

The County of Santa Cruz
Integrated Community Health Center Commission
MEETING AGENDA

February 1, 2022 @ 3:00 pm

MEETING LOCATION: Microsoft Teams Meeting or call in (audio only) [+1 916-318-9542](tel:+19163189542),
[500021499#](tel:+19163189542) United States, Sacramento Phone Conference ID: **500 021 499# / 1080** Emeline
Ave., Bldg. D, Santa Cruz, CA 95060

ORAL COMMUNICATIONS - Any person may address the Commission during its Oral Communications period. Presentations must not exceed three (3) minutes in length, and individuals may speak only once during Oral Communications. All Oral Communications must be directed to an item not listed on today's Agenda and must be within the jurisdiction of the Commission. Commission members will not take actions or respond immediately to any Oral Communications presented but may choose to follow up at a later time, either individually, or on a subsequent Commission Agenda.

1. Welcome/Introductions
2. Oral Communications
3. January 4, 2022 Meeting Minutes – Recommend for Approval
4. Billing Department Ability to Pay (Sliding Fee Scale Program) Policies and Procedure Policy 100.04 Update – Recommend for Approval
5. Strike Report
6. Quality Management Committee Update
7. Social Justice
8. Financial Update
9. CEO/COVID-19 Update

Action Items from Previous Meetings:

Action Item	Person(s) Responsible	Date Completed	Comments
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Next meeting: March 1, 2022 3:00pm - 5:00pm

Meeting Location: Microsoft Teams Meeting Or call in (audio only) [+1 916-318-9542](tel:+19163189542),
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The County of Santa Cruz Integrated Community Health Center Commission

Minute Taker: Mary Olivares

Minutes of the meeting held February 1, 2022.

TELECOMMUNICATION MEETING: Microsoft Teams Meeting - or call-in number 831-454-2222: Meeting Code: 850702.

Attendance	
Christina Berberich	Chair
Len Finocchio	Vice Chair
Caitlin Brune	Member at Large
Rahn Garcia	Member
Dinah Phillips	Member
Marco Martinez-Galarce	Member
David Willis	Member
Michelle Morton	Member
Gidget Martinez	Member
Ardella Davies	Member
Amy Peeler	County of Santa Cruz, Chief of Clinic Services
Raquel Ramirez Ruiz	County of Santa Cruz, Senior Health Services Manager
Julian Wren	County of Santa Cruz, Admin. Services Manager
Mary Olivares	County of Santa Cruz, Admin Aide
Meeting Commenced at 3:05 pm and Concluded at 4:38 pm	
Excused/Absent:	
Excused: Kim "Coach" Campbell	
1. Welcome/Introductions	
2. Oral Communications:	
3. January 4, 2022, Meeting Minutes - Action item	
Review of January 4, 2022, Meeting Minutes – Recommended for Approval. Rahn moved to accept minutes as presented. Marco second, and the rest of the members present were all in favor.	
4. Billing Department Ability to Pay (Sliding Fee Scale Program) Policies and Procedure Policy 100.04 Update – Recommend for Approval	
Julian presented Policy 100.04 – Billing Department Ability to Pay (Sliding Fee Scale Program). Julian reviewed policy updates with the commission and stated that the changes were approved by County Counsel. After some discussion and a slight modification Dinah moved to approve as presented. Rahn second, and the rest of the members present were all in favor.	
5. Strike Report	
Amy stated no strike had taken place. Therefore, there was nothing to report on this item.	
6. Quality Management Committee Update	
Raquel reported that our Quality Improvement Clinical Lead conducted multiple stakeholder interviews from late September-December 2021. Dr. Sarkarati met with leadership and front-line staff at each clinical site, Santa Cruz Health Center, Watsonville Health Center, and Homeless Persons Health Project, across various clinical areas including registration, medical assistants, nursing, and providers. The purpose was to learn more about the organizations observed strengths and opportunities for improvement, to learn about current, planned, and anticipated quality improvement projects and to establish relationships at each clinic. Some of the common themes included standardization of registration, MA and nursing workflows, and defining roles, responsibilities, and expectations, training and education, quality improvement integration, improve performance in clinical measures using population health tools, communication, capacity, empanelment, and clinic equipment. Raquel stated the recommended next steps are to determine areas of focus, connect with operational plan leads for target areas and outline a communication plan. Raquel also reported on Peer Review and Risk Management Committee. She provided an update on abnormal X-ray reports in our electronic health record. She stated this is	

automatically going to clinician's inbox plus the X-ray report from the radiologist is filed to the patient's chart. In addition to this, our new workflow includes our Chief of Radiology double checks the X-rays reports are properly routed to the clinician and patient's chart. Raquel also reported on streamlining patient grievance documentation. They are working on shared workspace so multiple managers can access same tracking sheets and training with new staff on reporting incidents. It was also asked by one of the commissioners if there was a form that acknowledge an employee's great service, Raquel will check on this and bring back to the commission.

7. Social Justice

Caitlin stated that February marks the beginning of Black History month. This commemoration dates back to February 1926, when Carter G. Woodson encouraged this month be set aside and to encourage people of all ethnic and social backgrounds to discuss the black experience. It wasn't until 1986 that congress passed the national Black History month as we know it. The purpose of this month was to make all Americans aware of the struggle for freedom and equal opportunity. Caitlin stated she'd like for the commission to talk about the black experience as it relates to health equity. It was stated by one of the commissioners that they don't see many diverse ethnicities working in our clinics. It was asked what efforts are being made in hiring a diverse candidate pool. Commission would like a report back on recruitment practices as it relates on seeking diverse candidates.

8. Financial Update

Julian reported on the American Rescue Plan Grant that Health Services Agency, Clinics received of \$3,413,375.00 project period start date 4/1/21 end date 3/31/23. Julian stated the allowable uses of the award are:

- COVID-19 Vaccination Capacity
- COVID-19 Response and Treatment Capacity
- Maintaining and Increasing Capacity
- Recovery and Stabilization
- Infrastructure: Minor Alteration/Renovation (A/R), Mobile Units, and Vehicles

Julian stated we have purchased X-ray upgrade software and hardware – \$51,000, purchased Vaccine Fridges for Santa Cruz and Watsonville Health Center - \$7,750, replaced failing Sub-Zero Freezer for the Lab at Santa Cruz Health Center – \$14,476, orchard outreach and point of care software (Trellis) purchase agreement in process - \$216,555 and outreach and transport vehicles for Watsonville Health Center in process - \$47,710. Julian also stated we have added 23 new positions. Julian also reported on visits from the January of 2020 to December of 2021. In the report it shows that in the spring and summer seem to be up and toward the end of the year the trend starts to go down a bit. Julian reported on clinic visits and reviewed each clinic individually. Julian stated he will be adding the new mobile health unit in future updates. Julian also reported on Days in AR this measures how quickly we process our claims, he stated we are doing better than other clinics in the OCHIN Collaborative. Julian also gave an update on percentage of charges over 90 days – he stated we want to be under 90 days, he stated they were below a few months ago but are currently up due to staffing shortage. Lastly, he reported on estimate actuals – overall our visits seem to be maintaining and expect them to go up we have received extra funding which will help us in filling in gaps.

9. CEO/COVID-19 Update

Amy was happy to report that Ardella Davies, and Kim "Coach" Campbell are on our commission effective today. Amy stated we now have a full 11-member commission. Amy was also happy to report that we have a new Health Services Agency Director, Monica Morales. Lastly, Amy stated COVID cases are still up and there are still 109 outbreaks throughout the county.

Next Meeting: March 1, 2022, 3:00 pm - 5:00 pm
Microsoft Teams Meeting: 1080 Emeline, Santa Cruz, CA

Minutes approved _____ / / _____
(Signature of Board Chair or Co-Chair) (Date)

Fiscal Report

BY DR. JULIAN N WREN, MSW, ED.D.

2/1/22 INTEGRATED COMMUNITY HEALTH CARE COMMISSION MEETING



American Rescue Plan Grant Update

Award Number

1 H8FCS41191-01-00

\$3,413,375.00

Project Period Start Date 04/01/2021 - End Date 03/31/2023

Allowable uses of the award

- ▶ **Can modify plan up to 25% of the total award: We can move around \$853,343.75 without HRSA prior approval**
- ▶ **COVID-19 Vaccination Capacity**
- ▶ **COVID-19 Response and Treatment Capacity**
- ▶ **Maintaining and Increasing Capacity**
- ▶ **Recovery and Stabilization**
- ▶ **Infrastructure: Minor Alteration/Renovation (A/R), Mobile Units, and Vehicles**

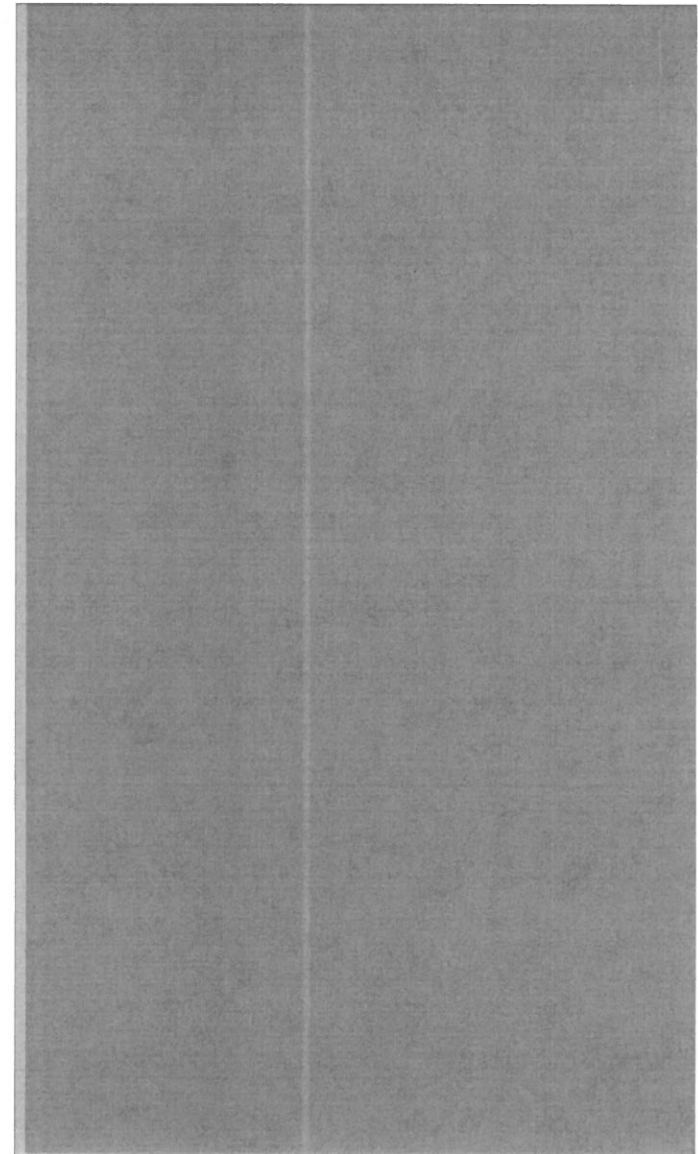


American Rescue Plan Progress

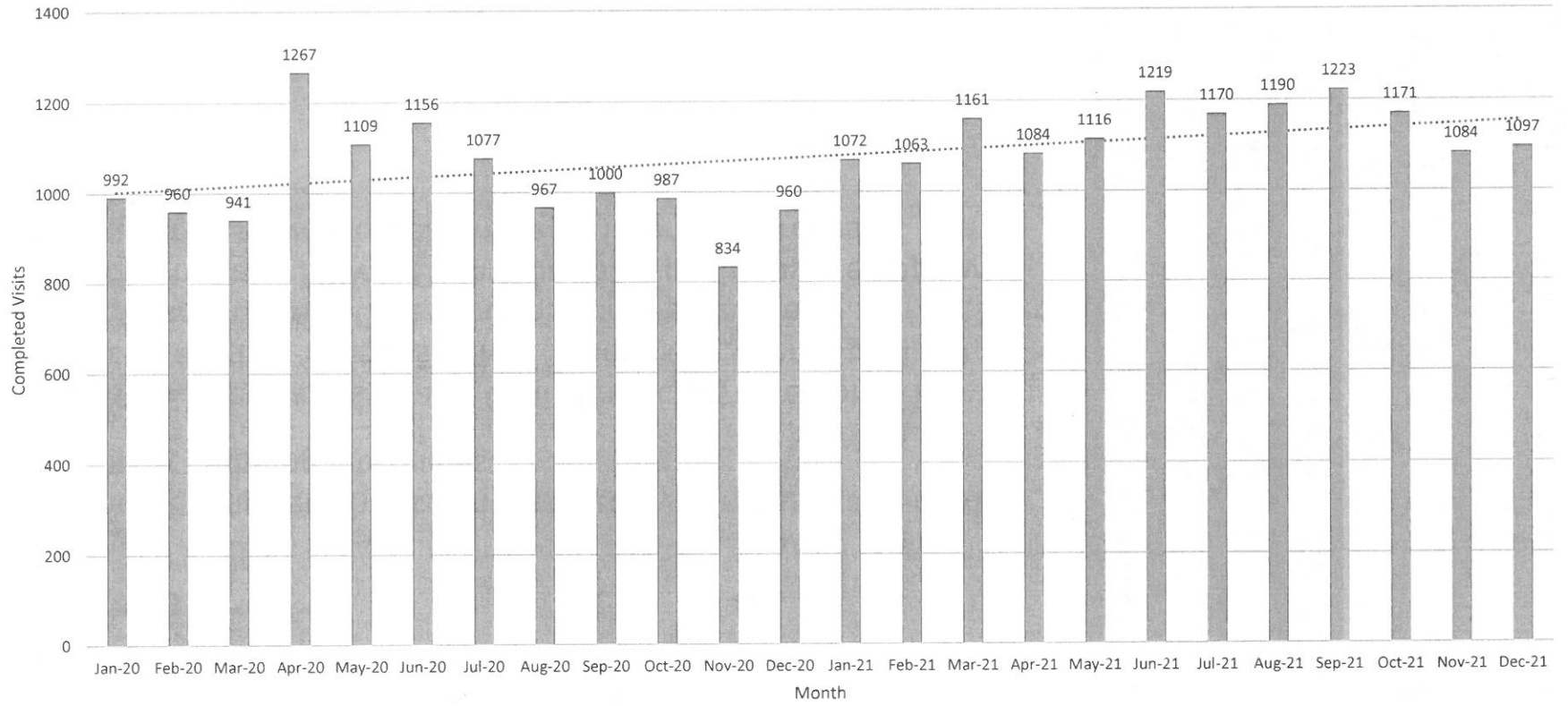
- Purchased Xray upgrade software and hardware. \$51,000
- Purchased super low temp Vaccine Fridges for Santa Cruz and Watsonville Health Center. \$7,750
- Replaced Failing Sub-Zero Freezer for the Lab at Santa Cruz Health Center. \$14,476.
- Orchard Outreach and Point of Care Software (Trellis) purchase agreement in process. \$216,555.
- Outreach and transport vehicles for Watsonville Health Center in process. \$47,710.

American Rescue Plan Progress

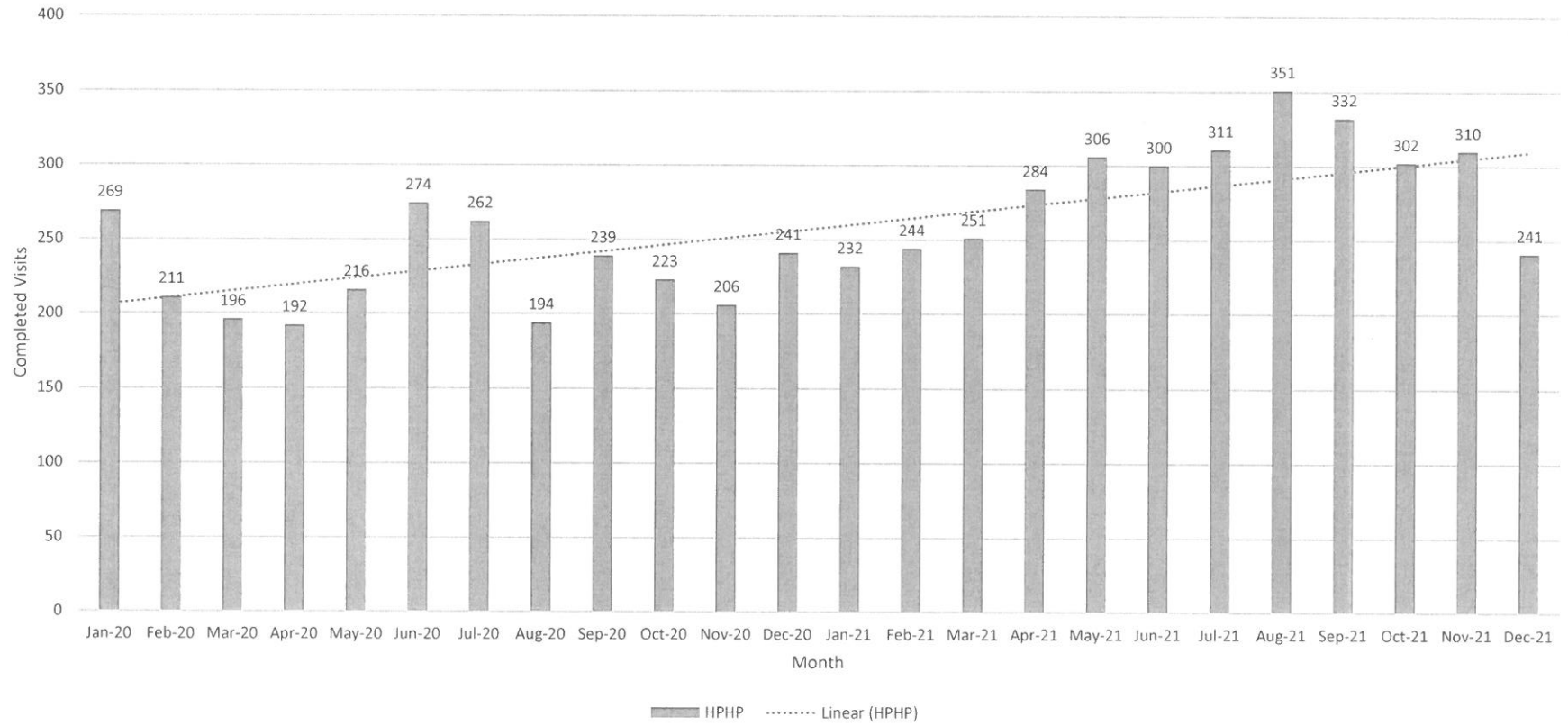
- Medical Billing Tech has been certified by Personnel and ready to start scheduling interviews.
- SR MHCS, Medical Assistant, Clinic Physician, Director of Lab Services, Clerical Supervisor, MH Supervising Client Specialist, Clinic Nurse, medical Care Service Workers, Program Coordinator, and SR MH Client Specialist positions are approved and in various levels of readiness for interview process.



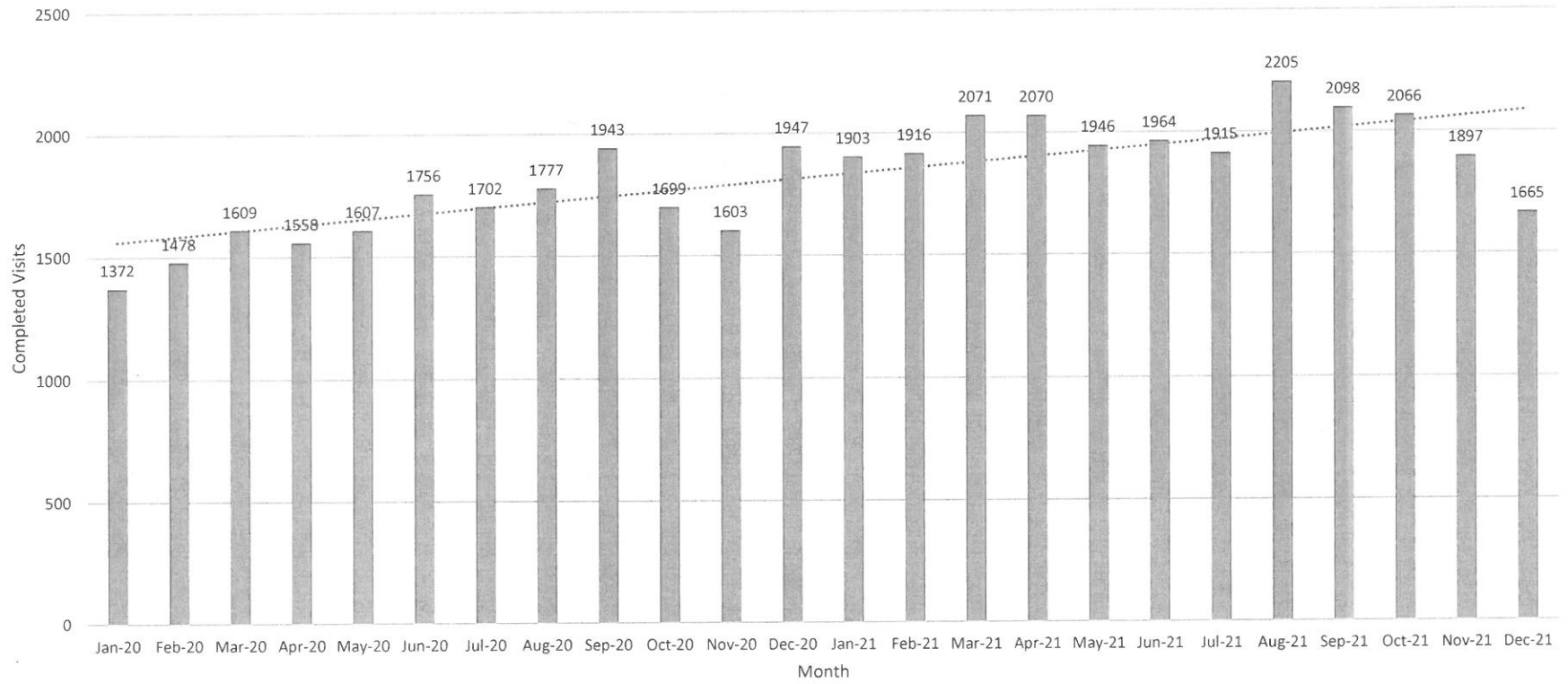
IBH Visits



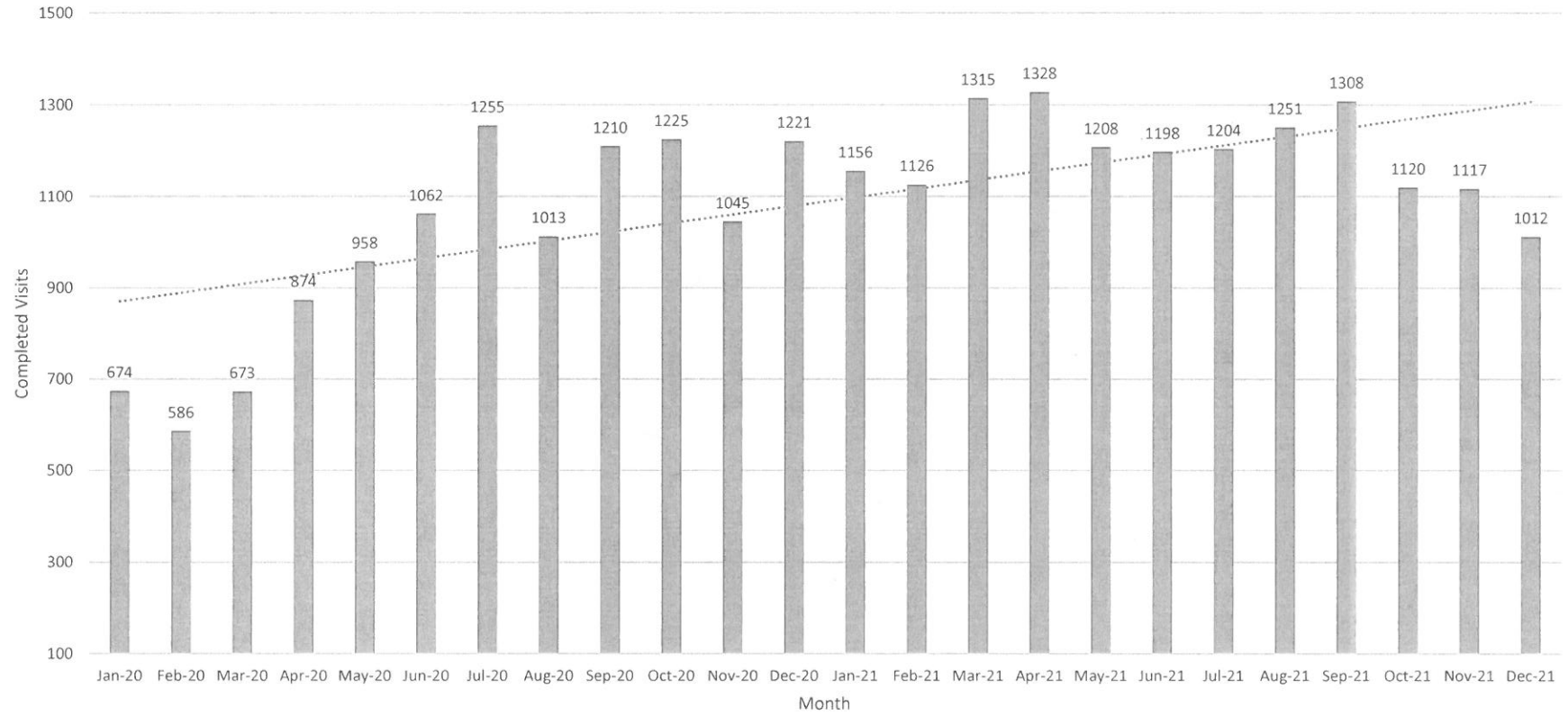
HPHP Visits



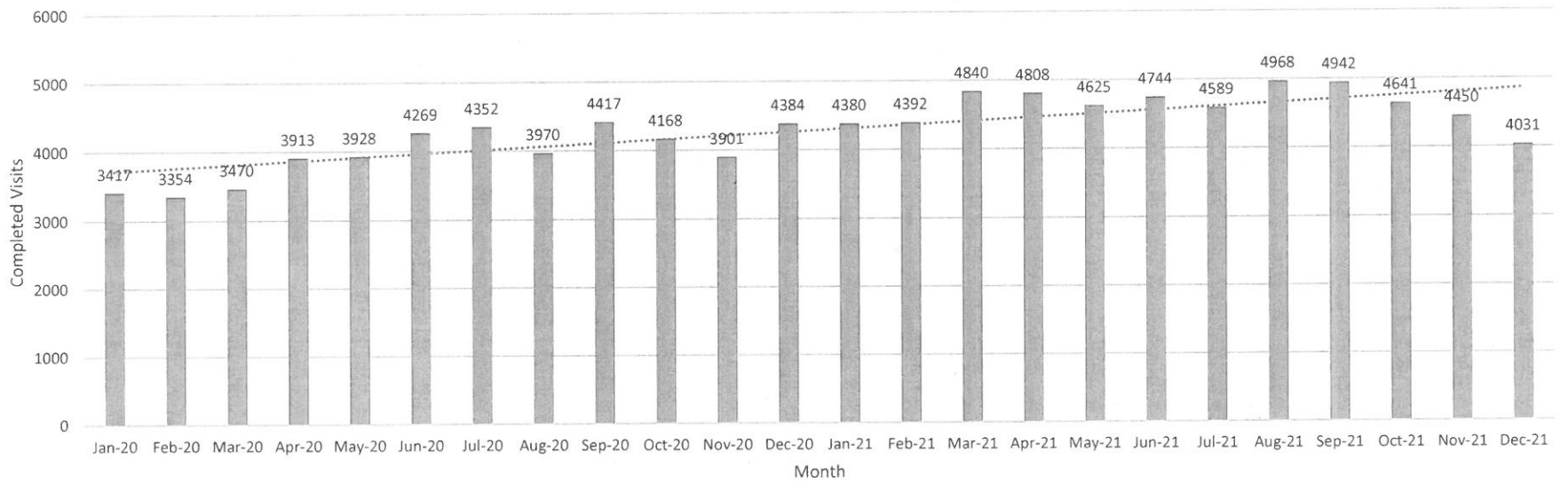
Watsonville Visits



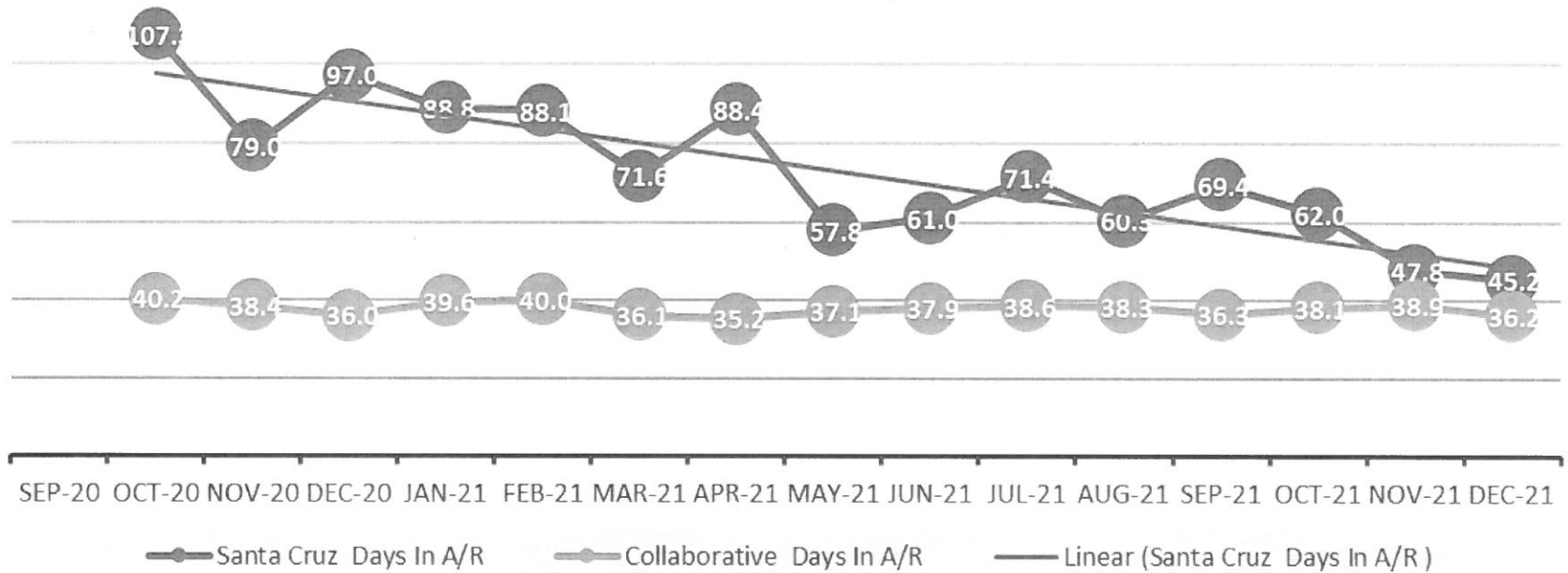
Santa Cruz Clinic



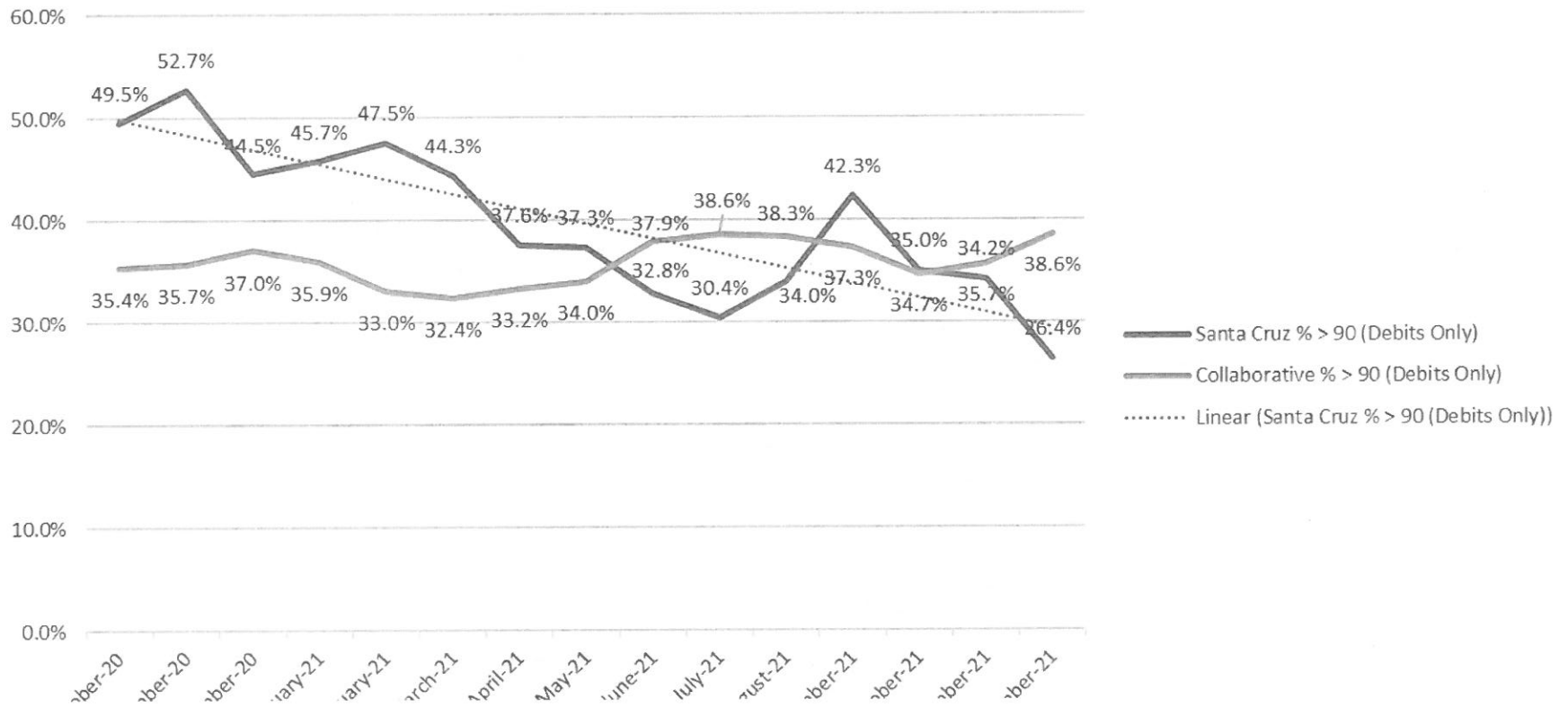
All Clinics Visits



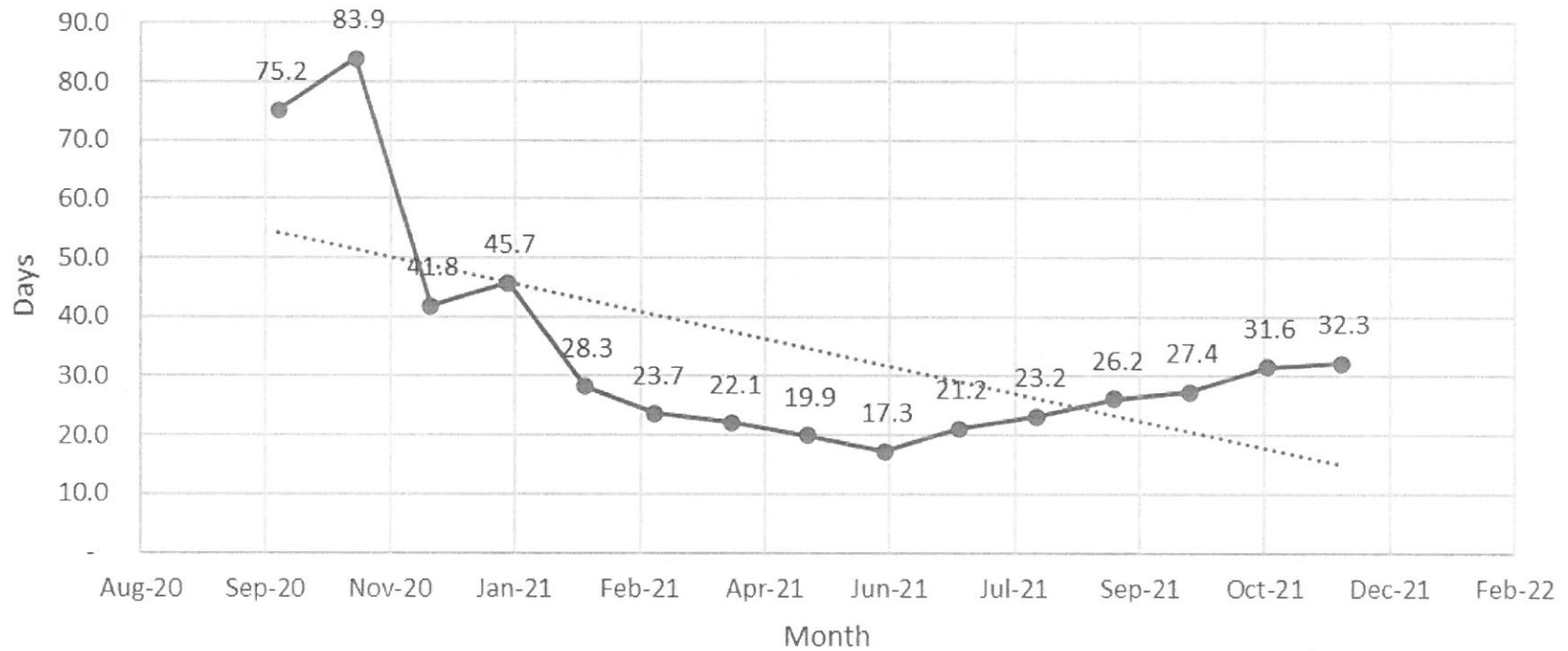
Days in AR



Percentage of Charges over 90 days Old



Santa Cruz Charge Review Days



County of Santa Cruz (HSA)			
FY 21/22 CLINIC (All)(All)			
As of 12/31/2021			
Division	CLINIC	▼	
Sub Program	(All)	▼	
GLKey	(All)	▼	
Row Labels	Budget	Actual	Divison EA's 1.7.22
☐ REVENUE	(52,730,208)	(15,744,599)	(44,852,481)
⊕ 05-LICENSES, PERMITS AND FRANCHIS	0	0	0
⊕ 07-FINES, FORFEITURES & ASSMNTS	0	0	0
⊕ 15-INTERGOVERNMENTAL REVENUES	(9,872,460)	(2,342,989)	(8,354,059)
⊕ 19-CHARGES FOR SERVICES	(42,046,739)	(13,398,276)	(36,141,235)
⊕ 23-MISC. REVENUES	(811,009)	(3,334)	(357,187)
☐ EXPENDITURE	51,487,023	20,296,933	45,065,333
⊕ 50-SALARIES AND EMPLOYEE BENEF	30,383,866	14,506,848	27,737,053
⊕ 60-SERVICES AND SUPPLIES	7,702,543	2,384,465	7,592,697
⊕ 70-OTHER CHARGES	3,367,280	46	3,367,390
⊕ 80-FIXED ASSETS	537,281	44,408	558,675
⊕ 95-INTRAFUND TRANSFERS	9,496,053	3,361,166	5,809,518
Grand Total	(1,243,185)	4,552,334	212,852

Estimated Actuals

Provider Relief Funds!

\$2,076,994 - \$212,852 (deficit) =

\$1,864,142 =

Possibly no Net Count Cost

References

Epic Revenue Cycle Report Card December 2021.

Provider Productivity Report, retrieved 1/19/22.



Quality Management Report

February 2022



Stakeholder Interviews Conducted by our Quality Improvement Clinical Lead

- Conducted multiple stakeholder interviews from late September-December 2021 with leadership and front-line staff at each clinical site, Santa Cruz Health Center, Watsonville Health Center, and Homeless Persons Health Project, across various clinical areas including Registration, Medical Assistants, Nursing, Providers.
- Format: groups of mixed size (1:1, small to medium sized groups), in person and virtual, open-ended questions
- Responses and themes grouped by staff role. Clinics Strategic Operational Plan Objective (OPO) associated when relevant.
- Purpose:
 - To learn more about the organizations observed strengths and opportunities for improvement
 - To learn about current, planned, and anticipated quality improvement projects
 - Establish relationships at each clinic



Stakeholder Common Themes

Standardization

- Standardization of registration, MA and nursing workflows, and defining roles, responsibilities, and expectations OPO 1.1.1.2, OPO 2.1.2.1

Training and education:

- Identify skills gaps and develop additional trainings to target gaps across all areas OPO 1.1.1.2
- Increase educational opportunities for continued learning across all areas

Quality Improvement Integration:

- Improve performance in clinical measures using population health tools OPO 2.1.1.1
- Embed quality improvement into clinic workflows

Communication:

- Improve communication across areas and improve dissemination pathways

Capacity

- Increase MA to Provider ratio
- Add case managers, social workers, practice managers, patient navigators OPO 2.1.1.1
- Increase length of visit
- Increase admin time for providers and MAs (especially for completing referrals)

Empanelment

- Optimize panel size, and increase continuity OPO 3.2.1.1


Clinic Equipment

- Various equipment needs mentioned



Peer Review and Risk Management Committee

- ▶ Update on Abnormal X-ray Reports in our EHR.
 - ▶ Automatically going to clinician's inbox plus the X-ray report from the Radiologist is filed to the patient's chart.
 - ▶ In addition to this, our new workflow includes our Chief of Radiology double checks the X-rays orders are properly routed to the clinician and patient's chart.
- ▶ Streamlining Patient Grievance Documentation
 - ▶ Shared workspace so multiple managers can access same tracking sheets
 - ▶ Training with new staff on reporting incidents.

<p>SUBJECT: Billing Department Ability to Pay (Sliding Fee Scale Program) Policies and Procedures</p> <p>SERIES: 100 Administration</p> <p>APPROVED BY: Amy Peeler, Chief of Clinic Services</p>	<p>POLICY NO.: 100.04</p> <p>PAGE: 1 OF 4</p> <p>EFFECTIVE DATE: March 2020</p> <p>REVISED: February 2022</p>	 <p>COUNTY OF SANTA CRUZ HEALTH SERVICES AGENCY</p> <hr/> <p>Clinics and Ancillary Services</p>
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PURPOSE:

The purpose of this policy is to reduce or eliminate financial barriers to patients who qualify for the Ability to Pay (ATP) (Sliding Fee Discount Program) to ensure access to services regardless of the patient's ability to pay. At no time will a patient be denied services because of an inability to pay.

The ATP applies to the full scope services provided by Health Services Agency's (HSA) Clinic Services Division, which includes Primary Care, Integrated Behavioral Health, Acupuncture, and Dental Services.

POLICY STATEMENT:

The Health Services Agency (HSA) Clinic Services Division operates county-run community health centers. The purpose of this policy is to describe all billing policies and procedures currently in use for ensuring assets are safeguarded, guidelines of grantors are complied with, and finances are managed with accuracy, efficiency, and transparency.

It is the policy of County of Santa Cruz Health Services Agency (HSA) to comply with government regulations. HSA is a Federally Qualified Health Center (FQHC) and received federal funding under the Health Center Program authorized by Section 330 of the Public Health Services (PHS) Act (42 U.S.C. 254b) ("section 330"), as amended (including sections 330C and (h)). The program is administered by the federal Health Resources and Services Administration (HRSA)


HSA staff with a role in the management of billing operations are expected to comply with the policies and procedures in this manual.

These policies will be reviewed annually and revised as needed by the staff and approved by the Integrated Community Health Center Commission, the Chief of Clinic Services, and HSA Director.

PROCEDURE:

A. Billing Overview: Clinic Services Division will provide methods for appropriate and sensitive evaluation of each patient's ability to pay for services rendered.

1. Financial screening of each patient shall not impact health care delivery.

SUBJECT: Billing Department and Front Office Operations Policies and Procedures	POLICY NO.: 100.04 PAGE: 2 OF 4	
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2. The screening will include exploration of the patient's possible qualification for specialized payer programs. Staff will encourage patients to apply for appropriate funding programs and facilitate an application when appropriate.
 - a. The Business Office Manager and Health Center Managers are authorized to waive patient fees due to expressed financial hardship or disputes, as described in the HSA Billing FO Policy and Procedures 100.3 (Section A, #4).
3. The Health Services Agency (HSA) will ensure access to health care services by families and individuals regardless of the patient's ability to pay. At no time will a patient be denied services because of an inability to pay.

B. Ability to Pay Program (Sliding Fee Discount Program)


1. Definition of Income: Income is defined as earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, alimony, child support, or any other sources that typically become available. Noncash benefits, such as food stamps and housing subsidies, do not count.
2. A family is a group of individuals who share a common residence, are related by blood, marriage, adoption, or otherwise present themselves as related, and share the costs and responsibility of the support and livelihood of the group. Children of said individuals under the age of 19 or if the child is a full-time student, under the age of 21 who do not share a common residence with said individuals but are supported financially and are the responsibility of said individuals will be counted as part of the family.
3. The Sliding Fee Discount Program incorporates the most recent Federal Poverty Level Guidelines published by the Federal Health and Human Services.
4. Eligibility is based on income and family size only.
5. All patients are eligible to apply for the program.
6. Eligibility will be honored for 12 months.
7. Ability to Pay (ATP) is a sliding fee program available to all patients who qualify according to family size and income (individuals/families living at or below 200% of the Federal Poverty Level (FPL). Partial discounts or a nominal fee are provided for individuals and families with incomes above 100% of the current FPL and at or below 200% of the current FPG (see attachment 1).

SUBJECT:

Billing Department and
Front Office Operations
Policies and Procedures

POLICY NO.:**100.04****PAGE: 3 OF 4**

8. Patients will self-report income and family size on the ATP self-declaration/provisional application if the individual or family does not have the proof of income at the time of the visit. Patients applying for the ATP program are re-assessed if income or family size changes, as self-reported or the ATP eligibility period expires, and a new application is received.
9. Patients must first be screened for third-party insurance. Nominal fee charges apply to individuals and families with annual incomes at or below 100% of the Federal Poverty Guidelines. The Business Office Manager and Health Center Managers are authorized to waive patient fees due to expressed financial hardship or disputes. An example of a financial hardship is, but is not limited to, (temporary earnings reduction, loss of employment, natural disaster like flood or fire, or experiencing homelessness).
 - A) The Business Office staff, or the registration desk staff will request the waiver from the Health Center Manager or the Business Office Manager prior to waiving of any fees either through email, in person, or by telephone. Patients who are covered by a third-party Insurance with "out of pocket" costs (i.e. co-insurance, co-pays, share of cost) may apply for the ATP program, if it is not prohibited by the third-party insurance.
 - B) Staff will screen patient for eligibility for the ATP program by asking the patient to complete the application and provide proof of income.
 - C) Once the sliding fee level for the patient is assessed, the patient may pay the lesser of the charge discounted to the patient's sliding fee level OR the patient's out of pocket costs.
10. No discounts are provided to individuals and families with annual incomes above 200% of the current FPL. Ability to Pay (Sliding Fee Discount Scale Program) levels are described in Attachment 1 for Clinic, Integrated Behavioral Health, and Acupuncture services. Ability to Pay scale levels are described in Attachment 2 for Dental Services.
11. Patients interested in applying for this program are required to complete an application and provide proof of household income. Registration staff collects preliminary income and family size documentation for each applicant then enters the information into the appropriate EPIC module for payment range determination in accordance with FPL. Self-declaration of income and household information will be accepted.
12. For full program qualification, patients must provide income verification documents to support their application, such as:

<p>SUBJECT: Billing Department and Front Office Operations Policies and Procedures</p>	<p>POLICY NO.: 100.04 PAGE: 4 OF 4</p>	
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- a. Most recent Federal tax return
 - b. IRS form W-2 or 1099
 - c. Two (2) most recent consecutive paystubs
 - d. Social Security, disability or pension benefit statements
 - e. Documentation of other governmental assistance
 - f. Verification of Student status and FAFSA form
 - g. Unemployment Benefits / Worker's Compensation
 - h. Self-declaration form may be accepted if formal documentation is not available.
13. The ATP shall apply to all required and additional health services within the HRSA-Approved scope of project for which there are distinct fees.
14. All documentation received from the patient related to the ATP application are filed and kept on site until the HSA Fiscal retention date has expired.
15. HSA will annually assess the ATP activity and present findings to the Integrated Community Health Center Commission that ensure the ATP does not create a barrier for patient access to care. HSA will:
- a. Collect utilization data that allows it to assess the rate at which patients within each of discount pay classes, as well as those at or below 100% of the FPG, are accessing health center services:
 - b. Utilize this and, if applicable, other data (for example, results of patient satisfaction surveys or focus groups, surveys patients at various income levels to evaluate the effectiveness of its sliding fee scale discount program in reducing financial barriers to care; and
 - c. Identify and implement changes as needed.