



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

BOARD OF DIRECTORS MEETING

Monday, May 2, 2022

8:00 AM – 10:00 AM



AGENDA

Board of Directors

Monday, May 2, 2022

8:00 AM

*****BY VIDEOCONFERENCE ONLY*****
<https://smcgov.zoom.us/j/91075397545>

In accordance with AB 361, the Board will adopt findings that meeting in person would present imminent risks to the health or safety of attendees of in-person meetings. Consistent with those findings, this San Mateo Medical Center Board meeting will be conducted by videoconference

Public Participation

The meeting may be accessed through Zoom at <https://smcgov.zoom.us/j/91075397545>. Written public comments may be emailed to mlee@smcgov.org and should include the specific agenda item on which you are commenting. Spoken public comments will also be accepted during the meeting through Zoom.

A. CALL TO ORDER, ROLL CALL, AND PUBLIC COMMENT

B. PROCEDURAL

Adopt findings pursuant to AB 361 to continue fully teleconferenced board meetings due to health risks posed by in-person meetings.

C. CLOSED SESSION

Items Requiring Action

1. Medical Staff Credentialing Report
2. Quality Report

Dr. Steve Hassid
Dr. Brita Almog

Informational Items

3. Medical Executive Committee

Dr. Steve Hassid

D. REPORT OUT OF CLOSED SESSION

E. PUBLIC COMMENT

Persons wishing to address items not on the agenda

F. FOUNDATION REPORT

John Jurow

G. CONSENT AGENDA

Approval of:

1. April 4, 2022 Minutes

H. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Steve Hassid

I. ADMINISTRATION REPORTS

1. Rehabilitation Department

Dr. Alpa Sanghavi..... Verbal
Emily Weaver

2. Dental Department

Robert Blake..... Verbal
Dr. Mariam Hashoush, Raul Ramirez

3. SMC Pride Center

Louise Rogers..... Verbal
Francisco Sapp

4. Financial Report

David McGrew..... TAB 2

5. CEO Report

Dr. CJ Kunnappilly..... TAB 2

J. COUNTY HEALTH CHIEF REPORT

County Health Snapshot

Louise Rogers

K. COUNTY MANAGER'S REPORT

Mike Callagy

L. BOARD OF SUPERVISOR'S REPORT

Supervisor Carole Groom

M. ADJOURNMENT

PROCEDURAL



SAN MATEO COUNTY HEALTH

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San Mateo Medical Center
222 W 39th Avenue
San Mateo, CA 94403
650-573-2222 τ
smchealth.org/smmc

To: San Mateo Medical Center Board
From: Dr. CJ Kunnappilly, CEO
Date: May 2, 2022
Subject: Resolution to make findings allowing continued remote meetings under Brown Act

RECOMMENDATION:

Adopt a resolution finding that, as a result of the continuing COVID-19 pandemic state of emergency declared by Governor Newsom, meeting in person would present imminent risks to the health or safety of attendees.

BACKGROUND:

On June 11, 2021, Governor Newsom issued Executive Order N-08-21, which rescinded his prior Executive Order N-29-20 and set a date of October 1, 2021 for public agencies to transition back to public meetings held in full compliance with the Brown Act. The original Executive Order provided that all provisions of the Brown Act that required the physical presence of members or other personnel as a condition of participation or as a quorum for a public meeting were waived for public health reasons. If these waivers fully sunsetted on October 1, 2021, legislative bodies subject to the Brown Act would have to contend with a sudden return to full compliance with in-person meeting requirements as they existed prior to March 2020, including the requirement for full physical public access to all teleconference locations from which board members were participating.

On September 16, 2021, the Governor signed AB 361, a bill that formalizes and modifies the teleconference procedures implemented by California public agencies in response to the Governor's Executive Orders addressing Brown Act compliance during shelter-in-place periods. AB 361 allows a local agency to continue to use teleconferencing under the same basic rules as provided in the Executive Orders when certain circumstances occur or when certain findings have been made and adopted by the local agency.

AB 361 also requires that, if the state of emergency remains active for more than 30 days, the agency must make findings by majority vote every 30 days to continue using the bill's exemption to the Brown Act teleconferencing rules. The findings are to the effect that the need for teleconferencing persists due to the nature of the ongoing public health emergency and the social distancing recommendations of





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local public health officials. Effectively, this means that local agencies must agendaize a Brown Act meeting once every thirty days to make findings regarding the circumstances of the emergency and to vote to continue relying upon the law's provision for teleconference procedures in lieu of in-person meetings.

AB 361 provides that Brown Act legislative bodies must return to in-person meetings on October 1, 2021, unless they choose to continue with fully teleconferenced meetings because a specific declaration of a state or local health emergency is appropriately made. AB 361 allows local governments to continue to conduct virtual meetings as long as there is a gubernatorially-proclaimed public emergency in combination with (1) local health official recommendations for social distancing or (2) adopted findings that meeting in person would present risks to health. AB 361 is effective immediately as urgency legislation and will sunset on January 1, 2024.

DISCUSSION:

Because local rates of transmission of COVID-19 are still in the "substantial" tier as measured by the Centers for Disease Control, we recommend that your Board or Commission avail itself of the provisions of AB 361 allowing continuation of online meetings by adopting findings to the effect that conducting in-person meetings would present an imminent risk to the health and safety of attendees. A resolution to that effect, and directing staff to return each 30 days with the opportunity to renew such findings, is attached hereto.

FISCAL IMPACT:

None

RESOLUTION NO.

RESOLUTION FINDING THAT, AS A RESULT OF THE CONTINUING COVID-19 PANDEMIC STATE OF EMERGENCY DECLARED BY GOVERNOR NEWSOM, MEETING IN PERSON FOR MEETINGS OF THE SAN MATEO MEDICAL CENTER BOARD WOULD PRESENT IMMINENT RISKS TO THE HEALTH OR SAFETY OF ATTENDEES

WHEREAS, on March 4, 2020, the Governor proclaimed pursuant to his authority under the California Emergency Services Act, California Government Code section 8625, that a state of emergency exists with regard to a novel coronavirus (a disease now known as COVID-19); and

WHEREAS, on June 4, 2021, the Governor clarified that the “reopening” of California on June 15, 2021 did not include any change to the proclaimed state of emergency or the powers exercised thereunder, and as of the date of this Resolution, neither the Governor nor the Legislature have exercised their respective powers pursuant to California Government Code section 8629 to lift the state of emergency either by proclamation or by concurrent resolution in the state Legislature; and

WHEREAS, on March 17, 2020, Governor Newsom issued Executive Order N-29-20 that suspended the teleconferencing rules set forth in the California Open Meeting law, Government Code section 54950 et seq. (the “Brown Act”), provided certain requirements were met and followed; and

WHEREAS, on September 16, 2021, Governor Newsom signed AB 361 that provides that a legislative body subject to the Brown Act may continue to meet without fully complying with the teleconferencing rules in the Brown Act provided the legislative

body determines that meeting in person would present imminent risks to the health or safety of attendees, and further requires that certain findings be made by the legislative body every thirty (30) days; and,

WHEREAS, California Department of Public Health (“CDPH”) and the federal Centers for Disease Control and Prevention (“CDC”) caution that the Delta variant of COVID-19, currently the dominant strain of COVID-19 in the country, is more transmissible than prior variants of the virus, may cause more severe illness, and that even fully vaccinated individuals can spread the virus to others resulting in rapid and alarming rates of COVID-19 cases and hospitalizations (<https://www.cdc.gov/coronavirus/2019-ncov/variants/delta-variant.html>); and,

WHEREAS, the CDC has established a “Community Transmission” metric with 4 tiers designed to reflect a community’s COVID-19 case rate and percent positivity; and,

WHEREAS, the County of San Mateo currently has a Community Transmission metric of “substantial” which is the second most serious of the tiers; and,

WHEREAS, the San Mateo Medical Center Board has an important governmental interest in protecting the health, safety and welfare of those who participate in its meetings; and,

WHEREAS, in the interest of public health and safety, as affected by the emergency caused by the spread of COVID-19, the San Mateo Medical Center Board deems it necessary to find that meeting in person would present imminent risks to the

health or safety of attendees, and thus intends to invoke the provisions of AB 361 related to teleconferencing;

NOW, THEREFORE, IT IS HEREBY DETERMINED AND ORDERED that

1. The recitals set forth above are true and correct.
2. The San Mateo Medical Center Board finds that meeting in person would present imminent risks to the health or safety of attendees.
3. Staff is directed to return no later than thirty (30) days after the adoption of this resolution with an item for the San Mateo Medical Center Board to consider making the findings required by AB 361 in order to continue meeting under its provisions.
4. Staff is directed to take such other necessary or appropriate actions to implement the intent and purposes of this resolution.

* * * * *

CONSENT AGENDA

HOSPITAL BOARD OF DIRECTORS
MEETING MINUTES
Monday, April 4, 2022
Videoconference Meeting

Board Members Present

Supervisor Carole Groom
Supervisor David Canepa
Mike Callagy
Louise Rogers
Dr. CJ Kunnappilly
Dr. Steve Hassid
Dr. Brita Almog
Dr. Gordon Mak
Deborah Torres

Staff Present

Michelle Lee	Karen Pugh	Priscilla Romero
David McGrew	Rachel Daly	
Dr. Alpa Sanghavi	Angela Gonzales	
Peggy Jensen	Victor Armendariz	
Dr. Yousef Turshani		
Jack Nasser		
Margaret Hambleton		
Jennifer Stalzer		
Jen Naranjo		

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call to Order	Supervisor Groom called the meeting to order at 8:00 AM. A quorum was present.	
Procedural	Approval of: 1. Adoption of findings to continue teleconferenced board meetings due to health risks posed by in-person meetings.	The Board unanimously approved the resolution.
Reconvene to Open Session	The meeting was reconvened at 8:14 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for April 4, 2022. Medical Executive Committee Minutes from March 8, 2022	Rebecca Archer reported that the Board unanimously approved the Credentialing Report and the QIC Minutes and accepted the MEC Minutes.
Public Comment	None.	
Foundation Report John Jurow	No report.	FYI
Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes from March 7, 2022.	It was MOVED, SECONDED and CARRIED unanimously to

		approve all items on the Consent Agenda.
Medical Staff Report Dr. Steve Hassid	<p>Dr. Hassid reported that preparations are underway for The Joint Commission’s revisit before mid-April. The downward trend of hospitalizations due to COVID continues and as of today, there is only one patient in the hospital.</p> <p>Last week, there were a series of commemoration events at each SMMC location to recognize the two year anniversary of the COVID pandemic. It was an incredibly moving and many people shared their personal stories. I feel honored to work with this group of dedicated employees.</p>	FYI
Department of Pharmacy Victor Armendariz	<p>Scope of Service</p> <ul style="list-style-type: none"> • Hospital Pharmacy: Inpatient, Sterile compounding, Infusion Center, Medication monitoring • Retail Pharmacy: Discharge prescriptions, Outpatient prescriptions • Long Term Care Pharmacy: 1A, Burlingame LTC, Correction Health • Team: 11 Pharmacists, 10 Pharm Technicians, 3 PSA’s, 2 PAP Coordinators, Buyer, Billing Specialist <p>Ongoing Improvement Projects</p> <ul style="list-style-type: none"> • Pharmacy Modernization • Compounding Trailer • Culture of Professionalism • Retail Pharmacy Process Improvements <p>Inpatient Pharmacy Clinical Interventions 2021</p> <ul style="list-style-type: none"> • Medication Reviews Performed: 7,468 • Intervention Acceptance Rate: 94% • Total Savings: \$54,820 Hard Cost <p>Sterile Compounding</p> <ul style="list-style-type: none"> • Board of Pharmacy Probation in June 2021 – June 2023 • Monthly visits with consultant (Board mandated) • Board of Pharmacy visited in March 2022 – no findings for the visit. • The Joint Commission had no findings for sterile compounding. <p>Outpatient Pharmacy</p> <ul style="list-style-type: none"> • Changes to how Medi-Cal pays for prescriptions with Medi-Cal Rx. • Celebrate the Pharmacy Team for going above and beyond to help our patients. 	FYI
Compliance Report Margaret Hambleton	<p>Corporate Integrity Agreement (CIA) Obligations:</p> <ul style="list-style-type: none"> • Basic Compliance Program Obligations • Annual Compliance Training for Board and Covered Persons • Auditing Obligations • Reporting Obligations • Engaged Ankura as the Independent Review Organization 	FYI

	<p>2022 Compliance Training</p> <ul style="list-style-type: none"> Annual Compliance Training - released March 3; to be completed by May 2 <p>Focused Compliance Topics</p> <ul style="list-style-type: none"> Coding Accuracy Audit – January – March 2022 RFP issued for automated coding programs as well as personnel support for outpatient coding support. Responses due mid-January. Weekly Finance-Compliance Meetings Telehealth Audits 	
Financial Report David McGrew, CFO	The February FY 21/22 financial report was included in the Board packet and David McGrew answered questions from the Board.	FYI
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	The new Public Health Equity Officer has been hired and her name is Tamarra Jones. The federal government is no longer reimbursing for COVID tests and vaccinations. However, this won't pose a financial problem for our county. The second booster has been approved and it will be available soon to patients.	FYI
County Executive Officer Mike Callagy	Mr. Callagy was happy to announce that a tentative agreement has been reached with the California Nurses Association (CNA) and the Service Employees International Union (SEIU). These employees are very valued and soon the agreements will be brought to the Board of Supervisors for approval.	FYI
Board of Supervisors Supervisor Groom	Supervisor Groom echoed Mr. Callagy's sentiments and added that it is important to have a stable workforce.	FYI

Supervisor Groom adjourned the meeting at 9:24 AM. The next Board meeting will be held on May 2, 2022.

Minutes recorded by:



Michelle Lee, Executive Secretary

Minutes approved by:



Dr. Chester Kunnappilly, Chief Executive Officer

ADMINISTRATION REPORTS

BOARD OF DIRECTORS SAN MATEO MEDICAL CENTER

Financial Report: March FY21-22

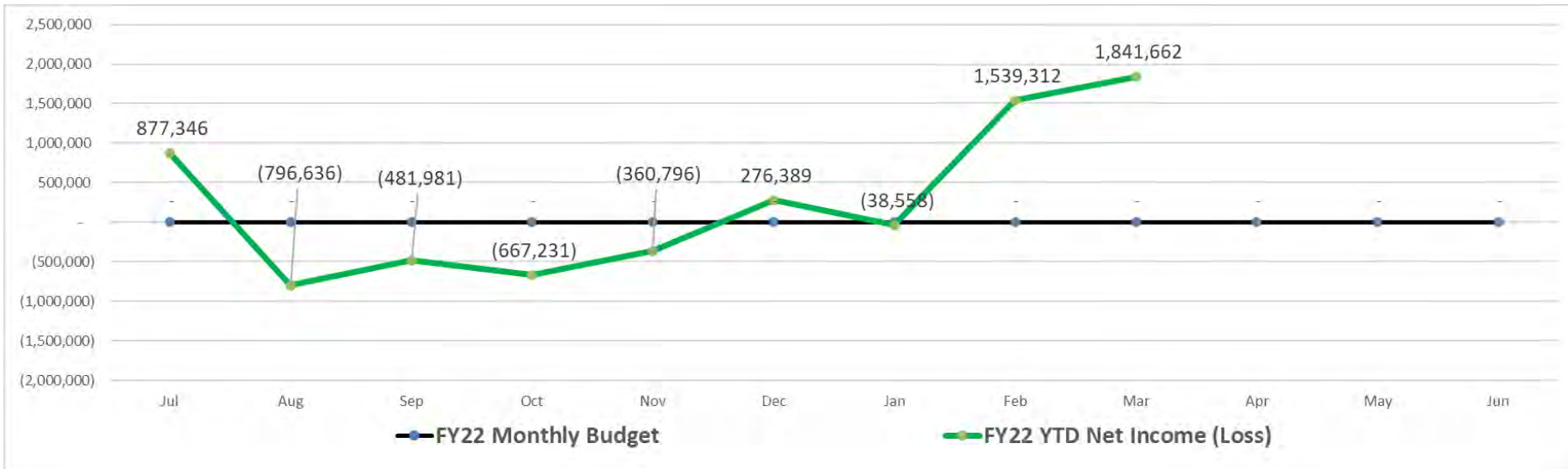
May 2, 2022

Presenter: David McGrew, CFO



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Cumulative YTD Financial Results



Net Income(loss)–Mar \$302K, YTD \$1.8M

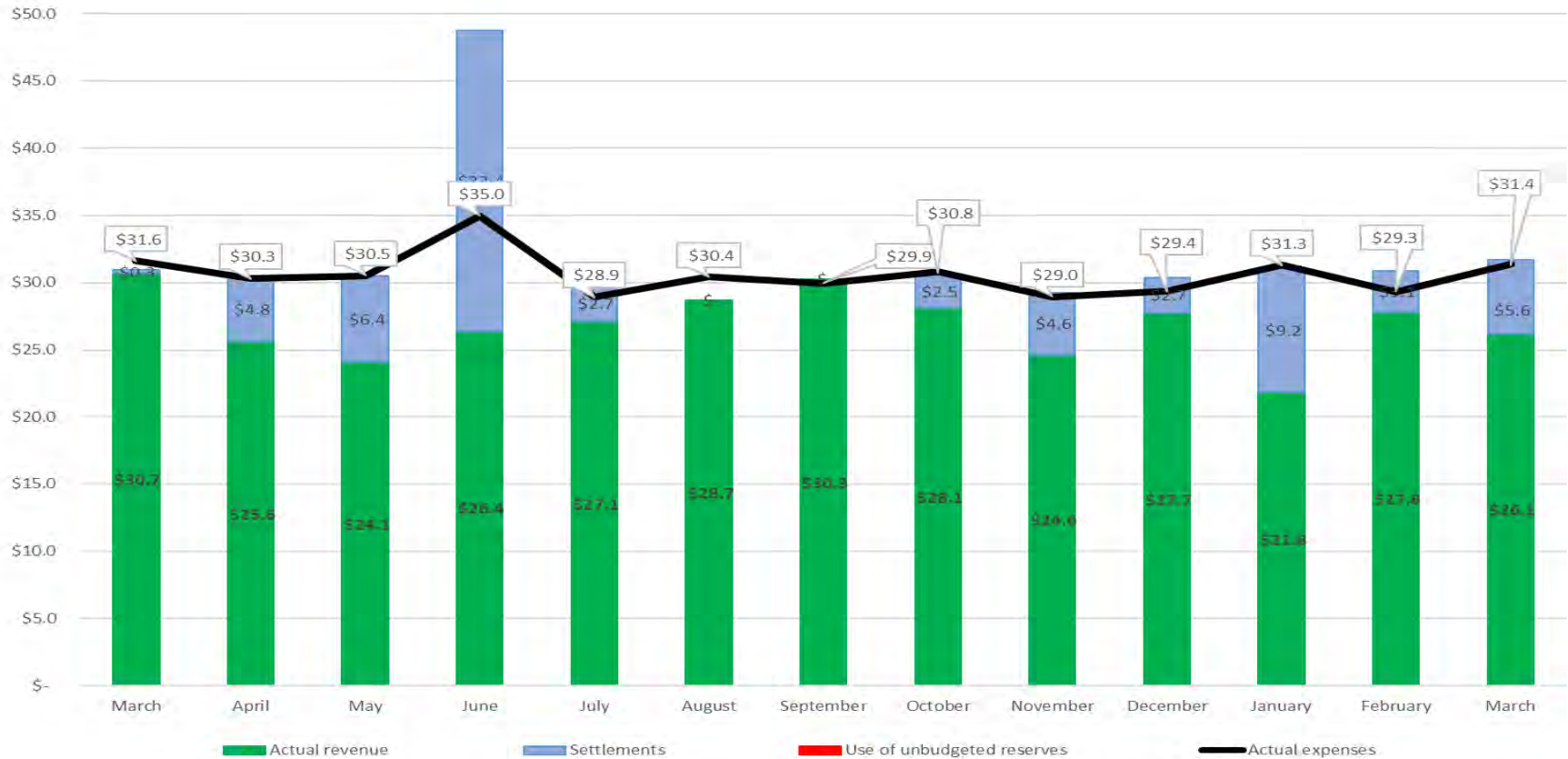
- Medi-Cal Fee for Service (FFS) rates
- Various prior year settlements/adjustments
- \$2.4M SNF Rate Settlement adjustment

- Medical & Lab supplies
- ACE outside medical costs
- Nursing registry

March FY22 Snapshot: March is favorable to budget by \$302K mainly due to prior year supplemental revenue settlements/adjustment offset by lower patient net revenue. This is an improvement over the FY21 average monthly loss of \$2.7 million. The YTD is currently favorable and is expected to stay favorable/breakeven for the remainder of the year. Inpatient volume continues to be down, ED visits are on the rise and clinic visits are leveling off with seasonal fluctuation. Managed care membership is 2% below budget.

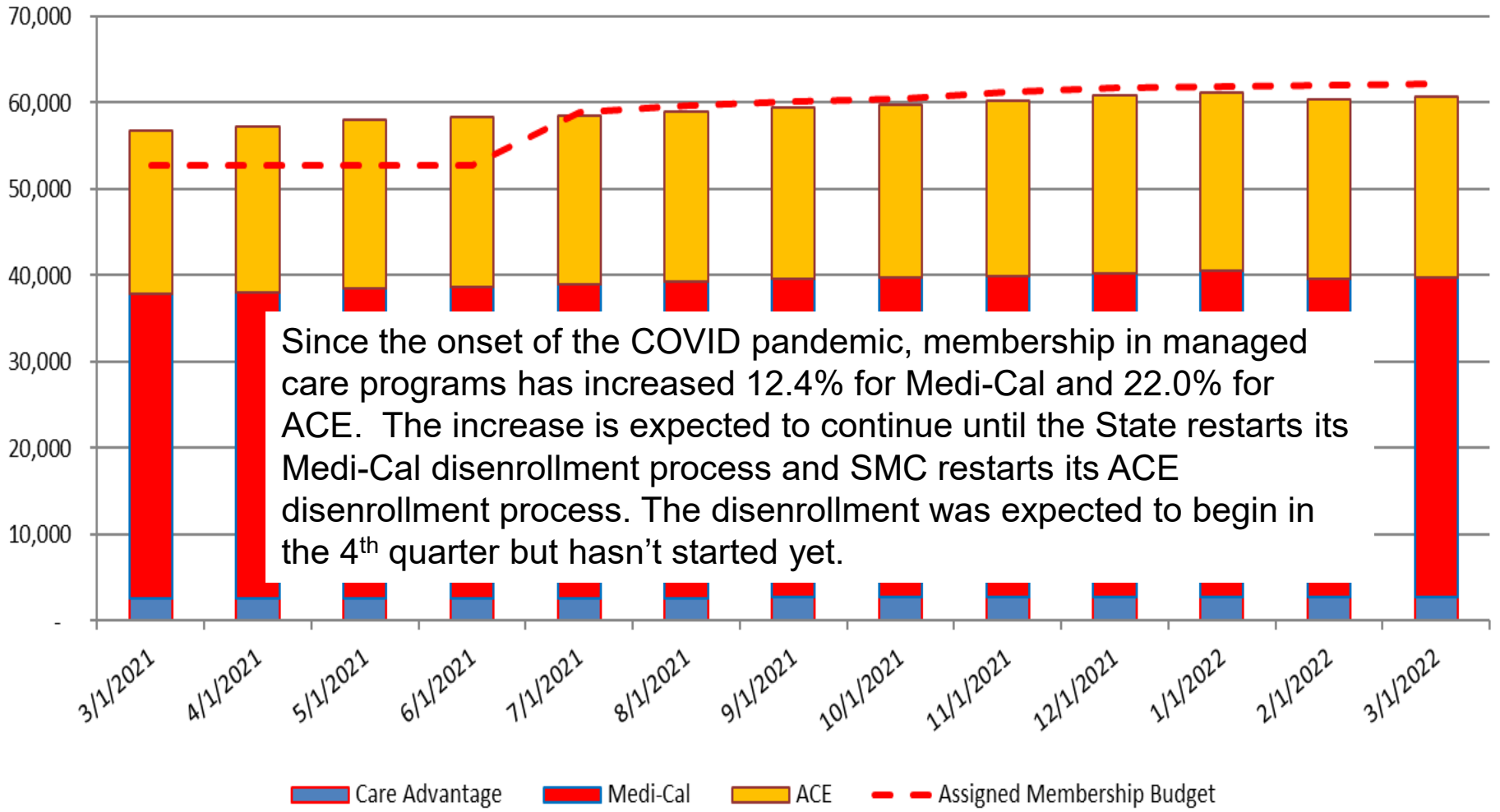
FY 21-22 Revenue & Expense Trend

SMMC's operating revenue fluctuates around an average of \$28 million (green bar). Operating expenses (black line) are trending flat with slight fluctuation at a FY22 monthly average of \$30 million, which is at par with the prior 12-month average of \$30.3 million. The spike in June Settlements (blue bar) was due to an unusual number of cost report closures. The dip in January operating revenue is due to one-time audit adjustments



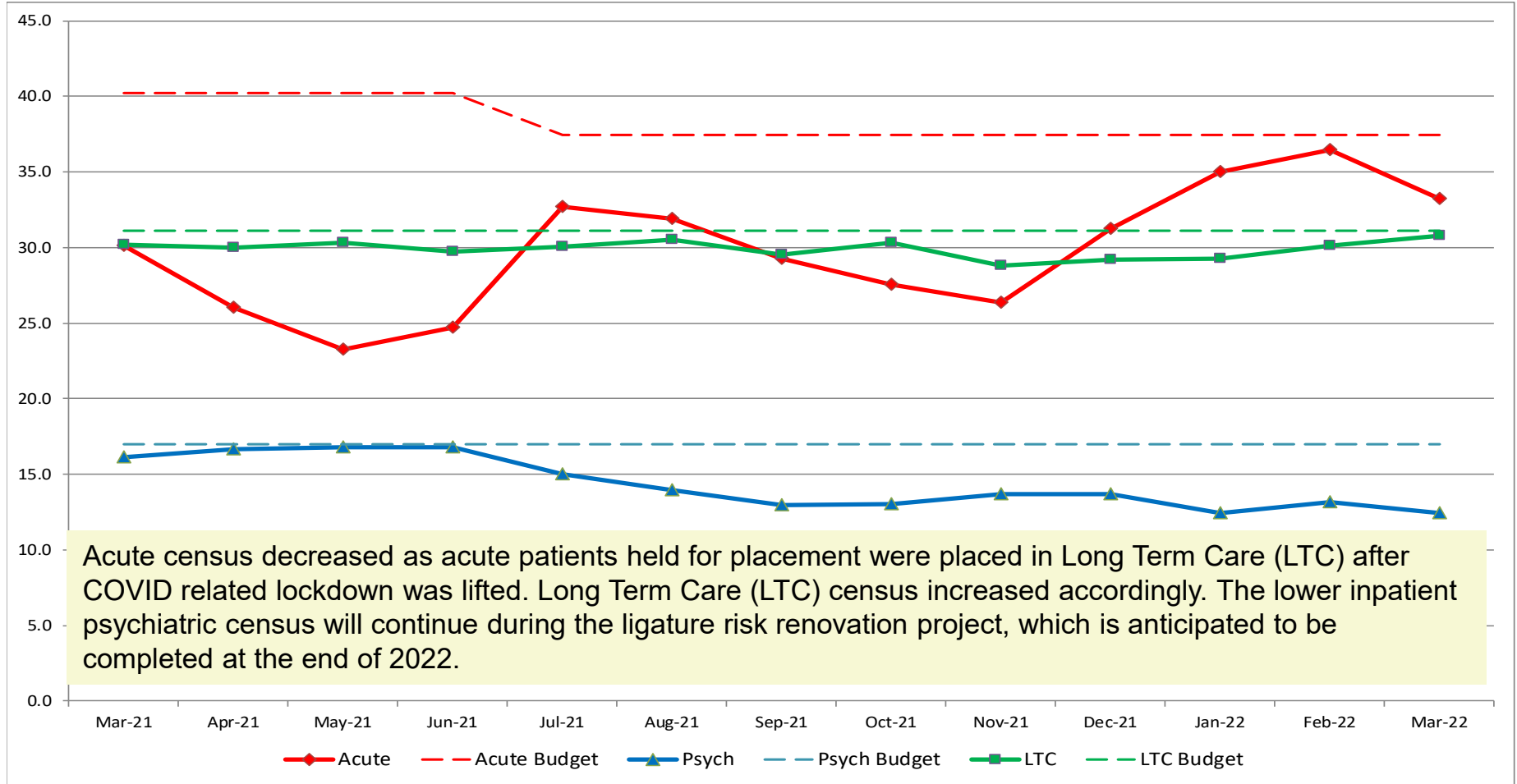
Note: Volume %s are Current Month/YTD actuals vs budget

Managed Care Membership Trend



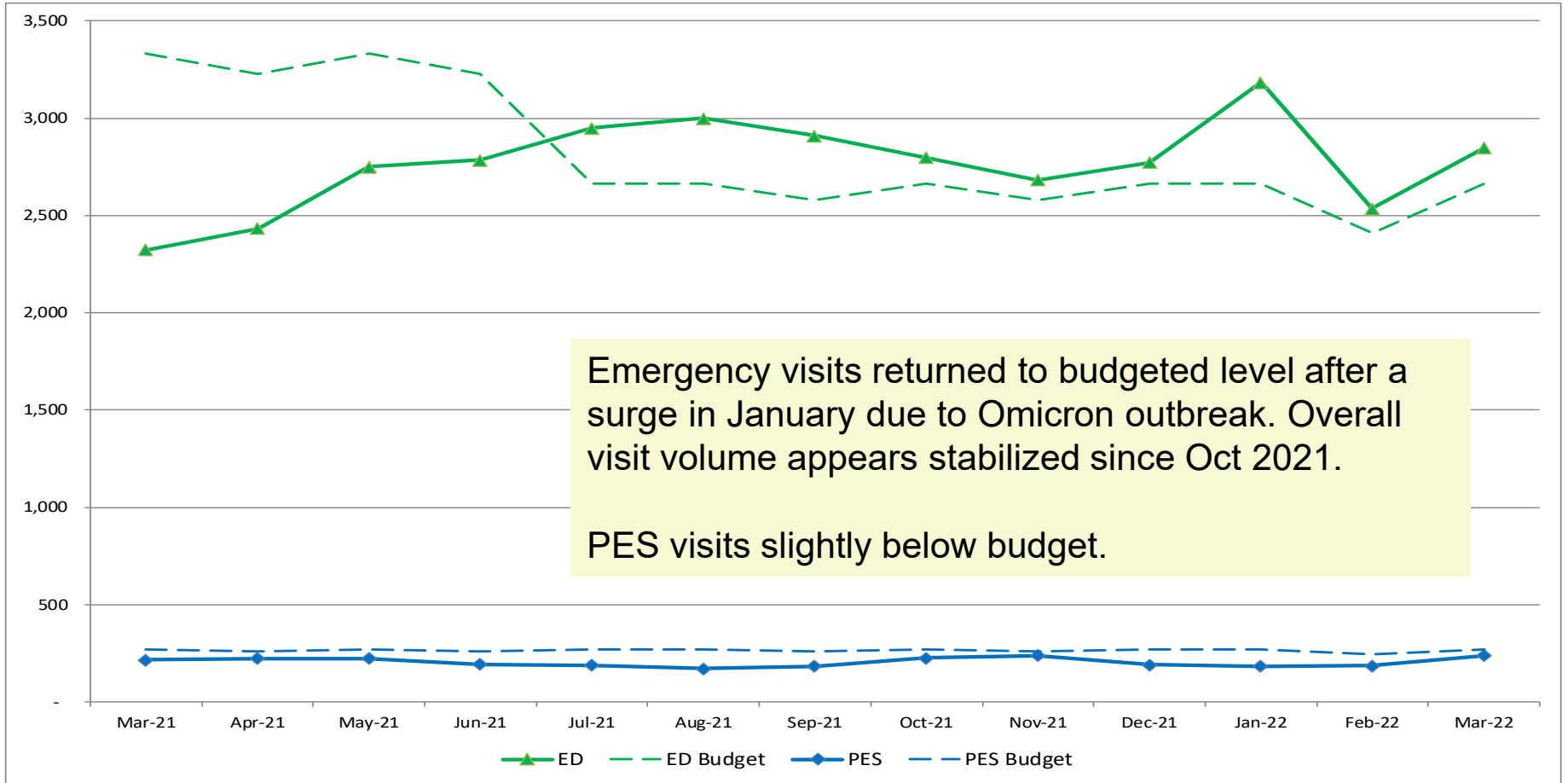
San Mateo Medical Center Inpatient Days March 31, 2022

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
Patient Days	2,371	2,652	(281)	-11%	20,478	23,438	(2,960)	-13%

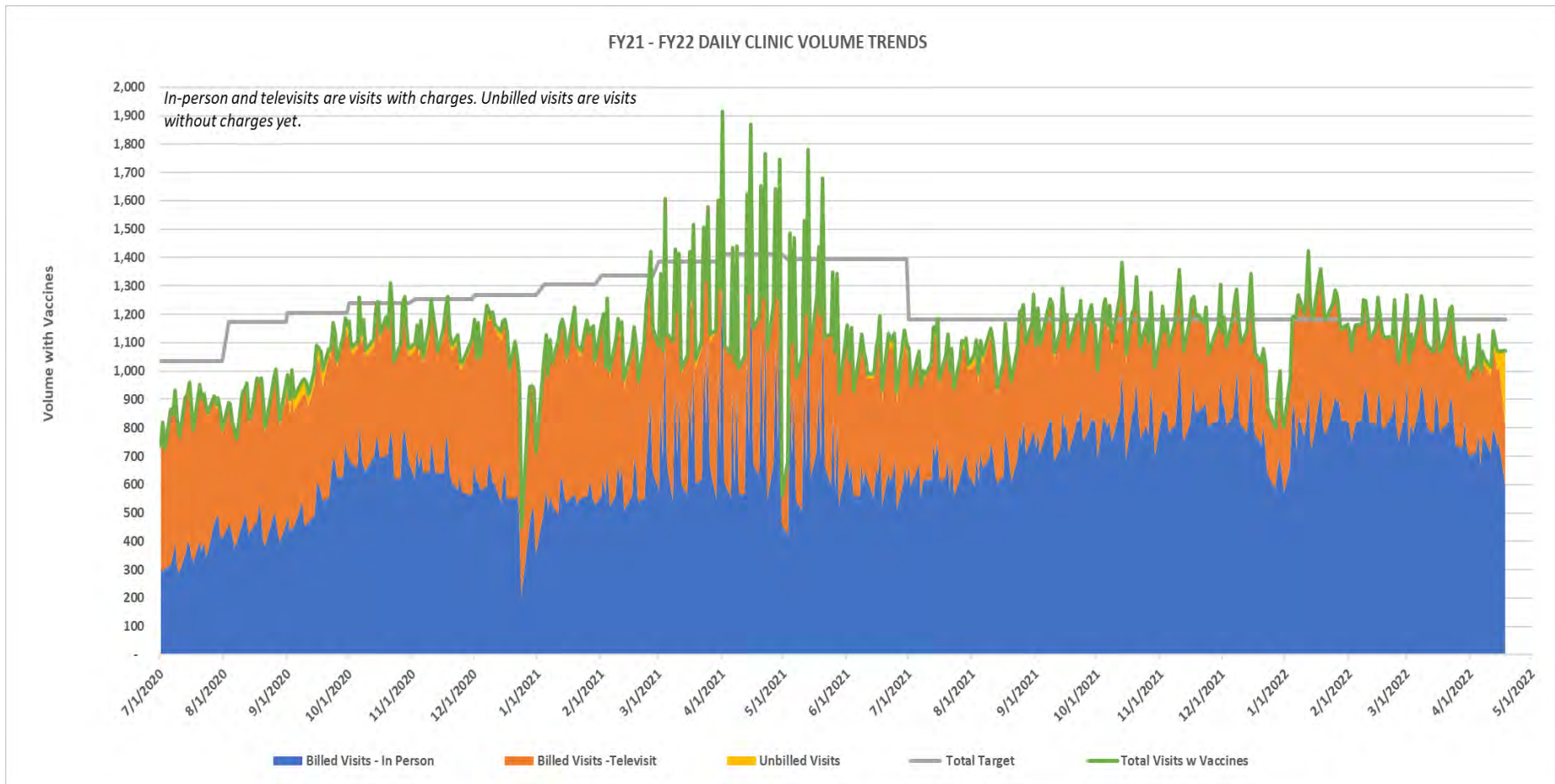


San Mateo Medical Center Emergency Visits March 31, 2022

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
ED Visits	3,086	2,937	149	5%	27,481	25,962	1,519	6%

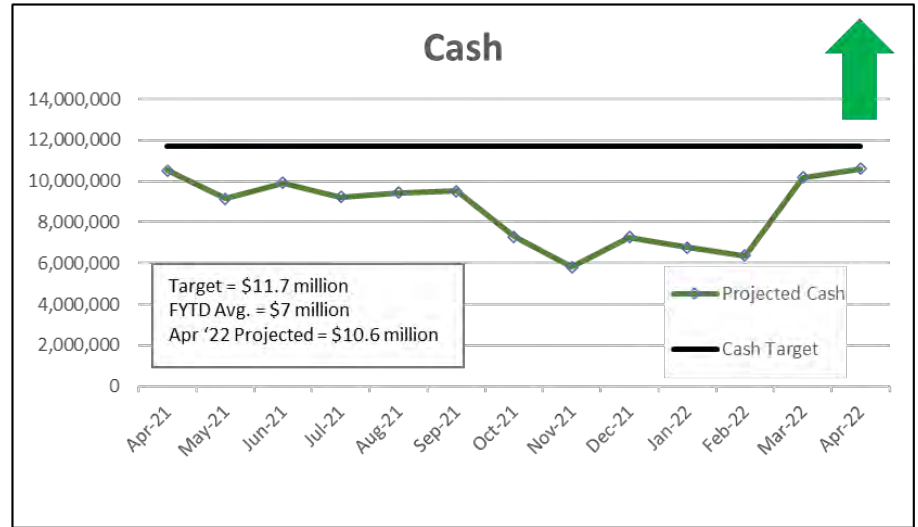
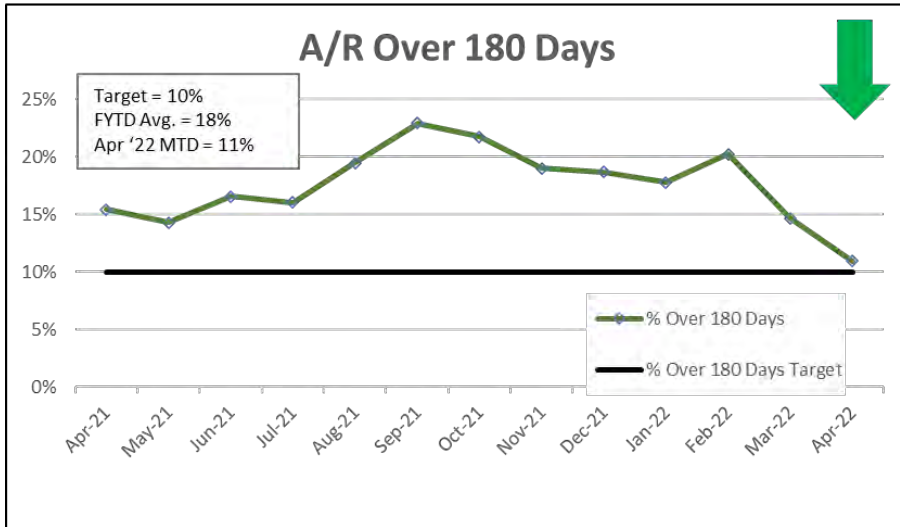
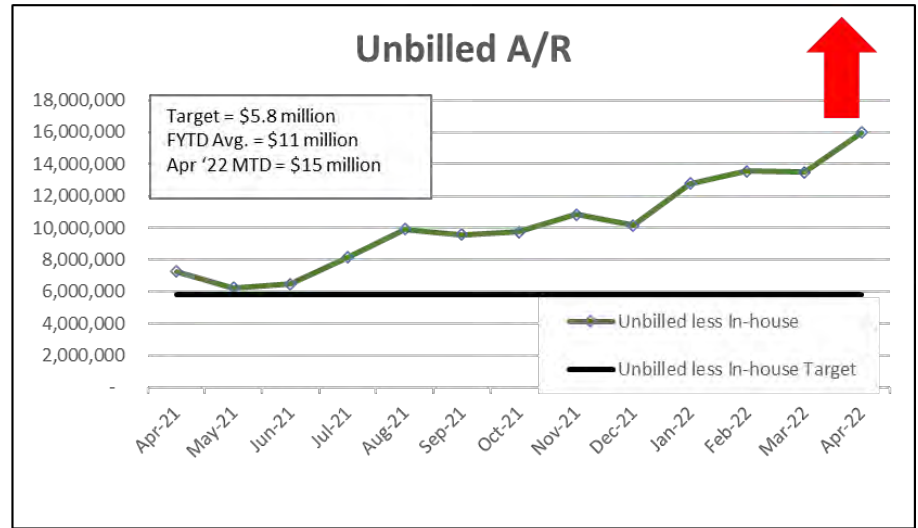
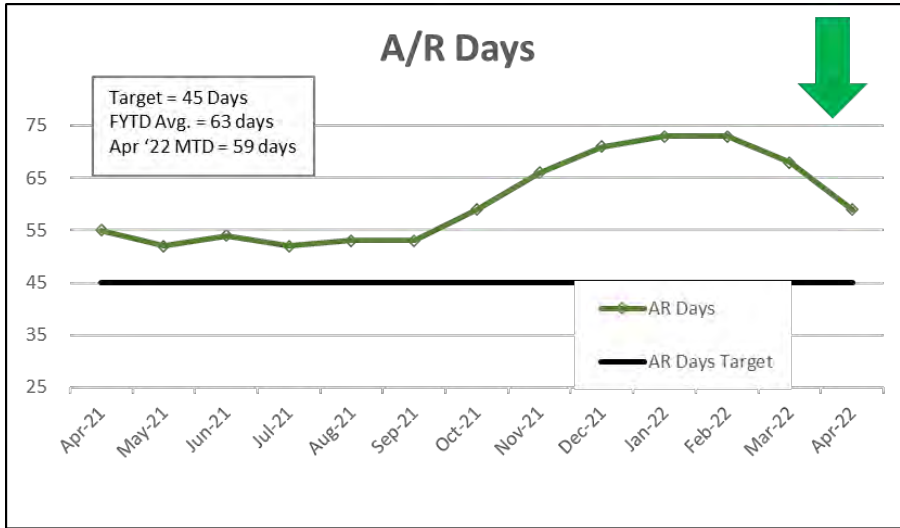


San Mateo Medical Center Clinic Visits March 31, 2022



Clinic televisits were 42% of total visits in FY21, hitting a high of 78% early in the pandemic. Televisits are running at 29% of total visits in FY22 as more patients are opting for in-person visits. March & April 2021 spikes are due to targeted vaccination events.

Fee-For-Service Revenue - Key Performance Indicators



Issues related to the new claims system have stabilized and the KPIs are improving. The Unbilled AR remains high due primarily to accounts being held for compliance auditing purposes.



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QUESTIONS?

APPENDIX



SAN MATEO COUNTY HEALTH
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San Mateo Medical Center
Income Statement
March 31, 2022

	MONTH				YEAR TO DATE				
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight	
	A	B	C	D	E	F	G	H	
1 Income/Loss (GAAP)	302,263	0	302,263		1,841,662	0	1,841,662		
2 HPSM Medi-Cal Members Assigned to SMMC	37,017	38,092	(1,075)	-3%	333,499	336,635	(3,136)	-1%	
3 ACE County Members - SMMC	20,901	21,357	(456)	-2%	182,530	187,188	(4,658)	-2%	
4 HPSM CareAdvantage Members - SMMC	2,761	2,499	262	10%	24,171	22,494	1,677	7%	
5 HPSM HealthWorks & Healthy Kids Members - SMMC	295	255	40	16%	2,502	2,294	209	9%	
6 Total Assigned Members - SMMC	60,974	62,203	(1,229)	-2%	542,702	548,610	(5,908)	-1%	
7 ACE County Members - Out of Network	6,518	4,976	1,542	31%	57,605	51,932	5,673	11%	
8 Unduplicated Patient Count	67,489	65,556	1,933	3%	67,489	65,556	1,933	3%	
9 Patient Days	2,371	2,652	(281)	-11%	20,478	23,438	(2,960)	-13%	
10 ED Visits	3,086	2,937	149	5%	27,481	25,962	1,519	6%	
11 Surgery Cases	235	306	(71)	-23%	1,961	2,502	(541)	-22%	
12 Clinic Visits	26,107	27,135	(1,028)	-4%	216,019	221,799	(5,780)	-3%	
13 Ancillary Procedures	73,652	78,213	(4,561)	-6%	588,278	640,911	(52,633)	-8%	
14 Acute Administrative Days as % of Patient Days	0.0%	N/A	N/A	0%	0.0%	N/A	N/A	0%	
15 Psych Administrative Days as % of Patient Days (Days that do not qualify for inpatient status)	68.8%	80.0%	11.2%	14%	64.2%	80.0%	15.8%	20%	
Pillar Goals									
16 Revenue PMPM	138	159	(21)	-13%	107	160	(53)	-33%	
17 Operating Expenses PMPM	299	306	7	2%	287	310	23	7%	
18 Full Time Equivalents (FTE) including Registry	1,139	1,205	66	5%	1,139	1,205	66	5%	

San Mateo Medical Center
Income Statement
March 31, 2022

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
21 Inpatient Gross Revenue	13,301,412	13,751,776	(450,364)	-3%	109,548,308	127,932,651	(18,384,343)	-14%
22 Outpatient Gross Revenue	30,777,692	23,742,593	7,035,099	30%	235,769,554	213,683,338	22,086,215	10%
23 Total Gross Revenue	44,079,104	37,494,369	6,584,735	18%	345,317,862	341,615,990	3,701,872	1%
24 Patient Net Revenue	12,629,953	13,677,761	(1,047,808)	-8%	89,147,058	123,099,853	(33,952,795)	-28%
25 Net Patient Revenue as % of Gross Revenue	28.7%	36.5%	-7.8%	-21%	25.8%	36.0%	-10.2%	-28%
26 Capitation Revenue	370,598	386,246	(15,648)	-4%	3,316,615	3,476,218	(159,603)	-5%
27 Supplemental Patient Program Revenue (Additional payments for patients)	13,921,818	11,285,634	2,636,184	23%	119,159,611	101,570,702	17,588,909	17%
28 Total Patient Net and Program Revenue	26,922,369	25,349,641	1,572,728	6%	211,623,284	228,146,773	(16,523,489)	-7%
29 Other Operating Revenue (Additional payment not related to patients)	(2,582,283)	1,175,198	(3,757,481)	-320%	10,570,101	10,576,779	(6,678)	0%
30 Total Operating Revenue	24,340,086	26,524,839	(2,184,753)	-8%	222,193,385	238,723,552	(16,530,167)	-7%

San Mateo Medical Center
Income Statement
March 31, 2022

MONTH			
Actual	Budget	Variance	Stoplight
A	B	C	D

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
E	F	G	H

Operating Expenses

31	Salaries & Benefits	18,618,480	18,553,233	(65,247)	0%
32	Drugs	1,120,599	1,279,462	158,863	12%
33	Supplies	1,463,077	902,477	(560,600)	-62%
34	Contract Provider Services	3,729,668	3,405,431	(324,237)	-10%
35	Other fees and purchased services	4,668,851	5,134,188	465,337	9%
36	Other general expenses	455,542	1,527,114	1,071,572	70%
37	Rental Expense	203,670	241,444	37,775	16%
38	Lease Expense	890,404	742,610	(147,794)	-20%
39	Depreciation	265,937	227,894	(38,043)	-17%
40	Total Operating Expenses	31,416,229	32,013,854	597,625	2%

		152,152,231	166,979,094	14,826,863	9%
		9,705,172	11,515,155	1,809,983	16%
		9,967,304	8,122,295	(1,845,009)	-23%
		35,996,524	30,648,883	(5,347,641)	-17%
		46,660,498	46,207,690	(452,807)	-1%
		4,135,321	13,744,026	9,608,705	70%
		1,806,941	2,173,000	366,060	17%
		8,013,637	6,683,488	(1,330,150)	-20%
		2,348,408	2,051,050	(297,358)	-14%
		270,786,036	288,124,682	17,338,647	6%

41	Operating Income/Loss	(7,076,142)	(5,489,014)	(1,587,128)	-29%
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		(48,592,650)	(49,401,130)	808,480	2%
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42	Non-Operating Revenue/Expense	2,537,020	187,213	2,349,808	1255%
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		6,861,847	1,684,914	5,176,933	307%
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43	Contribution from County General Fund	4,841,385	5,301,802	(460,417)	-9%
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		43,572,466	47,716,216	(4,143,750)	-9%
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44	Total Income/Loss (GAAP)	302,263	0	302,263	
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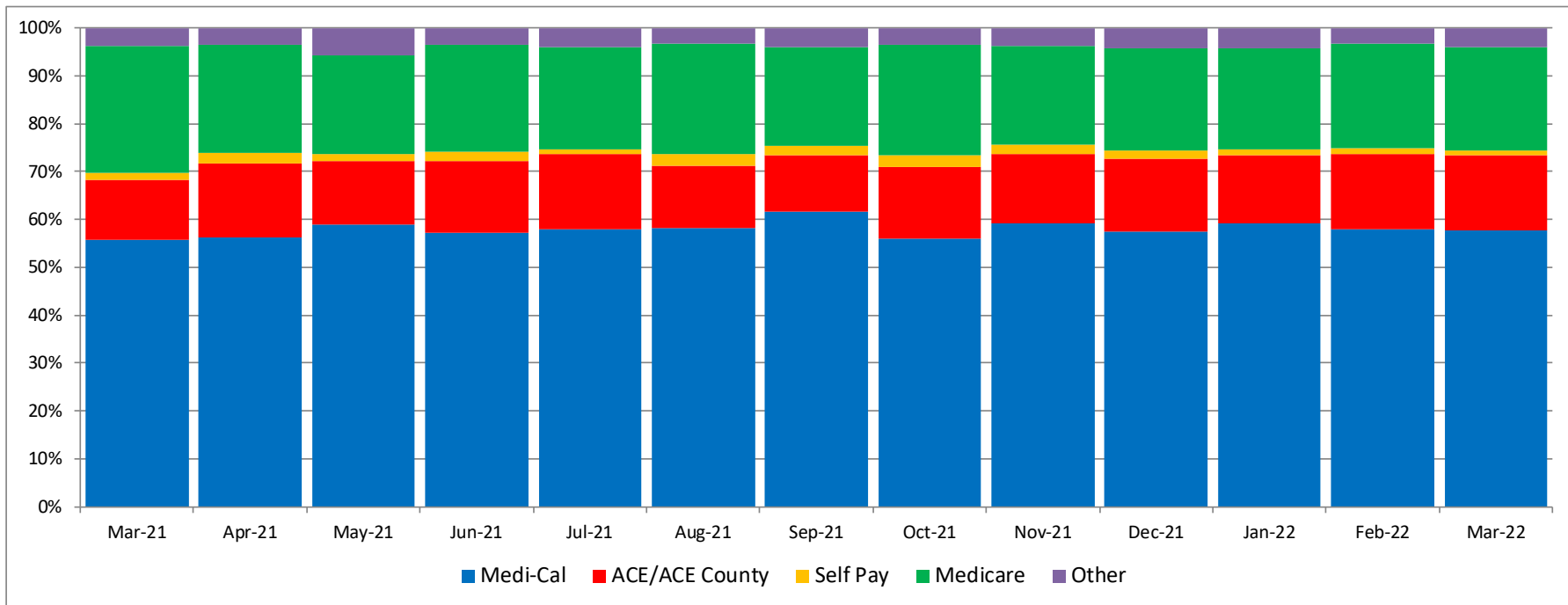
		1,841,662	0	1,841,662	
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(Change in Net Assets)

**San Mateo Medical Center
Payer Mix
March 31, 2022**

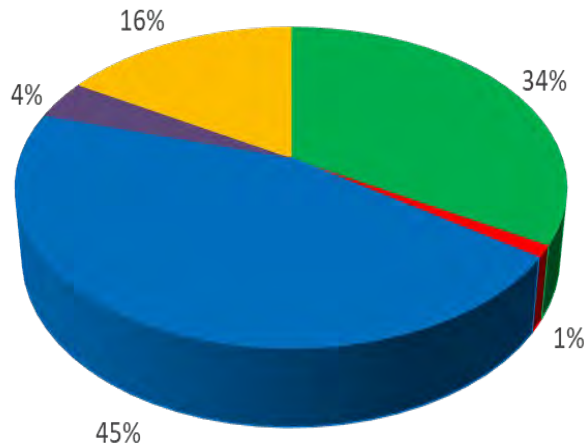
Payer Type by Gross Revenue	MONTH			
	Actual	Budget	Variance	Stoplight
	A	B	C	D
Medicare	21.5%	22.7%	-1.2%	
Medi-Cal	57.8%	58.9%	-1.1%	
Self Pay	0.9%	1.6%	-0.7%	
Other	4.1%	4.3%	-0.2%	
ACE/ACE County	15.7%	12.5%	3.2%	
Total	100.0%	100.0%		

Payer Type by Gross Revenue	YEAR TO DATE			
	Actual	Budget	Variance	Stoplight
	E	F	G	H
Medicare	21.6%	22.7%	-1.1%	
Medi-Cal	58.3%	58.9%	-0.5%	
Self Pay	1.6%	1.6%	0.1%	
Other	3.9%	4.3%	-0.5%	
ACE/ACE County	14.6%	12.5%	2.0%	
Total	100.0%	100.0%		

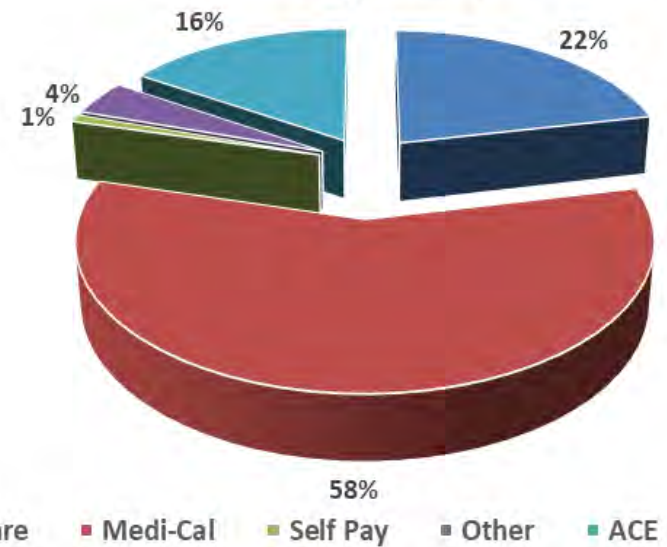


Revenue Mix

Sources of Revenue



Payor Mix



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

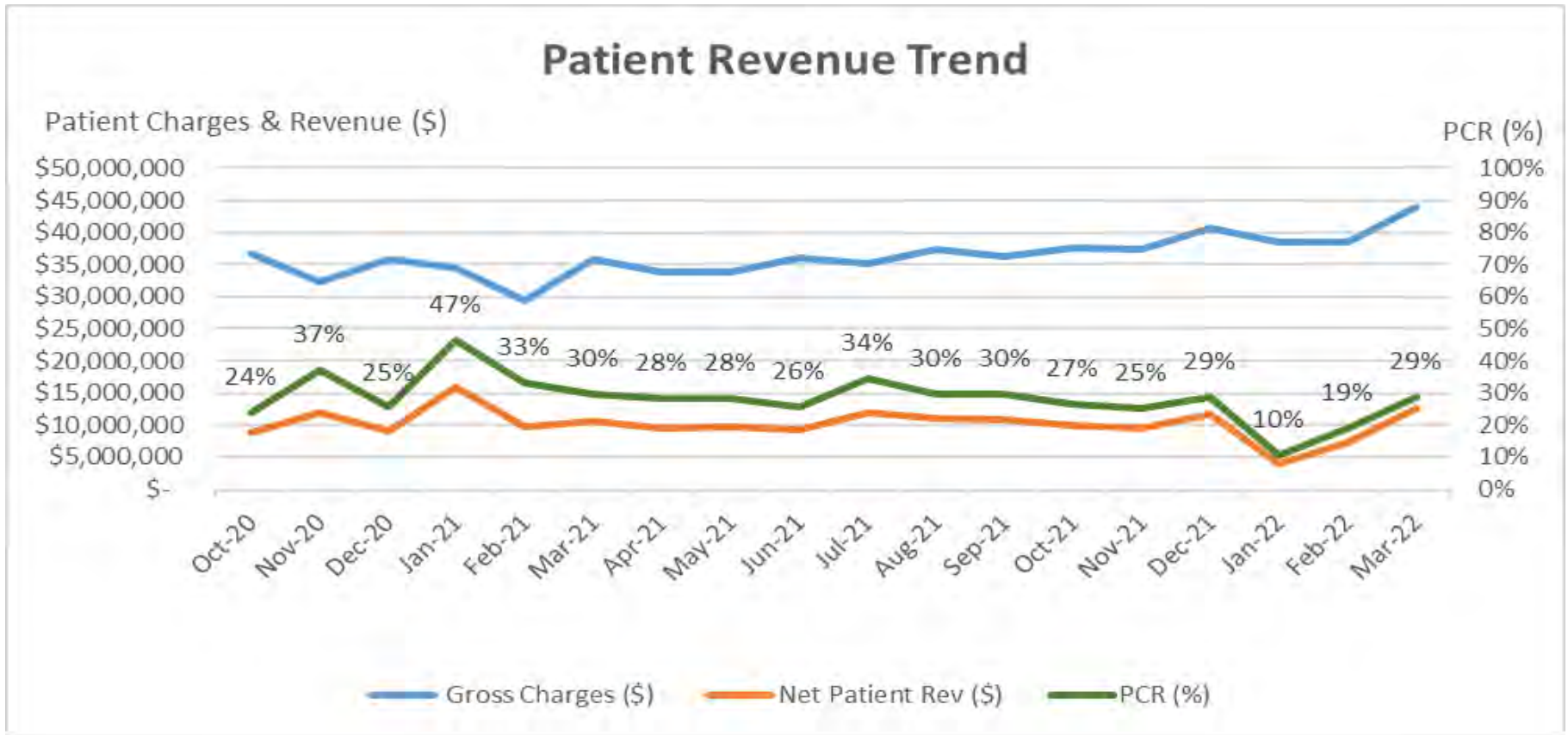
Health Plan of San Mateo (HPSM) represents 38% of our Operating Revenue

- 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

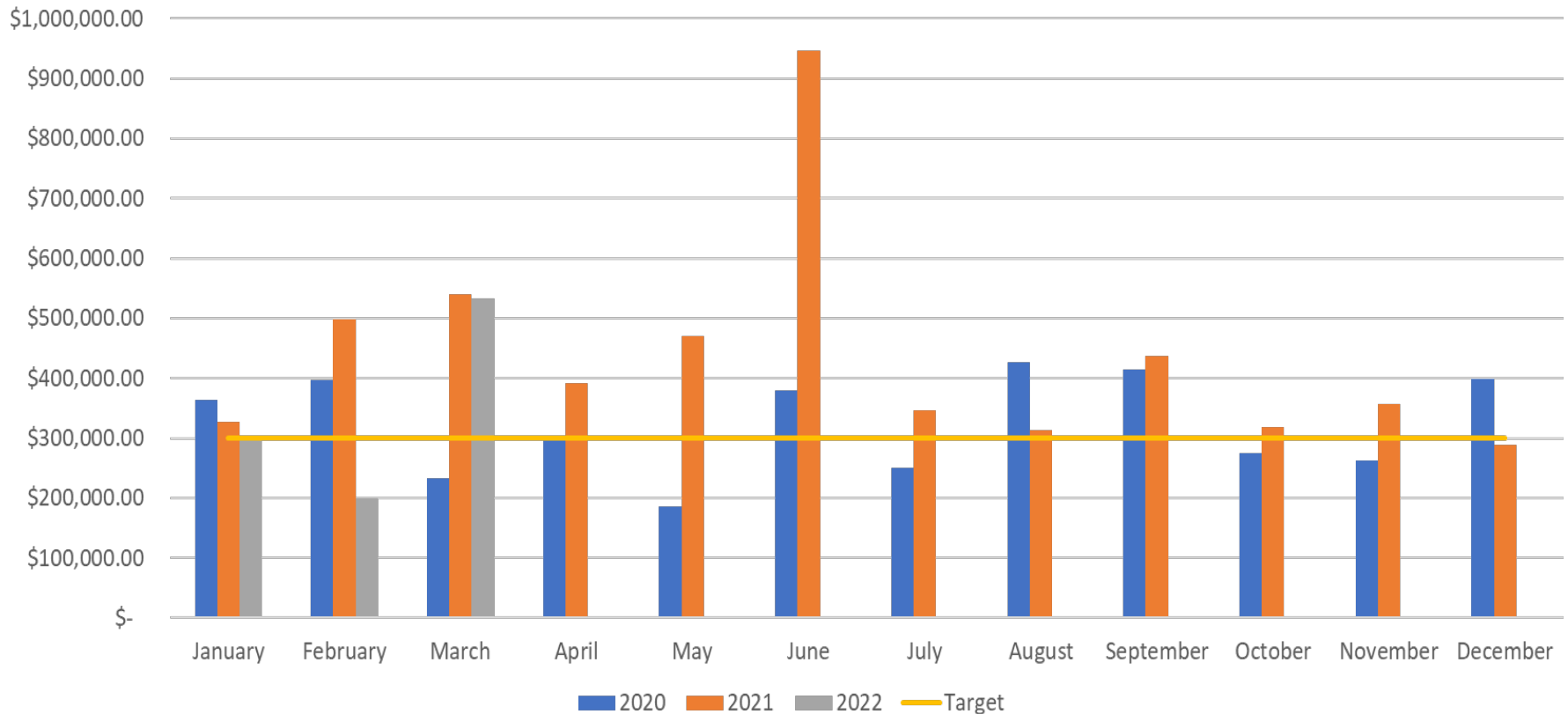
Fee-For-Service Patient Revenue Trend



Budgeted PCR 27.5% (FY21), 33.9% (FY22)

Gross patient revenue is trending up due to the increase in patient volume since late last year and addition of new charge codes for billing compliance. The collection rate (PCR) has returned to its trended average of 29% after low last few months due to a few one-time adjustments. PCR is expected to remain in high 20s for the rest of this fiscal year.

Fee-For-Service Commercial Collections

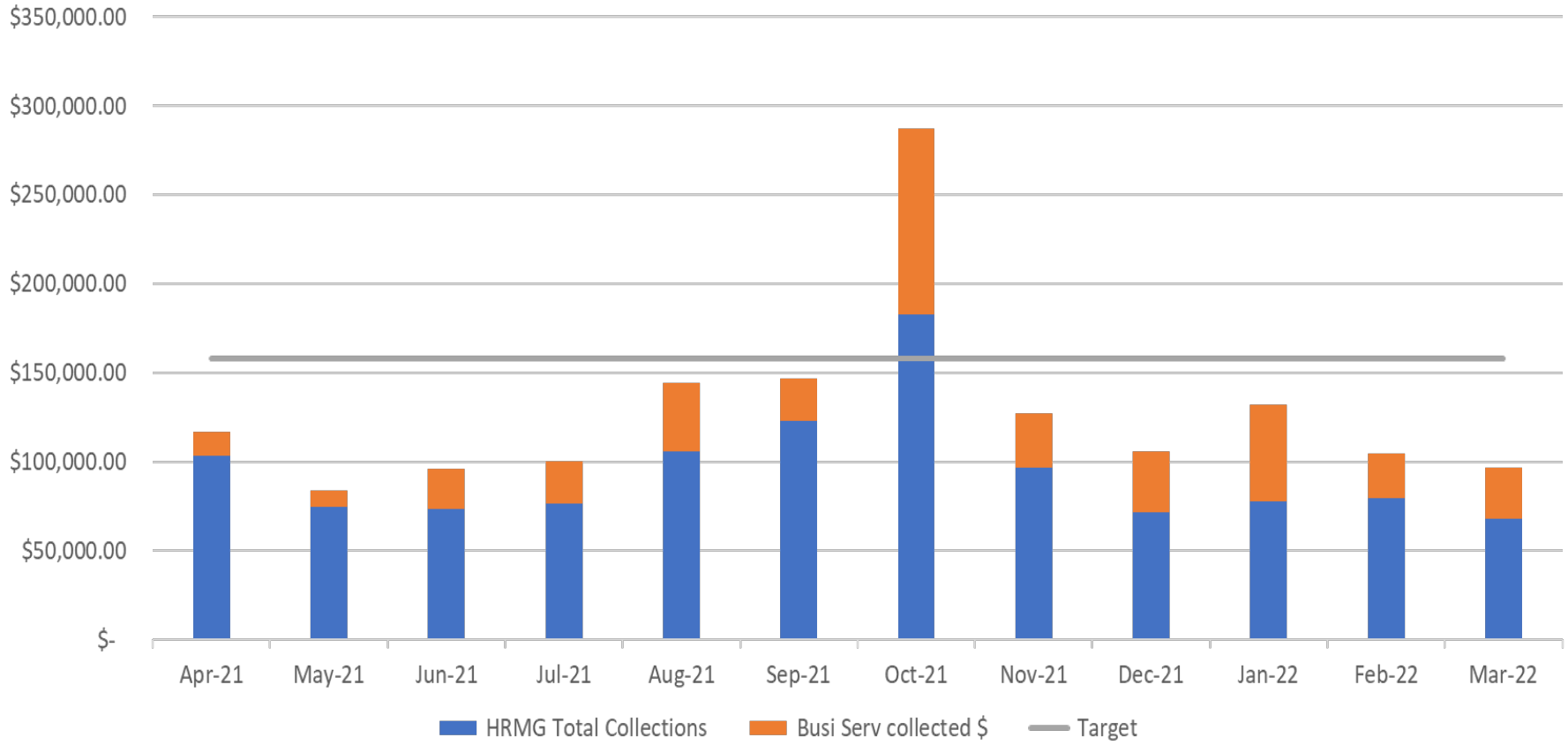


July 2020 MMX began supporting PFS with Commercial Collections

Med-Metrix is a 3rd party vendor supporting the PFS team with collection work on commercial accounts. They have exceeded prior year PFS collections in all but 3 months.

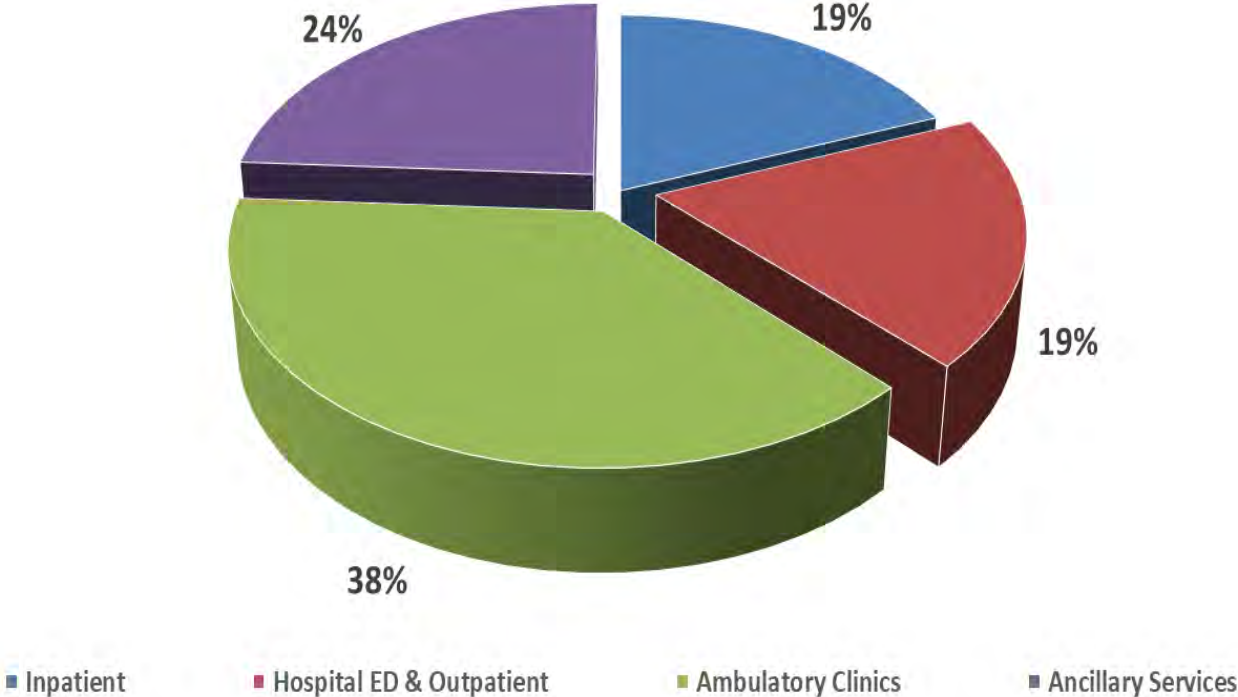


Fee-For-Service Self Pay Collections

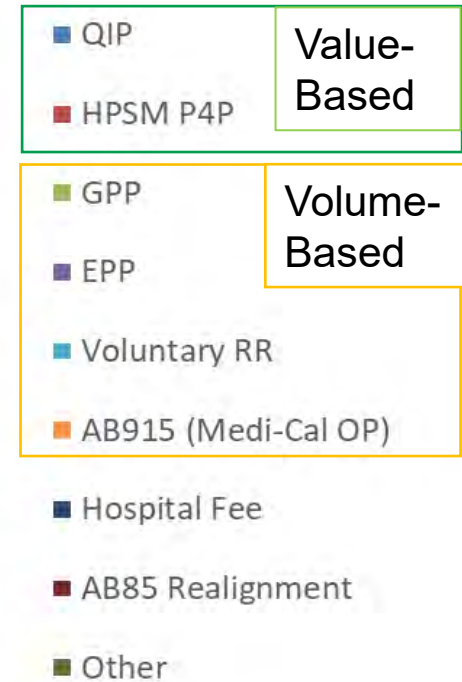
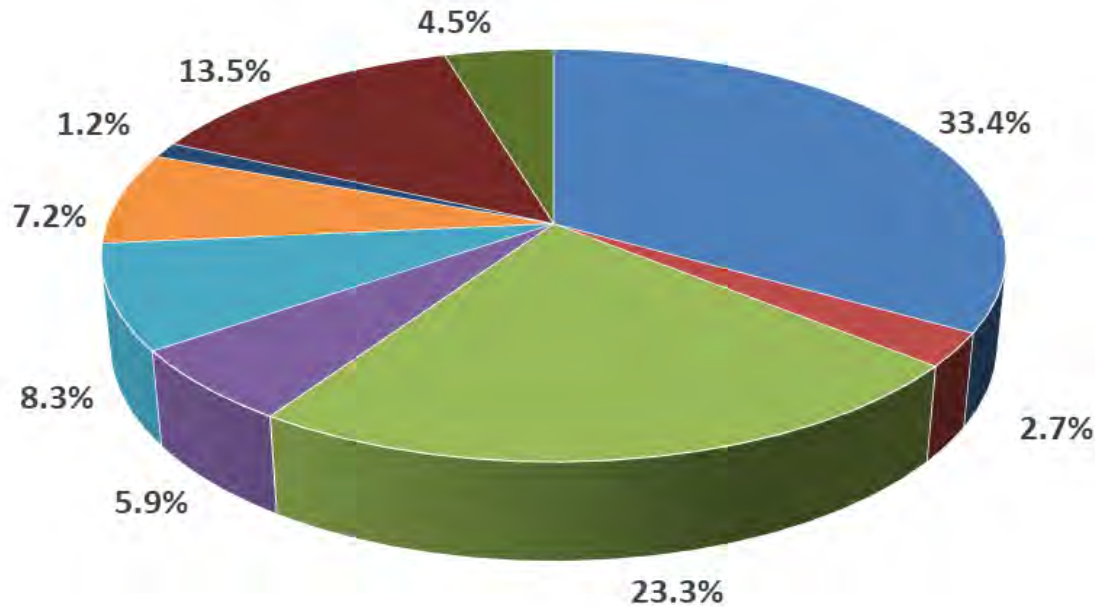


SMMC contracted with Healthcare Revenue Management Group to support SMMC's Business Services unit with collections of self-pay balances

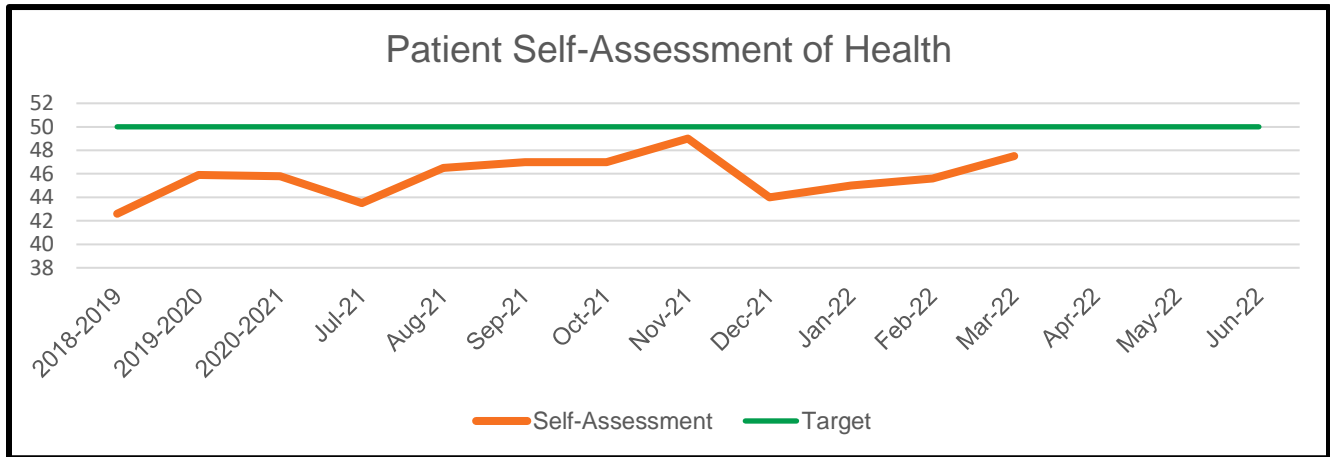
Revenue Mix by Service Line



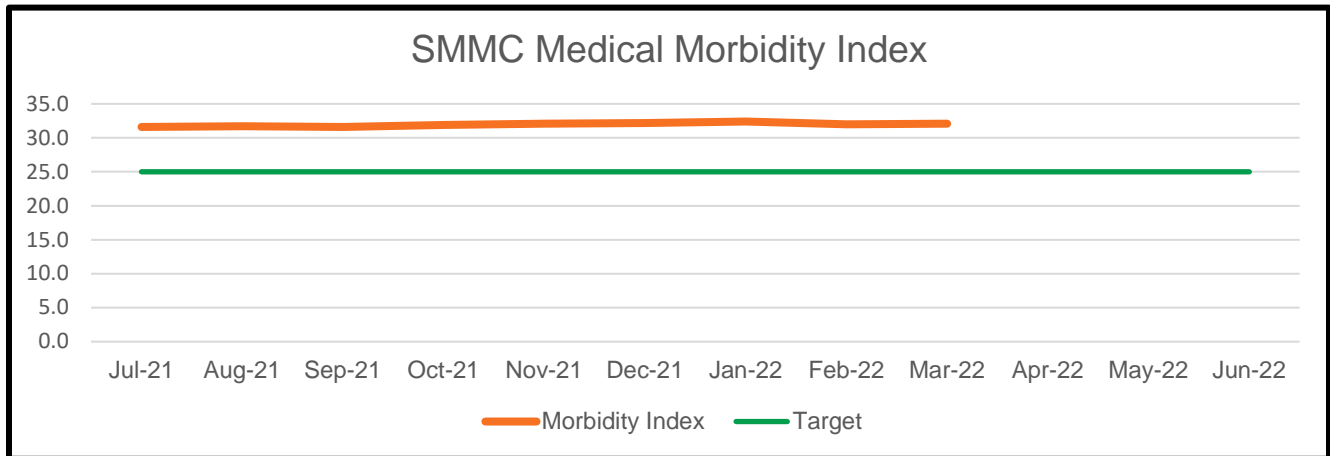
Supplemental Revenue Mix



- **Value-Based** programs represent 36.1% of our Supplemental Revenue
- **Volume-Based** programs represent 63.9% of our Supplemental Revenue



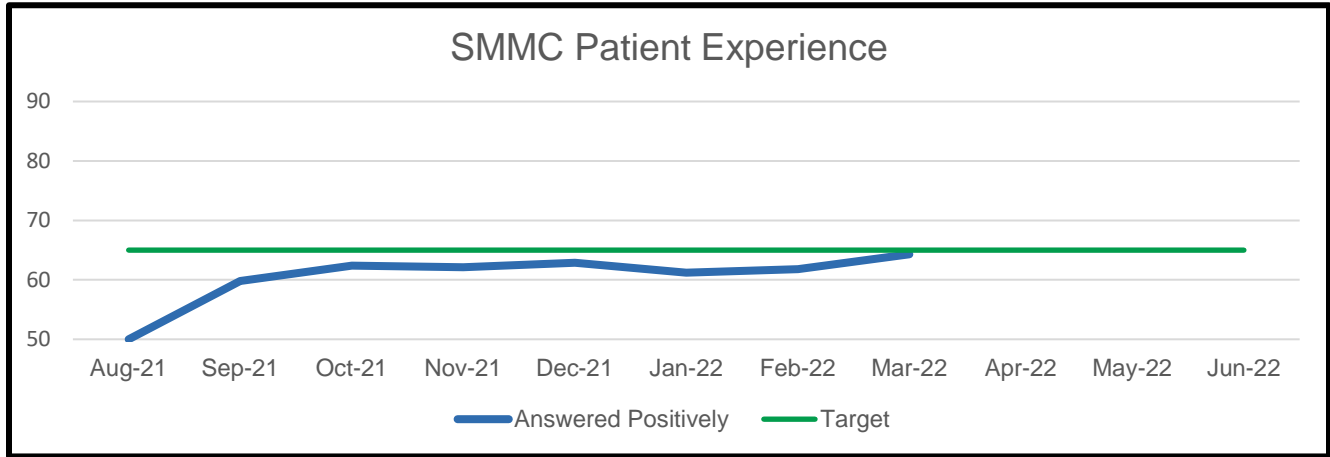
Patient Self-Assessment of Health: All Primary Care patients receive an experience survey. One question asks them to rate their health from poor to excellent. This is the percentage that rate their health as very good or excellent. **Higher is better.**



Medical Morbidity Index: This represents the percentage of SMMC patients who meet one or more of the following criteria: Inadequately Controlled Diabetes, Inadequately Controlled Hypertension, Obesity, or a Positive Depression Screen. **Lower is better.**



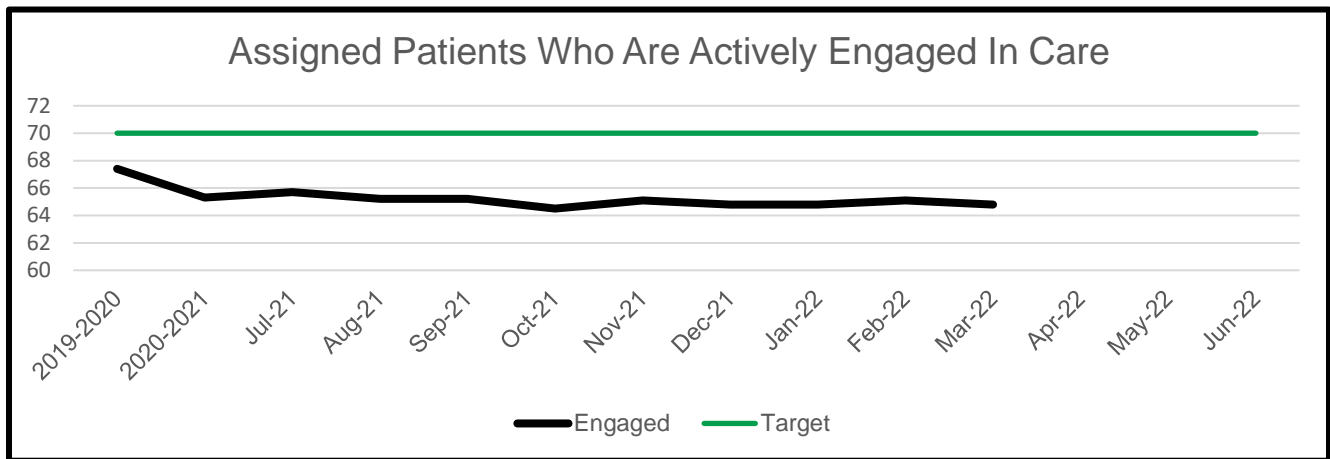
Patient Experience



Patient Experience: Percentage of patients who answered affirmatively to the patient experience survey question: “Did the staff work together to meet your needs?” -New Metric begun in August 2021. **Higher is better.**



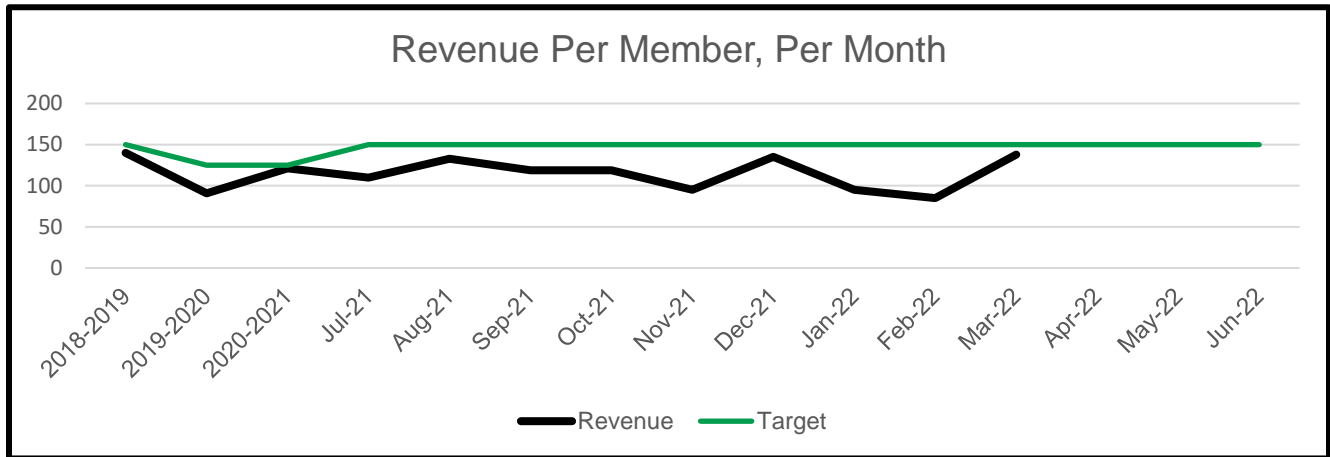
Access to Care



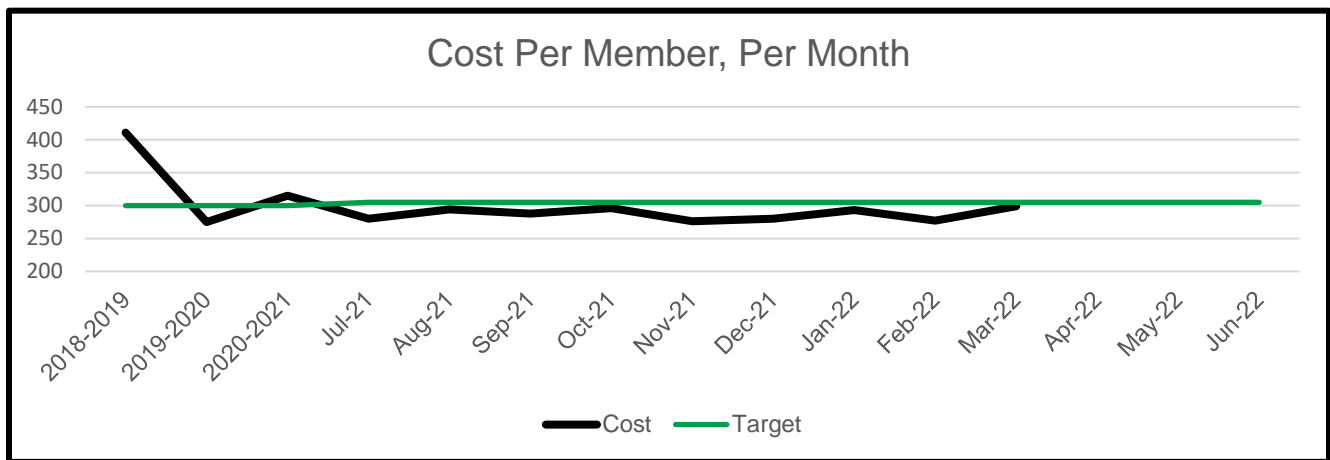
Assigned and Engaged: Percentage of patients assigned to SMMC by the Health Plan of San Mateo who are actively engaged in Care. **Higher is better.**



Financial Stewardship



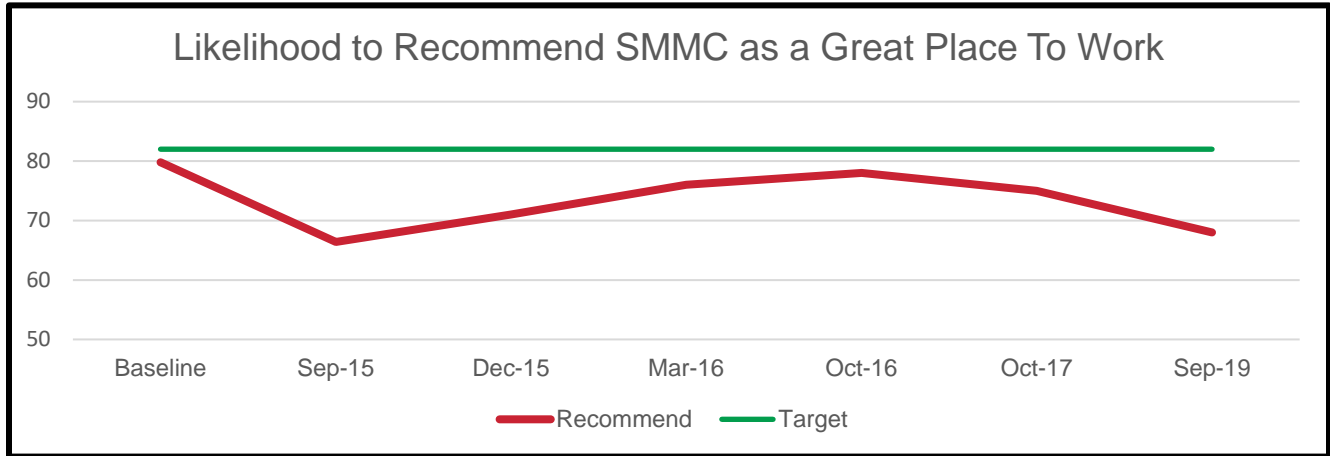
Revenue Per Member, Per Month: Total patient revenue divided by total number of assigned members. Higher is better.



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

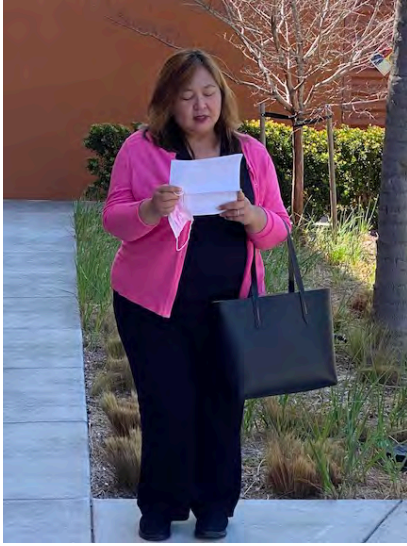


Staff Engagement



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. *-New Metrics coming soon. Higher is better.*

Strategic Updates, Recognitions & Awards



Left: Poet Laureate Aileen Cassinetta. Right: Will Cerrato and Emily Weaver.

Commemoration Events Honor Staff

In recognition of the past two years, the SMMC Wellness Committee planned and hosted commemoration events at each SMMC location. At each event, a plaque was presented to be on permanent display as a reminder of staff's extraordinary efforts throughout the pandemic. Aileen Cassinetta wrote a special poem, which was shared with staff along with journals provided by the SMC Office of Arts and Culture. A special thank you to all the staff who attended the events and shared their personal memories, stories, and reflections.

Take Heart

By Aileen Cassinetta, San Mateo County Poet Laureate

*Take heart from a hummingbird, a handful of earth.
See how memory bears fruit, to carry history, healing, offspring.
Listen for sounds gently rising above the hum and din,
the prayers of one so far from home and kin.
Say you remembered to put out feeders,
withhold water from inflorescent tomcat clovers.
Say you are here in lieu of flowers.
What did you lose the year of our sheltering.
Whom do you honor with the hope you bring.
Take heart, listen, sounds of kindness are bouncing off hard surfaces.
Praise bedside care and all its auspices.*

This internally focused effort was organized by staff for staff. Thank you to Emily Weaver,

Manager of Rehabilitation Services, for leading the planning efforts and to the planning committee: Cathena Campbell, Melissa Canter, Kristin Gurley, Priscilla Romero, Robin Rodricks, Aileen Cassinotto, Kate Johnson, and Karen Pugh. Thank you to the San Mateo County Health Foundation for funding the plaques and to those who presented or spoke at the events.

SMMC Inpatient Psychiatry Excels in Nationally Reported Metrics

SMMC recently received a report from the Centers for Medicare & Medicaid Services (CMS) on its performance in the Inpatient Psychiatric Facility Quality Reporting Program for Federal Fiscal Year 2022. These metrics measure a variety of areas from timely transmission of records to time in restraints to flu vaccination rates. Out of 15 reported metrics, SMMC substantially outperformed state and national benchmarks on 13. Congratulations to the entire team for this outstanding performance.

SMMC Education Program Recognized by American Diabetes Association

SMMC's Diabetic Self-Management Education Program for patients recently had its Certification from the American Diabetes Association renewed through July of 2026.

The ADA Education Recognition effort, begun in the fall of 1986, is a voluntary process which assures that approved education programs have met the National Standards for Diabetes Self-Management Education Programs. Programs that achieve Recognition status have a staff of knowledgeable health professionals who can provide state-of-the-art information about diabetes management for participants.

Self-management education is an essential component of diabetes treatment. One consequence of compliance with the National Standards is the greater consistency in the quality and quantity of education offered to people with diabetes. The participant in an ADA Recognized program will be taught, as needed, self-care skills that will promote better management of his or her diabetes treatment regimen. All approved education programs cover the following topics as needed: diabetes disease process; nutritional management; physical activity; medications; monitoring; preventing, detecting, and treating acute complications; preventing, detecting, and treating chronic complications through risk reduction; goal setting and problem solving; psychological adjustment; and preconception care, management during pregnancy, and gestational management.

Assuring high-quality education for patient self-care is one of the primary goals of the Education Recognition program. Through the support of the health care team and increased knowledge and awareness of diabetes, the patient can assume a major part of the responsibility for his/her diabetes management. Unnecessary hospital admissions and some of the acute and chronic complications of diabetes may be prevented through self-management education.

Thank you to Nicky Reynicke, RN, BSN, CDCES who has helped coordinate our application and congratulations to our entire Diabetes education team for this recognition of this important work.

SMMC Vaccination Efforts Continue

SMMC remains focused on facilitating up to date COVID-19 vaccination for all its patients.

As of 4/18/2022, 51,718 (79.3%) of our patients over the age of 5 have received at least one vaccine dose while 72.5% have completed their initial vaccine series and 36.1% have received a booster. Of those over age 12, 81.8% have received at least one dose and 75% have completed the initial series while 39.9% have received a booster. In those over age 50, 85.4% have at least one dose, 79.9% have completed the initial series and 54.9% have received a booster. Looking at those over the age of 65, 86.8% have received one dose, 81.9% have completed the initial series and 61.3% have received a booster. In the most vulnerable neighborhoods, 78.6% of our patients over age 5 have received at least one dose with 72.2% having completed the initial series and 34.6% having received a booster.

We appreciate the efforts of all our staff to meet this important need of our community and look forward to continuing to update the board on our efforts in the future.

April 2022

SNAPSHOT: San Mateo County Health

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

INDICATOR	NUMBER	CHANGE FROM PREVIOUS MONTH	CHANGE FROM PREVIOUS YEAR
ACE Enrollees	27,419 (March)	0.0%	8.9%
SMMC Emergency Department Visits	3,086 (March)	13.5%	23.5%
New Clients Awaiting Primary Care Appt.	0 (April)	N/A	N/A

Two psychiatry residents awarded minority fellowships

Two residents in the BHRS psychiatry residency program have been selected for the 2022 American Psychiatric Association Foundation SAMHSA Funded Minority Fellowship. Anna Madrigal, MD and Ashley Shatola, MD will each receive federal funds of \$25,000 to execute innovative projects of their own design to address health disparities for underserved communities.



Anna (*left*) will explore intergenerational trauma among Latino community members of San Mateo County through the practice of scrapbooking. Her proposed bilingual project will attempt to reduce the stigma of mental illness in the Latino community, introduce the concept of intergenerational trauma, promote and amplify patient stories, and advocate for leadership of Latino psychiatrists and mental health providers in the community.

Ashley (*right*) aims to improve African American community mental health through community psychoeducation, discussion groups to explore anxiety, depression and recurrent trauma, a youth dialectical behavioral therapy (DBT) group, and a skills based group focused on resilience and self-care. Ashley plans to introduce youth and their support systems to the mental health field by helping them explore their identities, develop understanding and insight into their moods and stressors, safely explore trauma, and use a strengths based model to develop skills for resilience. She also aims to incorporate skill building activities including yoga, gardening, dance, and musical instruments to help people explore strategies for addressing mental health stressors.



Thirty SAMHSA Funded Minority Fellowships are awarded nationally.

Over 6,000 SMC residents soon to qualify for expanded Medi-Cal coverage

A key policy change enacted in 2021 was to expand Medi-Cal coverage for adults age 50 and older regardless of documentation status, effective May 1. Statewide, an estimated 235,000 Californians are expected to be eligible for this benefit. The Health Coverage Unit, in coordination with the Human Services Agency, the

Health Plan of San Mateo and others, has been focused on reaching the San Mateo County residents expected to qualify. HCU has reached out to clients via text, letter and phone to update their enrollment information and enable them to receive Medi-Cal coverage on the earliest possible date. As of April 1, there were 6,738 ACE participants 50 and over, with about 87% able to transition automatically to the new coverage. HCU is working with the remaining 13% (about 895 residents) to enroll in restricted scope Medi-Cal, which will allow them to transition to full coverage, opening access to supports such as dental coverage, In-Home Supportive Services, and insurance that can be portable across California.

Epidemiologists complete health & quality of life survey of county residents

San Mateo County Health conducts a health and quality of life survey every 3-5 years. Led by the Office of Epidemiology and Evaluation in partnership with Professional Research Consultants (PRC), the project seeks a population-based sample of residents so that results can be extrapolated to the entire county population (historically this has been somewhere between 1,500 and 2,000 residents). The survey is conducted via random digit dialing of landline and cell phone numbers, as well as via an online link. With the current survey recently completed, the Office of Epidemiology and Evaluation expects to have the data in June, at which time they will be able to work on the analysis and reporting. The final report is expected to be complete later in 2022.

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