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
June 3, 2026, 5:30 p.m.

Members Present:
Earl Arbuckle, Chair
Nelly Clotter-Woods, Vice Chair
Piedad Blake, Member
Glenda Cota, Member
Chris Hooper, Member *– participated remotely*
Salina Imam, Member
Aime Ishimwe, Member *– participated remotely*
Scott Jacobson, Member
Maria Mancinas, Member
Norma Muñoz, Member
Essen Otu, Member
Steven Pettigrew, Member

Members Absent:
Eileen Sullivan, Member
Wayne Tormala, Member

Others/Guest Presenters:
Michelle Barker, DHSc, Chief Executive Officer of the Federally Qualified Health Centers
Michael D. White, MD, MBA, Executive Vice President, Chief Clinical Officer
Paige Pataky, Assistant General Counsel
Melanie Talbot, Chief Governance Officer and Clerk of the Board
Mattew Meier, MBA, FACHE, Acting Chief Financial Officer
Siobhan Mee, Senior Revenue Cycle, Revenue integrity Management
Jason Vail Cruz, Senior Clinic Manager
Dolores Cantu, Clinic Resource Leader

Recorded by:
Denise Tapia, Deputy Clerk of the Board

Call to Order:

Chair Arbuckle called the meeting to order at 5:31 p.m.

Roll Call

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

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

Call to the Public

Chair Arbuckle called for public comment. There were none.

General Session, Presentation, Discussion and Action:

1. Approval of Consent Agenda:

   a. Minutes:

      i. Approve Valleywise Community Health Centers Governing Council Meeting minutes dated May 6, 2026

   b. Contracts:

      i. Accept a new intergovernmental agreement (90-26-265-1) Arizona Department of Health Services (ADHS) and Maricopa County Special Health Care District, dba Valleywise Health, for the Opt-out Emergency Department HIV Testing program, which supports HIV testing services in Valleywise Health emergency departments and ambulatory clinics

   c. Governance:

      i. Approve Renewal of the Mileage and Transportation Reimbursement Policy - 89101 T

      ii. Reappoint Wayne Tormala to the Valleywise Community Health Centers Governing Council

      iii. Reappoint Nelly Clotter-Woods to the Valleywise Community Health Centers Governing Council

   d. Medical Staff:

      i. Acknowledge the Federally Qualified Health Centers Medical Staff and Advanced Practice Clinician/Allied Health Professional Staff Credentials

MOTION: Mr. Otu moved to approve consent agenda. Mr. Jacobson seconded.

VOTE: 11 Ayes: Chair Arbuckle, Vice Chair Clotter-Woods, Ms. Blake, Ms. Cota, Mr. Hooper, Mr. Ishimwe, Mr. Jacobson, Ms. Mancinas, Ms. Muñoz, Mr. Otu, Mr. Pettigrew
0 Nays
3 Absent: Ms. Imam, Ms. Sullivan, Mr. Tormala
Motion passed.

Ms. Talbot administered the Oath of Office to Dr. Clotter-Woods for membership reappointment to the Valleywise Community Health Centers Governing Council (Governing Council), as required by the Governing Council bylaws.

NOTE: Ms. Iman arrived at 5:35 p.m.

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

2. Mission Moment – A Patient Story

Ms. Cantu shared a patient story that highlighted the positive impact of coordinated care, strong community partnerships, and dedicated patient advocacy. Staff at the Valleywise Comprehensive Health Center - Peoria treated a 16-year-old patient diagnosed with testicular cancer, while also undergoing oncology treatment at Phoenix Children's Hospital.

During treatment, the family faced significant financial hardship when they were unable to afford critical injections needed to reduce the risk of life-threatening infections during chemotherapy and radiation. After exhausting available financial assistance resources, Valleywise Health's patient navigator team worked collaboratively to find additional support.

Ms. Cantu highlighted that during a recent well-child visit, the patient's grandmother joyfully reported that he was in remission. He proudly rang the bell to mark the completion of his cancer treatment. His journey reflected both the resilience of patients and families and the profound impact of compassionate, coordinated care.

Stories like this show how removing barriers to care can lead to life-changing outcomes and remind us of the privilege and responsibility of serving our community with dedication and compassion.

Ms. Muñoz expressed her appreciation for the compassion demonstrated by the Valleywise Health team in supporting patients facing such devastating illnesses. She noted how heartbreaking it was for families to struggle with the cost of essential treatment and commended the Valleywise Health staff for their kindness and dedication in helping patients receive the care they need.

3. Discuss, Review and Approve the Co-applicant Operational Arrangement between the Maricopa County Special Health Care District and the Valleywise Community Health Centers Governing Council

Ms. Talbot explained that the Health Resources and Services Administration (HRSA) designation allowed public agencies to use a co-applicant governance structure to meet federal governing board requirements. While the Maricopa County Special Health Care District Board of Directors (BOD) consists of five members, HRSA required that Federally Qualified Health Center (FQHC) governing bodies include at least nine members. Under this model, the district serves as the public agency, and the Governing Council acted as the co-applicant, with specific authorities delegated in accordance with HRSA requirements.

She noted that the co-applicant arrangement was a formal governance structure that clearly defined the roles and responsibilities of both the BOD and the Governing Council, as well as the shared responsibilities between them. The arrangement ensured that the Governing Council maintained independent oversight of the FQHCs, while the BOD retained ultimate legal authority.

Ms. Talbot shared that the current co-applicant agreement was set to expire on June 30, 2026, and approval was requested to renew. She highlighted several updates, including new compliance measures requiring both Governing Council and BOD to complete annual conflict of interest disclosure forms. Additionally, the language around the budget has been refined to clarify that the Governing Council must approve the FQHC budget prior to incorporating into the district's annual budget. She added that the remaining updates were technical and for clarity. The renewed agreement would have a three-year term and would take effect on July 1, 2026.

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

3. Discuss, Review and Approve the Co-applicant Operational Arrangement between the Maricopa Special Health Care District and the Valleywise Community Health Centers Governing Council, cont.

MOTION: Ms. Mancinas moved to approve the Co-applicant Operational Arrangement between the Maricopa County Special Health Care District and the Valleywise Community Health Centers Governing Council. Ms. Muñoz seconded.

VOTE: 12 Ayes: Chair Arbuckle, Vice Chair Clotter-Woods, Ms. Blake, Ms. Cota, Mr. Hooper, Ms. Imam, Mr. Ishimwe, Ms. Mancinas, Mr. Jacobson, Ms. Muñoz, Mr. Otu, Mr. Pettigrew,

0 Nays
2 Absent: Ms. Sullivan, Mr. Tormala
Motion passed.

4. Discuss, Review, and Approve the Fiscal Year 2027 Operating and Capital Budget for Valleywise Health's Federally Qualified Health Centers; Including the Valleywise Community Health Centers Governing Council Department Budget

Mr. Meier reviewed the fiscal year (FY) 2027 operating, capital, and Governing Council departmental budget. He explained the Governing Council department budget projections, which included a 4.8% increase in labor and expenses, along with an 8.3% decrease in organizational memberships for the Arizona Alliance for Community Health Centers (AACHC) and the National Association of Community Health Centers (NACHC). He noted that the total budget increased from $166,619 to $201,016, which was attributed to the strategic planning retreat facilitator.

Chair Arbuckle asked whether the decrease in organizational membership dues was part of a normal adjustment or the result of Dr. Barker negotiating a better rate.

Dr. Barker explained that NACHC dues increased significantly in the prior year and no longer represented a good value. She said she reached out to NACHC to discuss Valleywise Health's unique circumstances and indicated the organization might withdraw from membership. In response, NACHC agreed to keep Valleywise Health at the previous rate. She noted that dues had more than doubled previously and cautioned that the reduced rate may be temporary.

Mr. Pettigrew inquired whether mileage reimbursement had been approved and if those expenses were included in the budget.

Dr. Barker confirmed that they were included but noted the amount was minimal. She explained that no one had submitted mileage reimbursement to date, so the line item served as a placeholder to ensure funds were available if needed.

Mr. Meier provided an overview of the budget for the FQHCs, emphasizing a continued focus on managing expenses while supporting growth in key areas. He noted that outpatient behavioral health remained a major area of expansion, along with the continuation of the dental residency program. Valleywise Health FQHCs expected to add about 12 providers over the next few years, almost entirely in outpatient behavioral health, while dental staffing remained stable.

He said overall patient visit volumes were projected to grow, with a small increase for Valleywise Community Health Centers services at 1.8 percent. However, outpatient behavioral health was expected to see significant growth of about 23.6% due to added providers and increased demand. Other areas were expected to grow, such as the Valleywise Comprehensive Health Center-Phoenix by 15% and dental clinics by seven percent.

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

4. Discuss, Review, and Approve the Fiscal Year 2027 Operating and Capital Budget for Valleywise Health's Federally Qualified Health Centers; Including the Valleywise Community Health Centers Governing Council Department Budget, cont.

Mr. Meier stated the Valleywise Community Health Centers were expected to operate at a deficit of $13 million, consistent with prior trends, while the expanding outpatient behavioral health program was projected to generate a positive margin of about $1.2 million, driven by its higher growth in visits and revenue.

Mr. Otu asked about the $13 million deficit and noted it aligned with past trends due to declining Arizona Health Care Cost Containment System (AHCCCS) reimbursement rates. He asked for a clear explanation of how the health system manages or absorbs this deficit so Governing Council members could better understand why it occurred and how it was handled financially.

Mr. Meier explained that the FQHC budget focused only on clinical operations, not the full health system. He said the deficit was offset by broader system funding sources, including a maintenance and obligation tax and a state directed payment program, which provided significant financial support. He noted that while Valleywise Health was currently in a strong financial position, it still could not fully cover costs through reimbursements alone, so these additional funding sources were necessary to help absorb the deficit.

Mr. Pettigrew requested more information about grant funding, including who was responsible for pursuing and monitoring it, and whether the organization was actively seeking additional funding opportunities.

Dr. Barker said Valleywise Health actively pursued grant funding and became a full FQHC to access more opportunities. She explained that a dedicated grants team, including grant writers and program managers, reviewed many grant opportunities, applied for grants, when appropriate, and oversaw awarded grants to ensure requirements were met.

Ms. Cota inquired whether Valleywise Health was taking steps to offset anticipated funding decreases, such as changes to AHCCCS, by increasing the number of commercially insured or Medicare patients or exploring other opportunities to increase revenue.

Dr. Barker shared Valleywise Health had been working to strengthen its Medicaid utilization through targeted marketing, prioritizing appointments, and improving referral practices with partner clinics. She noted that while increases in Medicaid patients had been modest, maintaining or slightly growing that population was a positive outcome given declines seen elsewhere, and the Valleywise Health system was continuing to prepare for upcoming changes.

Mr. Meier noted the Valleywise Comprehensive Center-Phoenix was expected to see about 15% growth in visits and 14% in revenue, with an overall projected loss of $8.8 million.

Valleywise Comprehensive Health-Peoria was projected at a 3% growth in visits, a 4% increase in revenue with an overall projected loss of $2.2 million.

Dental remained flat but an overall projected loss of $5 million was expected.

All FQHCs combined, visits were projected to increase by approximately seven percent and revenue increased by six percent, while expenses would rise 22% due to staffing and benefits.

Mr. Meier mentioned the FQHC contingency capital was budgeted for $100,000, which was consistent with the budget for prior years.

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

4. Discuss, Review, and Approve the Fiscal Year 2027 Operating and Capital Budget for Valleywise Health's Federally Qualified Health Centers; Including the Valleywise Community Health Centers Governing Council Department Budget, cont.

MOTION: Mr. Pettigrew moved to approve the fiscal year 2027 Operating and Capital budget for Valleywise Health's Federally Qualified Health Centers; including the Valleywise Community Health Centers Governing Council Department budget. Mr. Hooper seconded.

VOTE: 12 Ayes: Chair Arbuckle, Vice Chair Clotter-Woods, Ms. Blake, Ms. Cota, Mr. Hooper, Ms. Imam, Mr. Ishimwe, Ms. Mancinas, Mr. Jacobson, Ms. Muñoz, Mr. Pettigrew, Mr. Otu
0 Nays
2 Absent: Ms. Sullivan, Mr. Tormala
Motion passed.

5. Discuss, Review and Accept the Maricopa County Special Health Care District dba Valleywise Health, Uniform Guidance Audit for Fiscal Year ending June 30, 2025, Including Information Related to the Federally Qualified Health Centers

Mr. Meier reported that the annual uniform guidance audit for fiscal year ending June 30, 2025 had been completed, and explained that the audit opinion showed whether there were any issues to address. He reported that there were zero findings, resulting in a clean audit.

Mr. Pettigrew asked for a simple explanation of a subscription-based information technology arrangement based on the information presented in the findings.

Mr. Meier stated that a subscription-based information technology arrangement meant Valleywise Health paid for software on a recurring basis instead of buying it outright. He noted that it applies to most software vendors, who now prefer monthly or annual payment models.

MOTION: Mr. Jacobson moved to accept the Maricopa County Special Health Care District dba Valleywise Health, uniform guidance audit for fiscal year ending June 30, 2025, including information related to the Federally Qualified Health Centers. Vice Chair Clotter-Woods seconded.

VOTE: 12 Ayes: Chair Arbuckle, Vice Chair Clotter-Woods, Ms. Blake, Ms. Cota, Mr. Hooper, Ms. Imam, Mr. Ishimwe, Ms. Mancinas, Mr. Jacobson, Ms. Muñoz, Mr. Otu, Mr. Pettigrew
0 Nays
2 Absent: Ms. Sullivan, Mr. Tormala
Motion passed.

7. Elect a Chair and Vice Chair of the Valleywise Community Health Centers Governing Council for one (1) Year Terms for Fiscal Year 2027, Commencing July 1, 2026

Ms. Talbot provided an explanation of the election process to the Governing Council members.

Chair Arbuckle expressed interest in serving as Chair. He thanked Dr. Barker for helping improve the FQHC recognition program and said it has been meaningful to see how much staff appreciate it. He encouraged others to take a few minutes to visit Valleywise Health FQHCs. He shared that he felt proud of the Governing Council's progress and looked forward to continuing the work with them.

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

7. Elect a Chair and Vice Chair of the Valleywise Community Health Centers Governing Council for one (1) Year Terms for Fiscal Year 2027, Commencing July 1, 2026, cont.

MOTION: Mr. Otu moved to elect Earl Arbuckle as Chair of the Valleywise Community Health Centers Governing Council for a one-year term, for the fiscal year 2027, commencing July 1, 2026. Mr. Jacobson seconded.

VOTE: 11 Ayes: Vice Chair Clotter-Woods, Ms. Blake, Ms. Cota, Mr. Hooper, Ms. Imam, Mr. Ishimwe, Ms. Mancinas, Mr. Jacobson, Ms. Muñoz, Mr. Otu, Mr. Pettigrew
0 Nays
2 Absent: Ms. Sullivan, Mr. Tormala
1 Abstain: Chair Arbuckle
Motion passed.

Vice Chair Clotter-Woods expressed gratitude for being trusted to serve, highlighting what she learned from fellow members and their strong commitment to the community. She said it would be an honor to be reelected and reaffirmed her dedication to continued service and openness to community feedback.

MOTION: Mr. Hooper moved to elect Dr. Nelly Clotter-Woods as Vice Chair of the Valleywise Community Health Centers Governing Council for a one-year term, for the fiscal year 2027, commencing July 1, 2026. Ms. Muñoz seconded.

VOTE: 11 Ayes: Chair Arbuckle, Ms. Blake, Ms. Cota, Mr. Hooper, Ms. Imam, Mr. Ishimwe, Ms. Mancinas, Mr. Jacobson, Ms. Muñoz, Mr. Otu, Mr. Pettigrew
0 Nays
2 Absent: Ms. Sullivan, Mr. Tormala
1 Abstain: Vice Chair Clotter-Woods
Motion passed.

8. Discuss the Appointment of a District Board Member as a Non-Voting Member of the Valleywise Community Health Centers Governing Council

Chair Arbuckle explained that while the bylaws allow a BOD to participate in the Governing Council meetings as a non-voting member, this practice was paused due to recent District Board turnover and competing priorities. He noted that updates were provided through staff, and the decision to include a District Board representative remained optional.

Dr. Barker shared that a BOD member had attended in the past to support communication. She noted that the staff had worked to keep the Governing Council informed, so no communication was lost, but added that there was always room to improve collaboration and keep that option open.

Ms. Muñoz suggested it may be more effective for a Governing Council member to attend BOD meetings and report back, rather than having a BOD member attend Governing Council meetings. She added that regular updates about BOD activities at each meeting would be helpful.

Chair Arbuckle acknowledged the feedback and reminded the Governing Council members they were welcome to attend BOD meetings. He noted that while large attendance could pose logistical issues, he expressed enthusiasm about the idea of strong Governing Council presence.

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

8. Discuss the Appointment of a District Board Member as a Non-Voting Member of the Valleywise Community Health Centers Governing Council, cont.

Ms. Talbot explained that the Governing Council had 14 members, and eight would be needed to form a quorum. She said Governing Council members could attend as individuals without violating open meeting laws, as long as they do not discuss or make decisions together but simply observing as members of the public.

Mr. Pettigrew said it would be helpful to have someone serve as an official member so they could take part in discussions instead of just observing.

Mr. Otu mentioned it would be hard for one person to serve on both the BOD and Governing Council and attend all meetings. He suggested using a BOD report instead to keep the Governing Council informed without depending on a representative who may not always be present.

Mr. Hooper agreed and suggested providing regular updates, such as a quarterly summary of BOD activities. He said it would be helpful for someone, like the Governing Council Chair or Dr. Barker, to share updates on a consistent basis.

Vice Chair Clotter-Woods concurred and said appointing someone to attend meetings sounds complicated. She asked what the process would look like if the Governing Council chose to appoint a BOD member and how it would work.

Ms. Talbot reviewed that in the past, the Governing Council would discuss and choose which BOD member to appoint. The appointment was made during a regular Governing Council meeting, similar to selecting Governing Council members, and lasts for one year, expiring on June 30. The Governing Council could then decide at the following June meeting whether to reappoint that member.

Chair Arbuckle stated that he would confer with Ms. Barker and BOD Chairman Virginia Korte and return to the Governing Council with a recommendation.

9. Discuss and Review Action Plan for the Strategic Plan for the Federally Qualified Health Centers for Fiscal Years 2025-2027

Mr. Vail Cruz highlighted the FQHC strategic action plan and the successes achieved through its implementation. He explained that the presentation highlighted two initiatives that had been progressing in the right direction under section two of the FQHC strategy plan, which emphasized mobilizing equitable health initiatives with strategic intent. This approach ensured that strategic plans were aligned with documented needs and that progress was measured, monitored, and adjusted over time.

He outlined key projects within the section, that included Social Determinants of Health (SDOH) screening and referral, the Community Health Needs Assessment (CHNA) priority conditions, substance use treatment and medication-assisted treatment, mental health services, and the dental residency program. These initiatives spanned multiple service lines and were closely tied to compliance measures such as Uniform Data System (UDS) report.

Mr. Vail Cruz stated that SDOH screening rates had increased across the FQHCs. Screening identified barriers such as housing, food access, and transportation that affected patients' health outcomes and access to care. Valleywise Health utilized three primary methods for capturing the information; MyChart, tablets at office visits, and paper forms and ensured that all screenings were addressed on the same day with appropriate referrals. Screening rates had reached 27%, missing the 50% benchmark.

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

9. Discuss and Review Action Plan for the Strategic Plan for the Federally Qualified Health Centers for Fiscal Years 2025-2027, cont.

He reported that the dental residency program had transitioned from development to performance monitoring after successfully meeting its goals. The curriculum had been completed and accredited, and the program continued to support Valleywise Health's role as a training model for future providers. One resident had graduated from the year-long program, with two new residents scheduled to begin in July 2026, and plans to expand to four residents in the following year.

Mr. Vail Cruz emphasized that these initiatives collectively supported the Valleywise Health mission by improving equitable access to care and building future capacity. While progress varied across initiatives, all efforts remained aligned with strategic goals and continued to advance through the work of staff.

Ms. Cota asked about differences in performance and how they related to workflow adoption. She noted that when surveys were completed on tablets before the visit, providers could review the information ahead of time, quickly identify patient needs, make referrals, and discuss them directly during the appointment.

Mr. Vail Cruz explained that variations in performance could depend on timing, provider workflow, or the pace of the day. He noted that in some cases, providers entered the room while patients were still completing the screening, which limited the ability to review responses in advance. When patients presented with urgent health concerns, providers often prioritized immediate care and addressed referrals afterward, which could lead to delays, especially when patient consent was required.

Ms. Cota questioned whether providers had enough dedicated time before appointments to review patient information and complete tasks like referrals and pre-authorizations. She questioned whether this work was built into their schedules or handled between patient visits.

Mr. Vail Cruz confirmed that providers did have dedicated administrative time, about 20% of their work week, to review patient information and complete tasks such as referrals. He noted that this amount of time was considered generous compared to typical provider schedules. However, he added that, due to documentation requirements, many providers still completed charting after hours.

Ms. Mancinas inquired if the percentages on the strategic action plan reflected the full three-year strategic plan or each individual year. She sought clarification on whether the data shown included a mix of year one, year two, and year three results within the same document.

Mr. Vail Cruz shared that for multi-year projects, progress was carried out year to year. When a project moved from year one to year two, the ending result from year one became the new baseline. For example, SDOH screening reached 27% in year one, which was then used as the starting point for year two. He added that progress was tracked monthly, and the results for each year were carried forward if the project continued. He clarified that the columns shown in the chart represented monthly data.

6. Discuss and Review the 2026 Federal Poverty Level Guidelines; Discuss, Review and Approve Revisions to the Federally Qualified Health Centers Sliding Fee Discount Program/Policy and Schedule; Review the Utilization of the Program

Dr. Barker stated that HRSA required the sliding fee discount program/policy to be reviewed every three years, but Valleywise Health reviewed it every two years due to its importance. She explained that recent updates focused on clarifying language, including defining what qualified as a nominal fee. She noted that most of the changes were not in the policy text itself, but in the sliding fee schedule in Appendix C.

Ms. Mee said that there was change from a percentage of charges to a percentage of Medicare. She stated that an eight percent inflation adjustment was added to copays, increasing the percentages slightly. She confirmed there were no changes to the dental portion since the Governing Council last approval.

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

6. Discuss and Review the 2026 Federal Poverty Level Guidelines; Discuss, Review and Approve Revisions to the Federally Qualified Health Centers Sliding Fee Discount Program/Policy and Schedule; Review the Utilization of the Program, cont.

Dr. Barker clarified that the fee schedule must follow strict HRSA guidelines, including having a nominal flat fee for category one and gradual increases for other categories. She noted that the updated schedule was compliant and was reviewed using surveys and comparisons with other health centers. She noted that a key change was moving from higher billed charges to lower Medicare-based rates, making care more affordable for patients.

Dr. Barker noted the schedule now includes federal poverty guideline amounts by family size to better show eligibility levels. She said that services like point-of-care testing and most immunizations were included in the visit, while outside lab work and imaging have small set fees. She confirmed that the schedule met all HRSA requirements and that both the policy and billing system have been aligned, making it ready for implementation once approved.

Ms. Mee shared that prenatal services package pricing had previously been inconsistent between what was offered and what was approved in billing. She stated that this issue had been resolved, and the pricing was now aligned and available for anyone who chose to use it.

Ms. Mancinas asked for clarification on whether prenatal services only covered care during pregnancy and did not include delivery.

Ms. Mee replied that a maternity package was available and covered delivery.

Dr. Barker mentioned that some patients had delivery covered under emergency services but lack coverage for prenatal care. She emphasized the importance of ensuring patients receive prenatal care as well and noted that separate packages exist for both prenatal services and delivery.

Ms. Muñoz inquired if the financial assistance plan was in addition to insurance or whether it was for people who did not have insurance.

Dr. Barker stated that the financial assistance plan applied to everyone, including those with insurance. However, many people who qualify typically do not have insurance due to low income. She noted that HRSA required all patients to be screened for eligibility. She explained that if a patient had insurance but qualifies for financial assistance, they pay the lower cost.

Mr. Pettigrew sought clarification on what category five in the sliding fee utilization report represented.

Chair Arbuckle said category five was part of the previous structure. He mentioned that the organization had moved from five categories down to four, and that category five was only being referenced as part of historical utilization.

Ms. Mee emphasized that there was no category five. She explained that it was simply a label used to represent patients who did not fall into any of the four discounted categories. She noted that the term category five was used informally for system and tracking purposes, but it essentially meant no discount applied.

Mr. Otu highlighted that insurance eligibility could change over time, meaning patients may qualify for coverage one day and not the next. He explained that FQHCs were designed to help patients navigate these changes. He noted that eligibility specialists played a key role in guiding patients to understand what they qualify for and helping them choose the most affordable care options based on their situation.

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

6. Discuss and Review the 2026 Federal Poverty Level Guidelines; Discuss, Review and Approve Revisions to the Federally Qualified Health Centers Sliding Fee Discount Program/Policy and Schedule; Review the Utilization of the Program, cont.

Dr. Barker explained that while patients were required to be screened for financial assistance annually, they could be screened more often if needed. She noted that for procedures or services, patients can receive cost estimates and be referred to financial services to review exact costs, set up payment plans, and find options that fit their financial situation. She also added that in special cases involving high costs, Dr. White could review and approve additional discounts for uninsured patients.

NOTE: Mr. Jacobson left at 7:09 p.m.

MOTION: Mr. Hooper move to approve revisions to the Federally Qualified Health Centers Sliding Fee Discount Program/Policy and Schedule. Mr. Pettigrew seconded.

VOTE: 11 Ayes: Chair Arbuckle, Vice Chair Clotter-Woods, Ms. Blake, Ms. Cota, Mr. Hooper, Ms. Imam, Mr. Ishimwe, Ms. Mancinas, Ms. Muñoz, Mr. Otu, Mr. Pettigrew
0 Nays
3 Absent: Mr. Jacobson, Ms. Sullivan, Mr. Tormala
Motion passed.

10. Federally Qualified Health Centers' Chief Executive Officer's Report, Including Ambulatory Operational Dashboards

Dr. Barker shared that overall performance for the April 2026 ambulatory dashboard was strong. She noted that no-show rates remained at 17.5% but expected it to improve based on early May 2026 trends. She highlighted the Press Ganey patient satisfaction score of 78.8% and mentioned plans to launch an 80's Club to recognize clinics that reach scores in the 80th percentile.

She reported there were currently 14 Governing Council members, but it would drop to 12 members in July 2026 due to departures. As a result, she planned to begin recruiting new members, particularly from the Mesa area, to improve district representation.

Dr. Barker explained that the operational site visit (OSV) had been delayed due to an extension of the grant cycle from three to four years and scheduling backlogs. The visit was now expected between early to mid-2027, and preparation efforts would begin later, with ongoing updates provided during the Governing Council meetings.

She acknowledged that it was Ms. Iman's final meeting after six years of service with the Governing Council. She thanked her for her contributions and presented her with a six-year service pin, expressing appreciation for her dedication and noting she would be greatly missed.

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

This item was not discussed.

12. Governing Council Member Closing Comments/Announcements

There were no comments.

Adjourn

MOTION: Mr. Otu moved to adjourn June 3, 2026, Valleywise Community Health Centers Governing Council Meeting. Mr. Pettigrew seconded.

VOTE: 11 Ayes: Chair Arbuckle, Vice Chair Clotter-Woods, Ms. Blake, Ms. Cota, Mr. Hooper, Ms. Imam, Mr. Ishimwe, Ms. Mancinas, Ms. Muñoz, Mr. Otu, Mr. Pettigrew
0 Nays
3 Absent: Mr. Jacobson, Ms. Sullivan, Mr. Tormala
Motion passed.

Meeting adjourned at 7:20 p.m.

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Denise Tapia
Deputy Clerk of the Board