

Finance Committee Meeting
Friday, January 25, 2019
11:00 p.m.-12:30 p.m.
Genesee Community Health Center
725 Mason Street – Conference Room

Board Members Present:

Rob Podlesak, Chair; Linda Keller, Claudnyse Holloman, Board Chair

Guests:

Dr. Wendy Ringo, Executive Director, Brian Swiecicki - GHS VP of Business Operations, Sandy Sweet – GHS Sr. Accountant

Recording Secretary: Yolanda Larry, GCHC/GHS Administrative Assistant

Board Meeting was called to order at 11:08 p.m. by Rob Podlesak, Committee Chair.

I. Adoption of Agenda

Revisions to the Agenda discussed. Item 7 on the agenda will be added for future expenses. Item 8 to be added to discuss old and new business.

Brian informed the Board of two corrected copies to be presented during the meeting. This information will replace the current documents within packet.

Linda Keller moved amended agenda, Claudnyse supported
Motion carried

II. Welcome and Introductions-round table introductions conducted

III. Approval of Minutes

November 14, 2018 Minutes

Rob asked to re-table November 14, 2018 minutes until February.

Approval of December 14, 2018 Minutes

Rob Podlesak moved to approve December 14, 2018 minutes.

Linda Keller moved to approve December Finance meeting minutes, Claudnyse supported the motion.

Motion carried

IV. FY19 December 2018 YTD Financials (Financial packet on file with minutes)

Brian Swiecicki presented the financial packet. Finance was able to complete an overall inventory. Found that the Injectable ordering is at a level where there was no need to order additional. This is an

expense of an additional \$50,000 every month. Overall the month was very good giving us a surplus of \$179,000. October thru December – first quarter of the fiscal year provided us with just over \$181,000 overall as a surplus for the first quarter of the fiscal year.

Information presented to Finance Committee, per their request, to have an overall breakdown of the “Other” expenses. Rob questioned the contract labor and noticed it was substantially lower than the last few months. Sandy Sweet provided two pieces within the contract labor that contributed:

1. Contract psychologist which program is set to begin in March
2. Contract Dentist: change in billing process which will be seen next month.

Linda questioned if there were any additional expenses expected. Brian informed the committee of the \$54,000 that was added to the HSA (Health Savings Account) for employees, January 1, 2019. Brian explained GHS fund a portion of the health saving account as part of the overall package. Also any services to be expanded will be included as a larger expense. The biggest concern is the revenue side regarding Atherton. Plan needed to know the direction to go in. There is primary care occurring at Atherton with the potential to possibly lose some patients. Continuous contact with the Housing Commission is occurring to obtain answers of their transition. Checking on available opportunities in other settings or travel with the Housing Commission. Board chair informed committee Dr. Ringo has a solid plan in place. Dr. Ringo added the vans must be in place to ensure available transportation for the patients. Board informed of the availability of the transportation will be in place. Brian stated a good number of patients are being seen of new patients coming into the Health Center but patient loss is occurring almost at the same rate. Need to research the reason. Questioned could this be a natural occurrence of patients not showing or loss of insurance. Suggestion to employ outreach efforts with the Health Coaches for answers. Dr. Ringo stated the new RN Care Manager will be the one to coordinate outreach efforts to individuals who miss their scheduled appointments. Front Desk is formulating a call list for the RN Care Manager. The RN Care Manager and Front Desk will work on reaching out to those individuals to ensure that they are offered the wraparound services to get the patients to the clinic ascertaining if transportation is needed along with locating barriers that prevents patients from keeping their appointments. The RN Care Manager official start date was Tuesday January 22, 2019. She is acclimated to this type of role due to operating within the same capacity at Hamilton. The New RN Care Manager is very versed in what the job calls for.

Brian stated he was aware of the questions of expenses but he think the revenue stream in maintaining and keeping those and monitoring is really important and that is where we need to focus. Brian stated he can provide the board with business plans, cost analysis as well as what is being viewed as far as losses in the first year and break even points. Projections will be available regarding the breakeven points.

Also, researching for additional grant opportunities. Brian informed the committee of a new Access Point grant that is being looked at. The grant amount is \$650,000. The New Access Point grant is a general grant fund that could be beneficial to the Health Center. Linda asked if we would have to change anything with HRSA in order to receive the grant. Brian stated no changes needed. Mott Children Services has also contacted us to partner with them if GCHC receives the grant. They are interested in contracting with us to provide healthcare to the children. The grant is for a general population and cannot be age, gender or population specific. Linda’s concern of having too many projects going at once such as vision, dental, women’s services! Dr. Ringo stated women’s health is currently in place, only more outreach to occur. Brian stated even though this is a non-specific grant

additions to the grant can be add, which helps secure funding for services. Dr. Ringo stated if we were to go into the direction of women's health we could onboard a women's health NP or women's health OB but we currently have family practice NP's who can take on women's health. The plan is to increase the outreach to women.

Because of Senator Anaich's connection with Dr. Steinman, we now have 85% of what is need for the Vision program. Now that we have most of what is needed for vision it makes sense to move forward. We received a full analysis from MPCA regarding job descriptions and the needs for a vision program. This grant would also create an opportunity to obtain a whole new space. Brian stated another option is to create another site in another public housing, which is needed. This grant could be used to create what is currently at Atherton to another public housing site which is needed. Rob asked who the MOU was with. Brian replied housing and HUD. But he is unaware if the next public housing will be ran by HUD. This grant could potentially provide a \$650,000 seed to cover the loss of revenue while we create new patients at the new site.

Revenue Cycle Management Report: Happy to report that we are continuing to improve. We are continuing to move closer and closer to some of our goals. Overall, our days in accounts receivable has declined and continue to inch toward our monthly goals. Our percentage of AR over 120 days is coming down and continuing to make strides. The denial rate of what we identify and set as budgeting has been successful staying under 10%. We are currently at 6% and we hope to make another step toward getting closer to 3 to 5%.

Correction Pg. 3: December total encounters per day:

Sandy explained the formula previously used to calculate and identified that one of the formula's had not been updated. So the encounter per day was listed at 8 but should have been 8.8. Sandy also explained the added note that referenced actual encounters for December along with the catch up encounters that has been included within the 1527 total. Brian informed the team that we are continuing to monitor the statistics and numbers. It provides us with good information and data in order to make strategic decisions such as restructuring the current clinic flow design into specific pods. There will be a breakdown of three pods: Behavioral Health/SUD/Primary care. Each Pod will have a Social Worker and Health Coach assigned. This will help with bumping up our Social Work encounters, Health Coaches will now be directed and part of a team and understand their role in linking and coordinating patients to services and navigating them through the process. Also, received good candidates for the Medical Director role. The ideal is to not only come in as an administrator but to ensure compliance and quality of care but also as leaders and teachers by performing services themselves being a part of that rotation and helping the Nurse Practitioners learn how to go about things. Rob asked for clarification of the encounter numbers. Sandy explained December encounters were 1527 for services occurred in December. December was actually 1219 and 308 were encounters form October and November that had not been processed. The 308 encounters were able to be seen in December. This can occur because of various reasons. Rob asked if we will see catch up encounters continuously. Sandy stated there may be a few but don't believe there will be a lot. We are doing double checks to ensure funds do not have to be paid back to insurance companies. Any unsigned documents, the insurance companies can get money back.

Working with an arrangement with both GHC and GCHC for two GCHC NP's: Gail Johnson, Psych NP, to do part time at the health center and part time at family services. Dr. Hill will be working with Gail to acclimate within the role. Carol Donnelly – Family NP at Atherton, just received her certification in Psychiatric Nurse Practitioner, she wants to expand her skill set so she will be spending half time at the Medication clinic 2nd floor of GHS. Also, Gail will continue to be scheduled full time

in the clinic thru March 2019 with telepsych to catch up on intakes then move Gail over part-time. Will reassess to see if need is greater. We are currently two months out with Psych intakes, which is unacceptable.

Correction Pg. 4: Sandy presented a revised template that reflects the budget amendments. Wanted the budget totals to be correct

HRSA Grants:

- a. Community Health Center - Largest grant. We are at 26% for the first quarter, which we are close to meeting target of 25%.
- b. Quality - Several purchases that went into quality improvement as well as training and upgrades to Next Gen EHR. Upcoming expenses to be seen in the future.
- c. AIMS – Low on this due to trying to hire a Social Worker to expand Mental Health and SUD services. Could not hire Social Worker but brought back LPN, who had been previously laid off, to assist with increasing psychiatric services especially in regards to injections. We were behind and a little tough to catch up but there is no expenses that had not been captured. All of the revenue may not have been captured but no expenses created to go against, which no loss is shown we just didn't provide as much services. The expanded one, Social Worker hired a people in place that's coming on board. More expenses to be seen as we move forward along with the vehicle purchase. Question raised of the availability of the new vans. They are currently being modified. Should be available within a couple of weeks. Brian informed the team of the possibility of adding a wall in the clinic waiting area for children. May not use funds originally placed in budget because HRSA wants another environmental study of the building completed again along with contacting the Historical Society.
- d. SAC: We are continuing to monitor the SAC application and where we are at. Brian contacted the Grant specialist to reach out to HRSA to ask questions regarding the Government shut down and how it will affect the application process. We were informed the application is within the review process.

Non HRSA Grants:

- a. GHP: This is for the Hispanic interpreter and outreach as well as other languages. We are moving forward with some of the systems with the MARTII system being one which is a communication line. Upcoming expenses to be seen in the future.
- b. Naloxone Kit and Substance Abuse: Part of this is the purchase of the kits. In order to maximize we have 3 steps to embark on:
 - 1. Train all GHS and GCHC staff February 2019
 - 2. Reaching out to Substance abuse disorder providers in county to train
 - 3. Outreach efforts to groups that are willing to accept training – school systems, homeless shelters and missions

There will be a large expense to purchase kits for training. This will help with utilizing the grant funds. Brian expecting a contract from Region 10 to present to board to fund Health Coaches for SUD services. They will be peer advocates who will be allowed to submit for billing purposes. This will begin as a Pilot project and through the liquor tax dollars. We can get policy and procedures in place on how to perform these services in conjunction with the other service of Suboxone, Vivitrol and Social Work. Contract to be brought to the board and present for reviewing and board decisions. Will support the cost of 1 ½ to 2 health coaches. Will help to reduce the expense of staffing.

Program Income: Expenses and revenue for the month is over \$179,199.00 in surplus. Staff cost is included.

Alternative Funding Sources: Reviewed funding sources of HEDIS/Meaningful Use.

- a. Meaningful Use is beginning to become a large expense and time commitment to secure the \$25,500 or less dollars.
- b. MI Care program funds, monies could increase from \$8,000 to \$16,000.00 if an exceptional job is worked within the program. Working towards reinforcing procedures and staffing in order to bring in MI Care funding.
- c. SIMS: Pretty close to on track with last year's cost.

Update: Majority of Medicaid cost settlement received from Fiscal Year 17 for \$1.3 million.

Linda Keller moved to accept FY19 December YTD financials, Claudnyse Holloman supported
Motion carried

V. Contracts/MOUs/Grants Summary

- a. **University of Washington/AIMS Center:** For staff training with problem solving treatment in primary care therapy method. This will provide billable revenue for the health center.
- b. **Cloudbreak Health LLC (MARTII System):** The MARTII system is up and running and easy to use. Demonstration of how the system work was offered to the Board. MARTII will also be implemented at GHC. Dr. Ringo also informed the Board of marketing strategies are in process to promote the language system.

Linda Keller moved to approve the above listed contracts, Claudnyse supported
Motion carried

VI. **Productivity:** Provider schedules to be reviewed and revised. Working to bring on board someone that can manage the provider schedule, Front Desk area as well as additional operations that are needed.

VII. **Future expenses/Schedule:** Rob stated new meeting dates will be proposed at the Board of Directors meeting for the rest of the year. Regular board meeting to be changed from 3rd Friday to 4th Friday of month, Finance Committee meeting to 3rd Monday of the month. Executive Committee meeting to be held prior to Finance Committee meeting.

VIII. **Old/New Business:** Future expenses: 360 degree review is upcoming. Company recommended by Mr. Danis Russell. Claudnyse to get with Yolanda to obtain information regarding cost for the review.

Linda Keller moved to contract for the 360 review of compensation survey for Dr. Ringo, Claudnyse supported.
Motion carried

IX. Adjourn

Claudnyse Holloman moved to adjourn, Rob Podlesak supported
Meeting adjourned at 12:47 p.m.

Next Finance Committee Meeting – February 18, 2019 @ 1:00 a.m.
725 Mason Street Board Room

Respectfully submitted by Yolanda Larry, Recording Secretary