



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

AGENDA

Thursday, June 29, 2023 12:30 PM

As of September 1, 2021, a quorum must be physically present at the meeting in order to utilize videoconferencing. Pursuant to § 551.127 of the Act:

A member or employee of a governmental body may participate remotely and be counted as present if the video and audio feed of the member’s or employee’s participation is broadcast live at the meeting.

CONNECTING VIA INTERNET:

Access the URL: <https://us06web.zoom.us/j/89734151710?pwd=YIU1U3JsN3FKSG1YaCtPSTlXWkg2Zz09>

Meeting Password: 288172

An automated prompt should appear on your screen; when it does, click “Open Zoom Meetings.”

1. If you would prefer to use your computer for audio connection, please do the following:
 - a. When prompted, select “Join Audio”?
 - b. Another popup box will appear, select the tab, “Computer Audio.”
 - c. Now click the box stating, “Join with Computer Audio.” Your connection to the meeting will be automatically established upon doing so.
2. If you would prefer to utilize a phone for your audio connection, please do the following:
 - a. Mute your computer’s volume.
 - b. When prompted, select “Join Audio”?
 - c. Another popup box will appear, select the tab, “Phone Call.”
 - d. You will be presented with a Dial-In, Audio Code, and Participant ID. Call the Dial-In number from your phone and follow the subsequent voice prompts. Your connection to the meeting will be automatically established upon doing so.

CONNECTING VIA PHONE (AUDIO ONLY):

1. Dial 346-248-7799
2. You will be prompted to enter the Meeting ID, which is 897 3415 1710# Meeting Password: 288172
3. Finally, you will be instructed to enter your Participant ID. When this occurs, merely select the pound (hashtag) key without entering any numbers. Your connection to the meeting will be automatically established upon doing so.

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 #1Comments from the Public

*Item #2ACTION.....Agenda

*Item #3ACTION.....Excused Absence(s)

- *Item #4**ACTION**.....Consider for Approval Minutes from June 1, 2023 Governing Board Meeting
- *Item #5**ACTION**.....Consider for Approval Coastal Health & Wellness 340B Policy and Procedures
- *Item #6Informational Report: Credentialing & Privileging Committee Reviewed and Approved the Following Providers Privileging/Re-Credentialing Rights
 - a) Leonard Nagorski, MD
- Item #7**ACTION**.....Consider for Approval FY2022 Independent Auditor’s Report and Financial Statement and Single Audit Reports
- Item #8**ACTION**.....Consider for Approval May 2023 Financial Report Submitted by Trish Bailey
- Item #9**ACTION**.....Consider for Approval Coastal Health & Wellness Patient Experience Policy and Procedure Submitted by Ami Cotharn
- Item #10**ACTION**.....Consider for Approval OSIS NextGen Services Submitted by Ami Cotharn
- Item #11**ACTION**.....Consider for Approval the Reappointment of the following Coastal Health & Wellness Governing Board Members for a 2 Year Term Expiring June 2023:
 - Courtni Tello, RDH, DDS (Community Member)
 - Elizabeth Williams (Community Member)
 - Ivelisse Caban (Consumer Member)
 - Sharon Hall (Community Member)
 - Cynthia Darby (Consumer Member)
 - Rev. Walter Jones (Community Member)
 - Flecia Charles (Consumer Member)
- Item #12.....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 #13.....Comments from Board Members

Adjournment

Next Regular Scheduled Meeting: July 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.



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board
June 2023
Item#3
Excuse Absence(s)

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

June 2023

Item#4

Consider for Approval Minutes from June 1, 2023

Governing Board Meeting

**Coastal Health & Wellness
Governing Board
June 1, 2023**

Board Members:

Samantha Robinson (zoom)
Dr. Tello
Rev. Walter Jones
Clay Burton
Flecia Charles
Sharon Hall
Donnie VanAckeren
Victoria Dougharty
Kevin Avery
Ivelisse Caban
Cynthia Darby

Staff:

Ami Cotharn, Chief Operations Officer	Wendy Jones
Dr. Choi, Medical Director	Maria Aguirre
Hanna Lindskog, Dental Director	Chris Davis
Trish Bailey, Chief Financial Officer	Debra Howey
Jennifer Koch	Judie Olivares
Virginia Lyle	Tikeshia Thompson-Rollins
Colleen McGaskey	Anthony Hernandez
Kenna Pruitt	

Excused Absence: Elizabeth Williams, Sergio Cruz, and Dr. Thompson

Items#1 Comments from the Public

There were no comments from the public.

Items#2-10 Consent Agenda

A motion was made by Donnie VanAckeren to approve the consent agenda items two through ten. Sharon Hall seconded the motion, and the Board unanimously approved the consent agenda.

Item#11 Consider for Approval April 2023 Financial Report Submitted by Trish Bailey

Trish Bailey, Chief Finance Officer, presented the April 2023 Financial Report. A motion to accept the financial report as presented was made by Flecia Charles. Victoria Dougharty seconded the motion and the Board unanimously approved.

Item#12 Consider for Approval Governing Board Member Donnie VanAckeren to Serve on the Finance Committee

Samantha, Board Chair, asked the Board to consider for approval Governing Board member Donnie VanAckeren to serve on the Finance Committee. A motion to accept the financial report as presented was made by Sharon Hall. Victoria Dougharty seconded the motion and the Board unanimously approved.

Item#13 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

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

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

- Samantha requested that Ami add age group to the unduplicated patients report.
- Ami will check into sending appointment reminders to patients three weeks out.

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

- Visit Numbers
 - April 2022: 625
 - April 2023: 697
 - 10.33% increase
- Current projects, plans, department overview for dental
 - Teledentistry Collaborative – We completed the Teledentistry Collaborative with NNOHA and TACHC. We are currently utilizing teledentistry for asynchronous visits for pediatric patients that have had an exam within the last year. We plan to continue to expand the teledentistry visits to other visit types in the future.
 - First Dental Home – This project is currently pending identification of test patients 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.
 - We have chosen new dental chairs for Galveston and the order was placed this week.
 - We are still waiting for our old images to be transferred to the Cloud for the new x-ray program and expected it to be complete by 5/25/2023. We are currently waiting for an update from SOTA.
 - We hosted eight COM Dental Assisting Students on 4/22/2023, 4/29/2023 and 5/13/2023 as part of their lab curriculum.
 - Dr. Lindskog continues to serve on the COM Hygiene School Advisory Board. She attended the last advisory board meeting on May 9th. Their application for accreditation has been submitted to CODA and they are hoping to enroll their first class of students for Fall 2024.
 - Dr. Lindskog attended the Texas Dental Association Meeting where she was a delegate representing the Ninth District Dental Society. The delegation overwhelmingly voted to support dental hygiene anesthesia. This triggered a bill to pass through the legislature and is currently waiting to be signed by the Governor.
 - Dr. Lindskog also attended the Academy of General Dentistry Hill Day with dentists from across the country. They met with their respective Senators and Congressmen/Congresswomen to important legislative issues including a bill to support Oral Health Literacy which would provide HRSA funding to education and the SMILED Act which decreases administrative burden associated with Medicaid.
- Provider Education Opportunities
 - All providers also continue to select and participate in CE of their choice.
- Barriers or Needs (if applicable)
 - Staffing: Our new dental hygienist started on 5/25/2023. She has over 20 years of experience as a dental hygienist, and we are excited to have her on the team.

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

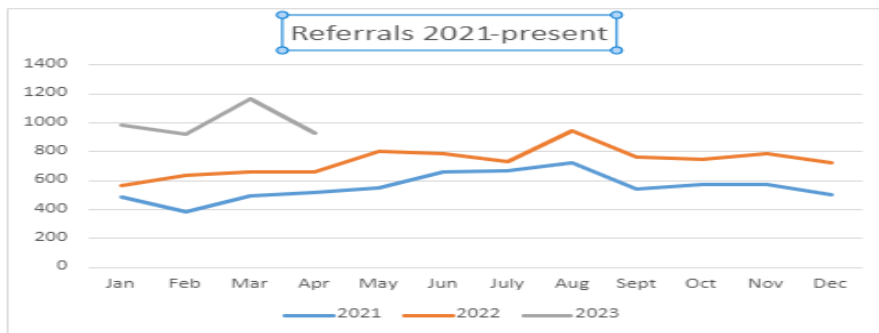
April’s Visit Numbers

Visit Type	Apr-22	Apr-23	Increase / Decrease %
Medical	1213	1959	38.08%
Dental	625	697	10.33%
BH	103	44	-134.09%

1. Implementing Specialty Care eConsults (ConferMed)
 - Limited access to specialty care is a significant cause of inequity in healthcare.
 - Up to 35% of all primary care patients are referred to specialists annually.
 - Up to 45% of these referrals do not require a face-to-face visit.

- ConferMed’s Grant support covers the total cost of implementation, free, unlimited use of adult and pediatric eConsult specialty network.
- Improve access and reduce wait times for specialty care.
- Expand the scope of primary care (advanced primary care medical home).
- Increase convenience and satisfaction for patients.
- This is CHW’s total number of referrals 2021-present.

CHW April 2023 Referrals: total referrals by month 926 (599 specialty, 246 diagnostic, 80 social needs).



2. Launching CHW home-based care program

- Provider house call (in-person or virtual visit), home health, care coordination, pharmacy
- House call program for seniors; home-bound, high-touch, high-risk patients:
Dr. Grumbles and Pam Cable (5/25/2023)
- Home health, nurse visit program (Q1, 2024)
- Goal of Medicare case mix from 5.4% to 10%

3. Cardiology clinic for uninsured patients

- Number one specialty referral
- Dr. Aldeiri will provide cardiology services at CHW four hours per month (6/1/23)

“Strive to deliver high-quality, culturally competent, equitable, and comprehensive primary care with a focus on clinical quality, patient-centered care, and provider and staff well-being.”

Item #14 Comments from Board Members

No comments from the Board

The meeting was adjourned at 1:43p.m.

Chair

Secretary/Treasurer

Date

Date

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

June 2023

Item#5

**Consider for Approval Coastal Health & Wellness
340B Policy and Procedures**



340B Program Policies and Procedures

Updated June 2023

I. COASTAL HEALTH & WELLNESS MISSION, VISION, & VALUES

Our Mission

Providing high quality healthcare to all

Our Vision

Healthy people in healthy communities

Our Values

I CARE

Integrity- We are honest, trustworthy and transparent in all we do.

Customer Service- We are committed to providing exceptional customer service.

Accountability- We hold ourselves to high standards and take responsibility for our actions.

Respect- We uphold a standard of conduct that recognizes and values the contributions of all.

Equality- We equally value and serve all members of the community.

Coastal Health & Wellness does not discriminate any person based on race, color, national origin, sex, age, religion, or disability in our programs, services, or employment.

CHW 340B Policies and Procedures



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Purpose: This document contains the written policies and procedures that Coastal Health & Wellness (CHW) uses to oversee 340B Program operations, provide oversight of contract pharmacies, and maintain a compliant 340B Program.

Background: [Section 340B of the Public Health Service Act \(1992\)](#) requires drug manufacturers participating in the Medicaid Drug Rebate Program to sign a pharmaceutical pricing agreement (PPA) with the Secretary of Health and Human Services.

- a. This agreement limits the price that manufacturers June charge certain covered entities for covered outpatient drugs.

The 340B Program is administered by the federal Health Resources and Services Administration (HRSA) in the Department of Health and Human Services (DHHS).

Upon registration on 340B OPAIS (Office of Pharmacy Affairs Information System), CHW:

- a. Agrees to abide by specific statutory requirements and prohibitions.
- b. June access 340B drugs.

340B Policy Statements

1. CHW complies with all requirements and restrictions of Section 340B of the Public Health Service Act including, but not limited to, the prohibition against duplicate discounts/rebates under Medicaid, and the prohibition against transferring drugs purchased under 340B to anyone other than a patient of the entity. (REFERENCE: [Public Law 102-585, Section 602, 340B Guidelines, 340B Policy Releases](#)).
2. CHW uses any savings generated from 340B in accordance with 340B Program intent.
3. CHW has systems/mechanisms and internal controls in place to reasonably ensure ongoing compliance with all 340B requirements.
4. CHW maintains auditable records demonstrating compliance with the 340B Program.
 - a. These reports are reviewed by CHW annually as part of its 340B oversight and compliance program.

Definitions: Definitions of terms June be found in (Appendix: [340B Glossary of Terms](#))

References: Each section includes other references to P&Ps, 340B Glossary of Terms, HRSA website, etc.

Policy Review, Updates, and Approval: These written policies and procedures will be updated and approved by CHW staff/committee, and Governing Board whenever there is a clarification or change to the 340B Program requirements. Otherwise, the policy will be reviewed and approved annually.

CHW 340B Policies and Procedures

	Covered Entity Eligibility		
		Revision History	
Departments Affected:		Effective Date:	August 2023
		Original Issue Date:	August 2023
		Last Reviewed:	June 2023
		Last Revision:	June 2023

Policy: CHW must meet the requirements of 42 USC §256b(a)(4)(A) to be eligible for enrollment in, and the purchase of drugs through, the 340B Program.

Purpose: To ensure CHW’s eligibility to participate in the 340B Program.

Definitions: Covered outpatient drug: Defined in Section 1927(k) of the Social Security Act (https://www.ssa.gov/OP_Home/ssact/title19/1927.htm).

Procedure:

1. CHW’s basis for 340B eligibility is determined by meeting the definition of “federally-qualified health center” in [section 1905\(l\)\(2\)\(B\) of the Social Security Act](#).
 - a. The term “Federally-qualified health center” means an entity which—
 - i. Is receiving a grant under section 330 of the Public Health Service Act,
 - ii. Is receiving funding from such a grant under a contract with the recipient of such a grant, and meets the requirements to receive a grant under section 330 of such Act,
 - b. Based on the recommendation of the Health Resources and Services Administration within the Public Health Service, is determined by the Secretary to meet the requirements for receiving such a grant, including requirements of the Secretary that an entity June not be owned, controlled, or operated by another entity, or
 - c. Was treated by the Secretary, for purposes of part B of title XVIII, as a comprehensive Federally funded health center as of January 1, 1990; and includes an outpatient health program or facility operated by a tribe or tribal organization under the Indian Self-Determination Act (Public Law 93-638) or by an urban Indian organization receiving funds under title V of the Indian Health Care Improvement Act for the provision of primary health services. In applying clause (ii), the Secretary June waive any requirement referred to in such clause for up to 2 years for good cause shown.

2. CHW has identified locations where it dispenses or prescribes 340B drugs including:

The main health center site and associated sites included in the scope of grant or FQHC-LA designation. These sites are operational in the HRSA Electronic Handbook (EHB) and registered on 340B OPAIS.

- a. Covered entities should maintain auditable records, policies, and procedures related to the definition of covered outpatient drug that is consistent with the 340B statute and Social Security Act.
- b. Define covered outpatient drugs based on section 1927(k) of the Social Security Act. CHW interprets the definition of covered outpatient drugs to include: An FDA-approved

CHW 340B Policies and Procedures



prescription drug, an over the counter (OTC) drug that is written on a prescription, a biological product that can be dispensed only by a prescription (other than a vaccine), or FDA approved insulin.

3. CHW ensures that 340B OPAIS is complete, accurate, and correct for all 340B eligible locations (main and associated sites, and contract pharmacy(ies)). [Refer to CHW’s Policy and Procedure “340B Program Enrollment, Recertification, and Change Request”]
 - a. All off-site locations that use 340B drugs are registered on CHW’s 340B OPAIS record.
 - b. All main/associated site addresses, billing and shipping addresses, the authorizing official, and the primary contact information are correct and up to date.
 - c. CHW regularly reviews its 340B OPAIS records quarterly.
 - d. CHW informs HRSA immediately of any changes to its Medicaid information by updating the 340B OPAIS Medicaid Exclusion File as soon as the change is identified. The data included in the Medicaid Exclusion File is provided by covered entities for drugs billed under Medicaid fee-for-service and does not apply to Medicaid managed care organizations.

4. CHW annually recertifies CHW’s information on 340B OPAIS. [Refer to CHW’s Policy and Procedure “340B Program Enrollment, Recertification, and Change Request”]

Approvals (per organizational policy):

Executive /Authorizing Official Approval:		Date:	
Governing Board Approval:		Date:	
Compliance/Risk Management Approval:		Date:	
Health Information Management Approval:		Date:	
Pharmacy/Primary Contact Approval:		Date:	

CHW 340B Policies and Procedures

	340B Program Enrollment Recertification, and Change Requests		
		Revision History	
		Effective Date:	August 2023
Departments Affected:		Original Issue Date:	August 2023
		Last Reviewed:	June 2023
		Last Revision:	June 2023

Policy: Eligible entities must maintain the accuracy of 340B OPAIS and be actively registered to participate in the 340B Program.

Purpose: To ensure that CHW is registered appropriately on 340B OPAIS and maintains accurate records.

References: 340B Drug Pricing Program: Grantee Registration Instructions
<https://www.hrsa.gov/opa/registration/index.html>

Registration dates:

- January 1–January 15 for an effective start date of April 1
- April 1–April 15 for an effective start date of July 1
- July 1–July 15 for an effective start date of October 1
- October 1–October 15 for an effective start date of January 1

340B Contract Pharmacy Guidelines (<https://www.gpo.gov/fdsys/pkg/FR-2010-03-05/pdf/2010-4755.pdf>).

Procedures:

Enrollment

1. CHW is eligible to participate in the 340B Program [Refer to CHW’s Policy and Procedure “Covered Entity Eligibility.”
2. CHW identifies upcoming registration dates and deadlines.
3. CHW identifies CHW’s authorizing official and primary contact.
4. CHW has available the [required documents/contracts](#).
 - a. Include federal grant number (e.g. “H80CS-----” for CHCs or “LALCS-----” for FQHCLAs)
 - b. Include all Site ID’s (if associated sites are applicable)
5. CHW completes registration on 340B OPAIS (<https://340bopais.hrsa.gov/>).

Recertification Procedure

1. CHW annually recertifies CHW’s information on 340B OPAIS.
 - a. CHW’s Chief Operating Officer or designate completes the annual recertification by following the directions in the recertification email sent from HRSA to CHW’s Chief Operating Officer prior to the stated deadline.
 - i. CHW submits specific recertification questions to 340b.recertification@hrsa.gov.

CHW 340B Policies and Procedures

Enrollment Procedure: New Associated Sites

1. CHW determines that a new service site or facility is eligible to participate in the 340B Program (e.g. due to a change in grant scope).
 - a. The criteria used include that the service site is identified in the scope of grant, has outpatient drug use, and has patients who meet the 340B patient definition (including provision of services consistent with funding and/or designation status).
2. CHW updates the HRSA Electronic Handbook (EHB) to correctly reflect the new service site/facility.
3. Once the site/facility is appropriately listed on the EHB and operational, CHW's authorizing official completes the online registration process in 340B OPAIS during the registration window.

Enrollment Procedure: New Contract Pharmacy(ies)

1. CHW has a signed contract pharmacy services agreement between the entity and contract pharmacy prior to registration on 340B OPAIS.
<https://www.govinfo.gov/content/pkg/FR-2010-03-05/pdf/2010-4755.pdf>
 - a. CHW's legal counsel has reviewed the contract and verified that all federal, state, and local requirements have been met.
2. CHW has contract pharmacy oversight and monitoring policy and procedure developed, approved, and implemented. [Refer to CHW's Policy and Procedure "Contract Pharmacy Oversight Management".
3. CHW's authorizing official or designee completes the online registration during one of four registration windows.
 - a. Within 15 days from the date of the online registration, the authorizing official certifies online that the contract pharmacy registration request was completed.
4. CHW begins using the contract pharmacy services arrangement only on or after the effective date shown on 340B OPAIS.

Procedure for Changes to CHW's Information in 340B OPAIS

1. CHW notifies HRSA immediately of any changes to CHW's grant status or other such changes within the CHW.
 - a. CHW will stop the purchase of 340B drugs as soon as CHW loses 340B Program eligibility (i.e. through a grant status change)
 - b. CHW's authorizing official will complete the online change request as soon as a change in eligibility is identified.
 - i. CHW will expect changes to be reflected within two weeks of submission of the changes/requests.
2. CHW will notify HRSA immediately of any changes to CHW's information on 340B OPAIS. [Refer to CHW's Policy and Procedure "Covered Entity Eligibility".
3. CHW's authorizing official will complete the online change request as soon as a change in eligibility is identified.
 - a. CHW will expect changes to be reflected within about 2 weeks of submission of the changes/requests.

Note: 340B OPAIS records should be consistent with EHB records (e.g. site names/addresses). Discrepancies between EHB and OPAIS could result in wholesaler account setup or delivery issues.

CHW 340B Policies and Procedures



Approvals (per organizational policy):

Executive /Authorizing Official Approval:		Date:	
Governing Board Approval:		Date:	
Compliance/Risk Management Approval:		Date:	
Health Information Management Approval:		Date:	
Pharmacy/Primary Contact Approval:		Date:	

CHW 340B Policies and Procedures

	Patient Eligibility/Definition		
		Revision History	
		Effective Date:	August 2023
Departments Affected:		Original Issue Date:	August 2023
		Last Reviewed:	June 2023
		Last Revision:	June 2023

Policy: Per the Final Notice Regarding Section 602 of the Veterans Health Care Act of 1992 Patient and Entity Eligibility, 340B drugs are to be provided only to individuals eligible to receive 340B drugs from covered entities.

Purpose: CHW ensures that 340B drugs are dispensed/administered/prescribed only to eligible patients.

Definitions:

Administer: Give a medication to an individual, typically in a clinic, based on a health care provider’s order.

Dispense: Provide a medication, typically in clinic, based on a health care provider’s order to be administered to a patient.

Prescribe: Provide a prescription for a medication to an individual to be filled at an outpatient pharmacy.

Procedure:

Note: Covered entities need to ensure that the following 340B eligibility determination filters are implemented:

1. CHW validates site/service eligibility.
2. Refer to CHW’s Policy and Procedure “Covered Entity Eligibility”
 - a. Patient is outpatient status at the time the medication is dispensed/administered (depending on the outpatient status definition in CHW’s policies and procedures.
3. CHW maintains records of individual’s health care.
4. CHW determines provider eligibility.
 - a. Provider is either employed by the covered entity or provides health care under contractual or other arrangements (e.g. referral for consultation) such that responsibility for the care provided remains with the covered entity.
5. The covered entity has established a relationship with the individual, such that the covered entity maintains records of the individual’s health care.
6. The individual receives health care services from a health care professional who is either employed by the covered entity or provides health care under contractual or other arrangements (e.g. referral for consultation) such that responsibility for the care provided remains with the covered entity; and

CHW 340B Policies and Procedures



- 7. The individual receives a health care service or range of services from the covered entity that is consistent with the service or range of services for white grant funding or federally qualified health center lookalike status has been provided to the entity.
- 8. A patient is considered active so long as they have had one provider encounter within three calendar years.

Approvals (per organizational policy):

Executive /Authorizing Official Approval:		Date:	
Governing Board Approval:		Date:	
Compliance/Risk Management Approval:		Date:	
Health Information Management Approval:		Date:	
Pharmacy/Primary Contact Approval:		Date:	

CHW 340B Policies and Procedures

	Prevention of Duplicate Discounts		
		<i>Revision History</i>	
		<i>Effective Date:</i>	August 2023
Department s Affected:		<i>Original Issue Date:</i>	August 2023
		<i>Last Reviewed:</i>	June 2023
		<i>Last Revision:</i>	June 2023

Policy: 42 USC §256b(a)(5)(A)(i) prohibits duplicate discounts; that is, manufacturers are not required to provide a discounted 340B price and a Medicaid drug rebate for the same drug. Covered entities must have mechanisms in place to prevent duplicate discounts.

Purpose: To ensure that CHW is preventing duplicate discounts.

References:

Procedure: CHW has elected to purchase drugs for its Medicaid patients through other mechanisms (carve out).

Medicaid Carve-Out (FFS)

1. CHW does not dispense or administer 340B purchased drugs to Medicaid patients AND CHW provides non-340B drugs instead and subsequently bills Medicaid for those non-340B drugs (carve out).
 - a. CHW has answered “no” to the question, “Will the covered entity dispense 340B purchased drugs to Medicaid patients AND subsequently bill Medicaid for those dispensed 340B drugs?” on 340B OPAIS.

Medicaid Managed Care (MCO)

Covered entities are required to ensure that drugs purchased under the 340B Program are not subject to a rebate claim by the state Medicaid agency. Covered entities are encouraged to work closely with their State to prevent duplicate discounts for Medicaid Managed Care claims.

Contract Pharmacies

1. CHW’s understands the HRSA guidance and elects to Carve-out Medicaid Fee for Service claims from the 340B program.
2. To ensure compliance with this requirement CHW has requested 340B Administrators block the capture of 340B claims for all Medicaid Fee for Service BIN/PCN in the 340B Administrator’s system.
3. CHW has verified that 340B Administrators have appropriately blocked from 340B capture and validates during the self-audit process.
4. CHW will review and notify 340B Administrators of any changes to Medicaid.

CHW 340B Policies and Procedures

5. CHW does not participate in billing out-of-state Medicaid.

Clinic Administered Drugs

1. CHW's will not use 340B drugs for any Medicaid Fee for Service for clinic administered drugs.

Approvals (per organizational policy):

Executive /Authorizing Official Approval:		Date:	
Governing Board Approval:		Date:	
Compliance/Risk Management Approval:		Date:	
Health Information Management Approval:		Date:	
Pharmacy/Primary Contact Approval:		Date:	

CHW 340B Policies and Procedures



	340B Program Roles and Responsibilities		
		<i>Revision History</i>	
		<i>Effective Date:</i>	August 2023
Departments Affected:		<i>Original Issue Date:</i>	August 2023
		<i>Last Reviewed:</i>	June 2023
		<i>Last Revision:</i>	June 2023

Policy: Covered entities participating in the 340B Program must ensure program integrity and compliance with 340B Program requirements.

Purpose: To identify CHW’s key stakeholders and determine their roles and responsibilities in maintaining 340B Program integrity and compliance.

Procedure:

1. CHW’s key stakeholders involved with CHW’s 340B Program are.
 - a. Executive Director
 - b. Chief Operating Officer (or designee)
 - c. Medical Director (or designee)
 - d. Nursing Director (or designee)
 - e. Director of Quality (or designee)
2. CHW has established a 340B Oversight Committee that is responsible for the oversight of the 340B Program, or other similar oversight process.
3. CHW’s 340B Oversight Committee:
 - a. Meets on a regular basis annually.
 - b. Reviews 340B rules/regulations/guidelines to ensure consistent policies/procedures/oversight throughout the entity.
 - c. Identifies activities necessary to conduct comprehensive reviews of 340B compliance.
 - i. Ensure that the organization meets compliance requirements of program eligibility, patient definition, 340B drug diversion, and duplicate discounts via ongoing multidisciplinary teamwork.
 - ii. Integrate departments such as information technology, legal, pharmacy, compliance, and patient financial services to develop standard processes for contract/data review to ensure program compliance.
 - d. Oversees the review process of compliance activities, as well as taking corrective actions based on findings.
 - i. 340B Oversight Committee assesses if the results are indicative of a material breach (Refer to CHW’s Policy and Procedure “340B Non-Compliance/Material Breach”.
 - e. Reviews and approves work group recommendations (process changes, self-monitoring outcomes and resolutions).

CHW 340B Policies and Procedures

The following CHW staff are potential key players in the 340B Program, including governance and compliance, and should be standing members of the 340B Oversight Committee. CHW will identify who serves as the entity's authorizing official and primary contact for the 340B Program. These individuals should be the sponsors of the 340B Oversight Committee.

Note: The following roles and responsibilities are not specific for all entities and are not all-inclusive.

1. Executive Director
 - Responsible as the OPAIS Authorizing Official charged with oversight and administration of the program; and
 - Responsible for attesting to the compliance of the program in the form of recertification.
2. Chief Operating Officer (COO) (or designee)
 - Responsible for the above in case the Executive Director cannot perform oversight duties;
 - Oversees the CHW Controller or Designee ensure his/her 340B functions are being appropriately carried out; Accounts for savings and use of funds to provide care for the indigent.
3. CHW Controller (or designee)
 - Accountable agent for oversight of 340B related financial affairs.
 - i. For clinic administered drugs:
 1. Ensures compliance with 340B program requirements of qualified patients, drugs, providers, vendors, payers, and locations; and
 2. Monitors and reviews pricing and modifies fees accordingly.
 - ii. Communicates with Contract Pharmacies
 1. Coordinates with representatives for Contract Pharmacies and third-part administrators to ensure responsibilities as outlined in agreement are being followed including, but not limited to:
 - a. Routine maintenance and testing of tracking and auditing software;
 - b. Continuous monitoring of product minimum/maximum levels to effectively balance product availability and cost-effective inventory control;
 - c. Reviewing 340B orders, reconciliations and financial statements;
 - d. Reviewing, refining and providing 340B cost savings reports detailing purchasing and replacement practices as well as dispensing patterns;
 - e. Maintaining system databases to reflect changes in the drug formulary or product specifications; and
 - f. Reconciles monthly pharmacy contractor dispense reports with the amount billed by supplier, and notifying contractors of any discovered discrepancies.
4. 340B Program Coordinator (or designee)
 - Designs and maintains an internal audit plan of compliance with the 340B program'
 - Ensures audit plan is being adhered to;
 - Designs the annual plan to cover all changes in the program from the prior year;
 - Serves as the entity's OPAIS 340B Primary Contact; and
 - Tracks and implements updated 340B laws and regulations.
5. Medical Director (or designee)
 - Remains aware of products covered by 340B and Prime Vendor Program pricing; and
 - Works with the medical staff to provide medications that optimize savings with good clinical outcomes.

CHW 340B Policies and Procedures

6. Nursing Director (or designee)
 - For clinical administered 340B drugs (not requiring prescriptive authority);
 - i. Works with Procurement Officer and Medical Director to ensure sufficient volume and types of 340B administered drugs are ordered and stocked;
 - ii. Responsible for organizing first-in first-out (“FIFO”) and look-alike sound-alike processes for clinic administered 340B medications; and
 - iii. Manually audits logging procedures for ten internally administered 340B medications each quarter.
7. **Procurement Manager** (or designee)
 - Responsible for ordering non-pharmaceutical drugs retained and distributed directly by the Coast Health & Wellness clinic and charging said drugs to the proper distribution accounts;
 - Managing purchasing, receiving, and inventorying control processes;
 - Responsible for receiving medications to be administered at Coastal Health & Wellness, as well as entering purchasing requisitions for monthly invoice for medications purchased by Contracted Pharmacies affiliated with the Coastal Health & Wellness 340B agreement; and
 - Monitoring ordering processes and integrating most current pricing from wholesalers.

***Indicates personnel required to complete Apexus 340B University modules*

Approvals (per organizational policy):

Executive /Authorizing Official Approval:		Date:	
Governing Board Approval:		Date:	
Compliance/Risk Management Approval:		Date:	
Health Information Management Approval:		Date:	
Pharmacy/Primary Contact Approval:		Date:	

CHW 340B Policies and Procedures

	340B Program Education and Competency		
		Revision History	
		Effective Date:	August 2023
Departments Affected:		Original Issue Date:	August 2023
		Last Reviewed:	June 2023
		Last Revision:	June 2023

Policy: Program integrity and compliance are the responsibility of all 340B key stakeholders. Ongoing education and training are needed to ensure that these 340B key stakeholders have the knowledge to guarantee compliant 340B operations.

Purpose: To establish 340B education and competency requirements for CHW’s 340B key stakeholders based on their roles and responsibilities in the 340B Program.

Procedure:

1. CHW determines the knowledge and educational requirements for each 340B Program role (Refer to CHW’s Policy and Procedure “340B Program Roles and Responsibilities”)
2. 340B key stakeholders complete initial basic training upon hire.
 - a. Watch ‘[Introduction to the 340B Drug Pricing Program](#)’
 - b. Complete OnDemand modules on the PVP website
 - c. Attend 340B University.
3. 340B key stakeholders complete additional training as identified in #1 above.
4. CHW provides educational updates and training, as needed [Insert entity-specific examples here (e.g. 340B policy changes, updates in HRSA guidance)].
5. CHW conducts annual verification of 340B Program competency through Apexus 340B University.
6. Training and education records are maintained per organizational policy and available for review.

Approvals (per organizational policy):

Executive /Authorizing Official Approval:		Date:	
Governing Board Approval:		Date:	
Compliance/Risk Management Approval:		Date:	
Health Information Management Approval:		Date:	
Pharmacy/Primary Contact Approval:		Date:	

CHW 340B Policies and Procedures

	Contract Pharmacy Operations and Inventory Management		
		Revision History	
		Effective Date:	August 2023
Departments Affected:		Original Issue Date:	August 2023
		Last Reviewed:	June 2023
		Last Revision:	June 2023

Policy: Covered entity remains responsible for ensuring that its contract pharmacy operations comply with all 340B Program requirements, such that the covered entity remains responsible for the 340B drugs it purchases and dispenses through a contract pharmacy.

Purpose: To ensure that CHW remains responsible for all 340B drugs used by its contract pharmacy(s).

Reference:

Federal Register / Vol. 61, No. 165 / Friday, August 23, 1996 / Notices
<https://www.gpo.gov/fdsys/pkg/FR-2010-03-05/pdf/2010-4755.pdf>

Background:

340B inventory is procured and managed in the following settings:

- Clinic site administration
- Contract pharmacy

Inventory methods for each of the above areas within the entity shall be described within the inventory management policy and procedure.

CHW uses one of the following inventory methods:

- a. Hybrid (physical and virtual) approach, stocking physically identifiable 340B inventory for clinic administered drugs and maintaining a virtual replenishment system for contract pharmacy(s).

Pharmacists, technicians, and clinicians dispense 340B drugs only to patients meeting all the criteria in [Refer to CHW’s Policy and Procedure “Patient Eligibility/Definition”].

Procedure:

1. Physical inventory (both 340B and non-340B drugs) is maintained at clinic administered sites and contract pharmacy(s).
 - a. CHW identifies all 340B and non-340B accounts used for purchasing drugs in each practice setting.
 - b. CHW separates 340B inventory from non-340B inventory.
 - c. CHW performs inventory reviews and shelf inspections of periodic automatic replenishment (PAR) levels to determine daily purchase order.
 - d. CHW places 340B and non-340B drug orders.
 - e. CHW receives shipment.

CHW 340B Policies and Procedures

- f. CHW verifies quantity received with quantity ordered.
 - i. Identifies any inaccuracies.
 - ii. Resolves inaccuracies.
 - iii. Documents resolution of inaccuracies.
- g. CHW maintains records of 340B-related transactions for 7 years in a readily retrievable and auditable format located [insert entity specifics here].
 - i. These reports are reviewed by CHW as part of its 340B oversight and compliance program.
- 2. Physical inventory (340B-only) is maintained at clinic administered drugs sites and contract pharmacy(s).
 - a. CHW identifies all accounts used for purchasing drugs in each practice setting.
 - b. CHW maintains inventory.
 - c. CHW performs inventory reviews and shelf inspections of periodic automatic replenishment (PAR) levels to determine daily purchase order.
 - d. CHW places 340B drug orders.
 - e. CHW receives shipment.
 - f. CHW verifies quantity received with quantity ordered.
 - i. Identifies inaccuracies.
 - ii. Resolves inaccuracies.
 - iii. Documents resolution of inaccuracies.
 - g. CHW maintains records of 340B related transactions for a period of 7 years in a readily retrievable and auditable format located. [Insert entity specifics here].
 - i. These reports are reviewed by CHW as part of its 340B oversight and compliance program.

Wasted 340B medication

1. CHW pharmacy/clinician staff documents destroyed or wasted drug not administered to the patient.
2. CHW pharmacy/clinician staff communicates wastage to the 340B coordinator.
3. CHW pharmacy staff adjusts 340B accumulator and documents adjustment with reason (if applicable).
4. CHW replaces medication through appropriate purchasing account.

Approvals (per organizational policy):

Executive /Authorizing Official Approval:		Date:	
Governing Board Approval:		Date:	
Compliance/Risk Management Approval:		Date:	
Health Information Management Approval:		Date:	
Pharmacy/Primary Contact Approval:		Date:	

CHW 340B Policies and Procedures

	340B Noncompliance/ Material Breach		
		<i>Revision History</i>	
		<i>Effective Date:</i>	August 2023
Departments Affected:		<i>Original Issue Date:</i>	August 2023
		<i>Last Reviewed:</i>	June 2023
		<i>Last Revision:</i>	June 2023

Policy: Covered entities are responsible for contacting HRSA as soon as reasonably possible if there is any material breach by the covered entity or any instance of noncompliance with any of the 340B Program requirements.

Purpose: To define CHW’s material breach of 340B compliance and self-disclosure process.

Definitions:

Materiality: A convention within auditing/accounting pertaining to the importance/significance of an amount, transaction, and/or discrepancy.

Threshold: The point that must be exceeded, as defined by the covered entity, resulting in a material breach. Examples of thresholds include:

- a. 5% of total pharmacy spend in a fiscal year.

Reference:

340B PVP Education Tool: [Establishing Material Breach Threshold](#)

340B PVP Education Tool: [Self-Disclosure to HRSA and Manufacturer Template](#)

Procedure:

1. CHW’s established threshold of what constitutes a material breach of 340B Program compliance is a discrepancy that results in a negative impact of more than 5% of the total pharmacy spend in a fiscal year and does not self-correct within 6 months].
 - a. If a violation above 5% is noted on an internal or contract pharmacy audit, the auditor will pull another full random sample of claims and re-audit. If after the second sample is analyzed and the total pharmacy spend is above 5%, a material breach will be noted. If after the second sample is analyzed and the total percentage of non-compliance does not exceed the 5%, the auditor will attempt to determine and correct the root cause of the non-compliance.
 - b. If a material breach is identified in an audit, there will be an immediate attempt to retroactively correct the breach and reassess. Upon reassessment, if the material breach falls below the threshold, CHW will attempt to identify the cause and work to correct the non-compliance and will create an internal corrective action plan.
2. A non-correctable violation exceeding the threshold requires self-disclosure. Violations identified through internal self-audits or independent external audits, that meet or exceed the threshold will be immediately reported to HRSA.

CHW 340B Policies and Procedures

- a. CHW will email HRSA at 340Bselfdisclosure@hrsa.gov and will report to applicable manufacturers using the following self-disclosure template:
https://docs.340bpvp.com/documents/public/resourcecenter/ALL_Entities_Self_Reporting_340B_Non_Compliance.docx
- b. CHW acknowledges it June be held liable by the manufacturer and June be subject to repayment to the manufacturer.
- 3. Any corrective action plan or self-disclosure will be reviewed and approved by the 340B Committee.
 - a. Maintain records of material breach violations, including manufacturer resolution correspondence, as determined by organization policy.

Approvals (per organizational policy):

Executive /Authorizing Official Approval:		Date:	
Governing Board Approval:		Date:	
Compliance/Risk Management Approval:		Date:	
Health Information Management Approval:		Date:	
Pharmacy/Primary Contact Approval:		Date:	

CHW 340B Policies and Procedures

	340B Program Compliance Monitoring/Reporting		
		<i>Revision History</i>	
		<i>Effective Date:</i>	August 2023
Departments Affected:		<i>Original Issue Date:</i>	August 2023
		<i>Last Reviewed:</i>	June 2023
		<i>Last Revision:</i>	June 2023

Policy: Covered entities are required to maintain auditable records demonstrating compliance with the 340B Program requirements.

Purpose: To provide an internal monitoring program to ensure comprehensive compliance with the 340B Program.

Procedure:

1. CHW develops an annual internal audit plan approved by the internal compliance officer or as determined by organizational policy.
2. CHW reviews 340B OPAIS to ensure the accuracy of the information for all site locations and contract pharmacies (if applicable).
3. CHW reviews the Medicaid Exclusion File (MEF) to ensure the accuracy of the information for the site locations and contract pharmacies (if applicable).
4. CHW reconciles purchasing records and dispensing records to ensure that covered outpatient drugs purchased through the 340B Program are dispensed or administered only to patients eligible to receive 340B drugs and that any variances are not the result of diversion.
5. CHW reconciles dispensing records to patients' health care records to ensure that all medications dispensed were provided to patients eligible to receive 340B drugs. CHW will select 45 records from a drug utilization file and perform the audit monthly.
6. CHW reconciles dispensing records and Medicaid billing practices to demonstrate that CHW's practice is following the Medicaid billing question on 340B OPAIS.
7. CHW's 340B Oversight Committee reviews the internal audit results.
 - a. Assess whether audit results are indicative of a material breach [Refer to CHW's Policy and Procedure "340B Non-Compliance/Material Breach".
8. CHW maintains records of 340B-related transactions for a period of 7 years in a readily retrievable and auditable format located [reference].

CHW 340B Policies and Procedures



Approvals (per organizational policy):

Executive /Authorizing Official Approval:		Date:	
Governing Board Approval:		Date:	
Compliance/Risk Management Approval:		Date:	
Health Information Management Approval:		Date:	
Pharmacy/Primary Contact Approval:		Date:	

CHW 340B Policies and Procedures

	Contract Pharmacy Oversight and Monitoring		
		Revision History	
		Effective Date:	August 2023
Department s Affected:		Original Issue Date:	August 2023
		Last Reviewed:	June 2023
		Last Revision:	June 2023

Policy: Covered entities are required to provide oversight of their contract pharmacy arrangements to ensure ongoing compliance. The covered entity has full accountability for compliance with all requirements to ensure eligibility and to prevent diversion and duplicate discounts. Auditable records must be maintained to demonstrate compliance with those requirements.

Purpose: To ensure that CHW maintains 340B Program integrity and compliance at its contract pharmacy(s).

Reference:

Federal Register / Vol. 75, No. 43 / Friday, March 5, 2010 / Notices
<https://www.gpo.gov/fdsys/pkg/FR-2010-03-05/pdf/2010-4755.pdf>

Procedure:

1. CHW conducts internal reviews monthly of each registered contract pharmacy for compliance with 340B Program requirements. The following elements will be included when conducting self-audits of contract pharmacies to ensure program compliance:
 - a. Prescription is written from a 340B eligible site of care that provides healthcare services.
 - b. Patient eligibility: The episode of care that resulted in the 340B prescription is supported in the patient’s medical record and the service provided is consistent with the grant funding scope of services provided to the entity.
 - c. Provider eligibility: The prescribing provider is employed, contracted, or under another arrangement with the entity at the time of writing the prescription so that the entity maintains responsibility for the care.
 - d. The 11-digit NDC level is documented for accumulation and/or replenishment of a 340B dispensation or administration (if a virtual inventory is used).
 - e. CHW can document that no prescriptions were billed to Medicaid unless the contract pharmacy is listed as a carve-in contract pharmacy on 340B OPAIS.
2. CHW conducts independent audits every 2 years of each registered contract pharmacy for compliance with the 340B Program requirements.
 - a. Independent audits will include reviews of:
 - i. 340B eligibility.
 - ii. 340B registration.
 - iii. Documented policies and procedures.
 - iv. Inventory, ordering, and record keeping practices for all 340B accounts.
 - v. Review of the listing in the Medicaid Exclusion File and its reflection in actual practices.
 - vi. Testing of claims sample to determine any instance of diversion or duplicate discounts over a set period of time.

CHW 340B Policies and Procedures

3. CHW has mechanisms in place to demonstrate compliance with all state Medicaid billing requirements to prevent duplicate discounts at all sites, including off-site outpatient facilities.
4. CHW’s 340B Oversight Committee reviews audit results.
 - a. Assess if audit results are indicative of a material breach [Refer to CHW’s Policy and Procedure “340B Noncompliance/Material Breach”].
5. CHW maintains records of 340B-related transactions for a period of 7 years in a readily retrievable and auditable format located.

Approvals (per organizational policy):

Executive /Authorizing Official Approval:		Date:	
Governing Board Approval:		Date:	
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Health Information Management Approval:		Date:	
Pharmacy/Primary Contact Approval:		Date:	

CHW 340B Policies and Procedures

	Prime Vendor Program (PVP) Enrollment and Updates		
		Revision History	
		Effective Date:	August 2023
Departments Affected:		Original Issue Date:	August 2023
		Last Reviewed:	June 2023
		Last Revision:	June 2023

Policy: The purpose of the Prime Vendor Program (PVP) is to improve access to affordable medications for covered entities and their patients.

Purpose: Support CHW’s participation in the PVP to receive the best 340B product pricing, information, and value-added products.

Procedure:

Enrollment in PVP:

1. CHW completes online 340B Program registration with HRSA.
2. CHW completes online PVP registration (<https://www.340bpvp.com/register/apply-to-participate-for-340b/>).
3. PVP staff validates information and sends confirmation email to CHW.
4. CHW logs in to www.340bpvp.com, selects user name/password.

Update PVP Profile:

1. CHW accesses www.340bpvp.com.
2. CHW clicks Login in the upper right corner.
3. CHW inputs PVP log-in credentials.
 - a. In the upper right corner:
 - i. Click “My Profile” to access page. <https://members.340bpvp.com/webMemberProfileInstructions.aspx>.
4. CHW clicks “Continue to My Profile” to access page <https://members.340bpvp.com/webMemberProfile.aspx>.
 - a. Find a list of your facilities.
 - i. Click on the 340B ID number hyperlink to view or change profile information for that facility.
 - b. Update HRSA Information:
 - i. Complete the 340B Change Form as detailed above.
 - a) After 340B OPAIS has been updated, the PVP database will be updated during the nightly synchronization.
5. CHW updates the 340B Prime Vendor Program (PVP) Participation Information:
 - a. Edit CHW’s DEA number, distributor and/or contacts.
 - b. Click submit.

CHW 340B Policies and Procedures



Approvals (per organizational policy):

Executive /Authorizing Official Approval:		Date:	
Governing Board Approval:		Date:	
Compliance/Risk Management Approval:		Date:	
Health Information Management Approval:		Date:	
Pharmacy/Primary Contact Approval:		Date:	

CHW 340B Policies and Procedures

Suggested Appendices

340B Operational SOP

PROCEDURE:

Annually:

- Recertify clinic with the HRSA website.
- Verification of approved sites with 340Basics, Walgreens and Apexus
- Review state and federal requirements of the 340b program to confirm the entity is continually meeting all applicable regulations.
- Review McKesson and Cardinal accounts for all 340b contracted pharmacies.
- Review Policy and Procedure for 340b program
- Re-evaluate workflow for 340b program.
- Review list of carved-in payers from 340Basics and Walgreens

Quarterly:

- Review of quarterly contract price load.
- Verify that an updated patient list is sent to 340Basics.
- Review all information is correct and up to date on HRSA/OPAIS website.
- Review of Medicaid Exclusion File
- Verify prices on Prime Vendor with Wholesaler invoices.

Monthly:

- Ensure Prescriber Information is up to date.
- Review prescriptions from non-CHW providers to determine if eligible for 340b discount.
- Audit and Financial reporting to 340b Committee
- Verify that an updated patient list is sent to 340Basics.
- Audit a sample of approved prescriptions from TPA and contract pharmacy to verify the prescription meets the following criteria.
 - Patient seen in last **36** months.
 - Rx written by eligible provider.
 - Rx written at eligible location.

CHW 340B Policies and Procedures

- Claim has appropriate modifier to prevent duplicate discount.
- Payer is carved-in to 340b program.
- Audit a sample of replenishment inventory orders from TPA to ensure drugs were used for legitimate 340b claims.

SOP for 340B Program

Internal Auditing Procedure

1. Download claims details from the TPA.
2. Fill in the columns on the Internal Auditing template:
 - a. Patient First, Last Name
 - b. DOB
 - c. RX Number
 - d. Drug Name
 - e. NDC
 - f. Date Written
 - g. Date Filled
 - h. Name and Store # of contract pharmacy
 - i. Provider First and Last name
 - j. Insurance information
3. Look up patient in EMR.
4. Find the corresponding encounter that goes with the medication and verify it qualifies.
 - a. Check to make sure the medication is mentioned.
 - b. Make sure the Assessments falls within scope.
 - c. Verify the location patient is seen at is 340B eligible (fill in 340B ID on the audit template)
5. Locate prescription.
 - a. Verify written date matches claim.
 - b. Verify prescriber matches claim/confirm eligible provider.
 - c. Fill in Provider NPI
6. In Comments if everything checks off fill in with "Pass" if any section doesn't qualify Put in "Fail" and then the reason why.

CHW 340B Policies and Procedures

This tool is written to align with Health Resources and Services Administration (HRSA) policy and is provided only as an example for the purpose of encouraging 340B Program integrity. This information has not been endorsed by HRSA and is not dispositive in determining compliance with or participatory status in the 340B Drug Pricing Program. 340B stakeholders are ultimately responsible for 340B Program compliance and compliance with all other applicable laws and regulations. Apexus encourages each stakeholder to include legal counsel as part of its program integrity efforts.

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Governing Board

June 2023

Item#6

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

a) Leonard Nagorski, MD

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

June 2023

Item#7

**Consider for Approval FY2022 Independent Auditor's Report and
Financial Statement and Single Audit Reports**

Presentation of FY 2022 Independent Audit Reports to the UBOH of GCHD

June 28, 2023



The Scope of Our Audits

1

Audit the District's Entity-Wide FY 2022 Financial Statements and Supplementary Schedules Which Management is Responsible for Preparing.

2

Audit the District's Compliance with the Direct and Material Requirements of the FY 2022 Federal and State Major Grant Programs.

Audit Objectives

1 Issue Opinions on the Accuracy and Fair Presentation of Financial Statements and Supplementary Schedules and their Conformity with U.S. Gov'tal Accounting Standards.

2 Report on the District's Internal Controls for Accurate Financial Accountability and on It's Compliance with Laws and Regulations and Contracts.

3 Report on the District's Internal Controls for Ensuring Compliance with Fed and State programs and Issue Opinion on Whether the District complied with Requirements of Federal and State Major Programs.

Auditors' Opinion on the Financial Statements & Schdls.

1. The basic financial statements of the governmental activities and each major fund of the District:
 - Conformity with U.S. GAAP for local governments.
 - Fairly present the financial position of the governmental activities and each major fund of the District as of September 30, 2022.
 - Fairly present the changes in financial position thereof for the FY 2022.
2. The supplementary schedules and the schedules of expenditures of Federal and State awards are fairly stated in relation to the basic financial statements.

FY2022: Summary of Governmental Revenues and Expenditures

	<u>Gen Fund</u> \$'000	<u>CHW</u> \$'000	<u>GAAA</u> \$'000	<u>Total</u> \$'000
1 Total Revenues + Transfers-in + Other Receipts	\$15,957	\$12,047	\$7,896	\$35,900
2 Expenditures + Capital Outlays + Transfers-Out	(16,151)	(11,265)	(8,093)	(35,509)
3 Increase or (Decrease) in Fund Balances	(194)	782	(197)	391

**Report on the
Audit of District's Compliance
with Federal and State Grant
Programs
(aka Single Audit)**

Major Programs - Based on Uniform Guidance Techniques

Federal Programs Audited for Compliance

<u>CFDA No.</u>	<u>Program Name</u>
10.557	WIC Special Supplemental Nutrition Program for Women, Infants, and Children.
93.268	Immunization Cooperative Agreements.
93.354	Public Health Crisis Response.

State Programs Audited for Compliance

N/A	HIV Prevention Services Grant.
N/A	Immunization/Locals Grant Program.

FY2022: Federal and State Grants Audit Results

	Auditors' Report on the Schedules of Expenditures of Federal and State Awards.	Auditors' Report Required by Government Auditing Standards.	Auditors' Report on District's Compliance With Fed and State Program Requirements.
2 Any Material Weakness?	No	No	No
3 Any Significant Deficiencies?	None Reported	None Reported	None Reported
4 Auditors' Opinion	Unmodified	N/A	Unmodified

Implementation of New Accounting Standard

GASB Statement No. 87, Leases

GASB No. 87 is a new lease accounting standard issued by the Governmental Accounting Standards Board (GASB). It requires the present value of known future lease obligations to be reported as a long-term liability on the one hand, and an intangible asset on the other hand. The requirements of this new standard became effective for the District's FY 2022 financial statements. The District implemented the new standard.

Auditors' Recommendations to Management

Auditors Recommendations to Management

We have provided the draft of the following recommendations to management:

- 1. Review the District's custodial credit risk acceptance criteria.**
- 2. Liaise with Galveston County to ascertain if there was any County statute, ordinance, or lease agreement that specified the lease term(s) for the District's use of the Animal Resource Center and the Mid-County Annex.**
- 3. Review and reconcile the Clinic's General Ledger Account No. 02-00-00-1110: Patient A/R.**
- 4. Consider requesting NextGen software vendor to reset or reprogram the software to always generate financial reports based on Transaction Posting Dates instead of Patient Service Dates.**



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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

June 2023

Item#8

Consider for Approval May 2023 Financial Report

Submitted by Trish Bailey

COASTAL HEALTH & WELLNESS

Governing Board



FINANCIAL SUMMARY

For the Period Ending

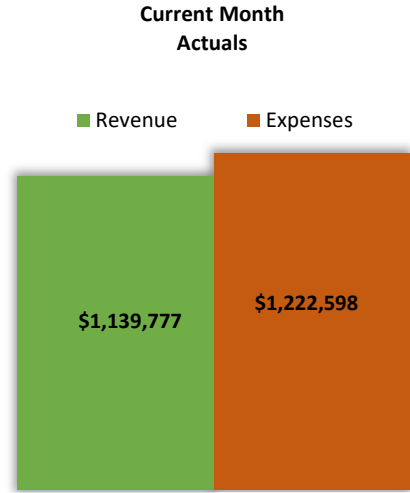
May 31, 2023

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

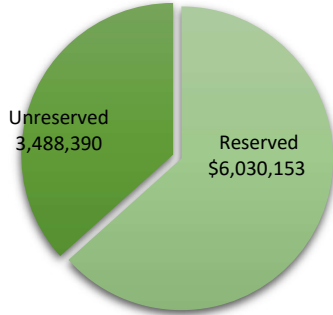
CHW - BALANCE SHEET

as of May 31, 2023

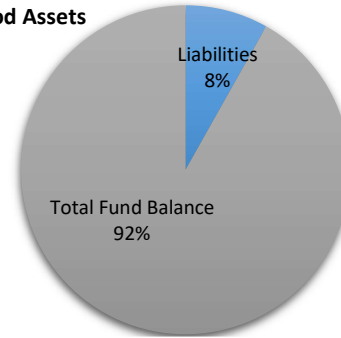
	Current Month May-23	Prior Month Apr-23	Increase (Decrease)
ASSETS			
Cash & Cash Equivalents	\$5,731,756	\$6,622,323	(\$890,568)
Accounts Receivable	4,608,320	4,438,238	170,082
Allowance For Bad Debt	(693,592)	(647,386)	(46,206)
Pre-Paid Expenses	102,755	278,280	(175,526)
Due To / From	364,083	(24,335)	388,418
Total Assets	\$10,113,321	\$10,667,120	(\$553,799)
LIABILITIES			
Accounts Payable	\$127,077	27,407.19	\$99,670
Accrued Expenses	417,431	681,019	(263,588)
Deferred Revenues	302,531	580,420	(277,889)
Total Liabilities	\$847,039	1,288,845.74	(\$441,807)
FUND BALANCE			
Fund Balance	\$9,616,929	\$9,616,929	0
Current Change	(82,820)	(98,386)	(181,207)
Total Fund Balance	\$9,534,108	\$9,518,542	(\$181,207)
TOTAL LIABILITIES & FUND BALANCE	\$10,381,147	\$10,807,388	(\$623,014)



Total Fund Balance



Current Period Assets

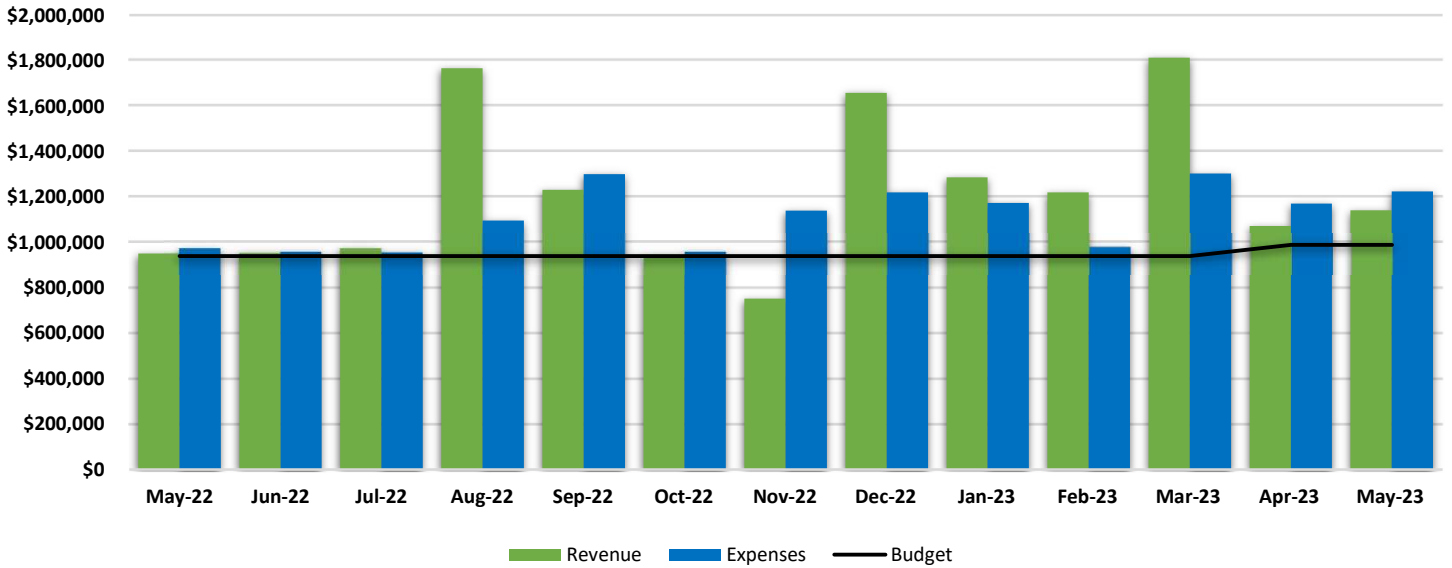


CHW - REVENUE & EXPENSES

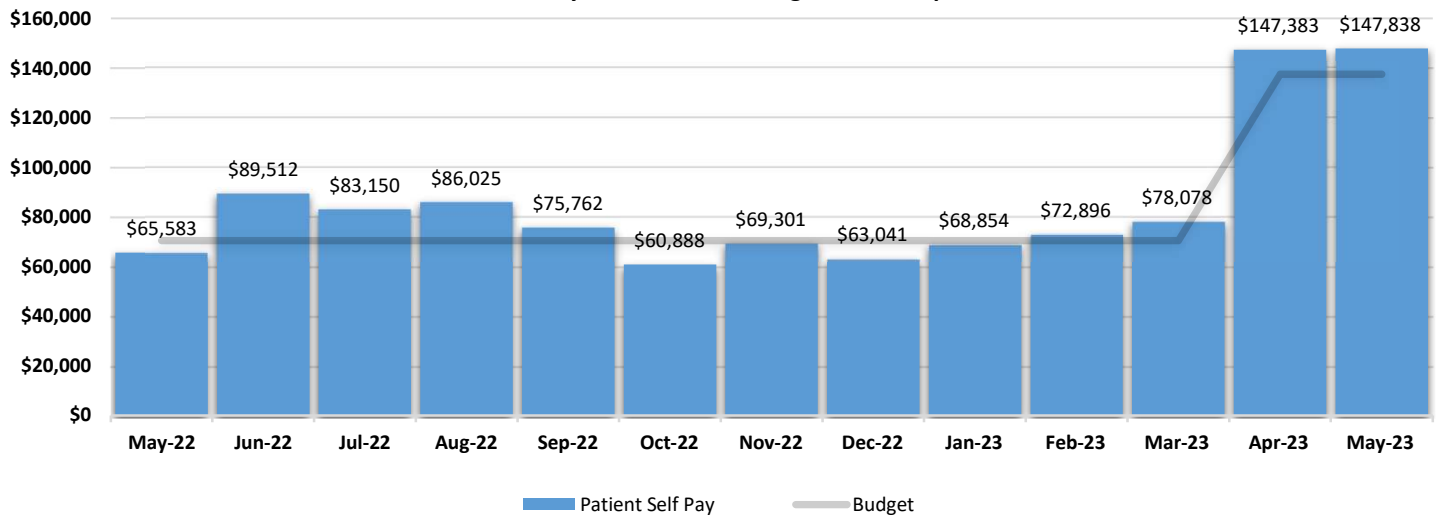
as of May 31, 2023

	MTD Actual May-23	MTD Budgeted May-23	MTD Budget Variance	YTD Actual thru May-23	YTD Budget thru May-23	YTD Budget Variance
REVENUE						
County Revenue	\$277,889	\$277,889	\$0	\$507,253	\$555,778	(48,525)
DSRIP Revenue	0	0	0	0	0	0
HHS Grant Revenue	251,007	269,783	(18,776)	559,836	539,567	20,269
Patient Revenue	578,372	437,585	140,787	1,095,039	875,170	219,869
Other Revenue	32,509	29,406	28,926	48,506	7,167	41,339
Total Revenue	\$1,139,777	\$1,014,663	\$150,937	2,210,633	\$1,977,681	232,952
EXPENSES						
Personnel	\$826,374	\$852,583	\$26,208	\$1,571,481	\$1,705,165	\$133,684
Contractual	96,119	89,342	(6,777)	209,187	178,684	(30,503)
IGT Reimbursement	0	0	0	0	0	0
Supplies	136,220	94,645	(41,575)	311,748	189,291	(122,457)
Travel	3,504	767	(2,737)	4,403	1,533	(2,870)
Bad Debt Expense	46,206	48,151	1,945	90,024	96,303	6,279
Other	114,174	129,873	15,699	204,997	259,747	54,750
Total Expenses	\$1,222,598	\$1,215,361	(\$7,236)	2,391,840	\$2,430,723	\$38,883
CHANGE IN NET ASSETS	(\$82,820)	(\$200,698)	\$158,173	(181,207)	(\$453,041)	194,069

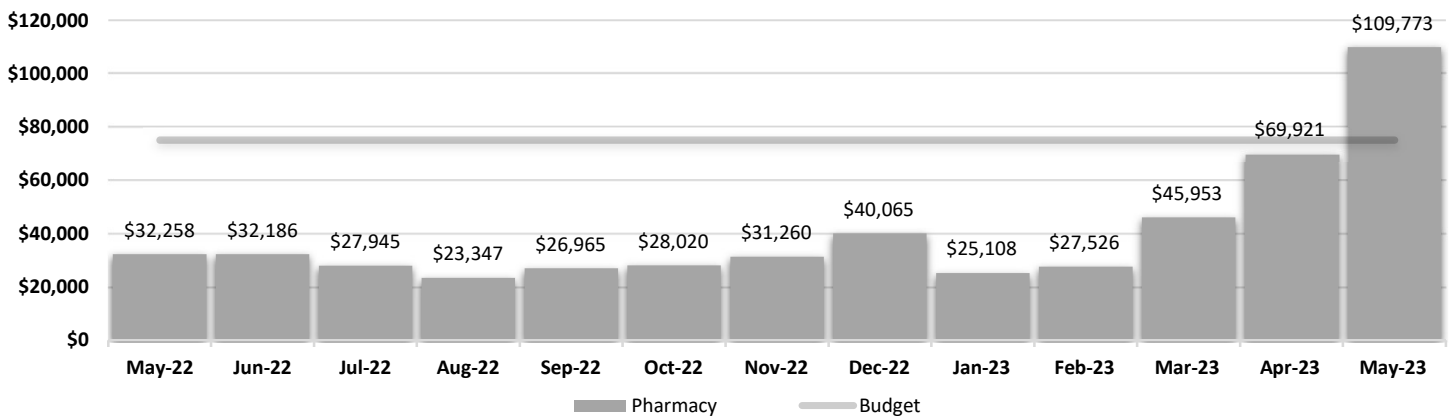
Actual Revenue & Expenses in Comparison to Budget



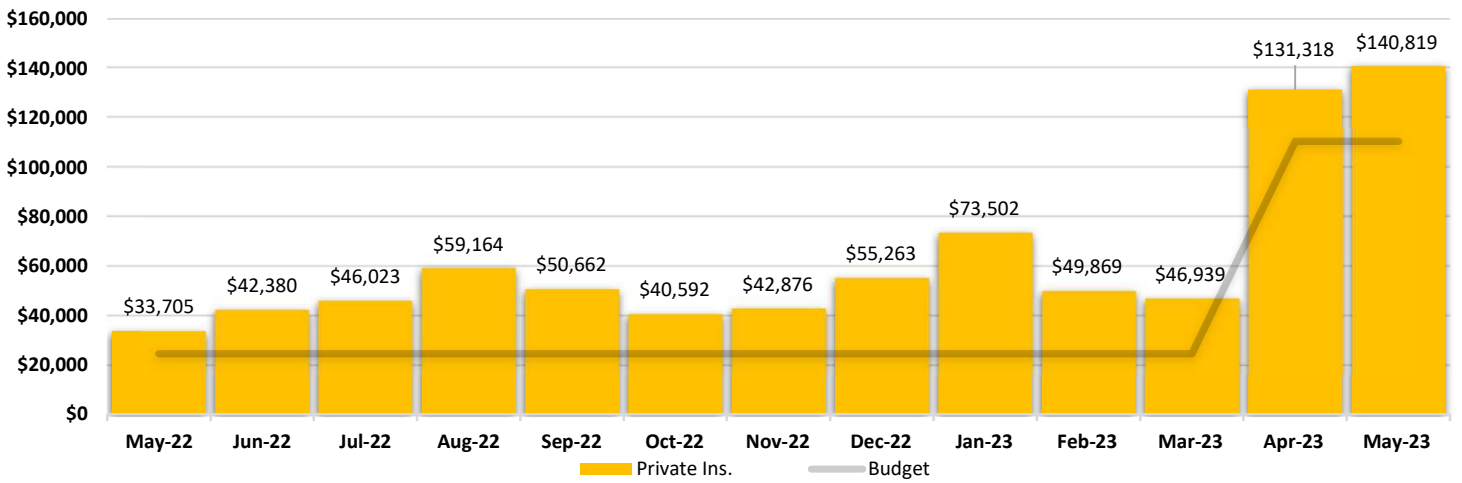
Patient Self Pay Revenue with Budget Line Comparison



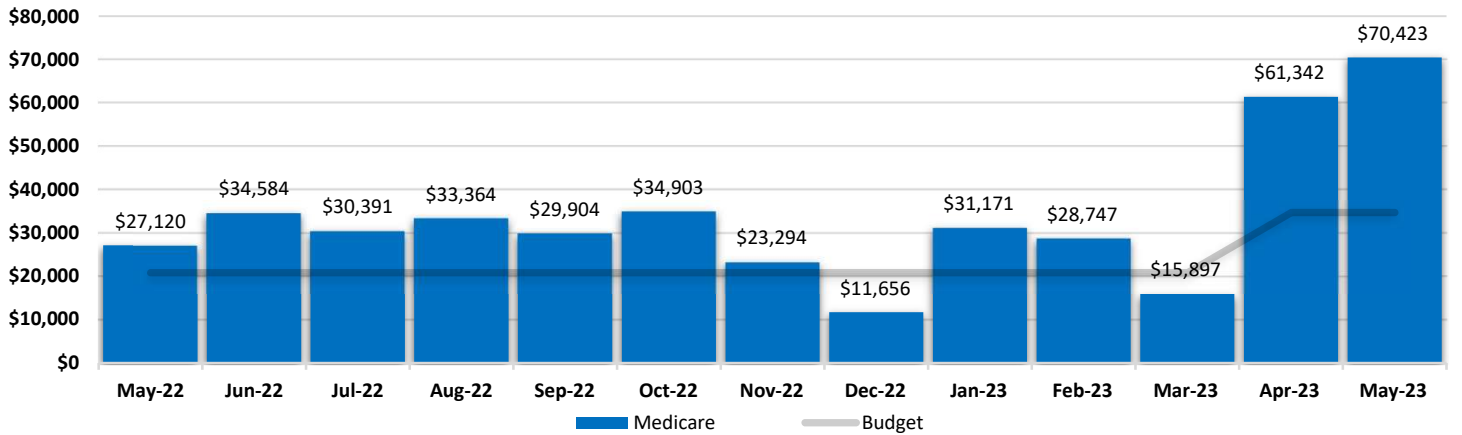
Pharmacy Revenue with Budget Line Comparison



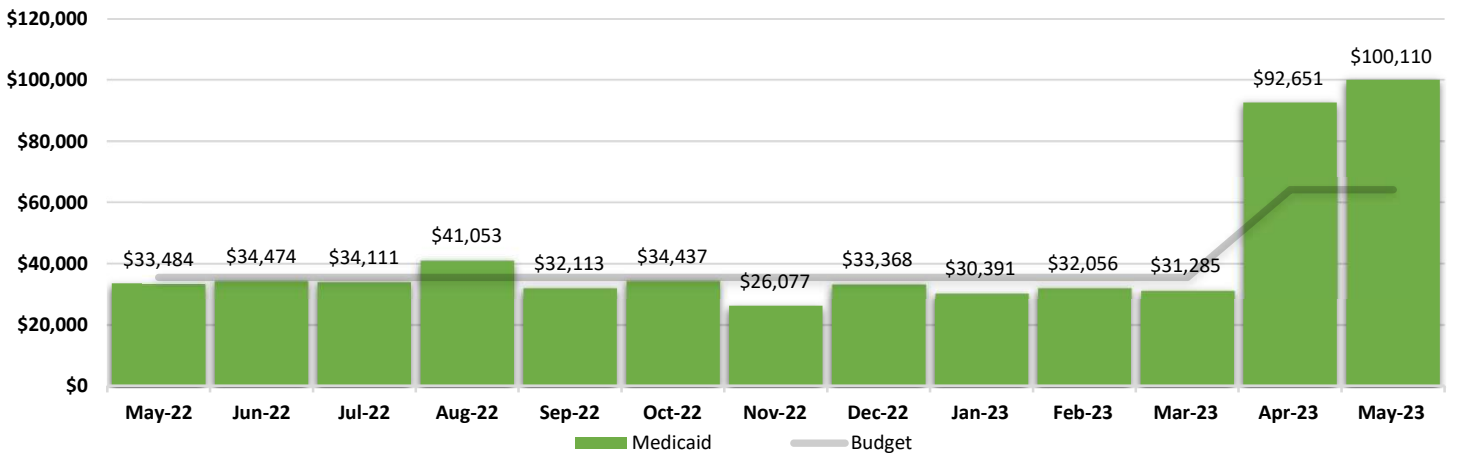
Private Insurance Revenue with Budget Line Comparison



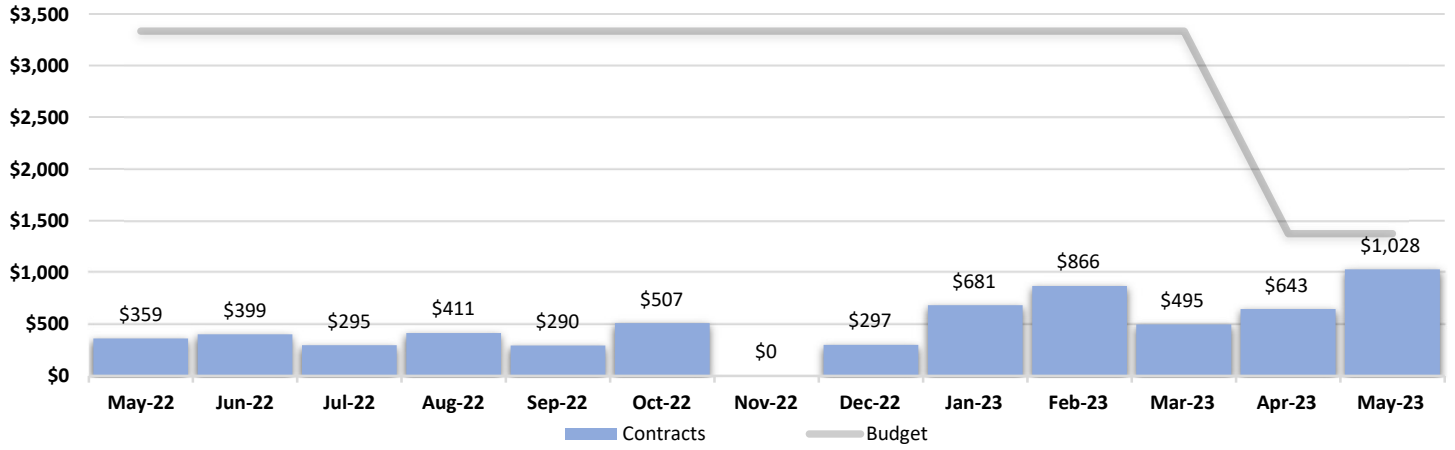
Medicare Revenue with Budget Line Comparison



Medicaid Revenue with Budget Line Comparison



Contract Revenue with Budget Line Comparison



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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

June 2023

Item#9

**Consider for Approval Coastal Health & Wellness Patient Experience
Policy and Procedure Submitted by Ami Cotharn**

Coastal Health & Wellness Patient Experience Policy and Procedure

I. Background

Coastal Health & Wellness (CHW) seeks feedback from its patients and their families regarding their experiences at the center for purposes of performance improvement. Toward that end, CHW routinely gathers formal feedback quantitatively and qualitatively to request feedback on positive as well as negative comments to improve the patient experience.

II. Policy

It is the policy of CHW to seek formal feedback from patients regarding their perception of the safety and quality of treatment and services. The CHW will obtain patient experience surveys in order to identify potential compliance or risk management issues as well as opportunities for performance improvement. CHW will also include a qualitative method of collecting patient feedback (e.g., suggestion box, patient walkthroughs, individual interviews and focus groups).

III. Procedure

A. CHW adopts a patient experience survey form or forms that meet the needs of its various funding entities and that provide useful information from the center's various patient populations. CHW also integrates a way to systematically collect qualitative data on patient experience.

B. The patient experience survey(s) may be completed in written form, person-to-person interviews, via telephone, via mail, via patient portal, via email and/or focus groups. CHW makes surveys available in the languages of its patient population.

C. CHW maintains a schedule for routinely seeking feedback from its patients. The schedule may vary but will be done at least quarterly.

D. Data obtained from the patient experience surveys and qualitative mechanisms are calculated and summarized, and the information is reported to the CHW's Quality Assurance Performance Improvement Committee (QAPI), the Executive Director, Quality Assurance Board, and the Board of Directors. CHW establishes goals and action plans to improve patient experience. The information is also calculated and distributed to CHW's various leadership personnel for appropriate follow up and performance improvement measures.

E. The Executive Director or designee shall ensure that the patient is not discriminated against or retaliated against for expressing negative information (if any).

¹ This policy and procedure are designed to be consistent with the intent of the standard for the **Joint Commission Element of Performance**-LD.03.07.01 (PCMH), LD.03.08.01, PI.01.01.01.EP 30 (PCMH), PI.03.01.01.EP 11 (PCMH), Comprehensive Accreditation Manual for ambulatory Care (CAMAC) Effective January 2019.

¹ Centers may use a tool regarding Patient Experience Survey in the Manual. Also, the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) or TACHC Patient Experience Survey (included in this Manual) or design a survey that at a minimum will evaluate patient/family experience on the following categories: a. Access; b. Communication; c. Coordination; and d. Whole person care/self-management support and comprehensiveness. This supports NCQA PCMH QI 04. The center can also modify the survey or data gathering process to support requirements for NCQA PCMH QI 05 Part B. For Joint Commission, however, health centers must collect data on all the following:

1. Access and Communication
2. Comprehensiveness
3. Coordination
4. Continuity

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

June 2023

Item#10

Consider for Approval OSIS NextGen Services

Submitted by Ami Cotharn

OSIS Budgetary Proposal for NextGen Support Services

Coastal Health & Wellness

5/17/2023

We propose Coastal Health & Wellness join NextGen’s largest network of Community Health Centers to share commonalities, solutions, tools, and resources to reach the organization’s individual adoption goals.

Scope of Services:

Your organization will be introduced to a team of Subject Matter Experts dedicated to the needs of a Community Health Center representing EPM, EHR, EDR, Project Management, etc. They will be an extension of your organization and serve as contributing members of both financial and clinical committees, providing consistent expertise, training, consultation, and the experience of supporting other centers around the country, ensuring an optimized NextGen environment.

OSIS NextGen Services Teams:

Assigned Specifically to your Practice

(EHR, EPM, EDR, PM, etc., Subject Matter Experts)

OSIS NextGen Regional Teams:

NextGen Analysts, Trainers, Service Desk, and other Subject Matter Specialists

OSIS NextGen Technology Services Teams:

Database Analysts, Upgrade Specialists, Template/Solution Developers, Infrastructure, and Cloud Support Expertise

NextGen EPM/EHR/EDR/DM Optimization Consulting, Training, and Support Services. Most notable:

- **On-going Workflow and process improvement consultation**
- **Overall Project Management.** Lead all NextGen optimization projects and initiatives, for example:
 - Overall NextGen Optimization
 - Implementation of Ancillary/Third Party Products
 - NextGen Enterprise/EDR Upgrades and Patches
 - Introducing OSIS Tools and Solutions

- **Training/Consultation Support - EPM/EHR/EDR/DM**
 - **On-site Training** - OSIS Subject Matter Experts and/or Quality Consultants will be available to travel onsite for a total of two complimentary visits per year.
 - A complimentary on-site visit consists of one OSIS SME or Consultant visiting the practice for up to three consecutive days to provide training, support or consulting/optimization activities.
 - These complimentary visits will not roll over and cannot be “borrowed ahead” from a future year.
 - **Remote Training** and other activities can be scheduled throughout the year and may include:
 - Train the Trainer / assistance with creating an internal training program
 - Super User training and program consultation / best practices
 - NextGen Upgrade or product implementation end user training
 - OSIS Solution Education
 - New hire Provider or Administrator Training
- **Annual Health Checks.** An activity to ensure that the goal to help you better manage your population, improve patient satisfaction, and achieve financial success is being met:
 - Assess overall stage in adoption and measure progress from previous visit.
 - Review recommendations/observations and develop strategy for continued growth in adoption and overall efficiency.
 - Training and overall optimization activities.

OSIS Solutions – Template/Report Development Collaboration:

As a Member you will be introduced to solutions and tools that will enhance your NextGen experience. Our development methodology allows us to customize templates, add custom solutions, and at the same time stay on the NextGen upgradeability path. We will manage the entire software development life cycle:

- Defining the project/business requirement
 - Designing functionality and building the template/report
 - Unit testing (Member to perform user testing)
 - Implementation
- OSIS has a library of over **200 OSIS Solutions**, which are available to our Members at no additional cost. Most notably:
 - PCMH – Chronic Care Management Tool Kit
 - Referral Management
 - Diabetes Education
 - Screening Toolkit
 - Compliance Monitoring Tool Kit

Your team of specialist will introduce OSIS Solutions and train providers, support staff, and super users on new workflows and processes while introducing best practices for specific staff role and responsibility.

NextGen Upgrade Services:

All upgrades are like mini-implementations and we treat them as such. The entire process is proactively managed and performed by your OSIS team, to include:

- **Overall Project Management** - to identify roles/responsibilities for all parties with timelines for completion.
- **Gap Analysis and Development** - to ensure that customization, solutions, and tools are carried forward post upgrade.
- **New Feature Selection** - OSIS has developed tools to help your team sort through new version features and will show you which ones are required for a Community Health Center, and which ones can be optionally implemented now, or in the future.
- **Training** - OSIS will provide either Super User / Train the Trainer style instruction, or typical end user instruction and will include any changes to system configuration or setup for new features.
- **Go-Live Support** - Your EHR and EPM Subject Matter Experts will assist your team with configuration and testing, as well as be there to answer questions and troubleshoot issues throughout the upgrade.

NextGen Service Desk Support:

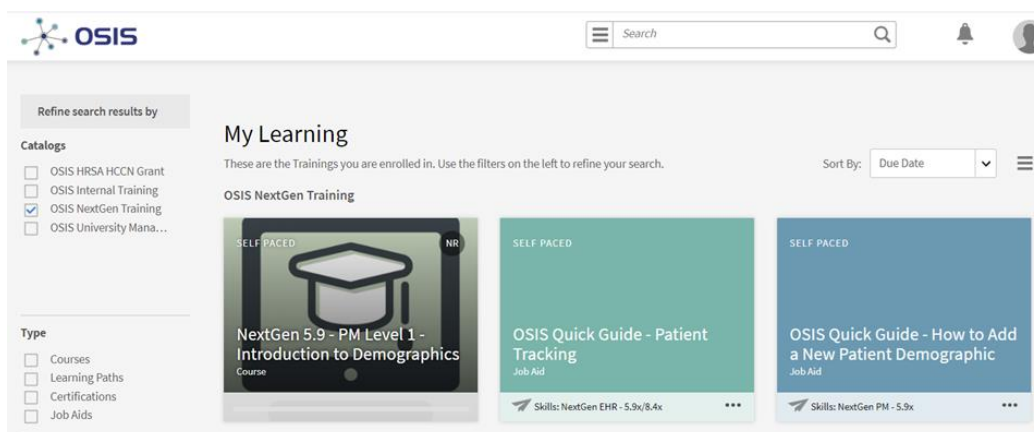
To augment your team of specialists the OSIS Service Desk is available 24/7 to meet your immediate needs.

- Service Desk Support for EPM/EHR/EDR/DM applications
 - Assistance via portal or phone communication.

OSIS University – An on-going education and training solution for OSIS Members:

This online learning management tool will allow your staff to enroll in courses designed by OSIS Trainers specifically for our network of Community Health Centers.

- Course Catalog (EPM, EHR, EDR Videos) and documentation available to all Members.
- Reporting capabilities allow managers at your organization to view what courses their staff are enrolled in or have completed, as well as what skills they are learning and how much time has been spent learning each quarter.
- Earn Skill Badges upon course completion.
- Includes 5 user registration.



User Group Meetings:

- Passes to OSIS' Regional User Group Meetings and TACHC specific events.

OSIS Partner Program:

This program provides the opportunity to work with vendors who have a proven track record of working with NextGen practices at a Network discounted rate. Here is our current list of partners:

Patient Portal Solutions:



Patient Intake and Communication (Patient Reminders, Referrals, Mobile Check-In, etc.):



340B Assistance:



Vaccine Management:



Translation Services:



Scribe Services:



OSIS Membership Pricing Model – 2yr term:

Coastal Health & Wellness will have access to all solutions, and services outlined above without limit unless noted for the following monthly fee:

OSIS Monthly NextGen Services:	\$11,081
TACHC Support:	(\$1,000)
OSIS Monthly NextGen Services Total:	<u>\$10,081</u>

Optional Services Available by Project – Please Inquire

- Revenue Cycle Management (Outsourcing and A/R rescue services)
- Custom Interface Development
- On-site EPM/EHR Training beyond what is outlined above
- PCMH Transformation and/or Quality Consulting
- Custom Templates and/or reports for member’s exclusive use



OSIS[®]

NextGen Assessment Summary
For
Coastal Health & Wellness

May 16th, 2023

Providing technology to transform Community Healthcare

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Overview

OSIS conducted a brief evaluation of Coastal Health & Wellness's deployment of the NextGen EPM and EHR applications. Activities included reviewing file build setup and interviewing clinical/financial staff. This report outlines, at a very high level, our observations, comments, and recommendations for optimization.

General Observations

Past experience has shown us that in the absence of an on-going optimization methodology that calls for workflow reviews, process re-design, and training to address changes in regulatory documentation requirements and/or new NextGen functionality pertinent to an FQHC, we all have a tendency to under adopt the technology. In general, our view is that Coastal Health & Wellness is experiencing the frustrations we often see years after the initial deployment of NextGen where functionality and customizations of the past are driving workflow that is not meeting the organizations needs. Combine this with the knowledge transfer challenges we all face due to staff turnover, and you have an installation of NextGen that could be much more than it is today.

We didn't observe anything that can't be resolved with education and on-going support. Staff, while capable, "don't know what they don't know" and in some cases what they thought was true, isn't and as a result are working far too hard supporting manual processes when functionality just needs to be turned on. We observed this in both financial (75% of A/R is over 91 days) and clinical (third party products are being purchased when functionality exists in NextGen) settings.

The opportunity now is to examine workflow/processes and introduce best practices, tools/solutions to enhance the environment. The following recommendations will specifically call out areas where we see opportunities to optimize and/or gain efficiencies.

General Recommendations

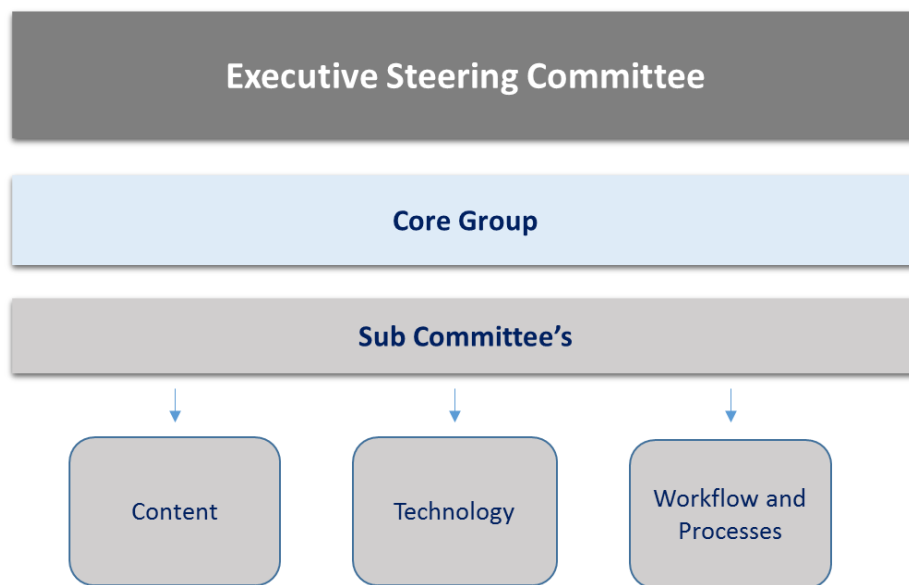
Our recommendations begin with implementing structure around how you want to introduce tools, solutions, and training to optimize NextGen. We call this structure "*System Governance*". It's a methodology for managing change to ensure that all stakeholders' interests are taken into account and the desired outcome is met.

System Governance is the foundation for all automation. We can't stress this enough. It's the reason why implementations succeed or fail and has little to do with the actual EHR product. How you govern the NextGen solution says a lot about what you want the system to return to you. If you want to maximize the value of your EPM/EHR/EDR/DM solution, you must delegate ownership to a cross-functional group that understands the organization's ultimate adoption goals. While you wouldn't want the revenue cycle team influencing clinical decisions, you also

wouldn't want individual provider preferences influencing workflows or system modifications at the expense of reporting quality measures.

The final piece to the governance puzzle is accountability. While the structure encourages constant discovery of improved documented processes to gain efficiency and reduce "clicks", ultimately the success of any on-going optimization program is a clear statement of adoption policy with monitoring tools to ensure compliance. Without it any EHR solution will struggle to meet expectations.

Over the years, OSIS has identified best practices for system governance. While far from being all inclusive the following outlines the structure we advocate:



Executive Committee/Change Management/Steering-

The success in an on-going optimizing program for NextGen hinges on an inclusive executive team, including a CIO, CMO, CNO, CFO, CEO, COO and/or shareholders. Many organizations are creating new positions such as Chief Medical/Nursing Information Officers to gain clinician acceptance from the Core Group Committee. This group is often the final decision maker and enforcer of new policy changes.

Core Group Committee-

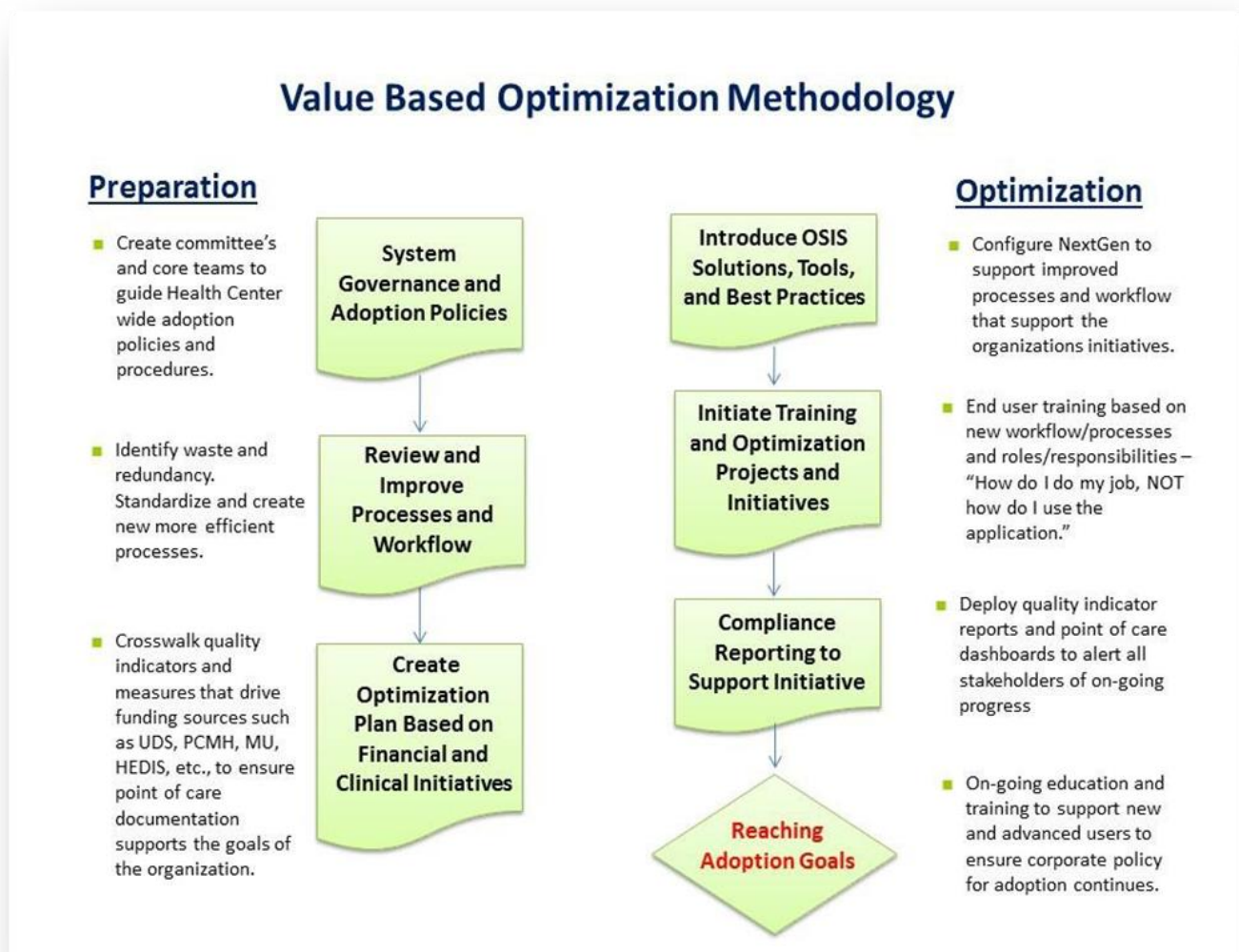
This group is comprised of "core staff members" that can make recommendations and key decisions for the executive or governing body. The Core Group is best defined as the leaders within the practice that will be instrumental in the optimization effort. This team is responsible for learning how to use all related applications and determining how to best adopt the current workflows to best utilize the enhanced functionality of the new system. This group typically has

representation from each of the various departments within the organization including but not limited to providers.

Content Committee (Sub Committee)-

This is a group of key clinical staff that will review templates for clinical content appropriateness. It is this committee that is responsible for ensuring that information currently obtained during a patient encounter will have specifically identified fields in the electronic chart. This group is typically comprised of key clinical staff including but not limited to Medical Assistants, Nurses, Lab Technicians and Providers.

Once the governing body is in place to set adoption policy and manage compliance, we recommend the optimization methodology outlined below:



As noted above, we recommend your organization undergo a workflow review of EPM and EHR to establish a baseline for process re-design and standardization. We advocate for very structured FQHC best practice policies, procedures, and on-going application training

curriculum with a role-based delivery method focused on modules, not just EHR. The program should include end user training, additional super user training, and reconfiguration of the existing new hire training program. There should be clear repositories for reference materials for system utilization and recommended workflow policies. Most notable activities should include:

On-going Education – We strongly encourage the development of new hire and advanced training programs for all staff. On-going education should happen often to ensure that all staff are aware of tips, tricks and changes that have been implemented within the organization and that policy for utilization is being followed.

Quality Documentation Consulting – With the shift towards “*Value Based Healthcare*” we recommend consultation and training to ensure that providers are not just efficiently capturing data at the point of care, but also gathering quality measures that drive programs and funding sources. We recommend performing a gap analysis of all data points required by funding programs. We then build a matrix to reveal potential crosswalks and commonalities for maximum efficiencies. Workflow is reviewed, best practices and tools are introduced, and providers are instructed where to go and how to capture data points. From an administrative perspective, routine audits of quality reports and monitoring tools will identify areas in need of additional training or workflow modifications.

Super Users/Clinical Champions - We strongly recommend adoption of super users at all locations. Super users should be a select group of employees who demonstrate an excellent understanding of your organizations policies, processes, workflows and system usage. They should be able to communicate well with end users and support staff to assist in solving functional application questions. Many of our centers rely heavily on part-time providers, visiting specialists, and locums, so having a skilled NextGen “*Super User*” on-site at all times for providing everyday users with assistance is extremely important.

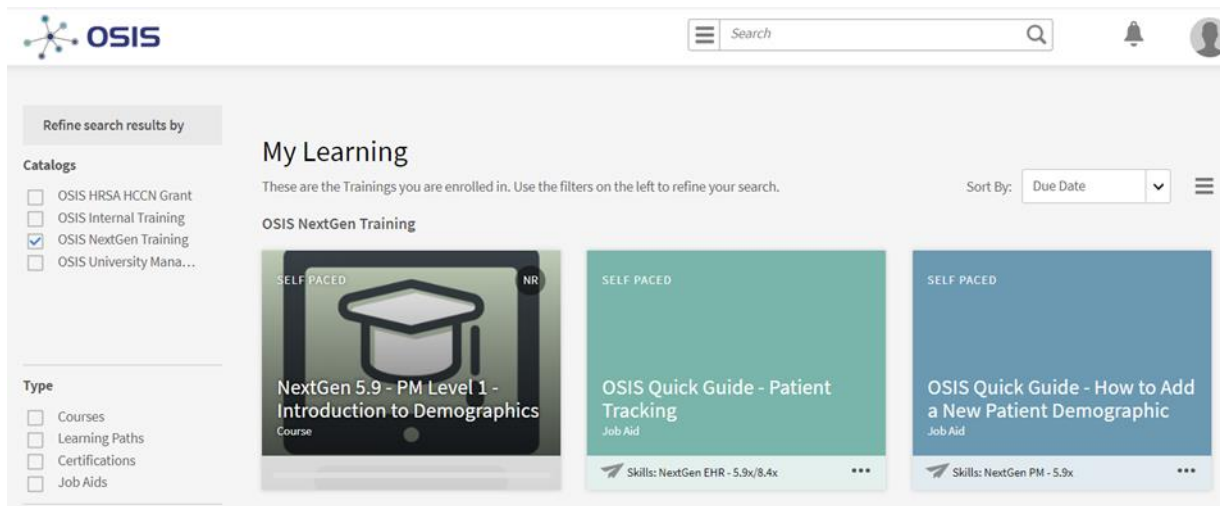
For example, an EHR super user is a provider, Nurse, or MA that expresses the desire and ability to take on the added responsibilities while demonstrating the following qualities:

- Skills:
 - Strong computer skills
 - Understanding of practice’s NextGen related workflow, policies and procedures
 - Ability to teach others
- Responsibilities:
 - Attend/participate in multiple NextGen end user training classes offered in conjunction with upgrades

- Act as a NextGen knowledge resource for the department/service area
- Assist with NextGen upgrade support in clinic
- Participate in NextGen testing for upgrades

Learning Management Tool - To support the training program, we recommend considering the adoption of an online learning management tool will allow your staff to enroll in courses and management to monitor progress. OSIS has designed such a tool for our network of Community Health Centers that includes.

- Course Catalog (EPM, EHR, EDR Videos) and documentation.
- Reporting dashboards allowing managers to view what courses their staff are enrolled in or have completed, as well as what skills they are learning and how much time has been spent learning each quarter.
- Earn Skill Badges upon course completion.



The screenshot shows the OSIS Learning Management Tool interface. At the top, there is a search bar and a user profile icon. Below the search bar, there is a section for refining search results by catalogs and type. The main content area is titled "My Learning" and displays a list of training items under the heading "OSIS NextGen Training". The items are:

- NextGen 5.9 - PM Level 1 - Introduction to Demographics** (Course, SELF PACED, NR)
- OSIS Quick Guide - Patient Tracking** (Job Aid, SELF PACED, Skills: NextGen EHR - 5.9x/8.4x)
- OSIS Quick Guide - How to Add a New Patient Demographic** (Job Aid, SELF PACED, Skills: NextGen PM - 5.9x)

EPM Specific Observations/Recommendations:

Observations and comments are based upon discussions with billing staff and review of EPM configuration setup. We recommend taking a global look at the revenue cycle.



Front Desk

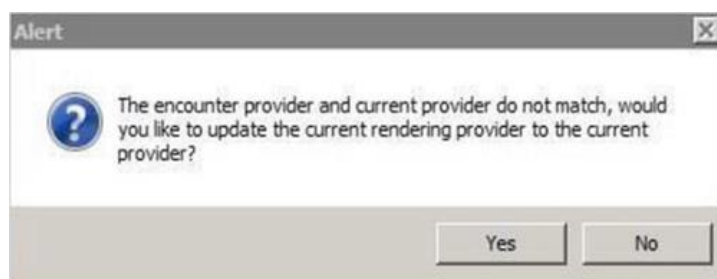
The front desk plays a critical role in the revenue cycle management process – 30% of all denials begin here. We recommend reviewing check-in/out workflows/processes and fully adopt NextGen’s auto-flow functionality. The result is standardization that drives staff to the specific patient information that needs to be reviewed and updated during each visit, so your billers aren’t tracking down information after the patient has left the building. A few best practices:

- Utilize the Patient Demographics report to audit data capture. This report displays all the key demographic data including UDS and Family Size and Income.
- Take advantage of Workable Task functionality to provide hard stops when needed.
- Continue to collaborate with Billing team - create/update denial codes specific to registration and formulate a process to monitor and ensure registration denials are decreasing.

Back Office

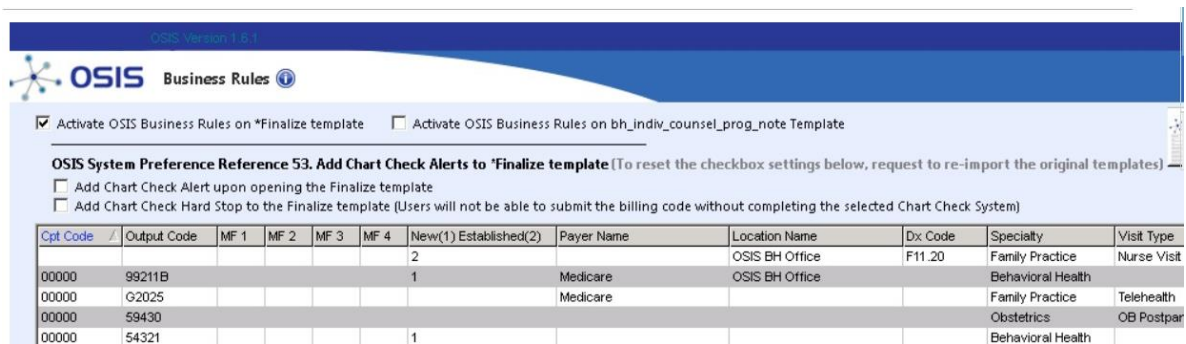
We identified a variety of features not turned on and/or OSIS solutions that will benefit your organization. A few examples:

- **The Claim Status Profile** – is a standard feature not being utilized. **This feature enables you to find out the real-time status of a claim and where it is in the adjudication process.** Claim status inquiries can be submitted in batch mode or one at a time.
- **Consolidated Service Library** – is a feature not being utilized that is leaving revenue on the table for the organization. **The functionality allows you to combine Medicare same day encounters (Medical/BH) on to a single outbound claim for full reimbursement.**
- **Unapplied Payment Utility** – We observed a considerable number of unapplied encounters that are decreasing the overall amount in the 0-to-30-day A/R category. Today staff are managing manually. **NextGen has a utility called the Unapplied Advanced Utility that can automate the posting of unapplied payments on a nightly basis. This product has a nominal fee but well worth the expense by reducing the amount of time staff are having to manually correct. The "Contract" financial class has over \$24,000 in credits.**
- **Custom Alerts** - Ensuring that the appropriate charge is posted to the rendering provider by location is a common 4-point check challenge with all our centers. **To provide a solution, OSIS designed a series of alerts to automatically appear if the rendering provider and/or location do not match, giving the user an opportunity to update and not burden billing staff. This is a huge time saver!**



- **Tasking** – We recommend the organization deploy and standardize on the use of tasking to facilitate an efficient way to increase communication between back office and front office staff and to provide alerts when necessary. Tasking can assist with monitoring A/R and automating processes. **For example, you can create tasks to police transaction policy compliance – “All adjustments above certain dollar amount are tasked to supervisor for review”. You can also create a task that will capture A/R that is 90 days or older and filter by financial class or payer. All tasks can be monitored by management in a real-time fashion.**

- Business Rules** – Is an OSIS solution that enables a practice to create different E&M codes for billing. It's used to modify claim requirements based on payer needs to ensure that the claim is going out clean the first time. Some examples are adding modifiers that the payer requires by provider credential or visit type. **This is beneficial when there are different modifiers needed for the same payer depending upon whether or not it's a Behavioral Health or Medical issue. The tool can control the Place of Service for assistance with Telehealth Visits (modifier 95) or Office and much more!**



OSIS Version 1.8.1

OSIS Business Rules

Activate OSIS Business Rules on *Finalize template
 Activate OSIS Business Rules on bh_indiv_counsel_prog_note Template

OSIS System Preference Reference 53. Add Chart Check Alerts to 'Finalize template' (To reset the checkbox settings below, request to re-import the original templates)

Add Chart Check Alert upon opening the Finalize template
 Add Chart Check Hard Stop to the Finalize template (Users will not be able to submit the billing code without completing the selected Chart Check System)

Cpt Code	Output Code	MF 1	MF 2	MF 3	MF 4	New(1) Established(2)	Payer Name	Location Name	Dx Code	Specialty	Visit Type
						2		OSIS BH Office		Family Practice	Nurse Visit
00000	99211B					1	Medicare	OSIS BH Office		Behavioral Health	
00000	G2025						Medicare			Family Practice	Telehealth
00000	59430									Obstetrics	OB Postpartum
00000	54321					1				Behavioral Health	

- Denial Management** – Your accounts receivable has 75% of the A/R over 91 days. A large portion is patient liability, however, there is a considerable amount for Medicaid, Medicare, and other payers. A large outstanding insurance A/R tends to show that there is possible system setup issues causing claim denials. We recommend updating the reason code library codes with the description of "On-The-Fly-ERA" with the proper description. This will allow you to understand what types of denials are being received which will help determine the root cause. **We recommend creating multiple reason code libraries to allow you to customize how the reason codes process for payers. This will make a measure impact to managing claims processing and re-filing.**
- Background Business Processor** is a standard feature that's underutilized by most organizations. It can automate the generation of reports, utilities, claims generation, etc., at night to assist with streamlining process. **It's literally like having a part-time employee working each evening for FREE. We strongly recommend you extend the adoption of this tool.**

To take advantage of advanced functionality we recommend a complete review of all master files and tables as the basis for billing and front desk optimization, so staff fully understand the capabilities of both front and back-office setting and begin an optimization project with specific milestones and goals.

A few notable optimization opportunities revealed during our discussion with the impact and deployment effort levels for you to consider:

Area	Opportunities	Comments	Impact Level 1- minimal 2- moderate 3- large	Effort Level <i>Light</i> <i>Moderate</i> <i>Heavy</i>
File Maintenance	Recall Plans	Recall plans are not being utilized. <i>Benefit: Recall plans is a great tool to remind patients to schedule for upcoming services that may be several months out in the future.</i>	3	Heavy
File Maintenance	Enterprise Preferences	There are features that are currently not activated that may assist your organization such archiving of letters and subgrouping options to assist with reporting. <i>Benefit: Maximize the use of NextGen features.</i>	1	Light
File Maintenance	Patient Responsibility	The patient responsibility table does not have the 2023 income amounts. <i>Recommend updating to the correct poverty amounts.</i>	1	Light
File Maintenance	NextGen Cost Estimate	The NextGen Cost Estimate feature is not fully setup. Would recommend reviewing the setup requirements and creating an enhanced form to automatically pull in patient information. <i>Benefit: This feature will streamline the process to provide self pay patients and estimate for their care.</i>	2	Moderate
File Maintenance	Statements	Dunning messages are not setup to print on patient statements. <i>Benefit: Adding dunning messages allows you to customize messages on the statements based upon the aging the balance due.</i>	2	Moderate
File Maintenance	Alerts	The alert options to require privacy notice updates, no shows and cancellations is not being utilized. <i>Benefit: These options remind staff to obtain updates and track patients that struggle to make their appointment.</i>	1	Light
File Maintenance	Practice Preferences	Holiday feature is not being used. <i>Benefit: This feature assists with blocking appointment schedules across all providers so staff don't have to manually.</i>	2	Moderate

Area	Opportunities	Comments	Impact Level 1- minimal 2- moderate 3- large	Effort Level <i>Light</i> <i>Moderate</i> <i>Heavy</i>
File Maintenance	Practice Preferences	Patient Information Bar EHR. Recommended that the option for patient insurance be changed to encounter insurance. <i>Benefit: Setting this to encounter insurance will display the insurance assigned to the encounter at check-in. The Patient insurance looks at the first insurance in demographics and is not always accurate.</i>	1	Light
File Maintenance	USPS Address Validation	The USPS Address Validation process is a free service that can verify patient addresses match what the postal service has on file in real time. As staff enter the address, if the address does not match a pop up will display with the address the postal service has on file. <i>Benefit: Can assist with reducing return mail to increase revenue.</i>	3	Heavy
File Maintenance	Service Item Library	The last update to the fee schedule was in 2019. <i>Benefit: Increased revenue. it is recommended that pricing for services are evaluated on a annual basis to achieve maximum reimbursement.</i>	2	Moderate
File Maintenance	Formats	Insurance payer policy number formats can be setup to reduce data entry errors. <i>Benefit: This feature can be linked to insurance payers and if the proper policy number format is not entered it will stop the staff and require them to correct.</i>	2	Moderate
File Maintenance	Transaction Codes	The Transaction codes starting with the letter "Z" are available for staff to manually select. <i>It is recommended that these codes are excluded from payment entry as they should only be used by the system not an end user.</i>	1	Light
Invoice Billing	Training	Invoice Billing is an option that streamlines billing for employers that contract with you to provide employee physicals, drug screenings, etc. <i>Benefit: This feature will provide a statement of all employees seen in a given month. Eliminate the need to track manually</i>	2	Moderate

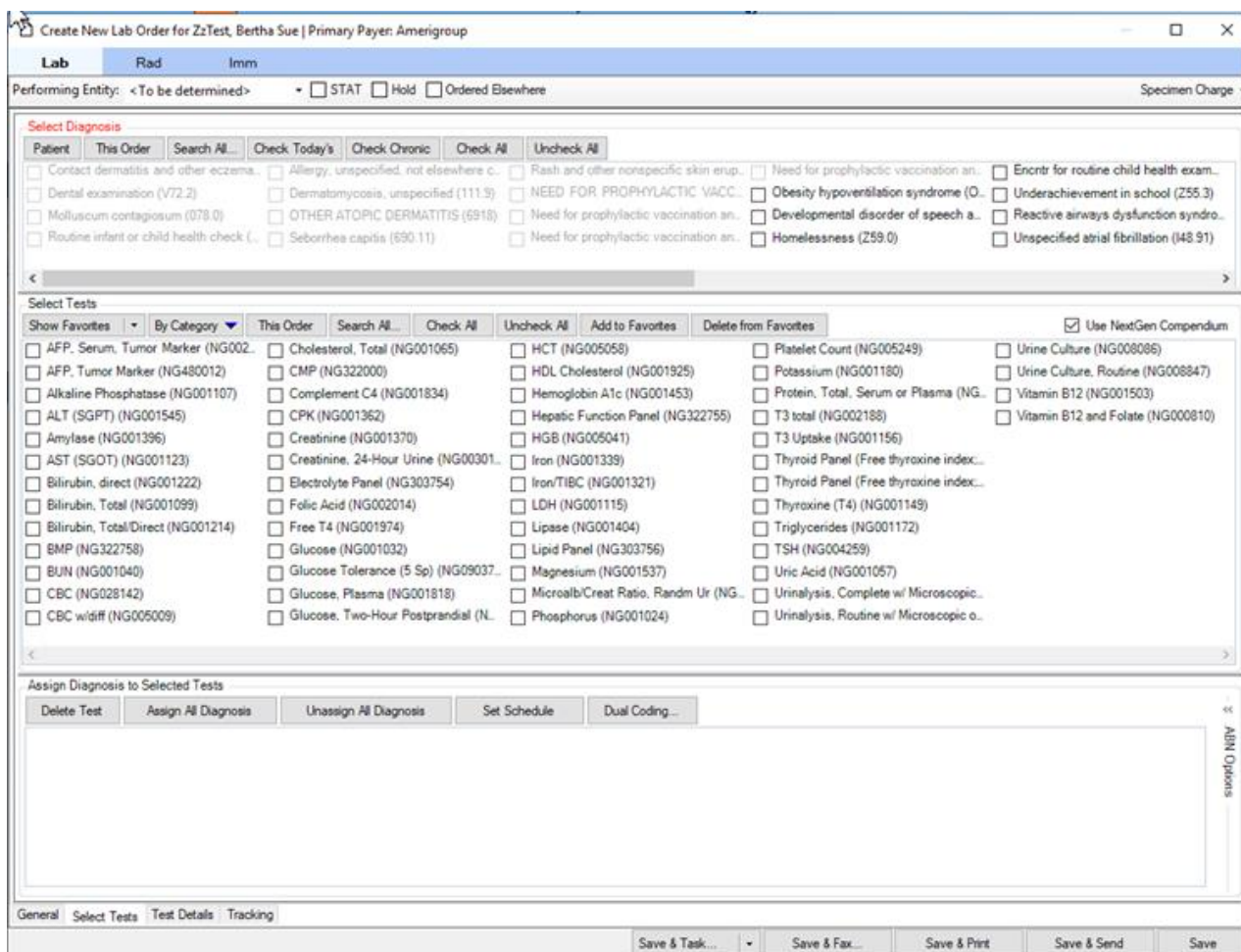
Area	Opportunities	Comments	Impact Level 1-minimal 2- moderate 3- large	Effort Level <i>Light</i> <i>Moderate</i> <i>Heavy</i>
Budget Plans	Training	Budget Plan feature is currently not being utilized. <i>Benefit: This feature provides the ability to setup payment arrangements with patients. OSIS Team can assist with training your team on the process.</i>	2	Moderate
Claim Acknowledgements	277 and 999 files	Currently the clearing house acknowledgement files are not being imported into NextGen. <i>Benefit: Importing these reports provides detailed information on each encounter that was accepted and/or rejected by the clearing house and/or payer.</i>	2	Moderate
Eligibility	Preferred Service Types	NextGen Eligibility is being utilized but the feature to specify the preferred types of insurance coverage is not setup. <i>Benefit: Setting this practice preference feature will place the preferred benefits to the top of the eligibility responses which makes it easier for staff.</i>	1	Light
System Reports	Automate	<i>Consider setting up the NextGen System Reports to run via the BBP on a weekly basis. Have the reports saved as a snapshot so that the dynamic functionality of the reports will work properly.</i>	1	Light
EPM Reports	Training	<i>Increase working knowledge of the NextGen EPM reports that can assist with daily, weekly and monthly operations.</i>	3	Heavy

EHR Specific Observations/Recommendations:

From a clinical perspective our review provided a glimpse of Coastal Health & Wellness’s structure and utilization of NextGen. As highlighted earlier, the organization would benefit from a formal training program for both new hires and existing staff to promote standardized best practice clinical workflows.

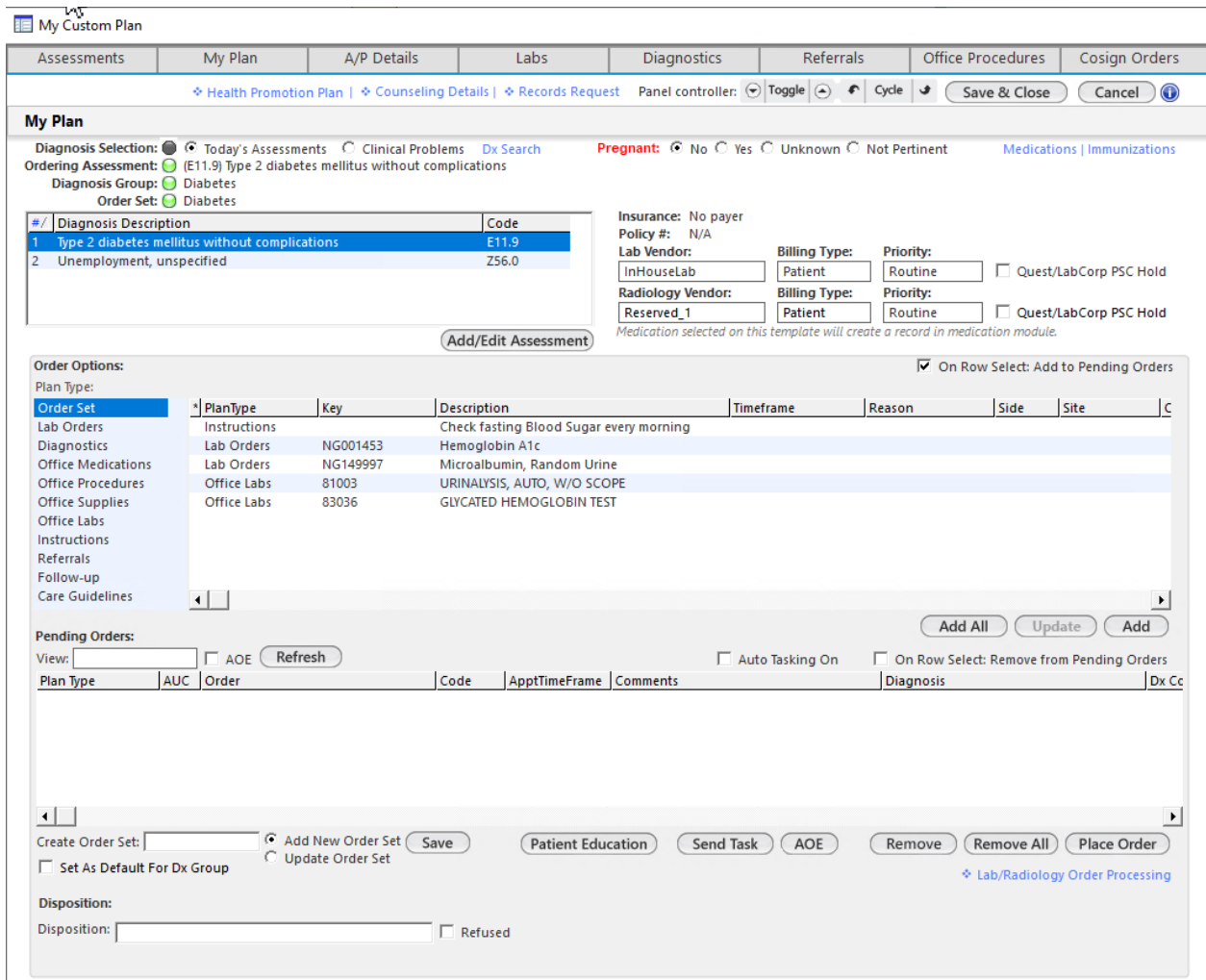
Clinical support staff are “super users” and have dedicated workflows that are part of a training program developed by Nursing Director – good news! We identified a variety of standard clinical modules and features not being utilized that would impact provider satisfaction and the heavy lift support staff is carrying to maintain old customized functionality and/or manual systems that are unnecessary. The following are a few examples:

The continued use of a lab template as opposed to the Orders Module. This is standard functionality that will save time both at point of care and overall maintenance.

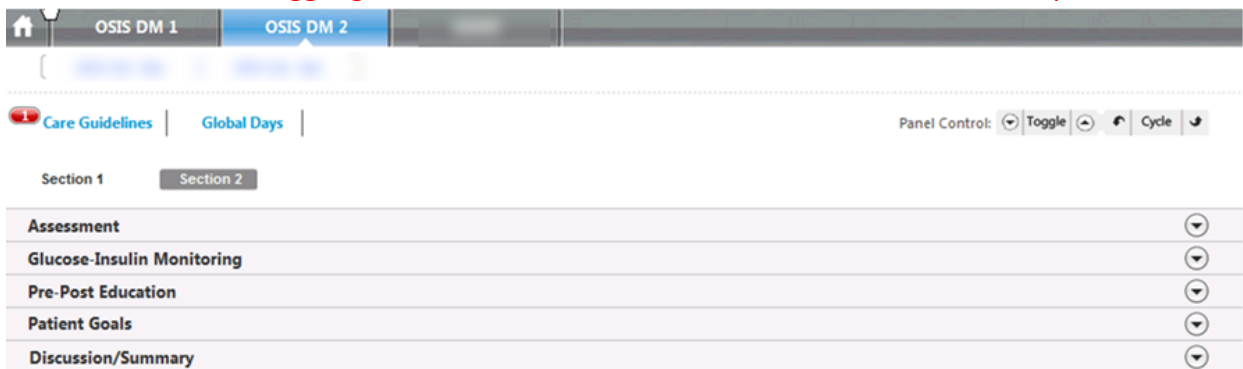


The screenshot shows the 'Create New Lab Order' window for patient Bertha Sue. The interface includes tabs for 'Lab', 'Rad', and 'Imm'. Below the patient information, there are sections for 'Select Diagnosis' and 'Select Tests'. The 'Select Tests' section is currently active, displaying a grid of various lab tests such as 'AFP, Serum, Tumor Marker', 'Cholesterol, Total', 'HCT', 'Platelet Count', and 'Urine Culture'. Each test has a checkbox for selection. At the bottom of the window, there are buttons for 'Delete Test', 'Assign All Diagnosis', 'Unassign All Diagnosis', 'Set Schedule', and 'Dual Coding...'. The bottom of the screen shows navigation tabs for 'General', 'Select Tests', 'Test Details', and 'Tracking', along with 'Save & Task...', 'Save & Fax...', 'Save & Print', 'Save & Send', and 'Save' buttons.

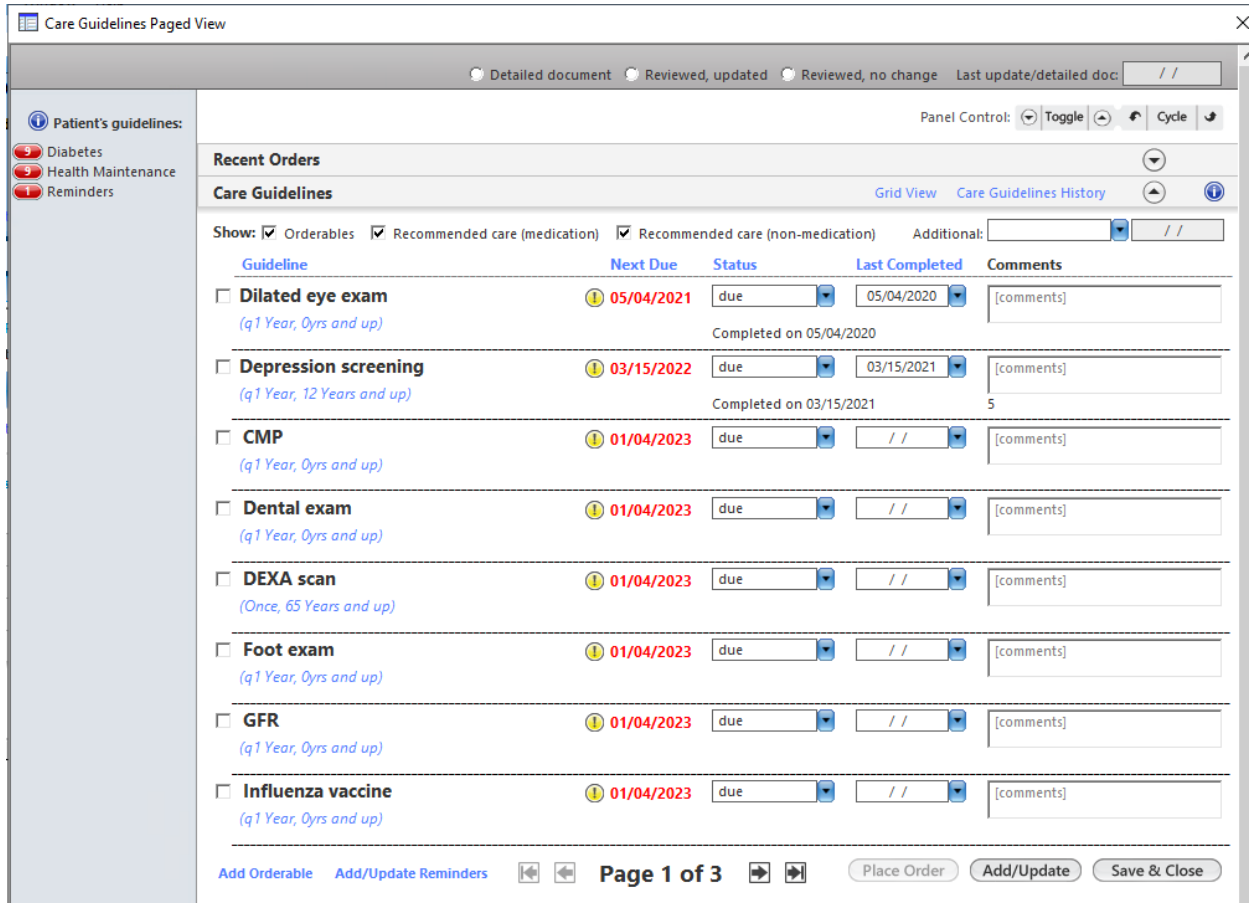
Dynamic My Plan. This is standard functionality that provides a one stop view of a patient's chart with the ability to take action immediately.



Diabetes Education Tool Kit - This solution allows practices to document diabetic education visits with custom fields addressing standards outlined for diabetic educators while monitoring results. **No more struggling with NextGen recommendation of the Nutrition template.**



Care guidelines - a configurable module to alert providers and support staff of care that is due. Standard functionality within NextGen.



Recent Orders

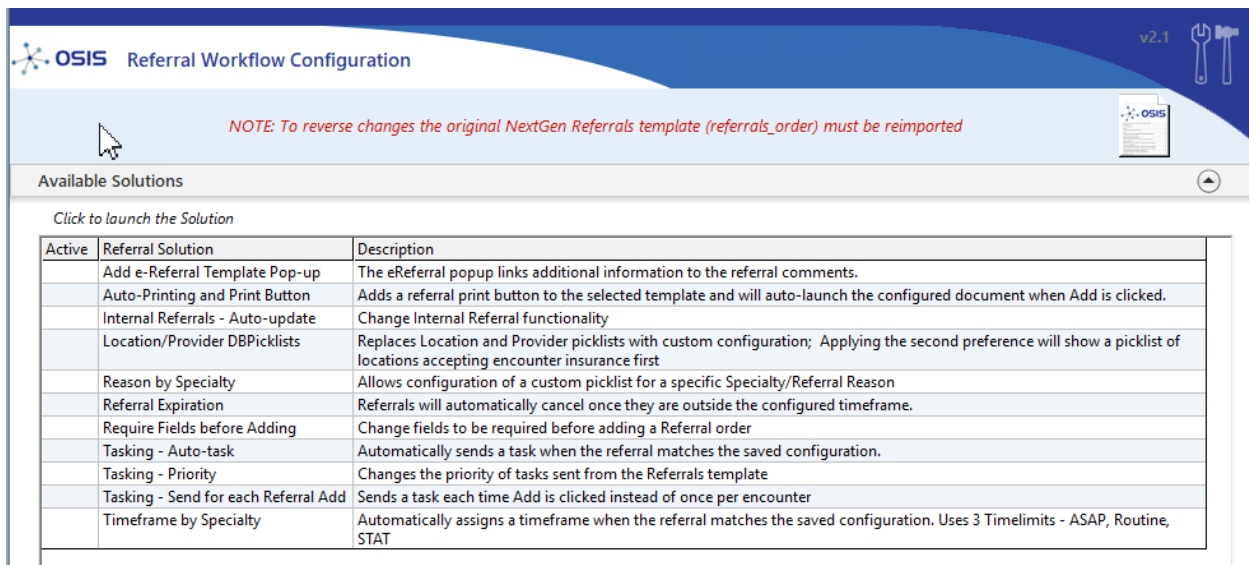
Care Guidelines Grid View Care Guidelines History

Show: Orderables Recommended care (medication) Recommended care (non-medication) Additional: //

Guideline	Next Due	Status	Last Completed	Comments
<input type="checkbox"/> Dilated eye exam <i>(q 1 Year, 0yrs and up)</i>	05/04/2021	due	05/04/2020	[comments]
Completed on 05/04/2020				
<input type="checkbox"/> Depression screening <i>(q 1 Year, 12 Years and up)</i>	03/15/2022	due	03/15/2021	[comments]
Completed on 03/15/2021				
<input type="checkbox"/> CMP <i>(q 1 Year, 0yrs and up)</i>	01/04/2023	due	//	[comments]
<input type="checkbox"/> Dental exam <i>(q 1 Year, 0yrs and up)</i>	01/04/2023	due	//	[comments]
<input type="checkbox"/> DEXA scan <i>(Once, 65 Years and up)</i>	01/04/2023	due	//	[comments]
<input type="checkbox"/> Foot exam <i>(q 1 Year, 0yrs and up)</i>	01/04/2023	due	//	[comments]
<input type="checkbox"/> GFR <i>(q 1 Year, 0yrs and up)</i>	01/04/2023	due	//	[comments]
<input type="checkbox"/> Influenza vaccine <i>(q 1 Year, 0yrs and up)</i>	01/04/2023	due	//	[comments]

Page 1 of 3 Place Order Add/Update Save & Close

Referrals Management – OSIS offers a buffet of tools to automate the management of referrals.



OSIS Referral Workflow Configuration v2.1

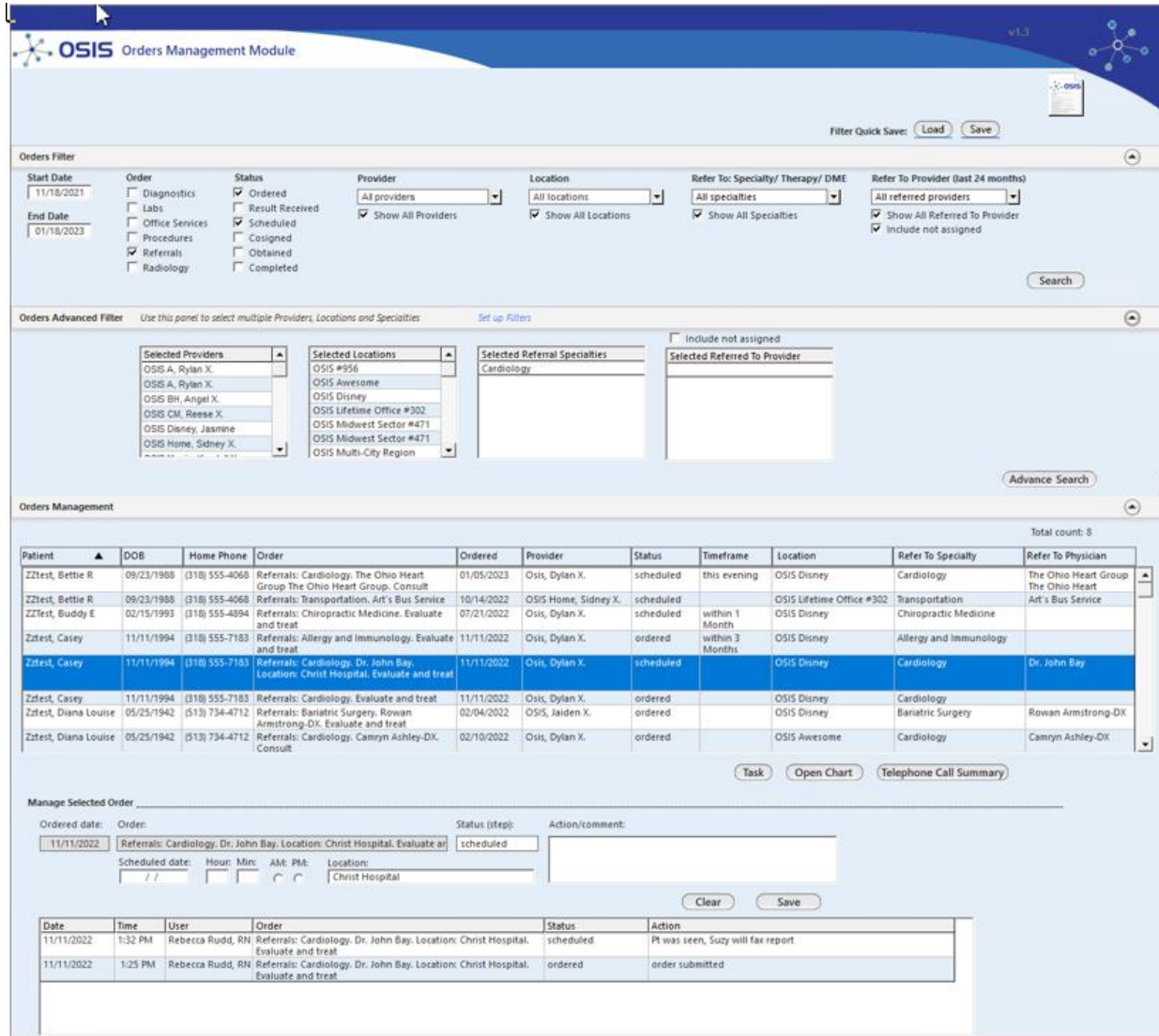
NOTE: To reverse changes the original NextGen Referrals template (referrals_order) must be reimported

Available Solutions

Click to launch the Solution

Active	Referral Solution	Description
	Add e-Referral Template Pop-up	The eReferral popup links additional information to the referral comments.
	Auto-Printing and Print Button	Adds a referral print button to the selected template and will auto-launch the configured document when Add is clicked.
	Internal Referrals - Auto-update	Change Internal Referral functionality
	Location/Provider DBPicklists	Replaces Location and Provider picklists with custom configuration; Applying the second preference will show a picklist of locations accepting encounter insurance first
	Reason by Specialty	Allows configuration of a custom picklist for a specific Specialty/Referral Reason
	Referral Expiration	Referrals will automatically cancel once they are outside the configured timeframe.
	Require Fields before Adding	Change fields to be required before adding a Referral order
	Tasking - Auto-task	Automatically sends a task when the referral matches the saved configuration.
	Tasking - Priority	Changes the priority of tasks sent from the Referrals template
	Tasking - Send for each Referral Add	Sends a task each time Add is clicked instead of once per encounter
	Timeframe by Specialty	Automatically assigns a timeframe when the referral matches the saved configuration. Uses 3 Timelimits - ASAP, Routine, STAT

Referrals Management Dashboard – Allows staff to search for outstanding referrals/orders from a single platform, without having to access a patient’s chart, and close the loop.



OSIS Orders Management Module v1.3

Filter Quick Save:

Orders Filter

Start Date: 11/18/2021
End Date: 01/18/2023

Order: Diagnostics, Labs, Office Services, Procedures, Referrals, Radiology

Status: Ordered, Result Received, Scheduled, Cosigned, Obtained, Completed

Provider: All providers, Show All Providers

Location: All locations, Show All Locations

Refer To: Specialty/ Therapy/ DME: All specialties, Show All Specialties

Refer To Provider (last 24 months): All referred providers, Show All Referred To Provider, Include not assigned

Orders Advanced Filter Use this panel to select multiple Providers, Locations and Specialties. [Set up Filters](#)

Include not assigned

Selected Providers: OSIS A, Rylan X., OSIS A, Rylan X., OSIS BH, Angel X., OSIS CM, Reese X., OSIS Disney, Jasmine, OSIS Home, Sidney X.

Selected Locations: OSIS #936, OSIS Awesome, OSIS Disney, OSIS Lifetime Office #302, OSIS Midwest Sector #471, OSIS Midwest Sector #471, OSIS Multi-City Region

Selected Referral Specialties: Cardiology

Selected Referred To Provider

Orders Management Total count: 8

Patient	DOB	Home Phone	Order	Ordered	Provider	Status	Timeframe	Location	Refer To Specialty	Refer To Physician
ZZtest, Bettie R	09/23/1988	(318) 555-4068	Referrals: Cardiology. The Ohio Heart Group The Ohio Heart Group. Consult	01/05/2023	Osis, Dylan X.	scheduled	this evening	OSIS Disney	Cardiology	The Ohio Heart Group The Ohio Heart
ZZtest, Bettie R	09/23/1988	(318) 555-4068	Referrals: Transportation, Art's Bus Service	10/14/2022	OSIS Home, Sidney X.	scheduled		OSIS Lifetime Office #302	Transportation	Art's Bus Service
ZZtest, Buddy E	02/15/1993	(318) 555-4894	Referrals: Chiropractic Medicine. Evaluate and treat	07/21/2022	Osis, Dylan X.	scheduled	within 1 Month	OSIS Disney	Chiropractic Medicine	
Zztest, Casey	11/11/1994	(318) 555-7183	Referrals: Allergy and Immunology. Evaluate and treat	11/11/2022	Osis, Dylan X.	ordered	within 3 Months	OSIS Disney	Allergy and Immunology	
Zztest, Casey	11/11/1994	(318) 555-7183	Referrals: Cardiology. Dr. John Bay. Location: Christ Hospital. Evaluate and treat	11/11/2022	Osis, Dylan X.	scheduled		OSIS Disney	Cardiology	Dr. John Bay
Zztest, Casey	11/11/1994	(318) 555-7183	Referrals: Cardiology. Evaluate and treat	11/11/2022	Osis, Dylan X.	ordered		OSIS Disney	Cardiology	
Zztest, Diana Louise	05/25/1942	(513) 734-4712	Referrals: Bariatric Surgery, Rowan Armstrong-DX. Evaluate and treat	02/04/2022	OSIS, Jaiden X.	ordered		OSIS Disney	Bariatric Surgery	Rowan Armstrong-DX
Zztest, Diana Louise	05/25/1942	(513) 734-4712	Referrals: Cardiology. Camryn Ashley-DX. Consult	02/10/2022	Osis, Dylan X.	ordered		OSIS Awesome	Cardiology	Camryn Ashley-DX

Manage Selected Order

Ordered date: 11/11/2022
Order: Referrals: Cardiology. Dr. John Bay. Location: Christ Hospital. Evaluate and treat
Status (step): scheduled
Action/comment:

Scheduled date: Hour: 7, Min: 7, AM: PM: Location: Christ Hospital

Date	Time	User	Order	Status	Action
11/11/2022	1:32 PM	Rebecca Rudd, RN	Referrals: Cardiology. Dr. John Bay. Location: Christ Hospital. Evaluate and treat	scheduled	Pt was seen, Suzy will fax report
11/11/2022	1:25 PM	Rebecca Rudd, RN	Referrals: Cardiology. Dr. John Bay. Location: Christ Hospital. Evaluate and treat	ordered	order submitted

Listed below are a few notable EHR optimization recommendations with the impact and deployment effort levels for you to consider:

Area	Opportunities	Comments	Impact Level 1- minimal 2- moderate 3- large	Effort Level <i>Light</i> <i>Moderate</i> <i>Heavy</i>
EHR	Care Guidelines	Practice has not implemented Care Guidelines. Recommend practice review mapping of equivalents and alternate tests for applicable guidelines. Medical Leadership should also review the available guidelines and manage based upon evidence based guidelines chosen by the practice. <i>Benefit: Provide point of care reminders for outstanding guidelines during patient care and for pre-visit planning.</i>	3	<i>Heavy</i>
EHR	CHW Communication	Not all tasks are pulling to this custom template based upon where providers are adding tasks. Need to review template design to troubleshoot. <i>Benefit: Address clinical support staff burden of not being able to locate and open all tasks.</i>	2	<i>Heavy</i>
EHR	CHW SDOH Template	Is this template adding ICD-10 codes to assessment and capturing for UDS? There is a SQL error when employee attempts to close template on 1st attempt. <i>Benefit: Recommend adoption of NACHC PRAPARE tool as it is a validated tool within NextGen that adds coding and UDS information.</i>	2	<i>Moderate</i>
EHR	Configuration	Recommend review of visit type configuration to ensure tabs and sub navigation options are available for frequently accessed templates and decreasing clicks. <i>Benefit: Decrease end user navigation frustration and reduce clicks.</i>	2	<i>Moderate</i>

Area	Opportunities	Comments	Impact Level 1-minimal 2- moderate 3- large	Effort Level <i>Light</i> <i>Moderate</i> <i>Heavy</i>
EHR	CPT II Coding	Recommend review of system functionality to include CPT II codes for clinical quality measures and HEDIS metrics for payors. <i>Benefit: Capture non billable services that meet quality metrics.</i>	3	Heavy
EHR	Dx/AP History	Recommend review of functionality to copy forward DX/AP history information to reduce documentation burden. <i>Benefit: Decrease provider burden.</i>	1	Light
EHR	DM Education	Practice would benefit from OSIS Solution to document DM Education visits by nursing and care management. This solution provides key discrete data fields to fully document pertinent care items such as continuous glucose monitoring and insulin pumps. <i>Benefit: Capture discrete data related to DM education visits.</i>	2	Moderate
EHR	End User Preferences	Recommend refresher training for all staff on how they can configure view for templates, locations, med module and other key areas. For example, a provider does not have a default location and has to select with every log in. <i>Benefit: Reduce burden of end users.</i>	2	Light
EHR	Encounter Documentation	Staff are not generating applicable documents in all encounters, such as telephone notes to ensure there is a tangible document that can be printed, faxed, sent to portal, etc. for complete chart documentation. This could lead to incomplete medical record releases and possible information blocking. <i>Benefit: Ensure encounter information in templates is contained in a document and meet regulatory requirements for medical records releases, as applicable.</i>	3	Moderate

Area	Opportunities	Comments	Impact Level 1-minimal 2- moderate 3- large	Effort Level <i>Light</i> <i>Moderate</i> <i>Heavy</i>
EHR	Faxing	Referral dept is not using faxing functionality within NG. They are printing some papers and using a variation of a shared drive with Xerox machine and another fax machine option outside of NG. <i>Benefit: Using fax option with NG allows end user to gather documents directly from patient's chart and transmit from the system. System will notify end user of any errors in transmission via inbox.</i>	2	Moderate
EHR	Gap Analysis	Highly customized application. Recommend in-depth review of customizations compared to current version functionality with goal to sunset customizations no longer necessary and to optimize system efficiency. <i>Benefit: Reduce burden of upkeep of necessary customizations. Improve efficiency for end users by promoting available functionality.</i>	3	Heavy
EHR	HPI	Recommend reviewing top 50 chief complaints in relation to mapped HPI template to open for documentation at a practice level. <i>Benefit: Increase reporting capabilities with structured data entry.</i>	2	Heavy
EHR	Lab Orders	Practice is using a Lab Master template that requires template editor for any edits for test codes. Recommend adoption of the Lab Module that feeds from File Maintenance and NG compendium for matching orders. <i>Benefit: Reduce manual process for test code updates. Streamline lab orders.</i>	3	Heavy
EHR	Medication Favorites	Recommend refresher training for providers who are not utilizing. <i>Benefit: Decrease provider burden in searching for medications and have ability to default Rx information.</i>	1	Light

Area	Opportunities	Comments	Impact Level 1-minimal 2- moderate 3- large	Effort Level <i>Light</i> <i>Moderate</i> <i>Heavy</i>
EHR	My Phrases	OSIS Solution allows practice to increase use by adding additional locations to use My Phrases. <i>Benefit: Increase access to My Phrases to promote end user satisfaction and more efficient workflows.</i>	1	Light
EHR	Nursing Visits	Details surrounding visits is being documented in fields that are not optimal for capturing data and generating a full note for the visit. For example, using the interpretation field on order management to document visit details. Recommend dedicated workflow using visit type Nurse Visit and use dedicated templates such as counseling details for proper documentation capture. <i>Benefit: Ensure data is captured in fields that are optimal and visit transparency for documentation.</i>	3	Heavy
EHR	Patient Tracking	Providers are not consistently using tracking for visits, and thus no insight into cycle time concerns. <i>Benefit: Patient tracking will allow reporting metrics for cycle time for patient visits and identify concerns.</i>	2	Light
EHR	PHI Log	Shadowed staff were unfamiliar with PHI Log to record releases of PHI and to assist in Accounting of Disclosure information as required by HIPAA. Staff are not recording in a consistent manner when PHI is being released. Recommend adoption of policy that supports structured data collection within the patient's chart when PHI is released. <i>Benefit: Ability to quickly generate an accounting of disclosure report upon request. Track compliance with HIPAA laws regarding timeliness of providing medical records to reduce risk of liability and fine from OIG.</i>	3	Moderate

Area	Opportunities	Comments	Impact Level 1-minimal 2- moderate 3- large	Effort Level <i>Light</i> <i>Moderate</i> <i>Heavy</i>
EHR	Problem List	Providers are not routinely adding diagnosis codes to patient's problem list. <i>Benefit: Improve diagnosis and problem capture to aid in patient care and quality reporting.</i>	3	Light
EHR	Provider Signatures	Recommend practice review documents and add provider blobulized signatures to those that are routinely generated as this was impacted. Referral dept is using ink stamps of provider signatures as work around. <i>Benefit: Add professional signature onto documents for cleaner appearance.</i>	1	Heavy
EHR	Order Sets	Recommend practice explore newer functionality of My Order sets based upon diagnosis to streamline orders in one location and also to provide clinical decision support from evidenced based guidelines. <i>Benefit: Increase efficiency for orders in one location and provide related order sets to diagnosis.</i>	2	Heavy
File Maintenance	Immunization Module	Recommend checking practice preferences for age categories for vaccine orders. It appears practice is missing the out of box config that assists with ordering vaccines based upon age groupings. <i>Benefit: Assist those not familiar with CDC immunization schedule to order vaccines based upon patient age.</i>	3	Moderate
EHR	Resolution Display	Several end users are experiencing display concerns within EHR with missing lines and overwriting of fields. Recommend review of those having concerns to fix resolution of application on device. <i>Benefit: Reduce burden.</i>	1	Light

Area	Opportunities	Comments	Impact Level 1-minimal 2- moderate 3- large	Effort Level <i>Light</i> <i>Moderate</i> <i>Heavy</i>
File Maintenance	Rocephin	Recommend checking billing set up for Rocephin injection for charge capture based upon 250mg per unit. <i>Benefit: Capture revenue.</i>	3	Light
Governance	Monitoring PAQ	OSIS Solution Crystal Report PAQ >72 hrs would assist practice leadership to monitor PAQ completion for timeliness and provides detail and summary options. <i>Benefit: Ability to monitor compliance with corporate timeliness completion of PAQ and address concerns as identified.</i>	2	Light
Governance	Tasking Report	OSIS Solution Crystal Report Task Aging assists in monitoring timeliness of addressing Inbox tasks for identified end user. <i>Benefit: Assist with monitoring end user compliance with timely acknowledgement and completion of inbox tasks.</i>	2	Light
Governance	Training Program	Practice has limited resources to manage standardized training for new hires or refresher training. End user training fluctuates and has lead to sharing of inefficient workflows being shared by other team members. This is affecting discrete data collection for specific report measures. Recommend practice adopt a standardized training program, identifying best practices for each role. <i>Benefit: Reduce staff and provider burnout. Increase data integrity efforts with goal to improve discrete data collection.</i>	3	Heavy

Area	Opportunities	Comments	Impact Level 1-minimal 2- moderate 3- large	Effort Level <i>Light</i> <i>Moderate</i> <i>Heavy</i>
HIE	NG Share Care Quality	Care Quality product Requestor and Responder options allows practice to obtain or share CCDAs via HL7 interface. This would assist in reconciliation for transitions of care and New Patients. This functionality has not been implemented. <i>Benefit: Provide point of care information via a CCDAs to assist in rendering care to patients.</i>	3	<i>Heavy</i>
HIE	NGShare	NGShare is not being utilized to transmit referral orders via HL7 technology. <i>Benefit: Optimize system for HL7 communication and meet interoperability expectation of regulatory organizations.</i>	2	<i>Moderate</i>
ICS	Order Indication	NextGen provides ability to indicate document types as orderable to assist in attaching scanned documents to corresponding orders. This improves the ability to close the loop on referrals and orders. <i>Benefit: Assist with improving eCQM 50 scores and reduce manual processes of tracking referral orders.</i>	2	<i>Moderate</i>
Interoperability	Echart Extraction	Recommend practice explore functionality of Echart extraction services to assist with payer audits. <i>Benefit: Decrease manual burden of gathering patient chart data and sending to payers for audits.</i>	2	<i>Moderate</i>
Interoperability	Immunization Registry	Reporting concerns with data validation with bidirectional interface with immunization registry. Per TACHC, this appears to be on the state side of the interface as others are also experiencing. Recommend working with TACHC to troubleshoot further. <i>Benefit: Improve patient data accuracy and reduce burden.</i>	3	<i>Heavy</i>

Area	Opportunities	Comments	Impact Level 1- minimal 2- moderate 3- large	Effort Level <i>Light</i> <i>Moderate</i> <i>Heavy</i>
QI	CLIA Labs In House	Recommend mapping CLIA in house labs with LOINC codes and adding them in File Maintenance so results autoflow to the orders module for review. Recommend adding components with LOINC codes to streamline result entry for staff and capture correct LOINC code when there are multiple tests in the order such as PT/PTT. <i>Benefit: Increase reporting accuracy and meet CMS specifications for measures.</i>	3	Moderate
QI	LOINC Codes	Recommend verifying that LOINC codes are being returned via interface with results. <i>Benefit: Increase reporting accuracy and meet CMS specifications for measures.</i>	3	Moderate
QI/UDS	Health Quality Measures Portal (HQM)	Practice unfamiliar with NextGen HQM portal to assist in QI reporting for UDS trending and eQMs. Haven't used since PI program ended and unaware of EHR link. <i>Benefit: Reduce manual burden of building reports. Ability to identify gaps in care and assists in patient recall efforts.</i>	3	Moderate
QI/UDS	PRAPARE	Practice has not adopted NACHC PRAPARE template to document social determinants of health (SDOH). Recommend reviewing rationale behind custom template compared to national approach of PRAPARE for CHCs. <i>Benefit: Implement SDOH data collection tool that is nationally supported to assist practice in identifying specific patient populations and need for enabling services.</i>	2	Moderate
Revenue	Nursing Visits	Recommend practice explore availability of billing RN/LVN education visits with commercial payers. <i>Benefit: Capture revenue for services.</i>	2	Moderate

Summary:

Software manufactures often mistake an episode of training with the on-going education and guidance required to fully adopt and maintain a sophisticated application like an electronic health record. As the organization considers alternative solutions, we advise that whether it's NextGen or Epic, the statement above is true.

Regardless of the direction, Coastal Health & Wellness is at a point in their NextGen evolution of utilization where a fresh perspective on adoption and best practices would be beneficial to strengthen processes, validate clinical data, and establish the financial foundation for whatever the path forward turns out to be.

We appreciate the opportunity to share our thoughts and observations and hope this information will prove to be useful as you prepare for the automation projects and initiatives slated for your organization.

Respectfully,

Rebecca, Harry, and Scott

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Governing Board

June 2023

Item#11

Consider for Approval the Reappointment of the following Coastal Health & Wellness Governing Board Members for a 2 Year Term Expiring June 2023:

- a) Courtni Tello, RDH, DDS (Community Member)
- b) Elizabeth Williams (Community Member)
- c) Ivelisse Caban (Consumer Member)
- d) Sharon Hall (Community Member)
- e) Cynthia Darby (Consumer Member)
- f) Rev. Walter Jones (Community Member)
- g) Flecia Charles (Consumer Member)

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**Governing Board
June 2023
Item#12
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

May 2023
Operational Report
for
Presentation to the
June 2023
Governing Board
Meeting



Individuals in need.

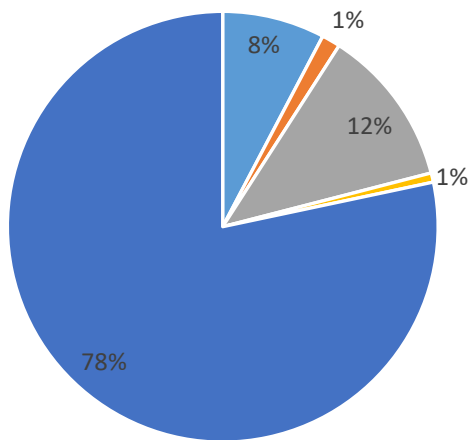
coastalhw.org 

May Patients – New Patients for the Month by Financial Class

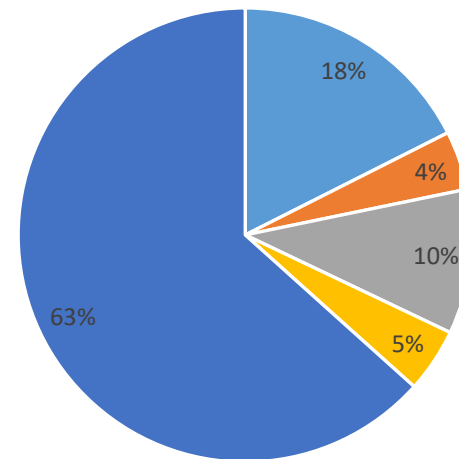
May 2022

May 2023

New Patient Count
286



New Patient Count
262



■ Commercial ■ Contract ■ Medicaid ■ Self Pay ■

■ Commercial ■ Contract ■ Medicaid ■ Medicare ■ Self Pay

Providing access to high-quality primary care to any and all individuals in need.

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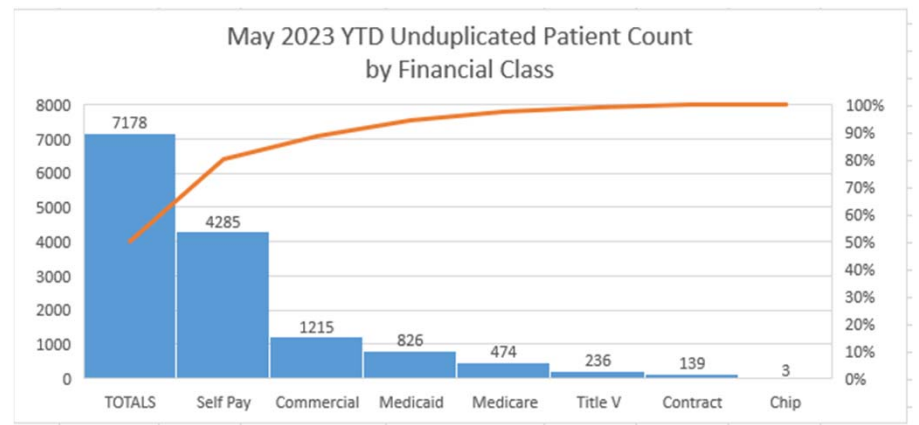
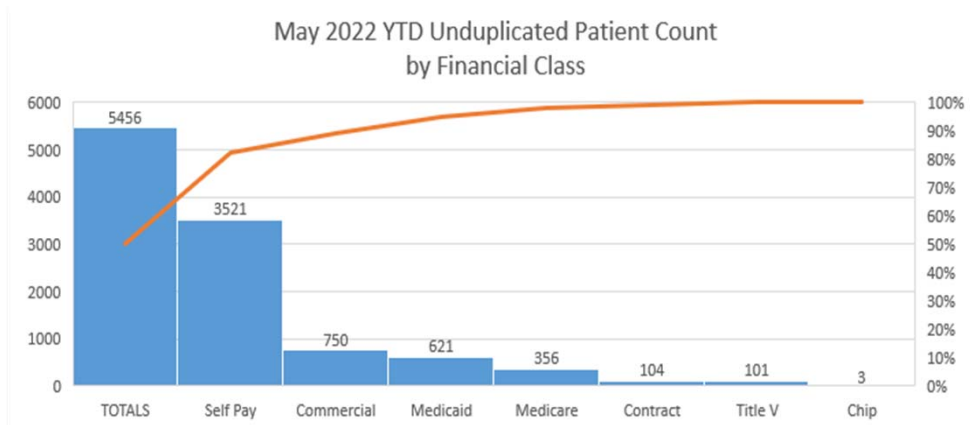
Year to Date Unduplicated Patients (as of May 31st)

May 2022

5456 Unduplicated Patients

May 2023

7178 Unduplicated Patients



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May – ALL Appointments

Total Appointments for May 2023	6745	
Total Kept	3897	57.78%
Total No Show	1391	20.62%
Total Cancelled	1457	21.60%

Total Appointments for May 2022	4505	
Total Kept	2690	59.71%
Total No Show	728	16.16%
Total Cancelled	1087	24.13%

Clinic Utilization by Appointment Type

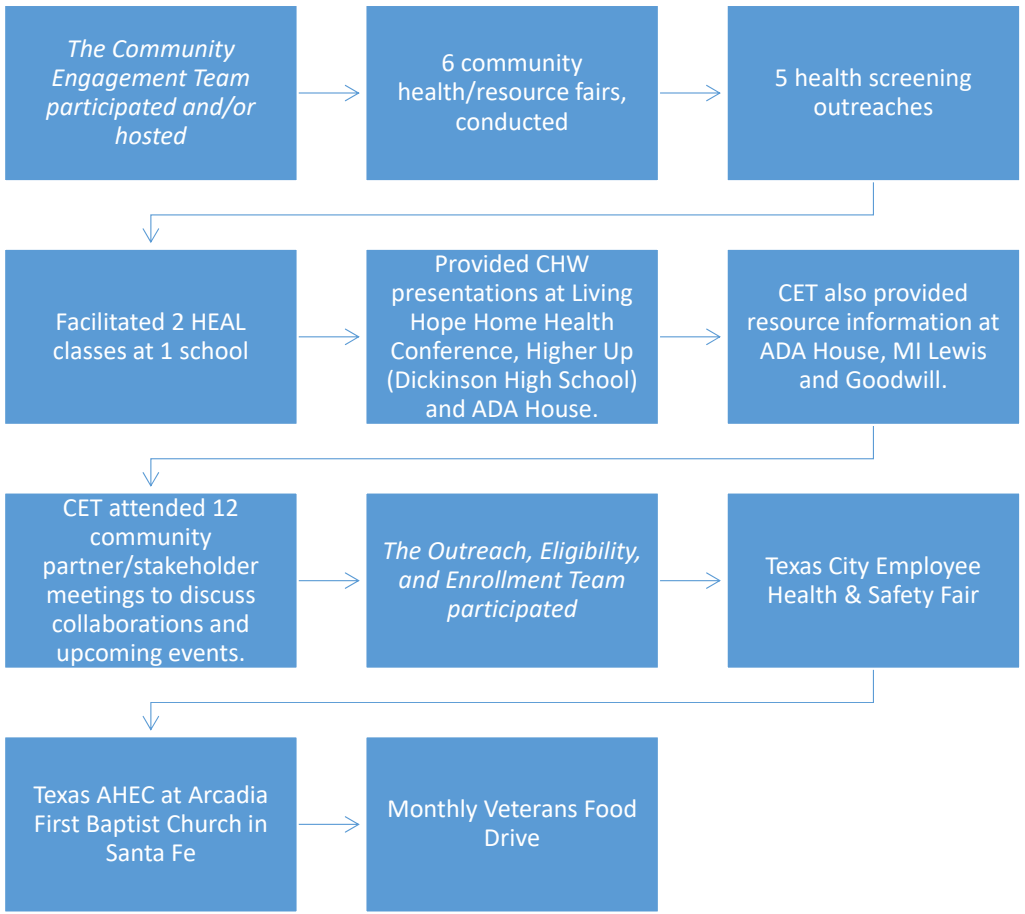
Coastal Health & Wellness – Access to Care Report
May 2023

Goals: Utilization % = 90% (minus Counseling); No Show % = 20%

Cumulative No Show = 27%

Texas City	Available Appts Slots	# Appts Slots Filled	% Utilization	# Scheduled Appts	# Appts Kept	% Appts Kept	# No Shows	% No Shows
Medical	2610	2426	93%	2319	1657	71%	662	29%
Dental	1253	1237	99%	638	520	82%	118	18%
Dental Hygienist	668	632	95%	135	113	84%	22	16%
Counseling	232	201	87%	141	88	62%	53	38%
Galveston	Available Appts	# Appts Slots Filled	% Utilization	# Scheduled Appts	# Appts Kept	% Appts Kept	# No Shows	% No Shows
Medical	910	881	97%	860	588	98%	272	32%
Dental	388	370	95%	191	144	75%	47	25%
Dental Hygienist	192	177	92%	38	32	84%	6	16%
Counseling	64	55	86%	34	22	65%	12	35%

April 2023 Cumulative No Show = 30%



Community OUTREACH



May – New Hires & Open Positions

New Hires

Name	Department	Job Title	Position #
Kathy Coons	Patient Services	Patient Access Specialist III	CHW-PS-023
Gabriela Martinez	Case Management	Patient Care Coordinator Supervisor - Bilingual	CHW-CM-003
Khadija Brooks	Providers	Midlevel - Nurse Practitioner	CHW-MP-008
Rosemary Gonzales	CHW Nursing	LVN I - Bilingual	CHW-MN-008
Wendy Jaramillo	Patient Services	Patient Access Specialist III	CHW-PS-013
Brittany Jones	CHW Nursing	Medical Assistant	CHW-MA-008
Ileana Grajales	CHW Lab/X-ray	Phlebotomist	CHW-MDX-007
Laura Johnson	CHW Nursing	Medical Assistant I	CHW-MA-014
Brittany Henderson	CHW Nursing	Medical Assistant I	CHW-MA-015
Victoria Garcia	Patient Services	Patient Access Specialist II	CHW-PS-024
Isaura Rivera	Patient Services	Patient Access Specialist I - Bilingual	CHW-PS-009
Georgina Rivera Acosta	Patient Services	Patient Access Specialist - Bilingual	CHW-PS-018
Eunice Reyes	Dental Providers	Dental Hygienist	CHW-DH-003
Debbie Wasson	Providers	Midlevel - Physician Assistant	CHW-MP-013
Kristy Cooley-O'Brien	Providers	Midlevel - Physician Assistant	CHW-MP-014

Vacant Positions

Department	Job Title
CHW Case Management	Social Worker - Bilingual
CHW Dental Assistants	Dental Assistant I
CHW Nursing	Medical Assistant - Bilingual
CHW Nursing	LVN I - Bilingual
CHW Patient Services	Patient Access Specialist – Bilingual
CHW Patient Services	Patient Access Specialist – Bilingual
CHW Providers	Mental Health Counselor
CHW Lab	Lab & X-Ray Technician
CHW RCM	Billing & Collection Specialist
CHW RCM	Insurance Verification Specialist
CHW Nursing	Pharmacy Coordinator
CHW RCM	Revenue Cycle Manager
CHW RCM	Senior Medical Billing & Coding Specialist



Providing access to high-quality primary care to any and all individuals in need.

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Partnership with Public Health *Continued Collaborations*



Continue to develop face to face Diabetes Education program between CHW and public health nurses.



Continue to partner on the Rapid Start PrEP program.



Public Health supplying Narcan for CHW SUD clinic and offering skills training.



CHW has agreed to support and assist Public Health in their PHAB (Public Health Accreditation Board) project.

Projects and/or Works in Progress

FTCA submitted June 21st!!

Signed another year with UTMB for Internal Medicine & OB Residency Program

Care Message

School Based Health Clinic with TCISD

Home Visit Program (Senior)

Budget amendment & updated projections

Fee schedule update for 2023 and formulary updates

i2i Population Health platform integration.

SOP work on all programs, ID Care Clinic, PM&R, SBHC, Senior Care Program

Governing Board Training for Board members and management. Expected August 2023

EPIC on HOLD due to MSA concerns by County Legal

OSIS NextGen experts - bring on for EHR data scrubbing and optimization

Dental Clinic Board Update 6/29/2023

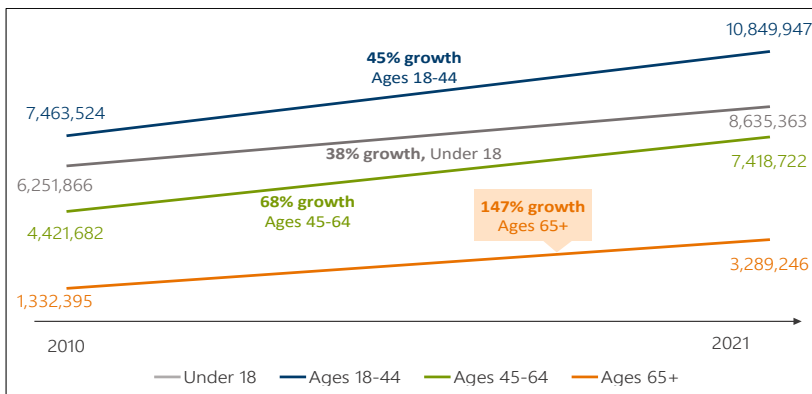
- Visit Numbers
 - May 2022: 781
 - May 2023: 788
 - 0.9% increase
 - Part time provider out 7 days in May
 - Expect to see a drop in June numbers due to one full-time provider being out 3 weeks and another full-time provider being out 1 week
 - We have increased the designated appointment slots for emergencies during this time period
 - We have also started to see walk in patients in pain as we are able to fit them into our schedule
- Current projects, plans, department overview for dental
 - 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.
 - The new dental chairs for Galveston are on order.
 - We are still waiting for our old images to be transferred to the Cloud for the new x-ray program and expected it to be complete by 5/25/2023. However, they ran into some mapping issues which were expected to be resolved by 6/19/2023. Dr. Lindskog has been frequently communicating with SOTA and we hope to have the issue resolved ASAP.
 - Dr. Lindskog continues to serve on the COM Hygiene School Advisory Board. As previously reported, their application for accreditation has been submitted to CODA and they are hoping to enroll their first class of students for Fall 2024.
 - The bill related to dental hygienists administering anesthesia was signed by the Governor. We will stay informed of any education opportunities to train our dental hygienists to administer local anesthesia.
- Provider Education Opportunities
 - All providers continue to select and participate in continuing education of their choice. They also share knowledge from these courses with the other providers during monthly meetings.
- Barriers or Needs (if applicable)
 - Provider Staffing: As previously reported, our new dental hygienist started on 5/25/2023. She has over 20 years of experience as a dental hygienist, and we are excited to have her on the team. She began seeing patients on her own with a modified schedule on 6/22/2023.
 - Assistant Staffing: We currently have one dental assistant opening. This position has been open since March 2023, but our Dental Assistant Supervisor has been out on FMLA since April. She returned on June 13th and we are in the process of interviewing applicants.

The Community Health Center Chartbook 2023 key points

- Health Centers Serve all Patients Regardless of Insurance Status
 - Medicaid 48%
 - Medicare 11%
 - Private insurance 20%
 - Uninsured 20%
 - Other public insurance 1%

- Health Center Patients Suffer from Chronic Conditions at Higher Rates than the General Population

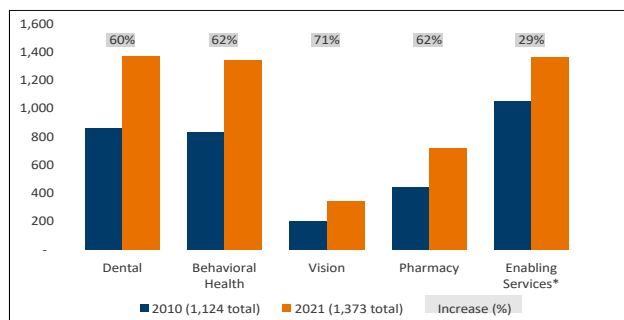
- Health Center Patients Ages 65 and Older are the Fastest Growing Age Group Over the Past Decade: 147% growth Ages 65plus



- Health Centers Expanding Access to Care

Health Centers Have Expanded Onsite Services

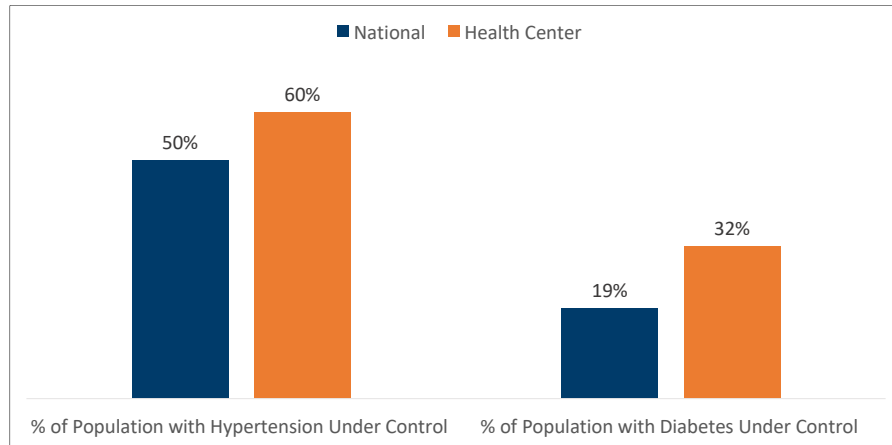
Number of Health Centers Employing Staff (Full-time Equivalent) for Selected Services



* The Health Resources and Services Administration (HRSA) defines enabling services as, "non-clinical services that do not include direct patient services that enable individuals to access health care and improve health outcomes." Examples of enabling services include case management, translation/interpretation, transportation, and health education.

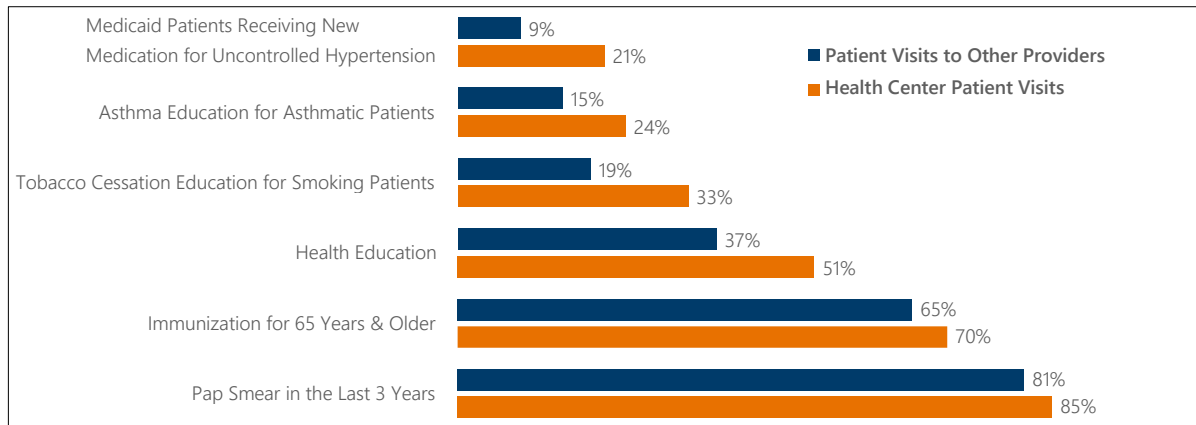
- Health centers provide High-Quality Care and Reducing Health Disparities

Health Centers Achieve Higher Rates of Hypertension and Diabetes Control than the National Average, Despite Serving More At-Risk Patients



Sources: (1) NACHC Analysis of 2021 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS. (2) CDC, Million Hearts. March 2021. Estimated Hypertension

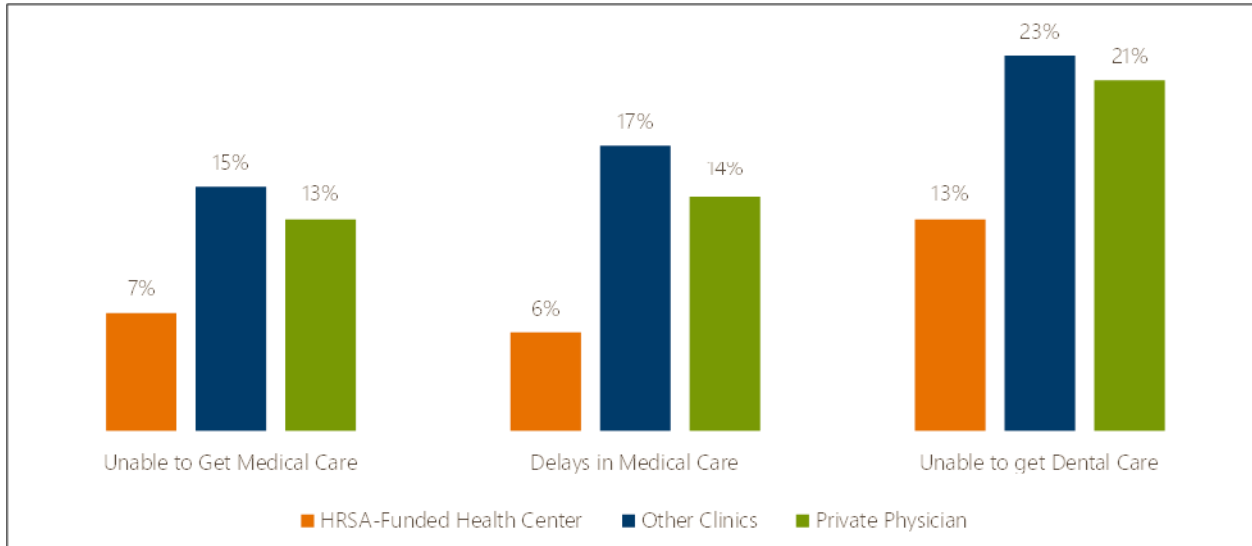
Health Centers Provide More Preventive Services than Other Primary Care Providers



Sources: (1) Shi L, Tsai J, Higgins PC, Lebrun La. (2009). Racial/Ethnic and Socioeconomic Disparities in Access to Care and Quality of Care for U.S. Health Center Patients Compared with Non-Health Center Patients. *J Ambul Care Manage* 32(4): 342 – 50. (2) Shi L, Leburn L, Tsai J and Zhu J. (2010). Characteristics of Ambulatory Care Patients and Services: A Comparison of Community Health Centers and Physicians' Offices *J Health Care for Poor and Underserved* 21(4): 1169-83. (3) Hing E, Hooker RS, Ashman JJ. (2010). Primary Health Care in Community Health Centers and Comparison with Office-Based Practice. *J Community Health*. 2011 Jun; 36(3): 406 - 13. (4) Fontil et al. Management of

Health Centers Reduce Unmet Health Care Needs

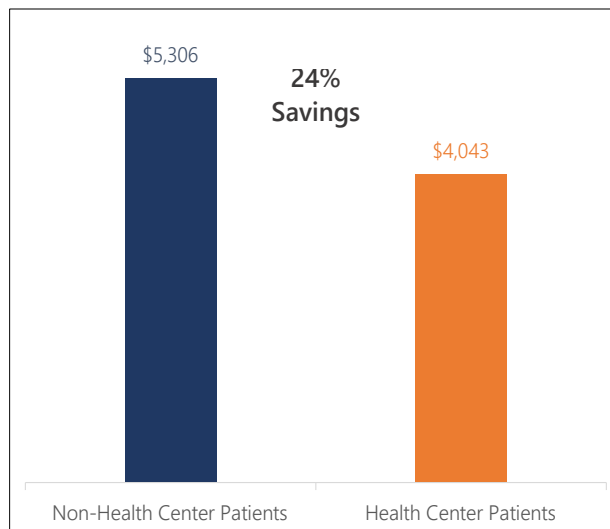
Percent of Patients Experiencing Unmet Care Needs or Delayed Care by Source of Care



- Health Centers provide Cost-Effective Care

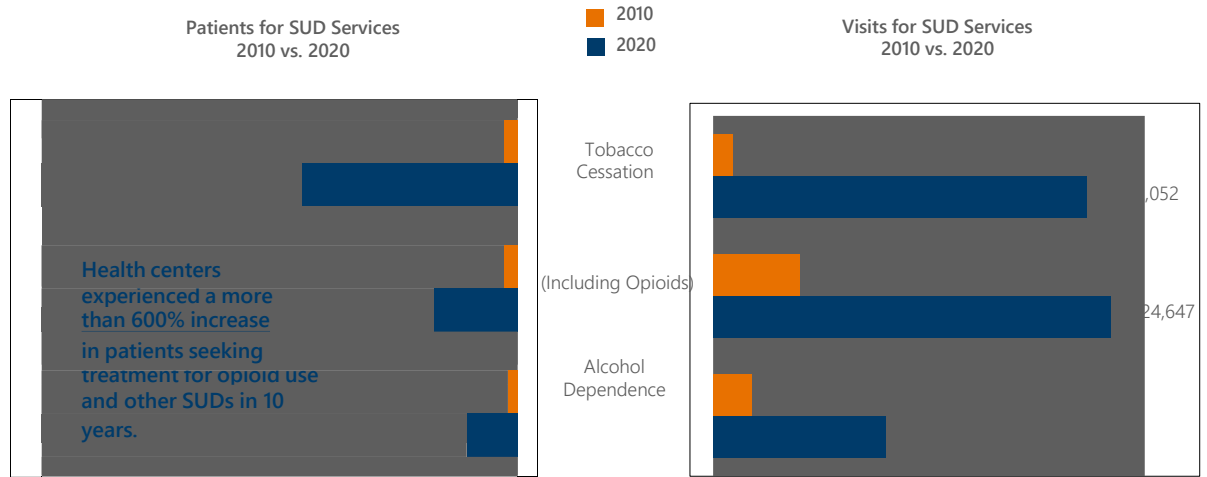
Health Centers Save \$1,263 Per Patient Per Year

Total Health Expenditures Per Patient Per Year



- Health centers are seeing more patients with Substance Use Disorder

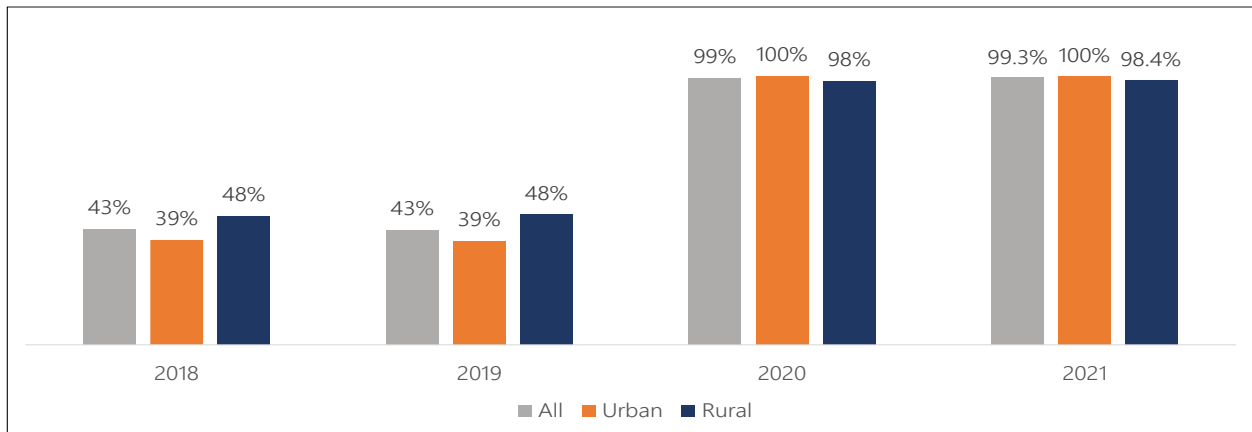
Figure 5-12
 Health Centers are Seeing More Patients for Substance Use Disorder (SUD) Treatment and Therapy



- Health Centers are Using Telehealth to Expand Access to Needed Services

Health Centers' Telehealth Utilization Increased Dramatically from 2018 - 2021

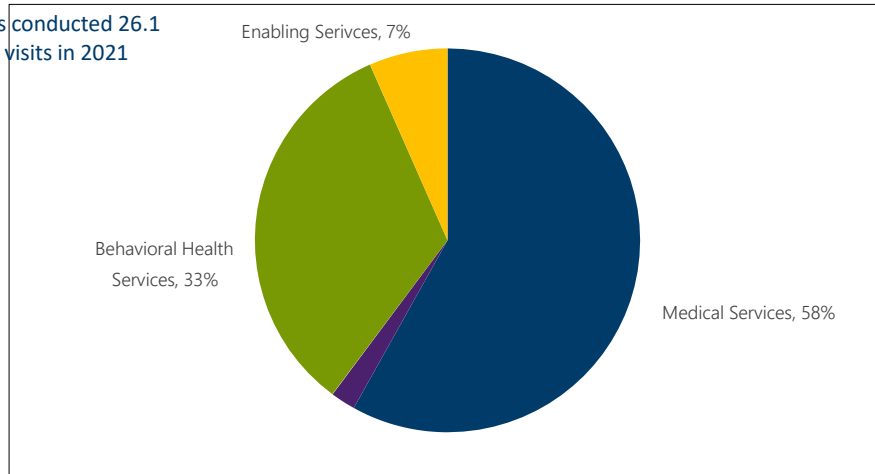
% of Health Centers Offering Telehealth Services by Location



Health Centers Provide Multiple Services via Telehealth, 2021

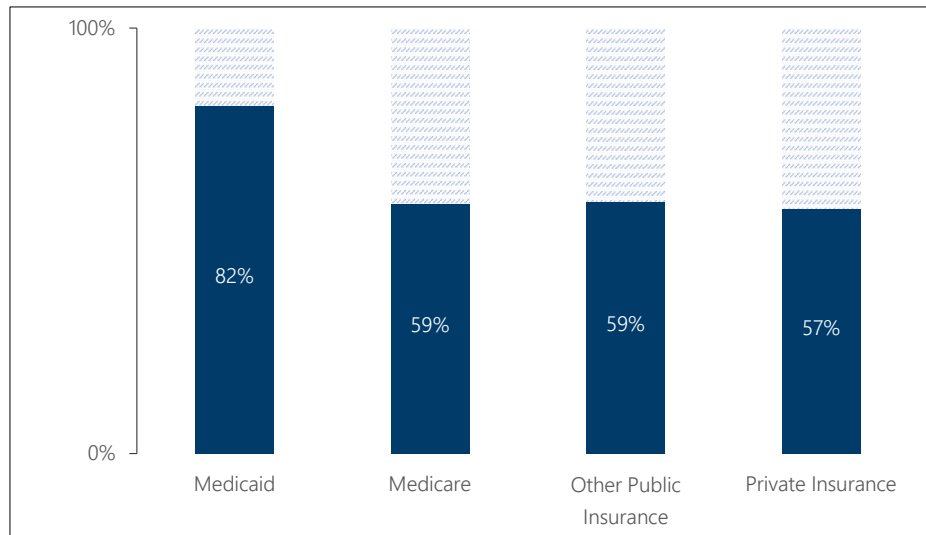
Virtual Visits by Service Type

Health centers conducted 26.1 million virtual visits in 2021



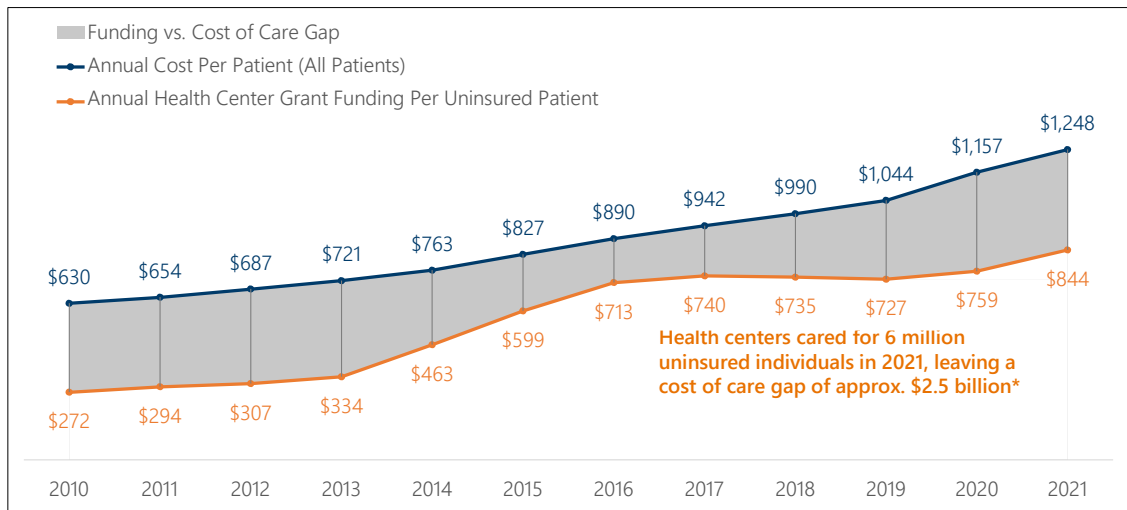
- Challenges in Meeting Demand for Care

Payments from Third Party Payers are Less than Cost



Note: Health centers are not-for-profit organizations; charges to third party payers are a proxy for costs. % Collected represents the actual amount collected as a per

Health Center Funding Per Uninsured Patient Is Below Per Patient Cost of Care



*Calculated by taking the difference between 2021 cost per patient (all patients) and 2021 health center funding per uninsured patient, then multiplying by the number of



GCHD and CHW sponsors ACCT 2023 Cornerstone Brunch

Galveston County Health District and Coastal Health & Wellness proudly sponsored Access Care of Coastal Texas (ACCT) 2023 Cornerstone Brunch. ACCT provides compassionate community based education and services that empower people of all ages to live courageously with HIV/AIDS.



Coastal Health & Wellness participates in Community Resource Fair

Coastal Health & Wellness participated in a community resource fair at Arcadia First Baptist Church on May 26. Staff provided information on services including medical, dental, counseling and substance abuse care and information on applying to the County Indigent Health Care Program.



Back to School Block Party set for July 29, Aug. 5

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 29, 10 a.m.-12 p.m. at the Doyle Convention Center and Saturday, August 5, 9-11 a.m. at Moody Gardens.

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

We're giving away school supplies while they last (children must be present) and we'll have FREE back to school student physicals, vision screenings, and immunizations (vaccine pricing will vary).

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.

Join us for type 2 diabetes education classes

Galveston County Health District is happy to offer its free type 2 diabetes community education classes to the public.

Join us and hear from our public health nurses as they talk about diabetes, including tips for managing and living with diabetes, why monitoring your blood glucose levels is important, laboratory monitoring and feelings you may have after a recent diabetes diagnosis.

Classes are held 10-11 a.m. at M.J. Lewis Social Services, 215 FM 517 Road East, Dickinson. Future classes are scheduled for July 11, Aug. 15, Sept. 12, Oct. 10, Nov. 14, and Dec. 12.

Classes are also scheduled on July 6 and Aug. 3 from 10-11 a.m. at Wright Cuney Recreation Center, 718 41st Street, Galveston.

NEW online application for the County Indigent Health Care Program

Coastal Health & Wellness and Galveston County Health District are proud to introduce ApplyIHS, an online portal for Galveston County Indigent Healthcare Program applicants.

ApplyIHS is a secure, easy to use web-based service that allows an individual to complete and submit the state-approved eligibility application, from a computer or mobile device. Applicants can also attach photos and documents, such as eligibility documentation like bank statements, pay stubs, and Medicaid denials.



Portal link: <https://applyihs.com/galvestonco>

The Outreach, Eligibility, & Enrollment team will be notified upon receipt of each completed application and will contact the applicant with a decision after review.

For additional information or questions, please contact 409.949.3439.

Tips to beat the heat this summer

Everyone enjoys a little time in the sun, but many don't consider the potential dangers that can come with spending just a few minutes in the sun unprotected.

Extreme heat occurs when temperatures reach very high levels or when the combination of heat and humidity causes the air to become oppressive - and causes more deaths each year than hurricanes, lightning, tornadoes, earthquakes and floods, all combined.

Adults 65 and older, children younger than 4, people with existing medical problems such as heart disease and those without access to air conditioning are the most at risk.

It's important to stay hydrated, wear sunscreen and take breaks indoors or in the shade. Learn more about staying cool this summer.



Coastal Health & Wellness will be closed Tuesday, July 4

Clinics will reopen Wednesday, July 5.



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.](#)



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

**Governing Board
June 2023
Item#13
Comments from Board Members**

[Back to Agenda](#)