Board of Directors
Meeting Minutes
Friday, August 28, 2026
11:00 A.M.
Genesee Community Health Center
Via Zoom/In Person CCIS

Board Members Present: Steve Schwartz, Elizabeth Rushing, Claudnyse Holloman, Bonita Thomas

Board Members Via Zoom: Tabitha Drummond, Jorain Hardman

Staff Members Present: Jean Troop, GCHC CEO, Glen Chipman, GHS CFO, Karen Hillman, Recording Secretary

Staff Members Via Zoom:

Excused/Absent: Autumn Williams (excused), Michael Wright (excused), Melvin Eckles (excused), Angie Essenburg (excused), Sandy Sweet (excused)

Meeting called to order at 11:00 AM by Chair, Claudnyse Holloman

1. **Adoption of Agenda**
   S. Schwartz moved to accept the agenda, supported by E. Rushing. *Motion carried.*

2. **Roll Call**
   The Chair called for roll call, all present, absent, and excused noted.

3. **Public Participation**
   None.

4. **Approval of July 31, 2026, BOD Minutes**
   S. Schwartz moved to approve July 31, 2026, minutes, supported by J. Hardman. *Motion carried.*

5. **FY26 October 2026- September 2026 Financial Packet (complete packet on file with the minutes)**
   a. **July 2026 Financials**

G. Chipman reviewed the July financial packet, which was discussed in detail. Total revenue for July 2026 was $482,085 compared to the budget of $516,093. Total expenses for July were $497,136 compared to the budget of $513,613. 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 113 for July compared to the budget of 200. Medicaid eligible encounters were 644 compared to the budget of 1,105. Total encounters for the month were 1,254 compared to the budget of 1,665. The total cost per encounter was $396 compared to the budget of $308. The cost pr encounter varies due to the variable cost 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.

E. Rushing moved to approve the July 2026 financials, supported by B. Thomas. ***Motion carried.***

6. <u>Quality and Safety Summary</u>

The July 2026 Quality Committee meeting minutes were reviewed in detail. J. Troop noted that the reports were included in the packet.

The Credentialing/Privileging memo was reviewed for Shelley Hughes, DNP,APRN,PMHNP-BC. All information is complete, and there are no issues for concern.

J. Troop discussed the CY26 QRT 2 Collaborating provider review, UDS Quality Measured Jan-June 2026 report, the Flint and Burton PCMH certificates July 2026, and the Quality Work Plan 2026 Bi-annual update report. Copies were provided and questions were answered.

T. Drummond moved to approve the July 2026 Quality Committee minutes, supported by J. Hardman. ***Motion carried.***

7. <u>Personnel</u>

The 2026 Board Composition was presented for review. C. Holloman discussed in detail the report provided in the packet, questions were answered. The Board composition is representative of the community and patient base, meeting compliance.

8. CEO Report

J. Troop reviewed the FY27 Board of Directors Monthly Meeting Schedule. Dates were discussed. C. Holloman recommended that the board meeting time be changed to 11 am. Vote was taken and members agreed, time changed to 11am. Will revisit if needed.

J. Troop recapped NHCW26 Patient Appreciation Day event. Several board members were in attendance. This year's event brought in about 30 vendors providing the community with much needed resources.

J. Troop noted GCHC did receive Patient Centered Medical Home recognition from NCQA. Also noted were the HRSA Community Health Quality Recognition (CHQR) badges awarded to GCHC. This year the Health Center Quality Leader award improved from silver status to gold status, meeting the top 10% of UDS measures. GCHC also received the High-Value Care badge, the National Quality Leader badge for Diabetes and Heart health, and the Advancing HIT for Quality badge.

9. OSV!

J. Troop reviewed Chapter 10 from the HRSA program requirements manual. This covers quality improvement and insurance monitoring. UDS is reported quarterly. Noting the CHQR badges were a direct reflection of the quality of care provided and the quality improvement that is occurring. Noting also that Peer reviews and credentialing are completed and brought to the board for review. All of this helps to keep the health center in compliance.

10. Adjourn

The meeting adjourned at 11:30 AM

Respectively submitted by Karen Hillman, acting as Recording Secretary.

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