



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

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

**MEETING AGENDA**

Thursday, February 13, 2025, at 5:00 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](http://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: 285 157 096 517
- Passcode: rG6mb7Km

**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**

- *Motion 25-70: Motion to approve the meeting Agenda as published.*

**APPROVAL OF CHC CONSENT AGENDA**

- *Motion 25-71: Motion to approve the January 23, 2025, minutes.*

**DISCUSSION AND APPOINTMENT OF POTENTIAL BOARD MEMBER – *Cindy Schmall, CEO***

- *Motion 25-72: Motion to appoint Sean Loomis to the CHC Board of Directors.*

**ACTION ITEMS**

**FINANCIAL REPORT – *Debbie Anderson, CFO***

- *Motion 25-73: Motion to accept and file the December 2024 Financial Report.*

**HRSA VISIT REVIEW EDUCATION – *Tricia Gehrlein, CPE/CO***

**REPORTING**

**QUALITY REPORT, Q4 2024 & FULL YEAR – *Tricia Gehrlein, CPE/CO***

**CEO REPORT – *Tricia Gehrlein, CPE CO***

**CALENDAR REVIEW – *Cindy Schmall, CEO***

**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 February 10, 2025, at 4:00 p.m.

*Beverly Krushat, CHC Board Clerk*

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](mailto:bkrushat@mbhdistrict.org).



# MORONGO BASIN HEALTHCARE DISTRICT

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

**SPECIAL MEETING MINUTES of Thursday, January 23, 2025, at 5:00 p.m.**

**Eric Menendez remote from 220 N. Palm Springs Canyon, Palm Springs, CA 92262**

*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 (*present*)
- Pat Cooper (*absent*)
- Mary Dunn (*present*)
- Marc Greenhouse (*present*)
- Nicola Keller (*present*)
- Eric Menendez (*remote*)
- Lisa Ryan (*absent*)
- Jackie Todd (*present*)

**STAFF:**

- Cindy Schmall, CEO (*present*)
- Debbie Anderson, CFO (*remote*)
- Tina Huff, Integrated Health Services Director (*present*)
- Tricia Gehrling, Chief Patient Experience/ Compliance Officer (*remote*)
- Janeen Duff, Director Strategic Initiatives (*present*)
- Beverly Krushat, CHC Board Secretary (*present*)

**CALL TO ORDER** – Board meeting was called to order by Marc Greenhouse at 5:02 p.m.

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

**OBSERVANCES** –

Marc Greenhouse led the pledge of allegiance.

Cody Briggs read the Mission and Vision statements.

**PUBLIC COMMENTS** – None

**APPROVAL OF MEETING AGENDA** -

CEO Schmall requested an amendment to the Agenda to add the following item:

25-69 RADIFY DISTRICT BOARD MEMBERS – *CEO Schmall*

Motion 25-65: MSC (Keller/Briggs) 6/0/2 motion carried to approve the amended agenda.

**APPROVAL OF CHC CONSENT AGENDA** –

- January 23, 2025, Special Meeting Minutes

Motion 25-66: MSC (Briggs/Keller) 6/0/2 motion carried to approve the Consent Agenda.

**ACTION ITEMS**

**RE-ASSESS TIME FOR CHC BOARD MEETING – Cindy Schmall, CEO**

CEO Schmall explained that one of our newer Board members asked to change the time to 5:00 p.m. as it is difficult to make the time at 4:45 p.m. from down below and asked if the 5 p.m. change would work for everyone.

After much discussion between the Board members, it was decided to move the Board meetings back to the 2<sup>nd</sup> Thursday of the month at 5:00 p.m. beginning February 2025.

Motion 25-67: MSC (Keller/Briggs) 6/0/2 motion carried to approve the new meeting time of the 2<sup>nd</sup> Thursday of the month at 5:00 p.m.

**FINANCIAL REPORT – Debbie Anderson, CFO**

**OVERVIEW**

The clinic financials for the month of November show a loss of \$(119,323) and year to date shows a loss of \$(486,134). (See Table 5 & 6)

Visits for November landed at 3,015 in comparison to budgeted visits of 2,902. so for the second month in a row we exceeded budgeted visits. Due to this improvement. the clinics year to date change in net position is quite a bit less than budgeted. Year to date we were expecting to have a loss of over \$1.1 million: instead we have losses of \$(486,000). This may not seem significant. but as we look back on the budget. there were some challenges surrounding it such as:

- HRSA FQHC base grant dollars stay the same at \$1,532,907. Been this amount since 2 1 2019
- Salaries need to be increased to meet SB-525 requirements
- Health benefits have increases year over year much higher than the nominal 3-5%
- IT needs have increased substantially in last few years

So even though the clinics have losses. there is some respite in that losses haven't been as large as expected. despite the challenges above.

**CLINIC CHANGE IN NET POSITION**

**Table 1 Clinics November 2024**

Clinics	Actual Mth	Budget Mth	Over/(Under)	% of Budget
Patient services (net)	563,534	572,071	(8,537)	-1.49%
Grant Revenue	166,266	127,742	38,524	30.16%
340B Revenue	39,171	27,571	11,601	42.08%
Capitation Fees	187,025	166,695	20,330	12.20%
Records & Interest	160	121	39	31.87%
Cost Report Adjustments	(141,667)	(141,667)	(0)	-0.00%
Quality	38,154	43,217	(5,062)	-11.71%
	<b>852,644</b>	<b>795,750</b>	<b>56,894</b>	<b>7.15%</b>
Salaries - Clinic	443,479	504,186	60,706	12.04%
Fringe - Clinic	116,538	111,751	(4,787)	-4.28%
Phys Fees - Clinic	108,115	94,912	(13,203)	-13.91%
Purchases Services - Clinic	63,210	63,620	410	0.64%
IT, Network & Phones - Clinic	25,874	17,393	(8,481)	-48.76%

Table 1 (continued)

Clinics	Actual Mth	Budget Mth	Over/(Under)	% of Budget
Supplies - Clinic	33,619	27,142	(6,477)	-23.86%
Supplies - 340B	21,397	19,225	(2,172)	-11.30%
R&M - Clinic	8,503	4,433	(4,070)	-91.81%
Leases/Rentals - Clinic	100	377	277	73.49%
Utilities - Clinic	4,486	5,365	879	16.38%
Ins - Clinic	486	152	(334)	-219.14%
Other - Clinic	9,694	6,791	(2,903)	-42.75%
Depreciation	16,641	14,590	(2,052)	-14.06%
	852,142	869,935	17,794	2.05%
Operating Income/(Loss) before Allocation	502	(74,185)	74,687	100.68%
Allocation of Overhead for Health Centers	(145,826)	(171,279)	25,453	14.86%
Operating Income/(Loss) after Allocation	(145,323)	(245,464)	100,141	40.80%
Non-Operating	26,000	-	26,000	-100.00%
	26,000	-	26,000	-100.00%
Change in Net Position	(119,323)	(245,464)	126,141	51.39%

Grant revenue variance due to bookings for the ARP equipment grant. The 340B revenue variance is due to pharmaceutical drug restrictions placed on FQHC's by the drug companies. Salaries variance is due to positions budgeted not filled, so savings took place. The physician fees are over due to increases in visits being done by BH, Peds, and Chiro. Due to the ARP grant, supplies & IT continue to be over budget as we purchase items for that grant that was not accounted for in the budget. Since there were less expenses than budgeted in district (non-clinics P&L) for the month, 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)	3,158,664	3,191,554	(32,890)	-1.03%
Grant Revenue	868,497	695,142	173,355	24.94%
340B Revenue	135,734	153,815	(18,081)	-11.75%
Capitation Fees	876,292	833,475	42,818	5.14%
Records & Interest	711	674	36	5.38%
Cost Report Adjustments	(708,333)	(708,333)	0	0.00%
Quality	175,144	216,083	(40,939)	-18.95%
	4,506,709	4,382,410	124,299	2.84%
Salaries - Clinic	2,202,574	2,640,972	438,398	16.60%
Fringe - Clinic	486,263	560,256	73,993	13.21%
Phys Fees - Clinic	615,415	529,510	(85,905)	-16.22%
Purchases Services - Clinic	309,437	323,543	14,106	4.36%
IT, Network & Phones - Clinic	111,590	86,963	(24,627)	-28.32%
Supplies - Clinic	230,924	151,425	(79,499)	-52.50%
Supplies - 340B	86,898	103,292	16,394	15.87%
R&M - Clinic	37,984	23,137	(14,847)	-64.17%
Leases/Rentals - Clinic	1,081	1,886	805	42.69%
Utilities - Clinic	39,195	35,055	(4,140)	-11.81%
Ins - Clinic	1,060	761	(299)	-39.30%
Other - Clinic	94,058	35,926	(58,132)	-161.81%
Depreciation	82,715	72,948	(9,767)	-13.39%
	4,299,193	4,565,674	266,481	5.84%

Table 2 (continued)

Clinics	Actual YTD	Budget YTD	Over/(Under)	% of Budget
Operating Income/(Loss) before Allocation	207,515	(183,264)	390,779	213.23%
Allocation of Overhead for Health Centers	(719,649)	(955,558)	235,908	24.69%
Operating Income/(Loss) after Allocation	(512,134)	(1,138,822)	626,688	55.03%
Non-Operating	26,000	-	26,000	-100.00%
	26,000	-	26,000	-100.00%
Change in Net Position	(486,134)	(1,138,822)	652,688	57.31%

Quality payments are not as high due to complexities of timing, bundled scores, improvement from the previous year, and other factors. The R&M variance is due to higher supply costs for the peds & adult renovations. 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	2,670	2,758	3,055
Aug	3,886	3,587	3,016	3,425	3,315	3,195	2,992
Sep	3,140	3,501	3,069	3,134	3,256	2,593	3,047
Oct	3,562	3,892	3,267	3,282	3,071	3,026	3,748
Nov	3,249	3,353	2,632	3,116	2,936	2,974	3,015
Dec	2,898	3,304	2,984	2,705	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	15,857
Total July - Nov	16,892	17,616	15,075	15,834	15,248	14,546	15,857

Motion 25-68: MSC (Briggs/Todd) 6/0/2 motion carried to accept and file the November 2024 financial report.

**HRSA VISIT REVIEW EDUCATION – Tricia Gehrlein, CPE/CO**

CPE/CO Gehrlein educated the Board members on the HRSA visit that will be coming up in March. Nicola Keller asked if we could have a special meeting before the HRSA visit to review lessons learned. Board members unanimously agreed to March 5<sup>th</sup> at 5:00 p.m. for the special meeting.

**CEO REPORT – Cindy Schmall, CEO**

- Tina Huff, Director of Integrated Services, Fredi Levitt, Manager of BH and I met with Diana Fox from Reach Out to discuss collaboration on a substance use disorder grant they have in the Morongo Basin. We will meet again in a few weeks with a plan on how we may participate.
- The District is in process of converting our phone system to a new system that will have better clarity and less degradation.
- Management is continuing to prepare for the HRSA On-site visit. We are revising all policies and ensuring that we are in compliance.
- Split Rock is still progressing, we have the septic and electrical in process. Flooring that was chosen two years ago is no longer available so new flooring options have been made.
- We have expanded into the old pediatric space to give adults more room now that we have more providers there.
- We have conducted three physician interviews and have at least one viable candidate that we will be bringing out to do an on-site tour.

- CHC needs at least two more board members. Please talk to your friends and community members to see if we can get some members.

**CALENDAR REVIEW – *Cindy Schmall, CEO***

CEO Schmall reviewed January and February 2025 calendars with the Board members and also mentioned the April 17, 2025, YV Chamber Mixer that MBHD is hosting.

**BOARD MEMBER COMMENTS -**

Eric Menendez stated that he is happy to be here and reiterated how important what we do is for the community and requested a meeting with the CEO to go over the Treasurer's role.

Dianne Markle-Greenhouse mentioned that Flying Doctors is returning and will be at YV High School on March 8<sup>th</sup> and 9<sup>th</sup>, and they still have room for more volunteers.

**ADJOURNMENT**

Meeting adjourned at 5:58 p.m.

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Cody Briggs, Secretary of the Board

*Minutes recorded by Beverly Krushat, CHC Board Clerk*



# MORONGO BASIN HEALTHCARE DISTRICT

6530 La Contenta Road, Suite 100, Yucca Valley California 92284 | 760.820.9229

To: CHC Board of Directors  
From: Deborah Anderson, CFO  
Date: February 13, 2024

Re: CFO's Report for December 2024

## OVERVIEW

The clinic financials for the month of December show income of \$342,383 and year to date shows a loss of \$(143,751). (See Table 1 & 2)

Visits for December landed at 3,058 in comparison to budgeted visits of 3,206, so we did not exceed budgeted visits. However, late December & early January all the clinics were hit with sickness, and this definitely affected visit capabilities.

Additionally, in December the PPS adjustments for BH started getting paid. However, the way the state pays these is in pieces. First you get a letter from DHCS. Then you get an AR notice from MMIS. Then you get the payment (that just shows up on a Medi-Cal RA with an AR number that ties back to the letters). So we had payments come in, but not the corresponding letters. Which means it is most difficult to figure out what the payments apply to. We know they are for the BH, since they came through the BH NPI, but beyond that we are still trying to work through what goes with what year and what is for PPS adjustments and what is for normal cost report adjustments.

Another factor that plays into this is that estimated PPS amounts to come in are required to be estimated for the audited financial statements that ended June 30, 2024. Which means that when the data is figured out, we reverse the amounts from the P&L since technically the adjustments were recorded last year and this year gets the difference between what was estimated and what is actual. If all of this sounds like a process, it is. And the reason I explain this is because it WILL impact this year's P&L once everything is finalized. In other words, the P&L's today being presented for December show too much income and because of the complexities surrounding figuring out what the income is supposed to be, the true income to be recognized in this year can't be done until we receive those letters. We accrued approximately \$850,000 for the PPS adjustments, but without those letters (which can take anywhere from 3-14 months to receive), it is difficult to tell how much of this received relates to PPS adjustments or other year BH cost report adjustments.

## CLINIC CHANGE IN NET POSITION

Table 1 Clinics December 2024

Clinics	Actual Mth	Budget Mth	Over/(Under)	% of Budget
Patient services (net)	973,327	632,289	341,038	53.94%
Grant Revenue	191,289	127,742	63,546	49.75%
340B Revenue	45,490	30,473	15,017	49.28%
Capitation Fees	187,130	166,695	20,435	12.26%



Table 1 (continued)

Clinics	Actual Mth	Budget Mth	Over/(Under)	% of Budget
Records & Interest	215	134	82	61.00%
Cost Report Adjustments	(91,307)	(141,667)	50,360	35.55%
Quality	36,064	43,217	(7,153)	-16.55%
	<b>1,342,208</b>	<b>858,883</b>	<b>483,325</b>	<b>56.27%</b>
Salaries - Clinic	449,160	528,194	79,034	14.96%
Fringe - Clinic	84,793	98,426	13,633	13.85%
Phys Fees - Clinic	101,115	104,903	3,788	3.61%
Purchases Services - Clinic	66,821	64,986	(1,834)	-2.82%
IT, Network & Phones - Clinic	24,556	17,393	(7,164)	-41.19%
Supplies - Clinic	57,480	29,999	(27,481)	-91.60%
Supplies - 340B	34,216	20,528	(13,688)	-66.68%
R&M - Clinic	2,114	4,610	2,496	54.15%
Leases/Rentals - Clinic	259	377	118	31.38%
Utilities - Clinic	4,373	4,650	277	5.96%
Ins - Clinic	486	152	(334)	-219.14%
Other - Clinic	7,142	7,149	7	0.10%
Depreciation	16,867	14,590	(2,277)	-15.61%
	<b>849,380</b>	<b>895,957</b>	<b>46,577</b>	<b>5.20%</b>
Operating Income/(Loss) before Allocation	492,827	(37,075)	529,902	1429.28%
Allocation of Overhead for Health Centers	(150,444)	(189,309)	38,864	20.53%
<b>Change in Net Position</b>	<b>342,383</b>	<b>(226,383)</b>	<b>568,766</b>	<b>251.24%</b>

Grant revenue variance due to bookings for the ARP equipment grant and the continuation of the HIV grant. The 340B revenue variance is due to a one time release of claims that are now being counted in the 340B program due to compliance with drug manufacturer uploading of data. Capitation fees variance is due to higher capitation due to absorbing patients from a local doctor's office that no longer services IEHP patients. Salaries & fringe variance is due to positions budgeted not filled, so savings took place. Due to the ARP grant, supplies & IT continue to be over budget as we purchase items for that grant that was not accounted for in the budget. 340B supplies are higher since revenue for 340B increased. Since there were less expenses than budgeted in district (non-clinics P&L) for the month, 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)	4,131,991	3,823,843	308,148	8.06%
Grant Revenue	1,059,785	822,884	236,901	28.79%
340B Revenue	181,224	184,288	(3,064)	-1.66%
Capitation Fees	1,063,422	1,000,169	63,253	6.32%
Records & Interest	926	808	118	14.58%
Cost Report Adjustments	(799,640)	(850,000)	50,360	5.92%
Quality	211,208	259,300	(48,091)	-18.55%
	<b>5,848,917</b>	<b>5,241,293</b>	<b>607,624</b>	<b>11.59%</b>
Salaries - Clinic	2,651,734	3,169,166	517,432	16.33%
Fringe - Clinic	571,055	658,681	87,626	13.30%
Phys Fees - Clinic	716,530	634,413	(82,117)	-12.94%
Purchases Services - Clinic	376,258	388,529	12,271	3.16%

Table 2 (continued)

Clinics	Actual YTD	Budget YTD	Over/(Under)	% of Budget
IT, Network & Phones - Clinic	136,146	104,356	(31,790)	-30.46%
Supplies - Clinic	288,404	181,424	(106,980)	-58.97%
Supplies - 340B	121,114	123,820	2,706	2.19%
R&M - Clinic	40,097	27,746	(12,351)	-44.51%
Leases/Rentals - Clinic	1,340	2,264	924	40.80%
Utilities - Clinic	43,568	39,705	(3,863)	-9.73%
Ins - Clinic	1,546	914	(633)	-69.27%
Other - Clinic	101,200	43,076	(58,124)	-134.94%
Depreciation	99,581	87,538	(12,044)	-13.76%
	<b>5,148,574</b>	<b>5,461,631</b>	<b>313,058</b>	<b>5.73%</b>
Operating Income/(Loss) before Allocation	700,343	(220,339)	920,682	417.85%
Allocation of Overhead for Health Centers	(870,094)	(1,144,866)	274,773	24.00%
Operating Income/(Loss) after Allocation	(169,751)	(1,365,205)	1,195,454	87.57%
Non-Operating	26,000	-	26,000	-100.00%
	26,000	-	26,000	-100.00%
<b>Change in Net Position</b>	<b>(143,751)</b>	<b>(1,365,205)</b>	<b>1,221,454</b>	<b>89.47%</b>

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 increases in visits being done by BH, Peds, and Chiro. The R&M variance is due to higher supply costs for the peds & adult renovations. 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	3,679	2,758	3,054
Aug	3,886	3,587	3,016	3,425	3,315	3,195	2,992
Sep	3,140	3,501	3,069	3,134	3,256	2,593	3,047
Oct	3,562	3,892	3,267	3,282	3,071	3,026	3,748
Nov	3,249	3,353	2,632	3,116	2,936	2,974	3,014
Dec	2,898	3,304	2,984	2,705	2,881	2,613	3,058
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	18,913
Total July - Dec	19,790	20,920	18,059	18,539	18,129	17,159	18,913



# MORONGO BASIN HEALTHCARE DISTRICT

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

TO: Cindy Schmall, CEO  
FROM: Tricia Gehrlein, CPE&CO  
DATE: February 13, 2025  
SUBJECT: MBCHC BOARD OF DIRECTORS QUALITY REPORT, Q4 2024 & FULL YEAR

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Below please find context and overview for the following materials: Quality Summation Report (handout), UDS 2024, and UDS P4P 2024 (included).

## **2024 UDS Measures Q4 & YTD**

UDS (Uniform Data Submission) Quality Measures are set by HRSA (Health Resources and Services Administration) based on best practice. Each measure targets a specific subset of our patient population, and outcomes in these measures are one indicator of the quality of care received. It is important to note that HRSA only gives credit when there has been accurate documentation in the medical record of a completed measure. For example, a provider may order a mammogram for a patient but if the patient chooses not to complete the mammogram, or if the patient had a mammogram but we did not receive the report (or accurately document the receipt of the report), the patient is marked “non-compliant” and MBCHC receives a lower quality score for that measure.

UDS Measures for 2024 are summarized as follows:

- 8 of the 16 measures were *equal to or an improvement* over last year: Breast Cancer Screening, Cervical Cancer Screening, Controlling High Blood Pressure, HIV Screening, HIV Linkage to Care, Preventive Care and BMI Screening and Follow Up Plan (Adult), Dental Sealants for Children, and Preventive Care and Screening and Follow Up Plan (Pediatrics).
- 8 of the measures had a *decrease* in performance compared to last year: Childhood Immunizations, Colorectal Cancer Screening, Depression Remission at Twelve Months, Diabetes: Hemoglobin A1c Poor Control (>9 percent), Ischemic Vascular Disease/use of Aspirin or Another Antiplatelet, Tobacco Screening and Intervention, Statin Therapy, and Weight Assessment and Counseling for Nutrition/Physical Activity for Children and Adolescents (BMI)
- 3 of the measures met or exceeded 2024 goals: HIV Screening, HIV Linkage to Care, and Dental Sealants for Children.

The following action is being taken to rectify the decrease in outcomes measures:

1. Increased monitoring
  - a. Identify trends and address rapidly

- b. Work closely with Providers to address trends and identify process improvements to increase compliance
  - c. Accuracy of documentation
2. Targeted 2025 PDSAs (Plan, Do, Study Act)

### **UDS Reporting to HRSA**

As a requirement of our grant funding from HRSA (the Health Resources and Services Administration), UDS reporting is due annually. 2024 data is due February 15, 2025. The reporting data includes Patient Demographics, Staffing Totals, Services Offered, Services Rendered, Cost Reports, and Quality Outcomes.

For 2024, MBCHC serviced 8,800 unique individuals. This is an increase from 2023, when MBCHC serviced 8472 unique individuals.

2024 is the final year that HRSA will accept manual reporting. 2025 data will be electronically extracted from our electronic health record directly to HRSA.

### **2024 P4P**

P4P is the Inland Empire Health Plan (IEHP) “Pay for Performance” Quality Indicators. If MBCHC hits target goals as set by IEHP, MBCHC receives additional payment dollars. IEHP has not finalized the 2024 quality indicator outcomes. The data as of December 15<sup>th</sup>, 2024 is included with this report.

Please note the differences between UDS and P4P

1. P4P has significantly more measures than UDS
2. P4P is based on the entire IEHP population that is assigned to MBCHC, and not just the patients that have been seen throughout the year
  - a. UDS only recognizes the patients seen during the year
3. P4P is determined based on billing codes, not what is documented in the medical record
  - a. For example, a provider may order a medication for a patient – this makes the patient compliant for UDS purposes. However, if the patient does not fill the medication, they are considered non-compliant for P4P purposes as IEHP was not billed for the medication.

### **2024 Patient Satisfaction**

MBCHC contracts with Press-Ganey to conduct patient satisfaction surveys. Press-Ganey is a known leader in patient satisfaction surveys and works with MBCHC to interpret the responses into actionable data. For example, based on data, they have identified that the number one way to improve our key question (Likelihood you recommend MBCHC to others) is in service recovery. If a patient has scored MBCHC low on their ability to contact us for an appointment, a positive experience upon arrival and throughout the appointment can negate the low score.

Comparing 2024 to 2023, MBCHC improved overall patient satisfaction in the Adult and Pediatric Clinics, slightly decreased in the Behavioral Health clinic (less than 1%), and decreased in the

Dental clinics. The decrease in the Dental clinics was primarily due to provider turnover and the availability of only one provider for over half of the year. Our dentist, Dr. El-Sayed, began working full-time in September, and a second full-time dentist is scheduled to start within the next sixty days. With the addition of a second dentist, it is anticipated that the satisfaction scores will increase.

# UDS

**2024 UDS Clinical Quality Measures (Tables 6B and 7)**

UDS Quality Measure (Tables 6B and 7)	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD (2024)	2023 National Average	2024 Target Goals
<b>Childhood Immunizations</b> <i>Percentage of children 2 years of age who received age appropriate vaccines by their 2nd birthday</i>	22.09%	24.48%	23.36%	19.85%	20.15%	30.23%	35.00%
<b>Cervical Cancer Screening</b> <i>Percentage of women 21-64 years of age who were screened for cervical cancer</i>	43.39%	45.71%	46.71%	49.50%	45.85%	54.96%	55.00%
<b>Breast Cancer Screening</b> <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%	53.00%	50.00%	52.40%	55.00%
<b>Childhood BMI</b> <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%	41.79%	71.94%	71.50%	75.00%
<b>Adult BMI</b> <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>	65.46%	69.47%	69.82%	63.69%	76.75%	67.13%	70.00%
<b>Tobacco Screening</b> <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>	79.55%	78.45%	81.92%	81.77%	86.38%	84.90%	87.00%
<b>Statin Therapy</b> <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>	75.43%	73.37%	74.17%	80.74%	74.66%	77.31%	80.00%
<b>IVD: Use of ASA/Antiplatelet</b> <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%	29.73%	35.90%	41.18%	32.31%	75.78%	80.00%
<b>Colorectal Cancer Screen</b> <i>Percentage of patients 45 through 75 years of age who had appropriate screening for colorectal cancer</i>	39.32%	35.41%	32.73%	35.79%	43.00%	41.10%	45.00%
<b>HIV Linkage to Care</b> <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%	100.00%	100.00%	79.65%	100.00%
<b>HIV Screening</b> <i>Percentage of patients 15 through 65 years of age who were tested for HIV when within age range</i>	77.57%	76.78%	77.16%	79.89%	76.31%	48.45%	52.00%



UDS Quality Measure (Tables 6B and 7)	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD (2024)	2023 National Average	2024 Target Goals
<b>Depression Screening</b> 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	40.25%	41.28%	34.80%	38.37%	66.58%	71.60%	75.00%
<b>Depression Remission</b> 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	9.46%	11.86%	9.38%	10.34%	6.73%	13.60%	18.00%
<b>Dental Sealants</b> 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	65.38%	61.54%	76.00%	76.92%	92.77%	58.80%	85.00%
<b>Controlling High Blood Pressure</b> Percentage of patients 18-85 years of age with hypertension controlled (<139/89)	56.57%	64.74%	68.10%	69.73%	66.92%	65.68%	70.00%
<b>Hemoglobin A1c Poor Control</b> Percentage of patients 18 through 75 years of age with HbA1c > 9% or no test during year (lower is better)	48.85%	47.45%	51.50%	47.53%	26.91%	28.81%	32.00%

# UDS P4P 2024

MEASURE	DESCRIPTION	Q4	2024	2024	DESCRIPTION	15-May	Q2	15-Sep	15-Dec
	UDS 2024			Target Goals	IEHP				
Adult Td/Tdap Vaccine	N/A				The percentage of members 19 years of age and older, who received the tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap) vaccine by the end of the measurement year.	22.67%	23%	23.48%	25.58%
Adult Annual Exam	N/A				N/A				
Adult Influenza Vaccine	N/A				The percentage of members 19 years of age and older, who received an influenza vaccine between July 1 of the year prior to the measurement and June 30 of the current year.	8.17%	8.09%	8.11%	8.40%
Adult Pneumococcal Vaccine	N/A				The percentage of members 60 years of age and older, who received the pneumococcal vaccine by the end of the measurement year.	18.07%	19.67%	20.34%	31.17%
Adult Zoster Vaccine	N/A				The percentage of members 50 years of age and older, who received the appropriate herpes zoster vaccine in the measurement year.	6.56%	6.74%	6.93%	9.08%
Antidepressant Medication Management	N/A				The percentage of members who are 18 years of age or older who had a diagnosis of major depression, remained on antidepressant medication treatment and who were treated with antidepressant medication. Two rates-effective acute phase, effective continuation phase. see calculations	60.31%	62.75%	65.50%	65.31%
Asthma Medication Ration	N/A				The percentage of members who are 5-64 years of age and identified as having persistent asthma, who had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.	81.25%	75.44%	61.32%	56.30%

Breast Cancer Screening	Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the measurement period (uses age 52 on dec 31st as initial age to include)	53.00%	50.00%	<b>55.00%</b>	The percentage of members 50-74 years of age who had a mammogram to screen for breast cancer any time on or between October 1, two years prior to the measurement year and Dec 31 of the measurement year. Exclusions	38.21%	40.36%	42.36%	45.59%
Cervical Cancer Screening	Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria: Women age 21 - 64 who had cervical cytology performed within the last three years; Women age 30-64 who had human papillomavirus (HPV) testing performed within the last 5 years (see specific measurement for DOB)	49.50%	45.85%	<b>55.00%</b>	The percentage of members 21-64 years of age who were screened for cervical cancer using either: 21-64y/o w/cervical cytology performed every 3 years; 30-64 y/o who had cervical high-risk (hrHPV) testing every 5 years; 30-64 y/o who had cerv cytology/high-risk HPV co-testing every 5 years. Exclusions	38.89%	41.15%	44.10%	45.75%
Child and Adolescent Well-Care Visits	N/A				The percentage of members ages 2-21 who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year	15.71%	21.23%	32.00%	45.54%
Childhood Immunization Status	Percentage of children 2 years of age who received age-appropriate vaccines by their 2nd birthday (same vaccines as IEHP)	19.85%	20.15%	<b>35.00%</b>	Childhood Immunizations - Combo 10: Percentage of children 2 years of age who had (see list) on or between child's first and second birthday. Exclusions	11.61%	14.04%	15.12%	15.34%
Chlamydia Screening in Women	N/A				The percentage of women 16-24 years of age who identified as sexually active and had at least one test for chlamydia during the measurement year (claim encounter data or pharmacy data)	41.33%	49.69%	50.00%	48.88%
Colorectal Cancer Screening	Percentage of patients 45-75 years of age who had appropriate screening for colorectal cancer (Use 46 on or after Dec 31st at the initial age to include in assessment)	5.79%	43.00%	<b>45.00%</b>	The percentage of members who are 45-75 years of age who had an appropriate screening for colorectal cancer.	34.38%	37%	39.99%	48.05%

Controlling High Blood Pressure	Percentage of patients 18-85 years who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period, and whose most recent blood pressure (BP) was adequately controlled (less than 140/90 mmHg) during the measurement period	69.73%	66.92%	<b>70.00%</b>	Controlling Blood Pressure: The percentage of members who are 18-85 years of age, with a diagnosis of hypertension (HTN), and whose blood pressure (BP) was controlled (<140/90 mm Hg) during the measurement year. Two different visits on or between prior year and June of current year with htn dx.	50.51%	56.69%	60.85%	61.04%
Dental Sealants for Children between 6-9 years	Percentage of children, 6 - 9, at moderate to high risk for caries who received a sealant on a first permanent molar during the measurement period	76.92%	92.70%	<b>85.00%</b>	N/A				
Depression Remission at Twelve Months	Percentage of patients 12 years and older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event	10.34%	6.73%	<b>18.00%</b>	N/A				
Developmental Screening	N/A				The percentage of children who are screened for the risk of developmental, behavioral and social delays using a standardized screening tool, in the 12 months before or on their first, second, or third birthday in the measurement year.	33.98%	39.49%	45.95%	44.00%
Diabetes Care - Kidney Health Evaluation	N/A				The percentage of members 18-85 and have a dx of db (1 and 2), who received kidney health evaluation defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year; two dx of db on different days in year or prior year; insulin or hyp/anithyper glycemics during year or prior year. Exclusions	25.32%	33.71%	42.89%	45.84%

Diabetes Care BP Control	N/A				The percentage of members who are 18-75 years of age and have a diagnosis of diabetes (type 1 and 2), whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year. Any of the following: during year or year prior - two visits (including ED); one acute IP encounter with dx of db w/out telehealth; insulin or hypglycemics/antihyperglycemics during year or prior year; at least one acute ip w/dx of db on d/c claim. Exclusions	60.31%	60.22%	64.39%	64.05%
Diabetes: Hemoglobin A1c (HvA1c) Poor Control (>9 percent)	Percentage of patients 18-75 years of age with diabetes who had hemoglobin Alc (HvA1c) greater than 9.0 during the measurement period	47.53%	26.91%	32.00%	Glycemic Status Assessment for Patients with Diabetes (GSD): The percentage of members 18-75 years of age and have a dx of db (type 1 and type 2) who had the following: Glycemic Status (<8.0%) (most recent during year); During year or prior year two different visits w/db diagnosis;dispensed insulin/hypo/antihper glycemics during year or prior year and have at least one dx of db during year or prior year	50.84%	53.41%	53.79%	61.44%
HIV Screening	Percentage of patients 15 through 65 years of age at the start of the measurement period who were between 15-65 when tested for HIV	79.89%	76.31%	52.00%	N/A				
HIV Linkage to Care	Percentage of patients newly diagnosed with HIV who were seen for follow-up treatment within 30 days of diagnosis. (Dec 1 prior year though Nov 30 of current year with at least one qualifying visit)	100%	100%	100.00%	N/A				
Immunizatioins for Adolescents - Combo 2	N/A				The percentage of adolescents 13 years of age who had (see list) on or before their 13th birthday. Exclusions	17.57%	19.16%	21.34%	21.76%

Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	Percentage of patients 18 years of age and older who were diagnosed acute myocardial infarction (AMI), or who had a coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCIs) in the 12 months prior to the measurement period <i>or</i> who had an active diagnosis of IVD during the measurement period, and who had documented use of aspirin or another antiplatelet during the measurement period	41.18%	32.31%	80.00%	N/A				
Lead Screening in Children	N/A				The percentage of children who are 2 years of age and had one or more capillary or venous lead blood tests for lead poisoning, by their second birthday. Exclusions	17.23%	18.54%	20.34%	20.45%
Preventive Care and Screening: BMI screening and follow up plan	Percentage of patients 18 years of age and older with a BMI documented during the most recent visit or during the measurement period <i>and</i> who had a follow-up plan documented if BMI is outside normal parameters	63.69%	76.75%	70.00%	N/A				
Preventive Care and Screening: Screening for Depression and Follow-up Plan	Percentage of patients 12 years of age and older who were screened for depression on the date of the visit or up to 14 days prior to the date of the visit using age-appropriate standardized depression screening tool <i>and</i> , if positive, a follow-up plan is documented on the date of or up to two days after the date of the qualifying visit	38.37%	66.58%	75.00%	Screening for Clinical Depression in Primary Care: The percentage of members ages 12 and older screened for clinical depression during the measurement year with the result of the screening documented by the provider. Two rates calculated - age appropriate clinical depression screening tool; the result is recorded and follow up plan documented, indicated on the date of the encounter - must be age appropriate standardized tool.	36.5		26.35%	35.41%

Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Percentage of patients aged 12 years of age and older who were screened for tobacco use one or more times during the measurement period, <i>and</i> who received tobacco cessation intervention during the measurement period or in the 6 months prior to the measurement if identified as a tobacco user	81.77%	86.38%	87.00%	Member Satisfaction Survey - Medical Assistance with Smoking Cessation Advising Smokers to Quit: If smoker, in the last 6 mos, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?				
Social Determinants of Health Screening	N/A				The percentage of members who were screened for social determinants of health during the measurement year.				
Social Determinants of Health Identification Rate	N/A				The percentage of members who were screened for social determinants of health during the measurement year and who had at least one sdoh identified.	1.62%	2.10%	2.67%	3.38%
Social Need Screening and Intervention	N/A				The percentage of members who were screened for social needs (food, housing, transportation only measured), at least once during the measurement year, and received corresponding intervention if the member screened positive. Exclusions				



Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	Percentage of the following patients - all considered at high risk of cardiovascular events - who were prescribed or were on statin therapy during the measurement period: All patients who were previously diagnosed with or currently have a diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD) or have ever had an ASCVD procedure <i>or</i> , patients 20 through 75 years of age who have ever had a low-density lipoprotein cholesterol (LDL-C) laboratory results level greater than or equal to 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia <i>or</i> , patients 40 through 75 years of age with a diagnosis of diabetes <i>or</i> patients 40 through 75 years of age with a 10-year ASCVD risk score greater than or equal to 20 percent	80.74%	74.66%	80.00%	Statin Therapy Received for Patients with Cardiovascular Disease (SPC): The percentage of men who are 21-75 years of age and women who are 40-75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.	53.64%	55.70%	61.99%	64.58%
Statin Therapy Received for Patients with Diabetes (SPD)	N/A				The percentage of members who are 40-75 years of age during the measurement year, with diabetes who did not have clinical atherosclerotic cardiovascular disease (ASCVD) who were dispensed at least one statin medication of any intensity during the measurement year.	55.43%	56.02%	62.34%	64.58%
Substance Use Assessment in Primary Care	N/A				The percentage of members 18 years and older who were screened for substance use during the measurement year.	12.35%	16.08%	20.80%	23.88%
Substance Use in Primary Care Adolescents	N/A				The percentage of members 11-17.99 years of age who were screened for substance use during the measurement year.	10.60%	12.59%	15.08%	18.85%

Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - BMI Percentile	Percentage of patients 3-17 years of age who had an outpatient visit with a primary care physician (PCP) or obstetrician/gynecologist (OB/GYN) and who had evidence of height, weight, and body mass index (BMI) percentile documentation <i>and</i> who had documentation for counseling for nutrition <i>and</i> who had documentation of counseling for physical activity during the measurement period	41.79%	73.94%	75.00%	The percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year. Report each of the three indicators (BMI percentile documentation, counseling for nutrition, counseling for physical activity)	43.38%	50.85%	60.19%	70.69%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - Counseling for Nutrition	N/A				The percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year. Report each of the three indicators (BMI percentile documentation, counseling for nutrition, counseling for physical activity)	35.37%	42.90%	54.02%	63.83%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents - Counseling for Physical Activity	N/A				The percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year. Report each of the three indicators (BMI percentile documentation, counseling for nutrition, counseling for physical activity)	35.73%	43.25%	54.80%	64.60%
Well-Child Visits First 15 Months of Life	N/A				The percentage of members who turned 15 months old during the measurement year and had six or more well child visits.	41.18%	46.55%	58.62%	61.02%
Well-Child Visits First 30 Months of Life	N/A				The percentage of members who turned 30 months old during the measurement year and had two or more well child visits with a PCP within the 15-30 months of life.	56.16%	58.29%	62.30%	64.62%
After Hours Availability - Life Threatening Emergency Calls	N/A				The caller was instructed to dial 9-1-1 OR instructed to go to the nearest emergency room.				

After Hours Availability - On-Call Physician Access	N/A				The caller was provided with instructions on how to connect to a doctor, on-call physician or covering nurse after hours OR was connected directly to a doctor, on-call physician or covering nurse.				
Appointment Availability - Urgent	N/A				</= to 48 hours				
Appointment Availability - Routine	N/A				</= to 10 days				
Initial Health Appointment	N/A				The IHA - comprehensive assessment during initial encounter recorded in chart with 120 days of enrollment. See list of what must be included.	40.70%	40.66%	39.36%	41.27%
Member Satisfaction Survey - Access to Care Needed Right Away	N/A				In the last 6 mos, when you needed care right away, how often did you get care as soon as you needed?				
Member Satisfaction Survey - Coordination of Care	N/A				In the last 6 mos, how often did your personal doctor seem informed and up-to-date about the care you received from these doctors or other health providers?				
Member Satisfaction Survey - Rating of Personal Doctor	N/A				Using 0-10, what number would you use to rate your personal doctor?				
Post Discharge Follow Up	N/A				The percentage of members, 18 years and older who have follow-up visits with a provider within required time frames. See two calculated rates (high risk members vs non)				
Potentially Avoidable ED Visits	N/A				Low-acuity non-emergent (LANE) visits to an ED in which the condition could be treated by a physician or other health provider in a non-emergency setting or conditions that are potentially preventable or ambulatory care sensitive				



# MORONGO BASIN HEALTHCARE DISTRICT

6530 La Contenta Road, Suite 100, Yucca Valley California 92284 | 760.820.9229

February 7, 2025

To: CHC Governing Board  
From: Cindy Schmall, CEO  
Re: CEO Staff Report

- The HRSA site visit has been postponed.
- We are changing our phone system to resolve degradation that has been interfering with our ability to communicate with patients. We expect to make the switch by March.
- I am working with a group of FQHCs through CHAIRS regarding issues and delays in credentialing and other concerns. We have sent a letter to Jarrod McNaughton, CEO, IEHP detailing those concerns.
- February 27<sup>th</sup> and 28<sup>th</sup> I am in Sacramento to attend a conference.
- Active development of a substance abuse program in partnership with Reach Out.
- We have almost completed the purchase of all the capital equipment for the grant. To date, \$219,613 has been reimbursed. Staff continues to order equipment timely to capture opportunities.

# BOARD CALENDAR

## February 2025

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6 6:00p MBHD Board	7 29 Palms Sr. Center Heart Healthy Talks 10a-1p Dianna Anderson	8
9	10 JT Community Center 11a-2p Malcolm (CHC/HIV) Gladys (Covered CA & Cal Fresh)	11	12	13 5:00p CHC Board	14	15
16	17	18	19	20	21	22
23	24 TAY Center 11a-12p Malcolm & Gena HIV/STI	25	26	27	28 YV High School Career Day 8a-12p Mia Malcolm Sheree	

# BOARD CALENDAR

## March 2025

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6 6:00p MBHD Board	7	8 Flying Doctors 8a-12p YV High School Janeen Dianna
9 Flying Doctors 8a-12p YV High School Janeen Dianna	10	11	12	13 5:00p CHC Board	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29 Town YV Heart Walk 9a Essig Park Dianna Sign-up Required