



# **BOARD OF DIRECTORS CONSENT AGENDA**

**Wednesday  
June 25, 2025**

## **CONSENT AGENDA CONTENTS:**

- Board Minutes – May 28, 2025
- Finance Committee Dashboard – June 18, 2025
- Finance Committee Minutes – May 21, 2025
- Construction Committee Meeting Minutes – May 9, 2025
- Executive Committee Meeting Minutes – May 22, 2025
- Marketing Committee Meeting Minutes - May 20, 2025
- Health Insurance Services Report – May 2025

**SAMUEL U. RODGERS HEALTH CENTER**  
**Board of Directors Meeting**  
**May 28, 2025**  
**12:00 p.m.**

The Board of Directors meeting was held Wednesday, May 28, 2025, at 12:00 p.m., after all members were duly notified of the time and purpose of the meeting.

**ATTENDEES:**

**Board Members**

Elizabeth Bordenave, Chair  
Betty Nwabuonwu, Secretary  
Dr. Arif Ahmed, Treasurer  
Dr. Bruce Williams, Healthcare Representative  
Theodis Watson  
Liz Cooper McFadden  
Gabriela Flores  
Susan Garrett  
Shelley Penn  
Jessica-Marie Hutchison  
Katie Ferro  
Patricia Hernandez

**Health Center Staff**

Bob Theis, Chief Executive Officer  
Janelle Harvey Jordan, Chief Operating Officer  
Chris Walker, Chief Financial Officer  
Dr. Amanda Whiting, Chief Dental Officer  
Annie Lacy, Executive Coordinator  
Monique Jones, Director of Risk and Compliance  
Dr. Robbie Harriford, Chief Medical Officer

**ABSENTEES:**

**Board Members**

Dr. Gladesia Tolbert

**Health Center Staff**

N/A

**CALL TO ORDER**

The meeting was called to order at 12:02 p.m. by Elizabeth Bordenave, Chair. A quorum was established.

**REVIEW OF AGENDA**

The agenda was reviewed with no changes or corrections.

**CONSENT AGENDA**

The Consent Agenda consisted of the following documents:

- Board Minutes – April 23, 2025
- Finance Committee Dashboard – May 21, 2025
- Finance Committee Internal Control Enhancements – May 21, 2025
- Finance Committee Minutes Jan., Feb. Mar., and Apr. 2025
- Construction Committee Meeting Minutes – April 11, 2025
- Executive Committee Meeting Minutes – April 15, 2025
- Board Patients and Board Giving Tracker

- Credentialing and Privileging
  - Marisa Maher
  - Elizabeth Neubauer
  - Brandon Ortega
  - Tara Gabriel

**Motion: Dr. Bruce Williams made a motion to approve the Consent Agenda. Susan Garrett seconded the motion. The motion carried.**

## **ACTION ITEMS**

### **Approval of Annual Risk Report**

Monique Jones, Director of Risk and Compliance, presented the 2025 Annual Risk Assessment Plan for the health center, outlining key goals, priorities, and compliance strategies. The plan includes continuing quarterly internal and external surveillance rounds, enhancing policies related to sterilization and instrument transport, and maintaining a strong focus on infection control, HIPAA compliance, and environmental safety. Section 3 of the plan details how risks are prioritized and measured, with hand hygiene identified as a top priority. To support this, the health center will increase hand hygiene training from annually to quarterly for clinical staff. Operational improvements also include standardizing cleaning supplies, such as using purple Sani-Wipes, and ensuring consistent training on equipment cleaning protocols.

An external consultant provided a risk scoring matrix to assess preparedness and risk levels. This assessment supports compliance with updated HRSA requirements for FTCA deeming applications, emphasizing quarterly risk assessments and a focus on high-risk areas specific to the health center. During the board discussion, one board member asked about the consultant's scoring and whether multiple reviewers are involved. Monique confirmed that only one consultant is used due to her expertise and clarified that a high score indicates a significant organizational response would be needed. In the continued discussion, a board member asked for clarification on the risk rankings, which Monique explained are calculated using a multiplication formula to prioritize focus areas. The top six risks include hand hygiene, reprocessing, and transportation of contaminated instruments. Monique reiterated the importance of quarterly hand hygiene training as part of the center's response. The team inquired about the timing of future reviews, and Monique responded that they are still determining the best cadence—likely quarterly or semi-annually—and will coordinate with the Quality and Professional Relations Committee (QPRC).

**Motion: Dr. Bruce Williams made a motion to approve the Annual Risk Report. Gabriela Flores seconded the motion. The motion carried.**

### **Nominate and Elect Vice Chair**

Dr. Arif Ahmed, Treasurer, nominated Shelly Penn to fill the vacant vice chair position on the board, following Carmen Parker Bradshaw's departure. He highlighted Shelly's strategic thinking, ability to simplify complex issues, and her experience in building cross-sector partnerships. The Executive Committee and board leadership supported the nomination. Shelly expressed gratitude for the nomination, shared her personal connection to the organization, and conveyed her excitement and readiness to contribute in this leadership capacity.

**Motion: Dr. Arif Ahmed made a motion to nominate and elect Shelley Penn as Vice Chair. Betty Nwabuonwu seconded the motion. The motion carried.**

### **Approval of Line of Credit Resolution**

Chris Walker, Chief Financial Officer, presented the proposed resolution to increase the organization's Line of Credit (LOC). In response to potential funding disruptions during the COVID-19 pandemic, Samuel U. Rodgers Health Center initially increased its LOC to \$1.5 million in 2020. This amount has been renewed annually since then. The current proposal recommends increasing the LOC to \$4 million, with a maturity date of April 25, 2026. The LOC carries a variable interest rate tied to the UMB Prime Index Rate, currently 7.50%, with interest payable monthly.

The LOC is secured by two key assets: the Cabot Westside property, appraised at \$4.4 million with an insurable replacement cost of \$5 million, and a UMB investment portfolio valued at \$2.795 million as of March 31, 2025. The purpose of the LOC is to provide short-term cash flow support in the event of delayed reimbursements from payers, grants, or contracts. Full replenishment is anticipated through the collection of the FY2024 Cost Report receivable and ongoing improvements in operational cash flow.

The following draft resolution was presented for Board approval:

“The undersigned Chairman of Samuel U. Rodgers Health Center does hereby certify that the Board of Directors met on May 28, 2025, with a duly authorized quorum present, and adopted the following resolution:

**RESOLVED**, that the Board of Directors of Samuel U. Rodgers Health Center authorizes the leadership of the organization to apply for and establish a \$4 million line of credit with UMB Bank, N.A.”

**Motion: Dr. Arif Ahmed made a motion to approve the Line of Credit Resolution. Dr. Bruce Williams seconded the motion. The motion carried.**

### **Approval of Financial Policy Updates**

Chris Walker, Chief Finance Officer, presented the Finance Policy Updates. In preparation for the upcoming Health Resources and Services Administration (HRSA) operational site visit scheduled for August, the health center is conducting a comprehensive review and update of all board-approved policies across finance, clinical operations, and other key areas. This process ensures alignment with current HRSA regulations and strengthens internal governance. Several new and updated policies have been introduced, and updates are summarized below.

#### ***Proposed New Policies***

##### **1. Federal Cash Management**

- Ensures federal cash drawdowns and disbursements comply with U.S. Department of Health and Human Services (HHS) regulations.

##### **2. Federal Grant Cost Management**

- Ensures federal grant spending aligns with HHS guidelines.

##### **3. Purchasing – Program Income (Non-Federal)**

- Mirrors the federal purchasing policy but applies to purchases made with program income. Excludes federal procurement methods.
- **Code of Conduct:**
  1. Adds “domestic partner” to applicable individuals.
  2. Raises gift/gratuity threshold to \$125.

### ***Policies with Proposed Changes***

#### **1. Determination of Charges**

- Clarifies that charges will be based on the 70th–90th percentile, with flexibility to adjust fees to align with reimbursable costs.

#### **2. Purchasing – Federal Funds**

- **Title Update:** Clarifies applicability to federal fund purchases.
- **Policy Statement:** Now includes all non-employee services (consultants, contractors).
- **Code of Conduct:**
  - Adds “domestic partner” to applicable individuals.
  - Lowers gift/gratuity threshold to \$0.
- **New Requirements:**
  - **Excluded Parties List System:** Vendors must be checked against SAM.gov exclusions.
  - **Consultants & Contractors:** Must document scope, in-house capability review, selection process, cost reasonableness, and competitive procurement practices. Contractors involved in grant writing or RFP development are barred from bidding on those procurements.

The Board approved the package of finance policies. Additionally, an amendment was proposed to revise the Federal Procurement Policy by removing the monetary value threshold.

**Motion: Theodis Watson moved to approve the financial policy changes and to adopt the proposed amendment to the Federal Procurement Policy. Liz Cooper McFadden seconded the motion. The motion was carried.**

### **Approval of CEO Goals**

Bob Theis presented the CEO goals, which had been previously distributed to the full board of directors and was thoroughly reviewed and approved by the Executive Committee. The board used a structured format to review six key objectives:

1. **Achieve Results** – Launch the new pediatric wing by November 30, 2025, aiming to serve 4,500 additional children annually. Also includes maintaining Medicaid enrollment among self-pay patients.
2. **Operational Excellence** – Deploy AI tools like NextGen Ambient Assist to reduce no-show rates and improve care coordination. Implement a billing rules engine to reduce claim denials. Develop a contingency financial plan for Finance Committee approval.
3. **Develop Relationships** – Engage community partners around prenatal care and increase the proportion of managed care Medicaid members actively receiving care.
4. **Leadership & Workplace Culture** – Foster a positive, team-oriented environment to enhance staff and patient experiences.

5. **Support Board Development** – Create educational materials to help board members connect with potential funders and support fundraising efforts.
6. **Professional Development** – Bob plans to hold one-on-one meetings with board members to strengthen relationships, share insights, and gather feedback to improve board engagement and performance on the annual survey.

**Motion Shelley Penn made a motion to approve the CEO Goals. Dr. Bruce Williams seconded the motion. The motion carried.**

### Approval of Sites and Hours

Approval of Sites and Hours Bob Theis, Chief Executive Officer, presented the Health Center’s sites and hours of operation. HRSA requires that the governing board must approve the Health Center’s sites and hours on an annual basis. Mr. Theis displayed a table that included the names, addresses, service site types, and hours of all 9 Health Center sites. Sites that are located within another entity (Sam Rodgers clinics located at schools or health departments) are unable to accommodate expanded hours and will continue to operate at the hours of their building location.

| Samuel U. Rodgers Health Center Sites & Hours |  |  |                                      |             |                    |   |
|---|--|--|--------------------------------------|-------------|--------------------|---|
| Site ID                                       | Site Name  | Site Address                                   | Service Site Type                    | Site Status | Site Location Type | Hours   |
| BPS-H80-021357                                | Samuel U. Rodgers Health Center Blue Springs School District         | 1501 NW Jefferson St, Blue Springs, MO 64015   | Service Delivery Site                | Active      | Permanent          | M-F 8:00am - 5:00pm                             |
| BPS-H80-001679                                | Samuel U. Rodgers Health Center Downtown Campus                      | 825 EUCLID STREET, KANSAS CITY, MO 64124       | Administrative/Service Delivery Site | Active      | Permanent          | M/Tu/Th/Fr 7:00am - 6:00pm<br>W 7:00am -1:00pm  |
| BPS-H80-010026                                | Samuel U. Rodgers Health Center J.A. Rogers Family Dental            | 6400 E. 23rd St., Kansas City, MO 64129        | Service Delivery Site                | Active      | Seasonal           | M-F 8:00am - 5:00pm                             |
| BPS-H80-030894                                | Samuel U. Rodgers Health Center – Mobile Behavioral Health Unit      | 825 EUCLID STREET, KANSAS CITY, MO 64124       | Service Delivery Site                | Active      | Mobile Van         | As needed                                       |
| BPS-H80-030894                                | Samuel U. Rodgers Health Center - Mobile                             | 825 EUCLID STREET, KANSAS CITY, MO 64124       | Service Delivery Site                | Active      | Mobile Van         | As needed                                       |
| BPS-H80-012960                                | Samuel U. Rodgers Health Center Cabot Westside                       | 2121 Summit St, Kansas City, MO 64108          | Service Delivery Site                | Active      | Permanent          | M/Tu/Th/Fr 8:00am - 5:00pm<br>W 7:00am -12:00pm |
| BPS-H80-011047                                | Samuel U. Rodgers Health Center - East                               | 2100 E 9th St, Kansas City, MO 64124           | Administrative                       | Active      | Permanent          | M-F 8:00am - 5:00pm                             |
| BPS-H80-008122                                | Samuel U. Rodgers Health Center Clay County Family Medicine & Dental | 800 Haines Drive, Liberty, MO 64068            | Service Delivery Site                | Active      | Permanent          | M/Tu/Th/Fr 8:00am - 5:00pm<br>W 8:00am -12:00pm |
| BPS-H80-030424                                | Samuel U. Rodgers Health Center Northland Family Practice            | 5330 N Oak Trfy Ste 203, Kansas City, MO 64118 | Service Delivery Site                | Active      | Permanent          | M/Tu/Th/Fr 8:00am - 5:00pm<br>W 7:00am -12:00pm |

**Motion: Betty Nwabuonwu made a motion to approve the Sites and Hours of Operation. Liz Cooper McFadden seconded the motion. The motion carried.**

### DISCUSSION

#### Financial Sustainability Update

Bob Theis, Chief Executive Officer, and Chris Walker, Chief Financial Officer, presented the Financial sustainability Update. They provided insights into ongoing efforts to prepare for potential changes in Medicaid funding. They explained that they are working closely with the Missouri Primary Care Association (MPCA) and the State of Missouri, which aims to disburse payments by the end of June due to the state’s fiscal year-end. However, uncertainty remains about the future of Medicaid, prompting the need for contingency planning. Staff emphasized their commitment to keeping as many patients on Medicaid as possible and are actively developing best- and worst-case financial scenarios. They are also using tools provided by MPCA to estimate potential Medicaid disenrollment by age group. It was noted that planning for next year’s budget is already underway, especially considering the operational impact of the new pediatric wing.

## **OLD BUSINESS**

### ***Succession Planning Committee Update***

Jessica-Marie Hutchison, Succession Planning Committee Chair, provided an update on the committee's succession planning efforts. She shared that the committee has met twice and is making progress, focusing on updating the CEO job description and creating a skills matrix to support emergency backup planning. The updated job description aligns with the strategic plan, bylaws, and organizational goals, and board members were asked to review and provide feedback by June 7. Ms. Hutchison confirmed she would follow up with an email containing the document and instructions.

### ***Board Recruitment Update***

Betty Nwabuonwu, Secretary, gave a brief update on board recruitment, highlighting the Board Candidate Interest Form included in the board packet. She encouraged members to share the form and submit resumes for any interested candidates. The Nomination and Governance Committee is actively reviewing potential new members.

## **NEW BUSINESS**

### ***Marketing and Fund Development Update***

Susan Garret and Liz Cooper McFadden, Marketing and Fund Development Committee Co-Chairs, discussed donor outreach and board support. They introduced a working Excel document listing past funders and asked board members to help identify new potential funding sources or contacts. Directors inquired about having a script or elevator pitch for funder outreach. The Marketing Committee is working on messaging tools and a wish list of specific funding needs, to support board members in these conversations. A shareable version of the funding contact list will be distributed.

## **ADJOURNMENT**

Ms. Bordenave called for a motion to adjourn.

**Motion: Susan Garrett made a motion to adjourn the meeting, and it was seconded by Liz Cooper McFadden. The motion carried.**

The meeting was adjourned at 1:36 p.m.

Minutes taken and transcribed by Annie Lacy, Executive Coordinator.

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Betty Nwabuonwu, Secretary

**Samuel U. Rodgers Health Center**  
**Financial Dash Board**  
**For The Eight Months Ending April 2025**

| Unrestricted Balances:   | Period Ending |                     |             |             | Budget    | Status | Benchmark | Balance                       |
|--|---------------|---------------------|-------------|-------------|-----------|--------|-----------|-------------------------------|
|  | 01/31/2025    | 02/28/2025          | 03/31/2025  | 04/30/2025  |           |        |           |                               |
| Cash & Equivalents   | (230,494)     | 33,972              | (1,383,738) | (1,544,632) |           |        |           | Other Current Assets          |
| Cash & Equivalents and Short-term Investments, Net of Unearned             | 2,394,522     | 2,580,229           | 1,173,901   | 1,059,455   |           |        |           | Cost Report Accrual 5,020,632 |
| Days in Reserve  | 211,891       | Average Expense/Day | 19          | 17          | 6         | 5      | ●         | > 45 Days                     |
| Current Ratio (Current Assets/Current Liabilities)                         | 2.93          | 2.28                | 2.51        | 3.75        |           | ●      |           | > 1.25                        |
| Days in Net Accounts Receivable, with WRAP                                 | 64            | 67                  | 71          | 69          |           | ●      |           | < 60 Days                     |
| Period Net Operating Income / (Loss) before Depreciation & Unrealized Gain | (236,841)     | (61,471)            | 208,998     | (143,905)   | 81,672    | ●      |           | Over budget is Goal           |
| YTD Net Operating Income / (Loss) before Depreciation & Unrealized Gain    | (1,272,746)   | (1,334,218)         | (1,125,219) | (1,269,124) | (245,888) | ●      |           | Over budget is Goal           |

| Patient Encounters and Revenues compared to budget |        |             |             |            |             |                   |        |             |             |
|--|--------|-------------|-------------|------------|-------------|-------------------|--------|-------------|-------------|
| Month Ending                                       | FY2025 | Net Patient | Period      | FY2025     | Net Patient | Period            | FY2024 | FY2024-2025 | Net Patient |
| April 30, 2025                                     | ENC's  | Revenue     | Fiscal YTD  | Encounters | Revenue     | Prior FYTD        | ENC's  | Variance    | Revenue     |
| Monthly Actual:                                    | 6,001  | 1,623,853   | YTD Actual: | 36,883     | 10,721,658  | Prior YTD Actual: | 41,271 | (4,388)     | 9,841,157   |
| Monthly Budget:                                    | 7,049  | 1,664,574   | YTD Budget: | 44,886     | 11,041,836  | Prior YTD Budget: | 44,759 | 127         | 9,648,455   |
|  | 85%    | 98%         |             | 82%        | 97%         |                   | 92%    |             | 102%        |

**Gross Aged Accounts Receivable Summary**

|               | FY 2025 | Target | FY 2024 |
|---------------|---------|--------|---------|
| 0 - 90 days   | 48%     | 60%    | 60%     |
| 91 - 180 days | 20%     |        | 17%     |
| > 180 days    | 32%     |        | 23%     |

**Accounts Receivable**

|                               | May 31, 2025 | April 30, 2025 | May 31, 2024 |
|-------------------------------|--------------|----------------|--------------|
| Accounts Receivable           | 5,891,124    | 7,807,824      | 5,488,920    |
| Accounts Receivable Allowance | 3,983,028    | 5,946,433      | 3,909,904    |
| Accounts Receivable, Net      | 1,908,096    | 1,861,391      | 1,579,016    |

| Health Center Collection Rate FY 2025 |        |        |               |        |        |                          |        |        |
|---------------------------------------|--------|--------|---------------|--------|--------|--------------------------|--------|--------|
|                                       | Actual | Budget |               | Actual | Budget |                          | Actual | Budget |
| <b>Medical</b>                        |        |        | <b>Dental</b> |        |        | <b>Behavioral Health</b> |        |        |
| Commercial                            | 19%    | 20%    | Commercial    | 18%    | 15%    | Commercial               | 19%    | 15%    |
| MC Plus                               | 31%    | 33%    | MC Plus       | 57%    | 60%    | MC Plus                  | 39%    | 35%    |
| Medicaid                              | 80%    | 82%    | Medicaid      | 84%    | 87%    | Medicaid                 | 70%    | 66%    |
| Medicare                              | 23%    | 20%    | Medicare      | 0%     | 0%     | Medicare                 | 15%    | 26%    |
| Self-Pay                              | 13%    | 13%    | Self-Pay      | 17%    | 27%    | Self-Pay                 | 6%     | 2%     |

**Medical Payer Mix, FY 2025**

|                       | FYTD 2025 Actual | FY 2025 Budget | FY 2024 Actual |
|-----------------------|------------------|----------------|----------------|
| Commercial            | 12%              | 11%            | 11%            |
| Medicaid Managed Care | 48%              | 50%            | 49%            |
| Medicaid              | 9%               | 10%            | 10%            |
| Medicare              | 4%               | 3%             | 3%             |
| Self-Pay              | 27%              | 26%            | 26%            |

**Dental Payer Mix, FY 2025**

|                       | FYTD 2025 Actual | FY 2025 Budget | FY 2024 Actual |
|-----------------------|------------------|----------------|----------------|
| Commercial            | 8%               | 6%             | 6%             |
| Medicaid Managed Care | 61%              | 67%            | 68%            |
| Medicaid              | 4%               | 5%             | 5%             |
| Medicare              | 0%               | 0%             | 0%             |
| Self-Pay              | 27%              | 22%            | 20%            |

**Behavioral Health Payer Mix, FY 2025**

|                       | FYTD 2025 Actual | FY 2025 Budget | FY 2024 Actual |
|-----------------------|------------------|----------------|----------------|
| Commercial            | 26%              | 24%            | 24%            |
| Medicaid Managed Care | 54%              | 58%            | 59%            |
| Medicaid              | 5%               | 6%             | 5%             |
| Medicare              | 3%               | 3%             | 3%             |
| Self-Pay              | 12%              | 9%             | 9%             |

**SAMUEL U. RODGERS HEALTH CENTER, INC.**

**Finance Committee Meeting Minutes**

**Via Zoom**  
**May 21, 2025**  
**12:00 p.m.**

The Finance Committee meeting was held on Wednesday, May 21, 2025, at 12:00 p.m., via Zoom after all members were duly notified of the time and purpose of the meeting.

**ATTENDEES:**

**Board Members**

Dr. Arif Ahmed, Treasurer/Committee Chair  
Theodis Watson

**Health Center Staff**

Bob Theis, Chief Executive Officer  
Janelle Harvey Jordan, Chief Operating Officer  
Chris Walker, Chief Financial Officer  
Michelle McCarty, Accounting Manager  
Brad Greenstreet, Director of Finance  
Dr. Amanda Whiting, Chief Clinical Officer  
Tonasha Sylvester, Director of Humna Resources  
Annie Lacy, Executive Coordinator

**ABSENTEES:**

**Board Members**

Elizabeth Bordenave, Chair

**Health Center Staff**

Dr. Robbie Harriford, Chief Medical Officer

**CALL TO ORDER**

The meeting was called to order at 12:01 p.m. by Dr. Arif Ahmed, Treasurer.

**REVIEW OF AGENDA**

The agenda was reviewed with no changes or corrections.

**APPROVAL OF MINUTES**

The Finance Committee reviewed the meeting minutes from April 16, 2025.

**Motion: Theodis Watson approved the April Finance Committee Minutes. Dr. Arif Ahmed seconded the motion. The motion carried.**

**ACTION ITEMS**

***Approval of Financial Policy Updates***

Chris Walker, Chief Finance Officer, presented the Finance Policy Updates. In preparation for the upcoming HRSA operational site visit scheduled for August, the health center is conducting a comprehensive review

and update of all board-approved policies across finance, clinical operations, and other key areas. This process ensures alignment with current HRSA regulations and strengthens internal governance. Several new and updated policies have been introduced, and updates are summarized below.

### **Proposed New Policies**

1. **Federal Cash Management**
  - Ensures federal cash drawdowns and disbursements comply with HHS regulations.
2. **Federal Grant Cost Management**
  - Ensures federal grant spending aligns with HHS guidelines.
3. **Line of Credit**
  - Establishes a line of credit to manage short-term cash flow gaps due to delayed reimbursements from payers and funders.
4. **Purchasing – Program Income (Non-Federal)**
  - Mirrors the federal purchasing policy but applies to purchases made with program income. Excludes federal procurement methods.
  - **Code of Conduct:**
    1. Adds “domestic partner” to applicable individuals.
    2. Raises gift/gratuity threshold to \$125.

### **Policies with Proposed Changes**

1. **Determination of Charges**
  - Clarifies that charges will be based on the 70th–90th percentile, with flexibility to adjust fees to align with reimbursable costs.
2. **Purchasing – Federal Funds**
  - **Title Update:** Clarifies applicability to federal fund purchases.
  - **Policy Statement:** Now includes all non-employee services (consultants, contractors).
  - **Code of Conduct:**
    - Adds “domestic partner” to applicable individuals.
    - Lowers gift/gratuity threshold to \$0.
  - **New Requirements:**
    - **Excluded Parties List System:** Vendors must be checked against SAM.gov exclusions.
    - **Consultants & Contractors:** Must document scope, in-house capability review, selection process, cost reasonableness, and competitive procurement practices. Contractors involved in grant writing or RFP development are barred from bidding on those procurements.

**Motion: Theodis Watson made a motion to approve all the Financial Policy changes except the Line of Credit Policy, which will be reviewed at the June Committee meeting. Dr. Arif Ahmed seconded the motion. The motion carried.**

### ***Approval of Line of Credit Resolution***

Chris Walker, Chief Financial Officer, presented the proposed resolution to increase the organization’s Line of Credit (LOC). In response to potential funding disruptions during the COVID-19 pandemic, Samuel U. Rodgers Health Center initially increased its LOC to \$1.5 million in 2020. This amount has been renewed annually since then. The current proposal recommends increasing the LOC to \$4 million, with a maturity

date of April 25, 2026. The LOC carries a variable interest rate tied to the UMB Prime Index Rate, currently 7.50%, with interest payable monthly.

The LOC is secured by two key assets: the Cabot Westside property, appraised at \$4.4 million with an insurable replacement cost of \$5 million, and a UMB investment portfolio valued at \$2.795 million as of March 31, 2025. The purpose of the LOC is to provide short-term cash flow support in the event of delayed reimbursements from payers, grants, or contracts. Full replenishment is anticipated through the collection of the FY2024 Cost Report receivable and ongoing improvements in operational cash flow.

The following draft resolution was presented for Board approval:

“The undersigned Chairman of Samuel U. Rodgers Health Center does hereby certify that the Board of Directors met on May 28, 2025, with a duly authorized quorum present, and adopted the following resolution:

**RESOLVED**, that the Board of Directors of Samuel U. Rodgers Health Center authorizes the leadership of the organization to apply for and establish a \$4 million line of credit with UMB Bank, N.A.”

**Motion: Theodis Watson made a motion to approve the Line of Credit Resolution. Dr. Arif Ahmed seconded the motion. The motion carried.**

## **FINANCIAL STATEMENTS**

### ***Productivity Report***

Chris Walker, Chief Financial Officer, presented the Samuel U. Rodgers Health Center, Inc. productivity report as of March 31, 2025. The report is a trailing 12-month look at productivity trends. Year-to-date the aggregate Budget to Actual Variance is below budget (-18%). Behavioral Health is below budget (-45%), Dental is below budget (-9%), and Medical is below budget (-16%).

### ***Financial Dashboard***

Chris Walker, Chief Financial Officer, presented the Financial Dashboard for the six months ending March 2025. Cash and Equivalents is negative \$1,547,008. Days in Reserve is 6 days, and the current ratio is 3.86. Days in Net Accounts Receivable, with WRAP is 71 days. Period Net Operating Income/ (Loss) before Depreciation & Unrealized Gain is \$249,809 and YTD Net Operating Income/ (Loss) before Depreciation & Unrealized Gain is \$981,745. Regarding Patient Encounters and Revenues Compared to budget, the Health Center is below budget on Encounters (80%) and above budget for Net Patient Revenue (113%). On a fiscal YTD basis, the Health Center is below budget on Encounters (82%) and Net Patient Revenue (97%). Gross Aged Accounts Receivable are currently 35% in the 0 to 90-day category, under the 60% target. Medicaid Payer Mix is slightly below budget with Medical at 57%, Dental at 65%, and Behavioral Health at 59%.

**Motion: Theodis Watson made a motion to approve the Financial Statements. Dr. Arif Ahmed seconded the motion. The motion carried.**

## **OLD BUSINESS**

There was no old business to discuss.

## **NEW BUSINESS**

There was no new business to discuss.

## **ADJOURNMENT**

Dr. Ahmed called for a motion to adjourn the meeting.

**Motion: Theodis Watson made a motion to adjourn. Dr. Arif Ahmed seconded the motion. The motion carried.**

The meeting was adjourned at 1:05 p.m.

Minutes taken and transcribed by: Annie Lacy, Executive Coordinator

# SAMUEL U. RODGERS HEALTH CENTER

## Construction Committee Meeting

May 9, 2025

10:00 a.m.

The Construction Committee meeting was held Friday, May 9, 2025, at 10:00 a.m., after all members were duly notified of the time and purpose of the meeting.

### ATTENDEES:

#### Committee Members

Cemal Umut Gungor, Committee Chair  
Liz Cooper McFadden, Board Member  
Joe Hennes, Lytle Construction

#### Contractors

Laura Munoz, Benson Method  
Tyler Ramaekers, A.L Huber  
Bethany Dyche, HJM Architects  
Michelle Kaiser, Benson Method

#### Health Center Staff

Bob Theis, Chief Executive Officer  
Janelle Harvey Jordan, Chief Operating Officer  
Chris Walker, Chief Financial Officer  
Dr. Amanda Whiting, Chief Clinical Officer  
Annie Lacy, Executive Coordinator

### ABSENTEES:

#### Committee Members

Dr. Gladesia Tolbert, Board Member  
Jeff Williams, City Planner

#### Contractors

#### Health Center Staff

Dr. Robbie Harriford, Chief Medical Officer

### CALL TO ORDER

The meeting was called to order at 10:03 a.m. by Cemal Umut Gungor.

### APPROVAL OF MEETING MINUTES

The Construction Committee Meeting Minutes from April 11, 2025, were approved.

**Motion: Joe Hennes made a motion to approve the Construction Committee Meeting Minutes. Liz Cooper McFadden seconded the motion. The motion carried.**

### DISCUSSION

#### Pediatric Wing Updates

- Framing:
  - Almost complete on the second floor
  - About 80% complete on the third floor
- Drywall:
  - Expected to start soon
- Electrical and plumbing work:
  - In progress

- Exterior panels:
  - Being installed
- Roof:
  - Completed
- Windows:
  - Some windows on the east facade are being installed
- Interior progress:
  - Metal framing is done
  - MEP (Mechanical, Electrical, Plumbing) work is in progress
- Drywall activities:
  - Planned to start next week
- Project status:
  - On track
  - Aiming to complete the in-wall inspection on the third floor by the 20th

### **Mechanical Equipment Installation Progress Update**

- Rooftop units expected to be lifted to the roof the week of the 19th
- Permanent power:
  - Aiming for the end of June
- Project completion:
  - On target for October
  - Space ready for patients by the first week of November
- Procurement:
  - Furniture and equipment procurement is complete
- Technology:
  - Final piece, access control, to be ordered this month
- Security and low voltage installation:
  - To be handled by Michler Technologies

### **OLD BUSINESS**

There was no old business to discuss.

### **NEW BUSINESS**

There was no new business to discuss.

### **ADJOURNMENT**

Mr. Gungor called for a motion to adjourn.

**Motion: Liz Cooper McFadden made a motion to adjourn the meeting, and it was seconded by Joe Hennes. The motion carried.**

The meeting adjourned at 10:18 a.m.

Minutes taken and transcribed by: Annie Lacy

# SAMUEL U. RODGERS HEALTH CENTER

## Executive Committee Meeting Minutes

**Via Zoom**

**May 22, 2025**

**4:30 p.m.**

The Executive Committee meeting was held on Thursday, May 22, 2025, via Zoom, after all members were duly notified of the time and purpose of the meeting.

### **ATTENDEES:**

#### ***Committee Members***

Elizabeth Bordenave, Chair  
Betty Nwabuonwu, Secretary  
Dr. Arif Ahmed, Treasurer

#### ***Health Center Staff***

Bob Theis, Chief Executive Officer  
Annie Lacy, Executive Coordinator

### **ABSENTEES:**

#### ***Committee Members***

Dr. Bruce Williams, Healthcare Representative

#### ***Health Center Staff***

N/A

### **CALL TO ORDER**

The meeting was called to order at 4:34 p.m. by Elizabeth Bordenave, Chair.

### **REVIEW OF AGENDA**

The agenda was reviewed by Elizabeth Bordenave, Chair, with no changes or corrections.

### **APPROVAL OF MINUTES**

The Executive Committee reviewed the meeting minutes from April 15, 2025, with no changes or corrections.

**Motion: Dr. Arif Ahmed made a motion to approve the Executive Committee Minutes. Betty Nwabuonwu seconded the motion. The motion carried.**

### **REVIEW OF BOARD MEETING AGENDA**

The committee reviewed the agenda for the upcoming Board Meeting on April 23, 2025. The agenda will include the following items:

1. Approval of Consent Agenda
2. Approval of Annual Risk Report
3. Nominate and Elect Vice Chair
4. Approval of Line of Credit Resolution
5. Approval of Financial Policies

6. Approval of CEO Goals
7. Approval of Sites and Hours of Operation
8. Financial Sustainability Update
9. Succession Planning Committee Update
10. Board Recruitment Update
11. Long Term Incentive Plan (LTIP) Proposal

**Motion: Dr. Arif Ahmed made a motion to approve the Board Meeting Agenda. Betty Nwabuonwu seconded the motion. The motion carried.**

### **CEO Goals**

Bob Theis, Chief Executive Officer, presented the latest draft of the CEO Goals document to the committee. The document has already undergone a thorough review by the Executive Committee and is scheduled for presentation to the full board for approval at the upcoming board meeting. The group discussed how best to present the document given time constraints, especially since it had been distributed to the full board several weeks in advance with a request for feedback—none of which was received. In preparation for the meeting, the team explored strategies to streamline feedback collection and enhance engagement. Bob and Elizabeth acknowledged the limited time available and proposed a more focused approach, recommending soliciting feedback on two specific columns (initiatives, actions and success metrics) instead of five and capping the discussion at 10 minutes. Dr. Ahmed suggested that the Executive Committee play a more active role in setting objectives and proposed allocating approximately 1.5 minutes per item to ensure meaningful input from board members.

### **Discussion**

The Executive Committee discussed the limited time available during the last board meeting, which prevented a full review of the Strategic Plan Quarterly Report—a key document outlining performance metrics tied to the strategic plan. Given similar time constraints for the upcoming board meeting, the group agreed that an in-meeting review would not be feasible. Instead, they explored options for engaging the full board virtually. One proposed solution was to use SurveyMonkey to collect feedback on the report, with automated reminders to encourage participation and streamline input.

The committee also discussed the importance of regularly reporting on board member giving and patient utilization. It was agreed that these metrics should be included in each consent agenda to ensure all board members remain informed of progress toward these key organizational goals.

To improve meeting efficiency, the group supported adding target times to Executive Committee agendas, mirroring the format used for board meetings. Additionally, the committee clarified the distinction between Finance Committee policies and internal control enhancements, and why both are appropriately included in the consent agenda.

Ms. Bordenave expressed enthusiasm about the Marketing Committee's recent progress and Bob's ambitious funding goals. Elizabeth also presented a nomination for Shelly Penn to serve as Vice Chair, which Dr. Ahmed agreed to formally present at the upcoming board meeting. The committee agreed to add a discussion on board recruitment needs to the next board meeting agenda. Finally, items related to committee assignments and board member attendance and engagement were deferred to the June Executive Committee meeting.

### **OLD BUSINESS**

There was no old business to discuss.

## **NEW BUSINESS**

There was no new business to discuss

## **ADJOURNMENT**

Ms. Bordenave called for a motion to adjourn.

**Motion: Dr. Arif Ahmed made a motion to adjourn the meeting, and the motion was seconded by Elizabeth Bordenave. The motion carried.**

The meeting adjourned at 5:29 p.m.

Minutes taken and transcribed by:  
Annie Lacy, Executive Coordinator

**SAMUEL U. RODGERS HEALTH CENTER**  
**Marketing Committee**  
**May 20, 2024**  
**3:00 p.m.**

The Marketing Committee meeting was held May 20, 2024, at 3:00 p.m., after all members were duly notified of the time and purpose of the meeting.

**ATTENDEES:**

**Committee Members**

Susan Garrett, Committee Co-Chair  
Elizabeth Cooper McFadden, Committee Co-Chair  
Patricia Hernandez

**Health Center Staff**

Bob Theis, Chief Executive Officer  
Janelle Harvey Jordan, Chief Operating Officer  
Danica Cherry, Director of Grants Management  
Annie Lacy, Executive Coordinator

**ABSENTEES:**

**Board Members**

Jessica-Marie Hutchison

**Health Center Staff**

N/A

**CALL TO ORDER**

The meeting was called to order at 3:04 p.m. by Susan Garrett.

**APPROVAL OF MINUTES**

The minutes from the meeting held on February 11, 2025, were presented, and approved without corrections.

**Motion: Patricia Hernandez made a motion to approve the Marketing Committee Minutes. Susan Garrett seconded the motion. The motion carried.**

**DISCUSSION**

**Meeting Cadence**

Susan Garrett, Committee Co-Chair, proposed increasing the Marketing Committee's meeting frequency from quarterly to monthly to support upcoming initiatives related to the Pediatric Wing, including resource planning, marketing efforts, and events such as ribbon cuttings and tours. The committee agreed to meet monthly through October 2025, on the third Tuesday of each month at 3:00 PM, aligning with the Tuesday prior to the Finance Committee meeting.

**Funding Wishlist and Fund Development Discussion**

Bob Theis, Chief Executive Officer, presented the Funding Wishlist, a document outlining key initiatives eligible for donor contributions. Each item includes associated costs, a description of the care initiative, and measurable outcomes. For example, one featured initiative is Prenatal Care, described as a critical component in promoting healthy pregnancies, reducing risks, and ensuring the well-being of both the pregnant individual and the developing baby. Early engagement with healthcare professionals and consistent prenatal appointments are emphasized as essential.

Measurable outcomes for prenatal care include increased engagement leading to lower rates of preterm births and significant improvements in maternal and infant health, particularly through higher rates of healthy birthweights. Consistent prenatal care is strongly correlated with reduced complications and birth defects. Additional items on the Funding Wishlist include AI implementation, mental health services, mammograms, and transportation assistance. The overarching goal is to secure donor funding in anticipation of potential Medicaid cuts.

During the committee meeting, members discussed evolving funding strategies for the organization. Traditional sources such as Health Forward and Reach are currently overwhelmed with requests, prompting health center leadership to stress the importance of expanding the donor network beyond the "usual suspects." This need is especially urgent given the anticipated loss of \$50,000 annually in marketing funds from maternal health programs. The group agreed to compile a Funding Source Wishlist, identifying potential new funders such as UMB, Black & Veatch, Church of the Resurrection, and Blue Cross Blue Shield. Liz Cooper McFadden, Committee Co-Chair, offered to facilitate introductions to several of these prospective donors.

The team also reviewed recent fund development successes, including:

- Staff connections with the Kemper family
- A potential loan opportunity through Commerce Bank
- \$700,000 secured for AI initiatives
- \$300,000 allocated for behavioral health services from the state legislature

The discussion underscored the importance of cultivating relationships and making targeted funding requests to board members and new donors. To support this, the committee agreed to develop a Funder Wishlist—a dynamic, shared spreadsheet of prospective funders. Susan Garrett, Co-Chair, volunteered to compile and distribute this list.

Lastly, the group discussed the recruitment of a Fund Development Director, noting that seven candidates have already applied. The position will be promoted further via LinkedIn to attract additional qualified applicants.

### **Marketing Consultants**

The Grace Advertising contract is structured as an hourly, as-needed agreement rather than a fixed-term contract. This is beneficial given the significant reduction in marketing funds expected by early 2025. The current flexible arrangement allows the organization to manage costs more effectively. Grace Advertising has played a key role in producing the annual report, which received positive feedback, and in redesigning the organization's website. They also secured the domain and continue to support backend website functions. Previously, the organization paid a much higher fee to another vendor, Voltage, without even owning the domain. Now, although Grace manages the hosting and backend updates, the organization owns the domain and handles billing internally. Looking ahead, the team plans to rely more on in-house resources, word-of-mouth promotion, and strategic, cost-effective partnerships.

### **OLD BUSINESS**

There was no old business to discuss.

### **NEW BUSINESS**

There was no new business to discuss.

### **ADJOURNMENT**

Ms. Cooper McFadden called for a motion to adjourn.

**Motion: Patricia Hernandez made a motion to adjourn the meeting, and it was seconded by Liz Cooper McFadden. The motion carried.**

The meeting adjourned at 4:05 p.m.

Minutes taken and transcribed by: Annie Lacy

**Health Insurance Services Report  
May 2025**

**Health Insurance Services Dashboard**

|                        |                         |                          |                                |                            |                                  |                              |                               |                         |
|------------------------|-------------------------|--------------------------|--------------------------------|----------------------------|----------------------------------|------------------------------|-------------------------------|-------------------------|
| General Inquiries      | Health Literacy         | Provider Network         | Billing/ Payment Issues        | Evaluate Health Plans      | Accessing Preventable Healthcare | Create Acct./ Troubleshoot   | Eligibility Assessment Review | Plan Comp.              |
| 1,716                  | 995                     | 214                      | 271                            | 419                        | 414                              | 12                           | 12                            | 11                      |
| Mktpkc Enroll Online   | Mktpkc Enroll Phone     | Mktpkc Enroll in Writing | Medicaid/ CHIP App/ Enrollment | Complex Cases Asst/Ref     | Data Matching Issues             | Special Enroll Period Issues | Employer or COBRA Issues      | APT/ CSR Issues         |
| 12                     | 0                       | 0                        | 547                            | 25                         | 528                              | 10                           | 0                             | 8                       |
| Other Issues           | Agent/ Broker Referrals | Issuers                  | Medicare Ques./SHIP Referrals  | Other Consumer Asst. Prog. | Dept. of Insurance               | 1095 A Tax Forms             | Marketplace Exemptions        | Mkt./ Insur-ance Appeal |
| 149                    | 1                       | 0                        | 34                             | 30                         | 3                                | 2                            | 0                             | 0                       |
| Other consumer Assist. | Annual Renewal          | Internal Training        |                                |                            |                                  |                              |                               |                         |
| 36                     | 129                     | 18                       |                                |                            |                                  |                              |                               |                         |

**MOHealthNet**

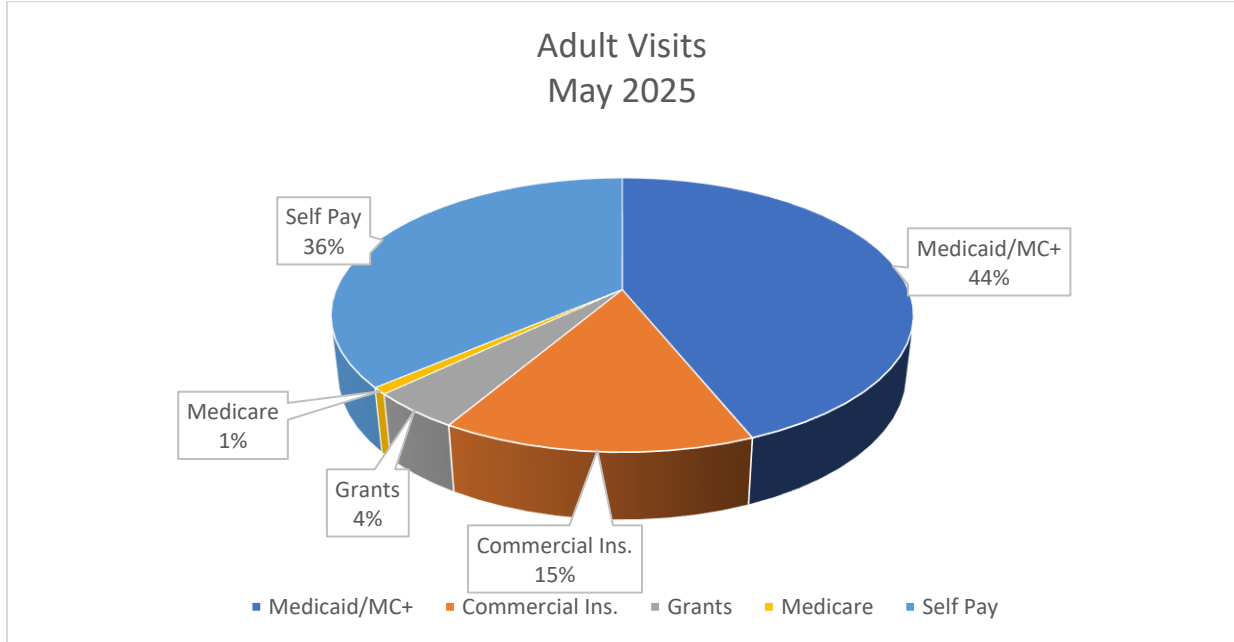
➤ **479 MO Health Net applications submitted in May 2025**

|            |           |            |            |             |            |             |            |
|------------|-----------|------------|------------|-------------|------------|-------------|------------|
| <b>MHK</b> | <b>PE</b> | <b>MHF</b> | <b>MPW</b> | <b>SMHB</b> | <b>TMP</b> | <b>UWHS</b> | <b>AEG</b> |
| <b>203</b> | <b>47</b> | <b>19</b>  | <b>38</b>  | <b>28</b>   | <b>39</b>  | <b>1</b>    | <b>104</b> |

**This month we submitted 479 MOHealthNet applications to MO FSD.** Health Insurance Services and the PCRs in our clinics did a good job in offering PE/Temp MPW to uninsured patients as they submitted **86 PE/Temp applications last month.** *We also submitted 104 applications for MOHealthNet for Adults under Medicaid Expansion and 74 MOHealthNet Annual Renewals.*

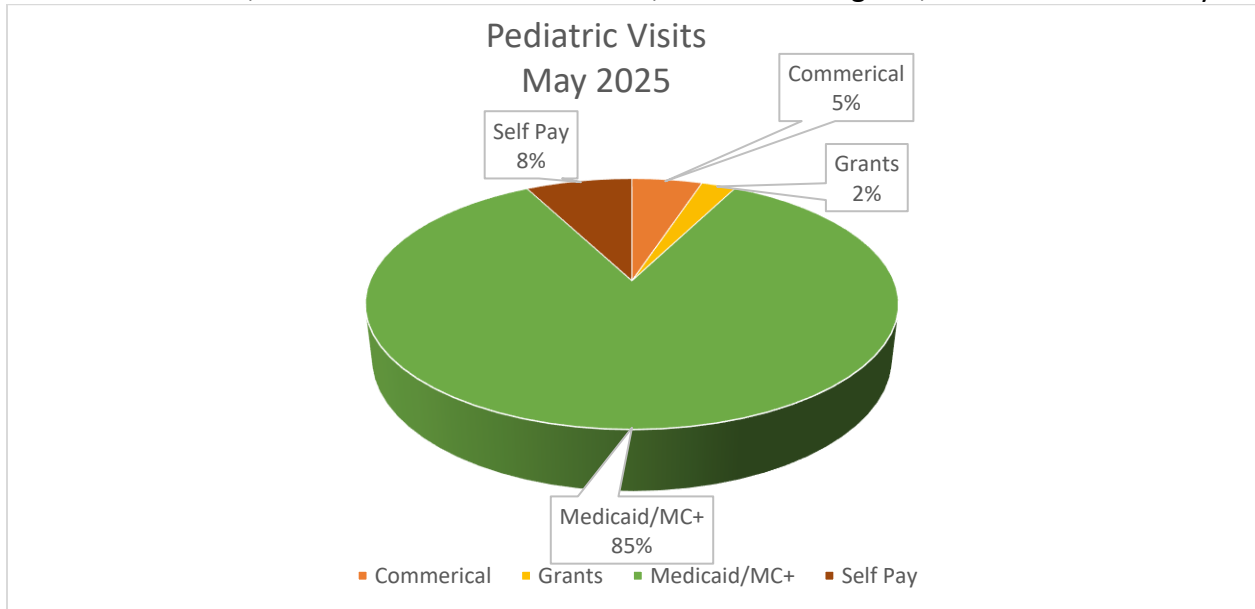
### Adult Patient Report for May 2025

Last month there were a total of 2,788 adult visits and based on unverified NextGen data, 44% of our adult patients (19 – 64 yrs) had active Medicaid; 15% had Commercial Insurance; 1% had Medicare; and 4% were on a grant. 36% of our adult visits were self-pay last month.



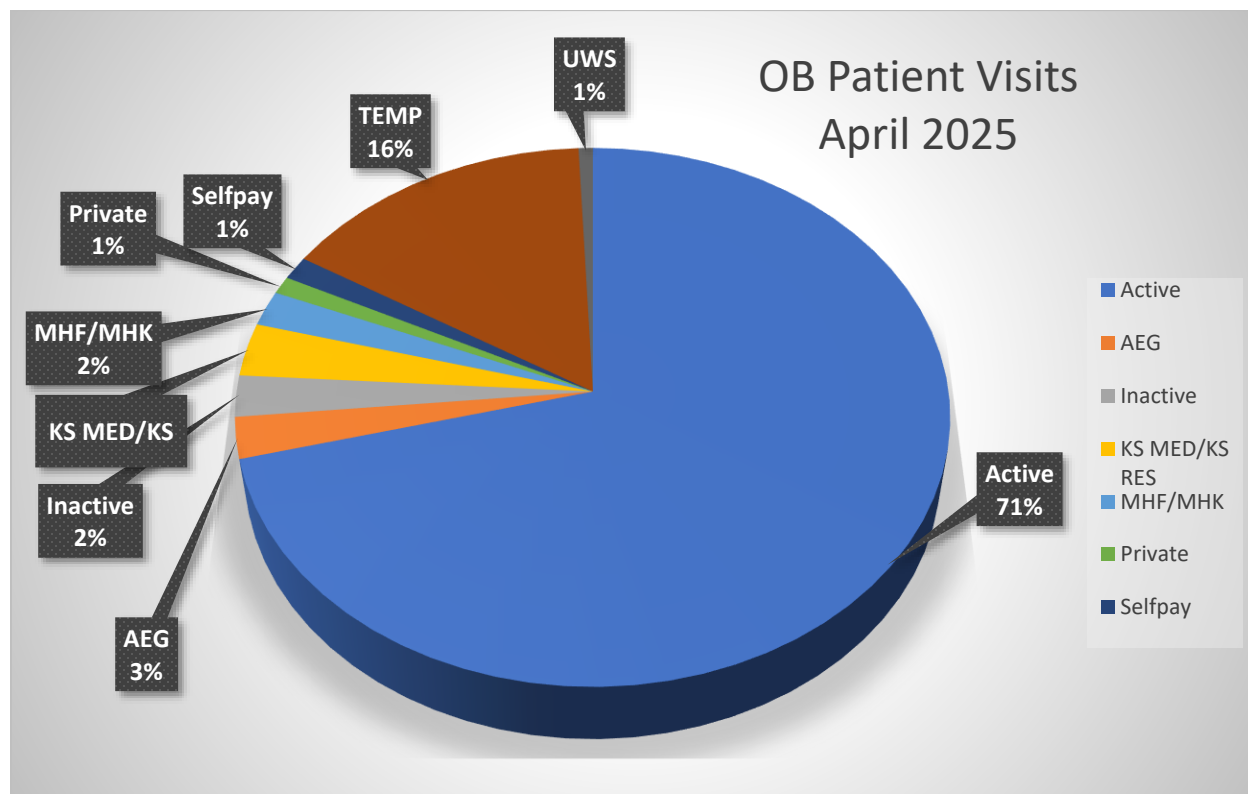
### Pediatric Patient Report for May 2025

Last month there were 2,179 children who presented themselves for care at any of our clinics. This report includes children with medical, dental, and behavioral health appointments. Based on unverified NextGen data, 85% of our pediatric patients had some form of active Medicaid on the date of service; 5% had commercial insurance; 2% were on a grant; and 8% were Self Pay.



## OB Patient Report for April 2025

Please note that this OB Patient Report is for April. The reason for this is because we need more time to verify that our OB patients have the correct ME code on the date of their visit. Quite often a pregnant woman may have Active Medicaid but not Medicaid for Pregnant Women or Show Me Healthy Babies which covers their prenatal care. It often takes two or three months to get these changes effectuated due to delays in processing change reports at the MO Family Support Division. **Therefore, we are providing you with the April report, which has been verified by Janet Gomez and more accurately reflects the different types of Medicaid our OB patients had at the time of their OB visit.**



In March there were 283 pregnant women who presented for services at any of our clinics. This report includes pregnant women with medical, dental, and behavioral health appointments. Based on **verified NextGen data on the date of their visit**, 71% of these OB patients had Active Medicaid for Pregnant Women or Show Me Healthy Babies coverage; 16% had Temp MPW; 1% had private insurance; 3% had Adult Expansion Medicaid. 1% were Self-Pay and 2% had MHF/MHK.

## **Meetings & Outreach Activities**

Medicaid Advisory Group Meeting  
MPCA Navigator Meetings w/ Becky Whiteford  
MPCA Navigator Check in meeting  
MPCA Office Hours w/ Iva Eggert-Shepard  
MO Budget Project Weekly Legislative Call  
Outreach at Clay County Health Department  
Outreach at Platte County Health Department  
Outreach at North Oak Clinic  
Sam Rodgers Women's Health Fair  
Medicaid meeting w/ Mattie Rhodes Center staff  
CMS CDO Leadership contacts meeting  
Sam Rodgers Grants Updates meeting