



Health Care Services Review Project Committee

Agenda

San Joaquin County Administration Building
44 N. San Joaquin Street, Room 146, Stockton, CA 95202
Wednesday, January 21, 2026
8:30 a.m.

Watch Live on YouTube: www.youtube.com/c/sanjoaquincountycalifornia

Committee Members

Paul Canepa | Steven J. Ding | Sandy Regalo | Brandi Hopkins | Adam Brucker | Ed Kiernan
Quenny Macedo | Jeff Woltkamp | Genevieve Valentine | Rick Castro | Sam Harlan | Matt Garber

Agenda Items

Procedural Items

- | | |
|------------------|---------------|
| 1. Call to Order | Sandy Regalo |
| 2. Roll Call | Annette Rivas |

Action Items

- | | |
|--|--------------|
| 3. Approve Minutes from October 15, 2025 | Sandy Regalo |
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Information and Discussion Items

- | | |
|--|---------------------|
| 4. Present Intermittent Clinic Strategy | Matt Garber |
| 5. HCS-SJ Health Project Director Recruitment Update | Genevieve Valentine |
| 6. Public Comment | Sandy Regalo |

Committee Comments

Closed Session

There are no closed session items scheduled for this date.

Adjournment

Next meeting April 15, 2026	Sandy Regalo
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Other Information

Public comments will be made part of the official record on file. Written public comments are limited to 250 words or less and may be emailed to the Committee at hcsrpccommittee@sjgov.org.

Note: If you need a disability-related modification or accommodation to participate in this meeting, please contact the County Administrator's Office at (209) 468-3203 at least 48 hours prior to the start of the meeting. Gov. Code Section 54954.2(a).



Health Care Services Review Project Committee

Minutes

San Joaquin County
Health Care Services Review Project Committee
Minutes of Wednesday, October 15, 2025 8:30 a.m.

Procedural Items

1. Call to Order

County Administrator Sandy Regalo called the meeting to order at 8:34 a.m.

2. Roll Call

Present:

Paul Canepa, District 2 Supervisor

Sandy Regalo, County Administrator

Brandi Hopkins, Asst. County Administrator

Adam Brucker, Sr. Deputy County Administrator

Ed Kiernan, County Counsel

Genevieve Valentine, Director of Health Care Services

Rick Castro, CEO of San Joaquin General Hospital

Sam Harlan, CFO of San Joaquin General Hospital

Matt Garber, Interim CEO of San Joaquin Health Centers,

Assistant Director of Health Care Services

Not Present:

Steven J. Ding, District 4 Supervisor

Quenny Macedo, Deputy County Counsel

Jeff Woltkamp, Auditor-Controller

Action Items

3. Approve Minutes from July 16, 2025

Motion to approve the Minutes as listed on the Agenda. Approved.

RESULT: ADOPTED [UNANIMOUS]

MOVER: Rick Castro, CEO of San Joaquin General Hospital

SECONDER: Genevieve Valentine, Director of Health Care Services

AYES: Canepa, Regalo, Hopkins, Brucker, Kiernan, Harlan

ABSENT: Ding, Macedo, Woltkamp

ABSTAIN: Garber

Information and Discussion Items

4. Present Financial Results for SJ Health

SJ Health Controller Rachna Sharma presented financials. Ms. Sharma and Interim CEO Matt Garber responded to financial questions from the Committee.

5. Present Financial Results for San Joaquin General Hospital

San Joaquin General Hospital (SJGH) CFO Sam Harlan presented financials. Ms. Harlan and CEO Rick Castro responded to financial questions from the Committee.

6. Federal & State Impacts

Mr. Castro, Mr. Garber and Director Genevieve Valentine provided the Committee with an overview of the potential impacts to services within SJGH, SJ Health and Health Care Services.

7. 2026 Calendar

The Committee received a calendar for the 2026 meeting dates that included the SJ Health and SJGH financial presentation dates.

8. Public Comment

There were no public comments.

Closed Session

9. There were no closed session items scheduled for this date.

Committee Comments

There were no further comments from the Committee.

Adjournment

At 10:08 a.m., County Administrator Regalo adjourned the meeting to January 21, 2026, at 8:30 a.m.

San Joaquin County Clinics Intermittent Clinic Strategy

Alison Shih

Ahad Yousuf

Agenda



BACKGROUND



HOW THE STRATEGY WAS
APPLIED ACROSS OUR SYSTEM



WHAT THE DATA TELLS US

What is an intermittent clinic?

Operated by a licensed primary care clinic and open for no more than 40 hours a week

Exempt from licensure process

Not a separate clinic for reimbursement

Operates under a parent clinic's Medi-Cal PPS rate

Used to expand access without creating new standalone sites

Why organizations use this model?

Faster regulatory approval

Operational flexibility

Ability to co-locate specialized services

Financial predictability during growth

Where Intermittent Clinics Exist Today

Stockton

- FPCC - Parent
- HBC - Intermittent
- CHS - Intermittent

French Camp

- HBF - Parent
- PMC - Intermittent
- FMC - Intermittent

What Happens to Medi-Cal PPS Rates

All services at a location share one PPS rate

Rates differ by location, not by service line

This is why:

- Stockton clinics share one rate
- French Camp clinics share a different rate

Does This Strategy Increase Revenue?

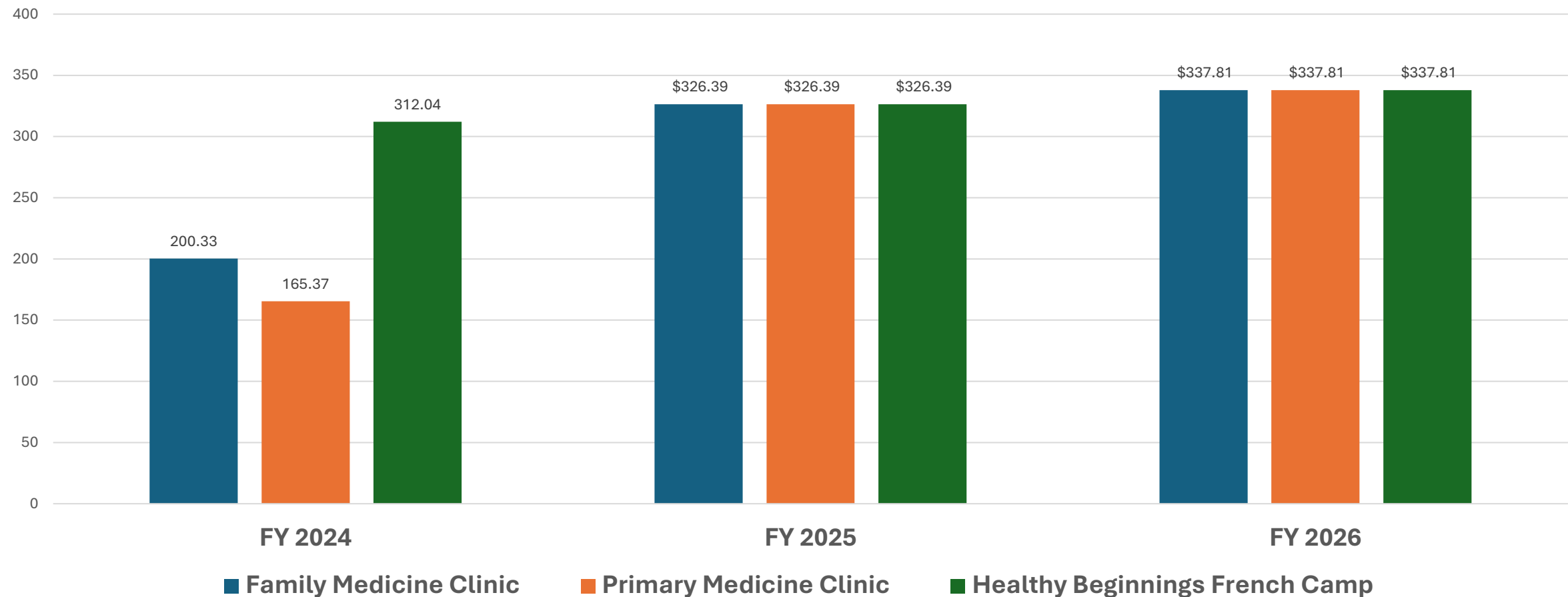
Myth:

- Intermittent clinics increase PPS rates

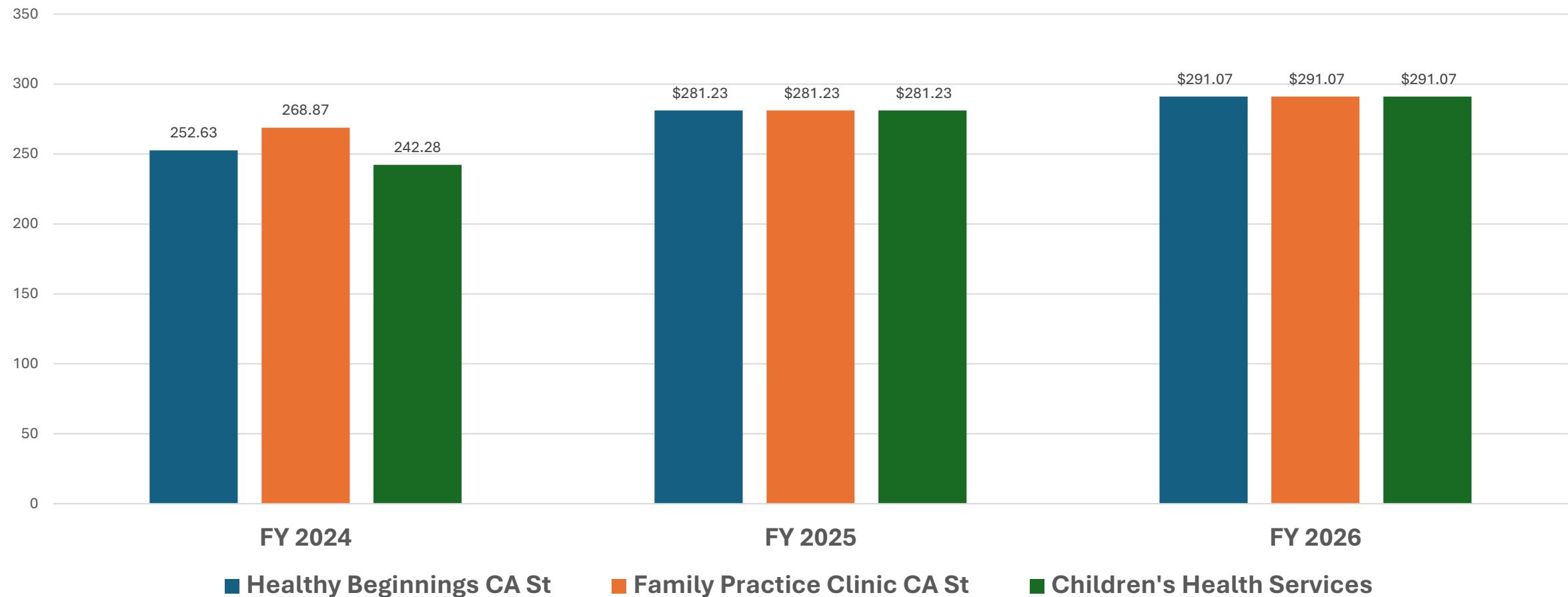
Reality:

- PPS rates are not increased by designation
- Revenue depends on:
 - Visit volume
 - Case mix
 - Operational efficiency
- Preserves financial stability during service expansion
- Enhances access, integration, sustainability

French Camp PPS Rates Pre and Post Implementation (Oct 2024)



Stockton PPS Rates Pre and Post Implementation (Oct 2024)



What the Data Tells Us

What Changed

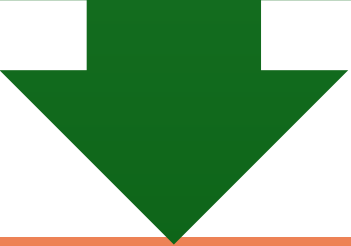
- PPS rates aligned within each physical location
- Higher existing parent-site PPS rates were preserved
- Reimbursement variability across co-located services was reduced
- Financial predictability improved during service expansion

What Did Not Change

- DHCS PPS methodology did not change
- PPS rates were not increased by designation alone
- Underlying cost structure did not change
- Revenue still depends on volume, acuity, and efficiency

What the Data Tells Us

PPS rates increased ~8.3% at both French Camp and Stockton following implementation, reflecting normal PPS evolution rather than a location-specific revenue effect.



The intermittent strategy is helping us by preserving existing PPS reimbursement and reducing financial risk during service expansion.

They avoided potential PPS dilution and provided reimbursement stability.

Looking Ahead

- Intermittent clinics supported stable expansion in 2024; our responsibility now is to confirm the structure remains the right fit our current operations and long-term strategy.
- Next steps
 - Complete a focused financial and operational reassessment
 - Evaluated alignment with current visit volumes and service mix
 - Return with options and recommendations, if changes are warranted