

Minutes

**Valleywise Community Health Centers Governing Council Meeting
Virginia G. Piper Charitable Trust Pavilion
2609 East Roosevelt Street, Phoenix, AZ 85008
2nd Floor, Auditoriums 1 and 2
March 5, 2025, 5:30 p.m.**

Members Present: Scott Jacobson, Chairman
Eileen Sullivan, Vice Chairman
Earl Arbuckle, Treasurer
Nelly Clotter-Woods, Member
Chris Hooper, Member
Norma Muñoz, Member
William O'Neill, Member – *participated remotely*
Essen Otu, Member
Wayne Tormala, Member
Jane Wilson, Member – *participated remotely*

Members Absent: Salina Imam, Member

Others/Guest Presenters: Michelle Barker, DHSc, Chief Executive Officer of the Federally Qualified Health Centers
Steve Purves, FACHE, President and Chief Executive Officer – *participated remotely*
Amanda De Los Reyes, MBA, CRCR, Vice President, Revenue Cycle
L.T. Slaughter, CPA, Chief Compliance Officer
Nicole Parker-Walker, FQHC Manager

Recorded by: Denise Tapia, Deputy Clerk of the Board

Call to Order:

Chairman Jacobson called the meeting to order at 5:30 p.m.

Roll Call

Ms. Tapia called roll. Following roll call, she noted nine of the eleven voting members of the Valleywise Community Health Centers Governing Council were present, which represented a quorum. Mr. Otu arrived after roll call.

For the benefit of all participants, Ms. Tapia announced the Governing Council members participating remotely.

Call to the Public

Chairman Jacobson called for public comment. There were no comments.

NOTE: Mr. Otu arrived at 5:31 p.m.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – March 5, 2025**

General Session, Presentation, Discussion and Action:

1. Approval of Consent Agenda:
 - a. Minutes:
 - i. Approve Valleywise Community Health Centers Governing Council meeting minutes dated February 5, 2025
 - b. Contracts:
 - i. Intentionally Left Blank
 - c. Governance:
 - i. Intentionally Left Blank
 - d. Medical Staff:
 - i. Acknowledge the Federally Qualified Health Centers Medical Staff and Advanced Practice Clinician/Allied Health Professional Staff Credentials

MOTION: Mr. Arbuckle moved to approve the consent agenda. Mr. Hooper seconded.

VOTE: 10 Ayes: Chairman Jacobson, Vice Chairman Sullivan, Mr. Arbuckle, Dr. Clotter-Woods, Mr. Hooper, Ms. Muñoz, Mr. O'Neill, Mr. Otu, Mr. Tormala, Ms. Wilson
0 Nays
1 Absent: Ms. Imam
Motion passed.

2. Mission Moment – A Patient Story

Ms. Parker-Walker mentioned a patient visited Valleywise Community Health Center North Phoenix clinic for a follow-up visit and appeared to be troubled. The patient shared with the medical assistant that she had trouble getting food for herself and her dog. The patient was unaware the clinic offered additional services beyond medical care. The patient left the clinic not only with her health concerns being met but also with a way to get her immediate food needs taken care of. That was an example of how Valleywise Health provided exceptional care, without exception, every patient, every time.

3. Discuss, Review and Approve the Maricopa County Special Health Care District dba Valleywise Health, Organizational Chart for the Federally Qualified Health Centers

Dr. Barker stated that the Federally Qualified Health Center (FQHC) organizational chart was revised to name Dr. Merima Bucaj as the interim FQHC Medical Director until the position was filled.

**Valleywise Community Health Centers Governing Council
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General Session, Presentation, Discussion and Action, cont.:

3. Discuss, Review and Approve the Maricopa County Special Health Care District dba Valleywise Health, Organizational Chart for the Federally Qualified Health Centers cont.

MOTION: Mr. Otu moved to approve the Maricopa County Special Health Care District dba Valleywise Health, Organizational Chart for the Federally Qualified Health Centers. Mr. Tormala seconded.

VOTE: 10 Ayes: Chairman Jacobson, Vice Chairman Sullivan, Mr. Arbuckle, Dr. Clotter-Woods, Mr. Hooper, Ms. Muñoz, Mr. O'Neill, Mr. Otu, Mr. Tormala, Ms. Wilson

0 Nays

1 Absent: Ms. Imam

Motion passed.

4. Discuss and Review the 2025 Federal Poverty Level Guidelines; Discuss and Review the Federally Qualified Health Centers Sliding Fee Discount Program/Policy, and Utilization of the Program; Approve Revisions to Appendix C, Federally Qualified Health Center Sliding Fee Discount Schedule, of Policy #23624 D - Federally Qualified Health Centers Sliding Fee Discount Program/Policy

Ms. De Los Reyes stated that the Department of Health and Human Services (HHS) updated the poverty guidelines annually, resulting in revisions to the sliding fee schedule, however, staff was not recommending any revisions to the policy. Revisions to the sliding fee scale would mirror policies for hospital procedures, requiring payment prior to procedures, noting that lack of payment would not preclude FQHCs from providing services.

Mr. O'Neill asked how the HHS determined the annual federal poverty guidelines.

Ms. De Los Reyes stated that HHS built a standard formula for all programs yearly.

Ms. De Los Reyes reviewed the sliding fee utilization program, mentioning that Valleywise Health treated more patients in calendar year 2024 than in 2023. There were \$74 million in total charges in 2024, with \$13 million in outstanding payments due by patients who were on the sliding fee schedule at the same time last year. The total adjustments that Valleywise Health would be writing off were \$60 million. More patients were on the sliding fee schedule than in previous years.

MOTION: Mr. Arbuckle moved to approve revisions to Appendix C, Federally Qualified Health Center Sliding Fee Discount Schedule, of Policy #23624 D - Federally Qualified Health Centers Sliding Fee Discount Program/Policy. Mr. Hooper seconded.

VOTE: 10 Ayes: Chairman Jacobson, Vice Chairman Sullivan, Mr. Arbuckle, Dr. Clotter-Woods, Mr. Hooper, Ms. Muñoz, Mr. O'Neill, Mr. Otu, Mr. Tormala, Ms. Wilson

0 Nays

1 Absent: Ms. Imam

Motion passed.

5. Discuss and Review the Federally Qualified Health Centers Semiannual Compliance and Internal Audit Work Plans and Ethics Line Report

Mr. Slaughter outlined the semiannual compliance report for the FQHCs. He updated the Governing Council on the status of the compliance work plan; highlighting the tasks that had been completed, and which were still in process.

**Valleywise Community Health Centers Governing Council
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General Session, Presentation, Discussion and Action, cont.:

5. Discuss and Review the Federally Qualified Health Centers Semiannual Compliance and Internal Audit Work Plans and Ethics Line Report cont.

He reviewed the internal audit work plan for the first and second quarter of fiscal year (FY) 2025, noting the tasks that had been completed, as well as the tasks still in process

Mr. Slaughter reviewed the Ethics Line statistics, noting there was an average of eight calls per month and the average days to close each case was less than 30 days. He stated that there were often repeat callers. He continued to monitor and investigate all calls.

Mr. Arbuckle asked if there was guidance on how to handle the adolescent consent.

Mr. Slaughter stated there was a policy and a committee the providers could reach out to and ask questions.

6. Annual Compliance Training and Conflict of Interest Education

Mr. Slaughter presented the annual compliance training and conflict of interest (COI) education.

Mr. Slaughter reviewed the methodology and approach for the objectives: understanding the business, understanding the healthcare, risk assessment process, and risk mitigation process.

Mr. Otu mentioned the goal was to be compliant and asked how it was going to be adapted around a culture and not just as a punitive thing.

Mr. Slaughter stated there was a zero tolerance for non-compliance. It was all about the culture and wanting a culture of always doing the right thing.

Dr. Barker stated that Just Culture was adopted, and training was provided to accompany it. The model allowed employees to report on things and look for a root cause.

Mr. Slaughter mentioned there was an ethics line, which was an anonymous reporting tool that all employees had access to.

He listed various health care regulation oversight agencies and stated the importance of following elements of the Health Resources and Services Administration (HRSA) Compliance Manual. The top risks for FY 2025 included artificial intelligence (AI), cybersecurity, changes in regulations/legislation, and Kronos to ADP implementation.

He described the Governing Council's structure, which was outlined in the Co-Applicant Operational Arrangement with the Maricopa County Special Health Care District (District) and reviewed the individual and shared responsibilities of both governing bodies. He reviewed a timeline of recent FQHC accomplishments, including the receipt of a perfect score for the HRSA Operational Site Visit (OSV) in November 2023, noting the next OSV visit was in 2026.

The Enterprise Risk Management was a process used to identify risks, prioritize and score those risks, and response to the risks by implementing action plans. He summarized the internal controls used, a system-based preventative control, which was the most reliable.

He said an effective compliance program included various elements and noted how Valleywise Health addressed each element, including a review of the Code of Conduct and Ethics on an annual basis, having policies and procedures in place, providing a compliance hotline, and reporting the results of audits to the appropriate committees.

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General Session, Presentation, Discussion and Action, cont.:

6. Annual Compliance Training and Conflict of Interest Education cont.

The COI policy was explained, noting the gift provision and the designated limits. Mr. Slaughter instructed the Governing Council members on the appropriate protocol should a conflict, or a potential conflict, arise, which was to disclose the conflict to the District Clerks and complete the appropriate form.

Mr. Slaughter described the Emergency Medical Treatment and Active Labor Act (EMTALA), Anti-Kickback statute, the False Claims Act and the Deficit Reduction Act. He explained the Health Insurance Portability and Accountability Act (HIPAA).

He concluded that Valleywise Health proactively mitigated risk by implementing an effective compliance program, conducting risk assessments, having internal audits, reviewing policies and procedures, designating a compliance officer/privacy officer, implementing corrective actions, and expecting excellence from employees.

7. Meeting Update/Report from Valleywise Community Health Centers Governing Council's Connecting with the Community Ad Hoc Committee

Mr. Hooper stated that the Connecting with the Community Committee (Committee) had its first meeting, at which they appointed Mr. Jason Vail Cruz as the Vice Chairman. The Committee was working toward identifying ideas for a community outreach project.

Mr. Tormala asked if the Committee had a timeline.

Dr. Barker stated there was no timeline, but the goal was to complete one community outreach project.

8. Federally Qualified Health Centers' Chief Executive Officer's Report, including Ambulatory Operational Dashboards

Dr. Barker reviewed the Valleywise Health FQHC strategic dashboard for January 2025, noting that all of the quality metrics were doing well. The Press Ganey patient satisfaction metric was 76.7%, with a goal of 80%. She said that it was a brand-new benchmark.

Mr. O'Neil asked if there was a deadline to meet the Press Ganey metric.

Dr. Barker stated the goal was to meet the metric by the end of the fiscal year, which was June 30, 2025.

Recruiting efforts were underway, to increase representation from Districts 4 and 5, and there had been a great response to those efforts. There was potential for three to five new councilmembers, with a cap of 17 members.

9. Valleywise Health's President and Chief Executive Officer's Report

Mr. Purves provided an overview of the various activities within Valleywise Health. The quarterly employee forums were occurring, noting members of senior leadership visited the FQHCs and updated employees on the major initiatives that were happening at Valleywise Health.

Staff believed in what they were doing and understood how important they were in terms of providing access to vulnerable patients.

Ms. Sherry Stotler, Senior Vice President and Chief Nursing Officer, would soon be retiring, and the search for her replacement was ongoing.

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General Session, Presentation, Discussion and Action, cont.:

9. Valleywise Health's President and Chief Executive Officer's Report cont.

In late 2024, the Level 1 trauma center was surveyed and received recertification, meeting the new rigid standards recently implemented.

Becker's Hospital Review recognized Valleywise Health as one of 64 hospitals and health systems in the nation with an outstanding simulation and educational program.

Mr. Purves mentioned that protecting Medicaid funding for vulnerable patients was a top advocacy issue for many organizations. A coalition was formed to help elected officials understand the consequences of cutting Medicaid.

10. Governing Council Member Closing Comments/Announcements.

Ms. Muñoz mentioned members of the Valleywise Community Health Center-West Maryvale staff participated in a job fair at Great Hearts High School in Maryvale and provided valuable insight to a career in the healthcare industry.

Adjourn

MOTION: Mr. Arbuckle moved to adjourn the March 5, 2025, Valleywise Community Health Centers Governing Council Meeting. Mr. Hooper seconded.

VOTE: 10 Ayes: Chairman Jacobson, Vice Chairman Sullivan, Mr. Arbuckle, Dr. Clotter-Woods, Mr. Hooper, Ms. Muñoz, Mr. O'Neill, Mr. Otu, Mr. Tormala, Ms. Wilson
0 Nays
1 Absent: Ms. Imam
Motion passed.

Meeting adjourned at 7:13 p.m.



Denise Tapia
Deputy Clerk of the Board