

**Council Members**

Scott Jacobson, Chairman
Eileen Sullivan, Vice Chairman
Earl Arbuckle, Member
Piedad Blake, Member
Nelly Clotter-Woods, Member
Chris Hooper, Member
Salina Imam, Member
Aime Ishimwe, Member
Eric Manoa, Member
Norma Muñoz, Member
William O'Neill, Member
Essen Otu, Member
Wayne Tormala, Member
Jane Wilson, Member

AGENDA**Valleywise Community Health Centers
Governing Council****Mission Statement**

The Valleywise Health's mission is to provide exceptional care, without exception, every patient, every time.

• Virginia G. Piper Charitable Trust Pavilion •
• 2609 East Roosevelt Street • Phoenix, Arizona 85008 •
• 2nd Floor • Auditoriums 1 and 2 •

Wednesday, June 4, 2025
5:30 p.m.

Access to the meeting room will start at 5:20 p.m., 10 minutes prior to the start of the meeting.

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

Please silence cell phone, computer, etc., to minimize disruption of the meeting.

5:30 **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.

ITEMS MAY BE DISCUSSED IN A DIFFERENT SEQUENCE

Agendas are available within 24 hours of each meeting at Valleywise Community Health Centers and at Valley Comprehensive Health Centers, 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, Virginia G. Piper Charitable Trust Pavilion, 2609 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.

General Session, Presentation, Discussion and Action:

- 5:35 1. Approval of Consent Agenda: 5 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. Intentionally Left Blank
 - b. Contracts:
 - i. Intentionally Left Blank
 - c. Governance:
 - i. **Reappoint** [Earl Arbuckle](#) to the Valleywise Community Health Centers Governing Council
 - ii. **Reappoint** [Chris Hooper](#) to the Valleywise Community Health Centers Governing Council
 - iii. **Reappoint** [Norma Muñoz](#) to the Valleywise Community Health Centers Governing Council
 - d. Medical Staff:
 - i. **Acknowledge** the Federally Qualified Health Centers [Medical Staff and Advanced Practice Clinician/Allied Health Professional Staff Credentials](#)
-
- End of Consent Agenda**
- 5:45 2. Mission Moment – A Patient Story 5 min - No Handout
Jeff Spacht, Manager FQHC Pediatric Clinic
- 5:50 3. **Elect** a Chairman and Vice Chairman of the Valleywise Community Health Centers Governing Council for one (1) Year Terms for Fiscal Year 2026, commencing July 1, 2025 10 min - No Handout
Valleywise Community Health Centers Governing Council
- 6:00 4. Discuss, Review and **Approve** the [Annual Internal Audit Work Plan for the Federally Qualified Health Centers for Fiscal Year 2026](#) 15 min
L.T. Slaughter, CPA, MBA, Chief Compliance Officer
- 6:15 5. Discuss, Review and **Approve** the [Annual Compliance Work Plan for the Federally Qualified Health Centers for Fiscal Year 2026](#) 15 min
L.T. Slaughter, CPA, MBA, Chief Compliance Officer
- 6:30 6. Discuss, Review and **Approve** Submission to Health Resources and Services Administration for a [Change in Scope to extend the hours by 7.5 per week at the Valleywise Community Health Center-Guadalupe, effective August 18, 2025](#) 5 min
Michelle Barker, DHSc, Chief Executive Officer, Federally Qualified Health Centers

General Session, Presentation, Discussion and Action cont.:

- 6:35 7. Meeting Update/Report from Valleywise Community Health Centers Governing Council's Connecting with the Community Committee **5 min - No Handout**
Chris Hooper, Committee Chair
- 6:40 8. Federally Qualified Health Centers' Chief Executive Officer's Report, including [Ambulatory Operational Dashboards](#) **10 min**
Michelle Barker, DHSc, Chief Executive Officer, Federally Qualified Health Centers
- 6:50 9. Valleywise Health's President and Chief Executive Officer's Report **5 min - No Handout**
Steve A. Purves, FACHE, President and Chief Executive Officer, Valleywise Health
- 6:55 10. Governing Council Member Closing Comments/Announcements **5 min - No Handout**
Valleywise Community Health Centers Governing Council
- 7:00 **Adjourn**

1.c.i Governance - Reappointment of Earl Arbuckle to the Governing Council

Valleywise Community Health Centers Governing Council ApplicationFull Legal Name: **Earl Eugene Arbuckle**

(As it appears on your Arizona Driver's License, Federal, State, or Locally Issued Identification Card, or U.S. Passport)

Chosen Name: **Earl** What are your pronouns? _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell: _____

E-mail Address: _____

Employer: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Do you or any immediate family members (spouse, child, parent, or sibling, by blood, adoption, or marriage) work for 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, that provides similar services to Valleywise Health? YES ☐ NO ☒

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. Do you receive more than 10% of your annual income from the health care industry? YES ☐ NO ☒

Were you referred by someone? YES ☐ NO ☒

If yes, please list his/her name: _____

Valleywise Community Health Centers Governing Council Application

- Have you or a dependent child received care in the last 24 months at one of Valleywise Health's Federally Qualified Health Centers (dental care included)? **Please note** that clinical or billing records within the past 24 months can be used by Health Resources and Services Administration (HRSA) to verify your status as a user. YES ☒ NO ☐

If yes, please list the Federally Qualified Health Center designated site utilized, and approximate month/year of last visit

[Redacted]

Name of Federally Qualified Health Center

[Redacted]

Month/Year

- Why would you like to be a member of the Valleywise Community Health Centers Governing Council?

I am interested in providing service to others. In particular, I feel there is a great need to provide healthcare services to those that are most vulnerable. I have been fortunate to receive care from some great providers and I believe that everyone should have that opportunity.

I have experience on the periphery of healthcare and provide a unique set of skills and knowledge around healthcare operations that I can utilize on the Governing Council.

- As a community member, what do you feel are the greatest health care concerns in Maricopa County?

The number of healthcare concerns grow by the moment: access to care is fundamental to any other health concern like Behavior Health, Addictions, chronic illnesses (diabeties) etc.

Of course to be available there is a need for financial stability.

- What special interests or experiences do you have that would benefit the Governing Council?

I attended two AACHC conferences and on NACHC conference during my 3 year tenure on the current council.

I have worked with multiple healthcare organizations around the country mostly in patient flow operations. I have worked with a healthcare provider as a technical resource in patient accounting, order processing and clinical care.

My life career has always been associated with healthcare providers and the breadth of my experience in different departments and also different healthcare providers give be a broad set of ideas on how to help Valleywise provide care to those in need.

Valleywise Community Health Centers Governing Council Application

5. Governing Council members are appointed to a three (3) year term. The Governing Council meets one evening a month for approximately two hours. Occasionally, the Governing Council may need to call a special meeting. In addition to meetings, a member should allow time for other duties such as reading meeting material to prepare for meetings. Do you have at least eight (8) hours per month to devote to the Governing Council? YES ☒ NO ☐

6. Have you served or are you currently serving on any other boards or committees? If so, please list the board/committees and dates of service.

N/A

7. Health Resources and Services Administration (HRSA), the government agency that provides funding for our Federally Qualified Health Centers, requires information on Governing Council members including members' areas of expertise, race/ethnicity, and gender.

Area of expertise (***select no more than two***):

Healthcare <input checked="" type="checkbox"/>	Finance <input checked="" type="checkbox"/>	Legal <input type="checkbox"/>	Community Affairs <input type="checkbox"/>
Trade Unions <input type="checkbox"/>	Government <input type="checkbox"/>	Social Services <input type="checkbox"/>	

Valleywise Community Health Centers Governing Council Application

Ethnicity:

Mexican/Mexican American/Chicano/a ☐ Puerto Rican ☐ Cuban ☐
Hispanic or Latino/a or Spanish Origin ☐ Non-Hispanic or Latino/a or Spanish Origin ☒
Another Hispanic or Latino/a or Spanish Origin ☐ Prefer not to answer ☐

Race:

Asian ☐ Native Hawaiian ☐ Other Pacific Islander ☐ Black/African American ☐
American Indian/Alaska Native ☐ White ☒ More than one race ☐
Prefer not to answer ☐

Gender:

Male ☒ Female ☐ Prefer not to answer ☐

Please share anything about yourself that you think would add to the diversity and/or advocacy of the Council.

N/A

8. All members of the Valleywise Community Health Centers Governing Council must comply with the Maricopa County Special Health Care District Code of Conduct and Ethics and Conflicts of Interest and Gift policy. One of the Principles of Standards of Conduct included in the Code is for Valleywise Health to complete a background check on existing and potential Governing Council members.

Would you consent and authorize Valleywise Health to procure background checks? YES ☒ NO ☐

Signature _____

Date _____

Please Note: This application is considered a public record

1.cii. Governance - Reappointment of Chris Hooper to the Governing Council

Valleywise Community Health Centers Governing Council ApplicationFull Legal Name: Christopher James Hooper

(As it appears on your Arizona Driver's License, Federal, State, or Locally Issued Identification Card, or U.S. Passport)

Chosen Name: Christopher Hooper What are your pronouns? He/HimHome Address: [REDACTED]City: [REDACTED] State: [REDACTED] Zip: [REDACTED]Home Telephone: [REDACTED] Cell: [REDACTED]E-mail Address: [REDACTED]Employer: [REDACTED]Work Address: [REDACTED]City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

Do you or any immediate family members (spouse, child, parent, or sibling, by blood, adoption, or marriage) work for 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, that provides similar services to Valleywise Health? YES ☐ NO ☒

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. Do you receive more than 10% of your annual income from the health care industry? YES ☐ NO ☒

Were you referred by someone? YES ☒ NO ☐If yes, please list his/her name: Jason Vail Cruz

Valleywise Community Health Centers Governing Council Application

1. Have you or a dependent child received care in the last 24 months at one of Valleywise Health's Federally Qualified Health Centers (dental care included)? **Please note** that clinical or billing records within the past 24 months can be used by Health Resources and Services Administration (HRSA) to verify your status as a user. YES ☒ NO ☐

If yes, please list the Federally Qualified Health Center designated site utilized, and approximate month/year of last visit

[REDACTED]

Name of Federally Qualified Health Center

[REDACTED]

Month/Year

2. Why would you like to be a member of the Valleywise Community Health Centers Governing Council?

I have been a member of the Valleyways Community Health Center's Governing Council for over 2 years and have seen the improvements and positive impacts that the governing council has created for Valleywise Health and its patients. I would like to continue to serve our community and continue to help with those positive changes.

3. As a community member, what do you feel are the greatest health care concerns in Maricopa County?

Our greatest health concern for Maricopa County is the same as across the country. Making everyone has equal access to quality healthcare regardless of personal circumstances should be the goal of Maricopa County and the goal of Valleywise Health. Moving our healthcare system towards one that emphasizes and uses social determinants of health to create better health outcomes for patients should be something to strive towards.

4. What special interests or experiences do you have that would benefit the Governing Council?

My experience on the council for over two years is a tremendous asset for the council. Having knowledge of how the company is currently run and being a part of creating goals for the future, along with participating on the council while it has made incredible improvements over the last several years is an asset to this council. Being a current patient of the system is also one of my greatest strengths as it allows me to always have a patient perspective and think outside the box for better outcomes for patients.

Valleywise Community Health Centers Governing Council Application

5. Governing Council members are appointed to a three (3) year term. The Governing Council meets one evening a month for approximately two hours. Occasionally, the Governing Council may need to call a special meeting. In addition to meetings, a member should allow time for other duties such as reading meeting material to prepare for meetings. Do you have at least eight (8) hours per month to devote to the Governing Council? YES ☒ NO ☐

6. Have you served or are you currently serving on any other boards or committees? If so, please list the board/committees and dates of service.

I am currently the Chair for Valleywise Health Center's Governing Council ad-hoc commi for Community Outreach.

7. Health Resources and Services Administration (HRSA), the government agency that provides funding for our Federally Qualified Health Centers, requires information on Governing Council members including members' areas of expertise, race/ethnicity, and gender.

Area of expertise (***select no more than two***):

Healthcare ☐ Finance ☐ Legal ☐ Community Affairs ☒
Trade Unions ☐ Government ☐ Social Services ☐

Valleywise Community Health Centers Governing Council Application

Ethnicity:

Mexican/Mexican American/Chicano/a ☐
 Puerto Rican ☐
 Cuban ☐
 Hispanic or Latino/a or Spanish Origin ☒
 Non-Hispanic or Latino/a or Spanish Origin ☐
 Another Hispanic or Latino/a or Spanish Origin ☐
 Prefer not to answer ☐

Race:

Asian ☐
 Native Hawaiian ☐
 Other Pacific Islander ☐
 Black/African American ☐
 American Indian/Alaska Native ☐
 White ☐
 More than one race ☒
 White
 Prefer not to answer ☐
 Hispanic

Gender:

Male ☒
 Female ☐
 Prefer not to answer ☐

Please share anything about yourself that you think would add to the diversity and/or advocacy of the Council.

My experience in the local LGBTQ+ community programs like Voices of Hope Storytelling along with participating in LGBTQ+ community activities throughout Maricopa County for over 20 years allows me to have a unique and personal perspective. Being from a family with mixed backgrounds also gives me a diverse perspective and objective outlook.

8. All members of the Valleywise Community Health Centers Governing Council must comply with the Maricopa County Special Health Care District Code of Conduct and Ethics and Conflicts of Interest and Gift policy. One of the Principles of Standards of Conduct included in the Code is for Valleywise Health to complete a background check on existing and potential Governing Council members.

Would you consent and authorize Valleywise Health to procure background checks? YES ☒ NO ☐

Signature _____

Date _____

Please Note: This application is considered a public record

1.c.ii. Governance - Reappointment of Norma Muñoz to the Governing Council

Valleywise Community Health Centers Governing Council ApplicationFull Legal Name: Norma A. Munoz

(As it appears on your Arizona Driver's License, Federal, State, or Locally Issued Identification Card, or U.S. Passport)

Chosen Name: _____ are your pronouns? _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell: _____

E-mail Address: _____

Employer: Retired

Work Address: _____

City: _____ State: _____ Zip: _____

Do you or any immediate family members (spouse, child, parent, or sibling, by blood, adoption, or marriage) work for 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, that provides similar services to Valleywise Health? YES ☐ NO ☒

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. Do you receive more than 10% of your annual income from the health care industry? YES ☐ NO ☒

Were you referred by someone? YES ☒ NO ☐If yes, please list his/her name: Mary Rose Wilcox

Valleywise Community Health Centers Governing Council Application

1. Have you or a dependent child received care in the last 24 months at one of Valleywise Health's Federally Qualified Health Centers (dental care included)? Please note that clinical or billing records within the past 24 months can be used by Health Resources and Services Administration (HRSA) to verify your status as a user. YES ☐ NO ☒

If yes, please list the Federally Qualified Health Center designated site utilized, and approximate month/year of last visit

Name of Federally Qualified Health Center

Month/Year

2. Why would you like to be a member of the Valleywise Community Health Centers Governing Council?

Health care is very important to all people, especially those underprivileged. I want to help to ensure that Valleywise continues to serve the people in their health needs in the most ethical and professional manner.

3. As a community member, what do you feel are the greatest health care concerns in Maricopa County?

The greatest health care concerns in Maricopa County are diabetes, hypertension and drug addiction. Our homeless population continues to grow and while they are living on the streets they are not getting the health care that they need. I think we need to continue the good work that Valleywise is already doing but we must do more to provide better access to this population. Our health mobile unit is an excellent way to reach all people and I think we need to expand that service.

4. What special interests or experiences do you have that would benefit the Governing Council?

Serving my community I would consider my special interest. I have served on my school district governing board for over 25 years. I think my experiences can help connect with my community.

Valleywise Community Health Centers Governing Council Application

5. Governing Council members are appointed to a three (3) year term. The Governing Council meets one evening a month for approximately two hours. Occasionally, the Governing Council may need to call a special meeting. In addition to meetings, a member should allow time for other duties such as reading meeting material to prepare for meetings. Do you have at least eight (8) hours per month to devote to the Governing Council? YES ☒ NO ☐

6. Have you served or are you currently serving on any other boards or committees? If so, please list the board/committees and dates of service.

I have served on the Roosevelt School District Governing board for over 25 years.

7. Health Resources and Services Administration (HIRSA), the government agency that provides funding for our Federally Qualified Health Centers, requires information on Governing Council members including members' areas of expertise, race/ethnicity, and gender.

Area of expertise (*select no more than two*):

Healthcare ☐ Finance ☐ Legal ☐ Community Affairs ☒
Trade Unions ☐ Government ☒ Social Services ☐

Valleywise Community Health Centers Governing Council Application

Ethnicity:

Mexican/Mexican American/Chicano/a ☒ Puerto Rican ☐ Cuban ☐
Hispanic or Latino/a or Spanish Origin ☐ Non-Hispanic or Latino/a or Spanish Origin ☐
Another Hispanic or Latino/a or Spanish Origin ☐ Prefer not to answer ☐

Race:

Asian ☐ Native Hawaiian ☐ Other Pacific Islander ☐ Black/African American ☐
American Indian/Alaska Native ☐ White ☐ More than one race ☐
Prefer not to answer ☒

Gender:

Male ☐ Female ☒ Prefer not to answer ☐

Please share anything about yourself that you think would add to the diversity and/or advocacy of the Council.

Any Council must be diverse and I think I can add my diversity experience to this Council. Diversity can add different perspectives and feelings to any group.

8. All members of the Valleywise Community Health Centers Governing Council must comply with the Maricopa County Special Health Care District Code of Conduct and Ethics and Conflicts of Interest and Gift policy. One of the Principles of Standards of Conduct included in the Code is for Valleywise Health to complete a background check on existing and potential Governing Council members.

Would you consent and authorize Valleywise Health to procure background checks? YES ☒ NO ☐

Signature

[Redacted Signature]

Date

[Redacted Date]

Please Note: This application is considered a public record

1.d.i Medical Staff - Medical Staff and Advanced Practice Clinician Allied Health Professional Staff Credentials

Recommended by Credentials Committee: April 1, 2025
 Recommended by Medical Executive Committee: April 8, 2025
 Submitted to MSHCDB: April 23, 2025

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	DEPARTMENT/SPECIALTY	APPOINTMENT DATES	COMMENTS
John Daggett Lenahan, M.D.	Courtesy	Family & Community Medicine	05/01/2025 to 04/30/2027	

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION			
NAME	SPECIALTY/PRIVILEGES	RECOMMENDATION EXTEND or PROPOSED STATUS	COMMENTS
Jasna Seserinc, M.D.	Pediatrics	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Pediatric & Adolescent Core Privileges.
Emma Joon Smith, D.O.	Internal Medicine	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Internal Medicine Core Privileges.

REAPPOINTMENTS/ONGOING PROFESSIONAL PRACTICE EVALUATION				
NAME	CATEGORY	DEPARTMENT/SPECIALTY	APPOINTMENT DATES	COMMENTS
Carol Jean Elnicky, M.D.	Active	Family & Community Medicine	05/01/2025 to 04/30/2027	
Philip M. James, M.D.	Active	Pediatrics	05/01/2025 to 04/30/2027	
Paul W. Marshburn, M.D.	Courtesy	Obstetrics & Gynecology	05/01/2025 to 04/30/2027	
Jasna Seserinc, M.D.	Active	Pediatrics	05/01/2025 to 04/30/2027	

CHANGE IN PRIVILEGES			
NAME	DEPARTMENT/SPECIALTY	ADDITION / REDUCTION / WITHDRAWAL	COMMENTS
Paul W. Marshburn, M.D.	Obstetrics & Gynecology	<u>Withdrawal</u> : Robotic Surgery	Voluntary Relinquishment of Privileges due to non-utilization of privileges

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

ADVANCED PRACTICE CLINICIAN / 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.

ADVANCED PRACTICE CLINICIAN / ALLIED HEALTH PROFESSIONAL – INITIAL APPOINTMENTS				
NAME	DEPARTMENT	PRACTICE PRIVILEGES/ SCOPE OF SERVICE	APPOINTMENT DATES	COMMENTS
Hannah Nan Farfour, A.G.P.C.N.P.	Internal Medicine	Practice Prerogatives on file	5/1/2025 to 4/30/2027	
Stereen Nemat Zebari, F.N.P.	Internal Medicine	Practice Prerogatives on file	5/1/2025 to 4/30/2027	

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION			
NAME	DEPARTMENT/SPECIALTY	RECOMMENDATION EXTEND or PROPOSED STATUS	COMMENTS
Lynne Shaunte Coleman, F.N.P.	Obstetrics & Gynecology	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Minor Surgery, IUD Removal/Insertion, Endometrial Biopsy (under physician's supervision) Privileges.
Meghan Rae Teel, N.N.P.	Pediatrics	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Neonatology Core and Neonatology Intensive Care Core Privileges.

ADVANCED PRACTICE CLINICIAN / ALLIED HEALTH PROFESSIONAL – REAPPOINTMENTS				
NAME	DEPARTMENT	PRACTICE PRIVILEGES/ SCOPE OF SERVICE	APPOINTMENT DATES	COMMENTS
Jacqueline Rhea Blanch, F.N.P.	Family & Community Medicine	Practice Prerogatives on file	5/1/2025 to 4/30/2027	
Lynne Shaunte Coleman, W.H.N.P., F.N.P.	Obstetrics & Gynecology	Practice Prerogatives on file	5/1/2025 to 4/30/2027	
Adeeb Mahmoud Shaheen, F.N.P.	Internal Medicine	Practice Prerogatives on file	5/1/2025 to 4/30/2027	
Meghan Rae Teel, N.N.P.	Pediatrics	Practice Prerogatives on file	5/1/2025 to 4/30/2027	

CHANGE IN PRIVILEGES			
NAME	DEPARTMENT/SPECIAL TY	ADDITION / REDUCTION / WITHDRAWAL	COMMENTS
Lynne Shaunte Coleman, W.H.N.P., F.N.P.	Obstetrics & Gynecology	<u>Addition</u> : First Assist – Tie suture under personal supervision; Drainage of vulvar and vaginal cysts and/or placement of word catheter	FPPE
Stephanie Ann Rideaux, W.H.N.P.	Obstetrics & Gynecology	<u>Addition</u> : Fetal Monitoring privileges	FPPE

RESIGNATION (Information Only)			
NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
Maria Elvelina Barnwell, P.A.-C	Family & Community Medicine	Allied Health Professional to Inactive	Resigned effective February 28, 2025

General Definitions:

Advanced Practice Clinician	An Advanced Practice Clinicians (APC) means individuals other than Medical Staff members who are licensed healthcare professionals who are board certified and have at least a master's degree. APCs are trained to practice medicine and prescribe within the scope of their training as outlined by their specific scope of practice and are authorized by law and by the Hospital to provide patient care services.
Allied Health Professional	An Allied Health Professional (AHP) means individuals other than Medical Staff members or APCs who are qualified by training, experience, and current competence in a discipline permitted to practice in the hospital and are authorized by law and by the Hospital to provide patient care services.
Practice Prerogatives	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.

4. Annual Internal Audit Work Plan for the Federally Qualified Health Centers for Fiscal Year 2026

FY2026 FQHC Internal Audit Work Plan - Valleywise Health Community Health Center Governing Council



Reporting Group: Internal Audit
Person Reporting:
L.T. Slaughter, Jr., CPA, CGMA, CHC, CISSP, CISA, MBA
or Elena Landeros, Privacy Specialists
Reporting period: FY2026
Chief Compliance Officer/Privacy Officer

1.0 – FY2026 Internal Audit Work Plans – FQHC

Data Dictionary for the Compliance and Internal Audit Work Plan

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ADP – Our new Human Resources management system.

AHCCCS – Arizona Healthcare Cost Containment System – State of Arizona's name for the Medicaid state plan.

Evaluation and Management (E&M) – The process clinic physicians bill for their services.

HIPAA - Healthcare related privacy and IT security rules.

Information Blocking Rules - 21st Century Cares Act enables better access of medical information to patients.

OSV – Operational Site Visit – The name for the HRSA audit of FQHCs as it relates to the HRSA Compliance Manual.

Provider Based Billing – Medicare billing for a location as an outpatient department of the hospital.

Prop 480 (Care-Reimagined) – Referendum passed by the voters of Maricopa County to fund the re-construction of Maricopa County Special Health Care District d/b/a Valleywise Health.

SAFER Guidelines – Required electronic medical record and disaster planning questionnaire.

Uniform Guidance – Required audit of federal grants received.

340b – A HRSA sponsored discount drug program.

1.1 FY2026 Internal Audit Work Plan – FQHC

The FY2026 internal audit projects are listed below with proposed timing and estimated hours. Each project will, at a minimum, include a focus on the adequacy of internal controls as well as the identification of value-added recommendations. The FY2026 audit plan represents audits based on the results of the risk assessment and may be subject to change based on changes in risk, priorities and Valleywise Health initiatives throughout the fiscal year.

Project Name	Audit Timing	Est. Audit Hours	Current Status	Completion Status	Initial Risk Rating	Post Review Ranking
Risk Assessment and Selection Q1 (Current State Assessment)						
IQ1.1 FQHC Uniform Guidance/HRSA Grants Reviews (R19)	Q1	100 Hours			5	
IQ1.2 Approval Matrix and DMG Contract Flows (R9) (R17)	Q1	100 Hours			5	
Risk Re-assessment and Selection Q2						
IQ2.1 Human Resources, Benefits, and Payroll Controls KRONOS/ADP Implementation/SOAR Program (R1)(R5)	Q2	150 Hours			5	
IQ2.2 P-Card and Accounts Payable Controls (P26)	Q2	75 Hours			5	
IQ2.3 IT Disaster Recovery/Business Continuity Assessment and SAFER Guidelines (R7)	Q2	100 Hours			5	

1.1 FY2026 Internal Audit Work Plan – FQHC

The FY2026 internal audit projects are listed below with proposed timing and estimated hours. Each project will, at a minimum, include a focus on the adequacy of internal controls as well as the identification of value-added recommendations. The FY2026 audit plan represents audits based on the results of the risk assessment and may be subject to change based on changes in risk, priorities and Valleywise Health initiatives throughout the fiscal year.

Project Name	Audit Timing	Est. Audit Hours	Current Status	Completion Status	Initial Risk Rating	Post Review Ranking
Risk Re-assessment and Selection Q3						
IQ3.1 Violent Patients/Active Shooter/Infant Abduction - FQHC Walk Throughs (R13)	Q3	100 Hours			5	
IQ3.2 Midas to Press Gainey Migration and Patient Safety Organization (R16)	Q3	125 Hours			5	
Risk Re-assessment and Selection Q4						
IQ4.1 EPIC Refuel, the IT Department and Remote Workforce (R8)	Q4	150 Hours			5	
IQ4.2 Care Re-Imagined (Prop 480) Final Audit (R11)	Q4	100 Hours			5	
Risk Assessment and 2027 Internal Audit Plan Development	Quarterly	120 Hours				
Special Projects and Other Internal Audit Requests	On-going	TBD				
Internal Audit Planning, Administration and Meetings	Quarterly	TBD				



5. Annual Compliance Work Plan for the Federally Qualified Health Centers for Fiscal Year 2026

FY2026 FQHC - Compliance Work Plan

- Valleywise Health Community Health Center Governing Council



Reporting Group: Compliance

Person Reporting:

L.T. Slaughter, Jr., CPA, CGMA, CHC, CISSP, CISA, MBA

or Elena Landeros, Privacy Specialists

Reporting period: FY2026

Chief Compliance Officer/Privacy Officer

1.0 – FY2026 Compliance Work Plans – FQHC

Data Dictionary for the Compliance and Internal Audit Work Plan

ADP – Our new Human Resources management system.

AHCCCS – Arizona Healthcare Cost Containment System – State of Arizona's name for the Medicaid state plan.

Evaluation and Management (E&M) – The process that clinic physicians bill for their services.

HIPAA - Healthcare related privacy and IT security rules.

Information Blocking Rules - 21st Century Cares Act enables better access of medical information to patients.

OSV – Operational Site Visit – The name for the HRSA audit of FQHCs at it relates to the HRSA Compliance Manual.

Provider Based Billing – Medicare billing for a location as an outpatient department of the hospital.

Prop 480 (Care-Reimagined) – Referendum passed by the voters of Maricopa County to fund the re-construction of Maricopa County Special Health Care District d/b/a Valleywise Health.

SAFER Guidelines – Required electronic medical record and disaster planning questionnaire.

Uniform Guidance – Required audit of federal grants received.

340b – A HRSA sponsored discount drug program.

1.1 FY2026 Compliance Work Plan – FQHC

The FY2026 compliance projects are listed below with proposed timing and estimated hours. Each project will, at a minimum, include a focus on the adequacy of compliance with regulations, as well as the identification of value-added recommendations. The FY2026 compliance work plan represents compliance activities based on the results of the risk assessment and may be subject to change based on changes in risk, priorities and Valleywise Health initiatives throughout the fiscal year.

Project Name	Audit Timing	Est. Audit Hours	Current Status	Completion Status	Initial Risk Rating	Post Review Ranking
Risk Assessment and Selection Q1						
CQ1.1 Evaluation and Management (E&M) Coding Review and Training (R15)	Q1	100 Hours			5	
CQ1.2 FQHC Clinic Structure Review/Provider Based/Compliance Manual Review (R14)	Q1	150 Hours			5	
Risk Re-assessment and Selection Q2						
CQ2.1 Outpatient Behavioral Health (R2)	Q2	125 Hours			5	
CQ2.2 Artificial Intelligence Risks in Healthcare, AI Dictation and Policy Development (R3)(R15)	Q2	150 Hours			5	

1.2 FY2026 Compliance Work Plan – FQHC

The FY2026 compliance projects are listed below with proposed timing and estimated hours. Each project will, at a minimum, include a focus on the adequacy of compliance with regulations, as well as the identification of value-added recommendations. The FY2026 compliance work plan represents compliance activities based on the results of the risk assessment and may be subject to change based on changes in risk, priorities and Valleywise Health initiatives throughout the fiscal year.

Project Name	Audit Timing	Est. Audit Hours	Current Status	Completion Status	Initial Risk Rating	Post Review Ranking
Risk Re-assessment and Selection Q3						
CQ3.1 Charge Master and Charge Capture Review (R25)	Q3	100 Hours			5	
CQ3.2 Pharmacy 340b Compliance (R12)	Q3	150 Hours			5	
Risk Re-assessment and Selection Q4						
CQ4.1 Information Blocking/Price Transparency/No Surprise Act (R28)	Q4	150 Hours			5	
CQ4.2 Uniform Guidance Reviews (R19)	Q4	150 Hours			5	
RQ4 Risk Assessment and 2027 Compliance Plan Development	Quarterly	120 Hours				
Special Projects and Other Compliance Requests	On-going	TBD				
Compliance Planning, Administration and Meetings	Quarterly	TBD				



6. Change in Scope



Office of the Sr Vice President & CEO FQHC Clinics

2601 East Roosevelt Street • Phoenix • AZ• 85008

DATE: June 4th, 2025

TO: Valleywise Community Health Centers Governing Council

FROM: Michelle Barker, DHSc, Senior Vice President of Ambulatory Services and Federally Qualified Health Centers Chief Executive Officer

SUBJECT: Change in Scope of Service (CIS) Extend Hours of Operation: Valleywise Community Health Center- Guadalupe

Per the Health Resources and Services Administration (HRSA), Health Center Compliance Manual, Chapter 6: Accessible Locations and Hours of Service and in accordance with 45 CFR 75.308(c)(1)(i), health centers must request prior approval from HRSA for a “Change in the scope or the objective of the project or program (even if there is no associated budget revision requiring prior written approval).” This prior approval requirement applies to the addition, deletion, or replacement of a service site. These changes require prior approval from HRSA and must be submitted by the health center as a formal change in scope request.

Staff is requesting approval of the submission of the Change in Scope (CIS) to HRSA for grant number: H80CS33644 Maricopa County Special Health Care District extending hours of operation for Valleywise Community Health Center – Guadalupe.

This CIS requests that the hours of operation be extended for Valleywise Community Health Center- Guadalupe to reflect the following:

- Hours of Operation : 7:00AM – 5:30PM, Monday-Friday
 - Effective August 18th, 2025.

8. Ambulatory Operational Dashboards

FQHC Measures

As of April 2025

Access

Average of
Appointment Fill
Rates FYTD (93%)



90.6%

New Patient
Availability (21Days)



31

No Show Rate FYTD
(15%)



16.8%

Referrals Ready to Book
in ≤ 3 Days by
Percentage FYTD (95%)



96.3%

Patient Satisfaction

Press Ganey FYTD (80.8%)



76.3%

Quality

Quality measures at or Above Target CYTD

Meet or Exceeding Target Goal

46%

Within 10% of the Target Goal

39%

>10% Outside target Goal

15%

Financial

% Variance of
Revenue FYTD



7%

% Variance of
Expenses
FYTD

-4%

% Variance of Visits
FYTD



4.2%



Ambulatory Pillars Dashboard
April 2025

Community Health Centers													Other FQHC Clinics							Mobile Unit			
PATIENT EXPERIENCE - Ambulatory																							
	Target	Avondale	Chandler	Guadalupe	West Maryvale	Mesa	North Phoenix	S. Central Phoenix	S. Phoenix Laveen	McDowell	McDowell - Mesa	VCHCs FYTD	Peoria Primary Care	Women's Clinic	Antepartum Testing	Diabetes Ed	Internal Medicine P	Peds Primary		Other FQHC- Peoria FYTD	Mobile Health Unit	Grand Total	
Press Ganey Top Box Score FYTD (Likelihood of recommending)	≥80.8	74.7	77.8	77.5	78.4	74.2	81.4	77.0	77.1	85.5		78.1	71.4	72.8	72.9	64.5	75.8	68.2		72.3	85.7	76.3	
	n-size	475	406	204	388	524	665	479	560	365		4,066	721	455	133	31	488	324		1,988	49	6,103	
ACCESS - Ambulatory																							
	Target	Avondale	Chandler	Guadalupe	West Maryvale	Mesa	North Phoenix	S. Central Phoenix	S. Phoenix Laveen	McDowell	McDowell - Mesa	VCHCs FYTD	Peoria Primary Care	Women's Clinic	Antepartum Testing	Diabetes Ed	Internal Medicine P	Peds Primary		Other FQHC- Peoria FYTD	Mobile Health Unit	Grand Total	
Appointments Scheduled FYTD		28,167	31,859	11,827	30,290	27,472	37,536	37,891	27,966	31,633	1,689	266,330	43,691	36,003	14,433	3,144	28,107	24,781		150,159	1,294	417,783	
Provider Appointment Fill Rate FYTD		94.9%	92.4%	84.5%	92.9%	92.8%	93.9%	88.9%	92.3%	94.7%	87.1%	92.5%	87.7%	87.6%	99.7%	n/a	97.0%	75.4%		87.6%	52.2%	90.6%	
Scheduled Appointment No-Shows FYTD		3,940	4,534	2,200	5,119	4,778	7,031	7,733	4,981	6,548	305	47,169	6,672	5,524	1,267	653	4,014	4,861		22,991	204	70,364	
No Show Rate FYTD	<18%	14.0%	14.2%	18.6%	16.9%	17.4%	18.7%	20.4%	17.8%	20.7%	18.1%	17.7%	15.3%	15.3%	8.8%	20.8%	14.3%	19.6%		15.3%	15.8%	16.8%	
FINANCE - Ambulatory																					****	*****	
		Avondale	Chandler	Guadalupe	West Maryvale	Mesa	North Phoenix	S. Central Phoenix	S. Phoenix Laveen	McDowell	McDowell - Mesa	VCHCs FYTD	Peoria Primary Care	Women's Clinic	Antepartum Testing	Diabetes Ed	Internal Medicine P	Peds Primary		Other FQHC- Peoria FYTD	Mobile Health Unit	Grand Total FQHC	FYTD FQHC
In-Person Visits FYTD		15,071	16,634	5,865	16,137	14,108	17,709	19,769	14,465	11,718	771	132,247	21,535	18,039	9,329	809	16,067	15,280		81,059	781	244,732	
Virtual Visits FYTD		790	1,086	586	634	932	1,645	877	622	2,765	77	10,014	2,423	243	9	33	234	19		2,961	1	34,509	
Total Actual Visits (includes Nurse Only Visits) FYTD		15,861	17,720	6,451	16,771	15,040	19,354	20,646	15,087	14,483	848	142,261	23,958	18,282	9,338	842	16,301	15,299		84,020	782	279,241	
Budgeted Visits FYTD		18,332	15,737	6,202	16,420	16,074	17,990	18,066	14,660	15,152	959	139,592	23,488	18,580	7,912	1,253	15,765	13,764		80,762	806	267,883	
Variance FYTD		(2,471)	1,983	249	351	(1,034)	1,364	2,580	427	(669)	(111)	2,669	470	(298)	1,426	(411)	536	1,535		3,258	(24)	11,358	
Variance by % FYTD		-13.5%	12.6%	4.0%	2.1%	-6.4%	7.6%	14.3%	2.9%	-4.4%	-11.6%	1.9%	2.0%	-1.6%	18.0%	-32.8%	3.4%	11.2%		4.0%	-3.0%	4.2%	
Total Number of Patients seen by provider FYTD		15,305	17,259	6,235	15,673	14,512	18,736	20,071	14,607	12,368	689	135,455	23,371	16,371			15,526	14,770		70,038	729	206,222	
PATIENT EXPERIENCE - Behavioral Health																							
	Target	Avondale	Chandler	Guadalupe	West Maryvale	Mesa	North Phoenix	S. Central Phoenix	S. Phoenix Laveen		BH Psychiatry	BH FYTD	PEC	PXC									
Press Ganey Top Box Score FYTD (Likelihood of recommending)		100.0	100.0	100.0	100.0	87.5	68.8	50.0	100.0		97.0	90.5	100	60									
	n-size	6	5	3	10	32	16	4	5		33	147	28	5									
FINANCE - Behavioral Health																							
	Target	Avondale	Chandler	Guadalupe	West Maryvale	Mesa	North Phoenix	S. Central Phoenix	S. Phoenix Laveen		BH Psychiatry	BH FYTD	PEC	PXC									
In-Person Visits FYTD		578	338	138	787	850	855	355	311		579	8,402	1,087	2,524									
Virtual Visits FYTD		1,725	1,792	1,177	1,822	3,032	1,308	2,462	1,147		4,374	21,533	2,694	0									
Total Actual Visits FYTD		2,303	2,130	1,315	2,609	3,882	2163	2,817	1458		4953	29,935	3,781	2,524									
Budget Visits FYTD		3,146	1,801	1,018	2,215	3,094	1808	2,578	1940		3772	26,473	2,725	2,379									
Variance FYTD		(843)	329	297	394	788	355	239	(482)		1181	3,462	1056	145									
Variance by % FYTD		-26.8%	18.3%	29.2%	17.8%	25.5%	19.6%	9.3%	-24.8%		31.3%	13.1%	38.8%	6.1%									

LEGEND:

Not in Target
5% less than the target
Target ≥ 95%

- ** Specialty HIV Community Health Center
- *** Specialty HIV Community Health Clinic - McDowell Services
- **** Grand Total FQHC for Total Number of Patients seen by provider FYTD includes Community Health Centers & Other FQHCs



Ambulatory Pillars Dashboard

April 2025

Community Health Centers										Other FQHC Clinics				Mobile Unit
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PATIENT EXPERIENCE - Dental														
	Target	Avondale	Chandler							McDowell		Dental FYTD	PEC	PXC
Press Ganey Top Box Score FYTD (Likelihood of recommending)		73.3	78.0							82.6		79.5	90	75
	n-size	75	118							132		800	157	318

FINANCE - Dental														
		Avondale	Chandler							McDowell		Dental FYTD	PEC	PXC
Actual Visits FYTD		2,285	2,700							2,941		22,243	4,912	9,405
Budget Visits FYTD		2,383	2,521							2,913		20,250	4,325	8,108
Variance FYTD		-98	179							28		1993	587	1297
% Variance FYTD		-4.1%	7.1%							1.0%		9.8%	13.6%	16.0%

LEGEND:

Not in Target

5% less than the target

Target ≥ 95%

** Specialty HIV Community Health Center

*** Specialty HIV Community Health Clinic - McDowell Services

**** Grand Total FQHC for Total Number of Patients seen by provider FYTD includes Community Health Centers & Other FQHCs

***** FYTD FQHC for Actual/Budgeted Visits includes Community Health Centers, Other FQHCs, Dental, & OP Behavioral Health Clinics

FQHC Grand Total Actual vs Budgeted Visits
FY 2025 Trend

35,000
30,000
25,000
20,000
15,000
10,000
5,000
0

FYTD Actual Visits
FYTD Budgeted Visits

	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25
FYTD Actual Visits	26,574	28,949	26,824	29,779	25,178	24,834	29,175	26,777	29,274	31,877
FYTD Budgeted Visits	23,417	27,810	25,891	27,110	26,046	24,229	28,630	27,310	27,960	29,480

Ambulatory Care	Reporting Program	2024 UDS National Average	2023 UDS National Average	CYTD 2024	Desired Direction	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	June 2025	Jul 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025	YTD
Quality /Regulatory Metrics																		
Unified Data System																		
Body Mass Index (BMI) Screening and Follow-Up Plan	HRSA		> 67.13%	92.74%	⬆️	✔️ 89.17%	✔️ 89.56%	✔️ 90.68%										✔️ 90.68%
Numerator						11,977	18,914	25,760										25,760
Denominator						13,432	21,119	28,408										28,408
Cervical Cancer Screening	HRSA		> 54.96%	59.37%	⬆️	✔️ 57.90%	✔️ 58.59%	✔️ 59.00%										✔️ 59.00%
Numerator						4,062	6,306	8,430										8,430
Denominator						7,015	10,763	14,288										14,288
Childhood Immunization Status (CIS)	HRSA		> 30.23%	39.31%	⬆️	⚠️ 29.17%	✔️ 30.42%	✔️ 30.69%										✔️ 30.69%
Numerator						126	202	252										252
Denominator						432	664	821										821
Colorectal Cancer Screening	HRSA		> 41.10%	48.01%	⬆️	❌ 32.32%	❌ 34.98%	❌ 36.93%										❌ 36.93%
Numerator						2,564	4,288	6,081										6,081
Denominator						7,933	12,260	16,466										16,466
Controlling High Blood Pressure	HRSA		> 65.68%	60.73%	⬆️	❌ 56.83%	❌ 58.86%	⚠️ 60.58%										⚠️ 60.58%
Numerator						3,056	4,945	6,852										6,852
Denominator						5,377	8,402	11,310										11,310
Diabetes: Glycemic Status Assessment Greater Than 9%	HRSA		< 28.81%	29.14%	⬆️	❌ 57.63%	❌ 48.07%	❌ 40.51%										❌ 40.51%
Numerator						2,141	2,795	3,192										3,192
Denominator						3,715	5,814	7,879										7,879
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	HRSA		> 75.78%	75.17%	⬆️	⚠️ 72.77%	⚠️ 72.79%	⚠️ 72.84%										⚠️ 72.84%
Numerator						513	800	1,054										1,054
Denominator						705	1,099	1,447										1,447
Screening for Clinical Depression and Follow-Up Plan if positive screen	HRSA		> 71.60%	80.42%	⬆️	❌ 61.28%	❌ 62.74%	⚠️ 66.83%										⚠️ 66.83%
Numerator						9,630	15,329	21,804										21,804
Denominator						15,715	24,433	32,627										32,627
Tobacco Use: Screening and Cessation Intervention	HRSA		> 84.90%	89.83%	⬆️	⚠️ 83.38%	⚠️ 83.93%	⚠️ 83.85%										⚠️ 83.85%
Numerator						2,889	7,030	11,955										11,955
Denominator						3,465	8,376	14,258										14,258
Weight Assessment & Counseling for Nutrition & Physical Activity for Children & Adolescents	HRSA		> 71.50%	79.09%	⬆️	❌ 48.24%	❌ 50.44%	❌ 54.42%										❌ 54.42%
Numerator						1,080	1,958	2,818										2,818
Denominator						2,239	3,882	5,178										5,178
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	HRSA		> 77.31%	77.05%	⬆️	✔️ 78.47%	✔️ 79.43%	✔️ 79.93%										✔️ 79.93%
Numerator						3,561	5,589	7,586										7,586
Denominator						4,538	7,036	9,491										9,491
Breast Cancer Screening	HRSA		> 52.40%	62.65%	⬆️	✔️ 55.31%	✔️ 57.13%	✔️ 58.80%										✔️ 58.80%
Numerator						1,911	3,033	4,148										4,148
Denominator						3,455	5,309	7,055										7,055
HIV Screening	HRSA		> 48.45%	70.83%	⬆️	✔️ 76.18%	✔️ 75.59%	✔️ 75.51%										✔️ 75.51%
Numerator						9,656	14,831	19,705										19,705
Denominator						12,675	19,620	26,095										26,095

‡ -

**Data is pulled from the UDS dashboard on the 1st Friday of every month

Data Not Available	~
Data is not final and subject to change	‡
Equal or greater than benchmark	✔️
Less than 10% negative variance	⚠️
Greater than 10% negative variance	❌



Ambulatory Pillars Dashboard
Data Dictionary

Federally Qualified Health Centers

	Data Source	Owner	Frequency	System
PATIENT EXPERIENCE - Ambulatory				
Press Ganey Top Box Score (Likelihood of recommending)	<p>The Press Ganey patient experience survey uses a Likert-type scale of 5 responses: very poor, poor, fair, good, and very good. The Top Box score reflects the percentage of patient responses answered 'very good' to the overall patient experience assessment question: "Likelihood of your recommending our practice to others?".</p> <p>*Scores are limited to include only FQHC departments by location. McDowell - Mesa is included under the Mesa overall score.</p> <p><i>*Dental, Financial Counseling, Lab, Radiology, Ophthalmology, and other Specialty departments within each community health center are excluded from locational roll ups*</i></p> <p>*Grand Totals reflect responses under the Medical Practice question set - values for Diabetes Education and Antepartum Testing although reflected on the dashboard are not included in the Grand Total roll up, as these areas are evaluated under the Outpatient Services question set and cannot currently be combined.</p>	<p>NRC Real Time Score Summary</p> <p>*pulled by Amanda Jacobs</p>	Monthly	NRC Health - Department Summary Report
ACCESS - Ambulatory				
Appointments Scheduled FYTD	<p>All appointment visits are included, except from Dental, Financial Counseling, Lab, Radiology, Ophthalmology, and other Specialty departments. *For FYTD.</p> <p>*Note: For active providers only - FYTD does not account for historical provider information</p>	<p>FQHC Appointment Statistics by Clinic Details (Prior Month) Report</p> <p>*last modified 6/2/2020 by Vondra Dee Nason</p> <p>*pulled by Amanda Jacobs</p>	Monthly	EPIC Report
Provider Appointment Fill Rate FYTD	<p>Provider schedule utilization metric calculated by number of patients to appointment slots available. *For MTD and FYTD. Data is pulled from Epic Clarity: Availability table, which looks at the Provider Templates.</p> <p><i>*Limited to MD, NP, PA, and Midwives - as of February 2024 data</i></p>	<p>FQHC Clinic Performance Dashboard</p> <p>FQHC Provider Availability</p> <p>*pulled by Amanda Jacobs</p>	Monthly	Tableau
Scheduled Appointment No-Shows FYTD	<p>All No- show appointment visits are included, except from Dental, Financial Counseling, Lab, Radiology, Ophthalmology, and other Specialty departments. *For FYTD.</p>	<p>FQHC Appointment Statistics by Clinic Details (Prior Month) Report</p> <p>*last modified 6/2/2020 by Vondra Dee Nason</p> <p>*pulled by Amanda Jacobs</p>	Monthly	EPIC Report
No Show Rate FYTD	<p>Percentage of Scheduled Patients who were a "No show" patient or same day cancellation. *For FYTD.</p>	Amanda Jacobs	Monthly	Formula
FINANCE - Ambulatory				
In-Person Visits FYTD	Total Actual Visits (includes nurse only visits) FYTD - Virtual Visits FYTD	Nancy Horskey	Monthly	Axiom
Virtual Visits FYTD	Virtual Telemedicine Visits (telephonic/audio/visual/other virtual type) FYTD	Nancy Horskey	Monthly	Axiom
Total Actual Visits (includes nurse only visits) FYTD	All visits per Clinic (visit count methodology). For the Fiscal Year to Date	Nancy Horskey	Monthly	Axiom
Budgeted Visits FYTD	All budgeted visits per Clinic (visit count methodology) For the Fiscal Year to Date	Nancy Horskey	Monthly	Axiom
Variance FYTD	Actual Visits FYTD (includes nurse only visits) - Budgeted Visits FYTD. For the Fiscal Year to Date	Amanda Jacobs	Monthly	Formula
Variance by % FYTD	Variance FYTD / Budgeted Visits FYTD (%) For the Fiscal Year to Date	Amanda Jacobs	Monthly	Formula
Total Number of Patients seen by provider	Completed visits for provider only	Maria Aguirre	Monthly	Epic - Clarity Query
Grand Total FQHC	Includes Month Totals from Community Health Centers, Dental, Other FQHC, and OP Behavioral Health clinics	Amanda Jacobs	Monthly	Formula
FYTD FQHC	Includes FYTD Totals from Community Health Centers, Dental, Other FQHC, and OP Behavioral Health clinics	Amanda Jacobs	Monthly	Formula



Ambulatory Pillars Dashboard
Data Dictionary

Federally Qualified Health Centers

	Data Source	Owner	Frequency	System
PATIENT EXPERIENCE - Behavioral Health				
	<p>The Press Ganey patient experience survey uses a Likert-type scale of 5 responses: very poor, poor, fair, good, and very good. The Top Box score reflects the percentage of patient responses answered 'very good' to the overall patient experience assessment question: "Likelihood of your recommending our practice to others?".</p> <p>*Scores are limited to include only FQHC IBH departments by location.</p> <p><i>*Ambulatory, Dental, Financial Counseling, Lab, Radiology, Ophthalmology, and other Specialty departments within each community health center are excluded from locational roll ups*</i></p>			
Press Ganey Top Box Score (Likelihood of recommending)	*Grand Totals reflect responses under the Medical Practice question set	Press Ganey Custom Query(s) *pulled by Steven Elliot/Amanda Jacobs	Monthly	Press Ganey Patient Experience (PG Fusion)
FINANCE - Behavioral Health				
In-Person Visits FYTD	Total Actual Visits (includes nurse only visits) FYTD - Virtual Visits FYTD	Nancy Horskey	Monthly	Axiom
Virtual Visits FYTD	Virtual Telemedicine Visits (telephonic/audio/visual/other virtual type) FYTD	Nancy Horskey	Monthly	Axiom
Total Actual Visits FYTD	Actual Visits per BH Clinic (all visits per Valleywise Health month end visit count methodology) For fiscal year to date	Nancy Horskey	Monthly	Axiom
Budgeted Visits FYTD	Budgeted Visits per BH Clinic (all visits per Valleywise Health month end visit count methodology) For fiscal year to date	Nancy Horskey	Monthly	Axiom
Variance FYTD	Actual Visits FYTD (includes nurse only visits) - FYTD Budgeted Visits	Amanda Jacobs	Monthly	Formula
Variance by % FYTD	Variance FYTD/ Budgeted Visits FYTD (%)	Amanda Jacobs	Monthly	Formula
PATIENT EXPERIENCE - Dental				
	<p>The Press Ganey patient experience survey uses a Likert-type scale of 5 responses: very poor, poor, fair, good, and very good. The Top Box score reflects the percentage of patient responses answered 'very good' to the overall patient experience assessment question: "Likelihood of your recommending our practice to others?".</p> <p>*Scores are limited to include only FQHC Dental departments by location.</p> <p><i>*Ambulatory, IBH, Financial Counseling, Lab, Radiology, Ophthalmology, and other Specialty departments within each community health center are excluded from locational roll ups*</i></p>			
Press Ganey Top Box Score (Likelihood of recommending)	*Grand Totals reflect responses under the Medical Practice question set	Press Ganey Custom Query(s) *pulled by Steven Elliot/Amanda Jacobs	Monthly	Press Ganey Patient Experience (PG Fusion)
FINANCE - Dental				
Actual Visits FYTD	All visits per Dental Clinic (visit count methodology) For fiscal year to date	Nancy Horskey	Monthly	Axiom
Budgeted Visits FYTD	All budgeted visits per Dental Clinic (visit count methodology) For fiscal year to date	Nancy Horskey	Monthly	Axiom
Variance FYTD	Actual Visits FYTD (includes nurse only visits) - FYTD Budgeted Visits	Amanda Jacobs	Monthly	Formula
Variance by % FYTD	Variance FYTD/ Budgeted Visits FYTD (%)	Amanda Jacobs	Monthly	Formula



Ambulatory Pillars Dashboard
Data Dictionary

Federally Qualified Health Centers

Data Source		Owner	Frequency	System
QUALITY - Ambulatory				
Quality /Regulatory Metrics	Required by:		Quality	Monthly
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	CMS69v13	<p>Description: Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the measurement period AND who had a follow-up plan documented if BMI was outside of normal parameters</p> <p>Numerator: Patients with a documented BMI during the encounter or during the measurement period, AND when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the measurement period</p> <p>Denominator: All patients aged 18 and older on the date of the encounter with at least one eligible encounter during the measurement period</p> <p>Exclusions/Exceptions Outlined via eCQI Resource Center: https://ecqi.healthit.gov/ecqm/ec/2025/cms0069v13?qt-tabs_measure=measure-information</p>	Quality	Monthly
Cervical Cancer Screening	CMS124v13	<p>Description: Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria: * Women age 21-64 who had cervical cytology performed within the last 3 years * Women age 30-64 who had cervical human papillomavirus (HPV) testing performed within the last 5 years</p> <p>Numerator: Women with one or more screenings for cervical cancer. Appropriate screenings are defined by any one of the following criteria: * Cervical cytology performed during the measurement period or the two years prior to the measurement period for women 24-64 years of age by the end of the measurement period. * Cervical human papillomavirus (HPV) testing performed during the measurement period or the four years prior to the measurement period for women who are 30 years or older at the time of the test.</p> <p>Denominator: Women 24-64 years of age by the end of the measurement period with a visit during the measurement period</p> <p>Exclusions/Exceptions Outlined via eCQI Resource Center: https://ecqi.healthit.gov/ecqm/ec/2025/cms0124v13?qt-tabs_measure=measure-information</p>	Quality	Monthly
Childhood Immunization Status (CIS)	CMS117v13	<p>Description: Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three or four H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday</p> <p>Numerator: Children who have evidence showing they received recommended vaccines, had documented history of the illness, had a seropositive test result, or had an allergic reaction to the vaccine by their second birthday</p> <p>Denominator: Children who turn 2 years of age during the measurement period and who have a visit during the measurement period</p> <p>Exclusions/Exceptions Outlined via eCQI Resource Center: https://ecqi.healthit.gov/ecqm/ec/2025/cms0117v13?qt-tabs_measure=measure-information</p>	Quality	Monthly



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Colorectal Cancer Screening	CMS130v13	<p>Description: Percentage of adults 45-75 years of age who had appropriate screening for colorectal cancer</p> <p>Numerator: Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria: * Fecal occult blood test (FOBT) during the measurement period * Stool DNA (sDNA) withFIT during the measurement period or the two years prior to the measurement period * Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period * CT Colonography during the measurement period or the four years prior to the measurement period * Colonoscopy during the measurement period or the nine years prior to the measurement period</p> <p>Denominator: Patients 46-75 years of age by the end of the measurement period with a visit during the measurement period</p> <p>Exclusions/Exceptions Outlined via eCQI Resource Center: https://ecqi.healthit.gov/ecqm/ec/2025/cms0130v13?qt-tabs_measure=measure-information</p>	Quality	Monthly	EPIC/UDS
Controlling High Blood Pressure	CMS165v13	<p>Description: Percentage of patients 18-85 years of age who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period, and whose most recent blood pressure was adequately controlled (<140/90mmHg) during the measurement period</p> <p>Numerator: Patients whose most recent blood pressure is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period</p> <p>Denominator: Patients 18-85 years of age by the end of the measurement period who had a visit during the measurement period and diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period.</p> <p>Exclusions/Exceptions Outlined via eCQI Resource Center: https://ecqi.healthit.gov/ecqm/ec/2025/cms0165v13?qt-tabs_measure=measure-information</p>	Quality	Monthly	EPIC/UDS
Diabetes: Glycemic Status Assessment Greater Than 9%	CMS122v13	<p>Description: Percentage of patients 18-75 years of age with diabetes who had a glycemic status assessment (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) > 9.0% during the measurement period</p> <p>Numerator: Patients whose most recent glycemic status assessment (HbA1c or GMI) (performed during the measurement period) is >9.0% or is missing, or was not performed during the measurement period</p> <p>Denominator: Patients 18-75 years of age with diabetes with a visit during the measurement period</p> <p>Exclusions/Exceptions Outlined via eCQI Resource Center: https://ecqi.healthit.gov/ecqm/ec/2025/cms0122v13?qt-tabs_measure=measure-information</p>	Quality	Monthly	EPIC/UDS
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	CMS164v7	<p>Description: Percentage of patients 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), or who had a coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCIs) in the 12 months prior to the measurement period or who had an active diagnosis of IVD during the measurement period, and who had documented use of aspirin or another antiplatelet during the measurement period</p> <p>Numerator: Patients who had an active medication of aspirin or another antiplatelet during the measurement year</p> <p>Denominator: Patients 18 years of age and older with a visit during the measurement period who had an AMI, CABG, or PCI during the 12 months prior to the measurement year or who had a diagnosis of IVD overlapping the measurement year</p> <p>Exclusions/Exceptions Outlined via eCQI Resource Center: https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS164v7.html</p>	Quality	Monthly	EPIC/UDS



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Preventive Care and Screening: Screening for Depression and Follow-Up Plan:	CMS2v13	<p>Description: Percentage of patients aged 12 years and older screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive a follow-up plan is documented on the date of or up to two days after the date of the qualifying encounter</p> <p>Numerator: Patients screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized tool AND if positive, a follow-up plan is documented on the date of or up to two days after the date of the qualifying encounter</p> <p>Denominator: All patients aged 12 years and older at the beginning of the measurement period with at least one qualifying encounter during the measurement period</p> <p>Exclusions/Exceptions Outlined via eCQI Resource Center: https://ecqi.healthit.gov/ecqm/ec/2025/cms0002v14?qt-tabs_measure=measure-information</p>	Quality	Monthly	EPIC/UDS
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention:	CMS138v13	<p>Description: Percentage of patients aged 12 years and older who were screened for tobacco use one or more times during the measurement period AND who received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period if identified as a tobacco user</p> <p>Numerator: Patients who were screened for tobacco use at least once during the measurement period AND who received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period if identified as a tobacco user.</p> <p>Denominator: All patients aged 12 years and older seen for at least two visits or at least one preventive visit during the measurement period</p> <p>Exclusions/Exceptions Outlined via eCQI Resource Center: https://ecqi.healthit.gov/ecqm/ec/2025/cms0138v13?qt-tabs_measure=measure-information</p>	Quality	Monthly	EPIC/UDS
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	CMS155v13	<p>Description: Percentage of patients 3–17 years of age who had an outpatient visit with a primary care physician (PCP) or obstetrician/gynecologist (OB/GYN) and who had evidence of height, weight, and body mass index (BMI) percentile documentation, who had documentation of counseling for nutrition, and who had documentation of counseling for physical activity during the measurement period</p> <p>Numerator: Patients who had: *height, weight and body mass index (BMI) percentile recorded during the measurement period. *counseling for nutrition during the measurement period. *counseling for physical activity during the measurement period.</p> <p>Denominator: Patients 3-17 years of age by the end of the measurement period, with at least one outpatient visit with a primary care physician (PCP) or an obstetrician/gynecologist (OB/GYN) during the measurement period</p> <p>Exclusions/Exceptions Outlined via eCQI Resource Center: https://ecqi.healthit.gov/ecqm/ec/2025/cms0155v13?qt-tabs_measure=measure-information</p>	Quality	Monthly	EPIC/UDS



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Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS347v8	<p>Description: Percentage of the following patients - all considered at high risk of cardiovascular events - who were prescribed or were on statin therapy during the measurement period:</p> <p>*All patients who were previously diagnosed with or currently have a diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD), including an ASCVD procedure; OR</p> <p>*Patients aged 20 to 75 years who have ever had a low-density lipoprotein cholesterol (LDL-C) level >= 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia; OR</p> <p>*Patients aged 40-75 years with a diagnosis of diabetes; OR</p> <p>*Patients aged 40 to 75 with a 10-year ASCVD risk score of >= 20 percent.</p> <p>Numerator:</p> <p>Patients who are actively using or who receive an order (prescription) for statin therapy at any time during the measurement period</p> <p>Denominator:</p> <p>All patients who were previously diagnosed with or currently have a diagnosis of clinical ASCVD, including an ASCVD procedure. Patients aged 20 to 75 years at the beginning of the measurement period who have ever had a laboratory result of LDL-C >=190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia. Patients aged 40 to 75 years at the beginning of the measurement period with Type 1 or Type 2 diabetes. Patients aged 40 to 75 at the beginning of the measurement period with a 10-year ASCVD risk score (i.e., 2013 ACC/AHA ASCVD Risk Estimator or the ACC Risk Estimator Plus) of >= 20 percent during the measurement period.</p> <p>Exclusions/Exceptions Outlined via eCQI Resource Center: https://ecqi.healthit.gov/ecqm/ec/2025/cms0347v8?qt-tabs_measure=measure-information</p>	Quality	Monthly	EPIC/UDS
Breast Cancer Screening	CMS125v13	<p>Description: Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the Measurement Period</p> <p>Numerator:</p> <p>Women with one or more mammograms any time on or between October 1 two years prior to the measurement period and the end of the measurement period</p> <p>Denominator:</p> <p>Women 52-74 years of age by the end of the measurement period with a visit during the measurement period</p> <p>Exclusions/Exceptions Outlined via eCQI Resource Center: https://ecqi.healthit.gov/ecqm/ec/2025/cms0125v13?qt-tabs_measure=measure-information</p>	Quality	Monthly	EPIC/UDS
HIV Screening	CMS349v7	<p>Description: Percentage of patients aged 15-65 at the start of the measurement period who were between 15-65 years old when tested for human immunodeficiency virus (HIV).</p> <p>Numerator:</p> <p>Patients with documentation of an HIV test performed on or after their 15th birthday and before their 66th birthday</p> <p>Denominator:</p> <p>Patients 15 to 65 years of age at the start of the measurement period AND who had at least one outpatient visit during the day of the measurement period</p> <p>Exclusions/Exceptions Outlined via eCQI Resource Center: https://ecqi.healthit.gov/ecqm/ec/2025/cms0349v7?qt-tabs_measure=measure-information</p>	Quality	Monthly	EPIC/UDS