

### AGENDA

Thursday, July 28, 2022 – 12:30 PM

**CONSENT AGENDA:** ALL ITEMS MARKED WITH A SINGLE ASTERICK (\*) ARE PART OF THE CONSENT AGENDA AND REQUIRE NO DELIBERATION BY THE GOVERNING BOARD. ANY BOARD MEMBER MAY REMOVE AN ITEM FROM THIS AGENDA TO BE CONSIDERED SEPARATELY.

### *PROCEED TO BOTTOM OF THIS DOCUMENT FOR APPEARANCE & EXECUTIVE SESSION GUIDELINES*

In accordance with the provisions of the Americans with Disabilities Act (ADA), persons in need of a special accommodation in order to participate in this proceeding should, within two (2) days prior to the proceeding, request necessary accommodations by contacting CHW's Executive Assistants at 409-949-3406, or via email at [trollins@gchd.org](mailto:trollins@gchd.org) or [ahernandez@gchd.org](mailto:ahernandez@gchd.org)

ANY MEMBERS NEEDING TO BE REACHED DURING THE MEETING MAY BE CONTACTED AT 409-938-2288

### REGULARLY SCHEDULED MEETING

#### Meeting Called to Order Pledge of Allegiance

- Item #1 ..... Comments from the Public
- \*Item #2 **ACTION** ..... Agenda
- \*Item #3 **ACTION** ..... Excused Absence(s)
- \*Item #4 **ACTION** ..... Consider for Approval Minutes from June 30, 2022 Governing Board Meeting
- \*Item #5 **ACTION** ..... Consider for Approval Minutes from July 14, 2022 QA Board Committee Meeting
- \*Item #6 **ACTION** ..... Consider for Approval Revisions to the Coastal Health & Wellness Sliding Fee Policy
- \*Item #7 **ACTION** ..... Consider for Approval Quarterly Access to Care Report for the Period Ending June 30, 2022
- \*Item #8 ..... Informational Report
  - a) Privileging Rights for UTMB Faculty Mary Wilkerson, MD
- Item #9 ..... Coastal Health & Wellness Updates
  - a) Update on COVID-19 Submitted by Executive Director
  - b) Operational Updates/Coastal Wave Submitted by Chief Operating Officer
  - c) Dental Updates Submitted by Dental Director
- Item #10 **ACTION** ..... Consider for Approval June 2022 Financial Report Submitted by Jonathan Jordan
- Item #11 **ACTION** ..... Consider for Approval Quarterly Compliance Report for the Period Ending June 30, 2022 Submitted by Ami Cotharn
- Item #12 **ACTION** ..... Consider for Approval Coastal Health & Wellness Credentialing and Privileging Policy Submitted by Ami Cotharn

- Item #13**ACTION**.....Consider for Review and Approval of Consulting Firm, Canton & Company’s Proposed Statement of Work to Assist Coastal Health & Wellness to Immediately Identify and Remediate Challenges with the Revenue Cycle Process, to Discover Root Causes, Identify Impact, Prioritize, and Effect Remediation Submitted by Ami Cotharn
- Item#14**ACTION**.....Consider for Approval Consumer Board Member Kevin Avery to Serve on the Credentialing Committee Submitted by Samantha Robinson
- Item #15.....Comments from Board Members

## **Adjournment**

*Next Regular Scheduled Meeting: August 25, 2022*

### **Appearances before the Coastal Health & Wellness Governing Board**

The Coastal Health & Wellness Governing Board meetings are conducted under the provisions of the Texas Open Meetings Act, and members of the public that wish to address the Board about an item presented on the agenda shall be offered three minutes to do so. The Board cordially requests that individuals desiring to make a such a statement notify the Board of their intention by writing their name on the sign-in sheet located at the Boardroom’s main entrance.

A citizen desiring to make comment to the Board regarding an item not listed on the agenda shall submit a written request to the Executive Director by noon on the Thursday immediately preceding the Thursday of the Board meeting. A statement of the nature of the matter to be considered shall accompany the request. The Executive Director shall include the requested appearance on the agenda, and the person shall be heard if he or she appears.

### **Executive Sessions**

When listed, an Executive Session may be held by the Governing Board in accordance with the Texas Open Meetings Act. An Executive Session is authorized under the Open Meetings Act pursuant to one or more the following exceptions: Tex. Gov’t Code §§ 551.071 (consultation with attorney), 551.072 (deliberation regarding real property), 551.073 (deliberation regarding a prospective gift or donation), 551.074 (personnel matters), 551.0745 (personnel matters affecting Coastal Health & Wellness advisory body), 551.076 (deliberation regarding security devices or security audits), and/or 551.087 (deliberations regarding economic development negotiations). The Presiding Officer of the Governing Board shall announce the basis for the Executive Session prior to recessing into Executive Session. The Governing Board may only enter into Executive Session if such action is specifically noted on the posted agenda.



# COASTAL HEALTH & WELLNESS

## GOVERNING BOARD

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

**Governing Board**

**July 2022**

**Item#3**

**Excused Absence(s)**

### **Governing Board**

**July 2022**

**Item#4**

**Consider for Approval Minutes from June 30, 2022**

**Governing Board Meeting**

**Coastal Health & Wellness  
Governing Board  
June 30, 2022**

**Board Members:**

Samantha Robinson  
Dr. Southerland  
Elizabeth Williams  
Flecia Charles  
Kevin Avery  
Victoria Dougharty  
Rev. Walter Jones  
Sharon Hall  
Sergio Cruz  
Donnie VanAckeren  
Clay Burton

**Staff:**

Dr. Keiser, Executive Director  
Dr. Choi, Medical Director  
Ami Cotharn, Chief Operations Officer  
Hanna Lindskog, Dental Director  
Regina Brown (Zoom)  
Jonathan Jordan  
Trish Bailey  
Tiffany Carlson  
Martha Vallin  
Kenna Pruitt

Kristina Garcia  
Alberto Medellin  
J.D. Taliaferro  
Tikeshia Thompson-Rollins  
Anthony Hernandez

**Excused Absence:** Cynthia Darby

**Unexcused Absence:** Miroslava Bustamante, and Dr. Thompson

**Guest:** Diana Huallpa

**Items#1 Comments from the Public**

There were no comments from the public.

**Items#2-7 Consent Agenda**

A motion was made by Dr. Southerland to approve the consent agenda items two through six. Elizabeth Williams seconded the motion, and the Board unanimously approved the consent agenda.

**Item#8 Coastal Health & Wellness Updates**

- a) Update on COVID-19 Submitted by Executive Director
- b) Operational Updates Submitted by Chief Operating Officer
- c) Dental Updates Submitted by Dental Director

Dr. Keiser, Executive Director, updated the Board on COVID-19.

Ami Cotharn, Chief Operating Officer, updated the Board on clinical operations.

**Patient Appointments**

- New Patient and established patients' medical appointments are three weeks with acute two to three days.

**Internal Medicine Resident Program**

- UTMB faculty will be seeing Coastal Health and Wellness patients and overseeing and training UTMB residents. There will be a total of eight resident that will also be seeing patients.

**New Providers**

- Dr. Garcia will join Coastal Health and Wellness at the end of July 2022.
- Dr. Choi will began seeing Patients in July 2022.

**\*\*Dr. Southerland** inquired about oral health being part of the diabetes one on one course. Ami and Dr. Lindskog work together to find out and get back with Dr. Southerland. Ami Cotharn, Chief Operating Officer, presented the July 2022 Coastal Wave and introduced Dr. Choi, new Medical Director.

Hanna Lindskog, updated the Board on dental services in the Coastal Health & Wellness Clinic:

- The dental clinic continues to follow CDC's Interim Infection Prevention and Control Recommendations for Healthcare Personnel which has a section dedicated to Dental Facilities. We are wearing N95 respirators for all aerosol generating procedures.
- We had a new dental assistant join our team at the end of May.
- The College of the Mainland Dental Hygiene Program hired their new program director, and we had an Advisory Board meeting last night to meet the new director. We look forward to continuing to build our relationship with their program.
- Our health center recently completed the NNOHA Oral Health Workforce Learning Collaborative. This virtual collaborative focuses on developing a recruitment and retention plan for the oral health workforce. We completed six learning sessions with participants from HR and the Dental Clinic. In our most recent session, we learned about flexible and alternative work schedules, career paths and professional growth/development opportunities
- As reported last month, we have modified our scheduling template to allow for an additional treatment/procedure spot every day. We have also increased the number of comprehensive exams that we are providing to reduce the wait list. Every provider has had at least one comprehensive exam on their schedule every day since the second week in May. The dental hygienists also have pediatric comprehensive exams on their schedule. The current wait list is at 525 people, which is 43 less than reported last month despite adding more patients to the list. Patient Services staff has been working hard to schedule the patients that were previously on the list. In the month of May, we completed 62 comprehensive exams on new patients. As reported previously, we have "new" acute appointments available to address immediate needs so that no one in pain is waiting. We had a total of 209 Acute visits in the month of May. 61 of those patients were either new to our clinic or had not been here in over 3 years. 143 extractions and 246 restorative procedures were completed.
- We completed and submitted our application for the NNOHA Teledentistry Collaborative. This will be a virtual collaborative and will involve participation from several dental clinic staff members.
- We have committed to attending several outreach events in the community.
  - May 20th – Carver Park Gym – GCHD took dental materials to distribute at the health fair
  - June 11th - with Moore Memorial Library in Texas City - Mini-Health Fair
  - July 30<sup>th</sup> – CHW Back to School Fair

October 21st – City of Texas City Senior Program at Nessler Park (dental presentation and handout for Seniors – Dr. Lindskog)

**Item#9 Consider for Approval May 2022 Financial Report Submitted by Jonathan Jordan**

Jonathan Jordan, Revenue Cycle Manager, presented May 2022 Financial Report. A motion to accept the financial report as presented was made by Sergio Cruz. Victoria Dougharty seconded the motion and the Board unanimously approved.

**Item#10 Consider for Approval Coastal Health & Wellness Billing and Collection Policy Submitted by Jonathan Jordan**

Jonathan Jordan, Revenue Cycle Manager, asked the Board to consider for approval the billing and collection policy. A motion to accept the policy as presented was made by Rev. Walter Jones. Elizabeth Williams seconded the motion and the Board unanimously approved.

**Item#11 Consider for Approval the Reappointment of the following Coastal Health & Wellness Governing Board Members for a 2 Year Term Expiring June 2024:**

Samantha Robinson, Board Chair, asked the Board to consider for approval the reappointment of the following Coastal Health & Wellness Governing Board Members for a 2-year term expiring June 2024. A motion to accept reappointment as presented was made by Dr. Southerland. Flecia Charles seconded the motion, Samantha Robinson abstained, and the Board unanimously approved.

- Samantha Robinson (Consumer Member)
- Kevin Avery (Consumer Member)
- Miroslava Bustamante (Consumer Member)
- Victoria Dougharty (Consumer Member)

**Item#12 Consider for Approval Addition to Scope of Service - Texas Chiropractic College, Referral Source Submitted by Ami Cotharn**

Samantha Robinson, Board Chair, asked the Board to consider for approval addition to scope of service-Texas Chiropractic College, referral source. A motion to accept scope of serve as presented was made by Dr. Southerland. Kevin Avery seconded the motion and the Board unanimously approved.

**Item#13 Consider for Approval Coastal Health & Wellness Credentialing and Privileging Policy Submitted by Ami Cotharn**

Ami Cotharn, Chief Operating Officer, asked the Board to Consider to approval Coastal Health & Wellness Credentialing and Privileging Policy. Samantha Robinson, Board Chair recommended having one Consumer and one Community member to represent the Board on the committee. Samantha also suggested meetings be held in person due to confidential information being shared and review of Joint Commission standards to insure that focus reviews and peer reviews are listed in the policy. A motion to accept the policy as presented was made by Rev. Walter Jones. Rev. Sergio Cruz seconded the motion and the Board unanimously approved.

**Item#14 Consider for Approval Removal of Credentialing as an Action Item to Future GB Agendas and Adding the Creation of a Credentialing Committee That will Consist of the CHW GB Member, Medical Director, Dental Director, HIM Manager, HR Director, and Revenue Cycle Manager (oversees credentialing process) Submitted by Ami Cotharn**

Samantha Robinson, Board Chair, asked the Board to consider for approval removal of credentialing as an action item to future Governing Board agendas and adding the creation of a Credentialing Committee. Samantha suggested adding two committee members recommendations for the subcommittee and present a summary of providers being credentialed during the CHW updates. A motion to accept removal of credentialing as an action item from future agendas, adding two recommendations for the subcommittee and presenting a summary to the Governing Board was made by Dr. Southerland. Victoria Dougharty seconded the motion and the Board unanimously approved.

**Item#15 Consider for Approval Coastal Health & Wellness Governing Board Bylaws Submitted by Ami Cotharn**

Samantha Robinson, Board Chair, asked the Board to consider for approval Coastal Health & Wellness Bylaws A motion to accept the Bylaws as presented was made by Dr. Southerland. Sergio Cruz seconded the motion and the Board unanimously approved.

**Item#16 Consider for Approval Dorothy Goodman to Serve on the Governing Board as Chair Emeritus Submitted by Samantha Robinson**

Samantha Robinson, Board Chair, asked the Board to consider for approval Dorothy Goodman to serve on the Governing Board as chair emeritus. A motion to Dorothy Goodman, as Governing Board chair emeritus was made by Victoria Dougharty. Donnie VanAckeren seconded the motion and the Board unanimously approved.

**Item#17 Consider for Approval Re-Privileging Rights for Tandace McDill, MD, Submitted by Dr. Keiser**

Dr. Keiser, Executive Director, asked the Board to consider for approval re-privileging rights for Tandace McDill, MD. A motion to accept re-privileging rights for Dr. McDill was made by Dr. Southerland. Kevin Avery seconded the motion and the Board unanimously approved.

**Item#18 Consider for Approval Re-Privileging Rights for Jason Borillo, PA-C, Submitted by Dr. Keiser**

Dr. Keiser, Executive Director, asked the Board to consider for approval re-privileging rights for Jason Borillo, PA-C. A motion to accept re-privileging rights for Jason Borillo, PA-C was made by Dr. Southerland. Victoria Dougharty seconded the motion and the Board unanimously approved.

**Item#19 Consider for Approval Re-Privileging Rights for Jacklyn Morgan, PA-C, Submitted by Dr. Keiser**

Dr. Keiser, Executive Director, asked the Board to consider for approval re-privileging rights for Jason Borillo, PA-C. A motion to accept re-privileging rights for Jason Borillo, PA-C was made by Sergio Cruz. Victoria Dougharty seconded the motion and the Board unanimously approved.

**Item#20 Consider for Approval Privileging Rights for Chris Garcia, MD, Submitted by Dr. Keiser**

Dr. Keiser, Executive Director, asked the Board to consider for approval privileging rights for Chris Garcia, MD. A motion to accept privileging rights for Chris Garcia, MD was made by Dr. Southerland. Victoria Dougharty seconded the motion and the Board unanimously approved.

**Item#21 Consider for Approval Privileging Rights for UTMB Faculty Nadia Ahmed, MD, Submitted by Dr. Keiser**

Dr. Keiser, Executive Director, asked the Board to consider for approval privileging rights for UTMB Faculty Nadia Ahmed, MD. A motion to accept privileging rights for Nadia Ahmed, MD was made by Sergio Cruz. Elizabeth Williams seconded the motion and the Board unanimously approved.

**Item#22 Consider for Approval Board Member Elizabeth Williams to Serve on the Credentialing Committee Submitted by Samantha Robinson**

Samantha Robinson, Board Chair, asked the Board to consider for approval Board member Elizabeth Williams to serve on the Credentialing Committee. A motion to accept Elizabeth Williams to serve on the credentialing committee was made by Rev. Walter Jones. Victoria Dougharty seconded the motion and the Board unanimously approved.

**Item#23 Consider for Approval Board Member Sergio Cruz to Serve as Head of the Finance Committee Submitted by Samantha Robinson**

Samantha Robinson, Board Chair, asked that this item be deferred until the October meeting to give Sergio Cruz time to settle into his new role. A motion to defer until the October meeting was made by Flecia Charles. Victoria Dougharty seconded the motion and the Board unanimously approved.

**Item#24 Update on Employee Engagement Survey Submitted by Chantelle Smith**

Regina Brown, HR Director, presented the employee survey. Regina informed the Board that the survey date was extended to July 15, 2022, to get more employee involved in completing it. Samantha Robinson suggesting incentives for employees completing survey. Recommendations were ice cream social, and or pizza party.



**Item #25 Comments from Board Members**

No comments

The meeting was adjourned at 2:08p.m.

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Chair

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Secretary/Treasurer

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Date

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Date

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### **Governing Board**

**July 2022**

**Item#5**

**Consider for Approval Minutes from July 14, 2022**

**QA Board Committee Meeting**

**Coastal Health & Wellness Governing Board**  
**Quality Assurance Committee Meeting**  
**July 14, 2022**

**BOARD QA COMMITTEE MEMBERS:**

Samantha Robinson, BSN – Chair (Zoom)

Kevin Avery- Consumer Member (Zoom)

**EMPLOYEES PRESENT:**

Ami Cotharn (Chief Operations Officer), Dr. Choi (Medical director), Hanna Lindskog, DDS (Dental Director), Jason Borillo (Lead Mid-Level), Pisa Ring (Patient Services Manager), Wendy Jones (Risk and Safety Coordinator), Tyler Tipton (Public Health Emergency Preparedness Manager) and Tikeshia Thompson Rollins (Executive Assistant III)

*(Minutes recorded by Tikeshia Thompson-Rollins)*

ITEM	ACTION
<b>Patient Access / Satisfaction Reports</b> Quarterly Access to Care Report  Quarterly Patient Satisfaction Report	<u><b>Quarterly Access to Care Report</b></u> <ul style="list-style-type: none"><li>Quarterly Access to Care Report was reviewed. The contact center queues goal is 5% on the abandonment rate and we are at 7% for the main number and dental. Average speed goal is 1:00 and we are at .57 and 1:04 for the main contact center.</li></ul> <u><b>Quarterly Patient Satisfaction Report</b></u> <ul style="list-style-type: none"><li>Pisa asked that is this item has been deferred until the October meeting.</li><li>Ami suggested CHW taking back control of the survey instead of TACHC. Samantha agreed and asked that we look at the questions on an annual basis.</li></ul>
<b>Clinical Measures</b> Quarterly Report on UDS Medical Measures in Comparison to Goals	<u><b>Medical Quality Review Measures</b></u> <ul style="list-style-type: none"><li>UDS measures were reviewed and will be brought back to the Committee October 2022</li><li>Samantha will share information with Jason regarding HIV screening for patients.</li></ul>
<b>Quality Assurance/Risk/Management/ Emergency Management Reports</b> a) Quarterly Risk Management Report b) Dental Quarterly Summary c) Quarterly Emergency Management Report	<u><b>Quarterly Risk Management Report</b></u> <ul style="list-style-type: none"><li>Report reviewed. Wendy will make changes to hand hygiene goal from 98% to 95%.</li></ul> <u><b>Dental Quarterly Summary</b></u> <ul style="list-style-type: none"><li>Dr. Lindskog will continue to bring report to the committee on a quarterly basis.</li></ul> <u><b>Quarterly Emergency Management Report</b></u> <ul style="list-style-type: none"><li>Tyler reviewed the Emergency Management Report and gave an update on trainings and plans that occurred during the quarter.</li></ul>
<b>Plans and Policies</b>	<ul style="list-style-type: none"><li>No plans or policies reviewed.</li></ul>

**Next Meeting: October 14, 2022**

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### **Governing Board**

**July 2022**

**Item#6**

**Consider for Approval Revisions to the  
Coastal Health & Wellness Sliding Fee Policy**

## Coastal Health & Wellness Sliding Fee Schedule Policy

### Purpose

This policy applies to operations in the Coastal Health & Wellness (CHW) Clinics and all Coastal Health & Wellness employees.

### Definitions

- FPG – Federal Poverty Guidelines
- SFDS – Sliding Fee Discount Schedule
- Family Member (size) - Family members who are considered for the eligibility criteria for the sliding fee program include the following individuals who live in the same household:
  - Patient.
  - Spouse (including same sex marriage recognized by U.S. Jurisdiction).
  - Children up to age 18 or up to age 21 if a high school or college student.
  - Elderly patients that are dependent on their children for support and are claimed as a dependent on their income taxes will be placed on a sliding fee level based on the income of their children.
  - Court-ordered guardianships of incapacitated adults and/or minors living in the household.
  - Minors living in the household which have been court-ordered or placed in the household through Child Protective Services (CPS) in custody orders.
- Income - It is CHW's policy to use the U.S. Census Bureau's standard definition of income which can be found at <https://www.census.gov/programs-surveys/cps/data/data-tools/cps-table-creator-help/income-definitions.html> Income includes but is not limited to the following:
  - Total cash receipts before taxes, money wages and salaries before any deductions, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. Income is calculated before taxes and does not include noncash benefits (such as food stamps and housing subsidies). Capital gains or losses are excluded from the income calculation. When determining family income, add up the income of all family members (non-relatives, such as housemates, do not count).

### Policy

It is the policy of Coastal Health & Wellness (CHW) to remove income as a barrier to care by offering a Sliding Fee Discount Schedule (SFDS) to all individuals and families with income levels between 101% and 200% of the Federal Poverty Guidelines (FPG). Each year when the federal poverty guidelines are published in the Federal Register, the procedure will be updated with the current information.

## **Sliding Fee Program**

CHW will offer to all eligible patients a sliding fee discount based on income and family size and no other factor. The definition of income and family size will be based on the established current Federal Poverty Guidelines (FPG). The Federal Poverty Guidelines are a version of the income thresholds used by the U.S. Census Bureau to estimate the number of people living in poverty. Individuals and families with annual income above two hundred percent (200%) of the FPG are not eligible for the sliding fee discount program. The Sliding Fee Schedule Policy is reviewed and approved annually by the Governing Board.

## **Sliding Fee Discount Schedule (SFDS)**

The FPG will be updated annually (typically published in January or early February in the Federal Register) and approved at the next month's board meeting with an effective date of the subsequent month in order to allow time to train staff and update systems. See Appendix A for the current year sliding fee scale.

## **Sliding Fee Notification**

Information regarding the Sliding Fee Program will be made known to patients, through one or more of the following formats:

- 1) Notices/signage in waiting room and/or reception and/or service areas.
- 2) Staff discussions/notification.
- 3) CHW published patient brochures.
- 4) Promotional materials.
- 5) As part of the patient's registration process (assessment for income) unless the patient declines/refuses to be assessed.
- 6) CHW Website.

The communication to patients will be provided in the appropriate language and literacy levels for CHW's patient population (at a minimum English and Spanish).

## **Procedure**

### **A. Application**

The patients will be required to complete an Application for Discounted Services in addition to the income verification documentation. At such time, the staff will process the sliding fee application and income verification documentation directly into the patient's account in NextGen and determine the patient's eligibility and pay category for the sliding fee program based on the following information on the application form and proof of income documentation:

- 1) Patient's income - It is CHW's policy to use the U.S. Census Bureau's standard definition of income (See definition above).
- 2) Patient family size (dependents only) – Family size is defined by the patient completing the application. Family members who are considered for the eligibility criteria for the sliding fee program include individuals who live in the same household (See definition above).

Based on these two factors, the patient will be notified of their eligibility and sliding fee discount classification (pay category). CHW staff will "assign" the SFDS in the patient's NextGen account using the date the application was processed. CHW staff will be trained on other funding sources for patients, such as the county indigent program, Medicaid, and Title V, so they can encourage patients, or parents whose children or dependents may be eligible for these programs, to apply for them. This eligibility

determination process will be conducted in an efficient, respectful, and culturally appropriate manner to assure that the administrative operating procedures for such determination do not present a barrier to care.

## **B. Proof of Income**

The sliding fee program proof of income documentation to determine eligibility will require the patient to provide one of the following:

- 1) The Modified Adjusted Gross Income (MAGI) amount from the most current tax return.
- 2) Last payroll check stub(s) (gross income), one month's worth of pay (consecutively last 30 days of check stubs).
- 3) Social Security earnings.
- 4) Letter from employer may be accepted as proof of income if a patient does not file income tax returns and does not get paid with a check.
- 5) Self declaration – for those who do a self-declaration, eligibility will be verified and updated every one year. Individuals will also be required to fill out a form if they are self-declaring household income to be zero and provide a statement of support (See Appendix B). If applicant appears to be eligible for Medicaid, a written denial of coverage by Medicaid may also be required.

Some patients may choose not to provide information that the health center requires for assessing income and family size, even after being informed that they may qualify for a sliding fee discount. These patients are considered by CHW as declining to be assessed for eligibility for sliding fee discounts. These patients will be charged at full rates.

## **C. Eligibility Period**

The patient's eligibility will be valid for one (1) year including those that have self-declared their income. Eligibility on those who self-declare their income will be verified and updated every year. The eligibility period begins on the date the application was processed. The beginning and ending date of eligibility are entered into the patient's account in NextGen. Proof of income and the application are scanned and maintained directly into the NextGen system. This process will allow management to perform QA reviews for compliance and evaluate the effectiveness of the sliding fee program.

## **D. Services Covered**

The sliding fee discount will apply to all services within the CHW HRSA-approved scope of project, for all CHW locations. CHW has multiple SFDS's based on services/mode of delivery (see SFDS below).

## **E. Schedule of Fees**

CHW's fee schedule is intended to generate revenue to cover the costs associated with providing services and assist in ensuring the financial viability and sustainability of the clinics. Additionally, the fee schedule will be the basis for seeking reimbursement from patients as well as third party payers. CHW's fee schedule will address all required and additional in-scope services.

CHW maintains one schedule of fees (charge master) for all patients and this fee schedule is designed to cover reasonable costs of providing services in the approved scope of project using Relative Value Units (RVU's) and adjusting as needed for consistency with locally prevailing rates. This fee schedule is approved by the Governing Board and evaluated annually to ensure it is consistent with locally prevailing rates and CHW's cost structure. (See also Fee Schedule/Charge Master formula in the Billing and Collections policy.)

four - missing nominal from the patients perspective

#### F. Structure of Sliding Fee Discount Schedule (SFDS)

The Sliding Fee Discount Schedule is designed by CHW in a manner that adjusts based on ability to pay. To accomplish this, CHW has designed **five** discount pay classes above 100% and at or below 200% of the FPG. A nominal fee will be charged for individuals and families with annual income at or below 100% of the FPG. This nominal fee is a fixed amount and does not reflect the true value or cover costs of the services but is rather applied in order for patients to invest in their care and to minimize the potential for inappropriate utilization of services. This nominal fee is also less than the fee paid by a patient in the first “sliding fee discount pay class” beginning above 100% of the FPG. The sliding fee discount will apply to all services within the CHW HRSA-approved scope of project.

% of Federal Poverty Guidelines	% of Charges Paid	% of Discount	Payment
At or below 100% of federal poverty level	0%	100%	Nominal fee \$20
101 to 125% of federal poverty level	20%	80%	Deposit \$25.00
126 to 150% of federal poverty level	40%	60%	Deposit \$30.00
151 to 175% of federal poverty level	60%	40%	Deposit \$35.00
176 to 200% of federal poverty level	80%	20%	Deposit \$45.00

The Sliding Fee Schedule for Dental Contract Services is applied to the fees for services which require outside supplies for completion of patient care, such as dentures, crowns, space maintainers, or occlusal guards. Such supplies are provided by an outside laboratory and are custom made for each patient. This fee schedule is designed to cover reasonable costs of providing these services in the approved scope of project using Relative Value Units (RVU's) and adjusting as needed for consistency with locally prevailing rates. Locally prevailing rates are obtained annually based on the National Dental Advisory Pricing Guide's current year 50<sup>th</sup> percentile for our area. For Dental Contract Services, the fees for those patients who screen at a 100% discount are calculated to cover the cost of the appliances. Those who screen at over 200% of the income threshold will be charged at the full rate. The change of the fees between each category A, B, C, D, E and F is approximately 17% to equally distribute the discount for services, but still cover the costs of devices.

Dental Contract Services						
	A	B	C	D	E	F
<b>Income Threshold for Sliding Fee (FPG)</b>	100%	101-125%	126-150%	151-175%	176-200%	Over 200% Must be paid in full



The above SFDS's are applied to all services CHW provides for which CHW has established charges, regardless of service type (required or additional) or the mode of delivery (directly or through contract) for which CHW is financially liable (Form 5A, Columns I & II HRSA Grant). For services that we do not provide directly but that CHW has a formal written referral arrangement (as specified in our Form 5A, Column III HRSA Grant), it is our policy to ensure the formal agreement includes language the entity/provider being referred to offers our patients a sliding fee discount that is equal or better than ours and complies with the criteria requirements outlined in the HRSA Compliance Manual. All formal agreements will be amended to include such language and all new referral agreements will automatically include the language to ensure compliance. The organization will also monitor this through a combination of patient inquiries as referrals are made and/or through annual certification by the referral provider. For referring providers that offer a discount that is better than the one provided by CHW, compliance with the HRSA Compliance manual is not required.

### **G. Evaluating the Sliding Fee Schedule**

This sliding fee discount schedule is evaluated by the CHW Governing Board at least once every three years, to ensure it is not a barrier to care from the patient's perspective. This is accomplished by CHW using one or more of the following methods:

- 1) Patient focus groups and board members' feedback.
- 2) Advisory committees that include consumer board members.
- 3) Input from patient satisfaction surveys regarding evaluations of operating procedures and cost of health center services received as compared to the value received/affordability assumptions of the patient.
- 4) Review of co-pay amounts associated with Medicare and Medicaid for patients with comparable incomes.
- 5) Collection of utilization data that allows it to assess the rate at which patients within each of the discount pay classes, as well as those at or below 100 percent of the FPG, are accessing health center services.
- 6) Other methods as considered appropriate.

The method(s) used to evaluate the effectiveness of CHW's sliding fee program from the perspective of reducing patient financial barriers to care will be shared with the Governing Board in order to assist them in determining the appropriateness of CHW's sliding fee policy. This will occur annually in conjunction with the update of the FPG.

### **H. Patients with Third party coverage who are eligible for SFDS**

CHW's sliding fee policy is based on income and family size only. There may be patients with third party insurance that does not cover, or only partially covers, fees for certain health center services that may be eligible for CHW's sliding fee program. In such cases, subject only to potentially legal and contractual limitations, the charge for each SFDS pay class is the maximum amount an eligible patient in that pay class is required to pay for a certain service, regardless of insurance status. Patients with third party coverage must complete an application to determine if they are eligible for a sliding fee discount for non-covered services.

### **I. Applying the Policy and Training Staff**

These policies and procedures will be uniformly applied across all CHW patient population. Staff will be trained to assist with the uniform implementation of the process and systems will be updated as the policy is updated to assist with compliance. Staff will be trained when hired and each time the policy is updated.

## Sliding Fee Discount Program

Programa de Descuento de Tarifas deslizantes

## STATEMENT OF SUPPORT

DECLARACIÓN DE APOYO

Instructions: This form is to be completed by the individual or organization providing support to the applicant and/or applicant's dependent(s).

Instrucciones: Este formulario debe ser completado por la persona u organización que brinde apoyo al solicitante y/o dependiente(s) del solicitante.

Financial Supporter	Partidario(a) Financiera
<p>I _____ (Full Name) provide support to the following individual(s) in order to help with essential living needs and expenses.</p> <p>I understand Coastal Health &amp; Wellness staff will contact me at ( ) _____.</p> <p>My mailing address is _____ (City) _____ (State) _____ (ZIP) _____.</p>	<p>Yo _____ (Nombre Completo) apoyo a la (s) siguiente (s) persona (s) con su(s) necesidades y gastos esenciales de vida.</p> <p>Yo verifico la información que he proporcionado, el personal de Coastal Health &amp; Wellness se comunicará conmigo al ( ) _____.</p> <p>Mi dirección de correo es _____ (Ciudad) _____ (Estado) _____ (Codigo Postal) _____.</p>

Individual(s) Supported / Individuo(a) Apoyados	
<p><b>Name /Nombre</b></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>	<p><b>Date of Birth /Fecha de Nacimiento</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Applicant /Solicitante**

**Does the above individual(s) live with you at your residence or at your organization?**

¿Vive con usted la(s) persona(s) anterior(es) en su residencia o en su organización?

☐ YES/Si ☐ NO

Identify the Type of Support (provided to applicant) / Identificar el tipo de apoyo (proporcionando al solicitante)			
<input type="checkbox"/> <b>Food</b> Comida	<input type="checkbox"/> <b>Toiletries</b> Artículos de aseo	<input type="checkbox"/> <b>Transportation</b> Transporte	<input type="checkbox"/> <b>\$ Amount/Cash</b> _____ Cantidad en \$/efectivo
<input type="checkbox"/> <b>Housing</b> Vivienda	<input type="checkbox"/> <b>Cell phone</b> Telefono Movil	<input type="checkbox"/> <b>Utilities (Electric/Gas/Water)</b> Utilidades(electricidad/gas/agua)	<input type="checkbox"/> <b>Other</b> _____ Otro

### DISCLOSURE:

The information provided in this form is **ONLY USED** to determine the applicant's eligibility of discounted health services at Coastal Health & Wellness. As a Financial Supporter, you **WILL NOT** be personally responsible for any of the healthcare expenses.

However, any intentional misleading or falsified information, and/or omissions may subject you to penalties under the laws of the State of Texas which may include fines and/or imprisonment.

I understand this disclosure and certify the information above is **TRUE, ACCURATE** and **COMPLETE** to the best of my knowledge.

Financial Supporter/Organization (signature)

Date \_\_\_\_\_

### DIVULGACIÓN:

La información provista en este formulario **SÓLO SE UTILIZA** para determinar la elegibilidad del solicitante de servicios de salud con descuento en Coastal Health & Wellness. Como Partidario financiero, **NO SERÁ** personalmente responsable de ninguno de los gastos de atención médica.

Sin embargo, cualquier información engañosa o falsa intencional, y / o omisiones pueden estar sujetos a sanciones bajo las leyes del Estado de Texas, que pueden incluir multas y / o prisión.

Entiendo esta divulgación y certifico que la información anterior es **VERDADERA, EXACTA** y **COMPLETA** a mi leal saber.

Partidario(a) Financiera/organización (Firma)

Fecha \_\_\_\_\_

### **Governing Board**

**July 2022**

**Item#7**

**Consider for Approval Quarterly Access to Care Report  
for the Period Ending June 30, 2022**

Coastal Health & Wellness – Access to Care Report  
 2<sup>nd</sup> Quarter 2022 (April, May and June)  
**Goals: Utilization % = 90% (minus Counseling); No Show % = 18%**

Cumulative No Show = 27%

Texas City	Available Appts Slots	# Appts Slots Filled	% Utilization	# Scheduled Appts	# Appts Kept	% Appts Kept	# No Shows	% No Shows
Medical	4647	4446	96%	3899	2978	76%	921	24%
Dental	3463	3369	97%	1693	1401	83%	292	17%
Dental Hygienist	1887	1723	91%	372	305	82%	67	18%
Counseling	476	391	82%	293	182	62%	111	38%
Galveston	Available Appts	# Appts Slots Filled	% Utilization	# Scheduled Appts	# Appts Kept	% Appts Kept	# No Shows	% No Shows
Medical	1751	1780	102%	1539	1143	74%	396	26%
Dental	1134	1109	98%	555	458	83%	97	17%
Dental Hygienist	480	436	91%	96	81	84%	15	16%
Counseling	354	222	63%	169	111	66%	58	34%

**Call Center Queues (Main x2234 & Dental; option 4)**

Queue	Call Volume	Calls Handled	Abandonment Rate (abandoned/volume)	Abandonment Rate Goal	Average Speed to Answer	Average Speed Goal
Dental (Option 4)	3952	3655	7%	5%	:57	1:00
Main (x2234)	20085	18493	7%	5%	1:04	1:00

[Back to Agenda](#)

**Governing Board  
July 2022  
Item#8  
Informational Report**

- a) Privileging Rights for UTMB Faculty Mary Wilkerson, MD



Date: July 21, 2022  
To: CHW Governing Board  
From: Credentialing and Privileging Committee  
Re: Privileging

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After review of the standard credentialing documents by the Credentialing and Privileging Committee, UTMB Faculty Mary Wilkerson, MD, who is certified to practice medicine with an unrestricted license in the State of Texas, has been approved for privileging rights as requested.

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**Governing Board  
July 2022  
Item#9  
Coastal Health & Wellness Updates**

- a) Update on COVID-19 Submitted by Executive Director
- b) Operational Updates/Coastal Wave Submitted by Chief Operating Officer
- c) Dental Updates Submitted by Dental Director



# BACK TO SCHOOL BLOCK PARTY



 Saturday, July 30  
10 AM - 12 PM

 Coastal Health & Wellness  
9850-C Emmett F. Lowry Expressway  
Texas City

To ensure we can serve as many families as possible, we ask that you please have your child with you when picking up supplies.



## Back to School Block Party set for July 30

Coastal Health & Wellness (CHW), Galveston County Health District and ARC Pet Allies are partnering to host a Back to School Block Party on Saturday, July 30, 10 a.m.-12 p.m. at CHW, 9850-C Emmett F. Lowry Expressway in Texas City.

The event is open to students in pre-school through 12th grade.

Join us for free school supplies while they last (children must be present), enter to win student physicals and get your back to school immunizations (pricing may vary).

Children can also tour a Galveston Area Ambulance Authority ambulance, Texas City Fire Truck and HCA Healthcare Air Life helicopter.

You can also register for Women, Infants and Children (WIC), get assistance applying for SNAP, Medicaid and other services and get registered and schedule an appointment with a primary care physician at our CHW medical and dental clinics.



## CHW welcomes Dr. Mary Suna Wilkerson



Coastal Health & Wellness is excited to welcome Dr. Mary Suna Wilkerson to our medical team.

Dr. Wilkerson specializes in internal medicine and is a graduate from the University of Texas Medical Branch at Galveston.

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## CHW welcomes Dr. Nadia Ahmed

Coastal Health & Wellness is excited to welcome Dr. Nadia Ahmed to our medical team.

Dr. Ahmed specializes in internal medicine and is a graduate from the University of Texas Medical Branch at Galveston and is board certified by the American Board of Internal Medicine.





## CHW to celebrate National Health Center Week

Coastal Health & Wellness will celebrate National Health Center Week, Aug. 7-13. This year's theme is Community Health Centers: The Chemistry for Strong Communities and is a time to raise awareness about the mission and accomplishments of CHW and other health centers.

CHW is accredited by The Joint Commission is a recognized Patient-Centered Medical Home committed to providing access to high-quality, affordable primary care to everyone. Services include dental and primary medical care, pediatric care, behavioral health and a substance use disorder- mental health program.

Health centers, like CHW, provide comprehensive care to 30 million people nationwide.

## Add immunizations to your back-to-school list

Back-to-school prep season is here. While most supply lists include things like pencils, notebooks, crayons and other classroom items, parents still have time to ensure their children have the most important supply on hand - protection against vaccine-preventable diseases.

August marks National Immunization Awareness Month, a time to highlight the importance of vaccination at all ages. Vaccines are the best way for parents to protect their children – and themselves – from 16 potentially harmful diseases that can often be extremely serious, especially in infants and young children.

These diseases include measles, whooping cough, chickenpox and some cancers. Parents should check with their child's doctor and school to learn about vaccine requirements.

Call us at 409.938.2234 to see if your child is up-to-date on their immunizations.

## 5 questions to ask at your child's back-to-school dental visit

School will be back in session before you know it. Whether your child will be in the classroom or learning from home, a healthy smile is still a back-to-school essential.

Check out these five questions you should ask at your child's back-to-school dental visit.



## We want to hear from you, CHW patients!

Coastal Health & Wellness launched a new patient satisfaction survey, and we want to hear from you!

The survey takes about 5-7 minutes to complete and all participation is voluntary and anonymous.

When you take a few minutes to tell us more about your experience, it helps us continue to improve our patient care, and your experience, at our CHW Texas City and Galveston clinics.

You can complete the survey onsite or following your visit. You'll also notice patient satisfaction survey posters throughout the clinic with a QR code you can scan with your smartphone.

## Stay in touch with Patient Portal

Have you heard about our new patient portal? It's an easy way to get in touch with your Coastal Health & Wellness team.

- Request and view appointments
- Send a message to your medical provider and CHW team
- View a summary of your health record and lab results
- Request prescription refills
- Pay statements

Call us at 409.938.2234 to learn more!

[Click here to learn more about CHW services.](#)

[Click here to learn more about becoming a patient.](#)

[Click here to meet our CHW providers.](#)

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**Governing Board**

**July 2022**

**Item#10**

**Consider for Approval June 2022 Financial Report**

**Submitted by Jonathan Jordan**

# COASTAL HEALTH & WELLNESS

Governing Board



## FINANCIAL SUMMARY

For the Period Ending

*June 30, 2022*

June 30, 2022

GCHD Board Room | 9850-A Emmett F. Lowry Expy. | Texas City, TX 77591

## CHW - BALANCE SHEET as of June 30, 2022

### ASSETS

	Current Month Jun-22	Prior Month May-22	Increase (Decrease)
Cash & Cash Equivalents	\$6,922,739	\$7,293,240	(\$370,502)
Accounts Receivable	2,547,999	2,454,781	93,218
Allowance For Bad Debt	(1,295,755)	(1,253,433)	(42,322)
Pre-Paid Expenses	217,644	311,350	(93,707)
Due To / From	167,859	(109,807)	277,666
<b>Total Assets</b>	<b>\$8,560,486</b>	<b>\$8,696,132</b>	<b>(\$135,646)</b>

### LIABILITIES

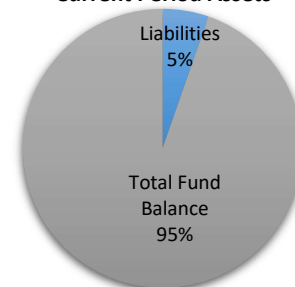
Accounts Payable	\$190,842	\$85,606	\$105,236
Accrued Salaries	243,116	455,556	(212,440)
Deferred Revenues	24,642	24,642	0
<b>Total Liabilities</b>	<b>\$458,600</b>	<b>\$565,804</b>	<b>(\$107,204)</b>

### FUND BALANCE

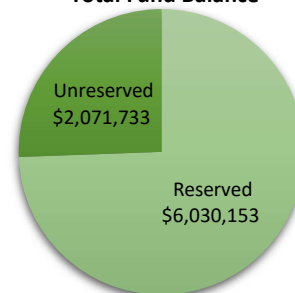
Fund Balance	\$8,108,974	\$8,131,580	
Current Change	(7,088)	(1,252)	(5,836)
<b>Total Fund Balance</b>	<b>\$8,101,886</b>	<b>\$8,130,328</b>	<b>(\$5,836)</b>

<b>TOTAL LIABILITIES &amp; FUND BALANCE</b>	<b>\$8,560,486</b>	<b>\$8,696,133</b>	<b>(\$113,041)</b>
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### Current Period Assets



### Total Fund Balance



## CHW - REVENUE & EXPENSES as of June 30, 2022

### REVENUE

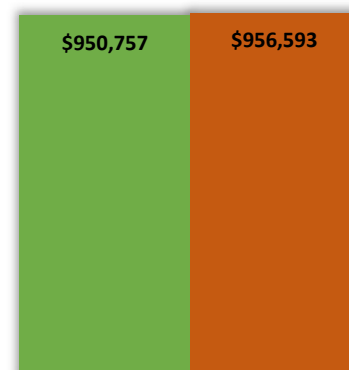
	Actual Jun-22	Budgeted Jun-22	MTD Budget Variance	YTD Budget Variance
County Revenue	\$311,222	\$311,222	\$0	\$0
DSRIP Revenue	0	62,500	(62,500)	(187,500)
HHS Grant Revenue	357,690	269,783	87,907	290,149
Patient Revenue	274,646	290,952	(16,306)	(95,052)
Other Revenue	7,199	4,976	2,223	(708)
<b>Total Revenue</b>	<b>\$950,757</b>	<b>\$939,433</b>	<b>\$11,324</b>	<b>\$6,889</b>

### EXPENSES

Personnel	\$631,022	\$618,574	(\$12,449)	\$29,976
Contractual	93,115	77,767	(15,348)	(10,928)
IGT Reimbursement	0	20,569	20,569	61,706
Supplies	82,733	84,323	1,590	(12,127)
Travel	529	3,278	2,749	4,387
Bad Debt Expense	42,322	33,454	(8,868)	(24,210)
Other	121,871	101,469	(20,402)	(77,782)
<b>Total Expenses</b>	<b>\$956,593</b>	<b>\$939,433</b>	<b>(\$17,160)</b>	<b>(\$13,977)</b>
<b>CHANGE IN NET ASSETS</b>	<b>(\$5,836)</b>	<b>\$0</b>	<b>(\$5,836)</b>	<b>(\$7,088)</b>

### Current Month Actuals

■ Revenue ■ Expenses



### HIGHLIGHTS

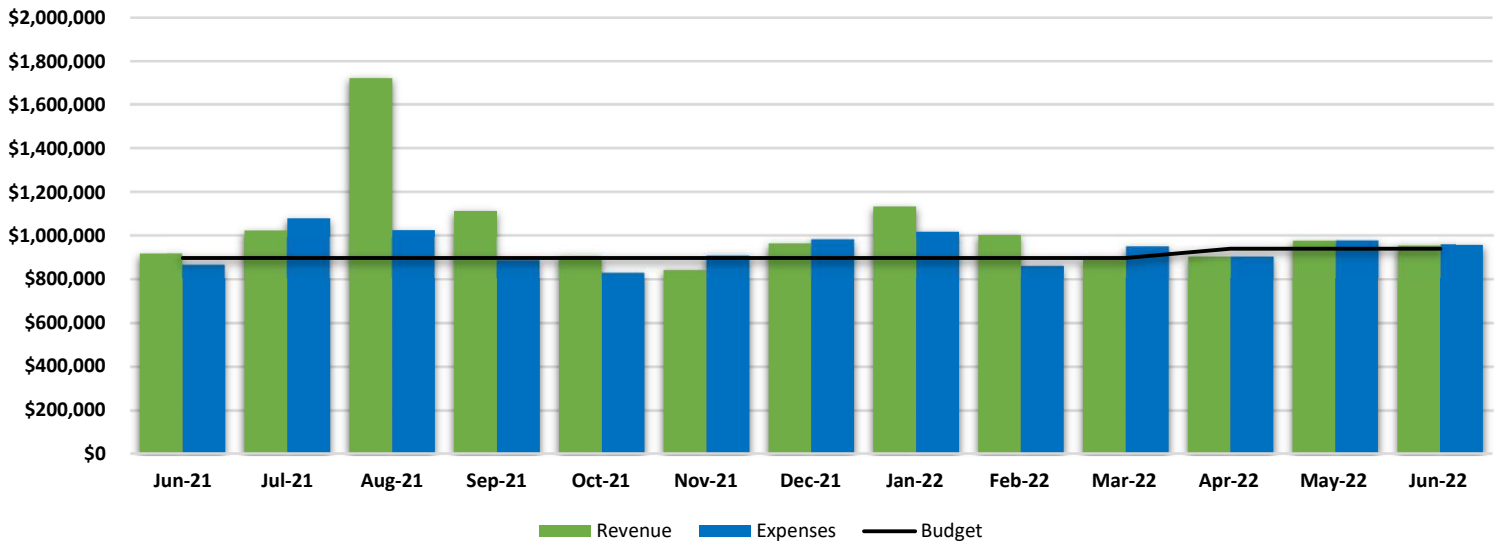
Revenue: MTD revenue higher than budget due to increase in HHS grant revenue, which offsets DSRIP revenue and losses in Patient

- Revenues. YTD revenue is slightly higher due to increased HHS Grant Revenue, which offsets DSRIP Revenue and below budget Patient Revenue.

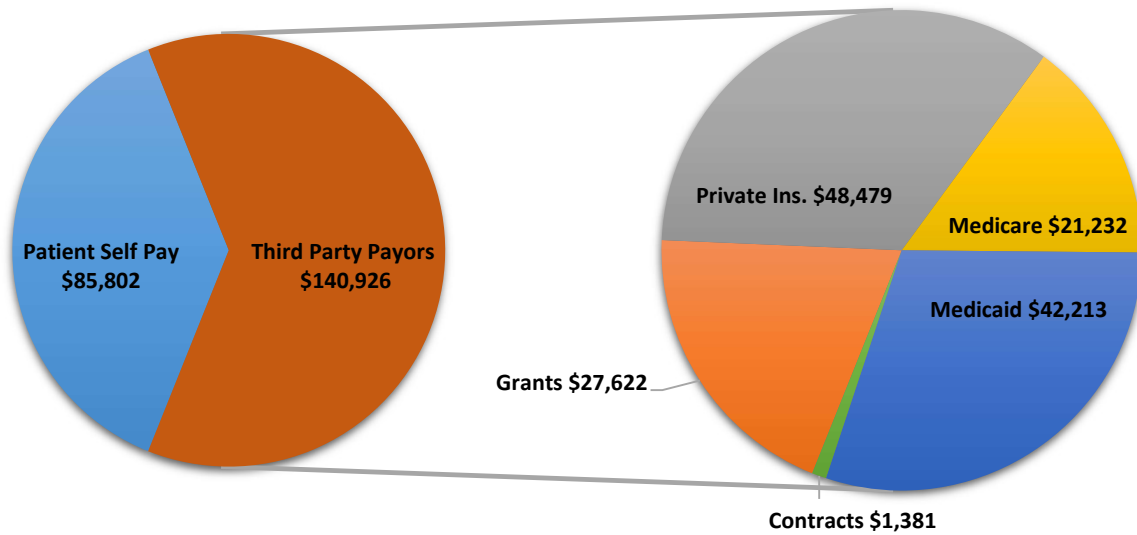
Expenses: MTD expenses overbudget due to increase in Personnel expenses, Contractual expenses, Bad Debt and Other (Professional

- and IT expenses). These are offset by IGT Reimbursement, Supplies and Travel. YTD expenses are over budget for Contractual, Supplies, Bad Debt and Other (IT and Professional Services).
- Total Fund Balance is \$8,101,886 as of 06/30/2022.

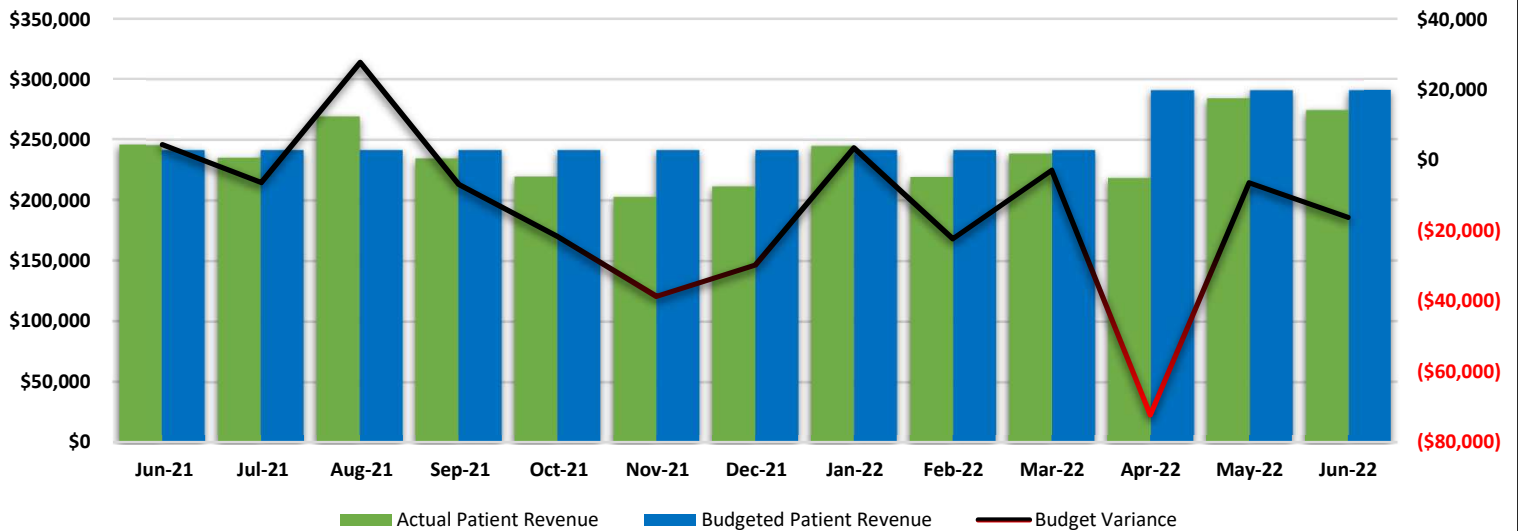
Actual Revenue & Expenses in Comparison to Budget



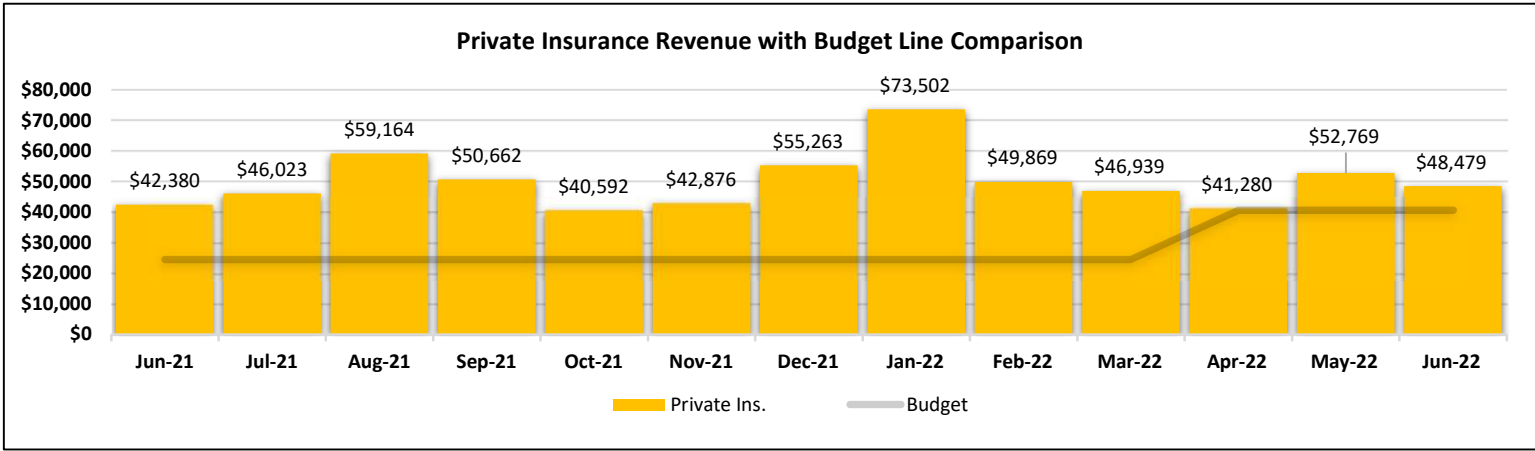
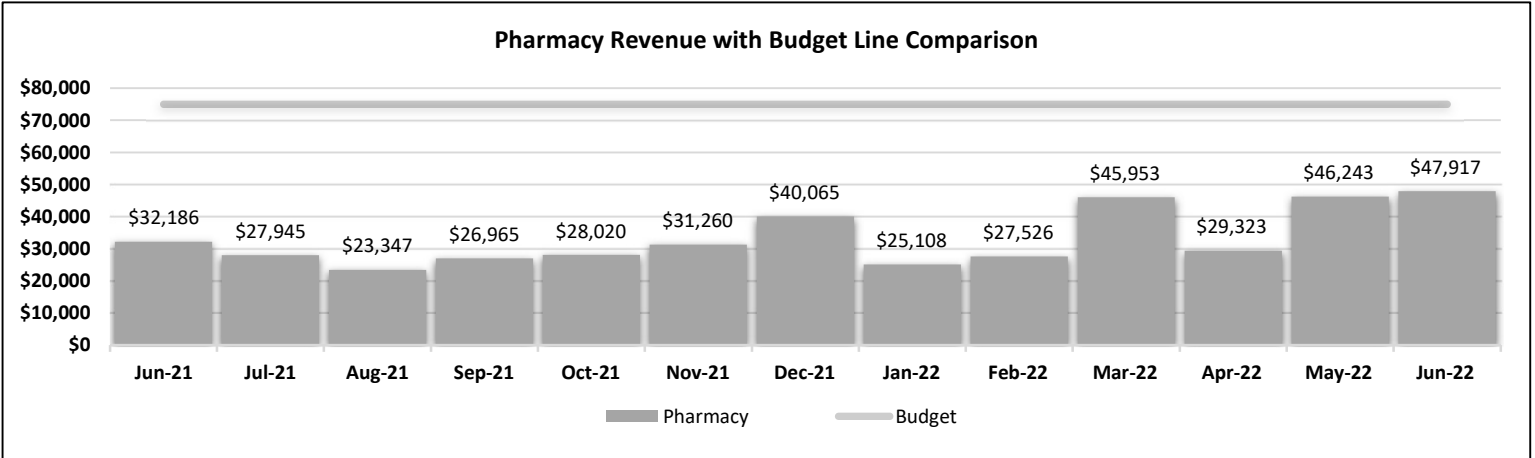
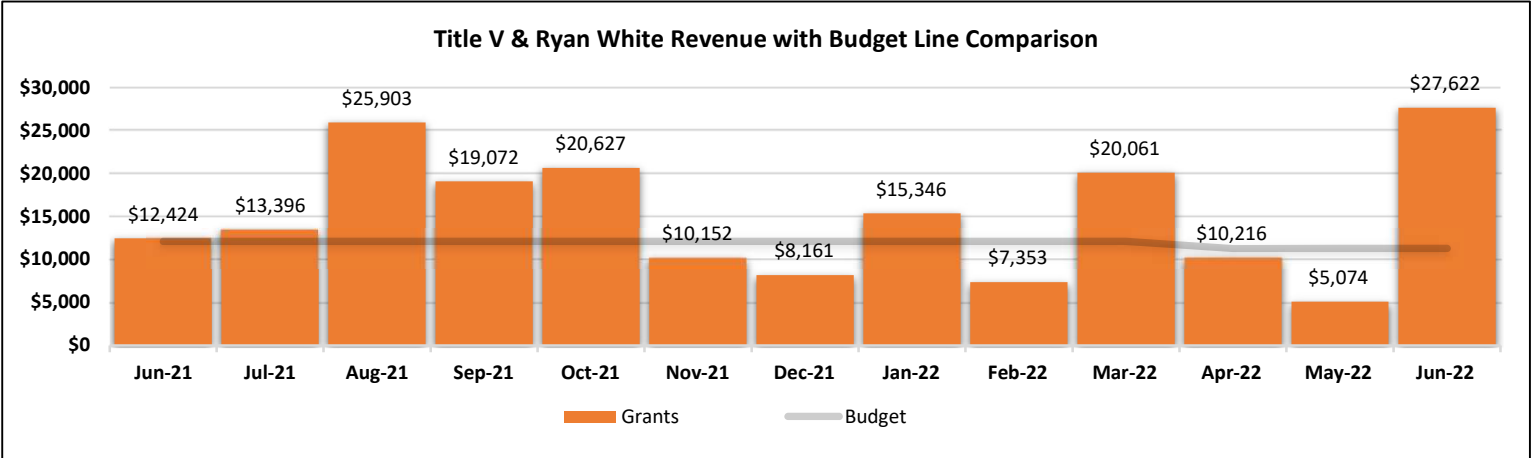
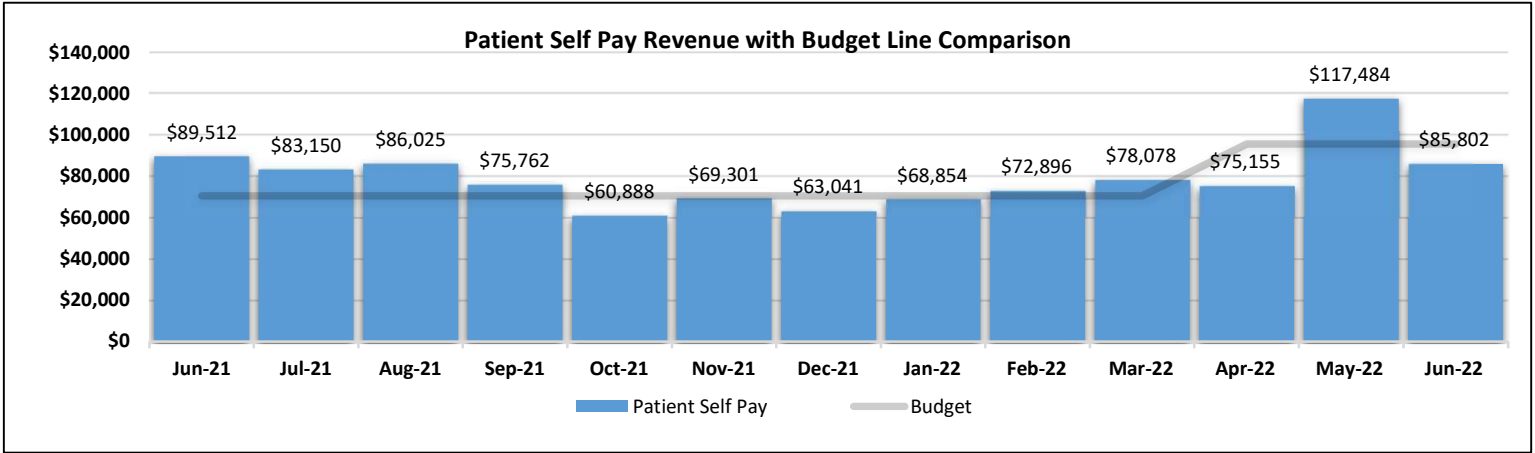
Current Period Patient Revenue with Third Party Payor Contributions Identified



Actual Patient Revenue Rec'd vs Budget with Variance

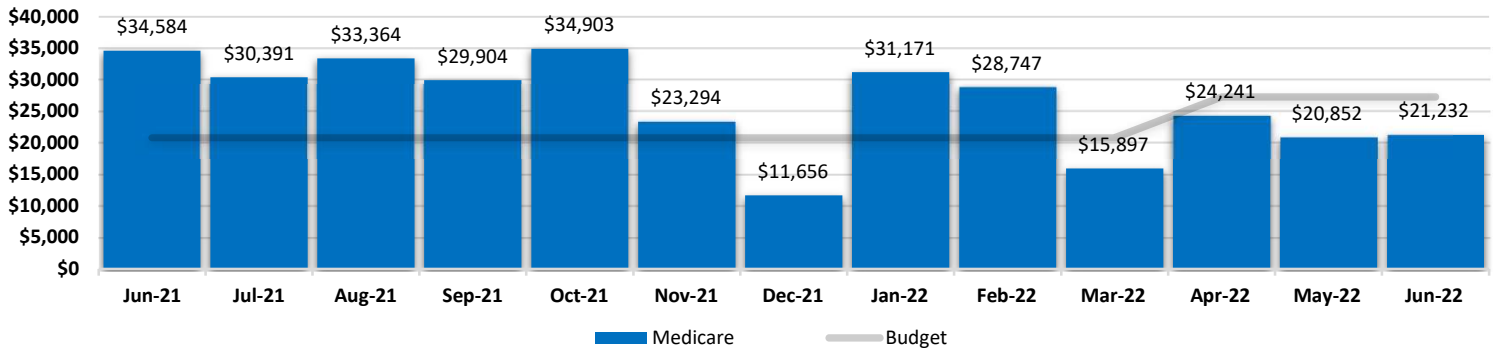




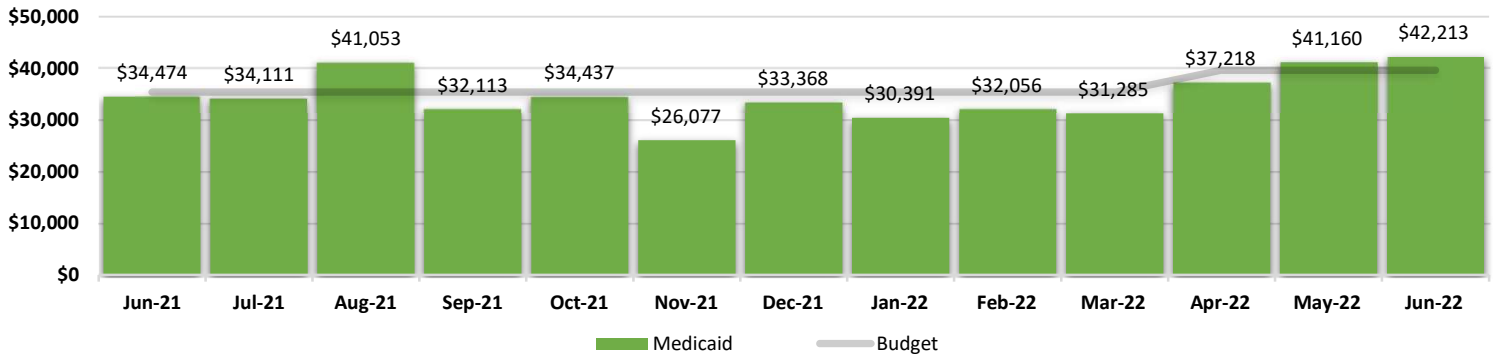




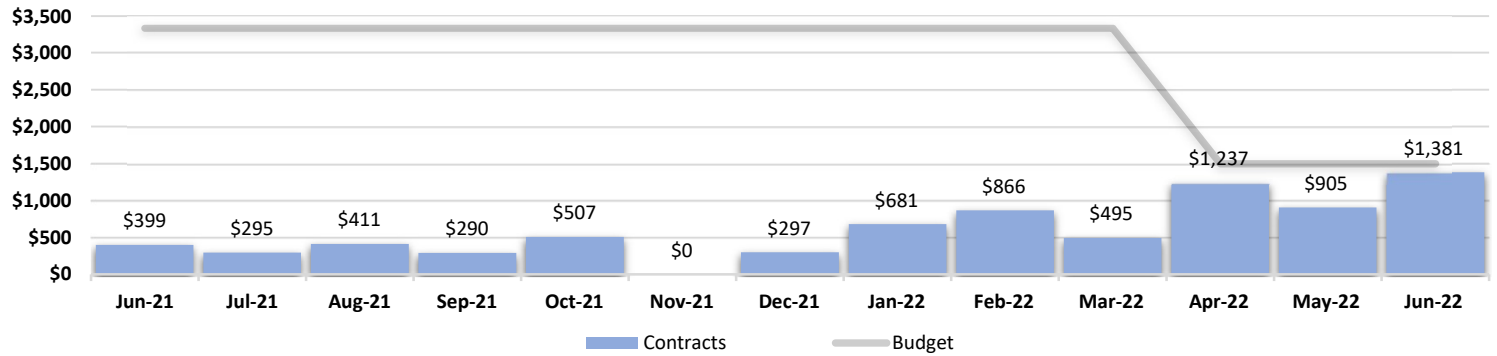
Medicare Revenue with Budget Line Comparison



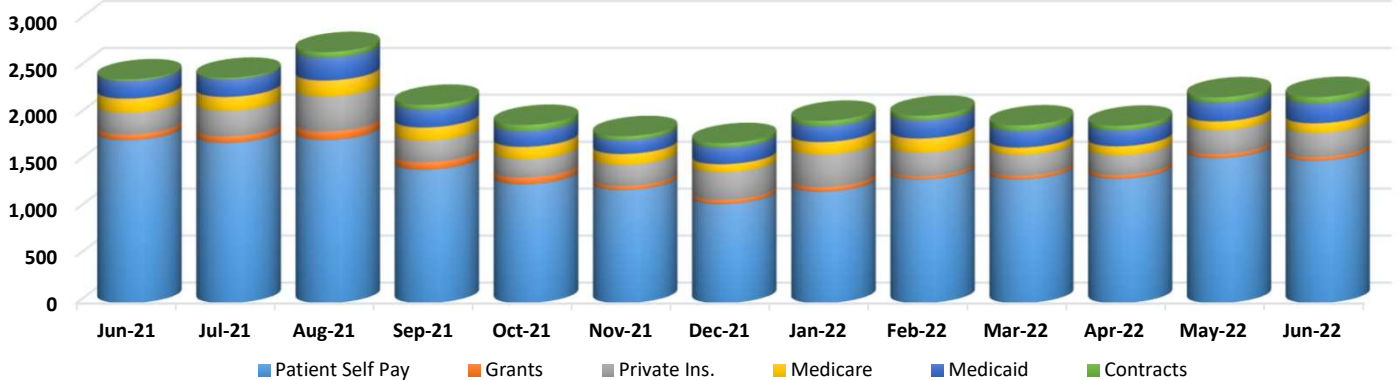
Medicaid Revenue with Budget Line Comparison



Contract Revenue with Budget Line Comparison



Total Number of Patient Visits



**Coastal Health & Wellness**  
**Statement of Revenue and Expenses for the Period ending June 30, 2022**

Cost Category	Account Description	Annual Budget	Period Ending 6/30/2022	MTD Budget	MTD Budget Variance	YTD Actual	YTD Budget	YTD Budget Variance
<b>Grouping</b>	<b>Revenue</b>							
HHS	HHS Grant Revenue - HRSA	3,237,400	357,690	269,783	87,906.84	1,099,499	809,350	290,149
	Base Funding	3,237,400	261,249	269,783	-8,534.48	756,505	809,350	(52,845)
	COVID CARES	-	-	-	0.00	-	-	-
	COVID ECT	-	608	-	608.20	3,103	-	3,103
	HHS QI 20	-	-	-	0.00	-	-	-
	Hypertension (HTN)	-	-	-	0.00	2,939	-	2,939
	COVID ARP	-	95,833	-	95,833.12	336,951	-	336,951
HHS	HHS Grant Revenue - Other	-	-	-	0.00	10,216	-	10,216
Patient	Grant Revenue (Title V, Ryan White)	135,140	27,622	11,262	16,360.50	32,696	33,785	(1,089)
Patient	Patient Fees	1,146,988	85,802	95,582	-9,780.26	278,442	286,747	(8,305)
Patient	Private Insurance	487,920	48,479	40,660	7,818.95	142,528	121,980	20,548
Patient	Pharmacy Revenue - 340b	900,000	47,917	75,000	-27,082.85	123,483	225,000	(101,517)
Patient	Medicare	327,375	21,232	27,281	-6,049.53	66,325	81,844	(15,519)
Patient	Medicaid	476,000	42,213	39,667	2,546.14	120,591	119,000	1,591
Other	Local Grants & Foundations	16,208	-	1,351	-1,350.67	(0)	4,052	(4,052)
Other	Medical Record Revenue	14,000	615	1,167	-551.67	2,519	3,500	(982)
Other	Medicaid Incentive Payments	-	4,100	-	4,100.00	4,150	-	4,150
County	County Revenue	3,734,667	311,222	311,222	0.00	933,667	933,667	-
DSRIP	DSRIP Revenue	750,000	-	62,500	-62,500.00	-	187,500	(187,500)
Other	Miscellaneous Revenue	-	-	-	0.00	0	-	0
Other	Gain on Fixed Asset Disposals	-	-	-	0.00	-	-	-
Other	Interest Income	24,500	2,326	2,042	284.17	7,038	6,125	913
Patient	CHW Contract Revenue	18,000	1,381	1,500	-119.32	3,523	4,500	(977)
Other	Local Funds / Other Revenue	5,000	158	417	-258.41	513	1,250	(737)
	<b>Total Revenue</b>	<b>\$ 11,273,198</b>	<b>\$ 950,757</b>	<b>\$ 939,433</b>	<b>11,323.90</b>	<b>\$ 2,825,188</b>	<b>\$ 2,818,300</b>	<b>\$ 6,888</b>
	<b>Expenses</b>							
Personnel	Hourly Pay	5,919,231	503,230	493,269	-9,960.69	1,455,014	1,479,808	24,794
Personnel	Supplemental/Merit Compensation	-	-	-	0.00	-	-	-
Personnel	Provider Incentives	5,000	1,000	417	-583.33	3,500	1,250	(2,250)
Personnel	Overtime	24,000	2,263	2,000	-262.65	8,589	6,000	(2,589)
Personnel	Part-Time Hourly Pay	217,127	27,396	18,094	-9,302.28	79,651	54,282	(25,369)
Personnel	Comp Pay Premium	-	-	-	0.00	0	-	(0)
Personnel	FICA Expense	471,649	39,047	39,304	257.10	113,982	117,912	3,930
Personnel	Texas Unemployment Tax (SUTA)	11,808	42	984	941.85	(1,454)	2,952	4,406
Personnel	Life Insurance Expense	16,166	1,361	1,347	-13.89	4,018	4,042	24
Personnel	Long Term Disability Coverage	15,038	1,093	1,253	160.06	3,169	3,760	591
Personnel	Employer Paid Health Insurance	418,938	28,154	34,912	6,757.09	82,006	104,735	22,728
Personnel	Worker's Comp Insurance	18,501	1,432	1,542	110.12	4,062	4,625	563
Personnel	Cobra Expense	-	(89)	-	89.38	(45)	-	45
Personnel	Employer Sponsored Healthcare	72,991	5,966	6,083	116.26	15,145	18,248	3,102
Personnel	Pension/Retirement	232,434	20,127	19,370	-757.88	58,107	58,109	2
Contractual	Outside Lab Contract	205,632	20,363	17,136	-3,226.83	52,349	51,408	(941)
Contractual	Outside X-Ray Contract	18,720	1,800	1,560	-240.00	4,920	4,680	(240)
Contractual	Misc Contract Services	390,792	45,665	32,566	-13,098.62	112,511	97,698	(14,813)
Personnel	Temporary Staffing	-	-	-	-	-	-	-
Contractual	CHW Billing Contract Services	90,000	5,959	7,500	1,541.35	17,614	22,500	4,887
IGT	IGT Reimbursement	246,825	-	20,569	20,568.75	-	61,706	61,706
Contractual	Janitorial Contract	196,438	16,395	16,370	-25.46	49,186	49,110	(76)
Contractual	Pest Control	960	80	80	-0.10	240	240	(0)
Contractual	Security	30,660	2,854	2,555	-298.80	7,409	7,665	256
Supplies	Office Supplies	90,600	8,039	7,550	-489.37	31,663	22,650	(9,013)
Supplies	Operating Supplies	258,000	26,492	21,500	-4,991.74	106,603	64,500	(42,103)
Supplies	Outside Dental Supplies	52,000	2,913	4,333	1,420.33	15,870	13,000	(2,870)
Supplies	Pharmaceutical Supplies	600,000	43,927	50,000	6,072.97	105,717	150,000	44,283
Supplies	Janitorial Supplies	1,200	-	100	100.00	-	300	300
Supplies	Printing Supplies	5,280	-	440	440.00	206	1,320	1,114
Supplies	Uniform Supplies	-	-	-	0.00	-	-	-
Supplies	Controlled Assets (i.e. computers)	4,800	1,362	400	-962.14	5,038	1,200	(3,838)
Other	Postage	9,000	467	750	283.25	1,192	2,250	1,058
Other	Telecommunications	67,812	6,062	5,651	-411.23	17,011	16,953	(58)
Other	Water	372	31	31	0.50	92	93	2
Other	Electricity	18,000	951	1,500	548.67	3,317	4,500	1,183

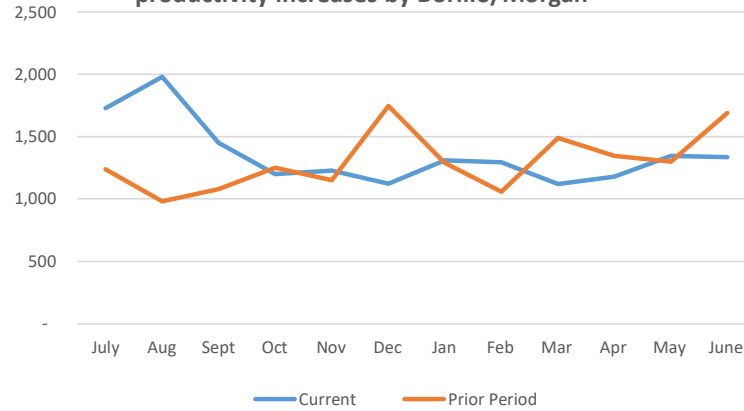
**Coastal Health & Wellness**  
**Statement of Revenue and Expenses for the Period ending June 30, 2022**

Cost Category	Account Description	Annual Budget	Period Ending 6/30/2022	MTD Budget	MTD Budget Variance	YTD Actual	YTD Budget	YTD Budget Variance
Travel	Travel, Local	3,200	80	267	187.11	90	800	710
Travel	Travel, Out Of Town	-	-	-	0.00	4,506	-	(4,506)
Travel	Training, Local	30,135	449	2,511	2,062.25	850	7,534	6,683
Travel	Training, Out Of Town	6,000	-	500	500.00	-	1,500	1,500
Other	Rentals	58,440	4,979	4,870	-108.69	16,712	14,610	(2,102)
Other	Leases	519,924	43,327	43,327	0.18	129,981	129,981	1
Other	Maint/Repair, Equip.	90,799	7,521	7,567	45.81	24,762	22,700	(2,062)
Other	Maint/Repair, Bldg.	3,017	-	251	251.42	-	754	754
Other	Maint/Repair, IT Equipment	-	-	-	0.00	518	-	(518)
Other	Insurance, Auto/Truck	108	8	9	1.32	23	27	4
Other	Insurance, General Liability	10,908	865	909	43.55	2,596	2,727	131
Other	Insurance, Bldg. Contents	14,736	1,217	1,228	11.01	3,651	3,684	33
Other	Settlements	-	-	-	0.00	-	-	-
Other	IT Equipment	-	-	-	0.00	-	-	-
Other	Operating Equipment	-	(15,000)	-	15,000.00	(15,000)	-	15,000
Other	Building Improvements	-	-	-	0.00	-	-	-
Other	Newspaper Ads/Advertising	23,900	2,129	1,992	-136.83	3,183	5,975	2,792
Other	Subscriptions, Books, Etc.	18,000	1,295	1,500	205.00	3,885	4,500	615
Other	Association Dues	34,975	1,150	2,915	1,764.58	33,150	8,744	(24,406)
Other	IT Software / Licenses	299,566	40,563	24,964	-15,599.61	115,067	74,892	(40,176)
Other	Prof Fees/Licenses/Inspections	4,670	-	389	389.17	240	1,168	928
Other	Professional Services	22,800	9,329	1,900	-7,428.94	19,867	5,700	(14,167)
Other	Med/Hazard Waste Disposal	5,400	710	450	-259.58	2,129	1,350	(779)
Other	Transportation	6,000	289	500	210.75	852	1,500	648
Other	Board Meeting Operations	600	142	50	-91.57	1,353	150	(1,203)
Other	Service Charge - Credit Cards	8,600	798	717	-81.22	2,523	2,150	(373)
Other	Cashier Over/Short	-	40	-	-40.00	85	-	(85)
Bad Debt	Bad Debt Expense	401,446	42,322	33,454	-8,868.04	124,572	100,362	(24,210)
Other	Miscellaneous Expense	-	-	-	0.00	-	-	-
	<b>Total Expenses</b>	<b>\$ 11,273,198</b>	<b>\$ 956,593</b>	<b>\$ 939,433</b>	<b>-17,159.66</b>	<b>\$ 2,832,276</b>	<b>\$ 2,818,300</b>	<b>\$ (13,977)</b>
	<b>Net Change in Fund Balance</b>	<b>\$ -</b>	<b>\$ (5,836)</b>	<b>\$ -</b>	<b>\$ (5,836)</b>	<b>\$ (7,088)</b>	<b>\$ -</b>	<b>\$ (7,088)</b>

### Medical Visits

	<u>Current</u>	<u>Prior Period</u>
July	1,727	1,238
Aug	1,980	981
Sept	1,450	1,077
Oct	1,198	1,251
Nov	1,227	1,150
Dec	1,124	1,745
Jan	1,311	1,288
Feb	1,294	1,058
Mar	1,119	1,488
Apr	1,178	1,345
May	1,345	1,299
June	1,337	1,689
	<u>16,290</u>	<u>15,609</u>

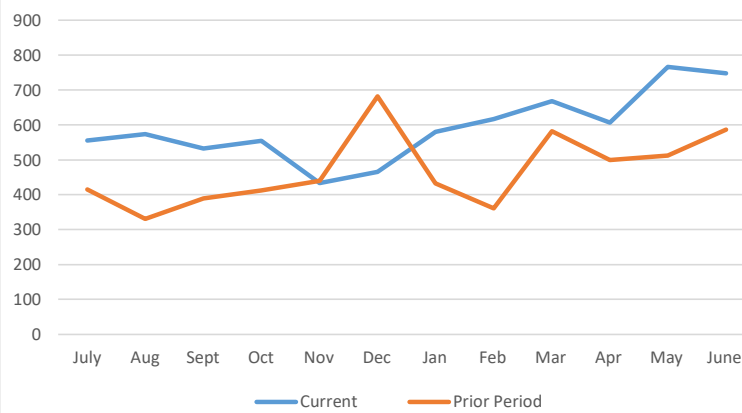
### Increase in medical due to rampup of Cashiola and productivity increases by Borillo/Morgan



### Dental Visits

	<u>Current</u>	<u>Prior Period</u>
July	555	415
Aug	574	331
Sept	532	390
Oct	554	412
Nov	433	440
Dec	466	682
Jan	580	433
Feb	616	361
Mar	668	582
Apr	607	499
May	766	512
June	748	587
	<u>7,099</u>	<u>5,644</u>

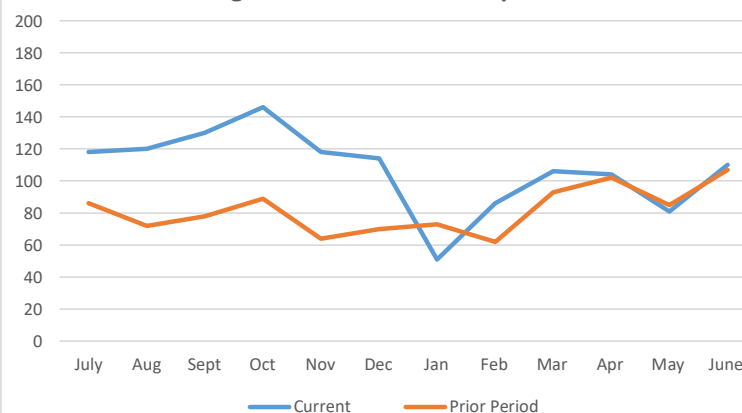
### Dental continues upward trend in volume



### Counseling Visits

	<u>Current</u>	<u>Prior Period</u>
July	118	86
Aug	120	72
Sept	130	78
Oct	146	89
Nov	118	64
Dec	114	70
Jan	51	73
Feb	86	62
Mar	106	93
Apr	104	102
May	81	85
June	110	107
	<u>1284</u>	<u>981</u>

### Counseling continues to meet expectations



**Vists by Financial Class - Actual vs. Budget**  
**As of June 30, 2022 (Grant Year 4/1/2022 - 06/30/2022)**

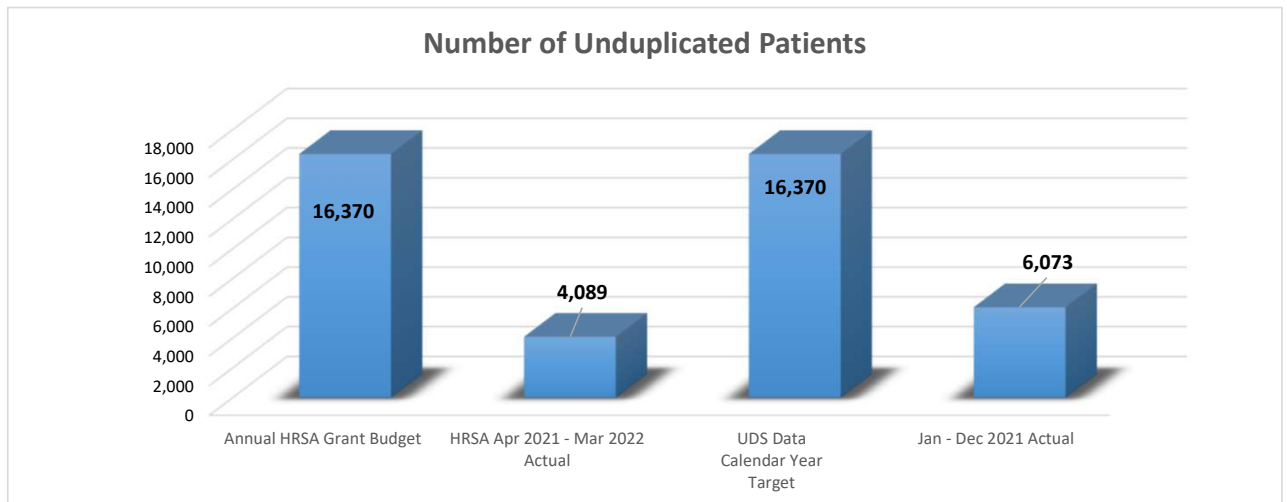
	Annual HRSA Grant Budget	MTD Actual	MTD Budget	Over/(Under) MTD Budget	YTD Actual	YTD Budget	Over/(Under) YTD Budget	% Over/ (Under) YTD Budget
Medicaid	3,147	210	262	(52)	647	787	(140)	-18%
Medicare	2,713	107	226	(119)	308	678	(370)	-55%
Other Public <i>(Title V, Contract, Ryan White)</i>	1,273	109	106	3	307	318	(11)	-4%
Private Insurance	2,941	254	245	9	726	735	(9)	-1%
Self Pay	24,170	1,515	2,014	(499)	4,308	6,043	(1,735)	-29%
	<b>34,244</b>	<b>2,195</b>	<b>2,854</b>	<b>(659)</b>	<b>6,296</b>	<b>8,561</b>	<b>(2,265)</b>	<b>-26%</b>

**Unduplicated Patients - Current vs. Prior Year**  
**UDS Data Calendar Year**  
**January through December**

	Current Year Annual Target	Jan-June 2021 Actual	Jan-June 2022 Actual	Increase/ (Decrease) Prior Year	% of Annual Target
Unduplicated Patients	16,370	5,269	6,073	804	37%

**Unduplicated Patients - Current vs. Prior Year**  
**HRSA Grant Year**  
**April through May**

	Annual HRSA Grant Budget	Apr 2021-June 2022 Actual	Apr 2022-June 2023 Actual	Increase/ (Decrease) Prior Year	% of Annual Target
Unduplicated Patients	16,370	3,703	4,089	386	25%



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### **Governing Board**

**July 2022**

**Item#11**

**Consider for Approval Quarterly Compliance Report for the Period  
Ending June 30, 2022 Submitted by Ami Cotharn**

## Coastal Health & Wellness Governing Board Quarter 1 (April - June), FY2022 Compliance Report

Internal Audits		
AUDITOR- DATE CONDUCTED	TYPE OF AUDIT & FINDINGS	ACTION TAKEN
Nursing Director April 1, 2022 – June 30, 2022	<b>340B Medication Audit:</b> <ul style="list-style-type: none"> <li>The Nursing Director performed a 340B medication audit to determine fullness of charting 340B ordered meds, which requires documentation reflecting consistency in medication logs, NextGen and billing activities.</li> <li>Of the 20 charts analyzed (ten at each of the two sites), no discrepancies were discovered, yielding a clean audit.</li> </ul>	<ul style="list-style-type: none"> <li>Continue operating under current protocol.</li> </ul>
Nursing Director April 1, 2022 – June 30, 2022	<b>Abnormal Pap Audit:</b> <ul style="list-style-type: none"> <li>The Nursing Director performed an audit of 10 charts to determine compliance of record documentation of Pap results in (Jan-Mar 2022)</li> <li>Results 100% Compliant with follow up from Providers</li> </ul>	<ul style="list-style-type: none"> <li>Continue operating under current protocol.</li> </ul>
External Audits		
AUDITOR – DATE OCCURRED	TYPE OF AUDIT & FINDINGS	ACTION TAKEN
TV Well Child Audit - Screening July 8, 2022	<b>Record Review encompassed review of 10 charts for ea. age group</b> <ul style="list-style-type: none"> <li>Comprehensive Health and Development History</li> <li>Laboratory Screening</li> <li>Comprehensive Physical Examination</li> </ul> <b>0-4 years</b> <ul style="list-style-type: none"> <li>94% Compliant (findings in 4 patient charts)</li> </ul> <b>5-11 years</b> <ul style="list-style-type: none"> <li>95% Compliant (findings in 5 patient charts)</li> </ul> <b>12-18 years</b> <ul style="list-style-type: none"> <li>95% Complaint (Findings in 2 patient charts)</li> </ul>	<ul style="list-style-type: none"> <li>Continue operating under current protocol.</li> </ul>

## Coastal Health & Wellness Governing Board Quarter 1 (April - June), FY2022 Compliance Report

TV Well Child Screening and Documentation July 8, 2022	<b>Findings: Missed opportunities for screenings noted in:</b> <b>0-4 yrs.:</b> <ul style="list-style-type: none"> <li>mental health; TB; Blood level; Anemia; BMI; Hearing; Dyslipidemia screening; Dental referral</li> </ul> <b>5-11 yrs.:</b> <ul style="list-style-type: none"> <li>mental health; developmental; blood level; age-appropriate health education and Dyslipidemia screening</li> </ul> <b>12-18 yrs.:</b> <ul style="list-style-type: none"> <li>TB; Nutrition; HIV; Vision; Hearing; Age-appropriate health ed.; Follow up instructions</li> </ul>	
<b>AUDITOR – DATE OCCURRED</b>	<b>TYPE OF AUDIT &amp; FINDINGS</b>	<b>ACTION TAKEN</b>
Resource Group May 31, 2022	<b>Financial Screening Audit:</b> <ul style="list-style-type: none"> <li>Ryan White - 1<sup>st</sup> Quarter Audit 100%</li> <li>Ryan White Grant Audit w/ Resource Group – 25 charts audited to ensure required eligibility documentation in patient charts to meet RW eligibility</li> <li>100% compliance</li> </ul>	<ul style="list-style-type: none"> <li>Continue operating under current protocol.</li> </ul>
<b>Health Access -</b> Texas Ryan White Pt. B & State Services Program – Dental Services May 31, 2022	<b>Validate HIV Standards of Care and Administrative Program Policy</b> <ul style="list-style-type: none"> <li>Universal Standards/Policy and Procedures of Eligibility</li> <li>OAHS (Outpatient Ambulatory Health Services)</li> <li>MCM (Medical Case Management)</li> <li>NMCM (Non-Medical Case Management)</li> <li>No deficiencies noted - 100% compliant</li> </ul>	<ul style="list-style-type: none"> <li>Continue operating under current protocol.</li> </ul>
<b>HIPAA Breach Reports</b>		
<b>DEPARTMENT – DATE OCCURRED</b>	<b>SUMMARY</b>	<b>FOLLOW-UP</b>
	None to report	
<b>Warning and Termination Letters</b>		
<b>REASON</b>	<b>TYPE OF LETTER</b>	
None to report		



## **Coastal Health & Wellness Governing Board Quarter 1 (April - June), FY2022 Compliance Report**

**NOTE: Various issues were discussed in peer review.**

*Incidents involving quality of care issues, In accordance with Section 161 et seq., Health and Safety Code, are reviewed such that proceedings and records of the quality program and committee reviews are privileged and confidential.*

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# **COASTAL HEALTH & WELLNESS**

## **GOVERNING BOARD**

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

**Governing Board**

**July 2022**

**Item#12**

**Consider for Approval Coastal Health & Wellness Credentialing and  
Privileging Policy Submitted by Ami Cotharn**

## COASTAL HEALTH & WELLNESS CLINIC CREDENTIALING AND PRIVILEGING POLICY

**POLICY:** ~~To ensure patient safety and a competent professional work force, all Coastal Health & Wellness (“CHW”) Clinic provider staff (employed, volunteers and contracted) will be credentialed and privileged according to the following standards.~~

### **Background**

~~The authority for credentialing and competency validation is the Public Health Service Act (PHSA) and the Federal Tort Claims Act (FTCA) that requires, for deemed status, that CHW provide credentialing and competency validation for all licensed and certified staff. In addition, The Joint Commission (TJC) standards also require that licensed independent practitioners be credentialed.~~

~~The credentialing process is a system for validating and evaluating the credentials and competencies of licensed and/or certified staff of, or applicants to, Coastal Health & Wellness (CHW”) as a basis for employment, continued employment, or change in assignment. Such staff includes CHW employees, contract providers, or providers to whom referrals are made on a regular basis by CHW.~~

~~All staff, who are licensed or certified, are subject to credential verifications with privileges reviewed and granted by the Board’s Credentialing and Privileging (“CP) Committee and/or CHW Executive Director or designee upon employment or appointment consistent with the FTCA guidance. Staff is re-credentialed every two years thereafter or when position or scope or services have changed. The CHW CP Committee is conducted as a function of the CHW Credentialing and Privileging program under the direction of the Executive Director or designee. In addition, the findings of the re-credentialing process are reported to the CHW CP Committee for recommendation to the Executive Director or designee who recommends privileges to be granted for each staff to the Board for final approval.~~

### **POLICY:**

~~It is the policy of CHW, consistent with FTCA requirements, that all staff are subject to a credentialing and competency validation process appropriate to their position, assignment, and the role at CHW. In addition, to ensure patient safety and a competent professional work force, all CHW Clinic provider staff (employed, volunteers and contracted) will be credentialed and privileged according to the following standards.~~

~~The CHW CP Committee, will be comprised of a minimum of two Board members, one consumer and one community member, the CHW Medical Director, Dental Director, Nursing Director, Human Resource Director, Chief Operating Officer, HIM Manager, Revenue Cycle Manager and the CHW Credentialing Coordinator. The CHW CP Committee will meet in-person and monthly for the establishment of standards for credentialing licensed and certified staff and for competencies of all staff. Individual staff evaluations and assignments are the function of the supervisor in the area not the CP Committee however the CP Committee must work with the Credentialing Coordinator, Medical Director, and Dental Director to ensure credentialing professional peer review and other evaluations of competency are all on a regular basis.~~

~~The credentialing and competency validation process is performed under the CHW CP Committee, as a professional peer review committee, and is subject to immunity and confidentiality protections.~~

~~A Credentialing Coordinator is designated to oversee the credentialing and competency validation processes and serves as a program manager and liaison for the CHW Board, Executive Director, and CP Committee. The Credentialing Coordinator functions as an agent of the CP Committee, is trained about credentialing in competency validation processes and procedures, understands the rationale for the procedures and the laws and regulations concerning employment, contracts, confidentiality, and non-discrimination. The Credentialing Coordinator must have means of maintaining confidential files and information, be able to receive confidential faxes, be able to receive unopened mail directly, and must be able to have telephone conversations and interviews in a confidential manner.~~

The Executive Director or designee oversees the CHW Credentialing and Privileging Program and the credentialing/competency validation process, ensures the Credentialing Coordinator has resources to carry out the process consistent with laws, regulations, and standards, is authorized to review all documents and attend any meetings of the CHW CP Committee, makes recommendations to the committee and makes decisions regarding employment and privileging of staff, and makes recommendations to the Board or designee concerning granting privileges for Licensed Independent Practitioners (“LIPs”).

Practitioners are credentialed and privileged for a two-year term. Thereafter, Practitioners must be re-credentialed and have their privileges renewed for additional two-year terms to provide services at CHW.

CHW may contract with a credentials verification organization (CVO) to perform the credentialing activities set forth in the Credentialing and Privileging Table in this Policy.

**APPLICABILITY:** Except as otherwise set forth herein, any Practitioner as defined below, regardless of employment status (e.g., full-time, part-time, ~~contracted~~time, contracted, volunteer) must be credentialed, privileged, and appointed in accordance with the procedures in this Policy before providing healthcare services to CHW patients. If CHW contracts with provider organizations or has formal, written referral arrangements for the provision of services that are within CHW’s scope of project to CHW patients, CHW shall ensure, through provisions in the contract or CHW’s review of the organization’s credentialing and privileging processes, that such Practitioners shall be licensed, certified, or registered as verified through a credentialing process that meets all applicable laws, and are competent and fit to perform the contracted services as assessed through a privileging process.

## **DEFINITIONS:**

**Credentialing:** Credentialing is the process of assessing and confirming the qualifications of a Practitioner.

**Re-credentialing:** Updates staff assignments or privileges at least every two years comma and may be performed when new competences are recognized or when there is an occurrence of an adverse event.

**Competency validation:** Establishes the capabilities of a person to perform designated services/tasks for center clients. The validation is part of the assessment to determine the scope of practice (privileges) or position description for an individual. Competency means the level of performance, including knowledge, skills, abilities, and behaviors required for certain services or rolls. Assessment means the validation or monitoring of the level of performance based on scope of practice/privileges or position description.

**Primary source verification:** Securing documentation from an original source to verify education and training.

**Secondary source verification:** Securing a copy of documentation from a source to verify continuing education and expertise.

**Privileging:** Privileging is the process of authorizing a Practitioner’s scope of patient care services. Practitioners must request privileges that are consistent with the CHW Clinic’s scope of services and are appropriate for his/her education and training.

**Practitioner.** An individual who is a LIP, OLCP or OCS, as applicable.

**Licensed Independent Practitioner (“LIP”).** An individual required to be licensed, registered, or certified by the State of Texas to provide medical or dental services to patients. These individuals include, but are not limited to, physicians, dentists, behavioral health counselors, physician assistants and nurse practitioners.

**Other Licensed or Certified Practitioner (“OLCP”).** An individual who is licensed, registered, or certified but is not permitted by Texas State law to provide patient care services without direction or supervision. These may include, but are not limited to, registered nurses, licensed vocational nurses, dental hygienists, X-ray technicians and dental assistants.

Other Clinical Staff (“OCS”). An individual who is involved in patient care but is not required to be licensed or certified by the State of Texas. These may include, but are not limited to, medical assistants.

### **APPROVAL AUTHORITY:**

The CHW ~~Credentialing Committee~~ CP Committee and CHW Executive Director or designee on behalf of the Board, and on the recommendation of the Medical or Dental Director, must approve the credentials and privileges for Medical Doctors, and other Licensed Independent Practitioners such as Dentists, Behavioral Health Counselors, and midlevel providers including Physician Assistants and Nurse Practitioners (collectively, “LIPs”). Approval authority for OLCPs is vested in CHW’s Medical or Dental Director or through the practitioner’s supervisor for Other Clinical Staff (“OCS”).

### **CREDENTIALING & PRIVILEGING GUIDELINES:**

#### **Initial Credentialing:**

1. CHW performs the credentialing activities in accordance with the **Credentialing and Privileging Table** set forth below.
2. The Texas Standardized Credentialing Application is provided to the LIP provider along with clear information about the application, required documents and deadlines. Other requested documents include the privileges request form, copies of relevant credentials including license(s), certifications, DEA and DPS certificates, Board certification, CPR, and government-issued picture identification.
3. OLCPs and OCSs complete an employment application with verification activities performed in accordance with the **Credentialing and Privileging Table** below, which includes a request for professional references, attestation of fitness for duty and such other information set forth in the table.
4. Primary source verification is used by direct correspondence, telephone, fax, email, or paper reports received from original sources to verify current licensure, certification, relevant ~~training~~training, and experience. The credentials are verified, in accordance with the **Credentialing and Privileging Table** below. If primary source verification cannot feasibly be obtained, Joint Commission-approved equivalent sources include, but are not limited to, the following: the American Medical Association Physician Masterfile, American Board of Medical Specialties, Educational Commission for Foreign Medical Graduates, American Osteopathic Association Physician Database, and Federation of State Medical Boards and the American Academy of Physician Assistants.
5. For LIP applicants, three professional references, as designated on the Texas Standardized Credentialing Application, will be required from the same field and/or specialty who are not partners in a group practice and are not relatives, as available. Professional references may be obtained from an educational program when the applicant is a recent graduate. If the applicant has had privileges at a hospital or clinic, a letter requesting verification of privileges is also used for primary source verification. References will be asked to complete a standard reference form about the applicant’s clinical performance, ethical performance, history of satisfactory practice, specific knowledge about the applicant’s clinical judgment and technical skills.
6. LIPs give a written statement and/or list of their requested privileges and attest to their fitness for duty and ability to perform their requested privileges which are reviewed by the Medical or Dental Director.
7. A Verification of Health Fitness will be required to determine the Practitioner’s (LIP, OLCP and OCS) health fitness or the ability to perform the requested privileges.

8. Background checks will be completed on all Practitioners.

<b>CREDENTIALING</b>	<b>PRACTITIONER</b>	
<b>ACTIVITY*</b> Required for both initial and recurring Credentialing, as applicable	LIP	OLCP and, as applicable, OCS
<b>Examples of Staff</b>	Physician, Dentist, Physician Assistant, Nurse Practitioner	RN, Medical Assistant, LVN, Dental Assistant, X-ray Technician, Dental Hygienist
1. Verification of identity	Completed using government issued picture ID	Completed using government issued picture ID
2. Verification of current licensure, registration, or certification*	Primary source	Primary source N/A for OCS
3. Verification of education and training	Primary source; Verification of graduation from medical, dental, or other clinical professional school and, if applicable, residency, including receipt of sealed transcripts	Secondary source
4. National Practitioner Data Bank Query*	Required  Copy of completed report from NPDB query or documentation of a change in provider's file (if CHW signs LIPs up with NPDB and receives a real-time report of any changes in a provider's file)	Required as applicable for OLCPs; Not required for OCSs  Copy of completed report from NPDB query or documentation of a change in OLCP's file (if CHW signs providers up with NPDB and receives a real-time report of any changes in a provider's file)
5. Drug Enforcement Administration ("DEA") registration, *	If applicable, a copy of the physician/provider's current DEA registration certificate, which indicates the issue and expiration dates.	N/A
6. Basic life support training (if applicable) *	Required  Secondary source (documentation of completion of basic life support training, e.g., a copy of a certificate of completion of training or	Required  Documentation of completion of basic life support training (e.g., a copy of certificate of completion of training, course completion dates, etc.)

	documentation of comparable/advanced training based on provider's licensure or certification standards)	
Criminal Background Check	Primary source	Primary Source

*\*A query of the National Practitioner Data Bank (NPDB), as applicable to the Practitioner, the Health and Human Services Office of Inspector General List of Excluded Individuals database, and all individual state exclusionary databases will be conducted for information on sanctions or adverse actions against a Practitioner's license, as applicable.*

### Initial Privileging

1. LIPs request specific privileges in writing based on their training, competence and within the scope of services of the Coastal Health & Wellness Clinic. The Medical or Dental Director recommends the LIP's privileges to the ~~Governing Board~~Board, which has the final approval authority. The Executive Director or designee notifies the LIP in writing of the granting of specific privileges. Privileging for OLCPs and OCSs occurs through supervisory evaluation per job description. Approval authority for OLCPs is vested in CHW's Medical or Dental Director or through the practitioner's supervisor for Other Clinical Staff ("OCS").

**Recredentialing:** The recredentialing process is accomplished at least every two years in accordance with the Credentialing and Privileging Table set forth below.

**Re-privileging:** Re-privileging of LIPs, OLCPs and OCSs is accomplished at least every two years in conjunction with recredentialing. Determinations on renewal of privileges shall be based on peer review, supervisory performance evaluations or comparable methods for LIPs and supervisory evaluations per job description for OLCPs and OCSs. Other data that can be utilized include clinical data gathered over the two years, including patient satisfaction, performance improvement activities and risk management activities and training completed. A Practitioner may request privileges revisions at any time. The final approval for re-privileging for LIPs is that of the ~~Governing Board~~Board. Approval authority for OLCPs is vested in CHW's Medical or Dental Director or through the practitioner's supervisor for Other Clinical Staff ("OCS").

**Credentialing and Privileging Table.** CHW performs the following credentialing and privileging activities, as applicable to the Practitioner:

PRIVILEGING ACTIVITY	PRACTITIONER	
*required for initial and re-privileging	LIP	OLCP or OCS, as applicable
1. Verification of fitness for duty to assess the ability to perform the duties of the job	Completed self-attestation of fitness for duty Practitioner that is confirmed by either the director of a training program, chief of staff/department at a hospital where privileges exist, or a licensed physician	Completed statement or attestation of fitness for duty from the Practitioner that is confirmed by a licensed physician designated by GCHD, or a licensed physician

2. Verification of immunization and communicable disease*  <u>Immunizations/Communicable disease screenings that are verified according to GCHD Employee and Prehire Immunization Policy</u>	Copy of immunization records/status in provider's file or provider attestation, including, if applicable, any declinations (provided by GCHD Immunization Program Manager)	Copy of immunization records/status in provider's file or provider attestation, including, if applicable, any declinations (provided by GCHD Immunization Program Manager).
3. Verification of current clinical competence*	For initial privileges, verification through review of training, education, and as available, reference reviews.  For renewal of privileges, Verification through peer review, supervisory performance reviews or other comparable methods.	Supervisory evaluation per job description.

### **TEMPORARY PRIVILEGES:**

**Medical and Dental Directors:** recommend temporary approval of privileges only in circumstances outlined below.

**CHW Executive Director or Designee:** Approves temporary privileges for physicians, midlevel providers including nurse practitioners and physician assistants, other LIPs, and dentists in specific circumstances as outlined below, upon recommendation of the Medical or Dental Director.

Temporary privileges for physicians, midlevel providers including nurse practitioners and physician assistants, other LIPs, and dentists shall be granted under the following circumstance:

1. Responding to a declared public health emergency.
  - i. In this circumstance, expedited review and verification of the professional credentials, references, claims history, fitness, professional review organization findings, and license status of providers; as well as, the results of the National Practitioner Data Bank query have been obtained and evaluated; any involuntary termination of medical staff membership at another organization has been evaluated; any voluntary or involuntary limitation, reduction, or loss of clinical privileges have been evaluated and current competence (as evidenced by at least two peer recommendations). In this case, temporary privileges will be approved for no more than ninety (90) days and will state the relevant patient care need. For individuals to be covered, they must follow the same guidelines as always. In summary, for employees the work needs to be within their scope of employment under the center's scope of project, and the same applies to contractors or volunteers.

Temporary privileges are not to be routinely used for other administrative purposes such as:

- a. The failure of the provider to provide all information necessary to the processing of his/her reappointment in a timely manner; or
  - ii. Failure of the staff to verify performance data and information in a timely manner.



## **ADVERSE ACTIONS/APPEALS:**

If, during the credentialing process, substantive adverse information on the applicant is received, the Medical Director or Dental Director, in conjunction with the Director of Human Resources and the CHW Executive Director or designee, may recommend to the CHW CP Committee that the applicant not be hired or contracted. LIP applicants may appeal a decision made regarding denial or limitation of privileges to the Board. Such appeals must be made in writing by certified mail to the Board and must be received within thirty (30) days of the decision. The Board, at their sole discretion, may reconsider the decision made to deny or limit privileges. The LIP applicant will be informed of the Board's action.

### **Adverse Actions on Privileges/Process for Medical or Dental Providers/Appeals Process**

Coastal Health & Wellness' process is developed in accordance with its status as a governmental entity and employer and in accordance with policy and bylaws established by HRSA, the Texas Medical Board, the Texas Dental Board, the Texas Board of Nursing, and in accordance with approved Coastal Health & Wellness policies.

If CHW finds that a Practitioner fails to meet appropriate standards for clinical competence and/or fitness for duty, CHW (through its Medical or Dental Director, Executive Director, or the Board), as applicable, may take adverse action against a Practitioner's privileges including but not limited to suspension, limitation or termination of privileges. OLCs and OCSs shall be notified of the determination and any corrective action or follow up required to address the action on privileges. OLCs and OCSs shall not be entitled to review of such determination.

For LIPS, if the matter involves a compliance or quality of care issue, a comprehensive investigation will be performed to gather factual data and statements from all involved parties. The investigation will be reviewed by the CHW Executive Director or designee and Medical or Dental Director to determine if patient harm or non-compliance were substantiated by the investigation. If harm or non-compliance is questionable, the investigation will be forwarded for review by a confidential peer review committee of clinical counterparts for recommendations. The recommendations will be recorded and forwarded by the Medical or Dental Director to the involved provider for review and comment. All documentation will be kept in the providers' file. If the matter involves a substantiated violation of laws, organizations policies, or applicable licensure board regulations, the CHW Executive Director or designee and Medical or Dental Director, in consultation with the Human Resources Designee, will determine a fair and consistent corrective action in accordance with the *Health District Corrective Action Policy*.

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### Governing Board

July 2022

Item#13

**Consider for Review and Approval of Consulting Firm, Canton & Company's Proposed Statement of Work to Assist Coastal Health& Wellness to Immediately Identify and Remediate Challenges with the Revenue Cycle Process, to Discover Root Causes, Identify Impact, Prioritize, and Effect Remediation Submitted by Ami Cotharn**



# Canton & Company RCM Optimization Programs and Representative Work

July 2022

## Coastal Health and Wellness

# Canton's RCM Experiences

Strategic MSO/JV partner driving RCM and implementation of new client partnerships

Installation of a practice management software applications for more than 200 large providers groups and MSOs

25+ RCM process evaluations for financial productivity, offering workflow improvements and KPIs

100+ RCM technology footprint reviews including management of selection process with RFPs, and ROIs

Interim Leadership roles for RCM transformation for large FQHC, Orthopaedic Group, and MSO

Security auditing, network engineering, and interface reviews

Corporate Compliance program development including implementation of policies, documentation, and training



# Significant Issues Resolved during Recent RCM Engagements

Lack of coding knowledge and assumptions that every state and carrier have identical eligibility, adjudication, and submission rules

Disparate GL and financial reporting with inability to provide "apple to apples" financial comparisons

Poor financial and performance reporting that hindered management's ability to understand and address poor performance

Poor set-up of systems' claim formats, EDI, and ERA causing claim denials, and ultimately "timely filing" rejections

Absence of standard policies and staff training effecting revenue recovery

Resolving workflow challenges without "knee-jerk" additional hiring





# RCM Work Examples

Representative  
Deliverables for  
Clients

# Implementation of KPI Dashboard Monitoring

**Issue Presented:** How do I know if my billing teams are effective?

**Solution Implemented:** A dashboard of RCM KPIs should be available to senior level staff on a monthly basis.

**What This Shows:** Quick "stop light" view of where we are in meeting productivity goals. Senior leaders can quickly view and focus on "red lights."

					Low Med High Deviation
Service Level Benchmarks	KPI	Date	Date	Date	Definition
Collection Ratio by Services (GCR)		●	●	●	
Medical	49%	●	●	●	Payments into Charges
Pharmacy	35%	●	●	●	Payments into Charges
BH	34%	●	●	●	Payments into Charges
Vaccines/Admn	33%	●	●	●	Payments into Charges
Charge Lag	4-7 Days	●	●	●	From service to posting date
Pre Edits	Total Edits	●	●	●	Age of edits should be less than 7 days
Front Desk Demographics	5%	●	●	●	Percent front desk of total
Coding Edits	10%	●		●	Percent of Coding of total
AR over 120 days	14%	●	●	●	Without Self Pay
Credit Balances	8%	●	●	●	Total at end of month
Self Pay Balances	18%	●	●	●	Total at end of month
Bad Debt Write Offs	14%	●	●	●	Dependent on the definition
Charge/Coding Lag after provision of necessary data from client	< 3 Days	●	●	●	If Charge entry days to get entered
First Appeal tracking	30 days	●	●	●	Each should be revisited at 30 days
Unapplied Cash Follow up	Clear at end of Month	●	●	●	Zero unapplied at close
Call Center SLAs	# Calls handled	●	●	●	Total calls managed
Abandoned Rate	Less than 4%	●	●	●	# Abandoned
Speed of Answer	Less than 45 seconds	●	●	●	Amount answered in less than 45 seconds
Service Level Benchmarks	95%	●	●	●	Calls handled divided by abandoned
# Complaints	2%	●	●	●	Complaints about service or response time

# Policy and Procedure Manuals

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## I. Insurance and Third-Party Verification Policy & Procedures

*Related Form: Patient Responsibility*

*Related Policy: Billing and Collections, Payment Policy*

*Responsible Department: Billing Department; Eligibility Department; Front Desk Department*

*Origination Date: 04/25/2022*

*Revision Date: 04/25/2022*

*Board Approval Date:*

### Policy

1. It is the policy XXXCenter (PVCHC) to verify patient benefits, including any payers that may have payment responsibilities. While verifying and documenting patient and insurance responsibilities, specific processes are to be followed so that the information is accurate, stored correctly, easily accessible and documented in an understandable manner. These processes also promote the sending of claims to the proper payer source to avoid delays in payments.
2. PVCHC makes every reasonable effort to enter into contractual or other arrangements to collect reimbursement of its costs with the appropriate agency(s) of the State which administers or supervises the administration of:
  - a. A State Medicaid plan approved under title XIX of the Social Security Act (SSA) [42 U.S.C.1396, et seq.] for the payment of all or a part of the center's costs in providing health services to persons who are eligible for such assistance; and
  - b. The Children's Health Insurance Program (CHIP) under title XXI of the SSA [42 U.S.C. 1397aa, et seq.] with respect to individuals who are State CHIP beneficiaries

PVCHC acknowledges the importance of identifying and documenting appropriate payer sources. The insurance verification process is performed by the billing /registration departments to promote: (i) listing the proper



# Develop and Document Workflows

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## I. Hospital Charge Review Process by Billing Coding Team

### General

- Charges for Women's Clinic or Hospital Billing include deliveries, Gyn surgery, and Emergency Department visits.
- Women's Health Center (WHC) at Union has the most maternity and all Gyn procedures (Colposcopy, LEEP, and Pessary Insertion)
- The Coding Team should use Encoder Pro when unclear about correct code assignments
- Behavior health claims often include medical diagnosis. These need to be re-arranged if an F F-code is not primary.
- These are seen on Dental and medical claims should not have a behavior health insurance or primary F diagnosis. You will need to change the insurance and reorder the diagnosis

### Missing Documentation

- For surgeries or deliveries, check the EHR inbox for provider responses
- If needed, "task" the provider for missing documentation
  - Task MA for missing documents, such as an order for a urine dip
- For incorrect or change of diagnoses, task the provider
- Place a note in PM status of task
- Review all tasks that have not been completed

### Difficult to Understand Cases

- Contact your Coding Manager if coding is unclear for a case such as:
- Location where the procedures were provided
- How to code discontinued procedure or attempted procedure but not able to complete
- Patient left so chart was incomplete chart. Use patient type to define

### Supplies

# RCM Quality and Auditing Program

**Issue Presented:** Why do I seem to manage my practices by problems presented?

**Solution Implemented:** Quality auditing process implemented to assure accurate management of claims.

**What This Shows:** Identifies trends and issues, before they are large problems.

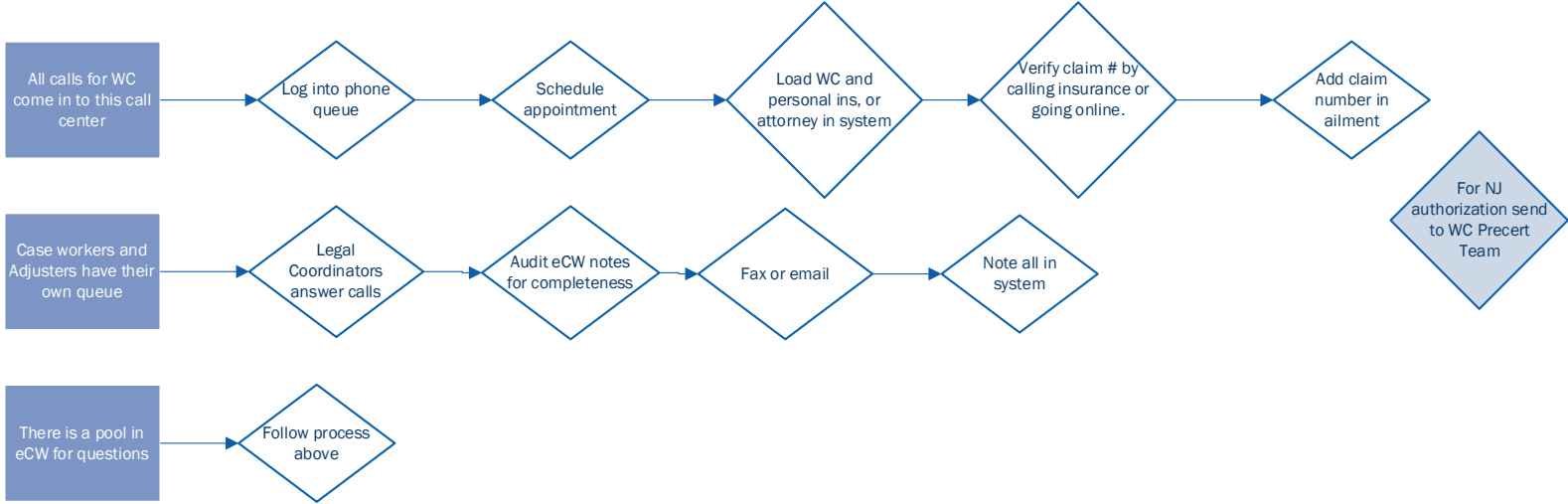
*Vendor management is now a core competence in successful organizations. In an ultra-competitive global marketplace, businesses must look at creative ways to extract more value from vendors, while simultaneously reducing risk and upholding quality” New York Times 2020*

[illegible]

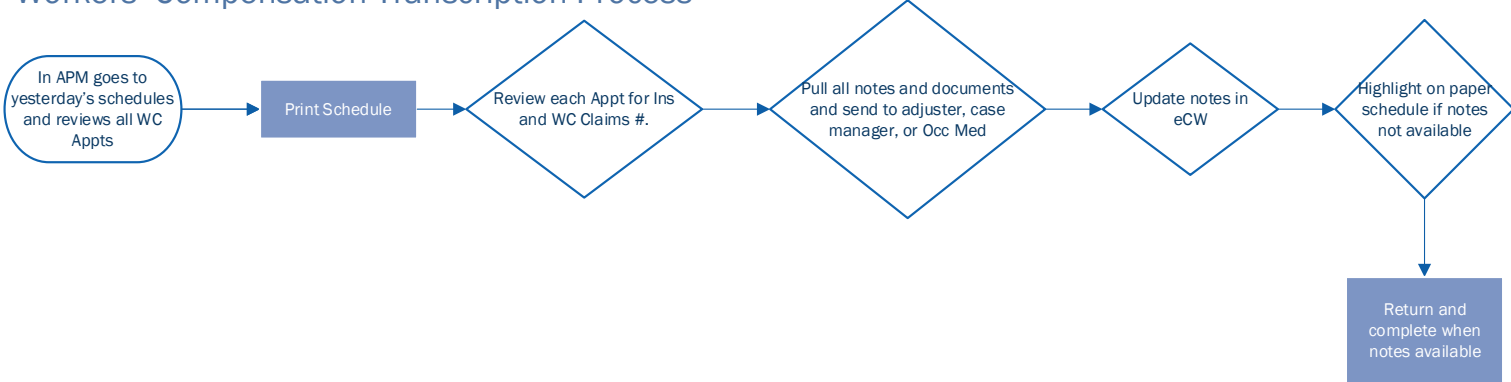
# Workflows and Re-engineering for Best Practices

## Workers' Compensation Process

### Appointments and Questions



### Workers' Compensation Transcription Process



# Medicare 2022 Billing Guidelines and Recommendations

2022 Rules requires 30 minutes care management time

- **Care Management Services**

CCM or general BHI services furnished on or after January 1, 2022, are paid at the average of the national non-facility PFS payment rate for CPT codes 99484, 99487, 99490, and 99491 (30 minutes or more of CCM services furnished by a physician or other qualified health care professional) and 99424 and 99426 (30 minutes or more of principal care management (PCM) services furnished by a physician or other qualified health care professional, when general care management HCPCS code G0511 is updated annually based on the PFS amounts for these codes. The CY 2022 rate for G0511 is \$79.25.

Psychiatric CoCM services furnished on or after January 1, 2019, are paid at the average of the national non-facility PFS payment rate for CPT codes 99492 (70 minutes or more of initial psychiatric CoCM services) and CPT code 99493 (60 minutes or more of subsequent psychiatric CoCM services) when psychiatric CoCM HCPCS code, G0512, is on an FQHC claim, either alone or with other payable services. This rate is updated annually based on the PFS amounts for these codes. At least 70 minutes in the first calendar month, and at least 60 minutes in subsequent calendar months, of psychiatric CoCM services must have been furnished in order to bill for this service. The CY 2022 rate for G0512 is \$151.23.



# Statement of Work – RCM Optimization Project

**Prepared for Coastal Health and Wellness – Galveston  
County Health District**

July 13, 2022

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## Overview

Coastal Health and Wellness (CHW), a division of Galveston County Health District (GCHD), is Galveston County's Community Health Center, with clinics in Texas City and Galveston. This clinic has been operational for 40 years and serves the underserved patient population in and around the Galveston area.

### Situational Assessment

Within the past 90 days, CHW has hired a new Executive Director and a new Chief Operating Officer. They are Dr. Maryann Choi and Ami Cotharn, respectively.

Analysis and review completed by these new leaders has determined that CHW is in dire need of RCM assistance. From coding, through claims management and collections, CHW is leaving substantial money on the table with limited expertise to find and fix the core issues keeping CHW from receiving money for the services they are delivering every day.

CHW does not need lengthy studies and reports, they need direct help. As problems are identified that affect claims from being adjudicated or paid, then the root cause needs to be determined and fixed.

To that end, Canton & Company (Canton) is submitting this proposed statement of work to assist CHW to immediately identify and remediate challenges with their RCM process. Our approach to ensuring better RCM health will be to discover root causes, identify impact, prioritize, and effect remediation.

The specific deliverables associated with each step in the process are outlined below.

# Statement of Work

## Step 1: Root cause identification and prioritization

The primary objectives of this phase of the project are to:

- a) Obtain specific information from the NextGen system and other reports to review. Below is a sample of information Canton will need:
  - a. Inventory of monthly charge volume (run rate) by provider and financial category.
  - b. Inventory of accounts receivable by provider, financial category, and age.
  - c. Inventory of claims volume, timing, and status by payor.
  - d. Inventory of uninsured charges and collections by sliding fee category.
  - e. Validation of patient population from UDS data submitted in 2021.
  - f. Other information as requested.
- b) Examine “current state” process flow from patient intake to payment. Canton will do this by conducting onsite key staff interviews to validate identified gaps from step ‘a’ above.
- c) Interviews will be accompanied by process observation conducted by Canton specialists, enabling them to uncover any additional faults and get more context for the holistic understanding of the current RCM workflows/processes (e.g., Gain insight into the steps in the process from Scheduling through final encounter resolution).
- d) While on-site Canton will, where appropriate, immediately address, fix and test identified gaps that can be remediated on the spot.

## Step 2: Implement and Fix

Once the root cause analysis is complete, Canton will initiate the following actions:

- a) Assign responsibility and initiate changes as outlined in Step 1.c that could not be addressed while on-site.
- b) Develop, validate, implement and document optimized CCM workflow, coding, and tools.
- c) Initiate eligible programs that will improve revenue and improve HRSA quality scores.
  - a. Texas payer programs,
  - b. CMS opportunities,
  - c. Behavior Health Integration program
  - d. Technology enhancements.
- d) Implement an RCM auditing program to assure that staff can resolve claims correctly and thoroughly.
- e) Monitor progress over a 60-day timeframe to ensure improvement occurs.



### Step 3: Process Guide and Success Toolkit

As Canton completes items identified above, it will concurrently work to complete the following:

- a) Develop customized training for physicians, clinicians, and staff:
  - a. Coding AWW, IPPE, Telehealth, Nurse Visits.
  - b. Chronic and Principal Care management programs for Community Health.
  - c. Transition of Care requirements
  - d. Good Faith Estimates for Uninsured (GFE)
- b) Develop Key Performance Indicators (KPIs) for RCM and implement plan to monitor revenues monthly.
- c) Identify and provide any needed E&M provider education.
- d) Document all optimized processes into a reference and training guide.

## Estimated Effort and Cost

We propose to conduct this work on a time and materials basis at a discounted blended rate of \$275 per hour. To begin the work, we require an initial payment of \$15,000 to be made at the execution of the contract. On a bi-weekly basis, Canton will review the additional hours spent on the project with CHW's leadership team/project champion and will invoice upon agreement. We will settle actual hours worked first against the initial retainer; worked performed beyond the retainer will be billed at the blended hourly rate, and invoiced monthly.

In addition to the service fees payable, CHW shall reimburse Canton for Out-of-Pocket expenses. "Out-of-Pocket Expenses" means all reasonable out-of-pocket expenses incurred or accrued by or on behalf of Canton in connection with the performance of Services, including, without limitation, (i) fees, expenses and disbursements of any counsel, consultants, accountants, and other independent professionals and organizations approved by Client, (ii) costs of any outside services or independent contractors such as couriers, regulatory filings or similar services and (iii) any travel and other third-party expenses not associated with Canton's ordinary operations.

All fees, both Professional service fees and Out-of-Pocket expenses shall be payable to Canton within fifteen (15) days via ACH after the date of the applicable invoice.

## Authorizations

### Coastal Health and Wellness

By: \_\_\_\_\_  
(Printed Name)

Title: \_\_\_\_\_  
(Printed Title)

Signed: \_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

### Canton & Company

By: \_\_\_\_\_  
(Printed Name)

Title: \_\_\_\_\_  
(Printed Title)

Signed: \_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

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### Governing Board

July 2022

Item#14

**Consider for Approval Consumer Board Member  
Kevin Avery to Serve on the Credentialing Committee  
Submitted by Samantha Robinson**

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**Governing Board  
July 2022  
Item#15  
Comments from Board Members**

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