



San Joaquin County Clinics (SJCC)

**Minutes of August 25, 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); Mike Baskett (Board Member); Brian Heck (Board Member); Alvin Maldonado (Board Member); Esgardo Medina (Board Member); Melanie Toutai (Board Member)

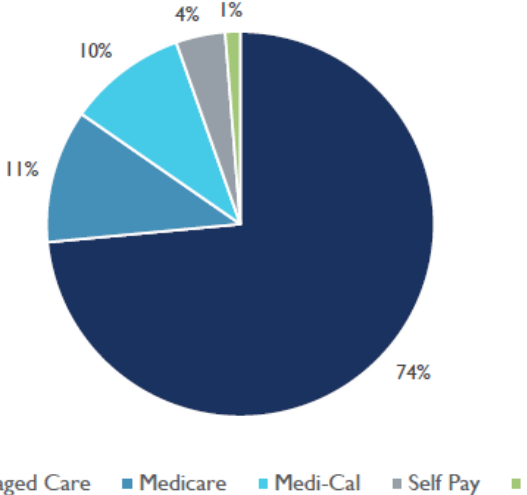
BOARD MEMBERS ABSENT: Luz Maria Sandoval (Treasurer)

BOARD MEMBERS EXCUSED: Mary Mills (Board Member)

SJCC STAFF PRESENT: Dr. Farhan Fadoo (SJCC Executive Director); David Culberson (SJGH CEO); Greg Diederich (HCS Director); Betty Jo Riendel (SJCC Nursing Dept Manager); Alice Soulligne (SJCC COO); Kristopher Zuniga (SJCC CFO); Rajat Simhan (SJCC Program Manager – Compliance); Jeff Slater (SJCC Grant Writer); Adelé Gribble (SJCC ACS OTC)

GUESTS: Carlos Jimenez (Wipfli Consultant); Christopher Scoz; Susan Thorner (Fiscal Solutions Consultant)

AGENDA ITEM	ATTACHMENTS	ACTION
<p>1. <u>Introduction & Establish Quorum (Rod Place, Board Chair)</u></p> <p>a. Call to Order & Establish Quorum b. Rod Place called the meeting to order at 5:03 p.m. c. SJCC Board of Director’s Attendance Record (Jan 2020 through July 2020) Board Members were accounted for by roll call and a quorum was established for today’s meeting. d. Introductions There were no introductions for today’s meeting</p>	<p>SJCC Board of Directors Attendance Record through July 2020</p>	<p>No action required</p>
<p>2. <u>Approval of Minutes from 07/28/2020 (Rod Place, Board Chair)</u></p> <p>Alvin Maldonado made a motion to approve the minutes from the Board meeting on July 28, 2020. Mike Baskett seconded the motion and the board unanimously approved the minutes.</p>	<p>BOD Meeting Minutes from 07/28/2020</p>	<p>Motion to approve the minutes from 07/28/20 – Alvin Maldonado, seconded by Mike Baskett & unanimously approved by the board.</p>
<p>3. <u>Public Comment (General Public)</u></p> <p>There was no public comment at this month’s meeting.</p>	<p>No Attachments</p>	<p>No Action Required</p>

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<p>4. <u>Credentialing Report (Betty Jo Riendel)</u></p> <p>Betty Jo Riendel advised there are no initial appointments, no reappointments, no advancements and no resignations to report for August 2020. As a result, this agenda item has no action required.</p>	<p>Attachment 4 (Credentialing Report)</p>	<p>No Action Required</p>
<p>5. <u>Finance Committee Report (Kris Zuniga)</u></p> <p>a. PPS Reconciliation (Kris Zuniga)</p> <p>Kris Zuniga advised he would be going into some detail into our Med-Cal PPS Rate process and PPS reconciliations received for San Joaquin County Clinics (SJCC). Kris advised he will discuss the Medi-Cal PPS rate in a general light, the settlement process and will transition to the SJCC specific PPS rates and settlement. He will also discuss the Medi-Cal reconciliation process that exists and cover our progress on SJCC's PPS reconciliations and tie that into our financial statements and how it is all related.</p> <p>SJCC's payer mix is as shown below:</p>  <p>Our payer mix is essentially everything EMMI collects off of. This is a description of our visits by financial class. Each one of these pieces of the above pie represents a different payer. The larger portion (74%) is Medi-Cal Managed Care, followed by Medicare at 11%, Traditional Medi-Cal at 10%, Self-Pay at 4% and Commercial at 1%.</p> <p>The Board voted last month on pursuing recommendations that Wipfli gave us. The recommendations were in relation</p>	<p>Attachments 5 (Medi-Cal PPS Rates & PPS Reconciliations)</p>	<p>No action required</p>

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<p>to the 11% for Medicare. Today's discussion will look at the 74% piece of the pie and the 10% piece for Traditional Medi-Cal.</p> <p>The Medi-Cal Prospective Payment System (PPS) is nothing more than this idea of getting a fixed rate in terms of reimbursement.</p> <ul style="list-style-type: none"> ➤ MediCal Federally Qualified Health Center (FQHC) Reimbursement is based on the Prospective Payment System (PPS Rate) ➤ FQHC's are paid at a static interim PPS rate until a final PPS rate is determined for each clinic site ➤ PPS Rate = Base-Year Total Allowable Costs/Base-Year Total Billed Visits <ul style="list-style-type: none"> ➤ EXAMPLE FOR ONE CLINIC: <ul style="list-style-type: none"> ➤ 2,000,000 ALLOWABLE COSTS/10,000 BILLED VISITS = \$200 PPS RATE ➤ When the PPS rate is set, the state pays a retroactive settlement payment for each traditional Medi-Cal visit since inception (in our case, inception was July 1st, 2014). ➤ Annual PPS Rate increases occur each October <p>Alvin Maldonado asked why we are paid less than other organizations, from his perspective, we are the lowest. Alicia Yonemoto explained the board voted over the last three months with regards to requesting our PPS adjustment. Wipfli was able to address these and we now have a new PPS rate, so we are not the lowest in the county.</p> <p>Kris presented the table below, green is final, yellow is still pending (Family Practice Clinic California Street):</p> <div style="text-align: center; background-color: #002060; color: white; padding: 10px; margin: 10px 0;"> <h2 style="margin: 0;">SAN JOAQUIN TRADITIONAL MEDI-CAL PPS RATES</h2> </div> <p style="text-align: center; color: green; font-weight: bold;">GREEN IS FINAL....YELLOW IS NOT</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Effective Date</th> <th>Family Medicine Clinic</th> <th>Children's Health Services</th> <th>Primary Medicine Clinic</th> <th>Healthy Beginnings California St.</th> <th>Healthy Beginnings French Camp</th> <th>Effective Date</th> <th>Family Practice Clinic California St.***</th> </tr> </thead> <tbody> <tr> <td>Interim PPS Rate</td> <td>7/1/2014</td> <td>129.02</td> <td>129.02</td> <td>129.02</td> <td>129.02</td> <td>129.02</td> <td>7/1/2015</td> <td>158.85</td> </tr> <tr> <td>Base Year PPS Rate</td> <td>7/1/2014</td> <td>172.37</td> <td>208.46</td> <td>142.30</td> <td>217.36</td> <td>268.47</td> <td>7/1/2015</td> <td>242.41</td> </tr> <tr> <td>Today's PPS Rate</td> <td>10/1/2019</td> <td>182.96</td> <td>221.27</td> <td>151.04</td> <td>230.72</td> <td>284.97</td> <td>10/1/2019</td> <td>255.26</td> </tr> </tbody> </table> <p style="text-align: right; font-size: small; margin-top: 5px;">***FPCC is an estimate as of 8-10-20</p>		Effective Date	Family Medicine Clinic	Children's Health Services	Primary Medicine Clinic	Healthy Beginnings California St.	Healthy Beginnings French Camp	Effective Date	Family Practice Clinic California St.***	Interim PPS Rate	7/1/2014	129.02	129.02	129.02	129.02	129.02	7/1/2015	158.85	Base Year PPS Rate	7/1/2014	172.37	208.46	142.30	217.36	268.47	7/1/2015	242.41	Today's PPS Rate	10/1/2019	182.96	221.27	151.04	230.72	284.97	10/1/2019	255.26		
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<p>We received notification of our final PPS rates for five of our clinics in May 2020. We are still awaiting the final PPS rate for FPCC. We have had annual increases to these rates shown above every October. In October 2020, these rates will increase again. The audit to set FPCC's PPS rates is complete and we will receive those rates shortly. The numbers</p>																																						

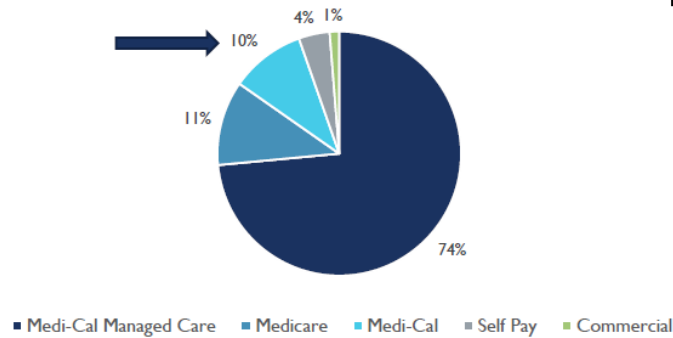
AGENDA ITEM	ATTACHMENTS	ACTION
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shown in yellow above reflects the estimated rates for this clinic. Four of our six clinics have PPS rates greater than \$200.

Kris advised the clinics will benefit from visits that have already taken place. These PPS rates are associated with our Traditional Medi-Cal business (10%) of our Payer mix.

	Effective Date	Family Medicine Clinic	Children's Health Services	Primary Medicine Clinic	Healthy Beginnings California St.	Healthy Beginnings French Camp	Effective Date	Family Practice Clinic California St.***
Today's PPS Rate	10/1/2019	182.96	221.27	151.04	230.72	284.97	10/1/2019	255.26

***FPCC is an estimate as of 8-10-20



When the PPS rate is set, the State pays a retroactive settlement for each traditional Medi-Cal visit **since inception**.

The Annual PPS Rate increases occur **each October**.

The State will determine the final retroactive settlement payment amounts.

Estimated receivables below do not include the Family Practice Clinic California Street.

	Family Medicine Clinic	Children's Health Services	Primary Medicine Clinic	Healthy Beginnings California St.	Healthy Beginnings French Camp
Interim Rate	129.02	129.02	129.02	129.02	129.02
7/1/2014	172.37	208.46	142.30	217.36	268.47
10/1/2015	173.75	210.13	143.44	219.10	270.62
10/1/2016	175.66	212.44	145.02	221.51	273.60
10/1/2017	177.77	214.99	146.79	224.17	276.88
10/1/2018	180.26	218.00	148.81	227.31	280.76
10/1/2019	182.96	221.27	151.04	230.72	284.97

Kris advised while we may have been conducting our business at a rate of \$129.02 across all five of our clinics, the State of California will compensate us for every traditional Medi-Cal visit at their respective PPS rate that was in effect for that visit date, all the way back to inception.

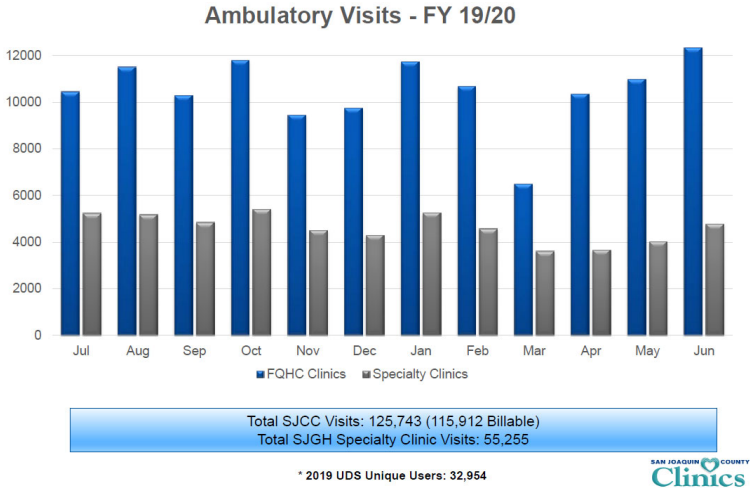

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<p>Estimated Receivables</p> <table border="1"> <tr><td>Fiscal Year 15</td><td>\$ 622,109</td></tr> <tr><td>Fiscal Year 16</td><td>\$ 583,253</td></tr> <tr><td>Fiscal Year 17</td><td>\$ 590,865</td></tr> <tr><td>Fiscal Year 18</td><td>\$ 688,190</td></tr> <tr><td>Fiscal Year 19</td><td>\$ 719,915</td></tr> <tr><td>Fiscal Year 20</td><td>\$ 742,311</td></tr> <tr><td>Estimated Total</td><td>\$ 3,946,643</td></tr> </table> <p>Kris stated they have estimated what that means to our clinics for every Fiscal year.</p> <p>Wipfli is estimating our Medi-Cal business will return approximately \$3.9M to the clinics from the State of California for our Traditional Medi-Cal visits that have occurred through the years of our history. The State will look at all our visits and determine the final total.</p> <p>74% of SJCC's business (Medi-Cal Managed Care) reflects the following:</p> <p> ■ Medi-Cal Managed Care ■ Medicare ■ Medi-Cal ■ Self Pay ■ Commercial </p> <ul style="list-style-type: none"> ➤ More complicated than traditional Medi-Cal FQHC reimbursement (with traditional Medi-Cal visits, the patient comes into the clinic, we get our PPS rate for that visit). ➤ Reimbursement comes in three forms: <ol style="list-style-type: none"> 1. Capitation payments – monthly payments per Managed Care member for a bundle of services <ul style="list-style-type: none"> ➤ No billing required ➤ Paid by Health Plan of San Joaquin (HPSJ) <ul style="list-style-type: none"> ➤ Example: 1,000 enrolled members x \$10 per member = \$10,000 per month 2. Wrap payments (formerly known as Code 18 payments) – payments per visit <ul style="list-style-type: none"> ➤ Wrap rate is issued to each clinic ➤ Billed by EMMI ➤ Paid by the State 3. Managed Care Fee-For-Service payments – payments per visit for services not covered under capitation <ul style="list-style-type: none"> ➤ Billed by EMMI ➤ Paid by HPSJ <p>For Capitation payments, we have a capitation contract with HPSJ for example. In that contract, that will outline all the services that are covered the capitation model. No one bills for that capitation payment. HPSJ will send us a payment</p>	Fiscal Year 15	\$ 622,109	Fiscal Year 16	\$ 583,253	Fiscal Year 17	\$ 590,865	Fiscal Year 18	\$ 688,190	Fiscal Year 19	\$ 719,915	Fiscal Year 20	\$ 742,311	Estimated Total	\$ 3,946,643		
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<p>directly, based on the number of enrolled members. This is shown on our financial statement each month.</p> <p>Wrap payments are slightly different, this gets billed out by EMMI to the State of California. This is a set rate per clinic. The State pays us the wrap payment.</p> <p>For the Managed Care Fee-For-Service, EMMI will bill these services out directly to the health plan and they will pay us.</p> <ul style="list-style-type: none"> ➤ At the conclusion of each fiscal year; all California FQHC's are required to file a per-site PPS reconciliation report with the Department of Health Care Services (DHCS) ➤ The reconciliation compares FQHC payments received (3 components) versus a calculation of what the FQHC is "entitled" to receive ➤ Entitlement per site is equal to the total Managed Care billed visits multiplied by the individual sites's PPS rate <ul style="list-style-type: none"> ➤ EXAMPLE FOR ONE CLINIC: 5,000 managed care visits x \$250 PPS rate = \$1,250,000 entitled reimbursement ➤ CONCLUSION: VISITS DICTATE ENTITLEMENT (<i>the more visits we have, the more money we can keep at the end of the fiscal year</i>) ➤ If the payments received are greater than the entitlement amount, then the FQHC owes monies back to the State ➤ If the payments received are less than the entitlement amount, then the FQHC is owed monies from the State ➤ The final PPS reconciliation settlement amount is determined by DHCS, not the FQHC. <p>Greg Diederich stated for that settlement, we have to have a face-to-face encounters with a defined provider in the FQHC, he asked if we are able to take advantage of the flexibilities now with tele-health visits, they counted as billable visits and are now part of the denominator. Kris acknowledged the virtual visits are included in all of our compensation pieces.</p> <p>Kris advised for SJCC, WIPFLI has taken the results of our PPS reconciliations and placed them on a trended basis year by year. This identifies the characteristics for noticable features of our business.</p> <ul style="list-style-type: none"> • The schedule below estimates annual PPS reconciliation liabilities inclusive of the Family Practice Clinic but calculated at the interim PPS rate • The State is usually about three years behind on finalizing PPS reconciliations • All fiscal years have been submitted to DHCS except for fiscal year 2020 <table border="1"> <thead> <tr> <th>Fiscal Year</th> <th>2015</th> <th>2016</th> <th>2017</th> <th>2018</th> <th>2019</th> <th>2020</th> <th>Aggregate</th> </tr> </thead> <tbody> <tr> <td>Managed Care Wrap Around Visits</td> <td>50,078</td> <td>48,746</td> <td>57,735</td> <td>70,557</td> <td>74,880</td> <td>91,939</td> <td>393,935</td> </tr> <tr> <td>Total Entitlement</td> <td>8,708,282</td> <td>8,975,699</td> <td>10,659,487</td> <td>12,980,066</td> <td>13,716,166</td> <td>16,360,268</td> <td>71,399,968</td> </tr> <tr> <td>Average Entitlement Amount Per Visit</td> <td>173.89</td> <td>184.13</td> <td>184.63</td> <td>183.97</td> <td>183.18</td> <td>177.95</td> <td>181.25</td> </tr> <tr> <td>Less:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Medi-Cal Wrap Around Payments</td> <td>5,669,267</td> <td>5,828,797</td> <td>6,752,064</td> <td>7,903,747</td> <td>8,429,004</td> <td>9,722,084</td> <td>44,304,963</td> </tr> <tr> <td>Managed Care FFS Payments</td> <td>5,642,254</td> <td>682,830</td> <td>803,790</td> <td>1,537,250</td> <td>3,106,507</td> <td>1,964,943</td> <td>13,737,574</td> </tr> <tr> <td>Managed Care Capitation Payments</td> <td>-</td> <td>5,945,541</td> <td>5,974,366</td> <td>5,657,849</td> <td>5,538,716</td> <td>5,275,425</td> <td>28,391,897</td> </tr> <tr> <td>Total Payments Received</td> <td>11,311,521</td> <td>12,457,168</td> <td>13,530,220</td> <td>15,098,846</td> <td>17,074,227</td> <td>16,962,452</td> <td>86,434,434</td> </tr> <tr> <td>Average Payment Received Per Visit</td> <td>225.88</td> <td>255.55</td> <td>234.35</td> <td>214.00</td> <td>228.02</td> <td>184.50</td> <td>219.41</td> </tr> <tr> <td>Estimated Settlement</td> <td>(2,603,239)</td> <td>(3,481,469)</td> <td>(2,870,733)</td> <td>(2,118,780)</td> <td>(3,358,061)</td> <td>(602,185)</td> <td>(15,034,467)</td> </tr> </tbody> </table> <p>Kris stated the numbers above are pending settlement amounts, these are estimations. We will work with the State to ensure the ending settlement amount is as small as possible.</p>	Fiscal Year	2015	2016	2017	2018	2019	2020	Aggregate	Managed Care Wrap Around Visits	50,078	48,746	57,735	70,557	74,880	91,939	393,935	Total Entitlement	8,708,282	8,975,699	10,659,487	12,980,066	13,716,166	16,360,268	71,399,968	Average Entitlement Amount Per Visit	173.89	184.13	184.63	183.97	183.18	177.95	181.25	Less:								Medi-Cal Wrap Around Payments	5,669,267	5,828,797	6,752,064	7,903,747	8,429,004	9,722,084	44,304,963	Managed Care FFS Payments	5,642,254	682,830	803,790	1,537,250	3,106,507	1,964,943	13,737,574	Managed Care Capitation Payments	-	5,945,541	5,974,366	5,657,849	5,538,716	5,275,425	28,391,897	Total Payments Received	11,311,521	12,457,168	13,530,220	15,098,846	17,074,227	16,962,452	86,434,434	Average Payment Received Per Visit	225.88	255.55	234.35	214.00	228.02	184.50	219.41	Estimated Settlement	(2,603,239)	(3,481,469)	(2,870,733)	(2,118,780)	(3,358,061)	(602,185)	(15,034,467)		
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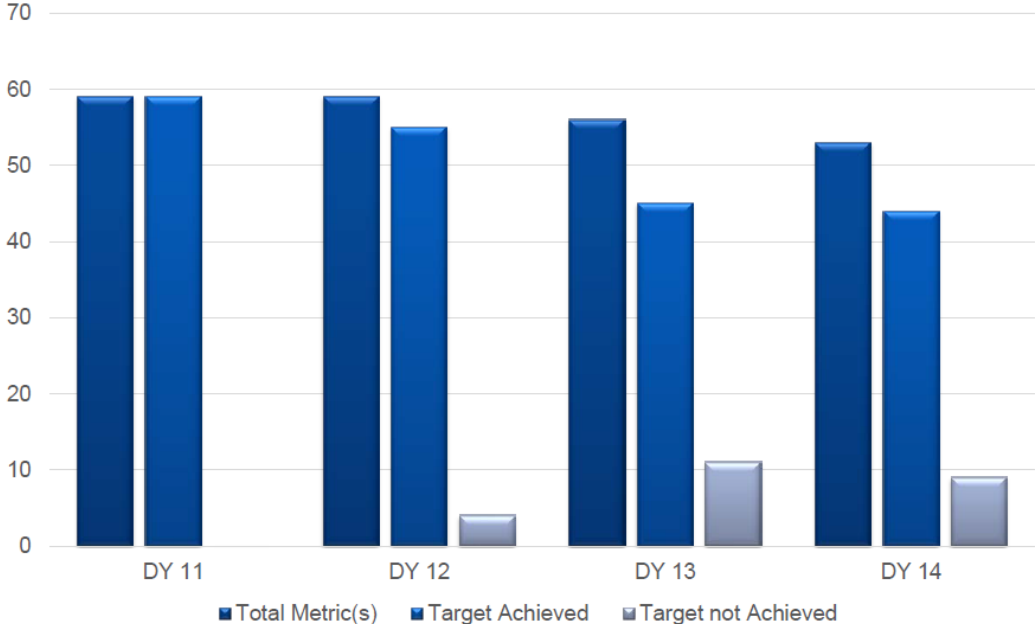
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<p>Kris stated our visits are increasing yearly which reduces our settlement amounts (what we owe back to the State). In 2019 we reported \$3 billion in Fee-For-Service payments. This sticks out in this trend analysis and we are working with Wipfli to examine this Fee-For-Service number that was reported, and if it turns out we over reported those payments, we will notify the State. If our visits continue to increase in 2021, this will mitigate these outstanding liabilities even more.</p> <p>Kris stated the following is what we take away from all of this:</p> <ul style="list-style-type: none"> ➤ We have excellent PPS rates – 4 of 6 are greater than \$200 ➤ Nothing begins to be final until we have a PPS rate for the Family Practice Clinic California Street ➤ All settlement amounts will be finalized by the State ➤ SJCC may pursue changing the Wrap rates to mitigate annual accrued payables <ul style="list-style-type: none"> ➤ General best practices dictate that an FQHC is a net borrower from the State because of the lag in adjudication ➤ The estimated receivables and payables are as follows: <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="2" style="background-color: #FFF9C4;">Estimated Receivables</th> <th colspan="2" style="background-color: #FFF9C4;">Estimated Payables</th> </tr> </thead> <tbody> <tr> <td>Fiscal Year 15</td> <td style="text-align: right;">\$ 622,109</td> <td>Fiscal Year 15</td> <td style="text-align: right;">\$ (2,603,239)</td> </tr> <tr> <td>Fiscal Year 16</td> <td style="text-align: right;">\$ 583,253</td> <td>Fiscal Year 16</td> <td style="text-align: right;">\$ (3,481,469)</td> </tr> <tr> <td>Fiscal Year 17</td> <td style="text-align: right;">\$ 590,865</td> <td>Fiscal Year 17</td> <td style="text-align: right;">\$ (2,870,733)</td> </tr> <tr> <td>Fiscal Year 18</td> <td style="text-align: right;">\$ 688,190</td> <td>Fiscal Year 18</td> <td style="text-align: right;">\$ (2,118,780)</td> </tr> <tr> <td>Fiscal Year 19</td> <td style="text-align: right;">\$ 719,915</td> <td>Fiscal Year 19</td> <td style="text-align: right;">\$ (3,358,061)</td> </tr> <tr> <td>Fiscal Year 20</td> <td style="text-align: right;">\$ 742,311</td> <td>Fiscal Year 20</td> <td style="text-align: right;">\$ (602,185)</td> </tr> <tr> <td>Estimated Total</td> <td style="text-align: right;">\$ 3,946,643</td> <td>Estimated Total</td> <td style="text-align: right;">\$ (15,034,467)</td> </tr> </tbody> </table> <p>Below are two schedules, one that represents the liabilities associated with our PPS reconciliations and the second for receivables for traditional Medi-Cal business.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="5" style="background-color: #FFF9C4;">ANNUAL PPS RECONCILIATION ACCRUED LIABILITIES</th> </tr> <tr> <th style="background-color: #FFF9C4;">GL ACCOUNT CODE</th> <th style="background-color: #FFF9C4;">ACCOUNT DESCRIPTION FQ</th> <th style="background-color: #FFF9C4;">5/31/20 BALANCE</th> <th style="background-color: #FFF9C4;">RECOMMENDED 6/30/20 BALANCES</th> <th style="background-color: #FFF9C4;">RECOMMENDED ADJUSTMENTS</th> </tr> </thead> <tbody> <tr> <td>2062015</td> <td>DUE TO MCMC CD 18 FY15 FQ</td> <td style="text-align: right;">(4,254,789)</td> <td style="text-align: right;">(2,603,239)</td> <td style="text-align: right;">1,651,550</td> </tr> <tr> <td>2062016</td> <td>DUE TO MCMC CD 18 FY16 FQ</td> <td style="text-align: right;">(5,108,533)</td> <td style="text-align: right;">(3,481,469)</td> <td style="text-align: right;">1,627,064</td> </tr> <tr> <td>2062017</td> <td>DUE TO MCMC CD 18 FY17 FQ</td> <td style="text-align: right;">(4,912,655)</td> <td style="text-align: right;">(2,870,733)</td> <td style="text-align: right;">2,041,922</td> </tr> <tr> <td>2062018</td> <td>DUE TO MCMC CD 18 FY18 FQ</td> <td style="text-align: right;">(3,591,068)</td> <td style="text-align: right;">(2,118,780)</td> <td style="text-align: right;">1,472,288</td> </tr> <tr> <td>2062019</td> <td>DUE TO MCMC CD 18 FY19 FQ</td> <td style="text-align: right;">-</td> <td style="text-align: right;">(3,358,061)</td> <td style="text-align: right;">(3,358,061)</td> </tr> <tr> <td>2062020</td> <td>DUE TO MCMC CD 18 FY20</td> <td style="text-align: right;">(550,000)</td> <td style="text-align: right;">(602,185)</td> <td style="text-align: right;">(52,185)</td> </tr> <tr> <td></td> <td style="text-align: right;">TOTAL ACCRUED</td> <td style="text-align: right;">(18,417,045)</td> <td style="text-align: right;">(15,034,467)</td> <td style="text-align: right;">3,382,578</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">REDUCTION IN ACCRUED LIABILITY</td> </tr> </tbody> </table> <p>Across the horizontal, we are looking at what the balances were in our financial records at the end of May 2020. At the end of May 2020, for accrued liabilities for the PPS reconciliations, we had \$18.4M accrued in liabilities. Our analysis estimates \$15M so there is cause for adjustment on our financial records of \$3.3 to the positive. This is a \$3.3M increase in FY20 revenues and reductions of liabilities.</p> <p>Looking at the receivables for the traditional Medi-Cal visits, we can see that as of the May 2020 financials we had accrued \$1M in receivables. Our estimations say that number is closer to \$3.9M. We are presenting an adjustment to our auditors of \$2.9M that they will examine the work on and sign off on so we can include this as a journal entry that will be posted on our audited June 30, 2020 financials.</p>	Estimated Receivables		Estimated Payables		Fiscal Year 15	\$ 622,109	Fiscal Year 15	\$ (2,603,239)	Fiscal Year 16	\$ 583,253	Fiscal Year 16	\$ (3,481,469)	Fiscal Year 17	\$ 590,865	Fiscal Year 17	\$ (2,870,733)	Fiscal Year 18	\$ 688,190	Fiscal Year 18	\$ (2,118,780)	Fiscal Year 19	\$ 719,915	Fiscal Year 19	\$ (3,358,061)	Fiscal Year 20	\$ 742,311	Fiscal Year 20	\$ (602,185)	Estimated Total	\$ 3,946,643	Estimated Total	\$ (15,034,467)	ANNUAL PPS RECONCILIATION ACCRUED LIABILITIES					GL ACCOUNT CODE	ACCOUNT DESCRIPTION FQ	5/31/20 BALANCE	RECOMMENDED 6/30/20 BALANCES	RECOMMENDED ADJUSTMENTS	2062015	DUE TO MCMC CD 18 FY15 FQ	(4,254,789)	(2,603,239)	1,651,550	2062016	DUE TO MCMC CD 18 FY16 FQ	(5,108,533)	(3,481,469)	1,627,064	2062017	DUE TO MCMC CD 18 FY17 FQ	(4,912,655)	(2,870,733)	2,041,922	2062018	DUE TO MCMC CD 18 FY18 FQ	(3,591,068)	(2,118,780)	1,472,288	2062019	DUE TO MCMC CD 18 FY19 FQ	-	(3,358,061)	(3,358,061)	2062020	DUE TO MCMC CD 18 FY20	(550,000)	(602,185)	(52,185)		TOTAL ACCRUED	(18,417,045)	(15,034,467)	3,382,578					REDUCTION IN ACCRUED LIABILITY		
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<p>Total between the two schedules is \$6.3M in balance sheet adjustments and additional FY20 FQHC revenues.</p> <p>Greg stated over the last couple of years, we started to book some reserves, knowing the productivity issue was going to come up. He asked if these are additional accounting of reserves we need to book or if this is the full amount of the liability that we might have booked in prior fiscal years. Kris stated we were overly conservative when booked these reserves for these anticipated liabilities. Now that we have better information, we are reducing those liabilities which is by default creating these very large pick-ups to our Profit & Loss. This does not mean we have \$15M ready to return to the State of California, these are accounting entries that make our financial entries more accurate.</p> <p>Kris stated we do not have a cash fund to address these liabilities, but it has been his experience the fund recoveries will occur with future remittance advices.</p> <p>Carlos Jimenez stated the original amounts that were booked as reserves in the hospital records were very conservatively generated so when we finally got our final rates, they were significantly better than anticipated. It was not only good to get the audits completed but they were very successful in terms of what we were able to support and get through into the final rates. Now that the rate setting has been done for the initial five sites, we will be asking them to try and get those reconciliations done as expeditiously as possible. We don't want to have to pay one year at a time. The State knows the county's situation and are always willing to work with you on some type of a repayment plan that is not onerous, it will not drive you into insolvency. This will be the next step of discussion with the State once they start to settle all of those old years dating back to 2015. The trend is upward in terms of what the entitlement is because of the increased volume of visits in the clinics. This is favorable for SJCC as we get into a period of finally having to repay these amounts.</p>																																																																			
<p>6. <u>SJCC Board Training (Susan Thorner – Fiscal Solutions / Jeff Slater)</u></p> <p>Susan Thorner asked the committee to reflect on successes and/or accomplishments for the last year to share with the Board.</p> <p>Rod Place stated the most recent events are a huge accomplishment, not only to have defined our PPS rate but with the help of a few outside sources, we have been able to identify and get a much higher rate so that the clinics have a much better shot at being successful and profitable. He acknowledged Dr. Fadoo who jumped into a less than favorable situation. He took a few hits but never gave up and Rod would like to thank him for his efforts on what was done.</p>	No attachments	No Action Required.																																																																	

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<p>Dr. Fadoo stated the team he has is wonderful and he could not have done this alone.</p> <p>Alicia Yonemoto congratulates staff and everyone who had a hand to do this. She stated SJCC did about a 45° pivot with the telemedicine when the pandemic struck. This goes to show we are not going to be stuck. Thanks to technology and flexibility.</p> <p>Esgardo Medina stated he would like to thank the board for making quorum, it has been a while since we have consistently had one, he enjoys it. He likes the way we have been setting strategies, attempting to do what we have been doing with COVID. He likes the training we have been getting. He would like to thank the staff and the board members' help in accomplishing everything.</p> <p>David Culberson stated he would like to give a tremendous thanks for the effort of the entire clinic team for pulling together firstly our own COVID-19 testing drive-through and then helping out and basically doing all the hard work for Verily. We still have the largest single one-site testing availability in our County. It is a tremendous effort that we did, considering we didn't know anything about it in January and February.</p> <p>Alvin Maldonado thanked everyone for their contributions, for Wipfli and Fiscal Solutions assistance with everything. He thanked Dr. Fadoo and the Board for all their contributions. Alvin stated he has been around since the beginning and sees the accomplishments. Staff is doing a great job. We have a good chairman, a good director in Dr. Fadoo. Everyone is doing the right thing. He stated we need more board members and encouraged the board members to stick by and not give up.</p> <p>Adelé Gribble stated a tremendous shout-out needs to go out to our Community Outreach for the work they have been doing, going out into the community and doing all the COVID testing, this has been a tremendous win.</p> <p>Chris Scoz stated as a new observer, he appreciates the level of excellence, not only the staff but the board maintains on this team. You can see everyone is taking the job very serious. You can tell from the customer service to the client care. As a newcomer, seeing the strides of financial stability, it has gone very well. He is excited to work with the Board.</p> <p>Brian Heck stated he feels the leadership at the clinics led us through a lot of turbulence in the downsizing and right-sizing of the organization to basically keep it so we can stay in business. Managing through the COVID, we have done a lot with that as well.</p>		
<p>7. <u>CEO Annual Report (Dr. Farhan Fadoo)</u></p> <p>Dr. Fadoo presented the annual report for the last year's achievements. We changed seats in May 2019 and the team inherited a number of different concerns and circumstances in the clinics. The last several months have been dominated by the COVID pandemic so the year has been eventful.</p> <p>Our clinics operated eight sites as FQHC-Look-alikes. We shut down the last two sites at the end of June, leaving us with six sites in French Camp and downtown Stockton.</p>	Attachment 7 (CEO Annual Report)	

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<ul style="list-style-type: none"> ➤ SJCC Primary Medicine Clinic – French Camp ➤ SJCC Family Medicine Clinic – French Camp ➤ SJCC Healthy Beginnings Clinic – French Camp ➤ SJCC Family Practice California Clinic – Stockton ➤ SJCC Children’s Health Services – Stockton ➤ SJCC Healthy Beginnings Clinic – Stockton ➤ SJCC Manteca Clinic – Manteca ➤ SJCC Hazelton Clinic – Stockton <p>Services provided: adult primary care, pediatrics, prenatal care and women’s health, integrated behavioral health, chronic disease management.</p> <p>Dr. Fadoo stated we have a small amount of integrated Behavioral Health that we have tried to scale up over the years, it is still an area of development we need to pursue more fully. We also do a lot of work with chronic disease management. WE have some interesting programs imbedded in our clinics that are relative innovative. We have received some awards around the work we have done around congestive heart failure and diabetes.</p> <p>Our encounter volumes were covered in Kris Zuniga’s presentation. Below is a comparison, the gray bars are the hospital-based volumes (specialty clinics). The blue bars are the FQHC encounters. The June visits were up over 12K. The trend is continuing, our July visits were over 13K. These are total visits for the fiscal year, about 126K visits, of those about 116K were billable.</p> <div style="text-align: center;">  <p>Ambulatory Visits - FY 19/20</p> <table border="1"> <caption>Estimated Data from Ambulatory Visits - FY 19/20 Chart</caption> <thead> <tr> <th>Month</th> <th>FQHC Clinics (Visits)</th> <th>Specialty Clinics (Visits)</th> </tr> </thead> <tbody> <tr><td>Jul</td><td>10,500</td><td>5,000</td></tr> <tr><td>Aug</td><td>11,500</td><td>5,000</td></tr> <tr><td>Sep</td><td>10,000</td><td>4,800</td></tr> <tr><td>Oct</td><td>11,800</td><td>5,200</td></tr> <tr><td>Nov</td><td>9,500</td><td>4,500</td></tr> <tr><td>Dec</td><td>9,800</td><td>4,200</td></tr> <tr><td>Jan</td><td>11,800</td><td>5,200</td></tr> <tr><td>Feb</td><td>10,800</td><td>4,500</td></tr> <tr><td>Mar</td><td>6,500</td><td>3,500</td></tr> <tr><td>Apr</td><td>10,500</td><td>3,500</td></tr> <tr><td>May</td><td>11,000</td><td>4,000</td></tr> <tr><td>Jun</td><td>12,500</td><td>4,800</td></tr> </tbody> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; width: fit-content; margin-left: auto; margin-right: auto;"> <p>Total SJCC Visits: 125,743 (115,912 Billable) Total SJGH Specialty Clinic Visits: 55,255</p> </div> <p>* 2019 UDS Unique Users: 32,954</p>  </div> <p>Dr. Fadoo advised this represents roughly 33K unique patient lives. This is looking for fiscal year for the encounters and the UDS year is a calendar year for the unique users. In March we took approximately 40% hit on volume in the first COVID response.</p>	Month	FQHC Clinics (Visits)	Specialty Clinics (Visits)	Jul	10,500	5,000	Aug	11,500	5,000	Sep	10,000	4,800	Oct	11,800	5,200	Nov	9,500	4,500	Dec	9,800	4,200	Jan	11,800	5,200	Feb	10,800	4,500	Mar	6,500	3,500	Apr	10,500	3,500	May	11,000	4,000	Jun	12,500	4,800		
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<p>Below are highlights for 2019/2020:</p> <ul style="list-style-type: none"> ➤ Special Programs <ul style="list-style-type: none"> ➤ CHF Clinic (Recipient of California Association of Public Hospitals (CAPH) Quality Leaders Award for 2019) ➤ DM Titration Clinic – Family Medicine Clinic has also taken on this clinic ➤ MAT Clinic for patients with OUD (Opioid Use Disorder) ➤ eConsult platform live across 13 specialties and supported by HPSJ ➤ Centralized Scheduling/Referral Center – abandonment rate drop from 3% to 2% ➤ Monthly SJCC Board Development/Training – Fiscal Solutions ➤ COVID19 response <ul style="list-style-type: none"> ➤ 15 MOUs with third parties for occupational testing (1st responders, city/county agencies, private ag companies) ➤ Verily Project Baseline --~ 17,000 tests since 4/8/20 go-live ➤ Field Testing: homeless shelters and encampments / migrant workers ➤ Pivot to virtual care due to easing of 4-wall restrictions, reimbursement flexibilities ➤ HRSA ECT grant - \$608K ➤ Expense reduction <ul style="list-style-type: none"> ➤ \$1.5MM savings Manteca/Hazleton closures (17 deletions) ➤ \$5.84MM savings from non-Manteca/Hazleton layoffs (59 deletions) ➤ Repurpose Manteca Space – SJGH HIM ➤ Revenues <ul style="list-style-type: none"> ➤ Revenue cycle firm outsource – January 2020 ➤ Finalized PPS rates – highly favorable outcome <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Effective Date</th> <th>Family Medicine Clinic</th> <th>Children's Health Services</th> <th>Primary Medicine Clinic</th> <th>Healthy Beginnings California St.</th> <th>Healthy Beginnings French Camp</th> <th>Effective Date</th> <th>Family Practice Clinic California St.***</th> </tr> </thead> <tbody> <tr> <td>Interim PPS Rate</td> <td>7/1/2014</td> <td>129.02</td> <td>129.02</td> <td>129.02</td> <td>129.02</td> <td>129.02</td> <td>7/1/2015</td> <td>158.85</td> </tr> <tr> <td>Base Year PPS Rate</td> <td>7/1/2014</td> <td>172.37</td> <td>208.46</td> <td>142.30</td> <td>217.36</td> <td>268.47</td> <td>7/1/2015</td> <td>242.41</td> </tr> <tr> <td>Today's PPS Rate</td> <td>10/1/2019</td> <td>182.96</td> <td>221.27</td> <td>151.04</td> <td>230.72</td> <td>284.97</td> <td>10/1/2019</td> <td>255.26</td> </tr> </tbody> </table> <p style="text-align: right; margin-right: 50px;">***FPCC is an estimate as of 8-10-20</p> <ul style="list-style-type: none"> ➤ Grant funding in excess of \$1MM secured <ul style="list-style-type: none"> ➤ MAT, patient engagement, telehealth/virtual care, family planning, COVID response ➤ Waiver funding – captured 94% of available dollars (~\$17MM in DY14), CMS approved PRIME spillover to DY15 <p>Dr. Fadoo stated a press release came out yesterday highlighting our work with the ag workers and the Housing for the Harvest Program that our clinics are deeply engaged in with a few other community-based organizations (Catholic Charities and Community Foundation of San Joaquin) to provide testing to that program. We are expanding our work with migrant AG workers.</p> <p>This is our first foray into HRSA federal dollars. This is our first receipt of an award from HRSA that puts us on the radar hopefully as a steppingstone to receive the 330 status. Those dollars are earmarked for mobile clinics to support this work in the encampments, at the shelters and the ag worker population.</p> <p>Dr. Fadoo advised waiver funding was summarized for our sub-committee that met prior to the Board Meeting by Rajat Simhan. During our last year of PRIME, we captured about 94% of the available dollars (across the hospital and clinics).</p>		Effective Date	Family Medicine Clinic	Children's Health Services	Primary Medicine Clinic	Healthy Beginnings California St.	Healthy Beginnings French Camp	Effective Date	Family Practice Clinic California St.***	Interim PPS Rate	7/1/2014	129.02	129.02	129.02	129.02	129.02	7/1/2015	158.85	Base Year PPS Rate	7/1/2014	172.37	208.46	142.30	217.36	268.47	7/1/2015	242.41	Today's PPS Rate	10/1/2019	182.96	221.27	151.04	230.72	284.97	10/1/2019	255.26		
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<p>CMS recently approved flexibilities in DY15 (which is the fiscal year that just ended), we would be able to qualify using the DY14 performance. Quality has been affected over the last few months as a result of the COVID pandemic. There were a number of areas we overperformed and this resulted in the 94% capture rate.</p> <p>PRIME funding highlights:</p> <table border="1" data-bbox="157 435 1260 540"> <thead> <tr> <th></th> <th>DY 11</th> <th>DY 12</th> <th>DY 13</th> <th>DY 14</th> <th>DY 15</th> </tr> </thead> <tbody> <tr> <td>% P4R Metrics</td> <td>100%</td> <td>40%</td> <td>21%</td> <td>2%</td> <td>2%</td> </tr> <tr> <td>% P4P Metrics</td> <td>0%</td> <td>60%</td> <td>79%</td> <td>98%</td> <td>98%</td> </tr> </tbody> </table> <p style="text-align: center;">PRIME YOY Performance</p>  <p>Plans for FY20/21</p> <ul style="list-style-type: none"> ➤ Stabilize post-COVID operations. ➤ Expand service to special populations (homeless, migrant) via mobile clinics (HRSA ECT and CARES Act funding) ➤ Partner with new HPSJ leadership to drive additional member assignments to SJCC sites ➤ Enact more stringent financial controls around physician hiring/onboarding, payer credentialing, billing/collections ➤ 340b program (4 pharmacies contracted retro to 6/2020) ➤ Rebuild Population Health Management and Transitions of Care Teams to support Whole Person Care (WPC) (and eventually CalAIM). ➤ Deploy HealtheCare platform for care management 		DY 11	DY 12	DY 13	DY 14	DY 15	% P4R Metrics	100%	40%	21%	2%	2%	% P4P Metrics	0%	60%	79%	98%	98%		
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AGENDA ITEM	ATTACHMENTS	ACTION
<ul style="list-style-type: none"> ➤ Focus on the challenging work of improving productivity and quality simultaneously ➤ Shift physician to NP/PA ratio ➤ Build upon Quality Improvement (QI) capabilities using new tools (HealtheRegistries) to drive success in QIP 3.0 ➤ Evaluate proposed consolidation strategy to reduce operational complexity at French Camp and CA street locations (3→1 site) ➤ Anticipate 330 funding opportunities to move from Look-alike (LAL) status to full 330 grantee (contingent on federal budgets) ➤ Anticipate HRSA On Site Visit (OSV) in CY2021 (current LAL designation period ends 12/2021) <p>Dr. Fadoo advised our current designation ends at the end of 2021. There are number of items we are working through to make sure we are in full compliance. There is some work to be done there, we are working with our HRSA consultants (Susan Thorner and Renee Filson) and County Counsel and with the accounting team to ensure we are in shape for the next site visit.</p>		
<p>8. <u>AUTHORITY TO SUBMIT ANNUAL CERTIFICATION UPDATE (RAJAT SIMHAM)</u></p> <p>Rajat Simhan advised we are in line to get another site visit next year. In the meantime, we are supposed to renew our Look-alike (LAL) designation. This is the annual certification which is due October 3rd, 2020. This is just an FYI for the Board for the annual certification. Jeff Slater and Rajat will present the report to the Board next month and they are seeking the board's approval to submit the Annual Certification on behalf of San Joaquin County Clinics (SJCC). This will be a voteable item next month.</p>	No attachments	No Action Required
<p>9. <u>ADJOURNMENT</u></p> <p>There being no further topics of discussion, Rod Place adjourned the meeting at 6:33 p.m.</p>	No attachments	No Action Required

Signed by:

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

Date