

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

October 4, 2022 @ 3:00 pm

MEETING LOCATION: Microsoft Teams Meeting or call in (audio only) +1 916-318-9542, 500021499# 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. The County of Santa Cruz Integrated Health Center Commission will meet via teleconference as authorized under Government Code section 54953(e)(3). The Commission makes the following findings in support of this authorization:
 - (A) The Commission has reconsidered the circumstances of the state of emergency; and
 - (B) The following circumstances exist:
 - (i) The state of emergency continues to directly impact the ability of the members to meet safely in person.
 - (ii) State or local officials continue to impose or recommend measures to promote social distancing.
4. September 6, 2022, Meeting Minutes – Action Required
5. Meeting Logistics
6. Bylaws Review
7. Quality Management Update
8. Social Justice
9. Sliding Fee Scale (ATP) – Action Required
10. Financial Update
11. CEO/COVID-19 Update

Action Items from Previous Meetings:

Action Item	Person(s) Responsible	Date Completed	Comments

was asked by one of the commissioners if there was a form that acknowledge an employee's great service.	Raquel		
Continuity of Care/Hospital Admitting Policy- How are we going to know that this is being acted upon when someone is admitted?	Raquel		

Next meeting: November 1, 2022, 3:00pm - 5:00pm

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The County of Santa Cruz Integrated Community Health Center Commission

Minute Taker: Mary Olivares

Minutes of the meeting held October 4, 2022.

TELECOMMUNICATION MEETING: Microsoft Teams Meeting - or call-in number +1 916-318-9542 – PIN# 500021499#

Attendance	
Christina Berberich	Chair
Len Finocchio	Vice Chair
Rahn Garcia	Member
Dinah Phillips	Member
Marco Martinez-Galarce	Member
Caitlin Brune	Member
Kim "Coach" Campbell	Member
Tammi Rose	Member
Amy Peeler	County of Santa Cruz, Chief of Clinic Services
Raquel Ramirez Ruiz	County of Santa Cruz, Sr. Health Services Mgr.
Julian Wren	County of Santa Cruz, Admin Services Officer
Mary Olivares	County of Santa Cruz, Admin Aide
Annette Hernandez	County of Santa Cruz. Admin Aide
Meeting Commenced at 3:06 pm and concluded at 4:10 pm	
Excused/Absent:	
Excused: Ardella Davies	
Excused: Gidget Martinez	
Excused: Michelle Morton	
1. Welcome/Introductions	
2. Oral Communications:	
3. County of Santa Cruz Integrated Health Center Commission will meet via teleconference as authorized under AB 361 and Government Code section 54953(e)(3).	
The County of Santa Cruz Integrated Health Center Commission will meet via teleconference as authorized under Government Code section 54953(e)(3). The Commission makes the following findings in support of this authorization: (A) The Commission has reconsidered the circumstances of the state of emergency; and (B) The following circumstances exist: (i) The state of emergency continues to directly impact the ability of the members to meet safely in person. (ii) State or local officials continue to impose or recommend measures to promote social distancing. Rahn made a motion that these findings be adopted, Dinah second and the rest of members present all in favor.	
4. September 6, 2022, Meeting Minutes – Action Required	
Review of September 6, 2022, Meeting Minutes – Recommended for Approval. Dinah moved to accept minutes as presented. Caitlin second, and the rest of the members present were all in favor.	
5. Meeting Logistics	
Rahn ask this item to be placed on the agenda. Rahn stated as part of respect for everyone's time he wanted to talk about time management during the meeting. The commission had discussion regarding time limitations and organization of agenda items. It was agreed that action items be placed at the beginning of the agenda and the goal is to have the commission meeting within one hour but if more time is needed it will be ok to go over but being mindful of time.	
6. Bylaws Review	
Amy reviewed the Bylaws with the commission and made some suggested edits. Amy stated they must give at least fourteen days written notice to the commission to let them know the intention to alter and amend new bylaws. Amy will e-mail bylaws to commissioners for review and this item will be put on November's agenda for approval. Amy also stated at November's meeting we will have the nominations of officers. The term of office is January 1 st through December.	
7. Quality Management Committee Update	

Raquel reported on Quality Management Committee. She stated Health Resources and Services Administration (HRSA) Health Center Workforce and Well-being Survey was going to be sent out to staff. She stated that Medical Directors agreed to allow staff to carve out 20 minutes of time to complete the survey. She also reported on the Housing Client Survey will be sent out soon to the Homeless Persons Health Project. She reported they had revised and edited the survey as is required by a grant funder. She stated they are going to text a link, have paper surveys at clinic, and the case managers will hand out the survey. This is done on an annual basis. Raquel also reported they looked at the Alliance Care Based incentives data, in which she will report back next month. She stated they are setting goals and benchmarks to measure around the clinical quality measures such as diabetes, hypertension, and immunizations. Lastly, she reported on Peer Review. She stated they looked at mortality data and nothing was found out of the ordinary and the appropriate care was given.

Raquel also reported back on follow up items:

1. Continuity of Care/Hospital Admitting Policy- How are we going to know that this is being acted upon when someone is admitted? Raquel Reported: **It is documented in epic as a telephone encounter. As they try to reach out it is documented and lives in the chart.**
2. If there was a form that acknowledge an employee's great service. **Watsonville Health Center currently has that. HPHP and Emeline do not have that we are working on revising and using Watsonville model to meet the needs of the other two clinics.**
3. Follow up item from last month's meeting: Raquel stated they were awarded a contract with the Health Improvement Partnership. She stated they are going to participate in a learning network and will work on implementing the adverse childhood experiences (ACES) screening tool. We are committed to looking at this as a group. It will give us the addition of an extra-help Community Health Worker, and we will be working closely with Integrated Behavioral Health.

8. Social Justice

Caitlin thanked Amy for sharing the presentation that Jerry Tello presented to the Health Services Agency staff. Caitlin opened the discussion and asked the commission to think about how people from different cultures view health, what is there conception of being healthy and what did you notice from Jerry Tello's presentation. The commission had a brief discussion on this topic and it was noted on what a powerful presentation Jerry Tello presented.

9. Sliding Fee Scale (ATP) – Action Required

Julian presented on the sliding fee scale. He stated the reason why this is being revised is because as part of our service area competition every few years in order to receive our base grant from Health Resources and Services Administration (HRSA) we provide them information about how we provide our services, and this resulted from that. Julian stated the actual fee scale has not changed the only change was the format and he added some information. Julian went over updates of the sliding fee scale with the commission. Caitlin moved to approve as presented. Rahn second, and the rest of the members present were all in favor.

10. Financial Update

Julian reported on the following:

- **Total Accounts Receivable on the last day of the Month divided by Average Daily Charges** – This is an overall look at accounts receivable daily charges. Currently we are at 51 days, the medium is 37 days our goal is to be under 30 days, this results in reimbursement very quickly and this is a view of over an 18-month period.
- **The Percentage of the Total Accounts Receivable that is over 90 days old** - This looks at how old claims are in the system. We want to keep under 30% and this is where we are now.
- **Total Amount in the Charge Review Work Que** – This report shows after a patient seen be the physician and close the encounter then processed by Julian's staff. Currently, we are at 25 days our goal is to be under a week.
- **Payments and Adjustments that have been posted to the system but have not been fully applied** – This report shows how quickly staff apply payments. We are currently at 12 days and want to be at 1 week or less.
- **Charge Lag is the average of time between the patient is seen and date that charge is posted** – This report shows from the time the patient shows up at the clinic and staff sends out claim for reimbursement, we are currently at 51 days.

Lastly, he reported on Health Center Visits. This report showed the last year in a half. This included tele medicine data. He reviewed each clinic individually.

11. CEO/COVID 19 update

Amy reported that there is quite a big outbreak of syphilis, and monkey pox is doing better. She stated she and Raquel along with Personnel are working on a project to improve morale and trust, especially at the Emeline Clinic. A professional in this subject will be coming in to assist. Amy also reported they are continuing to look for space for the Homeless Persons Health Project, and it seems like the Watsonville campus is moving faster than they thought. They are looking at moving our services into modular buildings in the back parking lot or moving to a leased sight, she will report back next month. Lastly, she gave a friendly reminder to the commissioners that her evaluation was due.

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



Clinic Services Division

Quality Management Report

October 2022



Quality Management Committee

- Health Resources and Services Administration (HRSA) Health Center Workforce and Well-being Survey
 - Job satisfaction; Burnout; Engagement and Intention to Stay
- Housing Client Survey
- Alliance Care Based Incentives Data



Peer Review and Risk Management Committee

- Mortality Data Review
 - Reviewed six deaths

Photo Example



Follow up items:

- Continuity of Care/Hospital Admitting Policy-
How are we going to know that this is being acted upon when someone is admitted?
 - Documented in Epic as a Telephone Encounter.
- Is there a form that acknowledge an employee's great service.
 - WHC: yes; HPHP and EHC: no



Follow up items:

The Safety Net Clinic Coalition, a coalition of the Health Improvement Partnership, is a recipient of the **Preventing and Responding to Adverse Childhood Experiences (ACE)-Associated Health Conditions and Toxic Stress in Clinics through Community Engagement (PRACTICE)** award as part of a third round of funding through the ACEs Aware initiative.

- Period of Performance: 9/1/2022-11/30/2023
- \$100,249.66
- Staff time to participate in Learning Collaborative, training and addition of an Extra-Help Community Health Worker (CHW).

Questions?

Thank You



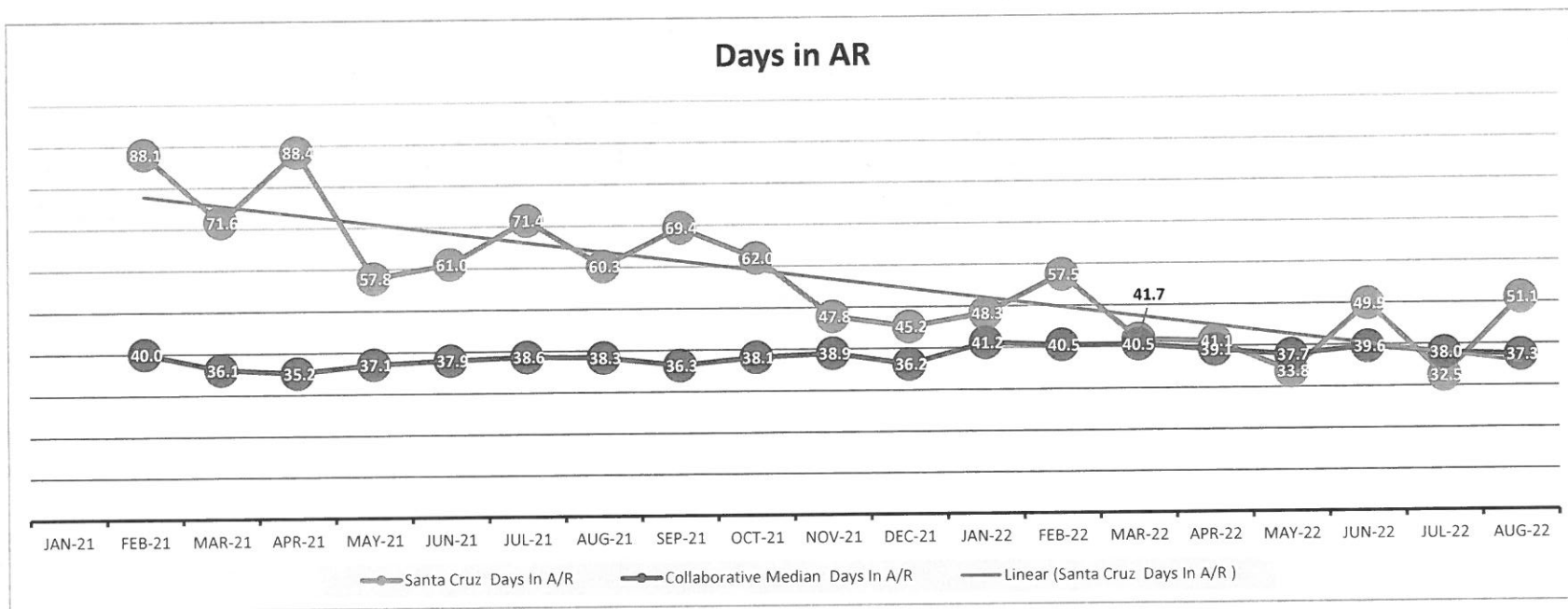
Fiscal Report

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

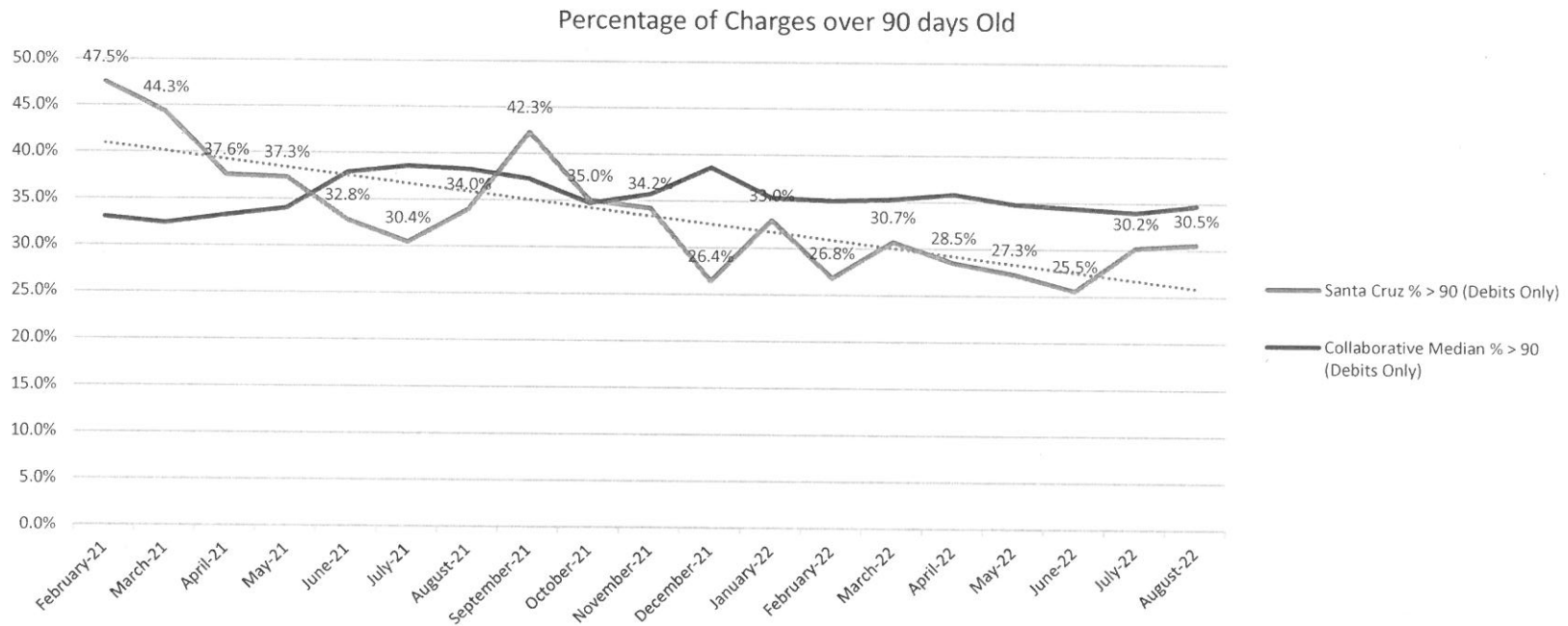
10/6/22 INTEGRATED COMMUNITY HEALTH CARE COMMISSION MEETING



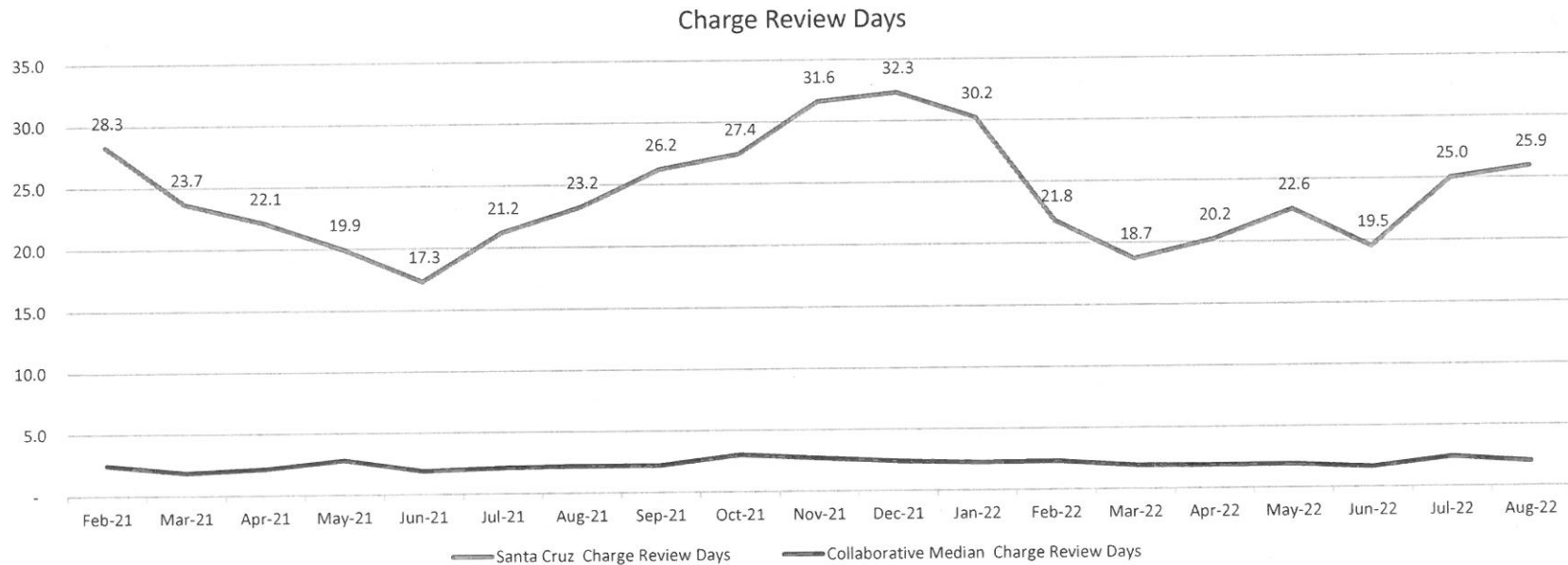
Total Accounts Receivable on the last day of the month divided by the Average Daily Charges



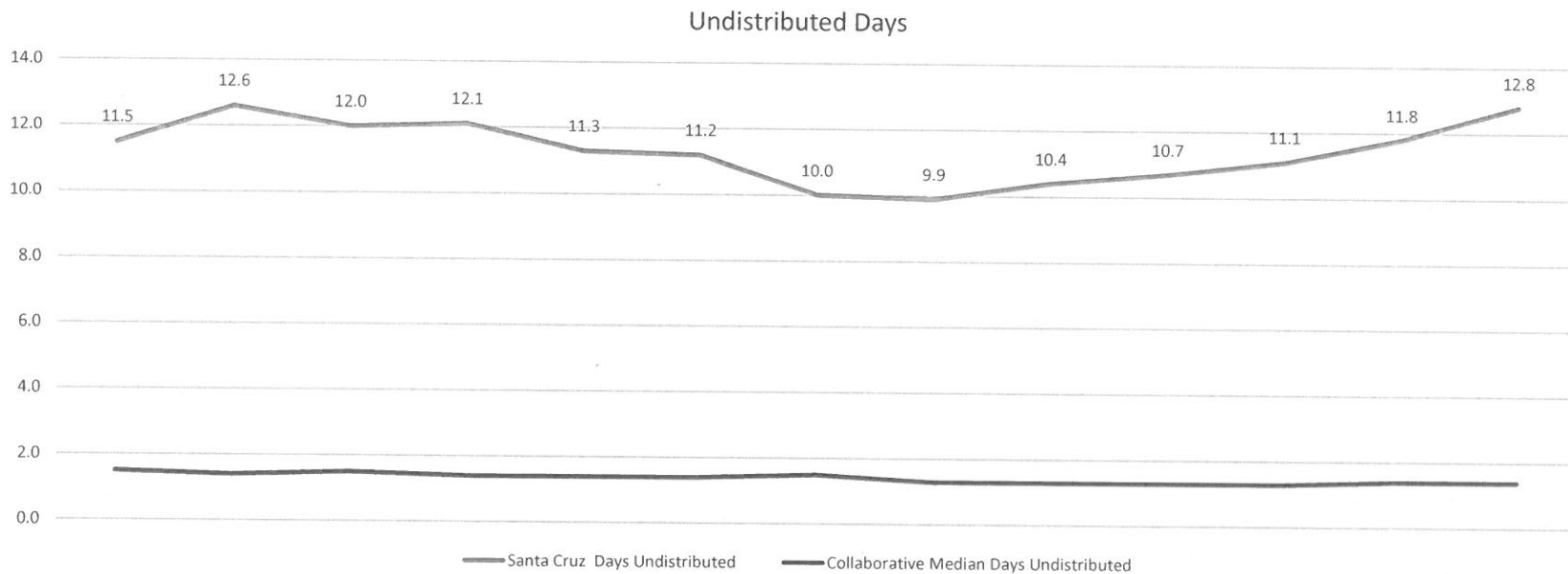
The percentage of the total Accounts Receivable that is over 90 days old



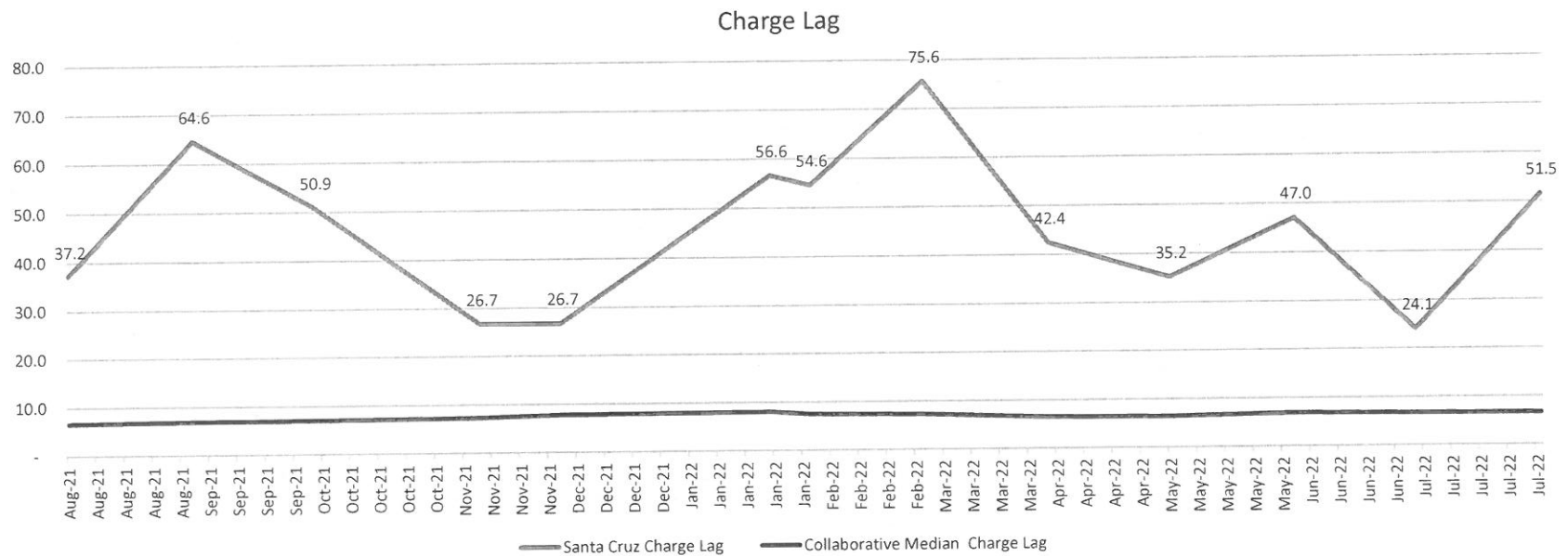
Total amount in the Charge Review Work Queue on the last day of the month divided by the Average Daily Charge



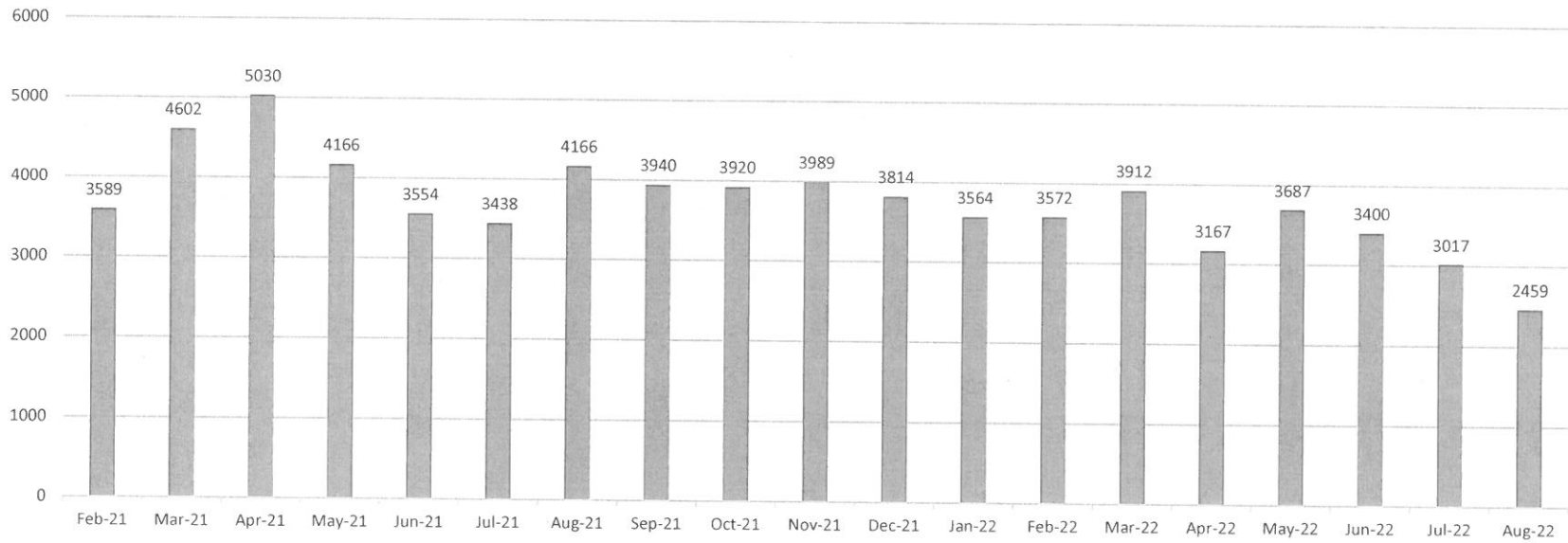
Payments and adjustments that have been posted to the system but have not been fully applied to the individual claims or account balances



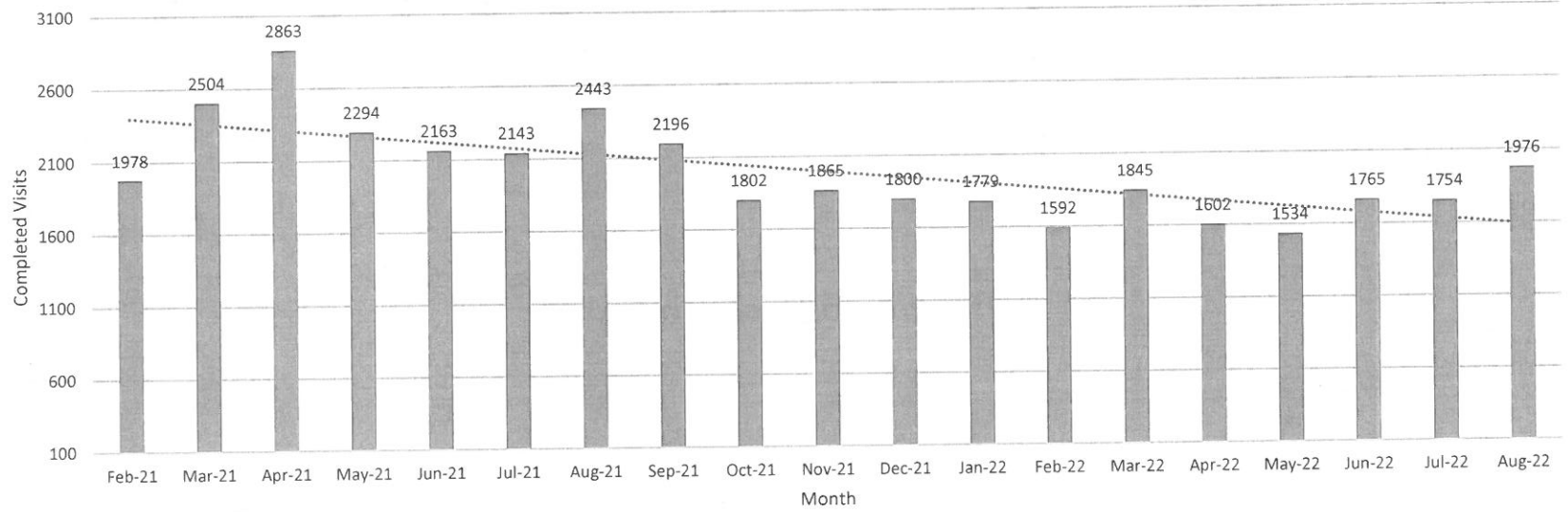
Charge lag is the average length of time between when the patient is seen and the date that charge is posted to the Accounts Receivable



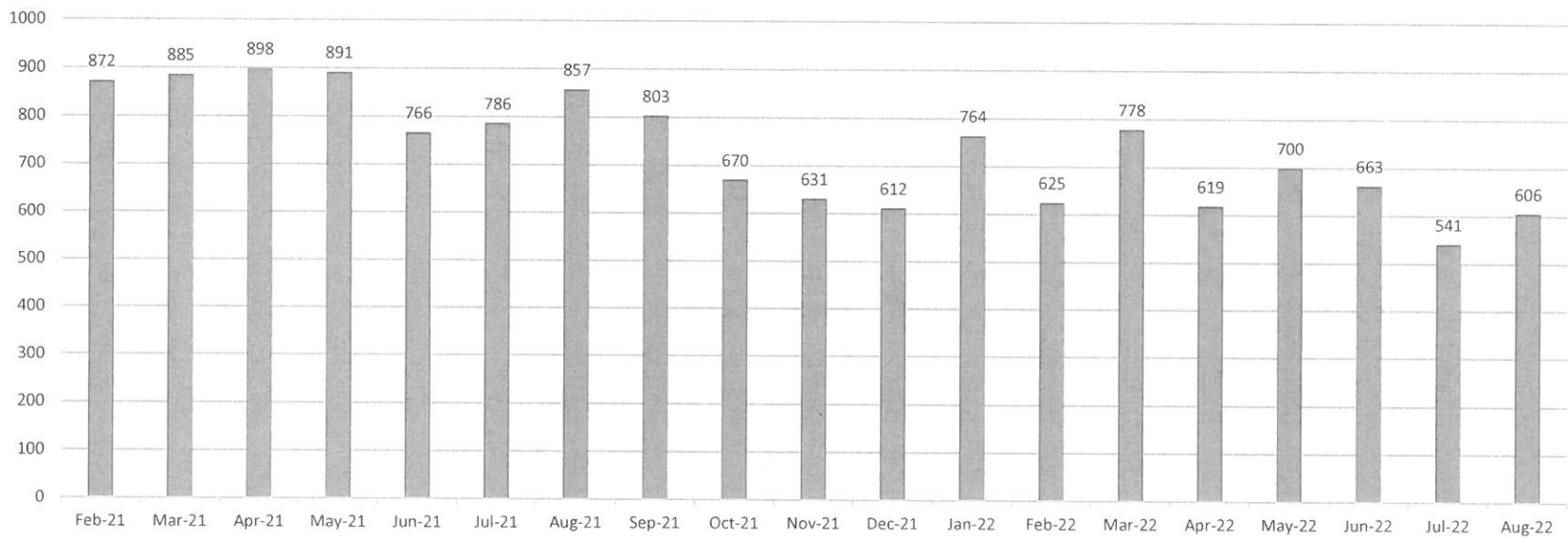
Watsonville Health Center Visits



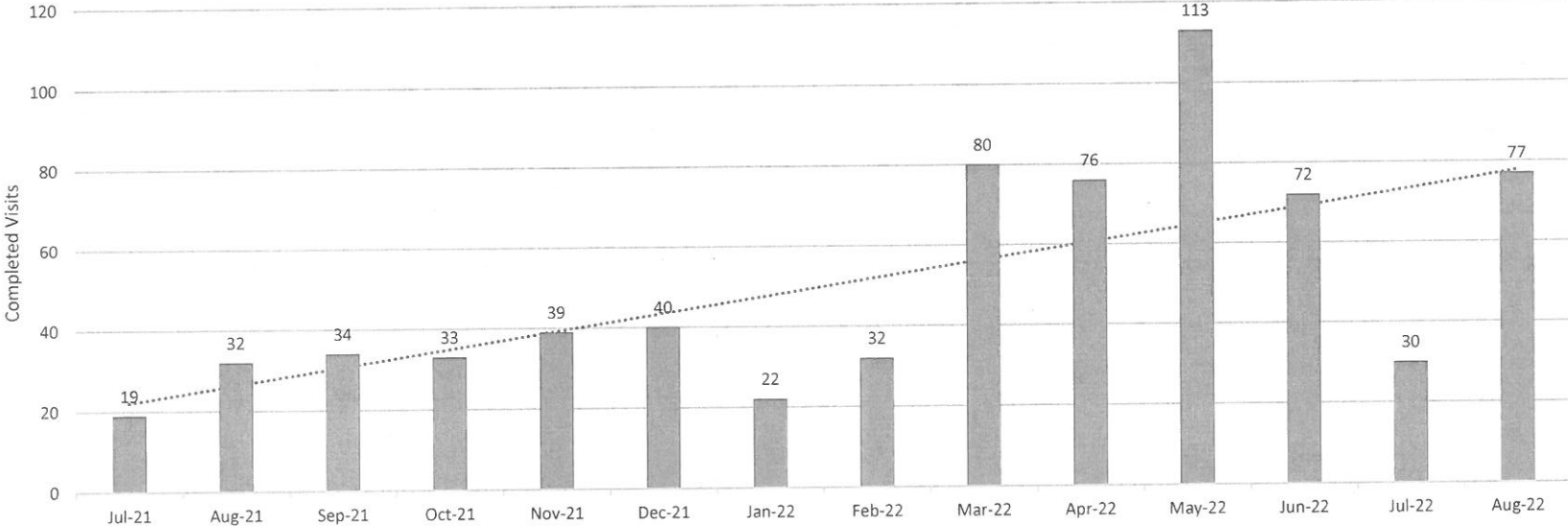
Santa Cruz Clinic Visits



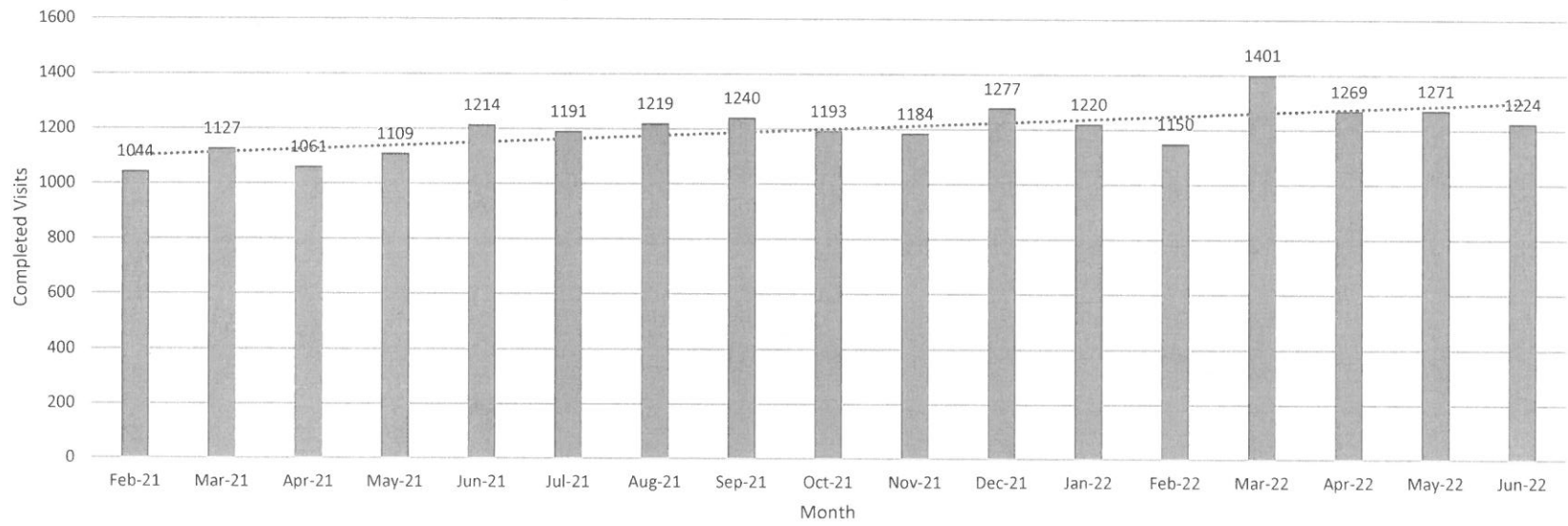
HPHP Visits



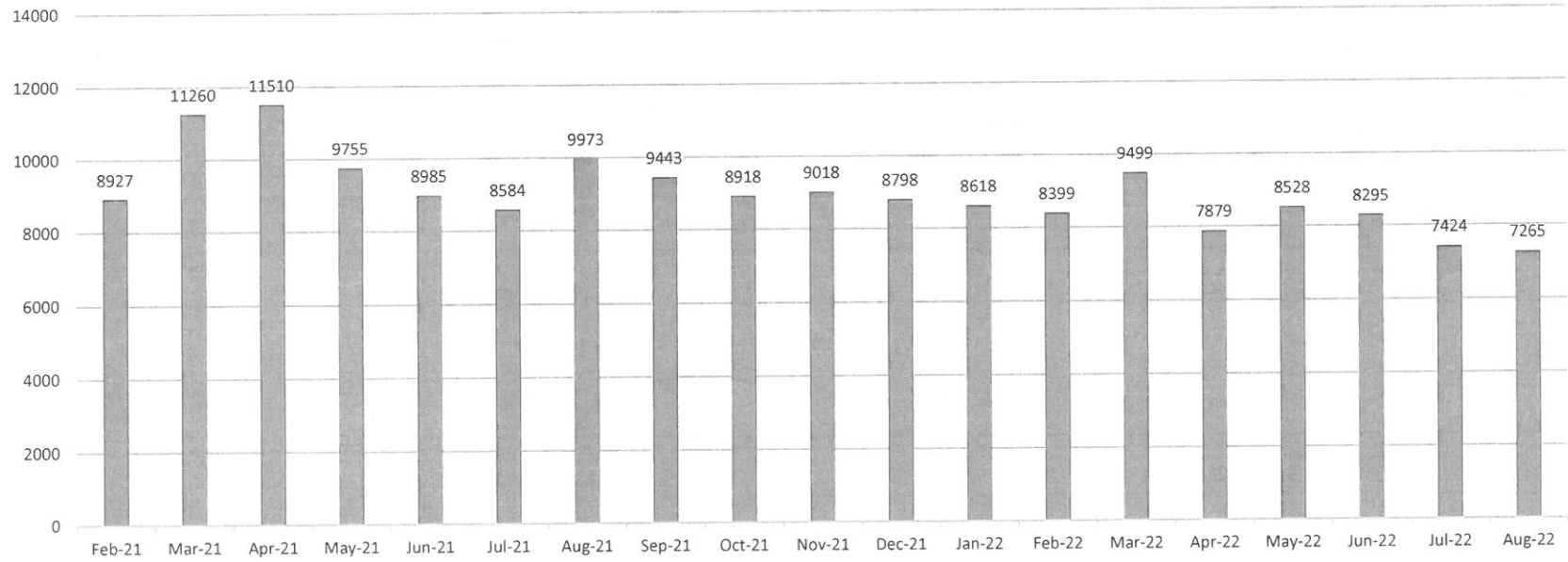
HPHP Mobile Outreach Visits



IBH Visits



All Clinic Visits



References

Revenue Cycle Scorecard August 2022

Epic Health Record Data August 2022



SANTA CRUZ COUNTY HSA ATP
Calendario de descuento de tarifa
variable para 2022

Instrucciones:

1. Usando la tabla a continuacion, encuentre el tamaño de su hogar en la columna izquierda.
2. A continuacion, encuentre su rango de ingresos anuales en esa misma linea.
3. Por ultimo, siga la columna del rango de ingresos hacia abajo hasta el punto que le indicara si puede pagar una tarifa nominal o un porcentaje designado de los cargos.

2022 DHHS Guías de Pobreza

A	B	C	D	E	F
Tamaño del hogar	Menos que o igual a 100%	Menos que o igual a 133%	Menos que o igual a 166%	Menos que o igual a 200%	Mas de 200% No cualificado
1	\$13,590	\$18,075	\$22,559	\$27,180	\$27,181 y mas
2	\$18,310	\$24,352	\$30,395	\$36,620	\$36,621 y mas
3	\$23,030	\$30,630	\$38,230	\$46,060	\$46,061 y mas
4	\$27,750	\$36,908	\$46,065	\$55,500	\$55,501 y mas
5	\$32,470	\$43,185	\$53,900	\$64,940	\$64,941 y mas
6	\$37,190	\$49,463	\$61,735	\$74,380	\$74,381 y mas
7	\$41,910	\$55,740	\$69,571	\$83,820	\$83,821 y mas
8	\$46,630	\$62,018	\$77,406	\$93,260	\$93,261 y mas
Por cada persona adicional, agregue \$4720 para el tamaño del hogar de mas de 8.					
Dental	\$30	\$50	\$90	\$135	Tarifa completa sin descuento
Otros servicios**	inclusivo	20%	40%	60%	Tarifa completa sin descuento
Tarifa nominal de visita al consultorio	\$12*	\$25	\$35	\$45	100% of cargos

Fuente: Departamento de Salud y Servicios Humanos de EE. UU., a partir del 12 de enero de 2022, <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

Rev 10/04/22

*Sin cargo para personas sin hogar.

**Procedures, siministros, servicios de laboratorio, servicios de radiologia, etc.