

Falls Community Health Governing Board Minutes
Thursday, March 16, 2017, at 12:00 pm

Present: Linda Karnof, Jim Kellar, John Peterson, Katie Reardon, Bruce Vogt, Cindy Binkerd, Tracy Johnson, Jonathon Ott

Absent: Susy Blake, Gwendolyn Martin-Fletcher,

Staff Present: Jill Franken, Alicia Collura, Amy Richardson, Dr. Jennifer Tinguely, Erin Hartig, Rick Pudwill, Lisa Stensland

Guest: Dr. Mark Huntington

Call to Order: The meeting was called to order by Jim Kellar at 12:00 pm.

A motion was made to approve the consent agenda items including the minutes for Falls Community Health Governing Board dated February 16, 2017, and the QA/QI minutes dated February 27, 2017 supported by Bruce, seconded by Linda, motion carries.

BOARD MEMBER APPROVAL:

A motion was made to accept the appointment of Brent Christiansen, supported by Linda, seconded by John, motion carried.

FINANCIAL REPORT:

The Falls Community Health reports attached are through the month ending February 28, 2017. We are 17% through the fiscal year. The last financials presented were through the month of December 2016.

Operating Revenues:

- Net Patient Revenue consists of all patient charges/fees. Total Net Patient Revenue for February came in at \$499,728 which is 17% of the YTD actuals to annual budget.
- Total Grant Revenue of \$211,016 includes grant drawdowns from the Community Health Center, HIV Prevention and Refugee grants. Ryan White draw down was postponed until March.
- Total Other Revenue is \$4,080.

Total Operating Revenues YTD February is \$1,421,781, which is 15% YTD actuals to annual budget.

Operating Expenses: Operating expenses are classified within 7 categories. Total expenses were \$770,658 for the month of February.

- Personnel expenses are at 12% of the budget. 2017 is \$324K favorable to YTD budget.
- Professional Services are at 14% of the YTD budget. This category includes payments to Center for Family Medicine, locum providers, interpreter services and laboratory expenses. 2017 is \$54K favorable to YTD budget.
- Rentals are at 3% of the YTD budget. Technology charges occur in July of every year.
- Repair and Maintenance is at 9% of the YTD budget. 2017 is favorable \$5K to YTD budget.
- Supplies and Materials are at 12% of YTD budget. Category includes general medical and dental supplies, immunization & pharmaceuticals as well as the monthly maintenance of the electronic medical and dental software systems. 2017 is \$32K favorable to YTD budget.
- Training is at 16% of the YTD budget. The majority of expense are continuing education expenses and out of state travel. 2017 is \$1K unfavorable to YTD budget.

- Utilities are at 1% YTD budget. The majority of this expense occurs quarterly. Last payment occurred in December. Next payment will occur in March. 2017 is \$16K favorable to YTD budget.

Non-operating Revenue (Expense):

- Other Revenue is at 27% of the budget and includes USD dental lease payments and recovery of prior year revenue.
- Estimated Uncollectible Revenue is (\$149,977) for February 2017 and is \$163K unfavorable to YTD budget.

Net Income (Loss): February actuals are (\$184K) and YTD \$1.1K. 2017 is \$194K favorable to 2017 budget.

A motion was made to accept the January and February financial reports, supported by Katie and seconded by Cindy, motion carries.

A motion was made to accept the Falls Community Health Sliding Fee Schedule Based on Poverty Guidelines Published January 26, 2017, supported by Bruce and seconded by Linda, motion carries.

Dental Fees:

A health center is required to develop a fee schedule that includes all in scope services covering reasonable costs and consistent to local rates.

For the fee schedule review, below is the dental cost per patient, dental cost per visit, average charge per patient and average charge per visit. Dental costs are all the expenses incurred to run the dental clinic, average charges are those you would see on a patient statement or sent to insurance.

	2015	2016
DENTAL COST PER PATIENT	\$483	\$511
DENTAL COST PER VISIT	\$226	\$241

	CURRENT FEE SCHEDULE	PROPOSED FEE SCHEDULE
AVERAGE CHARGE PER PATIENT	\$460	\$560
AVERAGE CHARGE PER VISIT	\$217	\$264

Dental	Current Fee 2012-today	Proposed Fee	Local rates at 50 th ile	Local rates at 60 th ile
Cleaning	\$79	\$90	\$90	\$91
X-rays	\$50	\$61	\$61	\$63
Exam	\$38	\$49	\$49	\$50
--6 mth recall visit	\$167	\$200	\$200	\$204
Filling	\$179	\$219	\$219	\$225
Emergency Exam	\$63	\$83	\$83	\$84
Extraction	\$121	\$149	\$149	\$159

A motion was made to accept the proposed increase in dental fees, supported by Katie and seconded by Jon, motion carries.

UDS Report

2016 Data Report: Every year, as part of our grant compliance, Falls Community Health is required to submit an annual data report. The report includes: patient demographics and financial status, revenue and expenses, and

quality measures and diagnoses. The federal government and Falls Community Health use this information to show and monitor program improvements, monitor quality programs and track fiscal performance.

In 2016 there were 12,712 patients seen that generated 42,355 visits, with 26% from the 57103 zip code, 28% from 57104 and 8% from 57105 and 12% from 57106. The Payer mix includes 50% uninsured, 30% Medicaid, 6% Medicare and 14 % insured. Uninsured has decreased 2% since last year and almost 4% since 2014. Payer mix for dental is 51% Medicaid, 11% insurance and 38% uninsured. Age/Gender of the patients has relatively stayed the same as 2015 with 53% Female, 47% Male, 25% aged 0-18, 40% aged 19-39, 30% aged 40-64 and 5% 65+. The Race/Ethnicity of the patient has stayed fairly static from last year with a 1% increase in Hispanic now at 10%, Asian is at 9%, Black is 22%, American Indian is 10%, and White is 55%. There are 30 different languages used in the clinic the top 3 are Nepali, Spanish, and Somali. 23% of the patients are best served with a language other than English. There are 1,280 patients that identify as being homeless and 93% are 19-64 year old. Local shelters are accommodating 25% of the homeless, 23% are in transitional housing and 40% are staying with someone or doubling up. The School Based programs have seen 3,035 patients and almost 1,000 are from each of the 3 youngest age groups, less than 200 are over 65. The payer mix includes 43% uninsured, 32% Medicaid, 7% Medicare and 18% insurance.

QUALITY:

PCMH has reached its goal on care planning and is on track for a June 30th submission date. Most of the 2016 UDS measures are at or exceeding the goal except for immunizations but the criteria for compliance has changed. Kendra and Erin will be attending the Diabetic Self-Management training soon and there is the possibility of partnering with SDSU Extension to hire a registered dietician to assist the patients and staff.

Safety Report:

The safety committee continues to work on the 2015 goals. In 2016 they have updated the TB plan, and have completed a Hazard assessment of the building, inside and out. The assessment was part of the city wide safety assessments. Exterior items included concrete and sidewalk that was broken and/or in need of repair in pedestrian areas. Interior items addressed were computer cords, space heaters with extension cords and more mirrors in busy hallways.

There have been 79 documented occurrences in 2016 (36 in 2015). The increase is likely the result of a new streamlined documentation process and continued encouragement of reporting. This year the safety committee will continue to work on the SOP's and forms for reporting. Root cause analysis has also been added to our incident review process. This allows us to more fully refine our procedures and identify improvement opportunities when indicated.

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ACCESS:

A week into the no show policy implementation and we have seen no glaring issues, no patients have been turned away, they may have to wait and be worked into the schedule but they have all been seen. Dr. Tinguely reported no provider concerns.

The Policy/Procedure for Hours of Operation and Access to Clinical Advice needed minor changes and technical wording, nothing functionally changing it was in workflow but not in policy.

A motion was made to accept the Sioux Falls Health Department—Falls Community Health Standard Operating Policy/Procedure for Hours of Operation and Access to Clinical Advice supported by Bruce, seconded by Linda, motion carried.

EXECUTIVE DIRECTOR'S REPORT:

Deferred

Motion to adjourn, supported by Katie, seconded by Tracy, motion carries. 1:07 pm



Jim Kellar- Board Chair
April 20, 2017