

## Minutes

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

**Members Present:** Earl Arbuckle, Chair  
Nelly Clotter-Woods, Vice Chair – *participated remotely*  
Salina Imam, Member  
Scott Jacobson, Member – *participated remotely*  
Eric Manoa, Member – *participated remotely*  
Norma Muñoz, Member  
Essen Otu, Member  
Eileen Sullivan, Member – *participated remotely*  
Wayne Tormala, Member – *participated remotely*

**Members Absent:** Piedad Blake, Member  
Chris Hooper, Member  
Aime Ishimwe, Member

**Others/Guest Presenters:** Michelle Barker, DHSc, Chief Executive Officer of the Federally Qualified Health Centers – *participated remotely*  
Steve Purves, FACHE, President and Chief Executive Officer – *participated remotely*  
Crystal Garcia, RN, MBA, Vice President, Specialty Services, Quality and Safety  
Matthew Meier, MBA, Vice President, Financial Services  
Ijana Harris, JD, Chief Legal Officer – *participated remotely*  
Byron Simmons, Director Patient Access Registration  
Sam Chamas, Manager FQHC Chandler

**Recorded by:** Denise Tapia, Deputy Clerk of the Board

### **Call to Order:**

Chair Arbuckle called the meeting to order at 5:30 p.m.

### **Roll Call**

Ms. Tapia called roll. Following roll call, she noted eight of the twelve 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 who participated remotely.

### **Call to the Public**

Chair Arbuckle called for public comment. There were no comments

**NOTE:** Mr. Otu arrived at 5:34 p.m.

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

13. Valleywise Health’s President and Chief Executive Officer’s Report

Mr. Purves provided an update on Proposition 409. He mentioned that early mail-in ballot results indicated a narrow margin of 51% Yes to 49% No with approximately 100,000 ballots remaining to be counted. He further stated that unofficial results were anticipated early the following week and expressed confidence in a favorable outcome. He thanked the Governing Council for their support and acknowledged the positive impact of their leadership and community work in advancing the organization's mission and serving the public.

1. Approval of Consent Agenda:

a. Minutes:

- i. Approve Valleywise Community Health Centers Governing Council Meeting minutes dated October 1, 2025

b. Contracts:

- i. Acknowledge Amended and Restated Statement of Work #2 - FQHC Services, for Master Services Agreement (90-23-177-1) between Maricopa County Special Health Care District dba Valleywise Health, and District Medical Group, effective November 1, 2025

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. Jacobson moved to approve the consent agenda. Mr. Otu seconded.

**VOTE:** 9 Ayes: Chair Arbuckle, Vice Chair Clotter-Woods, Ms. Imam, Mr. Jacobson, Mr. Manoa, Ms. Muñoz, Mr. Otu, Ms. Sullivan, Mr. Tormala  
0 Nays  
3 Absent: Ms. Blake, Mr. Hooper, Mr. Ishimwe  
**Motion passed.**

2. Mission Moment – A Patient Story

Mr. Chamas recounted a patient receiving care at Valleywise Health Community Health Center-Chandler. His primary care physician observed signs of significant stress and disengagement and consulted the behavioral health team for additional support. A coordinated care plan was established to address the patient’s medical and mental health needs. Mr. Chamas reported that several months later, the patient returned to express appreciation, commend the behavioral health team for their compassion and care and noted that a simple gesture of kindness had made a meaningful and lasting impact.

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

3. Discuss, Review and 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. Simmons discussed proposed changes to the Sliding Fee Discount Schedule (SFDS). He explained that the changes were designed to align with the other Federally Qualified Health Centers (FQHCs) in the community. One major change with the medical discount schedule was the reduction of tiers from five to four, which would simplify the system and better integrate with the Epic (electronic health record system) financial assistance module. He noted that the current discount methodology, based on Medicare rates, was confusing and not supported by Epic. Therefore, the discounts would be based on a percentage of total charges. The finance team worked to ensure that the proposed model remained fair to patients while consistent with other FQHCs practices.

He emphasized that past adjustments had relied on historical prices rather than market equity. However, the new structure would enable patients to more clearly understand their financial responsibility. He added that patients would also be able to request assistance online, upload required documentation and ultimately benefit from automated enrollment process supported by new technology. He further reported that another improvement included the automatic generation of patient estimates, which would support compliance with the No Surprises Act by providing same-day estimates through MyChart, the patient medical record.

Mr. Simmons presented examples of the new SFDS, including nominal charges of \$25, \$50, \$60, and \$70 for tiers one through four, the patients that used to be in tier five would be directed to apply for other assistance. Compared to other FQHCs, Valleywise Health's proposed charges were lower, which emphasized the importance of keeping prices affordable for the population served. He also outlined proposed changes to dental diagnostic fees, which would increase but remain below rates charged by other FQHCs, while maintaining a flat fee for patients above 200% of the federal poverty level (FPL).

Chair Arbuckle questioned when the proposed changes to the SFDS would take effect.

Mr. Simmons said that if approved the changes would be effective November 12, 2025 Wednesday.

Chair Arbuckle asked whether there had been consideration of how the changes might affect bad debt or revenue streams.

Mr. Simmons noted that most of the organization's bad debt came from patients who were above 201% of the FPL. Eligibility financial specialists would assist patients in determining the types of support for which they qualified.

Ms. Imam asked if a chart had been created to show the different categories based on household size and income.

Mr. Simmons said there was a chart that incorporated how many people resided in the household, income, and expenses which were calculated to ensure each patient was placed in the correct categories

Mr. Otu inquired whether there were plans to make future adjustments more frequently and incrementally.

Mr. Simmons confirmed that was the plan and that changes would be guided by market trends. The SFDS would be evaluated for opportunities to decrease costs where appropriate, while ensuring they aligned with market standards.

Dr. Barker reiterated that the changes were based on market trends. She noted that eliminating tier five brought the schedule into alignment with Health Resources and Services Administration (HRSA) guidance, classifying those patients simply as uninsured.

Ms. Muñoz questioned whether a patient's citizenship or immigration status affected qualifications for the SFDS.

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

- 3. Discuss, Review and 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, cont.

Mr. Simmons stated that the organization chose not to consider those factors, emphasizing the priority was to ensure all patients could access affordable care.

Dr. Barker added that eligibility for tiers one through four was determined by the federal poverty guidelines, based on household size and income. Information was available in every FQHC and on Valleywise Health’s website.

**MOTION:** Mr. Otu moved to approve revisions to Appendix C, Federally Qualified Health Center Sliding Fee Discount Schedule, of policy #23624 D. Mr. Jacobson seconded.

**VOTE:** 9 Ayes: Chair Arbuckle, Vice Chair Clotter-Woods, Ms. Imam, Mr. Jacobson, Mr. Manoa, Ms. Muñoz, Mr. Otu, Ms. Sullivan, Mr. Tormala  
0 Nays  
3 Absent: Ms. Blake, Mr. Hooper, Mr. Ishimwe  
**Motion passed.**

- 4. Discuss and Review Federally Qualified Health Centers Uniform Data System (UDS) Quality Metrics for the Third Quarter of Calendar Year 2025

Ms. Garcia provided an overview of the Uniform Data System (UDS) for the third quarter of calendar year (CY) 2025.

She reviewed the new UDS 2024 national benchmarks, noting increases for most measures.

Ms. Garcia reminded the Governing Council that UDS was a review of quality performance metrics, and it was required by Health Resources & Services Administration, that organizations track its performance.

She reported that historical metrics were reviewed and data analysis was used to improve diabetes, hypertension, depression screening, immunizations, and cancer screening outcomes, while ensuring compliance with HRSA requirements.

Ms. Garcia stated multiple task forces were established to address metrics related to diabetes, hypertension, depression, cervical and breast cancer screening, and pediatrics. Each task force was conducting an in-depth analysis to identify opportunities for continued improvement in patient care.

Ms. Iman questioned how blood pressures were rechecked.

Ms. Garcia explained that medical assistants ensured a second reading before the patient left, using reminders such as door signs.

Mr. Otu suggested clarifying acronyms for newer council members and emphasized the importance of regularly reminding the Governing Council of their meaning.

- 5. Discuss and Review Federally Qualified Health Centers Patient Safety Report for the First Quarter of Fiscal Year 2026

Ms. Garcia reviewed patient safety events for the first quarter of fiscal year (FY) 2026.

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

5. Discuss and Review Federally Qualified Health Centers Patient Safety Report for the First Quarter of Fiscal Year 2026, cont.

She explained that staff entered patient safety events into the Continuous Healthcare Evaluation & Quality Improvement Tool (CHEQ-IT), which was used to track trends and identify opportunities for process improvements based on reported information.

There were 181 incidents reported from July through September 2025.

The most frequent class of events reported were safety and security, which included Code White events. A Code White was when a patient, visitor, or staff was in distress and needed medical assistance. Another frequently reported class of events was behavioral health. Those events included but were not limited to, patients leaving the clinic against medical advice and refusing to seek a higher level of care upon staff's recommendations.

Ms. Garcia highlighted specific events within each category and outlined the methods by which staff would track and monitor those events to ensure the implementation of process improvements.

Chair Arbuckle asked if there were any audit practices or error detection for patient records.

Ms. Garcia explained that laboratories and clinics followed monthly verification processes to identify and correct issues.

Dr. Barker added that most charting errors were caught immediately and corrected before they could affect patient records.

6. Discuss and Review Federally Qualified Health Centers Press Ganey Experience Data for the First Quarter of Fiscal Year 2026

Ms. Garcia provided an overview of the FQHCs patient experience results for the first quarter of FY 2026.

She presented patient experience data, noting that September's Likelihood of Recommending score was 78.86%, based on 1,244 surveys. She reported that the cumulative score since October 2024 was 77.35%.

Ms. Garcia explained that FQHCs were close to meeting their benchmark goal of 77.62% for the measure Staff Worked Together, with a September score of 77.06%.

Dental clinics performed strongly, with Likelihood of recommending at 82.89% and Staff worked together at 82.67 percent.

Ms. Garcia noted the action items included monthly meetings with clinic leaders and registration staff, scripting improvements for patient greetings and communication, and patient journey mapping using lean six sigma tools.

She reviewed individual clinic scores and emphasized that most clinics were performing well.

Ms. Garcia highlighted that improvements were evident since adopting Press Ganey surveys and stated that ongoing collaboration would continue to drive patient experience progress.

7. Discuss and Review Federally Qualified Health Centers Financials and Payor Mix for the First Quarter of Fiscal Year 2026

Mr. Meier presented the financial statements for the FQHCs for the first quarter of FY 2026.

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

7. Discuss and Review Federally Qualified Health Centers Financials and Payor Mix for the First Quarter of Fiscal Year 2026, cont.

Mr. Meier reported visits at the Community Health Centers were seven percent better than budget, total operating revenues were 10% better than budget, and total operating expenses missed budget by 13%, resulting in a negative operating margin variance of \$642,202.

Outpatient behavioral health visits were four percent better than budget; total operating revenues missed budget by seven percent, and total operating expenses were three percent better than budget, resulting in a negative operating margin variance of \$112,509.

Valleywise Comprehensive Health Center–Phoenix visits missed budget by 11%; total operating revenues missed budget by nine percent; and total operating expenses were six percent better than budget, resulting in a negative operating margin variance of \$17,061.

Valleywise Comprehensive Health Center–Peoria visits missed budget by 15%; total operating revenues missed budget by 13%; and total operating expenses were nine percent better than budget, resulting in a negative operating margin variance of \$35,162.

Dental clinic visits were 15% better than budget, total operating revenues missed budget by 19%, and total operating expenses missed budget by nine percent, resulting in a negative operating margin variance of \$390,082.

In reviewing the statistics for all clinics combined, Mr. Meier noted visits were one percent better than budget, total operating revenues were one percent better than budget, and total operating expenses missed budget by six percent, resulting in a negative operating margin variance of \$1,211,322.

Chair Arbuckle asked for clarification on what expenses were included under the purchased services line item in the FQHC expense report.

Mr. Meier explained that the category encompasses a wide range of costs, such as dental devices not available in-house. He noted that the percentages in that line item appear higher due to system-wide increases in expenses, largely driven by inflation and tariffs.

The six-month review of the payor mix showed that commercial utilization increased by nearly one percent, Medicaid utilization decreased by 1.4 percent, and self-pay and other increased by 0.9 percent. Mr. Meier noted that the decline in Medicaid utilization was partially offset by the increase in commercial.

When reviewing the four-year payor mix trend, Mr. Meier highlighted that commercial utilization increased 1.3 percent over the prior year, Medicaid utilization decreased by 1.7 percent, and self-pay and other increased by 0.8 percent.

Mr. Otu asked whether the recent changes to the sliding fee schedule for self-pay patients might result in shifts in the payer mix.

Mr. Meier mentioned that Valleywise Health anticipated the possibility of lower visits and the need to account for this in future budgets. He noted that changes to the sliding fee schedule could influence patient behavior. He explained that if patients were unwilling to pay the adjusted rates, they might choose not to attend scheduled visits or delay care until presenting in the emergency department.

Dr. Barker noted that even with the nominal increase in the sliding fee schedule, the rates remained significantly lower than those at many other facilities. She stated that she did not anticipate a decline in sliding fee schedule patients but acknowledged that there could be some changes among the uninsured population, which was tracked separately though often grouped together in reporting.

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

8. Discuss and Review the Annual Federally Qualified Health Centers Fixed Assets Report

Mr. Meier presented the fixed asset report, explaining that it listed only the FQHCs assets, which included clinic equipment, buildings, and land. He noted that year-over-year accumulated depreciation was calculated in accordance with Governmental Accounting Standards Board (GASB) and Financial Accounting Standards Board (FASB), and that the process determined the netbook value of assets recorded on the balance sheet.

9. Discuss, Review and Approve the Renewal to Valleywise Health Policy: 02014 S - FQHC: Safeguarding the Use of FQHC Resources and Associated Assets and Property

Mr. Meier requested approval for the renewal of Valleywise Health Policy 02014 S safeguarding the use of FQHC resources and associated assets and property. He noted that the policy remained unchanged from prior years, with only the date updated.

**MOTION:** Mr. Jacobson moved to approve the renewal to Valleywise Health Policy: 02014 S – FQHC: safeguarding the use of FQHC resources and associated assets and property. Ms. Muñoz seconded.

**VOTE:** 9 Ayes: Chair Arbuckle, Vice Chair Clotter-Woods, Ms. Imam, Mr. Jacobson, Mr. Manoa, Ms. Muñoz, Mr. Otu, Ms. Sullivan, Mr. Tormala  
0 Nays  
3 Absent: Ms. Blake, Mr. Hooper, Mr. Ishimwe  
**Motion passed.**

10. Discuss, Review and Acknowledge the Renewal of the Following Valleywise Health Policies and Protocols:

- a. 13501 S – Patient Complaints and Grievances
- b. 20073 MD – Ambulatory Telemedicine
- c. 78250 S – Human Resources (Employment Status/Records); Verification of Required Licenses, Registrations, and Certificates

Dr. Barker explained that all system-wide policies were reviewed and renewed every two years, with corrections and updates made as needed. She noted that current reviews included patient complaint and grievances, ambulatory telemedicine, human resources verification requirements for licenses, registrations, and certifications. She clarified that the policies applied across the Valleywise Health care system, and were not FQHC specific, therefore require acknowledgment by the Governing Council.

**MOTION:** Mr. Otu moved to acknowledge the renewal of the following Valleywise Health policies and protocols: 13501 S patient complaints and grievances, 20073 MD ambulatory telemedicine, and 78250 S Human Resources (employment status/records); verification of required licenses, registrations, and certificates. Ms. Imam seconded.

**VOTE:** 9 Ayes: Chair Arbuckle, Vice Chair Clotter-Woods, Ms. Imam, Mr. Jacobson, Mr. Manoa, Ms. Muñoz, Mr. Otu, Ms. Sullivan, Mr. Tormala  
0 Nays  
3 Absent: Ms. Blake, Mr. Hooper, Mr. Ishimwe  
**Motion passed.**

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

11. Discuss, Review and Approve Revisions to Valleywise Health Policy: 20077 D - FQHC Clinic: After Hours Care and Calls

Dr. Barker stated that the policy applied specifically to FQHCs and was required by HRSA. She explained that it identified procedures for handling after-hours calls and emergencies and noted that updates had been made to simplify the workflow, clarify timeframes, and outline the steps for contacting appropriate staff.

**MOTION:** Ms. Muñoz moved to approve revisions to Valleywise Health policy: 20077 D- FQHC clinic: after hours care and calls. Mr. Otu seconded.

**VOTE:** 9 Ayes: Chair Arbuckle, Vice Chair Clotter-Woods, Ms. Imam, Mr. Jacobson, Mr. Manoa, Ms. Muñoz, Mr. Otu, Ms. Sullivan, Mr. Tormala

0 Nays

3 Absent: Ms. Blake, Mr. Hooper, Mr. Ishimwe

**Motion passed.**

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

Dr. Barker went over the ambulatory operational dashboard for September 2025. She noted that the appointment fill rate was 92.8%, just missing the 93% benchmark. The average wait time for new patient appointments was 13.2 days, well within the 21-day benchmark. The no-show rate was 16.5%, missing the 15% benchmark. Referrals ready to book within three days were better than the 95% benchmark at 96.0 percent.

She reported that the Press Ganey patient experience score was 78.7% which was better than the 78% benchmark. Financial performance showed a positive 1.0 percent variance in revenue, a 6.0 percent reduction in expenses, and a 1.1 percent increase in clinic visits. She emphasized that overall, the clinics were performing well and continuing to show steady improvement.

14. Governing Council Member Closing Comments/Announcements

There were no comments.

**Adjourn**

**MOTION:** Mr. Jacobson moved to adjourn the November 5, 2025, Valleywise Community Health Centers Governing Council Meeting. Ms. Muñoz seconded.

**VOTE:** 9 Ayes: Chair Arbuckle, Vice Chair Clotter-Woods, Ms. Imam, Mr. Jacobson, Mr. Manoa, Ms. Muñoz, Mr. Otu, Ms. Sullivan, Mr. Tormala

0 Nays

3 Absent: Ms. Blake, Mr. Hooper, Mr. Ishimwe

**Motion passed.**

Meeting adjourned at 6:49 p.m.



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Denise Tapia  
Deputy Clerk of the Board