



San Joaquin County Clinics  
Board Meeting Agenda  
Tuesday March 29, 2022, 5:00 p.m.

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

Conference ID: 421 643 065#

- |  |   |                            |
|--|---|----------------------------|
| 1. Call to Order & Establish Quorum                              |   | Rod Place                  |
| a. Call to Order & Establish Quorum                              |   |                            |
| b. SJCC Board of Director's Attendance Record (Feb 2021)         |   |                            |
| 2. Approval of Minutes SJCC Board Meeting from 2/23/2022         | * | Rod Place                  |
| 3. Public Comment (3 minutes/speaker)                            |   | General Public             |
| 4. Conflict of Interest Code                                     | * | Dr. Farhan Fadoo           |
| 5. Conflict of Interest Policy                                   | * | Dr. Farhan Fadoo           |
| a. Form 700 Filing Reminder (Due April 1, 2022)                  |   | Michael Allen              |
| 6. Governance Committee  |   |                            |
| a. Board Membership Vote – Jodie Moreno                          | * | Rod Place                  |
| b. Board Training (Prep for Orientation Session #2)              |   | Susan Thorner              |
| 7. Credentialing & Privileging Report – March 2022               | * | Angela Ayala/Tanya Ramirez |
| 8. Quality Committee Report – March 2022                         | * | Angela Ayala/Charson Chang |
| 9. Finance Committee Report – March 2022                         | * | Kris Zuniga                |
| 10. Legislative Update & Grants Approvals – March 2022           |   | Jeff Slater                |
| a. Retroactive Approval of Changes In Scope to HRSA              | * | Jeff Slater                |
| b. Retroactive Approval for CCI Connected Care Accelerator Grant | * | Jeff Slater                |
| 11. UDS Report   |   | Rajat Simhan               |
| 12. CEO Report   |   | Dr. Farhan Fadoo           |
| 13. Adjournment of Board Meeting                                 |   | Rod Place                  |

**\*Action Item**

**Next Meeting Date: April 26, 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 County Clinics (SJCC) at (209) 468-7837 at least 48 hours prior to the start of the meeting. Government Code Section 54954.2(a). Materials related to an item on this agenda submitted to the Board after distribution of the agenda packet are available for public inspection by contacting the SJCC Clerk of the Board at 500 W. Hospital Road, French Camp, CA during normal business hours.**



**SJCC BOARD OF DIRECTORS ATTENDANCE RECORD 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	No	2021	AE	P										
Chang, Charson MD	No	2021	P	P										
Fuentes, Monica	No	2021	UA	P										
Heck, Brian	Yes	2019	P	P										
Hernandez, Jessica	Yes	2021	P	P										
King, Cynthia	No	2021	P	P										
Lee, Karen	No	2021	P	P										
Medina, Esgardo	Yes	2020	P	P										
Place, Rod	Yes	2010	P	P										
Pua, Bernadette	No	2021	AU	P										

CODE P = Present

Code AE = Absence Excused

CODE AU = Absence Unexcused

**Minutes of February 23<sup>rd</sup>, 2022**  
**San Joaquin County Clinics Board of Directors**

**Board Members Present:** Paul Antigua (Board Treasurer); Charson Chang; Dr. Farhan Fadoo (CEO); Monica Fuentes; Brian Heck (Vice Chair); Jessica Hernandez; Cynthia King; Karen Lee; Esgardo Medina; Rod Place (Board Chair); Bernadette Pua

**Excused Absent:** none

**Unexcused Absent:** none

**SJCC Staff:** Michael Allen (Board Clerk); Angela Ayala; Padmaja Magadala; Rajat Simhan (Consultant); Jeff Slater (Consultant); Alice Soulligne (COO); Susan Thorner (Consultant); Kris Zuniga (CFO)

**Guests:** none

AGENDA ITEM	ATTACHMENTS	ACTION
<p><b>1. <u>Call to Order (Rod Place)</u></b> The meeting was called to order at 5:04 p.m. A quorum was established for today's meeting.</p>	No attachment	No action required
<p><b>2. <u>Approval of Minutes from January 24, 2022 (Rod Place)</u></b> Meeting minutes from 1/24/22 were approved unanimously.</p>	Board Minutes 2022-01-24	Karen motioned to approve the minutes and Cynthia seconded; motion was approved unanimously
<p><b>3. <u>Public Comment</u></b> none</p>	No attachment	
<p><b>4. <u>Form 700 Filing (Michael Allen)</u></b> Reminded Board members of 4/1/22 deadline for filing Form 700. Will be sending the form to all Board members via email and let member know to email the Board Clerk if there are any questions or if they need help filling out the form.</p>	Form 700	Board members to file Form 700 via County's eDisclosure program by April 1, 2022
<p><b>5. <u>Review and Approve Sliding Fee Scale for 2022</u></b> Angela presented the new Sliding Fee Scale for review and vote to accept.</p>	No attachment	Paul motioned to approve the 2022 Sliding Fee Scale and Bernadette seconded; motion was approved unanimously
<p><b>6. <u>Board Training (Susan Thorner)</u></b> Next Board orientation will be rescheduled to the beginning of April, with a new Doodle Poll to be sent by Susan.</p>	No attachment	
<p><b>7. <u>Credentialing &amp; Privileging Report (Angela Ayala)</u></b> Dr. Farhan Fadoo was reappointed as Med Staff and CVO; Dr. Harris-Stancil was reappointed, to be handled by SJGH</p>	Credentialing & Privileging Report – February 2022	Brian motioned to approve reappointment of Dr. Fadoo and Cynthia seconded; motion was approved unanimously
<p><b>8. <u>Quality Committee Report (Padma Magadala/Charson Chang)</u></b> Reviewed clinical performance indicators and compared data from 2021 Q2 and Q2. All metrics showed improvement with the exceptions of Pediatric Immunizations, Tobacco Screening, CVD Lipid Therapy, IVD Aspirin Therapy, and Colorectal Screening. Currently meeting goals and seeking to maintain/increase measures for Pediatric Immunizations, Pediatric BMI Screening, IVD Aspirin Therapy, and HIV Linkage to Care.</p> <p>PDSA efforts were noted in pediatric measures, including immunizations and prenatal/postpartum care. Pilot program will track and determine optimal number of calls to mothers for postpartum care. HPSJ is incentivizing patients for receiving prenatal and postpartum care, in addition to many other visit types.</p>	Quality Committee Report – February 2022	Cynthia motioned to accept the Quality Committee Report and Monica seconded; motion was approved unanimously

<p><b>9. Finance Committee Report (Kris Zuniga, SJCC CFO)</b>          Billable visits for January are favorable to budget by 1,181 visits. YTD visits have been updated on the December financials due to an updated report received for the additional visits (1,602 visits) that were not captured in the previous months. Additional Patient Revenues have been recorded accordingly. This new methodology has no impact on patient collections. Net Patient Revenues for January are \$285,748 greater than budget. YTD financials reflect a PPS reconciliation liability accrual of \$175,000. YTD Medi-Cal payments for \$2,519,165 have been reflected on the Balance Sheet for FY2015, FY2016, and FY2017 according to the payment plan with DHCS. YTD Income Statement includes interest expense of \$125,673 for PPS liability payments made to DHCS for FY2015, FY2016, and FY2017. YTD financials includes \$8.1M payment from SJGH related to the finalization of FY2020 financial statement audit and according to the separation agreement between SJGH and SJCC. Also, YTD financials include \$4.1 payment from SJGH related to unaudited FY2021 financial statement and according to the separation agreement between SJGH and SJCC. YTD financials include funds transferred for \$8,163,604 to San Joaquin County as a payment for payroll and benefits paid by San Joaquin County on behalf of SJCC from July 2021 through December 2021.</p> <p>YTD Supplemental Revenue includes the recognition of estimated Quality Incentive Program revenue for \$6,980,155. Combined Grants Revenue includes revenues for Essential Access Title X, SOR2, Whole Person Care, Behavioral Health Integration, Health Net and American Rescue Plan (ARP) grants for \$1,135,831. Capitation and Managed Care Incentives include the YTD Capitation Revenue with an unfavorable variance to budget by \$485,067 mainly due to nonrecognition of HEDIS revenue during the year. Also, Other Income includes the 340B Pharmacy Program revenue for \$849,921 and the program related expenses for \$634,436 are included in Supplies &amp; Other Expenses categories on the financials. YTD financials reflect First Responder Program revenue for \$10,000. YTD Other Revenue includes revenues accrued for \$397,800 related to Purchased Services provided to SJGH by SJCC per the MOU and Interest Income of \$14,698. Total Net Operating Revenues are favorable to budget by \$1,085,922.</p> <p>YTD Salaries and benefits expenses exhibit an unfavorable variance to budget of \$298,033. Other operating expenses exhibit an unfavorable variance of \$680,985 largely due to Professional Fees and Purchased Services favorable variance of \$800,925 mainly offset by unfavorable variance in Supplies, Interest and Miscellaneous Expenses \$1,481,910. An estimated expense for the Purchased Services is recorded from July through January based on the MOU.</p> <p>Unaudited, as presented, Net Income of \$1,134,761 on a year-to-date basis is favorable compared to budget by \$106,904.</p> <p>Discussed positive variance in 340b pharmacy income and noted that the program was very new last year and the large variance is primarily due to conservative budgeting.</p> <p>Capital Link KPIs show Operating Margin at goal of 3%, Bottom Line Margin is 5% vs goal of 3%, Days Cash on Hand</p>	<p>Finance Committee Report – February 2022</p>	<p>Paul motioned to accept the Finance Committee Report and Jessica seconded; motion was passed unanimously</p>
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<p>are 111 vs goal of &gt;45 days, Day in Net Patient Receivables at 28 vs &lt;60 days, and Personnel-Related expenses at 84% vs goal of 75%.</p>		
<p><b>10. <u>Legislative Updates &amp; Grants (Jeff Slater/Rajat Simhan)</u></b>          No substantial updates for State or Federal legislative actions.</p> <p>The USDA grant will award up to \$524,277 over a 3-year period, as 55% of total project cost of \$953,232; remainder of funds will be from SJCC’s operating budget.</p> <p>CDPH will award up to \$80,000 for tobacco cessation efforts from 9/1/22 – 2/29/24 (18 months). Grant will be competitive over 2,500 potential applicants, with only around 10 receiving funds.</p>	<p>Legislative Update &amp; Grants Approvals – February 2022</p>	<p>Cynthia motioned to approve the board resolution for USDA Grant and Brian seconded; motion was approved unanimously</p> <p>Charson motioned to approve the Tobacco Cessation grant application and Cynthia seconded; motion was approved unanimously</p>
<p><b>11. <u>CEO Report (Dr. Farhan Fadoo)</u></b>          Clinics are still utilizing telehealth for around 1/3 of visits. Omicron wave is declining, but field testing and vaccinations continue.</p> <p>FY23 budgeting work under way. Admin building is on track for a move-in by 3/14/22. SJ Health rebranding efforts are underway, with a target launch of 3/14/22.</p> <p>UDS reporting has been completed.</p> <p>Strategic plan has created 67 projects over the next 3 years to support each of SJ Health’s pillars of Healthier Community, Building Identity, and Sustainability.</p>	<p>CEO Report – February 2022</p>	
<p><b>12. <u>Adjournment</u></b>          There being no further topics of discussion, Rod Place adjourned the meeting at 6:36 p.m.</p>	<p>No attachments</p>	<p>No action required</p>

**CONFLICT OF INTEREST CODE FOR THE SAN JOAQUIN COUNTY  
CLINICS NON-PROFIT PUBLIC BENEFIT CORPORATION  
(California Government Code Section 81000 et seq.)**

**I. PURPOSE**

The Political Reform Act (Government Code Section 81000, *et seq.*) requires state and local government agencies to adopt and promulgate conflict of interest codes. The Fair Political Practices Commission has adopted a regulation which contains the terms of a standard conflict of interest code. It can be incorporated by reference and may be amended by the Fair Political Practices Commission after public notice and hearings to conform to amendments in the Political Reform Act.

The Purpose of this Code is to comply with the provisions of the Political Reform Act and to protect San Joaquin County Clinics Non-Profit Public Benefit Corporation (SJCC) and the San Joaquin Health Centers, operated by SJCC (Health Center) from potential conflicts of interest that may benefit or appear to benefit the private interest of a Board Director or that could create an excess benefit transaction. The intent of this policy is to supplement any applicable state or federal law that governs conflict of interest.

Therefore, the terms of Section 18730 of Article 2 of Chapter 7 of Division 6 of Title 2 of the California Code of Regulations and any amendments thereto adopted by the Fair Political Practices Commission are hereby incorporated by reference and, along with the Disclosure Categories attached hereto and incorporated herein as Attachment 1, constitute the Conflict of Interest Code of the San Joaquin County Clinics.

This Code is supplemental to the SJCC Bylaws Conflict of Interest Policy and not intended to repeal or replace and provision of the policy.

**II. DEFINITIONS**

- A. Board Member shall mean any appointed member of the SJCC Board of Directors and shall not include members of committees or work groups who are not also members of the Board of Directors.
- B. Reportable Interests shall mean any interest set forth in Appendix II to this Code.

**III. FILING REQUIREMENTS**

- A. Pursuant to 2 CCR §18730(b)(4), persons identified with Reportable Interests shall file Statements of Economic Interest with the San Joaquin County Registrar of Voters. All statements filed are public records open for public inspection and reproduction pursuant to Section 81008 of the California Government Code.
- B. Pursuant to Section 87314 of the California Government Code (as added by

Chapter 702, Statutes of 2010), attached hereto and incorporated by reference herein is Appendix I, entitled “Agency Positions that Manage Public Investments for the Purpose of Section 87200 of the Government Code.” This Appendix shall remain posted with other information related to SJCC on the SJCC webpage in a manner that is easily identifiable and accessible.

C. Responsibility for accurately reporting disclosable interests rests solely with the person(s) required to file pursuant to statute or this code and not with SJCC or the Health Center.

**APPENDIX I****AGENCY POSITIONS THAT MANAGE PUBLIC INVESTMENTS FOR PURPOSES  
OF SECTION 87200 OF THE CALIFORNIA GOVERNMENT CODE**

- A. All members of the SJCC Board of Directors.
- B. The Health Center Chief Executive Officer
- C. The Health Center Chief Financial Officer
- D. The Health Center Chief Operating Officer
- E. The Health Center Purchasing Staff



## APPENDIX II

### DISCLOSURE CATEGORIES

Persons identified as Agency Positions that Manage Public Investments shall report on the following interests as defined in, and by completing, the California Fair Political Practices Commission's Statement of Economic Interests Form 700. An investment, business position, interest in real property, or source of income shall be made reportable by the Conflict of Interest Code if the business entity in which the investment or business position is held, the interest in real property, or the income or source of income may foreseeably be affected materially by any decision made or participated in by the designated employee by virtue of the designated employee's position. SJCC has determined that the following categories are reportable interests.

- A. Investments, business positions and income from sources of the type which provide services, supplies, materials, machinery or equipment of the type utilized by the agency. This category shall not include primary employment in any medical practice or for any medical facility or hospital.
- B. Interests in real property located in the jurisdiction located within a five mile radius of any property owned or used by the agency.
- C. Investments, business positions or income from any source which contracts with or provides any services, supplies, material machinery or equipment to SJCC or the Health Center.

<b>San Joaquin Health Centers</b>	<b>Department</b>		Page 1 of 2
	<b>Administration</b>		
	Policy/Procedure No	Effective 7/1/2020	Date Replaces new
Title of Policy/Procedure <b>Conflict of Interest Policy</b>			

**POLICY:**

This policy applies to all health center employees, officers, board members, and agents involved in the selection, award, or administration of contracts of the San Joaquin Health Centers (SJHC). The policy is designed to help them identify situations that present potential conflicts of interest and to provide SJHC with a procedure to allow transactions to be treated as valid and binding even though a director, officer or other party has or may have a conflict of interest with respect to the transaction. In the event there is an inconsistency between the requirements and the procedures prescribed herein and those in federal or state law, the law shall control. This policy shall supplement the San Joaquin County Clinics (SJCC) Bylaws and is not intended to contradict those Bylaws with respect to SJCC Board Members.

Health center employees, officers, board members, and agents involved in the selection, award, or administration of contracts may not solicit or accept gratuities, favors, or anything of monetary value for private financial gain from such contractors or parties to sub-agreements (including subrecipients or affiliate organizations).

**PURPOSE:**

The purpose of this policy is to protect San Joaquin Health Center from potential conflicts of interest (real or apparent) that may benefit the private interest of a board director or that could create an excess benefit transaction. The intent of this policy is to supplement any applicable state or federal law that governs conflict of interest.

**DEFINITIONS:**

1. Interested Person: SJHC defines directors, principal officers, purchasing staff, agents, or committee members with powers delegated by the board who have a direct or indirect Financial Interest, as defined below.
2. Financial Interest: A person has a financial interest when they have any actual or potential ownership, investment or compensation agreement with SJHC, either directly or indirectly.

**PROCEDURE:**

1. Duty to Disclose: Related to any actual or potential conflict of interest, an Interested Person must disclose the existence of a Financial Interest in writing. The board of directors shall provide the Interested Person with an opportunity to disclose all material facts to the board and committees with governing board-delegated powers considering the proposed transaction or arrangement that poses a potential conflict.
2. Determining Conflict of Interest: The board shall review each member’s board application and any other submitted disclosures for each principal officer, board member or committee member with governing powers. After an Interested Person discloses a potential conflict of interest, the board

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should request that person to leave the boardroom. The remaining board shall then discuss the potential conflict of interest and vote on its existence.

3. Managing Conflicts of Interest: After making a careful review of the facts, the governing board or committee shall make a determination on whether SJHC would be able to make arrangements for a different agreement or transaction that does not produce a conflict of interest. During the discussions on the determination, the Interested Person shall not be present.

Seeing that no alternative transaction or arrangement is possible, the governing board or committee shall determine whether the transaction or agreement is in the best interests of SJHC and is fair and reasonable for its own benefit. The governing board or committee shall make this determination by majority vote. The majority vote counts as the deciding factor on whether SJHC shall enter into the transaction or arrangement.

4. Disciplinary Action: If the governing board or committee reasonably believes that an Interested Person failed to disclose an actual or potential conflict of interest, they will inform the member and provide an opportunity for the Interested Person to offer an explanation about why he or she failed to disclose the conflict or potential conflict of interest. The governing board or committee shall take disciplinary action if they continue to believe that a conflict of interest still exists.
5. Records of Proceedings: The minutes of the governing board and all committees with delegated powers shall contain the names of the persons who disclosed or were found to have a conflict or potential conflict, the nature of the conflict, any action taken by the governing board and the governing board's decision on the existence of the conflict. The record will also show the names of persons present for discussions and votes, any recusals, a record of votes in favor, in opposition, and in abstention and any subsequent action.
6. Periodic Reviews: SJHC shall operate in a manner consistent with a non-profit organization and shall not engage in activities that may jeopardize its tax-exempt status. The governing board or committee shall conduct periodic reviews to include such issues as whether transactions and agreements present potential conflicts of interest. The reviews shall also inquire about partnerships, joint ventures and other arrangements, and whether those arrangements conform to SJHC's written policies, including whether those arrangements are properly recorded and reflect reasonable investments or payments for goods or services.
7. Use of Outside Experts: The governing board or committee may use outside experts when conducting periodic reviews on conflicts of interest. When experts are used, their use does not replace the board's responsibility for conducting future periodic reviews.

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	<b>Conflict of Interest Policy</b>
<b>Author(s):</b>	Michael Allen, Susan Thorner
<b>Approval(s):</b>	Approval(s):

# San Joaquin County Clinics



ESTEFANIA MACIAS, NP (HEALTHY BEGINNINGS CALIFORNIA) is being considered for initial appointment as follows:

7

- Licensed Independent Practitioner (LIP)
- Initial Appointment
- 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.hippawatchdog.com](http://www.hippawatchdog.com)) as of:

03/17/2022

**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).

*Tanya Ramirez*  
Signature, Credentialing Specialist

03/17/2022  
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: 03/18/2022

**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: \_\_\_\_\_

**REAPPOINTMENTS**

The following practitioners have applied for reappointment to the Medical Staff of San Joaquin County Clinics. This summary includes factors that determine membership: licensure, DEA, professional liability insurance, hospital affiliations, etc. Qualitative/quantitative factors include ongoing performance evaluation which includes data from peer review, quality performance, clinical activity, privileges, competence, technical skill, behavior, health status, medical records, blood review, medication usage, litigation history, utilization and continuity of care. Affiliations, physical and mental health status, peer references, and past or pending professional disciplinary action. All the applicants privilege request commensurate with training, experience and current competence unless noted below.

Membership Request	Name	Specialty/ Assigned Div/Dept	Quantitative/Qualitative Factors Request for Privileges and/or Privilege Change	Action Taken/Rec. Exceptions for Cause	Rec. Staff Category/ Reappoint Period	Recommend	Credentialing Dept
Reappointment	Gerardo Hernandez, MD	OB-GYN	Requirements for Active Med Staff	None	Active 05/22 to 05/24	Cred: 03/01/2022 MEC: 03/15/2022 Board: 04/05/2022	SJGH Med Staff
Reappointment	Vanessa Kennedy, MD	Gynecologic Oncology OB-GYN	Requirements for Consulting Med Staff	None	Active 05/22 to 05/24	Cred: 03/01/2022 MEC: 03/15/2022 Board: 04/05/2022	SJGH Med Staff

**RESIGNATIONS**

Name	Reason for Resignation:	Effective Date of Resignation
Jerry Fessler, MD	Did Not Wish to Reapply	Jan-22
Christopher Lindeken, DO	Resigned	Mar-22

**INITIAL APPOINTMENTS - ALLIED HEALTHCARE PRACTITIONERS**

The following practitioners have applied for membership and privileges at San Joaquin County Clinics. The following summary includes factors that determine membership: licensure, DEA, professional liability insurance, required certifications (if applicable), etc. Factors that determine competency include medical/professional education, internship/residencies/fellowships, board certification (if applicable), current and previous institutional affiliations, physical and mental health status, peer references, and past or pending professional disciplinary action. The applicants meet the requirements for membership unless noted below.

Membership Request	Name	Specialty/ Assigned Div/Dept	Competency / Privilege Review	Proctoring Required	Proctor	Rec Status/Term	Recommend	Credentialing Dept
Initial	Estefania Macias, NP	Nurse Practitioner Healthy Beginnings California	UC Davis CA State University, Stanislaus	Y	Lim	Provisional	CRED: 03/17/2022 CC: 03/18/2022 Board: 03/29/2022	CVO

**REAPPOINTMENTS - ALLIED HEALTH PROFESSIONAL**

The following practitioners have applied for reappointment to the Medical Staff of San Joaquin County Clinics. This summary includes factors that determine membership: licensure, DEA, professional liability insurance, hospital affiliations, etc. Qualitative/quantitative factors include ongoing performance evaluation which includes data from peer review, quality performance, clinical activity, privileges, competence, technical skill, behavior, health status, medical records, blood review, medication usage, litigation history, utilization and continuity of care. Affiliations, physical and mental health status, peer references, and past or pending professional disciplinary action. All the applicants privilege request commensurate with training, experience and current competence unless noted below.

Name	Specialty/Assigned Div/Dept	Quantitative/Qualitative Factors Request for Privileges and/or Privilege Change	Action Taken/Rec. Exceptions for Cause	Rec. Staff Category/Reappoint Period	Recommend	Credentialing Dept
Margie Aquino, NP	Nurse Practitioner Internal Medicine	Requirements for AHP staff met	None	05/2022 to 05/2024	CIDP: 03/01/2022 Cred: 03/15/2022 MEC: 04/05/2022	SJGH Med Staff

**ADVANCEMENTS - ALLIED HEALTH PROFESSIONAL**

The following practitioners have applied for reappointment to the Medical Staff of San Joaquin County Clinics. This summary includes factors that determine membership: licensure, DEA, professional liability insurance, hospital affiliations, etc. Qualitative/quantitative factors include ongoing performance evaluation which includes data from peer review, quality performance, clinical activity, privileges, competence, technical skill, behavior, health status, medical records, blood review, medication usage, litigation history, utilization and continuity of care. Affiliations, physical and mental health status, peer references, and past or pending professional disciplinary action. All the applicants privilege request commensurate with training, experience and current competence unless noted below.

Name	Specialty/Assigned Div/Dept	Current Category of Membership	Recommended Category	Reason	Recommend	Credentialing Dept
Kristen Pierce, CNM	Nurse Midwife  OBGYN	Provisional	Allied Health Professional	Proctoring Complete	CRED: 03/01/2022 CIDP: 03/04/2022 MEC: 03/15/2022 Board: 04/05/2022	SJGH Med Staff

# MARCH 2022 QUALITY REPORT

Angela R. Ayala



# AGENDA

- Introduction
- Departmental Changes
- Work Plan
  - Educate
  - Support
  - Implement
  - Report
- PDSA Outcomes
- Ongoing Efforts



# WORK PLAN - EDUCATE <sup>8</sup>

- **Measure requirements:** Annual Screenings, Immunizations, Comprehensive Diabetes Care, Older Patient Care, Transitions of Care, Well Child Care
- **Coding needs:** CPT Category II codes, CPT Codes and Diagnosis Codes
- **Scoring guidelines:** Depression Screening Updates
- **Testing frequency:** Retinal screenings, Lead screenings

# ANNUAL SCREENINGS AND IMMUNIZATIONS 8

- Preventative Care Annual Visit
- Depression Screening
- Alcohol, Tobacco, and Substance Use
- Body Mass Index (BMI)
- Blood Pressure Scores
- Sexual Orientation and Gender Identity (SOGI)
- Breast Cancer Screening
- Cervical Cancer Screening
- Colorectal Cancer Screening
- HIV Screening
- **Adult Immunization Status**
  - Influenza (everyone)
  - Td or Tdap (13 and older)
  - ~~Zoster Shingles (50 and older)~~
  - Pneumococcal (60 and older)

# COMPREHENSIVE DIABETES CARE

- HbA1C
- Retinal Screening
- Foot Exam
- BP Control
- Kidney Health (GFR, Albumin and Creatinine Labs)  
Screening and Medical Attention
- Statin Therapy (40 to 65 years of age)

# OLDER PATIENT CARE 8

- For patients aged 65 and older:
  - Advance Care Planning
  - Medication Review and Reconciliation
  - Functional Status and Pain Assessments

# TRANSITIONS OF CARE

- Patient Follow-Up Visit for:
  - Hospital Dismissal
  - Emergency Care
  - Alcohol or other Drug Abuse Dependence
  - Mental Illness
  - Substance Use Disorder
- Medication Reconciliation

# LEAD SCREENINGS 8

## STANDARD OF CARE

- All Children supported by public programs like Medi-Cal, WIC and CHDP must be tested at 12 months and 24 months of age.

OR

- A “catch up” test for children ages 24 months to 6 years must be performed when were not tested at 12 and 24 months.

# WELL-CARE CHILD VISITS

For children 15 months or younger:

Six or more well child visits.

For children ages 15 months – 30 months:

Two or more well child visits.

For children and adolescents ages 3 – 21 years of age:

At least once a year.

# WORK PLAN - SUPPORT <sup>8</sup>

- **ATE support:** Available to clinic staff during clinic time.
- **Coding needs:** Badge inserts, coding summary information and other reference material.
- **Feedback:** Improving reporting availability.



# QUALITY REPORTING CODES

## QUALITY REPORTING CODES (CPT CAT II)

<p><b>A1c Scores:</b></p> <ul style="list-style-type: none"> <li>• 3044F A1c level &lt; 7.0%</li> <li>• 3046F A1c level &gt; 9.0%</li> <li>• 3051F A1c level &gt;= 7.0% and &lt; 8.0%</li> <li>• 3052F A1c level &gt;= 8.0% and &lt;= 9.0%</li> </ul>	<p><b>Retinal Screening Review:</b></p> <ul style="list-style-type: none"> <li>• 2026F Eye exam w/retinopathy</li> <li>• 2033F Eye exam w/out retinopathy</li> <li>• 3072F Low risk of retinopathy</li> </ul>	<p><b>Coronary Artery Disease (CAD) Antiplatelet Therapy:</b></p> <ul style="list-style-type: none"> <li>• 4086F Aspirin or clopidogrel prescribed</li> </ul>
<p><b>BP Scores:</b></p> <ul style="list-style-type: none"> <li>• 3074F Systolic BP &lt; 130 mm Hg</li> <li>• 3075F Systolic BP 130-139 mm Hg</li> <li>• 3077F Systolic BP &gt;= 140 mm Hg</li> <li>• 3078F Diastolic BP &lt; 80 mm Hg</li> <li>• 3079F Diastolic BP 80-89 mm Hg</li> <li>• 3080F Diastolic BP &gt;= 90 mm Hg</li> </ul>	<p><b>Nephropathy Screening:</b></p> <ul style="list-style-type: none"> <li>• 3060F Positive microalbuminuria test reviewed</li> <li>• 3061F Negative microalbuminuria test reviewed</li> <li>• 3062F Positive macroalbuminuria test reviewed</li> </ul>	<p><b>Hospital Dismissal Medication Reconciliation:</b></p> <ul style="list-style-type: none"> <li>• 1111F Discharge medication reconciled with current med list</li> </ul>
<p><b>LDL-C Scores:</b></p> <ul style="list-style-type: none"> <li>• 3048F LDL-C &lt; 100 md/dL</li> <li>• 3049F LDL-C 100-129 mg/dL</li> <li>• 3050F LDL-C &gt;= 130 md/dL</li> </ul>	<ul style="list-style-type: none"> <li>• 3066F Documentation of treatment from nephropathy</li> <li>• 4010F Blocker (ARB) therapy prescribed or currently being taken</li> </ul>	<p><b>Colorectal Cancer Screening:</b></p> <ul style="list-style-type: none"> <li>• 3017F Colorectal cancer results documented and reviewed</li> </ul>

Rev. 03-08-2022 ARA

## QUALITY REPORTING CODES (CPT CAT II)

<p><b>Care for Older Patients 65+:</b></p> <p><u>Advance Care Planning</u></p> <ul style="list-style-type: none"> <li>• 1123F Advance Care Plan discussed and documented. Plan or surrogate documented in medical record.</li> <li>• 1124F Advance Care Plan discussed and documented. Patient did NOT wish or was NOT able to name surrogate or provide an Advance Care Plan.</li> </ul>	<p><b>Women's Health:</b></p> <p><u>Prenatal Care</u></p> <ul style="list-style-type: none"> <li>• 0500F Initial prenatal care visit</li> <li>• 0501F Prenatal flow sheet documented by first prenatal visit</li> </ul> <p><u>Postpartum Care</u></p> <ul style="list-style-type: none"> <li>• 0503F Postpartum care visit</li> </ul> <p><u>Breast Cancer Screening</u></p> <p>MA Mammogram Diagnostic Order</p>	<p><b>Adult BMI Screening and Intervention</b></p> <ul style="list-style-type: none"> <li>• 3008F Body Mass Index documented</li> <li>• Z71.3 Dietary counseling</li> <li>• Z71.82 Exercise counseling</li> </ul> <p><b>Depression Screening and Intervention</b></p> <ul style="list-style-type: none"> <li>• 3725F Screening for Depression performed</li> </ul>
<p><u>Medication Review</u></p> <ul style="list-style-type: none"> <li>• 1159F Medication list documented</li> <li>• 1160F Review of all medications in medication list by a prescribing provider or pharmacist</li> </ul> <p><u>Functional Status Assessment</u></p> <ul style="list-style-type: none"> <li>• 1170F Functional status assessed</li> </ul> <p><u>Pain Assessment</u></p> <ul style="list-style-type: none"> <li>• 1125F Pain severity quantified, pain present</li> <li>• 1126F Pain severity quantified, no pain present</li> </ul>	<p><u>Cervical Cancer and Chlamydia Screening</u></p> <p>IG Pap w/Age-Based Screen Order</p> <p><b>Adult Immunization Status</b></p> <p>Influenza (19 and older) Tdap (19 and older) Pneumococcal (66 and older) Zoster (50 and older)</p>	<p><b>Screening and follow-up for Unhealthy Alcohol Use</b></p> <ul style="list-style-type: none"> <li>• 3016F Patient screened for unhealthy alcohol use</li> <li>• Z71.41 Alcohol abuse counseling and surveillance</li> <li>• Z71.89 Other specified counseling</li> </ul>

# WELL-CARE CHILD VISITS

New Patient		Established Patient	
CPT Code	Description	CPT Code	Description
99381	NEW PT PM EXAM < 1 YEAR	99391	EST PT PM EXAM < 1 YEAR
99382	NEW PT PM EXAM 1 TO 4 YEARS	99392	EST PT PM EXAM 1 TO 4 YEARS
99383	NEW PT PM EXAM 5 TO 11 YEARS	99393	EST PT PM EXAM 5 TO 11 YEARS
99384	NEW PT PM EXAM 12 TO 17 YEARS	99394	EST PT PM EXAM 12 TO 17 YEARS
99385	NEW PT PM EXAM 18 TO 39 YEARS	99395	EST PT PM EXAM 18 TO 39 YEARS

# WELL-CARE CHILD VISITS

DIAGNOSIS INFORMATION	
ICD-10 Code	Description
Z00.110	Health examination for newborn under 8 days old
Z00.111	Health examination for newborn 8 to 28 days old
Z00.121	Encounter for routine child health examination with abnormal findings
Z00.129	Encounter for routine child health examination without abnormal findings
Z02.5	Encounter for examination for participation in sport

## Weight Assessment, Counseling for Nutrition and Physical Activity:

Supporting Diagnosis Codes	
<b>BMI percentile</b>	
ICD-10	Description
Z68.51	BMI, less than 5 <sup>th</sup> percentile for age
Z68.52	BMI, 5 <sup>th</sup> percentile to less than 85 <sup>th</sup> percentile for age
Z68.53	BMI, 85 <sup>th</sup> percentile to less than 95 <sup>th</sup> percentile for age
Z68.54	BMI, greater than or equal to 95 <sup>th</sup> percentile for age
<b>Counseling for nutrition</b>	
ICD-10	Description
Z71.3	Dietary counseling and surveillance
<b>Counseling for physical activity</b>	
ICD-10	Description
Z02.5	Encounter for examination for participation in sport
Z71.82	Exercise counseling

# DEPRESSION SCREENINGS

Patients aged 12 years and older screened for depression at least once a year.

\* If positive, a follow-up plan is documented on the date of the eligible encounter.

Our Scoring Guidelines have changed:

## PHQ-2

### Interpretation:

- A PHQ-2 score ranges from 0-6. The authors identified a score of 3 as the optimal cutpoint when using the PHQ-2 to screen for depression.
- If the score is 3 or greater, major depressive disorder is likely.
- Patients who screen positive should be further evaluated with the PHQ-9, other diagnostic instruments, or direct interview to determine whether they meet criteria for a depressive disorder.

## PHQ-9

### Interpretation

Provisional Diagnosis and Proposed Treatment Actions		
PHQ-9 Score	Depression Severity	Proposed Treatment Actions
0 - 4	None-minimal	None
5 - 9	Mild	Watchful waiting; repeat PHQ-9 at follow-up
10 - 14	Moderate	Treatment plan, considering counseling, follow-up and/or pharmacotherapy
15 - 19	Moderately Severe	Active treatment with pharmacotherapy and/or psychotherapy
20 - 27	Severe	Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy, expedited referral to a mental health specialist for psychotherapy and/or collaborative management

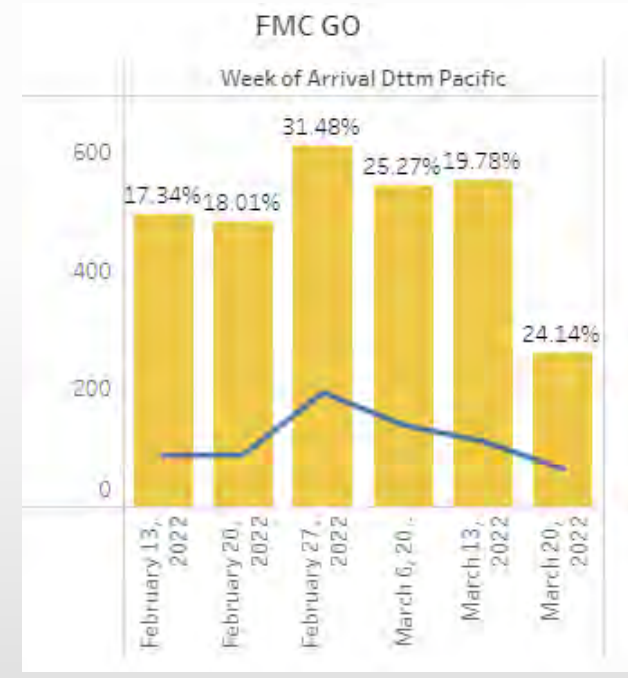
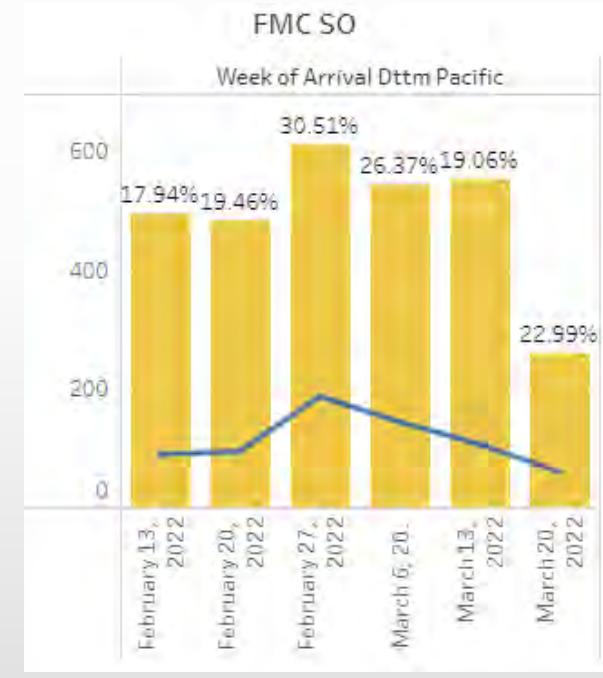
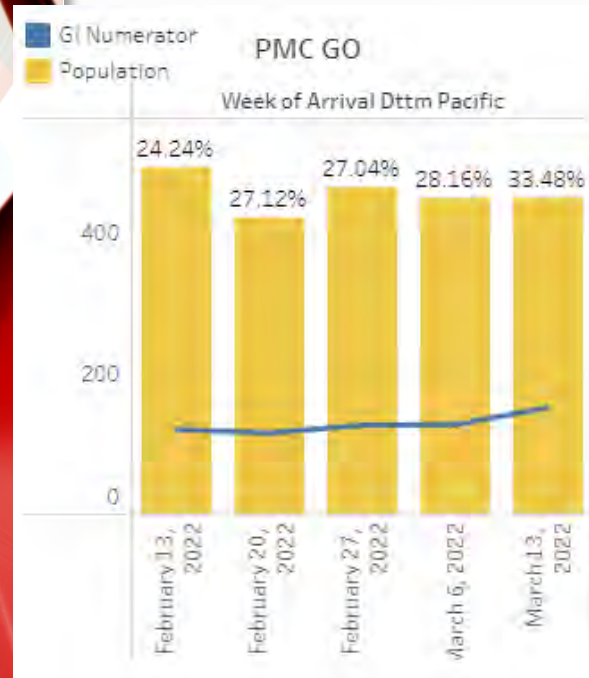
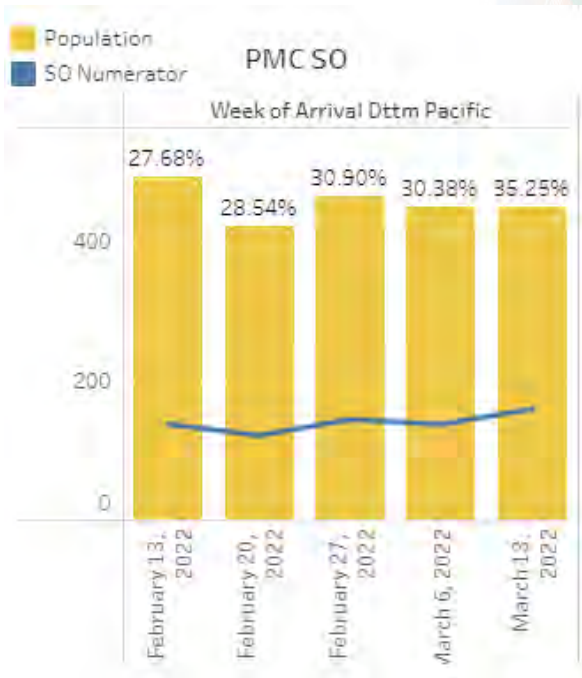


# WORK PLAN - IMPLEMENT <sup>8</sup>

- **In clinic resources:** Integrating quality team in clinic
- **Reference material:** Distributing badge inserts, updating intake forms, creating diabetes scoring guideline updates.
- **Meetings:** Attending Primary Medicine and Family Medicine monthly meetings
- **Training:** Quality team and clinic staff

# WORK PLAN - REPORTING

## Sexual Orientation and Gender Identity



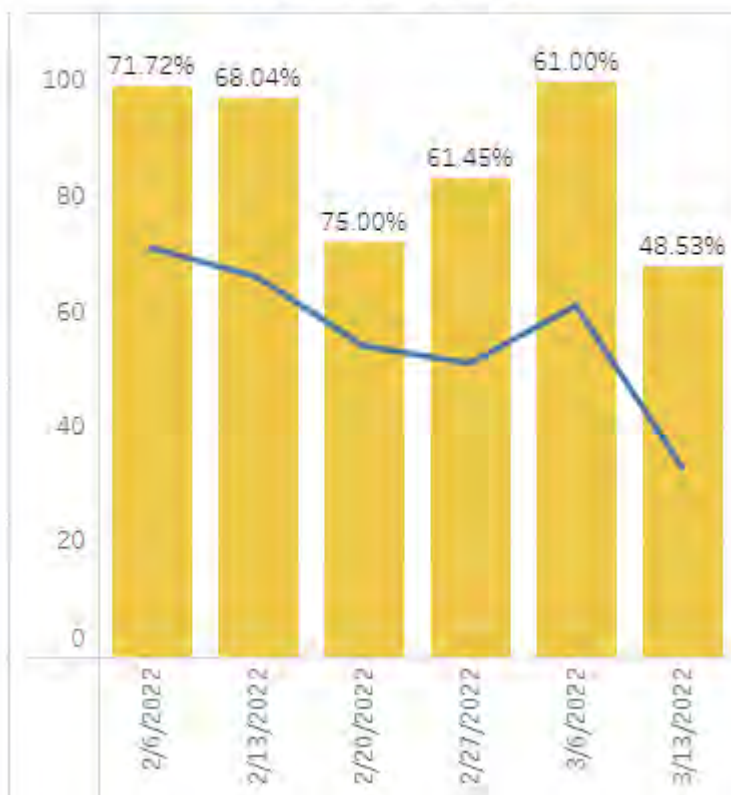
# COMPREHENSIVE DIABETES CARE-CODE COMPLETENESS <sup>8</sup>

A1c

BP

Retinal Screening

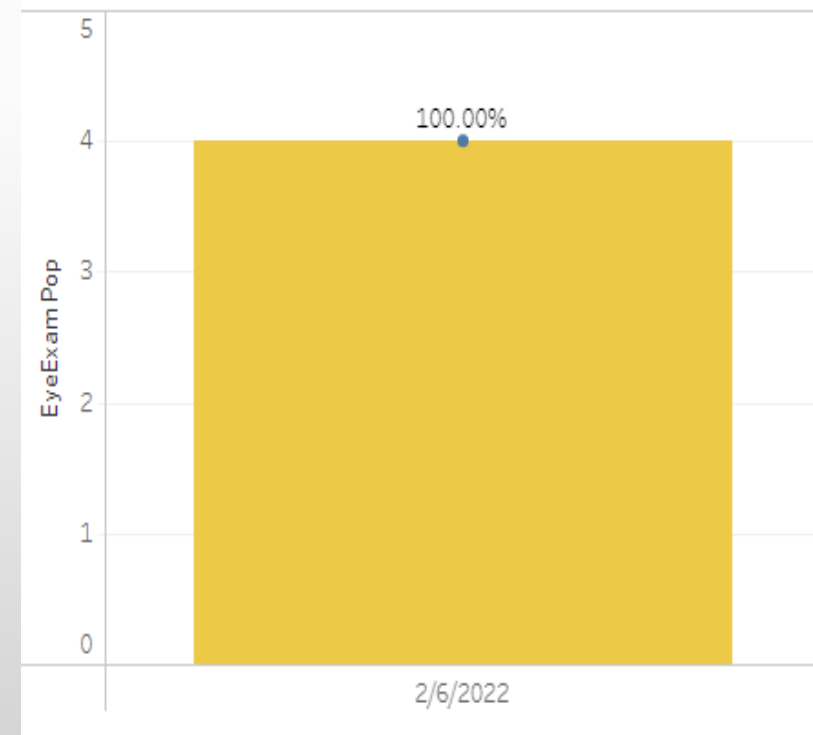
PMC A1c Compliance



PMC

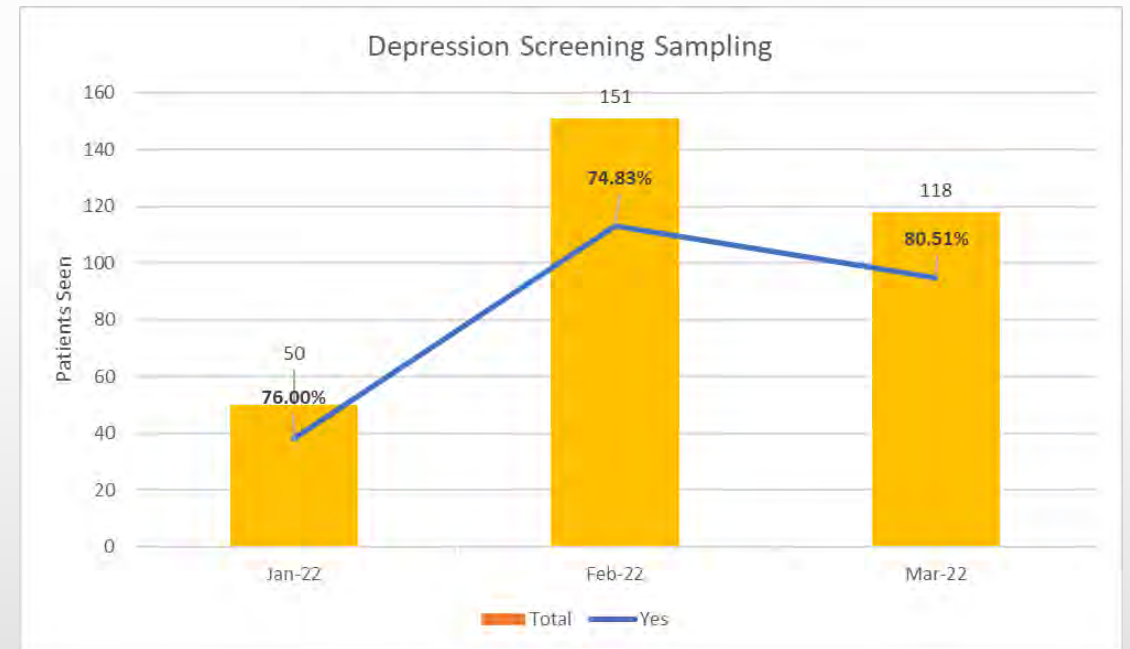
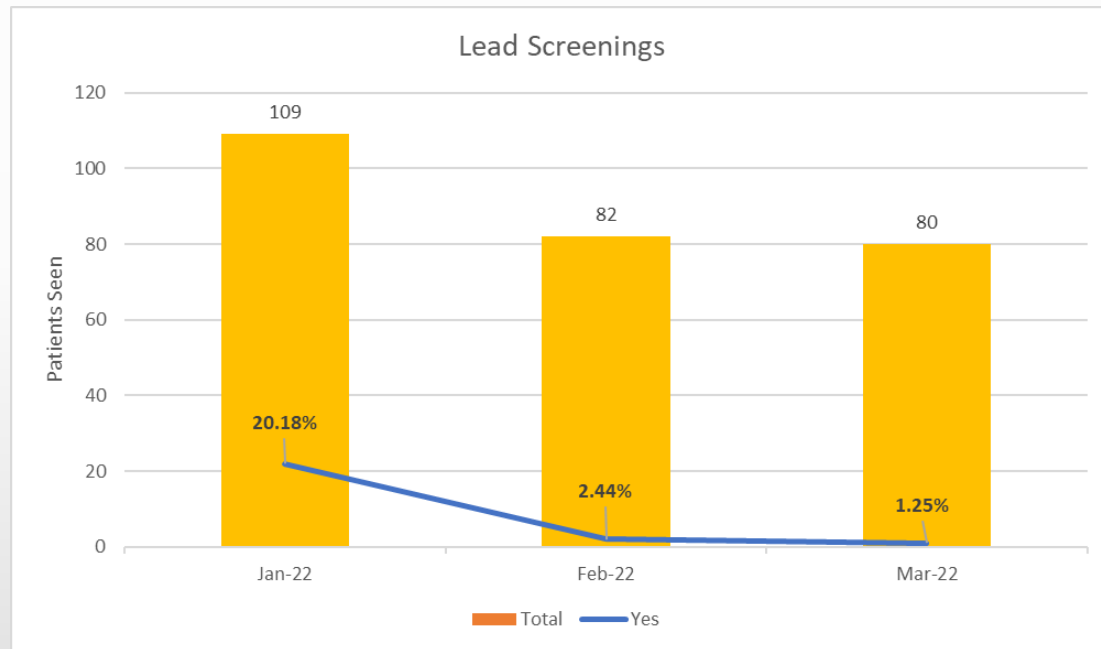


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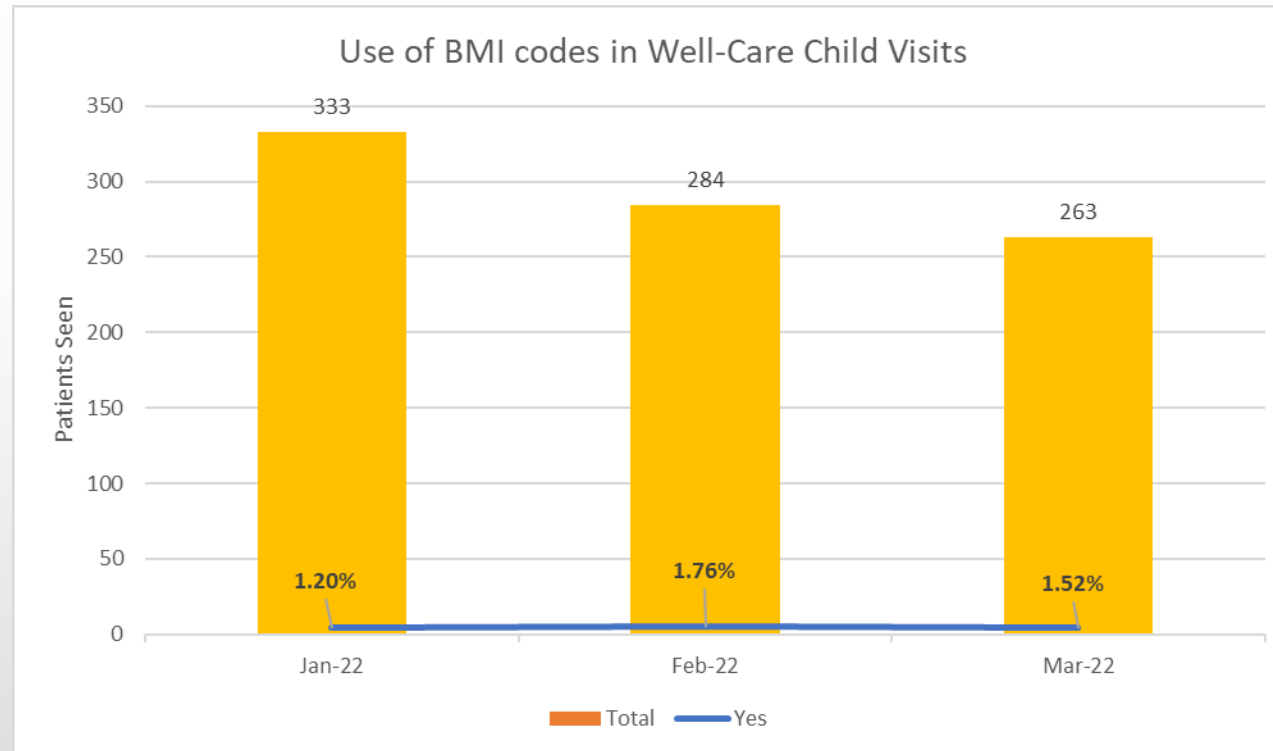


# LEAD AND DEPRESSION <sup>8</sup> SCREENINGS



# WELL-CARE CHILD VISITS

8



## Titration Clinic 2-Day PDSA

**Objective:** Improve capture of annual screenings and diabetes care measures

**Summary:** Data was collected for the study of eight measures:

Nutrition counseling,

Medication Reconciliation,

Retinal Screening,

A1c Testing compliance,

Alcohol, Tobacco and Substance Abuse Screenings

Pre-PDSA data was collected for 2 days in the week of Mar 6 – 12 for 29 patients.

Post-PDSA data was collected for 2 days in the week of Mar 13 – 19 for 27 patients.

**Outcome:** Noted improvement in 7 of the 8 measures

## Titration Clinic 2-Day PDSA

Data	Nutrition Counseling	Medication Reconciliation	Retinal Screenings	A1c Testing	Alcohol Screening	Tobacco Screening	Substance Abuse Screening
Pre-PDSA	68.97%	68.97%	13.79%	68.97%	20.69%	24.14%	17.24%
Post-PDSA	70.37%	70.37%	11.11%	70.37%	59.26%	66.67%	62.96%
Noted Change	1.40%	1.40%	-2.68%	1.40%	38.57%	42.53%	45.72%

### What did we learn?

Providers not ordering annual retinal screenings due to misconceptions regarding insurance coverage.

### What did we do?

Shared coding information for nutrition counseling and medication reconciliation.  
Refreshed clinic support staff on annual screening requirements.

# ONGOING EFFORTS <sup>8</sup>

- QIP Reporting Validation Effort
- Behavioral Health Initiative Reporting
- HPSJ Gap List Reports
- Empanelment Remediation
- Provider Scorecards

## QUESTIONS OR SUGGESTIONS:

Angela R. Ayala

E-mail: [aayala@sjgh.org](mailto:aayala@sjgh.org)

Phone: 209-468-7836



# SAN JOAQUIN HEALTH CENTERS

CFO PRESENTATION

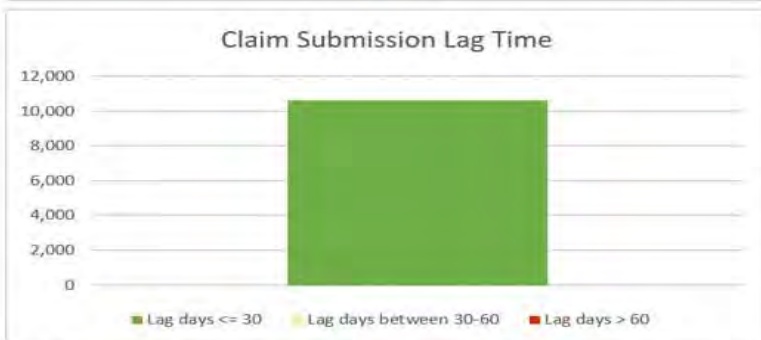
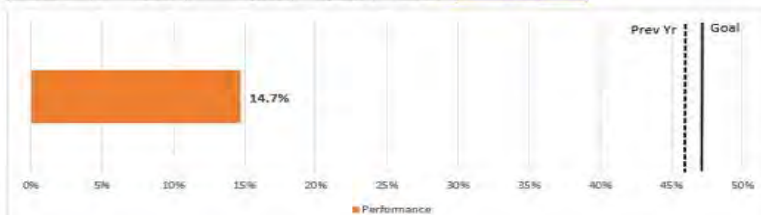


Kris Zuniga  
Chief Financial Officer  
Presentation Date: 3/29/2022

## HEALTH PLAN OF SAN JOAQUIN MEMBERSHIP ASSIGNMENTS CALENDAR YTD AS OF FEBRUARY 2022

### San Joaquin County Clinics

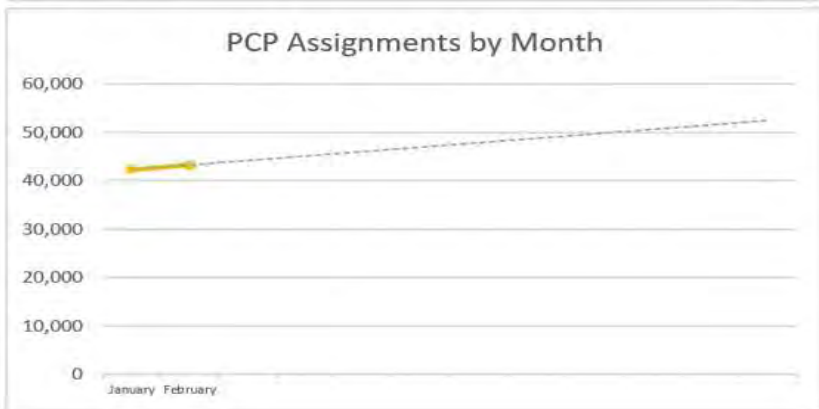
Year	Panel Size	Panel Seen	Goal	% Goal	Performance
2021	40,852	18,141	19,227	47.07%	44.41%
2022	43,107	6,352	18,536	43.00%	14.7%



**Average Submission Lag: 7.2 Days**

### Panel Metrics for San Joaquin County Clinics

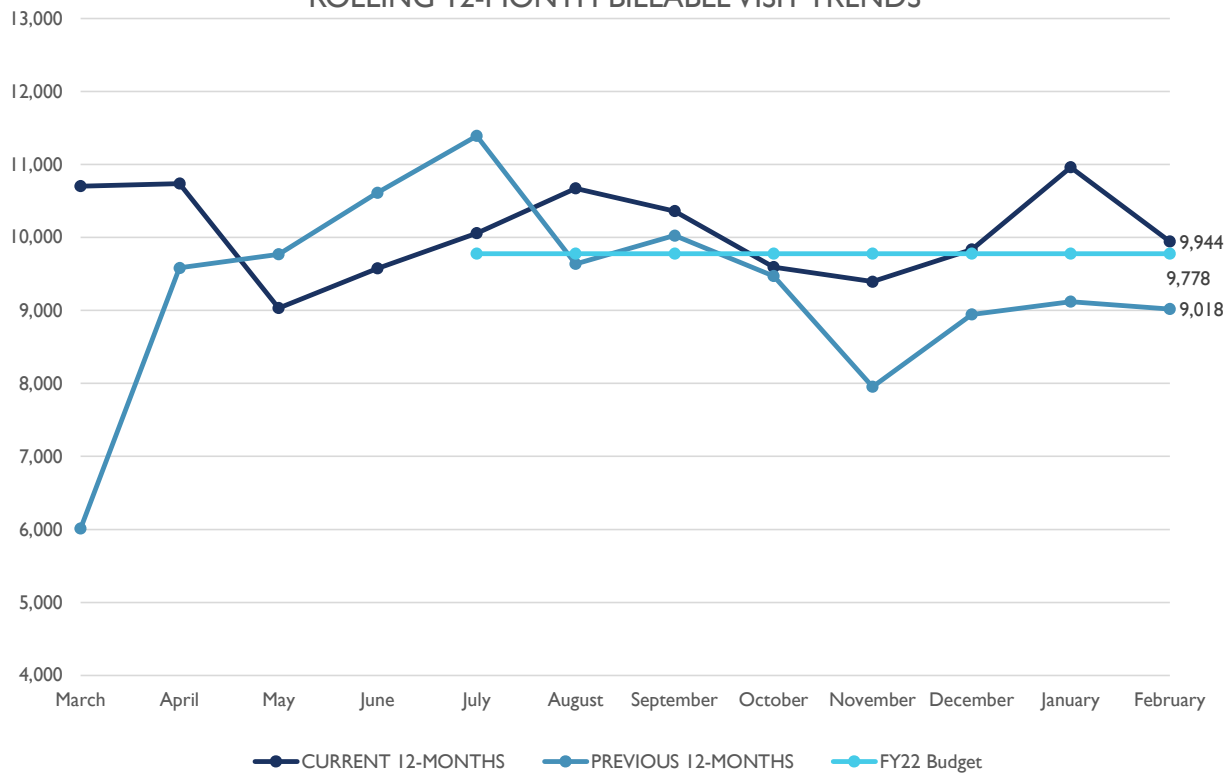
Average Panel Size	43,107
Current Month Panel Size	43,260
Calendar YTD Panel Seen Count	6,352
Calendar YTD % Panel Seen	14.7%
Goal to Panel Seen Count	18,536
PCP Claim Count	10,617





# FEBRUARY 2022 BILLABLE VISITS – 9,944

ROLLING 12-MONTH BILLABLE VISIT TRENDS



Visits By Financial Class	%
Medi-Cal Managed Care	74.56%
Medicare	12.37%
Medi-Cal	9.69%
Self-Pay	2.43%
Commerical	0.95%
<b>Total</b>	<b>100.00%</b>

FY22 Month	Actual	Budget	Variance
Jul-21	10,059	9,778	281
Aug-21	10,670	9,778	892
Sep-21	10,361	9,778	583
Oct-21	9,594	9,778	(184)
Nov-21	9,393	9,778	(385)
Dec-21	9,834	9,778	56
Jan-22	10,959	9,778	1,181
Feb-22	9,944	9,778	166
<b>Total</b>	<b>80,814</b>	<b>78,224</b>	<b>2,590</b>

## SJ HEALTH INCOME STATEMENT – FEBRUARY 2022

	Current Period		Current Period	Current Year Actual	YTD Budget - Original	YTD Budget
	Current Period	Budget -	Budget Variance -			Variance -
	Actual	Original	Original			Original
Operating Revenue						
Net Patient Service Revenue	1,425,948	1,275,357	150,591	12,067,460	10,202,857	1,864,604
Supplemental Revenue	997,165	967,837	29,328	7,977,319	7,742,693	234,627
Capitation & Managed Care Incentives	526,830	553,833	(27,003)	3,918,597	4,430,667	(512,070)
Grant Revenue	417,193	270,278	146,915	1,563,024	2,162,227	(599,202)
340B Pharmacy Program	61,877	60,000	1,877	911,797	480,000	431,797
MOU & Other Income	61,302	63,518	(2,215)	473,801	508,141	(34,340)
Total Operating Revenue	<u>3,490,315</u>	<u>3,190,823</u>	<u>299,492</u>	<u>26,911,999</u>	<u>25,526,584</u>	<u>1,385,415</u>
Expenditures						
Salaries & Wages	1,526,381	1,282,091	(244,290)	11,190,861	10,256,730	(934,131)
Employee Benefits	847,735	819,409	(28,325)	6,191,790	6,555,273	363,483
Professional Fees	293,705	212,324	(81,381)	1,761,379	1,698,589	(62,790)
Purchased Services	443,499	578,464	134,966	3,710,416	4,627,716	917,300
Supplies	18,971	39,431	20,460	544,610	315,445	(229,165)
Depreciation	25,764	20,509	(5,255)	190,528	164,072	(26,456)
Interest	21,520	4,298	(17,223)	169,527	34,381	(135,145)
Other Expenses	131,988	87,461	(44,527)	1,837,375	699,685	(1,137,690)
Total Expenditures	<u>3,309,562</u>	<u>3,043,986</u>	<u>(265,576)</u>	<u>25,596,485</u>	<u>24,351,890</u>	<u>(1,244,594)</u>
Net Income(Loss)	<u>180,753</u>	<u>146,837</u>	<u>33,917</u>	<u>1,315,514</u>	<u>1,174,693</u>	<u>140,821</u>

	<u>PERIOD 0</u>	<u>JULY 2021</u>	<u>AUGUST 2021</u>	<u>SEPTEMBER 2021</u>	<u>OCTOBER 2021</u>	<u>NOVEMBER 2021</u>	<u>DECEMBER 2021</u>	<u>JANUARY 2022</u>	<u>FEBRUARY 2022</u>
<b>Assets</b>									
Cash & Cash Equivalents	2,266,991	2,274,759	10,274,204	11,439,672	11,987,361	17,506,250	11,884,586	11,403,076	9,835,169
Accounts Receivable	1,786,574	1,567,532	1,544,418	1,652,978	1,574,805	1,383,482	1,270,381	1,421,291	1,334,255
Inventory	11,250	(36,414)	(60,467)	0	0	0	11,458	11,458	11,458
Property & Equipment	1,411,298	1,391,984	1,373,582	1,354,724	1,335,866	1,317,536	1,426,517	1,462,268	1,705,175
Other Assets	19,828,212	23,025,945	17,992,367	19,543,137	13,163,166	8,243,877	8,990,719	9,316,338	10,967,247
Total Assets	<u>25,304,325</u>	<u>28,223,807</u>	<u>31,124,104</u>	<u>33,990,511</u>	<u>28,061,198</u>	<u>28,451,145</u>	<u>23,583,659</u>	<u>23,614,431</u>	<u>23,853,303</u>
<b>Liabilities</b>									
Accounts Payable	396,672	610,273	721,439	923,594	989,410	975,540	1,136,364	876,325	518,353
Other Liabilities	15,087,742	17,626,124	19,616,244	21,834,230	15,576,439	16,751,439	11,097,659	11,045,058	11,366,149
Deferred Revenue	<u>0</u>	<u>0</u>	<u>600,000</u>	<u>1,000,000</u>	<u>1,200,000</u>	<u>538,376</u>	<u>738,376</u>	<u>738,376</u>	<u>833,376</u>
Total Liabilities	<u>15,484,414</u>	<u>18,236,396</u>	<u>20,937,683</u>	<u>23,757,824</u>	<u>17,765,848</u>	<u>18,265,355</u>	<u>12,972,399</u>	<u>12,659,759</u>	<u>12,717,877</u>
<b>Net Assets</b>									
Beginning Net Assets	9,819,912	9,819,912	9,819,912	9,819,912	9,819,912	9,819,912	9,819,912	9,819,912	9,819,912
Current YTD Net Income	<u>0</u>	<u>167,499</u>	<u>366,510</u>	<u>412,775</u>	<u>475,437</u>	<u>365,878</u>	<u>791,349</u>	<u>1,134,761</u>	<u>1,315,514</u>
Total Net Assets	<u>9,819,912</u>	<u>9,987,411</u>	<u>10,186,421</u>	<u>10,232,687</u>	<u>10,295,349</u>	<u>10,185,790</u>	<u>10,611,261</u>	<u>10,954,672</u>	<u>11,135,426</u>
Total Liabilities and Net Assets	<u>25,304,325</u>	<u>28,223,807</u>	<u>31,124,104</u>	<u>33,990,511</u>	<u>28,061,198</u>	<u>28,451,145</u>	<u>23,583,659</u>	<u>23,614,431</u>	<u>23,853,303</u>

## SJ HEALTH BALANCE SHEET FEBRUARY 2022

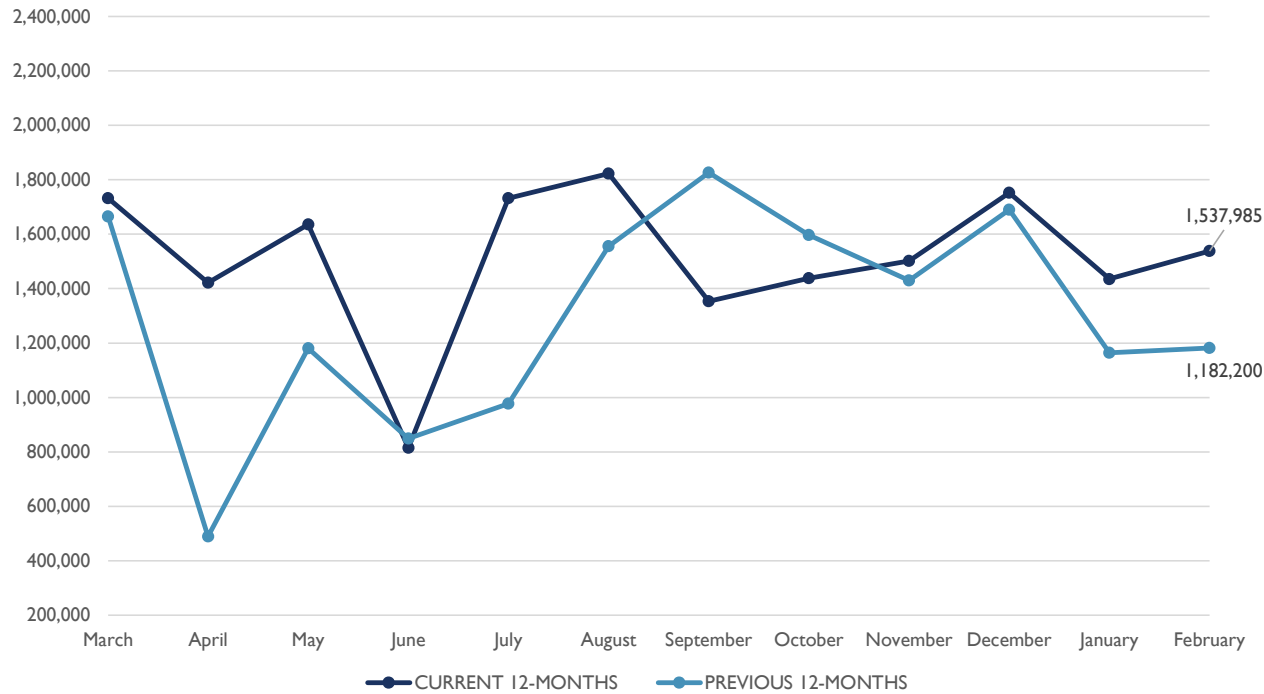
# SJ HEALTH BILLING & COLLECTIONS

## A/R AGING FEBRUARY 2022

SJCC Accounts Receivable Aging Analysis For the Month of February 2022								
Aging Category	MediCare	MediCal	Commercial	Self Pay	Total Aging This Month	Total Aging Last Month	\$ Increase (Decrease)	% Increase (Decrease)
1-30 Days	194,999	1,256,534	13,342	21,785	1,486,660	1,785,718	(299,059)	-16.75%
31-60 Days	121,574	115,613	10,885	19,275	267,347	291,783	(24,436)	-8.37%
61-90 Days	82,021	91,906	20,037	20,229	214,193	190,231	23,962	12.60%
91-120 Days	40,976	101,736	13,716	6,660	163,088	153,549	9,539	6.21%
121-180 Days	35,266	145,449	20,751	3,550	205,016	149,751	55,265	36.90%
181-240 Days	12,850	67,228	10,595	921	91,593	74,558	17,035	22.85%
241-270 Days	5,316	17,007	6,326	1,111	29,760	19,550	10,209	52.22%
271-365 Days	7,884	14,917	11,150	1,879	35,829	42,227	(6,397)	-15.15%
366 Days & Over	13,897	23,660	50,497	(568)	87,486	61,314	26,173	42.69%
	20%	71%	6%	3%				
<b>Total FC This Month</b>	514,782	1,834,049	157,299	74,842	2,580,972	2,768,682	(187,709)	-6.78%
<b>Total FC Last Month</b>	418,826	2,092,693	175,041	82,122	2,768,682			
<b>\$ Increase (Decrease)</b>	95,956	(258,644)	(17,742)	(7,280)	(187,709)			
<b>% Increase (Decrease)</b>	22.91%	-12.36%	-10.14%	-8.86%	-6.78%			
Monthly Management Summary								
	Beginning	Charges	Payments	Adjustments	Ending Gross			
February Activity	2,768,682	2,453,371	(1,537,985)	(1,103,096)	2,580,972			
A/R Days Analysis								
	February	January	December	November	October	September	August	Increase (Decrease)
Gross A/R Days	31	33	30	33	35	32	28	(3)
Net A/R	1,334,255	1,421,291	1,270,381	1,383,482	1,574,805	1,652,978	1,574,249	(87,037)
Net A/R Days	25	28	25	29	31	31	33	(2)

# FEBRUARY 2022 EMMI CASH COLLECTED - \$1,537,985

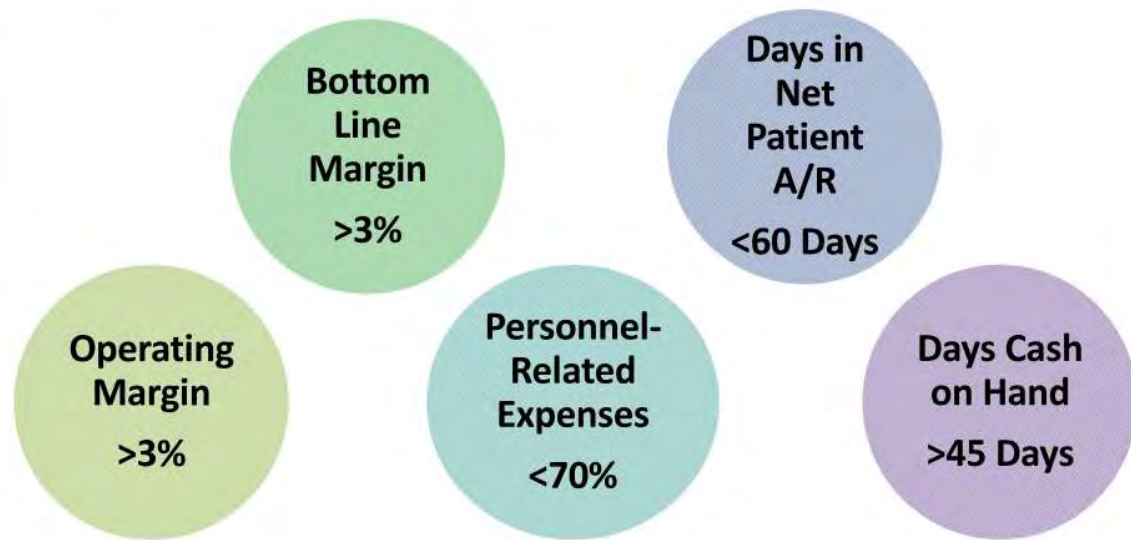
ROLLING 12-MONTH TRENDS - CASH COLLECTED



FY22 Collections by Financial Class	%
Medi-Cal Managed Care	78.17%
Medi-Cal	17.96%
Medicare	3.08%
Commercial	0.52%
Self-Pay	0.26%
Total	100.00%



## Key Financial Metrics: Capital Link Industry Guidelines



## CAPITAL LINK FQHC FINANCIAL BENCHMARKS VS SJCC

DATA SUMMARY	Capital Link Target	SJCC FYTD FY22
<b>FINANCIAL HEALTH</b>		
<b>1 Operating Margin</b> As a % of Operating Revenue	>3%	2%
<b>2 Bottom Line Margin</b> As a % of Operating Revenue	>3%	5%
<b>3 Days Cash on Hand</b>	>30-45 Days	94
<b>4 Days in Net Patient Receivables</b>	<60 Days	25
<b>5 Personnel-Related Expense (PRE)</b> As a % of Operating Revenue	<70	73%

## QUESTIONS & ANSWERS







San Joaquin Health Centers  
Financial Statement Comments  
February 2022

**Summary of Clinics Year to Date**

Billable visits for February are favorable to budget by 166 visits. YTD visits have been updated on the December financials due to an updated report received for the additional visits (1,602 visits) that were not captured in the previous months. Additional Patient Revenues have been recorded accordingly. This new methodology has no impact on patient collections. Net Patient Revenues for February are \$150,591 greater than budget. YTD financials reflect a PPS reconciliation liability accrual of \$200,000. YTD Medi-Cal payments for \$2,519,165 have been reflected on the Balance Sheet for FY2015, FY2016, and FY2017 according to the payment plan with DHCS. YTD Income Statement includes interest expense of \$143,626 for PPS liability payments made to DHCS for FY2015, FY2016, and FY2017. YTD financials includes \$8.1M payment from SJGH related to the finalization of FY2020 financial statement audit and according to the separation agreement between SJGH and SJ Health. Also, YTD financials include \$4.1 payment from SJGH related to unaudited FY2021 financial statement and according to the separation agreement between SJGH and SJ Health. YTD financials include funds transferred for \$9,575,840 to San Joaquin County as a payment for payroll and benefits paid by San Joaquin County on behalf of SJ Health from July 2021 through January 2022.

YTD Supplemental Revenue includes the recognition of estimated Quality Incentive Program revenue for \$7,977,319. Combined Grants Revenue includes revenues for Essential Access Title X, SOR2, Whole Person Care, Behavioral Health Integration, Health Net, American Rescue Plan (ARP) and other grants for \$1,553,024. Capitation and Managed Care Incentives include the YTD Capitation Revenue with an unfavorable variance to budget by \$512,070 mainly due to non-recognition of HEDIS revenue during the year. Also, Other Income includes the 340B Pharmacy Program revenue for \$911,797 and the program related expenses for \$659,941 are included in Supplies & Other Expenses categories on the financials. YTD financials reflect First Responder Program revenue for \$10,000. YTD Other Revenue includes revenues accrued for \$459,103 related to Purchased Services provided to SJGH by SJCC per the MOU and Interest Income of \$14,698. Total Net Operating Revenues are favorable to budget by \$1,385,415.

YTD Salaries and benefits expenses exhibit an unfavorable variance to budget of \$570,648. Other operating expenses exhibit an unfavorable variance of \$673,946 largely due to Purchased Services with favorable variance of \$917,300 mainly offset by unfavorable variance in Professional Fees, Supplies, Interest and Miscellaneous Expenses \$1,591,246. An estimated expense for the Purchased Services is recorded from July through February based on the MOU.

Unaudited, as presented, Net Income of \$1,315,514 on a year-to-date basis is favorable compared to budget by \$140,821.

**Additional Factors Impacting Clinic Performance Presentation**

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

**Other Material Notes**

- SJGH has submitted to its independent auditor history-to-date financial adjustments which effectively have resulted in SJ Health being a breakeven operation as of 6/30/2020.



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

**LEGISLATIVE UPDATE**

**State of California**

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

**2022-23 Budget**

Governor Newsom announced his 2022-23 state budget proposal referred to as the “California Blueprint on January 10, 2022. The Legislature has begun its review and has until June 15 to pass the budget.

**Proposed Legislation Being Supported by Community Health Center/Health Access Advocacy Organizations**

**SB 939 - Prescription Drug Pricing for Covered Entities (Pan, 6<sup>th</sup> District - Sacramento)**

The 340B Drug Pricing Program, adopted by Congress in 1992, is an important source of support for Community Health Centers (CHCs) including SJ Health. Allowing CHCs to purchase outpatient drugs at significantly reduced costs, facilitates the ability for the health centers to pass the savings on to their patients through reduced drug prices and invest additional savings to expand access and improve health outcomes.

In recent years, CHCs have grown increasingly concerned about actions by pharmacy benefit managers (PBMs), manufacturers and others who are taking 340B savings from CHCs while also threatening patient access to critical medicines available through the federal 340B Drug Discount Program.

To address this, on February 8, 2022, Senator Pan introduced Senate Bill 939, which would prohibit discriminatory actions by PBMs and drug manufacturers when providing 340B drugs to CHCs and their patients.

Current Status: Set for Hearing by Senate Committee on Health on March 23, 2022

### **SB 966 - Federally qualified health centers and rural health clinics: visits (Limón, 19<sup>th</sup> District – Santa Barbara)**

In May 2020, DHCS temporarily allowed Associate Clinical Social Workers (ASWs) and Associate Marriage and Family Therapists (AMFTs) as billable provider types for FQHCs (including Look-Alikes), contingent on the declared COVID-19 public health emergency. While SJ Health has not yet taken advantage of this flexibility, the flexibility has increased access to behavioral health services, including increasing culturally and linguistically appropriate services, and helped meet the increased patient demand during COVID-19 for other FQHCs. Health centers are concerned about the inability to continue utilizing this workforce upon the expiration of the public health emergency and the impact of that on access to behavioral health care for their patients.

To address this, Senator Limón introduced Senate Bill 966 on February 9, 2022. This Bill would extend flexibilities allowed during the declared public health emergency to hire and bill for ASWs and AMFTs, therefore sustaining continuity of care for patients and increasing access to a diverse behavioral health workforce. This bill will also remove the current administrative barrier to utilizing LMFTs by aligning FQHC/RHC Medi-Cal Change in Scope-Of-Service Request (CSOSR) requirements for both medical and behavioral health services, ensuring that health centers are not disadvantaged when trying to bring in critical behavioral health workforce.

Current Status: Set for Hearing by Senate Committee on Health on March 23, 2022

### **Federal**

#### **H.R. 5376 – 117<sup>th</sup> Congress: Build Back Better Act (BBBA)**

Introduced September 27, 2021, H.R. 5376 was a 2,465-page, \$3.5 trillion bill (over ten years) that “provides funding, establishes programs, and otherwise modifies provisions relating to a broad array of areas, including education, labor, childcare, health care, taxes, immigration, and the environment.”

Over time it became a \$1.75 trillion package is still subject to change that includes \$2 billion for community health center capital projects, including for Look-Alikes.

Current Status: The Biden administration remains interested in seeing this bill or at the very least parts of it passed. So far very little progress has been made. Health Center stakeholders continue to advocate for the \$2 billion for capital projects that were included in the bill.

March 29, 2022

Board of Directors  
San Joaquin Health Centers

Dear Board Members:

### **Retroactive Approval of Change In Scope Requests Submitted by SJCC Staff to HRSA**

#### **RECOMMENDATION**

It is recommended that the Board of Directors retroactively approve the following Change in Scope requests previously submitted to and subsequently approved by HRSA:

- **CIS00127374 – Update an Additional or Specialty Service** - 1) Deleting occupational therapy as an additional or specialty service delivered by SJCC through formal written referral arrangement; and 2) Deleting physical therapy as an additional or specialty service delivered by SJCC through formal written referral arrangement
- **CIS00128294 – Update and Additional or Specialty Service** - Adjusting the scope to reflect that SJCC delivers Podiatry services through a formal written contract with a podiatrist that SJCC pays for and not directly through an SJCC employed podiatrist or through formal written referral arrangement with another organization.
- **CIS00127838 – Update a Required Service** - Adjusting the scope to reflect that in addition to SJCC staff directly providing required translation services, SJCC has begun providing required translation services through a formal written contract with AMN Language Services.
- **CIS00128855 - Update a Required Service** - Adjusting the scope to reflect that in addition to SJCC physicians directly providing required general primary care, SJCC provides general primary care through a formal written contract with an internal medicine physician that SJCC pays for.
- **CIS00122440 – Adding a New Service Site** - Adding Mobile Clinic as a service site.

#### **BACKGROUND**

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

#### **Service Sites:**

A service site is defined as a location where providers:

- Conduct face-to-face visits with patients and document those encounters in the patients' medical records.
- Exercise independent judgment when delivering these services, meaning they, as trained medical or healthcare professionals, can diagnose and treat the patients themselves.

- Deliver services by, or on behalf of, the health center, which means the health center’s governing board must have control and authority over the services provided at the location.
- Deliver services on a regularly scheduled basis.

A location that does NOT meet one or more parts of the definition cannot be added as a service site to the health center Scope of Project.

**Services:**

All health centers must provide a set of required primary health services. In addition, a health center may provide additional health services to meet the needs of its patients.

**Providers:**

Providers deliver health services to patients on behalf of a health center. A health center may directly employ or contract with providers, set up formal arrangements with other organizations, or use volunteer providers.

**Service Area:**

A service area is where most of a health center’s current patients live. The health center ensures that the service area has specific boundaries that reduce barriers to care and is a size that allows access to services for everyone living in the area, including identified medically underserved populations in that area.

**Target Population:**

Health centers must serve a medically underserved population or one or more special medically underserved populations as their target population. Special medically underserved populations include migratory and seasonal agricultural workers, people experiencing homelessness, and residents of public housing.

A health center documents its approved scope of project in several ways. These include:

**Health Center Program Approved Applications**

The approved Health Center Program application, such as a New Access Point application or a Look-Alike Initial Designation application, documents health center scope of project.

**Form 5A: Services Provided (Form 5A)**

A health center records approved services in the electronic handbook on Form 5A: Services Provided. The form lists the required and additional health services a health center provides, as well as the service delivery methods for each service. A health center may deliver services directly to patients, through formal contracts and agreements, or through formal written referral arrangements.

**Form 5B: Service Sites (Form 5B)**

A health center records approved service sites on Form 5B: Service Sites. The form lists information for each health center site in the scope of project. Site details include information such as service site name, address, operational details, and more.

**Form 5C: Other Activities/Locations (Form 5C)**

Form 5C: Other Activities/Locations lists health center activities that 1) do not meet the service site definition, 2) are conducted on an irregular timeframe or schedule, and 3) offer a limited activity from within the full complement of health center activities within the scope of project. These include, but are not limited to, health fairs, home visits, health education, and immunizations.

A health center can change its scope of project, including adding or deleting services or sites, through a process called a change in scope (CIS) request. If a health center needs to make a change in its scope of project, it must submit a CIS request through the Electronic Handbook (EHB). This allows HRSA to review and approve the change. There are two kinds of CIS requests:

- Formal - a formal CIS is for a significant change.
- Scope Adjustment - a scope adjustment is for a smaller change.

Formal CISs include:

- Add a new, additional, or specialty service to scope
- Delete an existing service from scope
- Add a new service site to scope
- Convert an existing administrative-only site to a service/administrative site or service site
- Delete an existing service site from scope
- Convert an existing service site or service/admin site to an admin-only site
- Add a new target population

Scope Adjustments include:

- Update a required service
- Update an additional or specialty service
- Add an admin-only site
- Delete an admin-only site
- Update information about a site (such as hours of operation, months of operation, zip codes)
- Add, remove, or update other activities/locations

**REASON FOR RECOMMENDATION**

During its organizational review in preparation for an operational site visit, SJCC staff and consultants reviewed its HRSA approved scope of project and identified items requiring updating in Form 5A and Form 5B.

In response to those finding, SJCC staff has submitted the following CIS requests to HRSA:

**Form 5A:**

- **CIS00127374 – Update an Additional or Specialty Service** - 1) Deleting occupational therapy as an additional or specialty service delivered by SJCC through formal written referral arrangement – SJCC does not have a formal written referral arrangement for occupational therapy services; and 2) Deleting physical therapy as an additional or specialty service delivered by SJCC through formal written referral arrangement – SJCC does not have a formal written referral arrangement for physical therapy services.
- **CIS00128294 – Update and Additional or Specialty Service** - Adjusting the scope to reflect that SJCC delivers Podiatry services through a formal written contract with Dr. Rajdeep Sahota, DPM, that SJCC pays for and not directly through an SJCC employed podiatrist or through formal written referral arrangement with another organization.
- **CIS00127838 – Update a Required Service** - Adjusting the scope to reflect that in addition to SJCC staff directly providing required translation services, SJCC has begun providing required translation services through a formal written contract with AMN Language Services
- **CIS00128855 - Update a Required Service** - Adjusting the scope to reflect that in addition to SJCC physicians directly providing required general primary care, SJCC provides general primary care through a formal written contract with Singh Medical Associates LLC that SJCC pays for.

**Form 5B:**

- **CIS00122440 – Adding a New Service Site** - Adding the recently purchased mobile clinic as a service site.

While already approved by HRSA and reflected in SJCC's Scope of Project, these CIS requests should have been previously approved by SJCC's Board of Directors. To correct this error, SJCC is seeking retroactive approval of these requests.

**ACTIONS TO BE TAKEN FOLLOWING APPROVAL**

The Board's approval of these previously submitted CIS requests will be documented in the Board minutes and made available for HRSA if requested. Any future CIS requests will receive approval by the Board of Directors prior to submission.

Sincerely,



Farhan Fadoo, MD  
Chief Executive Officer  
San Joaquin Health Centers



March 29, 2022

Board of Directors  
San Joaquin Health Centers

Dear Board Members:

**Retroactive Approval to Submit Grant Application to Center for Care Innovations for the Connected Care Accelerator: Equity Collaborative 2022 Program  
In the Amount Of \$75,000 for the Period April 26, 2022 Through May 31, 2023**

**RECOMMENDATION**

It is recommended that the Board of Directors:

Approve the March 16 submission of a grant application to the Center for Care Innovations, Connected Care Accelerator: Equity Collaborative 2022 Program in the Amount of \$75,000 for the period April 26, 2022 through May 31, 2023.

**BACKGROUND/REASON FOR RECOMMENDATION**

The COVID-19 pandemic drove health centers across the country, including SJ Health, to rapidly pivot from in-person visits to telehealth. From a baseline of less than 2 percent telehealth visits prior to the pandemic, more than 30% of SJ Health's visits were by telehealth during 2021. More than 90% of those telehealth visits were audio only.

The Center for Care Innovations, in partnership with the California Health Care Foundation (CHCF) and Cedars-Sinai is launching the Connected Care Accelerator (CCA): Equity Collaborative to reduce disparities in telehealth care. Through the CCA Equity Collaborative, California Health Care Foundation (CHCF) and Cedars-Sinai will provide \$75,000 grants and technical assistance to up to 21 safety-net practices where the majority of patients are covered by Medi-Cal or uninsured. 12 will be funded by CHCF throughout the state and 9 by Cedars-Sinai in Los Angeles. Grant applications were due March 16.

This collaborative is designed for organizations that have already implemented both phone and video telehealth approaches and have a committed team to test, learn, and share best practices to advance equity in access to telehealth.

In addition to receiving grants of \$75,000 participating agencies will receive, access to monthly coaching, an online learning community, virtual convenings, and tools to reduce and/or eliminate disparities in access to telehealth. All participating organizations will focus on at least two of the following areas:

- Improving the use of video telehealth
- Supporting patients with digital barriers
- Expanding access to telehealth for patients with a preferred language other than English

Over the course of this 13-month learning collaborative (April 2022 – May 2023), participants will work on innovation projects to advance telehealth delivery for populations who face barriers to accessing care. Organizations will each dedicate a small, multidisciplinary team (3-5 people) to define, discover, design, test, and implement strategies that will improve and sustain telehealth delivery for their specified population.

The program will guide teams through a process that advances the use of innovation and performance improvement methods to support rapid testing and learning. Teams will have access to virtual resources, including peers, learning events, coaches and subject matter experts, as well as tools and templates to support testing and learning. The expected outcome is that participants demonstrate increased access to telehealth for populations prioritized for telehealth equity interventions.

SJ Health became aware of this grant opportunity in early March. SJ Health has a specific corporate objective to improve the use of video telehealth. So, this grant opportunity was of great interest. With less than two weeks to prepare and submit application, SJ Health quickly prepared and submitted a competitive application on March 16.

#### **FISCAL IMPACT**

The total amount of the award would be \$75,000 over 12 months. The funds would be used to underwrite the costs of SJ Health personnel (staff and contractors) involved in the learning collaborative. There are no matching requirements for these grant funds.

#### **ACTIONS TO BE TAKEN FOLLOWING APPROVAL**

If SJ Health is selected for funding, SJ Health's CEO will execute the contract and SJ Health will implement the grant in accordance with the requirements of Center for Care Innovations.

Sincerely,



Farhan Fadoo, MD  
Chief Executive Officer  
San Joaquin Health Centers

# UDS 2021-Report



**SJ HEALTH**

San Joaquin Health Centers

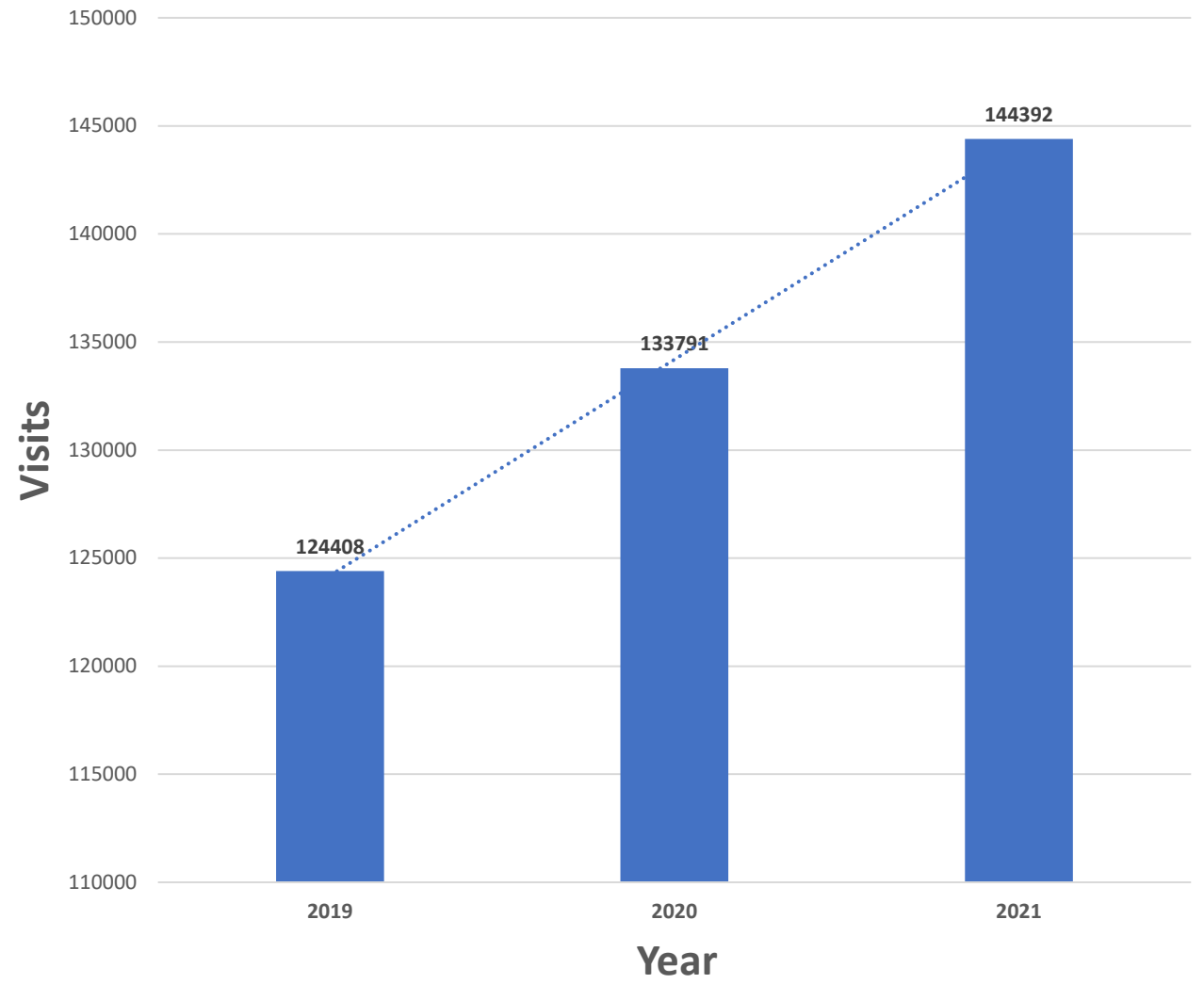
Jeff Slater

Rajat Simhan



**SJ HEALTH**  
San Joaquin Health Centers

## Clinic Visits



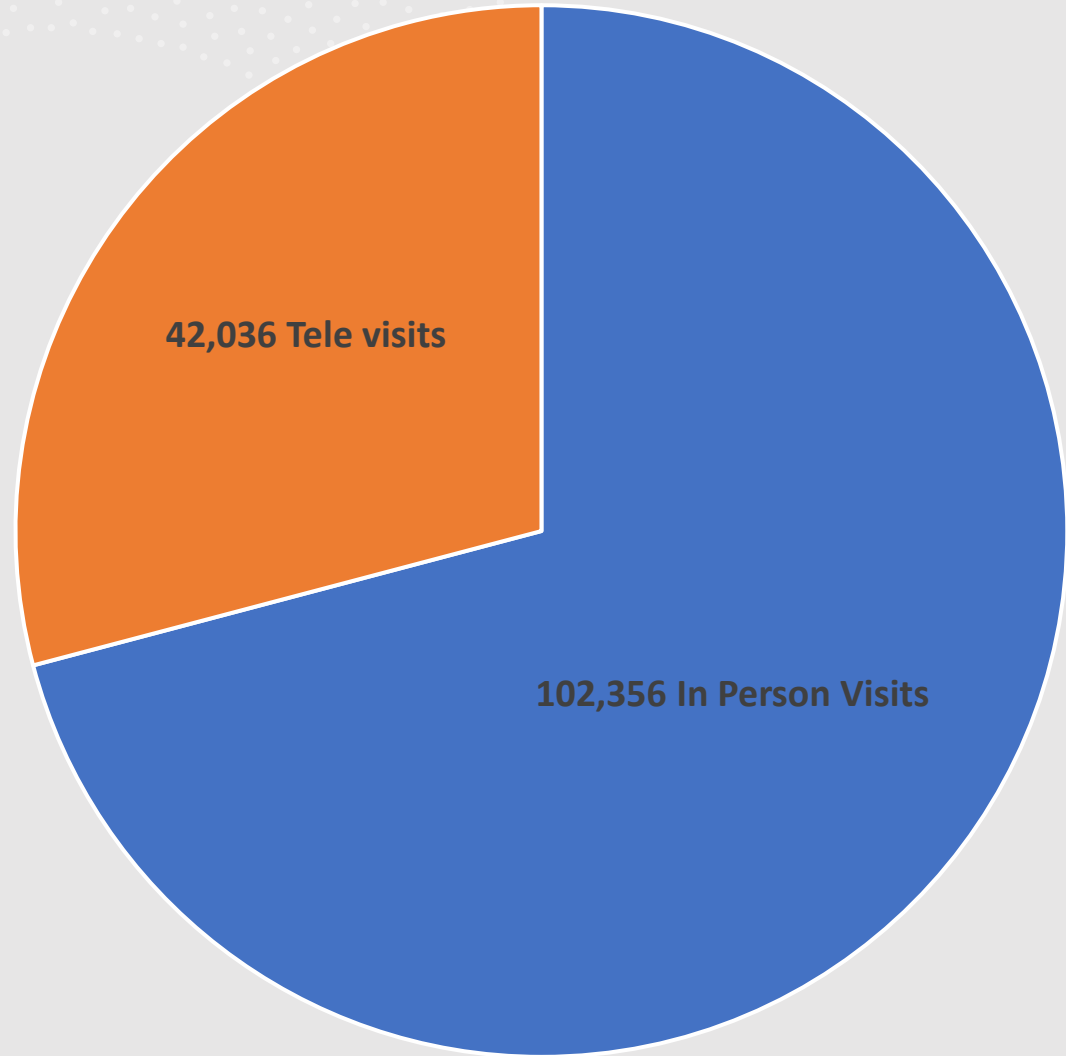


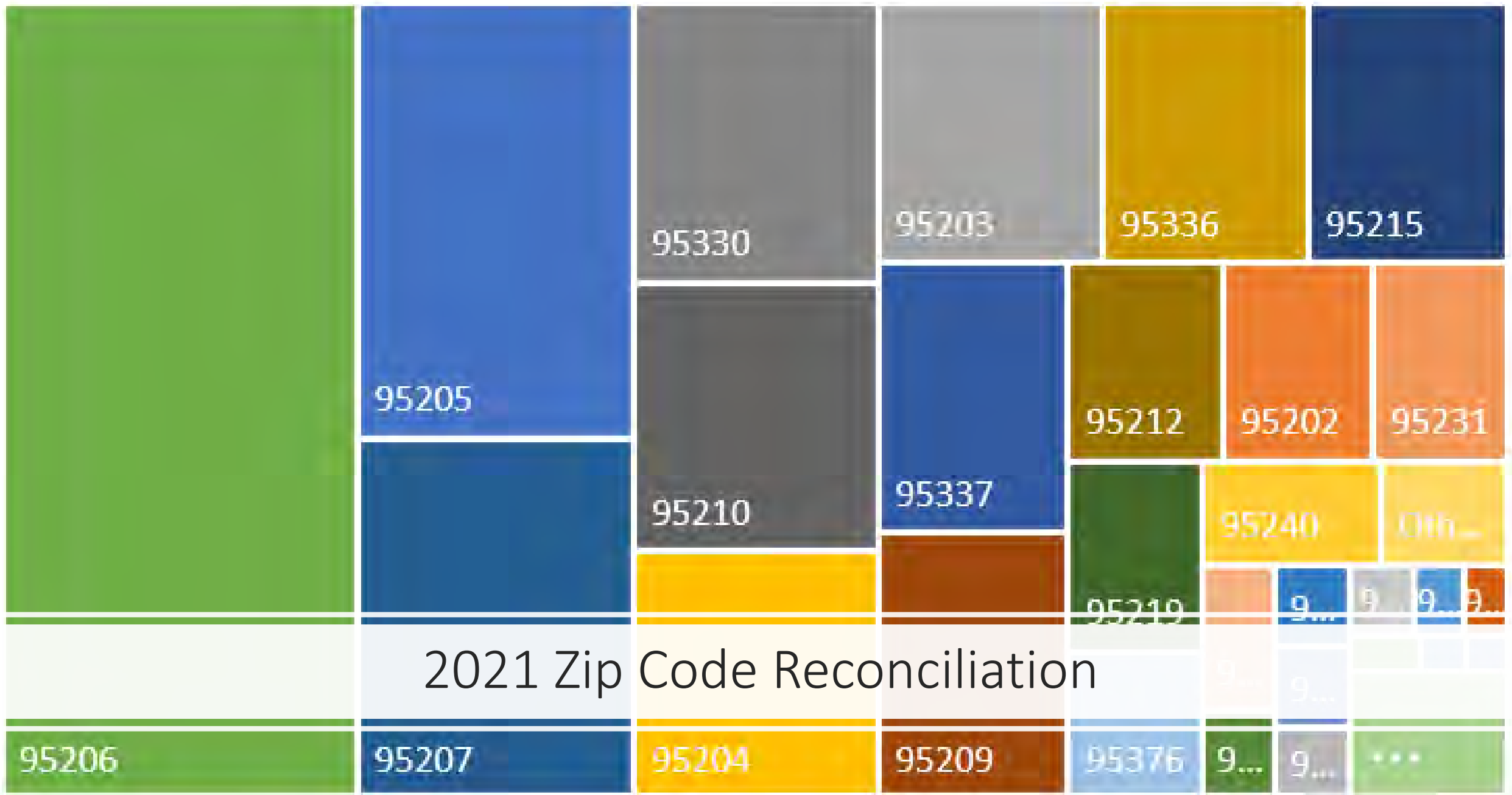
# SJ HEALTH

San Joaquin Health Centers

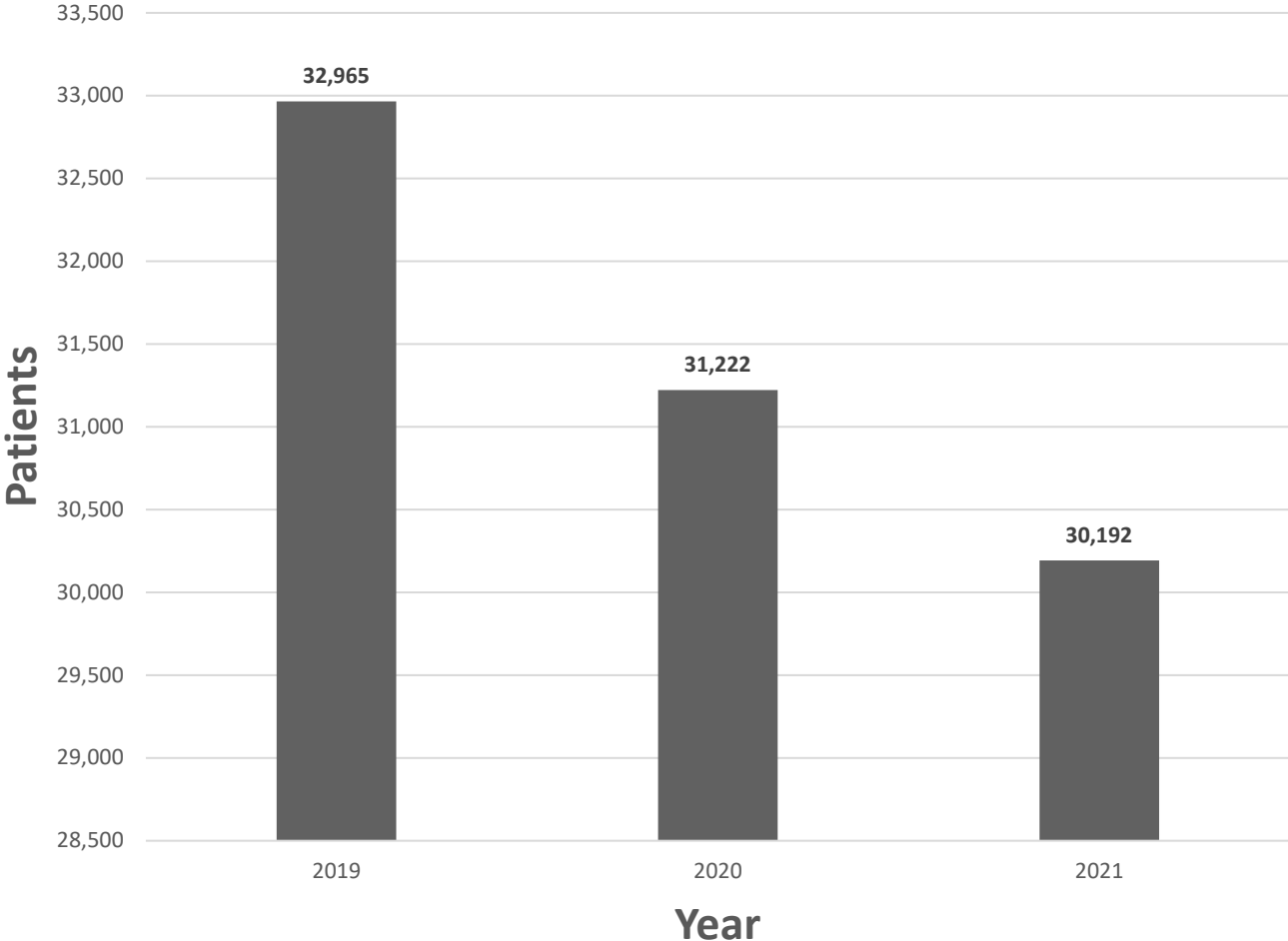
## Visit Modality

2021 Visit Modality





# Unique Patients





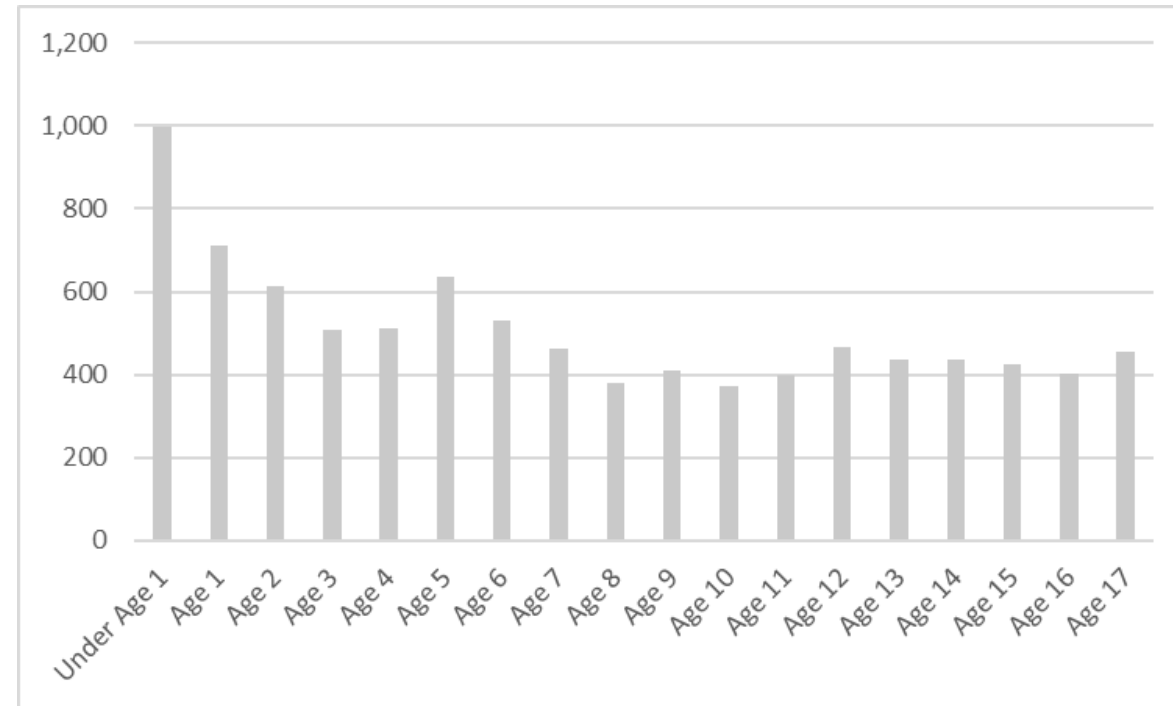
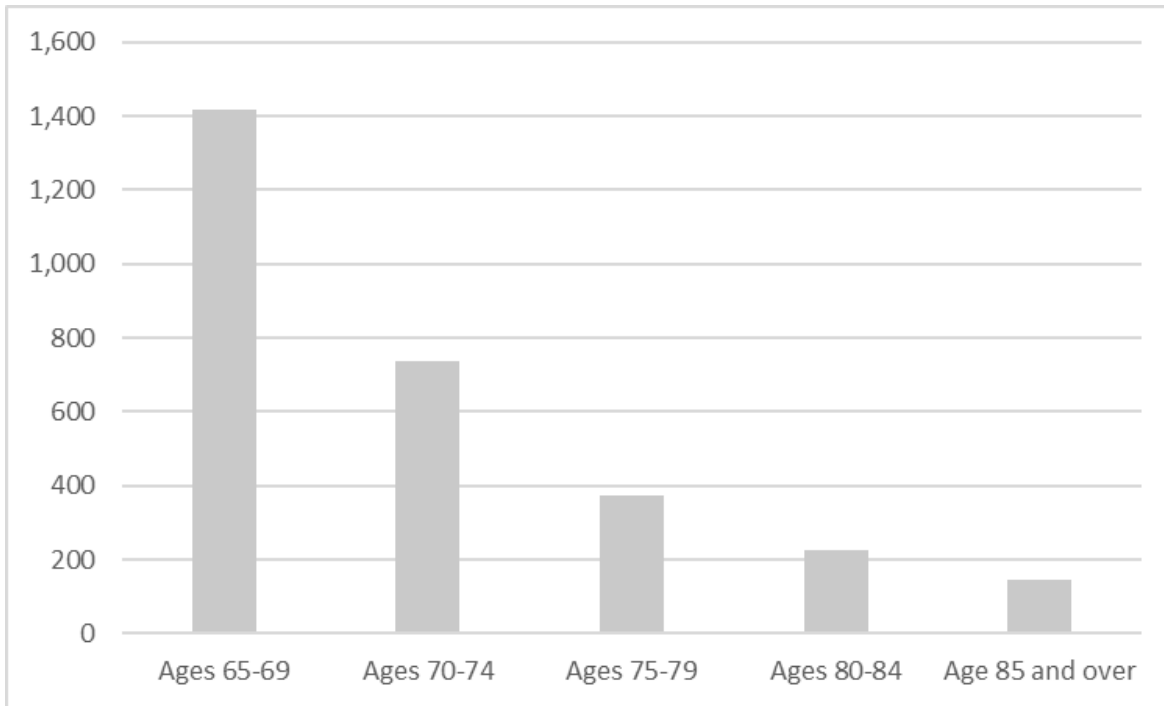
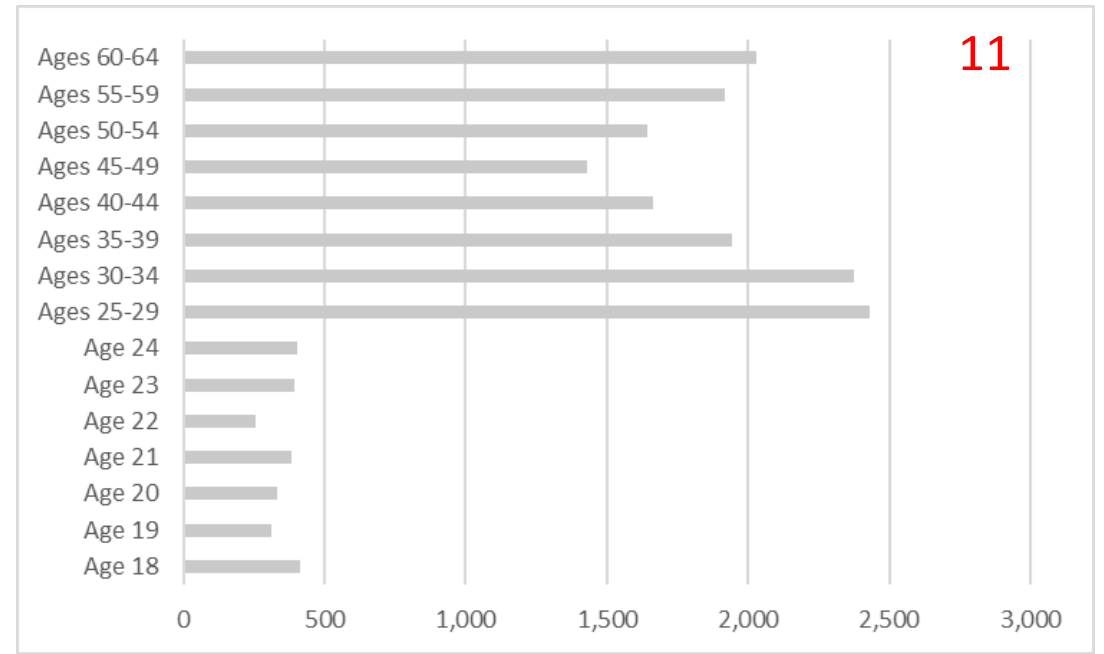
## Patient Characteristics- Income Level

Patient Characteristics	2019	2020	2021
Total Patients with known Income (Denominator)	24,463	20,343	14,359
% Patients at or Below 200% of Federal Poverty Guideline	93.93%	93.99%	75.40%
% Patients at or Below 200% of Federal Poverty Guideline	22,977	19,210	10,831
% Patients at or Below 100% of Federal Poverty Guideline	69.81%	72.15%	51.20%
% Patients at or Below 100% of Federal Poverty Guideline	17,078	14,678	7,464

# Staffing and Utilization

<b>Category</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
<b>Medical</b>	136.75	87.85	85.7
<b>Mental Health</b>	2.05	3.35	2.75
<b>Enabling Services</b>	12.00	7.85	7.85
<b>Admin and Facility Staff</b>	24.50	22.75	37.25
<b>Total (FTE)</b>	175.30	121.80	121.80

# Patients Age Breakdown

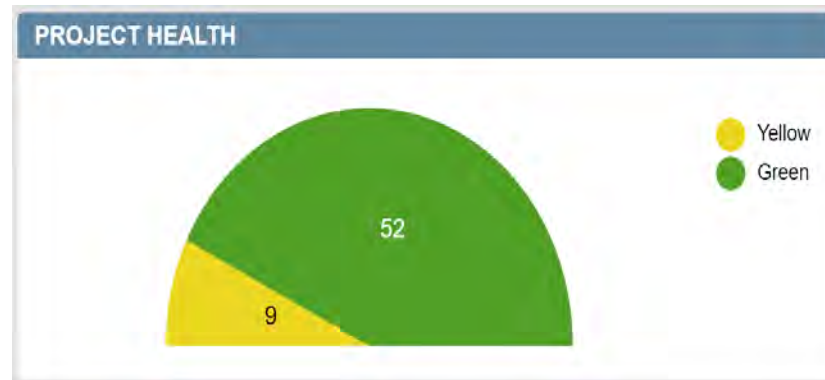
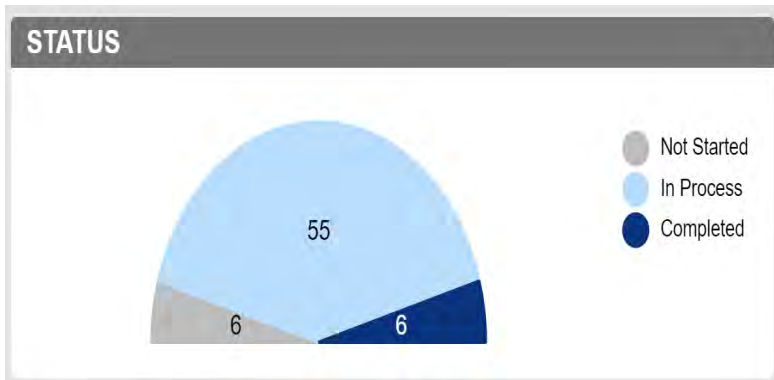


# CLINICAL QUALITY MEASURES

SJCC Clinical Performance Indicators -- Summary Dashboard								
Measure		CY 2021	Q3 2021	Q2 2021	Q1 2021	CY 2020	Target	Reference
DM A1c Poor Control	Outcome	38.57%	38.90%	42.38 % (42.34%)	41.68%	42.05%	29.68%	NQF 0059
CVD BP Control	Outcome	54.76%	52.98%	46.57 (46.33%)	40.33%	51.13%	72.26%	NQF 0018
Pap Screening	Process	55.71%	52.45%	47.17% (68.67%)	47.33%	51.32%	61.00%	NQF 0032
Prenatal Care in 1st Trimester	Process	68.85%	61.97%	65.28%	58.54%	63.32%	84.80%	UDS 6B
Birth Weight < 2500 gm	Outcome	8.62%	8.02%	4.23%	2.83%	7.21%	7.80%	UDS 7
Pediatric Immunizations	Process	44.29%¥	37.14%¥	50.00%¥	41.43%¥	42.86%¥	39.44%	NQF 0038
Pediatric BMI Screening and Intervention	Process	71.14%	64.96%	50.45%	59.62%	56.63%	54.70%	NQF 0024
Adult BMI Screening and Intervention	Process	25.56%	25.33%	25.14%	16.82%	20.84%	53.60%	NQF 0421
Tobacco Use Screening and Intervention	Process	65.38%	80.70%	85.87	72.87%	76.37%	88.09%	NQF 0027
CVD Lipid Therapy	Process	80.20%	80.67%	86.30% (85.34%)	83.76%	86.04%	85.00%	CMS 347
IVD Aspirin Therapy	Process	88.77%	88.43%	88.89% (89.05%)	94.50%	92.83%	80.86%	NQF 0068
Colorectal Cancer Screening	Process	32.86%	39.24%	41.33% (46.82%)	33.53%	34.60%	62.86%	NQF 0034
HIV Linkage to Care*	Process	93.33%	90.90%	75.00%	80.00%	60.00%	85.55%	UDS 6B
HIV Screening	Process	19.52%				18.57%	-	-
Depression Screening and Follow-up	Process	45.43%	39.65%	37.74% (27.47%)	27.75%	35.79%	76.35%	NQF 0418
Depression Remission	Process	4.42%				5.73%	11.27%	CMS 159
Breast Cancer Screening	Process	52.40%				58.29%	77.00%	CMS 125

# CEO Report – Previous 30 Days

- COVID19 Updates
  - Field events continue for vax and testing but volumes are sharply lower due to easing of pandemic
  - We continue to use telehealth for certain types of encounters (March MTD encounters ahead of budget)
- Structural Independence
  - FY23 prelim budget draft submitted to CAO 3/11; budget presentation to your Board by early May followed by BOS
  - Administrative HQ: finalizing cutover plan; anticipate occupancy in April
  - SJ Health brand launch anticipated by end of May
- HRSA Compliance
  - UDS submitted 2/11/22; in review process with UDS reviewer
- Strategic plan implementation
  - Total effort: 67 projects with 13 project owners



Projects By Strategic Plan Pillar	
Healthier Community	16
Build Identity	18
Sustainability	33
Projects By Functional Domain	
Administrative	16
Finance	13
HR	7
Marketing	6
Operations	16
Population Health/Community Engagement	4
QI	5