



# Ventura County Community Health Center (CHC) Board Meeting Agenda

**Theresa Cho, MD**  
Ventura County Ambulatory Care  
Chief Executive Officer  
Medical Director  
CHC Executive Director

**John Polich**  
County of Ventura  
Assistant County Counsel

**Lizeth Barretto**  
Ventura County Ambulatory Care  
Chief Operations Officer

**Chaya Turrow**  
Ventura County Ambulatory Care  
CHC Co-Applicant Board Clerk

**Meeting Minutes  
November 17, 2022  
12:30 - 2:00 PM**

**Zoom Virtual Meeting**

**Link:**

<https://us02web.zoom.us/j/84777630936?pwd=VkRkNE43dnZVSFZEMTB0NDVtMGVOQT09>

**Meeting ID: 847 7763 0936**

**Passcode: 345582**

**Teleconference:**

**+1 669 900 6833**

**CHC BOARD MEMBERS:**

**DAVID TOVAR, District 1**  
Chair

**JAMES MASON, District 5**  
Vice Chair

**RALPH REYES, District 3**  
Secretary

**RENA SEPULVEDA, District 1**  
Treasurer

**MANUEL MINJARES, District 3**

**RENEE HIGGINS, MD, District 3**

**SUSAN WHITE WOOD, District 5**

**MELISSA LIVINGSTON, District 4**

**ESPY GONZALEZ, District 2**

**ROBERT RUST, District 3**

**MONIQUE NOWLIN, District 1**

**Call to Order:**

David Tovar called the meeting to order at 12:32 PM.

**1. Roll Call**

David Tovar	Present via teleconference
James Mason	Present via teleconference
Ralph Reyes	Absent
Rena Sepulveda	Absent
Manuel Minjares	Present via teleconference
Renee Higgins, MD	Present via teleconference
Susan White Wood	Present via teleconference
Melissa Livingston	Present via teleconference
Espy Gonzalez	Present via teleconference
Robert Rust	Present via teleconference
Monique Nowlin	Present via teleconference

**Roll call confirmed that a quorum was present.**

**2. Ventura County Staff Present**

Theresa Cho, MD, HCA – Ambulatory Care  
Lizeth Barretto, HCA – Ambulatory Care  
Tim Hawkins, HCA – Ambulatory Care  
Christina Woods, HCA - VC Health Care Plan  
Dee Pupa, HCA  
Amy Towner, HCA – Health Care Foundation  
Robert Bravo – County Executive Office  
Elizabeth Galway, HCA – Ambulatory Care  
Martin Hahn, HCA – Ambulatory Care  
Luis Torres, HCA – Ambulatory Care  
Jason Cavender, HCA – Ambulatory Care

**Public Present** – None

**3. Public Comments - None**

**Action Items:**

**4. Approval of CHC Board Meeting Agenda for November 17, 2022**

Board Member White Wood approved. Board Member Minjares seconded. The motion passed with no dissensions or abstentions.

**5. Approval of CHC Minutes for October 27, 2022**

Board Member Rust approved. Board Member Minjares seconded. The motion passed with no dissensions or abstentions.

**6. Appointment of committee to review CHC Board Bylaws**

Board Chair Tovar described the need for a committee to review the Board Bylaws prior to the Operational Site Visit in April – June. Chair Tovar detailed that Gary Bess and Associates provided Ms. Barretto and Ms. Turrow with some suggestions for the Board to review. Board Member White Wood asked about the time commitment for the committee, Ms. Barretto said at least two, no more than three, meetings. Board Members White Wood, Mason and Tovar volunteered.

Board Chair Tovar motioned to approve the Bylaws review committee. Board Member Minjares seconded. Motion passed with no dissensions or abstentions.

Board Member Livingston suggested to include County Counsel, as they have previously been involved and to loop them in for any recommendations.

**7. Review and Approval of Fiscal Report (Chapter 17 – Budget)**

Mr. Hawkins shared the CHC Board FQHC Financial Report ending June 30, 2022. This is a basic report of encounters by financial classes. Composition of encounters can greatly inform revenue recognition, as well as where to emphasize operations and different contracting needs. The department is seeing a 2% increase from FY 2021 and FY 2022, and within that is

3.5% increase in MediCal program. There is also growth in the other managed care programs, like HMO and PPO.

One of the key considerations to look at is the relationship between encounters and net patient revenue and operating expenses. Seeing a reasonably stable trendline in visits, slightly ticking up, which is a positive consideration. Also saw a small increase in operating deficit this year. One key performance indicator is approximate revenue by encounter. HMO patients paid slightly different than contracts with PPO, sliding fee, or MediCal. There was a slight decrease in overall rate - partially due to changes in composition and was also influenced by encounters being seen at different FQHC clinics, with different PPS rates.

Ms. Pupa asked if revenue is still calculated by taking visits multiplied by individual clinic PPS rate. Mr. Hawkins confirmed this is still the case. It is practiced as more of a hybrid model, as opposed to cash flow reconciled. Currently is actual cash flow received, with adjustments performed periodically, based on the revenue earned. This reconciliation will be PPS rates multiplied by encounters and this will be equal to pre-payments received. There will always be an adjustment. Ms. Pupa also asked how the cost report refunds are handled. Mr. Hawkins confirmed this will be at the top line, and for the most part, these will be estimates. There will always be a small increase or decrease. The tighter Mr. Hawkins' team gets the analysis, the smaller the swings will be.

Mr. Hawkins shared the composition of ambulatory providers FTE by month. There has been an increase in overall provider FTE on a month-to-month basis. Mr. Hawkins' team is working to automate this reporting. Largely stable in increases, especially with the nurse practitioner corps.

Mr. Hawkins shared the basic financial statements. This does not include grant and other supplemental funding. The ambulatory care department has been stable with net patient revenue and salary and benefits. Pharmaceutical costs and professional fees are up. Total operating expenses have increased about 3%. The total operating deficit is \$23.2M for the year. This is before the addition of supplemental revenue streams. There are also one time funding considerations, specifically the COVID-19 emergency funding, which are not reflected on the basic financial statement recap shared.

Board Vice Chair Mason asked if pharmaceuticals are reimbursable. Mr. Hawkins confirmed the 340B program is reimbursed. For the most part, that revenue is picked up in some other areas. Board Vice Chair Mason requested the Board receive a report on if there are opportunities for cost containment or revenue recovery.

Board Chair Tovar asked how Mr. Hawkins views the community from a PPS or a value-based contract or another form of APM and how does this change the revenue at the end of the day? Mr. Hawkins explained that the model behind APM is to enhance care delivery and to give more options where a current PPS model may be restricted.

Mr. Hawkins also shared a slide describing some supplemental funding sources, other than the 330 grant funding.

- Quality Incentive

- Whole Person Care/CalAIM
- Global Payment Program
- Provider Relief Funds
- Enhanced Payment Program

Some FQHCs are involved with these programs, while others are not. This is a system-wide look at these considerations. The team is heavily involved in the quality incentive program - part of what keeps the doors open.

Board Member Livingston motioned to accept the fiscal report. Board Member Nowlin seconded. The motion passed with no dissensions or abstentions.

#### **8. Approval of 2023 Board Calendar**

Board Member Rust moved to approve the 2023 Board Calendar. Board Member White Wood seconded. Motion passed with no dissensions or abstentions.

#### **9. Review and Approval of determination that the legally required circumstances to meet virtually still exist: (*Government Code, § 54953, subdivision (e)(3)*)**

Board Vice Chair Mason moved to approve to continue meeting virtually. Board Member Rust seconded. The motion passed with no dissensions or abstentions.

### **Discussion Items:**

#### **10. Review the Sliding Fee Discount Program Report**

Mr. Hawkins shared the updated sliding fee discount program report. Luis Torres has been working on this with Mr. Hawkins, Ms. Barretto, and Ms. Pupa. The sliding fee discount program is a required federal compliance component. It provides care to all individuals, including those without the ability to pay. The program is reviewed every three years based on the Board, as required by Health and Human Services.

The Policy and Procedure document walks through the eligibility requirements. The procedure components specifies that individuals and families that meet income criteria are encouraged to apply. The ambulatory care team currently has 3,200 participants. This fluctuates each month but has been reasonably stable and accounts for 6% of overall volume. The policy as it stands, provides detailed definition of the two main criteria - income and family size. There are detailed expectations of how the information is displayed at each clinic. The team is currently working through disclosure updates within the program.

The rates show per code grouping. Right now, the program is designed with range of medical codes and flat rates with relation to the federal poverty levels. The team is reviewing ways to optimize the sliding fee discount program. One of the main criteria from HRSA is that the sliding fee program must be inclusive of all scope of services. This document includes hospital-based services.

The current application is a couple pages with the first page being an introduction in plain language, eligibility criteria, and how to apply. There is a matrix describing the various levels. Self-pay covers the gap from the 200% to 350%+ poverty level. The second page is the actual application and typically performed in clinic. Mr. Torres and his team help patients fill out the

form, which is also available in Spanish with translation services available. These should be done annually, or when changes occur.

Board Member Gonzalez asked if applicants receive a notification that they were approved and will they know the discount follows when they are referred to a specialty? Mr. Hawkins explained that at point of application, the representative will educate and discuss with the patient. Mr. Torres said after application is processed, the patient receives a discount card and can present the card at their next appointment. The matrix showing the discount rates are posted at clinics, as well.

Board Member Nowlin asked if the information posted in the clinics are in Spanish? Mr. Torres explained that the matrix is only in English, but the team can work on a Spanish version. The information explaining the program is available in both English and Spanish.

Board Member Livingston asked if when the federal poverty levels change, are we required to change the program mid-stream? Ms. Pupa responded saying the policy was created to say that the current federal poverty level scale is used. Ms. Barretto said that the Board reviews and approves as updated, as well. Mr. Torres said the FPL is issued out to staff on an annual basis towards the end of each January, but it is not posted for patients. Board Member Livingston suggests posting this information, so patients know where they stand, and to ensure the amount the patient pays is reasonable.

Ms. Pupa shows enrollment significantly higher than 3,203. Mr. Hawkins said this is just the active sliding fee discount program from the previous fiscal year.

## **11. Review of Updated Annual Activity Report**

Ms. Turrow shared the updated Annual Activity Report. There have been a few updates made since the last meeting; currently reviewing internally. The team hopes to submit to the CHC Board for the December meeting, requesting approval. Ms. Turrow will share the final updates with the CHC Board and requests any updates or suggestions. The plan is to review and file with the Board of Supervisors in January.

## **12. Continued Business**

### **a. Grants Update**

Ms. Turrow shared an update on the Capital Grant – Magnolia Dental Expansion. The team submitted a progress report last week. There are a few delays, but the architect believes the project will be done June 2023. The Ambulatory Care Team is projecting December 2023, providing a buffer that is still within the grant period. This grant also includes x-rays and ultrasound machines. Two of the three x-ray machines have been purchased, and the third in January. The team is demoing a few ultrasound machines, and the cost is coming in at a lower amount than budgeted, therefore more machines can be purchased. There are delays, but the purchases should happen by the end of this year.

The hypertension grant, focused on purchasing home blood pressure cuffs, is moving along. Another progress report was submitted last week.

The team has received official notice that the Operational Site Visit will be between April – June 2023. The committee established earlier will help to prepare for the visit.

### 13. CEO Update – Dr. Theresa Cho, HCA, Ambulatory Care

Dr. Cho shared that the centralized call center is coming together. This is to bring staff together to be nimbler in answering phone calls, improving customer service, and getting patients access to appointments across the clinics. The first cohort of people will be moving in by next week. The team is working with IT and general services to get the lines up and running. The call center will be in Oxnard near the collections. HR has been hiring more agents to support for phone calls and text messages. The team has been receiving positive reactions from physicians and patients.

Board Member Livingston asked the classification of the people being hired. Dr. Cho explained they are Medical Office Assistants. They are people who, previously, had been hired to do front office registration work. There are also a few nurses to assist with triage at the call and referral center. Board Member Livingston mentioned that America's Job Center will be at the same facility, which can be a good joint opportunity.

Dr. Cho explained that the team applied for a Test to Treat Equity Grant with CDPH. The grant allows the organization to receive funding to bolster the Test to Treat efforts. This grant gives the ambulatory care team the opportunity to promote COVID-19 treatments available by creating educational material and providing outreach to those in the community. The program is set to launch early next year.

### 14. Board Comments

Board Member Nowlin thanked Dr. Cho for promoting the vision of Healthy People and Healthy Communities by speaking at a caregiver conference, hosted by the Area Agency on Aging and the Human Services Agency. Dr. Cho spoke to caregivers about ways to prevent the physical effects of caregiver burnout, etc. The feedback received scored very high for the information presented.

### 15. Staff Comments

No comments

### 16. Adjourn

Board Member Nowlin motioned to adjourn. Board Member Minjares seconded. The meeting adjourned at 1:29pm.

Audio files of the CHC Co-Applicant Board meetings are available by contacting the CHC Co-Applicant Board Clerk at [chcboardclerk@ventura.org](mailto:chcboardclerk@ventura.org)

Minutes submitted by: Chaya Turrow, CHC Board Clerk

**Next Meeting: Thursday, December 15, 2022**