Tillamook County Community Health Council Meeting Minutes December 18, 2024

Present: Harry Coffman, Carmen Rost, Kim Smith-Borman, Tim Borman, Kelsey Leonning, Vicky Mata, Donna Parks, John Sandusky, Sharon Kaszycki
Excused: Donna Gigoux
Absent/Unexcused:
Staff Present: Maia VanSpeybrock, Irene Fitzgerald, Marlene Putman
Guests: Dr Prulhiere, Rhonda Bolow, Jenni Travis

- 1. <u>Call to Order:</u> John Sandusky called the meeting to order at 11:05 am.
- 2. Introductions with Dr Prulhiere, Physician; Rhonda Bolow and Jenni Travis, Behavioral Health Clinicians
- 3. <u>Consumer/Community/Partner's Needs, Concerns, Issues</u> (based on Health Council Strategic Plan Goal 2 & 3):
 - A. Community/Patient Concerns
 - i. No Comments
 - B. Ambassador/Advocate encounters with Community Members

 No comments
 - C. Community Partners partner dialogues, invitations to meetings, etc.

i. Donna Parks wanted to celebrate the fact that she is installing countertops for cooking at her park to be used by the folks who live there.

4. <u>Consent Calendar:</u> Approval of November 20, 2024 Health Council Meeting minutes

Action: Carmen moved to approve council minutes; Kim seconded. Motion carried.

5. <u>Board Development:</u>

- A. Member Recruitment:
 - i. Discussed, no updates
- B. Health Council Member Contact & Areas of Expertise:
 - i. Discussed, No updates
- C. Common goals shared resources between agencies:
 - i. No comments
- D. Underrepresented & Youth Member
 - i. Should be on the look out for a new student/youth member once Kelsey graduates.
- E. TCCHC Committee/Workgroup/Opportunities

i. Succession Planning committee to start in January or 1st quarter. Admin to send out an interest form to find times that work for those interested.

F. Health Council Acronyms – sent annually

6. Administrator's Report: Marlene

- A. General Update:
 - i. Job Classification and Job Description Project: the county has been conducting a job description study the past month, collecting information from every position about the Community Health Council Meeting Minutes (12/18/2024)

accuracy of the current job description. Once completed, another job classification study will be completed, which looks at comparable jobs for each position to determine if the salary is within acceptable ranges. This all to happen before the next union negotiation to happen in spring 2025.

- **ii. Division Reports:** an idea that was discussed, to bring each manager of the department on to a health council meeting to discuss their division, to include updates, projections, patients and projects. We have Public Health, Environmental Health, Behavioral Health, Dental, Medical/Clinic (providers, medical assistants, front desk, community health workers, care coordinators), Communications. This may provide more insight into the department as a whole and allow board members to hear more in depth about each division.
- *Action:* Tim moved to approve the administrators report; Carmen seconded. Motion carried.

7. <u>Finance Report:</u>

- A. <u>Page 1:</u> October's month end cash balance was \$3,583,084.46 ending with \$572,986.01 more in expense than revenue. This is due to low Medicaid billing, increase in operating expenses, no Medicaid WRAP payment, and annual fees to county related benefits and subscriptions.
- 1. <u>Page 6: Revenue:</u> No Medicaid payments due to timing of request and timing of payments, state is behind on payments. Dental is usually 90% Medicaid, which can also contribute to low revenue due to lack of dentist from March until October. Other revenue is within normal range.
- 2. <u>Page 6: Expense</u>: All other expenses were within normal range.
- 3. <u>Page 7: Materials & Services:</u> OCHIN services increased price, large amount paid for COVID/Flu vaccines (first time purchasing vaccines as we were provided free vaccines during pandemic; vaccines billed to Medicare are only paid after the annual Medicare Cost Report is submitted), high annual membership fees for OPCA and OR coalition of local health officials, \$40k for annual county insurance and added rent for new building. All other expenses were within normal range for materials and services.
- 4. <u>Pages 9-12: HRSA Budget Revenue and Expense:</u> Revenue was \$210,358.84 for the month. All other revenue/expense was within normal range.
- 5. <u>Page 13: Encounters:</u> Total encounters for the month was 2,236. Tillamook clinic had 1,468 encounters; dental had 673 encounters; and Rockaway had 25. Average Provider Encounters per FTE were 9.20. Provider FTE was 3.25.
- 6. <u>Page 16: Monthly Posted Encounters per Provider</u>: Encounters for all providers with the highest at 10.81 and the lowest at 5.43. Hygienist Jennifer had 90 posted patient encounters.
- 7. Page 16: Monthly Generated Revenue:

Provider revenue in the month was a total of \$113,124.45. The number of days open in was 23, giving the average revenue for the workday at \$4,918. Dental revenue was -\$64.97 for the

month, with number of days open of 23, giving the average revenue for the workday at -\$3. Dr Romero, new dentist, should be added to revenue in November, see increases also.

8. Page 17 - 19: Accounts Receivable:

Total Accounts Receivable was \$667,708.82. The majority in the 0-30 bucket at 61.17%. The average for our 0-30-day bucket is 38.70 days; and gross charges were \$558,308.59. Payer mix shows Self Pay at 36%; and the percentage for Medicaid is 36%. Privately insured is at 17% and Medicare is at 12%. Oregon Contraceptive Care A/R is at 1%.

- 9. **OCHIN Top 10**: We were number 87 in the top 50 out of 204 members in the US based on the Revenue Cycle scorecard from OCHIN with a ranking score of 53. We are still short one medical biller. Metrics are used to determine the success of an entity based on the following:
 - 1. Days in Accounts Receivable (average length of time that an account balance is active)
 - 2. Days Undistributed (refers to payments and adjustments that have been posted to the system but have not been distributed)
 - 3. Percentage of AR over 90 days (the percentage of the total AR that is over 90 days old)
 - 4. Charge Lag (average length of time between the date of service and the date that the charge for that service is posted to the AR)
 - 5. Claim Acceptance Rate (percentage of claims that when submitted to clearinghouse make it successfully to the insurance payor)
 - 6. Days of Open Encounters (patient encounters that have yet to be "closed")
 - 7. Charge Review and Claim Edit Days (two work queues within EPIC that hold charges and claims that contain errors)
- *Action:* Donna P moved to approve the Financial Report; Tim seconded. Motion Carried.
 - B. **PPS Rate update**: Irene and consultants working on collecting all the data regarding expenses and services added since the last update in 2012, submission is due December 31, 2024, in order for the new rate to be effective in 2025 and hopefully retroactive.
 - C. 6-month Projection 2025: Irene and Marlene working on a 6-month projection for 2025 and will provide details once that is ready.

8. <u>Report of Committees:</u>

- A. Quality Assurance Committee (QA)
 - i. Columbia Pacific CCO met with health center leadership to discuss how they can assist us with meeting metrics and finding ways to work with us.
 - ii. September Summary
 - iii. October Summary

<u>Action</u>: Carmen moved to approve the September and October QAQI summaries; Donna P seconded. Motion carried.

9. Old Business:

A. Board Assessment Results: postponed to January or February for timing

B. Grants: None

C. Policy and Procedure: None

10. New Business:

A. Approval of 2025 Health Council Schedule

Action: Approved by consensus

B. Grants: HRSA Rural Health Outreach Grant

Action: Donna P moved to approve applying for HRSA Rural Health Outreach Grant; Carmen seconded. Motion carried.

C. Policy & Procedure: None

D. Credentialing & Privileging: *i.* Dr Prulhiere, Physician

<u>Action</u>: Carmen moved to approve credentialing and privileging for Dr Prulhiere; Donna P seconded. Motion carried.

ii. Rhonda Bolow, Behavioral Health Clinician

<u>Action</u>: Harry moved to approve credentialing and privileging for Rhonda Bolow; Carmen seconded. Motion carried.

iii. Jennifer Travis, Behavioral Health Clinician

<u>Action</u>: Harry moved to approve credentialing and privileging for Jennier Travis; Kim seconded. Motion carried.

Members were asking about the policy and procedure of credentialing and privileging, and are curious about the specifics around their responsibilities of approving them.

<u>Action</u>: Tim moved to approve the sharing of credentialing and privileging procedure at the January health council meeting; Harry seconded. Motion carried.

11. Upcoming Events: None

12. <u>Unscheduled</u>: Approval of HRSA Change in Scope submission to add new integrated site, 800 Main Ave, to scope.

Action: Carmen moved to approve the addition of the new integrated site to scope; Harry seconded. Motion carried.

13. <u>Training</u>: Facilities Discussion – see below chart

A. Overview: executive council and admin met with the Riggert Family Foundation on 12/10 to discuss the main clinic, in which the foundation owns. They believe that the health department should be paying more in rent or start discussions around the purchase of the building. Admin and executive council want to pursue the route of purchase, first at looking at getting a fair

appraisal of the building and starting negotiations after that. A follow up meeting was schedule for 1/28, to discuss what was discovered from the appraisal.

- B. Other key points: there are a number of maintenance items for almost all buildings of the health department that need to be addressed; and consultants are still working on a plan for the expansion of the main clinic. All items most likely will be put on hold until there is a plan in place for the main clinic. Items include: HVAC for main clinic, dental equipment, and copiers for all buildings as the current ones to be returned to Xerox (switching service providers).
- 14. <u>Adjourn</u>: The meeting was adjourned at 12:31 PM

Leased Properties Building Landlord Monthly Annual Monthly Purchase Lease Annual Туре Lease Amt Maint.* Maint. Options Amt. 1 No. Co. Basic City of \$700 \$8,400 \$0 \$0 None Clinic Lease Rockaway Beach 2 Parking lot Basic St. John's UCC \$600 \$7,200 \$0 \$0 None 7th St. Lease Subtotal \$1,300 \$15,600 \$0 **\$0** \$6,000 Tracy/Dale 3 Dental Triple \$2,300 \$27,600 \$500 None Clinic Net Riggert Lease \$500 4 Dental Triple Tracy/Dale \$1,500 \$18,000 \$6,000 Admin. Net Riggert Lease 5 Tracy/Dale \$500 \$6,000 Integrated Triple \$3,360 \$40,320 Pharm. Net Riggert Lease \$7,160 \$18,000 Subtotal \$85,920 \$1,500 Main Clinic 6 Lease w/ The Riggert \$5,400 \$64,800 \$2,000 \$24,000 Discussion Tillamook Family about terms via Bob Foundation purchase Jan. 28, 2025 Riggert \$ 800 \$9,600 \$O Will discuss 7 Parking Lease w/ The Riggert lot/shed terms via Family with Clinic 8th Street Bob Foundation purchase Riggert options Subtotal \$6,200 \$74,400 \$2,000 \$24,000 *Does not include equipment TOTAL \$3,500 \$14,660 \$17,5920 \$42,000 \$217,593/yr replacement/mainten. lease

Tillamook County Health & Human Services Department Properties						
(prepared 12/15/24)						

	Owned Properties							
	Building	Lease Type	Landlord	Monthly Lease Amt.	Annual Amt	Monthly Maint.*	Annual Maint.	Purchase Options
8	PH/EH Building	Own	N/A	\$0		\$250/grounds \$500/other	\$750	N/A

9	Admin. Building	Own	N/A	\$0	\$250/ground \$500/other	s \$750	N/A
	TOTAL			\$0	\$1,500	\$18,000	

	Property Expansion Options Under Consideration								
	Building	Lease Type	Landlord	Monthly Lease Amt.	Annual Amt	Monthly Maint.*	Annual Maint.	Purchase/Lease Options	
8	Main Clinic	Favorable terms	Riggert Family Found.	\$5,400	\$64,800	\$500/other	\$6,000	\$2.7 mil. expansion	
9	Dental	Triple net lease	Tracy/Todd Riggert	\$2,500 est.	\$30,000est.	\$500/other	\$6,000	\$ TBD? Lease	
	TOTAL					\$1,000	\$12,000		

Discussion Topics:

- 1. Purchase of main clinic building See Chart, Potential Purchase, below page 3. Background:
 - Favorable lease terms based on Bob Riggert intent and legacy (see above chart for detail)
 - Riggert Family Foundation advises that CHC is the only revenue source for the Family Foundation, and they are running out of money.
 - Riggert Family Foundation want to increase lease or look to CHC to purchase
 - RFF Suggested monthly lease could be \$15,000 month and want it retroactive to January 2024.
 - RFF board, via letter, indicate that they think we are taking advantage of the beneficial terms. The Health Council, of course, disagrees with this perception as do the administrative staff and county legal counsel (county counsel was involved in past iterations of the lease agreement for the main clinic facility)
 - Previous Health Council discussions suggested that a purchase would be a better approach

Follow-up:

- An appraisal of the property is needed before an offer working with county counsel on someone to conduct appraisal
- Admin. and RFF would like an agreement and completed appraisal before the end of the January
- Meeting with Riggert Family Foundation January 28, 2025
- 2. Potential expansion of dental clinics to additional adjacent spaces also owned by Tracy/Todd Riggert.
 - Tracy Riggert advised in letter that she may not consider leasing the adjacent space if we do not do something with the main clinic lease.
 - Todd/Tracy enquired about an outside entity purchasing the CHC facility. Problematic because lease follows the purchase as well as the Notice of Federal Interest which limits building use to the Health Care purpose for safety net clinic.
- 3. Maintenance costs pending see chart above and below
- 4. Capital Reserve for building improvement, maintenance, and purchases:

• Total Annual Reserve:

\$3.8 million

- 6 month operating reserve (\$400k/month):
- Maintenance/repair reserve (\$60k maint. +\$100k x 5yr HVAC)

\$2.4 Million

\$1.24m

\$160K

- Capital/Facilities Purchase Reserve:
- 5. Facility/Property Expansions Considerations see chart above