations, compound authorizations, defective authorizations and core elements, please refer to, SJHC Administrative Policy: *Uses and Disclosures of PHI – Authorizations*.

3. The *Authorization for Release of Information Form* is obtained from the Medical Records/HIM Department.
4. The Medical Record/HIM staff will establish who is requesting the information and the purpose for the request. See Administrative Policy: *Verification of Identity/Authority For Access to PHI*.
5. SJHC staff will confirm that applicable SJHC policies and rules permit the requested use.
6. SJHC may obtain, use, or disclose information only if the written authorization includes all the required elements of a valid authorization. See SJHC Administrative Policy: *Uses and Disclosures- Authorizations*.
7. An authorization must be voluntary.
8. Each authorization for use or disclosure of an individual's information must be fully completed jointly by the staff member and the individual, whenever possible, with the staff member taking reasonable steps to ensure the individual understands why the information is to be used or released.
9. Documents shall be retained for a minimum of six (6) years.

San Joaquin Health Centers	Department ADMINISTRATION		Page 3 of 3
	Policy/Procedure No	Effective 7/1/2021	Date Replaces April 2003
Title of Policy/Procedure USES AND DISCLOSURES OF PHI REQUIRING AN AUTHORIZATION (HIPAA)			

Approval(s):	Approval(s):
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San Joaquin Health Centers	Department ADMINISTRATION		Page 1 of 3
	Policy/Procedure No	Effective 7/1/2021	Date Replaces April 2003
Title of Policy/Procedure VERIFICATION OF IDENTITY/AUTHORITY FOR ACCESS TO PHI (HIPAA)			

POLICY:

Prior to any disclosure made to a person other than the individual, San Joaquin Health Centers (SJHC) must verify the person’s **identity** and **authority** to have access to PHI, if the identity or authority is unknown to SJHC or its representatives; and obtain documentation, statements, or representations (whether written or oral) from the person requesting the PHI when such documentation, statement, or representation is a condition of the disclosure.

Protected Health Information (PHI) means individually identifiable information relating to past, present or future physical or mental health or condition of an individual, provision of health care to an individual, or the past, present or future payment for health care provided to an individual transmitted in any form or medium.

Disclosure is the release, transfer, provision of access to, or divulging in any other manner PHI outside the entity holding the information.

PURPOSE:

To verify the identity of a person requesting protected health information (PHI) and the authority of any such person to have access to protected health information, if the identity or any such authority of such person is not known to San Joaquin General Hospital (SJHC).

PROCEDURE:

- All requests for use and disclosure of PHI requiring an authorization shall be through the Medical Records/Health Information Management Department.
- SJHC staff are to request identification from any person requesting PHI if the identity or the authority of the person is not known to the staff member.
- SJHC staff will obtain any documentation, statements or representations from the person requesting the PHI that evidence the authority of any such person for access to the individual’s PHI. The documentation, statements, or representations may be either verbal or written. If given orally by the personal representative, SJHC will document the authority and exercise professional judgment in granting or refusing access to the individual’s PHI.

PUBLIC OFFICIAL

When a public official requests PHI, SJHC may rely, if such reliance is reasonable, on any of the following to verify identity:

- If the request is made in person, the person provides an agency identification badge, other official credentials, or other proof of government status;
- If the request is made in writing, the request is on appropriate government letterhead;

San Joaquin Health Centers	Department ADMINISTRATION		Page 2 of 3
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- If the request is made by another person on behalf of the public official, a written statement on appropriate letterhead or other evidence or documentation such as a contract for services, memo or purchase order that establishes that the person is acting on behalf of a public official;
- An oral statement of legal authority if a written statement would be impractical;
- If the request is made in the form of a warrant, subpoena, order or other legal process issued by a grand jury or other judicial body.

WHEN VERIFICATION IS NOT REQUIRED:

If there is an imminent threat to safety, it is lawful to disclose PHI to prevent or lessen a serious and imminent threat to the health or safety of a person or the public if disclosure is made to a person reasonably able to prevent or lessen the threat. If these conditions are met, no further investigation is required.

In such emergencies, SJHC is not required to demand written proof that the person requesting the PHI is legally authorized. SJHC may rely on verbal representations as appropriate.

PROFESSIONAL JUDGMENT:

Verifying Persons Assisting in an Individual's Care:

The individual receiving care at SJHC must identify the family member, or other relative, close friend, or any other person identified by the individual authorizing SJHC to disclose PHI to them.

Verifying a Personal Representative:

SJHC will require a power of attorney or in the case of a minor child, ask questions to determine that the adult for an unemancipated minor has the requisite relationship to the child.

If the individual is not present to authorize disclosures of his/her PHI, SJHC may, in the exercise of professional judgment, determine whether the disclosure is in the best interest of the individual.

GRANTING ACCESS:

If SJHC has determined that access should be granted, SJHC will provide the person making the request with the minimum necessary of an individual's PHI as specified by the person and their authority.

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DOCUMENTATION:

SJHC will attach all obtained documents and notations to an *Authorization form*, complete pertinent fields on the form, and document the disclosure on the *Accounting of Disclosures form*.

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Title of Policy/Procedure USES AND DISCLOSURES OF PHI FOR MARKETING (HIPAA)			

POLICY:

It is San Joaquin Health Center’s (SJHC) policy that SJGH or its personnel may not use, disclose, sell or coerce an individual to consent to the disclosure, use or sale of PHI for marketing purposes without the consent or authorization of the patient (or responsible person) who is the subject of the PHI. This prohibition includes the disclosure, use or selling of prescription drug patterns. SJHC personnel shall not disclose identifiable information such as policy numbers or similar access data codes from a patient’s account to any non-affiliated third party for use in telemarketing, direct mail marketing, or other marketing through electronic mail to the consumer, unless the patient has authorized the disclosure.

PURPOSE:

To define the policy on use and disclosure of protected health information (PHI) for marketing and/or fundraising for all of SJCH staff, students, volunteers and any other agents granted access to PHI.

DEFINITIONS:

Protected Health Information (PHI) means individually identifiable information relating to past, present or future physical or mental health or condition of an individual, provision of health care to an individual, or the past, present or future payment for health care provided to an individual transmitted in any form or medium.

Marketing means the promotion or advertisement, by SJHC, of specific products or services if SJHC receives, directly or indirectly, a financial incentive or remuneration for the use, access, or disclosure of PHI.

EXCEPTIONS TO GENERAL RULE:

SJHC may use and disclose PHI without obtaining an authorization from the patient for the following:

1. Providing information on health-related products and services in a face-to-face encounter with the patient.
1. Common health care communications, such as disease management, wellness programs, prescription refill reminders and appointment notifications.
2. Providing the patient with information on participating providers or plans in a network or alternative treatment options.
3. Providing sample products to the patient.
4. Providing marketing communications involving promotional gifts of nominal value (calendars, key chains, etc.).

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POLICY:

All protected health care information (both written and oral) is strictly confidential. Use and disclosure of protected health information (PHI) shall be done only after a signed authorization for release of that information from the individual or the individual’s representative.

PURPOSE:

The intent of this policy is to identify the core elements of a valid authorization, defining compound authorizations, defective authorizations and authorizations requiring special instructions for San Joaquin Health Centers (SJHC) workforce members.

DEFINITIONS:

Protected Health Information (PHI) means individually identifiable information relating to past, present or future physical or mental health or condition of an individual, provision of health care to an individual, or the past, present or future payment for health care provided to an individual transmitted in any form or medium.

Disclosure is the release, transfer, provision of access to, or divulging in any other manner PHI outside the entity holding the information.

Use means, with respect to individually identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.

Authorization allows for the use and disclosure of PHI for purposes other than Treatment, Payment, and health care Operations (TPO).

Plain language is described as:

- Organizing material to serve the needs of the reader Writing
- short sentences in the active voice
- Using “you” and other pronouns
- Using common, everyday words in sentences Dividing
- material into short sections

Personal Representative means a person who has authority under applicable law to make decisions related to health care on behalf of an adult or an emancipated minor, or the parent, guardian, or other person acting in *loco parentis* who is authorized under law to make health care decisions on behalf of an emancipated minor, except where the minor is authorized by law to consent, on his/her own or via court approval, to a health care service, or where the parent, guardian or person acting in *loco parentis* has assented to an agreement of confidentiality between the provider and the minor.

PROCEDURE:

CORE ELEMENTS OF A VALID AUTHORIZATION:

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A valid authorization must contain at least the following elements and must be written in plain language:

1. A description of the information to be used or disclosed, that identifies the purpose of the information in a specific and meaningful fashion;
2. The name or other specific information about the person(s), classification of persons, or entity (i.e., DHS or specified DHS program) authorized to make the specific use or disclosure;
3. The name or other specific identification of the person(s) or class of persons, to whom SJHC may make the requested use or disclosure;
4. Description of each purpose of the requested use and disclosure. The statement “at the request of the individual” is sufficient description when an individual initiates the authorization and does not, or elects not to, provide a statement of purpose.
5. An expiration date, or an expiration event that relates to the individual or to the purpose of the use or disclosure;
6. Signature of the individual, or of the individual’s personal representative, and the date of signature; and
7. If the individual’s personal representative signs the authorization form instead of the individual, a description or explanation of the representative’s authority to act for the individual, including a copy of the legal court document (if any) appointing the personal representative, must also be provided.
8. A statement of the individual’s right to revoke the authorization in writing and the exceptions to the right to revoke, together with a description of how the individual may revoke the authorization.
9. A statement that the information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and no longer will be protected by the HIPAA Privacy Regulations.

The authorization may contain elements or information in addition to the required elements, provided that such additional elements of information are not inconsistent with the required elements.

COMPOUND AUTHORIZATIONS:

An authorization for use and disclosure of PHI may not be combined with any other document to create a compound authorization, except for the following:

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1. An authorization for the use or disclosure of PHI created for research that includes the treatment of the individual.
2. An authorization for the use and disclosure of psychotherapy notes may be combined with another authorization for use and disclosure of psychotherapy notes.

CONDITIONING TREATMENT UPON AN AUTHORIZATION:

SJHC may not condition treatment on an authorization except in the event of:

1. Provision of research-related treatment upon receiving an authorization for such research.
2. Provision of health care that is solely for the purpose of creating PHI for disclosure to a third party on the provision of an authorization to such third party (e.g., for life insurance or disability evaluation).

DEFECTIVE AUTHORIZATIONS:

An authorization is considered defective and invalid if any material information in the authorization is known to be false by SJHC or its employees or if any of the following defects exist:

1. The expiration date has passed or the expiration event is known by SJHC to have occurred;
2. The authorization has not been filled out completely with respect to an element described as a core element;
3. The authorization is known by SJHC to have been revoked; or
4. The authorization violates the compound authorizations requirement.

AUTHORIZATIONS REQUIRING SPECIAL INSTRUCTIONS:

Authorizations and Psychotherapy Notes

For specific rules governing the use and disclosure of psychotherapy notes, see SJHC Administrative Policy: *Use and Disclosure of Psychotherapy Notes*.

Research Authorization

For specific rules governing the use and disclosure of PHI for research purposes, see SJHC Administrative Policy: *Use and Disclosure of PHI for Research Policy*.

Authorizations for Marketing and Fundraising Purposes

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For specific rules governing the use and disclosure of PHI for marketing and fundraising purposes, see SJHC Administrative Policy: *Use and Disclosure for Marketing or Use and Disclosure for Fundraising*.

Revocation of Authorizations

For specific rules governing the revocation of authorizations, see SJHC Administrative Policy: *Revocation of Authorization to Release PHI*.

Personal Representatives, Minors, and Deceased Individuals

For information regarding who the proper person is to sign authorizations for the release of information about incapacitated individuals, minors, and deceased individuals, see SJHC Administrative Policy: *Use and Disclosure of PHI for Personal Representatives, Minors, and Deceased Individuals*.

DOCUMENTATION:

If SJHC is seeking the authorization, a copy of the authorization must be provided to the individual.

A written or electronic copy of the authorization must be retained for a period of six (6) years from the later of the date of execution or the last effective date.

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Title of Policy/Procedure INDIVIDUALS' RIGHTS – RIGHT TO AMEND (HIPAA)			

POLICY:

San Joaquin Health Centers (SJHC) must permit individuals to request that their protected health information (PHI) collected and maintained in a designated record set, be amended if the individual believes the data to be inaccurate or incomplete.

PURPOSE:

The intent of this policy is to provide guidance on employee and organizational responsibilities regarding the rights of individuals relating to requests for amendments of their PHI.

DEFINITIONS:

Protected Health Information (PHI) means individually identifiable information relating to past, present or future physical or mental health or condition of an individual, provision of health care to an individual, or the past, present or future payment for health care provided to an individual transmitted in any form or medium.

Designated Record Set is a group of records maintained by or for SJHC that are:

- A. The medical records and billing records about patients maintained by or for SJHC.
- B. The enrollment, payment, claims adjudication, and case or medical management records.
- C. Used, in whole or part, by or for SJHC to make decisions about patients.

PROCEDURE:

- I. Patients must request amendments to their protected health information in writing through the Medical Records Department by completing the *Amendment of Health Record Request Form*. Patients making their request for an amendment by telephone or e-mail should be forwarded a copy of the form. **Verification of the requester's identity must be obtained prior to considering the amendment request.**
- II. SJHC must act on the patient's request no later than 60 days of receiving the request. If SJHC is unable to act on the request within 60 days, SJHC may extend this time limit by up to an additional 30 days, subject to the following:
 - A. SJHC must notify the patient in writing of the reasons for the delay and the date by which SJHC will act on the receipt; and
 - B. SJHC will use only one 30-day extension.
- III. Prior to any decision to amend a health or medical record, the request and any related documentation shall be reviewed by the Medical Director, Department Chair, a licensed health care professional or other staff designated by the Privacy Officer.

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- IV. If possible, prior to making an amendment decision, the health care professional or provider responsible for recording the protected health information or originating the record must be consulted and should sign the amendment form.
- IV. SJHC may deny the patient's request for amendment if:
- A. SJHC finds the information to be accurate and complete;
 - B. The information was not created by SJHC (unless the individual provides reasonable basis to believe the originator of the records is no longer available to act on the request);
 - C. The information is not part of SJHC designated record set; or
 - D. If it would not be available for inspection or access by the patient.
- V. If SJHC denies the requested amendment, in whole or in part, SJHC must:
- A. Provide the individual with a timely denial;
 - B. State the basis for the denial written in plain language;
 - C. Explain that if the patient does not submit a written statement of disagreement, the patient may ask that if SJHC makes any future disclosures of the relevant information, SJHC will also include a copy of the original request for amendment and a copy of the denial; and
 - D. Explain the patient's right to submit a written statement disagreeing with the denial and how to file such a statement. If the requester does so:
 - 1. SJHC will enter the written statement into the patient's medical record;
 - 2. SJHC may also enter a written rebuttal of the patient's written statement in the individual's medical record. SJHC will include a copy of that statement, and of the written rebuttal by SJHC if any, with any future disclosures of the relevant information; and
 - 3. Provide information on how the patient may file a complaint with SJHC, or with the U.S. Secretary of Health and Human Services, Office of Civil Rights.
 - E. If SJHC grants the request to amend, in whole or in part, SJHC must:
 - 1. Make the appropriate amendment to the protected information or records,

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and document the amendment in the patient's file or record;

2. Provide timely notice to the patient that the amendment has been accepted;
3. Seek the individual's agreement to notify other relevant persons or entities, with whom SJHC has shared or needs to share the amended information, of the amendment; and
4. Make reasonable efforts to inform, and to provide the amendment within a reasonable time to:
 - a. Persons named by the patient as having received protected information and who thus needs the amendment; and
 - b. Persons, including business associates of SJHC, that SJHC knows have the protected health information that is the subject of the amendment and that may have relied, or could foreseeably rely, on the information to the patient's detriment.

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Title of Policy/Procedure MINIMUM NECESSARY RULE (HIPAA)			

POLICY:

San Joaquin Health Centers (SJHC) Personnel must make reasonable efforts to limit the use, disclosure of, and requests for protected health information to the *minimum necessary* to accomplish the intended purpose of the use, disclosure or request.

This policy does not apply to:

- Disclosures to, or requests by, a health care provider for treatment;
- Disclosures made to the individual about his/her protected information;
- Uses or disclosures authorized by the individual that are within the scope of the authorization;
- Disclosures made to the U. S. Secretary of the Department of Health and Human Services for compliance and enforcement of the Privacy Regulations;
- Uses and disclosures that are required by law; and
- Uses and disclosures required for compliance with the HIPAA Transaction Rule.

PURPOSE:

- To describe the application of the minimum necessary rule to uses, disclosures and requests for protected health information;
- To improve the privacy of confidential information that is used or disclosed by SJHC employees in the course of their work; and
- Ensure that SJHC employees have access to the information they require to accomplish the Organization’s mission, goals and objectives.

DEFINITIONS:

Protected Health Information (PHI) means individually identifiable information relating to past, present or future physical or mental health or condition of an individual, provision of health care to an individual, or the past, present or future payment for health care provided to an individual transmitted in any form or medium.

Workforce Members means employees, volunteers, trainees, students, and other persons whose conduct, in the performance of work for a department, its offices, programs or facilities, is under the direct control of the department, office, program or facility, regardless of whether they are paid by the entity.

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Disclosure is the release, transfer, provision of access to, or divulging in any other manner PHI outside the entity holding the information.

PROCEDURE:

Access and Uses of Information:

SJHC will identify types or categories of information necessary for employees in each job class to carry out their duties. Department Managers will decide the role of each of their staff and request exceptions if needed, based on their department’s needs. Managers are responsible for allowing access to enough information for the staff to perform their jobs. The access granted to students must be determined on a case-by-case basis depending on the educational activity. A student’s access must be determined by, and monitored by, the instructor.

Routine and Recurring Disclosures of PHI:

- Routine disclosures are those made on a recurring basis.
 - SJHC will not use, disclose, or request an individual’s entire medical record unless the request specifically justifies why the entire medical record is needed.
 - All proposed uses or disclosures of patient health information will be reviewed by the Medical Records Department (Health Information Management Department [HIM]).
 - The following criteria will be used in limiting the amount of protected health information requested, used, or disclosed by SJHC personnel:
 - ◆ Does the requesting individual have complete understanding of the purpose for the request, use, or disclosure of the protected health information?
 - ◆ Are all of the individuals identified for whom the use or disclosure of protected health information is required?
 - Knowledge of a violation or potential violation of this policy must be reported directly to the Privacy Officer, or to the Standards and Compliance Department.
1. Determine who is requesting the information and the purpose for the request;
 - A. If the request is **not** compatible with the purpose for which it was collected, refer to and apply the “non-routine use” procedures in the following section.
 - B. Identify the kind and amount of information that is necessary to respond to the request; and

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- C. If the disclosure is one that must be included in the accounting of disclosures, include required documentation in the accounting.

Non-routine Disclosure of an Individual’s PHI:

- Non-routine disclosure means the disclosure of records outside SJHC that is not for a purpose for which it was collected.
- Requests for non-routine disclosures must be reviewed on an individual basis.
 1. Determine who is requesting the information and the purpose for the request;
 - A. If the request is compatible with the purpose for which it was collected, apply the “routine and recurring use” procedures in the previous section;
 - B. Determine which information of the individual is within the scope of the request, and what SJHC policies apply to the requested use;
 - C. Document the disclosure in the accounting.

Determining Workforce Access to PHI:

Access to the PHI will be granted based on the individual’s role and determined by the department manager. SJHC will identify:

- Those persons or classes of persons in the SJHC workforce, including students and trainees, who need access to PHI to carry out their duties; and
- For each such job class or person, the category or categories of PHI to which access is needed and any conditions appropriate to such access.

Good Faith Reliance:

The Medical Records (HIM) Department may rely on the belief that the PHI requested is the minimum amount necessary to accomplish the purpose of the request when:

- The information is requested by another person previously approved for access;
- The information is requested by a professional (such as an attorney or accountant) providing professional services either as an employee or as a business associate;
- Institutional Review Board (IRB) represents that the proposed research meets the minimum necessary or is required by law;
- Making disclosures to public officials as required by law, if the public official

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represents that the information requested is the minimum necessary for the stated purpose; or

- The information is requested by another covered entity

Minimum Necessary Use and Disclosure for Students:

- Students and trainees are to adhere to the minimum necessary standard.
- Students and trainees are not exempt from following the rules outlined in this policy.
- Students are considered to be part of the treatment process if they are actively involved in the patient’s care, and therefore are not limited in their access or use of the patient’s medical information.

Discipline:

- All department managers and supervisors are responsible for enforcing this policy. Individuals who violate this policy will be subject to the appropriate and applicable disciplinary process, up to and including termination or dismissal in accordance with their respective authority.

Minimum Necessary Rule: In General:

SJHC personnel who are directly involved in a patient’s treatment and care (i.e. physicians and nurses) may have access to all of the patient’s protected health information. SJHC personnel who are not directly involved in a patient’s treatment may not have unlimited access to a patient’s protected health information. It is a violation of the minimum necessary standard for a health care provider to access the protected health information of patients with whom the provider has no treatment relationship, unless for research purposes as permitted by the Privacy Regulations and these policies.

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Title of Policy/Procedure BREACH NOTIFICATION – PROTECTED HEALTH INFORMATION POLICY			

POLICY:

Protected health information breaches will be processed in compliance with the American Recovery and Reinvestment Act (ARRA), Health Information Technology for Economic and Clinical Health Act (HITECH), and all applicable Federal and State notification laws.

PURPOSE:

To provide guidance for breach notification when prohibited or unauthorized access, acquisition, use and/or disclosure of San Joaquin Health Center’s (SJHC) patient protected health information occurs.

The Federal Trade Commission (FTC) has published breach notification rules for vendors of personal health records as required by ARRA/HITECH. The FTC rules apply to entities not covered by HIPAA, primarily vendors of personal health records. The rule is effective September 24, 2009 with full compliance required by February 22, 2010.¹

DEFINITIONS:

Access: Means the ability or the means necessary to read, write, modify, or communicate data/ information or otherwise use any system resource.²

Breach: Means the acquisition, access, use, or disclosure of protected health information (PHI) in a manner not permitted under the Privacy Rule which compromises the security or privacy of the PHI. For purpose of this definition, “compromises the security or privacy of the PHI” means poses a significant risk of financial, reputational, or other harm to the individual. A use or disclosure of PHI that does not include the identifiers listed at §164.514(e)(2), limited data set, date of birth, and zip code does not compromise the security or privacy of the PHI.

Breach excludes:

1. Any unintentional acquisition, access or use of PHI by a workforce member or person acting under the authority of a Covered Entity (CE) or Business Associate (BA) if such acquisition, access, or use was made in good faith and within the scope of authority and does not result in further use or disclosure in a manner not permitted under the Privacy Rule.
2. Any inadvertent disclosure by a person who is authorized to access PHI at a CE or BA to another person authorized to access PHI at the same CE or BA, or organized health care arrangement in which the CE participates, and the information received as a result of such disclosure is not further used or disclosed in a manner not permitted under the Privacy Rule.
3. A disclosure of PHI where a CE or BA has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain such information.³

Covered Entity: A health plan, health care clearinghouse, or a healthcare provider who transmits any health information in electronic form.⁴

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Disclosure: Disclosure means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information.⁵

Individually Identifiable Health Information: That information that is a subset of health information, including demographic information collected from an individual, and is created or received by a health care provider, health plan, employer, or health care clearinghouse; and relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and identifies the individual; or with respect to which there is a reasonable basis to believe the information can be used to identify the individual.⁶

Law Enforcement Official: Any officer or employee of an agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, who is empowered by law to investigate or conduct an official inquiry into a potential violation of law; or prosecute or otherwise conduct a criminal, civil, or administrative proceeding arising from an alleged violation of law.⁷

Medical Information: Any individually-identifiable information, in electronic or physical form, in possession of or derived from a provider of health care, health care service plan, pharmaceutical company, or contractor regarding a patient’s medical history, mental or physical condition or treatment.

Personal Information: An individual’s first name or first initial and last name in combination with any one or more of the following data elements, when either the name or the data element(s) are not encrypted:

1. Social Security number
2. Driver’s license number
3. Account number, credit or debit card number, (in combination with any required security code, access code, or password that would permit access to an individual’s financial account.
4. Medical information meaning any information regarding an individual’s medical history, mental or physical condition, or medical treatment or diagnosis by a health care professional.
5. Health insurance information meaning an individual’s health insurance policy number or subscriber identification number, any unique identifier used by health insurer to identify the individual, or any information in an individual’s application and claims history, including any appeals records.

Organization: For the purposes of this policy, the term “organization” shall mean the covered entity to which the policy and breach notification apply.

Protected Health Information (PHI): Protected health information means individually identifiable health information that is: transmitted by electronic media; maintained in electronic media; or transmitted or maintained in any other form or medium.⁸

Unauthorized: The inappropriate access, review, or viewing of patient medical information without a direct need for medical diagnosis, treatment, or other lawful use as permitted by the Confidentiality of Medical

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Information Act or any other statute or regulation governing the lawful access, use, or disclosure of medical information.

Unsecured Protected Health Information: Protected health information (PHI) that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of technology or methodology specified by the Secretary in the guidance issued under section 13402(h)(2) of Pub. L.111-5 on the HHS website.

1. Electronic PHI has been encrypted as specified in the HIPAA Security rule by the use of an algorithmic process to transform data into a form in which there is a low probability of assigning meaning without the use of a confidential process or key and such confidential process or key that might enable decryption has not been breached. To avoid a breach of the confidential process or key, these decryption tools should be stored on a device or at a location separate from the data they are used to encrypt or decrypt.⁹ The following encryption processes meet this standard.
 - A. Valid encryption processes for data at rest (i.e., data that resides in databases, file systems and other structured storage systems) are consistent with NIST Special Publication 800-111, Guide to Storage Encryption Technologies for End User Devices.
 - B. Valid encryption processes for data in motion (i.e. data that is moving through a network, including wireless transmission) are those that comply, as appropriate, with NIST Special Publications 800-52, Guidelines for the Selection and Use of Transport Layer Security (TLS) Implementations; 800-77, Guide to IPsec VPNs; or 800-113, Guide to SSL VPNs, and may include others which are Federal Information Processing Standards FIPS 140-2 validated.
2. The media on which the PHI is stored or recorded has been destroyed in the following ways:
 - A. Paper, film, or other hard copy media have been shredded or destroyed such that the PHI cannot be read or otherwise cannot be reconstructed. Redaction is specifically excluded as a means of data destruction.
 - B. Electronic media have been cleared, purged, or destroyed consistent with NIST Special Publications 800-88, Guidelines for Media Sanitization, such that the PHI cannot be retrieved.¹⁰

Workforce: Workforce means employees, volunteers, trainees, and other person whose conduct, in the performance of work for a covered entity, is under the direct control of such entity, whether or not they are paid by the covered entity.¹¹

PROCEDURE:

Discovery of Breach: A breach of PHI shall be treated as “discovered” as of the first day on which such breach is known to the organization, or, by exercising reasonable diligence would have been known to the organization (includes breaches by the organization’s business associates). The organization shall be deemed to have knowledge of a breach if such breach is known or by exercising reasonable diligence would have been known, to any person, other than the person committing the breach, who is a workforce member or agent (business associate) of the organization (see attachment for examples of breach of unsecured

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protected health information). When a breach or potential breach occurs the Privacy Officer and Chief Information Officer (if appropriate) shall be notified immediately by phone and a Confidential Report of Occurrence shall be entered into the electronic Confidential Reporting tool. Following the discovery of a potential breach, the organization shall begin an investigation, conduct a risk assessment, and based on the results of the risk assessment, begin the process to notify each individual whose PHI has been, or is reasonably believed by the organization to have been, accessed, acquired, used, or disclosed as a result of the breach. The organization shall also begin the process of determining what external notifications are required or should be made (e.g., California Department of Public Health, Secretary of Department of Health & Human Services (HHS), media outlets, law enforcement officials, etc.)

Breach Investigation: The Privacy Officer or designee will act as the investigator of the breach. The investigator shall be responsible for the management of the breach investigation, completion of a risk assessment, and coordinating with others in the organization as appropriate (e.g., administration, security, human resources, risk management, legal counsel, etc.) The Privacy Officer shall be the key facilitator for all breach notification processes to the appropriate entities (e.g., CDPH, HHS, media, law enforcement officials, etc.). All documentation related to the breach investigation, including the risk assessment, shall be retained for a minimum of six years.¹²

All staff involved in the breach and their supervisors have a duty to ensure expeditious investigation. Those unwilling to cooperate with the investigation will be subject to disciplinary action.

Risk Assessment: For an acquisition, access, use or disclosure of PHI to constitute a breach, it must constitute a violation of the Privacy Rule. A use or disclosure of PHI that is incident to an otherwise permissible use or disclosure and occurs despite reasonable safeguards and proper minimum necessary procedures would not be a violation of the Privacy Rule and would not qualify as a potential breach. To determine if an impermissible use or disclosure of PHI constitutes a breach and requires further notification to individuals, media or the HHS secretary under breach notification requirements, the organization will need to perform a risk assessment to determine if there is significant risk of harm to the individual as a result of the impermissible use or disclosure. The organization shall document the risk assessment as part of the investigation in the incident report form noting the outcome of the risk assessment process. The organization has the burden of proof for demonstrating that all notifications were made as required or that the use or disclosure did not constitute a breach. Based on the outcome of the risk assessment, the organization will determine the need to move forward with breach notification. The risk assessment and the supporting documentation shall be fact specific and address:

1. Consideration of who impermissibly used or to whom the information was impermissibly disclosed.
2. The type and amount of PHI involved.
3. The potential for significant risk of financial, reputational, or other harm.

Timeliness of Notification: Reports must be made by the Privacy Officer or designee to the CDPH and to the patient **no later than fifteen business days** after unlawful or unauthorized access, use or disclosure has been detected by the facility. CDPH has the authority to assess a penalty of \$100 per day for late reporting.

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Upon determination that breach notification is required, the notice shall be made without unreasonable delay and in no case later than 60 calendar days after the discovery of the breach by the organization involved or the business associate involved. It is the responsibility of the organization to demonstrate that all notifications were made as required, including evidence demonstrating the necessity of delay.

Delay of Notification Authorized for Law Enforcement Purposes: If a law enforcement official states to the organization that a notification, notice, or posting would impede a criminal investigation or cause damage to national security, the organization shall:

1. If the statement is in writing and specifies the time for which a delay is required, delay such notification, notice, or posting of the time period specified by the official; or
2. If the statement is made orally, document the statement, including the identity of the official making the statement, and delay the notification, notice, or posting temporarily and no longer than 30 days from the date of the oral statement, unless a written statement as described above is submitted during that time.¹³
3. Content of the Notice: The notice shall be written in plain language and must contain the following information:
 - A. A brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known.
 - B. A description of the types of unsecured protected health information that were involved in the breach (such as whether full name, Social Security number, date of birth, home address, account number, diagnosis, disability code or other types of information were involved).
 - C. Any steps the individual should take to protect themselves from potential harm resulting from the breach.
 - D. A brief description of what the organization is doing to investigate the breach, to mitigate harm to individuals, and to protect against further breaches.
 - E. Contact procedures for individuals to ask questions or learn additional information, which includes a toll-free telephone number, an e-mail address, Web site, or postal address.

Methods of Notification: The method of notification will depend on the individuals/ entities to be notified. The following methods must be utilized accordingly:

Notice to Individual(s): Notice shall be provided promptly and in the following form:

Written notification by first-class mail to the individual at the last known address of the individual or, if the individual agrees to electronic notice and such agreement has not been withdrawn, by electronic mail. The notification shall be provided in one or more mailings as information is available. If the organization knows that the individual is deceased and has the address of the next of kin or personal representative of the

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individual, written notification by first-class mail to the next of kin or person representative shall be carried out.

Substitute Notice: In the case where there is insufficient or out-of-date contact information (including a phone number, email address, etc.) that precludes direct written or electronic notification, a substitute form of notice reasonably calculated to reach the individual shall be provided. A substitute notice need not be provided in the case in which there is insufficient or out-of-date contact information that precludes written notification to the next of kin or personal representative.

1. In a case in which there is insufficient or out-of-date contact information for fewer than 10 individuals, then the substitute notice may be provided by an alternative form of written notice, telephone, or other means.
2. In the case in which there is insufficient or out-of-date contact information for 10 or more individuals, then the substitute notice shall be in the form of either a conspicuous posting for a period of 90 days on the home page of the organization’s website, or a conspicuous notice in a major print or broadcast media in the organization’s geographic areas where the individuals affected by the breach likely reside. The notice shall include a toll-free number that remains active or at least 90 days where an individual can learn whether his or her PHI may be included in the breach.

If the organization determines that notification requires urgency because of possible imminent misuse of unsecured PHI, notification may be provided by telephone or other means, as appropriate in addition to the methods noted above.

Notice to Media: Notice shall be provided to prominent media outlets serving the state and regional area when the breach of unsecured PHI affects more than 500 patients. The Notice shall be provided in the form of a press release.

Notice to Secretary of HHS: Notice shall be provided to the Secretary of HHS as follows below. The Secretary shall make available to the public on the HHS Internet website a list identifying covered entities involved in all breaches in which the **unsecured** PHI of more than 500 patients is accessed, acquired, used, or disclosed.¹⁴

For breaches involving 500 or more individuals, the organization shall notify the Secretary of HHS as instructed at www.hhs.gov at the same time notice is made to the individuals.

For breaches involving less than 500 individuals, the organization will maintain a log of the breaches and annually submit the log to the Secretary off HHS during the year involved (logged breaches occurring during the preceding calendar year to be submitted no later than 60 days after the end of the calendar year). Instructions for submitting the log are provided at www.hhs.gov.¹⁵

Senate Bill 541 and Assembly Bill 211: Effective January 1, 2009, breaches must be reported to the California Department of Public Health and to the patient. The Office of Health Information Integrity’s role is to investigate breaches by individual health care professionals.

Facilities subject to SB 541 are clinics licensed pursuant to Health and Safety Code Section 1204, health

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facilities licensed pursuant to Health and Safety Code Section 1250 which includes SJHC, and other health entities licensed under Health and Safety Codes Sections 1725 and 1745.

Maintenance of Breach Information/Log: As described above and in addition to the reports created for each incident, the Privacy Officer or designee will log all breaches of unsecured PHI regardless of the number of patients affected.

The following information shall be collected/logged for each breach:

1. A description of what happened, including the date of the breach, the date of the discovery of the breach, and the number of patients affected, if known;
2. A description of the types of unsecured protected health information that were involved in the breach (such as full name, Social Security number, date of birth, home address, account number, etc.);
3. A description of the action taken with regard to notification of patients regarding the breach; and
4. Resolution steps taken to mitigate the breach and prevent future occurrences.

Business Associate Responsibilities: The business associate (BA) of the organization that accesses, maintains, retains, modifies, records, stores, destroys, or otherwise holds, uses, or discloses unsecured protected health information shall, without unreasonable delay and in no case later than 30 calendar days after discovery of a breach, notify the organization of such breach. Such notice shall include the identification of each individual whose unsecured protected health information has been, or is reasonably believed by the BA to have been, accessed, acquired, or disclosed during such breach. The BA shall provide the organization with any other available information that the organization is required to include in notification to the individual at the time of the notification or promptly thereafter as information becomes available. Upon notification by the BA of discovery of a breach, the organization will be responsible for notifying affected individuals, unless otherwise agreed upon by the BA to notify the affected individuals (note: it is still the burden of the Covered Entity to document this notification).

Workforce Training: SJHC shall train all members of its workforce on the policies and procedures with respect to PHI as necessary and appropriate for the members to carry out their job responsibilities. Workforce members shall also be trained as to how to identify and report breaches within the organization.

Complaints: SJHC shall provide a process for individuals to make complaints concerning the organization's patient privacy policies and procedures or its compliance with such policies and procedures. Individuals have the right to complain about the organization's breach notification processes.

Sanctions: SJHC shall have in place and apply appropriate sanctions against members of its workforce who fail to comply with privacy policies and procedures.

Retaliation/Waiver: SJHC shall not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against any individual for the exercise by the individual of any privacy right. SJHC may not require individuals to waive their privacy rights as a condition of the provision of treatment, payment,

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enrollment in a health plan, or eligibility for benefits.

Authors: SJHC Privacy Officer using HIPAA COW Copyright 2009 References:

Applicable Federal/State Regulations:

- ARRA Title XIII Section 13402 – Notification in the Case of Breach
- FTC Breach Notification Rules - 16 CFR Part 318
- 45 CFR Parts 160 and 164 – HIPAA Privacy and Security Rules
- WI § 134.98 – Notice of Unauthorized Acquisition of Personal Information (Note: Not applicable to Covered Entities Under HIPAA).
- Civil Code Section 1798.82
- Health and Safety Code Section 1280.15

Footnotes:

- 1 16 CFR Part 318 Available at: <http://www.ftc.gov/os/2009/08/R911002hbn.pdf>.
- 2 45 CFR § 164.304.
- 3 ARRA/HITECH Title XIII Section 13400; §164.402,
- 4 45 CFR § 160.103.
- 5 45 CFR § 160.103.
- 6 45 CFR § 164.503.
- 7 45 CFR § 164.103.
- 8 45 CFR § 164.503.
- 9 45 CFR Parts 160 and 164; Final Rules Issued 8/19/09.
- 10 HHS issued [guidance on protecting personally identifiable healthcare information](#); document was the work of a joint effort by HHS, its Office of the National Coordinator for Health Information Technology and Office for Civil Rights, and the CMS (Issued 4/17/09).
- 11 45 CFR § 164.103.
- 12 45 CFR §164.530(j)(2).
- 13 45 CFR § 164.412.
- 14 Note: If the breach involves “secured” PHI, no notification needs to be made to HHS.
- 15 For calendar year 2009, the organization is required to submit information to the HHS secretary for breaches occurring after the September 23, 2009 effective implementation date.

Approval(s):	Approval(s):
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**SAN JOAQUIN COUNTY CLINICS
APPLICATION FOR BOARD OF DIRECTORS**

INSTRUCTIONS: Please complete each item below. For more information or assistance, contact the Clerk of the Board of San Joaquin County Clinics.

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

MEMBERSHIP INTEREST: REGULAR BOARD FINANCE ONLY QUALITY ONLY

CATEGORY FOR WHICH YOU ARE APPLYING:

PATIENT MEMBER NON-PATIENT MEMBER

MR MS Samantha A monks
FIRST NAME MI LAST NAME

HOME ADDRESS Lodi CITY CA 95240 STATE ZIP

Length of Residence: 3 Years 5 Months

Lodi CITY CA 95240 STATE ZIP

PPMSI / HCA CURRENT EMPLOYER Quality manager JOB TITLE

FORMER EMPLOYER (IF RETIRED) JOB TITLE

INTERESTS AND EXPERIENCES

[Family, Fitness, Community]

my whole career has been in Health care administration.

Supporting providers, either to help / change processes for clinic operations. Help support population health management with web based tools. Finally increase revenue via P4P programs

HOW DID YOU LEARN OF THE OPENING?

from Kristin Shinn

BRIEFLY STATE, WHY YOU ARE INTERESTED IN SERVING ON SJCC'S BOARD OF DIRECTORS:

I am interested in being a part of understanding my communities struggles and barriers and finding / supporting solutions. much of our future depends on healthy people!

PLEASE CHECK ANY OF THE FOLLOWING EXPERIENCE/EXPERTISE YOU POSSESS:

- BEHAVIORAL HEALTH
- BUSINESS
- COMMUNITY ADVOCATE
- EDUCATION/CHILD CARE
- FINANCIAL/BANKING/ACCOUNTING
- FUND RAISING
- GOVERNMENT
- HEALTH CARE-ADMINISTRATION
- HEALTH CARE-CLINICAL/QM/QI
- LABOR RELATIONS/HUMAN RESOURCES
- LEGAL
- PLANNING/PROGRAM EXPERTISE
- PUBLIC RELATIONS
- RELIGION/FAITH-BASED
- SOCIAL/HUMAN SERVICES
- OTHER (PLEASE SPECIFY)

BRIEFLY DESCRIBE YOUR EXPERIENCE/EXPERTISE/EDUCATION THAT YOU FEEL WILL BE HELPFUL FOR FULFILLING THE RESPONSIBILITIES OF A BOARD MEMBER.

I have been working in San Joaquin county for 14 years working to make healthcare a great place for patients and primary care. I have my BS from Sac State in Health Science.

BRIEFLY STATE THE PROFESSIONAL AND/OR OTHER COMMUNITY ORGANIZATIONS TO WHICH YOU BELONG:

Vinewood community church

1. Are you an employee or officer of San Joaquin County, any City in the County, the State, or the Federal government? Yes No

If yes, please specify employer or office: _____

2. Have you ever been convicted of a felony which could disqualify you from appointment? Yes No

If yes, please list the nature of the conviction and the date and court in which the conviction was entered. _____

3. Are you related by blood, adoption or marriage to any employee or officer of San Joaquin County Clinics or San Joaquin County? Yes No

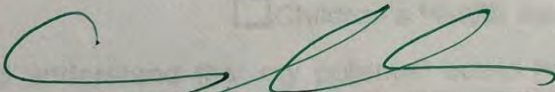
If yes, please specify: _____

4. Are there any facts of which you are aware that would cause you to have an actual or apparent conflict of interest with respect to the position to which you are seeking appointment? Yes No

If yes, please specify: _____

5. Confirm you meet the minimum qualifications to serve on the committee for which you are applying and are available to attend meetings regularly. Qualifications and meeting information is listed on the Fact Sheet available at the Clerk of the Board office and on the website at www.sjclinics.org Yes No

Please complete the entire Board Packet and submit along with a current CV or resume.



APPLICANT SIGNATURE

8/13/22
DATE

MAIL TO
Clerk of the Board
San Joaquin County Clinics
500 West Hospital Road French Camp, CA 95231

OR EMAIL TO THE CLERK OF THE BOARD AT
mjallen@sjgh.org

If you have any questions, please call the Clerk of the Board Office at (209) 468-7837.



SAN JOAQUIN COUNTY CLINICS
BOARD OF DIRECTORS

APPLICATION ADDENDUM

Membership on the San Joaquin County Clinics (SJCC) Board, by federal regulation, requires the majority of the members be patients of the clinic system and that collectively, members adequately represent the demographics of patients served in terms of race/ethnicity, gender and economic status. This information is required in order to accept an application for board membership, and incomplete applications will not be considered.

Gender (Select one): FEMALE

Race (Select one): AMERICAN INDIAN OR ALASKA NATIVE ~~none~~ neither

Ethnicity (Select one): HISPANIC OR LATINO ~~none~~ neither

For prospective board members who are clinic patients:

Have you obtained medical care from San Joaquin County Clinics within the previous 2 years?

Yes No

If yes, at what clinic are you a patient? (Check all that apply):

- Family Medicine Clinic, French Camp
- Primary Medicine Clinic, French Camp
- Healthy Beginnings, French Camp
- Healthy Beginnings CA St, Stockton
- Family Practice Clinic CA St, Stockton
- Children's Health Services CA St, Stockton

I agree and understand that my potential board membership publicly identifies me as a patient of San Joaquin County Clinics. Any and all other health information regarding my medical care at SJCC remains protected and confidential. I, therefore, accept this disclosure, and do not hold the SJCC responsible for this limited disclosure.

Signature

Date

8/13/22

Please note: Service on this board requires annual disclosure of potential conflicts of interest

Samantha Monks

Operations Management

Accomplished professional with extensive experience managing multiple operations and planning and implementing quality improvement initiatives while adhering to corporate standards.

Top-performing professional; capable of administering all front-line duties, as well as organizing and prioritizing tasks within time and budgetary constraints. Proven success monitoring health care administration functions, delivering transformational programs, increasing revenue potential, and coordinating tasks in challenging environments. Strong management skills, with proficiency in maintaining professional demeanor while maintaining consistency to facilitate routine operations. Regularly utilizes problem solving, multitasking, and communication skills to support objectives of organization.

Areas of Expertise

- Operations Management
- Fee for Service & Cap Models
- Performance Enhancement
- Quality & Cost Control
- HEDIS/ CMS Requirements
- Practice Transformation
- Cross-functional Collaboration
- Issue Identification & Resolution
- Leadership & Team Support

Career Experience

Adventist Health Lodi Memorial, CA
Director Of Operations

Apr 2018 – Present
Nov 2020 – Present

Own control over end-to-end management of routine operations of 5 ambulatory clinics along with 15 providers. Maximize clinic operations success and monitor and corrected a revenue capture and office billing process. Administer provider compensation and billing identify and corrected a broken system. Exercise leadership by directing team to enhance overall productivity. Ensure 100% timely delivery of payment to provider by devising clear market wide strategy. Eliminate potential inaccuracies by identifying issues and providing corrective solutions. Play integral role in managing health plan relationships and enhancing overall performance.

- Directed all operational aspects of market strategy to achieve key objectives.
- Monitored 2M in budget and ensured turnover rate stayed below 5% by executing tasks during global pandemic.

Practice Administrator

Apr 2018 – Nov 2020

Led to improve performance in system wide ranking quality data. Supported providers and associates by implementing continuous process improvement initiatives. Maximized revenue and patients' satisfaction by formulating and executing market wide Annual Wellness Visit program for Medicare plans. Successfully ranked Gold Status for 2020 with American Heart Association for diabetic care and hypertensive care.

- Reached 75th percentile and receiving 2nd position in system in a year through utilization of EHR process.
- Accomplished system goals for HEDIS performance while earning \$750,000 in additional value-based compensation.

Hill Physicians Medical Group, CA
Practice Transformation Facilitator

Feb 2007 – Apr 2018

Facilitated in 20 independent provider practices by implementing online population health management tool to meet HEDIS and CMS benchmarks and increase revenue in value-based payment programs. Served as a liaison, educator, and valuable supporter to fulfil company driven initiatives.

- Participated in CMS program and presented transformation work in primary care to CMS.

Education

Bachelor of Science in Community Health Education
California State University Sacramento, Sacramento, CA

Dec 2006

CEO Report – Previous 60 Days

- SJ Health is one of 19 health centers nationwide serving on the NACHC LAL Task Force
- Planning/contracting stage for doc-on-demand service
- Feeder pipelines for RN/MA programs exist but now new PA/pharmacy/SW/nutrition student programs (UOP)
- Relationship building with new SJGH CEO/CFO (Dignity Health MSA)
- Manteca reopening – includes dental; vision services modeling in flight
- Lodi site search underway
- Awareness growing – SJ Health recognized by BOS with NHCW Proclamation
- Recent hiring: HR, RCM, Community Engagement/Public Relations
- Strategic plan implementation
 - Three-year plan; Total effort: 74 projects with 14 project owners

