



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

MEETING AGENDA

Thursday, March 20, 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 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: 288 476 851 063
- Passcode: hQ2ap9wr

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 25-74: Motion to approve the meeting Agenda as published.*

APPROVAL OF CHC CONSENT AGENDA

Pages 3-5

- *Motion 25-75: Motion to approve the February 13, 2025, minutes.*

ACTION ITEMS

ADDITIONAL ADMINISTRATIVE AND BH SITES – Cindy Schmall, CEO

Request that the Board approve 58295 29 Palms Hwy., Yucca Valley, CA 92284 as an additional Administration site and 57463 29 Palms Hwy., Yucca Valley, CA as an additional Behavioral Health Site.

- *Motion 25-76: Motion to approve 58295 29 Palms Hwy, Yucca Valley, CA 92284. as an additional Administration site and 57463 29 Palms Hwy., Yucca Valley, CA 92284 as an additional Behavioral Health site.*

FINANCIAL REPORT – Debbie Anderson, CFO

Pages 6-9

- *Motion 25-77: Motion to accept and file the December 2024 Financial Report.*

SLIDING FEE DISCOUNT PROGRAM EVALUATION AND POLICY REVIEW – Debbie Anderson, CFO

Pages 10-17

- CHC-FS-213 Sliding Fee Discount Program Policy

Motion 25-78: Motion to approve the updated Sliding Fee Discount Program Evaluation and Policy CHC-FS-213 as presented.

FEE SCHEDULE (not included in packet)

- *Motion 25-79: Motion to approve the Charge Master Fee Schedule as presented.*

REPORTING

CEO REPORT – Cindy Schmall, CEO

Page 18

CALENDAR REVIEW – Cindy Schmall, CEO

Pages 19-21

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 March 17, 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.



Morongo Basin Health Care District
Community Health Center
GOVERNING BOARD MEETING

MINUTES of Thursday, February 13, 2025, at 5:00 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 (*present*)
- Pat Cooper (*present*)
- Mary Dunn (*absent*)
- Dianne Markle-Greenhouse (*present*)
- Marc Greenhouse (*present*)
- Nicola Keller (*present*)
- Eric Menendez (*absent*)
- Lisa Ryan (*present*)
- Jackie Todd (*present*)

STAFF:

- Cindy Schmall, CEO (*absent*)
- Debbie Anderson, CFO (*remote*)
- Tina Huff, Integrated Health Services Director (*present*)
- Jill Goodwin, Clinical Svcs. Mgr. (*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 –

Dianne Markle-Greenhouse led the pledge of allegiance.

Pat Cooper read the Mission and Vision statements.

PUBLIC COMMENTS – None

APPROVAL OF MEETING AGENDA -

Motion 25-70: Motion was approved unanimously to approve the agenda.

APPROVAL OF CHC CONSENT AGENDA –

- January 23, 2025, Special Meeting Minutes

Motion 25-71: Motion was approved unanimously to approve the Consent Agenda.

DISCUSSION AND APPOINTMENT OF POTENTIAL BOARD MEMBER – Tricia Gehrlein, CPE/CO

CPE/CO Gehrlein introduced Mr. Sean Loomis to the Board. Mr. Lewis proceeded to inform the Board that he has been a resident for 50 years and looks forward to working with all the members of the CHC Board in any capacity.

Motion 25-72: Motion was approved unanimously to appoint Mr. Sean Loomis to the CHC Board.

ACTION ITEMS

FINANCIAL REPORT – Debbie Anderson, CFO

CFO Anderson gave the following brief overview:

The clinic financials for the month of December 2024 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.

Motion 25-73: Motion was approved unanimously to accept and file the December 2024 Financial Report.

HRSA VISIT REVIEW EDUCATION - Tricia Gehrlein, CPE/CO

CPE/CO Gehrlein gave the Board a slide presentation educating the Board on HRSA requirements. No further action was taken.

CEO REPORT - Tricia Gehrlein, CPE/CO

CPE/CO Gehrlein reported for CEO Schmall that the HRSA site visit has been postponed.

She updated the Board on the degradation that has been interfering with our ability to communicate with patients because of the phone system, however, we do expect to make the switch by March. CEO Schmall has been working with a group of FQHCs through CHAIRS regarding issues and delays in credentialing and other concerns. We are also pursuing an active development of a substance abuse program in partnership with Reach Out.

CALENDAR REVIEW – *Tricia Gehrlein, CPE/CO*

CPE/CO Gehrlein reviewed the upcoming calendars with the Board. She also reminded the Board of the upcoming Yucca Valley Chamber Mixer that MBHD is hosting on April 17, 2025, from 5-7 p.m. here in suite 600-700.

BOARD MEMBER COMMENTS – There were none.

ADJOURNMENT

Meeting adjourned at 6:42 p.m.

Marc Greenhouse, Chairman of the Board



MORONGO BASIN HEALTHCARE DISTRICT

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

March 6, 2025

To: CHC Board of Directors

From: Deborah Anderson, CFO

Re: CFO's Report for January 2025

OVERVIEW

The clinic financials for the month of January show income of \$133 and year to date shows a loss of \$(143,617). (See Table 2 & 3)

The audited financial statements have been completed, which means we now have final numbers for Year End June 30, 2024. Amounts that changed since the last board report back in July 2024 for June 2024 are summarized in Table 1 below.

Table 1

(1,157,249.16) Previously reported

742,855.82 PPS Adjustments for BH

(89,380.98) Final Revenue & Contractuals adjustments made in September

37,236.16 Additional grant income, ARP, HIV, American Heart received after June for FY 23-24

11,440.00 CAL AIM recieved after June for FY 23-24

343,144.80 Donated Vaccines entry

(3,819.36) Late bills - Additional SUTA, bill for board districting, & PTO adjustments received after June

(29,899.55) Late grant expenses backdated to June 2024

(358,812.57) Doanted Vaccines & 340B expenses entry

(10,039.53) Difference in allocations due to district changes

642,724.79

(514,524.37) Final Net Surplus

CLINIC CHANGE IN NET POSITION

Table 2 Clinics January 2025

| Clinics | Actual Mth | Budget Mth | Over/(Under) | % of Budget |
|-------------------------|------------------|----------------|----------------|---------------|
| Patient services (net) | 787,703 | 662,398 | 125,305 | 18.92% |
| Grant Revenue | 169,841 | 127,742 | 42,098 | 32.96% |
| 340B Revenue | 36,727 | 31,924 | 4,803 | 15.05% |
| Capitation Fees | 186,470 | 166,695 | 19,775 | 11.86% |
| Records & Interest | 221 | 140 | 81 | 57.94% |
| Cost Report Adjustments | (126,527) | (141,667) | 15,140 | 10.69% |
| Quality | 4,946 | 43,217 | (38,271) | -88.56% |
| | 1,059,380 | 890,449 | 168,931 | 18.97% |

Table 2 (continued)

| Clinics | Actual Mth | Budget Mth | Over/(Under) | % of Budget |
|---|----------------|------------------|----------------|----------------|
| Salaries - Clinic | 524,261 | 552,203 | 27,943 | 5.06% |
| Fringe - Clinic | 99,737 | 105,870 | 6,133 | 5.79% |
| Phys Fees - Clinic | 82,200 | 109,898 | 27,698 | 25.20% |
| Purchases Services - Clinic | 55,006 | 65,901 | 10,895 | 16.53% |
| IT, Network & Phones - Clinic | 40,924 | 17,393 | (23,532) | -135.30% |
| Supplies - Clinic | 20,959 | 31,428 | 10,469 | 33.31% |
| Supplies - 340B | 32,595 | 21,180 | (11,415) | -53.90% |
| R&M - Clinic | 3,630 | 4,698 | 1,068 | 22.73% |
| Leases/Rentals - Clinic | 5,970 | 377 | (5,592) | -1482.41% |
| Utilities - Clinic | 4,821 | 6,544 | 1,723 | 26.33% |
| Ins - Clinic | 486 | 152 | (334) | -219.14% |
| Other - Clinic | 4,949 | 7,329 | 2,379 | 32.46% |
| Depreciation | 16,935 | 14,590 | (2,345) | -16.08% |
| | 892,473 | 937,562 | 45,089 | 4.81% |
| Operating Income/(Loss) before Allocation | 166,906 | (47,113) | 214,020 | 454.27% |
| Allocation of Overhead for Health Centers | (166,773) | (198,323) | 31,550 | 15.91% |
| Change in Net Position | 133 | (245,437) | 245,570 | 100.05% |

- Patient Services revenue is due to PPS adjustments. Still pending is the reversal once we get the backup.
- Grant revenue variance due to bookings for the ARP equipment grant and the continuation of the HIV grant.
- Capitation fees variance is due to higher capitation due to absorbing patients from a local doctor's office that no longer services IEHP patients.
- Quality payments are not as high due to complexities of timing, bundled scores, improvement from the previous year, and other factors.
- Salaries & fringe variance is due to positions budgeted not filled, so savings took place.
- Physician variance is due to an independent contractor coming onto payroll.
- Due to the ARP grant, IT equipment continues 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 the previous month was higher.
- 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 3 Clinics Year to Date

| Clinics | Actual YTD | Budget YTD | Over/(Under) | % of Budget |
|-------------------------|------------------|------------------|----------------|---------------|
| Patient services (net) | 4,919,695 | 4,486,241 | 433,453 | 9.66% |
| Grant Revenue | 1,229,626 | 950,626 | 278,999 | 29.35% |
| 340B Revenue | 217,951 | 216,211 | 1,739 | 0.80% |
| Capitation Fees | 1,249,892 | 1,166,864 | 83,027 | 7.12% |
| Records & Interest | 1,147 | 948 | 199 | 20.98% |
| Cost Report Adjustments | (926,167) | (991,667) | 65,500 | 6.60% |
| Quality | 216,154 | 302,517 | (86,363) | -28.55% |
| | 6,908,296 | 6,131,742 | 776,555 | 12.66% |


Table 3 (continued)

| Clinics | Actual YTD | Budget YTD | Over/(Under) | % of Budget |
|---|------------------|--------------------|------------------|---------------|
| Salaries - Clinic | 3,175,994 | 3,721,369 | 545,375 | 14.66% |
| Fringe - Clinic | 670,792 | 764,551 | 93,759 | 12.26% |
| Phys Fees - Clinic | 798,730 | 744,311 | (54,419) | -7.31% |
| Purchases Services - Clinic | 431,264 | 454,430 | 23,166 | 5.10% |
| IT, Network & Phones - Clinic | 177,071 | 121,749 | (55,322) | -45.44% |
| Supplies - Clinic | 309,362 | 212,852 | (96,511) | -45.34% |
| Supplies - 340B | 153,709 | 145,000 | (8,709) | -6.01% |
| R&M - Clinic | 43,728 | 32,444 | (11,283) | -34.78% |
| Leases/Rentals - Clinic | 7,310 | 2,641 | (4,669) | -176.79% |
| Utilities - Clinic | 48,389 | 46,249 | (2,140) | -4.63% |
| Ins - Clinic | 2,032 | 1,066 | (967) | -90.68% |
| Other - Clinic | 106,149 | 50,404 | (55,745) | -110.60% |
| Depreciation | 116,517 | 102,128 | (14,389) | -14.09% |
| | 6,041,047 | 6,399,194 | 358,146 | 5.60% |
| Operating Income/(Loss) before Allocation | 867,249 | (267,452) | 1,134,701 | 424.26% |
| Allocation of Overhead for Health Centers | (1,036,867) | (1,343,190) | 306,323 | 22.81% |
| Operating Income/(Loss) after Allocation | (169,617) | (1,610,642) | 1,441,024 | 89.47% |
| Non-Operating | 26,000 | - | 26,000 | -100.00% |
| | 26,000 | - | 26,000 | -100.00% |
| Change in Net Position | (143,617) | (1,610,642) | 1,467,024 | 91.08% |

- 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 | 3,030 |
| Aug | 3,886 | 3,587 | 3,016 | 3,472 | 3,315 | 3,195 | 2,975 |
| Sep | 3,140 | 3,501 | 3,069 | 3,134 | 3,256 | 2,593 | 3,041 |
| Oct | 3,562 | 3,892 | 3,267 | 3,282 | 3,071 | 3,027 | 3,697 |
| Nov | 3,249 | 3,353 | 3,001 | 3,116 | 2,936 | 2,928 | 3,952 |
| Dec | 3,305 | 3,304 | 2,984 | 3,300 | 2,881 | 2,596 | 3,027 |
| Jan | 3,698 | 3,911 | 2,926 | 2,925 | 3,001 | 3,726 | 3,317 |
| Feb | 3,198 | 3,763 | 3,192 | 3,068 | 2,882 | 2,980 | |
| Mar | 3,515 | 2,927 | 3,521 | 3,332 | 3,331 | 3,032 | |
| Apr | 3,660 | 2,066 | 3,461 | 3,094 | 2,896 | 3,016 | |
| May | 3,662 | 2,200 | 3,043 | 3,239 | 3,247 | 3,143 | |
| Jun | 3,344 | 2,786 | 3,086 | 3,218 | 2,939 | 2,652 | |
| Total | 40,867 | 38,673 | 37,288 | 37,415 | 36,425 | 35,106 | 22,039 |
| Total July - Dec | 23,488 | 24,931 | 20,985 | 21,464 | 21,130 | 20,283 | 22,039 |

| | |
|--|--|
|  <p>MORONGO BASIN COMMUNITY HEALTH CENTER A SERVICE OF MORONGO BASIN HEALTHCARE DISTRICT</p> | <p>DEPARTMENT / MANUAL: FINANCE</p> |
| <p>ORIGINAL DATE: 01/2013</p> | <p>REVIEW & REVISION DATES: 03/14, 04/15, 09/16, 8/17, 03/22, 03/23, 3/24, 3/25</p> |
| <p>TITLE: SLIDING FEE DISCOUNT PROGRAM</p> | <p>APPROVED BY:</p> <p>Admin: _____ Date: _____</p> <p>CEO: _____ Date: _____</p> <p>Governing Board: _____ Date: _____</p> |

PURPOSE:

To provide a discount mechanism that ensures financial barriers to care are minimized for patients who meet the eligibility criteria, to provide consistent and comprehensive eligibility guidelines for sliding fee discount management, and to define the scope of services provided and fees charged under the sliding fee discount program.

POLICY:

The Sliding Fee Discount Program (SFDP) is designed to ensure that clinic patients have access to all services in the healthcenter's scope of project, regardless of their ability to pay. This program uses a sliding fee schedule to calculate a basic discount and is updated April 1 using the current federal poverty guidelines as established by the U.S. Department of Health and Human Services. Once approved, the discount will be honored up to one year or through March 31 (whichever comes first) after which the patient must reapply. The discounts offered are based upon household income and size.

1. Household income is defined as all gross income from all persons residing within a housing unit or group quarters, unless the income is self-employment or rental income in which case legitimate business/rental expenses are allowed to be deducted from gross income as per IRS rules. Income is distinguished from assets, as assets are a fixed economic resource while income is comprised of earnings. Income does not include non-cash benefits such as Cal Fresh.
2. Household size is the total of all household members. Household members is defined as any person sharing the same housing unit, as well as a tax return dependent who does not physically live with you but is more than 50% supported by (such as a child away at college). Household members can include your spouse, adult children, parents, in-laws, significant others (even if not married), same sex partners, dependent children, foster children, friends, or any other person sharing the same housing unit. If you claim your tax return dependent, then you must provide a copy of your tax return. Roommates living within a household can be excluded as a household member provided that said roommate is not a family member, and/or is not romantically involved with any such persons living in said household, and a written roommate agreement exists between the owner/renter of the housing unit and said roommate. For those living in group quarters, a household member is defined as the total of all people residing together and related by birth, marriage or adaption.
3. A housing unit is a house, an apartment or other group of rooms, or a single room when it is occupied or intended for occupancy as separate living quarters; that is, when occupants do not live with any other persons in the structure and there is direct access from the outside or through a common hall (definition from United State Census Bureau). A "casita" or other

separate living unit connected by a common interior door is not precluded from being its own housing unit provided it has its own separate exterior entrance and it's intended for occupancy as separate living quarters.

4. Group quarters (non-institutional) is defined as noninstitutional living arrangements for groups not living in conventional housing units or groups living in housing units containing ten or more unrelated people or nine or more people unrelated to the person in charge. Examples of people in group quarters would be a person residing in staff quarters at a hospital, college dormitories, military barracks, group homes, missions, shelters, or in a halfway house.
5. Group quarters (institutional) is defined as institutional living arrangements such as correctional facilities, nursing homes, or mental hospitals.

Scope

1. All individuals and families with income up to 200% of the Federal Poverty Level are eligible for sliding fee discounts on medical, behavioral health, and dental services.
2. The Sliding Fee Discount Program is designed to assist patients with payment for services when they do not have resources to pay for health care.
3. All patients are eligible to apply for the Sliding Fee Discount Program to assist with any unmet portion of their bill. Sliding fee discounts can apply to patient's deductible, co-pays, coinsurance and non-covered services.

Informing Patients of Sliding Fee Discount Program

1. Signage regarding the SFDP is in English and Spanish and is posted in the patient waiting areas or near the registration desk of all practices.
2. Patients are informed of the SFDP program during appointment scheduling process and by patient registration staff during patient registration.
3. The SFDP is posted on our website and referenced in brochures and flyers.

Applicants

1. All applicants applying for the Sliding Fee Discount Program must be age 18 years or older unless the following applies:
 - a. The applicant is an undocumented citizen and is pregnant (must provide proof of pregnancy ie. Pregnancy test results).
 - b. Applicant is under age 18 and has children (must provide a Birth certificate).
 - c. The applicant has been Emancipated by the court (must provide court order).

Eligibility Determination

The following requirements need to be met in order to be eligible for the Sliding Fee Discount Program:

1. Complete written application.
2. Household members - full names, ages, and gross income information (if applicable) for all members of the household.
3. Proof of household income for a recent period. Please see the acceptable documents section for what is considered recent. (EXHIBIT C)
4. If an applicant has no income or is paid by cash (IE: no documentable income), he/she may complete a Self Attestation with no Documentable Income Form.
5. If an applicant is supported by another individual, then the applicant must have that individual fill out the Support Affidavit.

6. Applicant's eligibility will be reassessed whenever there is a reported change in income or household size. A new application will need to be completed and application must be submitted with supporting documentation.
7. If an applicant starts an application, it must be completed within 14 days. If it is not completed within that time frame, a new application will need to be completed.

Notification of Acceptance into the Sliding Fee Discount Program

All patients accepted into the SFDP will be mailed a letter to their address on file documenting their acceptance into the program and their slide level.

Patients with Third-party Insurance

Patients who are approved for the Sliding Fee Discount Program and who have third-party insurance coverage will not be charged any more for any out-of-pocket costs (ie. deductibles, co-insurance, and co-pays) than their applicable Sliding Fee Copay (this may vary depending upon specialty).

Pending Applicants

When a person applies for the sliding fee discount program, they are still responsible for the full fees until such time as he/she is approved for the sliding fee discount program. If approved, the sliding fee will be dated back to the initial application date and payments received will be applied to other visits and/or refunded.

1. Once the applicant is found to be eligible and is approved, the sliding fee discount program will be continued for one year or through March 31 (whichever comes first), after which the patient must reapply. This does not preclude an applicant resubmitting a new application during the time frame prior to the renewal date should household income or size change.
2. If additional information is needed to complete the processing of an application, a letter will be mailed to the applicant. If proof of income or other requested documents are not provided from applicant within the 14-day grace period, a new application will need to be completed.

SFDP Application Files

The original SFDP application and supporting documents will be scanned and maintained in the electronic medical record.

Employees applying for Sliding Fee Discount Program

Employees may apply for the Sliding Fee Discount Program and will follow the Sliding Fee Discount Program policy and procedures guidelines as outlined in this policy.

Verification of Identity and Income

1. MBCHC reserves the right to verify all documents used as qualifications for the SFDP.
2. To comply with California and Federal Fraud, Waste and Abuse policies, individuals 18 and over must provide Proof of Identify to ensure discounts given are granted for the stated household member. (See Exhibit C)

Sliding Fee Classes

1. Patients with annual household incomes at or below 200% of the FPG will be charged based on Sliding Fee discounts comprised of at least three payment levels based on gradations in income.
2. Patients with annual household incomes at or below 100% of the FPG will be charged no more than a nominal fee, which will be a flat fixed fee that is nominal from the patients' perspective, that is not reflective of the actual cost of the service provided and that at all times is less than the fee charged under the first payment level above 100% of the FPG.
3. Patients with annual household incomes above 200% of the FPG will not be eligible for Sliding Fee discounts supported by funds under Section 330.

Sliding Fee Pay Classes

MBCHC has divided the Sliding Fee Scale into 4 Sliding Fee Classes, Level A through Level D as follows:

| | | |
|----------------------|---|----------------------------|
| 0% to 100% of FPIL | = | Level – A (Nominal charge) |
| 101% to 150% of FPIL | = | Level – B (Fixed fee) |
| 151% to 175% of FPIL | = | Level – C (Fixed fee) |
| 176% to 200% of FPIL | = | Level - D (Fixed fee) |

Reasons for Retroactive Approval

The CEO or his/her designee have the authority to retroactively approve a sliding fee discount on a case-by-case basis if the facts indicate the patient would have qualified for a discount at the time of service. Listed below are some typical reasons (but not all inclusive):

1. The patient may not have been aware of the Sliding Fee Discount Program
2. The patient did not apply because he/she thought insurance or Medicaid would cover the charge but found out later that the service was not covered.

Evaluation of the Sliding Fees

Evaluation of the Sliding Fees are evaluated every three years to ensure there are no barriers to care. Evaluation tools that may be utilized include patient surveys, utilization data from the EHR, and/or discussion with patient board members. Based on outcomes, MBCHC will implement changes as needed.

Charges

Patients approved for the Sliding Fee Discount Program will be responsible for a nominal/fixed fee based on their approval level (Exhibit B). This fee should be collected at each office visit. All labs, vaccines, and imaging are included in the office visit for Medical & BH services as defined in the Sliding Fee Copay Chart (Exhibit B). Dental Applicants will be responsible for their nominal or fixed fee as calculated for the type of service (IE: (1) diagnostic & preventative, (2) basic restorative services or (3) major services) and the nominal or fixed fee will include medically necessary X-rays. The nominal or fixed fee does not include dental lab fees, which will be billed to the patient at MBCHC's cost.

PROCEDURE:

Scheduling/Operator

Scheduling staff/operators are the first point of contact usually with the patient. All scheduling staff/operators will:

1. Ask if the patient is a new patient. If so, the patient will be routed to the Registration Specialist department for further information gathering.
2. If the patient is not a new patient, then ask what the patient's insurance is. If that patient states they have no insurance, the patient will be routed to the Registration Specialist department for further information gathering.

Registration Specialist

The registration specialist department will take phone calls and/or return phone calls for all new patients as well as non-insured patients. The registration specialist department will discuss the sliding fee discount program with said patients, as well as meet with the patients to assist them with the SFDP application. New applications received should be reviewed on a daily basis. Within 5 days (1 work week), the registration specialist will make a determination if the applicant meets criteria, and thus is accepted into the sliding fee discount program, or if further information is needed.

1. Completed Applications

A) Applications with all validated support documentation will be approved for a period of one year

or through March 31 (whichever comes first) from the date of approval.

- B) Approved applicants will be mailed a letter of approval along with the slide level the patient is responsible for and informed within their approval letter to renew their application prior to the expiration date.
 - C) Non approved applicants will be mailed a letter of denial, stating the reason why the application was not accepted into the program. If the reason is due to lack of documentation, applicants will be informed they must complete a new application.
 - D) Letters and the sliding fee application will be placed in the practice management system within 14 days.
2. Incomplete Applications
- A) The applicant will be placed in a Pending Status for 14 days while awaiting missing documentation.
 - B) The applicant will be mailed a letter requesting more information in order to completed the sliding fee application. This letter shall be placed into the practice management system.
 - C) After 14 days, the application will be moved into completed status, and the procedures above will apply.

Patient Registration Staff (front desk staff)

Front desk staff need to be generally familiar with the sliding fee discount program. However, specific questions about the program should be directed to the Registration Specialist department. If a patient drops off a sliding fee application to the front desk staff, they will

- 1. Thank the applicant for their application and let them know it will be forwarded to the registration specialist department for consideration.
- 2. Immediately forward the application to the Registration Specialist department.

Program Manager

The Program Manager will be available to the Registration Specialists for answering questions about more demanding sliding fee applications. Additionally, the manager is responsible for auditing completed applications and shall be responsible for quarterly auditing of no less than 20 completed sliding fee applications to ensure policies and processes are working as intended.

EVALUATION:

Compliance to this Policy will be monitored by the Revenue Cycle Director and the policy will be reviewed by the Board of Directors every 3 years to evaluate effectiveness.

REFERENCES:

This information supplements the Health Resources Services Administration (HRSA) Health Center Program Compliance Manual last updated August 2018.

ATTACHMENTS:

- *Exhibit A* 2024~~25~~ Federal Poverty Guideline Table for Sliding Fee Discount Program
- *Exhibit B* Sliding Fee Discounts for all Medical & Behavioral Health (BH) Services
- *Exhibit C* Acceptable Proof of Income and Identity Documentation for Sliding Fee Program (SFDP)

EXHIBIT A

2023~~4~~²⁵ Federal Poverty Guideline Table For Sliding Fee Discount Program

Morongo Basin Community Health Center
 2025 Sliding Scale

| | Fee per Visit | Slide Level A | Slide Level B | Slide Level C | Slide Level D | Full Fee |
|--------------------------------------|------------------|---------------|-----------------------|-----------------------|------------------------|----------------------|
| # Person in Household | Household Income | 0-100% | 101-150% | 151-175% | 176-200% | >200% |
| 1 | annual | 0 - 15,650.00 | 15,650.01 - 23,475.00 | 23,475.01 - 27,387.50 | 27,387.51 - 31,300.00 | 31,300.01 and above |
| 2 | annual | 0 - 21,150.00 | 21,150.01 - 31,725.00 | 31,725.01 - 37,012.50 | 37,012.51 - 42,300.00 | 42,300.01 and above |
| 3 | annual | 0 - 26,650.00 | 26,650.01 - 39,975.00 | 39,975.01 - 46,637.50 | 46,637.51 - 53,300.00 | 53,300.01 and above |
| 4 | annual | 0 - 32,150.00 | 32,150.01 - 48,225.00 | 48,225.01 - 56,262.50 | 56,262.51 - 64,300.00 | 64,300.01 and above |
| 5 | annual | 0 - 37,650.00 | 37,650.01 - 56,475.00 | 56,475.01 - 65,887.50 | 65,887.51 - 75,300.00 | 75,300.01 and above |
| 6 | annual | 0 - 43,150.00 | 43,150.01 - 64,725.00 | 64,725.01 - 75,512.50 | 75,512.51 - 86,300.00 | 86,300.01 and above |
| 7 | annual | 0 - 48,650.00 | 48,650.01 - 72,975.00 | 72,975.01 - 85,137.50 | 85,137.51 - 97,300.00 | 97,300.01 and above |
| 8 | annual | 0 - 54,150.00 | 54,150.01 - 81,225.00 | 81,225.01 - 94,762.50 | 94,762.51 - 108,300.00 | 108,300.01 and above |
| For Each Additional Household Member | annual | Add \$5,500 | Add \$8,250 | Add \$9,625 | Add \$11,000 | |

Effective April 2025

EXHIBIT B

Sliding Fee Discounts for all Medical & Behavioral Health (BH) Services

Medical and Behavioral Health services sliding fees are as follows:

| Description | Level A | Level B | Level C | Level D | Level E (Full) |
|--|---------|---------|---------|---------|----------------|
| Nominal Charge | | | | | |
| All Medical & BH Services (excludes dental) | \$15.00 | \$25.00 | \$50.00 | \$75.00 | 100% |

**** All Imaging/Labs/Vaccines/ are included in the Office Visit Copay****

Sliding Fee Discounts for all Dental Services

Dental services are divided into 3 categories: Diagnostic and Preventative, Basic Restorative Services, and Major Services. The sliding fees will depend upon which service is being done.

| | Diagnostic and Preventative | Basic Restorative Services | Major Services |
|-------------------------|--|---------------------------------------|--|
| | exams, cleanings, x-rays, sealants, SRP | fillings, extractions, RCT | crowns, partials, dentures + lab fees** |
| Slide A | \$20 | \$40 | \$80 |
| Slide B | \$40 | \$60 | \$100 |
| Slide C | \$60 | \$80 | \$120 |
| Slide D | \$80 | \$100 | \$140 |
| Slide E/Full Fee | 100% | 100% | 100% |

**** Lab fees are the responsibility of the patient. Lab fees are passed on to the patient at MBCRC's cost.**

EXHIBIT C

Acceptable Proof of Income and Identity Documentation for Sliding Fee Program (SFDP)

ACCEPTABLE PROOF OF IDENTITY for eligible Household members:

Note: Individuals over the age of 18 years old must provide a Photo ID

- Driver's License or State Issued Photo ID
 - US/Foreign Passport/Card
 - Birth Certificate
 - Social Security Card
 - Military/Dependent ID
 - Tribal ID (with Photo)
 - Consulate Card (undocumented)
 - Resident/Green Card (resident card)
 - School ID (with Photo)
 - Out of Country Driver's License or Photo ID
- *If expired, must be within 1 year of expiration

Note: The above documents are accepted by MBCHC only for the determination of eligibility for our Sliding Fee Program.

ACCEPTABLE PROOF OF INCOME

Acceptable documents must show recent income. Unless specifically called out below, this means documentation must be no older than 1 year. Acceptable documents include:

- **Income tax return** for the most recent tax year (Adjusted Gross Income plus any tax-exempt interest/ dividends/distributions/pensions/social security is used)
- **Paycheck stubs** for gross income for a recent 30 day period (not to exceed 60 days prior to the date of application). Paycheck stubs include year to date earnings and taxes & deductions. Paychecks stubs are not checks that do not have this information.
- **Agency Letters** from agencies such as the social security administration, veterans administration, or social service agency (IE: Food Stamps, WIC) indicating income level
- **Official Court Documents** and/or alimony award letter that are official documents indicating payment amount
- **Official Paperwork (including tax forms)** that conveys earnings (such as W-2's and 1099's), unemployment, retirement, disability, workers compensation and SSA/SSI benefits (Note If the prior year tax form SSA-1099 is received, it will be increased for the current year cost of living increase)
- **Public Assistance and Other Award Letters** that document CalWorks retirement, disability, veteran's benefits, workers compensation student grants & scholarships, and SSI/SSA benefits
- **Signed Employer Letter** no older than 30 days prior to the date of application. This must state wages, hours, and rate of pay, be on company letterhead, and must include address and phone number for verification purposes.
- **Ledger of Rental Income & Expense** for a recent 90 day period, not to exceed 120 days prior to the date of application. This requirement is waived if the prior year tax return (with schedules) is received or if a 1099 is provided (and the applicant doesn't have expense).
- **Interest/Dividends/Royalties/Annuity Income** Acceptable documents include statements from financial institutions, a letter from broker or a letter from the agent
- **If self-employed, Earnings & Expense Statement** for a recent 90 day period, not to exceed 120 days prior to the date of application. This requirement is waived if the prior year tax return (with schedules is received) or if a 1099 is provided (and the applicant doesn't have expenses).
- **Other documents** to support savings income, inheritance income, sale of property income, gift or temporary support income, in-kind donations of room & board, estates & trusts income, educational assistance (scholarships & grants used for living expenses), assistance from outside the household, and all other miscellaneous sources of income not listed above.
- **Self Declaration** only if no other information can be provided



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: March 6, 2025
SUBJECT: CEO Board Report

DISTRICT

- March 20th is our quarterly employee forum. This is a time when we provide staff education and comradery for staff.
- Human Resources has presented the Employee Satisfaction Survey. Press Ganey will compile the survey data and forward it to us. Admin will evaluate the findings and coordinate with managers to respond appropriately to employee concerns.
- Covered California Certified Enrollment Counselor assisted five consumers to select plans or update existing plans (prior to January 31st open enrollment deadline). Two consumers required directed assistance related to coverage activation and payment of premiums. We provided information to five community members who called our District office; they were provided explanation of their benefits, how to pay their bill for the coming year, how to add dental coverage, and other general information related to Covered CA and/or Medi-Cal.

HEALTH CENTER

- The new billing company Medusind will begin providing services April 1st. We have been working on getting the contract details worked out.
- Our next IEHP audit is scheduled for the week of March 20th. Jill Goodwin, Clinic Manager, is working on the preparations.
- The Uniform Data Systems (UDS) reports were successfully filed to HRSA on February 11th by Tricia Gehrlein. UDS is due annually by February 15th. The total number of individual patients seen in the clinics in 2024 was 8,800, which is up from the 8,472 in 2023.
- The projected completion date for the Split Rock project is now August 2025.
- As we are preparing the newly acquired space at 58295 29 Palms Hwy., Yucca Valley, our plan is to move as many staff as possible into the new space so that support staff can be closer to the Yucca Valley Health Center for operational purposes. Having administrative services just down the street from the Yucca Valley campus is practical and makes it easier to communicate and be on site quickly. We will work with HRSA to add the new building as an additional administrative site.
- The annual Flying Doctors event is March 8th – 9th at the Yucca Valley High School Campus. Our CHC dental team and other District personnel will be onsite Saturday to provide patient care and inform patients about CHC services. The District is a sponsor of this event.

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 |

BOARD CALENDAR

April 2025

| | Mon | Tue | Wed | Thu | Fri | Sat |
|----|---|-----|-----|--|-------------------|-----|
| | | 1 | 2 | 3 6:00 pm MBHD Board Mtg. | 4 | 5 |
| 6 | 7 | 8 | 9 | 10 5:00 pm CHC Board | 11 | 12 |
| 13 | 14 Health & Wellness Talks JT Community Center 10 am to 1 pm | 15 | 16 | 17 5-7 pm YV Chamber Mixer Suites 600-700 | 18 Good Friday | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 | | | |

BOARD CALENDAR

May 2025

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