



Diana Surber
Manager

Current Position and Responsibilities

Diana Surber is a Manager of Wipfli/HFS Consultants with over thirty years of experience in health care finance and reimbursement. Her current focus is FQHC and RHC finance and reimbursement including PPS reconciliations, Medi-Cal initial rate setting and Change in Scope of Services rate adjustments, Medicare FQHC PPS reimbursement and HRSA program requirements.

Specializations

- Interim Finance Director for FQHC Look-Alike
- Preparation of FQHC/RHC cost reports and PPS reconciliations including analysis of reimbursement issues and appeal of audit adjustments
- Mock surveys for HRSA site visit preparation
- Assessment of FQHC financial sustainability and development of recommendations
- Preparation and administration of annual capital and operating budgets
- Pro forma analyses for provider-based clinic development
- Monthly reviews of financial statements, including the analysis of utilization statistics and fixed versus variable costs
- Provision of training to managers, executives and boards to improve understanding of budgets and financial reports
- Preparation and presentation of financial reports to finance committees and governing boards, including actual to budget variance analysis
- Interim Chief Financial Officer/Controller/Associate Controller for hospitals
- Interim Director of Decision Support for Level II trauma center

Contact Information:
 Please contact Diana in our Oakland office:
 Office: 510-768-0066
 Fax: 510-768-0044
 E-mail: dsurber@wipfli.com

Past Experience

Prior to joining Wipfli/HFS Consultants, Ms. Surber was a hospital Controller with responsibility for monthly general ledger close, financial reporting, and management of all accounting functions (accounts payable, payroll, general accounting). She also worked for a boutique health care consulting firm specializing in physician practice valuation and operational analysis as well as physician recruitment agreement structuring and administration.

Education

Ms. Surber received a Bachelor of Science degree from California Polytechnic State University San Luis Obispo, graduating *summa cum laude*.

She has been a speaker at conferences sponsored by the California Primary Care Association, National Association of Rural Health Clinics, and the California Association of Rural Health Clinics as well providing training to a number of regional health center consortia and individual clients.

SICC Clinical Performance Indicators -- Summary Dashboard

Measure	Jan - Mar 2017	CY 2016	Target	Benchmark Source	Reference
DM A1c Control	68.57%	68.57%	49.08%	HEDIS CIS - 2015 DHCS MCMC Average	NQF 0059
CVD BP Control	48.53%	50.79%	63.42%	PRIME DY 12 Target	NQF 0018
Pap Screening	44.29%	52.86%	56.00%	UDS National Data 2015	NQF 0082
Prenatal Care in 1st Trimester	66.22%	57.33%	77.50%	HP2020	UDS 6B
Birth Weight < 2500 gm	9.23%	10.49%	7.80%	HP2020	UDS 7
Pediatric Immunizations	54.29%	60%	73.72%	HEDIS -2015 DHCS MCMC Average	NQF 0038
Pediatric Dental Referrals (non-UDS)	55.71%	53.77%	33.20%	HP2020	NQF 1334
Pediatric BMI Screening and Intervention	80.00%	80.51%	54.70%	HP2020	NQF 0024
Adult BMI Screening and Intervention	50.28%	60.65%	53.60%	HP2020	NQF 0421
Tobacco Use Screening and Intervention	82.39%	50.99%	82.80%	UDS National Data 2015	NQF 0027
Asthma Pharmacological Therapy	56.36%	50.57%	49.08%	HEDIS - 2015 DHCS MCMC Average	NQF 0047
CAD Lipid Therapy	91.83%	86.55%	77.50%	UDS National Data 2015	NQF 0074
IVD Aspirin Therapy	88.16%	86.63%	78.00%	UDS National Data 2015	NQF 0068
Colorectal Cancer Screening	40.00%	42.86%	59.85%	PRIME DY 12 Target	NQF 0034
HIV Linkage to Care	100.00%	60.00%	74.70%	UDS National Data 2015	NQF 0058
Depression Screening and Follow-up	70.95%	54.80%	78.86%	PRIME DY 12 Target	NQF 0418

Abbreviations

- A1c: Glycosylated Hemoglobin
- BP: Blood Pressure
- DM: Diabetes Mellitus
- CVD: Cardiovascular Disease
- BMI: Body Mass Index
- CAD: Coronary Artery Disease
- IVD: Ischemic Vascular Disease
- UDS: Uniform Data System
- HP2020: Healthy People 20/20
- HEDIS CIS: Healthcare Effectiveness Data Information Set Childhood Immunization Status
- DHCS: Department of Health Care Services
- MCMC: Managed Care Medi-Cal
- TBD: To Be Determined
- PCMH: Patient-Centered Medical Home
- PRIME: Medicaid Waiver 2020 (Public Hospital Redesign & Incentives in Medi-Cal)
- NQF: National Quality Forum

Specifications

- DM A1c Control: Patients age 18-75 (1 visit) with DM whose most recent HBA1c level during the measurement year is <8%
- CVD BP Control: Patients age 18-85 (1-2 visits) with HTN whose most recent blood pressure level during the measurement year is systolic <140 mmHg AND diastolic <90 mmHg
- Pap Screening: Female patients age 21-64 (1 visit) seen during the measurement year that have had a Pap test within the measurement year or two years prior
- Prenatal Care in 1st Trimester: Obstetrical patients with initial prenatal exam completed in the first trimester (includes all patients who receive prenatal care during the measurement year)
- Birth Weight < 2500 gm: Number of deliveries where child weighed < 2,500 grams (includes all neonates that received prenatal care at SICC regardless of where delivered)
- Pediatric Immunizations: Children who have received age appropriate vaccines prior to their 2nd birthday during the measurement year (DTaP, 3 IPV, 3 Hib, 3 Hep B, 1 MMR, 1 VZV, 4 PCV, 1 Hep A, 2 B, 2 Polio)
- Pediatric Dental Referrals (non-UDS): Number of children that received a well child exam (CTDP) during the measurement year that were referred to the dentist for oral health care
- Pediatric BMI Screening and Intervention: Patients age 2-17 (1 visit) with BMI >16, counseling for nutrition, and counseling for physical activity documented in the measurement year
- Adult BMI Screening and Intervention: Patients age 18 and older (1 visit) with BMI documented during the measurement year AND of under age of 65 18.5 -BMI > 25 (over age 65 25 -BMI > 30 counseling for nutrition, physical activity, and have follow-up plan documented)
- Tobacco Use Screening and Intervention: Patients age 18 and older (1 visit) seen in the measurement year who have been screened for tobacco use AND if screen + have documentation on tobacco cessation
- Asthma Pharmacological Therapy: Patients age 5-64 (2 visits) with asthma with 1 visit in the measurement year that have been prescribed long term controller medication during the current year
- CAD Lipid Therapy: Patients age 18 and older with CAD (1 visit) and been prescribed a lipid-lowering medication during the measurement year
- IVD Aspirin Therapy: Patients age 18 and older with IVD (1 visit) and been prescribed an anti-thrombotic medication during the measurement year
- Colorectal Cancer Screening: Patients age 50-75 (1 visit) seen in the measurement year who had appropriate screening for colorectal cancer (colonoscopy < 10 yrs, flex sig < 5 yrs, or annual FOB-FIT testing)
- HIV Linkage to Care: Newly-diagnosed HIV patients in the measurement year with documentation of referral and treatment initiation within the first 90 days of diagnosis
- Depression Screening and Follow-up: Patients 12 yrs and older (1 visit) screened for depression with a standardized tool (PHQ-2/9) during the measurement year AND if screen + have follow-up plan documented

* Random Sample (not whole census)

San Joaquin General Hospital-FQHC LAL Clinics
DRAFT Budget, Fiscal Year 2017-2018

2017 - 2018 Budget													
	Projected 2017	Children's Health Services (97080)	Family Medicine (97082)	Family Practice Calif St (97083)	Primary Medicine (97086)	Healthy Beginnings California Street (97182)	Healthy Beginnings French Camp (97183)	Hazleton Clinic (97184)	Manteca (97085)	FQ Admins	Total	Change Projected to Budget Incr (Decr)	% Change Projected to Budget Incr (Decr)
Revenues													
FTE's	54,064	18,935	14,584	5,439	32,611	8,962	8,818	6,347	4,948	0	101,944	7,280	7.7%
Hours/Visit	1,616	1,580	1,934	2,213	1,587	2,226	2,273	1,140	3,457	-	1,856	0.240	14.9%
Patient Revenue													
Medicare	2,003,381	0	413,606	394,784	1,316,586	16,873	49,825	321,524	119,187	0	2,371,986	568,605	24.4%
Medi-Cal	2,304,210	790,457	225,893	31,196	219,426	617,560	377,305	29,960	99,434	0	2,391,232	187,022	8.5%
Medi-Cal Managed Care	11,170,792	3,785,537	1,615,902	766,817	3,207,003	1,212,682	1,001,566	736,645	664,729	0	12,991,711	1,820,920	16.3%
Insurance	183,371	23,896	38,603	11,203	59,024	12,347	20,034	10,759	15,514	0	191,371	7,999	4.4%
Self Pay	372,811	4,917	203,517	19,457	142,198	7,581	5,215	18,687	11,287	0	412,660	40,049	10.7%
Indigent	5,738	0	2,952	856	6,743	0	822	0	280	0	11,653	5,915	103.1%
Gross Patient Revenue	\$ 15,940,303	\$ 4,604,828	\$ 2,501,474	\$ 1,164,312	\$ 4,950,570	\$ 1,867,054	\$ 1,453,946	\$ 1,118,197	\$ 910,432	\$ -	\$ 18,570,813	\$ 2,630,510	16.5%
Deductions from Revenue	\$ -5,944,413	\$ -2,487,004	\$ -806,028	\$ -584,758	\$ -2,353,356	\$ -801,157	\$ 19,568	\$ 201,439	\$ -110,883	\$ 0	\$ -7,042,181	\$ -1,067,768	18.5%
Physician Capitation- PMPM	\$ 6,027,288	\$ 1,254,581	\$ 352,662	\$ 784,000	\$ 1,756,949	\$ 527,368	\$ 522,308	\$ 381,867	\$ 300,452	\$ 0	\$ 5,920,188	\$ -107,101	-1.8%
Net Patient Revenue	\$ 16,033,179	\$ 3,402,405	\$ 1,948,107	\$ 1,353,554	\$ 4,354,163	\$ 1,593,265	\$ 1,995,822	\$ 1,791,503	\$ 1,100,001	\$ -	\$ 17,448,820	\$ 2,425,641	8.9%
Other Revenue	\$ 854,000	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 854,000	\$ -854,000	-100.0%
Total Operating Revenue	\$ 16,877,179	\$ 3,402,405	\$ 1,948,107	\$ 1,353,554	\$ 4,354,163	\$ 1,593,265	\$ 1,995,822	\$ 1,791,503	\$ 1,100,001	\$ -	\$ 17,448,820	\$ 571,641	3.4%
Expenses													
Salaries	\$ 7,889,829	\$ 1,595,043	\$ 1,317,506	\$ 558,019	\$ 3,480,729	\$ 1,175,086	\$ 1,100,646	\$ 1,046,373	\$ 686,213	\$ 580,239	\$ 11,538,854	\$ 3,650,025	46.3%
Benefits	\$ 4,232,782	\$ 824,812	\$ 592,919	\$ 303,947	\$ 1,273,793	\$ 436,753	\$ 536,297	\$ 552,874	\$ 457,213	\$ 421,615	\$ 5,415,023	\$ 1,182,241	27.9%
Registry	\$ 0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0	\$ 0	0.0%
Total Salaries, Reg, Bene	\$ 12,122,611	\$ 2,419,855	\$ 1,910,425	\$ 861,966	\$ 4,754,522	\$ 1,614,839	\$ 1,636,943	\$ 1,599,247	\$ 1,143,426	\$ 1,001,854	\$ 16,954,877	\$ 4,832,265	38.9%
Professional Fees	\$ 1,771,831	\$ 60,000	\$ 120,000	\$ 60,000	\$ 103,400	\$ 103,400	\$ -	\$ -	\$ -	\$ 546,000	\$ 948,400	\$ -823,431	-46.5%
Supplies	\$ 1,444,154	\$ 94,718	\$ 364,570	\$ 56,778	\$ 123,250	\$ 99,482	\$ 161,063	\$ 144,925	\$ 89,000	\$ 3,800	\$ 1,170,586	\$ 26,432	2.3%
Purchased Services	\$ 3,042,017	\$ 78,040	\$ 63,180	\$ 73,500	\$ 49,500	\$ 194,718	\$ 194,718	\$ 308,540	\$ 20,000	\$ 973,688	\$ 1,955,984	\$ -1,086,032	-55.7%
Depreciation	\$ 154,874	\$ 9,115	\$ 46,302	\$ 4,157	\$ 3,821	\$ 5,277	\$ 34,406	\$ -	\$ -	\$ 38,083	\$ 139,961	\$ -24,913	-8.6%
Other Expense	\$ 108,372	\$ 31,175	\$ 33,837	\$ 8,500	\$ 17,592	\$ 17,089	\$ 13,251	\$ 42,058	\$ 21,200	\$ 31,500	\$ 216,282	\$ 107,910	99.6%
Total Expenses	\$ 18,343,859	\$ 2,692,903	\$ 2,448,414	\$ 1,067,901	\$ 5,068,485	\$ 1,991,495	\$ 2,142,821	\$ 2,094,610	\$ 1,273,826	\$ 2,605,925	\$ 21,386,090	\$ 3,042,231	15.6%
Allocation of Admin Expense	\$ 0	\$ 646,166	\$ 351,016	\$ 163,381	\$ 694,682	\$ 261,982	\$ 204,023	\$ 156,910	\$ 127,755	\$ -2,605,525	\$ 0	\$ 0	0.0%
Overhead Allocation	\$ 5,991,347	\$ 813,660	\$ 1,095,251	\$ 500,363	\$ 1,730,687	\$ 763,052	\$ 894,576	\$ 890,192	\$ 516,383	\$ 0	\$ 7,226,083	\$ 1,234,737	20.6%
Total Expenses	\$ 24,335,206	\$ 4,152,729	\$ 3,894,681	\$ 1,731,644	\$ 7,493,774	\$ 3,056,449	\$ 3,241,421	\$ 3,143,711	\$ 1,917,964	\$ -	\$ 28,612,174	\$ 4,276,967	17.6%
Net Income (Loss)	\$ (7,458,027)	\$ (750,324)	\$ (1,946,574)	\$ (378,090)	\$ (3,139,611)	\$ (1,463,184)	\$ (1,245,999)	\$ (1,442,208)	\$ (817,763)	\$ -	\$ (11,163,354)	\$ (3,705,327)	-49.7%

San Joaquin General Hospital
FQHC LAL Clinics



PROPOSED BUDGET FY 2017-2018

**San Joaquin General Hospital - FQHC LAL
 Budget Fiscal Year 2017-18
 Volume Recap**

Clinic	2016-2017 Act/Proj	Proposed 2017-2018 Budget	Change		% Change
			Incr (Decr)	Incr (Decr)	
7080 - Children's Health Services	19,751	18,935	(816)		-4.1%
7092 - Family Medicine	15,226	14,584	(642)		-4.2%
7093 - Family Practice Clinic	6,751	6,439	(312)		-4.6%
7096 - Primary Medicine Clinic	33,980	32,611	(1,369)		-4.0%
7182 - Healthy Beginnings/Calif St	9,386	8,962	(424)		-4.5%
7183 - Healthy Beginnings/French Camp	8,970	8,618	(352)		-3.9%
7184 - SJCC Hazetown		6,247	6,247		0.0%
7185 - SJCC Manteca		4,948	4,948		0.0%
Total	94,064	101,344	7,280		7.7%

**San Joaquin General Hospital
Budget 2017-18
FQHC Visit Rollforward**

Clinic	2016-2017 Act/Proj	Decrease due to 3 less working days	Decrease due to Cerner implementation	increase due to new clinics	Budget 2017-2018
7080 - Children's Health Services	19,751	(218)	(598)		18,935
7092 - Family Medicine	15,226	(166)	(476)		14,584
7093 - Family Practice Clinic	6,751	(77)	(235)		6,439
7095 - Primary Medicine Clinic	33,980	(327)	(1,042)		32,611
7182 - Healthy Beginnings/Calif St	9,385	(98)	(326)		8,961
7183 - Healthy Beginnings/French Camp	8,970	(105)	(247)		8,618
7184 - SCCC Hazelton				5,247	5,247
7185 - SCCC Manteca				4,948	4,948
Total	94,064	(991)	(2,924)	11,195	101,344

	2016-2017 Act/Proj	Proposed 2017-2018 Budget	Change Incr (Decr)	% Change Incr (Decr)
Visits	94,054	101,344	7,280	7.7%
Net Revenue per Visit	\$170.34	\$172.17	\$1.83	1.1%
Total Net Revenue	\$16,023,179	\$17,448,819	\$1,425,640	8.9%

Payor Mix

Medicare	13.8%	13.5%	0.3%
Medi-Cal Fee-for-Service	12.9%	12.9%	0.0%
Medi-Cal Managed Care	70.0%	70.0%	0.0%
Insurance	1.0%	1.0%	0.0%
Self Pay	2.2%	2.2%	0.0%
Indigent	0.1%	0.1%	0.0%
Total	100.0%	100.0%	0.0%

Assumptions for Proposed Budget:

- 1) Gross revenue rate increase of 7% was budgeted for 2017-2018.
- 2) Volumes and payor mix based on activity through January 31, 2017.
- 3) Medicare reimbursement is based on PPS rates as follows:
 - New Patients, Initial preventative and annual wellness \$226.88
 - Established Patients (medical and mental health) \$169.11
- 4) Medi-Cal and Medi-Cal Managed Care reimbursement were calculated using 80% of the unaudited PPS rates developed by WIP/PHS.

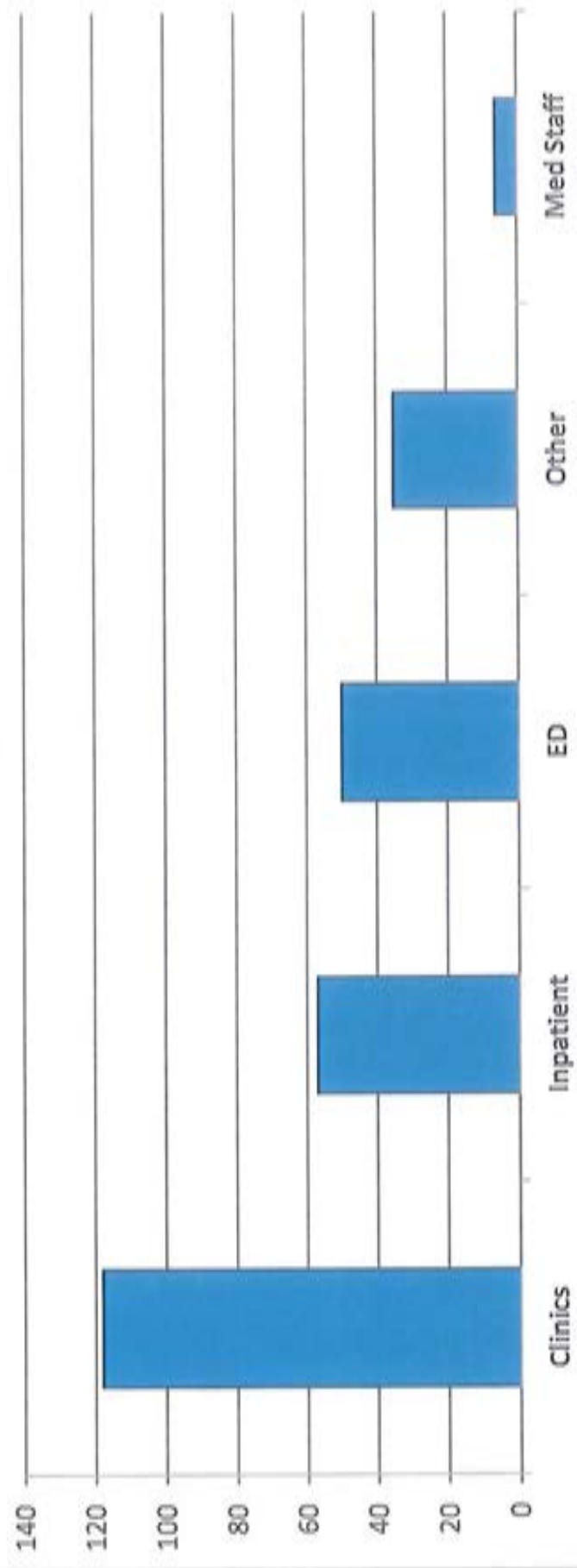
San Joaquin General Hospital FQHC U.S. Clinics
 2017 Budget, Fiscal Year 2017-2018

Projected 2017	2017 - 2018 Budget										Total
	Children's Health Services	Healthy					Healthy				
		157082	157050	157051	157056	157102	157133	157184	157185	FQ Admin	
Net Pct Revenue % of Gr Pay	73.5%	77.5%	77.5%	88.0%	85.3%	137.3%	132.2%	21.5%	0.0%	14.0%	\$ 172.17
Benefits as a % of Salaries	51.7%	45.0%	54.5%	36.6%	37.5%	48.5%	0.0%	22.0%	74.4%	46.9%	\$ 172.17
Overhead % of Direct Exp	32.7%	44.7%	42.5%	34.1%	39.3%	42.7%	42.5%	45.5%	0.0%	33.8%	\$ 172.17
Gross Revenue per Visit	\$ 155.46	\$ 171.52	\$ 190.82	\$ 157.82	\$ 228.33	\$ 158.71	\$ 175.00	\$ 152.00	\$ -	\$ 153.25	\$ 172.17
Net Revenue per Visit	\$ 175.84	\$ 153.58	\$ 210.21	\$ 133.52	\$ 177.75	\$ 231.55	\$ 271.37	\$ 222.31	\$ -	\$ 211.62	\$ 172.17
Direct Costs/VISIT	\$ 155.21	\$ 191.54	\$ 151.42	\$ 175.72	\$ 251.44	\$ 271.32	\$ 352.42	\$ 293.32	\$ -	\$ 211.62	\$ 172.17
Indirect Costs/visit	\$ 31.59	\$ 42.37	\$ 77.71	\$ 53.07	\$ 87.37	\$ 131.82	\$ 142.32	\$ 154.36	\$ -	\$ 71.30	\$ 172.17
Total Medical Consultant	\$ 232.71	\$ 257.05	\$ 258.53	\$ 229.79	\$ 329.21	\$ 375.52	\$ 523.24	\$ 357.58	\$ -	\$ 352.53	\$ 172.17
Total Comp/Present (U)	\$ 642.77	\$ 567.63	\$ 571.33	\$ 574.49	\$ 847.03	\$ 942.31	\$ 1,238.25	\$ 594.55	\$ -	\$ 765.82	\$ 172.17
Net Income/Loss/VISIT	\$ 79.25	\$ 132.47	\$ 156.77	\$ 195.27	\$ 1161.03	\$ 1,444.57	\$ 2,302.57	\$ 1,551.27	\$ -	\$ 1,210.12	\$ 172.17
Payor Mix											
Medicare	12.6%	15.5%	25.5%	21.5%	1.5%	3.4%	32.8%	13.1%	0.0%	13.8%	12.6%
Medi-Cal	13.8%	5.0%	2.7%	4.4%	31.1%	34.0%	2.7%	11.5%	0.0%	13.9%	13.8%
Medi-Cal Managed Care	70.1%	64.5%	65.9%	54.8%	55.2%	58.9%	65.5%	23.0%	0.0%	71.0%	70.1%
Insurance	1.2%	1.5%	1.0%	1.2%	1.7%	1.5%	1.5%	1.7%	0.0%	1.0%	1.2%
Sell Pay	2.5%	3.1%	1.7%	2.9%	2.4%	2.4%	1.7%	1.1%	0.0%	2.1%	2.5%
Incident	0.0%	0.1%	0.1%	0.1%	0.5%	0.0%	0.2%	0.0%	0.0%	0.1%	0.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

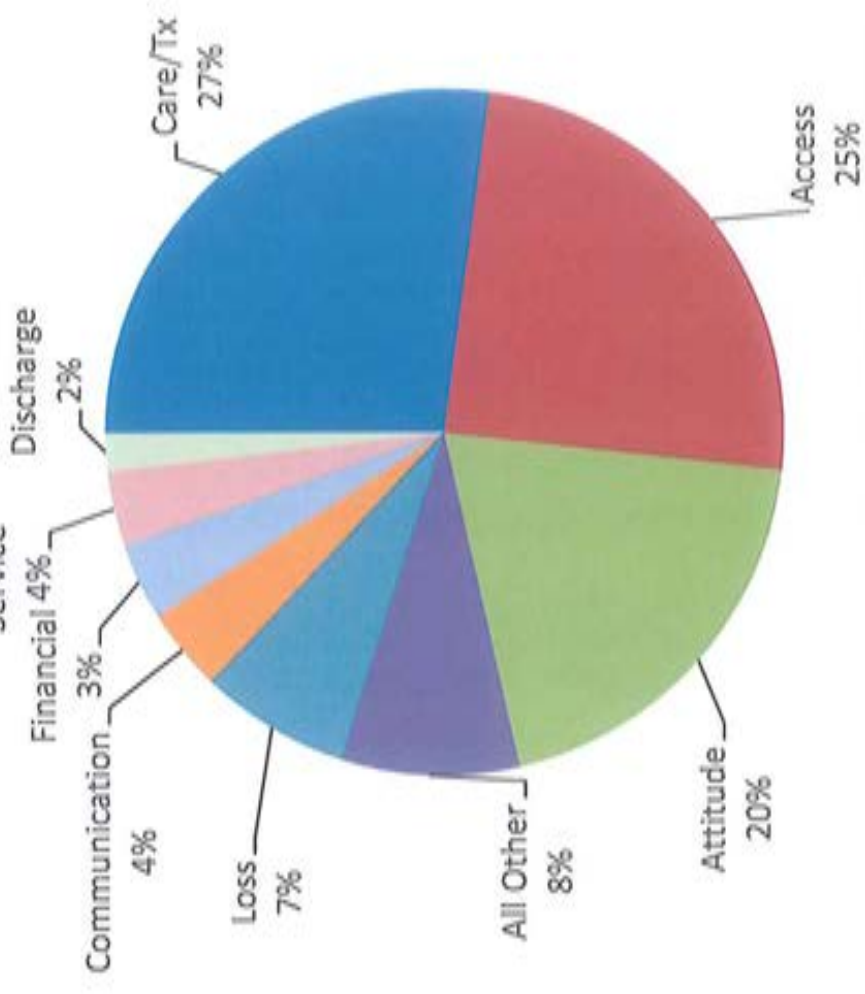
(1) Average Visits per Patient is 2.5 per the HCS Director

Patient Complaints by Area Fiscal Year 16/17 through March 31, 2017

N = 266



Type of Patient Complaints Fiscal Year 16/17 through March 31, 2017



San Joaquin Community Clinics
Financial Statement Comments
April 30, 2017

Summary

April's patient visits of 8,925 exceeded budget by 7.6%. Gross Patient Revenue of \$1.4 million was less than budget by \$45,000 or 3.1%. Total Patient Revenue (Net Revenue & Physician Capitation) of \$1.6 million was less than budget by \$408,000 or 20.6%, primarily due to the unfavorable variance in contractual allowances of \$355,000, which is discussed below. Capitation Revenue of \$485,000 is on target with budget varying from budget by only \$8,400 (1.7%). Total Expenses of \$2.2 million exceeded budget by \$303,000 (15.6%). The resulting Net Loss of \$674,000 exceeded the budgeted income by \$711,000 bringing the year to date Net Loss to \$6.0million, exceeding the budgeted loss by \$5.9 million.

Explanations of major variances are explained below

Revenue

As mentioned above, visits exceeded budget and Gross Patient Revenue was less than budget. Net Patient Revenue of \$1.6 million was less than budget by \$408,000 due to contractual allowances and other deductions from revenue exceeding budget by \$355,000. This unfavorable variance was due primarily to the timing of the calculation of the budget, which was done in February 2016, prior to receiving the PPS rate notice, and was based on 90% of the cost per visit. The PPS rate was impacted negatively and significantly by the productivity standard not reached by most clinics, which resulted in the reduction of the PPS rate below cost. Capitation revenue is received monthly by SJCC for the risk of providing primary care to the Health Plan of San Joaquin members. In April, SJCC received \$485,000, which is minimally less than budget by 1.7%.

Expenses

Salaries & Benefits in total of \$901,000 was less than budget by \$164,000 (15.4%). Salaries of \$603,000 were better than budget by \$122,000 or 16.8%. Benefits of \$298,000 were also favorable to budget by \$42,000 or 12.4%. This was primarily due to the provider vacancies which exist in the following clinics below.

Vacancies exist in the following Clinics which are currently being filled by Locums: Children's Health Service - 2, Family Practice Clinic California Street - 1, Primary Medicine Clinic - 3, Healthy Beginnings California St. - 2, Healthy Beginning French Camp - 1, and SJCC Hazelton - 1, for a total of 11 Locum FTE's.

Professional Fees/Registry of \$406,000 exceeded budget by \$396,000 primarily due to provider vacancies in all of the clinics except Family Medicine. The 11 FTE locums used in the month of April accounted for \$274,000 of the \$396,000 negative variance. The remaining variance was due to \$98,000 for late February billings and \$24,000 related to locum living expenses. The total locum cost was incurred for the following: Children's Health Services

**San Joaquin Community Clinics
Financial Statement Comments
April 30, 2017**

\$32,000, Family Practice California Street Clinic \$47,000, Primary Medicine Clinic \$151,000, Healthy Beginnings California Street \$53,000 Healthy Beginnings French Camp \$43,000 and SCCC Hazelton \$47,000. The remaining \$23,000 variance was a result of the newly engaged Interim CIO for services rendered in April.

Supplies of \$90,000 exceeded budget by \$2,200 (2.5%). This was primarily due to pharmaceutical expense utilized during the month in the Family Medicine Clinic. FMC had a total of \$35,000 in pharmaceutical costs. There were three large items. The first was the HPV vaccine of \$11,000, the second was the Pneumococcal vaccine of \$4,800, and the third was the Chickenpox vaccine of \$4,500, for a total of \$20,400.

Purchased Services of \$280,000 exceeded budget by \$13,000 (4.7%). of W Contract Maintenance continues to exceed budget (\$20,000 in April) but is offset by favorable variances in Temporary Staffing (ICSW/Public Health Nurse) in Healthy Beginnings California Street (\$3,000), Hazelton Clinic (\$27,000), and Healthy Beginnings French Camp (\$4,000).

Depreciation of \$12,400 exceeded budget by \$3,400 (37.4%). This is a result of an audit of fixed assets that was performed in March by the accounting department that resulted in a trim up of properly calculating depreciation expense. This variance will continue through the fiscal year end.

Other Expense of \$8,400 was less than budget by \$7,200 (46.0%) primarily due to outside training and travel not utilized during the year as budgeted.

Accounts Receivable

April's Gross Accounts Receivable (AR) of \$2.6 million continues to decline due to billing and collection efforts, down from March's AR of \$2.8 million. Average days of revenue in AR is at 54.8, which is down from 60.9 in March and down from 70.8 in February. WRAP accounts receivable is at \$2.1 million.

**San Joaquin Community Clinics
Income Statement
April 30, 2017**

Current Month				Year to Date			
Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var
8,925	8,455	471	7.1% VMB	21,040	25,342	(4,302)	-17.0%
101.2	119.2	(18)	8.1% Total FTEs	101.7	119.2	(17.5)	-14.7%
Revised Revenue							
1,408,747	1,414,159	(5,412)	-0.4%	13,255,262	13,397,178	(141,916)	-1.1%
(121,221)	11,224	(132,445)	(100.2%)	(5,160,084)	140,967	(5,301,051)	(260.7%)
484,936	391,141	93,795	24.0%	4,190,981	3,914,499	276,482	7.1%
1,572,462	1,816,524	(244,062)	-13.4%	14,086,159	18,421,571	(4,335,412)	-23.5%
0	0	0	0%	864,000	0	864,000	100.0%
1,572,462	1,816,524	(244,062)	-13.4%	13,940,659	18,421,571	(4,480,912)	-24.3%
Operating Expense							
602,826	724,525	(121,700)	-16.8%	6,525,456	7,256,415	(730,959)	-10.1%
208,184	340,414	(132,230)	-38.8%	1,577,318	3,502,610	(1,925,292)	-55.0%
901,009	1,064,969	(163,960)	-15.4%	10,107,176	10,844,085	(736,909)	-6.8%
405,969	20,022	385,947	1928.8%	1,428,310	98,968	1,329,342	1342.8%
101,241	87,545	13,696	15.6%	922,258	768,990	153,268	19.8%
228,644	266,709	(38,065)	-14.3%	2,366,286	1,918,205	448,081	23.3%
12,844	1,050	11,794	1113.2%	123,062	10,502	112,560	1072.0%
8,825	15,051	(6,226)	-41.4%	60,000	149,315	(89,315)	-59.8%
1,697,224	1,450,176	247,048	17.0%	15,068,647	13,917,472	1,151,175	8.3%
548,493	489,254	59,239	12.1%	4,898,920	4,661,877	237,043	5.1%
1,248,731	1,941,429	(692,698)	-35.7%	17,967,576	18,579,349	(611,773)	-3.3%
(674,050)	36,796	(710,846)	(1931.8%)	(6,076,917)	(87,278)	(5,989,639)	(6760.1%)
Key Ratios							
\$ 156.91	\$ 171.94	\$ (15.03)	-8.7%	\$ 162.05	\$ 177.58	\$ (15.53)	-8.8%
\$ 125.25	\$ 237.03	\$ (111.78)	-47.2%	\$ 114.51	\$ 264.84	\$ (150.33)	-56.8%
\$ 119.11	\$ 174.06	\$ (54.95)	-31.6%	\$ 190.57	\$ 384.08	\$ (193.51)	-50.4%
\$ 42.15	\$ 58.56	\$ (16.41)	-28.0%	\$ 61.96	\$ 61.74	\$ 0.22	0.4%
\$ 260.25	\$ 212.62	\$ 47.63	22.4%	\$ 257.54	\$ 246.01	\$ 11.53	4.7%
\$ 47,101	\$ 4,461	\$ (42,640)	(88.6%)	\$ (26,221)	\$ (1,164)	\$ (25,057)	(2151.8%)
\$ 625.63	\$ 981.55	\$ (355.92)	-36.3%	\$ 641.44	\$ 615.02	\$ 26.42	4.3%
133.6%	130.4%	3.2%	2.5%	136.2%	142.9%	(6.7%)	-4.7%
49.5%	47.0%	2.5%	5.3%	51.6%	49.4%	2.2%	4.5%
12.3%	13.6%	(1.3%)	-9.6%	12.5%	13.4%	(0.9%)	-6.7%
\$ 2,508							
\$ (710)							
\$ 1,828							
\$ 2,008							
\$ 548							
\$ 1,464							
Payer Mix							
12.0%	11.2%	0.8%	6.8%	12.6%	12.8%	(0.2%)	-1.4%
11.5%	11.3%	0.2%	19.0%	13.8%	11.6%	2.2%	19.1%
69.7%	73.9%	(4.2%)	(4.0%)	70.2%	72.6%	(2.4%)	(3.3%)
1.0%	1.5%	(0.5%)	(17.1%)	1.1%	1.8%	(0.7%)	(39.0%)
2.6%	1.4%	1.2%	85.6%	2.4%	1.3%	1.1%	216.1%
100.0%	100.0%	0.0%	0.0%	100.0%	100.0%	0.0%	0.0%

**Children's Health Services
Income Statement
April 30, 2017**

				Year to Date			
Actual	Current Month Budget	Variance	% Var	Actual	Budget	Variance	% Var
1,693	1,547	146	9.4%	16,490	14,854	1,636	10.3%
15.6	22.4	6.8	30.2%	21.0	22.4	1.4	6.4%
Patient Revenue							
16,184	17,120	(936)	-5.5%	1,603,233	1,734,479	(131,246)	-7.5%
(149,209)	(64,833)	(84,376)	-130%	(1,821,425)	(1,114,563)	(706,862)	-196%
91,470	91,484	(14)	-0.01%	846,254	(20,245)	(866,499)	-124%
105,309	438,617	(333,308)	-76%	2,628,562	6,090,654	(3,462,092)	-56%
0	0	0	0%	187,340	0	187,340	0%
105,309	438,617	(333,308)	-76%	2,815,709	4,090,654	(1,274,945)	-31%
Operating Expense							
124,512	114,087	10,425	9.1%	1,332,490	1,024,404	308,086	30%
68,364	51,938	(16,426)	-31.6%	750,302	585,805	(164,497)	-28.1%
191,676	183,920	(8,756)	-4.7%	1,427,892	1,610,209	(182,317)	-11.3%
12,665	0	(12,665)	-100%	45,485	0	(45,485)	-100%
4,598	12,217	(7,619)	-61.5%	66,544	124,417	(57,873)	-46.5%
1,778	1,238	(560)	-45.2%	29,861	12,425	(17,436)	-140.4%
313	725	(412)	-131.6%	7,189	7,242	(53)	-0.7%
2,523	2,453	(70)	-2.8%	26,314	24,806	(1,508)	-5.7%
7,145	700,234	(693,089)	-97%	2,062,964	1,847,149	(215,815)	-11.7%
65,683	49,001	(16,682)	-34.2%	444,861	537,101	(92,240)	-17.2%
20,938	60,681	(39,743)	-65.3%	1,275,154	550,254	(724,900)	-57.3%
270,576	309,929	(39,353)	-12.7%	3,122,011	2,948,003	(174,008)	-5.9%
(64,757)	90,984	(155,741)	-171.1%	(507,222)	1,146,650	(1,653,872)	-144.2%
Key Ratios							
\$ 210.28	\$ 241.30	\$ (31.02)	-12.0%	\$ 219.84	\$ 251.41	\$ (31.57)	-12.6%
\$ 189.69	\$ 258.96	\$ (69.27)	-34.5%	\$ 171.29	\$ 275.39	\$ (104.10)	-37.8%
\$ 130.25	\$ 129.48	\$ 0.77	0.6%	\$ 125.82	\$ 124.45	\$ 1.37	1.1%
\$ 80.40	\$ 20.10	\$ 60.30	300.0%	\$ 70.88	\$ 23.84	\$ 47.04	197.3%
\$ 218.95	\$ 260.14	\$ (41.19)	-15.8%	\$ 202.74	\$ 198.20	\$ 4.54	2.3%
\$ (38.26)	\$ 58.67	\$ (96.93)	-165.2%	\$ (10.55)	\$ 72.19	\$ (82.74)	-114.8%
55.45%	49.15%	6.30%	12.8%	66.0%	51.64%	14.36%	27.8%
10.1%	10.4%	-0.3%	-2.9%	10.1%	10.4%	-0.3%	-2.9%
\$ 670							
\$ (177)							
\$ 541							
\$ 17							
\$ 56.0							
\$ 206							
Payer Mix							
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
13.0%	11.1%	1.9%	17.1%	14.3%	12.6%	1.7%	13.5%
86.7%	86.5%	0.2%	0.2%	81.2%	87.0%	5.8%	6.7%
0.0%	0.4%	(0.4)%	-100%	0.4%	0.1%	0.3%	300%
0.3%	0.1%	0.2%	100%	0.1%	0.1%	0.0%	0.0%
100.0%	100.0%	0.0%	0.0%	100.0%	100.0%	0.0%	0.0%

**Family Medicine Clinic
Income Statement
April 30, 2017**

Month				Year to Date			
Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var
1,610	1,750	(140)	7.4%	11,155	15,301	(4,146)	26.7%
20%	220	22	9.5%	182	220	44	19.1%
Revenue				Revenue			
221,748	259,010	(37,262)	12.2%	2,068,025	2,174,839	(106,814)	12.9%
155,824	17,115	177,912	426.2%	11,028,284	15,167	(1,182,529)	267.1%
88,074	101,087	(12,913)	11.2%	812,822	1,036,004	(223,182)	19.7%
25,492	175,030	(149,538)	57.4%	1,822,161	3,565,385	(1,693,224)	47.5%
0	0	0		10,425	0	10,425	
253,987	375,030	(121,042)	32.0%	2,008,586	3,565,385	(1,556,799)	41.2%
Operating Expense				Operating Expense			
66,439	138,415	(71,976)	52.2%	1,250,006	1,612,124	(362,118)	22.4%
15,414	61,439	(46,025)	42.4%	612,009	698,609	(86,600)	10.0%
101,544	170,051	(68,507)	40.2%	1,883,345	2,307,281	(423,936)	18.8%
0	0	0		22,602	0	22,602	
45,819	19,080	(26,739)	127.5%	451,222	184,218	(267,004)	90.1%
4,251	7,122	(2,871)	11.2%	25,428	71,055	(45,627)	41.3%
4,441	1,107	(3,334)	16.5%	55,420	15,070	(40,350)	68.0%
2,526	2,211	315	22.4%	21,680	28,145	(6,465)	24.1%
159,873	235,053	(75,180)	43.5%	2,014,243	2,629,071	(614,828)	23.0%
40,051	14,160	(25,891)	70.8%	15,156	194,159	(179,003)	4.0%
71,568	104,471	(32,903)	11.5%	1,081,702	1,175,752	(94,050)	8.0%
221,243	370,704	(149,461)	36.8%	3,869,212	4,163,173	(293,961)	7.1%
(17,256)	0.0%	(17,256)	498.0%	(1,841,125)	(172,988)	(1,668,137)	210.5%
Net Income (Loss)				Net Income (Loss)			

Reg/Office				Reg/Office			
\$ 156,886	\$ 144,460	\$ (12,426)	5.0%	\$ 152,205	\$ 150,140	\$ (2,065)	1.3%
\$ 155,824	\$ 21,118	\$ (157,360)	26.9%	\$ 152,009	\$ 22,000	\$ (130,009)	14.1%
\$ 72,914	\$ 112,117	\$ (39,203)	26.0%	\$ 101,512	\$ 166,008	\$ (64,496)	10.5%
\$ 68,418	\$ 28,214	\$ (40,204)	12.5%	\$ 109,112	\$ 96,116	\$ (12,996)	11.5%
\$ 106,611	\$ 210,222	\$ (103,611)	21.0%	\$ 292,604	\$ 267,211	\$ (25,393)	11.0%
\$ (10,597)	\$ 740	\$ (11,337)	540.6%	\$ (1,090)	\$ (36,588)	\$ (35,498)	282.0%
\$ 1,158	\$ 44.8%	\$ 1,158	48.2%	\$ 50.6%	\$ 41.1%	\$ (9.5%)	12.4%
\$ 44.8%	\$ 44.8%	\$ 0.0%	0.0%	\$ 44.8%	\$ 44.8%	\$ 0.0%	0.0%
\$ 148							
\$ (141)							
\$ 702							
\$ 181							
\$ 56.1							
\$ 26.1							

Payer Mix				Payer Mix			
35.0%	35.5%	0.5%	1.1%	35.3%	35.2%	0.1%	0.0%
30.0%	31.0%	1.0%	8.0%	31.0%	31.0%	0.0%	12.1%
60.5%	68.4%	7.9%	2.8%	66.2%	68.4%	-2.2%	-4.8%
1.4%	1.6%	0.2%	15.2%	1.5%	1.6%	0.1%	-0.1%
2.1%	1.5%	0.6%	103.5%	2.4%	1.5%	0.9%	140.0%
100.0%	100.0%	0.0%	0.0%	100.0%	100.0%	0.0%	0.0%

**Family Practice Clinic
Income Statement
April 30, 2017**

		Current Month		% Var	Year to Date			
Actual	Budget	Variance	Actual		Budget	Variance	% Var	
400	614	(214)	29.4%	Visits	6,876	6,866	(10)	24.9%
316	461	(145)	36.2%	Total FTEs	79	70.5	7.4	21.6%
Revenue								
21,570	115,421	(93,851)	36.1%	Gross Patient Revenue	801,645	1,176,414	(374,769)	28.5%
(59,824)	(113,758)	(53,934)	47.4%	Contractual Adjustments	(512,118)	(312,383)	(200,735)	64.3%
21,422	102,894	(81,472)	35.4%	Capitation Fee	114,264	(22,974)	(137,238)	20.5%
40,118	104,027	(63,909)	27.8%	Net Patient Revenue	601,691	1,421,554	(819,863)	57.8%
0	0	0		Other Revenue	98,651	0	98,651	
40,118	104,027	(63,909)	27.8%	Total Revenue	699,242	1,421,554	(722,312)	53.7%
Operating Expense								
10,218	51,401	(41,183)	40.1%	Salaries	472,985	553,815	(80,830)	13.7%
22,028	21,452	576	2.7%	Benefits	276,431	282,449	(6,018)	2.2%
52,246	72,760	(20,514)	22.5%	Total Salaries & Benefits	749,416	836,264	(86,847)	11.6%
47,091	0	(47,091)		Professional Fees/Registry	116,835	0	(116,835)	
1,654	4,821	(3,167)	65.7%	Supplies	50,170	42,825	(7,345)	14.5%
14,694	12,511	(2,183)	11.2%	Purchased Services	142,110	145,189	(3,079)	2.1%
251	284	(33)	11.2%	Depreciation	2,544	2,840	(296)	11.2%
518	481	37	7.0%	Other Expense	8,167	4,843	(3,324)	69.6%
116,955	92,954	(24,001)	25.9%	Total Direct Expense	970,991	1,076,361	(105,370)	10.8%
11,710	12,076	(366)	22.1%	Allocation of Direct Admin Exp	136,083	162,210	(26,127)	16.1%
51,207	42,645	(8,562)	25.9%	Overhead Allocation	601,612	471,731	(129,881)	34.1%
181,079	152,565	(28,514)	20.1%	Total Expenses	1,508,186	1,670,281	(162,095)	9.7%
(143,822)	(7,500)	(136,322)	1412.6%	Net Income (Loss)	(905,442)	(248,727)	(656,715)	261.3%
Key Ratios								
\$ 150.7%	\$ 166.67	\$ (15.97)	-10%	Costs/Pl. Revenue/Visit	\$ 167.53	\$ 174.21	\$ (6.68)	-3.8%
\$ 62.04	\$ 266.58	\$ (204.54)	60.3%	Total Revenue/Visit	\$ 135.89	\$ 220.12	\$ (84.23)	38.2%
\$ 219.12	\$ 148.10	\$ 71.02	28.4%	Direct Costs/Visit	\$ 201.75	\$ 160.28	\$ 41.47	25.9%
\$ 146.99	\$ 46.21	\$ 100.78	58.2%	Indirect Costs/Visit	\$ 170.64	\$ 98.66	\$ 71.98	72.8%
\$ 476.15	\$ 229.41	\$ 246.74	26.2%	Total Medical Cost/Visit	\$ 422.39	\$ 258.94	\$ 163.45	24.5%
\$ 1296.131	\$ 413.24	\$ 882.89	2192.1%	Net Income/(Loss)/Visit	\$ (130.50)	\$ (78.20)	\$ (52.30)	68.0%
71.7%	63.8%	7.9%	71.2%	Benefits as a % of Salaries	72.6%	51.1%	21.5%	42.0%
65.9%	45.9%	20.0%	0.0%	Overhead % of Direct Exp	45.1%	45.1%	0.0%	0.0%
\$ 156				Gross Patient AR (in 000s)				
\$ 160				Less Reserves (in 000s)				
\$ 166				Net AR (in 000s)				
\$ 484				Wrap AR (in 000s)				
\$ 614				Gross AR Days				
\$ 55				Cash Receipts (in 000s)				
26.4%	23.0%	3.4%	29.4%	Medicare	22.7%	21.0%	1.7%	11.9%
1.2%	1.0%	0.2%	16.6%	Medi-Cal	1.2%	1.0%	0.2%	4.9%
66.7%	74.1%	(7.4%)	10.1%	Medi-Cal Managed Care	66.7%	74.4%	(7.7%)	-10.9%
1.4%	0.7%	0.7%	99.0%	Insurance	1.0%	0.7%	0.3%	51.2%
2.4%	3.0%	(0.6%)	110.5%	Self Pay / Indigent	1.4%	1.0%	0.4%	89.8%
300.0%	100.0%	200.0%	0.0%		100.0%	100.0%	0.0%	0.0%

**Primary Medicine Clinic
Income Statement
April 30, 2017**

Current Month				Year to Date			
Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var
4,166	2,711	1,455	153%	22,137	29,512	(7,375)	75%
116	289	(173)	60%	723	289	434	149%
Patient Revenue							
442,521	406,123	36,400	90%	1,892,886	1,749,167	143,719	106%
(192,464)	(140,295)	(52,169)	217%	(1,850,082)	(2,275,951)	425,869	56%
170,528	161,271	9,257	57%	1,862,151	1,803,508	58,643	103%
515,588	526,647	(11,059)	98%	1,894,681	1,927,051	(32,370)	98%
0	0	0	0%	0	0	0	0%
515,588	526,647	(11,059)	98%	1,894,681	1,927,051	(32,370)	98%
Operating Expense							
182,071	190,388	(8,317)	96%	1,912,064	1,902,612	9,452	100%
81,605	85,001	(3,396)	97%	822,107	860,511	(38,404)	95%
268,766	278,082	(9,316)	99%	2,705,071	2,847,301	(142,230)	95%
151,698	5,838	(145,860)	24%	298,707	58,201	(240,496)	12%
12,012	23,508	(11,496)	49%	94,094	214,267	(120,173)	44%
20,565	20,507	58	100%	212,387	205,070	7,317	103%
46	42	4	110%	1,062	1,825	(763)	58%
216	1,200	(984)	55%	2,011	12,086	(10,075)	12%
684,208	122,574	(561,634)	47%	1,821,650	1,341,212	(480,438)	36%
89,044	53,313	(35,731)	82%	608,313	512,081	(96,232)	118%
159,449	112,061	(47,388)	142%	1,120,827	1,144,136	(23,309)	98%
689,181	693,054	(3,873)	100%	3,802,284	3,024,555	(777,729)	125%
(173,793)	84,996	(258,789)	20%	(1,683,833)	59,499	(1,743,332)	110%
Key Ratios							
\$	140.22	\$	108.21	\$	(8.01)	5.7%	Gross Patient Revenue/Visit
\$	163.17	\$	126.50	\$	(36.33)	16.9%	Total Revenue/visit
\$	144.89	\$	119.95	\$	24.94	20.8%	Direct Costs/visit
\$	74.51	\$	60.59	\$	13.92	23.0%	Indirect Costs/visit
\$	238.44	\$	180.54	\$	57.90	21.0%	Total Month at Cost/visit
\$	105.07	\$	15.96	\$	(89.11)	405.0%	Net Income (Loss)/Visit
	6.2%		4.2%		2.0%	1.3%	Benefits as a % of Salaries
	6.2%		4.2%		2.0%	0.0%	Overhead % of Direct Exp
\$	777						Gross Patient AR (in 000s)
\$	12101						Less Reserves (in 000s)
\$	524						Net AR (in 000s)
\$	739						Wrap AR (in 000s)
\$	56.1						Unsub AR Days
\$	5.84						Cash Receipts (in 000s)
Payer Mix							
26.6%	26.0%	0.6%	2.4%	Medicare	26.7%	25.5%	5.8%
1.4%	0.0%	1.4%	11.6%	Medi-Cal	4.1%	4.3%	(0.1%)
60.8%	66.2%	(5.4%)	(7.7%)	Medi-Cal Managed Care	64.6%	62.2%	2.4%
1.2%	1.2%	0.0%	10.8%	Insurance	1.3%	1.2%	0.2%
2.6%	1.8%	0.8%	46.4%	Self-pay / Indigent	1.0%	1.8%	(0.2%)
100.0%	100.0%	0.0%	0.0%		100.0%	100.0%	0.0%

**Healthy Beginnings - California St.
Income Statement
April 30, 2017**

Current Month				Year to Date			
Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var
444	608	164	27.0%	2,547	6,247	3,700	59.2%
171	254	83	32.7%	1,244	3,544	2,300	64.9%
126,024	101,073	24,951	24.7%	1,516,261	1,056,539	460,722	43.6%
(47,920)	15,650	(63,570)	406.1%	(44,143)	352,109	(396,252)	89.8%
15,650	15,650	0	0.0%	472,538	431,134	41,404	9.6%
116,754	154,418	(37,664)	-24.4%	1,600,152	1,617,561	(17,409)	-1.1%
0	0	0	0.0%	95,064	0	95,064	0.0%
116,754	154,418	(37,664)	-24.4%	1,705,316	1,617,561	87,755	5.4%
Operating Expense							
77,597	76,257	1,340	1.8%	608,912	710,743	(101,831)	-14.3%
31,077	29,989	1,088	3.6%	183,175	209,642	(26,467)	-12.6%
108,674	106,246	2,428	2.3%	1,072,087	1,010,385	61,702	6.1%
52,596	0	(52,596)	100.0%	145,519	0	(145,519)	100.0%
10,500	7,375	(3,175)	47.4%	83,236	72,126	(11,110)	-15.4%
2,946	5,369	(2,423)	45.1%	9,237	52,175	(42,938)	100.0%
516	549	(33)	6.4%	1,114	1,411	(297)	100.0%
1,423	1,413	10	0.7%	13,088	14,238	(1,150)	-8.1%
123,034	119,984	3,050	2.5%	1,413,077	1,250,866	162,211	13.0%
23,148	13,118	(10,030)	76.4%	209,921	152,262	(57,659)	66.2%
57,417	66,967	(9,550)	14.3%	555,072	456,418	(98,654)	-21.6%
262,189	179,589	82,600	46.0%	2,218,045	1,767,146	450,899	25.5%
1147,432	(29,146)	(117,718)	-10.3%	(452,727)	(149,585)	(303,142)	-202.7%

Key Ratios														
\$	174.73	\$	158.17	\$	26.56	10.0%	Gross Revenue per Visit	\$	701.77	\$	169.22	\$	532.55	32.1%
\$	163.47	\$	241.94	\$	(78.47)	47.9%	Total Revenue/Visit	\$	211.22	\$	259.55	\$	(48.33)	-18.6%
\$	214.35	\$	187.24	\$	27.11	14.5%	Direct Costs/Visit	\$	187.49	\$	186.04	\$	1.44	0.8%
\$	124.54	\$	94.10	\$	30.44	31.3%	Indirect Costs/Visit	\$	106.80	\$	92.51	\$	14.29	15.5%
\$	152.00	\$	281.14	\$	(129.14)	-84.8%	Total Medical Cost/Visit	\$	294.29	\$	278.55	\$	15.74	5.7%
\$	109.31	\$	(41.40)	\$	150.71	137.6%	Net Income (Loss)/Visit	\$	(94.57)	\$	(24.00)	\$	(70.43)	25.0%
	42.8%		49.4%		2.4%	5.6%	Benefits as a % of Salaries		15.6%		42.2%		14.5%	11.9%
	91.0%		91.0%		0.0%	0.0%	Overhead % of Direct Exp		31.1%		39.4%		0.0%	0.0%
\$	7.08						Direct Patient AR (in 000s)							
\$	1774						Net Revenue (in 000s)							
\$	187						Net AR (in 000s)							
\$	52						WIP AR (in 000s)							
\$	46.2						Gross AR Days							
\$	3.16						Cash Receipts (in 000s)							

Payer Mix									
2.0%	2.0%	0.0%	0.0%	7.2%	Medicare	1.0%	7.2%	1.0%	-12.7%
12.5%	11.5%	1.0%	8.3%	25.4%	Medi-Cal	12.5%	20.7%	8.2%	-20.1%
67.2%	67.4%	(0.2%)	0.3%	67.3%	Medi-Cal Managed Care	64.0%	50.8%	14.2%	22.1%
1.0%	0.7%	0.3%	3.0%	20.2%	Insurance	0.2%	6.1%	5.9%	88.7%
0.0%	0.0%	0.0%	0.0%	0.0%	Self Pay / Indigent	0.0%	0.0%	0.0%	0.0%
100.0%	100.0%	0.0%	0.0%	100.0%		100.0%	100.0%	0.0%	0.0%

Healthy Beginnings - French Camp
Income Statement
April 30, 2017

Current Month				Year to Date			
Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var
251	630	379	17.1% Visits	2,810	6,243	3,433	25.0%
301	1231	930	19.2% Total FTRs	3,472	7,288	3,816	21.1%
Patient Revenue							
120,000	82,225	37,775	83.2% Gross Patient Revenue	1,295,500	918,970	376,530	51.4%
15,420	65,500	(50,080)	46.8% Contractual Adjustments	200,220	603,420	(403,200)	62.9%
40,570	12,800	27,770	2.3% Capitalization Rev	525,425	130,810	394,615	10.1%
200,000	161,525	38,475	3.9% Net Patient Revenue	2,025,725	1,929,200	96,525	4.0%
0	0	0	Other Revenue	11,511	0	11,511	0.0%
200,000	161,525	38,475	4.0% Total Revenue	2,107,120	1,929,200	177,920	9.5%
Operating Expense							
62,987	92,100	(29,113)	32.4% Salaries	612,610	822,197	(209,587)	28.0%
12,177	42,170	(30,000)	30.2% Benefits	616,290	440,217	176,073	5.0%
95,650	140,410	(44,760)	41.0% Total Salaries & Benefits	1,228,900	1,262,414	(33,514)	10.1%
52,400	4,100	48,300	172.5% Professional Fees/Registry	100,950	43,677	57,273	177.4%
3,107	3,277	(170)	11.0% Supplies	120,200	20,220	100,000	56.5%
2,320	5,950	(3,630)	20.0% Purchased Services	90,220	50,220	40,000	77.7%
2,000	502	1,498	170.4% Depreciation	20,000	5,000	15,000	300.0%
100	1,000	(900)	40.2% Other Expense	2,550	11,000	(8,450)	11.8%
103,007	160,435	(57,428)	2.0% Total Direct Expense	1,400,010	1,461,050	(61,040)	1.8%
22,560	11,500	11,060	9% Allocation of Direct Indirect Exp	224,000	112,212	111,788	60.0%
68,281	60,950	7,331	2.0% Overhead Allocation	121,047	60,950	60,097	1.8%
254,450	218,910	35,540	6.5% Total Expenses	2,445,210	2,203,060	242,150	11.0%
(54,450)	(47,385)	(7,065)	13.1% Net Income (Loss)	(160,400)	(273,860)	113,460	29.0%
Key Ratios							
\$ 100.00	\$ 136.29	\$ 40.00	22.1% Gross Pt Revenue/Visit	\$ 110.80	\$ 147.05	\$ 36.25	32.8%
\$ 207.53	\$ 299.22	\$ 91.70	10.6% Total Revenue/Visit	\$ 220.86	\$ 310.22	\$ 89.36	32.0%
\$ 242.80	\$ 250.50	\$ 7.70	14.1% Direct Costs/Visit	\$ 180.90	\$ 211.80	\$ 30.90	18.0%
\$ 120.96	\$ 122.61	\$ 1.65	1.4% Contract Costs/Visit	\$ 107.95	\$ 118.21	\$ 10.26	11.1%
\$ 108.87	\$ 123.56	\$ 14.69	9.2% Total Medical Cost/Visit	\$ 292.90	\$ 329.53	\$ 36.63	15.0%
\$ (71.43)	\$ (23.93)	\$ 47.50	-3.6% Net Income/Visit	\$ (21.20)	\$ 115.81	\$ 137.01	60.0%
51.0%	50.0%	1.0%	2.5% Registry as a % of Salaries	62.5%	53.6%	8.9%	25.0%
91.2%	81.2%	10.0%	0.0% Overhead % of Direct Exp	81.2%	81.2%	0.0%	0.0%
\$ 227			Gross Patient A/R (in 000s)				
\$ (52)			Less Reserves (in 000s)				
\$ 171			Net A/R (in 000s)				
\$ 50			Wrap A/R (in 000s)				
\$ (19)			Bad Debt Days				
\$ (10)			Cash Receipts (in 000s)				
Payor Mix							
1.0%	0.0%	1.0%	10.8% Med Care	1.4%	4.0%	2.6%	10.2%
26.6%	21.1%	5.5%	26.1% Medi Cal	25.0%	51.5%	26.5%	27.9%
68.1%	62.5%	5.6%	0.0% Medi Cal Managed Care	69.0%	69.0%	0.0%	1.0%
2.0%	6.1%	(4.1%)	100.0% Insurance	2.4%	5.6%	3.2%	18.9%
0.1%	1.1%	(1.0%)	66.2% Self Pay / Indigent	0.0%	1.0%	(1.0%)	(61.1%)
100.0%	100.0%	0.0%	0.0%	100.0%	100.0%	0.0%	0.0%

**Hazleton Clinic
Income Statement
April 30, 2017**

Current Month				Year to Date			
Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var
523	516	77	51.0%	1,667	1,479	188	25.4%
28	0	(28)		0	0	(0)	
5,366	115,985	(60,124)	53.0%	21,548	478,670	(167,122)	84.2%
51,594	42,356	11,138	26.2%	191,799	198,861	(7,062)	-1.5%
78,250	20,547	57,703	18.2%	311,679	40,571	271,108	1.4%
139,715	178,880	(43,174)	24.1%	345,618	718,104	(372,688)	52.0%
0	0	0		0	0	0	
175,215	178,880	(4,665)	2.6%	345,618	718,104	(372,688)	52.0%
0	0	0		0	0	0	
0	0	0		0	0	0	
0	0	0		0	0	0	
46,790	0	(46,790)		46,790	0	(46,790)	
31,176	10,857	20,319	28.5%	78,957	83,337	(4,380)	-8.2%
87,411	115,941	(27,210)	21.2%	433,871	460,166	(26,295)	-5.7%
0	0	0		0	0	0	
0	2,424	(2,424)	(9.2%)	407	11,260	(10,853)	-94.6%
142,874	128,797	(14,077)	10.9%	560,321	515,198	(45,123)	-8.8%
9,729	14,425	(4,696)	(32.5%)	13,481	67,813	(54,332)	-80.1%
61,539	95,486	(33,947)	(35.6%)	281,441	221,902	(59,539)	-26.8%
214,141	198,698	(15,447)	-7.8%	815,145	804,921	(10,224)	-1.3%
(78,426)	(17,809)	(60,617)	291.6%	(470,110)	(86,810)	(383,300)	431.4%

Key Ratios

\$ 102,919	\$ 334,908	\$ (231,989)	67.3%	\$ 42,917	\$ 310,004	\$ (267,087)	87.4%
\$ 271,499	\$ 536,165	\$ (264,666)	49.2%	\$ 206,917	\$ 500,208	\$ (293,291)	58.7%
\$ 273,148	\$ 171,918	\$ 101,230	20.0%	\$ 116,111	\$ 182,677	\$ (66,566)	-33.8%
\$ 156,277	\$ 203,408	\$ (47,131)	(23.2%)	\$ 152,806	\$ 232,779	\$ (79,973)	-34.4%
\$ 369,445	\$ 573,886	\$ (204,441)	35.7%	\$ 488,998	\$ 609,861	\$ (120,863)	-19.8%
\$ (149,975)	\$ (57,213)	\$ (92,762)	162.1%	\$ (282,021)	\$ (60,334)	(221,687)	367.2%

Benefits as a % of Salaries

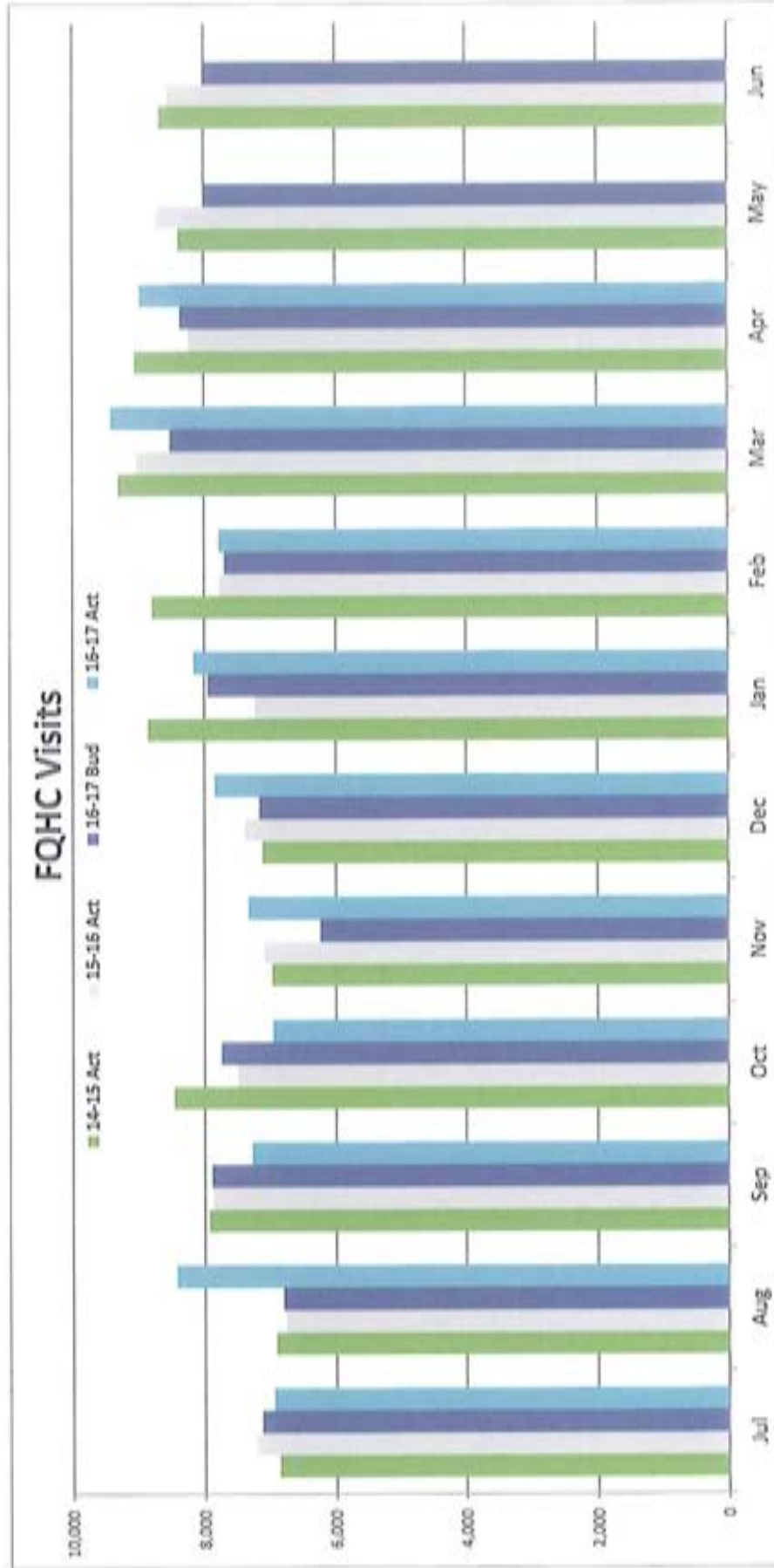
41.1%	43.1%	0.0%	0.0%	43.1%	41.1%	0.0%	0.0%
\$ 0							
\$ (12)							
\$ 51							
\$ 23							
\$ 84.5							
\$ 12							

Payer Mix

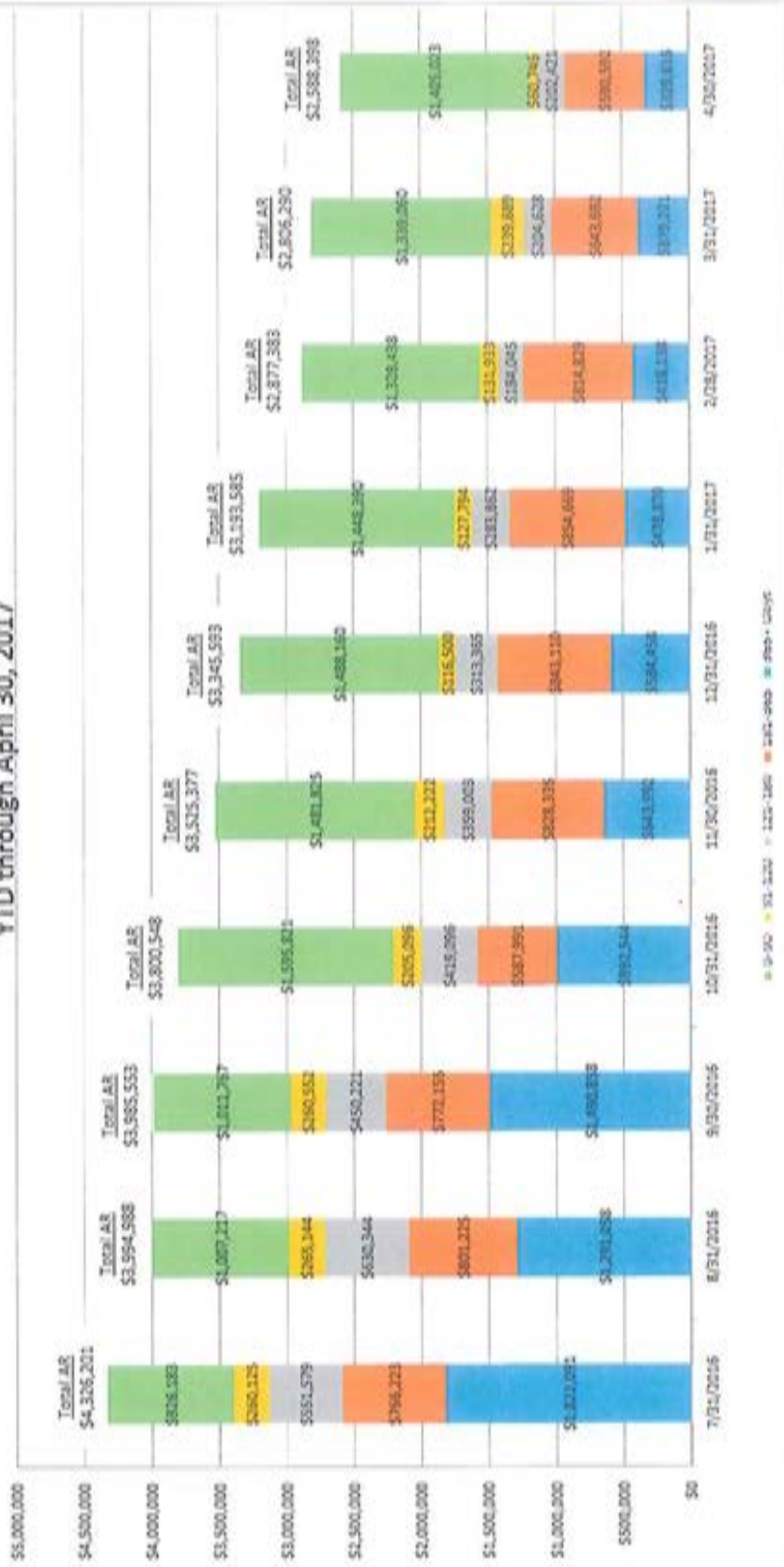
5.4%	21.0%	15.7%	74.8%	5.4%	22.2%	16.8%	26.1%
45.0%	3.0%	42.0%	341.2%	49.0%	3.2%	45.8%	11.748%
12.4%	24.3%	12.0%	56.5%	54.5%	22.8%	31.7%	-5.2.2%
6.7%	0.2%	6.5%	941.3%	5.9%	0.2%	5.7%	733.1%
9.6%	1.0%	8.6%	107.0%	14.0%	1.1%	12.9%	1114.2%
100.0%	100.0%	0.0%	0.0%	100.0%	100.0%	0.0%	0.0%

**FCI Administration
Income Statement
April 30, 2017**

Actual	Current Month		% Var		Actual	Year to Date		% Var	
	Budget	Variance				Budget	Variance		
5.7	7.0	1.8	25.7%	Total FIC's	5.9	7.0	1	15.5%	
				Revenue					
0	0	0	100%	Other Revenue	0	0	0	100%	
0	0	0	100%	Total Revenue	0	0	0	100%	
				Operating Expense					
60,091	46,097	(11,914)	-19.8%	Salaries	591,270	467,339	(92,351)	-15.4%	
21,937	92,305	70,368	316.0%	Benefits	247,811	434,408	186,617	75.0%	
86,963	88,597	1,629	1.8%	Total Salaries & Benefits	807,080	901,567	94,087	10.5%	
22,721	0	(22,721)	-100%	Professional Fees/Registry	88,536	0	(88,536)	-100%	
(1,861)	0	1,861	100%	Supplies	70,160	0	(70,160)	-100%	
142,724	96,232	(46,992)	-32.9%	Purchased Services	1,276,985	967,370	(309,665)	-23.9%	
1,257	1,257	0	0%	Depreciation	27,023	32,570	5,547	17.0%	
568	1,168	2,581	452.0%	Other Expense	5,097	33,477	28,380	556.0%	
254,322	191,229	(62,643)	-24.6%	Total Direct Expense	2,278,881	1,932,934	(345,947)	-15.2%	
0	0	0	0%	Overhead Allocation	0	0	0	0%	
254,322	191,229	(62,643)	-24.6%	Total Expenses	2,278,881	1,932,934	(345,947)	-15.2%	
(254,322)	(191,229)	(62,643)	-24.6%	Net Income (Loss)	(2,278,881)	(1,932,934)	(345,947)	-15.2%	



San Joaquin County Clinics Gross Accounts Receivable Aging YTD through April 30, 2017



10/10/2023
 10/10/2023
 10/10/2023

SECTION 501(c)(3) ORGANIZATION

10/10/2023 10/10/2023 10/10/2023 10/10/2023 10/10/2023 10/10/2023 10/10/2023 10/10/2023 10/10/2023 10/10/2023

The following information is provided for the information of the donor and is not intended to constitute an offer of insurance. The donor is advised that the donor's contribution to the organization is not a contract and does not create any legal obligation on the part of the organization. The donor is advised that the donor's contribution to the organization is not a contract and does not create any legal obligation on the part of the organization. The donor is advised that the donor's contribution to the organization is not a contract and does not create any legal obligation on the part of the organization.

SICC

Summary of Unlocked and Unclaimed Accounts
As of 4/30/17

Clinic	Total	Apr	Mar	Feb	Jan
Children's Health Services	96	96	-	-	-
Family Medicine Clinic	127	115	10	1	1
Family Practice Clinic	68	68			
Primary Medicine Clinic	69	69			
Healthy Beginnings - LA	63	58	5	-	-
Healthy Beginnings - FC	20	68	2	-	
Hazelton	98	93	2	3	
Clinic Totals by Month	791	767	19	4	1

EQ Clinic Audit by Lynn Buckner

Service Dates: 4/1/2017 - 4/30/2017

Audit Results

CLINIC	PHYSICIAN	ACCT. NUMBER	DATE	STATUS
PRIMARY MEDICINE CLINIC	RAMIRO ZUNIGO	488783	4/4/2017	✓
PRIMARY MEDICINE CLINIC	SATINDER SINGH	490500	4/11/2017	MISSING CHANGED 09/11/17
PRIMARY MEDICINE CLINIC	ROBIN FLORES, PA	490574	4/11/2017	✓
PRIMARY MEDICINE CLINIC	HARSH CHANDER	490802	4/6/2017	✓
PRIMARY MEDICINE CLINIC	SOJANYA SODAVARAPU	490804	4/6/2017	MISSING CHANGED 09/11/17
FAMILY MEDICINE CLINIC	IBHANI WEINNAVA	492605	4/11/2017	ADD CHANGED 09/11/17
FAMILY MEDICINE CLINIC	ASMA JAFRI	493139	4/6/2017	✓
FAMILY MEDICINE CLINIC	ERIC CHAPA	495022	4/6/2017	✓
FAMILY MEDICINE CLINIC	ELVAN PARSA	488396	4/4/2017	✓
FAMILY MEDICINE CLINIC	KINNARI PARIKH	490519	4/5/2017	✓
CHILDRENS HEALTH SERVICES	MAMTA MAIN	492614	4/12/2017	✓
CHILDRENS HEALTH SERVICES	CYBIL FREGIA, NP	494570	4/11/2017	MISSING CHANGED 09/11/17
CHILDRENS HEALTH SERVICES	PATRICIA APOLINARIO	486082	4/11/2017	✓
CHILDRENS HEALTH SERVICES	PATARA BOJANAVONGCHIT	486090	4/3/2017	✓
CHILDRENS HEALTH SERVICES	ASHISH DODHIA	506208	4/11/2017	✓
HEALTHY BEGINNINGS CALIF ST	MANADANA MOTAMAM	492083	4/12/2017	MISSING
HEALTHY BEGINNINGS CALIF ST	JASON BASS	491946	4/11/2017	MISSING CHANGED 09/11/17
HEALTHY BEGINNINGS CALIF ST	ESTELLE RUTLEDGE	490204	4/11/2017	✓
HEALTHY BEGINNINGS CALIF ST	ANHEE	490294	4/10/2017	✓
HEALTHY BEGINNINGS CALIF ST	JASON BASS	491707	4/7/2017	✓
HEALTHY BEGINNINGS FRENCH	BENNYE RODGERS	500079	4/26/2017	✓
HEALTHY BEGINNINGS FRENCH	SREELATHA POTTALA	490173	4/11/2017	✓
HEALTHY BEGINNINGS FRENCH	TONJA HARRIS STANSH	490150	4/12/2017	✓
HEALTHY BEGINNINGS FRENCH	JITINDER SOHAI	492404	4/12/2017	✓
HEALTHY BEGINNINGS FRENCH	SCOTT WILL, PA	495063	4/19/2017	✓
FAMILY PRACTICE CALIF ST	FARHAN FADOO	495867	4/19/2017	MISSING CHANGED 09/11/17
FAMILY PRACTICE CALIF ST	FARHAN FADOO	488313	4/5/2017	✓
FAMILY PRACTICE CALIF ST	IBHANI WEINNAVA	495944	4/20/2017	✓
FAMILY PRACTICE CALIF ST	SCOTT WILL, PA	487574	4/4/2017	✓
FAMILY PRACTICE CALIF ST	FARHAN FADOO	487456	4/4/2017	✓

Total in Sample

30

The status of the bill and committee assignment is in italics:

SB 323 Medi-Cal: federally qualified health centers and rural health centers: Drug Medi-Cal and specialty mental

This bill would authorize FQHCs and RHCs to elect to enroll as a Drug Medi-Cal certified provider. The bill would prohibit the Drug Medi-Cal services from being included in the FQHC's or RHC's per visit PPS rate, and would require the costs of providing Drug Medi-Cal services to be requested out of the FQHC's or RHC's clinic base rate as a scope-of-service change under specified circumstances. *Status: Senate Floor*

SB 456 Medi-Cal managed care: federally qualified health centers and rural health clinics: services that follow the patient

This bill would authorize FQHC/RHC's to enter into an agreement with a public or private entity willing and qualified to provide services that follow the patient. The bill would define "services that follow the patient" as services that promote continuity of care and contribute to overall patient wellness, as specified. The bill would specify that compensation paid to a contracted FQHC/RHC would be supplemental to, and separate from, the FQHC/RHC clinic's prospective payment rate. *Status: Senate Floor*

AB 715 Workgroup review of opioid pain reliever use and abuse

This bill would require DHS to convene a workgroup to review existing prescription guidelines and develop a recommended statewide guideline addressing best practices for prescribing opioid pain relievers. *Status: Assembly Floor*

AB 387 Minimum wage: health professionals: interns:

This bill would require health care entities to pay allied health students minimum wage for time spent in clinical or experiential training required for state licensure. Many allied health professions require students to participate in clinical or experiential training to obtain a degree and/or qualify for the licensure or certification exam. *Status: Assembly Floor*

AB 1340 Continuing medical education; mental and physical health care integration:

This bill would require the Medical Board to consider including in its continuing education requirements a course in integrating mental and physical health care in primary care settings, especially as it pertains to early identification of mental health issues in children and young adults and their appropriate care and treatment. *Status: Senate Business and Professions*

AB 1358 - Medi-Cal: authorization requests (physician assistants).

This bill designate a physician assistant to sign any authorization form required by the State Department of Health Care Services for benefits and services under the Medi-Cal program, provided that the physician and the designated physician assistant are each enrolled as a Medi-Cal provider. *Status: Senate Health*

AB 148 California Physician Corps Program: practice setting

Would lower the eligibility threshold for practice settings participating in the Steven M. Thompson Physician Corps Loan Repayment Program. The program provides financial incentives, including repayment of educational loans, to a physician who practices in a medically underserved area (MUA). Those settings must be located in a MUA and at least 50 percent of patients must be from medically underserved populations. This bill would lower the eligibility threshold for serving the above-described populations to 30 percent for practice settings located in MUAs. *Status: Senate Health*