

GOVERNANCE BOARD MINUTES OF MONTHLY MEETING

July 14, 2022 via Hybrid Meeting (In-Person & Teleconference)

5:00 p.m.

Knox County Health Department

1361 W. Fremont St.

Galesburg, IL 61401

The Knox Community Health Center Governance Board monthly meeting was held via Hybrid Meeting (In-Person & Teleconference) on July 14, 2022. President Karen Lynch called the meeting to order at 5:00pm. Governance Board members present in-person were Karen Lynch, Marty Andrews, Diane Munson, and Gayle Keiser (arrived at 5:15pm). Governance Board members present via teleconference were Sammi Durdle, Bill Butts, Harlan Cook (joined at 5:05pm), Amber Miles (joined at 5:05pm), and Angela Petersen. Also attending in-person were Michele Gabriel, CEO; Reina Reyes, COO; Staci Simpson, Director of Operations; Dr. Andrea Miller-Finch, Dental Director; Dr. Robert Wagner, Chief Medical Officer; and Tina Jockisch, Administrative Clerk. Absent were Tara Hillier and Christina King. President Karen Lynch declared a quorum.

ADDITIONS TO AGENDA

Ms. Gabriel, CEO for the Knox Community Health Center reported there was one addition to the July 14, 2022 agenda: under Director of Operations, Update to Governance Board Binders.

APPROVAL OF MINUTES

A motion to approve the minutes of the June 9, 2022, meeting as circulated was made by Angela Petersen and seconded by Sammi Durdle the motion for approval was unanimously adopted by a voice vote.

PRESIDENT'S COMMENTS

The first item on the agenda under President's Comments, President Lynch stated she spoke with Harlan Cook and he is willing to continue on as a Board Member for another three-year term. President Lynch asked the Board for a motion to Reappoint Board Member Harlan Cook. A motion to Reappoint Board Member Harlan Cook was made by Marty Andrews and seconded by Sammi Durdle, the motion for approval was unanimously adopted by a voice vote.

The next item on the agenda under President's Comments, Board Training: Chapter 4: Financial Oversight (Facilitator: Michele Gabriel). Ms. Gabriel facilitated the educational presentation stating this is not a very detailed training, it is more of a summary of Financial Oversight features the Governance Board is responsible for. Michele pointed out the Governance Board is slightly different because they are a public center, have a Co-Applicant Agreement, and they are government so there are a few differences; Michele stated she will point out the differences throughout the training. Michele stated the Governance Board is responsible for approving and monitoring the Community Health Center budget, approve annual budget before the Board of Health approves final budget for the entire organization, approve a budget during the annual budget progress report or the annual service area competition, this report is sent yearly in November, which is actually an application; there is a total budget which includes expenses and projections for revenue and finances in the report that The Governance Board approve. Michele stated as a government entity we are required to provide a balanced budget, additionally the Health Department's budget is projected based on being fully staffed, as a county entity those individuals must be in our budget in order to hire; otherwise, the only way we could hire if they are not in the budget is to submit a budget adjustment. Our projections are based on being fully staffed, averages of what other Health Centers see per provider, our revenues are based on our average receipt for claims, so we will end up getting an average that we get paid for claims. Additionally, the Board looks at an income statement every month that shows the budget and what we spent verses what we budgeted for revenues and

expenses; we do not do a balance sheet because we are a county entity, we do what is consider as cash accounting, so we do not recognize any revenue until we actually receive the revenue. Michele stated the Governance Board has to ensure they have financial controls in place, which are mechanisms that are used to prevent fraud, waste, abuse, and mismanagement of funds in the organization. Michele stated the person that receives payment will not be the same person that deposits it at the bank; there must be different levels of financial responsibility so you can make sure someone is watching what someone else is doing. Michele noted there are various bank accounts that she balances because Jerome makes the deposits; when the Governance Board approved the Health Department's Financial Policies last month, they contain the requirements for different levels of protection. Michele stated the Governance Board review the Audit; The Governance Board approve policies and procedures that support financial management along with the Board of Health due to the Co-Applicant Agreement. Board of Health as a co-applicant handle personnel issues, and finance; the Governance Board uses the Board of Health personnel policies, financial policies, and their financial oversight. Governance Board remains in control of operations, access concerns, hours of operation, making sure everything is accessible, control of finances related to sliding fee scale program, which is reviewed annually, and financial reports and measures,

The final item on the agenda under President's Comments, President Lynch asked for volunteers from the Governance Board to Form Joint Committee for Administrator's Performance Evaluation and Compensation with members of the Board of Health. President Lynch stated she could oversee and help the volunteers with the Joint Committee for Administrator's Performance Evaluation and Compensation which will be due by the September meeting. Marty Andrews and Angela Petersen volunteered along with President Lynch from the Governance Board to be on the Joint Committee for Administrator's Performance Evaluation and Compensation with the Board of Health members.

STANDARD MONTHLY OPERATIONAL REPORTS

The only item on agenda under Standard Monthly Operational Reports, Michele Gabriel, CEO, presented the June 2022 Standard Monthly Operational Reports. These are reports that provide operational and performance measures data for the Community Health Center and are provided to the Governance Board each month. Reina Reyes, COO stated the first few reports are standard monthly reports, included is the Outreach Plan from January to June 2022 and Outreach Plan July to December 2022, the goals are essentially the same, however, they combined some of the goals that were similar in nature such as Outreach, so they did not have a long report. Reina stated also included in the Standard Monthly Operations Reports is the New Patients by Provider Data, noting the zeros represented on the report under Heather Frakes and Dr. Miller-Finch, there were no new patient appointment slots for last month to be able to accurately track this measure currently. We have now created new patient appointment slots so we can gather that information.

Ms. Gabriel closed asking for questions or comments from Board members. A motion to approve the June 2022 Standard Monthly Operational Report as presented was made by Marty Andrews and seconded by Amber Miles, the motion for approval was unanimously adopted by a voice vote.

EXECUTIVE DIRECTOR'S

The first item on the agenda under the Executive Director's report, Michele Gabriel, CEO, updated the Governance Board on Operational Site Visit Preparation; July 20-22, 2022, Michele stated the Virtual Site Visit schedule is included in your Board packet, pointing out there are three site visit reviewers, Admin Governance Reviewer/Team Leader, Clinical Reviewer, Financial Reviewer and HRSA Federal Representative who is an expert in site visit protocol but not familiar with our agency; previously our Project Officer would have attended our site visit, however, HRSA has they have made that change. Michele stated if Board members are in the building for a meeting, we will be linking into one of these links in the boardroom so you can participate; for Board members participating from home, we will send you the link to log on from home. Michele noted there are three opportunities where the Governance Board can participate, Wednesday July 20 during the Entrance Conference, Thursday July 21 during the Review with Governance Board, and Friday July 22 during the Exit Conference. Michele stated she will

send information to the board with the appropriate links if they wish to join in any of the three sessions. Michele stated she has not received a confirmation of any Board of Health members attending the joint session with the Governance Board, however she confirmed with HRSA that the requirement was for the Governance Board members to attend, so if the Board of Health members are unable to attend it will not affect the Health Department adversely.

The next item on the agenda under the Executive Director's report, Michele Gabriel, CEO, updated the Governance Board on National Health Center Week August 7-13, 2022, Michele stated we do public promotions, outreach, and celebrate with our staff; this year we are working on t-shirts for staff to celebrate the Community Health Center's ten-year anniversary, additionally the Health Department will do promotional radio and social media output.

The final item on the agenda under the Executive Director's report, Michele Gabriel, CEO, updated the Governance Board on ADA Improvement Capital Project, Michele stated Reina has primarily done the work on the project for our Capital Grant; which is making physical and structural improvements to the building; such as improve accessibility to the Health Center primarily the front entrance, currently paramedics are unable to bring a stretcher through the Health Center doors, they must enter through the Health Department doors and go through the building to get to Health Center. There will be a few other changes inside the Health Center to make it more ADA accessible. Michele stated the bid project was done through Bruner, Cooper and Zuck (BCZ), they developed the project, put together the bid and put it out; however, we only received one bid from Hein Construction for \$289,000 and it is within the budget of the grant. Michele noted we are still waiting the HVAC units to arrive, when we ordered them, they had a twenty-week lead time.

CHIEF FINANCIAL OFFICER

The first item on the agenda under the Chief Financial Officer's report, Michele Gabriel reviewed with the Governance Board the July 2022 Financial Statements, TSI Collections Report, Month End & eCW. Ms. Gabriel reported a current net revenue over expenditures of (\$7,526.99) for the period ending June 30, 2022, actual net revenue over expenditures year to date is \$240,974.96. Michele stated our revenues are down since we are missing one Dentist, one APN and three Behavioral Health Counselors. Michele reminded the board the Billing Reports are what was completed during the month, they do not go by date of service, they go by billing date; we billed charges totaling \$111,412.06, received payments of \$60,633.76, and our average completion lag for the month is seven days, Michele noted HRSA is beginning to watch this, their benchmark is fourteen days. Michele pointed out our average payment per claim is \$65.96, this number is lower than what was budgeted, historically our average payment per claim was between \$85 and \$90, we do not have an explanation for the reduction at this time. Michele stated for Accounts Receivable we normally want 40% in 0-30 days, 40% 31-90 days and no more than 20% over 90 days; noting there is a lump in the over 120 days which are patient balances which are primarily sliding fee balances, we are working on figuring out what to do with a patient refusal to pay policy. Michele stated the Health Center needs to develop a refusal to pay policy, however, she will be looking to our HRSA site reviewers for guidance to determine what to do if the patient is unable to pay or refusing to pay. Michele stated we received approximately \$5 for every \$1 we spend through written collections, verbal collections they do not charge us, so we receive 40% and they receive 60% of the amount collected. A motion was made by Marty Andrews to approve the July 2022 Knox Community Health Center Financial Reports as presented and seconded by Amber Miles, the motion for approval was unanimously adopted by a voice vote.

The next item on the agenda under the Chief Financial Officer's report, Michele Gabriel reported to Governance Board the 2nd Quarter 2022 Business Plan Reports, Michele reviewed the unduplicated visits and unduplicated patients which are compared to HRSA targets and the target for our budget verse what we have done. Michele went on to review the actual cost per patient and per visit for Medical, Dental, and Behavioral Health patients, the numbers are reported in the UDS report when they are finalized and

compared to State and National numbers. Community Health Center numbers remain low for actual visits and patients, noting there is outreach work going on. Michele stated the cost per patient is the total cost per year divided by the number of visits, the cost per visit is what it cost us to provide one visit. Michele noted the Accounts Receivable over 9-0 days is 38%, lag time for the current month is 5 days, net collections rate for current month is 76% and net collections rate overall is 95%. Michele noted that HRSA would like to see grant revenues as less than thirty percent of total revenues; however, the CHC is generally higher than thirty percent, due to COVID grants the grant revenues as a percentage of total revenues is near seventy percent. Michele noted the Community Health Center budgets and grant applications are written based on being fully staffed with providers, currently they are down one Dentist, one APN, and three Behavioral Health Counselors. Michele noted the financial statements are broke down by Medical, Dental, and Behavioral Health to show how each division is doing and what their cost are. Michele closed noting the 340b program report is how the Community Health Center monitors how much they are paying out for pharmaceuticals to Cardinal Health and what revenue comes in from Walgreens for the 340b program, current revenue was \$15,302.41 and expenses were \$5,772.13 for a profit of \$9,530.28. A motion to approve the 2nd Quarter 2022 Business Plan Reports as circulated was made by Bill Butts and seconded by Marty Andrews the motion for approval was unanimously adopted by a voice vote.

The final item was an addition to the agenda under the Chief Financial Officer's report, Michele Gabriel updated the Governance Board on the FY23 Budget Development, Michele stated the Health Department is still working on the FY23 budget, looking at staffing plan, and wage study which are still under development, so nothing new to provide on the FY23 budget.

QUALITY MANAGEMENT

The first item on the agenda under Quality Management, Reina Reyes, COO, reviewed with Governance Board the Performance Measures Report June 2022. Reina stated the monthly report is the review of the UDS standards; our quality assessment of the services the Health Center provides. A motion was made by Amber Miles to approve the Performance Measures Report June 2022 as presented and seconded by Marty Andrews, the motion for approval was unanimously adopted by a voice vote.

The final item on the agenda under Quality Management, Reina Reyes, COO, presented to the Governance Board the 2nd Quarter Performance Measures Report 2022. Reina stated this is a measure of second quarter, we recently changed how we measure them; the UDS measures we have attained first quarter January through March, second quarter January through June, third quarter January through September, and fourth quarter January through December. Reina stated previously we measured three months at a time, and UDS is looking at cumulative measures over time. A motion was made by Amber Miles to approve the 2nd Quarter Performance Measures Report 2022 as presented and seconded by Gayle Keiser, the motion for approval was unanimously adopted by a voice vote.

RISK MANAGEMENT

The only item on the agenda under Risk Management, Reina Reyes, COO, presented to the Governance Board the 2nd Quarter Risk Management Report 2022, Reina stated we went over the Risk Management Plan with all of the staff, this report consists of Quarterly Sample Medication Audit, Lab Audit, Environmental Safety Walk Through, HIPAA Security Risk Audit, Verify/Comply Office of Inspector General (OIG) – all staff and board members are checked through Verify/Comply database with no reportable findings, and the Risk Management Assessments, Second Quarter Risk Management Report presented with findings. Reina stated the second part of the Risk Management Report is the 2nd Quarter Risk Management Dashboard, this is a summary of High-Risk Quarterly Risk Assessments, Adverse Event/Incident Reports, Training and Education, Risk and Patient Safety Activities, and Claims Management. Reina stated we lost the use of our training module in January, however, we recently did some in-person training to get us caught up and searched out ECRI which offer trainings for staff. Reina noted we had two near misses and one unsafe condition in the Dental Area, two instances of tools not

being cleaned properly, and one instance of a room not being cleaned properly. When they were reported, we discussed it, did a root cause analysis, and identified that our training program for new employees in that department and throughout the Health Center need improvements. A motion was made by Gayle Keiser to approve the 2nd Quarter Risk Management Report 2022 as presented and seconded by Diane Munson, the motion for approval was unanimously adopted by a voice vote.

CHIEF OPERATIONS OFFICER

There were no items on the agenda under Chief Operations Officer Report.

DIRECTOR OF OPERATIONS

There was one addition to the agenda under Director of Operations, Staci noted she had a couple updated items for your Governance Board Manual, there is a sheet listing the changes of what can be removed and replaced with the new items. Staci stated for the members not at the meeting she will mail their packet with the updated items.

OLD BUSINESS

There were no items on the agenda under Old Business.

NEW BUSINESS

The first item under New Business, Michele Gabriel, CEO, presented to Governance Board the Change in Scope Adjustment Request; Michele stated while we were preparing for the site visit, we were reminded that we have Psychiatry services in our scope and project as being provided inhouse, previously we had a Psych APN inhouse, however, we have been unable to hire another Psych APN. Michele stated we need a change of scope to reflect we do the services by MOU, so we refer them out, we have a MOU with Bridgeway; Michele will put in a change in scope saying we are moving those services to column two and three which means we do them by referral with the individuals we have a MOU with. Michele stated HRSA may come back to us and say we need an actual contract with an entity that will take our referrals. Michele stated she will continue to see if there are any other services out. A motion to approve the Change in Scope Adjustment Request as discussed was made by Amber Miles and seconded by Marty Andrews, the motion for approval was unanimously adopted by a voice vote.

The final item on the agenda under New Business, Michele Gabriel, CEO, discussed with Governance Board the CHC Sliding Fee Schedule Program Analysis and Federal Poverty Level, Michele stated while we were preparing for the site visit, part of our review is to look at the data for our sliding fee schedule, patient surveys, it has been a while since we have asked about prices such as fee schedules, flat fees, etc.

Michele stated as part of the Health Center Program the Governance Board is required to review the sliding fee discount program at least once every three years; they review it at least once a year with the federal poverty levels, however, we have not reviewed actual structure of the program since its inception. Michele stated they have noticed some phenomenon's happening within the Health Center as you know our patient numbers are low, our sliding fee scale goes up to 200% over poverty level it is set by the program, so we are unable to change it and Michele noted OSF's goes up to 400% over poverty level. Michele stated the Health Center has experienced individuals who are not willing to fill out the paperwork for the program, they say they do not qualify; our sliding fee scale patients are not paying their flat fee that they are charged, and we need to look at a policy with guidelines to determine if they are not paying because they refuse to pay or are they financially not able to pay. Michele stated we will be reviewing the sliding fee schedule to see if we want to change how it is done, make it more lenient or keep it the same. Michele stated she plans on asking our HRSA site visitors. This program is based on federal poverty level guidelines and the federal minimum wage is \$7.25, however, the minimum wage in Illinois is \$12 and will go up to \$13 January 1, 2023; the cost of living in Illinois has gone up also. Michele feels there are people that fall in between because of the difference in federal and state poverty levels;

they are experiencing issues in LIHEAP and other federal programs that use the federal minimum wage. Michele does not know if there is anything we can do, the program does not support itself so there is no additional revenue from the program that could pay for people who are over 200% poverty level. However, there is some language Michele wants to review with HRSA to see if there is a way for the Sliding Fee Schedule Program to be adjusted because of the difference in cost of living. Michele stated the Health Department instituted collections for anyone over 200% poverty level and you do not pay your bill, we send them to collections. Michele stated grant money should account for 30% of our revenue, however, the Health Department has always been higher than that. Michele noted Dental and Behavioral Health have always been busy, however, HRSA has clearly stated you cannot have Dental and Behavioral Health programs without a Medical program.

MEDICAL DIRECTOR

There were no items on the agenda under the Medical Director's Report.

DENTAL DIRECTOR

There were no items on the agenda under the Dental Director's Report.

BEHAVIORL HEALTH DIRECTOR

There were no items on the agenda under the Behavioral Health Director's Report.

EXECUTIVE SESSION

There were no items on the agenda under Executive Session.

RETURN TO OPEN SESSION

There were no items on the agenda under Open Session.

ADJOURNMENT

A motion was made by Marty Andrews to adjourn the July 14, 2022, Governance Board meeting at 6:25pm; the motion was seconded by Diane Munson. the motion for approval was unanimously adopted by a voice vote.

Michele Gabriel, MPH, Administrator/CEO

Sammi Durdle, Secretary

Respectfully Submitted By: Tina Jockisch
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