



GCHC BOARD OF DIRECTORS

Friday October 25, 2024

1:00 p.m.

Genesee Community Health Center

Via Zoom/In Person CCIS

Board Members Present via Zoom: Elizabeth Rushing, Jorain Hardman, Tabitha Neff

Board Members Present: Michael Wright, Steve Schwartz, Bonita Thomas, Claudnyse Holloman, Melvin Eckles

Staff Members Present: Jean Troop, Executive Director, Glen Chipman, GHS CFO, Lisa Shumpert, Chief Compliance Officer

Staff Members Present via Zoom:

Excused/Absent: Angela Essenburg (excused), Autumn Bagley (excused)

Staff: Karen Hillman, Recording Secretary

Meeting was called to order at 1:00 p.m. by Chair, Claudnyse Holloman.

1. Adoption of Agenda

M. Wright moved to accept the agenda, supported by J. Hardman. *Motion carried.*

2. Roll Call

The Chair called for roll call, all present, absent, and excused noted. M. Eckles introduced himself as a new board member. He is a family navigator with Involved Dads.

3. Public Participation

None

4. Board Spotlight

J. Hardman announced her 13-year sobriety date October 31, and her heartfelt appreciation to GHS and GCHC for helping her through her journey. J. Troop announced she is 1 year cancer free October 31st. K. Hillman celebrated 19 years cancer free this October.

5. Approval of September 5, 2024 Board Minutes

M. Wright moved to approve the September 5, 2024, minutes, supported by S. Schwartz. *Motion carried.*

6. Conflict of Interest

L. Shumpert reviewed the Stands of Conduct policy, reminding all that every board member, officer, employee, contractor, or locum tenens of GCHC is responsible for ensuring that his or her conduct is consistent with GCHCs policies and procedures, and with generally accepted standards of professionalism, courtesy, and respect. Board members must also abide by the standards set in the Board Members Conflict of Interest policy and attestation policy for GCHC. No board member, officer, employee, contractor, or locum tenens of GCHC may solicit or accept gifts, gratuities, favors or anything of value from contractors or potential contractors of GCHC. The board of directors recognizes the integrity that includes confidentiality and HIPPA compliance while maintaining GCHC's reputation. Reminding everyone that if they have questions, please contact her. The ethics hotline and L. Shumpert's information are available on GHS and GCHC website or can be provided if needed. Patients can also contact L. Shumpert if they have any questions or concerns. All board members sign and date a confidentiality agreement every year. Forms were provided to members at the meeting today, L. Shumpert reviewed them during the meeting and members were allowed to ask questions.

7. FY24 October 2023-September 2024 Financial Packets (complete packet on file with minutes)

a. August 2024 Financials

G. Chipman reviewed the August financial packet, which was discussed in detail. Total revenue for August 2024 was \$493,790 compared to the budget of \$556,050. Total expenses for August were \$491,985 compared to the budget of \$550,133. The balance sheet shows a good net position.

The Cost, Reimbursement & Productivity Statistics page was reviewed and discussed in detail. The Unique Patient Count was 149 for August compared to a budget of 200. Medicaid eligible encounters were 860 compared to the budget of 1,318. Total encounters for the month were 1,609 compared to the budget of 1,716. The total cost per encounter was \$306 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 and the Deferred Revenue sheet was reviewed and discussed.

Financials for the Burton location were reviewed and discussed in detail.

**M Wright moved to approve the August 2024 financials, supported by S. Schwartz.
*Motion carried.***

b. September 2024 Financials

G. Chipman reviewed the September financial packet, which was discussed in detail. Total revenue for September 2024 was \$500,066 compared to the budget of \$556,050. Total expenses for September were \$499,096 compared to the budget of \$550,137. The balance sheet shows a good net position.

The Cost, Reimbursement & Productivity Statistics page was reviewed and discussed in detail. The Unique Patient Count was 111 for September compared to a budget of 200. Medicaid eligible encounters were 789 compared to the budget of 1,318. Total encounters for the month were 1,438 compared to the budget of 1,716. The total cost per encounter was \$347 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 and the Deferred Revenue sheet was reviewed and discussed.

Financials for the Burton location were reviewed and discussed in detail.

M Wright moved to approve the September 2024 financials, supported by S. Schwartz. Motion carried.

c. FY25 Budget

G. Chipman presented the FY25 proposed budget. Differences between FY24 and FY25 were reviewed in detail, in particular the Salary and Wages, Contract Labor and Community Outreach/Marketing. Four existing grants for the 2025 budget were discussed along with patient revenue projections. New finance position was included in the Salary and Wage line item and there was some discussion around the Marketing budget. J. Troop was asked to review and come back with a plan to determine any additional adjustments to that line item.

M Wright moved to approve the 2025 Budget, supported by S. Schwartz. Motion carried.

8. Quality and Safety Summary

The September 2024 Quality Committee meeting minutes were discussed in detail. Of note were: Quarterly Collaborating Provider Chart Review was reviewed by Dr Phung and M. Campbell. Clinic has been adhering to required guidelines, with some focus on documentation improvement. S. Wood noted that the clinic has received CHQR Badges for HRSA HIT and Quality Leader. Quality Leader improved from bronze badge to silver badge. No policies for review or approval. J. Troop mentioned that MCHN meet last week, hypertension requirements passed audit.

B. Thomas moved to approve the September 2024 Quality Committee minutes, supported by S. Schwartz. Motion carried.

9. Personnel Committee

S. Schwartz reported that the committee meet October 24, 2024. No new compliance issues. J. Troop advised clinic is fully staffed but will need to hire a Integrated Care Behavioral Health Clinician due to R. Lewis leaving the health center. The committee is still looking for community board members, J. Troop may have another applicant.

10. Executive Director's Report

J. Troop noted that Strategic Capital Plan update on Burton location was moving forward. The city was working to fix the sewer issue and footings were going in before the cold weather so the building could begin. Budget would be adjusted and brought back for review, but overall it looked like cost would increase around \$200,000 due to the delays and increase in overall cost of goods.

Operational Site Visit was completed last month, there were no surprises in the exit interview. We did have the few items that were noted during the board visit with them and that you already approved to be corrected during last month's board meeting.

GCHC continues to attend a few events each month as community outreach. I am working with GHS marketing team to create a marketing plan to bring to you in the next month or two on how we will incorporate your suggestions as we end our TowneSquare contract.

11. OSV!

Our OSV was completed last month!! We did have the few items, 3 that related to our scope of project, or Form 5A (dental preventative we moved to column A from column B and restorative we removed from column B and will wait until we get Burton location addition going to add back if you choose to do that) and (pharmaceutical) we added to Column A as we do offer injections and other emergency meds in the office. Form 5A is included in the packet for review and approval. The other two related to the sliding fee and Quest. We did have Quest provide an addendum to our contract, which is was included for review and approval. This addresses both the remove of Quest sliding fee scale (which was not as good as ours) and added in language that addressed the patients with third party insurances and that they would not pay any more than sliding fee amount if they qualified for sliding fee. These were added to Electronic Handbook to complete the task that was entered by our HRSA representative relative to these findings. She has until 11/01/2024 to respond. This is considered our CRO period in which we can correct the issues without any conditions being placed on the grant.

E. Rushing moved to approve Form 5A and Quest Addendum, supported by M. Wright. Motion carried.

Secondly we just reviewed the COI policy. Dr Shumpert reviewed the policy and discussed the importance of identifying perceived or potential conflicts and to just ask if there are any questions. We want to be open and transparent. It is important to complete the forms, sign and date them and we keep them on file annually. This is all part of compliance and is a program requirement of our grant.

12. Adjourn

The meeting adjourned at 2:28 p.m.

M. Wright moved to adjourn, supported by S. Schwartz. Motion carried.

Respectfully submitted by: Karen Hillman, Administrative Assistant

Signature on file: C. Holloman, Chair, Board of Directors, Genesee Community Health Center

