



SAN MATEO COUNTY HEALTH

**SAN MATEO  
MEDICAL CENTER**

# **BOARD OF DIRECTORS MEETING**

Monday, February 7, 2022

8:00 AM – 10:00 AM



# AGENDA

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Board of Directors

Monday, February 7, 2022

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**

### **E. PUBLIC COMMENT**

Persons wishing to address items not on the agenda

**F. FOUNDATION REPORT**

John Jurow

**G. CONSENT AGENDA**

Approval of:

1. January 3, 2022 Minutes

**H. MEDICAL STAFF REPORT**

Chief of Staff Update

Dr. Steve Hassid

**I. ADMINISTRATION REPORTS**

1. Emergency Department

Dr. Alpa Sanghavi..... Verbal  
Dr. Serena Lee  
Cynthia Grivas

2. Diversity, Equity & Inclusion - An Overview

Dr. Alpa Sanghavi..... Verbal  
Lalitha Sankaran

3. BHRS – Youth System of Care

Louise Rogers..... Verbal  
Ziomara Ochoa

4. Financial Report

David McGrew.....TAB 2

5. CEO Report  
- SMMC True North Part 2.....Verbal

Dr. CJ Kunnappilly.....TAB 2

**J. COUNTY HEALTH CHIEF REPORT**

County Health Snapshot

Louise Rogers

**K. COUNTY MANAGER’S REPORT**

Mike Callagy

**L. BOARD OF SUPERVISOR’S REPORT**

Supervisor Carole Groom

**M. ADJOURNMENT**

**PROCEDURAL**



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San Mateo Medical Center  
222 W 39th Avenue  
San Mateo, CA 94403  
650-573-2222 τ  
[smchealth.org/smmc](http://smchealth.org/smmc)

To: San Mateo Medical Center Board  
From: Dr. CJ Kunnappilly, CEO  
Date: February 7, 2022  
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





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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, January 3, 2022  
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  
Peggy Jensen  
Margaret Hambleton  
Rebecca Archer  
John Jurow  
Karen Pugh  
Gabriela Behn  
Rachel Daly

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 8:25 AM to Open Session. A quorum was present (see above).	
Report out of Closed Session	Medical Staff Credentialing Report for January 3, 2022. QIC Minutes from November 23, 2021. Medical Executive Committee Minutes from December 14, 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 county has approved the donation of a van to the Foundation which had been retired from the van pool. It has been a helpful addition and John expressed his appreciation.  Donations from the year-end appeal are still coming in and are around \$100,000 and expected to receive more.  A former patient of SMMC made a bequest of her house to the Foundation. The home is located nearby on 40 <sup>th</sup> Avenue and John will be working with a realtor to put it on the market.	FYI

Consent Agenda	<p>Approval of:</p> <ol style="list-style-type: none"> <li>1. Hospital Board Meeting Minutes from December 6, 2021.</li> <li>2. SMMC Board of Directors Bylaws</li> </ol>	It was MOVED, SECONDED and CARRIED unanimously to approve all items on the Consent Agenda.
Medical Staff Report Dr. Steve Hassid	<p>Dr. Hassid reported that there is great need for COVID testing in the community and some have been coming to the ED for testing because they can't find them in the community. As expected, inpatient numbers for hospitalization due to COVID has been rising and this is likely due to gatherings during the holidays. The Omicron variant is more contagious, but the symptoms are less severe. Patients who are currently hospitalized for COVID are almost always unvaccinated.</p> <p>Schools will continue regularly testing students and staff as they have been. The County distributed 38,000 tests to schools a few weeks ago and there will be another 90,000 for schools soon.</p>	FYI
Compliance Report Gabriela Behn	<p>The Corporate Integrity Agreement (CIA) requirements include training for Hospital Board members which will happen later in the meeting.</p> <p>Completed CIA tasks:</p> <ul style="list-style-type: none"> <li>• Management Certification Process</li> <li>• Policies and Procedures</li> <li>• Training Plan</li> <li>• Disclosure Plan/Hotline</li> <li>• IRO Selection – Approved by OIG</li> <li>• Risk Assessment and Internal Review Process</li> </ul> <p>The Compliance Work Plan restarted in December. Coding Accuracy Audit. January-December 2021: Inpatient 98.6% accuracy. Outpatient 97.4 %. Clinic 71.4% (goal is 80%)</p> <p>RFP issued for automated coding programs as well as personnel support for outpatient coding support.</p>	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	<p>Dr. Kunnappilly presented the CEO report which was included in the Board packet and answered questions from the Board.</p> <p>True North presentation: Encompasses the Why, How, and What</p>	FYI

	<p>Vision = True North. Every patient will their healthiest life.</p> <p>Mission = We partner with our community to provide excellent healthcare for patients, including those experiencing social, environmental, or economic challenges.</p> <p>Values = Commit to equity. Seek collaboration. Embrace learning. Inspire trust. Nurture ownership.</p> <ul style="list-style-type: none"> <li>• We include and prioritize the voices, experiences, interests, and needs of those who are most impacted by social injustices.</li> <li>• We pursue meaningful partnerships with patients, peers, and community members to achieve shared goals.</li> <li>• We are dedicated to continuous improvement and invested in the growth of ourselves and one another.</li> <li>• We are reliable, display integrity, follow through on our promises, and create safe spaces for all.</li> <li>• We are empowered to focus on achieving the best outcomes for patients, taking pride in the work we do.</li> </ul>	
<p>County Health Chief Report Louise Rogers</p>	<p>Ms. Rogers reported that there has been an increase in positive COVID results in the County; up to 600 per day at one point. This does not include results from at-home antigen testing. Hospitalization rates are important indicators and the severity of the Omicron variant appears to be lower than Delta.</p> <p>Booster shots for 12 and older has been approved which is great news. Over 50% of 5-11 year olds have had at least one COVID vaccination. There is a strong commitment from the County to keep schools open and students learning in-person.</p>	FYI
<p>County Manager Mike Callagy</p>	<p>Mr. Callagy expressed his appreciation for the teamwork and coordination between Health and the San Mateo County Office of Education.</p>	FYI
<p>Board of Supervisors Supervisor Groom</p>	<p>The Board of Supervisors will be choosing the next Chair and Vice Chair for the BOS. Supervisor Groom thanked Supervisor Canepa for his tenure as Chair.</p>	FYI
<p>Training Compliance Oversight and Governance Obligations</p>	<p>The SMMC Compliance team arranged for Hospital Board members to be trained. It was attended by all members: Supervisor Carole Groom, Supervisor David Canepa, Mike Callagy, Louise Rogers, Dr. CJ Kunnappilly, Dr. Steve Hassid, Dr. Brita Almog, Dr. Gordon Mak, and Deborah Torres. Several staff members were also present.</p>	FYI

Supervisor Groom adjourned the meeting at 10:00 AM. The next Board meeting will be held on February 7, 2022.

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: December FY21-22**

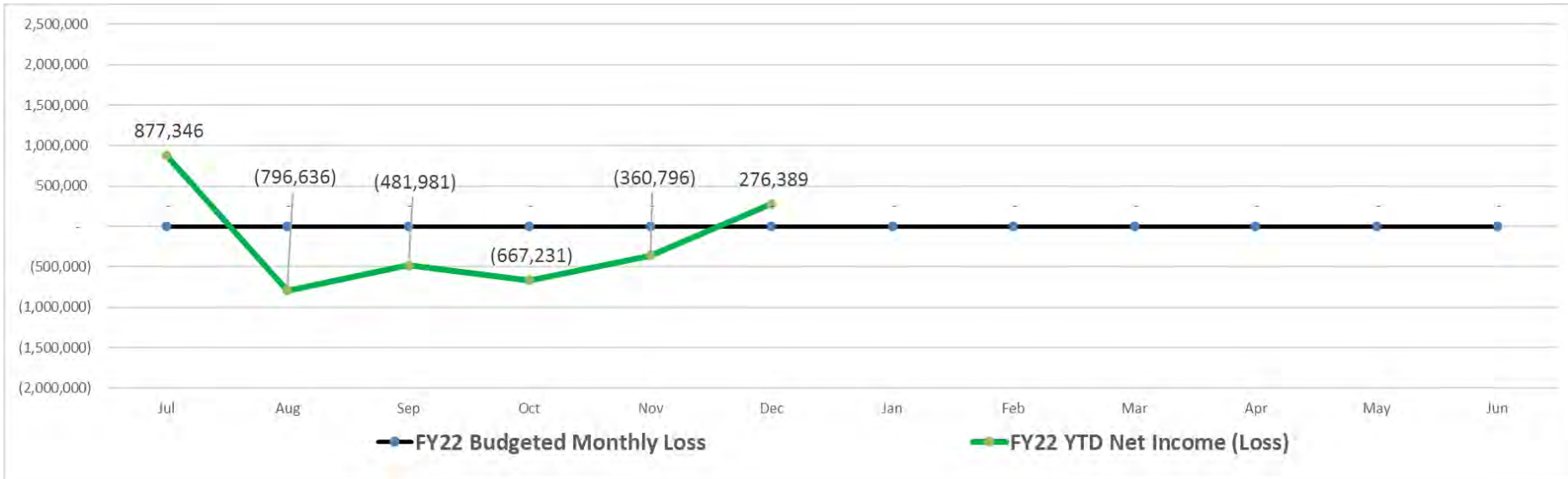
February 7, 2022

**Presenter: David McGrew, CFO**



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# Cumulative YTD Financial Results



## Net Income(loss)–Dec \$992K, YTD \$276K

- Medi-Cal Fee for Service (FFS) rates
- Salary & Benefits (FTEs favorable)
- FY20 FQHC settlement
- Release of various prior year reserves

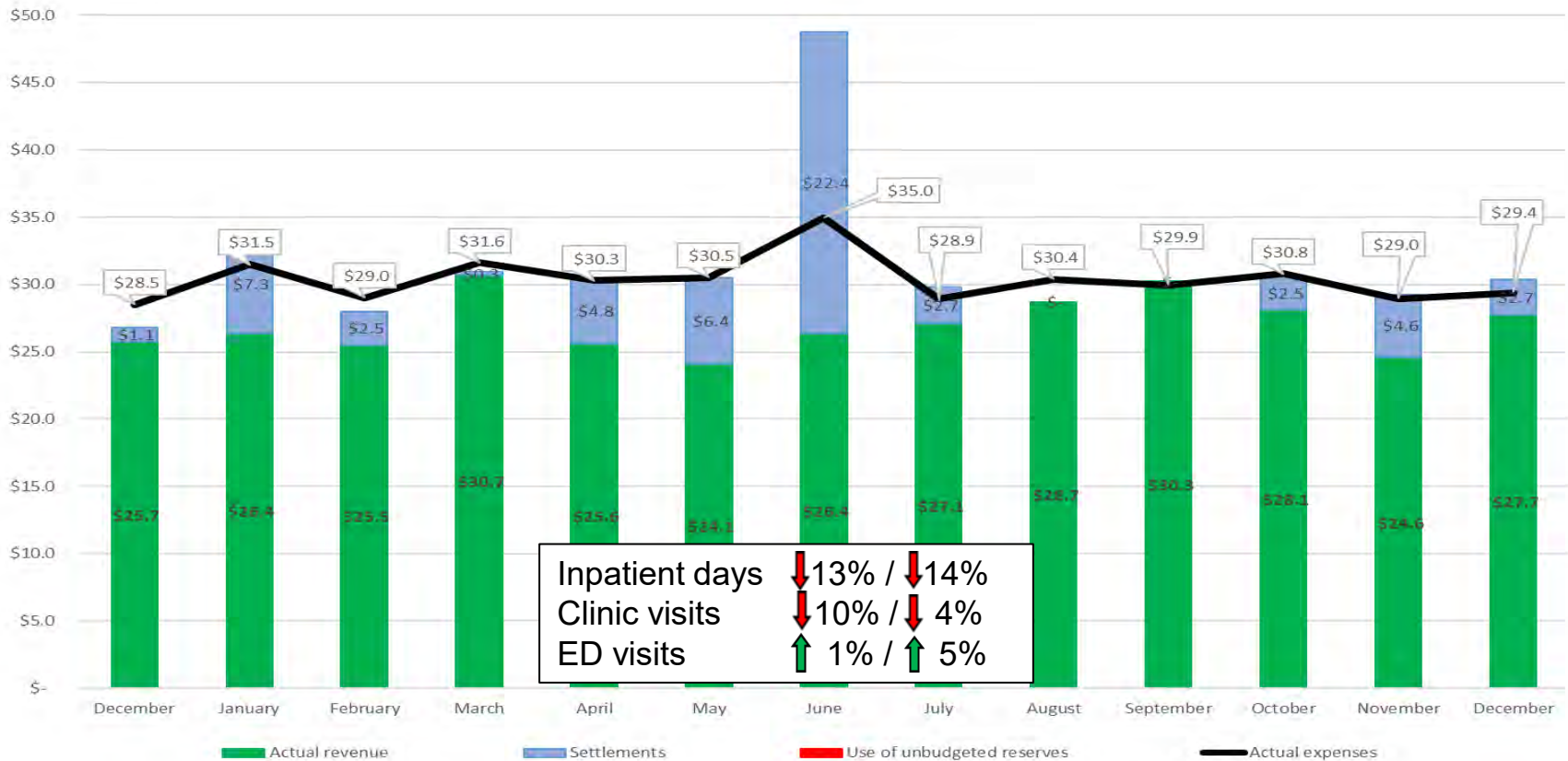
- Medical supplies
- Nursing, Provider and staff registry costs
- ACE outside medical costs
- FY20 Enhanced Payment Program reserves

**December FY22 Snapshot:** December is favorable to budget by \$992K. This is an improvement over the FY21 average monthly loss of \$2.7 million. The YTD turned favorable first time since July and is expected to be favorable in the latter half the year. Inpatient volume continues to be down, while clinic and ED visits are increasing. Managed care membership is within 1% of budget.



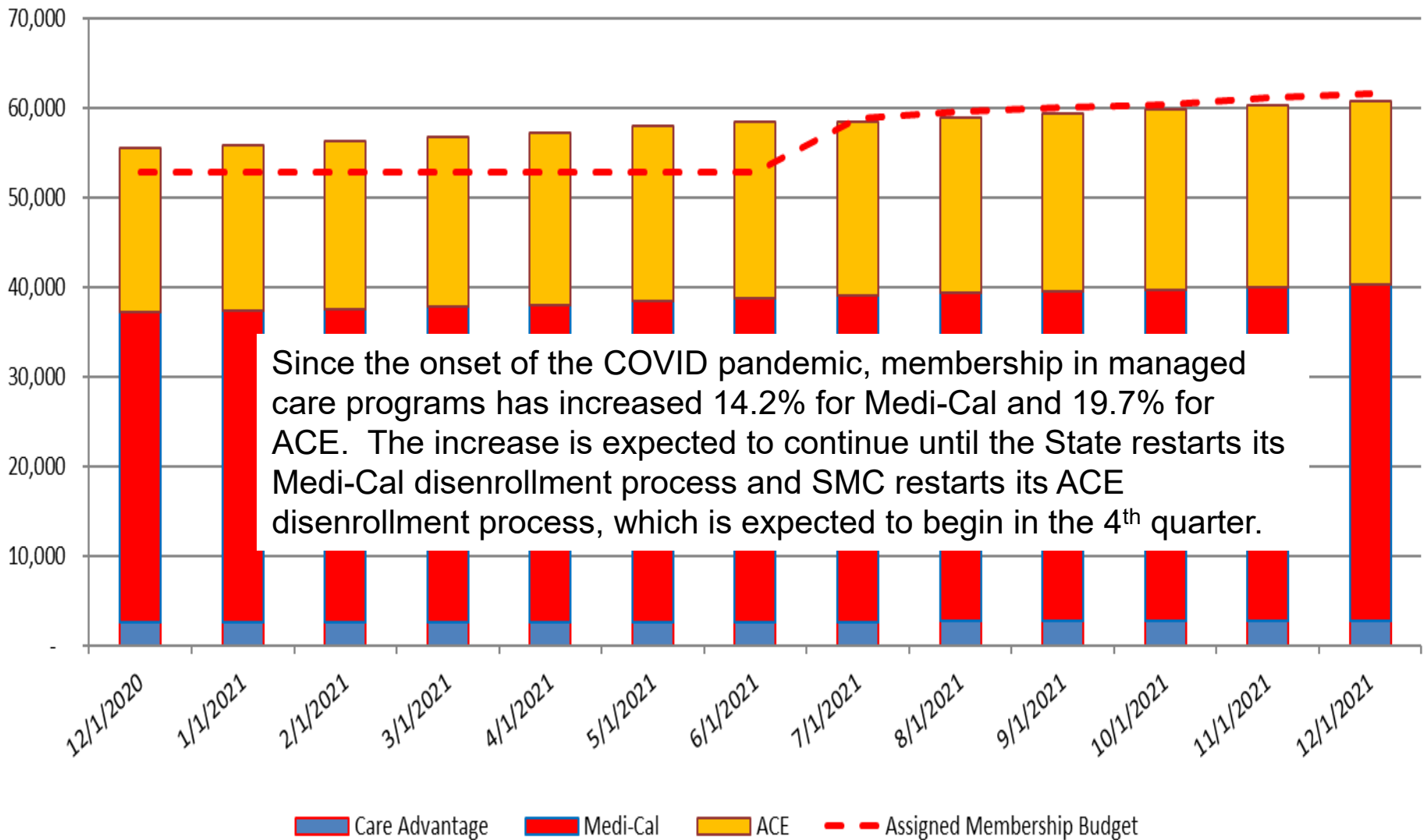
# FY 21-22 Revenue & Expense Trend

SMMC's operating revenue fluctuates around an average of \$28 million (green bar). Operating expenses (black line) are trending flat with slight fluctuation at a FY22 monthly average of \$30 million, which is at par with the prior 12-month average of \$30.3 million. 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

# Managed Care Membership Trend

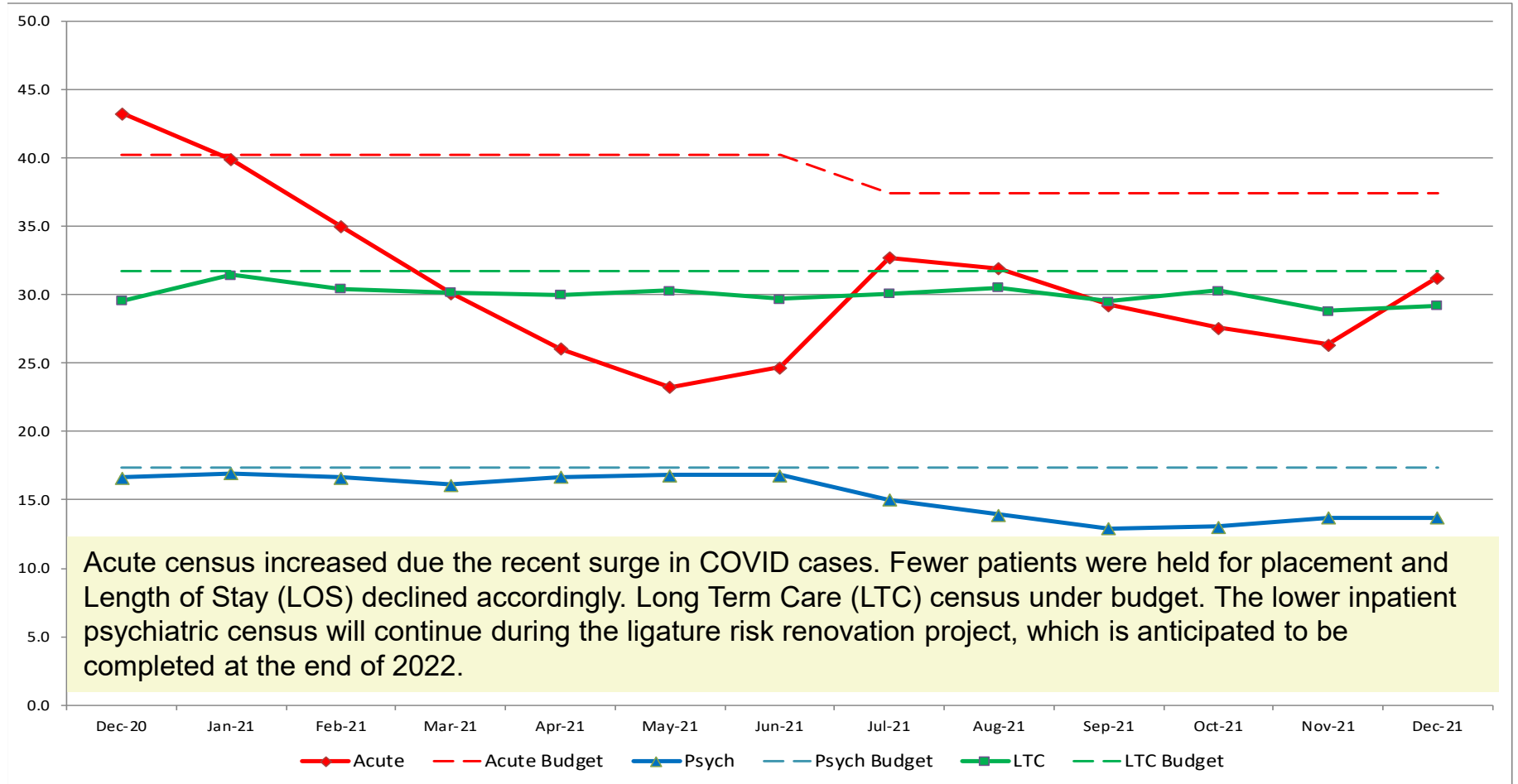


Since the onset of the COVID pandemic, membership in managed care programs has increased 14.2% for Medi-Cal and 19.7% for ACE. The increase is expected to continue until the State restarts its Medi-Cal disenrollment process and SMC restarts its ACE disenrollment process, which is expected to begin in the 4<sup>th</sup> quarter.

# San Mateo Medical Center Inpatient Days December 31, 2021

	MONTH			
	Actual	Budget	Variance	Stoplight
Patient Days	2,299	2,652	(353)	-13%

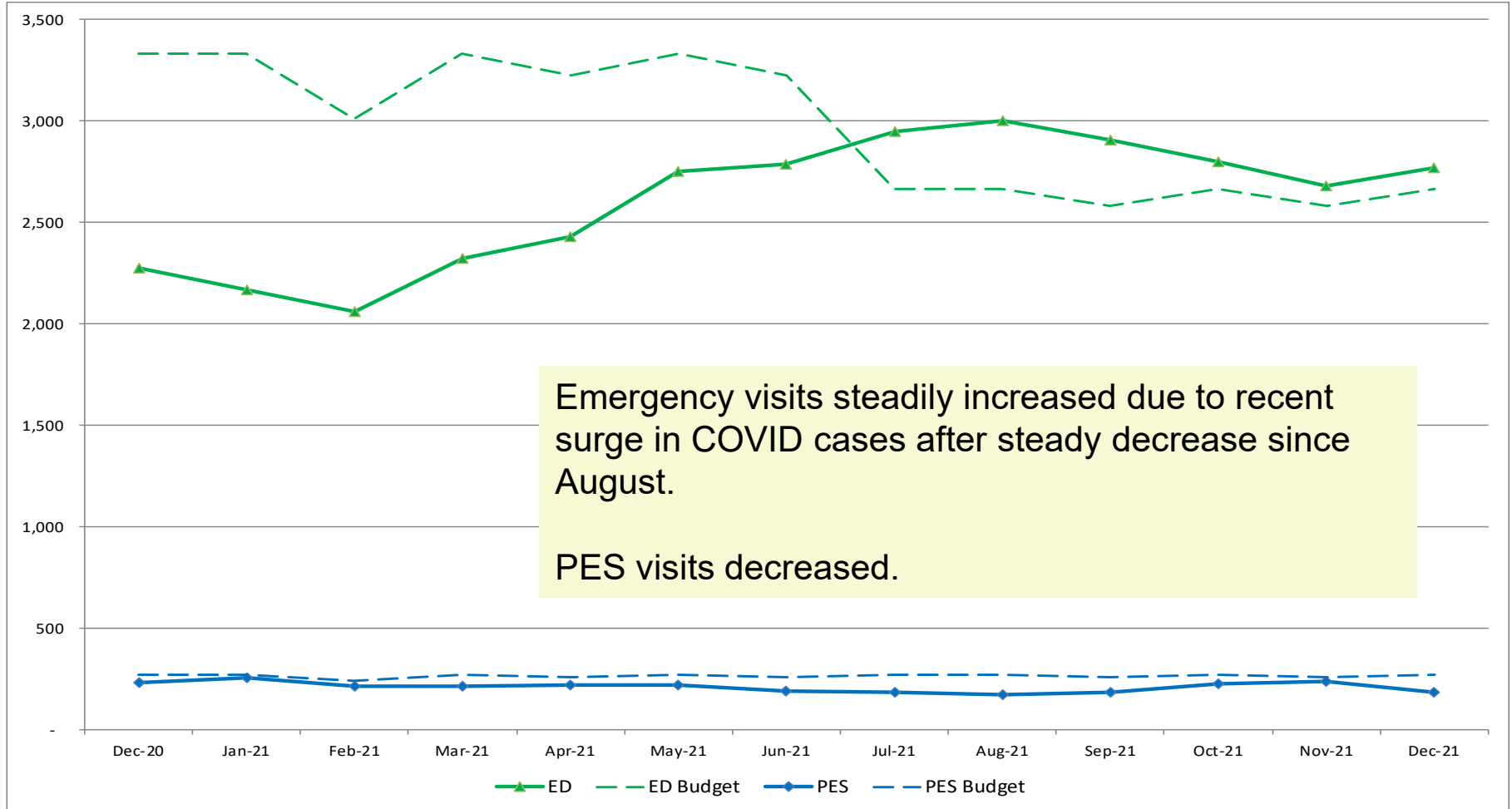
	YEAR TO DATE			
	Actual	Budget	Variance	Stoplight
Patient Days	13,495	15,739	(2,244)	-14%



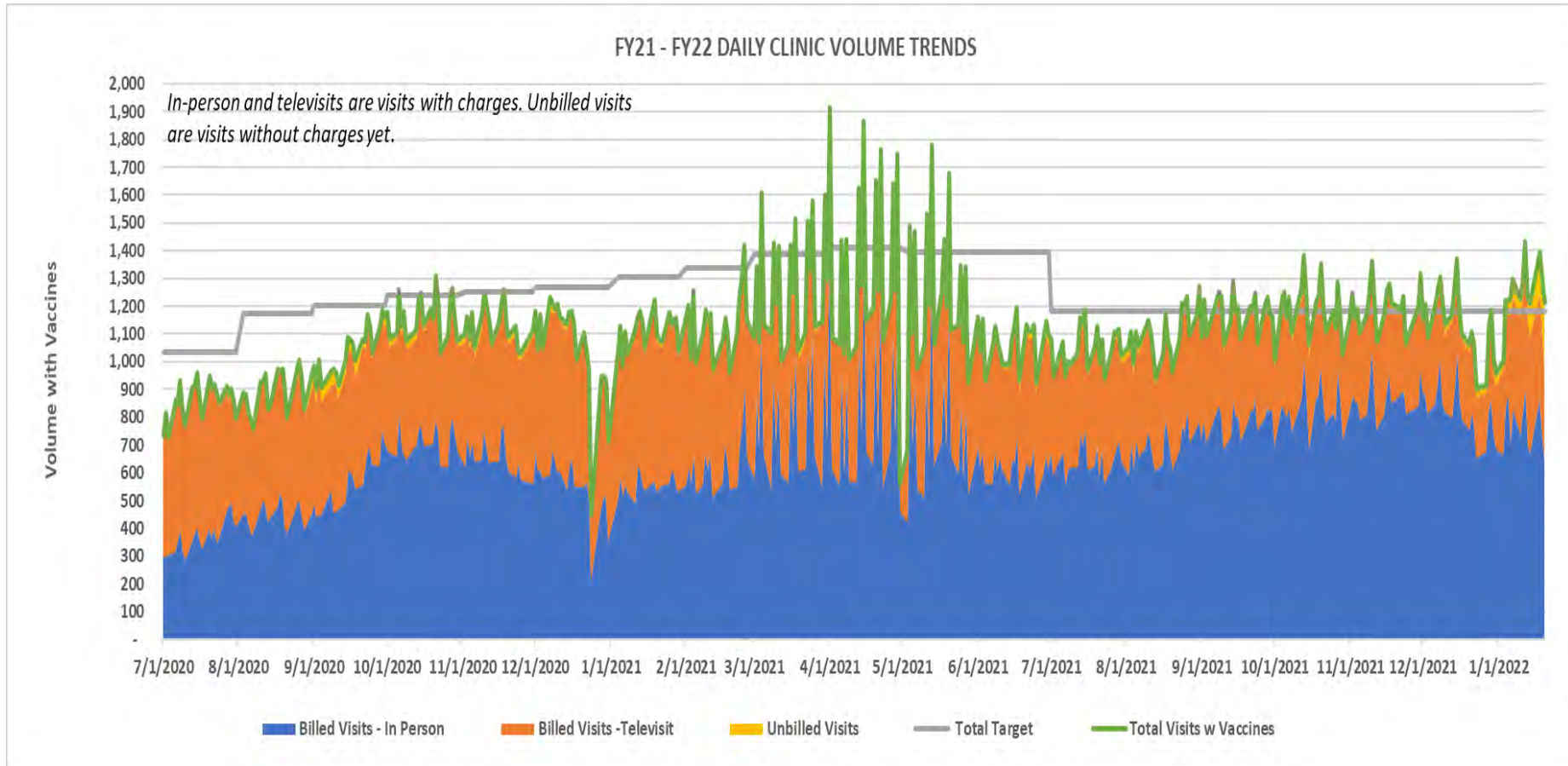
# San Mateo Medical Center Emergency Visits December 31, 2021

	MONTH			
	Actual	Budget	Variance	Stoplight
ED Visits	2,958	2,937	21	1%

	YEAR TO DATE			
	Actual	Budget	Variance	Stoplight
ED Visits	18,303	17,435	868	5%

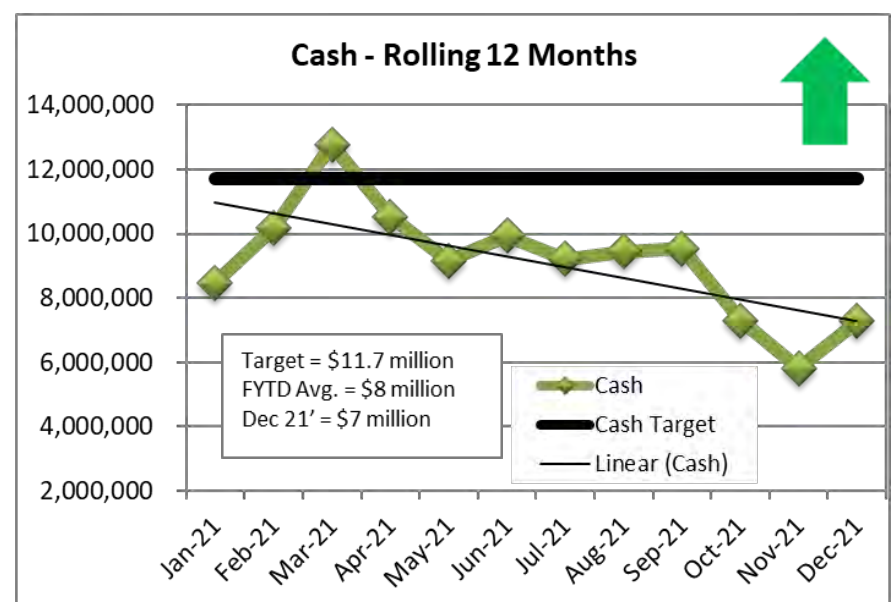
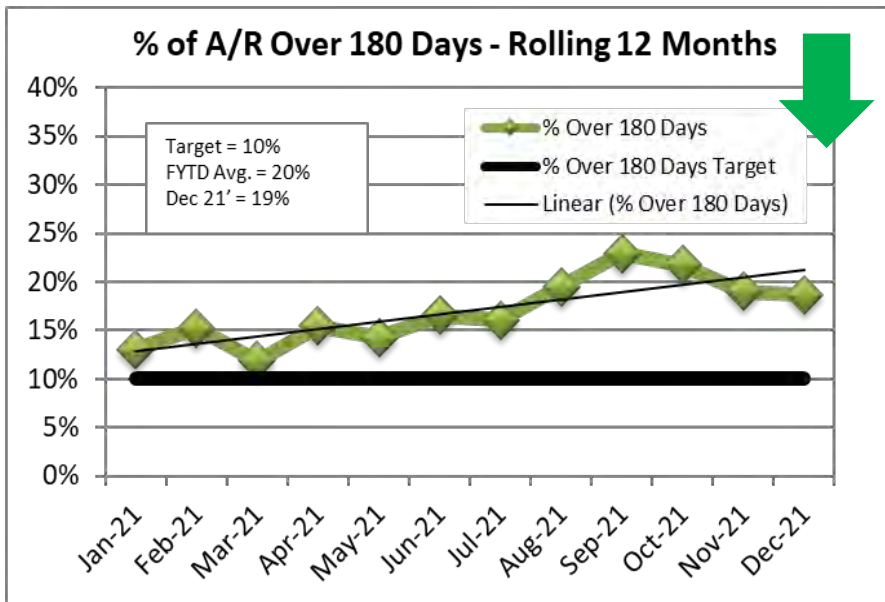
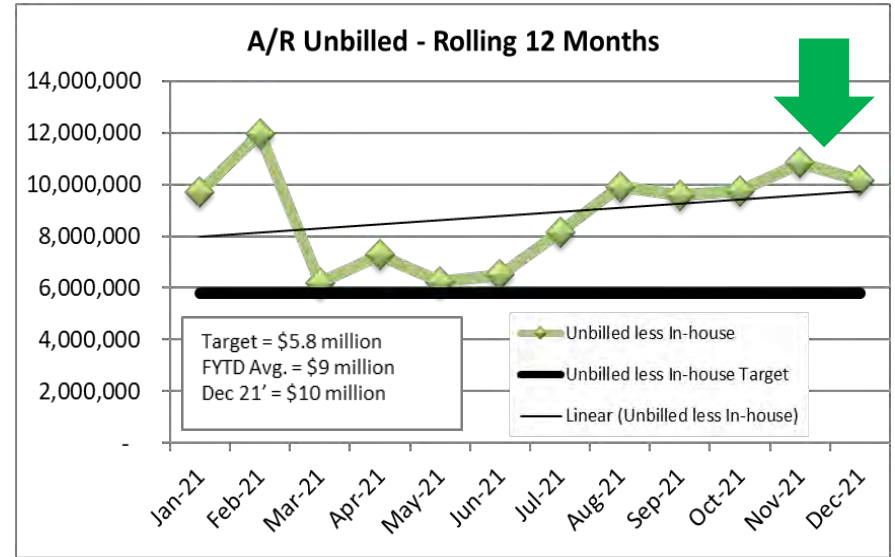
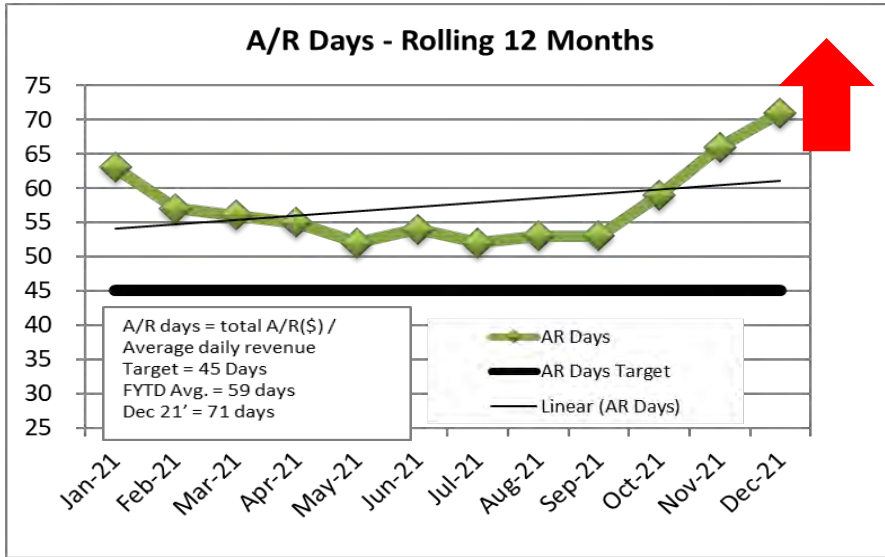


# San Mateo Medical Center Clinic Visits December 31, 2021



Clinic televisits were 42% of total visits in FY21, hitting a high of 78% early in the pandemic. Televisits are running at 30% of total visits in FY22 as more patients are opting for in-person visits. March & April spikes are due to targeted vaccination events.

# Fee-For-Service Revenue - Key Performance Indicators

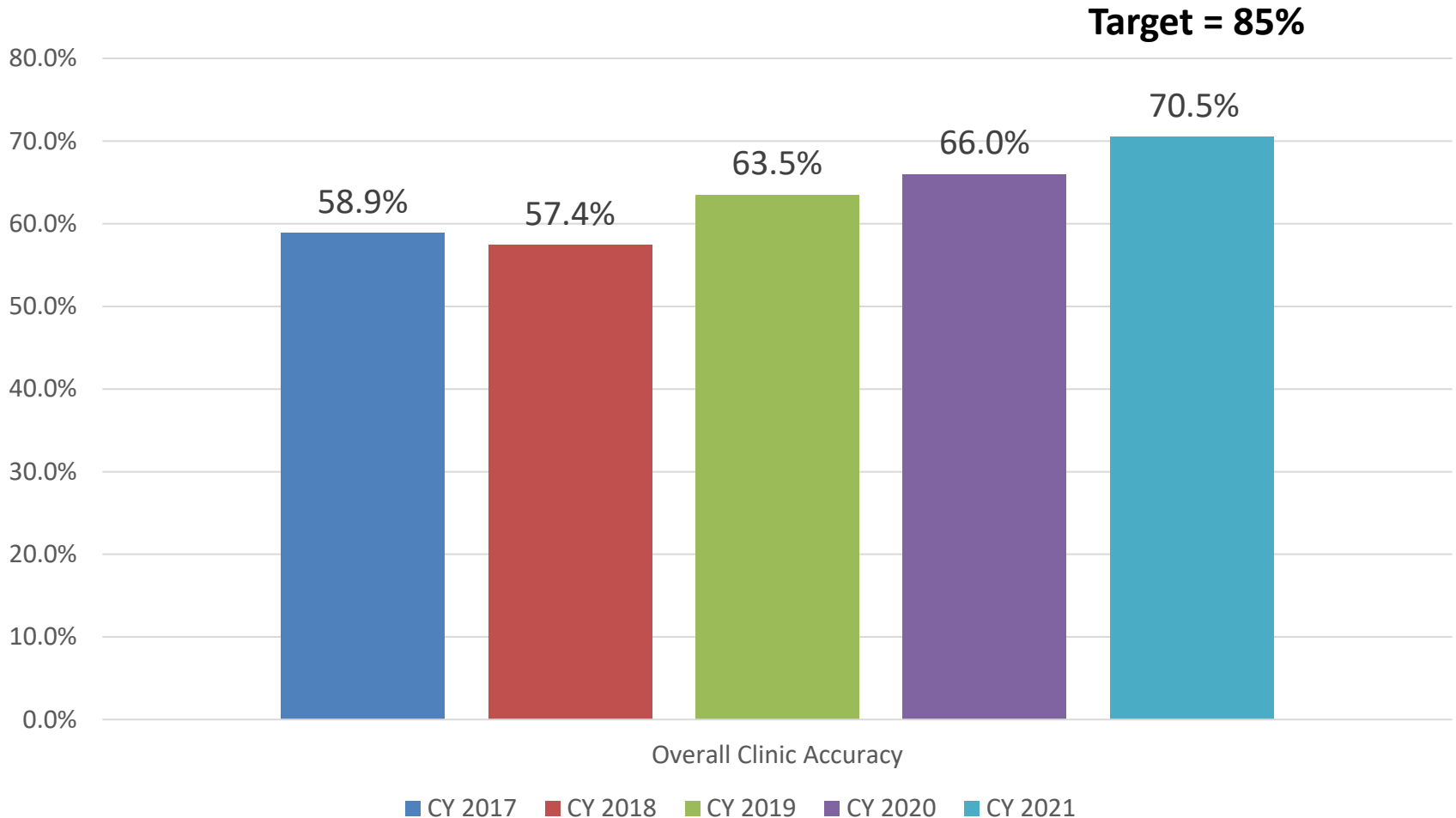


# Coding Accuracy Summary Jan-Dec 2021

Performance Measure	Score (Prior & Current)	Goal	Action Plan
<b>Inpatient Coding Accuracy</b> <ul style="list-style-type: none"> <li>Inpatient Acute Care &amp; Inpt Psych</li> <li>LTC (1A)</li> </ul>	Reimbursement = 98.6% Diagnosis = 99.4% Procedure = 96.8%	95 % <i>Goal Met</i>	<ul style="list-style-type: none"> <li>Continue to monitor for accuracy.</li> <li>Monthly coder education by HCS auditor.</li> </ul>
<b>Facility Outpatient Coding Accuracy</b> ICD/CPT Audit: <ul style="list-style-type: none"> <li>SSU</li> <li>Endoscopy</li> <li>Infusion</li> <li>Observation</li> </ul>	Reimbursement = 97.4% Diagnosis = 98.1% Procedure = 95.9%	95% <i>Goal Met</i>	<ul style="list-style-type: none"> <li>Continue to monitor for accuracy.</li> <li>Monthly coder education by HCS auditor</li> </ul>
<b>Physician Clinic Coding Accuracy</b> ICD/CPT Audit: <ul style="list-style-type: none"> <li>72 Clinic Audits</li> <li>264 Provider audits</li> </ul> Overall Clinic Accuracy Average: 70.5%	<u>Clinic Scores:</u> 90-100%: 12 85-89%: 5 80-84% 8 70-79%: 16 60-69% 13 50-59%: 11 40-49%: 6 Under 40%: 1	85% <i>Goal Not Met</i>	<ul style="list-style-type: none"> <li>Continue to monitor for accuracy</li> <li>Provide education to assist physicians in choosing correct codes</li> <li>Implement physician coding support model</li> </ul>

# Overall Clinic Coding Accuracy

CY 2017-CY 2021



While coding accuracy has improved over the years, overall accuracy is well below target and presents a financial and compliance risk. An RFP was issued to engage external resources to support our providers.





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QUESTIONS?

# APPENDIX



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

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>	992,298	0	992,298	Green
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276,389	0	276,389	Green
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2 <b>HPSM Medi-Cal Members Assigned to SMMC</b>	37,616	37,804	(188)	0%
3 <b>Unduplicated Patient Count</b>	66,796	65,556	1,240	2%
4 <b>Patient Days</b>	2,299	2,652	(353)	-13%
5 <b>ED Visits</b>	2,958	2,937	21	1%
7 <b>Surgery Cases</b>	187	306	(119)	-39%
8 <b>Clinic Visits</b>	24,511	27,135	(2,624)	-10%
9 <b>Ancillary Procedures</b>	63,647	78,213	(14,566)	-19%

221,895	222,647	(752)	0%
66,796	65,556	1,240	2%
13,495	15,739	(2,244)	-14%
18,303	17,435	868	5%
1,282	1,677	(395)	-24%
142,677	148,652	(5,975)	-4%
391,586	429,575	(37,989)	-9%

10 <b>Acute Administrative Days as % of Patient Days</b>	0.0%	N/A	N/A	0%
11 <b>Psych Administrative Days as % of Patient Days</b>	68.7%	80.0%	11.3%	14%

0.0%	N/A	N/A	0%
72.6%	80.0%	7.4%	9%

(Days that do not qualify for inpatient status)

**Pillar Goals**

12 <b>Revenue PMPM</b>	103	159	(57)	-36%
13 <b>Operating Expenses PMPM</b>	278	308	30	10%
14 <b>Full Time Equivalents (FTE) including Registry</b>	1,132	1,205	73	6%

113	160	(47)	-30%
286	312	26	8%
1,135	1,205	70	6%

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

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
	A	B	C	D	E	F	G	H
21 Inpatient Gross Revenue	11,816,620	13,751,776	(1,935,156)	-14%	70,487,925	82,510,656	(12,022,732)	-15%
22 Outpatient Gross Revenue	28,807,531	23,742,593	5,064,938	21%	153,777,979	142,455,559	11,322,420	8%
23 Total Gross Revenue	40,624,151	37,494,369	3,129,782	8%	224,265,904	224,966,215	(700,312)	0%
24 Patient Net Revenue	11,747,807	13,677,761	(1,929,955)	-14%	65,202,273	82,066,569	(16,864,296)	-21%
25 Net Patient Revenue as % of Gross Revenue	28.9%	36.5%	-7.6%	-21%	29.1%	36.5%	-7.4%	-20%
26 Capitation Revenue	370,755	386,246	(15,491)	-4%	2,201,787	2,317,478	(115,692)	-5%
27 Supplemental Patient Program Revenue (Additional payments for patients)	10,739,796	12,722,491	(1,982,696)	-16%	71,380,793	76,334,947	(4,954,155)	-6%
28 Total Patient Net and Program Revenue	22,858,357	26,786,499	(3,928,142)	-15%	138,784,853	160,718,995	(21,934,142)	-14%
29 Other Operating Revenue (Additional payment not related to patients)	1,625,868	1,175,198	450,671	38%	7,775,252	7,051,186	724,066	10%
30 Total Operating Revenue	24,484,226	27,961,697	(3,477,471)	-12%	146,560,105	167,770,181	(21,210,076)	-13%

**San Mateo Medical Center**  
**Income Statement**  
**December 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	15,549,660	18,553,233	3,003,573	16%
32	Drugs	999,945	1,279,462	279,516	22%
33	Supplies	1,603,276	902,477	(700,799)	-78%
34	Contract Provider Services	4,291,824	3,405,431	(886,393)	-26%
35	Other fees and purchased services	5,558,745	5,134,188	(424,557)	-8%
36	Other general expenses	437,113	1,527,114	1,090,001	71%
37	Rental Expense	(207,722)	241,444	449,167	186%
38	Lease Expense	890,404	742,610	(147,794)	-20%
39	Depreciation	265,937	227,894	(38,043)	-17%
40	<b>Total Operating Expenses</b>	<b>29,389,182</b>	<b>32,013,854</b>	<b>2,624,671</b>	<b>8%</b>

		98,274,872	111,319,396	13,044,524	12%
		6,307,821	7,676,770	1,368,949	18%
		6,859,762	5,414,863	(1,444,898)	-27%
		25,054,926	20,432,588	(4,622,337)	-23%
		31,565,675	30,805,127	(760,548)	-2%
		2,660,062	9,162,684	6,502,622	71%
		1,181,670	1,448,667	266,997	18%
		5,342,425	4,455,659	(886,766)	-20%
		1,550,596	1,367,367	(183,229)	-13%
		178,797,809	192,083,121	13,285,313	7%

41	<b>Operating Income/Loss</b>	<b>(4,904,957)</b>	<b>(4,052,157)</b>	<b>(852,800)</b>	<b>-21%</b>
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		<b>(32,237,704)</b>	<b>(24,312,940)</b>	<b>(7,924,763)</b>	<b>-33%</b>
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42	<b>Non-Operating Revenue/Expense</b>	<b>1,055,870</b>	<b>(1,249,645)</b>	<b>2,305,515</b>	<b>184%</b>
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		<b>3,465,783</b>	<b>(7,497,870)</b>	<b>10,963,653</b>	<b>146%</b>
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43	<b>Contribution from County General Fund</b>	<b>4,841,385</b>	<b>5,301,802</b>	<b>(460,417)</b>	<b>-9%</b>
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		<b>29,048,310</b>	<b>31,810,811</b>	<b>(2,762,500)</b>	<b>-9%</b>
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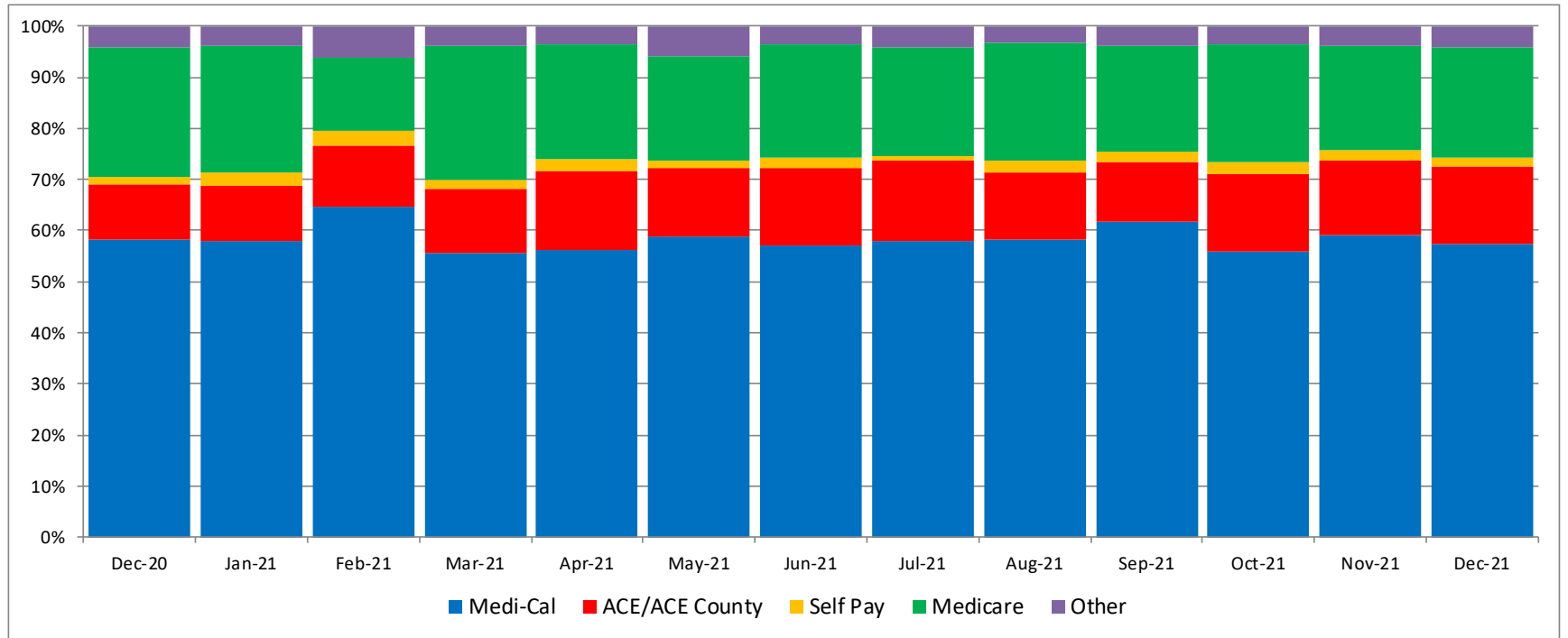
44	<b>Total Income/Loss (GAAP)</b>	<b>992,298</b>	<b>0</b>	<b>992,298</b>	
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		<b>276,389</b>	<b>0</b>	<b>276,389</b>	
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(Change in Net Assets)

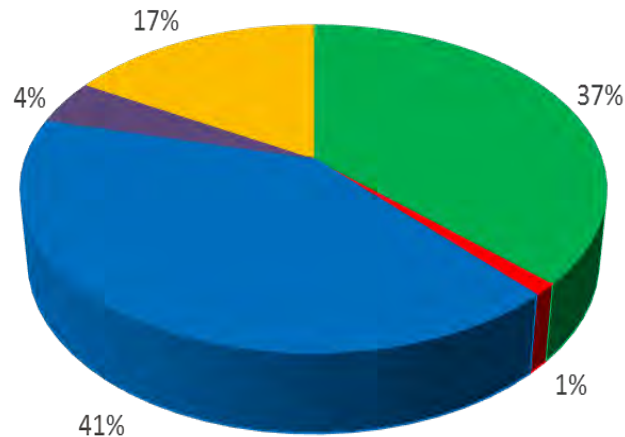
**San Mateo Medical Center**  
**Payer Mix**  
**December 31, 2021**

	MONTH				YEAR TO DATE			
	Actual	Budget	Variance	Stoplight	Actual	Budget	Variance	Stoplight
<b>Payer Type by Gross Revenue</b>	A	B	C	D	E	F	G	H
Medicare	21.5%	22.7%	-1.3%		21.7%	22.7%	-1.0%	
Medi-Cal	57.5%	58.9%	-1.4%		58.3%	58.9%	-0.5%	
Self Pay	1.8%	1.6%	0.2%		1.9%	1.6%	0.3%	
Other	4.3%	4.3%	-0.1%		3.8%	4.3%	-0.5%	
ACE/ACE County	15.0%	12.5%	2.5%		14.2%	12.5%	1.7%	
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>			<b>100.0%</b>	<b>100.0%</b>		

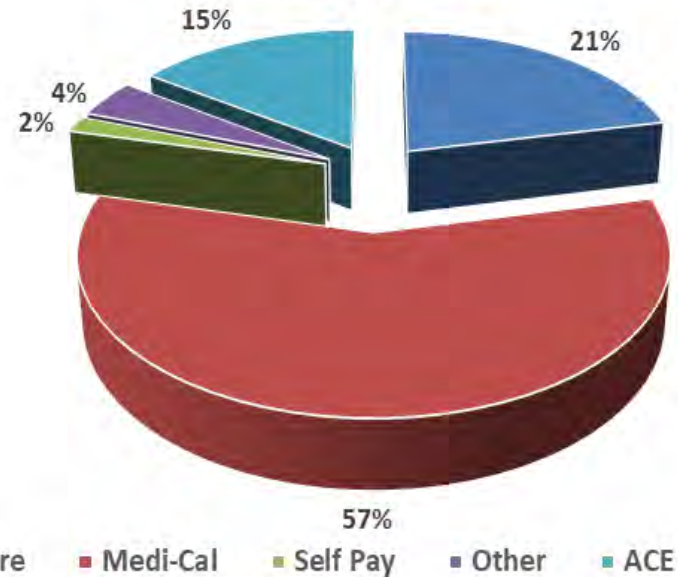


# Revenue Mix

## Sources of Revenue



## Payor Mix



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

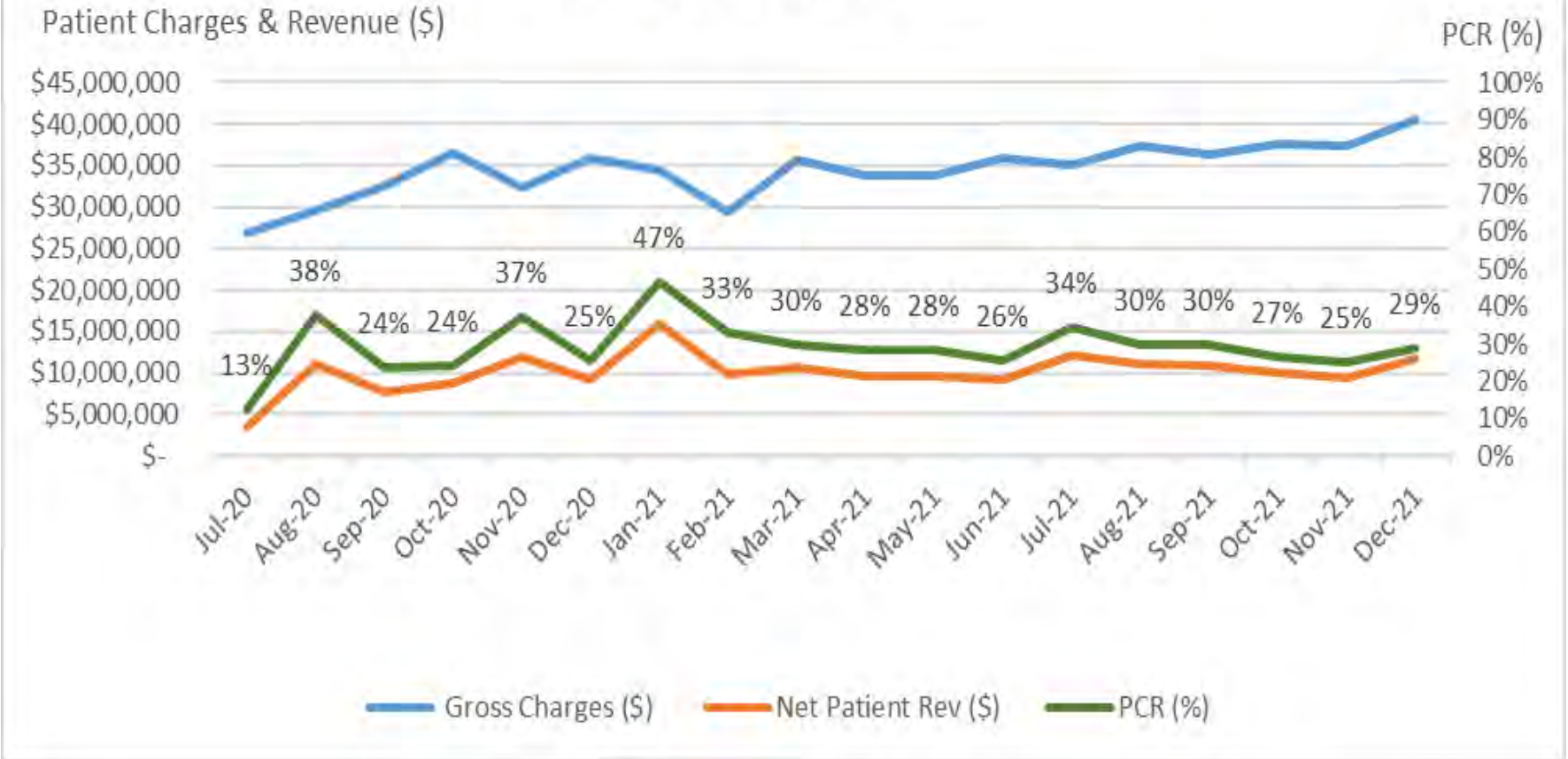
**Health Plan of San Mateo (HPSM)** represents 34% of our Operating Revenue

- 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

# Fee-For-Service Patient Revenue Trend

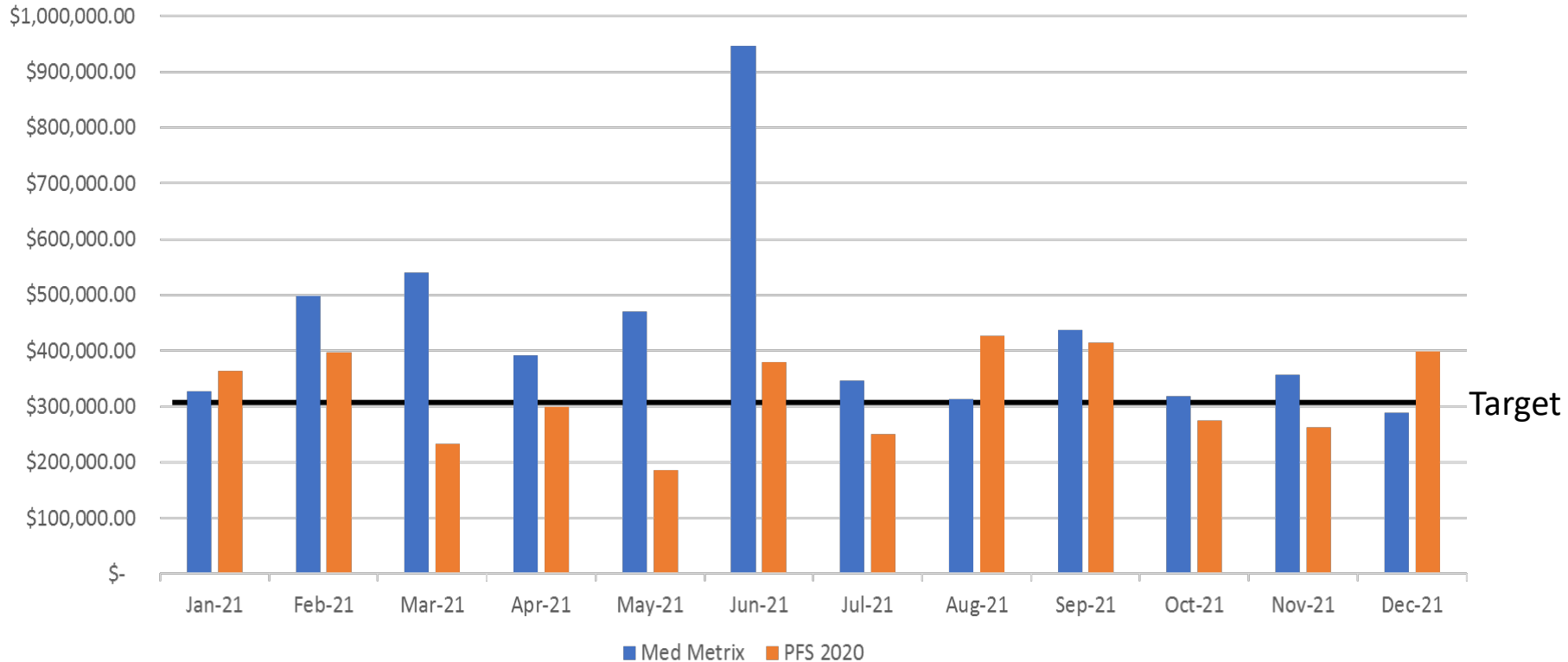


Budgeted PCR 27.5% (FY21), 33.9% (FY22)

Gross patient revenue is trending up due to the increase in patient volume since late last year and addition of new charge codes for billing compliance. The collection rate (PCR) is slightly trending down with an average of 29%.



# Fee-For-Service Commercial Collections

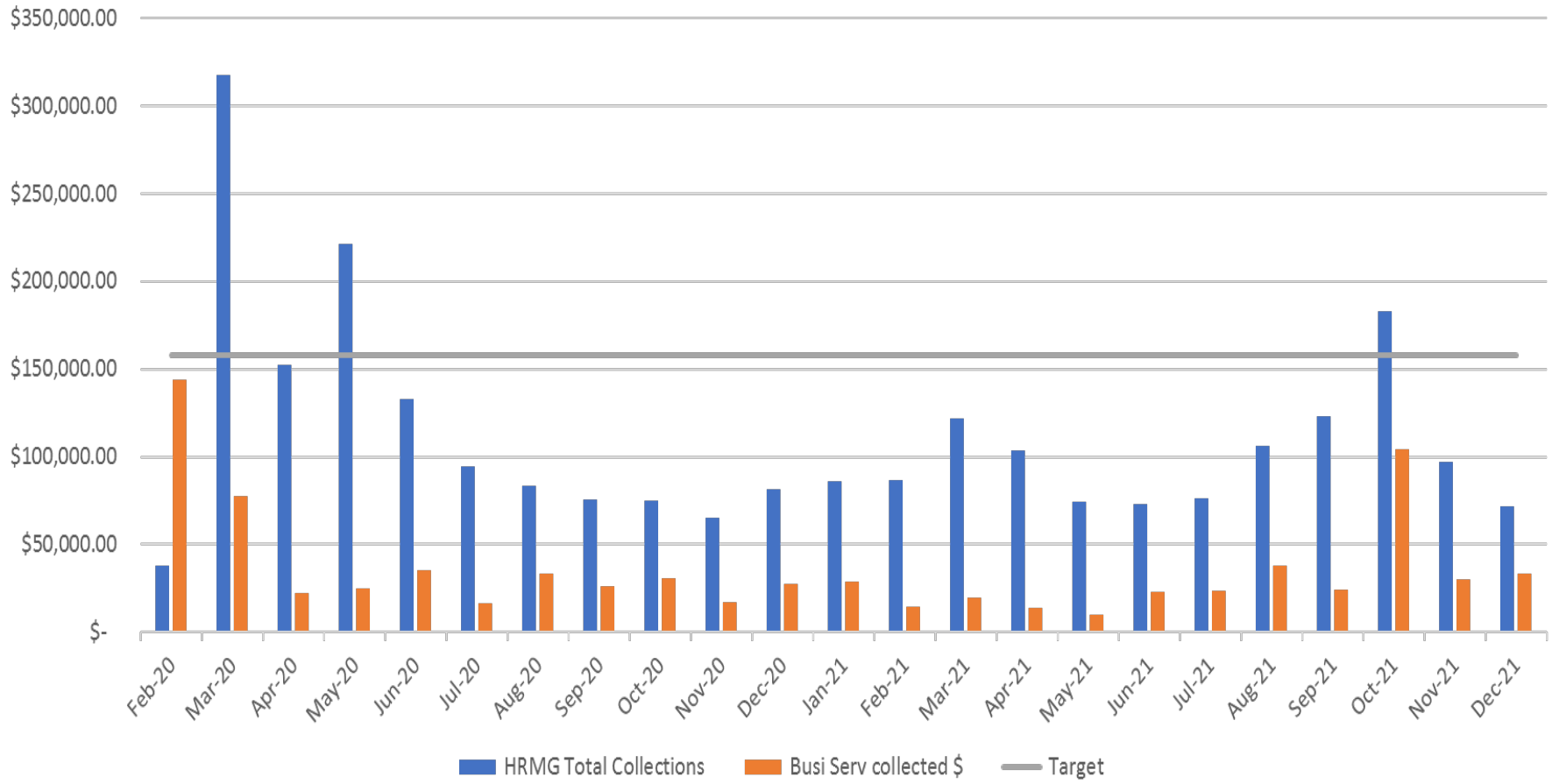


*July 2020 MMX began supporting PFS with Commercial Collections*

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 3 months.

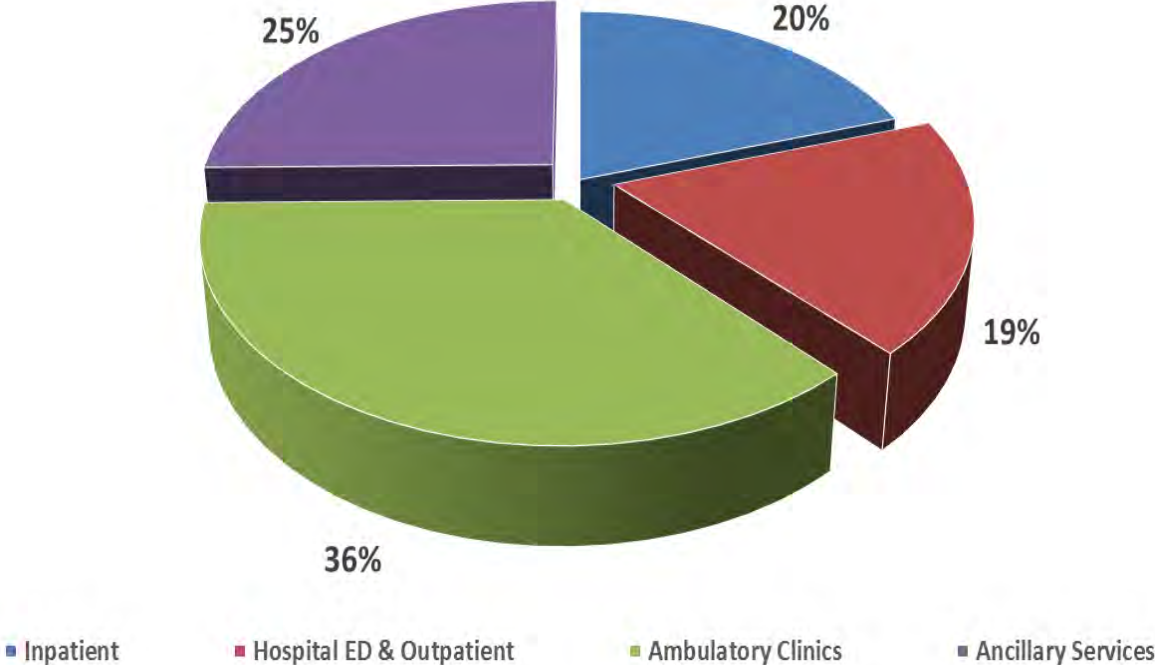


# Fee-For-Service Self Pay Collections

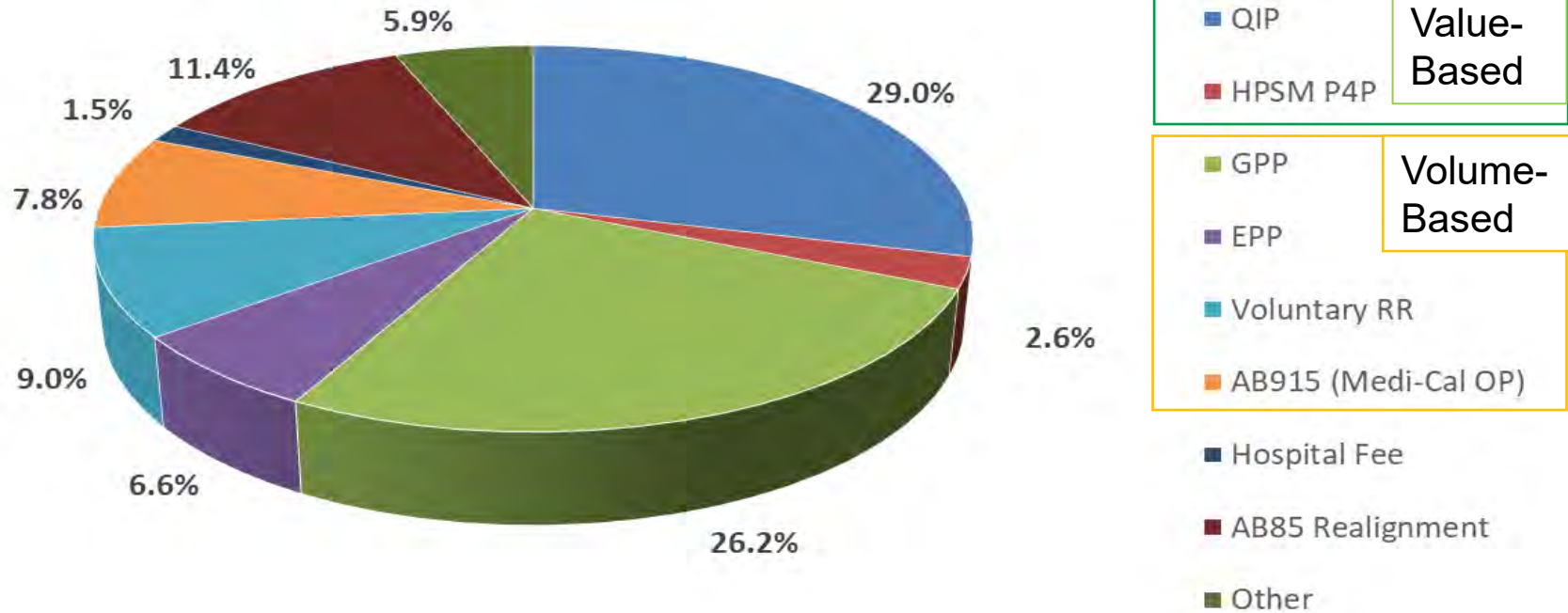


SMMC contracted with Healthcare Revenue Management Group to support SMMC's Business Services unit with collections of self-pay balances

# Revenue Mix by Service Line



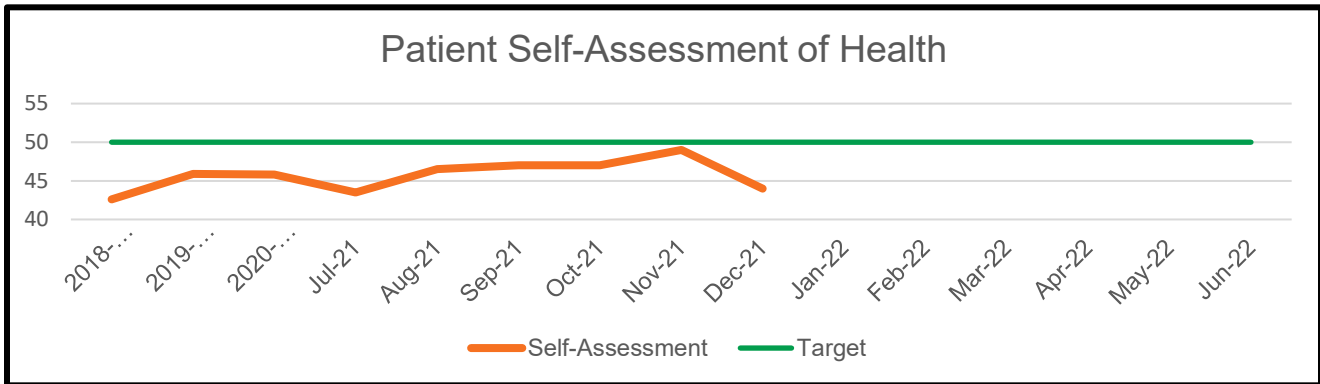
# Supplemental Revenue Mix



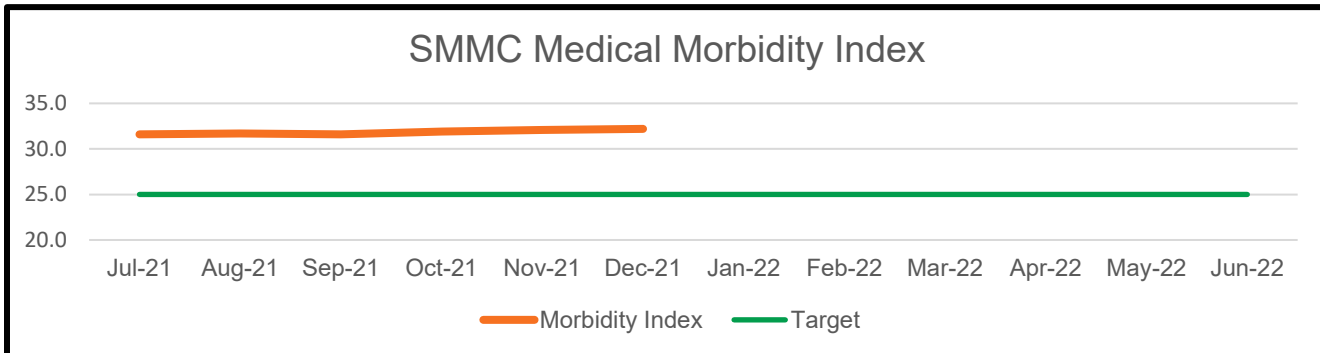
- **Value-Based** programs represent 31.6% of our Supplemental Revenue
- **Volume-Based** programs represent 68.4% of our Supplemental Revenue

# CEO REPORT

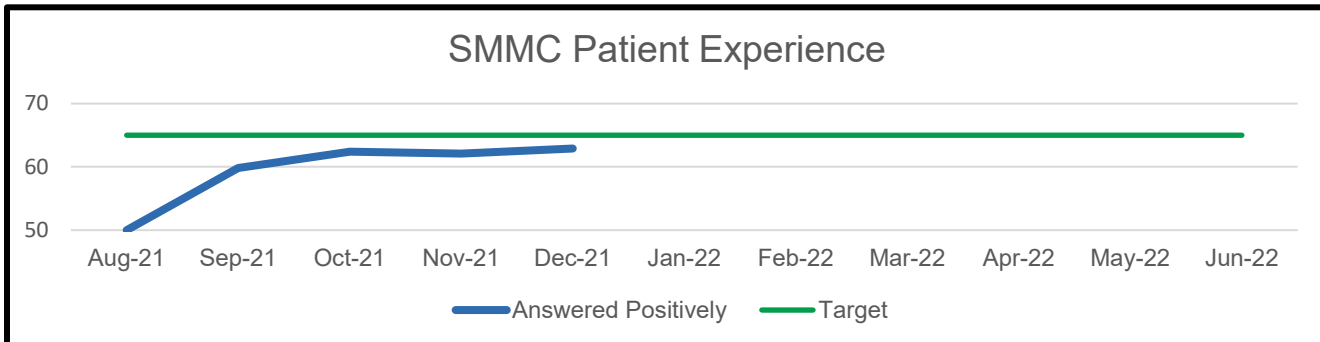
## February 2022



**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.**



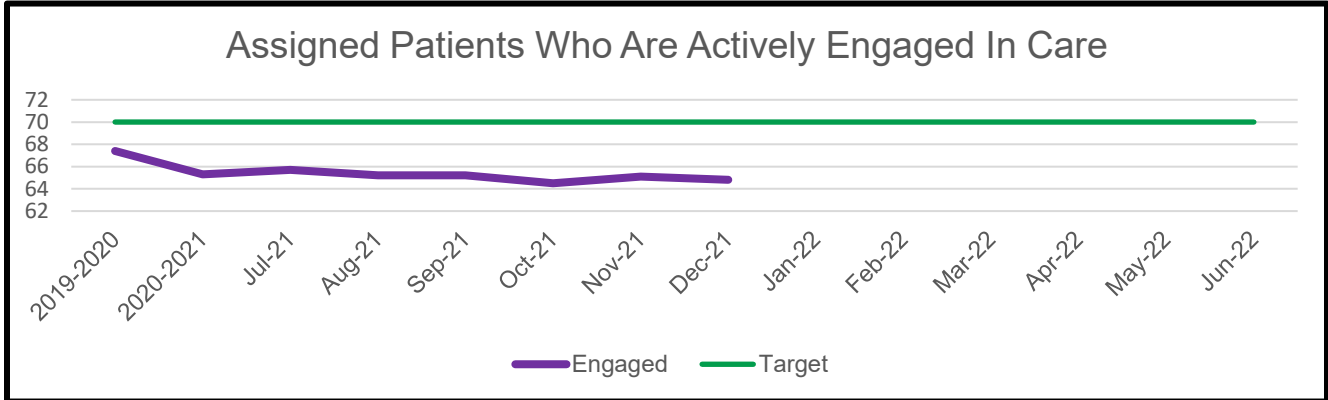
**Quality Metrics at 90<sup>th</sup> Percentile:** SMMC seeks excellence in all that it does. The organization currently participates in a number of pay for performance programs including PRIME, QIP and the Health Plan of San Mateo Pay for Performance Program. This metric measures the percentage of quality 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 Experience:** Percentage of patients who answered affirmatively to the patient experience survey question: "Did the staff work together to meet your needs?" -New Metric begun in August 2021. **Higher is better.**



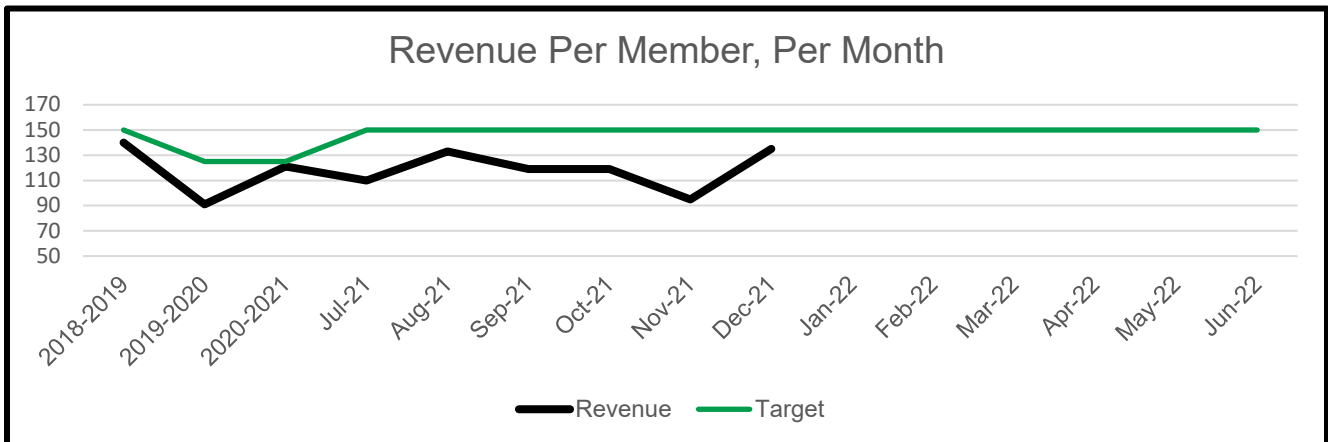
## Access to Care



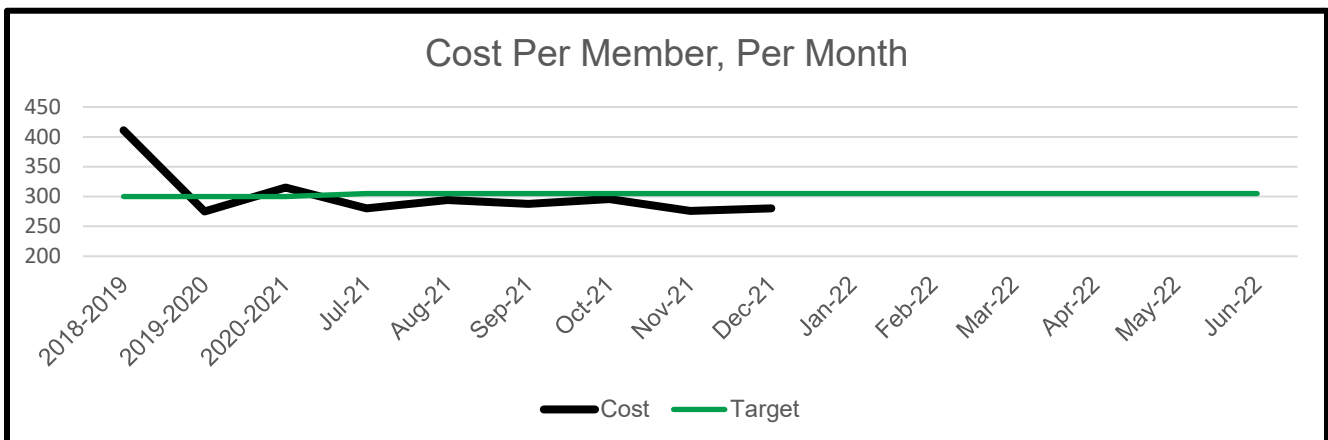
**Assigned and Engaged:** Percentage of patients assigned to SMMC by the Health Plan of San Mateo who are actively engaged in Care. **Higher is better.**



## Financial Stewardship

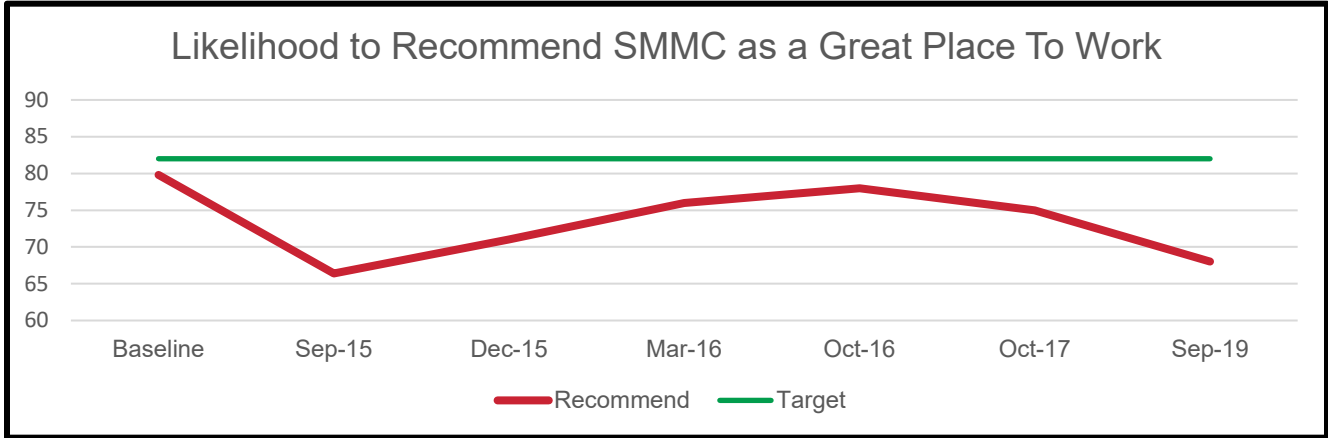


**Revenue Per Member, Per Month:** Total patient revenue divided by total number of assigned members. **Higher is better.**



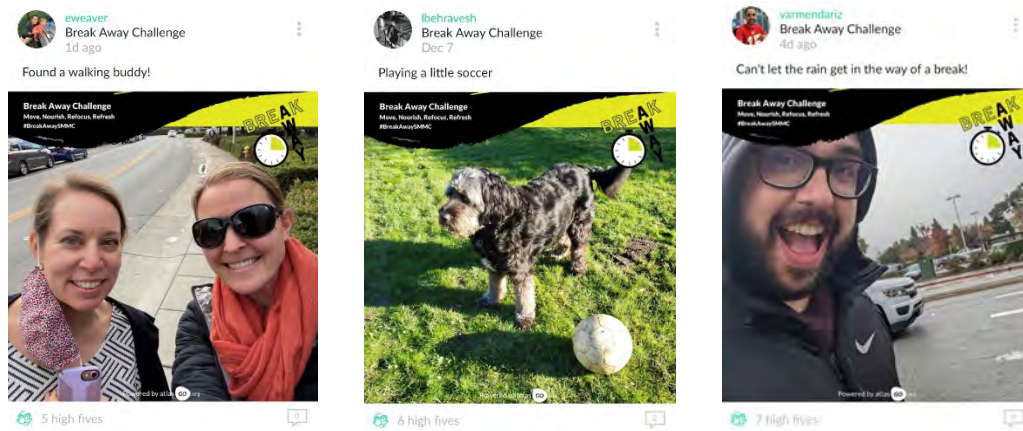
**Cost Per Member, Per Month:** Total cost divided by total number of assigned members. **Lower is better.**

 **Staff Engagement**



**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. -New Metrics coming soon. **Higher is better.**

## STRATEGIC UPDATES, RECOGNITIONS & AWARDS



Staff shared how they spent their breaks during the SMMC Break Away Challenge.

### Break Away Challenge Highlights Importance of Taking a Break

SMMC’s Wellness Committee is focusing on creative ways to support staff in taking breaks during their shift. Although we know taking breaks can improve mood, overall well-being, and performance, we also know it can be difficult for healthcare workers to break away from their busy workload to move, nourish, refocus, and refresh.

The committee recently hosted a “Break Away Challenge” to increase awareness of the benefits of taking a break. Doctors, nurses, and staff participated in the challenge by using an app to share what they were doing on their breaks and encouraging others to take their breaks too.

All participants agreed that taking breaks is essential to their wellbeing. 50% of participants reported they took more breaks because of the challenge. Additionally, the number of people who thought working through their breaks made them more productive dropped 36%.

Thank you to the SMMC Wellness Committee for hosting the challenge and continuously working to improve wellness at SMMC.

### SMMC Addresses Omicron Surge

2022 started with some significant challenges as the Omicron fueled COVID-19 surge hit San Mateo County. In the two weeks following Christmas, the SMMC Emergency Department saw a nearly 50% increase in volume. Initially, the significant majority of these patients were only mildly ill and in search of timely COVID testing. We appreciate the support of the County and other partners to quickly expand testing including a new testing site on the 39<sup>th</sup> avenue campus in order to reduce unnecessary visits to Emergency Departments. Following this initial two weeks of increased Emergency Department volume, SMMC began to experience the expected and predictable increase in hospitalizations, quickly going from zero patients hospitalized with COVID related illness to more than 15 patients. This included nearly every





ICU bed occupied by a patient with COVID related complications. It continues to be our experience that the most severe illness occurs in the unvaccinated. We appreciate the help of the Medical Health Operational Area Coordinator (MHOAC) and area partners to help move two critically ill patients out of SMMC when no ICU beds were available.

SMMC also experienced periods when it was unable to admit patients to either its Acute Psychiatry unit or its 1A Skilled Nursing unit due to COVID-19 activity. In addition, like institutions across the country, SMMC experienced significant staffing challenges related to staff who were infected with, or in quarantine due to an exposure to, COVID-19.

I am grateful to everyone who has stepped forward to help the organization weather this latest storm. As of this writing, infections appear to be tapering off, but hospitalizations remain high, impacting both the Inpatient Medical-Surgical unit and the Emergency Department.

### **SMMC Vaccination Efforts Continue**

In the face of the emergence of the Omicron variant, SMMC continues to advance all its vaccination efforts including first time vaccinations for adults and children and boosters for previously vaccinated individuals over the age of 12.

As of 1/31/2022, 50,651 (77.4%) of our patients over the age of 5 have received at least one vaccine dose while 69.3% have completed their initial vaccine series and 28.9% have received their booster. Of those over age 12, 80.8% have received at least one dose and 73.4% have completed the initial series while 31.9% have received their booster. In those over age 50, 84.8% have at least one dose, 79% have completed the initial series and 47.8% have received their booster. Looking at those over the age of 65, 86.2% have received one dose, 81.1% have completed the initial series and 55.4% are boosted. In the most vulnerable neighborhoods, 76.4% of those over age 5 have received at least one dose with 68.1% having completed the initial series and 26.7% having received a booster.

We appreciate the efforts of all our staff to meet this important need of our community and look forward to continuing to update the board on our efforts in the future.

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January 2022

# 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	26,956 (December 2021)	0.9%%	11.1%
SMMC Emergency Department Visits	2,958 (December 2021)	1.3%	1%
New Clients Awaiting Primary Care Appt.	0 (December 2021)	N/A	N/A

## Behavioral Health & Recovery Services achieves 81% client vaccination rate

Behavioral Health and Recovery Services (BHRS) has reached an 81% vaccination rate for all of its clients as of December 29, 2021. The rates by program are Youth 76%, Adult 85%, Alcohol & Other Drugs (AOD) 75%, and Primary Care Interface 85%.

Because BHRS clients had a low vaccination rate compared to other populations, BHRS convened a Vaccination Outreach Planning Workgroup in October of staff charged with developing strategies to increase client vaccination rates.

Adult and older adult services achieved the highest client vaccination rate at 85%, raising it from a baseline of 71.55% in less than five weeks and showing no signs of slowing down.

The team leveraged learnings from previous outreach attempts and focus groups conducted by County Health, piloted small interventions at the North County clinic, and then spread to others. The most important intervention was having the provider with the strongest treatment alliance with the client conduct the outreach. Staff also incorporated vaccination discussions during their appointments with these clients.

Key learnings included:

- Ensuring that front line staff were on the planning team so that their ideas based on real-life experiences could be incorporated quickly.
- It was motivating to see the needle move after sharing real-time data with County and contracted providers about how each outreach contact was contributing to progress. During the process, it was discovered that the BHRS client vaccination rate was artificially low. Due to data matching problems between the State registry and local patient databases, a significant number of clients showing as un-vaccinated were determined to have already been fully vaccinated. For these clients, one focus was to help **get their information updated in the State's database.**

## State funds to support expansion of mental health services infrastructure

The California Department of Health Care Services (DHCS) and Department of Social Services (CDSS) are implementing two new programs to support mental health infrastructure projects: the Behavioral Health Continuum Infrastructure Program (BHCIP) and the Community Care Expansion (CCE) program.

Behavioral Health and Recovery Services was approved by the DHCS to receive \$149,873 from the Behavioral Health County and Tribal Planning Grant funding from the BHCIP for a 10-month planning project.

The planning project will include a needs and gaps analysis on the San Mateo County behavioral health system to develop an action plan **on the system's infrastructure**. The action plan will identify one project each in which to apply for funds from the BHCIP and the CCE in late 2022.

The BHCIP awards will be used to construct, acquire, and expand properties and invest in mobile crisis infrastructure related to behavioral health.

The CCE program will fund acquisition, construction, and rehabilitation to preserve and expand adult and senior care facilities that serve Supplemental Security Income applicants and recipients, including those who are homeless or at risk of homelessness and people with behavioral health conditions.

These programs represent the largest provision of resources for behavioral health and social services **infrastructure in the state's history and an unprecedented opportunity to address historic gaps in the behavioral health and long-term care continuums**.

###