

The County of Santa Cruz

Integrated Community Health Center Commission

MEETING AGENDA

October 9, 2024 @ 4:00pm - 5:00pm

MEETING LOCATION: In-Person – 150 Westridge, Suite 101, Watsonville, Ca 95076 and 1080 Emeline Ave., Bldg. D, Admin Conference Room, Santa Cruz, CA 95060 will connect through Microsoft Teams Meeting or call in (audio only) [+1 831-454-2222,191727602#](tel:+18314542222191727602) United States, Salinas Phone Conference ID: **191 727 602#**

ORAL COMMUNICATIONS - Any person may address the Commission during its Oral Communications period. Presentations must not exceed three (3) minutes in length, and individuals may speak only once during Oral Communications. All Oral Communications must be directed to an item not listed on today's Agenda and must be within the jurisdiction of the Commission. Commission members will not take actions or respond immediately to any Oral Communications presented but may choose to follow up at a later time, either individually, or on a subsequent Commission Agenda.

1. Welcome/Introductions
2. Oral Communications
3. September 4, 2024, Meeting Minutes – Action Required
4. Enhance Care Management Report
5. Quality Management Update
6. Financial Update
7. CEO Update

Action Items from Previous Meetings: Action Item	Person(s) Responsible	Date Completed	Comments
Send out patient satisfaction survey results	Mary	8/20/2024	E-mailed to commissioners
FQHC and how it fits into the services provided	Mary/Amy	9/4/2024	
Overview - EHCCM/CalAim - How do we participate in the program?	Mary/Amy/Raquel		
Question was asked from one of the commissioners, at the 11.3 that are denied initially how many are cured within the year what Is the percentage?	Julian		

Next meeting: Wednesday, November 6, 2024, 4:00pm - 5:00pm **Meeting Location: In-Person** - 150 Westridge, Suite 101, Watsonville, Ca 95076 and 1080 Emeline Ave., Bldg. D, Admin Conference Room, Santa Cruz, CA 95060. Commission will connect through Microsoft Teams Meeting or call in (audio only) [+1 831-454- 2222,191727602#](tel:+18314542222191727602) United States, Salinas Phone Conference ID: **191 727 602#**

The County of Santa Cruz Integrated Community Health Center Commission

Minute Taker: Mary Olivares

Minutes of the meeting held October 9, 2024

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

Attendance	
Len Finocchio	Executive Board - Co-Chair
Rahn Garcia	Member
Dinah Phillips	Member
Marco Martinez-Galarce	Member
Michael Angulo	Member
Lynn Lauridsen	County of Santa Cruz, Health Services Manager
Amy Peeler	County of Santa Cruz, Chief of Clinics
Raquel Ruiz	County of Santa Cruz, Senior Health Services Manager
Julian Wren	County of Santa Cruz, Admin Services Manager
Mary Olivares	County of Santa Cruz, Admin Aide
Meeting Commenced at 4:01 pm and concluded at 5:02 pm	
Excused/Absent:	
Excused: Christina Berberich Absent: Tammi Rose Excused: Maximus Grisso Absent: Michelle Morton	
1. Welcome/Introductions	
2. Oral Communications:	
Marco reported he serves on Dientes Board and wanted to let the commission know that the Watsonville Clinic has a program that supports the senior patients, and they are in need of funding for this program. It was noted by a commissioner that Dientes should contact county staff and have a discussion.	
3. September 4, 2024, Meeting Minutes – Action Required	
Review of September 4, 2024, Meeting Minutes – Recommended for approval. Rahn motioned to accept minutes as presented. Michael second, and the rest of the members present were all in favor.	
4. Enhance Care Management Report	
Lynn Lauridsen gave a presentation on Enhance Care Management, she stated it is part of a larger initiative in the state that is now a benefit that is made available to all MediCal members that are unhoused, have substances use disorder, mental illness, people that need an extra hand in coordinating their care. Lynn stated the program launched about three years ago. They have a team of case managers and community health workers. They are really trying to improve people’s access to health care that will ultimately improve in their health outcomes. Currently, they are serving 200 members, and the staffing to serve these patients are five lead case managers and they are working on hiring five community health workers.	
5. Quality Management Update	
Raquel reported the Homeless Persons Health Project (HPHP) presented this month’s quarterly quality improvement project. HPHP reported on Health Care for Chronically Homeless Individuals in Permanent Supportive Housing Programs and increasing access to health visits. Raquel reported there are 112, 62% of the clients are connected to HSA clinics, 7% see another non-Santa Cruz-PCP and 33% have no PCP. HPHP’s goal is to improve health outcomes of patients placed into HPHP’s permanent supportive housing programs by increasing the rate of patients established with a PCP. Raquel reported it is the long-term plan to integrate more medical case management provided by the Mental Health Client Specialist who provide housing case management.	
Raquel also presented the Central California Alliance for Health Care Based Incentive Quarter 2 Data – She reviewed the data such as what they have achieved, benchmarks and plan goal. Raquel reported on Peer Review, she stated they are working on the peer review policy and that will take a couple of months to finalize, she will bring back to the commission for final review. Raquel also reported they are working on triaging incoming calls to improve clinical outcomes. Lastly, Raquel reported she will report back on the staff satisfaction survey results after they are discussed in the Quality Management Committee’s meeting in November.	
6. Financial Update	
Julian reported on timely filing, he reported Medicare timely filing limit is one calendar year from date of service and Med-Cal is six months from date of service, he stated it is very important they look at the days in AR report to help avoid delays. Julian reported	

that bad adjustments write-offs refer to the amounts that an FQHC determines to be uncollectible from patients or third-party payers after reasonable collection efforts have been exhausted. These are typically accounts receivable that have been deemed unrecoverable due to a patient's inability or unwillingness to pay, insurance claim denials that cannot be resolved, or other factors preventing the collection of payment for services rendered. Julian also reported on good adjustments such as Contractual Adjustments; These are amounts that healthcare providers agree not to charge patients based on contracts with insurance companies; Compassionate Care: Discounts provided to patients who qualify for financial assistance; Self-Pay Discounts: Reductions offered to uninsured patients who pay promptly; and Administrative Write-offs: Adjustments made for reasons like billing errors or patient complaints. Julian reported on the County of Santa Cruz Health Centers Net Collection Rate (NCR). The industry standard for Net Collection Rate is 95%. There is no industry standard for timely filing metric, but generally less than 1% is where we want to be. County of Santa Cruz NCR is 96% (using the most conservative analysis) and the County of Santa Cruz "bad" adjustments due to timely filing is 1.4%. Julian reported on days in accounts receivable. He stated their goal is by March 8, 2025, for DAR is 53 days (91-day ave) and their most current average is 54 days.

12. CEO Update

Amy reported that the SEIU contract had been accepted by the union. Amy also gave a big recognition to Julian thanking him for his hard work on the financials and the budget. Amy stated they are still working on a comprehensive proposal which she will share with commission when ready. She also stated they are still looking for additional commission member.

Next meeting: November 6, 2024, 4:00pm - 5:00pm

Meeting Location: In- Person- 150 Westridge Drive, Suite 101, Watsonville, Ca 95076 and 1080 Emeline Ave., Bldg. Clinic. Cruz, CA 95060. Commission will connect through Microsoft Teams Meeting or call in (audio only) +1 831-454-2222,191727602# United States, Salinas Phone Conference ID: **191 727 602#**

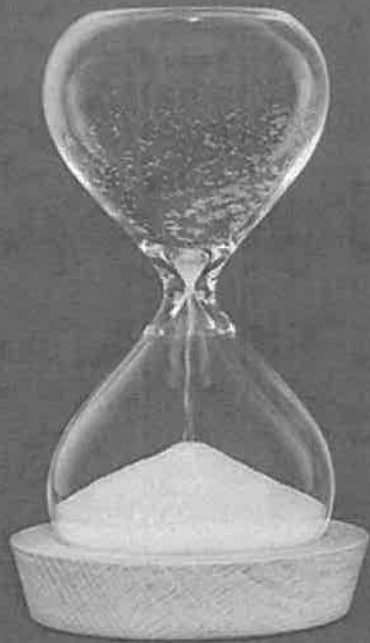
Minutes approved _____ (Signature of Board Chair or Co-Chair) / / (Date)



Health Centers Division

Integrated Health Care Commission Monthly Budget

10/1/2024



Timely Filing

Program	Timely Filing Limit
Medicare	1 calendar year from date of service ¹ ₃
Medi-Cal (California Medicaid)	6 months from date of service

It's important to note that there are some exceptions that may allow extension of these timely filing limits in certain circumstances, such as retroactive eligibility determinations.

However, providers should aim to submit claims as soon as possible within the standard timely filing windows to avoid denials.



GOOD

BAD

Bad Adjustments

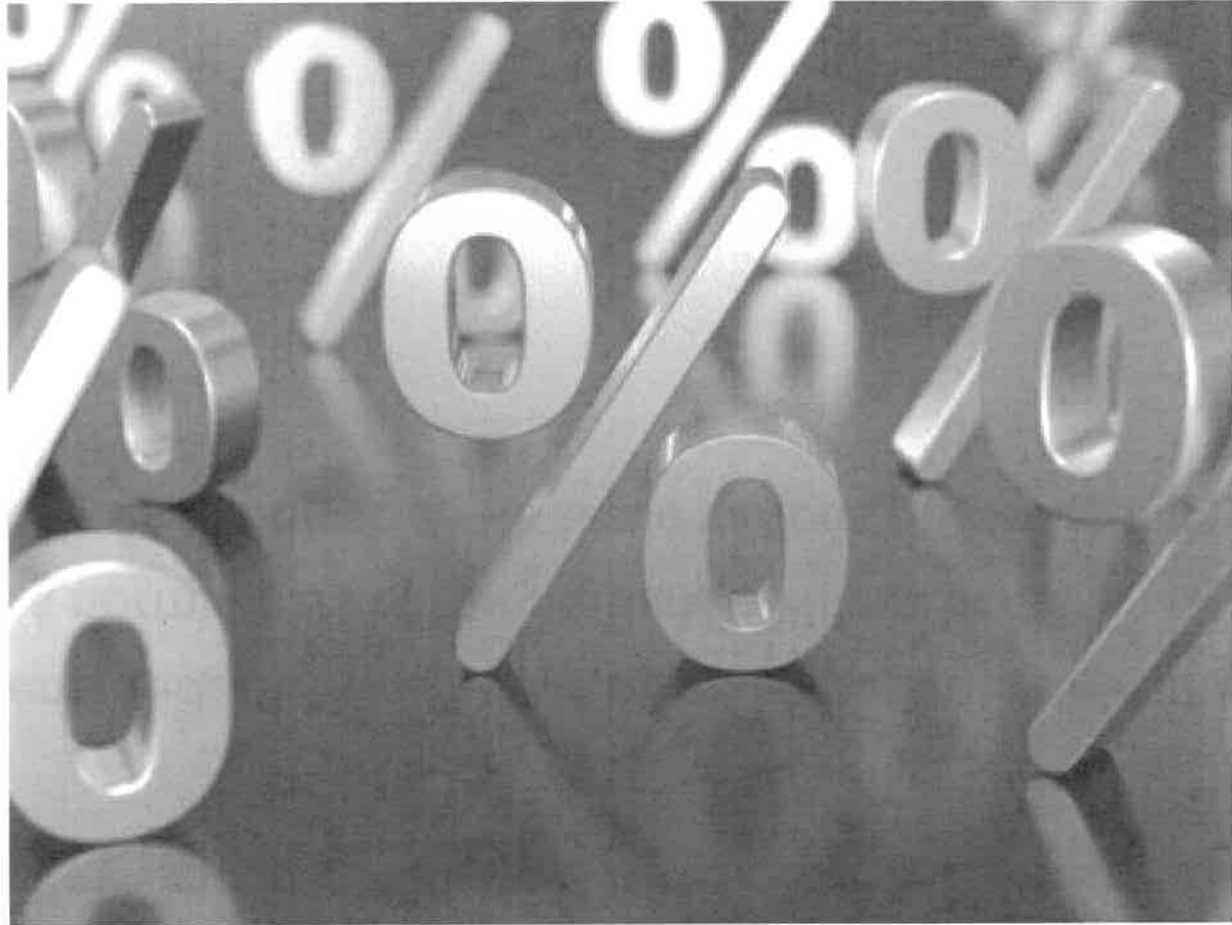
- Bad adjustments write-offs refer to the amounts that an FQHC determines to be uncollectible from patients or third-party payers after reasonable collection efforts have been exhausted.
- These are typically accounts receivable that have been deemed unrecoverable due to a patient's inability or unwillingness to pay, insurance claim denials that cannot be resolved, or other factors preventing the collection of payment for services rendered.

Adjustments

- **Contractual adjustments:** These are amounts that healthcare providers agree not to charge patients based on contracts with insurance companies
- **Compassionate Care:** Discounts provided to patients who qualify for financial assistance
- **Self-Pay Discounts:** Reductions offered to uninsured patients who pay promptly
- **Administrative Write-offs:** Adjustments made for reasons like billing errors or patient complaints

Adjustments: Key Points

- Adjustments reduce the amount owed by patients or insurers
- They are a normal part of the medical billing process
- Different types of adjustments serve various purposes in revenue management



Net Collection Rate

- The Net Collection Rate shows what percentage of the money you're supposed to get (based on these agreements) you end up collecting.
- A high Net Collection Rate means you're doing a good job at billing correctly and collecting the money owed to you.
- It's important because it helps the clinic know if they're managing their money well and if they need to improve how they ask for payment.

Net Collection Rate (NCR) Calculation

- $\text{NCR} = (\text{Total Payments Received} / (\text{Total Charges} - \text{Contractual Adjustments})) \times 100$
- For example, if an FQHC billed \$100,000 in charges, had \$20,000 in contractual adjustments, and received \$75,000 in payments, the NCR would be:

$$\text{NCR} = (\$75,000 / (\$100,000 - \$20,000)) \times 100 = 93.75\%$$

- A high NCR, ideally 95% or above, indicates that the FQHC is effectively collecting the reimbursements it's entitled to receive


County of Santa Cruz Health Centers Net Collection Rate (NCR)

- The industry standard for Net Collection Rate is 95%
- There is no industry standard for timely filing metric, but generally less than 1% is where we want to be
- County of Santa Cruz NCR is 96% (using the most conservative analysis)
- County of Santa Cruz “bad” adjustments due to timely filing is 1.4%

Days in Accounts Receivable

- Our goal by March 8, 2025, for DAR is 53 days (91-day ave)
- Our most current average is 54 days



 **6.1%** PB Overall Denial Rate
MTD

Industry Standard is under 9%

Resources

- OCHIN Epic PB Revenue Management Dashboard
- OCHIN Epic PB Denial Dashboard
- OCHIN Epic Financial Cubes

Questions?

Thank You





Health Centers Division

Quality Management Report

October 2024



Quality Management Committee

- Quarterly Quality Improvement Presentation-
Homeless Persons Health Project: Health Care for Chronically Homeless Individuals in Permanent Supportive Housing Programs
- Central California Alliance for Health-Care Based Intensive Quarter 2 Data
- Extension of Staff Satisfaction Survey

HPHP Quality Improvement Project Summary

Housing Clients = 112

HSA PCP = 69, or 62%

NO PCP = 37, or 33%

NON-HSA PCP = 7, or 6%

Source of Client List = Homeless Management Information System (HMIS), Housing Database (Access Database)

Source of PCP data = Epic

Assumption that a few more of the clients have a NON-HSA PCP, just not shown in Epic.

CCAH CBI Data-Quarter 2



Care-Based Incentive (CBI) Program Practice Profile



Quality of Care Measures	Your Practice	Plan Benchmark	Plan Goal	Improvement Rate (%)	Percentile Group	Eligible for Measure	Possible Points	Practice Points
Breast Cancer Screening	Your Practice							
Members eligible	796							
Members screened	453							
Rate (%)	56.91%	52.6%	62.67%	1.27%	Between 50th and 74th	Yes	4.22	2.96
Cervical Cancer Screening	Your Practice							
Members eligible	2,519							
Members screened	1,503							
Rate (%)	59.67%	57.11%	66.48%	1.31%	Between 50th and 74th	Yes	4.22	2.96
Child and Adolescent Well-Care Visits	Your Practice							
Members eligible	2,455							
Members with a visit	1,565							
Rate (%)	63.75%	48.07%	61.15%	9.56%	≥90th percentile	Yes	4.22	4.22
Depression Screening for Adolescents and Adults	Your Practice							
Members eligible	6,782							
Members screened	2,066							
Rate (%)	30.46%	7%	17%	MNS	≥75th percentile	Yes	4.22	4.22
Diabetic HbA1c Poor Control >9.0% ↓	Your Practice							
Members eligible	1,039							
Members in poor control	284							
Rate (%)	27.33%	37.96%	29.44%	-0.54%	≥90th percentile	Yes	4.22	4.22
Immunizations: Adolescents	Your Practice							
Members eligible	172							
Members immunized	100							
Rate (%)	58.14%	34.31%	48.8%	-2.53%	≥90th percentile	Yes	4.22	4.22
Immunizations: Children (Combo 10)	Your Practice							
Members eligible	48							
Members immunized	24							
Rate (%)	50.00%	30.9%	45.26%	-8.93%	≥90th percentile	Yes	4.22	4.22
Lead Screening in Children	Your Practice							
Members eligible	52							
Members screened	39							
Rate (%)	75.00%	62.79%	79.26%	MNS	Between 75th and 89th	Yes	4.22	4.22
Well-Child Visits in the First 15 Months	Your Practice							
Members eligible	41							
Members with visits	30							
Rate (%)	73.17%	58.38%	68.09%	2.96%	≥90th percentile	Yes	4.22	4.22



Peer Review & Risk Management Committee

- Peer Review Policy
- Triage Incoming Calls
- Peer Review Case-Deep Dive-
 - In home support referral
 - Abnormal Lab Policy

Questions?

Thank You

