



Ventura County Community Health Center (CHC) Board Meeting Minutes

Theresa Cho, MD
Ventura County HCA, Director
CHC Executive Director

Vikram Kumar, MD
Ventura County Ambulatory Care
Chief Executive Officer

Marth Ann Knutson
County of Ventura
Assistant County Counsel

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

Meeting Minutes
March 27, 2025
12:30 - 2:00 PM

2240 E Gonzalez Rd,
Suite 200
Oxnard, CA 93036

CHC BOARD MEMBERS:

RALPH REYES, District 3
Chair

RENA SEPULVEDA, District 1
Vice Chair

ESPY GONZALEZ, District 2
Secretary

JAMES MASON, District 5
Treasurer

MANUEL MINJARES, District 3

RENEE HIGGINS, MD, District 3

MELISSA LIVINGSTON, District 1

DAVID TOVAR, District 3

LORETTA DENERING, DrPH, MPH,
District 2

Call to Order:

Ralph Reyes called the meeting to order at 12:33 PM.

1. **Roll Call**

Ralph Reyes	Present
Rena Sepulveda	Absent
Espy Gonzalez	Present
James Mason	Absent
Manuel Minjares	Present
Renee Higgins, MD	Present
Melissa Livingston	Present
David Tovar	Present
Loretta Denering, DrPH	Present

Roll call confirmed that a quorum was present.

2. Ventura County Staff Present

Vikram Kumar, MD, HCA – Ambulatory Care
Martha Knutson – County Counsel
Allison Blaze, MD, HCA – Ambulatory Care
Octavius Gonzaga, HCA – Ambulatory Care
Martin Hahn, HCA – Ambulatory Care
Lizeth Barretto, HCA – Ambulatory Care
Jason Cavender, HCA – Ambulatory Care

Public Present

None

3. Public Comments

None

Action Items:

4. Approval of CHC Board Meeting Agenda for March 27, 2025

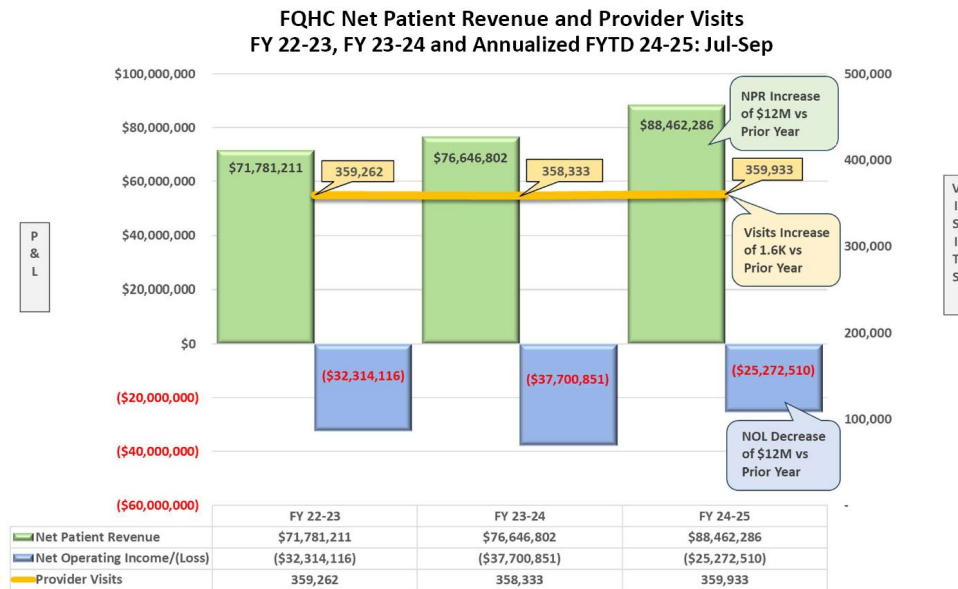
Board Member Tovar motioned to approve the meeting agenda. Board Secretary Gonzalez seconded. Motion passed.

5. Approval of CHC Minutes for February 27, 2025

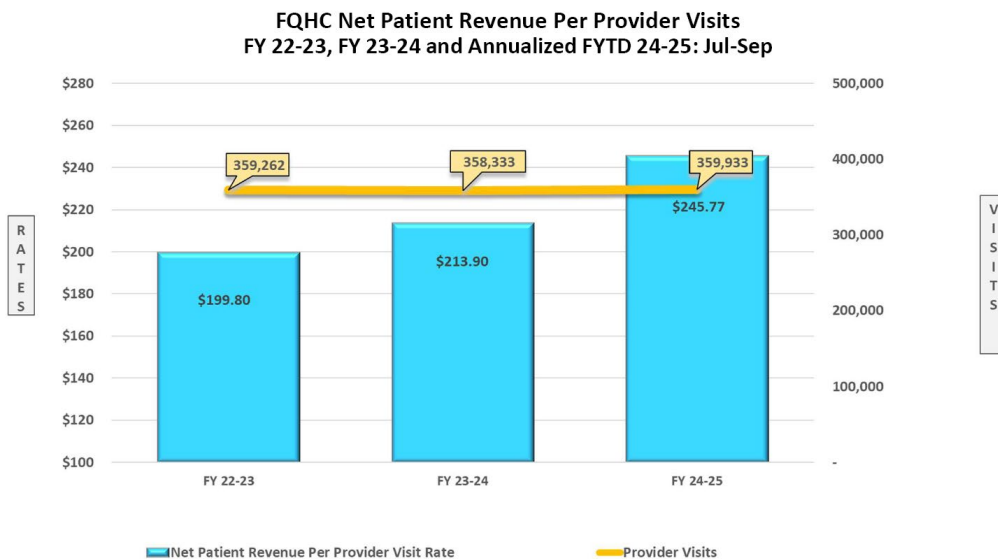
Board Member Minjares motioned to approve. Board Member Higgins seconded. Board Secretary Gonzalez abstained. Motion passed.

6. Presentation and Approval of the Fiscal Report

Octavius Gonzaga shared the FYTD September 2024 Fiscal Report.



There was a \$12M net patient revenue increase versus the previous year and thus, a \$12M net operating loss.



The average PPS rate increased from \$213.90 to \$245.77. There was an increase of 1600 visits. Most of the increase is seven clinic sites' approval in PPS rate.

**FQHC Statement of Revenue and Expenses Comparative
Annualized FYTD 24-25: Jul-Sep and FY 23-24**

	Annualized FYTD 24-25	FY 23-24	Variance	% Variance
Provider Visits	359,933	358,333	1,600	0%
Net Patient Revenue	\$ 88,462,286	\$ 76,646,802	\$ 11,815,484	15%
Operating Expenses:				
Salaries & Wages	60,186,867	60,357,756	(170,889)	0%
Employee Benefits	23,690,523	24,339,219	(648,696)	-3%
Depreciation/Amortation	4,090,746	4,249,369	(158,623)	-4%
Interest Expense	26,465	27,387	(922)	-3%
Medical Supplies	9,130,454	8,732,173	398,281	5%
Office Expense	520,870	556,869	(35,999)	-6%
Professional Fees - Physician	6,632,094	5,522,128	1,109,966	20%
Purchased Services	6,629,847	7,439,486	(809,638)	-11%
Rents & Leases	1,513,308	1,524,692	(11,384)	-1%
Supplies	549,170	851,275	(302,105)	-35%
Utilities	764,453	747,300	17,153	2%
Total Operating Expenses	\$ 113,734,796	\$ 114,347,653	\$ (612,857)	-1%
Net Operating Income/(Loss)	\$ (25,272,510)	\$ (37,700,851)	\$ 12,428,341	33%

Note the 1600 variance in provider visits, to account for the almost \$12M variance in net patient revenue and a decrease of \$612K in total operating expenses.

**Ventura County Medical System Summary
Annualized FYTD 24-25 and Related Budget, and Annualized FYTD 23-24**

Ventura County Medical System Financial Summary Presentation Annualized FYTD Dec 2024-25							
	FY2024-25 Compared to Budget				Comparison to Prior Year		
	Annualized FYTD 24-25	Annualized Budget	Variance	%	Annualized FYTD 23-24	Variance	%
TOTAL OPERATING REVENUE	750,421,137	712,997,892	37,423,245	5%	652,276,704	98,144,433	15%
TOTAL OPERATING EXPENSES	739,286,165	723,761,834	15,524,331	2%	660,060,814	79,225,351	12%
NET INCOME	11,134,972	(10,763,942)	21,898,914		(7,784,110)	18,919,082	

This shows Ambulatory Care compared to the Ventura County System. This is all annualized amounts.

Board Member Tovar asked if the rate resetting changed previous year's loss, too? Yes, these went back from 2022 – 2023. There was some reconciliation from 2016-2018. This hits the current budget and December's adjustment.

Board Member Higgins motion to approve the Fiscal Report. Board Member Tovar seconded. The motion passed.

Discussion Items:

7. Continued Business

Ms. Turrow shared that the team received seven questions from the UDS reviewer, most requesting confirmation and clarification of why numbers increased. The responses were sent, and our team is officially done with UDS. The team will present the data at the May meeting.

8. Ambulatory Care Chief Executive Officer Update – Vikram Kumar, MD - HCA

Dr. Kumar shared that Dr. Cho is currently in Sacramento lobbying but will update the Board together in the future. He thanked Dr. Blaze for her leadership during the transition.

Dr. Kumar said that the Telehealth waiver is now extended until September 2025. This was the standard of care in the early pandemic, with the extensions granted originally set to expire by the end of March. We, as much as possible, want patients to come in, but are flexible with telehealth. Telehealth is audio and video, per the patient's preference.

Dr. Kumar said that the leadership team is working on the strategic plan. They will use four pillars: access, quality, experience and equity, and fiscal. He has carved out time with the leadership team to begin the process. Will review where we are and where we want to go. They will utilize a SWOT analysis to put forward an achievable plan. Dr. Kumar requests the Board to provide any suggestions.

Dr. Kumar shared a graph of the GCHP assigned lives by location. There is a difference between assigned lives and those that seek care.

The team is also working on "specialty next available". Dr. Kumar shared a graph that showed the days for each specialty. They are looking at first, second, and third next available. It is usually good practice to look at the third next available. Currently, some are pretty high, and the team will work to get those down.

The team is working on continuous learning. There are 156 PCPs, NPs, and PAs approved for CME credits, and 70 additional staff approved. The medical staff have opportunities for trainings to be reimbursed. The team is also working on data exchange workgroup of PHSs and MCPs, as well as CAPH (California Association of Public Hospitals) Racial Equity Community of Practice, which is in the second phase.

Dr. Kumar shared a graph showing patient experience. It is noted that in-person is better than telehealth. There is also an opportunity in the urgent cares, but this is challenging because they're not always our patients or the visit takes too long. Our team uses the NRC system for this data. The target number is 85 or 90 and our organization is steady around 82 or 83.

Dr. Kumar also shared a graph depicting the patient experience by demographics. It is noted that the Spanish speaking population does not submit responses. Additionally, the male population doesn't submit many responses, but they also are not coming in as often as the women population. There is an opportunity with the elderly. There can be more handholding. Board Member Higgins asked about gender identification. Dr. Kumar said it's not available in the database, but it is on his radar to ask.

Dr. Kumar said that he is looking for opportunities where AC administration can better support

clinics, as well as standardization opportunities. He wants to get to each clinic to see the commonality and then see where the standardization opportunities are. He also wants to improve the IT and Data to help improve CHC outcomes.

There is a lot of uncertainty at the federal, state, and local governments, and still a lot of talk of cutting back on Medicaid. This will directly affect us. The team is trying to work with the state and various advocacy groups to cover the \$880 billion cuts being made. Locally, we will be working with HCA and the CEO's office closely. Contracts are up by 10-15% per year.

Dr. Kumar will focus on the four pillars: access, quality, experience and equity, and fiscal. There are some vacant positions that the team is looking to promote from within. The data team is somewhat siloed, and he wants them to begin working together.

The largest area of need is the front office staff and back-office staff at the clinics. They are harder positions to recruit, especially in the east county. Dr. Kumar shared the position openings at each clinic.

Board Secretary Gonzalez asked if Dr. Kumar projects an increase in telehealth activities with the ICE activities? Dr. Kumar said that there have been some patients have accepted the telehealth, but not a huge increase. And additionally, some clinics offer back-office entrances for patients, if necessary.

9. **Board Comments** - None

10. **Staff Comments** - None

11. **Adjournment** - **1:11pm**

Audio files of the CHC Co-Applicant Board meetings are available by contacting the CHC Co-Applicant Board Clerk at chcboardclerk@ventura.org

Minutes submitted by: Chaya Turrow, CHC Board Clerk

Next Meeting: Thursday, April 24, 2025
2240 E Gonzalez Rd, Suite 200, Oxnard, CA 93036