

Finance Committee Meeting Minutes

Monday, November 16, 2020

1:00 p.m.

Genesee Community Health Center

Via Zoom

Committee Members Via Zoom: Rob Podlesak, Committee Chair; Claudnyse Holloman, Sam Olson, Steve Schwartz

Committee Members Absent: Yolanda Oliver-Yancey

Guests:

Brian Swiecicki – GCHC Executive Director, Glen Chipman, GHS CFO; Jean Troop, Deputy Director; Sandy Sweet, Accounting Manager

Recording Secretary: Karen Riddle, GHS Administrative Assistant

Committee Meeting called to order at 1:03 p.m. by R. Podlesak

I. Adoption of Agenda

C. Holloman moved to adopt the agenda as presented, supported by S. Olson.

Motion carried

II. Public Participation

None

III. Approval of October 23, 2020 Finance Minutes

C. Holloman moved to approve the October 23, 2020 minutes as presented, supported by S. Olson.

Motion carried

IV. FY21 October 2020 – September 2021 Financial Packet (Financial packet on file with minutes)

Before G. Chipman presented the financials, he disclosed that he had a phone call with R. Podlesak prior to the meeting to discuss any concerns he may have with the packet and it was decided that this pre-meeting to the Finance Committee will be an ongoing event. This will assist in ensuring that any items that cause a concern can be researched and fully discussed at the Finance Committee.

G. Chipman presented the financial packet focusing on the month of October. The total revenue for October 2020 was \$407,844 compared to budget of \$614,434 making it a difference of (\$206,590). The total expenses for October 2020 were \$431,030 compared to budget of \$590,143 making it a difference of **\$159,113**. The YTD actual **monthly deficit** is **(\$23,186)** compared to budget of \$24,292 making it a difference of (\$47,478). This was the first deficit in many months. The revenue was down across the board and he summed that up by explaining that two revenue-producing employees were off during the month simultaneously. The commercial and Medicare were down as well. It is important to note that both volume and reimbursement is a little bit less relating to the telehealth type visits. R. Podlesak had asked why the Contracted Services line was down and G. Chipman explained that one of the contracted providers had taken some time off during October.

He went onto explain that the reason for the Bad Debt Expense line being zero even though we had talked about doing an estimate every month is that he is working on an analysis of the AR aging to ensure what a good estimate of the bad debt write-off might be in 2021.

The Days in A/R were at 31 for October 2020 which was a decrease from 38 in September 2020. A/R% over 120 days was 53% which was an increase from 47% in September 2020. This is partly due to an issue with the State coordinating payments. The Claim Denial Rate is well below the <7% goal at 4%. The Average days to

Claim Submission was at 14 in October which was an increase from 8 in September. This was a result of billing employees being out of office due to illness. It is anticipated that this will be lower in November when the department is at full staff.

The Cost, Reimbursement & Productivity Statistics shows a Unique Patient Count of 1,192 for October as this is the first count for the new fiscal year. This is a different calculation than we have done in the past. In the past, the line item was an “average” number of patients each year and based on a rolling 12-month period. Currently and going forward, the report will show the actual unique patient numbers each month with the accumulation being reported in the year-to-date number. Since October 2020 is the first month of the fiscal year, each patient seen at the HC is a “unique” or new patient. In November many of the same patients seen in October will be seen in November, those patients are not counted in the November Unique Patient Count. Only new patients seen in November will be included in the November Unique Patient Count. For example, the 1,192 seen in October are all unique since it is a new fiscal year. If we then see 1,192 patients in November and 892 of them are patients that were seen in October, then only 300 patients are unique to November and the year-to-date total would be 1,492 unique patients. (G. Chipman drafted this explanation and sent it to the Finance Committee members after the meeting.)

We do recognize that the Health, Behavioral Health and Social Workers are under budget, but the expectation is it will boost back up in the coming months. Total Cost Per Encounter for October was \$259 which was under the budgeted number of \$299.

He discussed the base grants, non-HRSA grants, program income, grant year, and alternative funding sources pages with no exceptional notes.

Reconciliation of Medicaid Wrap Advance Payments in Deferred Revenue

G. Chipman explained the Medicaid Wrap analysis that identifies the amounts that are in deferred revenue. We define deferred revenue as revenue that has not yet been earned. For example, if we get \$50 and we have only earned \$5, it means we have \$45 in deferred revenue. Most of this deferred money (\$1,140,717.09) is from the Medicaid Wrap payment that we receive every month. The Medicaid Wrap dollars coming in for the first quarter of FY21 have been stopped to avoid the advance payment being drastically lowered. The policy follows the guideline of the State’s goal to have the advance payment equal to your quarterly revenue so that there is minimal cost settlement at any given year. If the State continues to give more than you use, at some point, they will reduce the advance payment and it can result in a hardship in the year it is reduced.

G. Chipman noted an error on the Reconciliation of Medicaid Wrap Advance Payments in Deferred Revenue sheet: The GHP balance should be \$327.82 and the Provider Relief Pmt. balance should be \$13,020.72 (the numbers were flipped).

C. Holloman moved to accept the FY21 October 2020 through September 2021 Financials and recommend approval to the GCHC Full Board, supported by S. Olson.

Motion carried

V. Contract Summary

a. Rapid Response Initiative Fund

Rapid Response Initiative Fund-Community Foundation of Greater Flint is a grant in the amount of \$20,000 to assist in the Rapid COVID-19 Testing initiative in October, November, December. This supports the cost of the rapid testing and supplies that encompasses it. GCHC will ensure the machines are in place and we are spending the dollars before the December 15, 2020 deadline.

S. Olson moved to recommend approval of the Rapid Response Initiative Fund Grant to the GCHC Full Board, C. Hollman supported.

Motion carried

VI. Quality Charts

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

J. Troop presented the quality charts and noted that this is where you can see where staff had taken time off and how it impacted the productivity. A new provider started at Center Rd.-Atherton.

There were about 163 COVID tests in October. This initiative is starting to ramp up due to the need in the area. There was also a flu vaccine clinic at Atherton East and the group homes.

VII. Other

B. Swiecicki gave an FYI that he continues to have discussions with the State regarding the flu vaccine clinic with the belief that it will be the groundwork that J. Troop and her teams are working to develop for the COVID vaccine when it is available.

VIII. Adjourn

S. Olson moved to adjourn the meeting and C. Holloman supported.

R. Podlesak adjourned the meeting at 1:50 p.m.

Next Finance Committee Meeting Scheduled for Friday, December 18, 2020 at 12 noon.

Respectfully submitted by Karen Riddle, Recording Secretary