

**County of Solano  
Community Healthcare Board  
Regular Meeting**

September 15, 2021

12:00 pm-2:00 pm

Conference Call Microsoft Teams

MS Teams Dial-in number: 1-323-457-3408 and Conference ID: 299 423 65#

Due to COVID-19 social distancing requirements, the Community Health Board meetings will be held via teleconference. To join in for audio only, please use the dial in number and Conference ID above.

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The County of Solano Community Health Board does not discriminate against persons with disabilities. If you wish to participate in the meeting and you require assistance to do so, please call Solano County Family Health Services at 707-784-8775 at least 24 hours in advance of the event to make reasonable arrangements to ensure accessibility to the meeting.

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Public Comment: To submit public comment, please see the options below.

Mail:

If you wish to address any items listed on the Agenda by written comment, please submit comments in writing to FHS Community Healthcare Board Clerk by U.S. Mail. Written comments must be received no later than 8:30 A.M. on the day of the meeting. The mailing address is: Solano County H&SS, ATTN: FHS CHB Clerk (MS 5-240), P. O. Box 4090, Fairfield, CA 94533. Copies of comments received will be provided to the Board and will become part of the official record but will not be read aloud at the meeting.

Phone:

To submit comments verbally from your phone during the meeting, you may do so by dialing 1-323-457-3408, and Conference ID: 299 423 65#. No attendee ID number is required. Once entered in the meeting, you will be able to hear the meeting and will be called upon to speak during the public speaking period.

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Non-confidential materials related to an item on this Agenda, submitted to the Board after posting of the agenda at: [https://www.solanocounty.com/depts/ph/bureaus/fhs/community\\_healthcare\\_board/](https://www.solanocounty.com/depts/ph/bureaus/fhs/community_healthcare_board/) and Family Health Service clinics located at 1119 E. Monte Vista, Vacaville, CA; 2101 Courage Drive, Fairfield, CA; 2201 Courage Drive, Fairfield, CA; and 365 Tuolumne Drive, Vallejo, CA., will be updated at [https://www.solanocounty.com/depts/ph/bureaus/fhs/community\\_healthcare\\_board/](https://www.solanocounty.com/depts/ph/bureaus/fhs/community_healthcare_board/) and emailed upon request. You may request materials by contacting the Clerk at 707-784-8775.

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**MS Teams Dial-in #: 1-323-457-3408, Conference ID: 299 423 65#**

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**AGENDA**

**1) CALL TO ORDER – 12:00 PM**

- a) Welcome
- b) Roll Call

**2) APPROVAL OF THE AGENDA**

**3) APPROVAL OF THE AUGUST 25, 2021, MEETING MINUTES**

**4) PUBLIC COMMENT**

This is the opportunity for the Public to address the Board on a matter not listed on the Agenda, but it must be within the subject matter jurisdiction of the Board. Due to COVID-19, the public can join as audio only. If you would like to make a comment, please announce your name and the topic you wish to comment and limit comments to three (3) minutes.

**5) PROJECT DIRECTOR/CHIEF EXECUTIVE OFFICER REPORT**

- a) Introduction to Clinic Operations Officer (Candidate)
- b) COVID-19 Health Center Impact Update
- c) Health Center Operations Update
- d) Staffing Update

**6) UPDATE BY DEPUTY COUNTY COUNSEL**

- a) Potential change, in the Brown Act order, related to meeting online, due to the State social distancing order, which expires September 30, 2021.

**7) OPERATIONS COMMITTEE UPDATE REPORTS**

- a) Quarterly Quality Improvement Report – Dr. Michele Leary
- b) Quarterly Financial Report – Nina Delmendo
- c) Health and Human Services Provider Relief Fund Report – Jannett Alberg

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**8) UNFINISHED BUSINESS**

- a) Credentialing Privileging Policy and Procedure – This item will be presented to the Board for approval, pending completion of policy review by Compliance

**9) DISCUSSION**

- a) Board Members Discussion with Clinic Operations Officer (Candidate)

**10) CLOSED SESSION (See Item 11b. below.)**

**11) ACTION ITEMS**

- a. Schedule Budget Development Meeting – Fiscal will present dates to the Board to select a date for the Budget Development Workshop
- b. Board will vote in closed session, on selecting the new Federally Qualified Health Centers (FQHC) Project Director
- c. Consider resuming Board meetings in person, pending September 30, 2021, State decision on Brown Act.

**12) BOARD MEMBER COMMENTS**

**13) PARKING LOT (These items are postponed, until further notice.)**

- a. Compliance Training and Robert's Rules Review
- b. Health Center Marketing Campaign & Website Design
- c. The IHI Quadruple Aim Initiative \* Health Center Practices\*

**14) NEXT COMMUNITY HEALTHCARE BOARD MEETING**

DATE: October 20, 2021  
TIME: 12:00 PM  
TO JOIN: Telephone Conference Call  
Dial: +1-323-457-3408, Conference ID: 299 423 65#

**15) ADJOURN**



**County of Solano  
Community Healthcare Board  
DRAFT**

**REGULAR GOVERNING BOARD MEETING MINUTES**

Wednesday, August 25, 2021  
Video and Telephone Conference Call

**Members Present:**

Ruth Forney, Gerald Hase, Jim Jones, Robert Wieda, Katrina Morrow, Miriam Johnson, Brandon Wirth, Anthony Lofton, Sandra Whaley, Mike Brown, and Tracee Stacy

**Members Absent:**

**Staff Present:**

Dr. Bela Matyas, Dr. Michele Leary, Dr. Rebekah Kim, Dr. Sneha Innes, Tess Lapira, Toya Adams, Noelle Soto, Cheryl Esters, Clarisa Sudarma, Nina Delmendo, Janine Harris, Jannett Alberg, Julie Barga

**1) Call to Order – 12:00 p.m.**

- a) Welcome
- b) Roll Call

**2) Approval of August 25, 2021, Agenda**

Motion: To approve the August 25, 2021, Agenda

Motion by: Miriam Johnson and seconded by Katrina Morrow

Discussion: None

Ayes: Ruth Forney, Gerald Hase, Jim Jones, Robert Wieda, Katrina Morrow, Miriam Johnson, Brandon Wirth, Anthony Lofton, Sandra Whaley, and Mike Brown

Nays: None

Abstain: None

Motion Carried

**3) Approval of the July 21, 2021, Meeting Minutes**

Motion: To approve the July 21, 2021

Motion by: Miriam Johnson and seconded by Katrina Morrow

Discussion: None

Ayes: Ruth Forney, Gerald Hase, Jim Jones, Robert Wieda, Katrina Morrow, Miriam Johnson, Brandon Wirth, Anthony Lofton, and Mike Brown

Nays: None

Abstain: Sandra Whaley

Motion Carried



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**4) Public Comment**

None.

**5) Project Director/Chief Executive Officer Report**

a) COVID-19 Health Center Impact Update- Present by Dr. Bela Matyas

- i) Solano County is continuing with a surge of COVID- 19 cases. Staff have called out with sickness and patients are inquiring of testing. Overall, the vaccination in the community is high 73% of people have at least received one dose and 60% are fully vaccinated.
- ii) Two health orders have been approved that will affect FHS workforce. First health order went into effect this week will require anyone, Primary care & Dental, who is vaccinated will be required to show proof or they will need to undergo weekly testing. The second health order come out of August 5<sup>th</sup>, Primary Care only, will mandate all staff to be vaccinated or require a proof of religious or medical exemption. Deadline for this requirement is September 30, 2021. This may cause some staffing shortages for those who refuse to be vaccinated. There are about 50 staff members currently not vaccinated and management will work with them for any questions or concerns they may have in receiving the vaccines.
- iii) Booster shots for Pfizer and Moderna are being recommended 8 months after the completion of the first two shots. Solano County will conduct booster clinics for staff and the community members. Pfizer has been approved by FDA as standard use like other commercial vaccines.

b) Health Center Operations Update

- i) None

c) Staffing Update

- i) Clinic Operations Officer (COO) interviews are in progress. Four candidates have been selected to move forward to the selection committee, out of those four candidates two candidates have been selected to move forward to the final round interview. The two final candidates have been invited to come back for interviews, tour around the clinics, and to meet and greet staff members. The goal is to select one the candidates and to bring to the board for approval of them for the Project Director. The county hires the COO classification, but the county does not decide who will be the Executive Director of the clinic. The Board will vote on who should be the Executive Director of the clinics.
- ii) Nurse positions are in progress. There have been two candidates that have accepted the offer and FHS is working on the third position to fill.
- iii) Other classifications are in progress, NP/PA, Health Services Managers, Office Assistants, and Medical Assistants.

**6) Co-Applicant Agreement Update by Deputy County Counsel/Ruth Forney, Chair**

- a) No update other than this item is on the agenda as an action item.

**7) Operations Committee Update Reports**

a) Family Health Services Mobile Clinics- Minimum requirements per HRSA Guidelines

- i) Staff reached out to CA Department of Health Care Services (DHCS) and confirmed that DHCS is not doing deactivations for those claims that are older than a year. It only takes one Medi Cal claim to keep a site active.



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- b) Update to Dental and Primary Care Mobile Clinics
  - i) The vans are schedule for repair. Currently the van is not mobile. There is a Dental van driver but not for the Primary Care Van. There is no staffing to operate these vans during normal operation hours.
- c) FY 2020/2021 year-end fiscal report-Fiscal
  - i) Refer to handout: Year End Variance- Final for Fiscal Year 20/21: A verbal report was given at the July Board Meeting. Realignment is about \$2million.
- d) Fairfield Adult Clinic Operations Update
  - i) Due to staffing shortages that are currently happening, Fairfield Adult clinics is reducing operations temporarily. Staff will be reassigned to Vallejo, Vacaville, and Fairfield Pediatrics. Clinics will be informed. Onsite transportation will be available for patients who need it. An Adult provider will be at the Fairfield Pediatrics for walk in appointments and for those who are unable to be transported. Specialty Clinics will remain the same at Fairfield Adult clinic. Once staffing is no longer an issue, regular operations will resume. The union has been involved in the meet and confer. This move is anticipated to happen the week of September 13, 2021. A two-week notification is given to the patients.
  - ii) It was mentioned by Miriam Johnson, a patient at the clinics, that it is impossible to receive adequate care in a timely manner. She was advised by staff that onboarding providers is number one priority.

**8) Unfinished Business**

None.

**9) Discussion**

- a) Conflict of Interest Update
  - i) Clarisa Sudarma, County Counsel, stated there was a concern about conflict of interest and when abstention from a board member is not enough to cure conflict of interest and makes the entire action invalid. She explained that the answer to a question raised by a Board member, was referenced under California Government Code Section 1090, which distinguishes between officials and employees. The board members would be considered officials and subject to the official rule that are in Government code section 1090. If a body seeks to contract an agency in which an official has a financial interest in the agency, then the whole legislative body cannot enter contract even if that board member abstains and does not participate. There are statutory expectations to when this general rule does not apply, and the law defines that there are expectations based on a remote interest or non-interest of the board member. For additional details, please reference the California Government Code Section 1090.

**10) Action Items**

- a) Schedule a date for the FY 2022/2023 Budget Development Workshop. Dates to consider for a four-hour session: Thursday, 9/16/21, Friday, 9/17/21, Monday, 9/20/21, or Tuesday, 9/21/21

Motion: To postpone and table the FY 2022/2023 Budget Development Meeting until next month's meeting, to allow for the new Clinic Operations Officer, to join and Fiscal will provide more dates.

Motion by: Jim Jones and seconded by Anthony Lofton

Discussion: None



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Ayes: Ruth Forney, Gerald Hase, Jim Jones, Robert Wieda, Katrina Morrow, Miriam Johnson, Brandon Wirth, Anthony Lofton, Sandra Whaley, Tracee Stacy, and Mike Brown

Nays: None

Abstain: None

Motion Carried

b) Board will consider approval of Resuming In-Person Meetings

Motion: To approve to continue conducting the Board Meetings online.

Motion by: Robert Wieda and seconded by Miriam Johnson

Discussion: It was expressed by multiple members they are not ready to attend in-person meeting. Due to staffing shortages, new COVID variant, and not enough spacing in the room. Dr. Matyas also mentioned due to support staff shortage, we are not prepared yet to support an in-person meeting. The Chair also mentioned that when the meeting returns to in person, it will not be the same as the meetings before with the meals, because there is no funding in the budget.

Ayes: Ruth Forney, Gerald Hase, Jim Jones, Robert Wieda, Miriam Johnson, Brandon Wirth, Anthony Lofton, Tracee Stacy, Sandra Whaley, and Mike Brown

Nays: None

Abstain: None

Motion Carried

c) Co- Applicant Agreement: The executive committee will report on and make a recommendation to full board to approve finalizing the co-applicant agreement with HSS/County/HRSA as necessary.

Motion: To approve finalizing the FQHC Co-Applicant Agreement with HSS/County/HRSA.

Motion by: Jim Jones and seconded by Mike Brown

Discussion: None

Ayes: Ruth Forney, Jim Jones, Robert Wieda, Brandon Wirth, Mike Brown, Gerald Hase, Miriam Johnson, and Tracee Stacy

Nays: None

Abstain: None

Motion Carried

**11) Board Member Comments**

a) Ruth Forney: informed the board that within the August packet she included *Unhoused Bill of Rights* by Congresswoman Cori Bush.



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- b) Tracee Stacy- would like a report out regarding various outcomes for patients that maybe affected with the consolidation of the Fairfield Adult Clinic.
- c) Ruth Forney- stated she was happy with the recruitment process for the COO

**12) Parking Lot (These items are postponed, until further notice.)**

- a) Compliance Training and Robert's Rules Review
- b) Health Center Marketing Campaign & Website Design
- c) The IHI Quadruple Aim Initiative \*Health Center Practices\*

**13) Next Community Healthcare Board Meeting**

DATE: September 15, 2021

TIME: 12:00 p.m.

TO JOIN: Telephone Conference Call

Dial: 1-323-457-3408, Conference ID: 299 423 65#

**14) Adjourn**

Meeting was adjourned at 1:20 p.m.

**Handouts:**

- Solano County Year End Variance – Final For Fiscal Year 20/21
- FQHC Co-Applicant Agreement
- Unhoused Bill of Rights- Congresswoman Cori Bush



**Community Healthcare Board Clinical Quality Improvement Report  
Solano County Family Health Services  
Month: August 2021**

**TABLE OF CONTENTS**

The below information reflects critical components related to Risk Management & Quality Improvement activities for Family Health Services:

- I. Clinical Quality

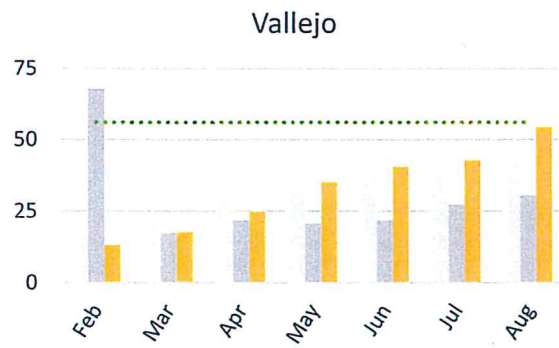
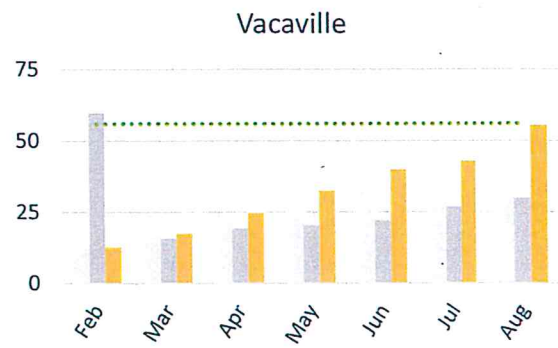
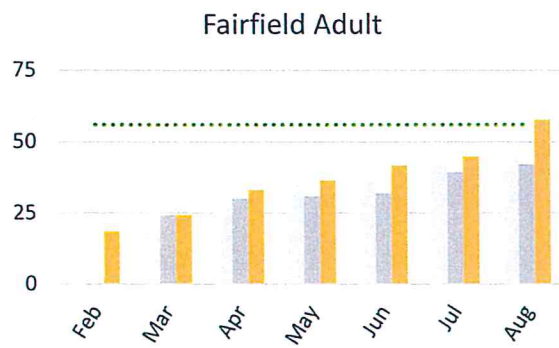
**I. CLINICAL QUALITY**

Terms Defined

**Quality Improvement Program (QIP)**- financial incentive program from Partnership HealthPlan of California to primary care providers for meeting specific performance thresholds. QIP clinical measures look only at data for patients with Partnership HealthPlan of California insurance plans during calendar year 2021.

**Uniform Data System (UDS)**- standardized reporting system for Health Resources & Services Administration (HRSA) health center grantees. UDS clinical measures look at data from all patients served by Family Health Services during calendar year 2021.

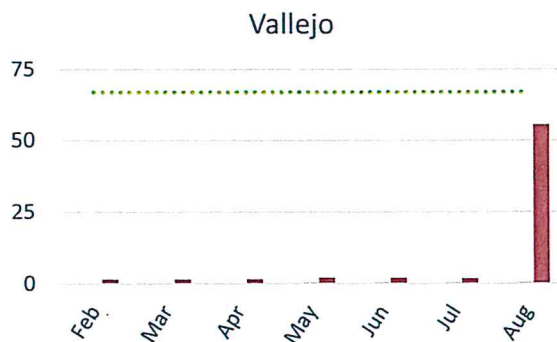
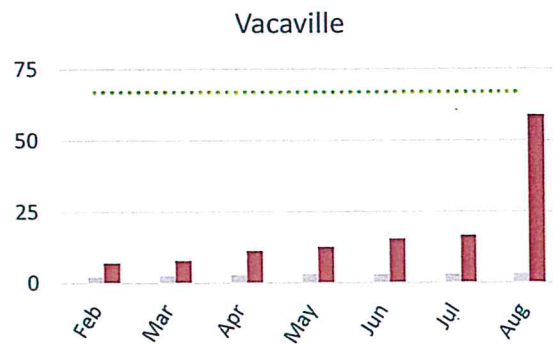
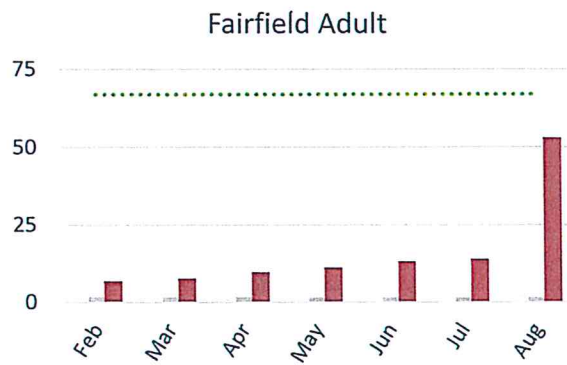
# QIP Diabetes HbA1c Good Control



Site	Current Score	Number of Patients Needed to Meet Target	Target Score
Fairfield Adult	57.76%	+62	55.96%
Vacaville	55.51%	+30	
Vallejo	54.42%	+58	

2019 2020 2021 Target

# QIP Controlling High Blood Pressure

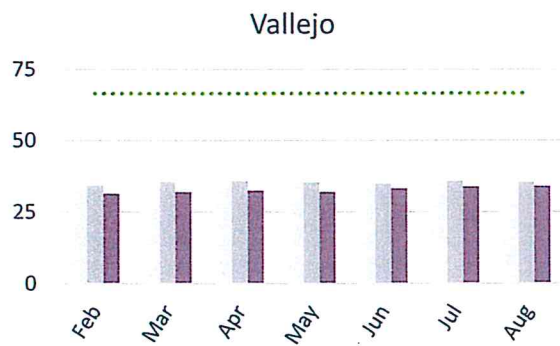
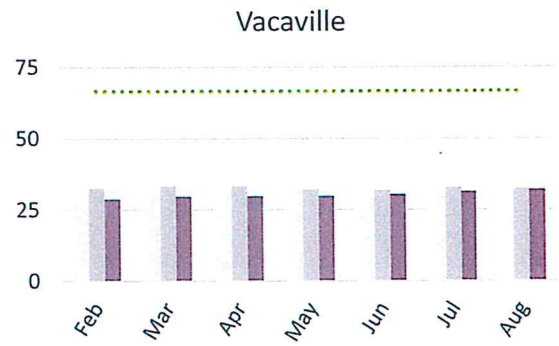
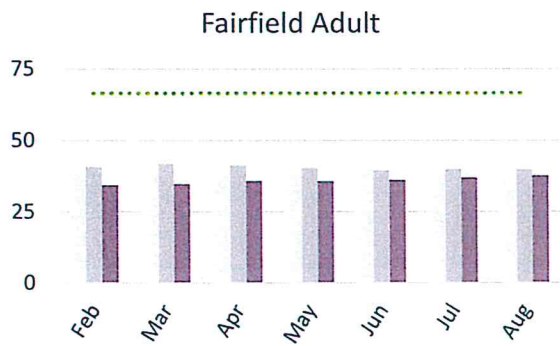


Site	Current Score	Number of Patients Needed to Meet Target	Target Score
Fairfield Adult	52.76%	+83	66.91%
Vacaville	58.82%	+20	
Vallejo	55.43%	+69	

2019 2020 2021 Target

Note: 1<sup>st</sup> manual upload of blood pressure readings completed in August

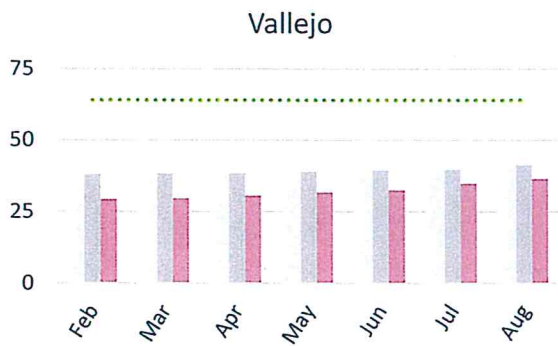
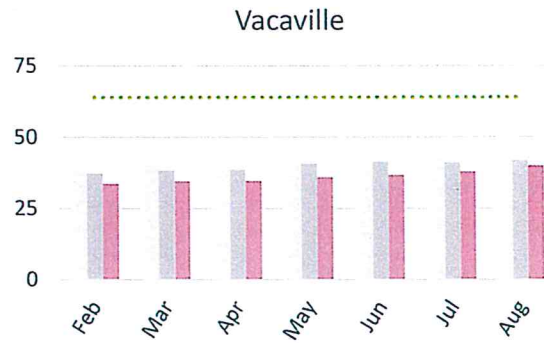
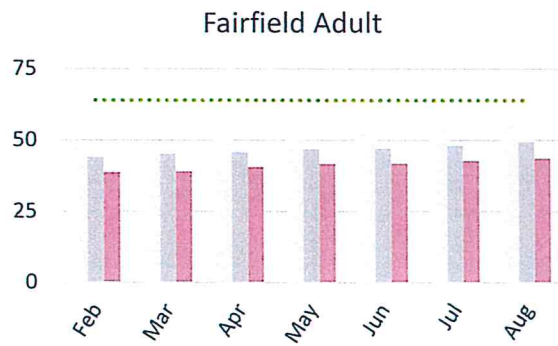
# QIP Cervical Cancer Screening



Site	Current Score	Number of Patients Needed to Meet Target	Target Score
Fairfield Adult	37.60%	+852	66.49%
Vacaville	32.08%	+458	
Vallejo	34.00%	+839	

2019 2020 2021 Target

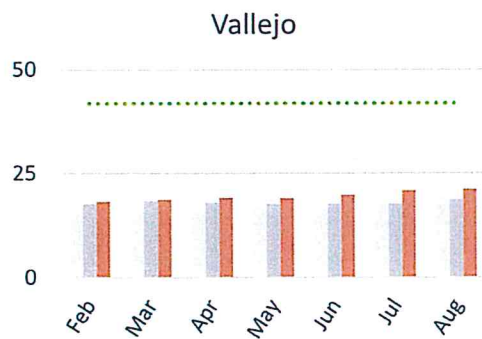
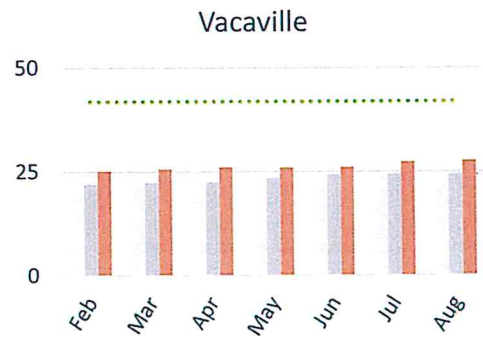
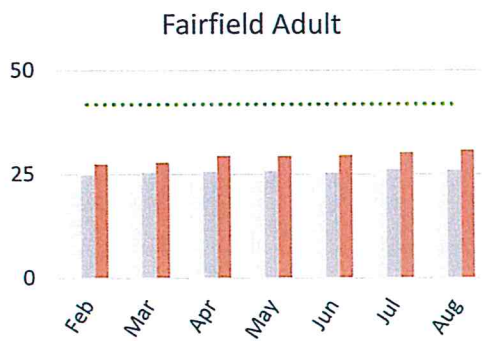
# QIP Breast Cancer Screening



Site	Current Score	Number of Patients Needed to Meet Target	Target Score
Fairfield Adult	43.69%	+136	63.98%
Vacaville	40.08%	+58	
Vallejo	36.60%	+149	

2019 2020 2021 Target

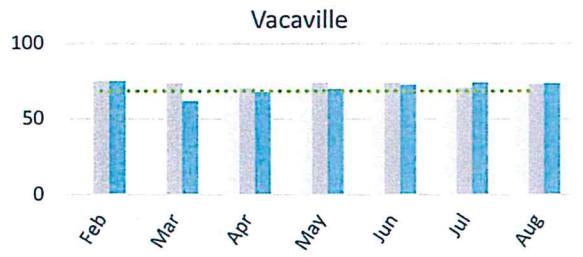
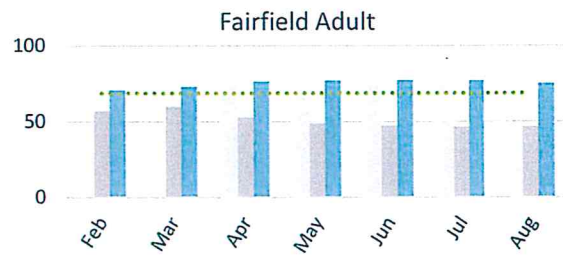
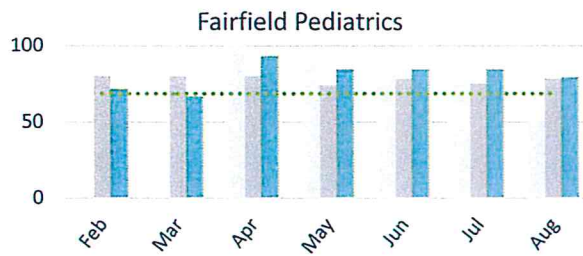
# QIP Colorectal Cancer Screening



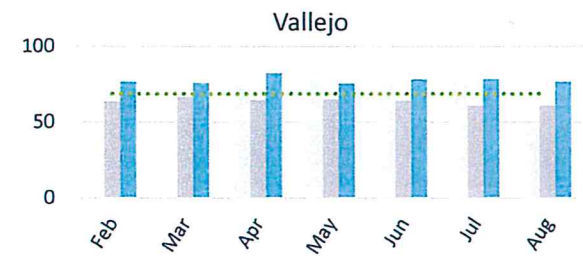
Site	Current Score	Number of Patients Needed to Meet Target	Target Score
Fairfield Adult	30.86%	+206	41.84%
Vacaville	27.68%	+105	
Vallejo	21.27%	+324	

2019 2020 2021 Target

# QIP Asthma Medication Ratio

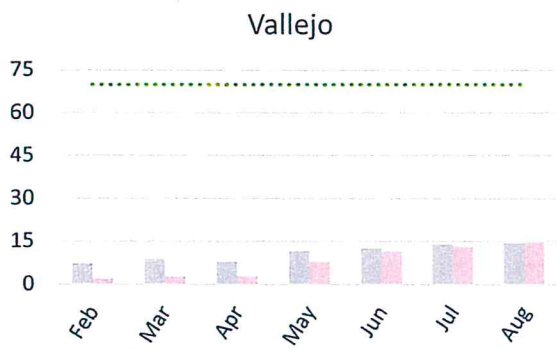
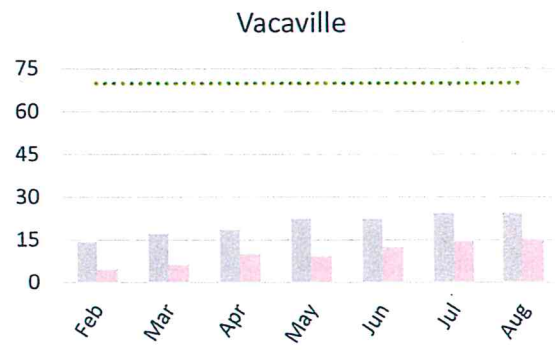
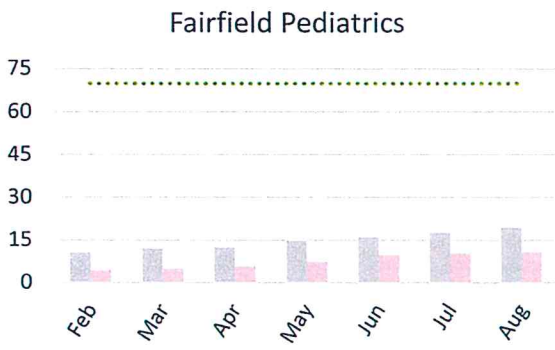


Site	Current Score	Number of Patients Needed to Meet Target	Target Score
Fairfield Pediatrics	78.95%	Target Met	68.52%
Fairfield Adult	75.00%	Target Met	
Vacaville	73.68%	Target Met	
Vallejo	76.47%	Target Met	



2019 2020 2021 Target

# QIP Well Child First 15 Months



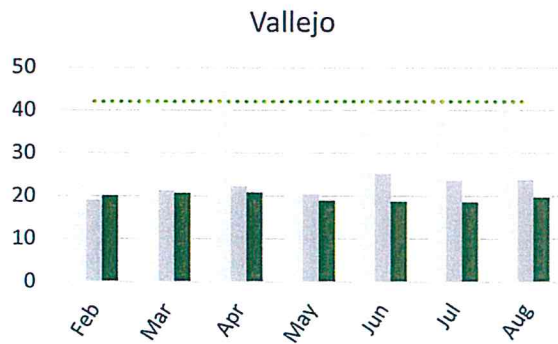
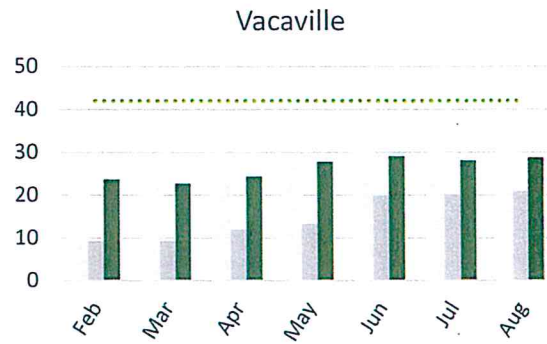
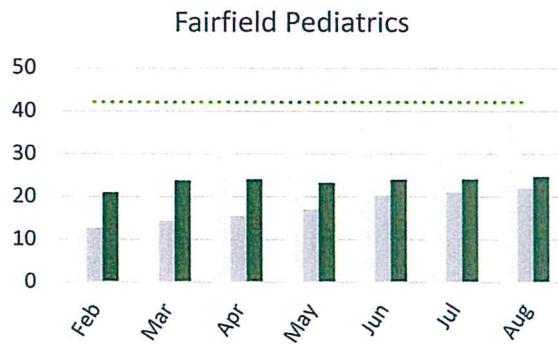
Site	Current Score	Number of Patients Needed to Meet Target	Target Score
Fairfield Pediatrics	10.81%	+88	69.83%
Vacaville	15.22%	+26	
Vallejo	14.73%	+72	

■ 2020   ■ 2021   ..... Target

Note: New measure in 2020



# QIP Childhood Immunizations

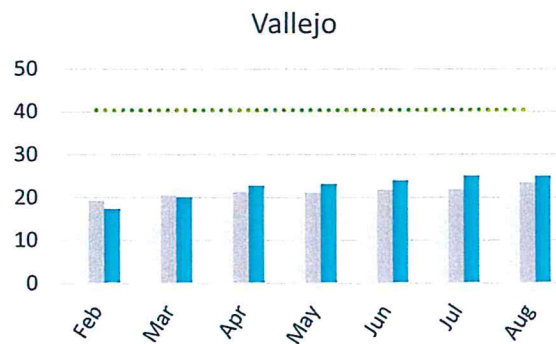
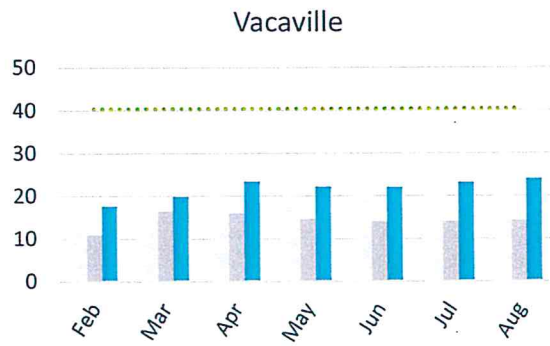
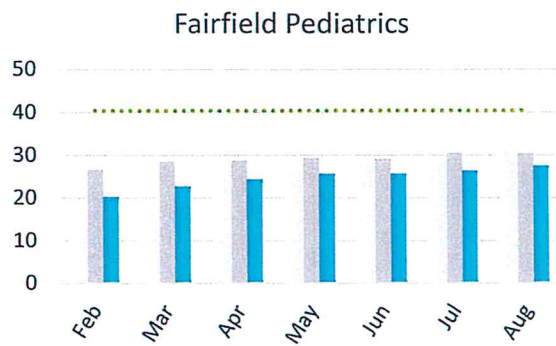


Site	Current Score	Number of Patients Needed to Meet Target	Target Score
Fairfield Pediatrics	24.62%	+46	42.02%
Vacaville	28.71%	+14	
Vallejo	19.65%	+39	

2019 2020 2021 Target

Note: Three additional immunizations added to this measure in 2020

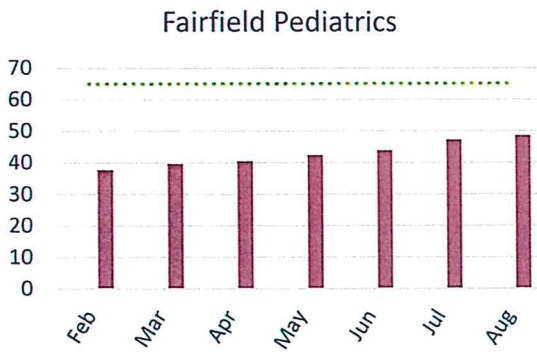
# QIP Adolescent Immunizations



Site	Current Score	Number of Patients Needed to Meet Target	Target Score
Fairfield Pediatrics	27.47%	+36	40.39%
Vacaville	23.91%	+16	
Vallejo	26.29%	+33	

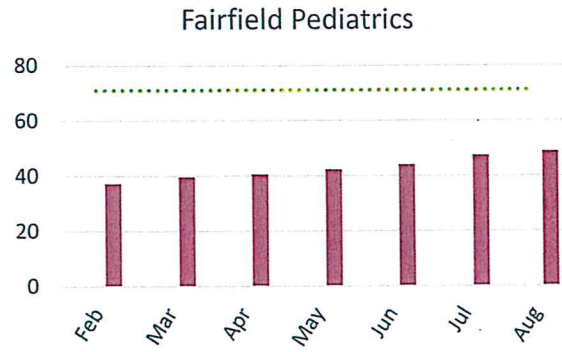
2019 2020 2021 Target

## QIP Counseling for Nutrition for Children/Adolescents



Site	Current Score	Number of Patients Needed to Meet Target	Target Score
Fairfield Pediatrics	48.43%	+315	64.96%

## QIP Counseling for Physical Activity for Children/Adolescents

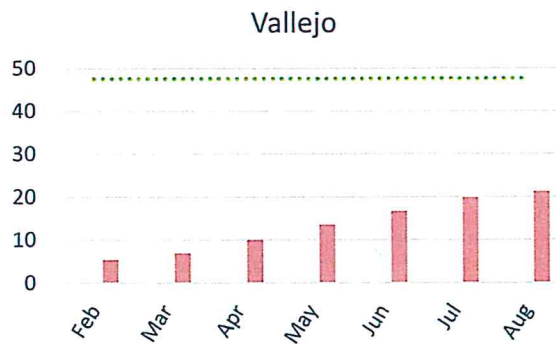
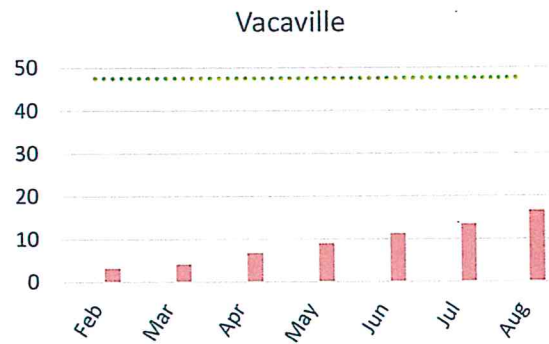
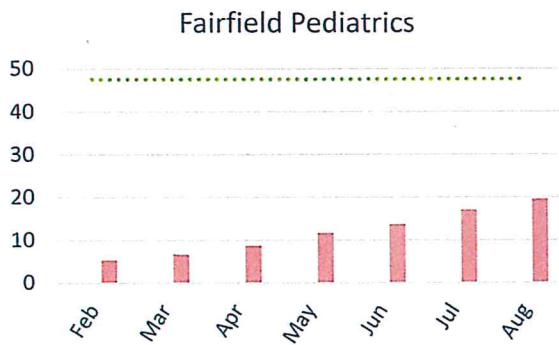


Site	Current Score	Number of Patients Needed to Meet Target	Target Score
Fairfield Pediatrics	48.71%	+228	70.92%

■ 2021      ..... Target

Note: New measure in 2021

# QIP Child and Adolescent Well Care Visits



Site	Current Score	Number of Patients Needed to Meet Target	Target Score
Fairfield Pediatrics	19.62%	+1142	47.54%
Vacaville	16.62%	+401	
Vallejo	22.91%	+754	

■ 2021     
 ⋯ Target

Note: New measure in 2021

COUNTY OF SOLANO						
EXPENDITURE AND REVENUE REPORT						
DEPT: 7580 FAMILY HEALTH SERVICES						
AUGUST 31, 2021						
		A	B	C	D	E
Category Subobject	Description		FY 2021/22 Approved Budget *	Actuals for Month of August	YTD Actuals	% of Actual Spending Against WB (Col D divided by Col B)
<b>EXPENDITURES</b>						
	<b>1000</b>	<b>SALARIES AND EMPLOYEE BENEFITS</b>				
1	0001110	SALARY/WAGES REGULAR	13,950,071	730,704	1,398,522	10.03%
2	0001121	SALARY/WAGES-EXTRA HELP	328,988	8,476	16,404	4.99%
3	0001131	SALARY/WAGES OT/CALL-BACK	46,250	10,205	12,392	26.79%
4	0001142	SALARY/WAGES STANDBY PAY	63,500	3,257	6,417	10.11%
5	0001210	RETIREMENT-EMPLOYER	3,903,522	182,262	351,292	9.00%
6	0001211	PARS RETIREMENT-ER	12,207	-	20,363	166.81%
7	0001212	DEFERRED COMP-COUNTY MATCH	10,530	745	1,398	13.28%
8	0001213	OPEB COSTS	277,288	14,602	27,373	9.87%
9	0001220	FICA-EMPLOYER	988,121	52,371	102,545	10.38%
10	0001230	HEALTH INS-EMPLOYER	2,382,030	133,610	181,744	7.63%
11	0001231	VISION CARE INSURANCE	25,295	1,430	1,944	7.69%
12	0001240	COMPENSATION INSURANCE	395,921	-	-	0.00%
13	0001241	LT DISABILITY INSURANCE ER	8,656	278	278	3.21%
14	0001250	UNEMPLOYMENT INSURANCE	45,845	-	-	0.00%
15	0001260	DENTAL INS-EMPLOYER	159,726	8,771	11,869	7.43%
16	0001270	ACCRUED LEAVE CTO PAYOFF	80,114	-	7,082	8.84%
17	0001290	LIFE INSURANCE-EMPLOYER	19,042	1,044	1,420	7.46%
18	0001999	SALARY SAVINGS	(2,411,991)	-	-	0.00%
19	<b>1000</b>	<b>SALARIES AND EMPLOYEE BENEFITS</b>	<b>20,285,115</b>	<b>1,147,754</b>	<b>2,141,042</b>	<b>10.55%</b>
20						
21	<b>2000</b>	<b>SERVICES AND SUPPLIES</b>				
22	0002021	COMMUNICATION-TELEPHONE SYSTEM	116,529	-	-	0.00%
23	0002022	COMMUNICATION-TELEPHONE AMC	19,168	-	-	0.00%
24	0002025	CELLULAR COMMUNICATION SERVICE	15,660	1,074	1,074	6.86%
25	0002026	CELL PHONE ALLOWANCE	480	40	54	11.25%
26	0002028	TELEPHONE SERVICES	17,000	1,736	1,736	10.21%
27	0002035	HOUSEHOLD EXPENSE	24,633	2,126	2,761	11.21%
28	0002050	INSURANCE-RISK MANAGEMENT	1,544	-	-	0.00%
29	0002051	LIABILITY INSURANCE	254,842	-	-	0.00%
30	0002057	MALPRACTICE INSURANCE	357,058	-	-	0.00%
31	0002103	INTERPRETERS	6,462	-	236	3.65%
32	0002120	MAINTENANCE EQUIPMENT	37,741	6,244	6,244	16.55%
33	0002122	FUEL & LUBRICANTS	1,643	39	39	2.39%
34	0002140	MAINTENANCE-BLDGS & IMPROVE	22,375	170	170	0.76%
35	0002151	DRUGS & PHARMACEUTICAL SUPP	433,180	31,946	31,946	7.37%
36	0002153	MEDICAL/DENTAL SUPPLIES	411,530	35,336	35,336	8.59%
37	0002170	MEMBERSHIPS	14,260	-	-	0.00%
38	0002171	PROFESSIONAL LICENSES & CERT	13,303	1,192	1,192	8.96%
39	0002176	FEES AND PERMITS	10,965	170	170	1.55%
40	0002180	BOOKS & SUBSCRIPTIONS	10,000	-	-	0.00%
41	0002200	OFFICE EXPENSE	59,930	1,985	1,985	3.31%
42	0002201	EQUIPMENT UNDER \$1,500	16,024	804	804	5.02%
43	0002202	CONT ASSETS COMPUTER RELATED	130,700	-	-	0.00%
44	0002203	COMPUTER COMPONENTS <\$1,500	8,500	-	-	0.00%
45	0002204	COMPUTER RELATED ITEMS:<\$500	3,500	-	-	0.00%
46	0002205	POSTAGE	55	-	-	0.00%
47	0002206	CONT ASSET-NON COMP RELATED	18,000	-	-	0.00%
48	0002207	ERGONOMIC UNDER \$1500	25,206	-	-	0.00%
49	0002215	MANAGED PRINT COST PER COPY	14,387	4	4	0.03%
50	0002216	MAINTENANCE/SERVICE CONTRACTS	15,500	-	-	0.00%
51	0002221	RECORDS STORAGE	4,558	227	227	4.99%
52	0002226	MEDICAL/DENTAL SERVICE	233,350	19,897	19,897	8.53%
53	0002245	CONTRACTED SERVICES	279,000	10,112	10,112	3.62%

		A	B	C	D	E
	Category Subobject	Description	FY 2021/22 Approved Budget *	Actuals for Month of August	YTD Actuals	% of Actual Spending Against WB (Col D divided by Col B)
54	0002250	OTHER PROFESSIONAL SERVICES	219,682	3,283	3,283	1.49%
55	0002255	CREDIT CARD PROCESSING FEES	2,450	-	-	0.00%
56	0002260	DATA PROCESSING SERVICES	2,450	-	-	0.00%
57	0002261	SOFTWARE MAINTENANCE & SUPPORT	480,177	60,318	60,318	12.56%
58	0002263	H&SS DOIT TIME STUDY COSTS	600,081	-	-	0.00%
59	0002264	HSS CDP COSTS	336,326	-	-	0.00%
60	0002266	CENTRAL DATA PROCESSING SVCE	822,832	-	-	0.00%
61	0002270	SOFTWARE	5,000	-	-	0.00%
62	0002271	SOFTWARE RENTAL / SUBSCRIPTION	29,971	5,425	5,425	18.10%
63	0002280	PUBLICATIONS AND LEGAL NOTICES	935	309	384	41.07%
64	0002281	ADVERTISING/MARKETING	7,500	-	-	0.00%
65	0002285	RENTS & LEASES - EQUIPMENT	28,600	934	1,302	4.55%
66	0002295	RENTS & LEASES-BUILDINGS/IMPR	6,000	-	200	3.33%
67	0002310	EDUCATION & TRAINING	20,725	-	-	0.00%
68	0002312	SPECIAL DEPARTMENTAL EXPENSE	73,964	-	-	0.00%
69	0002335	TRAVEL EXPENSE	7,789	-	-	0.00%
70	0002336	TRAVEL OUT-OF-STATE	4,288	-	-	0.00%
71	0002337	MEALS/REFRESHMENTS	3,000	-	-	0.00%
72	0002338	EMPLOYEE RECOGNITION	1,000	-	-	0.00%
73	0002345	MOVING/FREIGHT/TOWING	500	-	-	0.00%
74	0002350	COUNTY GARAGE SERVICE	19,027	1,692	1,692	8.89%
75	0002355	PERSONAL MILEAGE	24,700	337	337	1.36%
76	0002360	UTILITIES	174,587	15,380	15,380	8.81%
77	0002361	WATER	38,470	3,067	5,121	13.31%
78	2000	<b>SERVICES AND SUPPLIES</b>	<b>5,487,137</b>	<b>203,848</b>	<b>207,429</b>	<b>3.78%</b>
79						
80	3000	<b>OTHER CHARGES</b>				
81	0003121	INDIGENT CARE	10,250	2,475	2,475	24.15%
82	0003153	CONTRACTED DIRECT SERVICES	1,091,000	-	-	0.00%
83	0003158	FOOD FOR INDIGENT CLIENS	150	-	-	0.00%
84	0003160	TRANSPORTATION FOR CLIENTS	28,600	-	-	0.00%
85	0003690	INTERFUND SERVICES USED-COUNTY	6,595	-	-	0.00%
86	0003694	INTERFUND SVCES-PROFESSIONAL	625,383	7,238	14,579	2.33%
87	0003695	INTERFUND SVCES-MNT MATERIALS	10,303	-	-	0.00%
88	0003696	INTERFUND SVCES-SMALL PROJECTS	14,482	-	-	0.00%
89	0003697	INTERFUND SVCES-POSTAGE	26,131	3,144	3,144	12.03%
90	0003698	INTERFUND SVCES-MNT LABOR	7,401	85	85	1.15%
91	0003701	CONTRIB - NON COUNTY AGENCIES	5,000	-	-	0.00%
92	0003710	COUNTYWIDE ADMIN OVERHEAD	1,224,760	-	-	0.00%
93	0003712	CAC BUILDING CHARGES	213	-	-	0.00%
94	3000	<b>OTHER CHARGES</b>	<b>3,050,268</b>	<b>12,942</b>	<b>20,283</b>	<b>0.66%</b>
95						
96	4000	<b>FIXED ASSETS</b>				
97	0004303	EQUIPMENT	28,108	-	-	0.00%
98	0004304	COMPUTER EQUIPMENT	-	-	-	-
99	4000	<b>FIXED ASSETS</b>	<b>28,108</b>	<b>-</b>	<b>-</b>	<b>0.00%</b>
100						
101	5000	<b>OTHER FINANCING USES</b>				
102	0005040	TRANS OUT-POBs	216,437	11,531	21,628	9.99%
103	5000	<b>OTHER FINANCING USES</b>	<b>216,437</b>	<b>11,531</b>	<b>21,628</b>	<b>9.99%</b>
104						
105	7000	<b>INTRA FUND TRANSFERS</b>				
106	0007010	INTRA-FUND TRANSFER	2,684,026	-	-	0.00%
107	0007023	INTRAFUND SVCES-PERSONNEL	(198,077)	(237)	(237)	0.12%
108	0007024	INTRAFUND SVCES-PROFESSIONAL	-	-	-	-
109	7000	<b>INTRA FUND TRANSFERS</b>	<b>2,485,949</b>	<b>(237)</b>	<b>(237)</b>	<b>-0.01%</b>
110						
111		<b>TOTAL EXPENDITURES</b>	<b>31,553,014</b>	<b>1,375,840</b>	<b>2,390,145</b>	<b>7.58%</b>
112						

		A	B	C	D	E
	Category Subsubject	Description	FY 2021/22 Approved Budget *	Actuals for Month of August	YTD Actuals	% of Actual Spending Against WB (Col D divided by Col B)
113		<b>REVENUES</b>				
114						
115	<b>9500</b>	<b>INTERGOVERNMENTAL REVENUES</b>				
116	0009567	COVID-19 FEDERAL DIRECT	2,568,438	-	-	0.00%
117	0009572	FEDERAL AID	1,994,402	-	-	0.00%
118	0009596	PRIOR YEAR REV-FEDERAL	-	1,055	1,055	-
119	<b>9500</b>	<b>INTERGOVERNMENTAL REVENUES</b>	<b>4,562,840</b>	<b>1,055</b>	<b>1,055</b>	<b>0.00%</b>
120						
121	<b>9600</b>	<b>CHARGES FOR SERVICES</b>				
122	0009603	PHOTO/MICROFICHE COPIES	4,234	738	822	19.42%
123	0009643	PRIVATE PAY PATIENT	179,630	16,872	28,767	16.01%
124	0009657	INSURANCE PAYMENTS	25,832	1,283	3,155	12.21%
125	0009661	MEDI-CAL SERVICES	17,973,234	1,212,529	1,624,195	9.04%
126	0009662	MEDICARE SERVICES	164,919	56,729	88,938	53.93%
127	0009670	MANAGED CARE SERVICES	4,419,729	398,701	798,066	18.06%
128	<b>9600</b>	<b>CHARGES FOR SERVICES</b>	<b>22,767,578</b>	<b>1,686,853</b>	<b>2,543,944</b>	<b>11.17%</b>
129						
130	<b>9700</b>	<b>MISC REVENUES</b>				
131	0009703	OTHER REVENUE	1,178,480	6,114	6,228	0.53%
132	<b>9700</b>	<b>MISC REVENUES</b>	<b>1,178,480</b>	<b>6,114</b>	<b>6,228</b>	<b>0.53%</b>
133						
134		<b>TOTAL REVENUE</b>	<b>28,508,898</b>	<b>1,694,022</b>	<b>2,551,226</b>	<b>11.70%</b>
135						
136						
137		<b>TOTAL EXPENDITURES VS TOTAL REVENUES</b>				
138						
139			<b>FY 2021/22 Approved Budget *</b>	<b>August 2021 Actuals</b>	<b>8/31/21 YTD Actuals</b>	
140		<b>TOTAL EXPENDITURES</b>	31,553,014	1,375,840	2,390,145	
141		<b>TOTAL REVENUE</b>	28,508,898	1,694,022	2,551,226	
142						
143		<b>DEFICIT/(SURPLUS)</b>	3,044,116	(318,182)	(161,081)	
144						
145						
146						
147		<b>USE OF 1991 REALIGNMENT (DEFICIT)</b>				
148						
149	0009519	STATE VLF 1991 REALIGNMNT - PH	3,044,116		(161,081)	
		<i>*Recommended budget and supplemental adjustments approved by the BOS on 6/24/21</i>				

▲ Provider Relief Fund (PRF) Reporting Portal is only compatible with the most current stable version of Edge, Chrome and Mozilla Firefox.



Health and Human Services

# HRSA

## Health Resources & Services Administration

[Resources & FAQs\(.Js/Resources-FAQs\)](#)

### Reporting



### Review & Submit

Warning: Please scroll to the bottom of this page and certify that all data entered is accurate before submitting your report.

Your previous answers have been pre-populated below. Click on a section header to collapse/expand it.

▼ Entity Overview

#### Entity Overview

Tax ID Number (TIN) ⓘ

946000538

Business Name (as it appears on W9)

County of Solano



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Reporting Flow

Doing-Business As (DBA) Name 

Provider Type 

[Other](#)

Provider Sub-Type

**Address**

[675 Texas Street, Suite 2800](#)  
[Fairfield, California 94533](#)  
[United States](#)  
<https://www.google.com/maps?q=675%20Texas%20Street%20Suite%202800%0AFairfield%20California%2094533%0AUnited%20States>

**Contact Information**

Full Name

[Esther Alberg](#)

Title

[Sr. Staff Analyst](#)

Business Phone

[\(707\) 784-8432 \(tel:7077848432\)](#)

Email

[ejalberg@solanocounty.com \(mailto:ejalberg@solanocounty.com\)](mailto:ejalberg@solanocounty.com)

∨ **Subsidiary Questionnaire**

Does the reporting entity have any subsidiaries that are "eligible health care providers"?

[No](#)

Did the reporting entity acquire or divest subsidiaries that are "eligible health care providers" and that received PRF payments during the period of availability of funds?

[No](#)

If the reporting entity is a subsidiary, will a parent entity report on any of the reporting entity's General Distribution payment(s)?

[No](#)

Were any Targeted Distribution payment(s) transferred to/by a parent entity?

[No](#)

∨ **Subsidiary Data**

**Acquired/Divested Subsidiaries**

TIN OF ACQUIRED / DIVESTED SUBSIDIARY	ACQUIRED OR DIVESTED	EFFECTIVE DATE OF THE ACQUISITION/DIVESTITURE	TIN OF ACQUIRING/DIVESTING ENTITY	TOTAL PRF DOLLAR AMOUNT RECEIVED FOR TIN	PERCENTAGE OF OWNER
---------------------------------------	----------------------	---	-----------------------------------	--	---------------------

Subsidiary Information

TIN OF SUBSIDIARY	PARENT REPORTING ON GENERAL DISTRIBUTION	ERROR MESSAGE
-------------------	--	---------------

Payments to Recipient

Total Skilled Nursing Facility and Nursing Home Infection Control Payments: April 10, 2020 - June 30, 2020  
(Includes Quality Incentive Program payments.)

TIN OF RECIPIENT	*DISTRIBUTION	AMOUNT DEPOSITED	AMOUNT RETURNED	**AMOUNT RETAINED	***ATTESTATION DATE
Sub Totals					

Total Other Provider Relief Funds Payments: April 10, 2020 - June 30, 2020

TIN OF RECIPIENT	*DISTRIBUTION	AMOUNT DEPOSITED	AMOUNT RETURNED	**AMOUNT RETAINED	***ATTESTATION DATE
946000538	General Distribution	\$106,344.45	\$0.00	\$106,344.45	Apr 30, 2020
946000538	General Distribution	\$325,723.98	\$0.00	\$325,723.98	Apr 30, 2020
Sub Totals		\$432,068.43	\$0.00	\$432,068.43	

Total Rejected Payments (Attestation Rejected) : For Payments Received from April 10, 2020 - June 30, 2020  
(For payments where attestation was rejected, recipients must return payment within 15 days of the rejection.)

TIN OF RECIPIENT	*DISTRIBUTION	AMOUNT DEPOSITED	AMOUNT RETURNED	**AMOUNT RETAINED	***ATTESTATION DATE
Sub Totals					

\*Do you certify that the above information is accurate to the best of your knowledge?

Yes

Interest Earned on PRF Payments, Tax Information and Single Audit Information

Amount of interest earned on Skilled Nursing Facility and Nursing Home Infection Control payments from payment date until expense date, if applicable ⓘ  
\$0.00

Amount of interest earned on Other PRF payments from payment date until expense date, if applicable ⓘ  
\$0.00

Tax Information

Federal Tax Classification ⓘ  
Other

If 'Other', please specify  
Local government

Exempt Payee Code ⓘ  
3 - A state, the District of Columbia, a U.S commonwealth or possession, or any of their political subdivisions, agencies, or instrumentalities

Exempt from Foreign Account Tax Compliance Act (FATCA) Reporting Code ⓘ

C - A state, the District of Columbia, a U.S commonwealth or possession, or any of their political subdivisions, agencies, or instrumentalities

Fiscal Year End Date **1**  
June 30

Single Audit Information

Fiscal Year	Subjected to Audit (45 CFR 75 Subpart F)	Were PRF payments included in this audit?
2019	<input type="checkbox"/>	<input type="checkbox"/>
2020	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2021	<input type="checkbox"/>	<input type="checkbox"/>

✓ Payments Summary

Total Nursing Home Infection Control Payments:	\$0.00
Total Other PRF Payments:	\$432,068.43
Total Interest Earned on Nursing Home Infection Control Payments:	\$0.00
Total Interest Earned on Other PRF Payments:	\$0.00
Gross PRF Payments (including Interest Earned):	\$432,068.43
Total PRF Returned Payments:	\$0.00
Total Reportable Nursing Home Infection Control Payments:	\$0.00
Total Reportable Other PRF Payments:	\$432,068.43
Total Reportable PRF Payments:	\$432,068.43

✓ Other Assistance Received

Other Assistance	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Total
RHC COVID-19 Testing Funds Received							\$0.00
Treasury, Small Business Administration (SBA) (e.g., CARES Act/Paycheck Protection Program)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FEMA Programs (CARES Act, Public Assistance, etc.)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
HHS CARES Act Testing	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Local, State, and Tribal Government Assistance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Business Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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Reporting Flow

Other Assistance	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Total
Other Assistance	\$1,039,563.65	\$2,124,329.73	\$0.00	\$1,621,862.78	\$1,206,681.06	\$1,298,599.00	\$7,291,036.22
<b>Total</b>	<b>\$1,039,563.65</b>	<b>\$2,124,329.73</b>	<b>\$0.00</b>	<b>\$1,621,862.78</b>	<b>\$1,206,681.06</b>	<b>\$1,298,599.00</b>	<b>\$7,291,036.22</b>

Other Provider Relief Fund Payments

Other PRF Expenses	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Total
General and Administrative (G&A) Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Healthcare Related Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total Other PRF Expenses</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

Unreimbursed Expenses Attributable to Coronavirus

Unreimbursed Expenses	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Total
General and Administrative (G&A) Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Healthcare Related Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total Unreimbursed Expenses Attributable to Coronavirus</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

Lost Revenues

Lost Revenues Reporting Method: 2019 Actual Revenue

Total Revenue/Net Charges from Patient Care (2019 Actuals)

	Q1 (2019)	Q2 (2019)	Q3 (2019)	Q4 (2019)	Total (2019)
Medicare A+B	\$359,836.57	\$419,122.12	\$252,832.79	\$303,168.48	\$1,334,959.96
Medicare C	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Medicaid/Children's Health Insurance Program (CHIP)	\$4,442,289.16	\$5,868,525.15	\$3,491,277.40	\$4,093,486.40	\$17,895,578.11
Commercial Insurance	\$2,655.58	\$4,099.89	\$4,941.79	\$3,604.06	\$15,301.32
Self-Pay (No Insurance)	\$57,756.43	\$69,052.92	\$43,281.35	\$59,770.76	\$229,861.46
Other	\$0.00	\$0.00	\$0.00	\$2,551.12	\$2,551.12
<b>Total Revenue/Net Charges from Patient Care</b>	<b>\$4,862,537.74</b>	<b>\$6,360,800.08</b>	<b>\$3,792,333.33</b>	<b>\$4,462,580.82</b>	<b>\$19,478,251.97</b>

Total Revenue/Net Charges from Patient Care (2020 Actuals)

	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Total (2020)
Medicare A+B	\$356,601.80	\$165,323.66	\$166,321.76	\$213,816.74	\$902,063.96
Medicare C	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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Reporting Flow

	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Total (2020)
Medicaid/Children's Health Insurance Program (CHIP)	\$4,165,278.64	\$3,888,240.81	\$2,978,088.54	\$4,470,788.66	\$15,502,396.65
Commercial Insurance	\$3,878.33	\$3,677.63	\$5,230.60	\$5,736.56	\$18,523.12
Self-Pay (No Insurance)	\$57,688.70	\$51,284.76	\$35,140.99	\$48,865.08	\$192,979.53
Other	\$529.31	\$0.00	\$0.00	\$326.29	\$855.60
<b>Total Revenue/Net Charges from Patient Care</b>	<b>\$4,583,976.78</b>	<b>\$4,108,526.86</b>	<b>\$3,184,781.89</b>	<b>\$4,739,533.33</b>	<b>\$16,616,818.86</b>

**Total Revenue/Net Charges from Patient Care (2021 Actuals)**

	Q1 (2021)	Q2 (2021)	Total (2021)
Medicare A+B	\$278,364.87	\$266,137.98	\$544,502.85
Medicare C	\$0.00	\$0.00	\$0.00
Medicaid/Children's Health Insurance Program (CHIP)	\$3,597,926.18	\$2,940,417.73	\$6,538,343.91
Commercial Insurance	\$9,210.68	\$15,236.67	\$24,447.35
Self-Pay (No Insurance)	\$49,025.23	\$52,331.62	\$101,356.85
Other	\$290.08	\$0.00	\$290.08
<b>Total Revenue/Net Charges from Patient Care</b>	<b>\$3,934,817.04</b>	<b>\$3,274,124.00</b>	<b>\$7,208,941.04</b>

✓ PRF Financial Summary

**PRF Summary**

Gross PRF Payments (Including Interest Earned): **\$432,068.43**

Total PRF Returned Payments: **\$0.00**

Total Reportable PRF Payments: **\$432,068.43**

Total Reportable Nursing Home Infection Control Payments: **\$0.00**

Total Reportable Other PRF Payments: **\$432,068.43**

**Lost Revenues**

YoY Change in Patient Care Revenues 2020: **-\$3,138,385.62**

YoY Change in Patient Care Revenues 2021: **-\$4,014,396.78**

**PRF Reconciliation**

Amount Eligible for Lost Revenues Reimbursement: **\$7,152,782.40**

Other PRF Remaining for Possible Lost Revenues Reimbursement: **\$432,068.43**

Unused Nursing Home Infection Control Payments: \$0.00

Unused Other PRF After Lost Revenues Reimbursement: \$0.00

Personnel, Patient, and Facility Metrics

Personnel Metrics

Full Time	Q1 (2019)	Q2 (2019)	Q3 (2019)	Q4 (2019)	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Total
Clinical	47	40	42	40	38	40	35	33	30	29	374
Non-clinical	110	106	113	103	111	107	97	95	90	88	1,020
<b>Total Number of Full Time Personnel</b>	<b>157</b>	<b>146</b>	<b>155</b>	<b>143</b>	<b>149</b>	<b>147</b>	<b>132</b>	<b>128</b>	<b>120</b>	<b>117</b>	<b>1,394</b>

Part Time	Q1 (2019)	Q2 (2019)	Q3 (2019)	Q4 (2019)	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Total
Clinical	13	9	10	9	10	10	9	9	9	8	96
Non-clinical	2	3	4	3	2	1	1	1	1	1	19
<b>Total Number of Part Time Personnel</b>	<b>15</b>	<b>12</b>	<b>14</b>	<b>12</b>	<b>12</b>	<b>11</b>	<b>10</b>	<b>10</b>	<b>10</b>	<b>9</b>	<b>115</b>

Contractor	Q1 (2019)	Q2 (2019)	Q3 (2019)	Q4 (2019)	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Total
Clinical	18	17	17	17	14	11	11	10	10	9	134
Non-clinical	0	0	0	0	0	0	0	0	0	0	0
<b>Total Number of Contractors</b>	<b>18</b>	<b>17</b>	<b>17</b>	<b>17</b>	<b>14</b>	<b>11</b>	<b>11</b>	<b>10</b>	<b>10</b>	<b>9</b>	<b>134</b>

Furloughed	Q1 (2019)	Q2 (2019)	Q3 (2019)	Q4 (2019)	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Total
Clinical	0	0	0	0	0	0	0	0	0	0	0
Non-clinical	0	0	0	0	0	0	0	0	0	0	0
<b>Total Number of Furloughed Personnel</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Separated	Q1 (2019)	Q2 (2019)	Q3 (2019)	Q4 (2019)	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Total
Clinical	0	1	0	0	2	0	2	0	0	1	6
Non-clinical	2	0	0	0	6	1	8	0	0	2	19
<b>Total Number of Separated Personnel</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>1</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>25</b>

Hired	Q1 (2019)	Q2 (2019)	Q3 (2019)	Q4 (2019)	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Total
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Reporting Flow

Hired	Q1 (2019)	Q2 (2019)	Q3 (2019)	Q4 (2019)	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Total
Clinical	0	1	0	1	0	0	0	0	0	0	2
Non-clinical	0	0	1	0	0	0	0	0	0	0	1
<b>Total Number of Hired Personnel</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>

Patient Metrics

Patient Visits	Q1 (2019)	Q2 (2019)	Q3 (2019)	Q4 (2019)	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2020)	Q1 (2021)	Q2 (2021)	Total
Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0
Outpatient Visits (In-person and Virtual)	19,517	19,046	18,573	17,113	16,071	12,412	16,960	15,966	17,505	16,983	170,146
Emergency Department Visits	0	0	0	0	0	0	0	0	0	0	0
Number of Facility Stays (for Long- and Short-term Residential Facilities)	0	0	0	0	0	0	0	0	0	0	0
<b>Number of Total Patient Visits</b>	<b>19,517</b>	<b>19,046</b>	<b>18,573</b>	<b>17,113</b>	<b>16,071</b>	<b>12,412</b>	<b>16,960</b>	<b>15,966</b>	<b>17,505</b>	<b>16,983</b>	<b>170,146</b>

✓ Survey

Financial Effects of PRF Payment(s):

The PRF payment(s) had a significant impact on overall operations (e.g., general and administrative expenses, healthcare related expenses).

[Agree](#)

PRF payment(s) significantly affected the ability to (select all that apply):

[Other operational expenses](#)

The PRF payment(s) helped maintain solvency and/or prevent bankruptcy.

[Yes](#)

The PRF payment(s) helped retain staff that otherwise would have been furloughed or terminated.

[No](#)

The PRF payment(s) helped re-hire or re-activate staff from furlough.

[No](#)

Clinical Care Effects of PRF Payment(s):

The PRF payment(s) helped to make the changes needed to operate during the pandemic (e.g., by acquiring PPE, creating temporary facilities, providing for virtual visits, etc.).

[Strongly Disagree](#)

The PRF payment(s) helped care for and/or treat patients with COVID-19 (for applicable treatment facilities).

[Yes](#)

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Reporting Flow

(OPTIONAL) Please describe the impact PRF payment(s) had on the business or patient services. Maximum 1000 characters.  
**Solano County Family Health Services lost revenue during the pandemic primarily due to patients decreased appointments including regular care appointment, same day (urgent care appointment) for adult and pediatric medical and dental appointments. This funding was used to offset a portion of this lost revenue.**

\* Do you certify that the above information is accurate to the best of your knowledge?

[Previous](#) [Submit](#)

Contact: Provider Support Line (866) 569-3522; for TTY dial 711. Hours 7 a.m. to 10 p.m. CT, M-F.

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U.S. Department of Health and Human Services (<http://www.hhs.gov>) | USA.gov (<http://www.usa.gov>) | Whitehouse.gov (<http://www.whitehouse.gov>)

**Language Assistance**

- [Deutsch \(https://www.hrsa.gov/about/language-assistance.html#german\)](https://www.hrsa.gov/about/language-assistance.html#german)
- [Tagalog \(https://www.hrsa.gov/about/language-assistance.html#tagalog\)](https://www.hrsa.gov/about/language-assistance.html#tagalog)
- [English \(https://www.hrsa.gov/about/language-assistance.html#english\)](https://www.hrsa.gov/about/language-assistance.html#english)
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- [العربية \(https://www.hrsa.gov/about/language-assistance.html#arabic\)](https://www.hrsa.gov/about/language-assistance.html#arabic)
- [Italiano \(https://www.hrsa.gov/about/language-assistance.html#italian\)](https://www.hrsa.gov/about/language-assistance.html#italian)
- [فارسی \(https://www.hrsa.gov/about/language-assistance.html#farsi\)](https://www.hrsa.gov/about/language-assistance.html#farsi)
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## FHS Credentialing and Privileging

Policy Number: 600.01

Effective Date	8/21/19
Frequency of Review	Annual
Last Reviewed	9/1/2021
Last Updated	9/1/2021
Author	Employee Services Unit
Responsible Department	H&SS Administration

### **PURPOSE:**

Credentialing and privileging are processes of formal recognition and attestation that an independent, licensed practitioner or other licensed or certified practitioner is both qualified and competent.

### **DEFINITIONS:**

***Credentialing:*** The process of assessing and confirming the qualifications for a licensed or certified health care practitioner.

***Privileging:*** The process of authorizing a licensed or certified health care practitioner's specific scope and content of patient care services. This is performed in conjunction with an evaluation of an individual's clinical qualification and/or performance.

***Licensed Independent Practitioner:*** Physician, dentist, nurse practitioner or any other individual permitted by law and the organization to provide care and services without direction or supervision within the scope of the individual's license and consistent with individually granted clinical privileges.

***Other Licensed or Certified Health Care Practitioner:*** An individual who is licensed, registered, or certified but is not permitted by law to provide patient care services without direction or supervision. Examples include, but are not limited to, laboratory technicians, social workers, medical assistants, licensed practical nurses, dental hygienists.

***Other Clinical Staff:*** An individual who is providing clinical services on behalf of a Community Health Center in states, territories or jurisdictions that do not require licensure or certification. Examples include, but are not limited to, health educators and medical assistants.

***Primary Source Verification (PSV):*** Verification by the original source of a specific credential to determine the accuracy of a qualification reported by an individual health care practitioner. PSV methods include direct correspondence, telephone verification, internet verification or reports from credentials verifications organizations (e.g. American Medical Association (AMA) Masterfile or American Osteopathic Association (AOA) Physician Database).



## FHS Credentialing and Privileging

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**Secondary Source Verification (SSV):** Verification of a specific credentials by a source other than the original source; SSV is used to verify credentials when PSV is not required. SSV methods include the original credential, a notarized copy of the credential or a copy of the credential (when made from an original by H&SS).

### BACKGROUND

All Licensed Independent Practitioners (LIP), Other Licensed or Certified health care practitioners, and Other Clinical Staff (OCS) will be credentialed and privileged in accordance with the Bureau of Primary Health Care (BPHC) guidelines and standards.

Credentialing and privileging shall be conducted without regard to race, ethnicity, national origin, color, gender, age, creed, sexual orientation, or religious preference.

### POLICY:

Health and Social Services Medical Services Division shall credential, and privilege all licensed, certified health care practitioners, or other clinical staff employed or contracted in accordance with BPHC guidelines and standards.

**PROCEDURE:** Verification of credentials will occur by obtaining Primary Source or Secondary Source Verification using accepted verification sites, as described below:

A. Licensed Independent Practitioners

1. Credentialing:

- a. Primary Source Verification is obtained for the following:
  - i. Current licensure
  - ii. Relevant education, training and experience\*
- b. Secondary Source Verification is obtained for the following
  - i. Government issued picture identification
  - ii. DEA registration (as applicable)
  - iii. Hospital Admitting privileges (as applicable)
  - iv. Background check
  - v. Completion of a query though NPDB
- c. Life support training (as applicable)\*\*
- d. Health fitness, or the physical ability to perform the requested privileges
- e. Immunization and tuberculin skin test (PPD) status
  - i.

2. Privileging:

- a. Unrestricted and current license with no adverse findings against their license or DEA in the last five years; OR Board certification; OR training and education as verified through CMEs and/or other certifications as applicable; OR peer reviews/other comparable methods.

B. Other Licensed or Certified Practitioner

1. Credentialing

- a. Primary Source Verification is obtained for the following:
  - i. Current licensure;



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- b. Secondary Source Verification is obtained for the following:
  - i. Education and training;
  - ii. Government issued picture identification;
  - iii. Drug Enforcement Administration registration (as applicable);
  - iv. Hospital admitting privileges (as applicable)
  - v. Background check
  - vi. Completion of query through NPDB;
  - vii. Life support training (as applicable).

### 2.Privileging

- a. Health fitness, or the physical ability to perform the requested privileges
- b. Immunization and tuberculin skin test (PPD) status
- c. Supervisory evaluation of clinical competence per job description.

### C. Other Clinical Staff Privileging

#### 1.Privileging:

- a. Signed/dated job duty statement
- b. Supervisory evaluation of clinical competence per job description through one of these methods:
  - i. Core competencies/skills check off or
  - ii. Annual evaluation/review.

Through a Medical Service Agreement with Partnership Health Plan of California, Medical Services clinic patients can be admitted by the Emergency Room physician to the local hospitals (e.g. Kaiser, North Bay Medical Center and Sutter Solano Medical Center). Referral hospitals will ensure that all providers are in good standing.

\*Relevant education, training or experience will be assessed through either: Board Certification (as applicable), Curriculum Vitae or Resume (as applicable), or other relevant education or training.

\*\* At least two health care practitioners shall be trained and certified in Advanced Cardiac Life Support (ACLS) at each Medical Services clinic site and at least one health care practitioner with ACLS must be present during clinic operation hours. All LIPs and nurses are offered and encouraged to complete life support training through Solano County Occupational Health.

### 1.1 PROCESS/ RESPONSIBILITIES

- 1.1.1 Family Health Services will provide a copy of the contingent job offer letter to the Credentialing Specialist and the division hiring manager.
- 1.1.2 The Employee Services Unit will complete the background check and live scan; including, but not limited to, query of the Office of Inspector General List of Excluded Individuals/Entities, Department of Justice (DOJ), Federal Bureau of Investigation (FBI) criminal index systems, and Child Abuse Central Index (CACI).



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- 1.1.2.1 A copy of the background clearance and live scan results will be kept in the practitioner's background file for the required three (3) years prior to destruction and;
- 1.1.2.2 The Credentialing Specialist will be notified upon the completion and clearance of background checks.
  - 1.1.2.2.1 The Credentialing Specialist will create a physical and electronic practitioner credentialing file to retain all documentation.
- 1.1.3 The Credentialing Specialist will then collect all credentialing documents.
  - 1.1.3.1 Credentialing Specialist will verify practitioner credentials and work with practitioners to help enroll them in PECOS, if necessary (i.e. excludes pediatrics and dental).
  - 1.1.3.2 Credentialing Specialist will also work with practitioners to enroll them with Beacon, if necessary (i.e. LCSWs).
  - 1.1.3.3 Credentialing Specialist will enroll all LIPs to be continuously queried through the National Practitioner Data Bank (NPDB).
  - 1.1.3.4 Credentialing Specialist will update and maintain the credentialing spreadsheet to accurately track all practitioners' credentials.
- 1.1.4 The Credentialing Specialist will query the practitioner exclusion databases, including, but not limited to, Office of the Inspector General (OIG) List of Excluded Individuals/Entities, System for Award Management (SAM), the Medi-Cal Suspended and Ineligible Provider List, National Practitioner Data Bank (NPDB) and BreEZe.
  - 1.1.4.1 Credentialing Specialist will send an e-mail to the hiring manager notifying them of exclusions clearance and a copy of the clearance will be kept in the practitioner's credentialing file (monthly checks will be conducted after Admin Hiring conducts the initial check).
- 1.1.5 Credentialing Specialist will coordinate enrollment in Delta Dental (State Government Programs Participating Practitioner Agreement) and Medi-Cal (Rendering Practitioner Application) enrollments. Dentists must be on the Medi-Cal Ordering Referring and Prescribing (ORP) Report, not Medicare Ordering and Referring Report.



## FHS Credentialing and Privileging

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- 1.1.6 For all health care practitioner classifications, a statement of health fitness shall be signed by the practitioner and co-signed by the Clinic Physician Supervisor (as appropriate).
- 1.1.7 The health care practitioner shall complete an Application for Clinical Privileges Form prior to providing clinical services. Health care practitioners, employed and contracted, shall have the burden of producing all necessary information in a timely manner for an adequate evaluation of their qualifications and suitability for clinical privileges. The applicant's failure to sustain this burden shall be grounds for denial or termination of privileges.
- 1.1.8 The supervising practitioner completes proctoring of twenty patient encounters for LIPs and Licensed Clinical Social Workers for evaluation of competency. Peer chart audits are completed annually thereafter. All other licensed, registered and certified practitioners will have clinical competencies evaluated during orientation and annually thereafter. The evaluation data shall be provided to the Credentialing Specialist for placement into practitioner's credentialing file.

### 1.2 APPROVAL

- 1.2.1 The Community Healthcare Board (CHB) authorizes the Chief Medical Officer (CMO), in combination with the appropriate supervising practitioner, to approve credentialing and privileging to health care practitioners who meet the standards for verification. The supervising practitioner and CMO will assess the credentials of each health care practitioner as outlined in the Credentialing Verification Instruction Worksheet. Health care practitioners may appeal decisions made by the Credentialing Committee.

### 2.0 RE-CREDENTIALING & RE-PRIVILEGING

- 2.1 The Re-credentialing Committee meets as needed and is comprised of the CMO, a Clinic Physician Supervisor, a Psychiatrist Supervisor, a supervising Dentist, the Clinic Operations Officer (COO), a clinic Manager and the Credentialing Specialist. The Credentialing Specialist shall review credentials and privileges of current LIPs and Other Licensed or Certified Practitioners at minimum every two years and report to the Committee as needed. Records of re-credentialing/re-privileging will be kept in the practitioner's credentialing file.
  - 2.1.1 Primary source verification of current licensure for the recredentialing of LIPs and OLCs shall be completed by the Credentialing Specialist on an on-going basis, and at a minimum of every two years.



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- 2.1.2 Secondary source verification of the following for LIPs and OLCs shall be completed by the Credentialing Specialist:
  - 2.1.2.1 Drug Enforcement Administration registration (as applicable);\*
  - 2.1.2.2 Hospital admitting privileges (as applicable);
  - 2.1.2.3 Completion of a query through NPDB;\*
  - 2.1.2.4 Life support training (as applicable)
- 2.1.3 Re-privileging for LIPs and OLCs shall include:
  - 2.1.3.1 Performance evaluation shall be completed at least annually by the supervising practitioner. Performance evaluation shall include peer chart audit results and any relevant performance improvement information.
  - 2.1.3.2 Assessment of health fitness, or the physical ability to perform the requested privileges
  - 2.1.3.3 Immunization and tuberculin skin test (PPD) status
- 2.1.4 Recredentialing by secondary source verification of the following documents for Other Clinical Staff shall be completed by the Credentialing Specialist at a minimum of every two years:
  - 2.1.4.1 Completion of a query through NPDB;\*
  - 2.1.4.2 Life support training (as applicable).
- 2.1.5 Re-privileging for Other Clinical Staff shall include:
  - 2.1.5.1 Supervisory evaluation of clinical competence per job description
  - 2.1.5.2 Health fitness, or the physical ability to perform the requested privileges
  - 2.1.5.3 Immunization and tuberculin skin test (PPD) status

### 3.0 TEMPORARY PRIVILEGING

- 3.1 Temporary privileges may be granted to an LIP by the CMO in two circumstances.
  - 3.1.1 To fulfill a patient care need. This includes providing temporary privileges to a locum tenens LIP who is covering for an employed or contracted LIP, i.e. during a leave of absence. Privileges may also be granted to an LIP who has the necessary skills to provide care to a patient that an LIP currently privileged does not possess. Temporary privileges may be granted provided current licensure and current competence has been verified.
  - 3.1.2 For a new applicant who has completed all credentialing requirements as outlined in the Credentialing Verification Instructions Worksheet but awaiting review and approval by the CMO. Additionally, the applicant



## FHS Credentialing and Privileging

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cannot have a current or previous successful challenge to licensure or registration, been subject to an involuntary termination at another organization or involuntary limitation, reduction, denial, or loss of clinical privileges.

### 4.0 DENYING, MODIFYING, OR REMOVING PRIVILEGES

- 4.1 At any point, privileges may be modified or removed for LIPs, OLCs, and OCSs based on assessments of clinical competence and/or fitness for duty, including unsatisfactory reports from the QI committee, adverse events or a pattern of adverse events, or if the individual is judged to have a medical condition which would normally diminish clinical skills or judgment.
- 4.2 Denial, modification or removal of privileges will be determined by the Chief Medical Officer/Medical Director. Any adverse decision will be communicated to the individual in writing within one week of the decision.
- 4.3 Appeals on an adverse decision will be considered in a fair hearing for LIPs. There is no appeals process for OLCs or OCSs. The process for LIPs who wish to appeal a decision at FHS is as follows:
  - 4.3.1 The request by the appellant must be made in writing to the COO within one (1) week of the announcement of the decision to deny, modify or remove privileges.
  - 4.3.2 The formal hearing will be scheduled within four (4) weeks of the receipt of the appellant's request.
  - 4.3.3 The appellant may present written and oral presentations.
  - 4.3.4 The hearing panel will include the Chief Medical Officer/Medical Director and up to two additional providers from the practice selected by the appealing practitioner.
  - 4.3.5 The agenda for the hearing will be prepared by the Chief Medical Officer/Medical Director and will include a call to order, the presentation of oral and/or written information by the appellant, an executive session for the consideration of the information by the hearing panel, and an announcement of the panel's findings.
  - 4.3.6 The findings of the hearing panel will be final.
- 4.4 FHS must notify appropriate authorities including filing of an 805 report with the Medical Board of California within 15 days of the following actions:
  - 4.4.1 A peer review body denies or rejects a licensee's applications for staff privileges or membership for a medical disciplinary cause or reason;
  - 4.4.2 A licensee's staff privileges, membership, or employment are revoked for a medical disciplinary cause or reason;
  - 4.4.3 Restrictions are imposed, or voluntarily accepted, on staff privileges, membership, or employment for a total of 30 days or more within any 12-month period for medical disciplinary reasons;



## FHS Credentialing and Privileging

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- 4.4.4 If the resignation, leave of absence, withdrawal or abandonment of application or for renewal of privileges occurs after receiving notice of a pending investigation initiated for a medical disciplinary cause or reason;
- 4.4.5 A summary suspension of staff privileges, membership, or employment is imposed for a period in excess of 14 days.

Additional notification may be submitted to the following as appropriate: FHS contracted Health Plans and/or IPAs, and California DHCS.

### 5.0 ONGOING MONITORING

- 5.1 At least once monthly a query will be run by the Credentialing Specialist on the following databases at minimum: OIG, SAM and Medi-Cal Suspended and Ineligible Provider List. If at any time during the process Credentialing Specialist learns that the practitioner's license has lapsed a notification is sent to the practitioner. Results of these queries will be maintained on file. Ineligible individuals will be denied access to the system and Credentialing Specialist will be notified. Credentialing Specialist will conduct periodic audits of credentialing files.
- 5.2 Quarterly, the Credentialing Specialist will query the PECOS and NPPES systems to ensure that practitioners are enrolled as required.
- 5.3 Quarterly, Revenue Cycle should receive the PECOS and NPPES report for of all providers deemed as eligible.
  - 5.3.1 If a practitioner is no longer enrolled in PECOS and/or NPPES, the Credentialing Specialist should contact the Medicare Administrative Contractor (JE-MAC), to complete restorative action.
- 5.4 The Chief Medical Officer is responsible for recommending practitioner credentialing and re-credentialing requirements.





## Family Health Services

### FHS Credentialing and Privileging

Policy Number: 600.01

<b>REFERENCED POLICIES</b>	
<b>REFERENCED FORMS</b>	Attachment 1: Credentialing/Re-credentialing Guidelines, Attachment 2: Credentialing/Recredentialing Checklist
<b>REFERENCES</b>	BPHC Policy Information Notice 2002-22, BPHC Policy Information Notice 2001-16, Joint Commission Comprehensive Accreditation Manual for Ambulatory Care: HR.01 and HR.02

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**Chair - Community Healthcare Board**

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**Date**

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**Vice-Chair - Community Healthcare Board**

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**Date**



**FHS Credentialing and Privileging**

Policy Number: 600.01

**Appendix 1: Credentialing / Re-Credentialing Guidelines**

CREDENTIALING OR PRIVILEGING ACTIVITY	“LICENSED OR CERTIFIED HEALTH CARE PRACTITIONER”	
	Licensed <u>Independent</u> Practitioner (LIP)	Other licensed or certified practitioner
Examples of Staff	<ul style="list-style-type: none"> <li>Physician (<i>Clinic, Board Cert., Supervising</i>)</li> <li>Dentist</li> <li>Nurse Practitioner (NP)</li> <li>Physician Assistant (PA)</li> </ul>	<ul style="list-style-type: none"> <li>Registered Nurse (<i>RN</i>)</li> <li>Public Health Nurse (<i>PHN</i>)</li> <li>Certified Medical Assistant (<i>CMA</i>)</li> <li>Registered Dietician (<i>RD</i>)</li> <li>Licensed Clinical Social Worker (<i>LCSW</i>)</li> <li>Registered Dental Assistant (<i>RDA</i>)</li> </ul>
<b>A. CREDENTIALING</b>	<b>METHOD</b>	
1. Verification of licensure, registration, or certification	Primary source	Primary source
2. Verification of education/training	Primary source	Secondary source
3. Verification of current competence	Primary source, written	Supervisory evaluation per job description
4. Health fitness (Ability to perform the requested privileges), Immunization and PPD status	Confirmed statement	Confirmed statement
6. Approval authority	Chief Medical Officer (usually concurrent with privileging)	Supervisory function per job description
5. National Practitioner Data Bank Query	Required	Required
6. Government issued picture identification	Secondary source	Secondary source



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	Licensed <u>Independent</u> Practitioner (LIP)	Other licensed or certified practitioner
7. Life support training, if applicable  <i>Health and Safety Code 1248.15(b): Outpatient settings must have a minimum of two staff persons on the premises, one of whom is either a licensed physician and surgeon or a licensed health care professional with current certification in advanced cardiac life support (ACLS), as long as a patient is present in the facility and has not been discharged from supervised care.</i>	Secondary source	Secondary source
8. Drug Enforcement Administration (DEA) registration	Secondary source	N/A
<b>B. INITIATIAL GRANTING OF PRIVILEGES</b>	<b>METHOD</b>	
1. Verification of current competence to provide services specific to each of the organization's care delivery settings	Primary source, based on peer review and/or performance improvement data.	Supervisory evaluation per job description
2. Approval authority	Chief Medical Officer (usually concurrent with privileging)	Supervisory evaluation per job description
<b>C. RENEWAL OR REVISION OF PRIVILEGES</b>	<b>METHOD</b>	
1. Frequency	At least every 2 years	At least every 2 years
2. Verification of licensure, registration, or certification	Primary source	Primary source
3. Verification of current competence	Primary source based on peer review and/or performance improvement data.	Supervisory evaluation per job description
4. Approval authority	Chief Medical Officer (usually concurrent with privileging)	Supervisory function per job description
5. Appeal to discontinue appointment or deny clinical privileges	Process required	Organization option



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**Appendix 2: Credentialing / Re-Credentialing Checklist**

**Credentialing/Re-credentialing Checklist**

- Initial Credentialing/Privileging**
- Re-credentialing/Privileging** (Required every two years)

**Provider Type**

- Licensed Independent Practitioner (LIP)**
- Other Licensed or Certified Health Care Practitioner (OLCHCP)**

Credentials and Privileging	Practitioner Type	Type of Verification	Verification Source	Date Verified or Reviewed	Initials of Person Who Verified/ Reviewed	Expiration Dates, as applicable
Licensure, Registration or Certification	ALL	Primary	State Licensing Board Perform internet verification with licensing board or telephone verification <ul style="list-style-type: none"> <li>• MD/DO: Medical Board of California/Osteopathic Medical Board of California</li> <li>• DDS/RDA: Dental Board of California</li> <li>• NP/PHN/RN: Board of Registered Nursing</li> <li>• PA: Physician Assistant Committee</li> <li>• LCSW: Board of Behavioral Sciences</li> <li>• Lab Scientist: CA Department of Public Health Laboratory Personnel License Verification</li> <li>• MA: telephone verification</li> <li>• RDA: telephone verification</li> </ul>			



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Curriculum Vitae <i>(For re-credentialing obtain attestation by practitioner that CV has not changed since initial credentialing)</i>	ALL		Copy of CV			
Education/Training (Not required for re-credentialing) 1. Graduation from medical school 2. Residency 3. Board Cert, if applicable	LIP	Primary (confirm that that the highest of the three levels of education has been appropriately verified)	ECFMG ABMS AOA AMA  Perform American Medical Association Physician Master File or American Osteopathic Association Physician Profile query  Alternatively, perform direct correspondence or telephone verification			
	Other Licensed or Certified Health Care Practitioner	Secondary	Copy of credential (made from the original)			
Board Certification <input type="checkbox"/> Yes <input type="checkbox"/> No	MD/DO/DDS	Primary	Perform internet verification by specialty at the Board site (e.g. American Board of Internal Medicine or American Board of Family Medicine)			
Current Competence to Practice	LIP	Primary	CME's if not Board Certified			
	Other Licensed or Certified Health Care Practitioner	Primary	Completed through a review of clinical competency and performance by the Supervising Practitioner during orientation for new health care practitioners. Established practitioners have clinical competency reviewed annually by the Supervising Practitioner.			
Health/Fitness <i>(ability to perform requested privileges)</i>	LIP	Confirmed statement	Confirmed statement			



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DEA	LIP (as applicable)	Secondary	Copy of California DEA			
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Credentials and Privileging	Practitioner Type	Type of Verification	Verification Source	Date Verified or Reviewed	Initials of Person Who Verified or Reviewed	Expiration Dates, as applicable
Malpractice Insurance, if applicable	ALL	Secondary	Copy of malpractice insurance			
NPDB Query by center or a self-query provided by the practitioner	LIP	Required, if reportable	NPDB			
Government issued Picture ID <i>(Not required for recredentialing)</i>	ALL	Secondary	Driver's License or other appropriate ID			
Immunization Status Current <input type="checkbox"/> Yes <input type="checkbox"/> No	ALL	Secondary	Confirmed Statement			
PPD Status Current <input type="checkbox"/> Yes <input type="checkbox"/> No	ALL	Secondary	Confirmed Statement			
Life support training		Secondary	Copy of training certificate			
Hospital Admitting Privileges	LIP	Secondary	Attestation by provider, include names of hospitals and status			



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Verification of current competence to provide services specific to each of the center's care delivery settings	ALL	Primary Source, based on peer review of credentials presented	Approval by Medical Director or jointly by medical staff, Medical Director and CEO			
Quality/Clinical Improvement Performance (Recredentialing only)			Assessment of identified performance (e.g. peer review process, clinical performance against targets, etc.)			

**Chief Medical Officer Review**

**Date Chief Medical Officer Review of Credentials:** \_\_\_\_\_

**Chief Medical Officer Signature:** \_\_\_\_\_

**Chief Medical Officer Recommendation**

- Recommend approval of credentialing and privileging
- Do not recommend approval of credentials and privileges