



SAN MATEO COUNTY HEALTH

**SAN MATEO
MEDICAL CENTER**

BOARD OF DIRECTORS MEETING

Monday, June 7, 2021

8:00 AM – 10:00 AM



AGENDA

Board of Directors

Monday, June 7, 2021

8:00 AM

*****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 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. 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. May 3, 2021 Minutes

G. MEDICAL STAFF REPORT

Chief of Staff Update

Dr. Steve Hassid

H. ADMINISTRATION REPORTS

1. Clinical Laboratory Services

Dr. Alpa Sanghavi..... Verbal
Chad Below

2. Deaths Resulting from Substance Use

Louise Rogers..... Verbal
Mary Fullerton

3. Financial Report

David McGrew.....TAB 2

4. CEO Report

Dr. CJ Kunnappilly.....TAB 2

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, May 3, 2021
Videoconference Meeting

Board Members Present

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

Staff Present

Michelle Lee	Rebecca Archer	Kathryn Calafato
David McGrew	Karen Pugh	Edith Cabuslay
Dr. Alpa Sanghavi	Gabriela Behn	Jasmin Flores
Joan Spicer	Henrietta Williams	Amanda Hing Hernandez
Robert Blake	Dr. Frank Trinh	Gina Beltramo
Peggy Jensen	Jim Beaumont	Emily Weaver
Dr. Yousef Turshani	Luci Latu	Priscilla Romero

Members of the Public

Neighbor

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 8:30 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for May 3, 2021. QIC Minutes from March 23, 2021. Medical Executive Committee Minutes from April 13, 2021.	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	Local restaurant Jack's Prime Burgers and Shakes will donate a portion of the proceeds from May 15 to the Foundation. Healthcare Heroes is an employee funded program and County employees can show their support through payroll deductions to the Foundation and feel confident that 100% of funds will go to fund programs and equipment at San Mateo Medical Center.	FYI
Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes from April 5, 2021.	It was MOVED, SECONDED and CARRIED unanimously to

		approve all items on the Consent Agenda.
Medical Staff Report Dr. Steve Hassid	Dr. Hassid reported that Covid-19 vaccine clinics are being held regularly at the hospital and clinics. Some of the larger events can vaccinate over one thousand people and they are held in the West parking lot of the hospital. Clinic visits have continued to increase but OR cases continue to be limited by the CDC's requirement regarding air exchange. There is a general feeling that things are getting back to normal.	FYI
Rehabilitation Services Emily Weaver	<p>Rehab Services include Audiology, Speech Therapy, Occupational Therapy, Physical Therapy, and the Pain Management Clinic</p> <p>Telehealth Visits in Rehab</p> <ul style="list-style-type: none"> • Telehealth was implemented in May 2020 in response to Covid-19 and continues to date. • Videos allowed exercise prescription and feedback and it has maintained low no-show rates. Patients have generally found it to be convenient and over 1000 patients have been served. • Some of the telehealth challenges are reliable WiFi access for patients, requires email to setup, some patients struggle with the technology <p>Move to Ground Floor B</p> <ul style="list-style-type: none"> • Scheduled to move all Outpatient Rehab (PT, OT, ST, Audiology, Pain Management Clinic Office) services in June 2021 • Replacing old equipment • Changing documentation from desktops/WOWs to laptops • Increased space for patient care • Collaboration opportunities such as the Pain Management Clinic and Respiratory Services 	FYI
Healthcare for Homeless/Farmworker Health Program (HCH/FH) Jim Beaumont, Dr. Frank Trinh	<p>The federal grant received by the HCH/FH Program allows SMMC/County Health to be a Federally Qualified Health Center (FQHC). This provides for supplemental MediCal and Medicare funding. HCH/FH is a coordinating and administrative program that leverages the clinical and health services provided by SMMC and County Health, and contracts out for supportive/enabling services to Community Based Organizations (CBOs) that work with the homeless and farmworker populations. There is a Co-Applicant Board composed of 13 community members.</p> <p>Program Services</p> <p>Contracted/MOU Services: Primary Care; Dental; Behavioral Health; Enabling/Support</p> <p>Administrative Services: Grant management for base grant, multiple (4) COVID related awards including CARES & ARPA; HRSA supplemental vaccine distribution program & antigen testing program; Liaison between nonprofits and SMMC/SMC Health; Provider/staff training; HRSA/FQHC compliance</p> <p>Quality Indicators</p>	FYI

	<ul style="list-style-type: none"> • In 2019 (the most recent data available), our program ranked in the first quartile (top 25%) for 6 of 14 clinical measures compared to other health centers nationally • Our program ranked in the lowest quartile (bottom 25%) in 3 of 14 clinical measures compared to other health centers nationally <p>Successes</p> <ul style="list-style-type: none"> • Completed a new Strategic Plan across 2019-20 incorporating community partners and key informants from SMC Health and SMMC • Began working with the Department of Agriculture to better understand the overall agriculture community • Fully compliant HRSA Operational Site Visit in 2019 • Began responding immediately to the homeless and farmworker pandemic needs • Received a total of ~\$2.5 million COVID supplemental awards from HRSA to support COVID response activities for the homeless and farmworker population, including CARES and ARPA awards 	
<p>Crushing the Curve: a Bay Area Youth Campaign</p> <p>Edith Cabuslay, Jasmin Flores</p>	<p>Campaign Structure</p> <ul style="list-style-type: none"> • Website that includes: COVID-19 basics, academic supports, hobbies, volunteer activities, nutrition blogs, physical activity opportunities, links to services • Now across the 7 Bay Area counties, plus additional counties across California • Youth Council with at least 50% membership from communities most impacted by COVID-19 • Social media messaging to drive youth and young adults to website • Parent section • Funded by Sequoia Healthcare District, SFDPH, Chan Zuckerberg Initiative, and CDC Foundation through June 2021 <p>Youth Council</p> <p>The most important component of this campaign is the youth council. Our Youth Council has been extremely involved in building the CtC campaign, in everything from message development to design, to website look and feel, to blog and social content. They have been involved every step of the way. The youth council meets twice a month and council Co-chairs report back to the larger county meeting once a month about youth feedback on the campaign.</p> <p>The council is made of 12 members representing each of the jurisdictions that are a part of the Crushing the Curve campaign. When we put together this youth council, we asked that each jurisdiction propose two representatives between the ages of 13-24 that represent those marginalized communities that have been most impacted by the pandemic. We wanted this campaign to not only be a Public Health campaign but to have a social justice foundation that allowed us to reach and make an impact in the communities most effected by the pandemic and to address disproportionate impacts of Covid-19.</p>	<p>FYI</p>

Financial Report David McGrew, CFO	The March FY 20/21 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>Ms. Rogers reported that recently we have not had certainty around Covid-19 vaccine supply and when shipments would arrive, but we have broken through that hurdle and will once again plan mass vaccination events in addition to neighborhood events. As of today, 70% of eligible adults have received at least one dose and for the 75+, it is 90%. We are making progress even though we are still in the orange tier and it is possible we can move to yellow later in May.</p> <p>We continue to focus on the low HPI communities and are using different ways to outreach to the communities including flyers and going door to door. We recognize that it will take time to reach people who have reasons to distrust the government and medicine. It will require a sustained approach over the long term but that is true of every public health initiative.</p>	FYI
County Manager Mike Callagy	Mr. Callagy reported the county will start to open up on June 15 in accordance with the State's initiative. Staff will be returning to work in-person and by Fall we expect to be fully open and operational when children are back in school.	FYI
Board of Supervisors Supervisor Groom	Supervisor Groom extended her appreciation to the HCH/FW staff for their incredible work with hard-to-reach populations.	FYI

Supervisor Groom adjourned the meeting at 9:53 AM. The next Board meeting will be held on June 7, 2021.

Minutes recorded by:



Michelle Lee, Executive Secretary

Minutes approved by:



Dr. Chester Kunnappilly, Chief Executive Officer

TAB 2

**ADMINISTRATION
REPORTS**

BOARD OF DIRECTORS SAN MATEO MEDICAL CENTER

Financial Report: April FY20-21

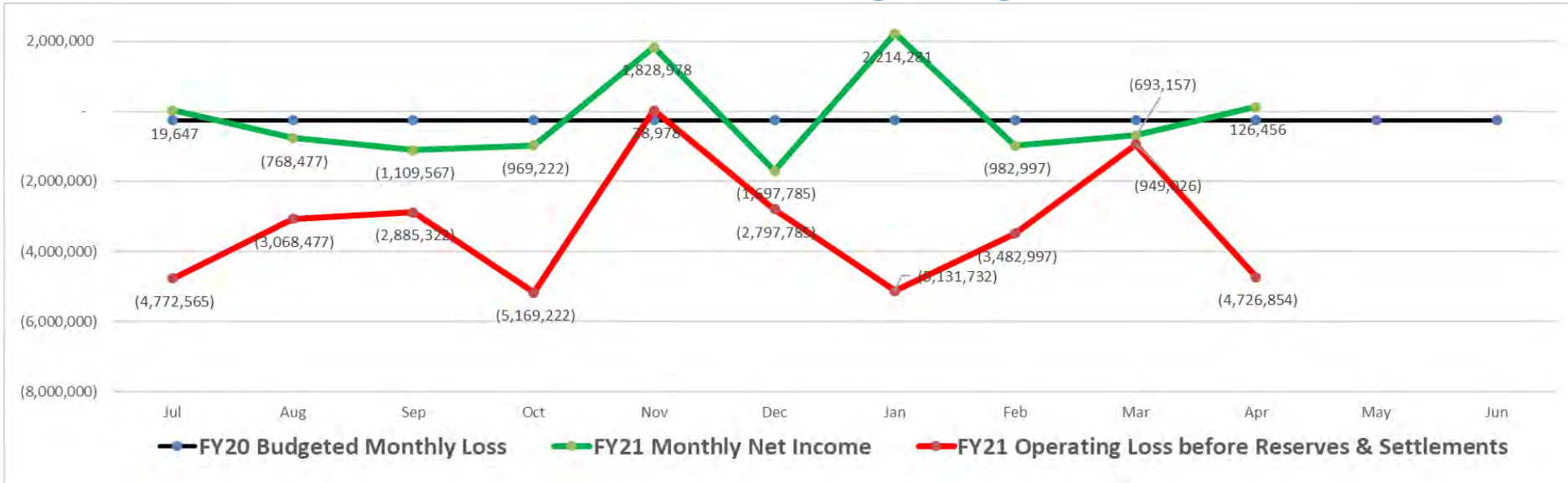
June 7, 2021

Presenter: David McGrew, CFO



SAN MATEO COUNTY HEALTH
**SAN MATEO
MEDICAL CENTER**

Financial Highlights



YTD Net Loss - \$2.0M vs \$2.6M (budgeted)

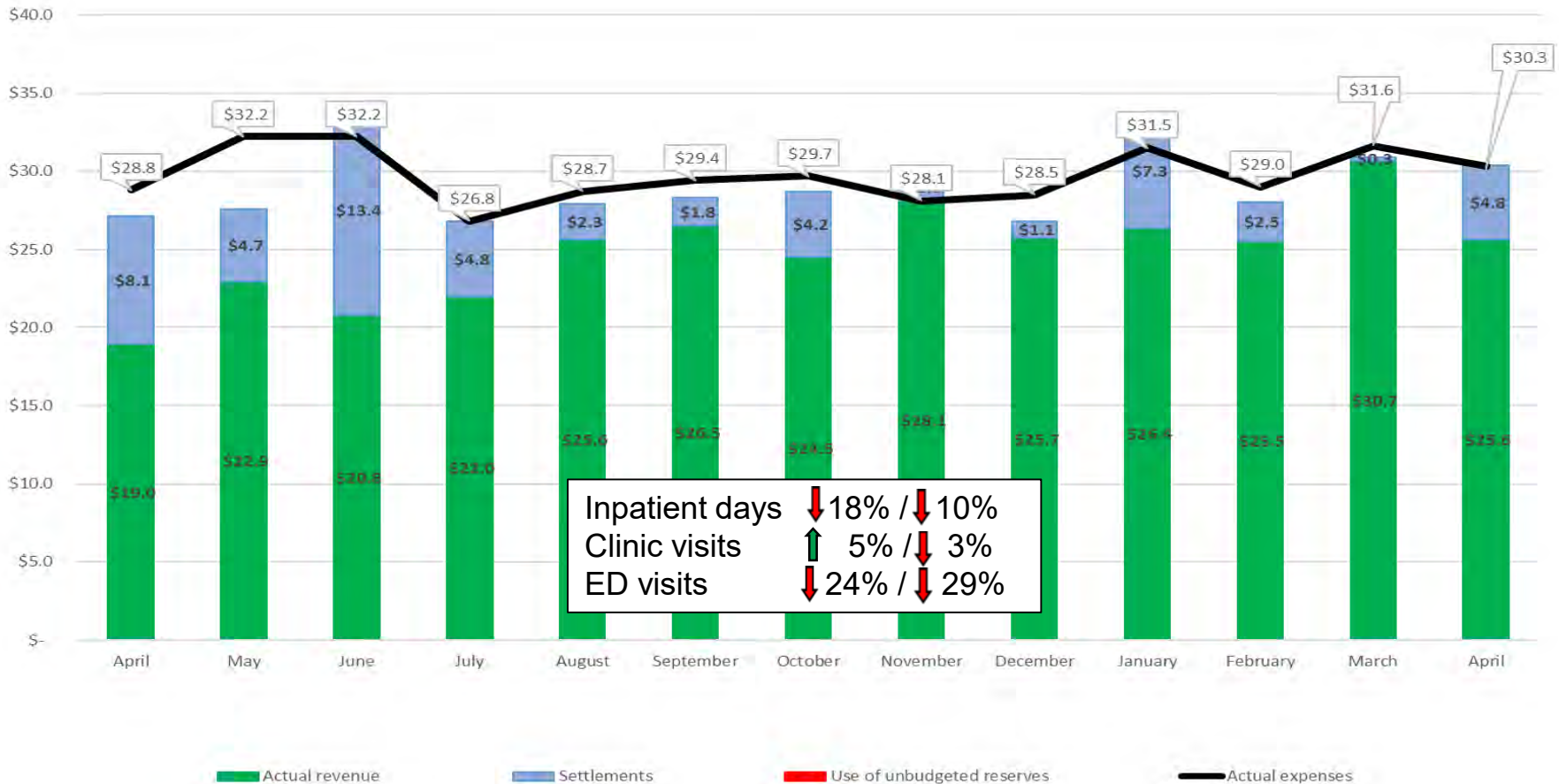
- Medi-Cal Fee for Service (FFS) rates
- \$3.7M FY2020 PRIME PHE
- \$1.1M FY2013 SNCP Reserve
- Clinic and Surgery revenue

- COVID pandemic impact on patient volumes
– 28% 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.

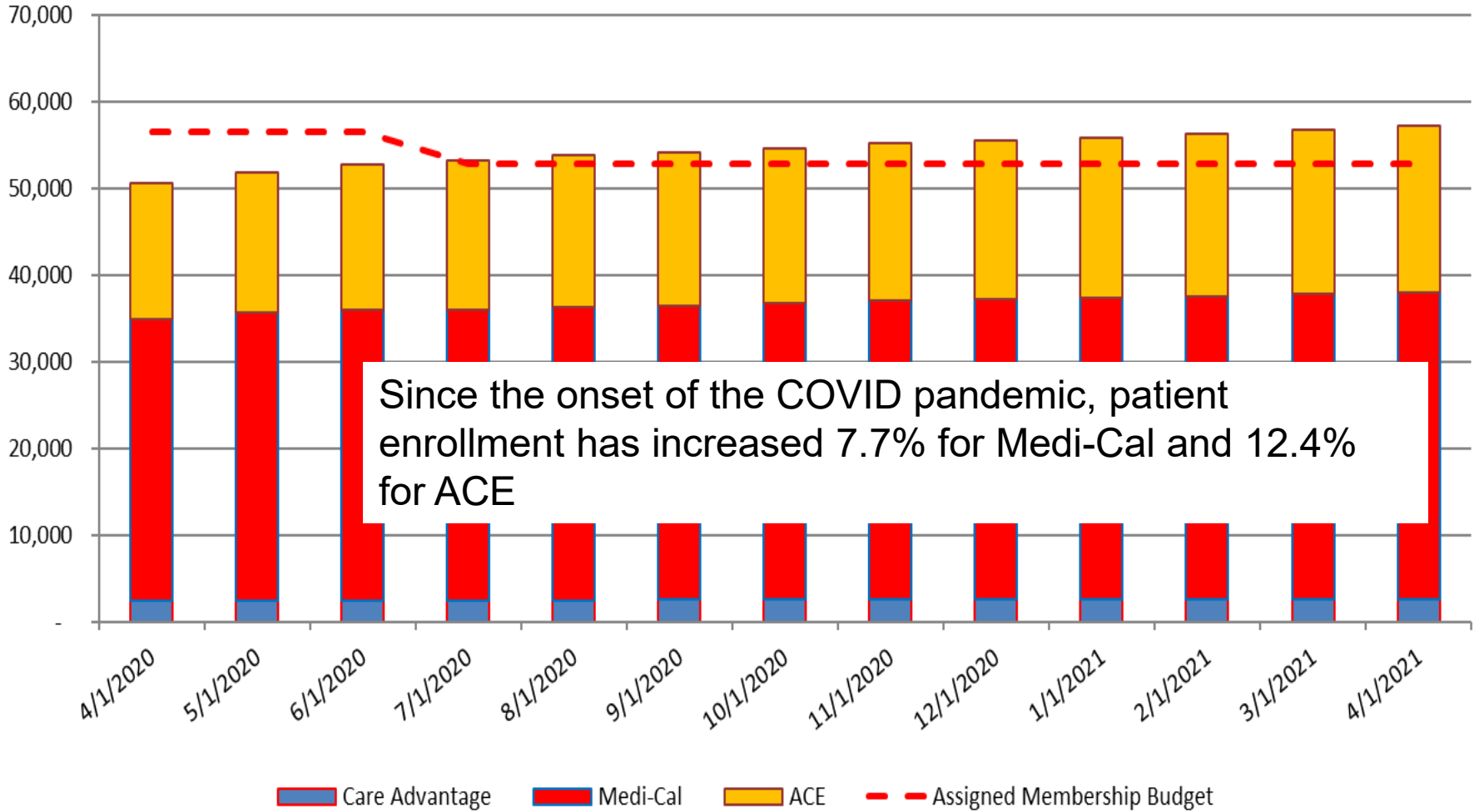
FY 20-21 Structural Deficit Trend

SMMC's structural deficit continues as revenue sources from on-going operations and current supplemental programs cannot keep pace with the cost structure. Cost report 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

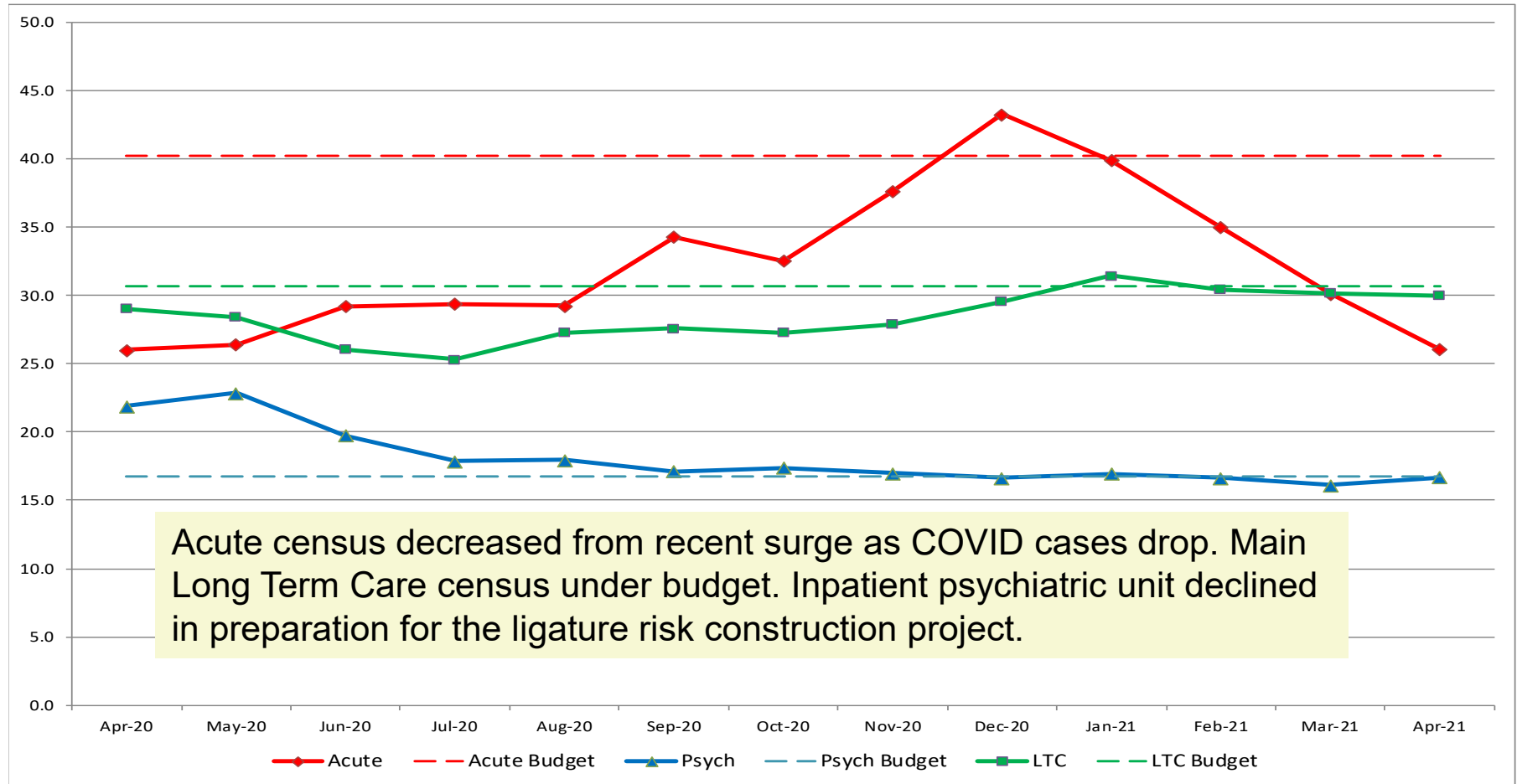


San Mateo Medical Center Inpatient Days April 30, 2021

MONTH			
Actual	Budget	Variance	Stoplight
2,181	2,650	(469)	-18%

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
24,156	26,855	(2,699)	-10%

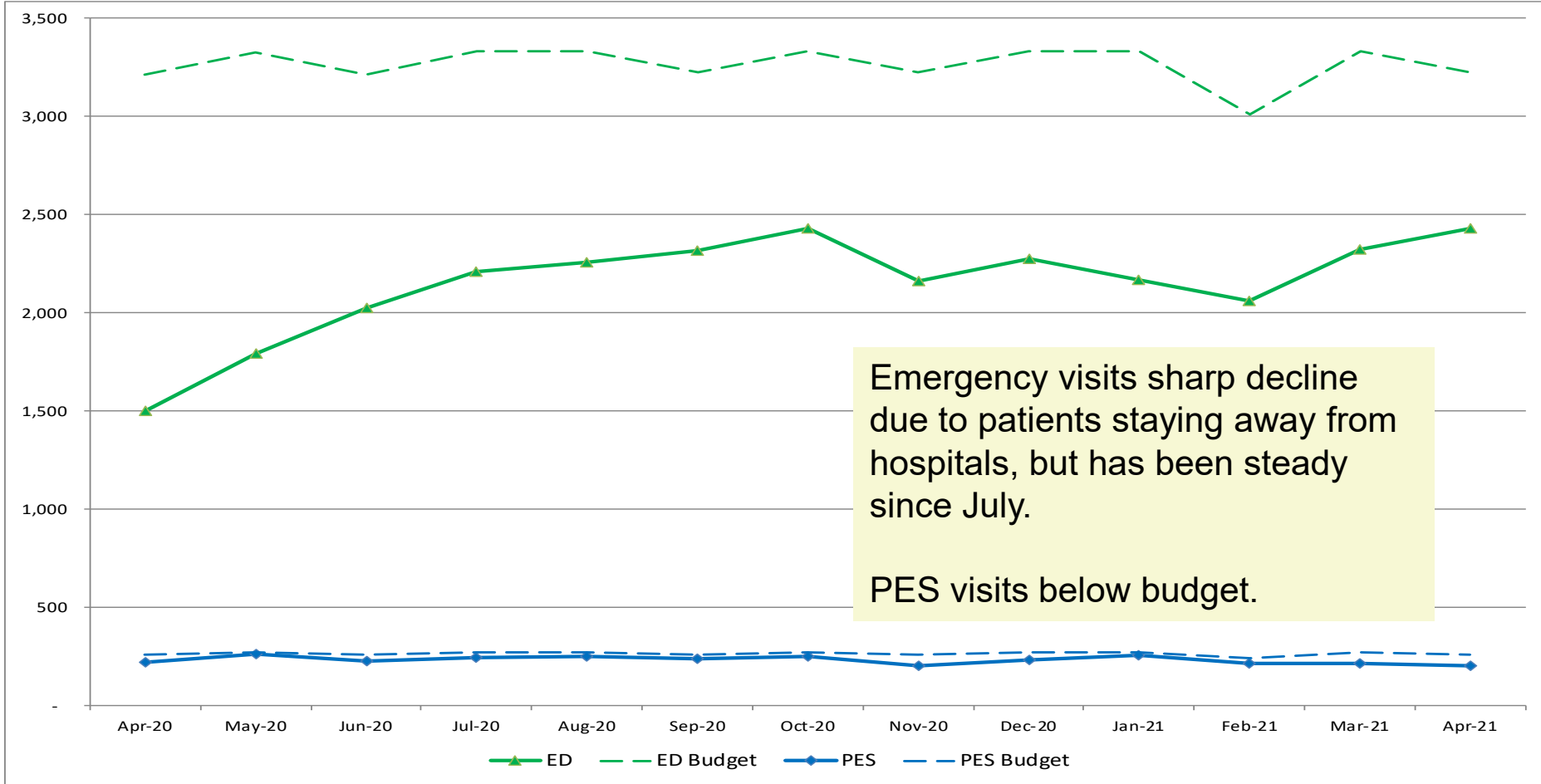
Patient Days



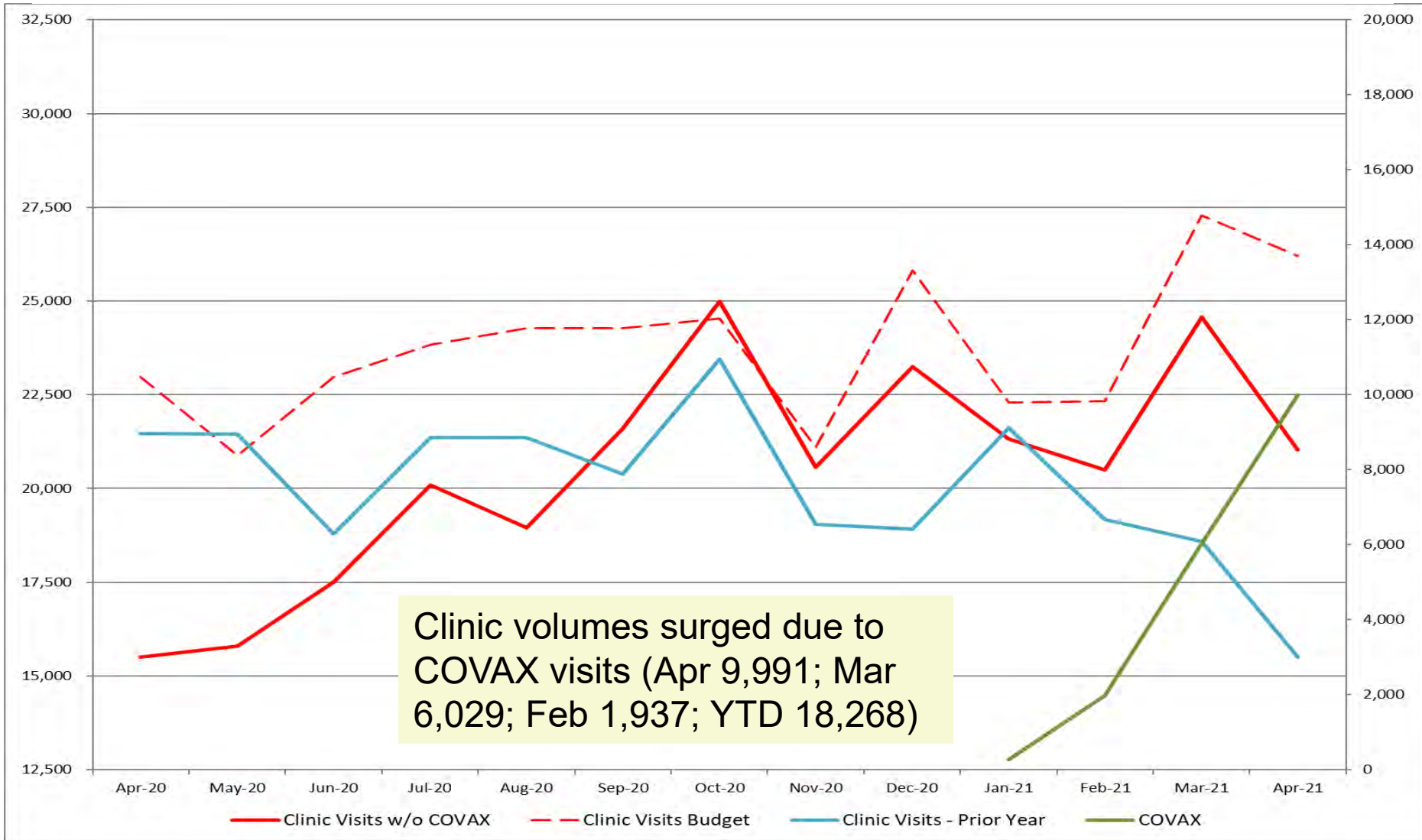
San Mateo Medical Center Emergency Visits April 30, 2021

	MONTH			
	Actual	Budget	Variance	Stoplight
ED Visits	2,638	3,488	(850)	-24%

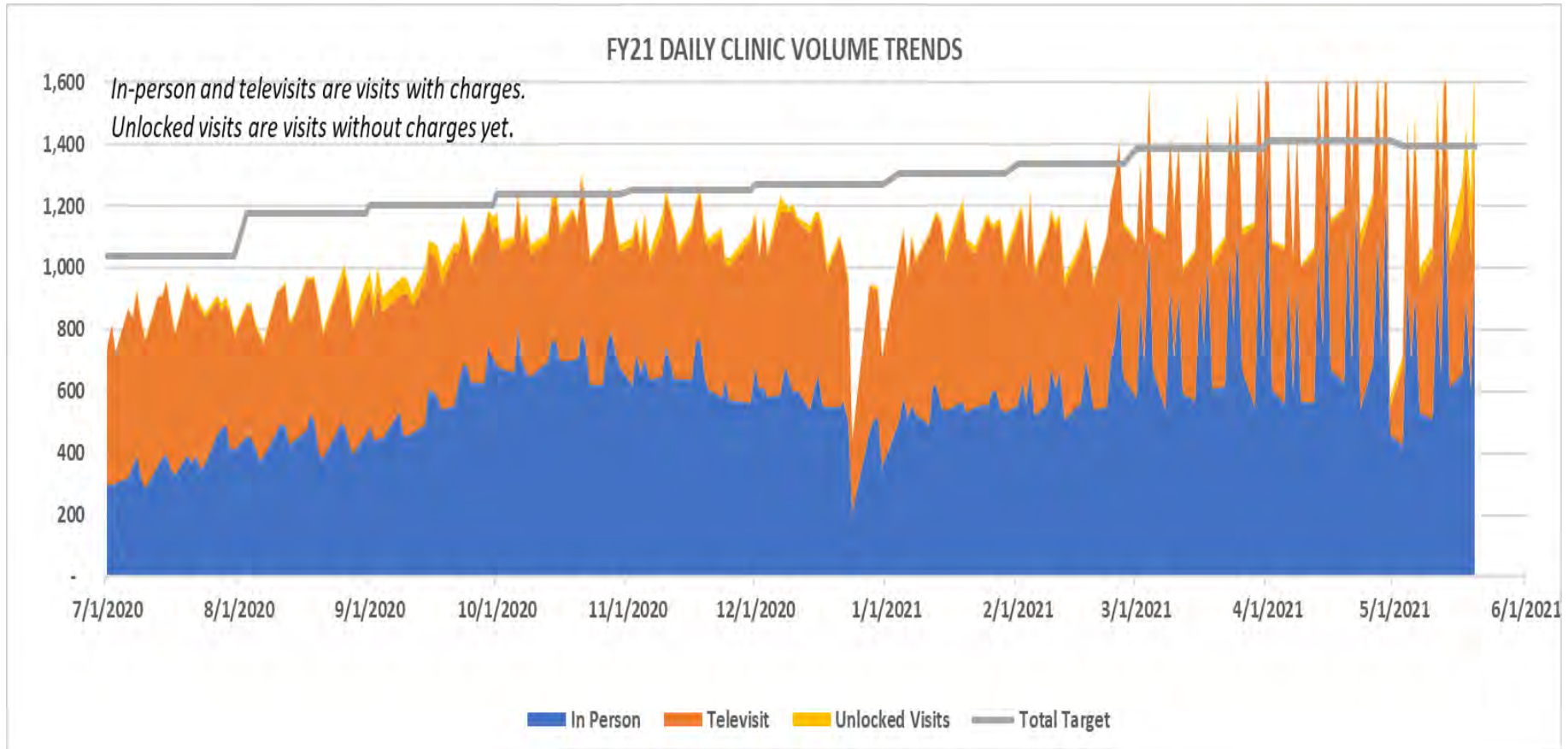
	YEAR TO DATE			
	Actual	Budget	Variance	Stoplight
ED Visits	24,962	35,341	(10,379)	-29%



San Mateo Medical Center Clinic Visits April 30, 2021



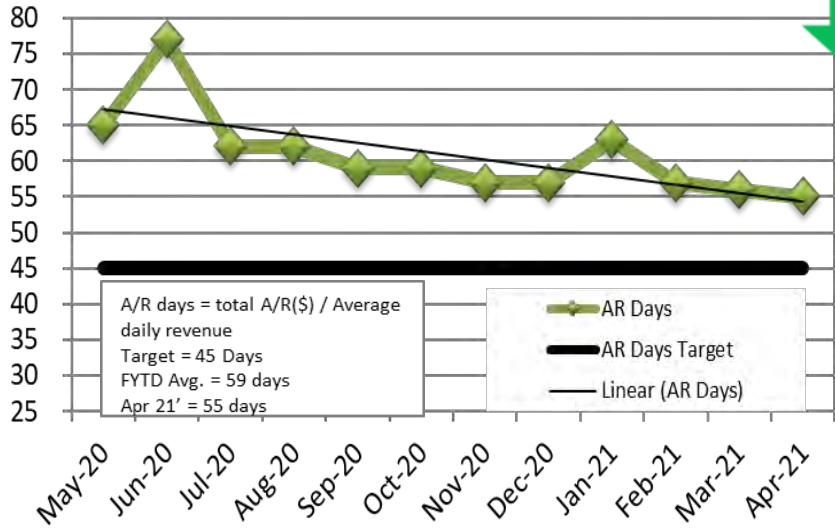
San Mateo Medical Center Clinic Telehealth Visits April 30, 2021



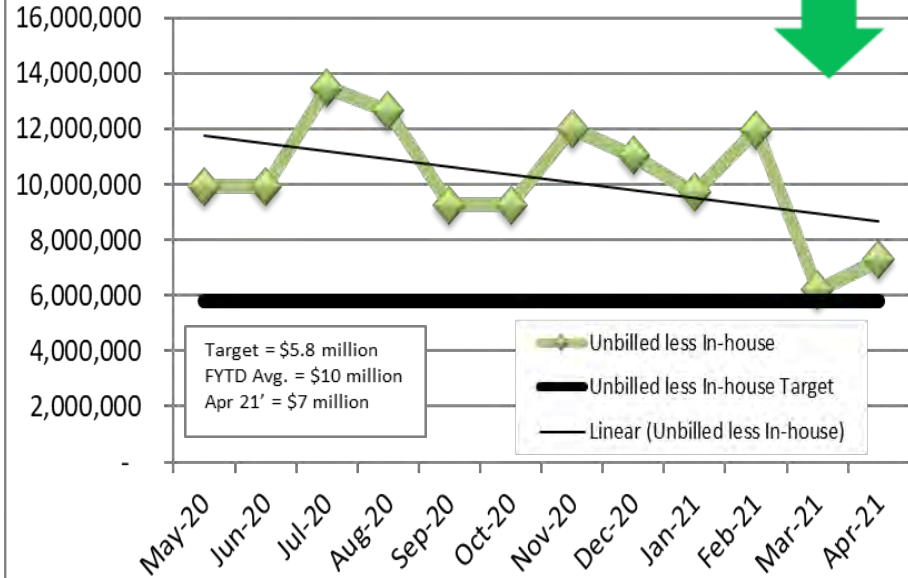
Clinic televisits have increased from an average of 6% of total visits pre-COVID to an average of 43% since March 16th, with a high of 78%. The mix of televisits and in-person visits are steady. March & April spikes due to targeted vaccination events.

Key Performance Indicators

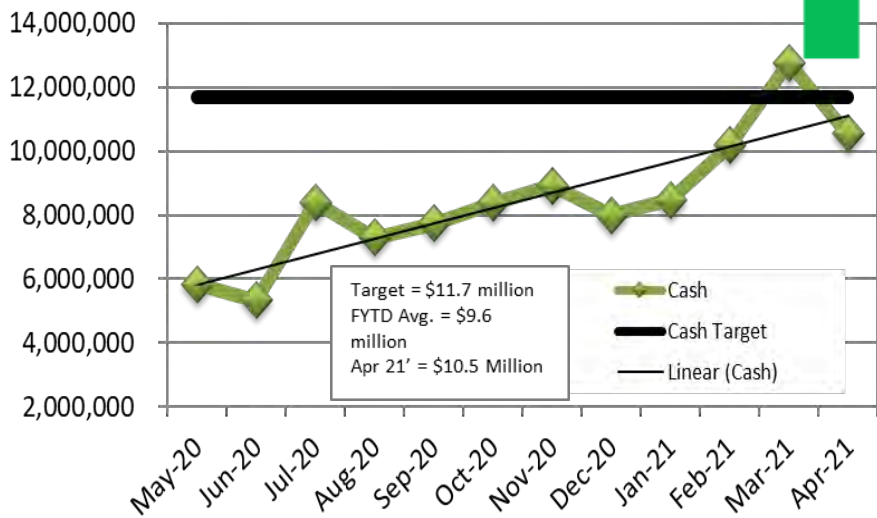
A/R Days - Rolling 12 Months



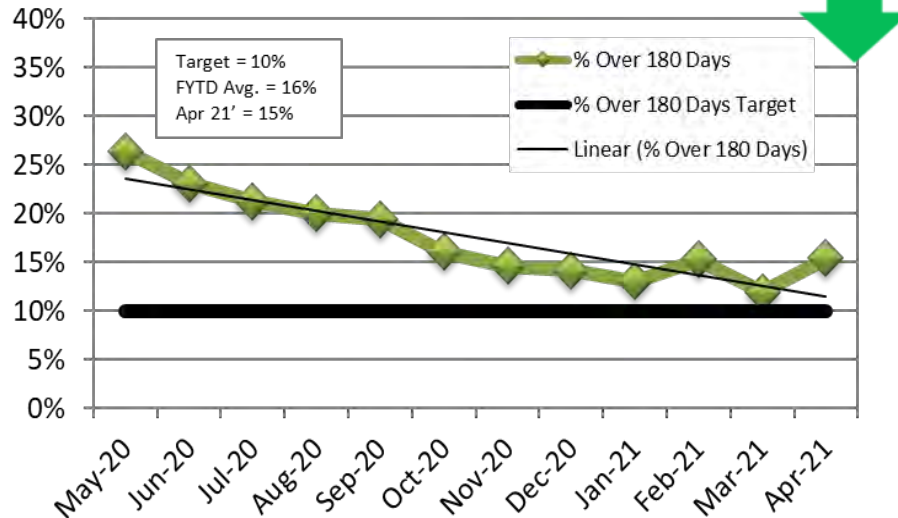
A/R Unbilled - Rolling 12 Months



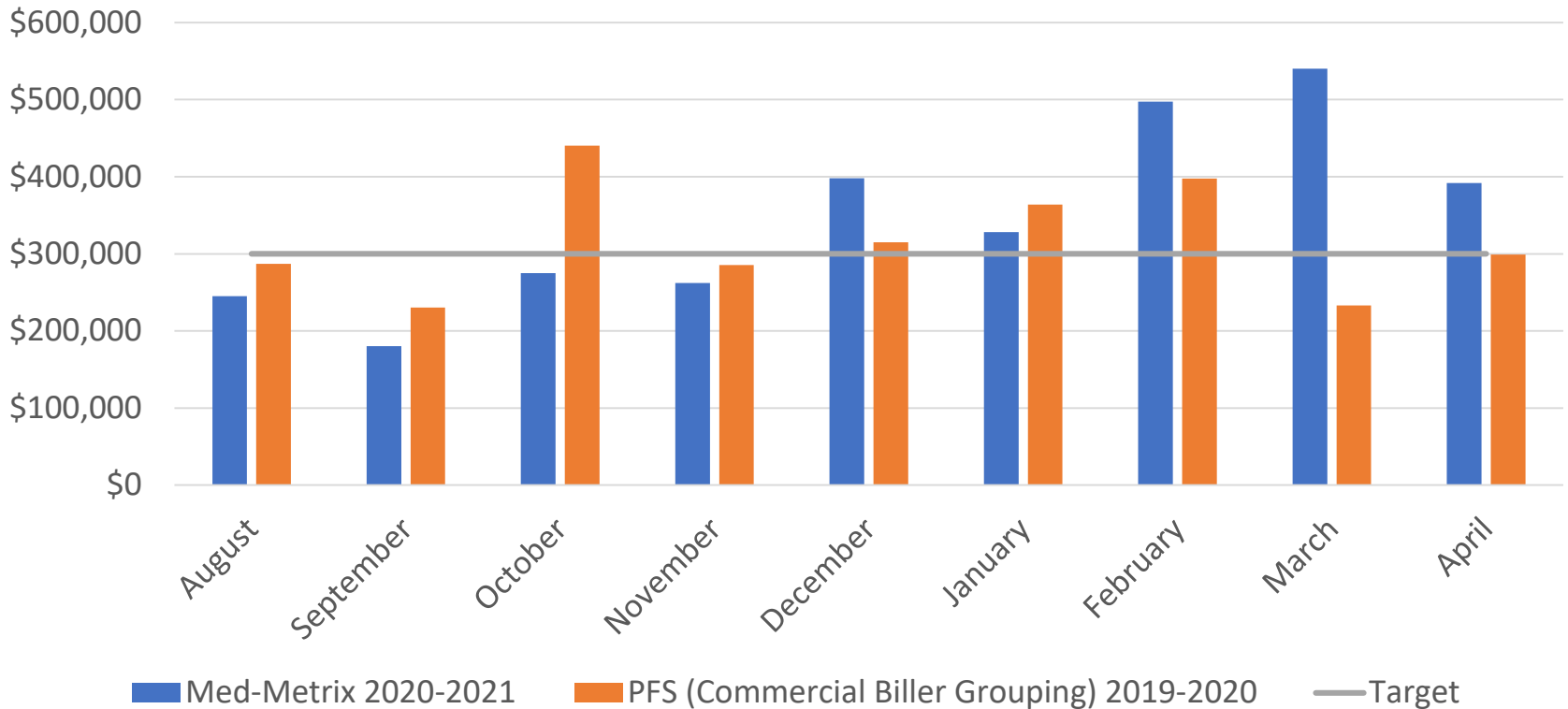
Cash - Rolling 12 Months



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



Commercial Accounts Receivable Follow-up



SMMC engaged Med-Metrix in August to augment staffing resources for commercial accounts receivable. Med-Metrix has exceeded the target for 5 months in a row, averaging 42% above target,





SAN MATEO COUNTY HEALTH

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QUESTIONS?

APPENDIX



SAN MATEO COUNTY HEALTH
**SAN MATEO
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San Mateo Medical Center
Income Statement
April 30, 2021

MONTH			
Actual	Budget	Variance	Stoplight
A	B	C	D

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
E	F	G	H

1	Income/Loss (GAAP)	126,456	(257,335)	383,792	
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	(2,029,259)	(2,573,355)	544,096	
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2	HPSM Medi-Cal Members Assigned to SMMC	35,463	33,069	2,394	7%
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	345,914	330,688	15,226	5%
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3	Unduplicated Patient Count	63,418	68,606	(5,188)	-8%
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	63,418	68,606	(5,188)	-8%
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4	Patient Days	2,181	2,650	(469)	-18%
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	24,156	26,855	(2,699)	-10%
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5	ED Visits	2,638	3,488	(850)	-24%
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	24,962	35,341	(10,379)	-29%
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7	Surgery Cases	212	294	(82)	-28%
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	1,900	2,793	(893)	-32%
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8	Clinic Visits	31,010	26,211	4,799	18%
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	235,117	241,940	(6,823)	-3%
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9	Ancillary Procedures	63,951	75,288	(11,337)	-15%
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	612,116	716,822	(104,706)	-15%
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10	Acute Administrative Days as % of Patient Days	0.0%	16.0%	16.0%	100%
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	0.0%	16.0%	16.0%	100%
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11	Psych Administrative Days as % of Patient Days	72.0%	80.0%	8.0%	10%
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	74.2%	80.0%	5.8%	7%
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(Days that do not qualify for inpatient status)

Pillar Goals

12	Revenue PMPM	121	131	(10)	-8%
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	121	131	(10)	-7%
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13	Operating Expenses PMPM	309	296	(13)	-4%
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	318	296	(22)	-7%
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14	Full Time Equivalents (FTE) including Registry	1,149	1,162	13	1%
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	1,161	1,162	1	0%
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San Mateo Medical Center
Income Statement
April 30, 2021

MONTH			
Actual	Budget	Variance	Stoplight
A	B	C	D

YEAR TO DATE			
Actual	Budget	Variance	Stoplight
E	F	G	H

21	Inpatient Gross Revenue	11,610,094	13,856,510	(2,246,415)	-16%	129,236,109	138,565,097	(9,328,988)	-7%
22	Outpatient Gross Revenue	22,117,782	30,643,909	(8,526,127)	-28%	198,059,663	306,439,088	(108,379,425)	-35%
23	Total Gross Revenue	33,727,876	44,500,419	(10,772,542)	-24%	327,295,772	445,004,186	(117,708,414)	-26%
24	Patient Net Revenue	9,528,273	12,241,179	(2,712,906)	-22%	98,084,992	122,411,792	(24,326,801)	-20%
25	Net Patient Revenue as % of Gross Revenue	28.3%	27.5%	0.7%	3%	30.0%	27.5%	2.5%	9%
26	Capitation Revenue	358,594	379,538	(20,944)	-6%	3,519,922	3,795,378	(275,457)	-7%
27	Supplemental Patient Program Revenue (Additional payments for patients)	13,310,368	9,855,225	3,455,143	35%	114,462,212	98,552,249	15,909,963	16%
28	Total Patient Net and Program Revenue	23,197,235	22,475,942	721,293	3%	216,067,125	224,759,420	(8,692,295)	-4%
29	Other Operating Revenue (Additional payment not related to patients)	1,290,223	906,337	383,886	42%	17,769,663	9,063,372	8,706,291	96%
30	Total Operating Revenue	24,487,458	23,382,279	1,105,179	5%	233,836,788	233,822,792	13,997	0%

San Mateo Medical Center
Income Statement
April 30, 2021

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
Operating Expenses								
31 Salaries & Benefits	16,765,674	17,390,063	624,389	4%	169,243,503	173,900,635	4,657,132	3%
32 Drugs	1,312,314	723,499	(588,815)	-81%	11,717,693	7,234,994	(4,482,699)	-62%
33 Supplies	1,089,824	944,631	(145,194)	-15%	9,491,405	9,446,306	(45,100)	0%
34 Contract Provider Services	4,043,512	3,490,050	(553,462)	-16%	36,164,348	34,900,497	(1,263,851)	-4%
35 Other fees and purchased services	5,422,728	5,010,126	(412,602)	-8%	50,330,316	50,101,258	(229,058)	0%
36 Other general expenses	434,229	433,916	(313)	0%	4,697,634	4,339,157	(358,477)	-8%
37 Rental Expense	200,126	209,620	9,493	5%	2,029,837	2,096,197	66,360	3%
38 Lease Expense	773,407	773,407	-	0%	7,734,065	7,734,065	-	0%
39 Depreciation	224,302	271,443	47,141	17%	2,224,764	2,714,430	489,666	18%
40 Total Operating Expenses	30,266,116	29,246,754	(1,019,362)	-3%	293,633,566	292,467,540	(1,166,026)	0%
41 Operating Income/Loss	(5,778,657)	(5,864,475)	85,817	1%	(59,796,778)	(58,644,748)	(1,152,029)	-2%
42 Non-Operating Revenue/Expense	601,229	303,254	297,974	98%	4,728,668	3,032,543	1,696,125	56%
43 Contribution from County General Fund	5,303,885	5,303,885	(0)	0%	53,038,851	53,038,851	(0)	0%
44 Total Income/Loss (GAAP)	126,456	(257,335)	383,792		(2,029,259)	(2,573,355)	544,096	
(Change in Net Assets)								

COVID Financial Impact Summary

	Total						
	October	November	December	January	February	March	Mar-Mar 2021
Revenue loss	\$ 304,000	\$ 282,000	\$ 714,000	\$ 876,000	\$ 634,000	\$ 108,000	\$ 23,146,310
Expenses:							
Staffing	3,422,000	1,605,000	\$ 2,100,000	\$ 2,400,000	\$ 2,500,000	\$ 2,500,000	\$ 32,488,000
Supplies	454,000	251,000	\$ 106,000	\$ 229,000	\$ 128,000	\$ 150,000	\$ 2,178,000
IT	-	-	\$ -	\$ -	\$ -	\$ -	\$ 404,000
Other Prof. Fees	122,000	115,000	\$ 153,000	\$ 64,000	\$ 570,000	\$ 610,000	\$ 604,000
Total expenses	3,998,000	1,971,000	2,359,000	2,693,000	3,198,000	3,260,000	35,674,000
Total Losses due to COVID	4,302,000	2,253,000	3,073,000	3,569,000	3,832,000	3,368,000	58,820,310

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

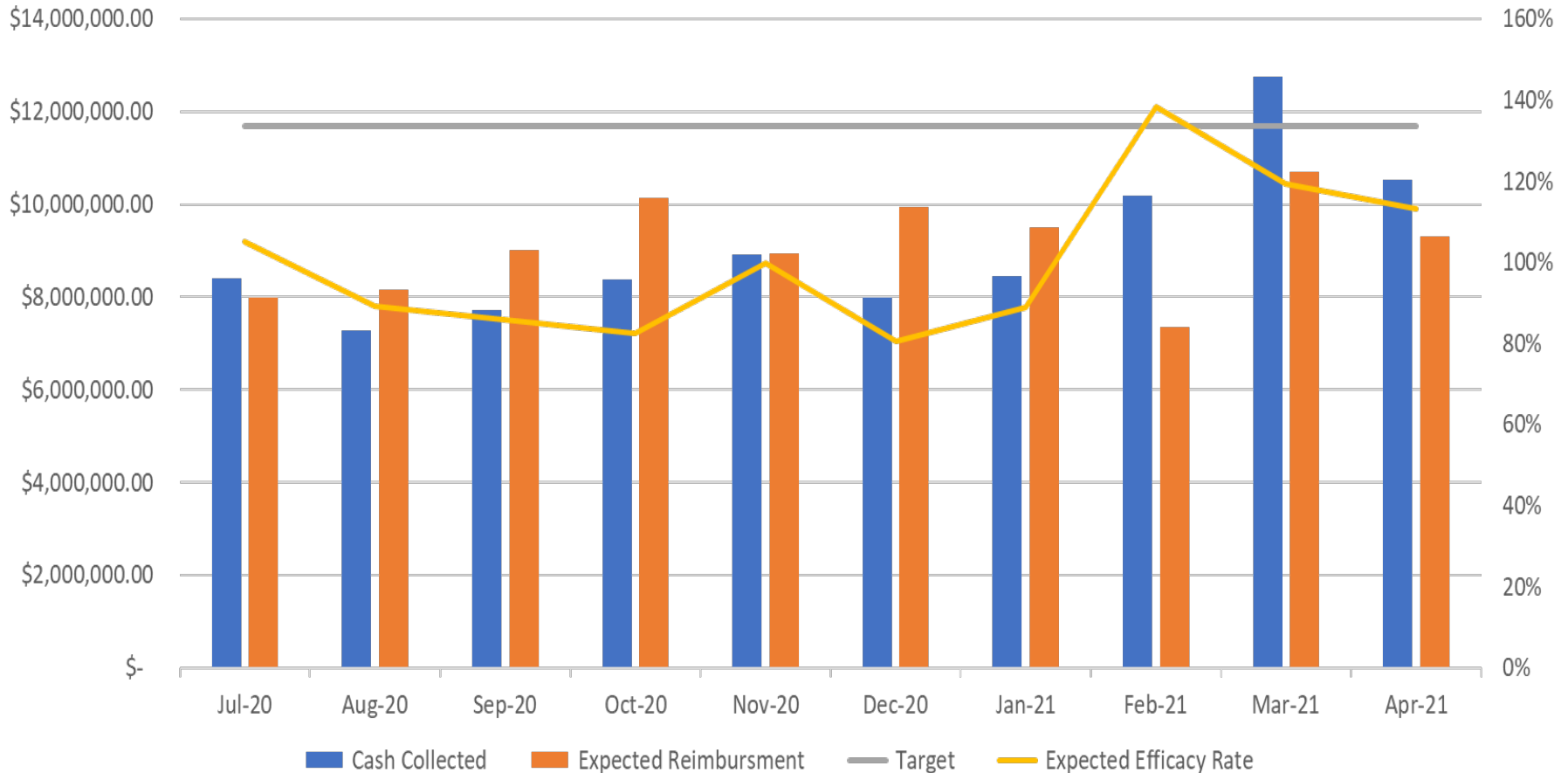
Total losses to date
= \$58M

COVID Funds Summary

COVID-19 Federal Funds (\$21.9 million)

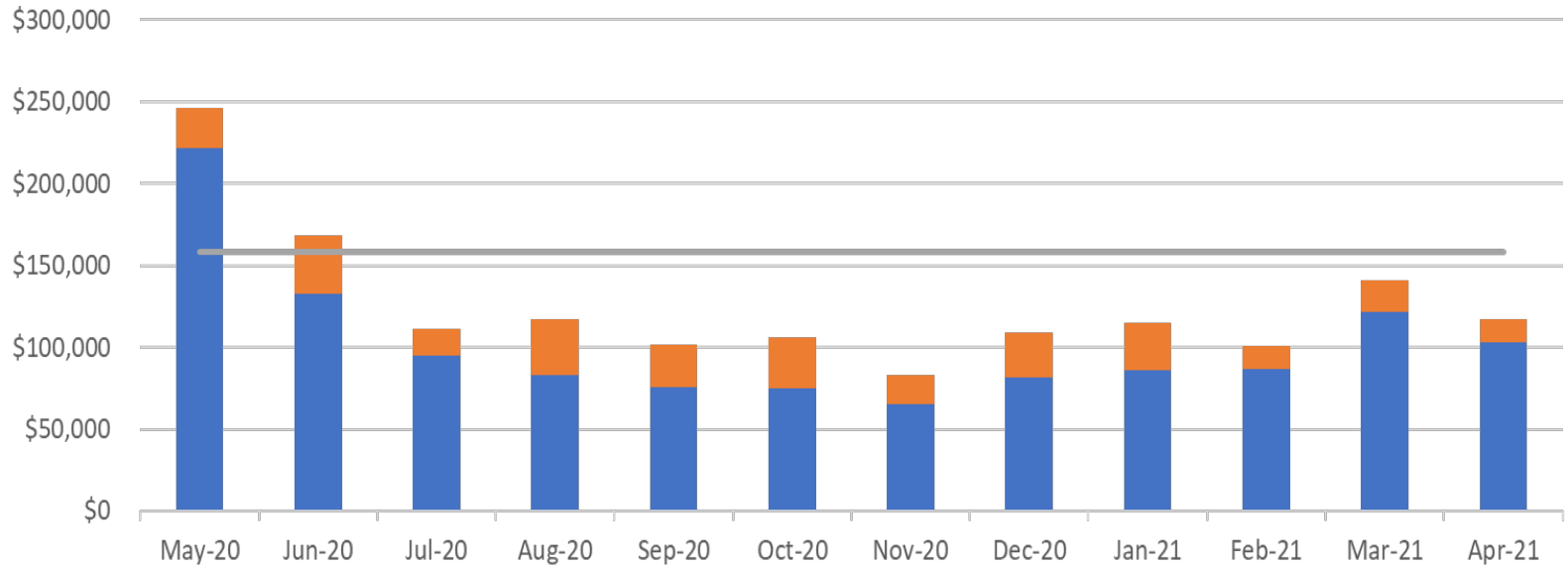
Funding Source	Total Allocation	Allocation Methodology	SMMC \$ (millions)
Provider Relief Fund \$175 billion from CARES and PPP/HCE Acts to reimburse health care providers for expenses or lost revenue not otherwise reimbursed and directly attributable to COVID	\$30B General Allocation	Provider Share of 2019 Medicare fee-for-service payments	\$1.3
	\$20B General Allocation	Provider Share of 2019 Net Patient Revenue	\$2.2
	\$10B Targeted Allocation - COVID19 High Impact	Based on number or percentage of COVID-19 patients	\$5.0
	\$10B Targeted Allocation - Rural Providers	\$100,000 plus additional payment based on operating expense	\$0.2
	\$4.9B Targeted Allocation - SNF	\$50,000 per facility + \$2,500 per bed	\$0.9
	\$2.5B Targeted NF Infection Control Payment	\$10,000 per facility + \$1,450 per bed	\$0.5
	\$2B Targeted NF Infection Control Performance Payments	Quality payments based on COVID infection rates and COVID mortality among residents	\$0.2
Accelerated Medicare Payments Advance payment for Medicare claims authorized by the CARES Act	N/A - Advance Payment	Hospitals can request up to 6 mths of payments/ LTC can request up to 2 mths of payments	\$8.5 Repayment Required
FY2020 CARES Supplemental Fund Funding for supplemental awards to Health Centers with HRSA grants for testing, prevention, diagnosis, and treatment of COVID-19	\$100M Prepare, Prevent & Respond to Coronavirus	Base value of \$50,464	\$0.06
	\$1.32B Prevention, Diagnosis & Treatment	\$503,000 base + \$15.00 per patient + \$30 per uninsured patient	\$0.6
	\$583 Expand Testing Capacity	\$98,329 base + \$15 per patient	\$0.2
State Hospital Association Grants \$50 million in grants to state hospital associations through the Assistant Secretary for Preparedness Response	\$4.2M	\$2.50 per uninsured patient reported in the 2018 UDS	\$0.04
American Rescue Plan	\$1B Capital Improvements at Health Centers	\$500,000 base + \$11 per patient as reported in 2019 UDS	\$0.6
	\$6.1B Prevention, Response and Enhancement of Health Centers	\$500,000 base + \$125 per patient reported in the 2019 UDS + \$250 per uninsured patient reported in the 2019 UDS.	\$1.6

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.

Self Pay Cash Collections

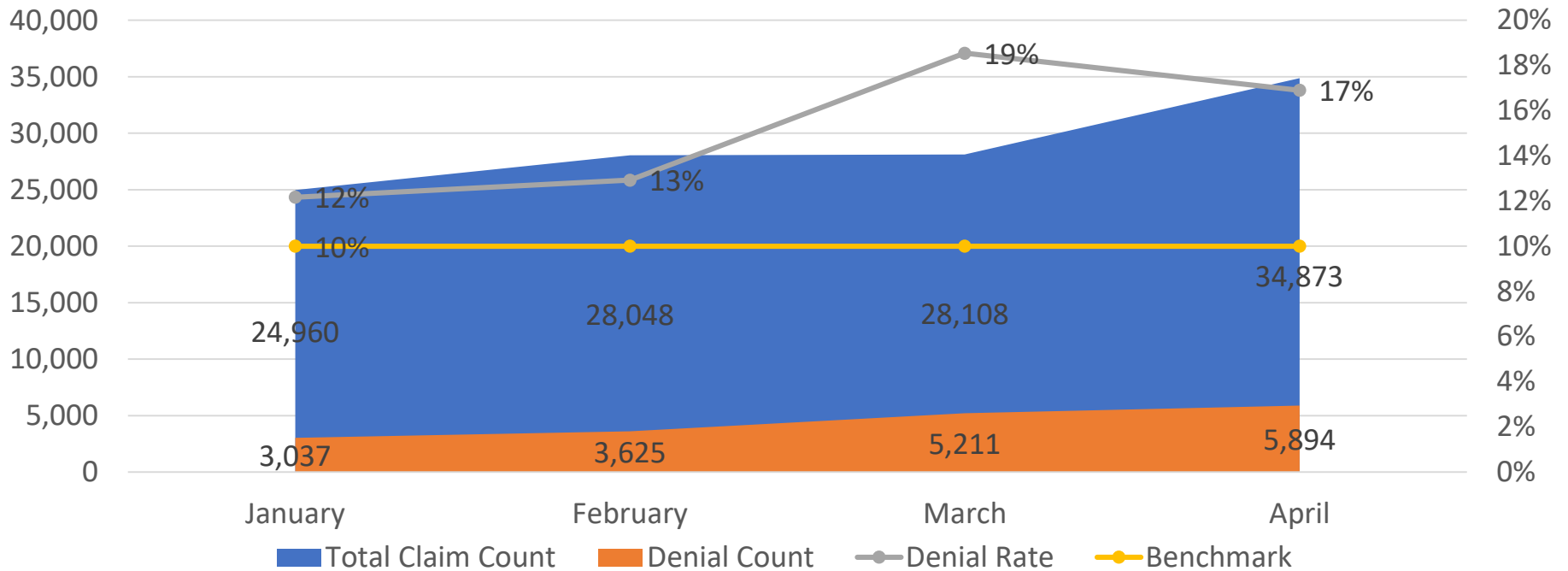


	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
Busi Serv collected \$	\$25,016	\$35,594	\$16,611	\$33,643	\$26,000	\$31,022	\$17,344	\$27,804	\$28,948	\$14,530	\$19,573	\$13,745
HRMG Total Collections	\$221,368	\$132,689	\$94,755	\$83,429	\$75,359	\$75,014	\$65,433	\$81,235	\$85,782	\$86,486	\$121,551	\$103,261
Target	\$158,000	\$158,000	\$158,000	\$158,000	\$158,000	\$158,000	\$158,000	\$158,000	\$158,000	\$158,000	\$158,000	\$158,000

HRMG Total Collections Busi Serv collected \$ Target

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.

Initial Denial Rate



Mar: Large denial counts for claims posting in March, spikes seen in claims adjudicated by State Medi-Cal in categories related to Coordination of Benefits (increase by >30%) and Eligibility (increase by >10%). Root Cause Worksheets (RCW) have been issued to investigate spikes. Spikes in Coordination of Benefits have been affected by the distribution of the COVID-19 Vaccine, and how it's billed. This has manifested in an increased denial rate, not cash. Corrective actions have been deployed in the back-end toward mitigation, with instruction to the Medi-Cal team. Eligibility has shown spikes in cash and denial rate; the cash spikes are related to Medi-care inpatient stays that are related to Medicare Part A and B eligibility, where the secondary payer (HPSM) will cover. The denials from Medicare are not representative of cash opportunity missed, as the claim is crossed over to HSPM for payment. Eligibility Denial Rate increase is also affected by the COVID vaccine; additionally addressed with instruction to the Medi-Cal team. Recorded in RCW and SBAR.

Apr: Non-Covered and Coordination of Benefits (COB) denial categories driving % increase, related to Covid-19 Vaccine administration/billing.

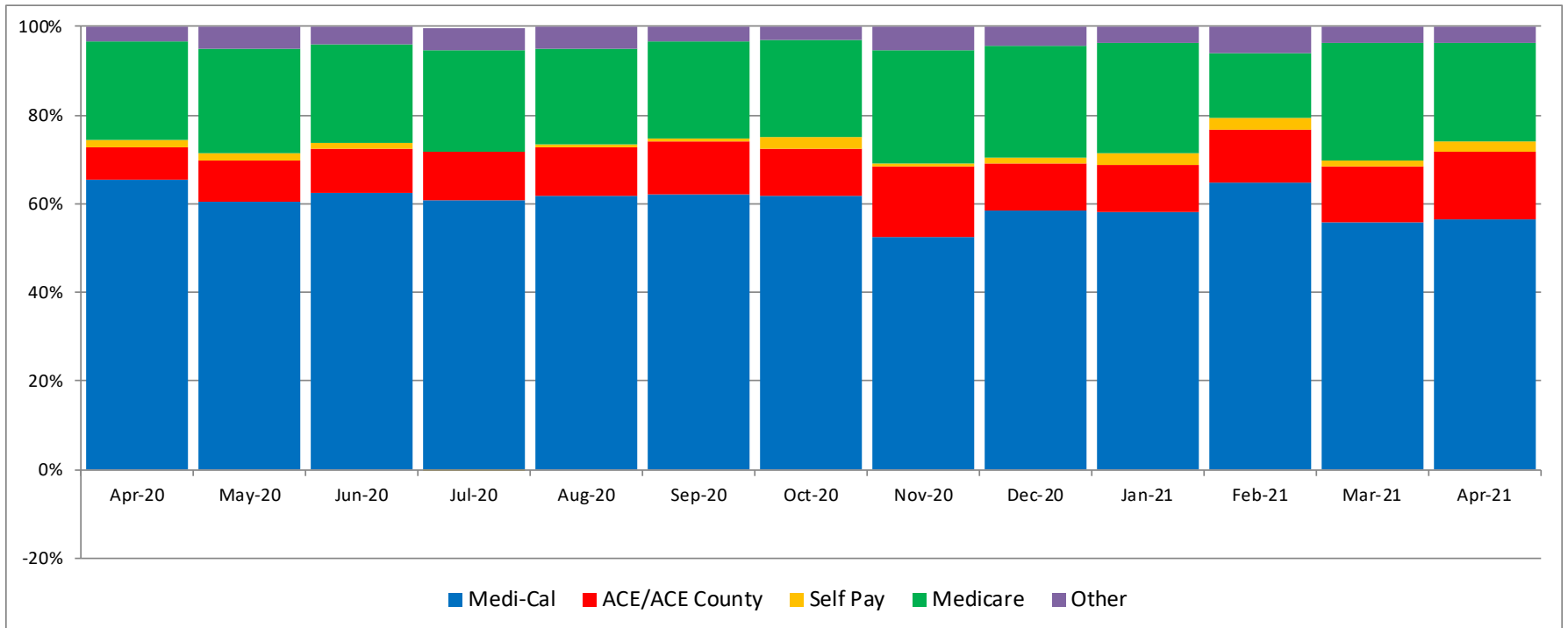
Data span: <5 months

*Values shown as a % in the graph are rounded to the nearest whole number.

San Mateo Medical Center
Payer Mix
April 30, 2021

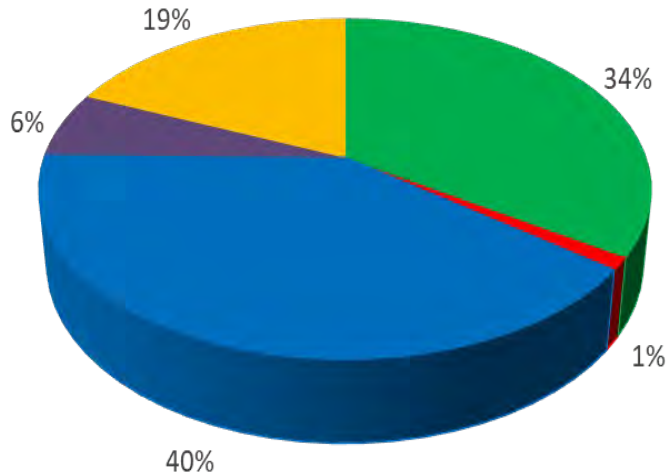
Payer Type by Gross Revenue	MONTH			
	Actual	Budget	Variance	Stoplight
	A	B	C	D
Medicare	22.4%	23.6%	-1.2%	
Medi-Cal	56.3%	55.3%	1.0%	
Self Pay	2.4%	3.0%	-0.6%	
Other	3.6%	5.0%	-1.4%	
ACE/ACE County	15.3%	13.1%	2.2%	
Total	100.0%	100.0%		

Payer Type by Gross Revenue	YEAR TO DATE			
	Actual	Budget	Variance	Stoplight
	E	F	G	H
Medicare	23.0%	23.6%	-0.6%	
Medi-Cal	59.0%	55.3%	3.7%	
Self Pay	1.5%	3.0%	-1.5%	
Other	4.2%	5.0%	-0.8%	
ACE/ACE County	12.2%	13.1%	-0.9%	
Total	100.0%	100.0%		

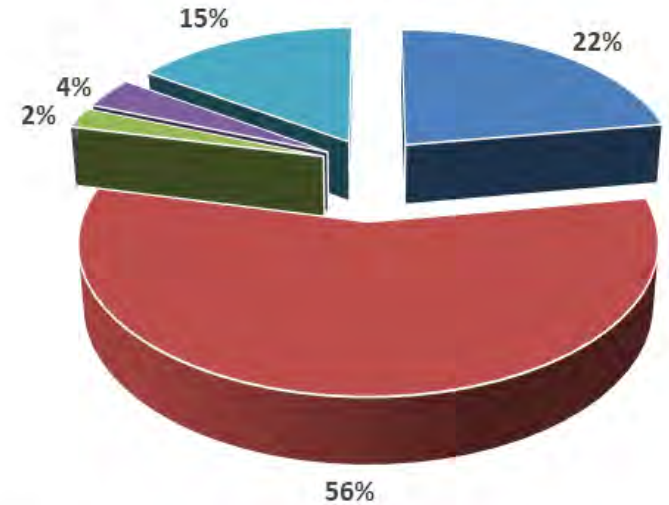


Revenue Mix

Sources of Revenue



Payor Mix



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

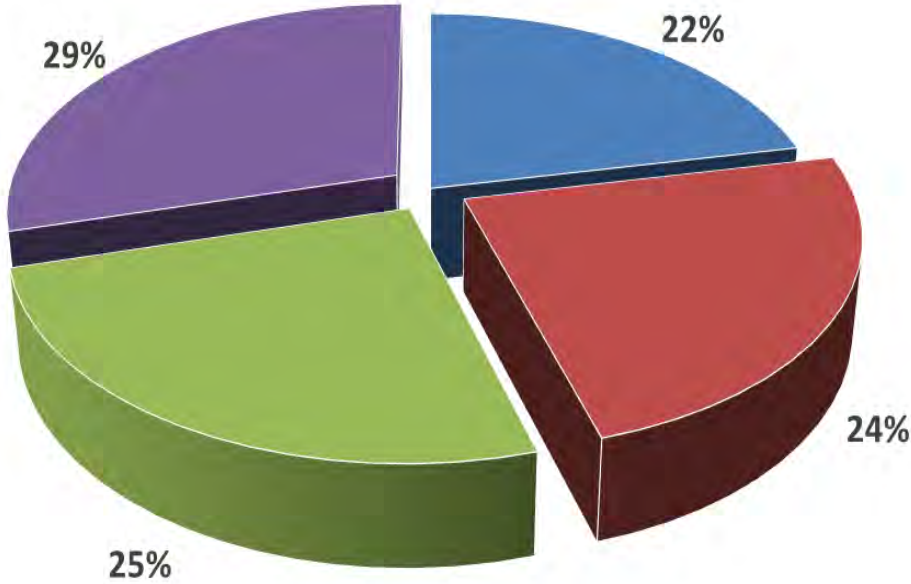
Health Plan of San Mateo (HPSM) represents 29% of our Operating Revenue

- 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



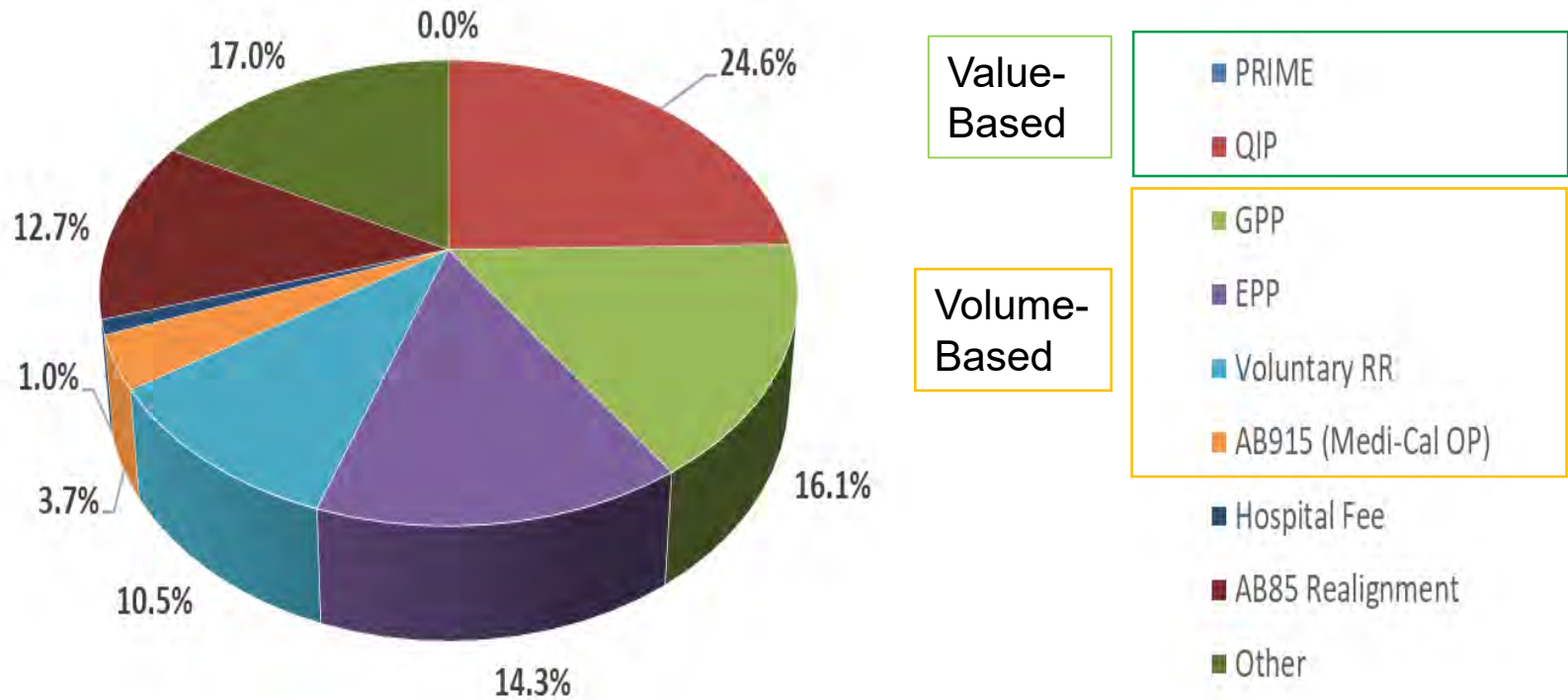
■ Inpatient

■ Hospital ED & Outpatient

■ Ambulatory Clinics

■ Ancillary Services

Supplemental Revenue Mix

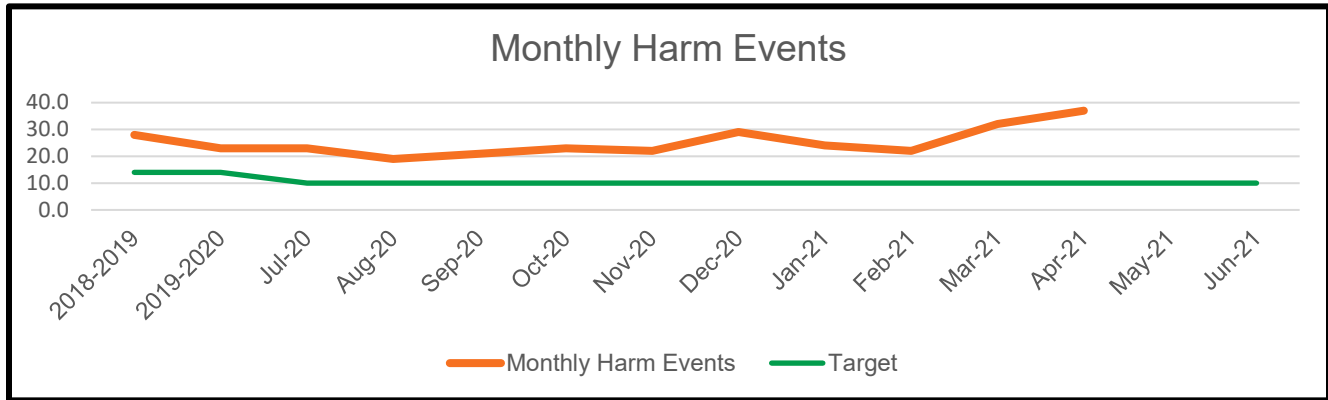


- **Value-Based** programs represent 24.6% of our Supplemental Revenue
- **Volume-Based** programs represent 44.6% of our Supplemental Revenue

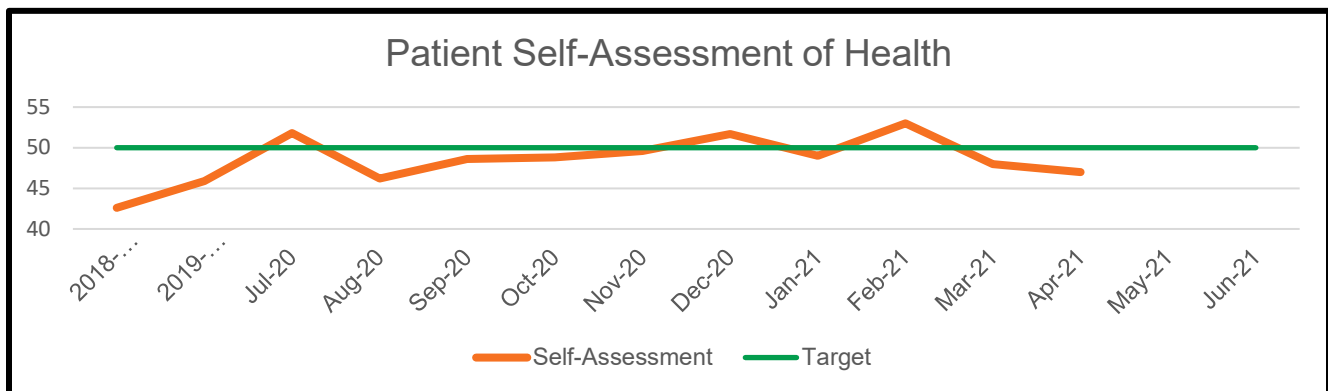
CEO REPORT

June 2021

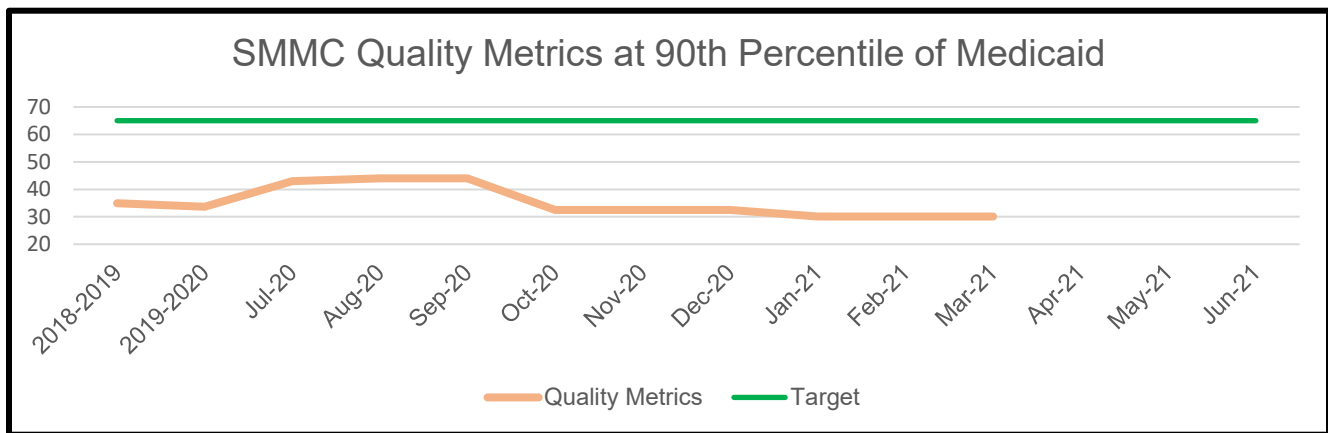
EXCELLENT CARE METRICS



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.**



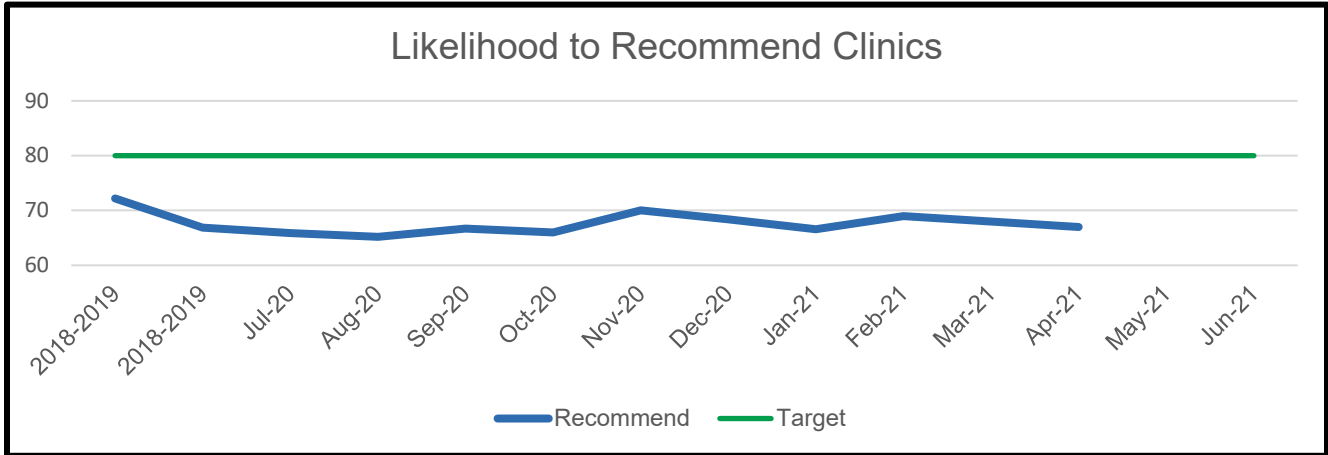
Patient Self-Assessment of Health: All Primary Care patients receive an experience survey. One question asks them to rate their health from poor to excellent. This is the percentage that rate their health as very good or excellent. **Higher is better.**



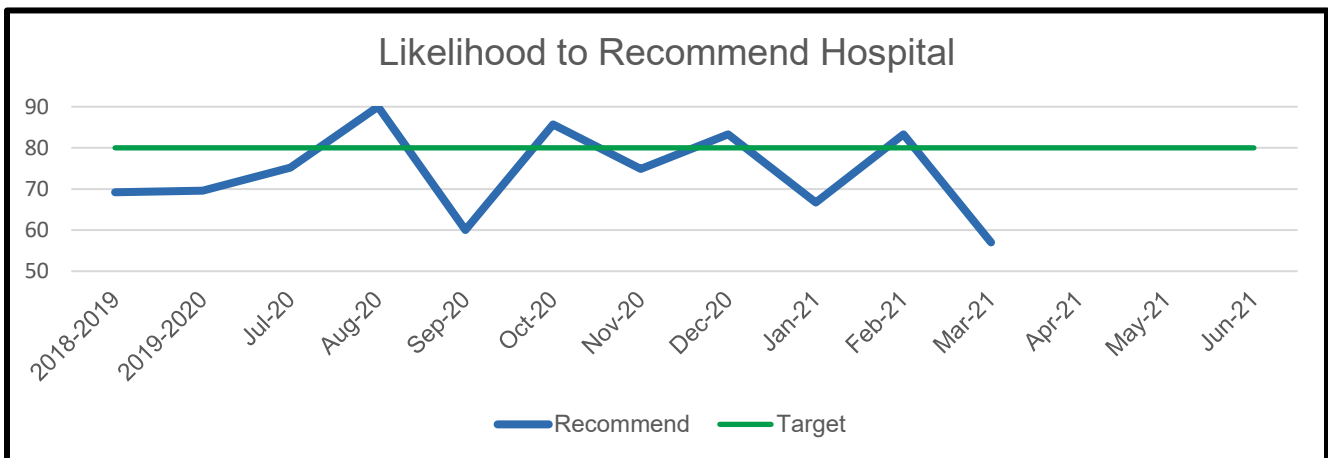
Quality Metrics at 90th Percentile: SMMC seeks excellence in all that it does. The organization currently participates in a number of pay for performance programs including PRIME, QIP and the Health Plan of San Mateo Pay for Performance Program. This metric measures the percentage of quality metrics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



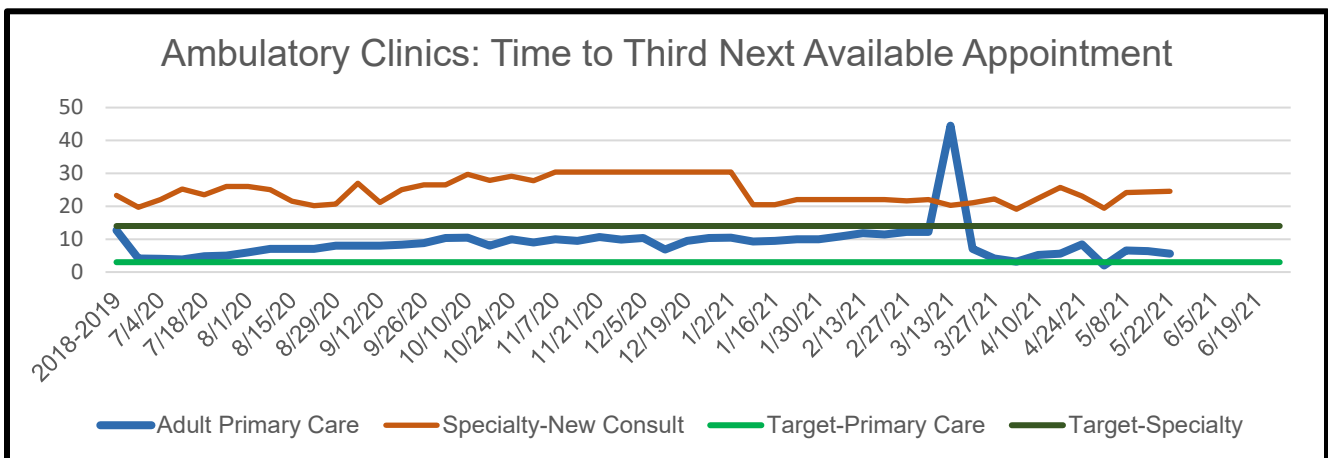
PATIENT CENTERED CARE METRICS



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.**

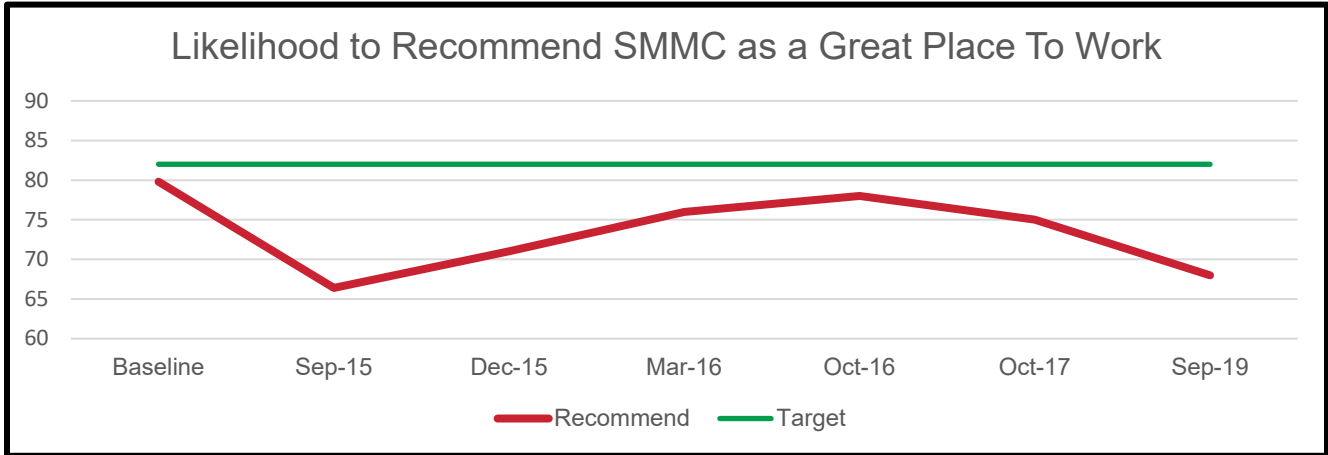


Likelihood to Recommend Hospital: Percentage of patients who gave SMMC the highest score (9 or 10) on the patient experience survey question, “How likely are you to recommend this hospital to friends and family?” **Higher is better.**



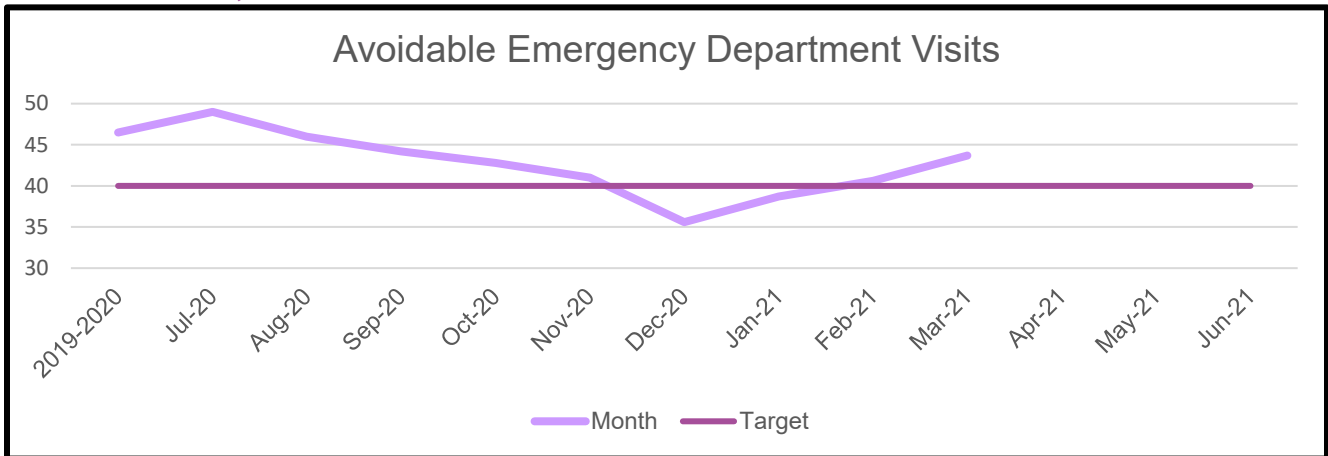
Ambulatory Access: Number of days until the third available appointment for established patients in Primary Care and for new consults in Specialty Services. The third next available appointment is a validated measure of patient access. **Lower is better.**

STAFF ENGAGEMENT METRICS



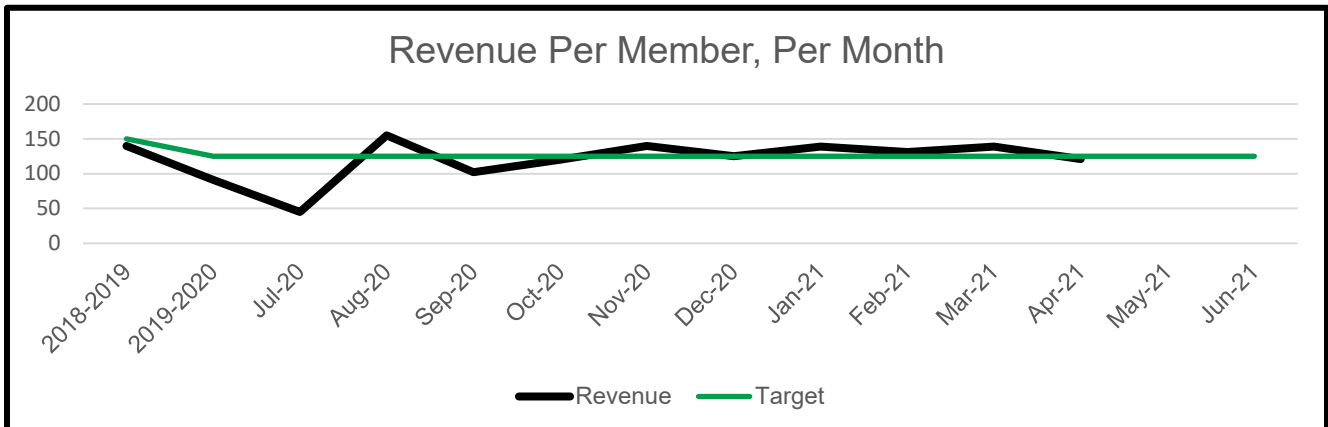
Likelihood to Recommend SMMC: Percentage of staff who agree or strongly agree that they would recommend SMMC as a great place to work. Measured using the annual Blessing White staff engagement survey. **Higher is better.**

RIGHT CARE, TIME AND PLACE METRICS

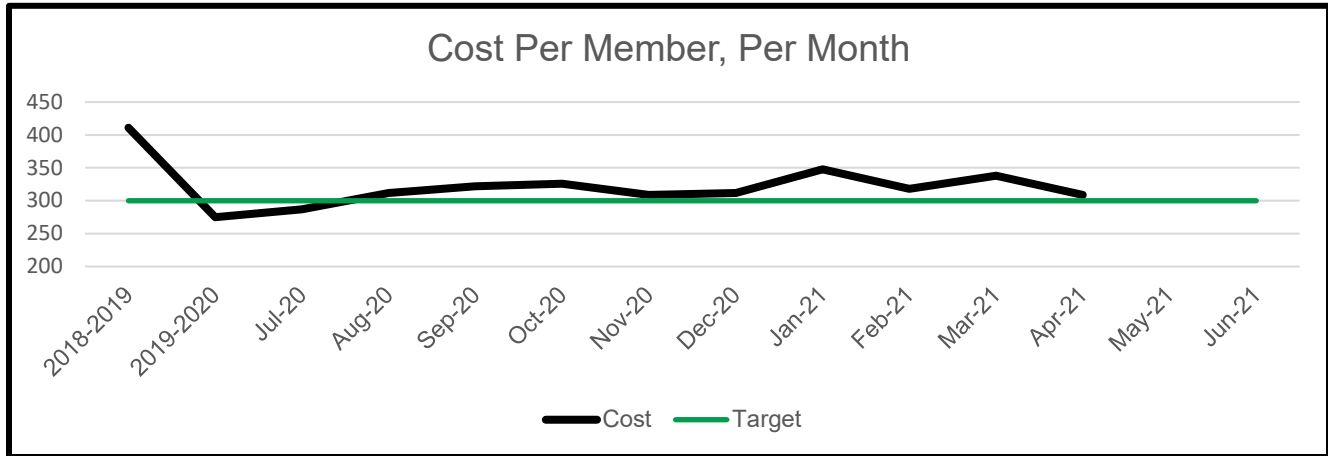


Potentially Avoidable ED Visits: Percentage of emergency department visits by established SMMC primary care patients where the discharge diagnosis is one that traditionally could have been treated in an outpatient setting rather than the emergency department. **Lower is better.**

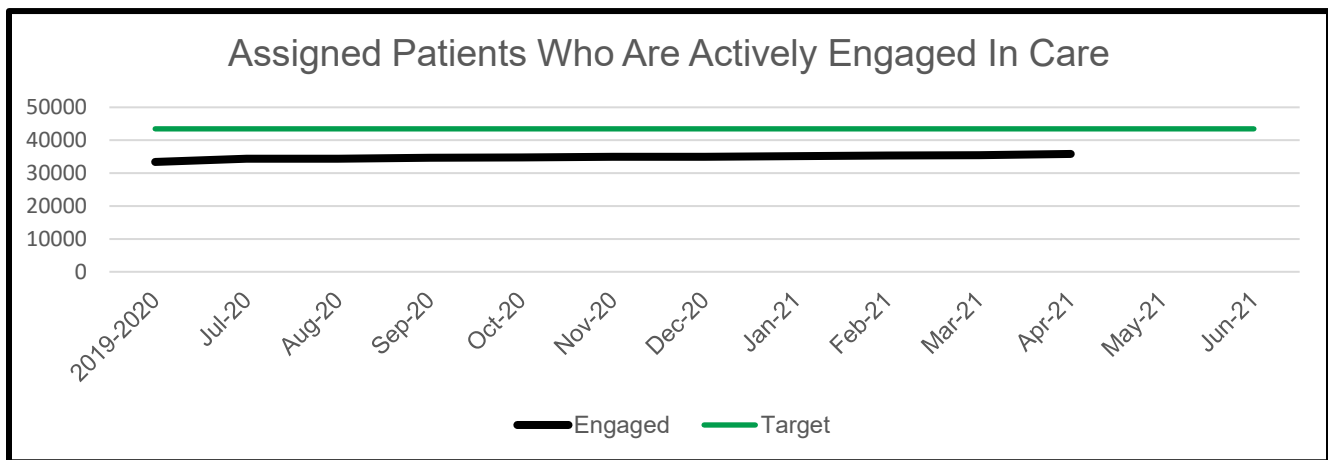
FINANCIAL STEWARDSHIP METRICS



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



(Above-SMMC Hospital Week Celebrations)

Celebrating Hospital Week – May 10-14 we celebrated our second Hospital Week during the pandemic. The planning committee coordinated special activities to thank staff for their extraordinary work this past year. A special effort was made to have fun and include staff working from home. Activities included a special thank you video from the Hospital Board and SMMC Leadership, a flash mob at multiple locations, and a “donut day” as a sweet treat. The San Mateo County Health Foundation coordinated lunch for all on-site employees and each staff member received a Hospital Week 2021 pin to commemorate the year.

I want to thank the planning committee and all the employees who made the week special. I also want to thank the Foundation for their support of our staff in numerous ways, including coordinating countless meals over the past year. Finally, thank you to all the hospital board members who participated in the thank you video for staff.

SMMC COVID-19 Vaccination Efforts Continue to Move Forward – SMMC continues its efforts to vaccinate the vulnerable populations it serves. As of 5/31/2021, 30,920 Medical Center patients over the age of 12 have received at least one COVID vaccine shot, this represents 54.9% of the organization’s patients over age 12. This includes 57% of the Medical Center’s patients over age 16, 67.9% of our patients over age 50 and 72.8*% of the patients over age 65. Over the last several weeks, SMMC has expanded pilots with partners to provide additional large-scale vaccination clinics on SMMC campuses. In the future, this will allow those partners to provide the majority of larger events while SMMC focuses on reaching the most vulnerable patients through vaccination within routine clinic flow. This will also allow the Medical Center to focus on addressing other patient needs that are becoming more evident as reopening progresses.

May 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	25,461 (April 2021)	1.1%	19.9%
SMMC Emergency Department Visits	2,638 (April 2021)	5.6%	53.7%
New Clients Awaiting Primary Care Appt.	0 (May 2021)	N/A	N/A

EMS director awarded meritorious service medal by state authorities



Emergency Medical Services Director Travis Kusman has been recognized for his “innovative achievements and extraordinary contributions to the EMS system” **by the California Emergency Medical Services Authority (CalEMSA). The citation says, “A few of the successful initiatives implemented under Kusman’s leadership include the San Mateo County Health Care Site Outreach Support Team (CSOST) created early in the COVID-19 pandemic to best serve vulnerable individuals’ medical/health needs, the successful establishment of Seton Hospital as a State asset for the receipt and care of critically ill COVID-19 patients during the outbreak at San Quentin State Prison, and also the early development and operationalization of two mass vaccination sites” at the Event Center and the SFO Long-term Parking Garage.** In addition to his role as EMS director, Kusman serves as Regional Disaster Medical Health Coordinator **(RDMHC) for the California Governor’s Office of Emergency**

Services Coastal Mutual Aid Region. He is responsible for supporting disaster response within the region and providing mutual aid support to other areas of the state in conjunction with the broader medical health response system.

Community vaccination clinics expand to churches and schools

County-sponsored vaccination operations have expanded beyond the Event Center site and neighborhood clinics to include opportunities in schools and churches throughout the county. County Health staff are working with faith leaders and school administrators to schedule vaccine

[more]



clinics to reach members of those communities. In East Palo Alto, EPA Apostolic Church (pictured above), St. Francis of Assisi Church, and the New Sweet Home Church of God in Christ and, in Daly City, Mater Dolorosa Catholic Parish have all hosted first-dose vaccination events in recent weeks. In Half Moon Bay, Our Lady of the Pillar has served as a community clinic site for many weeks. With the partnership of faith leaders, County Health is adding additional church sites and facilitating outreach to these congregations.

Through close coordination with the San Mateo County Office of Education, County Health is also working with selected schools, including Capuchino High School in San Bruno, Mills High School in Millbrae, Hillsdale High School in San Mateo, and Sequoia High School and Hoover Elementary in Redwood City to reach youth and their families. This effort builds on the work at Cesar Chavez Ravenswood Middle School in East Palo Alto, which has served as a neighborhood clinic for several weeks. With 12-15 year olds now eligible for the Pfizer vaccine, the County Office of Education has worked with County Health to bring more vaccination opportunities to school communities. A list of all upcoming County-sponsored vaccination clinics is [available here](#).