



**COMMUNITY HEALTH CENTER (CHC)
GOVERNING BOARD MEETING**

AGENDA

Thursday, December 5, 2024, at 4:45 p.m.

District Administrative Offices: 6530 La Contenta Road, Suite 400, Yucca Valley CA 92284

. The public may also attend the meeting via the electronic link provided below:

INSTRUCTIONS FOR JOINING THIS MEETING BY REMOTE LINK

This public meeting may be accessed through the Microsoft Teams platform. Join the meeting by (1) visiting the District website at MBHDistrict.org and (2) selecting the purple tab “Board Meeting Agendas” at the top of the home page. (3) Click on the URL link presented under the agenda buttons and (4) enter the meeting using the ID and Passcode listed below. Access to the meeting may require the download of the Microsoft Teams application on the device being used.

- Meeting ID: 235 841 528 050
- Passcode: iz7ztm

CALL TO ORDER

ROLL CALL

PLEDGE OF ALLEGIANCE – Please stand as able.

READING OF MISSION AND VISION STATEMENTS

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, and Equity

PUBLIC COMMENTS

The public comment portion of this agenda provides an opportunity for the public to address the Governing Board on items not listed on the agenda and that are of interest to the public at large and are within the subject matter jurisdiction of this Board. The Governing Board is prohibited by law from taking action on matters discussed that are not on the agenda, and no adverse conclusions should be drawn if the Board does not respond to public comments at this time. Comments that concern individual incidences of patient care are welcome, however, we encourage doing so only after other administrative avenues for redress have been fully exhausted. In all such instances we will be unable to ever respond publicly due to patient confidentiality obligations. In all cases, your concerns will be referred to the Administrator for review and a timely response. Comments are limited to three (3) minutes per speaker. All comments are to be directed to the Governing Board and shall not consist of any personal attacks. Members of the public are expected to maintain a professional, courteous decorum during their comments. Public input may be offered on an agenda item when the item comes up for discussion and/or action and will be limited to 90 seconds per speaker. Members of the public who wish to speak shall proceed when called by the Chairperson of the Board. Please state your name and community of residence for the record.

APPROVAL OF MEETING AGENDA.....Pages 1-2

- *Motion 24-54: Motion to approve the meeting Agenda as published.*

APPROVAL OF CHC CONSENT AGENDA.....Pages 3-6

- *Motion 24-55: Motion to approve the November 7, 2024, minutes.*

ACTION ITEMS

RATIFY DISTRICT BOARD APPOINTMENTS TO GOVERNING BOARD – Cindy Schmall, CEO

- *Motion 24-56 to ratify District representatives to the CHC Governing Board.*

ELECTION OF BOARD OFFICERS – Cindy Schmall, CEO – Board Orientation Page 7

- *Motion 24-57 to Elect Chairperson*
- *Motion 24-58 to Elect Vice Chairperson*
- *Motion 24-59 to Elect Secretary*
- *Motion 24-60 to Elect Treasurer*

APPROVE ANNUAL BUSINESS CALENDAR – Cindy Schmall, CEO.....Page 8

- *Motion 24-61: Motion to approve the annual business calendar as presented.*

RE-APPOINTMENT OF BOARD MEMBER– Cindy Schmall, CEO

- *Motion 24-62: Motion to re-appoint Bryan Goldfarb to the CHC Board.*

POLICY NUMBER: CHC-FS-216 – REFUSAL TO PAY – Debbie Anderson, CFO.....Pages 9-10

- *Motion 24-63: Motion to approve changes to Refusal to Pay Policy Number: CHC-FS-216.*

FINANCIAL REPORT – Debbie Anderson, CFO

- *Motion 24-64: Motion to accept and file the October 2024 Financial Report.*

HRSA VISIT REVIEW EDUCATION – Tricia Gehrlein, CPE/CO.....Pages 11-14

REPORTING

QUALITY REPORT – Tricia Gehrlein, CPE/CO.....Pages 15-17

CEO REPORT – Cindy Schmall, CEO.....Page 18

CALENDAR REVIEW – Cindy Schmall, CEO.....Pages 19-20

** Please note meeting date change to January 9, 2025.*

BOARD MEMBERS COMMENTS

ADJOURN MEETING

I CERTIFY THAT A COPY OF THIS AGENDA WAS POSTED PER SECTION 54954.2 OF THE CALIFORNIA GOVERNMENT CODE.

Beverly Krushat

Posted December 5, 2024, at 4:40 p.m.

Beverly Krushat, CHC Board Clerk and Executive Assistant

The Morongo Basin Healthcare District Board of Directors’ meeting facility is accessible to persons with disabilities. If assistive listening devices or other auxiliary aids or services are needed to participate in the public meeting, requests should be made through the Executive Assistant at least three (3) business days prior to the meeting. The Executive Assistant’s telephone number is 760.820-9229 and the office is located at 6530 La Contenta Rd, #100, Yucca Valley, CA. The California Relay Service is 711. In conformity with Government Code Section 54957.5, any writing that is a public record, that relates to an item listed on this agenda, and that will be distributed to all or a majority of Morongo Basin Healthcare District Board of Directors less than twenty-four (24) hours prior to the meeting for which this agenda relates, will be available for public inspection at the time the writing is distributed. This inspection may be made during the meeting at the address/meeting room(s) listed above or an electronic copy may be requested in advance of the meeting via email message to bkrushat@mbhdistrict.org.



MORONGO BASIN HEALTHCARE DISTRICT

Morongo Basin Health Care District
Community Health Center
GOVERNING BOARD MEETING
MINUTES of Thursday, November 7, 2024, at 4:45 p.m.

This meeting convened on the District’s campus at 6530 La Contenta Road, Suite 400, Yucca Valley, CA 92284. 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, and Equity*

PRESENT:

- Cody Briggs (*absent*)
- Patricia “Pat” Cooper (*present arrived 5pm*)
- Mary Dunn (*present*)
- Marc Greenhouse (*present*)
- Bryan Goldfarb (*absent*)
- Nicola Keller (*absent*)
- Eric Menendez (*remote*)
- Jackie Todd (*present*)
- Lisa Ryan (*present voted in at 5 pm*)

STAFF:

- Cindy Schmall, CEO (*present*)
- Tina Huff, Chief Clinical Operations Officer (*present*)
- Beverly Krushat, CHC Board Clerk (*present*)
- Janeen Duff, Program Dev. Liaison (*present*)
- Tricia Gehrling, Chief Patient Experience/ Compliance Officer (*remote*)

CALL TO ORDER – Board meeting was called to order by Jackie Todd at 4:45 p.m.

ROLL CALL - Beverly Krushat conducted roll call and confirmed there is a quorum.

OBSERVANCES –

Mary Dunn read the Mission and Vision statements.

PUBLIC COMMENTS – None

APPROVAL OF MEETING AGENDA -

Motion 24-48: MSC (Greenhouse/Dunn) 4/0/3 motion carried to approve the Agenda as published.

APPROVAL OF CHC CONSENT AGENDA –

- October 3, 2024, Meeting Minutes

Motion 24-49: MSC (Dunn/Todd) 4/0/3 motion carried to approve the Consent Agenda.

RE-APPOINTMENT OF BOARD MEMBER - *Cindy Schmall, CEO*

This item was tabled until the next Board meeting on December 5, 2024.

DISCUSSION/APPOINTMENT OF POTENTIAL BOARD MEMBER – Cindy Schmall, CEO

CEO Schmall introduced potential Board member Lisa Ryan. Lisa has experience in finance, administration, and is currently studying to be a Notary. She is a licensed realtor and a med tech for the Santa Fe Assisted Living Facility. Lisa shared that she is a patient of Morongo Basin Community Healthcare and uses the services because of her age and financial situation. She expressed her desire to help others by disseminating information about the services provided by the District.

Motion 24-51: MSC (Cooper/Greenhouse) 5/0/3 motion carried to approve the appointment of Lisa Ryan to the CHC Board.

CHC-QA-100 QUALITY ASSURANCE & PERFORMANCE IMPROVEMENT PLAN – Tricia Gehrlein, CPE/CO

CPE/CO Gehrlein informed the Board that HRSA requires that MBCHC has a Board approved policy that establishes a QI/QA program addressing the quality and utilization of healthcare services, patient satisfaction, grievance processes, and patient safety (including adverse events). CHC-QA-100 addresses the quality of services provided with the last approval date being January 2022 and needs to be updated every three (3) years for renewal. The Quality Committee met to discuss updates to CHC-QA-100 and recommended, approved minor updates, to ensure that MBCHC remains in compliance with HRSA standards.

Motion 24-52: MSC (Greenhouse/Todd) 6/0/3 motion carried to approve the updated Quality Assurance & Performance Improvement Plan.

FINANCIAL REPORT – Debbie Anderson, CFO

OVERVIEW

The clinic financials for the month of September show a loss of \$(108,095) and year to date shows a loss of \$(346,821). (See tables 1 & 2)

Overall, clinics are doing better than budgeted, even though the clinics are still coming negative. Part of this is due to savings on salaries and benefits since staff turns over and thus not all positions budgeted are currently filled. There are variances in supplies and IT due to equipment being bought for the ARP equipment grant that was not budgeted. Year to date visits came in at 9,094. Prior year to date visits for the same period were 8,546. The HIV grant has been extended for another year, so we are revamping staffing to account for that.

CLINIC CHANGE IN NET POSITION

Table 1 Clinics September 2024

| Clinics | Actual Mth | Budget Mth | Over/(Under) | % of Budget |
|-------------------------------|----------------|----------------|---------------|--------------|
| Patient Services (net) | 612,325 | 602,180 | 10,144 | 1.68% |
| Grant Revenue | 134,492 | 127,742 | 6,750 | 5.28% |
| 340B Revenue | 27,741 | 29,022 | (1,280) | -4.41% |
| Capitation Fees | 173,397 | 166,695 | 6,702 | 4.02% |
| Records & Interest | 169 | 127 | 41 | 32.36% |
| Cost Report Adjustments | (141,667) | (141,667) | (0) | -0.00% |
| Quality | 31,399 | 43,217 | (11,818) | -27.35% |
| | 837,856 | 827,316 | 10,539 | 1.27% |
| Salaries - Clinic | 399,354 | 480,177 | 80,823 | 16.83% |
| Fringe - Clinic | 82,594 | 102,301 | 19,708 | 19.26% |
| Phys Fees - Clinic | 130,105 | 99,908 | (30,197) | -30.23% |
| Purchases Services - Clinic | 59,195 | 64,015 | 4,820 | 7.53% |
| IT, Network & Phones - Clinic | 46,901 | 17,393 | (29,509) | -169.66% |
| Supplies - Clinic | 38,468 | 28,571 | (9,898) | -34.64% |
| Supplies - 340B | 17,353 | 19,876 | 2,523 | 12.69% |
| R&M - Clinic | 3,040 | 4,521 | 1,482 | 32.77% |
| Leases/Rentals - Clinic | 320 | 377 | 57 | 15.06% |
| Utilities - Clinic | 8,770 | 7,854 | (916) | -11.66% |
| Ins - Clinic | 144 | 152 | 9 | 5.66% |
| Other - Clinic | 9,109 | 6,970 | (2,139) | -30.69% |
| Depreciation | 16,507 | 14,590 | (1,918) | -13.14% |
| | 911,957 | 916,705 | 4,748 | 1.19% |

Table 1 (continued)

| Clinics | Actual Mth | Budget Mth | Over/(Under) | % of Budget |
|---|------------------|------------------|---------------|---------------|
| Operating Income/(Loss) before Allocation | 25,994 | (19,389) | 45,383 | 234.07% |
| Allocation of Overhead for Health Centers | (134,089) | (180,294) | 46,205 | 25.63% |
| Change in Net Position | (108,095) | (199,683) | 91,588 | 45.87% |

Quality payments are not as high, due to complexities of timing, bundled scores, improvement from the previous year, and other factors. The physician fees are over due to an unexpected necessary contract hire for dental. IT & supplies for the clinic is over due to equipment being bought for the ARP capital grant. This was not budgeted since we were unsure if HRSA was going to approve the change from the modular building to equipment. Since there was less expenses than budgeted in administration, the allocation of overhead expenses is not as much as budgeted.

Table 2 Clinics Year to Date

| Clinics | Actual YTD | Budget YTD | Over/(Under) | % of Budget |
|---|------------------|------------------|-----------------|---------------|
| Patient Services (net) | 1,895,358 | 1,926,976 | (31,618) | -1.64% |
| Grant Revenue | 422,779 | 439,657 | (16,879) | -3.84% |
| 340B Revenue | 81,048 | 92,869 | (11,821) | -12.73% |
| Capitation Fees | 515,593 | 500,085 | 15,509 | 3.10% |
| Records & Interest | 450 | 407 | 43 | 10.61% |
| Cost Report Adjustments | (425,000) | (425,000) | 0 | 0.00% |
| Quality | 98,885 | 129,650 | (30,765) | -23.73% |
| | 2,589,114 | 2,664,645 | (75,531) | -2.83% |
| Salaries - Clinic | 1,277,767 | 1,560,574 | 282,807 | 18.12% |
| Fringe - Clinic | 259,697 | 329,165 | 69,468 | 21.10% |
| Phys Fees - Clinic | 372,270 | 319,704 | (52,566) | -16.44% |
| Purchases Services - Clinic | 175,516 | 194,722 | 19,205 | 9.86% |
| IT, Network & Phones - Clinic | 81,696 | 52,178 | (29,518) | -56.57% |
| Supplies - Clinic | 114,610 | 91,426 | (23,184) | -25.36% |
| Supplies - 340B | 47,920 | 62,236 | 14,316 | 23.00% |
| R&M - Clinic | 16,643 | 13,917 | (2,726) | -19.59% |
| Leases/Rentals - Clinic | 832 | 1,132 | 299 | 26.45% |
| Utilities - Clinic | 29,921 | 24,563 | (5,358) | -21.81% |
| Ins - Clinic | 431 | 457 | 26 | 5.66% |
| Other - Clinic | 72,145 | 21,627 | (50,517) | -233.58% |
| Depreciation | 49,415 | 43,769 | (5,646) | -12.90% |
| | 2,498,864 | 2,715,470 | 216,606 | 7.98% |
| Operating Income/(Loss) before Allocation | 90,249 | (50,826) | 141,075 | 277.57% |
| Allocation of Overhead for Health Centers | (437,070) | (576,941) | 139,871 | 24.24% |
| Change in Net Position | (346,821) | (627,766) | 280,945 | 44.75% |

The 340B revenue variance is due to pharmaceutical drug restrictions placed on FQHC's by the drug companies. The Other variance is due to recruitment fees paid for the new Split Rock doctor.

Chart A – Visits History Chart

| Month | FY 18-19 | FY 19-20 | FY 20-21 | FY 21-22 | FY 22-23 | FY 23-24 | FY 24-25 |
|-------------------|----------|----------|----------|----------|----------|----------|----------|
| Jul | 3,055 | 3,283 | 3,091 | 2,877 | 3,173 | 2,758 | 3,054 |
| Aug | 3,084 | 3,587 | 3,016 | 3,177 | 3,315 | 3,195 | 2,992 |
| Sep | 3,140 | 3,501 | 3,069 | 3,134 | 3,256 | 2,593 | 3,048 |
| Oct | 3,562 | 3,892 | 3,267 | 3,282 | 3,071 | 3,026 | |
| Nov | 3,249 | 3,353 | 2,632 | 3,116 | 2,936 | 2,974 | |
| Dec | 2,598 | 3,304 | 2,984 | 2,795 | 2,881 | 2,613 | |
| Jan | 3,698 | 4,011 | 2,926 | 2,925 | 3,001 | 3,258 | |
| Feb | 3,198 | 3,763 | 3,192 | 3,068 | 2,882 | 2,998 | |
| Mar | 3,515 | 2,927 | 3,521 | 3,332 | 3,331 | 3,057 | |
| Apr | 3,660 | 2,066 | 3,461 | 3,094 | 2,896 | 3,026 | |
| May | 3,662 | 2,200 | 3,043 | 3,239 | 3,247 | 3,160 | |
| Jun | 3,344 | 2,786 | 3,086 | 3,218 | 2,939 | 2,679 | |
| Total | 40,867 | 38,673 | 37,288 | 37,415 | 36,425 | 35,337 | 9,094 |
| Total July - Sept | 10,081 | 10,371 | 9,176 | 9,436 | 9,241 | 8,546 | 9,094 |

Motion 24-53: MSC (Menendez/Todd) 5/0/3 motion carried to accept and file the September 2024 financial report.

HRSA VISIT REVIEW DISCUSSION – Tricia Gehrlein, CPE/CO

CPE/CO Gehrlein reminded the Board on what HRSA expects when they conduct their site visits. She presented seven (7) slides in order to educate the Board on what “Board Authority” means, and how you meet your obligations.

REPORTING

CLINICAL OPERATIONS REPORT – Tina Huff, CCOO

CCOO Huff reported the following:

- Dr. Kim is currently seeing patients in 29 Palms this week.
- Dr. Rao, our new child psychiatrist, is seeing 4-6 patients per week.
- Hired, three (3) new medical assistants, and looking at hiring a nurse educator.
- Recruiting for another provider in Yucca Valley and Kaiser will have their mobile unit at our clinics (4) times per month beginning December.

QUALITY REPORT – Tricia Gehrlein, CPE/CO

CPE/CO Gehrlein presented Q3 of the Quality Report, which included, patient satisfaction, patient grievances, life safety rounds, clinics, dental, UDS, peer review, and after-hours calls.

CEO REPORT – Cindy Schmall, CEO

- The Yucca Valley office is undergoing some renovations to expand the space and make room for the providers and staff. The entire “old Pediatrics” suite is being painted and reworked to provide needed adult services.
- Split Rock is still in progress with electrical work and plumbing items in process.
- Dr. Kim has started to see patients but with some delays at Split Rock, there is such limited space that we need to park the Mobile Medical Unit (MMU) on site, so he has a place to work.
- Due to the limited space at Split Rock and needing the MMU there, we have now purchased a Mobile Dental Unit which is getting some work done on it so that the dental team can continue their work at the schools. The MDU as we are calling it will be getting a new wrap and be on the road by December 1st.
- The Health Center participated in the health fair doing health screenings including BP, BMI and A1c’s. About 30 A1c’s were completed and nursing students from CMC assisted. Close to 200 dental kits were also given out.
- We also received a record number of surveys back from the community, receiving about 55 surveys from the community.

CALENDAR REVIEW – Cindy Schmall, CEO

CEO Schmall reviewed the November and December 2024 calendars with the Board members. Noting the change for the Employee Holiday Luncheon from December 13th to December 19th.

BOARD MEMBER COMMENTS

Eric Menendez stated that he attended the Health Fair in 29 and thought it was a really great job done by the District. He would also like to learn more about how the District works.

Pat Cooper stated that she was excited about a new Doctor being in 29 Palms as it’s been a long time since there has been one there.

ADJOURNMENT

Meeting adjourned at 5:53 p.m.

Pat Cooper, Secretary of the Board

Minutes recorded by Beverly Krushat, CHC Board Clerk

BOARD ORIENTATION TO ELECTED POSITION CHC BYLAWS

ARTICLE III - OFFICERS

Section 1. DESIGNATION: There shall be a Chairperson, a Vice Chairperson, a Secretary, and a Treasurer of the CHC board. All officers shall be elected from the voting membership of the CHC board at the time of the election. Elections for all officers shall be held and recorded each year at the regularly scheduled meeting immediately following the Annual Meeting. The election process shall be directed by the person designated as the Clerk of the Board. The annual meeting shall be in January of each year.

Section 2. POWERS AND DUTIES OF OFFICERS: Meetings shall be held at the District Office unless otherwise provided by the board or at such place within or without the State of California which has been designated from time to time by resolution of the board of members. In the absence of such designation, any meeting not held at the principal office of CHC shall be valid only if held on the written consent of all members given either before or after the meeting and filed with the Clerk

A. Chairperson

1. Shall preside at all meetings of the CHC Board.
2. Shall, in conjunction with the CEO of the CHC, plan and carry out establishing the agenda for each monthly meeting, and any special meeting that may be required.
3. Shall facilitate the purposes of the CHC by having such powers and duties as may be prescribed from time to time by majority vote of the CHC Board membership.
4. Shall ensure that the provisions of the Ralph M. Brown Act, including public input requirements, are adhered to.
5. May delegate a reasonable portion of his/her duties to the Vice chairperson.

B. Vice Chairperson

1. Shall assist the Chairperson in his/her duties as needed.
2. Shall perform the duties of the Chairperson in the event that the Chairperson is unavailable due to absence, resignation, or inability to perform his/her duties, until such time as the Chairperson returns or a new chairperson assumes office under provision of these bylaws.

C. Secretary


1. Shall sign meeting minutes and submit said minutes for approval.
2. Shall assist Vice Chairperson in the event such assistance may be needed as a result of Vice Chairperson assuming the responsibilities of the Chairperson.

D. Treasurer

1. Shall ensure the financial reports are presented at the monthly meetings in coordination with the District financial officer.

GOVERNING BOARD 2025 ANNUAL BUSINESS CALENDAR

| AGENDA ITEM | January | February | March | April | May | June | July | August | September | October | November | December |
|--|---------|----------|-------|-------|-----|------|------|--------|-----------|---------|----------|----------|
| ANNUAL BUSINESS CALENDAR: <i>Upcoming/Review</i> | | | | | | | | | | | | X |
| ELECTION OF BOARD OFFICERS: <i>Ratify District Board Appointees</i> | | | | | | | | | | | | X |
| HRSA CONFLICT OF INTEREST/CONFIDENTIALITY: <i>All Board Members to fill out COI Form</i> | | | | | | | | | | | | X |
| HRSA ANNUAL REVIEW: <i>a). Hours/Services b). Demographics c). Location d). 5a & 5b e). Community Health Needs Assessment Due Every Three (3) Years (2026)</i> | X | | | | | | | | | | | |
| APPOINTMENT OF DISTRICT BOARD REPRESENTATIVES | X | | | | | | | | | | | |
| EDUCATION OPPORTUNITIES: <i>a). Brown Act b). Legislative Updates c). Presentations by Managers</i> | | X | | | | | X | | | | X | |
| QUALITY ASSURANCE REPORT AND PLAN: <i>a). Patient Satisfaction b). Safety c). Grievances d). UDS Reviewed every three (3) years (Feb 2025)</i> | | X | | | X | | | X | | | X | |
| SLIDING FEE PROGRAM & DISCOUNT SCHEDULE: <i>Review for changes and/or Updates and Approve</i> | | | X | | | | | | | | | |
| BUDGET: <i>Review and Approve Operations Budget</i> | | | | | | X | | | | | | |
| BYLAWS & CO-APP: <i>Review every three (3) years (2025)</i> | | | | | | X | | | | | | |
| STRATEGIC PLAN: <i>Next Review/Update (2027)</i> | | | | | | | | X | | | | |
| BOARD SELF EVALUATION: <i>Review of Board Assessments</i> | | | | | | | | | X | | | |
| CEO PERFORMANCE EVALUATION: <i>a). Appoint Two Rep. to Evaluation Committee b). Issue Evaluation Survey to Board Members c). Evaluation Committee Report Findings to</i> | | | | | | | | | | X | | |

| | |
|---|--|
|  <p>MORONGO BASIN COMMUNITY HEALTH CENTER <small>A SERVICE OF MORONGO BASIN HEALTHCARE DISTRICT</small></p> | <p>DEPARTMENT / MANUAL: FINANCE</p> |
| <p>ORIGINAL DATE: September 2022</p> | <p>REVIEW & REVISION DATES: 3/23, <u>12/24</u></p> |
| <p>TITLE: REFUSAL TO PAY</p> | <p>APPROVED BY:</p> <p>Admin: _____ Date: _____</p> <p>CEO: _____ Date: _____</p> <p>Governing Board: _____ Date: _____</p> |

PURPOSE

To provide clear and consistent guidelines for delineating between refusal to pay and inability to pay so that billing and collections functions in a manner that promotes compliance, patient satisfaction and efficiency and does not create a barrier to care.

POLICY

The Morongo Basin Community Health Center (MBCHC) Board of Directors is committed to ensuring a patient-centered focus for the health center, including improving access to care and assuring that no patient will be denied health care services due to an inability to pay.

MBCHC offers a sliding fee discount program as well as various discount policies that all patients can apply for. Additionally, all patients can work one-on-one with MBCHC’s Registration Specialist department to determine a payment program that best suits the patient’s needs. All patients, including those patients who are uninsured or underinsured and are not willing to apply for discounts on services, are expected to pay for the full costs of services and out of pocket expenses. This includes payments for co-pays, co-insurance, deductibles, and any other amounts due. Payment is expected timely.

PROCEDURE

MBCHC reserves the right to terminate patients who refuse to pay for services, as defined by meeting all of the criteria below:

- Not making a payment on their outstanding invoice within six months of the date of service and not responding to MBCHC’s requests for communication, and
- Refusing requests by MBCHC to meet with billing collections staff to discuss and participate in one of the payment options described in policy CHC-FS-215 Discount Policies.
- Patient is not a slide A under the sliding fee discount program (IE: a nominal fee patient)
- The invoice balance not paid (**IE: the current write-off**) plus any other bad debt write-offs that have occurred within the last two years ~~of the date of service of the current write-off date of the invoice being reviewed~~ is more than \$100. (Bad debt write-offs do not include sliding fee discounts, hardship write-offs, or any other discounts MBCHC offers.) **An example: Invoice A was written off on 3/31/23 for \$10. Invoice B was written off on 6/30/23 for \$85. Invoice C is going to be written off on 9/30/23 for an amount of \$25. The lookback period would include all bad debt written off from 10/1/21 - 9/30/23 (in this case \$95) AND the current bad debt happening on 9/30/23 (in this case \$25) to determine if bad debt has totaled \$100 or more (in this case, \$85 actual + \$25 current, for a total of \$110). If the historical bad debt and current bad debt total more than \$100, then the patient meets the determination of having more than \$100 being written off, and thus could be moved into collections on 9/30/23 if they meet the other above criteria.**

Additionally, while MBCHC reserves the right to terminate patients, MBCHC does not have to terminate a patient if based on facts and circumstances the CEO and/or Clinical Director feel there are extenuating circumstances. These facts and circumstances should be documented. An example might be when a patient is working directly with the outreach coordinator to obtain Medi-Cal or Covered CA and then this occurs within a reasonable amount of time.

PROCEDURE

All patients receive six statements that detail any open invoices (see billing and collections policy). Once six statements have been received, the CFO will review the invoices still outstanding. If it is determined that a patient meets the definition above of refusing to pay, that invoice will be moved into the EHR collections module. While in collections, the patient account is flagged so that further appointments cannot be made. In the next 30 days, MBCHC will then make at least two documented attempts to contact the patient to explain the patient's obligations and offer a meeting with a billing department representative. These attempts will be made via telephone or in writing. If MBCHC is unable to reach the patient and either encourage them to meet with a billing department representative or make a payment directly, then as an option of last resort, MBCHC will terminate the patient. In cases of termination, MBCHC will notify the patient of his/her discharge from care by regular and certified mail and that the patient has thirty (30) days to find alternative medical care. During that thirty (30)-day period, the MBCHC physicians will only treat the patient on an emergency basis. A patient may be permitted to rejoin when they:

- Pay their balance in full or
- Are willing to meet the patient obligations regarding payment alternatives (IE: the mechanisms described in CHC-FS-215 Discount Policies) or
- When a three-year lookback based on the **most recent** date of **service write-off** of the **most recent invoice** for the patient ~~that contains a bad debt write-off~~ has expired. (IE: **patient has bad debt write-offs on 3/31/23, 6/30/23 & 9/30/23. The patient would be permitted to rejoin on 10/1/2025.** ~~if the most recent invoice for a patient with a bad debt write-off is 12/31/2022, then the patient would be permitted to rejoin on 1/1/2026).~~

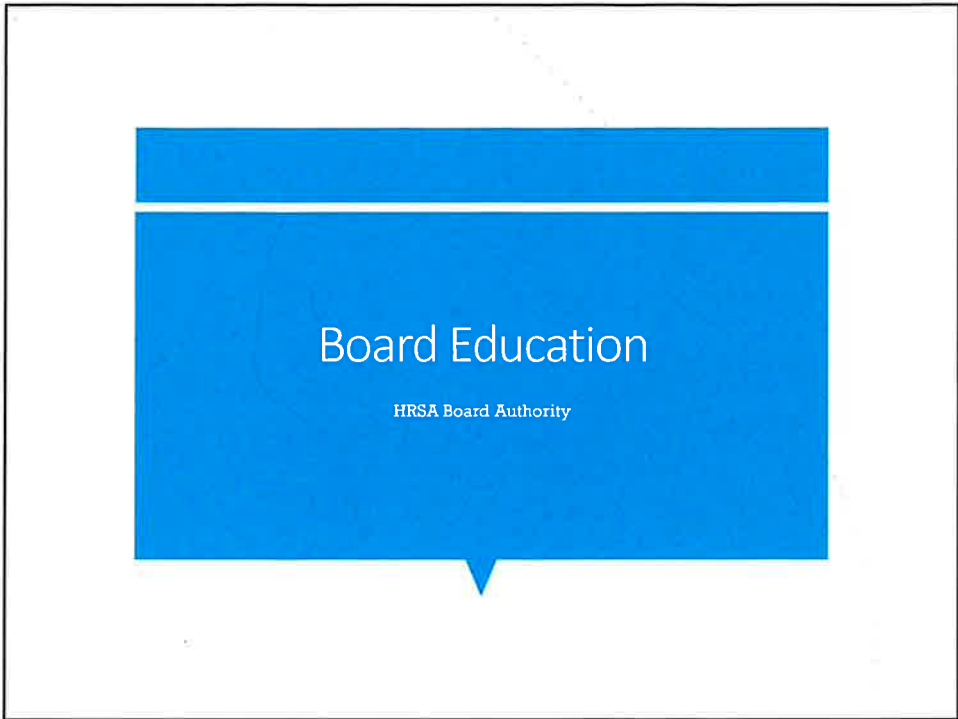
This policy does not apply to patients who have applied for the Sliding Fee Discount Program and, whose incomes are below 100% of the Federal Poverty Guidelines and are thus eligible to pay a nominal fee only for services.

REFERENCES

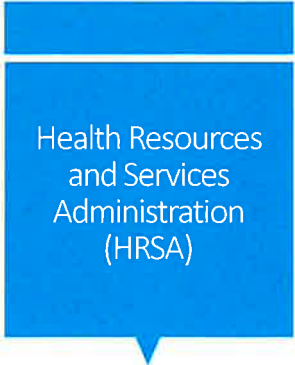
- CHC-FS-213 Sliding Fee Discount Program
- CHC-FS-214 Waiver of Charges
- CHC-FS-215 Discount Policies

ATTACHMENTS

- None



1



Health Resources
and Services
Administration
(HRSA)

HRSA's Health Center Program award recipients are community-based health care providers. They use funds to provide primary care services in underserved areas.

- Recipients must meet a set of strict requirements. For example, they must provide care on a sliding fee scale based on an individual's ability to pay. Also, they must operate under a governing board that includes patients.

HRSA Site Visit is scheduled for the second week of March

2



Site Visit Topic:
Board
Authority

- HRSA Compliance Manual, Chapter 19, outlines Board Authority
- We will take time each Board meeting educating you on what “Board Authority” means, and how you meet your obligations
- There are 12 requirements; 4 were covered in November; tonight, we will cover 4 more

3



Requirement 5

- The health center governing board must assure that the center is operated in compliance with the applicable Federal, State, and local laws and regulations.

4



Requirement 6

- The health center governing board must have authority for establishing or adopting policies for the conduct of the Health Center Program project and for updating these policies, when needed. Specifically, the health center governing board must have authority for:
 - Adopting policies for financial management practices and a system to ensure accountability for center resources (**unless already established by the public agency as the Federal award or designation recipient**), including periodically reviewing the financial status of the health center and the results of the annual audit to ensure appropriate follow-up actions are taken.
 - CONTINUED:

5



Requirement 6
Continued

- (Continued)
 - Adopting policy for eligibility for services including criteria for partial payment schedules
 - Establishing and maintaining general personnel policies for the health center (**unless already established by the public agency as the Federal award or designation recipient**), including those addressing selection and dismissal procedures, salary and benefit scales, employee grievance procedures, and equal opportunity practices; and
 - Adopting health center policies including quality-of-care procedures

6



Requirement 7

- The health center governing board must adopt health care policies including the:
 - Scope and availability of services to be provided within the Health Center Program project, including decisions to subaward or contract for a substantial portion of the services
 - Service site location(s), and
 - Hours of operation and service sites
- *Table 5A, B, and C

7



Requirement 8

- The health center governing board must ensure that a process is developed for hearing and resolving patient grievances.
 - Policy# CHC PC 102

8



MORONGO BASIN HEALTHCARE DISTRICT

6530 La Contenta Road #100 | Yucca Valley CA 92284 | 760-820-9229 | MorongoBasinHealth.org

TO: CHC Board

FROM: Tricia Gehrlein, CPE&CO

DATE: December 5, 2024

SUBJECT: Quality Report, Q3 2024 - Update

2024 UDS Measures Q3

eClinicalWorks has updated the UDS Reports and the attached numbers are an accurate reflection of performance by quarter. One report, Ischemic Vascular Disease (tracking patients with a diagnosis who are prescribed aspirin or another anti-platelet) is not accurately reflecting the patient population who were prescribed aspirin. Angie Villaluz continues to adjust the settings for this report, and it will be accurate for Q4.

The only significant change from the outcomes previously reported is for Tobacco Screening. Prior to 2024, the HRSA requirement was that all medical patients 18 years of age and older be screened for tobacco use and, when necessary, appropriate intervention be given. For 2024, this measure changed from 18 years of age and older to 12 years of age and older.

The reporting for previous quarters did not reflect patients 12 years of age and older, it was only reporting 18 years of age and older; the report has been updated to reflect the correct patient age. The correction, combined with the need for increased adult provider documentation, caused a decrease in our compliance rate by approximately 10% per quarter. As we were unaware the report was not appropriately capturing age range, we were unaware that the pediatricians were not capturing this data. This oversight has been rectified and we anticipate an improvement for quarter 4 reporting. Further, the adult providers will be reminded of the need to document both the screening and intervention for those that are positive for tobacco use.

UDS Reporting to HRSA

HRSA is now requiring that specific annual reporting data be sent electronically, directly from our electronic health record to their reporting system. This is a change from previous years, where we would manually enter data in their system.

For 2024 (which is reported by February 15, 2025) patient demographic data and two UDS Measures must be sent directly from our electronic health record. Angie Villaluz has been working diligently with our electronic health record provider, eClinicalWorks, to ensure that we have data integrity. Preliminary testing of the required patient demographic data currently shows no inconsistencies or errors. We continue to ensure that all of the UDS measures are accurate and testing is ongoing.

| 2024 UDS Clinical Quality Measures (Tables 6B and 7) | | | | | | |
|--|-----------|-----------|-----------|-----------|-----------------------|-------------------|
| UDS Quality Measure (Tables 6B and 7) | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | 2022 National Average | 2023 Target Goals |
| Childhood Immunizations <i>Percentage of children 2 years of age who received age appropriate vaccines by their 2nd birthday</i> | 19.77% | 19.01% | 17.52% | | 33.23% | 40.00% |
| Cervical Cancer Screening <i>Percentage of women 21-64 years of age who were screened for cervical cancer</i> | 43.33% | 45.48% | 46.39% | | 53.99% | 55.00% |
| Breast Cancer Screening <i>Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer</i> | 47.00% | 50.00% | 50.00% | | 50.28% | 50.00% |
| Childhood BMI <i>Percentage of patients 3-17 years of age with a BMI percentile and counseling on nutrition and physical activity documented</i> | 36.81% | 40.27% | 49.74% | | 69.81% | 68.00% |
| Adult BMI <i>Percentage of patients 18 years of age and older with a BMI documented and had a follow-up plan documented if BMI is outside normal parameters</i> | 67.51% | 72.03% | 73.19% | | 61.04% | 65.00% |
| Tobacco Screening <i>Percentage of patients aged 12 years and older who were screened for tobacco use one or more times during the measurement period and who received tobacco cessation intervention during the measurement period or in the 6 months prior to the measurement period if identified as a tobacco user</i> | 77.21% | 78.17% | 78.06% | | 84.60% | 85.00% |
| Statin Therapy <i>Percentage of patients 20 years of age and older at high risk of cardiovascular events who were prescribed or were on statin therapy</i> | 74.75% | 76.18% | 75.78% | | 76.07% | 75.00% |
| IVD: Use of ASA/Antiplatelet <i>Percentage of patients 18 years of age and older with a diagnosis of IVD or AMI, CABG, or PCI procedure with aspirin or another antiplatelet</i> | 35.71% | 29.30% | 32.50% | | 76.83% | 80.00% |
| Colorectal Cancer Screen <i>Percentage of patients 45 through 75 years of age who had appropriate screening for colorectal cancer</i> | 39.11% | 35.33% | 32.59% | | 42.82% | 52.00% |
| HIV Linkage to Care <i>Percentage of patients whose first-ever HIV diagnosis was made by health center staff between December 1 of the prior year and November 30 of the measurement year and who were seen for follow-up treatment within 30 days of that first-ever diagnosis</i> | 100.00% | 100.00% | 100.00% | | 82.20% | 100.00% |

| UDS Quality Measure (Tables 6B and 7) | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | 2022 National Average | 2023 Target Goals |
|--|------------------|------------------|------------------|------------------|------------------------------|--------------------------|
| HIV Screening <i>Percentage of patients 15 through 65 years of age who were tested for HIV when within age range</i> | 77.63% | 76.78% | 77.12% | | 43.82% | 80.00% |
| Depression Screening <i>Percentage of patients aged 12 years and older screened for depression on the date of the visit or up to 14 days prior to the date of the visit using an age-appropriate standardized depression screening tool and, if positive, a follow-up plan is documented on the date of or up to two days after the date of the qualifying visit</i> | 44.84% | 44.41% | 36.70% | | 70.02% | 70.00% |
| Depression Remission <i>Percentage of patients 12 years of age and older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event</i> | 7.02% | 9.30% | 10.45% | | 13.64% | 14.00% |
| Dental Sealants <i>Percentage of children 6 through 9 years of age at moderate to high risk of caries who received a sealant on a first permanent molar</i> | 73.91% | 77.27% | 86.36% | | 58.39% | 96.00% |
| Controlling High Blood Pressure <i>Percentage of patients 18-85 years of age with hypertension controlled (<139/89)</i> | 54.85% | 61.30% | 63.88% | | 63.40% | 60.00% |
| Hemoglobin A1c Poor Control <i>Percentage of patients 18 through 75 years of age with HbA1c > 9% or no test during year (lower is better)</i> | 49.14% | 47.47% | 51.77% | | 30.42% | 32.00% |



MORONGO BASIN
COMMUNITY HEALTH CENTER
A SERVICE OF MORONGO BASIN HEALTHCARE DISTRICT

6530 La Contenta Road, #100 | Yucca Valley, CA 92284 | 760.820.9229 | MorongoBasinHealth.org

TO: CHC Board
FROM: Cindy Schmall, CEO
DATE: December 5, 2024
SUBJECT: Staff Report

CLINICAL OPERATIONS

- Health Management and Education Clinic is going live on December 9th.
- Best of Morongo Basin - we were voted #1 Best Dr's. Office
- Chiro has moved into their new space
- Integration of blended services has begun within the clinics
- We hired three (3) new MA's in November

OPERATIONS

- MMU has been set up at Split Rock location and is functioning well.
- Split Rock Modular flooring choices have been turned in and requoted.
- Septic is due to start on December 16th and electrical work is ongoing.
- MDU remodel will be completed this week and will be in service on Tuesday, December 10th.

BOARD CALENDAR DECEMBER 2024

| SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|--------|--------|---------|---------------------|--|--------|----------|
| 1 | 2 | 3 | 4 | 5 4:45p CHC 6:00p Public Hearing 6:15p MBHD Board Mtg | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 MBHD Employee Luncheon | 20 | 21 |
| 22 | 23 | 24 | 25 Christmas Day | 26 | 27 | 28 |
| 29 | 30 | 31 | 1 New Year's Day | 2 | 3 | 4 |

BOARD CALENDAR

January 2025

| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|-----|-----|-----|---------------------|--|-----|-----|
| | | | 1 New Year's Day | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 4:45p CHC Board 6:00p MBHD Board | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 | 31 | |