



Morongo Basin Health Care District  
Community Health Center  
**GOVERNING BOARD MEETING**

**MINUTES of Thursday, March 9, 2023, 6:00 p.m.**

*This meeting convened on the District's campus at 6530 La Contenta Road, Yucca Valley, suite 400. The meeting was also accessible by Microsoft Teams remote platform.*

**Mission Statement:** *To improve the health and wellness of the communities we serve.*

**Vision Statement:** *A healthy Morongo Basin.*

**Core Values:** *Commitment, Collaboration, Accountability, Dignity, Integrity*

**PRESENT:**

- Cody Briggs (*present*)
- Patricia "Pat" Cooper (*present*)
- Bryan Goldfarb (*not present*)
- Nicola Keller (*present*)
- Alejandro Penalva (*not present*)
- Cecelia St. Clair (*not present*)
- Heidi Stiemsma (*present*)
- Jackie Todd (*present*)
- Jack Williams (*present*)

**STAFF:**

- Cindy Schmall, CEO
- Karen Graley, Board Clerk (*remote*)
- Debbie Anderson, CFO
- Tina Huff, Clinical Care Manager
- Joe Ruddon, Director Business Development
- Tela Thornton, Administrative Assistant
- Kathy Alkire (*remote*)
- Janeen Duff, Program Development Liaison

**CALL TO ORDER:** The meeting was called to order by Nicola Keller at 6:00 p.m.

**ROLL CALL:** Karen Graley, board clerk, conducted roll call and declared a quorum.

**OBSERVANCES:**

Heidi Stiemsma led the assembly in the Pledge of Allegiance

Cody Briggs read the mission and vision statements.

**PUBLIC COMMENTS:**

No public comments were presented.

**APPROVAL OF MEETING AGENDA:**

**Motion 23-23:** Motion by Heidi Stiemsma to approve the meeting Agenda as presented; motion seconded by Jack Williams; the motion passed by unanimous vote.

**APPROVAL OF CHC CONSENT AGENDA:**

**Motion 23-24:** Motion by Jack Williams, second by Cody Briggs, to approve the Consent Agenda as presented; the motion passed by unanimous vote. There was no discussion.

- Minutes of the Governing Board regular business meeting February 9, 2023

**ACTION ITEMS**

PATIENT CARE POLICY – *Cindy Schmall, CEO*

Ms. Schmall presented policy CHC-PC-148 Patient Termination from Services. The policy is a revision of an existing policy. HRSA requires documentation when terminating services to a patient. The policy follows the American Medical Association protocol. This revision provides one policy for all circumstances and all departments. She reviewed specific language within the policy and explained

how the policy will be applied. She also highlighted that the need to terminate is reviewed by multiple individuals. Cody Briggs asked if a warning is provided to the patient. There's no policy in place for a warning, but management staff meets with the patient when behavior merits it. Also, clinic lobbies have a posting about patient rights and appropriate behavior.

- **Motion 23-25:** Motion by Jack Williams to approve policy CHC-PC-148 Patient Termination from Services, second by Heidi Stiemsma; motion passed by unanimous vote.

FINANCIAL POLICIES & SCHEDULES – *Debbie Anderson, CFO*

Ms. Anderson introduced each of the policies and fee schedules for review and discussion.

Policy CHC-FS-211 Fee Schedule: This policy speaks to published rates for services. HRSA requires a "fair market" pricing study before setting rates. The policy revision provides for as-needed adjustments. There were no questions from board members.

- **Motion 23-26:** Motion by Cody Briggs to approve policy CHC-FS-211 Fee Schedule as presented; second by Jackie Todd; motion passed by unanimous vote.

CHC Fee Schedule: The department fee schedules were presented as a handout in the meeting. Ms. Anderson explained the process for setting the fee schedule rates which takes into consideration the prevailing rate, new codes, a comparison of Medicare and Medi-Cal rates, then an average of this data is used as the billable rate. Basically, the board is approving the process to arrive at these rates. Cody Briggs asked for clarification for the "current fee" list on the handout. Heidi Stiemsma asked where the prevailing rates come from (a national average from a published resource). There were no other questions.

- **Motion 23-27:** Motion by Heidi Stiemsma to approve the clinic Fee Schedule as presented; second by Jack Williams; motion passed by unanimous vote.

Policy CHC-FS-213 Sliding Fee Discount Program: The program provides a discounted rate based on income. A new department has been created to process the personal information privately with the patient. This was in response to repeated findings by the auditors in how the data was being processed, and because we are required to provide new patients a good-faith-estimate before service is rendered. It is a complex process and time-consuming procedure. The policy revision addresses the new process and how data is collected.

Jack Williams asked how the fee is calculated; she explained that there is a formula provided by HRSA for calculating the discounted fee. The application form was revised to include definitions. Ms. Anderson reviewed some of the definitions which prompted a lengthy discussion with board members regarding household size, housing unit, etc. Cindy Schmall clarified that the policy is defining where an applicant fits on the discount scale. Jack Williams asked how many patients qualify for the program; Cindy Schmall stated that of approximately 8,700 patients, just over 500 are beneficiaries of the program.

- **Motion 23-28:** Motion by Pat Cooper to approve policy CHC-FS-213 Sliding Fee Discount Program as presented; second by Heidi Stiemsma; motion passed by unanimous vote.

Ms. Anderson then introduced and explained the remaining policies and noted that she had made changes to policy to accommodate the new Patient Financial Services department (i.e. change in title).

Policy CHC-FS-212 Collection and Write-Offs of Account Balance: The changes made to the policy reflect the addition of the new Patient Financial Services department. No questions were presented by board members.

Policy CHC-FS-214 Waiver of Charges: No changes to the policy; provided here for annual review.

Policy CHC-FS-215 Discount Policy: This policy defines write-offs available to patients. The policy revisions reflect the new Financial Services department.

Policy CHC-FS-216 Refusal to Pay: We do not deny services because of inability to pay, and we work with patients so they do not experience hardship related to paying. This policy is about those who are capable of paying but refuse to pay.

- **Motion 23-29:** Motion by Jack Williams to approve policy CHC-FS-212, CHC-FS-214, CHC-FS-215, and CHC-FS-216 as presented; second by Cody Briggs; motion passed by unanimous vote.

## REPORTS

### QUALITY – *Cindy Schmall, CEO*

Ms. Schmall provided patient satisfaction information. One of our responsibilities is to confirm the patients' satisfaction in using our services. We contract with a third-party vendor to survey our patients. Ms. Schmall provided a list of questions used by the vendor in surveying patients. Questions are specific to each department. We can pull survey results by department, facility, and provider. Data is compared to benchmarks. This last year there was a technical problem where the patient record was not communicating with the vendor's system so there is lapse of data for multiple months. The data presented tonight is incomplete because of that communication failure.

Jack Williams asked how the data indicates there is a problem. Cindy Schmall stated that the information provided in tonight's report is summary level information, but staff can drill down to identify problem areas. It should be noted that over 500 surveys were sent out for the adult department but only 18 patients responded.

As an example, in identifying a problem, she noted one question that indicated access to care was not satisfactory. In response, the Call Center is revising how they schedule appointments to make it easier for the patient, and this month the self-scheduling module was launched for easier patient access. Discussion followed about the survey process.

### FINANCE REPORT – *Debbie Anderson, CFO*

Ms. Anderson reported that the clinic financials for the month of January show income of \$30,297 and year to date income of \$626,568. January was a busy month for finance, as there were several external reports worked on, including the annual UDS financial reporting for HRSA. The single audit is also wrapping up; it has taken longer than usual due to the new Governmental Accounting Standards Board (GASB) 87 pronouncement that is being implemented for June 30, 2022. This has required us to recognize leases greater than one year in our statement of net position. Previously, an operating lease (a lease whereby you acquire and/or grant an asset for some period of time, but don't purchase/sell the asset, such as renting space in a building) wasn't placed on the balance sheet; now it will be. Thus, an analysis of all the leases of the District (including the community health center leases) has taken place in order to meet this new standard. The clinics came in with a small positive change in net income. Revenue continues the past month trends of being over in-patient services revenue, capitation, and quality. The largest variance in expense continues to be salaries.

No questions were presented by the board.

- **Motion 23-30:** Motion by Heidi Stiemsma to accept the financial report; second by Jackie Todd; motion passed by unanimous vote.

CEO REPORT – *Cindy Schmall, CEO*

Ms. Schmall referred the board members to her written report. Additionally, she highlighted:

- The UDS report was submitted to HRSA two days early. It is a big book of work and requires weeks to prepare the report.
- The patient self-scheduling module has been launched.
- The dermatology PA and psychiatric NP have started and will be seeing patients very soon.
- We are recruiting additional providers. Because of our rural status we have a significantly high rating so that providers get bigger reimbursement for school loans, thus working with us becomes more attractive. We are negotiating with a dental provider who is also a speech pathologist.
- We are exploring the Medi-Cal “Every Woman Counts” program to cover costs for cervical cancer labs and mammography screenings.
- We continue to experience low patient volumes. She noted that when last year’s budget was prepared, we did not plan for aggressive growth, assuming the pre-COVID volumes would recover slowly. However, the IEHP transition has introduced changes that impacts patient volume. IEHP’s required performance has increased a visit with the provider from 10 minutes to 20 minutes, and the annual IEHP physical takes 40 minutes per patient which influences patient volumes. Our reality is we cannot achieve past patient volumes unless we increase the number of providers.

**BOARD CALENDAR:**

The calendars were reviewed.

- Cody Briggs will not attend the April 13 CHC meeting.
- Joe Ruddon highlighted details for the May 6 Health Fair

**MEMBER COMMENTS:**

- CODY BRIGGS: He asked if we provide family planning services; Tina Huff, Clinical Care Manager confirmed that we do. He noted that the mission and vision statement could lend itself to a sustainable environment and asked if we ever considered broadening our application of the mission and vision. Ms. Schmall stated that a sustainability plan would come through the District board as the CHC governing board’s focus is specific to the health center.
- NICOLA KELLER: Thanked staff for the excellent reports and the obvious effort put into them.
- PAT COOPER: Thanked Debbie Anderson for her report and hard work.

**MEETING ADJOURNMENT**

The meeting was adjourned at 7:57 p.m.

*Minutes recorded by Karen Graley, Board Clerk*

  
Cecelia St. Clair, Secretary

  
NICOLA V KELLER