



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

BOARD OF DIRECTORS MEETING

Monday, March 2, 2020

8:00 AM – 10:00 AM

SAN MATEO MEDICAL CENTER

EXECUTIVE BOARD ROOM

Second Floor, Administration Wing



SAN MATEO COUNTY HEALTH
**SAN MATEO
MEDICAL CENTER**

BOARD OF DIRECTORS MEETING

March 2, 2020 8:00 – 10:00 AM

Executive Board Room – Second Floor, Administration Wing

AGENDA

A. CALL TO ORDER

B. CLOSED SESSION

Items Requiring Action

1. Medical Staff Credentialing Report
2. Quality Report

*Dr. Julie Hersk
Dr. Frank Trinh*

Informational Items

3. Medical Executive Committee

Dr. Julie Hersk

C. REPORT OUT OF CLOSED SESSION

D. PUBLIC COMMENT

Persons wishing to address items not on the agenda

E. FOUNDATION REPORT

Paul Rogerville

F. CONSENT AGENDA

Approval of:

1. February 3, 2020 Minutes

TAB 1

G. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Julie Hersk

H. ADMINISTRATION REPORTS

1. Laboratory Department

Dr. Alpa Sanghavi

Chad Below

2. Compliance and Privacy Report

Dr. CJ Kunnappilly

Gabriela Behn

3. COVID-19 Update

Louise Rogers

4. Financial Report

David McGrew.....TAB 2

5. CEO Report

Dr. CJ Kunnappilly.....TAB 2

I. COUNTY HEALTH CHIEF REPORT

County Health Snapshot

Louise Rogers.....TAB 2

J. COUNTY MANAGER’S REPORT

Mike Callagy

K. BOARD OF SUPERVISOR’S REPORT

Supervisor Carole Groom

L. ADJOURNMENT

Meetings are accessible to people with disabilities. Individuals who need special assistance or a disability-related modification or accommodation (including auxiliary aids or services) to participate in this meeting, or who have a disability and wish to request an alternative format for the agenda, meeting notice, agenda packet or other writings that may be distributed at the meeting, should contact Michelle Lee at least 48 hours before the meeting at (650) 573-2222 and/or mlee@smcgov.org. Notification in advance of the meeting will enable the County to make reasonable arrangements to ensure accessibility to this meeting and the materials related to it. Attendees to this meeting are reminded that other attendees may be sensitive to various chemical based products.

TAB 1

**CONSENT
AGENDA**

HOSPITAL BOARD OF DIRECTORS
MEETING MINUTES
Monday, February 2, 2020
Executive Board Room

Board Members Present

Supervisor Carole Groom
Supervisor David Canepa
Mike Callagy
Louise Rogers
Dr. CJ Kunnappilly
Dr. Julie Hersk
Dr. Frank Trinh
Dr. Gordon Mak
Deborah Torres

Staff Present

Michelle Lee
David McGrew
Dr. Susan Fernyak
Dr. Alpa Sanghavi
Robert Blake
Peggy Jensen
Aimee Armsby
Dr. Grace Hassid
Srija Srinivasan

Members of the Public

Carlton Mills
Gabriela Behn
John Jurow
Gary Horne
Paul Rogerville
Ginger Campbell
Shireen Malekafzali
Tony Bayuden
Cassius Locket

Luci Latu

Ben Thomas

Ron Senior

Priscilla Romero

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call to Order	Supervisor Groom called the meeting to order at 8:00 AM, and the Board adjourned to Closed Session.	
Reconvene to Open Session	The meeting was reconvened at 8:05 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for February 3, 2020. Medical Executive Committee Minutes from January 14, 2020.	Aimee Armsby reported that the Board unanimously approved the Credentialing Report and accepted the MEC Minutes.
Public Comment	None.	
Foundation Report	No report.	FYI
Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes from January 6, 2020.	It was MOVED, SECONDED and CARRIED unanimously to approve all items on the Consent Agenda.
Medical Staff Report Dr. Julie Hersk	Dr. Humayun Tufail will be taking over from Dr. Babaki as the Hospitalist Medical Director. In February, the GI services will be fully staffed.	FYI

<p>Anchoring Health: Leveraging Resources Shireen Malekafzali</p>	<p>Leveraging resources to improve communities is part of Get Healthy San Mateo County and the overall Health strategy.</p> <p>Data on what impacts health and health inequities helps us develop our path to prevention and care. Clinical access and quality are a small but important slice of the pie; and we recognize that it's important to focus on economic and social factors to achieve health and ensure shared prosperity in order to achieve health equity.</p> <p>Mission: Supports <i>policy</i> change to <i>prevent</i> diseases and ensure everyone has <i>equitable opportunities</i> to live a long and healthy life</p> <p>Key Community-Identified Priorities: Healthy Housing, Healthy Neighborhoods, Healthy Schools, Healthy Economy</p> <p>Health Connection</p> <ul style="list-style-type: none"> • Place with income equality tend to be healthier • People with higher incomes and more wealth live longer • Cardiovascular, asthma, obesity, and diabetes are highest among low-income people <p>Challenges</p> <ul style="list-style-type: none"> • 33% (63,713) of SMC households can't afford basic needs • Many chronic conditions in SMC have increased between 1998 and 2018 <p>Anchor Institution strategies</p> <ul style="list-style-type: none"> • Inclusive workforce – outside in and inside up • Inclusive procurement • Inclusive investments 	<p>FYI</p>
<p>Financial Report David McGrew, CFO</p>	<p>The December FY19/20 financial report was included in the Board packet and David McGrew answered questions from the Board.</p>	<p>FYI</p>
<p>Board Survey Results Dr. CJ Kunnappilly</p>	<p>Areas of agreement</p> <ul style="list-style-type: none"> • Mission/Values integrated into Board discussions • Board effectively monitors patient safety and performance improvement, and patient satisfaction • Board understands the challenges the changing health care financing arrangements pose for the allocation of resources • Board meetings provide for full and free interchange of ideas and opinions before decisions are made <p>Opportunities</p> <ul style="list-style-type: none"> • Board focuses on short-term administrative vs. long-term strategic policy issues 	

	<ul style="list-style-type: none"> • Board effectively monitors quality of work life of employees • Educational opportunities • Reviews, approves, and assures implementation of annual goals 	
CEO Report Dr. CJ Kunnappilly	Dr. Kunnappilly presented the CEO report which was included in the Board packet and answered questions from the Board.	FYI
County Health Chief Report Louise Rogers	<p>A public study session regarding the Health budget was held on Jan. 28. We have informed five potentially impacted contractors, four contracted physician specialists, and 80 employees in coordination with labor partners of the reduction proposals.</p> <p>Two county health communicable disease investigators joined their counterparts at the CDC Quarantine Station at SFO to test the first passengers arriving from Wuhan, China.</p>	FYI
County Manager Mike Callagy	No report.	FYI
Board of Supervisors Supervisor Groom	In 2020, Supervisor Warren Slocum will be the new President of the BOS and Supervisor David Canepa will assume the role of Vice President.	FYI

Supervisor Groom adjourned the meeting at 9:37 AM. The next Board meeting will be held on March 2, 2020.

Minutes recorded by:



Michelle Lee, Executive Secretary

Minutes approved by:



Dr. Chester Kunnappilly, Chief Executive Officer

TAB 2

**ADMINISTRATION
REPORTS**

BOARD OF DIRECTORS SAN MATEO MEDICAL CENTER

Financial Report: January FY19-20

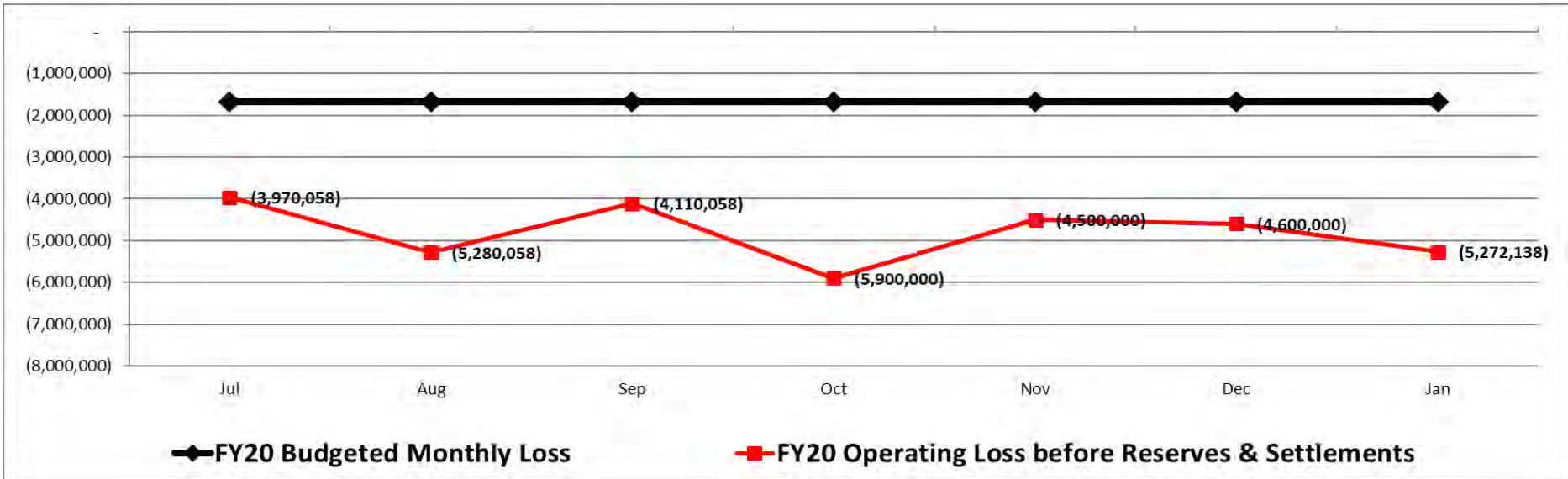
March 2, 2020

Presenter: David McGrew, CFO



SAN MATEO COUNTY HEALTH
**SAN MATEO
MEDICAL CENTER**

Financial Highlights



January Operating Loss of \$1.6M:

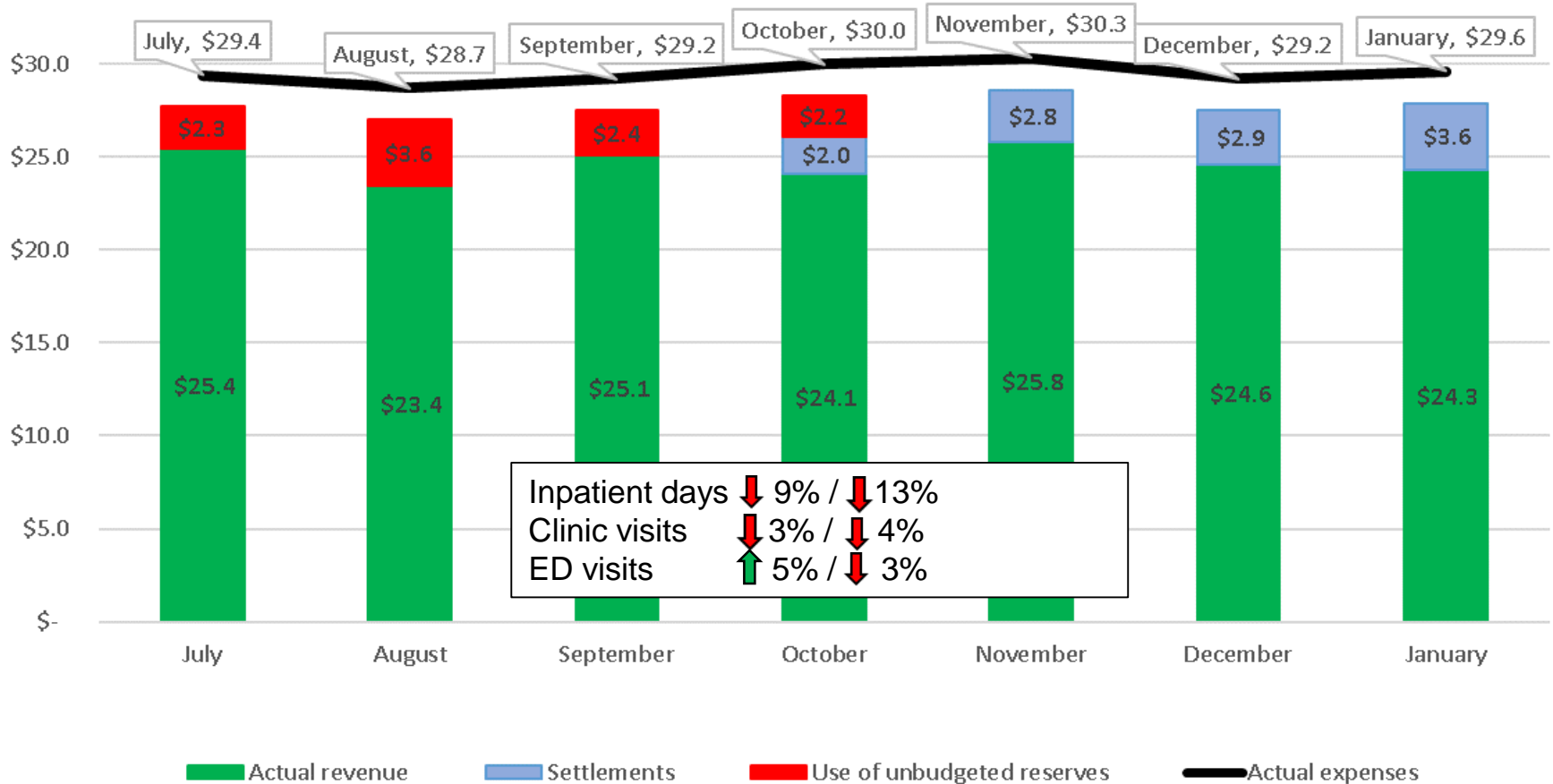
- FTEs below budget
- FY2018 AB85 Realignment
- ACE outside medical costs

- Membership decline
- FY2020 Enhanced Payment Program (EPP) pending approval
- Patient Service Revenue
 - Decline in patient volume

Forecast FY20: The FY20 budget projected a \$1.7 million loss each month to be covered by prior year Fund Balance reserves. Identified risks to the full year budget at this time are full achievement of the PRIME/QIP performance measures, declines in patient volumes, increasing payroll costs, and unpaid non-acute days. Potential opportunity for increased EPP revenue once approved by CMS.

FY 19-20 Structural Deficit

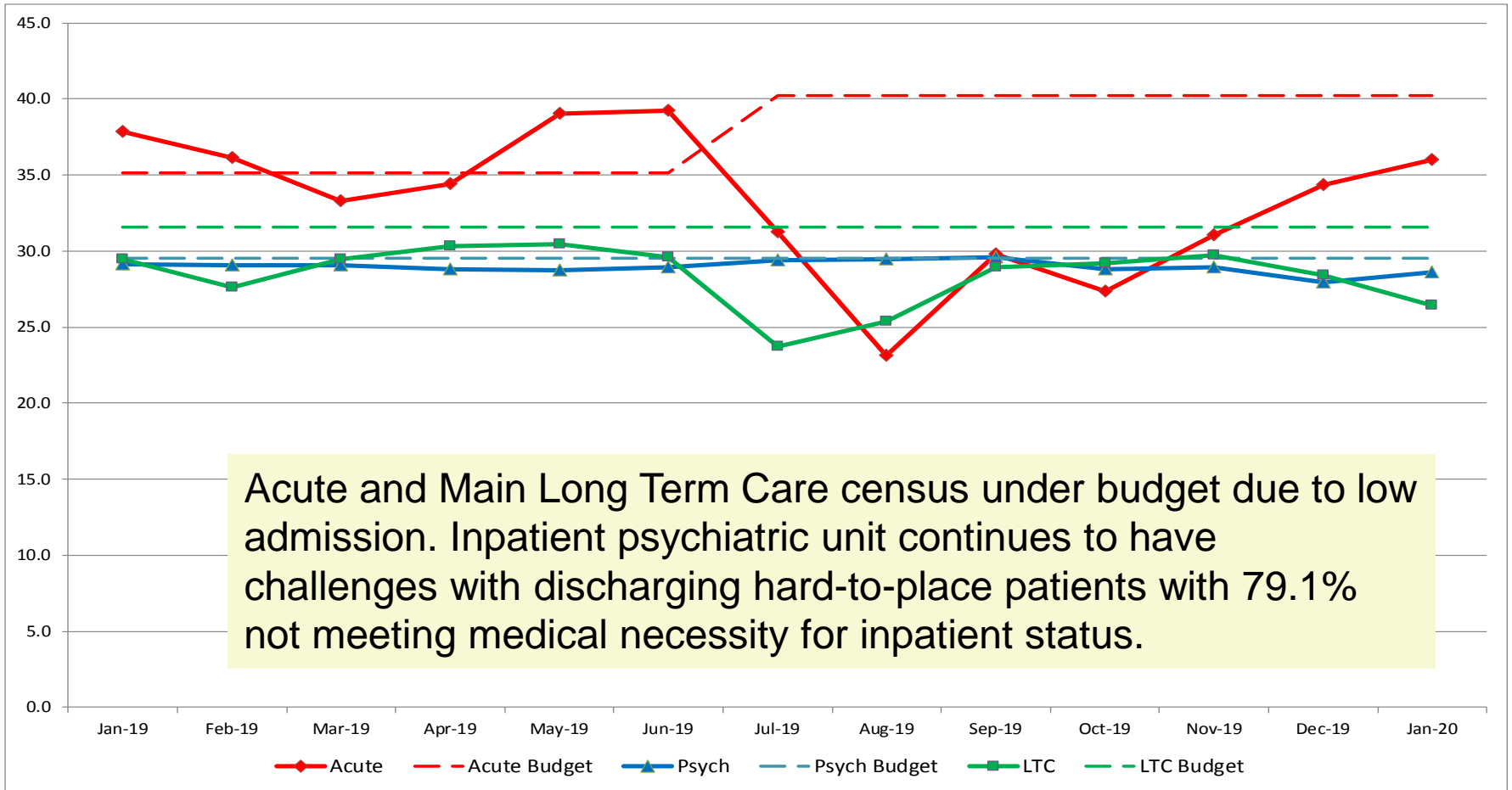
Several factors have resulted in the need for \$10.5 million of more reserves than planned. Delays in CMS approval of the EPP funding, lower patient volume resulting in lower revenue, while our workforce costs aren't flexing down in response, and delays in HPSM payments. One-time settlements partially mitigated these factors.



Note: Volume %s are Current Month/YTD

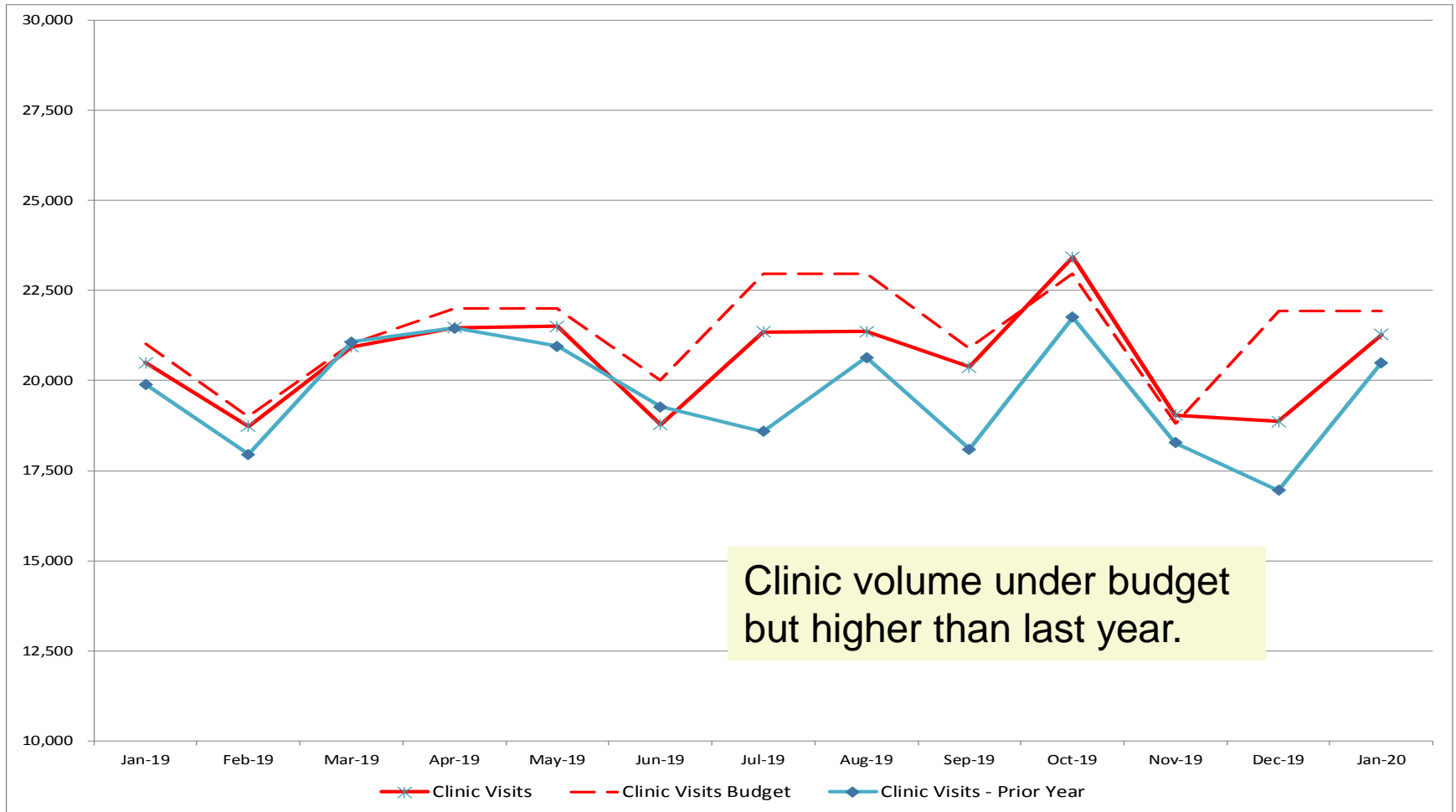
San Mateo Medical Center
Patient Days
January 31, 2020

Patient Days	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	2,821	3,108	(287)	-9%	18,653	21,555	(2,902)	-13%



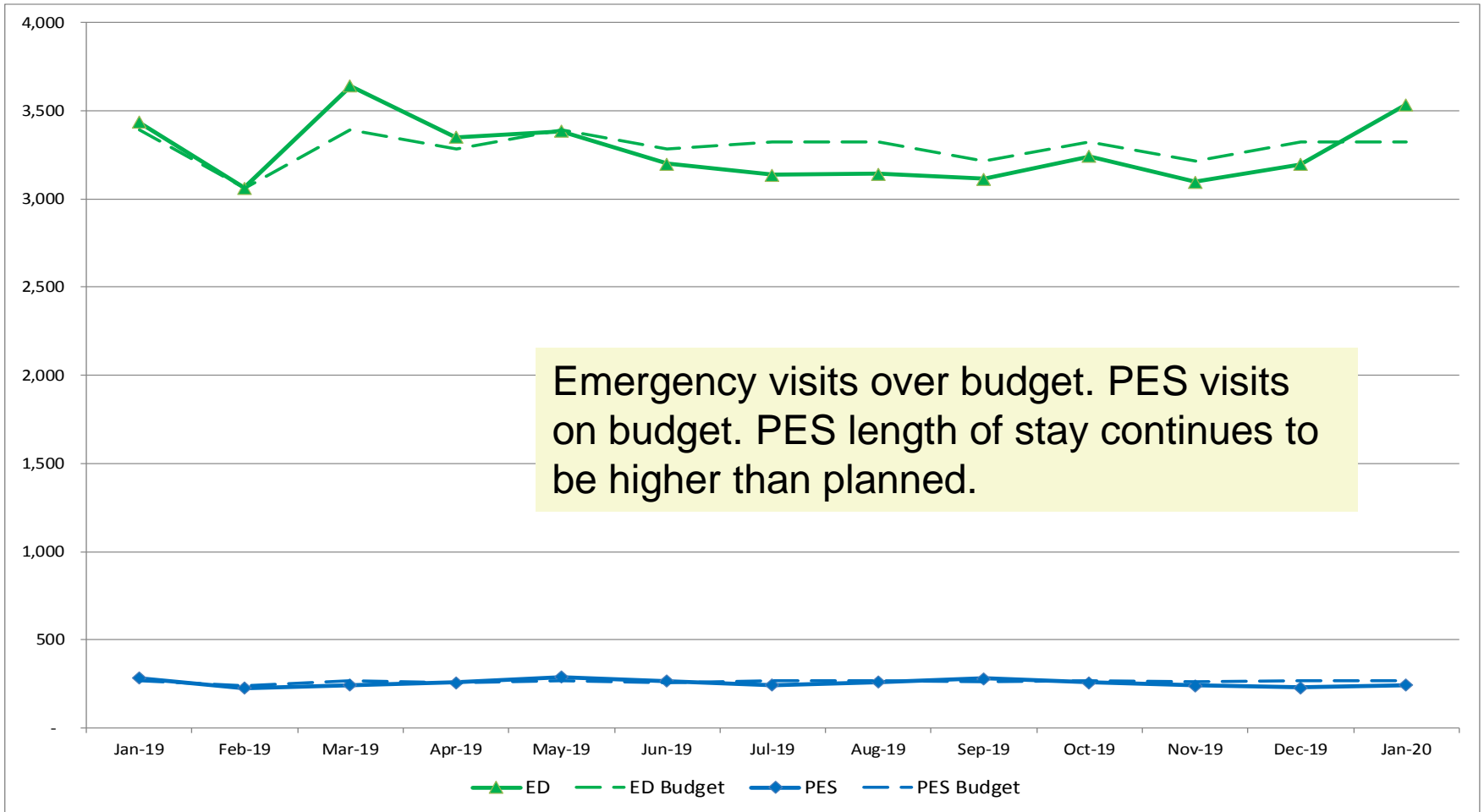
**San Mateo Medical Center
Clinic Visits
January 31, 2020**

Clinic Visits	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	21,282	21,931	(649)	-3%	145,714	152,474	(6,760)	-4%



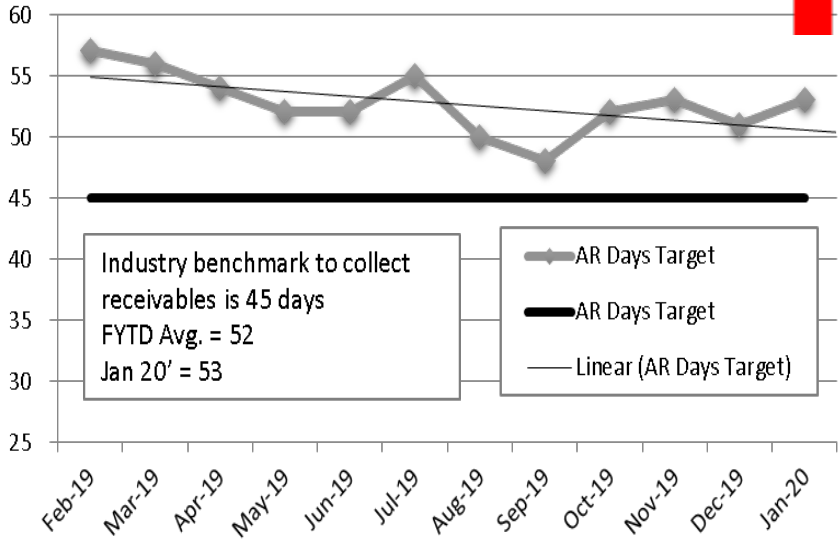
**San Mateo Medical Center
Emergency Visits
January 31, 2020**

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
ED Visits	3,781	3,594	187	5%	24,232	24,926	(694)	-3%

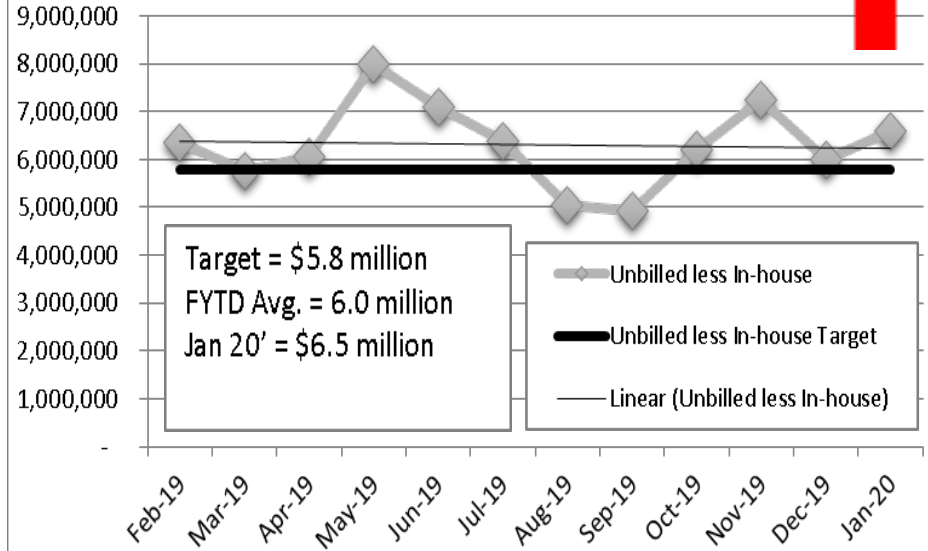


Key Performance Indicators

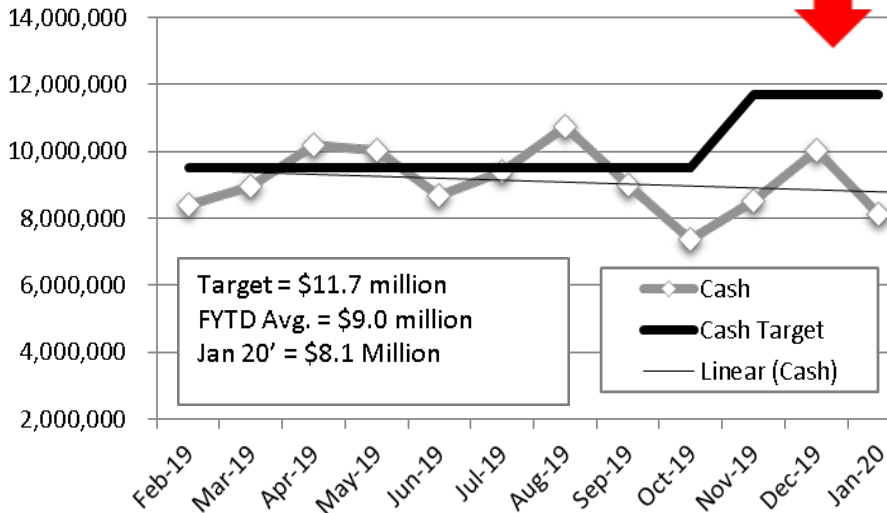
A/R Days - Rolling 12 Months



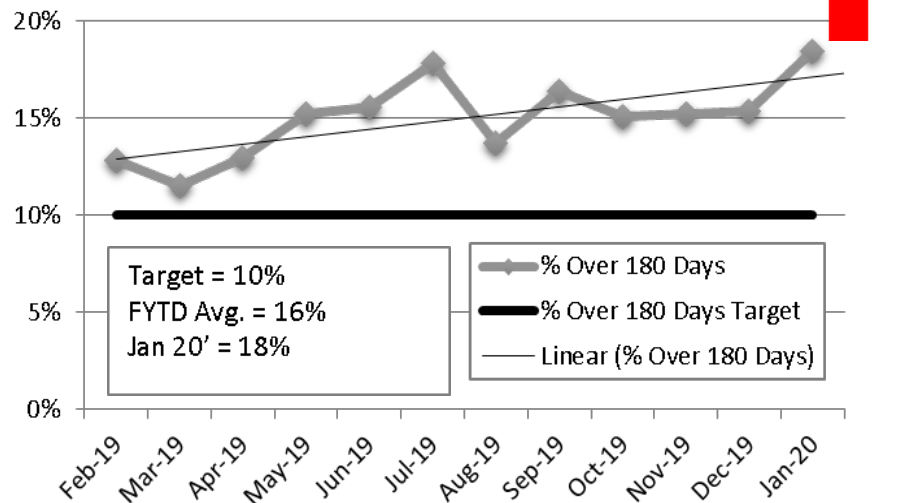
A/R Unbilled - Rolling 12 Months



Cash - Rolling 12 Months

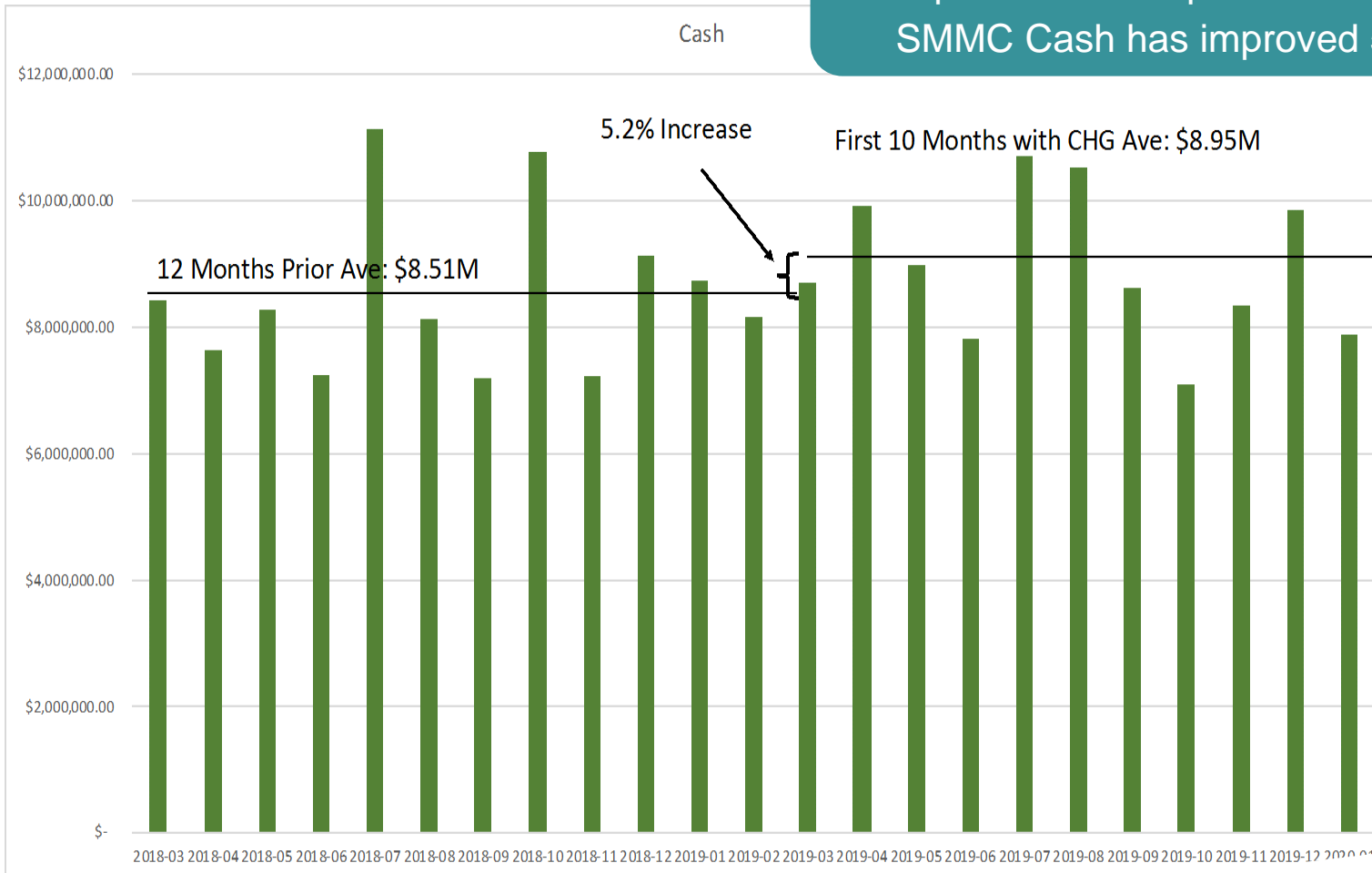


% of A/R Over 180 Days - Rolling 12 Months

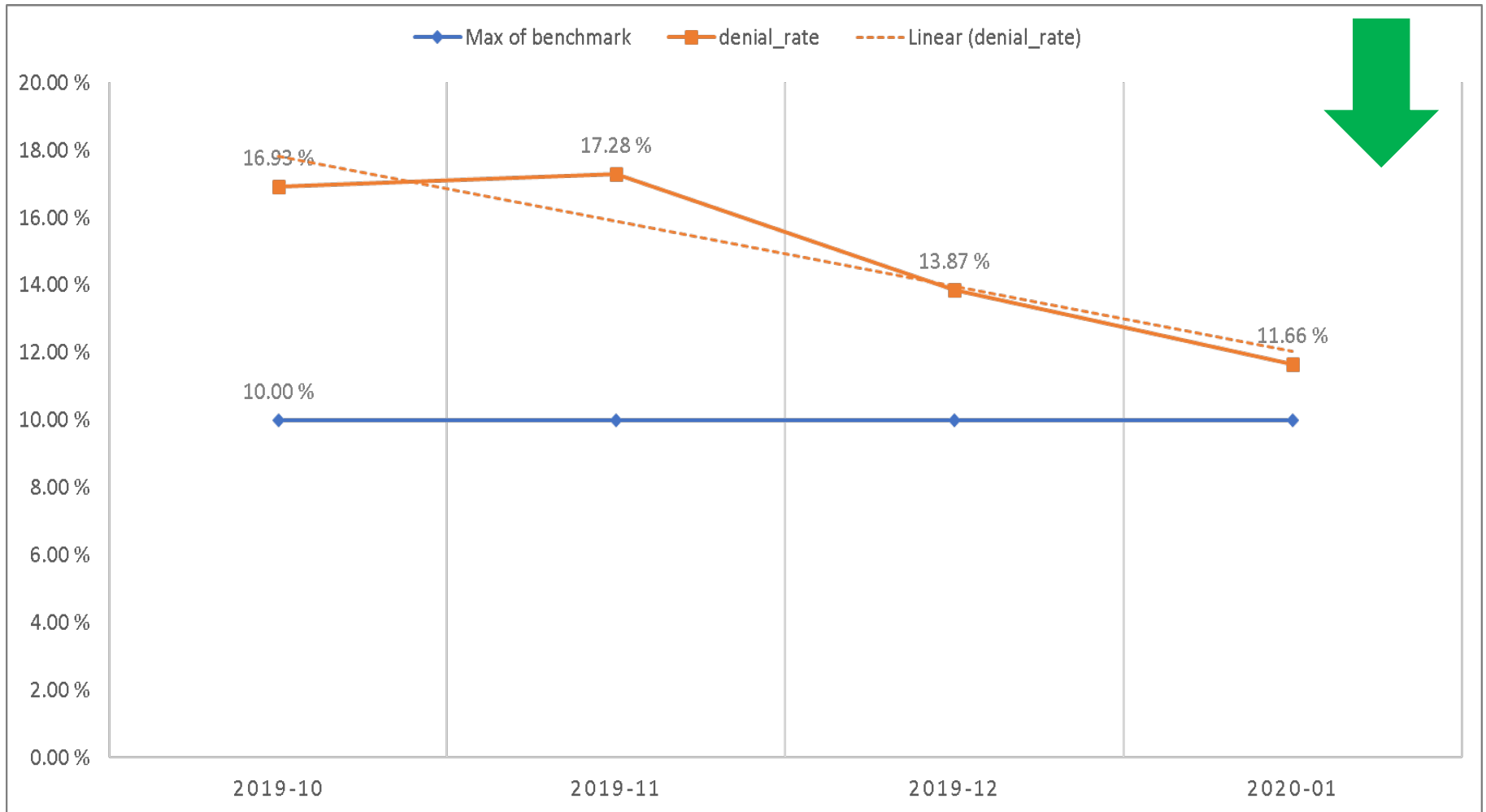


Key Performance Indicators

Post implementation of Colburn Hill Group A/R Follow-up Tool in Feb 2019, SMMC Cash has improved 5.2%.



Initial Denial Rate – 4 Month Trend



Revenue Improvement Plan

Executive Summary

Initiative

Status

Registration Accuracy

- Implemented eCareNEXT - registration quality software
 - ✓ All areas live
 - ✓ Performance reporting rolled out to Clinics November 11th. Incorporated in Monthly Operating Reviews
 - ❑ Optimization period & post-live support underway

Clinical Documentation Improvement (CDI)

- ✓ Chartwise software live
- ✓ Reviewing Medicare and Medi-Cal IP charts
- ✓ CDI Steering Committee launched
- ✓ CDS staff started July 1st
- ❑ Roll-out Outpatient CDI

Accounts Receivable Follow-Up and Denials Management

- Implemented Colburn Hill automated patient account follow-up software
 - ✓ Priority, Hints and Robots are live
 - ❑ Optimization period & post-live support underway
- ❑ Implementing new centralized treatment authorization process – SSU, Infusion, Rehab Therapy
- ❑ **Denials Prevention Program Live on February 26th (see CEO report for details)**

Self-Pay Collections

- ✓ RFP issued and vendors selected
- ❑ **Live on February 4th**



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

QUESTIONS?

APPENDIX



SAN MATEO COUNTY HEALTH
**SAN MATEO
MEDICAL CENTER**

San Mateo Medical Center
Income Statement
January 31, 2020

	MONTH				YEAR TO DATE				
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight	
	A	B	C	D	E	F	G	H	
1 Income/Loss (GAAP)	(1,642,353)	(0)	(1,642,353)		(11,727,378)	(2,138,462)	(9,588,916)		
2 HPSM Medi-Cal Members Assigned to SMMC	31,942	36,205	(4,263)	-12%	231,642	253,435	(21,793)	-9%	
3 Unduplicated Patient Count	68,648	68,606	42	0%	68,648	68,606	42	0%	
4 Patient Days	2,821	3,108	(287)	-9%	18,653	21,555	(2,902)	-13%	
5 ED Visits	3,781	3,594	187	5%	24,232	24,926	(694)	-3%	
7 Surgery Cases	242	251	(9)	-4%	1,712	1,745	(33)	-2%	
8 Clinic Visits	21,282	21,931	(649)	-3%	145,714	152,474	(6,760)	-4%	
9 Ancillary Procedures	74,104	72,056	2,048	3%	494,575	500,917	(6,342)	-1%	
10 Acute Administrative Days as % of Patient Days	0.0%	16.0%	16.0%	100%	0.0%	16.0%	16.0%	100%	
11 Psych Administrative Days as % of Patient Days (Days that do not qualify for inpatient status)	79.1%	80.0%	0.9%	1%	81.1%	80.0%	-1.1%	-1%	
Pillar Goals									
12 Revenue PMPM	121	125	(4)	-3%	126	125	1	1%	
13 Operating Expenses PMPM	309	300	(10)	-3%	304	300	(4)	-1%	
14 Full Time Equivalentents (FTE) including Registry	1,203	1,233	30	2%	1,203	1,233	30	2%	

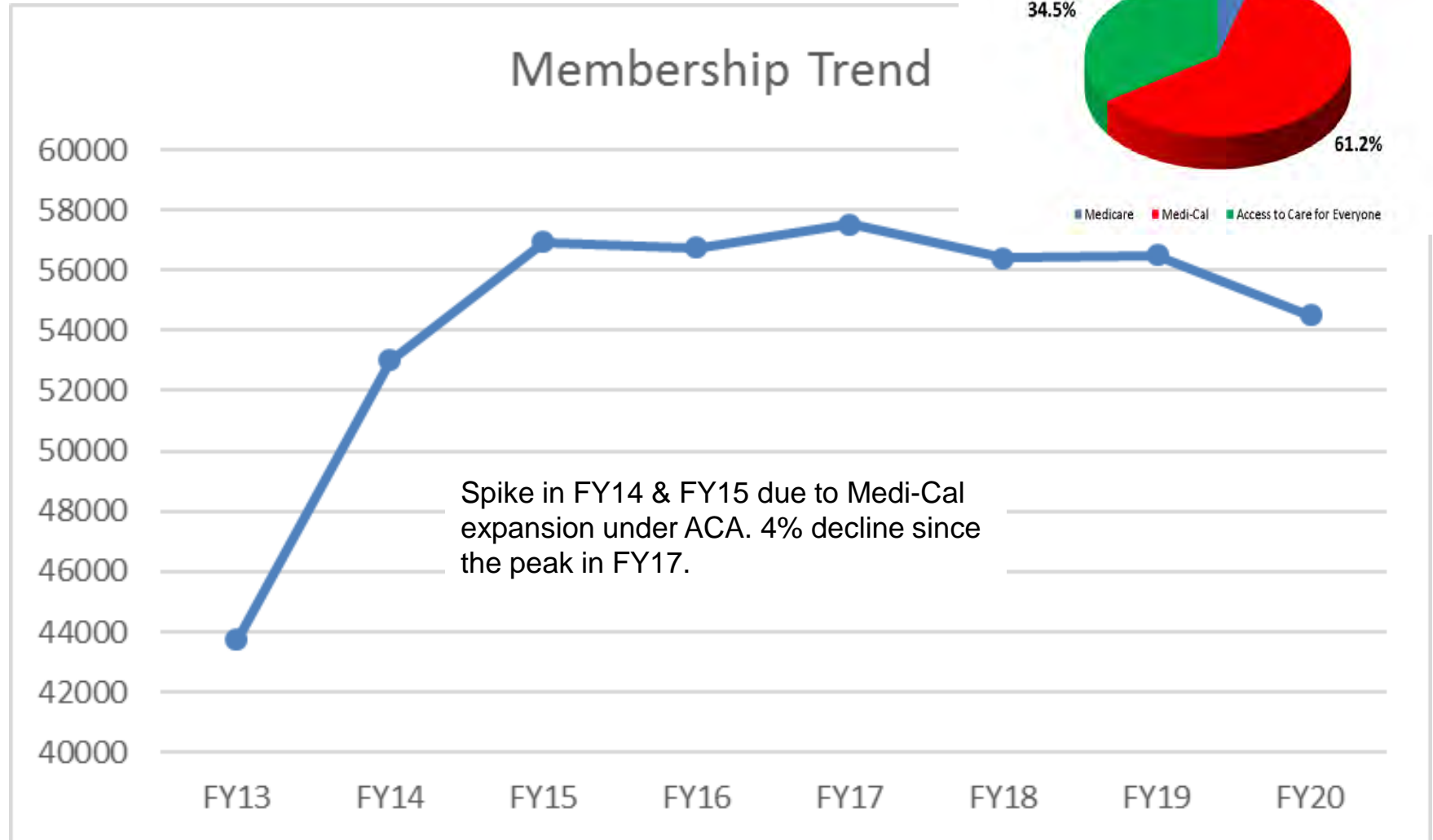
San Mateo Medical Center
Income Statement
January 31, 2020

	MONTH				YEAR TO DATE				
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight	
	A	B	C	D	E	F	G	H	
21	Inpatient Gross Revenue	15,385,215	10,064,335	5,320,880	53%	96,254,915	70,450,346	25,804,569	37%
22	Outpatient Gross Revenue	27,753,426	27,374,864	378,561	1%	194,252,590	191,624,051	2,628,539	1%
23	Total Gross Revenue	43,138,641	37,439,199	5,699,442	15%	290,507,505	262,074,396	28,433,108	11%
24	Patient Net Revenue	9,736,968	11,766,250	(2,029,282)	-17%	82,617,057	82,363,753	253,303	0%
25	Net Patient Revenue as % of Gross Revenue	22.6%	31.4%	-8.9%	-28%	28.4%	31.4%	-3.0%	-10%
26	Capitation Revenue	321,208	500,000	(178,792)	-36%	2,320,103	3,500,000	(1,179,897)	-34%
27	Supplemental Patient Program Revenue (Additional payments for patients)	10,913,632	9,870,374	1,043,258	11%	61,437,106	69,092,621	(7,655,515)	-11%
28	Total Patient Net and Program Revenue	20,971,808	22,136,625	(1,164,817)	-5%	146,374,265	154,956,374	(8,582,109)	-6%
29	Other Operating Revenue (Additional payment not related to patients)	1,245,136	941,085	304,051	32%	7,757,034	6,587,593	1,169,441	18%
30	Total Operating Revenue	22,216,944	23,077,710	(860,766)	-4%	154,131,300	161,543,968	(7,412,668)	-5%

San Mateo Medical Center
Income Statement
January 31, 2020

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
Operating Expenses								
31 Salaries & Benefits	17,558,050	17,543,817	(14,233)	0%	117,861,735	122,806,720	4,944,984	4%
32 Drugs	791,960	810,077	18,117	2%	6,317,023	5,670,536	(646,487)	-11%
33 Supplies	790,378	944,072	153,694	16%	6,109,600	6,608,507	498,907	8%
34 Contract Provider Services	3,837,775	3,516,249	(321,526)	-9%	27,333,568	24,613,745	(2,719,824)	-11%
35 Other fees and purchased services	4,618,675	4,835,225	216,550	4%	33,739,905	34,281,677	541,772	2%
36 Other general expenses	702,665	661,463	(41,202)	-6%	4,986,149	4,630,244	(355,905)	-8%
37 Rental Expense	196,017	206,839	10,822	5%	1,344,790	1,447,875	103,085	7%
38 Lease Expense	829,392	829,392	(0)	0%	5,805,742	5,805,742	(0)	0%
39 Depreciation	206,045	237,593	31,547	13%	1,442,318	1,663,149	220,830	13%
40 Total Operating Expenses	29,530,958	29,584,728	53,770	0%	204,940,832	207,528,193	2,587,362	1%
41 Operating Income/Loss	(7,314,014)	(6,507,018)	(806,996)	-12%	(50,809,532)	(45,984,226)	(4,825,306)	-10%
42 Non-Operating Revenue/Expense	828,192	1,663,550	(835,357)	-50%	5,177,875	9,941,485	(4,763,609)	-48%
43 Contribution from County General Fund	4,843,468	4,843,468	0	0%	33,904,279	33,904,279	0	0%
44 Total Income/Loss (GAAP)	(1,642,353)	(0)	(1,642,353)		(11,727,378)	(2,138,462)	(9,588,916)	
(Change in Net Assets)								

Managed Care Membership Trend



**San Mateo Medical Center
Payer Mix
January 31, 2020**

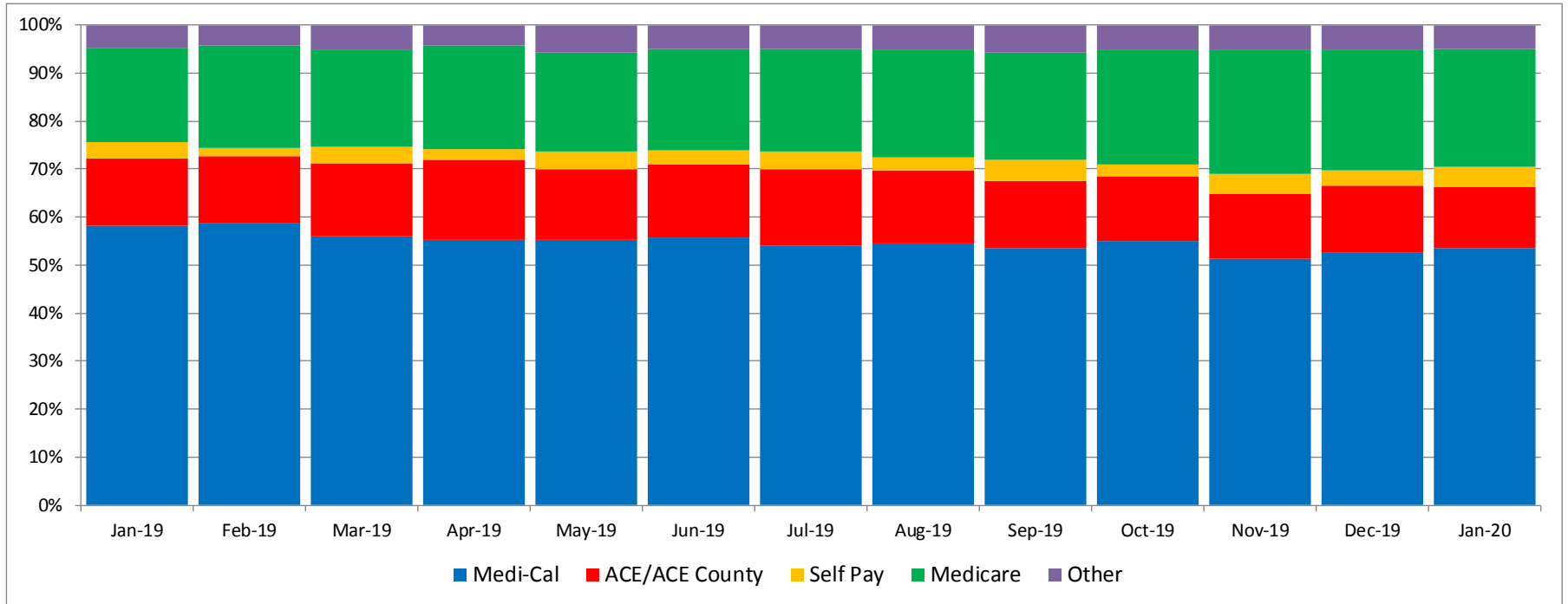
MONTH			
Actual	Budget	Variance	Stoplight

YEAR TO DATE			
Actual	Budget	Variance	Stoplight

Payer Type by Gross Revenue

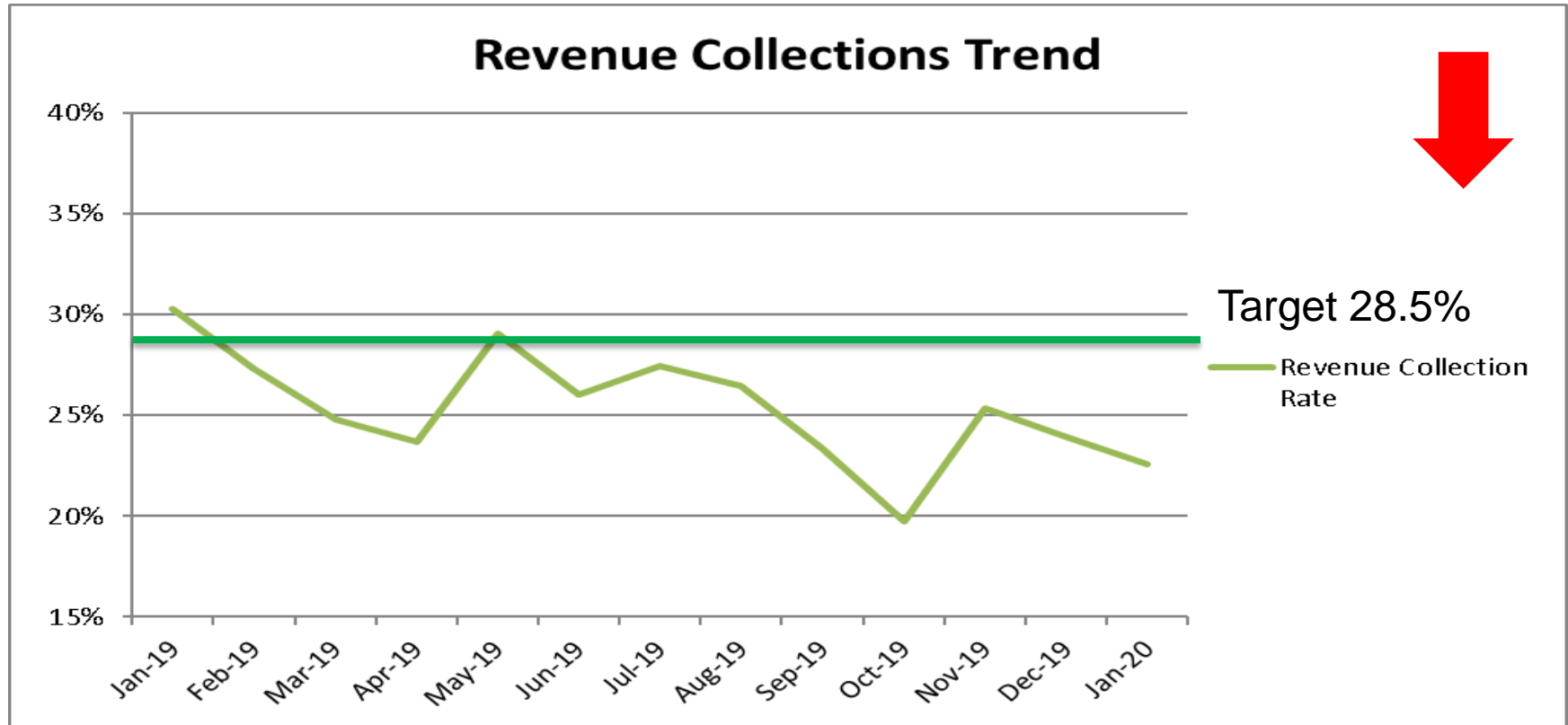
	A	B	C	D
Medicare	24.5%	21.0%	3.5%	
Medi-Cal	53.5%	58.0%	-4.5%	
Self Pay	4.2%	2.0%	2.2%	
Other	5.0%	5.0%	0.0%	
ACE/ACE County	12.8%	14.0%	-1.2%	
Total	100.0%	100.0%		

E	F	G	H
23.6%	21.0%	2.6%	
53.5%	58.0%	-4.5%	
3.6%	2.0%	1.6%	
5.2%	5.0%	0.2%	
14.1%	14.0%	0.1%	
100.0%	100.0%		



Key Performance Indicators

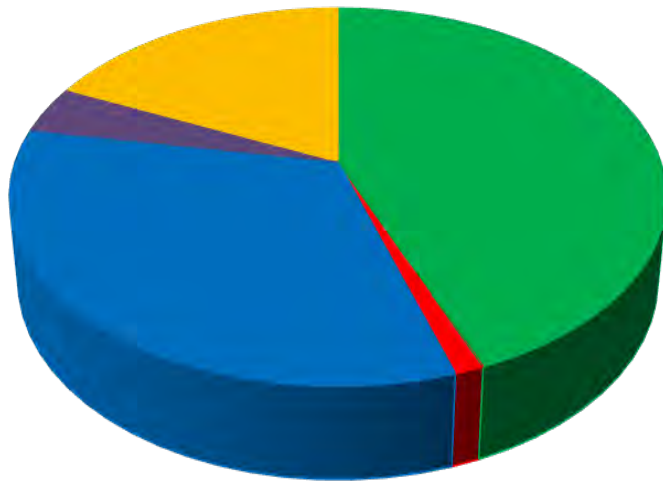
FFS Revenue Collection Trend



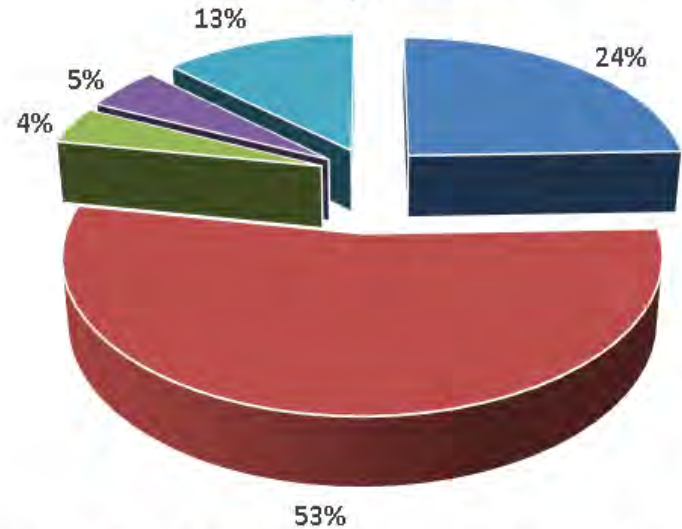
The collection rate dipped below 30% since February due to higher claim denials resulting from increased catch-up efforts on older accounts. Further drop since August was due to increase in charge rates in inpatient and outpatient services and low cash collection due to delays in HPSM and Medicare SNF payments.

Revenue Mix

Sources of Revenue



Payor Mix



■ Fee For Service
 ■ Capitation
 ■ Supplemental
 ■ Other
 ■ County Contribution
 ■ Medicare
 ■ Medi-Cal
 ■ Self Pay
 ■ Other
 ■ ACE

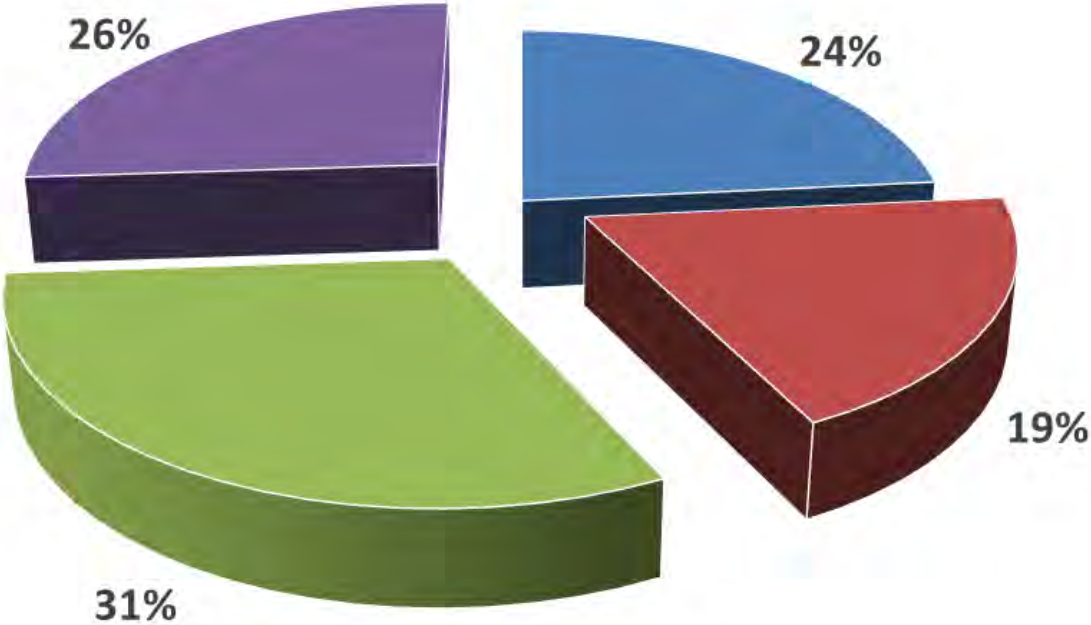
Health Plan of San Mateo (HPSM) represents 40% of our Operating Revenue

- Medi-Cal Managed Care and Medicare Managed Care FFS
- Medi-Cal PCP Capitation

Capitation is a pre-payment reimbursement model that pays providers a set amount for each enrolled person assigned to them, per period of time, whether or not that person seeks care.

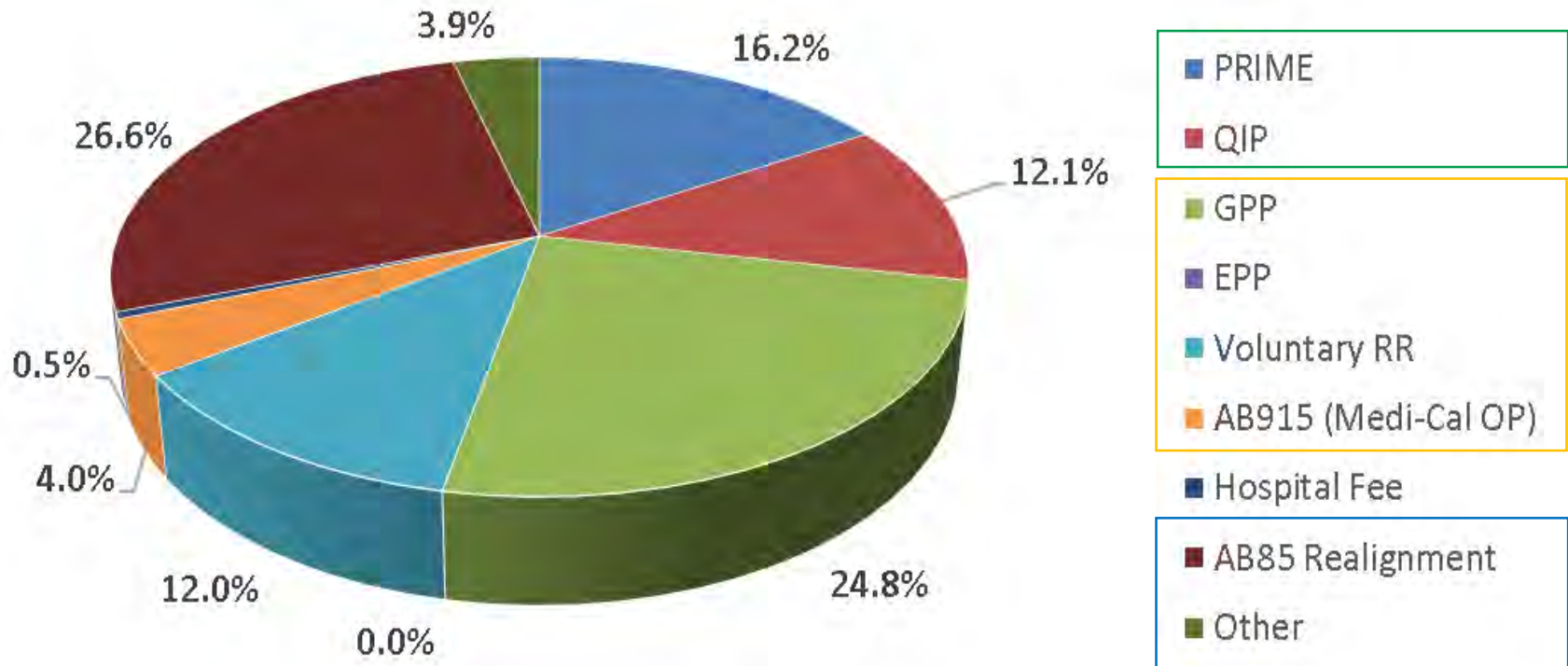
NO commercial contracts

Revenue Mix by Service Line



■ Inpatient ■ Hospital ED & Outpatient ■ Ambulatory Clinics ■ Ancillary Services

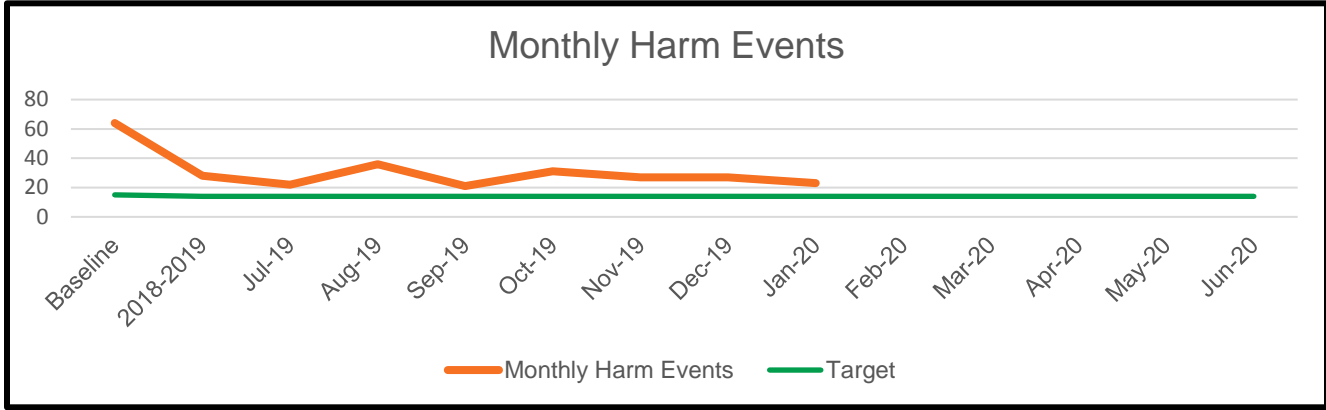
Supplemental Revenue Mix



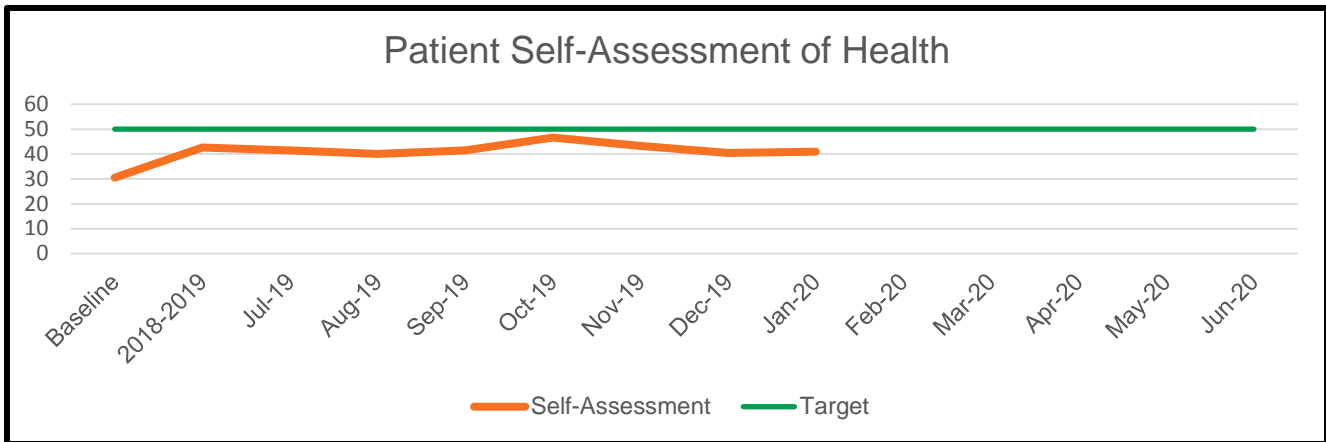
- **Value-Based** programs represent 28.3% of our Supplemental Revenue
- **Volume-Based** programs represent 71.7% of our Supplemental Revenue

CEO REPORT – MARCH 2020

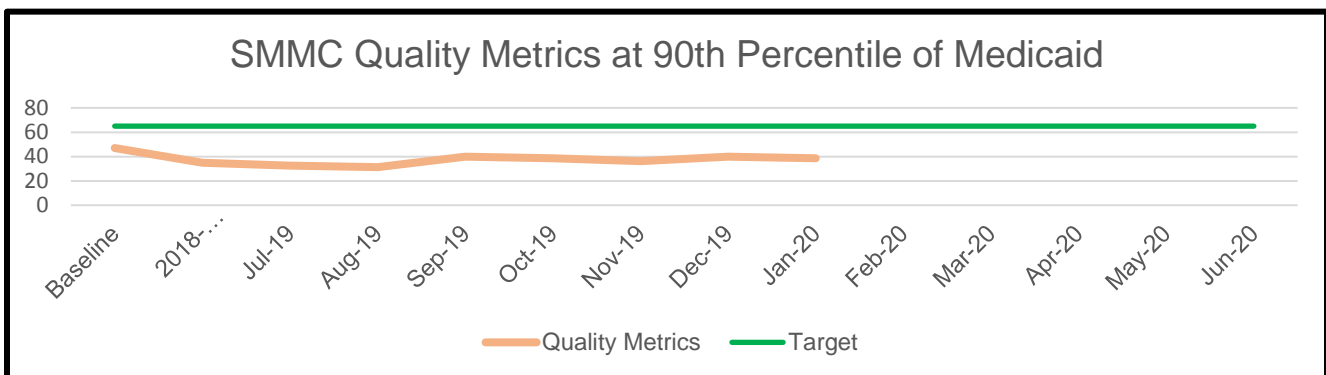
EXCELLENT CARE METRICS



Monthly Harm Events: Measures all instances of patient harm or staff harm including delays in care, falls, medication errors, surgical infections, catheter associated urinary infections, central line associated blood stream infections, other preventable staff and patient injuries. **Lower is better.**



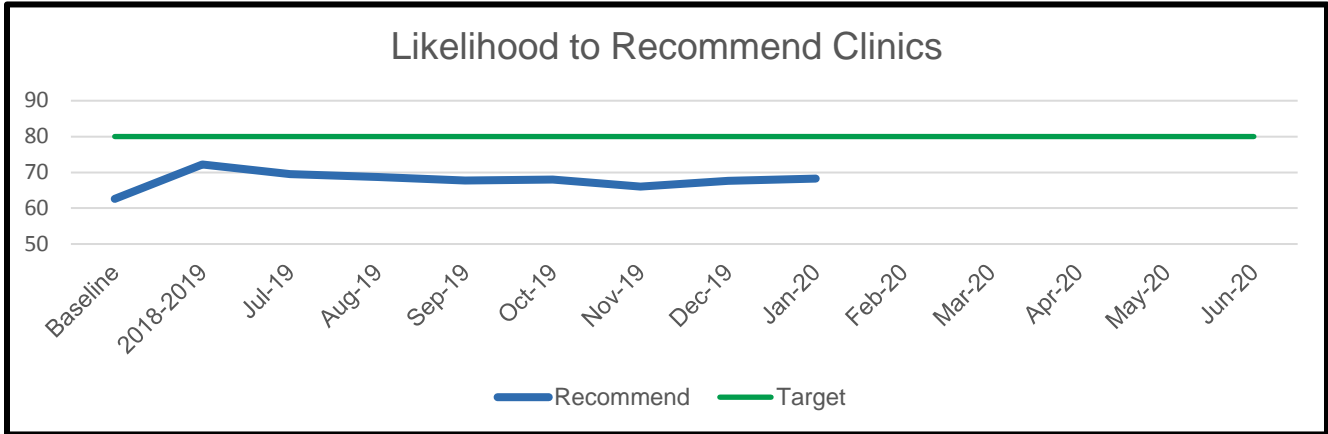
Patient Self-Assessment of Health: All Primary Care patients receive an experience survey. One question asks them to rate their health from poor to excellent. This is the percentage that rate their health as very good or excellent. **Higher is better.**



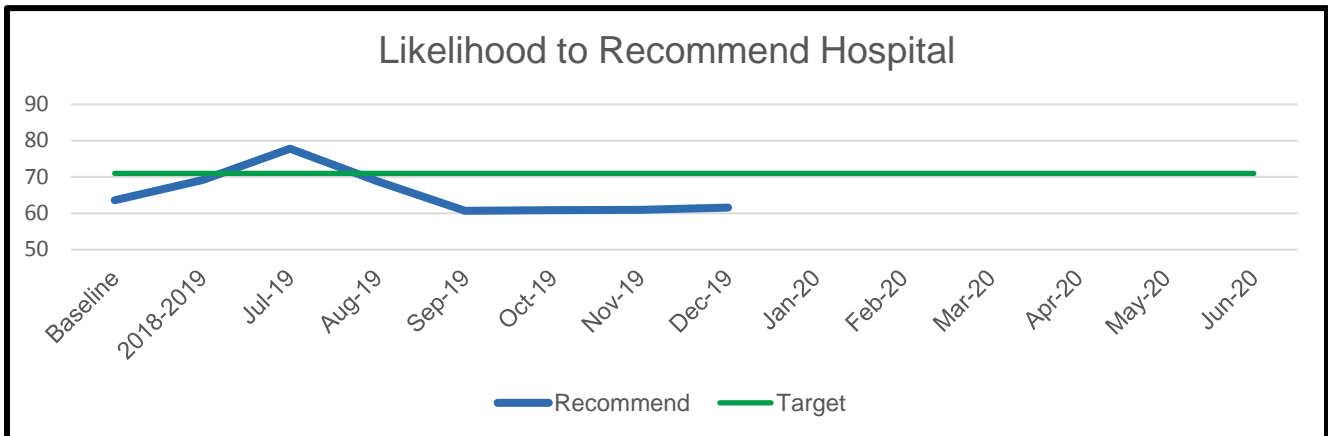
Quality Metrics at 90th Percentile: SMMC seeks excellence in all that it does. The organization currently participates in a number of pay for performance programs including PRIME, QIP and the Health Plan of San Mateo Pay for Performance Program. This metric measures the percentage of quality metrics in which the SMMC performance is equal to or better than the 90th percentile of Medicaid nationally. **Higher is better.**



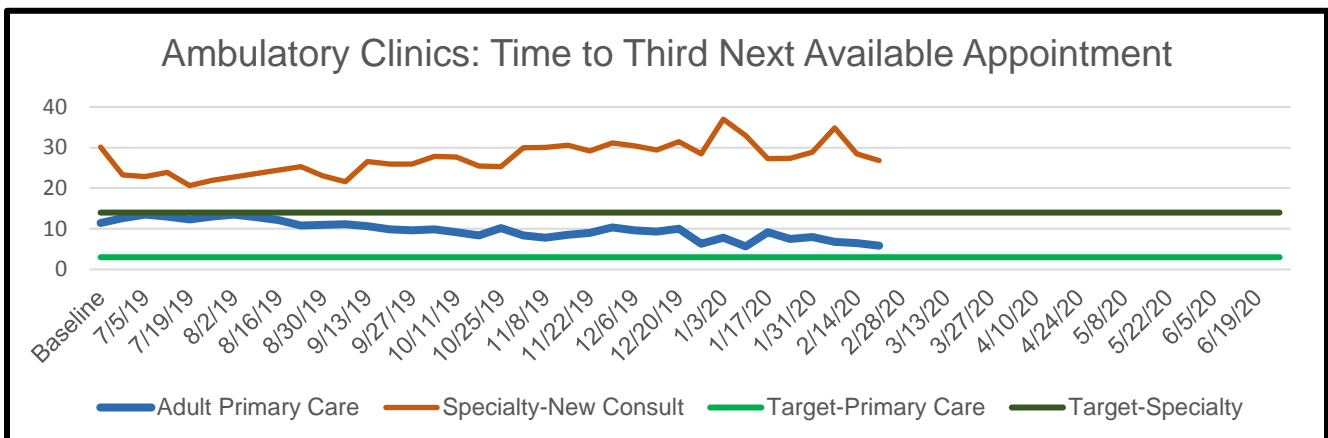
PATIENT CENTERED CARE METRICS



Likelihood to Recommend Clinics: Percentage of patients who gave SMMC the highest score (9 or 10) on the patient experience survey question, “How likely are you to recommend this clinic to friends and family?” **Higher is better.**

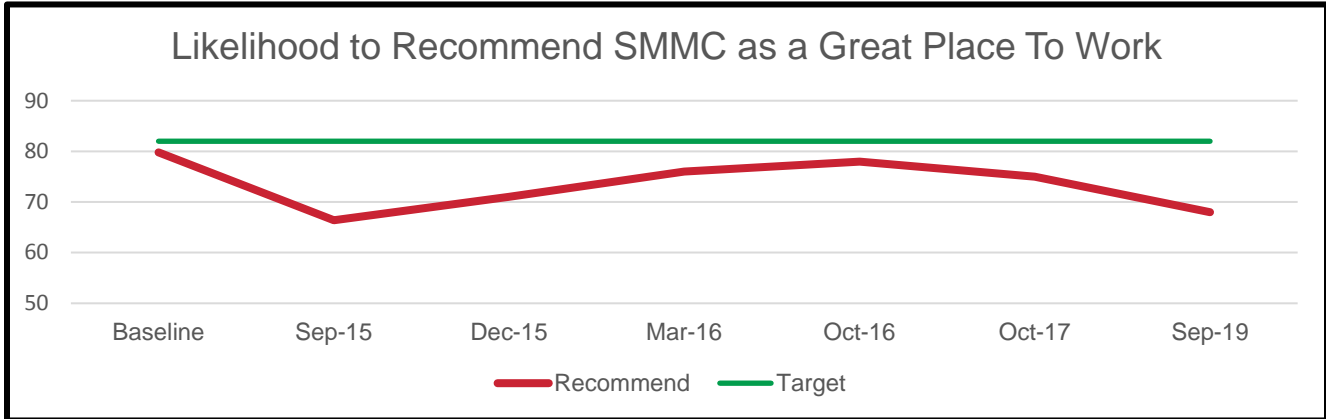


Likelihood to Recommend Hospital: Percentage of patients who gave SMMC the highest score (9 or 10) on the patient experience survey question, “How likely are you to recommend this hospital to friends and family?” **Higher is better.**



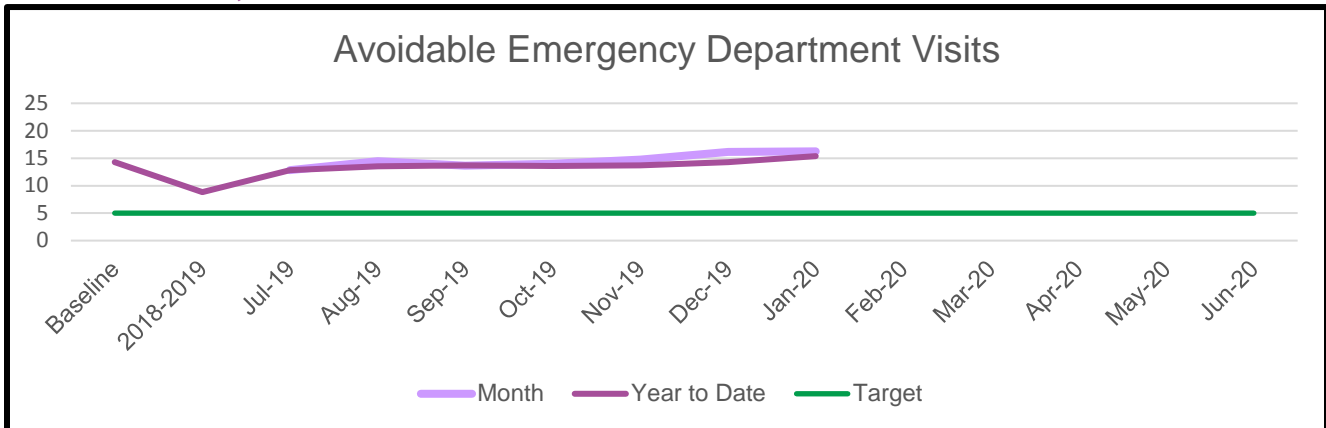
Ambulatory Access: Number of days until the third available appointment for established patients in Primary Care and for new consults in Specialty Services. The third next available appointment is a validated measure of patient access. **Lower is better.**

STAFF ENGAGEMENT METRICS



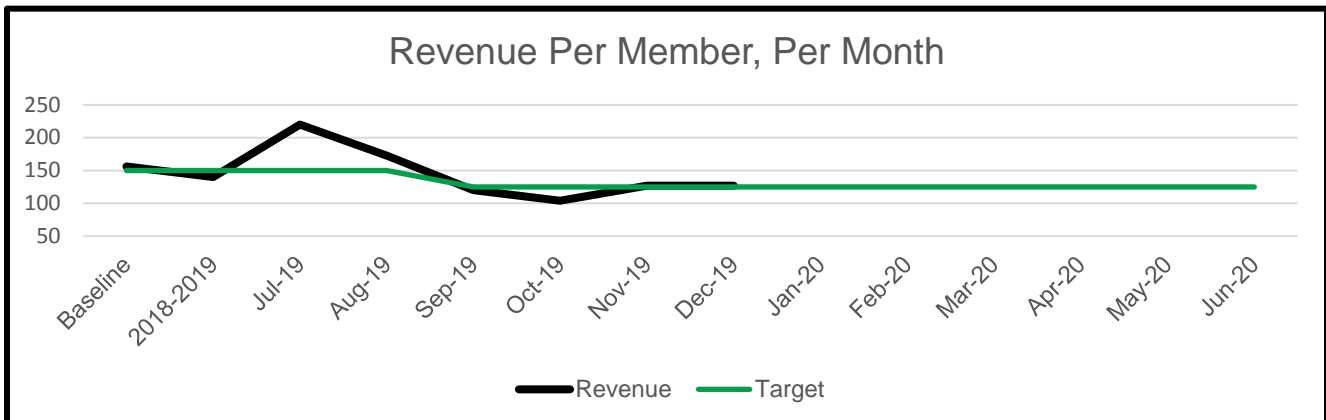
Likelihood to Recommend SMMC: Percentage of staff who agree or strongly agree that they would recommend SMMC as a great place to work. Measured using the annual Blessing White staff engagement survey. **Higher is better.**

RIGHT CARE, TIME AND PLACE METRICS

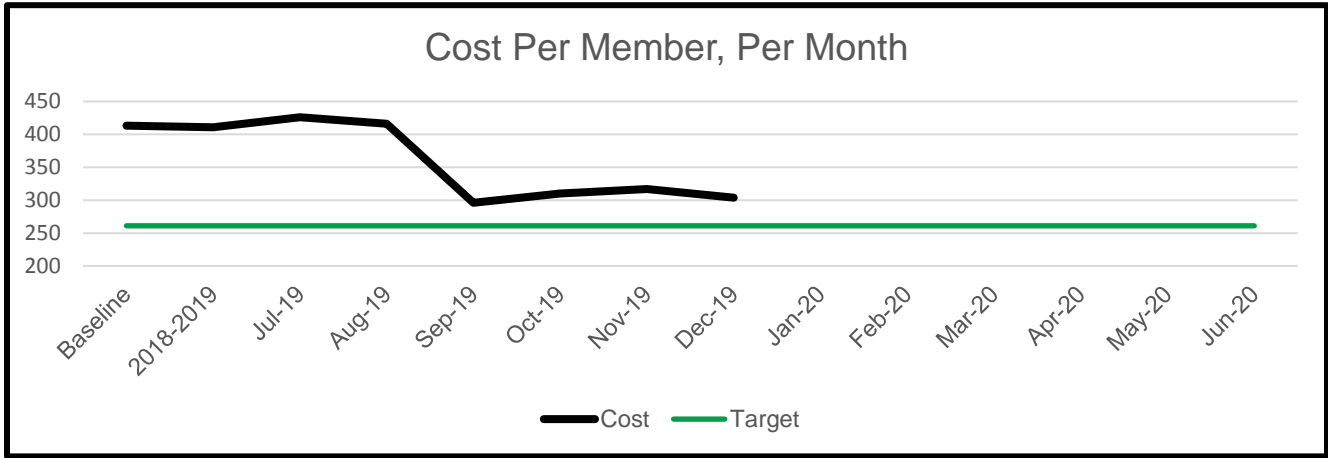


Potentially Avoidable ED Visits: Percentage of emergency department visits by established SMMC primary care patients where the discharge diagnosis is one that traditionally could have been treated in an outpatient setting rather than the emergency department. **Lower is better.**

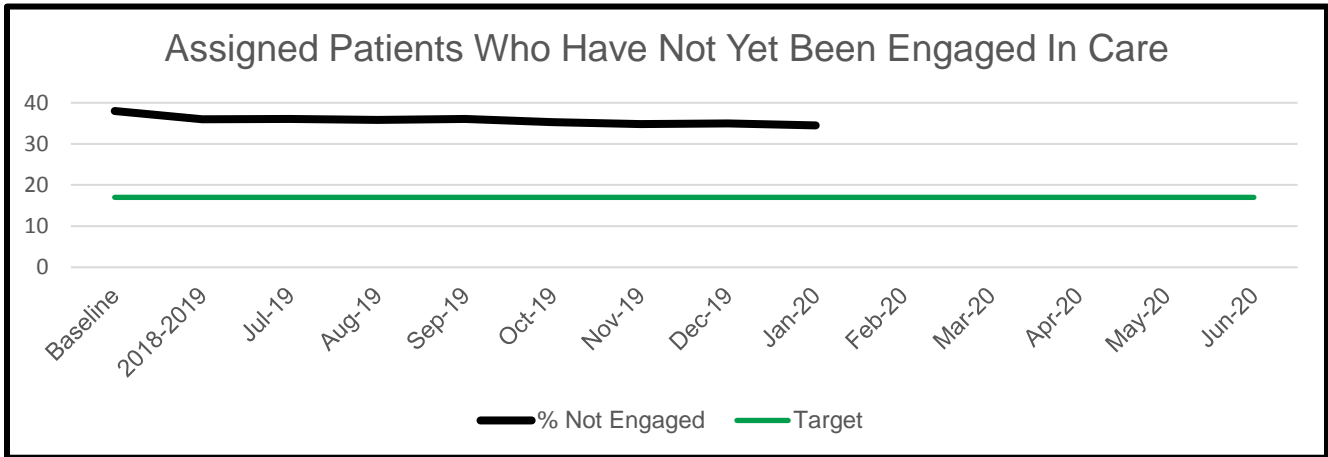
FINANCIAL STEWARDSHIP METRICS



Revenue Per Member, Per Month: Total patient revenue divided by total number of assigned members. **Higher is better.**



Cost Per Member, Per Month: Total cost divided by total number of assigned members. **Lower is better.**



Assigned But Not Engaged: SMMC has approximately 52,000 patients assigned to it through the Health Plan of San Mateo. This metric measures the percentage of those assigned patients who have not yet engaged in care. **Lower is better.**

STRATEGIC UPDATES, RECOGNITIONS & AWARDS



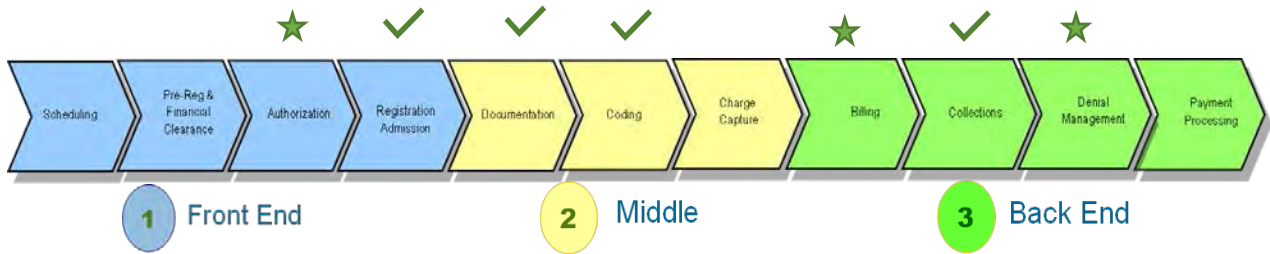
SMMC Staff Demonstrate Their Pride in the Campus– Every 2nd Wednesday from noon to 12:30, SMMC staff participate in “Pick Up the Pride” where they patrol the campus picking up trash in order to keep the campus clean and welcoming. Staff can earn up to four hours of volunteer time toward the county’s annual 20-hour educational requirement. Interested parties can meet in the main lobby at noon on 2nd Wednesdays. Thank you to everyone who participates in this amazing display of campus pride. *(Pictured above: SMMC staff and leaders participate in “Pick Up the Pride”)*

Ann Marie Silvestri Featured on PenTV – Dr. Ann Marie Silvestri, Dental Director, was recently featured on an episode of Pen Voice. Dr. Silvestri highlighted all the great dental programs available through SMMC. Dr. Silvestri recently celebrated 40 years at SMMC and is planning to retire in March. SMMC has been on the forefront of providing dental care to the underserved and this is due primarily to Dr. Silvestri’s leadership. We will have many opportunities to celebrate Dr. Silvestri’s contributions over the coming weeks. Please join me in congratulating Dr. Silvestri on this well-deserved recognition by Pen TV and thanking her for all her contributions to SMMC. If you are interested in watching Dr. Silvestri’s segment, a link is below:
<https://youtu.be/B3WJkwtXq64>

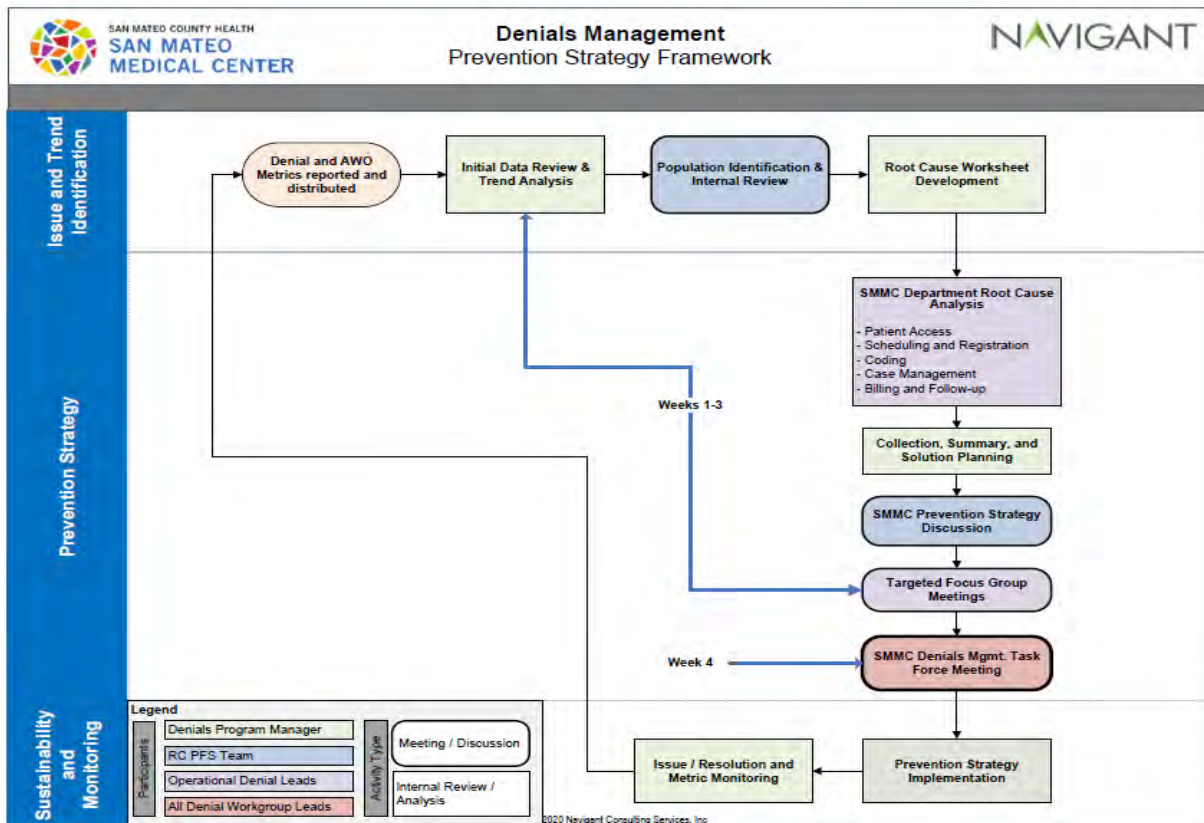
John Jurow named CEO of San Mateo County Health Foundation- John Jurow will be leaving SMMC to assume the role of CEO of the San Mateo County Health Foundation. While we are sad to lose John from the SMMC leadership team, we are excited to have him as a partner in this new role. John has been with SMMC in a variety of staff and leadership roles since 2010; most recently he

served as the Deputy Director for Ancillary Services. Please join me in congratulating John on his new role and thanking him for all his contributions to SMMC.

Revenue Cycle Transformation – 2020 Initiatives- Our revenue cycle operational improvement journey continues to focus on workflows and systems, building on last year's work with insurance verification accuracy, clinical documentation and accounts receivable follow-up. The primary areas for improvement work include building a structured denials prevention program and implementing a new medical claims scrubbing system. In addition, we're enhancing pre-treatment authorization workflows in the areas of Short Stay Surgical unit, Infusion Therapy and Rehabilitation Therapies.



Denials Prevention- With the focus on Denials Prevention, Navigant is supporting the work on claim denial management and prevention efforts, processes, and overall structure. More specifically, the majority of the focus will consist of developing a standard Denials Management Committee (DMC) and structure to assist with identifying and resolving known Denial / Avoidable Write Off (AWO) opportunities. Additionally, Navigant is providing analytical support to assist the committee with identifying trends and opportunity areas to ultimately reduce initial Denials and AWOs. At the conclusion of the project, we will have created Denial Prevention tools and a meeting structure to support the operational goals of the Revenue Cycle team. The framework of the denials management and prevention structure is illustrated below:



completed
In progress

New Claims Scrubber System- Claims-scrubbing software aims to eliminate errors and omissions in medical claims that result in insurance companies denying or underpaying claims. After reviewing each pre-billed claim on a line-by-line basis to ensure it is properly coded and contains the correct information, claim scrubbing software then applies an extensive set of general and payer-specific edits before preparing the claim for processing. The automation of these tasks helps drive billing compliance and frees up staff time to focus on collection activities. SMMC has utilized software from Data Systems Group (DSG) for 25+ years and has recently completed an RFP process to replace DSG with a system that employs newer technology and enhanced functionality. We expect the contract to be submitted to the Board of Supervisors in April and implemented by the 3rd quarter of 2020.

Data Analytics Infrastructure- In support of SMMC’s Master Charter to Deliver Value to All Our Patients, we have launched an operational improvement initiative to enhance our data analytics capabilities. SMMC leaders need to have systems to proactively access real time data to support decisions made by clinical teams, managers and leaders enterprise-wide. When accessed, data must be in the right format to guide decisions and actions required to effectively deliver quality services for all patients assigned. Navigant is supporting this work through a focus on people and processes first, with technology needs being addressed in a later phase. The primary objectives are:

People:

- Implement an integrated, cross-disciplinary analytics team

Process:

- Implement a data analytics governance structure with alignment around expectations, accountability, and prioritization

The data analytics workplan has 5 key deliverables:

- Data Management Current State Discovery
- Data Measurement Alignment
- Data Analytics Workgroup
- Data Accessibility and Utilization
- Continuous Data Management Optimization

During the Current State Discovery phase, Navigant identified the current state of analytics working relationships as shown in the table below. Over the course of the next 30 days, Navigant and SMMC will partner in developing the roadmap to address alignment and effectiveness of the data analytics infrastructure.

● Strong ○ Weak / Non-existent

Data Analytics Workgroup	Data Analytics Teams Produce and Analyze				
	FP&A	Pop Health	Quality	Accounting & Reimbursement	Business Intelligence
• Monitor Metric Performance • Develop Action Plans					
Huddles	○	◐	◑	○	○
Strategic Walls	◑	◑	◑	◑	◑
EMT Monthly Executive Metrics	●	●	●	●	◑
MORs / MAPs	●	●	●	●	○
Pop Health / P4P Metrics	◑	●	◑	◑	●
Others	◐	◐	◐	◐	◐

SNAPSHOT: San Mateo County Health

TO: SMMC Board Members | FROM: Louise Rogers, Chief

INDICATOR	NUMBER	CHANGE FROM PREVIOUS MONTH	CHANGE FROM PREVIOUS YEAR
ACE Enrollees	22,606	0.2%	3.96%
SMMC Emergency Department Visits	3,781	10.3%	2.0%
New Clients Awaiting Primary Care Appt.	74	10.4%	-46.8%

County Health, state & federal partners mount novel coronavirus response

With data from the Centers for Disease Control and Prevention (CDC) and the California Department of Public Health (CDPH), County Health is working with travelers returning to our area from the regions affected by the illness now called COVID-19. County Health has opened a call center, staffed by public health nurses, to facilitate outreach to these travelers, who are self-monitoring their health for fourteen days and practicing social distancing. The Public Health Laboratory is preparing to begin testing patient samples for COVID-19 in the next few weeks, which will speed up the response process. Working with Communications, the Communicable Disease unit has provided guidance to the Office of Education for use in schools, as well as updated information for the County Manager's Office, Courts, SamTrans, and other local organizations.



Responding to misinformation and discrimination against Asians and Asian Americans in our community, County Health participated in a press conference in Daly City led by North East Medical Services (NEMS) and Supervisor Canepa's office for local Chinese and Filipino media organizations. County Health was represented by Glenn Ibarrientos (above), who serves as director of public health nursing and is a clinical services manager in Family Health Services, and Jessie Ren (right), Mandarin speaker and benefits analyst with the Health Coverage Unit.



Environmental Health Services receives State recognition

Environmental Health Services' (EHS) hazardous materials program, known as San Mateo County CUPA (California Unified Program Agencies), has been named an Outstanding CUPA Agency by the California Environmental Protection Agency. Overseeing all hazardous materials and hazardous waste compliance for the county, including the cities, the local program was recognized for adapting to regulatory and industry changes, providing awareness and education opportunities to the community, and developing innovative ways to improve compliance. The State praised SMC CUPA's thirteen inspectors for their patience and perseverance in promoting compliance and recognized EHS' outreach and communications activities, including an increased web presence, more guidance documents, and a listserv for facilities to receive program updates.

Community Health Needs Assessment Report launched

Working with the Healthy Community Collaborative, a partnership of local health care and community-based organizations, Public Health, Policy and Planning has [published a report](#) to identify the five most pressing health issue areas and five most impactful social determinants affecting health. County Health is seeking public feedback on the report and asking for county residents to rank these issues via an anonymous [online survey](#).

