



AT THE SOUTHERN NEVADA HEALTH DISTRICT

## MINUTES

### SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

March 17, 2026 – 2:30 p.m.

Meeting was conducted In-person and via Microsoft Teams

Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107

Red Rock Trail Rooms A and B

#### MEMBERS PRESENT:

Donna Feliz-Barrows, Chair  
Jasmine Coca, First Vice Chair  
Sara Hunt, Second Vice Chair  
Rebeca Aceves  
Erin Breen  
Jose L. Melendrez  
David Neldberg  
Fr Rafael Pereira

#### ABSENT:

Ashley Brown  
Blanca Macias-Villa

#### ALSO PRESENT

#### LEGAL COUNSEL:

Edward Wynder, Associate General Counsel

#### CHIEF EXECUTIVE OFFICER:

Randy Smith

#### STAFF:

Emily Anelli, Chelle Alfaro, Tawana Bellamy, Todd Bleak, Donna Buss, Robin Carter, Andria Cordovez Mulet, Claudette, Fajardo, David Kahananui, Annie Lin, Cassius Lockett, Luann Province, Renee Trujillo, Merylyn Yegon, Donnie (DJ) Whitaker

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

The Southern Nevada Community Health Center (SNCHC) Governing Board Meeting was called to order at 2:34 p.m. Ms. Tawana Bellamy, Senior Administrative Specialist, administered the roll call and confirmed a quorum.

#### II. PLEDGE OF ALLEGIANCE

#### III. RECOGNITION

##### 1. Southern Nevada Health District – Employee of the Month - March 2026

- Claudette Fajardo

The Governing Board recognized Ms. Fajardo, a Medical Assistant, as Southern Nevada Health District's Employee of the Month for March 2026. Ms. Bellamy read an excerpt from her nomination, highlighting her exceptional work ethic and consistent application of SNHD's CARES values. On behalf of the SNCHC Governing Board, the Chair extended congratulations to Ms. Fajardo.

- IV. FIRST PUBLIC COMMENT:** A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to two (2) 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 public comment was presented online or in person, the Chair closed the First Public Comment period.

- V. ADOPTION OF THE MARCH 17, 2026 MEETING AGENDA** *(for possible action)*

The Chair requested approval of the agenda with one modification: removal of the Behavioral Health Program Update under the CEO Comments.

*A motion was made by Father Rafael, seconded by Member Breen, and carried unanimously to approve the March 17, 2026 meeting agenda as amended.*

- VI. 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 – SNCHC GOVERNING BOARD MEETING:** February 17, 2026 *(for possible action)*

- 2. Approval of CHCA-039 Insulin and Epinephrine Fee Structure Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

The Chair asked whether any Board member wished to remove items from the Consent Agenda. There were none.

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

- VII. REPORT / DISCUSSION / ACTION**

*Recommendations from the March 16, 2026 Finance and Audit Committee Meeting*

- 1. Receive, Discuss and Accept the January 2026 Year to Date Financial Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Donnie (DJ) Whitaker, Chief Financial Officer, presented the January 2026 Year to Date Financial Report as of January 31, 2026, with the following key highlights:

### **Revenue**

- General Fund revenue (Charges for Services & Other) is \$21.64M compared to a budget of \$22.79M, an unfavorable variance of \$1.15M.
- Special Revenue Funds (Grants) is \$2.71M compared to a budget of \$4.45M, an unfavorable variance of \$1.74M.
- Total Revenue is \$24.34M compared to a budget of \$27.24M, an unfavorable variance of \$2.90M.

### **Expenses**

- Salary, Tax, and Benefits is \$8.27M compared to a budget of \$9.68M, a favorable variance of \$1.41M.
- Other Operating Expense is \$17.27M compared to a budget of \$18.13M, a favorable variance of \$860K.
- Indirect Cost/Cost Allocation is \$6.21M compared to a budget of \$7.51M, a favorable variance of \$1.30M.
- Total Expense is \$31.75M compared to a budget of \$35.31M, a favorable variance of \$3.56M.

**Net Position:** is (\$7.41M) compared to a budget of (\$8.07M), a favorable variance of \$660K.

Ms. Whitaker further advised of the following:

- Percentage of Revenues and Expenses - by Department
- Revenues by Department - Budget to Actuals
- Expenses by Department - Budget to Actuals
- Patient Encounters - By Department and Site
  - FY2025 – 21,356
  - FY2026 – 24,592
  - 15% year-over-year growth

Father Rafael commented on the financial report, noting that approximately 90% of the organization's revenue is generated by the pharmacy while only about 5% of salary expenses are attributed to pharmacy operations. He highlighted this significant imbalance as a positive indicator of efficiency and expressed appreciation for the clarity the financial reports provide. Father Rafael stated that, given the pharmacy's strong revenue contribution, any future decisions to increase staffing in the pharmacy department would be supported, as it continues to be a major source of revenue.

Mr. Smith added that while the pharmacy has been highly successful in generating revenue, it also represents a financial vulnerability, as a substantial portion of pharmacy revenue is derived from a limited class of medications. He referenced recent changes related to Gilead, which have already impacted or put certain pharmacy revenues at risk. Mr. Smith emphasized the importance of diversifying revenue streams to reduce reliance on pharmacy income alone. Mr. Smith further noted that the pharmacy's financial performance is closely tied to patient encounters, reinforcing the connection between service volume and revenue generation. He acknowledged the pharmacy's leadership in contributing to the organization's financial stability and stated that these issues, including 340B considerations, are being closely monitored. He added that a future presentation by Dr. Bleak may further address these topics.

The Chair called for further questions and there were none.

*A motion was made by Member Melendrez, seconded by Father Rafael, and carried unanimously to accept the January 2026 Year to Date Financial Report, as presented.*

**2. Receive, Discuss and Approve the Augmentation to the Southern Nevada Community Health Center FY2026 Budget;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Ms. Whitaker presented the Southern Nevada Community Health Center FY2026 Budget, as follows:

**Staffing:**

- Staffing for FY26 is projected to be 119.5 FTEs compared to FY26 adopted budget of 126.5 FTEs.

**Revenue:**

- General Fund revenue is projected at \$38.5M in FY26, a decrease of \$600K from the FY26 adopted budget.
- Special Revenue Fund (Grants) projected at \$5.1M in FY26, a decrease of \$2.6M from FY26 adopted budget.

**Expense:**

- FQHC combined expenditures for FY26 augmented budget is \$58.4M compared to \$61.3M from FY26 adopted budget.

Father Rafael reported that the Finance and Audit Committee met and discussed the format of financial statements presented to the Governing Board. He requested that future financial reports include side-by-side columns for comparisons of the adopted budget versus the augmented budget, allowing board members to clearly see line-item variances and areas of adjustment.

While acknowledging that the graphs and pie charts are informative and visually helpful, Father Rafael emphasized that regular financial statements are necessary for detailed financial analysis. Father Rafael further noted that having both narrative notes and visual summaries is valuable, however, the inclusion of traditional financial statements is essential to fully understand which areas were augmented and the specific financial impacts.

The Chair called for further questions and there were none.

*A motion was made by Father Rafael, seconded by Member Breen, and carried unanimously to Approve the Augmentation to the Southern Nevada Community Health Center FY2026 Budget, as presented.*

**3. Receive, Discuss and Approve the New Finance Reports;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Ms. Whitaker, along with Donna Buss, Revenue Cycle Manager, presented the New Finance Reports, as follows:

Ms. Whitaker presented the new financial report with support from Donna Buss, Revenue Cycle Manager. Ms. Whitaker reviewed the history of the revenue cycle function, noting that medical billing was brought in-house in FY 2022, transitioning from third-party billing vendors. Prior to this change, PPS Wrap qualifying encounters were not consistently submitted, and denials, rejections, and accounts receivable were not systematically resolved.

Ms. Whitaker shared that since the transition, the Health Center has finalized its Nevada Medicaid PPS rate, enabling receipt of Wrap payments designed to cover gaps when Medicaid Managed Care reimbursement is below the PPS rate. Cumulative WRAP payments received to date total approximately \$3.9 million. Beginning January 1, 2026, Medicaid implemented “shadow billing,” allowing PPS reimbursement to be incorporated at the point of payment rather than through supplemental submissions. Ms. Whitaker reported ongoing monitoring and coordination to address implementation challenges.

Ms. Whitaker reviewed accounts receivable (AR) aging trends, noting improvement in receivables shifting from over 180 days to the 0–30 day category. AR greater than 180 days decreased from 64% in FY 2022 to approximately 23% in FY 2026 year-to-date, indicating improved revenue cycle performance. The billing team continues to actively manage denials, resubmit claims, work with payers and clearinghouses, and identify claim trends. A previously identified payer configuration issue that temporarily removed the Health Center’s FQHC designation has been corrected, allowing for claim reprocessing.

Ms. Whitaker also reported that the Health Center has implemented monthly revenue cycle meetings, patient billing statements for balances not collected at time of service, and a 12-month write-off policy for uncollected balances.

Mr. Smith asked for clarification regarding the accounts receivable (AR) aging report, requesting an explanation of what the aging categories represent. Ms. Donna Buss clarified that claims categorized as greater than 180 days represent claims that are more than 180 days past the date of service. These claims may be delayed due to denials or payer-specific issues but have been submitted timely and are actively being worked, appealed, and reprocessed to capture all eligible revenue. Ms. Buss confirmed that 0–30 day balances are considered favorable, while balances exceeding 180 days indicate higher risk.

Father Rafael emphasized the importance of distinguishing between reported revenue and collected revenue, noting that uncollected revenue ultimately results in write-offs at year end. He requested additional insight into the percentage of revenue derived from cash/self-pay versus insured sources to better assess collection risk.

Mr. Smith stated that payer mix reporting would be a useful addition, noting that although the patient population is approximately 58% uninsured, this group represents a comparatively small portion of actual revenue collected. He explained that insured payers, including Medicaid with WRAP payments, contribute a significantly larger share of revenue.

Father Rafael stated that the Finance and Audit Committee had discussed the need for additional revenue breakdowns to better analyze denial trends, payer performance, and uncollected amounts. He reiterated that the decision to bring billing in-house was intended to improve collections and reduce denials and requested future reporting to identify whether

specific providers or payers contribute disproportionately to non-collection. He also requested year-end reporting on total write-offs to clearly identify revenue losses.

Member Hunt asked whether legislation from the prior legislative session requiring insurance companies to process claims within a defined timeframe had passed. Ms. Buss responded that while she was unsure whether specific legislation passed, most payers follow standard 60–90 day claim processing timelines. She also noted that a temporary payer system configuration issue had increased denials, requiring extensive claim reprocessing that is still underway.

Mr. Smith advised that at the committee meeting, the Chair and Father Rafael discussed what materials get presented to the committee versus the board. Mr. Smith shared the following objectives:

- Enhancing monthly financial reports, including AR aging and future payer mix reports; and
- Streamlining Governing Board presentations to focus on high-level summaries rather than duplicating committee-level detail.

Mr. Smith further advised that it was proposed that future Governing Board financial presentations focus on the summary page and utilization reports, while full financial packets would continue to be distributed to board members for review. Board members would retain the ability to raise questions during meetings as needed.

The Chair expressed support for this approach, stating that detailed financial analysis should occur at the committee level, with the Governing Board receiving a higher-level overview unless specific issues warrant deeper discussion. Member Erin Breen expressed agreement with the proposed approach and affirmed confidence in the Finance Committee's role in detailed financial oversight.

The Chair called for further questions and there were none.

*A motion was made by Father Rafael, seconded by Member Coca, and carried unanimously to Approve the New Finance Reports, as presented.*

#### SNCHC Governing Board

**4. Receive, Discuss and Approve the Fourth Quarter Risk Assessment;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

David Kahananui, FQHC Administrative Manager, presented the Fourth Quarter Risk Assessment for 2025, covering the compliance period October–December 2025. Mr. Kahananui advised that the assessment was conducted in compliance with Federal Tort Claims Act (FTCA) requirements, which mandate completion of a risk assessment each quarter, including two high-risk assessments annually.

The fourth quarter risk assessment utilized the ECRI Clinical Risk Management Program Self-Assessment Questionnaire for Bloodborne Pathogens, a designated high-risk area for the Health Center. The assessment was conducted on October 27, 2025, by the Medical Director in consultation with the Operations Manager.

Mr. Kahananui advised that a total of 120 criteria were evaluated. Of these, 111 criteria were found compliant, resulting in an overall compliance score of approximately 92%. The remaining nine criteria were identified as either needing improvement or non-compliant, and an action plan was developed to address the findings.

Mr. Kahananui reported that the organizational goal is to maintain 75% or fewer open action items at any evaluation point, acknowledging that percentages fluctuate as new assessments are completed and corrective actions are implemented. A summary of findings and the corresponding action plan for Q4 were presented to the Board.

The Chair called for further questions and there were none.

*A motion was made by Member Melendrez, seconded by Member Coca, and carried unanimously to Approve the Fourth Quarter Risk Assessment, as presented.*

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

Mr. Kahananui presented the Fourth Quarter 2025 Risk Management Report, covering compliance activities and outcomes for the period October 1–December 31, 2025, in accordance with Federal Tort Claims Act (FTCA) requirements. Mr. Kahananui reviewed the report's color-coding framework, noting that red indicates non-compliance, orange indicates approaching compliance, and green indicates compliance. FTCA mandates that quarterly risk assessments, quarterly risk management reports, and the annual risk management report be presented to the Governing Board for review and approval.

Mr. Kahananui further reported the fourth quarter risk assessment was completed on October 27, 2025, meeting FTCA requirements. The assessment utilized the Clinical Risk Management Program Self-Assessment Questionnaire for Bloodborne Pathogens and was conducted by the Medical Director, Dr. Robin Carter, in consultation with the Operations Manager. At the conclusion of the quarter, 33% of action items from prior risk assessments remained open. Under incident reporting and peer review, Mr. Kahananui reported:

- 19 incidents reported in fourth quarter
- 0 Sentinel events
- 4 high-risk incidents
- 6 incidents requiring root cause analysis and follow-up.
- 96% average score for provider peer review audits

Regarding required annual training, Mr. Kahananui reported that:

- 100% of clinical staff completed all five FTCA-required annual trainings by the end of fourth quarter 2025
- The Risk Manager completed two FTCA-required risk trainings during the year, maintaining compliance.

For risk and patient safety activities, the following outcomes were noted:

- 97% patient satisfaction score.
- No grievances filed.

- No pharmacy packaging or labeling errors.
- No HIPAA breaches.
- 97% of provider referrals were ordered and processed.
- 56% of eligible patients received pregnancy intention screening.
- Five pregnant patients were referred to contracted OB providers.
  - Manual tracking processes were implemented for pregnancy-related metrics.
- No newborn birth weight or race data was reported during the quarter.
- 100% credentialing compliance for licensed clinical providers.
- No claims were filed during the fourth quarter.

Father Rafael requested clarification regarding red (non-compliant) patient safety metrics, specifically related to pregnancy intention screening. Mr. Kahananui explained that challenges primarily involve data capture and reporting limitations, not lack of screening activity. Mr. Kahananui noted improvement from prior years, with performance more than doubling since 2024, and stated that screening often occurs but is not consistently reflected in reporting systems. Ongoing outreach and data validation efforts are in place, though many patients decline to provide follow-up information. Mr. Kahananui further reported that overall data quality for 2025 showed significant improvement and was the most accurate to date.

The Chair called for further questions and there were none.

*A motion was made by Member Breen, seconded by Father Rafael, and carried unanimously to Approve the Fourth Quarter Risk Management Report, as presented.*

**6. Receive, Discuss and Approve the CY25 Annual Risk Management Report;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Kahananui presented the Calendar Year 2025 Annual Risk Management Report, noting that the report is comprehensive and covers all four quarters of 2025. The report is approximately 40 pages in length, and board members received the document in advance. The presentation focused on key metrics and dashboard highlights.

Mr. Kahananui reminded the board that the same color-coding system applies throughout the report, noting that red indicates non-compliance, orange indicates approaching compliance, and green indicates compliance and reviewed FTCA requirements, which mandates one risk assessment per quarter, and at least two annual assessments focused on areas of high risk.

**Risk Assessments**

- Four required quarterly risk assessments were completed in 2025.
- Three assessments were conducted in designated high-risk areas.
- At year end, 22% of action items from risk assessment action plans remained open.

**Incident Reporting and Peer Review**

- 87 incidents were reported in 2025, compared to 70 incidents in the prior year.

Mr. Kahananui emphasized that the increase reflects improved awareness and reporting, not necessarily increased risk.

- 12 incidents were categorized as high-risk severity.

- 20 incidents required root cause analysis and follow-up.
- Provider peer review audits achieved an average score of 96%, exceeding the benchmark of 80%.
- Definitions of low, medium, high, and Sentinel events were included for reference.

#### **Required Annual Training Compliance**

- All five FTCA-required annual trainings were completed by 100% of clinical staff by the end of 2025.
- Previously identified gaps from 2024 were corrected and reported to FTCA.
- The Risk Manager completed all FTCA-required risk trainings, resulting in 100% compliance.

#### **Patient Risk and Safety Measures**

- Average patient satisfaction: 98% (benchmark: 90%)
- Three grievances filed in 2025; all were resolved promptly, generally within two weeks.
- No pharmacy packaging or labeling errors
- No HIPAA breaches; a previously reported Q3 issue was later determined not to be an actual breach.
- 97% of referrals ordered were processed and sent.
- 47.8% of eligible patients received pregnancy intention screening.
- 17 pregnant patients were referred to contracted OB providers.
  - Manual tracking continues for pregnancy-related measures due to lack of electronic reporting.
- One patient provided newborn birth weight/race data.
- 100% credentialing compliance for licensed independent practitioners and licensed clinical staff.
- No claims were filed during 2025.

Member Melendrez commented great work on the report.

The Chair called for further questions and there were none.

*A motion was made by Member Melendrez, seconded by Father Rafael, and carried unanimously to Approve the CY25 Annual Risk Management Report, as presented.*

#### **7. Review and Discuss the FTCA Redeeming Process and Approve Submittal of the CY27 FTCA Redeeming Application;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Kahananui presented the FTCA redeeming application process and provided an overview of the Calendar Year 2027 FTCA Redeeming Application for board approval. Mr. Kahananui explained that FTCA coverage provides medical malpractice protection for the Health Center and its eligible covered individuals, including licensed independent practitioners, other licensed clinical practitioners, and clinical staff registered with HRSA.

Mr. Kahananui noted that the FTCA redeeming application is due June 26, 2026, for coverage effective in calendar year 2027. He explained that Health Centers must meet specific deeming and redeeming criteria annually to maintain coverage and that the organization was initially

deemed in 2023 for 2024 coverage. Redeeming applications are submitted each June and are based on prior-year performance and current policy compliance.

Mr. Kahananui reviewed the four required components of the FTCA redeeming application:

1. Quarterly risk assessments
2. Incident reporting, provider reviews, and training
3. Risk and patient safety activities
4. Claims management

Mr. Kahananui reported that the Health Center continues to perform well across all required areas. He also noted that FTCA regulations require the Health Center to display a public notice on its website indicating its federal Public Health Service deemed status for purposes of medical malpractice coverage.

During discussion, the Chair requested clarification regarding whether formal board approval was required, as the agenda item title referenced review and discussion. Mr. Wynder confirmed that Governing Board approval was appropriate and necessary prior to submittal.

The Chair called for further questions and there were none.

*A motion was made by Father Rafael, seconded by Member Breen, and carried unanimously to Approve Submittal of the CY27 FTCA Redeeming Application, as presented.*

- VIII. 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 reports from board members.

**IX. CEO & STAFF REPORTS** *(Information Only)*

- CEO Comments
- ~~Behavioral Health Program Update~~ – This item was removed from the agenda.

Mr. Smith shared positive news regarding Title X funding. The Health Center was notified that the non-competing continuation application for Year Five of the existing five-year Title X agreement was opened. The funding amount is flat compared to the prior funding cycle, which Mr. Smith described as very favorable news following extended uncertainty. Staff have been notified, and Mr. Smith expressed appreciation to David Kahananui, Ryan, and their teams for proactive preparation. Mr. Smith noted the application has a short turnaround, with a submission deadline later that week, and confirmed there were no concerns about meeting the deadline.

Mr. Smith next reported that the Uniform Data System (UDS) report has been submitted and has completed its final round of review. Mr. Smith stated that, barring any exceptional issues, the report is considered complete and received positive feedback from reviewers. He noted that this reporting cycle was the strongest to date. Mr. Smith contrasted this with the prior year, when Calendar Year 2024 data had been excluded due to data quality concerns, which

prevented the Health Center from receiving recognition badges. He expressed confidence that the organization has cleared that hurdle. Once the final report is received, additional data—such as patient origin and benchmarking analyses will be presented to the board to support strategic planning.

Mr. Smith then addressed Governing Board composition. He reported that the board is currently in compliance with HRSA requirements and organizational bylaws regarding both member count and composition. However, Mr. Smith noted that the board traditionally operates with 11 members and currently has one vacancy. He expressed interest in filling the vacancy and discussed the value of recruiting a community board member with a clinical or quality-focused background, such as a practicing clinician, healthcare practitioner, or quality improvement professional. Board members were encouraged to suggest potential candidates from the community and to notify Mr. Smith or Ms. Bellamy for follow-up.

Finally, Mr. Smith discussed plans to organize a Governing Board retreat. He acknowledged prior conversations and noted that end-of-year scheduling is challenging. To move planning forward, Ms. Bellamy will distribute a survey to board members to assess availability (full-day or partial-day options) and desired retreat content. Mr. Smith stated that he anticipates sharing preliminary information at the next meeting and identifying a retreat date for further planning.

Father Rafael asked when the previous board retreat occurred. Mr. Smith responded that it took place in October of the prior year.

Father Rafael also asked about changes to financial reporting and committee meetings. Mr. Smith confirmed the intent of the Finance Committee is to meet monthly prior to Governing Board meetings, with flexibility if quorum cannot be achieved. Mr. Smith emphasized the goal of strengthening committee work to allow the full Board to focus on higher-level discussion and strategic topics.

The Chair called for questions and there were none.

## **X. INFORMATIONAL ITEMS**

- Community Health Center (FQHC) Monthly Report – February 2026

**XI. 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 two (2) 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 period.

## **XII. ADJOURNMENT**

The meeting was adjourned at 3:40 p.m.

Randy Smith  
Chief Executive Officer - FQHC

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