



SAN MATEO COUNTY HEALTH

**SAN MATEO  
MEDICAL CENTER**

# **BOARD OF DIRECTORS MEETING**

Monday, February 1, 2021

8:00 AM – 10:00 AM



# AGENDA

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Board of Directors

Wednesday, Feb. 1, 2021

8:00 AM

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

On March 17, 2020, the Governor issued Executive Order N-29-20 suspending certain provisions of the Ralph M. Brown Act in order to allow for local legislative bodies to conduct their meetings telephonically or by other electronic means. Thus, pursuant to Executive Order N-29-20, local and statewide health orders, and the CDC's social distancing guidelines which discourage large public gatherings, the 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 AND PUBLIC COMMENT**

### **B. 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*

## **C. REPORT OUT OF CLOSED SESSION**

## **D. PUBLIC COMMENT**

Persons wishing to address items not on the agenda

**E. FOUNDATION REPORT**

*John Jurow*

**F. CONSENT AGENDA**

*Approval of:*

1. January 4, 2021 Minutes
2. Reappointment of Deborah Lee Torres to the SMMC Governing Board

**G. MEDICAL STAFF REPORT**

Chief of Staff Update

*Dr. Steve Hassid*

**H. ADMINISTRATION REPORTS**

1. Burlingame Skilled Nursing and SMMC 1A
2. Financial Report
3. CEO Report

*Dr. Alpa Sanghavi  
Malu Cruz, Marcus Weenig*

*Dr. David McGrew*

*Dr. CJ Kunnappilly*

**I. COUNTY HEALTH CHIEF REPORT**

County Health Snapshot

*Louise Rogers*

**J. COUNTY MANAGER'S REPORT**

*Mike Callagy*

**K. BOARD OF SUPERVISOR'S REPORT**

*Supervisor Carole Groom*

**L. ADJOURNMENT**

**TAB 1**

**CONSENT  
AGENDA**

HOSPITAL BOARD OF DIRECTORS  
MEETING MINUTES  
Monday, January 4, 2021  
Videoconference Meeting

**Board Members Present**

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

**Staff Present**

Michelle Lee  
Dr. Alpa Sanghavi  
Brighton Ncube  
Robert Blake  
Peggy Jensen  
Dr. Yousef Turshani  
Kathryn Calafato

Rebecca Archer  
John Jurow  
Karen Pugh  
Gabriela Behn  
Paul Rogerville  
Julie Griffiths  
Angela Gonzales

**Members of the Public**

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call to Order	Supervisor Groom called the meeting to order at 8:00 AM, and the Board adjourned to Closed Session.	
Reconvene to Open Session	The meeting was reconvened at 8:15 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for January 4, 2021. QIC Minutes from November 24, 2020. Medical Executive Committee Minutes from December 8, 2020.	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	John Jurow reported that in the past month, over 900 new donors have joined and another 150 have re-engaged with the Foundation. We continue to provide meals to medical center staff with the support of local business such as Jack's Prime. In 2020 we hosted several successful events including the Annual Golf Tournament, a concert with actor William Lipton, and we look forward to celebrating 2021 with subsequent events.	FYI
Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes from December 7, 2020 2. SMMC Board of Directors Bylaws	It was MOVED, SECONDED and CARRIED unanimously to approve all items on the Consent Agenda.

<p>Medical Staff Report Dr. Steve Hassid</p>	<p>Dr. Hassid expressed his concern about the next weeks when he expects to see a surge of COVID positive patients in the hospital due to the Christmas holiday. We are already at capacity and currently nearly all of the ICU beds are occupied by very ill COVID patients who are intubated and COVID positivity in the ED hovers near 40%. We have been working with other hospitals in the area to coordinate transfers through MHOAC.</p> <p>Louise Rogers added that we have also coordinated with Dignity who has expanded capacity through AMI and expect to have ten beds available next week. This the worst surge since the pandemic began.</p> <p>COVID vaccination of staff has started and will probably include staff at the Burlingame site.</p> <p>There is a new pilot that has started in an After-Hours Care setting to treat patients who are non-emergent and the hours will be 5:00 – 9:00 PM.</p>	<p>FYI</p>
<p>Department of Surgery Julie Griffiths, RN Dr. Scott Lock</p>	<p>Unit Staffing</p> <ul style="list-style-type: none"> <li>• Endoscopy: 3 RN's, 1 HUC, GI Provider</li> <li>• Peri-Op/PACU: 9.5 RN's, 1 HUC</li> <li>• Operating Room: 7.5 RN's, 4 OR Techs, 1 HUC</li> </ul> <p>Services Provided</p> <ul style="list-style-type: none"> <li>• Endoscopy: 1 Suite, 6-7 patients per day, on-call team afterhours</li> <li>• OR: 3 rooms per day, on-call team afterhours</li> </ul> <p>Surgery Remobilization</p> <ul style="list-style-type: none"> <li>• Background/Rationale: COVID-19 has forced us to stop or slow many of our services. We need to remobilize patient services in a way that will reduce risk of COVID-19 transmission.</li> <li>• Need: SMMC Surgical Services and Endoscopy needs to return to Pre-COVID numbers while optimizing safety for both patients and staff.</li> </ul> <p>Challenges:</p> <ul style="list-style-type: none"> <li>• Treating all patients as if COVID-positive requires full PPE and testing</li> <li>• OR Room turnaround</li> </ul>	<p>FYI</p>
<p>Compliance Report Gabriela Behn</p>	<p>The Annual Regulatory Compliance Training was completed by over 95% of staff, providers, and vendors</p> <p>The DHCS TAR-Free Audits are currently on hold.</p> <p>Coding Accuracy Audit, January-July, are currently on hold. Adding some metrics to coding accuracy in contract template.</p> <p>SMMC Compliance Audit Plan, 2020-2021</p>	<p>FYI</p>

	<ul style="list-style-type: none"> <li>• Audit Additions in 2021 <ul style="list-style-type: none"> <li>○ COVID-19 Diagnosis and payments (20% additional payment for positive lab test)</li> <li>○ Provider Relief Fund Payments / CARES Act</li> </ul> </li> <li>• Projected additions: <ul style="list-style-type: none"> <li>○ Medicare Part B payments for psychotherapy</li> <li>○ 340B Program audits</li> <li>○</li> </ul> </li> </ul>	
Financial Report Dr. CJ Kunnappilly	The October FY 20/21 financial report was included in the Board packet and Dr. CJ Kunnappilly 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. He also informed the Board that the annual survey will be emailed to members.  Brighton Ncube will be leaving county service after four years as Deputy Director of Ambulatory Services. He has provided great value in his role on the Executive Management Team and we thank him for his numerous contributions.	FYI
County Health Chief Report Louise Rogers	Louise Rogers reported that everywhere in California is planning for the holiday surge although we are beginning to see some leveling locally. Our case rate is 40/100,000 which is about half of statewide. I see opportunity in the pace of COVID vaccinations of expect to see residents vaccinated this summer. There is a lot of effort going into managing who gets vaccinated and who can vaccinate.	FYI
County Manager Mike Callagy	Mr. Callagy informed that the hiring freeze has been removed from the Health System in order to expedite ramping up staffing in critical areas. I understand the incredible work staff are doing and I am truly grateful.	FYI
Board of Supervisors Supervisor Groom	As is usual at the beginning of the calendar year, the Board of Supervisors reorganizes a little. Supervisor Warren Slocum will step down as the President and Supervisor David Canepa will assume the role.	FYI

Supervisor Groom adjourned the meeting at 9:35 AM. The next Board meeting will be held on February 1, 2021.

Minutes recorded by:



Michelle Lee, Executive Secretary

Minutes approved by:



Dr. Chester Kunnappilly, Chief Executive Officer



**DATE:** January 6, 2021

**TO:** SMMC Board Members

**FROM:** CJ Kunnappilly, MD, Chief Executive Officer

**RE:** Recommendation to reappoint Deborah Lee Torres to public member seat on the Governing Board

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Deborah Lee Torres has served as the “public member” on The San Mateo Medical Center Governing Board since November of 2015. Pursuant to Section 2.a.2 of Article V of the San Mateo Medical Center Bylaws, the Governing Board is responsible for appointing the public member by majority vote. The individual’s selection “shall be based on demonstrated potential ability to participate effectively in fulfilling the responsibilities of the Governing Board and SMMC, and in representing or responding to the various needs of the community serviced by SMMC.” SMMC Bylaws, Art. V, §2.a.7. Further, the individual “shall be selected for the experience, relevant areas of interest and expertise, and ability and willingness to participate effectively in fulfilling the responsibilities of a member.” Id.

In her time on the Governing Board, Ms. Torres has been an active and engaged member. She has demonstrated her commitment to not just the organization but the patients it serves and the community at large. Her experience and perspective have been extremely helpful to board discussions. I have spoken to Ms. Torres and she enthusiastically welcomed the opportunity to continue to serve on the board.

Considering the above, it is my pleasure to recommend that the Governing Board reappoint Deborah Lee Torres as the “public member” of the San Mateo Medical Center Governing Board. This term would be from November 1, 2019 to October 31, 2023.

As a reminder, Ms. Torres is a former San Mateo County employee. She is a Licensed Clinical Social Worker and worked for the County of San Mateo for 27 years. She worked for 21 years in the Mental Health Division of the Health Department in a variety of supervisory and managerial roles, including Deputy Director of Child and Youth Mental Health Services. She also worked in the Human Services Agency as Director of Prevention and Early Intervention Services, the Director of Child Welfare Services, and most recently as the Director of Collaborative Community Outcomes.

In her most recent position Ms. Torres was responsible for overseeing a variety of programs, including the Center on Homelessness (managing contracts with the county’s shelters and Core Service Agencies), Veterans Services, Child Care Services, the Service Connect Team







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(which offers realignment services for formerly incarcerated persons), the Fatherhood Collaborative, and the Day Laborer Program. She has served on countywide committees specifically addressing housing issues for the homeless populations, including the Interagency Council that oversees the County's HOPE Plan (Housing Our People Effectively, the County's 10-year plan to end homelessness), the Veterans' Task Force, and the Motel Voucher Program for families who are homeless, and she has worked with the community of East Palo Alto to address the needs of the homeless population in that city.

Just prior to her retirement Ms. Torres was the lead Human Services Agency staff overseeing the response efforts to the Hallmark Fire Apartment in Redwood City. She has extensive experience working collaboratively with County Departments, community-based organizations, and the diverse communities within San Mateo County.

I will be ready to discuss this recommendation at the next meeting of the Board should you have any questions.

**Action Item: Consideration of a recommended candidate to serve as the public member of the SMMC Governing Board and vote on said recommendation.**

**TAB 2**

**ADMINISTRATION  
REPORTS**

# BOARD OF DIRECTORS SAN MATEO MEDICAL CENTER

**Financial Report: December FY20-21**

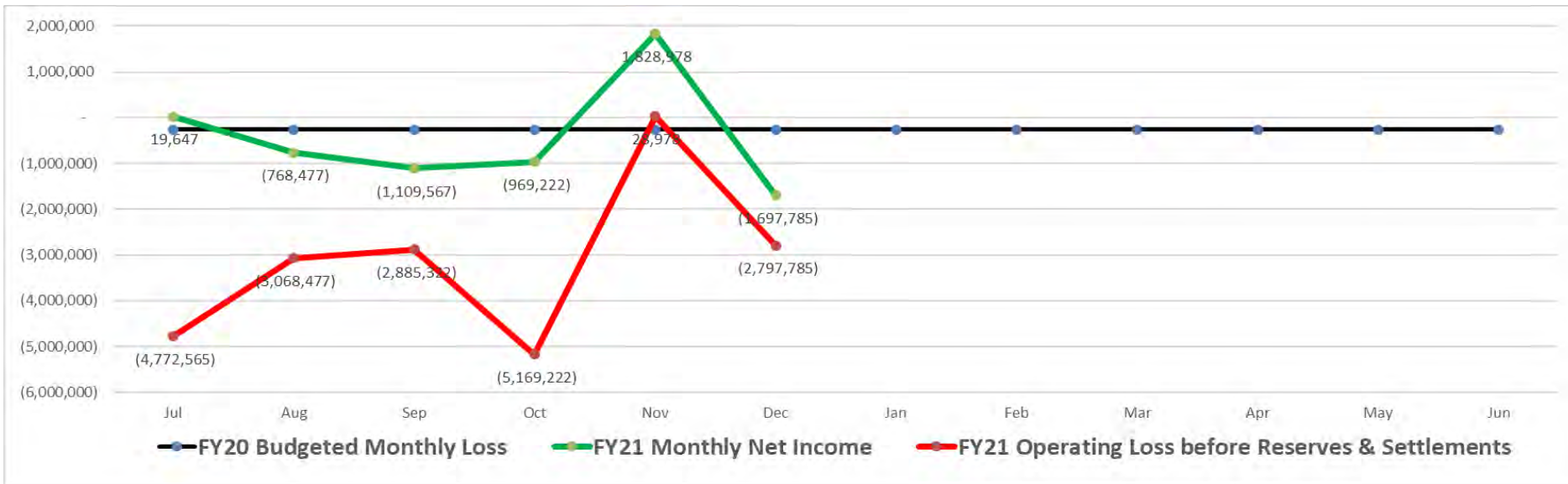
February 1 2021

**Presenter: David McGrew, CFO**



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# Financial Highlights



## Net Loss - Dec \$1.7M, YTD \$2.7M

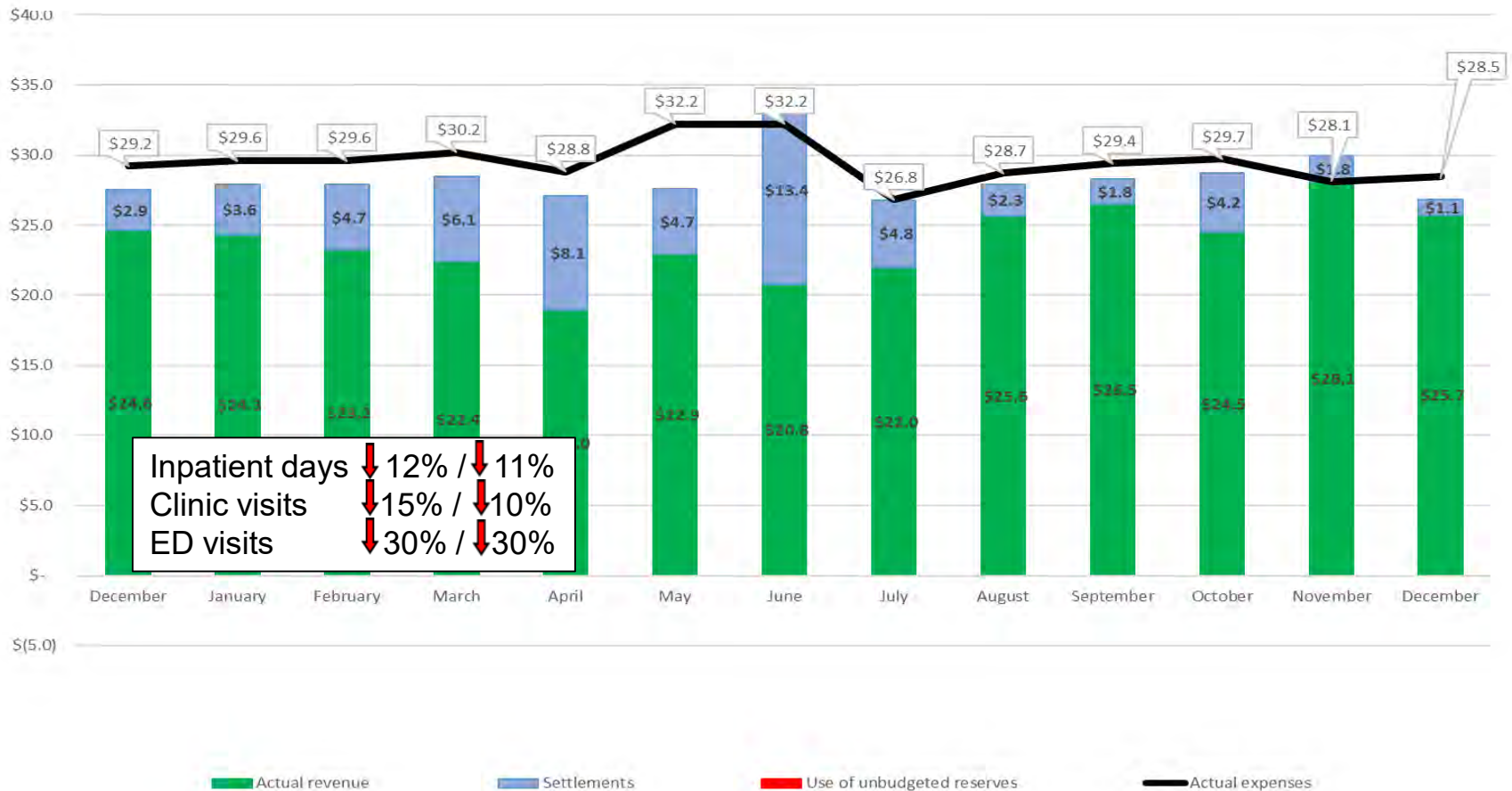
- FY2020 Enhanced Payment Program (EPP) approved - \$17.2M/annually
- FY2013 SNCP Revenue - \$1.1M
- Medi-Cal Fee for Service (FFS) rates

- FTEs over budget due to new screeners
- COVID pandemic impact on patient volumes – 29% reduction in patient revenue
- ACE outside medical costs

**Full Year FY21 Projection:** The FY21 budget projected a \$13.4 million gap, of which \$3.1 million would be covered by fund balance reserves, equaling a \$257k loss each month, and the remaining \$10.3 million would be covered by cost report settlement reserves. The additional \$6 million of PRIME backfill into QIP and higher than expected funding from GPP and FFS reimbursement rates help mitigate challenges with the execution of operating budget initiatives as a result of the pandemic.

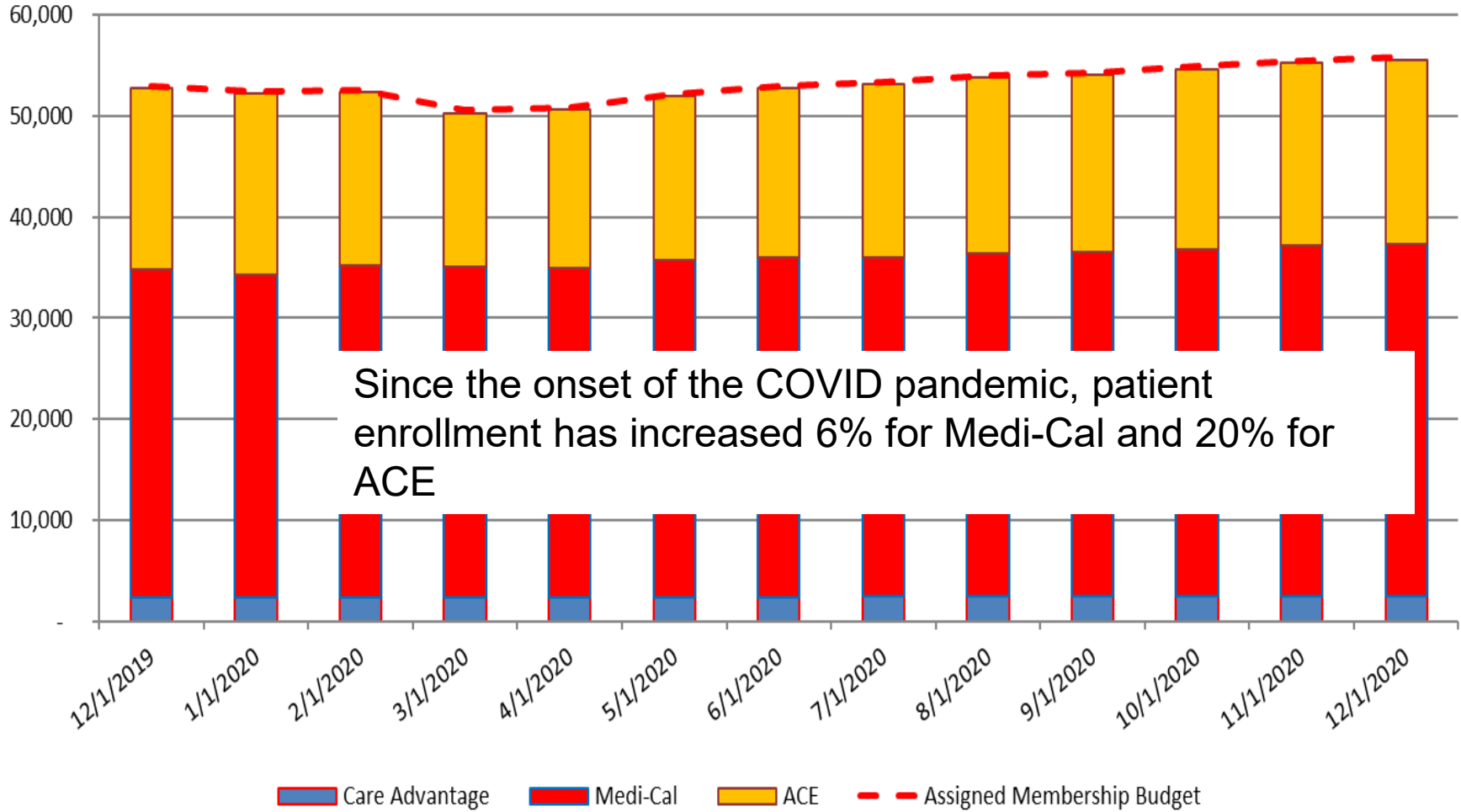
# FY 20-21 Structural Deficit Trend

SMMC's structural deficit continues as revenue sources from on-going operations and supplemental programs cannot keep pace with the cost structure. Cost report and supplemental program settlements have partially mitigated these factors for the past 12 months.



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

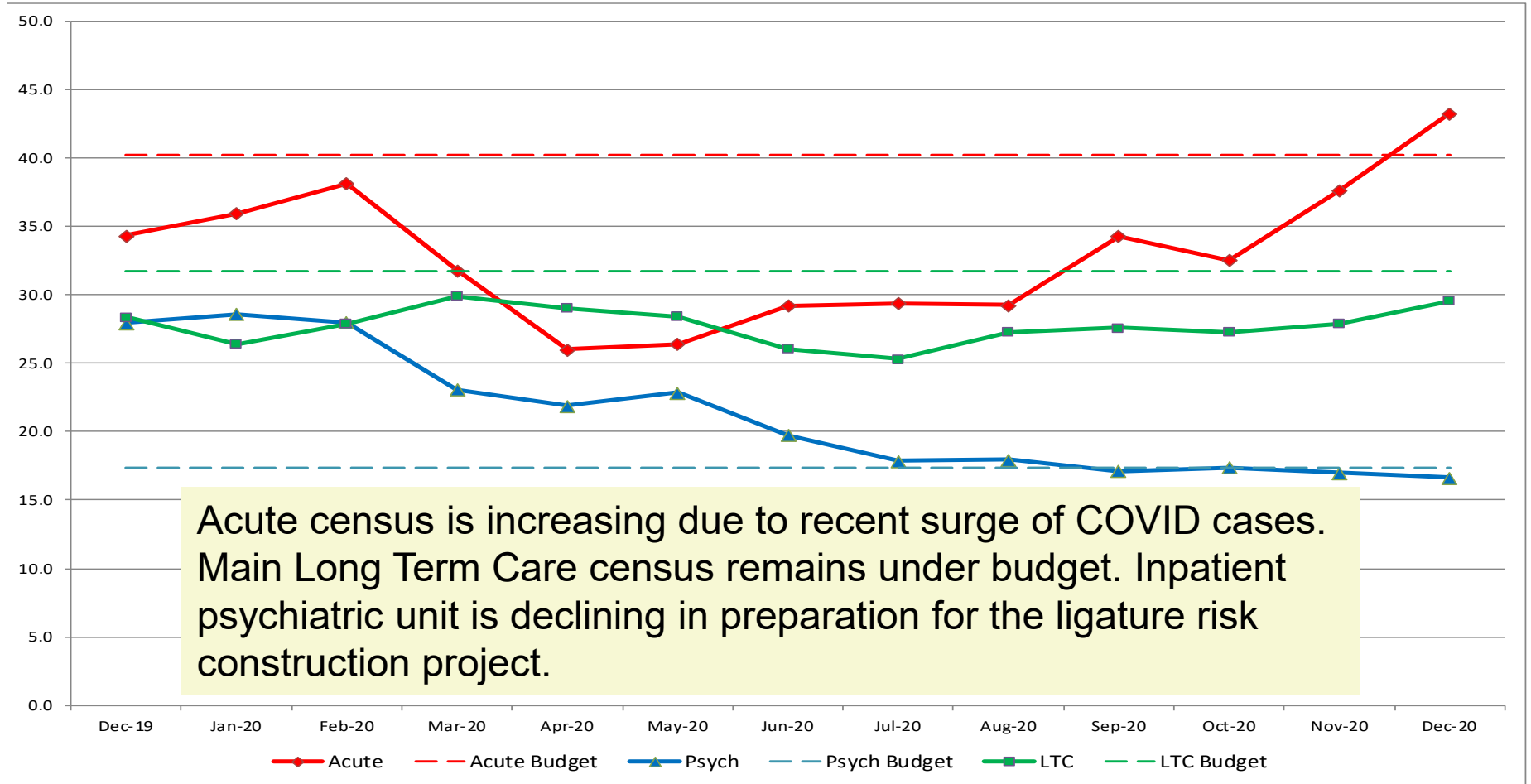
# Managed Care Membership Trend



# San Mateo Medical Center Inpatient Days December 31, 2020

	MONTH			
	Actual	Budget	Variance	Stoplight
Patient Days	2,773	2,738	35	1%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
14,571	16,254	(1,683)	-10%

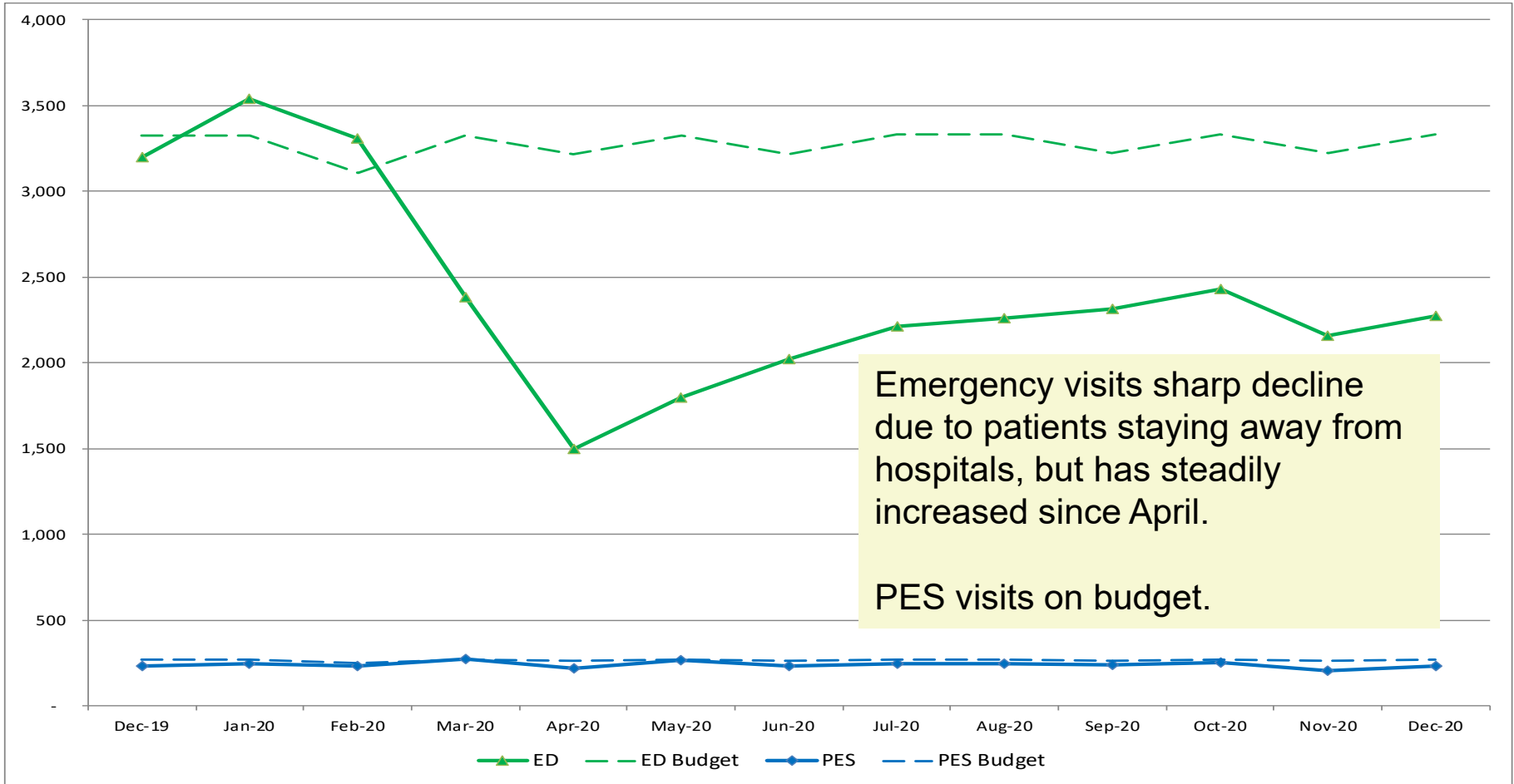


# San Mateo Medical Center Emergency Visits December 31, 2020

MONTH			
Actual	Budget	Variance	Stoplight
2,506	3,604	(1,098)	-30%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
15,076	21,390	(6,314)	-30%

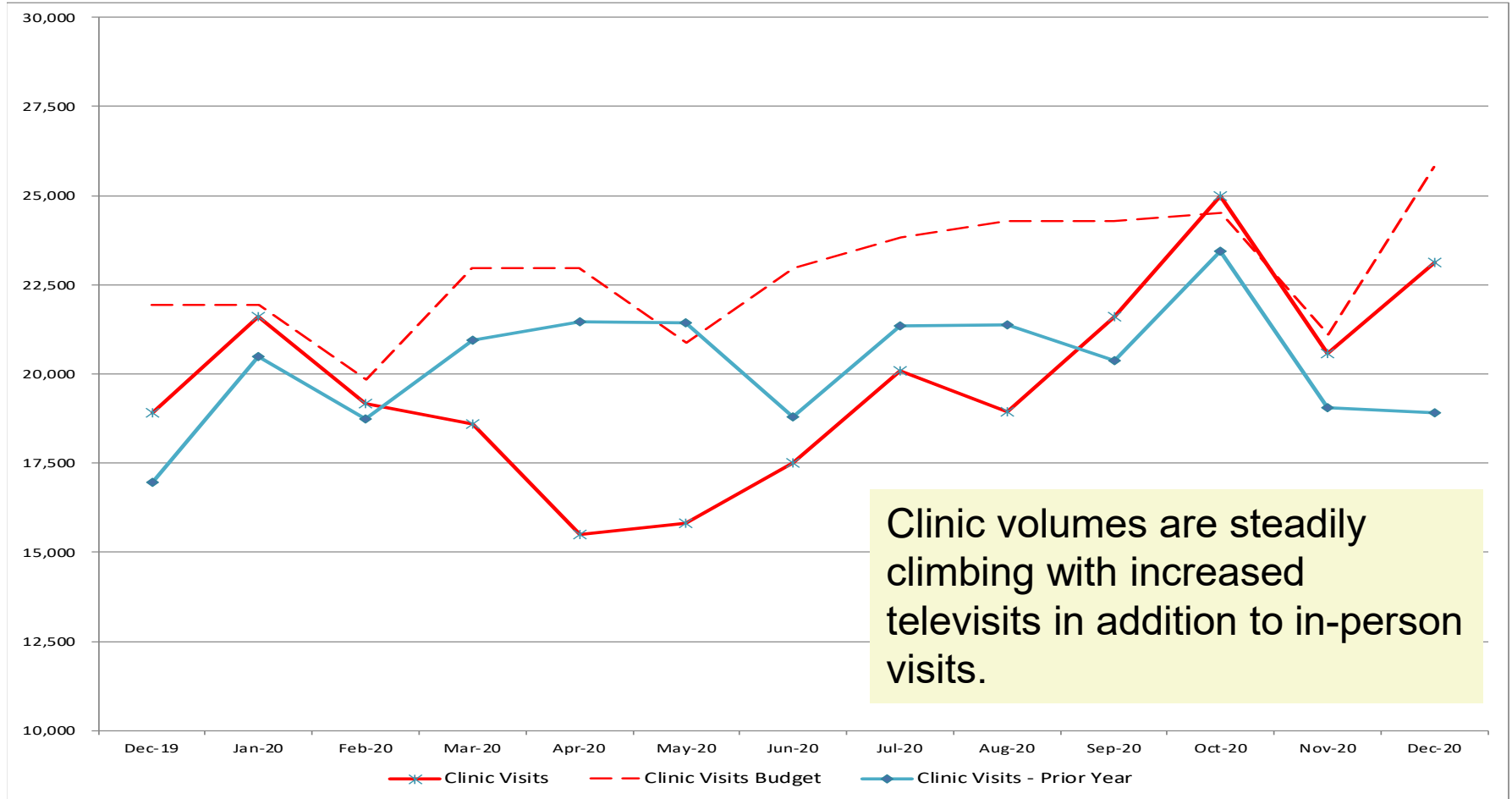
**ED Visits**



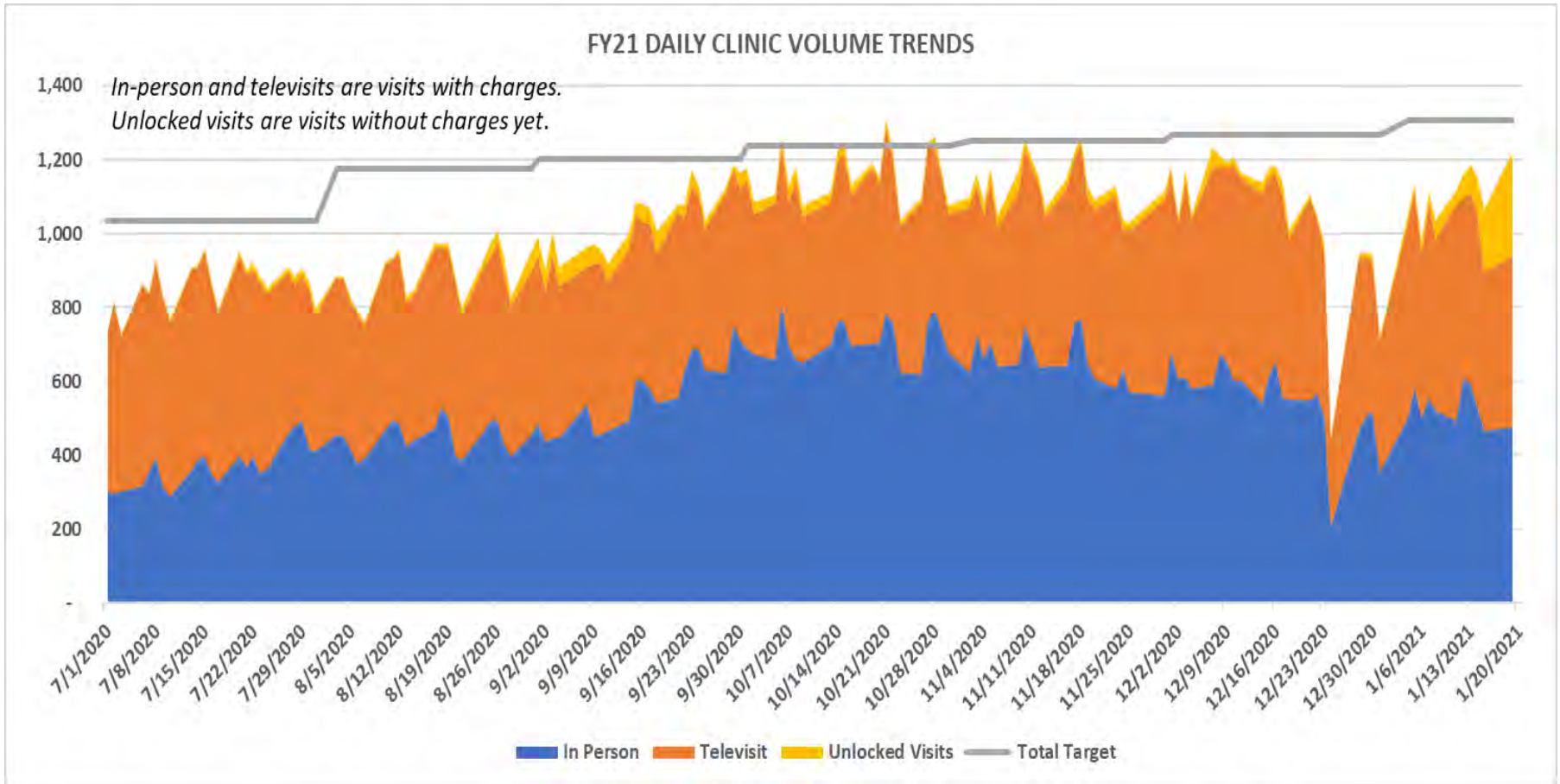


# San Mateo Medical Center Clinic Visits December 31, 2020

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
<b>Clinic Visits</b>	23,137	25,814	(2,677)	-10%	129,332	143,836	(14,504)	-10%



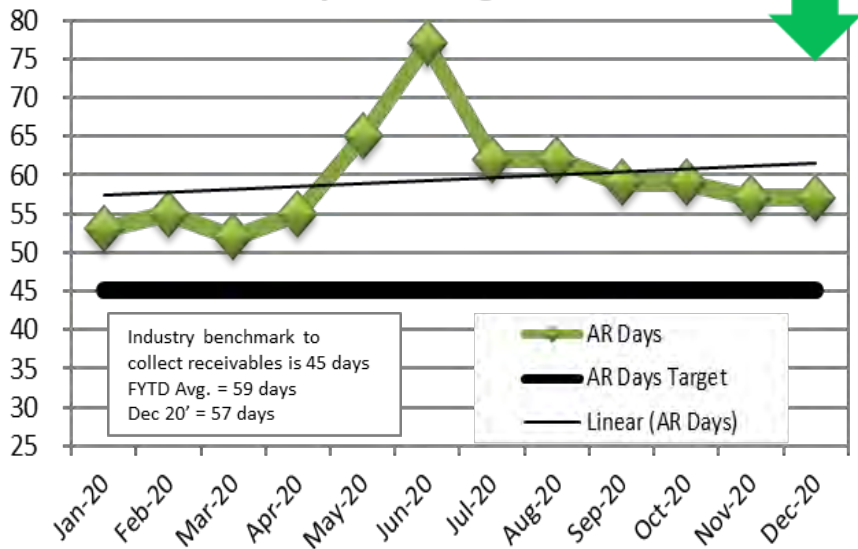
# San Mateo Medical Center Clinic Telehealth Visits December 31, 2020



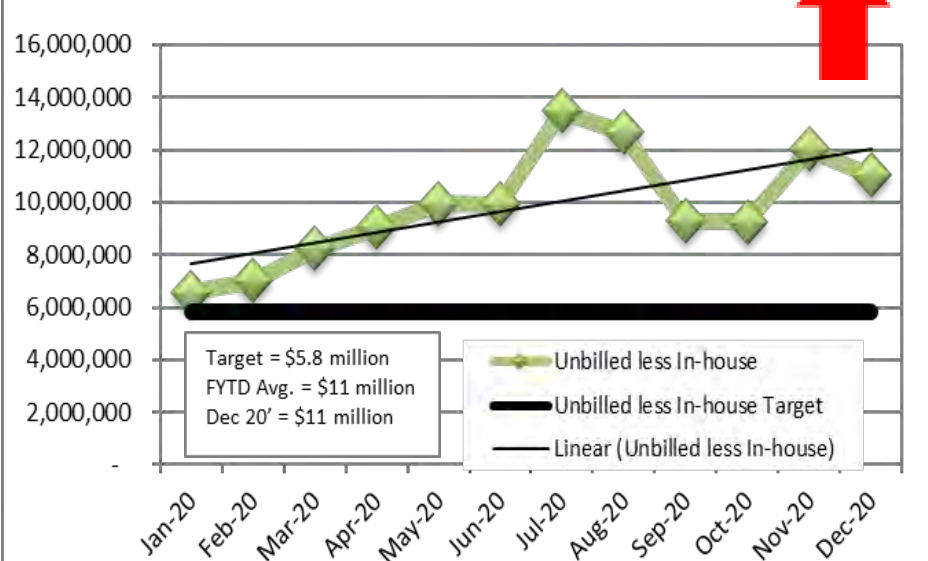
Clinic televisits have increased from an average of 6% of total visits pre-COVID to an average of 52% since March 16th, with a high of 78%. The mix of televisits and in-person visits are steady.

# Key Performance Indicators

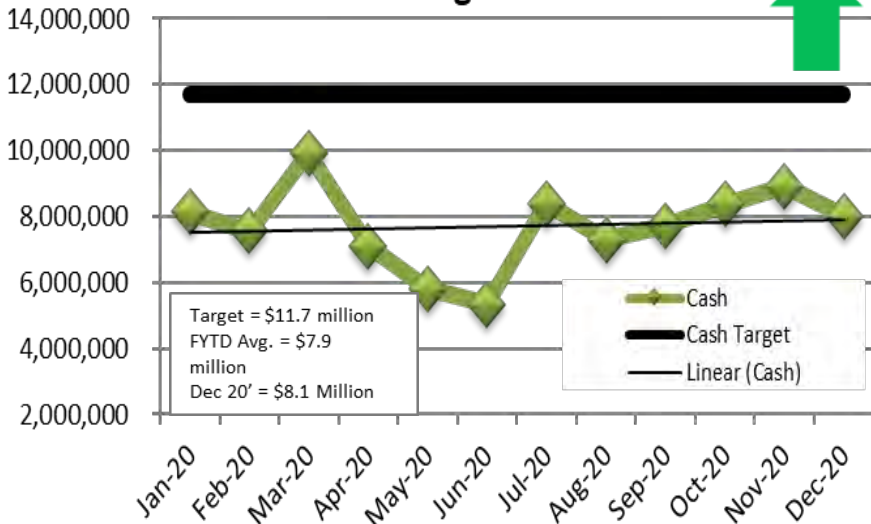
## A/R Days - Rolling 12 Months



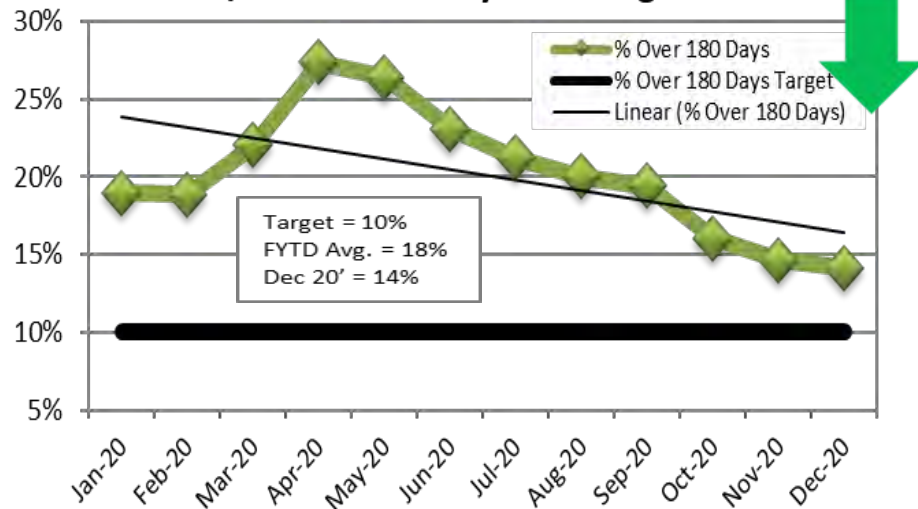
## A/R Unbilled - Rolling 12 Months



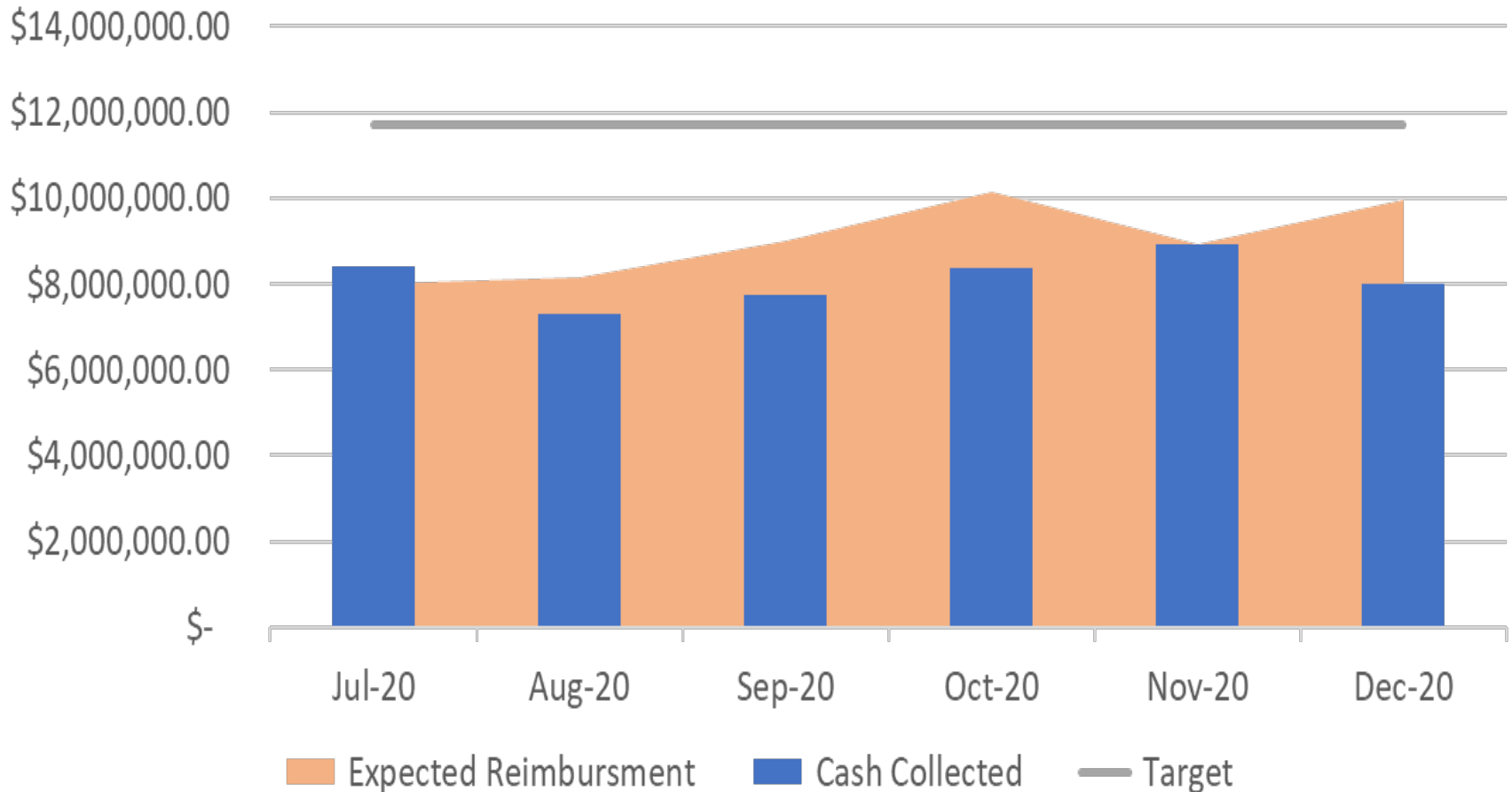
## Cash - Rolling 12 Months



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



# Expected Reimbursement vs Actual Cash Collected During COVID



Fee-For-Service (FFS) revenue is significantly below target due to patient volumes being lower during the pandemic. Cash collected is lower than expected for the actual revenue generated due to challenges with releasing claims in a timely manner.



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QUESTIONS?

# APPENDIX



SAN MATEO COUNTY HEALTH  
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**San Mateo Medical Center**  
**Income Statement**  
**December 31, 2020**

MONTH			
Actual	Budget	Variance	Stoplight
A	B	C	D

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
E	F	G	H

1 <b>Income/Loss (GAAP)</b>	(1,697,785)	(257,335)	(1,440,450)	
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(2,693,843)	(1,553,230)	(1,140,614)	
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2 <b>HPSM Medi-Cal Members Assigned to SMMC</b>	34,774	33,069	1,705	5%
3 <b>Unduplicated Patient Count</b>	60,812	68,606	(7,794)	-11%
4 <b>Patient Days</b>	2,773	2,738	35	1%
5 <b>ED Visits</b>	2,506	3,604	(1,098)	-30%
7 <b>Surgery Cases</b>	184	294	(110)	-37%
8 <b>Clinic Visits</b>	23,137	25,814	(2,677)	-10%
9 <b>Ancillary Procedures</b>	63,813	75,372	(11,559)	-15%

205,340	198,413	6,927	3%
60,812	68,606	(7,794)	-11%
14,571	16,254	(1,683)	-10%
15,076	21,390	(6,314)	-30%
1,088	1,684	(596)	-35%
129,332	143,836	(14,504)	-10%
358,651	432,212	(73,561)	-17%

10 <b>Acute Administrative Days as % of Patient Days</b>	0.0%	16.0%	16.0%	100%
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0.0%	16.0%	16.0%	100%
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11 <b>Psych Administrative Days as % of Patient Days</b>	79.1%	80.0%	0.9%	1%
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51.5%	80.0%	28.5%	36%
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(Days that do not qualify for inpatient status)

**Pillar Goals**

12 <b>Revenue PMPM</b>	125	131	(6)	-4%
13 <b>Operating Expenses PMPM</b>	312	296	(16)	-5%

114	131	(17)	-13%
311	296	(15)	-5%

14 <b>Full Time Equivalents (FTE) including Registry</b>	1,180	1,162	(18)	-2%
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1,157	1,162	5	0%
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**San Mateo Medical Center**  
**Income Statement**  
**December 31, 2020**

MONTH			
Actual	Budget	Variance	Stoplight
A	B	C	D

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
E	F	G	H

21	<b>Inpatient Gross Revenue</b>	16,355,320	13,856,510	2,498,810	18%
22	<b>Outpatient Gross Revenue</b>	19,551,997	30,643,909	(11,091,911)	-36%
23	<b>Total Gross Revenue</b>	35,907,317	44,500,419	(8,593,101)	-19%

		77,591,775	83,139,058	(5,547,283)	-7%
		116,317,682	183,863,453	(67,545,771)	-37%
		193,909,457	267,002,511	(73,093,055)	-27%

24	<b>Patient Net Revenue</b>	9,138,556	12,241,179	(3,102,623)	-25%
25	Net Patient Revenue as % of Gross Revenue	25.5%	27.5%	-2.1%	-7%

		52,139,626	73,447,075	(21,307,450)	-29%
		26.9%	27.5%	-0.6%	-2%

26	<b>Capitation Revenue</b>	355,186	379,538	(24,352)	-6%
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		2,093,024	2,277,227	(184,203)	-8%
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27	<b>Supplemental Patient Program Revenue</b>	10,312,119	9,855,225	456,894	5%
	(Additional payments for patients)				

		67,279,694	59,131,349	8,148,345	14%
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28	<b>Total Patient Net and Program Revenue</b>	19,805,860	22,475,942	(2,670,082)	-12%
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		121,512,344	134,855,652	(13,343,308)	-10%
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29	<b>Other Operating Revenue</b>	1,229,207	905,920	323,286	36%
	(Additional payment not related to patients)				

		12,508,709	5,435,523	7,073,186	130%
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30	<b>Total Operating Revenue</b>	21,035,067	23,381,862	(2,346,796)	-10%
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		134,021,053	140,291,175	(6,270,122)	-4%
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**San Mateo Medical Center**  
**Income Statement**  
**December 31, 2020**

	MONTH				YEAR TO DATE				
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight	
	A	B	C	D	E	F	G	H	
<b>Operating Expenses</b>									
31 Salaries & Benefits	15,905,859	17,390,063	1,484,205	9%	99,235,145	104,340,381	5,105,236	5%	
32 Drugs	1,280,059	723,499	(556,559)	-77%	6,445,716	4,340,996	(2,104,719)	-48%	
33 Supplies	1,211,113	944,631	(266,483)	-28%	5,460,579	5,667,783	207,204	4%	
34 Contract Provider Services	3,624,992	3,490,050	(134,943)	-4%	21,168,029	20,940,298	(227,730)	-1%	
35 Other fees and purchased services	4,787,674	5,009,709	222,036	4%	28,717,520	30,067,472	1,349,951	4%	
36 Other general expenses	447,080	433,916	(13,164)	-3%	3,001,466	2,603,494	(397,971)	-15%	
37 Rental Expense	198,280	209,620	11,340	5%	1,233,809	1,257,718	23,909	2%	
38 Lease Expense	773,407	773,407	-	0%	4,640,439	4,640,439	-	0%	
39 Depreciation	224,302	271,443	47,141	17%	1,327,556	1,628,658	301,102	18%	
40 <b>Total Operating Expenses</b>	28,452,765	29,246,337	793,573	3%	171,230,259	175,487,241	4,256,982	2%	
41 <b>Operating Income/Loss</b>	(7,417,698)	(5,864,475)	(1,553,223)	-26%	(37,209,206)	(35,196,066)	(2,013,141)	-6%	
42 <b>Non-Operating Revenue/Expense</b>	416,028	303,254	112,773	37%	2,692,052	1,819,526	872,527	48%	
43 <b>Contribution from County General Fund</b>	5,303,885	5,303,885	(0)	0%	31,823,310	31,823,310	(0)	0%	
44 <b>Total Income/Loss (GAAP)</b>	(1,697,785)	(257,335)	(1,440,450)	-	(2,693,843)	(1,553,230)	(1,140,614)	-	
(Change in Net Assets)									

# COVID Financial Impact Summary

	July	August	September	October	November	December	Total Mar-Dec 2020
Revenue loss	\$2,578,000	\$1,427,000	\$1,189,000	\$ 304,000	\$ 282,000	\$ 714,000	\$ 21,528,310
Expenses:							
Staffing	1,805,000	1,935,000	1,940,000	3,422,000	1,605,000	\$ 2,100,000	\$ 25,088,000
Supplies	-	128,000	180,000	454,000	251,000	\$ 106,000	\$ 1,671,000
IT	-	-	-	-	-		\$ 404,000
Other Prof. Fees	-	113,000	101,000	122,000	115,000	\$ 153,000	\$ 604,000
Total expenses	1,805,000	2,176,000	2,221,000	3,998,000	1,971,000	2,359,000	27,767,000
Total Losses due to COVID	4,383,000	3,603,000	3,410,000	4,302,000	2,253,000	3,073,000	49,295,310

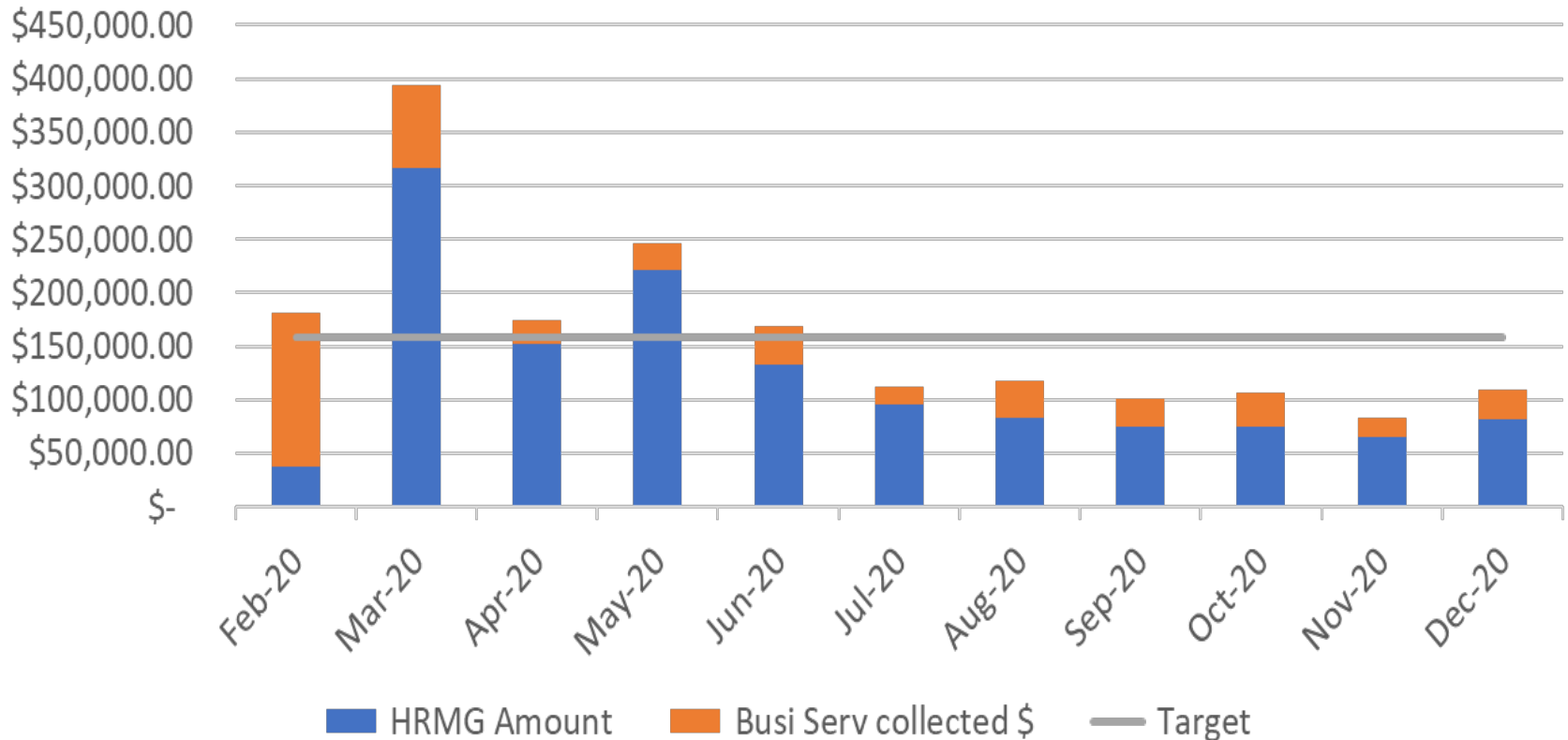
Note: DPW costs for COVID related construction costs are not yet included

Total losses to date  
= \$49M

## COVID-19 Federal Funds - \$13.7M to SMMC

Description	Total Amount Allocated	SMMC \$
<p style="text-align: center;"><b>Provider Relief Fund</b></p> <p>CARES/HCE Act - \$175 billion</p>	\$50B General Allocations	<b>\$3.5M</b> Received
	\$22B High Impact Providers	<b>\$4.95M</b> Received (July)
	\$11.1B Rural Providers	<b>\$207K</b> Received
	\$4.9B SNFs	<b>\$913K</b> Received
<p><b>Accelerated Medicare Payments</b></p> <p>Advance payment for Medicare claims authorized by the CARES Act</p>	Advance Payments	<b>\$3.1M</b> Received Repayment Required
<p><b>FY2020 CARES Supplemental Fund</b></p> <p>Funding for supplemental awards to Health Centers with HRSA grants</p>	\$1.32B	<b>\$881K</b> Awarded to Health Care for the Homeless/Farmworkers
<p><b>FY2020 Coronavirus Supplemental Fund</b></p> <p>Funding for supplemental awards to Health Centers with HRSA grants</p>	\$100M	<b>\$58K</b> Awarded to Health Care for the Homeless/Farmworkers
<p><b>State Hospital Association Grants</b></p> <p>\$50 million</p>	\$4.2M to California Hospitals	<b>\$7.3K</b> Received

# Self Pay Cash Collections

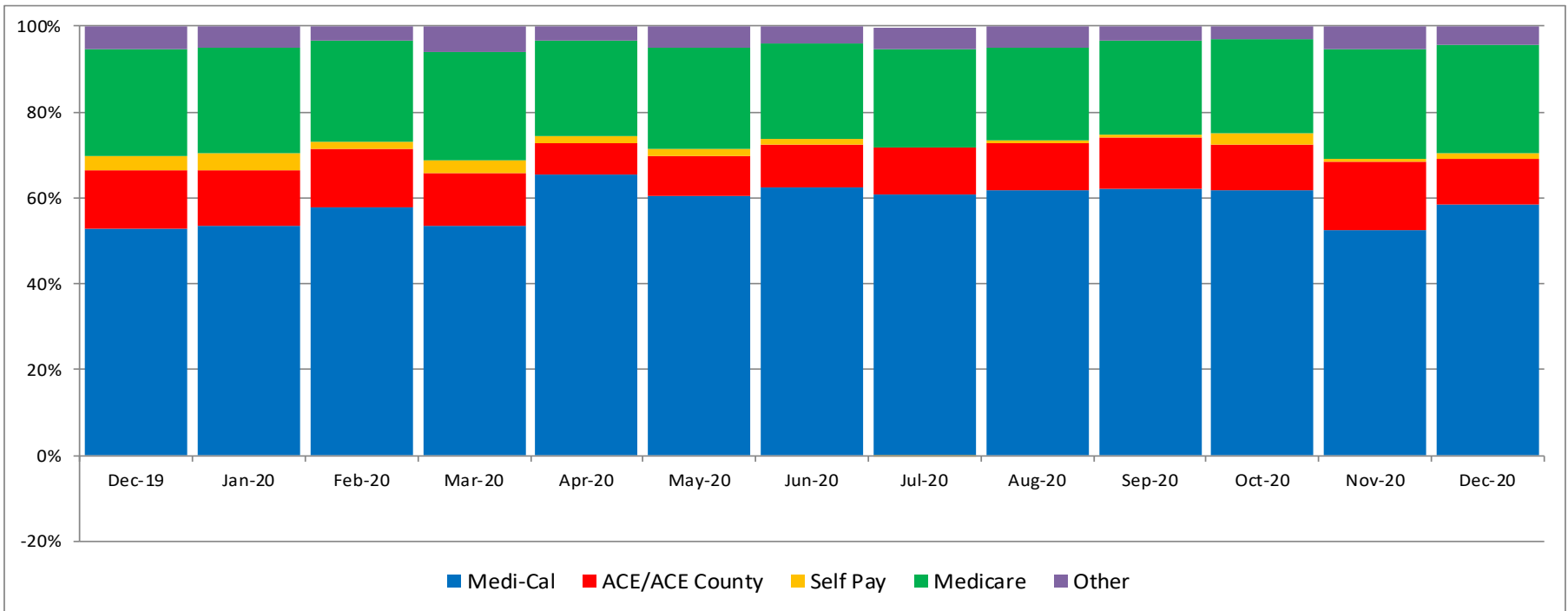


SMMC contracted with Healthcare Revenue Management Group to support SMMC's Business Services unit with collections of patient self-pay balances. March represents the first full month of HRMG's collection activities.

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

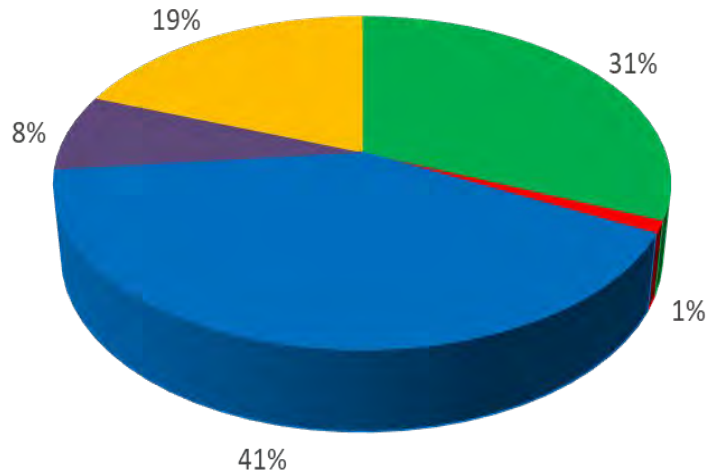
	MONTH			
	Actual	Budget	Variance	Stoplight
	A	B	C	D
Medicare	25.4%	23.6%	1.8%	
Medi-Cal	58.4%	55.3%	3.1%	
Self Pay	1.4%	3.0%	-1.6%	
Other	4.2%	5.0%	-0.8%	
ACE/ACE County	10.6%	13.1%	-2.5%	
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>		

	YEAR TO DATE			
	Actual	Budget	Variance	Stoplight
	E	F	G	H
Medicare	23.3%	23.6%	-0.3%	
Medi-Cal	59.5%	55.3%	4.2%	
Self Pay	1.0%	3.0%	-2.0%	
Other	4.3%	5.0%	-0.7%	
ACE/ACE County	11.9%	13.1%	-1.2%	
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>		



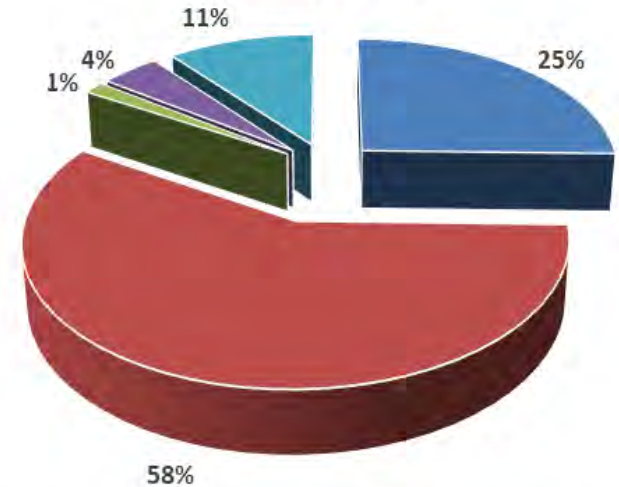
# Revenue Mix

## Sources of Revenue



■ Fee For Service
 ■ Capitation
 ■ Supplemental
 ■ Other
 ■ County Contribution

## Payor Mix



■ Medicare
 ■ Medi-Cal
 ■ Self Pay
 ■ Other
 ■ ACE

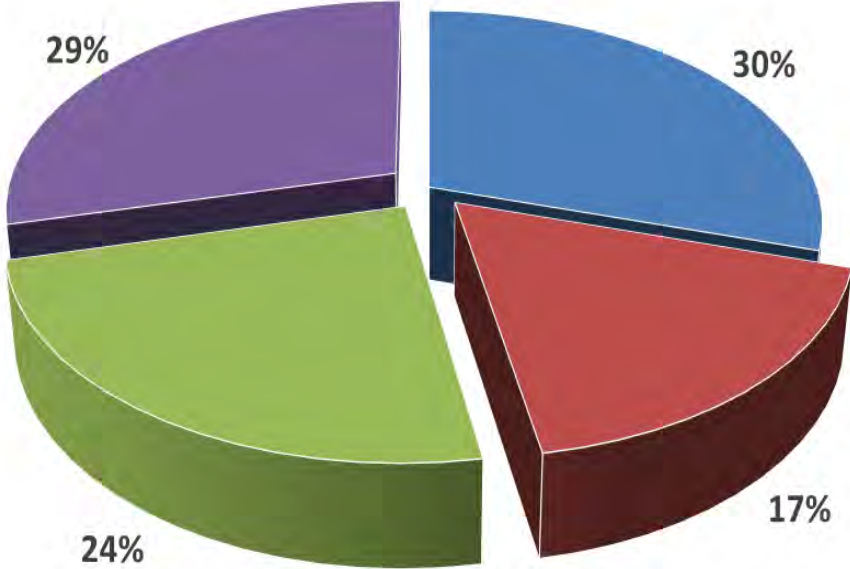
**Health Plan of San Mateo (HPSM)** represents 38% of our Operating Revenue

- 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

# Revenue Mix by Service Line



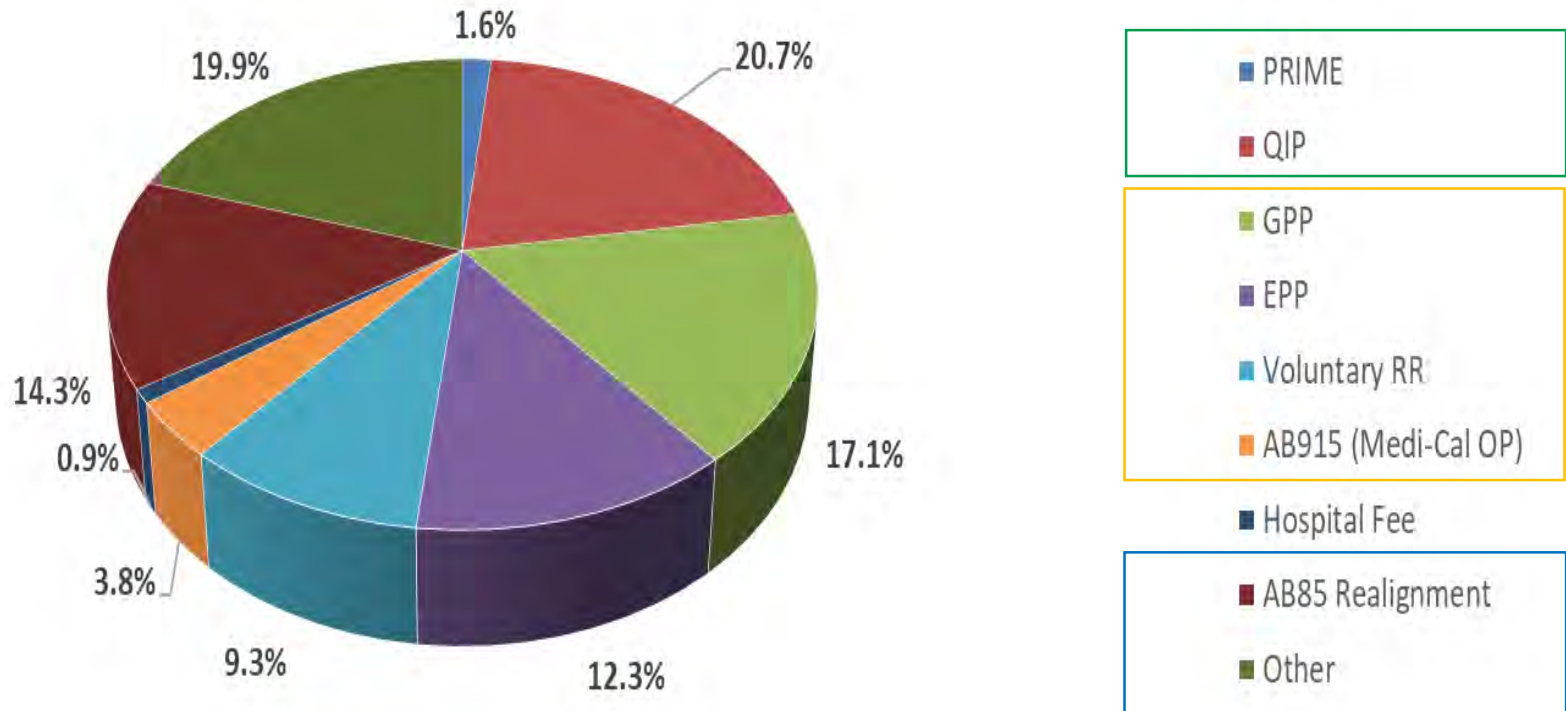
■ Inpatient

■ Hospital ED & Outpatient

■ Ambulatory Clinics

■ Ancillary Services

# Supplemental Revenue Mix



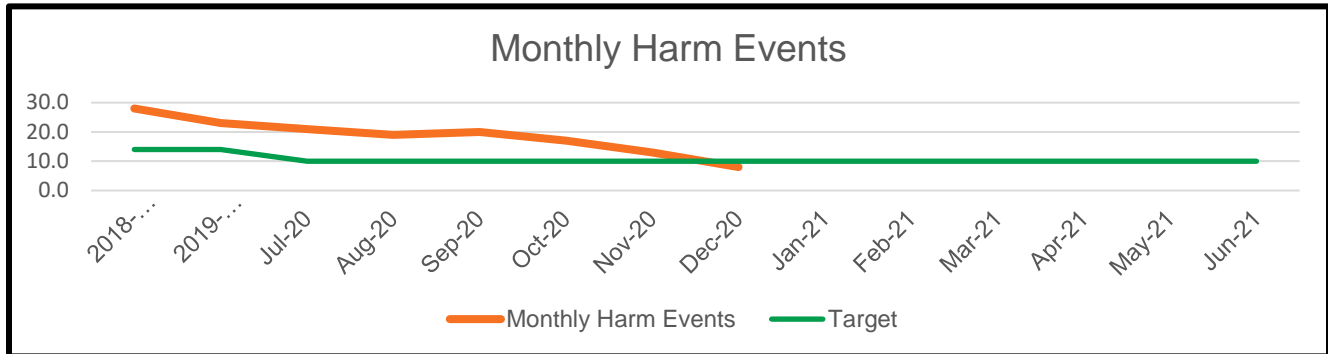
- **Value-Based** programs represent 21.7% of our Supplemental Revenue
- **Volume-Based** programs represent 78.3% of our Supplemental Revenue



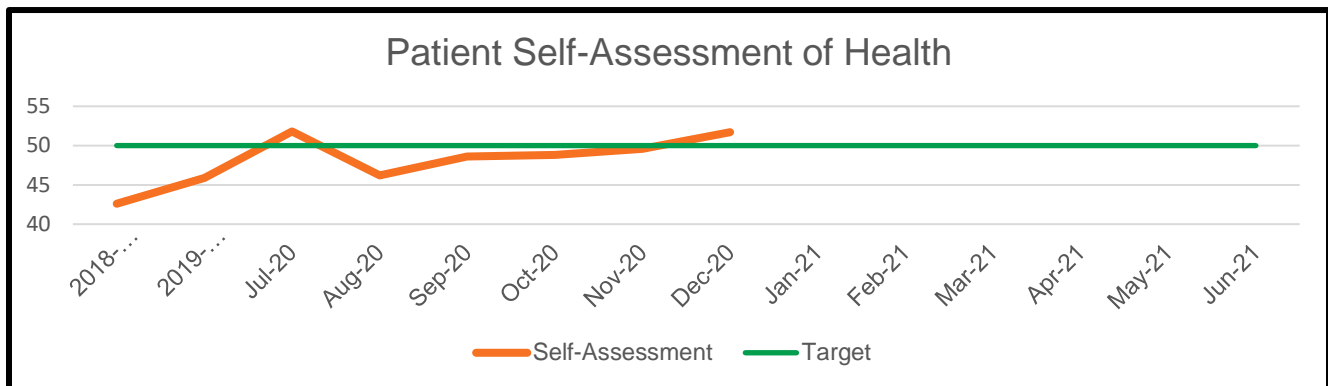
# CEO REPORT

## February 2021

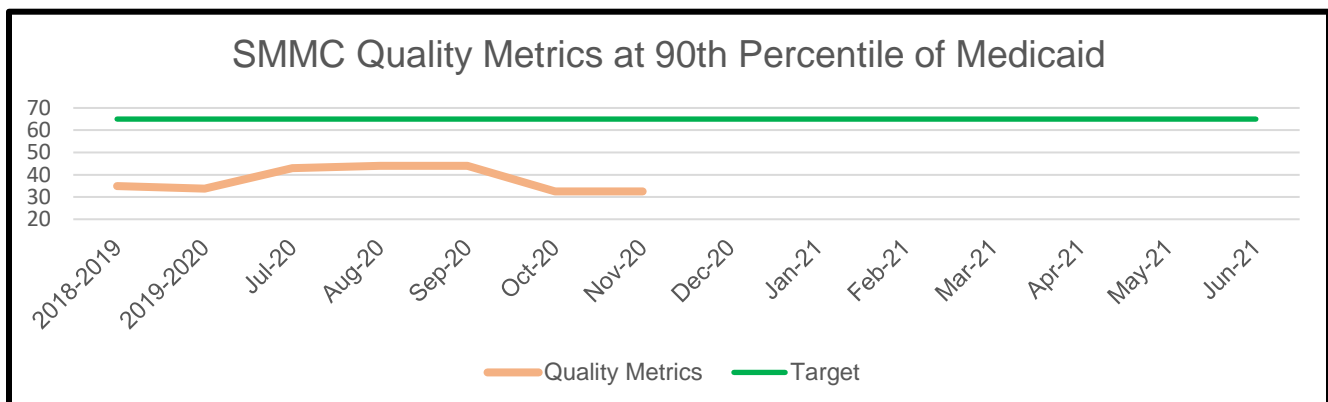
### EXCELLENT CARE METRICS



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

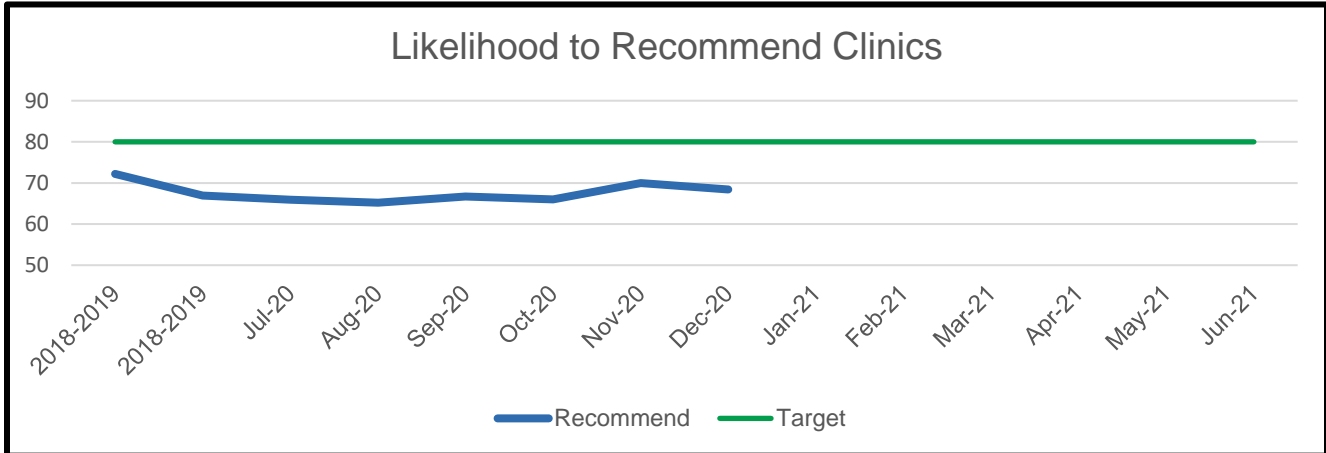


**Patient Self-Assessment of Health:** All Primary Care patients receive an experience survey. One question asks them to rate their health from poor to excellent. This is the percentage that rate their health as very good or excellent. **Higher is better.**

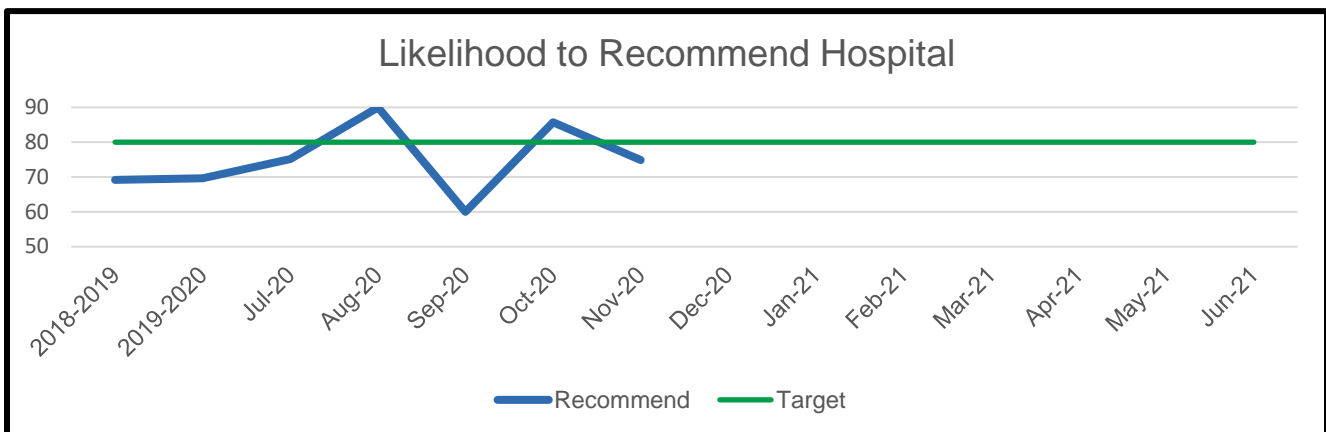


**Quality Metrics at 90<sup>th</sup> Percentile:** SMMC seeks excellence in all that it does. The organization currently participates in a number of pay for performance programs including PRIME, QIP and the Health Plan of San Mateo Pay for Performance Program. This metric measures the percentage of quality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

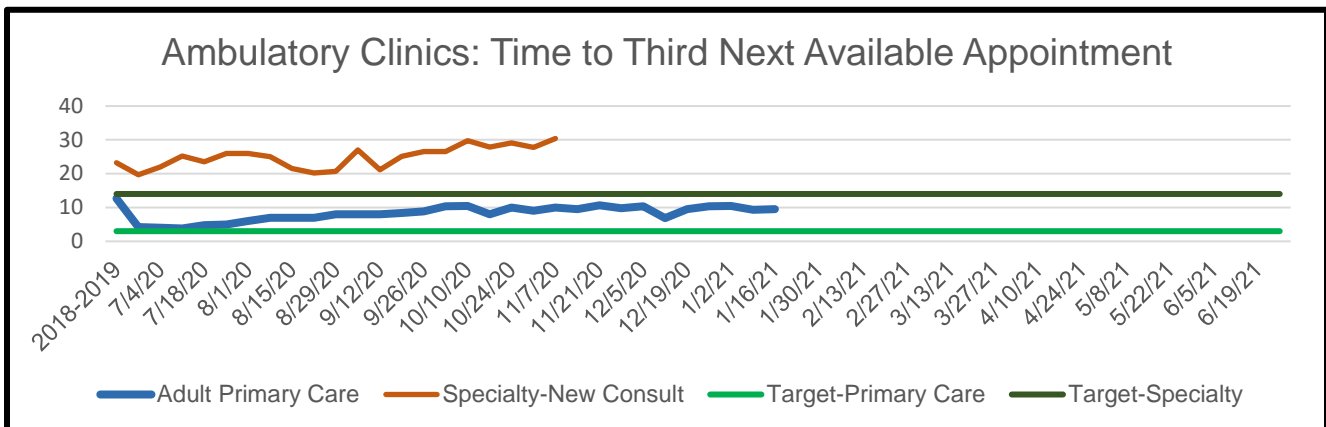
## PATIENT CENTERED CARE METRICS



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

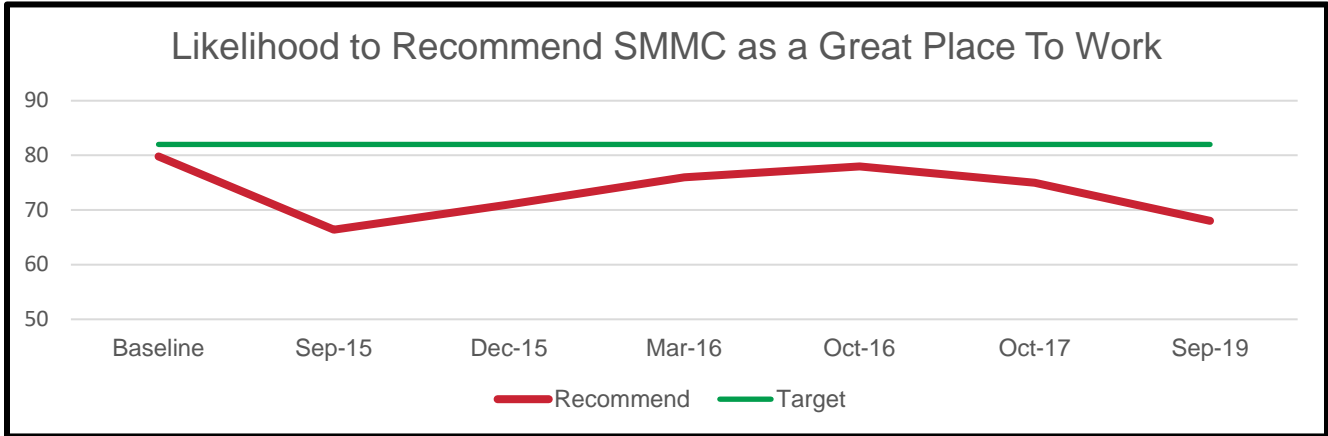


**Likelihood to Recommend Hospital:** Percentage of patients who gave SMMC the highest score (9 or 10) on the patient experience survey question, “How likely are you to recommend this hospital to friends and family?” **Higher is better.**



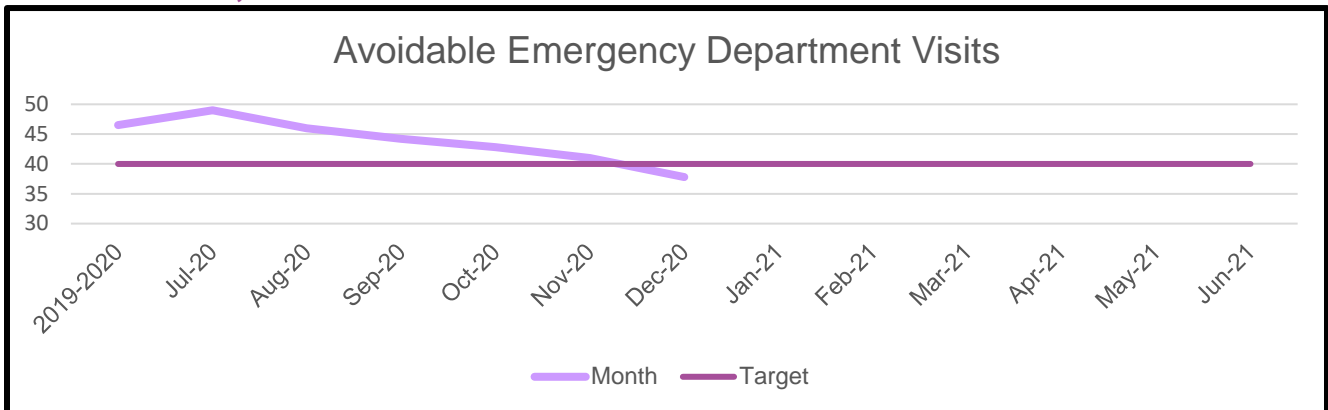
**Ambulatory Access:** Number of days until the third available appointment for established patients in Primary Care and for new consults in Specialty Services. The third next available appointment is a validated measure of patient access. **Lower is better.**

## STAFF ENGAGEMENT METRICS



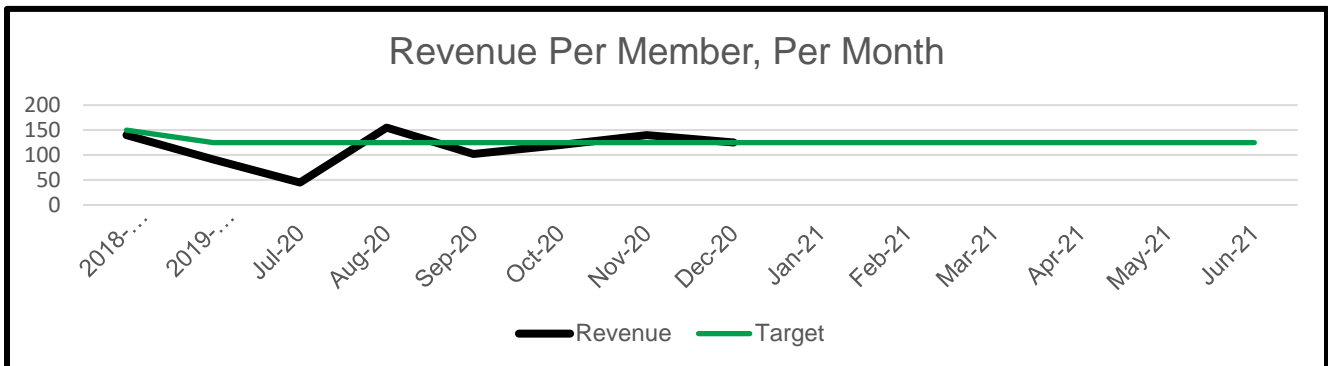
**Likelihood to Recommend SMMC:** Percentage of staff who agree or strongly agree that they would recommend SMMC as a great place to work. Measured using the annual Blessing White staff engagement survey. **Higher is better.**

## RIGHT CARE, TIME AND PLACE METRICS

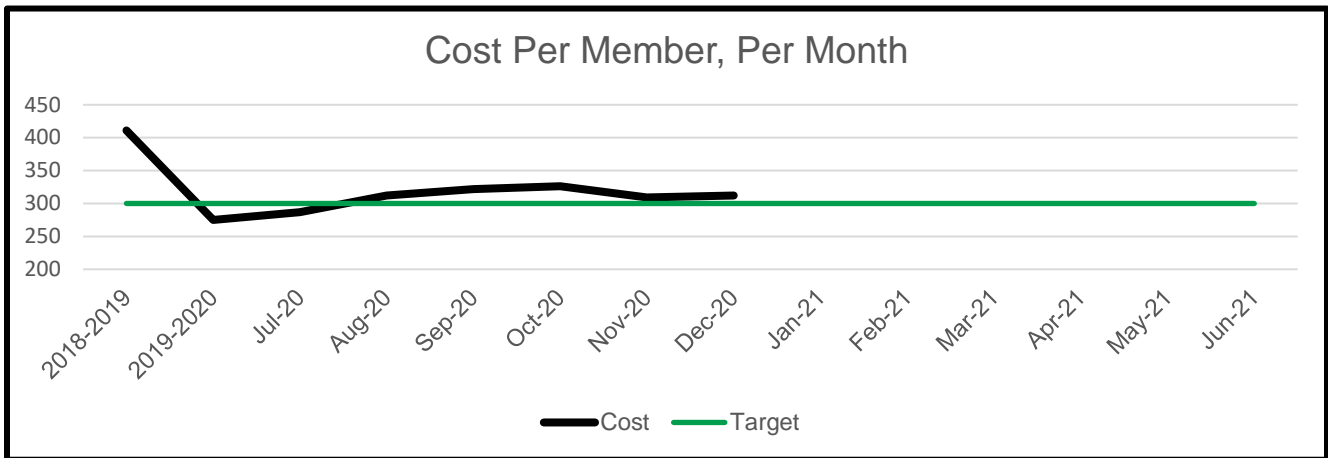


**Potentially Avoidable ED Visits:** Percentage of emergency department visits by established SMMC primary care patients where the discharge diagnosis is one that traditionally could have been treated in an outpatient setting rather than the emergency department. **Lower is better.**

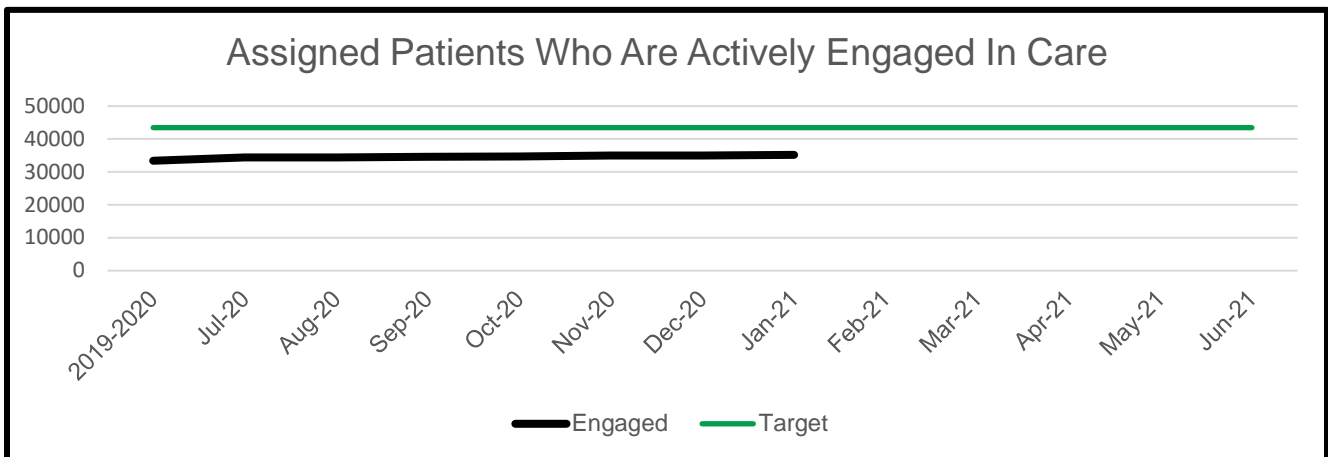
## FINANCIAL STEWARDSHIP METRICS



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



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



**Assigned and Engaged:** SMMC has approximately 52,000 patients assigned to it through the Health Plan of San Mateo. This metric measures the number of those assigned patients are actively engaged in care. **Higher is better.**

## STRATEGIC UPDATES, RECOGNITIONS & AWARDS



(Pictured above left: Zander Bagtas vaccinates a client. Pictured above center: Rey Medina vaccinates a client. Patients gave permission to use their pictures.

Pictured above right is the RRSCC team: (left) Rey Medina, (back row, left to right) Diana Balmes, Elsy Contreras, Lina Alvarado, Patricia Vaught, Asheley DeLeon, Adriana Topete, (front row, left to right) Zander Bagtas, Julieta Cervantes, Brenda Simental, and Dr. Amy Hsu.)

**SMMC Launches COVID-19 Vaccinations for Patients-** On Wednesday, January 20, SMMC received its first delivery of COVID-19 vaccines for those in phase 1b, which includes adults age 65 and older. Staff in our Ron Robinson Senior Care Center (RRSCC) immediately reached out to patients who meet the criteria and scheduled them for our first two ambulatory vaccine clinics on Friday and Saturday, January 22 and 23.

The clinics were a success: all 60 patients kept their appointments and staff were able to test the workflow and operator standard work adapted from our staff vaccine clinics. Because the nurses were able to get an extra 8 doses from the vaccine vials, the clinic reached out to eight additional RRSCC patients to make sure no doses were wasted. Patients were extremely grateful to receive the vaccine and to see the clinic staff in person.

At the end of Saturday's clinic, staff identified ways to improve the cycle time so more patients could be scheduled during the clinics. Patient vaccines continue in the RRSCC, and the team is preparing to spread vaccinations to satellite clinics.

Vaccinations for staff continue with 1,090 SMMC staff and providers vaccinated in addition to 150 staff at Burlingame Skilled Nursing Facility as of January 25th. SMMC has also vaccinated 140 skilled nursing patients at the hospital and in Burlingame.

**SMMC Recognized with County STARS Award-** SMMC Integrated Behavioral Health was recognized with a County STARS Award in the area of Diversity & Inclusion for their work on "Bilingual Behavioral Health Groups in Primary Care." This effort took a highly successful program focused on the provision of wellness workshops covering "evidence-based therapies for Depression, Insomnia, Anxiety, Mindfulness, Stress Management & Art Therapy, Yoga, Healing from Trauma, Attention and Organization, Weight Management, and Living Well with Diabetes" and translated it to a telehealth format to better meet the needs of clients during the COVID-19 Pandemic. The workshops embed Spanish interpretation services so that all members can easily and fully participate. Congratulations to Simone Herone-Carmignani, Nate Ewigman and the entire team for this well-deserved recognition.

**SMMC in the News**-Over the past few months, SMMC has been highlighted in the media and recognized by the California Association of Public Hospitals (CAPH) for our COVID-19 preparations and response. (Links to each interview are included below the pictures). Thank you to these outstanding SMMC staff members for representing us so well.



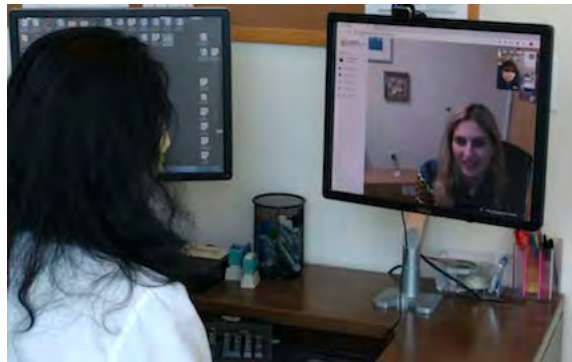
**December 2020: KPIX**  
Rachel Daly - Hospital Preparations  
<https://cbsloc.al/2KKEFv>



**January 2021: KQED**  
Julie Hersk - How Public Can Help Hospitals  
<https://bit.ly/2YaANHl>



**January 2021: CAPH**  
Dr. Daniele Levy and Dr. Rakhi Singh - Benefits of Telehealth  
<https://bit.ly/367jawK>



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January 2021

# 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	24,253 (December 2020)	1.2%	7.5%
SMMC Emergency Department Visits	2,506 (December 2020)	5.9%	-26.9%
New Clients Awaiting Primary Care Appt.	0 (January 2020)	N/A	N/A

Vaccination clinics at San Mateo County Event Center reach 14,000 Phase 1A health care workers and at-risk adults over 65



With the support of the Office of Emergency Services (OES), **Sheriff's Office, ISD, and other partners, County Health** mobilized two vaccine clinics over the course of two weeks at the Event Center, which reached over 14,000 health care workers and at-risk older adults. Beginning with a pilot operation on January 9, the Mass Vaccination Branch set up a drive-through clinic at Expo Hall for health care providers who did not have access to the vaccine through one of the major health care systems. Working with San Mateo Medical Center, staff transported Moderna vaccine doses from ultra-cold storage to be thawed and prepared for injection into the arms of Phase 1A workers who had been pre-registered and scheduled. Volunteers from across county departments provided the logistical, administrative, and technical support in the **Incident Command Structure, overseen by the Sheriff's Office and the Emergency Operations Center (EOC)**. Operating near capacity, the clinic vaccinated 9,550 health care workers.



A second vaccination clinic, in partnership with Dignity Health, targeted health care workers and residents over 65. Dignity Health provided vaccinators and others to manage the Pfizer vaccine and patient information. County staff managed the flow of cars through the vaccination process, distributed and maintained supplies for the operation, and provided on-site medical care.

About half the appointments were assigned to health care workers and adults over 65 who are members of Dignity Health. The other half, assigned by County Health, included workers in the In-Home Supportive Services (IHSS) program, which provides homecare services to Medi-Cal eligible aged, blind or individuals with disabilities, including children, to assist them to remain safely in their own homes as an alternative to out-of-home care.

The three-day clinic vaccinated approximately 4,300 health care workers and residents over 65.

**“This collaboration allowed Dignity Health to vaccinate about ten times the number of residents it could vaccinate at Sequoia Hospital in the same amount of time,” said Srija Srinivasan, County Health’s deputy chief. “We’re exploring opportunities with all the local multi-county entities – the major health care systems – to ramp up vaccinations on a larger scale while providing access for clients who receive care from County Health and others who may have difficulty receiving the vaccine.”**

## Integrated Medication Assisted Treatment (IMAT) program: successes on front lines

**With 10,334 referrals since the program’s inception in 2015, IMAT** provides critical case management and lifesaving medication assisted treatment for residents with opioid and alcohol use disorders when they are in crisis. **One client’s story speaks to the program’s success.**

“Pete” was admitted to **San Mateo Medical Center’s Emergency Department** in January 2020 for heart palpitations and racing heartbeat. He was concerned that his daily alcohol use was a contributing factor to his deteriorating heart health and expressed a desire to change his relationship with alcohol. While he was in the ED, Pete was met by an IMAT case manager, who provided information on the treatment programs and how the medication naltrexone can be effective in reducing cravings for alcohol. Pete said he had been in treatment for alcohol use disorder in the past, most recently in 2009, but none of his past treatment strategies had allowed him to abstain from alcohol for more than two months. Pete agreed to work with an IMAT case manager and an addiction medicine specialist.

Since Pete began MAT in February 2020, many shifts have taken place in his life. He returned to regular long-distance running and weight lifting. After an appointment with his primary care physician in the spring, he learned that his heart function and liver enzymes had all returned to within normal range after just over four months of MAT and abstinence from alcohol. He was hired as an IT specialist for a local company and was promoted to CIO in June. Pete has also **experienced trying times such as his mother’s diagnosis of end-stage mesothelioma and his brother’s struggles with alcohol use disorder and mental illness. With the use of MAT and behavioral therapies, Pete has found coping tools other than alcohol use and a support system he can rely on during times of difficulty.**

**“We see firsthand the crises and emergencies our front-line workers confront every day,” said Matthew Boyle, an analyst with Behavioral Health and Recovery Services. “We are fortunate to counterbalance the trauma with the IMAT mission to link and support our clients’ efforts toward wellness.”**

###