

### AMENDED

#### AGENDA

Thursday, February 22, 2024 12:30 PM

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

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

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

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

### REGULARLY SCHEDULED MEETING

#### **Meeting Called to Order Pledge of Allegiance**

- Item #1 ..... Comments from the Public
- \*Item #2**ACTION**..... Excused Absence(s)
- \*Item #3**ACTION**..... Consider for Approval Minutes from January 25, 2024 Governing Board Meeting
- \*Item #4**ACTION**..... Consider for Approval Coastal Health & Wellness Medical Referral Tracking and Management Policy
- \*Item #5**ACTION**..... Consider for Approval Care Transitions, Tracking, and Follow-Up of Hospital Admission Policy
- \*Item #6**ACTION**..... Consider for Approval RCM Optimization Phase IV
- \*Item #7 ..... Informational Report: Credentialing & Privileging Committee Reviewed and Approved the Following Providers Privileging Rights
- a) Casey Tatsch, DDS-Dentist
  - b) Tiffany Curtis, LCSW-Counselor
  - c) Rebecca Meyers, LPC-Counselor
  - d) Catherine Xie, MD-UTMB Faculty
  - e) Jennifer Raley, MD-UTMB Faculty
  - f) Joseph Chmielewski, NP Locum
  - g) Ali Ghazavi, NP Locum
  - h) Gilberto Garcia, DDS
- Re-Credentialing
- a) Unsil Keiser, DDS
  - b) Lisa Cashiola, NP
- Item #8..... Informational Report
- a) Resolution Recognizing Bang Nguyen, DDS, for his Dedicated Services to the Coastal Health & Wellness

- Item #9**ACTION**.....Consider for Approval December 2023 Financial Report Submitted by Kenna Pruitt
- Item #10**ACTION**.....Consider for Approval Greater Houston HealthConnect HIE Payment in the Amount of \$12k Submitted by Kenna Pruitt
- Item #11**ACTION**.....Consider for Approval the Use of a Recruitment Film not to Exceed the Amount of \$70,000 to be Taken out of Fund Balance Submitted by Ami Cotharn
- Item #12.....Coastal Health & Wellness Updates
- a) Organizational Updates 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 Chief Medical Officer
- Item #13.....Preliminary UDS Comparison 2022 vs. 2023 Submitted by Ami Cotharn
- Item #14.....Comments from Board Members

## **Adjournment**

*Next Regular Scheduled Meeting: March 28, 2024*

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

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

### **Executive Sessions**

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

**Governing Board**

**February 2024**

**Item#2**

**Excused Absence(s)**

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**Governing Board**

**February 2024**

**Item#3**

**Consider for Approval Minutes from January 25, 2024**

**Governing Board Meeting**

## Coastal Health & Wellness

### Governing Board January 25, 2024

#### Board Members:

Samantha Robinson  
Dr. Tello  
Elizabeth Williams  
Rev. Walter Jones  
Flecia Charles  
Donnie VanAckeren  
Sharon Hall  
Cynthia Darby  
Victoria Doughart  
Kevin Avery  
Ivelissa Caban

#### Staff:

Ami Cotharn, Chief Operating Officer  
Maryann Choi, Chief Medical Officer  
Hanna Lindskog, Dental Director  
William Lewis, Chief Operating Officer  
Chris Garcia, Associate Medical Director  
Kenna Pruitt  
Tiffany Carlson  
Dianna Oliver  
John Bearden

Christina Bates  
Jason Borillo  
Debra Howey  
Donna Salcido  
Virginia Lyle  
Chris Davis  
Tikeshia Thompson-Rollins  
Anthony Hernandez

**Excused Absence:** Sergio Cruz, Clay Burton, and Dr. Thompson

#### **Items#1 Comments from the Public**

There were no comments from the public.

#### **Items#2-11 Consent Agenda**

A motion was made by Donnie VanAckeren to approve the consent agenda items two through eight. Ivelissa Caban seconded the motion, and the Board unanimously approved the consent agenda.

#### **Item#12 Informational Report: Resolution Recognizing Maryann Choi, MD, MPH, MS, CMD for her Dedicated Services to Coastal Health & Wellness**

Samantha Robinson, Board Chair, presented Dr. Choi with a plaque and thanked her for her service at Coastal Health & Wellness and the citizens of Galveston County.

#### **Item#13 Consider for Approval Financial Report Submitted by Kenna Pruitt**

Kenna Pruitt, Controller, asked the Board to consider for approval November 2023 financial report. A motion to accept the financial report as presented was made by Dr. Sharon Hall. Dr. Tello seconded the motion and the Board unanimously approved.

#### **Item#14 Consider for Approval Virtual Provider Equipment for SBHC Submitted by Ami Cotharn**

Ami Cotharn, Chief Operating Officer, asked the Board to consider for approval virtual provider equipment for SBHC. A motion to accept the equipment as presented was made by Kevin Avery. Elizabeth Williams seconded the motion and the Board unanimously approved.

#### **Item#15 Consider for Approval Consider for Approval Coastal Health & Wellness Provider Recruitment and Retention Plan Submitted by Ami Cotharn**

Ami Cotharn, Chief Operating Officer, presented the Coastal Health & Wellness provider recruitment and retention plan. Samantha Robinson, Board Chair, requested approving the plan as presented however look into Nurses, MA's and Dental Assistants being reimbursed for license renewal and CE's when reviewing plan, and to have something in place by the second quarter. Samantha also requested bringing an update to the Board quarterly. A motion to accept the plan as presented was made by Rev. Jones. Kevin Avery seconded the motion and the Board unanimously approved.

#### **Item#16 Coastal Health & Wellness Updates**

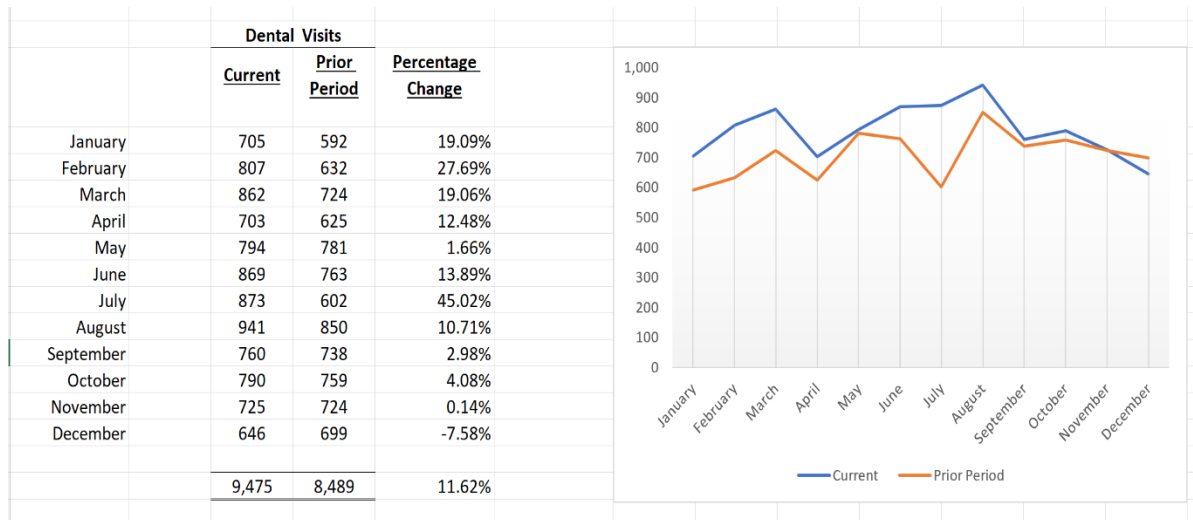
- a) Organizational Updates Submitted by Executive Director
- a) Operational Updates/Coastal Wave Submitted by Chief Operating Officer
- b) Dental Updates Submitted by Dental Director
- c) Medical Updates Submitted by Chief Medical Officer

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

- Ami presented the 2023 Organizational Highlights & Operational Summary to the Board.

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

- Visit Numbers – Based on “FQHC Qual Enc” in NextGen –
  - We reviewed the criteria for “FQHC Qual Enc” to make sure all eligible visits are captured as encounters and now have monthly reports set up for the Dental Office Manager to review any visits that were not captured as qualifying encounters.
  - We continue to see walk in patients in pain as we can fit them into our schedule.
  - We started releasing comprehensive exams on the 15<sup>th</sup> of every month, with December being the first month. The appointments were full within 90 minutes. We posted the information about scheduling comprehensive exams on our website.
  - Visit numbers were down in December 2023. However, we had over 20 PTO days from multiple providers during the month. We also closed early one day for the Employee Appreciation Party and had an Administrative Day on December 26, 2023.
  - We finished the year with a 11.62% increase in visit numbers for 2023 compared to 2022.



- Current projects, plans, department overview for dental
  - Sterilization Renovation – We have identified another manufacturer for our sterilization cabinets and the order has been placed.
  - Dr. Lindskog continues to serve on the COM Hygiene School Advisory Board. We had an Advisory Board call on December 12, 2023. They will be having their CODA Site Visit on April 9<sup>th</sup> and 10<sup>th</sup>. They are planning to start Fall 2024 with their first class.
- 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)
  - Staffing
    - Dr. Nguyen will be retiring February 29, 2024
    - Dr. Tatsch started January 4<sup>th</sup> and began seeing patients with a limited schedule on January 24<sup>th</sup>, 2024

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

Provider productivity:

- December provider visits:

Scheduled 2580, No show 730, Total visits 1850, Total charges \$ 512,914

- November provider visits

Scheduled 2859, No show 938, Total visits 1921, Total charges \$ 473,650

2. Software utilization:

- Telemedicine platform:

Doxy.me: 96 total visits

- E-consult platform:

ConferMed: 97 (e-consult), we are considered one of the highest utilizers for the time we have been using this service)

Total Referrals by month = 802 (Breakdown: 537 Specialty, 195 Diagnostic)

- NextGen mobile platform pilot: NextGen Mobile is a cloud-based platform for documenting care, charting.

3. School-based program: Walk-in clinic combined with telemedicine
  - Providers onsite for two full days weekly

Dec: 13 student visits, 2 TCISD staff

Nov: 5 students, 3 TCISD staff

4. Provider Lead Program: collaborate with public health services (HIV/STI, WIC)
  - ID care: Jacklyn Morgan, PA-C, Maria Culangan (HIV PrEP, HepC, STD)
  - Women's health: Lisa Cashiola
5. Home-based care:
  - House call program for home-bound patients

Dec visits (Dr. Grumbles: 36 visits, Pam Cable: 36 visits)

6. Remote care management (Patient engagement center/care coordination lead by Teresa Garcia)
  - Patient engagement and promoting self-care
  - CCM (chronic care management), TCM(transitional care management), AWW
7. BHI (behavioral health integration)
  - Interdisciplinary team meeting 1/18/2024
  - One Care Team project, ongoing

8. CHW Population Health:

Lead by Jason Borillo, PA-C, Director of Innovation and Clinical Quality

9. CHW Associate Medical Director Chris Garcia, MD, will provide leadership during the transition.

“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 wellbeing.”

#### **Item #17 Comments from Board Members**

Dr. Hall requested the number of patients, number of clinical staff and number of support staff for October, November, and December of 2022 2023 and to add to the February agenda for discussion.

The meeting was adjourned at 1:34p.m.

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Chair

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Secretary/Treasurer

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Date

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Date

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# **COASTAL HEALTH & WELLNESS**

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## **GOVERNING BOARD**

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

**Governing Board**

**February 2024**

**Item#4**

**Consider for Approval Coastal Health & Wellness Medical Referral  
Tracking and Management Policy**



## **Coastal Health & Wellness Medical Referral Tracking and Management Policy**

### **POLICY:**

It is the policy of the CHW Clinics to provide medical referrals and referral management follow-up when deemed medically necessary.

### **PURPOSE:**

Our purpose is to assist patients with referrals for a specific medical service and ensure that the patient is referred to the correct specialist for the correct problem.

**Referrals:** A referral is a written order from a provider to see a specialist, or to receive certain medical services, based on what they feel is necessary for proper patient care. When the provider or policy and procedures indicates that a referral is recommended, the obligation of the health center is to recommend that the patient seek care beyond the capability of the health center. Documentation in the medical record should reflect that a recommendation was made for the patient to seek further care. Depending on the significance of the problem, the provider will determine whether a referral is *Essential*, *Important*, or *Routine*. Referrals may be recommended, and/or facilitated by the health center. The health center will not pressure patients to undergo any consultation or procedure involuntarily or without consent.

**Pharmacy Assistance Programs:** These programs were created by pharmaceutical manufacturers to provide free or discounted medications for people who are unable to afford them. For CHW patients who are unable to afford certain prescriptions, a Community Health Worker will assist any provider referred patient, or any patient that has been unable to fill their prescription within the last 90 days, in obtaining their prescribed medications given that it is a medication that is PAP eligible. The referral department will print the appropriate application, assist the patient in completing the application, and gather any supporting documentation as required by the pharmaceutical company. The application, prescription(s), and any documentation will be faxed or mailed to the pharmaceutical company. Copies will be kept in a patient file for up to three years. Follow-up calls are only made when a Community Health Worker is notified of any discrepancy or delay in the application process. Pharmaceutical processing times vary depending on the type of drug being solicited. The pharmacy assistance program is also known as prescription assistance program or pharmaceutical manufacturer patient assistance program.

**Hospital Discharges:** A hospital discharge is when a patient has received treatment from a recent hospitalization or from the emergency department and no longer requires inpatient medical care. Through our current partnership with UTMB, CHW receives a weekly list of patients who were recently discharged from inpatient care and possibly require additional follow-up with a community provider; HCA hospitals reports are acquired via CHW personnel access to their portal. A Community Health Worker contacts the patients from the UTMB weekly discharge lists and HCA reports to offer patients follow-up appointments at CHW. These patients may or may not be existing CHW patients. If patient is an existing CHW patient and agrees to follow-up with CHW, an appointment is made by the Community Health Worker. If the patient needing follow-up is new to CHW, then they are transferred to the Contact Center department to schedule an appointment.

In the event that a CHW patient is sent to the ER, a Community Health Worker will contact the patient within 24-48 hours to offer a follow-up appointment with their CHW provider.

**County Indigent Health Care Program (CIHCP):** Pursuant to the Indigent Health Care and Treatment Act (Chapter 61) of the 69<sup>th</sup> legislature of 1985, "counties, hospital districts, and public hospitals are to provide health care to eligible indigent residents" (HHSC, 2018). CHW complies with the state requirement and enrolls such eligible patients into this special program. When providers determine that

these patients require additional care outside of the health facility, the CIHCP care coordinator will refer these patients to specialists that accept CIHCP eligible patients. The CIHCP care coordinator will follow the same policy and procedures as external and internal referrals and will adhere to the same follow-up procedures when updating, cancelling, or completing CIHCP referrals. The CIHCP care coordinator will also document all patient communications within the communication module in NextGen.

## **RESPONSIBILITIES:**

### **A. Providers**

1. Refer patients to specialty care, and/or other care management services regardless of payment or funding source. Providers document specialty type, reason for referral, urgency of referral and pertinent clinical continuity information.
2. Review outside specialist reports, and/or case management documentation for other services through the Provider Approval Queue (PAQ) and sign off on all accompanying records received from specialty clinics and providers regarding clinical information and/or outcomes.
3. Review notifications from the referral management team on all incomplete, closed, and cancelled referrals.
4. Submit request to reopen a closed referral that is dated within one year of the original referral date provided that it is for the same service the patient never received nor completed.
  - a. Provider or medical assistant will contact patient to direct them to complete referral process before submitting request to reopen.  
OR
  - b. Provider or medical assistant will contact patient to explain risks of not completing referral process.

### **B. Referral Management Staff**

1. Manage all referral management services including specialty referrals and radiology orders through NextGen once a provider has placed an order or referral.
2. Obtain any prior authorization required by a patient's insurance.
3. Refer the patient to the appropriate internal or external specialty facility as ordered by provider.
4. Inform patient via phone or letter where their referral was sent and provide facility name, contact information, and instruction for patient to follow-up with facility for appointment.
5. Follow-up will be attempted to determine if the patient complied with the referral process within 30 days of a patient scheduled appointment if the department has not received clinical notes or any test results.
6. An attempt will be made for the referral to be sent to a patient and/or insurance approved facility.
  - a. A referral will be regenerated only when the patient directly requests a certain facility and/or when the insurance company does not approve of the referred facility.
7. If it is determined that the patient cannot complete the referral for whatever reason, then the referral will be closed or cancelled, and the referral is updated with the details.
8. Any subsequent duplicate referrals will be cancelled if there is a current open referral for the same service.
9. Any documentation received from specialty facilities will be attached to the patient's Electronic Health Record (EHR) for provider review.
10. The referral will be marked as complete and closed when the referral loop is effectuated.
11. Referral management team will document all patient communications within the communication module in NextGen.

## **PROCEDURES:**

### **A. External Referral**

1. All external referrals must be submitted by the ordering provider to the referral management team via NextGen.
  - a. The referral management team will seek provider signature when the referral requires it, i.e., radiology, physical therapy, home health.
  - b. Signed referrals must be scanned into patient's EHR.
2. External (routine) referrals are processed within 3 business days or less.
  - a. Essential referrals are processed within 1 business day or less.
  - b. Important referrals are processed within 2 business days or less.
3. The external referral team will process all referrals appearing in the NextGen Inbox marked in red.
  - a. OB/Gyn referrals will be reassigned to internal referrals if referral is labeled as "in-house."
  - b. External referral team will not process dental, in-house OB/Gyn, prenatal, SUD, or behavioral health.
4. A referral will be generated, and a call will be made to the patient with the facility name, contact information, and instruction for patient to follow-up with facility to schedule an appointment.
  - a. Patient will be asked to notify CHW of their upcoming specialty appointment.
  - b. If unable to contact patient, a letter with referral information will be sent to the patient address on file.
  - c. A follow-up call will be made at 30 days after referral was generated or mailed out to patient if clinic notes have not been received.
    - i. If patient has not made specialty or radiology appointment, patient will be asked if referral is still needed.
    - ii. If patient denies referral after 30 days, referral will be cancelled, and provider notified via NextGen.
    - iii. Reason for cancellation will be notated in NextGen.
5. The referral management team will refer uninsured patients to facilities with the lowest cost when possible.
6. All referrals, with the exception of radiology, must be sent to the specialist with the Master IM or clinical notes, and/or with any x-rays, MRI, ultrasounds, CT, labs, and ECG if available.
7. All referrals will be electronically faxed via the departmental Xerox machine or manually to specialists.
8. The referral team will mark a referral complete when the patient has attended their specialty/radiology appointment and visit notes/reports are received and attached in NextGen.

### **B. Internal Referrals**

1. All internal referrals must be submitted by the ordering provider via NextGen.
2. Internal referrals are those services that are provided within CHW, and include dental, OB/Gyn, prenatal, substance use disorder (SUD), and Behavioral Health.
3. The internal referral team will process all referrals appearing in the NextGen Inbox marked in red.
  - a. Only dental, OB/Gyn, prenatal, SUD, and Behavioral Health will be processed.
4. All internal referrals will be processed within 3 business days or less.
  - a. Essential referrals are processed within 1 business day or less.

- b. Important referrals are processed within 2 business days or less.
- 5. A referral is generated, and tasked to the Contact Center through NextGen; they then contact the patients to schedule an appointment.
  - a. A referral is marked complete when the patient attends their appointment.
  - b. If a patient cannot be reached, a letter will be sent to address on file.
  - c. If a patient cannot be reached or does not respond to mail within 30 days, referral will be closed, and provider notified.
- 6. For SUD referrals, the internal referral team will generate referral and forward to SUD nurse for follow-up.
  - a. SUD nurse schedules and manages the appointments for the SUD program including telemedicine, SUD evaluation, and nurse visit appointments.
  - b. SUD nurse will close referral when patient completes SUD referral process.
  - c. Internal referral team will verify via NextGen if patient completed referral within 30 days.
  - d. Internal referral will be closed and marked complete when patient follows referral process.

### **C. Additional processes:**

- 1. When necessary, referral management team will search for visit summaries, clinic notes, or radiology reports when referral was made to UTMB or HCA.
  - a. UTMB referrals: Referral team will access CareLink to retrieve specialty visit summaries and radiology reports.
  - b. HCA referrals: referral management team will access the HIE to retrieve radiology reports.
  - c. For other facilities, referral management team will contact specialty provider directly, and request visit summaries or clinic notes if the patient states that visit was completed, and CHW has not received results or reports.
  - d. Once specialty visit summaries or radiology reports are received, the referral status is changed from “ordered” to “completed” and marked as “results received.”
  - e. A copy of any records received is forwarded to the electronic records department to be scanned into patient’s chart.

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### Governing Board

February 2024

Item#5

**Consider for Approval Care Transitions, Tracking, and Follow-Up of  
Hospital Admission Policy**

## **POLICY & PROCEDURE**

### Care transitions, Tracking, and Follow-Up of **Hospital Admissions**

**PURPOSE:** The purpose of this document is to provide a consistent, orderly process for the tracking of patients known to have had a recent emergency department (ED) visit and/or hospital admission.

### **DEFINITIONS:**

- A. Established patient:** A patient that has been seen by at least one provider at Coastal Health & Wellness (CHW) clinics within the last three years.
- B. New patient:** A patient who has never received services from a CHW medical or counseling professional within the last three years.
- C. CareLink:** an Epic read-only feature (UTMB's EHR) accessible to all CHW medical providers, nurses, case management, and other CHW staff that summarizes all care provided within the UTMB system including emergency and urgent care visits, hospital admissions, ambulatory subspecialty care, and all diagnostic results.

**POLICY:** It is the policy of CHW to provide appropriate continuity of care for CHW patients incurring emergency department visits or hospital admissions.

### **PROCEDURE:**

#### **A. Hospital Admissions**

1. When a CHW provider from any of our CHW clinics ascertains that a patient requires admission to the hospital, the patient is sent to the nearest emergency department for stabilization and determination of level of care required.
2. CHW providers will contact the UTMB Patient Placement Center/Transfer Center at 1-800-962-3648 or Mainland Hospital ED at 1-409-938-5112 if appropriate for direct admission.
3. CHW providers will assist the patient in selecting the best and safest method of transport (i.e., private vehicle with non-patient driver or ambulance) to the ED, and/or call 9-1-1 if necessary.
4. Patients calling CHW on-call providers will be directed to the nearest ED if they suspect or have determined that the patient is experiencing an emergency.
5. On-call providers will then assist the patient in selecting the best and safest method of transport (i.e., private vehicle with non-patient driver or ambulance) to the ED, and/or call 9-1-1 if necessary.

#### **B. Hospital Tracking**

1. When CHW sends a patient to the hospital/emergency room, CHW staff take the following steps:

- a. CHW medical providers instruct patients to identify themselves as CHW patients anywhere they receive care to maintain ongoing communication between all care providers.
  - b. The patient's information is added by CHW clinical staff to the Hospital/ED Tracking Log located in the medication rooms in both Texas City and Galveston clinics and emailed daily to the CHW Community Health Workers.
  - c. CHW clinical staff will notify the CHW Community Health Workers when a patient is sent to the hospital via EMS or personal vehicle for proper follow-up care coordination which may include tracking, obtaining discharge documents, and scheduling follow-up appointments.
2. When hospital staff request clinical information about the CHW patient, the requested information is transmitted by the CHW Electronic Records staff.

### **C. Sharing Clinical Information with Hospitals and Emergency Departments**

1. Pertinent information is sent with the patient or given to the Emergency Medical Services personnel (i.e., ambulance staff) which may include EKGs, lab results such as glucose and urinalysis/pregnancy confirmation, an updated medication list, and a summary of care provided in the clinic.
2. Upon hospital discharge, the hospitalist team details the items necessary for follow-up by the CHW providers for the related follow-up visit.
  - a. UTMB will notify CHW via Epic's CareLink when a CHW patient has had any urgent care, ER visits, and/or hospitalizations.
  - b. HCA hospitals will notify CHW via Health Information Exchange (HIE), if the patient consents, when a CHW patient has had any urgent care, ER visits, and/or hospitalizations.

### **CI. Discharge Summaries/ED Report**

1. CHW clinical team will request all records not obtained from CareLink or HIE on CHW patients who have had an ED visit or hospital admission.
2. Any discharge/ED visit summary sent to CHW will be scanned into the patient's chart for review by the patient's primary care provider (PCP).

### **CII. Post Discharge Visit**

1. CHW referred patients are instructed to report back to CHW and/or are contacted by the CHW Community Health Workers for follow-up.
2. Patients discharged from the hospital or those seen in the ED are contacted within 24-48 hours of a known discharge if the patient has not already contacted the clinic for a follow-up visit.
3. Follow-up appointments for patients admitted to the hospital for at least an overnight stay will be scheduled within 14 days of discharge.
  - a. The provider may designate a shorter timeframe as medically appropriate.
  - b. Appointments for follow-up of ED visits with low acuity, lower risk levels will be scheduled at provider discretion.
4. During the post discharge visit, providers will determine if additional referrals are needed to link the patient with community resources such as disease or case management, and/or to self-management support groups.

### **CIII. Other Follow-up Tracking and Appointment Scheduling**

1. UTMB and HCA hospitals also provide limited information about other visits to their respective emergency departments.

- a. UTMB sends weekly reports and HCA Hospitals reports are acquired via their portal for all CHW and/or uninsured patients, with no medical home, seen through their ED Departments.
  - b. This information is documented in the CHW Hospital/ED Tracking Log.
- 2. The CHW Community Health Workers will contact these patients to extend ED follow-up care and other CHW services.
  - a. The Community Health Workers will print out the reports sent from UTMB and HCA.
  - b. Sorting the service dates from oldest to new, the Community Health Workers will check if the patient has an existing CHW record.
  - c. The Community Health Workers will also check for any pending follow-up appointments.
  - d. If the patient is a prior CHW patient or a new patient with no known upcoming appointment, then the Community Health Workers will:
    - i. Call patient and schedule an ED follow-up appointment.
    - ii. If a patient with a CHW record denies to follow-up their ED visit, the EMR is documented of their refusal.
    - iii. If a patient has not been seen in the last three years or is not a patient of CHW and agrees to follow-up, they are transferred to the Contact Center to (re)register and make an appointment.

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# COASTAL HEALTH & WELLNESS

## GOVERNING BOARD

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

**Governing Board**

**February 2024**

**Item#6**

**Consider for Approval RCM Optimization Phase IV**



## RCM Optimization Phase IV

Governing Board Finance Committee Meeting

- *Billing & Coding Team Maturity Model*
- *Phase 1&2 - Current State Organizational Chart*
- *Phase 3&4 - Future State Recommendation*
- *Chess vs. Checkers*
- *Position Request Grid*

February 15, 2024

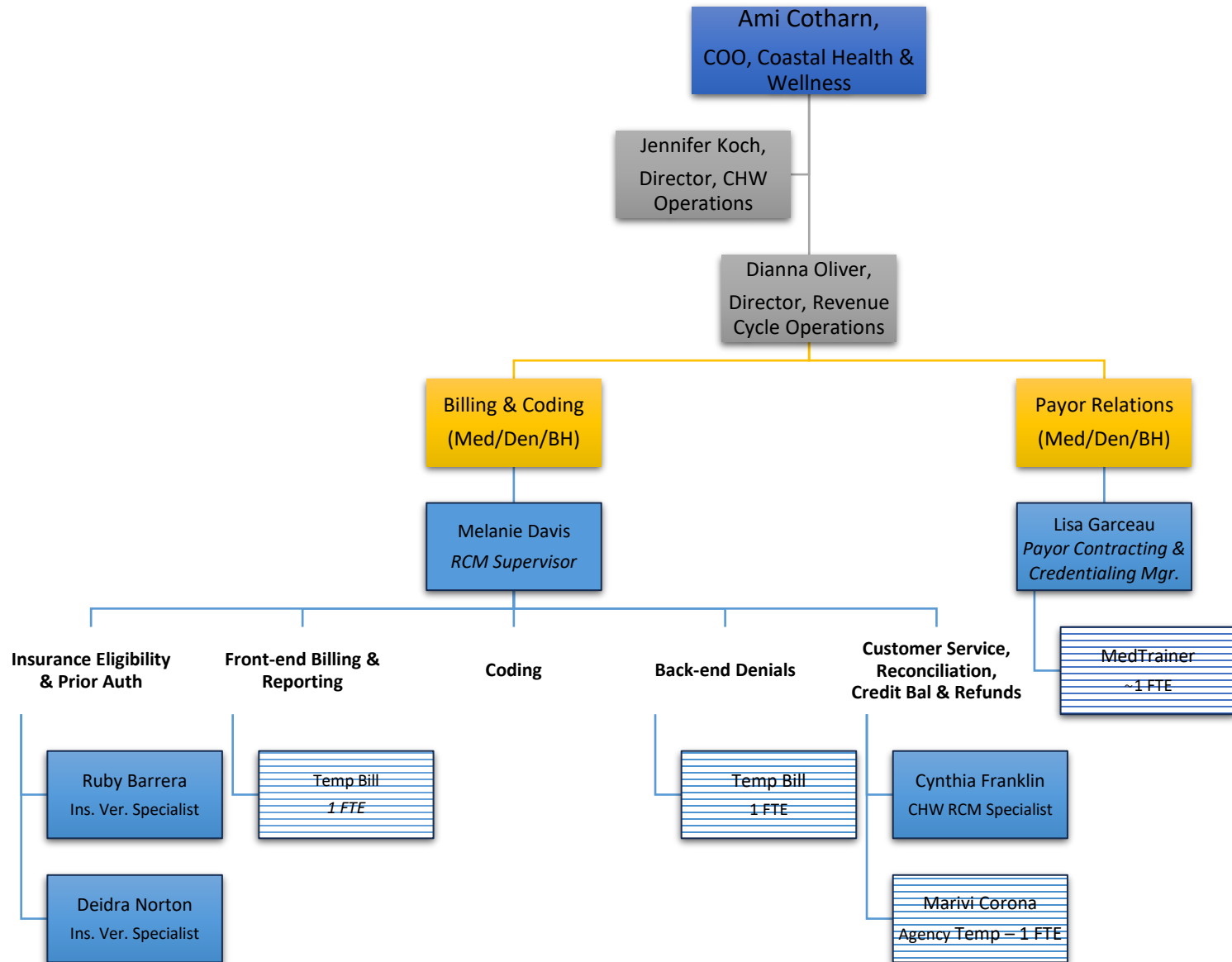
# Revenue Cycle Operations | Billing & Coding Team Maturity Model

Hardwiring Excellence → People, Process & Technology – Team Characteristics



# Revenue Cycle Operations | Current State Organizational Chart

Phase 1&2 Team View – Reactive RCM Activity



# Revenue Cycle Operations | Future State Recommendations

Phase 3 & 4 → Meeting today's needs, expanding capabilities & hard-wiring excellence

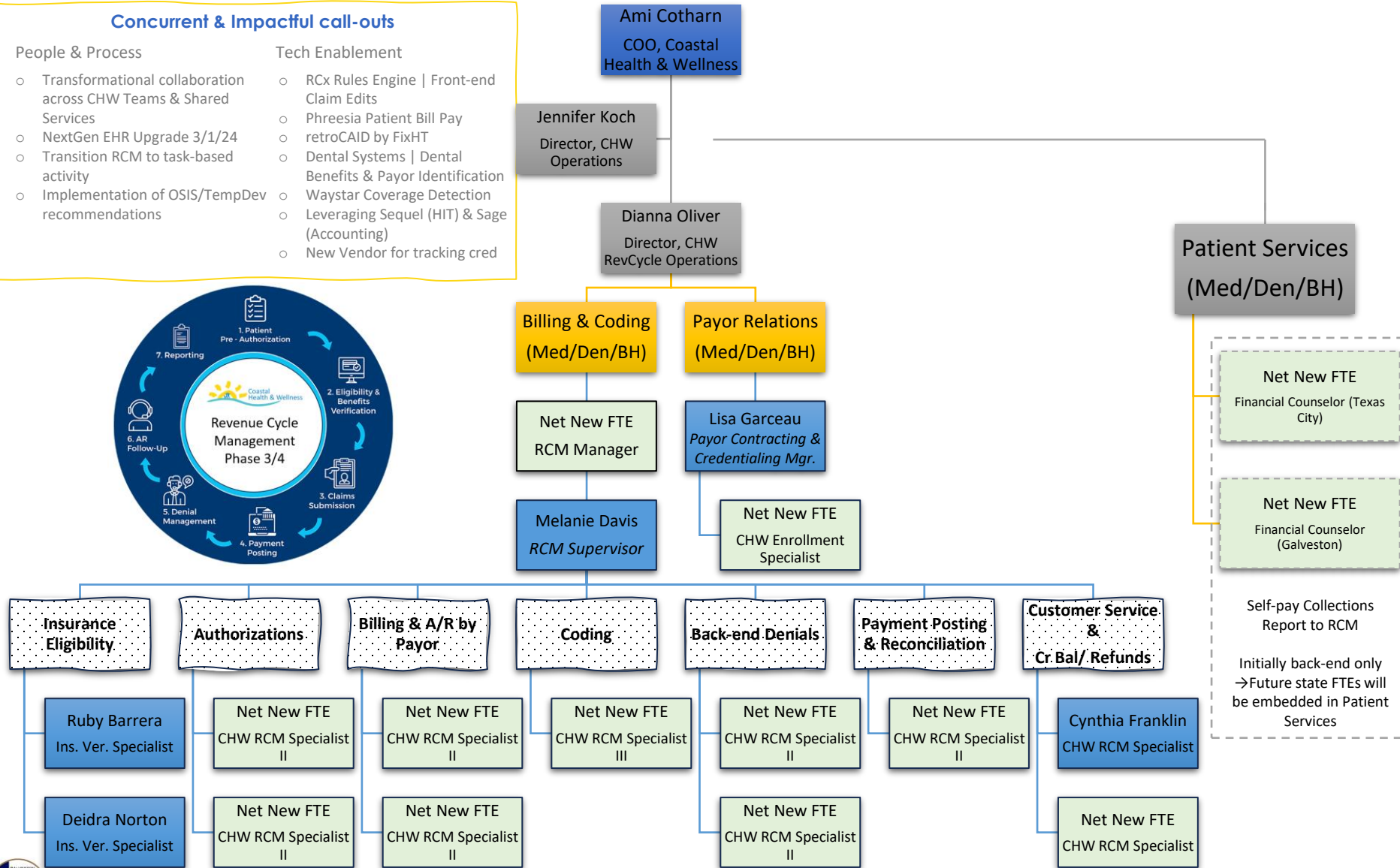
## Concurrent & Impactful call-outs

### People & Process

- Transformational collaboration across CHW Teams & Shared Services
- NextGen EHR Upgrade 3/1/24
- Transition RCM to task-based activity
- Implementation of OSIS/TempDev recommendations

### Tech Enablement

- RCx Rules Engine | Front-end Claim Edits
- Phreesia Patient Bill Pay
- retroCAID by FixHT
- Dental Systems | Dental Benefits & Payor Identification
- Waystar Coverage Detection
- Leveraging Sequel (HIT) & Sage (Accounting)
- New Vendor for tracking cred



## In Scope – All Service Lines

Medical, Dental, Behavioral Health, Women's Health, Home-base, SBHC, UTMB Residents



## Reporting

0.25 FTEs led by Current Supervisor

## In Scope – All Providers, Service Lines & Programs

Medical, Dental, Behavioral Health, Women's Health, Home-base, SBHC, UTMB Residents



# Revenue Cycle Operations | Position Request Grid – Staff Salary Expense

Informed. Agile. Competent. Prepared.



CHW Target Team	JOB TITLE/POSITION	PROPOSED SALARY	CURRENT FTEs in this position	ADDITIONAL # of FTE requested	Extension	JUSTIFICATION
CHW Billing & Coding	Insurance Verification Specialist	\$ 41,600	2	0	\$ -	See .ppt Page 5
CHW Billing & Coding	CHW RCM Specialist	\$ 45,760	1	9	\$ 411,840	See .ppt Page 5
CHW Billing & Coding	RCM Manager	\$ 90,000	0	1	\$ 90,000	See .ppt Page 6
				10	\$ 501,840	
CHW Payor Relations	CHW Enrollment Specialist	\$ 45,760	0	1	\$ 45,760	See .ppt Page 6
				1	\$ 45,760	
CHW Billing & Coding	Financial Counselor	\$ 47,840	0	2	\$ 95,680	See .ppt Page 6
				13	\$ 643,280	Gross Change
	Offboard TempDev Consultant	\$ 36,400				
	Offboard TempDev Staff Augment (2)	\$ 124,800				
	Offboard Robert Half Temp (1)	\$ 80,080				
	Offboard MedTrainer (Credentialing)	\$ 68,400				
	Offboard OSIS for EPM (RCM Only)					
		\$ 309,680			\$ (309,680)	
					\$ 333,600	
					\$ 95,680	See .ppt Page 6
	RCM Uplift Only with No Financial Counselors				\$ 237,920	Net Change

Contract in MedTrainer does not delineate fees specifically associated with RCM





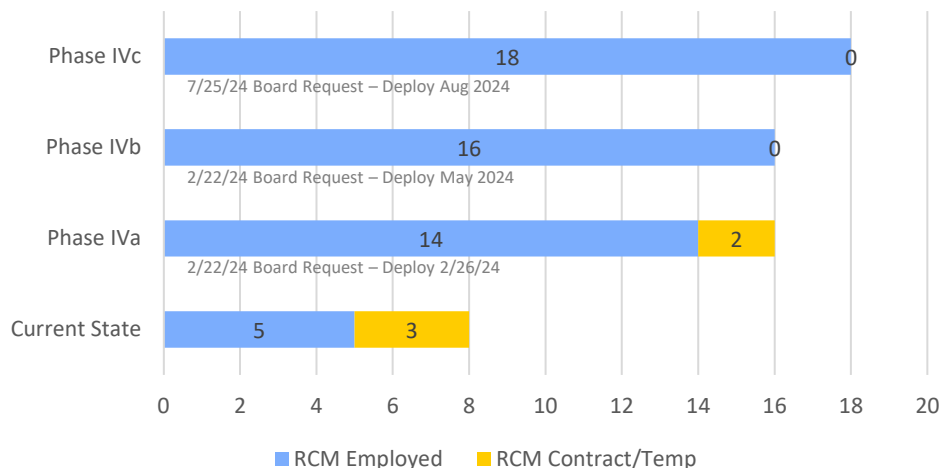
# Revenue Cycle Operations | Phase IV Implementation Plan

## CHW RCM Capabilities & Competency – Building In-House Tacit Knowledge



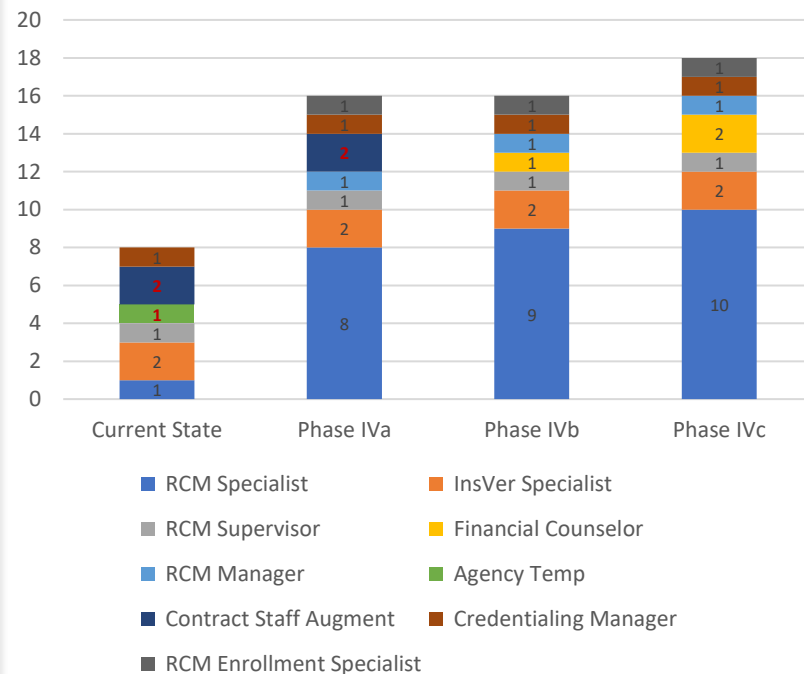
### CHW RCM Optimization Phase IV

Phased Implementation Plan (FTE Count by Employment Type)



### CHW RCM Optimization

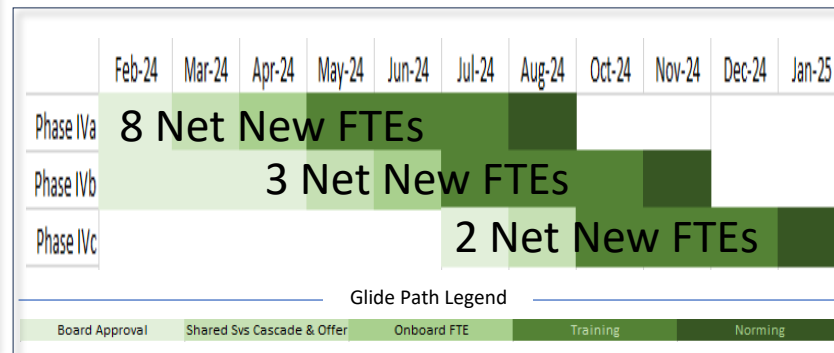
Phase IV Implementation Plan (FTE Count by Role)



Role	Current State	Phase IVa	Phase IVb	Phase IVc
RCM Specialist	1	8	9	10
InsVer Specialist	2	2	2	2
RCM Supervisor	1	1	1	1
Financial Counselor			1	2
RCM Manager		1	1	1
Agency Temp	1			
Contract Staff Augment	2	2		
Credentialing Manager	1	1	1	1
RCM Enrollment Specialist		1	1	1
	8	16	16	18

Role	Current State	Phase IVa	Phase IVb	Phase IVc
RCM Employed	5	14	16	18
RCM Contract/Temp	3	2	0	0
	8	16	16	18



## Remote Requirements



Equipment & Hardware



Inbound/Outbound Call Capability



Internet



VPN

Dual Monitors w/ built-in Docking Station	\$477.56
Keyboard & Mouse	\$68.96
Headset	\$44.50
	<hr/>
	\$591.02

*NOTE: All staff have laptops as standard*

Jabber

*Existing GCHD Capability*

Any ISP

- Leverage Staff Internet
- All access is cloud-based

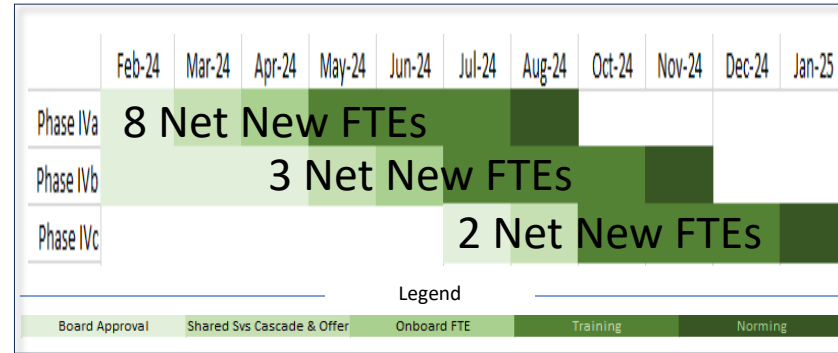
VPN

- Faxing
- Shared Drive

- Requires 8-10 onsite, shared workstations
  - GCHD Space planning underway – currently have 5
- Monthly shift scheduling with 3/2 days on site & 3/2 days remote
- Flexible options available for any staff that prefers onsite only
- Utilize HR training room for All CHW Staff meetings & Team Retreats, as needed

	CY23 Denials (#)	CY23 Denials (\$)
Missing or Invalid Data	1838	\$517,769.00
Coordination of Benefits	912	\$244,792.00
Payer Guidelines	832	\$180,444.00
Coding	601	\$112,475.00
Timely Filing	385	\$85,451.00
Authorization	316	\$73,006.00
Eligibility	198	\$55,113.00
Diagnosis	156	\$37,895.00
Benefits	105	\$15,039.00
Fee Schedule	63	\$14,923.00
Medical Necessity	17	\$658.00
Duplicate	2	\$594.00
Patient Responsibility	1	\$253.00
<b>Grand Total</b>	<b>5426</b>	<b>\$1,338,412.00</b>

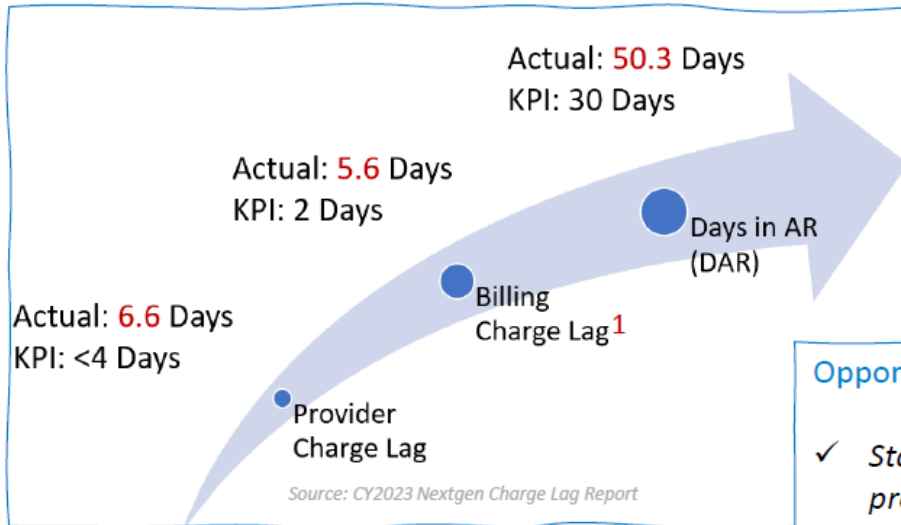
## CY24 Glide Path – RCM New FTEs



## ROI Matrix<sup>1</sup>

CY23 Denials \$1,338,412			All FTEs Approved (13)		Phase IVa FTEs Approved (9)	
	Claim Impact %	Year 1 Revenue Delta	Year 1 Expense Delta 13 New New FTEs	Projected ROI Year 1	Year 1 Expense Delta 9 New New FTEs	Projected ROI Year 1
<b>3 Months New FTE Support</b>	30%	\$100,381	\$160,820	(\$60,439)	\$114,020	(\$3,410)
	50%	\$167,302	\$160,820	\$6,482	\$114,020	\$13,320
	70%	\$234,222	\$160,820	\$73,402	\$114,020	\$30,051
<b>6 Months New FTE Support</b>	30%	\$200,762	\$321,640	(\$120,878)	\$228,040	(\$6,820)
	50%	\$334,603	\$321,640	\$12,963	\$228,040	\$26,641
	70%	\$468,444	\$321,640	\$146,804	\$228,040	\$60,101

<sup>1</sup>Based on CY23 Denial data, assuming RCM successfully onboards based on CY24 Glide Path – RCM New FTEs(above)



<sup>1</sup> This number is conspicuously low. Future reporting should split out lag by payor grouping (Sliding Fee/Self pay, Commercial, Medicaid/Medicare, Grants, etc.) Our 60% plus population of Indigent, self-pay & grant encounters understates the true, excessive charge lag here.

## Opportunities to close the gap include:

- ✓ *Standard Reporting to Providers & Operations on a predictable cadence*
- ✓ *Enriched front-end edits → Make It Easy*
- ✓ *Clear guardrails for provider on/off boarding to include expectation to close all encounters in 4 days*
- ✓ *RCM accountability & skill-set to support coding inquiries → Clean Claim Rate*
- ✓ *Provider Education*
- ✓ *Proactive "Coding Matters" program*

## Appendix

Back of the Napkin Staff Calculations based on MGMA Benchamrk Data 2023

MGMA Benchmarks	#Claims	#FTE Benchmark	FTEs Requ by Benchmark	RCM Phase IV Uplift FTEs Requested
Billers	100000	10.45	10.47	<b>9 FTEs &amp; 1 Manager</b> <i>Assumptions:</i> 1. Conservative Request=Rapid approval 2. Assess CYQ2 3. Conservative Ramp 4. No Provision for Growth
Payment Posting/Cash Mgmt	100000	1.9	1.90	
Rolling 12-Month Kept Appts (NextGen)	8754	105048	12.37	
2.7/Provider	16.42 Providers	44.33		Not Viable

NOTE: United Solutions, CHW's outsourced RCM partner prior to November 2022 had 8 dedicated FTEs + a Billing Manager to support the (sub-par) performance for which we cancelled their contract and brought billing in house.

[The Medical Group Management Association \(MGMA\) provides a benchmark standard ratio of 2.7 billing staff per physician in an average billing office](#) <sup>1</sup>. [Physicians Practice recommends 10.45 billing full-time employees \(FTEs\) per 100,000 claims for billing staffing, and 1.9 payment posting/cash management FTEs per 100,000 claims](#) <sup>2</sup>. However, it is important to note that there is no hard and fast rule on how many staff members are required for a medical practice because each specialty and situation may require something different <sup>3</sup>. [The staffing levels can be assessed by consulting industry benchmarks, which are widely available](#) <sup>4</sup>. [When comparing staffing levels to benchmark data, practices may need to adjust their numbers based on unique circumstances](#) <sup>4</sup>. [It is important to understand the medical practice staffing needs based on the job functions required to efficiently operate and manage the practice](#) <sup>3</sup>.

# Revenue Cycle Operations | Appendix 2

## Provider Count by FTE Equivalent & Headcount

Medical Care Services		
Line	Personnel by Major Service Category	FTEs (a)
1	Family Physicians	1.98
2	General Practitioners	0
3	Internists	1
4	Obstetrician/Gynecologists	0.1
5	Pediatricians	0.75
7	Other Specialty Physicians	0
8	<b>Total Physicians (Lines 1-7)</b>	<b>3.81</b>
9a	Nurse Practitioners	1.78
9b	Physician Assistants	4.09
10	Certified Nurse Midwives	0
10a	<b>Total NPs, PAs, and CNMs (Lines 9a-10)</b>	<b>5.87</b>
11	Nurses	9.12
12	Other Medical Personnel	11.29
13	Laboratory Personnel	2.17
14	X-ray Personnel	2.86
15	<b>Total Medical Care Services (Lines 8 + 10a - 14)</b>	<b>35.12</b>

Dental Services		
Line	Personnel by Major Service Category	FTEs (a)
16	Dentists	3.88
17	Dental Hygienists	1.72
17a	Dental Therapists	0
18	Other Dental Personnel	9.92
19	<b>Total Dental Services (Lines 16-18)</b>	<b>15.5</b>
Mental Health Services		
Line	Personnel by Major Service Category	FTEs (a)
20a	Psychiatrists	0
20a1	Licensed Clinical Psychologists	0
20a2	Licensed Clinical Social Workers	0
20b	Other Licensed Mental Health Providers	0.78
20c	Other Mental Health Personnel	0.1
20	<b>Total Mental Health Services (Lines 20a-c)</b>	<b>0.88</b>

### CHW Provider List - Tax ID 74-1665318

+ New ▾ Share Export to Excel

- > Provider Name ▾
- > Program : Behavioral Health (3)
- > Program : Cardiology (1)
- > Program : Dental (9)
- > Program : Medical (16)
- > Program : Medical (Chiropractic Medicine) (1)
- > Program : Medical (Home-Based Care) (2)
- > Program : Medical (UTMB Residency Program) (15)
- > Program : Substance Use Disorder (3)

Source: CHW RCM Provider List

Provider FTE Count		
Medical	3.81 + 5.87	9.68
Dental	3.85	3.85
BH	2.89	2.89
		16.42
Source:	2023 Preliminary UDS Report	

Source: 2023 Preliminary UDS Report

### Important callouts & back-of-the-napkin FTE comparison to FHSID with the information we know:

Column1	CHW Current State	CHW Future State	FHSID
Coding	0	2	3
Billing	2	6	13
	<b>2</b>	<b>8</b>	<b>16</b>
Insurance Verification	2	2	0*
Credentialing	1	2	0*
MCO	1	1	0*
	<b>6</b>	<b>13</b>	<b>16</b>
Total Patients	9,187	13,000	30,414

Unique Patient/RCM Staff	4594	1625	1901
--------------------------	------	------	------

NOTE: FHSID has maintained their RCM staff throughout their journey. They all work remotely. They leveraged their existing coders to support other coding initiatives. We'd do the same ("Coding Matters")

Remember, FHSID has had IN-HOUSE billing for over a decade and their team is filled with SMEs. **We will get there!**  
#shortpaingreatgain



### 13 Net New RCM FTE Model

RCM Manager  
CHW RCM Specialist  
CHW Enrollment Specialist  
Financial Counselor

Salary Expense based on Length of time onboarded in CY24 with **ALL 13 FTEs Approved**

Salary	# FTEs	Extension	3-Month Prorate	6-Month Prorate
\$90,000	1	\$90,000	\$22,500	\$45,000
\$45,760	9	\$411,840	\$102,960	\$205,920
\$45,760	1	\$45,760	\$11,440	\$22,880
\$47,840	2	\$95,680	\$23,920	\$47,840
	13	\$643,280	\$160,820	\$321,640

### 9 Net New RCM FTE Model

RCM Manager  
CHW RCM Specialist  
CHW Enrollment Specialist  
Financial Counselor

Salary Expense based on Length of time onboarded in CY24 with **only Phase IVa FTEs (9) Approved**

Salary	# FTEs	Extension	3-Month Prorate	6-Month Prorate
\$90,000	1	\$90,000	\$22,500	\$45,000
\$45,760	7	\$320,320	\$80,080	\$160,160
\$45,760	1	\$45,760	\$11,440	\$22,880
\$47,840	0	\$0	\$0	\$0
	9	\$456,080	\$114,020	\$228,040

*Assumption: 25% reduction in productivity versus 13 Net New FTE Model*

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### Governing Board

February 2024

Item#7

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

- a) Casey Tatsch, DDS-Dentist
- b) Tiffany Curtis, LCSW-Counselor
- c) Rebecca Meyers, LPC-Counselor
- d) Catherine Xie, MD-UTMB Faculty
- e) Jennifer Raley, MD-UTMB Faculty
- f) Joseph Chmielewski, NP Locum
- g) Ali Ghazavi, NP Locum
- h) Gilberto Garcia, DDS

### **Re-Credentialing**

- a) Unsil Keiser, DDS
- b) Lisa Cashiola, NP

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**Governing Board  
February 2024  
Item#8  
Informational Report**

- a) Resolution Recognizing Bang Nguyen, DDS, for his Dedicated Services to the Coastal Health & Wellness

[\*\*Back to Agenda\*\*](#)

**Governing Board**

**February 2024**

**Item#9**

**Consider for Approval December 2023 Financial Report**

**Submitted by Kenna Pruitt**

# COASTAL HEALTH & WELLNESS

Governing Board



## FINANCIAL SUMMARY

For the Period Ending

*December 31, 2023*

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

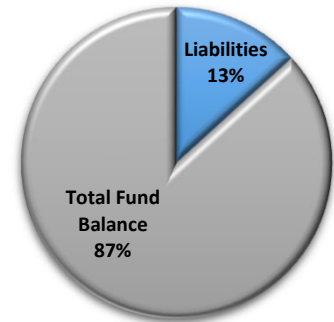
February 22, 2024

## CHW - BALANCE SHEET

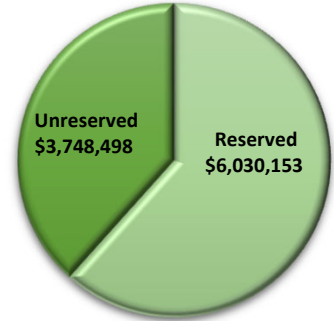
as of December 31, 2023

	Current Month Dec-23	Prior Month Nov-23	Increase (Decrease)
<b>ASSETS</b>			
Cash & Cash Equivalents	\$4,195,323	\$4,525,697	(\$330,373)
Accounts Receivable	7,972,959	7,663,557	309,403
Allowance For Bad Debt	(1,002,721)	(969,912)	(32,809)
Pre-Paid Expenses	370,127	38,510	331,617
Due To / From	(261,015)	(65,653)	(195,362)
<b>Total Assets</b>	<b>\$11,274,674</b>	<b>\$11,192,198</b>	<b>\$82,475</b>
<b>LIABILITIES</b>			
Accounts Payable	\$1,081,515	\$628,448	\$453,068
Accrued Expenses	389,866	289,217	100,649
Deferred Revenues	24,642	269,197	(244,556)
<b>Total Liabilities</b>	<b>\$1,496,023</b>	<b>1,186,862</b>	<b>\$309,161</b>
<b>FUND BALANCE</b>			
Fund Balance	\$9,562,785	\$9,562,785	\$0
Current Change	215,866	442,551	(226,686)
<b>Total Fund Balance</b>	<b>\$9,778,651</b>	<b>\$10,005,336</b>	<b>(\$226,686)</b>
<b>TOTAL LIABILITIES &amp; FUND BALANCE</b>	<b>\$11,274,674</b>	<b>\$11,192,198</b>	<b>\$82,475</b>

Current Period Assets



Total Fund Balance

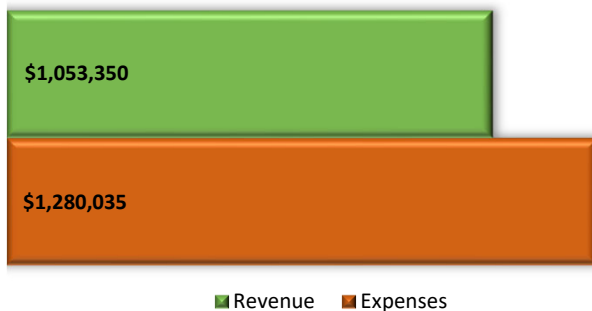


## CHW - REVENUE & EXPENSES

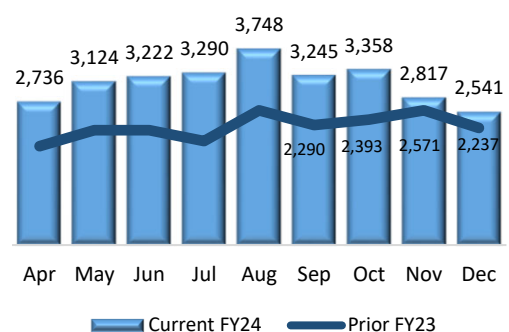
as of December 31, 2023

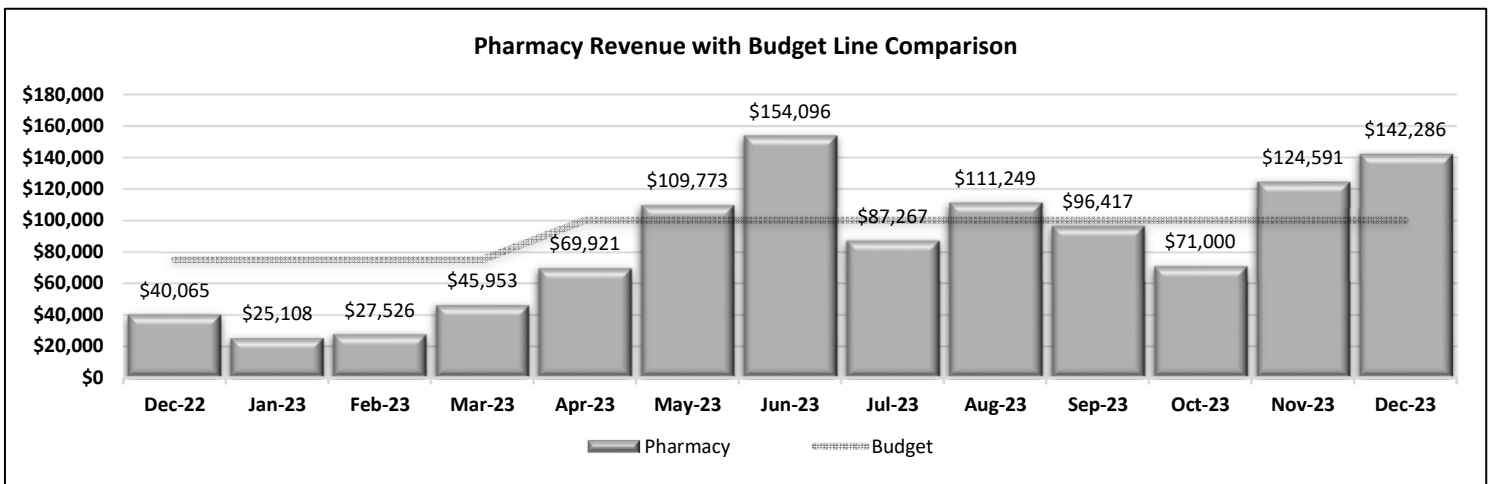
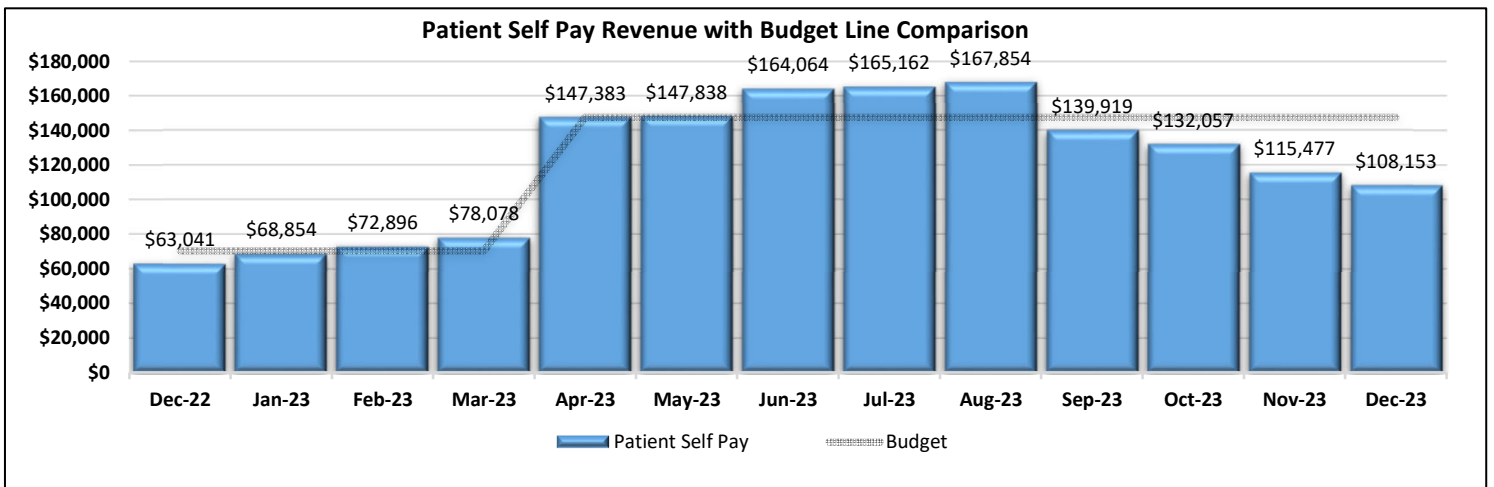
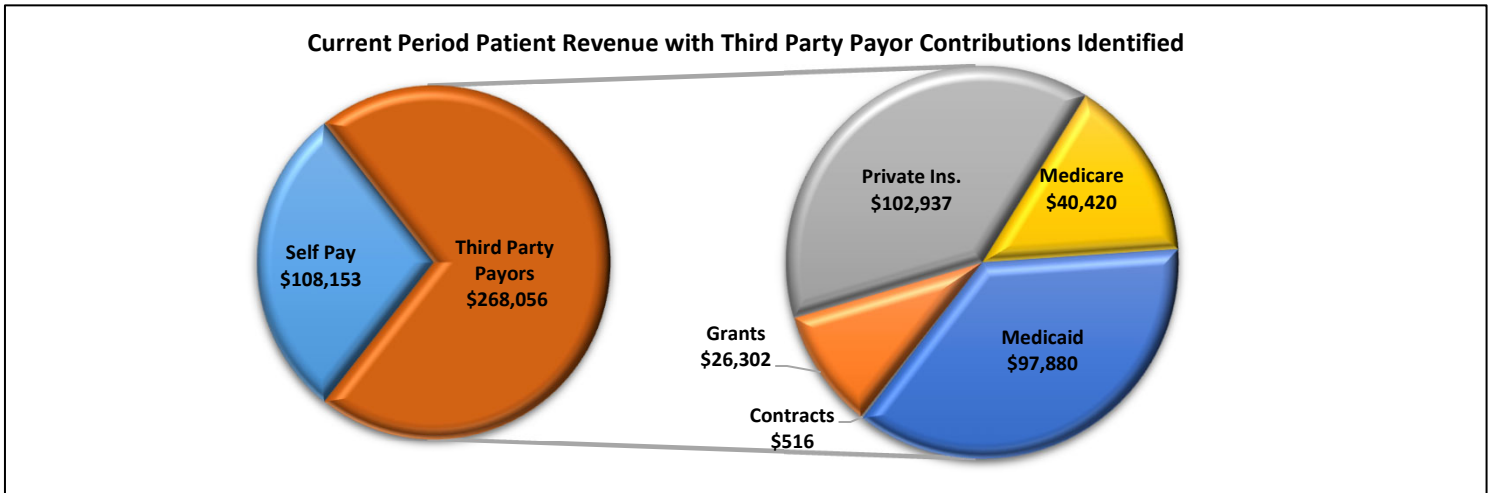
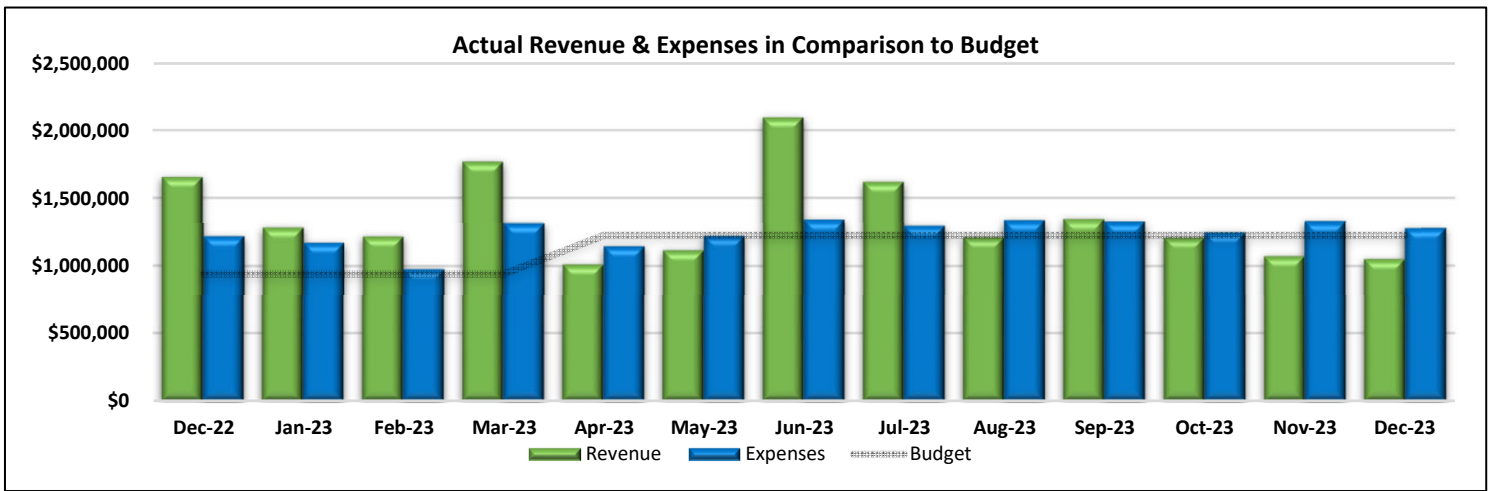
	MTD Actual Dec-23	MTD Budget Dec-23	MTD Budget Variance	YTD Actual thru Dec-23	YTD Budget thru Dec-23	YTD Budget Variance
<b>REVENUE</b>						
County Revenue	\$244,556	\$261,222	(\$16,667)	\$2,401,000	\$2,351,000	\$50,000
HHS Grant Revenue	276,519	358,564	(82,045)	3,531,477	3,227,073	304,404
Patient Revenue	518,495	592,843	(74,349)	5,642,646	5,335,590	307,056
Other Revenue	13,780	12,833	947	172,576	115,500	57,076
<b>Total Revenue</b>	<b>\$1,053,350</b>	<b>\$1,225,463</b>	<b>(\$172,113)</b>	<b>\$11,747,699</b>	<b>\$11,029,163</b>	<b>\$718,536</b>
<b>EXPENSES</b>						
Personnel	\$825,720	\$952,944	\$127,224	\$7,383,209	\$8,576,493	\$1,193,284
Contractual	179,580	114,626	(64,954)	1,386,390	1,031,633	(354,756)
Supplies	89,872	117,985	28,113	1,107,681	1,061,869	(45,812)
Travel	166	1,433	1,267	22,036	12,900	(9,136)
Bad Debt Expense	32,809	38,318	5,509	399,152	344,862	(54,290)
Other	146,771	136,959	(9,812)	1,233,365	1,232,629	(736)
<b>Total Expenses</b>	<b>\$1,280,035</b>	<b>\$1,362,265</b>	<b>\$82,230</b>	<b>\$11,531,833</b>	<b>\$12,260,386</b>	<b>\$728,552</b>
<b>CHANGE IN NET ASSETS</b>	<b>(\$226,686)</b>	<b>(\$136,803)</b>	<b>(\$89,883)</b>	<b>\$215,866</b>	<b>(\$1,231,223)</b>	<b>\$1,447,088</b>

Current Month Actuals

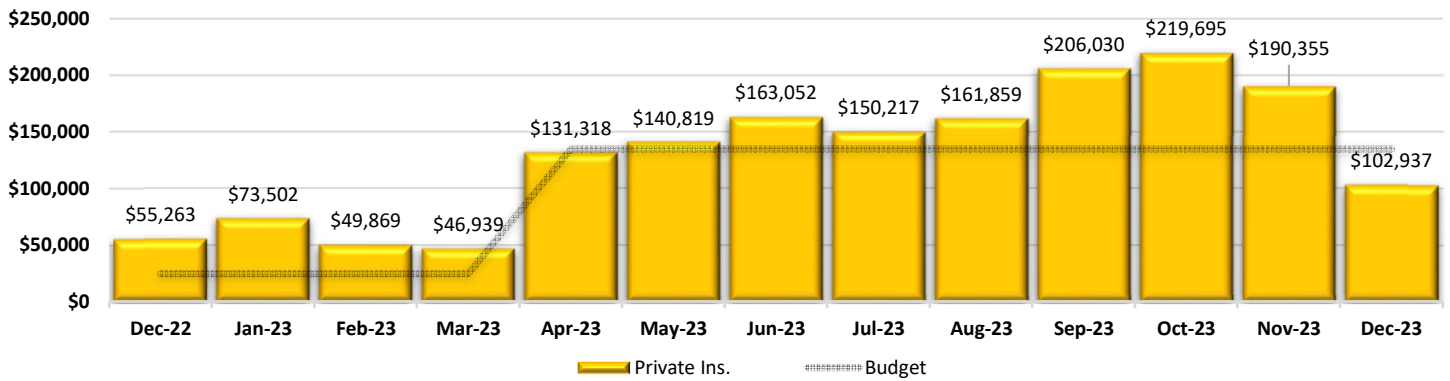


Visits

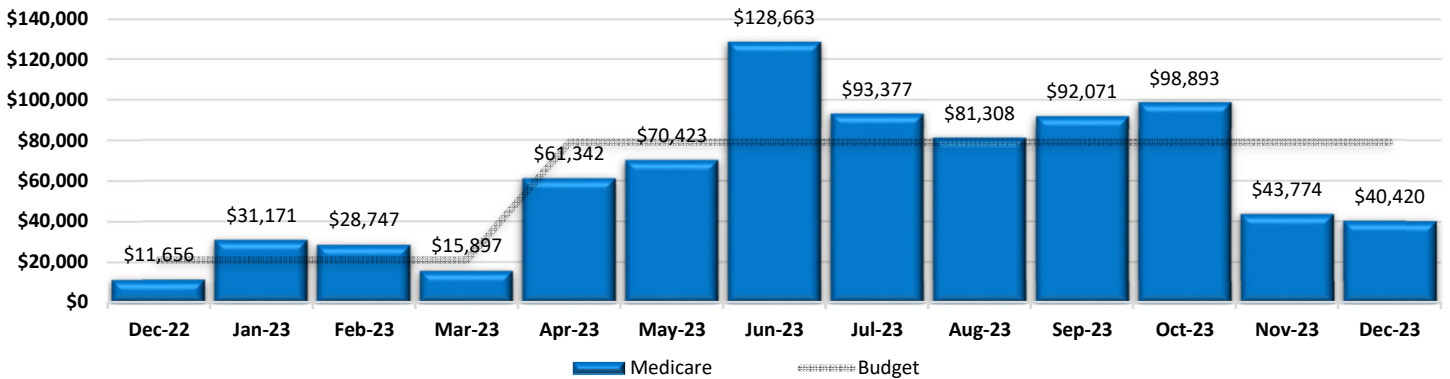




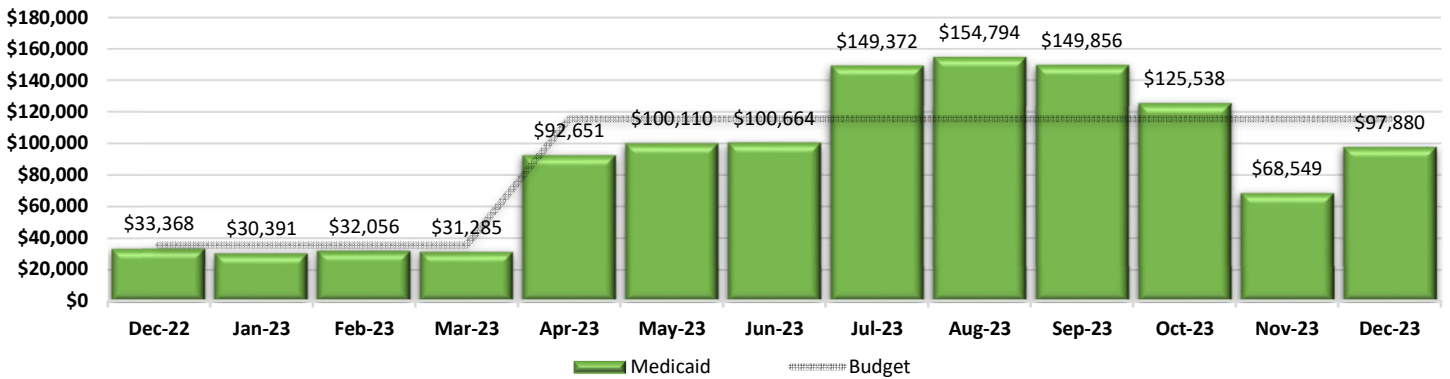
Private Insurance Revenue with Budget Line Comparison



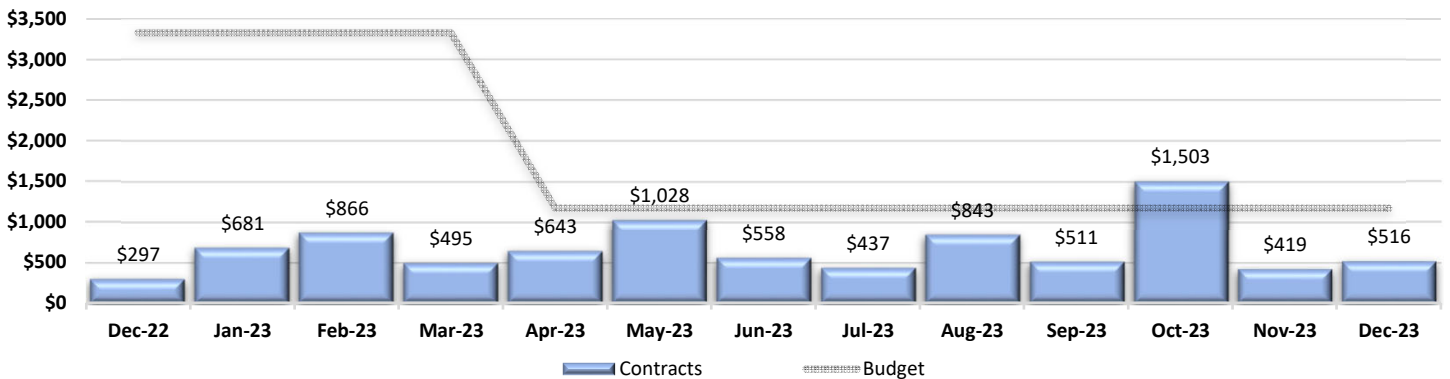
Medicare Revenue with Budget Line Comparison



Medicaid Revenue with Budget Line Comparison



Contract Revenue with Budget Line Comparison



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### Governing Board

February 2024

Item#10

**Consider for Approval Greater Houston HealthConnect HIE Payment  
in the Amount of \$12k Submitted by Kenna Pruitt**

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### Governing Board

February 2024

Item#11

**Consider for Approval the Use of a Recruitment Film not to Exceed the  
Amount of \$70,000 to be Taken out of Fund Balance Submitted by Ami Cotharn**

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**Governing Board  
February 2024  
Item#12  
Coastal Health & Wellness Updates**

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

COASTAL  
HEALTH &  
WELLNESS  
*FEBRUARY*  
2024 HEALTH  
CENTER  
UPDATE



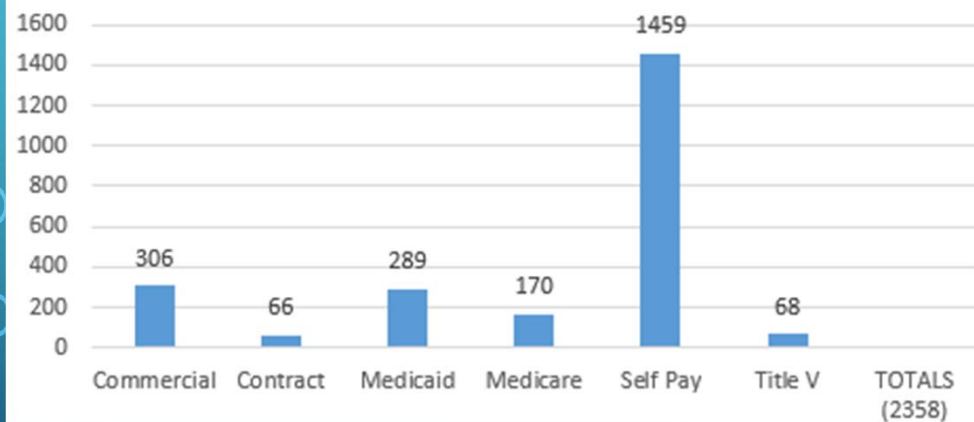
*Providing high quality healthcare to all..*



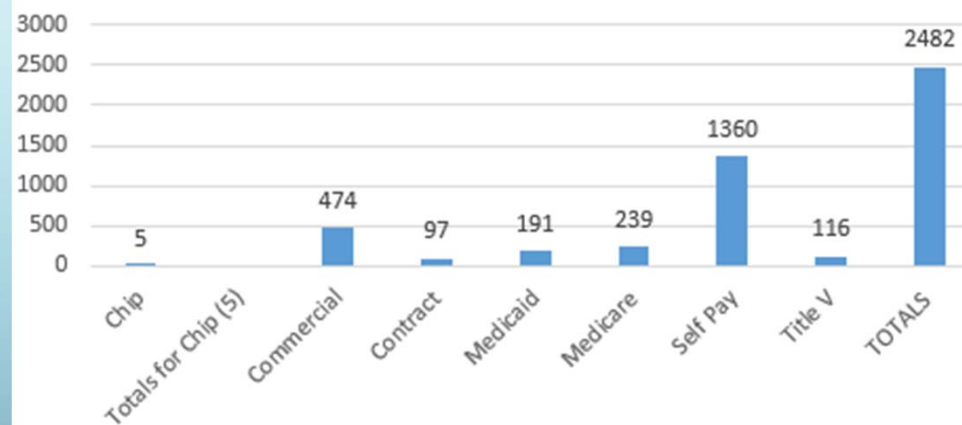
[coastalhw.org](http://coastalhw.org)

# JANUARY 2024 OPERATIONAL REPORT –UNDUPLICATED PATIENTS

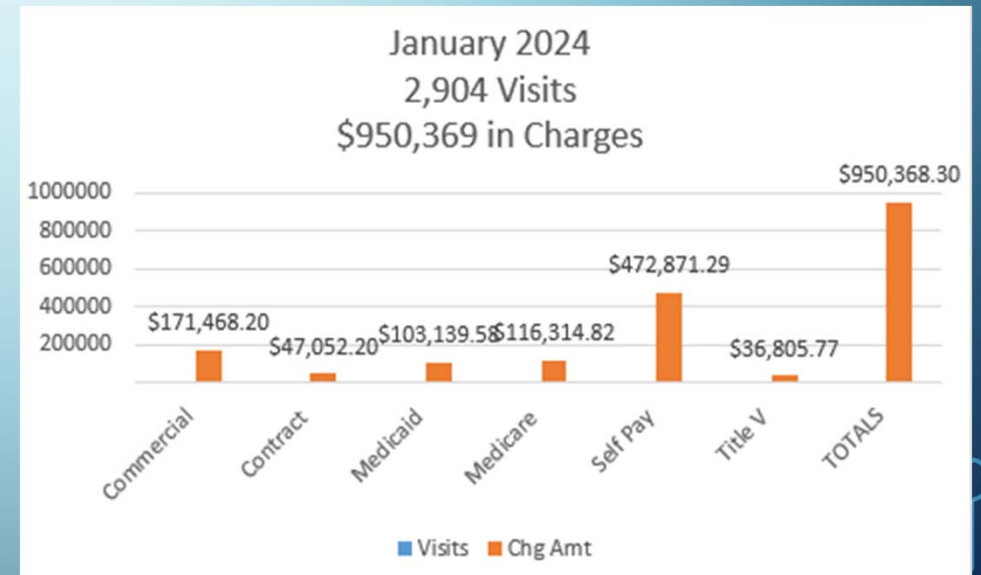
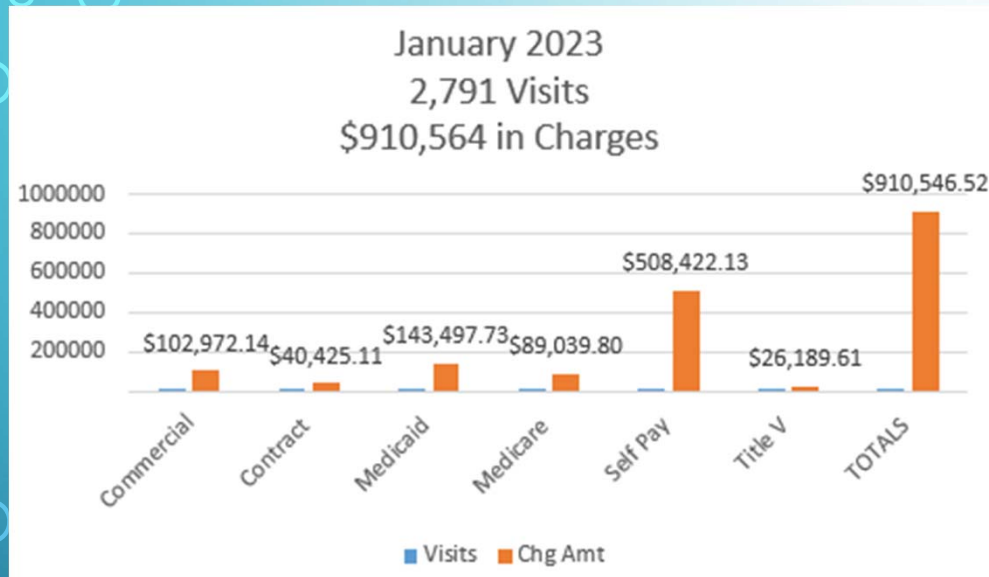
January 2023  
2,358  
Unduplicated Patients



January 2024  
2,482  
Unduplicated Pts.



# JANUARY 2024 OPERATIONAL REPORT – VISITS & CHARGES





# JANUARY 2024 OPERATIONAL REPORT – NEW PATIENTS MEDICAL/DENTAL

January 2023

January 2024

New Patients – 243  
Charges - \$82,662

New Patients – 298  
Charges - \$101,329

## JANUARY OUTREACH

DATE	OUTREACH/MEETING
01/02/2024 Tuesday	Health Screenings @ Bayside
01/04/2024 Thursday	Galveston Goodwill
01/04/2024 Thursday	LC Goodwill
01/05/2024 Friday	SFISD Health & Wellness Fair
01/06/2024 Saturday	Surveys @ St. Luke's Society Breakfast
01/09/2024 Tuesday	HEAL @ Hitchcock Head Start
01/09/2024 Tuesday	West End Ministries and Leaders Breakfast
01/09/2024 Tuesday	Friends of Moore Memorial
01/10/2024 Wednesday	HEAL @ Hitchcock Head Start
01/10/2024 Wednesday	Shriners Children Tour
01/13/2024 Saturday	City of La Marque Community Health Fair
01/15/2024 Monday	City of La Marque MLK Parade canceled - winter storm
01/16/2024 Tuesday	HEAL @ GSM canceled - winter storm
01/17/2024 Wednesday	Surveys @ UTMB



## JANUARY OUTREACH

01/18/2024 Thursday	LC Goodwill
01/18/2024 Thursday	Focus Group @ McKinley Methodist Church
01/18/2024 Thursday	Surveys @ UTMB
01/18/2024 Thursday	Surveys @ Mae S Bruce Library
01/19/2024 Friday	Surveys @ M.I. Lewis
01/20/2024 Saturday	Flyer Distribution @ St. Luke's Society Breakfast
01/20/2024 Saturday	New Year, New You Better Health Resource Fair
01/22/2024 Monday	HUT-Professional Etiquette Presentation
01/23/2024 Tuesday	HEAL @ HHS
01/23/2024 Tuesday	Surveys @ Moore Memorial Library
01/23/2024 Tuesday	New Year, New Budget (Welby) Financial Literacy Class
01/23/2024 Tuesday	Surveys @ Helen Hall Library
01/24/2024 Wednesday	HEAL @ HHS
01/24/2024 Wednesday	ADA House
01/25/2024 Thursday	Surveys @ TC WIC

## JANUARY OUTREACH

01/25/2024 Thursday	Surveys @ La Marque Library
01/25/2024 Thursday	LC Goodwill
01/26/2024 Friday	AFAHC Galveston Bingo Health Event & Cooking Class and Surveys @ Wright Cuney
01/27/2024 Saturday	Winter Family Health Fest-St Vincent's
01/29/2024 Monday	Surveys @ Rosenberg Library
01/30/2024 Tuesday	HEAL @ GSM
01/31/2024 Wednesday	TAMUG Spring 2024 Health Fair
01/31/2024 Wednesday	NAMI GC Mental Health - Self-Compassion Webinar

THANK  
YOU!!!

"THERE IS  
NOTHING  
IMPOSSIBLE  
TO THEY WHO  
WILL TRY."  
— ALEXANDER  
THE GREAT



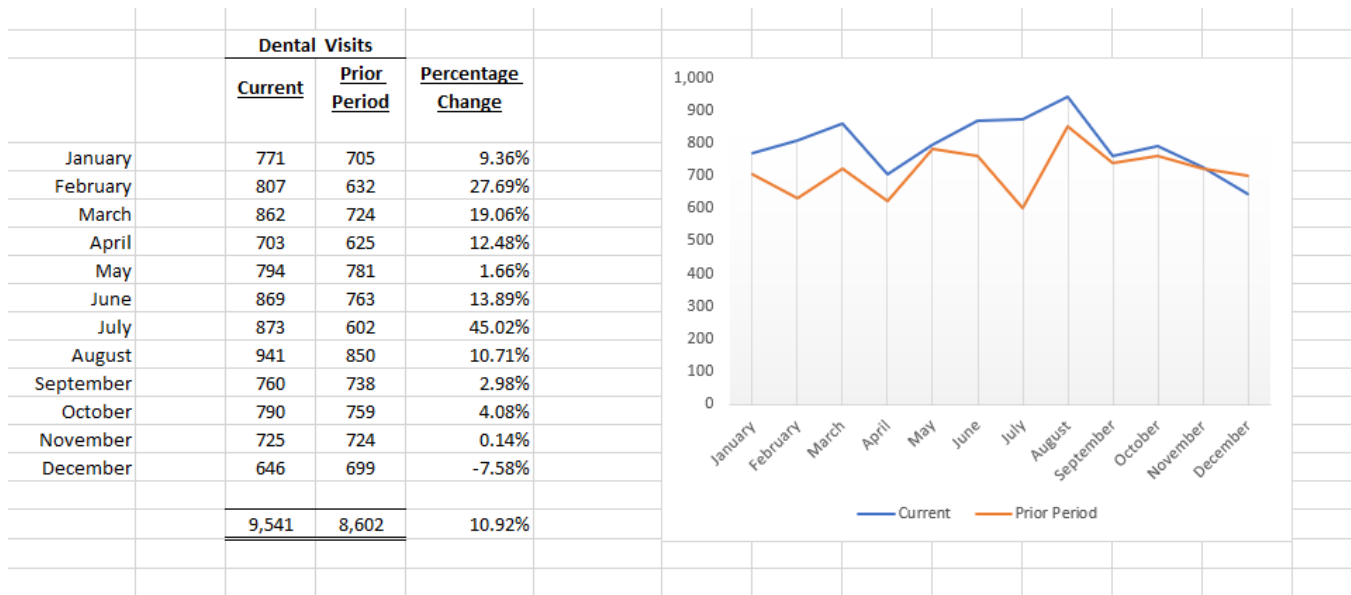
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## Dental Clinic Board Update 2/22/2024

- Visit Numbers – Based on “FQHC Qual Enc” in NextGen –
  - We continue to see walk in patients in pain as we can fit them into our schedule.
  - We started releasing comprehensive exams on the 15<sup>th</sup> of every month, with December being the first month. The appointments were full within 90 minutes. We posted the information about scheduling comprehensive exams on our website.
  - For January, we had an increase in qualifying encounters of 9.36% compared to January 2023



- Current projects, plans, department overview for dental
  - Sterilization Renovation
    - Electrical work was completed February 7-9<sup>th</sup> to add additional outlets for the additional sterilizers.
    - Cabinets will be installed March 2<sup>nd</sup>
  - Dr. Lindskog continues to serve on the COM Hygiene School Advisory Board. They will be having their CODA Site Visit on April 9<sup>th</sup> and 10<sup>th</sup>. They are planning to start Fall 2024 with their first class.
- 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)
  - Staffing
    - Dr. Nguyen will be retiring February 29, 2024
    - Dr. Tatsch has been seeing patients since the end of January and will transition to a full schedule on March 1, 2024
    - We have one dental assistant vacancy, but an assistant is scheduled to start on March 7, 2024

February 22, 2024

## Governing Board Meeting

### **1. School based clinic:**

Total visits: 16 (4 in person, 12 telehealth)

- Students: 5
- Staff: 1
- Existing CHW: 10

### **2. Doxy/Telehealth visit numbers:**

- January: 78 (-18)
- December: 96
- Total all time: 1,287

### **3. January total visits: 2126**

- Total charges: \$607,021.52
- No shows: 856
- Total scheduled visits: 2982
- No show rate 28% Show rate 71%

### **4. Current Medical Department Projects:**

- Establishing our behavioral health program
- Continued integration with GCC on behavioral health
- Woman's Health program
- Diabetic eye exams with use of retinal cameras

### **5. Provider Education Opportunities:**

- Continued monthly Grand Rounds with different specialty physicians on variety of topics.
- Discuss office-based procedures for the providers that are interested.
- Continued OSIS training.

### **6. Barriers:**

- No real barriers other than never enough time

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## Circle of Excellence winners announced

Congratulations to the quarterly Circle of Excellence winners! These employees were nominated and selected by their fellow coworkers for exemplifying performance, goals, skills and qualities that highlight and promote the mission and vision of the district.

### **Ann Nutt, MSN, RN, Galveston County Health District**

Ann's nomination read, "Ann is extraordinary. She is kind, funny, compassionate, and she practices this with her patients. During COVID, Ann spent so much time working with MRC that we brought her on full time. At 70+ years young, she runs circles around those half her age, and all with a light-hearted smile on her face. She is one part of our incredibly successful and meaningful homebound team. She and the homebound team go above and beyond the call of providing COVID and flu vaccines to some of our most vulnerable populations - assisting with medication reconciliation, fall prevention, and LOTS of education. Her thoroughness and patience are exactly what our clients need! Ann and Team have saved several lives - calling physicians, specialists, and hospitals to get their patients the help they needed. Galveston County residents and the District are lucky to have someone like Ann's dedication and passion."

[Watch Ann's Employee Spotlight video.](#)

### **Jamie Trinh, RDH, Coastal Health & Wellness**

Jamie's nomination read, "Jamie Trinh is an exemplary dental hygienist and an amazing colleague at CHW dental. Jamie has been an asset to our clinic over 8 years and her dedication to the profession is evident in how she carry out herself in day to day tasks and duties. Jamie is well loved among her patients and fellow co-workers alike. Her calm demeanor and gentle approach is always warm and refreshing. In the world of dental hygiene, Jamie is considered as a superstar and I am honored to work alongside with her. She is also a multitasker and if she isn't working on patients, she is doing behind the scene reports, charts, instrument sterilization and other tasks that needs to be done. I believe Jamie deserves this recognition as its long overdue!"

### **Dontrae Smith, Animal Resource Center**

Dontrae's nomination read, "Dontrae Smith Animal Services is a dedicated and compassionate animal control officer whose genuine love for animals is evident in his work. With a passion for educating the community about animal control ordinances, he consistently holds pet owners accountable while fostering a greater understanding and appreciation for responsible pet ownership."

[Watch Dontrae's Employee Spotlight video.](#)

### **Bailey Daniel, Galveston Area Ambulance Authority**

Bailey's nominations read, "Bailey Daniel GAAA When I deliver supplies, Bailey always jumps in to help me. I don't ask her to do it, she just dives right in and helps. She goes to great lengths to help make sure the supply room is clean and everything is put up in the right place where it belongs. With out her help, I would be there for hours upon hours, but with her help, it's cut down drastically, allowing me to get what I need to get done, and move on to the next station. For the year and a half that I have been here, she has always gone the extra mile to help out when she doesn't need to!"

"Bailey has demonstrated unwavering commitment, leadership, and a remarkable spirit of collaboration that sets her apart as an invaluable member of our team. In her role as Team Captain, Bailey has exhibited tremendous growth, showcasing not only a deep understanding of her responsibilities but also a genuine passion for mentoring others. She is consistently providing guidance and support to those around her. What really sets Bailey apart is her willingness to go above and beyond. Despite the demands of her role in responding to 911 calls, she never hesitates to lend a helping hand in various capacities within the department. Her ability to balance emergency response with a compassionate approach to team dynamics is truly commendable."

[Watch Bailey's Spotlight video.](#)

## Coastal Health & Wellness presented with Certificate of Achievement in Colorectal Cancer Screening

Coastal Health & Wellness was presented with a Certificate of Achievement for its outstanding work and commitment to Colorectal Cancer Screening.

The Alliance for Colorectal Testing (ACT 3) aims to increase colorectal cancer screening (CRCS) for asymptomatic patients at average risk and referral directly to colonoscopy for increased risk patients. Also known as Project 80%, this initiative collaborates with designated primary care clinics in 64 Texas counties. Uninsured or low-income eligible patients will be offered a free take-home Fecal Immunochemical Test (FIT). If the FIT test result shows blood in the stool, the patient will be offered a free colonoscopy and polypectomy if needed.

Learn more about the [Alliance for Colorectal Testing Program](#).





## Bang G. Nguyen, DDS to retire

The health district, along with the Governing Board, are honored to recognize Dr. Bang G. Nguyen and his more than 12 years of service to the citizens of Galveston County and commitment to Coastal Health & Wellness.

Bang G. Nguyen, DDS, has had over 17,000 visits with our patients over the last 12 years. During those visits, Dr. Nguyen completed over 4,200 tooth extractions and over 5,300 fillings. Dr. Nguyen's hard work and willingness to step in and serve in the vital role as Interim Dental Director when needed in 2018 is greatly appreciated. He has made an enormous impact in the community and in his patients' lives.

Congratulations, Dr. Nguyen, and thank you for your dedicated service!



## GCHD, CHW celebrates National #WearRedDay

Galveston County Health District and Coastal Health & Wellness celebrated National Wear Red Day on Friday, February 2 in support of women's heart health.



## Regular screenings key in fight against colorectal cancer

Did you know that screening is the No. 1 way to prevent colorectal cancer? Screenings can often help detect cancer early when it's small, hasn't spread and may be easier to treat.

March is National Colorectal Cancer Awareness Month. Men and women ages 45-75 should be screened for colorectal cancer regularly. Those older than 75 should ask their doctor if they should be screened and how often.

Coastal Health & Wellness offers an easy at-home screening to eligible patients that tests for hidden blood in the stool, a symptom of colorectal cancer. Patients may take the test home to complete and then bring back the sample to the clinic for testing. Depending on results, patients may be referred for a colonoscopy.

Have questions about CHW colorectal cancer screening? Call us at 409.938.2234. [Learn more](#) about colorectal cancer.



## Diabetes Alert Day, March 26

Diabetes Alert Day is on March 26, 2024! Observed annually on the fourth Tuesday in March by the American Diabetes Association, Diabetes Alert Day is a one-day "wake-up call" that focuses on the seriousness of diabetes and the importance of understanding your risk. We encourage you to find out if you—or someone you love—are at risk for type 2 diabetes by taking this quick and simple [Diabetes Risk Test](#).



**Governing Board**

**February 2024**

**Item#13**

**Preliminary UDS Comparison 2022 vs. 2023**

**Submitted by Ami Cotharn**





## 2022 VS. 2023 UDS STAFFING & UTILIZATION COMPARISON

## Medical Care Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
1	Family Physicians	2	2,920	25	
2	General Practitioners	0	0	0	
3	Internists	0.5	367	0	
4	Obstetrician/Gynecologists	0.1	123	0	
5	Pediatricians	0.7	1,887	0	
7	Other Specialty Physicians	0	0	0	
8	<b>Total Physicians (Lines 1-7)</b>	<b>3.3</b>	<b>5,297</b>	<b>25</b>	
9a	Nurse Practitioners	0.95	1,807	22	
9b	Physician Assistants	3.95	10,112	242	
10	Certified Nurse Midwives	0	0	0	
10a	<b>Total NPs, PAs, and CNMs (Lines 9a-10)</b>	<b>4.9</b>	<b>11,919</b>	<b>264</b>	
11	Nurses	6.76	0	0	
12	Other Medical Personnel	9.57			
13	Laboratory Personnel	1.79			
14	X-ray Personnel	2.86			
15	<b>Total Medical Care Services (Lines 8 + 10a through 14)</b>	<b>29.18</b>	<b>17,216</b>	<b>289</b>	<b>8,531</b>

# 2022 MEDICAL STAFF

# 2023 MEDICAL STAFF

Medical Care Services					
Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
1	Family Physicians	1.96	7,681	65	
2	General Practitioners	0	0	0	
3	Internists	1	845	0	
4	Obstetrician/Gynecologists	0.1	146	0	
5	Pediatricians	0.75	2,221	2	
7	Other Specialty Physicians	0	0	0	
8	<b>Total Physicians (Lines 1-7)</b>	<b>3.81</b>	<b>10,893</b>	<b>67</b>	
9a	Nurse Practitioners	1.78	5,390	142	
9b	Physician Assistants	4.09	12,451	313	
10	Certified Nurse Midwives	0	0	0	
10a	<b>Total NPs, PAs, and CNMs (Lines 9a-10)</b>	<b>5.87</b>	<b>17,841</b>	<b>455</b>	
11	Nurses	9.12	552	0	
12	Other Medical Personnel	11.29			
13	Laboratory Personnel	2.17			
14	X-ray Personnel	2.86			
15	<b>Total Medical Care Services (Lines 8 + 10a - 14)</b>	<b>35.12</b>	<b>29,286</b>	<b>522</b>	<b>10,453</b>



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## Dental Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
16	Dentists	3.91	6,934	0	
17	Dental Hygienists	1.46	1,427	0	
17a	Dental Therapists	0	0	0	
18	Other Dental Personnel	8.85			
19	<b>Total Dental Services (Lines 16-18)</b>	<b>14.22</b>	<b>8,361</b>	<b>0</b>	<b>4,125</b>

# 2022 DENTAL STAFF





## Dental Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
16	Dentists	3.86	7,829	1	
17	Dental Hygienists	1.72	1,646	3	
17a	Dental Therapists	0	0	0	
18	Other Dental Personnel	9.92			
19	<b>Total Dental Services (Lines 16-18)</b>	<b>15.5</b>	<b>9,475</b>	<b>4</b>	<b>3,673</b>

# 2023 DENTAL STAFF

## Mental Health Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
20a	Psychiatrists	0	0	0	
20a1	Licensed Clinical Psychologists	0	0	0	
20a2	Licensed Clinical Social Workers	1.6	1,000	14	
20b	Other Licensed Mental Health Providers	0	0	0	
20c	Other Mental Health Personnel	0	0	0	
20	<b>Total Mental Health Services</b> (Lines 20a-c)	1.6	1,000	14	431

# 2022 MENTAL HEALTH STAFF



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## Mental Health Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
20a	Psychiatrists	0	0	0	
20a1	Licensed Clinical Psychologists	0	0	0	
20a2	Licensed Clinical Social Workers	0	0	0	
20b	Other Licensed Mental Health Providers	0.79	681	37	
20c	Other Mental Health Personnel	0.1	177	47	
20	<b>Total Mental Health Services (Lines 20a-c)</b>	<b>0.89</b>	<b>858</b>	<b>84</b>	<b>338</b>

# 2023 MENTAL HEALTH STAFF

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
22	<b>Other Professional Services</b> <b>Specify</b> Chiropractic and Physical Therapy	0.25	11	0	8

## 2022 OTHER PROFESSIONAL SERVICES (CHIROPRACTIC SERVICES)

## Other Professional Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
22	<b>Other Professional Services Specify:</b> Chiropractics	0.4	1,434	0	232

# 2023 OTHER PROFESSIONAL SERVICES (CHIROPRACTIC SERVICES)



### Enabling Services

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
24	Case Managers	4.43	1,029	0	
25	Patient and Community Education Specialists	0	0	0	
26	Outreach Workers	0			
27	Transportation Personnel	0			
27a	Eligibility Assistance Workers	3.14			
27b	Interpretation Personnel	0			
27c	Community Health Workers	0			
28	Other Enabling Services Specify	0			
29	<b>Total Enabling Services (Lines 24-28)</b>	<b>7.57</b>	<b>1,029</b>	<b>0</b>	<b>1,029</b>

# 2022 ENABLING SERVICES



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Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
24	Case Managers	5.51	0	0	
25	Health Education Specialists	0	0	0	
26	Outreach Workers	0.25			
27	Transportation Personnel	0			
27a	Eligibility Assistance Workers	4.68			
27b	Interpretation Personnel	0			
27c	Community Health Workers	1.79			
28	<b>Other Enabling Services Specify:</b>	0			
29	<b>Total Enabling Services (Lines 24-28)</b>	12.23	0	0	0

# 2023 ENABLING SERVICES



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


Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
30a	Management and Support Personnel	15.37			
30b	Fiscal and Billing Personnel	9.05			
30c	IT Personnel	6.52			
31	Facility Personnel	0.87			
32	Patient Support Personnel	15.63			
33	<b>Total Facility and Non-Clinical Support Personnel (Lines 30a-32)</b>	47.44			

# 2022 ADMINISTRATION & FACILITY



## Administration and Facility

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
30a	Management and Support Personnel	17.14			
30b	Fiscal and Billing Personnel	9.73			
30c	IT Personnel	6.29			
31	Facility Personnel	0.98			
32	Patient Support Personnel	17.8			
33	<b>Total Facility and Non-Clinical Support Personnel</b> (Lines 30a-32)	 51.94			

# 2023 ADMINISTRATION & FACILITY



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Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
34	<b>Grand Total</b> (Lines 15+19+20+21+22+22d+23+29+29a+29b+33)	101.05	27,752	304	

# 2022 SUMMARY



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

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## Grand Total

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
34	<b>Grand Total</b> (Lines 15+19+20+21+22+22d +23+29+29a+29b+33)	116.66	41,053	610	

# 2023 SUMMARY



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

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# OVERALL SHIFT...

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*In 2023 CHW ...*

- Served 26% more patients
- Saw 47% more visits
- Operated with 20.4% more medical staff
- Operated with 9% more dental staff
- Operated with 9.5% more administrative and support staff
- The ratio of clinical staff to Administrative is 53.02 patient care to 47.44 Admin/Support. There are 8% more medical to administrative staff.
- This does not include 12.23 Enabling Service staff that support patient social assistance needs.



# **COASTAL HEALTH & WELLNESS**

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## **GOVERNING BOARD**

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

**Governing Board  
February 2024  
Item#14  
Comments from Board Members**