



AT THE SOUTHERN NEVADA HEALTH DISTRICT

## MINUTES

### SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

April 18, 2023 – 2:30 p.m.

Meeting was conducted In-person and via WebEx Event

Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107  
Red Rock Trail Rooms A and B

**MEMBERS PRESENT:** Jose L. Melendrez –Chair, Consumer Member (*In-person*)  
Brian Knudsen – Consumer Member (*via Webex*)  
Erin Breen – Community Member, UNLV Vulnerable Road Users Project (*via Webex*)  
Donna Feliz-Barrows – Consumer Member (*In-person*)  
Scott Black – Community Member, City of North Las Vegas (*via Webex*)  
Luz Castro – Consumer Member (*via Webex*)  
Father Rafael Pereira – Community Member, All Saints Episcopal Church (*In-person*)

**ABSENT:** April Allen-Carter – Consumer Member  
Gary Costa – Community Member, Golden Rainbow  
Lucille Scott – Consumer Member

**ALSO PRESENT:**

**LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel

**EXECUTIVE DIRECTOR:** Fermin Leguen, MD, MPH, District Health Officer

**STAFF:** Tawana Bellamy, Andria Cordovez Mulet, Cassius Lockett, Cortland Lohff, Randy Smith, Donnie (DJ) Whitaker, Kyle Parkson, Donna Buss, Justin Tully, Jacques Graham, Cassondra Major, Greg Tordjman, Maria Arganoza-Priess, Fernando R. Lara, David Kahananui, Fidel Cortes Serna

#### I. **CALL TO ORDER and ROLL CALL**

The Chair called the Southern Nevada Community Health Center (SNCHC) Governing Board Meeting to order at 2:31 p.m. Tawana Bellamy, Administrative Secretary, administered the roll call and confirmed a quorum.

#### II. **PLEDGE OF ALLEGIANCE**

III. **FIRST PUBLIC COMMENT:** A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed the First Public Comment portion.

#### IV. **ADOPTION OF THE APRIL 18, 2023 MEETING AGENDA** (*for possible action*)

*A motion was made by Member Feliz-Barrows, seconded by Member Father Rafael, and carried unanimously to approve the April 18, 2023 Meeting Agenda, as presented.*

**V. CONSENT AGENDA:** Items for action to be considered by the Southern Nevada Community Health Center Governing Board which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

**1. Approve Minutes – Southern Nevada Community Health Center Governing Board Meeting:**  
March 21, 2023 *(for possible action)*

*A motion was made by Member Feliz-Barrows, seconded by Member Father Rafael, and carried unanimously to approve the Consent Agenda, as presented*

**VI. REPORT / DISCUSSION / ACTION**

**Recommendations from the April 13, 2023 Quality, Credentialing & Risk Management Committee**

Mr. Smith advised that the committee nominated Member Breen to chair the Quality, Credentialing and Risk Management Committee. Mr. Smith notified Member Breen of the nomination and Member Breen accepted the nomination and will chair the committee moving forward.

**1. Receive, Discuss and Approve the Quality, Credentialing & Risk Management Charter;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Randy Smith, FQHC Operations Officer advised the board of the changes made to the charter. Mr. Smith provided an overview of the changes noting most of the changes were made to the committee's duties and responsibilities to align with the HRSA requirements. The committee agreed to the changes that were presented and recommended approval by the board.

*A motion was made by Member Feliz-Barrows, seconded by Member Black, and carried unanimously to approve the Quality, Credentialing & Risk Management Charter, as presented.*

**2. Receive and Discuss the Quality, Credentialing & Risk Management Meeting Schedule;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith advised the committee would meet at least four (4) times per year. Mr. Smith proposed that the committee would meet quarterly to assess each quarter's activities.

- January – Quarter 4 activities
- April – Quarter 1 activities
- July – Quarter 2 activities
- October – Quarter 3 activities

Ms. Bellamy will reach out to committee member to confirm a date and time.

*No action required.*

**3. Receive, Discuss and Approve the Quality and Risk Management Activities Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith presented the Quality and Risk Management Activities Report on behalf of Cassandra Major, FQHC Quality Management Coordinator with the following highlights.

- Quality Management Plan – no changes.
- Uniform Data Systems (UDS) – Required to report annually to HRSA in these areas:
  - Patient Demographics
  - Clinical Services and Outcomes
  - Financial Costs
- Clinical Performance Measures

- Every FQHC across the country are required to address eighteen (18) measures with patients and report to HRSA within the following categories:
  - Screening and Preventive Care
  - Maternal Care and Children's Health
  - Chronic Disease Management
- Cervical Cancer Screening and Tobacco Use: these measures have been changed and may impact what patients are included in the measure.
- Quality of Care Measures – UDS data for 2021 and 2022.
  - Eight of the 15 measures showed improvement in CY22.
- Quality Measures we are focusing on in 2023:
  - Controlling High Blood Pressure
  - Poor Controlled Hemoglobin A1c (HbA1c)
  - HIV Screening
  - HIV Linkage to Care
  - Tobacco Use Screening and Cessation Intervention
- Quarter 1 2023 Performance Measures
  - Controlling High Blood Pressure: 55.56% (CY22 – 50.84%)
  - Poor Controlled Hemoglobin A1c (HbA1c): 0.00%\*
  - HIV Screening: 53.49% (CY22 = 52.55%)
  - HIV Linkage to Care: 100% (CY22 – 94.69%)
  - Tobacco Use Screening and Cessation Intervention: 0.00%\*
  - Exceeding our performance in High Blood Pressure, HIV Screen and HIV Linkage to Care.

\* Working to correct data not calculating correctly in eCW

Risk Management Plan – no changes

- Risk Management Reports January, February and March:
  - Medical Event(s) (Dr. Bluebird) – Four (4)
  - Patient Complaint(s)/Grievance(s) – Two (2)
  - Medication Error(s) – Zero (0)
  - Patient Issue(s) – One (1) – patient was discharged from our clinic
  - Employee Incident(s) – One (1)
  - Health Insurance Portability and Accountability Act (HIPAA) Violation(s) – Zero (0)

Mr. Smith further reviewed the following:

- Activities Ms. Major is working on:
  - Clinical Practice Audits/Guidelines – developing a robust peer review process.
  - Incident Reporting
  - Patient Complaints/Grievances
  - Patient Safety
  - Patient Satisfaction Surveys
  - Policies and Standard Operating Procedures
  - Workflows
- Standard Operating Procedure (SOP)
  - Provides clear-cut direction and instructions as to the steps necessary to complete a specific task or process.
  - Finalized eight SOPs so far and working on more.
    - Basic Infertility (Family Planning)
    - Bus Passes
    - Late Arrival, No-Show and Same Day Cancellation
    - Prescription Refill
    - Prevention, Detection and Control of High Blood Pressure
    - Ryan White Outpatient Ambulatory Health Services
    - Telehealth Process
    - Vaccine Administration
- Survey Results
  - January 2023
    - Completed Surveys: 145 (81/64) 17% response rate.
  - February 2023

- Completed Surveys: 219 (109/110) 28% response rate.
- March 2023
  - Completed Surveys: 262 (144/118) 24% response rate.

Member Father Rafael inquired about the numbers in parentheses. Mr. Smith commented that the first number represents English, and second number is Spanish.

*A motion was made by Member Feliz-Barrows, seconded by Member Father Rafael, and carried unanimously to approve the Quality and Risk Management Activities Report, as presented.*

**4. Receive, Discuss and Approve the Credentialing and Privileging of Providers;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith presented the following providers for Credentialing and Privileging:

- Chris Mariano, MSN, APRN, CPNP-PC
- Maria Arganoza-Priess, DO, MS
- Matthew Bonello, DO

*A motion was made Member Feliz-Barrows, seconded by Member Father Rafael, and carried unanimously to approve the Credentialing and Privileging of Providers, as presented.*

**Recommendations from the April 17, 2023 Finance & Audit Committee**

Mr. Smith commented that the Finance and Audit committee was unable to meet quorum on April 17, 2023. He proceeded with items the board could act on.

**5. Review, Discuss and Approve the Finance and Audit Committee Charter;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith presented the recommended changes to the Finance and Audit Committee Charter. The charter is consistent with HRSA requirements. There were minor changes to:

- Composition section – Changed the title of Financial Services Manager to Chief Financial Officer.
- Meetings section – Changed the meeting cadence from as deemed necessary to monthly and as necessary.

*A motion was made by Member Feliz-Barrows, seconded by Member Father Rafael, and carried unanimously to the Finance and Audit Committee Charter, as presented.*

Member Feliz-Barrows commented that they need a third member on the Finance and Audit Committee. Ms. Anderson-Fintak advised that there is a new board member being brought to the board, if approved, they will need to serve on at least one committee.

**6. Review and Discuss the Finance and Audit Committee Meeting Schedule;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith presented a recommendation for the Finance and Audit Committee to meet. The recommendation is on the third Monday, 4-5 p.m., a day before the Governing Board.

Chair Melendrez inquired if the meeting time will give staff enough time to respond to issues or concerns prior the board meeting. Mr. Smith commented that is would tight, but it is better than meeting on the same day. Mr. Smith further advised that we are trying to balance the time staff needs to prepare the materials and the time needed to announce the meeting.

*No action required.*

**7. Receive, Discuss and Approve the SNHD Sliding Fee Schedule;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith presented the SNHD/SNCHC Sliding Fee Discount Schedule and advised the HRSA requirements for a sliding fee discount program, including billing and collection. Mr. Smith further explained how the sliding fee program works and advised patients are placed on a sliding fee schedule based on income and family size and charged at the point of care. Patients may make full or partial payments, but outstanding balances are written off after 12 months without being sent to collections. The fees have been analyzed against other FQHCs in Nevada and found to be consistent with prevailing market rates. Patients at all income levels pay their nominal fees at reasonable rates, indicating that they do not present a financial barrier to accessing care.

Father Rafael inquired about previous history of outstanding balances and how much was written off. Mr. Smith advised the information can be provided in a report.

Mr. Smith further explained changes to the fee schedule for healthcare services, including adjustments based on income and HRSA requirements. Staff recommends a new sliding fee schedule for adoption which includes nursing-only. Mr. Smith emphasized that no patient is denied services due to inability to pay. The Family Planning and Ryan White programs have different schedule parameters but sliding fee discounts are still available in the same manner. The nominal fee for the other programs remains at \$20, which some board members expressed concerns which may discourage people from seeking care, but others note the importance of revenue for sustainability and suggest outreach efforts to educate the community to let them know they can still receive services if they cannot pay. Medicaid eligibility was also discussed to address uninsured patients.

Ms. Anderson-Fintak advised the board to make a vote. If no vote is taken, staff would continue to use the fee schedule that was previously approved. No vote would limit staff from incorporating the Sexual Health fees.

Member Feliz-Barrows made a motion to approve the Sliding Fee Schedule, with a contingent to revisit it in six months. Dr. Leguen commented the annual fee is brought to the board every year and can bring to the board if it is requested. The financial situation of the organization will not change in six months. He would love to see the organization go to zero dollars for the population at the lowest level of the federal poverty level. That would have further implications into the program.

Member Breen advised of a class she offered for people who received tickets for illegally crossing the street and was adamant about it being a free class. Member Breen further commented she will have a sliding fee schedule for the class because of the lack of respect from people who dismiss it because the service was offered for free. Member Breen noted it is a double-edged sword and we could look at posting signs that services are offered on a sliding fee scale. Services could be offered for free, but that is not our opening position.

Member Knudsen commented that the sliding fee scale presented is consistent with everything else the Health District is doing. There is complication with changing things outside of HRSA requirements. Member Knudsen further commented that he tends to follow staff's recommendation as it has implications for future grant opportunities.

Ms. Anderson-Fintak advised of the motion presented by Member Feliz-Barrows. No one seconded the motion, and a new motion was made.

*A motion was made by Member Father Rafael, seconded by Member Breen to approve the SNHD Sliding Fee Schedule, as presented. The motion passes with Members Black, Breen, Castro, Knudsen, Melendrez, Father Rafael voting in favor and Member Feliz-Barrows voting against.*

Mr. Smith commented that he will work with Ms. Whitaker through the monthly financials to have a metric to see if there are drastic changes and if a new decision needs to be made.

**8. Receive, Discuss and Approve the Billing Fee Schedule Updates;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Donnie (DJ) Whitaker, Chief Financial Officer, presented the Billing Fee Schedule updates with the following highlights:

Billing Fee Schedule Review

- The billing fee schedule is reviewed annually to add new fees or adjust existing fees.
- Annual review of fees allows for changes on a consistent basis to stay aligned with the local medical community. These regular fee changes position SNHD for the potential benefit of increased reimbursement from contracted insurances and Medicare.
- Uninsured patients will see minimal, or no impact based on the availability of the sliding fee discount.

Billing Fee Review Methodology

- Compare all fees currently utilized in SNHD operations to fees established in the Clark County local healthcare community (Source: The Physician Fees Report 2023)
- Identify fees lower than 50th percentile of reported fees for further review. Add new fees anticipated to be utilized in 2023.
- Propose fee changes based on comparison of current fees to 50th percentile of reported fees and Medicare reimbursement rate.
- Proposed changes to individual fees are included in Exhibit A (85 fees). All other fees on the billing fee schedule remain the same.

Ms. Whitaker advised the complete SNHD billing fee schedule is included in the Informational Section and the complete Master billing fee schedule that includes all Current Procedural Terminology (CPT) codes available for billing is available upon request. The Health District only use a small percentage of the entire schedule.

Member Father Rafael inquired about seeing a report of the changes in billing since done internally versus externally. Mr. Leguen commented that we can bring a report to the board regarding the billing activities of the health center during the last twelve months and the impact it has on the operations.

Member Feliz-Barrows inquired about the health clinic not paying for COVID tests. Ms. Whitaker commented the grant will not pay for the vaccines anymore.

*A motion was made by Member Feliz-Barrows, seconded by Member Father Rafael, and carried unanimously to approve the Billing Fee Schedule Updates, as presented.*

**9. Receive, Discuss and Accept the February 2023 YTD Financial Report;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Ms. Whitaker presented the February 2023 YTD Financial Report with the following highlights.

FQHC – All Funds by Divisions

- Net Position – negative \$3.2M was budgeted, negative \$1.5M actuals, which is better than the anticipated budgeted at this point in the year.
- Charges For Services are ahead by \$1.7M, mostly related to pharmacy operations.
- Supplies - \$7.8M budgeted, \$9.3M actuals, variance \$1.4M mostly due to pharmacy operations.
- Other - \$712K in actuals is from Wrap Reimbursements.
- Federal Revenue – \$1.7M was budgeted, actuals was \$2.7M, currently ahead of budget.
- Pass-Thru Revenue – \$3.16M budgeted, \$1.18M actuals, is slightly behind due to estimates that were made a year ago.
- Total Other Operating – \$9.1M was budgeted, \$10.4M actuals, about \$1.3M over budgeted due to pharmacy operations.

Ms. Whitaker further reviewed the:

- Revenue vs. Expenses (graphically)
- Patients Count by Department
- Revenue by Department (with and without Pharmacy)
- Expenses by Department (with and without Pharmacy)
- FQHC General Fund
- FQHC Special Revenue Fund
- FQHC Revenue by Fund
- FQHC Expenses by Fund

Member Father Rafael advised the health center to pay attention to the shortage of medical professional that is happening nation-wide.

*A motion was made by Member Feliz-Barrows, seconded by Member Father Rafael, and carried unanimously to approve the February 2023 YTD Financial Report, as presented.*

### **SNCHC Governing Board**

#### **10. Receive, Discuss and Approve the Board Member Candidate;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith presented the new board member candidate with the following qualifications:

- Member of the Nevada Immigrant Coalition, Las Vegas, Nevada
- Master of Business Administration Candidate - Lee Business School, University of Nevada, Las Vegas. (Commenced January 2023)
- Juris Doctorate - William S. Boyd of Law, University of Nevada, Las Vegas
- BA Sarah Lawrence College, Bronxville, New York.
- Believes there should be health care for all, regardless of income and lack of medical insurance.
- The vision and mission of CHC resonates with them.
- They would like to help CHC promote and develop its services for the community.

*A motion was made by Member Feliz-Barrows, seconded by Member Father Rafael, and carried unanimously to approve the new Board Member Candidate, Jasmine Coca, as presented.*

Mr. Smith shared that there is another opening for a board member. Ms. Coca will fill the position vacated by Tim Burch. Mr. Smith advised to fill the open position by a community board member after member Gary Costa transitions to California.

#### **11. Highlights from the March 2023 Operational Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

*Member Knudsen left the meeting at 4:03 p.m.*

Mr. Smith presented the March 2023 Operational Report with the following highlights:

##### Unduplicated/New Patients Seen in March

- 1,350 unduplicated patients served.
- 318 new patients seen.
- New annual unduplicated patient goals will be established with the submission of the Service Area Competition (SAC) grant.

##### Program Updates

- 2022 UDS Report received final acceptance by HRSA.
- 2022 FPAR Report received final acceptance by HRSA.
- Service Area Competition (SAC) grant notice of funding opportunity (NOFO) anticipated to be released in a few weeks and due to HRSA in August 2023.

- Behavioral Health clinic build out at Decatur anticipated to commence in the summer of 2023; second round of space plan reviews in April.
- Ryan White services projected to begin at Fremont in Q2 of 2023.
- Title X Family Planning program audit scheduled to occur in September 2023.
- Oral Health Services – Fremont Dental Clinic
  - Henry Schein – operatory design and equipment list.
  - Community Partnerships.
  - Potential grant funding available through a competitive grant from the State targeting FQHCs.
- Provider Staffing Update:
  - New mid-level provider starting May 1<sup>st</sup> (backfill of vacancy)
  - New contracted Infectious Disease doctor starting in May
  - Active recruitment for a mid-level provider (backfill of vacancy)
  - Active recruitment for a family practice doctor (new position)
  - Active recruitment for a Licensed Clinical Social Worker (backfill for vacancy)
- Azara – DRVS implementation
  - Population Health, Care Gaps, Reporting
- Sexual Health Clinic integration
  - Go live: July 1, 2023
  - Transition Plan and Team created.
  - General and Focus meeting with SHC to discuss process and address questions/concerns.
  - Goal is to minimize disruptions to patients or staff.
  - Majority of changes are administrative in nature.
  - Ensure compliance with HRSA requirements.

Member Father Rafael again advised staffing is going to be the biggest challenge we are going to face. It is going to keep growing nation-wide. Member Father Rafael urge the health center to create packages that are competitive to the market.

*No action required.*

- VII. BOARD REPORTS:** The Southern Nevada District Board of Health members may identify and comment on Health District related issues. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada District Board of Health unless that subject is on the agenda and scheduled for action. ***(Information Only)***

There were no Board reports.

- VIII. EXECUTIVE DIRECTOR & STAFF REPORTS (Information Only)**

Dr. Leguen advised the health center will put together an application to receive funds to help support dental services. The grant would support the initial staffing. If we are awarded the grant, the maximum amount is \$700K a year, for two years. Dr. Leguen further advised the health center has been meeting with Catholic Charities and the African Community Center with the intention to review our refugee services and expand our collaborations with them. Dr. Leguen also advised the intention is also to have the refugee service available at the Fremont location. That facility will be a better space and the resources would be closer to Catholic Charities and the African Community Center. Dr. Leguen advised that he and Mr. Smith are looking at a new behavioral health provider to help organize and lead the behavioral health services.

- IX. INFORMATIONAL ITEMS**

- Community Health Center (FQHC) March 2023 Operations Reports

- X. SECOND PUBLIC COMMENT:** A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments



will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed the Second Public Comment portion.

**XIII. ADJOURNMENT**

The Chair adjourned the meeting at 4:13 p.m.

Fermin Leguen, MD, MPH  
District Health Officer/Executive Secretary/CHC Executive Director

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