



SAN MATEO COUNTY HEALTH

**SAN MATEO  
MEDICAL CENTER**

# **BOARD OF DIRECTORS MEETING**

Monday, August 1, 2022

8:00 AM – 10:00 AM



# AGENDA

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Board of Directors

Monday, August 1, 2022

8:00 AM

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**\*\*\*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](mailto: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. June 6, 2022 Minutes

**H. MEDICAL STAFF REPORT**

Chief of Staff Update

Dr. Steve Hassid

**I. ADMINISTRATION REPORTS**

1. Imaging Services

Dr. Alpa Sanghavi..... Verbal  
Jacqueline Pelka

2. Compliance Report

Dr. CJ Kunnappilly ..... Verbal  
Gabriela Behn

3. Diversity, Equity, and Inclusion

Dr. Alpa Sanghavi..... Verbal  
Sujatha Ganesh Tadimeti

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**



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San Mateo Medical Center  
222 W 39th Avenue  
San Mateo, CA 94403  
650-573-2222 τ  
[smchealth.org/smmc](http://smchealth.org/smmc)

To: San Mateo Medical Center Board  
From: Dr. CJ Kunnappilly, CEO  
Date: August 1, 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

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**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, June 6, 2022  
Videoconference Meeting

**Board Members Present**

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

**Staff Present**

Michelle Lee  
David McGrew  
Dr. Alpa Sanghavi  
Jack Nasser  
Dr. Anand Chabra  
Michele Medrano  
Dr. Grace Hassid

Rebecca Archer  
Karen Pugh  
Angela Gonzales  
Chad Below  
Valissa Matthewson

Priscilla Romero

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 8:20 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for June 6, 2022. QIC Minutes from April 26, 2022. Medical Executive Committee Minutes from May 10, 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	No report.	FYI
Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes from May 2, 2022.	It was MOVED, SECONDED and CARRIED unanimously to approve all items on the Consent Agenda.
Medical Staff Report Dr. Steve Hassid	COVID infection rates are rising again so we can't leave our guard down.	FYI

	The medical community is moving towards viewing the issue of gun violence as a health-related matter. With the recent mass shootings, it might be time to use the same approach as drunk driving and seatbelt safety.	
Clinical Laboratory Services, Chad Below	<p>Lab services: chemistry, hematology/coagulation, pathology, microbiology/molecular, point of care, serology, and blood bank. In FY21, 1.3 million tests were performed. 91% were Chemistry and Hematology</p> <p>Staffing: The department is staffed by Clinical Laboratory Scientists, Medical Laboratory Technicians, and Lab Assistants/Phlebotomists. Total of 44 positions. There is a nationwide staffing shortage and the average vacancy rate is 15% and it is expected that the shortage will worsen over coming years. Due to an increased demand for lab services, retirement of aging workforce, and lower numbers of MLS and MLT graduates.</p> <p>Key challenge: Aging equipment. Lab instrumentation life expectancy is approximately 8 years. Our current chemistry instrumentation 10 years old and we are working with DPW's capital improvement process. The completion date is unknown.</p> <p>Successes: The biannual CLIA re-accreditation was successful. We continue to bring in increased automation to offset staffing challenges. Added additional in-house molecular testing which improved SMMC Infection Control and staff safety. Successfully transitioned Microbiology testing from inhouse to reference lab with minimal patient impact</p> <p>Opportunities: Modernizing to fit staffing and workloads. Reducing unnecessary high cost test ordering. Automating manual test methods.</p>	FYI
Infection Control and Employee Health, Dr. Grace Hassid, Michele Medrano	<p>The department is made up of six members and they work closely with SMC Dept of Public Health, CA Dept of Public Health, OSHA, CDC, Centers for Medicare and Medicaid, National Hospital Safety Network, and the Joint Commission.</p> <p>Employee Health Programs: 1400 employees and 300 contractors plus students and volunteers. Communicable Disease exposure management 24/7; Vaccinations including Covid-19; Covid-19 Testing; N95 Fit Testing; Blood and Body Fluid Exposures; Tuberculosis Screening; Influenza Program; Laser Safety; Hazardous Medication Handling</p> <p>Challenges: Limited staffing in Infection Control to meet demands of pandemic; Re-education due to staffing turnover; Ever-changing guidelines require real time communication and training; Healthcare facility requirements vs general community cause confusion; Emergence of variants and related surges; Ongoing management, education, and containment of other emerging infectious diseases</p> <p>Successes: Support from every level of the organization and strong senior leadership engagement; Only 1 positive transmission from patient to staff; High vaccination rates among both staff and patients</p>	FYI
Family Health Services Dr. Anand Chabra	Family Health Services has 2 full-service evidence-based home visiting programs, Nurse-Family Partnership (started 2012) and Healthy Families San Mateo (started 2019).	FYI

	<p>Nurse-Family Partnership is evidence-based, community health program. Eligibility criteria include first-time mother-to-be and begins at pregnancy until child turns 2. 819 women in San Mateo County have been served since 2012. Most clients are 18-24 years of age and 82% identify as Hispanic or Latina. 60% of referrals come from healthcare providers and clinics. NFP Outcomes: 95% of toddlers are up-to-date with immunization by age 2. 98% of mothers report breastfeeding at birth and 57% continue at 6 months.</p> <p>Healthy Families San Mateo is a leading family support and evidence-based home visiting program. Eligible for pregnant people, Medi-Cal eligible. Length of service is from pregnancy through 3 years old. 576 women in the county have been served in the program since 2019. 79% identify as Hispanic or Latina and 73% are referred by healthcare providers and clinics.</p>	
Financial Report David McGrew, CFO	The April 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	<p>Laguna Honda Hospital is the largest skilled nursing facility in the nation and there is a possibility it will close. It will be a huge blow across the state as approximately 700 patients will need placement. Our hospital and skilled nursing facility will be greatly impacted.</p> <p>Although COVID infections continue to remain high, there are no plans to mandate indoor masking again.</p>	FYI
County Executive Officer Mike Callagy	Mr. Callagy expressed his concern about gun violence and he has plans to establish a firearms compliance committee. There will also be additional gun buy-back events.	FYI
Board of Supervisors Supervisor Groom	The San Mateo County Parks continue to be popular with residents and visitations rates are up.	FYI

Supervisor Groom adjourned the meeting at 9:40 AM. The next Board meeting will be held on August 1, 2022.

Minutes recorded by:



Michelle Lee, Executive Secretary

Minutes approved by:

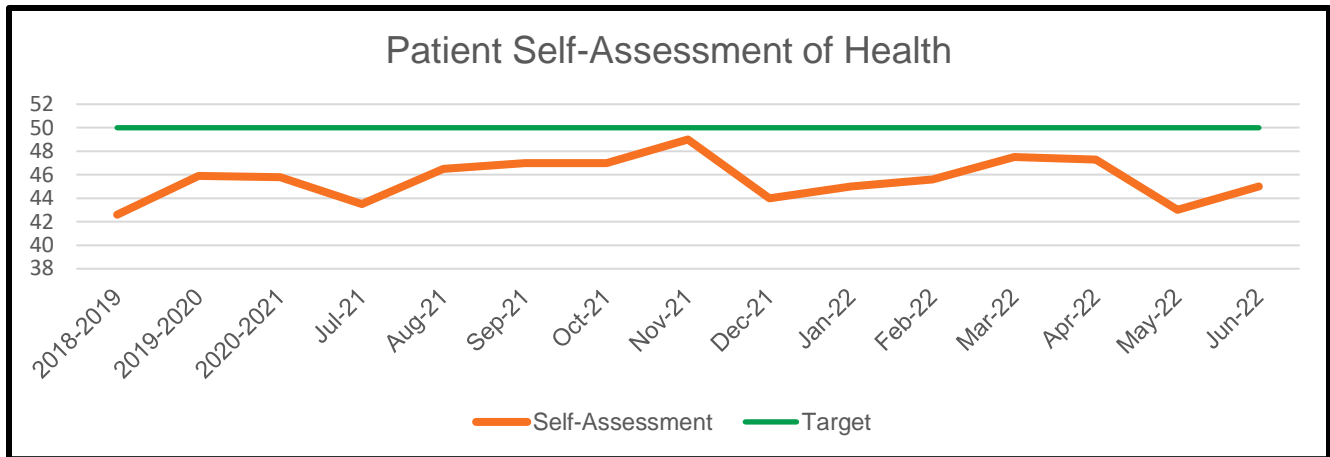


Dr. Chester Kunnappilly, Chief Executive Officer

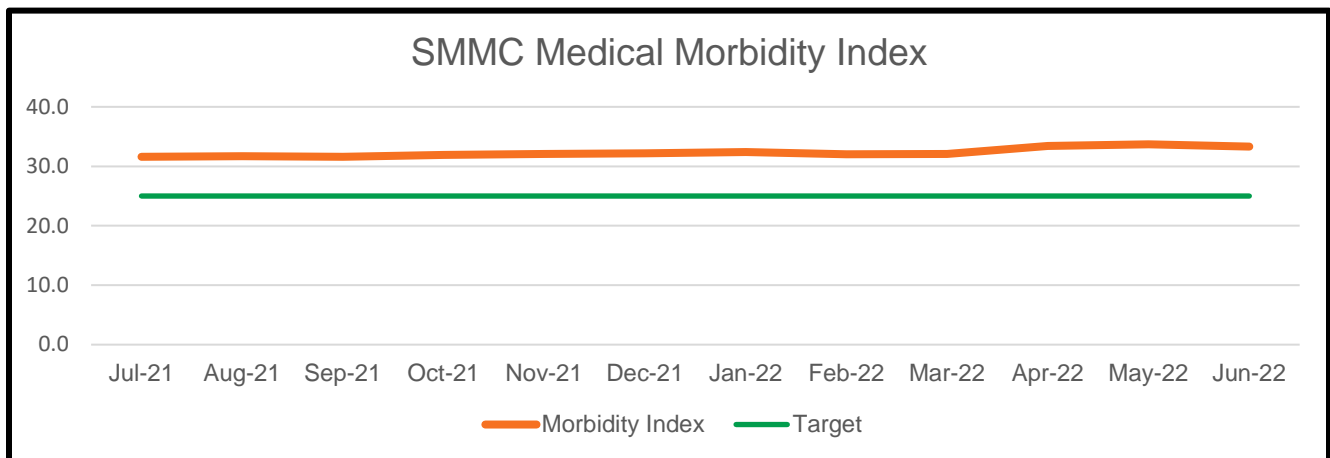
# ADMINISTRATION REPORTS



## Excellent Care



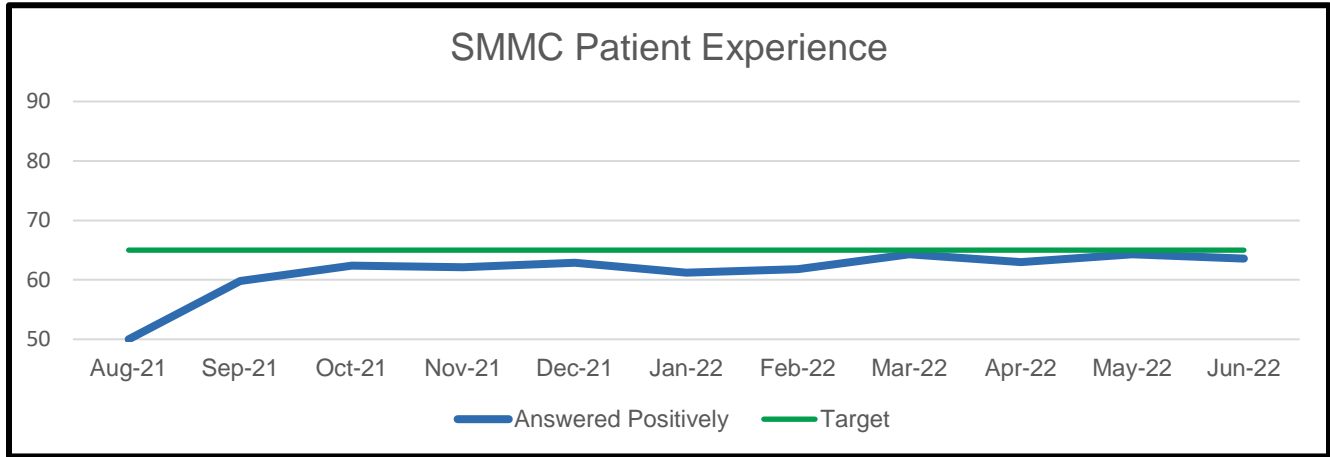
**Patient Self-Assessment of Health:** All Primary Care patients receive an experience survey. One question asks them to rate their health from poor to excellent. This is the percentage that rate their health as very good or excellent. **Higher is better.**



**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.**



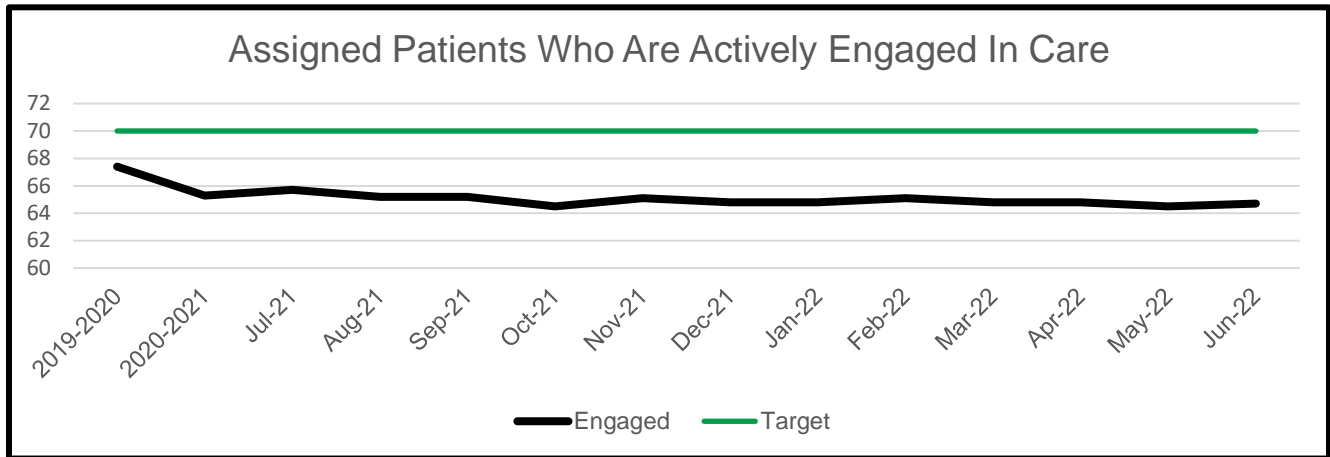
## Patient Experience



**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

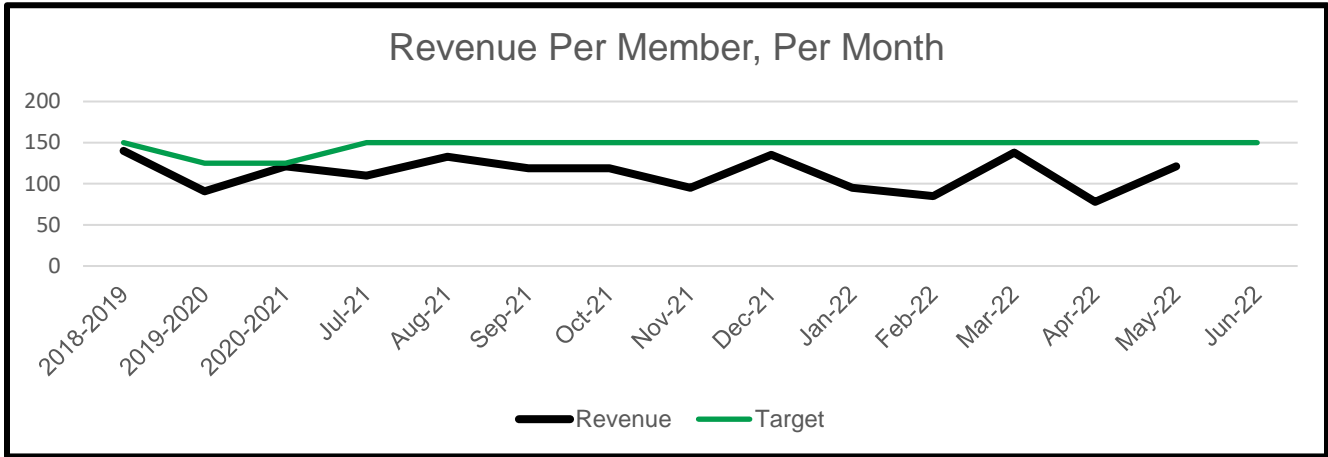


**Assigned and Engaged:** Percentage of patients assigned to SMMC by the Health Plan of San Mateo who are actively engaged in Care. **Higher is better.**

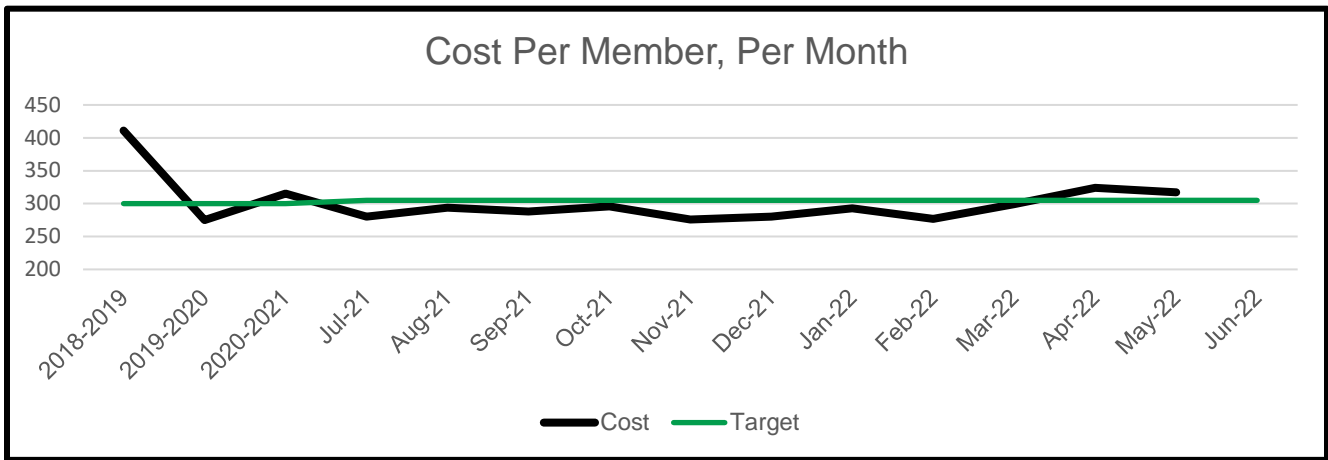




## Financial Stewardship

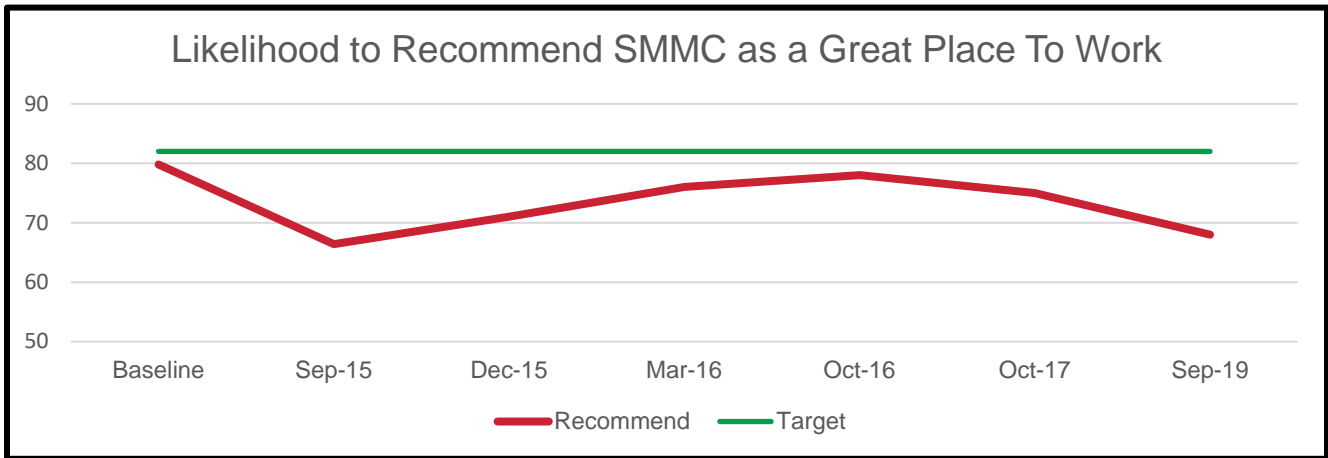


**Revenue Per Member, Per Month:** Total patient revenue divided by total number of assigned members. **Higher is better.**

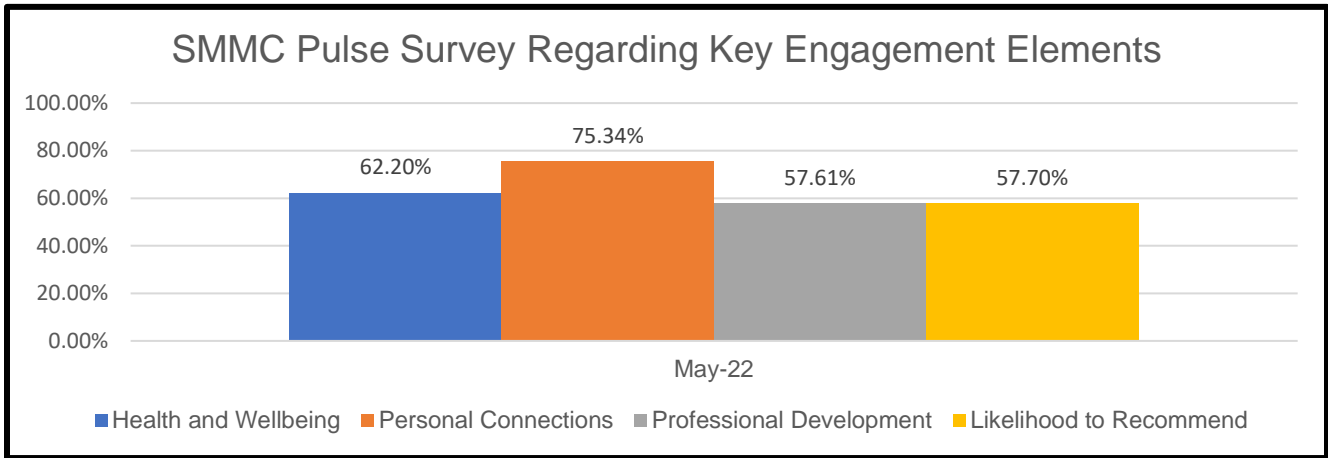


**Cost Per Member, Per Month:** Total cost divided by total number of assigned members. **Lower is better.**

# 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. -Awaiting next County survey. **Higher is better.**



**SMMC Staff Engagement Pulse Survey:** Percentage of staff who agree or strongly agree that 1) organization actively supports health and wellness 2) staff member has personal connections at work 3) organization supports professional development 4) staff member would recommend SMMC as a great place to work. **Higher is better.**

## Strategic Updates, Recognitions & Awards



*Left: A family chooses their backpacks. Right: HOGs and National Charity League volunteers.*

### **13<sup>th</sup> Annual School Supply Run**

On Saturday, July 16th, the San Mateo Medical Center Volunteers and the Harley Owners Group (HOGs) hosted our 13th annual School Supply Run. The Golden Gate Chapter of the HOGs donated more than 150 backpacks filled with school supplies and an additional \$1,400. The San Mateo County Health Foundation also supported the event by donating 250 backpacks, and SMMC staff and community members donated supplies to fill the backpacks.

This year was the largest turnout we've had in a few years and more than 200 backpacks were handed out to kids! The rest of the backpacks will be sent to our clinics to give to patients who could not attend the event.

Thank you to Robert Blake, COO, and Dr. Alpa Sanghavi, Chief Quality and Experience Officer, for supporting and attending the event. Thank you to the National Charity League for stuffing backpacks and helping on the day of the event. Thank you to the Foundation and SMMC staff for their generous donations.

A special recognition to Berenyce Alonso, Volunteer Program Coordinator, for planning and managing the event and recruiting her family to help with shopping and event set-up. Finally, we are grateful to the Golden Gate HOGs for our long-standing partnership and their endless compassion for our patients.

### **Pay-for-Performance Report Submitted to the State**

We recently submitted our report to the Department of Health Care Services (DHCS) showcasing our performance in the Quality Incentive Pool Program (QIP). The report is extensive – 240 pages – and covers our pay-for-performance metrics and brings in an estimated \$42 million dollars, which we will receive in the spring of 2023.

Many people are critical contributors to the success of the report. In her role as the Director of Performance Strategies, Kristin Lauria Gurley is responsible for working with numerous people to track, interpret, and report the data and write the supporting narratives. Srivatsa Hura,

Satish Kanna, Mahender Singh, Tamara Muccia and other SMC Health Business Intelligence (BI) team members set up complex algorithms, so we have the ability to track the data. Bindu Kovvuru, Don Orr, Linda Wallach, Maureen Cavanaugh, and Reema Mistry help decipher the metrics and validate the reports produced by BI. Ava Carter, Grace Hassid, Martin Rogers, and Michele Medrano helped prepare the finance and COVID-related narratives and data for the report. Most of all, thank you to all the SMMC care teams who provide excellent, high-quality care every day so our patients can live their healthiest lives.

### **SMMC Featured in CAPH Blog**

Dr. Rakhi Singh and Dr. Katherine Shadish were featured in a recent blog post by the California Association of Public Hospitals and Health Systems (CAPH). The post highlights how public health care systems, including San Mateo Medical Center, adjusted quickly to meet the unique needs of our patient population throughout the pandemic by offering tele-visits and addressing social determinants of health. The post, funded by the California Health Care Foundation, can be read online: <https://caph.org/2022/06/27/reflections-on-the-pandemic>.

### **SMMC Provider Featured on KQED**

Symone Yu is a pediatric nurse practitioner at the SMMC teen clinics. She started with the organization in February 2022 and is passionate about the care and well-being of adolescents. She recently shared her perspective on reproductive rights and the recent Supreme Court rulings on KQED. You can listen to her perspective at: [Symone Magsombol Yu: One Patient At A Time - KQED](#)

### **SMMC Vaccination Efforts Continue**

SMMC remains focused on facilitating up to date COVID-19 vaccination for all its patients. Recently, staff were excited to expand this effort to include children under the age of 5.

As of 7/21/2022, 51,694 (76.2%) of our patients have received at least one vaccine dose while 70% have completed their initial vaccine series and 37.3% have received a booster. Of those over age 5, 80.1% have received at least one dose and 73.8% have completed the initial series while 39.3% have received a booster. In those over age 50, 86% have at least one dose, 80.9% have completed the initial series and 58.6% have received at least one booster while 17.2% have received two. Looking at those over the age of 65, 87.3% have received one dose, 82.9% have completed the initial series and 65.9% have received at least one booster while 25.1% have received two. In the most vulnerable neighborhoods, 76.2% of our patients have received at least one dose with 70.6% having completed the initial series and 36.7% 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.

# BOARD OF DIRECTORS SAN MATEO MEDICAL CENTER

**Financial Report: May FY21-22**

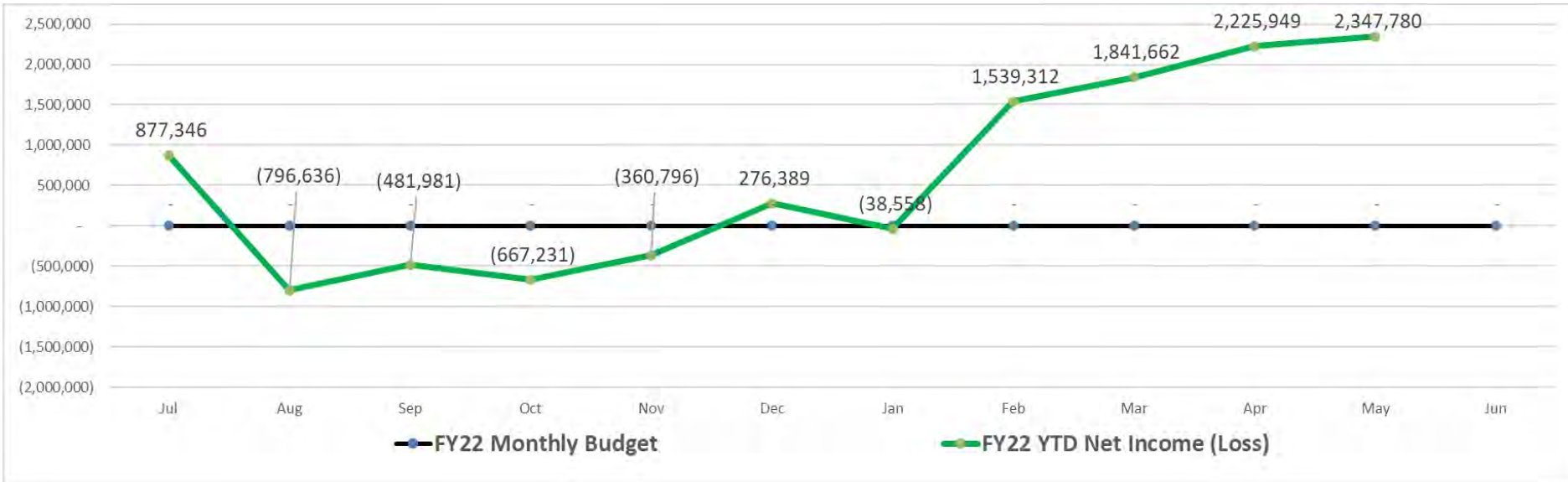
August 1, 2022

**Presenter: David McGrew, CFO**



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# Cumulative YTD Financial Results



## Net Income(loss)–May \$121K, YTD \$2.3M

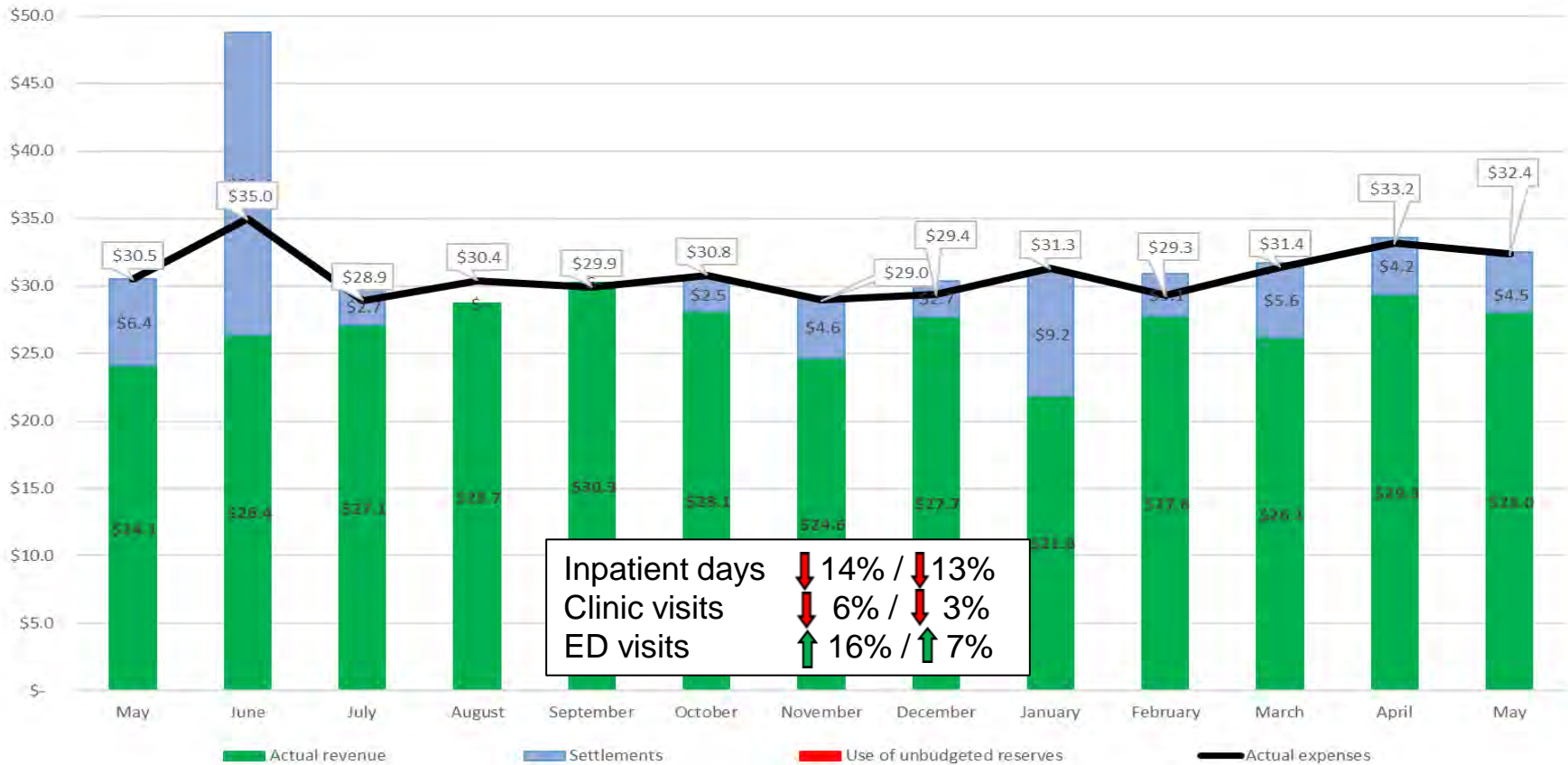
- Medi-Cal Fee for Service (FFS) rates
- Various prior year settlements/adjustments
- \$1.9M FY18 EPP Reserves released

- Medical & Lab supplies
- ACE outside medical costs
- Nursing registry - \$1.9M

**May FY22 Snapshot:** May is favorable to budget by \$121K 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 trending a bit under budget. Managed care membership is 5% below budget.

# FY 21-22 Revenue & Expense Trend

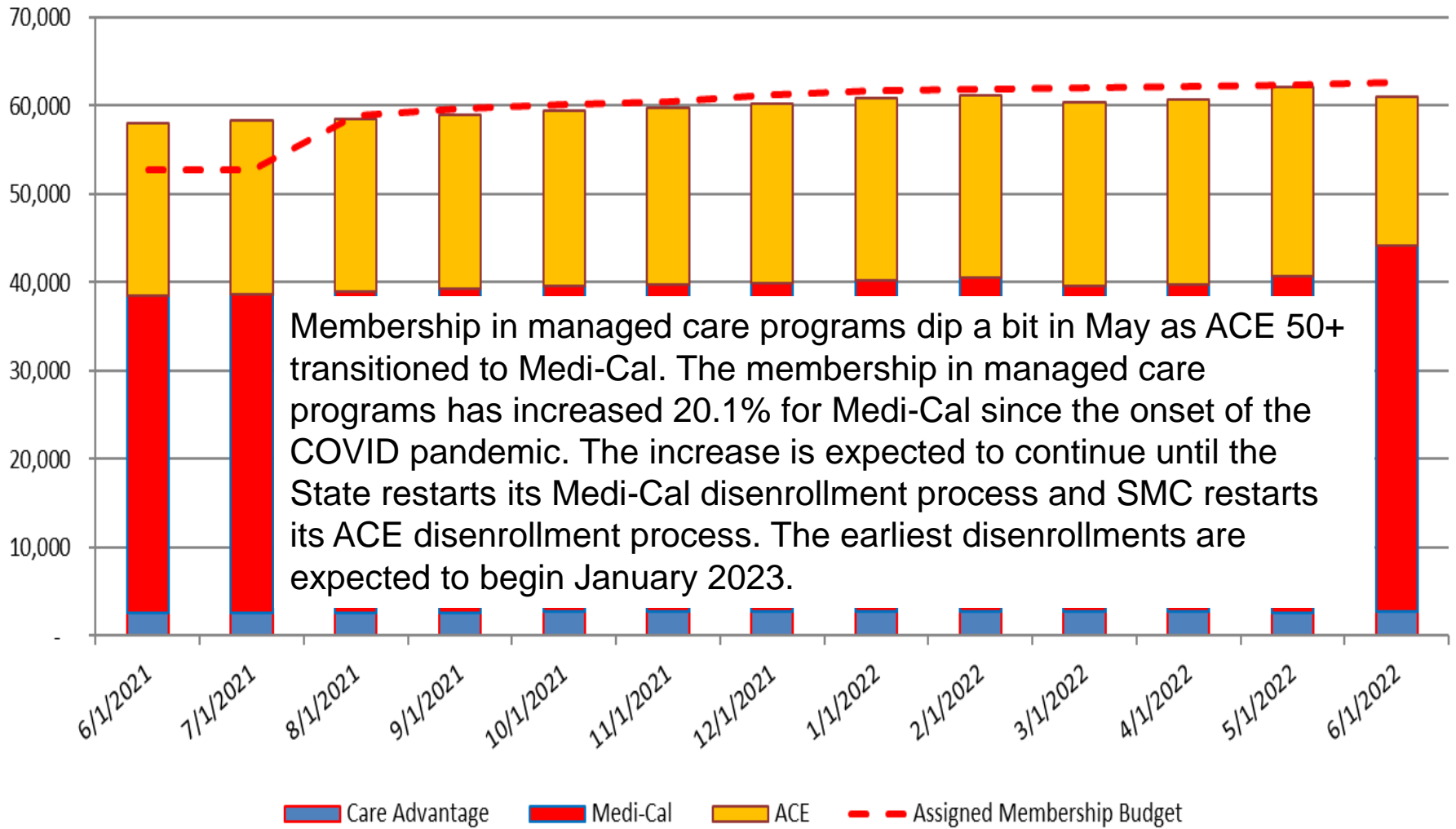
SMMC's operating revenue fluctuates around an average of \$28 million (green bar). Operating expenses (black line) are trending close to budget of \$32 million. The spike in June Settlements (blue bar) was due to an unusual number of cost report closures. The dip in January operating revenue is due to one-time audit adjustments



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



# Managed Care Membership Trend



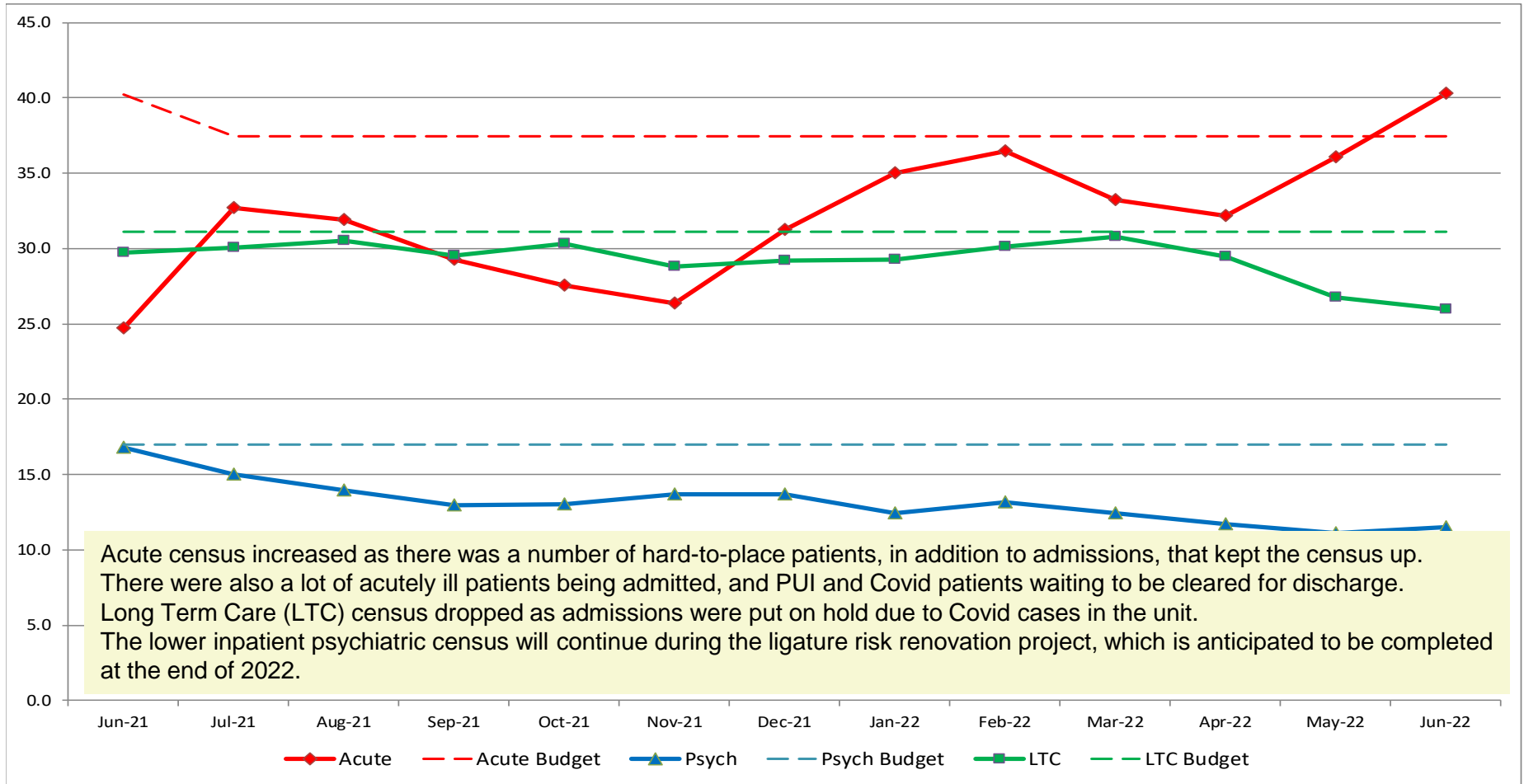


# San Mateo Medical Center Inpatient Days June 30, 2022

MONTH			
Actual	Budget	Variance	Stoplight
2,331	2,566	(235)	-9%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
27,299	31,222	(3,923)	-13%

**Patient Days**

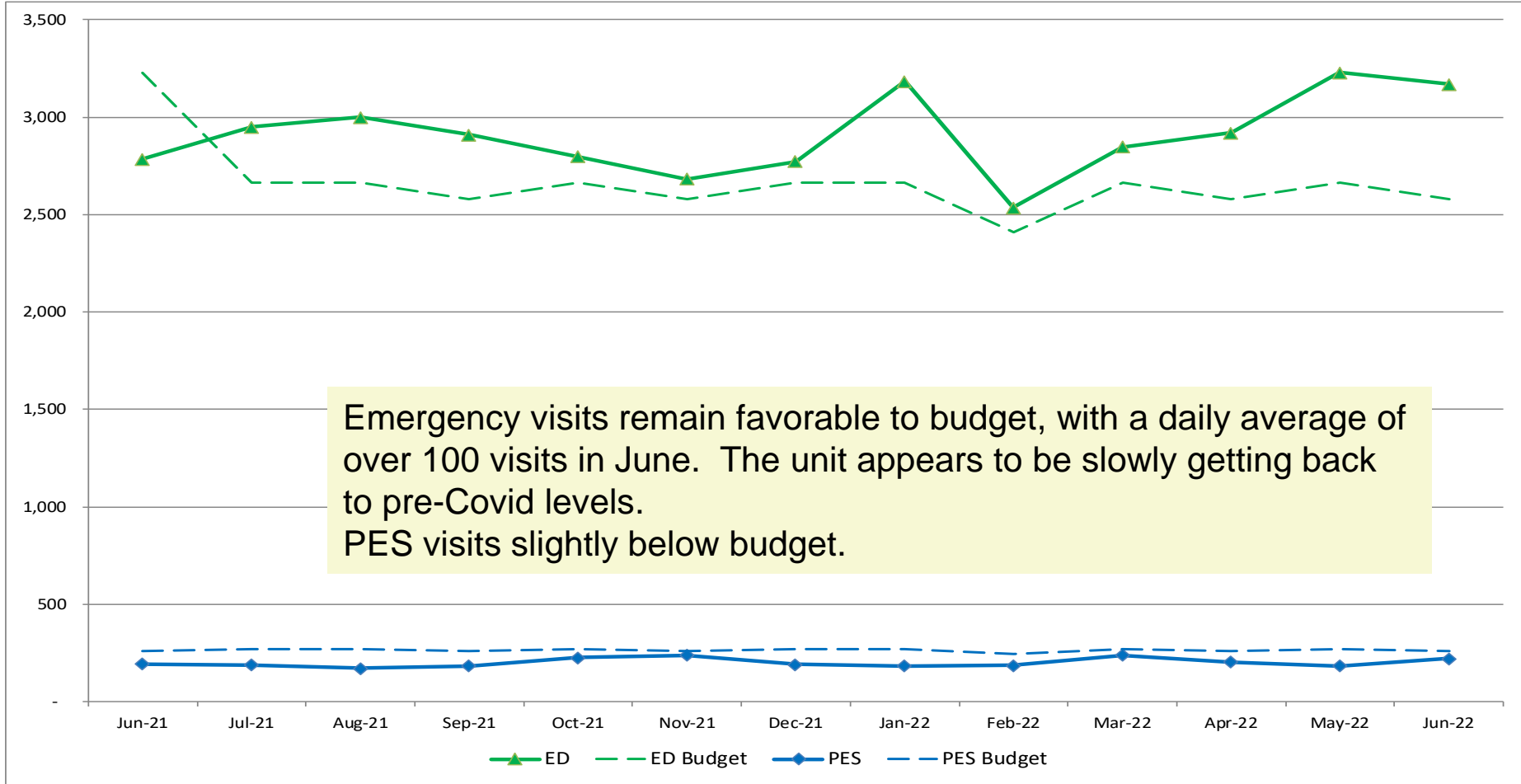


# San Mateo Medical Center Emergency Visits June 30, 2022

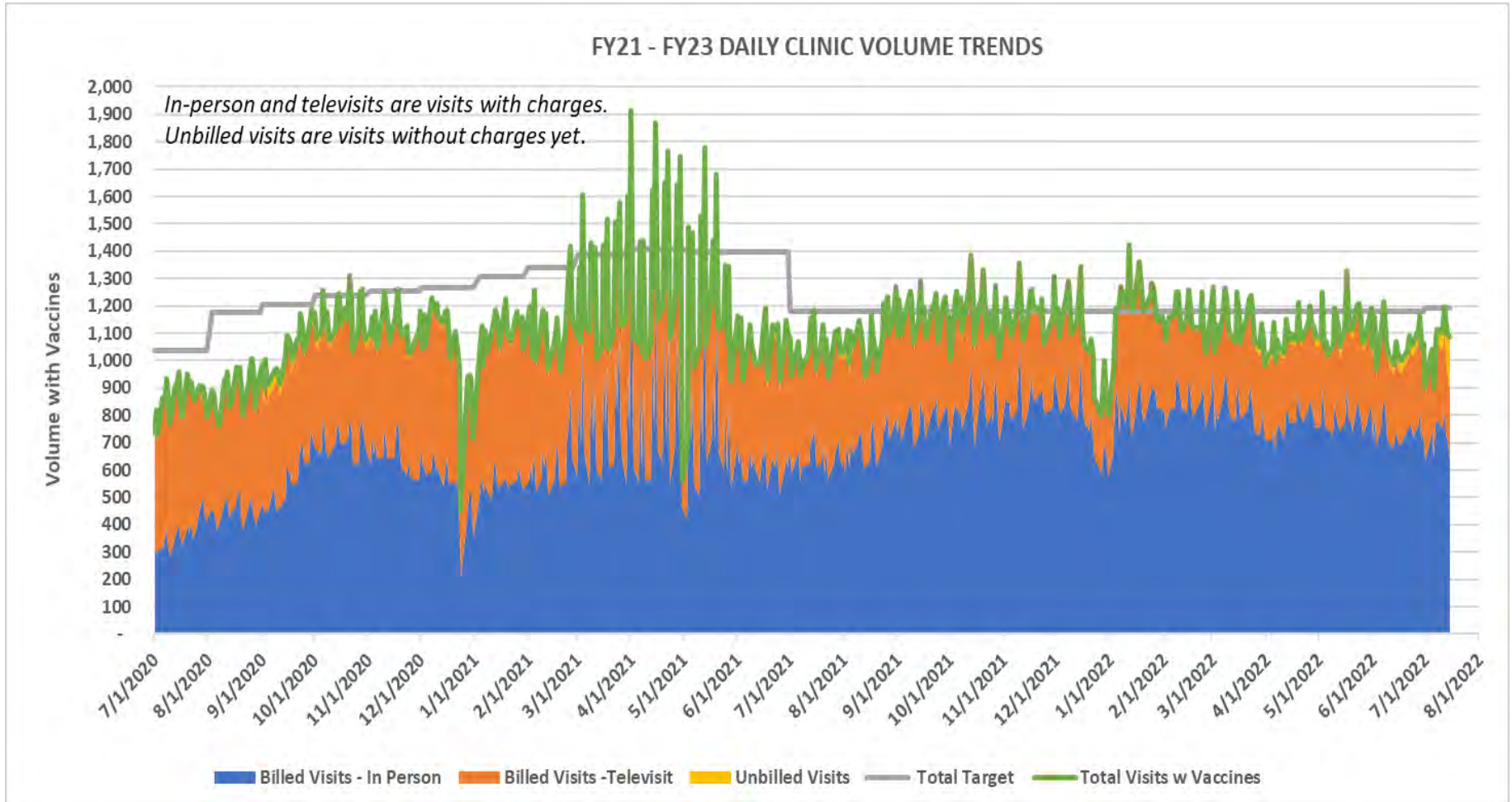
MONTH			
Actual	Budget	Variance	Stoplight
3,391	2,843	548	19%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
37,408	34,585	2,823	8%

**ED Visits**

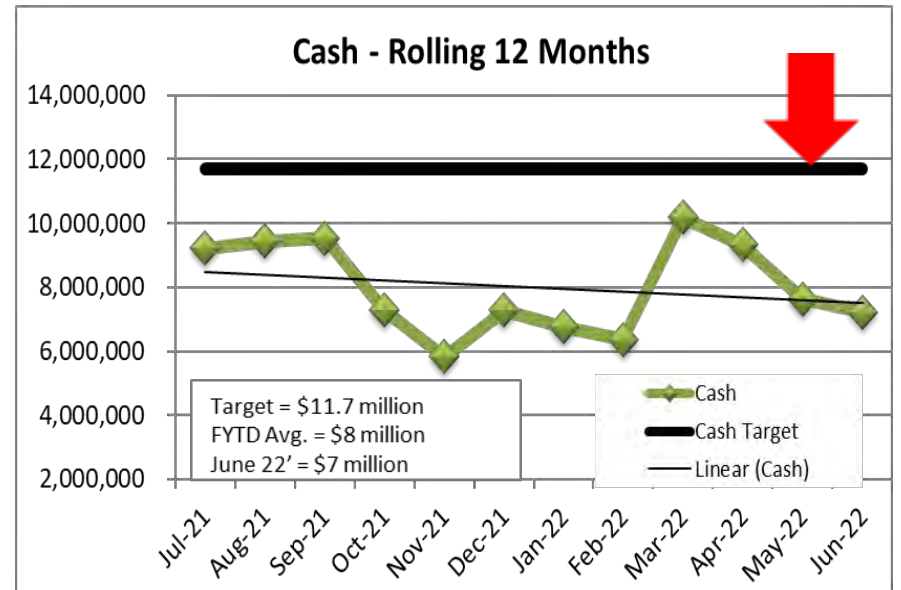
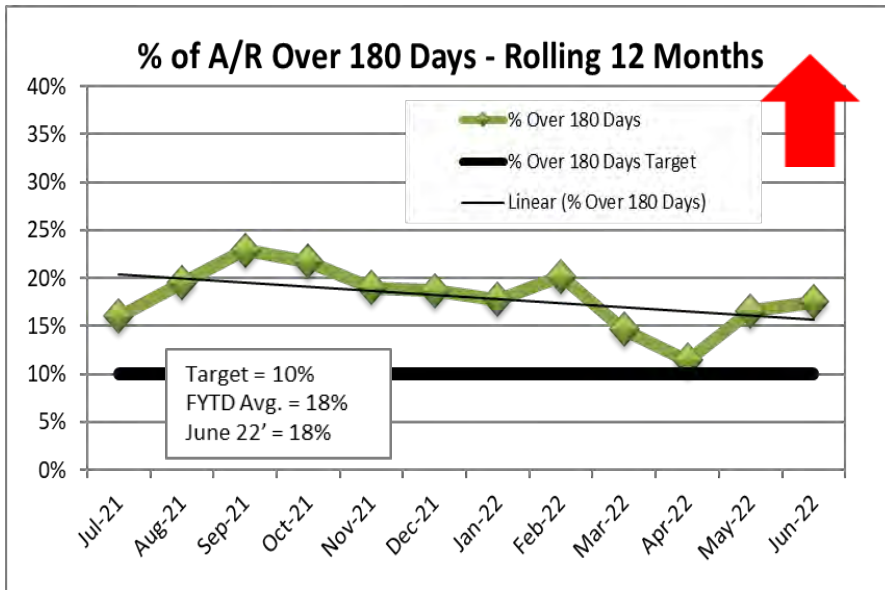
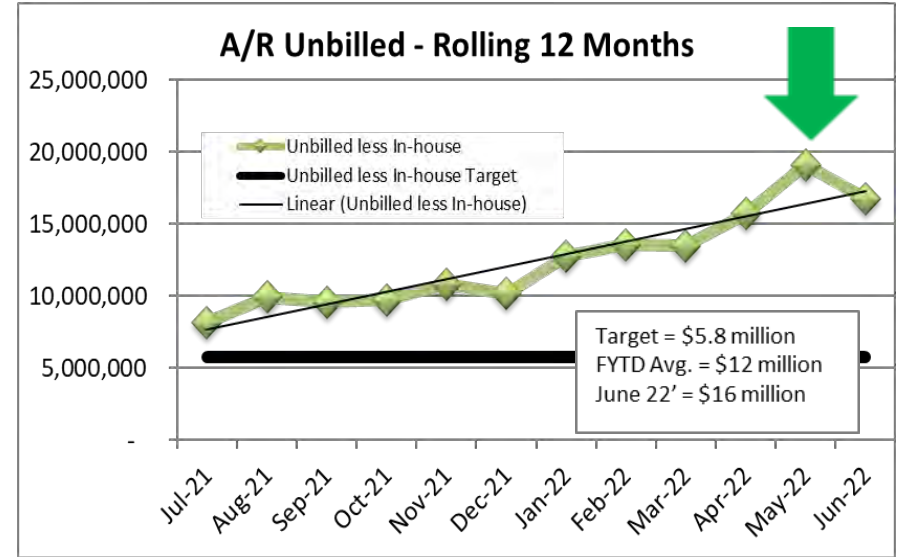
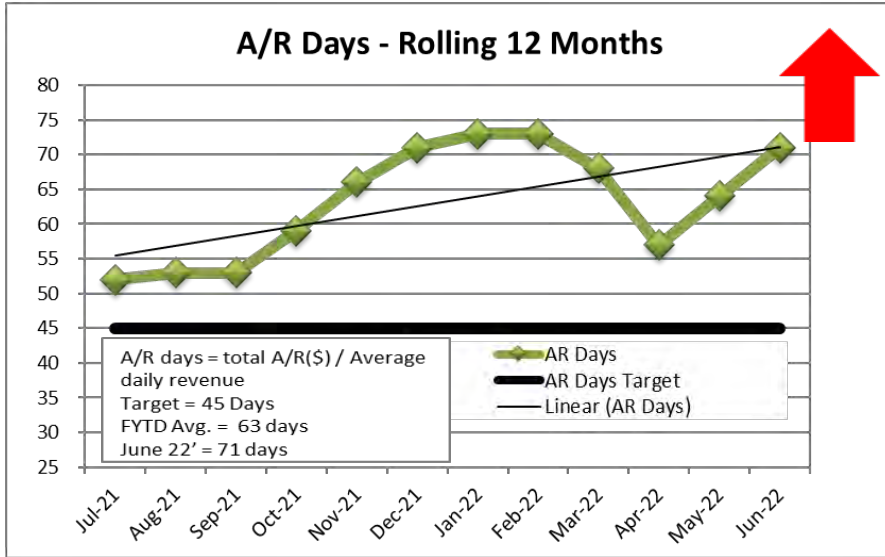


# San Mateo Medical Center Clinic Visits June 30, 2022



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





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QUESTIONS?

# APPENDIX



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**San Mateo Medical Center**  
**Income Statement**  
**May 31, 2022**

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
1 <b>Income/Loss (GAAP)</b>	121,214	0	121,214		2,347,780	0	2,347,780	
2 <b>HPSM Medi-Cal Members Assigned to SMMC</b>	39,542	38,284	1,258	3%	409,784	413,107	(3,323)	-1%
3 <b>Unduplicated Patient Count</b>	65,292	65,556	(264)	0%	65,292	65,556	(264)	0%
4 <b>Patient Days</b>	2,291	2,652	(361)	-14%	24,968	28,655	(3,687)	-13%
5 <b>ED Visits</b>	3,413	2,937	476	16%	34,016	31,742	2,274	7%
7 <b>Surgery Cases</b>	220	280	(60)	-21%	2,428	3,061	(633)	-21%
8 <b>Clinic Visits</b>	23,286	24,775	(1,489)	-6%	262,170	271,349	(9,179)	-3%
9 <b>Ancillary Procedures</b>	67,995	71,622	(3,627)	-5%	720,659	784,077	(63,418)	-8%
10 <b>Acute Administrative Days as % of Patient Days</b>	0.0%	N/A	N/A	0%	0.0%	N/A	N/A	0%
11 <b>Psych Administrative Days as % of Patient Days</b>	73.9%	80.0%	6.1%	8%	70.6%	80.0%	9.4%	12%
(Days that do not qualify for inpatient status)								
<b>Pillar Goals</b>								
12 <b>Revenue PMPM</b>	121	158	(37)	-24%	105	160	(54)	-34%
13 <b>Operating Expenses PMPM</b>	317	305	(11)	-4%	293	309	16	5%
14 <b>Full Time Equivalents (FTE) including Registry</b>	1,175	1,205	30	2%	1,139	1,205	66	5%

**San Mateo Medical Center**  
**Income Statement**  
**May 31, 2022**

	MONTH				YEAR TO DATE				
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight	
	A	B	C	D	E	F	G	H	
21	<b>Inpatient Gross Revenue</b>	12,857,780	13,751,776	(893,996)	-7%	133,828,376	151,269,537	(17,441,161)	-12%
22	<b>Outpatient Gross Revenue</b>	27,490,529	23,742,593	3,747,936	16%	290,786,640	261,168,525	29,618,115	11%
23	<b>Total Gross Revenue</b>	40,348,309	37,494,369	2,853,940	8%	424,615,016	412,438,062	12,176,954	3%
24	<b>Patient Net Revenue</b>	11,955,473	13,677,761	(1,722,288)	-13%	107,392,587	150,455,376	(43,062,789)	-29%
25	Net Patient Revenue as % of Gross Revenue	29.6%	36.5%	-6.8%	-19%	25.3%	36.5%	-11.2%	-31%
26	<b>Capitation Revenue</b>	407,377	386,246	21,131	5%	4,100,808	4,248,711	(147,903)	-3%
27	<b>Supplemental Patient Program Revenue</b>	13,542,706	11,285,634	2,257,072	20%	152,473,795	124,141,969	28,331,825	23%
	<i>Volume Based (GPP, EPP, VRR, AB915)</i>	7,618,717	5,392,500	2,226,217	41%	65,072,520	59,317,500	5,755,020	10%
	<i>Value Based (QIP, HPSM P4P)</i>	3,757,322	3,819,369	(62,047)	-2%	47,450,091	42,013,058	5,437,033	13%
	<i>Other</i>	2,166,666	2,073,765	92,902	4%	39,951,184	22,811,411	17,139,772	75%
28	<b>Total Patient Net and Program Revenue</b>	25,905,556	25,349,641	555,914	2%	263,967,190	278,846,056	(14,878,867)	-5%
29	<b>Other Operating Revenue</b>	1,125,330	1,175,198	(49,868)	-4%	12,959,774	12,927,174	32,600	0%
30	<b>Total Operating Revenue</b>	27,030,885	26,524,839	506,046	2%	276,926,964	291,773,231	(14,846,267)	-5%



**San Mateo Medical Center**  
**Income Statement**  
**May 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	18,736,794	18,553,233	(183,562)	-1%	188,749,126	204,085,559	15,336,434	8%
32	Drugs	861,394	1,279,462	418,068	33%	12,209,986	14,074,078	1,864,092	13%
33	Supplies	1,047,905	902,477	(145,428)	-16%	12,121,218	9,927,250	(2,193,968)	-22%
34	Contract Provider Services	5,345,698	3,405,431	(1,940,266)	-57%	46,896,465	37,459,746	(9,436,719)	-25%
35	Other fees and purchased services	4,661,509	5,134,188	472,679	9%	56,552,175	56,476,066	(76,109)	0%
36	Other general expenses	455,549	1,527,114	1,071,565	70%	4,989,555	16,798,254	11,808,699	70%
37	Rental Expense	147,554	241,444	93,890	39%	2,163,486	2,655,889	492,404	19%
38	Lease Expense	890,404	742,610	(147,794)	-20%	9,794,446	8,168,707	(1,625,738)	-20%
39	Depreciation	265,937	227,894	(38,043)	-17%	2,880,283	2,506,839	(373,443)	-15%
40	<b>Total Operating Expenses</b>	<b>32,412,744</b>	<b>32,013,854</b>	<b>(398,890)</b>	<b>-1%</b>	<b>336,356,739</b>	<b>352,152,389</b>	<b>15,795,650</b>	<b>4%</b>
41	<b>Operating Income/Loss</b>	<b>(5,381,859)</b>	<b>(5,489,014)</b>	<b>107,156</b>	<b>2%</b>	<b>(59,429,776)</b>	<b>(60,379,159)</b>	<b>949,383</b>	<b>2%</b>
42	<b>Non-Operating Revenue/Expense</b>	<b>661,687</b>	<b>187,213</b>	<b>474,474</b>	<b>253%</b>	<b>8,522,320</b>	<b>2,059,339</b>	<b>6,462,981</b>	<b>314%</b>
43	<b>Contribution from County General Fund</b>	<b>4,841,385</b>	<b>5,301,802</b>	<b>(460,417)</b>	<b>-9%</b>	<b>53,255,236</b>	<b>58,319,819</b>	<b>(5,064,583)</b>	<b>-9%</b>
44	<b>Total Income/Loss (GAAP)</b>	<b>121,214</b>	<b>0</b>	<b>121,214</b>		<b>2,347,780</b>	<b>0</b>	<b>2,347,780</b>	

(Change in Net Assets)

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

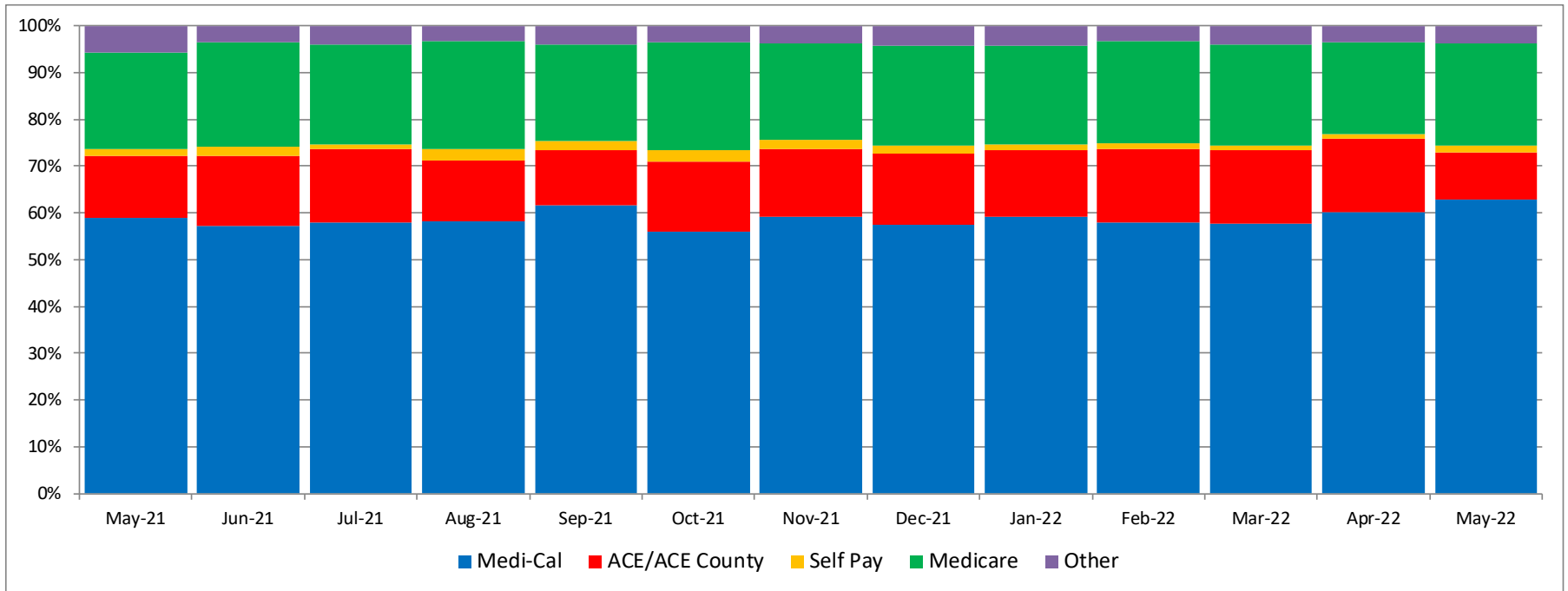
MONTH			
Actual	Budget	Variance	Stoplight

YEAR TO DATE			
Actual	Budget	Variance	Stoplight

**Payer Type by Gross Revenue**

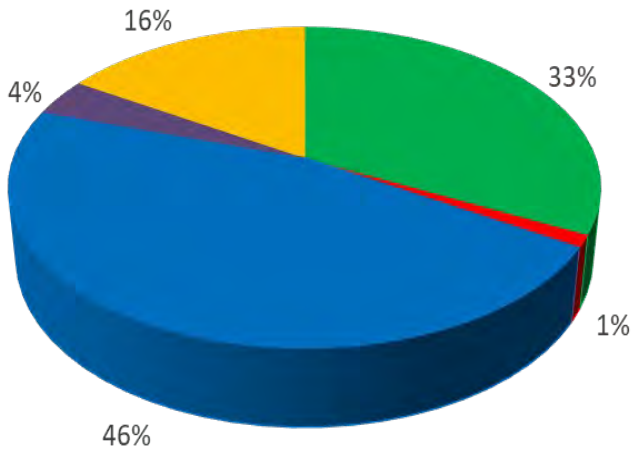
	A	B	C	D
Medicare	21.8%	22.7%	-0.9%	
Medi-Cal	62.9%	58.9%	4.0%	
Self Pay	1.4%	1.6%	-0.1%	
Other	3.8%	4.3%	-0.5%	
ACE/ACE County	10.1%	12.5%	-2.4%	
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>		

E	F	G	H
21.4%	22.7%	-1.3%	
58.9%	58.9%	0.1%	
1.5%	1.6%	0.0%	
3.8%	4.3%	-0.5%	
14.3%	12.5%	1.7%	
<b>100.0%</b>	<b>100.0%</b>		

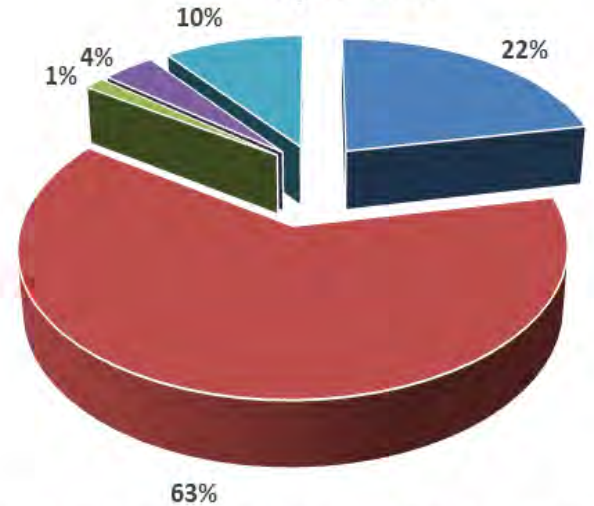


# Revenue Mix

## Sources of Revenue



## Payor Mix



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

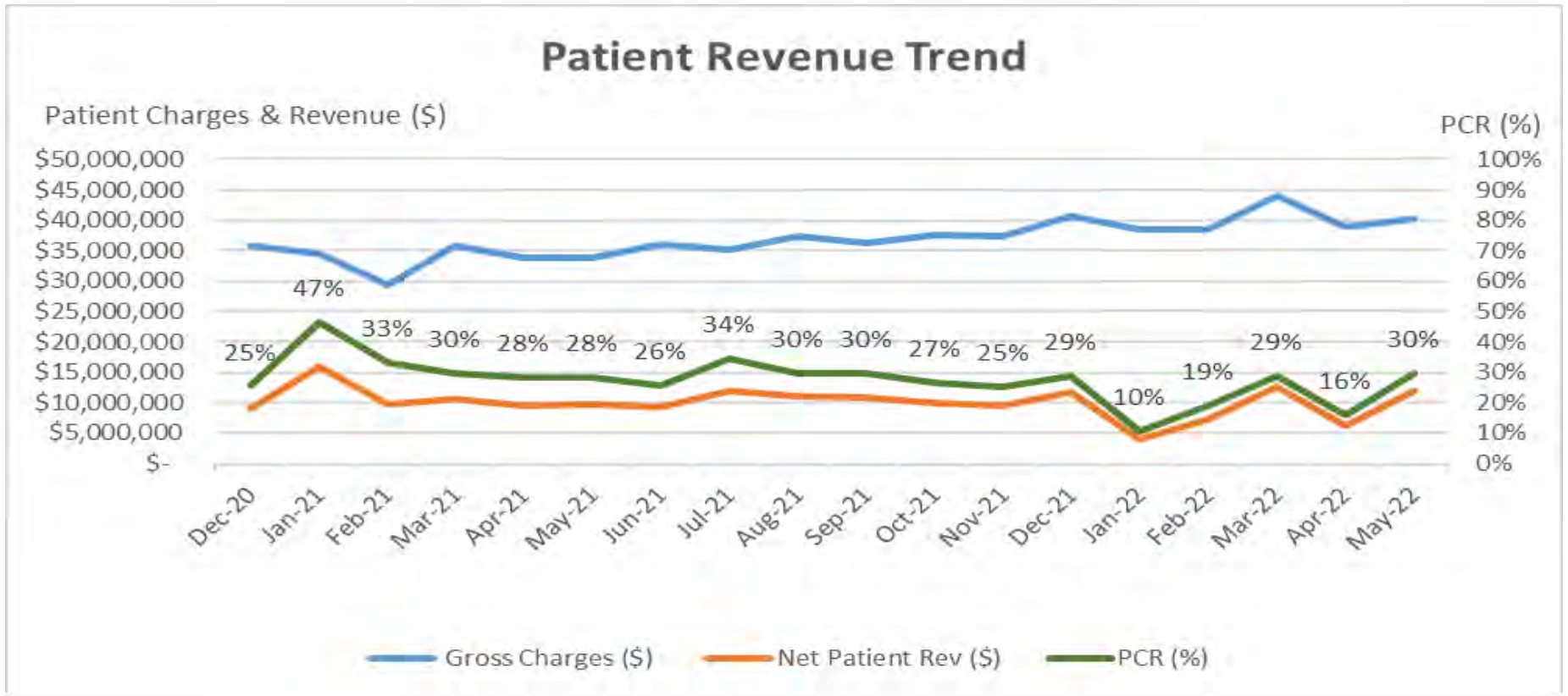
**Health Plan of San Mateo (HPSM)** represents 33% of our Operating Revenue

- 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

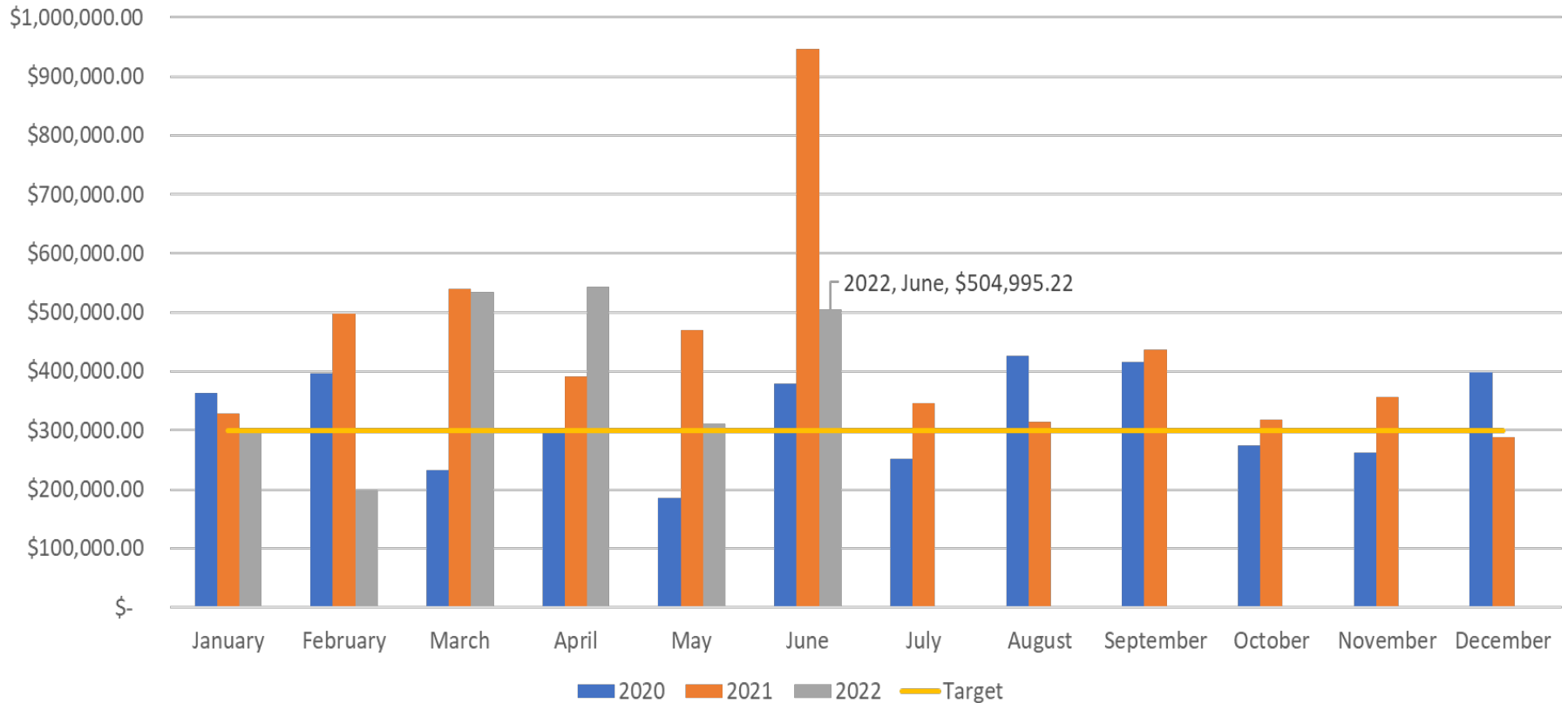


Budgeted PCR 27.5% (FY21), 33.9% (FY22)

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) is trending at average 29%. PCR recently was low due to one-time adjustments. PCR is expected to remain in high 20s for the rest of this fiscal year.



# Fee-For-Service Commercial Collections

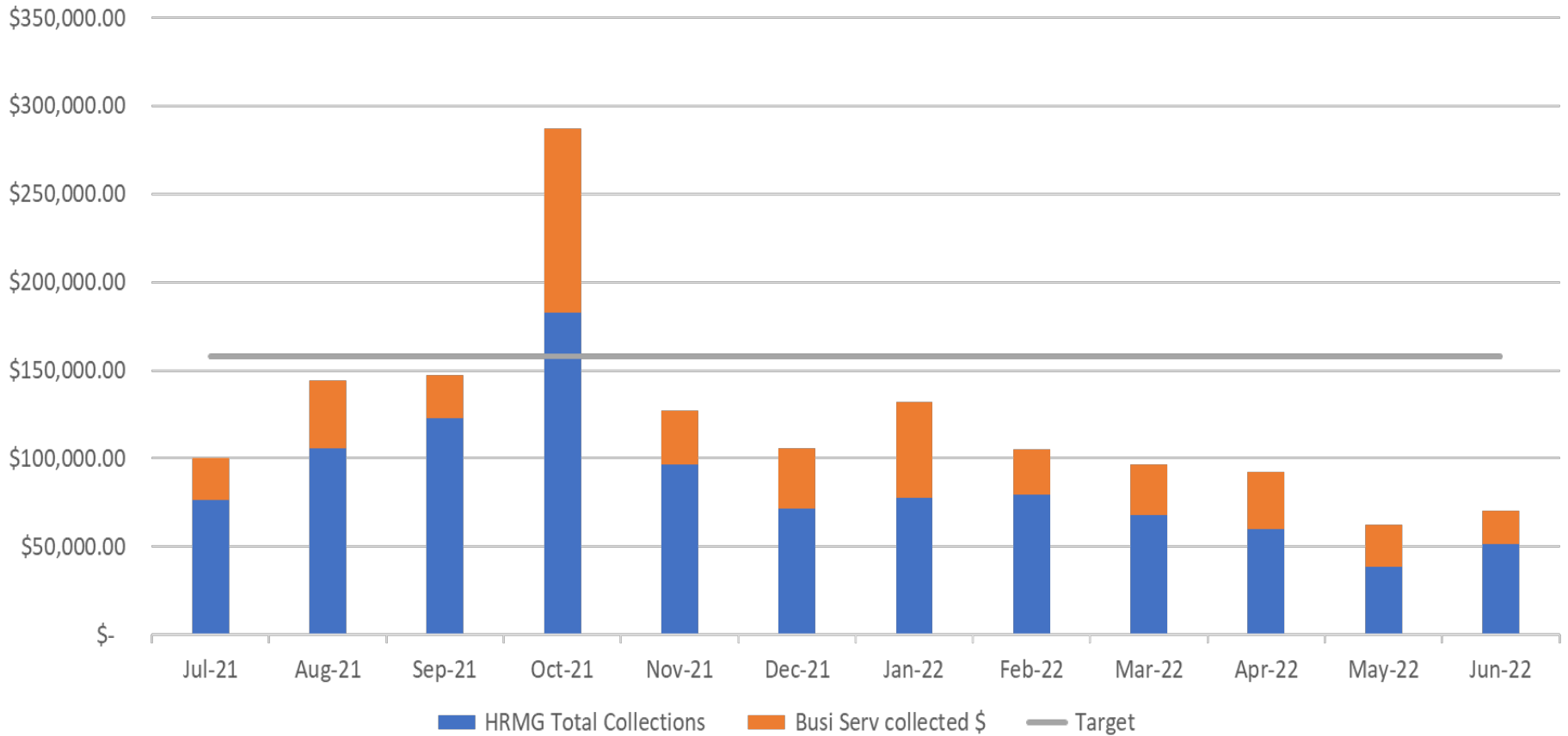


*July 2020 MMX began supporting PFS with Commercial Collections*

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

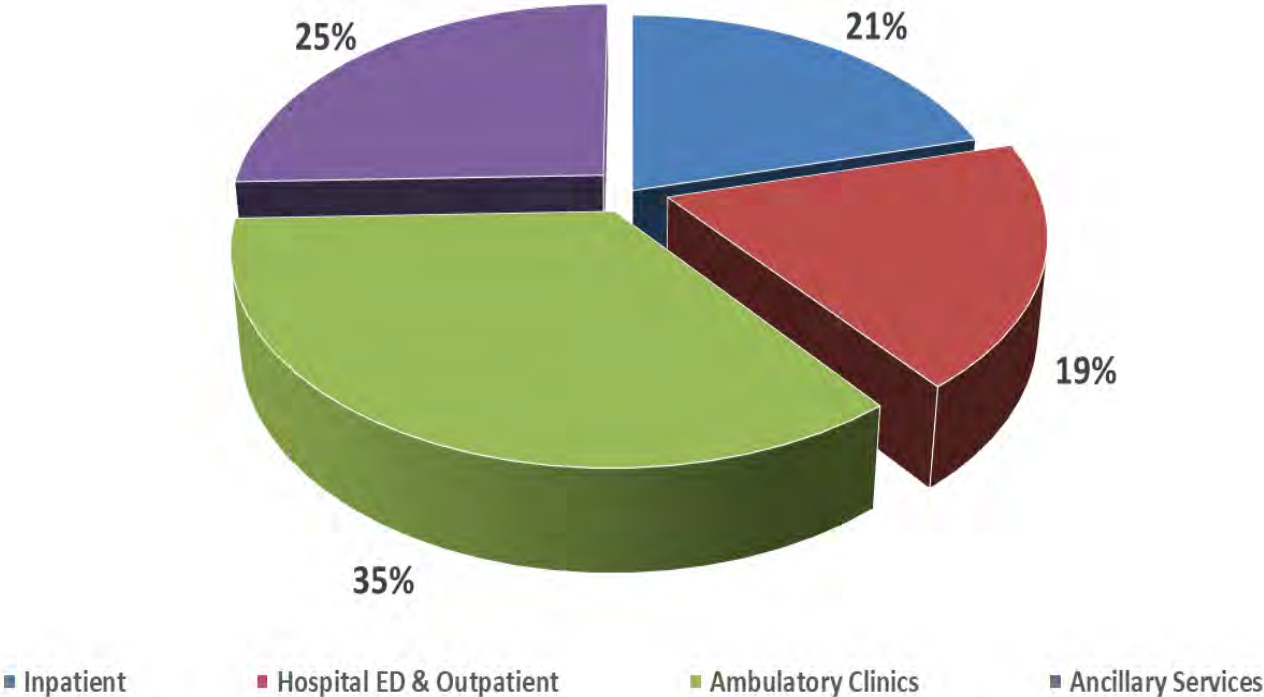


# Fee-For-Service Self Pay Collections

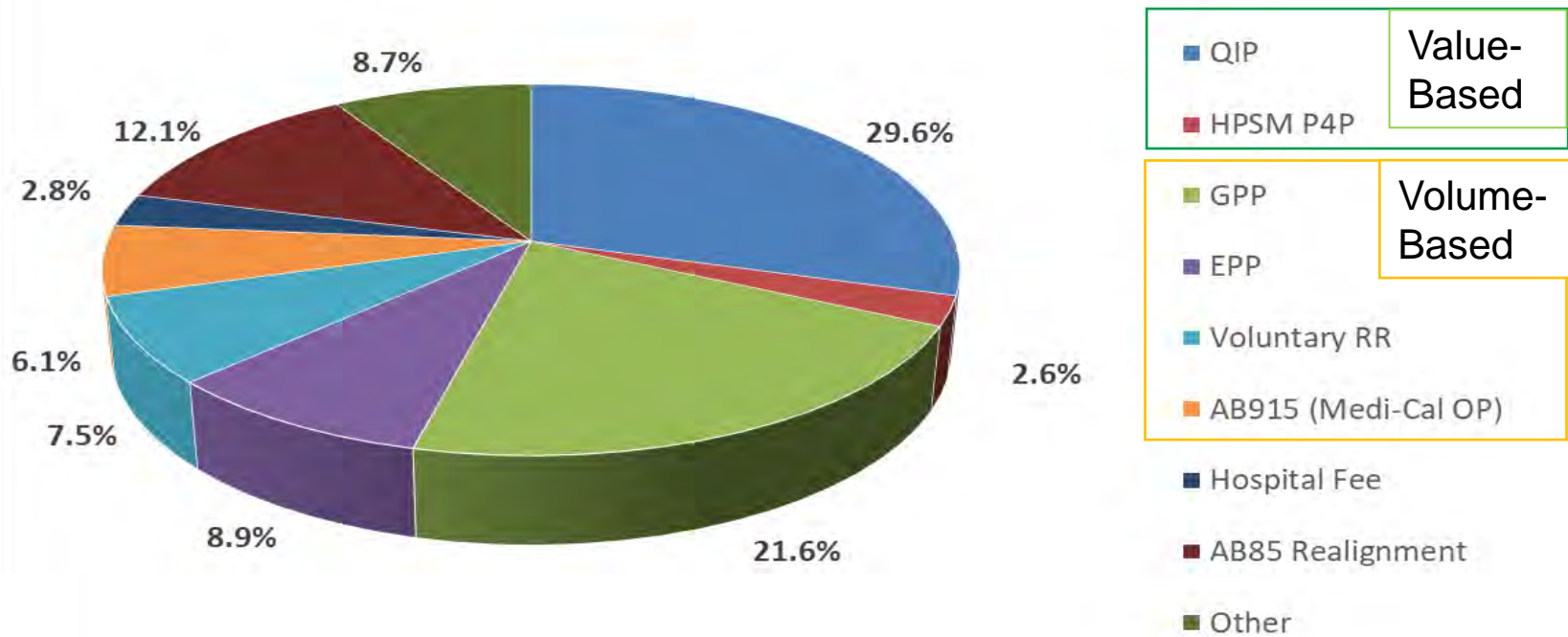


SMMC contracted with Healthcare Revenue Management Group to support SMMC's Business Services unit with collections of self-pay balances

# Revenue Mix by Service Line



# Supplemental Revenue Mix



- **Value-Based** programs represent 31.2% of our Supplemental Revenue
- **Volume-Based** programs represent 44.2% of our Supplemental Revenue



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# 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	22,093 (June)	1.6%	-13.3%
SMMC Emergency Department Visits	3,391 (June)	-0.7%	13.8%
New Clients Awaiting Primary Care Appt.	0 (June)	N/A	N/A

## Youth Mental Health First Aid training courses have begun

Youth Mental Health First Aid (YMHFA) is an 8-hour course funded by Measure K and provided by San Mateo County's Behavioral Health & Recovery Services Office of Diversity and Equity (BHRS ODE), which introduces participants to the unique risk factors and warning signs of mental health matters and conditions among youth, builds understanding of the importance of early intervention, and teaches individuals how to help a youth in crisis or experiencing a mental health matter.



San Mateo County Mayors Mental Health Initiative has been partnering with BHRS ODE to facilitate YMHFA course offerings throughout San Mateo County. Mayors from 16 cities across the county came together to focus on the growing need for mental health services. The San Mateo County Office of Education has also partnered with BHRS ODE to offer free Youth Mental Health First Aid (YMHFA) certification training to schools throughout the county.

YMHFA courses not only educate participants on essential youth mental health concepts but empower mental health crisis support out in the community. There have been 6 YMHFA courses with 94 participants ranging from 18 to 60 years old. The YMHFA courses served a diverse group of community members and partners in San Mateo County. Surveyed participants improved knowledge of youth mental health concepts and reported a 25% increase in their confidence in assisting a youth who is in crisis or experiencing a mental health challenge.

## Ravenswood Family Health Network recognizes San Mateo County Health with Longtime Partnership Award

Ravenswood Family Health Network (Ravenswood) has been providing comprehensive primary care, behavioral health, optometry, chiropractic, and dental services to low-income residents in San Mateo County for over 20 years. Ravenswood provides culturally sensitive and inclusive services to address inequities in our community and improve health outcomes. San Mateo County Health (SMC Health) was presented with a Longtime Partnership Award at the Ravenswood Family Health Network 20<sup>th</sup> Anniversary

Event. SMC Health was on the original task force in 1998-2001 that launched Ravenswood and over the years has partnered with Ravenswood as a primary care provider for the ACE program, for health insurance enrollment assistance, integrated behavioral health services, and health care for the homeless. More recently, the partnership ensured that shared community residents had access to COVID-19 vaccinations. San Mateo County Health values the many ways Ravenswood furthers longer and better lives for residents through its broad array of services and numerous collaborative efforts that provide access to comprehensive health care services and advocacy to vulnerable communities.