

GCHC BOARD OF DIRECTORS MEETING MINUTES

February 26, 2021 @ 1:00 p.m.

VIA Zoom

Board Members Present via Zoom:

Claudnyse Holloman, Chair; Autumn Bagley, Sam Olson, Steve Schwartz, Erica Thrash-Sall, Yolanda Oliver-Yancey

Board Members Absent:

Kyle McCree, Deborah Duckett, Rob Podlesak

Guests:

Jean Troop, Executive Director; Glen Chipman, GHS CFO; Sandy Sweet, GHS Sr. Accountant; Shawn Edwards, GHS Sr. Director of Engagement, Diversity, and Inclusion

Meeting was called to order at 1:02 p.m. by Claudnyse Holloman, Board Chair.

I. Adoption of Agenda

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

Motion carried

II. Welcome and Introductions

Roll call completed.

III. Public Participation

None

IV. Personnel Committee

a. Board Applicant Review

The Board Chair presented an Application for Membership in the name of Angela Essenburg for review, discussion, and action. A brief discussion followed.

S. Schwartz moved to accept and approve Angela Essenburg's application and add her as a member to the GCHC Board for a three-year term as stated in the bylaws, supported by A. Bagley.

Motion carried

b. Resignation of Board Member

The Board Chair announced the resignation of Rob Podlesak, Board Treasurer as of February 26, 2021.

c. Election of Treasurer

S. Schwartz moved to nominate Sam Olson as the GCHC Treasurer, supported by A. Bagley.

Motion carried

d. Determine next meeting date and members prior to HRSA visit

The Personnel Committee roster was updated to add C. Holloman and A. Bagley

An April 2021 meeting will be determined via email amongst the members.

V. Approval of January 22, 2021 Board Minutes

S. Schwartz moved to approve the January 22, 2021 minutes as presented, supported by A. Bagley.

Motion carried

VI. Finance Committee Summary

- a. FY21 January 2021 Financial Report**
- b. Sliding Fee Scale**
- c. Chart Total Kept Appts by Provider by week Jan 2021**
- d. COVID-19 Encounters by Specialty Jan 2021**

a. G. Chipman reviewed the January 2021 financial report that was recommended for approval by the GCHC Finance Committee. He noted that the total revenue for January 2021 was \$513,307 compared to budget of \$615,187, which is (\$101,880) under budget. The total expenses for January were \$511,758 compared to budget of \$590,895, which is \$79,137 less than budgeted expenses. There was a small surplus for the month of January of \$1,549 compared to budget of \$24,292, which is (\$22,743) under budget. The total actual year-to-date deficit is (\$28,814) compared to the budget of \$97,167.

The Other Expenses page showed that we are over budget by \$9,791. The main reason is that the line item for Software Licensing/Support/Maintenance was over budget by 12,439. This is due to a “catch-up” on a pre-paid cost. Normally, when the quarterly bill is paid, we spread the cost over the quarter. However, due to a temporary staffing situation, the person taking care of the pre-pays did not realize this and we had to catch up the previous month. Also, the 2nd quarter bill for NextGen came in showing one month of if recorded in January. The year-to-date numbers are exactly where they should be based on costs due. To prevent this from reoccurring, S. Sweet’s team has taken over recording the pre-pays for GCHC finances.

The Balance Sheet shows assets of \$4,095,441 and total liabilities of \$1,191,872 which created a net position of \$2,903,569.

The Days in A/R was reported at 38, which was a considerable jump from the 31 reported in December. The A/R% over 120 days went down from 48% in December to 42% in January. There was a change in the Clearinghouse as they sunset the old system and it did not go as smoothly as we had hoped. It is expected that as the new Clearinghouse is smoothed out, everything will get caught up and the numbers will return to closer to where they were in previous months.

Again, due to the change in the Clearinghouse we were not able to report the Claim Denial Rate for January. The Average days to Claim Submission jumped from 10 in December to 15 in January, which again is most likely due to the Clearinghouse issue.

The Cost, Reimbursement & Productivity Statistics page showed Unique Patient Count increased from December and is at 256 compared to budget of 750; the Medicaid eligible encounters also bumped up to 1,272 compared to budget of 1,531. The productivity showed the health providers encounters increased from December to 9.3 per day compared to budget of 12.0; the behavioral health provider encounters also increased to 7.5 per day compared to budget of 10.0; as well as the Social Worker encounters at 5.1 per day compared to budget of 6.0. While the encounters are not yet at the budgeted amount, they are increasing and moving in a positive direction. The total cost per encounter was \$314 compared to a budget of \$300. There were 17.5 working days in January 2021.

The total January 2021 revenue of the base grants was \$164,754 and \$24,554 for the non-HRSA grants. The CMTD and MODA grants have been added and we will continue to explore all grant opportunities.

The last page of the financials is the Reconciliation of Medicaid Wrap Advance Payments in Deferred Revenue sheet which shows the deferred revenue balance as of 01/31/2021 is \$878,815. The plan is to begin receiving the wrap payments again at the beginning of the next quarter.

Y. Oliver-Yancy moved to accept the January 2021 Financial Packet as presented, supported by S. Schwartz.
Motion carried

At this point in the meeting, Board Chair asked that we move to Item IX. Diversity, Equity, and Inclusion.

b. G. Chipman presented the Sliding Fee Schedule based on the 2021 Federal Poverty Guidelines that was discussed at the GCHC Finance Committee in depth and recommended for approval of the GCHC Full Board. It was noted that the \$0 structure in column A rather than the \$3 nominal fee that was removed last year continues to be effective.

A. Bagley moved to approve the Sliding Fee Schedule as presented including keeping the \$0 structure in column A as discussed, supported by S. Schwartz.

Motion carried

c. and d. The January 2021 Chart of Total Kept Appts by Provider by week and COVID-19 Encounters by Specialty were discussed in depth at the GCHC Finance meeting. G. Chipman noted that productivity has been improving slightly due in part to more patients being seen face-to-face.

VII. Quality and Safety Summary

- a. December 2020 Meeting Minutes
- b. Year End 2020 Diabetes Quality Improvement Project
- c. Diabetes Initiative for 2021
- d. UDS Quality Measures Calendar 2021
- e. Self Updates_Service Details_EU_HRSA EHBs 12_2020
- f. HC01-003-18 Scope of Service Policy

a. J. Troop presented the Quality and Safety Summary noting that the December meeting minutes were discussed at last month's Board meeting. She presented that at the January 2021 meeting, they talked about the Informed Consent Policy to ensure that the Health Center is capturing the patient's consent. The committee discussed the UDS measures and QI projects as it relates to onsite visits compared to face-to-face. There was no credentialing and privileging to review. They discussed additional productivity measures for the reception area, to monitor not only the number and duration, but also what time of day the calls come in and how many calls are being transferred, to promote better customer service.

b. 2020 Diabetes QIP shows the Health Center average is 44%. It was discussed during the committee meeting on how to improve the measure, and Dr. Phung is working with the providers and how we can improve the measure during this time of mainly telephonic visits.

c. 2021 Diabetes Initiatives-There are four individual initiatives identified for 2021. The Center will continue to implement the initiatives to improve patient's access to testing and education regarding diabetes prevention and control within our population.

d. UDS Quality Measure Calendar 2020-J. Troop presented the 2020 UDS Quality Measures and noted that the results were better than first anticipated due to the COVID-19 pandemic.

e. Self Updates_Service_Details_EU_HRSA EHBs 12_2020-This form was presented, and it was noted that it is the Quality Committee's obligation to review annually from a quality perspective to make sure that the services that are listed are services the health center is providing. The committee reviewed and agreed that it is accurate.

f. HC01-003-18 Scope of Service Policy

The contents of this policy did not change, but per the review cycle it is time to review and approve.

A. Bagley moved to approve the HC01-003-18 Scope of Service Policy as presented, supported by E. Thrash-Sall.

Motion carried

VIII. Executive Director's Report

J. Troop noted that she does realize the GCHC website needs revisions to include her as the ED and contact information along with updates. Plans are in place to make revisions withing the coming month.

Center Road: The volume is picking up at Center Rd. The provider onsite hours are being expanded for services. The telehealth for the provider on Center Road is low, although he is providing telehealth for New Paths through the MODA grant. We continue to monitor the days and times the patients come to Center Road so that we can assess the needs of the community in this area. COVID rapid testing is continuing at Center Road twice weekly. Our community partners continue to spread the word and the turnout has been averaging between 7-20 each session.

GCHC is working with the Health Department to administer COVID vaccines. The Health Department is providing us with the vaccines on a weekly basis and we can administer to the hard-to-reach communities. To date, we have provided immunizations for Carriage Town, My Brother's Keeper, Shelter of Flint, GCHC patients over 65, GHS staff, and community referrals for over 65. We do not have the mechanisms in place or the resources to open it up to everyone currently. We have also participated in immunizing group homes including one today at CIC which had 60-80 participants. We are also potentially looking at going to Odyssey House next week as a mobile site. We do believe the process is going well and we will continue to refine it, as necessary. To date, we have immunized over 400 people.

HRSA Reporting: UDS was due 2/14/2021, which we submitted on 2/1/2021. Our team is well versed in this submission and it went very well. We continue to prepare for the OSV and feel we are progressing in a positive fashion.

Staffing: The RN Care Manager position has been filled and will be starting 3/22/2021. The RN will be under the Medical Director's supervision and the LPN's will be under direction of the RN. We posted for an Administrative Assistant. The Psych NP resigned, and we are evaluating refilling this position to our current needs.

The Board Chair acknowledged Jean and expressed her appreciation in Jean's leadership as the Health Center navigates the COVID 19 pandemic and the testing and immunization protocols. She also took the opportunity to thank the recording secretary for her part in working with the Board and the preparations it entails.

IX. Diversity, Equity, and Inclusion

S. Edwards presented a PowerPoint on diversity, engagement, and inclusion (DEI). S. Edwards stated that is the goal of GHS/GCHC to create a culture of staff wellness. GHS/GCHC is taking serious actions regarding diversity, engagement, and inclusion. The entire culture is surrounded by the principle of mindfulness in the workplace, including addressing social justice amidst a pandemic because we know that racial equity leads to community wellness. To move the agency forward she is using the following objectives: action, strategy, relevancy and obtainables. Currently, we are providing COVID-19 Listening Circles every Friday. We also have a R.A.C.E. (Racial Allies Creating Equity) Task Force, trainings, Social Justice Listening Circles, and initiatives. The focus for 2020-2021 is Implicit Bias Education.

She spoke in length on the listening circles which there have been 12 to date; and 8 R.A.C.E. Task Force meetings.

S. Edwards stated that an application had been filed through CMHAM and GHS was selected to participate to work with other organizations across the State of Michigan on a project entitled Cultural and Linguistic Competence. It is a learning community collaborative that starts in March and is ongoing through the next eight months.

She shared that GHS made a statement as an organization to declare racism a public health crisis and commitment to function as an anti-racist organization that the GSH Board adopted as a resolution in June 2020. It was noted that GCHC also released a statement at the same time as GHS, and they would now like to adopt the same resolution as an anti-racist organization with the GCHC logo applied for the website.

A. Bagley moved to adopt the Resolution to Declare Racism a Public Health Crisis and Commitment to Function as an Anti-Racist Organization and added the GCHC name/logo, supported by Y. Oliver-Yancey.

Motion carried

J. Troop and S. Edwards will meet to develop the Anti-Racism Resolution into a GCHC document and have it added to the www.genchc.org website.

The Board Chair thanked Shawn for her amazing work in developing the curriculum and content. She has done an amazing job in developing ways to educate the staff and to ensure that GHS and GCHC are inclusive on policies and procedures.

DEI will remain on the agenda for the March Board meeting to discuss ideas on what the GCHC Board can do regarding diversity, equality, and inclusion and the role it will play to advance DEI further at GCHC.

X. OSV!

a. Form 5B Zip Code Board Review

The OSV review dates are May 25, 26, and 27. At this time, it was decided that the May Board meeting will be held on Thursday, May 27, 2021 at 1:00 p.m. to coincide with the OSV.

Form 5B Zip Code identifies the patient population and zip code and how it impacts the needs assessment. The Board reviewed and discussed. The form identifies that the zip codes listed have at least a 75% catchment area for our patients; GCHC has 89% catchment area. This is one of the ways we determine how we assessed where to move our Atherton location. The scope to determine the information is based on patient visit demographics.

XI. Other

a. NACHC's Virtual Board Member Boot Camp Opportunity

The Board was notified that the National Association of Community Health Centers will hold a Virtual Board Member Boot Camp and if any Board members are interested in attending, please contact Jean Troop.

b. Board Calendar

Changes were made to the Board Calendar due to conflicts for the GCHC Finance Committee meetings. In general, Finance will meet the 4th Monday of the month except when the fourth Monday is after the fourth Friday of the month. In those cases, the Finance Committee will meet prior to the GCHC Full Board meeting on the fourth Friday of the month at noon.

Changes to Committees:

Y. Oliver-Yancey will resign from Finance Committee and join Quality Committee.

C. Holloman and A. Bagley joined the Personnel Committee.

C. Holloman to discuss possible placement of A. Essenburg on committees.

S. Schwartz moved to adopt and approve the Board Calendar with noted changes, supported by A. Bagley.

Motion carried

XII. Adjourn

S. Olson moved to adjourn the GCHC Board meeting, supported by Y. Oliver-Yancy.

The meeting adjourned at 2:30 p.m.

Next Board Meeting is scheduled for: March 26, 2021 at 1:00 p.m. via Zoom

Claudnyse Holloman, Board Chair

Date