



**San Joaquin County Clinics (SJCC)  
Minutes of May 28, 2019  
Board Meeting**

**San Joaquin General Hospital  
Conference Room 1**

**Board Members Present**

Rod Place (Chair)

Mike Baskett

Bradley Seng (non-voting member)

Alicia Yonemoto (Vice-Chair)

Esgardo Medina

Luz Maria Sandoval (Treasurer)

Mary Mills

**Board Member(s) Excused Absence**

Alvin Maldonado

**Board Member(s) Unexcused Absence**

Ismael Cortez (Secretary)

**San Joaquin County Staff Present**

Chuck Wiesen

David Culberson

Adel  Gribble

Art Feagles

Betty Jo Riendel

Dr. Farhan Fadoo

Greg Diederich

**Guest(s) Present**

Ron Some (WIPFLI)

Rathmony Van

**1. Call to Order**

The meeting was called to order at 5:05 p.m. by Mr. Rod Place (Chair).

**2. Introductions**

Mr. Chuck Wiesen introduced Mr. Ron Some with Wipfli who is one of the trainers for the FQHC Board Member Training on June 8<sup>th</sup>. Ms. Rathmony Van introduced herself as a guest observing the Board Meeting as part of her internship program.

**3. Public Comments**

There was no public comment.

**4. Approval of Minutes of April 30, 2019 Board Meeting**

Ms. Alicia Yonemoto made a motion to approve the minutes of the April 30, 2019 meeting. Mr. Esgardo Medina seconded the motion. The Board unanimously approved the minutes.

**5. Consent Calendar (Chuck Wiesen)**

Mr. Chuck Wiesen advised based on a request from the board a few months ago, he has grouped the below items under the Consent Calendar so the board could vote on all topics at one time.

Each of the below topics fall under the Consent Calendar which requires approval by the board. If the board has any objection, a topic can be struck from the approval.

a. Fee Schedule Additions

Mr. Chuck Wiesen presented the new fee schedule as shown in the Director's Report. These are new fees that we need to add to our Charge Master. He would like the board's approval for the beginning of the codes for enabling services.

b. Accept Sunlight Giving Foundation Grant

Mr. Chuck Wiesen advised Sunlight Giving Foundation Grant presented us with \$75,000 last year and they are giving us \$75,000 for another year. We have spent approximately half of the funds last year for an ultrasound and probe for Manteca Clinic. We are looking at hiring navigators at each site to make sure patients are getting into services (mostly non-medical services, etc.).

c. Change in Scope add Podiatry

Mr. Chuck Wiesen advised we have already hired the Podiatrist so we need to do a change in scope to HRSA to add Podiatry as a direct service for us. The podiatrist won't be starting until July. This change in scope will be one of the qualifying events. Anything we do this year won't qualify because you need about six months of prior wage data to support the fact that you have the service. Mr. Wiesen stated HRSA has a new mechanism in the audit investigations that they check to see if you have added the services in the past year.

Mr. Rod Place asked if we have the ability to trigger a qualifying event every year. Mr. Wiesen responded we must wait until we get our permanent rates into effect before we can ask for one. This coming year is the apt opportunity to ask for it. Mr. Wiesen advised we could trigger it simultaneously but don't have to ask for it until later in the year. You are dealing with the Feds in terms of doing the change in scope to get them qualified; you are dealing with the State Medi-Cal office in terms of doing the change in scope to add it to your Medi-Cal scope triggering event. The permanent rate is supposed to be set by June 2019. We have not gotten the response back from the State and it is hinged on the audit of the hospitals Cost Report and the allocation that get allocated to the FQHC. We anticipate it will be added within the next month.

Mr. Place asked how long we will need to have Podiatry on board so that it triggers a qualifying event. We don't have to file with Medi-Cal to ask for the new rate change until November.

Mr. Art Feagles stated the cut off date is 150 days after the start of the new Fiscal year. It is not every year because statutorily there is a three-year waiting period. After the 150-days, you make your application; the State has 90-days to respond to that. When they accept your petition and access your final rate, it is retroactive to the beginning of the fiscal year that you applied. You would not do this again for three years unless there were extraordinary circumstances. The triggering event is not the only cost factor that is reviewed, it is all your costs within the fiscal year in which your triggering event occurs.

d. Manteca Clinic Extended Hours

Mr. Chuck Wiesen advised the Manteca Clinic is looking at extending their hours until 9PM, Monday through Friday. Mr. Rod Place asked if an analysis has been done to justify the need to extend the hours. Mr. Wiesen advised evening hours are very popular and another thought is to promote a type of urgent care instead of patients using the Emergency Department. No analysis has been done showing the reason behind the decision. Mr. David Culberson asked if there is an important time relative to the rate setting base cost year that this needs to be done this evening absent of any information at all. We would like this board to have adequate information to say this is a good idea or if there is a deadline for us to get this done by July 1<sup>st</sup>.

It was suggested possibly doing a trial run of a few days a week instead of Monday through Friday. The board also agreed they liked the idea of using this clinic as an urgent care facility. **The consensus was to strike the Manteca Clinic Extended Hours topic from the Consent Calendar pending further analysis and information.**

Ms. Mary Mills made a motion to approve the consent Calendar to include the following items only: Item a – Fee Schedule Additions; Item b – Sunlight Giving Foundation; Item c – Change of Scope Add Podiatry. Mr. Mike Basket seconded the motion and the board unanimously approved the motion. The Director will bring back a report on the reasoning for item d to extend the hours at Manteca Clinic.

## **6. Committee Reports**

### **a. Finance Committee (Rod Place)**

Mr. Rod Place advised if the PRIME dollars are applied to the clinics for this fiscal year, the finance team believe the clinics will be in the positive. They are working together on putting together a report that has that added as the bottom line. San Joaquin General Hospital's CFO (Mr. Chris Roberts) can work with the County Administrator (Ms. Monica Nino) to have a meeting with the Board of Supervisors to explain the benefits of PRIME dollars and how that impacts the clinics and to show what will replace the PRIME dollars when it goes away.

#### **i. April Financials (Art Feagles)**

Mr. Art Feagles did not have anything to add regarding the financials that were presented to the Finance Committee earlier today. Mr. Place advised it is a little tough for Mr. Feagles as he is given the numbers for these reports two days before he has to produce a report to the Finance Committee meeting with no real background information into it. There are efforts underway to get into the software to try and get it where it will produce data. Mr. Feagles advised he has a specific objective with Mr. Roberts to get this right for this fiscal year by June 30 closing.

Mr. Feagles has received the original cost allocation formula that was done in 2015. We know it is outdated and it is urgent that we study and revise it. In the long run this will benefit both the hospital and the FQHC. Overall, this year will be more positive than its forecast. With the recognition of the contribution the FQHC makes to PRIME incentive monies is very significant. It not only supports the argument that not only is it a community value on a stand-alone basis but also financially a winner.

### **b. Quality Committee (Alicia Yonemoto)**

Ms. Alicia Yonemoto reported on the Quality Committee meeting that met this afternoon at 3PM. Alicia advised they established good guidelines that can be addressed on a quarterly basis. This will ensure we are moving forward with quality care and service. Because of Cerner's availability to the patient through the Patient Portal, we can also track follow ups and get patients to come back. We are also going to address patient wait times, providing patients with the choice of waiting for their provider, see another provider or reschedule. Mr. Rod Place advised there will be many great measurements and opportunities to improve for the clinics and the hospital.

## **7. Board Discussion & Action Items**

### **a. Credentialing Report (Betty Jo Riendel)**

Ms. Betty Jo Riendel provided the credentialing report to the committee. Ms. Riendel advised we are asking the board to vote on the appointments of new providers for Dr. Oza and Dr. Sankaran in Family Medicine. Question was brought up as to whether Dr. Oza is assigned to Family Medicine or Obstetrics. Dr. Fadoo advised Dr. Sankaran is in Family Medicine and Dr. Oza is an OB fellow in Family Medicine. Ms. Adelé Gribble will send to the board with corrections. The reappointments and advancements were also presented to the board for approval.

Mr. Esgardo Medina made a motion to approve the credentials and privileges with corrections, Ms. Alicia Yonemoto seconded the motion and the board unanimously approved the motion.



b. Strategic Plan (Chuck Wiesen)

Mr. Chuck Wiesen presented his Strategic Plan to the board. He advised this is intended to accomplish two things: The Feds were looking in the HRSA site visit for a Strategic Plan and by going through this exercise and coming out with a decision out of the options selected in here, we will accomplish the HRSA objective of a Strategic Plan of addressing Financial Capital Expenditure needs and to carry on from the last board meeting in which it was discussed about triggering a new rate.

*Advantages:*

- *Positive Mission driven focus staff*
- *Well-motivated staff*
- *Ability to recruit providers as needed*
- *Whole system of Health care encompassing the Primary care providers in the FQHC, the Specialty Physician system of SJGH, the Hospital and all the ancillary services in a single ownership and operation*
- *More demand than currently provided*
- *Historically recognized for serving the low-income community*
- *Positive environment for the funding of care to the uninsured community*
- *Financially stable on the expense side*
- *Opportunity now to set new PPS rates for seven of the eight clinics*

*Significant issues:*

- *Incomplete Reflection Revenue earned (PRIME dollars not initially reflected)*
- *Medi-Cal PPS rates too low*
- *Enabling Services funded separately from FQHC*
- *Overcrowded Space at French Camp*
- *California Street lacks space but most significantly parking*
- *Cerner Implementation added Costs to Outpatient Services*

*FQHC Costs to include in PPS Rate Setting (Slide 5):*

- *Population Health* 100%
- *Business Informatics* 90-100%
- *Phone Center Costs* 70%
- *Accounting Staff* 2.0 FTE's
- *Coders* 7.0 FTE's
- *Billers* 9.0 FTE's
- *IT Staff* 1.0 FTE
- *OCA's* 2.0 per provider

Mr. Wiesen proposed adding the Child Advocacy Center to the FQHC which is doing primarily Primary Care but they also do forensic medicine as some part of their services.

Mr. Chuck Wiesen advised he would bring back his proposed numbers as there were discrepancies in the Profit & Loss spreadsheet provided.

There were several FQHC services options proposed as noted below:

Immediate Additions, FY2020

- *Psychiatry* All locations
- *LCSW* All locations
- *Podiatry* All locations
- *Chiropractic* All locations
- *Acupuncture* All locations

Mr. Culberson asked if we have credentialed chiropractors ready to go at all locations. Mr. Wiesen explained we would need to do it sometime during the year in 2019. He is suggesting we go with Podiatry, Chiropractic and Acupuncture as our triggering events. The podiatrist is ready to start after July 1<sup>st</sup>. The above is a budget proposal.

The other additions could be done later.

Additions, FY2021 or later

- Dental Hygienist
- Dentist
- Physical Therapy
- Occupational Therapy
- Cardiology
- Endocrinology

Clinic Rates are shown below:

<u>Clinic</u>	<u>Location</u>	<u>Current PPS Rate</u>	<u>Current Cost/Visit</u>	<u>Re-alloc. Cost/Visit</u>
➤ Primary Medicine Clinic (PMC)	French Camp	\$158.26	\$193.62	\$221.07
➤ Family Medicine Clinic (FMC)	French Camp	\$183.40	\$201.88	\$239.04
➤ Healthy Beginnings (HBF)	French Camp	\$306.14	\$393.79	\$468.44
➤ Children's Hlth Service (CHS)	Stockton – CA St	\$232.59	\$194.71	\$199.43
➤ Healthy Beginnings (HBC)	Stockton – CA St	\$249.52	\$305.31	\$673.51
➤ Family Practice Clinic CA	Stockton – CA St	\$292.11	\$377.58	\$264.16
➤ Hazelton	Stockton – Hazelton	\$166.60		\$420.63
➤ Manteca	Manteca	\$166.60		\$462.55
➤ Child Advocacy Ctr (CAC)	French Camp			\$946.66

Recommendations:

Progressive Changes to implement in FY2020:

- Cost-Adjust all sites for rate setting
- Add New Services – Podiatry, chiropractic and acupuncture to all sites
- Calculate and shift actual FQHC costs of other departments (slide 5 noted above) to the FQHC financials
- Increase provider productivity by five more visits/day
- Add 340B Contracted Pharmacy
- Identify and correct dropped charges for improved reporting to HPSJ to earn incentive payments
- Target managed capitated patients to be seen and not lose capitation payments back to Medi-Cal
- Evaluate re-locating California Street Clinics to new site in 2021

Recommendations for FY2021:

- Convert our model to increased Mid-levels – two mid-levels/provider
- Grow space and providers to spread the same overhead costs over more visits
- Consolidate French Camp Clinics into one clinic

Mr. Rod Place asked what data supported Mr. Wiesen choosing acupuncture and chiropractic. Mr. Wiesen advised it is something done very easily without great expense to the clinics, it is very obtainable. Mr. Culberson asked if this is something needed for our patient population. Will patients use these services? Mr. Wiesen advised both acupuncture and chiropractic services are tied to pain management and are often used. Medi-Cal will pay for these services.

After reviewing the Strategic Plan, the board unanimously chose to delay voting on this agenda item until next meeting.

## 8. Operational and Staff Reports

### a. FQHC Clinic Operational Report (Chuck Wiesen)

Mr. Chuck Wiesen provided his Director's Report for May 28, 2019 to the committee which was reviewed mostly under Section 5 above.

### b. UDS Annual Report (Chuck Wiesen)

Mr. Chuck Wiesen presented the UDS Report to the Board. The column on the left is 2018 data and the column on the right is 2017 so we can compare the two years in terms of numbers. In 2017 we had 31,000 and in 2018 we had 30,360 during the time Cerner was implemented.

Ms. Alicia Yonemoto asked if the Board can be provided with a cheat sheet for abbreviations and acronyms. Ms. Betty Jo Riendel advised we would provide one by next month's meeting.

Mr. Art Feagles advised the point of the UDS is historically HRSA has used it for budgeting and planning. What the UDS has shown over the years are that the FQHC's are extraordinarily successful in reaching the populations they want to reach. HRSA takes the data to Congress and it has been the fundamental basis for continuing funding of FQHCs through Republican and Democratic administrations through the years. The fact that it is generated is good for boards to know and to be aware of what that data is and the significance of it.

c. Board Training (Ron Some/Larry Blitz)

Mr. Ron Some introduced himself again and advised both he and Larry Blitz have done a lot of training with FQHCs. They are bringing their joint experiences to the training on Saturday. They plan on talking about the governance (how this board of directors operate), what are the duties and responsibilities, the way they operate (the meetings and the structure). It will not only be what is currently being done but to go over the ideal models and structures and what would be more effective ways to operate as a board. He advised he will also have some role-playing exercises and plenty of chances to ask questions as well.

The training has been scheduled for Saturday, June 8<sup>th</sup> in Conference Room 1 from 9am until 4:30pm. Adelé Gribble will send a reminder on Friday to all board members.

9. Adjournment and Closed Session Meeting (Board & David Culberson only)

The meeting was adjourned at 6:20 p.m. by Mr. Rod Place.

All Board Members and Mr. Culberson remained to attend a closed session meeting. Minutes for that session will be provided separately.

Next Meeting

The next Board meeting will be held on Tuesday, June 25, 2019 at 5:00 p.m. at San Joaquin General Hospital in Conference Room 1.

Submitted by:

  
\_\_\_\_\_

8-27-19  
Date

RESPECTFULLY SUBMITTED ON BEHALF OF SJCC BOARD BY:  
ADELÉ R. GRIBBLE, OFFICE TECHNICIAN COORDINATOR  
ACS ADMINISTRATION, SAN JOAQUIN COUNTY CLINICS