



Valleywise Community Health  
Centers Governing Council  
Meeting

March 2, 2022  
6:00 p.m.

Agenda



<p><b><u>Council Members</u></b> Ryan Winkle, Chairman Michelle Barker, Vice Chairman Nelly Clotter-Woods, Ph.D., Treasurer Terry Benelli, Member Salina Imam, Member Scott Jacobson, Member Joseph Larios, Member Liz McCarty, Member Daniel Messick, Member Mary Rose Garrido Wilcox, District Board, Non-Voting Member</p>	<p><b><u>AGENDA</u></b> <b>Valleywise Community Health Centers Governing Council</b></p> <p><b>Mission Statement of the Valleywise Community Health Centers Governing Council</b> Serve the population of Maricopa County with excellent, comprehensive health and wellness in a culturally respectful environment.</p>
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• Valleywise Health Medical Center • 2601 East Roosevelt Street • Phoenix, Arizona 85008 •

Meeting will be held remotely. Please visit <https://valleywisehealth.org/events/valleywise-community-health-centers-governing-council-meeting-03-02-22/> for further information.

Wednesday, March 2, 2022  
6:00 p.m.

One or more of the members of the Valleywise Community Health Centers Governing Council may be in attendance telephonically or by other technological means. Council members participating telephonically or by other technological means will be announced at the meeting.

**Please silence any cell phones, pagers, computers, or other sound devices to minimize disruption of the meeting.**

**Call to Order**

**Roll Call**

**Call to the Public**

*This is the time for the public to comment. The Valleywise Community Health Centers Governing Council may not discuss items that are not specifically identified on the agenda. Therefore, pursuant to A.R.S. § 38-431.01(H), action taken as a result of public comment will be limited to directing staff to study the matter, responding to any criticism, or scheduling a matter for further consideration and decision at a later date.*

Agendas are available within 24 hours of each meeting via the Clerk's Office, Valleywise Health Medical Center, 2601 East Roosevelt Street, Phoenix, Arizona 85008, Monday through Friday between the hours of 9:00 a.m. and 4:00 p.m. and on the internet at <https://valleywisehealth.org/about/governing-council/>. Accommodations for individuals with disabilities, alternative format materials, sign language interpretation, and assistive listening devices are available upon 72 hours advance notice via the Clerk's Office, Valleywise Health Medical Center, 2601 East Roosevelt Street, Phoenix, Arizona 85008, (602) 344-5177. To the extent possible, additional reasonable accommodations will be made available within the time constraints of the request.

**ITEMS MAY BE DISCUSSED IN A DIFFERENT SEQUENCE**

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

1. Approval of Consent Agenda: 15 min  
*Any matter on the Consent Agenda will be removed from the Consent Agenda and discussed as a regular agenda item upon the request of any voting Governing Council member.*
  - a. Minutes:
    - i. **Approve** Valleywise Community Health Centers Governing Council meeting minutes dated February 2, 2022
  - b. Contracts:
    - i. **Acknowledge** amendment #55 to the professional services agreement (90-12-084-1-55) between District Medical Group and the Maricopa County Special Health Care District dba Valleywise Health
    - ii. **Acknowledge** amendment #1 to the sub-operating agreement (90-17-189-1-01) between Southwest Center for HIV/AIDS and the Maricopa County Special Health Care District dba Valleywise Health, for space to provide dental services and for storage
    - iii. **Acknowledge** a new intergovernmental agreement (90-22-167-1) between Maricopa County and the Maricopa County Special Health Care District dba Valleywise Health, for a Ryan White Part A emergency relief project grant
  - c. Governance:
    - i. **Accept Recommendations** from the Finance Committee to **Approve** the revised Finance Committee Charter
  - d. Medical Staff:
    - i. **Acknowledge** the Federally Qualified Health Centers Medical Staff and Allied Health Professional Staff Credentials
    - ii. **Acknowledge** revisions to policy 39018 S: Medical Staff Professionalism Policy

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**End of Consent Agenda**

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2. Discuss, Review, and **Approve** Service Area Competition (SAC) application funding opportunity #HRSA-22-008 to Health Resources and Services Administration (HRSA) 15 min  
*Barbara Harding, Chief Executive Officer, Federally Qualified Health Center Clinics*
3. Presentation on the patient financial assistance program at Valleywise Health and the eligibility process 15 min  
*Nancy Kaminski, Senior Vice President, Revenue Cycle*  
*Clara Hartneck, Director, Patient Access, Registration*
4. Report on the 2022 National Association of Community Health Centers (NACHC) Board Member Boot Camp 5 min  
*Salina Imam, Member, Valleywise Community Health Centers Governing Council*

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

5. Recent meeting reports from the Valleywise Community Health Centers Governing Council's committees **5 min**
  - a. Compliance and Quality Committee  
*Michelle Barker, Committee Chair*
  - b. Executive Committee  
*Ryan Winkle, Committee Chair*
  - c. Finance Committee  
*Nelly Clotter-Woods, Ph.D., Committee Chair*
  - d. Strategic Planning and Outreach Committee  
*Joseph Larios, Committee Chair*
  
6. Federally Qualified Health Center Clinics Chief Executive Officer's report **5 min**  
*Barbara Harding, Chief Executive Officer, Federally Qualified Health Center Clinics*
  
7. Maricopa County Special Health Care District Board of Directors Report **5 min**  
*Mary Rose Garrido Wilcox, Chairman, Maricopa County Special Health Care District Board of Directors*
  
8. Valleywise Health's President and Chief Executive Officer's report **5 min**  
*Steve Purves, President and Chief Executive Officer, Valleywise Health*
  
9. Chairman and Council Member Closing Comments/Announcements **5 min**  
*Valleywise Community Health Centers Governing Council*
  
10. Review Staff Assignments **5 min**  
*Cassandra Santos, Assistant Clerk*

**Old Business:**

None

**Adjourn**



Valleywise Community Health  
Centers Governing Council  
Meeting

March 2, 2022

Item 1.

Consent Agenda



Valleywise Community Health  
Centers Governing Council  
Meeting

March 2, 2022

Item 1.a.i.

Minutes:  
February 2, 2022

**Minutes**

**Valleywise Community Health Centers Governing Council  
Valleywise Health Medical Center  
February 2, 2022  
6:00 p.m.**

**DRAFT**

**Members Present:**

Ryan Winkle, Chairman - *participated remotely*  
Michelle Barker, Vice Chairman - *participated remotely*  
Nelly Clotter-Woods, Ph.D., Treasurer - *participated remotely*  
Terry Benelli, Member - *participated remotely*  
Salina Imam, Member - *participated remotely*  
Scott Jacobson, Member - *participated remotely*  
Joseph Larios, Member - *participated remotely*  
Liz McCarty, Member - *participated remotely*  
Daniel Messick, Member - *participated remotely*

**Others/Guest Presenters:**

Barbara Harding, Chief Executive Officer, Federally Qualified Health Center Clinics - *participated remotely*  
Steve Purves, President & Chief Executive Officer, Valleywise Health - *participated remotely*  
Michael White, M.D., Chief Clinical Officer - *participated remotely*  
Claire Agnew, Chief Financial Officer - *participated remotely*  
LT Slaughter, Chief Compliance Officer - *participated remotely*  
Ijana Harris, Assistant General Counsel - *participated remotely*  
Melanie Talbot, Chief Governance Officer - *participated remotely*

**Recorded by:**

Cassandra Santos, Assistant Clerk - *participated remotely*

**Call to Order**

Chairman Winkle called the meeting to order at 6:01 p.m.

**Roll Cal**

Ms. Talbot called roll. Following roll call, it was noted that six of the nine voting members of the Valleywise Community Health Centers Governing Council were present, which represented a quorum. Vice Chairman Barker, Ms. Imam, and Mr. Messick joined the meeting shortly after roll call.

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

**Call to the Public**

Chairman Winkle called for public comment.

There were no comments.

**Valleywise Community Health Centers Governing Council  
Meeting Minutes – General Session – February 2, 2022**

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

1. Approval of Consent Agenda:
  - a. Minutes:
    - i. Approve Valleywise Community Health Centers Governing Council meeting minutes dated January 5, 2022
  - b. Contracts:
    - i. Acknowledge amendment #53 to the professional services agreement (90-12-084-1-53) between District Medical Group and the Maricopa County Special Health Care District dba Valleywise Health
    - ii. Acknowledge a new agreement (90-22-114-1) between the Arizona Department of Health Services (ADHS) and the Maricopa County Special Health Care District dba Valleywise Health, for human immunodeficiency virus (HIV) testing services
    - iii. Acknowledge a new agreement (MCO-20-024-MSA) between Imperial Insurance Companies, Inc. and the Maricopa County Special Health Care District dba Valleywise Health, for the provision of comprehensive healthcare services
    - iv. Acknowledge a new cooperative agreement (90-22-155-1) between JAR Capital Group Inc. dba Quality Vans and Specialty Vehicles, and the Maricopa County Special Health Care District dba Valleywise Health, for the purchase of a mammography mobile unit and a COVID-19 mobile medical unit, funded by the American Rescue Plan
  - c. Governance:
    - i. Appoint Maricopa County Special Health Care District Board Member Mary Rose Wilcox as a non-voting member of the Valleywise Community Health Centers Governing Council for the remainder of the fiscal year, ending June 30, 2022
    - ii. Acknowledge Valleywise Health's Federally Qualified Health Center Clinics' Service Area
    - iii. Approve Change in Scope of Service: delete Saturday hours at Valleywise Community Health Center-South Phoenix/Laveen effective August, 2021
    - iv. Acknowledge Valleywise Health's Federally Qualified Health Center Clinics' Locations, Services, and Hours of Operation
    - v. Approve registration fee for Salina Imam to attend the National Association of Community Health Centers (NACHC) Board Member Boot Camp held February 13, 2022
  - d. Medical Staff:
    - i. Acknowledge proposed revisions to policy 39026 T: Operational Credentialing

**Valleywise Community Health Centers Governing Council  
Meeting Minutes – General Session – February 2, 2022**

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

1. Approval of Consent Agenda, cont.:
  - d. Medical Staff, cont.:
    - ii. Acknowledge proposed revisions to policy 43374: Valleywise Health Medical Staff Glossary
    - iii. Acknowledge proposed revisions to policy 31201 T: Medical Staff Rules & Regulations

**NOTE:** Ms. Imam and Mr. Messick joined the meeting at 6:04 p.m.

**MOTION:** Ms. Benelli moved to approve the consent agenda. Mr. Jacobson seconded.

**VOTE:** 8 Ayes: Chairman Winkle, Ms. Benelli, Dr. Clotter-Woods, Ms. Imam, Mr. Jacobson, Mr. Larios, Ms. McCarty, Mr. Messick  
0 Nays  
1 Absent: Vice Chairman Barker  
**Motion passed.**

2. Discuss the Service Area Competition (SAC) application and project abstract to Health Resources and Services Administration

Ms. Harding spoke about New Access Point (NAP) funding from Health Resources and Services Administration (HRSA) awarded September, 2019. With the award, the organization obtained full Federally Qualified Health Center (FQHC) status, receiving \$650,000 annually, in funding. Obtaining full FQHC status also meant eligibility to access and receive additional grant funding.

She gave an overview of the service area competition (SAC) application and project abstract to HRSA for the continuation of additional funding and FQHC designation. Addressing the impacts of social determinants of health (SDOH) continued to present challenges requiring consistent attention within the community and patient population. She gave examples of SDOH that hindered equitable access to healthcare including but not limited to transportation, food insecurities, and high rates of poor health indicators. The continuation of HRSA funding would assist to improve the overall health of the patient population served.

Ms. Harding explained that the idea was to deliver comprehensive, culturally competent primary health services, while integrating pharmacy access, mental health services, oral health services, and substance use disorder assistance. The proposal included plans to transition the Family Learning Centers (FLC) into community learning centers, would eventually be referred to as Family Resource Centers (FRC). The endeavor would increase access to non-medical, social, educational, and chronic disease management services, among others.

The completed application would be submitted in March, 2022 after approval from the Governing Council.

Mr. Jacobson was impressed with the construction of Valleywise Community Health Center-Mesa. He noticed that the FLC was designed separately in order to provide support after clinic hours.

**NOTE:** Vice Chairman Barker joined the meeting at 6:10 p.m.

**Valleywise Community Health Centers Governing Council  
Meeting Minutes – General Session – February 2, 2022**

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

3. Annual Compliance Training and Conflict of Interest Education

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

He highlighted the Governing Council's responsibilities regarding compliance program functions. The main objective was for members to act in good faith in its oversight of the FQHC clinics. Governing Council members should be knowledgeable about program components and understand the business of Valleywise Health, the FQHC clinics, and risk assessment and mitigation processes.

Mr. Slaughter listed various health care regulation oversight bodies and stated the importance of following elements of the HRSA Compliance Manual. He gave examples of 2022 major risk changes for Valleywise Health including but not limited to, the COVID-19 pandemic, cybersecurity, and telehealth challenges. He shared details about the No Surprise Act, which established new federal protection against surprise medical bills.

Business units of Valleywise Health included the acute care hospital, graduate medical education (GME) and residency programs, the FQHC clinics, the Comprehensive Health Centers, behavioral health, District Medical Group (DMG), Care Reimagined and more.

Mr. Slaughter elaborated on Valleywise Health's major payors and revenue sources.

He pointed out that the Governing Council had a Co-Applicant Operational Arrangement with the Maricopa County Special Health Care District (MC SHCD) which outlined individual and shared responsibilities. He explained HRSA's Health Center Program (HCP) requirements along with the Compliance Manual, and outlined a timeline representing recent accomplishments of the FQHC clinics.

Mr. Slaughter highlighted Enterprise Risk Management components and discussed the internal control model and different control types. A brief overview was given about internal audit and risk assessment processes.

He said that an effective compliance program included a Code of Conduct and Ethics, of which he expounded upon. He educated the Governing Council on how to avoid conflicts of interest and the importance of maintaining organizational integrity. He pointed out the elements of an effective compliance program and outlined Valleywise Health's Compliance Department's organizational chart and reporting and committee structures.

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

Ms. Talbot reminded members to initial and sign the Code of Conduct and Ethics attestation to be returned to Ms. Santos.

4. Discuss and Review Federally Qualified Health Centers Clinics operational dashboard

Ms. Harding presented the FQHC clinics operational dashboard for December, 2021.

The Net Promotor Score (NPS) was derived from a National Research Corporation (NRC) RealTime platform patient satisfaction survey question. The question asked participants to rate the likelihood they would recommend the facility.

Ms. Harding noted that this was an area of focus to work toward continuously improving.

**Valleywise Community Health Centers Governing Council  
Meeting Minutes – General Session – February 2, 2022**

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

4. Discuss and Review Federally Qualified Health Centers Clinics operational dashboard, cont.

Ms. Harding drew attention to appointments scheduled compared to appointment fill rates, fiscal year to date. She outlined reviewed FYTD clinic visit rates as of December 2021 and acknowledged areas for opportunity to improve. Many challenges were attributed to staffing vacancies, although staff continued efforts to fill positions across the board.

On a FYTD basis, visits at Valleywise Community Health Centers had a positive 10% variance and the FQHC clinics located at Valleywise Comprehensive Center-Phoenix had a positive variance of 2.9 percent. It was noted that internal medicine and diabetes education services continued to experience staffing challenges. Overall, FQHC clinic visits had a favorable variance of 7.1%, compared to budget.

Ms. Harding noted that behavioral health services continued to indicate an overall positive variance for visits compared to budget. She highlighted details about visits at dental clinics, which also had a positive variance for visits compared to budget.

She provided an overview on select points from the Uniform Data System (UDS) Quality Metrics, calendar year to date (CYTD) as of November 2021. She was pleased to announce that many metrics completed the calendar year (CY) meeting benchmarks, including but not limited to, colorectal cancer screening, breast cancer screening, and diabetes management. Action plans were in place for the metrics that did not meet benchmarks.

Ms. Harding stated various efforts were developed to improve metric outcomes. In November 2021, an incentive program was created specifically for colorectal cancer screening, yielding positive results. She recently acknowledged staff at Valleywise Comprehensive Health Center-Phoenix for improving their metric. Other programs included physician champion teams, intervention workshops, and various pilot projects to improve scores for all metrics.

She explained that preventive screening and treatment dramatically declined during the COVID-19 pandemic, negatively affecting quality metric scores. Prolonged delays in cancer screening and missed treatment would lead to late diagnoses, poor health consequences, and an increase in cancer disparities for many.

Ms. Benelli expressed concern and disappointment with Valleywise Health regarding attempts to schedule a critical preventative screening for her husband. An array of complications and miscommunications during the process resulted in her husband canceling the appointment completely.

Ms. Harding noted the situation as unacceptable. She asked that more details be provided off-line so she could immediately address and resolve the issue.

5. Recent meeting reports from the Valleywise Community Health Centers Governing Council's committees
  - a. Compliance and Quality Committee
  - b. Executive Committee
  - c. Finance Committee
  - d. Strategic Planning and Outreach Committee

Vice Chairman Barker said there was nothing to report related to the Compliance and Quality Committee.

**Valleywise Community Health Centers Governing Council  
Meeting Minutes – General Session – February 2, 2022**

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

5. Recent meeting reports from the Valleywise Community Health Centers Governing Council's committees, cont.

Chairman Winkle noted that the Executive Committee discussed the appointment of a District Board member as a non-voting member of the Governing Council for the remainder of FY 2022. The committee also talked about Governing Council member attendance and topics related to member recruitment.

Dr. Clotter-Woods said the Finance Committee met and discussed the patient financial assistance program at Valleywise Health and the eligibility process. Additionally, the committee reviewed financial statistics for December 2021.

Mr. Larios had nothing to report related to the Strategic Planning and Outreach Committee.

6. Federally Qualified Health Center Clinics Chief Executive Officer's report

Ms. Harding gave an update on plans to address workforce challenges and current staff vacancies. She spoke about retirement efforts and other organizational initiatives.

She highlighted the opening of the newest FQHC facility Valleywise Community Health Center-Mesa in January, 2021.

Governing Council members shared their recent positive experiences visiting Valleywise Community Health Centers-Mesa, South Phoenix/Laveen, North Phoenix, and Valleywise Comprehensive Health Center-Peoria.

7. Valleywise Health's President and Chief Executive Officer's report

Mr. Purves announced that the Arizona Burn Center at Valleywise Health was recently awarded with Burn Center verification by the American Burn Association (ABA). Verification was an indicator to government entities, third-party payers, and other accrediting organizations that a specific center provided the high quality of care and rehabilitation to burn patients.

8. Chairman and Council Member Closing Comments/Announcements

There were no closing comments or announcements.

9. Review Staff Assignments

Ms. Talbot reviewed staff assignments and follow up stemming from the meeting.

She recapped old business from January 2022 regarding information related to the COVID-19 focus groups report. She noted the Governing Council received the requested information therefore the item was considered satisfied.

**Valleywise Community Health Centers Governing Council  
Meeting Minutes – General Session – February 2, 2022**

**Adjourn**

**MOTION:** Chairman Winkle moved to adjourn the February 2, 2022 Valleywise Community Health Centers Governing Council meeting. Mr. Jacobson seconded.

**VOTE:** 9 Ayes: Chairman Winkle, Vice Chairman Barker, Ms. Benelli, Dr. Clotter-Woods, Ms. Imam, Mr. Jacobson, Mr. Larios, Ms. McCarty, Mr. Messick  
0 Nays  
**Motion passed.**

Meeting adjourned at 7:11 p.m.

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Cassandra Santos,  
Assistant Clerk



Valleywise Community Health  
Centers Governing Council  
Meeting

March 2, 2022

Item 1.b.i.

Contracts:  
(90-12-084-1-55)



2601 E. Roosevelt  
 Phoenix, AZ 85008  
 Phone: (602) 344-8551

**DATE:** February 7, 2022

**TO:** Maricopa County Special Health Care District Board of Directors

**cc:** Steve Purves, President and Chief Executive Officer  
 Martin Demos, Sr. VP & General Counsel  
 Dr. Michael White, Executive Vice President and Chief Clinical Officer  
 Melanie Talbot, Chief Governance Officer

**FROM:** Claire Agnew, Executive Vice President and Chief Financial Officer

**SUBJECT:** District Medical Group Contract - Amendment #55

A request for approval of Amendment #55 to the contract between District Medical Group (DMG) and Valleywise Health has been included in the February 23, 2022 Formal Meeting Consent Agenda. This amendment will be effective February 1, 2022, unless otherwise noted. The following requests are segregated by those that have or do not have a financial impact.

**Amendment #55 Requests with a Financial Impact**

- **Add 1.18 FTE Family Medicine Hospitalist, Effective February 1, 2022**  
 Valleywise Health is requesting to add a 1.18 FTE Family Medicine Hospitalist.

Designated Dept. / Service Line	FY2022 Physician and Mid-Level Staffing Fees	FY2022 Estimated Gross Professional Fee Collections	Billing Fee	FY2022 Net Staffing Fees
Family Medicine	\$177,217	\$61,667	\$5,550	\$121,100

Family Medicine	FTE	Rate	Total	FY22 Total
	1.18	\$360,441	\$425,320	\$177,217

The total added cost to Fiscal Year 2022 for the addition of the above FTE is \$177,217 in staffing fees. The additional gross professional fee collections are estimated to be \$61,667 and the billing fee is estimated to be \$5,550.

- **Reduce Managed Care Medical Director from 0.2 FTE to 0.1 FTE, Effective February 1, 2022**

Valleywise Health is requesting to reduce the Managed Care Medical Director from 0.2 FTE to 0.1 FTE.

	<b>FTE</b>	<b>Rate</b>	<b>Total</b>	<b>FY22 Total</b>
<b>Managed Care Medical Director</b>	(0.10)	\$320,057	(\$32,006)	(\$13,336)

The total cost savings to Fiscal Year 2022 from reducing the Managed Care Medical Director position to a 0.1 FTE is \$13,336.

- **Add 0.1 FTE Internal Medicine FQHC Medical Director, Effective February 1, 2022**

Valleywise Health is requesting to add a 0.1 FTE Internal Medicine FQHC Medical Director.

	<b>FTE</b>	<b>Rate</b>	<b>Total</b>	<b>FY22 Total</b>
<b>IM FQHC Medical Director</b>	0.10	\$320,057	\$32,006	\$13,336

The total added cost to Fiscal Year 2022 from adding Internal Medicine FQHC Medical Director is \$13,336.

**Amendment #55 Requests without a Financial Impact**

The following item has no impact to the cost of the DMG contract with Valleywise Health and consists of corrections or modifications to the language of the contract:

- **Add a footnote allowing contractor to invoice up to a maximum of 1.6 FTE for OB/GYN MFM physician services either through direct employment or by use of independent contractors, effective January 1, 2021.**

The total Fiscal Year 2022 financial impact of Amendment #55 to the Valleywise Health-DMG Contract is: \$121,100.

## Melanie Talbot

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**From:** Compliance 360 <msgsystem@usmail.compliance360.com>  
**Sent:** Wednesday, February 9, 2022 12:31 PM  
**To:** Melanie Talbot  
**Subject:** Contract Approval Request: Amendment#55 to the Professional Medical Services District Medical Group (DMG)

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

### Message Information

From [Purves, Steve](#)  
To [Talbot, Melanie](#);  
Subject Contract Approval Request: Amendment#55 to the Professional Medical Services District Medical Group (DMG)  
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject Information button below.

### Approve/Reject Contract

[Click here](#) to approve or reject the Contract.

### Attachments

Name	Description	Type	Current File / URL
V3.Board Narrative VH-DMG Agreement-Amendment 55-Feb 2022.pdf		File	 V3.Board Narrative VH-DMG Agreement-Amendment 55-Feb 2022.pdf

### Contract Information

Division Contracts Division  
Folder Amendments  
Status Pending Approval  
Title Amendment#55 to the Professional Medical Services  
Contract Identifier Board - Amendment  
Contract Number 90-12-084-1-55  
Primary Responsible Party Melton, Christopher C.  
Departments  
Product/Service Description Amendment#55 to the Professional Medical Services  
Action/Background A request for approval of Amendment #55 to the contract between District Medical Group (DMG) and Valleywise Health has been included in the February 23, 2022 Formal Meeting Consent Agenda. This amendment will be effective February 1, 2022, unless otherwise noted. The following requests are segregated by those that have or do not have a financial impact.

Amendment #55 Requests with a Financial Impact

- Add 1.18 FTE Family Medicine Hospitalist, Effective February 1, 2022  
Valleywise Health is requesting to add a 1.18 FTE Family Medicine Hospitalist.

The total added cost to Fiscal Year 2022 for the addition of the above FTE is \$177,217 in staffing fees. The additional gross professional fee collections are estimated to be \$61,667 and the billing fee is estimated to be \$5,550.

- Reduce Managed Care Medical Director from 0.2 FTE to 0.1 FTE, Effective February 1, 2022  
Valleywise Health is requesting to reduce the Managed Care Medical Director from 0.2 FTE to 0.1 FTE.

The total cost savings to Fiscal Year 2022 from reducing the Managed Care Medical Director position to a 0.1 FTE is \$13,336.

- Add 0.1 FTE Internal Medicine FOHC Medical Director, Effective February 1, 2022  
Valleywise Health is requesting to add a 0.1 FTE Internal Medicine FOHC Medical Director.

The total added cost to Fiscal Year 2022 from adding Internal Medicine FOHC Medical Director is \$13,336.

Amendment #55 Requests without a Financial Impact

The following item has no impact to the cost of the DMG contract with Valleywise Health and consists of corrections or modifications to the language of the contract:

- Add a footnote allowing contractor to invoice up to a maximum of 1.6 FTE for OB/GYN MFM physician services either through direct employment or by use of independent contractors, effective January 1, 2021.

The total Fiscal Year 2022 financial impact of Amendment #55 to the Valleywise Health-DMG Contract is: \$121,100.

This Amendment#55 is sponsored by Claire Agnew, Executive Vice President and Chief Financial Officer.

Evaluation Process The requesting department has determined that the Contractor is performing satisfactorily and is meeting the goals and objectives of the organization.

Category

Effective Date 2/1/2022

Term End Date

Annual Value \$121,100.00

Expense/Revenue Expense

Budgeted Travel Type Yes

Procurement Number

Primary Vendor District Medical Group (DMG)

## Responses

Member Name	Status	Comments
Melton, Christopher C.	Approved	



Valleywise Community Health  
Centers Governing Council  
Meeting

March 2, 2022

Item 1.b.ii.

Contracts:  
(90-17-189-1-01)

## Melanie Talbot

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**From:** Compliance 360 <msgsystem@usmail.compliance360.com>  
**Sent:** Wednesday, February 9, 2022 12:30 PM  
**To:** Melanie Talbot  
**Subject:** Contract Approval Request: Amendment #1 Contract Extension Southwest Center for HIV/AIDS

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

### Message Information

From [Purves, Steve](#)

To [Talbot, Melanie](#);

Subject Contract Approval Request: Amendment #1 Contract Extension Southwest Center for HIV/AIDS

Additional Indicate whether you approve or reject by clicking the Approve or Reject Information button below.

### Approve/Reject Contract

[Click here](#) to approve or reject the Contract.

### Attachments

Name	Description	Type	Current File / URL
SW HIV Sub-Operating For Dental Clinic Space 90-17-189-1 (1).pdf		File	 SW HIV Sub-Operating For Dental Clinic Space 90-17-189-1 (1).pdf
OIG-Southwest Center for HIV-Aids.pdf		File	 OIG-Southwest Center for HIV-Aids.pdf
SAM-Southwest Center for HIV-Aids.pdf		File	 SAM-Southwest Center for HIV-Aids.pdf
RFBA -90-17-189-1-01 Amendment #1 Extend Agreement SW HIV-Sub-Operating for Dental Clinic Space.pdf		File	 RFBA -90-17-189-1-01 Amendment 1 Extend Agreement SW HIV-Sub-Operating for Dental Clinic Space.pdf
1-21-22 Email Approval of Amendment #1 Language.pdf		File	 1-21-22 Email Approval of Amendment 1 Language.pdf
90-17-189-1-01 Recurring Invoice-McDowell Clinic 2022-2027..pdf		File	 90-17-189-1-01 Recurring Invoice-McDowell Clinic 2022-2027..pdf
Amendment #1 Unsigned		File	 90-17-189-1-01Amendment 1-Extension..pdf

### Contract Information

Division Contracts Division

Folder Amendments

Status Pending Approval

Title Amendment #1 Contract Extension

Contract Identifier Board - Amendment

Contract Number 90-17-189-1-01

Primary Responsible Party Hammer, Mary P.

Departments HOSPITAL ADMINISTRATION

Product/Service Description Amendment #1 Contract Extension

Action/Background Approve Amendment #1 to the contract between Southwest Center for HIV/AIDS and Maricopa County Special Health Care District dba Valleywise Health; Southwest Center for HIV/AIDS provides space for the Valleywise Health Dental Clinic and Storage.  
 Amendment #1 extends the contract for five (5) years, from July 1, 2022, to June 30, 2027, for an aggregate term of July 1, 2017, to June 30, 2027. The annual cost will increase from \$42,148.00 to \$45,930.00; an annual increase of \$3,782.00 and has been budgeted for operation expenditures. All other terms and conditions remain the same and in full effect.

This Amendment #1 is sponsored by Warren Whitney, Sr. VP Government Relations

Evaluation Process The requesting department has determined that the Contractor is performing satisfactorily and is meeting the goals and objectives of the organization. The requesting department has elected that the contract should be continued and extended

Category

Effective Date

Term End Date 6/30/2027

Annual Value \$45,930.00

Expense/Revenue Expense

Budgeted Travel Type Yes

Procurement Number

Primary Vendor Southwest Center for HIV/AIDS

## Responses

Member Name	Status	Comments
Melton, Christopher C.	Approved	Reviewed and approve
Harris, Ijana M.	Approved	
White, Michael	Approved	
Agnew, Claire F.	Approved	
Whitney, Warren W.	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	
Winovich, Bob J.	Approved	Approved. Thank you.
Harding, Barbara J.	Approved	



Valleywise Community Health  
Centers Governing Council  
Meeting

March 2, 2022

Item 1.b.iii.

Contracts:  
(90-22-167-1)

## Melanie Talbot

---

**From:** Compliance 360 <msgsystem@usmail.compliance360.com>  
**Sent:** Wednesday, February 9, 2022 12:29 PM  
**To:** Melanie Talbot  
**Subject:** Contract Approval Request: IGA Grant: Emergency Relief Project Grant - Ryan White Part A Maricopa County by and through the Ryan White Program

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

### Message Information

From [Purves, Steve](#)  
To [Talbot, Melanie](#);  
Subject Contract Approval Request: IGA Grant: Emergency Relief Project Grant - Ryan White Part A Maricopa County by and through the Ryan White Program  
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject Information button below.

### Approve/Reject Contract

[Click here](#) to approve or reject the Contract.

### Attachments

Name	Description	Type	Current File / URL
RFBA		File	 RFBA.pdf
IGA Agreement - Pending BOARD signature (February 2022)		File	 Maricopa Ryan White Part A - Valleywise Health IGA Renewal 22-25.pdf

### Contract Information

Division Contracts Division  
Folder Contracts \ Grants  
Status Pending Approval  
Title IGA Grant: Emergency Relief Project Grant - Ryan White Part A  
Contract Identifier Board - New Contract  
Contract Number 90-22-167-1  
Primary Responsible Party Tymczynna, Katherine  
Departments Grants - Ryan White Part A Primary  
Product/Service Description IGA Grant: Emergency Relief Project Grant  
Action/Background Approve a new Agreement between Maricopa County by and through the Ryan White Program and Maricopa County Special Health Care District dba Valleywise Health for an Emergency Relief Project Grant.

The Agreement is funded by the Health Resources Services Administration (HRSA), HIV/AIDS Bureau (HAB) Metropolitan Services Division, Ryan White Care Act Title 1 Program CFDA number 93.914-HIV Emergency Relief Projects Grants. Part A of the Ryan White HIV/AIDS Treatment Modernization Act of 2009, Ryan White HIV/AIDS Program provides emergency assistance to Eligible Metropolitan Areas (EMAs) and (TGAs) Transitional Grant Areas that are most severely affected by the HIV/AIDS epidemic. The Maricopa County Ryan White Part A Program is the single agency charged with the responsibility of administrating the Health Resources and Services Administration HIV/AIDS Bureau, Division of Service Systems, Ryan White Treatment Modernization Act of 2006, CFDA Number 93.914 - HIV Emergency Relief Projects Grant for the Phoenix Metropolitan Area located in Maricopa and Pinal Counties. Formula and supplemental funding components of the grant assist the Phoenix EMA in developing or enhancing access to a comprehensive continuum of high quality, community-based care for low-income individuals and families with HIV/AIDS. A comprehensive continuum of care includes primary medical care, HIV-related medications, mental health treatment, substance abuse treatment, oral health and case management services that assist PLWHA (People Living with HIV/AIDS) in accessing treatment. The term of this agreement is effective from March 1, 2022 through February 28, 2025 providing \$2,000,000.00 annually. This contract is grant-funded with all expenses covered by the grant, and an indirect cost of 10% on all direct expenses budgeted.

Subject to availability of funds and acceptable Subrecipient performance, the Subrecipient hereby acknowledges and agrees that the Department shall have the right to extend this Agreement for additional periods, not to exceed a total term of five (5) years, except that the cost will be subject to renegotiation. Maricopa County may terminate the Contract for convenience by providing sixty (60) calendar days advance notice to the Subrecipient.

This grant agreement is sponsored by Dr. Michael White, EVP and Chief Clinical Officer.

Evaluation Process The Contractor was determined to meet the requirements of the requesting department and Valleywise Health. Procurement has been satisfied pursuant to HS-102B(2) of the Procurement Code in that any Valleywise Health compliance with the terms and conditions of a grant, gift or bequest is exempt from the solicitation requirements of the Procurement Code.

Category IGA

Effective Date 3/1/2022

Term End Date 2/28/2025

Annual Value \$2,000,000.00

Expense/Revenue Revenue

Budgeted Travel Type Yes

Procurement Number

Primary Vendor Maricopa County by and through the Ryan White Program

## Responses

Member Name	Status	Comments
Melton, Christopher C.	Approved	
Joiner, Jennifer L.	Approved	
Landas, Lito S.	Approved	



Valleywise Community Health  
Centers Governing Council  
Meeting

March 2, 2022

Item 1.c.i.

Governance:  
Revised  
Finance Committee Charter



DRAFT

**Valleywise Community Health Centers Governing Council  
Finance Committee Charter**

**Purpose**

The purpose of the Finance Committee (Committee) of the Valleywise Community Health Centers Governing Council (Governing Council) is to: (1) recommend an annual operating budget for the Valleywise Health Federally Qualified Health Center (FQHC) Clinics; (2) provide oversight of the financial performance of the Valleywise Health FQHC Clinics; and (3) review the annual audit performed by an independent, external auditor.

**Membership**

The Committee shall consist of a Chair, who is the Treasurer of the Governing Council, a Vice Chair, and no more than three (3) additional Governing Council members. The Committee Chair will recommend, and the Committee will appoint a Vice Chair. The Chief Executive Officer of the FQHC Clinics is an ex-officio, non-voting member of the Committee. In addition, the following Valleywise Health staff members will serve on the Committee as non-voting members: Chief Financial Officer, Vice President of Financial Services, and Director of Financial Planning and Decision Support. In accordance with the Governing Council Bylaws, voting members are appointed by the Governing Council. The Governing Council shall seek voting members preferably with knowledge in the area of accounting, finance, or business. Voting members shall serve for a four (4) year term.

**Responsibilities**

In conjunction with Valleywise Health staff, the Committee will:

1. Review and make recommendations to the Governing Council to approve additional health services to offer in order to meet the health needs of the patient population served by the FQHC Clinics.
  - Review quarterly referral report

2. Review, evaluate, and make recommendations to the Governing Council to approve a sliding fee discount program for the FQHC Clinics at least every three (3) years. Evaluation should include the effectiveness of the sliding fee discount program in reducing financial barriers to care, and the rate which patients within each discount category are accessing services.
  - Review monthly financial performance and payor mix information
  
3. Annually review and make recommendations to the Governing Council to approve a sliding fee discount schedule for the FQHC Clinics based on the most recent Federal Poverty Guidelines.
  - Review annual Federal Poverty Guidelines
  - Review monthly financial performance and payor mix information
  - Review sliding fee discount program
  
4. Track the financial performance of the FQHC Clinics, including identification of trends or conditions that may warrant action to maintain financial stability.
  - Review monthly financial performance and payor mix information
  - Review annual fiscal year audit
  - ~~Review annual profitability/cost accounting report~~
  
5. Review and make recommendations to the Governing Council to accept the annual fiscal year audit of the District, which includes certain financial information about the FQHC Clinics.
  - Review annual fiscal year audit
  
6. Maintain control over, and accountability for, all funds, in order to adequately safeguard and ensure that they are used solely for authorized purposes.
  - Review monthly financial performance and payor mix information
  - Review quarterly Governing Council department budget
  - Review quarterly capital expenditures report
  - [Review quarterly Health Resources and Services Administration \(HRSA\) grant funding awards and uses report](#)
  - Annual review of fiscal year audit
  
7. Review and make recommendations to the Governing Council to approve an annual operating and capital budget for the FQHC Clinics to be incorporated into the District's annual budget.
  - Review annual operating budget
  - Review annual capital budget

8. Annually review data-based reports on: patient service utilization; trends and patterns in the patient population; and overall health center performance including achievement of FQHC Clinics objectives; and efficiency and effectiveness of the FQHC Clinics, for oversight by the Governing Council.
  - Review monthly FQHC Clinics' operational dashboard – financial section
  - Review monthly financial performance and payor mix information
  - ~~Annual review of profitability/cost accounting report~~
  - Review quarterly referral report
  
9. Annually evaluate the operations of the FQHC Clinics including compliance with applicable federal requirements, performance expectations such as financial and patient volumes, patterns of health service utilization.
  - Review monthly FQHC Clinics' operational dashboard – financial section
  - Review monthly financial performance and payor mix information
  - ~~Annual review of profitability/cost accounting report~~
  - Review quarterly referral report

### **Meetings**

Meetings will be held monthly. Additional meetings can be scheduled at the discretion of the Committee Chair.

### **Meeting Procedures**

1. The Committee Chair will facilitate all meetings. The Committee Vice Chair will facilitate meetings in the Chair's absence.
2. Committee members must attend in person or when circumstances dictate, telephonically. A quorum shall consist of a majority of the voting Committee members, which is necessary for the Committee to meet and take legal action.
3. Minutes shall be recorded and maintained for each Committee meeting in compliance with Arizona Open Meeting Law and shall contain all actions taken by the Committee. Minutes recorded or maintained for Executive Session discussions, however, will be kept confidential pursuant to A.R.S. § 38-431-03.
4. The Committee will report its actions to the Governing Council at the next regularly scheduled Governing Council meeting.



Valleywise Community Health  
Centers Governing Council  
Meeting

March 2, 2022

Item 1.d.i.

Medical Staff:  
FQHC Medical Staff and Allied Health  
Professional Staff Credentials

Recommended by Credentials Committee: December 7, 2021  
 Recommended by Medical Executive Committee: December 14, 2021  
 Submitted to MSHCDB: January 26, 2022

## VALLEYWISE HEALTH CREDENTIALS AND ACTION ITEMS REPORT MEDICAL STAFF

The credentials of the following individuals including, current licensure, relevant training and experience, malpractice insurance, current competence and the ability to perform the requested privileges have been verified.

INITIAL MEDICAL STAFF APPOINTMENT				
NAME	CATEGORY	SPECIALTY/PRIVILEGES	APPOINTMENT DATES	COMMENTS
Vickie Pinder Clennon, M.D.	Courtesy	Obstetrics & Gynecology	02/01/2022 to 01/31/2024	
Madeline Elizabeth Eells, M.D.	Courtesy	Obstetrics & Gynecology	02/01/2022 to 01/31/2024	

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION			
NAME	SPECIALTY/PRIVILEGES	RECOMMENDATION EXTEND or PROPOSED STATUS	COMMENTS
Nothing to report			

REAPPOINTMENTS/ONGOING PROFESSIONAL PRACTICE EVALUATION				
NAME	CATEGORY	SPECIALTY/PRIVILEGES	APPOINTMENT DATES	COMMENTS
Nothing to report				

STAFF STATUS CHANGE			
NAME	DEPARTMENT	CHANGE FROM/TO	COMMENTS
Robert A. Myers, M.D.	Internal Medicine	Emeritus to Teaching Staff	

RESIGNATIONS <i>Information Only</i>			
NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
Kaitlin Nelson Eisenheimer, M.D.	Obstetrics / Gynecology	Active to Inactive	Resigned effective November 4, 2021

Recommended by Credentials Committee: December 7, 2021

Recommended by Medical Executive Committee: December 14, 2021

Submitted to MSHCDB: January 26, 2022

<b>CORRECTION TO THE NOVEMBER 23, 2021 VALLEYWISE HEALTH CARE DISTRICT BOARD MEETING</b>			
<b>NAME</b>	<b>SPECIALTY/PRIVILEGES</b>	<b>CATEGORY</b>	<b>COMMENTS</b>
Mohammad Khatib, M.D.	Internal Medicine	Active to Courtesy	Provider inadvertently listed as Active Staff.

**Definitions:**

Active ≥ 1,000 hours/year – Active members of the medical staff have voting rights and can serve on medical staff committees

Courtesy < 1,000 hours/year – Courtesy members do not have voting rights and do not serve on medical staff committees

Reappointments Renewal of appointment and privileges is for a period of two years unless otherwise specified for a shorter period of time.

FPPE Focused professional practice evaluation is a process by which the organization validates current clinical competence. This process may also be used when a question arises in practice patterns.

**VALLEYWISE HEALTH  
 CREDENTIALS AND ACTION ITEMS REPORT  
 ALLIED HEALTH PROFESSIONAL STAFF**

The credentials of the following individuals including, current licensure, relevant training and experience, malpractice insurance, current competence and the ability to perform the requested privileges have been verified.

**ALLIED HEALTH PROFESSIONALS – INITIAL APPOINTMENTS**

NAME	DEPARTMENT	PRACTICE PRIVILEGES/ SCOPE OF SERVICE	APPOINTMENT DATES	COMMENTS
Nothing to report				

**INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION**

NAME	DEPARTMENT/SPECIALTY	RECOMMENDATION EXTEND or PROPOSED STATUS	COMMENTS
Nothing to report			

**RESIGNATIONS (Information Only)**

NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
Carol Hensley Williams, F.N.P.	Family & Community Medicine	Allied Health Professional to Inactive	Resigned effective August 5, 2021

**General Definitions:**

Allied Health Professional Staff  Practice Prerogatives	An Allied Health Professional (AHP) means a health care practitioner other than a Medical Staff member who is authorized by the Governing Body to provide patient care services at a MHS facility, and who is permitted to initiate, modify, or terminate therapy according to their scope of practice or other applicable law or regulation. Governing Body authorized AHPs are: Certified Registered Nurse Anesthetists; Certified Registered Nurse Midwife; Naturopathic Physician; Optometrists; Physician Assistant; Psychologists (Clinical Doctorate Degree Level); Registered Nurse Practitioners. Scopes of practice summarizing qualifications for the respective category, developed with input from the physician director of the clinical service and the observer/sponsor/responsible party of the AHP, Department Chair, and other representatives of the Medical Staff, Hospital management, and other professionals.
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**Supervision Definitions:**

(1) General Supervision (2) Direct Supervision (3) Personal Supervision	The procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure or provision of the services. The physician must be present in the office suite or on the premises of the location and immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician must be present in the room when the procedure is performed. A physician must be in the room during the performance of the procedure.
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Recommended by Credentials Committee: January 4, 2022  
 Recommended by Medical Executive Committee: January 11, 2022  
 Submitted to MSHCDB: January 26, 2022

## VALLEYWISE HEALTH CREDENTIALS AND ACTION ITEMS REPORT MEDICAL STAFF

The credentials of the following individuals including, current licensure, relevant training and experience, malpractice insurance, current competence and the ability to perform the requested privileges have been verified.

INITIAL MEDICAL STAFF APPOINTMENT				
NAME	CATEGORY	SPECIALTY/PRIVILEGES	APPOINTMENT DATES	COMMENTS
Lisa Michelle Boucek, M.D.	Active	Pediatrics	02/01/2022 to 01/31/2024	
Shelly Sood, M.D.	Active	Obstetrics & Gynecology	02/01/2022 to 01/31/2024	

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION			
NAME	SPECIALTY/PRIVILEGES	RECOMMENDATION EXTEND or PROPOSED STATUS	COMMENTS
Nothing to report			

REAPPOINTMENTS/ONGOING PROFESSIONAL PRACTICE EVALUATION				
NAME	CATEGORY	SPECIALTY/PRIVILEGES	APPOINTMENT DATES	COMMENTS
Kathleen M. Norman, M.D.	Active	Obstetrics/Gynecology	02/01/2022 to 01/31/2024	
Michael M. Wahbah, D.D.S.	Active	Dentistry	02/01/2022 to 01/31/2024	

CHANGE IN PRIVILEGES			
NAME	DEPARTMENT/SPECIALTY	ADDITION / REDUCTION / WITHDRAWAL	COMMENTS
Nothing to report			

STAFF STATUS CHANGE			
NAME	DEPARTMENT	CHANGE FROM/TO	COMMENTS
Nothing to report			

Recommended by Credentials Committee: January 4, 2022  
 Recommended by Medical Executive Committee: January 11, 2022  
 Submitted to MSHCDB: January 26, 2022

<b>RESIGNATIONS</b>			
<i>Information Only</i>			
<b>NAME</b>	<b>DEPARTMENT/SPECIALTY</b>	<b>STATUS</b>	<b>REASON</b>
Shari Dara Berl, D.O.	Family & Community Medicine	Active to Inactive	Resigned effective October 28, 2021
John Kevin Carmichael, M.D.	Family & Community Medicine	Active to Inactive	Resigned effective October 1, 2021

**Definitions:**

Active ≥ 1,000 hours/year – Active members of the medical staff have voting rights and can serve on medical staff committees

Courtesy < 1,000 hours/year – Courtesy members do not have voting rights and do not serve on medical staff committees

Reappointments Renewal of appointment and privileges is for a period of two years unless otherwise specified for a shorter period of time.

FPPE Focused professional practice evaluation is a process by which the organization validates current clinical competence. This process may also be used when a question arises in practice patterns.

**VALLEYWISE HEALTH  
 CREDENTIALS AND ACTION ITEMS REPORT  
 ALLIED HEALTH PROFESSIONAL STAFF**

The credentials of the following individuals including, current licensure, relevant training and experience, malpractice insurance, current competence and the ability to perform the requested privileges have been verified.

**ALLIED HEALTH PROFESSIONALS – INITIAL APPOINTMENTS**

NAME	DEPARTMENT	PRACTICE PRIVILEGES/ SCOPE OF SERVICE	APPOINTMENT DATES	COMMENTS
Nothing to report				

**INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION**

NAME	DEPARTMENT/SPECIALTY	RECOMMENDATION EXTEND or PROPOSED STATUS	COMMENTS
Brandie Nicole Burckhard, F.N.P.	Family & Community Medicine	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Minor Surgery Privileges.

**ALLIED HEALTH PROFESSIONALS – REAPPOINTMENTS**

NAME	DEPARTMENT	PRACTICE PRIVILEGES/ SCOPE OF SERVICE	APPOINTMENT DATES	COMMENTS
Summer Elyse Baumstark, P.A.-C.	Family & Community Medicine	Practice Prerogatives on file	02/01/2022 to 01/31/2024	
Brandie Nicole Burckhard, F.N.P.	Family & Community Medicine	Practice Prerogatives on file	02/01/2022 to 01/31/2024	
Rachel Marissa Friedman, F.N.P.	Family & Community Medicine	Practice Prerogatives on file	02/01/2022 to 01/31/2024	
Kay Anne Rutledge, F.N.P.	Internal Medicine	Practice Prerogatives on file	02/01/2022 to 01/31/2024	
Tijana Zelenovic, F.N.P.	Family & Community Medicine	Practice Prerogatives on file	02/01/2022 to 01/31/2024	

**CHANGE IN PRIVILEGES**

NAME	DEPARTMENT	ADDITION / REDUCTION / WITHDRAWAL	COMMENTS
Summer Elyse Baumstark, P.A.-C.	Family & Community Medicine	Withdrawal: Minor Surgery, IUD Insertion/Removal, Subdermal Contraceptive Capsule (Insertion/Removal) and Therapeutic Procedures (including Arthrocentesis/Joint Aspiration)	Voluntary Relinquishment of Privileges due to non-utilization of privileges
Brandie Nicole Burckhard, F.N.P.	Family & Community Medicine	Withdrawal: IUD Insertion/Removal privileges; Women's Health Privileges	Voluntary Relinquishment of Privileges due to non-utilization of privileges
Rachel Marissa Friedman, F.N.P.	Family & Community Medicine	Withdrawal: Therapeutic Procedures (including Arthrocentesis/Joint Aspiration)	Voluntary Relinquishment of Privileges due to non-utilization of privileges
Ashley Nicole Rush, F.N.P.	Obstetrics / Gynecology	Addition: IUD Removal/Insertion	FPPE: 5 cases including at least one case of three different devices under Direct Supervision

**RESIGNATIONS (Information Only)**

NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
Nothing to report			

**General Definitions:**

Allied Health Professional Staff  
 Practice Prerogatives

An Allied Health Professional (AHP) means a health care practitioner other than a Medical Staff member who is authorized by the Governing Body to provide patient care services at a MIHS facility, and who is permitted to initiate, modify, or terminate therapy according to their scope of practice or other applicable law or regulation. Governing Body authorized AHPs are: Certified Registered Nurse Anesthetists; Certified Registered Nurse Midwife; Naturopathic Physician; Optometrists; Physician Assistant; Psychologists (Clinical Doctorate Degree Level); Registered Nurse Practitioners.

Scopes of practice summarizing qualifications for the respective category, developed with input from the physician director of the clinical service and the observer/sponsor/responsible party of the AHP, Department Chair, and other representatives of the Medical Staff, Hospital management, and other professionals.

**Supervision Definitions:**

- (1) General Supervision The procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure or provision of the services.
- (2) Direct Supervision The physician must be present in the office suite or on the premises of the location and immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician must be present in the room when the procedure is performed.
- (3) Personal Supervision A physician must be in the room during the performance of the procedure.



Valleywise Community Health  
Centers Governing Council  
Meeting

March 2, 2022

Item 1.d.ii.

Medical Staff:  
Policy 39018 S



FEBRUARY 2022

## SUMMARY OF PROPOSED REVISIONS

### VALLEYWISE HEALTH MEDICAL STAFF PROFESSIONALISM POLICY (#39018 S)

#### Policy:

#### Section 3. General Guidelines/Principles

- 3.A. (1) Language added to better clarify the notification workflow involving medical staff/advanced practice clinicians/allied health professionals.
  
- 3.A. (2) Language added to better define the HR role when their involvement is requested and to clarify that any and all information collected by HR is not documented/maintained in employment files or other files maintained by HR as this information falls under Arizona's peer review statute, with due care taken to ensure that confidential peer review information is maintained in a peer review protected file at Valleywise Health (i.e., Medical Staff Services)..

#### Section 4. Reporting of Unprofessional Conduct

- 4.A. Language added to better define the HR role and/or Valleywise Health employee role in reporting incidents involving Valleywise Health employed medical staff/advance practice clinicians/allied health professionals with reports submitted through the Midas Care Management system and forwarded to the Director of Medical Staff Services. This information will then be directed to the Chief of Staff and/or Chief Clinical Officer.

#### Section 8. Review of Reports of Sexual Harassment and Other Identity Based Harassment

The title of this section was expanded to include the wording "Sexual Harassment". Also, this section was expanded to include a better defined review process to address matters of sexual harassment and other identity based harassment that will be referred to the Medical Staff Behavioral Peer Review Committee. Further, progressive steps have been included ranging from Practitioner's Letter of Admonition/Warning, Performance Improvement Plan to referral to the Medical Executive Committee.

Updates made throughout the document to change CMO to CCO and Maricopa Integrated Health System to Valleywise Health.

**VALLEYWISE HEALTH**

**MEDICAL STAFF**

**PROFESSIONALISM POLICY**

**APPROVED**  
~~October 2019~~DRAFT FEBRUARY 2022

**VALLEYWISE HEALTH**  
**MEDICAL STAFF PROFESSIONALISM POLICY**

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# VALLEYWISE HEALTH

## MEDICAL STAFF PROFESSIONALISM POLICY

### 1. POLICY STATEMENT

- 1.A ***Scope of Policy.*** This Policy applies to all practitioners who provide patient care services at Valleywise Health. For purposes of this Policy, a “practitioner” is defined as a Medical Staff member or an Allied Health Professional who has been granted clinical privileges to practice in Valleywise Health.

All efforts undertaken pursuant to this Policy are part of Valleywise Health’s performance improvement and professional practice evaluation/peer review activities. The process outlined in this Policy is applicable to all practitioners and is not intended to be a precursor to any disciplinary action, but rather is designed to address incidents of unprofessional conduct through collegial and educational efforts.

- 1.B ***Expectations for Professional Conduct/Culture of Safety.*** Communication, collegiality, and collaboration are essential for the provision of safe and competent patient care. As such, all practitioners must treat others with respect, courtesy, and dignity and conduct themselves in a professional and cooperative manner.

In dealing with incidents of unprofessional conduct, the following are paramount concerns:

- (1) the protection of patients, employees, practitioners, and others, as well as the orderly operation of the Medical Staff and Valleywise Health;
- (2) assisting practitioners in resolving conduct issues in a constructive, educational, and successful manner; and
- (3) complying with the law and providing an environment free from harassment and other forms of discrimination.

- 1.C ***Policy Objectives.***

- (1) This Policy outlines progressive steps, beginning with collegial and educational efforts, which can be used by Medical Staff and Valleywise Health Leaders to address conduct that does not meet expected standards. The goal of these efforts is to arrive at voluntary, responsive actions by the practitioner to resolve the concerns that have been raised in a constructive manner, and thus avoid the necessity of proceeding through the disciplinary process outlined in the Credentials Policy.

- (2) This Policy is not intended to interfere with a practitioner’s ability to express, in a professional manner and in an appropriate forum:
- (a) opinions on any topic that are contrary to opinions held by other practitioners, Medical Staff Leaders, or Valleywise Health personnel;
  - (b) disagreement with any Medical Staff or Valleywise Health Bylaws, policies, procedures, proposals, or decisions; or
  - (c) constructive criticism of the care provided by any practitioner, nurse, or other Valleywise Health personnel.

## 2. EXAMPLES OF UNPROFESSIONAL CONDUCT

To aid in both the education of practitioners and the enforcement of this Policy, examples of “unprofessional conduct” include, but are not limited to:

- threatening or abusive language or actions directed at patients, visitors, nurses, students, volunteers, other Valleywise Health personnel, or practitioners (e.g., belittling, berating, and/or non-constructive criticism that intimidates, undermines confidence, or implies stupidity or incompetence);
- degrading, demeaning, or condescending comments or actions regarding patients, families, nurses, physicians, Valleywise Health personnel, or Valleywise Health;
- reluctance to answer questions, return phone calls or pages, irresponsive to patient needs, condescending language or voice intonation, impatience with questions, answering with silence;
- profanity or similarly offensive language while in Valleywise Health and/or while speaking with patients, families, nurses, or other Valleywise Health personnel;
- retaliating or threatening retaliation against any individual who may report a quality and/or behavior concern about a practitioner (this includes approaching and directly discussing the matter with the individual who reported the concern);
- fail to demonstrate compassion, integrity, and respect for others, or sensitivity and responsiveness to a diverse population;
- inappropriate physical contact with another individual or other aggressive behavior that is threatening or intimidating;
- throwing an object of any kind, including but not limited to, any medical/surgical instrument or supply;

- derogatory comments about the quality of care being provided by Valleywise Health, another practitioner, or any other individual outside of appropriate Medical Staff or Valleywise Health administrative channels;
- inappropriate medical record entries impugning the quality of care being provided by Valleywise Health, other practitioners, or any other individual;
- inappropriate medical record entries criticizing Valleywise Health policies or processes, or accreditation and regulatory requirements;
- imposing idiosyncratic requirements on Valleywise Health staff that have little impact on improved patient care but serve only to burden Valleywise Health employees with “special” techniques and procedures;
- altering or falsifying any medical record entry or hospital document (including, but not limited to, incorrectly dating or timing an entry or document to give the impression it was completed prior to when it was actually completed);
- disregard of patient privacy and autonomy through inappropriate access, use, disclosure, or release of confidential patient information;
- audio, video, or digital recording that is not consented to by others present, including patients and other members of the health care team;
- use of social media in a manner that involves unprofessional conduct as defined in this Policy or other Medical Staff or Valleywise Health policies;
- refusal or failure to abide by Medical Staff requirements as delineated in this Policy, the Medical Staff Bylaws, Credentials Policy, Rules and Regulations, or other Medical Staff policies (including, but not limited to, emergency call issues, response times, medical recordkeeping, patient consents, other patient care responsibilities, failure to participate on assigned committees, and an unwillingness to work cooperatively and harmoniously with other members of the Medical Staff and Valleywise Health employees); and/or
- engaging in identity-based harassment as described in Section 8 of this Policy.

### 3. GENERAL GUIDELINES/PRINCIPLES

#### 3.A *Valleywise Health Conduct.*

(1) Issues of employee conduct will be addressed in accordance with Valleywise Health’s Human Resources Policies. Issues of conduct by practitioners will be addressed in accordance with this Policy with all reports and supporting documentation forwarded to the CCO and Chief of Staff for review in accordance with Section 5 of this Policy. If the matter

involves an employed practitioner, Valleywise Health Administration, in consultation with appropriate Medical Staff Leaders and legal counsel, will determine which, of any, applicable policies will be applied.

(2) When requested, representatives of Valleywise Health’s Human Resources play an integral part in the review process outlined within this Policy. However, given the privileged status of the information that is generated pursuant to this Policy under Arizona’s peer review statute, due care must be taken to ensure that confidential peer review information is maintained only in a peer review-protected file at Valleywise, and that it is *not* documented or maintained in employment or other files maintained by Human Resources.

3.B ***Coordination with Other Policies.*** Every effort will be made to coordinate the actions contemplated in this Policy with the provisions of the Credentials Policy. In the event of any apparent or actual conflict between this Policy and the Credentials Policy, the provisions of this Policy shall control.

3.C ***Immediate Referrals to the Medical Executive Committee.*** This Policy outlines collegial and progressive steps (e.g., counseling, warnings, and meetings with a practitioner; behavior modification education) that can be taken to address concerns about unprofessional conduct by practitioners. However, a single incident of unprofessional conduct or a pattern of unprofessional conduct may be so unacceptable or egregious that more significant action is required. Therefore, nothing in this Policy precludes an immediate referral of a matter being addressed through this Policy to the MEC or the elimination of any particular step in the Policy.

3.D ***No Legal Counsel or Recordings During Collegial Meetings.***

In order to promote the collegial and educational objectives of this Policy, all discussions and meetings with a practitioner whose conduct is at issue shall involve only the practitioner and the appropriate Medical Staff or Valleywise Health Leaders (unless the Medical Staff or Valleywise Health Leaders determine otherwise in a particular situation). Any such meetings and discussions shall be conducted as part of the Valleywise Health Medical Staff professional practice evaluation/peer review process. No counsel for either the practitioner or the Medical Staff or Valleywise Health shall attend any of these meetings, and no recording (audio or video) shall be permitted or made. Smart phones, iPads, and similar devices must be left outside the meeting room or verified to be powered off.

3.E ***Education Regarding Appropriate Professional Behavior.*** The Medical Staff and Valleywise Health Leaders shall provide education to all practitioners regarding appropriate professional behavior, make employees and other personnel

in Valleywise Health aware of this Policy, and shall encourage the prompt reporting of inappropriate conduct.

- 3.F ***Supervising Physicians and Allied Health Professionals.*** A physician who is a primary supervising or collaborating physician may be kept apprised of any concerns that are reviewed pursuant to this Policy. Without limiting the foregoing, the supervising or collaborating physician may be copied on all correspondence that an Allied Health Professional is sent under this Policy and may be invited to participate in any meetings or interventions. The supervising or collaborating physician shall maintain in a confidential manner all information related to reviews under this Policy.

#### 4. REPORTING OF UNPROFESSIONAL CONDUCT

- 4.A ***Reports of Unprofessional Conduct.*** Nurses and other Valleywise Health employees who observe, or are subjected to, unprofessional conduct by a practitioner shall report the incident in a timely manner [to the Valleywise Health Human Resources Department](#). All such reports shall be [submitted through the Midas Care Management system](#) and forwarded to the Director of Medical Staff Services to be logged into a practitioner's confidential file.

Any practitioner who observes such behavior by another practitioner shall complete a report [through the Midas Care Management system](#), or in writing to the Director of Medical Staff Services, [CMO Chief Clinical Officer \("CCO"\)](#), or Chief of Staff.

All reports and supporting documentation shall then be forwarded to the [CMO CCO](#) and Chief of Staff for review in accordance with Section 5 of this Policy.

- 4.B ***Follow-up with Individual Who Filed Report.*** The [CMO-CCO](#) (or his or her designee) shall follow up with the individual who made the report by:
- informing him/her by telephone or confidential e-mail that the matter is being reviewed in accordance with this Policy and that the Medical Staff and Valleywise Health Leaders may need further information from him/her;
  - thanking him/her for reporting the matter and participating in Valleywise Health's culture of safety and quality care;
  - informing him/her that while every effort will be made to protect his/her identity, the specifics of the reported concern will be discussed with the Practitioner;

- informing him/her that if the Practitioner draws conclusions about the identity of the reporter, those conclusions will not be confirmed, and that no retaliation is permitted against an individual who raises a concern so he/she should report any incidents of retaliation or other abusive or unprofessional conduct; and
- informing him/her that, due to legal confidentiality requirements, no further information can be provided regarding the outcome of the review, but they can be assured a thorough review will be conducted.

A letter or email that can be used for this purpose is attached as **Appendix A**. As an alternative to sending a letter or email, the content of the letter may be used as talking points to discuss verbally with the individual who reported a concern regarding conduct.

- 4.C. ***Anonymous Reports.*** Practitioners and employees may report concerns anonymously, but all individuals are encouraged to identify themselves when making a report. This identification promotes an effective review of the concern because it permits the Medical Staff Services Support Staff to contact the reporter for additional information, if necessary.
- 4.D. ***Unsubstantiated Reports or False Reports.*** If a report cannot be substantiated, or is determined to be without merit, the matter shall be closed as requiring no further review. False reports will be grounds for disciplinary action. False reports by Practitioners will be referred to the [CMO-CCO](#) and Chief of Staff. False reports by Hospital employees will be referred to human resources.

## 5. REVIEW PROCEDURES

- 5.A ***Initial Review.*** The [CMO-CCO](#) and Chief of Staff shall review the report and, if necessary, may meet with the individual who prepared it and/or any witnesses to the incident to ascertain additional details of the incident. The [CMO-CCO](#) and Chief of Staff may also request that the Valleywise Health Human Resources Department [and/or BPRC](#) conduct additional fact-finding and report the findings. If the [CMO-CCO](#) and Chief of Staff are not in agreement on how to handle the matter, the issue will be referred to the Leadership Council for triage.
- 5.B ***Determination and/or Intervention.*** If the [CMO-CCO](#) and Chief of Staff determine that an incident of unprofessional conduct has likely occurred, they have several options, including, but not limited to, the following:
- for minor, first-time incidents, direct the report to the relevant Department Chair for review and informal counseling. The nature and outcome of any counseling sessions shall be reported back to Medical Staff Services and documented in the practitioner's confidential credential file;

- notify the practitioner that a report has been received and invite the practitioner to provide a written response or to meet with the [EMO-CCO](#) and/or Chief of Staff to provide his/her perspective;
- send the practitioner a letter of guidance or counsel about the incident;
- meet with the practitioner to counsel and educate the individual about the concerns and the necessity to modify the behavior in question;
- educate the practitioner about administrative channels that are available for registering concerns about quality or services, if the practitioner's conduct suggests that such concerns led to the behavior. Other sources of support may also be identified for the practitioner, as appropriate; and/or
- refer the matter to the Behavioral Peer Review Committee (BPRC) or MEC.

5.C ***Letters Placed in Practitioner's Confidential Credential File.*** Unless otherwise documented by the applicable Department Chair, the BPRC, or MEC, the [EMO-CCO](#) and Chief of Staff will prepare documentation for a practitioner's confidential credential file that is maintained in the Medical Staff Services Department regarding his/her efforts to address concerns with the practitioner. The practitioner shall be apprised of any concerns that are documented by the applicable Department Chair, the BPRC or MEC, the [EMO-CCO](#), and/or Chief of Staff and given an opportunity to respond in writing. Any such response shall then be kept in the practitioner's confidential file along with the original concern and the documentation prepared by any of the above Medical Staff Leaders.

## 6. REFERRAL TO THE BPRC

6.A ***BPRC's Initial Review.*** The BPRC shall review the reports of unprofessional conduct that it receives, and, if necessary, may meet with the individual or individuals who prepared them and/or any witnesses to the incidents to ascertain details of the reports. The BPRC may also request that the relevant Human Resources Department conduct additional fact-finding and report the findings.

The BPRC possesses no disciplinary authority. Only the MEC has the authority to conduct non-routine, formal investigations and to recommend restrictions of clinical privileges, as described in the Medical Staff Credentials Policy. The composition of the BPRC is set forth in the Medical Staff Organization Manual and the duties of the BPRC are described in this Policy.

6.B ***Obtaining Input from the Practitioner.***

- (1) The BPRC (or its designee) will notify the practitioner that a report has been submitted and invite the practitioner to participate in the review process and provide his/her perspective at the BPRC meeting.

- (2) The BPRC will provide the practitioner a brief summary of the concerns that have been raised in the manner set forth in this section and in the Policy on Practitioner Access to Confidential Files. In preparing such a summary, the specific identity of the individual reporting the unprofessional conduct or otherwise providing information about a matter will not be disclosed to the practitioner unless:
  - (i) the individual specifically consents to the disclosure; and
  - (ii) the BPRC determines that an exception should be made in a particular situation.

This section does not prohibit notification to a Practitioner that a concern has been raised even if the description of the concern would allow the Practitioner to guess the identity of the reporter (e.g., where the reporter and the Practitioner were the only two people present when an incident occurred). In such case, the identity of the reporter will not be disclosed or confirmed, and particular attention should be paid to reminding the Practitioner to avoid any action that could be perceived as retaliation.

- (3) The practitioner must maintain all information related to the review in a strictly confidential manner, as required by Arizona law. The practitioner may not disclose information to, or discuss it with, anyone except the following individuals without first obtaining the written permission of Valleywise Health: (i) the BPRC (or its designees), (ii) respective Department Chair, or (ii) any legal counsel who may be advising the practitioner.
- (4) The practitioner may not retaliate against anyone who they believe may have raised a concern or who may have provided information regarding a matter. This means that the practitioner may not directly discuss the matter with any such individual, nor may the practitioner engage in any other retaliatory or abusive conduct such as confronting, ostracizing, or discriminating against such individual.
- (5) The BPRC will remind the practitioner of the obligations set forth in this section as part of seeking his or her input. A cover letter similar to the one set forth in **Appendix B** shall be used for this purpose. The practitioner may also be asked to sign the “Confidentiality and Non-Retaliation Agreement” that is attached as **Appendix C** before such a letter is sent if the BPRC has particular concerns about maintaining confidentiality or ensuring a professional, non-threatening environment for the individuals involved in a specific situation.

6.C ***BPRC’s Determination and/or Intervention.*** If the BPRC determines that an incident of unprofessional conduct has likely occurred, it may take steps to address the concerns, including, but not limited to, the following:

- require the practitioner to meet with the full BPRC or a designated subgroup to discuss the concerns with the practitioner’s conduct and the need to modify the conduct;
- require the practitioner to meet with other specified individuals (including any combination of current or past Medical Staff Leaders or an outside consultant(s));
- issue a letter of warning or reprimand;
- require the practitioner to complete a behavior modification course that is acceptable to the BPRC;
- develop a Performance Improvement Plan for Conduct, as described in Section 6.D below; and/or
- refer the matter to the MEC.

The imposition of any of these actions does not entitle the practitioner to a hearing or appeal as described in the Credentials Policy, nor are any reportable to the Arizona Medical Board or to the National Practitioner Data Bank.

6.D ***Performance Improvement Plan for Conduct.*** A Performance Improvement Plan for Conduct may include, but is not limited to, one or more of the following actions or requirements. (**Appendix D** provides additional guidance regarding these and other Performance Improvement Plan options for conduct and their related implementation issues.) Performance Improvement Plans are part of the Valleywise Health’s performance improvement and professional practice evaluation/peer review process. Performance Improvement Plans are not disciplinary in nature. Because a Performance Improvement Plan is recommended by a non-disciplinary committee that has no authority to restrict privileges and is voluntarily accepted by the practitioner, the Performance Improvement Plan is not reportable to the National Practitioner Data Bank or any state licensing board.

- (1) ***Meeting with BPRC, Medical Executive Committee, or Designated Group.*** The practitioner may be required to meet with the full BPRC, Medical Executive Committee, or a designated subgroup to discuss the concerns with the practitioner’s conduct and the need to modify the conduct. The subgroup may include any combination of current or past Medical Staff Leaders, Hospital leaders, outside consultants, and/or the Board Chair or other Board members if the BPRC determines that Board member involvement is reasonably likely to impress upon the practitioner involved the seriousness of the matter and the necessity for the practitioner’s conduct to improve. A letter outlining the discussion and expectations for conduct shall be sent to the practitioner after the meeting;

- (2) ***Periodic Meetings with Medical Staff Leaders or Mentors.*** The practitioner may be required to meet periodically with one or more Medical Staff Leaders or a mentor designated by the BPRC. The purpose of these meetings is to provide input and updates on the practitioner's performance, as well as to offer assistance and support with any challenging issues the practitioner may be encountering;
- (3) ***Review of Literature Concerning the Connection Between Behavior and Patient Safety.*** The BPRC may require the Practitioner to review selected literature concerning the established connection between behavior and patient care and safety and then provide a report to the BPRC summarizing the information reviewed and how it can be applied to the individual's practice;
- (4) ***Letter of Warning or Reprimand.*** The BPRC may send the practitioner a letter of warning or reprimand, particularly if there have been prior incidents and a pattern may be developing;
- (5) ***Behavior Modification Course.*** The BPRC may require the practitioner to complete a behavior modification course that is acceptable to the BPRC. The practitioner shall be responsible for any costs associated with participation in a behavior modification course, unless otherwise determined by the Behavior Peer Review Committee and approved by the Medical Executive Committee. The BPRC may require that the organization or individual conducting the behavior modification course provide status reports on the program. In such cases, the practitioner will be required to sign a special release set forth in Appendix E allowing the BPRC to receive information from and provide information to the organization or individual conducting the program;
- (6) ***Personal Code of Conduct.*** The BPRC may develop a "personal" code of conduct for the practitioner, make continued appointment and clinical privileges contingent on the practitioner's adherence to it, and outline the specific consequences of the practitioner's failure to abide by it; and/or
- (7) ***Other.*** Elements not specifically listed above may be included in a Performance Improvement Plan. The BPRC has wide latitude to tailor Performance Improvement Plans to the specific concerns identified, always with the objective of helping the practitioner to improve his or her performance and to protect patients and staff.

If a practitioner agrees to participate in a Performance Improvement Plan developed by the BPRC, such agreement will be documented in writing. If a practitioner disagrees with the need for a Performance Improvement Plan developed by the BPRC, the practitioner is under no obligation to participate in the Performance Improvement Plan. In such case, the BPRC cannot compel the

practitioner to agree with the Performance Improvement Plan. Instead, the BPRC will refer the matter to the Medical Executive Committee for its independent review and action pursuant to the Medical Staff Credentials Policy.

- 6.E ***Practitioner's Refusal to Work with the BPRC.*** If the practitioner fails or refuses to:– (i) provide a written response to the BPRC, or (ii) meet with the BPRC or other specified individuals when requested to do so in accordance with this Policy, the practitioner's clinical privileges may be automatically relinquished until the information is provided or the meeting occurs, pursuant to the provisions in the Credentials Policy.
- 6.F ***Correspondence Placed in Practitioner's Confidential File.*** Correspondence sent to the practitioner as part of the efforts to address the practitioner's conduct shall be placed in the practitioner's confidential file. The practitioner shall be permitted to respond in writing, and the Practitioner's response shall also be kept in the practitioner's confidential file.
- 6.G ***Determination to Address Concerns through Practitioner Health Policy.*** The BPRC may determine to address the conduct concerns through the Practitioner Health Policy if it believes that there may be a legitimate, underlying health issue that is causing the concerns, and the review process outlined in the Practitioner Health Policy is more likely to resolve the concerns.
- 6.H ***Additional Reports of Unprofessional Conduct.*** If additional reports of unprofessional conduct are received concerning a practitioner, the BPRC may continue to use collegial and progressive steps outlined in this Section as long as it believes that there is still a reasonable likelihood that those efforts will resolve the concerns.
- 6.I ***Documentation.*** Any documentation created pursuant to this Policy, including but not limited to memos to file, notes of interviews, and notes of telephone conversations, shall be maintained in the practitioner's confidential file. Such documentation shall not be maintained in a Medical Staff Leader's personal computer or filing cabinet.

## 7. REFERRAL TO THE MEC

- 7.A ***Referral to the Medical Executive Committee.*** At any point, the ~~EMO-CCO~~ and Chief of Staff, or BPRC may refer the matter to the MEC for review and action. The MEC shall be fully apprised of the actions taken previously by the ~~EMOCCO~~, COS and/or BPRC to address the concerns. When it makes such a referral, the ~~EMOCCO~~, COS or BPRC may also suggest a recommended course of action.
- 7.B ***Medical Executive Committee Review.*** The MEC shall review the matter and take appropriate action in accordance with the Credentials Policy. These actions

include all of the Performance Improvement Options set forth in **Appendix D**, as well as short-term suspensions, long-term suspensions, and/or the revocation of appointment and clinical privileges.

- 7.C ***Recommendation That Entitles Practitioner to a Hearing.*** If the Medical Executive Committee makes a recommendation that entitles the practitioner to request a hearing under the Credentials Policy, the practitioner shall be provided with copies of all relevant reports so that he or she can prepare for the hearing, subject to a written agreement by the practitioner and his/her counsel, if any, that all documents and information shall be maintained as confidential and shall not be disclosed or used for any purpose outside of the hearing.

8. **REVIEW OF REPORTS OF SEXUAL HARASSMENT AND OTHER IDENTITY-BASED HARASSMENT**~~REVIEW OF REPORTS OF IDENTITY-BASED HARASSMENT~~

8.A ***Definition.*** Sexual and other identity-based harassment is verbal or physical conduct that: (i) is unwelcome and offensive to an individual who is subjected to it or who witnesses it; (ii) could be considered harassing from the objective standpoint of a “reasonable person”; and (iii) is covered by state or federal laws governing discrimination. Sexual harassment and other identity-based includes, but is not limited to, sexual harassment and racial, ethnic, or religious discrimination. Depending on the circumstances, any of the examples of unprofessional conduct described in Section 2 of this Policy may also qualify as sexual harassment or other identity-based. Additional examples include, but are not limited to, the following:

- (1) Verbal: innuendoes, epithets, derogatory slurs, off-color jokes, propositions, graphic commentaries, threats, and suggestive or insulting sounds;
- (2) Visual/Non-Verbal: derogatory posters, cartoons, or drawings; suggestive objects or pictures; leering; and obscene gestures;
- (3) Physical: unwanted physical contact, including touching, interference with an individual’s normal work movement, and assault;
- (4) Quid Pro Quo: suggesting that submission to an unwelcome sexual advance will lead to a positive employment action or avoid a negative employment action; and
- (5) Retaliation: retaliating or threatening retaliation as a result of an individual’s complaint regarding harassing conduct.

8.B **Review Process for Sexual Harassment and Other Identity-Based Harassment Concerns and Agreements to Voluntarily Refrain from Clinical Activities**

*During Review.* All reports of potential sexual harassment and other identity-based Harassment will be reviewed by the BPRC in the same manner as set forth above. In addition, while a practitioner may be asked to voluntarily refrain from exercising clinical privileges pending the review of any behavioral matter under this Policy, particular attention will be paid to whether it is necessary to utilize such a temporizing safeguard while an allegation of sexual harassment or other identity-based harassment is being reviewed.

8.C *Personal Meeting and Letter of Admonition and Warning.* Because of the unique legal implications surrounding sexual harassment and other identity-based harassment, a single confirmed incident requires the following actions:

- (1) Two or more members of the BPRC will personally meet with the Practitioner to discuss the incident.
- (2) If the Practitioner acknowledges the seriousness of the matter and agrees that there will be no repeat of such conduct, the meeting will be followed with a formal letter of admonition and warning to be placed in the practitioner's confidential file. This letter will also set forth any additional actions or conditions imposed on the practitioner's continued practice at Valleywise Health as a result of the meeting.

8.D *Performance Improvement Plan.* In addition to the letter of admonition and warning, concerns about sexual harassment and other identity-based harassment may also be addressed by a Performance Improvement Plan for conduct as described in this Policy.

8.E *Referral to Medical Executive Committee.* The matter may be immediately referred to the Medical Executive Committee if:

- (1) the practitioner refuses to acknowledge the concern, does not recognize the seriousness of it, or will not agree that there will be no repeat of such conduct;
- (2) there are confirmed reports of retaliation or further incidents of sexual harassment or other identity-based harassment, after the practitioner agreed there would be no further such conduct; or
- (3) the BPRC otherwise determines that Medical Executive Committee review is appropriate under the circumstances.

The Medical Executive Committee will conduct its review in accordance with the Credentials Policy. Such referral does not preclude other action under applicable Valleywise Health's Human Resources policies.

~~8.A **Definition.** Identity based harassment is verbal or physical conduct that: (i) is unwelcome and offensive to an individual who is subjected to it or who witnesses it; (ii) could be considered harassing from the objective standpoint of a “reasonable person”; and (iii) is covered by state or federal laws governing discrimination. Identity based harassment includes, but is not limited to, sexual harassment and racial, ethnic, or religious discrimination. Depending on the circumstances, any of the examples of unprofessional conduct described in Section 2 of this Policy may also qualify as identity based harassment. Additional examples of identity based harassment include, but are not limited to, the following:~~

- ~~(1) **Verbal:** innuendoes, epithets, derogatory slurs, off color jokes, propositions, graphic commentaries, threats, and suggestive or insulting sounds;~~
- ~~(2) **Visual/Non Verbal:** derogatory posters, cartoons, or drawings; suggestive objects or pictures; leering; and obscene gestures;~~
- ~~(3) **Physical:** unwanted physical contact, including touching, interference with an individual’s normal work movement, and assault;~~
- ~~(4) **Quid Pro Quo:** suggesting that submission to an unwelcome sexual advance will lead to a positive employment action or avoid a negative employment action; and~~
- ~~(5) **Retaliation:** retaliating or threatening retaliation as a result of an individual’s complaint regarding harassing conduct.~~

~~8.B **Review of Reports of Identity Based Harassment.**~~

- ~~(1) All reports of potential identity based harassment will be logged in with the Director of Medical Staff Services as noted in Section 4 and immediately referred to the BPRC the relevant Human Resources Department, which will conduct a comprehensive review in accordance with applicable human resources medical staff policies.~~
- ~~(2) Upon completion of its review, the relevant Human Resources Department BPRC shall forward a report to the CMO CCO and the BPRC documenting the results of its review and any actions taken. The BPRC CCO may accept the report or take further action if it believes additional steps are appropriate.~~

~~8.C **General.**~~

~~(1) Nothing in this section shall be interpreted to prohibit immediate action under the Medical Staff Bylaws or other applicable Medical Staff policies, regardless of whether an issue has been referred to the relevant Human Resources Department or the status of that referral.~~

~~(2) Nothing in this section shall be interpreted to interfere with the contractual relationship between an employed practitioner and his or her employer (i.e., Valleywise Health or District Medical Group). The practitioner's employer may terminate the employment of a practitioner pursuant to his or her employment agreement regardless of the status of a case being reviewed through the process outlined in this section.~~

~~8.D **Reports of Retaliation or Additional Unprofessional Conduct.** Any reports of retaliation or any further reports of identity based harassment, after the practitioner has agreed to stop the improper conduct, shall be immediately reviewed by the CMOCCO. If the review results in a finding that further improper conduct took place, the CMO CCO shall refer the matter to the MEC for a formal investigation or other steps in accordance with the Credentials Policy. Such referral shall not preclude other action under applicable Valleywise Health human resources policies.~~

Revised on:

MEC: 02/2022

Board: 02/2022

Approval/Rev: 12/2005, 08/2008, 11/2008, 01/2012 (Prior to 06/2013 known as Disposition of Disruptive Behavior Allegations), 06/2013, 04/2017, 8/2019, 10/2019, 02/2022

## APPENDIX A

### LETTER TO RESPOND TO INDIVIDUAL WHO REPORTS AN INCIDENT OF UNPROFESSIONAL CONDUCT\*

Dear \_\_\_\_\_:

Thank you for reporting your concerns. We appreciate your participation in our efforts to promote and maintain a culture of safety and quality care at Valleywise Health.

Your concerns will be reviewed in accordance with the Medical Staff Professionalism Policy. We will contact you if we need additional information.

Because your report may involve confidential matters under Arizona law, we may not be able to inform you of the specific outcome of the review. However, please be assured that your report will be fully reviewed and appropriate steps will be taken to address the matter.

Your report will be treated with the utmost confidentiality and your identity will not be disclosed to the subject of the report. However, you should understand that specifics related to your reported concern will be discussed with the Practitioner. While every effort will be made to protect your identity, the circumstances of your report may allow for the Practitioner to draw conclusions regarding who filed the complaint. Such conclusions will not be confirmed and, in any event, as part of our culture of safety and quality care, no retaliation is permitted against you for reporting this matter. This means that the practitioner at issue may not approach you directly to discuss this matter or engage in any abusive or unprofessional conduct directed at you. If you believe that you have been subjected to any retaliation as a result of raising these concerns, please report that immediately to me.

Once again, thank you for bringing your concerns to our attention. If you have any questions or wish to discuss this matter further, please do not hesitate to call me at-\_\_\_\_\_.

Sincerely,

Chief ~~Medical~~Clinical Officer

*\* As an alternative to sending a letter, the content of this letter may be used as talking points to respond verbally to the individual who reported a concern regarding conduct, and/or may be communicated in a confidential e-mail by the Medical Staff Services Department.*

**APPENDIX B**

**COVER LETTER TO PHYSICIAN  
ENCLOSING INFORMATION ABOUT REPORTED CONCERNS**

**VIA HAND DELIVERY**

*[Date]*

*[Name]*

*[Address]*

Re: Information Related to Behavioral Concerns

Dear \_\_\_\_\_:

As you know from our conversation, concerns have been raised about your professional conduct at ~~Maricopa Integrated Health System~~ (“Valleywise Health”). When these issues arise, the Behavioral Peer Review Committee (the “BPRC”) attempts to review them fairly. We also hope to work with our colleagues to resolve them in a professional and constructive manner, and certainly in a way that avoids the risk of any disciplinary action or any reports to the Arizona Medical Board or the National Practitioner Data Bank. In order to accomplish these goals, however, your cooperation is essential. As part of the review process, the BPRC would like you to be aware of the relevant issues. Specifically, there is an allegation on DATE \_\_\_\_\_, in the LOCATION, you SHORT DESCRIPTION (i.e. raised your voice; were rude, or dismissive; etc.) with staff.

The BPRC will meeting to discuss this matter on \_\_\_\_\_ and they would appreciate you attending that meeting to provide your perspective on these issues.

Your input into these issues is essential as we attempt to achieve our goal of having a timely, fair, and constructive process. If you do not respond to this request to attend the meeting, your privileges may be deemed to be automatically relinquished as set forth in the Medical Staff Professionalism Policy.

The BPRC has an obligation to ensure that all peer review information is maintained in a confidential manner. The BPRC also has an obligation to ensure a professional, non-threatening environment for all who work and practice at Valleywise Health.

Accordingly, we remind you of the following obligations that apply to all Medical Staff members, as set forth in the Medical Staff Professionalism Policy:

- (1) You must maintain all information related to this review in a *strictly confidential* manner, as required by Arizona law. Specifically, you may not disclose this information to, or

discuss it with, anyone *except* your Department Chair, the Chair of the BPRC- (or his/her designees), or (iii) any legal counsel who may be advising you.

- (2) You may not retaliate against anyone who may have raised a concern about you or provided information regarding this matter. ***This means that you may not directly discuss this matter with any such individual, nor may you engage in any other retaliatory or abusive conduct*** such as confronting, ostracizing, or discriminating against such individual.

Please recognize that any retaliation by you, as described in the previous paragraph, is a very serious matter. Any such conduct will be grounds for immediate referral to the Medical Executive Committee for its review and disciplinary action pursuant to the Credentials Policy.

Of course, you are fully permitted to raise any question or concern that you may have regarding the care being provided by a nurse or other Valleywise Health employee, another physician, or Valleywise Health itself. However, you must use the established and confidential Medical Staff and administrative channels in order to register any such concerns.

Thank you for your attention to this matter.

Sincerely,

Chair of BPRC

## APPENDIX C

### CONFIDENTIALITY AND NON-RETALIATION AGREEMENT

Concerns have been raised about my professional conduct at ~~the Maricopa Integrated Health System~~ (“Valleywise Health”). As part of the review process, the Behavioral Peer Review Committee (“BPRC”) would like me to be fully aware of the concerns, as well as have the ability to provide my perspective and any response that I believe may be necessary or appropriate.

However, the BPRC also wants to take appropriate steps to maintain the confidentiality of the information under Arizona and federal law, as well as to ensure a professional, non-threatening environment for all who work and practice at Valleywise Health. Accordingly, I agree to the following:

1. I will maintain all the information that I review in a *strictly confidential* manner. Specifically, I will not disclose or discuss this information *except* to the following individuals: (i) the BPRC (or its designees), (ii) my Department Chair, or any legal counsel who may be advising me. I will not share or discuss this information with any other individual(s) without first obtaining the express written permission of Valleywise Health.
2. I understand that this information is being provided to me as part of the Medical Staff’s policy of attempting to utilize collegial intervention and progressive steps, where possible, to address any questions or concerns that may arise with my practice.
3. I understand that Valleywise Health and the Medical Staff have a responsibility to provide a safe, non-threatening workplace for my physician colleagues and for Valleywise Health employees. I therefore agree that *I will not directly discuss this matter with any individual who may have expressed concerns about me or otherwise provided information in this matter, nor will I engage in any other retaliatory or abusive conduct with respect to these individuals.* This means that I will not directly approach, confront, ostracize, discriminate against, or otherwise mistreat any such individual with respect to any information that the individual may have provided.
4. I understand that any retaliation by me, as described in the previous paragraph, is a very serious matter and cannot be tolerated. Any such conduct by me will be grounds for immediate referral to the Medical Executive Committee for its review and disciplinary action pursuant to the Medical Staff Credentials Policy.

By signing this Agreement, I understand that I am *not waiving* any of the rights or privileges afforded to me under the Medical Staff Bylaws and related documents.

I also understand that I am fully permitted to raise any question or concern that I may have regarding the care being provided by a nurse or other Valleywise Health employee, another practitioner, or Valleywise Health itself. *However, I understand that I must use the established and confidential Medical Staff and administrative channels in order to register any such*

**concerns.** These mechanisms are part of Valleywise Health’s ongoing performance improvement and peer review activities, and permit the appropriate Medical Staff or Valleywise Health leadership to fully review and assess the matter and take action to address the issue, as may be necessary.

\_\_\_\_\_  
\_\_\_\_\_, *[Respective Credential]* Date \_\_\_\_\_

***[Include the following signature line only if an appropriate Medical Staff Leader(s) personally reviews the content of this Agreement with the individual]***

**Approved by:**

\_\_\_\_\_  
*Appropriate Medical Staff Leader*

\_\_\_\_\_  
Date

**APPENDIX D**

**MARICOPA INTEGRATED HEALTH SYSTEM VALLEYWISE HEALTH**

**PERFORMANCE IMPROVEMENT PLAN OPTIONS FOR CONDUCT**

*(May Be Used Individually or in Combination)*

**IMPLEMENTATION ISSUES CHECKLIST**

*(For Use by the BPRC and the MEC)*

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<b>PIP OPTION</b>	<b>IMPLEMENTATION ISSUES</b>
<p><b><i>Meeting with BPRC, MEC, or Designated Group</i></b></p>	<p><b><i>Who Should Meet with Practitioner?</i></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Entire BPRC</li> <li><input type="checkbox"/> Entire MEC</li> <li><input type="checkbox"/> Other designated individuals or an ad hoc group (may include Board Chair or other Board members, BPRC Chair, other BPRC members, Human Resources representatives), including: _____</li> </ul> <p><input type="checkbox"/> May practitioner bring a colleague (<u>not</u> legal counsel) to the meeting?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Is pre-meeting to plan intervention necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, where and when: _____</p> <p><b><i>Scheduling Meeting with Practitioner</i></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Date of meeting: _____</li> <li><input type="checkbox"/> Time of meeting: _____</li> <li><input type="checkbox"/> Location of meeting: _____</li> </ul> <p><b><i>Notice of Meeting</i></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Notice of meeting sent by: <ul style="list-style-type: none"> <li><input type="checkbox"/> <a href="#">CMOCCO</a></li> <li><input type="checkbox"/> Chief of Staff</li> <li><input type="checkbox"/> BPRC Chair</li> <li><input type="checkbox"/></li> <li><input type="checkbox"/> CEO</li> <li><input type="checkbox"/> Other: _____</li> </ul> </li> <li><input type="checkbox"/> Practitioner notified that this is a peer review meeting with colleagues, therefore <ul style="list-style-type: none"> <li><input type="checkbox"/> No attorneys allowed at the meeting</li> <li><input type="checkbox"/> No audio or video recording of meeting</li> </ul> </li> <li><input type="checkbox"/> Does notice state that failure to appear results in automatic relinquishment of clinical privileges? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul> <p><b><i>Method of Delivery</i></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> In person/hand delivered (preferred)</li> <li><input type="checkbox"/> Certified mail, return-receipt requested</li> <li><input type="checkbox"/> Other: _____</li> </ul> <p><b><i>Documentation</i></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> If not already provided, will documentation/substance of reports regarding unprofessional conduct be shared before or during meeting? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li><input type="checkbox"/> If yes, has the practitioner been provided a cover letter explaining the practitioner's obligation to maintain the confidentiality of the information and not to retaliate against any individual who may have reported or signed</li> </ul>

<b>PIP OPTION</b>	<b>IMPLEMENTATION ISSUES</b>
<p><b><i>Meeting with BPRC, MEC, or Designated Group (cont'd.)</i></b></p>	<p>an agreement not to retaliate?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b><i>Follow-Up</i></b></p> <p><input type="checkbox"/> Monitor for additional incidents</p> <p><input type="checkbox"/> Through standard reported concerns process</p> <p><input type="checkbox"/> More focused (e.g., interviews with Valleywise Health personnel at intervals):</p> <hr/>

<b>PIP OPTION</b>	<b>IMPLEMENTATION ISSUES</b>
<p><b><i>Letters of Warning or Reprimand</i></b></p>	<p><b><i>Drafting/Contents of Letter</i></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Who will draft the letter? <ul style="list-style-type: none"> <li><input type="checkbox"/> <a href="#">EMOCCO</a></li> <li><input type="checkbox"/> Chief of Staff</li> <li><input type="checkbox"/> BPRC Chair</li> <li><input type="checkbox"/> Director, Medical Staff</li> <li><input type="checkbox"/> CEO</li> <li><input type="checkbox"/> Legal Counsel</li> <li><input type="checkbox"/> Other: _____</li> </ul> </li>   <li><input type="checkbox"/> Practitioner informed that he/she may provide response for inclusion in file</li>   <li><input type="checkbox"/> Copy included in practitioner's credentials/quality file</li> </ul> <p><b><i>Review/Signature</i></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Who must review and approve the letter? <ul style="list-style-type: none"> <li><input type="checkbox"/> Full BPRC</li> <li><input type="checkbox"/> Full MEC</li> <li><input type="checkbox"/> Individuals: _____</li> </ul> </li>   <li><input type="checkbox"/> Who signs/sends the letter? <ul style="list-style-type: none"> <li><input type="checkbox"/> <a href="#">EMOCCO</a></li> <li><input type="checkbox"/> Chief of Staff</li> <li><input type="checkbox"/> BPRC Chair</li> <li><input type="checkbox"/> CEO</li> <li><input type="checkbox"/> Other: _____</li> </ul> </li> </ul> <p><b><i>Method of Delivery</i></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> In person/hand delivered (preferred)</li> <li><input type="checkbox"/> Certified mail, return-receipt requested</li> <li><input type="checkbox"/> Other: _____</li> </ul> <p><b><i>Follow-Up</i></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Monitor for additional incidents <ul style="list-style-type: none"> <li><input type="checkbox"/> Through standard reported concerns process</li> <li><input type="checkbox"/> More focused (e.g., interviews with Valleywise Health personnel at intervals): _____</li> </ul> </li> </ul>

<b>PIP OPTION</b>	<b>IMPLEMENTATION ISSUES</b>
<p><b><i>Behavior Modification Course</i></b></p>	<p><b><i>Scope of Behavior Modification Course</i></b></p> <p><input type="checkbox"/> Acceptable programs include:  <hr/>  <hr/></p> <p><input type="checkbox"/> BPRC or MEC approval required before practitioner enrolls</p> <p style="margin-left: 20px;"><input type="checkbox"/> Program approved: _____</p> <p style="margin-left: 20px;"><input type="checkbox"/> Date of approval: _____</p> <p><input type="checkbox"/> Who pays for the behavior modification course?</p> <p style="margin-left: 20px;"><input type="checkbox"/> Practitioner subject to PIP</p> <p style="margin-left: 20px;"><input type="checkbox"/> Medical Staff</p> <p style="margin-left: 20px;"><input type="checkbox"/> Valleywise Health</p> <p style="margin-left: 20px;"><input type="checkbox"/> Combination</p> <hr/> <p><input type="checkbox"/> Time Frame</p> <p style="margin-left: 20px;"><input type="checkbox"/> Practitioner must enroll by: _____ Date</p> <p style="margin-left: 20px;"><input type="checkbox"/> Program must be completed by: _____ Date</p> <p><b><i>Practitioner's Responsibilities</i></b></p> <p><input type="checkbox"/> Sign release allowing BPRC or MEC to provide information to course (if necessary) and course to provide report to BPRC or MEC</p> <hr/> <hr/> <p><input type="checkbox"/> Practitioner must submit</p> <p style="margin-left: 20px;"><input type="checkbox"/> Documentation of successful completion signed by course director</p> <p style="margin-left: 20px;"><input type="checkbox"/> Other: _____</p> <hr/> <p><b><i>Follow-Up</i></b></p> <p><input type="checkbox"/> Monitor for additional incidents</p> <p style="margin-left: 20px;"><input type="checkbox"/> Through standard reported concerns process</p> <p style="margin-left: 20px;"><input type="checkbox"/> More focused (e.g., interviews with Valleywise Health personnel at intervals):</p> <hr/>

<b>PIP OPTION</b>	<b>IMPLEMENTATION ISSUES</b>
<p style="text-align: center;"><b>Personal Code of Conduct</b></p> <p style="text-align: center;"><b>(Conditional Continued Appointment/ Conditional Reappointment)</b></p>	<p><b>Drafting/Contents of Personal Code of Conduct</b></p> <p><input type="checkbox"/> Who will draft the personal code of conduct?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <a href="#">CMOCCO</a></li> <li><input type="checkbox"/> Chief of Staff</li> <li><input type="checkbox"/> BPRC Chair</li> <li><input type="checkbox"/> CEO</li> <li><input type="checkbox"/> Legal Counsel</li> <li><input type="checkbox"/> Other: _____</li> </ul> <p><input type="checkbox"/> Practitioner informed that he/she may provide response for inclusion in file.</p> <p><input type="checkbox"/> Copy of personal code of conduct included in practitioner's credentials/quality file.</p> <p><input type="checkbox"/> Is practitioner required to agree in writing to abide by the personal code of conduct? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, written agreement to abide by personal code of conduct received on: _____ Date</p> <p><input type="checkbox"/> Does the personal code of conduct describe the following consequences of a confirmed violation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Consequence of first violation (e.g., final warning):</b> _____ _____</p> <p><input type="checkbox"/> Practitioner notified of possible violation on: _____ Date</p> <p><input type="checkbox"/> Practitioner provided opportunity for input on: _____ Date</p> <p><input type="checkbox"/> Violation confirmed on: _____ Date</p> <p><b>Consequence of second violation (e.g., short-term suspension):</b> _____</p> <p><input type="checkbox"/> Practitioner notified of possible violation on: _____ Date</p> <p><input type="checkbox"/> Practitioner provided opportunity for input on: _____ Date</p> <p><input type="checkbox"/> Violation confirmed on: _____ Date</p>

**PIP OPTION**

**IMPLEMENTATION ISSUES**

**Personal  
Code of Conduct**

**(Conditional Continued  
Appointment/  
Conditional Reappointment)  
(cont'd.)**

**Consequence of third violation (e.g., recommendation for disciplinary action; perhaps limited hearing):**

\_\_\_\_\_

Practitioner notified of possible violation on: \_\_\_\_\_  
Date

Practitioner provided opportunity for input on: \_\_\_\_\_  
Date

Violation confirmed on: \_\_\_\_\_  
Date

**Review/Signature**

Who must review and approve the letter outlining the personal code of conduct?  
 Full BPRC  
 Full MEC  
 Individuals: \_\_\_\_\_

Who signs/sends the letter outlining the personal code of conduct?  
 [EMOCCO](#)  
 Chief of Staff  
 BPRC Chair  
 CEO  
 Other: \_\_\_\_\_

**Method of Delivery**

In person/hand delivered- (preferred)  
 Certified mail, return-receipt requested  
 Other: \_\_\_\_\_

**Follow-Up**

Monitor for additional incidents  
 Through standard reported concerns process  
 More focused (e.g., interviews with Valleywise Health personnel at intervals):  
\_\_\_\_\_  
\_\_\_\_\_

<b>PIP OPTION</b>	<b>IMPLEMENTATION ISSUES</b>
<p><b><i>Short-Term Suspension That Does Not Trigger a Hearing or Reporting (for use by MEC only)</i></b></p>	<p><b><i>Date/Duration of Suspension</i></b></p> <p><input type="checkbox"/> Suspension begins on: _____ Date</p> <p><input type="checkbox"/> Suspension ends on: _____ Date</p> <p><b><i>Patient Care Arrangements</i></b></p> <p><input type="checkbox"/> If suspension begins immediately, what arrangements are made for patients currently in the hospital? _____</p> <p><input type="checkbox"/> What arrangements are made for on-call responsibilities? _____</p> <p><b><i>Drafting/Contents of Notice of Suspension</i></b></p> <p><input type="checkbox"/> Who will draft the notice of suspension?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <a href="#">EMOCCO</a></li> <li><input type="checkbox"/> Chief of Staff</li> <li><input type="checkbox"/> CEO</li> <li><input type="checkbox"/> Legal Counsel</li> <li><input type="checkbox"/> Other: _____</li> </ul> <p><input type="checkbox"/> Practitioner informed that he/she may provide response for inclusion in file.</p> <p><input type="checkbox"/> Copy of notice included in practitioner's credentials/quality file.</p> <p><b><i>Review/Signature</i></b></p> <p><input type="checkbox"/> Who must review and approve the notice of suspension?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Full MEC</li> <li><input type="checkbox"/> Individuals: _____</li> </ul> <p><input type="checkbox"/> Notice of suspension signed by:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> CEO</li> <li><input type="checkbox"/> <a href="#">EMOCCO</a></li> <li><input type="checkbox"/> Chief of Staff</li> <li><input type="checkbox"/> Other: _____</li> </ul> <p><b><i>Method of Delivery</i></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> In person/hand delivered (preferred)</li> <li><input type="checkbox"/> Certified mail, return-receipt requested</li> <li><input type="checkbox"/> Other: _____</li> </ul>

<b>PIP OPTION</b>	<b>IMPLEMENTATION ISSUES</b>
<p><b><i>Short-Term Suspension That Does Not Trigger a Hearing or Reporting (cont'd.)</i></b></p>	<p><b><i>Follow-Up</i></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Monitor for additional incidents <ul style="list-style-type: none"> <li><input type="checkbox"/> Through standard reported concerns process</li> <li><input type="checkbox"/> More focused (e.g., interviews with Valleywise Health personnel at intervals):</li> </ul> </li> </ul> <hr/> <hr/>



**APPENDIX E**

**CONFIDENTIAL PEER REVIEW DOCUMENT**

**CONSENT FOR DISCLOSURE OF INFORMATION  
AND  
RELEASE FROM LIABILITY**

I hereby authorize Maricopa County Special Health Care District, d.b.a., [Maricopa Integrated Health System](#) (“Valleywise Health”) and the Valleywise Health Medical Staff (“Medical Staff”) to exchange with *[name of entity or individual conducting behavior modification, or coaching]*, all information, written and oral, relevant to developing and overseeing a behavior modification program.

I also understand that the information being exchanged is protected by the federal Health Care Quality Improvement Act of 1986, as well as Arizona’s statutory peer review and quality assurance activities privilege laws and that Valleywise Health, *[name of entity or individual conducting behavior modification, or coaching]* and others involved in the peer review and quality process are required to maintain the confidentiality of peer and quality review information, pursuant to Arizona law.

I release from any and all liability, agree not to sue and hold harmless, Valleywise Health, any of its officers, directors, or employees, any physician on Valleywise Health’s Medical Staff, or any authorized representative of Valleywise Health, or the Valleywise Health Medical Staff for any matter arising out of the exchange of information by Valleywise Health or the Valleywise Health Medical Staff to *[name of entity or individual conducting behavior modification, or coaching]*.

I also release from any and all liability, agree not to sue, and hold harmless *[name of entity or individual conducting behavior modification, or coaching]* provision of an evaluation of the status of the behavior modification program to Valleywise Health.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Practitioner



Valleywise Community Health  
Centers Governing Council  
Meeting

March 2, 2022

Item 2.

Service Area Competition  
(SAC) Application



## **Office of the Senior Vice President & CEO FQHC Clinics**

2601 East Roosevelt Street • Phoenix • AZ • 85008

Date: March 2, 2022

To: Valleywise Community Health Centers Governing Council

From: Barbara Harding, BAN, RN, MPA, PAHM, CCM  
Sr VP Amb Services & CEO FQHC Clinics

Subj: FY 2022 HRSA Services Area Competition (SAC) Application  
for Valleywise Health

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A HRSA SAC Application is a request for federal financial assistance to continue comprehensive primary care services provision as a Federally Qualified Health Center (FQHC). Existing FQHCs in good standing are eligible to reapply for continued funding when HRSA issues a SAC Notice of Funding Opportunity (NOFO) for their service area.

The Valleywise Health SAC NOFO was released on December 9, 2021. The final phase of the application is submission of the full application, due on March 9, 2022. The full application includes the application for federal assistance, project abstract summary, key contacts, project site locations, project narrative, budget narrative, disclosure and certification of lobbying activities, and program-specific attachments and forms.

Attached is the FY 2022 HRSA SAC Full Application for Valleywise Health for Valleywise Community Health Centers Governing Council approval.

Application for Federal Assistance SF-424

OMB Approval No. 4040-0004  
Expiration Date 12/31/2022

<b>* 1. Type of Submission</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>* 2. Type of Application</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>* If Revision, select appropriate letter(s):</b> <input type="text"/> <b>* Other (Specify)</b> Competing Continuation
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------

<b>* 3. Date Received:</b> 2/3/2022	<b>4. Applicant Identifier:</b> <input type="text"/>
----------------------------------------	---------------------------------------------------------

<b>* 5.a Federal Entity Identifier:</b> Application #:201196 Grants.Gov #:GRANT13538583	<b>5.b Federal Award Identifier:</b> H80CS33644
-----------------------------------------------------------------------------------------------	----------------------------------------------------

<b>* 6. Date Received by State:</b> <input type="text"/>	<b>7. State Application Identifier:</b> <input type="text"/>
-------------------------------------------------------------	-----------------------------------------------------------------

<b>8. Applicant Information:</b> <b>* a. Legal Name</b> <b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b>	<input type="text" value="Maricopa County Special Health Care District"/> <b>* c. Organizational UEI:</b> <input type="text" value="J2RHHVHGKRH11"/>
------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>d. Address:</b> <b>* Street1:</b> Street2: <b>* City:</b> County: <b>* State:</b> Province: <b>* Country:</b> <b>* Zip / Postal Code:</b>	<input type="text" value="2601 E Roosevelt St"/> <input type="text"/> <input type="text" value="Phoenix"/> <input type="text" value="Maricopa"/> <input type="text" value="AZ"/> <input type="text"/> <input type="text" value="US: United States"/> <input type="text" value="85008-4973"/>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>e. Organization Unit:</b> Department Name: <input type="text"/>	Division Name: <input type="text"/>
--------------------------------------------------------------------------	----------------------------------------

<b>f. Name and contact information of person to be contacted on matters involving this application:</b>	
Prefix: <input type="text"/>	<b>* First Name:</b> <input type="text" value="Barbara"/>
Middle Name: Middle Name: <input type="text"/>	
Last Name: <input type="text" value="Harding"/>	
Suffix: <input type="text"/>	
Title: <input type="text" value="SVP Ambulatory Care Services, CEO FQHC Clin"/>	
Organizational Affiliation: <input type="text" value="Valleywise Health"/>	
<b>* Telephone Number:</b> <input type="text" value="(602) 344-1129"/>	<b>Fax Number:</b> <input type="text"/>
<b>* Email:</b> <input type="text" value="barbara.harding@valleywisehealth.org"/>	

<b>9. Type of Applicant 1:</b> <input type="text" value="D: Special District Government"/>
Type of Applicant 2: <input type="text"/>
Type of Applicant 3: <input type="text"/>
<b>* Other (specify):</b> <input type="text"/>

<b>* 10. Name of Federal Agency:</b> <input type="text" value="N/A"/>
--------------------------------------------------------------------------

<b>11. Catalog of Federal Domestic Assistance Number:</b> <input type="text" value="93.224"/>
CFDA Title: <input type="text"/>

Community Health Centers

**\* 12. Funding Opportunity Number:**

HRSA-22-008

**\* Title:**

Service Area Competition

**13. Competition Identification Number:**

8371

**Title:**

Service Area Competition

**Areas Affected by Project (Cities, Counties, States, etc.):**

See Attachment

**\* 15. Descriptive Title of Applicant's Project:**

Health Center Cluster

**Project Description:**

See Attachment

**16. Congressional Districts Of:**

\* a. Applicant AZ-07

\* b. Program/Project AZ-07

**Additional Program/Project Congressional Districts:**

See Attachment

**17. Proposed Project:**

\* a. Start Date: 9/1/2022

\* b. End Date: 8/31/2025

**18. Estimated Funding (\$):**

* a. Federal	\$650,000.00
* b. Applicant	\$0.00
* c. State	\$1,209,104.00
* d. Local	\$16,440,076.00
* e. Other	\$8,739,354.00
* f. Program Income	\$62,816,295.00
* g. TOTAL	\$89,854,829.00

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

**\* 20. Is the Applicant Delinquent Of Any Federal Debt(If "Yes", provide explanation in attachment.)**

- Yes
- No

**21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I Agree

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix:   
Middle Name: J   
\* Last Name: Harding   
Suffix:   
\* Title:

\* First Name: Barbara

-----  
[Empty text box]

\* Telephone Number: (602) 344-1129

Fax Number: (602) 344-0937

\* Email: Barbara.Harding@valleywisehealth.org

\* Signature of Authorized Representative: Barbara J Harding

\* Date Signed: 2/3/2022

[Empty text box]

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: <input type="text" value="02/03/2022"/>	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
<b>State Use Only:</b>		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
<b>8. APPLICANT INFORMATION:</b>		
* a. Legal Name: <input type="text" value="Maricopa County Special Healthcare District"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="86-0830701"/>	* c. Organizational DUNS: <input type="text" value="1865072160000"/>	
<b>d. Address:</b>		
* Street1:	<input type="text" value="2601 E. Roosevelt Street"/>	
Street2:	<input type="text"/>	
* City:	<input type="text" value="Phoenix"/>	
County/Parish:	<input type="text"/>	
* State:	<input type="text" value="AZ: Arizona"/>	
Province:	<input type="text"/>	
* Country:	<input type="text" value="USA: UNITED STATES"/>	
* Zip / Postal Code:	<input type="text" value="85008-4973"/>	
<b>e. Organizational Unit:</b>		
Department Name: <input type="text"/>	Division Name: <input type="text"/>	
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: <input type="text"/>	* First Name:	<input type="text" value="Barbara"/>
Middle Name: <input type="text"/>		
* Last Name:	<input type="text" value="Harding"/>	
Suffix: <input type="text"/>		
Title:	<input type="text"/>	
Organizational Affiliation: <input type="text"/>		
* Telephone Number: <input type="text" value="602-344-1129"/>	Fax Number: <input type="text"/>	
* Email: <input type="text" value="barbara.harding@valleywisehealth.org"/>		

**Application for Federal Assistance SF-424**

**\* 9. Type of Applicant 1: Select Applicant Type:**

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

**\* 10. Name of Federal Agency:**

Health Resources and Services Administration

**11. Catalog of Federal Domestic Assistance Number:**

93.224

CFDA Title:

Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housin

**\* 12. Funding Opportunity Number:**

HRSA-22-008

\* Title:

Service Area Competition

**13. Competition Identification Number:**

HRSA-22-008

Title:

Service Area Competition

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Add Attachment

Delete Attachment

View Attachment

**\* 15. Descriptive Title of Applicant's Project:**

Service Area Competition Competing Continuation

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="650,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="650,000.00"/>

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

a. This application was made available to the State under the Executive Order 12372 Process for review on

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes  No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

**21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

\*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**Project Abstract Summary**

OMB Approval No. 4040-0019

Expiration Date 2/28/2022

This Project Abstract Summary form must be submitted or the application will be considered incomplete. Ensure the Project Abstract field succinctly describes the project in plain language that the public can understand and use without the full proposal. Use 4,000 characters or less. Do not include personally identifiable, sensitive or proprietary information. Refer to Agency instructions for any additional Project Abstract field requirements. If the application is funded, your project abstract information (as submitted) will be made available to public websites and/or databases including USA Spending.gov.

Funding Opportunity Number

HRSA-22-008

CFDA(s)

93.224

Applicant Name

Maricopa County Special Health Care District

Descriptive Title of Applicant's Project

Health Center Cluster

Project Abstract

PROJECT ABSTRACT Project Title: Service Area Competition (SAC) Competing Continuation Applicant Name: Maricopa County Special Health Care District, dba Valleywise Health Address: 2601 E. Roosevelt Street, Phoenix, AZ 85008 Project Director: Barbara Harding, BAN, RN, MPA, PAHM, CCM, Senior Vice President of Ambulatory Services and CEO FQHC Clinics Contact: (Ph) 602-344-1129 Email: barbara.harding@valleywisehealth.org Website: <https://valleywisehealth.org/> Requested Grant Funding: \$650,000 Needs to Be Addressed, Proposed Services, and Population Groups to Be Served: Valleywise Health (VH) is the only public teaching hospital and health care system in Arizona providing primary and specialty care services predominantly to underserved, low-income and ethnically diverse populations. For nearly 150 years, VH has built a reputation of quality health and medical services by placing compassion at the forefront of care. As a Health Center Program with Community Health Center designation, VH provides services at 11 FQHC clinics located throughout Maricopa County: 1) North Phoenix, 2) South Central Phoenix, 3) South Phoenix/Laveen, 4) Phoenix, 5) McDowell, 6) Avondale, 7) Chandler, 8) Guadalupe, 9) West Maryvale, 10) Mesa, and 11) Peoria. Maricopa County is geographically located in the south-central portion of Arizona and spans 9,224 miles. The largest city, Phoenix, is both the County seat and the State capital. The target population within Maricopa County is ethnically/racially diverse (73%), of which 31% are Hispanic and 6.4% are Black/African American. Over 40% of VH patients are non-English speaking. In Fiscal Year 2021, 76% of patients obtaining services at VH FQHC clinics utilized AHCCCS (State of Arizona Medicaid), Medicare, the VH Financial Assistance Program (sliding fee scale) or were self-pay. The VH service area has high rates of poor health indicators, including obesity, diabetes, cardiovascular disease, and respiratory illness. Individuals living within medically underserved areas frequently experience challenges with accessing care. To combat these challenges, VH is dedicated to addressing the social determinants of health for all patients. Family Learning Centers (FLCs), initially established for families with children ages 0-5 years, are currently embedded within the Chandler, West Maryvale, South Phoenix/Laveen, North Phoenix, Phoenix, South Central Phoenix and Peoria clinics and provide healthcare guidance and resources, parenting activities, community referrals, and education classes. Additionally, VH is certified by NCQA as a Patient-Centered Medical Home and adheres to a model of health care that is relationship-based with an orientation toward the whole person. VH has been actively involved in the Federal Ryan White HIV/AIDS Program (RWAP) since receiving HRSA Demonstration Project funding in 1990. The McDowell clinic serves as the largest provider of HIV/AIDS-related medical care for adults across Maricopa County. In response to significant growth in refugee new arrivals to the Phoenix metropolitan area in recent years and the commitment to serving the entire family, the VH Refugee Women's Health Clinic (RWHC), founded in 2008, has grown to include the Refugee Pediatric Clinic and the Refugee Family Medicine Clinic. In the 14 years since its inception, the RWHC has cared for over 16,000 refugees, including 9,000 women from 64 countries representing 62 spoken languages, and delivered over 2,000 newborns. VH projects to deliver comprehensive, culturally competent primary health services and integrate access to pharmacy, mental health, substance use disorder, and oral health services to 85,683 unique patients in 279,306 visits across the 11 FQHC clinics located in Services Area #387, Phoenix Metropolitan Area, Arizona. VH proposes to expand FLCs into Community Learning Centers and increase services that support access to non-medical, social, education and other related services, including chronic disease

## Key Contacts Form

**\* Applicant Organization Name:**

Maricopa County Special Healthcare District

Enter the individual's role on the project (e.g., project manager, fiscal contact).

**\* Contact 1 Project Role:** Project Director

Prefix:

**\* First Name:** Barbara

Middle Name:

**\* Last Name:** Harding

Suffix:

Title: Sr. VP Ambulatory Svcs. & CEO FQHC Clinids

Organizational Affiliation:

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Street2:

**\* City:** Phoenix

County:

**\* State:** AZ: Arizona

Province:

**\* Country:** USA: UNITED STATES

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**\* Telephone Number:** 602-344-1129

Fax:

**\* Email:** barbara.harding@valleywisehealth.org

## Key Contacts Form

**\* Applicant Organization Name:**

Maricopa County Special Healthcare District

Enter the individual's role on the project (e.g., project manager, fiscal contact).

**\* Contact 2 Project Role:** Project Manager

Prefix:

**\* First Name:** Kari

Middle Name:

**\* Last Name:** Lockwood

Suffix:

Title: Project Manager

Organizational Affiliation:

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Street2:

**\* City:** Phoenix

County:

**\* State:** AZ: Arizona

Province:

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**\* Telephone Number:** 602-344-5979

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## Key Contacts Form

**\* Applicant Organization Name:**

Maricopa County Special Healthcare District

Enter the individual's role on the project (e.g., project manager, fiscal contact).

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Prefix:

\* First Name: Wesley

Middle Name:

\* Last Name: Korte

Suffix:

Title: Supervisor Accounting

Organizational Affiliation:

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Street2:

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County:

\* State: AZ: Arizona

Province:

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Fax:

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### Project/Performance Site Location(s)

**Project/Performance Site Primary Location**  I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

\* Street1:

Street2:

\* City:  County:

\* State:

Province:

\* Country:

\* ZIP / Postal Code:  \* Project/ Performance Site Congressional District:

**Project/Performance Site Location 1**  I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

\* Street1:

Street2:

\* City:  County:

\* State:

Province:

\* Country:

\* ZIP / Postal Code:  \* Project/ Performance Site Congressional District:

**Project/Performance Site Location 2**  I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

\* Street1:

Street2:

\* City:  County:

\* State:

Province:

\* Country:

\* ZIP / Postal Code:  \* Project/ Performance Site Congressional District:

## Project/Performance Site Location(s)

### Project/Performance Site Location 3

I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

\* Street1:

Street2:

\* City:  County:

\* State:

Province:

\* Country:

\* ZIP / Postal Code:  \* Project/ Performance Site Congressional District:

### Project/Performance Site Location 4

I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

\* Street1:

Street2:

\* City:  County:

\* State:

Province:

\* Country:

\* ZIP / Postal Code:  \* Project/ Performance Site Congressional District:

### Project/Performance Site Location 5

I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

\* Street1:

Street2:

\* City:  County:

\* State:

Province:

\* Country:

\* ZIP / Postal Code:  \* Project/ Performance Site Congressional District:

## Project/Performance Site Location(s)

### Project/Performance Site Location 6

I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

\* Street1:

Street2:

\* City:  County:

\* State:

Province:

\* Country:

\* ZIP / Postal Code:  \* Project/ Performance Site Congressional District:

### Project/Performance Site Location 7

I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

\* Street1:

Street2:

\* City:  County:

\* State:

Province:

\* Country:

\* ZIP / Postal Code:  \* Project/ Performance Site Congressional District:

### Project/Performance Site Location 8

I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

\* Street1:

Street2:

\* City:  County:

\* State:

Province:

\* Country:

\* ZIP / Postal Code:  \* Project/ Performance Site Congressional District:

## Project/Performance Site Location(s)

### Project/Performance Site Location 9

I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

\* Street1:

Street2:

\* City:  County:

\* State:

Province:

\* Country:

\* ZIP / Postal Code:  \* Project/ Performance Site Congressional District:

### Project/Performance Site Location 10

I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

\* Street1:

Street2:

\* City:  County:

\* State:

Province:

\* Country:

\* ZIP / Postal Code:  \* Project/ Performance Site Congressional District:

Additional Location(s)



## **NEED**

The Maricopa County Special Health Care District, doing business as Valleywise Health (VH/the System) is the only public teaching hospital and health care system in Arizona. VH provides primary and specialty care services predominantly to underserved, low-income and ethnically diverse populations. Over a nearly 150-year history, VH has built a reputation of quality health care by placing compassion at the forefront of care. The mission of VH is "To provide exceptional care, without exception, every patient, every time." Accordingly, the System employs a comprehensive approach to care, clinical training, and population health management.

Our facilities include the Valleywise Medical Center, three inpatient and three outpatient behavioral health clinics, an Assertive Community Treatment Team, the First Episode Center, the largest Ryan White HIV/AIDs program in the state, and 11 Federally Qualified Health Centers (FQHCs) in Avondale, Chandler, Guadalupe, West Maryvale, Mesa, Peoria and various underserved communities throughout Phoenix, Arizona in Maricopa County. With an estimated population of 4.5 million, Maricopa County is the state's most populous and home to 62% of Arizona's residents; primary race/ethnicity is 31% Hispanic, 55% White and 6.4% Black. VH serves as the public safety-net system and comprises one of the largest medical teaching programs in Maricopa County, training 400 residents and providing 3,200 student rotations in 12 accredited programs annually.

Given the mission of VH, Refugee Health services have been a crucial population served. VH established the Refugee Women's Health Clinic (RWHC), the first clinic of its type in Arizona and the second largest in the U.S. The RWHC has grown tremendously in the 14 years since its inception, caring for over 9,000 women from 64 countries representing 62 languages across Sub-Saharan Africa, South-East Asia, and the Middle East. The outgrowth of the RWHC is the development of the VH global health primary care service lines comprising the RWHC, the Refugee Pediatrics and Refugee Family Medicine Clinics. Well over 16,000 refugees have been served.

Family Learning Centers (FLCs) currently operate at eight FQHC clinic site locations and provide support and guidance to improve health and manage medical care. FLCs facilitate special classes, parenting activities, information on insurance and health care, chronic disease management for adults, and linkage to community resources for financial assistance and counseling. FLC Coordinators are available to patients and community members to answer questions about pregnancy, parenting, child development, nutrition, chronic diseases, treatments, tests, preventive care, and other health concerns. VH is currently expanding these services to additional site locations with plans to change the name to Community Learning Centers, reflecting the emphasis on additional enabling/supportive services beyond required case management services and support health center patients' access to non-medical, social, educational, and other related services. VH will submit a prior approval request for a Change in Scope to formally add Additional Enabling/Supportive Services to Additional Services included in our Form 5A – Services.

Through this Service Area Competition competing continuation grant application, VH seeks to retain full FQHC status for its eleven FQHC clinics. The VH system meets the goals of the program

by providing primary and specialty care services to underserved populations in Maricopa County who have unmet health care needs. This funding opportunity will allow VH to access additional funding opportunities and increased payment rates for services to help the clinics sustain operations and ensure that the most vulnerable populations in Maricopa County have continued access to critically needed health care services.

#### DESCRIPTION OF THE PROPOSED SERVICE AREA

##### **Service Area: Arizona's Health Care and Economic Environment.**

Given VH extensive service area and diverse service offerings, it is appropriate to consider the state's overall health care and economic environment prior to focusing on specific service areas.

*Job Growth.* Arizona's job growth continues to rebound from COVID-19. Prior to the pandemic, Arizona's job growth in 2019 ranked second in the nation, having added 84,444 jobs between December 2018 and December 2019.<sup>1</sup> From March 2020 to March 2021, Arizona employment declined by 2.9% year-over-year (YoY), whereas U.S. employment declined by 4.4% YoY.<sup>2</sup> Since June of 2020, Arizona has added an average of 12,800 jobs per month.<sup>3</sup> Per the Arizona Commerce Authority, the seasonally adjusted unemployment rate in Arizona as of September 2021 was 5.7%, with the unemployment rate for those with less than a high school education being 8.3% (2019).<sup>4</sup> The Arizona jobs forecast anticipates that the state will regain pre-pandemic employment peak in the third to fourth quarter of 2021, assuming the COVID-19 vaccines remain effective against emerging variants and that vaccination progress outpaces the outbreak.<sup>5</sup>

*Population.* Arizona's population growth has been among the fastest in the nation, with a significant portion approaching retirement age. The Arizona Office of Economic Opportunity notes: 1) Arizona's 2020 population growth rate was four times larger than the U.S. population growth rate, ranking 2<sup>nd</sup> in 2020 and 3<sup>rd</sup> in 2019 in population growth in the nation; 2) Arizona's labor force grew by more than 1 million people over the past two decades, more than three times faster than the U.S. labor force; 3) Maricopa County is projected to account for 85% of job gains from 2019-2029; and 4) Maricopa County accounted for 74% of total net migration growth for the state from 2010 - 2019.<sup>6</sup>

*Health Rankings.* The United Health Foundation 2020 Health Rankings compares states across five health measures: social and economic factors, physical environment, clinical care, behaviors and health outcomes. Arizona ranked in the bottom half of all states for four measures (social/economic factors-#35; physical environment-#26; clinical care-#39; health outcomes-#29), and ranked #24 for the fifth measure, behaviors.<sup>7</sup> Adults with multiple chronic conditions (i.e., diabetes, depression, cardiovascular disease) represent high-need segments of the population. Specific to women and children's health, Arizona ranked 44<sup>th</sup> and 49<sup>th</sup> respectively, when considering clinical care measures.<sup>8</sup> Seniors with multiple chronic conditions increased from 33% to 36.5% of all Medicare beneficiaries between 2014 – 2018.<sup>9</sup> Regarding health disparities, Arizona showed high disparities for child poverty in Hispanics and Whites, for premature death of American Indian / Alaska Native (AI/AN) and Asian/Pacific Islander, and for food insecurity in households headed by a college graduate.<sup>10</sup>

*Education.* The National Center for Education Statistics shows that Arizona had a high school graduation rate of 78%, ranking 48<sup>th</sup> in the nation, from 2018 - 2019.<sup>11</sup> Specific races/ethnicities groups in Maricopa County fell short of the 78% graduation rate in 2020: AI/AN: 56.5%; Black/African Americans: 72.6%; Hispanics: 73.2%; and homeless: 45.5%. By comparison, the graduation rate among White students was 84.6%.<sup>12</sup>

Figure 1, below, outlines many of the State’s largest health challenges including behaviors such as excessive drinking, physical inactivity, depression, smoking and obesity, and social and economic factors.

Figure 1: Arizona Health Ranking Behaviors, and Social & Economic Factors\*

	Rating	2020 Value	2020 Rank
<b>Behaviors</b>			
Excessive Drinking (% of Adults)	++++	16.5%	13
Physical Inactivity (% of Adults)	++++	24.1%	15
Depression (% of Adults)	+++++	16.8%	9
Smoking (% of Adults)	++++	14.9%	19
Obesity (% of Adults)	++++	31.4%	20
TOTAL BEHAVIORS	+++	0.086	24.00
<b>Social &amp; Economic Factors</b>			
Occupational Fatalities (Deaths per 100,000 workers)	++++	4.3	19
Violent Crime (Cases per 100,000 population)	+	455	41
High-speed Internet	+++	88.3%	24
Income Inequality	++++	4.41	19
Food Insecurity	++	12.40%	31
TOTAL SOCIAL & ECONOMIC FACTORS	++	-0.163	35

\* Data from America’s Health Rankings, United Health Foundation:  
[https://www.americashealthrankings.org/explore/annual/measure/Overall\\_a/state/AZ](https://www.americashealthrankings.org/explore/annual/measure/Overall_a/state/AZ)

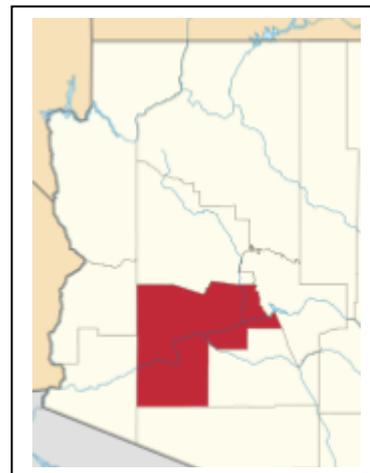
Regarding healthcare statistics and performance, Arizona has realized both positive and negative trends. Some of the state’s notable positive health care trends include a reduction in adults with high cholesterol, an increase in the number of women who completed a well-woman visit, and a reduction in the number of Hispanic adults who avoided care due to the cost.<sup>13</sup> However, negative health care trends include frequent mental distress, increased premature death, racial inequity, increases in child mortality and the number of uninsured children.<sup>14</sup>

Finally, as of October 1, 2021 nearly 2.3 million people were enrolled in any form of Arizona Medicaid (AHCCCS) and KidsCare.<sup>15</sup> Through the Affordable Care Act (ACA), Arizona participates in a Federal Facilitated Marketplace (FFM) that offers health insurance plans for qualifying consumers. These plans are designed and operated by the Department of Health and Human Services. From 2016 – 2019, there was an increase of 128,000 uninsured individuals, after sharp drops when the state expanded eligibility for coverage under the Arizona Health Care Cost Containment System, the state’s Medicaid system, in 2014.

The National Center for Health Statistics partnered with the Census Bureau to provide information about the impact of the coronavirus pandemic in the U.S. regarding insurance coverage. Respondents were asked whether they were currently covered by any of eight health insurance or coverage plans (private, public, or uninsured). From September 29 – October 11, 2021, 14% of Arizona respondents were uninsured at the time of the interview, ranking the state seventh worse of all states. Additionally, 26.8% of Arizona respondents had coverage through public health insurance, ranking 16<sup>th</sup> in the nation.<sup>16</sup>

**Service Area: Boundaries and Maricopa County’s Economic Environment**

The VH proposed service area is within Maricopa County with the hospital and ambulatory clinics located in the following zip codes: 85323, 85225, 85033, 85004, 85021, 85041, 85008, 85345, 85203, and 85283. Maricopa County is the fourth most populous county in the U.S, with a 2021 population of over 4.6 million and growing. It is the 2nd largest county in Arizona, home to about 62% of the state’s population.<sup>17</sup> The County encompasses 9,224 square miles, including 27 cities and towns, as well as the whole or part of five sovereign Native American reservations. The largest city, Phoenix, is both the County seat and the State capital. Maricopa County is ethnically and culturally diverse, home to more than 1.2 million Hispanics (31% of all residents), 6.4% Black/African Americans, 4.6% Asian Americans, and 2.8% Native Americans.<sup>18</sup> The VH target population within Maricopa County is ethnically and racially diverse; 73% of our population are racial or ethnic minorities. Over 40% of patients are non-English speaking as noted in the VH 2020 UDS report.



**The Service Area is Reflective of Where the Proposed Patients Reside**

The 2020 VH Uniform Data System (UDS) report indicates that over 30% of patients seeking services at the VH FQHC clinics reside within the following zip codes located in the noted service area: 85323, 85225, 85033, 85004, 85021, 85041, 85008, 85345, 85203, and 85283. VHs’ penetration rates for these zip codes may also be viewed in Attachment 1: Service Area Map and Table and in Table 1 below. These utilization trends will continue as many individuals within the service area rely on VH as their primary health care provider to meet all of their health care needs. Accordingly, patients will continue seeking services from the sites outlined in Form 5B.

It is important to note that the aforementioned zip codes are non-contiguous and have specific neighborhoods that the FQHC clinics service. This extended service area is based on the historical area of operation for the Maricopa County, which dates to the 1950s and 1960s. While several of these clinic locations are still operating today, the VH Care Reimagined project has served to rebuild our community’s public teaching hospital and position the FQHC clinics to better serve vulnerable populations in the surrounding neighborhoods. The clinics assist patients with much more than just health care; rather these sites assist individuals in addressing the social determinant of health.

**Table 1: Health Center Penetration Rate for the Proposed Service Area**

ZCTA	Post Office Name	State	HCP: Health Center Count (Combined) 2020	HCP: Dominant Health Center 2020	Pop: Total (#) 2015-2019	Pop: Low-Income (#) 2015-2019	HCP: Total Patients (#) 2020	HCP: Penetration of Low-Income (%)	HCP: Penetration of Total Population (%)
Summary:					502833	215101	66555	0.309412787	0.132360048
85021	Phoenix	AZ	9	MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT	43378	19715	5110	0.259193508	0.117801651
85033	Phoenix	AZ	9	MOUNTAIN PARK HEALTH CENTER	64832	39138	10840	0.276968675	0.167201382
85041	Phoenix	AZ	10	MOUNTAIN PARK HEALTH CENTER	62152	29573	14272	0.482602374	0.229630583
85225	Chandler	AZ	10	MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT	70356	23264	4784	0.205639615	0.067997044
85323	Avondale	AZ	9	MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT	43968	18372	6976	0.379708252	0.158660844
85283	Tempe	AZ	9	MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT	51495	14575	3347	0.229639794	0.064996602
85345	Peoria	AZ	9	ADELANTE HEALTHCARE, INC.	57351	20162	4300	0.213272493	0.074976897
85004	Phoenix	AZ	9	MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT	7164	2705	922	0.340850277	0.128699051
85008	Phoenix	AZ	9	MOUNTAIN PARK HEALTH CENTER	62340	32739	13622	0.416078683	0.218511389
85203	Mesa	AZ	11	ADELANTE HEALTHCARE, INC.	39797	14858	2382	0.160317674	0.059853758

UNMET HEALTH CARE NEEDS WITHIN THE SERVICE AREA / TARGET POPULATIONS

**Extent to which the Target Population is Served by Other Primary Health Care Providers**

As identified in the VH 2020 Community Health Needs Assessment (CHNA), one of the largest problems facing individuals within the identified service area is a persistent lack of access to care. The County Health Rankings and Roadmaps are based on a model of community health which emphasizes many factors that influence how well we live. More than 30 measures are used to help communities understand how healthy their residents are today and what will impact their health in the future. The Primary Care Physicians (PCP) ratio represents the number of individuals served by one physician in a county, if the population was equally distributed across physicians. For example, if a county has a population of 50,000 and has 20 primary care physicians, their ratio would be: 2,500:1. Doctors of Osteopathy are included in the definition of PCPs but nurse practitioners, physician assistants, or other practitioners are not included. The current PCP Ratio is 1,450 patients for every one PCP in Maricopa County.<sup>19</sup> In 2018, the ratio was 1,410 patients per PCP, so this measure has worsened. While there are numerous reasons why ratios can vary, a general standard is that PCPs should have no more than about 1,000 patients under care if the majority are geriatric with complex chronic illnesses and perhaps up to 1500 if most are healthy.<sup>20</sup>

**Figure 2: PCP Ratio for Maricopa County**

<b>Maricopa County</b>	<b># of Primary Care Physicians</b>	<b>PCP Ratio: 1,450:1</b> <b>Z Score: -0.92</b>
------------------------	-------------------------------------	----------------------------------------------------

Source: 2021 County Health Rankings - Arizona

Given the PCP ratio for Maricopa County, as well as having the largest penetration rates for the health centers within the identified service area, access issues confirm there are still unmet health care needs within the target population. Through completed patient surveys representing both

English and Spanish speaking populations and secondary data review, the VH CHNA documented that many individuals within the proposed service area feel that care resources are fragmented, which directly impacts their care. With many residents lacking a PCP and medical home, frequently these individuals find navigating the health care system challenging.

Many of the areas within Maricopa County are designated as Medically Underserved Areas (MUA) with Medically Underserved Populations (MUP). Currently, the County has 12 MUAs and 4 MUPs. Coupled with these MUAs and MUPs, Maricopa County has numerous areas that are designated as Health Professional Shortage Areas (HPSAs). Currently Maricopa County has 47 primary medical care HPSAs, 41 dental HPSAs and 32 mental health HPSAs.<sup>21</sup>

**Factors Associated with Access to Care and Health Care Utilization**

The VH target population faces multiple barriers to accessing health care services, including lack of providers, financial barriers, and transportation barriers. As previously noted, Maricopa County has many designated MUAs and MUPS, as well as numerous HPSAs which impact access to care and utilization. The sections below outline additional barriers to care.

*Financial Barriers:* There are significant financial barriers for much of the VH target population. Table 2, below, presents data at 100% of the 2020 Poverty Guidelines for the 48 Contiguous States and the District of Columbia.<sup>22</sup> It outlines select characteristics of individuals living in poverty in Maricopa County. Within Maricopa County, residents range from 50% or less of FPL (15.9%) to 125% of FPL (42.5%).

**Table 2: Selected Characteristics of People at Specified Levels of Poverty in Maricopa County**

SEX	Population Size	Less than 50% FPL	Less than 100% FPL	Less than 125% FPL
Male	2,023,814	6.9%	14.8%	19.2%
Female	2,077,494	8.0%	16.6%	21.5%
AGE				
Under 18 years	1,014,646	11.4%	22.5%	28.8%
Related children of Householder under 18 years	1,010,104	10.0%	22.2%	28.5%
18-64 years	2,506,287	7.2%	14.7%	18.8%
65 years and over	580,345	3.4%	8.4%	12.5%
RACE				
One Race	3,960,005	7.4%	15.7%	20.3%
White	3,203,614	6.7%	14.1%	18.4%
Black or African American	217,162	11.3%	21.9%	27.7%
American Indian and Alaska Native	76,697	13.2%	26.3%	33.5%
Asian	162,060	6.4%	12.0%	15.4%
Native Hawaiian and Other Pacific Islander	8,635	8.7%	17.3%	22.8%
Some Other Race	291,837	11.5%	27.9%	35.4%
Two or more Races	141,303	8.2%	16.3%	21.3%
Hispanic or Latino Origin	1,256,273	11.3%	26.0%	33.7%
White Alone, Not Hispanic or Latino Origin	2,312,393	5.0%	9.6%	12.5%

Table 3 outlines the 2021 Federal Poverty Guidelines for those at 100% of the Guidelines and Table 4 delineates specific income statistics for Maricopa County. Based on these statistics, there are a number of households and families living below the poverty line in the identified service area. Income is strongly associated with morbidity and mortality across the income distribution, and income-related health disparities appear to be growing over time throughout Arizona and the County. Income influences health and longevity through various clinical, behavioral, social, and environmental mechanisms. Isolating the unique contribution of income to health can be difficult because this relationship intersects with many other social risk factors, but there is a clear relationship between lower-income and poor health outcomes.

Table 3. Annual Income Poverty Guideline for Those at 100% of FPG\*

Persons in Family	Annual Income Poverty Guideline
1	\$12,880
2	\$17,420
3	\$21,960
4	\$26,500
5	\$31,040
6	\$35,580
7	\$40,120
8	\$44,660
For families / households with more than 8 persons	Add \$4,540 for each additional person.
* <a href="https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/prior-hhs-poverty-guidelines-federal-register-references/2021-poverty-guidelines">https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/prior-hhs-poverty-guidelines-federal-register-references/2021-poverty-guidelines</a>	

Table 4: Income Statistics for Maricopa County\*

Subject	Households	Families	Married Couple Families	Non-family Households
<b>Total</b>				
<b>Less than \$10,000</b>	6.1%	4.3%	1.9%	10.6%
<b>\$10,000 to \$14,999</b>	3.7%	2.4%	1.4%	6.5%
<b>\$15,000 to \$24,999</b>	8.8%	6.6%	4.2%	13.4%
<b>\$25,000 to \$34,999</b>	9.3%	8.0%	5.9%	12.4%
<b>\$35,000 to \$49,999</b>	14.0%	12.8%	10.8%	16.4%
<b>\$50,000 to \$74,999</b>	18.6%	19.2%	18.5%	17.2%
<b>\$75,000 to \$99,999</b>	12.9%	14.3%	16.0%	9.6%
<b>\$100,000 to \$149,999</b>	14.4%	17.0%	20.9%	8.4%
<b>\$150,000 to \$199,999</b>	5.7%	7.0%	9.2%	2.6%
<b>\$200,000 or more</b>	6.5%	8.3%	11.2%	2.8%
<b>Median Income (dollars)</b>	\$59,603	\$69,932	\$85,687	\$41,106
<b>Mean Income (dollars)</b>	\$83,459	\$95,715	\$113,450	\$57,612
* 2019: American Community Survey 5-Year Estimate, US Census Bureau				

VH UDS data indicates that 40.6% of patients are 100% or less of FPL and 49.5% of patients are less than 150% FPL.

*Transportation:* Access to transportation is another significant barrier for low-income families. Maricopa County offers public transportation including bus service and light rail. Although the FQHC clinics are within proximity to public transportation, frequently patients, especially those in more rural areas, are traveling great distances to seek health care services, making a car essential for these individuals to attend health care appointments. VH 2020 UDS data identified 1,393 patients screened positive for lack of transportation or access to public transportation.

*Language:* Language is also a barrier to care for many of the service area residents. Over 40% of VH patients are listed in our 2020 UDS as being “served best in a language other than English.” The language barriers of the general population are even analogous; nearly 27% of Maricopa County residents speak a language other than English at home.<sup>23</sup> VH has an internal staff of 30 interpreters providing services in more than 70 languages. Interpretation services include in-person, access to real-time translation utilizing the phone-based World-Wide Interpreters, and services for the hearing impaired.

**Significant Causes of Morbidity and Mortality in the Target Population**

Statewide and within Maricopa County, different demographic groups have varying health disparities. Table 5, below, outlines the 2019 mortality disparities within Maricopa County overall and by race/ethnicity. Heart disease and cancer are the top two causes of death across all races/ethnicities except for American Indians, for whom unintentional injury is the second leading cause of death. Diabetes is seventh for Whites/Overall, but rises to fourth for Hispanics, African Americans, American Indians and fifth for Asians. Unintentional Injury is sixth for Whites but rises to third for Hispanics and African Americans. Homicide does not make the list for the 10 leading causes of death overall but is eighth for African Americans.

Table 5. Leading Causes of Death in Maricopa County.<sup>24</sup>

Rank	Overall Cause of Death	White	Hispanic	African American	American Indian	Asian
1	Cardiovascular Disease (CV)	CV	Cancer	CV	Cancer	Cancer
2	Cancer	Cancer	CV	Cancer	UI	CV
3	Chronic Lower Respiratory (CLR)	CLR	UI	UI	CV	Stroke
4	Alzheimer’s (Alz)	Alz	Diabetes	Diabetes	Diabetes	UI
5	Unintentional Injury (UI)	Stroke	Stroke	Stroke	Liver Disease	Diabetes
6	Stroke	UI	Alz	CLR	N/A	Alz
7	Diabetes	Diabetes	Liver Disease	Alz		
8	Suicide	Fall	CLR	Homicide	N/A	
9	Fall	Suicide	Suicide	Suicide		
10	Influenza/Pneumonia (I/P)	I/P	Pregnancy/Early Life	Pregnancy/Early Life		

*Additional Information on Morbidity and Mortality:* The 2016 Behavioral Risk Factor Surveillance System’s (BRFSS) Maricopa County Report (most recent available) details medical provider diagnosed conditions by age and group and race/ethnicity for several health indicators and reveals the prevalence of each.<sup>25</sup> The statistics are culled from data in the Arizona Department of Health Services’ annual files. The survey methodology is telephone-based (both land lines and cell phones included) and is randomized. Tables 6 and 7 report on health indicators in Maricopa County.

Table 6. Self-Reported Health Indicators by Age Group, and Race/Ethnicity

Self-Reported Health Indicators	18-24 %	25-34 %	35-44 %	45-54 %	55-64 %	65+ %	White, non-Hisp. %	Hisp. %	Total %
Health Status: Excellent, Very Good, Good	91.8	87.7	86.7	78.8	73.4	78.7	85.6	73.6	82.7
BMI – Overweight	21.1	29.1	33.7	39.6	41.9	40.3	36.9	32.8	34.7
BMI – Obese	13.8	28.4	32.9	35.5	31.7	25.6	25.9	34.8	28.3

Note: Overweight and obesity are based on the respondent’s self-reported height and weight.

Table 7. Medical Provider Diagnosed Conditions by Age Group and Race/Ethnicity

Has a Medical Provider Ever Told You that You Have/Had	18-24 %	25-34 %	35-44 %	45-54 %	55-64 %	65+ %	White, non-Hisp. %	Hisp. %	Total %
Coronary Heart Disease	0.0	0.2	2.8	2.3	5.8	11.6	4.7	3.2	4.0
Heart Attack	0.0	0.1	1.1	3.8	5.3	9.7	4.1	2.4	3.5
Stroke	0.0	2.2	1.9	1.7	4.2	7.3	3.5	2.2	3.1
Diabetes	0.5	3.5	2.1	13.3	20.2	19.7	9.9	11.1	10.2
Asthma	11.3	15.2	13.6	16.4	15.4	12.6	15.6	11.0	14.1
Chronic Obstructive Pulmonary Disorder	1.7	4.4	2.7	6.8	8.8	11.1	7.1	4.7	6.1
Depressive Disorder	11.1	18.1	14.0	19.1	20.8	13.6	18.9	11.4	16.2
Skin Cancer	0.0	0.2	2.8	5.4	11.2	23.1	11.6	1.1	7.6
Arthritis	2.7	6.4	12.0	26.3	40.3	53.0	30.2	14.8	24.3
Kidney Disease	0.8	0.7	1.3	4.2	5.2	7.2	3.9	2.7	3.3

*Arizona’s Opioid Crisis:* More than two people die every day from opioid overdoses in Arizona. Due to an alarming increase in opioid deaths in 2016, Governor Ducey declared a state of emergency on June 5, 2017, which set in motion substantial action to prevent opioid addiction and reduce opioid overdoses in Arizona. With completion of the emergency response deliverables, and the implementation of the Opioid Action Plan and the Arizona Opioid Epidemic Act, Governor Ducey officially called an end to the public health emergency on May 29, 2018. The Arizona Department of Health Services (ADHS) continues to track real-time opioid data. From June 15, 2017 – December 10, 2021, there were 11,395 suspected opioid deaths, 82,578 suspected opioid overdoses, 3,156 neonatal abstinence syndrome and 45,990 naloxone doses administered.

After more than seven years of litigating, Maricopa County signed off on a national opioid settlement agreement with opioid manufacturer Johnson & Johnson and drug distributors AmerisourceBergen, Cardinal Health, and McKesson. This landmark settlement is expected to infuse about \$80 million in relief money to county residents. The funds are expected to go to relief and resources related to opioids, including diversion programs to prevent people from going to prison for an addiction or substance-use disorder.

*Uninsured.* Within Maricopa County, access to care varies substantially when ethnicity, nation of birth and educational attainment are considered. According to 2019 Census data, the overall rate of uninsured residents in Maricopa County was 13.3% (compared to the State rate of 13.6% and U.S. rate of 10.2%).<sup>26</sup> However, when encompassing race and ethnicity, these rates increase

substantially with Hispanics in Maricopa County having an uninsured rate of 41%, African Americans/Blacks 20%, Native Americans 19% and Asians 17%.<sup>27</sup>

*Birth Outcomes, High Blood Pressure and Diabetes.* VH 2020 UDS data, Tables 8 – 10 below, show clear disparities for specific populations, including African Americans and Hispanic patients, regarding birth outcomes, high blood pressure and diabetes control. Most newborns typically weigh between 2,300 – 4,000 grams. Table 8, below, show that 7.5% of Hispanic live births were less than 2,500 grams, while over 16% of non-Hispanic Black/African Americans had live births under 2,500 grams.

Table 8: 2020 UDS – Deliveries and Birth Weight

Section A: Deliveries and Birth Weight					
S. No	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: < 1500 grams (1b)	Live Births: 1500 – 2499 grams (1c)	Live Births: >= 2500 grams (1d)
<b>Hispanic/Latino</b>					
1a.	Asian	0	0	0	0
1b1.	Native Hawaiian	0	0	0	0
1b2.	Other Pacific Islander	4	0	0	4
1c.	Black/African American	1	0	0	1
1d.	American Indian/Alaska Native	2	0	1	1
1e.	White	1,126	9	75	1,127
1f.	More Than One Race	1	0	0	1
1g.	Unreported/Refused to Report Race	9	0	1	8
Subtotal Hispanic/Latino (Sum Lines 1a-1g) START		1,143	<b>9</b>	<b>77</b>	1,142
<b>Non-Hispanic/Latino</b>					
2a.	Asian	44	1	6	49
2b1.	Native Hawaiian	0	0	0	0
2b2.	Other Pacific Islander	8	0	2	6
2c.	Black/African American	230	<b>12</b>	<b>23</b>	215
2d.	American Indian/Alaska Native	19	0	5	25
2e.	White	143	3	17	136
2f.	More Than One Race	7	2	0	5
2g.	Unreported/Refused to Report Race	12	0	1	13
Subtotal Non-Hispanic/Latino (Sum Lines 2a-2g)		463	<b>18</b>	<b>54</b>	440
<b>Unreported/Refused to Report Ethnicity</b>					
h.	Unreported/Refused to Report Race and Ethnicity	0	0	0	0
i.	Total (Sum Lines 1a-h)	1,606	27	131	1,582

As shown in Table 9, a significant portion of Hispanic and non-Hispanic Black/African American patients have uncontrolled hypertension.

Table 9: 2020 UDS – Controlling High Blood Pressure (Hypertension - HTN)

Section B: Controlling High Blood Pressure				
S. No	Race and Ethnicity	Total Patients 18 through 85 Years of Age with Hypertension 2(a)	Charts Sampled or EHR Total (2b)	Patients with HTN Controlled (2c)
<b>Hispanic/Latino</b>				
1a.	Asian	6	6	3
1b1.	Native Hawaiian	2	2	0
1b2.	Other Pacific Islander	7	7	4
1c.	Black/African American	37	37	15
1d.	American Indian/Alaska Native	28	28	13
1e.	White	8,754	8,754	4,134
1f.	More Than One Race	5	5	0
1g.	Unreported/Refused to Report Race	205	205	101
Subtotal Hispanic/Latino (Sum Lines 1a-1g)		<b>9,044</b>	9,044	4,270
<b>Non-Hispanic/Latino</b>				
2a.	Asian	481	481	196
2b1.	Native Hawaiian	9	9	2
2b2.	Other Pacific Islander	99	99	44
2c.	Black/African American	<b>2,674</b>	2,674	1,136
2d.	American Indian/Alaska Native	134	134	59
2e.	White	4,208	4,208	2,012
2f.	More Than One Race	34	34	14
2g.	Unreported/Refused to Report Race	223	223	106
Subtotal Non-Hispanic/Latino (Sum Lines 2a-2g)		7,862	7,862	3,568
h.	Unreported/Refused to Report Race and Ethnicity	10	10	6
i.	Total (Sum Lines 1a-h)	16,916	16,916	7,844

Table 10 shows that of the large portion of patients who have diabetes (11,029), Hispanics account for nearly 66% of these patients.

Table 10: 2020 UDS - Diabetes with Poor Control

S. No	Race and Ethnicity	Total Patients 18 through 75 Years of Age with Diabetes (3a)	Charts Sampled or EHR Total (3b)	Patients with HbA1c > 9% Or No Test During Year (3f)
1a.	Asian	4	4	1
1b1.	Native Hawaiian	0	0	0
1b2.	Other Pacific Islander	9	9	3
1c.	Black/African American	21	21	14
1d.	American Indian/Alaska Native	23	22	12
1e.	White	7,034	7,034	2,501
1f.	More Than One Race	1	1	0

S. No	Race and Ethnicity	Total Patients 18 through 75 Years of Age with Diabetes (3a)	Charts Sampled or EHR Total (3b)	Patients with HbA1c > 9% Or No Test During Year (3f)
1g.	Unreported/Refused to Report Race	158	158	54
Subtotal Hispanic/Latino (Sum Lines 1a-1g)		<b>7,250</b>	7,249	2,585
2a.	Asian	243	243	58
2b1.	Native Hawaiian	3	3	0
2b2.	Other Pacific Islander	62	62	19
2c.	Black/African American	1,275	1,275	439
2d.	American Indian/Alaska Native	120	120	53
2e.	White	1,920	1,920	679
2f.	More Than One Race	17	17	6
2g.	Unreported/Refused to Report Race	129	129	37
Subtotal Non-Hispanic/Latino (Sum Lines 2a-2g)		3,769	3,769	1,291
h.	Unreported/Refused to Report Race and Ethnicity	10	10	6
i.	Total (Sum Lines 1a-h)	11,029	11,029	3,882

**Unique Health Care Needs of the Service Area/Target Population Impacting Need**

The VH care model is based on Whole Person Care. To understand the need for integrated primary care and behavioral health services in the target population, VH focuses on specific patterns of health status indicators, stratified by demographic subgroups common to the organization’s patient population. The demographics of the VH main campus (zip code 85008) shows a high racial and ethnic majority (76%), with over 60% being Hispanic and nearly 9% being Black.<sup>28</sup> The Agency for Healthcare Research and Quality (AHRQ) *National Healthcare Quality and Disparities Report* assesses the performance of our healthcare system and identifies areas of strengths and weaknesses, as well as disparities, for access to healthcare and quality of healthcare. Priority populations include, but are not limited to, Hispanics, Blacks, the low income, and women. The quality measures specific to Hispanic are compared to achievable benchmarks, which are derived from top-performing states. Measures that are far from the benchmarks (<50% of benchmark) include:<sup>29</sup>

- Hospital admissions for uncontrolled diabetes among Hispanics, Blacks, women, and the low income,
- Colorectal cancer deaths for Blacks,
- Cervical cancer diagnosed at an advanced stage for women, and
- HIV infection deaths among Hispanics and Blacks.

Furthermore, the National Alliance on Mental illness (NAMI) notes that Hispanic/Latinx communities show similar vulnerability to mental illness as the general population, but they face disparities in both access to and quality of treatment. More than half of Hispanic young adults ages 18-25 with serious mental illness may not receive treatment, putting them at a higher risk for more severe and persistent forms of mental health conditions. Approximately 34% of Hispanic adults with mental illness receive treatment annually compared to the U.S. average of 45%. This is due

to many unique barriers to care such as language, poverty, lack of health insurance, legal status, acculturation, and stigma.<sup>30</sup>

Data from the Department of Health and Human Services Office of Minority Health shows that, in 2018, Hispanics were 50% less likely to have received mental health treatment as compared to non-Hispanic whites; in 2019, suicide was the second leading cause of death for Hispanics, ages 15 to 34; and Hispanics living below the poverty level, as compared to Hispanics over twice the poverty level, were twice as likely to report serious psychological distress. Table 11 outlines the high rates of behavioral health issues amongst Hispanics and the vital need for health services.

Table 11. Comparative Mental Health Status of Hispanics.<sup>31</sup>

Measure	Hispanic	Non-Hispanic White	Hispanic / Non-Hispanic White Ratio
Serious psychological distress in the past year among adults 18 years of age and over, percentage, 2019	12.2	12.7	1.0
Serious psychological distress in the past 30 days among adults 18 years of age and over, percentage of poverty level, 2015-2016 (Below 100% FPL)	6.8	12.1	0.6
Percentage of population with feelings that everything is an effort, all or most of the time, among persons 18 years of age and over, 2018	7.5	6.6	1.1
Percentage of population with serious psychological distress among persons 18 years of age and over, 2018	4.6	3.8	1.1
Percentage of adults age 18 and over who received mental health services in the past year, 2019	9.7	19.8	0.5
Percentage of adults age 18 and over with past year major depressive episode who received treatment for the depression, 2019	58.0	70.2	0.8

### OPPORTUNITY ZONE

Qualified Opportunity Zones (QOZ) were created in 2017 and are designed to spur economic development and job creation in distressed communities. Each state can nominate blocks of low-income areas by census tract, which are certified by the Secretary of the U.S. Treasury. Generally, a QOZ is in a highly distressed area that hasn't realized investment in many years. VH currently operates two FQHC clinics that are in QOZs: Mesa and Chandler. The City of Mesa has four approved QOZs and the City of Chandler has two QOZs.

Studies have demonstrated that health centers can create additional economic stimulus both within the center and beyond. By design, these centers are in medically underserved areas in lower income rural and inner-city communities. Neighborhood clinics can often identify the health needs earlier and design effective community-based solutions. Health centers also generate economic activity in their communities: data from the National Association of Community Health Centers (NACHC) showed that in 2019, health centers created more than \$63.4 billion in total economic activity and generated 455,000 jobs across the nation.<sup>32</sup> The same data revealed that of the 23 FQHC Arizona health centers, \$8.35 was generated for every dollar of 330e funding, for a total economic impact of \$1.5 billion, and created a total of 11,720 full-time equivalent jobs.<sup>33</sup> VH looks forward to

collaborating with other businesses and civic entities to help generate additional economic activity in communities where VH operates facilities.

**Process for Assessing Proposed Service Area and Target Population Need**

VH is submitting this application as a competing, continuation applicant. VH utilizes an Electronic Health Record (EHR) system, Epic, at all sites and used by all providers. The EHR system is certified by the Office of the National Coordinator for Health IT (ONC) Health IT Certification Program. The EHR allows all providers and sites to share patient information including the hospital, emergency room, specialty clinics, labs, imaging pharmacy and Health Information Exchange (HIE). MyChart, powered by Epic, is the real-time EHR patient portal, allowing patients to access all health information (i.e., medications, test results, appointments) in one place. VH has developed digital education tools which can be accessed by patients through links embedded in text messages as well as through MyChart.

The EHR is used to extract data for UDS clinical reporting. This data is used to inform quality improvement, population health management, program evaluation and research. Data is collected on individual patients' social risk factors, outside of the data reportable in the UDS. The standardized screening tools used to identify social risk factors include those from Accountable Health Communities, Recommend Social and Behavioral Domains for EHRs, the Well Child Care, Evaluation, Community Resources, Advocacy, Referral, Education (WE CARE), and Patient Health Questionnaires (PHQ-2 and 9). These screening tools have helped VH to identify thousands of patients who are impacted by food and housing insecurity, financial strains, transportation challenges, and depressive symptoms.

a) The VH Community Health Needs Assessment (CHNA). In compliance with Health Center Program requirements, VH contracts with the Maricopa County Department of Public Health (MCDPH) to conduct a CHNA once every three years and adopts an implementation strategy to meet the community health needs identified through our CHNA. The CHNA process includes gathering and analyzing data and community input; using the data to identify health issues; identifying Social Determinants of Health (SDoH) influences on health issues; identifying resources, gaps, and health disparities; setting health priorities and developing action plans to address health priorities; and providing opportunities for feedback from community members.

b) Using the CHNA to Inform and Improve Service Delivery. The results of the VH CHNA are used to determine unmet health needs; evaluate access to care; identify the most significant causes of morbidity and mortality, as well as any associated health disparities; and address any issues and aspects that impact health for our target population. This document is used to engage the Valleywise Health Community Health Centers Governing Council, Board of Directors, senior leadership, and shared with multiple departments. It is also used to engage partners and create opportunities for involvement, and often is used to obtain philanthropic dollars.

c) Factors Associated with Access to Care and Health Care Utilization:

Geography: As previously mentioned, Maricopa County is the fourth most populous county in the United States, spanning a total area of 9,224 miles: 9,200 miles of land mass and 24 miles of water. Maricopa County is the 14th largest county in land area in the continental United States and larger than seven states. Twenty-five cities and towns are located in Maricopa County.

Transportation: Due to the sheer size of Maricopa County, many individuals and VH patients find it extremely difficult to access services due to distance and transportation barriers. When responding to the VH CHNA FQHC Patient Health Needs Survey Access to Care Questions, for patients who were unable to obtain an appointment at their preferred clinic, one of the most frequent responses received was due to a lack of transportation (an average of 22% across responses, with a high of 33% citing lack of transportation as a barrier).

Occupation: VH does not track the occupation of our patients. However, we are aware that many patients work in low-paying service industries such as cooks, dishwashers, and servers; recreation attendants; cashiers; laundry and dry-cleaning workers; hotel/motel staff; maids and housekeepers; and agricultural workers. While many individuals may be working a substantial amount, their earnings are typically low, and employment can be volatile. There is no guarantee that their accumulated work experience and skills will lead to increased wages.

Transience: As reported on the VH 2020 UDS report, a total of 237 patients reported being homeless. Those who are homeless tend to have higher rates of illness (frequently chronic illness), often live with depression or other mental health issues, lack access to effective health care services or have an aversion to seeing a doctor. Creating a positive health experience and building trust is essential to helping homeless patients access and sustain care.

Unemployment: VH patients and parents/caregivers of our pediatric patients experience high levels of unemployment. A high rate of VH patients are unemployed: while the average rate of unemployment among patients receiving care at the VH FQHCs is nearly 23%, adult patients receiving care at two FQHCs indicated unemployment between 34% - 37%. Ninety-six percent of children obtaining services at any VH facility receive benefits through AHCCCS (State of Arizona Medicaid), the VH Financial Assistance Program (sliding fee scale) or are self-pay.

Income Level: Poverty has long been recognized as a contributor to death and disease. Low-income people face greater barriers to accessing care, are less likely to have health insurance or be employed by a company that offers health benefits, have higher rates of behavioral risk factors and significantly impacted by the SDoH. As reported on the VH 2020 UDS report, Table 12 identifies the number and percent of VH patients with Income as a Percent of Poverty Guidelines (n=78,554).

Table 12. VH Patients and Percent of FPL.

FPL Percentage	Number of Patients	Percent of Patients
100% and Below	46,523	59%
101 – 150%	13,226	17%
151 – 200%	6,315	8%
Over 200%	8,517	11%
Unknown	3,973	5%

Educational Attainment: As reported in the 2019 American Community Survey 5-Year Estimate in the US Census Bureau, Table 13, below, identifies education attainment age and race for Maricopa County.

Table 13. Education Attainment for Maricopa County

BY AGE	Total	Male	Female
18 to 24 years	336,762	171,671	165,091
High school graduate	111,636	61,067	50,569
Bachelor's degree or higher	32,461	14,241	18,220
25 years and over	2,204,195	1,073,321	1,130,874
High school graduate	516,794	255,534	261,260
Bachelor's degree or higher	666,106	329,096	337,010
RACE and HISPANIC or LATINO ORIGIN	Total	Male	Female
White alone	1,749,998	853,898	896,100
High school graduate or higher	1,533,225	744,780	788,445
Bachelor's degree or higher	550,214	274,097	276,117
White alone, Not Hispanic or Latino	1,296,111	629,897	666,214
High school graduate or higher	1,227,040	595,276	631,764
Bachelor's degree or higher	492,509	247,257	245,252
Black alone	125,686	61,301	64,385
High school graduate or higher	112,470	55,051	57,419
Bachelor's degree or higher	29,575	13,900	15,675
American Indian or Alaska Native alone	38,619	17,456	21,163
High school graduate or higher	32,610	14,690	17,920
Bachelor's degree or higher	6,724	2,793	3,931
Asian alone	87,598	40,417	47,181
High school graduate or higher	76,574	36,532	40,042
Bachelor's degree or higher	49,559	24,886	24,673
Native Hawaiian and Other Pacific Islander alone	5,233	2,552	2,681
High school graduate or higher	4,501	2,191	2,310
Bachelor's degree or higher	916	461	455
Two or more races	51,446	25,081	26,365
High school graduate or higher	45,752	22,078	23,674
Bachelor's degree or higher	15,240	6,865	8,375
Hispanic or Latino Origin	628,190	310,680	317,510
High school graduate or higher	416,572	202,545	214,027
Bachelor's degree or higher	76,101	34,872	41,229

d) Unique health care needs that impact health status:

Arizona Health Care Cost Containment System (AHCCCS) Targeted Investment Program (TIP):

Through the Targeted Investments (TI) justice program, VH is addressing the medical and behavioral health needs of individuals being released from prison in collaboration with the Arizona Department of Corrections and three Peer Run Organizations (PROs). VH and the PROs work collaboratively to provide ongoing assistance and support to individuals and their families prior to release and during transitioning from prison to the community. Our PRO partners (CHEEERS, Hope Inc. and Hope Lives- Viva La Esperanza) conduct in-reach activities within the prisons and engagement upon reentry at the two parole offices in Maricopa County to rapidly connect individuals and their families to whole health services at VH. A process has been developed to expediate appointments for primary care and behavioral health services at three FQHCs (Mesa, Avondale and S. Central) upon release. VH has hired psychiatrists, independently licensed clinicians, and behavioral health specialists who work on the primary care teams to screen, assess and provide ongoing behavioral health treatment and support services at the TI locations, in the community, and also other FQHC locations. TI is funded by the Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid agency with the goals to:

- Reduce the fragmentation that currently exists between acute and behavioral health care

- Increase efficiencies in service delivery for members with behavioral health need by integrating services at the provider level
- Improve health outcomes for members with physical health and behavioral health needs

Language barriers: Language is a barrier to care for many VH patients: nearly 40% of VH patients are listed in the 2020 UDS as being “served best in a language other than English.” The language barriers of the general population are even analogous: 27% of Maricopa County residents speak a language other than English at home according to 2019 US Census Quick Facts estimates. VH has an internal staff of 30 interpreters providing services in more than 70 languages. Interpretation services include in-person, access to real-time translation utilizing the phone-based World-Wide Interpreters, and services for the hearing impaired.

Food Insecurity (FI): The VH 2020 UDS report showed that 3,136 patients were screened and responded positively to experiencing FI challenges. Screening for FI is a recent expansion our overall patient screening for the SDoH; we believe this number is much higher than reported. For the past few years, VH operated two Food Pharmacies to support the unique needs of patients with uncontrolled diabetes (A1C > 9). This effort became a research study called Food is Medicine, with the goal of using food as medicine to reduce A1C levels and the long-term complications of diabetes. While this is scheduled to end May 2022, VH continues our goal of collaborating with community-based organizations to improve health outcomes by providing consistent resources for health food to all FI patients. Beginning in January 2022, VH is implementing the Early Childhood Fresh Connections program at Family Learning Centers in four of our FQHC clinic sites (Phoenix, West Maryvale, South Central Phoenix, and South Central/Laveen) to provide locally grown produce to families with high needs at no cost. This will contribute to supporting families' food budget, increased access to local produce, and introducing young children to new foods and learning how food grows. The Early Childhood Fresh Connections program is funded by the Cigna Foundation and First Things First.

Refugees: In 2008, the Refugee Women's Health Clinic (RWHC) at VH was founded. It remains the first and only clinic of its kind in the state of Arizona to provide culturally informed and linguistically appropriate reproductive and preventive health services to the growing refugee communities in the Phoenix Metropolitan region. The RWHC has been nationally recognized by the Agency for Healthcare Research and Quality as an innovative practice model advancing health equity for refugee populations. The outgrowth of the RWHC is the development of the VH global health primary care service lines comprising the RWHC, Refugee Pediatric Clinic, and Refugee Family Medicine Clinics. An estimated 1,900 new Afghanistan refugees are anticipated to resettle in the coming months as part of Operation Allies Welcome. Given the lack of healthcare in their nation of origin, many have not had preventive mental health and dental care.

People Living with HIV/AIDS: VH has been actively involved in the Federal Ryan White HIV/AIDS Program (RWHAP) since receiving HRSA Demonstration Project funding in 1990 and the first RWHAP award in Arizona in 1991. To show our strong commitment to PLWHA, in 1990, VH dedicated one of its outpatient clinics to address the medical, behavioral health, oral health, and supportive needs of PLWHA: that clinic is the Valleywise Community Health Center – McDowell (MCD). Because of the excellent reputation of MCD in the state, and the lack of providers in rural areas, ***one in every five PLWHA in Arizona*** chooses MCD for all or part of their

HIV care. As the largest provider of primary HIV care services in Arizona, ***one in every three PLWHA in Maricopa County*** chooses MCD for all or part of their health care. The majority of PLWHA receiving care at MCD are underserved and medically needy. VH is the Ryan White Part D (RWPD) recipient, the main HIV care provider for RWPA administered by Maricopa County, and a close partner with Ryan White Part B. In CY2020, MCD served nearly 4,000 unique patients and documented a viral suppression rate of more than 90% for patients, far exceeding the national average of 66%. More than ten years ago, VH became the first healthcare system in Arizona to offer opt-out HIV testing in a hospital emergency department, and in 2020, expanded opt-out HIV testing to a second emergency department and to all ambulatory locations within the VH system. Currently, more than 116,000 VH patients have a documented HIV test on file, and more than 150 patients have received a prescription for Pre-Exposure Prophylactic (PrEP) to prevent HIV transmission. The community also has the option of ordering a mailed home HIV test kit through a VH website with follow-up by a VH patient navigator. VH is an active member of the 90-90-90-0 initiative through the Phoenix Fast Track Cities program and receives funding for an anti-stigma patient-led Speaker's Bureau utilizing Ending the HIV Epidemic funding through the Maricopa County Ryan White Part A office.

*Housing Insecurity and Homelessness:* Several challenges contribute to complex drivers of housing insecurity and homelessness throughout Maricopa County, including economic and racial/ethnic disparities, lack of transportation, unemployment, and a large transient population. These challenges have been exacerbated by the COVID-19 crisis. For example, the Household Pulse Survey conducted weekly by the US Census Bureau found that between July 16 and July 24, 2020, 27% of households in the Phoenix/Mesa/Glendale metro area were housing insecure, meaning that they had either missed their rent or mortgage payments last month or believed they would not be able to pay that month, and 52% of households reported that at least one person in their household had lost employment income. Between 2018 and 2019, Arizona's annual Point in Time (PIT) count indicated that the homeless population increased by from 9,865 in 2018 to 10,007 in 2019. The increase in the state's overall PIT count is attributed to a slight rise in Maricopa County's unsheltered homeless numbers which increased by 570 (5.8 percent). Housing insecurity and homelessness causes physical and psychological impacts to residents and places a strain on hospitals and health providers.

#### IMPACT OF COVID-19 ON THE COMMUNITY AND VALLEYWISE HEALTH

The VH patient-base is highly diverse with the vast majority of being impacted by the SDoH, whether it is economic stability, education, neighborhood, food, housing, or other circumstance. While a variety of initiatives at VH serve to ameliorate the SDoH, the COVID-19 pandemic has exacerbated existing health disparities, especially for people of color and the low-income. The digital divide has deepened the social and economic factors that create barriers to health and well-being. The lack of technology access and computer literacy has diminished access to telehealth visits during the COVID pandemic. For in-person visits, lack of reliable transportation and childcare, erratic work schedules, food insecurity and the cost of healthcare all negatively impact both access to and health outcomes.

*Activities prior to the COVID-19 public health emergency.* Although telehealth has existed since the early 1960's, prior to the COVID-19 pandemic, VH did not utilize telehealth for care due to a

lack of resources. However, when the pandemic began, VH rapidly implemented telehealth for ambulatory patients (within one week) to ensure that our patients continued to have access to, stayed in, and were not lost to care. COVID-19 continues to have a disproportionate impact on underserved and low-income populations in our own community. Surveillance data from the Arizona Department of Health Services (ADHS) show that, as of December 15, 2021, there were 1,323,997 cases reported statewide. Over 23,323 people have died from the virus. At least 58% of all COVID cases have been found in people of racial / ethnic minorities. In Maricopa County as of December 15, 2021, there were 833,090 COVID cases, 13,251 deaths, with 58% of all cases realized in racial / ethnic minorities. Hispanics account for 27% of both confirmed cases and deaths. While nearly 64% of Arizonans have received at least one vaccination, over 64% of eligible Maricopa County residents have been vaccinated.<sup>34</sup>

Since March 2020, VH has invested in system-wide technology resources that support the use of telemedicine such as: 1) Doxy.me, a web platform that facilitates a video-enabled visit between the patient and provider using standard computer equipment, a smart phone or other personal handheld device such as an iPad; 2) Nuance DAX, an advanced voice-driven Natural Language Processing technology; 3) Epic, the platform used by VH for our electronic health record (EHR); and 4) MyChart, the real-time data EHR patient portal which allows patients to access all of their health information (i.e., medications, test results, appointments) in one place. Throughout the pandemic, VH has demonstrated a commitment to ensure access to care for everyone in our community. Our goal has been to affirm that we have the necessary equipment available to provide telehealth services to our vulnerable and highly diverse patients, many of whom are at high risk of contracting the COVID-19 virus and experiencing worse outcomes.

Virtual visits have impacted patients in practically all departments of the hospital system: family practice, OB/Gyn, pediatrics, cardiology, internal medicine, diabetes education, PLWHA, behavioral health and the emergency department. The patient services that VH has provided virtually include, but are not limited to:

- Screening patients who may have symptoms of COVID-19;
- Providing low-risk urgent care for non-COVID conditions, additional medical consultation and assessment;
- Accessing primary care providers and specialists, including behavioral health, for chronic conditions and medication management;
- Monitoring clinical signs of chronic conditions (i.e., blood pressure, blood glucose); and
- Following up with patients after discharge.

*Barriers and facilitators to telehealth and how they have changed over time:* As stated, VH redirected our efforts for patient care from completely in-person visits, prior to the pandemic, to virtual visits in an extremely short timeframe. Since March 2020, we made a substantial and rapid change to meet the medical needs of our population and support the community. The organization has refined processes and workflows, reevaluated and refined protocols, purchased essential equipment for providers and staff, invested in critical infrastructure, enhanced patient engagement efforts, and boosted training to patients and staff on the use and adoption of equipment. These activities, in combination with pilot projects, have provided a solid foundation for enriching our telehealth activities.

We also know that many patients experience barriers to care including health literacy, difficulty scheduling and keeping appointments due to lack of transportation, chaotic work and childcare schedules and language challenges. Patients with diabetes and hypertension experience many obstacles as they routinely must make frequent appointment to address medication adherence and medication adjustment. Moreover, patients experience barriers due to their lack of computer access or mobile device to support telemedicine visits, access to home monitoring equipment, or lack of broadband internet.

Patient Adoption of Technology. The adoption of using telehealth for healthcare was slow prior to the pandemic. Since that time, telehealth has gone from being a novelty to now becoming the “new normal”. Since VH began providing virtual visits, patients who have completed virtual visits are accepting of this approach. A recent patient satisfaction survey (n=418) conducted by VH found that:

- ✓ 94% were *very satisfied* with their overall telehealth experience;
- ✓ 96% were *very satisfied* with the ease of scheduling appointments, the opportunity to ask questions of their provider, and the length of their appointment time; and
- ✓ 97% were *very satisfied* with their ability to communicate with their doctor.

When asked whether they would want to continue using telemedicine for care after the pandemic ends, 86% responded YES. A total of 228,652 virtual visits were conducted between March 2020 and August 2021. Patients often have less barriers to virtual care with lower no-show rates for appointments.

VH operates seven Family Learning Centers (FLC), clinic-based health and wellness resource centers that serve to address the SDoH for families and children. FLCs offer support by means of a library; information and resources; referrals to services; education on use of home monitoring devices for chronic disease management; parenting activities; parent education programs; and early language & literacy. The FLCs collaborate with other non-profits to help families access the full cadre of SDoH support services, help families build social connections, learn parenting and child development skills, and increase their children’s social and emotional competence. While VH patients are encouraged to utilize the resources of the FLCs, any member of the community is welcome to visit an FLC, participate in in-person or remote activities and receive assistance from the staff to connect with resources.

In 2020, the FLCs faced COVID-19 by halting in-person meetings and going virtual. From April 2020 – December 2021, a total of 1,636 events have been held, engaging 18,970 attendees. FLC staff use multiple tools to measure impact. FLC staff use multiple tools to measure impact. They have discovered that, for some families, virtual activities work well, removing barriers such as the need for childcare or finding transportation to the FLC. Maintaining an online option for families who wish to participate virtually is a goal of the FLCs. Another important method of evaluating FLC programs is through the Parent Advisory Group (PAG) which meets quarterly to provide feedback on current program offerings and recommendations for enhancement. During the pandemic, the PAG has continued their mission by meeting online. As many of our patients are unfamiliar with telehealth, we anticipate the PAG will include telehealth as a future topic for discussion. FLC staff distribute program surveys to participants to gauge program impact. The surveys are a valuable component of program evaluation and ensuring the FLCs present

information that is valuable to families and children. The FLCs are very pleased with how well the virtual activities have been attended and received and plans to continue the virtual format indefinitely.

VH continues to find solutions to patient barriers including the enhanced use of virtual education pertaining to their medical condition, use of home monitoring equipment such as blood pressure cuffs, continuous diagnostic feedback to support improved healthcare and related decision making, expanded access to telehealth consultation that can be linked to diagnostic thresholds for improved awareness and prevention, and multilingual language guidance.

## **RESPONSE**

### **ENSURING ACCESS TO SERVICES**

#### **Model of Care**

*Whole Person Care:* VH incorporates the Whole Person Model of Care for all FQHC clinics. This integrated care model allows patients to receive their needed health care services (health, behavioral health, and social services) in a patient-centered approach with the goals of improved outcomes and efficient and effective use of resources. Whole Person Care addresses the needs of the patient and family including chronic disease challenges and the SDoH. Studies have shown that when care is integrated, patient outcomes improve, especially for those with behavioral health needs. Whole Person Care works to attain the Triple Aim of healthcare: improved health outcomes, improved patient experience, and reduced costs.

Whole Person Care allows for a multi-disciplinary care team approach with all VH providers communicating via a patient's electronic health record (EHR), in-person or virtually about appropriate care planning. Whole Person Care was specifically designed for underserved individuals who may be uninsured, and therefore, rarely experience primary or specialty care. Whole Person Care seeks to ensure providers are implementing appropriate population health management initiatives, such as preventative care measures (e.g., screenings), providing consistent primary care, and ongoing management of chronic care and behavioral health challenges. Whole Person Care seeks to eliminate barriers by placing the patient and his/her caregiver(s) at the center of all services, assuring care is accessible, culturally competent, compassionate, coordinated, and therefore equitable. Whole Person Care includes establishing and implementing individual and organizational interventions targeted at defined populations that will improve overall health outcomes.

Approximately 50% of VH patients receive health benefits through AHCCCS (State of Arizona Medicaid) and both organizations work closely to ensure the best possible outcomes for patients. AHCCCS has historically embraced the role that social risk factors (such as housing, food and housing insecurity, transportation, and educational opportunities) play in member health outcomes. To enhance the service delivery of Medicaid covered services through a broad range of funding sources, AHCCCS launched the Whole Person Care Initiative (WPCI) in 2019 to increase efforts to identify and address social risk factors. Current AHCCCS WPCI priorities include:

- Providing support for transitional housing, particularly for members being discharged from an inpatient behavioral health facility; individuals experiencing chronic

- homelessness; and, to reduce recidivism, individuals transitioning from correctional facilities with limited resources;
- Exploring ways to leverage existing non-medical transportation services to support a member's access to community-based services such as access to healthy food and employment services;
  - Utilizing the existing service array to model service delivery aimed at reducing social isolation for members utilizing the Arizona Long Term Care System (ALTCS) including consideration of a peer workforce to provide the services; and
  - Partnering with the Arizona Health Information Exchange, Health Current, to establish a single statewide closed-loop referral system, enabling health care providers to screen and refer members to community based social services organizations to address social risk factors of health more easily.<sup>35</sup>

*Integrated Behavioral Health:* VH has become a truly integrated care provider with a longstanding history of providing behavioral health services to the people of Maricopa County. As one of the largest providers of inpatient behavioral health services in Arizona, VH serves adults and adolescents. Examples of successfully launched and integrated care services in our FQHC and specialty clinics include an Assertive Community Treatment (ACT) team for persons with Serious Mental Illness (SMI) and who are at the highest risk and need intensive support to be successful in the community. Our First Episode Center (FEC) serves young adults ages 15 – 25 experiencing psychosis.

Since 2016, VH has participated in the AHCCCS Targeted Investment Program (TIP) initiative to promote integrated care, increase system efficiencies, and promote better health outcomes for Medicaid members. VH has successfully met AHCCCS-defined core components and performance measures in three TIP tracks: hospital, primary care, and justice. Through our justice activities, VH fosters a close working relationship with the Arizona Department of Corrections, both within the prisons and with community corrections (parole offices) to provide integrated medical and behavioral health care to justice-involved individuals.

As a leader in the provision of behavioral health services, it was determined that the New Access Point funding awarded to VH in 2019 would be utilized to develop and implement Integrated Behavioral Health Program (IBH) services. The goal was to support the delivery of primary care services to our patients while helping them develop practical knowledge and skills that promote and improve emotional and physical health. IBH focuses on improving whole-health outcomes by collaborating with the primary care teams to provide a whole-health approach including screening and assessments, evidence-based brief interventions, individual and family therapy, psychiatry services, and assistance to address social determinants of health to reduce barriers that may keep patients and their families from achieving their goals. The IBH Team also assists and provides support to patients experiencing a behavioral health emergency or crisis. Depending on the situation and staff availability, IBH staff can assist in the de-escalation of the patient and provide referrals to appropriate behavioral health crisis interventions services. IBH staff also can meet with the patient individually and create a plan to assist the patient in preventing future crises.

In November 2021, VH requested a Change in Scope to successfully add Adult and Child/Adolescent Psychiatry to the Specialty Services scope of project. The psychiatrist works

closely with the Integrated Behavioral Health (IBH) clinicians and the primary care team to ensure that all services are provided using a whole-health and patient/family- centered approaches to improve access to needed services and supports. Services shall include psychiatric assessment, medication management, coordination of care and supportive therapy services for FQHC patients and their families. Once stabilized, most psychiatric patients are transitioned to their primary care provider for ongoing management of basic psychiatric medications. To keep the service accessible, only a limited number of clients are managed long-term by the psychiatrists.

Staff involved in providing this specialty services are contracted Child and Adolescent Psychiatry Fellows and Adult Psychiatry Residents who work with directly employed Integrated Behavioral Health (IBH) team at all the FQHC's to provide psychiatric support. The IBH team works closely with the primary care team to ensure that all services are provided using a family approach to improve access to needed behavioral health services and supports.

VH is a large teaching hospital with an adult psychiatry residency program and child psychiatry fellow program and there is a great opportunity for learners to experience community-based behavioral health services in an integrated primary care system of care. Training family medicine residents in this specialty increases their skill-level with prescribing psychiatric medications and seeking referrals or consultation.

*Substance Use Disorder Services.* In 2018, Arizona ranked 20<sup>th</sup> in the nation for opioid deaths. The ADHS Opioid Action Plan July 2019 – June 2021 identified numerous gaps in the treatment of individuals with Opioid Use Disorder (OUD) including a shortage of DATA-waivered Medication Assisted Treatment (MAT) providers, an evidence-practice gap in how clinicians understand and approach pain and addiction, and a shortage of designated centers of excellence to treat OUD. In September 2021, VH received a five-year funding award from SAMHSA to provide MAT services. *Going to the MAT to Fight OUDs* will enable VH to help meet the gaps in care as identified by the ADHS Opioid Action Plan. Our multipronged approach will: a) build capacity and sustainability; b) develop the workforce and expand training, practice consultation and mentoring options; c) provide prevention, treatment, and recovery for individuals with OUD; and d) establish an Advisory Council with key stakeholders. Ensuring future medical and behavioral providers obtain their DATA waiver while completing their residency will increase access to MAT services beyond the VH system of care. Success will be measured by the increased number of individuals with OUD who receive MAT in conjunction with a decrease in illicit opioid drug use and prescription opioid misuse for our patients.

### **Method of Provision of Services**

VH provides required, additional and specialty services as approved by HRSA and outlined in Table 14, Form 5A: Services Provided.

Table 14. VH Form 5A: Services Provided

Required Services			
Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
General Primary Medical Care		X	
Diagnostic Laboratory	X	X	
Diagnostic Radiology	X	X	
Screenings	X	X	
Coverage for Emergencies During and After Hours	X	X	
Voluntary Family Planning		X	
Immunizations	X		
Well Child Services		X	
Gynecological Care		X	
<b>Obstetrical Care</b>			
Prenatal Care		X	
Intrapartum Care (Labor & Delivery)		X	
Postpartum Care		X	
Preventive Dental	X		
Pharmaceutical Services	X		
Case Management	X		
Eligibility Assistance	X		
Health Education	X		
Outreach	X		
Transportation	X	X	
Translation	X	X	
<b>Additional Services</b>			
Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
Additional Dental Services	X		
<b>Behavioral Health Services</b>			
Mental Health Services	X	X	
Nutrition	X		

Speciality Services			
Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
Psychiatry - Psychiatry	X	X	
Other - Obstetric - Cardio		X	
Other - Other - GYN TUMOR		X	
Other - OB/GYN INFERTILITY		X	
Other - OB/GYN-Urology		X	
Other - Antepartum Testing/Maternal Fetal Monitoring		X	

**Services Provided Through Contractual Agreements**

VH Form 5A reflects that services are in Column II and are associated with contractual arrangements. These services are provided through by the System’s contracted physician group – District Medical Group (DMG). VH has in place contracts for transportation, translation and nutrition services, and contracts for behavioral health services through DMG. For more information on these services, see Attachment 7: Summary of Contracts and Agreements.

*Ensuring Health Information is Documented in a Patient’s Record:* The largest contract for services that VH has in place is with DMG to provide primary and specialty care services to patients. DMG providers, as well as other clinical and enabling service providers, have access to the VH EHR system, Epic, and are expected (through the contractual agreement) to enter all patient data into the system. The contract agreement facilitates payments to DMG for services. VH carries out the billing processes for all visits with revenues then paid to DMG for the services that are provided to patients.

For outside resources, patient information is sent to VH via Epic through interfaces: via Health Current, the Arizona Health Information Exchange, fax, or email correspondence with all information being entered into a patient’s EHR record. Each contractual agreement governs the payment for services rendered. For information, see Attachment 7: Contracts and Agreements.

**Services Provided Through Referral Arrangements**

VH does not offer any services that require a formal referral arrangement noted on Form 5A.

**Arrangements and Resources that Enable Staff to Deliver Services in Response to Barriers**

VH has substantial experience in leveraging enabling services, such as patient care coordination, financial counseling, and interpreter services to maximize patients’ access to care to overcome barriers. The following enabling services are integrated into all aspects of care at VH:

Interpreters: VH has translators on staff and contracts with a telephone translation service vendor for languages spoken by a smaller number of patients. The FQHC clinics employ bilingual front-desk staff, physicians, nurse practitioners, medical assistants, and nurses. Although these staff members may use their language skills in conversation, they also may participate in a certification process that will allow them to serve as a designated interpreter during patient visits, thereby performing dual roles.

Financial Counseling: Many of our uninsured patients are low income, disabled, medically complex, homeless and/or non-English speaking individuals who have ongoing complex healthcare needs. In response to this need, VH offers financial counseling services to assist uninsured patients. VH financial counselors offer multilingual services. Patients can complete paper or electronic applications on-site and submit the application to the financial counselors. When the application is approved, this information is updated in the patient's EHR.

Case Management and Coordination: VH provides care management and coordination to those patients at the highest medical and behavioral health risk. These staff provide additional health education and health coaching, self-management support, navigational services, and advocacy with other healthcare facilities on behalf of the patient, as well as referrals to case management services as needed. VH provides patients with 340B pharmacy services as well as various types of specialty care. These services assist patients in overcoming barriers to care, ensuring they receive necessary health care services.

Family Learning Center Resource Coordination for Social Determinants of Health (SDoH): VH utilizes enabling staff at our clinic-based Family Learning Centers (FLC) to assist patients in maximizing access to and utilization of prescribed resources for SDoH factors. FLC Coordinators assist patients, as well as community members, in addressing challenges with the SDoH. This assistance includes helping individuals in obtaining housing; accessing services, such as WIC, so families may address food insecurity challenges; obtaining help with utility payments; participating in parenting classes; health and financial literacy activities; and providing access to English as a Second Language courses.

#### SERVICE DELIVERY SITES: AVAILABILITY, ACCESSIBILITY AND CONTINUITY OF SERVICES

##### **Minimizing Access Barriers, including Travel Distance and Duration**

VH utilizes numerous strategies to assure continuity of care throughout the care continuum at its sites, supporting key tenets of coordinated care via a patient-centered medical home (PCMH). This decreases duplicative and inefficient care activities that support the "reduction of cost" principal component of CMS' Triple Aim. As noted, VH is comprised of various health care entities including Maricopa Medical Center for emergent and inpatient care. VH provides specialty care services through its agreement with DMG. VH FQHC clinics provide urgent and ambulatory care. VH recently opened a behavioral health hospital and an emergency clinic in the Maryvale community, providing individuals with access to behavioral health and urgent needs services. These various care settings allow patients to receive a continuum of care from VH, reducing barriers and ensuring timely care. This continuum is assisted by the System's integrated EHR system, EPIC, with providers entering real-time data for patients within the EHR, so that other providers within the System have immediate access to a patient's health information.

##### **Transportation**

When patients are identified as having a transportation barrier, they are connected with resources, such as a care coordinator or case manager to ensure that a plan for transportation is in place prior to the patient's next visit. Enabling staff work with patients to apply for transportation that is covered or reimbursed by Medicaid. If patients are not eligible for transportation assistance,

vouchers or other resources are used so that patients may attend their health care appointments. These activities ensure patients have access to needed transportation.

**Language**

As identified, lack of English proficiency is a barrier to care for many of the area residents. Consequently, VH ensures that every patient has access to translation services. Patients that speak a language other than English frequently have challenges navigating the health care system. VH provides resources to patients so they can better understand how to navigate the various resources that VH provides.

**Distance and Duration of Patient Travel Time**

Patients have access to a full range of services typically within 10 miles of an FQHC clinic sites. The FQHC clinics, the Medical Center and other specialty care services are located within proximity. As VH continues to renovate and/or expand service sites, leadership has utilized the same criteria for new sites that has been previously used, including distance to the site from public transportation, other providers, and the neighborhoods where most patients reside.

**Facilitating Access**

VH leadership annually reviews service locations, site capacity and hours of operation to ensure that patients have consistent access to services. Of note, many clinics include weekend hours. Site capacity reviews include the total number of exam room and provider panels to assure patients have access to same day appointments. All VH FQHC clinics are within proximity to public transportation, including bus routes and light rail.

**Sites Addresses and Locations**

VH is committed to providing Whole Person Care to meet the needs of our target population. Services are available and accessible to all life cycles without regard for ability to pay (see Form 5A: Services Provided) at our FQHC sites (see Form 5B). VH continues to offer a full spectrum of primary health care services including family practices; adult and pediatric medicine; women’s health services; and oral health care for adults and children. The VH FQHC clinic sites provided are listed below in Table 15. The range of services spans the continuum from preventative care to diagnosis and treatment of medical conditions, long-term care to dignified death.

Table 15. VH FQHC Sites

<b>Site #1: Valleywise Community Health Center - South Phoenix / Laveen</b>
Address: 5650 South 35 <sup>th</sup> Avenue, Phoenix, AZ 85041
Hours of Operation: 7:00am – 6:00pm Monday – Friday
Services: <ul style="list-style-type: none"> <li>• General Medical Services</li> <li>• Behavioral Health Services</li> </ul>
<b>Site #2: Valleywise Community Health Center - McDowell</b>
Address: 1101 N. Central Ave, Suite 204, Phoenix, AZ 85004
Hours of Operation: 7:00am-5:00pm Monday – Friday
Services: <ul style="list-style-type: none"> <li>• General Medical Services</li> <li>• Oral Health Services</li> <li>• Behavioral Health Services</li> </ul>
<b>Site #3: Valleywise Community Health Center - Guadalupe</b>

Address: 5825 E. Calle Guadalupe, Guadalupe, AZ 85283
Hours of Operation: 7:30am-4:30pm Monday – Friday
Services: <ul style="list-style-type: none"> <li>• General Medical Services</li> <li>• Behavioral Health Services</li> </ul>
<b>Site #4: Valleywise Community Health Center - South Central</b>
Address: 33 West Tamarisk Street, Phoenix, AZ 85041
Hours of Operation: 7:00am-5:30pm Monday – Saturday
Services: <ul style="list-style-type: none"> <li>• General Medical Services</li> <li>• Behavioral Health Services</li> </ul>
<b>Site #5: Valleywise Community Health Center – North Phoenix</b>
Address: 2025 West Northern Avenue, Phoenix, AZ 85021
Hours of Operation: 7:00am-6:00pm Monday – Friday; 7:00am – 11:00am Saturday
Services: <ul style="list-style-type: none"> <li>• General Medical Services</li> <li>• Behavioral Health Services</li> </ul>
<b>Site #6: Valleywise Community Health Center - Chandler</b>
Address: 811 South Hamilton, Chandler, AZ 85225
Hours of Operation: 7:00am-5:30pm Monday – Friday; 7:30am-11:30am Saturday
Services: <ul style="list-style-type: none"> <li>• General Medical Services</li> <li>• Oral Health Services</li> <li>• Behavioral Health Services</li> </ul>
<b>Site #7: Valleywise Community Health Center - Peoria</b>
Address: 8088 West Whitney Drive, Peoria, AZ, 85345
Hours of Operation: 7:00am-6:00pm Monday – Friday; 7:00am-11:00am Saturday
Services: <ul style="list-style-type: none"> <li>• General Medical Services</li> <li>• Oral Health Services</li> <li>• Behavioral Health Services</li> </ul>
<b>Site #8: Valleywise Community Health Center - Mesa</b>
Address: 950 E. Main St, Mesa AZ 85203
Hours of Operation: 7:00am-5:30pm Monday – Friday
Services: <ul style="list-style-type: none"> <li>• General Medical Services</li> <li>• Behavioral Health Services</li> </ul>
<b>Site #9: Valleywise Community Health Center - West Maryvale</b>
Address: 7808 West Thomas Road, Phoenix AZ 85033
Hours of Operation: 7:00am-5:00pm Monday – Friday
Services: <ul style="list-style-type: none"> <li>• General Medical Services</li> <li>• Behavioral Health Services</li> </ul>
<b>Site #10: Valleywise Comprehensive Healthcare Center - Phoenix</b>
Address: 2525 East Roosevelt, Phoenix, AZ 85008
Hours of Operation: 8:00am-5:00pm Monday – Friday
Services: <ul style="list-style-type: none"> <li>• General Medical Services</li> <li>• Oral Health Services</li> </ul>
<b>Site #11: Valleywise Community Health Center - Avondale</b>
Address: 950 E. Van Buren, Avondale, AZ 85323
Hours of Operation: 7:00am-5:00pm Monday – Friday; 7:00am-4:30pm Saturday
Services:

- General Medical Services
- Oral Health Services
- Behavioral Health Services

## INSURANCE

VH vigorously pursues enrollment into health coverage for patients who qualify. Most of our patient population qualifies for Medicaid or other form of government sponsored insurance. Patients with scheduled medical appointments are screened before and at every visit for health coverage. VH informs patients about the availability of the Sliding Fee Discount Program (SFDP) through signage, personal reminders, and other methods of communication.

VH uses two types of screenings to determine eligibility for the SFDP: presumptive and traditional. Presumptive screening is the initial process used to determine a patient's eligibility for the SFDP. Traditional screening is completed for patients who disagree with the Sliding Fee level assigned by the presumptive eligibility screening system. Patients applying via the traditional screening for the SFDP must provide written verification of monthly income.

Patients unable or unwilling to provide verification may be eligible for self-declaration of income which will be used in special circumstances. Patients unable to provide written verification of income must provide a signed statement of income, and why he/she is unable to provide independent verification. This written statement is subject to management review and final determination as to the sliding fee category eligibility. Self-declaration applies to one visit only within a 12-month period and the patient must provide the required written verification of income within 30 days following the visit to remain eligible to participate in the SFDP.

Services covered by SFDP must be medically necessary, as determined by the health care provider. If additional services or tests are desired by the patient, they must be paid for in advance. Similarly, certain high cost / elective procedures and lab tests with less expensive options are exempted from sliding fee discounts. The patient is advised that the applicable fee, including the nominal fee, is expected at the time of service. In the event the patient is unable to pay at the time of service, the patient is informed that they will be billed.

Patients are expected to make payment in full within 90 days or establish a payment plan, including making payment(s) on their outstanding bill, with a VH financial counselor. An inability to pay will not impede access to care. Payment arrangements may be made through VH Patient Financial Services in accordance with policy #09003: Payment Plans. This is determined on an individual basis. Factors that may be considered in making this determination include large outstanding medical bills which place a client under extreme financial duress. Despite current income, staff are asked to apprise the clinic manager of the circumstances so that further discounts may be offered to the patient to facilitate his / her receipt of medically necessary services. Refusal to pay does not impede access to care. Patients refusing to pay the nominal fee will not be denied care. Payment and/or payment arrangements may be made through Patient Financial Services in accordance with applicable policies.

*Third-Party Coverage Options.* VH recognizes that a portion of the uninsured or underinsured patient population may not engage in the traditional financial assistance application process. If the required information is not provided by the patient, VH utilizes the Propensity to Pay tool within

our third-party vendor, NThrive. This is an automated, predictive scoring tool to assess patients for financial need. This screening process utilizes public record data and includes estimates for income and household size.

#### ADDRESSING CONTINUITY OF CARE

It is the policy of VH to ensure a collaborative approach to care through the coordination and continuity of care for all patients receiving emergency room or inpatient hospital care. As part of our efforts to increase the quality of patient care, VH tracks hospital and emergency department discharges for continuity of care needs for patients, ensuring that our patients receive appropriate follow-up care after a visit to the hospital or emergency department.

#### **Hospital Admitting Privileges**

The value of VH being a system comprised of entities that provide services across the health care continuum is that care services are fully integrated. VH utilizes DMG physicians at our hospital to admit and follow patients who require hospitalization. Information is exchanged through our EHR system at the time of admission, during the hospitalization, and at the time of discharge to ensure continuity of care when transitioning care back to the FQHC. All providers have access to real-time data via the EHR. When patients are taken to other hospitals in the case of an emergency or if patients choose to go to another facility, information is provided to the FQHC clinic provider electronically or by fax with staff following-up with a patient after a hospital visit.

#### **Receiving Medical Record Information**

All services provided through contractual agreements are documented in the patient's EHR through various mechanisms, with VH staff working to ensure all clinical information is up to date. First, VH formal contractual arrangements with Maricopa Medical Center and other local hospital providers delineate the expectations around communications that underpin excellent care during transitions in care sites. All information (results, reports) from activities that occur at Maricopa Medical Center are found within Epic.

For other hospitals, frequently these facilities use Epic Link, which allows the sharing of patient health information between hospital providers on different EHR systems. Other hospital providers rely on Arizona's Health Information Exchange (HIE), Health Current, to provide information. The HIE technology interfaces with multiple EHR platforms to share patient health information with other providers, with most information populating directly into a patient's chart. For information that is submitted manually (via hardcopy or fax), VH referral tracking staff ensure that results are entered into Epic manually.

#### **Follow-Up on Patients Who are Hospitalized**

When a patient is discharged from the ED or a facility and is to follow-up with a VH primary care provider, the Patient Access Center (PAC) schedules a follow-up visit and notes the visit is an ED or hospital discharge in the appointment notes per their departmental protocol, PAC Scheduling Hospital Discharge Worklist. Transition of Care RN's or other staff conducting ED or post-hospital care coordination to patients schedules the visit if it has not yet been made when the patient is contacted.

When a consult, referral, or hospital home discharge order is obtained, the follow-up visit is ideally to be scheduled within the time frame indicated by the discharging provider as follows:

1. High Risk – 3-5 calendar days
2. Routine Medicaid patients – 7 calendar days
3. Routine non-Medicaid patients – 7-10 calendar days

Due to the COVID-19 pandemic and vulnerability of hospital discharge patients, a telehealth visit may be scheduled by a Transition of Care RN or other staff conducting post-hospital care coordination. The encounter is routed to the provider for review. If the provider determines the patient needs to be seen in-person prior to or after the telehealth visit, a face-to-face visit is scheduled.

If an appointment is not available within the time frame indicated by the discharging physician, the person trying to schedule the appointment is to request a PAC lead to assist with scheduling the appointment as they may have access to additional appointment slots. If the PAC lead is not able to secure an appointment within the time frame needed, the PAC lead will contact the Clinic Resource Leader or manager to secure an appointment within the recommended time frame. Follow-up visits are scheduled for most patients except in instances when a patient visited the emergency room for a broken bone or another acute complaint that was resolved during that visit to the hospital.

Care Management and/or clinic staff utilize the EHR or other electronic means such as the HIE and/or daily discharge reports to track patients who require a follow-up visit to VH and to review / obtain health information / discharge summary to ensure continuity of care. If outside records are not available in the HIE, records will be requested via fax.

#### SLIDING FEE DISCOUNT PROGRAM

VH is committed to ensuring that no patient is denied service based on an inability to pay. To this end, VH utilizes an established schedule of charges that includes a Sliding Fee Discount Program (SFDP) for those individuals and families with an annual income less than or equal to 200% of the federal poverty guidelines. The VH SFDP contains the following information based on the 2021 Federal Poverty Guidelines (see Attachment 10: Sliding Fee Discount Schedule):

#### **How the SFDP Uniformly Applies to Patients**

The SFDP ensures that all VH FQHC patients have access to all services that are available at the health center. The program seeks to provide its services uniformly to eligible patients and minimize financial barriers, according to the following elements:

- A schedule of fees for services;
- A corresponding schedule of discounts for eligible patients that is adjusted based on the patient's family size and income; and
- Board of Director and VCHCGC approved policies and VH supporting operating policies and procedures, including billing and collections.

#### **Defining Income and Family Size**

The VH SFDS Policy includes descriptions that outline the definitions for Income and Family size.

- Income/Annual Household Income is defined as: Gross annual income before deductions that include the following: earnings, unemployment compensation, worker's

compensation, social security, public assistance, veteran's payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, estates and trusts, educational assistance, alimony and/or child support, financial assistance from outside of the household, and/or other sources of income.

- Family Size/Household is defined as: Immediate family members including head of household, legal guardians, spouse, domestic partners, same gender marriage, and children under the age of 19 will be classified as part of the household. Individuals and family members temporarily living/sharing quarters or foreign visitors, where permanent residence will not be maintained, will not be considered as part of the household. Adults that are living in the household that are self-sufficient and are not included in the household are considered individually for eligibility.

**Assessing the Eligibility of Patients for SFDS Only on Income and Family Size**

The VH SFDP Policy contains a provision that the determination of eligibility of all patients for sliding fee discounts will occur, at a minimum, on an annual basis and only income and family size will be verified to determine discounts.

**Applying Sliding Fee Discounts to All Required and Additional Services, Establishing a Nominal Fee and Determining Income Ranges of Sliding Fee Discount Classes**

A uniform process for reviewing SFDP applications is maintained. The FQHC SFD Policy applies sliding fee discounts to all required and additional services, as well as determines the number and income ranges of SFDP pay classes. Moreover, the SFD Policy establishes a nominal charge, for patients at or below 100 percent of the FPG.

Figure 3. VH Sliding Fee Discount Schedule.

<b>Medical</b>						
Plan Levels	Category 1	Category 2	Category 3	Category 4	Category 5	
Federal Poverty Level Scale	0-100%	101-138%	139-150%	151-200%	>201% FPL	>251% FPL
Primary Care	\$20 Nominal Charge	\$30 Flat Fee	\$40 Flat Fee	\$50 Flat Fee	No Discount	
Family Planning Services - Maryvale Clinic Only	\$0	\$20	\$30	\$40	201-250% FPL \$50	>251% FPL No Discount
FQHC Specialty Visits (Example - Cardiology)	\$50 Nominal Charge	\$70 Flat Fee	\$80 Flat Fee	\$90 Flat Fee	No Discount	
Outpatient Ancillary Services (Lab)	\$10 Nominal Charge	25% of Medicare rate - 50% due prior to service (\$20 minimum)	50% of Medicare rate - 50% due prior to service (\$30 Minimum)	75% of Medicare rate - 50% due prior to service (\$40 minimum)	No Discount	
Outpatient Ancillary Services (Imaging)	\$30 Nominal Charge	25% of Medicare rate - 50% due prior to service (\$40 minimum)	50% of Medicare rate - 50% due prior to service (\$50 Minimum)	75% of Medicare rate - 50% due prior to service (\$60 minimum)	No Discount	
<b>Dental</b>						
Plan Levels	Category 1	Category 2	Category 3	Category 4	Category 5	
Federal Poverty Level Scale	0-100%	101-138%	139-150%	151-200%	>201% FPL	
Diagnostic Dental Services	\$35 Nominal Charge	\$45 Flat Fee	\$55 Flat Fee	\$65 Flat Fee	No Discount	
Restorative Dental Services <i>*See Grid Below</i>	\$50 Nominal Charge	75% of Delta Dental allowable rates	80% of Delta Dental allowable rates	85% of Delta Dental allowable rates	No Discount	
Dental Lab Services	\$50 Nominal Charge	85% of Delta Dental allowable rates	90% of Delta Dental allowable rates	95% of Delta Dental allowable rates	No Discount	
Restorative Grid -	Category 1	Category 2	Category 3	Category 4	Category 5	
Filling	\$90.00	\$98.00	\$105.00	\$112.00	No Discount	
Crowns	\$250.00	\$545.00	\$583.00	\$620.00	No Discount	
Dentures - complete	\$350.00	\$795.00	\$842.00	\$865.00	No Discount	
Dentures - partial	\$250.00	\$740.00	\$784.00	\$827.00	No Discount	
Bridges	\$250.00	\$550.00	\$590.00	\$620.00	No Discount	
Extractions - simple	\$50.00	\$62.00	\$66.00	\$70.00	No Discount	
Extractions - complex	\$100.00	\$169.00	\$180.00	\$191.00	No Discount	

As outlined in Figure 3 above, VH adheres to a SFDP that provides:

- A nominal fee for individuals and families with annual incomes at or below 100% of the current Federal Poverty Guideline (FPG). This nominal charge is a flat fee and is less than the fee paid by a patient in the 101-138% of FPG, the next class.
- Partial discounts are provided for individuals and families with incomes above 100% of the FPG and at or below 200% of the FPG. These discounts are adjusted based on income and VH has a minimum of five discount pay classes for medical and dental services.
- No discounts are given to individuals and families with annual incomes above 200% of the FPG.

**Evaluating the SFDS Program to Ensure its Effectiveness in Reducing Financial Barriers**

The SFD Schedule and corresponding rates and policies for its administration are reviewed and updated annually. Updates to the SFDP and proposed policy changes are presented every three years to the VCHCGC Finance Committee, VCHCGC’s Compliance and Quality Committee, and followed by approval of the VCHCGC and the District’s Board of Directors. The Sliding Fee Discount Schedule is presented annually to the VCHCGC Finance Committee, VCHCGC’s Compliance and Quality Committee, and followed by approval of the VCHCGC and the District’s Board of Directors. Sliding Fee Level Utilization information is reviewed and discussed annually to ensure no barriers to care exist.

### **Nominal Charges**

Nominal Fees are charged for services to patients at or below 100% of the FPL It is designed to help patients invest in their care and minimize the potential for inappropriate utilization of services. The nominal charge is a fixed fee that does not reflect the value of the service(s) provided and is considered nominal from the perspective of the patient. Nominal charges are not “minimum fees,” “minimum charges,” or “co-pays.” The nominal fee must not impede the patient in accessing services due to their ability to pay.

### **HOW THE NUMBER OF UNDUPLICATED PATIENTS WAS DETERMINED**

The number of unduplicated patients projected to be served in calendar year 2023 was determined by calculating year-over-year data from our EHR system for the past four years. This also included a review of the average number of visits per patient with considerations for trends in patient volume per FQHC clinic site location. The 4.6% decrease from the number of unduplicated patients projected to be served in calendar year 2023 compared with the number of unduplicated patients reported in the 2018 UDS and projected to be served in our 2019 New Access Points application further takes into consideration the after-effects of the COVID-19 public health emergency and the continued stabilization of patient flow to our new clinic site locations as a result of long-term infrastructure improvement strategic planning.

### **COLLABORATION**

Historically, VH has collaborated with primary care and other providers serving the target population to provide synergies in shared learning and clinical/community impact. Today, the health center continues to cultivate and maintain partnerships with health centers, health departments, local hospitals, community programs and community-based organizations. Key collaborations are outlined below. Formal collaborations are also documented in Attachment 7, Summary of Contracts and Agreements, and Attachment 9 includes Letters of Support.

### **COLLABORATIONS WITH OTHER HEALTH CARE PROVIDERS**

#### ***Efforts to Coordinate and Integrate Activities with Other Health Care Providers***

*Care Integration:* As discussed throughout the narrative, VH is a health care system comprised of various health care entities across the care continuum, including Maricopa Medical Center, offering emergent and inpatient care services; the FQHC clinics providing urgent and ambulatory care services; three behavioral health in-patient hospitals offering both emergency care services, as well as a full continuum of behavioral health services; and DMG offering primary and specialty care services. This system structure allows VH to provide all levels of care to patients and allows for care continuity through the sharing of patient health information across all entities via the EHR system.

*Collaborations with Other Primary Care Providers:* Many other FQHCs, FQHC LALs and other primary care providers refer People Living with HIV/AIDS (PLWHA) to the VH Community Health Center - McDowell (MCD). For nearly 30 years, MCD has provided exceptional state-of-the-art core HIV medical and support services for PLWHA. This includes primary HIV medical care, oral health care, outpatient behavioral health, laboratory testing and integrated supportive services, including medical case management. Due to the excellent reputation of MCD in the State, and the lack of providers in rural areas, one in every five PLWHA in Arizona chooses VH for all

or part of their HIV care. As the largest provider of primary HIV medical care services in Arizona, one in every three PLWHA in Maricopa County chooses MCD for all or part of their health care. The majority of PLWHA seeking care at MCD are underserved with complex medical challenges. VH receives Ryan White funding to address these issues. Recently, VH expanded HIV services to its two of its FQHC clinics located in Peoria and Mesa to address escalating community need.

Other FQHCs and providers refer patients to the VH Refugee Women's Health Clinic, embedded in the FQHC – Women's Care Clinic. The RWHC provides access to comprehensive, culturally grounded care for refugee women in greater Phoenix including access to Cultural Health Navigators who are fluent in the languages that are spoken by these patients, including many African dialects.

VH and DMG partner on numerous population health initiatives in conjunction with health plans, many of which include value-based payment agreements. The efforts seek to ensure care is integrated and preventative.

VH participates in 2MATCH (To Match and Align Through Community Hubs), an initiative funded through April 2022 by the Centers for Medicare and Medicaid Accountable Health Communities. The initiative is designed to increase community connections for Medicare and Medicaid beneficiaries who frequent emergency health services and require assistance with housing, utilities, transportation, food insecurity and exposure to violence. 2MATCH aims to enhance quality of care, reduce health care costs, decrease unnecessary readmissions to hospitals, and enhance individual's lives by aiding with obtaining the social community needs.

*Collaborations with Payers:* VH has value-based payment agreements with several health plans, including United Healthcare. These types of value-based payment initiatives allow for more extensive collaborations with partners, so population health management initiatives may be put in place.

*Collaborations with School Readiness Providers:* VH collaborates with First Things First Arizona (FTFAZ) which partners with families and community organizations to support the healthy development and learning of Arizona's young children, ages 0 - 5, providing them with school readiness and health programming to prepare for them for Kindergarten. FTFAZ supports many of the programs being offered at the Family Learning Centers.

### **Continuity of Care across Community Providers and Access to Services Not Available through VH**

If patients need care outside of VH, a referral team provides a patient with assistance, ensuring the patient receives the care he/she needs and then tracks information from the visit. VH is investigating Health Current, Arizona's health information exchange, or HIE, that connects local EHR systems to allow sharing of secure patient information and better coordination of care. Care navigators also ensure that patients are receiving the care they need at any of the VH entities.

### **Reducing Non-Urgent Hospital Emergency Department Use**

VH implements initiatives to reduce readmissions and non-urgent use of Hospital Emergency Departments (ED). The Care Management Department at VH provides a broad spectrum of

services to assist with utilization review, discharge planning, social work, and transition management for the organization. The department's personnel function as a resource to collaborate with providers and the interdisciplinary team to ensure patients are at the right level of care, assist them through the continuum of care to safe discharge, and transition to post-acute care. Care Management personnel includes RN Triage, Transitional Care Coordinators, and RN Care Coordination who identify and monitor high risk patients throughout the continuum of care. Under the direction of physician leadership, RN Triage facilitates appropriate access to medical care by assisting patients in determining the urgency of their current symptoms and directing them to the appropriate location for optimal patient care. Transitional Care Coordinators implement coordination of patient transition from hospital to community. RN Care Coordinators provide follow-up to patients referred by the ED provider or those that meet certain parameters, including at least two ED visits in the past 90 days. ED discharge patients are connected to their primary care provider for a hospital follow-up visit. The VH Patient Access Center (PAC) provides a warm hand-off to RN Triage for patients who are experiencing symptoms. Phone options are also available to patients to directly call RN Triage. Finally, VH is developing a more robust service initiative on palliative care. This program will provide patients with care options and education around palliative programming, so measures may be implemented to avoid unnecessary emergency department visits.

#### OTHER COLLABORATIONS

##### **St. Mary's Food Bank**

Since 2017, VH has had an agreement with St. Mary's Food Bank, the largest food bank in Arizona, which currently encompasses three components:

- Food pantry at our main hospital (paused since the onset of the COVID-19 pandemic);
- Shopping at St. Mary's Food Bank location for the Food is Medicine research study aimed at using food and nutrition to reduce A1C levels;
- Summer lunch program for children when schools are closed, extended from October 2020 through the school year during COVID-19.

VH facilitated two food distribution events in 2021: an on-site mobile food pantry at South Phoenix Laveen Community Health Center and a drive-through food distribution event in Maryvale. The partnership with St. Mary's Food Bank enables VH to receive food resources and food safety resources and training for continued distribution efforts. VH continues to explore enhancements to our food programming to help our community with access to healthy food.

##### **VH Health Care integration within the Criminal Justice System**

VH receives grant funding from AHCCCS for the Target Investment Program (TIP) serving adults transitioning out of the criminal justice system. The objective of the program is to integrate primary care and behavioral health services for those individuals transitioning out of a correctional facility. Previously, VH received funding from the Office of Minority Health to implement RE-LINK (Re-Entry Community Linkages), a collaboration with the Maricopa County Adult Probation Community Reintegration Unit, the Maricopa County Sheriff's Office, Correctional Health Services, Keogh Health Connections, and other CBOs. The purpose of the five-year RE-LINK project was to improve coordination among healthcare systems, criminal justice, social service, and non-profit sectors, to address access to healthcare, and to reduce health disparities and recidivism for the re-entry population. Of the nearly 200 justice-involved participants who were

enrolled in RE-LINK, all participants were enrolled or re-instated to AHCCCS upon release from jail to ensure access to healthcare upon release,

### **Creighton University School of Medicine and other Education Institutions**

For more than a decade, Creighton University has been an academic mainstay in Phoenix, sending medical students to various local and state hospitals. In 2009, Creighton expanded its partnership with St. Joseph's Hospital and Medical Center in Phoenix by opening a Creighton campus for third- and fourth-year medical students. In 2017, Creighton University, Dignity Health St. Joseph's Hospital and Medical Center, VH and DMG entered a strategic partnership to strengthen and expand the Graduate Medical Education programs offered by each institution. The move by the four core partners and affiliate member Dignity Health Medical Group brought together the administration of the residency and fellowship programs previously managed by each member under the Creighton University Arizona Health Education Alliance, with Creighton University serving as the sponsoring entity. Creighton's infusion of health professionals comes at a crucial time for Arizona, which faces a boom in population and a shortfall in physicians, nurses, and other medical professionals. By 2030, the state is expected to have just one primary care doctor for every 1,500 people. Since Creighton began its presence in Phoenix, a growing number of Creighton-educated physicians have stayed in Arizona for their residency programs. Creighton also has a large network of health sciences alumni throughout the state.

### **Valleywise Health and Creighton Partner on General Dental Residency Program**

VH received a notice of award from HRSA on December 1, 2021 to establish the Valleywise Health Advanced Education in General Dentistry (AEGD) program in collaboration with the Creighton University-Arizona Health Education Alliance. The Valleywise Health Department of Dentistry, Creighton University School of Dentistry and affiliated partners will establish the program in academic year 2023, with recruitment of residents to begin in the fall of 2022. VH is the sponsoring institution of the AEGD program which will be operated under the guidelines of the Graduate Medical Education Department of VH and the VH Dental Department. VH operates six dental clinics in Maricopa County, providing a combined total of nearly 26,000 patient visits each year. The AEGD program will provide services to at-risk and vulnerable people living in Maricopa County.

### **Health Departments**

VH offers additional programming to ensure all local residents have access to services. The System contracts with a number of local public health departments to provide testing for sexually transmitted disease and tuberculosis. VH is a member of Synapse Hospital & Healthcare Partnership led by the Maricopa County Department of Public Health. Synapse is a local coalition of non-profit and FQHC providers who collaborate to collect data that informs investment into the needs of our community by completing a community health needs assessment. Through participation with Synapse, VH collaborates in identifying community needs, assets, resources, and strategies toward assuring better health and health equity for Maricopa County residents.

Additionally, VH has an agreement with the Maricopa County Department of Public Health for use of space for both the Women Infant and Children (WIC) program and a satellite Office of Vital Records location at the Comprehensive Health Center – Peoria clinic site location. These co-located services promote the “one-stop shop” model, combining multiple health and human service providers in a single location to help increase access to care.

### **Home Visitation Programs**

VH partners with Home Assist Health on a home visit program. This program allows patients to remain in their homes, rather than traveling back and forth to outside doctor appointments. This program is especially good for our elderly or frail patients.

### **State and Local Tuberculosis Programs.**

Maricopa Medical Center is one of the only local hospital providers that has isolation facilities should a patient be diagnosed with a communicable disease, such as tuberculosis. Consequently, VH receives tuberculosis cases (or suspected cases) from other providers in the area.

### **Clinics Supported by Indian Health Services.**

VH has established regular collaborative meetings with Tribal Council Members from the Pascua Yaqui Tribe located in Guadalupe, AZ, the location of one of VH FQHC clinic sites, in effort to enhance the provision of services to the Native American population. VH health center program Project Director and Chief Executive Officer, Barbara Harding, BAN, RN, MPA, PAHM, CCM, serves on the Board of Directors of the Arizona Alliance for Community Health Centers (AACHC), Arizona's Primary Care Association comprised of representatives from Member Organizations, including Native Health and Community Health Center of Yavapai, to jointly oversee the activities of the AACHC.

### **Rural Health Clinics.**

VH does not collaborate rural health clinics as there are none in the area.

## **EVIDENCE OF COLLABORATIONS**

Evidence of the partnerships and collaborations discussed throughout this Section may be seen in the letters of support provided to VH for this application. These letters may be found in Attachment 9: Collaboration Documentation.

Letters of Support have been received from:

- ✓ Health Centers: (1) Adelante Healthcare, Inc.; (2) Circle the City Health Center; (3) Mountain Park Health Center; (4) Native Health; (5) NOAH; (6) Terros Health Center; (7) Valle del Sol Health Center; and (8) Wesley Community Health Centers
- ✓ State Medicaid Office: State Medicaid Office (AHCCCS)
- ✓ Local Department of Health: Maricopa County Department of Public Health
- ✓ Primary Care Association: Arizona Alliance for Community Health Centers
- ✓ Community Organizations: Westmarc
- ✓ Congressional Delegation: Senator Kirsten Sinema

## **EVALUATIVE MEASURES**

### **QUALITY IMPROVEMENT AND QUALITY ASSURANCE PROGRAM (QI/QA)**

The VH Quality Improvement (QI) and Quality Assurance (QA) Program is designed to identify opportunities to improve organizational and individual staff performance and to increase the probability of desired or optimal patient, client and family outcomes in all programs and services. The VH Regulatory Compliance Department and the VHCHCGC Compliance and Quality Committee work to establish a clear focus of responsibility to support the QI/QA program and the provision of high-quality patient, client, and family services. The program adheres to a “just

culture” model where staff may report quality issues anonymously. This model allows for a learning culture that is constantly improving and oriented toward patient safety. The QI/QA program includes a model for continuous improvement; a process for measuring and monitoring clinical performance; an approach to monitoring patient satisfaction and addressing patient complaints; and a robust incident tracking program that allows for evaluation of adverse and sentinel events, which provide another mechanism for identifying opportunities for improving care delivery.

#### **Adherence to Current Clinical Guidelines and Standards of Care in the Provision of Services**

VH has a robust QI/QA (Quality Improvement / Quality Assessment) Plan that ensures consistent delivery of high-quality care. It also provides an infrastructure for vetting concerns and has an organizational approach to continuous improvement. As a part of its dedication to providing quality care, VH has implemented a QI/QA Program under the supervision of the VHCHCGC Compliance and Quality Committee. The purpose of the QI/QA program is to track clinical/medical, operational, and other measures to promote quality, ensure participant safety and improve participant care, with an emphasis on clinical/medical and operational performance measures. This plan serves as the basis of all QI activities. The QI/QA program is designed to move the FQHCs towards achieving better health care for individuals and improved population health at reduced per capita costs. VH works to integrate quality into all operations, promoting accountability throughout the organization. The QI/QA Plan further ensures the FQHC clinics follow applicable rules and regulations as determined by accreditation, State and Federal guidelines, regulations, and laws, and as stipulated by various funding entities. The Quality Committee ensures adherence to current clinical guidelines and Standards of Care in the provision of services.

#### **Identification of Adverse Events, including Follow-Up Actions**

VH staff play an active role in the detection and reporting of errors, occurrences and events, hazardous events, and medication errors to assist in the identification of underlying system-based issues in the work environment and the implementation of system enhancements to reduce the likelihood of reoccurrence. Consequently, all errors, occurrences and events, hazardous events and medication errors are reportable to the VH Regulatory Compliance Department, even if the event is considered or deemed a "near miss." VH supports a non-punitive occurrence reporting program that focuses on the identification of underlying system issues and in minimizing the risks and errors within systems and processes. The focus of the non-punitive occurrence reporting program is performance improvement, not punishment.

*Reporting an Occurrence:* A confidential VH Occurrence Report must be completed and submitted by an employee and/or physician who discovered or was involved in a reportable occurrence. If in doubt, VH policy is to have the employee or physician complete a report on the occurrence. The VH Occurrence Report can be accessed from the Vine Home Page (an internal web site that serves as a communication system and includes policies, system information, etc.). Occurrence reports are completed within the same shift that the occurrence transpired or immediately once staff becomes aware of the occurrence. Anonymous reporting of occurrences is permissible. However, the reporter is strongly encouraged to contact Patient Safety via phone to provide information to assist with the investigation. The President and CEO of VH has made it clear that the organization has zero tolerance for retaliation towards anyone completing an

Occurrence Report to improve the care and safety of our patients and employees. All data around occurrences is entered into the Midas system.

“Events” (e.g., unanticipated death, loss of limb, abduction, major injury, etc.) are reported immediately to the Director, Manager or House Supervisor after hours. He/she makes the decision to call Risk Management, as well as: (1) The Director or Manager – during business hours; or (2) The House Supervisor—after hours; or (3) The Director, Manager or House Supervisor will notify the Administrator on call and Risk Management when appropriate. All Occurrence Report data is available to VH Department Directors and Managers on their Midas Care Management work list to be utilized for process improvement.

### **Assessing Patient Satisfaction and Grievances**

Patient satisfaction surveys are conducted on an ongoing basis. Results are aggregated and reports are generated quarterly for reporting and review purposes. VH utilizes NRC Real Time, an innovative software tool to access patient satisfaction. NRC Real Time reports are submitted electronically to the medical directors and nurse leaders at each of the FQHC clinics regularly. This information is presented quarterly to the Compliance and Quality Committee for review and feedback. Patient grievances that are reported to VH staff are addressed through a Patient Advocate. Each complaint is entered into the VH electronic tracking system for follow-up.

A patient and/or patient representatives may voice a complaint at any time. The complaint is addressed and resolved using the clinic chain of command. Staff members having direct contact with the patient and/or a patient representative are empowered to attempt to resolve all patient complaints at the point of service. A staff member is to inform his/her manager of all complaints. The Department Manager will become involved when a staff member is unable to resolve the complaint to the satisfaction of the patient or patient’s representative. Complaints that cannot be easily resolved by the Department Manager or Director are phoned or faxed to a Patient Advocate. If the Patient Advocate can assist the patient care staff in resolving the issue, then the complaint will not be considered a grievance. However, if no immediate resolution is possible, the complaint may be deemed a grievance.

When a patient and/or patient representative’s grievance is received it is immediately referred to the Patient Advocate. The Patient Advocate refers the grievance to the appropriate Department Director/Manager for investigation and resolution. The Patient Advocate will support the Department Director/Manager in reaching a timely resolution. Upon receipt of the grievance, the Patient Advocate will contact the patient and/or patient representative on an initial and ongoing basis during the investigation and resolution process.

VH attempts to resolve all grievances as soon as possible. The Patient Advocate responds in writing to each patient grievance within seven days of the grievance submission. If the grievance cannot be resolved within seven days, the patient/patient’s representative will receive an acknowledgement letter outlining the resolution process; VH informs the patient/patient’s representative that VH is working to resolve the grievance and that VH will follow-up with a final written response within 30 business days. Typically, a grievance will be resolved within 30 business days; however, highly complex cases may extend beyond 30 business days. In that event, VH will notify the patient of the need to extend the investigation period.

Upon conclusion of the investigation, the Patient Advocate will communicate the results of the investigation and decision regarding any requests to the patient and/or patient representative in written form. The letter will include the name of the VH contact person, the steps taken on behalf of the complainant to investigate the grievance, the results of the grievance process, and the date of completion. There may be situations where VH has taken appropriate and reasonable actions on the patient's behalf to resolve the patient's grievance and the patient or the patient's representative remains unsatisfied with VH actions. In these situations, VH may consider the grievance closed for the purposes of CMS requirements.

### **Using Patient Records to Inform Service Modifications**

Each month, a QI/QA assessment is completed and shared with leadership. Quarterly reports are shared with the Physician Leadership, Managers and Directors of clinics, Compliance and Quality Committee, Governing Council and District Board of Directors. Upon review of the Quality metrics specific action plans are implemented based upon evidence-based practices in the community. Monthly, an ambulatory quality workgroup reviews all quality metrics at a DYAD meeting, which includes physicians and nonphysician administrators for strategic and operational oversight. This information is reviewed and discussed with a FQHC Clinic Manager and Medical Director. Discussions at these meetings include challenges that the clinic is experiencing, updates, volume trends and quality issues and resolutions.

### **RESPONSIBILITIES AND OVERSIGHT OF THE QI/QA PROGRAM**

The VHCHCGC regularly assesses processes, systems and outcomes produced by the QI/QA Plan integral to quality performance. The review of quality indicators, including benchmarks and baseline, is completed regularly. Continuous Quality Improvement (CQI) involves acting as needed based on the results of data analysis and the opportunities for performance improvement.

Responsibility for quality begins with VHCHCGC which authorizes resources to support quality initiatives. The VHCHCGC assigns responsibility for quality programming to the CEO, and to the Compliance and Quality Committee. The Compliance and Quality Committee is responsible for: (1) prioritizing current quality initiatives and activities; (2) ensuring a process is in place to complete a written needs assessment; (3) reviewing patient satisfaction survey results; (4) reviewing risk management activities to ensure providers are providing quality care; (5) consistent monitoring of the UDS clinical measures; and (6) quality assessment, planning, and annual program evaluation.

The Compliance and Quality Committee has leadership responsibility for the work plan. Certain tasks and activities are carried out by three service area teams: (1) Medical QI Team; (2) Dental QI Team; and (3) Mental Health QI Team. These teams report findings of reviews and analyses to the CEO of the VHCHCGC, who in turn reports them to the Ambulatory Operations Committee providing outcomes and recommendation to the Compliance and Quality Committee. Summary reports are delivered by the Compliance and Quality Committee to the VHCHCGC for their review, feedback and input.

*Structure – Responsibility, Accountability and Communication:* The Compliance and Quality Committee is led by the CEO of the FQHC clinics and includes personnel from throughout the organization. The Compliance and Quality Committee includes representatives from administration, medical and quality departments. Having representatives from across the

organizational structure ensures system-wide accountability and communication. Each service area has its own QI Team, e.g., Medical QI (Pediatric, OB/GYN, and Adult Services) Dental QI, and Behavioral Health QI, with appropriate expertise that manages the QI activities and initiatives. These teams are responsible for the QI work plan. The CEO and CCO (Chief Clinical Officer) oversee the QI Teams, ensuring that they work towards providing quality health care throughout the organization through QI activities.

The Compliance and Quality Committee meets at least quarterly. Formal minutes are maintained and contain the date, time and place of meetings, attendees with their title, matters discussed with specifics on data for the clinical measures, action plans to address problems/deficiencies, and responsible individuals for follow-up. The Patient Safety Officer is responsible for maintaining the VH strategic direction of the patient safety program and developing a workplace culture where safety is the utmost priority.

#### CONDUCTING QI/QA ASSESSMENTS

Providers and FQHC Clinic Medical Directors conduct a quarterly audit of their peer's medical records. The providers use a specifically developed audit tool to ensure a standardized process is being met. This information is then provided to leadership and is a part of the credentialing process.

#### VH ELECTRONIC HEALTH RECORD (EHR) SYSTEM

VH utilizes Epic Systems as its EHR vendor. This platform has rich reporting, dashboard, and data analytic capabilities. Information access can be secured by role to meet HIPAA requirements. Delivered with many standard reports, the system also enables VH to establish custom portals and reports to meet the System's practice management needs. Epic is a complete EHR system that has the flexibility to develop forms and workflows specific to VH needs.

Epic is a robust platform the interfaces with other technology, such as Health Current, Arizona's HIE to optimize health information. Epic offers innovative solutions for patient engagement and population health, creating cycles of care that assist providers to better understand patient needs, accurately gauge risk, and promote more effective treatment and better outcomes. Epic incorporates tools to protect the confidentiality of patient information and safeguard it against loss, destruction, or unauthorized use, consistent with federal and state requirements. Finally, Epic's workflows facilitate the collection and organization of data for the purpose of monitoring program performance and work in tandem with dashboards and other systems on population health management.

*Performance Monitoring and Patient Improvement Outcomes.* The VH Ambulatory Quality Initiative Workgroup meets monthly to review and discuss quality and performance measures within Ambulatory Services and review quality metrics. Consisting of physician leaders, operational sponsors and team members, this activity enables VH to leverage data collection and analysis, identify process improvement and examine performance indicators for multiple UDS Clinical Quality Measures. From an initial baseline established in 2018, the data is tracked month over month and compared internally, the Healthy People 2030 target goal and the most current UDS national benchmarks. Performance targets are measured in four ways: 1) whether the target was met or exceeded; 2) approaching the target (within 10%); 3) not in the target (> than 10%

outside of goal); and 4) improving (indicator is not meeting the target goal but has shown consistent month-over-month improvement). The 13 indicators on which the Workgroup is focused are:

- Body Mass Index (BMI) & Weight Assessment, Nutrition & Activity for Children
- Cervical, Colorectal & Breast Cancer Screening
- Childhood Immunization Status
- Controlling High Blood Pressure
- Diabetes
- Ischemic Vascular Disease (IVD) & Statin Therapy
- Screening for Clinical Depression
- Tobacco Use
- HIV Screening

Follow-up plans for BMI and Screening for Clinical Depression and counseling for Weight Assessment, Nutrition & Activity for Children have been implemented and will continue in 2022 as key elements for addressing meeting these measures.

*Tracking Risk Factors.* Of the 13 social risk factors which are being monitored by the Workgroup, eight indicators have met or exceeded the target: childhood immunization, colorectal and breast cancer screening, diabetes, IVD, tobacco use, weight assessment & nutrition for children, and HIV screening. We are approaching our target for cervical cancer screening and statin therapy. BMI, controlling high blood pressure, and screening for clinical depression are currently outside of the targets for the measures, though screenings for clinical depression has steadily increased over the past reporting year. For those indicators which are outside of the target goal, the Workgroup continuously identifies ways to enhance processes and procedures with the goal of improving patient outcomes and keeping people healthier.

#### **Efforts Around Specific Clinical Priorities**

*Hypertension:* VH follows an established, written protocol to standardize the diagnosis of hypertension, including processes for obtaining and documenting blood pressure measurements and patient-centered treatment of hypertension patients. A Hypertension Focus Workgroup is ongoing and planned to continue for UDS reporting year 2022. Efforts focus on proper documentation and ensuring accuracy of readings. Care coordinators provide outreach for patients with diagnosis of hypertension seen in the past year who need a follow-up appointment and bulk order annual Blood Pressure Monitoring to send bulk communication to patients overdue for their lab work.

*Diabetes:* VH follows an established, written protocol developed to create a practical, standardized process of team-based patient-centered primary care for diabetes management for adult patients with the purpose of improving outcomes and quality measures. A current action item is that the VH Information Technology Department has been collaborating with EPIC, our EHR system, to review and capture any missing expected dates for lab work. This metric is on target to exceed the UDS 2020 national benchmark for the 2021 calendar year reporting period.

*Behavioral and Mental Health:* A Depression Screening workgroup is starting to meet regularly to review and discuss documentation adjustments for better capturing PHQ9 data to meet quality measures. This includes planning to release a PHQ9 tip sheet for review in early 2022.

*Substance Use Disorder (SUD):* As previously mentioned, in September 2021, VH received funding from SAMHSA to provide Medication Assisted Treatment (MAT) services. With the increase in individuals with Opioid Use Disorder (OUD), VH recognized a potential shortfall in the availability of in-house MAT services for our patients. In consultation with AACHC, a needs assessment was completed in September 2020 to determine education, training, and implementation of services to treat OUD/SUD and co-occurring conditions within the VH system. The needs assessment identified several issues including: limited resources available at VH to those with specific OUD/SUD treatment needs especially for individuals presenting in precontemplation, not having dedicated resources at VH specifically assigned to OUD/SUD regarding case management, peer support, counseling or medical / psychiatry services, and a need to enhance VH policies/procedures. MAT grant funds will enable VH to address these challenges and increase integrated health care services to patients with OUD/SUD. VH is currently developing policies, procedures and protocols for MAT services including screening and assessment of SUDs including co-occurring, substance use and mental disorders, trauma, social determinants of health (SDOH). We anticipate incorporating the evidence-based approaches of Cognitive Behavioral Therapy and Peer Recovery Support Services to assist patients who struggle with SUD.

*Maternal and Child Health:* VH clinical priorities pertaining to maternal and child health include breast and cervical cancer screening, and childhood immunization status. For breast cancer screening, this is defined as the percentage of women 50 – 74 years of age who had a screening mammogram in the 27 months prior to the end of the measurement period. The 2020 UDS national average breast cancer screening rate and VH benchmark is 45.3%. Our current YTD screening rate is 58.38%, exceeding our goal and the UDS 2020 national benchmark for the 2021 calendar year reporting period. VH cervical cancer screening rates, currently at 49.6%, are approaching the benchmark of 51%. VH was awarded funding through the NFL American Cancer Society initiative to ensure access to high quality cancer screenings and timely follow-up care amid the COVID-19 pandemic. VH population health management and care management staff have reinstated chronic disease management interventions for cancer screening to ensure patients continue their regular screening schedule. A Women’s Breast and Cervical Cancer Screening protocol was established effective in April 2021 to create a practical standardized process of team-based patient-centered primary care for breast and cervical cancer screenings with the purpose of improving outcomes and quality measures for these metrics. A Cervical & Breast Cancer Screening Focus Workgroup is planned to continue for reporting year 2022. VH has exceeded the benchmark goal of 40.4% for the percentage of children who received recommended immunizations before their second birthday. Our current rate of childhood immunization is 47.63%. We will continue our efforts and education to parents about the importance and benefits of childhood vaccination.

*HIV:* As indicated previously, the Valleywise Community Health Center - McDowell (MCD) has provided exceptional state-of-the-art primary HIV care and wrap-around services for Persons Living with HIV/AIDS (PLWHA). VH has achieved remarkable results by attaining a 90% viral suppression rate in our Ryan White Part C patients as of the CY2019. This is compared to viral suppression rates of 56% nationally and 65% in Arizona in 2019. In 2020, despite a global pandemic, VH was able to attain a 91% viral suppression rate. The 2020 UDS national average for HIV screening is 32.9% for patients aged 15 – 65. The VH HIV screening rate as of December

2021 was 58.3% and is on target to exceed the UDS 2020 national benchmark for the 2021 calendar year reporting period.

**RESOURCES/CAPABILITIES**

APPROPRIATE ORGANIZATIONAL STRUCTURE

VH organizational structure is in accordance with Health Center Program Requirements and is appropriate for the operational and oversight needs of 330 SAC grant funding. As stated, the Maricopa County Special Health Care District does business as Valleywise Health. The Maricopa Special Health Care District and the Valleywise Health Community Health Centers Governing Council (VHCHCGC) have a Co-Applicant Agreement. Under the Co-Applicant Agreement, VHCHCGC has authority and oversight over the FQHC clinics and Council’s governance authorities, and responsibilities must comply with the requirements of Section 330 and HRSA policies.

VH directly employs its Project Director/CEO, Barbara Harding, BAN, RN, MPA, PAHM, CCM, who serves as the Senior Vice President of Ambulatory Care & Chief Executive Officer FQHC clinics. Ms. Harding reports to VH Community Health Centers Governing Council (VHCHCGC) and coordinates with key management staff and personnel to guide and direct the day-to-day activities necessary to fulfill the VH HRSA-approved scope of project (see Attachment 3: Organizational Chart).

STAFFING PLAN

**Staffing, Contract Arrangements to Carry Out Necessary Services**

As discussed, VH 11 FHQC clinics are currently operational and have in place the staffing and contract arrangement necessary to carry out the services identified in Form 5B.

**Staff in Place to Provide All Required and Additional Services**

VH clinical staffing plan (see Form 2) is appropriate for the projected number of patients (see Form 1A) and mix of services provided at the FQHC clinics (see Form 5B). These clinicians provide linguistically and culturally appropriate care for all patients as noted above, with many of our staff being bicultural/bilingual. Please note, there are staff enumerated in this plan that go beyond those covered by the federal grant; these staff are covered by other funding sources (non-federal resources).

Table 17. Clinical Staffing

Service Area	Number of Staff FTEs
Primary Care Teams Adult, Pediatrics, OB-GYN	28 FTE Physicians 8 FTE OB/GYNs 15 FTE Pediatricians 23 FTE Nurse Practitioners 13 FTE Physician Assistants 3 FTE Certified Nurse Midwives 36 FTE Nurses 97 FTE Medical Assistants
Dental Care	10 FTE Dentists 3 FTE Dental Hygienist 13 FTE Other Dental Personnel

Behavioral Health	1 FTE Psychiatrist 7 FTE Licensed Clinical Social Workers 3 Other Licensed Mental Health Providers 2 Other Mental Health Staff
Enabling Services	13 FTE Case Managers 8 FTE Eligibility Assistance 7 Community Health Workers
Quality Improvement Staff	1 FTE Quality Improvement Staff
Other Programs and Services	30 FTE Laboratory Personnel 4 FTE X-Ray Personnel 7 FTE Pharmacy Personnel 3 FTE Diabetes Educators
Administrative Staff	13 FTE Fiscal and Billing Staff 28 FTE Information Technology Staff 28 FTE Facility Staff 95 FTE Patient Support Staff 37 FTE Administrative Support Staff
Senior Staff	1 FTE Project Director/CEO 0.3 FTE CFO 0.2 FTE COO 0.5 FTE CAO (CIO) 1 FTE CCO (CMO)

**Considering Size, Demographics, and Health Care Needs of Patient Population**

VH proposed clinical staffing profile (elaborated on in Form 2) is appropriate for the projected number of patients and mix of services provided at the Health Center. Through this SAC initiative, VH will see 85,683 patients in Year 1 for 279,306 visits. The staffing plan contains 557 FTEs to carry out these visits. These FTEs are comprised of administrative, clinical, enabling, and other staff.

VH has a longstanding history of working with the target population, and as such, has mature infrastructure to address the health care needs of this population in a culturally and linguistically appropriate manner. The system has well-developed case management resources in primary care that can help connect patients to the services that those in poverty often struggle with such as housing, food, utilities, job training and education. VH has bilingual staff, interpreter services, and language lines that serve to break down the barrier that linguistic isolation can bring in accessing health care. VH also has multiple trained outreach and enrollment financial counselors who can help facilitate uninsured patients gaining access to insurance coverage.

**Operating Procedures for Review of Credentials and Privileges**

Credentialing and privileging of licensed or certified health center practitioners, along with other clinical staff, is an important component ensuring quality care. Initial appointment and re-appointment ensure that licensed or certified practitioners and other clinical staff possess the requisite training, experience, and competence to provide quality care. Current licensure and other credentialing information are maintained for all licensed or certified health center practitioners and other clinical staff. VH complies with the FQHC policy to perform a query of the National Practitioner Databank for all licensed/certified practitioners as required. Other clinical staff will have a query through the National Practitioner Databank as appropriate. Appointment and re-appointment documentation are reviewed by VH Medical Staff Credentialing Committee for

providers/physicians and VH Human Resources for other clinical staff. Final approval for Medical Staff Credentialing actions is per the VHCHCGC.

Clinical staff members of the FQHC clinics must possess qualifications and competencies to carry out the activities of providing quality care services. All clinic staff qualifications and competencies are validated prior to providing patient care services and on a recurring basis. The validation of a licensed independent practitioner's (LIP) qualifications and competencies are verified through the credentialing procedures as delineated in the Medical Staff Professional Policy, Allied Health Professional Policy, Operational Credentialing Policy, and the Focused Professional Practice Evaluation (FPPE) Policy to Confirm Practitioner Competence.

The validation of the other licensed practitioners (OLCPs) and other clinic staff qualifications and competencies are verified through the established procedures of the VH Human Resources (HR) Department. The validation of licensure and/or certification is achieved through primary source verification (licensing and/or certification boards) upon hiring. Thereafter, HR conducts ongoing monitoring to ensure valid/current licensure and/or certification status. The OLCP must meet the qualifications of the job description upon hiring. Verification upon hire and on a recurring basis are conducted for LIPS, OLCPs and other clinical staff to address fitness for duty, current immunization / communicable disease status and current clinical competence through the efforts of the medical staff services department, HR, Employee Health and Wellness, and the Center for Clinical Excellence department. These departments conduct an annual performance evaluation to validate continued competencies and licensing requirements. It should be noted that VH does not utilize volunteers to provide any type of direct clinical patient care.

#### MANAGEMENT TEAM

VH key management team is appropriate and adequate for the size, operation, and oversight needs and scope of the SAC grant (please see Attachments 4 and 5 for further details). The staff has the requisite experience, management skills and educational background to perform the necessary duties discussed in the job descriptions, as well as dedicated time to facilitate health center program activities. Specifically, Ms. Harding oversees the management team and is an active leader in the day-to-day operations of the FQHC clinics, meeting with senior staff on a weekly basis to stay abreast of clinical and operational issues. The VH FQHC organizational chart (see Attachment 3) illustrates the required management structure to ensure fulfillment of all functions necessary to support the FQHC and maintain compliance with FQHC requirements.

#### **Training, Experience and Skills Necessary for Key Leaders**

Job descriptions for key management staff are outlined in Attachment 4: Position Descriptions for Key Management Staff. These position descriptions discuss the necessary qualifications for each senior position.

#### **Individuals Who Will Serve in Defined Roles**

*Project Director and Chief Executive Officer.* Barbara Harding, BAN, RN, MPA, PAHM, CCM, CEO FQHC Clinics, Sr. VP Ambulatory Care & CEO FQHC Clinics (1.0 FTE) serves in this role. Ms. Harding's responsibilities are outlined in Attachment 4: Position Descriptions. This information provides that the VH CEO works with senior staff to develop processes and systems, which integrate clinical operations, business operations and strategic planning. The PD/CEO manages all departments within the organization and reports directly to the VHCHCGC on clinical and

financial performance measures. With all senior staff reporting directly to the CEO, she oversees the daily clinical and financial operations of the FQHC clinics.

*Responsibilities of the Chief Clinical Officer (CCO).* Michael White MD, MBA, Executive Vice President and Chief Clinical Officer. The CCO is a key member of the VH Executive Team, providing strategic and operational leadership for a diverse group of departments, with the goal of delivering high quality, cost effective patient care. The EVP CCO works closely with VH Residency Program Directors, Clinical Department Chairs, and Medical Directors to ensure alignment with the mission, vision, and values of VH. This position plays a critical role in integrating care across the inpatient, outpatient, and ambulatory continuum.

*Responsibilities of the Chief Financial Officer (CFO).* Claire Agnew serves as the Executive Vice President (EVP) and CFO for VH. Ms. Agnew is responsible for the financial operations of VH, overseeing the operations of finance, revenue cycle, reimbursement, managed care, contracts, and materials management. This position directs the preparation of hospital and FQHC statistical reports, and financial reports; and administers the general accounting, patient business services, including third party reimbursement, financial, and statistical reporting functions of the hospital in accordance with established policies and accounting procedures. She directs the preparation of the hospital budget, monitors performance to ensure fiscal responsibilities are fulfilled, assists the President/CEO in the development of long-and-short range hospital financial operations plans and monitors, interprets and analyzes hospital and FQHC financial performance in realizing established plans and objectives of the hospital.

*Responsibilities of the Chief Information Officer (CIO).* Kelly Summers serves as the Sr. Vice President and CIO for VH. He provides strategic and tactical direction to VH including the hospital, FQHC and other components of the health system in the areas of Information Technology and Health Technology Management (Bio-Medical/Clinical Engineering). This includes IT infrastructure and systems architecture, clinical informatics, development and deployment of clinical and business systems and applications, management and support of all IT service management components, and the conceptualization, planning, evaluation, and deployment of technology platforms. This position provides enterprise-wide technology vision and leadership for developing and implementing technology initiatives that foremost provides technology which supports patient safety, as well as ensuring all relative quality, compliance and regulatory requirements are met.

*Responsibilities of the FQHC Medical Director.* Christine Smarik-Snyder, M.D., provides direction, leadership, and day-to-day management of the VH FQHCs in coordination with administrative leadership. This position works with all medical staff personnel including the residency training program. Key responsibilities and functions include assist and mentor FQHC medical directors and coordinate QI; participate as part of the dyad with the FQHC CEO in clinic operations and care practices; participate and implement strategy and growth initiatives; continually work to implement evidence-based care practices; lead clinical training efforts; and regularly review performance metrics and participate in planning to address adverse trends.

*Responsibilities of Chief Administrative Officer (CAO).* Lia Christensen serves as the CAO for VH. Ms. Christensen is responsible for leading the VH strategic direction, including day-to-day

operations, and administrative functions for the hospital, FQHC and other major components of the health system, such as Human Resources, Ancillary and Support Services, Information Technology, Integrated Program Management, Process Improvement, Marketing and Communication and Business Development. The position works as an integral part of the VH Executive Team, providing input to key business direction, planning, policy formulation, and decision making.

For additional information, see Attachments 4 and 5 regarding job descriptions and biographies.

## FINANCIAL ACCOUNTING AND INTERNAL CONTROL SYSTEMS

### **Accounting Principles/Standards**

VH prepares its financial statements in conformity with applicable pronouncements of the Governmental Accounting Standards Board (GASB). The financial statements are prepared on the accrual basis of accounting. VH utilizes financial management and control systems in accordance with sound financial management procedures to ensure the fiscal integrity of financial transactions and reports.

Under the oversight of the VH Finance, Audit & Compliance Committee, VH engages an external, independent public accounting firm to conduct an annual audit to express an opinion on, and report to the Committee, the results of the audit on the annual financial statements. The audit is conducted in accordance with auditing standards generally accepted in the United States and the standards applicable to the financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States. These standards require the auditors to plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

The external independent public accounting firm also conducts an annual audit in accordance with the Uniform Guidance of the Office of Management and Budget related to the expenditure of federal awards. This audit is conducted in accordance with the provisions of 45 CFR 75 Subpart F, as VH expends more than \$750,000 in Federal awards in recent fiscal years.

### **Control Over, and Accountability for, Assets**

VH has written policies and procedures, and financial accounting and internal controls, to maintain effective control over, and accountability for, all funds, property and other assets in order to adequately safeguard all such assets and ensure that they are used solely for authorized purposes. The annual audit performed by the independent public accounting firm includes activities to support the issuance of a management letter including recommendations for improvements in internal controls and procedures, if applicable.

VH has written policies and procedures in place to ensure the appropriate use of Federal funds in compliance with Federal statutes, regulations and the terms and conditions of the Federal award. These policies and procedures include, but are not limited to, ensuring the grant expenses are reasonable and necessary, allowable under the terms and conditions of the award, properly accounted for within the financial system and in compliance with applicable regulations.

VH is committed to the operation of an effective compliance program in accordance with the “Compliance Program Guidance for Hospitals (and amendments)” published by the Office of Inspector General, U.S. Department of Health and Human Services. The VH Finance Audit and Compliance Committee provides executive-level oversight, advice, and general guidance of the operation of the VH Compliance Program and on all matters relating to corporate compliance. The VH Compliance Department, under the oversight of the Chief Compliance Officer and the VH Finance Department, as well as the Audit and Compliance Committee, conduct an annual risk assessment based on the Office of Inspector General Annual Work Plan, and other regulatory guidance. The VH Compliance Department conducts ongoing internal evaluation and monitoring using audit plans, designed to minimize risks identified through the annual risk assessment, which includes the review of internal controls.

In compliance with the VH Capital Asset Tagging Policy, movable fixed assets are tagged upon receipt, except for those where the tag may interfere with the operation of the asset. All fixed assets are recorded in the Fixed Assets Ledger of the General Ledger. As part of the internal controls for supplies, VH conducts an annual physical inventory of medical, pharmaceutical, and personal care supplies, under its Physical Inventory Policy.

#### **Capacity to Track Financial Performance**

VH utilizes the McKesson Fiscal Management financial system, which includes modules for General Ledger, Payroll, Accounts Payable, Cost Accounting, Materials Management, Self Service Tools, and a Data Warehouse Solution. The McKesson financial system is used to prepare and produce the financial statements for the operations of the organization, including grants. McKesson is interfaced with the Epic System, EHR and the payer and patient billing and collections system. VH utilizes the Kaufman Hall Axiom Budgeting and Forecasting system for its annual budget, which is also interfaced with the McKesson financial system.

The VH Finance Department provides reporting and analysis support for VH and the FQHCs utilizing the McKesson financial system. VH Finance Department prepares monthly and annual financial reports to assist the VH District Board, FQHC Governing Council, FQHC Finance Committee, and VH leadership to support effective and financially responsible operating decisions. The VH CFO directs and oversees the VH Finance Department.

Monthly, VH leadership reports on the financial and volume activity of the FQHC clinics to the VHCHCGC’s Finance Committee (a Board designated committee.) This includes reporting on patient volumes, provider productivity, staff productivity, referrals, payer mix trends, and month-to-date and year-to-date financial results as compared to budget. Variances are discussed with action plans towards improvement, as applicable. A summary of the reports and presentation are then provided by the Finance Committee to the VHCHCGC. The VH organization financials, metrics, volumes, and trends are reported by the CFO to the Maricopa County Special Healthcare District Board.

#### **Accounting for Health Center Program Award and Assurances**

All federal awards, including the SAC grant monies are and will be tracked individually and against the award budget. VH will assure that all Federal grant award expenditures are allowable in accordance with the terms and conditions of the Federal Award and Federal Cost Principles.

Consequently, a separate bank account assigned to VH Has been specifically created for this federal award, to assure the segregation of funds from those derived from operations. The drawdown of the Federal award funds from HRSA will occur in a timely manner, after assuring the expenditures of the Federal award funds are allowable based on the terms and conditions in the Federal Cost Principles in 45 CFR Part 75 Subpart E. The CFO will approve all drawdowns in advance, with all drawdowns tracked via a monthly drawdown report.

#### BILLING AND COLLECTIONS SYSTEM

The following billing and collections systems and processes are in place at the FQHC clinics:

##### **Requesting Payments and Ensuring Service**

Eligibility/Determination: The eligibility and determination process is and will continue to be as follows: patients call and/or make appointments in person. The reception desk at the appropriate clinic schedules the appointment in the scheduling software. At this point, staff members ask patients to bring in all insurance information on the day of the scheduled appointment. Prior to the appointment, the front desk will verify the patient's insurance information by utilizing an online insurance verification service or calling the insurance company and speaking to a representative. Upon patient arrival, the front desk will verify the patient's demographic and insurance information. If a patient does not have active health insurance, the patient is referred to a Financial Counselor. The Financial Counselor determines the type of entitlement or insurance the patient is eligible for and discusses the plan with the patient. This ensures that no patient is denied service based on an inability to pay.

##### **Educating Patients on Insurance**

Many of VH uninsured patients are low income, disabled, medically complex, homeless and/or non-English speaking individuals who might have ongoing complex healthcare needs. In response to this need, VH offers financial counseling services to assist uninsured patients. Patients can complete paper or electronic applications on site and submit it to the financial counselors, who, when the application is approved, directly update this information in the patient's health record.

##### **Billing Insurance**

VH uses the Epic system to register patients, document the services in Epic to bill public and private assistance programs, insurance plans or patients in a timely manner. Epic has sophisticated dashboards, tools and reports that ensure claims are submitted timely and accurately. Claims are submitted daily, and payers are billed electronically through HIPAA 837 transactions and payments are received daily through electronic HIPPA 835 transactions.

#### TELEHEALTH

a) *Providing In-scope Services.* The goal of the VH telehealth is to improve both access and quality health services using information and telecommunications technologies. An established, written policy defines our procedures to provide telehealth services for patient consultation, diagnoses and/or treatment. Telehealth / telemedicine services can be provided at a physician office, clinic setting, hospital, skilled nursing facility, residential care setting, patient home or other setting and follow all laws regarding the confidentiality of health care information and a patient's rights to his or her medical information. Services provided via telehealth meet state and federal guidelines for medical necessity and is supported by documentation.

Before a VH provider delivers care via telemedicine, the provider must first determine whether a patient visit can be adapted from in-person to a telehealth visit. Verbal or written informed consent is required to be obtained from the patient or the patient's health care decision maker. The patient agrees to virtual visit service terms, the privacy policy, and the charge for receiving a virtual visit from a physician or other qualified health professional. Electronic communication occurs over a HIPAA-compliant online connection. A virtual visit includes the total interchange of online inquiries and other communications associated with this single patient encounter. The physician or provider appropriately documents the virtual visit, including all pertinent communication related to the encounter, in the patient's EHR. The physician or other qualified health professional has a defined period within which responses to a virtual visit request are completed. The treating physician or provider within a virtual visit forwards a summary of the visit to the patient's primary care physician or medical home and communicates with the primary care physician as necessary.

Services available through telehealth include Family Medicine, Internal Medicine, Pediatrics, Behavioral Health and OB/GYN services.

*b) Communicating with Providers and Staff at Other Clinical Locations.*

Providers and staff throughout VH and clinic locations have the capacity to communicate through telehealth, live video and telephonically. Linkage is provided across the system as the required, additional and approved specialty service types are provided by staff directly hired by VH and staff contracted through formal written contract.

*c) Receive or perform clinical consultations using telehealth.*

E-consults are synchronous (store-and-forward) provider-to-provider telehealth visits. E-consults with an Integrative Care Psychiatrist are available for primary care patients with mental health needs whose psychiatric medications the primary care provider chooses to manage but may want psychiatric input. E-consults are indirect consultations related to psychiatric needs and include diagnosis and psychiatric treatments, psychotropic medications, formal chart reviews and recommendations. Additional services will be coming on-line in 2022, including Dermatology, which has just completed a successful pilot.

*d) Send and receive health care information from mobile devices to remotely monitor patients.*

VH defines Remote Patient Monitoring (RPM) as the use of digital technologies to collect data from an individual, with secure transmission of that data to the physician's office and review of the data by the physician. "Remote physiologic monitoring" means more specifically RPM in which data is automatically transmitted to the physician, in contrast with forms of RPM where the patient must "push" the data to the physician. RPM is used for providing improved chronic disease management, care, and related support. RPM may be either synchronous (real-time) or asynchronous (store and forward). RPM does not replace provider choice for healthcare delivery modality; nor does it replace member choice for healthcare delivery modality. RPM is used for AHCCCS-covered services that are medically necessary and cost effective.

Valleywise Health launched a rudimentary outpatient telehealth program in mid-March 2020, at the beginning of the COVID -19 pandemic and just prior to stay-at-home orders being issued in Arizona. The visits have impacted patients in practically all departments of the hospital system: family practice, OB/Gyn, pediatrics, cardiology, internal medicine, diabetes education, individuals

living with HIV and behavioral health. We expect the need for virtual visits to continue, especially as we work to reach a substantial number of behavioral health patients. Arizona has experienced tremendous impact due to the COVID-19 pandemic, first in the summer of 2020 and throughout 2021. VH has continued to ensure that we have the necessary equipment available to provide more telehealth services to our vulnerable and highly diverse patients, many of whom are at high risk of contracting the virus and experiencing worse health outcomes as the vaccine continues to be distributed.

VH has secured funding to expand telehealth services throughout the organization to provide care to patients in ways that they would like to receive services. Initially, this includes monitoring of our obstetric patients and post-operative visits with our surgical services. Additionally, our care management and pharmacy teams engage patients remotely to assist with medication management as well as coordination of other ancillary services. Items to be purchased with this funding will enable full integration into our patient-centered medical home (PCMH) model. With the enhanced focus on telehealth, essential communication tools (i.e., Doxy.me, Nuance DAX) that are fully functional with our EHR will allow our system to communicate in real time, among all team members of a patient's care, and provide seamless care. Incorporating telehealth with the PCMH model will allow our patients, many of whom are at high-risk, to gain access to care and treatment while reducing their exposure to COVID-19.

#### RESPONDING TO AND MAINTAINING CONTINUITY OF SERVICES DURING DISASTERS AND EMERGENCIES.

The VH Emergency Operations Plan (EOP), reviewed and updated in November 2021, is an “all hazards” plan to guide preparations, response, and recovery to emergencies and disasters, both internal and external. It is supplemented by other specific policies / procedures and reference materials kept in the Hospital Command Center. The EOP applies throughout VH facilities including the Medical Center, FQHCs, Comprehensive Health Center and Behavioral Health Centers, and the staff and physicians working at these locations. The plan applies to adult and pediatric patients, as well as behavioral health and other patients that are considered vulnerable population members. VH approaches emergency management planning in accordance with the National Incident Management System (NIMS) guiding principles: flexibility, standardization, and unity of effort. The EOP incorporates the three primary components of the NIMS as defined by the National Incident Management System, Third Edition (U.S. Department of Homeland Security, 2017). These components include: 1) Resource Management, 2) Command and Coordination, and 3) Communications and Information Management.

The VH Emergency Management Committee (EMC) develops, maintains, and promotes a comprehensive emergency preparedness program. The Director of the emergency management program serves as the EMC chairperson. The EMC includes senior management, nursing, and representatives from key areas within the organization such as physicians, infection control, facilities, engineering, safety, and security. The EMC meets no less frequently than five times a year to establish priorities for emergency management activities and to ensure readiness within the health system. The EMC conducts an annual written Hazard Vulnerability Analysis to identify the highest risk, probability, and impact hazards that could affect demands for services or the health

system's ability to provide those services. The HVA identifies the greatest vulnerabilities for use in decision-making and allocating resources for planning and mitigation projects.

Mitigation activities are taken to reduce the risk of and potential damage due to the emergency. Preparedness activities are taken to organize and mobilize essential resources to an emergency before one occurs. Response strategies and actions are activated to respond to the emergency when it occurs. Recovery strategies and actions are taken during and after the emergency to restore systems critical to resuming normal patient care, treatment, and services.

a) Response and recovery plans.

Initial Response. Leadership (Executive leadership, Administrator on call, or House Supervisor) in conjunction with Security determine the information that needs to be immediately communicated to facility leadership. Immediate action include: 1) notifying VH leadership, the Public Information Officer (PIO) and security of the incident; 2) activating the Crisis Communications Team (CCT); and 3) reporting to the Hospital Command Center as needed. VH has developed a Hospital Incident Command Team Activation Algorithm which corresponds to the level of the emergency:

- ✓ No activation/Alert: Status 1-3. No additional resources or outside assistance is required; Notification of outside agencies not required.
- ✓ Hospital Incident Management Team (HIMT): Code Triage 4-6: Outside agencies are notified as needed. Outside assistance is not required. Evaluate internal resources and use as needed.
- ✓ HIMT activated 7-9: Notify outside agencies/authorities. Request/obtain additional resources as needed.
- ✓ Full Hospital Incident Command System (HICS): activation 10-12: Notify outside agencies/authorities. Obtain outside assistance/resources.

Recovery. During preparedness, response, and recovery operations, VH communicates plans with the Arizona Alliance for Community Health Centers, Arizona's HRSA-funded Primary Care Association, and coordinates with external response partners including the Maricopa County Emergency Operations Center, Maricopa County Department of Public Health, Emergency Medical Services, fire, and law enforcement. Considerations of the most efficient and timely recovery to normal operations begin early in the emergency response, guided by the nature of the incident and existing business recovery plans. As the incident evolves, the HICS positions regarding recovery are activated to provide appropriate attention to this activity. VH maintains a plan for sustaining operations over an initial 96-hour time frame during a disaster incident, including a means for providing necessary supplies and utilities. Should VH and the community be unable to support the medical center for at least 96 hours, the HIMT would assess critical supply inventories, medical care needs, staff resources and, in concert with county health authorities, consider whether to close or evacuate portions or all of a facility or continue under altered standards of care.

Activation of the recovery plan starts with demobilization and finishes when all services are back to normal. The demobilization plan phases in the clearing of resources that are no longer needed for response. Priority of recovery efforts are directed to the most critical service lines within the health system. Operational branches (i.e., Infrastructure, Security, etc.) provide insight regarding

mitigation activities or processes that would make response in a similar incident easier in the future. The PIO notifies appropriate external partners that the recovery phase is underway and develops closing press releases or statements to outstanding media requests. Final documentation including pictures and video are taken of any damage for insurance reporting.

b) Backup systems to facilitate communications.

The VH Emergency Communication Plan outlines the roles, responsibilities, and guidelines that the organization utilizes to share information with employees, physicians, volunteers, patients, family members, visitors, and media members during a disaster. VH recognizes that during an incident, people expect more information than the organization may have, making it imperative to relay information with accuracy. VH also recognizes the importance of providing this information in Spanish to Spanish-speaking patients, family members, visitors, and members of the Spanish language media. It is equally important to communicate this information in other languages, particularly to members of the refugee community served by the Refugee Women's Health Center.

In an emergency, the goal is to issue our first communication to key audiences within 30-minutes of notification of the event, with regular updates as needed; some situations may require even faster initial communications. Once the appropriate message(s) have been developed by the CCT, it is approved by the Incident Commander before distribution. For internal emergency communications, the VH Vine may be used for documentation and communications resource sharing. For internal communications to staff, Public Relations (PR) will update VH e-news and the Vine home page with posts reflecting the latest information. For external communications, PR will update the VH website and social media outlets, and telephone messaging, if available. A staffed call center may also be opened by IC to handle phone calls if needed.

If routine forms of electronic communication and paging systems are ineffective or unavailable, HICS staff may utilize hardcopy departmental disaster call-trees. Internal departments maintain and routinely update their disaster call-tree contact information. All staff contact information is stored and maintained by the Human Resources department and can be accessed via Kronos, Microsoft Outlook, and WebEx systems. Vendors must provide and update current contact information and can also utilize "Spark" at the discretion of command staff. If routinely utilized clinical communication resources, such as ASCOM phones, are unavailable, the disaster preparedness two-way hand-held radios can be provided for staff as determined by HICS leadership. If all electronic forms of communication have failed or are insufficient to meet communication needs, department leaders will designate one or more "runners" who go to the HICS command center for further instruction.

c) Patient records access.

VH follows an established, written policy for both scheduled and unforeseen downtimes of the Electronic Health Record (EHR) to ensure continued completion and documentation of patient care. Scheduled downtimes of EHR systems are planned and announced in advance to minimize impact to the patient record. Unplanned downtimes are communicated to users as soon as possible with instructions to use approved downtime forms. Downtime forms, or paper forms, identified approved by the Forms Committee are used to maintain records until the EHR is recovered. Following downtimes, key identified data is entered in the EHR from the paper documentation and then paper forms are scanned into the EHR.

d) Integration into state and local preparedness plans.

Emergency Management maintains a liaison binder with contact information of emergency management partners which include local, regional, state, tribal and federal preparedness staff, as well as contact information for sources of assistance. During a “code green” event (i.e., external mass casualty or internal hospital event), the HICS Liaison Officer is responsible for contact with preparedness staff members outside of VH. If normal methods of communication are unavailable, HICS staff utilize Government Emergency Telecommunications Service (GETS) cards which prioritize access to phone services if lines are functional but inundated with traffic.

Local, county, state, or federal government entities may request the use of VH resources. Upon request, VH will evaluate their internal needs and respond according to resource availability or refer the request to the Maricopa County Department of Public Health. VH takes an active role in community involvement and participation in disaster/emergency preparedness through participation in multiple Memorandums of Understanding (MOUs). VH participates in the Arizona Coalition for Healthcare Emergency Responders (AZCHER) which includes hospitals, EMS, public health, emergency management, long term care, outpatient clinics, and hospice and home health groups, to ensure integration and collaboration during an incident. VH is a member of the NDMS Response MOU in the Phoenix area, and the Arizona Burn Disaster Telemedicine MOU.

During preparedness, response and recovery operations, the medical center coordinates with external response partners including the County EOC, County public health department, EMS, fire, and law enforcement. VH is equipped and supplied to be self-sufficient for approximately 96 hours. Should VH and the community be unable to support the medical center for at least 96 hours, the HIMT would assess critical supply inventories, medical care needs, staff resources and, in concert with county health authorities, consider whether to close or evacuate portions or all of the facility or continue under altered standards of care.

Emergency preparedness is advanced, in part, by local, state, and federal preparedness grants received and deliverables to be accomplished. Hospital Preparedness Program (HPP) grant funding has been obtained from ADHS and utilized to provide for and support the Arizona Burn Disaster Telemedicine Network program, equipment, and training; ; two separate internet providers for redundancy, and; necessary equipment training for mass casualty decontamination; mass fatality equipment for movement and storage of remains; evacuation equipment to aid in vertical evacuation; Hospital Incident Command System (HICS) training; and surge supplies to accommodate 100 additional patients.

e) Provision of status updates to HRSA-supported Primary Care Associations (PCAs).

The Arizona Alliance for Community Health Centers (AACHC) is Arizona’s Primary Care Association and provides guidance and technical assistance, including support to enhance emergency preparedness and response. VH is included in AACHC’s workplan to communicate with health centers during natural disasters or other emergencies. VH maintains open lines of communication with AACHC and AACHC responds to HRSA with any requests related to health center status during a localized natural disaster and regularly during the COVID-19 pandemic. VH provides updates to AACHC as needed and upon request so that AACHC can aggregate or share by health center with HRSA in effort to streamline gathering information, reduce reporting

burdens, and allow for the provision of the best possible support of VH and other health center programs.

#### MAINTAINING MALPRACTICE INSURANCE

VH outlines provisions for private malpractice insurance in its Risk Management and Self-Insurance Plan. This plan authorizes VH to pool, self-insure or procure property and casualty insurance, including Professional Liability (including medical malpractice) and Errors and Omissions Insurance and extends this coverage to its Directors, Officers, Departments and Employees. The intent of this plan is to afford the greatest possible protection while conforming with the laws of the state of Arizona and federal law, as applicable.

#### SUPPLEMENTAL FUNDING

Supplemental funding has been utilized to provide access to the following services and improvements:

FY2020 Quality Improvement Funding: funds have been utilized toward activities that increase rates of cervical and colorectal cancer screenings.

Ending the HIV Epidemic – Primary Care HIV Prevention: expand HIV prevention services that decrease the risk of HIV transmission, focusing on supporting access to and use of pre-exposure prophylaxis (PrEP).

COVID-19 Relief Funding Support (Expanding Capacity for Coronavirus Testing; Health Center Coronavirus Aid, Relief, and Economic Security; Coronavirus Supplemental Funding for Health Centers): utilization of funds to cover the costs of staff time and effort who were allocated to support COVID-19 efforts and personnel/fringe benefits for staff to maintain COVID-19 testing and supportive efforts; conversion of Community Health Center – South Central to an advanced testing center and overflow center in the event of a large surge of patients infected with COVID-19; Electrocardiogram machines for monitoring and managing cardiac complications of COVID-19; Cepheid Xpress Upgrades for analyzer Point of Care testing capable of performing COVID-19 testing; Community Health Center – Dental room remodel to allow for closure of the room due to aerosolization of the virus; extraoral suction system; and air purifier.

FY2021 American Rescue Plan Funding for Health Centers: funding is being utilized for activities in the approved categories of maintaining and increasing capacity, recovery and stabilization, and infrastructure, including minor A/R and mobile units. Activities will allow for enhanced accessibility of comprehensive primary care services and the expansion of staffing to address the behavioral health, chronic conditions, and other needs of those who have been out of care. These initiatives include personnel, clinical equipment and supplies, information technology upgrades, and clinical documentation improvement. The activities chosen for infrastructure and minor A/R will allow for the purchase of a mobile mammography unit, a mobile COVID-19/public health unit, new flooring at four Community Health Center FQHC clinics and replacement of mechanical controls in HVAC systems at two Community FQHC clinics.

FY2021 American Rescue Plan Health Center Construction and Capital Improvements: funding will be utilized for interior and exterior alterations and renovations of four Community Health

Center FQHC clinics through replacement of mechanical equipment, chiller components, backflow valves, hot water recirculation pump and thermostat, and exterior asphalt replacement.

Teaching Health Center Planning and Development Program: the proposed project is to establish The Valleywise Health Advanced Education in General Dentistry (AEGD) program in collaboration with the Creighton University-Arizona Health Education Alliance. The Valleywise Health Department of Dentistry, Creighton University School of Dentistry and affiliated partners will work to establish the program in academic year 2023, with recruitment of residents to begin in the fall of 2022. Valleywise Health (VH) is the sponsoring institution of the AEGD program which will be operated under the guidelines of the Graduate Medical Education (GME) department of VH and the VH Dental Department. VH is seeking accreditation from the Commission on Dental Accreditation (CODA) of the American Dental Association (ADA) for a one-year program with an optional second year. Our intention is to establish CODA-approved sites at three of our dental clinics: the Comprehensive Health Center Phoenix, the Comprehensive Health Center Peoria and the McDowell HIV Specialty Healthcare Center. We anticipate adding future clinic sites as the program grows, including, but not limited to, the VH Community Health Center-Chandler. Once the AEGD residency is fully operational, our intention is to use this success, lessons learned, and the residency infrastructure built to establish a Pediatric dental residency.

#### NUMBER OF UNDUPLICATED PATIENTS SERVED IN 2020 AND FACTORS THAT RESTRICTED AND CONTRIBUTED TO PATIENT TARGET ACHIEVEMENT

The number of unduplicated patients projected to be served between January 1, 2020 and December 31, 2020 as reported in our 2019 New Access Point application was 89,727 and was based on the number of unduplicated patients reported in our 2019 UDS report. The unduplicated number of patients served according to our 2020 UDS report was 78,554.

One of the factors that restricted achieving our patient target in 2020 were impacts of the COVID-19 pandemic. When possible, in-person visits were converted to telemedicine, but many patients avoided visits because they did not want to leave their homes and risk exposure. Also influencing patient behavior was the evolving local and state recommendations restricting travel and nonessential services.

Additionally, in 2020 four FQHC clinic sites were replaced and relocated as part of a long-range strategic plan to build an infrastructure to meet the needs of a growing population, including undertaking major renovations to the System's aging facilities and replacing 7 FQHC clinic buildings. These changes to site locations may have affected patient migration resulting in a temporary decrease in unique patient numbers. In Calendar Year 2021, the number of unique patients has stabilized, and we have seen an increase closer to the original projected number.

#### **GOVERNANCE**

The Maricopa County Special Health Care District (District) d.b.a. Valleywise Health is governed by the Board of Directors (Board). Each Board member represents one of five districts in Maricopa County. Members of the Board are elected officials and serve a four-year term. The Valleywise Community Health Centers Governing Council (Council) is organized to provide governance and

oversight of the FQHC clinics that are owned and operated by VH. The Council also ensures that the needs of the communities are being met and that all services are patient focused.

### HEALTH CENTER BYLAWS

The Council's Bylaws (see Attachment 2: Bylaws) were last approved by the Board and the Council in November 2020. Article III, Section I. A and E of the Council's bylaws outline the following membership requirements:

- The Council shall have no less than nine and no more than 17 voting members.
- The majority (51%) of Council members must be patients served by the FQHC clinics.
- Patient Council members must represent the patient population in terms of demographic factors (e.g., race, ethnicity, gender).
- Non-patient Council members must be representative of the community served by the FQHC clinics and must be selected for their expertise in relevant subject matters such as community affairs, local government, finance, legal, trade unions, education, business, labor relations, and social service agencies within the community.
- No more than one-half of non-patient board members may earn more than 10% of their annual income from the health care industry (compliance demonstrated on Form 6A: Board Member Characteristics).
- Employees and immediate family members of the District or any other hospital or health care institution may not be Council members.

Article VI, Section A of the Council's Bylaws outline the following authorities and responsibilities of the Council:

- Annually review the service area by zip codes reported on HRSA Form 5B: Service Sites.
- Complete or update a community needs assessment of the current patient population at least once every three years to improve the delivery of health care services.
- Review and approve additional health services, if any, to offer in order to meet the health needs of the patient population served by the FQHC clinics, subject to Board approval.
- Annually review a list of FQHC clinics, including addresses, hours of operation by clinic, and information on general services offered at each clinic reported on HRSA Form 5B: Service Sites.
- Approve location of any new FQHC clinic or closure of existing FQHC clinic as long as it is consistent with the District's facility, strategic, business, financial, and capital plans.
- Ensure written operating procedures exist for responding to patient medical emergencies during each FQHC clinics regularly scheduled hours of operation.
- Ensure written operating procedures exist for responding to patient medical emergencies after regularly scheduled hours of operation.
- Ensure written operating procedures are in place to obtain medical information related to a FQHC clinic patient's hospital or emergency department visit.
- Review, evaluate, and approve a SFDP for the FQHC clinics at least every three years. Evaluation should include the effectiveness of the SFDP in reducing financial barriers to care, and the rate which patients within each discount category are accessing services.
- Annually review and approve a SFD schedule for the FQHC clinics based on the most recent Federal Poverty Guidelines.

- Review and approve at least every two years a Quality Improvement/Quality Assurance (QI/QA) program for the FQHC clinics that addresses the quality and utilization of services, patient satisfaction, patient grievance process and patient safety including adverse events.
- Ensure that QI/QA data, including patient satisfaction, patient grievance and patient safety, is shared with the Council at least quarterly.
- Ensure written quality of care audit procedures are in place and audit is shared with the Council annually.
- Select/hire the Project Director/CEO of the FQHC clinics after receiving prior approval from HRSA and as set forth in Paragraph 6 of the Co-Applicant Operational Arrangement (Arrangement) between the District and Council.
- Annually evaluate the Project Director/CEO's performance as set forth in Paragraph 6 of the Arrangement between the District and Council.
- Dismiss/terminate the Project Director/CEO from the Health Center Program if necessary, as set forth in Paragraph 6 of the Arrangement between the District and Council and notify HRSA.
- Approve changes to Project Director/CEO's job description.
- Approve changes to organization chart including titles and names of key management staff.
- Comply with the District's written Code of Conduct and Ethics; and Conflicts of Interest and Gift policy.
- Submit written disclosure to the District's Assistant Clerk if a real or apparent conflict of interest was identified by a Council member.
- Make reasonable efforts to establish and maintain collaborative relationships, including with other specialty providers that provide care within Maricopa County, to provide access to services not available at the FQHC clinics and to reduce the non-urgent use of hospital emergency departments; and with social service organizations to support community services that impact patients of the FQHC clinics.
- Track the financial performance of the FQHC clinics, including identification of trends or conditions that may warrant action to maintain financial stability.
- Review and accept the annual fiscal year audit of the District, which includes certain financial information about the FQHC clinics.
- Maintain control over, and accountability for, all funds, in order to adequately safeguard and ensure that they are used solely for authorized purposes.
- Ensure written policies and procedures are in place to ensure the appropriate use of federal funds in compliance with applicable federal statutes, regulations, and the terms and conditions of the federal award.
- Ensure written billing and collections policies and procedures are in place and include provisions to waive or reduce fees owed by patients; a policy for refusal to pay; and procedures for notifying patients of additional costs for supplies and equipment related to the services.
- Develop and approve an annual operating and capital budget for the FQHC clinics to be incorporated into the District's annual budget for Board approval. The budget should be reflective of the costs and revenues necessary to support the FQHC clinics scope of project.
- Submit timely, accurate, and complete Uniform Data System reports.
- Annually review data-based reports on: patient service utilization; trends and patterns in the patient population; and overall health center performance including achievement of FQHC clinics objectives; and efficiency and effectiveness of the FQHC clinics, for oversight by the Council.

- Approve application for HRSA grant funding, subject to Board approval.
- Approve changes in scope of project for the FQHC clinics subject to Board approval.
- Annually evaluate the operations of the FQHC clinics including compliance with applicable federal requirements, performance expectations such as financial and patient volumes, patterns of health service utilization.
- Ensure the existence of a co-applicant arrangement that delegates the required authorities and responsibilities to the Council and delineates the authorities and responsibilities of the Board.
- Hold monthly meetings where a quorum is present.
- Conduct and approve a long-range, strategic plan at least once every three years that identifies FQHC clinic priorities and addresses financial management and capital expenditure needs, that is consistent with the District's facility, strategic, business, financial and capital plans.

**GOVERNING COUNCIL MAINTAINS AUTHORITY AND OVERSIGHT**

The Council maintains appropriate authority over the proposed project by adhering to its bylaws and carrying out its enumerated duties. Regularly held monthly meetings afford Council members the opportunity to meet with staff regarding FQHC clinical, operational, and financial matters, and to review dashboards about current clinical and financial performance. The Council also provides oversight through its various sub-committees (set forth in the bylaws (see Attachment 2) and through the leadership infrastructure of the FQHC management team. Please see Attachment 3: Project Organizational Chart, which outlines the lines of authority for the proposed project.

**Required Authorities and Functions – No Veto Power**

While the Council is permitted to establish committees, and appoint members to such committees, like most other health centers, the Council's bylaws do not grant to any individual or committee any specific veto power over the Council. In accordance with the Council's bylaws, the members may delegate any or all the powers of the Directors, except those which are prohibited from delegation by law, by the Articles of Organization, or by the bylaws. Unless specified within the bylaws, the Council will specifically confer powers onto the committees which are further limited to carrying out only activities necessary to accomplish the scope of the duties of the committee. The District Board's bylaws do not reserve any veto power to the Co-Applicant.

**Collaborations and Agreements with Other Entities Do Not Restrict or Infringe on the Council**

The Council ensures that collaborations or agreements with other entities do not restrict or infringe upon their required authorities and functions. The Council is granted specific power and authority to perform all the functions and responsibilities of a governing body under Section 330 of the Public Health Services Act, including establishing and maintaining collaborative relationships with other health care providers in the service area. The Council is charged with ensuring that these relationships and agreements do not restrict their authority in any way.

**Co-Applicant Operational Agreement**

The District serves as the public agency and the arrangement (see Attachment 6) delegates the required authorities and functions to the Council to carry out the proposed project.

**SUPPORT REQUESTED**

A complete, consistent, and detailed budget presentation for this SAC application is presented through the following documents: (1) SF-424A; (2) Budget Narrative; (3) Form 2: Staffing Profile;

and (4) Form 3: Income Analysis. These documents reflect the costs and revenues necessary to support the proposed project.

#### OVERALL BUDGET ALIGNMENT

VH has provided a complete, consistent and detailed budget presentation through the following aligned documents, the SF-424A, the Budget Narrative, Form 2: Staffing Profile, and Form 3: Income Analysis. The budget forms with the electronic handbook outline all Federal and Non-Federal dollars attributed to the SAC program. These documents reflect the projected costs and revenues necessary to support the proposed project. The budget request is aligned and consistent with the Health Center's proposed service delivery plan by including the appropriate number of administrative and clinical staff. The Federal budget request is for \$650,000 and projects to serve 85,683 unduplicated patients annually during the three- year project period.

#### MITIGATING ADVERSE IMPACTS

The Finance Department at VH meets monthly to review current financial metrics and address any challenges for the upcoming week or discuss any ongoing issues. At these meetings, staff discuss changes in reimbursement, changes in Medicaid and Medicare policies that may impact the FQHC clinics and develop solutions to address any adverse impacts from these changes. These meetings provide staff with an opportunity to discuss other outstanding issues. VH leadership meets weekly to discuss the current state of operations, recruitment, and retention challenges, as well as clinical and financial challenges. These meetings provide the CEO with an opportunity to assign certain issues to staff, so solutions may be developed and implemented.

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<sup>1</sup> <https://azgovernor.gov/governor/news/2020/01/new-arizonas-booming-job-growth-ranks-second-nation>

<sup>2</sup> Arizona Office of Economic Opportunity.

<sup>3</sup> <https://azbigmedia.com/business/heres-how-arizonas-recovery-from-pandemic-is-gaining-momentum/>

<sup>4</sup> <https://www.azcommerce.com/oeo/labor-market/unemployment/>

<sup>5</sup> <https://eller.arizona.edu/departments-research/centers-labs/economic-business-research/arizona-economic-outlook>

<sup>6</sup> <https://www.azcommerce.com/media/bxcjpvdl/emp-proj-slides.pdf>

<sup>7</sup> <https://assets.americashealthrankings.org/app/uploads/state-summaries-annual-20201.pdf>

<sup>8</sup> Ibid.

<sup>9</sup> Ibid.

<sup>10</sup> Ibid.

<sup>11</sup> <https://nces.ed.gov/fastfacts/display.asp?id=805>

<sup>12</sup> <https://www.azed.gov/accountability-research/data/>

<sup>13</sup> <https://assets.americashealthrankings.org/app/uploads/state-summaries-annual-20201.pdf>

<sup>14</sup> Ibid.

<sup>15</sup> [https://www.azahcccs.gov/Resources/Downloads/PopulationStatistics/2021/Oct/PopulationHighlights\\_2021\\_10.pdf](https://www.azahcccs.gov/Resources/Downloads/PopulationStatistics/2021/Oct/PopulationHighlights_2021_10.pdf)

<sup>16</sup> <https://www.cdc.gov/nchs/covid19/pulse/health-insurance-coverage.htm>

<sup>17</sup> [https://en.wikipedia.org/wiki/Maricopa\\_County,\\_Arizona](https://en.wikipedia.org/wiki/Maricopa_County,_Arizona)

<sup>18</sup> <https://www.census.gov/quickfacts/maricopacountyarizona>

<sup>19</sup> <https://www.countyhealthrankings.org/app/arizona/2021/measure/factors/4/data>

<sup>20</sup> <https://medcitynews.com/2014/02/many-patients-primary-care-physician-care/#:~:text=PCPs%2C%20they%20said%2C%20should%20have,if%20most%20were%20basically%20healthy.>

<sup>21</sup> [www.hrsa.org](http://www.hrsa.org)

<sup>22</sup> Federal Register, Vol. 85, January 17, 2020, pp 3060.

<sup>23</sup> <https://datausa.io/profile/geo/maricopa-county-az>

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- <sup>24</sup> <https://www.maricopa.gov/DocumentCenter/View/68104/Final-CHA-30-Report>
- <sup>25</sup> Maricopa County Department of Public Health, Office of Epidemiology. Maricopa County Health Status Special Report 2016, Behavioral Risk Factor Surveillance System. Phoenix (AZ)
- <sup>26</sup> <https://www.census.gov/quickfacts/fact/table/AZ,maricopacountyarizona,US/HEA775220>
- <sup>27</sup> <https://www.rwjf.org/en/cultureofhealth/what-were-learning/sentinel-communities/maricopa-county-arizona.html>
- <sup>28</sup> <https://www.city-data.com/zip/85008.html>
- <sup>29</sup> <https://nhqrnet.ahrq.gov/inhqrdr/National/benchmark/>
- <sup>30</sup> <https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/Hispanic-Latinx>
- <sup>31</sup> <https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=69>
- <sup>32</sup> <https://www.nachc.org/wp-content/uploads/2020/12/Economic-Impact-Infographic-2.pdf>
- <sup>33</sup> Ibid.
- <sup>34</sup> <https://www.azdhs.gov/covid19/data/index.php>
- <sup>35</sup> <https://www.azahcccs.gov/AHCCCS/Initiatives/AHCCCSWPCI/>

SF-424A: BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 4040-0004

Expiration Date 8/31/2016

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity	Catalog of Federal Domestic Assistance Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
Community Health Centers	93.224	\$0.00	\$0.00	\$650,000.00	\$89,204,829.00	\$89,854,829.00
<b>Total</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$650,000.00</b>	<b>\$89,204,829.00</b>	<b>\$89,854,829.00</b>

SECTION B - BUDGET CATEGORIES			
Object Class Categories	Federal	Non-Federal	Total
a. Personnel	\$387287.00	\$25928302.00	\$26315589.00
b. Fringe Benefits	\$132713.00	\$8665318.00	\$8798031.00
c. Travel	\$0.00	\$29318.00	\$29318.00
d. Equipment	\$0.00	\$775477.00	\$775477.00
e. Supplies	\$0.00	\$3192857.00	\$3192857.00
f. Contractual	\$0.00	\$22537586.00	\$22537586.00
g. Construction	\$0.00	\$166647.00	\$166647.00
h. Other	\$0.00	\$10068358.00	\$10068358.00
<b>i. Total Direct Charges (sum of a-h)</b>	<b>\$520000.00</b>	<b>\$71363863.00</b>	<b>\$71883863.00</b>
j. Indirect Charges	\$130000.00	\$17840966.00	\$17970966.00
<b>k. TOTALS (sum of i and j)</b>	<b>\$650000.00</b>	<b>\$89204829.00</b>	<b>\$89854829.00</b>

SECTION C - NON-FEDERAL RESOURCES				
Grant Program Function or Activity	Applicant	State	Other Sources	TOTALS
Community Health Centers	\$0.00	\$1,209,104.00	\$87,995,725.00	\$89,204,829.00
<b>Total</b>	<b>\$0.00</b>	<b>\$1,209,104.00</b>	<b>\$87,995,725.00</b>	<b>\$89,204,829.00</b>

SECTION D - FORECASTED CAS NEEDS					
	Total for 1st Year	1st quarter	2nd quarter	3rd quarter	4th quarter
Federal	\$650,000.00	\$162,500.00	\$162,500.00	\$162,500.00	\$162,500.00
Non-Federal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$650,000.00</b>	<b>\$162,500.00</b>	<b>\$162,500.00</b>	<b>\$162,500.00</b>	<b>\$162,500.00</b>

SECTION E - FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
Grant Program	FUTURE FUNDING PERIODS (YEARS)				
	First	Second	Third	Fourth	
Community Health Centers	\$0.00	\$0.00	\$0.00	\$0.00	

TOTA	\$0.00	\$0.00	\$0.00	\$0.00
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SECTION F - OTHER BUDGET INFORMATION

<b>Direct Charges</b>	No information added.
<b>Indirect Charges</b>	No information added.
<b>Remarks</b>	No information added.

## BUDGET NARRATIVE

### REVENUE

Revenue	Year 1: Federal Request	Year 1: Non-Federal Resources	Year 1 Total	Year 2 Total	Year 3 Total
SAC/SAC-AA Funding Request	\$ 650,000	\$ -	\$ 650,000	\$ 650,000	\$ 650,000
Applicant Organization	\$ -	\$ -	\$ -	\$ -	\$ -
State Funds	\$ -	\$ 1,209,104	\$ 1,209,104	\$ 1,221,926	\$ 1,238,189
Local Funds	\$ -	\$ 16,440,076	\$ 16,440,076	\$ 17,530,278	\$ 18,752,376
Other Support	\$ -	\$ 8,739,354	\$ 8,739,354	\$ 5,254,890	\$ 1,413,188
Program Income	\$ -	\$ 62,816,295	\$ 62,816,295	\$ 63,444,458	\$ 64,078,903
<b>Total Revenue</b>	<b>\$ 650,000</b>	<b>\$ 89,204,828.84</b>	<b>\$ 89,854,829</b>	<b>\$ 88,101,552</b>	<b>\$ 86,132,656</b>

### EXPENSES

Personnel	Year 1: Federal Request	Year 1: Non-Federal Resources	Year 1 Total	Year 2 Total	Year 3 Total
Administration	\$ -	\$ 3,528,988	\$ 3,528,988	\$ 3,467,767	\$ 3,406,880
Medical Staff	\$ -	\$ 8,732,560	\$ 8,732,560	\$ 8,771,530	\$ 8,811,364
Dental Staff	\$ -	\$ 3,205,124	\$ 3,205,124	\$ 3,237,175	\$ 3,269,547
Behavioral Staff:					
Mental Health Services	\$ -	\$ 2,137,859	\$ 2,137,859	\$ 1,868,052	\$ 1,598,402
Substance use disorder services	\$ -	\$ 402,428	\$ 402,428	\$ 201,214	\$ -
Enabling staff	\$ -	\$ 2,741,845	\$ 2,741,845	\$ 2,372,569	\$ 2,003,490
Other Staff	\$ 387,287	\$ 5,179,500	\$ 5,566,787	\$ 5,622,455	\$ 5,678,679
<b>Total Personnel</b>	<b>\$ 387,287</b>	<b>\$ 25,928,303</b>	<b>\$ 26,315,589</b>	<b>\$ 25,540,762</b>	<b>\$ 24,768,362</b>

Fringe Benefits	Year 1: Federal Request	Year 1: Non-Federal Resources	Year 1 Total	Year 2 Total	Year 3 Total
FICA	\$ 27,788	\$ 1,792,148	\$ 1,819,936	\$ 1,828,310	\$ 1,777,125
Medical	\$ 56,863	\$ 3,729,847	\$ 3,786,711	\$ 3,741,346	\$ 3,636,604
Retirement	\$ 45,864	\$ 2,996,793	\$ 3,042,657	\$ 3,017,621	\$ 2,933,141
Dental	\$ 1,510	\$ 100,631	\$ 102,141	\$ 99,350	\$ 96,568
Unemployment & Workers Compensation	\$ -	\$ -	\$ -	\$ -	\$ -
Disability	\$ 689	\$ 45,898	\$ 46,587	\$ 45,315	\$ 44,046
<b>Total Fringe</b>	<b>\$ 132,713</b>	<b>\$ 8,665,318</b>	<b>\$ 8,798,031</b>	<b>\$ 8,731,942</b>	<b>\$ 8,487,485</b>

Travel	Year 1: Federal Request	Year 1: Non-Federal Resources	Year 1 Total	Year 2 Total	Year 3 Total
Conference Travel	\$ -	\$ 10,244	\$ 10,244	\$ 10,244	\$ 10,244

Milage	\$ -	\$ 19,074	\$ 19,074	\$ 18,285	\$ 17,497
<b>Total Travel</b>	\$ -	\$ 29,318	\$ 29,318	\$ 28,529	\$ 27,740

<b>Equipment</b>	<b>Year 1: Federal Request</b>	<b>Year 1: Non-Federal Resources</b>	<b>Year 1 Total</b>	<b>Year 2 Total</b>	<b>Year 3 Total</b>
<b>Total Equipment</b>	\$ -	\$ 775,477	\$ 775,477	\$ 387,739	\$ -

<b>Supplies</b>	<b>Year 1: Federal Request</b>	<b>Year 1: Non-Federal Resources</b>	<b>Year 1 Total</b>	<b>Year 2 Total</b>	<b>Year 3 Total</b>
Medical Supplies	\$ -	\$ 2,557,827	\$ 2,557,827	\$ 2,559,929	\$ 2,562,281
Dental Supplies	\$ -	\$ 225,014	\$ 225,014	\$ 227,264	\$ 229,537
Office Supplies	\$ -	\$ 394,594	\$ 394,594	\$ 338,335	\$ 282,104
Educational Supplies	\$ -	\$ 15,422	\$ 15,422	\$ 10,587	\$ 5,753
<b>Total Supplies</b>	\$ -	\$ 3,192,857	\$ 3,192,857	\$ 3,136,115	\$ 3,079,675

<b>Contractual</b>	<b>Year 1: Federal Request</b>	<b>Year 1: Non-Federal Resources</b>	<b>Year 1 Total</b>	<b>Year 2 Total</b>	<b>Year 3 Total</b>
Medical Service Fee - DMG	\$ -	\$ 21,911,214	\$ 21,911,214	\$ 22,032,406	\$ 22,155,770
Consulting & Management	\$ -	\$ 13,599	\$ 13,599	\$ 12,740	\$ 11,881
Dental Services	\$ -	\$ 193,113	\$ 193,113	\$ 195,045	\$ 196,995
Other Professional Services	\$ -	\$ 419,659	\$ 419,659	\$ 220,690	\$ 21,723
<b>Total Contractual</b>	\$ -	\$ 22,537,586	\$ 22,537,586	\$ 22,460,880	\$ 22,386,369

<b>Construction</b>	<b>Year 1: Federal Request</b>	<b>Year 1: Non-Federal Resources</b>	<b>Year 1 Total</b>	<b>Year 2 Total</b>	<b>Year 3 Total</b>
<b>Total Construction</b>	\$ -	\$ 166,647	\$ 166,647	\$ 83,323	\$ -

<b>Other</b>	<b>Year 1: Federal Request</b>	<b>Year 1: Non-Federal Resources</b>	<b>Year 1 Total</b>	<b>Year 2 Total</b>	<b>Year 3 Total</b>
Rent - Building	\$ -	\$ -	\$ -	\$ -	\$ -
Utilities	\$ -	\$ 539,971	\$ 539,971	\$ 545,371	\$ 550,825
Infectious Waste Disposal	\$ -	\$ 45,867	\$ 45,867	\$ 46,326	\$ 46,789
Communication Services	\$ -	\$ 32,023	\$ 32,023	\$ 31,669	\$ 31,317
Books, Pamphlets, Subscriptions	\$ -	\$ 12,852	\$ 12,852	\$ 12,980	\$ 13,110
Organizational memberships, Certifications, Licenses	\$ -	\$ 85,817	\$ 85,817	\$ 86,676	\$ 87,542
Other	\$ -	\$ 35,290	\$ 35,290	\$ 35,643	\$ 36,000
Allocated Ancillary Expenses	\$ -	\$ 9,316,537	\$ 9,316,537	\$ 9,358,488	\$ 9,401,362

<b>Total Other</b>	\$ -	\$ 10,068,358	\$ 10,068,358	\$ 10,117,153	\$ 10,166,944
<b>Total Direct Charges</b>	\$ 520,000	\$ 71,363,863	\$ 71,883,863	\$ 70,486,443	\$ 68,916,576

<b>Indirect Charges</b>	<b>Year 1: Federal Request</b>	<b>Year 1: Non-Federal Resources</b>	<b>Year 1 Total</b>	<b>Year 2 Total</b>	<b>Year 3 Total</b>
25% Indirect cost rate	\$ 130,000	\$ 17,840,966	\$ 17,970,966	\$ 17,615,110	\$ 17,216,080
<b>Totals (Total of TOTAL DIRECT AND INDIRECT)</b>	\$ 650,000	\$ 89,204,829	\$ 89,854,829	\$ 88,101,552	\$ 86,132,656

**Federal Personnel Justification**

<b>Name</b>	<b>Position Title</b>	<b>% of FTE</b>	<b>Base Salary</b>	<b>Adjusted Annual Salary</b>	<b>Federal Amount Requested</b>
	Family Learning Center Coordinator I	100%	59,010	No adjustment needed	\$ 59,010
	Family Learning Center Coordinator II	100%	64,337	No adjustment needed	\$ 64,337
	Family Learning Center Coordinator II	100%	64,337	No adjustment needed	\$ 64,337
	Family Learning Center Coordinator II	100%	64,337	No adjustment needed	\$ 64,337
	Family Learning Center Coordinator II	100%	64,337	No adjustment needed	\$ 64,337
	Family Learning Center Coordinator III	100%	70,928	No adjustment needed	\$ 70,928
<b>Total</b>					\$ 387,287

DISCLOSURE OF LOBBYING ACTIVITIES

OMB Approval No. 0348-0046

Expiration Date 12/31/2013

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

1. \* Type of Federal Action:

- a. contract
- b. grant
- c. cooperative agreement
- d. loan
- e. loan guarantee
- f. loan insurance

2. \* Status of Federal Action:

- a. bid/offer/application
- b. initial award
- c. post-award

3. \* Report Type:

- a. initial filing
- b. material change

For Material Change

Year

Quarter

Date of Last Report

4. Name and Address of Reporting Entity:

Prime  SubAwardee Tier If Known:

\*Name

\*Street 1

Street 2

\* City  State

\* Zip  Congressional District, if known:

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

6. \* Federal Department/Agency:

7. \* Federal Program Name/Description:

CFDA Number, if applicable:

8. Federal Action Number, if known:

9. Award Amount, if known:

10. a. Name and Address of Lobbying Registrant:

Prefix  \* First Name  Middle Name

\* Last Name  Suffix

\* Street 1  \* Street 2

\* City  State  \* Zip

b. Individual Performing Services (including address if different from No. 10a)

Prefix  \* First Name

\* Last Name

\* Street 1

\* City  State

Middle Name

Suffix

Street 2

\* Zip

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

\* Signature:

\* Name Prefix:  \* First Name  Middle Name

\* Last Name  Suffix

Title:  Telephone No.:  Date:

Federal Use Only:

Authorized for Official Reproduction  
Standard Form -



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## CERTIFICATION REGARDING LOBBYING

### Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

### Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

**\* APPLICANT'S ORGANIZATION**

Maricopa County Special Healthcare District

**\* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE**

Prefix:  \* First Name:  Middle Name:

\* Last Name:  Suffix:

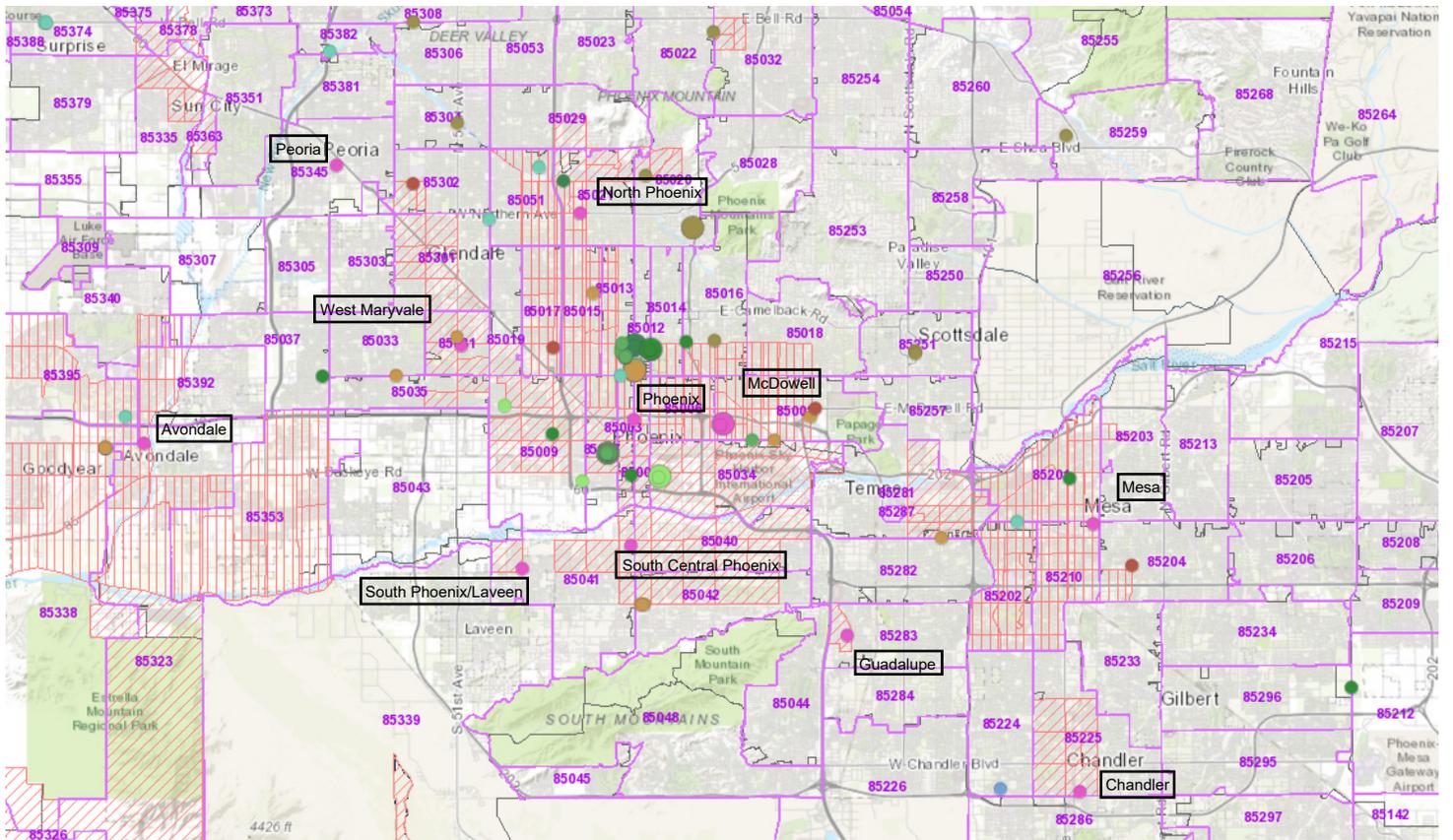
\* Title:

\* SIGNATURE:

\* DATE:

# UDS Mapper Printout

## Attachment 1: Service Area Map and Table



States		
Counties		
ZCTAs		
ZIP Codes		
Medically Underserved Areas/Populations (MUA/P)	MUA	
	MUP	
	Governor Designated	
Health Center Administrative Locations	HCP Awardee	
	HCP Look-Alike	
Health Center Service Delivery Sites	HCP Awardee	
	HCP Look-Alike	

ZCTA	Post Office Name	State	HCP: Health Center Count (Combined) 2020	HCP: Dominant Health Center 2020	Pop: Total (#) 2015-2019	Pop: Low-Income (#) 2015-2019	HCP: Total Patients (#) 2020	HCP: Penetration of Low-Income (%)	HCP: Penetration of Total Population (%)
Summary:					502833	215101	66555	0.309412787	0.132360048
85021	Phoenix	AZ	9	MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT	43378	19715	5110	0.259193508	0.117801651
85033	Phoenix	AZ	9	MOUNTAIN PARK HEALTH CENTER	64832	39138	10840	0.276968675	0.167201382
85041	Phoenix	AZ	10	MOUNTAIN PARK HEALTH CENTER	62152	29573	14272	0.482602374	0.229630583
85225	Chandler	AZ	10	MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT	70356	23264	4784	0.205639615	0.067997044
85323	Avondale	AZ	9	MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT	43968	18372	6976	0.379708252	0.158660844
85283	Tempe	AZ	9	MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT	51495	14575	3347	0.229639794	0.064996602
85345	Peoria	AZ	9	ADELANTE HEALTHCARE, INC.	57351	20162	4300	0.213272493	0.074976897
85004	Phoenix	AZ	9	MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT	7164	2705	922	0.340850277	0.128699051
85008	Phoenix	AZ	9	MOUNTAIN PARK HEALTH CENTER	62340	32739	13622	0.416078683	0.218511389
85203	Mesa	AZ	11	ADELANTE HEALTHCARE, INC.	39797	14858	2382	0.160317674	0.059853758

**Maricopa County Special Health Care District's  
Valleywise Community Health Centers Governing Council  
Bylaws**

ARTICLE I: NAME

The name of the governing authority shall be the Valleywise Community Health Centers Governing Council (Governing Council). The Governing Council is organized to provide governance and oversight of Federally Qualified Health Center (FQHC) Clinics owned and operated by the Maricopa County Special Health Care District (District) dba Valleywise Health, that provide primary and preventive health care and related services (including, but not limited to, ancillary services). The District was awarded designation by Health Resources and Services Administration (HRSA) to operate Federally Qualified Health Center (FQHC) Clinics.

ARTICLE II: PURPOSE AND OBJECTIVES

The purpose of the Governing Council is to serve as the Co-Applicant, consistent with the requirements of applicable HRSA policies and pronouncements in order to meet the Section 330 of the Public Health Service Act governance requirements.

ARTICLE III: GOVERNING COUNCIL MEMBERSHIP

Section I: Members

- A. There shall be no less than nine and no more than 17 voting members on the Governing Council.
1. The majority (at least 51%) of the Governing Council members must be patients served by Valleywise Health's FQHC Clinics. A patient is someone who has received at least one HRSA approved in-scope services within the last 24 months. Patient Governing Council members represent the patients served by the FQHC Clinics in terms of demographic factors, such as race, ethnicity, and gender.
  2. Non-patient Governing Council members must be representative of the community served by the FQHC Clinics and must be selected for their expertise in relevant subject areas, such as community affairs, local government, finance, legal, trade unions, education, business, labor relations, and social service agencies within the community.
  3. No more than 1/2 of the non-patient Governing Council members may derive more than 10% of their annual income from the health care industry. Health care industry is defined as hospitals, other health care institutions, nurses, doctors, dentist, and other licensed healthcare professionals whose primary responsibility is providing primary preventative and therapeutic healthcare services.

4. All members must reside in the service area (Maricopa County).
- B. Candidates will be subject to a background check; a formal vetting process including but not limited to confirmation of skills and experience noted in application, and interviews with past and current associates; a screening for real or apparent conflicts of interest; and a review for exclusion from participating in any Federal or State health care program.
- C. The Governing Council may appoint a member of the District Board of Directors (Board) to serve on the Governing Council as a non-voting member to serve a one-year term effective July 1. The Board member's status on the Governing Council will terminate should the Board member's status cease.
- D. The Governing Council will act as the governing authority for all member appointments.
- E. Employees and immediate family members (spouse, child, parent, or sibling, by blood, adoption, or marriage) of the Maricopa County Special Health Care District dba Valleywise Health, or any other hospital or health care institution, as defined in A.R.S. § 36-401, may not be members of the Governing Council.

Section II: Voting Members Responsibilities

- A. Be informed about the FQHC Clinics strategic plan, programs and services.
- B. Attend a minimum of 3/4 of the Governing Council meetings with in a 12-month period, calculated on a rolling basis.
- C. Actively participate in at least one standing committee.
- D. Attend a minimum of 3/4 of committee meetings, which assigned to, with in a 12-month period, calculated on a rolling basis.
- E. Prepare for Governing Council and committee meetings by reading materials in advance.
- F. Review data and information provided to the Governing Council to make informed decisions.
- G. Adhere to the Governing Council's bylaws and District polices.
- H. Maintain confidentiality of matters of the FQHC Clinics and District.
- I. Participate in the HRSA Operational Site Visit.
- J. Participate in the selection of the Chief Executive Officer (CEO) when applicable.
- K. Participate in the evaluation of the CEO.
- L. Recommend possible members to the Governing Council assist in Governing Council member recruitment when requested.

- M. Participate in Governing Council orientation and ongoing education.
- N. Support decisions of the Governing Council once they are made.
- O. Disclose any potential and actual conflict of interest and if/when one arises, disclose it in writing to the District's Assistant Clerk.

Section III: Terms

- A. Governing Council members shall take an oath or affirmation set forth in A.R.S. § 38-231 after appointment to the Governing Council and prior to serving. All oaths shall be filed with the District's Clerk of the Board.
- B. Terms are up to three years in length, which commences after taking an oath and ends June 30 of the third year. Due to timing, it is possible that the first term may not be a full three years.
- C. Voting members are eligible to serve for a maximum of three terms.
- D. Resignations from the Governing Council shall be in writing and filed with the District's Assistant Clerk

Section IV: Vacancies

- A. Upon the vacancy of a member, however created, the vacancy shall be filled according to the process set forth in Article III, Section I.

Section V: Removal

- A. When a member fails to meet responsibilities as specified in Article III, Section II, the member may be removed.
- B. Any member of the Governing Council may be removed at any time by a 2/3 vote of the voting members of the Governing Council at any regular or special meeting of the Governing Council for cause, including but not limited to:
  - 1. Violations of the District's Code of Conduct and Ethics.
  - 2. Violations of the District's Conflicts of Interest and Gift Policy.
  - 3. Actions that are unbecoming of the Governing Council.
  - 4. For any basis that is provided for or permitted under Arizona law, including A.R.S. § 38-291.

Section VI. Compensation

- A. Governing Council members shall serve without compensation. However, each member is allowed reimbursement of expenses from approved travel, and reimbursement of mileage to and from Valleywise Community Health Centers Governing Council meetings.

ARTICLE IV: MEETINGS

Section I: Regular Meetings

The Governing Council shall hold monthly meetings where a quorum is present.

Section II: Additional Meetings

Additional meetings of the Governing Council may be held in a manner that is consistent with the Arizona Open Meetings Law, A.R.S. § 38-431 et. seq.

Section III: Emergency Meetings

Emergency meetings of the Governing Council may be held in a manner that is consistent with the Arizona Open Meeting Law, A.R.S. § 38-431 et. seq.

Section IV: Place of Meetings

All meetings of the Governing Council shall be at the Valleywise Health Medical Center campus, unless otherwise specified with proper notice to Governing Council members, staff, and the public.

Section V. Remote Meetings

The Governing Council may hold a remote meeting through technological means after providing proper notice and an agenda in accordance with the Arizona Open Meeting Law A.R.S. § 38-431 et. seq.

Section VI. Conduct of Meeting

Governing Council meetings shall be conducted using Parliamentary Procedures, also known as rules of order. Rules are intended to maintain decorum and for the timely and orderly progression of the meeting.

Section VII: Open and Public

All meetings will be held in a manner that is consistent with the Arizona Open Meeting Law, A.R.S. § 38-431 et. seq.

Section VIII: Quorum and Voting Requirements

- A. A quorum shall consist of a majority of the voting Governing Council members.
- B. A quorum is necessary to conduct Governing Council business. Governing Council members shall attend meetings in person, or when circumstances, dictate, telephonically. As much notice as possible, but no less than 24 hours, should be given if Governing Council members need to participate telephonically so that arrangements can be made.
- C. A majority vote of the Governing Council members is required to take any action.
- D. Each voting Governing Council member present at a meeting shall be entitled to one vote. Voting must comply with the Arizona Open Meetings Law, A.R.S. § 38-431 et. seq.
- E. There shall be no vote by proxy.
- F. If after 10 minutes from the scheduled start of any meeting a quorum is not present, the meeting cannot be called to order and will be rescheduled until such date and hour as a quorum may be reached.
- G. The FQHC Clinics CEO shall attend all meetings of the Governing Council but shall not be entitled to vote.

Section IX: Notice, Agenda and Supportive Materials

- A. A written notice of each regular meeting of the Governing Council, specifying the date, time and place, and a written agenda, shall be emailed to the Governing Council members no less than five calendar days before the meeting.
- B. Supportive materials, if any, shall be emailed to the Governing Council members with the meeting notice and agenda.
- C. The following shall have the right to place an item on the agenda of any Governing Council meeting: The Governing Council Chair, The FQHC Clinics CEO, or any voting Governing Council member. The Governing Council Chair shall have the right to reject an item placed on the agenda.
- D. If the Governing Council Chair rejects an item placed on the agenda, four voting Governing Council members acting together, shall have the right to override the Governing Council Chair's rejection and place the item on the agenda as requested despite the Governing Council Chair's rejection. The request by the four Governing Council members shall be made in writing to the Governing Council Chair, FQHC CEO, and District's Assistant Clerk, and relate solely to identifying the subject matter of the item to be placed on the agenda with no discussion, consideration or deliberation of the matter.

Section X: Minutes and Documents

The District's Assistant Clerk shall keep the minutes of the Governing Council meetings. Official minutes and supporting documents, shall be maintained by the District's Assistant Clerk.

ARTICLE V: LIMITATIONS OF GOVERNING COUNCIL AUTHORITY

The Governing Council's governance authorities and responsibilities shall comply with the requirements of Section 330, its implementing regulations, and HRSA policies. The Governing Council shall specifically exercise the authorities and responsibilities contained within the Co-Applicant Operational Arrangement (Arrangement) between the District and the Governing Council.

ARTICLE VI: GOVERNING COUNCIL AUTHORITIES AND RESPONSIBILITIES

- A. Subject to the limitations imposed in Article V, the duties of the Governing Council shall be as follows:
1. Annually review the service area by zip codes reported on Form 5B: Service Sites;
  2. Complete or update a community needs assessment of the current patient population at least once every 3 years to improve the delivery of health care services;
  3. Review and approve additional health services, if any, to offer in order to meet the health needs of the patient population served by the FQHC Clinics, subject to Board approval;
  4. Annually review a list of FQHC Clinics, including addresses, hours of operation by clinic, and information on general services offered at each clinic reported on Form 5B: Service Sites;
  5. Approve location of any new FQHC Clinic or closure of existing FQHC clinic as long as it is consistent with the District's facility, strategic, business, financial, and capital plans;
  6. Ensure written operating procedures exist for responding to patient medical emergencies during each FQHC Clinics regularly scheduled hours of operation;
  7. Ensure written operating procedures exist for responding to patient medical emergencies after regularly scheduled hours of operation;
  8. Ensure written operating procedures are in place to obtain medical information related to a FQHC Clinic patient's hospital or emergency department visit;

9. Review, evaluate, and approve a sliding fee discount program for the FQHC Clinics at least every 3 years. Evaluation should include the effectiveness of the sliding fee discount program in reducing financial barriers to care, and the rate which patients within each discount category are accessing services;
10. Annually review and approve a sliding fee discount schedule for the FQHC Clinics based on the most recent Federal Poverty Guidelines;
11. Review and approve at least every 2 years a Quality Improvement/Quality Assurance (QI/QA) program for the FQHC Clinics that addresses the quality and utilization of services, patient satisfaction, patient grievance process and patient safety including adverse events;
12. Ensure that QI/QA data, including patient satisfaction, patient grievance and patient safety, is shared with the Governing Council at least quarterly;
13. Ensure written quality of care audit procedures are in place and audit is shared with the Governing Council annually;
14. Select/hire the Project Director/CEO of the FQHC Clinics after receiving prior approval from HRSA and as set forth in Paragraph 6 of the Arrangement between the District and Governing Council;
15. Annually evaluate the Project Director/CEO's performance as set forth in Paragraph 6 of the Arrangement between the District and Governing Council;
16. Dismiss/terminate the Project Director/CEO from the Health Center Program if necessary, as set forth in Paragraph 6 of the Arrangement between the District and Governing Council and notify HRSA;
17. Approve changes to Project Director/CEO's job description;
18. Approve changes to organization chart including titles and names of key management staff;
19. Comply with the District's written Code of Conduct and Ethics; and Conflicts of Interest and Gift policy;
20. Submit written disclosure to the District's Assistant Clerk if a real or apparent conflict of interest was identified by a Governing Council member;
21. Make reasonable efforts to establish and maintain collaborative relationships, including with other specialty providers that provide care within Maricopa County, to provide access to services not available at the FQHC Clinics and to reduce the non-urgent use of hospital emergency departments; and with social service organizations to support community services that impact patients of the FQHC Clinics;

22. Track the financial performance of the FQHC Clinics, including identification of trends or conditions that may warrant action to maintain financial stability;
23. Review and accept the annual fiscal year audit of the District, which includes certain financial information about the FQHC Clinics;
24. Maintain control over, and accountability for, all funds, in order to adequately safeguard and ensure that they are used solely for authorized purposes;
25. Ensure written policies and procedures are in place to ensure the appropriate use of federal funds in compliance with applicable federal statutes, regulations, and the terms and conditions of the federal award;
26. Ensure written billing and collections policies and procedures are in place and include provisions to waive or reduce fees owed by patients; a policy for refusal to pay; and procedures for notifying patients of additional costs for supplies and equipment related to the services;
27. Develop and approve an annual operating and capital budget for the FQHC Clinics to be incorporated into the District's annual budget for Board approval. The budget should be reflective of the costs and revenues necessary to support the FQHC Clinics scope of project;
28. Submit timely, accurate, and complete Uniform Data System (UDS) reports;
29. Annually review data-based reports on: patient service utilization; trends and patterns in the patient population; and overall health center performance including achievement of FQHC Clinics objectives; and efficiency and effectiveness of the FQHC Clinics, for oversight by the Governing Council;
30. Approve application for HRSA grant funding, subject to Board approval;
31. Approve changes in scope of project for the FQHC Clinics subject to Board approval;
32. Annually evaluate the operations of the FQHC Clinics including compliance with applicable federal requirements, performance expectations such as financial and patient volumes, patterns of health service utilization;
33. Ensure the existence of a co-applicant arrangement that delegates the required authorities and responsibilities to the Governing Council and delineates the authorities and responsibilities of the Board;
34. Hold monthly meetings where a quorum is present;

35. Conduct and approve a long-range, strategic plan at least once every three (3) years that identifies FQHC Clinic priorities and addresses financial management and capital expenditure needs, that is consistent with the District's facility, strategic, business, financial and capital plans; and
36. On an annual basis, submit an attestation that the Governing Council has operated; and each Governing Council Member has performed his/her duties, in a manner that is compliant with the provisions of the Arrangement between the District and Governing Council; and that each Governing Council member has completed their annual compliance training and sign the District's Code of Conduct and Ethics attestation form.

## ARTICLE VII: OFFICERS

### Section I: Officer Designation

There shall be a Chair, a Vice Chair, and a Treasurer, known as officers of the Governing Council. The Governing Council officers shall be elected by voting Governing Council members.

### Section II: Powers and Duties of Officers

#### A. Chair

1. The Chair shall lead the Governing Council members and ensure that the Governing Council fulfills its responsibilities.
2. The Chair shall convene, preside, and maintain order over Governing Council meetings.
3. The Chair shall plan and carry out the agenda for Governing Council meetings.
4. Annually, the incoming Chair will appoint or reappoint the Standing Committee Chairs and will appoint a voting Governing Council member as a Member at Large to the Executive Committee.

#### B. Vice Chair

1. The Vice Chair shall assist the Chair in his or her duties as needed.
2. In the absence of the Chair, or in the event of the Chair's resignation or the inability to perform duties, the Vice Chair shall perform the duties of Chair until an election can be held in accordance with Article VII, Section VII.

C. Treasurer

1. The Treasurer shall report the financial performance of the FQHC Clinics at the monthly Governing Council meetings.
2. The Treasurer shall serve as the Chair of the Finance Committee

Section III: Elections

- A. Voting Governing Council members interested in serving as a Governing Council officer shall contact the District's Assistant Clerk in writing of his or her interest in serving. Governing Council members may also contact the District's Assistant Clerk in writing, to nominate fellow voting Governing Council members for an officer position. All nominations shall be submitted no later than the first Monday in April of every year.
1. The FQHC CEO will contact nominated candidates to determine their willingness to serve as an officer.
  2. The current Chair and the FQHC CEO may nominate additional voting Governing Council members if necessary, to complete the ballot of nominees for each officer position.
- B. By the first Monday in May of every year, the District's Assistant Clerk will transmit to the Governing Council members in writing, the names of the persons running for each officer position.
- C. Election of officers will be held at the regularly scheduled June Governing Council meeting. Voting Governing Council members must attend the meeting in person or telephonically in order to vote.

Section IV: Term

The term of each office for the Chair, Vice Chair and Treasurer shall be one year, commencing on July 1 of each year. Voting Governing Council members can serve in any officer role for a maximum of 3 terms during his/her service on the Council.

Section V: Resignation

Resignations shall be in writing and filed with the District's Assistant Clerk.

Section VI: Removal

Any officer may be removed from his or her elected position by a majority vote of the Governing Council.

Section VII: Vacancies

- A. Upon the vacancy of an officer, however created, voting Governing Council members interested in filling the position shall contact the District's Assistant Clerk in writing of his or her interest in serving within five business days of the announcement.
- B. The District's Assistant Clerk will transmit to the Governing Council in writing, the names of the persons running for the vacant position.
- C. The election will be held at the next regularly scheduled Governing Council meeting. Voting Governing Council members must attend the meeting in person or telephonically in order to vote.
- D. The term will be effective immediately.

ARTICLE VIII: COMMITTEES

Section I: Standing Committees

The following are considered standing committees of the Governing Council:

- A. Executive Committee: The purpose of the Executive Committee is to ensure the Governing Council carries out its due-diligence function related to the healthy development and operation of the Governing Council, its committees, and performance of the individual Governing Council member by equipping them with the proper tools and motivation to carry out his or her responsibilities.
- B. Finance Committee: The purpose of the Finance Committee is to: (1) recommend an annual operating budget for the FQHC Clinics; (2) provide oversight of the financial performance of the FQHC Clinics; and (3) review the annual audit performed by an independent, external auditor.
- C. Compliance and Quality Committee: The purpose of the Compliance and Quality Committee is to: (1) ensure the quality of care provided at the FQHC Clinics; (2) ensure patient safety and satisfaction provided throughout the FQHC Clinics; (3) ensure compliance with HRSA Program requirements.
- D. Strategic Planning and Outreach Committee: The purpose of the Strategic Planning and Outreach Committee is to identify, develop, and implement strategic planning and outreach initiatives to identify FQHC Clinics health equity priorities to address health care needs in Maricopa County.

Section II: Term

- A. Members of standing committee shall be appointed by the Governing Council.
- B. Members of standing committees shall serve his or her terms in accordance with the appropriate committee charter.

Section III: Vacancies

Vacancies on any standing committee will be filled in the same manner as provided in the case of the original appointment.

Section IV: Minutes and Documents

- A. The District's Assistant Clerk shall keep the minutes of each standing committee meetings. Official minutes and supporting documents, shall be maintained by the District's Assistant Clerk.
- B. Each standing committee shall report its activities to the Governing Council at the next regularly scheduled Governing Council meeting including, at minimum, the agenda items discussed.

Section V: Quorum and Voting Requirements

- A. A quorum shall consist of a majority of the voting committee members.
- B. A quorum is necessary to conduct committee business. Committee members shall attend meetings in person, or when circumstances, dictate, telephonically. As much notice as possible, but no less than 24 hours, should be given if committee members need to participate telephonically so that arrangements can be made.
- C. A majority vote of the committee members is required to take any action.
- D. Each voting committee member present at a meeting shall be entitled to one vote. Voting must comply with the Arizona Open Meetings Law, A.R.S. § 38-431 et. seq.
- E. There shall be no vote by proxy.
- F. If after 10 minutes from the scheduled start of any committee meeting a quorum is not present, the meeting cannot be called to order and will be rescheduled until such date and hour as a quorum may be reached.

Section VI. Attendance and Removal

Unless expressly provided otherwise by committee charter, failure to attend a minimum of 3/4 of committee meetings which assigned to within a 12-month period, calculated on a rolling basis, or two consecutive committee meetings, may result in removal of a committee member by a majority vote of the Governing Council.

Section VII: Ad Hoc and Advisory Committees

- A. The Governing Council has the authority to create ad hoc or advisory committees, to assist with Governing Council functions.
- B. Any voting Governing Council member may suggest the creation of an ad hoc or advisory committee when it appears necessary.
- C. An ad hoc or advisory committee shall be established upon the majority vote of the Governing Council.
- D. Ad hoc and advisory committees shall limit their activities to the purposes for which they are commissioned and be limited in time to the task for which they are created.
- E. Ad hoc and advisory committees shall only have those powers as specifically outlined in writing upon by the Governing
- F. Ad hoc and advisory committees shall report to the Governing Council.
- G. The continuation of any ad hoc or advisory committee shall be reviewed annually.
- H. Ad hoc and advisory committees shall disband upon of completion of its work.
- I. Members of an ad hoc or advisory committee shall be appointed by the Governing Council. The chair of an ad hoc or advisory committee must be a voting member of the Governing Council.
- J. The Governing Council may involve citizens of Maricopa County as members to serve on an ad hoc or advisory committee, who need not be members of the Governing Council, but whose expertise can benefit and add value to the committee. Such citizens shall serve without compensation

Section VIII: Term

Members of ad hoc or advisory committees shall serve his or her terms in accordance with the appropriate committee charter.

Section IX: Vacancies

Vacancies on any ad hoc or advisory committee will be filled in the same manner as provided in the case of the original appointment.

Section X: Minutes and Documents

- A. The District's Assistant Clerk shall keep the minutes of any ad hoc or advisory committee meetings. Official minutes and supporting documents, shall be maintained by the District's Assistant Clerk.
- B. Each ad hoc or advisory committee shall report its activities to the Governing Council at the next regularly scheduled Governing Council meeting including, at minimum, the agenda items discussed.

Section XI: Quorum and Voting Requirements

- A. A quorum shall consist of a majority of the voting ad hoc or advisory committee members.
- B. A quorum is necessary to conduct ad hoc or advisory committee business. Ad hoc or advisory committee members shall attend meetings in person, or when circumstances, dictate, telephonically. As much notice as possible, but no less than 24 hours, should be given if committee members need to participate telephonically so that arrangements can be made.
- D. A majority vote of the ad hoc or advisory committee members is required to take any action.
- E. Each voting ad hoc or advisory committee member present at a meeting shall be entitled to one vote. Voting must comply with the Arizona Open Meetings Law, A.R.S. § 38-431 et. seq.
- F. There shall be no vote by proxy.
- G. If after 10 minutes from the scheduled start of any ad hoc or advisory committee meeting a quorum is not present, the meeting cannot be called to order and will be rescheduled until such date and hour as a quorum may be reached.

Section XII. Attendance and Removal

Unless expressly provided otherwise by committee charter, failure to attend a minimum of 3/4 of ad hoc or advisory committee meetings with in a 12-month period, calculated on a rolling basis, or two consecutive committee meetings, may result in removal of a committee member by a majority vote of the Governing Council.

ARTICLE IX: MISCELLANEOUS

Section I: Adoption and Amendments

- A. Prior to adopting amendments to the bylaws, the Governing Council will provide the Board a copy of the proposed amendments with sufficient time to permit the Board to review. The Board shall approve the proposed amendments at the next regularly scheduled Board meeting and thereafter, notify the Governing Council of approval. The Board may only disapprove an amendment to the bylaws if the amendment is inconsistent with the requirements of Section 330, its implementing regulations, HRSA policies, the Compliance Manual, or the terms of the Arrangement between the District and Governing Council. The Board will provide the Governing Council with reason(s) for such disapproval within seven (7) calendar days after non-approval.
- B. Proposed bylaw amendments shall be submitted to the Governing Council at least 7 calendar days prior to the meeting at which the proposed amendments are scheduled to be voted upon.

Section II: Preservation of Confidential Information

The Governing Council shall comply with all federal and state laws and regulations regarding the protection of confidential, privileged or proprietary information and all such provisions shall apply to all standing, ad hoc and advisory committees and their members, both during committee service and thereafter.

Section III: Discrimination

No discrimination shall be exercised by the Governing Council or by any person against or in favor of any person because of race, color, religion, sex, sexual orientation, national origin, marital status, political beliefs, age, veteran status, disability, or ability to pay, or age in the admission, treatment, or participation in any of its health care programs, services and activities, any employment matters, or any person doing business with Governing Council, pursuant to federal, state or local laws.

Section IV: Patient's Rights

The Governing Council shall respect patient confidentiality, patient rights, and will comply with Valleywise Health policies.

Section V: Office

The official office of the Governing Council and its members is at Valleywise Health Medical Center, 2601 East Roosevelt Street, Phoenix, Arizona, 85008.

Approved by the Governing Council on 11/04/2020

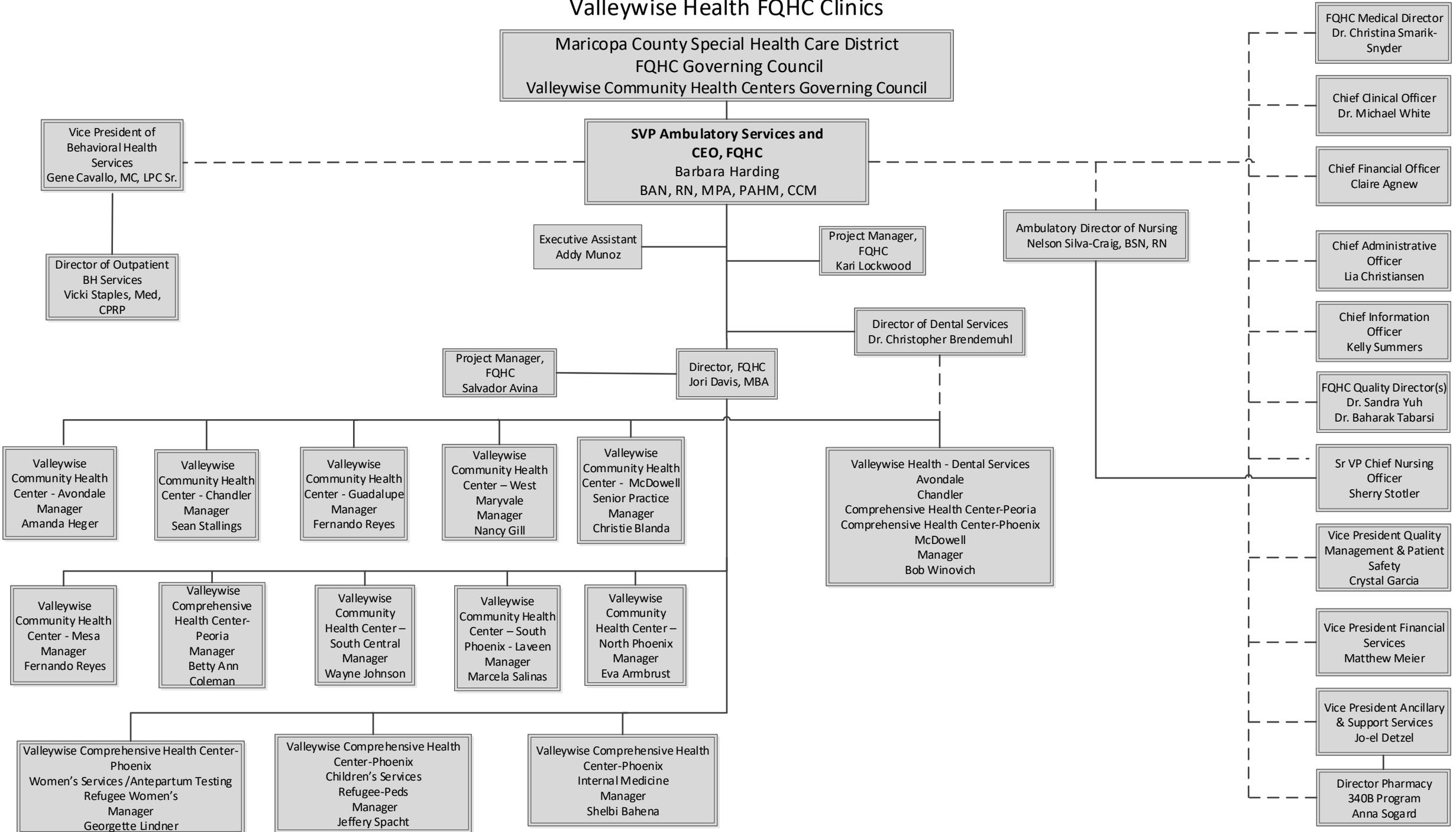
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Chair, Valleywise Community Health Centers Governing Council

11/04/2020  
Date

# Maricopa County Special Health Care District Valleywise Health FQHC Clinics



January 2022

#### Attachment 4: Position Description for Key Management Staff

**PD/CEO:** The Senior Vice President of Ambulatory Services will serve as the PD. **Role:** The Senior Vice President Ambulatory Services and CEO of the Federally Qualified Health Center (FQHC) Clinics is responsible for leadership including oversight, management and performance of specific primary care clinics operating in the Comprehensive Healthcare Centers - Phoenix and Peoria, Community Healthcare Centers and overall management of the Valleywise (VH) Community Health Centers Governing Council designated FQHC sites for sustainable operation and growth and ensuring compliance with Council directives and applicable District, grantor, federal and state requirements. This position serves as an institutional leader on system-level committees; and participates in, and leads as appropriate, organizational initiatives and special projects. This position is accountable for strategic planning, guidance, organizing, and directing Ambulatory Services departments and long-term programs while ensuring that quality patient care is provided. **Responsibility:** This position works as an integral part of the VH System's Management team and FQHC Governing Council, providing input to key business direction, planning, policy formulation, FQHC budget and grant preparation, and decision making. This position analyzes budgetary data, verifies figures, and develops budget proposals; and recommends allocation of budgetary funds. The position is responsible for evaluating cost and effectiveness of programs and services, and assessing the viability of new opportunities to expand services; represents the Governing Council (GC) in the community and ensures compliance with GC directives; reviews, evaluates and enforces existing policies and procedures, or establishes new ones as necessary to provide for the proper admission, care, safety and discharge of patients. **Qualifications:** Master's Degree in health services administration, business administration or related field. Requires a minimum of 10 years of progressively responsible leadership that includes at least five years of Ambulatory Care operations.

**EVP CCO (CD):** The Executive Vice President Chief Clinical Officer (Clinical Director) is a key member of the Executive team at VH. **Role:** The EVP CCO provides strategic and operational leadership for a diverse group of departments, with the goal of delivering high quality, cost effective patient care. The EVP CCO works closely with Residency Program Directors, Clinical Department Chairs, and Medical Directors to ensure alignment with the Mission, Vision and Values of VH. This position plays a critical role in integrating care across the inpatient, outpatient and ambulatory continuum. **Responsibility:** The position works as an integral part of VH Executive Team, providing input to key business direction, planning, policy formulation, and decision making. This position analyzes budgetary data, verifies figures, and develops budget proposals; recommends allocation of budgetary funds. The position requires the development of trust and credibility with medical staff leadership and an excellent productive working relationship with physicians at all levels within VH. Works with the President of the medical staff to assure compliance of bylaws, rules and regulations with State, federal and regulatory mandates and standards. Identifies growth opportunities for new and existing clinical programs. Oversees the development, implementation and evaluation of new programs. Prepares VH for anticipated changes related to healthcare reform, including the transition to value-driven care delivery models and population health programs. Provides leadership for academic affairs and graduate medical education programs; facilitates ongoing, effective education of physicians, students, and other healthcare learners. Supervises the research and academic programs, while promoting research activities and publications in high impact journals, in alignment with the VH

mission. Qualifications: Requires a Doctorate degree (MD or DO). A Master's degree in healthcare administration, medical informatics, public health, or business administration is preferred. Must be knowledgeable of DNV, HIPAA, AAAHC and other healthcare governing bodies. Requires a minimum of 10 years of progressively responsible clinical practice experience including leadership roles in medical staff operations. Requires an active Arizona medical license.

**CFO:** Role: The Executive Vice President (EVP), Chief Financial Officer (CFO) is part of the Executive Team, providing input to key business direction, planning, policy formulation and decision making. This position analyzes budgetary data, verifies figures, develops budget proposals and recommends allocation of budgetary funds. Responsibility: The CFO is responsible for the financial operations of VH, overseeing the operations of finance, revenue cycle, reimbursement, managed care, contracts, and materials management. This position directs the preparation of hospital and FQHC statistical reports, and financial reports; and administers the general accounting, patient business services, including third party reimbursement, financial, and statistical reporting functions of the hospital in accordance with established policies and accounting procedures. Directs the preparation of the hospital budget; assists the CEO in the preparation of the hospital budget. Monitors performance to ensure fiscal responsibilities are fulfilled. Assists the President and CEO in the development of long-and-short range hospital financial operations plans. Monitors, interprets and analyzes hospital and FQHC financial performance in realizing established plans and objectives of the hospital. Identifies and reports undesirable trends and potential business opportunities and makes recommendations for action; and directs the preparation of internal financial reports and assures that the reports reliably reflect the financial position of the hospital and FQHC. Responsible for direction and submission on a timely basis all financial data associated reports required by government and other regulated agencies including payroll tax reports, public disclosure reports and third party payor cost reports. Qualifications: Requires a Master's Degree in Accounting, Finance or related field. Requires a minimum of ten years of progressively responsible financial related experience which must include demonstrated healthcare financial management leadership. Experience must include demonstrated healthcare financial management leadership ability including management of staff, budgets and multiple functional areas.

**CIO:** Role: The Senior Vice President and Chief Information Officer provides executive enterprise level strategic and tactical direction to Valleywise Health, including the hospital, FQHC and other major components of the health system in the areas of Information Technology and Health Technology Management (Bio-Medical/Clinical Engineering). Responsibility: Includes IT infrastructure and systems architecture, clinical informatics, development and deployment of clinical and business systems and applications, management and support of all IT service management components (Switchboard, Telecommunications, end user device, IT Project Management), and the conceptualization, planning, evaluation and deployment of technology platforms. This position provides enterprise-wide technology vision and leadership for developing and implementing technology initiatives that foremost provides technology that supports patient safety, as well as ensuring all relative quality, compliance and regulatory requirements are met. The aim is to improve cost effectiveness, health care service quality, and business development in a constantly changing, competitive marketplace. Qualifications: Requires a Bachelor's Degree in Computer Science, Computer Information Systems,

Management Information Systems, Engineering, Business, or related field. Must have at least fifteen years of progressively responsible management experience in an enterprise wide, large scale (>3,000 users), 7x24x365 Information Technology environment with at least five of those years functioning at a senior leadership position (Vice President or above) in a high technology health care related industry.

**CAO: Role:** The Executive Vice President Chief Administrative Officer (CAO/COO) is responsible for leading the VH strategic direction, including day-to-day operations, and administrative functions for the hospital, FQHC and other major components of the health system, such as Human Resources, Ancillary and Support Services, Information Technology, Integrated Program Management, Process Improvement, Marketing and Communication and Business Development. **Responsibility:** This position identifies and leads opportunities, strategies, and actions that advance the VH mission and vision, resulting in best-in-class support services, business growth and creating long-term sustainability. This position is responsible for leading day-to-day operations and administrative support functions to ensure optimal efficiencies; provides leadership to the business strategy development by assessing risks, noting opportunities for market expansion, setting overall goals and metrics, and proposing projects or systems to move the company forward; and works closely with the governing body, CFO, CCO and other senior staff to set budgetary priorities for the delivery system and assure that those priorities are adhered to. **Qualifications:** Requires a master's degree in Healthcare Administration, Business Management, Marketing or related field. Requires a minimum of ten years of progressively responsible experience in a large complex healthcare organization that demonstrates a deep understanding of the required knowledge, skills and abilities.

### **OTHER KEY POSITION:**

**FQHC Medical Director: Role:** The FQHC Medical Director provides direction, leadership and day-to-day management of the VH FQHC clinics in coordination with administrative dyad leadership. This role works with all medical staff personnel, including the residency training program. This position supervises and coordinates the clinical operations in conjunction with the FQHC dyad leadership. **Responsibility:** Key responsibilities and functions of the FQHC Medical Director include: leadership; participating as part of the dyad with the FQHC CEO in clinic operations and care practices; participating in strategy and growth initiatives; continually work to implement evidence-based care practices; leading clinical training practices; serving as a communications liaison with physician peers, VH leadership and between departments; and contribute to the establishment of performance metrics, championing efforts to improve clinical and satisfaction metrics. **Qualifications:** This position must be duly qualified and licensed to practice medicine in Arizona, who is board certified or board eligible, and who is a member of the VH Medical Staff, is employed to provide covered services to the Contractor (VH), and has completed and returned all credentialing documentation to VH.

Attachment 5: Biographical Sketches for Key Management Staff

**PD/PI:** Barbara Harding, RN, MPA, CCM, PAHM

**Position:** Senior Vice President Ambulatory Care & CEO FQHC Clinics

**Education/Training:**

Central Michigan University, Mount Pleasant, MI	Master of Public Administration	Public Administration
St. Catherine University	Bachelor of Arts	Nursing
Certified Case Manager, Commission for Case Management Certification		
Professional Academy for Healthcare Management, America's Health Insurance Plans		

**Experience:** Senior Vice President Ambulatory Care & CEO FQHC Clinics, VH, 2017-current; Senior Director Post-Acute Care, Dignity Health, 2015-2017; Director, Virginia Coordinated Care for the Uninsured, Virginia Commonwealth University Health System (VCUHS), 2010-2015; Interim Nurse Manager, Adult Specialty Ambulatory Care, VCUHS, 2008-2009; Nurse Manager, Pediatric Ambulatory Care, VCUHS, 2006-2010; Nurse Manager, Central Virginia Care Connection for Children, VCUHS, 2001-2006.

**Professional Engagement:** Executive Officer, Valleywise Community Health Center Governing Council; Board Member, Peoria Chamber of Commerce; Member & Chair of Nomination Committee, Arizona Alliance for Community Health Centers; Member: National Association of Community Health Centers, Sigma Theta Tau, AZ Chapter Case Management Society of America, and St. Catherine University Alumni Council.

**Publications:** Six including: Chronic Disease Medical Home Playbook and A Breakthrough Approach to Managing Care for the Chronically Ill Population, Contributor, Vizient Research Institute, 2015.

**CCO:** Michael White, M.D., MBA

**Position:** Executive Vice President and Chief Clinical Officer

**Education/Training:**

Creighton University	Master's in Business Administration
Duke University	Interventional Cardiology Fellowship
Creighton University School of Medicine	Cardiovascular Medicine Fellowship; Internal Medicine Internship / Residency; Medical Doctorate; Bachelor of Science in Biology

**Experience:** Executive Vice President and Chief Clinical Officer, VH, 2019-Present; Interim Executive Medical Director, CHI Health Heart Institute, 2018-2019; Chief Academic Officer, CHI Health Center, 2015-2019; Associate Dean for Technology and Educational Innovation, 2015-Present, Associate Dean for Medical Education, 2013-2015, Associate Professor of Medicine, 2014-Present, and Assistant Professor of Medicine, 2008-2014, Creighton University School of Medicine.

**Professional Engagement:** Board Member, Metro Omaha Medical Society, 2017-2019; Member, Accreditation Council for Graduate Medical Education, 2013-Present; Fellow, Society for Cardiovascular Interventions, 2013-Present; Member, Alliance for Academic Internal Medicine Association, 2012-Present; Member, American Heart Association, 2004-Present; Fellow, Governor, American College of Cardiology, 2014, 2011, 2015-2018, Present.

**Publications:** Fourteen including: A 56-Year-Old Female with Acute ST-Segment Elevation Myocardial Infarction, Complete Heart Block, and Hemodynamic Instability, Cureus, 01/2021; Collaboration on the Arizona Surge Line: How Covid-19 Became the Impetus for Public, Private, and Federal Hospitals to Function as One System, NEJM Catalyst, 01/2021; and A Rare

Case of Traumatic Coronary Artery Dissection After a Motor Vehicle Collision, Cureus, 03/2019.

**CFO:** Claire Agnew, MBA

**Position:** Executive Vice President and Chief Financial Officer

**Education/Training:**

University of California, Berkley	Master of Business Administration, Certificate in Health Management
Humboldt State University	Bachelor of Science, Business Administration, Accounting emphasis
Arizona State Board of Accountancy	Certified Public Accountant, Arizona

**Experience:** Executive / Senior Vice President and Chief Financial Officer, VH, 2019-Present; Vice President of Financial & Practice Operations, Phoenix Children’s Medical Group, 2015-2019; Chief Financial Officer / Director of Finance and Business Support, Banner Health, 1998-2015; Auditor, Arthur Andersen, LLC, 1995-1998.

**Professional Engagement:** Board Member, WESTMARC, 2021-Present; Board Member, Health Assist Home, 2020-Present; Advisory Board Member, Women in Healthcare, 2019-2021; Member, Arizona Chapter, Healthcare Financial Management Association, 2000-Present.

**Presentations:** Five including: NP or PA as Billing Provider, Clinical Practice Compliance Conference, Health Care Compliance Association, 2017; Healthcare Finance & Evolving Delivery Systems, Family Medicine Joint Didactic Presentation, AT Still University, 2017.

**CIO:** Kelly Summers

**Position:** Senior Vice President and Chief Information Officer

**Education/Training:**

University of Phoenix	Bachelor of Science	Business Administration & Computer Information Systems
Mountain States Technical Institute	Associate Applied Science	Computer Information Systems
University of Virginia Darden School of Business	Certificate in Organizational Change Management	
College of Healthcare Information Management Executives (CHIMES)	Certified Healthcare CIO	
FEMA Incident Command Certificate IS 100 & 200		
Recognized by the College of Healthcare Information Management Executives as a certified healthcare CIO.		

**Experience:** Senior Vice President and CIO, Valleywise Health, 2013-current; VP Information Technology and CIO, Medicis; Sr. IT Executive & CIO, St. Jude Medical; Manager Computer Integrated Manufacturing, Motorola, Inc.; Senior software Engineer, Medtronic, Inc.; Systems Manager, Loral Defense Systems.

**Professional Engagement:** Board Member, Health Current (Arizona’s HIE).

**CAO:** Lia Christensen

**Position:** Executive Vice President and Chief Administrative Officer

**Education/Training:**

University of St. Thomas	Master of Business Communication
Concordia College	Bachelor of Arts, Liberal Arts
Health Management Academy	COO Fellowship
FEMA Incident Command	IS 100, 200, 700

**Experience:** Executive Vice President and Chief Administrative Officer, VH, 2021 -Present; Chief Operating Officer, M Health Fairview, 2018-2020; Vice President Hospital Operations, Operations Executive and Administrative Director, HealthEast Care System, 1996-2018.

**Professional Engagement:** Board Member, St. Paul Area Chamber of Commerce, 2012-2020; Mentor, Concordia College, 2014-Present; Board Member, Minnesota for Healthcare Ethics, Maplewood Surgery Center, Central Minnesota Diagnostic, Inc., 2019-2020.

**FQHC Medical Director:** Christina Smarik-Snyder, MD

**Education/Training:**

Banner Good Samaritan Medical Center	Family Medicine Residency
University of Arizona College of Medicine	Medical Doctorate
Arizona State University	Bachelor of Science in Psychology

**Experience:** FQHC Medical Director, VH, 2021-Present; Interim Chair, Department of Family and Community Medicine, VH, 2020-2021; Medical Director/Provider, Jewish Family and Children Services, Michael R. Zent Healthcare Center; Medical Provider, Maricopa Integrated Health System, 2011-2020.

**Professional Engagement:** Clinical Assistant Professor, Department of Family, Community, and Preventative Medicine, University of Arizona Medical Center-Phoenix, 2015-Present; Health Science Associated Faculty Assistant Professor, Creighton University School of Medicine, 2018-Present; Provider Wellness Committee, Medical Executive Committee and Governing Council Non-Voting Member for Compliance & Quality and Finance Committees, VH, 2020-Present; Credentialing Committee, District Medical Group, 2020-Present; Member, American Academy of Family Physicians, 2008-Present.

**Publications/Presentations:** Five including: STEP: Dabigatran (2011); Treatment of Periodontal Disease in Pregnancy: A Randomized Controlled Trial (2010); and Radiology, Chest X-rays (2009), Banner Good Samaritan Medical Center.

**CO-APPLICANT OPERATIONAL ARRANGEMENT**

**Between the**

**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT**

**(Public Agency)**

**and the**

**VALLEYWISE COMMUNITY HEALTH CENTERS GOVERNING COUNCIL**

**(Co-Applicant)**

This Co-Applicant Operational Arrangement (Arrangement) is entered into by and between the Maricopa County Special Health Care District Board of Directors (Board), and the Valleywise Community Health Centers Governing Council (Governing Council or Co-Applicant) (collectively the Parties).

**WHEREAS**, the Maricopa County Special Health Care District (District), a political subdivision of the state of Arizona, is statutorily empowered to operate pursuant to Title 48, Chapter 31, of the Arizona Revised Statutes and A.R.S. § 48-5501 et. seq. and acting through its Board, is authorized to accept and utilize federal and state funds and enter into agreements with other entities for the delivery and supervision of health care services at District operated health care facilities; and,

**WHEREAS**, the Co-Applicant, through its Governing Council, is organized to provide governance and oversight of Federally Qualified Health Center (FQHC) clinics owned and operated by the District that provide primary and preventive health care and related services (including, but not limited to, ancillary services), regardless of an individual's or family's ability to pay; and,

**WHEREAS**, since 2019, the Parties have co-applied for, and have been awarded by the Health Resources and Services Administration (HRSA) within the United States Department of Health and Human Services (DHHS), designation to operate a public center pursuant to Section 330 of the Public Health Service Act, which includes the FQHC clinics (the Health Center Program"); and,

**WHEREAS**, the Parties agree that the District, having received FQHC designation from HRSA, will serve as the Public Agency and, as applicable, the recipient of federal funding, which may include Section 330 grant funding; and that the Governing Council will serve as the Co-Applicant, consistent with the requirements of Section 330 and applicable HRSA policies and pronouncements; and that the District acting as the Public Agency and the Governing Council acting as the Co-Applicant, together constitute the Health Center Project under HRSA policy; and,

**WHEREAS**, the Parties understand that Section 330, which was enacted by Congress, permits a public entity to operate a public center and to retain general policy-making authority; and,

**WHEREAS**, HRSA policy has stated (i) that a public center may consist of a public entity and a co-applicant which, when combined, meet the Section 330 governance requirements; and (ii) that many public entities are required by law to retain final authority for certain types of activities; and,

**WHEREAS**, in order to accomplish their shared interests, the Board and Governing Council, acting collectively as the public center, wish to clarify and define their respective roles and responsibilities and their shared duties with regard to the governance and operation of the FQHC clinics in a manner consistent with the requirements of Section 330, its implementing regulations, HRSA policies and the Compliance Manual.

**NOW THEREFORE**, in consideration of the promises and mutual covenants set forth in this Arrangement, the Parties agree as follows;

**1. Governing Council's Governance Authorities and Responsibilities**

The Governing Council's governance authorities and responsibilities shall comply with the requirements of Section 330, its implementing regulations, HRSA policies and the Compliance Manual. The Governing Council shall specifically exercise the following authorities and responsibilities regarding the management and operation of the FQHC clinics:

- 1.1 Annually review the service area by zip codes reported on Form 5B: Service Sites;
- 1.2 Complete or update a community needs assessment of the current patient population at least once every three (3) years to improve the delivery of health care services;
- 1.3 Review and approve additional health services, if any, to offer in order to meet the health needs of the patient population served by the FQHC clinics, subject to Board approval;
- 1.4 Annually review a list of FQHC clinics, including addresses, hours of operation by clinic, and information on general services offered at each clinic reported on Form 5B: Service Sites;
- 1.5 Approve location of any new FQHC clinic or closure of existing FQHC clinic as long as it is consistent with the District's facility, strategic, business, financial, and capital plans;
- 1.6 Ensure written operating procedures exist for responding to patient medical emergencies during each FQHC clinics regularly scheduled hours of operation;

- 1.7 Ensure written operating procedures exist for responding to patient medical emergencies after regularly scheduled hours of operation;
- 1.8 Ensure written operating procedures are in place to obtain medical information related to a FQHC clinic patient's hospital or emergency department visit;
- 1.9 Review evaluate, and approve a sliding fee discount program for the FQHC clinics at least every three (3) years. Evaluation should include the effectiveness of the sliding fee discount program in reducing financial barriers to care, and the rate which patients within each discount category are accessing services;
- 1.10 Annually review and approve a sliding fee discount schedule for the FQHC clinics based on the most recent Federal Poverty Guidelines;
- 1.11 Review and approve at least every two (2) years a Quality Improvement/Quality Assurance (QI/QA) program for the FQHC clinics that addresses the quality and utilization of services, patient satisfaction, patient grievance process and patient safety including adverse events;
- 1.12 Ensure that QI/QA data, including patient satisfaction, patient grievance and patient safety, is shared with the Governing Council at least quarterly;
- 1.13 Ensure written quality of care audit procedures are in place and audit is shared with the Governing Council annually;
- 1.14 Select/hire the Project Director/Chief Executive Officer of the FQHC clinics after receiving prior approval from HRSA and as set forth in Paragraph 6 below;
- 1.15 Annually evaluate the Project Director/Chief Executive Officer's performance as set forth in Paragraph 6 below;
- 1.16 Dismiss/terminate the Project Director/Chief Executive Officer from the Health Center Program if necessary, as set forth in Paragraph 6 below and notify HRSA;
- 1.17 Approve changes to Project Director/Chief Executive Officer's job description;
- 1.18 Approve changes to organization chart including titles and names of key management staff;
- 1.19 Comply with the District's written Code of Conduct and Ethics; and Conflicts of Interest and Gift policy;
- 1.20 Submit written disclosure to Clerk if a real or apparent conflict of interest was identified by a Governing Council member;

- 1.21 Make reasonable efforts to establish and maintain collaborative relationships, including with other specialty providers that provide care within Maricopa County, to provide access to services not available at the FQHC clinics and to reduce the non-urgent use of hospital emergency departments; and with social service organizations to support community services that impact patients of the FQHC clinics;
- 1.22 Track the financial performance of the FQHC clinics, including identification of trends or conditions that may warrant action to maintain financial stability;
- 1.23 Review and accept the annual fiscal year audit of the District, which includes certain financial information about the FQHC clinics;
- 1.24 Maintain control over, and accountability for, all funds, in order to adequately safeguard and ensure that they are used solely for authorized purposes;
- 1.25 Ensure written policies and procedures are in place to ensure the appropriate use of federal funds in compliance with applicable federal statutes, regulations, and the terms and conditions of the federal award;
- 1.26 Ensure written billing and collections policies and procedures are in place and include provisions to waive or reduce fees owed by patients; a policy for refusal to pay; and procedures for notifying patients of additional costs for supplies and equipment related to the services;
- 1.27 Develop and approve an annual operating and capital budget for the FQHC clinics to be incorporated into the District's annual budget for Board approval. The budget should be reflective of the costs and revenues necessary to support the FQHC clinics scope of project;
- 1.28 Submit timely, accurate, and complete Uniform Data System (UDS) reports;
- 1.29 Annually review data-based reports on: patient service utilization; trends and patterns in the patient population; and overall health center performance including achievement of FQHC clinics objectives; and efficiency and effectiveness of the FQHC clinics, for oversight by the Governing Council;
- 1.30 Approve application for HRSA grant funding, subject to Board approval;
- 1.31 Approve changes in scope of project for the FQHC clinics subject to Board approval;
- 1.32 Annually evaluate the operations of the FQHC clinics including compliance with applicable federal requirements, performance expectations such as financial and patient volumes, patterns of health service utilization;

- 1.33 Ensure the existence of a co-applicant arrangement that delegates the required authorities and responsibilities to the Governing Council and delineates the authorities and responsibilities of the Board;
- 1.34 Hold monthly meetings where a quorum is present;
- 1.35 Conduct and approve a long-range, strategic plan at least once every three (3) years that identifies FQHC clinic priorities and addresses financial management and capital expenditure needs, that is consistent with the District's facility, strategic, business, financial and capital plans; and
- 1.36 On an annual basis, submit an attestation that the Governing Council has operated; and each Governing Council Member has performed his/her duties, in a manner that is compliant with the provisions of this Arrangement; and that each Governing Council member has completed their annual compliance training and sign the District's Code of Conduct and Ethics attestation form.

## **2. Composition of the Governing Council**

- 2.1 The composition of the Governing Council, as set forth in the Governing Council's bylaws, shall comply with the requirements of Section 330, its implementing regulations, HRSA policies and the Compliance Manual.
- 2.2 The Governing Council must consist of at least 9 and no more than 25 members.
- 2.3 The majority (at least 51%) of the Governing Council members must be patients served by the FQHC clinics. A patient is someone who has received in-scope services within the last 24 months. The patient Governing Council members must represent the patients served by the FQHC clinics in terms of demographics such as race, ethnicity, and gender.
- 2.4 Non-patient Governing Council members must be representative of the community served by the FQHC clinics and must be selected for their expertise in relevant subject areas such as community affairs, local government, finance, legal, trade unions, education, business labor relations and social service agencies within the community.
- 2.5 Ensuring that the non-patient Governing Council members, no more than one-half may derive more than 10% of their annual income from the health care industry. Health care industry is defined as hospitals, other health care institutions, nurses, doctors, dentist, and other licensed healthcare professionals whose primary responsibility is providing primary preventative and therapeutic healthcare services.

- 2.6 Employees and immediate family members (spouse, child, parent, or sibling, by blood, adoption, or marriage) of the Maricopa County Special Health Care District dba Valleywise Health, or any other hospital or health care institution, may not be members of the Governing Council.
- 2.7 The Governing Council will make its best efforts to ensure that each of the five (5) Directorship District's is represented when recruiting and approving new Governing Council members.
- 2.8 The Governing Council will submit an annual report to the Board reflecting the Governing Council's membership structure.

### **3. Governing Council's Bylaws**

- 3.1 The Governing Council agrees that any proposed amendments to the bylaws must be consistent with the requirements of Section 330, its implementing regulations, HRSA policies, the Compliance Manual, and the terms of this Arrangement.
- 3.2 The bylaws must outline the following required authorities and responsibilities of the Governing Council: hold monthly meetings; approval of the selection of the Project Director/Chief Executive Officer; approval of the dismissal/termination of the Project Director/Chief Executive Officer; approval of annual budget for the FQHC clinics; approval of location of any new FQHC clinic or closure of existing FQHC clinic as long as it is consistent with the District's facility, strategic, business and capital plans; approval of FQHC clinics hours of operation; annual evaluation of the performance of the FQHC clinics; and assurance that the FQHC clinics operate in compliance with applicable Federal, State and local laws and regulations.
- 3.3 Prior to adopting amendments to the bylaws, the Governing Council will provide the Board a copy of the proposed amendments with sufficient time to permit the Board to review and ensure that any revision is consistent with the requirements of Section 330, its implementing regulations, HRSA policies, Compliance Manual, and the terms of this Arrangement. The Board shall approve the proposed amendments at the next regularly scheduled Board meeting and thereafter, notify the Governing Council of approval. The Board may only disapprove an amendment to the bylaws if the amendment is inconsistent with the requirements of Section 330, its implementing regulations, HRSA policies, the Compliance Manual, and the terms of this Arrangement. The Board will provide the Governing Council with reason(s) for such disapproval within seven (7) calendar days after non-approval.
- 3.4 The bylaws will include similar language as in the Board's bylaws that allow for four (4) or more Governing Council members to place an item on the Governing Council's meeting agenda.

3.5 The bylaws will include provisions for the filling of vacancies on the Governing Council that arise as a result of retirement, resignation, or the removal of a member of the Governing Council, where the removal is based upon good cause, including but not limited to, violations of the District's Code of Conduct and Ethics, Conflicts of Interest and Gift policy or actions that are unbecoming of the member.

#### **4. Governing Council's Duty Regarding Potential Members of Governing Council**

4.1 The Governing Council will provide District staff with a completed Governing Council membership application and Acknowledgement and Authorization for Background Check form, with sufficient advance time to permit District staff to review the application to ensure there is no conflict of interest in fact or in appearance, and to receive back the completed background screening. District staff will notify the Governing Council about any identified conflict of interest with regard to the potential member, in a timely manner, but in no event, later than the next regularly scheduled Executive Committee meeting. The obligations noted in Paragraph 5.32 are incorporated by reference in this Paragraph 4.1.

#### **5. Board's Authorities and Responsibilities**

The Board, acting through staff, shall exercise the following governance and operational authorities and responsibilities with respect to the FQHC clinics, which includes but are not limited to:

5.1 Consider for approval additional health services, if any, as recommended by the Governing Council. to offer in order to meet the health needs of the patient population served by the FQHC clinics;

5.2 Ensure that the FQHC clinics have clinical staff and/or has contracts in place to carry out all required and additional services included in the HRSA-approved scope of project;

5.3 Ensure operating procedures are in place for credentialing and privileging for all clinical staff members providing services on behalf of the FQHC clinics;

5.4 Ensure records for clinical staff that contain documentation of licensure, credentialing verification, and applicable privileges consistent with operating procedures, are maintained;

5.5 Ensure operating procedures are in place for FQHC clinics' patients that are hospitalized as inpatients or who visited the Valleywise Health Medical Center's Emergency Department;

5.6 Ensure position descriptions of key management staff are maintained by the District's Human Resources;

- 5.7 Ensure there are District Human Resources procedures relevant to recruiting and hiring of key management staff of the FQHC clinics;
- 5.8 Adopt policies for financial management practices and a system to ensure accountability for FQHC clinics resources;
- 5.9 Establish and maintain general personnel policies including those addressing selection and dismissal procedures, salary and benefit scales, employee grievance procedures, and equal opportunity practices;
- 5.10 Contract with other providers for the provision of health services within the HRSA-approved scope of project and ensure their performance is in accordance with the terms, conditions, and specifications of their contracts and to assure compliance with applicable Federal requirements
- 5.11 Ensure that contracts with providers for the provision of health services with the HRSA-approved scope of project include a schedule of rates and method of payment to providers for health services that are provided at the within the HRSA-approved scope of project at the FQHC clinics;
- 5.12 Retain financial records, supporting documents, statistical records, and all other records pertinent to contracts for a period of three years;
- 5.13 Ensure that written procurement procedures comply with Federal procurement standards;
- 5.14 Perform periodic evaluations of contractors' performance including that contractors have met the terms, conditions, and specifications of contracts;
- 5.15 Maintain a written District Code of Conduct and Ethics and Conflicts of Interest and Gift policy;
- 5.16 Maintaining records for procurement actions paid for in whole or in part under the Federal award that include the rationale for method of procurement, selection of contract type, contractor selection or rejection, and the basis for the contract price. This would include documentation related to noncompetitive procurements;
- 5.17 Maintain mechanism to ensure the District's Code of Conduct and Ethics is disseminated to Board and Governing Council, employees, medical staff, and agents of the District when there are changes;
- 5.18 Ensure Board and Governing Council, employees, medical staff, and agents of the District, adhere to the District's Code of Conduct and Ethics by requiring an annual attestation;

- 5.19 Contract with external auditor to perform an annual fiscal year audit of the District, which includes the FQHC clinics, to determine the fiscal integrity of financial transactions and operations of the District to be in compliance with HRSA requirements; and in accordance with auditing standards generally accepted in the United States and the standards applicable to financial audits contained in Government Auditing Standards, used by the Comptroller General of the United States;
- 5.20 Utilize a financial management and internal control system that reflects Generally Accepted Accounting Principles (GAAP) or Government Accounting Standards Board (GASB) principles;
- 5.21 Maintain a list of provider and program/site billing numbers for Medicaid, CHIP and Medicare;
- 5.22 Maintain written operating procedures for implementing billing options or payments methods and ensure they are accessible to patients regardless of income level;
- 5.23 Ensure claims are submitted in a timely and accurate manner to third party payor sources;
- 5.24 Annually, adopt a District budget that shall consist of at the very least, a one (1) year operating budget, a one (1) year capital budget, and one (1) year cash flow budget, and an annual operating and capital budget for the FQHC clinics;
- 5.25 Consider approval of application for HRSA grant funding, as recommended by the Governing Council;
- 5.26 Consider approval of changes in scope of project for the FQHC clinics, as recommended by the Governing Council;
- 5.27 Ensure a system is in place to oversee the operations of the Federal award-supported activities to ensure compliance with applicable Federal requirements and for monitoring program performance;
- 5.28 Produce data-based reports on: patient service utilization; trends and patterns in the patient population; and overall health center performance, for oversight by the Governing Council;
- 5.29 Ensure a system is in place for the Governing Council to compile accurate data to complete annual Uniform Data System (UDS) reports;
- 5.30 Review the long-range, strategic plan for the FQHC clinics as recommended by the Governing Council, that identifies FQHC clinic priorities and addresses financial management and capital expenditure needs;

- 5.31 Obtain and maintain all licenses, permits, certifications and approvals necessary for the operation of the FQHC clinics;
- 5.32 In support of the Governing Council's responsibility referenced in Paragraph 4.1 above, the Board's review of the Governing Council applicant will also include a background check (as per the District's Human Resource Policies), a review of the Department of Health and Human Services' Exclusion List, and consideration of any other federal or state regulatory requirements applicable to citizens sitting as Governing Council members. District staff will inform the Governing Council, in a timely manner (see Paragraph 4.1), in situations where a Governing Council applicant may be prohibited from serving as a Governing Council member due to the presence or absence of a negative background report, and/or the Governing Council applicant's real or apparent conflict of interest, and/or if there is otherwise a statutory or regulatory requirement. The Board's approval of the applicant does not constitute a formal endorsement of the applicant as an official member of the Governing Council. The Governing Council will formally vet the applicant and the applicant must gain approval by formal vote of the Governing Council;
- 5.33 On an annual basis, submit an attestation that the Board has operated; and each Board member has performed his/her duties, in a manner that is compliant with the provisions of this Arrangement; and that each Board member has completed their annual compliance training and sign the District's Code of Conduct and Ethics attestation form.

## **6. Project Director/Chief Executive Officer**

- 6.1 The Project Director/Chief Executive Officer (CEO of the FQHC Clinics) shall be a full-time District employee. The CEO has the responsibility for the general management, supervision, and direction of the FQHC clinics, and must work within the District organizational reporting structure on matters of finance, quality, human resources, strategy, service, and operations, consistent with policies and programs established by the District.
- 6.2 The CEO shall report to the Governing Council. As a District employee, the CEO shall also report to the District's President and CEO or designee.
- 6.3 The CEO shall be selected via a nomination and search process under which the District's Human Resources Department recruits candidates with input from the Governing Council and thereafter provides a recommendation to the Governing Council. The Governing Council then selects an individual from the list of proposed candidates. If the Governing Council rejects all individuals from the District's list of proposed candidates, then the District's Human Resources Department will provide the Governing Council with a list of additional proposed candidates. This process shall continue until the Governing Council approves an individual proposed by the District's Human Resources Department.

- 6.4 The Governing Council will annually review and evaluate the CEO's performance applicable to the Health Center Program in a quantifiable and transparent manner that is consistent with the District's Human Resources policies and will report its findings to the District's Chief Financial Officer and to Human Resources. In addition, the CEO, as a District employee, will be evaluated by the District's Chief Financial Officer in accordance with the District's Human Resources policies.
- 6.5 Removal or Reassignment of the CEO:
- 6.5.1 Removal by the Governing Council.
- 6.5.1.1 The Governing Council shall have independent authority to remove the CEO from his or her position as CEO of the FQHC Clinics. Removal of the CEO by the Governing Council pursuant to this Paragraph shall not constitute a termination of employment of the CEO by the District or otherwise impede the continuation of the CEO's employment relationship with the District in another capacity.
- 6.5.1.2 Any personnel action proposed by the Governing Council with regard to the CEO must be taken consistent with the District's Human Resources policies.
- 6.5.1.3 The Governing Council acknowledges that the District President and CEO possesses the sole power to terminate the employment of the CEO of the FQHC Clinics.
- 6.5.2 Removal or Reassignment by District.
- 6.5.2.1 In the event that the District intends to terminate the CEO from the position as the CEO of the Health Center Project or to reassign him/her to a position other than the CEO of the FQHC Clinics, the District will inform the Governing Council and request approval from the Governing Council at a special meeting, for the termination or reassignment. However, if the termination or reassignment is related to the CEO's malfeasance, as referenced in the District's Human Resources policies, then the District may terminate or reassign the CEO immediately and thereafter notify the Governing Council and HRSA of such action.
- 6.6 The Governing Council and the District will ensure that their conduct under this Paragraph 6 is performed consistent with the terms of this Arrangement, HRSA policies and Compliance Manual.

**7. Coordination of Shared Duties by Parties**

- 7.1 The CEO of the FQHC clinics shall coordinate with the District’s President and CEO, the Parties’ efforts to meet their respective obligations under this Arrangement and shall cooperate with each other to communicate and resolve any issues between the Parties.
- 7.2 The Parties shall collaborate to assure Governing Council members and Board members are informed as to their respective duties, authority, and obligations under this Arrangement.

**8. Record Keeping and Reporting**

- 8.1 The Parties shall maintain all financial records, reports, documents, statistical records, books, papers or other records related to this Arrangement that will enable them to meet all state and federal reporting requirements. Such records are to be maintained for a period established by the Arizona State Library, Archives, and Public Records.
- 8.2 The Parties agree that the District is the legal custodian of all medical records established and maintained relating to diagnosis and treatment of any patients served at any of the FQHC clinics.

**9. Insurance**

For purposes of liability and insurance coverage, both Parties will be deemed to be an agent of the District for any acts arising under the terms of this Arrangement. The scope of such insurance coverage will be governed by the terms of the Amended and Restated Maricopa County Special Health Care District’s Risk Management Insurance and Self Insurance Plan.

**10. Ownership of Property Acquired with any Grant Funds and Procurement**

Should the District receive Federal grant support from HRSA pursuant to Section 330, the District shall be the titleholder to any and all property purchased with Section 330 grant funds, as applicable. The District shall further assure that all contracts procured and executed by the District are done consistent with the District’s Procurement Code and applicable state and federal law and regulations.

**11. Applicable Laws, Regulations, and Policies**

This Arrangement shall be governed by and construed in accordance with the laws of the state of Arizona and applicable federal laws, regulations, HRSA policies and the Compliance Manual, as may be amended.

**12. Non-Discrimination**

Each Party agrees that it will not discriminate on any basis, directly or indirectly, with regard to the provision of health care services under this Arrangement. In addition, each Party and its agents, employees, contractors and subcontractors, will not discriminate against any individual with regard to their application for employment or employment status under the terms of this Arrangement.

**13. Term**

13.1 The initial term of this Arrangement shall be from July 1, 2020 to June 30, 2023 (Initial Term), unless terminated in accordance with the terms of Paragraph 14 below. Thereafter, this Arrangement may be renewed by the Parties for one additional three (3) year term upon their mutual written agreement. Any additional term is also subject to the termination terms in Paragraph 14 below. In the event that at the end of the Initial Term, the Parties have not been able to finalize the terms of the subsequent Arrangement, the Initial Term may continue on a month-to-month basis, but not to exceed a period of three (3) months after the last day of the Initial Term.

13.2 Subject to any Federal or state regulatory approval which might require the termination or operation of the FQHC clinics, nothing in this Arrangement is intended to require, nor should be construed to require, that the FQHC clinics remain in operation or that the District apply for any grant funding, including Section 330 funding.

**14. Termination**

14.1 Either Party may terminate this Arrangement without cause upon ninety (90) days prior written notice.

14.2 The Parties may terminate this Arrangement upon mutual agreement giving thirty (30) days prior written notice.

14.3 This Arrangement shall terminate immediately upon the effective date of non-renewal or termination of the Section 330 grant or FQHC award status, as applicable, or upon the loss of any license, permit or other authorization required by law or regulation for operation of the FQHC clinics.

- 14.4 Either Party may terminate this Arrangement for cause in the event that the other Party fails to meet material obligations under this Arrangement. Such for cause termination shall require a thirty (30) days' prior written notice of intent to terminate during which period the Party that has allegedly failed to meet the material obligation may attempt to cure such failure or demonstrate that no such failure has occurred. Any dispute between the Parties regarding whether a breach of a material obligation has occurred, or that such a breach has been satisfactorily cured, will be resolved in accordance with Paragraph 15 of this Arrangement. If the Parties are unable to resolve the dispute through informal negotiations within a reasonable period of time of the commencement of such discussions (not to exceed thirty [30] days), then either Party may terminate this Arrangement.
- 14.5 For cause termination or termination for mutual convenience shall not become effective unless and until the HRSA issues its written approval of such termination, if such notice is required by law or HRSA policy.

## **15. Alternative Dispute Resolution**

The Board and the Governing Council shall use their best efforts to carry out the terms of this Arrangement in a spirit of cooperation and agree to resolve by negotiation any disputes arising hereunder. In the event the Parties are unable to resolve the dispute through informal negotiations within a reasonable period of time of the commencement of such discussions (not to exceed thirty [30] days), the Parties shall attempt formal mediation or arbitration, consistent with the Rules of Procedure for the Maricopa County Superior Court, if they mutually agree to do so. Any decision by a mediator or arbitrator shall be final and not subject to appeal or legal challenge.

## **16. Proprietary Information and Confidentiality**

- 16.1 The Parties shall maintain the confidentiality of all information regarding the health and health care of any patients receiving services in the FQHC clinics in accordance with all applicable state and federal laws, including HIPAA (Health Insurance Portability and Accountability Act) and the HITECH (Health Information Technology for Economic and Clinical Health) Act.
- 16.2 Neither Party shall disclose to any entity or person, any confidential or proprietary information, which it possesses, that is directly or indirectly related to the other Party and which arises under the terms of this Arrangement, without the prior written approval of the other Party or as required by law.

**17. Notices**

All notices permitted or required by this Arrangement shall be in writing and delivered personally or via USPS first class postage prepaid, Certified and Return Receipt Requested, addressed to the other Party at the address set forth below:

For the Governing Council:

Chair, Valleywise Community Health Centers Governing Council  
Conference and Administration Center  
2601 East Roosevelt Street  
Phoenix, AZ 85008

For the Maricopa County Special Health Care District Board of Directors:

Chair, Board of Directors  
Conference and Administration Center  
2601 East Roosevelt Street  
Phoenix, AZ 85008

**18. Assignment**

Neither Party shall have the right to assign, delegate or transfer this Arrangement, or any of its rights and obligations hereunder, without the express prior written consent of the other Party.

**19. Severability**

If any provision of this Arrangement or the application of such provision is held to be invalid, the remaining provisions of this Arrangement shall not be affected thereby.

**20. Amendments**

Any amendment to this Arrangement shall be in writing, approved, and signed by both Parties.

**21. Waiver**

Waiver by either Party to this Arrangement of any breach or of any provision hereof by either Party shall not operate as a waiver by such Party of any subsequent breach.

**22. No Agency**

Neither Party is, nor shall be deemed to be an employee, agent, or legal representative of the other Party for any purpose. The Governing Council may not enter into any contracts in the name of or on behalf of the District or Board.

**23. Third-Party Beneficiaries**

No third party shall obtain any right, debt, liability or obligation under any provision of this Arrangement.

**24. Survival**

Paragraphs 8, 9, 10, 15, 16, 17, 21, 22, 23, and 24, shall survive the termination of this Arrangement without regard to the cause of termination.

**25. Entire Agreement**

This Arrangement constitutes the entire agreement of the Parties with respect to the Parties' operation of the FQHC as a public center and supersedes all prior oral and unsigned agreements.

***Signatures Appear on the following Page***

IN WITNESS WHEREOF, the Parties have caused this Co-Applicant Operational Arrangement to be executed by their duly authorized representatives.

**Chair**  
**Valleywise Community Health Centers**  
**Governing Council**

By:  \_\_\_\_\_

Print: Ryan D. Winkle

Title: Chair, VCHCGC

Date: June 3, 2020

**Chair, Board of Directors**  
**Maricopa County Special Health Care**  
**District**

By:  \_\_\_\_\_

Print: Mark G. Dewane

Title: Chair, Board of Directors

Date: June 29, 2020

Name	Type	Description	Timeframe
A Foreign Language Service Corp	Contract	Interpretation and Translation Services	08/29/2021 - 08/28/2022
ABC Ambulance	Contract	Ambulance Transportation	03/23/2021 - 03/24/2022
Adelante Healthcare	MOU	Facility referral arrangement	10/08/2020 - 10/07/2025
American Cancer Society	Contract	Cervical and Colorectal Screening During COVID-19	10/15/2020 - 12/31/2021
American Medical Response of Maricopa	Contract	Non-Emergency Professional Medical Transport	05/01/2021 - 04/30/2022
Arizona Alliance for Community Health Centers	Contract	Children's Health Insurance Program	07/01/2020 - 06/30/2022
Arizona Alliance for Community Health Centers	Contract	COVID-19 Vaccine Storage and Handling	08/19/2020 - 08/18/2023
Arizona Alliance for Community Health Centers	Contract	Health Insurance Navigation	08/27/2021 - 08/26/2024
Arizona Board of Regents on Behalf of University of Arizona	Contract	Community Partnership Agreement	12/01/2016 - 09/17/2022
Arizona Children's Association	Contract	Early Childhood Education	07/01/2018 - 06/30/2022
Arizona Community Action Association dba Wildfire	Contract	Utility Assistance Programs	07/01/2021 - 06/30/2022
Arizona Department of Economic Security	Contract	Health Promotion for the Refugee Resettlement Program	10/01/2021 - 09/30/2022
Arizona Department of Health Services	IGA	Ambulatory HIV Testing Services	01/01/2020 - 12/31/2022
Arizona Department of Health Services	IGA	Refugee Health Services	02/01/2019 - 01/31/2024
Arizona Department of Health Services	IGA	Reproductive Health and Family Planning	01/01/2018 - 12/31/2022
Arizona Department of Health Services	IGA	HIV Prevention Program	10/01/2020 - 09/30/2025
Arizona Department of Health Services	Contract	High-Risk Pregnancy Program	07/01/2021 - 06/30/2022
Arizona Family Health Partnership TitleX	Contract	Voluntary family planning projects -Maryvale Clinic	04/01/2021 - 03/31/2022
Arizona Science Center	Contract	Early Childhood Science Education	07/01/2018 - 06/30/2022
Benco Dental	Contract	Dental Supplies and Equipment	12/13/2021 – 06/30/2024
Benedictine University - Mesa	Contract	Location to Provide COVID-19 Mass Vaccinations	06/01/2021 - 05/31/2022
Chicanos Por La Causa, Inc	Contract	Bi-lingual and bi-cultural services to address SDOH	01/12/2017 - 01/11/2022
Chicanos Por La Causa, Inc	Contract	Parenting Classes	07/01/2018 - 06/30/2022
Child Crisis Arizona	Contract	Emergency Shelter Services	09/01/1017 - 08/31/2022
Community Alliance Consulting	Agreement	Pediatric Care Coordination	02/28/2022 – 02/28/2023
Compass One - Crothall	Contract	Environmental Services	07/01/2016 – 06/30/2022
Compass One - Morrison	Contract	Food and Nutrition Services	07/01/2016 - 06/30/2022
Continental Flooring Company	Contract	Flooring and Flooring Services	11/12/2021 – 11/13/2022
DC Dental	Contract	Dental Supplies and Equipment	12/13/2021 – 06/30/2024
Dignity Health	Contract	2Match Project - Services to address SDOH	05/01/2017 - 04/30/2022
District Medical Group	Contract	Professional Services	07/01/2021 - 06/30/2022
El Transportation	Contract	Non-Emergency Medical Professional Transport	08/01/2021 - 08/14/2023

<b>Name</b>	<b>Type</b>	<b>Description</b>	<b>Timeframe</b>
Epic Systems	Agreement	Electronic Medical Records Software	10/08/2021 – 10/08/2022
First Things First East Maricopa Care Coordination/Medical Home Services Program	Contract	Pediatric services to address SDOH	07/01/2018 - 06/30/2022
First Things First Northwest/Southwest Care Coordination/Medical Home Services Program	Contract	Pediatric services to address SDOH	07/01/2018 - 06/30/2022
First Things First Phoenix South Care Coordination/Medical Home Services Program	Contract	Pediatric services to address SDOH	07/01/2018 - 06/30/2022
First Things First Phoenix South Family Resources Centers	Contract	Health information, community referrals, workshops, literacy activities, and eligibility and enrollment assistance	07/01/2018 - 06/30/2022
Gellert Health	Agreement	Coordination of transitional care	02/11/2021 - 02/10/2022
Governor’s Office of Highway Safety	Contract	Bicycle Safety related materials and supplies for low-income families	10/01/2021 – 09/30/2022
Governor’s Office of Highway Safety	Contract	Child Safety Seats and education for low-income families	10/01/2012 – 09/30/2022
Heather Colleen Liebenow	Contract	Family Zumba Fitness Services	07/01/2018 - 06/30/2022
Henry Schein, Inc.	Contract	Dental Supplies and Equipment	07/01/2021 - 06/30/2024
Home Assist Health	Agreement	Integrated home and social support	01/01/2018 - 12/31/2023
Jar Capital Group dba Quality Vans & Specialty Vehicles	Agreement	Vehicle Outfitter – Mobile Units	01/26/2022 – 01/31/2023
Kathy Hansen Interpretation & Translation	Contract	Interpretation and Translation Services	08/29/2021 - 08/28/20122
Maricopa Ambulance	Contract	Emergency Professional Medical Transport	11/01/2021 - 10/31/2022
Maricopa County Department of Public Health	Contract	Community Health Needs Assessment	08/01/2020 - 08/01/2023
Maricopa County Department of Public Health	Contract	Health and Social Services Network	04/16/2017 - 04/25/2022
Maricopa County Department of Public Health	Contract	Health Literacy	07/01/2021 – 06/30/2023
Maricopa County Department of Public Health	Contract	Mass Immunization Services and Administration	08/19/2020 - 08/18/2023
Maricopa County Department of Public Health	Contract	Space for Women Infant and Children program and Office of Vital Records at Peoria Clinic	04/07/2021 - 04/06/2026
Masterworld Services, Inc	Contract	Interpretation and Translation Services	01/20/2020 - 08/28/2023
Mercy Care	Contract	Mental Health Block Grant - First Episode of Psychosis at Avondale CHC	10/01/2021 – 9/30/2022
MEO & Associates, LLC	Contract	Professional Consulting Services – VCHCGC Activities	09/10/2021 – 09/09/2022
ML Thomas Consulting	Agreement	Program Director for SAMHSA Grant – MAT	02/04/2021 – 09/30/2026
Neighborhood Outreach Access to Health	MOU	Facility referral and specialty care arrangement	05/03/2018 - 03/01/2022

<b>Name</b>	<b>Type</b>	<b>Description</b>	<b>Timeframe</b>
Nevenka Christiansen	Contract	Nutritional	07/01/2018 - 06/30/2022
Nevenka Christiansen	Contract	Yoga Parent Activities	07/01/2020 - 06/30/2022
NHI Billing Services	Contract	Out of State Medicaid Claims Management Services	12/01/2021 - 11/30/2022
nThrive MSA FE and FE BAA	Contract	Software and Services	12/01/2016 - 11/30/2025
Oscar Solis	Contract	Parenting Education	07/01/2018 - 06/30/2022
Progressive Management Systems	Contract	Early Out Self Pay Collection Services	03/30/2017 - 03/29/2022
Quality Transport Services of Arizona	Contract	Non-Emergency Medical Professional Transport	08/01/2021 - 08/14/2023
Rentokil	Contract	Pest Control Services	11/01/2020 - 09/30/2022
RipplePHX	Agreement	HIV Testing	01/24/2022 – 11/30/2022
Sherloq Solutions	Contract	Bad Debt Self Pay Collection Services	04/01/2017 - 03/31/2022
Skyline Builders & Restoration	Contract	General Maintenance/Handyman/Light Construction/Small Tenant Improvement	11/07/2017 - 11/06/2022
Southwest Human Development	Contract	Parent and Caregiver Literacy Workshops	07/01/2018 - 06/30/2022
Stericycle	Contract	Sharps Disposal Management	04/02/2019 - 01/31/2023
Terros	MOU	Facility referral and specialty care relationship	07/01/2021 - 06/30/2023
Valle del Sol	MOU	Facility referral and specialty care relationship	07/01/2021 - 06/30/2023
VendorMate	Contract	Vendor Registration, Screening & Credentialing Service	01/31/2017 - 02/01/2023
Wesley Community & Health Center	MOU	Coordination and continuity of care	04/01/2021 - 03/31/2025
Worldwide Interpreters dba DeafLink	Contract	Interpretation and Translation Services	08/29/2021 - 08/28/2022

November 22, 2021

Ms. Barbara Harding,  
Senior Vice President, Ambulatory Services and Chief Executive Officer, FQHC Clinics  
Valleywise Health  
2601 E. Roosevelt St., Phoenix, AZ 85008  
Regarding: Service Area Competition  
Announcement Number: HRSA-22-008

Dear Ms. Harding:

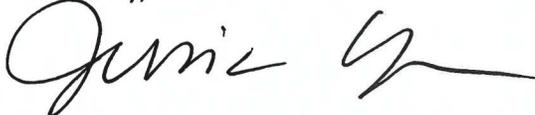
The Arizona Alliance for Community Health Centers (AACHC) is pleased to support Valleywise Health (VH) in their application for the Service Area Competition grant from the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care, to support 11 Federally Qualified Health Center (FQHC) clinic sites across eight cities and towns in Maricopa County.

AACHC has served as Arizona's Primary Care Association (PCA) since 1985 and comprises the state's largest network of primary care providers serving approximately one in 10 Arizonans and nearly one in four of Arizona's Medicaid enrollees. AACHC's mission is to promote and facilitate the development and delivery of affordable and accessible community-oriented, high quality, culturally effective primary healthcare for everyone in the state of Arizona through advocacy, education, and technical assistance. AACHC carries out this mission by supporting and partnering with organizations that provide primary healthcare services to the underserved, including Health Centers, Look-Alikes, Federally Qualified Health Centers (FQHCs), Rural Health Clinics, and tribal organizations, and providing resources that help address the needs of Arizona's most vulnerable patients.

VH is the only public teaching hospital and health care system in Arizona providing primary and specialty care services predominantly to underserved, low-income, and ethnically diverse populations. The VH clinics address high rates of poor health indicators including excessive rates of obesity, diabetes, and cardiovascular disease. Many individuals living within medically underserved areas experience difficulties accessing care and social services. Given these challenges, VH is dedicated to addressing the clinical and social determinants of health needs of all patients. Moreover, VH is certified as a NCQA Medical Home, providing patient-centered and comprehensive care. A robust care coordination program embedded into all VH medical clinics, helps to ensure children and families can access medical care and social services.

The longstanding collaborative efforts between AACHC and VH help to improve health outcomes for families, children, and adults within Maricopa County. We will continue to partner with VH in their efforts to provide services to the most vulnerable residents of our community. We strongly support this application and look forward to continuing our work together.

Sincerely,



Jessica Yanow, MPH  
President & CEO



February 14, 2022

Ms. Barbara Harding,  
Senior Vice President, Ambulatory Services and Chief Executive Officer, FQHC Clinics  
Valleywise Health  
2601 E. Roosevelt St., Phoenix, AZ 85008  
Regarding: Service Area Competition  
Announcement Number: HRSA-22-008

Dear Ms. Harding:

Adelante Healthcare is pleased to write this letter of support for Valleywise Health (VH) as they apply for the Service Area Competition grant from the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care, to support 11 Federally Qualified Health Center (FQHC) clinic sites across eight cities and towns in Maricopa County.

VH is the only public teaching hospital and health care system in Arizona providing primary and specialty care services predominantly to underserved, low-income and ethnically diverse populations. The VH clinics address high rates of poor health indicators including excessive rates of obesity, diabetes and cardiovascular disease. Many individuals living within medically underserved areas experience difficulties accessing care and social services. Given these challenges, VH is dedicated to addressing the clinical and social determinants of health needs of all patients. Moreover, VH is certified as a NCQA Medical Home, providing patient-centered and comprehensive care. A robust care coordination program embedded into all VH medical clinics, helps to ensure children and families can access medical care and social services.

The longstanding collaborative efforts between Adelante Healthcare and VH help to improve health outcomes for families, children and adults within Maricopa County. We will continue to partner with VH in their efforts to provide services to the most vulnerable residents of our community.

Respectfully,

Pedro Cons  
Chief Executive Officer

November 23, 2021

Ms. Barbara Harding  
Senior Vice President, Ambulatory Services and Chief Executive Officer, FQHC Clinics  
Valleywise Health  
2601 E. Roosevelt St., Phoenix, AZ 85008  
Regarding: Service Area Competition  
Announcement Number: HRSA-22-008

Dear Ms. Harding:

The Arizona Health Care Cost Containment System (AHCCCS) is pleased to write this letter of support for Valleywise Health (VH) as they apply for the Service Area Competition grant from the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care, to support 11 Federally Qualified Health Center (FQHC) clinic sites across eight cities and towns in Maricopa County.

AHCCCS, Arizona's Medicaid agency, was established in 1982. Built on a system of competition and choice, AHCCCS operates under an integrated managed care model, delivering services to more than 2.2 million Arizonans.

VH is the only public teaching hospital and health care system in Arizona providing primary and specialty care services predominantly to underserved, low-income and ethnically diverse populations. The VH clinics address high rates of poor health indicators including excessive rates of obesity, diabetes and cardiovascular disease. Many individuals living within medically underserved areas experience difficulties accessing care and social services. Given these challenges, VH is dedicated to addressing the clinical and social determinants of health needs of all patients. Moreover, VH is certified as a NCQA Medical Home, providing patient-centered and comprehensive care. A robust care coordination program embedded into all VH medical clinics, helps to ensure children and families can access medical care and social services.

The longstanding collaborative efforts between AHCCCS and VH help to improve health outcomes for families, children and adults within Maricopa County. We will continue to partner with VH in their efforts to provide services to the most vulnerable residents of our community.

Sincerely,



Jami Snyder  
Director



Circle the City

HEALING HOMELESSNESS. TOGETHER.

**Board Chair**

Marc Leib, MD, JD

**Board Vice Chair**

Linda Hunt

**Board Treasurer**

Roy Pringle

**Board Secretary**

Susan Levine

**Board of Directors**

Thomas J. Betlach

Marion K. Kelly

Lori McClelland

Nate Nathan

Ryan A. Odgers, MD

Kelli Smith

Sister Kathy Stein, CSJ

Russell Schwetz

**Chief Executive Officer**

Kimberly K. Despres, D.H.A., RN

**Founder & Board Member**

Sister Adele O'Sullivan, CSJ MD

February 14, 2022

Ms. Barbara Harding,  
Senior Vice President, Ambulatory Services and Chief Executive Officer, FQHC  
Clinics  
Valleywise Health  
2601 E. Roosevelt St., Phoenix, AZ 85008  
Regarding: Service Area Competition  
Announcement Number: HRSA-22-008

Dear Ms. Harding:

Circle the City is pleased to write this letter of support for Valleywise Health (VH) as they apply for the Service Area Competition grant from the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care, to support 11 Federally Qualified Health Center (FQHC) clinic sites across eight cities and towns in Maricopa County.

Circle the City is a dynamic nonprofit health organization dedicated to providing high quality, holistic healthcare to people experiencing homelessness in Maricopa County. Our mission is to create and deliver innovative healthcare solutions that compassionately address the needs of men, women, and children facing homelessness. Our two fifty-bed medical respite centers provide 24/7 medically monitored care to homeless adults during times of illness or injury. The Parsons Family Health Center (PFHC) is an integrative primary care clinic dedicated to meeting the physical, mental, and social health needs of people experiencing homelessness. We provide specialized programming to meet the needs of the people experiencing severe mental illness and/or substance dependence. Our four Mobile Medical Units serve as healthcare-on-wheels to provide crucial health services to those experiencing or facing homelessness.

VH is the only public teaching hospital and health care system in Arizona providing primary and specialty care services predominantly to underserved, low-income and ethnically diverse populations. The VH clinics address high rates of poor health indicators including excessive rates of obesity, diabetes and cardiovascular disease. Many individuals living within medically underserved areas experience difficulties accessing care and social services. Given these challenges, VH is dedicated to addressing the clinical and social determinants of health needs of all patients. Moreover, VH is certified as a NCQA Medical Home, providing patient-centered and comprehensive care. A robust care coordination program embedded into all VH medical clinics, helps to ensure children and families can access medical care and social services.

Administrative Office  
300 W. Clarendon Avenue  
Suite 200  
Phoenix, AZ 85013  
(623)-900-2203

Please consider leaving a gift  
to Circle the City in your will.



Circle the City

HEALING HOMELESSNESS. TOGETHER.

**Board Chair**

Marc Leib, MD, JD

**Board Vice Chair**

Linda Hunt

**Board Treasurer**

Roy Pringle

**Board Secretary**

Susan Levine

**Board of Directors**

Thomas J. Betlach

Marion K. Kelly

Lori McClelland

Nate Nathan

Ryan A. Odgers, MD

Kelli Smith

Sister Kathy Stein, CSJ

Russell Schwetz

The longstanding collaborative efforts between Circle the City and VH help to improve health outcomes for families, children and adults within Maricopa County. We will continue to partner with VH in their efforts to provide services to the most vulnerable residents of our community.

Respectfully,

Kim Despres, DHA, RN  
Chief Executive Officer  
Circle the City

**Chief Executive Officer**

Kimberly K. Despres, D.H.A., RN

**Founder & Board Member**

Sister Adele O'Sullivan, CSJ MD

Administrative Office

300 W. Clarendon Avenue

Suite 200

Phoenix, AZ 85013

(623)-900-2203

Please consider leaving a gift  
to Circle the City in your will.



December 2, 2021

Ms. Barbara Harding,  
Senior Vice President, Ambulatory Services and Chief Executive Officer, FQHC Clinics  
Valleywise Health  
2601 E. Roosevelt St., Phoenix, AZ 85008  
Regarding: Service Area Competition  
Announcement Number: HRSA-22-008

Dear Ms. Harding:

Human Services Campus, Inc. (HSC) is pleased to write this letter of support for Valleywise Health (VH) as they apply for the Service Area Competition grant from the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care, to support 11 Federally Qualified Health Center (FQHC) clinic sites across eight cities and towns in Maricopa County.

Founded in 2005, the HSC is a collaborative force of partner organizations united on one campus to end homelessness. Located just west of downtown Phoenix, 16 independent agencies on the Campus see nearly 1,000 individuals every day, offering a holistic range of client services including: reunification with family and friends; mental, physical and dental health; shelter; employment; meals; legal services and housing. Having all of these resources in one location with intra-agency communications makes it more feasible to provide a customized engagement for each client to help end their homelessness. Virtually all of all our clients experience health issues and many of them chronic issues. VH is critical to the overall health of our Arizona communities.

VH is the only public teaching hospital and health care system in Arizona providing primary and specialty care services predominantly to underserved, low-income and ethnically diverse populations. The VH clinics address high rates of poor health indicators including excessive rates of obesity, diabetes and cardiovascular disease. Many individuals living within medically underserved areas experience difficulties accessing care and social services. Given these challenges, VH is dedicated to addressing the clinical and social determinants of health needs of all patients. Moreover, VH is certified as a NCQA Medical Home, providing patient-centered and comprehensive care. A robust care coordination program embedded into all VH medical clinics, helps to ensure children and families can access medical care and social services.

The longstanding collaborative efforts between HSC and VH help to improve health outcomes for families, children and adults within Maricopa County. We will continue to partner with VH in their efforts to provide services to the most vulnerable residents of our community.

Respectfully,

A handwritten signature in black ink, appearing to read "Amy Schwabenlender".

Amy Schwabenlender  
Executive Director

**Administrative Offices**

4041 N Central Ave, #1400 • Phoenix, Arizona 85012  
Phone: (602) 506-6900 • Fax: (602) 506-6885

[WeArePublicHealth.org](http://WeArePublicHealth.org)

[Twitter.com/Maricopahealth](https://twitter.com/Maricopahealth)

[Facebook.com/MCDPH](https://facebook.com/MCDPH)

November 19, 2021

Ms. Barbara Harding,  
Senior Vice President, Ambulatory Services and Chief Executive Officer, FQHC Clinics  
Valleywise Health  
2601 E. Roosevelt St., Phoenix, AZ 85008  
Regarding: Service Area Competition  
Announcement Number: HRSA-22-008

Dear Ms. Harding:

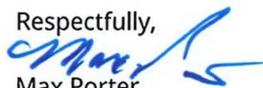
Maricopa County Department of Public Health (MCDPH) is pleased to write this letter of support for Valleywise Health (VH) as they apply for the Service Area Competition grant from the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care, to support 11 Federally Qualified Health Center (FQHC) clinic sites across eight cities and towns in Maricopa County.

Historically our two organizations were created for the same purpose – to ensure the health care of underserved and to protect our community at large from the devastation of disease. We have partnered on TB control, STD control, disease surveillance and more. For community health we have worked together to provide WIC services, tobacco cessation and many other items that have helped the community in the past and will continue to provide these things and more in the future.

VH is the only public teaching hospital and health care system in Arizona providing primary and specialty care services predominantly to underserved, low-income and ethnically diverse populations. The VH clinics address high rates of poor health indicators including excessive rates of obesity, diabetes, and cardiovascular disease. Many individuals living within medically underserved areas experience difficulties accessing care and social services. Given these challenges, VH is dedicated to addressing the clinical and social determinants of health needs of all patients. Moreover, VH is certified as a NCQA Medical Home, providing patient-centered and comprehensive care. A robust care coordination program embedded into all VH medical clinics helps to ensure children and families can access medical care and social services.

The longstanding collaborative efforts between MCDPH and VH help to improve health outcomes for families, children and adults within Maricopa County. We will continue to partner with VH in their efforts to provide services to the most vulnerable residents of our community.

Respectfully,



Max Porter

Deputy Director

Maricopa County Department of Public Health



November 29, 2021

Ms. Barbara Harding,  
Senior Vice President, Ambulatory Services and Chief Executive Officer, FQHC Clinics  
Valleywise Health  
2601 E. Roosevelt St., Phoenix, AZ 85008  
Regarding: Service Area Competition  
Announcement Number: HRSA-22-008

Dear Ms. Harding:

On behalf of Mountain Park Health Center (MPHC) I am pleased to provide this letter of support for Valleywise Health's (VH) submission for the Service Area Competition grant from the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care, to support eleven (11) Federally Qualified Health Center (FQHC) clinic sites across eight (8) cities and towns in Maricopa County.

MPHC, a nonprofit Federally Qualified Health Center (FQHC), provides primary care and wellness services to the Maricopa County population. We operate nine clinics across the Phoenix metropolitan area where residents can access adult, pediatric and women's health services, dental and pharmaceutical care, as well as transportation and financial eligibility. MPHC has delivered high quality, affordable integrated primary health care services to underserved and diverse populations across the Phoenix metropolitan area for forty years. We serve over 90,000 patients with 406,600 visits each year and we are committed to ensuring that all families have access to quality care.

VH is the only public teaching hospital and health care system in Arizona providing primary and specialty care services predominantly to underserved, low-income and ethnically diverse populations. MPHC has worked with VH on improving the quality of care and health outcomes for years. The longstanding collaborative efforts between MPHC and VH substantially improves health outcomes for families, children, and adults within our service area.

We look forward to continuing to work in partnership with VH to address the needs of low-income and uninsured residents of Maricopa County. If you have any further questions, please feel free to contact me at 602.323.3470 or via email at [jswagert@mphc-az.org](mailto:jswagert@mphc-az.org)

Best Regards,

A handwritten signature in blue ink, appearing to read "John Swagert", is written over the typed name and title.

John Swagert, MD  
Chief Executive Officer



February 14, 2022

Ms. Barbara Harding,  
Senior Vice President, Ambulatory Services and Chief Executive Officer, FQHC Clinics  
Valleywise Health  
2601 E. Roosevelt St., Phoenix, AZ 85008  
Regarding: Service Area Competition  
Announcement Number: HRSA-22-008

Dear Ms. Harding:

Native Health is pleased to write this letter of support for Valleywise Health (VH) as they apply for the Service Area Competition grant from the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care, to support 11 Federally Qualified Health Center (FQHC) clinic sites across eight cities and towns in Maricopa County.

At NATIVE HEALTH, we are equally committed to offering the highest quality health care services available. As an Urban Indian and Federally Qualified Community Health Center, NATIVE HEALTH provides integrated evidence-based services to over 8,000 ethnically diverse and underserved adults and children. NATIVE HEALTH is an Urban Indian Health Center and a Federally Qualified Health Center (FQHC) and is accredited as a Patient Centered Medical and Dental Home (PCMH) by the Accreditation Association for Ambulatory Health Care (AAAHC).

VH is the only public teaching hospital and health care system in Arizona providing primary and specialty care services predominantly to underserved, low-income and ethnically diverse populations. The VH clinics address high rates of poor health indicators including excessive rates of obesity, diabetes and cardiovascular disease. Many individuals living within medically underserved areas experience difficulties accessing care and social services. Given these challenges, VH is dedicated to addressing the clinical and social determinants of health needs of all patients. Moreover, VH is certified as a NCQA Medical Home, providing patient-centered and comprehensive care. A robust care coordination program embedded into all VH medical clinics, helps to ensure children and families can access medical care and social services.

The longstanding collaborative efforts between Native Health and VH help to improve health outcomes for families, children and adults within Maricopa County. We will continue to partner with VH in their efforts to provide services to the most vulnerable residents of our community.

Respectfully,

Walter Murillo,  
Chief Executive Officer



November 22, 2021

Ms. Barbara Harding,  
Senior Vice President, Ambulatory Services and Chief Executive Officer, FQHC Clinics  
Valleywise Health  
2601 E. Roosevelt St., Phoenix, AZ 85008  
Regarding: Service Area Competition  
Announcement Number: HRSA-22-008

Dear Ms. Harding:

Neighborhood Outreach Access to Health (NOAH) is pleased to write this letter of support for Valleywise Health (VH) as they apply for the Service Area Competition grant from the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care, to support 11 Federally Qualified Health Center (FQHC) clinic sites across eight cities and towns in Maricopa County.

NOAH is a Federally Qualified Health Center in the Phoenix Metropolitan area that serves as one of the health care safety net providers for residents of Maricopa County. NOAH provides a wide range of services and programs including primary medical, dental, behavioral health, psychiatry, nutrition, health promotion and prevention programs. Over the years, our health center partners have supported each other in our endeavor to provide accessible, high-quality care for our community.

VH is the only public teaching hospital and health care system in Arizona providing primary and specialty care services predominantly to underserved, low-income and ethnically diverse populations. The VH clinics address high rates of poor health indicators including excessive rates of obesity, diabetes and cardiovascular disease. Many individuals living within medically underserved areas experience difficulties accessing care and social services. Given these challenges, VH is dedicated to addressing the clinical and social determinants of health needs of all patients. Moreover, VH is certified as a NCQA Medical Home, providing patient-centered and comprehensive care. A robust care coordination program embedded into all VH medical clinics, helps to ensure children and families can access medical care and social services.

The longstanding collaborative efforts between NOAH and VH help to improve health outcomes for families, children and adults within Maricopa County. We will continue to partner with VH in their efforts to provide services to the most vulnerable residents of our community.

Respectfully,

Wendy Armendariz  
Chief Executive Officer

KYRSTEN SINEMA  
ARIZONA

317 HART BUILDING  
WASHINGTON, DC 20510  
(202) 224-4521

3333 E. CAMELBACK RD, SUITE 200  
PHOENIX, AZ 85018  
(602) 598-7327

20 E. OCHOA ST  
TUCSON, AZ 85701  
(520) 639-7080

<http://sinema.senate.gov>

## United States Senate

### COMMITTEES

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TRANSPORTATION

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VETERANS' AFFAIRS

SPECIAL COMMITTEE ON AGING

December 1, 2021

Mr. Terry Hatchett  
Office of Federal Assistance Management  
Division of Grants Management Operations  
Health Resources & Services Administration  
5600 Fishers Lane  
Rockville, MD 20857

Re: Service Area Competition  
Announcement Number: HRSA-22-008

Dear Mr. Hatchett:

I write regarding Valleywise Health's application for the Service Area Competition grant from the Health Resources and Services Administration (HRSA) and the Bureau of Primary Health Care to support 11 federally qualified health center clinics across eight cities and towns in Maricopa County, Arizona.

As Arizona's senior U.S. senator, I am familiar with Valleywise Health's positive effect on the lives and health outcomes of hardworking Arizona families. Valleywise Health is the only public teaching hospital and health care system in Arizona that provides primary and specialty care to disadvantaged, low-income, and racially and ethnically diverse communities.

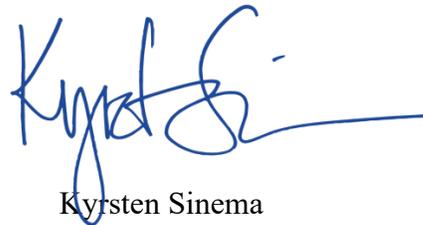
Many residents of these communities are medically underserved and experience difficulties accessing care and social services. Since 1991, Valleywise Health clinics have been committed to delivering care to those with high rates of poor health outcomes, including obesity, diabetes, and cardiovascular disease. Given these challenges, Valleywise Health is devoted to addressing the clinical and social determinants of health of all patients. Moreover, Valleywise Health is certified as a National Committee for Quality Assurance Medical Home, providing patient-centered and comprehensive care. A robust care coordination program embedded in all Valleywise Health medical clinics would help ensure that children and families can access necessary medical care and social services for all their needs.

Maricopa County is fortunate to have a service provider like Valleywise Health, which has played a critical public health role before and during the pandemic. In early March 2020, the pandemic was still largely isolated in the United States to a few early cases, including one in Arizona. I asked Valleywise Health, a trusted state partner, to host my first meeting with health

care stakeholders in the state to assess our preparedness. I have been proud to support Valleywise Health's efforts as they have stepped up to care for many of our most medically complex COVID-19 patients and non-COVID patients from rural parts of our state in need of specialty care.

The longstanding collaborative efforts between my office and Valleywise Health have helped to improve health outcomes for the most vulnerable children, families, and adults in Maricopa County. In accordance with all existing agency rules, regulations, and ethical guidelines, I respectfully ask that you give this application full and fair consideration as you make this important funding decision.

Sincerely,

A handwritten signature in blue ink, appearing to read "Kyrsten Sinema", with a long horizontal flourish extending to the right.

Kyrsten Sinema  
United States Senator

February 14, 2022

Ms. Barbara Harding,  
Senior Vice President, Ambulatory Services and Chief Executive Officer, FQHC Clinics  
Valleywise Health  
2601 E. Roosevelt St., Phoenix, AZ 85008  
Regarding: Service Area Competition  
Announcement Number: HRSA-22-008

Dear Ms. Harding:

Terros Health is pleased to write this letter of support for Valleywise Health (VH) as they apply for the Service Area Competition grant from the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care, to support 11 Federally Qualified Health Center (FQHC) clinic sites across eight cities and towns in Maricopa County.

Terros Health is a whole health, whole person care provider delivering high quality comprehensive health care to Arizona's medically underserved communities through its four FQHC Centers since 2014. Services include a full spectrum of family focused primary care, preventative care, chronic symptom management, health literacy and education, as well as access to pharmacy and labs. Their care teams address traditional health needs as well as social determinants that influence the overall wellness of individuals and families, including veterans, those with HIV/AIDS, and justice involved individuals. Specialty care services include mental health, substance use disorder treatment, and Medication Assisted Treatment (MAT) for opioid use disorders.

VH is the only public teaching hospital and health care system in Arizona providing primary and specialty care services predominantly to underserved, low-income and ethnically diverse populations. The VH clinics address high rates of poor health indicators including excessive rates of obesity, diabetes and cardiovascular disease. Many individuals living within medically underserved areas experience difficulties accessing care and social services. Given these challenges, VH is dedicated to addressing the clinical and social determinants of health needs of all patients. Moreover, VH is certified as a NCQA Medical Home, providing patient-centered and comprehensive care. A robust care coordination program embedded into all VH medical clinics, helps to ensure children and families can access medical care and social services.

The longstanding collaborative efforts between Terros Health and VH help to improve health outcomes for families, children and adults within Maricopa County. We will continue to partner with VH in their efforts to provide services to the most vulnerable residents of our community.

Sincerely,

A handwritten signature in blue ink that reads "Peggy J. Chase".

Peggy J. Chase  
President & Chief Executive Officer



**CHAIR**

*Andrea Moreno*  
SRP

**VICE CHAIR**

*Linda Padilla McPhaul*  
American Express Technologies

**TREASURER**

*Francesca Cruz-Ortega*  
Evergreen Devco

**SECRETARY**

*Laura Mendoza*  
Community Member

**Members at Large**

*Valentina Acharya*  
Community Member

*Manuel S. Calero*  
Vanguard

*Ixchel del Castillo*  
COX Communications

*David Jackson*  
Community Member

*Richard Kautz*  
Department of Economic Security,  
Developmental Disabilities  
Division

*Terri Leon*  
Community Member

*Florentino Gabriel Licon, Jr.*  
Community Member

*Sonya Pastor La Sota*  
Pastor LaSota Consulting

*June Reid*  
Community Member

*Virginia Valenzuela*  
Community Member

*Andrew Cooper*  
APS

**Executive Team**

*Carmen Heredia, LMSW, CPHQ,  
MCCEP*  
Chief Executive Officer

*Lynne Emmons, LSSBB, LAMFT*  
Chief Operations Officer

*Angela Florez*  
Chief Development Officer

*Joseph Losada*  
Chief Financial Officer

*Suganya Karuppana, MD, MHCD,  
CPE, CPHQ*  
Chief Medical Officer

February 14, 2022

Ms. Barbara Harding,  
Senior Vice President, Ambulatory Services and Chief Executive Officer, FQHC Clinics  
Valleywise Health  
2601 E. Roosevelt St., Phoenix, AZ 85008  
Regarding: Service Area Competition  
Announcement Number: HRSA-22-008

Dear Ms. Harding:

Valle del Sol is pleased to write this letter of support for Valleywise Health (VH) as they apply for the Service Area Competition grant from the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care, to support 11 Federally Qualified Health Center (FQHC) clinic sites across eight cities and towns in Maricopa County.

Valle del Sol is a Federally Qualified Health Center that provides behavioral health and primary care at locations throughout the Phoenix Metropolitan Area. Founded 50 years ago as a social service organization, Valle del Sol is well established with deep roots in the community. Valle del Sol and Valleywise Health have a longstanding partnership of mutual referrals for specific services. Valleywise Health refers substance abuse patients needing methadone treatment to Valle del Sol and conversely Valle del Sol sends patients to Valleywise Health for diagnostic imaging as needed.

VH is the only public teaching hospital and health care system in Arizona providing primary and specialty care services predominantly to underserved, low-income and ethnically diverse populations. The VH clinics address high rates of poor health indicators including excessive rates of obesity, diabetes and cardiovascular disease. Many individuals living within medically underserved areas experience difficulties accessing care and social services. Given these challenges, VH is dedicated to addressing the clinical and social determinants of health needs of all patients. Moreover, VH is certified as a NCQA Medical Home, providing patient-centered and comprehensive care. A robust care coordination program embedded into all VH medical clinics, helps to ensure children and families can access medical care and social services.

The longstanding collaborative efforts between Valle del Sol and VH help to improve health outcomes for families, children and adults within Maricopa County. We will continue to partner with VH in their efforts to provide services to the most vulnerable residents of our community.

Best regards,

Carmen Heredia  
Chief Executive Officer

Valle del Sol

3807 N. 7<sup>th</sup> St.  
Phoenix, AZ 85014

1209 S. 1<sup>st</sup> Ave.  
Phoenix, AZ 85003

502 N. 27<sup>th</sup> Ave.  
Phoenix, AZ 85009

8410 W. Thomas Rd., Ste. 116  
Phoenix, AZ 85037

334 W. 10<sup>th</sup> Place Ste. 100  
Mesa, AZ 85201

4135 S. Power Rd. #108  
Mesa, AZ 85212

4117 N. 17<sup>th</sup> Street  
Phoenix, AZ 85016



November 18, 2021

Ms. Barbara Harding,  
Senior Vice President, Ambulatory Services and Chief Executive Officer, FQHC Clinics  
Valleywise Health  
2601 E. Roosevelt St., Phoenix, AZ 85008  
Regarding: Service Area Competition  
Announcement Number: HRSA-22-008

Dear Ms. Harding:

Valley of the Sun United Way (VSUW) is pleased to write this letter of support for Valleywise Health (VH) as they apply for the Service Area Competition grant from the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care, to support 11 Federally Qualified Health Center (FQHC) clinic sites across eight cities and towns in Maricopa County.

VSUW has served the Phoenix-metro area since 1925 and takes pride in mobilizing the community to address our community's greatest needs. Launched our new five-year Mighty Change 2026 impact plan that focuses on Education, Housing and Homelessness, Workforce Development, and Health. All of these focus areas are critical to the success of children, families, and seniors in Maricopa County. Furthermore, working with excellent community partners, such as Valleywise Health, helps us create and implement long-term solutions in Health and beyond.

VH is the only public teaching hospital and health care system in Arizona providing primary and specialty care services predominantly to underserved, low-income and ethnically diverse populations. The VH clinics address high rates of poor health indicators including excessive rates of obesity, diabetes and cardiovascular disease. Many individuals living within medically underserved areas experience difficulties accessing care and social services. Given these challenges, VH is dedicated to addressing the clinical and social determinants of health needs of all patients. Moreover, VH is certified as a NCQA Medical Home, providing patient-centered and comprehensive care. A robust care coordination program embedded into all VH medical clinics, helps to ensure children and families can access medical care and social services.

The longstanding collaborative efforts between VSUW and VH help to improve health outcomes for families, children and adults within Maricopa County. We will continue to partner with VH in their efforts to provide services to the most vulnerable residents of our community.

Respectfully,



Rob Podlogar  
Chief Community Development and Engagement Officer



Wesley Community Center  
Wesley Health Centers  
Golden Gate Community Center

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December 8, 2021

Ms. Barbara Harding,  
Senior Vice President, Ambulatory Services and Chief Executive Officer, FQHC Clinics  
Valleywise Health  
2601 E. Roosevelt St., Phoenix, AZ 85008  
Regarding: Service Area Competition  
Announcement Number: HRSA-22-008

Dear Ms. Harding:

Wesley Community & Health Centers (Wesley) is pleased to write this letter of support for Valleywise Health (VH) as they apply for the Service Area Competition grant from the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care, to support 11 Federally Qualified Health Center (FQHC) clinic sites across eight cities and towns in Maricopa County.

Wesley has provided services to low-income, underserved residents of Phoenix since the 1950's. Wesley has also operated as a Federally Qualified Health Center since 2009 and continues to provide essential services to a primarily Hispanic population, including afterschool and summer youth programs, ESL education, fitness, nutrition and gardening programs.

VH is the only public teaching hospital and health care system in Arizona providing primary and specialty care services predominantly to underserved, low-income and ethnically diverse populations. The VH clinics address high rates of poor health indicators including excessive rates of obesity, diabetes and cardiovascular disease. Many individuals living within medically underserved areas experience difficulties accessing care and social services. Given these challenges, VH is dedicated to addressing the clinical and social determinants of health needs of all patients. Moreover, VH is certified as a NCQA Medical Home, providing patient-centered and comprehensive care. A robust care coordination program embedded into all VH medical clinics, helps to ensure children and families can access medical care and social services.

The longstanding collaborative efforts between Wesley and VH help to improve health outcomes for families, children and adults within Maricopa County. We will continue to partner with VH in their efforts to provide services to the most vulnerable residents of our community.

Respectfully,

A handwritten signature in black ink, appearing to read "Blaine Bandi".

Blaine Bandi  
CEO

# WESTMARC



6751 N. Sunset Blvd., Suite 210  
Glendale, AZ 85305  
westmarc.org

Tax ID: 86-0666418  
(623) 435-0485

February 14, 2022

Ms. Barbara Harding,  
Senior Vice President, Ambulatory Services and Chief Executive Officer, FQHC Clinics  
Valleywise Health  
2601 E. Roosevelt St., Phoenix, AZ 85008  
Regarding: Service Area Competition Announcement Number: HRSA-22-008

Dear Ms. Harding:

WESTMARC is pleased to write this letter of support for Valleywise Health (VH) as they apply for the Service Area Competition grant from the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care, to support 11 Federally Qualified Health Center (FQHC) clinic sites across eight cities and towns in Maricopa County.

WESTMARC is a coalition of 15 communities, serving 1.7 million residents in the West Valley of the Greater Phoenix Metro area. WESTMARC includes leadership across the education, business & municipal sectors, collaborating on regional issues and solutions to improve quality of life and position the region for business attraction and economic development.

VH is the only public teaching hospital and health care system in Arizona providing primary and specialty care services predominantly to underserved, low-income and ethnically diverse populations. The VH clinics address high rates of poor health indicators including excessive rates of obesity, diabetes and cardiovascular disease. Many individuals living within medically underserved areas experience difficulties accessing care and social services. Given these challenges, VH is dedicated to addressing the clinical and social determinants of health needs of all patients. Moreover, VH is certified as a NCQA Medical Home, providing patient-centered and comprehensive care. A robust care coordination program embedded into all VH medical clinics, helps to ensure children and families can access medical care and social services.

The longstanding collaborative efforts between WESTMARC and VH help to improve health outcomes for families, children and adults within Maricopa County. We will continue to partner with VH in their efforts to provide services to the most vulnerable residents of our community.

Respectfully,

Sintra Hoffman  
President & CEO-WESTMARC

**Valleywise Health**  
**Federally Qualified Health Center Sliding Fee Discount Schedule**  
**Effective 09/01/21**

**Medical**

Plan Levels	Category 1	Category 2	Category 3	Category 4	Category 5	
Federal Poverty Level Scale	0-100%	101-138%	139-150%	151-200%	>201% FPL	>251% FPL
Primary Care	\$20 Nominal Charge	\$30 Flat Fee	\$40 Flat Fee	\$50 Flat Fee	No Discount	
Family Planning Services - Maryvale Clinic Only	\$0	\$20	\$30	\$40	201-250% FPL \$50	>251% FPL No Discount
FQHC Specialty Visits (Example - Cardiology)	\$50 Nominal Charge	\$70 Flat Fee	\$80 Flat Fee	\$90 Flat Fee	No Discount	
Outpatient Ancillary Services (Lab)	\$10 Nominal Charge	25% of Medicare rate - 50% due prior to service (\$20 minimum)	50% of Medicare rate - 50% due prior to service (\$30 Minimum)	75% of Medicare rate - 50% due prior to service (\$40 minimum)	No Discount	
Outpatient Ancillary Services (Imaging)	\$30 Nominal Charge	25% of Medicare rate - 50% due prior to service (\$40 minimum)	50% of Medicare rate - 50% due prior to service (\$50 Minimum)	75% of Medicare rate - 50% due prior to service (\$60 minimum)	No Discount	

**Dental**

Plan Levels	Category 1	Category 2	Category 3	Category 4	Category 5
Federal Poverty Level Scale	0-100%	101-138%	139-150%	151-200%	>201% FPL
Diagnostic Dental Services	\$35 Nominal Charge	\$45 Flat Fee	\$55 Flat Fee	\$65 Flat Fee	No Discount
Restorative Dental Services *See Grid Below	\$50 Nominal Charge	75% of Delta Dental allowable rates	80% of Delta Dental allowable rates	85% of Delta Dental allowable rates	No Discount
Dental Lab Services	\$50 Nominal Charge	85% of Delta Dental allowable rates	90% of Delta Dental allowable rates	95% of Delta Dental allowable rates	No Discount
<b>Restorative Grid -</b>	<b>Category 1</b>	<b>Category 2</b>	<b>Category 3</b>	<b>Category 4</b>	<b>Category 5</b>
Filling	\$90.00	\$98.00	\$105.00	\$112.00	No Discount
Crowns	\$250.00	\$545.00	\$583.00	\$620.00	No Discount
Dentures - complete	\$350.00	\$795.00	\$842.00	\$865.00	No Discount
Dentures - partial	\$250.00	\$740.00	\$784.00	\$827.00	No Discount
Bridges	\$250.00	\$550.00	\$590.00	\$620.00	No Discount
Extractions - simple	\$50.00	\$62.00	\$66.00	\$70.00	No Discount
Extractions - complex	\$100.00	\$169.00	\$180.00	\$191.00	No Discount

Form **W-9**  
 (Rev. October 2018)  
 Department of the Treasury  
 Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
 See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Maricopa County Special Healthcare District</b>	
2 Business name/disregarded entity name, if different from above <b>Valleywise Health fka Maricopa Integrated Health System</b>	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input checked="" type="checkbox"/> Other (see instructions) ▶ <b>Political Subdivision for the State of Arizona</b>	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. <b>2601 E. Roosevelt Street</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>Phoenix, AZ 85008</b>	
7 List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>											
or											
<b>Employer identification number</b>											
8	6	-	0	8	3	0	7	0	1		

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <b>01/08/2021</b>
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

**HOSPITALS RATE AGREEMENT**

EIN: 86-0830701

DATE:02/01/2018

ORGANIZATION:

FILING REF.: The preceding agreement was dated 06/27/2016

Maricopa Integrated Health System  
2619 East Pierce St., 1st Fl.  
Phoenix, AZ 85008

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

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**SECTION I: INDIRECT COST RATES**

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RATE TYPES:      FIXED                  FINAL                  PROV. (PROVISIONAL)      PRED. (PREDETERMINED)

EFFECTIVE PERIOD

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE (%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
FINAL	07/01/2015	06/30/2016	25.00	All	Other Sponsored Activities
FINAL	07/01/2015	06/30/2016	63.00	All	Research
PRED.	07/01/2016	06/30/2020	25.00	All	Other Sponsored Activities
PRED.	07/01/2016	06/30/2020	63.00	All	Research
PROV.	07/01/2020	06/30/2022	25.00	All	Other Sponsored Activities
PROV.	07/01/2020	06/30/2022	63.00	All	Research

\*BASE

Total direct costs excluding capital expenditures (buildings, individual items of equipment; alterations and renovations); subawards; hospitalization and other fees associated with patient care whether the services are obtained from an owned, related or third party hospital or other medical facility; rental/maintenance of off-site activities; student tuition remission and student support costs (e.g., student aid, stipends, dependency allowances, scholarships, fellowships).

ORGANIZATION: Maricopa Integrated Health System  
AGREEMENT DATE: 2/1/2018

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**SECTION II: SPECIAL REMARKS**

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TREATMENT OF FRINGE BENEFITS:

The fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

DEFINITION OF EQUIPMENT

Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds \$5,000.

The following fringe benefits are treated as direct costs:  
FICA, HEALTH/LIFE INSURANCE, AND RETIREMENT.

NEXT PROPOSAL DUE DATE

A proposal based on actual costs for fiscal year ending 06/30/2019 will be due no later than 12/31/2019.

ORGANIZATION: Maricopa Integrated Health System  
AGREEMENT DATE: 2/1/2018

**SECTION III: GENERAL**

**A. LIMITATIONS.**

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

**B. ACCOUNTING CHANGES.**

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

**C. FIXED RATES.**

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

**D. USE BY OTHER FEDERAL AGENCIES.**

The rates in this Agreement were approved in accordance with the cost principles promulgated by the Department of Health and Human Services, and should be applied to the grants, contracts and other agreements covered by these regulations subject to any limitations in A above. The hospital may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

**E. OTHER.**

If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

**BY THE INSTITUTION:**

Maricopa Integrated Health System

(INSTITUTION)

*Amo o. Mustauelli*

(SIGNATURE)

*RICHARD D. MUTARELLI*

(NAME)

*VP, CHIEF FINANCIAL OFFICER*

(TITLE)

*2/8/2018*

(DATE)

**ON BEHALF OF THE FEDERAL GOVERNMENT:**

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

*Chaf Karim*

(SIGNATURE)

Arif Karim

(NAME)

Director, Cost Allocation Services

(TITLE)

2/1/2018

(DATE) 4217

HHS REPRESENTATIVE: Helen Fung

Telephone: (415) 437-7820



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center  
Financial Management Portfolio  
Cost Allocation Services

90 7<sup>th</sup> Street, Suite 4-600  
San Francisco, CA 94103-6705  
PHONE: (415) 437-7820  
FAX: (415) 437-7823  
EMAIL: [CAS-SF@psc.hhs.gov](mailto:CAS-SF@psc.hhs.gov)

February 1, 2018

Richard Mutarelli  
CFO

Maricopa Integrated Health System  
2619 East Pierce Street, 1<sup>st</sup> Floor  
Phoenix, AZ 85008

Dear Mr. Mutarelli:

A copy of an indirect cost rate agreement is being sent to you for signature. This agreement reflects an understanding reached between your organization and a member of my staff concerning the rate(s) that may be used to support your claim for indirect costs on grants and contracts with the Federal Government.

Please have the agreement signed by an authorized representative of your organization and return within ten business days of receipt. **The signed agreement should be returned to me by email while retaining the copy for your files.** Only when the signed agreement is returned, will we then reproduce and distribute the agreement to the appropriate awarding organizations of the Federal Government for their use.

An indirect cost proposal, together with the supporting information, is required to substantiate your claim for indirect costs under grants and contracts awarded by the Federal Government. **Therefore, your next proposal based on actual costs for the fiscal year ending 06/30/2019 is due in our office by 12/31/2019. Please submit your next proposal electronically via email to [CAS-SF@psc.hhs.gov](mailto:CAS-SF@psc.hhs.gov).**

Sincerely,

Arif Karim, Director  
Cost Allocation Services

Enclosure

PLEASE SIGN AND RETURN THE NEGOTIATION AGREEMENT BY EMAIL

**Program Specific Form(s) - Review**

<b>00201196: Maricopa County Special Health Care District</b>		<b>Due Date: 03/09/2022 (Due In: 13 Days)</b>
<b>Announcement Number:</b> HRSA-22-008	<b>Announcement Name:</b> Service Area Competition	<b>Application Type:</b> Competing Continuation
<b>Grant Number:</b> H80CS33644	<b>Target Population:</b> Community Health Centers	

**Resources** [View](#)

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**Form 1A - General Information Worksheet**

As of 02/23/2022 06:04:43 PM  
OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

1. Applicant Information	
Applicant Name	Maricopa County Special Health Care District
Fiscal Year End Date	June 30
Application Type	Competing Continuation
Grant Number	H80CS33644
Business Entity (Select one option that aligns with the type entered in SAM.gov)	<input type="checkbox"/> Tribal <input type="checkbox"/> Urban Indian <input type="checkbox"/> Private, non-profit (non-Tribal or Urban Indian) <input checked="" type="checkbox"/> Public (non-Tribal or Urban Indian)
Organization Type (Select all that apply)	<input type="checkbox"/> Faith based <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> State government <input type="checkbox"/> City/County/Local Government or Municipality <input type="checkbox"/> University <input type="checkbox"/> Community based organization <input type="checkbox"/> Other  If 'Other' please specify:

2. Proposed Service Area	
<b>2a. Service Area Designation</b>	
Select MUA/MUP (Each ID must be 5 to 12 digits. Use commas to separate multiple IDs, without spaces)	<input checked="" type="checkbox"/> Medically Underserved Area (MUA) ID # 07219, 00117, 07269, 07651, 00214, 07651, 1042091548 <input checked="" type="checkbox"/> Medically Underserved Population (MUP) ID # 07219, 00117, 07269, 07651, 00214, 07651, 1042091548 <input type="checkbox"/> Medically Underserved Area Application Pending ID # <input type="checkbox"/> Medically Underserved Population Application Pending ID #
<a href="#">Find an MUA/MUP</a>	

2b. Service Area Type	
Choose Service Area Type	<input checked="" type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Sparsely Populated - Specify population density by providing the number of people per square mile: 0.00

2c. Patients and Visits	
<b>Unduplicated Patients and Visits by Population Type</b>	
How many unduplicated patients are projected to be served by December 31, 2023? (This projection is for calendar year 2023.)	85683

Population Type	UDS / Baseline Value		Projected by December 31, 2023 (January 1 - December 31, 2023)	
	Patients	Visits	Patients	Visits
Total	78554	157932	85683	279306
General Underserved Community (Include all patients/visits not reported in the rows below)	958	1964	1016	2327
Migratory and Seasonal Agricultural Workers and Families	85	171	128	292
Public Housing Residents	77274	155321	84252	276029

People Experiencing Homelessness	237	476	287	658
Patients and Visits by Service Type				
Service Type	UDS / Baseline Value		Projected by December 31, 2023 (January 1 - December 31, 2023)	
	Patients	Visits	Patients	Visits
Total Medical Services	75260	225106	82256	243478
Total Dental Services	7247	12754	7711	18796
Behavioral Health Services				
Total Mental Health Services	3072	12542	3427	17032
Total Substance Use Disorder Services	0	0	0	0
Total Vision Services	0	0	0	0
Total Enabling Services	0	0	0	0

**Form 1C - Documents On File**

As of 02/23/2022 06:04:43 PM

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Management and Finance	Date of Last Review/Revision (MM/DD/YYYY)	Not Applicable (N/A)
Personnel policies, including selection and dismissal procedures, salary and benefit scales, employee grievance procedures, and equal opportunity practices.	11/24/2020	
Procurement procedures.	08/01/2020	
Standards of Conduct/Conflict of Interest policies/procedures.	12/01/2019	
Financial Management/Accounting and Internal Control policies and/or procedures to ensure awarded Health Center Program federal funds are not expended for restricted activities.	06/01/2020	
Financial Management/Accounting and Internal Control policies/procedures related to restrictions on the use of federal funds for the purchase of sterile needles or syringes for the hypodermic injection of any illegal drug. <sup>1</sup> (Only applicable if your organization provides syringe exchange services or is otherwise engaged in syringe service programs; otherwise, indicate as N/A).		[ X ]
Financial Management/Accounting and Internal Control policies/procedures related to restrictions on the use of federal funds to provide abortion services, except in cases of rape or incest or where there is a threat to the life of the mother. <sup>2</sup> (Only applicable if your organization provides abortion services; otherwise, indicate as N/A).		[ X ]
Billing and Collections policies/procedures, including those regarding waivers or fee reductions and refusal to pay.	09/01/2021	

Services	Date of Last Review/Revision (MM/DD/YYYY)	Not Applicable (N/A)
Credentialing/Privileging operating procedures.	09/01/2021	
Coverage for Medical Emergencies During and After Hours operating procedures.	10/06/2021	
Continuity of Care/Hospital Admitting operating procedures.	06/01/2020	
Sliding Fee Discount Program policies, operating procedures, and sliding fee schedule.	09/01/2021	
Quality Improvement/Assurance Program policies and operating procedures that address clinical services and management, patient safety, and confidentiality of patient records.	01/31/2022	

Governance	Date of Last Review/Revision (MM/DD/YYYY)	Not Applicable (N/A)
Governing Board Bylaws.	11/04/2020	
Co-Applicant Agreement (Only applicable to public entity health centers; otherwise, indicate as N/A.)	06/29/2020	[ _ ]
Evidence of Nonprofit or Public Center Status	01/28/2004	

## Form 4 - Community Characteristics

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OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

Race	Service Area Number	Service Area Percentage	Target Population Number	Target Population Percentage
Asian	203346	4.6%	2050	2.39%
Native Hawaiian	6366	0.14%	35	0.04%
Other Pacific Islanders	6896	0.16%	600	0.7%
Black/African American	282916	6.4%	11140	13%
American Indian/Alaska Native	8205	0.19%	850	0.99%
White	3662441	82.85%	67770	79.09%
More than One Race	139248	3.15%	3238	3.78%
Unreported/Refused to Report	111150	2.51%	0	0%
<b>Total</b>	<b>4420568</b>	<b>100%</b>	<b>85683</b>	<b>100%</b>

Hispanic or Latino Ethnicity	Service Area Number	Service Area Percentage	Target Population Number	Target Population Percentage
Hispanic or Latino	1388058	31.4%	52267	61%
Non-Hispanic or Latino	3032510	68.6%	33416	39%
Unreported/Refused to Report	0	0%	0	0%
<b>Total</b>	<b>4420568</b>	<b>100%</b>	<b>85683</b>	<b>100%</b>

Income as a Percent of Poverty Guideline	Service Area Number	Service Area Percentage	Target Population Number	Target Population Percentage
100% and below	512786	11.6%	51410	60%
101-200%	321817	7.28%	21421	25%
Over 200%	3585965	81.12%	12852	15%
<b>Total</b>	<b>4420568</b>	<b>100%</b>	<b>85683</b>	<b>100%</b>

Principal Third Party Medical Insurance	Service Area Number	Service Area Percentage	Target Population Number	Target Population Percentage
Medicaid	685187	15.5%	42431	49.52%
Medicare	521627	11.8%	6952	8.11%
Other Public Insurance	558760	12.64%	279	0.33%
Private Insurance	2067058	46.76%	13401	15.64%
None/Uninsured	587936	13.3%	22620	26.4%
<b>Total</b>	<b>4420568</b>	<b>100%</b>	<b>85683</b>	<b>100%</b>

Special Populations and Select Population Characteristics	Service Area Number	Service Area Percentage	Target Population Number	Target Population Percentage
Migratory/Seasonal Agricultural Workers and Families	86289	1.95%	88	0.1%
People Experiencing Homelessness	6613	0.15%	249	0.29%
Residents of Public Housing	77274	1.75%	2500	2.92%
School Age Children	1014646	22.95%	10734	12.53%
Veterans	253833	5.74%	720	0.84%
Lesbian, Gay, Bisexual and Transgender	213050	4.82%	2005	2.34%
People Living with HIV	12469	0.28%	4102	4.79%
Individuals Best Served in a Language Other Than English	331411	7.5%	35987	42%

Other	0	0%	0	0%
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**Form 2 - Staffing Profile**

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▼ Key Management Staff/Administration			
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs	
Project Director/Chief Executive Officer (CEO)	1.00	NO	
Finance Director/Chief Financial Officer (CFO)	0.30	NO	
Chief Operations Officer (COO)	0.20	NO	
Chief Information Officer (CIO)	0.50	NO	
Clinical Director/Chief Medical Officer (CMO)	1.00	NO	
Administrative Support Staff	37.00	NO	
▼ Facility and Non-Clinical Support Staff			
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs	
Management and Support Staff	37.00	NO	
Fiscal and Billing Staff	13.00	NO	
IT Staff	28.00	NO	
Facility Staff	28.00	NO	
Patient Support Staff	95.00	NO	
▼ Physicians			
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs	
Family Physicians	18.00	YES	
General Practitioners	0.00	YES	
Internists	10.00	YES	
Obstetricians/Gynecologists	8.00	YES	
Pediatricians	15.00	YES	
Other Specialty Physicians	0.00	YES	
▼ Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives			
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs	
Nurse Practitioners	23.00	YES	
Physician Assistants	13.00	YES	
Certified Nurse Midwives	3.00	YES	
▼ Medical			
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs	
Nurses	36.00	NO	
Other Medical Personnel (e.g. Medical Assistants, Nurse Aides) - Medical Assistants	97.00	NO	
Laboratory Personnel	30.00	NO	
X-Ray Personnel	4.00	NO	
▼ Dental			
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs	
Dentists	10.00	NO	

Dental Hygienists	3.00	NO
Dental Therapists	0.00	NO
Other Dental Personnel - Dental Assistants	13.00	NO

**▼ Behavioral Health (Mental Health and Substance Use Disorder Services)**

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Psychiatrists	1.00	YES
Licensed Clinical Psychologists	0.00	YES
Licensed Clinical Social Workers	7.00	YES
Other Licensed Mental Health Providers - Other Licensed Mental Health Providers	3.00	NO
Other Mental Health Staff - Other Mental Health Staff	2.00	NO
Substance Use Disorder Providers	0.00	NO

**▼ Professional Services**

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Other Professional Health Services - Diabetic Educators	3.00	NO

**▼ Vision Services**

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Ophthalmologists	0.00	NO
Optometrists	0.00	NO
Other Vision Care Staff	0.00	NO

**▼ Pharmacy Personnel**

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Pharmacy Personnel	7.00	NO

**▼ Enabling Services**

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Case Managers	13.00	NO
Patient/Community Education Specialists	0.00	NO
Outreach Workers	0.00	NO
Transportation Staff	0.00	NO
Eligibility Assistance Workers	8.00	NO
Interpretation Staff	0.00	NO
Community Health Workers	7.00	NO
Other Enabling Services	0.00	NO

**▼ Other Programs and Services**

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Quality Improvement Staff	1.00	NO
Other Programs and Services	0.00	NO

**▼ Total FTEs**

Totals	Direct Hire FTEs	Contract/Agreement FTEs
Totals	576	N/A

**Form 3 - Income Analysis**

As of 02/23/2022 06:04:43 PM  
 OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

Payer Category	Patients By Primary Medical Insurance (a)	Billable Visits (b)	Income Per Visit (c)	Projected Income (d)	Prior FY Income (e)
<b>Part 1: Patient Service Revenue - Program Income</b>					
1. Medicaid	42429.00	156024.00	\$263.97	\$41,185,655.28	\$37,442,481.00
2. Medicare	6952.00	34327.00	\$264.71	\$9,086,700.17	\$8,438,611.00
3. Other Public	743.00	2301.00	\$69.07	\$158,930.07	\$150,896.00
4. Private	13402.00	42669.00	\$171.23	\$7,306,212.87	\$6,831,891.00
5. Self Pay	22157.00	81771.00	\$62.11	\$5,078,796.81	\$4,737,267.00
6. Total (Lines 1 to 5)	85683	317092	N/A	\$62,816,295.20	\$57,601,146.00
<b>Part 2: Other Income - Other Federal, State, Local and Other Income</b>					
7. Other Federal	N/A	N/A	N/A	\$8,739,354.01	\$3,203,243.62
8. State Government	N/A	N/A	N/A	\$1,209,103.74	\$1,098,720.05
9. Local Government	N/A	N/A	N/A	\$16,440,076.26	\$13,365,475.85
10. Private Grants/Contracts	N/A	N/A	N/A	\$0.00	\$4,585.65
11. Contributions	N/A	N/A	N/A	\$0.00	\$0.00
12. Other	N/A	N/A	N/A	\$0.00	\$7,478.83
13. Applicant (Retained Earnings)	N/A	N/A	N/A	\$0.00	\$0.00
14. Total Other (Lines 7 to 13)	N/A	N/A	N/A	\$26,388,534.01	\$17,679,504.00
<b>Total Non-Federal (Non-Health Center Program) Income (Program Income Plus Other)</b>					
15. Total Non-Federal Income (Lines 6+14)	N/A	N/A	N/A	\$89,204,829.21	\$75,280,650.00

Comments/Explanatory Notes (if applicable)

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 OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

**Form 5A - Required Services**

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
General Primary Medical Care	[ _ ]	[ X ]	[ _ ]
Diagnostic Laboratory	[ X ]	[ X ]	[ _ ]
Diagnostic Radiology	[ X ]	[ X ]	[ _ ]
Screenings	[ X ]	[ X ]	[ _ ]
Coverage for Emergencies During and After Hours	[ X ]	[ X ]	[ _ ]
Voluntary Family Planning	[ _ ]	[ X ]	[ _ ]
Immunizations	[ X ]	[ _ ]	[ _ ]
Well Child Services	[ _ ]	[ X ]	[ _ ]
Gynecological Care	[ _ ]	[ X ]	[ _ ]
<b>Obstetrical Care</b>			
Prenatal Care	[ _ ]	[ X ]	[ _ ]
Intrapartum Care (Labor & Delivery)	[ _ ]	[ X ]	[ _ ]
Postpartum Care	[ _ ]	[ X ]	[ _ ]
Preventive Dental	[ X ]	[ _ ]	[ _ ]
Pharmaceutical Services	[ X ]	[ _ ]	[ _ ]
HCH Required Substance Use Disorder Services	[ _ ]	[ _ ]	[ _ ]

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
Case Management	[ X ]	[ _ ]	[ _ ]
Eligibility Assistance	[ X ]	[ _ ]	[ _ ]
Health Education	[ X ]	[ _ ]	[ _ ]
Outreach	[ X ]	[ _ ]	[ _ ]
Transportation	[ X ]	[ X ]	[ _ ]
Translation	[ X ]	[ X ]	[ _ ]

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**Form 5A - Additional Services**

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
Additional Dental Services	[ X ]	[ _ ]	[ _ ]
Behavioral Health Services			
Mental Health Services	[ X ]	[ X ]	[ _ ]
Substance Use Disorder Services	[ _ ]	[ _ ]	[ _ ]
Optometry	[ _ ]	[ _ ]	[ _ ]
Recuperative Care Program Services	[ _ ]	[ _ ]	[ _ ]
Environmental Health Services	[ _ ]	[ _ ]	[ _ ]
Occupational Therapy	[ _ ]	[ _ ]	[ _ ]
Physical Therapy	[ _ ]	[ _ ]	[ _ ]
Speech-Language Pathology/Therapy	[ _ ]	[ _ ]	[ _ ]
Nutrition	[ X ]	[ _ ]	[ _ ]
Complementary and Alternative Medicine	[ _ ]	[ _ ]	[ _ ]
Additional Enabling/Supportive Services	[ _ ]	[ _ ]	[ _ ]

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**Form 5A - Specialty Services**

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
Podiatry	[ _ ]	[ _ ]	[ _ ]
Psychiatry	[ X ]	[ X ]	[ _ ]
Endocrinology	[ _ ]	[ _ ]	[ _ ]
Ophthalmology	[ _ ]	[ _ ]	[ _ ]
Cardiology	[ _ ]	[ _ ]	[ _ ]
Pulmonology	[ _ ]	[ _ ]	[ _ ]
Dermatology	[ _ ]	[ _ ]	[ _ ]
Infectious Disease	[ _ ]	[ _ ]	[ _ ]

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
Gastroenterology	[ ]	[ ]	[ ]
Advanced Diagnostic Radiology	[ ]	[ ]	[ ]
Other - Antepartum Testing/Maternal Fetal Monitoring	[ ]	[ X ]	[ ]
Other - OB/GYN INFERTILITY	[ ]	[ X ]	[ ]
Other - OB/GYN-Urology	[ ]	[ X ]	[ ]
Other - Obstetric - Cardio	[ ]	[ X ]	[ ]
Other - Other - GYN TUMOR	[ ]	[ X ]	[ ]

**Form 5B - Service Sites**

As of 02/23/2022 06:04:43 PM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

Valleywise Health Administration Building (BPS-H80-031831)		Action Status: Picked from Scope	
Site Name	Valleywise Health Administration Building	Physical Site Address	2601 E Roosevelt St Bldg 204, Phoenix, AZ 85008-4973
Site Type	Administrative	Site Phone Number	(602) 344-1129
Web URL	https://valleywisehealth.org/		
Location Type	Permanent	Site Setting	
Date Site was Added to Scope	12/30/2020	Site Operational By	
FQHC Site Medicare Billing Number Status		FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	0
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		

**Organization Information**

No Organization Added

Service Area Zip Codes

Valleywise Community Health Center – South Phoenix/Laveen (BPS-H80-030926)		Action Status: Picked from Scope	
Site Name	Valleywise Community Health Center – South Phoenix/Laveen	Physical Site Address	5650 S. 35th Ave, Phoenix, AZ 85041
Site Type	Service Delivery Site	Site Phone Number	(602) 655-6400
Web URL	www.valleywisehealth.org		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	6/25/2020	Site Operational By	6/29/2020
FQHC Site Medicare Billing Number Status		FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	59
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		

## Organization Information

No Organization Added

Service Area Zip Codes 85041, 85035, 85007, 85042, 85043, 85031, 85008, 85009, 85339, 85040

## Valleywise Community Health Center - Mesa (BPS-H80-034022)

Action Status: Picked from Scope

Site Name	Valleywise Community Health Center - Mesa	Physical Site Address	950 E Main Street, Location A, Mesa, AZ 85203
Site Type	Service Delivery Site	Site Phone Number	(602) 655-6200
Web URL	www.valleywisehealth.org		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	12/16/2021	Site Operational By	1/24/2022
FQHC Site Medicare Billing Number Status		FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	59
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		

## Organization Information

No Organization Added

Service Area Zip Codes 85206, 85203, 85205, 85225, 85201, 85207, 85210, 85204, 85202, 85213

## Valleywise Community Health Center - McDowell (BPS-H80-029521)

Action Status: Picked from Scope

Site Name	Valleywise Community Health Center - McDowell	Physical Site Address	1101 N Central Ave Ste 204, Phoenix, AZ 85004-1844
Site Type	Service Delivery Site	Site Phone Number	(602) 344-6550
Web URL	https://valleywisehealth.org/services/primary-care/		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	9/1/2019	Site Operational By	9/12/2019
FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	52.5
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		

## Organization Information

No Organization Added

Service Area Zip Codes 85301, 85041, 85004, 85021, 85016, 85017, 85009, 85015, 85013, 85008

## Valleywise Community Health Center - South Central (BPS-H80-029520)

Action Status: Picked from Scope

Site Name	Valleywise Community Health Center - South Central	Physical Site Address	33 W Tamarisk St, Phoenix, AZ 85041-2422
Site Type	Service Delivery Site	Site Phone Number	(602) 344-6400

Web URL	https://valleywisehealth.org/services/primary-care/		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	9/1/2019	Site Operational By	9/12/2019
FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	50
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		

**Organization Information**

No Organization Added

Service Area Zip Codes	85035, 85006, 85007, 85003, 85015, 85041, 85008, 85009, 85040, 85042
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**Valleywise Community Health Center- North Phoenix (BPS-H80-031333) Action Status: Picked from Scope**

Site Name	Valleywise Community Health Center- North Phoenix	Physical Site Address	2025 W Northern Ave, Phoenix, AZ 85021-5157
Site Type	Service Delivery Site	Site Phone Number	(602) 344-6300
Web URL	www.valleywisehealth.org		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	9/16/2020	Site Operational By	10/6/2020
FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	59
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		

**Organization Information**

No Organization Added

Service Area Zip Codes	85029, 85051, 85020, 85023, 85015, 85017, 85022, 85301, 85021, 85032
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**Valleywise Comprehensive Health Center-Peoria (BPS-H80-030160) Action Status: Picked from Scope**

Site Name	Valleywise Comprehensive Health Center-Peoria	Physical Site Address	8088 W Whitney Dr, Peoria, AZ 85345-6564
Site Type	Service Delivery Site	Site Phone Number	(833) 855-9973
Web URL	https://valleywisehealth.org/services/primary-care/		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	12/31/2019	Site Operational By	12/31/2019
FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	59
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		

Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		

**Organization Information**

No Organization Added

Service Area Zip Codes	85303, 85035, 85302, 85335, 85033, 85031, 85037, 85345, 85301, 85019		
<b>Valleywise Comprehensive Health Center - Phoenix (BPS-H80-029525)</b>		<b>Action Status: Picked from Scope</b>	
Site Name	Valleywise Comprehensive Health Center - Phoenix	Physical Site Address	2525 E Roosevelt St, Phoenix, AZ 85008-4948
Site Type	Service Delivery Site	Site Phone Number	(602) 344-1015
Web URL	https://valleywisehealth.org/services/primary-care/		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	9/1/2019	Site Operational By	9/12/2019
FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	45
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		

**Organization Information**

No Organization Added

Service Area Zip Codes	85301, 85017, 85006, 85040, 85035, 85042, 85033, 85009, 85041, 85008		
<b>Valleywise Community Health Center - West Maryvale (BPS-H80-033501)</b>		<b>Action Status: Picked from Scope</b>	
Site Name	Valleywise Community Health Center - West Maryvale	Physical Site Address	7808 W Thomas Rd Bldg, Phoenix, AZ 85033-5481
Site Type	Service Delivery Site	Site Phone Number	(833) 855-9973
Web URL	www.valleywisehealth.org		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	10/11/2021	Site Operational By	11/1/2021
FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	50
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		

**Organization Information**

No Organization Added

Service Area Zip Codes	85009, 85019, 85033, 85035, 85037, 85303, 85043, 85017, 85301, 85031		
------------------------	----------------------------------------------------------------------	--	--

Valleywise Community Health Center - Guadalupe (BPS-H80-029523)			Action Status: Picked from Scope
Site Name	Valleywise Community Health Center - Guadalupe	Physical Site Address	5825 E Calle Guadalupe, Guadalupe, AZ 85283-2664
Site Type	Service Delivery Site	Site Phone Number	(480) 344-6000
Web URL	https://valleywisehealth.org/services/primary-care/		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	9/1/2019	Site Operational By	9/12/2019
FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	45
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		

#### Organization Information

No Organization Added

Service Area Zip Codes	85044, 85210, 85281, 85040, 85205, 85201, 85008, 85283, 85042, 85282
------------------------	----------------------------------------------------------------------

Valleywise Community Health Center - Avondale (BPS-H80-029526)			Action Status: Picked from Scope
Site Name	Valleywise Community Health Center - Avondale	Physical Site Address	950 E Van Buren St, Avondale, AZ 85323-1506
Site Type	Service Delivery Site	Site Phone Number	(623) 344-6800
Web URL	https://valleywisehealth.org/services/primary-care/		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	9/1/2019	Site Operational By	9/12/2019
FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	59
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		

#### Organization Information

No Organization Added

Service Area Zip Codes	85392, 85035, 85338, 85323, 85003, 85301, 85043, 85307, 85326, 85353
------------------------	----------------------------------------------------------------------

Valleywise Community Health Center - Chandler (BPS-H80-029517)			Action Status: Picked from Scope
Site Name	Valleywise Community Health Center - Chandler	Physical Site Address	811 S Hamilton St, Chandler, AZ 85225-6308
Site Type	Service Delivery Site	Site Phone Number	(480) 344-6100
Web URL	https://valleywisehealth.org/services/primary-care/		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	9/1/2019	Site Operational By	9/12/2019

FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	56
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		

**Organization Information**

No Organization Added

Service Area Zip Codes 85225, 85120, 85248, 85286, 85204, 85142, 85295, 85224, 85249, 85226

**Form 5C - Other Activities/Locations**

As of 02/23/2022 06:04:43 PM  
OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

**Activity/Location Information**

No other activities/locations added.

**Form 6A - Current Board Member Characteristics**

As of 02/23/2022 06:04:43 PM  
OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

**List of All Board Member(s)**

Name	Current Board Office Position Held	Area of Expertise	10% of income from health industry	Health Center Patient	Live or Work in Service Area	Special Population Representative
Daniel Messick	Board Member	Business	No	Yes	Live, Work	No
Michelle Barker	Vice Chair	Healthcare	No	Yes	Live, Work	No
Scott Jacobson	Board Member	Community Affairs	No	Yes	Live, Work	No
Elizabeth McCarty	Board Member	Finance	No	Yes	Live, Work	No
Terry Benelli	Board Member	Community Affairs	No	Yes	Live, Work	No
Ryan Winkle	Chair	Community Affairs	No	Yes	Live, Work	No
Joseph Larios	Board Member	Community Affairs	No	Yes	Live, Work	No
Salina Imam	Board Member	Community Affairs	No	Yes	Live, Work	No
Nelly Clotter Woods	Treasurer	Social Services	No	Yes	Live, Work	No

**Patient Board Member(s) Classification**

Gender	Number of Patient Board Members
Male	3
Female	5
Unreported/Refused to Report	1
Ethnicity	Number of Patient Board Members
Hispanic or Latino	2
Non-Hispanic or Latino	7
Unreported/Declined to Report	0
Race	Number of Patient Board Members

Native Hawaiian	0
Other Pacific Islanders	0
Asian	1
Black/African American	1
American Indian/Alaska Native	0
White	5
More Than One Race	2
Unreported/Declined to Report	0

If you are a public organization/center, do the board members listed above represent a co-applicant board?

Yes  No  N/A

### Form 6B - Request for Waiver of Board Member Requirements

As of 02/23/2022 06:04:43 PM  
OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023



**Alert:**

This form is not applicable to you, since you are currently receiving or applying to receive **Community Health Centers (CHC)** funding and/or you have selected 'Tribal' or 'Urban Indian' as the Business Entity in [Form 1A](#).

### Form 8 - Health Center Agreements

As of 02/23/2022 06:04:43 PM  
OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

**PART I: Health Center Agreements**

1. Does your organization have a parent, affiliate, or subsidiary organization?	[ ] Yes [X] No
2. Do you currently have, or plan to utilize:	
a) Contract(s) with another organization to perform substantive programmatic work within the proposed scope of project? <i>For the purposes of the Health Center Program, contracting for substantive programmatic work applies to contracting with a single entity for the majority of health care providers.</i>  Or  b) Subawards to carry out a portion of the proposed scope of project. <i>The purpose of a subaward is to carry out a portion of the Federal award and creates a Federal assistance relationship with the subrecipient.</i>	[X] Yes [ ] No
Note(s): <ul style="list-style-type: none"> <li>Subawards or contracts made to related organizations such as a parent, affiliate, or subsidiary must be addressed in this form. The acquisition of supplies, material, equipment, or general support services (e.g., janitorial services, contracts with individual providers) is not considered programmatic work.</li> </ul>	
If <b>Yes</b> , indicate the number of each agreement by type in 2a and/or 2b below and complete Part II. If <b>No</b> , <b>Part II is Not Applicable</b> .	
2a. Number of contracts with another organization to perform substantive programmatic work within the proposed scope of project.	1
2b. Number of subawards made to subrecipients to carry out a portion of the proposed scope of project.	0
2c. <b>Total</b> number of contracts and/or subawards for a substantial portion of the proposed scope of project.	1

**Part II: Attachments**  
All contracts or subawards, including those which involve a parent, affiliate, or subsidiary organization referenced in Part I must be uploaded in full. Uploaded documents will NOT count against the page limit.

Organization Name	District Medical Group
Type of Agreement	Contract

▼ Attachments

Document Name	Size	Date Attached	Description
<a href="#">Form 8 DMG Prior Approval Combined Documents.pdf</a>	193 kB	02/17/2022	The contract between Valleywise Health and District Medical Group (DMG) is about 1,200 pages. The... <a href="#">(+ View More)</a>

**Form 12 - Organization Contacts**

As of 02/23/2022 06:04:43 PM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

Contact Information				
Chief Executive Officer	Name	Highest Degree	Email	Phone Number
Chief Executive Officer	Ms. Barbara Harding	MPA	barbara.harding@valleywisehealth.org	(602) 344-1129
Contact Person	Name	Highest Degree	Email	Phone Number
Sr. VP Ambulatory	Barbara Harding	MPA	barbara.harding@mihs.org	(602) 344-1129
Chief Medical Officer	Name	Highest Degree	Email	Phone Number
Chief Medical Officer	Dr. Christina Smarik Snyder	M.D.	christina_smarik@dmgaz.org	(602) 344-6600
Dental Director	Name	Highest Degree	Email	Phone Number
Dental Director	Dr. Christopher Brendemuhl	DMD	christopher.brendemuhl@valleywisehealth.org	(602) 344-1010
Behavioral Health Director	Name	Highest Degree	Email	Phone Number
Behavioral Health Director	Gene Cavallo	Masters of Counseling	Eugene.Cavallo@mihs.org	(480) 344-2086

**Summary Page**

As of 02/23/2022 06:04:43 PM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

Service Area							
1. What is the Service Area Announcement Table (SAAT) identifying information for the service area that you are proposing to serve?	<table border="1"> <tr> <td>Service Area ID #:</td> <td>387</td> </tr> <tr> <td>Service Area City:</td> <td>Phoenix</td> </tr> <tr> <td>State:</td> <td>Arizona (AZ)</td> </tr> </table>	Service Area ID #:	387	Service Area City:	Phoenix	State:	Arizona (AZ)
Service Area ID #:	387						
Service Area City:	Phoenix						
State:	Arizona (AZ)						

Patient Projection	
2. What is the total unduplicated patient projection for calendar year 2023? <b>Note: If changes are required, revisit <a href="#">Form 1A</a>.</b>	85683
3. What is the Patient Target from the Service Area Announcement Table (SAAT) for the proposed service area?	89727
4. Percent of the service area Patient Target proposed to be served in calendar year 2023. <b>Note: The value must be at least 75 percent for the application to be considered eligible for funding.</b>	95.49%
5. <input type="checkbox"/> By checking this box, I acknowledge that in addition to the total unduplicated patient projection made on <a href="#">Form 1A</a> (see item 2 above), HRSA will track progress made toward the additional patient projections for any other funding awarded within my period of performance that can be monitored by December 31, 2023 (i.e., patient commitments from awarded applications, if any).	

Federal Request for Health Center Program Funding	
6. I am requesting the following types of Health Center funding:	
Funding Type	Fund Requested

Funding Type	Fund Requested
Community Health Centers – CHC-330(e)	\$6,279,833.00
Health Care for the Homeless – HCH-330(h)	\$0.00
Migrant Health Centers – MHC-330(g)	\$0.00
Public Housing Primary Care – PHPC-330(i)	\$0.00
<b>Total</b>	<b>\$6,279,833.00</b>

Note: Ensure this value does not exceed the Total Funding listed in the Service Area Announcement Table (SAAT) for the service area. If a funding reduction is required based on the patient projection (value between 75 and 94.9 percent in item 4 above), this figure should be lower than the value in the SAAT. See the Summary of Funding section of the NOFO for details.

**Scope of Project: Sites and Services**

**7. I am proposing the following site(s): (New applicants or competing supplement applicants only)**

This section is not applicable to you, since you are submitting a Competing Continuation application.

**8. Sites Certification (New or competing supplement applicants only)**

This section is not applicable to you, since you are submitting a Competing Continuation application.

**9. Scope of Project Certification - Services (Competing continuation applicants only) - select only one option below**

By checking this option, I certify that I have reviewed my [Form 5A: Services Provided](#) and it accurately reflects all services and service delivery methods included in my current approved scope of project.

By checking this option, I certify that I have reviewed my [Form 5A: Services Provided](#) and it requires changes that I have submitted through the change in scope process.

**10. Scope of Project Certification - Sites (Competing continuation applicants only) - select only one option below**

By checking this option, I certify that I have reviewed my [Form 5B: Service Sites](#) and it accurately reflects all sites included in my current approved scope of project.

By checking this option, I certify that I have reviewed my [Form 5B: Service Sites](#) and it requires changes that I have submitted through the change in scope process.

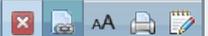
**11. 120 Day Compliance Achievement Plan Certification**

By checking this box, I certify that if my organization is noncompliant with any Health Center Program requirements, in accordance with Section 330(e)(1)(B), I will submit for HRSA's approval within 120 days of release of the Notice of Award (NoA) a Compliance Achievement Plan to come into compliance. I acknowledge that areas of noncompliance will be documented through the carryover of any unresolved, existing condition(s) from the current period of performance and/or the placement of new condition(s) on the award based on the review of this application. I also acknowledge that all conditions on my award must be addressed within the timeframes and by the due dates specified on my Health Center Program NoA(s) and that the Compliance Achievement Plan I submit must align with such timelines.

**12. Uniform Data System (UDS) Report Certification**

By checking this box, I certify that I have reviewed the [UDS Resources](#), including the most recent UDS Manual and understand that my organization will be required to report data on patients, services, staffing, and financing annually. I also acknowledge that failure to submit a complete report by the specified deadline may result in conditions or restrictions being placed on the Health Center Program award.

Close Window





Valleywise Community Health  
Centers Governing Council  
Meeting

March 2, 2022

Item 3.

Patient Financial Assistance  
Program and Eligibility Process

# Eligibility & Financial Counseling

# Agenda

- Current processes
  - New EPIC Financial Assistance Module
- 2021 Eligibility Statistics
  - Appointments
  - AHCCCS Applications
  - Pending & Closed Cases (Self-pay or Expiring Sliding Fee)
  - Connecting Kids to Care
  - Family Planning Services
- Afghan Refugee
- Healthcare Navigator

# The Current Eligibility Process

**An Overview of new Financial Assistance Module**

# An Overview – Sliding Fee / Financial Assistance

- To qualify for Financial Assistance (Sliding Fee), a patient must be screened, and approved by an Eligibility Specialist.
- Sliding Fee Determinations are dispositioned as:
  - Category 1 – 0-100% FPL
  - Category 2 – 101-138% FPL
  - Category 3 – 139-150% FPL
  - Category 4 – 151-200% FPL
  - Category 5 - >200% FPL
- FPL is determined by Income and Family size



FAQ:

- Pregnant Women: <156% FPL (Cat 1-4)
- Adults and Children Ages 6-18: <133% FPL (Cat 1-2)

# Financial Assistance Module in EPIC

All required information for our discount programs are entered into the Financial Assistance module in EPIC. Income, expenses & family size are recorded in the case & the system determines FPL.

**Financial Assistance Case 100045 - Valleywise Health**

Case Status: **In Progress**

Requested On: 1/26/2022  
Service Area: Valleywise Health

Primary Contact: Jerry Diegrinder  
Application Provided On: 1/20/2022

Assigned User: Lara Bergen

**For Patient:** Jerry Diegrinder (primary contact)  
1/10/1951, Male

**Program Trackers:**

- Credit Information:** Associated Guarantor: Jerry Diegrinder
- Income:**

Type	Frequency	Amount	Comment	Family Size	Number of Dependents
Pension	Biweekly	500.00		2	1

Gross Income: 13,044.38  
% FPL (Gross): 75

**Sliding Fee**

Status: **Approved**

Decision Date: 1/11/2022

Approval Type: **Full Approval**

Effective Dates (Start - End): 1/1/2022 - 1/1/2023

Application Received Date: 1/1/2022

Responsible User: BERGEN, LARA

Comments:

Summary: Slidin fee cat 1 approved 01/01/2022-01/01/2023

Details: Family size - 3  
Monthly income - \$1000 from pension  
Documents provided to support income.

Patients on Tracker: Jerry Diegrinder (1/10/1951, Male)

Status History: 1/20/2022 11:43 AM Pending Summary: Initiated the process for Sliding Fee Updated By: Lara Bergen Responsible User: Lara Bergen

A program tracker is added to the case. Trackers include the following:

- Sliding Fee
- prenatal/maternity package
- AHCCCS approved/pending.

Multiple trackers can be added to one case (i.e. Sliding fee & AHCCCS pending.)

The sliding fee tracker can easily be seen on the Storybook (left side “toolbar”) in EPIC. By hovering over the FINANCIAL ASSISTANCE heading, a pop up will open with the details regarding any financial trackers that are completed for the patient.



**Update Admission**

**Diegrinder, Jerry**

Male | 1/10/1951 (71 yrs) | 736-90-1279 | MRN: 4010004750

52 Redwolf Ridge Rd  
Phoenix, AZ 85008

Home: 602-344-5011  
Work:  
Mobile:  
Email:  
Employer: MARICOPA COUNTY SHE\*  
Additional Demographics

PCP: Kevin G. Lopez, MD (General)  
MyChart signup: Pending

**Financial Assistance**

**Case 100045** Valleyside Health

Assigned User	Application Provided Date	Primary Contact	Gross FPL	Net FPL
Lara Bergen	1/20/2022	Jerry Diegrinder	75.00 %	75.00 %

**Sliding Fee (1/1/2022 - 1/1/2023)**

Status	Decision Date	Approval Type	Last Comment
Approved	1/1/2022	Full Approval	\$1000 from pension Documents provided to support income

Bad Debt balance: 0.00      Self Pay Balance: 0.00

**1. SLIDING FEE/SLIDING FEE CAT 1**

Subscriber Demographics	Diegrinder,Harold	Address same as patient
Coverage info	Member ID: 0104976782 Subscriber ID: 0104976782	Encounter coverage Home: 602-344-5011 Work: Group: Rel to subscriber: Self Effective from: 11/25/2015 Auth phone:

# Eligibility/Financial Assistance Statistics

# Access to financial screening

- To qualify for Sliding Fee, an appointment must be made with one of our Eligibility Team Members.
  - 21 Team Members are located across the PHX metro area
    - 16 – Ambulatory      5 – Hospital (incl. Maryvale & Desert Vista)
- Access to an Eligibility appointment is 1-3 days
- Appointment times are 20 minutes (40 minutes for  $\geq 4$  family size)

Metric	2019	2021
Appointments Scheduled	24,864	40,368
Appointment No Shows	7,512 (30%)	5,742 (16%)
Interviews Completed	14,784	34,676

# FY'22 AHCCCS application submissions

Applications Submitted by Month 2021/2022							
Clinic	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
AVONDALE - ERLINDA	19	8	7	12	19	15	80
CHANDLER - LORRAINE	25	21	19	20	9	14	108
CHC - JUANA	16	16	26	20	19	23	120
CHC - DORA	19	23	18	16	16	14	106
CHC - ROSIE	0	0	0	0	0	1	1
CHC - LIZBETH	28	26	21	19	13	28	135
GUADALUPE - MARIA	3	17	8	5	19	6	58
MARYVALE - CYNTHIA	8	18	16	11	8	6	67
MCDOWELL - LAURA	0	2	2	4	3	3	14
MESA - CARINA	0	0	0	0	17	28	45
NORTH PHX - GEORGE	13	13	7	11	13	14	71
PEORIA - VANESSA	15	17	6	16	13	24	91
PEORIA - LIZ	4	12	14	6	11	4	51
S. CENTRAL - ELIZABETH	18	7	20	13	12	11	81
S. PHX/LAVEEN - MICHELLE	0	0	1	4	6	2	13
<b>MONTHLY TOTALS</b>	<b>168</b>	<b>180</b>	<b>165</b>	<b>157</b>	<b>178</b>	<b>193</b>	<b>1041</b>

- Application submission takes 20-30 minutes, based on family size.
- FES Application submission plus sliding fee takes 30-40 minutes, based on family size
- Current processing time for approval / denial from AHCCCS is 60-90 days.

# FY'22 Financial Assistance Module Tracking Self-pay and/or Expiring Sliding Fee

Total number of Cases In-progress or Completed							
Clinic	7/1/2021 *	8/1/2021 *	Sep-21	Oct-21	Nov-21	Dec-21	Total
AVONDALE -ERLINDA			172	158	123	146	599
CHANDLER - LORRAINE			152	128	132	100	512
CHC - JUANA			222	200	202	184	808
CHC - DORA			157	153	185	150	645
CHC - ROSIE			0	0	0	12	12
CHC - LIZBETH			132	158	181	114	585
GUADALUPE -MARIA			147	53	114	83	397
MARYVALE - CYNTHIA			204	165	168	112	649
MCDOWELL - LAURA			187	197	191	193	768
MESA - CARINA			0	27	126	174	327
NORTH PHX - GEORGE			120	105	154	128	507
PEORIA - VANESSA			52	85	99	133	369
PEORIA - LIZ			142	121	119	144	526
S. CENTRAL - ELIZABETH			5	143	241	222	611
S. PHX/LAVEEN - MICHELLE			83	113	128	57	381
<b>Monthly Totals</b>	<b>0</b>	<b>0</b>	<b>1,775</b>	<b>1,806</b>	<b>2,163</b>	<b>1,952</b>	<b>7,696</b>

\*Data not collected

# Propensity To Pay (P2P)

Propensity to Pay (P2P) is manually run from NThrive to determine household income. The income returned from P2P is based on income that is reported for the address on file.

Running P2P along with HEA, assists the staff with more timely determinations of what programs they may qualify for.

P2P Usage							
Clinic	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total
AVONDALE - ERLINDA	83	112	82	7	1	6	291
CHANDLER - LORRAINE	289	209	214	214	140	126	1192
CHC - JUANA	428	314	469	533	511	466	2721
CHC - DORA	52	38	30	6	0	0	126
CHC - ROSIE	0	0	0	0	0	1	1
CHC - LIZBETH	322	139	42	10	0	0	513
GUADALUPE - MARIA	658	616	631	264	565	599	3333
MARYVALE - CYNTHIA	578	408	342	396	420	183	2327
MCDOWELL - LAURA	0	0	0	0	0	0	0
MESA - CARINA	0	0	0	2	0	0	2
NORTH PHX - GEORGE	0	0	0	0	0	0	0
PEORIA - VANESSA	11	30	8	9	4	16	78
PEORIA - LIZ	35	67	19	7	7	14	149
S. CENTRAL - ELIZABETH	763	143	780	23	0	36	1745
S. PHX/LAVEEN - MICHELLE	0	0	98	101	79	68	346
Monthly Totals	3219	2076	2715	1572	1727	1515	12824



## Connecting Kids to Care (CK2C)

In 2021, Valleywise Eligibility specialists were able to apply 1085 children and their families for AHCCCS.

# Prenatal, Maternity & Title X Family Planning

In 2021, Valleywise eligibility specialists were able to qualify 1235 women seeking healthcare based on their family planning needs through various programs:

- Prenatal packages: 734
- Maternity packages: 171
- Family Planning grant: 330



# Eligibility / Financial Assistance Refugee & Healthcare Navigator Programs

# Afghan Refugee Sliding fee program

- Eligibility Specialists worked closely with Cultural Health Navigators to obtain necessary documentation & demographics to place Afghan refugees on our sliding fee program.
- The CHC Eligibility team was able to qualify over 150 Afghan Refugee men, women & children for the Valleywise Health sliding fee program so they had immediate access to health care.



# Healthcare Navigator Grant

- Valleywise Health was awarded a Healthcare Navigator grant to assist with outreach and signing members up for the Marketplace insurance.
- Currently have 2 staff that are certified Healthcare Navigators at CHC & Avondale.
- 3 fulltime Healthcare Navigators will be stationed at Mesa, West Maryvale & CHC.







Valleywise Community Health  
Centers Governing Council  
Meeting

March 2, 2022

Item 4.

2022 NACHC Board Member  
Boot Camp Report  
(No Handout)



Valleywise Community Health  
Centers Governing Council  
Meeting

March 2, 2022

Item 5.

Committee Reports



Valleywise Community Health  
Centers Governing Council  
Meeting

March 2, 2022

Item 5.a.

Compliance and Quality  
Committee Report –  
NRC RealTime Patient Satisfaction

February 14, 2022

# Patient Experience: NRC Real Time

**Person Reporting:** Crystal Garcia, MBA/HCM, RN  
Vice President of Quality Management and Patient Safety  
**Reporting period:** Fiscal Year 2022, Quarter 2

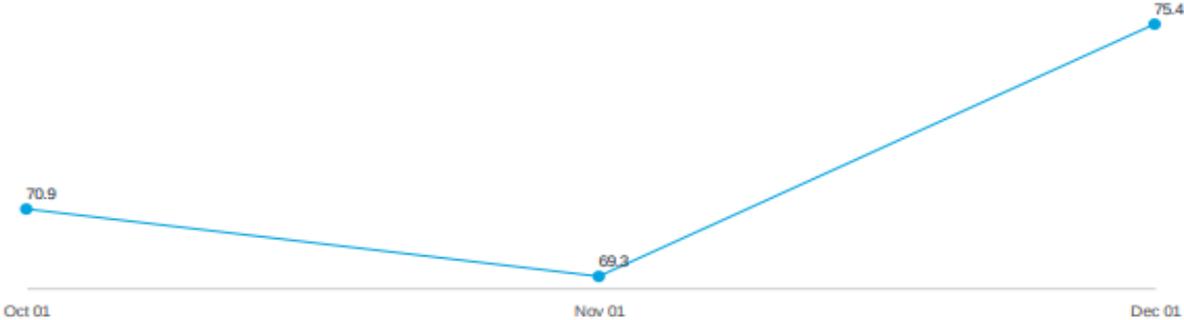
NRC Real Time  
Qtr 2 FY22  
October, November, December



**Real-time Analysis**

Net Promoter Score

**71.7** n-size: 5,683



NRC Real Time  
Qtr 2 FY22  
October, November, December

**NET PROMOTER SCORE**

**71.7** n-size: 5,683



# NRC Real Time Qtr 2 FY22 October, November, December

## QUESTION SUMMARY

Question	YTD	Last 3 Months	Last Month	n-size	Score	Bench mark	Gap	
Rating of provider	84.3	84.9	84.1	5,317	84.6	86.9	-2.3	
Provider would recommend	83.2	83.6	83.0	5,496	83.9	86.5	-2.6	
NPS: Facility would recommend	68.6	70.4	67.2	5,683	71.7	76.4	-4.7	
Clerks courtesy & respect	67.3	69.1	66.6	3,925	70.7	79.6	-8.9	
Provider listened	66.8	67.6	66.6	7,252	68.0	81.3	-13.3	
Clerks/receptionists helpful	66.8	66.8	66.0	3,864	67.6	76.1	-8.5	
Trust provider w/ care	66.9	67.1	66.8	7,184	66.7	79.1	-12.4	
Facility was clean	62.9	64.4	62.2	3,959	65.2	79.9	-14.7	
Got enough info re: treatment	60.6	61.2	60.3	7,325	61.1	76.8	-15.7	
Knew what to do if questions	56.7	56.7	56.3	7,031	56.2	74.8	-18.6	
Comfort w/ online interaction	56.8	56.8	56.7	2,474	55.0	68.9	-13.9	
Quality of video/call	57.7	56.4	58.1	2,368	53.8	65.7	-11.9	
Seen by provider in timely manner	51.9	52.9	51.8	7,472	52.5	66.5	-14.0	
Knew medical history	52.2	52.6	52.1	7,107	51.7	68.8	-17.1	
Discussed illness prevention	49.4	50.9	49.5	6,925	50.6	57.9	-7.3	

# NRC Real Time Starter Kit Questions

- Updates:
  - Service Excellence Committee created specifically for Ambulatory setting (first meeting was October 28, 2021)
  - Continue to review the new Starter Kit Questions for all areas to ensure appropriate. Plan to present to Ambulatory Service Excellence Committee this month.
  - Once appropriate questions determined will implement (Goal April 2022)

# NRC Real Time New Process

# ACCEPT

Acknowledge  
Connect  
Communicate  
Every Person  
Every Time

An On-Stage Patient Experience Standard

# Next Steps

January 2022: Complete education about ACCEPT & begin implementing

February: Demonstrate ACCEPT consistently; refreshers as needed, audit progress

March & Beyond: Audit & provide refreshers as needed

# NRC Real Time

## Qtr 2 FY22

### October, November, December

(Per Clinic data)

Patient Experience (Ambulatory)	Reporting Program															
	Bench Mark		FY21 Year to Date		Desired Direction		Jul 2021	Aug 2021	Sep 2021	Qtr 1 (FY 2022)	Oct 2021	Nov 2021	Dec 2021	Qtr 2 (FY 2022)	Qtr 3 (FY 2022)	Qtr 4 (FY 2022)
<b>Family Health Centers - FQHC</b>																
<b>VMHC Net Would Recommend Facility</b>																
Real Time: NPS Would you recommend this facility? (CHC: PXC Adolescent/ PXC Peds Combined)	In-house	>78.5	76.3	↑	No Data	75.0	76.2	75.8	79.7	74.2	80.0	78.1				77.3
n-size					0	60	105	165	133	93	80	306				471
Real Time: NPS Would you recommend this facility? (CHC: PXC Women's Services)	In-house	>78.5	75.1	↑	No Data	61.2	72.5	68.0	74.6	75.2	81.8	76.8				73.5
n-size					0	103	153	256	177	137	121	435				691
Real Time: NPS Would you recommend this facility? (CHC: PXC Internal Medicine)	In-house	>78.5	70.8	↑	No Data	68.3	68.7	68.5	66.7	68.8	78.2	70.5				69.7
n-size					0	123	198	321	189	125	124	438				759
Real Time: NPS Would you recommend this facility? (McDowell Healthcare Center)	In-house	>78.5	80.9	↑	61.9	81.5	77.1	77.1	70.5	76.6	79.8	76.0				76.6
n-size					21	124	170	315	183	248	228	659				974

# NRC Real Time

## Qtr 2 FY22

### October, November, December

(Per Clinic data)

Patient Experience (Ambulatory)	Reporting Program															
	Bench Mark		FY21 Year to Date		Desired Direction		Jul 2021	Aug 2021	Sep 2021	Qtr 1 (FY 2022)	Oct 2021	Nov 2021	Dec 2021	Qtr 2 (FY 2022)	Qtr 3 (FY 2022)	Qtr 4 (FY 2022)
<b>Family Health Centers - FQHC</b>																
<b>VMHC Net Would Recommend Facility</b>																
Real Time: NPS Would you recommend this facility? (Avondale Family Health Center)	In-house	>78.5	✗ 65.4	↑	84.3	75.6	66.0	🟡 70.7	64.0	68.8	69.4	✗ 67.2				✗ 68.4
	n-size				51	180	335	566	392	340	317	1049				1615
Real Time: NPS Would you recommend this facility? (Chandler Family Health Center)	In-house	>78.5	🟡 70.8	↑	56.0	57.0	63.1	✗ 60.6	67.3	72.9	74.8	🟡 71.5				✗ 67.7
	n-size				25	142	244	411	269	258	238	765				1176
Real Time: NPS Would you recommend this facility? (Mesa Family Health Center)	In-house	>78.5	🟡 69.1	↑	92.0	63.5	60.5	✗ 63.7	64.4	72.7	73.8	✗ 70.2				✗ 67.9
	n-size				25	126	215	366	225	231	206	662				1028
Real Time: NPS Would you recommend this facility? (South Central Family Health Center)	In-house	>78.5	🟡 72.7	↑	100.0	70.5	65.3	✗ 66.8	73.1	63.1	64.2	✗ 66.9				✗ 66.9
	n-size				1	105	268	374	279	271	268	818				1192

# NRC Real Time

## Qtr 2 FY22

### October, November, December

(Per Clinic data)

Patient Experience (Ambulatory)		Reporting Program	Bench Mark	FY21 Year to Date	Desired Direction	Jul 2021	Aug 2021	Sep 2021	Qtr 1 (FY 2022)	Oct 2021	Nov 2021	Dec 2021	Qtr 2 (FY 2022)	Qtr 3 (FY 2022)	Qtr 4 (FY 2022)	FY22 Year to Date
		Family Health Centers - FQHC														
VMHC Net Would Recommend Facility																
Real Time: NPS Would you recommend this facility? (Maryvale Family Health Center)	In-house	>78.5	82.2	↑	No Data	75.5	84.3	81.2	77.1	No Data	No Data	77.1				79.9
	n-size				0	94	166	260	109	0	0	109				369
Real Time: NPS Would you recommend this facility? (Guadalupe Family Health Center)	In-house	>78.5	73.2	↑	No Data	73.9	83.1	80.0	70.2	68.9	50.0	64.0				69.3
	n-size				0	46	89	135	104	90	78	272				407
Real Time: NPS Would you recommend this facility? (North Phoenix Family Health Center)	In-house	>78.5	75.6	↑	73.5	74.5	68.3	71.0	73.2	75.0	67.8	72.1				71.8
	n-size				34	145	219	398	265	304	276	845				1243
Real Time: NPS Would you recommend this facility? (South Phoenix/Laveen Family Health Center)	In-house	>78.5	74.2	↑	61.5	74.3	75.8	74.7	75.3	64.5	78.3	72.5				73.3
	n-size				13	113	186	312	190	186	166	542				854
Real Time: NPS Would you recommend this facility? (Peoria Family Health Center)	In-house	>78.5	70.6	↑	No Data	75.8	74.0	74.6	71.0	68.0	77.5	72.2				73.2
	n-size				0	190	338	528	310	194	231	735				1263

# NRC Real Time

## Qtr 2 FY22

### October, November, December

(Per Clinic data)

Patient Experience (Ambulatory)	Reporting Program													
	Bench Mark	FY21 Year to Date	Desired Direction	Jul 2021	Aug 2021	Sep 2021	Qtr 1 (FY 2022)	Oct 2021	Nov 2021	Dec 2021	Qtr 2 (FY 2022)	Qtr 3 (FY 2022)	Qtr 4 (FY 2022)	FY22 Year to Date
<b>Dental</b>														
<b>Net Would Recommend Facility</b>														
Real Time: NPS Would you recommend this facility? <b>DENTAL (OVERALL)</b>	In-house	> 78.5	72.7	↑	75.7	81.6	70.5	76.0	69.6	74.7	72.8	72.4		74.3
Real Time: NPS Would you recommend this facility? <b>(PXC DENTAL)</b>	In-house	> 78.5	71.9	↑	72.4	80.4	66.7	73.6	65.4	75.0	64.7	68.0		70.9
Real Time: NPS Would you recommend this facility? <b>(PXC DENTAL PEDS)</b>	In-house	> 78.5	79.7	↑	90.0	84.2	76.0	82.8	50.0	88.2	70.0	71.4		77.9
Real Time: NPS Would you recommend this facility? <b>(MCD DENTAL)</b>	In-house	> 78.5	75.6	↑	61.9	94.4	64.3	73.6	69.6	30.8	100.0	62.8		68.8
Real Time: NPS Would you recommend this facility? <b>(MSA DENTAL)</b>	In-house	> 78.5	79.5	↑	87.5	86.4	61.1	78.6	90.9	100.0	No Data	94.4		82.4
Real Time: NPS Would you recommend this facility? <b>(CHD DENTAL)</b>	In-house	> 78.5	55.8	↑	50.0	38.5	43.8	43.9	76.5	75.0	83.3	78.7		64.7
Real Time: NPS Would you recommend this facility? <b>(AVD DENTAL)</b>	In-house	> 78.5	68.3	↑	73.3	95.0	86.4	86.0	61.5	72.2	47.4	60.0		73.8
Real Time: NPS Would you recommend this facility? <b>(PEC DENTAL)</b>	In-house	> 78.5	94.1	↑	87.1	80.8	84.6	84.3	80.0	80.6	86.5	83.0		83.6

# NRC Real Time: Qtr 2 FY22

## Feedback Management Comments

### (October, November, December)

#### Feedback Management Comments

- My experience was very good. I got my appointment pretty quickly I think, and the provider is excellent. She's very, very attentive and very detail oriented. Everyone who I dealt with over the phone or even in person has been great. And I really appreciate the service. Thank you.
- 
- Dr. Smarik Snyder and her staff are superb providers of medical care.
- Hi, Dr. Ugheghe was very helpful and the nurses she has that were helping her and the assistant doctor that was helping her were very helpful, and I'm very blessed to have a provider like you guys. Thank you very much and have a great day now. Bye.
- I am waiting for them to give me the covid vaccine, in which I have requested, I have been present, and because they have to make an appointment, but I have to work. I have a lot to do and I cannot be waiting for an appointment until January 18th. And now I am, I do not know if I am going to see the service on Friday, they gave me an appointment for Friday, and I have to go to waste time, if there are no consultations, I want to know if this Friday is going to be that consultation that has scheduled me.
- A great experience. As a health care professional, I am well aware of my surroundings. Everyone was great, especially my provider! She actually listened and encouraged my participation in my course of treatment. I hope I see her on my next visit. Valleywise Health should be very proud of the team at the North Phoenix location!
- I asked for my daughter's record and they don't do it on the computer, they wrote it to me on a sheet of paper and it (unreadable) They told me that it would take time to put it on the computer and for that reason to write. And the doctor told me that he would return in 10 minutes, the 10 minutes passed, did not return and there was an assistant because I had more questions that left me with doubts because the doctor did not return

# NRC Real Time: Qtr 2 FY22

## Feedback Management Comments

### (October, November, December)

#### Feedback Management Comments

- I'm incredibly disappointed that I had to wait almost an hour past my appointment time in order to be called by my doctor, even after calling them to verify that my appointment was still scheduled because nothing showed up on the app. This is not something that shows me that I'm valued as a patient, as a human being or as someone who's paying for this service. I'm incredibly unhappy with this and this is not the first time it's happened. I would really, really appreciate it if that gets looked into. It is not easy to get an appointment either.
- Dr. Elnicky is very easy going and very - I would - I felt very comfortable talking with her and it's one of the great things about her. She's also very, very smart. I always learn something when I have an appointment with her, which I did this time as well and I look forward to seeing her again. Thank you. Goodbye.
- Nothing against the provider. The provider did she provided the care she needed in an ample time she had. But the reflection is on the facility. The facility is what's holding is causing the negativeness of the whole, that affects the provider because the provider works with the facility. And the reason why I say that is because my appointment was cancelled numerous of times. Nobody never call me back. I ask to speak to the office manager. Nobody never call me back. So it's reflection of the facility, not the provider that's with hindering or giving the negativity. Because the provider is under the facility, and if the facility is not providing a quality care and have a inconvenience for the patient.
- I was so impressed with Caitlin Mcquarie coming in and just talking to me like a person and listening to my concerns and the things that were concerning to me, or the things that I had questions about. I never felt rushed. I didn't feel judge. She did such a good job, looking things over asking me questions following up with, you know, things that she should in the chart. 10 out of 10. I just loved her.



Valleywise Community Health  
Centers Governing Council  
Meeting

March 2, 2022

Item 5.b.

Executive Committee Report  
(No Handout)



Valleywise Community Health  
Centers Governing Council  
Meeting

March 2, 2022

Item 5.c.

Finance Committee Report -  
Financial Highlights

**VALLEYWISE HEALTH  
FEDERALLY QUALIFIED HEALTH CENTERS  
FINANCIAL STATEMENT HIGHLIGHTS  
For the month ending January 31, 2022**

**OPERATING REVENUE**

**(a) Visits**

	Actual	Budget	Variance	%Variance
Month-to-Date	25,633	23,786	1,847	7.8%
Year-to-Date	181,677	169,524	12,153	7.2%

Visits greater than budget for the month by 1,847 or 7.8%. Current month visits greater than prior month by 654 or 2.6%. The VCHC's were greater than budget by 1,565 or 12.1%, the Outpatient Behavioral Health clinics were less than budget by 12 or 0.9%, VCHC-Phoenix was less than budget by 127 or 2.3%, VCHC-Peoria was greater than budget by 276 or 12.1% and Dental less than budget by 133 or 7.9%.

**(b) Net Patient Service Revenue**

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 5,103,317	\$ 4,700,363	\$ 402,954	8.6%
Year-to-Date	\$ 35,681,489	\$ 33,535,675	\$ 2,145,814	6.4%
Month-to-Date Per Visit	\$ 199	\$ 198	\$ 1	0.7%
Year-to-Date Per Visit	\$ 196	\$ 198	\$ (1)	-0.7%

Net patient service revenue is greater than budget by \$403.0K for MTD. On a per visit basis, net patient service revenue is greater than budget by 0.7% for MTD. The VCHC's were greater than budget by \$381.0K or 13.9%, the Outpatient Behavioral Health clinics were greater than budget by \$8.9K or 2.9%, the VCHC-Phoenix clinics were greater than budget by \$20.0K or 2.1%, the VCHC-Peoria was greater than budget by \$55.8K or 12.6% and Dental less than budget by \$62.7K or 22.7%.

**(c) Other Operating Revenue**

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 353,178	\$ 232,277	\$ 120,901	52.1%
Year-to-Date	\$ 2,361,782	\$ 1,697,419	\$ 664,363	39.1%

Other operating revenue is greater than budget by \$120.9K for MTD.

**(d) PCMH Revenue**

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ -	\$ -	\$ -	0.0%
Year-to-Date	\$ 19,268	\$ 18,814	\$ 454	2.4%

**(e) Total operating revenues**

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 5,456,495	\$ 4,932,640	\$ 523,856	10.6%
Year-to-Date	\$ 38,062,539	\$ 35,251,909	\$ 2,810,631	8.0%
Month-to-Date Per Visit	\$ 213	\$ 207	\$ 5	2.6%
Year-to-Date Per Visit	\$ 210	\$ 208	\$ 2	0.8%

Total operating revenues are greater than budget by \$523.9K for MTD. On a per visit basis, total operating revenue is greater than budget by \$5.50 for MTD.

**VALLEYWISE HEALTH  
FEDERALLY QUALIFIED HEALTH CENTERS  
FINANCIAL STATEMENT HIGHLIGHTS  
For the month ending January 31, 2022**

**OPERATING EXPENSES**

**(f) Salaries and Wages**

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 2,235,881	\$ 1,804,777	\$ (431,104)	-23.9%
Year-to-Date	\$ 13,961,891	\$ 12,065,760	\$ (1,896,131)	-15.7%
Month-to-Date FTEs	379	420	42	9.9%
Year-to-Date FTEs	364	431	66	15.4%

Salaries and wages were greater than budget by \$431.1K for MTD. FTEs were less than budget by 42 for MTD. The average salaries and wages per FTE were greater compared to the previous month by \$385.56.

The budget includes FTE's under the American Rescue Plan.

**(h) Employee Benefits**

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 771,727	\$ 590,007	\$ (181,720)	-30.8%
Year-to-Date	\$ 4,603,395	\$ 4,033,327	\$ (570,067)	-14.1%
Month-to-Date Per FTE	\$ 2,037	\$ 1,403	\$ (634)	-45.2%
Year-to-Date Per FTE	\$ 12,644	\$ 9,368	\$ (3,276)	-35.0%

Employee benefits are greater than budget by \$181.7K MTD.

**Benefits as a % of Salaries**

	Actual	Budget	Variance	%Variance
Month-to-Date	34.5%	32.7%	-1.8%	-5.6%
Year-to-Date	33.0%	33.4%	0.5%	1.4%

**(i) Medical Service Fees**

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 1,882,940	\$ 1,864,771	\$ (18,169)	-1.0%
Year-to-Date	\$ 12,304,180	\$ 12,978,525	\$ 674,345	5.2%

Medical service fees were greater than budget for the month by \$18.2K MTD.

The VCHC's were less than budget by \$2.7K or 0.2%, OP Behavioral Health greater than budget by \$36.4K or 235.6%, VCHC - Phoenix was less than budget by \$18.9K or 4.0% and VCHC-Peoria was less than budget by \$34.5K or 15.9%.

**(j) Supplies**

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 180,876	\$ 204,307	\$ 23,431	11.5%
Year-to-Date	\$ 1,701,179	\$ 1,466,296	\$ (234,883)	-16.0%
Month-to-Date Supplies per Visit	\$ 7	\$ 9	\$ 2	17.8%
Year-to-Date Supplies per Visit	\$ 9	\$ 9	\$ (1)	-8.3%

Supplies expenses less than budget by \$23.4K MTD. The VCHC's less than budget in Pharmaceuticals by \$5.9K and VCHC - Phoenix less than budget in Pharmaceuticals by \$7.3K.

**(k) Purchased Services**

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 13,387	\$ 13,646	\$ 259	1.9%
Year-to-Date	\$ 135,701	\$ 109,591	\$ (26,110)	-23.8%

Purchased services less than budget by \$259.00 MTD.

**VALLEYWISE HEALTH**  
**FEDERALLY QUALIFIED HEALTH CENTERS**  
**FINANCIAL STATEMENT HIGHLIGHTS**  
**For the month ending January 31, 2022**

**OPERATING EXPENSES** (continued)

**(l) Other Expenses**

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 70,074	\$ 69,881	\$ (193)	-0.3%
Year-to-Date	\$ 528,320	\$ 579,977	\$ 51,657	8.9%

Other expenses greater than budget by \$193.00 MTD.

**(n) Allocated Ancillary Expense**

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 717,215	\$ 600,955	\$ (116,259)	-19.3%
Year-to-Date	\$ 5,248,773	\$ 4,221,413	\$ (1,027,359)	-24.3%

Allocated ancillary expenses were greater than budget by \$116.3K MTD.

**(o) Total operating expenses**

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 5,911,427	\$ 5,148,550	\$ (762,877)	-14.8%
Year-to-Date	\$ 38,543,986	\$ 35,456,291	\$ (3,087,695)	-8.7%
Month-to-Date Per Visit	\$ 231	\$ 216	\$ (14)	-6.1%
Year-to-Date Per Visit	\$ 212	\$ 209	\$ (3)	-1.4%

Total operating expenses greater than budget by \$762.9K MTD. On a per visit basis, the current month was 6.1% unfavorable.

**(p) Margin (before overhead allocation)**

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ (454,932)	\$ (215,910)	\$ (239,021)	-110.7%
Year-to-Date	\$ (481,447)	\$ (204,383)	\$ (277,064)	-135.6%
Month-to-Date Per Visit	\$ (18)	\$ (9)	\$ (9)	-95.5%
Year-to-Date Per Visit	\$ (3)	\$ (1)	\$ (1)	-119.8%

Total margin (before overhead allocation) is less than budget by \$239.0K for MTD.



Valleywise Community Health  
Centers Governing Council  
Meeting

March 2, 2022

Item 5.d.

Strategic Planning and Outreach  
Committee Report  
(No Handout)



Valleywise Community Health  
Centers Governing Council  
Meeting

March 2, 2022

Item 6.

FQHC Clinics'  
CEO Report



**Office of the Sr Vice President & CEO FQHC Clinics**

2525 East Roosevelt Street • Phoenix • AZ • 85008

DATE: March 3, 2022

TO: Valleywise Community Health Centers Governing Council

FROM: Barbara Harding, BAN, RN, MPA, PAHM, CCM  
Sr VP Amb Services & CEO FQHC Clinics

SUBJECT: CEO Report

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UDS

The UDS measurement year ended December 31, 2021. Below, the Quality Measures table reflects the successful improvement in outcomes for the patient population.

Valleywise Health FQHC UDS Quality Measure Report Results: December 2021

UDS Clinical Quality Measure	Baseline (CY2018)	CY2019	CY2020	HP 2030 Target Goal	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Target Goal (2020 UDS National Average)	Intended Direction	Monthly Status
Body Mass Index (BMI) Screening and Follow-Up Plan	43.64%	56.46%	57.29%	N/A*	53.54%	55.61%	56.21%	57.31%	32.20%	32.31%	32.58%	32.81%	32.92%	33.05%	33.46%	33.44%	65.72%	↑	Not in Target
Cervical Cancer Screening	48.24%	47.42%	45.59%	84.3%	45.37%	45.82%	46.68%	46.93%	48.74%	48.83%	48.95%	49.13%	49.63%	49.67%	49.56%	49.58%	51.00%	↑	Approaching Target
Childhood Immunization Status (CIS)	29.72%	42.81%	52.20%	N/A*	49.82%	52.56%	53.77%	54.65%	53.54%	52.51%	51.39%	50.81%	50.19%	49.46%	47.98%	47.63%	40.42%	↑	Improving
Colorectal Cancer Screening	48.39%	49.21%	45.89%	74.4%	37.71%	39.67%	42.01%	43.34%	44.18%	45.61%	46.53%	47.52%	48.09%	49.11%	50.21%	50.83%	40.09%	↑	Improving
Controlling High Blood Pressure	52.40%	52.78%	46.42%	60.8%	21.62%	27.23%	32.80%	37.49%	41.27%	44.45%	46.17%	47.79%	48.34%	48.00%	47.92%	47.82%	57.98%	↑	Not in Target
Diabetes: Hemoglobin A1c Poor Control	35.00%	31.29%	35.15%	11.6%	72.09%	62.37%	52.10%	45.55%	41.27%	38.69%	37.17%	35.83%	34.78%	33.61%	32.74%	31.84%	35.60%	↓	Improving
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	80.00%	82.19%	80.05%	N/A*	81.09%	79.34%	78.88%	78.49%	79.61%	79.86%	79.77%	79.91%	80.07%	79.52%	79.84%	79.91%	78.80%	↑	Improving
Screening for Clinical Depression and Follow-Up Plan if positive screen	72.08%	71.92%	40.92%	13.5%	24.84%	27.75%	31.27%	33.79%	36.85%	39.26%	41.20%	43.57%	44.86%	46.31%	47.77%	48.91%	64.21%	↑	Approaching Target
Tobacco Use: Screening and Cessation Intervention	82.85%	86.38%	85.60%	N/A*	86.06%	85.85%	86.19%	86.23%	82.52%	83.71%	84.51%	85.31%	86.20%	86.94%	87.46%	87.86%	83.43%	↑	Improving
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	60.04%	69.41%	66.54%	N/A*	49.38%	55.82%	60.28%	62.24%	64.48%	66.97%	70.41%	72.18%	73.72%	75.34%	77.10%	78.61%	65.13%	↑	Improving
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	N/A	N/A	73.77%	N/A*	74.69%	74.54%	74.55%	74.22%	72.53%	72.41%	72.29%	72.06%	72.03%	71.85%	71.82%	71.78%	71.92%	↑	Approaching Target
Breast Cancer Screening	N/A	N/A	55.42%	N/A*	44.56%	47.98%	50.64%	51.70%	53.23%	54.45%	55.33%	56.50%	56.99%	57.66%	58.30%	58.38%	45.34%	↑	Improving
HIV Screening	N/A	N/A	47.79%	N/A*	53.88%	53.49%	53.49%	53.88%	54.09%	55.97%	56.81%	57.68%	57.91%	57.99%	58.16%	58.30%	32.29%	↑	Improving

Monthly Status Key	
Target Met or Exceeded	Indicator has met or is exceeding the target goal
Approaching Target	Indicator is within 10% of the target goal
Not in Target	Indicator is > 10% outside target goal
Improving	Indicator is NOT meeting the target goal but has shown consistent month over month improvement

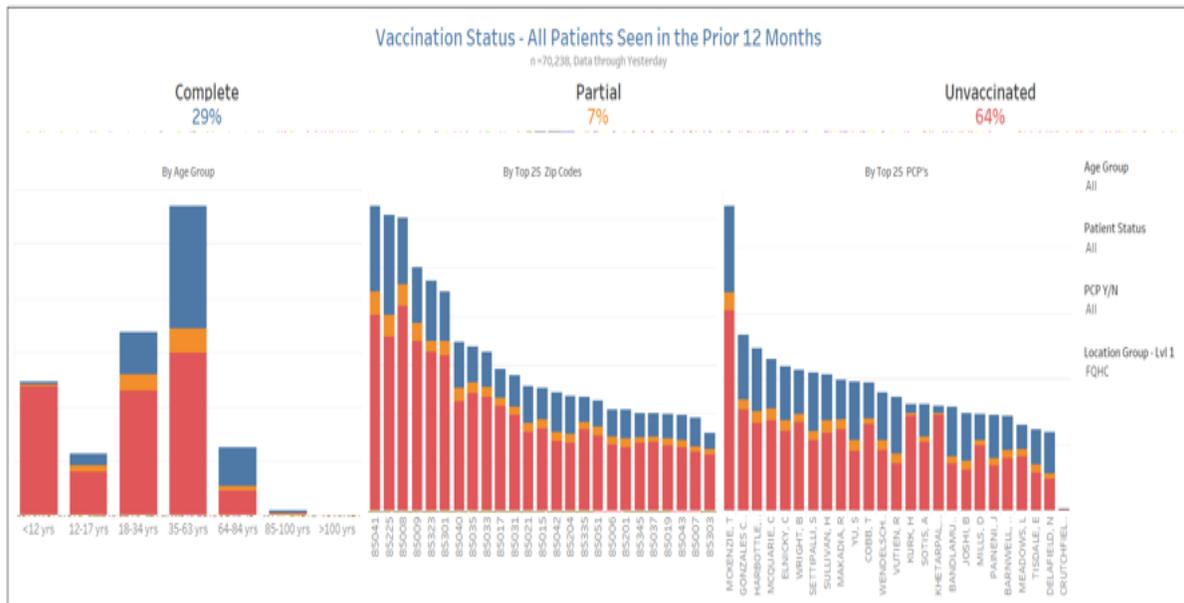
\*HP 2030 Objective definition not equivalent to UDS Quality of Care

The complete 2021 UDS report was successfully submitted to HRSA on February 14, 2022. A review of the entire report will be presented to the Governing Council in April.

**COVID**

Throughout the nation, FQHCs were key in providing access to care and services for the prevention and management of the pandemic. Valleywise Community Health and Comprehensive Health Centers provided access to education, screening/testing, and vaccinations throughout the public health crisis. A critical component is vaccinating the population. Below is the Vaccine Status Dashboard<sup>1</sup> for the FQHC clinics.

**Patient Vaccine Status and Vaccine Doses**



<sup>1</sup> Valleywise Health FQHC Patient Vaccine Status and Vaccine Doses. Retrieved: 02/17/2022

# NATIONAL FINDINGS ON HEALTH CENTERS' RESPONSE TO COVID-19

As of January 28, 2021

The Health Resources and Services Administration is surveying health centers bi-weekly to track their COVID-19 response. 81% (1,115) of health centers responded this fielding. To date, almost **18 million** health center patients have been tested for COVID-19 and over **20 million** vaccines have been administered.

## Health Centers' Vaccine Events Past 2 Weeks:



## Past two week's COVID-19 vaccinations:



Total vaccinations since January 2021<sup>1</sup>

**20,232,850**

Past two weeks of COVID-19 virus detection

**612,271** Patients were tested

**60%**

of patients tested were racial and/or ethnic minorities



**192,781** Patients tested positive

**59%**

of patients tested positive were racial and/or ethnic minorities

SINCE APRIL 3RD, 2020:  
Total patients tested

**17,919,871**



Total patients testing positive

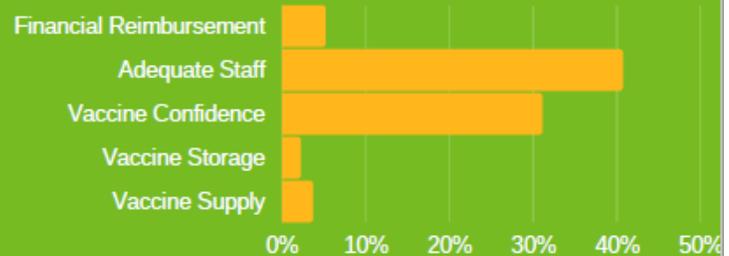
**2,448,186**

### Health Centers Continue to Have Issues with Test Result Turnaround Time and Administering the Vaccine

**50%**

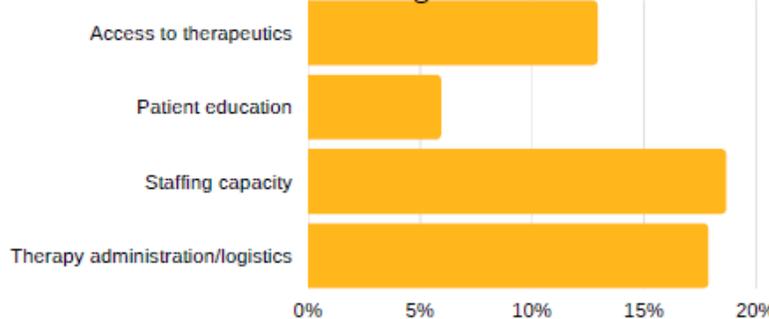
of Health Centers Report COVID-19 Test Results Have a Turnaround Time of **less than 24 hours**

% of Health Centers That Have These Challenges with Vaccine Deployment:



### Health Centers and Monoclonal Antibody Therapy in the Past Week

% of Health Centers Experiencing Challenges with Providing Access:



**60%** of health centers provided access to Monoclonal Antibody therapies

**1,575** doses of Monoclonal Antibodies administered

Source and Notes: Data presented in this fact sheet come from the Bureau of Primary Health Care, Health Resources and Services Administration, Health Center COVID-19 Survey. Survey data are preliminary and do not reflect all health centers. Some duplication of patients tested from week to week may occur. For more information, please visit <https://bphc.hrsa.gov/emergency-response/coronavirus-healthcenter-data>.  
1. Total reported refers to the number of respondents for COVID-19 testing since the survey period starting on April 3, 2020 and the number of respondents vaccinated since January 8 2021.

For more information, email [research@nachc.org](mailto:research@nachc.org) or visit [www.nachc.org/coronavirus](http://www.nachc.org/coronavirus).



Valleywise Community Health  
Centers Governing Council  
Meeting

March 2, 2022

Item 7.

District Board of Director's  
Report  
(No Handout)



Valleywise Community Health  
Centers Governing Council  
Meeting

March 2, 2022

Item 8.

Valleywise Health's President  
and CEO Report  
(No Handout)



Valleywise Community Health  
Centers Governing Council  
Meeting

March 2, 2022

Item 9.

Closing Comments  
and Announcements  
(No Handout)



Valleywise Community Health  
Centers Governing Council  
Meeting

March 2, 2022

Item 10.

Staff Assignments  
(No Handout)