

**Knox County Community Health Center
Co-Applicant Board
March 21, 2019
Minutes**

The Knox County Community Health Center Co-Applicant board meeting was held March 21, 2019. The following were in attendance:

Board Members	Knox County Health Dept. Staff
Burson, Todd, Treasurer	Lane Belangia, CEO
Cline, Jeremiah	Katie Hunter, Administrative Assistant
Harry, L.J.	Ashley Phillips, Administrative Assistant
Hillier, Linda	Alayna Mowry, Communication Specialist
Kidd, Diana	Nanette Snyder, Clinical Supervisor
Kurtz, Matthew	
Lenthe, Jim	Guests
Nixon, Jay, President	Jeff Harmer, Board of Health
Tazewell, Peg, Secretary	David Pacetti, Consumer
Tope, Ann	
White, Bruce	
Wythe, Mike, Pro-Tem	

1. Convention

1.1. Call to Order

The meeting was called to order by Pro-Tem, Mike Wythe at 11:37 a.m.

1.2. Acceptance of Agenda

Todd Burson made a motion to accept the agenda. Jeremiah Cline seconded the motion: in the negative; none. The motion was approved.

1.3. Approval of Minutes

1.3.1. Approval of February 21, 2019 KCCHC Board Minutes

Jeremiah Cline made a motion to approve the February 21, 2019 KCCHC Board Minutes. Ann Tope seconded the motion: in the negative; none. The motion was approved.

1.4. Public Participation - None

2. Special Reports

2.1. Marketing / Public Relations Coordinator

Alayna Mowry reported in addition to the written report:

- For all newborn home visiting visits, a Community Health Center magnet will be put in all bags received by new mothers/families to advertise services provided
- The Facebook posts advertising colorectal screenings have been boosted to gain viewers. In e-clinical they can insert how a patient heard about that specific service, so we can track the effectiveness of boosted posts
- Completed a marketing plan for the Community Health Center. Currently being reviewed by the Planning, Education, and Promotion (PEP) Director. This will be available next month for the Board's review and will initially be sent out with the meeting minutes.
- Looking into billboard and radio advertisements with appropriate funding levels.

For more detailed information, see Attachment 1 – Promotional Report

2.2. Clinical Coordinator

Nan Snyder reported in addition to the written report:

- On March 5th most of the Community Health Center staff attended the Ohio Association of Community Health Center (OACHC) Spring conference. They will share what they learned at an upcoming Center staff meeting.
- Since the Provider's attended this conference on March 6th, the Center held a staff development day. They completed CLIA competencies, bloodborne pathogens and focused on building staff rapport.
- Area schools have been contacted for upcoming Kindergarten screenings so that we can schedule medical and immunization appointments during these screenings
- In July and August, Thursday's will be dedicated to back-to-school immunizations, as we don't usually provide immunizations on Thursday's in the Health Center. Late clinic hours will also be extended to 8pm. Staff are also working on scheduling sports physicals.
- On March 28th, Paramount is hosting a patient education/feedback session at the Health Center for our patients.

For more detailed information, see Attachment 2 –Clinical Coordinator Report

2.3. Dental Coordinator

Laura Nance was not in attendance. Lane Belangia reported in addition to Laura's written report.

- A total of 7 applicants were received from the recruiting firm with 2 being interviewed. The other dentist that we didn't select couldn't start until at least June and since dental patients continue to be 60-65% of revenue for the Health Center, combined with other things, made the other dentist a better pick.

- Dr. Saale, DDS, has been hired and will start May 13th. Dr. Saale is from Columbus, has 35 years' experience, has owned and operated 2 private dental practices and is currently the lead for a Medicaid dental urgent care that serves clients on a walk-in basis. He is familiar with Mount Vernon and is also receptive to practicing in Danville as that practice grows eventually. He models a wholesome approach to treat patients and build it up so that patients continue to return for further treatment.
- Dr. Saale will most likely work 4, 9-hour days to start.

For more detailed information, see Attachment 3 –Dental Coordinator Report

2.4. CEO

Lane Belangia reported in addition to the written report:

- QI Data Coordinator Report/Update: The outcomes of Debbie Eiden serving in the QI Data Coordinator position were not fitting well with the Community Health Center. Since the Co-Applicant Board doesn't govern her position, we cannot go into detail of the matter. Leadership will be reviewing and assessing how to proceed with this position.

Alayna Mowry left the meeting at 11:50am.

- QI/QA: Dr. Reed will continue to oversee Quality Improvement / Quality Assurance measurers. Our measurers improved last year, but we must continue to make progress on.
- New Access Point funding update: the grant application is almost complete and will be submitted in early April. Letters of recommendation have been received from local businesses and community members. We will receive notice in September whether or not we've received funding. If we do receive funding, we must provide medical services 5 days/week, dental services 1 day/week, counseling services on a limited basis, based on need. We've been open in Danville, operating out-of-scope of the Community Health Center, and have seen 11 patients. We will continue to update this Board on the Danville location, but understanding that this board does not govern or oversee Danville operations since it's out-of-scope.

Jay Nixon entered the meeting at 11:54am.

- Monthly scorecard review: this is reflective as of February 28, 2019.
 - The charges reflect what we have billed insurances for. The decrease in this number from last month is due to longer effects of not having a dentist.
 - The increase in payments is due, in part, to the billing company working on the outstanding AR and re-processing claims to gain additional payments. This is, year-to-date, the highest monthly payments we've received and this needs to continue to grow to cover appropriate costs.

- Current AR is \$546,261.89 and we estimate to receive \$280-300,000 of this. The days in AR number decreased by 3 to 110 days. We want this number to keep decreasing.
- Payor Mix: The vast majority of our clients are Medicaid (45-50%); Self-pay patients are those who pay a nominal fee, which also accounts for a large percentage and, therefore, justifies the need for having our FQHC.

Todd Burson: *Can we add percentages and full names of the payor mixes?*

Lane Belangia: *Yes.*

- HRSA Presentation review: 1 in 12 people rely on a Health Center across the nation. The presentation shows why health centers are needed and successful.
 - New funding opportunities: There are 3 funding opportunities available to apply for through HRSA- oral health infrastructure grant (a one-time funding opportunity to build infrastructure (i.e. a new PAN machine, purchase equipment to use for Danville & expand the dental suite for a new Mount Vernon site) , the new access point grant, and the behavioral health grant.
 - A large part of what health center boards do is to raise funds / accept funds. Dr. Cheek, our oral surgeon, went from 2 days/month to 4 days/month because he appreciates and enjoys our Health Center. He also offered to donate a PAN machine, but we decided to put this on hold until we receive word on the oral health infrastructure grant. Dr. Cheek is also receptive to practicing in Danville.

Bruce White entered the meeting at 12:04pm.

- Strategic Plan Work:
 - Current Board Members: Minimally, we must have 11 board members, 51% of which must be consumers/patients of the Health Center. If we lost a member, we would still be in compliance. Todd Burson will not be renewing his term, and, with the Co-Applicant Board's permission, I would like to pursue his replacement with someone who has a fiscal background.

Jay Nixon: *It might make sense to add a consumer member to our total so we don't fall out of compliance if a current consumer board member would need to resign.*

Lane Belangia: *Yes, we can do that. And, this consumer should be ethnically reflected of patients served within our Health Center.*

- Board Training: Board members can request trainings / information they'd like to know relative to HRSA/Health Centers. We look to establish quarterly training sessions as required by the Key Performance Indicator (KPI) Work Plan. We follow this plan on a monthly and quarterly basis as specifically identified. This is representative of what we should be doing with every patient coming into the

Health Center (i.e. tracking referrals, emergency room visits/hospitalizations appropriately, no-shows, etc.). If board members have suggestions for relative trainings such as board governance, compliance training, etc., please let Lane know.

- Other: We continue examining community outreach to gain more patients. We are going in the right direction, but we have the need to get more patients in the door. Barriers to patients coming in are: transportation, stigma, and lack of understanding. We saw 3,200 patients last year, and, although this is well-above how many patients we need to see to satisfy the grant, we need to keep these numbers up. The Danville site can also be a contributing factor to increasing revenue, funding, and patients numbers- when it's in-scope.

Peg Tazewell: Could you do a Health Fair for adults? We have many patients within our agency who don't have a primary provider. If we received a Facebook post, we could post it on our page.

Lane Belangia: We are allowed to do fairs, festivals and outreach as long as it's not considered regular or routine. Our providers are on board with doing these outreach events, too.

Peg Tazewell: What's the time frame for pre-employment screening?

Nan Snyder: Within the same-day or same-week

Lane Belangia: Mr. White and Julie Miller continually discuss how we can cater to our community. Danville is a step in the right direction for access and we're doing as much as we can within our current limitations.

For more detailed information, see Attachment 4 –CEO Report

2.5. Finance

Katie Hunter reported in addition to the written report:

- AR Report: the days in AR are down 3 days from February. Our revenue included a \$50,000 transfer from the Board of Health. Last year, this money was used to pay the bond payment, but we are unsure of how these funds will be used this year at this time.
- Cash-On-Hand: this number is reflected as of February 28, 2019- \$46,577.45. Wrap payments accounted for 42% of our revenue for February.

Lane Belangia: Cash-on-hand can be a little confusing. \$46,577.45 is money that is currently in our fund/project income. This money is not reflective of what we can use of remaining grant funds of which we can use to off-set operations. Essentially, January 31, 2019, we ran out of the federal funds available. This is partly due to high costs associated with operation (i.e. vacancy of dental equates to approximately \$240,000 in lost revenue, \$20,000 for a recruiter to find a dentist, growing patient numbers in the Health Center, etc.).

Jeremiah Cline: How long do you expect it to take for revenue to increase once a dentist is in place?

Lane Belangia: *We can start today with the credentialing and enrolling process. He starts on May 13th, but by the end of July we should be able to receive reimbursements for his services. It's requested in his contract that he gives us 90 days' notice. On another note, the cost-report is due at the end of April and we're finishing that with our consultant. This year we are able to receive an alternative payment management system which allows us to receive additional Medicaid funding since we are a government-operated FQHC. We can apply for this 120 days after April and sometime in the Fall we will receive payment based off of Medicaid visits and average reimbursements. This is an on-going thing and something we can reapply for annually.*

Linda Hillier: *Is it possible for us to include a one-sheet informational handout for to give students in elementary schools advertising the services we provided?*

Lane Belangia: *Yes, and we are doing that this year with high school sports physicals and younger children's immunization clinics.*

Peg Tazewell: *The dilemma is that we're finding that paper promotional copies are no longer as effective as they used to be.*

- NOA for Continuation Health Center Program: March 31, 2019 marks the end of our first 3 years of funding. We received notification that we are funded for the next three years without conditions- which is a positive thing. WE will receive approximately \$735,200 annually now for the next 3 years. This includes AIMS (behavioral health) ongoing funding, which explains the increase of the initial \$650,000.

For more detailed information, see Attachment 5 –Finance Report

3. New Business

3.1. Finance

3.1.1 Income and Expense

L.J. Harry made a motion to accept the KCCHC February 2019 Expenditure Report. Jim Lenthe seconded the motion: in the negative; none. The motion was approved.

For more details, see Attachment 6 - KCCHC February 2019 Expenditure Report

3.2. Board Approvals

3.2.1 Accept and recommend the 2019 KCCHC permanent budget appropriations

Jim Lenthe made a motion to accept and recommend the 2019 KCCHC permanent budget appropriations. Ann Tope seconded the motion: in the negative; none. The motion was approved.

Todd Burson: *This report forecasts revenues and expenses similar to the current year. This Board will accept and recommend this forecast and it will be encompassed in the Board of Health budget. The Finance Committee felt comfortable recommending the end revenue amount of \$14,000.*

Matthew Kurtz: Does revenue include the special funding previously mentioned?

Lane Belangia: Yes, remember that we are projecting adding another New Access Point funding amount- which increases both the revenue and expenses.

3.2.2. Accept and recommend the 2020 KCCHC budget

Peg Tazewell made a motion to accept and recommend the 2020 KCCHC budget. Matthew Kurtz seconded the motion: in the negative; none. The motion was approved.

Todd Burson: When looking at the forecasted ending balance, if you look at the revenue section, you'll see the \$50,000 transfers. If this didn't come in, we would essentially break-even, which is somewhat expected with a new Health Center.

Lane Belangia: As Health Center revenue increases, hopefully we wouldn't need to rely or collect the \$50,000 from the Board of Health.

Matthew Kurtz: Do we have any long term strategies of what we'd like to see on-hand?

Lane Belangia: No, but what the Health Department would like to see is enough cash-on-hand for 6-months of operations.

3.2.3. Accept and recommend the out-of-state travel for Lane Belangia, Nan Snyder, Laura Nance, Katie Hunter and Shelbi Bixler to attend the E-Clinical Works Health Center Summit conference in Boston, MA, April 10-12, 2019, at a cost of \$6,000, to be paid with CHC grant funds

Matthew Kurtz made a motion to accept and recommend the out-of-state travel for Lane Belangia, Nan Snyder, Laura Nance, Katie Hunter and Shelbi Bixler to attend the E-Clinical Works Health Center Summit conference in Boston, MA, April 10-12, 2019, at a cost of \$6,000, to be paid with CHC grant funds. Jim Lenthe seconded the motion: in the negative; none. The motion was approved.

Lane Belangia: This is the first conference we have the opportunity to attend that is exclusively for Health Centers using ECW. We need to dedicate time to train our staff to be fully functional in ECW, which hasn't happened yet. I also have a consultant coming next Friday to help us fix initial glitches we have in the EMR system. We may contract with this individual in the future, but this is the first step.

Mike Wythe: Is this cost reflected in the travel budget?

Lane Belangia: Yes.

3.2.4. Accept the following KCCHC policies as needed to meet the Standards of HRSA Health Center Compliance manual

- *KCCHC Patient Tracking Upon Hospital Admission Policy*
- *KCCHC Referral Tracking and Follow-Up Policy*

- *KCCHC Hours of Operation Policy*

Peg Tazewell made a motion to accept the KCCHC policies as needed to meet the Standards of HRSA Health Center Compliance manual (KCCHC Patient Tracking Upon Hospital Admission Policy, KCCHC Referral Tracking and Follow-Up Policy, and KCCHC Hours of Operation Policy). Jim Lenthe seconded the motion: in the negative; none. The motion was approved.

Lane Belangia: These policies have not changed. If they do change, they will be taken back to this Board as the Board approves these policies annually.

Jay Nixon: Last year we tweaked the hours of operation policy. Are patients happy with that?

Lane Belangia: They are. We are asking this in the patient satisfaction surveys. We do have a few providers whose clients need to be seen in the evening. So, in the near future, we will need to adjust our hours of operation to be accessible for longer periods of time, especially since we have more staff and providers. We can start accommodating more hours.

3.2.5. Approve the KCCHC Quality Improvement (QI) / Quality Assurance (QA) Policy & Procedure and Work Plan

L.J. Harry made a motion to approve the KCCHC Quality Improve (QI) / Quality Assurance (QA) Policy & Procedure and Work Plan. Ann Tope seconded the motion: in the negative; none. The motion was approved.

3.3. Board Information (Non-action items)

3.3.1. Provider Credentialing and Privileging Update

Lane Belangia: Dr. Cheek is being credentialed and privileged as we speak. We will now start this process with Dr. Saale. We are also working on getting Dr. Martinson credentiled and privileged to be enrolled as the medical provider for immunizations.

3.3.2. CEO has signed a renewed contract with Knox Community Hospital for a Medical Director, effective March 1, 2019 through February 28, 2020.

4. Health Commissioner – Board of Health Update

Ashley Phillips reported as Julie Miller could not attend the meeting:


- The Strategic Plan for 2019-2024 will be approved at the March BOH meeting
- Increase in influenza cases- especially pediatric cases. Encourage everyone to take care and get the flu shot.
- No update regarding a new location in Mount Vernon for the Health Department
- Julie is assisting Lane with the Center assessment of culture, policy and procedure and serving as a resource for medical and dental supervisors.

- Concern regarding the budget as the Board of Health is funding most of the Center activities at this time. Of course, the dentist will start in a month or so, Danville will be up and running, and that the next grant funding will arrive soon. However, there's a need to be vigilant about expenditures and monitor the budget closely. Julie will be working with Lane to see that the costs covered by the Board of Health are reimbursed less the \$50,000 in-kind.


5. Adjournment

Being no further business, Jeremiah Cline made a motion to adjourn the meeting. Diana Kidd seconded the motion; in the negative, none. The motion was approved.

The meeting adjourned at 12:52pm.



Jay Nixon
President



Todd Burson
Treasurer

