



**GCHC BOARD OF DIRECTORS**  
Friday, January 26, 2024  
1:00 pm  
Genesee Community Health Center  
Via Zoom/In Person CCIS

Board Members Present In Person: Autumn Bagley, and Michael Wright.

Board Members Present via Zoom: Claudnyse Holloman, Angela Essenburg, Jorain Hardman, Sam Olson, Steven Schwartz, Elizabeth Rushing and Tabitha Neff.

Staff Members Present: Jean Troop, Executive Director, Glen Chipman, CFO.

Excused: Patrick Henry and Bonita Thomas.

Staff: Lori TerBush, Recording Secretary.

**Meeting was called to order at 1:05 p.m. by C. Holloman.**

**1. Adoption of Agenda**

**S. Olson moved to accept the agenda, supported by S. Schwartz. *Motion carried.***

**2. Roll Call**

Board Chair called for a roll call, all present, absent and excused noted.

**3. Public Participation**

None

**4. Approval of December 15, 2023, Board Minutes**

**J. Hardman moved to approve the December 2023 minutes, supported by A. Bagley. *Motion carried.***

**5. FY23 October 2022-September 2023 Financial Packet (complete packet on file with minutes)**

**a. November 2023**

G. Chipman reviewed the November financial packet, which was discussed in detail. Total revenue for November 2023 was \$526,297 compared to budget of \$556,050. Total expenses for November were \$525,457 compared to budget of \$550,133. The balance sheet shows good net position.

The Cost, Reimbursement & Productivity Statistics page was reviewed and discussed in detail. Unique Patient Count was 562 for November compared to a budget of 750. The Medicaid eligible encounters were 974 compared to the budget of 1,318. The total cost per encounter was \$367 compared to a budget of \$321. The cost per encounter varies due to the variable costs and total encounters.

Reconciliation of Medicaid Wrap Advance Payments in Deferred Revenue sheet was reviewed and discussed.

Financials for the Burton location was reviewed and discussed.

**b. December 2023**

G. Chipman reviewed the December financial packet, which was discussed in detail. Total revenue for December 2023 was \$520,730 compared to budget of \$556,050. Total expenses for December were \$537,525 compared to budget of \$550,133. The balance sheet shows good net position.

The Cost, Reimbursement & Productivity Statistics page was reviewed and discussed in detail. Unique Patient Count was 364 for December compared to a budget of 750. The Medicaid eligible encounters were 931 compared to the budget of 1,318. The total cost per encounter was \$382 compared to a budget of \$321. The cost per encounter varies due to the variable costs and total encounters.

Reconciliation of Medicaid Wrap Advance Payments in Deferred Revenue sheet was reviewed and discussed.

Financials for the Burton location were reviewed and discussed.

**S. Olson moved to approve the November and December financials, supported by S. Schwartz. Motion carried.**

**6. Quality and Safety Summary**

**a. November and December 2023 Quality Meeting Minutes**

The November and December quality meeting minutes were discussed in detail. The Collaborating Provider Review and Agreement, the Quality Work Plan, the GCHC Collaborating Physician Policy, the Quality Improvement and Quality Assurance policy, and the GCHC Disrupting, Threatening or Violent Behavior policy were all reviewed and discussed.

**M. Wright moved to approve the November and December 2023 Quality Committee Minutes, Collaborating Provider Review and Agreement, the Quality Work Plan, the GCHC Collaborating Physician policy, the Quality Improvement and Quality Assurance policy, and the GCHC Disrupting, Threatening or Violent Behavior policy, supported by E. Rushing. Motion carried.**

**7. Personnel Committee**

S. Schwartz noted committee had a discussion on adding addition board members. J. Troop reviewed the board member ratio, which is now at 11 members, 6 of whom are patients, which puts us at 55% patient. HRSA requires that we have at least a 51% ratio. As a special population's grantee, we have maintained a waiver status. Since the board of directors has agreed to apply for full 330 status, a waiver would no longer be an option. We do have interest from a patient in becoming a board member. Discussion was held on adding another patient board member. The board agreed we should continue to add additional board members and an application will be sent out to the interested patient.

**8. Strategic Planning Committee**

C. Holloman stated that the strategic planning committee is currently reviewing the co-Applicant agreement and the bylaws. M. Wright asked to join the strategic planning committee.

**9. Marketing and Outreach**

J. Troop stated that she met with TownSquare Media to review the monthly report and our numbers continue to look good. M. Wright asked to include the report with the board packet moving forward.

**10. Executive Director's Report**

Kyndra Morton began working at GCHC in September 2023. Her credentialing was approved at that time, however, it was not documented in the minutes from September 2023. Including it now so it is in the minutes for compliance.

Re-credentialing for Dr. Phung and Jori Reigle has been completed and approved.

J. Troop stated that she and G. Chipman are currently reviewing all expenses. J. Troop discussed the process change related to the Same Day and Appointment Availability Reporting. The specific time slots for Same Days have been removed from the schedule. She stated these slots were not always used and the reserved times didn't always work well for the patients. The new process involved the providers identifying potential times in their schedule that are available if a patient needs to be seen that day. If scheduled, these appointments are identified as a Same Day Event. This along with appointment availability and no shows will be monitored daily instead of as a point-in-time assessment. Also, one of the Nurse Practitioners will be initiating a Quality Improvement Project for their doctorate program specific to no shows.

**11. OSV!**

J. Troop noted she completed another board orientation session with a new board member. They had requested acronym listing, which she will get to everyone when completed.

The 2024 GCHC sliding fee was reviewed in Finance and approved with a change to line 6. The structure has not changed it is just updated to meet 2024 Federal Poverty Guidelines.

**M. Wright moved to approve the 2024 GCHC Sliding Fee with the change to line 6, supported by S. Schwartz. Motion passed.**

**12. Other**

Follow up on last month's discussion of the Behavioral Health program: J. Troop stated that she spoke with the behavioral health team regarding specifics regarding complaint as well as policies and procedures. Overall procedures were followed. There are always opportunities for improvement and we are working on the best practices. Discussion was held on refill process. J. Troop noted there will be a deeper dive in how the process works for all medications (both medical and psychiatric medications) and what opportunities there are for improvements in the process.

**13. Adjourn**

The meeting adjourned at 2:11 pm.

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

*Respectfully submitted by* Lori TerBush, Administrative Assistant

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Claudnyse Holloman, Chair, Board of Directors, Genesee Community Health Center