The County of Santa Cruz Integrated Community Health Center Commission MEETING AGENDA

November 1, 2018 @ 11:00 am

Meeting Location: 1080 Emeline Ave., Bidg. D (DOC Conference Room, 2nd Floor), Santa Cruz, CA 95060 5901 Christie Ave., Suite 502, Emeryville, CA 94608 1939 Harrison Street, Suite 211, Oakland, CA 94612

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. October 4, 2018 Meeting Minutes Recommend for Approval
- 4. Quality Management Committee Update
- 5. Financial Update
- 6. CEO Update

Action Items from Previous Meetings:

Action Items from Fredrous Weetings:					
Action Item	Person(s)	Date	Comments		
	Responsible	Completed			
E-mail Organizational Chart	Amy				
Email vacancy list	Amy				

Next meeting: December 6, 2018 11:00 am- 1:00 pm

1080 Emeline Ave, Building D, DOC Conference Room, Second Floor, Santa Cruz, CA 95060

The County of Santa Cruz Integrated Community Health Center Commission

Attendance Rahn Garcia Christina Berberich Marco Martinez-Galarce Member Marco Martinez-Galarce Member Raquel Ramirez Ruiz County of Santa Cruz, Senior Health Services Manager Kristina Riera County of Santa Cruz, Analyst Meeting Commenced at 11:20 am and Concluded at 11:50 am 1. Exceed/Absent: Absent: Gustavo Mendoza Absent: Rama Khalsa Absent: Pamela Hammond Absent: Noole Pfell 2. Oral Communications: Review of September 20, 2018 minutes - Recommended for Approval. Marco motioned for the acceptance of the minute and Dinan seconded, and the rest of the members present were in favour. 3. Changing Commission Meeting Date- Action item Marco motioned the acceptance of changing the meeting date from the 2 nd Thursday of the month, Christina seconded, and the rest of the members present were in favour. 4. Quality Management Committee Update Raquel reviewed the patient satisfaction survey process. It was decided that a subcommittee of Len, Marco and Raquel would be convened to fine tune the questions on the survey. 5. Financial Update Raquel explained that there is no report this time because the meeting was moved to the first week of the month, Goin forward the commission will review the previous month financial records, so the fiscal department has the appropriate amount of time to close out the month. For the November meeting we will review the September financials. 6. CCO update Raquel explained that there is no report this time because the meeting was moved to the first week of the month. Goin forward the commission will review the previous month financial records, so the fiscal department has the appropriate amount of time to close out the month. For the November meeting we will review the September financials. 6. CCO update Raquel explained that there is no report this time because the meeting was moved to the first week of the month. Goin forward the commission will review the previous month financial records, so the fiscal department has the appropriate amount of time to close out the month. F	Minute Taker: Kristina Riera			
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(Signature of Board Chair or Co-Chair) (Date)	☐ Minutes approved	1 1		
	/Signature of Ro	vard Chair or Co-Chair) (Date)		

Ability to Pay Program Survey Summary (October 2018) Total Surveys: 50

Do you know a	bout the Ability to Pay (ATP) Program?	☐ Yes ☐ No
	O people) responded yes	
Are you a mem	ber of the Ability to Pay (ATP) Program?	□ Yes □ No
78% (39 out of 5	O people) responded yes	
If you use the A	bility to Pay (ATP) Program, do you feel that the fees	are affordable?
Very much	56% (22 out of 39)	
Somewhat	39% (15 out of 39)	
Neutral	5% (2 out of 39)	8
Not really	0% (0 out of 39)	
Absolutely not	: 0% (0 out of 39)	

If you use the Ability to Pay (ATP) Program, do you feel that the program makes clinic services more accessible to you?

Very much	72% (28 out of 39)		
Somewhat	25% (10 out of 39)	11	
Neutral	2% (1 out of 39)		
Not really	0% (0 out of 39)	**	
Absolutely not	0% (0 out of 39)		

Ability to Pay Program Survey Summary (October 2018)

Total Surveys: 50

Additional Comments:

- 1. Yes, it helps me very much.
- 2. Everything fine.
- 3. Thank you for the program. It helps us a lot.
- 4. Just thank you for your services.
- 5. It is good, and good service.
- 6. The program is good, very helpful perfect.
- 7. Thank you!
- 8. Thank you for your services. They mean a lot to me.

Federal Poverty Levels of respondents:

0-100%: 64% (28 out of 44)

101%-133%: 11% (5 out of 44)

134%-166%: 13% (6 out of 44)

167%-200%: 7% (3 out of 44)

over 200%: 5% (2 out of 44)

Unknown: (6 out of 50)



County of Santa Cruz

HEALTH SERVICES AGENCY

Sliding Scale Discount Program

"WHAT IS A SLIDING SCALE DISCOUNT?"

Sliding scale discount refers to a program that enables us to discount qualifying service charges provided at the clinic. This sliding discount can apply to all family members.

"HOW IS A REDUCTION IN FEE DETERMINED?"

Sliding scale discount is determined based on your income level and the number of members in your household. Using this information, our staff computes the amount of sliding discount based on federal poverty guidelines. The nominal fee for a medical office visit ranges from \$0 - 50. Depending on the level of slide qualified and type of service.

Sliding Fee Structure

	Below	100%	FPL	Nominal Fee of \$12.00	* waived for homeless patients
100%	THRU	133%	FPL	20% of Clinic Charges	(80% Discount)
134%	THRU	166%	FPL	40% of Clinic Charges	(60% Discount)
167%	THRU	200%	FPL	60% of Clinic Charges	(40% Discount)

Household size	Poverty Guideline	Household size	Poverty Guideline
1	\$12,140	5	\$29,420
2	\$16,460	6	\$33,740
3	\$20,780	7	\$38,060
4	\$25,100	8	\$42,380

"HOW CAN I QUALIFY FOR A SLIDING DISCOUNT?"

To qualify for sliding scale discount your income must be below 200% of the federal poverty guidelines. We will need documentation of your income and the number of members in your household.

"WHY DO I NEED TO PROVIDE THIS DOCUMENTATION?"

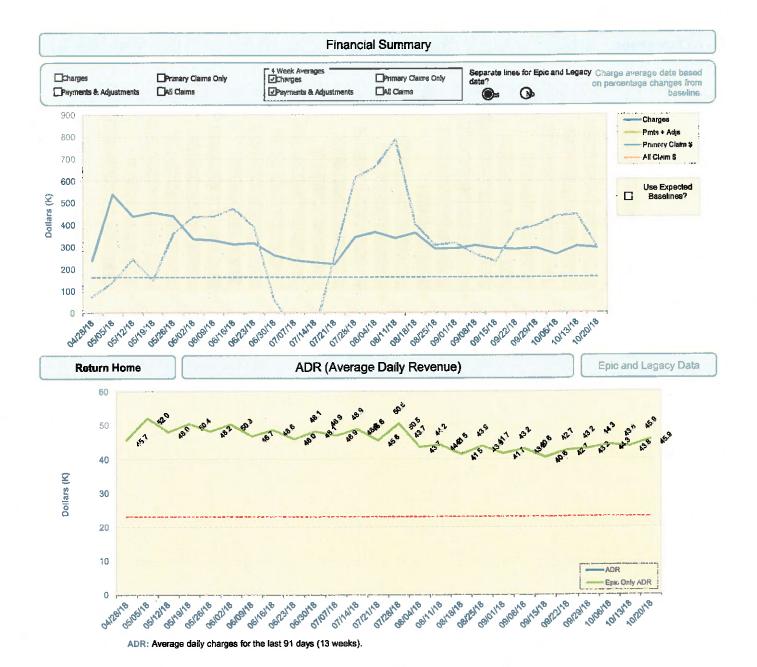
As a condition to provide the sliding scale discount arrangement, grantors require us to document all qualifying patients. The grantors want assurance that qualified patients are receiving health care at discounted rates.

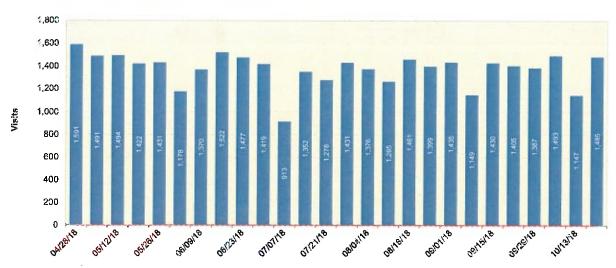
"WHAT HAPPENS IF I DON'T PROVIDE THE DOCUMENTATION?"

We will accept your word of your income level and number of household members and require you to complete a Self Declaration form. Self declared income and household will qualify for a Sliding Scale for one visit only.

"WHAT TYPE OF DOCUMENTATION DO I NEED TO PROVIDE?"

- Copies of wage statements, unemployment/pay stubs, disability, social security, etc.
- Most recent Federal tax return





Visit Volume: Weekly total of all arrived or completed appointments.

Mary Olivares

From:

Amy Peeler

Sent:

Tuesday, October 30, 2018 1:29 PM

To:

Marco Martinez-Galarce; Mary Olivares; berberichc@gmail.com; unodog99@gmail.com; pampurring@gmail.com; RAMA.KHALSA@BHCEQRO.COM; gqmendoza1@gmail.com;

diphi@baymoon.com; len_finocchio@me.com

Cc:

Mary Olivares

Subject:

Clinic Services Vacancy List

Hi Commissioners,

As promised, you will find our current vacancy list below. Happy to discuss at the meeting on Thursday.

FTE	Position	Supervisor
40	Office Asst III/II/I	David Pheng
40	Sr. Medical Billing Tech	Amy Peeler
40	Sr. PH Microbiologist	Rachel Rees
40	MHCS	David Pheng
40	MHCS	Raquel Ruiz
40	Medical Assistant	Walter Espinosa
40	CNII, CNI	David Pheng
40	CNIII	Michele Violich
40	PHNII/I	Joey Crottogini
40	PHNII/I, CNIII/II	Raquel Ruiz
40	PHNII/I, CNIII/II	Joey Crottogini
40	PHNII/I, CNIII/II	Walter Espinosa
36	PA/NP	Michele Violich
36	Clinic Physician	Amy Peeler
32	Clinic Physician	Amy Peeler