

SUSQUEHANNA COMMUNITY HEALTH AND DENTAL CLINIC, INC.

Executive/Finance Committee Meeting Minutes

April 12, 2022 12:00 PM

PRESENT: Kimberly Wetherhold, Board Chair; Jean Myers, Board Vice-Chair; Chris Ebner, Board Secretary; Max Houseknecht, Jr., CFO; Matt McLaughlin, COO; and Jim Yoxtheimer, President & CEO

Excused: Dr. Ralph Kaiser

I March 2022 Financial Report

The highlights of the Financial Report were reviewed for March 2022 as were set forth in the summary provided to the committee, which is hereby incorporated for all purposes herein. Max reported that for the month of March there was an excess of revenues of \$3,221 which brings the YTD increase in Net Assets to \$417,187. Max reported that patient visits were under budget by 846 visits. Patient Revenue for the month was under budget by \$36,004. Pharmacy, Reproductive Health, Behavioral Health, Express Care, and Jersey Shore Dental were over budget which helped to offset the downfalls in Williamsport Dental, Medical, Neighborhood Care, and Chiropractic Services revenue.

In Other Revenue, Max reported that the 340b drug program revenue was over budget by \$25,974 largely due to better than anticipated capture rates with CVS contract pharmacies. Total federal grants were under budget by \$14,467 largely due to increased staffing budgets associated with the H8F grant that have not yet been hired. PA DOH Testing was over budget by \$14,388 due to continued costs associated with testing related expenses. Grant for acquisition of PP&E was over budget by \$272,599 due to the down-payment for the mobile unit funded under the H8F grant.

Max reported the Expense Analysis as follows: Expenses were over budget by \$56,965. Factoring out unbudgeted grant related expenses, month-end total expenses were over budget by \$27,988. Pharmaceuticals—340b program RVH&DC pharmacy were over budget by \$17,307 due to increased revenues. Pharmaceuticals—non 340b were over budget by \$15,744 due to increased revenues. Clinical software was over budget by \$17,657 due to a credit memo issue arising from the Greenway Health settlement. Audit fees were over budget by \$17,430 due to retroactive billing from Baker Tilly for additional costs associated with the FY21 Audit surrounding additional testing for two major programs (COVID Grants).

Max reported the Balance Sheet Highlights as follows: Accounts Payable was at \$298,801 which is an increase of \$98,131 over the previous month. Total cash in the operating accounts at month-end was \$1,190,202.

- **Financial Summary Report:** Max reviewed the Summary Report which will be presented to the Full Board as follows: Net Days in A/R decreased to 26. Days in A/P decreased to 34.61. Days Cash on Hand decreased, as anticipated, to 36.95. Current Ratio increased to 1.75.

The committee had no objections with the report being sent to the Full Board for approval.

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II Wegmans' Contract

Max reminded the committee that the Center has been working with Wegmans and Pharmaforce over the past several months related to outstanding monies booked as 340b revenues. Wegmans' 340b program ran a replenishment model for payment which means any partial packet that was not replenished at the time the contract ended was not reimbursed which means there was approximately \$113,000 that has not been paid to the Center. Options of recourse were discussed with the committee to include 1.) Go back to the attorney and request a demand letter to Wegmans. 2.) Pursue Wegmans' and sue for the \$113,000 or 3.) Do nothing and technically "wash our hands" of the \$113,000. Max indicated that the reality of seeing the money is slim. After discussion, the committee has asked management to see if they could have a letter or email from legal counsel with their advice for legal closure. Management will proceed as requested.

III Management Update Current Operations

- **COVID Travel Testing:** Matt reported that the COVID testing has decreased for symptomatic patients and has increased for patients who need the testing for travel. It is required for all new billing codes to be approved by the board. Jim sent a survey to other FQHC's to see if they are charging for COVID travel testing which received mixed answers. Management asked the committee for their support for the Center to begin charging nonpatients for COVID travel testing at a fee of \$110 to keep the pricing in line with all other fees in the 50th-80th percentile. If the patient were to pay same day, they would receive a 25% discount for prompt payment, which would take the fee to \$82.50. This service is not billable to any insurance. Of course, if the patient is unable to pay, we would not deny service. It is felt that if it would be scripted appropriately to patients there will not be an issue collecting payment. After discussion, the committee indicated they are in support of presenting this code to the board for approval.
- **March Balanced Score Card:** Matt reviewed the Balanced Score Card results for March. He reminded the committee that this process started mid-March so not been enough time has passed to gain full momentum. The Patient Experience has met or exceeded all goals. Finance had two departments meet or exceed their goals. The Quality and Team were close to goal.
- **Jersey Shore Hours of Operation:** Matt reported a hygienist is working in the Jersey Shore office two days a week and a dentist one day per week. The Center has a dentist currently of on military leave, once she returns the Jersey Shore office will be staffed 5 days per week.

IV Facilities Planning

- **Clinton County Site Update:** Jim indicated there was nothing new to report.
- **431 Hepburn Street Construction Update:** Jim reported that the construction currently was a little bit ahead of schedule. It is anticipated that the walls will be closed by next week.

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V Additional Committee Member

Kim brought up for discussion the possibility of a member at large to be appointed to the Executive/Finance Committee. After discussion, the committee felt that a new member could be added to the committee; however, all due diligence is to be performed before appointing a new member. It was felt this step should be reviewed further to possibly be ready for a new member at the beginning of the new fiscal year.

VI 2021 Compliance Report

Jim reminded the committee that the 2021 Compliance Report was presented to the QA/QI Executive Committee at their March meeting and was subsequently approved through the Consent Agenda by the board in March; however, he wanted to highlight a few things for this committee.

Karla Sexton is the Compliance Officer and submits a compliance report annually. Certain processes are in place that the Center relies on to help with compliance. One is the insurance audits which are generally performed annually. Insurance companies will only review the patient charts of their own insurance. The Center did bring in an outside audit firm in January 2019 and it was felt they did an excellent job. Management felt confident that the Center was meeting requirements. The management team would like to bring in the consultant for another audit this coming year.

Recently an internal HIPAA audit was performed. This audit highlighted policies which needed updated. Most processes that needed updated were already being done; however, it was not documented in the policy properly. Those policies have been taken care of and the Center is now in compliance with the policies.

VII Full Board Agenda, April 26, 2022 @ 5:30 PM

The Committee reviewed the full board agenda and agreed that the mini-educational session should be on board training. Kim Wetherhold agreed to lead the session followed by a brief video to share with the board.

- **Board Annual Work Plan:** The Committee reviewed the Board Annual Work Plan which appeared to be up to date.

Next Meeting: May 10, 2022 @ 12:00 PM Community Room, 431 Hepburn Street