



10100 Trinity Parkway, Suite 100, Stockton, CA 95219
SJ Health Board of Directors Agenda
Tuesday November 29, 2022, 5:00 p.m.

- | | | |
|--|---|----------------|
| 1. Call to Order & Establish Quorum | | Rod Place |
| a. Call to Order & Establish Quorum | | |
| b. SJ Health Board of Director’s Attendance Record (Oct 2022) | | |
| 2. Consent Agenda | * | Rod Place |
| a. Approval of Minutes SJ Health Board Meeting from 10/25/2022 | | |
| b. Approval of Meeting Date Changes for 2023 | | |
| i. Quality & Finance on 5/22 | | |
| ii. Quality & Finance on 7/24; Board meeting on 7/25 | | |
| iii. Quality & Finance on 10/23; Board meeting on 10/24 | | |
| iv. Quality & Finance on 12/18; Board meeting on 12/19 | | |
| 3. Public Comment (3 minutes/speaker) | | General Public |
| 4. Credentialing & Privileging Report | * | Angela Ayala |
| 5. Quarterly Quality Committee Report | * | Angela Ayala |
| 6. Presentation of October Financials | * | Kris Zuniga |
| 7. Legislative Update and Grant Proposal Approvals | * | Jeff Slater |
| 8. Board Training (Required & Additional Services) | | Susan Thorner |
| 9. CEO Report | | Farhan Fadoo |
| 10. Adjournment of Board Meeting | | Rod Place |

***Action Item**

Next Meeting Date: December 28, 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	AU	AU	P		
Heck, Brian	Yes	2019	P	P	P	P	P	P	P	P	P	P		
Hernandez, Jessica	Yes	2021	P	P	P	P	P	P	AU	AE	AU	AU		
King, Cynthia	No	2021	P	P	AE	P	P	P	AE	P	P	P		
Lee, Karen	No	2021	P	P	P	P	P	P	P	P	P	P		
Medina, Esgardo	Yes	2020	P	P	P	AU	AU	AE	AU	AU	P	AU		
Monks, Samantha	No	2022									P	P		
Moreno, Jodie	No	2022				P	P	P	AE	P	P	P		
Place, Rod	Yes	2010	P	P	P	P	P	P	P	P	AE	AE		
Pua, Bernadette	No	2021	AU	P	AU	P	P	AE	P	AE	AU	P		
Shinn, Kristin	No	2022						P	P	P	P	P		
Taylor-Godfrey, Tarsha	No	2022					P	P	P	P	P	P		

CODE P = Present

Code AE = Absence Excused

CODE AU = Absence Unexcused

Minutes of October 25, 2022 San Joaquin Health Centers Board of Directors

Board Members Present: Dr. Farhan Fadoo (CEO); Monica Fuentes; Brian Heck (Vice Chair); Cynthia King; Karen Lee; Jodie Moreno; Samantha Monks; Bernadette Pua; Kristin Shinn; Tarsha Taylor-Godfrey

Excused Absent: Rod Place (Board Chair)

Unexcused Absent: Jessica Hernandez; Esgardo Medina

SJHC Staff: Michael Allen (Board Clerk); Angela Ayala; Dr. Jonathon Diulio; Barbara Kissinger-Santos (Consultant); Rajat Simhan (Consultant); Jeff Slater (Consultant); Alice Soulligne (COO); Kris Zuniga (CFO)

Guests:

AGENDA ITEM	ATTACHMENTS	ACTION
<p>1. <u>Call to Order (Brian Heck)</u> The meeting was called to order at 5:02 p.m. A quorum was established for today's meeting.</p>	2022 Board Member Attendance	No action required
<p>2. <u>Approval of Consent Agenda (Brian Heck)</u> The following items were approved under the consent agenda for October 2022: a. Board Minutes from 9/27/22 b. HR Policies (X5)</p>	Board Minutes 2022-09-27; Employee Grievance Policy; Equal Employment Opportunity; Non-Harassment Policy; Recruitment and Selection	Monica motioned to accept the consent agenda and Cynthia seconded; motion was approved unanimously
<p>3. <u>Public Comment</u> none</p>	No attachment	No action required
<p>4. <u>Credentialing & Privileging Report (Angela Ayala)</u> Initial appointments are Lindsey Allen, PA; Maria De La Paz, PA; Cynthia Flores, PA. Reappointments are Rowena Korobkin, MD; Aaron Simko, MD.</p>	2022-October-Credentialing-Packet	Kristin motioned to accept credentialing for the initial appointments and Bernadette seconded; motion approved unanimously
<p>5. <u>Presentation of Financials (Kris Zuniga)</u> Billable visits for September are favorable to budget by 100 visits. Net Patient Service Revenues for September are favorable to budget by \$13,562. YTD financials reflect a PPS reconciliation liability accrual of \$75,000. YTD Medi-Cal payments for \$728,689 have been reflected on the Balance Sheet for FY2018 and FY2019 according to the payment plan with DHCS. YTD Income Statement includes interest expense of \$68,214 for PPS liability payments made to DHCS for FY2018 and FY2019. YTD financials include funds transferred for \$2,882,611 to San Joaquin County as a payment for payroll and benefits paid by San Joaquin County on behalf of SJ Health through August 2022. Medi-Cal cost settlement payments for \$667,770 related to PPS reconciliations for FY2020 are reflected on the YTD financials. YTD Supplemental Revenue includes the recognition of estimated Quality Incentive Program revenue for \$3,841,886. Combined Grants Revenue includes revenues for Behavioral Health Integration, Discovery Challenge Academy, SOR2, Enhanced Care Management and American Rescue Plan</p>	CFO Presentation – 2022-09; Finance Narrative – 2022-09	Cynthia motions to approve the report and Samantha seconded; motion was approved unanimously

<p>(ARP) grants for \$1,794,993. Also, YTD 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 in July. Capitation and Managed Care Incentives include the Capitation Revenue with a favorable variance to budget by \$58,506. Also, Other Income includes the 340B Pharmacy Program revenue for \$352,795 and the program related expenses for \$118,435 are included in Supplies & Other Expenses categories on the financials. YTD Other Revenue includes revenues accrued for \$176,058 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 \$1,209,334.</p> <p>YTD Salaries and benefits expenses exhibit a favorable variance to budget by \$824,298. Other operating expenses exhibit an unfavorable variance of \$1,531,368 largely due to Purchased Services with a favorable variance of \$237,924 mainly offset by unfavorable variance in Professional Fees, Supplies, Interest, Depreciation, and Other Expenses for \$1,769,292. An estimated expense for the Purchased Services is recorded from July through September based on the MOU.</p> <p>Unaudited, as presented, Net Income of \$662,027 on a year-to-date basis is favorable compared to budget by \$502,264.</p> <p>Capital Link benchmarks were reviewed, showing Operating Margin at 4% against a goal of >3%, Bottom Line Margin at 5% against a goal of >3%, Days Cash on Hand at 72 against a goal of >45 days, Days in Net Patient Receivables at 41 against a goal of <60 days, and Personnel-Related Expenses at 66% against a goal of <70%.</p>		
<p>6. <u>Sliding Fee Scale and Associated Policy Approval (Kris Zuniga)</u> Sliding fee scale changes and associated policy changes will bring SJ Health into alignment with HRSA requirements. No changes to patient experience are expected, as the policy notes cash discount to match current highest tier.</p>	<p>2022 SJHC Sliding Fee Discount Policy – Monthly Income 09.01.2022; SJHC Fiscal Policies 2022-10</p>	<p>Jodie motioned to approve the new sliding fee scale and associated changes to SJ Health fiscal policy and Samantha seconded; motion was approved unanimously</p>
<p>7. <u>Board Training (Susan Thorner)</u> Deferred to next month, due to heavy October agenda.</p>	<p>No attachments</p>	<p>No action required</p>
<p>8. <u>Review Forms 5A, 5B, 5C, Outreach & Needs Assessment (Jeff Slater/Rajat Simhan)</u> HRSA requires scope of project for SJ Health’s operations that address where services are provided, what services are provided, who provides services, geographic location serviced, and who will receive these services. All of these are living documents and represented in HRSA’s electronic handbook. Additional services noted as behavioral health, substance abuse, and podiatry.</p> <p>Needs Assessment and Outreach efforts were reviewed for educational purposes. SJ Health’s needs assessment is in-</p>		<p>Cynthia motioned to approve Forms 5A, 5B & 5C and Jodie seconded; motion was approved unanimously</p>

<p>line with the County's findings. Mental health, access to care, and stable employment remain concerns of highest priorities.</p>		
<p>9. <u>Board Membership Votes (Brian Heck)</u> With the recommendation of the Governance Committee, the Board voted to renew membership for Cynthia King, Karen Lee, and Bernadette Pua for an additional 3 years each.</p>	<p>No attachments</p>	<p>Cynthia motioned to renew Bernadette's term and Kristin seconded; motion was approved unanimously</p> <p>Jodie motioned to renew Cynthia's term and Kristin seconded; motion was approved unanimously</p> <p>Kristin motioned to renew Karen's term and Cynthia seconded; motion was approved unanimously</p>
<p>10. <u>CEO Annual Report (Farhan Fadoo)</u> Connect2Care project launching on 11/1/22 to help reduce inappropriate ED presentations.</p> <p>Manteca will be reopening in December of 2022. We are actively pursuing locations for the new Lodi clinic. Having accepted federal funding, we are now obligated to open this clinic by October 2023.</p> <p>Quality staff are making a hard push to close gaps in our HEDIS/QIP measures.</p> <p>Letter of Intent has been sent to the state informing them that we plan to pursue the Alternative Payment Model (APM). This will allow more flexibility in how we provide and are paid for services.</p> <p>SJ Health is working to develop a PPS rate for the mobile clinic.</p>	<p>CEO Report 10252022</p>	<p>No action required</p>
<p>11. <u>Adjournment</u> There being no further topics of discussion, Brian Heck adjourned the meeting at 6:16 p.m.</p>	<p>No attachments</p>	<p>No action required</p>
<p>12. <u>CLOSED SESSION (Barbara Kissinger-Santos)</u> As this was a closed session to address employee issues and the Clerk of the Board is an SJ Health employee, no notes were taken.</p>	<p>No attachments</p>	<p>No action required</p>

**INITIAL APPOINTMENTS
NOVEMBER 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	Deborah Battaglia, MD	Emergency Medicine	Graduated: University of Michigan, Ann Arbor Residency: Washington University in St. Louis, Barnes-Jewish Hospital Board Certified: AB of Emergency Medicine	N	N/A	Provisional	CRED: 11/08/2022 CC: 11/18/2022 Board: 11/29/2022	CVO
Initial	Clayton Benson, MD	Emergency Medicine	Graduated: Ross University School of Medicine Residency: San Joaquin General Hospital	N	N/A	Provisional	CRED: 11/08/2022 CC: 11/18/2022 Board: 11/29/2022	CVO

**INITIAL APPOINTMENTS - ALLIED HEALTHCARE PRACTITIONERS
NOVEMBER 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	Harry Point Du Jour, NP	Nurse Practitioner	Walden University: May 2019 AANP: Family Nurse Practitioner	N/A	N/A	Provisional	CRED: 11/08/2022 CC: 11/18/2022 Board: 11/29/2022	CVO

**RESIGNATIONS
NOVEMBER 2022**

Name	Reason for Resignation:	Effective Date of Resignation
Janani Sankaran, MD	Relocation	Jan-23

Deborah Battaglia 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.

CREENTIALS 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:

11/01/2022

CREENTIALING 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

11/08/2022

Date

CREENTIALING 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: 11/18/2022

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: _____

Clayton Benson 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:

11/01/2022

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

11/08/2022

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: 11/18/2022

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: _____

Harry Point Du Jour _____ 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.

CREENTIALS 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:

11/01/2022

CREENTIALING 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

11/08/2022

Date

CREENTIALING 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: 11/18/2022

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: _____

2022 QUARTERLY QUALITY REPORT

September - November

1. Department Updates

- Recruitment of two positions to support outreach.

2. Department Work Updates

- Gap Closure Clinics
 - Continuing Gap Closure Clinics based on provider availability
 - Weekly Thursday Pap Clinics
- Clinic Team Engagement Efforts
 - Monthly quality improvement sessions
 - Pediatrics – Well Care Visits, Developmental Screenings, Weight Assessment and Counseling
 - Adult Medicine – BMI Screening and Follow-up, Tobacco Use Screening and Cessation, Advance Care Planning
 - Introduction of Cologuard
 - 1:1 Education sessions with clinicians
- 2-week Sprints with Clinic Operations
 - Closing gap with emphasis on Women's Health
- Reporting
 - Provider Level Reporting
 - Quality Incentive Program PY5 Performance Dashboard
 - Provider Specific Scorecards

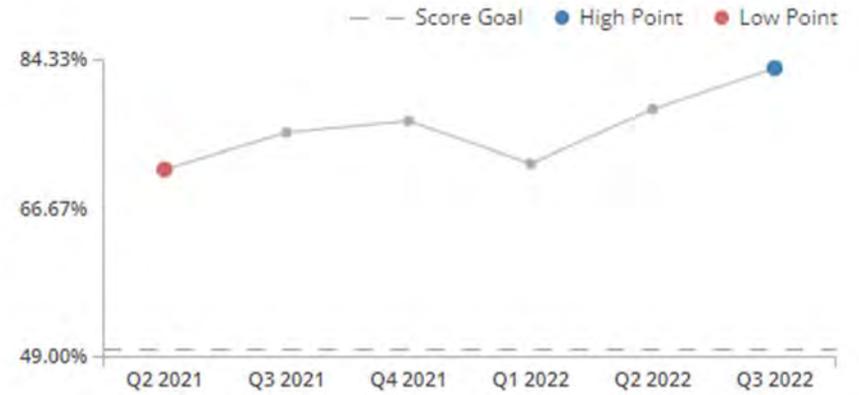
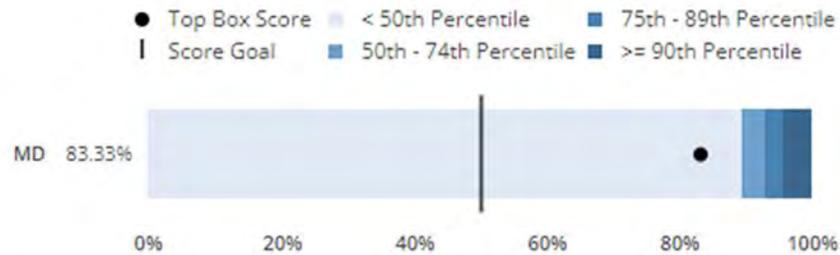
3. Ongoing Efforts

- Affinity Project
- Outreach
 - Well Care Visits
 - Colorectal Cancer Screenings
- Providing feedback to our clinical teams

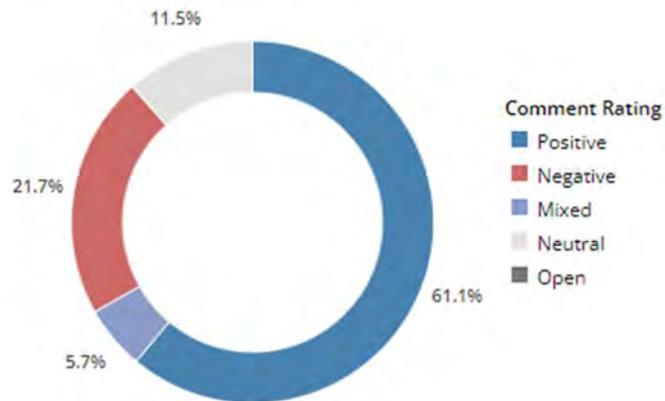
4. Patient Satisfaction

Service Line Performance ⓘ

CAHPS Rate 0-10



Comment Distribution ⓘ



5. Overall Performance Updates

- HPSJ-HEDIS Performance Comparison

Measure	Measure Desc	Denominator	50th Percentile	August Score	October Score	Status Change
BCS	Breast Cancer Screening	2,242	53.93%	42.14%	46.65%	4.51%
CBP	Controlling High Blood Pressure	2,492	56.00%	47.03%	53.09%	6.06%
CCS	Cervical Cancer Screening	9,752	60.00%	44.51%	48.24%	3.73%
CHL	Chlamydia Screening in Women	1,031	55.00%	54.65%	59.75%	5.10%
CIS	Childhood Immunization Status - Combo 10	529	39.00%	36.40%	38.56%	2.16%
COL	Colorectal Cancer Screening	6,477	38.59%		24.52%	24.52%
EED	Eye Exam for Patients With Diabetes	2,133	51.36%	30.92%	40.79%	9.87%
HBD	Hemoglobin A1c Control for Patients With Diabetes - HbA1C Poor Control > 9.0	2,133	43.19%	51.49%	42.71%	-8.78%
IMA	Immunizations for Adolescents - Combo 2	555	37.00%	33.81%	36.58%	2.77%
KED	Kidney Health Evaluation for Patients With Diabetes	2,111	TBD	16.04%	25.44%	9.40%
LSC	Lead Screening in Children	531	72.00%	72.08%	72.88%	0.80%
PPC	Prenatal and Postpartum Care - Postpartum Care	713	77.00%	66.25%	71.53%	5.28%
PPC	Prenatal and Postpartum Care - Timeliness of Prenatal Care	713	86.00%	83.22%	83.03%	-0.19%
W30	Well-Child Visits in the First 30 Months of Life - Age 15 Months - 30 Months	533	71.00%	60.61%	63.04%	2.43%
W30	Well-Child Visits in the First 30 Months of Life - First 15 Months	291	55.00%	41.72%	46.39%	4.67%
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - BMI	5,604	76.64%	34.39%	46.04%	11.65%
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - Nutrition	5,604	70.11%	34.90%	52.50%	17.60%
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - Physical Activity	5,604	66.18%	35.63%	54.87%	19.24%
WCV	Child and Adolescent Well-Care Visits	10,779	46.00%	24.83%	41.19%	16.36%

SAN JOAQUIN HEALTH CENTERS CFO PRESENTATION

Kris Zuniga
Chief Financial Officer
Presentation Date: 11/29/2022



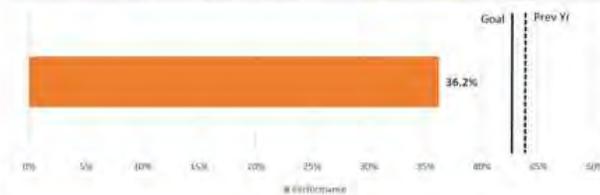
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- HPSJ Membership Assignments
- SJHC Billable Visits
- SJHC Income Statement
- SJHC Balance Sheet
- SJHC Accounts Receivable Aging Analysis
- EMMI Patient Payments
- SJHC HRSA Financial Metrics
- Capital Link: Key Financial Metrics
- Capital Link: FQHC Benchmarks Vs SJ Health

Health Plan of San Joaquin Membership Assignments Calendar YTD As Of October 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	44,707	16,193	19,224	43.00%	36.2%

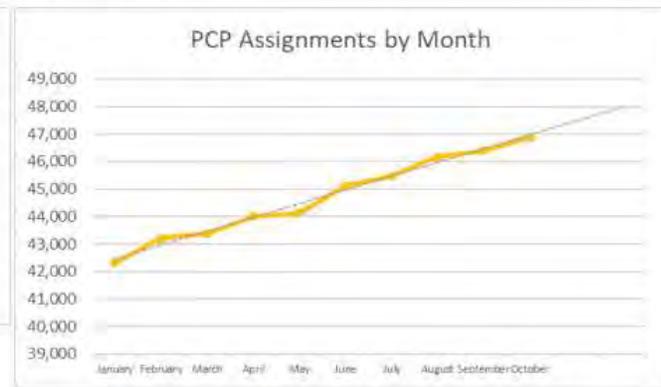


Panel Metrics for San Joaquin Health Centers

Average Panel Size	44,707
Current Month Panel Size	46,881
Calendar YTD Panel Seen Count	16,193
Calendar YTD % Panel Seen	36.2%
Goal to Panel Seen Count	19,224
PCP Claim Count	54,855



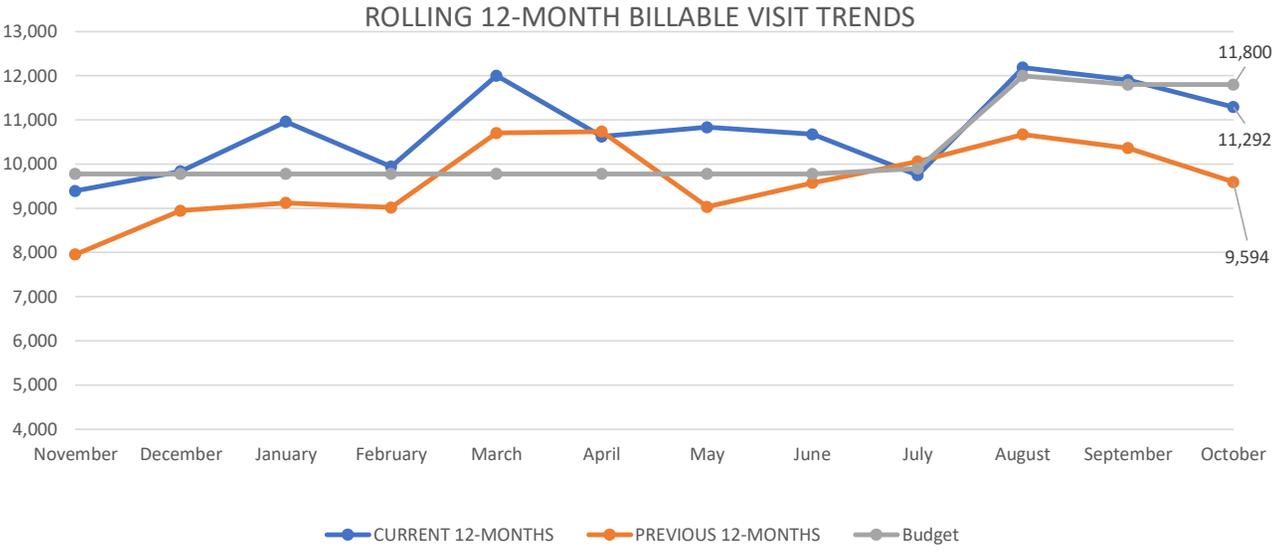
Average Submission Lag: 7.4 Days



Reported by: SJCC Finance Department

Source: HPSJ Capitation Files August 2022, EMMI Inception Report EOM October 2022
As of 11/09/2022

OCTOBER 2022 BILLABLE VISITS – 11,292



Visits By Financial Class	%
Medi-Cal Managed Care	76.57%
Medicare	11.46%
Medi-Cal	9.44%
Self-Pay	1.45%
Commerical	1.07%
Total	100.00%

FY23 Month	Actual	Budget	Variance
Jul-22	9,749	9,900	(151)
Aug-22	12,183	12,000	183
Sep-22	11,900	11,800	100
Oct-22	11,292	11,800	(508)
Total	45,124	45,500	(376)

SJ HEALTH INCOME STATEMENT - OCTOBER 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	1,623,837	1,720,426	(96,590)	6,587,848	6,814,856	(227,008)
Supplemental Revenue	1,037,843	1,214,301	(176,458)	4,879,729	4,645,726	234,002
Capitation & Managed Care Incentives	535,507	511,311	24,195	2,127,946	2,045,245	82,701
Grant Revenue	215,428	305,165	(89,737)	2,010,421	1,220,661	789,760
340B Pharmacy Program	119,769	117,731	2,038	472,563	470,922	1,641
MOU & Other Income	120,750	64,869	55,881	307,043	259,475	47,567
Total Operating Revenue	<u>3,653,133</u>	<u>3,933,803</u>	<u>(280,670)</u>	<u>16,385,550</u>	<u>15,456,886</u>	<u>928,664</u>
Expenditures						
Salaries & Wages	1,075,229	1,765,010	689,781	6,025,889	7,060,042	1,034,153
Employee Benefits	856,703	867,737	11,034	2,979,986	3,470,946	490,960
Professional Fees	437,755	212,464	(225,291)	1,545,448	849,856	(695,591)
Purchased Services	520,895	556,741	35,846	1,953,193	2,226,963	273,769
Supplies	90,819	81,165	(9,654)	443,010	324,662	(118,348)
Depreciation	28,255	23,268	(4,988)	114,033	93,072	(20,961)
Interest	25,983	21,074	(4,909)	104,078	84,294	(19,784)
Other Expenses	376,558	260,314	(116,244)	2,316,950	1,041,257	(1,275,693)
Total Expenditures	<u>3,412,198</u>	<u>3,787,773</u>	<u>375,575</u>	<u>15,482,588</u>	<u>15,151,092</u>	<u>(331,495)</u>
Net Income(Loss)	<u>240,935</u>	<u>146,030</u>	<u>94,905</u>	<u>902,962</u>	<u>305,793</u>	<u>597,169</u>

SJ HEALTH BALANCE SHEET- OCTOBER 2022

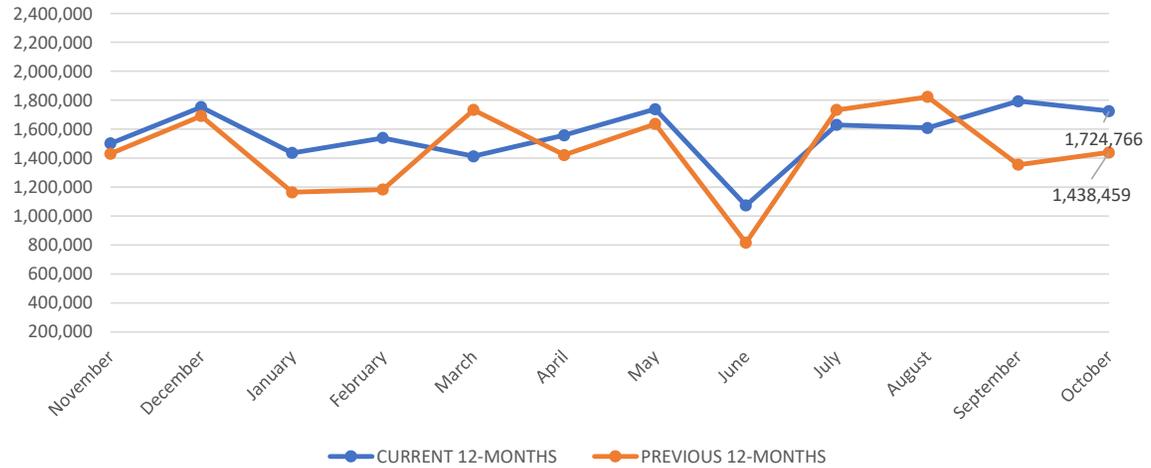
	<u>PERIOD 0</u>	<u>QTR 1 FY23</u>	<u>OCTOBER FY23</u>
Assets			
Cash & Cash Equivalents	6,122,406	9,408,162	7,259,531
Accounts Receivable	2,345,615	2,355,542	2,279,613
Property & Equipment	2,104,304	2,468,901	2,552,083
Other Assets	<u>19,967,448</u>	<u>20,684,500</u>	<u>21,087,046</u>
Total Assets	<u>30,539,773</u>	<u>34,917,104</u>	<u>33,178,273</u>
Liabilities			
Accounts Payable	387,017	447,975	159,678
Other Liabilities	11,943,954	14,083,736	12,082,116
Deferred Revenue	<u>3,111,552</u>	<u>4,626,115</u>	<u>4,727,115</u>
Total Liabilities	<u>15,442,522</u>	<u>19,157,826</u>	<u>16,968,908</u>
Net Assets			
Beginning Net Assets	12,060,224	15,097,251	15,306,403
Current YTD Net Income	<u>3,037,027</u>	<u>662,027</u>	<u>902,962</u>
Total Net Assets	<u>15,097,251</u>	<u>15,759,279</u>	<u>16,209,365</u>
Total Liabilities and Net Assets	<u>30,539,773</u>	<u>34,917,104</u>	<u>33,178,273</u>

**SJ HEALTH BILLING & COLLECTIONS
A/R AGING - OCTOBER 2022**

SJ Health Centers Accounts Receivable Aging Analysis For the Month of October 2022								
Aging Category	MediCare	MediCal	Commercial	Self Pay	Total Aging This Month	Total Aging Last Month	\$ Increase (Decrease)	% Increase (Decrease)
1-30 Days	257,983	1,959,333	39,704	10,761	2,267,781	2,273,980	(6,199)	-0.27%
31-60 Days	153,036	273,776	27,580	11,501	465,892	422,929	42,963	10.16%
61-90 Days	126,738	246,106	22,808	11,076	406,728	314,825	91,903	29.19%
91-120 Days	63,606	179,192	16,937	6,793	266,527	248,364	18,163	7.31%
121-180 Days	163,955	226,455	40,899	5,018	436,326	400,476	35,850	8.95%
181-240 Days	175,239	180,967	33,085	3,802	393,092	317,651	75,442	23.75%
241-270 Days	56,725	33,437	4,072	637	94,872	80,520	14,352	17.82%
271-365 Days	102,997	27,614	9,953	591	141,155	94,254	46,900	49.76%
366 Days & Over	36,058	29,140	62,355	(209)	127,344	117,886	9,458	8.02%
	25%	69%	6%	1%				
Total FC This Month	1,136,338	3,156,019	257,392	49,970	4,599,719	4,270,886	328,833	7.70%
Total FC Last Month	1,009,204	2,964,548	241,334	55,800	4,270,886			
\$ Increase (Decrease)	127,134	191,471	16,058	(5,830)	328,833			
% Increase (Decrease)	12.60%	6.46%	6.65%	-10.45%	7.70%			
Monthly Management Summary								
	Beginning	Charges	Payments	Adjustments	Ending			
October Activity	4,270,886	3,465,392	(1,724,766)	(1,411,793)	4,599,719			
A/R Days Analysis								
	October	September	August	July	June	May	April	Increase (Decrease)
Gross A/R Days	43	45	50	48	46	34	36	(2)
Net A/R	2,279,613	2,249,883	2,284,006	2,085,467	2,239,955	1,725,999	1,803,835	29,730
Net A/R Days	41	41	49	43	47	33	36	(0)

OCTOBER 2022 EMMI PAYMENTS POSTED - \$1,724,766

ROLLING 12-MONTH TRENDS - CASH COLLECTED

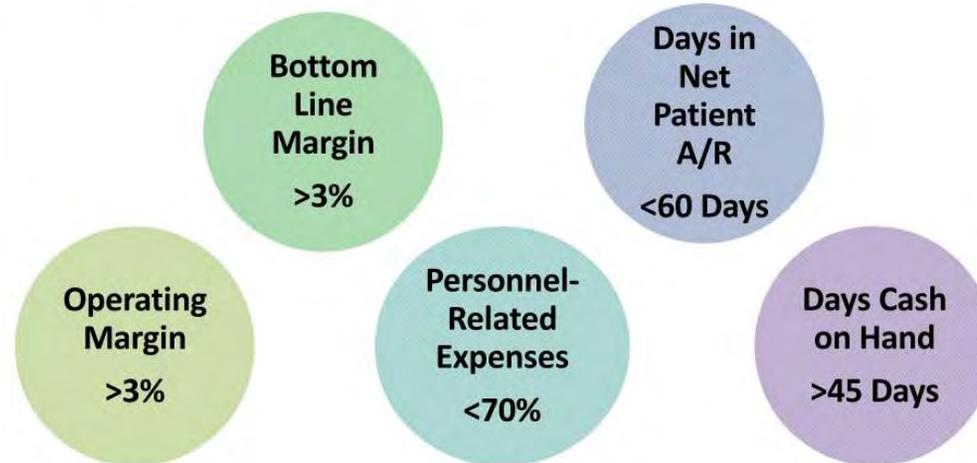


FY23 Collections by Financial Class	%
Medi-Cal Managed Care	80.23%
Medi-Cal	13.83%
Medicare	5.26%
Commercial	0.36%
Self-Pay	0.32%
Total	100.00%

SJ Health HRSA Financial Metrics

Financial Metric	FY2021	FY2022	1ST QUARTER FY2022	OCTOBER 2022	Cummulative FY2023
Total Cost Per Unique Patient	\$ 1,098	\$ 1,315	\$ 786	\$ 431	\$ 851
Medical Cost per Medical Visit	\$ 274	\$ 309	\$ 359	\$ 303	\$ 345

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%	6%
2 Bottom Line Margin As a % of Operating Revenue	>3%	6%
3 Days Cash on Hand	>45 Days	58
4 Days in Net Patient Receivables	<60 Days	41
5 Personnel-Related Expense (PRE) As a % of Operating Revenue	<70	69%

QUESTIONS & ANSWERS





San Joaquin Health Centers
Financial Statement Comments

October 2022

Summary of Clinics Year to Date

Billable visits for October were under budget by 508 resulting in a Net Patient Service Revenue actual-to-budget unfavorable variance of \$96,590.

Supplemental Revenue was under budget by \$176,458 in the month of October due to a YTD adjustment of \$202,321 based on the most current information received on QIP distribution.

YTD Supplemental Revenue includes the recognition of estimated Quality Incentive Program revenue for \$4,879,729. Combined Grants Revenue includes revenues for Behavioral Health Integration, Discovery Challenge Academy, SOR2, Enhanced Care Management and American Rescue Plan (ARP) grants for \$2,010,421. Also, YTD 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 in July. Capitation and Managed Care Incentives are trending higher than budget with a favorable variance of \$82,701. MOU and other income include YTD rent revenue from SJGH for \$47,130 related to the Manteca clinic respectively offset by rent expense as recommended by the auditors. Total YTD Operating Revenue is favorable to budget by \$928,664

YTD Salaries and benefits expenses exhibit a favorable variance to budget by \$1,525,113 mostly due to lower than budget salaries and benefits for SJGH providers and employees providing services for the clinics. Other operating expenses exhibit an unfavorable variance of \$1,856,608 largely due to Purchased Services with a favorable variance of \$273,769 mainly offset by unfavorable variance in Professional Fees, Supplies, Interest, Depreciation, and Other Expenses for \$2,130,378. An estimated expense for the Purchased Services is recorded from July through October based on the MOU. Total YTD expenditures are unfavorable to budget by \$331,495.

Unaudited, as presented, Net Income of \$902,962 on a year-to-date basis is favorable compared to budget by \$597,169 PFS payment issues update: EMMI has now access to the payment information needed to post payments to patients' accounts. Days in AR expected to decrease.

October cash balance decreased by 2,147,631 The negative change is mostly due to:

- Reimbursement paid to the county for three September payroll periods
- Prior months' SST payments were processed in October, and AP payments higher than average in October.

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.
- FY23 Balance Sheet incorporates the final results for FY21 per the financial statement audit.



**San Joaquin Health Centers
Board of Directors Meeting
November 29, 2022**

GRANTS UPDATE

SJ Health has had a successful last few months of grant seeking. The table below provides a a brief summary of the grants SJ Health was awarded in the last month.

It is important to note that all of these grants are fully aligned with SJ Health’s mission of improving the health and well-being of San Joaquin County’s diverse population.

Funder	Purpose	Grant Award	Grant Period	Project Lead
Exact Sciences	To improve rates of colorectal cancer screening among SJ Health patients ages 45-75 years.	\$75,000	Nov. 1, 2022 – Apr. 30, 2024	Jonathon Diulio, MD
California Department of Public Health	To support a COVID-19 Test-to-Treat program in San Joaquin County. COVID testing and treatment will be available at SJ Health’s French Camp , Manteca, and Stockton sites, and at various points in the community through its mobile services targeting vulnerable underserved populations including agricultural workers, geographically isolated communities, lower income neighborhoods, and homeless populations.	\$999,958	Nov. 1, 2022 – Aug 31, 2023	Joan Singson
Kaiser – Permanente	Support of SJ Health’s mobile health services and its efforts to improve access to health care and health insurance for	\$200,000	Dec. 1, 2022 – Nov. 30, 2024	Joan Singson

	the low-income population of San Joaquin County.			
Funder	Purpose	Grant Award	Grant Period	Project Lead
Health Plan of San Joaquin	To support a quality improvement pilot project focused on increasing SJ Health performance on twelve specific high priority HEDIS measures identified by HPSJ. The project aims to reach approximately 1,400 HPSJ members during the grant period and close approximately 4,200 HEDIS measure “gaps in care”.	\$130, 613	Nov. 1, 2022 – Dec. 31, 2022	Angela Ayala
Heluna Health	Continued support of SJ Health’s Pregnancy Connections Program – an open access prenatal clinic serving pregnant women who are homeless, using substances, and/or have been diagnosed with syphilis.	\$108,105	- Jul. 31, 2023	Lauren Brown – Berchtold, MD
Public Health Institute	To expand screening for adverse childhood experiences (ACES) among all SJ Health patients and improve access to community-based services for patients screening positive. This is a collaborative project among SJ Health, the Child Abuse Prevention Council (CAPC), Health Net, and Health Plan of San Joaquin.	\$431,622 SJ Health is using approximately \$196,000 of these funds to subcontract with CAPC for care management services for patients screening positive.	Sep 1, 2022 – Nov 30, 2023	Patricia Apolinario, MD
TOTAL		\$1,945,298		

SJ Health is very thankful to these funders. With these funds, SJ Health will be able to fully or partially fund the salaries of more than twenty employees or contractors needed to implement the proposed projects. These individuals range from physicians to health informatics personnel to case managers to health ambassadors to medical assistants and others. SJ Health will also be

able to purchase, fuel, and maintain two cargo vans for use in mobile health services and equip two exam rooms at its soon opening Manteca Health Center.

If these projects achieve their objectives, the health and well-being of SJ Health's patients and others in San Joaquin County will greatly benefit from improved colorectal cancer screening among adults aged 45-75; improved access to therapeutics for individuals with COVID; enhanced access to health services for individuals facing transportation or other barriers to getting to SJ Health's fixed site health centers; improved performance by SJ Health on a variety of HEDIS measures including cervical cancer screening, breast cancer screening, well child visits, pediatric immunizations, depression screening and followup, and controlled blood pressure for patients with hypertension; a reduction in cases of congenital syphilis and improved birth outcomes among pregnant homeless substance users; and significantly enhanced screening for adverse childhood experiences and services for patients screening positive.

November 29, 2022

Board of Directors
San Joaquin Health Centers

Dear Board Members:

Retroactive Approval of Grant Application to California Department of Public Health for Reimbursement for Monkeypox (MPX) Administration and MPX Vaccine Outreach/Education

RECOMMENDATION

It is recommended that the Board of Directors:

Retroactively approve the grant application to California Department of Public Health (CDPH) for the grant period July 1, 2022 through June 30, 2023.

REASON FOR RECOMMENDATION

CDPH has made approximately \$1.5 million available to reimburse Community Based Organizations (CBOs) for MPX vaccine administration expenses incurred between July 1, 2022 and October 26, 2022 and for retrospective or prospective MPX vaccine outreach/education efforts. FQHCs and FQHC Look-Alikes with 501(c)3 tax exempt status are considered CBOs.

Under guidance from San Joaquin County Public Health, SJ Health has been administering MPX vaccines in homeless shelters through its mobile health services. It administered 34 MPX vaccines between July 1, 2022 and October 26, 2022 and continues to administer them at homeless shelters.

SJ Health became aware of this funding opportunity in mid-November and determined that this funding will support previously conducted and currently planned MPX related activities. With applications due by November 16, SJ Health prepared and submitted the application and is now seeking retroactive approval by the Board of Directors.

FISCAL IMPACT

The total amount of this award could be as much as \$21,578 to SJ Health for the period July 1, 2022 through June 30, 2023. It will provide funding for administering the 34 MPX vaccines and for retroactive and planned MPX vaccine outreach/education efforts. The outreach/education funding may only be spent on personnel directly involved in administering the vaccine or outreach/education.

ACTIONS TO BE TAKEN FOLLOWING APPROVAL

If selected for funding, SJ Health's CEO will execute the contract with CDPH. SJ Health will then implement the grant in accordance with the funder's requirements.

Sincerely,



11/22/2022

Farhan Fadoo, MD
Chief Executive Officer
San Joaquin Health Centers

Date

San Joaquin Health Required & Additional Services

**Susan Thorner, MHSA
Training Resources Network, Inc.
November 29, 2022**

Learning Objectives

- ▶ To understand BPHC's requirements re required & additional services as well as Board authority;
- ▶ To understand the significance of Form 5A;
- ▶ To understand how the services may be provided; &
- ▶ To understand what is considered a required service, an additional service & a specialty service; &
- ▶ What needs to be documented.

BPHC Requirements re Required & Additional Services

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

BPHC Requirements re Required & Additional Services

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

Demonstrating Compliance

▶ ***A health center would demonstrate compliance with these requirements by fulfilling all of the following:***

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

Demonstrating Compliance

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

Related Considerations

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

Scope of Service

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

Required Services Include

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

Required Services Include

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

Additional Services Include

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

Specialty Services Include

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

Resources

- ▶ Most recent Form 5A
- ▶ HRSA Service Descriptors for Form 5A
<https://bphc.hrsa.gov/sites/default/files/bphc/programrequirements/scope/form5aservicedescriptors.pdf>
- ▶ Health Center Self-Assessment Worksheet for Form 5A
<https://bphc.hrsa.gov/sites/default/files/bphc/programrequirements/scope/form-5a-self-assessment-review.pdf>



▶ Questions?

CEO Report – Previous 30 Days

- Connect2Care – soft-launched 11/1 with great early success; scaled rollout to follow earnest marketing effort
- SJ Health Manteca – working with DHCS to receive MC enrollment letter; received confirmation from A&I that legacy PPS rate will resume; opening date TBD
- SJ Health Lodi – site identified; in design work with architect to land terms of lease with landlord
- QIP – pushing hard in Q4 to end CY22 strong; PY5 QIP concessions proposal to DHCS being advanced by CAPH/SNI
- CA DHCS – Awaiting DHCS response to SJ Health/Foley submission re: mobile enrollment
- Direct SJ Health Employment – Board-approved recruitment policy has been implemented; contractor conversions in progress; net new hires successfully onboarding with first payroll processed in mid-November
- Recent/Pending Recruitments: Quality, Legal/Regulatory, Outreach, Nursing, Growth/Strategy, Ops, BI/Analytics
- Strategic plan implementation
 - Three-year plan; Total effort: 74 projects with 14 project owners

