

AGENDA

Thursday, March 30, 2023 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 or 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 February 23, 2023 Governing Board Meeting

*Item #5**ACTION**..... Consider for Approval 2023/2024 Sliding Fee Scale

*Item #6**ACTION**..... Consider for Approval Revised Coastal Health & Wellness Credentialing and Privileging Policy

*Item #7 Informational Report: Credentialing & Privileging Committee Reviewed and Approved the Following Providers Privileging Rights
a) Jatinder Singh, MD
b) Norman Jetty III, MD
c) Huma Moheyuddin, MD

Item #8**EXECUTIVE SESSION** **The Coastal Health & Wellness Governing Board will enter into Executive Session as permitted under Chapter 551 of the Texas Government Code, pursuant to Section 551.074, *Personnel Matters*, specifically, to facilitate annual board member evaluations**

Item #9..... Reconvene into Regularly Scheduled Meeting

Item #10**ACTION**..... Possible Action from Executive Session

Item #11**ACTION**..... Consider for Approval February 2023 Financial Report Submitted by Trish Bailey

Item #12**ACTION**..... Consider for Approval Final Budget for FY 2023-2024 Submitted by Trish Bailey

Item #13**ACTION**.....Consider for Approval Change in EHR Vendor to EPIC Submitted by
Ami Cotharn

Item #14.....Coastal Health & Wellness Updates

- a) Current Public Health Concerns and Status;
COVID/Flu/Monkey Pox Submitted by Executive Director
- b) Operational Updates/Coastal Wave Submitted by Chief
Operating Officer
- c) Dental Updates Submitted by Dental Director
- d) Medical Updates Submitted by Medical Director

Item #15.....Comments from Board Members

Adjournment

Next Regular Scheduled Meeting: April 27, 2023

Appearances before the Coastal Health & Wellness Governing Board

A speaker whose subject matter as submitted relates to an identifiable item of business on this agenda will be requested by the presiding officer to come to the podium where they will be limited to three minutes (3). A speaker whose subject matter as submitted does not relate to an identifiable item of business on this agenda will be limited to three minutes (3) and will be allowed to speak before the meeting is adjourned. Please arrive prior to the meeting and sign in with Galveston County Health District staff.

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.

**Governing Board
March 2023
Item#3
Excused Absence(s)**

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Governing Board

March 2023

Item#4

**Consider for Approval Minutes from
February 23, 2023 Governing Board Meeting**

**Coastal Health & Wellness
Governing Board
February 23, 2023**

Board Members:

Dr. Tello
Elizabeth Williams
Kevin Avery
Rev. Walter Jones
Clay Burton
Flecia Charles
Sergio Cruz
Cynthia Darby
Sharon Hall
Donnie VanAckeren
Victoria Dougharty

Staff:

Ami Cotharn, Chief Operations Officer
Maryann Choi, Medical Director
Hanna Lindskog, Dental Director
Trish Bailey, Chief Financial Officer
Kenna Pruitt
Jennifer Koch
Pisa Ring

Judie Olivares
Chris Davis
Wendy Jones
Brittany Rivers
Tikeshia Thompson-Rollins
Anthony Hernandez

Excused Absence: Ivelisse Caban, and Dr. Thompson

Unexcused Absence: Samantha Robinson

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 Kevin Avery to approve the consent agenda items two through seven. Sergio Cruz seconded the motion, and the Board unanimously approved the consent agenda.

Item#8 EXECUTIVE SESSION

The Coastal Health & Wellness Governing Board will enter into Executive Session as permitted under Chapter 551 of the Texas Government Code, pursuant to Section 551.074, *Personnel Matters*, specifically, to facilitate annual board member evaluations;

Item#9 Reconvene into Regularly Scheduled Meeting

Meeting reconvened at 12:49

Item#10 Possible Action from Executive Session

A motion to re-calculate the scores and discuss at the next Governing meeting was made by Sergio Cruz. Victoria Dougharty seconded the motion and the Board unanimously approved.

Item#11 Coastal Health & Wellness Updates

- a) Operational Updates/Coastal Wave Submitted by Chief Operating Officer
- b) Dental Updates Submitted by Dental Director
- c) Medical Updates Submitted by Medical Director

Ami Cotharn, Chief Operating Officer, presented the February 2023 Coastal Wave.

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

- Operations
 - New Patients for January 311, a 9.26% increase in new pts.
 - Lead time for established patients' appointment, 1-2 days, new patients, 1-2 weeks.
 - January utilization was for appointments was over 90%, we had 5,725 appointment slots available and filled 5,725 with scheduled appointments.
 - FTCA due in June, begin preparing in May (federal liability insurance for the clinic providers).

- Marketing
 - Mobile billboards on Gulf Coast Transit District bus routes in Texas City, La Marque, Dickinson and San Leon/ Bacliff (advertising services);
 - Cinemark movie theater in Webster (30 second commercial running on all screens advertising services);
 - Daily News weekly ad (runs twice a week - once in Tuned In and once in the regular paper, plus online);
 - Galveston Regional Chamber of Commerce membership directory magazine
- UDS submitted, working on explainable errors,
 - The Uniform Data System (UDS) is an annual reporting system that provides standardized information about the performance and operation of health centers delivering health care services to underserved communities and vulnerable populations.
 - I will review UDS at the next QA Board meeting, comparing 2021 to 2022.
- Medicare Cost Report will be submitted next week.
 - Medicare cost reports are used to report expenses for different types of Medicare reimbursable facilities.
- Current projects and/or future projects
 - GCC colocation, working on a co-grant to increase access to SUD/ MAT services Medication-assisted treatment (MAT) is the use of medications in combination with counseling and behavioral therapies, which is effective in the treatment of opioid use disorders (OUD) and can help some people to sustain recovery.
 - Fast Track PrEP Program Pre-exposure prophylaxis is the use of medications to prevent the spread of disease in people who have not yet been exposed to a disease-causing agent, usually a virus. The term typically refers to the use of antiviral drugs as a strategy for the prevention of HIV/AIDS.
 - HCV Tx Program
 - 340B Pharmacy program
 - School based clinic work
 - Pharmacy and two additional counseling rooms are still in design phase.
 - Please be on the lookout for a proposal of a new Electronic Health Record system.

Outreach

- Eleven outreach events scheduled for the month of January 2023.
 - Health Screening at Goodwill 1/5/2023
 - Focus Group in Galveston 1/7/2023
 - Health Screening at Dickinson Community Center 1/9/2023
 - Health Screening at Bayside Community Center 1/11/2023
 - Health Screening at Goodwill 1/12/2023
 - Survey Distribution in Crystal Beach 1/17/2023
 - Health Screening at Our Daily Bread 1/17/2023
 - Survey Distribution at St. Vincent's 1/18/2023
 - Hispanic Health Fair 1/25/2023
 - ADA House-CHW Presentation 1/25/2023
 - Mini Health Fair and Health Screening at Seaport Village 1/27/2023
- Three outreach events scheduled for the month of January 2023.
 - Health Screening at Bayside 2/1/2023
 - Display Table Texas A&M Galveston 2/1/2023
 - Mini Health Fair Display Table 2/4/2023
 - Health Screening at Dickinson Community Center 2/6/2023
 - HEAL at GSM 2/7/2023
 - HEAL Hitchcock Head Start 2/8/2023
 - HEAL Hitchcock Head Start 2/9/2023
 - Galveston Region Transition Expo 2/14/2023
 - Health Screening at Rosenberg Library 2/15/2023
 - HEAL at GSM 2/21/2023
 - Health Screening at Our Daily Bread 2/15/2023
 - ADA House-CHW Presentation
 - HEAL at Hitchcock Head Start 2/22/2023
 - Health Screening at La Marque Library 2/23/2023
 - HEAL at Hitchcock Head Start 2/23/2023
 - Display Table fir Go Red 2/25/2023
- New staff hired, what areas, and current unfilled/open positions

- Patient Access Specialist III (registration, check-in, financial screening)
- Gabriela Martinez, Pt Care Coordinator (Case Mgt), Supervisor (Referrals, PAP, Transition to Care reporting)
- Positions are posted to GCHD's website, workintexas.com, and BambooHR which post positions to Indeed, ZipRecruiter and Glassdoor. Some are posted to College of the Mainland depending on the education requirement.

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

- Current projects, plans, department overview for dental
 - Teledentistry Collaborative – We are participating in the Teledentistry Collaborative with NNOHA. We now have a draft consent available to use in NextGen. We discussed at the board meeting last month the differences between synchronous and asynchronous visits. We plan to focus on asynchronous visits first and are working with the hygienists to identify patients for our initial test visits. We then plan on presenting our findings from one of the initial test visits to the other collaborative participants during one of our collaborative meetings.
 - First Dental Home – This project is currently pending identification of test patient during open administrative time.
 - Sterilization Renovation – We are finalizing the plans for redesigning a section of our sterilization area in Texas City. This will allow us to add two more sterilizers to be more efficient and help meet sterilization needs.
 - X-ray software – We implemented a new, cloud-based x-ray software last week and have already used its referral feature to electronically transfer images to UTMB Oral Surgery
- Provider Education Opportunities
 - We had four assistants complete either the sealant course or the coronal polishing course on January 28th. We have an additional four assistants attending on February 25th. From January 30th through February 9th, the certified assistants completed 17 sealants and did coronal polishing on 2 patients. As reported previously, this will increase our efficiency by certifying dental assistants to place sealants and complete coronal polishing.
 - We were also able to provide a free CPR training during our January in-service meeting to all dental assistants and dental providers.
 - Dr. Shetty and Dr. Keiser are scheduled to take their CEREC course. Dr. Bishai, Dr. Nguyen, and Dr. Lindskog already completed theirs. This course provides training for using our Primescan intraoral scanners.
 - All providers also continue to select and participate in CE of their choice.
- Barriers or Needs (if applicable)
 - Staffing: New dental hygienist position open

Maryann Choi, MD, MPH, MS, updated the Board on Medical services in the Coastal Health & Wellness Clinic.

- Our medical visit numbers have steadily increased since Oct 2022
 - We need to provide our team right tools, education, and support to achieve our goals, increase provider productivity, and improve quality measures, and compliance.
 - We are working very hard to build a good foundation to scale, and provider team culture through good communication, knowledge sharing, information sharing, and transparency, leading to provider empowerment and participation in our growth strategy and patient engagement.
- Care coordination
 - We are starting transitional care management (TCM) on March 1, 2023.
 - TCM is a care coordination service for patients discharged from UTMB; our care coordinator contacts the patients within 48 hours of their discharge, reviews their meds/med reconciliation then arranges post-discharge clinic visits with our providers.
 - The value of this program is reducing the return to admission to hospitals (RTA), ER visits,
 - Beneficiaries are our patients, UTMB to reduce RTA, the total cost of care for Medicaid, Medicare, and indigent patients.
 - There is strong evidence-based data to support the importance of medication reconciliation, and post-discharge care navigation to reduce RTA.

- The hospital has discharge planners and care managers; however, it is critical to have a good care coordination service at the receiving end like us, we assist patients and caregivers to navigate the post-discharge process.

Item#12 Consider for Approval January 2023 Financial Report Submitted by Trish Bailey

Trish Bailey, Chief Finance Officer, presented the January 2023 Financial Report. A motion to accept the financial report as presented was made by Sergio Cruz. Clay Burton seconded the motion and the Board unanimously approved.

Item#13 Consider for Approval the Use of an Insurance Broker not to Exceed the Amount of \$50,000 to be Split Between CHW and GCHD Taken out of Fund Balance Submitted by Trish Bailey

Trish Bailey, Chief Finance Officer, asked the Board to Consider for approval the use of an insurance broker not to exceed the amount of \$50,000 to be split between CHW and GCHD taken out of fund balance. A motion to accept \$50,000 to be split between CHW and GCHD and taken out of fund balance was made by Donnie VanAckeren. Kevin Avery seconded the motion and the Board unanimously approved.

Item#14 Consider for Approval Coastal Health & Wellness Policy and Procedure Regarding the Functions of the Coastal Health & Wellness Governing Board Submitted by Ami Cotharn

Ami Cotharn, Chief Operating Officer, presented the Coastal Health & Wellness Policy and Procedure regarding the functions of the Coastal Health & Wellness Governing Board. Tikeshia will reach out to the Board members regarding the annual training. A motion to accept the policy and procedure as presented was made by Kevin Avery. Sergio Cruz seconded the motion and the Board unanimously approved.

Item #20 Comments from Board Members

No comments

The meeting was adjourned at 1:46p.m.

Chair

Secretary/Treasurer

Date

Date

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Governing Board

March 2023

Item#5

Consider for Approval 2023/2024 Sliding Fee Scale

APPENDIX A

Coastal Health & Wellness
9850-C Suite C 103 E. F. Lowry Expressway
Texas City, Texas 77591
H80CS00344

I. CHW's DISCOUNT ELIGIBILITY SCHEDULE

2023/2024

% OF POVERTY PAY CODE:		100%		125%		150%		175%		200%		100			
		0	20	40	60	80	100								
		From	To	From	To	From	To	From	To	From	To	Over			
FAMILY SIZE	1	0	14,850	14,851	18,563	18,564	22,275	22,276	25,988	25,989	29,700	29,700 +	3713	14850	
	2	0	19,720	19,721	24,650	24,651	29,580	29,581	34,510	34,511	39,440	39,440 +	4930	19720	
	3	0	24,860	24,861	31,075	31,076	37,290	37,291	43,505	43,506	49,720	49,720 +	6215	24860	
	4	0	30,000	30,001	37,500	37,501	45,000	45,001	52,500	52,501	60,000	60,000 +	7500	30000	
	5	0	35,140	35,141	43,925	43,926	52,710	52,711	61,495	61,496	70,280	70,280 +	8785	35140	
	6	0	40,280	40,281	50,350	50,351	60,420	60,421	70,490	70,491	80,560	80,560 +	10070	40280	
	7	0	45,420	45,421	56,775	56,776	68,130	68,131	79,485	79,486	90,840	90,840 +	11355	45420	
	8	0	50,560	50,561	63,200	63,201	75,840	75,841	88,480	88,481	101,120	101,120 +	12640	50560	
For each added family member add: (to max. income)			4,720		5,900		7,080		8,260		9,440				
							Effective Date	4/1/2023							

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Governing Board

March 2023

Item#6

**Consider for Approval Revised Coastal Health & Wellness
Credentialing and Privileging Policy**

COASTAL HEALTH & WELLNESS CLINIC

CREDENTIALING AND PRIVILEGING POLICY

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, Chief Operating Officer, Compliance & Risk Management Officer, 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.

CHW will report adverse peer review actions as necessary.

APPLICABILITY: Except as otherwise set forth herein, any Practitioner as defined below, regardless of employment status (e.g., full-time, part-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, 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 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 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, 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.

CREDENTIALING	PRACTITIONER	
ACTIVITY*Required for both initial and recurring Credentialing, as applicable	LIP	OLCP and, as applicable, OCS
Examples of Staff	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 documentation of comparable/advanced training based on provider's licensure or certification standards)	Required Documentation of completion of basic life support training (e.g., a copy of certificate of completion of training, course completion dates, etc.)
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 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 OLCs and OCSs occurs through supervisory evaluation per job description. Approval authority for OLCs 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, OLCs 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 OLCs 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 Board. Approval authority for OLCs 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	
	LIP	OLCP or OCS, as applicable
*Required for initial and re- privileging		
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</u> according to GCHD Employee and Prehire Immunization Policy	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*.

Procedure

The center follows reporting requirements as set forth below.

I. Reporting Under the Federal Health Care Quality Improvement Act of 1986 (HCQIA).

Effective September 1, 1990, the HCQIA requires that certain actions be reported to the National Practitioner Data Bank (NPDB). Entities such as the community health centers, which provide health care services and are engaged in formal peer review for the purpose of furthering quality health care, must report certain adverse disciplinary actions taken against physicians and dentists. Insurers, including the Federal Tort Claims Act (FTCA) liability coverage program, that make any payment on behalf of any licensed health care practitioner must report that payment.

The report must be made on a report form provided by the NPDB. Each reporting entity must identify a single individual to submit and receive reports of the NPDB, as an agent of the center's Board of Directors.

Information required to be reported under 45 CFR Part 60, §60.7, 60.8 and 60.9 of the HCQIA must be submitted to the NPDB within thirty (30) days following the action to be reported, beginning with actions occurring on or after September 1, 1990, as follows:

1. **Malpractice Payments.** Persons or entities must submit information to the NPDB within thirty (30) days from the date that a payment [as described in §60.7] is made. If required under §60.7, this information must be submitted simultaneously to the appropriate state licensing board.
2. **Licensure Actions.** The Board must submit information within thirty (30) days from the date the licensure action was taken.
3. **Adverse Actions.** A health care entity must report an adverse action to the Board within fifteen (15) days from the date the adverse action was taken. The Board must submit the information received from a health care entity within fifteen (15) days from the date on which it received this information. If required under §60.9, this information must be submitted by the Board simultaneously to the appropriate State licensing board in the State in which the health care entity is located, if the Board is not such licensing Board.

Health care entities, including community health centers, which have entered or may be entering into employment or affiliation relationships with a physician, dentist, or other licensed health care practitioner (or from which the physician, dentist, or other health care practitioner has requested authority to practice) may request information on

the practitioner from the NPDB. Only licensed hospitals are required to request information from the NPDB when granting or renewing staff membership or privileges for these health care practitioners.

Although not required to do so, the center is encouraged to query the NPDB when entering an agreement (and every two (2) years thereafter) with a physician, dentist, or other Licensed Independent Practitioner (LIP) or allowing access to a health care practitioner to practice at the center. Contact may be made to:

1. Secure the center identification number and copies of the NPDB report and request forms.
2. Report adverse actions (reported by the center) or liability payments (to be reported by insurer or uninsured professional)
3. General Correspondence:
National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank

P.O. Box 10832

Chantilly, VA 20153-0832

Overnight Mail: National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
4094 Majestic Lane, PMB-332
Fairfax, VA 22033

II. Texas Medical Board

1. Reporting Adverse Actions on clinical privileges. Under federal (HCQIA) and state law, the center is required to report to the NPDB and to the Texas Medical Board (TMB) any professional review action that adversely affects the clinical privileges of the physician for a period of longer than thirty (30) days. It must also report in case of acceptance of the surrender of clinical privileges or any restriction of such privileges by a physician: (i) while the physician is under investigation by the center for causes relating to possible incompetence or improper professional conduct; or (ii) in return for not conducting such an investigation or proceeding; or (iii) in the case of a health care entity which is a professional society, when it takes a professional review action concerning a physician. This duty to report cannot be by nullified through contract.

2. Report by Certain Practitioners. Under state law, medical peer review committees, licensed physicians, physicians-in-training (including medical students), physician assistants, or acupuncturists, physician assistant students, or acupuncturist students are also required to report to the TMB any relevant information relating to the acts of a physician in this state if, in the opinion of the person or committee, that physician poses a continuing threat to the public welfare through the practice of medicine, or practice as a physician assistant or as an acupuncturist.

3. Reporting Malpractice Payments. Each entity, including an insurance company, which makes a payment under an insurance policy, self-insurance, or otherwise, for the benefit of a physician, dentist or other health care practitioner in settlement of or in satisfaction in whole or in part of a claim or a judgment against such physician, dentist, or other health care practitioner for medical malpractice, must report information to the NPDB and the appropriate state licensing boards(s) in the state in which the act or omission upon which the medical malpractice claim was based occurred. For purposes of this section, the waiver of an outstanding debt is not construed as a payment and is not required to be reported.

For additional information or to submit reports contact:

Texas Medical Board
P. O. Box 2018
Austin, TX 78768-2018

Or

333 Guadalupe, Tower 3, Suite 610
Austin, TX 78701
(512) 305-7010

III. State Board of Dental Examiners

1. Reporting adverse actions on clinical privileges. Under the HCQIA and the state Dental Practice Act (DPA) the center is required to report to the NPDB and to State Board of Dental Examiners any professional review action that adversely affects the clinical privileges of the dentist for a period of longer than thirty (30) days. It must also report in case of acceptance of the surrender of clinical privileges or any restriction of such privileges by a dentist: (i) while the dentist is under investigation by the center for causes relating to possible incompetence or improper professional conduct; or (ii) in return for not conducting such an investigation or proceeding; or (iii) in the case of a health care entity which is a professional society, when it takes a professional review action concerning a dentist. The center is required to report to the State Board of Dental Examiners any relevant information relating to the acts of such dentist if, in the opinion of the peer review committee, the dentist poses a continuing threat to the public welfare through the practice of dentistry.

2. Reporting Medical Malpractice Payments. Insurers, including self-insurers, are required to report medical malpractice payments to the State Board of Dental Examiners. For details concerning what information needs to be reported, see the HCQIA Regulations.

For additional information or to submit reports contact:

State Board of Dental Examiners
333 Guadalupe Street, Suite 3-800
Austin, Texas 78701
Phone: (512) 463-6400; Fax: (512) 463-7452
Complaints: (800) 821-3205

IV. Board of Nurse Examiners for the State of Texas

1. Reporting professional liability payments. Under the federal HCQIA, insurers, including self-insurers, must report professional liability payments made for the benefit of nurses in settlement of or in satisfaction in whole or in part of a claim or judgment against such practitioner to the NPDB and to the Board of Nurse Examiners for the State of Texas (BNE).

2. Reporting adverse actions on clinical privileges. Under the HCQIA. There is no mandatory reporting requirement under the federal HCQIA to query or to report to the NPDB health care practitioners other than physicians or dentists for adverse actions taken on clinical privileges. However, health care entities may voluntarily report: (1) Professional Review Actions related to professional competence or professional conduct that adversely affect clinical privileges of a health care practitioner (nurse) for more than thirty(30) days; (2) a health care practitioner's (nurse's) voluntary surrender or restriction of clinical privileges while under investigation for professional competence or professional conduct or in return for not conducting an investigation; and (3) revisions to such actions.

3. Reporting requirements by employers of nurses under state licensing Laws; grounds for reporting.

Under state nursing licensing laws, health care entities (including centers) must report in writing the action and pertinent information to the BNE if they employ, hire, or contract for the services of Nurses and terminate or, suspend for more than seven (7) days, or takes other substantive disciplinary action, as defined by the BNE, against a Nurse, or a substantially equivalent action against a Nurse who is a Staff agency Nurse based on the following grounds:

- a. Likely exposure by the Nurse of a patient or other person to an unnecessary risk of harm.
- b. Unprofessional conduct by the Nurse.
- c. Failure by the Nurse to adequately care for a patient.
- d. Failure by the Nurse to conform to the minimum standards of acceptable nursing practice.
- e. Impairment or likely impairment of the Nurse's practice by chemical dependency.

The term nurse means either a registered nurse (RN) or a licensed vocational nurse (LVN).

4. Duty of Nursing Peer Review Committee to Report.

- a. Minor incidents. A nurse involved in a minor incident need not be reported to the BNE or a Nursing Peer Review Committee if several factors exist. A minor incident is defined as "conduct that does not indicate that the continuing practice of nursing by an affected nurse poses a risk of harm to a patient or other person."
- b. Safe Harbor Peer Review for Nurses. Entities that regularly employ, hire or contract for the services of ten (10) or more Nurses must have written policies and procedures for identifying and reporting nurses who may or do engage in reportable conduct and for complying with the requirements for "Incident-Based Nursing Peer Review" and "Safe Harbor Peer Review For Nurses". The policies and procedures must provide for review of any reportable conduct by a "Nursing Peer Review Committee."

Any determinations by the entity's Nursing Peer Review Committee, the entity's administration, and the BNE are exclusive and independent of one another.

5. Duty of Nurse to Report.

- a. An individual nurse has a duty to report to the BNE if the nurse has reasonable cause to suspect that another nurse or nursing student is subject to a ground for reporting.
- b. The report by a nurse to the BNE must:
 - i. Be in writing and signed.

ii. Include the identity of the nurse or nursing student being reported and include any additional information required by the BNE.

c. A nurse may make a report to the student nurse's nursing educational program in which the student is enrolled instead of reporting to the BNE.

d. If a nurse has reasonable cause to believe that another Nurse exposes a patient to substantial risk of harm because of a failure to provide patient care that conforms to minimum standards of acceptable and prevailing professional practice or to statutory, regulatory, or accreditation standards, the first nurse may report this to the nurse's employer or another entity at which the said nurse is authorized to practice. For purposes of this paragraph, the employer or entity includes an employee or agent of the employer or entity.

e. In a written, signed report to the appropriate licensing board or accrediting body, a nurse may report a licensed health care practitioner, agency, or facility that the nurse has reasonable cause to believe has exposed a patient to substantial risk of harm because of failing to provide patient care that conforms to the:

i. Minimum standards of acceptable and prevailing professional practice, for a report made regarding a practitioner.

ii. Statutory, regulatory, or accreditation standards, for a report made regarding an agency or facility.

If a nurse required to be reported is impaired or suspected of being impaired by dependency on chemicals or by mental illness, the Nurse may be reported to a state approved peer assistance program rather than to the BNE or a professional nursing peer review committee. For questions or

For additional information and to mail reports:

Board of Nurse Examiners for the State of Texas
P. O. Box 140466
Austin, Texas, 78714

Or

333 Guadalupe, #3-460
Austin, Texas, 78701
(512) 305-7400

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Governing Board

March 2023

Item#7

**Informational Report: Credentialing & Privileging Committee
Reviewed and Approved the Following Providers Privileging Rights**

- a)** Jatinder Singh, MD
- b)** Norman Jetty III, MD
- c)** Huma Moheyuddin, MD

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Governing Board

March 2023

Item#8

The Coastal Health & Wellness Governing Board will enter into Executive Session as permitted under Chapter 551 of the Texas Government Code, pursuant to Section 551.074, *Personnel Matters*, specifically, to facilitate annual board member evaluations;

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Governing Board

March 2023

Item#9

Reconvene into Regularly Scheduled Meeting

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Governing Board

March 2023

Item#10

Possible Action from Executive Session

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Governing Board

March 2023

Item#11

**Consider for Approval February 2023 Financial
Report Submitted by Trish Bailey**

COASTAL HEALTH & WELLNESS

Governing Board



FINANCIAL SUMMARY

For the Period Ending

February 28, 2023

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

CHW - BALANCE SHEET

as of February 28, 2023

ASSETS

	Current Month Feb-23	Prior Month Jan-23	Increase (Decrease)
Cash & Cash Equivalents	\$6,440,741	\$6,692,308	(\$251,567)
Accounts Receivable	4,893,757	4,682,498	211,259
Allowance For Bad Debt	(1,613,705)	(1,572,554)	(41,150)
Pre-Paid Expenses	542,895	537,911	4,984
Due To / From	(98,221)	35,597	(133,818)
Total Assets	\$10,165,467	\$10,375,760	(\$210,293)

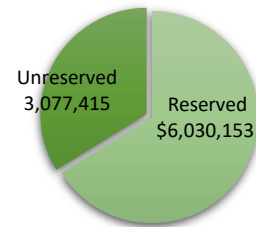
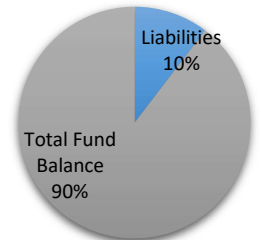
LIABILITIES

Accounts Payable	\$145,419	\$244,023	(\$98,604)
Accrued Salaries	609,949	684,353	(74,403)
Deferred Revenues	302,531	580,420	(277,889)
Total Liabilities	\$1,057,899	\$1,508,795	(\$450,896)

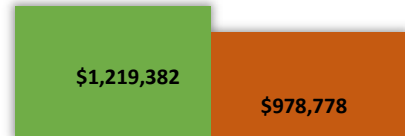
FUND BALANCE

Fund Balance	\$8,131,580	\$8,131,580	0
Current Change	975,988	735,384	240,603
Total Fund Balance	\$9,107,568	\$8,866,965	\$240,603

TOTAL LIABILITIES & FUND BALANCE	\$10,165,467	\$10,375,760	(\$210,293)
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Total Fund Balance**Current Period Assets****Current Month Actuals**

■ Revenue ■ Expenses

**CHW - REVENUE & EXPENSES**

as of February 28, 2023

REVENUE

	MTD Actual Feb-23	MTD Budgeted Feb-23	MTD Budget Variance	YTD Actual thru Feb-23	YTD Budget thru Feb-23	YTD Budget Variance
County Revenue	\$277,889	\$311,222	(\$33,333)	3,208,253.10	\$3,423,445	(215,192)
DSRIP Revenue	0	62,500	(62,500)	712,500	687,500	25,000
HHS Grant Revenue	366,867	269,783	97,083	4,888,211	2,967,617	1,920,595
Patient Revenue	554,374	290,952	263,422	3,675,224	3,200,471	474,753
Other Revenue	20,253	4,976	15,277	136,351	54,732	81,619
Total Revenue	\$1,219,382	\$939,433	\$279,948	12,620,540	\$10,333,765	2,286,775

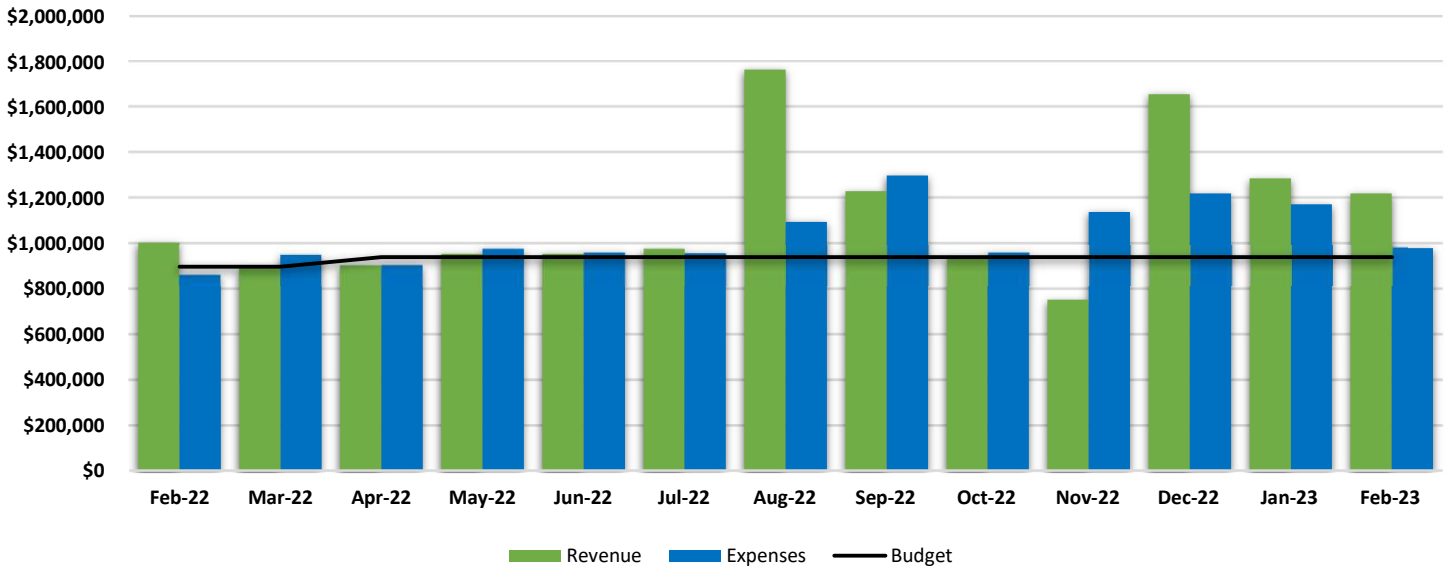
EXPENSES

Personnel	\$724,698	\$618,574	(\$106,125)	7,690,446.37	\$6,804,309	(\$886,137)
Contractual	(13,893)	77,767	91,660	946,713	855,435	(91,278)
IGT Reimbursement	0	20,569	20,569	235,125	226,256	(8,869)
Supplies	85,255	84,323	(932)	926,872	927,557	684
Travel	3,138	3,278	139	15,003	36,057	21,054
Bad Debt Expense	41,150	33,454	(7,697)	443,245	367,992	(75,253)
Other	138,429	101,469	(36,960)	1,386,842	1,116,158	(270,684)
Total Expenses	\$978,778	\$939,433	(\$39,345)	11,644,247	\$10,333,765	(\$1,310,482)
CHANGE IN NET ASSETS	\$240,603	\$0	\$240,603	976,293	\$0	976,293

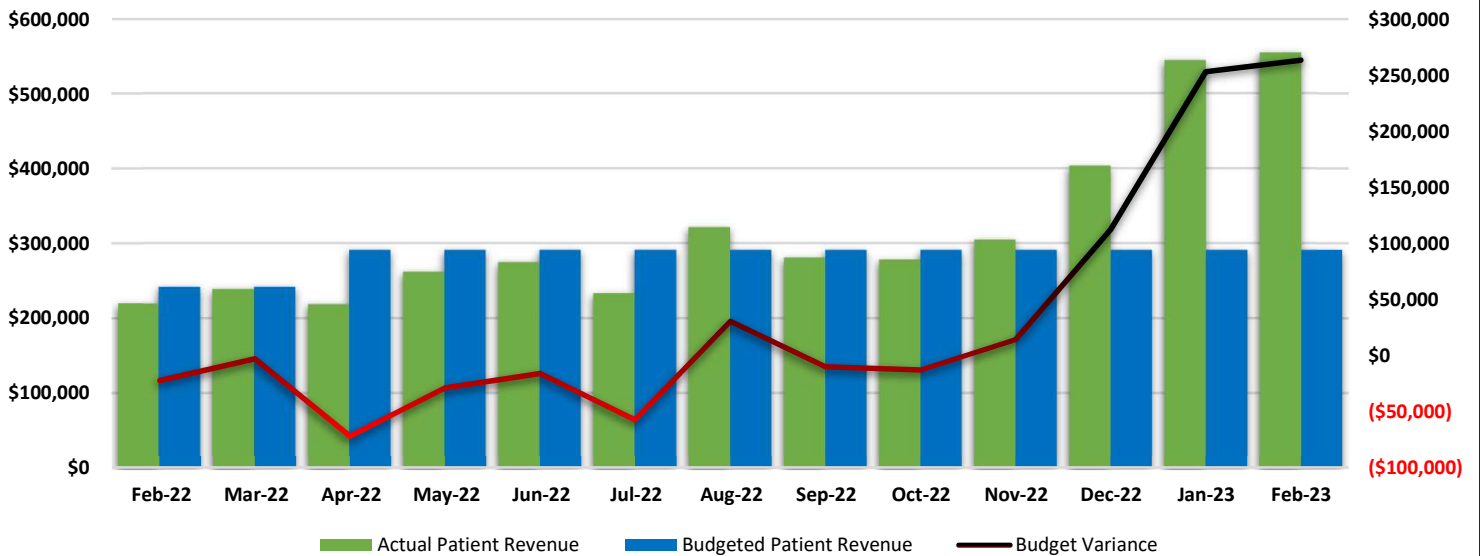
HIGHLIGHTS

- **Fund Balance:** For the month of February the total fund balance was \$9,107,568, an increase of \$240,298 from January.
- **Revenue:** MTD revenue was \$1,219,382 which is over budget by \$279,948. YTD revenue was \$12,620,540 and is over budget by \$2,286,775. The large difference between actual and budget for YTD is due to the extra funding from HHS.
- **Expense:** MTD expenses were \$978,778 which is \$39,345 over budget. YTD expenses were \$11,644,247 which are \$1,310,482 over budget. This difference between actual and budget is due primarily from the increase in personnel from the extra funding from HHS and is offset by revenue from the HRSA ARP grant.

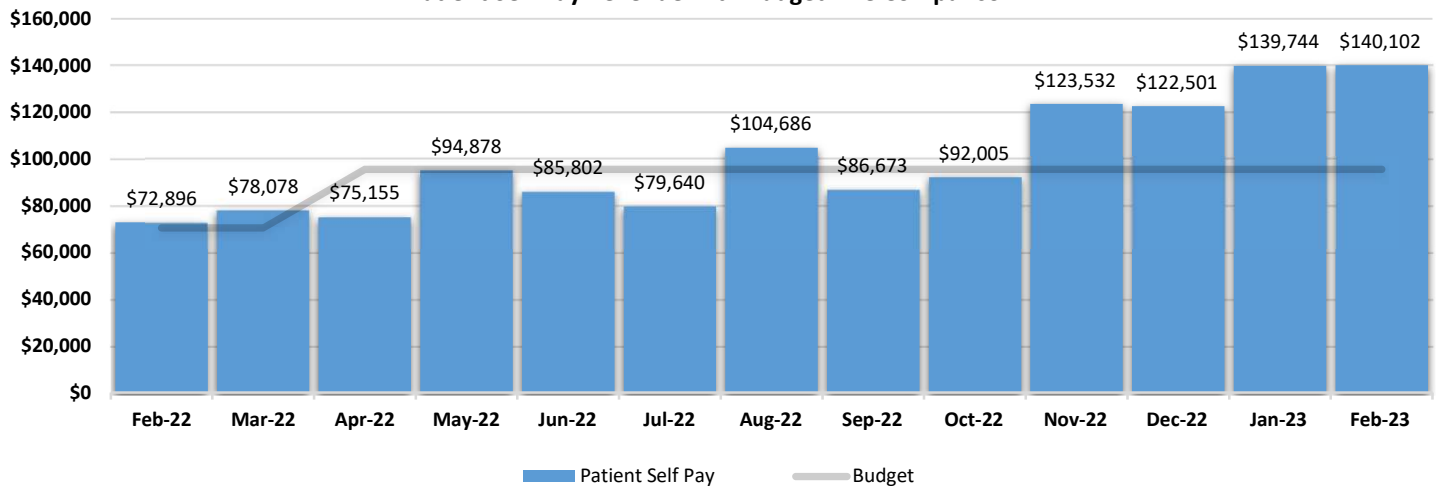
Actual Revenue & Expenses in Comparison to Budget



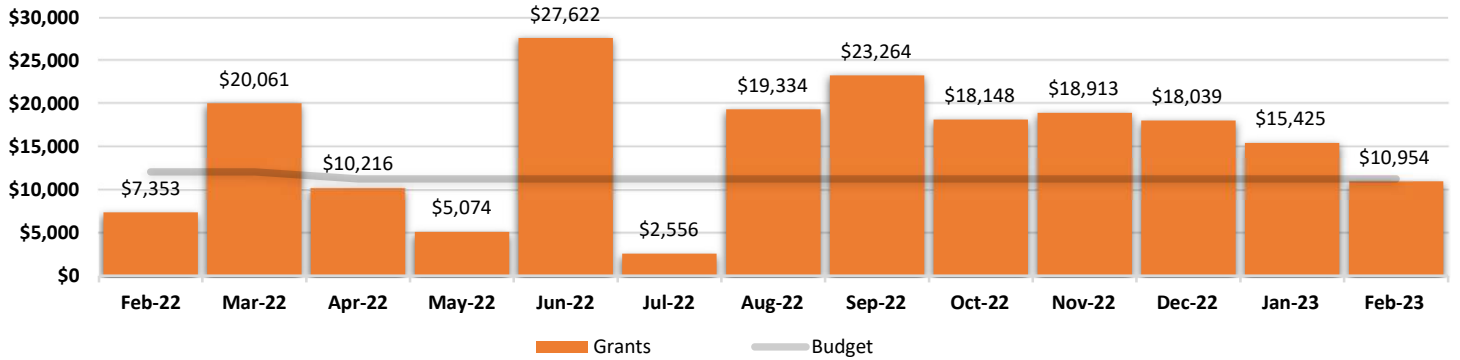
Actual Patient Revenue Rec'd vs Budget with Variance



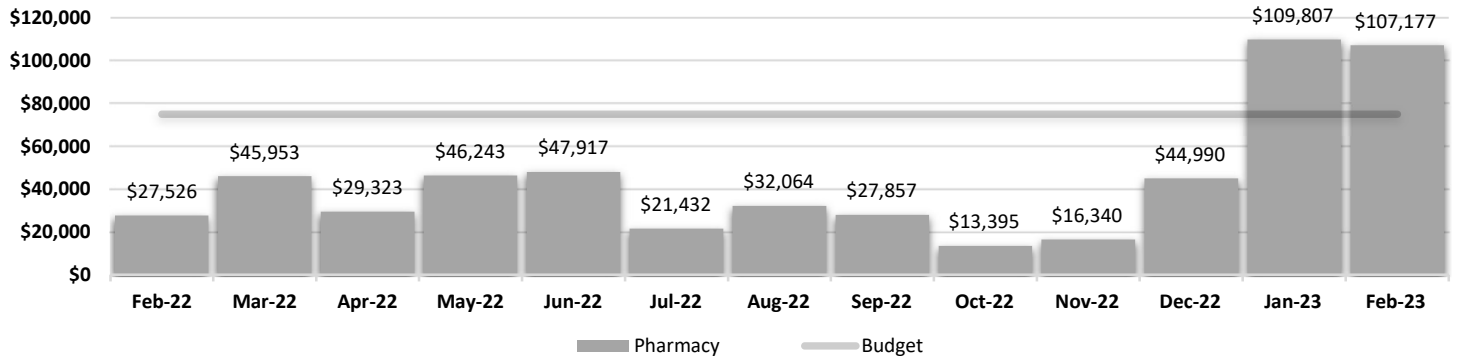
Patient Self Pay Revenue with Budget Line Comparison



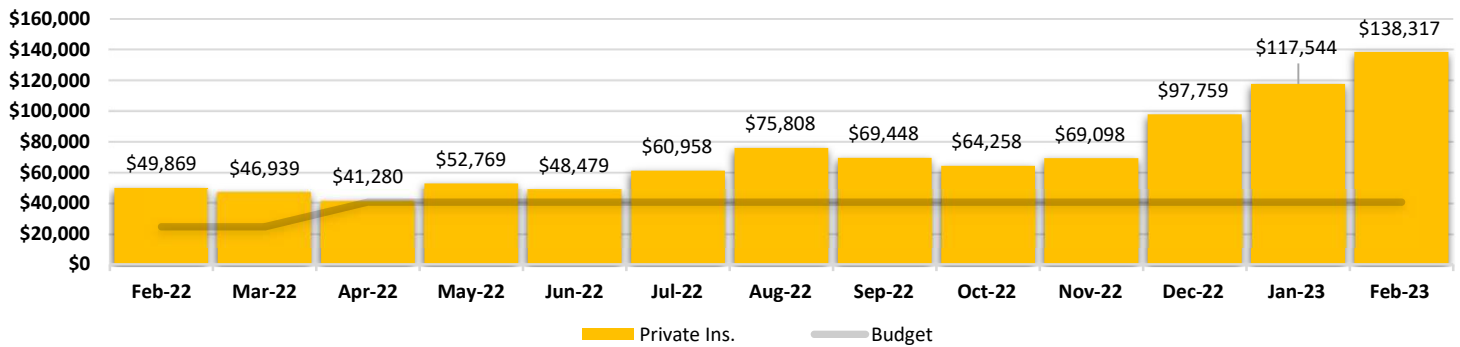
Title V & Ryan White Revenue with Budget Line Comparison



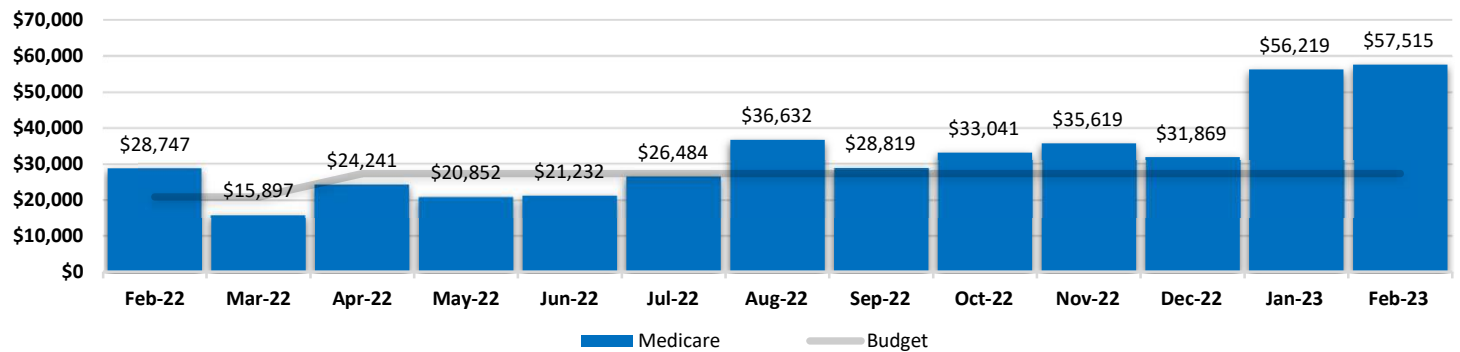
Pharmacy Revenue with Budget Line Comparison



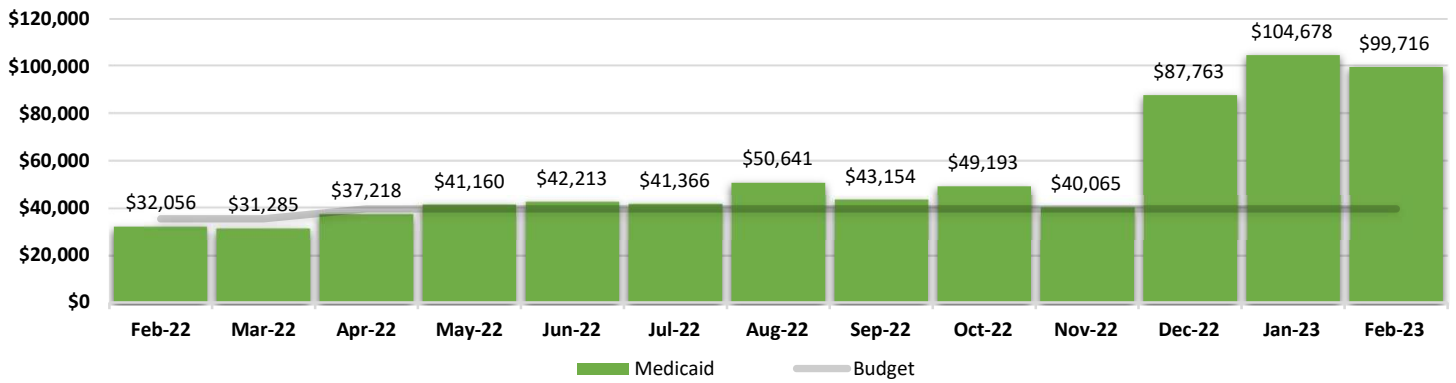
Private Insurance Revenue with Budget Line Comparison



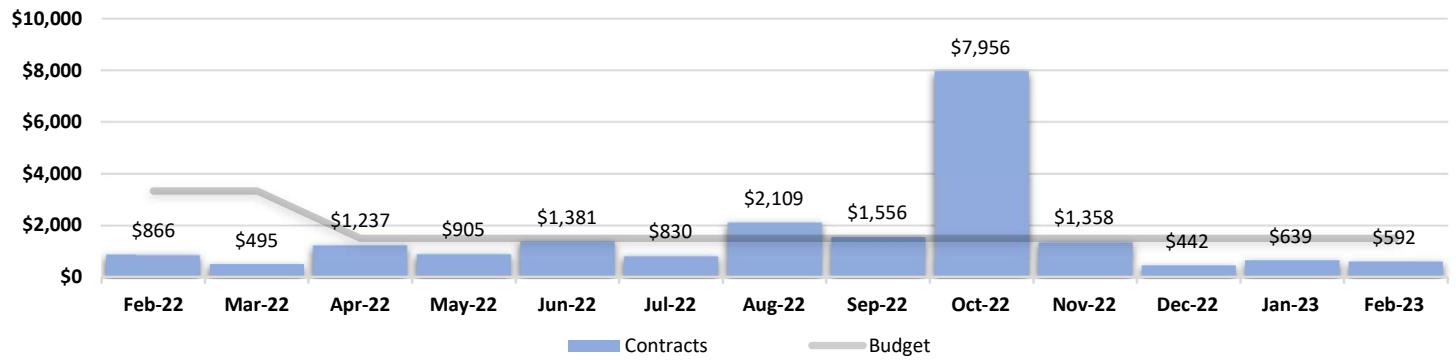
Medicare Revenue with Budget Line Comparison



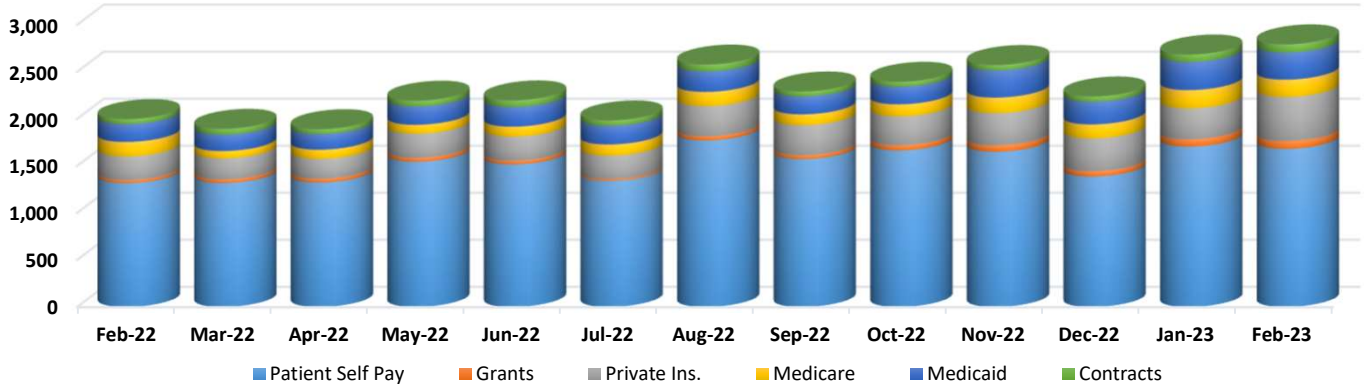
Medicaid Revenue with Budget Line Comparison



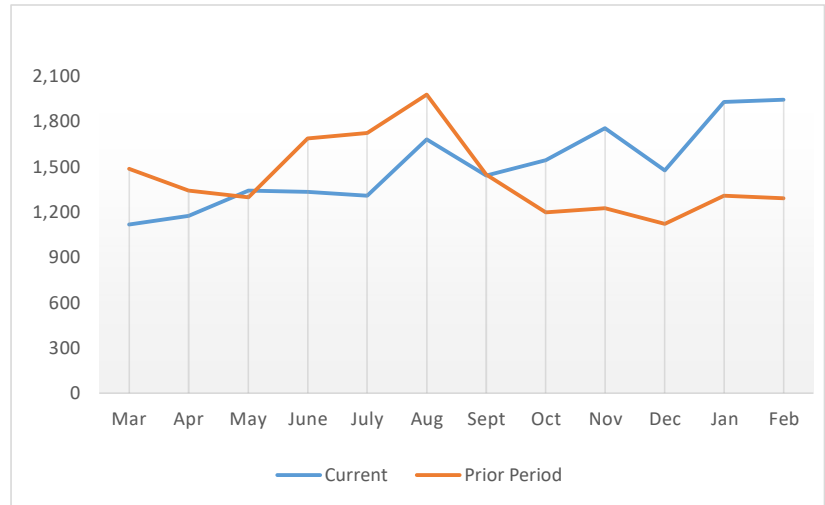
Contract Revenue with Budget Line Comparison



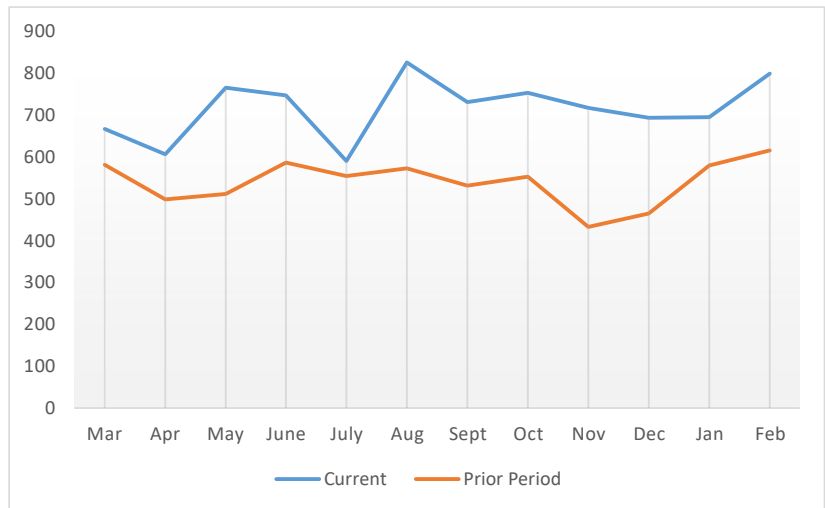
Total Number of Patient Visits



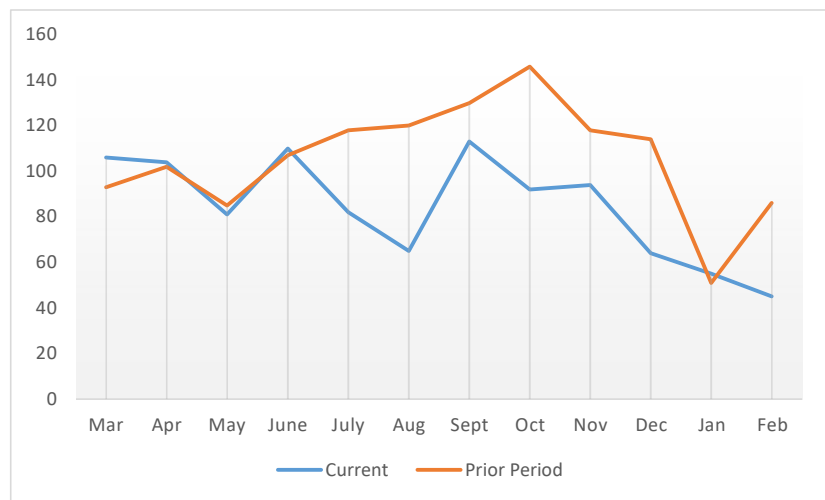
	Medical Visits	
	<u>Current</u>	<u>Prior Period</u>
Mar	1,119	1,488
Apr	1,178	1,345
May	1,345	1,299
June	1,337	1,689
July	1,309	1,727
Aug	1,684	1,980
Sept	1,445	1,450
Oct	1,547	1,198
Nov	1,759	1,227
Dec	1,478	1,124
Jan	1,932	1,311
Feb	1,946	1,294
	18,079	17,132



	Dental Visits	
	<u>Current</u>	<u>Prior Period</u>
Mar	668	582
Apr	607	499
May	766	512
June	748	587
July	591	555
Aug	827	574
Sept	732	532
Oct	754	554
Nov	718	433
Dec	695	466
Jan	696	580
Feb	800	616
	8,602	6,490



	Counseling Visits	
	<u>Current</u>	<u>Prior Period</u>
Mar	106	93
Apr	104	102
May	81	85
June	110	107
July	82	118
Aug	65	120
Sept	113	130
Oct	92	146
Nov	94	118
Dec	64	114
Jan	55	51
Feb	45	86
	1,011	1,270



Vists by Financial Class - Actual vs. Budget
As of February 28, 2023 (Grant YTD 04/01/22 - 02/28/23)

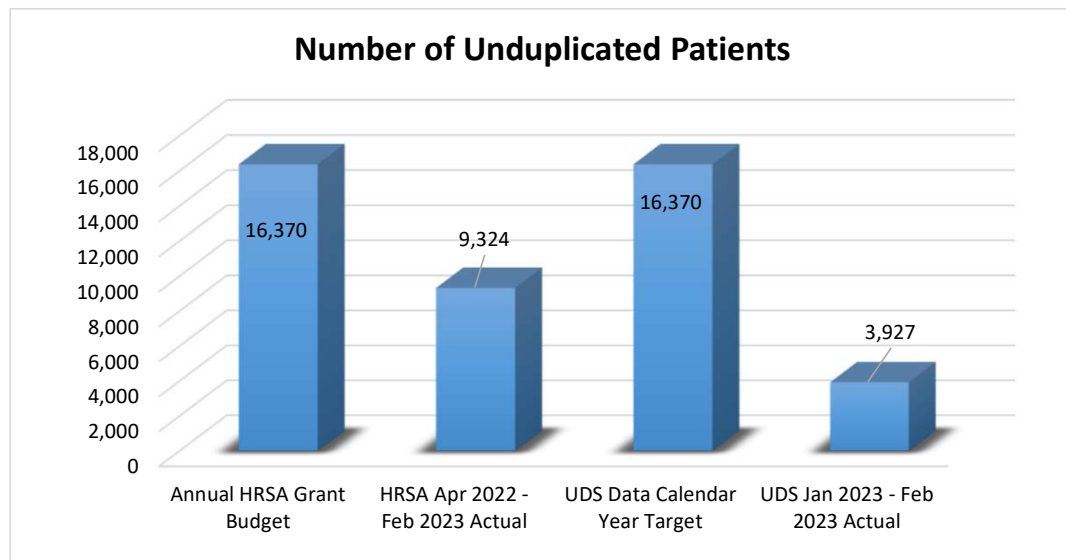
	Annual HRSA Grant Budget	MTD Actual	MTD Budget	Over/(Under) MTD Budget	YTD Actual	YTD Budget	Over/(Under) YTD Budget	% Over/(Under) YTD Budget
Medicaid	3,400	288	283	5	2,893	3,117	(224)	-7%
Medicare	2,425	185	202	(17)	1,572	2,223	(651)	-29%
Other Public <i>(Title V, Contract, Ryan White)</i>	993	171	83	88	1,360	910	450	49%
Private Insurance	4,435	467	370	97	3,516	4,065	(549)	-14%
Self Pay	24,404	1,680	2,034	(354)	17,010	22,370	(5,360)	-24%
	35,657	2,791	2,971	(180)	26,351	32,686	(6,335)	-19%

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

	Current Year Annual Target	Jan 2022 - Feb 2022 Actual	Jan 2023 - Feb 2023 Actual	Increase/ (Decrease) Prior Year	% of Annual Target
Unduplicated Patients	16,370	2,989	3,927	938	24%

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

	Annual HRSA Grant Budget	Apr 2021 - Feb 2022 Actual	Apr 2022 - Feb 2023 Actual	Increase/ (Decrease) Prior Year	% of Annual Target
Unduplicated Patients	16,370	8,225	9,324	1,099	57%



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Governing Board

March 2023

Item#12

**Consider for Approval Final Budget for
FY 2023-2024 Submitted by Trish Bailey**



Coastal Health & Wellness

FY24 Proposed Budget

April 1, 2023 - March 31, 2024

March 30, 2023

COASTAL HEALTH & WELLNESS

Proposed Budget for the fiscal year ending March 31, 2024

Budget Highlights

SUMMARY

- Budget increased by \$3,311,138 from FY23, including fund balance.

REVENUES

- Increase of \$1,759,598 in Patient Revenue based on payor mix and average income per visit amounts.
- HRSA Base Grant funding amount remains level at \$3,237,400.
- Decrease of \$400,000 in County Revenue.
- Decrease of \$750,000 in DSRIP Revenue, program termination.
- Includes \$2,718,248 in Fund Balance .

EXPENDITURES

Personnel

- Increase of \$2,808,107 in personnel (\$2,465,044 increase in wages and \$343,063 in benefits).
 - Includes a 3% Performance Bucket of \$264,401 for salary increases based on performance.
- Net increase of 31 FTE's (additional details included in within packet).
 - Added 6 new positions (3 Case Mgmt/OEE, 1 Lab, 1 Dental Hygienist and 1 Medical Assistant).
 - Includes addition of 18 new FTE's previously funded by HRSA ARP grant.
 - Includes addition of 8 existing FTE's previously funded by HRSA ARP grant.
- One-time supplemental payout proposed from fund balance (*\$500 full-time and \$250 part-time employees*) .
- Includes a 5% salary lapse to account for position vacancies.
- Includes a 10% lapse on medical and 5% lapse on CareHere to account for employees who opt out.

Contractual

- Outside Lab and X-Ray increased based on an increase in number of tests as well as the average cost per test.
- Increase in Misc. Contracts for Translation Services, 340B Program Mgmt, and Revenue Cycle Consulting as needed.
- Decrease in Billing Contracts, bringing in-house, and IGTR reimbursement due to DSRIP program termination.

Supplies/Other

- Increase in operating supplies based on an increase in anticipated visits and manufacturing rates.
- Includes budgeted dollars for Marketing and Outreach.
- Increase in software for Cloud services (previously funded by HRSA ARP), patient billing, and new Acct/Payroll systems.

FUND BALANCE

- Includes \$2,718,248 in proposed fund balance expenses.
 - One-time supplemental payout \$53,084 and Performance bucket \$293,935
 - Computer refresh replacements \$125,625
 - CoaguChek Professional Meters \$4,000
 - Operating expenses \$2,241,604

Budget Expense Breakdown:	FY23	FY24	Change	%
Personnel	7,422,883	10,230,990	2,808,107	38%
Supplies	1,011,880	1,135,745	123,865	12%
Contract Services	939,202	1,072,106	132,904	14%
Other Costs	1,497,787	1,567,680	69,893	5%
Bad Debt	401,446	577,815	176,369	44%
Budgeted Expense Total	\$ 11,273,198	\$ 14,584,336	\$ 3,311,138	29.4%

COASTAL HEALTH & WELLNESS

Proposed Budget for the fiscal year ending March 31, 2024

Operating Budget

	FY23 Budget	FY24 Budget
REVENUE:		
<i>Patient Service Income</i>	2,591,423	4,351,021
<i>Local Funding</i>	3,734,667	3,334,667
<i>Other Local Funding</i>	16,208	-
<i>Federal BPHC 330 Grant</i>	3,237,400	3,237,400
<i>Other Revenues (Pharmacy, Medical Record Fees, Interest, Fund Balance):</i>	1,693,500	3,661,248
TOTAL REVENUE	\$ 11,273,198	\$ 14,584,336
	FY23 Budget	FY24 Budget
EXPENSES:		
Personnel:		
<i>Administration</i>	2,013,607	2,214,959
<i>Medical Staff</i>	2,181,948	3,045,907
<i>Dental Staff</i>	1,040,752	1,364,302
<i>Mental Health Staff</i>	131,109	170,899
<i>Enabling Staff (Case Management, Outreach & Education)</i>	768,942	1,778,335
<i>Salaries, Overtime</i>	24,000	38,000
<i>Salaries, Provider Incentives</i>	5,000	18,000
Fringe Benefits:		
<i>FICA Expense</i>	471,649	660,224
<i>Texas Unemployment Tax</i>	11,808	15,386
<i>Life Insurance</i>	16,166	21,708
<i>Long Term Disability Insurance</i>	15,038	20,379
<i>Health Insurance & Sponsored Healthcare Program</i>	491,929	579,093
<i>Worker's Comp Insurance</i>	18,501	25,892
<i>Pension / Retirement</i>	232,434	277,906
Total Personnel and Fringe Benefits	7,422,883	10,230,990
Travel:		
<i>Non-Local Travel</i>	6,000	6,000
<i>Mileage - Staff travel b/t clinic sites, meetings, etc.</i>	3,200	3,200
Total Travel	9,200	9,200
Supplies:		
<i>Clinical Medical</i>	108,000	134,000
<i>Lab / X-ray</i>	25,000	30,000
<i>Pharmaceuticals</i>	600,000	457,800
<i>Dental</i>	120,000	190,000
<i>Outside Dental (Restorative)</i>	52,000	81,000
<i>Office, Administrative, Janitorial, & Printing Supplies</i>	106,880	242,945
Total Supplies	1,011,880	1,135,745
Contractual:		
Patient Care Contracts:		
<i>Outside Lab Contract (2,400 tests/month at \$8.70 avg/test)</i>	205,632	250,560
<i>Outside X-Ray Contract (160 readings/month at \$12/reading)</i>	18,720	23,040
<i>Patient Transportation Contract (transport provided to TC location)</i>	6,000	6,000
<i>Contract Ob/Gyn & Internal Medicine Services</i>	259,728	259,728
<i>Contract CIHCP</i>	3,600	3,600
<i>Telehealth Opioid Treatment Contract (\$800/week for 4 hours/week)</i>	38,400	38,400
<i>Translation & Interpretation Services</i>	-	63,160

COASTAL HEALTH & WELLNESS

Proposed Budget for the fiscal year ending March 31, 2024

Operating Budget

	FY23 Budget	FY24 Budget
Subtotal Patient Care Contracts	532,080	644,488
Non-Patient Contracts:		
Janitorial Contract (Contract for services at 2 sites)	196,438	207,094
Security (Security services at 2 sites)	30,660	31,980
Pest Control (pest control services at 2 sites)	960	1,800
Patient Portal	64,440	2,040
Contract & Communications Management (Compliatric, Meltwater)	10,380	23,580
Compliance Assessment Services (Fit-For-Duty)	3,300	3,300
Consulting (Creager, IT Works, Meriplex, 340B, and Revenue Cycle)	4,800	67,080
Interface EAP, Prehire Screenings, Tax Forms, & Medicare Exclusions	6,144	6,744
Billing, Statements, Claims Processing Contract Service	90,000	84,000
Subtotal Non-Patient Contracts	407,122	427,618
Total Contractual	939,202	1,072,106
Equipment:		
None	-	-
Total Equipment	-	-
Other:		
Training	30,135	30,135
Postage	9,000	9,000
Telecommunications	67,812	68,772
Utilities (Water & Electricity)	18,372	18,372
Rentals	58,440	62,040
Leases - Facility	519,924	519,924
Maint & Repair:		
Equipment	90,799	95,004
Building	3,017	3,000
Insurance:		
General Liability	11,016	11,016
Building Contents	14,736	14,736
Mobile Clinic	-	-
IGT Reimbursement	246,825	-
Newspaper Ads	23,900	77,900
Subscriptions, Books, etc.	18,000	19,686
Organizational Memberships	34,975	46,260
IT Software, Licensing & Usage Fees	299,566	535,065
Professional Fees/License/Inspections	4,670	4,670
Professional Services - Accounting Audit Services	22,800	25,200
Med/Hazard Waste Disposal	5,400	7,200
Board Meeting Operations	600	1,500
Service Charge - Credit Cards	8,600	9,000
Bad Debt	401,446	577,815
Total Other	1,890,033	2,136,295
TOTAL EXPENSES	\$ 11,273,198	\$ 14,584,336

COASTAL HEALTH & WELLNESS**Proposed Budget for the fiscal year ending March 31, 2024****Operating Budget**

	FY23 Budget	FY24 Budget
CHW BUDGETED POSITIONS:		
<i>Admin Support</i>	<i>46.3</i>	<i>32.3</i>
<i>Medical Director</i>	<i>1.0</i>	<i>1.0</i>
<i>Family Physicians</i>	<i>1.0</i>	<i>1.0</i>
<i>Physician Assistant / Nurse Practitioner</i>	<i>6.0</i>	<i>7.0</i>
<i>Pediatrician</i>	<i>0.0</i>	<i>1.0</i>
<i>Nurses</i>	<i>7.0</i>	<i>11.0</i>
<i>Clinical Support</i>	<i>15.5</i>	<i>40.0</i>
<i>Lab</i>	<i>4.0</i>	<i>7.0</i>
<i>Dentists</i>	<i>3.5</i>	<i>4.5</i>
<i>Dental Hygienists</i>	<i>1.6</i>	<i>2.6</i>
<i>Dental Assistants</i>	<i>8.0</i>	<i>10.5</i>
<i>Behavioral Health Specialists</i>	<i>1.5</i>	<i>2.0</i>
<i>Case Management</i>	<i>5.5</i>	<i>6.5</i>
<i>Outreach & Education</i>	<i>0.0</i>	<i>5.0</i>
TOTAL FTE's	100.9	131.4

COASTAL HEALTH & WELLNESS

Proposed Budget for the fiscal year ending March 31, 2024

Budget Details

	FY22 Actual	FY23 Budget	FY23 Actual thru 8/31/22	FY23 Projected thru 3/31/23	FY24 Proposed Budget	Increase / (Decrease)
VISITS:	22,886	35,657	10,920	26,208	39,559	3,902
REVENUES						
HRSA Grant Revenue	4,536,755	3,237,400	1,907,223	4,577,335	3,237,400	-
HHS Other Grant Revenue	36,913	-	-	-	-	-
Grant Revenue	168,260	135,140	64,802	155,525	172,640	37,500
Patient Fees	872,124	1,146,988	440,161	1,056,387	1,650,900	503,912
Private Insurance	575,367	487,920	279,294	670,305	1,325,700	837,780
Pharmacy Revenue	379,833	900,000	176,979	424,749	900,000	-
Medicare	334,859	327,375	129,441	310,659	416,150	88,775
Medicaid	400,032	476,000	212,597	510,233	769,131	293,131
Local Grants & Foundations	22,208	16,208	-	-	-	(16,208)
Medical Record Revenue	7,823	14,000	3,726	8,941	9,000	(5,000)
Medicaid Incentive Payments	42,526	-	36,600	87,840	-	-
County Revenue	3,734,667	3,734,667	1,556,111	3,734,667	3,334,667	(400,000)
DSRIP Revenue	1,039,085	750,000	712,500	712,500	-	(750,000)
Miscellaneous Revenue	3,381	-	687	1,648	-	-
Gain on Fixed Asset Disposals	656	-	-	-	-	-
Interest Income	27,086	24,500	12,802	30,726	34,000	9,500
CHW Contract Revenue	5,179	18,000	6,463	15,511	16,500	(1,500)
Local Funds / Other Revenue	4,102	5,000	1,081	2,594	-	(5,000)
Fund Balance	-	-	-	-	2,718,248	2,718,248
TOTAL REVENUE	\$ 12,190,855	\$ 11,273,198	\$ 5,540,467	\$ 12,299,620	\$ 14,584,336	\$ 3,311,138
EXPENSES						
Salaries	5,874,971	5,919,231	2,576,936	6,184,647	8,337,480	2,418,249
Salaries, Provider Incentives	10,750	5,000	5,250	12,600	18,000	13,000
Salaries, Overtime	31,046	24,000	15,051	36,123	38,000	14,000
Salaries, Part-Time	258,076	217,127	135,332	324,797	236,922	19,795
Comp Pay Premium	11	-	209	501	-	-
FICA Expense	454,329	471,649	201,363	483,272	660,224	188,575
Texas Unemployment Tax	20,925	11,808	(1,356)	(3,254)	15,386	3,578
Life Insurance Expense	17,132	16,166	6,917	16,602	21,708	5,542
LTD Insurance Expense	13,167	15,038	5,425	13,019	20,379	5,341
Health Insurance Expense	353,573	418,938	140,851	338,044	489,115	70,177
Worker's Comp Insurance	10,982	18,501	7,178	17,228	25,892	7,391
Sponsored Healthcare Pgm	64,883	72,991	22,284	53,481	89,978	16,987
Pension / Retirement	166,038	232,434	102,825	246,779	277,906	45,472
Outside Lab Contract	199,139	205,632	88,701	212,882	250,560	44,928
Outside X-Ray Contract	16,236	18,720	8,640	20,736	23,040	4,320
Misc Contract Services	271,735	390,792	198,324	475,977	467,632	76,840
Temporary Staffing	45,952	-	-	-	-	-
CHW Billing Contract Svc	75,530	90,000	33,759	81,021	84,000	(6,000)
IGT Reimbursement	333,363	246,825	235,125	235,125	-	(246,825)
Janitorial Contract	184,489	196,438	81,976	196,743	207,094	10,656
Pest Control	961	960	401	961	1,800	840
Security	24,816	30,660	12,601	30,243	31,980	1,320
Office Supplies	102,980	95,880	43,698	104,875	102,200	6,320
Operating Supplies	335,384	258,000	164,760	395,425	359,000	101,000
Outside Dental Supplies	50,340	52,000	31,590	75,815	81,000	29,000
Pharmaceutical Supplies	286,241	600,000	155,849	374,038	457,800	(142,200)

COASTAL HEALTH & WELLNESS

Proposed Budget for the fiscal year ending March 31, 2024

Budget Details

	FY22 Actual	FY23 Budget	FY23 Actual thru 8/31/22	FY23 Projected thru 3/31/23	FY24 Proposed Budget	Increase / (Decrease)
VISITS:	22,886	35,657	10,920	26,208	39,559	3,902
Janitorial Supplies	4,880	1,200	-	-	1,200	-
Printing Supplies	2,648	5,280	715	1,715	4,920	(360)
Uniform	-	-	51	122	-	-
Controlled Assets (i.e. computers)	25,009	4,800	23,602	23,602	129,625	124,825
Postage	6,241	9,000	2,667	6,401	9,000	-
Telecommunications	66,472	67,812	28,750	69,000	68,772	960
Water	366	372	153	366	372	-
Electricity	15,568	18,000	5,912	14,188	18,000	-
Mileage	1,033	3,200	599	1,438	3,200	-
Travel	-	-	-	-	-	-
Training	11,732	30,135	2,060	4,945	30,135	-
Travel	11,085	6,000	5,797	6,421	6,000	-
Rentals	46,086	58,440	26,872	64,493	62,040	3,600
Leases	518,506	519,924	216,634	519,922	519,924	-
Maint/Repair, Equip.	93,530	90,799	38,130	91,512	95,004	4,205
Maint/Repair, Bldg.	9,991	3,017	-	-	3,000	(17)
Maint/Repair, IT Equip.	-	-	518	1,243	-	-
Insurance, Auto/Truck	98	108	38	92	108	-
Insurance, General Liability	10,816	10,908	4,327	10,385	10,908	-
Insurance, Bldg. Contents	13,919	14,736	6,085	14,604	14,736	-
Operating Equipment	106,885	-	(8,575)	(8,575)	-	-
Newspaper Ads/Advertising	26,342	23,900	5,311	12,747	77,900	54,000
Subscriptions, Books, Etc.	18,203	18,000	6,895	16,547	19,686	1,686
Association Dues	25,647	34,975	35,260	42,624	46,260	11,285
IT Software / Licenses	338,323	299,566	192,999	463,197	535,065	235,499
Prof Fees/Licenses/Inspections	7,823	4,670	1,599	3,839	4,670	-
Professional Services	15,695	22,800	21,604	25,249	25,200	2,400
Med / Hazard Waste Disposal	4,837	5,400	3,374	8,099	7,200	1,800
Transportation	4,455	6,000	1,377	3,305	6,000	-
Board Meeting Operations	1,155	600	1,827	2,524	1,500	900
Service Charge - Credit Cards	10,865	8,600	4,108	9,860	9,000	400
Cashier Over/Short	(5)	-	86	206	-	-
Bad Debt Expense	419,511	401,446	213,659	512,783	577,815	176,369
Miscellaneous Expense	3,913	-	-	-	-	-
TOTAL EXPENSES	\$ 11,024,681	\$ 11,278,478	\$ 5,116,125	\$ 11,850,535	\$ 14,584,336	\$ 3,305,858
<i>Revenue Over / (Under) Expenses</i>	<i>1,166,174</i>	<i>(5,280)</i>	<i>424,341</i>	<i>449,085</i>	<i>-</i>	<i>5,280</i>

COASTAL HEALTH & WELLNESS

Proposed Budget for the fiscal year ending March 31, 2024

Funding Details

	<i>Federal</i>	<i>Non-Federal</i>	<i>Fund Balance</i>	FY24 Total Budget
REVENUES				
HRSA Grant Revenue	3,237,400	-	-	3,237,400
Grant Revenue	-	172,640	-	172,640
Patient Fees	-	1,650,900	-	1,650,900
Private Insurance	-	1,325,700	-	1,325,700
Pharmacy Revenue	-	900,000	-	900,000
Medicare	-	416,150	-	416,150
Medicaid	-	769,131	-	769,131
Medical Record Revenue	-	9,000	-	9,000
County Revenue	-	3,334,667	-	3,334,667
Interest Income	-	34,000	-	34,000
CHW Contract Revenue	-	16,500	-	16,500
Fund Balance	-	-	2,718,248	2,718,248
TOTAL REVENUE	\$ 3,237,400	\$ 8,628,688	\$ 2,718,248	\$ 14,584,336
EXPENSES				
Salaries	2,016,218	5,079,560	1,241,702	8,337,480
Salaries, Provider Incentives	-	15,216	2,784	18,000
Salaries, Overtime	-	32,122	5,878	38,000
Salaries, Part-Time	48,716	159,092	29,114	236,922
FICA Expense	157,969	404,375	97,880	660,224
Texas Unemployment Tax	3,697	9,881	1,808	15,386
Life Insurance Expense	5,426	13,763	2,519	21,708
LTD Insurance Expense	5,125	12,894	2,360	20,379
Health Insurance Expense	118,637	313,169	57,309	489,115
Worker's Comp Insurance	6,193	15,861	3,838	25,892
Sponsored Healthcare Pgm	21,824	57,611	10,543	89,978
Pension / Retirement	66,491	170,214	41,201	277,906
Outside Lab Contract	250,560	-	-	250,560
Outside X-Ray Contract	23,040	-	-	23,040
Misc Contract Services	-	-	467,632	467,632
CHW Billing Contract Svc	-	-	84,000	84,000
Janitorial Contract	206,724	-	370	207,094
Pest Control	960	-	840	1,800
Security	28,200	-	3,780	31,980
Office Supplies	-	102,200	-	102,200
Operating Supplies	3,576	355,424	-	359,000
Outside Dental Supplies	-	81,000	-	81,000
Pharmaceutical Supplies	-	457,800	-	457,800
Janitorial Supplies	-	1,200	-	1,200
Printing Supplies	-	4,920	-	4,920
Controlled Assets (i.e. computers)	-	-	129,625	129,625
Postage	-	9,000	-	9,000
Telecommunications	15,600	53,172	-	68,772
Water	-	372	-	372
Electricity	-	18,000	-	18,000
Mileage	-	3,200	-	3,200
Training	-	30,135	-	30,135
Travel	-	6,000	-	6,000
Rentals	17,940	44,100	-	62,040

COASTAL HEALTH & WELLNESS

Proposed Budget for the fiscal year ending March 31, 2024

Funding Details

	<i>Federal</i>	<i>Non-Federal</i>	<i>Fund Balance</i>	FY24 Total Budget
Leases	169,860	350,064	-	519,924
Maint/Repair, Equip.	70,644	24,360	-	95,004
Maint/Repair, Bldg.	-	3,000	-	3,000
Maint/Repair, IT Equip.	-	-	-	-
Insurance, Auto/Truck	-	108	-	108
Insurance, General Liability	-	10,908	-	10,908
Insurance, Bldg. Contents	-	14,736	-	14,736
Newspaper Ads/Advertising	-	77,900	-	77,900
Subscriptions, Books, Etc.	-	19,686	-	19,686
Association Dues	-	46,260	-	46,260
IT Software / Licenses	-	-	535,065	535,065
Prof Fees/Licenses/Inspections	-	4,670	-	4,670
Professional Services	-	25,200	-	25,200
Med / Hazard Waste Disposal	-	7,200	-	7,200
Transportation	-	6,000	-	6,000
Board Meeting Operations	-	1,500	-	1,500
Service Charge - Credit Cards	-	9,000	-	9,000
Bad Debt Expense	-	577,815	-	577,815
Miscellaneous Expense	-	-	-	-
TOTAL EXPENSES	\$ 3,237,400	\$ 8,628,688	\$ 2,718,248	\$ 14,584,336
<i>Revenue Over / (Under) Expenses</i>	-	-	-	-

CATEGORICAL	<i>Federal</i>	<i>Non-Federal</i>	<i>Fund Balance</i>	FY24 Total Budget
Wages	2,064,934	5,285,990	1,279,478	8,630,402
Benefits	385,362	997,768	217,458	1,600,588
Travel	-	9,200	-	9,200
Equipment	-	-	-	-
Supplies	3,576	1,002,544	129,625	1,135,745
Contractual	509,484	6,000	556,622	1,072,106
Other	274,044	1,327,186	535,065	2,136,295
Total Expenses	\$ 3,237,400	\$ 8,628,688	\$ 2,718,248	\$ 14,584,336

Department of Health and Human Services Health Services and Resources Administration Form 3: Income Analysis Support Year 22		For HRSA Use Only				
		Applicant Name:		COASTAL HEALTH & WELLNESS		
		Grant Number:		H80CS00344		
		Application Tracking Number:		207888		
Part 1: Patient Service Revenue - Program Income						
Line #	Payer Category	Patients	Billable Visits	Income Per Visit	Projected Income	Prior FY Income Mo/Yr: March 2022
		(a)	(b)	(c)	(d)	(e)
1	Medicaid	1,647	4,113	187.00	769,131.00	400,032.41
2	Medicare	978	2,378	175.00	416,150.00	334,859.28
3	Other Public	420	1,079	160.00	172,640.00	168,259.63
4	Private	1,987	4,474	300.00	1,342,200.00	580,545.92
5	Self Pay	10,127	27,515	60.00	1,650,900.00	872,123.75
6	Total (lines 1-5)	15,159	39,559	109.99	4,351,021.00	2,355,820.99
Part 2: Other Income - Other Federal, State, Local and Other Income						
7	Other Federal				-	1,378,794.10
8	State Government				-	1,039,084.77
9	Local Government				3,334,667.00	3,734,667.00
10	Private Grants/Contracts				-	22,208.00
11	Contributions				-	-
12	Other				943,000.00	422,880.28
13	Applicant (Retained Earnings)				2,718,248.00	-
14	Total Other (lines 7-13)				6,995,915.00	6,597,634.15
Total Non-Federal (Non-section 330) Income (Program Income Plus Other)						
15	Total Non-Federal (lines 6 + 14)				11,346,936.00	8,953,455.14
Comments/Explanatory Notes (if applicable)						
Contract Revenue is included in Line 4 Private. Projected Income for current Support year is \$16,500 for contracts, prior fiscal year income was \$5,179.						

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.

COASTAL HEALTH & WELLNESS

Proposed Budget for the fiscal year ending March 31, 2024

Fund Balance Reserve Expenditures

Personnel Costs:

53,084	One-Time payout of \$500 (full-time) and \$250 (part-time) staff
293,935	Performance Bucket
<u>1,149,917</u>	Coastal operating expenditures funded by unreserved fund balance
\$ 1,496,936	

Contract Services:

<u>556,622</u>	Coastal operating expenditures funded by unreserved fund balance
\$ 556,622	

Supply Items:

125,625	Computer Refresh Replacements (5 desktops, 50 laptops)
<u>4,000</u>	CoaguChek Professional Meter for monitoring patients on anticoagulant meds (2 x \$2,000)
\$ 129,625	

Software/Licenses:

<u>535,065</u>	Coastal operating expenditures funded by unreserved fund balance.
\$ 535,065	

<u><u>\$ 2,718,248</u></u>	Total CHW Fund Balance Proposed Purchases
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Governing Board

March 2023

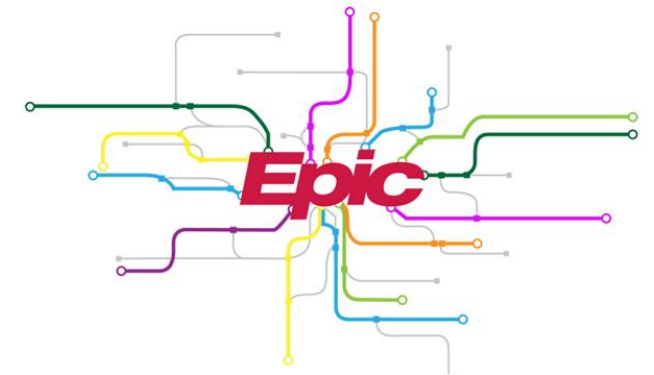
Item#13

Consider for Approval Change in EHR Vendor to EPIC

Submitted by Ami Cotharn



Electronic Health Record (EHR) – Software Change Proposal for Coastal Health & Wellness



Situation – Coastal would like to change its EHR software migrating *from* NextGen Software *to* Epic Software

An EHR system should:

- Help maximize revenue.
- Make healthcare more efficient so that it delivers better patient outcomes.
- Streamline workflows.
- Provide quick and easy access to medical records by patient and provider alike.
- Think going from a flip phone to an Apple or Android.

In summary, upgrading Coastal' s EHR software will focus on best patient health outcomes, clinical productivity, and efficiency.





Background – The last 12 years...

- Coastal implemented an Electronic Health Record 12 years ago, utilizing NextGen Software.
- While NextGen was an upgrade to paper charting and patient record management, it has its own set of issues.

A few include:

- No operational integration platform with community partners, UTMB (think continuity of care).
- A complex and cumbersome user (UX) interface and inefficiency in provider documentation related to user interface.
- Slow upgrades that can bring the system grinding to a halt.
- Vendor support is significantly lacking, often taking weeks to months in some cases to resolve issues, affecting patient care.

Assessment – Based on Current Clinic Trends



NextGen

- ~\$375 K Annually.
- Continue to upgrade when available.
- Optimize current EHR.
- Find creative ways to offer continuity of care

Epic by Health Choice Network

- ~\$410 K Annually.
- Sign 10-year contract.
- Begin project planning for migration.
- Go-live with EPIC in ~9-12 months.

Recommendation – Seek Board Approval, Plan EPIC Migration

Outcome

- Utilize new Coastal program revenue sources to compensate for the increase in EHR cost.
- Budget EHR increase into next FY budget.
- Improve interoperability with hospitals and specialists that use EPIC as their EHR.
- Care coordination, including data exchange with hospitals and specialists.
- Population health management, including functionality for clinical data aggregation, analysis, dashboard display, and real-time alerting.
- Quality improvement and utilization management.
- Improved patient engagement.

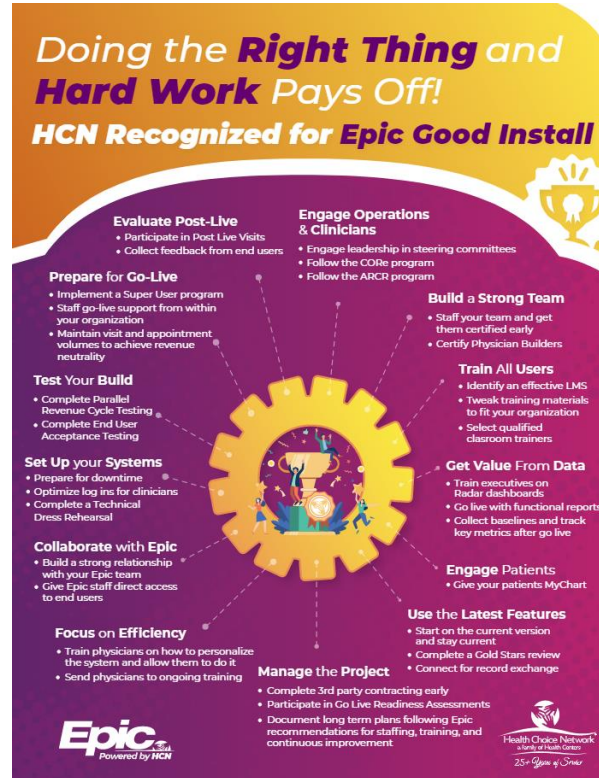


Epic Accolades

Epic Gold Stars Level 9



Epic Good Install



MyChart Diamonds



2022 Connect Accredited



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Item#14
Coastal Health & Wellness Updates**

- a)** Current Public Health Concerns and Status; COVID/Flu/Monkey Pox Submitted by Executive Director
- b)** Operational Updates/Coastal Wave Submitted by Chief Operating Officer
- c)** Dental Updates Submitted by Dental Director
- d)** Medical Updates Submitted by Medical Director

Stay on track with childhood vaccination

Making sure your child stays on track with their childhood vaccinations is one of the best things you can do to protect them, and your community, from serious diseases.

April 24-30 marks National Infant Immunization Week. Did you know giving children the recommended vaccines by age 2 helps protect them from 14 serious childhood diseases, like whooping cough (pertussis) and measles?

If you've fallen behind on recommended childhood vaccinations, now is a good time to get caught up. Give us a call at 409.938.2234 to schedule an appointment. [Learn more](#) about childhood vaccinations.



CHW Dental Assistants complete Sealant and Coronal Polishing course

Congratulations to our Registered Dental Assistants for completing the Sealant and Coronal Polishing course at Houston Community College! Texas is one of the states that permits dental assistants to perform sealants and coronal polishing as long as they have met the state requirements. By completing this course, it allows our Coastal Health and Wellness Dental Team to collaboratively work to improve our patients' oral health. We are so proud of your accomplishments. (L to R: Shelby Salazar, Kirsten Saddler, Beatriz Soliz, Shonta' Hill, Carolina Urbina, Gabriella Trevino, Joaquin Hernandez; not pictured Seka Robinson.

Maria Culangan, RN, HIV Care Manager and PrEP Navigator to represent Forward PrEP program at outreach events

Maria Culangan, RN, care manager - HIV/STD clinical services for GCHD and Coastal Health & Wellness, was asked to represent the Healthy Concepts Clinic and CHW's Forward PrEP program. Maria will attend the following events to promote sexual health and healthy relationships: Dickinson HUT's Staycation event on March 19, College of the Mainland's Sex Ed Symposium on March 31, and Texas A&M during STI Awareness Week.



March 6

**NATIONAL
DENTIST'S DAY**



CHW celebrates National Dentist's Day 2023

Coastal Health & Wellness celebrated National Dentist's Day on March 6.

Thank you to our dedicated CHW dentists: Shady Bishai, DDS; Hanna Lindskog, DDS; Suma Shetty, DDS; Bang Nguyen, DDS; and Unsil Keiser, DDS.

DENTAL ASSISTANTS RECOGNITION WEEK



Carolina Urbina
5 years assisting



Kirsten Saddler
7 of years assisting



Arleth Juarez
2 of years assisting



Seka Robinson
4 of years assisting



John Olvera
1 of years assisting



Joaquin Hernandez
3 of years assisting



Beatriz Soliz
7 of years assisting



Gabriella Trevino
3 of years assisting



Shonta' Hill
10 of years assisting



Gabrielle Bilek
7 months assisting



Shelby Salazar
3 of years assisting

Our dental assistants are TOOTH-rific



NATIONAL DOCTORS' DAY

March 30



Happy National Doctors' Day, March 30

Coastal Health & Wellness celebrated National Doctors' Day on March 30. Thank you to our dedicated doctors for your tireless work to keep our community healthy: Chris Garcia, MD; Maryann Choi, MD, MPH, MS, CMD; Tandace McDill, MD; not pictured, Leonard Nagorski, MD.

Even if you're at high risk, you can make small healthy lifestyle changes to prevent type 2 diabetes and even **reverse** your prediabetes.



GCHD.ORG | COASTALHW.ORG



Take small steps:



- Move your body more
- Choose healthier foods
- Drink water instead of sweetened drinks
- Lose weight and keep it off
- Build a support system to help keep you on track

Are you at risk for developing diabetes?

Prediabetes is a serious health condition where blood sugar levels are higher than normal, but not high enough yet to be diagnosed as type 2 diabetes.

Roughly 96 million people (that's more than one in three adults) have prediabetes, but most don't even know it. Risk factors include being overweight, family history, being physically inactive and being 45 and older.

You can have prediabetes for years and have no symptoms. That's why it's important to talk to your healthcare provider about getting your blood glucose levels tested and work with them to adopt healthy lifestyle changes that can prevent or delay type 2 diabetes and other serious health problems.

Take this [one-minute test](#) to learn if you're at high risk for prediabetes.

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Comments from Board Members**

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