



<p><u>Council Members</u> Scott Jacobson, Chairman Eileen Sullivan, Vice Chairman Earl Arbuckle, Treasurer Nelly Clotter-Woods, Member Chris Hooper, Member Salina Imam, Member Norma Muñoz, Member William O’Neill, Member Essen Otu, Member Wayne Tormala, Member Jane Wilson, Member Mary Rose Garrido Wilcox, District Board, Non-Voting Member</p>	<p style="text-align: right;"><u>AGENDA</u> – General Session Meeting</p> <p style="text-align: right;">Valleywise Community Health Centers Governing Council</p> <p><u>Mission Statement</u> The Valleywise Health’s mission is to provide exceptional care, without exception, every patient, every time.</p>
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• Virginia G. Piper Charitable Trust Pavilion •
 • 2609 East Roosevelt Street • Phoenix, Arizona 85008 •
 • 2nd Floor • Auditoriums 1 and 2 •

Wednesday, April 3, 2024
 4:45 p.m.

Access to the meeting room will start at 4:35 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.

4:45 **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:

- 4:50 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. **Approve** Valleywise Community Health Centers Governing Council [meeting minutes dated March 6, 2024](#)
 - b. Contracts:
 - i. **Acknowledge** amendment #1 to the agreement ([90-24-003-1-01](#)) between Maricopa County Department of Public Health and Maricopa County Special Health Care District dba Valleywise Health, for services related to the Community Health Needs Assessment (2023-2026)
 - ii. **Acknowledge** a new agreement ([MCO-24-007-MSA](#)) between Humana Dental Insurance Company and Maricopa County Special Health Care District dba Valleywise Health, to allow members to receive dental services through Valleywise Health dental providers
 - c. Governance:
 - i. Intentionally Left Blank – **No Handout**
 - 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

- 4:55 2. Mission Moment – A Patient Story 5 min - No Handout
Liliana Orta, Director, Patient Access
- 5:00 3. Discuss and Review the [2024 Federal Poverty Level Guidelines](#); Discuss and Review the [Federally Qualified Health Centers Sliding Fee Discount Program/Policy](#), and [Utilization of the Program](#); **Approve** Revisions to [Appendix C, Federally Qualified Health Center Sliding Fee Discount Schedule, of Policy #23624 D - Federally Qualified Health Centers Sliding Fee Discount Program/Policy](#) 10 min
Amanda De Los Reyes, MBA, CRCR, Vice President, Revenue Cycle
- 5:10 4. Discuss and Review [Quality of Care Audit](#) for the Federally Qualified Health Centers for Calendar Year 2023 5 min
Crystal Garcia, RN, Vice President, Specialty Services, Quality and Patient Safety
- 5:15 5. Discuss and Review [Fiscal Year 2025 Budget Calendar, Preliminary Patient Volume Assumptions and Capital Target for the Federally Qualified Health Centers](#) 10 min
Matthew Meier, MBA, Vice President, Financial Services

5:25 **Adjourn**

1.a.i. Minutes - Meeting minutes dated March 6, 2024

Minutes

**Valleywise Community Health Centers Governing Council Meeting
Virginia G. Piper Charitable Trust Pavilion
2609 East Roosevelt Street, Phoenix, AZ 85008
2nd Floor, Auditoriums 1 and 2
March 6, 2024, 5:30 p.m.**

DRAFT

Members Present: Scott Jacobson, Chairman
Eileen Sullivan, Vice Chairman – *participated remotely, then in-person*
Earl Arbuckle, Treasurer
Nelly Clotter-Woods, Member
Chris Hooper, Member
Salina Imam, Member
Norma Muñoz, Member
William O’Neill, Member
Essen Otu, Member
Jane Wilson, Member

Members Absent: Wayne Tormala, Member

Non-Voting Member Absent: Mary Rose Garrido Wilcox, District Board

Others/Guest Presenters: Michelle Barker, DHSc, Chief Executive Officer of the Federally Qualified Health Centers – *participated remotely*
Claire Agnew, CPA, MBA, Chief Financial Officer
Melanie Talbot, Chief Governance Officer
Ijana M. Harris, JD, General Counsel
Rebecca Birr, Director Health Sciences Library & Family Resource Centers Medical Library
Nicole Rivet, President & Chief Executive Officer, Valleywise Health Foundation
L.T. Slaughter, CPA, MBA, Chief Compliance Officer

Recorded by: Cynthia Cornejo, Senior Deputy Clerk of the Board

Call to Order:

Chairman Jacobson called the meeting to order at 5:34 p.m.

Roll Call

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

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

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – March 6, 2024**

Call to the Public

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

NOTE: Mr. Hooper and Mr. Otu arrived at 5:36 p.m.

General Session, Presentation, Discussion and Action:

1. Approval of Consent Agenda:
 - a. Minutes:
 - i. Approve Valleywise Community Health Centers Governing Council meeting minutes dated February 7, 2024
 - b. Contracts:
 - i. Acknowledge amendment #3 to the contract (90-22-255-1-03) between Arizona Department of Health Services and Maricopa County Special Health Care District dba Valleywise Health, for the Well Woman Health Check Program grant which provides breast and cervical cancer screenings for uninsured and underinsured
 - c. Governance:
 - i. Approve revisions to policy 20075 MT – FQHC Credentialing and Privileging of Clinical Staff
 - d. Medical Staff:
 - i. Acknowledge the Federally Qualified Health Centers Medical Staff and Advanced Practice Clinician/Allied Health Professional Staff Credentials

MOTION: Ms. Wilson moved to approve the consent agenda. Dr. Clotter-Woods seconded.

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

2. Mission Moment – A Patient Story

Ms. Birr informed the Governing Council that Family Resource Centers (FRCs) were located within six Federally Qualified Health Centers (FQHCs) and both Valleywise Comprehensive Health Centers. She outlined the variety of services and resources available to families within the communities, including but not limited to classes related to pregnancy and family planning. Staff was also available to offer information about utility assistance programs.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – March 6, 2024**

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

2. Mission Moment – A Patient Story, cont.

Ms. Birr recalled a family that participated in several classes, including cardiopulmonary resuscitation (CRP) and breastfeeding classes, to prepare for the birth of their child.

NOTE: Vice Chairman Sullivan arrived at 5:39 p.m.

Ms. Birr stated the young family was very involved with the FRC for over two years and stated that attending the various classes had positively impacted their child's development.

Chairman Jacobson asked if the FRCs accepted book donations.

Ms. Birr stated that donations were accepted and welcomed.

Ms. Wilson requested additional information on the types of classes provided, specifically in relation to the Arizona Science Center.

Ms. Birr explained that Valleywise Health invited organizations, such as the Arizona Science Center and the Phoenix Zoo, to visit the FRCs and provide educational and informative classes.

Mr. Arbuckle asked how individuals learned about FCR offerings.

Ms. Birr said that FRC services were listed on various websites and included in community newsletters.

3. Overview of the Valleywise Health Foundation

Ms. Rivet highlighted Valleywise Health Foundation's (Foundation) key achievements made throughout calendar year (CY) 2023, including but not limited to the ALL IN capital campaign raising \$54.2 million and the receipt of two major gifts. The first major gift being from the Stardust Foundation and other donors, committing \$3 million for Valleywise Health's First Episode Centers. The second was a \$2.1 million grant from CVS Health to support poly-chronic patients. The grant served nearly 500 patients over three years. She expressed her appreciation to Dr. Barker, who was involved in securing the grant funding.

She reviewed other achievements made throughout the year, including the receipt of \$1 million to establish the Herbert Johnson Louis, MD Faculty and Resident Education Endowment and the Foundation's annual fundraiser, A Night in the Valley, raising over \$1 million. The Foundation generated over \$15 million in revenue and provided \$10.8 million in support to Valleywise Health.

She outlined the structure of the Foundation's Board of Directors and relayed the CY 2024 goals and areas of focus. The Foundation would focus on philanthropy, people, and engagement. She noted that operational processes were developed to implement best practices. The CY 2024 fundraising goals were focused on raising funds for the First Episode Centers, capital for a hybrid operating room in the new acute care hospital and generating more unrestricted support for Valleywise Health. The budget included \$13.9 million in total revenue, with \$11.2 million provided to Valleywise Health. The cost per dollar raised was 27 cents.

Mr. O'Neill asked how funds raised for the First Episode Centers would be utilized.

Ms. Rivet stated the funds were intended to assist with operating expenses and may assist in expanding the services to a third location.

Mr. Hooper asked how the Foundation interacted with Valleywise Health's marketing department.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – March 6, 2024**

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

3. Overview of the Valleywise Health Foundation, cont.

Ms. Rivet stated the Foundation worked closely with Valleywise Health to effectively tell the stories important to the organization.

Mr. Otu questioned how Governing Council members could carry the Foundation's message and become ambassadors for the cause.

Ms. Rivet recommended that Governing Council members share their passion for the organization and invited members to connect with the Foundation directly for more information.

Mr. O'Neill touched on his experiences with Valleywise Health and how the care received had improved various aspects of his life. He questioned if his experiences would be useful when speaking with donors.

Ms. Rivet would meet with Mr. O'Neill to determine how to relay his experiences moving forward.

4. Annual Compliance Training and Conflict of Interest Education

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

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

He listed various health care regulation oversight agencies and stated the importance of following elements of the Health Resources and Services Administration (HRSA) Compliance Manual. The top risks for the year included the move to the new acute care hospital, residual effects of the COVID-19 pandemic, cybersecurity, and grant audits.

Mr. Slaughter reviewed Valleywise Health's main business units, including the acute care hospital, graduate medical education and residency programs, the FQHCs, comprehensive health centers, behavioral health, partnerships with District Medical Group, Care Reimagined and more. He then outlined the major payers and revenue sources, noting the importance of an efficient and effective revenue cycle department.

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

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

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

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

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – March 6, 2024**

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

4. Annual Compliance Training and Conflict of Interest Education, cont.

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

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

Dr. Clotter-Woods asked how the organization segregated the duties within the committees, specifically, with grant oversight.

Mr. Slaughter stated that the segregation of duties was very important and there were processes in place to avoid one person fulfilling multiple roles to minimize disruption if there was employee turnover.

Mr. Otu expressed his appreciation for the information. He asked if artificial intelligence (AI) was a concern for the organization.

Mr. Slaughter said that would be an area of focus moving into fiscal year (FY) 2025.

Mr. Hooper addressed one of the top risks for the current year, cybersecurity, and asked if limited funds effected how that risk was mitigated.

Mr. Slaughter said that staff maximized the resources available to address all risks.

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

Mr. Slaughter outlined the semiannual compliance report for the FQHCs. He provided an update on the Break-the-Glass implementation, which was a program to monitor individuals accessing patient medical records. He stated that the first phase was completed, and the project would continue after operations began in the new acute care hospital. The training for telemedicine coding had been completed, while he continued to monitor the impact of the end of the Public Health Emergency (PHE), and the referral process and Patient Assistance Center's (PAC) process improvements.

He updated the Governing Council on the status of the internal audit projects, noting the Care Reimagined expenditure testing for the first quarter was completed, while the FQHC grant review, patient violence/physical security, and Care Reimagined expenditure testing for the second quarter were ongoing projects.

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

MOTION: Ms. Muñoz moved to recess general session and convene in executive session at 6:39 p.m.
Mr. Hooper seconded.

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

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – March 6, 2024**

General Session, Presentation, Discussion and Action:

Chairman Jacobson reconvened general session at 7:00 p.m.

6. Consideration, Discussion and Possible Action on the Performance Evaluation of Michelle Barker, DHSc, Chief Executive Officer, Federally Qualified Health Centers, for Calendar Year 2023

MOTION: Mr. Arbuckle moved that based on the Governing Council's review of Dr. Barker's performance for calendar year 2023, the Governing Council had determined that she exceeded expectations. Ms. Wilson seconded.

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

Chairman Jacobson stated that Dr. Barker had exceeded his expectations on all aspects, including her skills and leadership. Dr. Barker made healthcare understandable to the Governing Council and was a champion for the FQHCs.

Ms. Wilson agreed and stated that Dr. Barker made all aspects Valleywise Health comprehensible, which allowed her to be a better Governing Council member.

Mr. O'Neill said that Dr. Barker had been doing an amazing job and he reflected on how being on the Governing Council had impacted his life.

Ms. Muñoz thanked Dr. Barker for teaching her what being on the Governing Council was all about.

Mr. Arbuckle said that the OSV evaluated the FQHC's compliance with HRSA's Compliance Manual, and the extraordinary comments received validated Dr. Barker's skills and all the things that were accomplished.

Ms. Imam said that Dr. Barker exceeded her expectations and thanked her for the work done.

Dr. Clotter-Woods echoed the sentiments of her fellow Governing Council members and applauded Dr. Barker's focus on inclusivity and all the work done throughout the year.

Mr. Hooper thanked Dr. Baker for the emphasis that was placed on the patient advocacy.

Dr. Barker stated that working with the Governing Council and Valleywise Health staff had been a wonderful experience, and she was committed to making progress with the FQHCs and Governing Council engagement.

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

Dr. Barker reviewed the FQHC measures dashboard, noting the included metrics were being evaluated, to ensure appropriate data was reported to the Governing Council. For the patient access metrics, she was considering revising the new patient availability metric, to focus on established patient appointment availability.

She mentioned the quality measures were tracked on a calendar year basis and anticipated the goals would be met by year-end.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – March 6, 2024**

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

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

Dr. Barker reviewed the financial metrics, noting that on a fiscal-year-to-date basis, revenues were on target, there was a negative two percent variance for expenses, and visits missed budget by 0.6 percent.

Ms. Wilson asked if the financial results were based on staffing levels and if there was a report that delineated the expenses.

Dr. Barker said that there were provider vacancies, however, the vacancy rate had improved, and there were no significant staffing challenges in other positions. A monthly dashboard was generated for each FQHC so each location could monitor the areas of focus. She would provide examples of individual FQHC dashboard at the May 1, 2024 meeting.

Mr. O'Neill asked if the new patient availability metric was specific for primary care, behavioral health, or general appointment availability.

Dr. Barker said the metric was for all patient scheduling in the FQHCs, including integrated behavioral health, physician appointments, and nurse practitioner/physician assistant appointments.

Mr. O'Neill commented that he was told the Mesa Behavioral Health Specialty Clinic was not accepting new patients.

Dr. Barker said that specific location was not an FQHC but would follow-up with behavioral health leadership to gain additional information.

Mr. Arbuckle asked if same-day appointments were available at the FQHCs.

Dr. Barker said staff continued to explore ways to improve patient access, including the availability of same-day appointments.

8. Maricopa County Special Health Care District Board of Directors Report

This item was not discussed.

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

Ms. Agnew provided the report in Mr. Purves's absence.

She announced that staff continued to prepare for the opening of the new acute care hospital and outlined the Day in the Life and Mock Move events. She added that the laboratory department was operational in the new hospital.

While the legislature was in session, staff monitored and tracked several bills that may impact the organization.

She announced that construction at Valleywise Behavioral Health Center-Maryvale was completed. A new Forensic Assertive Community Treatment (FACT) program, which would treat individuals with serious mental illness that were exiting the criminal justice, would be located within the newly constructed space.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – March 6, 2024**

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

10. Concluding Items

a. Old Business:

February 7, 2024

Add the number of encounters to the patient safety report

Provide total behavioral health revenues for the last few fiscal years

January 2024

Future presentation on behavioral health services offered at Valleywise Community Health Center-McDowell

Future presentation on effectiveness of depression interventions

December 6, 2023

Future presentation on Marketing/Communications – *(scheduled for April/May)*

b. Governing Council Member Closing Comments/Announcements

Ms. Talbot reviewed old business and noted there were no requests made throughout the meeting.

Chairman Jacobson stated invitations for the new Valleywise Health Medical Center Grand Opening events were sent and encouraged all Governing Council members to participate, if feasible.

Ms. Munoz announced an upcoming community event in South Phoenix and stated it was an opportunity for Valleywise Health to showcase the services available to the community.

Adjourn

MOTION: Vice Chairman Sullivan moved to adjourn the March 6, 2024, Valleywise Community Health Centers Governing Council Meeting. Mr. Otu seconded.

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

Meeting adjourned at 7:39 p.m.

Cynthia Cornejo
Senior Deputy Clerk of the Board

1.b.i. Contracts - 90-24-003-1-01

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Tuesday, February 20, 2024 9:59 AM
To: Melanie Talbot
Subject: Contract Approval Request: Amendment #1 to Community Health Needs Assessment (CHNA) 2023-2026 Maricopa County Department of Public Health

CAUTION: External Email. This Email originated outside of Valleywise Health. THINK BEFORE YOU CLICK. It could be a phishing email.

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Message Information

From [Purves, Stephen](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Amendment #1 to Community Health Needs Assessment (CHNA) 2023-2026 Maricopa County Department of Public Health
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button below.

Approve/Reject Contract

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

Attachments

Name	Description	Type	Current File / URL
RFBA - Maricopa County Department of Public Health - CHNA Amendment.pdf		File	 RFBA - Maricopa County Department of Public Health - CHNA Amendment.pdf
Valleywise 23-26 CHN Contract Amendment.pdf		File	 Valleywise 23-26 CHN Contract Amendment.pdf
OIG MCDPH 2024.pdf		File	 OIG MCDPH 2024.pdf
SAM MCDPH 2024.pdf		File	 SAM MCDPH 2024.pdf

Contract Information

Division Contracts Division
Folder Amendments
Status Pending Approval
Title Amendment #1 to Community Health Needs Assessment (CHNA) 2023-2026
Contract Identifier Board - Amendment
Contract Number 90-24-003-1-01
Primary Responsible Party Golden-Grady, Lei Ronda D.

Departments FQHC Administration
 Product/Service Description Amendment #1 to Community Health Needs Assessment (CHNA) 2023-2026
 Action/Background Approve Amendment #1 to the Agreement between Maricopa County Department of Public Health and Maricopa County Special Health Care District dba Valleywise Health for Community Needs Assessment (CHNA) 2023-2026 to update a few clauses of the boiler plate language. This includes language including specifying rights in data, as well as terms of contract renewal. All other terms and conditions of the original Contract shall remain in full force and effect. This is a non-financial amendment.
 Evaluation Process The requesting department has determined that the Contractor is performing satisfactorily and is meeting the goals and objectives of the organization.
 Category Other
 Effective Date
 Term End Date
 Annual Value \$0.00
 Expense/Revenue Non-Financial
 Budgeted Travel Type N/A
 Procurement Number
 Primary Vendor Maricopa County Department of Public Health

Responses

Member Name	Status	Comments
Pardo, Laela N.	Approved	Reviewed and approve.
Melton, Christopher C.	Approved	
Barker, Michelle J.	Approved	
Whitney, Warren W.	Approved	
Harris, Ijana M.	Approved	
White, Michael	Approved	
Agnew, Claire F.	Approved	
Purves, Stephen A.	Approved	
Talbot, Melanie L.	Current	

1.b.ii. Contracts - MCO-24-007-MSA

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Wednesday, March 6, 2024 8:17 AM
To: Melanie Talbot
Subject: Contract Approval Request: Humana Dental Agreement Humana Dental Insurance Company

CAUTION: External Email. This Email originated outside of Valleywise Health. THINK BEFORE YOU CLICK. It could be a phishing email.

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Message Information

From [Purves, Stephen](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Humana Dental Agreement Humana Dental Insurance Company
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button below.

Approve/Reject Contract

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

Attachments

Name	Description	Type	Current File / URL
Humana Dental Agreement		File	 MCO-24-007-MSA Humana Dental Agreement Eff 04012024 Pending Signature.pdf

Contract Information

Division Contracts Division
Folder Contracts \ Managed Care/Revenue
Status Pending Approval
Title Humana Dental Agreement
Contract Identifier Board - New Contract
Contract Number MCO-24-007-MSA
Primary Responsible Party Orozco, Stephanie A.
Departments
Product/Service Description Commercial and Medicare Advantage
Action/Background Approve a new agreement (MCO-24-007-MSA) between Humana Dental Insurance Company and Maricopa County Special Health Care District dba Valleywise Health, for the provision of comprehensive dental services.

Evaluation Process This is a new agreement (MCO-24-007-MSA) between Humana Dental Insurance Company and Maricopa County Special Health Care District dba Valleywise Health. This agreement will allow members to receive comprehensive dental services through Valleywise Health dental providers. This agreement excludes retail pharmacy and medical or behavioral health services which are covered through a relationship with a separate entity or agreement.

Category Other

Effective Date 4/1/2024

Term End Date

Annual Value \$0.00

Expense/Revenue Revenue

Budgeted Travel Type N/A

Procurement Number

Primary Vendor Humana Dental Insurance Company

Responses

Member Name	Status	Comments
Tucker, Collee K.	Approved	
Clarke, Tina R.	Approved	
Harris, Ijana M.	Approved	
Agnew, Claire F.	Approved	
Purves, Stephen A.	Approved	
Talbot, Melanie L.	Current	

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

Recommended by Credentials Committee: February 6, 2024
 Recommended by Medical Executive Committee: February 13, 2024
 Submitted to MSHCDB: February 28, 2024

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
Lori Anne Carrillo, M.D.	Courtesy	Obstetrics & Gynecology	3/1/2024 to 2/28/2026	
Talia Sharran Coney, M.D.	Courtesy	Obstetrics & Gynecology	3/1/2024 to 2/28/2026	
Melia Kay Cox, D.O.	Courtesy	Family & Community Medicine	3/1/2024 to 2/28/2026	

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION			
NAME	SPECIALTY/PRIVILEGES	RECOMMENDATION EXTEND or PROPOSED STATUS	COMMENTS
Karen Christine Adams, M.D.	Obstetrics & Gynecology	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Obstetrics Core privileges.
Anita Mary Chacko, D.O.	Internal Medicine	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Internal Medicine Core privileges.
Elena Minju Cho, D.O.	Internal Medicine	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Internal Medicine Core privileges.
Vickie Pinder Clennon, M.D.	Obstetrics & Gynecology	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Obstetrics Core privileges.
Navkaran Singh Girgla, M.D.	Internal Medicine	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Internal Medicine Core privileges.
Jessica Lauren Jacob, D.O.	Internal Medicine	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Internal Medicine Core privileges.
Paria Pourmalek, M.D.	Internal Medicine	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Internal Medicine Core privileges.

Recommended by Credentials Committee: February 6, 2024
 Recommended by Medical Executive Committee: February 13, 2024
 Submitted to MSHCDB: February 28, 2024

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION			
Gauri Singh, M.D.	Internal Medicine	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Internal Medicine Core privileges.
Anthony Joseph Vaccarello, M.D.	Internal Medicine	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Basic Critical Care privileges.

REAPPOINTMENTS/ONGOING PROFESSIONAL PRACTICE EVALUATION				
NAME	CATEGORY	DEPARTMENT/SPECIALTY	APPOINTMENT DATES	COMMENTS
Angela S. Filler, M.D.	Active	Pediatrics	3/1/2024 to 2/28/2026	
Evan B. Taber, M.D.	Active	Obstetrics & Gynecology	3/1/2024 to 2/28/2026	

CHANGE IN PRIVILEGES			
NAME	DEPARTMENT/SPECIALTY	ADDITION / REDUCTION / WITHDRAWAL	COMMENTS
Vickie Pinder Clennon, M.D.	Obstetrics & Gynecology	<u>Withdrawal</u> : Ambulatory and Referral OB/GYN Core Privileges	Voluntary Relinquishment of Privileges due to non-utilization of privileges

RESIGNATIONS <i>Information Only</i>			
NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
Alfonso Ceballos Robles, M.D.	Pediatrics	Active to Inactive	Resigned effective February 9, 2024
Andrew Frank Rubenstein, M.D.	Obstetrics & Gynecology	Courtesy to Inactive	Resigned effective October 31, 2023

CORRECTION TO THE DECEMBER 5, 2023 ROSTER FOR THE JANUARY 24, 2023 VALLEYWISE HEALTH CARE DISTRICT BOARD MEETING			
NAME	DEPARTMENT/SPECIALTY	CATEGORY	COMMENTS
Anas Bitar, M.D.	Pediatrics (Gastroenterology)	Courtesy	Inadvertently listed applicant under Initial Appointment.

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
Mindy Rose Magoon, F.N.P.	Family & Community Medicine	Practice Prerogatives on file	3/1/2024 to 2/28/2026	

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION			
NAME	DEPARTMENT/SPECIALTY	RECOMMENDATION EXTEND or PROPOSED STATUS	COMMENTS
Connor James McIntyre, P.A.-C.	Internal Medicine	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Physician Assistant Core Cognitive privileges.
Marisa Irene Rebeka, F.N.P.	Internal Medicine	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Nurse Practitioner Core privileges.
Rachel Ellen Snyder, P.A.-C.	Internal Medicine	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Physician Assistant Core Cognitive privileges.

ADVANCED PRACTICE CLINICIAN / ALLIED HEALTH PROFESSIONAL – REAPPOINTMENTS				
NAME	DEPARTMENT	PRACTICE PRIVILEGES/ SCOPE OF SERVICE	APPOINTMENT DATES	COMMENTS
Wendy Anne Byers, F.N.P., P.M.H.N.P.	Family & Community Medicine	Practice Prerogatives on file	3/1/2024 to 2/28/2026	
Tracey Lee Gillispie, N.N.P.	Pediatrics	Practice Prerogatives on file	3/1/2024 to 2/28/2026	
Lynn Rene Meadows, P.A.-C.	Family & Community Medicine	Practice Prerogatives on file	3/1/2024 to 2/28/2026	
Brittney Kathleen Whitney, W.H.N.P.	Obstetrics & Gynecology	Practice Prerogatives on file	3/1/2024 to 2/28/2026	

CHANGE IN PRIVILEGES			
NAME	DEPARTMENT	ADDITION / REDUCTION / WITHDRAWAL	COMMENTS
Zaqueena Shaunta Coleman, F.N.P.	Obstetrics & Gynecology	<u>Addition:</u> Endometrial Biopsy; Vulvar Biopsy; Endocervical Polypectomy; Condyloma Treatment with TCA.	First 3 to be under direct supervision; Followed by retrospective review of next 5 (for each additional privilege requested).

WAIVER REQUEST

NAME	DEPARTMENT	PRACTICE PRIVILEGES/ SCOPE OF SERVICE	COMMENTS
Jennifer Ann Green, F.N.P.	Obstetrics & Gynecology	Practice Prerogatives on file	Practitioner requesting a waiver from the Nurse Practitioner Practice Prerogatives and Privileges criteria to be eligible to apply for privileges: Applicants for initial appointment must be able to demonstrate provision of services, for at least 50 patients, reflective of the scope of privileges requested, during the past 12 months in a setting similar in scope and complexity to Valleywise Health; or demonstrate successful completion of an accredited college or university formal masters' program or post-masters' program in nursing with concentration in an advanced practice registered nursing category and specialty. Chair of OB/GYN is in support of this waiver request.

RESIGNATION (Information Only)

NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
Corinne Christine Hinkle, P.A.-C.	Family & Community Medicine	Allied Health Professional to Inactive	Resigned effective November 3, 2023
Larissa D. Wiley, P.A.-C	Family & Community Medicine	Allied Health Professional to Inactive	Resigned effective July 31, 2023

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.

3. 2024 Federal Poverty Level Guidelines

2024 Federal Poverty Levels

HHS Poverty Guidelines for 2024

The 2024 poverty guidelines are in effect as of January 17, 2024.

[Federal Register :: Annual Update of the HHS Poverty Guidelines](#)

2023 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
Persons in family/household	Poverty guideline
1	\$15,060
2	\$20,440
3	\$25,820
4	\$31,200
5	\$36,580
6	\$41,960
7	\$47,340
8	\$52,720
For families/households with more than 8 persons, add \$5,380 for each additional person.	

2024~~3~~ Federal Poverty Levels

HHS Poverty Guidelines for 2024~~3~~

The 2023 poverty guidelines are in effect as of January 17~~9~~, 2024~~3~~.

[Federal Register :: Annual Update of the HHS Poverty Guidelines](#)

2023 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
Persons in family/household	Poverty guideline
1	\$15,406 580
2	\$20,440 19,720
3	\$25,820 4,860
4	\$31,200 0,000
5	\$36,580 5,140
6	\$41,960 0,280
7	\$47,340 5,420
8	\$52,720 0,560
For families/households with more than 8 persons, add \$5,380 140 for each additional person.	

3. FQHC Sliding Fee Discount Program / Policy - Updated Information

Valleywise Health Administrative Policy & Procedure

Effective Date: 05/15

Reviewed Dates: 03/24~~3~~

Revision Dates: 01/18, 07/18, 09/18, 10/18, 02/20, 09/21, 08/22, 10/23
11/23

Policy #: 23624 D

Policy Title: FQHC Sliding Fee Discount Program

Scope: [] District Governance (G)
[] System-Wide (S)
 Division (D)
[] Multi-Division (MD)
[] Department (T)
[] Multi-Department (MT)
 FQHC (F)

Purpose: In accordance with the Health Resources and Services Administration (HRSA) Health Center Program Compliance Manual, Chapter 9: Sliding Fee Discount Program, HRSA Valleywise Health's Federally Qualified Health Centers (FQHCs) established a sliding fee discount program that includes a schedule of fees for services, a schedule of discounts for services, or a sliding fee discount schedule, that minimizes financial barriers to care for patients who meet certain eligibility criteria.

This policy establishes the procedure for those patients who meet eligibility criteria to have access to necessary health care services at Valleywise Health's FQHC designated clinics at costs based on their ability to pay as determined by their gross annual household income and family size.

Definitions:

Allied Health Professional: A health care practitioner, other than a Medical Staff member, who is authorized to provide patient care services to patients of Valleywise Health and been granted clinical privileges.

Deposit: Initial payment applied toward the total fees due.

FQHC Sliding Fee Discount Program: A program which ensures that Valleywise Health's FQHC Health Center patients have access to all services that are available at the health center. The program seeks to provide its services to eligible patients and minimize financial barriers, all 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.
- + Board of Director and Valleywise Community Health Centers Governing Council (VCHCGC) approved policies and Valleywise Health's supporting operating policies and procedures, including billing and collections.

Family Size / Household: 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.

Income / Annual Household Income: Gross annual income before deductions 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.

Low Income: Annual income = less than or equal to 200% of the current Federal Poverty Level.

Medical Staff: All physicians, dentists, oral surgeons and podiatrists who have been appointed to the Medical Staff by the Board of Directors of Valleywise Health. Medical Staff are also referred to as Attendings and for purposes of this policy is synonymous with Provider.

Nominal Fee / Nominal Charge: The amount charged for services to patients at or below 100% of the Federal Poverty Level (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.

Presumptive Eligibility Screening System: An automated software tool that predicts the likelihood of a patient to qualify for the Sliding Fee Program based on publicly available data sources. The tool provides estimates of the patient's household income and size.

Valleywise Health Clinic Manager: The Valleywise Health clinic manager is responsible for the supervision, direction, and coordination of the day to day operations of the assigned Valleywise Health clinic.

Policy: A Sliding Fee Discount Schedule (SFDS) is used to determine the nominal fee and /or dollar amount of any given fee which the eligible patient is expected to pay. The SFDS is based on current FPL Guidelines and is adjusted annually based on gross

annual household income and family size in the household. Under this policy, the patient is responsible for one hundred percent (100%) of the fees charged for the services rendered. However, the SFDS offers to the patient a method of satisfying the debt when the patient's resources are limited.

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

Procedure:

I. Eligibility

- A. Valleywise Health will inform patients about the availability of the Sliding Fee Discount Program through signage, personal reminders and other methods of communication. As part of the preregistration or registration process, the Valleywise Health eligibility specialist or other front office staff will inform patients that are not informed of the SFDS.
- B. Patients whose income exceeds 200% of the FPL Guidelines are not eligible for discounts on the Sliding Fee Discount Program. (Appendix A)
- C. Valleywise Health uses two types of screening to determine eligibility for the Sliding Fee Discount Program: Presumptive and Traditional.
 - + Presumptive screening is the initial process used to determine a patient's eligibility for the Sliding Fee Discount Program.
 - + Traditional screening is completed for patients who disagree with the Sliding Fee level assigned by the Presumptive Eligibility Screening System.
- D. Patients applying via the Traditional screening for the Sliding Fee Discount Program must provide written verification of monthly income (see Appendix A).

Examples include:

 - + Previous year federal tax returns.
 - + Paycheck stubs for each adult working in the household.
 - + A signed statement from the patient's employer stating rate of pay, average number of hours worked weekly and hire date.
 - + Quarterly tax statement for those self-employed.
 - + Unemployment benefit letter.
 - + Benefit letter from Social Security showing monthly payment received for each person in the household.
 - + Documentation of child support and/or alimony (divorce paperwork, etc.)
 - + Copy of pension / retirement benefits.
 - + Copy of Veterans benefits.
 - + Full time unemployed students: Provide proof of student status.
 - + Federal or State support: Example: Food stamps, the packet received with approval is required, this includes start and stop dates and Food Stamp Summary page.
- E. Valleywise Health will verify patient eligibility, at minimum, on an annual basis.

- F. 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 are 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 of the items in Appendix A, within 30 days following the one time visit in order to remain eligible to participate in the Sliding Fee Discount Program. The assigned category will be retroactive for 30 days. (Appendix B)
- G. Patients applying for the Sliding Fee Discount Program will be informed that they will need to contact Valleywise Health if their income or household status changes.
- H. Situational waivers can be approved based on catastrophic situations or significant changes in guarantor income.
 - + If during the process of discussing an outstanding balance with a patient or reviewing payment plan options a situation or change is brought up that would impact the ability to pay, a request will be forwarded to the Director of Patient Financial Services for review.
 - + After review of a guarantor's significant change in ability to pay an approval may be granted for a waiver of all or some of the guarantor's outstanding balance.
 - + Activities related to the review for waiver and approval, or declination will be documented in the patient accounting system.

II. Sliding Fee Discount Schedule

- A. The Sliding Fee Discount Schedule and corresponding rates and policies for administration of the Sliding Fee Discount Program will be reviewed and updated annually.
- B. The updated FPL income guidelines will be obtained from the Federal Register annually. The Poverty Guidelines document and corresponding systems will be updated promptly following the federal update.
- C. Services covered by Sliding Fee Discount Program must be medically necessary, as determined by the health care provider. If additional services or tests are desired by the patient, including immunizations, they must be paid for in advance. Similarly, certain high cost procedures, elective procedures and lab tests with less expensive options are exempted from sliding fee discounts.

III. Billing and Collection Schedules

- A. The patient will be 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 will be 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 Valleywise Health financial counselor.
- B. An inability to pay will not impede access to care. Payment arrangements may be made through Patient Financial Services in accordance with policy #09003 S

Revenue Cycle/Business Office: Payment Plans. This will be 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.

- C. Refusal to pay will 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.
- D. Insured patients qualifying for Sliding Fee after insurance will be billed for the lessor of the copay/co-insurance assigned by their insurance company or the Sliding Fee Discount amount.

IV. Governing Body Oversight

- A. Updates to the Sliding Fee Discount Program and proposed policy changes will be presented every 3 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.
- B. The Sliding Fee Discount Schedule will be 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.
- C. Sliding Fee Level Utilization information will be reviewed and discussed annually to ensure no barriers to care exist.

References: HRSA Health Center Program Compliance Manual, released August 2018
CHC & FHC Internal and External Referrals Policy # 20006 S

Valleywise Health Policy & Procedure - Approval Sheet
(Before submitting, fill out COMPLETELY.)

POLICY RESPONSIBLE PARTY: Valleywise Health Vice President of Revenue Cycle

DEVELOPMENT TEAM(S): Patient Financial Services, Valleywise Community Health Centers Administration, and Revenue Integrity Management

Policy #: 23624 D

Policy Title: FQHC Sliding Fee Discount Program

e-Signers: Amanda De Los Reyes, VP Revenue Cycle

Place an X on the right side of applicable description:

New -

Retire -

Reviewed -

Revised with Minor Changes - **X**

Revised with Major Changes -

Please list revisions made below: (Other than grammatical changes or name and date changes)

Reviewed and Approved by in Addition to Responsible Party and E-Signer(s):

Required Approval: Valleywise Community Health Centers Governing Council

~~11/23~~04/24

Required Approval: Maricopa County Special Health Care District Board of Directors

~~11/23~~04/24

Required Approval: Michelle Barker, Sr VP Ambulatory Services and CEO FQHC Clinics

~~10/23~~03/24

Required Approval: ~~Kathie Kirkland~~Vanessa Couch-Laguana, Director
Patient Financial Services

~~10/23~~03/24

Committee:

Other:

Appendix A

VALLEYWISE HEALTH FINANCIAL/DISCOUNTED POLICIES

Sliding Fee- Free Pregnancy Test- Prenatal Care-Maternity Agreements, Healthy (E)

AHCCCS Applications- Family Planning Program for Women

Thank you for your interest in Valleywise Health's medical programs. To assist you better please provide the following information at the time of your interview. Please provide documents from each of the following categories.

Proof of income for the past 30 days from interview date for EVERYONE in the household

- ✓ Current award letter from DES if receiving cash assistance or food stamps
- ✓ Paycheck stubs (4) if paid weekly, (2) if paid bi-weekly
- ✓ Employer statements on letterhead / business card or notarized.
- ✓ Unemployment income
- ✓ Social Security award letter or copy of check for all household members
- ✓ Veteran's Benefits
- ✓ Pensions
- ✓ Workman's Compensation
- ✓ Child support/Alimony
- ✓ Record of earnings from self-employment or odd jobs (Income calendar if paid in cash)
- ✓ Grants, scholarships or educational benefit letters
- ✓ Current bank statements, **checking and savings** for all household members
- ✓ Statement of support from person **providing** support

Self Employed Clients 30 days from interview date

- ✓ Bank statements
- ✓ Check stubs
- ✓ Income vouchers or receipts
- ✓ Income statement from person/company paying for the services rendered
- ✓ Income calendar or any other documentation
- ✓ Statements/calendars must display dates and total amount of payment and current tax returns
- ✓ All business expenses

Proof of Address/Monthly Household Monthly Expenses within 30 days from the interview date

(All that applies)

- ✓ Rent or lease agreement/mortgage payment
- ✓ Utility receipt electric, gas, water, phone, cable, internet, car insurance, bank statement
- ✓ Letter from Landlord or a neighbor if utility bills under someone else's name
- ✓ Current registration for school aged children

Proof of dependents/relationship

- ✓ Children's birth or baptismal certificates (**Even if child is already insured**)
- ✓ Marriage License
- ✓ Proof of Pregnancy (if applicable)
- ✓ Receipt from social security administration

Proof of Identity (Not required and inability to provide will not disqualify for Sliding Fee)

- ✓ Birth or Baptismal Certificate
- ✓ Naturalization/Citizenship Certificate
- ✓ Driver's license/Photo ID for everyone over 18 years of age
- ✓ Lawful Permanent Resident Card

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- ✓ Employment Authorization Card
- ✓ Passport Visa
- ✓ Passport-INS-194

Appendix A

PÓLIZAS FINANCIERAS/DE DESCUENTOS DE VALLEYWISE HEALTH

Programa de Descuento - Pruebas de embarazo sin costo - Cuidado prenatal - Acuerdos de maternidad - Solicitudes para Healthy (E) AHCCCS - Programa de planificación familiar para mujeres

Gracias por su interés en los programas médicos de Valleywise Health. Para asistirle mejor, por favor traiga la siguiente información el día de su entrevista. Por favor proporcione documentos para cada una de las siguientes categorías.

Comprobante de ingresos de los últimos 30 días antes de la fecha de su entrevista de TODOS los que viven en la casa.

- ✓ Carta más reciente del Departamento de Servicios Económicos (DES) si recibe asistencia económica en efectivo, o estampillas de comida
- ✓ Talones de cheque (4) si el pago es semanal, (2) si el pago es cada dos semanas
- ✓ Una declaración por escrito del empleador en papel con el membrete/tarjeta del negocio o notariada
- ✓ Información sobre ingresos de desempleo
- ✓ Carta de aceptación o copia de cheques del Seguro Social para todos los que viven en su casa
- ✓ Beneficios de veterano
- ✓ Pensiones
- ✓ Información de ingresos del seguro de compensación laboral
- ✓ Manutención de hijos/pensión alimenticia
- ✓ Registro de ingresos de trabajo por cuenta propia/o trabajos ocasionales
- ✓ Cartas de subsidios, becas u otros beneficios educacionales
- ✓ Estados actuales de cuenta bancaria, de ahorros y cheques para todos los que viven en su casa
- ✓ Carta de apoyo de la persona que lo mantiene

Cientes con Trabajo por Cuenta Propia Comprobante de los 30 días antes de la Entrevista

- ✓ Estados de cuenta bancaria
- ✓ Talones de cheque
- ✓ Vales o recibos de ingresos
- ✓ Declaración de ingresos de la persona/compañía que paga por los servicios proporcionados
- ✓ Calendario de ingresos o cualquier otro documento
- ✓ Las/los declaraciones/calendarios deben mostrar fechas y cantidad total del pago y devoluciones de impuestos actuales
- ✓ Todos los gastos del negocio

Comprobante de domicilio/gastos mensuales del hogar: Debe incluir los gastos dentro de los 30 días antes de la fecha de la entrevista (todo lo que corresponda).

- ✓ Recibo de pago o contrato de renta/hipoteca
- ✓ Recibos de luz, gas, agua, teléfono, cable, Internet, seguro del carro, cuenta de banco.
- ✓ Carta del arrendador o de un vecino si los recibos de servicios públicos están a nombre de alguien más
- ✓ Comprobante de la inscripción escolar actual de los niños

Comprobante de dependientes/parentesco

- ✓ Acta de nacimiento o certificado de bautismo de los niños (incluso si el menor ya tiene Seguro médico)
- ✓ Acta de matrimonio
- ✓ Prueba de embarazo (si corresponde)

Prueba de identidad (No es obligatorio y si no puede proporcionarlo, no será descalificado de los programas de descuento)

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- ✓ Acta de nacimiento o certificado de bautismo
- ✓ Certificado de naturalización/ciudadanía
- ✓ Licencia para manejar o identificación con foto de todas las personas mayores de 18 años
- ✓ Tarjeta de residencia permanente legal
- ✓ Tarjeta de permiso para trabajar
- ✓ Pasaporte visado
- ✓ Pasaporte-INS-194

Si tiene alguna pregunta acerca de los documentos indicados anteriormente, por favor llame a 602-344-2550

Appendix B

MRN:

SELF-DECLARATION/DECLARACION:

DATE/FECHA:

SIGNATURE/FIRMA: _____
Revised 02/2012

Appendix C

Valleywise Health
 Federally Qualified Health Center Sliding Fee Discount Schedule
 Effective 05/15 Reviewed/Revised 03/24

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	>264% 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	>264% 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	

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	\$10 Nominal Charge	\$15 Flat Fee	\$20 Flat Fee	\$25 Flat Fee	\$30
Restorative Dental Services *See Grid Below	\$50 Nominal Charge + Cost of Supplies	75% of Delta Dental allowable rates	80% of Delta Dental allowable rates	85% of Delta Dental allowable rates	100% of Delta Dental allowable rates
Dental Lab Services	\$50 Nominal Charge + Cost of Supplies	85% of Delta Dental allowable rates	90% of Delta Dental allowable rates	95% of Delta Dental allowable rates	100% of Delta Dental allowable rates

Restorative Grid	Category 1	Category 2	Category 3	Category 4	Category 5
Filling	\$25.00	\$35.00	\$50.00	\$75.00	\$0 No Discount
Crowns Simple	\$75.00	\$100.00	\$125.00	\$150.00	47% No Discount
Crowns	\$250.00	\$400.00	\$450.00	\$475.00	60% No Discount
Dentures - Temporary	\$100.00	\$200.00	\$250.00	\$300.00	36% No Discount
Dentures - partial	\$300.00	\$350.00	\$400.00	\$450.00	60% No Discount
Dentures - complete	\$350.00	\$795.00	\$842.00	\$865.00	90% No Discount
Bridges - Temporary	\$50.00	\$100.00	\$150.00	\$200.00	22% No Discount
Bridges	\$200.00	\$250.00	\$300.00	\$350.00	37% No Discount
Extractions - simple	\$50.00	\$62.00	\$66.00	\$70.00	83% No Discount
Extractions - complex	\$100.00	\$110.00	\$125.00	\$135.00	44% No Discount

3. Utilization of the Program



SLIDING FEES UTILIZATION - ANNUAL

		2023 (\$)						
Plan Id	Plan Name	Visit Count	Unique Patient Count	Average Visits / Year	T_Charges	T_Adjust	T_Pmt_Amts	T_Bal_Amts
601	SLIDING FEE CAT 1	100,680	14,660	6.9	174,669,358	170,589,989	3,221,583	857,786
602	SLIDING FEE CAT 2	30,971	5,581	5.5	52,109,060	49,634,865	1,524,266	949,929
603	SLIDING FEE CAT 3	5,641	1,146	4.9	9,429,952	8,769,544	394,918	265,490
604	SLIDING FEE CAT 4	10,202	2,203	4.6	19,877,989	17,876,177	865,090	1,136,722
605	SLIDING FEE CAT 5	49,110	20,650	2.4	150,470,893	126,017,782	3,524,929	20,928,183

		2023 (%)				
Plan Id	Plan Name	Visit Count	T_Charges	T_Adjust	T_Pmt_Amts	T_Bal_Amts
601	SLIDING FEE CAT 1	51.2%	43.0%	45.7%	33.8%	3.6%
602	SLIDING FEE CAT 2	15.8%	12.8%	13.3%	16.0%	3.9%
603	SLIDING FEE CAT 3	2.9%	2.3%	2.4%	4.1%	1.1%
604	SLIDING FEE CAT 4	5.2%	4.9%	4.8%	9.1%	4.7%
605	SLIDING FEE CAT 5	25.0%	37.0%	33.8%	37.0%	86.7%

		2022 (\$)						
Plan Id	Plan Name	Visit Count	Unique Patient Count	Average Visits / Year	T_Charges	T_Adjust	T_Pmt_Amts	T_Bal_Amts
601	SLIDING FEE CAT 1	88,290	15,234	5.8	153,560,054	150,539,084	2,995,943	25,027
602	SLIDING FEE CAT 2	24,095	5,492	4.4	42,017,761	40,424,499	1,282,264	310,998
603	SLIDING FEE CAT 3	4,496	1,152	3.9	7,616,520	7,134,419	333,779	148,323
604	SLIDING FEE CAT 4	8,043	2,151	3.7	15,299,094	14,031,253	715,399	552,442
605	SLIDING FEE CAT 5	39,418	20,886	1.9	123,615,409	109,875,179	3,420,746	10,319,483

		2022 (%)				
Plan Id	Plan Name	Visit Count	T_Charges	T_Adjust	T_Pmt_Amts	T_Bal_Amts
601	SLIDING FEE CAT 1	53.7%	44.9%	46.8%	34.2%	0.2%
602	SLIDING FEE CAT 2	14.7%	12.3%	12.6%	14.7%	2.7%
603	SLIDING FEE CAT 3	2.7%	2.2%	2.2%	3.8%	1.3%
604	SLIDING FEE CAT 4	4.9%	4.5%	4.4%	8.2%	4.9%
605	SLIDING FEE CAT 5	24.0%	36.1%	34.1%	39.1%	90.9%

		2023 vs. 2022 (\$)						
Plan Id	Plan Name	Visit Count	Unique Patient Count	Average Visits / Year	T_Charges	T_Adjust	T_Pmt_Amts	T_Bal_Amts
601	SLIDING FEE CAT 1	12,390	(574)	1.1	21,109,304	20,050,905	225,640	832,759
602	SLIDING FEE CAT 2	6,876	89	1.2	10,091,300	9,210,367	242,002	638,931
603	SLIDING FEE CAT 3	1,145	(6)	1.0	1,813,432	1,635,126	61,139	117,167
604	SLIDING FEE CAT 4	2,159	52	0.9	4,578,895	3,844,924	149,691	584,280
605	SLIDING FEE CAT 5	9,692	(236)	0.5	26,855,484	16,142,603	104,182	10,608,699

		2023 vs. 2022 (%)				
Plan Id	Plan Name	Visit Count	T_Charges	T_Adjust	T_Pmt_Amts	T_Bal_Amts
601	SLIDING FEE CAT 1	14.0%	13.7%	13.3%	7.5%	3327.5%
602	SLIDING FEE CAT 2	28.5%	24.0%	22.8%	18.9%	205.4%
603	SLIDING FEE CAT 3	25.5%	23.8%	22.9%	18.3%	79.0%
604	SLIDING FEE CAT 4	26.8%	29.9%	27.4%	20.9%	105.8%
605	SLIDING FEE CAT 5	24.6%	21.7%	14.7%	3.0%	102.8%

3. Sliding Fee Discount Schedule - Updated Information

Valleywise Health
Federally Qualified Health Center Sliding Fee Discount Schedule
Effective 05/15 Reviewed/Revised 03/24

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	\$10 Nominal Charge	\$15 Flat Fee	\$20 Flat Fee	\$25 Flat Fee	\$30
Restorative Dental Services *See Grid Below	\$50 Nominal Charge + Cost of Supplies	75% of Delta Dental allowable rates	80% of Delta Dental allowable rates	85% of Delta Dental allowable rates	100% of Delta Dental- allowable rates
Dental Lab Services	\$50 Nominal Charge + Cost of Supplies	85% of Delta Dental allowable rates	90% of Delta Dental allowable rates	95% of Delta Dental allowable rates	100% of Delta Dental- allowable rates

Restorative Grid	Category 1	Category 2	Category 3	Category 4	Category 5
Filling	\$25.00	\$35.00	\$50.00	\$75.00	80 No Discount
Crowns Simple	\$75.00	\$100.00	\$125.00	\$150.00	175-No Discount
Crowns	\$250.00	\$400.00	\$450.00	\$475.00	500 No Discount
Dentures - Temporary	\$100.00	\$200.00	\$250.00	\$300.00	350-No Discount
Dentures - partial	\$300.00	\$350.00	\$400.00	\$450.00	500-No Discount
Dentures - complete	\$350.00	\$795.00	\$842.00	\$865.00	900-No Discount
Bridges - Temporary	\$50.00	\$100.00	\$150.00	\$200.00	225-No Discount
Bridges	\$200.00	\$250.00	\$300.00	\$350.00	375 No Discount
Extractions - simple	\$50.00	\$62.00	\$66.00	\$70.00	83-No Discount
Extractions - complex	\$100.00	\$110.00	\$125.00	\$135.00	145-No Discount

4. Quality of Care Audit



**Office of the Chief Executive Officer Valleywise
Community Health Centers Governing Council**

2525 East Roosevelt Street • Phoenix • AZ • 85008

DATE: April 3, 2024

TO: Valleywise Health Community Centers Governing Council

FROM: Crystal Garcia, MBA/HCM, RN, CPPS
Vice President of Specialty Services, Quality and Safety

SUBJECT: Quality of Care Audit CY23

In review of Quality of Care for FQHC in calendar year (CY) 2023 the following activities occurred to help drive performance improvement.

- Quality Assurance/Quality Improvement plan was updated to ensure all the requirements for Health Resources and Services Administration (HRSA) Health Centers Program, Chapter 10: Quality Improvement/Assurance. The committee structure was aligned to include Medical, Dental and Behavioral Health.
- The approval of the CY23 UDS metrics that would be monitored, and actions taken for improvements.
- FQHC had a full-time dedicated Quality Analyst to help drive the process improvements of the department. The Quality Analyst worked closely with FQHC leadership to develop action plans based upon the quality metric data.
- Validations were conducted on the EHR (electronic health record) UDS reports to ensure appropriate data was being reported.
- National Research Corporation (NRC): Patient Experience Real Time Platform data was presented on a quarterly basis with action plans developed to help drive better performance.

The below Quality Metrics for Calendar Year 2023 entails the actions that have been taken to help drive performance improvement.

- Body Mass Index (BMI) Screening and Follow Up Plan: The 2022 UDS National average was 61.04%. Valleywise FQHC CY23 was 92.28%. Valleywise was above the National average for this quality metric.
- Cervical Cancer Screening: The 2022 UDS National average 53.99%. Valleywise FQHC CY23 was 56.73%. Valleywise was above the National average for this quality metric.

- Childhood immunization: The 2022 UDS National average 33.23%. Valleywise FQHC CY23 was 37.74%. Valleywise was above the National average for this quality metric.
- Colorectal Cancer Screening: The 2022 UDS National average 42.82%. Valleywise FQHC CY23 was 46.06%. Valleywise was above the National average for this quality metric.
- Controlling High Blood Pressure: The 2022 UDS National average 63.40%. Valleywise FQHC CY23 was 58.07%. Approaches to improving this measure have therefore focused on provider, staff, and patient all must work cohesively for improvement. Best Practice Alert (BPA) pop-up under review that will work together with Blood Pressure door Kanban signage in the clinics. BPA targets the Medical Assistant with a reminder to complete the BP re-check when outside UDS parameters. Audit form developed for the Clinical Resource Leaders (CRLs) to complete random competency and compliance checks with medical assistants. Provider education to highlight importance of this metric at Ambulatory Dyad and DMG Group meeting.
- Diabetes: Hemoglobin A1c poor control: The 2022 UDS National average <30.42%. Valleywise FQHC CY23 was 30.13%. Valleywise was below the National average for this quality metric. Valleywise continues to utilize the Point of Care testing in the clinics to ensure patients get their Hg A1c checked.
- Ischemic Vascular Disease (IVD): Use of Aspirin or another antithrombotic: The 2022 UDS National average 76.83%. Valleywise FQHC CY23 was 76.88%. Valleywise was above the National average for this quality metric.
- Screening for clinical depression and follow-up plan if positive screen: The 2022 UDS National average 70.02%. Valleywise FQHC CY23 was 74.71%. Valleywise was above the National average for this quality metric.
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: The 2022 UDS National average 69.81%. Valleywise FQHC CY23 was 78.08%. Valleywise was above the National average for this quality metric.
- Tobacco Use: Screening and Cessation Intervention: The 2022 UDS National average 84.60%. Valleywise FQHC CY23 was 90.09%. Valleywise was above the National average for this quality metric.
- Statin Therapy for the Prevention and Treatment of Cardiovascular Disease: The 2022 UDS National Average 76.07%. Valleywise FQHC CY23 was 76.81%. Valleywise was above the National average for this quality metric.
- Breast Cancer Screening: The 2022 UDS National average 50.28%. Valleywise FQHC CY23 was 61.25%. Valleywise was above the National average for this quality metric.

- HIV Screening: The 2022 UDS National average 43.82%. Valleywise FQHC CY23 was 67.44%. Valleywise was above the National average for this quality metric.

5. Fiscal Year 2025 Budget Calendar



FY 2025 Planning and Budget Calendar – Valleywise Community Health Centers Governing Council (VCHCGC)

April

3 - VCHCGC – Review Calendar, preliminary patient volume assumptions, and capital target.

April						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

May

1 - VCHCGC – Approve volumes and review capital target.

May						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

June

5 - VCHCGC – Review FY2025 operating and capital budget for the FQHC Clinics, including departmental Governing Council budget.

12 - VCHCGC – Special Meeting for budget; approve FY2025 operating and capital budget for the FQHC Clinics, including departmental Governing Council budget.

20 - District Board budget hearing – Review of the FY2025 Operating and Capital Budget.

26 - District Board budget hearing – Consideration of the FY2025 Operating and Capital Budget for approval.

June						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

5. Preliminary Patient Volume Assumptions and Capital Target for the Federally Qualified Health Centers

**Valleywise Community Health Centers Governing Council
Fiscal Year 2025 Operating Budget
Preliminary Volumes Assumptions, Provider Staffing, and Capital**

Volume Assumptions

Overall

- For Fiscal Year 2025, the same methodology for forecasting volumes was utilized as FY 2024 volume forecasts.
- The visits per sessions were reviewed and forecasted in collaboration with physician and operational leadership, generally maintaining actual visits per session experienced in FY 2024 year-to-date by provider, provider type and specialty.
- As appropriate openings existed due to turnover or growth, the provider model was reviewed with regards to the Advanced Practice Providers (APPs) to Physician ratio. The APPs include Nurse Practitioners (NPs), Physician Assistants (PAs), and Certified Nurse Midwives (CNMs). Changes in the provider model were based on a collaboration with physician leadership.

Valleywise Community Health Centers (VCHCs)

- The changes in individual clinics are due to provider movements, overall increase from Projection is 6.6%
- The budget assumes the South Phoenix Laveen and Avondale clinics will have an increase of 2.30 and 1.50 FTE's, respectively.
- The budget assumes the Mobile Health Unit will be in operation by start of July 2024 with Family Practice services.

Valleywise Comprehensive Healthcare Center (VCHC) – Phoenix Clinic

- Womens has a small increase, while Peds is decreasing slightly. Overall, the increase is 0.3% over the projection.
- The assumed changes in patient and staff scheduling in Antepartum Testing causing a decrease of 12.6%.

Valleywise Comprehensive Healthcare Center (VCHC) – Peoria Clinic

- The budget assumes that assigned provider staff at Peoria will have an increase in sessions or the equivalent of 0.40 FTE's.

Dental Clinics

- Dental volumes were projected using planned providers.
- Dental offices are expected to be fully staffed for the upcoming year.
- There will be a small increase to volumes this year because of less staffing transitions due to unplanned leave that was experienced during the last year, 5.7% overall.

Integrated Behavioral Health

- In a similar manner to other Federally Qualified Health Center (FQHC) clinics, Behavioral Health departments were budgeted based on the number of providers at each location.
- Behavioral Health services are expanding and currently have providers ramping up, causing an 8.1% increase.
- 5 new provider FTE's to start in FY25.

DMG Provider Staffing

The schedule below is the preliminary planned District Medical Group provider staffing by location.

	<u>COST CENTER and DESCRIPTION</u>	<u>FYE 2022</u>	<u>FYE 2023</u>	<u>FYE 2024</u>	<u>FYE 2025</u>
Total Providers	416601 FQHC CLINIC - SOUTH CENTRAL PHOENIX	6.42	6.10	5.18	5.45
FTEs	416603 FQHC CLINIC - AVONDALE	6.51	5.92	7.14	8.61
	416608 FQHC CLINIC - CHANDLER	6.05	5.91	6.03	5.61
	416609 FQHC CLINIC - GUADALUPE	2.78	2.57	2.52	2.56
	416613 FQHC CLINIC - MCDOWELL	9.44	8.72	8.90	8.30
	416701 FQHC CLINIC - SOUTH PHOENIX LAWEEN	5.42	5.62	4.60	6.88
	416704 FQHC CLINIC - WEST MARYVALE	3.43	5.39	5.44	6.26
	416707 FQHC CLINIC - MESA	2.50	5.92	6.55	6.35
	416711 FQHC CLINIC - NORTH PHOENIX	6.53	6.79	7.26	7.67
	476707 FQHC MCDOWELL SERVICES - MESA	0.14	0.45	0.44	0.44
	576130 FQHC MCDOWELL SERVICES - PEORIA	0.37	0.00	0.00	0.00
	476101 FQHC WOMENS CARE - PHOENIX	6.23	6.77	7.12	7.49
	476105 FQHC PEDIATRIC CLINIC - PHOENIX	5.52	4.82	4.98	5.09
	476106 FQHC MEDICINE CLINIC - PHOENIX	6.04	5.99	5.76	5.87
	576101 FQHC PRIMARY CARE - PEORIA	9.62	9.19	10.17	10.56
	416750 FQHC CLINIC - MOBILE HEALTH UNIT	0.00	0.00	0.00	0.50
	TOTAL	77.00	80.16	82.09	87.64

Capital

- Currently, Contingency Capital is preliminarily planned at \$100K, which is in line with prior year.