



San Joaquin County Clinics (SJCC)

Minutes of April 28, 2020
Board of Directors Meeting

San Joaquin General Hospital
Web Conference Call

- BOARD MEMBERS PRESENT: Rod Place (Chairman); Alicia Yonemoto (Vice-Chair); Ismael Cortez (Secretary); Luz Maria Sandoval (Treasurer); Mike Baskett (Board Member); Brian Heck (Board Member); Alvin Maldonado (Board Member); Esgardo Medina (Board Member); Mary Mills (Board Member); Melanie Toutai (Board Member)
BOARD MEMBERS ABSENT/EXCUSED: NONE
SJCC STAFF PRESENT: Dr. Farhan Fadoo (SJCC Executive Director); Tenisha Dunham (SJCC CFO); Betty Jo Rindel (SJCC Nursing Dept Manager); Alice Souligne (SJCC COO); Kristopher Zuniga (SJCC Interim CFO); Rajat Simhan (SJCC Program Manager – Compliance); Jeff Slater (SJCC Grant Writer); Adèle Gribble (SJCC ACS OTC)
SJC LIAISONS PRESENT: Greg Diederich (HCS Director)
GUESTS: Carlos Jimenez (Wipfli Consultant); Susan Thorner (Fiscal Solutions Consultant)

Table with 3 columns: AGENDA ITEM, ATTACHMENTS, ACTION. Row 1: Introduction & Establish Quorum (Rod Place, Board Chair). Row 2: Approval of Minutes of 03/31/20, Emergency Board Meeting of 04/01/20 & Emergency Executive Committee Meeting of 04/08/20 (Rod Place, Board Chair).

AGENDA ITEM	ATTACHMENTS	ACTION
<p>3. <u>Public Comment (General Public)</u></p> <p>There was no public comment.</p>	No Attachments	No Action Required
<p>4. <u>Credentialing Report (Betty Jo Riendel)</u></p> <p>Dr. Fadoo presented the Credentialing Report on behalf of Betty Jo Riendel. For April 2020, there are no new Initial Appointments, one reappointment: Qui Tang, CNM (Certified Nurse Midwife) in the OB/GYN clinic for the next two-year period. All requirements have been met. There are four advancements for April 2020: Dr. Monish Sodhi; Dr. Janani Sankaran; Dr. Anuja Oza and Lorena Behrmann, NP (Nurse Practitioner). All requirements have been met. On the last page there are three recent resignations: Dr. John Krpan in January 2020 and Dr. Dherain Patel and Christine Mitchell, CNM in March 2020. There are no resignations or retirements in April 2020.</p> <p>Esgardo Medina made a motion to approve the credentials and privileges as provided, Mary Mills seconded the motion and the board unanimously approved the motion.</p>	Attachment 4 (Credentialing Report)	Motion to approve the credentialing report – Esgardo Medina, seconded by Mary Mills & unanimously approved by the board.
<p>5. <u>Finance Committee Report (Kris Zuniga)</u></p> <p>Kris Zuniga advised there is a new revenue line represented on our P&L statement labeled Incentives & Pay-For-Performance Revenues. These are quality revenues associated with our Managed Care contract. These are revenues always on the hospital financials but never made to the clinics' financials. There is another new line of revenue below the Net Income Line – Revenues from Supplemental Sources. These supplemental revenues have been a part of the San Joaquin General Hospital revenues for a while but never represented on the clinics' financial statements. They are quality awards administered by our Managed Care Plan; funds sent to the hospital in reward for the works that the clinics are doing.</p> <p>We need to understand there are more revenues than what is being represented here on our income statement but only what is being represented on this statement is attributed to the FQHC work. The rest of the award has to do with the inpatient work. We wanted to give ourselves credit for that and it is on the bottom of the schedule (just above the overhead allocation). It is a more complete picture.</p> <p>Mary Mills asked if this is something that just came into existence or if this is something that we have had for a while. Kris explained this is something that has been a part of our managed care environment for several years, it was just not represented on the clinics' financials.</p> <p>Below are the statements as provided to the Financial Committee.</p>	Attachment 5 (Finance Committee Agenda and Minutes with attachments)	No action required

AGENDA ITEM	ATTACHMENTS	ACTION
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San Joaquin County Clinics
Income Statement
As of February 29, 2020

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Year to Date			
									YTD Actual	YTD Budget	Variance	% Var
Total Visits	9,995	11,085	10,018	11,580	9,453	9,396	13,424	10,686	85,637	71,120	14,517	20.4%
Billable Visits	9,436	10,386	9,516	10,788	8,938	8,923	12,849	10,282	81,118	66,980	14,138	21.1%
Patient Revenue												
Medicare	236,056	297,379	380,364	292,588	318,258	318,833	533,369	832,521	3,209,368	1,237,872	1,971,496	159.3%
Medi-Cal Fee-for-Service	205,608	219,088	282,602	390,358	226,521	233,111	592,998	769,477	2,919,763	1,813,940	1,105,823	61.0%
Medi-Cal Managed Care	993,051	2,219,472	2,903,051	2,250,224	1,792,024	1,771,824	3,486,176	5,159,148	19,914,971	11,695,664	8,219,307	70.3%
Insurance	13,134	22,250	25,360	26,099	25,649	23,734	69,409	77,616	283,251	242,767	40,485	16.7%
Self Pay	68,636	68,201	96,780	94,384	68,490	79,545	178,791	267,604	922,431	430,907	491,524	114.1%
Indigent	106	(16)	63	154	193	16	250	190	956	2,192	(1,236)	-56.4%
Gross Patient Revenue	1,456,592	2,826,374	3,088,220	3,053,807	2,431,136	2,427,063	4,860,993	7,106,555	27,250,740	15,423,342	11,827,398	76.7%
Contractual Adjustments	(498,718)	(1,493,673)	(2,292,309)	(2,022,995)	(1,696,396)	(1,698,124)	(3,403,011)	(5,073,430)	(18,178,656)	(7,193,168)	(10,985,488)	-152.7%
Other Allowances	(120,492)	(40,742)	(1,258)	(612)	901	3,442	(0)	(599)	(159,360)	(8,149)	(151,211)	-185.6%
Net Patient Revenue	837,382	1,291,960	794,653	1,030,200	735,641	732,381	1,457,982	2,032,526	8,912,724	8,222,026	690,699	8.4%
Other Revenue												
Incentives & Pay-For-Performance Revenues	50,863	50,863	50,863	50,863	50,863	50,863	50,863	50,863	406,904	0	406,904	#DIV/0!
Capitation Revenue	446,785	451,203	438,369	455,595	443,730	439,413	429,808	426,956	3,531,861	4,299,198	(767,337)	-17.8%
Total Other Revenue	497,648	502,066	489,232	506,458	494,593	490,276	480,671	477,819	3,938,765	4,299,198	(360,433)	-8.4%
Total Net Revenue	1,335,030	1,794,026	1,283,886	1,536,658	1,230,234	1,222,657	1,938,653	2,510,346	12,851,489	12,521,223	330,266	2.6%
Operating Expense												
Salaries	909,780	1,042,139	917,997	1,103,634	849,551	855,631	850,294	967,935	7,496,961	6,501,181	(995,780)	-15.3%
Benefits	455,187	447,909	438,518	436,607	449,805	455,351	822,811	534,035	4,040,223	3,592,170	(448,054)	-12.5%
Total Salaries & Benefits	1,364,967	1,490,048	1,356,515	1,540,241	1,299,356	1,310,982	1,673,105	1,501,970	11,537,184	10,093,351	(1,443,834)	-14.3%
Professional Fees/Registry	69,022	185,386	82,720	108,129	66,503	59,211	34,674	101,000	716,645	504,936	(211,709)	-41.9%
Supplies	69,094	128,143	77,216	125,775	68,804	108,849	73,391	74,422	725,695	687,014	(38,681)	-5.6%
Purchased Services	39,160	56,359	42,011	92,288	41,656	35,859	126,587	131,327	565,248	820,531	255,283	31.1%
Depreciation	22,696	22,687	22,686	22,427	22,426	22,426	19,533	177,306	78,181	(99,125)	(99,125)	-126.8%
Other Expense	33,477	45,971	35,515	29,393	40,215	22,364	48,541	37,838	293,315	234,460	(58,855)	-25.3%
Total Direct Expense	1,598,416	1,928,594	1,596,664	1,918,252	1,538,962	1,589,691	1,978,725	1,866,090	14,015,393	12,418,472	(1,596,921)	-12.9%
Net Income (Loss)	(263,386)	(134,568)	(312,778)	(381,594)	(308,728)	(367,034)	(40,072)	644,256	(1,163,904)	102,752	(1,266,656)	(1232.7%)
Revenues from Supplemental Sources												
Public Hospital Redesign and Incentives in Medi-Cal (PRIME)	1,312,759	1,312,759	1,312,759	1,312,759	1,312,759	1,312,759	1,312,759	1,312,759	10,502,075	0	10,502,075	
Quality Incentive Program (QIP)	572,250	572,250	572,250	572,250	572,250	572,250	572,250	572,250	4,578,000	0	4,578,000	
Overhead Allocation	674,532	813,867	673,792	809,502	649,442	670,850	835,022	787,490	5,914,496	5,240,594	(673,902)	-12.9%
Net Income (Loss) w/ OH Allocation	947,092	936,575	898,439	693,913	926,839	847,126	1,009,915	1,741,775	8,001,674	(5,137,842)	14,487,320	282.0%

Key Ratios

Gross Pt Revenue/Billable Visit	\$ 154.37	\$ 272.13	\$ 324.53	\$ 283.07	\$ 272.00	\$ 272.00	\$ 378.32	\$ 691.16	\$ 335.94	\$ 230.27	\$ 105.67	45.9%
Net Revenue/Billable Visit (excl Oth Rev)	\$ 141.48	\$ 172.74	\$ 134.92	\$ 142.44	\$ 137.64	\$ 137.02	\$ 150.88	\$ 244.15	\$ 158.43	\$ 186.94	\$ (28.51)	-15.3%
Direct Costs/Billable Visit	\$ 169.40	\$ 185.69	\$ 167.79	\$ 177.81	\$ 172.18	\$ 178.16	\$ 154.00	\$ 181.49	\$ 172.78	\$ 185.41	\$ 12.63	6.8%
Indirect Costs/Billable Visit	\$ 71.48	\$ 78.36	\$ 70.81	\$ 75.04	\$ 72.66	\$ 75.18	\$ 64.99	\$ 76.59	\$ 72.91	\$ 78.24	\$ 5.33	6.8%
Total Medical Cost/Billable Visit	\$ 240.88	\$ 264.05	\$ 238.59	\$ 252.85	\$ 244.84	\$ 253.34	\$ 218.99	\$ 258.08	\$ 245.69	\$ 263.65	\$ 17.96	6.8%
Net Income/Loss/Billable Visit	\$ 100.37	\$ 90.18	\$ 94.41	\$ 64.32	\$ 103.70	\$ 94.94	\$ 78.60	\$ 169.40	\$ 98.64	\$ (76.71)	\$ (175.35)	(228.6%)
Total Cost/Patient (1)	\$ 602.20	\$ 660.13	\$ 596.48	\$ 632.13	\$ 612.11	\$ 633.35	\$ 547.46	\$ 645.20	\$ 614.23	\$ 659.12	\$ 44.89	6.8%
Net Pt Rev as % of Gross Rev	57.5%	45.7%	25.7%	33.7%	30.3%	30.2%	30.0%	28.8%	32.7%	53.3%	(20.6%)	-38.0%
Total Net Rev as % of Gross Rev	91.7%	63.5%	41.6%	50.3%	50.6%	50.4%	39.9%	35.3%	47.2%	81.2%	(-94.0%)	-41.9%
Benefits as a % of Salaries	50.0%	43.0%	47.8%	39.6%	52.9%	53.2%	96.8%	55.2%	53.9%	55.3%	1.4%	2.5%
Overhead % of Direct Exp	42.2%	42.2%	42.2%	42.2%	42.2%	42.2%	42.2%	42.2%	42.2%	42.2%	0.0%	0.0%
Gross Patient AR (in 000s)												
Less Reserves (in 000s)												
Net AR (in 000s)												
Wrap AR (in 000s)												
Gross AR Days												
Cash Receipts (in 000s)												

Kris stated if the committee will recall our presentations of previous months, part of our Net Patient Revenues (we see these numbers rising in January and February especially) because we are accruing for visits that we did not have within the PowerWorks Practice Management (PWPM) system and therefore had not recognized revenue before. We are benefiting from those visits finally hitting the system. Part of the \$2 million is the current revenue of 10,000 visits but part of this revenue is due to unaccrued prior revenue. On a total Net Revenue basis that means we are recognizing \$2.5 million, representing the highest amount of revenues in the fiscal year.

AGENDA ITEM													ATTACHMENTS	ACTION
San Joaquin General Hospital-FQHC LAL Clinics Income Statement For the YTD Ending February 29, 2020														
	Children's Health Services (#7080)	Family Medicine (#7092)	Family Practice - Ca (#7093)	Primary Medicine (#7096)	Healthy Beginnings - Ca (#7183)	Healthy Beginnings - French Camp (#7183)	Hazelton Clinic (#7184)	Manteca Clinic (#7185)	FQ Admin	Total	YTD Budget	YTD Variance - Fav (Unf)	% Var - Fav (Unf)	
Total Visits	14,369	15,413	3,757	27,955	7,395	3,512	3,846	9,390	-	85,637	71,120	14,517	20.4%	
Billable Visits	12,970	14,824	3,570	27,052	7,395	3,380	2,799	9,128	-	81,118	66,980	14,138	21.1%	
Productive FTEs (Provider)	3.4	2.4	1.6	10.5	2.0	1.2	1.3	4.6	-	27.0	28.3	1.2	4.3%	
Productive FTEs (Non-Provider)	14.8	15.7	6.9	27.5	13.7	5.8	7.5	13.7	10.2	115.3	105.3	(10.0)	-9.5%	
Total FTEs	18.1	18.0	8.6	37.8	15.7	7.1	8.6	18.3	10.2	142.3	133.6	(8.8)	-6.6%	
Total Hours/Visit	2.93	4.81	1.69	1.97	2.80	2.08	1.66	1.53	-	2.30	1.82	(0.48)	-26.5%	
Patient Revenue														
Medicare	496	633,685	210,633	1,946,074	55,405	40,506	84,090	238,477	0	3,209,368	1,237,872	1,971,497	159.3%	
Medi-Cal	742,346	489,982	38,360	338,699	666,123	198,178	206,847	238,630	0	2,919,763	1,813,940	1,105,823	61.0%	
Medi-Cal Managed Care	4,520,889	3,417,874	821,791	5,622,484	1,804,196	846,257	579,838	2,301,639	0	19,914,971	11,695,664	8,219,307	70.3%	
Insurance	22,083	76,721	26,556	77,017	23,977	23,812	15,862	17,224	0	283,251	242,767	40,485	16.7%	
Self Pay	34,723	261,940	43,537	272,347	86,516	30,451	61,464	131,631	0	922,431	430,907	491,523	114.1%	
Indigent	0	956	0	0	0	0	0	0	0	956	2,192	(1,236)	-56.4%	
Gross Revenue	5,320,537	4,881,158	1,141,297	8,256,621	2,636,217	1,139,204	948,101	2,927,601	0	27,250,740	15,423,342	11,827,397	76.7%	
Contractual Adjustments	(4,011,304)	(5,176,596)	(785,523)	(5,004,999)	(1,922,847)	(697,092)	(559,176)	(2,021,208)	0	(18,178,656)	(7,193,168)	(10,985,488)	-152.7%	
Other Allowances	(3,047)	(6,315)	(1,410)	(9,313)	(1,659)	(1,659)	(66,462)	(39,596)	0	(159,969)	(6,149)	(153,211)	-1855.6%	
Net Patient Revenue	1,306,186	1,698,337	354,263	3,242,409	711,761	440,413	292,464	866,887	0	8,912,724	8,222,026	690,698	8.4%	
Incentives & Pay-For-Performance Revenues	76,833	71,865	18,780	131,583	30,655	16,279	10,836	50,274	0	406,904	0	406,904	0.0%	
Physician Capitation- PMPM	666,896	622,038	163,005	1,142,121	266,077	141,299	94,057	436,367	0	3,531,861	4,299,198	(767,337)	-17.8%	
Total Operating Revenue	2,049,915	2,392,039	536,048	4,516,113	1,008,493	597,991	397,356	1,353,528	0	12,851,489	12,521,223	330,266	2.6%	
Expenses														
Salaries	885,720	821,101	379,366	2,189,976	696,396	345,695	452,647	1,033,264	692,795	7,496,961	6,501,181	(995,780)	-13.3%	
Benefits	490,780	459,829	237,803	999,688	423,628	203,493	309,351	593,206	322,446	4,040,233	3,592,170	(448,063)	-12.5%	
Total Salaries & Benefits	1,376,500	1,280,930	617,169	3,189,664	1,120,024	549,189	761,998	1,626,470	1,015,241	11,537,194	10,093,351	(1,443,833)	-14.3%	
Professional Fees/Registration	25,490	92,180	0	106,020	169,279	9,800	0	0	313,877	716,645	504,936	(211,709)	-41.9%	
Supplies	52,292	150,423	29,072	214,240	65,805	53,574	43,877	70,260	46,353	725,695	687,014	(38,681)	-5.6%	
Purchased Services	28,687	14,869	16,624	779	59,866	40,022	1,140	1,525	402,736	565,248	820,531	255,282	31.1%	
Depreciation	5,167	17,853	1,296	1,188	9,107	19,241	0	99,190	24,264	177,306	78,181	(99,126)	-126.8%	
Other Expense	45,125	18,800	27,012	13,784	31,881	5,561	725	145,656	4,772	293,315	234,460	(58,855)	-25.1%	
Total Expenses	1,533,261	1,575,055	691,172	3,525,674	1,454,961	677,387	807,540	1,943,101	1,807,243	14,015,393	12,418,472	(1,596,922)	-12.9%	
Allocation of Direct Admin Exp	352,853	323,714	75,690	547,571	174,831	75,551	62,877	194,156	0	0	0	0	0.0%	
Total Expenses excl Hosp OH	1,886,114	1,898,769	766,862	4,073,245	1,629,793	752,938	870,417	2,137,256	-	14,015,393	12,418,472	(1,596,922)	-12.9%	
Profit/(Loss) before Hosp OH	163,801	493,271	(230,814)	442,868	(621,300)	(154,946)	(473,861)	(783,730)	-	(1,163,904)	102,752	(1,266,655)	-1232.7%	
Revenues from Supplemental Sources														
Public Hospital Redesign														
Incentives in Medi-Cal (PRIME)	1,983,033	1,849,645	484,699	3,396,125	791,186	420,157	279,680	1,297,549	-	10,502,075	0	10,502,075	0.0%	
Quality Incentive Program (QIP)	864,432	806,286	211,287	1,480,418	344,889	183,152	121,916	565,619	-	4,578,000	0	4,578,000	0.0%	
Overhead Allocation	795,940	801,280	323,616	1,718,909	687,772	317,740	367,316	901,922	0	5,914,696	5,240,594	(673,902)	-12.9%	
Net Income (Loss)	2,215,326	2,347,922	141,556	3,690,502	(172,597)	130,623	(438,781)	177,516	0	8,001,674	(5,137,842)	14,487,321	-212.0%	
Key Ratios														
Net Pt Rev as % of Gross Rev	24.5%	34.0%	31.0%	39.3%	27.0%	38.7%	30.8%	29.6%	0.0%	32.7%	53.3%	-20.6%	-38.6%	
Total Net Rev as % of Gross Rev	38.5%	49.0%	47.0%	54.7%	38.3%	52.5%	41.9%	46.2%	0.0%	47.2%	81.2%	-34.0%	-41.9%	
Benefits as % of Salaries	55.4%	56.0%	62.7%	45.6%	60.8%	58.9%	68.3%	57.4%	46.5%	53.9%	55.3%	1.4%	2.5%	
Overhead % of Direct Expenses	51.9%	50.9%	46.8%	48.8%	47.3%	46.9%	45.5%	46.4%	0.0%	42.2%	42.2%	0.0%	0.0%	
Gross Revenue per Billable Visit	410.22	329.27	319.69	305.21	356.49	337.04	338.73	320.73	0.00	335.94	230.27	105.67	45.9%	
Net Revenue per Billable Visit	158.05	161.36	150.15	186.94	136.37	176.92	141.96	148.28	0.00	158.43	186.94	(28.51)	-15.3%	
Direct Costs/Billable Visit	118.22	106.15	193.61	130.33	196.75	208.41	208.51	212.87	0.00	172.78	185.41	12.63	6.8%	
Indirect Costs/Billable Visit	61.37	54.05	90.65	63.54	93.01	94.01	131.23	98.81	0.00	72.91	78.24	5.33	6.8%	
Total Medical Cost/Billable Visit	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	
Total Cost/Patient [1]	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	
Net Income/Loss/Billable Visit	170.80	158.39	39.65	133.10	(23.39)	36.65	(156.76)	19.45	0.00	98.64	(76.71)	175.35	228.6%	
Payor Mix														
Medicare	0.0%	13.0%	18.5%	23.6%	2.1%	3.6%	8.9%	8.1%	0.0%	11.8%	8.0%	3.8%	46.7%	
Medi-Cal	14.0%	10.0%	3.4%	4.1%	25.3%	17.4%	21.8%	8.2%	0.0%	10.7%	11.8%	-1.0%	-8.9%	
Medi-Cal Managed Care	85.0%	70.0%	72.0%	68.1%	68.4%	74.3%	61.2%	78.6%	0.0%	73.1%	75.8%	-2.8%	-3.6%	
Insurance	0.4%	1.6%	2.3%	0.9%	0.9%	2.1%	1.7%	0.6%	0.0%	1.0%	1.6%	-0.5%	-34.0%	
Self Pay / Indigent	0.7%	5.4%	3.8%	3.3%	3.3%	2.7%	6.5%	4.5%	0.0%	3.4%	2.8%	0.6%	20.7%	
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	0.0%	0.0%	

[1] Average Visits per Patient is 2.5; per a study conducted by the ACS Director

Because we recognized the revenues attributed to by the FQCH for the supplemental revenues we now see that the clinic operations are net contributors of resources to the county and the hospital by a significant amount, almost \$1 million a month.

AGENDA ITEM	ATTACHMENTS	ACTION
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Our financial picture is only going to get better when our PPS rate (which is the basis of our reimbursement) is finalized. The work that we have done with the State of California indicates our PPS rates will be much higher than the interim rate. We will earn more for each Medi-Cal associated visit than we have seen in the past. All of our financials are considered interim until we have the final PPS rate. They have agreed to give us those rates by May 29th so we will know for five of our clinics what our final PPS rate will be and all of our financials will improve as a result.

We see improvement in reporting for our Aging Analysis. Once again, we see an improvement in reporting. For the first time, both Patient Financial Services (PFS) and EMMI (our outsource collection company) are represented on one schedule.

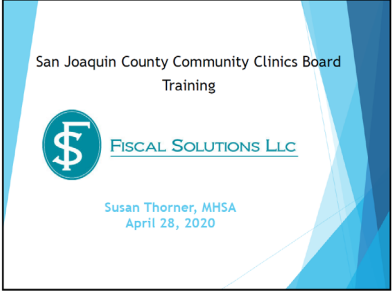
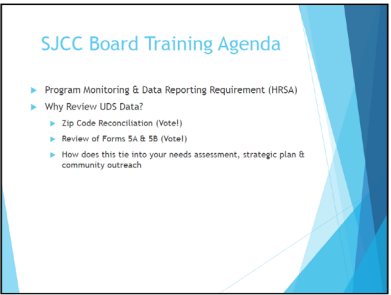
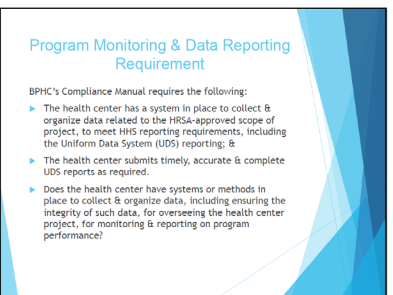

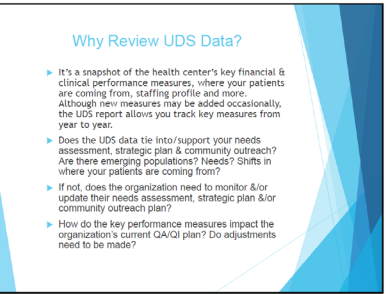
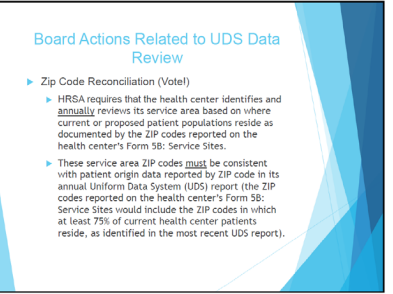
PFS Accounts Receivable Aging Analysis For SJCC For the Month of February 2020								
Aging Category	MediCare	MediCal	Commercial	Self Pay	Total Aging This Month	Total Aging Last Month	\$ Increase (Decrease)	% Increase (Decrease)
DNFB	0	0	0	0	0	3,039,599	(3,039,599)	-100.00%
1-30 Days	1,142,493	2,812,291	351,536	87,884	4,394,204	1,960,219	2,433,985	124.17%
31-60 Days	372,422	916,732	114,591	28,648	1,432,393	1,021,888	410,505	40.17%
61-90 Days	260,787	1,652,977	184,867	5,489	2,104,120	659,402	1,444,718	219.10%
91-120 Days	284,299	1,207,814	128,089	10,201	1,630,403	744,076	886,327	119.12%
121-180 Days	624,080	2,200,145	231,452	21,796	3,077,473	991,985	2,085,488	210.23%
181-240 Days	314,164	721,892	102,685	28,802	1,167,543	538,935	628,608	116.64%
241-270 Days	119,285	101,505	18,313	9,950	249,053	244,218	4,835	1.98%
271-365 Days	427,763	333,209	80,828	37,932	879,732	684,466	195,266	28.53%
366 Days & Over	293,235	(458,861)	16,895	43,374	(105,357)	606,573	(711,930)	-117.37%
Total FC This Month	3,838,528	9,487,703	1,229,257	274,076	14,829,565	10,491,362	4,338,202	41.35%
Total FC Last Month	2,578,439	7,118,725	568,408	225,790	10,491,362			
\$ Increase (Decrease)	1,260,089	2,368,978	660,849	48,286	4,338,202			
% Increase (Decrease)	48.87%	33.28%	116.26%	21.39%	41.35%			
Monthly Management Summary								
	Beginning A/R Balance	Gross Services Billed	Disallowances/ Discounts	Payments	Adjustments	Ending A/R Balance		
February Activity	10,491,362	9,203,406	(1,627,128)	(2,197,619)	(1,040,456)	14,829,565		
PFS Key Performance Indicators for SJCC								
	February	January	December	November	October	September	August	Increase (Decrease)
Gross A/R Days	106	121	121	114	123	139	153	7
Net A/R	5,121,559	2,500,641	3,006,647	2,967,642	2,990,493	2,960,862	3,078,429	39,005
Net A/R Days	88	100	120	106	114	119	125	14

Medicare business under PFS collections is very concerning. Medicare only makes up 10% of our visits but it is making up much more than 10% of our open Account's Receivables. Medicare becomes unpayable after twelve months of the date of service.

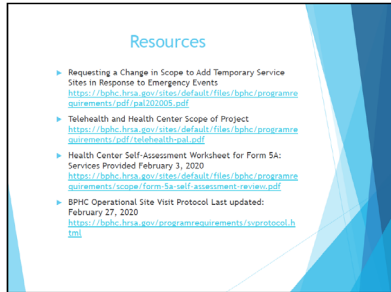
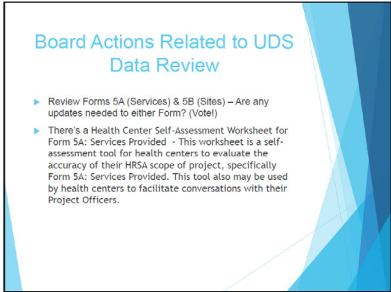
AGENDA ITEM	ATTACHMENTS	ACTION																																																																										
<p>6. <u>Sliding Fee Scale Update (Kris Zuniga)</u></p> <p>Kris Zuniga advised the SJCC management team has proposed adding a component for Nurse Visits to the Sliding Fee Scale (see below):</p> <div style="border: 2px solid black; padding: 10px; margin: 10px 0;"> <p style="text-align: center;">Sliding Fee Scale for San Joaquin County Clinics</p> <p style="text-align: center;">2020 Federal Poverty Level Based on Monthly Income by Family Size</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #92D050;">Office Visit</th> <th style="background-color: #92D050;">\$30 Nominal Fee</th> <th style="background-color: #92D050;">\$40 Minimum Fee</th> <th style="background-color: #92D050;">\$50 Minimum Fee</th> <th style="background-color: #92D050;">\$60 Minimum Fee</th> <th style="background-color: #92D050;">\$185 FULL FEE</th> </tr> </thead> <tbody> <tr> <td style="background-color: #ADD8E6;">Nurse Visit</td> <td style="background-color: #ADD8E6;">\$5 Nominal Fee</td> <td style="background-color: #ADD8E6;">\$10 Minimum Fee</td> <td style="background-color: #ADD8E6;">\$15 Minimum Fee</td> <td style="background-color: #ADD8E6;">\$20 Minimum Fee</td> <td style="background-color: #ADD8E6;">\$40 Full Fee</td> </tr> <tr> <td style="background-color: #FFFF00;">Family Size</td> <td style="background-color: #FFFF00;">0-100%</td> <td style="background-color: #FFFF00;">101 - 133%</td> <td style="background-color: #FFFF00;">134 - 150%</td> <td style="background-color: #FFFF00;">151 - 200%</td> <td style="background-color: #FFFF00;">Over 200%</td> </tr> <tr> <td>1</td> <td>\$1,063.33</td> <td>\$1,414.23</td> <td>\$1,595.00</td> <td>\$2,126.66</td> <td>\$2,126.67 and over</td> </tr> <tr> <td>2</td> <td>\$1,436.67</td> <td>\$1,910.77</td> <td>\$2,155.01</td> <td>\$2,873.34</td> <td>\$2,873.35 and over</td> </tr> <tr> <td>3</td> <td>\$1,810.00</td> <td>\$2,407.30</td> <td>\$2,715.00</td> <td>\$3,620.00</td> <td>\$3,620.01 and over</td> </tr> <tr> <td>4</td> <td>\$2,183.33</td> <td>\$2,903.83</td> <td>\$3,275.00</td> <td>\$4,366.66</td> <td>\$4,366.67 and over</td> </tr> <tr> <td>5</td> <td>\$2,556.67</td> <td>\$3,400.37</td> <td>\$3,835.01</td> <td>\$5,113.34</td> <td>\$5,113.35 and over</td> </tr> <tr> <td>6</td> <td>\$2,930.00</td> <td>\$3,896.90</td> <td>\$4,395.00</td> <td>\$5,860.00</td> <td>\$5,860.01 and over</td> </tr> <tr> <td>7</td> <td>\$3,303.33</td> <td>\$4,393.43</td> <td>\$4,955.00</td> <td>\$6,606.66</td> <td>\$6,606.67 and over</td> </tr> <tr> <td>8</td> <td>\$3,676.67</td> <td>\$4,889.97</td> <td>\$5,515.01</td> <td>\$7,353.34</td> <td>\$7,353.35 and over</td> </tr> <tr> <td>Each additional person +8</td> <td>\$373.33</td> <td>\$496.53</td> <td>\$560.00</td> <td>\$746.66</td> <td>\$746.66</td> </tr> </tbody> </table> <div style="margin-top: 10px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #92D050; text-align: center;"> FULL FEE \$185 per visit (\$40 for Nurse Visit) </td> </tr> <tr> <td style="background-color: #FFFF00; text-align: center;"> All above Services- Income Above 200% of Federal Poverty Guidelines or No Proof of Income </td> </tr> </table> <p style="font-size: small; margin-top: 10px;">Source: https://www.federalregister.gov/documents/2020/01/17/2020-00858/annual-update-of-the-hhs-poverty-guidelines Updated 4/7/2020</p> </div> </div>	Office Visit	\$30 Nominal Fee	\$40 Minimum Fee	\$50 Minimum Fee	\$60 Minimum Fee	\$185 FULL FEE	Nurse Visit	\$5 Nominal Fee	\$10 Minimum Fee	\$15 Minimum Fee	\$20 Minimum Fee	\$40 Full Fee	Family Size	0-100%	101 - 133%	134 - 150%	151 - 200%	Over 200%	1	\$1,063.33	\$1,414.23	\$1,595.00	\$2,126.66	\$2,126.67 and over	2	\$1,436.67	\$1,910.77	\$2,155.01	\$2,873.34	\$2,873.35 and over	3	\$1,810.00	\$2,407.30	\$2,715.00	\$3,620.00	\$3,620.01 and over	4	\$2,183.33	\$2,903.83	\$3,275.00	\$4,366.66	\$4,366.67 and over	5	\$2,556.67	\$3,400.37	\$3,835.01	\$5,113.34	\$5,113.35 and over	6	\$2,930.00	\$3,896.90	\$4,395.00	\$5,860.00	\$5,860.01 and over	7	\$3,303.33	\$4,393.43	\$4,955.00	\$6,606.66	\$6,606.67 and over	8	\$3,676.67	\$4,889.97	\$5,515.01	\$7,353.34	\$7,353.35 and over	Each additional person +8	\$373.33	\$496.53	\$560.00	\$746.66	\$746.66	FULL FEE \$185 per visit (\$40 for Nurse Visit)	All above Services- Income Above 200% of Federal Poverty Guidelines or No Proof of Income	<p>Attachment 6 (Sliding Fee Scale for San Joaquin County Clinics)</p>	<p style="color: red;">Motion to approve the updated Sliding Fee Scale – Brian Heck, seconded by Alicia Yonemoto & unanimously approved by the board.</p>
Office Visit	\$30 Nominal Fee	\$40 Minimum Fee	\$50 Minimum Fee	\$60 Minimum Fee	\$185 FULL FEE																																																																							
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<p>Brian Heck made a motion to approve the new Sliding Fee Scale shown above, Alicia Yonemoto seconded the motion and the board unanimously approved the motion.</p>																																																																												

AGENDA ITEM	ATTACHMENTS	ACTION
<p>7. <u>SJCC Co-Applicant Agreement & SJCC Bylaws update (Susan Thorner, Fiscal Solutions)</u></p> <p>Susan Thorner advised she is giving us a brief update in the changes to the co-applicant agreement and bylaws. It was initially listed as two items on the agenda. The second item should have been the second item is training and board education related to some of the HRSA requirements.</p> 	<p>Attachment 7 – San Joaquin County Clinic Changes to Co-Applicant Agreement & Bylaws</p>	<p>Motion to approve the San Joaquin County Clinics Changes to Co-Applicant Agreement & Bylaws – Melanie Toutai, seconded by Alvin Maldonado & unanimously approved by the board.</p>

AGENDA ITEM	ATTACHMENTS	ACTION
<p>Alicia Yonemoto asked for clarification whether board members cannot be employees of the County or the FQCH. Susan confirmed they may not be employees of the FQHC, they can be county employees. Alicia asked if we still have the twenty-four-month separation of board members being on payroll. She stated one of the requirements to be a board member was for them to not have been on county payroll for at least twenty-four months. Susan advised this is not a HRSA requirement, she is not sure if this is a county requirement.</p> <p>Greg Diederich stated the two seats that we are wanting to add are just representative more of the applicant/co-applicant agreement. Alicia wanted to ensure we are not out of compliance with HRSA by adding these two seats for the hospital CEO and SJ County Director of Health Care Services.</p> <div data-bbox="159 558 999 863"> </div> <p>The organizational chart will need to be updated to remove Kris Zuniga as Interim CFO and replace his name with Tenisha Dunham who is now on staff as the new SJCC CFO.</p> <p>Melanie Toutai asked if the hospital CEO and the SJ County Director of Health Care Services are added to the board, since it says no more than one-half of the non-patient board members may derive more than 10% of their annual income from the health care industry, how does this impact her inclusion since she works in the healthcare industry. Susan advised the last time she did the math; she did take Melanie's work experience into account. She advised the board will need to develop a policy defining "the health care industry".</p> <p>Susan advised that now that the County Council and County Administrator has reviewed and approved the above items, the board needs to vote and approve as applicable.</p> <p>Rod Place advised what is voted on here is: there has been a critical change to the FQHC Look-alike that we need to make sure we bring ourselves into compliance. The issue in the past is that the clinic CEO has to report to the hospital CEO because we are under the umbrella of the hospital and that does not comply. Dr. Fadoo will have a direct line to the Board of Supervisors, we are now aligning ourselves to be in line with the County and not under control of the hospital. Susan advised the relationship with the hospital was just too close to the line where the clinic was completely in control of the hospital as opposed to being in partnership with the County as the public entity.</p> <p>Melanie Toutai made a motion to accept the revised Co-applicant agreement and Bylaws as presented. Alvin Maldonado seconded the motion and the board unanimously approved.</p>		

AGENDA ITEM	ATTACHMENTS	ACTION
<p>8. <u>SJCC Bylaws Update (Fiscal Solutions)</u></p> <p>This topic was addressed in Agenda Item # 7 above.</p>	See above.	See above.
<p>9. <u>340B Agreements Update (Rod Place)</u></p> <p>Rod Place advised the clinics had the ability to go after, Walgreens, Capture Rx, Walmart, Safeway and Rite-Aid. In the Emergency Meeting we voted on Walgreens. Dr. Fadoo stated the board voted on April 1st and we are now contracted with Walgreens, Rite-Aid, Walmart and Safeway as the four retail pharmacies and also voted on an agreement with a third-party administrator called Capture Rx. All of those pharmacies have been registered with HRSA. We are on track to receiving 340B revenues as early as July 1, 2020, potentially sooner than that based on some emergency concessions HRSA is making available in the spirit of this pandemic.</p>	No attachments	No action required
<p><u>SJCC Board Training (Fiscal Solutions)</u></p> <p>Susan Thorner wanted to briefly cover the HRSA's program monitoring and data reporting requirement. Rajat Simhan and Jeff Slater will be presenting the UDS trending immediately following this training. There are also some items that will need to be voted upon today Zip Code Reconciliation and Forms 5A & 5B.</p> <div style="display: flex; flex-wrap: wrap; justify-content: space-around;"> <div style="width: 30%; border: 1px solid black; padding: 5px; margin-bottom: 10px;">  </div> <div style="width: 30%; border: 1px solid black; padding: 5px; margin-bottom: 10px;">  </div> <div style="width: 30%; border: 1px solid black; padding: 5px; margin-bottom: 10px;">  </div> <div style="width: 30%; border: 1px solid black; padding: 5px; margin-bottom: 10px;">  </div> <div style="width: 30%; border: 1px solid black; padding: 5px; margin-bottom: 10px;">  </div> <div style="width: 30%; border: 1px solid black; padding: 5px;">  </div> </div>		

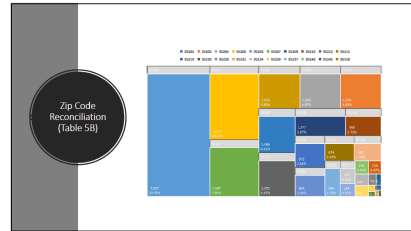
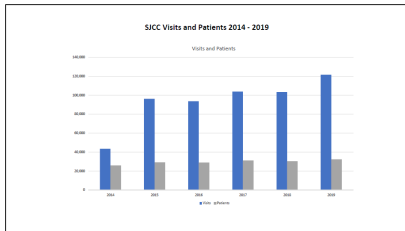
AGENDA ITEM **ATTACHMENTS** **ACTION**



These have been placed on the perpetual calendar so that we stay current on them. The board can vote on these any time there are changes but these tend to get out of control very quickly. Form 5A refers to the scope of services you provide that is in your scope of project and Form 5B is about the service sites that you have.

10. UDS Trending (Jeff Slater / Rajat Simhan)
11. Zip Code Reconciliation (Jeff Slater / Rajat Simhan)

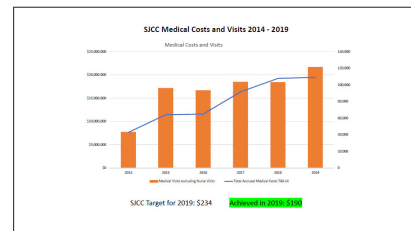
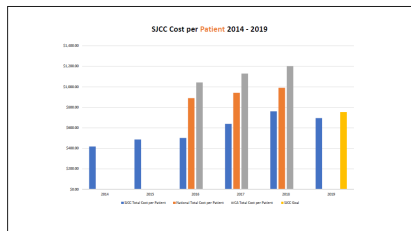
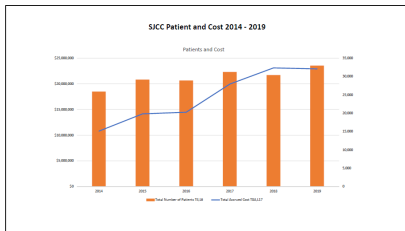
Rajat Simhan presented UDS report as shown below.



SICC Clinical Performance Indicators 2019

Report Period: 01/01/2019 - 12/31/2019

Measure	Denominator	Numerator	Rate (%)	Target (%)	Standard Deviation	Address
ACE Inhibitor	12,204	11,211	91.8%	95%	3.2%	ACE Inhibitor
Beta Blocker	12,204	9,204	75.4%	85%	9.6%	Beta Blocker
Diabetes Control	12,204	11,211	91.8%	95%	3.2%	Diabetes Control
High Blood Pressure	12,204	11,211	91.8%	95%	3.2%	High Blood Pressure
Statins	12,204	11,211	91.8%	95%	3.2%	Statins
Aspirin	12,204	11,211	91.8%	95%	3.2%	Aspirin
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Aspirin	12,204	11,211	91.8%	95%	3.2%	Aspirin




Greg Diederich and Vanessa Anderson used to manage the UDS reporting. Rajat advised that just last year they insured this within Dr. Fadoo's team's wheelhouse. They met with Greg and Vanessa to have a better understanding of the reporting responsibilities.

Attachment 10 – SJCC Board UDS Presentation inclusive of Zip Code Reconciliation

Motion to approve the Zip Code Reconciliation – Alicia Yonemoto, seconded by Ismael Cortez and unanimously approved by the board.

AGENDA ITEM	ATTACHMENTS	ACTION
<p>The first graphs talks about the number of visits and number of patients over a five-year period ending in 2019. We have steadily grown our patient population and our visit population. As of 2019, we had about 120,000 for that particular calendar year.</p> <p>Rajat stated the zip codes published to HRSA (there were about twenty that fall within our service area). Rajat stated we are at approximately 85% of our patients that we are seeing so it is well above the 75% requirement. This will require a vote this afternoon.</p> <p>The Clinical Quality Indicators are trending in terms of how we are doing in some of the quality measures. In the past we presented this every quarter. We have several benchmarks listed here. There are some supplemental funding streams we are tracking performances against. Last year we are at above 33% of the metrics, we did hit our benchmarks. We still have about seventy we have to hit going into 2020.</p> <p>San Joaquin County Clinics has been trending below the national and California cost per patient. EHB allows us to set goals when we input the system. The yellow bar was the goal we set ourselves when we input the data for 2018 and we came below that. We are at \$50 per patient less in terms of cost as of 2019.</p> <p>For the Medical Costs and Visits, we had set a goal of \$234 and we achieved \$190 in 2019. As Susan Thorner expressed earlier, it is important for us to keep tracking all our metrics; clinical, financial and operational. Along with Jeff, it is their intention to keep track of this not only on an annual basis but also bring up trending data on a quarterly basis or a monthly basis.</p> <p>Alicia Yonemoto made a motion to approve the Zip Code Reconciliation as presented above. Ismael Cortez seconded the motion and the Board unanimously approved.</p>		
<p>12. <u>Review Forms 5A & 5B (Jeff Slater / Rajat Simhan)</u></p> <p>Rajat Simhan advised Form 5A speaks about the services provided by San Joaquin County Clinics and which are contracted out. Dr. Fadoo advised there have been no changes since the last time Form 5A has been presented to the Board. We are making a number of changes in response to COVID pandemic so we may introduce some changes later and it will need to be reviewed with the board later.</p> <p>Dr. Fadoo stated there are some service lines we have Column I and Column III arrangements, for example podiatry where we have a podiatrist embedded in our FQHC clinics at one of our sites and we also do refer some of our podiatry care to the hospital or community facilities. It is best practice recommendation to keep this up to date and to review with the board.</p> <p>Esgardo Medina made a motion to approve Form 5A, Mike Baskett seconded the motion and the Board unanimously approved the motion.</p> <p>Form 5B pertains to the service locations and while there are currently no changes, there will be once we close the two clinics in the near future. Brian Heck made a motion to approve Form 5B, Esgardo Medina seconded the motion and the Board unanimously approved the motion.</p>	<p>Attachment 12 – Form 5A and Form 5B.</p>	<p>Motion to approve Form 5A – Esgardo Medina, seconded by Mike Baskett and unanimously approved by the Board.</p> <p>Motion to approve Form 5B – Brian Heck, seconded by Esgardo Medina and unanimously approved by the Board.</p>

AGENDA ITEM	ATTACHMENTS	ACTION
<p>13. <u>CEO Report (Dr. Farhan Fadoo)</u></p> <p>a) Clinic Closures Update (Dr. Fadoo) b) Grant Proposals Update (Jeff Slater – requires approval from SJCC Board)</p> <p>Dr. Fadoo stated a lot of our activities are consumed with the COVID response. We are seeing about a 40% reduction in visit volume (this will be more apparent next month when we look at the statistics).</p> <p style="text-align: center;">CEO Report – Previous 30 Days</p> <ul style="list-style-type: none"> • COVID19 response <ul style="list-style-type: none"> • Roughly 40% reduction in visit volume • Video visits using Zoom; converting to Cerner tele-med platform • Face-to-face visits slowly resuming with active screening measures in place • Flexed off PT staff for expense reduction to mitigate revenue hit • Drive-through testing with Verily Project Baseline started 4/8 • 7 Occupational testing MOUs in place with first responder agencies • Permanent SJCC CFO hired; Tenisha Dunham started 4/27 • Wipfli and DHCS finalizing 5 PPS rates by 5/29 • SJCC/SJGH formal MOU – Fiscal Solutions to send draft this week • Grants activities – heavy COVID/telehealth focus • PRIME DY15-MY extension • Request for extensions to current 1115 waiver programs (? PRIME, ? WPC) have been submitted by DHCS to CMS <ul style="list-style-type: none"> • P4R for DY15-YE • QIP timeline affected by PRIME transition • CalAIM implementation delayed • 4/7 Beilenson Hearing conducted by SJC Board of Supervisors <ul style="list-style-type: none"> • Authorized closure of Manteca and Hazelton sites effective 6/30 • 17 positions deleted • Request for additional information re: transportation options and reassignments for displaced patients (5/19 BOS agenda) • SJCC Management taking operational steps regarding closures <p style="text-align: right;">13</p> <p style="text-align: right;"></p> <p>Dr. Fadoo advised in addition to the above, the homeless population in the county is in dire need of attention with respect to testing and screening at the shelters and at the encampments and our teams have been very heavily involved with that. Last week we started doing testing of the staff at the shelters and we are looking to scale that to the homeless who are coming to these shelters and in the camps. We want to be able to offer widespread testing to everybody regardless of symptoms because we know the homeless population is a very high-risk group for being susceptible to COVID-19 as well as spreading the virus. Dr. Fadoo advised he will have more to report on next month regarding this topic.</p> <p>Dr. Fadoo advised we are very happy and lucky that we were able to hire Tenisha Dunham as our permanent Finance Director / SJCC CFO. We have had the benefit of having Kris Zuniga as our interim CFO for the last four months and he will hopefully be a part of our team going forward providing support.</p>		

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<p>Tenisha advised she is born and raised in the Valley (she lives in Oakdale). She has a Master's in Business Administration with a concentration in finance. She is currently working on her doctorate in Business Administration with a concentration in healthcare administration. She has been a Finance Director and an interim CFO for the last six to seven years. She most recently came from an FQHC which was about the size of San Joaquin County Clinics, so she is very familiar with the challenges FQHCs face. She has worked for the private sector and this will be her first time in the public sector. She is looking forward to the challenges.</p> <p>Dr. Fadoo advised we are expecting our final PPS rates for five of our six sites that will be continuing. They will be finalized by May 29th so we might not have the report by next month's meeting.</p> <p>Kris Zuniga advised we are at the tail end of this process. Wipfli has calculated a best-case and worst-case scenario with regards to these PPS rates. There is every indication we will be very near to the best-case scenario for all five sites. The effect of these PPS rates is far reaching and quite important.</p> <p>Jeff Slater stated we applied for and now need retroactive approval on four grant applications submitted in the last two to three weeks related to COVID-19.</p> <p>The first one was submitted on April 7th for \$125,000 to Health Net. They announced an emergency response funding focused on tele-health capacities support for community health centers. They are going to be funding forty-seven of these grants statewide. You can apply for up to \$125,000, we applied for \$125,000. They wanted us to show we were impacted by the onset of COVID-19 and having significant financial impact. Their objective and goal is to support initiation and expansion of tele-health to improve access to care. We indicated we currently have limited tele-health services and the services we do have aren't integrated with our Electronic Health Record, so it makes it difficult to access patient records/data and also to bill. What we proposed to do with this is to get additional equipment as well as link up to schedule video visits which is integrated within Cerner to allow us to have video visits around primary care, helping people manage their chronic health issues as well as mental health issues. This is emergency funding program, so they are trying to get out the money very quickly. They have not released any of the dollars yet.</p> <p>The Federal Communications Commission announced \$200 million was available. This was an emergency fund we heard about on April 3rd and applications were due April 13th. They are focused on the use of broadband in telehealth. We are trying to support the patient-based internet connective remote monitoring so we can to patients, things that assess patients' blood levels, oxygen, weight, blood pressure remotely so they don't have to come in for an appointment. They will then follow up with a video/phone consult and they don't have to come in directly. This is to keep patients who are vulnerable or at risk. This was a \$380,000 request with funds primarily being used for equipment and services. FCC is primarily focusing in communities that are most highly impacted by COVID. They have already announced three rounds of their grants. They have mostly been to New York, Louisiana, Philadelphia (major cities). The two they have given to California thus far have been in Los Angeles county. We have not heard from them yet; we are still in the queue.</p> <p>Joan Singson has been working within the community around Homeless testings. In her conversations with United Way she was able to speak with them regarding funding to support testing of the homeless. We have submitted a request for \$35,000 to test up to 500 homeless individuals in shelters or other congregate areas. Jeff advised we have not received the funding yet, but it is forthcoming.</p>		

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<p>Jeff advised Joan spoke with Kaiser regarding homeless testing and they agreed to give us \$15,000 to test 200 homeless individuals and/or the staff working with them. We have not received that check yet, but we should be shortly.</p> <p>Alicia Yonemoto made a motion to retroactively approve the four grants that were applied for, Mary Mills seconded the motion and the Board unanimously approved the motion.</p> <p>Dr. Fadoo advised we were granted an extension on our Mid-Year report for PRIME DY15 so rather than being due at the end of March we will report at the end of May. There was a request submitted by DHSC to CMS for an extension on the current 1115 waiver, whether that would extend to all the initiatives, we won't know until later in the year. Part of the request by DHSC to CMS was whether or not we could just get paid on a paid for reporting basis for our DY15-YE.</p> <p>Dr. Fadoo advised at last month's board meeting, we spoke about the Beilenson Hearing that was going to be held by the Board of Supervisors on April 7th. There was a fair amount of public comment about the impact to the community with the closure of these two sites from our staff, patients and the labor unions. There was a fair amount of opposition to the idea of closing the two sites. The BOS proceeded with an authorization of closure, but they did delay by an extra thirty days, mainly due to us being in the middle of a pandemic. The BOS deleted seventeen positions. They did want us to come back with some information about transportation options and reassignments for patients impacted. We will be going back to the BOS in May to identify what is available and what we are doing to reassign patients. Management team is taking all the steps to get those sites ready by the end of June.</p> <p>Dr. Fadoo stated this decision was driven mainly by what was perceived as poor financial performance at those two sites. Rod asked if there is a possibility that the BOS would consider keeping the clinics open given the Financial Report we received this month. Kris Zuniga advised we could be closing the two sites with potentially the highest PPS rates. Rod will be meeting separately with Monica Nino and will report back to the Board next month.</p>		
<p>14. <u>ADJOURNMENT</u></p> <p>There being no further topics of discussion, Rod adjourned the meeting at 7:07 p.m.</p>		<p>No Action Required</p>

Signed by:

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

 Date