

Board of Directors Meeting Minutes

Friday, June 26, 2020

1:00 p.m.

GCHC

VIA ZOOM MEETING

Board Members Present via call in:

Claudnyse Holloman, Chair; Rob Podlesak, Steve Schwartz, Autumn Bagley, Deborah Duckett, Kyle McCree, Sam Olson, Yolanda Oliver-Yancey

Board Members Absent

Erica Thrash-Sall (excused)

Guests

Brian Swiecicki, Executive Director; Jean Troop, GCHC Deputy Director; Glen Chipman, GHS CFO; Kristany Wilmoth, GHS/GCHC Sr. Secretary; Jason Kelly, BDO Sr. Auditor

Recording Secretary: Karen Riddle, GHS Administrative Assistant

Meeting called to order at 1:07 p.m. by Claudnyse Holloman, Board Chair.

I. Adoption of Agenda

S. Schwartz moved to accept the agenda as presented, A. Bagley supported.

Motion carried

II. Welcome & Introductions

Board Chair welcomed attendees via Zoom and noted attendance. Jason Kelly, Sr. Auditor from BDO USA LLC was introduced.

III. Public Participation and Community Feedback

None

IV. Approval of May 22, 2020 Minutes

There was a change noted in the May minutes under V. Finance Committee Summary. R. Podlesak noted an error in the amounts being confusing and numbers transposed. G. Chipman will send a correction to be entered into the minutes prior to making public. The Finance Committee will review and approve the final version at the July meeting.

S. Schwartz moved to approve the May 22, 2020 minutes with correction, R. Podlesak supported.

Motion carried

V. Audit Presentation

- a. Genesee Health System 2019 Audit Wrap Up (on file with minutes)
- b. Genesee Health System 2019 Financial Statements and Supplemental Information Year Ended September 30, 2019 (on file with minutes)

Mr. Kelly presented the wrap up document for year ending September 30, 2019. He explained the steps of the audit and governance which is outlined in the 2019 Audit Wrap Up document. The audit was good with only one significant control deficiency relating to the federal program testing. Steps

have already been taken to correct the deficiency and there should be no issues going forward. This deficiency was related to the GHS housing program. He also noted that there was a boilerplate page related to the COVID-19 at the end of the wrap-up to ensure entities are considering and keeping in mind the financial impact of the pandemic.

B. Swiecicki asked J. Kelly where the Health Center fiscally falls within the audit. J. Kelly reviewed the Authorities' total assets, liabilities, and net compared to the Health Center. The Health Center's ending net position is just over \$1 million.

*R. Podlesak moved to accept the FY2019 audit reports as presented, K. McCree supported.
Motion carried*

VI. Finance Committee Summary-The financial packet is on file with minutes.

G. Chipman presented the FY20 May 2020-YTD Financial packet. The May total revenue was \$681,564 compared to the budget of \$643,599 which is a surplus of revenue over budget by \$37,964. Our patient revenue was down by a fair amount, but our grant revenue was over by about \$155,000 which covers the COVID-related supplies. Noted on the expenditures is the Medical Supply line which was over budget by \$136,820. This was due to the COVID-19 supplies and is covered by grants. The negative number under the Training and Development is due to not being allowed to travel to conferences and being refunded for conferences that were paid for prior to the pandemic. The expenditures for May are \$651,869 compared to a budget of \$583,205 resulting in \$68,664 over budget. The surplus for the month of May is \$29,695 compared to the budgeted surplus of \$60,395. With volumes being as low as they are, we continue to do a good job of utilizing the grant expenses. Year to date we are at a \$518,136 surplus and we had budgeted \$483,159.

The Claim Denial Rate is at 3% for May and Average days to Claim Submission is at 9. The A/R% over 120 days is 41% and Days in A/R is 42. We can equate mainly to Medicare billing. The Medicare claims had to be held due to the telehealth codes and the Medicare system not prepared to pay correctly. Once the system is updated, the claims will be submitted. She also noted that she will check with the team to ensure there are no other issues.

The Cost, Reimbursement & Productivity Statistics page show slightly more volume, however; it is still not what we are striving for in productivity. The total cost per encounter increased rather dramatically to \$475 which includes the COVID-19 supplies which is extremely inflated. It is a bit misleading as the COVID-19 costs are paid for by grants. J. Troop also noted that there were only 19 billable days which is 2 days less than prior months which also impacts the productivity.

On page 5 of the summary are the Base Grants, this shows the usage of the grants and the allocations of costs. This will show more activity in future months due to the COVID-19 situation. We will continue to maximize the use of these grant to minimize the impact of the lower volumes. We will start to look at other legitimate operational costs that may fit better under the COVID grants to assist with the absorption of overall operational costs.

It was noted that page 8-Grant Year Statement of Revenue and Expenditures has not yet been updated for the new grants but will be for June.

Alternative Funding Sources is a small amount of money for MiCare.

*A Bagley moved to approve the FY2020 May Financial packet as presented, R. Podlesak supported.
Motion carried*

VII. Contract Summary

- 1. Weatherby Locum, Inc.**
- 2. Dr. Chitna Naik**
- 3. LOA between Region 10 PIHP and GHS**
- 4. ANE-Nurse Practitioner Residency for PMHNPs in Underserved Settings-U of M Flint**

G. Chipman reviewed the contracted as noted above and there was a brief discussion.

*R. Podlesak moved to approve the contracts as presented, supported by S. Schwartz.
Motion carried*

VIII. Executive Director's Report

B. Swiecicki spoke about the staff's transition back to the office. While the Center is slowly bringing staff back on site, the telehealth services continue. Staff in office are continuing to social distance and utilize PPE as well as all patients entering the building.

Lindsey Rother resigned for an opportunity elsewhere. He noted that she has been an excellent employee and helped to build a positive culture within the center.

Genci Shkempi has not resigned; however, he is exploring moving to Florida. He may continue to provide MAT services via telehealth. The logistics, rules and regulations are currently being investigated.

There were no grievances or union interaction or issues.

COVID community testing continues and has expanded to several sites. It continues to be successful. He stated that per a request from the State he has been discussing with the County, Region10 and the State the opportunities to have testing near locations of out-patient facilities for SUD. We have tested nearly 700 people with swabs to date.

A purchase offer of \$235,000 was made and accepted for the Center Road building to replace the Atherton site. The asking price was \$299,000. The negotiations are currently been finalized. This location is near the Atherton location, across the street from the large assisted living, around the corner of a couple public housing complexes and in the general area of one of the highest health care needs in Genesee County.

A Virtual Narcan training has started on the website: www.genchc.org.

He has reached out and continues to stay in contact with our HRSA representative. At this time, the on-site visit (OSV) has not been rescheduled. J. Troop is heading up a workgroup that is promotes a daily lifestyle of compliance. This ensures the Center is ready all the time and not just when we are expecting an OSV. He is immensely proud of the staff's onsite visit standards.

He also wanted to express to the Board that he has been talking to County and other Health officials as it relates to an unforeseen second wave of COVID-19 and the Center's ability to assist with testing as well as caring for patients if there is another spike in Genesee County.

He gave the Board a three-month update on goals set for him during his evaluation period:

The financial stability of the Center is doing well and showing a surplus.

The productivity had improved prior to the COVID-19 and it was shown that it can be met.

Moral is improving, although it is hard to gauge during the current situation, he feels that staff are still feeling good about the job place and steps that management has taken to keep them safe during this unprecedented time.

He has a good relationship with MPCA and meets with them weekly. They work on joint ventures regarding testing and other programs.

He also believes that the Center's name recognition is making progress even through the pandemic. Commercials have been played on tv and radio as well as many social media venues to encourage safety and to seek medical treatment, as necessary.

Lastly, he thanked the Board for their guidance and direction so the quality, financial and moral can be achieved.

On behalf of the Board, the Chair thanked the ED for his leadership and noted the positive changes and staff morale. S. Schwartz also noted the positive changes. K. McCree stated that he has noticed an increase media.

The Board did appreciate the staff by providing a lunch and ice cream truck in June. The staff were happy and offered many thanks to the Board.

IX. Quality and Safety Committee Summary

- a. Chart total Kept Appointments for May 2020
- b. COVID-19 Encounters by Specialty for May 2020

J. Troop presented a summary of the Quality Committee. There were no grievances/patient complaints for the quarter. There was discussion on the peer review and revisiting the process for all the disciplines and a plan is in place. The patient satisfaction surveys were discussed and the challenge this quarter due to COVID. There is a plan to incorporate an electronic satisfaction survey.

A new call queue was implemented at the front desk to improve efficiencies. E-prescribe for controlled substances is up and running for the providers which will also improve efficiency as well as limit the number of patients visiting the Center for a prescription refill only.

For the safety portion, moving into the next phase was discussed. We will have additional providers on site, and we will maintain the safety process. We have also added risk management to our calendar to discuss and ensure we are complying.

X. OSV!

As noted above, there is still not a date for the OSV to be rescheduled. J. Troop discussed a few areas that will be covered under the Board Authority area. They include Service Utilization and Patterns, Quality of Care, Patient Satisfaction and Grievances.

The way the Board monitors those sections are by reviewing and discussing the reports relayed during the board meetings on a monthly and/or quarterly basis.

XI. Other

Annual Calendar Review

The Chair presented the Annual Board Calendar that covers April 2020 through March 2021 (it was postponed due to COVID-19). She noted that if you are interested in joining any of the committees, to please let her know.

*K. McCree moved to approve the Annual Calendar as presented, A. Bagley supported.
Motion carried*

XII. Adjourn

*A. Bagley moved to adjourn; S. Schwartz supported.
Motion carried*

Meeting was adjourned at 2:03 p.m.

Next Board Meeting is scheduled for:
July 24, 2020 @ 1:00 p.m.
Via ZOOM

Claudnyse Holloman, Board Chair

Date