San Joaquin General Hospital
Summary of Proposed FQHC Cost Centers
Financial Results
For the Month Ending April 30, 2013

	Children's Health Services (#7080)	Family Medicine (#7092)	Primary Medicine (#7096)	Healthy Beginnings California Street (#7182)	Healthy Beginnings French Camp (#7183)	Total
Visits	1,446	2,109	1,472	1,045	924	6,996
FTE's	14.5	13.1	12.4	8.3	8.8	57.1
Hours/visit	1.714	1.062	1.440	1.358	1.628	1.395
Patient Revenue						
Gross Revenue	491,390	572,881	457,856	172,767	141,377	1,836,271
Deductions from Revenue	(412,900)	(507,481)	(423,380)	(140,556)	(117,827)	(1,602,145)
Net Patient Revenue	78,490	65,400	34,476	32,211	23,550	234,126
Expenses						
Salaries	52,297	48,211	49,463	30,018	26,888	206,877
Benefits	34,131	15,964	18,596	16,937	20,340	105,968
Total Salaries and Benefits	86,428	64,175	68,059	46,955	47,228	312,845
Physician Compensation	67,551	193,445	151,422	32,596	63,239	508,253
Supplies	6,880	13,042	4,373	2,227	1,292	27,814
Purchased Services	3,501	120	0	8,285	8,435	20,341
Other Direct Expense	1,688	7,457	389	3,102	852	13,488
Depreciation	896	2,081	544	680	551	4,752
Total Expenses	166,944	280,320	224,787	93,845	121,597	887,493
Operating Gain (Loss)	(88,454)	(214,920)	(190,311)	(61,634)	(98,047)	(653,367)
AB 915 Allocation	11,550	13,187	14,511	4,422	4,884	48,553
DSRIP Allocation	145,073	165,635	182,263	55,542	61,350	609,863
Adjusted Operating Gain (Loss)	68,168	(36,098)	6,463	(1,671)	(31,812)	5,050
Net Rev as % of Gross Rev	16.0%	11.4%	7.5%	18.6%	16.7%	12.8%
Benefits as a % of Salaries	65.3%	33.1%	37.6%	56.4%	75.6%	51.2%
Payor Mix						
Medicare	0.1%	14.7%	16.6%	1.2%	6.2%	9.3%
Medi-Cal Fee-for-Service	20.7%	9.1%	4.0%	54.8%	39.0%	17.5%
Medi-Cal Managed Care	77.4%	29.1%	21.6%	37.7%	32.8%	41.3%
Insurance	1.5%	0.6%	0.3%	2.0%	1.7%	1.0%
Self Pay	0.3%	5.5%	2.2%	0.3%	1.2%	2.5%
Indigent	0.0%	41.0%	55.1%	4.0%	19.0%	28.4%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

San Joaquin General Hospital
Summary of Proposed FQHC Cost Centers
Financial Results
YTD April 30, 2013

	Children's Health Services (#7080)	Family Medicine (#7092)	Primary Medicine (#7096)	Healthy Beginnings California Street (#7182)	Healthy Beginnings French Camp (#7183)	Total
Visits	13,939	17,162	19,749	8,188	7,921	66,959
FTE's	13.1	12.4	14.0	9.1	7.4	56.0
Hours/visit	1.623	1.248	1.224	1.919	1.613	1.444
Patient Revenue						
Gross Revenue	4,091,019	4,670,873	5,139,770	1,566,258	1,730,065	17,197,985
Deductions from Revenue	(3,431,832)	(4,126,310)	(4,735,119)	(1,276,305)	(1,438,976)	(15,008,542)
Net Patient Revenue	659,187	544,563	404,651	289,953	291,089	2,189,443
Expenses						
Salaries	507,001	462,421	485,168	364,265	314,299	2,133,154
Benefits	409,454	213,447	284,423	220,759	154,750	1,282,833
Total Salaries and Benefits	916,455	675,868	769,591	585,024	469,049	3,415,987
Physician Compensation	850,332	1,726,184	1,408,859	373,602	1,285,578	5,644,555
Supplies	43,767	68,364	37,663	33,854	18,802	202,450
Purchased Services	11,174	9,367	156	19,833	16,229	56,759
Other Direct Expense	14,948	68,188	5,677	30,303	11,017	130,133
Depreciation	6,095	20,694	4,281	6,173	5,014	42,257
Total Expenses	1,842,771	2,568,665	2,226,227	1,048,789	1,805,689	9,492,141
Operating Gain (Loss)	(1,183,584)	(2,024,102)	(1,821,576)	(758,836)	(1,514,600)	(7,302,698)
AB 915 Allocation	138,596	158,241	174,126	53,062	58,612	582,637
DSRIP Allocation	1,740,876	1,987,624	2,187,157	666,499	736,205	7,318,361
Adjusted Operating Gain (Loss)	695,888	121,764	539,707	(39,275)	(719,783)	598,300
Net Rev as % of Gross Rev	16.1%	11.7%	7.9%	18.5%	16.8%	12.7%
Benefits as a % of Salaries	80.8%	46.2%	58.6%	60.6%	49.2%	60.1%
Payor Mix						
Medicare	0.0%	14.5%	13.6%	1.2%	4.4%	8.6%
Medi-Cal Fee-for-Service	22.2%	9.6%	4.9%	55.2%	41.6%	18.6%
Medi-Cal Managed Care	76.2%	30.0%	20.5%	39.9%	30.3%	39.1%
Insurance	1.4%	1.2%	0.7%	1.3%	2.7%	1.3%
Self Pay	0.2%	5.1%	3.6%	0.4%	1.1%	2.7%
Indigent	0.0%	39.6%	56.7%	2.0%	19.9%	29.9%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Financial and Eligibility Determination for Sliding Fee Scale Discount

POLICY:

San Joaquin General Hospital (SJGH) maintains a process for determining sliding fee discounts for patients presenting at the point of service. This policy is developed and assures that no patient will be denied primary health care services due to their inability to pay. This policy further assures that SJGH will make every effort to collect any fees and will reduce or waive such fees should it create unnecessary burdens and barriers to primary care services delivered at SJGH.

PURPOSE:

1. To provide a mechanism to determine Sliding Fee Discount Schedule (SFDS) for patients without coverage from a third party payer.

2. To assess applicability to all individuals and families with annual incomes at or below 200% of the Federal Poverty Level (FPL).

3. To adjust fees based on family size and income for individuals with incomes below 200% of the FPL.

4. To establish that SFDS is not applicable to individuals whose income is greater than 200% of the FPL and full amount of fees will be charged.

PROCEDURE:

1. Sliding Fee Discount Schedule will be annually reviewed and approved.

2. Patients presenting to SJGH with no third party payor will be asked to complete a Client Eligibility Certification (CEC).

3. If the patient has a third party payor, they must provide verification of such insurance and pay any required co-pay.

4. If the patient is eligible for a sliding scale fee discount, staff will collect the co-pay as determined by the current SFDS. Should the patient not have the co-pay, additional Point of Service Collections will be attempted per scripts supplied to staff.

5. No patient will be turned away from receiving primary health care services due to their inability to pay.

6. CEC will be scanned into Quick Chart.

7. Patients will be referred to the SJGH Medical Financial Assistance Department to determine if the patient qualifies for any other financial assistance program for health care services.

8. The Self Declared CEC will be completed by the applicant at every visit, until and unless the patient is screened by the SJGH Medical Financial Assistance (MFA) Department. Thereafter the patient will be screened annually by the MFA Department.

9. Following an MFA appointment and approval, staff will query the patients," has your family size or income changed since you last visited the Clinic?" If yes, a new. Self Declared CEC will be completed for that visit. The patient will be referred to MFA for an updated annual screening.

<u>**Medical Financial Services (MFA) Screening**</u>

Required Documentation – Identity and Finances:

1. US Government/State issued photo I.D. *(see Identification P&P for more info)*

2. Pay stubs-last four for all sources *(wages, unemployment, work comp, disability)*

3. If you, or your spouse, are unemployed you will need to file an unemployment claim (800-300-5616) and bring in a copy of your EDD *(status of employment)* or most current Social Security report of earnings, current retirement check amount receiving or Social Security Retirement

4. If you are on general relief, bring in a report (SJ64) from your eligibility worker showing current status and case number; or Food Stamps "Passport to Services" printout.

5. If self employed, or have miscellaneous income: Complete income tax return; personal and business taxes. *(Most recent, including all W-2's and schedules)* If you do not have a copy, call 1-800-829-1040 for a tax transcript

6. Affidavit of non-resident status – for patients who are not legal residents of SJ County

Documentation in Medical Financial Assistance (MFA) Account

1. MFA staff will document the outcome of the patient's financial screening in the Optimum computer system.
2. The patient will be identified as either approved or denied, SFS level, effective date and expiration date.
3. Patients will be approved for a period of 1 (one) year. There is not retroactive eligibility for the SFS. For example, patient approved effective 5/20/13 and will expire 4/30/14 to be consistent with current MFA practices.
4. Patients who are over income for the SFS will be evaluation for other SJGH funding sources and/or programs.

Registration Information

Financial Class

13 – Self Pay

Insurance Codes for Sliding Fee Scale – Self Declared

463 - Sliding Fee Scale Self Declared $30
464 - Sliding Fee Scale Self Declared $40
465 - Sliding Fee Scale Self Declared $50
466 - Sliding Fee Scale Self Declared $60

Insurance Codes for Sliding Fee Scale – Approved by MFA

473 - Sliding Fee Scale Eligible $30
474 - Sliding Fee Scale Eligible $40
475 - Sliding Fee Scale Eligible $50
476 - Sliding Fee Scale Eligible $60

Name: e-TEST ORDERENTRY   Suffix   Sex M

SS# 888-77-6666   Phone (209) 823-4111   MRN 764475   Primary Doctor FADOO, FARHAN

▸ Sliding Fee Scale Screening Information

SFS Self Declared Date	Sliding Fee Scale MFA Date Screened
SFS Self Declared Disposition	Sliding Fee Scale MFA Disposition
SFS Self Declared Family Size	SFS MFA Family Size
SFS Self Declared Monthly Income	Sliding Fee Scale MFA Monthly Income
Sliding Fee Scale Self Declared Copay Level	Sliding Fee Scale MFA Effective Date
	Sliding Fee Scale MFA Expiration Date
	Sliding Fee Scale MFA Copay Level

Registering patients for non-covered ancillary services:

Patient will be directed to register separately for ancillary services ordered during their visit. At that time, patient for the ancillary services will be due.

Lab specimens sent to the lab via courier will be registered separately under Clinic Code "490" once received in the lab. The registrar will use the "ADD ILS Registration" function in Optimum to create an account for the specimens.

Ancillary services can be registered utilizing one of the following clinic codes:

CODE	ANCILLARY DESCRIPTION
025	ANCILLARIES
060	AUDIOLOGY
080	CARDIAC CATH LAB
160	DIAG IMAG-CAT SCAN
165	DIAG IMAG-MRI
180	DIAG IMAG-NUCL MED
185	DIAG IMAG-ROUTINE
200	DIAG IMAG-ULTRASOUND
230	ECHOCARDIOGRAM LAB
260	EEG
250	ELECTRO-CARDIOGRAM
490	LAB PHLEBOTOMY
740	PULMONARY FUNCTION
840	TREADMILL CLINIC

Primary Clinics Eligible for Sliding Fee Scale

Only clinic visits with primary care providers in the following clinics are covered by the sliding scale fee:

- Children's Health Services
- Family Medicine Clinic
- Family Practice California Street
- Healthy Beginnings California Street
- Health Beginnings French Camp
- Primary Medicine Clinic

The following services are NOT covered by the sliding scale fee:

- Blood/ Laboratory work
- Clinic visits to see Specialists
- Diagnostic Imaging Services *(x-rays, CT scans, etc.)*
- Prescriptions
- Special Procedures
- Specialty Care Services

***** Screen for all other funding sources prior to Sliding Fee Scale Discount *****

Healthy Beginnings French Camp

2020 GYN ONCOLOGY-HBF --- *(Screen for CDP or PACT first)*
350 GYNECOLOGY CLINIC --- *(Screen for CDP or PACT first)*
380 HB FRENCH CAMP/FPL/PP ---*(Screen for PEM or PACT first)*
1170 PERINATAL TEST HBF ----*(Screen for Presumptive Medi-cal first)*
2010 PERINATOLOGIST-HBF --- *(Screen for Presumptive Medi-cal first)*
1180 SWEET SUCCESS HBF --- *(Screen for Presumptive Medi-cal first)*
1160 CPSP-HB FRENCH CAMP--- *(Screen for Presumptive Medi-cal first)*

Primary Medicine

2060 PM DIABETES TITRATION MAN
2040 PRIMARY MED EXTENDED HRS
720 PRIMARY MEDICINE (Screen children for CHDP first, if applicable)

Family Medicine

1060 FAMILY MEDICINE ASMD
1110 FAMILY MEDICINE BHV HLTH
320 FAMILY MEDICINE CLINIC -*(Screen children for CHDP first, if applicable)*
1030 FAMILY MEDICINE COPD
1020 FAMILY MEDICINE DERMATOLOGY
1010 FAMILY MEDICINE GERIATRIC
1040 FAMILY MEDICINE PRENATAL --- *(Screen for Presumptive Medi-cal first)*
1120 FAMILY MEDICINE PSYCHOLOGY
2050 FAMILY MEDICINE RETINAL
1070 FAMILY MEDICINE SPORTS MEDICINE
2030 FAMILY MEDICINE-CPSP --- *(Screen for Presumptive Medi-cal first)*
1000 FM DIABETES ED/CLASS
1090 FM WALK IN/OPEN ACCESS

Children's Health Services

120 CHILDRENS HEALTH SERVICES – *(Screen for CHDP first, if applicable)*
640 PEDIATRIC CARDIOLOGY
920 PEDIATRIC GENETICS
900 PEDS GASTROENTEROLOGY
325 PEDS NEURO CLINIC
910 PEDS PULMONOLOGY
805 SYNAGIS

(Continued on page 6)

Healthy Beginnings California Street

135 CPSP HB CALIFORNIA ST --- *(Screen for Presumptive Medi-cal first)*
370 HB CALIF/FPL/PP ----- *(Screen for PEM or PACT first)*
1130 HBC-GYN CLINIC --- *(Screen for CDP or PACT first)*
650 PERINATAL TESTING HB CAL --- *(Screen for Presumptive Medi-cal first)*
1190 SWEET SUCCESS HB CALIF --- *(Screen for Presumptive Medi-cal first)*

Family Practice California Street

2000 FAMILY PRACTICE CALIF ST -(Screen children for CHDP, if applicable)

Attachments: Client Eligibility Certification, Sliding Fee Scale, Pamphlet
Authors: Patient Access Services, Ambulatory Care Services
References: 42 C.F.R. 51c.303(f) and 56.303(f)

Sliding Fee Scale for
San Joaquin General Hospital
San Joaquin County Clinics

2013 Federal Poverty Level Based on Monthly Income by Family Size

Minimum Fee	$30	$40	$50	$60
Family Size	0-100%	101 - 133%	134 - 150%	151 - 200%
1	$957.50	$1,273.48	$1,436.25	$1,915.00
2	$1,292.50	$1,719.03	$1,938.75	$2,585.00
3	$1,627.50	$2,164.58	$2,441.25	$3,255.00
4	$1,962.50	$2,610.13	$2,943.75	$3,925.00
5	$2,297.50	$3,055.68	$3,446.25	$4,595.00
6	$2,632.50	$3,501.23	$3,948.75	$5,265.00
7	$2,967.50	$3,946.78	$4,451.25	$5,935.00
8	$3,302.50	$4,392.33	$4,953.75	$6,605.00
Each additional person +8	$340.00	$452.20	$510.00	$680.00

For persons above 200% of poverty, full charges will be assessed unless patients apply and qualify for other charity discounts.

SAN JOAQUIN GENERAL HOSPITAL / SAN JOAQUIN COUNTY CLINICS
CLIENT ELIGIBILITY CERTIFICATION FOR THE SLIDING FEE SCALE

Do you have a Medi-Cal Benefits Identification Card (BIC)? ☐ Yes ☐ No

BIC Number:	Issue date:

Do you currently receive Medi-Cal benefits or services? ☐ Yes ☐ No

Do you currently have other Insurance? ☐ Yes ☐ No If yes, specify: ____________

First name	Middle name	Last name	Date of Birth
County of residence	Gender ☐ Male ☐ Female	Social Security number ___/___/____	

Race/ethnicity
1. ☐ Asian 2. ☐ Black 3 ☐ Filipino 4. ☐ Hispanic 5. ☐ Native American 6 ☐ Pacific Islander
7. ☐ White 8. ☐ Other

Primary Language
1. ☐ English 2. ☐ Armenian 3. ☐ Cantonese 4. ☐ Hmong 5. ☐ Khmer/Cambodian
6. ☐ Spanish 7. ☐ Korean 8. ☐ Tagalog 9. ☐ Vietnamese 10. ☐ Other

Eligibility Determination: Please list all family members (self, spouse, and children) living in your household and supported by the amily income. List the source of any earned or unearned income and the amount of income, including income from employment, self-employment, tips, commissions, pensions, social security, child and/or spousal support, ongoing insurance payments, disability, Veterans Affairs, unemployment benefits, etc.

Name	Relationship to you	Age	Source of Income	Gross Monthly Income (Before taxes or deductions)
	(Self)			
Family Size			Total family Income	$

I declare under penalty of perjury under the laws of California that the foregoing information on this form is true, correct, and complete. I have received information as to services qualifying for Sliding Fee Scale; and which services are not included.

Signature (or mark) of applicant	Date	Signature of witness to mark or interpreter	Date

FOR PROVIDER USE ONLY

Provider Certification: ☐ Eligible for Sliding scale fee schedule:

a. ☐ 0-100% b. ☐ 101-133% c. ☐ 134-150% d. ☐ 151-200

☐ Not eligible

Printed Name	Signature	Date

SAN JOAQUIN GENERAL HOSPITAL / CLÍNICAS DEL CONDADO DEL SAN JOAQUÍN
CERTIFICACIÓN DE LA ELEGIBILIDAD DEL CLIENTE - HONARIO ESCALA MOVIL

¿ Usted tiene una tarjeta de identificación de Medi-Cal? ☐ Si ☐ No

Número del BIC:	Fecha de Préstamo:

¿Usted recibe actualmente ventajas o servicios de Medi-Cal? ☐ Si ☐ No

¿Tiene usted otro seguro de salud en este momento? ☐ Si ☐ No Si, especifique:______________________________

Primer Nombre	Segundo Nombre	Nombre Apellido	Fecha de Nacimiento
Condado residencial:	Género ☐ Masculino ☐ Femenino	Número de Seguro Social si lo tiene: _ _ _/_ _ _/_ _ _ _	

Raza/pertenencia étnica:
1. ☐ Asiático 2. ☐ Negro 3. ☐ Filipino 4. ☐ Hispanico 5. ☐ Americano nativo 6. ☐ Isleño pacífico
7. ☐ Blanco 8. ☐ Otro

Idioma Principal:
1. ☐ Inglés 2. ☐ Armenio 3. ☐ Cantonés 4. ☐ Hmong 5. ☐ Khmer/Camboyano
6. ☐ Español 7. ☐ Coreano 8. ☐ Tagalogo 9. ☐ Vietnamita 10. ☐ Otro

Determinación de la elegibilidad: Enumere por favor a todos los miembros de la familia (uno mismo, esposo, y niños) viviendo en su casa y apoyados por los ingreso de la familia. Indique la fuente de los ingresos ganados o noganados y la cantidad de ingreso, incluyendo ingreso del empleo, trabajo por cuenta propia, las extremidades, las comisiones, las pensiones, Seguro Social, niño y/o ayuda de su conyuge, los pagos en curso del seguro, inhabilidad, los asuntos de los veteranos, los subsidios de desempleo, etc.

Nombre	Relación a usted	Edad	Fuente del los Ingresos	Ingreso mensual bruto (Antes de impuestos o de deducciones)
	(Ud. Mismo)			
Tamaño de la familia:			Ingreso total de la familia	$

Declaro bajo pena del perjurio bajo leyes de California que la información precedente sobre esta forma está verdad, correcta, y completa. He recibido información sobre servicios que califican para el Honario Escala Movil; ¿y qué servicios no están incluidos.

Firma (o marca) del solicitante	Fecha	Firma del testigo a la marca o del intérprete	Fecha

FOR PROVIDER USE ONLY

Provider Certification: ☐ Eligible for Sliding scale fee schedule:

a. ☐ 0-100% b. ☐ 101-133% c. ☐ 134-150% d. ☐ 151-200%

☐ Not eligible

Printed Name	Signature	Date

20 June 2013

to whom Concerned,

I hearby tender my resignation from the San Joaquin Clinics Board, affective immediately.

thank you

Regina O. McShahan