Maricopa Health Centers
Governing Council Meeting

April 4, 2018
6:00 p.m.

Agenda
Council Members
Liz McCarty, Chair
Melissa Kotrys, Vice Chair
Gary Tenney, Treasurer
Lloyd Asato, Member
Terry Benelli, Member
Chris Hammond, Member
Scott Jacobson, Member
April Jordan-Kramer, Member
Eileen Sullivan, Member
Ryan Winkle, Member

AGENDA
Maricopa Health Centers Governing Council

Mission Statement of the
Maricopa Health Centers Governing Council
Serve the population of Maricopa County with excellent, comprehensive health and wellness in a culturally respectful environment.

Agendas are available within 24 hours of each meeting in the office of the Chief Governance Officer, Maricopa Medical Center, Administration Bldg, 2nd Floor 2601 E. Roosevelt, Phoenix, AZ 85008, Monday through Friday between the hours of 9:00 a.m. and 4:00 p.m. and on the internet at http://www.mihs.org/about-mihs/governing-board-calendar. Accommodations for Individuals with Disabilities, alternative format materials, sign language interpretation, and assistive listening devices are available upon 72 hours advance notice through the office of the Chief Governance Officer, Maricopa Medical Center, Administration Bldg, 2nd Floor 2601 E. Roosevelt, Phoenix, Arizona 85008, (602) 344-5177. To the extent possible, additional reasonable accommodations will be made available within the time constraints of the request.
Wednesday, April 4, 2018
6:00 p.m.

One or more of the members of the Maricopa Health Centers Governing Council may participate telephonically. Council members participating telephonically will be announced at the meeting.

Pursuant to A.R.S. § 38-431.03(A)(3), or any applicable and relevant state or federal law, the Governing Council may vote to recess into an Executive Session for the purpose of obtaining legal advice from the Governing Council’s attorney or attorneys on any matter listed on the agenda. The Governing Council also may wish to discuss any items listed for Executive Session discussion in General Session, or the Governing Council may wish to take action in General Session on any items listed for discussion in Executive Session. To do so, the Governing Council will recess Executive Session on any particular item and reconvene General Session to discuss that item or to take action on such item.

If you are carrying a cell phone, pager, computer, or other sound device, we ask that you silence it at this time to minimize disruption of the meeting.

Call to Order

Roll Call

Call to the Public

This is the time for the public to comment. The Maricopa 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

General Session, Presentation, Discussion and Action:

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 Committee member.

   a. Committee Recommendations:

   i. Accept Recommendations from the Compliance and Quality Committee Meeting to Approve New Indicators on Which to Measure Quality for the Federally Qualified Health Centers Look-Alike Clinics

   ______________________________________________________________________________________________
   End of Consent Agenda

2. Presentation about the Maricopa Integrated Health System Family Learning Centers 15 min
   Rebecca Birr, Library and Information Service Manager
General Session, Presentation, Discussion and Action, cont.:

3. Presentation on Patient Centered Medical Home Basics 15 min
   Lenè Hudson, Director, Care Management

Motion to Recess General Session and Convene in Executive Session

Executive Session:

E-1. Legal Advice; Contracts Subject to Negotiations; Records Exempt by Law from Public Inspection; A.R.S. § 38-431.03(A)(3); A.R.S. § 38-431.03(A)(4); and A.R.S. § 38-431.03(A)(2)¹: Maricopa County Special Health Care District and its Maricopa Health Centers Governing Council initiatives, goals, including resources, clinical, behavioral, financial, operational, business, and service line strategy options 30 min

¹ Exemptions based upon A.R.S. § 48-5541.01(M)(4) (c) and (d) including records or other matters, the disclosure of which would cause demonstrable and material harm and would place the district at a competitive disadvantage in the marketplace; or violate any exception, privilege or confidentiality granted or imposed by statute or common law.

Recess Executive Session and Reconvene in General Session

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

4. Maricopa Health Centers Governing Council’s Chief Executive Officer’s Report 15 min
   Barbara Harding, Chief Executive Officer, Maricopa Health Centers Governing Council

5. Maricopa Health Centers Governing Council Committee Reports 20 min
   a. Bylaws Review Committee
      Liz McCarty, Committee Chair, Bylaws Review Committee
   b. Compliance and Quality Committee
      Eileen Sullivan, Committee Chair, Compliance and Quality Committee
   c. Executive Committee
      i. Membership Recruitment
      ii. Current Members/User Status
      iii. Attendance
         Liz McCarty, Committee Chair, Executive Committee
   d. Finance Committee
      Gary Tenney, Committee Chair, Finance Committee
   e. Strategic Planning and Outreach Committee
      April Jordan-Kramer, Committee Chair, Strategic Planning and Outreach Committee

6. Maricopa Integrated Health System’s President and Chief Executive Officer’s Report 5 min
   Steve Purves, President and Chief Executive Officer, Maricopa Integrated Health System

7. Maricopa County Special Health Care District Board of Directors Report 5 min
   Susan Gerard, Chairman, Maricopa County Special Health Care District Board of Directors
General Session, Presentation, Discussion and Action, cont.:

8. Chairman and Council Member Closing Comments/Announcements 5 min
   Liz McCarty, Chair, Maricopa Health Centers Governing Council

9. Review Staff Assignments 5 min
   Melanie Talbot, Chief Governance Officer

Adjourn
Maricopa Health Centers
Governing Council
Meeting

April 4, 2018

Item 1.a.i.

Committee Recommendations
Quality Indicators
<table>
<thead>
<tr>
<th>Quality /Regulatory Metrics</th>
<th>Required By:</th>
<th>Measure Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemoglobin A1c Poor Control (&gt; 9.0%)</td>
<td>ACO</td>
<td>Percentage of patients 18 - 75 years of age with diabetes who had hemoglobin A1c (&gt; 9.0%) during the measurement period. <strong>GUIDANCE:</strong> <strong>Patient is numerator compliant if most recent HbA1c result is &gt; 9%, the most recent HbA1c result is missing, or if there are no HbA1c tests performed and results documented during the measurement period. If the HbA1c result is the medical record, it can be used to determine numerator compliance. Only patients with a diagnosis of Type 1 or Type 2 diabetes should be included in the denominator of this measure. Patients with a diagnosis of secondary diabetes due to other conditions should not be included.</strong></td>
</tr>
<tr>
<td>% of ASCVD prescribed STATIN Therapy</td>
<td>ACO</td>
<td>Percentage of the following patients—all considered at high risk of cardiovascular events—who were prescribed or were on statin therapy during the measurement period: <strong>ADULTS AGED ≥ 21 YEARS WHO WERE PREVIOUSLY DIAGNOSED WITH OR CURRENTLY HAVE AN ACTIVE DIAGNOSIS OF CLINICAL ATHEROSCLEROTIC CARDIOVASCULAR DISEASE (ASCVD); OR</strong> <strong>ADULTS AGED ≥ 21 YEARS WHO HAVE EVER HAD A FASTING OR DIRECT LOW-DENSITY LIPOPROTEIN CHOLESTEROL (LDL-C) LEVEL &gt;= 190 MG/DL OR WERE PREVIOUSLY DIAGNOSED WITH OR CURRENTLY HAVE AN ACTIVE DIAGNOSIS OF FAMILIAL OR PURE HYPERCHOLESTEROLEMIA; OR</strong> <strong>ADULTS AGED 40-75 YEARS WITH A DIAGNOSIS OF DIABETES WITH A FASTING OR DIRECT LDL-C LEVEL OF 70-189 MG/DL.</strong></td>
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<tr>
<td>% of HTN Patients with BP &lt; 140/91</td>
<td>ACO</td>
<td>Percentage of patients 18 - 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (&lt; 140/90 mmHg) during the measurement period. <strong>GUIDANCE:</strong> In reference to the denominator element, only blood pressure readings performed by a clinician in the provider office are acceptable for numerator compliance with this measure. Blood pressure readings obtained on-site readings at the patient's home (including readings directly from measuring device) are not acceptable. If no blood pressure is recorded during the measurement period, the patient’s blood pressure is assumed &quot;not controlled.&quot; If there are multiple blood pressure readings on the same day, use the lowest systolic and the lowest diastolic readings as the most recent blood pressure reading.</td>
</tr>
<tr>
<td>EPSDT Volumes for 3-6 Year Olds</td>
<td>Medicaid</td>
<td>Count of the total number of EPSDT visits at all CHC/FHLC Look-Alike locations during the measurement period for patients 3-6 years of age.</td>
</tr>
<tr>
<td>EPSDT Volumes for 13-18 Year Olds</td>
<td>Medicaid</td>
<td>Count of the total number of EPSDT visits at all CHC/FHLC Look-Alike locations during the measurement period for patients 13-18 years of age.</td>
</tr>
<tr>
<td>ACO Registry Metrics</td>
<td>Required By</td>
<td>Measure Definitions</td>
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<tr>
<td><strong>ACO Registry Metrics Required By</strong></td>
<td><strong>Measure Definitions</strong></td>
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<tr>
<td><strong>Screening for Depression and Follow-Up Plan</strong></td>
<td>ACO</td>
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<tr>
<td>Percentage of patients aged 12 years and older screened for depression on the date of the encounter using an age-appropriate standardized depression screening tool and if positive, a follow-up plan is documented on the date of the positive screen.</td>
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<td><strong>DENOMINATOR EXCLUSIONS:</strong></td>
<td>Patients with an active diagnosis for depression or a diagnosis of bipolar disorder.</td>
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<td><strong>DENOMINATOR EXCEPTIONS:</strong></td>
<td>Patient Reason(s): Patient refuses to participate.</td>
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<td></td>
<td>Medical Reason(s): Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient’s health status.</td>
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<td></td>
<td>Situations where the patient’s functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools. For example: court appointed cases or cases of delirium.</td>
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<td><strong>Colorectal Cancer Screening</strong></td>
<td>ACO / UDS / MACRA / HEDIS</td>
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<tr>
<td>Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer during the measurement period.</td>
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<td>Appropriate screenings are defined by any one of the following criteria:</td>
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<td>Fecal occult blood test (FOBT) during the measurement period.</td>
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<td></td>
<td>Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period.</td>
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<td></td>
<td>Colonoscopy during the measurement period or the nine years prior to the measurement period.</td>
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<td>CT colonography during the measurement period or the four years prior to the measurement period.</td>
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<td>FIT-DNA during the measurement period or the two years prior to the measurement period.</td>
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<td><strong>Breast Cancer Screening</strong></td>
<td>ACO</td>
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<tr>
<td>Percentage of women 50-74 years of age that had one or more mammograms during the measurement period or the 15 months prior to the measurement period.</td>
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<tr>
<td>Exclusions:</td>
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<tr>
<td>1) Women who had a bilateral mastectomy or a history of bilateral mastectomy OR women who have a history of breast cancer.</td>
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<td>2) Patients age 65 and older in Institutional Special Needs Plans (SNP) or residing in a long-term care with a POS code of 32, 33, 34, 54, or 56 any time during the measurement period.</td>
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<td>Guidance:</td>
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<tr>
<td>This measure evaluates primary screening. Do not count biopsies, breast ultrasounds, or MRIs because they are not appropriate methods for primary breast cancer screening.</td>
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</tbody>
</table>
Item 2.

Family Learning Centers
MIHS Family Learning Centers

04.4.18

Rebecca Birr, Library & Information Service Manager
MIHS Family Learning Centers

Chandler Family Learning Center
811 S. Hamilton
Chandler, AZ  85225

Comprehensive Health Center
Family Learning Center
2525 E. Roosevelt St., 2nd floor
Phoenix, AZ  85008

Maryvale Family Learning Center
4011 N. 51st Avenue
Phoenix, AZ  85031

South Central Family Learning Center
33 W. Tamarisk St.
Phoenix, AZ  85041
Family Resource Centers

Community hubs that provide flexible, family-focused, and culturally responsive information, resources, referrals to services and parenting activities covering a wide range of topics, connecting families to the information, resources, and services they need to support their family.

Source: First Things First
The Journey

- Piper Planning Grant Starts
- ECMPI Final Report
- CHC Funding Starts
- CHC Opens
- CHC Construction Starts
- South Central Funding Starts
- South Central Opens
- South Central Construction Starts
- Maryvale Funding Starts
- Maryvale Opens
- Chandler Funding Starts
- Chandler Opens
- Chandler Construction Starts
- FLC Strategic Planning

Year Timeline:
- 2003
- 2004
- 2005
- 2006
- 2007
- 2008
- 2009
- 2010
- 2011
- 2012
- 2013
- 2014
Key Donors and Donations

In recognition of our distinguished partners whose outstanding generosity demonstrates a commitment to learning and providing information that will influence the community’s health.

Comprehensive Health Center Family Learning Center
- First Things First
- Arizona Community Foundation
  - Art of Grace Fund
  - Joan New Endowment Fund
- Virginia G. Piper Charitable Trust
- BHHS Legacy Foundation
- The Kemper and Ethel Marley Foundation
- The Pakis Family Foundation
- RGK Foundation
- Maricopa Health Foundation
- Dell, Inc.
- John F. Long Foundation
- F2 Family Foundation
- Phoenix Suns Charities
- Soroptimist International of Camelback, Inc
- Arizona Department of Health Services
- Maricopa Pediatric Foundation
- Milani and Aria Miller

Chandler Family Learning Center
- Thunderbirds Charities
- Maricopa Health Plan
- Maricopa Health Foundation
- District Medical Group
- Dell, Inc.
- Executive Council Charities
- Wells Fargo

Maryvale Family Learning Center
- First Things First
- Maricopa Health Plan
- Maricopa Health Foundation
- District Medical Group
- Dell, Inc.

South Central Family Learning Center
- First Things First
- Maricopa Health Plan
- Maricopa Health Foundation
- Dell, Inc.
Families Need Support
Families have many struggles they need support and assistance with in their lives. They face issues and challenges well beyond their doctor visits that ultimately affect their families’ health. Helping to address the family's economic, educational, and environmental needs can help lead to better health outcomes.
Future
Maricopa Health Centers
Governing Council Meeting

April 4, 2018

Item 3.

Patient Centered Medical Homes
Patient Center Medical Home Basics

Lene’ Hudson MSN, RN, CCM, CCDS
Director of Care Management
Objectives

• Review National Committee for *Quality* Assurance definition
• Understand the NCQA definition of a Patient Centered Medical Home
• Understand the Scope of a Patient Centered Medical Home
• Understand the importance of being accredited
• Review MIHS current status of accreditation
• Explore future opportunities
Definition of NCQA

• *National Committee for Quality Assurance*

• The patient-centered medical home is a model of care that emphasizes care coordination and communication to transform primary care into "what patients want it to be."

• NCQA Patient-Centered Medical Home (PCMH) Recognition is the most widely adopted model for transforming primary care practices into medical homes
Scope of a Patient Centered Medical Home (PCMH)

• The medical home model focuses on caring for the whole patient and reducing fragmentation of care.

• Improves healthcare by centralizing care and facilitating partnerships between individual patients, a multidisciplinary care team, and when appropriate, the patient’s family.

• Collaborative approach in patient management, care team, comprised of physicians, social workers, medical assistants, care coordinators.

• Increases patient engagement by encouraging healthy behaviors.

• Patients learn to manage and organize their care at a level which the patient feels comfortable.
MIHS History

• In 2014, MIHS achieved PCMH Level 3 recognition by the National Committee for Quality Assurance (NCQA)

• Thirteen clinics are accredited

• Accreditation is a foundational structure that supports MIHS’s strategic goals of improving quality care and patient experience, promoting prevention and disease management, and lowering costs by reducing ED visits and hospital admissions
MIHS PCMH Current State and Benefits

• MIHS is accredited as Level III
• Thirteen Clinics are accredited
• Accreditation valid until May 2018
• Contract negotiations
• HRSA supports PCMH accreditations
• It’s the right thing to do for our patients
• Validates our quality of care
2017-2018- Recognition Process

• Six Concepts
• 40 core requirements (must pass)
• 25 elective required- over all concepts
• Up to three virtual reviews
• Annual reviews will be conducted after May’s re-accreditation
2017-2018 Recognition Process

Six Concepts (40 core and 25 elective)

- Team-Based Care
- Knowing and Managing Patients
- Patient-Centered Access and Continuity
- Care Management and Support
- Care Coordination and Care Transitions
- Performance Measurement and Quality Improvement
Future PCMH opportunities

• Anticipated opportunities
  – Distinction in behavioral health
  – Specialty

• Enhance the management of social determinants of health

• Expand care management, as well as other individualized services to patients with chronic illnesses

• Ongoing Quality enhancement’s
Item 4.

MHCGC’s CEO Report
DATE: 3/27/2018

TO: Maricopa Health Centers Governing Council (MHCGC)

FROM: Barbara Harding, CEO MHCGC

SUBJECT: CEO Report

**Operations**
Refer to Finance report

**Performance Improvement**
The tenth 100-Day Work Out was kicked off on January 18, 2018. The 60 Day Check-In was held March 15, 2018. The focus of the rapid cycle of change initiative is Access to Care.

Progress to date on cost savings projected for workplans:
Entered: $15,977,683
Implemented: $4,303,151
Validated: $4,166,015

Governing Council Member Lloyd Assato attended the Work Out update.

**Quality**
To improve the measurement and reporting of the quality data, a new quality indicators dashboard was presented to the Compliance and Quality Committee in March. The dashboard more clearly defines the data with respect to the each FQHC Look-Alike. Data that is being measured is more clearly defined. These changes will allow for improvements in monitoring trends and opportunities for improvement.

MIHS has been working with the Health Center Controlled Network (HCCN). The Health Resources & Services Administration (HRSA) has funded HCCN to strengthen the quality of care and improve patient health outcomes achieved by Health Center Program award recipients and Look-Alikes.
Quality cont.: HCCNs support meaningful use of ONC-certified electronic health records, adoption of technology-enabled quality improvement strategies, and engagement in health information exchange.

An outcome of the work that is being conducted with HCCN has been focused on three quality measures: management of the diabetic population as demonstrated through improved HgbA1c; completion of Fecal Occult Blood Testing (FOBT) for early detection of colorectal cancer; and improved management of the population having hypertension (HTN). Standard operating procedures have been developed for HgbA1c and FOBT. HTN clinical path and protocol is being developed.

Recognition
The Arizona Partnership for Immunizations Award – The Dr. Daniel T. Cloud Outstanding Practice Award for best immunization coverage levels statewide – for toddlers and teens have been award to the following clinics:
- 7th Ave FHC

Individual “Big Shot” Award Winners:
- Liova Hall, RN, Maryvale FHC
- Sherry Sanchez RN, 7th Ave FHC

The 19th Annual Big Shots for Arizona Awards Ceremony will be held April 22, 2018.

Initiatives and Ventures
AHCCCS Targeted Investment Program (TIP): Award - $600,000.

Area of Concentration: Adults Transitioning from the Criminal Justice System

Objective: To integrate primary care and behavioral health services for the purposes of better coordination of the preventive and chronic illness care for adults with behavioral health needs transitioning from the Criminal Justice System.

Implementation: September 1, 2018

Update: Continuing to work with Arizona Department of Corrections (ADOC) regarding support services for individuals reentering the community connecting to whole health services at MIHS. Confirmation of sites is in discussion with AHCCCS. Staff members are working to assess and identify a tool that MIHS will use to assess integration efforts and guide the implementation of the collaborative care model. As a part of the initiative, MIHS will be eligible for incentives including the already received initial startup funds.

First Episode: Services to began Monday, March 5, 2018 at Avondale. The new larger space will allow for expansion of services and an increase in the participants.
Initiatives and Ventures cont.:

**Serious Mental Illness (SMI) Services**: Development plans are in process to provide supportive/connective services for 300 persons who have SMI. Initial plans are to provide co-locate services at the at the Mesa Family Health Center. Staff at the Mesa Family Health Center have met and received information about the services and are excited to have access to services for patients.

**Collaborative Care – Integrated Behavioral Health Services**: Pilot is in development at the Avondale Family Health Center and implemented at the Maryvale Family Health Center with plans to expand to other FHCs.

**Patient Centered Medical Home (PCMH)**: Re-certification is in process. The Virtual Review is scheduled for March 13. Lene Hudson, Director, Care Coordination, will present an update to the Governing Council in April on PCMH.

Ancillary Service Update

**Community Outreach & Engagement**: MIHS Mobil Food Pantry was held on March 17, 2018

**HRSA**: HRSA performed a 340B Drug Program audit of Maricopa Medical Center and its affiliated hospital outpatient clinics on March 21 and 22, 2018. The purpose of these audits are to improve program integrity by verifying that Maricopa Medical Center and its hospital outpatient clinics continue to meet the statutory requirements for program participation by monitoring for program violations and prevent diversion and duplicate discounts.

Auditors reviewed a subset of 61 medication claims from our hospital outpatient clinics, retail pharmacies, and contract pharmacy partners. Medications identified in the claims are traced from procurement to administration to demonstrate compliance with program rules. Additionally, they performed a site tour of the inpatient pharmacy, two outpatient pharmacies, the oncology clinic, and spoke with key stakeholders of the program from nursing, billing, revenue integrity, and medical staffing services.

The auditing team was complimentary of the Maricopa Medical Center team and lauded the valuable services offered to vulnerable patients within the community. Results from the audit may be published in eight to ten weeks.

The FQHC Look-Alike HRSA Onsite Survey: August 21 – 23. Last survey completed was in 2009.

A Gap Team has been initiated to assist in assuring MIHS’s survey readiness.

Governing Council members will be asked to participate in the survey process. The following documents should be reviewed by Council members in advance of a training that will be held prior to the survey. Below are the links for reference:

HRSA Health Center Program Compliance Manual:  

HRSA Health Center Program Site Visit Protocol:  
https://bphc.hrsa.gov/programrequirements/svprotocol.html
Plans for a Board Retreat are in process for June 2018 to ensure understanding and compliance with HRSA Rules and Regulation and the Council Member’s

*** HRSA Minute! – A walk through the Compliance Manual****
Maricopa Health Centers
Governing Council Meeting

April 4, 2018

Item 5.

MHCGC Committee Reports
Maricopa Health Centers
Governing Council
Meeting

April 4, 2018

Item 5.a.

Bylaws Review Committee
Report
(No Handout)
Maricopa Health Centers
Governing Council
Meeting

April 4, 2018

Item 5.b.

Compliance and Quality Committee Report
(No Handout)
Maricopa Health Centers
Governing Council
Meeting

April 4, 2018

Item 5.c.i.

Executive Committee Report
Membership Recruitment
<table>
<thead>
<tr>
<th>Applicant</th>
<th>Referral</th>
<th>Application emailed</th>
<th>Follow up call</th>
<th>Application re-sent</th>
<th>Application given in-person</th>
<th>Application received</th>
<th>Current user</th>
<th>Comments</th>
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<tbody>
<tr>
<td>a0001</td>
<td>MIHS</td>
<td>12/21/2017</td>
<td>1/11/2018</td>
<td>1/11/2018</td>
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<td>1/31/2018</td>
<td>N</td>
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<td>a0002</td>
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<td>12/21/2017</td>
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<td>introductory call 2/07/2018</td>
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<td>a0006</td>
<td>S</td>
<td>3/15/2018</td>
<td>3/15/2018</td>
<td>3/26/2018</td>
<td></td>
<td>N</td>
<td>saw Facebook post; 032618 - may attend April 4 GC meeting</td>
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<tr>
<td>a0007</td>
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<td>3/18/2018</td>
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<td>introductory email 03/22/18</td>
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Legend:
- GC: Governing Council
- MIHS: Staff member or employee
- CM: FQHC Clinic Manager
- P: Provider
- S: Self

Recruitment Strategies:
- Facebook post in English and Spanish
- Flyers in English and Spanish sent to FHCs to be handed out to those interested in serving
NOW RECRUITING Council Members

Are you interested in the future of community health? You can help shape the direction of Maricopa County’s public health care system by volunteering to serve on the Maricopa Health Center’s Governing Council supporting Maricopa Integrated Health System (MIHS).

Please contact Melanie Talbot if you’re interested at 602-344-5177 or melanie.talbot@mihs.org

We are looking for new members who:

• Will positively represent the community.

• Use or are willing to use one of MIHS’s 13 Family Health Centers.

• You cannot be a current MIHS employee.

• You must be able to meet on the first Wednesday evening of every month and maybe two other various days throughout the month.

**BUSCAMOS A PERSONAS QUE QUIERAN SER miembros del Consejo de Administración**

¿Le interesa el futuro de la salud de la comunidad? Usted puede ayudar a dirigir el rumbo del sistema de salud pública del Condado Maricopa, al participar como voluntario en el Consejo de Administración del Centro de Salud Maricopa en apoyo a Maricopa Integrated Health System (MIHS).

Si está interesado/a por favor comuníquese con Melanie Talbot al 602-344-5177 o a melanie.talbot@mihs.org

Buscamos a miembros nuevos para el Consejo de Administración que:

- representen a la comunidad de una manera positiva;
- reciben o que están dispuestos a recibir atención médica en uno de los 13 Family Health Centers (Centros de Salud Familiar) de MIHS;
- actualmente no sean empleados de MIHS;
- puedan asistir a las juntas que se llevarán a cabo el primer miércoles de cada mes por la tarde y tal vez en otras dos ocasiones durante el transcurso del mes.
Are you interested in the future of community health? You can help shape the direction of Maricopa County's public health care system by serving on the Maricopa Health Centers Governing Council. It's an exciting time with the development of MIHS's Care Reimagined Initiative to transform how we serve the community.

We are looking for new Governing Council members who:
- Will positively represent the community.
- Use or are willing to use one of MIHS's 13 Family Health Centers.
- You cannot be a current MIHS employee.
- You must be able to meet on the first Wednesday evening of every month and maybe two other various days throughout the month.

Please contact Melanie Talbot if you're interested at 602-344-5177 or melanie.talbot@mihs.org

http://mihs.org/about-mihs/governing-council
APPLICANT PROCESS
for the
Maricopa Health Centers Governing Council

1. Received interest in becoming a Governing Council member – support staff, Chief Executive Officer; Governing Council member

2. Send applicant an application via email – support staff

3. Follow up with applicant via phone call if application not returned within 7 days – Chief Executive Officer

4. If applicant was referred by a Governing Council member and has not been responsive, the applicant will be referred back to the Governing Council member for follow up – Chief Executive Officer

5. Once application received, figure out which district they live in (not work in) and write it on application; scan and email it to Chief Executive Officer – support staff

6. Email the applicant notifying them that we received application; thank them for their interest; tell them next steps (if meet criteria, they will have an interview with Chief Executive Officer; interview with Executive Committee, etc.) – support staff

7. Chief Executive Officer will review criteria established to see if applicant meets qualifications (in a district that is underrepresented; has an area of expertise underrepresented; is a user or willing to become a user; previous board/committee experience or community service) – Chief Executive Officer
APPLICANT PROCESS
for the
Maricopa Health Centers Governing Council

8. If applicant does not meet qualification; Chief Executive Officer will call applicant thanking them for their interest. Chief Executive Officer will provide application to the Executive Committee at the next scheduled meeting and provide rational for applicant not meeting qualifications – Chief Executive Officer

9. Chief Executive Officer direct staff to schedule interview if applicant meets qualifications – Chief Executive Officer

10. Staff schedule interview with Chief Executive Officer – support staff

11. Chief Executive Officer interview applicant; based on the outcome, the Chief Executive Officer will invite them to next Governing Council meeting to get a feel for Governing Council; or thank them for their interest; staff will email them a map of the campus with directions on where to park – support staff & Chief Executive Officer

12. Staff forward the application to compliance/legal/HR departments for background check (as per the District’s Human Resource Policies), review of the Department of Health and Human Services’ Exclusion List, and consideration of any other federal or state regulatory requirements applicable to citizens sitting as Governing Council Members – support staff

13. Executive Committee review application at next scheduled meeting – support staff

14. Based on results of interview, the Executive Committee directs staff to place the application on the next District Board of Directors agenda (as per Co-Applicant Arrangement) or Chief Executive Officer calls applicant and thanks them for their interest and time – support staff
APPLICANT PROCESS
for the
Maricopa Health Centers Governing Council

15. Applicant will be notified that their application will appear on the next formal Special Health Care District Board of Directors meeting agenda – Chief Executive Officer

16. If District Board approves application, the applicant will be placed on the next scheduled Governing Council agenda for appointment; or Chief Executive Officer calls applicant and thanks them for their interest and time – support staff & Chief Executive Officer

17. Notify the applicant that their appointment will go to the full Governing Council for approval – Chief Executive Officer

18. Email the applicant a map of the campus with directions where to park. Email them a copy of the agenda and packet too – support staff

19. If appointed, administer an oath of office; get a copy of DL; take headshot for website and ID badge – support staff

20. Assign the new member a Governing Council member mentor – Governing Council Chair
Maricopa Health Centers Governing Council Application

Full Legal Name: ____________________________________________________________

Home Address: ______________________________________________________________________

City: ____________________________ State: __________________ Zip: ____________

Home Telephone: _________________________ Cell: ______________________

E-mail Address: ______________________________________________

Work Address: ______________________________________________________________________

City: ____________________________ State: __________________ Zip: ____________

Were you referred by someone? YES _____ NO _____

If yes, please list his/her name: ___________________________________________________________

1. Have you personally or a dependent child received care at a Maricopa Integrated Health System Family Health Center (dental care included)? YES _____ NO _____

List of Family Health Centers:

7th Avenue Family Health Center 7th Avenue Walk-In Clinic
Avondale Family Health Center Chandler Family Health Center
El Mirage Family Health Center Glendale Family Health Center
Guadalupe Family Health Center Maryvale Family Health Center
McDowell Health Center Mesa Family Health Center
Sunnyslope Family Health Center South Central Family Health Center

If yes, please list the Family Health Center site utilized, and approximate month/year of last visit

________________________________________________________________________________________

Name of Family Health Center ____________________________ Date of Visit ________________

Please Note: This application is considered a public record
Maricopa Health Centers Governing Council Application

2. Why would you like to be a member of the Maricopa Health Centers Governing Council?
_________________________________________________________________________
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3. As a community member, what do you feel are the greatest health care concerns in Maricopa County?
_________________________________________________________________________
_________________________________________________________________________
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4. What special interests or experiences do you have that would benefit the Council?
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Maricopa Health Centers Governing Council Application

5. The Council meets two evenings a month for approximately two hours each. In addition to meetings, a member should allow time for other duties such as reading meeting material in order to prepare for meetings. Furthermore, members are required to sit on at least one standing committee. Standing committee meetings generally occur once a month during the daytime for approximately two hours. Do you have at least ten hours per month to devote to the Maricopa Health Centers Governing Council? YES _____ NO _____

6. Have you served or are you currently serving on any other boards or committees? If so, please list the board/committees and dates of service.

________________________________________________________________________
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7. Health Resources and Services Administration (HRSA), the government agency that provides funding for our Family Health Centers, also known as Federally Qualified Health Centers Look-Alike clinics, requires information on Council members including members’ areas of expertise, race/ethnicity and gender.

Area of expertise:

Healthcare _____ Finance _____ Legal _____
Community Affairs _____ Trade Unions _____ Government _____
Social Services _____ Education _____ Business _____
Labor Relations _____

Ethnicity:

Hispanic or Latino _____ Non-Hispanic or Latino _____
Maricopa Health Centers Governing Council Application

Race:
Asian _____  Native Hawaiian _____  Other Pacific Islander _____
Black/African American _____  American Indian/Alaska Native _____
White _____  More than one race _____

Gender: Male _____  Female _____

Please share anything about yourself that you think would add to the diversity and/or advocacy of the Council.
_________________________________________________________________________
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8. All members of the Maricopa Health Centers Governing Council must comply with the Maricopa County Special Health Care District Code of Conduct and Ethics. One of the Principles of Standards of Conduct included in the Code is for MIHS to complete a background check on existing and potential Governing Council members to verify credentials and to assess whether Council members have ever been excluded from participating in any federal or state health care programs.

Would you consent and authorize Maricopa Integrated Health System to procure criminal background checks if appointed to the Council? YES _____  NO _____

_____________________________________________________   ___________________
Signature          Date
Maricopa Health Centers Governing Council Application

Please check at least one standing committee you potentially would like to serve on if appointed to the Council.

- Finance Committee:
  The purpose of the Finance Committee is to (1) provide oversight of financial objectives and budgeted financial performance to ensure current and future financial integrity of the Maricopa Integrated Health System (MIHS) Federally Qualified Health Center Look-Alike clinics; (2) reviewing major transactions, investments or expenditures which represent a significant financial commitment or which have significant strategic or operational implications; (3) ensure annual independent financial audit of the Federally Qualified Health Center Look-Alike clinics is performed.

- Compliance and Quality Committee:
  The purpose of the Compliance and Quality Committee is to ensure is to: (1) ensure the quality of care provided by the Federally Qualified Health Center Look-Alike clinics; (2) ensure patient safety and satisfaction provided throughout the Federally Qualified Health Center Look-Alike clinics; (3) ensure that all policies comply with federal and state law and Health Resources and Services Administration (HRSA) Compliance Manual

- Strategic Planning and Outreach Committee:
  The purpose of the Strategic Planning and Outreach Committee is to identify, develop, and implement strategic planning and outreach initiatives to address the changing healthcare environment in Maricopa County.

Completed Applications can be mailed, faxed or emailed:

Melanie Talbot
Maricopa Medical Center
2601 E Roosevelt Street, Phoenix, AZ  85008
melanie.talbot@mihs.org
Fax:  602-344-0892
CRITERIA FOR APPLICANTS
for the
Maricopa Health Centers Governing Council

1. The District in which the applicant lives

2. The applicant’s area of expertise

3. The applicant’s user status or willingness to become a user of the Federally Qualified Health Center Look-Alike Clinics

4. Previous Board/Committee experience or community service

5. The applicant can positively represent the community
INTERVIEW QUESTIONS FOR CANDIDATES
of the
Maricopa Health Centers Governing Council

1. What programs and services are you aware of that MIHS provides?

2. What is your understanding of the primary responsibilities of the Maricopa Health Centers Governing Council?

3. What attributes do you have that make you a good candidate for the Maricopa Health Centers Governing Council?

4. What questions, if any, do you have of us?

5. Do you wish to meet or speak with other Governing Council members?
ROLE DESCRIPTION FOR MEMBERS
of the
Maricopa Health Centers Governing Council

Every member of a nonprofit board owes:
The Duty of Care
The Duty of Loyalty
The Duty of Obedience.

These are traditional terms that continue to be used to describe the standards of conduct and attention a Council member must meet in carrying out his/her responsibilities to the organization. If the Council member fully understands and carries out these duties, he/she will fulfill the responsibilities as a Council member as well as act as a positive and energizing influence on the Council as a whole.

THE DUTY OF CARE
The duty of care means that the Council member is expected to exercise the same level of judgment that any other competent and prudent person would exercise in a similar situation. No one expects the Council member to never make mistakes or to never take risks. What is expected is that the Council member should be reasonably careful when making decisions.

THE DUTY OF LOYALTY
This is the fundamental duty to be faithful to the organization. It means that the Council member owes undivided allegiance to the Maricopa Integrated Health System when making decisions affecting the Federally Qualified Health Center Look-Alike Clinics. In other words, the Council member can never use information obtained in his/her position as a Council member for personal gain.

Any discussion of duty of loyalty needs to include the subject of conflict of interest. The Maricopa Health Centers Governing Council must comply with the Maricopa County Special Health Care District’s conflict of interest and gift policy

Most States and the Federal Government have explicit regulations regarding conflict of interest. It is important that the conflict be disclosed by the Council member and that the member refrains from voting on the issue. The meeting minutes should reflect such noted conflict and the member’s abstention from the vote.

THE DUTY OF OBEDIENCE
The Council member is expected to be faithful to the Maricopa Health Centers Governing Council’s mission. Council members also have a legal obligation to voice their own opinions about how the Council should accomplish the Maricopa Health Centers Governing Council’s mission and ensure that any objections to a Council action are recorded in the Council minutes. However, once the Council makes a decision or sets policy, the individual Council member is not permitted to act in any way that is inconsistent with that policy or the goals of Maricopa Health Centers Governing Council. It is important to keep in mind that a nonprofit health center relies heavily on the public trust. The public has a right to expect that each Council member will never compromise or violate that trust.
ROLE DESCRIPTION FOR MEMBERS
of the
Maricopa Health Centers Governing Council

DUTIES AND RESPONSIBILITIES OF INDIVIDUAL COUNCIL MEMBERS

To put the interest of the Federally Qualified Health Center Look-Alike Clinics above any personal or other business interest

To maintain the confidentiality of Council information

To attend Council meetings regularly and participate actively

To serve on at least one committee

To conduct a site visit of one of the Federally Qualified Health Center Look Alike Look-Alike sites, preferably in your District, at least once per term

To review information and data provided to the Council and make informed decisions

To exercise reasonable business judgment in the conduct of Council business

To participate actively in Council issues by critiquing reports and providing innovative resolutions to problems

To assure that the needs and interest of the community are represented in plans and decisions regarding services to be offered by the Federally Qualified Health Center Look-Alike Clinics

REQUIRED KNOWLEDGE AND SKILLS OF INDIVIDUAL COUNCIL MEMBERS

Understanding of the concept and operation of the Federally Qualified Health Center Look-Alike Clinics

With support, education and training, the ability to read and understand standard financial statements

Ability to work with others on the Council and in a community setting

Training and/or experience in one or more of the following areas is desirable:
- Community affairs
- Finance and banking
- Trade union
- Healthcare delivery
- Education
- Local government
- Legal affairs
- Social service agencies within Maricopa County
- Business
OFFICERS
of the
Maricopa Health Centers Governing Council

Council officers, especially the chairperson, must have strong leadership skills, and be willing to commit the time to carry out the extra duties of being a Council officer.

SELECTING COUNCIL OFFICERS
As is the case for Council members, the rules for how and when Council officers are selected and term of office should be part of the bylaws. There are no set Health Resources and Services Administration (HRSA) rules about selection or terms of office. It is important to select individuals who are leaders and who have the skills and experience necessary to do the job required.

Council officers play a vital role in guiding Council operations, and a position as a Council officer involves a significant commitment of time and effort as well as knowledge and leadership ability. Before accepting to be a Council officer, be sure you can devote the time and effort necessary to doing the job.

Typically, Council officers are the chairperson, the vice-chairperson, and the treasurer.

CHAIRPERSON
Somebody has to lead the Council and maintain order. That person is the Council chairperson. The chairperson’s job should be defined in the bylaws. Chairpersons tend to have certain roles and responsibilities:

Team Builder: It is the chairperson’s job to make sure that the Council functions as more than just a group of people. The Council should work as a team, and it is the chairperson’s responsibility to keep the team together to reach consensus, which may involve resolving conflicts.

Liaison: The chairperson is the link between the Council and the Maricopa Health Centers Governing Council’s CEO. The chairperson’s job is to convey Council concerns and needs to the CEO as well as convey CEO concerns and staff needs back to the Council. The chairperson often serves as an advisor or for the CEO.

Planner: The Council chairperson generally takes a lead role in working with the CEO to plan. The chairperson may provide input on approaches to largescale issues.

Facilitator: The chairperson makes sure that all Council members have a chance to participate in discussions, attempts to ensure that all sides of an issue are addressed fairly, and encourages the Council to take action. The chairperson makes every effort to sure that meetings begin and run efficiently and effectively and that all agenda items are discussed.
**VICE-CHAIRPERSON**
The Council vice-chairperson is the backup for the chairperson. The vice-chairperson may receive certain special assignments. The vice-chairperson should work closely with the chairperson to stay abreast of all current issues and Council operations and be prepared to take over for the chairperson, if necessary.

**TREASURER**
The treasurer is responsible for making sure that adequate financial records are kept, that accurate and timely financial reports are delivered to the Council, and that the Federally Qualified Health Center Look-Alike Clinics (FQHC Look-Alike) finances are audited annually. This does not mean that the treasurer is responsible for managing the FQHC Look-Alike finances. That is the job of salaried staff: the Maricopa Health Centers Governing Council CEO, The District’s CFO, or Finance Director. It is appropriate for the treasurer to serve as the chair of the Finance Committee and help the Committee review the annual and budgets before submitting them to the Maricopa Health Centers Governing Council for approval. The treasurer should also assist in interpreting financial reports for the Council.
Seven Guiding Questions

Is it big?

The bigger the impact of a decision, the more the Council ought to play a role in shaping and understanding the action and its possible consequences. Organizational decisions impacting roughly 10 percent or more of Federally Qualified Health Center-Look Alike Clinics revenues or activities are strategic decisions.

Is it about the future?

Councils make their impact on what the organization will look like five or more years down the road. The Council should be involved in the Federally Qualified Health Center Look Alike Clinic’s long-term vision and an integrated, three-to-five-year strategic and financial plan.

Is it core to the mission?

As a fiduciary, the Council is the guardian of the mission. Management should bring the Council well-documented analyses and recommendations to help Council members strike the right balance when mission and financial realities come in conflict.

Is a high-level policy decision needed to resolve a situation?

A policy sets forth principles, guidelines, or practices to be applied in certain situations. Policies should be compiled into a policy manual that is available for reference at any Council or committee meeting and distributed to every Council member.

Is a red flag flying?

Committees should routinely review dashboards and other performance reports, but when should they get into more detail discussing results and raising questions? Council members should know the red flags that signal the need for closer inquiry. Committees should focus on trends. One rule of thumb states that statistically significant over or underperformance on a strategic, quality, or financial indicator over at least three reporting periods constitutes a trend.

Is a watchdog watching?

If Congress, IRS, the state attorney general, or the news media care, the Council should care. Hot button issues of the moment include community benefit, charity care, executive compensation, medical errors, and publicly available quality results.

Does the CEO want and need the Council’s support?

If the CEO asks for Council advice or intervention, Council members should respond. Sometimes CEOs want the Council to challenge management to raise the bar for performance, which gives the CEO the Council’s backing to ask more from senior leadership and the medical staff.
**The Council-Management Relationship**

<table>
<thead>
<tr>
<th><strong>Council’s Roles</strong></th>
<th><strong>Management’s Roles</strong></th>
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</thead>
<tbody>
<tr>
<td>Select, evaluate, and support the CEO.</td>
<td>Run the organization in line with Council direction.</td>
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<tr>
<td>Keep the Council educated and informed.</td>
<td>Keep the Council educated and informed.</td>
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<tr>
<td>Seek the Council’s counsel.</td>
<td>Seek the Council’s counsel.</td>
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<tr>
<td>Approve high-level organizational goals and policies.</td>
<td>Recommend goals and policies, supported by background information.</td>
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<td>Make major decisions.</td>
<td>Frame decisions in the context of the mission and strategic vision, and bring the Council well-documented recommendations.</td>
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<tr>
<td>Oversee management and organizational performance.</td>
<td>Bring the Council timely information in concise, contextual, or comparative formats.</td>
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<tr>
<td>Act as external advocates and diplomats in public policy, fundraising, and stakeholder/community relations.</td>
<td>Keep the Council informed, bring recommendations, and mobilize Council members to leverage their external connections to support the organization.</td>
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</tbody>
</table>
MARICOPA HEALTH CENTERS GOVERNING COUNCIL
Members Do’s and Don’ts

HEALTH CENTER COUNCIL MEMBERS DO’S

Do know the Maricopa Health Centers Governing Council’s mission, purpose, and goals as well the Federally Qualified Health Center Look-Alike Clinics programs and services

Do get to know the Federally Qualified Health Center Look-Alike Clinics strengths and weaknesses

Do pitch in enthusiastically and willingly

Do make sure you have all the information before expressing an opinion or a judgment

Do get acquainted with the other Council members, the Maricopa Health Centers Governing Council’s Chief Executive Officer and staff

Do come to meetings, and come prepared to participate

Do ask questions

Do respect the majority once decisions are made and actions are taken even if you disagree

Do support the Maricopa Health Centers Governing Council’s CEO and staff, and understand that they are operating with limited resources

Do avoid any possible conflict of interest

Do maintain a sense of fairness, ethics, and personal integrity

Do understand the Federally Qualified Health Center Look-Alike Clinics financial statements and help the Council plan for future revenue and expenses

HEALTH CENTER COUNCIL MEMBERS DON’TS

Don’t speak for the Council, unless authorized to do so

Don’t ask the Maricopa Health Centers Governing Council’s CEO or staff for special favors
Maricopa Health Centers
Governing Council Meeting

April 4, 2018

Item 5.c.ii.

Executive Committee Report
Current Members/User Status
<table>
<thead>
<tr>
<th>Number of Members</th>
<th>Consumers</th>
<th>Race</th>
<th>Ethnicity</th>
<th>Gender</th>
<th>Area of Expertise</th>
<th>District</th>
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<tr>
<td>10 members</td>
<td>50% Users</td>
<td>20% Asian</td>
<td>100% Non-Hispanic or Latino</td>
<td>60% Female</td>
<td>Healthcare</td>
<td>30% District 1</td>
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<td></td>
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<td>0% Native Hawaiian</td>
<td>0% Hispanic or Latino</td>
<td>40% Male</td>
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<td>30% District 2</td>
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<td>Labor Relations</td>
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* Using previously reported information
Item 5.c.iii.

Executive Committee Report Attendance
## Maricopa Health Centers Governing Council Committee Attendance (July 2017 - June 2018) Fiscal Year 2018

### Executive

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### Finance Committee

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### Compliance & Quality

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### Strategic Planning & Outreach

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<td>Scott Jacobson</td>
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### Bylaws Review Committee

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### Legend

- **P** = Present
- **A** = Absent
- **E** = Excused by vote
- ***** = Participated Telephonically

Effective March 2018, Committee will meet monthly.
## Maricopa Health Centers Governing Council Attendance (July 2017 - June 2018) Fiscal Year 2018

<table>
<thead>
<tr>
<th>Name</th>
<th>07/05/17</th>
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**Legend**

- * = Participated Telephonically
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- P = Present
- A = Absent

## Maricopa Health Centers Governing Council Attendance (July 2017 - June 2018) Fiscal Year 2018 - Care Reimagined Meetings

<table>
<thead>
<tr>
<th>Name</th>
<th>7/10/17</th>
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</table>

**Legend**

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Maricopa Health Centers
Governing Council Meeting

April 4, 2018

Item 5.d.

Finance Committee Report
## OPERATING REVENUE

### (a) Visits

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Budget</th>
<th>Variance</th>
<th>%Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month-to-Date</td>
<td>23,413</td>
<td>24,394</td>
<td>(981)</td>
<td>-4.0%</td>
</tr>
<tr>
<td>Year-to-Date</td>
<td>194,229</td>
<td>211,756</td>
<td>(17,527)</td>
<td>-8.3%</td>
</tr>
</tbody>
</table>

Visits were below budget for the month by 981 (4.0%) and YTD by 17,527 (8.3%). Visits were below prior month by 2,600 (10.0%). The FHC, CHC and Walk in clinics are below budget both MTD and YTD. The Dental clinics are above budget for the month and YTD.

### (b) Net Patient Service Revenue

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Budget</th>
<th>Variance</th>
<th>%Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month-to-Date</td>
<td>5,081,726</td>
<td>5,067,949</td>
<td>13,776</td>
<td>0.3%</td>
</tr>
<tr>
<td>Year-to-Date</td>
<td>41,266,172</td>
<td>43,930,867</td>
<td>(2,664,695)</td>
<td>-6.1%</td>
</tr>
</tbody>
</table>

Net patient service revenue is above budget by $13.8K for MTD, but remains below budget by $2.7M YTD. On a per visit basis, net patient service revenue is above budget on a MTD and YTD basis. The FHC and Dental clinics are above budget MTD and YTD. The Walk-in clinic is below budget YTD. The CHC clinics are above budget MTD, but remain below budget YTD.

### (c) Other Operating Revenue

<table>
<thead>
<tr>
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<th>Budget</th>
<th>Variance</th>
<th>%Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month-to-Date</td>
<td>2,675</td>
<td>15,690</td>
<td>(13,014)</td>
<td>-82.9%</td>
</tr>
<tr>
<td>Year-to-Date</td>
<td>50,122</td>
<td>125,517</td>
<td>(75,395)</td>
<td>-60.1%</td>
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</table>

Other operating revenue is below budget by $13.0K for MTD and by $75.4K YTD. The Avondale WIC site closed at the end of September which represented $3.7K per month in rental revenue.

### (d) PCMH Revenue

<table>
<thead>
<tr>
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<th>Budget</th>
<th>Variance</th>
<th>%Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month-to-Date</td>
<td>(135,573)</td>
<td>91,050</td>
<td>(226,623)</td>
<td>-248.9%</td>
</tr>
<tr>
<td>Year-to-Date</td>
<td>769,987</td>
<td>728,400</td>
<td>41,587</td>
<td>5.7%</td>
</tr>
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</table>

Patient Centered Medical Home Revenue is below budget by $135.6K for MTD, but remains above budget by $41.6K YTD. The negative variance is due to a reclassification of revenue which was incorrectly coded to PCMH Revenue. Most of the PCHM Revenue stopped as of December, because these members being covered under that plan moved to a different plan which does not pay based on a PMPM basis.

### (e) Total operating revenues

<table>
<thead>
<tr>
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<th>%Variance</th>
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</thead>
<tbody>
<tr>
<td>Month-to-Date</td>
<td>4,948,828</td>
<td>5,174,689</td>
<td>(225,861)</td>
<td>-4.4%</td>
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<tr>
<td>Year-to-Date</td>
<td>42,086,281</td>
<td>44,784,784</td>
<td>(2,698,504)</td>
<td>-6.0%</td>
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</table>

Total operating revenues are below budget by $225.9K for MTD and by $2.7M YTD. On a per visit basis, net patient service revenue is above budget on a MTD and YTD basis.

## OPERATING EXPENSES

### (f) Salaries and Wages

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<th>%Variance</th>
</tr>
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<tbody>
<tr>
<td>Month-to-Date</td>
<td>1,461,355</td>
<td>1,639,056</td>
<td>177,700</td>
<td>10.8%</td>
</tr>
<tr>
<td>Year-to-Date</td>
<td>12,374,959</td>
<td>13,844,890</td>
<td>1,469,932</td>
<td>10.6%</td>
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</table>

Salaries and wages were below budget by $177.7K MTD and by $1.5M YTD. FTEs were below budget by 4 MTD and by 13 YTD. The average salaries and wages per FTE were down compared to the previous month by $618.42.

### (h) Employee Benefits

<table>
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<th>%Variance</th>
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<tbody>
<tr>
<td>Month-to-Date</td>
<td>522,298</td>
<td>546,257</td>
<td>23,959</td>
<td>4.7%</td>
</tr>
<tr>
<td>Year-to-Date</td>
<td>4,227,593</td>
<td>4,767,588</td>
<td>539,995</td>
<td>11.3%</td>
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Employee benefits were below budget by $26.0K MTD and by $540.0K YTD.
**OPERATING EXPENSES (continued)**

**Benefits as a % of Salaries**

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<th>Budget</th>
<th>Variance</th>
<th>%Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month-to-Date</td>
<td>35.7%</td>
<td>33.4%</td>
<td>-2.3%</td>
<td>-6.8%</td>
</tr>
<tr>
<td>Year-to-Date</td>
<td>34.2%</td>
<td>34.4%</td>
<td>0.3%</td>
<td>0.8%</td>
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</table>

**(i) Medical Service Fees**

<table>
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<th>%Variance</th>
</tr>
</thead>
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<tr>
<td>Month-to-Date</td>
<td>$1,619,705</td>
<td>$1,585,045</td>
<td>$(34,660)</td>
<td>-2.2%</td>
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<tr>
<td>Year-to-Date</td>
<td>$12,203,880</td>
<td>$12,737,269</td>
<td>$(533,390)</td>
<td>-4.2%</td>
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</table>

Medical service fees were above budget for the month by $34.7K MTD, but remain below budget by $533.4K YTD.

**(j) Supplies**

<table>
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<th>Variance</th>
<th>%Variance</th>
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<tr>
<td>Month-to-Date</td>
<td>$212,212</td>
<td>$223,848</td>
<td>$(11,636)</td>
<td>-5.2%</td>
</tr>
<tr>
<td>Year-to-Date</td>
<td>$1,891,593</td>
<td>$1,934,489</td>
<td>$(42,896)</td>
<td>-2.2%</td>
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</table>

Supplies expenses were below budget by $11.6K MTD and by $42.9K YTD. Pharmaceuticals is under budget by $21.3K, and Other medical supplies is under budget by $21.6K YTD.

**(k) Purchased Services**

<table>
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<th>%Variance</th>
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</thead>
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<tr>
<td>Month-to-Date</td>
<td>$16,635</td>
<td>$14,762</td>
<td>$(3,874)</td>
<td>-26.2%</td>
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<tr>
<td>Year-to-Date</td>
<td>$121,479</td>
<td>$118,093</td>
<td>$(3,386)</td>
<td>-2.9%</td>
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</table>

Purchased services were above budget by $3.9K MTD and by $3.4K YTD.

**(l) Other Expenses**

<table>
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<th>Variance</th>
<th>%Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month-to-Date</td>
<td>$140,672</td>
<td>$169,497</td>
<td>$(28,825)</td>
<td>17.0%</td>
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<tr>
<td>Year-to-Date</td>
<td>$1,279,876</td>
<td>$1,301,347</td>
<td>$(21,471)</td>
<td>1.6%</td>
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For the month, other expenses were below budget by $28.8K and by $21.5K YTD.

**(m) Interest Expenses**

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<tr>
<td>Month-to-Date</td>
<td>$590</td>
<td>$590</td>
<td>-</td>
<td>0.0%</td>
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<tr>
<td>Year-to-Date</td>
<td>$6,828</td>
<td>$6,828</td>
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</table>

Interest expenses are on track with budget.

**(n) Allocated Ancillary Expense**

<table>
<thead>
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<th>%Variance</th>
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<tr>
<td>Month-to-Date</td>
<td>$626,307</td>
<td>$608,640</td>
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<td>-2.9%</td>
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<td>Year-to-Date</td>
<td>$5,299,018</td>
<td>$5,285,985</td>
<td>$(13,033)</td>
<td>0.5%</td>
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</tbody>
</table>

Allocated ancillary expenses were above budget by $17.7K MTD, but remain below budget by $27.0K YTD.

**(o) Total operating expenses**

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Budget</th>
<th>Variance</th>
<th>%Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month-to-Date</td>
<td>$4,610,579</td>
<td>$4,789,694</td>
<td>$(179,115)</td>
<td>3.7%</td>
</tr>
<tr>
<td>Year-to-Date</td>
<td>$37,459,033</td>
<td>$39,996,489</td>
<td>$(2,537,456)</td>
<td>6.3%</td>
</tr>
<tr>
<td>Month-to-Date Per Visit</td>
<td>$196.92</td>
<td>$196.35</td>
<td>$(0.58)</td>
<td>-0.3%</td>
</tr>
<tr>
<td>Year-to-Date Per Visit</td>
<td>$192.86</td>
<td>$188.88</td>
<td>$(3.98)</td>
<td>-2.1%</td>
</tr>
</tbody>
</table>

Total operating expenses were below budget by $179.1K MTD and by $2.5M YTD. On a per visit basis, the current month was 0.3% unfavorable and was 2.1% unfavorable YTD.

**(p) Margin (before overhead allocation)**

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Budget</th>
<th>Variance</th>
<th>%Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month-to-Date</td>
<td>$338,248</td>
<td>$384,994</td>
<td>$(46,746)</td>
<td>-12.1%</td>
</tr>
<tr>
<td>Year-to-Date</td>
<td>$4,627,247</td>
<td>$4,788,295</td>
<td>$(161,048)</td>
<td>-3.4%</td>
</tr>
<tr>
<td>Month-to-Date Per Visit</td>
<td>$14.45</td>
<td>$15.78</td>
<td>$(1.34)</td>
<td>-8.5%</td>
</tr>
<tr>
<td>Year-to-Date Per Visit</td>
<td>$23.82</td>
<td>$22.61</td>
<td>$1.21</td>
<td>5.4%</td>
</tr>
</tbody>
</table>

Total margin (before overhead allocation) is below budget by $46.7K MTD and by $161.0K YTD.
Maricopa Health Centers
Governing Council Meeting

April 4, 2018

Item 5.e.

Strategic Planning and Outreach Committee Report
(No Handout)
Maricopa Health Centers
Governing Council
Meeting

April 4, 2018

Item 6.

MIHS CEO Report
(No Handout)
Item 7.

District Board Report
(No Handout)
Maricopa Health Centers
Governing Council Meeting

April 4, 2018

Item 8.

Closing Comments (No Handout)
Maricopa Health Centers
Governing Council
Meeting

April 4, 2018

Item 9.

Staff Assignments
(No Handout)