



SAN MATEO COUNTY HEALTH

**SAN MATEO  
MEDICAL CENTER**

# **BOARD OF DIRECTORS MEETING**

Monday, December 6, 2021

8:00 AM – 10:00 AM



# AGENDA

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Board of Directors

Monday, December 6, 2021

8:00 AM

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

In accordance with AB 361, the Board will adopt findings that meeting in person would present imminent risks to the health or safety of attendees of in-person meetings. Consistent with those findings, this San Mateo Medical Center Board meeting will be conducted by videoconference

## Public Participation

The meeting may be accessed through Zoom at <https://smcgov.zoom.us/j/91075397545>. Written public comments may be emailed to [mlee@smcgov.org](mailto:mlee@smcgov.org) and should include the specific agenda item on which you are commenting. Spoken public comments will also be accepted during the meeting through Zoom.

## **A. CALL TO ORDER, ROLL CALL, AND PUBLIC COMMENT**

### **B. PROCEDURAL**

Adopt findings pursuant to AB 361 to continue fully teleconferenced board meetings due to health risks posed by in-person meetings.

### **C. CLOSED SESSION**

#### *Items Requiring Action*

1. Medical Staff Credentialing Report
2. Quality Report

*Dr. Steve Hassid*

*Dr. Brita Almog*

#### *Informational Items*

3. Medical Executive Committee

*Dr. Steve Hassid*

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

**F. PUBLIC COMMENT**

Persons wishing to address items not on the agenda

**G. FOUNDATION REPORT**

*John Jurow*

**H. CONSENT AGENDA**

*Approval of:*

1. November 1, 2021 Minutes

**I. MEDICAL STAFF REPORT**

Chief of Staff Update

*Dr. Steve Hassid*

**J. ADMINISTRATION REPORTS**

1. PES Redesign: Child and Adolescent Psychiatric  
Emergency Services

*Dr. Alpa Sanghavi..... Verbal*  
*Dr. Katalin Szabo*  
*Ziomara Ochoa*

2. Financial Report

*David McGrew.....TAB 2*

3. CEO Report

*Dr. CJ Kunnappilly.....TAB 2*

**K. COUNTY HEALTH CHIEF REPORT**

County Health Snapshot

*Louise Rogers*

**L. COUNTY MANAGER'S REPORT**

*Mike Callagy*

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

*Supervisor Carole Groom*

**N. ADJOURNMENT**

**PROCEDURAL**



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

To: San Mateo Medical Center Board  
From: CJ Kunnappilly, MD  
Date: December 6, 2021  
Subject: Resolution to make findings allowing continued remote meetings under Brown Act

**RECOMMENDATION:**

Adopt a resolution finding that, as a result of the continuing COVID-19 pandemic state of emergency declared by Governor Newsom, meeting in person would present imminent risks to the health or safety of attendees.

**BACKGROUND:**

On June 11, 2021, Governor Newsom issued Executive Order N-08-21, which rescinded his prior Executive Order N-29-20 and set a date of October 1, 2021 for public agencies to transition back to public meetings held in full compliance with the Brown Act. The original Executive Order provided that all provisions of the Brown Act that required the physical presence of members or other personnel as a condition of participation or as a quorum for a public meeting were waived for public health reasons. If these waivers fully sunsetted on October 1, 2021, legislative bodies subject to the Brown Act would have to contend with a sudden return to full compliance with in-person meeting requirements as they existed prior to March 2020, including the requirement for full physical public access to all teleconference locations from which board members were participating.

On September 16, 2021, the Governor signed AB 361, a bill that formalizes and modifies the teleconference procedures implemented by California public agencies in response to the Governor's Executive Orders addressing Brown Act compliance during shelter-in-place periods. AB 361 allows a local agency to continue to use teleconferencing under the same basic rules as provided in the Executive Orders when certain circumstances occur or when certain findings have been made and adopted by the local agency.

AB 361 also requires that, if the state of emergency remains active for more than 30 days, the agency must make findings by majority vote every 30 days to continue using the bill's exemption to the Brown Act teleconferencing rules. The findings are to the effect that the need for teleconferencing persists due to the nature of the ongoing public health emergency and the social distancing recommendations of





SAN MATEO COUNTY HEALTH

## SAN MATEO MEDICAL CENTER

local public health officials. Effectively, this means that local agencies must agendaize a Brown Act meeting once every thirty days to make findings regarding the circumstances of the emergency and to vote to continue relying upon the law's provision for teleconference procedures in lieu of in-person meetings.

AB 361 provides that Brown Act legislative bodies must return to in-person meetings on October 1, 2021, unless they choose to continue with fully teleconferenced meetings because a specific declaration of a state or local health emergency is appropriately made. AB 361 allows local governments to continue to conduct virtual meetings as long as there is a gubernatorially-proclaimed public emergency in combination with (1) local health official recommendations for social distancing or (2) adopted findings that meeting in person would present risks to health. AB 361 is effective immediately as urgency legislation and will sunset on January 1, 2024.

### **DISCUSSION:**

Because local rates of transmission of COVID-19 are still in the "substantial" tier as measured by the Centers for Disease Control, we recommend that your Board or Commission avail itself of the provisions of AB 361 allowing continuation of online meetings by adopting findings to the effect that conducting in-person meetings would present an imminent risk to the health and safety of attendees. A resolution to that effect, and directing staff to return each 30 days with the opportunity to renew such findings, is attached hereto.

### **FISCAL IMPACT:**

None

## RESOLUTION NO.

### RESOLUTION FINDING THAT, AS A RESULT OF THE CONTINUING COVID-19 PANDEMIC STATE OF EMERGENCY DECLARED BY GOVERNOR NEWSOM, MEETING IN PERSON FOR MEETINGS OF THE SAN MATEO MEDICAL CENTER BOARD WOULD PRESENT IMMINENT RISKS TO THE HEALTH OR SAFETY OF ATTENDEES

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**WHEREAS**, on March 4, 2020, the Governor proclaimed pursuant to his authority under the California Emergency Services Act, California Government Code section 8625, that a state of emergency exists with regard to a novel coronavirus (a disease now known as COVID-19); and

**WHEREAS**, on June 4, 2021, the Governor clarified that the “reopening” of California on June 15, 2021 did not include any change to the proclaimed state of emergency or the powers exercised thereunder, and as of the date of this Resolution, neither the Governor nor the Legislature have exercised their respective powers pursuant to California Government Code section 8629 to lift the state of emergency either by proclamation or by concurrent resolution in the state Legislature; and

**WHEREAS**, on March 17, 2020, Governor Newsom issued Executive Order N-29-20 that suspended the teleconferencing rules set forth in the California Open Meeting law, Government Code section 54950 et seq. (the “Brown Act”), provided certain requirements were met and followed; and

**WHEREAS**, on September 16, 2021, Governor Newsom signed AB 361 that provides that a legislative body subject to the Brown Act may continue to meet without fully complying with the teleconferencing rules in the Brown Act provided the legislative

body determines that meeting in person would present imminent risks to the health or safety of attendees, and further requires that certain findings be made by the legislative body every thirty (30) days; and,

**WHEREAS**, California Department of Public Health (“CDPH”) and the federal Centers for Disease Control and Prevention (“CDC”) caution that the Delta variant of COVID-19, currently the dominant strain of COVID-19 in the country, is more transmissible than prior variants of the virus, may cause more severe illness, and that even fully vaccinated individuals can spread the virus to others resulting in rapid and alarming rates of COVID-19 cases and hospitalizations (<https://www.cdc.gov/coronavirus/2019-ncov/variants/delta-variant.html>); and,

**WHEREAS**, the CDC has established a “Community Transmission” metric with 4 tiers designed to reflect a community’s COVID-19 case rate and percent positivity; and,

**WHEREAS**, the County of San Mateo currently has a Community Transmission metric of “substantial” which is the second most serious of the tiers; and,

**WHEREAS**, the San Mateo Medical Center Board has an important governmental interest in protecting the health, safety and welfare of those who participate in its meetings; and,

**WHEREAS**, in the interest of public health and safety, as affected by the emergency caused by the spread of COVID-19, the San Mateo Medical Center Board deems it necessary to find that meeting in person would present imminent risks to the



health or safety of attendees, and thus intends to invoke the provisions of AB 361 related to teleconferencing;

**NOW, THEREFORE, IT IS HEREBY DETERMINED AND ORDERED** that

1. The recitals set forth above are true and correct.
2. The San Mateo Medical Center Board finds that meeting in person would present imminent risks to the health or safety of attendees.
3. Staff is directed to return no later than thirty (30) days after the adoption of this resolution with an item for the San Mateo Medical Center Board to consider making the findings required by AB 361 in order to continue meeting under its provisions.
4. Staff is directed to take such other necessary or appropriate actions to implement the intent and purposes of this resolution.

\* \* \* \* \*

# CONSENT AGENDA

HOSPITAL BOARD OF DIRECTORS  
MEETING MINUTES  
Monday, November 1, 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  
Dr. Gordon Mak  
Deborah Torres

**Staff Present**

Michelle Lee  
David McGrew  
Joan Spicer  
Robert Blake  
Peggy Jensen  
Dr. Yousef Turshani  
Dr. Mithu Tharayil  
Judy Shen

Rebecca Archer  
John Jurow  
Karen Pugh  
Luci Latu  
Angela Gonzales  
Ann Blick-Hamer  
Mariana Rocha  
Susan Houston

**Members of the Public**

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call to Order	Supervisor Groom called the meeting to order at 8:00 AM. A quorum was present.	
Procedural	Approval of: 1. Adoption of findings to continue teleconferenced board meetings due to health risks posed by in-person meetings.	The Board unanimously approved the resolution.
Reconvene to Open Session	The meeting was reconvened at 8:20 AM to Open Session.	
Report out of Closed Session	Medical Staff Credentialing Report for November 1, 2021. QIC Minutes from September 28, 2021. Medical Executive Committee Minutes from October 12, 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  John Jurow	The Foundation launched a new program called The Caring Hands in Health as a compassionate way to provide immediate assistance to patients in dire need. Examples of items that can be provided to patients who cannot receive help from insurance include accessibility gear, groceries, baby care supplies, etc.  Physical Rehabilitation Grand Opening will be on December 9, 4:30-6:30 PM.	FYI
Consent Agenda	Approval of: 1. Hospital Board Meeting Minutes from October 4, 2021.	It was MOVED, SECONDED and

		CARRIED unanimously to approve all items on the Consent Agenda.
Medical Staff Report  Dr. Steve Hassid	<p>Dr. Hassid shared the latest Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey which showed excellent results for the medical center. They received five stars out of five for areas in including: Care Transitions, Overall Rating of Hospital, Responsiveness of Hospital Staff, Discharge Information, Communication with Doctors and Nurses, Would Recommend Hospital. Cleanliness, among others.</p> <p>The number of inpatients for COVID related care is currently low but we remain vigilant. COVID vaccines will begin soon for 5–11-year-old age group.</p>	FYI
Department of Primary Care  Dr. Mithu Tharayil	<ul style="list-style-type: none"> <li>• The PC department is located across seven sites which house 11 clinics for adult and children. There are 52 MD’s and 32 NP’s.</li> <li>• Roughly 60,000 patients are assigned or receive care. 43% identify as Hispanic/Latinx and over half identify their first language as Spanish.</li> <li>• Key projects for Fall 2020-Fall 2021 <ul style="list-style-type: none"> <li>○ Telehealth</li> <li>○ Surge</li> <li>○ COVID Vaccination within clinics: 26,200 shots given</li> <li>○ Grand Rounds</li> <li>○ Data dashboard</li> </ul> </li> <li>• Virtual medicine has important benefits as patients cite accessibility, choosing how to engage with their care, and providers are offered a window into the lives of our patients outside of the walls of our clinic rooms. There are technology requirements that pose barriers for both patients and providers, and we are learning that the benefits of virtual medicine are not distributed equally. There are opportunities to better understand for whom and how it works and doesn’t work so we can optimize our use of virtual care for patients.</li> </ul>	FYI
Peninsula Family Service Peer Counseling  Susan Houston Ann Blick-Hamer	<p>The program was founded 32 years ago and serves the older adult population. PFS was selected in a competitive application process by the County to take over and expand the SPC program and charged with addressing needs of underrepresented and underserved vulnerable populations, including the Hispanic/Latino, Filipino, Chinese, and LGBTQ+ communities.</p> <p>MHSA funding from the State-Proposition 63, now known as the Mental Health Services Act, imposed a 1 percent tax on people who earn more than \$1 million annually to pay for expanded mental health care in California. Called Millionaire tax</p> <p>Peer Counseling addresses the need for access to mental health services for isolated older adults and increases the ability of people 55 years and older to age in place through one-on-one and group support.</p> <ul style="list-style-type: none"> <li>• Specially trained volunteer counselors provide visits to adults age 55+ either individually or in groups</li> </ul>	FYI

	<ul style="list-style-type: none"> <li>• Weekly sessions take place at a participant’s home or location of their choice (public park, community center, etc.) or by zoom or phone</li> <li>• Support is offered in Cantonese, English, Mandarin, Spanish, Tagalog, and to the LGBTQ community.</li> <li>• Peer counselors and participants are 55+</li> <li>• Referral process via Health Providers, Social Service Agencies, Family &amp; Friends, Community Clinics, etc.</li> </ul> <p>New Volunteer Training is composed of 10 class sessions for a total of 33 hours: stages of counseling; mental health issues; coping with grief; health and aging; end-of-life issues, role play.</p>	
Financial Audit FY 2020/21  Annie Louie of Macias, Gini & O’Connell LLP	Annie Louie from MGO presented this year’s report. MGO is an independent accounting firm that has conducted SMMC’s financial audits for the past twelve years.	FYI
Financial Report David McGrew, CFO	The November FY 21/22 financial report was included in the Board packet and David McGrew answered questions from the Board.	FYI
CEO Report Dr. CJ Kunnappilly	Dr. Kunnappilly presented the CEO report which was included in the Board packet and answered questions from the Board.	FYI
County Health Chief Report Louise Rogers	There has been a slight increase in COVID cases, there are currently 44 per day and last week was 37. Children under 12 will get COVID vaccines soon and which will add another 60,000 who become eligible. We will start with a mass vaccination clinic at the San Mateo County Event Center on November 6. Safeway has plans to host vaccine clinics at elementary schools.	FYI
County Manager Mike Callagy	We plan to make one of the halls at the Event Center into a superhero zone for the children. At this time we are the only county in the Bay Area offering mass vax clinics for booster.	FYI
Board of Supervisors Supervisor Groom	Supervisor Groom expressed her continuing appreciation for all health care workers.	FYI

Supervisor Groom adjourned the meeting at 9:44 AM. The next Board meeting will be held on December 6, 2021.

Minutes recorded by:



Michelle Lee, Executive Secretary

Minutes approved by:



Dr. Chester Kunnappilly, Chief Executive Officer

# ADMINISTRATION REPORTS

# BOARD OF DIRECTORS SAN MATEO MEDICAL CENTER

**Financial Report: October FY21-22**

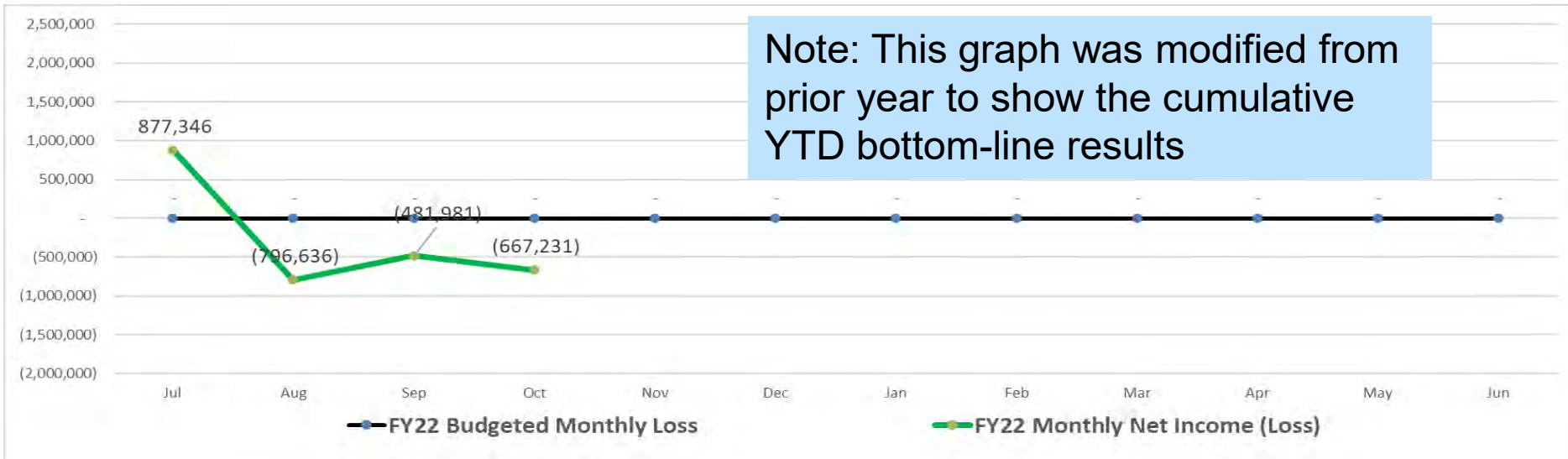
December 6, 2021

**Presenter: David McGrew, CFO**



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# Cumulative YTD Financial Results



## Net Income(loss)–Oct \$(185K), YTD (\$667K)

- Medi-Cal Fee for Service (FFS) rates
- Salary & Benefits (FTEs 6% favorable)
- Drug Expenses (26% favorable)
- Prior Year GPP Final Settlement \$2.5 million

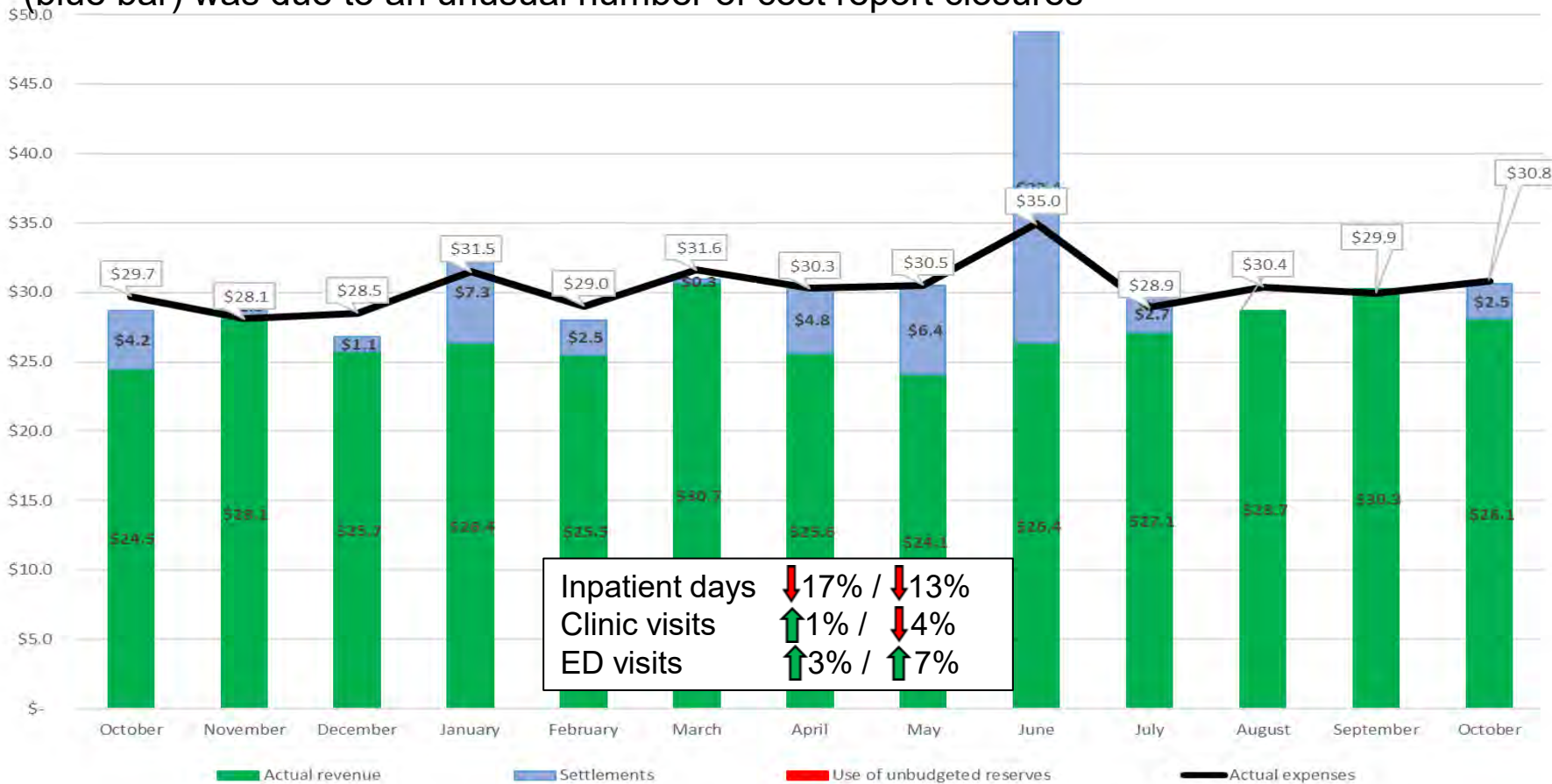
- Medical Supplies Expenses
- Nursing Registry Expenses (\$346K)
- ACE outside medical costs

**October FY22 Snapshot:** October is unfavorable to budget by \$185K and reflects only operations without any reserves or settlements. This is an improvement over the FY21 average monthly loss of \$2.7 million. The YTD loss of \$667K is expected to be corrected in future months. Inpatient volume continues to be down, clinic visits close to target and ED visits are trending down. Managed care membership is within 1% of budget.



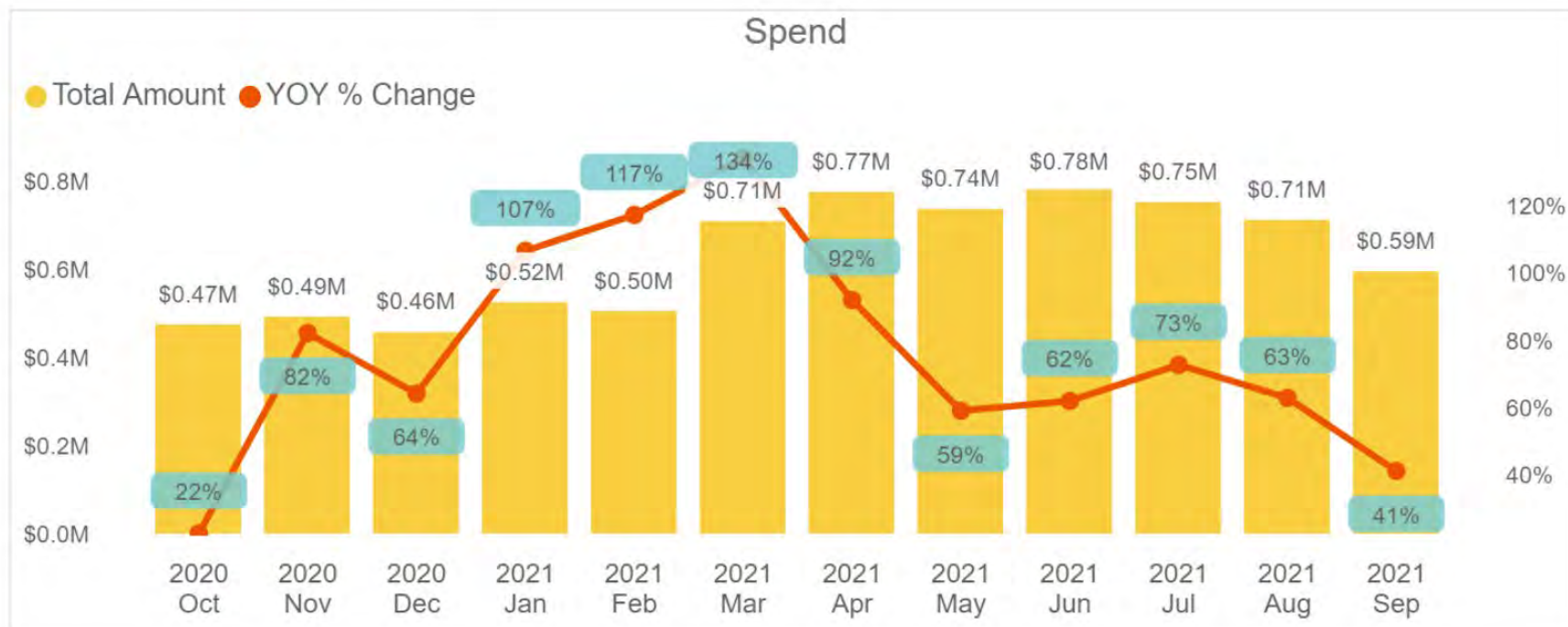
# FY 21-22 Revenue & Expense Trend

SMMC's operational revenue is trending slightly upward (green bar). Operating expenses (black line) are trending flat at a FY22 monthly average of \$30 million, which is at par with the prior 12-month average of \$30.3 million. The \$2.5 million of settlements booked in October was the result of a final distribution for FY21 GPP. The spike in June Settlements (blue bar) was due to an unusual number of cost report closures



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

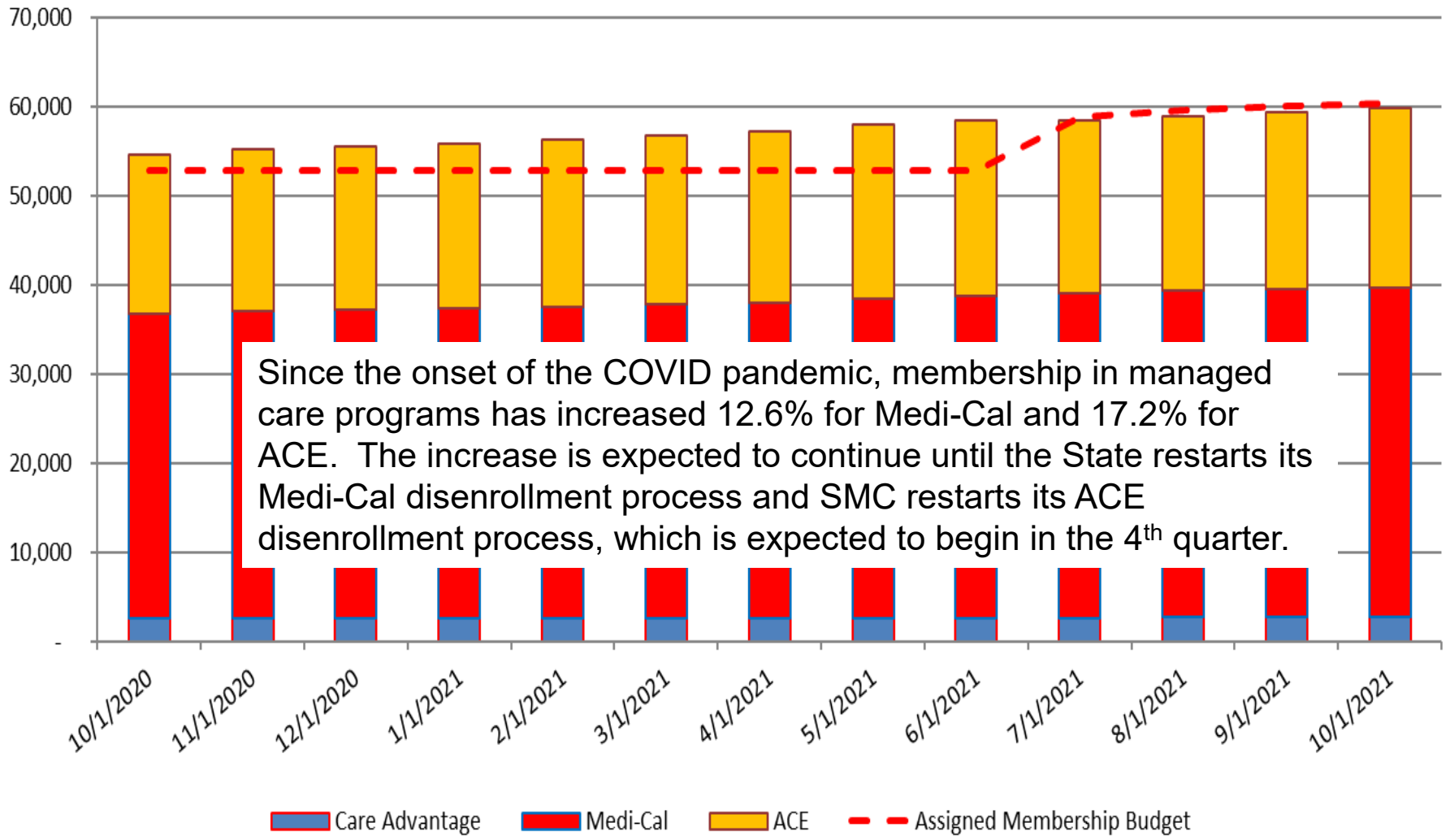
# Nursing Registry Expenses



Source: Optimizer Data as of 10/14/21; Vizient Analysis

Nurse staffing shortages continue to drive registry costs higher. Emergency Room RN hourly rates are now at \$180/hour, a 106% increase over last year. Medical-Surgical RN Hourly rates are now at \$145/hour, a 73% increase over last year.

# Managed Care Membership Trend

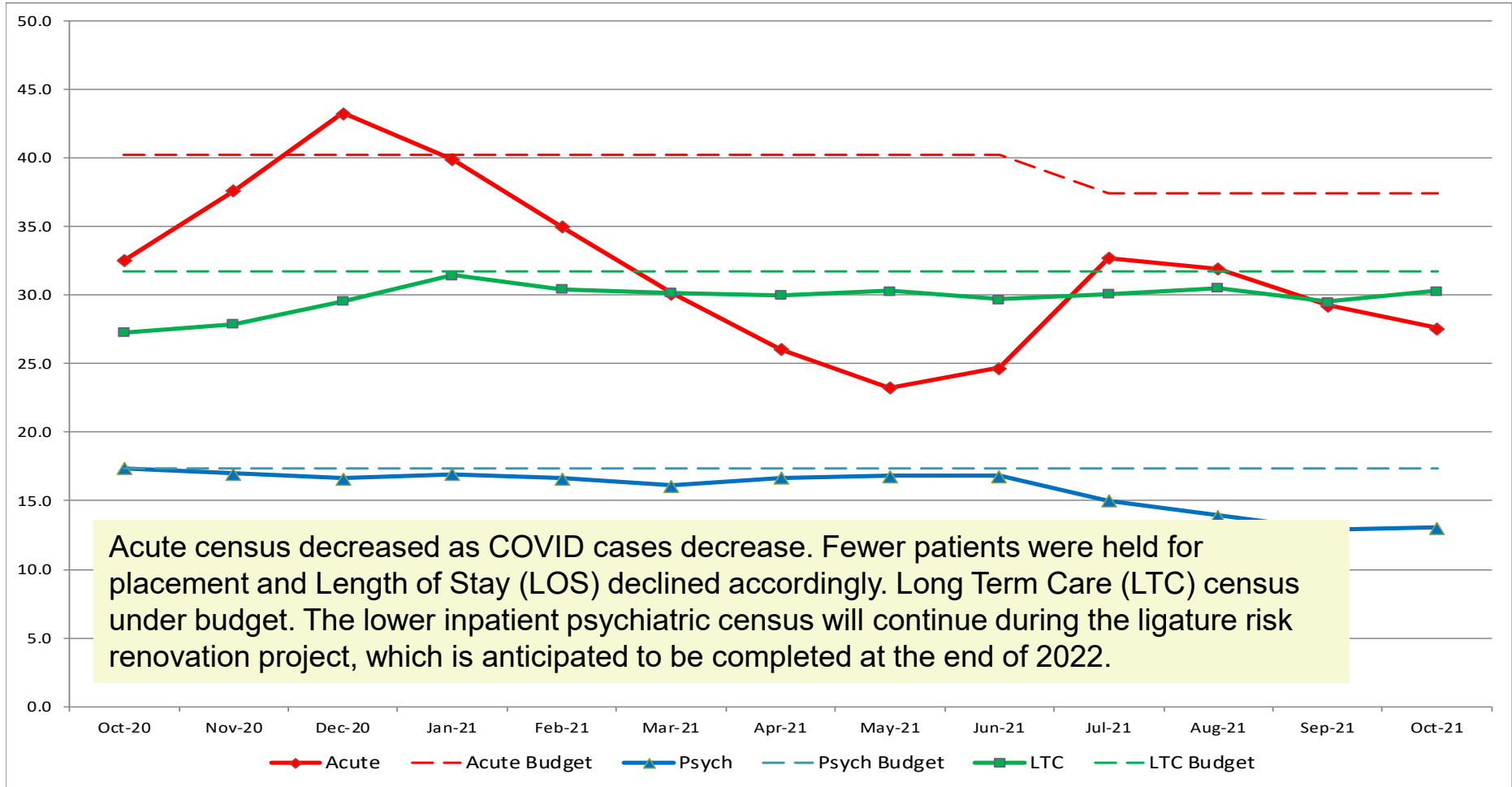


# San Mateo Medical Center Inpatient Days October 31, 2021

MONTH			
Actual	Budget	Variance	Stoplight
2,198	2,652	(454)	-17%

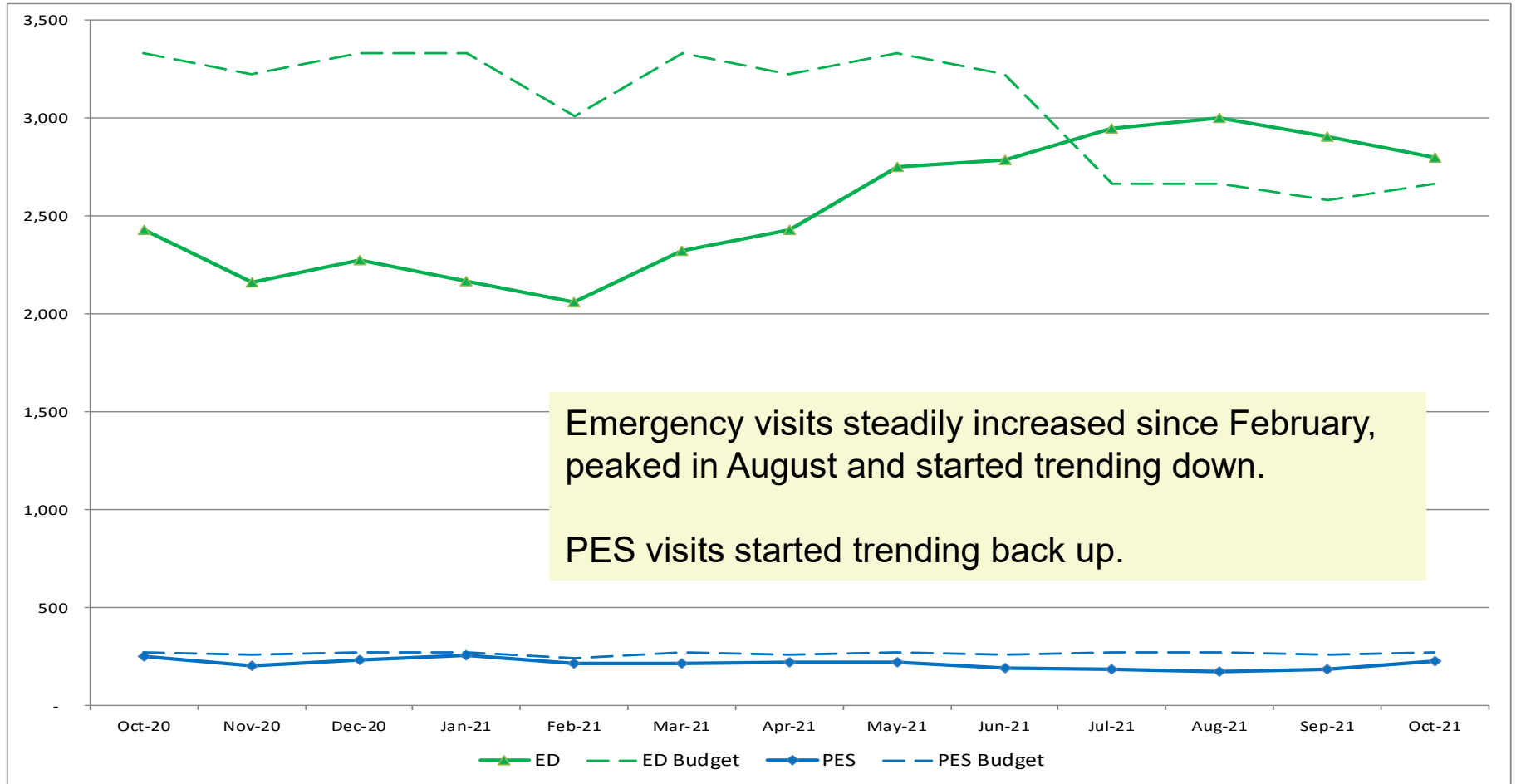
YEAR TO DATE			
Actual	Budget	Variance	Stoplight
9,129	10,521	(1,392)	-13%

**Patient Days**

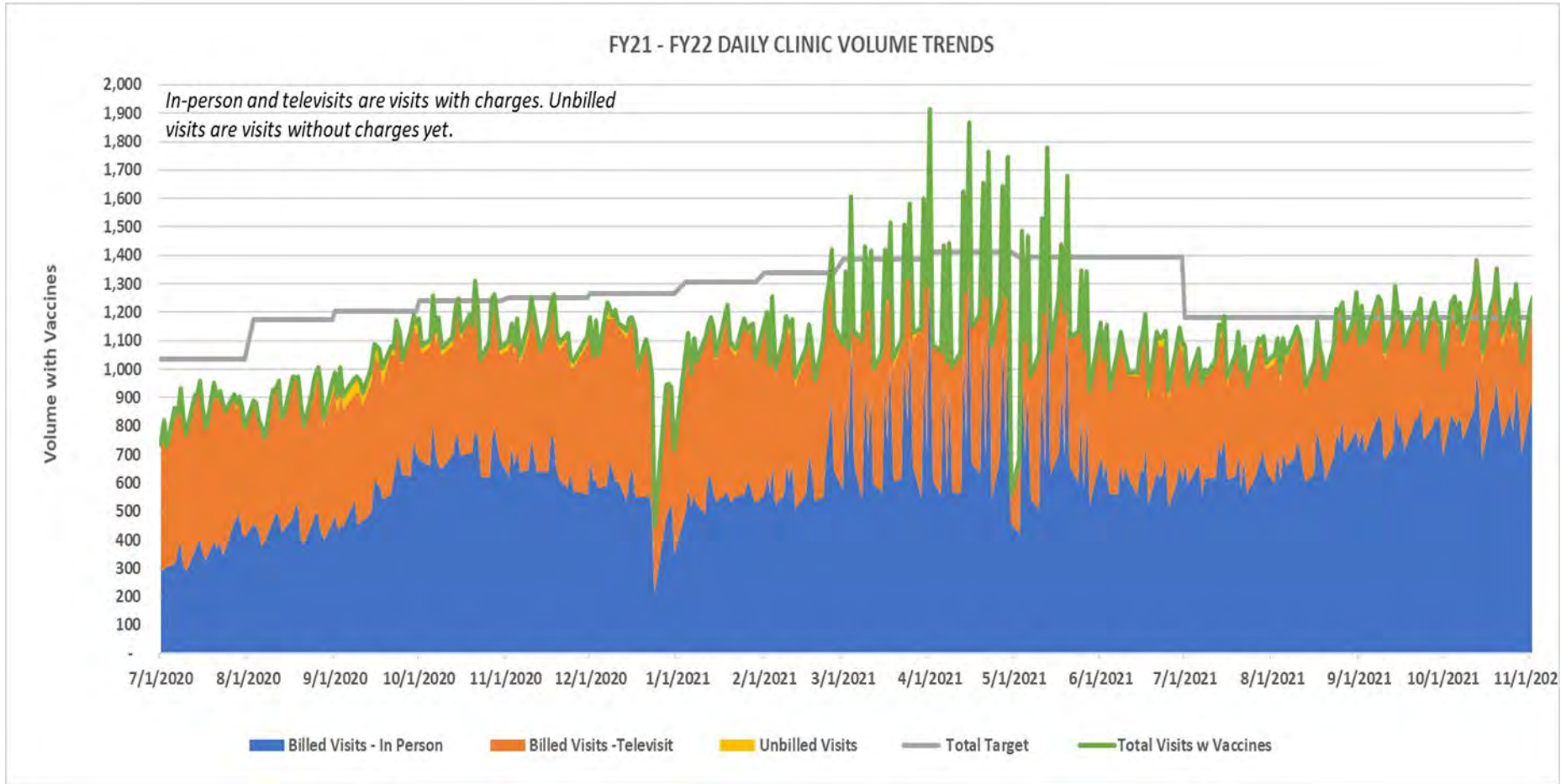


# San Mateo Medical Center Emergency Visits October 31, 2021

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
<b>ED Visits</b>	3,024	2,937	87	3%	12,425	11,655	770	7%

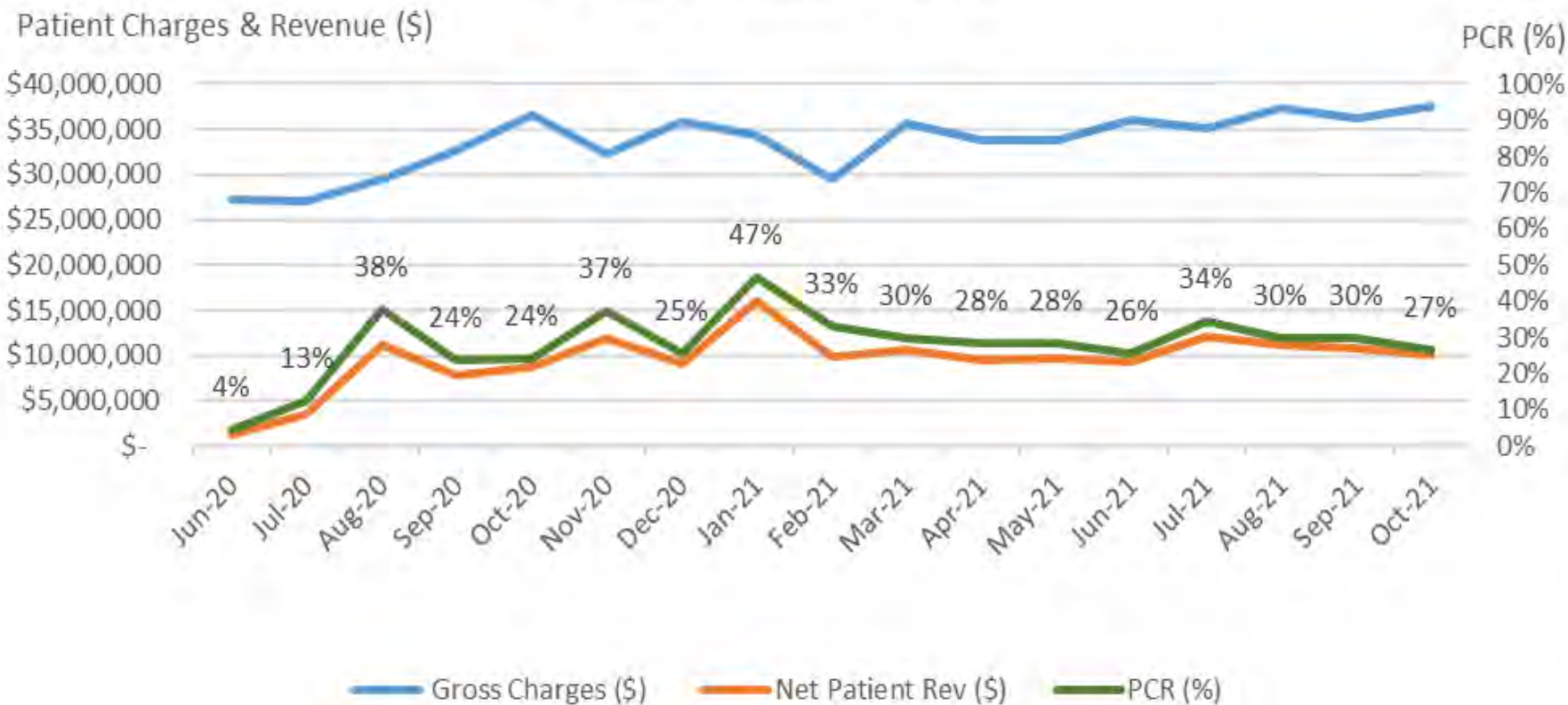


# San Mateo Medical Center Clinic Telehealth Visits October 31, 2021



Clinic telehealth visits were 42% of total visits in FY21, hitting a high of 78% early in the pandemic. Telehealth visits are running at 30.9% of total visits in FY22 as more patients are opting for in-person visits. March & April spikes are due to targeted vaccination events.

## Patient Revenue Trend

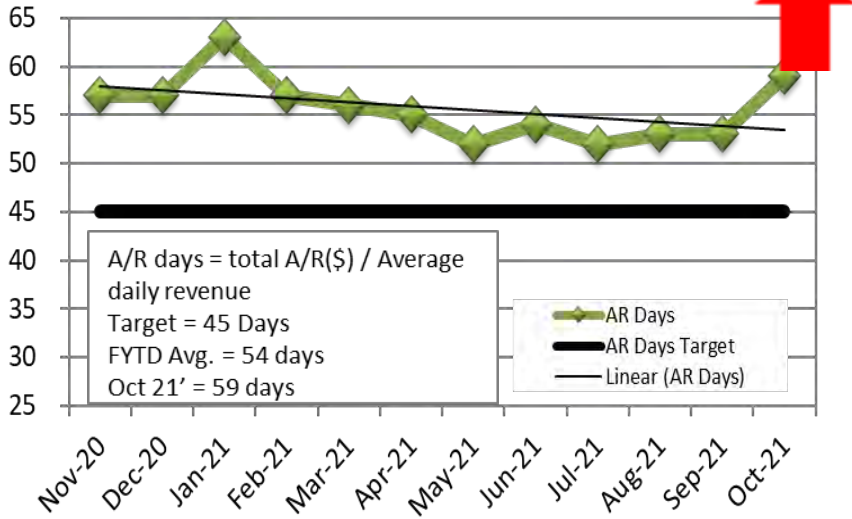


Budgeted PCR 27.5% (FY21), 33.9% (FY22)

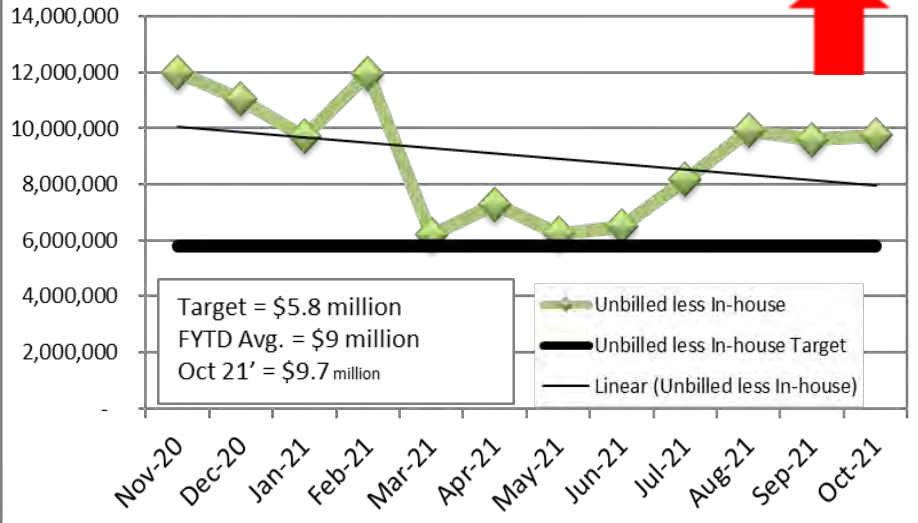
Gross patient revenue is consistent at approximately \$35 million per month since the increase in patient volume late last year. Despite the lower than budgeted gross patient revenue, the collection rate (PCR) is consistently hovering around the historical rate of 30%

# Key Performance Indicators

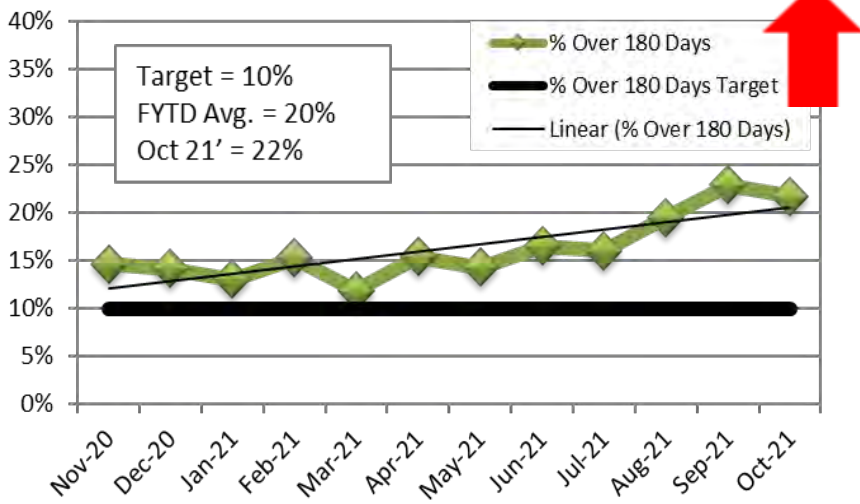
### A/R Days - Rolling 12 Months



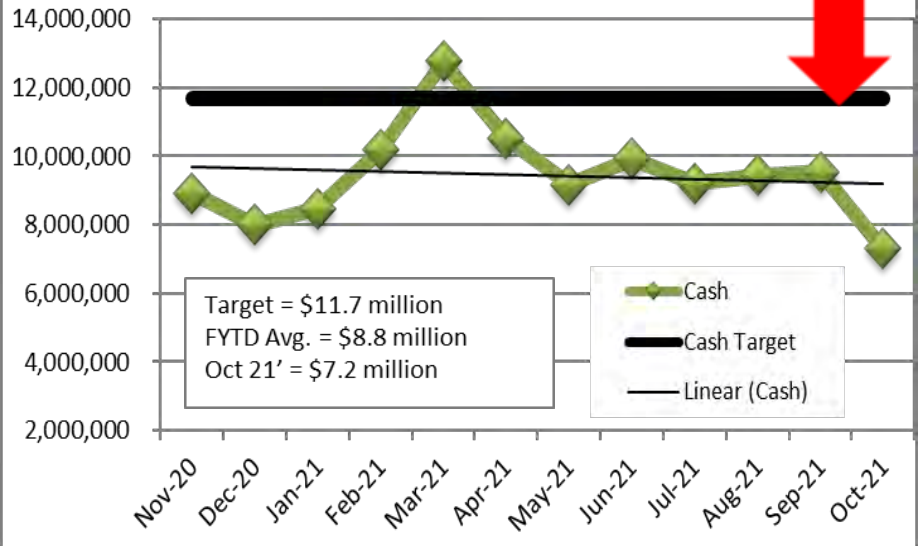
### A/R Unbilled - Rolling 12 Months



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

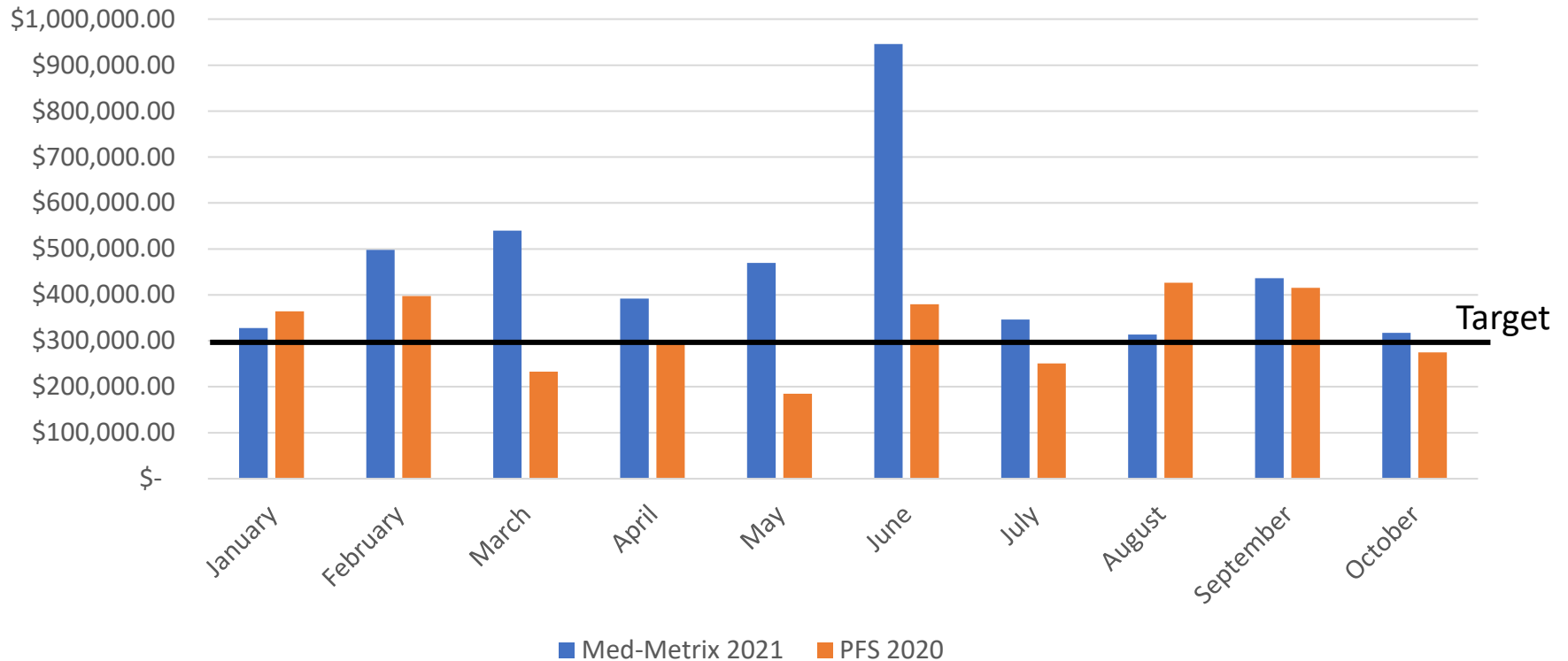


### Cash - Rolling 12 Months





# Commercial Accounts Receivable Collections



*July 2020 MMX began supporting PFS with Commercial Collections*

Med-Metrix is a 3<sup>rd</sup> party vendor supporting the PFS team with collection work on commercial accounts. They have exceeded prior year PFS collections in all but 2 months.





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QUESTIONS?

# APPENDIX



SAN MATEO COUNTY HEALTH  
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**San Mateo Medical Center**  
**Income Statement**  
**October 31, 2021**

	MONTH				YEAR TO DATE				
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight	
	A	B	C	D	E	F	G	H	
1 <b>Income/Loss (GAAP)</b>	(185,250)	0	(185,250)		(667,231)	0	(667,231)		
2 <b>HPSM Medi-Cal Members Assigned to SMMC</b>	37,072	37,247	(175)	0%	147,020	147,317	(297)	0%	
3 <b>Unduplicated Patient Count</b>	66,267	65,556	711	1%	66,267	65,556	711	1%	
4 <b>Patient Days</b>	2,198	2,652	(454)	-17%	9,129	10,521	(1,392)	-13%	
5 <b>ED Visits</b>	3,024	2,937	87	3%	12,425	11,655	770	7%	
7 <b>Surgery Cases</b>	186	266	(80)	-30%	848	1,118	(270)	-24%	
8 <b>Clinic Visits</b>	23,727	23,596	131	1%	94,848	99,101	(4,253)	-4%	
9 <b>Ancillary Procedures</b>	63,960	68,326	(4,366)	-6%	268,427	286,409	(17,982)	-6%	
10 <b>Acute Administrative Days as % of Patient Days</b>	0.0%	N/A	N/A	0%	0.0%	N/A	N/A	0%	
11 <b>Psych Administrative Days as % of Patient Days</b> (Days that do not qualify for inpatient status)	71.0%	80.0%	9.0%	11%	73.4%	80.0%	6.6%	8%	
<b>Pillar Goals</b>									
12 <b>Revenue PMPM</b>	119	160	(41)	-26%	120	161	(41)	-25%	
13 <b>Operating Expenses PMPM</b>	296	311	15	5%	289	313	24	8%	
14 <b>Full Time Equivalents (FTE) including Registry</b>	1,118	1,205	87	7%	1,134	1,205	71	6%	

**San Mateo Medical Center**  
**Income Statement**  
**October 31, 2021**

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
21 <b>Inpatient Gross Revenue</b>	10,429,727	13,751,776	(3,322,049)	-24%	47,887,941	55,007,104	(7,119,164)	-13%
22 <b>Outpatient Gross Revenue</b>	27,121,309	23,742,593	3,378,716	14%	98,342,310	94,970,373	3,371,937	4%
23 <b>Total Gross Revenue</b>	37,551,036	37,494,369	56,667	0%	146,230,250	149,977,477	(3,747,227)	-2%
24 <b>Patient Net Revenue</b>	10,011,729	13,677,761	(3,666,032)	-27%	43,980,478	54,711,046	(10,730,568)	-20%
25 <b>Net Patient Revenue as % of Gross Revenue</b>	26.7%	36.5%	-9.8%	-27%	30.1%	36.5%	-6.4%	-18%
26 <b>Capitation Revenue</b>	367,467	386,246	(18,780)	-5%	1,463,266	1,544,986	(81,719)	-5%
27 <b>Supplemental Patient Program Revenue</b> (Additional payments for patients)	13,559,920	12,722,491	837,429	7%	46,348,783	50,889,965	(4,541,182)	-9%
28 <b>Total Patient Net and Program Revenue</b>	23,939,116	26,786,499	(2,847,383)	-11%	91,792,527	107,145,997	(15,353,470)	-14%
29 <b>Other Operating Revenue</b> (Additional payment not related to patients)	1,007,985	1,175,198	(167,213)	-14%	4,424,855	4,700,791	(275,936)	-6%
30 <b>Total Operating Revenue</b>	24,947,101	27,961,697	(3,014,595)	-11%	96,217,382	111,846,787	(15,629,405)	-14%

**San Mateo Medical Center**  
**Income Statement**  
**October 31, 2021**

MONTH			
Actual	Budget	Variance	Stoplight
A	B	C	D

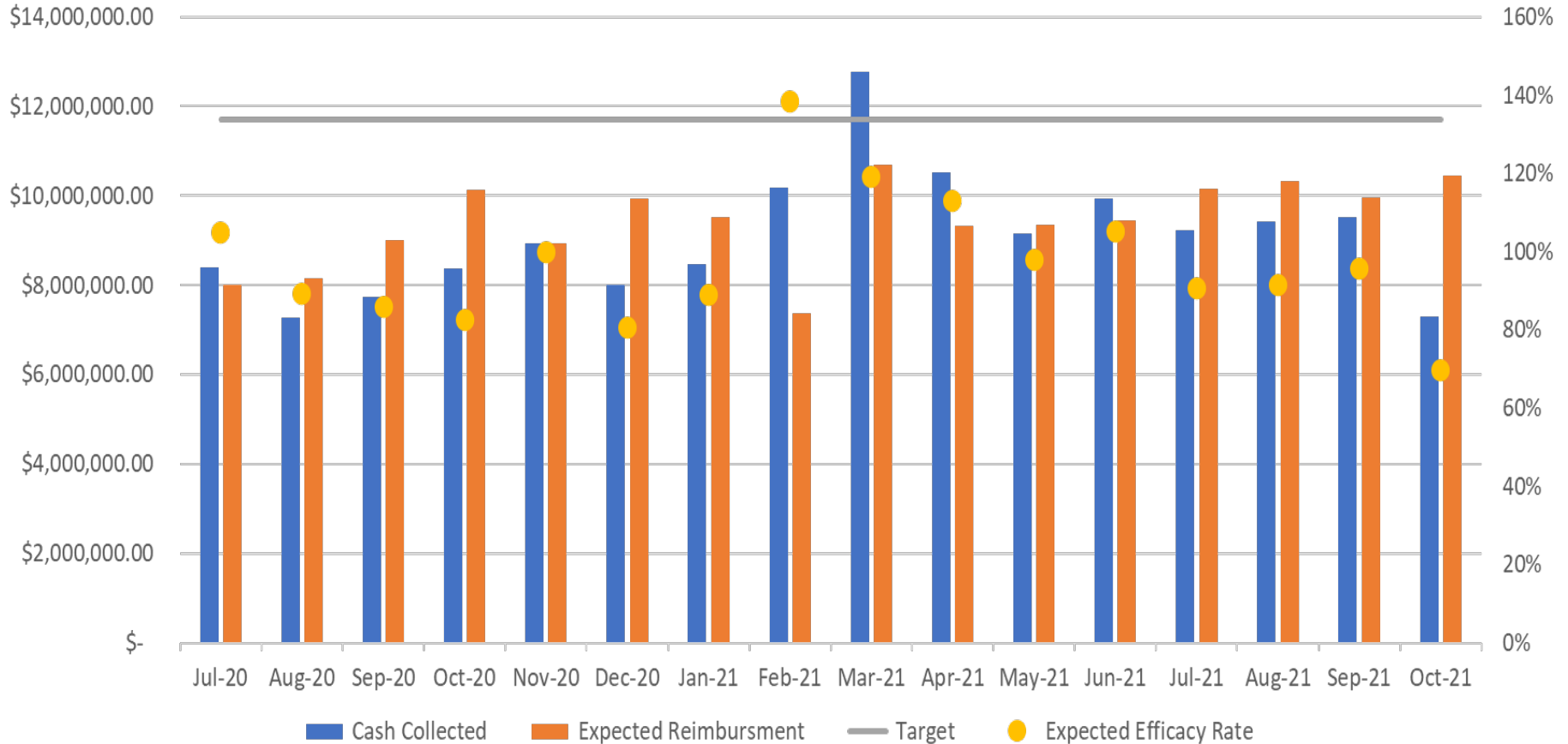
YEAR TO DATE			
Actual	Budget	Variance	Stoplight
E	F	G	H

**Operating Expenses**

31	Salaries & Benefits	16,799,731	18,553,233	1,753,502	9%	66,997,123	74,212,931	7,215,807	10%
32	Drugs	1,025,622	1,279,462	253,839	20%	3,768,843	5,117,847	1,349,003	26%
33	Supplies	1,338,757	902,477	(436,280)	-48%	4,253,666	3,609,909	(643,757)	-18%
34	Contract Provider Services	4,641,515	3,405,431	(1,236,084)	-36%	17,156,983	13,621,726	(3,535,257)	-26%
35	Other fees and purchased services	5,393,104	5,134,188	(258,916)	-5%	21,312,248	20,536,751	(775,496)	-4%
36	Other general expenses	434,286	1,527,114	1,092,828	72%	1,814,701	6,108,456	4,293,755	70%
37	Rental Expense	203,442	241,444	38,003	16%	774,787	965,778	190,991	20%
38	Lease Expense	742,610	742,610	-	0%	2,970,439	2,970,439	-	0%
39	Depreciation	265,937	227,894	(38,043)	-17%	1,018,722	911,578	(107,144)	-12%
40	<b>Total Operating Expenses</b>	<b>30,845,005</b>	<b>32,013,854</b>	<b>1,168,849</b>	<b>4%</b>	<b>120,067,511</b>	<b>128,055,414</b>	<b>7,987,903</b>	<b>6%</b>
41	<b>Operating Income/Loss</b>	<b>(5,897,903)</b>	<b>(4,052,157)</b>	<b>(1,845,746)</b>	<b>-46%</b>	<b>(23,850,129)</b>	<b>(16,208,627)</b>	<b>(7,641,502)</b>	<b>-47%</b>
42	<b>Non-Operating Revenue/Expense</b>	<b>410,851</b>	<b>(1,249,645)</b>	<b>1,660,496</b>	<b>133%</b>	<b>1,975,691</b>	<b>(4,998,580)</b>	<b>6,974,271</b>	<b>140%</b>
43	<b>Contribution from County General Fund</b>	<b>5,301,802</b>	<b>5,301,802</b>	<b>(0)</b>	<b>0%</b>	<b>21,207,207</b>	<b>21,207,207</b>	<b>(0)</b>	<b>0%</b>
44	<b>Total Income/Loss (GAAP)</b>	<b>(185,250)</b>	<b>0</b>	<b>(185,250)</b>		<b>(667,231)</b>	<b>0</b>	<b>(667,231)</b>	

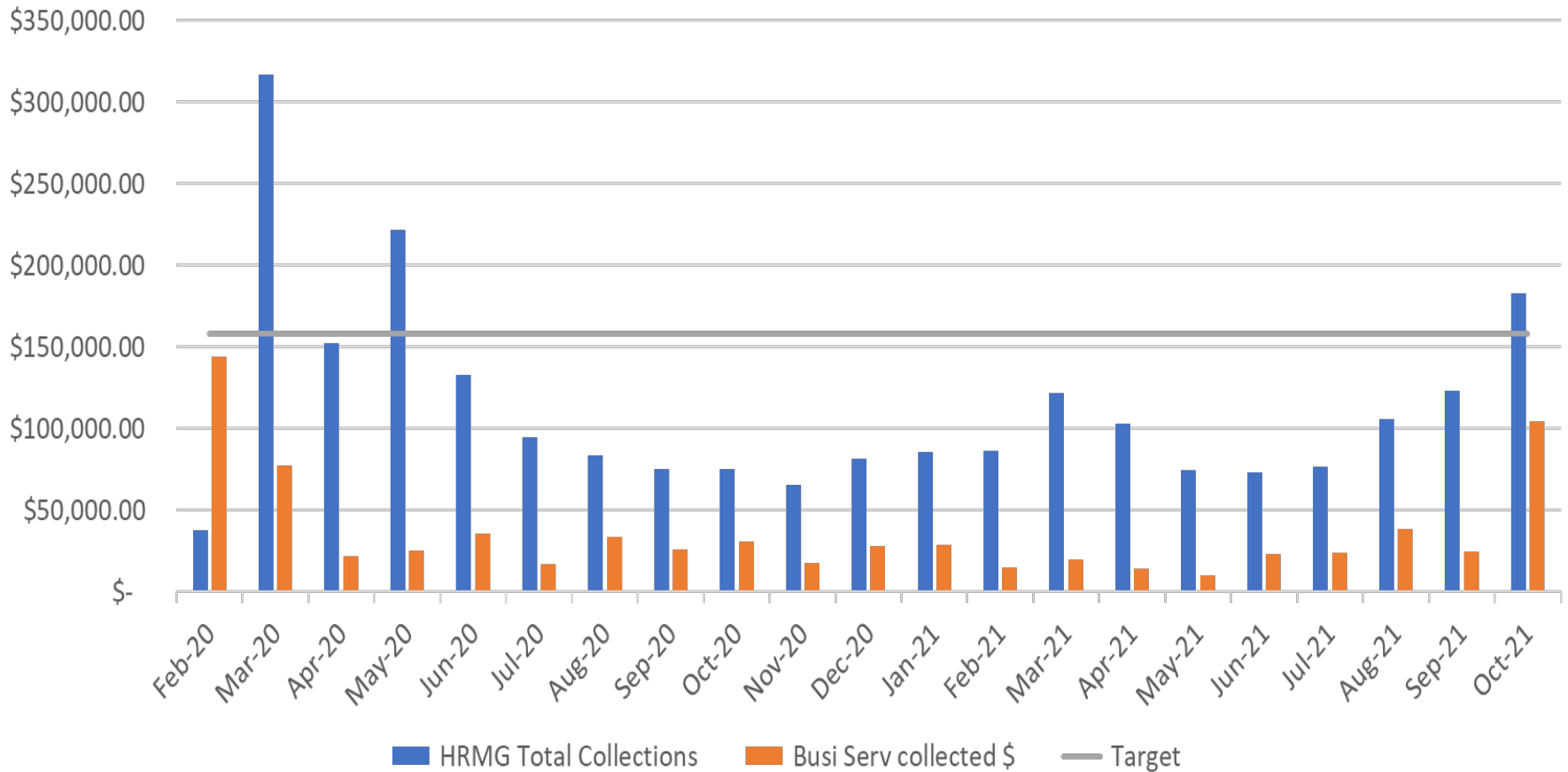
(Change in Net Assets)

# 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



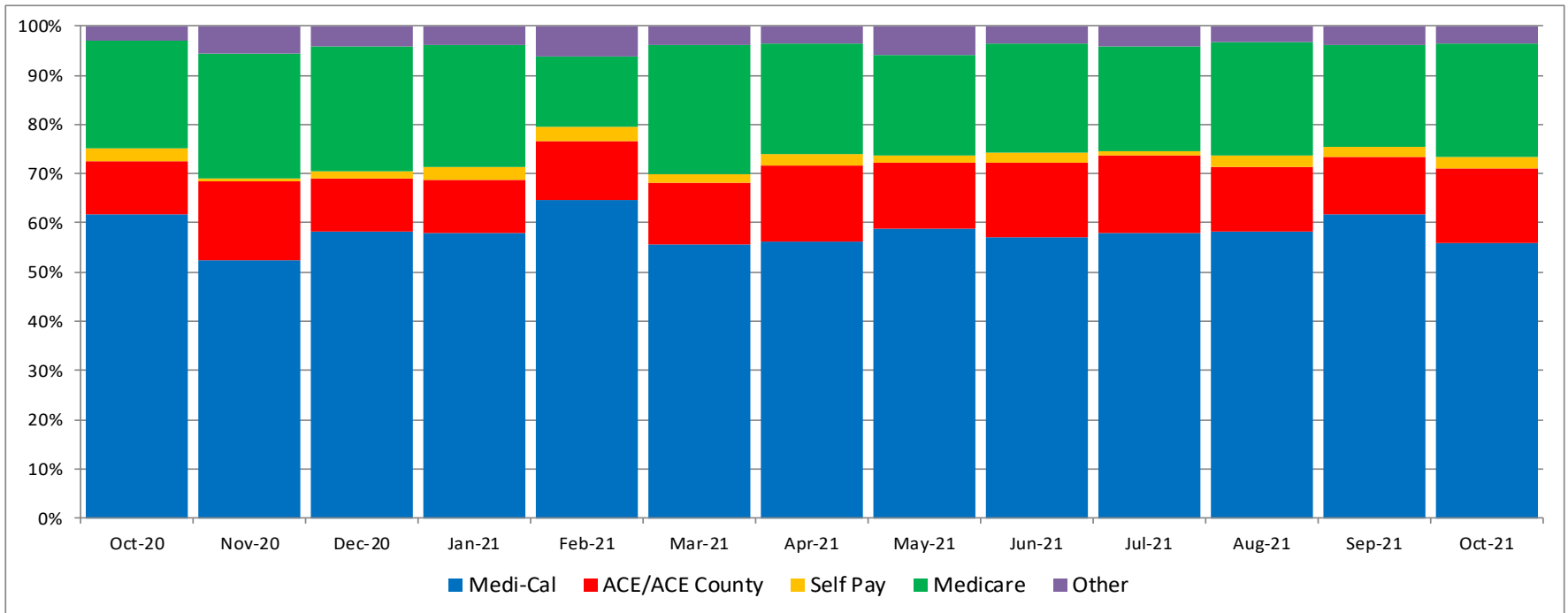
SMMC contracted with Healthcare Revenue Management Group to support SMMC's Business Services unit with collections of self-pay balances



**San Mateo Medical Center  
Payer Mix  
October 31, 2021**

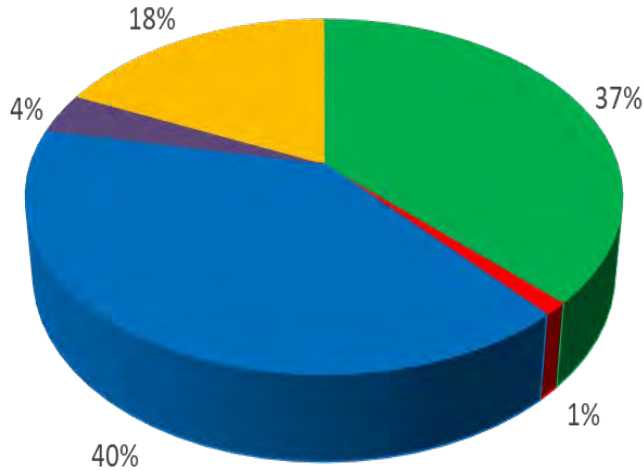
Payer Type by Gross Revenue	MONTH			
	Actual	Budget	Variance	Stoplight
	A	B	C	D
Medicare	23.1%	22.7%	0.4%	
Medi-Cal	56.0%	58.9%	-2.9%	
Self Pay	2.2%	1.6%	0.7%	
Other	3.6%	4.3%	-0.7%	
ACE/ACE County	15.1%	12.5%	2.5%	
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>		

Payer Type by Gross Revenue	YEAR TO DATE			
	Actual	Budget	Variance	Stoplight
	E	F	G	H
Medicare	22.0%	22.7%	-0.7%	
Medi-Cal	58.4%	58.9%	-0.5%	
Self Pay	1.9%	1.6%	0.3%	
Other	3.7%	4.3%	-0.6%	
ACE/ACE County	13.9%	12.5%	1.4%	
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>		

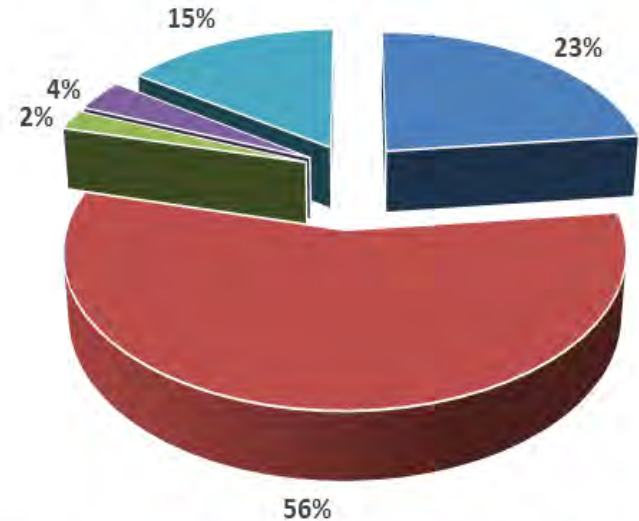


# Revenue Mix

## Sources of Revenue



## Payor Mix



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

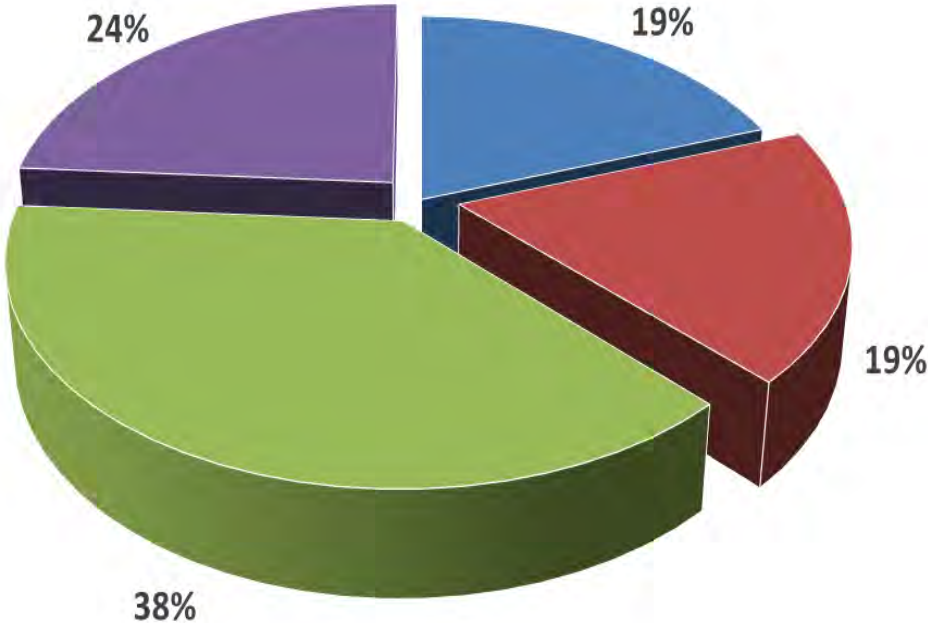
**Health Plan of San Mateo (HPSM)** represents 32% of our Operating Revenue

- 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.

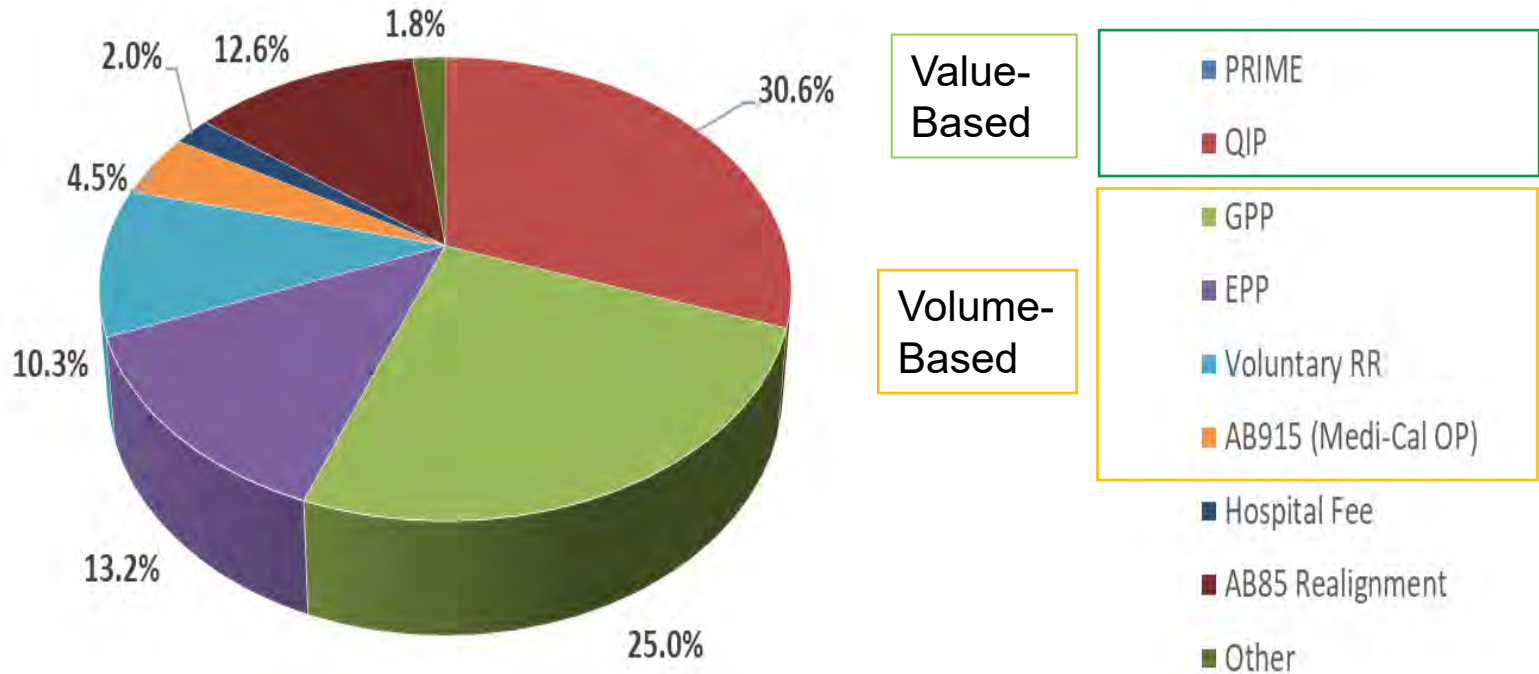
NO commercial contracts

# Revenue Mix by Service Line



- Inpatient
- Hospital ED & Outpatient
- Ambulatory Clinics
- Ancillary Services

# Supplemental Revenue Mix

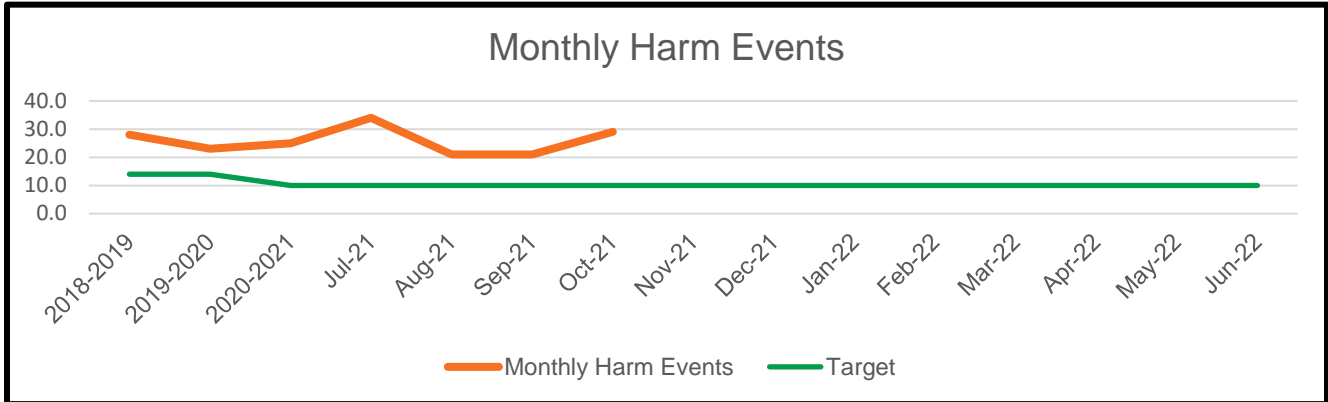


- **Value-Based** programs represent 30.6% of our Supplemental Revenue
- **Volume-Based** programs represent 69.4% of our Supplemental Revenue

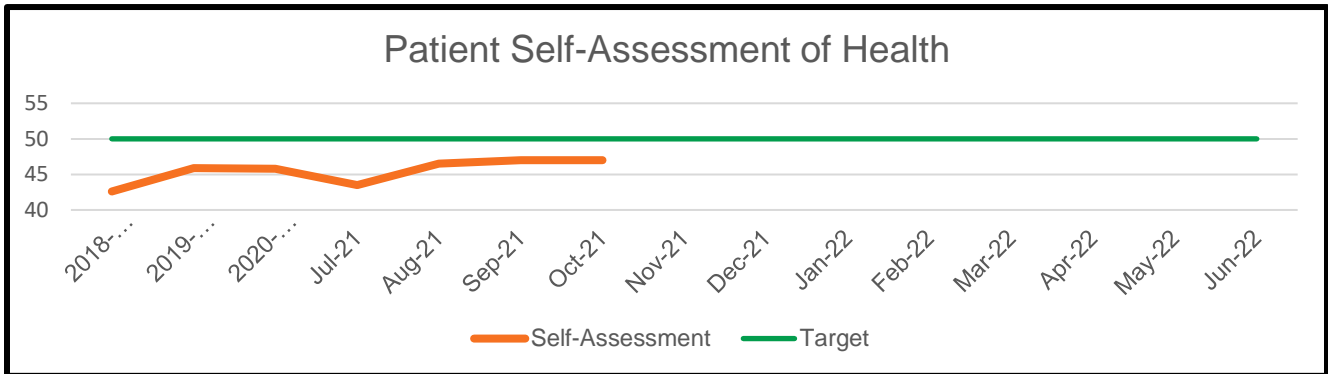
# CEO REPORT

## December 2021

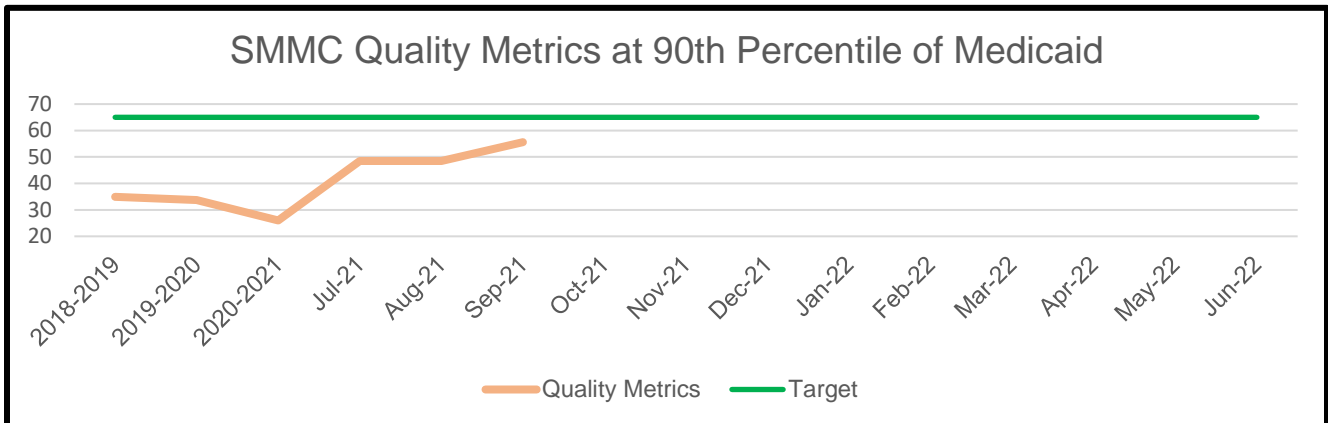
### EXCELLENT CARE METRICS



**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.**

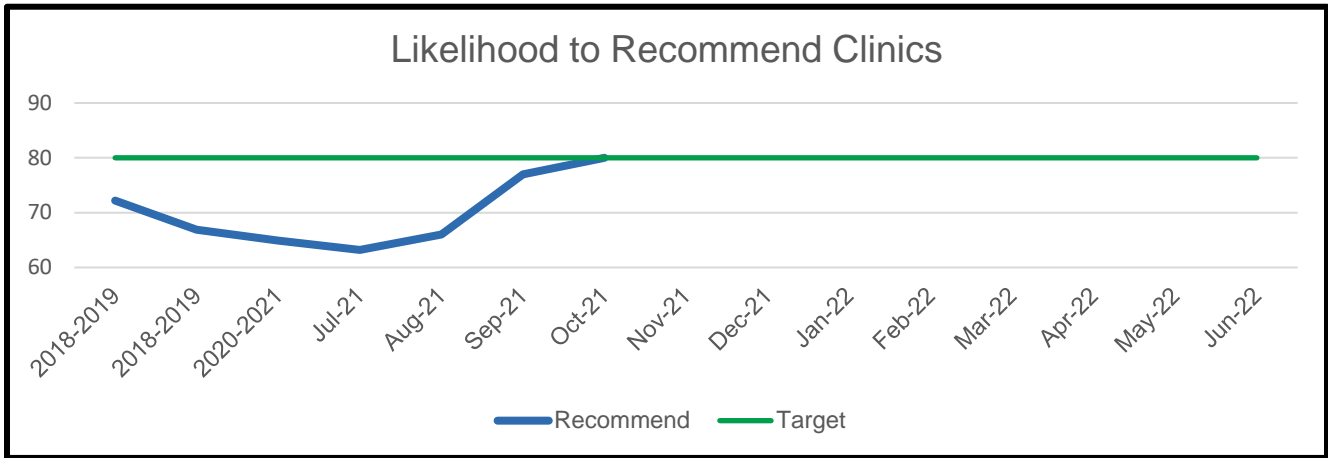


**Patient Self-Assessment of Health:** All Primary Care patients receive an experience survey. One question asks them to rate their health from poor to excellent. This is the percentage that rate their health as very good or excellent. **Higher is better.**

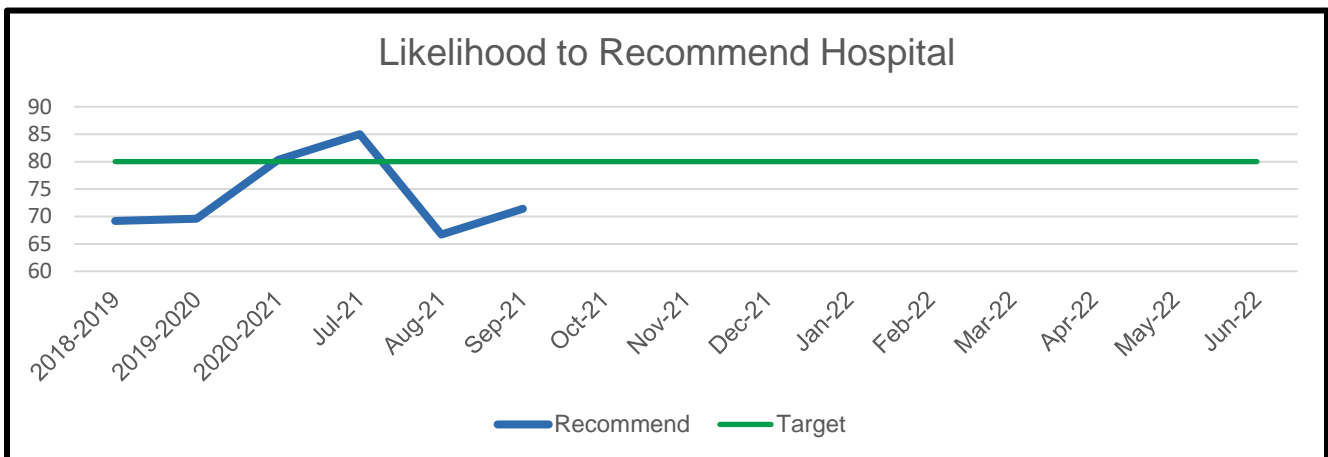


**Quality Metrics at 90<sup>th</sup> Percentile:** SMMC seeks excellence in all that it does. The organization currently participates in a number of pay for performance programs including PRIME, QIP and the Health Plan of San Mateo Pay for Performance Program. This metric measures the percentage of quality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

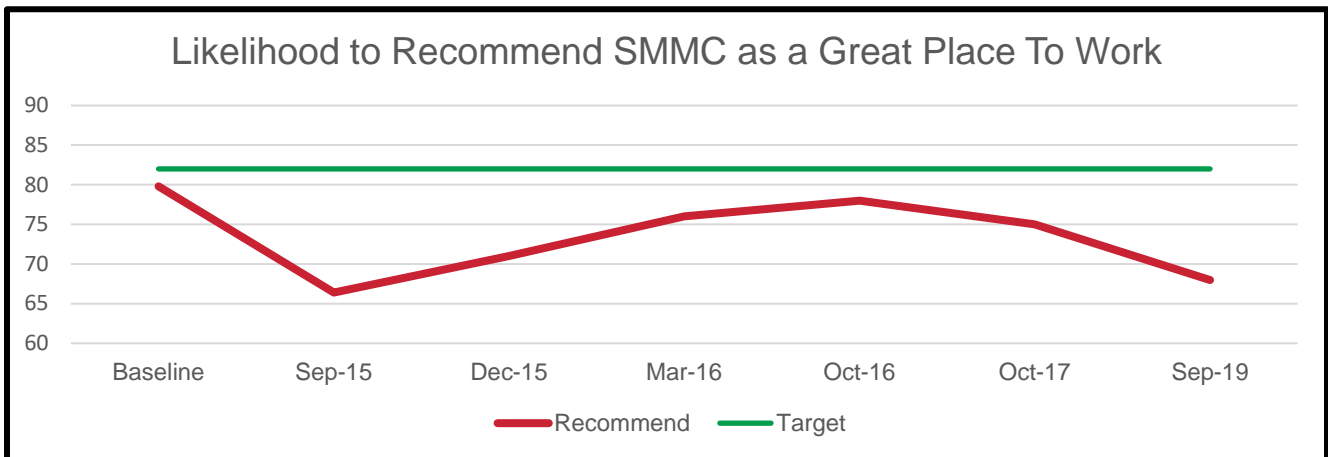


**Likelihood to Recommend Clinics:** Percentage of patients who gave SMMC the highest score (9 or 10) on the patient experience survey question, “How likely are you to recommend this clinic to friends and family?” **Higher is better.**



**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.**

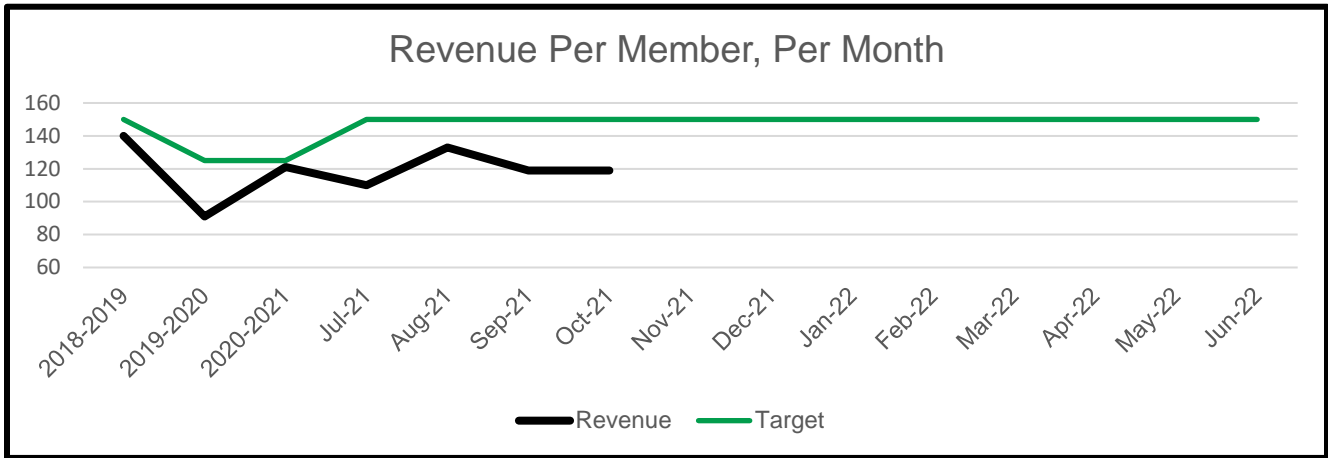
## STAFF ENGAGEMENT METRICS



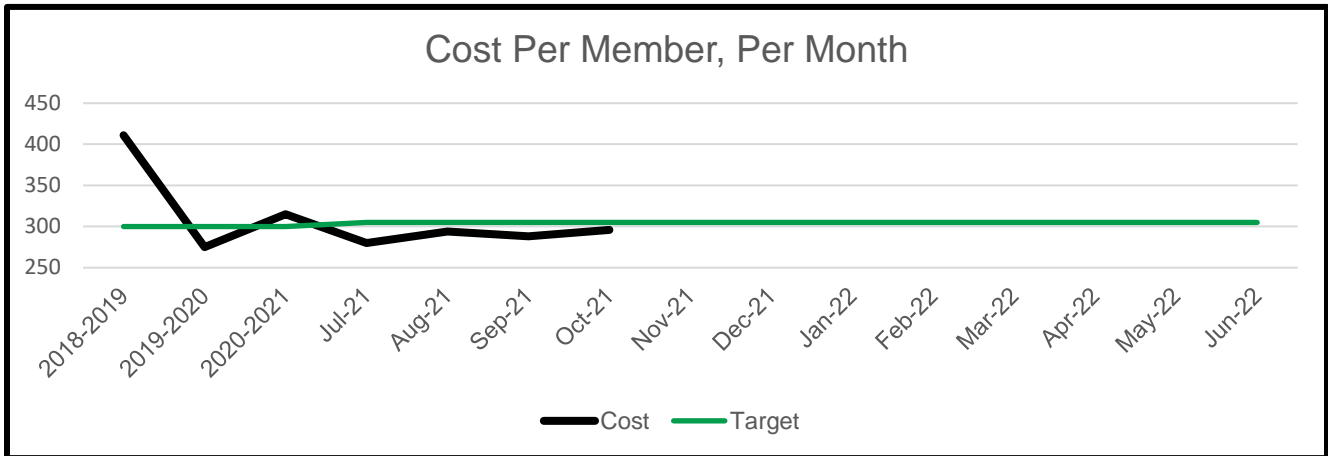
**Likelihood to Recommend SMMC:** Percentage of staff who agree or strongly agree that they would recommend SMMC as a great place to work. Measured using the annual Blessing White staff engagement survey. **Higher is better.**



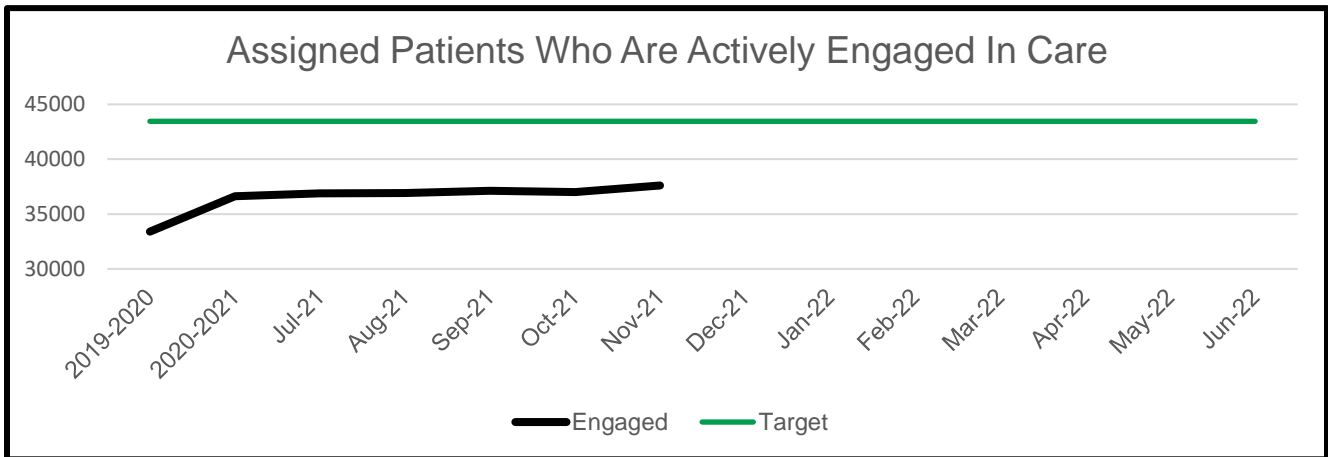
## FINANCIAL STEWARDSHIP METRICS



**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

**SMMC Vaccination Efforts Continue** – In November, SMMC was excited to launch its pediatric COVID-19 vaccination efforts following Federal and State approval of the Pfizer vaccine for kids age 5 to 11. The organization's COVID-19 booster efforts for adults are also in full swing. As of 11/29/2021, 40,687 (66%) of our patients over the age of 5 have received at least one dose of COVID vaccine (58.1% are considered fully vaccinated). Those having received at least one dose include 71.8% of our patients over age 12, 72.1% of those over age 16, 77.6% of those over 50 and 79.9% of patients over age 65. The data also indicates that 66% of our patients over age 5 in our most vulnerable neighborhoods have received at least one vaccine dose. We are deeply grateful to everyone supporting these important efforts.

**SMMC Recognized for Non-COVID Immunization Efforts-** The Medi-Cal Quality Incentive Pool (QIP) Program was established in 2017 and converted funding from previously existing supplemental payments into a value-based structure meeting the requirements of the Federal Managed Care Rule. QIP payments are “tied to performance on designated performance metrics in four strategic categories: primary care, specialty care, inpatient care, and resource utilization.” Each year, high performers on certain metrics become eligible for additional funding. This year, despite the challenges of the pandemic, SMMC was recognized as a top performer in two categories: Adolescent Immunization Rates and Pediatric Immunization Rates. Being designated a top performer means that SMMC was amongst the top four California Designated Public Hospital Systems with respect to patients in each category who were up to date with routine immunizations. This recognition also comes with some additional funding and we are awaiting finalization of the amounts. Congratulations to everyone who worked to meet this important need of our pediatric and adolescent patients during these difficult times.



November 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	26,478 (October 2021)	1.0%	11.6%
SMMC Emergency Department Visits	3,024 (October 2021)	-2.2%	9%
New Clients Awaiting Primary Care Appt.	0 (November 2021)	N/A	N/A

## Aging & Adult Services supports caregivers virtually

During the COVID shutdown, In-Home Supportive Services (IHSS) Public Authority (PA) provided seamless virtual services to over 6,000 IHSS providers, who are caregivers in the program managed by Aging and Adult Services. On September 29, 2021 the California Department of Social Services removed this virtual flexibility unless the county office was to remain closed. Since the Aging and Adult Services office did not close to the public during the pandemic, PA staff developed an in-person verification appointment system to provide optimal public service. This new appointment system was implemented on October 1, 2021. Appointments are scheduled Monday through Friday from 8am – 4pm. Aging and Adult Services continues to experience a steady increase in the number of appointments scheduled each week.

## Spanish-language forum **address residents' questions about pediatric vaccines**



County Health continues to work with the County Office of Education to provide information to families and respond to **residents' questions. In early November**, County Health co-hosted a [livestreamed online forum](#) in Spanish with the Office of Education and Casa Circulo Cultural, a Redwood City – based arts and culture non-profit, to answer questions about **pediatric vaccination. Dr. Yvonne “Bonny” Maldonado**, professor of global health and infectious diseases at Stanford, led the forum, along with pediatricians from Kaiser, Sutter-PAMF, **Stanford Children’s Health, and the American Academy of Pediatrics.** The Spanish-language broadcast was viewed by an audience of near 2,000.

## Microfood business grants are now available

The Board of Supervisors approved a new round of grants to help microfood businesses that have not received assistance from County COVID-19 relief programs in the past 12 months. Overseen by SMCStrong, the grants include \$2,500 for cottage food operators, \$5,000 for caterers, food trucks, and food carts, and \$10,000 for commissaries and incubator kitchens. Funds can be used to offset revenue losses and past debt due to the state shutdown orders, to continue operations, and to help cover current operating expenses. Environmental Health Services oversees the permitting process for microfood businesses.

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