

AGENDA

Thursday, September 7, 2017 – 12:00 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 to participate in this proceeding shall, within three (3) days prior to any proceeding contact the Administrative Office at 9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City 77591 (409) 949-3406.

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

REGULARLY SCHEDULED MEETING

Meeting Called to Order

- *Item #1 Agenda
- *Item #2**ACTION** Excused Absence(s)
- *Item #3**ACTION** Consider for Approval July 27, 2017 Minutes
- *Item #4**ACTION** Annual Policy/Plan Review
 - Sliding Fee Schedule Policy
- *Item #5 Informational Report
 - HRSA Notice of Award Quality Improvement (QI) One Time Grant Supplement Funding in the amount of \$26,612
- Item #6 Executive Report
- Item #7**ACTION** Consider for Approval Financial Committee Report July 2017
- Item #8**ACTION** Consider for Approval Quarterly Access to Care
- Item #9**ACTION** Consider for Approval Quarterly Customer Service Survey
- Item #10**ACTION** Consider for Approval the Denture Fee Schedule
- Item #11**ACTION** Consider for Approval Privileging Rights for Shahnawaz Khan, MD
- Item #12**ACTION** Consider for Approval Employee Leave Subcommittee Recommendations
- Item #13 Update on Strategic Health Plan Goals

Adjournment

Tentative Next Meeting: September 28, 2017

Appearances before Governing Board

A citizen desiring to make comment to the Board shall submit a written request to the Executive Director by noon on the Thursday preceding the Thursday Board meeting. A statement of the nature of the matter to be considered shall accompany the request. The Executive Director shall include the requested appearance on the agenda, and the person shall be heard if he or she appears.

Executive Sessions

When listed, an Executive Session may be held by the Governing Board in accordance with the Texas Open Meetings Act. An Executive Session is authorized under the Open Meetings Act pursuant to one or more of 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.

The Galveston County Health District's Boardroom is wheelchair accessible. Persons with disabilities who plan to attend this meeting and who may need accommodations, auxiliary aids, or services such as interpreters, readers, or large print are requested to contact GCHD's Compliance Officer at 409-938-2213, or via e-mail at rmosquera@gchd.org at least 48 hours prior to the meeting so that appropriate arrangements can be made.

**Governing Board
August 2017
Item #2
Excused Absence**

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Governing Board

August 2017

Item #3

Consider for Approval July 27, 2017 Minutes

**Coastal Health & Wellness
Governing Board Meeting
July 27, 2017**

Board Members

Present:

Dr. Howard
Jose Boix
Jay Holland
David Delac
Dorothy Goodman
Virginia Valentino
Mario Hernandez
Miroslava Bustamante

Staff:

| | |
|--|-------------------------|
| Mary McClure, Interim Executive Director | Kathy Barroso, GCHD CEO |
| Dr. Foster | Pisa Ring |
| Dr. Alhassan | Richard Mosquera |
| Andrea Cortinas | Scott Packard |
| Mary Orange | Tiffany Carlson |
| Sandra Cuellar | Laura Walker |
| Tikeshia Thompson Rollins | Mario Acosta |
| | Anthony Hernandez |

Excused Absence:

Unexcused Absence:

***Approval of Consent Agenda**

Upon a motion by Virginia Valentino, seconded by Dorothy Goodman, Consent Agenda items one through seven were unanimously approved with the exception of removing the Employee Leave Policy from item #4.

- Dr. Howard, Board Chair asked that the Employee Leave Policy be looked at after the Executive Session.

Item #8 EXECUTIVE SESSION

The Governing Board will enter into Executive Session as permitted under the Open Meetings Act, Chapter 551 of the Texas Government Code, pursuant to *Section 551.074 of the Government Code, Personnel Matters*: to deliberate the appointment, employment, evaluation, reassignment, or duties of a public employee; specifically, the Interim Executive Director.

Item #9 Reconvene Regular open Meeting

Reconvene to regular meeting at 12:24

Item #10 Possible Action from Executive Session

Dr. Howard, Board Chair, asked the Board was there any action from the Executive Session. Jay Holland, made a motion to set the November 2017 Board meeting to determine the status of the Interim Executive Director, second by Virginia Valentino, the consideration was unanimously approved by the Board.

Employee Leave Policy

Dr. Howard, Board Chair, informed the Board that there are questions regarding the leave policy.

- Kathy Barroso, GCHD Chief Executive Officer, informed the Governing Board that the United Board of Health main focus for making changes to the policy was to ensure that all employees take the leave that they accumulate and to reduce the amount of carry over.

- Sandra Cuellar, HR Manager, informed the Board for this first year all employees with over 80 hours of leave will be paid out in January 2018, however moving forward all employees will need to take their time over 80 hours or lose it.
- Jay Holland, requested that the Board be informed of any other policy changes ahead of time so that the Governing Board could have some input in the changes.
- Jose Boix, asked that the policies that are approved by the UBoH be placed on the Governing Board agenda as an informational item and not for approval.
- Dr. Howard, Board Chair, asked if the employees with excessive leave will be paid out and how much would that be coming out of the budget. Mary McClure informed the Board that the amount for pay out in January will be about \$53,000.
- Dr. Howard, Board Chair, requested a leave policy committee and has appointed Jose Boix, Jay Holland, Miroslava Bustamante, Dorothy Goodman, Mario Hernandez, and Mary McClure.

Dr. Howard, Board Chair, requested to table the leave policy. Upon a motion made by Dorothy Goodman, seconded by Jose Boix, the consideration was unanimously approved by the Board.

Item #11 Executive Report

Mary McClure, Interim Executive Director/Business Director, presented the July 2017 Executive Report to the Board.

Item #12 Consider for Approval Financial Committee Report June 2017

Andrea Cortinas, Controller, asked the Board to consider for approval financial committee report for June 2017. Andrea informed the Board that the MTD increase in Fund Balance of \$74,362. Revenues were \$42,732 lower than budgeted this month. MTD revenues related to Private Insurance and Contract Revenue were higher than budgeted while revenues from Self Pay, Medicare, and Medicaid were lower than budgeted. Andrea also pointed out YTD revenues were \$190,806 lower than budgeted due to lower Title V, Self-Pay, Medicare, and Medicaid revenue. Expenses were \$117,094 lower than budgeted this month, and \$304,933 lower than budgeted YTD due mostly to savings in personnel. YTD increase in fund balance of \$114,127. Total fund balance \$4,330,308 as of 6/30/17. Upon a motion made by Jay Holland, seconded by Mario Hernandez, the consideration was unanimously approved by the Board.

Item#13 Quarterly Visits and Analysis Report Including Breakdown Payor Source for Recent New Patients

Kathy Barroso, GCHD Chief Executive Officer, presented to the Board the quarterly visits and analysis report including breakdown payor source for recent new patients. Kathy informed the Board in the month of June we were in total 7% more visits than what we had June 2016. As for an average in comparison to last year we are still about 1% down. The payor mix is about the same but we are seeing a little increase in private insurance in comparison to last year. YTD total medical visits are up, dental and counseling visits are down also there is a 1% change in the unduplicated users. The percentage of net charges collected is down 5% this year from last year. Net revenue has remain the same from last year. The percent of gross self pay collected and percent of net self pay charges are down in comparison to last year. Upon a motion made by Jay Holland, seconded by Dorothy Goodman, the consideration was unanimously approved by the Board.

Item#14 Consider for Approval Quarterly Compliance Report

Richard Mosquera, Director of Compliance and Contracts, asked the Board to consider for approval quarterly compliance report. Upon a motion made by Dorothy Goodman, seconded by Miroslava Bustamante, the consideration was unanimously approved by the Board.

Item#15 Consider for Approval Nominee Victoria Dougharty, to fill Consumer Representative Vacancy

Jay Holland, asked the Board to consider for approval nominee Victoria Dougharty, to fill consumer representative vacancy. Upon a motion made by Mario Hernandez, seconded by Miroslava Bustamante, the consideration was unanimously approved by the Board.

Item#16 Consider for Approval Promotional Items from 1115 Waiver Funds in the Amount of \$10,975.41

Mary McClure, Interim Executive Director/Business Director, asked the Board to consider for approval promotional items from 1115 waiver funds in the amount of \$10,975.41. Upon a motion made Virginia Valentino, seconded by Dorothy Goodman, the consideration was unanimously approved by the Board.

Item#17 Review Final Health Center Program Site Visit Report and HRSA Notice of Grant Award with Program Specifics Conditions based on HRSA Site Visit

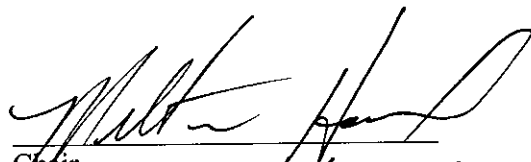
Kathy Barroso, GCHD Chief Executive Officer, informed the Board that there is a time frame related to the HRSA visit and it's under the terms and conditions on the HRSA grant award letter. Also, a response is needed by September 2017.

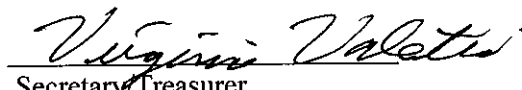
Item#18 Update on Strategic Health Plan

Dr. Howard, Board Chair, asked that the update on strategic health plan be tabled until the next meeting.

Adjournment

A motion to adjourn was made by Dorothy Goodman, seconded by Virginia Valentino. The Board adjourned at 1:12 p.m.


Chair
Date 7 Sept 2017


Secretary/Treasurer
Date 9/7/2017

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**Governing Board
August 2017
Item #4
Annual Policy/Plan Review**

- **Sliding Fee Schedule Policy**

-Approved 09/07/2017
By: CHW Governing Board
-Effective 08/28/2015
-Reviewed 09/07/2017

Coastal Health & Wellness Sliding Fee Schedule Policy

Purpose

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

Definitions

- FPG – Federal Poverty Guidelines
- SFDS – Sliding Fee Discount Schedule
- Family Member (size) - Family members who are considered for the eligibility criteria for Sliding fee program include the following individuals who live in the same household:
 - Patient
 - Spouse (including same sex marriage recognized by U.S. Jurisdiction)
 - Children up to age 18 or up to age 21 if a high school or college student
 - Elderly patients that are dependent on their children for support and are claimed as a dependent on their income taxes will be placed on a sliding fee level based on the income of their children.
- Income - It is CHW's policy to use the Census Bureau's standard definition of income which is as follows:
 - Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.
 - Noncash benefits (such as food stamps and housing subsidies) **do not** count.
 - Before taxes.
 - Excludes capital gains or losses.
 - If a person lives with a family, add up the income of all family members. (Non-relatives, such as housemates, do not count.)

Policy

It is the policy of Coastal Health & Wellness (CHW) to assure that no patient will be denied health care services due to an individual's inability to pay for such services. To accomplish this goal CHW has developed a Sliding Fee Program (SFP) in accordance with the guidelines and requirements of HRSA Policy Information Notice (PIN) 2014-02.

Procedure

A. Sliding Fee Program

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

B. Sliding Fee Discount Schedule (SFDS)

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

C. Sliding Fee Notification

The Sliding Fee Program will be made known to patients, at a minimum through one of these formats:

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

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

D. Application

The patients will be required to complete a sliding fee application in addition to the income verification documentation. At such time, the staff will process the sliding fee application and income verification documentation directly into CHW's computer system (NextGen) and determine the patient's eligibility and pay category for the Sliding Fee Program based on the following information on the application form and proof of income documentation:

- 1) Patient's income - It is CHW's policy to use the Census Bureau's standard definition of income which is as follows:
 - a. Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.
 - b. Noncash benefits (such as food stamps and housing subsidies) **do not** count.
 - c. Before taxes.
 - d. Excludes capital gains or losses.
 - e. If a person lives with a family, add up the income of all family members. (Non-relatives, such as housemates, do not count.)

Income Used to Compute Poverty Status (Money Income) by the Census Bureau (1)

2) Patient family size (dependents only) - Family members who are considered for the eligibility criteria for Sliding fee program include the following individuals who live in the same household:

- a. Patient
- b. Spouse (including same sex marriage recognized by U.S. Jurisdiction)
- c. Children up to age 18 or up to age 21 if a high school or college student
- d. Elderly patients that are dependent on their children for support and are claimed as a dependent on their income taxes will be placed on a sliding fee level based on the income of their children

Based on these two factors the patient will be notified of their eligibility and sliding fee discount classification (pay category). Proof is valid for 1 year. This eligibility determination process will be conducted in an efficient, respectful and culturally appropriate manner to assure that the administrative operating procedures for such determination do not themselves present a barrier to care.

E. Proof of Income

The Sliding Fee Program Proof of Income documentation to determine eligibility will require the patient to provide one of the following:

- 1) Most current tax returns modified adjusted gross income (MAGI) amount,
- 2) Last payroll check stub(s) (gross income), one month's worth of pay (consecutively last 30 days of check stubs)
- 3) Social security earnings,
- 4) Letter from Employer may be accepted as proof of income if a patient does not file income tax returns and does not get paid with a check,
- 5) Self declaration*

* The patient may self-declare his/her income if proof of income is unavailable. However, management review and approval is required.

If applicant appears to be eligible for Medicaid, a written denial of coverage by Medicaid may also be required.

Some patients may choose not to provide information that the health center requires for assessing income and family size, even after being informed that they may qualify for sliding fee discount. These patients are considered by CHW as declining to be assessed for eligibility for sliding fee discounts. As long as CHW has followed its policies and procedures and the patient declines to be considered for the SFDS, CHW may consider the patient ineligible for such discounts.

F. Eligibility Period

The patient's eligibility will be valid for one (1) year. The eligibility period is also automatically programmed into CHW's computer system once eligibility is confirmed. Proof of income and the application is scanned and maintained directly in the NextGen system. This will allow Management to perform QA reviews for compliance and evaluate the effectiveness of the sliding fee program.

G. Services Covered

The sliding fee discount will apply to all services within the CHW approved scope of project, whether required or additional for all of CHW locations. CHW does have multiple SFDS based on services/mode of delivery (see below).

H. Schedule of Fees

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

I. Structure of Sliding Fee Discount Schedule (SFDS)

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

| All Services (except Denture) | | | | | |
|---|----------|-----------|-----------|-----------|-----------|
| | A | B | C | D | E |
| Income Threshold for Sliding Fee (FPG) | <= 100% | 101%-125% | 126%-150% | 151%-175% | 176%-200% |
| Nominal Fee | \$15.00 | | | | |
| % of Charges Paid | | 20% | 40% | 60% | 80% |
| % of Discount | | 80% | 60% | 40% | 20% |
| Deposit Amount | | \$20.00 | \$ 25.00 | \$ 30.00 | \$ 40.00 |

| Dentures Only | | | | | | |
|---|----------|----------|----------|----------|----------|-----------|
| | A | B | C | D | E | F |
| Income Threshold for Sliding Fee (FPG) | 100% | 101-125% | 126-150% | 151-175% | 176-200% | Over 200% |
| Must be Paid in Full | | | | | | |

The above SFSD applied to all services CHW provides for which we have established charges, regardless of service type (required or additional) or the mode of delivery (directly or through contract for which we are financially liable (Form 5A, Columns I & II). For services that we do not provide directly but that CHW has a formal written referral arrangement (as specified in our Form 5A, Column III), it is our policy to ensure the formal agreement includes language that entity/provider being referred to offers our patients a sliding fee discount that is equal or better than ours and complies with the criteria requirements outlined in PIN 2014-02 on page 12. All formal agreements will be amended to include such language and all new referral agreements will automatically include the language to ensure compliance. The organization will also monitor this through a combination of patient inquiries as referrals are made and or through annual certification by the referral provider. For referring providers that offer a discount that is better than the one provided by CHW, compliance with PIN2014-02 is not required.

Other Considerations: Laboratory and radiology fees are part of the Board approved medical fee schedule and the sliding fee schedule applies to those eligible.

J. Evaluating the Sliding Fee Schedule

This sliding fee discount schedule is evaluated annually to ensure it is not a barrier to care from the patient's prospective. This is accomplished by CHW using one or more of these methods:

- 1) Meeting with a user group of the board and discussing from the consumers prospective the amounts being charged.
- 2) Evaluating the amount of paid debt CHW has in comparison to the established base line and if the amount has increased significantly doing further analysis to determine if this factor is causing any barrier to care due to the patients inability to pay.
- 3) Obtaining feedback from the Staff on their observations of CHW's effectiveness in addressing financial barriers to care for the patients.
- 4) Performing a patient survey.
- 5) Input from patient focused groups.
- 6) Reviewing patient complaints.
- 7) Number of nursing visits**
- 8) Perform blind or random tests of referring providers sliding fee program to ensure compliance and determine if barrier to care for CHW patients.

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

**There is no charge for nurse visits in order to further ensure finances are not barriers to care.

K. Patients with Third party coverage who are eligible for SFDS

CHW sliding fee policy is based on income and family size only, so there may be patients with third party insurance that do not cover, or only partially covers, fees for certain health center services that may be eligible for CHW's sliding fee program. In such cases, subject only to potentially legal and contractual limitations, the charge for each SFDS pay class is the maximum amount an eligible patient in that pay class is required to pay for a certain service, regardless of insurance status.

L. Applying the Policy and Training Staff

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

(1) <http://www.census.gov/hhes/www/poverty/about/overview/measure.html>

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

I. CHW's DISCOUNT ELIGIBILITY SCHEDULE


2017/2018

| % OF POVERTY PAY CODE: | | GROSS ANNUAL INCOME | | | | | | | | | | | | | |
|--|---|---------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------|-------|-------|--|
| | | 0 | 100% | 20 | 125% | 40 | 150% | 60 | 175% | 80 | 200% | 100 | | | |
| | | From | To | From | To | From | To | From | To | From | To | Over | | | |
| FAMILY SIZE | 1 | 0 | 12,060 | 12,061 | 15,075 | 15,076 | 18,090 | 18,091 | 21,105 | 21,106 | 24,120 | 24,120 + | 3015 | 12060 | |
| | 2 | 0 | 16,240 | 16,241 | 20,300 | 20,301 | 24,360 | 24,361 | 28,420 | 28,421 | 32,480 | 32,480 + | 4060 | 16240 | |
| | 3 | 0 | 20,420 | 20,421 | 25,525 | 25,526 | 30,630 | 30,631 | 35,735 | 35,736 | 40,840 | 40,840 + | 5105 | 20420 | |
| | 4 | 0 | 24,600 | 24,601 | 30,750 | 30,751 | 36,900 | 36,901 | 43,050 | 43,051 | 49,200 | 49,200 + | 6150 | 24600 | |
| | 5 | 0 | 28,780 | 28,781 | 35,975 | 35,976 | 43,170 | 43,171 | 50,365 | 50,366 | 57,560 | 57,560 + | 7195 | 28780 | |
| | 6 | 0 | 32,960 | 32,961 | 41,200 | 41,201 | 49,440 | 49,441 | 57,680 | 57,681 | 65,920 | 65,920 + | 8240 | 32960 | |
| | 7 | 0 | 37,140 | 37,141 | 46,425 | 46,426 | 55,710 | 55,711 | 64,995 | 64,996 | 74,280 | 74,280 + | 9285 | 37140 | |
| | 8 | 0 | 41,320 | 41,321 | 51,650 | 51,651 | 61,980 | 61,981 | 72,310 | 72,311 | 82,640 | 82,640 + | 10330 | 41320 | |
| | | | | | | | | | | | | | | | |
| For each added family member add: (to max. income) | | | 4,810 | | 6,013 | | 7,215 | | 8,418 | | 9,620 | | | | |

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**Governing Board
August 2017
Item #5
Informational Report**

- HRSA Notice of Award Quality Improvement (QI) One Time Grant Supplement Funding in the amount of \$26,612

| 1. DATE ISSUED: 08/11/2017 | | 2. PROGRAM CFDA: 93.224 | |  <p>NOTICE OF AWARD AUTHORIZATION (Legislation/Regulation) Public Health Service Act, Title III, Section 330 Public Health Service Act, Section 330, 42 U.S.C. 254b Affordable Care Act, Section 10503 Public Health Service Act, Section 330, 42 U.S.C. 254, as amended. Authority: Public Health Service Act, Section 330, 42 U.S.C. 254b, as amended Public Health Service Act, Section 330, 42 U.S.C. 254b, as amended Public Health Service Act, Section 330(e), 42 U.S.C. 254b Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b, as amended) and Section 10503 of The Patient Protection and Affordable Care Act (P.L. 111-148) Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b) Public Health Service Act, Section 330, as amended (42 U.S.C. 254b) Section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b, as amended)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-----------------|------------------------------|--|--|----------------|------------------------------------|----------------|---|----------------|---|--------|--|--------|---------------|----------------|-------------|-------------|---|--------|------------|--------------|-----------------------------------|--------------|-------------------------------|--------|-----------------------|--------|-------------------------------|--------|---------------------|--------|-------------------------|-----------------|---|--------|----------------------------|-----------------|----------------------------|----------------|--------------------|----------------|---|--|--|----------------|---|--|-------------------------|--------|------------|--------|--|--------|---|----------------|---|-------------|
| 3. SUPERSEDES AWARD NOTICE dated: 07/03/2017 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4a. AWARD NO.: 6 H80CS00344-16-06 | | 4b. GRANT NO.: H80CS00344 | | | | 5. FORMER GRANT NO.: H27CS02006 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. PROJECT PERIOD: FROM: 04/01/2002 THROUGH: 03/31/2019 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. BUDGET PERIOD: FROM: 04/01/2017 THROUGH: 03/31/2018 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. TITLE OF PROJECT (OR PROGRAM): HEALTH CENTER CLUSTER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. GRANTEE NAME AND ADDRESS: Coastal Health & Wellness 9850 Emmett F Lowry Expy Ste A Texas City, TX 77591-2001 DUNS NUMBER: 135951940 BHCMIS # 061610 | | | | 10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Tammy L Babcock Coastal Health & Wellness 9850 Emmett F Lowry Expy Texas City, TX 77591-2000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. APPROVED BUDGET: (Excludes Direct Assistance) <input type="checkbox"/> Grant Funds Only <input checked="" type="checkbox"/> Total project costs including grant funds and all other financial participation | | | | 12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr><td>a. Salaries and Wages :</td><td style="text-align: right;">\$6,401,200.00</td></tr> <tr><td>b. Fringe Benefits :</td><td style="text-align: right;">\$1,242,224.00</td></tr> <tr><td>c. Total Personnel Costs :</td><td style="text-align: right;">\$7,643,424.00</td></tr> <tr><td>d. Consultant Costs :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>e. Equipment :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>f. Supplies :</td><td style="text-align: right;">\$1,178,282.00</td></tr> <tr><td>g. Travel :</td><td style="text-align: right;">\$22,177.00</td></tr> <tr><td>h. Construction/Alteration and Renovation :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>i. Other :</td><td style="text-align: right;">\$963,374.00</td></tr> <tr><td>j. Consortium/Contractual Costs :</td><td style="text-align: right;">\$714,758.00</td></tr> <tr><td>k. Trainee Related Expenses :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>l. Trainee Stipends :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>m. Trainee Tuition and Fees :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>n. Trainee Travel :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>o. TOTAL DIRECT COSTS :</td><td style="text-align: right;">\$10,522,015.00</td></tr> <tr><td>p. INDIRECT COSTS (Rate: % of S&W/TADC) :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>q. TOTAL APPROVED BUDGET :</td><td style="text-align: right;">\$10,522,015.00</td></tr> <tr><td> i. Less Non-Federal Share:</td><td style="text-align: right;">\$7,368,003.00</td></tr> <tr><td> ii. Federal Share:</td><td style="text-align: right;">\$3,154,012.00</td></tr> </table> | | | | a. Salaries and Wages : | \$6,401,200.00 | b. Fringe Benefits : | \$1,242,224.00 | c. Total Personnel Costs : | \$7,643,424.00 | d. Consultant Costs : | \$0.00 | e. Equipment : | \$0.00 | f. Supplies : | \$1,178,282.00 | g. Travel : | \$22,177.00 | h. Construction/Alteration and Renovation : | \$0.00 | i. Other : | \$963,374.00 | j. Consortium/Contractual Costs : | \$714,758.00 | k. Trainee Related Expenses : | \$0.00 | l. Trainee Stipends : | \$0.00 | m. Trainee Tuition and Fees : | \$0.00 | n. Trainee Travel : | \$0.00 | o. TOTAL DIRECT COSTS : | \$10,522,015.00 | p. INDIRECT COSTS (Rate: % of S&W/TADC) : | \$0.00 | q. TOTAL APPROVED BUDGET : | \$10,522,015.00 | i. Less Non-Federal Share: | \$7,368,003.00 | ii. Federal Share: | \$3,154,012.00 | <table style="width: 100%; border-collapse: collapse;"> <tr><td>a. Authorized Financial Assistance This Period</td><td style="text-align: right;">\$3,154,012.00</td></tr> <tr><td>b. Less Unobligated Balance from Prior Budget Periods</td><td></td></tr> <tr><td> i. Additional Authority</td><td style="text-align: right;">\$0.00</td></tr> <tr><td> ii. Offset</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$1.00</td></tr> <tr><td>d. Less Cumulative Prior Awards(s) This Budget Period</td><td style="text-align: right;">\$3,127,399.00</td></tr> <tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td style="text-align: right;">\$26,612.00</td></tr> </table> | | a. Authorized Financial Assistance This Period | \$3,154,012.00 | b. Less Unobligated Balance from Prior Budget Periods | | i. Additional Authority | \$0.00 | ii. Offset | \$0.00 | c. Unawarded Balance of Current Year's Funds | \$1.00 | d. Less Cumulative Prior Awards(s) This Budget Period | \$3,127,399.00 | e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION | \$26,612.00 |
| a. Salaries and Wages : | \$6,401,200.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Fringe Benefits : | \$1,242,224.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Total Personnel Costs : | \$7,643,424.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Consultant Costs : | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. Equipment : | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. Supplies : | \$1,178,282.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. Travel : | \$22,177.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| h. Construction/Alteration and Renovation : | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i. Other : | \$963,374.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| j. Consortium/Contractual Costs : | \$714,758.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| k. Trainee Related Expenses : | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| l. Trainee Stipends : | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| m. Trainee Tuition and Fees : | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| n. Trainee Travel : | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| o. TOTAL DIRECT COSTS : | \$10,522,015.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| p. INDIRECT COSTS (Rate: % of S&W/TADC) : | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| q. TOTAL APPROVED BUDGET : | \$10,522,015.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i. Less Non-Federal Share: | \$7,368,003.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii. Federal Share: | \$3,154,012.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Authorized Financial Assistance This Period | \$3,154,012.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Less Unobligated Balance from Prior Budget Periods | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i. Additional Authority | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii. Offset | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Unawarded Balance of Current Year's Funds | \$1.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Less Cumulative Prior Awards(s) This Budget Period | \$3,127,399.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION | \$26,612.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">YEAR</th> <th style="width: 70%;">TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">17</td> <td style="text-align: right;">\$3,127,400.00</td> </tr> </tbody> </table> | | | | | | YEAR | TOTAL COSTS | 17 | \$3,127,400.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YEAR | TOTAL COSTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | \$3,127,400.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr><td>a. Amount of Direct Assistance</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>b. Less Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Less Cumulative Prior Awards(s) This Budget Period</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION</td><td style="text-align: right;">\$0.00</td></tr> </table> | | | | | | a. Amount of Direct Assistance | \$0.00 | b. Less Unawarded Balance of Current Year's Funds | \$0.00 | c. Less Cumulative Prior Awards(s) This Budget Period | \$0.00 | d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Amount of Direct Assistance | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Less Unawarded Balance of Current Year's Funds | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Less Cumulative Prior Awards(s) This Budget Period | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: A=Addition B=Deduction C=Cost Sharing or Matching D=Other [D] Estimated Program Income: \$2,797,824.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING: a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS: (Other Terms and Conditions Attached ☒ Yes ☐ No)*Electronically signed by Lisa Ayoub , Grants Management Officer on : 08/11/2017***17. OBJ. CLASS:** 41.51 **18. CRS-EIN:** 1741665318A1 **19. FUTURE RECOMMENDED FUNDING:** \$0.00

| FY-CAN | CFDA | DOCUMENT NO. | AMT. FIN. ASST. | AMT. DIR. ASST. | SUB PROGRAM CODE | SUB ACCOUNT CODE |
|--------------|--------|--------------|-----------------|-----------------|------------------------|----------------------|
| 17 - 398160G | 93.527 | 16H80CS00344 | \$26,612.00 | \$0.00 | CH | HealthCareCenters_16 |

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSEExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. This award provides one-time funding that will be available for use through the end of your FY 2018 budget period but should be used within 12 months of receipt. To use this funding in the FY 2018 budget period, the appropriate amount must be shown as un-obligated (UOB) on line 10.h of the Annual Federal Financial Report (FFR), SF-425, and you must submit a Prior Approval Request to carry over these funds through EHB immediately following the FFR submission. Please consult your Grants Management Specialist for questions regarding submission of the FFR and/or Prior Approval Requests to carry over UOB funds.
2. Funds may not be used for fundraising, lobbying, incentives (gift cards, food), construction/renovation, facility or land purchases, or vehicle purchases. Pursuant to existing law and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using federal funds to provide abortion services (except in cases of rape or incest, or when the life of the woman would be endangered). This is consistent with past practice and long-standing requirements applicable to grant awards to health centers. Funds must be used consistent with all federal cost principles as noted in 45 CFR Part 75. In addition, this supplemental funding may not be used to:
 - Supplant existing resources.
 - Support bonuses or other staff incentives.
3. The purpose of the Fiscal Year (FY) 2017 Health Center Quality Improvement (QI) one-time grant supplement is to support health centers that displayed high levels of quality performance in Calendar Year 2016 Uniform Data System reporting to continue to strengthen quality improvement activities, including achieving new and/or maintaining existing patient centered medical home recognition.
4. You will be required to provide information on the QI activities supported through this one-time supplement via their FY 2019 Budget Period Progress Report (BPR). More information will be provided in the FY 2019 BPR instructions.

Reporting Requirement(s)

1. Due Date: Within 30 Days of Budget End Date

The grantee must submit an itemized list, including purchase price, of all equipment items purchased with grant funds. The grantee is required to report acquired equipment, (including information technology systems), with an acquisition cost of \$5,000 or more per item/system for which HRSA has reserved the right to transfer title. If no equipment purchases were made using funding provided through this award, submit a letter of verification from your organization's financial officer.

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

| Name | Role | Email |
|-----------------|----------------------|--------------------|
| Tammy L Babcock | Program Director | tbabcock@gchd.org |
| Kathy Barroso | Business Official | kbarroso@gchd.org |
| Mary McClure | Authorizing Official | m McClure@gchd.org |

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Brandon Wood at:
5600 Fishers Ln
STE 16C-20
Rockville, MD, 20852-1750
Email: bwood@hrsa.gov
Phone: (301) 594-4426

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Vera Windham at:
MailStop Code: MSC10SWH03
HRSA/DGMO/OFAM/HCB
5600 Fishers Ln
Rockville, MD, 20857-0001
Email: vwindham@hrsa.gov
Phone: (301) 443-6859

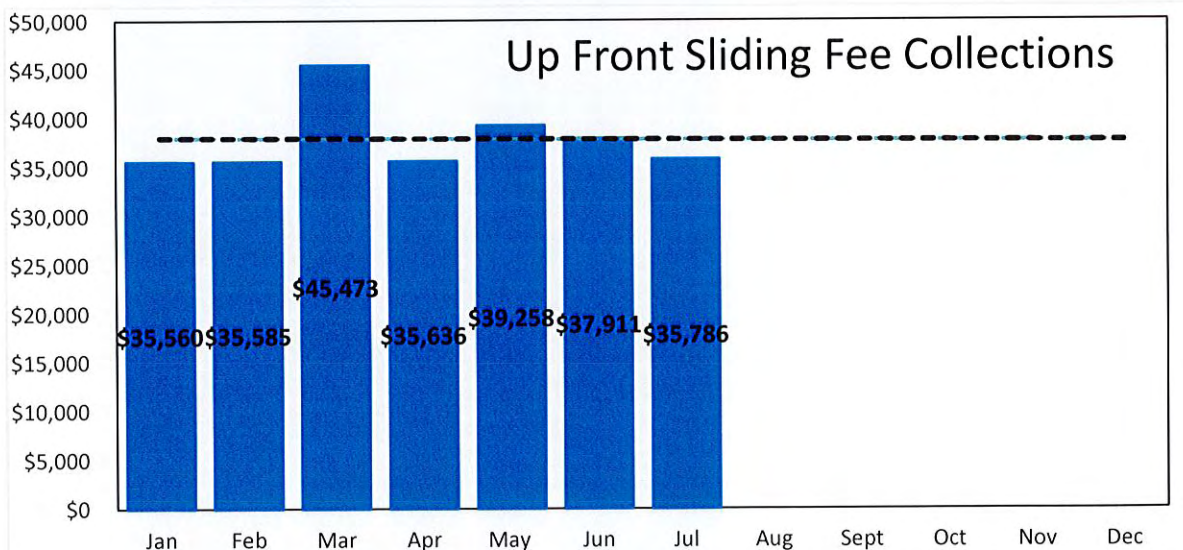
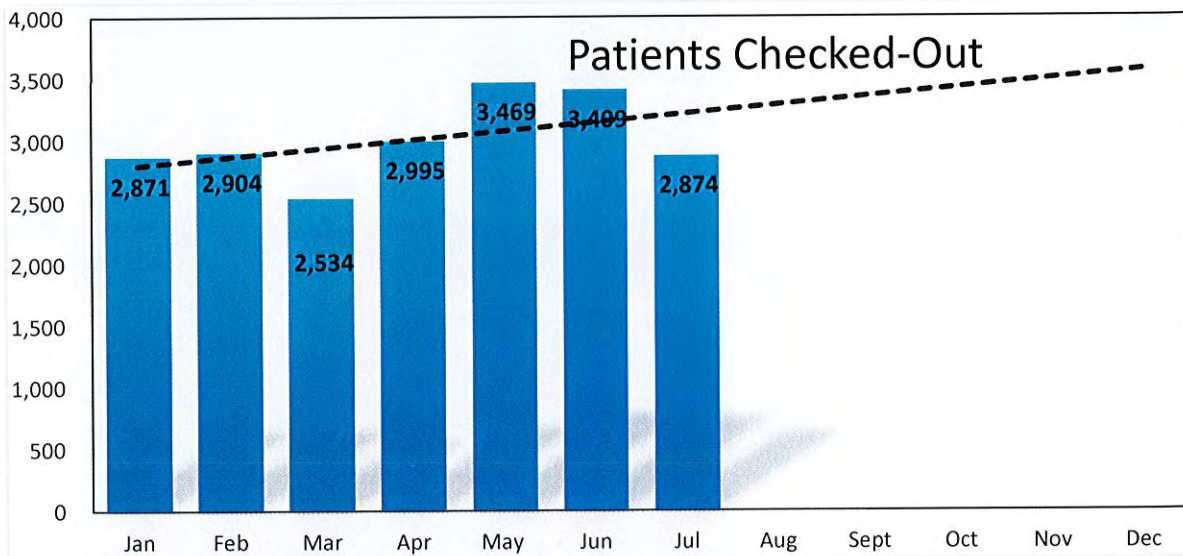
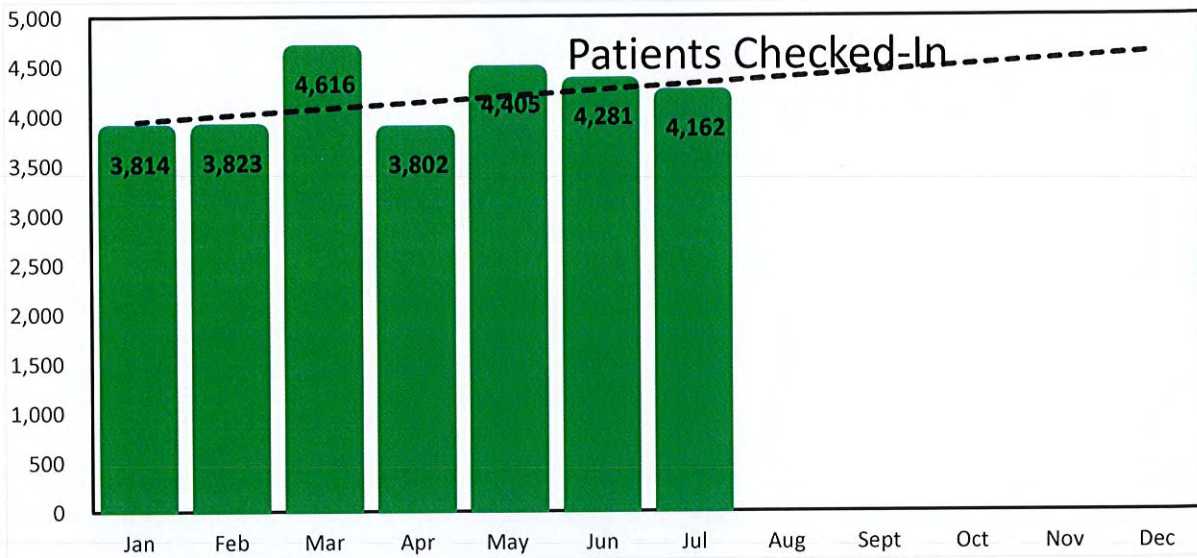
[Back to Agenda](#)

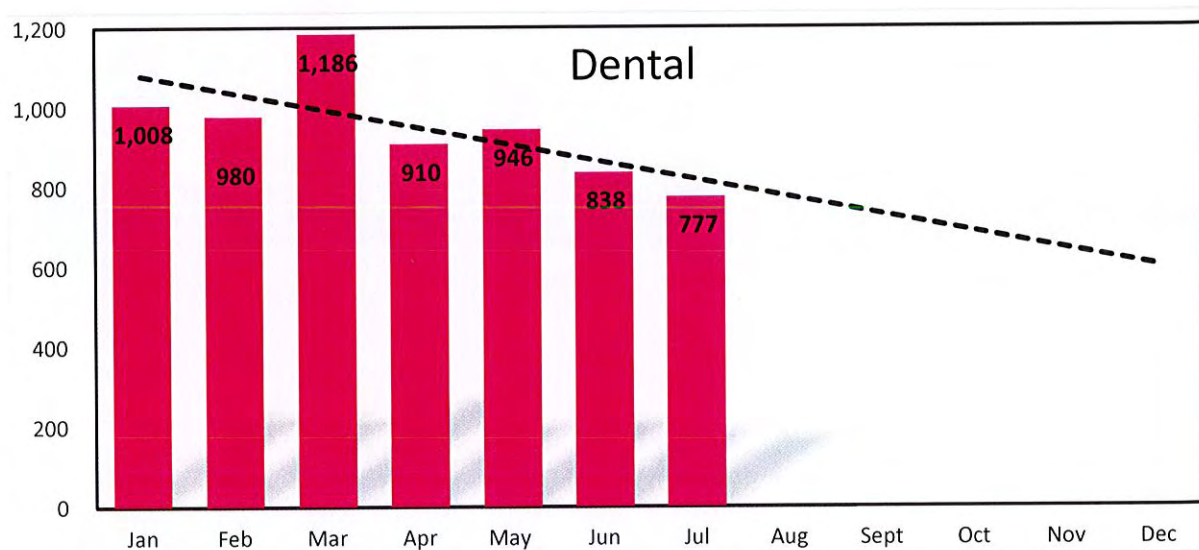
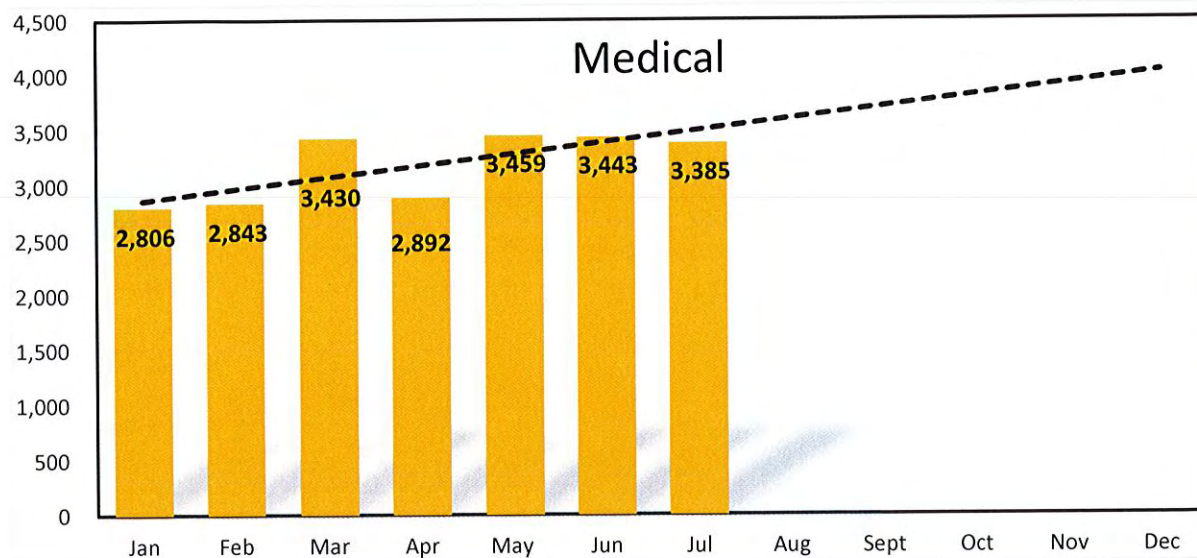
**Governing Board
August 2017
Item #6
Executive Report**

GB Executive Report

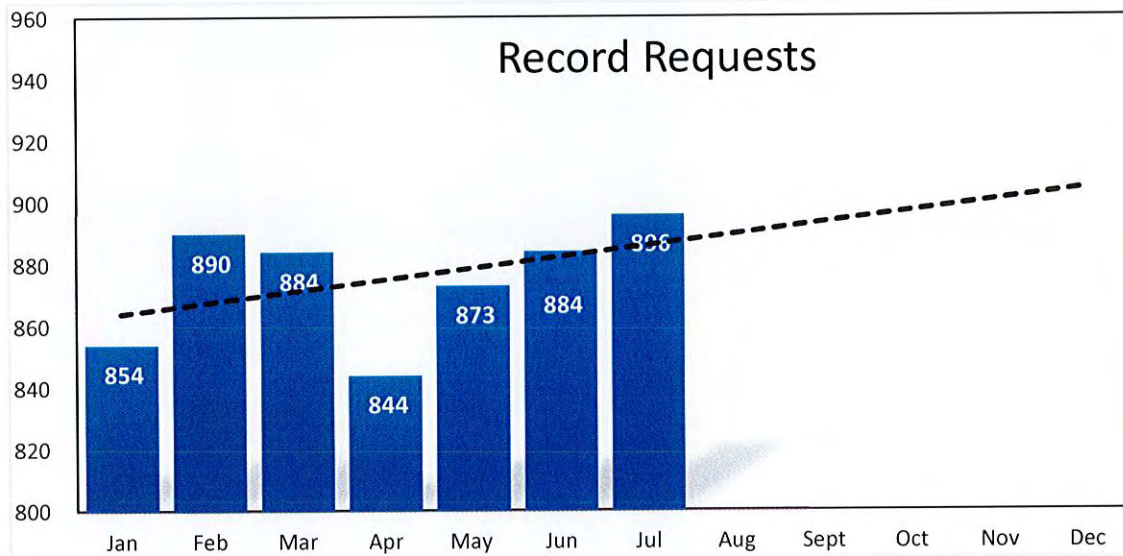
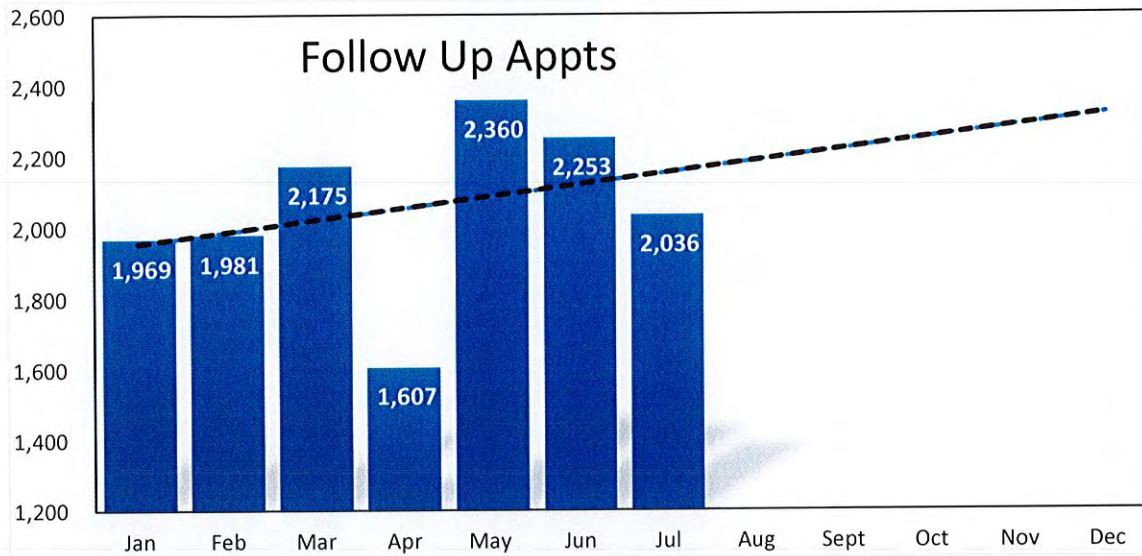
| | <u>Jan</u> | <u>Feb</u> | <u>Mar</u> | <u>Apr</u> | <u>May</u> | <u>Jun</u> | <u>Jul</u> | <u>Aug</u> | <u>Sept</u> | <u>Oct</u> | <u>Nov</u> | <u>Dec</u> |
|---------------------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------|------------|------------|------------|
| Patient Services | | | | | | | | | | | | |
| Pts Checked-in | 3,814 | 3,823 | 4,616 | 3,802 | 4,405 | 4,281 | 4,162 | | | | | |
| Medical | 2,806 | 2,843 | 3,430 | 2,892 | 3,459 | 3,443 | 3,385 | | | | | |
| Dental | 1,008 | 980 | 1,186 | 910 | 946 | 838 | 777 | | | | | |
| Up Front Sliding | | | | | | | | | | | | |
| Fee Collections | \$35,560 | \$35,585 | \$45,473 | \$35,636 | \$39,258 | \$37,911 | \$35,786 | | | | | |
| Contact Center | | | | | | | | | | | | |
| Calls | 13,824 | 12,651 | 15,515 | 12,647 | 15,044 | 14,140 | 13,279 | | | | | |
| Wait Time (< 2:30) | 01:23 | 01:31 | 01:01 | 01:00 | 01:01 | 01:00 | 01:05 | | | | | |
| Electronic Records | | | | | | | | | | | | |
| Record Requests | 854 | 890 | 884 | 844 | 873 | 884 | 896 | | | | | |
| Pts Checked out | 2,871 | 2,904 | 2,534 | 2,995 | 3,469 | 3,409 | 2,874 | | | | | |
| F/U appts | 1,969 | 1,981 | 2,175 | 1,607 | 2,360 | 2,253 | 2,036 | | | | | |
| County Indigent | | | | | | | | | | | | |
| Applied | 118 | 123 | 128 | 122 | 148 | 141 | 121 | | | | | |
| Referrals | 226 | 275 | 336 | 388 | 370 | 401 | 393 | | | | | |
| Total Patients | 246 | 233 | 236 | 281 | 245 | 260 | 282 | | | | | |
| Case Management | | | | | | | | | | | | |
| Referrals | 685 | 778 | 1,212 | 889 | 1,031 | 1,315 | 1,049 | | | | | |

Patient Services

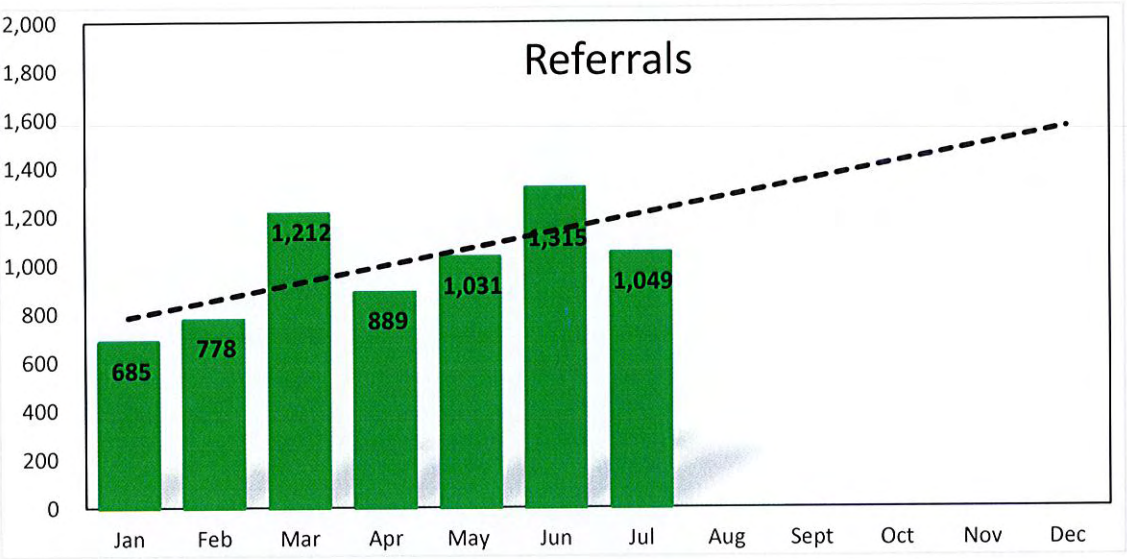




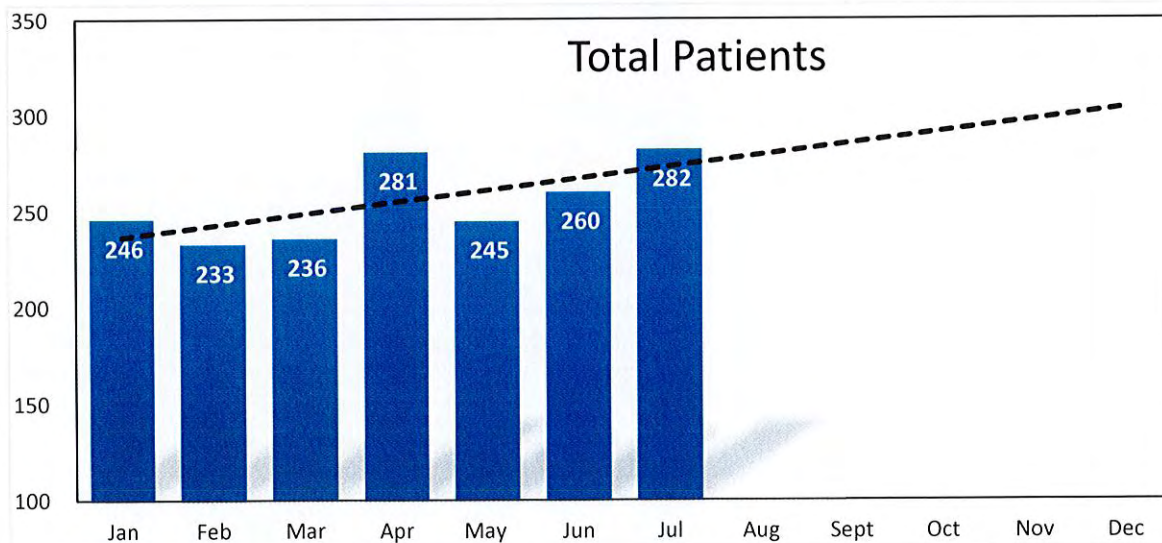
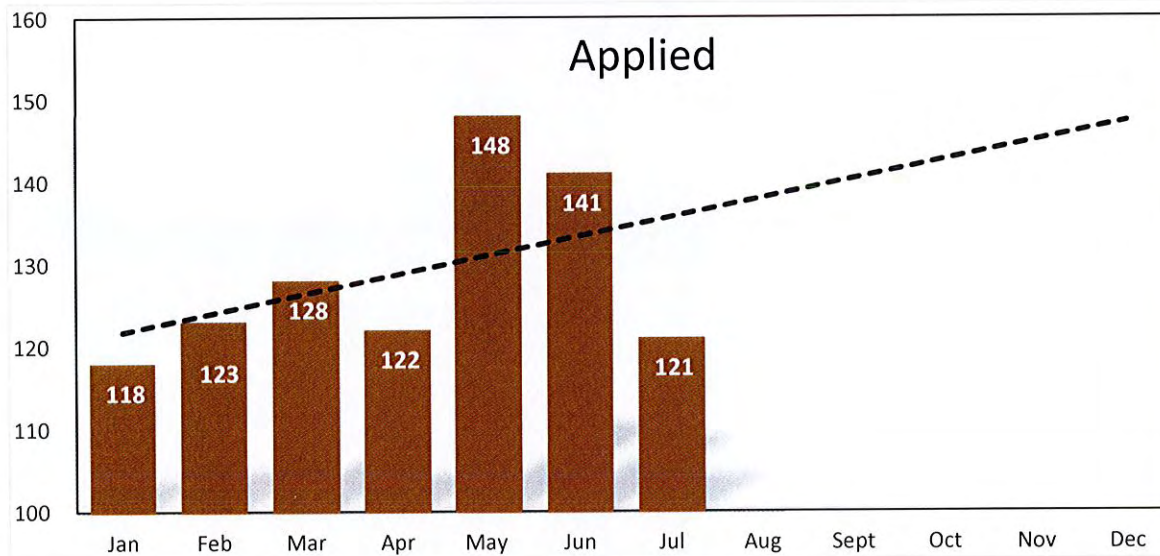
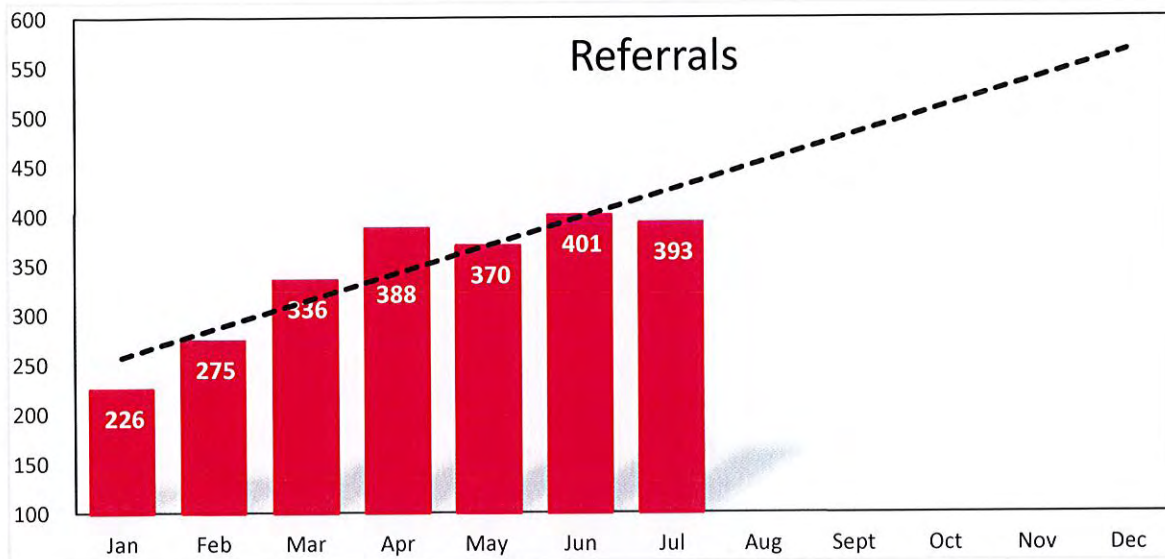
Electronic Records



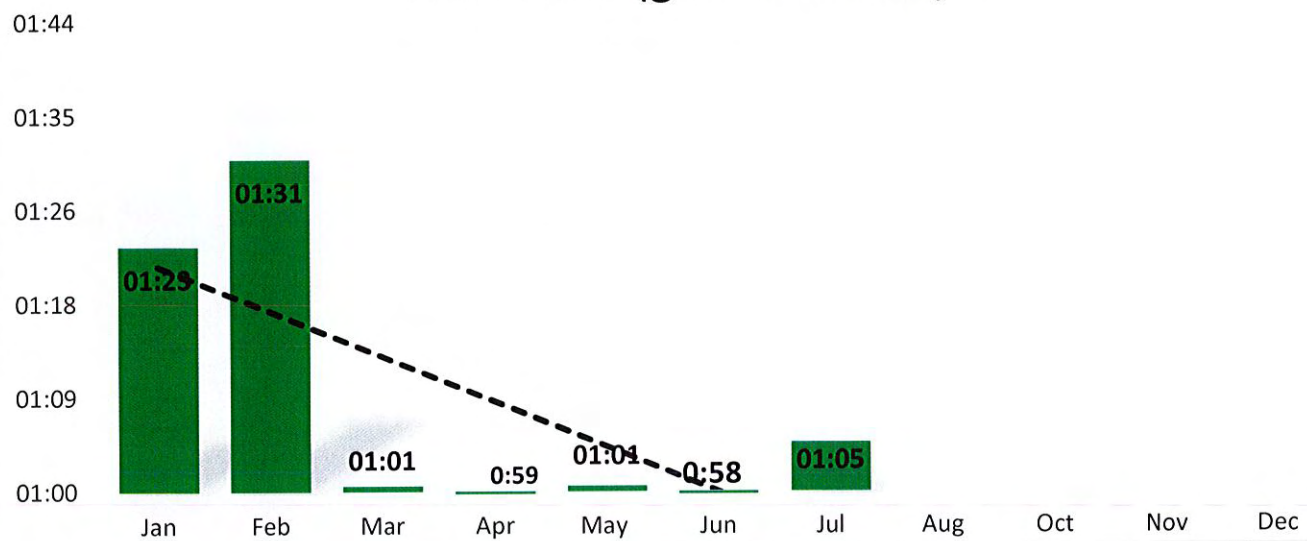
Case Management



County Indigent



Wait Time (goal is < 2:30)



CHW 2017 OUTREACH INITIATIVES (Mobile, Health Events, Presentations)

JULY

| <u>DATE</u> | <u>LOCATION</u> | <u>TYPE of outreach</u> | <u>Number of BP, Glucose & A1c screenings</u> | <u>Number of contacts made by Community Health Worker</u> | <u>Number Hrs. of outreach</u> |
|--------------------|----------------------------------|-------------------------|---|---|------------------------------------|
| 13-Jul | Holy Rosary Church- Galveston | MOBILE | 42 | 42 | 4 |
| 18-Jul | TDCJ Re Entry Orientation | Presentation | 0 | 18 | 2 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Screenings | | | <u>42</u> | | |
| Total CHW Contacts | | | <u>60</u> | | |
| Total Outreach HRs | | | <u>6</u> | | |

Human Resources Update

CHW Career Opportunities:

- **Employee Onboarding** - Human Resources conducted new employee orientation for the following employee(s):
 - Lorena Carranaz – LVN
 - Dr. Shahnaz Khan – Physician
- **Job Offers** – The following candidates were extended job offers and have future start dates:
 - Lorenza Araujo – Patient Care Community Health Worker
 - Christie Horsman – LVN
 - Emily Baily – Mental Health Counselor
- **Current Vacancies:**
 - CHW Clinical vacancies:
 - Dental – Dentist, Full-time Dental Assistant (2), Part-time Dental Assistant,
 - Medical – Behavioral Health Counselor
 - Nursing – Medical Aide (2)
 - Lab & X-Ray – Lab & X-Ray Technician
 - CHW Business vacancies:
 - Case Management - Patient Care Referral Specialist
 - Patient Services – Patient Services Specialist

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

Governing Board

August 2017

Item #7

Consider for Approval Financial Committee

Report July 2017

COASTAL HEALTH & WELLNESS

Governing Board



FINANCIAL SUMMARY

For the Period Ending July 31, 2017

September 7, 2017

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

CHW - BALANCE SHEET as of July 31, 2017

ASSETS

| | Current Month Jul-17 | Prior Month Jun-17 | Increase (Decrease) |
|-------------------------|-------------------------|-----------------------|------------------------|
| Cash & Cash Equivalents | \$5,569,370 | \$5,205,815 | \$363,555 |
| Accounts Receivable | 1,261,313 | 110,087 | 1,151,227 |
| Allowance For Bad Debt | (1,056,025) | | (1,056,025) |
| Pre-Paid Expenses | 198,484 | 127,597 | 70,887 |
| Due To / From | (183,922) | (29,400) | (154,522) |
| Total Assets | \$5,789,221 | \$5,414,099 | \$375,122 |

LIABILITIES

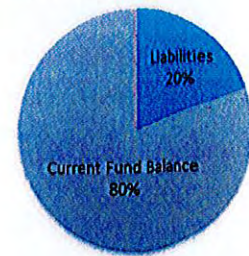
| | | | |
|--------------------------|--------------------|--------------------|-----------------|
| Accounts Payable | \$80,657 | \$47,779 | \$32,879 |
| Accrued Salaries | 366,218 | 338,184 | 28,034 |
| Deferred Revenues | 695,127 | 697,828 | (2,701) |
| Total Liabilities | \$1,142,002 | \$1,083,791 | \$58,211 |

FUND BALANCE

| | | | |
|---------------------------|--------------------|--------------------|------------------|
| Prior Year Fund Balance | \$4,419,277 | \$4,419,277 | \$0 |
| Current Change | 227,942 | (88,969) | 316,911 |
| Total Fund Balance | \$4,647,219 | \$4,330,308 | \$316,911 |

| | | | |
|---|--------------------|--------------------|------------------|
| TOTAL LIABILITIES & FUND BALANCE | \$5,789,221 | \$5,414,099 | \$375,122 |
|---|--------------------|--------------------|------------------|

Current Period Assets



Current Fund Balance



CHW - REVENUE & EXPENSES as of July 31, 2017

REVENUE

| | Actual Jul-17 | Budgeted Jul-17 | PTD Budget Variance | YTD Budget Variance |
|----------------------|--------------------|--------------------|------------------------|------------------------|
| County Revenue | \$307,896 | \$307,896 | (\$0) | (\$0) |
| DSRIP Revenue | 350,000 | 22,995 | 327,005 | 258,021 |
| HHS Grant Revenue | 260,617 | 260,617 | (0) | (0) |
| Patient Revenue | 1,385,301 | 277,192 | 1,108,109 | 963,751 |
| Other Revenue | 6,762 | 5,918 | 844 | 23,381 |
| Total Revenue | \$2,310,575 | \$874,617 | \$1,435,958 | \$1,245,152 |

EXPENSES

| | | | | |
|-----------------------------|--------------------|------------------|----------------------|--------------------|
| Personnel | \$548,583 | \$636,952 | \$88,369 | \$424,223 |
| Contractual | 53,276 | 58,751 | 5,475 | 20,395 |
| IGT Reimbursement | 154,945 | 0 | (154,945) | (154,945) |
| Supplies | 100,888 | 98,190 | (2,698) | 1,141 |
| Travel | 373 | 2,265 | 1,892 | 4,285 |
| Equipment/Capital | 0 | 0 | 0 | 0 |
| Bad Debt Expense | 1,056,025 | | (1,056,025) | (1,056,025) |
| Other | 79,575 | 78,459 | (1,116) | (53,189) |
| Total Expenses | \$1,993,664 | \$874,617 | (\$1,119,047) | (\$814,114) |
| CHANGE IN NET ASSETS | \$316,911 | \$0 | \$316,911 | \$431,038 |

Current Month Revenue & Expenses Actual

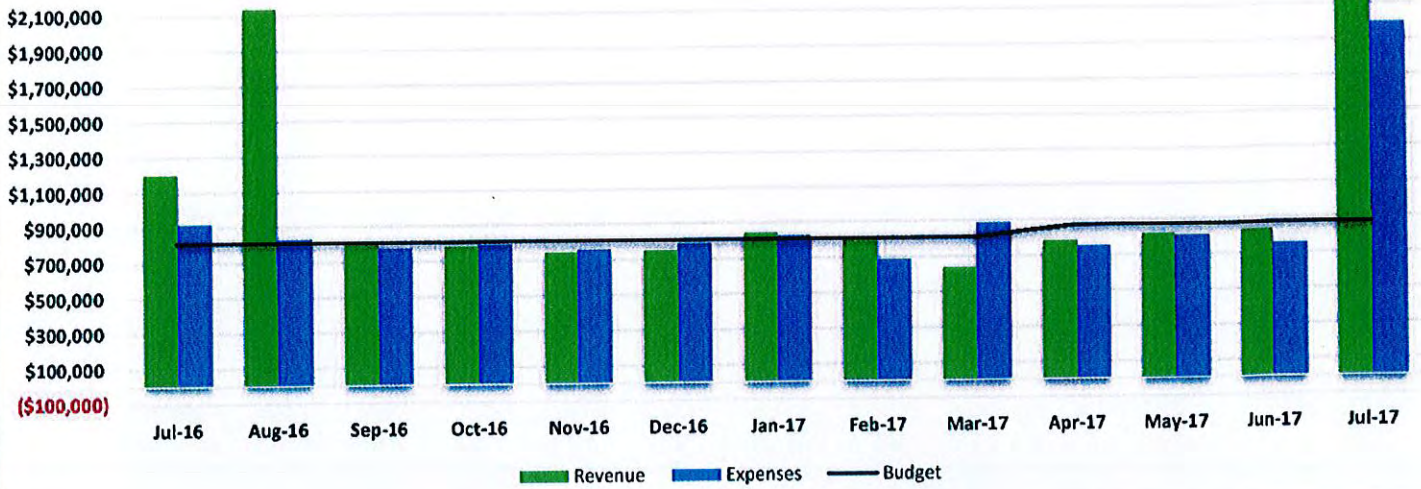
■ Revenue ■ Expenses



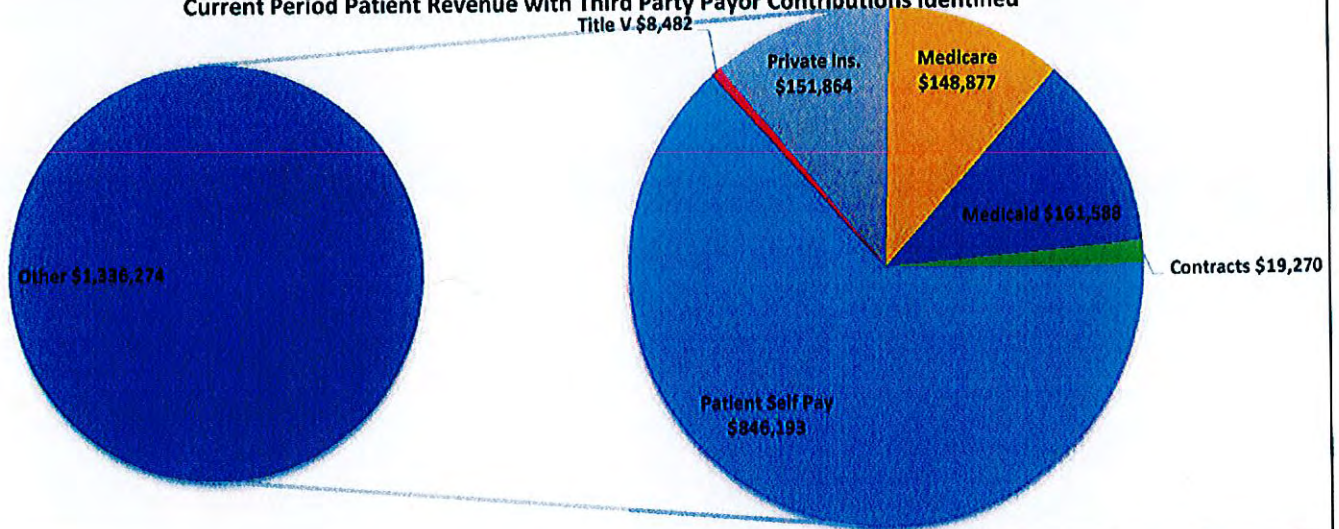
HIGHLIGHTS

- MTD increase in Fund Balance of \$316,911.
- Revenues were \$1,435,958 higher than budgeted this month. MTD revenues related to Self Pay, Private Insurance, Medicaid, Medicare and Contract Revenue were all higher than budgeted due to recording Receivables. A DSRIP payment of \$350,000 was received this month, which was offset by an IGT reimbursement of (\$154,945) for a net impact of \$195,055.
- YTD revenues are \$1,245,152 higher than budgeted due to recording of AR balances and DSRIP payment received. Private Insurance, Self Pay, Medicare, Medicaid and Contract Revenue are higher than budgeted, while Title V remains under budget YTD.
- Expenses were (\$1,119,047) higher MTD than budgeted due to recording of Bad Debt Expense and IGT reimbursement, and are (\$814,114) higher YTD than budgeted due to recording of Bad Debt Expense and IGT payment, but are offset by savings in personnel.
- YTD increase in fund balance of \$227,942. Total fund balance \$4,647,219 as of 7/31/17.

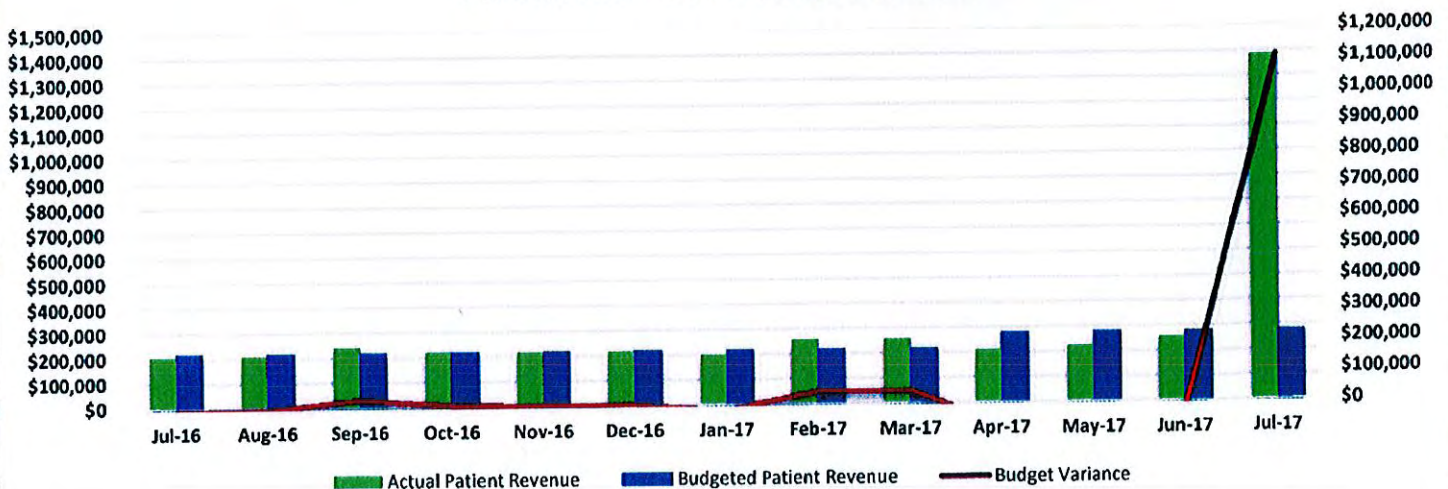
Actual Revenue & Expenses in Comparison to Budget



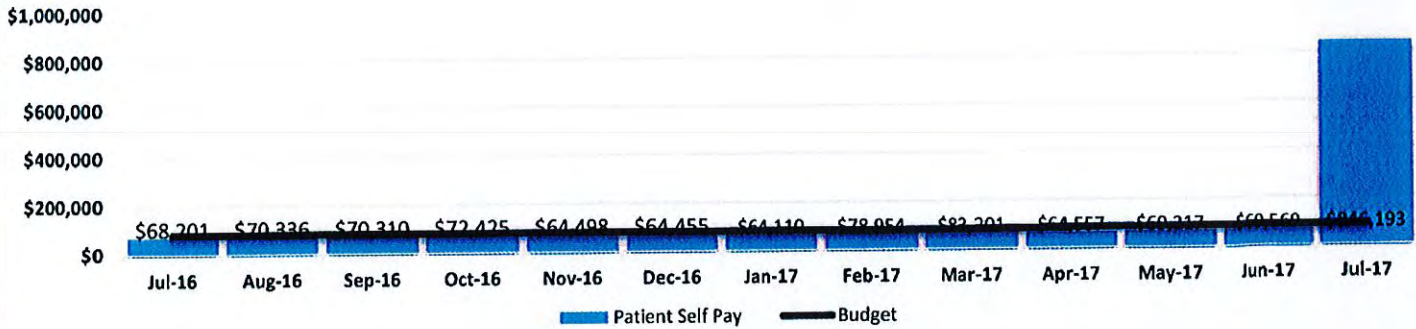
Current Period Patient Revenue with Third Party Payor Contributions Identified



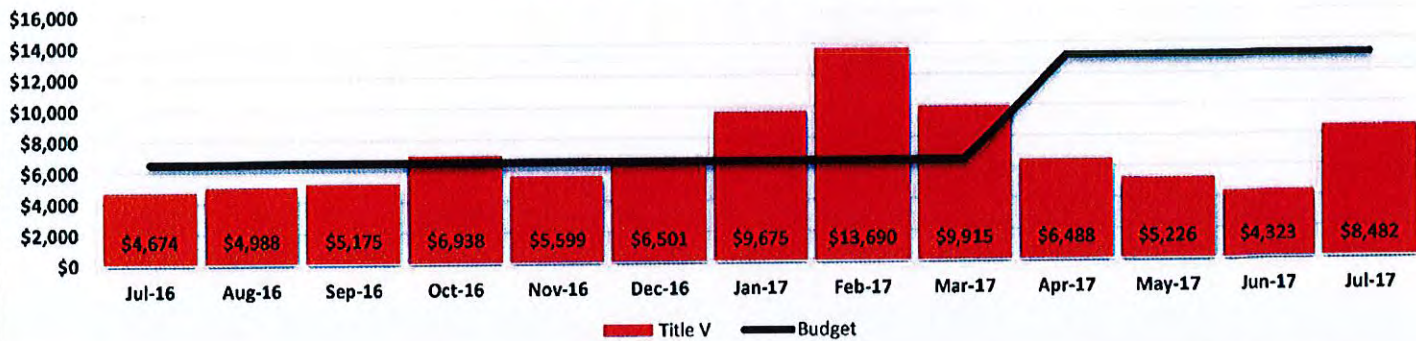
Actual Patient Revenue Rec'd vs Budget with Variance



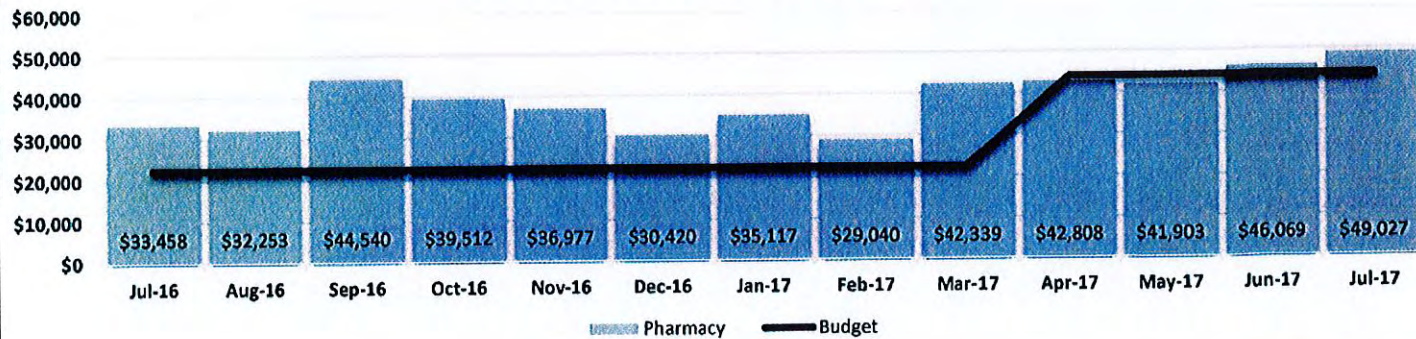
Patient Self Pay Revenue with Budget Line Comparison



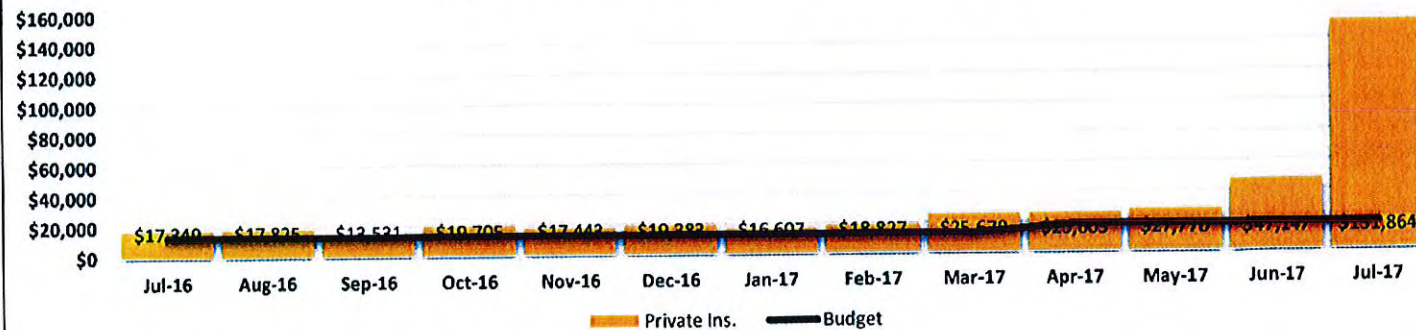
Title V Revenue with Budget Line Comparison



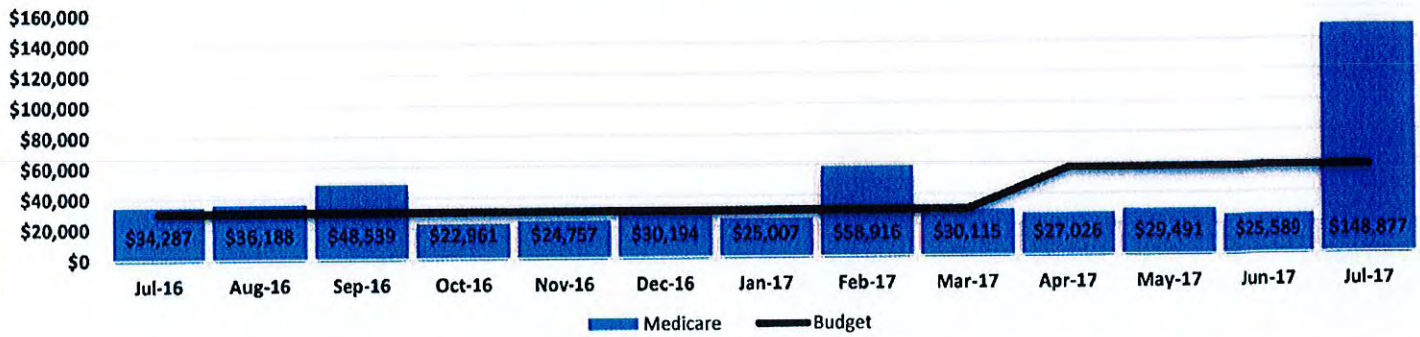
Pharmacy Revenue with Budget Line Comparison



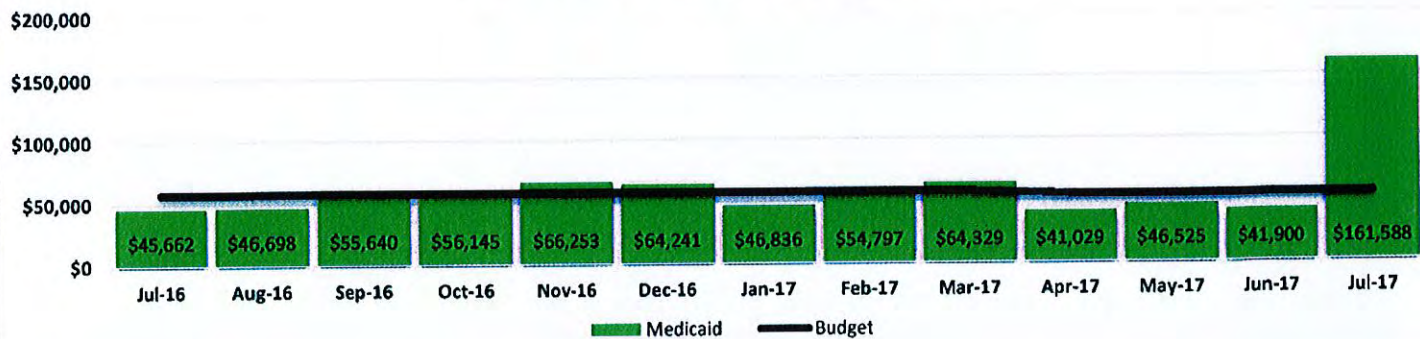
Private Insurance Revenue with Budget Line Comparison



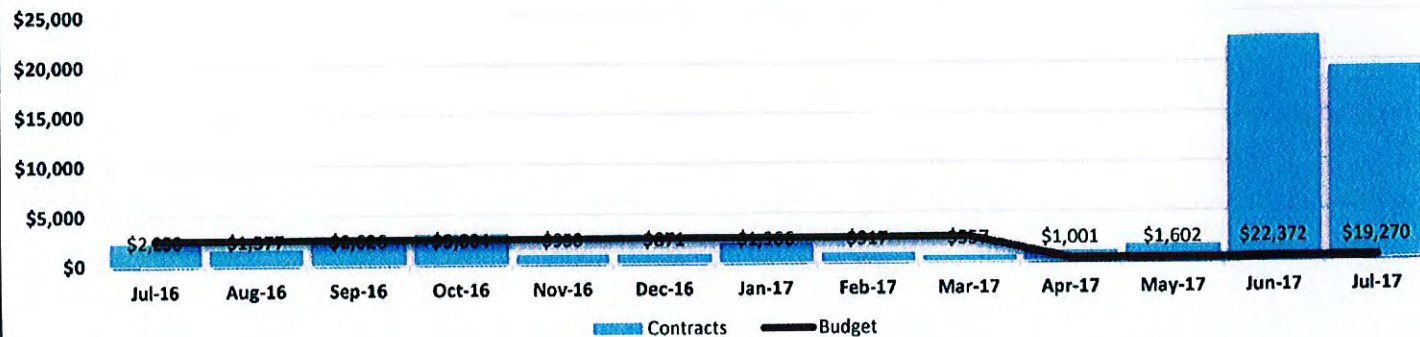
Medicare Revenue with Budget Line Comparison



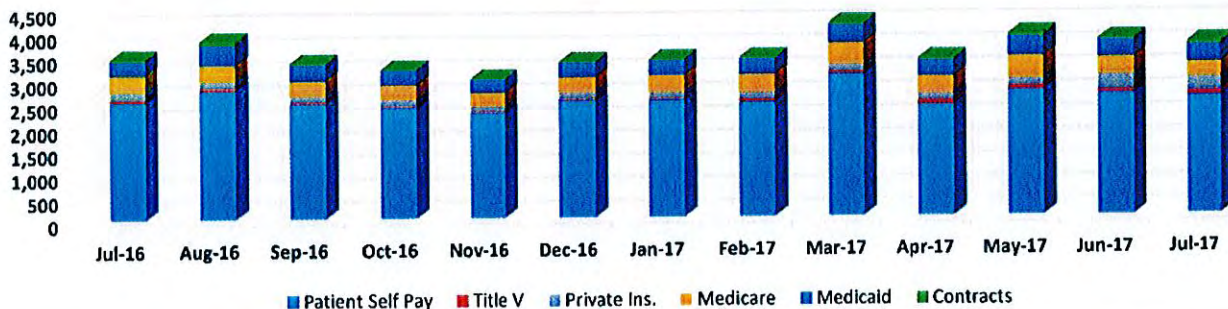
Medicaid Revenue with Budget Line Comparison



Contract Revenue with Budget Line Comparison



Total Number of Patient Visits



Coastal Health & Wellness
Statement of Revenue and Expenses for the Period ending July 31, 2017

| | Description | Period Ending 7/31/2017 | MTD Budget | MTD Budget Variance | YTD Actual | YTD Budget | YTD Budget Variance | Annual Budget |
|-----------------|-------------------------------------|----------------------------|------------------|------------------------|--------------------|--------------------|------------------------|---------------------|
| Grouping | REVENUE | | | | | | | |
| HRSA | HHS GRANT REVENUE - Federal | \$260,617 | \$260,617 | (\$0) | \$1,042,466 | \$1,042,467 | (\$1) | \$3,127,400 |
| Patient Rev | GRANT REVENUE - Title V | \$8,482 | \$13,207 | (\$4,725) | \$24,519 | \$52,827 | (\$28,308) | \$158,481 |
| Patient Rev | PATIENT FEES | \$846,193 | \$88,309 | \$757,883 | \$1,049,536 | \$353,237 | \$696,299 | \$1,059,712 |
| Patient Rev | PRIVATE INSURANCE | \$151,864 | \$18,615 | \$133,249 | \$252,385 | \$74,461 | \$177,924 | \$223,382 |
| Patient Rev | PHARMACY REVENUE - 340b | \$49,027 | \$44,040 | \$4,987 | \$179,807 | \$176,169 | \$3,638 | \$528,477 |
| Patient Rev | MEDICARE | \$148,877 | \$57,412 | \$91,465 | \$230,984 | \$229,650 | \$1,334 | \$688,950 |
| Patient Rev | MEDICAID | \$161,588 | \$55,275 | \$106,313 | \$291,043 | \$221,100 | \$69,943 | \$663,299 |
| Other Rev. | LOCAL GRANTS & FOUNDATIONS | \$2,701 | \$2,668 | \$34 | \$10,805 | \$10,670 | \$135 | \$32,010 |
| Other Rev. | MEDICAL RECORD REVENUE | \$1,252 | \$1,583 | (\$331) | \$4,146 | \$6,333 | (\$2,187) | \$19,000 |
| Other Rev. | MEDICAID INCENTIVE PAYMENTS | \$110 | \$0 | \$110 | \$21,748 | \$0 | \$21,748 | \$0 |
| County | COUNTY REVENUE | \$307,896 | \$307,896 | (\$0) | \$1,231,585 | \$1,231,585 | (\$0) | \$3,694,764 |
| DSRIP | DSRIP REVENUE | \$350,000 | \$22,995 | \$327,005 | \$350,000 | \$91,979 | \$258,021 | \$275,938 |
| Other Rev. | MISCELLANEOUS REVENUE | \$30 | \$0 | \$30 | \$60 | \$0 | \$60 | \$0 |
| Other Rev. | OTHER REVENUE - SALE OF FIXED ASSET | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Other Rev. | INTEREST INCOME | \$2,130 | \$1,667 | \$463 | \$8,262 | \$6,667 | \$1,596 | \$20,000 |
| Patient Rev | CONTRACT REVENUE | \$19,270 | \$333 | \$18,937 | \$44,245 | \$1,333 | \$42,912 | \$4,000 |
| Other Rev. | LOCAL FUNDS / OTHER REVENUE | \$539 | \$0 | \$539 | \$2,029 | \$0 | \$2,029 | \$0 |
| | Total Revenue | \$2,310,675 | \$874,617 | \$1,435,958 | \$4,743,620 | \$3,498,468 | \$1,245,152 | \$10,495,403 |
| | EXPENSES | | | | | | | |
| Personnel | SALARIES | \$405,828 | \$500,475 | \$94,646 | \$1,648,173 | \$2,001,900 | \$353,726 | \$6,005,699 |
| Personnel | SALARIES, Merit Compensation | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Personnel | SALARIES, PROVIDER INCENTIVES | \$1,000 | \$4,400 | \$3,400 | \$4,000 | \$17,600 | \$13,600 | \$52,800.00 |
| Personnel | SALARIES, OT | \$5,894 | \$5,000 | (\$894) | \$21,182 | \$20,000 | (\$1,182) | \$60,000.00 |
| Personnel | SALARIES, PART-TIME | \$16,780 | \$23,559 | \$4,779 | \$82,611 | \$94,234 | \$11,723 | \$282,702.00 |
| Personnel | Comp Pay | \$0 | \$0 | \$0 | \$45 | \$0 | (\$45) | \$0.00 |
| Personnel | FICA EXPENSE | \$32,098 | \$40,808 | \$8,710 | \$131,443 | \$163,231 | \$31,787 | \$489,691.89 |
| Personnel | TEXAS UNEMPLOYMENT TAX | \$27 | \$1,672 | \$1,645 | (\$1,509) | \$6,689 | \$8,198 | \$20,068.85 |
| Personnel | LIFE INSURANCE | \$1,287 | \$1,195 | (\$92) | \$5,116 | \$4,780 | (\$336) | \$14,339.39 |
| Personnel | LONG TERM DISABILITY INSURANCE | \$927 | \$1,101 | \$174 | \$3,688 | \$4,404 | \$717 | \$13,212.54 |
| Personnel | GROUP HOSPITALIZATION INSURANCE | \$28,143 | \$43,220 | \$15,077 | \$109,954 | \$172,880 | \$62,926 | \$518,638.94 |
| Personnel | WORKER'S COMP INSURANCE | \$1,568 | \$2,667 | \$1,099 | \$6,385 | \$10,669 | \$4,284 | \$32,006.01 |
| Personnel | HRA EXPENSE | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0.00 |
| Personnel | PENSION / RETIREMENT | \$10,265 | \$12,856 | \$2,591 | \$41,866 | \$51,423 | \$9,557 | \$154,268.95 |
| Contractual | OUTSIDE LAB CONTRACT | \$23,315 | \$22,000 | (\$1,315) | \$107,636 | \$88,000 | (\$19,636) | \$264,000.00 |
| Contractual | OUTSIDE X-RAY CONTRACT | \$3,816 | \$3,000 | (\$816) | \$14,964 | \$12,000 | (\$2,964) | \$36,000.00 |
| Contractual | MISCELLANEOUS CONTRACT SERVICES | \$9,851 | \$12,961 | \$3,110 | \$30,415 | \$51,843 | \$21,428 | \$155,528.00 |
| Personnel | TEMPORARY STAFFING | \$42,765 | \$0 | (\$42,765) | \$70,742 | \$0 | (\$70,742) | \$0.00 |
| Contractual | CHW CONTRACT BILLING SERVICE | \$9,093 | \$10,045 | \$952 | \$35,085 | \$40,180 | \$5,095 | \$120,540.00 |
| IGT | IGT REIMBURSEMENT | \$154,945 | \$0 | (\$154,945) | \$154,945 | \$0 | (\$154,945) | \$0.00 |
| Contractual | JANITORIAL CONTRACT | \$2,620 | \$3,000 | \$381 | \$10,636 | \$12,000 | \$1,364 | \$36,000.00 |
| Contractual | PEST CONTROL | \$80 | \$100 | \$20 | \$320 | \$400 | \$80 | \$1,200.00 |
| Contractual | SECURITY | \$4,502 | \$7,645 | \$3,143 | \$15,550 | \$30,580 | \$15,030 | \$91,740.00 |
| Supplies | OFFICE SUPPLIES | \$5,153 | \$6,890 | \$1,737 | \$15,211 | \$26,761 | \$11,550 | \$80,282.49 |
| Supplies | OPERATING SUPPLIES | \$12,809 | \$20,375 | \$7,566 | \$68,030 | \$81,500 | \$13,470 | \$244,500.00 |
| Supplies | OUTSIDE DENTAL SUPPLIES | \$1,497 | \$2,500 | \$1,003 | \$4,081 | \$10,000 | \$5,919 | \$30,000.00 |
| Supplies | PHARMACEUTICAL SUPPLIES | \$81,227 | \$68,000 | (\$13,227) | \$304,856 | \$272,000 | (\$32,856) | \$816,000.00 |
| Supplies | JANITORIAL SUPPLIES | \$0 | \$375 | \$375 | \$369 | \$1,500 | \$1,131 | \$4,500.00 |
| Supplies | PRINTING SUPPLIES | \$0 | \$250 | \$250 | \$63 | \$1,000 | \$937 | \$3,000.00 |
| Supplies | UNIFORMS | \$201 | \$420 | \$219 | \$1,010 | \$1,680 | \$670 | \$5,040.00 |
| Other | POSTAGE | \$847 | \$733 | \$86 | \$2,434 | \$2,933 | \$500 | \$8,800.00 |
| Other | TELEPHONE | \$1,292 | \$1,525 | \$233 | \$5,268 | \$6,100 | \$832 | \$18,300.00 |
| Other | WATER | \$31 | \$31 | \$1 | \$122 | \$124 | \$2 | \$372.00 |
| Other | ELECTRICITY | \$2,075 | \$2,083 | \$8 | \$6,471 | \$8,333 | \$1,863 | \$25,000.00 |
| Travel | TRAVEL, LOCAL | \$218 | \$381 | \$163 | \$1,060 | \$1,525 | \$465 | \$4,575.00 |
| Travel | TRAVEL, OUT OF TOWN | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0.00 |
| Travel | LOCAL TRAINING | \$155 | \$417 | \$262 | \$799 | \$1,667 | \$868 | \$5,000.00 |
| Travel | TRAINING, OUT OF TOWN | \$0 | \$1,467 | \$1,467 | \$2,915 | \$5,867 | \$2,952 | \$17,602.00 |
| Other | RENTALS | \$3,461 | \$5,935 | \$2,474 | \$21,546 | \$23,740 | \$2,194 | \$71,220.00 |
| Other | LEASES | \$43,702 | \$38,522 | (\$5,180) | \$174,807 | \$154,087 | (\$20,720) | \$462,262.00 |
| Other | MAINTENANCE / REPAIR, EQUIP. | \$7,662 | \$7,563 | (\$100) | \$29,488 | \$30,250 | \$4,764 | \$90,750.00 |
| Other | MAINTENANCE / REPAIR, AUTO | \$0 | \$42 | \$42 | \$0 | \$167 | \$167 | \$500.00 |
| Other | FUEL | \$52 | \$42 | (\$11) | \$113 | \$167 | \$54 | \$500.00 |
| Other | MAINTENANCE / REPAIR, BLDG. | \$1,323 | \$417 | (\$906) | \$1,403 | \$1,667 | \$264 | \$5,000.00 |
| Other | MAINT/REPAIR, IT Equip. | (\$9,806) | \$125 | \$9,933 | (\$9,208) | \$500 | \$8,708 | \$1,500.00 |
| Other | MAINTENANCE / Preventative, AUTO | \$0 | \$42 | \$42 | \$0 | \$167 | \$167 | \$500.00 |
| Other | INSURANCE, AUTO/Truck | \$168 | \$168 | \$0 | \$672 | \$672 | \$0 | \$2,016.00 |
| Other | INSURANCE, GENERAL LIABILITY | \$784 | \$833 | \$49 | \$3,136 | \$3,333 | \$197 | \$10,000.00 |
| Other | INSURANCE, BLDG. CONTENTS | \$1,368 | \$1,333 | (\$34) | \$5,470 | \$5,333 | (\$137) | \$16,000.00 |
| Other | COMPUTER EQUIPMENT | \$12,216 | \$0 | (\$12,216) | \$12,216 | \$0 | (\$12,216) | \$0.00 |
| Other | OPERATING EQUIPMENT | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0.00 |
| Other | BUILDING IMPROVEMENTS | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0.00 |
| Other | NEWSPAPER ADS | \$913 | \$1,250 | \$337 | \$2,476 | \$5,000 | \$2,524 | \$15,000.00 |
| Other | SUBSCRIPTIONS, BOOKS, ETC | \$0 | \$750 | \$750 | \$0 | \$3,000 | \$3,000 | \$9,000.00 |
| Other | ASSOCIATION DUES | \$2,687 | \$2,833 | \$167 | \$10,667 | \$11,333 | \$667 | \$34,000.00 |
| Other | IT SOFTWARE, LICENSES, INTANGIBLES | \$9,272 | \$9,268 | (\$4) | \$97,438 | \$37,033 | (\$60,405) | \$111,100.00 |
| Other | PROF FEES/LICENSE/INSPECTIONS | \$0 | \$1,467 | \$1,467 | \$235 | \$5,867 | \$5,632 | \$17,600.00 |
| Other | PROFESSIONAL SERVICES | \$25 | \$1,208 | \$1,183 | \$7,610 | \$4,833 | (\$2,777) | \$14,500.00 |
| Other | MED/HAZARD WASTE DISPOSAL | \$462 | \$458 | (\$4) | \$1,871 | \$1,833 | (\$38) | \$5,500.00 |
| Other | TRANSPORTATION CONTRACT | \$627 | \$813 | \$185 | \$2,874 | \$3,250 | \$376 | \$9,750.00 |
| Other | BOARD MEETING OPERATIONS | \$7 | \$29 | \$22 | \$173 | \$117 | (\$56) | \$350.00 |
| Other | SERVICE CHG - CREDIT CARDS | \$635 | \$579 | (\$55) | \$2,751 | \$2,317 | (\$434) | \$6,950.00 |
| Other | CASHIER OVER / SHORT | (\$5) | \$0 | \$5 | (\$5) | \$0 | \$5 | \$0.00 |
| Other | LATE CHARGES | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0.00 |
| Other | BAD DEBT EXPENSE | \$1,056,025 | \$0 | (\$1,056,025) | \$1,056,025 | \$0 | (\$1,056,025) | \$0.00 |
| Other | MISCELLANEOUS EXPENSE | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0.00 |
| | Total Expenses | \$1,993,664 | \$874,617 | (\$1,119,047) | \$4,312,582 | \$3,498,468 | (\$814,114) | \$10,495,403 |
| | Net Change in Fund Balance | \$316,911 | (\$0) | \$316,911 | \$431,038 | (\$0) | \$431,038 | (\$0) |

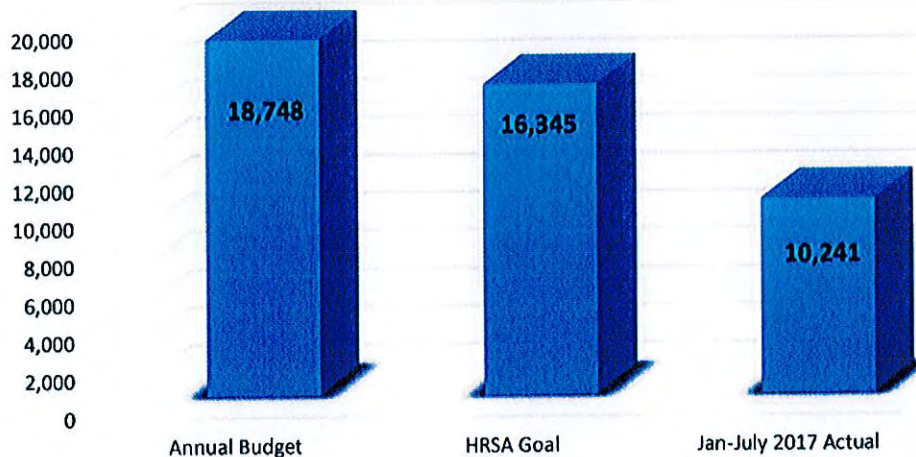
Visits by Financial Class - Actual vs. Budget
As of July 31, 2017 (Grant Year 4/1/17-3/31/18)

| | Annual Budget | MTD Actual | MTD Budget | Over/(Under) MTD Budget | YTD Actual | YTD Budget | Over/(Under) YTD Budget | % Over/ (Under) YTD Budget |
|----------------------------------|---------------|--------------|--------------|-------------------------|---------------|---------------|-------------------------|----------------------------|
| Medicaid | 4,810 | 386 | 401 | (15) | 1,500 | 1,603 | (103) | -6% |
| Medicare | 5,086 | 307 | 424 | (117) | 1,519 | 1,695 | (176) | -10% |
| Other Public (Title V, Contract) | 1,364 | 143 | 114 | 29 | 478 | 455 | 23 | 5% |
| Private Insurance | 2,187 | 298 | 182 | 116 | 922 | 729 | 193 | 26% |
| Self Pay | 35,801 | 2,506 | 2,983 | (477) | 10,130 | 11,934 | (1,804) | -15% |
| | 49,248 | 3,640 | 4,104 | (464) | 14,549 | 16,416 | (1,867) | -11% |

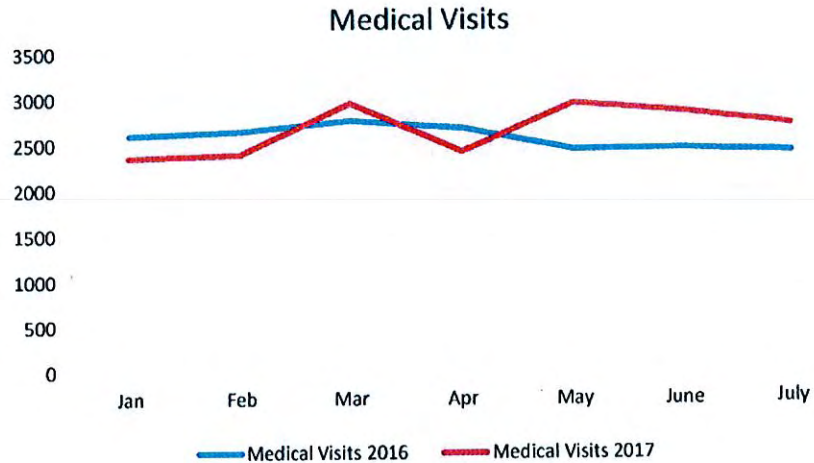
Unduplicated Patients - Current vs. Prior Year
January through July

| | Current Year Annual Budget | Jan-July 2016 Actual | Jan-July 2017 Actual | Increase/ (Decrease) | % Increase/ (Decrease) |
|-----------------------|----------------------------|----------------------|----------------------|----------------------|------------------------|
| Unduplicated Patients | 18,748 | 10,258 | 10,241 | (17) | 0% |

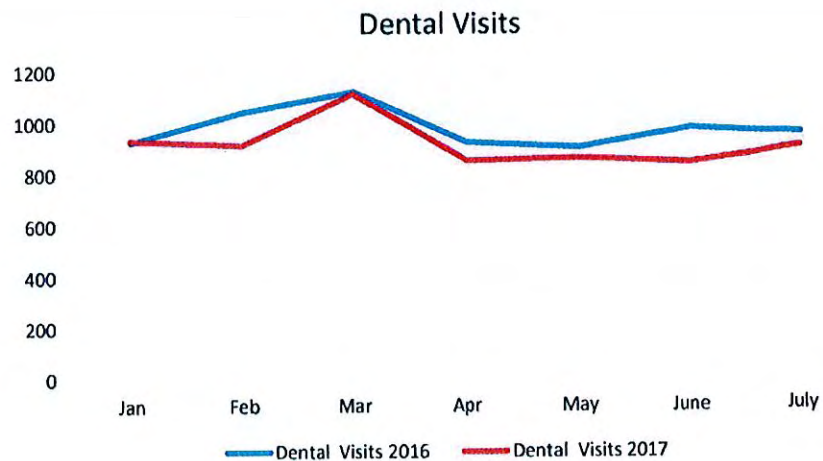
Number of Unduplicated Patients



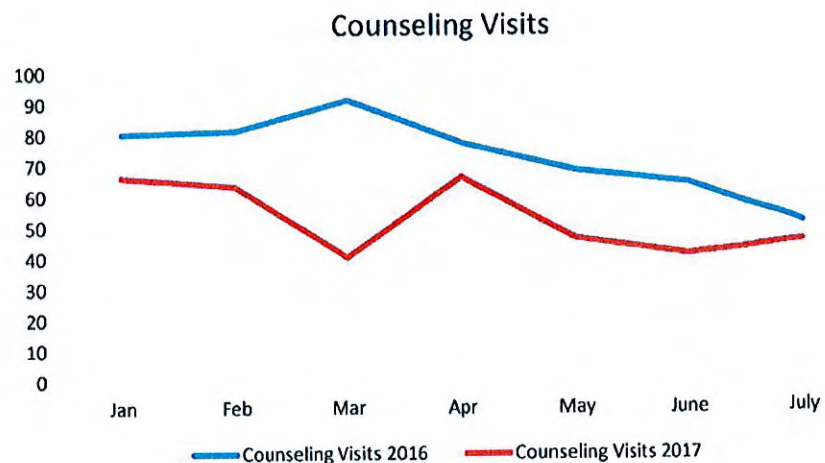
| | Medical Visits | |
|------|-----------------------|----------------------|
| | <u>2016</u> | <u>2017</u> |
| Jan | 2599 | 2353 |
| Feb | 2645 | 2390 |
| Mar | 2756 | 2943 |
| Apr | 2673 | 2417 |
| May | 2435 | 2939 |
| June | 2450 | 2850 |
| July | 2395 | 2696 |
| | <u>17,953</u> | <u>18,588</u> |



| | Dental Visits | |
|------|----------------------|---------------------|
| | <u>2016</u> | <u>2017</u> |
| Jan | 925 | 931 |
| Feb | 1042 | 913 |
| Mar | 1120 | 1111 |
| Apr | 921 | 851 |
| May | 900 | 858 |
| June | 974 | 841 |
| July | 950 | 899 |
| | <u>6,832</u> | <u>6,404</u> |



| | Counseling Visits | |
|------|--------------------------|--------------------|
| | <u>2016</u> | <u>2017</u> |
| Jan | 80 | 66 |
| Feb | 81 | 63 |
| Mar | 91 | 40 |
| Apr | 77 | 66 |
| May | 68 | 46 |
| June | 64 | 41 |
| July | 51 | 45 |
| | <u>512</u> | <u>367</u> |



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Governing Board

August 2017

Item #8

Consider for Approval Quarterly Access to Care

2017 2nd Quarter Access To Care Report

| Galveston | # Available Appointments | # Kept | % Scheduled | % Unfilled | % Kept | % No Show | Texas City | # Available Appointments | # Kept | % Scheduled | % Unfilled | % Kept | % No Show |
|-------------------------|--------------------------|--------|-------------|------------|--------|-----------|-------------------------|--------------------------|--------|-------------|------------|--------|-----------|
| Counseling | | | | | | | Counseling | | | | | | |
| Tigrett | 476 | 61 | 29% | 71% | 45% | 55% | Tigrett | 748 | 149 | 41% | 59% | 49% | 51% |
| Counseling Total | 476 | 61 | 29% | 71% | 45% | 55% | Counseling Total | 748 | 149 | 41% | 59% | 49% | 51% |
| Dental | | | | | | | Dental | | | | | | |
| Abbaraju | 228 | 113 | 83% | 17% | 59% | 41% | Abbaraju | 504 | 301 | 93% | 7% | 67% | 33% |
| Foster | 160 | 92 | 86% | 14% | 67% | 33% | Foster | 713 | 489 | 98% | 2% | 70% | 30% |
| Harris | 24 | 14 | 75% | 25% | 78% | 22% | Harris | 136 | 64 | 71% | 29% | 67% | 33% |
| Nguyen | 456 | 250 | 81% | 19% | 68% | 32% | Randolph | 500 | 265 | 82% | 18% | 64% | 36% |
| Trinh | 100 | 58 | 90% | 10% | 64% | 36% | Shetty | 1,094 | 637 | 88% | 12% | 66% | 34% |
| Dental Total | 968 | 527 | 83% | 17% | 67% | 33% | Trinh | 992 | 495 | 81% | 19% | 69% | 31% |
| | | | | | | | Dental Total | 3939 | 2251 | 86% | 14% | 67% | 33% |
| Medical | | | | | | | Medical | | | | | | |
| Alhassan | 294 | 243 | 100% | 0% | 83% | 17% | Alhassan | 820 | 634 | 100% | 0% | 77% | 23% |
| Baggett | 433 | 262 | 72% | 28% | 84% | 16% | Baggett | 499 | 359 | 86% | 14% | 84% | 16% |
| Borillo | 186 | 77 | 55% | 45% | 75% | 25% | Borillo | 403 | 249 | 78% | 22% | 79% | 21% |
| Borillo (20) | 230 | 143 | 79% | 21% | 79% | 21% | Borillo (20) | 705 | 512 | 95% | 5% | 76% | 24% |
| McGray-Garrison | 396 | 203 | 63% | 37% | 81% | 19% | McGray-Garrison | 1096 | 569 | 72% | 28% | 73% | 27% |
| Morgan | 54 | 31 | 75% | 25% | 76% | 24% | Morgan | 412 | 271 | 81% | 19% | 81% | 19% |
| Morgan (20) | 194 | 142 | 91% | 8% | 80% | 20% | Morgan (20) | 696 | 481 | 93% | 7% | 74% | 26% |
| Nagorski | 267 | 101 | 55% | 45% | 69% | 31% | Nagorski | 1184 | 567 | 70% | 30% | 69% | 31% |
| Nivova | 13 | 7 | 54% | 46% | 100% | 0% | Ninova | 1329 | 741 | 72% | 28% | 77% | 23% |
| Ogundiran | 335 | 182 | 65% | 35% | 83% | 17% | Ogundiran | 973 | 591 | 80% | 20% | 76% | 24% |
| Riggs | 597 | 271 | 67% | 33% | 68% | 32% | Olson | 555 | 347 | 80% | 20% | 78% | 22% |
| Varghese | 533 | 263 | 68% | 32% | 73% | 27% | Riggs | 1000 | 532 | 77% | 23% | 69% | 31% |
| Medical Total | 3532 | 1925 | 71% | 29% | 79% | 21% | Short (OB) | 13 | 1 | 8% | 92% | 100% | 0% |
| | | | | | | | Varghese | 910 | 535 | 79% | 21% | 75% | 25% |
| | | | | | | | Medical Total | 10595 | 6389 | 77% | 23% | 78% | 22% |

| Monthly Provider Productivity | | | | | | |
|-------------------------------|-----|-----|-----|-------|-----|------|
| | Jan | Feb | Mar | April | May | June |
| Counseling | 0.4 | 0.5 | 0.5 | 0.5 | 0.5 | 0.5 |
| Dental | 1.6 | 1.6 | 1.8 | 1.2 | 1.9 | 1.4 |
| Hygienist | 1.2 | 1.4 | 1.3 | 1.6 | 1.2 | 1.3 |
| Medical | 2.2 | 2.1 | 2.4 | 2.2 | 2.1 | 2.1 |

| Monthly Provider Productivity | | | | | | |
|-------------------------------|------|-----|------|-----|-----|-----|
| | July | Aug | Sept | Oct | Nov | Dec |
| Counseling | | | | | | |
| Dental | | | | | | |
| Hygienist | | | | | | |
| Medical | | | | | | |

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Governing Board

August 2017

Item #9

**Consider for Approval Quarterly Customer
Service Survey**

Quarterly Patient Satisfaction Survey
1st & 2nd Quarter 2017

Questions

1. Promptness/professionalism of service upon arrival
2. Promptness of appointment time/informed of delay
3. Communication/care by provider
4. Communication/care by other staff

Were you completely satisfied with your visit?

Texas City

| | Excellent | Good | Fair | Poor | # of Surveys |
|--------------------------|------------|--------|-----------|-------|--------------|
| Question 1 | 347 | 53 | 5 | 6 | 411 |
| Percentage | 84.43% | 12.90% | 1.22% | 1.46% | |
| Question 2 | 339 | 53 | 10 | 8 | |
| Percentage | 82.48% | 12.90% | 2.43% | 1.95% | |
| Question 3 | 356 | 43 | 5 | 7 | |
| Percentage | 86.62% | 10.46% | 1.22% | 1.70% | |
| Question 4 | 346 | 55 | 3 | 7 | |
| Percentage | 84.18% | 13.38% | 0.73% | 1.70% | |
| Overall Satisfied | Yes | 395 | No | 16 | |
| Percentage | | 96.11% | | 3.89% | |

Galveston

| | Excellent | Good | Fair | Poor | # of Surveys |
|--------------------------|------------|--------|-----------|-------|--------------|
| Question 1 | 113 | 24 | 2 | 1 | 140 |
| Percentage | 80.71% | 17.14% | 1.43% | 0.71% | |
| Question 2 | 114 | 22 | 0 | 3 | |
| Percentage | 81.43% | 15.71% | 0.00% | 2.14% | |
| Question 3 | 115 | 21 | 0 | 3 | |
| Percentage | 82.14% | 15.00% | 0.00% | 2.14% | |
| Question 4 | 116 | 21 | 0 | 2 | |
| Percentage | 82.86% | 15.00% | 0.00% | 1.43% | |
| Overall Satisfied | Yes | 133 | No | 4 | |
| Percentage | | 95.00% | | 2.86% | |

Grand Total

| | Excellent | Good | Fair | Poor | # of Surveys |
|--------------------------|------------|--------|-----------|-------|--------------|
| Question 1 | 460 | 77 | 7 | 7 | 551 |
| Percentage | 83.48% | 13.97% | 1.27% | 1.27% | |
| Question 2 | 453 | 75 | 10 | 11 | |
| Percentage | 82.21% | 13.61% | 1.81% | 2.00% | |
| Question 3 | 471 | 64 | 5 | 10 | |
| Percentage | 85.48% | 11.62% | 0.91% | 1.81% | |
| Question 4 | 462 | 76 | 3 | 9 | |
| Percentage | 83.85% | 13.79% | 0.54% | 1.63% | |
| Overall Satisfied | Yes | 528 | No | 20 | |
| Percentage | | 95.83% | | 3.63% | |

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Governing Board

August 2017

Item #10

Consider for Approval the Denture Fee Schedule

| Denture Contract - Proposed Fee Schedule Effective 9/1/2017 | | | | | | | |
|---|--|----------|--------------|--------------|--------------|--------------|---------------|
| CPT Code | CPT Description | 0% Pay | 20% | 40% | 60% | 80% | 100% |
| | | 100% FPL | 101-125% FPL | 126-150% FPL | 151-175% FPL | 176-200% FPL | Over 200% FPL |
| <input type="checkbox"/> D5110 | Complete Denture - Maxillary | \$484 | \$710 | \$936 | \$1,161 | \$1,387 | \$1,613 |
| <input type="checkbox"/> D5120 | Complete Denture - Mandibular | \$485 | \$712 | \$938 | \$1,164 | \$1,391 | \$1,617 |
| <input type="checkbox"/> D5130 | Immediate Denture - Maxillary | \$516 | \$756 | \$997 | \$1,238 | \$1,478 | \$1,719 |
| <input type="checkbox"/> D5140 | Immediate Denture - Mandibular | \$516 | \$756 | \$997 | \$1,238 | \$1,478 | \$1,719 |
| <input type="checkbox"/> D5211 | Maxillary Partial Denture - Resin Base | \$364 | \$534 | \$704 | \$874 | \$1,043 | \$1,213 |
| <input type="checkbox"/> D5212 | Mandibular Partial Denture - Resin Base | \$370 | \$543 | \$716 | \$889 | \$1,062 | \$1,235 |
| <input type="checkbox"/> D5213 | Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases | \$501 | \$734 | \$968 | \$1,201 | \$1,435 | \$1,669 |
| <input type="checkbox"/> D5214 | Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases | \$504 | \$740 | \$975 | \$1,210 | \$1,446 | \$1,681 |
| <input type="checkbox"/> D5281 | Removable Unilateral Partial Denture | \$278 | \$407 | \$537 | \$667 | \$796 | \$926 |
| <input type="checkbox"/> D5510 | Repair Broken Complete Denture Base | \$59 | \$86 | \$114 | \$141 | \$168 | \$196 |
| <input type="checkbox"/> D5520 | Replace Missing or Broken Teeth | \$53 | \$78 | \$103 | \$128 | \$152 | \$177 |
| <input type="checkbox"/> D5610 | Repair Resin Denture Base | \$58 | \$85 | \$112 | \$139 | \$167 | \$194 |
| <input type="checkbox"/> D5620 | Repair Cast Framework | \$83 | \$121 | \$160 | \$199 | \$237 | \$276 |
| <input type="checkbox"/> D5630 | Repair or Replace Broken Clasp | \$75 | \$110 | \$145 | \$180 | \$215 | \$250 |
| <input type="checkbox"/> D5640 | Replace Broken Teeth - Per Tooth | \$53 | \$78 | \$103 | \$128 | \$152 | \$177 |
| <input type="checkbox"/> D5650 | Add Tooth to Existing Partial Denture | \$62 | \$92 | \$121 | \$150 | \$179 | \$208 |
| <input type="checkbox"/> D5660 | Add Clasp to Existing Partial Denture | \$78 | \$114 | \$150 | \$186 | \$222 | \$259 |
| <input type="checkbox"/> D5710 | Rebase Complete Maxillary Denture | \$167 | \$246 | \$324 | \$402 | \$480 | \$558 |
| <input type="checkbox"/> D5711 | Rebase Complete Mandibular Denture | \$167 | \$245 | \$323 | \$400 | \$478 | \$556 |
| <input type="checkbox"/> D5820 | Interim Partial Denture (Maxillary) | \$197 | \$288 | \$380 | \$472 | \$563 | \$655 |
| <input type="checkbox"/> D5821 | Interim Partial Denture (Mandibular) | \$197 | \$289 | \$381 | \$472 | \$564 | \$656 |
| <input type="checkbox"/> D5899 | Gold Denture Crown Per Tooth | \$190 | \$86 | \$114 | \$141 | \$168 | \$196 |
| NOTE: The first 3 adjustments and/or relines of new dentures are at no charge. Those adjustments and/or relines completed after the first 3 will be charged based on the dental fee schedule | | | | | | | |
| <input type="checkbox"/> D5410 | Adjust Complete Denture - Maxillary | \$25 | \$37 | \$49 | \$61 | \$73 | \$84 |
| <input type="checkbox"/> D5411 | Adjust Complete Denture - Mandibular | \$25 | \$37 | \$49 | \$61 | \$73 | \$84 |
| <input type="checkbox"/> D5421 | Adjust Partial Denture - Maxillary | \$25 | \$37 | \$49 | \$61 | \$73 | \$84 |
| <input type="checkbox"/> D5422 | Adjust Partial Denture - Mandibular | \$25 | \$37 | \$49 | \$61 | \$73 | \$84 |
| <input type="checkbox"/> D5730 | Reline Complete Maxillary Denture - Chairside | \$103 | \$156 | \$206 | \$255 | \$305 | \$354 |
| <input type="checkbox"/> D5731 | Reline Complete Mandibular Denture - Chairside | \$103 | \$156 | \$206 | \$255 | \$305 | \$354 |
| <input type="checkbox"/> D5740 | Reline Partial Maxillary Denture - Chairside | \$102 | \$155 | \$204 | \$253 | \$302 | \$351 |
| <input type="checkbox"/> D5741 | Reline Partial Mandibular Denture - Chairside | \$103 | \$155 | \$204 | \$254 | \$303 | \$352 |
| <input type="checkbox"/> D5750 | Reline Complete Maxillary Denture (Lab) | \$137 | \$200 | \$264 | \$328 | \$392 | \$455 |
| <input type="checkbox"/> D5751 | Reline Complete Mandibular Denture (Lab) | \$137 | \$200 | \$264 | \$328 | \$392 | \$455 |
| We are currently under contract for Denture fees so there is no change to the rate schedule. This contract comes up for renewal in August, so the recommendation is to reevaluate the fee schedule it when the contract is renewed later this year. | | | | | | | |

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Governing Board

August 2017

Item #11

**Consider for Approval Privileging Rights for
Shahnawaz Khan, MD**



Date: September 7, 2017

To: CHW Governing Board

Thru: Mary McClure *MM*
CHW Business Director
Interim Executive Director

From: Abdul-Aziz Alhassan, MD *A. Alhassan*
Medical Director

Re: Privileging

Upon review of the completed credentialing file of Shahnawaz Khan, MD, by Sandra Cuellar, HR manager, and myself (Abdul-Aziz Alhassan, MD), we would like to recommend that Coastal Health & Wellness Governing Board approve privileging for Shahnawaz Khan, MD based on the following information.

- Shahnawaz Khan, MD, is a licensed Professional Doctor of Medicine requesting general medical privileges in both the Texas City and Galveston Coastal Health & Wellness Medical Clinic. Shahnawaz Khan graduated from the University of Texas Medical Branch. Shahnawaz Khan requests Medical privileges.

Governing Board

August 2017

Item #12

**Consider for Approval Employee Leave
Subcommittee Recommendations**



**Coastal Health & Wellness Governing Board
Leave Policy Subcommittee Meeting
Wednesday, August 9, 2017**

Employees Present: Mary McClure, Kathy Barroso, Sandra Cuellar

Broad Members Present: Dorothy Goodman, Jay Holland, Mario Hernandez, Miroslava Bustamante & Jose Boix

Item #1 Leave policy – the Subcommittee recommends that the Governing Board Chairman write a letter to the United Board of Health requesting that 1) when a policy change will involve a fiscal impact to Coastal Health & Wellness, prior to the policy change being approved, that the CHW Finance Committee be made aware of the changes, review the fiscal impact and document their review 2) due to the recently approved UBOH *Employee Leave Policy* changes and proposed one time payout in January 2018 of Coastal Health & Wellness employees vacation leave in excess of the new 80 hour maximum vacation carryover limit, that the cost for the one time payout be funded by the United Board of Health General Fund.

Item #2 Personal and Fiscal Policies – the Subcommittee recommends that personnel and fiscal policies the United Board of Health has the authority to establish for both Boards come to the Governing Board as Informational items on the agenda.

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**Governing Board
August 2017
Item #13
Update on Strategic Health Plan Goals**

Coastal Health & Wellness

June 14, 2017

CHW Strategic Health Plan 2016 - 2021

PRIORITY ONE: QUALIFY THE PROGRESS OF CHW

Goal one: Develop **Baseline** in Year One (2016) for Quality/Performance Improvement Indicators:

► Patient Satisfaction from New Survey – 1st Quarter 2016

Questions

Promptness/professionalism of service upon arrival

Promptness of appointment time/informed of delay

Communication/care by provider

Communication/care by other staff

Were you completely satisfied with your visit?

| | Excellent | Good | Fair | Poor | # of Surveys |
|-------------------|-----------|--------|-------|-------|--------------|
| Question 1 | 551 | 138 | 11 | 12 | 715 |
| Percentage | 77.06% | 19.30% | 1.54% | 1.68% | |
| Question 2 | 514 | 148 | 22 | 15 | |
| Percentage | 71.89% | 20.70% | 3.08% | 2.10% | |
| Question 3 | 551 | 124 | 10 | 12 | |
| Percentage | 77.06% | 17.34% | 1.40% | 1.68% | |
| Question 4 | 528 | 148 | 13 | 10 | |
| Percentage | 73.85% | 20.70% | 1.82% | 1.40% | |
| Overall Satisfied | Yes | 651 | No | 33 | |
| Percentage | | 91.05% | | 4.62% | |

CHW Strategic Health Plan 2016 - 2021

- ▶ Number of Insurance Contracts
 - ▶ 13 Medical
 - ▶ 6 Behavioral Health
 - ▶ 10 Dental
 - ▶ TML non-contract
- ▶ Percent of population with insurance – 24.5% (as of 12/31/2016)
 - ▶ Private Insurance 4.3%
 - ▶ Medicare 10.2%
 - ▶ Medicaid 10.0%

CHW Strategic Health Plan 2016 - 2021

- ▶ Identify accurate no show rate for all services for trending

1st Quarter 2016

| | <u>Galveston</u> | <u>Texas City</u> |
|------------|------------------|-------------------|
| Counseling | 46% | 49% |
| Dental | 31% | 30% |
| Medical | 18% | 21% |

CHW Strategic Health Plan 2016 - 2021

- ▶ Assure accurate data collection from NextGen reporting to HRSA
- ▶ Identify accurate baseline for all HRSA Quality Indicators

CHW Strategic Health Plan 2016 - 2021

PRIORITY TWO: INCREASE ACCESS TO CARE AT CHW

Goal one: Increase number of total patients seen by 3% each year

- ▶ Host outreach events in various parts of the county
 - ▶ Participate in various Community Events in the County (e.g., Health Fairs, Salvation Army, Jesse Tree, Galveston Food Bank, etc.) providing A1c and blood pressure screenings in the Mobile Clinic and providing brochures and information regarding CHW services
 - ▶ March to September of 2016 Contracted with King Services who went to various businesses in Galveston County and gave out information on CHW services and gave presentation to some as well
- ▶ Conduct Marketing through Social Media and other marketing opportunities
 - ▶ Information is posted on Facebook, Ads and Guest Column articles have ran in both the Galveston Daily news and Post, Guest Columns regarding Health topic have ran
- ▶ See new patients referred from Gulf Coast mental health organization for primary medical, counseling, or dental care.
 - ▶ The Collaborative that was originally in the works didn't work out however, we do see any patients they referral to us for primary care

CHW Strategic Health Plan 2016 - 2021

- ▶ Increase referrals from hospitals and emergency rooms
 - ▶ Conference call with UTMB to discuss the decrease in the number ER follow up referrals being received there has since been a slight increase. Still working with UTMB on the ER follow up referrals and also speaking with them regarding Inpatient follow up referrals as well
- ▶ Increase number of insured patients by developing new contracts with insurance companies – United Solutions
 - ▶ CHW contracted for Insurance Credentialing with United Solutions for 1 year. As of May 1, 2017 CHW went back to doing Insurance Credentialing in-house
 - ▶ Insurance Credentialing Coordinator is notified of new insurance to contact regarding a contract when patients call regarding an appointment and we're not credentialed with their insurance
- ▶ Explore contracts with other groups such as school districts, senior centers, and non-profits to serve new populations
 - ▶ Contracts with Texas City Head Start & Access Care of Coastal Texas
- ▶ Explore grants opportunities that expand services to new populations
 - ▶ Tried for the Oral Health Expansion Grant & The Episcopal Health Foundation Grant – Continue to seek grant opportunities

CHW Strategic Health Plan 2016 - 2021

Goal Two: Retain existing patients

- ▶ Develop staff training for customer service
 - ▶ "Johnny the Bagger" Customer Service training was provided by HR
 - ▶ Supervisors also discuss Customer Service during their monthly Inservice meetings with staff (role play, scenarios on how to handle difficult patients)
 - ▶ Discuss with staff process changes and follow up frequently until they are comfortable with the new process so that the patient flow is not impacted
- ▶ Educate CHW patients about new insurances as providers are credentialed
 - ▶ List of insurance CHW is credentialed with is sent to staff and updated by Insurance Credentialing Coordinator as information is received
 - ▶ Insurance training provided during Inservice
 - ▶ Patients with questions regarding the insurance CHW accepts are informed
- ▶ BHI case manager will assure follow-up at CHW of mental health patients who also need primary care
 - ▶ Follow up is documented

CHW Strategic Health Plan 2016 - 2021

- ▶ Develop a process for contacting patients for follow-up
 - ▶ Patients enrolled in Title V are contacted to set up well dental and medical visits
 - ▶ Patients due for their 6 month dental cleaning are contacted for an appointment
 - ▶ Patients who miss their appointment are contacted to reschedule
- ▶ Use patient portal and population health to remind selected patients to return for follow-up visits, immunization, labs, etc.
 - ▶ Patients are encouraged to enroll in the patient portal from the time they check-in to they check-out
 - ▶ Patients are given an enrollment token
 - ▶ Patients enrolled do make appointments, contact their provider, pay their bill through the portal
 - ▶ Population health has been used without much success still some barriers to overcome

CHW Strategic Health Plan 2016 - 2021

Goal Three: Maintain primary care services on Galveston Island.

- ▶ Explore new partnership with St. Vincent's or others to share clinic space and patients
- ▶ Explore contracts with other groups such as school districts, senior centers, and non-profits to serve new populations
 - ▶ Contact was made with Galveston Head Start which is now co-located in the Island Community Center and information given about the services offered at CHW
- ▶ Work with the Galveston Housing Authority to target population occupying new housing units on the island
 - ▶ Outreach was provided at Cedars at Carver Park one of the new developments

CHW Strategic Health Plan 2016 - 2021

PRIORITY THREE: **PROVIDE OUTSTANDING QUALITY OF CARE**

Goal One: Maintain Joint Commission Accreditation

- ▶ Monthly education and training for all members of QA for JC requirements
- ▶ Quarterly internal compliance review conducted by members of QA
 - ▶ Title V quarterly Eligibility and Billing, 340B, Sample Medication type audit are conducted and reported to QA

Goal Two: Sustain and improve workplace safety

- ▶ Monthly environment of care audit with reports to QA for evaluation of processes and ways to improve
 - ▶ Environment of care reports are conducted by the Risk and Safety Coordinator
- ▶ Quarterly recognition of excellence in care
 - ▶ Caught Care Certificates given out quarterly based on feedback from patient surveys

CHW Strategic Health Plan 2016 - 2021

- ▶ Investigate adverse occurrences to decrease events
- ▶ Educate staff about reporting possible adverse occurrence
- ▶ Reviews facts and recommend prevention strategies
 - ▶ All three of these are done in conjunction with each other by Compliance/ Risk & Safety

Goal Three: Increase focus on HRSA Quality of Care indicators and improve performance

- ▶ Improve tracking system in NextGen to assure accurate reporting of Quality Indicators
 - ▶ Staff trained on the importance of entering accurate information in the correct fields
- ▶ Initiate quarterly reports to assess accuracy of NextGen UDS Data
 - ▶ The quarterly reports started this calendar year 2017
- ▶ Develop methodology for improving performance on specific Quality Indicators

CHW Strategic Health Plan 2016 - 2021

Goal Four: Proactively perform quality of care reviews of providers & nursing staff

- ▶ Monthly Peer Reviews of medical & dental provider staff's patient records
 - ▶ Peer review is brought to the Clinical QA and discuss with providers at Inservice
- ▶ Mid-level Reviews - Supervising physician routinely and randomly reviews approximately 10% mid-level clinical records
 - ▶ Mid-levels reviews are documented in NextGen, Monthly prescriptive authority meeting are conducted
- ▶ Periodic review of nursing staff performance of clinical competencies

CHW Strategic Health Plan 2016 - 2021

Goal Five: Begin the process of becoming designated as a patient centered medical home

- ▶ Explore necessary steps to becoming a PCMH: comprehensive care, patient-centered, coordinated care, accessible services and quality/safety.
 - ▶ Exploring the PCMH through Joint Commission since CHW is already Joint Commission Accredited
- ▶ Join TACHC's OC3 Learning year for assistance towards becoming PCMH
 - ▶ Participated in the TACHC OC3 Learning year in 2016 the program offer a lot of good information (e.g., looking at provider panel size, cycle time, next available appointment, spaghetti diagram, white board system, etc.)

CHW Strategic Health Plan 2016 - 2021

PRIORITY FOUR: INCREASE PATIENT SATISFACTION BY PROVIDING OUTSTANDING CUSTOMER SERVICE

Goal One: Establish a new survey and baseline to measure patient satisfaction over next 5 years

- ▶ Monitor patient satisfaction surveys and implement process changes to increase patient satisfaction in identified areas and set targets once baseline is developed.
- ▶ Continue patient satisfaction monitoring and trending
 - ▶ Patients are encouraged to provide feedback and staff understand the importance of collecting surveys

CHW Strategic Health Plan 2016 - 2021

Goal Two: Implement a CHW Population Health Program

- ▶ Implement NextGen Population Health software that allows patient notification by preferred method (phone, text, email, etc.)
 - ▶ Software was implemented
- ▶ Develop a population health program to routinely notify patients for needed health appointments: follow-ups, annual well examination, new appointments for health screenings, necessary vaccinations, etc.
 - ▶ Notifications regarding well visits, flu and pneumococcal vaccines were sent out
- ▶ Track effectiveness of Population Health
 - ▶ Challenges to overcome

CHW Strategic Health Plan 2016 - 2021

Goal Three: Engage Employees in Patient Satisfaction

- ▶ Develop patient satisfaction committee to evaluate survey findings and develop methods to target areas for improvements
- ▶ Provide customer service training for staff
- ▶ Recognize exemplary employees who are recognized as providing outstanding customer service by either patients or other employees
 - ▶ Caught Care Certificates given out quarterly based on feedback from patient surveys
 - ▶ MA of the month based on criteria set and recommendation by providers and nurses
 - ▶ Implementing a Quarterly recognition for Nurses based on criteria set and recommendation by providers and managers
 - ▶ Gathering input for recognition in other areas for recognition

CHW Strategic Health Plan 2016 - 2021

PRIORITY FIVE: **MAINTAIN A HIGH LEVEL OF WORKFORCE COMPETENCE**

Goal One: Improve employee recruitment and retention (HR has this as a goal as well)

- ▶ Engage employees in the process of quality improvement for CHW
 - ▶ Educated staff on HRSA, UDS and Strategic Health Plan Goals and invited their feedback on ways to meet the goals
 - ▶ Inform staff when conducting pilots and encourage feedback
 - ▶ Inservice General meeting for all staff to participate together and also try combining areas that work closely together to collaborate on work flows such as well woman exams, discussing insurance

CHW Strategic Health Plan 2016 - 2021

- ▶ Develop and deploy an employee survey
- ▶ Identify areas to increase employee satisfaction from survey results
- ▶ Develop awards recognition program for employees
 - ▶ This is something that is being looked at District wide
- ▶ Perform wage analysis on positions within CHW to assure CHW is competitive
 - ▶ Salary Surveys were done October/November 2016
 - ▶ HR will be conducting analysis at budget time

CHW Strategic Health Plan 2016 - 2021

Goal Two: Employee training

- ▶ Provide initial and ongoing employee training to assure competencies are met
 - ▶ Various positions have competencies that need to be met by the 6 month probationary period is over, then before moving to the next level certain competency need to be met and some areas have annual competencies that have to be met all are documented
 - ▶ Monthly Inservices
 - ▶ On Wednesday mornings the Dental Assistants and Nursing/Mas each have their own program area meetings to discuss any issues or provide teaching that needs to be done before the month inservice
- ▶ Provide opportunities for continuing education, allow access to online and training in job specific areas
 - ▶ Access to online and training is available in some job specific areas

CHW Strategic Health Plan 2016 - 2021

PRIORITY SIX: **OPPORTUNITY FOR REVENUE GROWTH**

Goal One: Increase revenue by meeting current collection goals and increasing the number of insured patients

- ▶ Increase provider credentialing with different insurance carriers by contracting with United Solutions
 - ▶ As of May 1, 2017 doing credentialing in-house
- ▶ Continue to set collection goals and encourage staff to use scripted verbiage for collecting co-pays and fees
 - ▶ Collection reports are reviewed each month and discussed with staff in multiple area that collect monies
 - ▶ Patient Services had focused inservice training on improving up front collections

CHW Strategic Health Plan 2016 - 2021

- ▶ Encourage employee engagement in continued education
 - ▶ Exploring ways to expanded continuing education to more staff such as nursing
- ▶ Continue collection efforts and encourage payment plans for self-pay
 - ▶ Staff ask patients with a balance if they'd like to make a payment towards their balance
 - ▶ Billing and Collection Specialist who serves as a Patient Advocate works with patients in the collection process or who have been terminated to set up a payment

CHW Strategic Health Plan 2016 - 2021

- ▶ Develop process for reducing the no-show rate by 10%
 - ▶ Patients are reminded at the time their appointment made to call 24 hours in advance if not able to keep their appointment
 - ▶ The NextGen automated call reminder system was updated from 3 to 2 days prior to the appointment
 - ▶ Increase CHW's presence within the community through marketing efforts
 - ▶ Currently the no shows are called and staff try to reschedule their appointment and see what the barriers are causing them to miss their appointments
 - ▶ Currently staff are call patients with well visits and procedures the day before and reminding them of their appointment
 - ▶ The Counselor is calling her patients the day before their appointment and reminding them of their appointment

CHW Strategic Health Plan 2016 - 2021

- ▶ Consider adding services to increase incoming revenue from added services
 - ▶ Psychiatrist
 - ▶ Ob-Gyn – started 6/27/17 every other Tuesday morning
 - ▶ Gastroenterology

Goal Two: Explore grant possibilities to expand the mission of GCHD

- ▶ Explore potential ways to expand the BHI services
- ▶ Explore grant funding for smoking cessation, nutritional counseling, weight management, chronic disease education and other programs for preventative and maintenance health care.
- ▶ Develop community programs to focus on health, wellness and disease prevention
 - ▶ New diabetic class offered by community health nurses is quite a success CHW providers have been referring patients since the start Wisdom, Power, Control (AgriLife)