GOVERNING BOARD

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

AGENDA Thursday, November 1, 2018 – 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 in order to participate in this proceeding should, within two (2) days prior to the proceeding, request necessary accommodations by contacting CHW's Executive Assistant at 409-949-3406, or via email at trollins@gchd.org.

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

REGULARLY SCHEDULED MEETING

Meeting Called to Order

*Item #1	Agenda
*Item #2ACTION	Excused Absence(s)
*Item #3ACTION	Consider for Approval Minutes from October 11, 2018 Quality Assurance Board Committee Meeting
*Item #4ACTION	Consider for Approval Minutes from October 16, 2018 Governing Board Special Meeting
*Item #5ACTION	Consider for Approval Quarterly Investment Report
*Item #6ACTION	 Annual Policy/Plan Review a) Coastal Health & Wellness Credit Card and Refund Policy b) Coastal Health & Wellness Charge Capture Policy c) Coastal Health & Wellness Posting Policy
*Item #7ACTION	Consider for Approval FY2018 Audit Engagement with BKD, LLP
Item #8	Executive Report
Item #9ACTION	Consider for Approval Preliminary September 2018 Financial Report
Item #10 ACTION	Consider for Approval Quarterly Visit and Analysis Report Including Breakdown of New Patient by Payor Source
Item #11ACTION	Consider for Approval Denture Fee Schedule
Item #12ACTION	Consider for Approval Quarterly Access to Care Report
Item #13ACTION	Consider for Approval Quarterly Compliance Report
Item #14ACTION	Consider for Approval Re-Privileging Rights for Mary Ogundrian, FNP
Item #15ACTION	Consider for Approval Privileging Rights for Hanna Lindskog, DDS, FAGD

Tentative Next Meeting: December 6, 2018

Appearances before Governing Board

A citizen desiring to make comment(s) to the Board, shall submit a written request to the Executive Director by noon on the Thursday preceding the Thursday Board meeting. The written request must include a brief statement identifying the specific topic and matter presented for consideration. The Executive Director shall include the requested appearance on the agenda, and the person shall be heard, so long as he or she appears at the Board Meeting.

Executive Sessions

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

GOVERNING BOARD

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

Governing Board November 2018 Item #2 Excused Absence(s)

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GOVERNING BOARD

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

Governing Board
November 2018
Item #3
Consider for Approval Minutes from October 11, 2018 Quality
Assurance Board Committee Meeting

Coastal Health & Wellness Governing Board Quality Assurance Committee Meeting October 11, 2018

BOARD MEMBERS PRESENT:

Milton Howard, DDS – Chair David Delac – Vice Chair Samantha Robinson, BSN

EMPLOYEE'S PRESENT:

Kathy Barroso (Interim Executive Director), Abdul-Aziz Alhassan (Medical Director), Tina Belmonte (Clinical Compliance Specialist), Eileen Dawley (Chief Nursing Officer), Jason Borillo (Lead Physician Assistant), Dr. Bang Nguyen (Interim Dental Director), Tiffany Carlson (Nursing Director), Shonta Hill (Dental Assistant Supervisor), Rocky Mosquera (Chief Compliance Officer), Pisa Ring (Patient Information Manager) and Anthony Hernandez (Executive Assistant)

(Minutes recorded by Anthony Hernandez)

ITEM	ACTION
Quarterly Access to Care Report - July, August & September	Quarterly Access to Care Report was reviewed. No show rates continue to remain at the same percentage and there continues to be appointment availability.
Infection Control Measures	 Tina Belmonte, Clinical Compliance Specialist, presented the Infection Control Plan for 2018 and information she would like to include in the 2019 plan. Recommendation was made by Samantha Robinson to have Virginia Kennedy with IPMA, review plan for 2019 before finalizing and bringing to the Board for approval. Tina Belmonte, Clinical Compliance Specialist, reviewed results of clinic rounds, discussed action plan and current Flu Vaccination rates.
Update Regarding UDS Quality of Care Measures	 Jason Borillo, Lead PA gave the Committee an update on UDS Quality of Care Measures and discussed the reason for low immunization rates. Samantha Robinson suggested looking at a process for improving the immunization rates and any other measures which fell below the state average.
Environment of Care	Rocky Mosquera, Chief Compliance Officer, presented the Environment of Care Report.
Joint Commission Initiatives	Kathy Barroso, Interim Executive Director, gave an update on progress towards Joint Commission initiatives.
Open Discussion	No additional comments or recommendations were discussed.

GOVERNING BOARD

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

Governing Board
November 2018
Item #4
Consider for Approval Minutes from October 16, 2018 Governing
Board Special Meeting

Coastal Health & Wellness Governing Board Special Meeting October 16, 2018

Board 1	Members
Present	t :

Dr. Howard David Delac

Jay Holland Victoria Dougharty Virginia Valentino

Staff:

Kathy Barroso, Interim Executive Director Dr. Abdul-Aziz Alhassan, Medical Director Dr. Nguyen, Interim Dental Director

Mary Orange Kristina Garcia Tiffany Carlson Ashley Tompkins

Tina Belmonte
Pisa Ring

Andrea Cortinas Kenna Pruitt Michelle Peacock Eileen Dawley Amanda Wolff

Tikeshia Thompson Rollins

Excused Absence: Dorothy Goodman, Mario Hernandez, and Dr. Thompson

Guest: Aaron Akins

*Items 1-4 Consent Agenda

A motion was made by Virginia Valentino to approve the consent agenda items one through four. Victoria Dougharty seconded the motion and the Board unanimously approved the consent agenda.

Item #5 Consider for Approval Change in Scope (CIS) Request to Update Sites and Service

Kathy Barroso, Interim Executive Director, asked the Board to consider for approval change in scope request to update sites and service. A motion to accept the change in scope as presented was made by Jay Holland and seconded by Virginia Valentino. The Board unanimously approved the motion.

<u>Item #6 Consider for Approval FY2019 Service Area Competition (SAC) Application and Budget for the 2019-2020 Funding Period</u>

Kathy Barroso, Interim Executive Director, and Mary Orange, Business Office Manager, asked the Board to consider for approval FY 2019 service area competition application and budget for the 2019-2020 funding period. A motion to accept (SAC) and budget for 2019-2020 as presented was made by David Delac and seconded by Jay Holland. The Board unanimously approved.

<u>Item #7 Consider for Approval the Appointment of Aaron Akins as a Consumer Representative to the Coastal Health & Wellness Governing Board for a 3-year Term Expiring October</u>

Dr. Howard, Board chair, asked the Board to consider for approval the appointment of Aaron Akins as a consumer representative to the Coastal Health & Wellness Governing Board for a 3-year term expiring October 2021. A motion to accept Aaron Akins as a consumer representative was made by Jay Holland and seconded by Virginia Valentino. The Board unanimously approved the motion.

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A motion to adjourn was	s made by Virginia	valentino, seconded by	Dorothy Goodman	. The Board adjourned at	12:23 p.m.

Chair	Secretary/Treasurer
Date	Date

Health & Wellness GOVERNING BOARD

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

Governing Board
November 2018
Item #5
Consider for Approval Quarterly Investment Report

Coastal Health & Wellness Investment Report For the period ending September 30, 2018

Coastal Health & Wellness	Money Market Account				
	<u>July</u>	<u>August</u>	September		
Beginning Balance	\$2,376,123	\$2,149,377	\$2,243,416		
Deposits	297,000	362,600	399,600		
Withdrawals	(525,000)	(270,000)	(510,000)		
Interest Earned	1,254	1,439	1,468		
Ending Balance	\$2,149,377	\$2,243,416	\$2,134,485		
Current Annual Yield	0.75%	0.87%	0.90%		
Previous Quarter Yield (4/2018 - 6/2018)	0.60%	0.75%	0.75%		

Tex Poo	ol Investment	S
<u>July</u>	<u>August</u>	<u>September</u>
\$3,028,036	\$3,032,895	\$3,037,842
0	0	0
0	0	0
4,860	4,947	4,982
\$3,032,895	\$3,037,842	\$3,042,824
	_	-
1.89%	1.92%	2.00%
1.67%	1.72%	1.81%
-		

FY18 Summary	Interest Earned	Avg Balance	Yield
October 1, 2017 to December 31, 2017	\$6,452	4,711,676	0.14%
January 1, 2018 to March 31, 2018	\$9,471	4,849,814	0.20%
April 1, 2018 to June 30, 2018	\$15,654	5,196,153	0.30%
July 1, 2018 to September 30, 2018	\$18,950	5,007,955	0.38%
YTD Totals	\$50,527	\$4,941,400	1.02%

Coastal Health & Wellness	Q1	Q2	Q3	Q4	YTD Comparison
Interest Yield Year to Year Comparison	Oct 1-Dec 31	Jan 1-Mar 31	Apr 1-June 30	Jul 1-Sept 30	Total as of 9/30
FY2015	0.19%	0.18%	0.19%	0.19%	0.75%
FY2016	0.13%	0.12%	0.12%	0.13%	0.50%
FY2017	0.13%	0.12%	0.12%	0.13%	0.50%
FY2018 (Current year)	0.14%	0.20%	0.30%	0.38%	1.01%

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GOVERNING BOARD

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

Governing Board November 2018 Item #6 Annual Policy/Plan Review

a.Coastal Health & Wellness Credit Card and Refund Policy b.Coastal Health & Wellness Charge Capture Policy

c.Coastal Health & Wellness Posting Policy



-Approved 11/16/2017 By: CHW Governing Board -Effective 11/16/2017

Coastal Health & Wellness Credit and Refund Policy

Purpose

This policy applies to all Coastal Health & Wellness (CHW) employees and/or -Outside Billing Agency who identify potential credits and/or refunds due to patients, insurances or third_-party payors.

Policy

It is the <u>policy of Coastal Health & Wellness policy</u> to conduct a thorough review of potential credits and/or refunds to determine the cause and the appropriate course of corrective action.

Responsibilities

Any Business Office Staff MemberBusiness Office Staff Member— may provide a patient with a Refund Request form to complete should the patient request one. For patient requested refunds, staff will verbally explain the statement on the Refund Request form which reads: "Please note any account credit will first be applied to balances due which may have occurred for dental and/or medical services rendered by Coastal Health & Wellness clinic, and with any remaining credit will be refunded. The refund process may take up to 30 days for completion"-on the Refund Request form.

Revenue CycleCHW Business Office – thoroughly reviews potential credits and/or refunds to determine the cause and the appropriate course of corrective action, and Staff gathers necessary back up documentation, to process patient (no refunds will be given if outstanding balance due is more than the requested refund), insurance and third party refund requests. No refunds will be given to patients if outstanding balance due is more than the requested refund.

Outside Billing Agency - thoroughly reviews potential credits and/or refunds to determine the cause and the appropriate course of corrective action, and Staff gathers necessary back up documentation, to process patient, insurance and third party refunds and will forward that information to the RevenueCHW Business Office Cycle department if a refund via check or credit card payment is necessary, request

Procedure

- A. Business Staff
 - 1. Notifies Manager and/or Director of any credits (e.g., via email screen shot).
 - Information regarding credits is forwarded to Revenue Cycle and/or the Billing Agency for review and processing.
 - Completed Refund Forms are Signed by Managers and sent to Revenue Cycle Area for processing.
- B. Revenue Cycle
 - 1. Reviews any credits to determine if an over payment or posting error.

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- i. If overpayment, process refund if appropriate (e.g., patient overpayment and no other balance due).
- ii. Post refund once check is received for mail out from Accounting.
- iii. If a posting error, make the necessary corrections, and/or forward the information to the Billing Agency.

C. Billing Agency

1. Reviews any credits to determine if an over payment or posting error.

- i. If overpayment, gather all the necessary documentation needed, to process the refund and send to Revenue Cycle Areadepartment.
- ii. If a posting error, make the necessary corrections.

Note: Refer to NextGen Training Manuals

- Billing Voiding Charges and Adjustment Reversals
- Revenue Cycle NextGen Training Manual

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-Approved 11/16/2017 By: CHW Governing Board -Effective 11/16/2017

Coastal Health & Wellness Charge Capture Policy

Purpose

This policy applies to all Coastal Health & Wellness (CHW) employees and/or Outside Billing Agency who are responsible for entering clinic charges.

Policy

It is the <u>policy of Coastal Health & Wellness policy</u> to capture services performed for a patient in an accurate and timely manner. The charges are captured in the electronic record for every patient.

Responsibilities

Patient Services – in the electronic <u>management</u> system, assure all patient demographic and payor (sliding discount, insurance or contract) information is entered accurately and post any charges (e.g., nominal fee, STD/HIV, etc.).

Dental Assistants (DAs) – in the patient's electronic record, complete reason for patient visit, blood pressure, x-rays, as well as any other documentation required by DAs —records lock automatically after-within 72 hours of visit.

Nursing/MAs – in the patient's electronic record, complete reason for patient visit, vitals, as well as any other documentation required by Nursing/MAs, and super bill services provided such as labs, injections, vaccines — records lock automatically afterwithin 72 hours of visit.

Providers (Dental & Medical) – in <u>patient's</u> electronic record, complete patient visit documentation, submit procedure code(s) and diagnosis code(s) — <u>records lock automatically after within</u> 72 hours <u>of visit</u>.

Lab - in <u>patient's</u> electronic record, complete and super bill <u>lab and x-ray</u> services provided <u>_, labs/x-rays - records lock automatically after</u> within 72 hours.

Check-Out - in <u>patient's</u> electronic record, process any charges that populate during the checkout auto flow process and enter charges for any <u>medical</u> record request, whether dental or medical.

Outside Billing Agency - in electronic record bill all encounters no later than 3 days bill all encounters no later than 3 days after completion of documentation in electronic record.

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Procedure

A. Check in Auto Flow Process

1. Demographics are verified.

- 2. Encounter is created.
- 3. Insurance is attached to the encounter if applicable.
- 4. Enter the appropriate charge.
 - i. Example: patients on a 100% discount are responsible for a nominal fee staff needs to enter the charge for this nomfee.
- B. Dental Assistant complete reason for patient visit, blood pressure, x-rays as well as any other documentation required by DA_{.s}
- C. Nursing/MAs complete reason for patient visit, vitals, as well as any other documentation required by Nursing/MAs and super bill services provided such as labs, injections, vaccines.
- D. Providers
 - 1. Complete chart documentation.
 - 2. Submit order for any requested test / services if applicable (e.g., x-ray, vaccine, etc.).
 - 3. Calculate and submit the evaluation and management visit code.
 - 4. Enter all diagnosis applicable to each encounter, as well any services ordered (match the diagnosis to the test/service to support medical necessity and reimbursement).
- E. Lab complete and super bill services provided labs/x-rays.
- F. Check-Out
 - 1. Check-out auto flow If the pre-loaded charges box comes up click **Process** (never click reject).
 - 2. Record request
 - i. Create encounter.
 - ii. Enter charge medrec.
- G. Billing Agency
 - 1. Process all unbilled encounters.
 - Bill all completed encounters no later than 3 days after the date of servicecompletion of documentation in electronic record.
 - 3. Incomplete encounters will be communicated to Coastal Health & Wellness Revenue Cycle Area for follow up:
 - i. Bill within 3 days of completion.
 - 4. All charges should be billed no later than the 5th of the next month.

Note: Refer to NextGen Training Manuals

- Front Desk/Cashier Duties Check-In with AutoFlow
- Patient Services NextGen Training Manual
- Billing Charge Entry Process
- Electronic Records NextGen PM Training Manual
- Checkout With AutoFlow
- Checkout Medical/Dental Record Copy Payments Only
- Revenue Cycle NextGen Training Manual

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-Approved 11/16/2017 By: CHW Governing Board -Effective 11/16/2017

Coastal Health & Wellness Payment Posting Policy

Purpose

This policy applies to all Coastal Health & Wellness employees and <u>or Outside</u> Billing Agency who are responsible for entering clinic payments.

Policy

It is the <u>policy of Coastal Health & Wellness policy to post payments for a patient encounter in an accurate and timely manner. The Once posted, all payments are <u>reflected posted</u> in the <u>patient's electronic record account for every patient.</u></u>

Responsibilities

Patient Services – in the patient's electronic record, post all payments received as applicable (e.g., nominal fees, deposits, co-pays, payment on accounts, etc.,) during the check-in auto flow process and reconcile to the posted payments to the daily deposit.

Check-Out — in the patient's electronic record, post all payments received as applicable (e.g., records fees, payment on accounts, etc.,) during the check-out auto flow process and reconcile posted payments to the daily deposit.

Revenue CycleBusiness Office - in the patient's electronic record, post all payments received as applicable (e.g., denture contract, budget plan, contracts, etc.,) and reconcile posted payments to the daily deposit. Submit backup information on payments received from patient statements and third-party payers to the outside billing agency to be posted to the patient's account.

Outside Billing Agency - in the patient's electronic record, post all payments received in the Business Office as applicable related to (e.g., patient payments, Medicare, Medicaid, Private Insurance, etc., and reconcile posted payments to the daily deposit daily cash receipt logs and explanation of benefits (EOB's) received from third-party payers..

Procedure

- A. Check in Auto Flow Process
 - 1. Payment Entry Box Displays.
 - 2. Select Patient in the Payer Field.
 - 3. Assure the correct payment amount and type (e.g., eash, check, credit card, etc.,) is
 - 4. Select correctly where all unapplied amounts should be applied Encounter.
 - 5. Batches are Posted posted Dailydaily.
 - 6. Cash, Cheeks and Credit Card Slips are reconciled to the daily deposit.
- **B.** Check-out Auto Flow Process

- 1. Payment Entry Box Displaysdisplays.
- 2. Select Patient in the Payer Field.
- 3. Assure the correct payment amount and type (e.g., cash, check, credit card, etc.,) is entered.
- 4. Select correctly where all unapplied amounts should be applied Encounter.
- 5. Batches are Posted posted Dailydaily.
- 6. Cash, Checks and Credit Card Slips are reconciled to the daily deposit.

C. Revenue Cycle

- 1. Payment Entry Box Displays.
- 2. Select correct Payer (patient, Title V, etc.,) in the Payer Field.
- Assure the correct payment amount and type (e.g., cash, check, credit card, etc.,) is entered.
- 4. Select correctly where all payment amounts should be applied Encounter or Account.
- 5. Post any Contractual Adjustment as applicable.
- 6. Batches are Posted posted Dailydaily.
- 7. Cash, Checks and Credit Card Slips are reconciled to the daily deposit.

D. Billing Agency

- 1. Payment Entry Box Displays.
- 2. Select correct Payer (patient, Medicare, etc.,) in the Payer Field.
- Assure the correct payment amount and type (e.g., cash, check, credit card, etc.,) is entered.
- 4. Select correctly where all payment amounts should be applied *Encounter or Account.*
- 5. Post any Contractual Adjustment as applicable.
- Apply deductibles, co insurances, etc., and move balances as applicable to patient responsibility.
- 7. Batches are Posted posted Dailydaily.
- 8. Reconcile to Daily Deposit Breakdown Sheet by Deposit Number.

Note: Refer to NextGen Training Manuals

- Front Desk/Cashier Duties Cheek-In with AutoFlow
- Front Desk/Cashier Duties End of Day Balancing and Closing
- Front Desk/Cashier Duties Payments Only
- Front Desk/Cashier Duties Payments Only without Balances
- Billing Payments from EOBs
- Checkout With AutoFlow
- Checkout Medical/Dental Record Copy Payments Only
- Patient Services NextGen Training Manual
- Electronic Records NextGen PM Training Manual
- Revenue Cycle NextGen Training Manual

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Health & Wellness GOVERNING BOARD

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

Governing Board
November 2018
Item #7
Consider for Approval FY2018 Audit Engagement with BKD, LLP



October 16, 2018

Galveston County United Board of Health Coastal Health & Wellness Governing Board Galveston County Health District Mid-County Annex 9850 Emmett F. Lowry Expressway Texas City, Texas 77591

We are pleased to confirm the arrangements of our engagement and the nature of the services we will provide to Galveston County Health District.

ENGAGEMENT OBJECTIVES AND SCOPE

We will audit the basic financial statements of Galveston County Health District as of and for the year ended September 30, 2018, and the related notes to the financial statements.

Our audit will be conducted with the objectives of:

- ✓ Expressing an opinion on the financial statements
- ✓ Issuing a report on your compliance based on the audit of your financial statements.
- ✓ Issuing a report on your internal control over financial reporting based on the audit of your financial statements.
- ✓ Expressing an opinion on your compliance, in all material respects, with the types of compliance requirements described in the *U.S. Office of Management and Budget* (OMB) *Compliance Supplement* that are applicable to each of your major federal award programs.
- ✓ Issuing a report on your internal control over compliance based on the audit of your compliance with the types of compliance requirements that are applicable to each of your major federal award programs.
- ✓ Issuing a report on your schedule of expenditures of federal awards.



We will conduct our audit in accordance with auditing standards generally accepted in the United States of America (GAAS), the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States and *Title 2 U.S. Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards require that we plan and perform:

- ✓ The audit of the financial statements to obtain reasonable rather than absolute assurance about whether the financial statements are free of material misstatement, whether caused by fraud or error.
- ✓ The audit of compliance with the types of compliance requirements described in the *OMB Compliance Supplement* applicable to each major federal award program to obtain reasonable rather than absolute assurance about whether noncompliance having a direct and material effect on a major federal award program occurred.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to error or fraud. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

Because of the inherent limitations of an audit, together with the inherent limitations of internal control, an unavoidable risk that some material misstatements or noncompliance having a direct and material effect may not be detected exists, even though the audit is properly planned and performed in accordance with GAAS.

In making our risk assessments, we consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. However, we will communicate to you in writing concerning any significant deficiencies or material weaknesses in internal control relevant to the audit of the financial statements that we have identified during the audit. Also, in the future, procedures could become inadequate because of changes in conditions or deterioration in design or operation. Two or more people may also circumvent controls, or management may override the system.

We are available to perform additional procedures with regard to fraud detection and prevention at your request, subject to completion of our normal engagement acceptance procedures. The actual terms and fees of such an engagement would be documented in a separate letter to be signed by you and BKD.

Amanda Eaves, Director, is responsible for supervising the engagement and authorizing the signing of the report or reports.

We will issue a written report upon completion of our audit of Galveston County Health District's financial statements. Our report will be addressed to the Galveston County United Board of Health, Coastal Health & Wellness Governing Board and Galveston County Health District. We cannot provide assurance that an unmodified opinion will be expressed. Circumstances may arise in which it is necessary for us to modify our opinion, add an emphasis of matter or other matter paragraph(s), or withdraw from the engagement. If we discover conditions that may prohibit us from issuing a standard report, we will notify you as well. In such circumstances, further arrangements may be necessary to continue our engagement.

We will also express an opinion on whether the budget to actual schedules ("supplementary information") is fairly stated, in all material respects, in relation to the financial statements as a whole.

YOUR RESPONSIBILITIES

Our audit will be conducted on the basis that management and, where appropriate, those charged with governance acknowledge and understands that they have responsibility:

- 1. For the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America;
- 2. For the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error;
- 3. For identifying and ensuring compliance with the laws, regulations, contracts and grants applicable to your activities (including your federal award programs); and
- 4. To provide us with:
 - a. Access to all information of which management is aware that is relevant to the preparation and fair presentation of the financial statements such as records, documentation and other matters;

- b. Additional information that we may request from management for the purpose of the audit; and
- c. Unrestricted access to persons within the entity from whom we determine it necessary to obtain audit evidence.

As part of our audit process, we will request from management and, where appropriate, those charged with governance, written confirmation acknowledging certain responsibilities outlined in this engagement letter and confirming:

- The availability of this information
- Certain representations made during the audits for all periods presented
- The effects of any uncorrected misstatements, if any, resulting from errors or fraud aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements taken as a whole

The results of our tests of compliance and internal control over financial reporting performed in connection with our audit of the financial statements may not fully meet the reasonable needs of report users. Management is responsible for obtaining audits, examinations, agreed-upon procedures or other engagements that satisfy relevant legal, regulatory or contractual requirements or fully meet other reasonable user needs.

With regard to supplementary information:

- Management is responsible for its preparation in accordance with applicable criteria
- Management will provide certain written representations regarding the supplementary information at the conclusion of our engagement
- Management will include our report on this supplementary information in any document that contains this supplementary information and indicates we have reported on the supplementary information
- Management will make the supplementary information readily available to intended users if it is not presented with the audited financial statements

OTHER SERVICES

We will provide you with the following nonattest services:

• Preparing a draft of the financial statements and related notes

In addition, we may perform other services for you not covered by this engagement letter. You agree to assume full responsibility for the substantive outcomes of the services described above and for any other services that we may provide, including any findings that may result. You also acknowledge that those services are adequate for your purposes and that you will establish and monitor the performance of those services to ensure that they meet management's objectives. Any and all decisions involving management responsibilities related to those services will be made by you, and you accept full responsibility for such decisions. We understand that you will designate a management-level individual to be responsible and accountable for overseeing the performance of those services, and that you will have determined this individual is qualified to conduct such oversight.

ENGAGEMENT FEES

Our fees will be \$38,325 for the audit and travel and administrative fees will not exceed \$2,500. Administrative fees cover items such as copies, postage and other delivery charges, supplies, technology-related costs such as computer processing, software licensing, research and library databases, and similar expense items.

Our fees include a Uniform Guidance compliance audit of one major program. If we audit additional programs, our fees will increase. Our estimate of time does include any time required to address any restatement of the previously audited financial statements.

Our fees are based upon the understanding that your personnel will be available to assist. Assistance from your personnel is expected to include:

- Preparing audit schedules to support all significant balance sheet and certain other accounts
- Responding to auditor inquiries
- Preparing confirmation and other letters
- Pulling selected invoices and other documents from files
- Helping to resolve any differences or exceptions noted

We will provide you with a detailed list of assistance and schedules required and the date such assistance and schedules are to be provided before the audit begins. All schedules should be provided in electronic form unless indicated otherwise.

Our timely completion of the audit depends on your timely and accurate schedule and analyses preparation and on the availability of your personnel to provide other assistance. If there are inaccuracies or delays in preparing this material, or if we experience other assistance difficulties that add a significant amount of time to our work, our fees will increase.

Our pricing for this engagement and our fee structure are based upon the expectation that our invoices will be paid promptly. We will issue progress billings during the course of our engagement, and payment of our invoices is due upon receipt. Interest will be charged on any unpaid balance after 30 days at the rate of 10% per annum.

Our engagement fee does not include any time for post-engagement consultation with your personnel or third parties, consent letters and related procedures for the use of our reports in offering documents, inquiries from regulators or testimony or deposition regarding any subpoena. Charges for such services will be billed separately.

Our fees may also increase if our duties or responsibilities are increased by rulemaking of any regulatory body or any additional new accounting or auditing standards.

If our invoices for this or any other engagement you may have with BKD are not paid within 30 days, we may suspend or terminate our services for this or any other engagement. In the event our work is suspended or terminated as a result of nonpayment, you agree we will not be responsible for any consequences to you.

OTHER ENGAGEMENT MATTERS AND LIMITATIONS

BKD is not acting as your municipal advisor under Section 15B of the Securities Exchange Act of 1934, as amended. As such, BKD is not recommending any action to you and does not owe you a fiduciary duty with respect to any information or communications regarding municipal financial products or the issuance of municipal securities. You should discuss such information or communications with any and all internal or external advisors and experts you deem appropriate before acting on any such information or material provided by BKD.

Our workpapers and documentation retained in any form of media for this engagement are the property of BKD. We can be compelled to provide information under legal process. In addition, we may be requested by regulatory or enforcement bodies to make certain workpapers available to them pursuant to authority granted by law or regulation. You agree that we have no legal responsibility to you in the event we provide such documents or information.

You agree to indemnify and hold harmless BKD and its personnel from any claims, liabilities, costs and expenses relating to our services under this agreement attributable to false or incomplete representations by management, except to the extent determined to have resulted from the intentional or deliberate misconduct of BKD personnel.

You agree that any dispute regarding this engagement will, prior to resorting to litigation, be submitted to mediation upon written request by either party. Both parties agree to try in good faith to settle the dispute in mediation. The American Arbitration Association will administer any such mediation in accordance with its Commercial Mediation Rules. The results of the mediation proceeding shall be binding only if each of us agrees to be bound. We will share any costs of mediation proceedings equally.

Either of us may terminate these services at any time. Both of us must agree, in writing, to any future modifications or extensions. If services are terminated, you agree to pay us for time expended to date. In addition, you will be billed travel costs and fees for services from other professionals, if any, as well as an administrative fee of 4% to cover items such as copies, postage and other delivery charges, supplies, technology-related costs such as computer processing, software licensing, research and library databases, and similar expense items.

If any provision of this agreement is declared invalid or unenforceable, no other provision of this agreement is affected and all other provisions remain in full force and effect.

This engagement letter represents the entire agreement regarding the services described herein and supersedes all prior negotiations, proposals, representations or agreements, written or oral, regarding these services. It shall be binding on heirs, successors and assigns of you and BKD.

We may from time to time utilize third-party service providers, e.g., domestic software processors or legal counsel, or disclose confidential information about you to third-party service providers in serving your account. We remain committed to maintaining the confidentiality and security of your information. Accordingly, we maintain internal policies, procedures and safeguards to protect the confidentiality of your information. In addition, we will secure confidentiality agreements with all service providers to maintain the confidentiality of your information. In the event we are unable to secure an appropriate confidentiality agreement, you will be asked to provide your consent prior to the sharing of your confidential information with the third-party service provider.

We will, at our discretion or upon your request, deliver financial or other confidential information to you electronically via email or other mechanism. You recognize and accept the risk involved, particularly in email delivery as the Internet is not necessarily a secure medium of communication as messages can be intercepted and read by those determined to do so.

You agree you will not modify these documents for internal use or for distribution to third parties. You also understand that we may on occasion send you documents marked as draft and understand that those are for your review purpose only, should not be distributed in any way and should be destroyed as soon as possible.

If you intend to include these financial statements and our report in an offering document at some future date, you agree to seek our permission to do so at that time. You agree to provide reasonable notice to allow sufficient time for us to perform certain additional procedures. Any time you intend to publish or otherwise reproduce these financial statements and our report and make reference to our firm name in any manner in connection therewith, you agree to provide us with printers' proofs or masters for our review and approval before printing or other reproduction. You will also provide us with a copy of the final reproduced material for our approval before it is distributed. Our fees for such services are in addition to those discussed elsewhere in this letter.

You agree to notify us if you desire to place these financial statements or our report thereon along with other information, such as a report by management or those charged with governance on operations, financial summaries or highlights, financial ratios, etc., on an electronic site. You recognize that we have no responsibility as auditors to review information contained in electronic sites.

Any time you intend to reference our firm name in any manner in any published materials, including on an electronic site, you agree to provide us with draft materials for our review and approval before publishing or posting such information.

BKD is a registered limited liability partnership under Missouri law. Under applicable professional standards, partners of **BKD**, **LLP** have the same responsibilities as do partners in a general accounting and consulting partnership with respect to conformance by themselves and other professionals in BKD with their professional and ethical obligations. However, unlike the partners in a general partnership, the partners in a registered limited liability partnership do not have individual civil liability, directly or indirectly, including by way of indemnification, contribution, assessment or otherwise, for any debts, obligations or liabilities of or chargeable to the registered limited liability partnership or each other, whether arising in tort, contract or otherwise.

Government Auditing Standards require that we provide you with a copy of our most recent external peer review report and any letter of comment, and any subsequent peer review reports and letters of comment received during the period of the contract. Our most recent peer review report accompanies this letter.

HIPAA BUSINESS ASSOCIATE AGREEMENT

We agree not to use or disclose Protected Health Information of your (patients/employees) (hereinafter referred to as "PHI") obtained or produced in any form of media during the course of our work in a manner prohibited by HIPAA, as amended. We may use or disclose PHI for purposes of (a) performing our engagement, (b) management and administration of BKD, or (c) carrying out legal responsibilities of BKD. We will not further disclose information except as permitted or required by this contract or as required by law. When using or disclosing PHI in relation to this engagement, we will limit disclosures as required by HIPAA. We will not use PHI in any marketing activities in a manner that would violate HIPAA. We represent to you that we have implemented what we consider to be appropriate administrative, physical and technical safeguards to protect the confidentiality, integrity and availability of your PHI as required for us as a business associate to comply with HIPAA.

With respect to your PHI, we will report to you any breach (as defined in 45 CFR 164.402), material security incident or use or disclosure not authorized by this agreement and, to the extent practical, assist you in mitigating any harmful effects caused by breaches, material security incidents or unauthorized uses or disclosures of which we become aware. To assist you in fulfilling your responsibility to notify impacted individuals and others of a breach involving unsecured PHI (as required under 45 CFR 164.400 et seq.), in this report we will identify to you, to the extent reasonably possible:

- 1. Each individual whose unsecured PHI was subject to the breach.
- 2. Any other available information you are required to include in your notification to such individual(s) or others under 45 CFR 164.404(c).

We agree that any material violation of these confidentiality provisions by us entitles you to terminate this engagement. Similarly, if we become aware of a violation of HIPAA by you that cannot be or is not timely cured, we may be obligated to terminate this engagement.

BKD agrees to:

- 1. Upon their request, make available to the Secretary of Health and Human Services (HHS) our internal practices and books and records relating to the use and disclosure of PHI for purposes of determining your compliance with the Security and Privacy Rule, subject to any applicable legal privileges.
- 2. Make available information necessary for you to make an accounting of disclosures of PHI about an individual.

- 3. To the extent we maintain information that is part of a Designated Record Set, make available information necessary for you to respond to requests by individuals for access to PHI that is not in your possession but is considered part of a Designated Record Set.
- 4. Upon receipt of a written request from you, incorporate any amendments or corrections to PHI contained in our workpapers in accordance with the Security and Privacy Rule to the extent such PHI is considered part of a Designated Record Set.

For purposes of this agreement, the term "Security and Privacy Rule" refers to the final rules published to implement the Administrative Simplification provisions of the *Health Insurance Portability and Accountability Act of 1996*, specifically 45 CFR Parts 160 and 164. The terms "Protected Health Information" and "Designated Record Set" have the same meaning as defined in the Security and Privacy Rule.

At the conclusion or termination of this engagement, any PHI retained by us will be subject to the same safeguards as for active engagements.

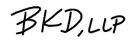
We will obtain from any agents, including subcontractors, to whom we provide PHI received from you, or created or received by us on behalf of you, an agreement to the same restrictions and conditions that apply to us with respect to such PHI.

To the extent that any relevant provision of HIPAA is eliminated or held to be invalid by a court of competent jurisdiction, the corresponding portion of this agreement shall be deemed of no force and effect for any purpose. To the extent that any relevant provision of HIPAA is materially amended in a manner that changes the obligations of business associates or covered entities that are embodied in term(s) of this engagement, the Parties agree to negotiate in good faith appropriate amendment(s) to this engagement to give effect to such revised obligations. In addition, the terms of this engagement should be construed in light of any interpretation and/or guidance on HIPAA issued by HHS from time to time.

As required by Chapter 2270, Texas Government Code, we represent that we do not boycott Israel and will not boycott Israel through the term of this engagement. For purposes of this representation, "boycott Israel" means refusing to deal with, terminating business activities with or otherwise taking any action that is intended to penalize, inflict economic harm on or limit commercial relations specifically with Israel, or with a person or entity doing business in Israel or in an Israeli-controlled territory, but does not include an action made for ordinary business purposes.

Please sign and return the attached copy of this letter to indicate your acknowledgement of, and agreement with, the arrangements for our audit of the financial statements including our respective responsibilities. If the signed copy you return to us is in electronic form, you agree that such copy shall be legally treated as a "duplicate original" of this agreement.

BKD, LLP



Acknowledged and agreed to on behalf of

Galveston County Health District

BY ______ Kathy Barroso, Chief Executive Officer

DATE _____

Galveston County United Board of Health

BY ______Ben G. Raimer, MD, Chairperson

DATE _____

Galveston County Health District October 16, 2018 Page 12
Acknowledged and agreed to on behalf of
Coastal Health & Wellness
BY Kathy Barroso, Interim Executive Director
DATE
Coastal Health & Wellness Governing Board
BY Milton Howard, DDS, Chairperson
DATE

Back to Agenda



Health & Wellness GOVERNING BOARD

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

Governing Board November 2018 Item #8 Executive Report



Crucial Catch - Intercept Cancer Day a success

Crucial Catch - Intercept Cancer Day at Coastal Health & Wellness was a huge success with more than 200 community members attending.

CHW was also able to provide, with help from UTMB, 19 mammograms, thanks to a grant from the American Cancer Society (ACS), funded by The National Football League (NFL).

The event was hosted by CHW, in partnership with the ACS and NFL.

Additional breast screening days will be scheduled in coming months, thanks to grant funding from the ACS and NFL. Since last fall, CHW has offered 80 screenings.







Thank you to our CHW physician assistants, medical assistants





Above, Medical Assistant Week: Oct. 15-19

At left, Physician Assistant Week: Oct. 6-12

CHW hosts 2019 Crucial Catch - Intercept Cancer













CHW hosts 2019 Crucial Catch - Intercept Cancer













Healthy lifestyle can reduce risk, impact of diabetes

Each year, 1.5 million Americans are diagnosed with diabetes.

Diabetes is one of the leading causes of disability and death in the United States with one in 10 Americans having diabetes and another 84 million adults at high risk for developing type 2 diabetes.

November marks National Diabetes Month, a time to raise awareness and encourage healthy living.

"Although there isn't yet a cure for diabetes, a healthy lifestyle as recommended by your doctor can reduce its impact on your life," said Dr. Philip Keiser, Galveston County local health authority. "Everyday actions like eating a healthy diet, being physically active and taking pre-

scribed medications help you stay on track."

This year's theme is "Everyday Reality."

From what they'll wear to what they'll eat and how they'll take care of themselves, this year's theme highlights the day-to-day impact diabetes makes on nearly every decision a diabetic makes.

There are three main types of diabetes – type 1, type 2 and gestational.

Roughly 90 percent of people who have diabetes have type 2, which can often be delayed or prevented with lifestyle changes.

Type 2 affects a body's ability to use insulin well and makes it unable to regulate blood sugar levels. Risk factors include:

· Being overweight;

- Being 45 years or older;
- Having a parent, brother or sister with type 2 diabetes;
- Being physically active less than three times a week;
- Ever having gestational diabetes or giving birth to a baby who weighed more than nine pounds.

Those who show any risk signs should contact their doctor to see if they should be tested for diabetes.

Race and ethnicity also matter: African Americans, Hispanic/ Latino Americans, American Indians, Pacific Islanders and some Asian Americans are at higher risk for type 2 diabetes.

Uncontrolled, diabetes can cause blindness, nerve damage, kidney disease and other health problems.

"The sooner you find out if you have diabetes, the sooner you can start making health changes that will benefit you now and in the future," Keiser said.

Symptoms

- Urinating often
- Feeling very thirsty
- Feeling very hungry –
 even though you are eating
 - Extreme fatigue
 - Blurry vision
- Cuts/ bruises that are slow to heal
- Weight loss even though you are eating more (type 1)
- Tingling, pain or numbness in the hands/ feet (type 2)

Early detection and treatment of diabetes can decrease the risk of developing the complications of diabetes.

Five tips for eating healthier this holiday season

'Tis the season for family, festivity and food - a lot of food. Temptations are everywhere, and parties and travel disrupt daily routines. What's more, it all goes on for weeks!

How do you stick to your meal plan when everyone around you seems to be splurging. Here are five tips that can help.

Holiday-proof your plan

You may not be able to control what food you're served, and you're bound to see other people eating a lot of tempting treats. Meet the challenges armed with a plan:

Eat close to your usual times to keep

your blood sugar steady. If your meal is served later that normal, eat a small snack at your usual mealtime and eat a little less when dinner is served.

Invited to a party? Offer to bring a healthy dish along.

If you have a sweet treat, cut back on other carbs during the meal.

Don't skip meals to save up for a feast. It will be harder to keep your blood sugar in control and you'll be really hungry and more likely to overeat.

If you slip up, get right back to healthy eating with your next meal.

Outsmart the buffet

When you face a spread of delicious

holiday good, make healthy choices easier.

Have a small plate of the foods you like best and then move away from the buffet table.

Start with vegetables to take the edge off your appetite. Eat slowly. It takes at least 20 minutes for your brain to realize you're full.

Avoid or limit alcohol. If you do have an alcoholic drink, have it with food. Alcohol can lower blood sugar and interact with diabetes medicines.

Also plan to stay on top of your blood sugar. Check it more often during the

Eating page 6

Say no to tobacco use this Great American Smokeout

Quitting smoking improves your health immediately and over the long term – at any age. But, it's not easy. It takes hard work, time and a plan.

Nov. 15 marks the Great American Smokeout, an annual effort to encourage the nearly 38 million adults in the United States who smoke cigarettes to quit.

If you're a smoker or a tobacco user, setting a date to quit can be an important step in protecting your health and the health of loved ones.

You don't have to stop smoking in one day. But, you do need to start with day one. Why not set Nov. 15 as your date?

Smoking remains the single largest preventable cause of death and illness in the world, according to the American Cancer Society, which sponsors the Great American Smokeout.

Smoking causes more than 480,000 deaths every year and more than 16 million Americans live with a smoking-related disease. Quitting smoking is an important step towar feeling better and creating a healthier life.

A good plan can help smokers get past the symptoms of withdrawl. Take these steps to improve your success:

Set a quit date

Choose the Great American Smokeout or another quit day within the next two weeks.

Tell your family and friends about your quit plan

Share your quit date with the important people in your life and ask for support. A daily phone call, e-mail or text message can help you stay on course and provide moral support.

Be prepared for challenges

The urge to smoke is short – usually only three-five minutes, but those moments can feel intense. Even one puff can feed a craving and make it stronger.

Benefits you'll notice right away

- · Food tastes better.
- Your sense of smell returns to normal.
- Your breath, hair and clothes smell better.
- · Your teeth and fingernails stop yellowing.
- Ordinary activities leave you less out of breath.
- You can be in smoke-free buildings without having to go outside to smoke.

What happens after you quit?

20 minutes after – Your heart rate and blood pressure drop. 12 hours after – The carbon monoxide level in your blood drops to normal.

Two weeks to three months after – Your circulation improves and your lung function increases.

One-nine months after – Coughing and shortness of breath decreases.

One year after – The excess risk of coronary heart disease is half that of someone who still smokes. Heart attack risk drops dramatically.

Five years after – Your risk of cancers of the mouth, throat, esophagus and bladder is cut in half. Cervical cancer risk falls to that of a non-smoker. Your stroke risk can fall to that of a non-smoker after two-five years.

10 years after – Your risk of dying from lung cancer is about half that of a person who is still smoking. Your risk of cancer of the larynx and pancreas decreases.

15 years – Your risk of coronary heart disease is that of a non-smoker's.

Before your quit day, write down healthy ways to cope. Drink water, exercise, listen to music, play a game or call a friend.

Remove cigarettes and other tobacco

Remove these items from your home, car and workplace. Throw away your cigarettes, matches, lighters and ashtrays. Clean and freshen your car, home

and workplace. Old cigarette odors can cause cravings.

Know your options

Talk to your pharmacist or doctor about quit options. Nicotine patches, gum or other approved quit medication can help with cravings. For more information about the effects of tobacco use and tips to quit, visit www.gchd.org/quitsmoking.

CHW receives more than \$500K in grant funding

Coastal Health & Wellness (CHW) was recently awarded more than \$500,000 in two grants aimed at providing care in the case of a natural disaster and combating the nation-wide opioid crisis.

The U.S. Department of Health and Human Services (HHS) Health Resources and Services Administration (HRSA) granted CHW a two-year \$337,012 Capital Assistance for Hurricane Response and Recovery Efforts (CARE) grant in September, as well as \$185,000 funding for opioid response.

"Coastal Health & Wellness is grateful for these grant opportunities through HRSA," said Mary Orange, CHW business office manager. "These funds will allow the Texas City and Galveston clinics to continue providing access to high-quality primary care to the public."

CARE grant funds provide support to health centers impacted by hurricanes Harvey, Irma and Maria.

"While Coastal Health & Wellness clinics in Texas City and Galveston were not impacted by Hurricane Harvey,



many people in our community were," Orange added. "CARE grant funding will allow CHW to purchase loose, moveable equipment so that staff is able to relocate services in the event one or both clinics become inoperable after an emergency or disaster."

Equipment purchases will include stethoscopes, spot vital sign machines, portable ultra sound machine, fetal monitor, scales, mobile notebooks, portable emergency kit, radios for emergency communication, privacy screens, scanners, printers, portable phone chargers, portable AED's, stretchers and portable treatment tables.

With this equipment, CHW providers and supporting staff will be able to set up mobile clinics in two or more locations, such as a church hall, school gym or local meeting hall so that the clinics can continue to provide services.

"Health centers serve as a lifeline to services and networks of resources in their communities every day, and especially during a crisis," said HHS Secretary Alex Azar. "These grants build on other HHS investments to ensure that health centers can continue to serve communities impacted by hurricanes Harvey, Irma and Maria, and strengthen their readiness to respond to the needs of the community after future hurricanes or other disasters."

In addition, CHW was awarded a \$185,000 grant to combat the ongoing opioid crisis. Funding will provide psychology services via telepsychiatry four hours a week, expanding substance use disorder and mental health services already provided.

The award supports HHS's Five-Point Opioid Strategy, launched last year to empower local communities on the frontlines of the national epidemic.

The clinic plans to have the telepsychiatry services in place in early 2019.

Eating

holidays and if you take medicine, ask your doctor if the amount needs to be adjusted.

Fit in favorites

No food is on the naughty list. Choose the dishes you really love and can't get any other time of year, like Aunt Edna's



pumpkin pie. Slow down and savor a small serving and make sure to count it in your meal.

Keep moving

You've got a lot on your plate this time of the year and physical activity can get crowded out. But being active is your secret holiday weapon. It can help make up for eating more than usual and reduce stress during this most stressful time of year. Get moving with friends and family, such as taking a walk after a holiday meal.

Get your zzz's

Going out more and staying out later often means cutting back on sleep. Sleep loss can make it harder to control your blood sugar and when you're sleep deprived you'll tend to eat more and prefer high-fat, high-sugar food. Aim for seven-eight hours per night to guard against mindless eating.

Most of all, remember what the season is about - celebrating and connecting with the people you care about.

Coastal Health & Wellness Updates

Insurance Contract Updates –

- Ameritas (Dental Only) Still in review; evaluating plan details
- Blue Cross Blue Shield (Dental Only) Application is pending review and signature
- United Health Care (UHC) –New contract was submitted and approved with an effective date of 9/15/18. Reinstatement with seven providers has been established. Five providers are still in process (Garrison, Morgan, Ogundiran, Coulter, Billingsley).
- UHC Dental Application is pending review and signature

Committees -

- Joint Commission Survey Committee continues to meet to track and review compliance with Joint Commission standards and identify gaps and develop plans to address any areas of non-compliance.
 - Staff has been participating in the following webinars over the course of the last 10 weeks:

2018 Live Sessions: 9:00am - 10:30am Central Standard Time (Wednesdays)

Dates	Торіс
08/29/18	Patient Safety Systems Chapter
09/05/18	Environment of Care Chapter
09/12/18	Emergency Management
09/19/18	Human Resources, Nursing
09/26/18	Infection Prevention and Control
10/03/18	Information Management, Record of Care, Treatment and Services
10/10/18	Leadership, Performance Improvement
10/17/18	Life Safety Chapter
10/24/18	Medication Management
10/31/18	Provision of Care, Treatment and Services
11/07/18	Rights and Responsibilities, Transplant Safety, Waived Testing

On-demand recordings are also available after each live session.

Patient Centered Medical Home (PCMH) Committee – The committee is currently working with
the our TACHC sponsored coach to complete a TJC PCMH Self Assessment. The purpose of this
assessment is to determine which PCMH elements have been met and identify areas in which
additional work is needed.

Galveston Dental Clinic -

- The Housing Authority has completed painting and installing new flooring in the Galveston Dental area and the new countertops have been installed.
- At this time, we are currently working to move equipment and supplies back into the area and perform water and equipment testing.

• We are anticipating a mid-November reopening date. The initial schedule will provide dental services in Galveston 2 days a week (Tuesdays and Thursdays).

HRSA Updates -

A quarterly report requested from our HRSA Project Officer was submitted on 10/10/18.
 Information requested included the current number of users, visits, and progress related to clinical performance measures.

Miscellaneous Updates -

- The patient satisfaction survey is currently being distributed to patients and we are in the
 process of collecting the data so that a report can be presented to the Board at a future
 meeting.
- Coastal Health & Wellness will be conducting medical and dental check-ups to Texas City ISD Head Start children on November 16th.
- Work continues to implement the Health Information Exchange (HIE) through Greater Houston Health Connect. This exchange allows doctors, nurses, pharmacists, other health care providers and patients to appropriately access and securely share a patient's vital medical information electronically—improving the speed, quality, safety and cost of patient care.
- Credentialing process is currently underway for the UTMB residents who will be assisting the UTMB Department of Family Medicine physicians who are providing pre-natal care to Coastal patients.
- CHW staff participated in the Texas Soaker Shelter-in-Place Drill on October 1, 2018. This full-scale community-based exercise fulfilled CHW's CMS Emergency Preparedness training requirement for this year.

Communications -

- News Releases/ Website News Posts
 - o Flu season
 - National Breast Cancer Awareness Month
 - Crucial Catch
 - CHW grant award

Social Media

- National Breast Cancer Awareness Month
- Flu season
- World Mental Health Day
- National Depression Screening Day
- Crucial Catch
- o Diabetes 101
- #WorkWednesday
- Free breast screenings
- o Zika/ mosquito prevention
- Galveston flu clinic
- o CHW grant award

CHW Career Opportunities:

- **Employee Onboarding** Human Resources conducted new employee orientation for the following employee(s):
 - Brenda Vicuna Medical Aide (bilingual)
 - Christie Horsman LVN II Charge Nurse (internal)
 - Ashley Gardner Medical Aide III (internal)
 - Lilia Saenz Medical Aide III (bilingual) (internal)
- Job Offers The following candidate(s) were extended job offers and have future start dates:
 - o Dr. Hanna Lindskog CHW Dental Director
 - Patricia Molina Dental Assistant (bilingua)
 - Jamie Kvochick Medical Aide
- Current Vacancies:
 - o CHW Administration CHW Clinical Director
 - o Dental Dental Assistant full-time, Dental Assistant part-time
 - Lab & X-Ray Lab & X-Ray Technician (2)
 - O Nursing LVN (bilingual), Medical Aide (bilingual) (4)

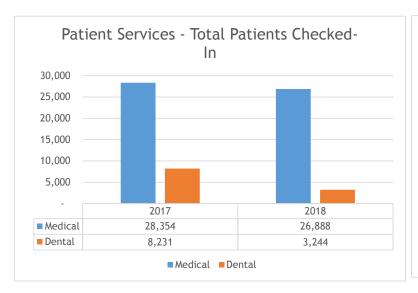
CHW Executive Contract Report: October 2018

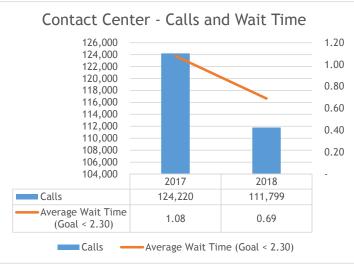
1. Coastal Health & Wellness entered into a Program Agreement with UTMB at Galveston, through which selected residents enrolled in the University's Family Medicine program will be afforded the opportunity to perform twenty-day rotations at Coastal Health & Wellness while under the supervision of Dr. Tuere Coulter. Dr. Coulter is currently a contracted physician with Coastal Health & Wellness and specializes in the provision of prenatal care.

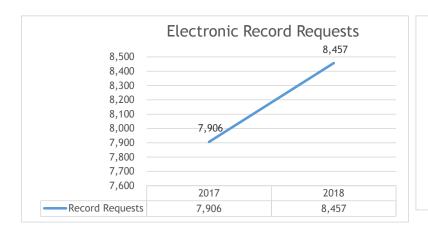
^{* 3} Midlevels On Hold Pending review of Business Needs

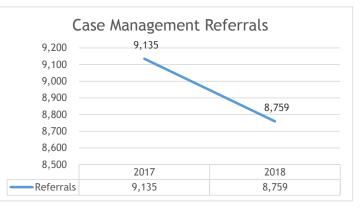
September 2018 YTD Comparison Report - January through September

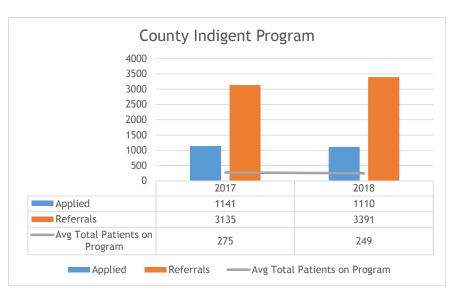
Patient Services - Patients Checked-In	2017	2018	% Change
Medical	28,354	26,888	-5%
Dental	8,231	3,244	-61%
Contact Center	2017	2018	% Change
Calls	124,220	111,799	-10.0%
Average Wait Time (Goal < 2.30)	1.08	0.69	-36%
Electronic Records	2017	2018	% Change
Record Requests	7,906	8,457	7 %
County Indigent Program	2017	2018	% Change
Applied	1141	1110	-3%
Referrals	3135	3391	8%
Avg Total Patients on Program	275	249	- 9 %
Case Management	2017	2018	% Change
Referrals	9,135	8,759	-4%













Health & Wellness
GOVERNING BOARD

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

Governing Board November 2018 Item #9 Consider for Approval Preliminary September 2018 Financial Report

Governing Board



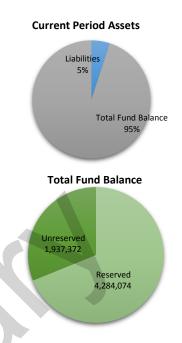
FINANCIAL SUMMARY

For the Period Ending September 30, 2018

November 1, 2018

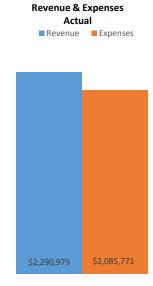
GCHD Board Room | 9850-A Emmett F. Lowry Expy. | Texas City, TX 77591

	Current Month Sep-18	Prior Month Aug-18	Increase (Decrease)
<u>ASSETS</u>			
Cash & Cash Equivalents	\$5,317,550	\$5,344,150	(\$26,600)
Accounts Receivable	2,726,548	\$2,561,994	164,554
Allowance For Bad Debt	(1,268,441)	(\$1,291,546)	23,105
Pre-Paid Expenses	85,248	\$196,453	(111,205)
Due To / From	7,799	(\$47,617)	55,417
Total Assets	\$6,868,704	\$6,763,433	\$105,271
<u>LIABILITIES</u>			
Accounts Payable	\$99,084	\$65,929	\$33,155
Accrued Salaries	214,993	277,658	(62,665)
Deferred Revenues	32,815	103,243	(70,428)
Total Liabilities	\$346,892	\$446,830	(\$99,938)
FUND BALANCE			
Fund Balance	6,260,513	6,260,513	\$0
Current Change	261,299	56,091	\$205,208
Total Fund Balance	\$6,521,812	\$6,316,604	\$205,208
TOTAL LIABILITIES & FUND BALANCE	\$6,868,704	\$6,763,433	\$105,270



CHW - REVENUE & EXPENSES as of September 30, 2018

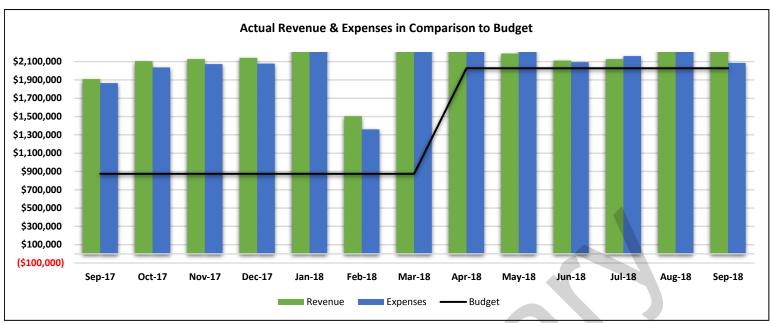
	Actual	Budgeted	PTD Budget	YTD Budget
	Sep-18	Sep-18	Variance	Variance
REVENUE				
County Revenue	\$324,070	\$324,070	(\$0)	(\$0)
DSRIP Revenue	0	79,167	(79,167)	(285,000)
HHS Grant Revenue	367,951	260,617	107,335	(697)
Patient Revenue	1,522,962	1,352,449	170,513	1,395,454
Other Revenue	75,996	11,187	64,808	60,842
Total Revenue	\$2,290,979	\$2,027,490	\$263,490	\$1,170,598
<u>EXPENSES</u>				
Personnel	\$532,482	\$652,685	\$120,203	\$427,770
Contractual	56,449	60,260	3,811	54,470
IGT Reimbursement	0	37,500	37,500	141,522
Supplies	143,055	106,440	(36,615)	(16,644)
Travel	3,909	2,510	(1,398)	1,128
Bad Debt Expense	1,268,677	1,084,467	(184,210)	(1,429,739)
Other	81,199	83,628	2,429	(87,805)
Total Expenses	\$2,085,771	\$2,027,490	(\$58,281)	(\$909,299)
CHANGE IN NET ASSETS	\$205,209	\$0	\$205,209	\$261,299

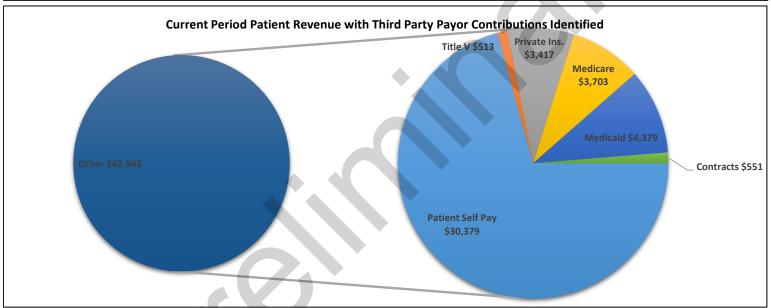


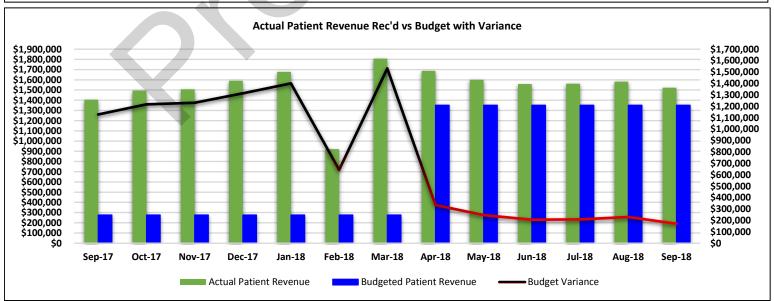
Current Month

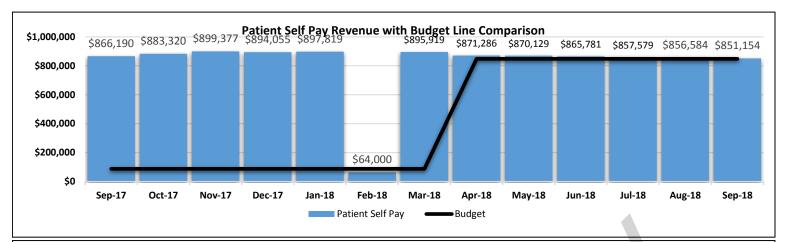
<u>HIGHLIGHTS</u>

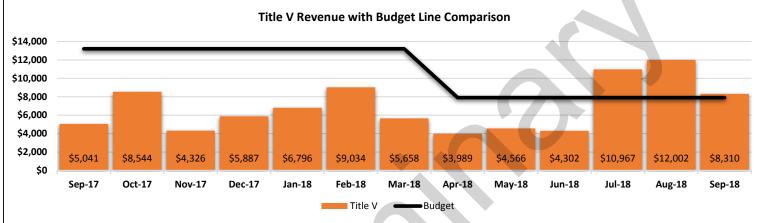
- MTD increase in Fund Balance of \$205,209.
- Revenues were \$263,490 higher than budgeted this month. YTD revenues related to Medicaid, Medicare and Contract Revenue were all higher than budgeted. YTD Private Insurance is slightly less than budgeted.
- Expenses were (\$58,281) higher MTD than budgeted. Bad Debt expense is recorded higher than budgeted.
- YTD increase in fund balance of \$261,299. Total fund balance \$6,521,812 as of 9/30/18.

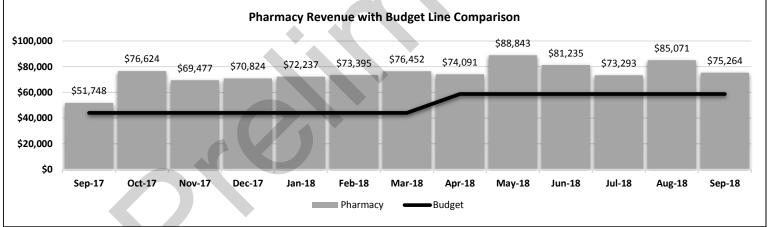


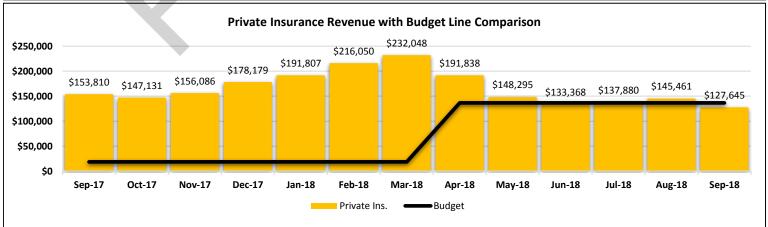


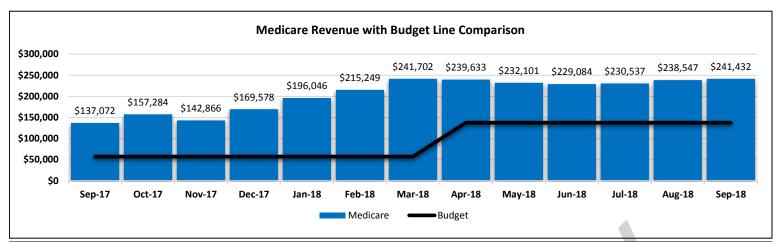


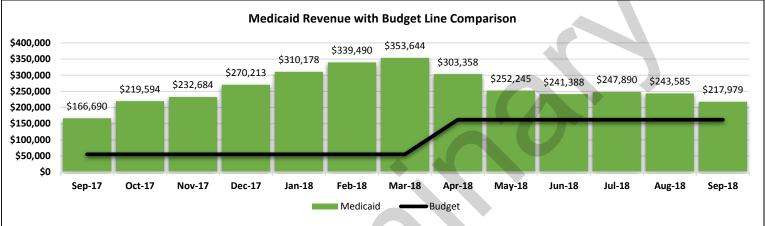


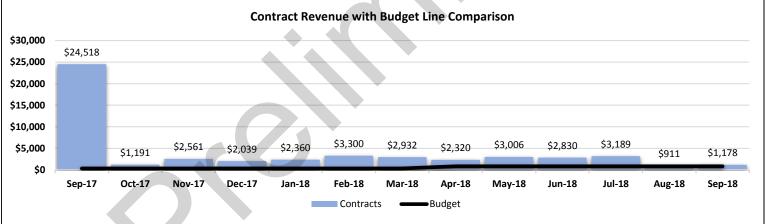


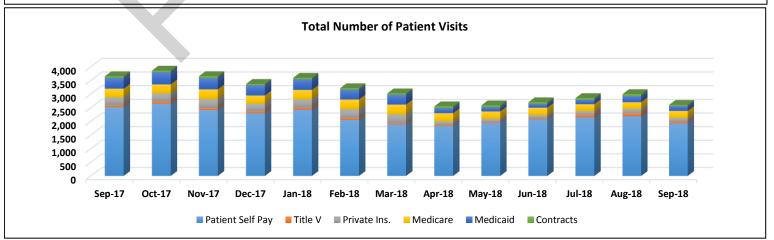












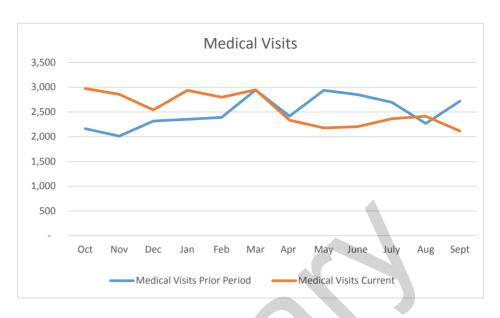
Coastal Health & Wellness Statement of Revenue and Expenses for the Period ending Sept 31, 2018

		Period Ending	MTD	MTD Budget	YTD	YTD		YTD Budget	Annual
0	Description	9/30/2018	Budget	Variance	Actual	Budget		Variance	Budget
Grouping	REVENUE	¢267.054	\$260.647	\$407.22F	¢4 EG2 002	¢4 EC2 700 00		(¢c07)	¢2 427 400
HRSA Patient Pov	HHS GRANT REVENUE - Federal GRANT REVENUE - Title V	\$367,951 \$8,310	\$260,617 \$7,905	\$107,335 \$405	\$1,563,003 \$44.136	\$1,563,700.00 \$47,428		(\$697) (\$3,291)	\$3,127,400 \$94,855
	PATIENT FEES	\$851,154	\$848,258	\$2,896	\$5,172,514	\$5,089,546		\$82,968	\$10,179,092
	PRIVATE INSURANCE	\$127,645	\$136,556	(\$8,910)	\$884,487	\$819,334		\$65,153	\$1,638,668
	PHARMACY REVENUE - 340b	\$75,264	\$58,750	\$16,514	\$477,797	\$352,500		\$125,297	\$705,000
	MEDICARE	\$241,432	\$137,727	\$103,706	\$1,411,336	\$826,362		\$584,974	\$1,652,723
Patient Rev		\$217,979	\$162,421	\$55,558	\$1,506,444	\$974,525		\$531,920	\$1,949,049
	LOCAL GRANTS & FOUNDATIONS	\$66,559	\$2,701	\$63,857	\$73,312	\$16,208		\$57,104	\$32,416
	MEDICAL RECORD REVENUE	\$2,262	\$1,354	\$907	\$13,759	\$8,125		\$5,634	\$16,250
	MEDICAID INCENTIVE PAYMENTS	\$0	\$0	\$0	\$1,870	\$0		\$1,870	\$0
County	COUNTY REVENUE	\$324,070	\$324,070	(\$0)	\$1,944,422	\$1,944,422		(\$0)	\$3,888,844
DSRIP	DSRIP REVENUE	\$0	\$79,167	(\$79,167)	\$190,000	\$475,000		(\$285,000)	\$950,000
Other Rev.	MISCELLANEOUS REVENUE	\$154	\$0	\$154	\$362	\$0		\$362	\$0
Other Rev.	OTHER REVENUE - SALE OF FIXED ASSET	\$0	\$0	\$0	\$0	\$0		\$0	\$0
Other Rev.	INTEREST INCOME	\$6,602	\$2,083	\$4,519	\$35,565	\$12,500		\$23,065	\$25,000
	CONTRACT REVENUE	\$1,178	\$833	\$345	\$13,434	\$5,000		\$8,434	\$10,000
	LOCAL FUNDS / OTHER REVENUE	\$419	\$0	\$419	\$3,096	\$0		\$3,096	\$0
	CONVENIENCE FEE	\$0	\$670	(\$670)	\$0	\$4,020		(\$4,020)	\$8,040
Other Rev.	Fund Balance	\$0	\$4,378	(\$4,378)	\$0	\$26,270		(\$26,270)	\$52,540
	Total Revenue	\$2,290,979	\$2,027,490	\$263,490	\$13,335,537	\$12,164,939		\$1,170,598	\$24,329,877
	<u>EXPENSES</u>								
Personnel	SALARIES	\$432,727	\$515,172	\$82,445	\$2,793,247	\$3,091,030	·	\$297,783	\$6,182,060
	SALARIES, Merit Compensation	\$0	\$0	\$0	\$0	\$0		\$0	\$0.00
Personnel	SALARIES, PROVIDER INCENTIVES	\$1,000	\$4,400	\$3,400	\$2,000	\$26,400		\$24,400	\$52,800.00
	SALARIES, supplemental	\$0	\$0	\$0	\$0	\$0		\$0	\$0.00
	SALARIES, O/T	\$3,547	\$5,000	\$1,453	\$19,632	\$30,000		\$10,368	\$60,000.00
	SALARIES, PART-TIME	\$8,189	\$19,149	\$10,960	\$52,942	\$114,891		\$61,949	\$229,782.00
	Comp Pay	\$0	\$0	\$0	\$461	\$0 \$0.40.500		(\$461)	\$0.00
	FICA EXPENSE TEXAS UNEMPLOYMENT TAX	\$30,022 \$416	\$41,595 \$92	\$11,573	\$207,500	\$249,568 \$554		\$42,067	\$499,135.00
	LIFE INSURANCE	\$1,397	\$92 \$1,222	(\$324) (\$176)	\$7,731 \$8,283	\$7,330		(\$7,177) (\$953)	\$1,107.00 \$14,659.00
	LONG TERM DISABILITY INSURANCE	\$1,014	\$1,222	\$110	\$6,035	\$6,748		\$713	\$14,659.00
	GROUP HOSPITILIZATION INSURANC	\$30,720	\$48,838	\$18,118	\$179,108	\$293,028		\$113,920	\$586,055.00
	WORKER'S COMP INSURANCE	(\$9,159)	\$2,719	\$10,110	(\$597)	\$16,312		\$16,908	\$32,623.00
1 Croomici	EMPLOYER SPONSORED HEALTHCARE	\$8,098	\$0	(\$8,098)	\$42,335	\$0		(\$42,335)	\$0.00
Personnel	HRA EXPENSE	\$0.	\$0	\$0	\$0	\$0		\$0	\$0.00
	PENSION / RETIREMENT	\$10,929	\$13,376	\$2,447	\$70,539	\$80,253		\$9,714	\$160,506.00
	OUTSIDE LAB CONTRACT	\$19,311	\$26,500	\$7,189	\$131,528	\$159,000		\$27,472	\$318,000.00
Contractual	OUTSIDE X-RAY CONTRACT	\$2,856	\$3,850	\$994	\$15,024	\$23,100		\$8,076	\$46,200.00
Contractual	MISCELLANEOUS CONTRACT SERVICES	\$22,710	\$14,720	(\$7,991)	\$77,442	\$88,317		\$10,875	\$176,634.00
Personnel	TEMPORARY STAFFING	\$13,582	\$0	(\$13,582)	\$99,126	\$0		(\$99,126)	\$0.00
Contractual	CHW CONTRACT BILLING SERVICE	\$5,022	\$8,400	\$3,378	\$34,119	\$50,400		\$16,281	\$100,800.00
IGT	IGT REIMBURSEMENT	\$0	\$37,500	\$37,500	\$83,478	\$225,000		\$141,522	\$450,000.00
	JANITORIAL CONTRACT	\$506	\$2,800	\$2,294	\$25,248	\$16,800		(\$8,448)	\$33,600.00
	PEST CONTROL	\$80	\$80	(\$0)	\$481	\$480		(\$1)	\$960.00
Contractual		\$5,964	\$3,910	(\$2,054)	\$23,244	\$23,460		\$216	\$46,920.00
	OFFICE SUPPLIES	\$9,800	\$5,115	(\$4,685)	\$26,922	\$30,688		\$3,766	\$61,376.00
	OPERATING SUPPLIES	\$33,844	\$19,500	(\$14,344)	\$136,233	\$117,000		(\$19,233)	\$234,000.00
Supplies	OUTSIDE DENTAL SUPPLIES	\$1,530	\$2,000	\$470	\$3,770	\$12,000		\$8,230	\$24,000.00
	PHARMACEUTICAL SUPPLIES JANITORIAL SUPPLIES	\$97,881	\$78,850	(\$19,031)	\$485,080	\$473,100		(\$11,980)	\$946,200.00 \$4,500.00
Supplies Supplies	PRINTING SUPPLIES	\$0 \$0	\$375 \$200	\$375 \$200	\$1,202 \$13	\$2,250 \$1,200		\$1,048 \$1,187	\$2,400.00
	UNIFORMS	\$0 \$0	\$200 \$400	\$400 \$400	\$2,062	\$2,400		\$338	\$4,800.00
	POSTAGE	\$599	\$667	\$67	\$4,071	\$4,000		(\$71)	\$8,000.00
Other	TELEPHONE	\$4,017	\$4,055	\$38	\$24,750	\$24,330		(\$420)	\$48,660.00
	WATER	\$31	\$31	\$1	\$183	\$186		\$3	\$372.00
Other	ELECTRICITY	\$2,077	\$2,083	\$7	\$11,817	\$12,500		\$683	\$25,000.00
Travel	TRAVEL, LOCAL	\$609	\$375	(\$234)	\$2,727	\$2,251		(\$477)	\$4,501.00
Travel	TRAVEL, OUT OF TOWN	\$0	\$0	\$0	\$0	\$0		\$0	\$0.00
Travel	LOCAL TRAINING	\$656	\$417	(\$240)	\$5,444	\$2,500		(\$2,944)	\$5,000.00
Travel	TRAINING, OUT OF TOWN	\$2,643	\$1,719	(\$924)	\$5,763	\$10,312		\$4,549	\$20,624.00
Other	RENTALS	\$3,031	\$3,044	\$13	\$18,741	\$18,264		(\$477)	\$36,528.00
Other	LEASES	\$43,702	\$43,702	\$0	\$262,211	\$262,212		\$1	\$524,424.00
	MAINTENANCE / REPAIR, EQUIP.	\$7,681	\$6,609	(\$1,072)	\$47,869	\$39,655		(\$8,214)	\$79,310.00
Other	MAINTENANCE / REPAIR, AUTO	\$0	\$42	\$42	\$3,023	\$250		(\$2,773)	\$500.00
Other	FUEL	\$0	\$42	\$41	\$106	\$250		\$144	\$500.00
Other	MAINTENANCE / REPAIR, BLDG.	\$124	\$417	\$292	\$594	\$2,500		\$1,906	\$5,000.00
	MAINT/REPAIR, IT Equip.	\$0	\$0	\$0	\$0	\$0		\$0	\$0.00
	MAINTENANCE / Preventative, AUTO	\$0	\$42	\$42	\$0	\$250		\$250	\$500.00
	INSURANCE, AUTO/Truck	\$166	\$166	\$0	\$996	\$996		\$0	\$1,992.00
	INSURANCE, GENERAL LIABILITY	\$724	\$750	\$26	\$4,344	\$4,500		\$156	\$9,000.00
	INSURANCE, BLDG. CONTENTS	\$1,479	\$1,380	(\$99)	\$8,874	\$8,280		(\$594)	\$16,560.00
	COMPUTER EQUIPMENT	\$0	\$0 \$0	\$0 \$0	\$369	\$0 \$0		(\$369)	\$0.00
	OPERATING EQUIPMENT	\$0 \$0	\$0 \$0	\$0 \$0	\$0	\$0 \$0		\$0 \$0	\$0.00
	BUILDING IMPROVEMENTS	\$0	\$0 \$1 500	\$0 \$1 111	\$0 \$4.776	\$0		\$0 \$4.224	\$0.00
Other	NEWSPAPER ADS	\$389	\$1,50%	\$1,111	\$4,776	\$9,000		\$4,224	\$18,000.00

Coastal Health & Wellness Statement of Revenue and Expenses for the Period ending Sept 31, 2018

	Description (Period Ending 9/30/2018	MTD Budget	MTD Budget Variance	YTD Actual	YTD Budget	YTD Budget Variance	Annual Budget
Other	SUBSCRIPTIONS, BOOKS, ETC	\$219	\$125	(\$94)	(\$7)	\$750	\$757	\$1,500.00
Other	ASSOCIATION DUES	\$2,667	\$2,883	\$216	\$16,352	\$17,296	\$944	\$34,592.00
Other	IT SOFTWARE, LICENSES, INTANGIBLES	\$13,019	\$12,712	(\$307)	\$158,382	\$76,270	(\$82,112)	\$152,540.00
Other	PROF FEES/LICENSE/INSPECTIONS	\$0	\$191	\$191	\$1,028	\$1,144	\$116	\$2,288.00
Other	PROFESSIONAL SERVICES	\$74	\$1,342	\$1,268	\$12,019	\$8,050	(\$3,969)	\$16,100.00
Other	MED/HAZARD WASTE DISPOSAL	(\$21)	\$483	\$504	\$2,232	\$2,900	\$668	\$5,800.00
Other	TRANSPORTATION CONTRACT	\$546	\$650	\$104	\$3,147	\$3,900	\$753	\$7,800.00
Other	BOARD MEETING OPERATIONS	\$0	\$29	\$29	\$71	\$175	\$105	\$350.00
Other	SERVICE CHG - CREDIT CARDS	\$675	\$685	\$10	\$3,582	\$4,110	\$528	\$8,220.00
Other	CASHIER OVER / SHORT	\$0	\$0	\$0	(\$5)	\$0	\$5	\$0.00
Other	LATE CHARGES	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Other	BAD DEBT EXPENSE	\$1,268,677	\$1,084,467	(\$184,210)	\$7,936,541	\$6,506,802	(\$1,429,739)	\$13,013,603.00
Other	MISCELLANEOUS EXPENSE	\$0	\$0	\$0	\$50	\$0	(\$50)	\$0.00
	Total Expenses	\$2,085,771	\$2,027,490	(\$58,281)	\$13,074,239	\$12,164,939	(\$909,301)	\$24,329,877
	Net Change in Fund Balance	\$205,208	\$0	\$205,208	\$261,297	\$0	\$261,297	\$0

	Medical Visits				
	Prior Period	<u>Current</u>			
Oct	2,164	2,974			
Nov	2,012	2,857			
Dec	2,316	2,542			
Jan	2,353	2,939			
Feb	2,390	2,798			
Mar	2,943	2,946			
Apr	2,417	2,334			
May	2,939	2,177			
June	2,850	2,205			
July	2,696	2,363			
Aug	2,267	2,413			
Sept	2,720	2,115			
	30,067	30,663			



	Dental	Visits
	Prior Period	<u>Current</u>
Oct	903	838
Nov	878	749
Dec	926	772
Jan	931	597
Feb	913	354
Mar	1111	0
Apr	851	167
May	858	362
June	841	446
July	899	427
Aug	820	523
Sept	903	426
	10,834	5,661



	Counseling Visits				
	Prior Period	Current			
Oct	76	48			
Nov	57	52			
Dec	65	60			
Jan	66	62			
Feb	63	66			
Mar	40	83			
Apr	66	54			
May	46	53			
June	41	54			
July	45	67			
Aug	38	66			
Sept	32	64			
:	635	729			



Vists by Financial Class - Actual vs. Budget As of September 30, 2018 (Grant Year 4/1/18-3/31/19)

	Annual HRSA Grant Budget	MTD Actual	MTD Budget	Over/(Under) MTD Budget	YTD Actual	YTD Budget	Over/(Under) YTD Budget	% Over/ (Under) YTD Budget
Medicaid	4,379	178	365	(187)	1,041	2,190	(1,149)	-52%
Medicare	3,703	255	309	(54)	1,586	1,852	(266)	-14%
Other Public (Title V, Contract)	1,064	105	89	16	719	532	187	35%
Private Insurance	3,417	130	285	(155)	803	1,709	(906)	-53%
Self Pay	30,379	1,940	2,532	(592)	12,170	15,190	(3,020)	-20%
	42,942	2,608	3,579	(971)	16,319	21,471	(5,152)	-24%

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

			Increase/	
Current Year	Jan - Sept	Jan - Sept	(Decrease) Prior	%
Annual Target	2017 Actual	2018 Actual	Year	of Annual Target
16,345	11,722	10,825	(897)	66%

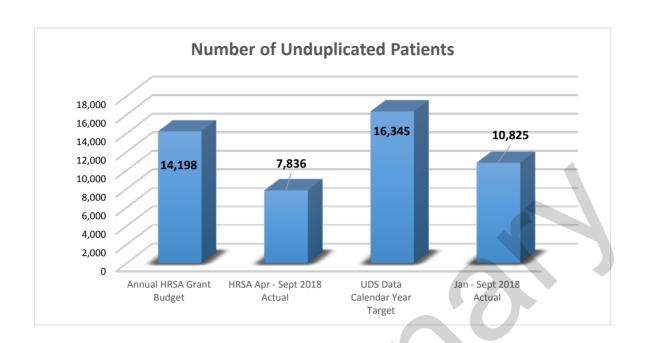
Unduplicated Patients

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

			Increase/	
Annual HRSA	Apr - Sept	Apr - Sept	(Decrease) Prior	%
Grant Budget	2017 Actual	2018 Actual	Year	of Annual Target
14.198	9,546	7.836	(1.710)	55%

Unduplicated Patients

^{*} The Texas City Dental Clinic reopened on April 16, 2018.



Back to Agenda

GOVERNING BOARD

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

Governing Board
November 2018
Item #10
Consider for Approval Quarterly Visit and Analysis Report Including
Breakdown of New Patient by Payor Source

Coastal Health & Wellness - Quarterly Visit & Analysis Report for the period ending September 30, 2018

*based on UDS Reporting period (January 1 to December 31)

Total Visits by	September	September	%	* YTD A	verage	%	* YTD Payor Mix		%
Financial Class	2018	2017	Change	2018	2017	Change	2018	2017	Change
Self Pay	1,940	2,530	-23%	2,061	2,532	-19%	70.8%	70.7%	0.1%
Medicare	255	320	-20%	296	309	-4%	10.2%	8.6%	1.6%
Medicaid	178	395	-55%	241	365	-34%	8.3%	10.2%	-1.9%
Contract	41	57	-28%	58	39	48%	2.0%	1.1%	0.9%
Private Insurance	130	285	-54%	196	267	-27%	6.7%	7.5%	-0.7%
Title V	64	68	-6%	60	67	-11%	2.1%	1.9%	0.2%
Total	2,608	3,655	-28.6%	2,911	3,578	-19%	100%	100%	0.0%

	* YTD To	otal Visits	%
Department	2018	2017	Change
Medical	22,325	23,640	-5.6%
Dental	3,304	8,128	-59%
Lab Only		-	0%
Nursing		-	0%
Counseling	569	437	30%
Total	26,198	32,205	-19%

Unduplicated	* YTD To	tal Users	%
Visits	2018	2017	Change
Medical	9,444	9,164	3.1%
Dental	1,281	2,478	-48%
Counseling	100	79	27%
Total	10,825	11,721	-7.6%

NextGen / Crystal Rep	orts - Summary	Aging by Finan	cial Class							Goal is 45-	75 days
for the period ending	September 30, 201	18 (based on en	counter date)							Days i	n A/R
										Current	
	0-30	31-60	61-90	91-120	121-150	151-180	181-up	Total	%	Period	Last Qtr
Self Pay	\$35,785	\$51,736	\$48,138	\$48,676	\$38,202	\$40,538	\$538,348	\$801,423	56%	323	330
Medicare	35,104	11,577	8,111	8,771	4,645	5,275	149,057	\$222,541	15%	139	117
Medicaid	16,723	7,632	6,999	7,602	8,788	8,400	136,520	\$192,662	13%	158	158
Contract	4,605	7,313	4,602	5,551	7,157	5,729	43,298	\$78,255	5%	302	248
Private Insurance	18,878	11,834	2,879	3,496	2,951	3,367	72,187	\$115,593	8%	129	111
Title V	4,769	10,179	12,311	2,090	-	-	925	\$30,275	2%	177	90
Unapplied	(68,760)								0%		·
Totals	\$47,104	\$100,270	\$83,041	\$76,186	\$61,742	\$63,309	\$940,334	\$1,440,748	100%	205	176

Previous Quarter								
Balances	\$21,916	\$69,592	\$78,434	\$87,880	\$122,937	\$119,233	\$859,154	\$1,429,263
% Change	115%	44%	6%	-13%	-50%	-47%	9%	1%

	September	September	%	* YTD	YTD	%	
Charges & Collections	2018	2017	Change	2018	2017	Change	
Billed	\$649,699	\$898,439	-28%	\$6,430,945	\$7,519,273	-14.47%	
Adjusted	(461,855)	(619,507)	-25%	(4,621,482)	(5,349,432)	-13.61%	
Net Billed	\$187,844	\$278,932	-33%	\$1,809,463	\$2,169,841	-16.61%	
Collected	\$115,479	\$220,921	-48%	\$1,227,450	\$1,708,787	-28%	
% Net Charges collected	61%	79%	-22%	68%	79%	-14%	Goal = > 70%

******2017 MTD and YTD*******
Collected charges were adjusted for Accrued AR and Bad debt

		YTD Curren	t Period			YTD Prio	r Year	
			Net				Net	(Net Billed)
Payor			Revenue	(Net Billed)			Revenue	Net
	Visits	Payor Mix	per Visit	Net Revenue	Visits	Payor Mix	per Visit	Revenue
Self Pay	21,701	70.9%	\$31.23	\$677,671	22,784	70.7%	\$34.09	\$776,742
Medicare	3,001	9.8%	\$145.90	437,855	2,777	8.6%	\$155.69	432,343
Medicaid	2,432	8.0%	\$136.77	332,632	3,284	10.2%	\$153.55	504,257
Contract	734	2.4%	\$96.38	70,741	350	1.1%	\$131.31	45,958
Private Insurance	2,103	6.9%	\$115.93	243,792	2,405	7.5%	\$149.06	358,501
Title V	620	2.0%	\$75.44	46,772	605	1.9%	\$86.01	52,038
Total	30,591	100%	\$59.15	\$1,809,463	32,205	100%	\$67.38	\$2,169,841

Item	2018	2017
Self Pay - Gross		
Charges	\$4,185,901	\$4,847,066
Self Pay - Collections	\$485,158	\$625,749
% Gross Self Pay		
Charges Collected	11.6%	12.9%
% Net Self Pay		
Charges Collected	71.6%	80.6%

Adjusted for Bad Debt Expense

HRSA goal = > 14.1%

Coastal Health & Wellness New Patients By Financial Class From 1/1/2018 to 9/30/18

	Current Pe	riod	Prior Period	2017
Summary	New Patients	Current %	New Patients	%
Self Pay	1,904	77.1%	2,037	71.8%
Medicaid	137	5.5%	266	9.4%
Medicare	108	4.4%	83	2.9%
Private Insurance	223	9.0%	355	12.5%
Title V	42	1.7%	47	1.7%
Contracts	57	2.3%	50	1.8%
Total	2,471	100.0%	2,838	100.0%

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Health & Wellness GOVERNING BOARD

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

Governing Board November 2018 Item #11 Consider for Approval Denture Fee Schedule

2018 Proposed Denture Contract Fee Schedule Effective 11.2.2018

CI	OT Code	CDT Description	100%	Proposed 100% Pay	Diff	% Change
			Over 200% FPG			
	D5110	Complete Denture - Maxillary	\$1,797	\$ 2,013	\$216	12%
	D5120	Complete Denture - Mandibular	\$1,807	\$ 2,024	\$217	12%
	D5130	Immediate Denture - Maxillary	\$1,911	\$ 2,140	\$229	12%
	D5140	Immediate Denture - Mandibular	\$1,918	\$ 2,148	\$230	12%
	D5211	Maxillary Partial Denture - Resin Base	\$1,419	\$ 1,589	\$170	12%
	D5212	Mandibular Partial Denture - Resin Base	\$1,421	\$ 1,592	\$171	12%
	D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases	\$1,859	\$ 2,082	\$223	12%
	D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases	\$1,874	\$ 2,099	\$225	12%
	D5281	Removable Unilateral Partial Denture	\$1,026	\$ 1,149	\$123	12%
	D5511	Repair Broken Complete Denture Base, Mandibular	\$222	\$ 249	\$27	12%
	D5512	Repair Broken Complete Denture Base, Maxillary	\$222	\$ 249	\$27	12%
	D5520	Replace Missing or Broken Teeth	\$198	\$ 222	\$24	12%
	D5611	Repair Resin Denture Base, Mandibular	\$218	\$ 244	\$26	12%
	D5612	Repair Resin Denture Base, Maxillary	\$218	\$ 244	\$26	12%
	D5621	Repair Cast Framework, Mandibular	\$305	\$ 342	\$37	12%
	D5622	Repair Cast Framework, Maxillary	\$305	\$ 342	\$37	12%
	D5630	Repair or Replace Broken Clasp	\$284	\$ 318	\$34	12%
	D5640	Replace Broken Teeth - Per Tooth	\$201	\$ 225	\$24	12%
	D5650	Add Tooth to Existing Partial Denture	\$243	\$ 272	\$29	12%
	D5660	Add Clasp to Existing Partial Denture	\$287	\$ 321	\$34	
	D5710	Rebase Complete Maxillary Denture	\$634	\$ 710	\$76	12%
	D5711	Rebase Complete Mandibular Denture	\$635	\$ 711	\$76	12%
	D5820	Interim Partial Denture (Maxillary)	\$734	\$ 822	\$88	12%
	D5821	Interim Partial Denture (Mandibular)	\$734	\$ 822	\$88	12%
	D5899	Gold Denture Crown Per Tooth	\$220	\$ 246	\$26	12%

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

D5410 Adjust Complete Denture - Maxillary	\$93	\$ 104	\$11	12%
D5411 Adjust Complete Denture - Mandibular	\$93	\$ 104	\$11	12%
D5421 Adjust Partial Dentrue - Maxillary	\$93	\$ 104	\$11	12%

CI	DT Code	CDT Description	100%	Proposed 100% Pay	Diff	% Change
	D5422	Adjust Partial Dentrue - Mandibular	\$93	\$ 104	\$11	12%
	D5730	Reline Complete Maxillary Denture - Chairside	\$391	\$ 438	\$47	12%
	D5731	Reline Complete Mandibular Denture - Chairside	\$391	\$ 438	\$47	12%
	D5740	Reline Partial Maxillary Denture - Chairside	\$386	\$ 432	\$46	12%
	D5741	Reline Partial Mandibular Denture - Chairside	\$387	\$ 433	\$46	12%
	D5750	Reline Complete Maxillary Denture (Lab)	\$499	\$ 559	\$60	12%
	D5751	Reline Complete Mandibular Denture (Lab)	\$499	\$ 559	\$60	12%

PROPOSED 2018 Denture Contract Fee Schedule Effective 11.2.2018

CDT Code	CDT Description	0% Pay	20%	40%	60%	80%	100%
		100% FPG	101-125% FPG		151-175% FPG	176-200% FPG	Over 200% FPG
	Complete Denture - Maxillary	\$604	\$886	\$1,167	\$1,449	\$1,731	\$2,013
	Complete Denture - Mandibular	\$607	\$890	\$1,174	\$1,457	\$1,741	\$2,024
	Immediate Denture - Maxillary	\$642	\$942	\$1,241	\$1,541	\$1,841	\$2,140
	Immediate Denture - Mandibular	\$644	\$945	\$1,246	\$1,547	\$1,847	
	Maxillary Partial Denture - Resin Base	\$477	\$699	\$922	\$1,144	\$1,367	\$1,589
	Mandibular Partial Denture - Resin Base	\$477	\$700		\$1,146	\$1,369	
	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases	\$625	\$916		\$1,499	\$1,791	\$2,082
	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases	\$630	\$924	\$1,217	\$1,511	\$1,805	
	Removable Unilateral Partial Denture	\$345	\$506	\$666	\$827	\$988	
	Repair Broken Complete Denture Base, Mandibular	\$75	\$109	\$144	\$179	\$214	\$249
	Repair Broken Complete Denture Base, Maxillary	\$75	\$109	\$144	\$179	\$214	\$249
	Replace Missing or Broken Teeth	\$67	\$98	\$129	\$160	\$191	\$222
	Repair Resin Denture Base, Mandibular	\$73	\$107	\$142	\$176	\$210	
	Repair Resin Denture Base, Maxillary	\$73	\$107	\$142	\$176	\$210	
	Repair Cast Framework, Mandibular	\$102	\$150	\$198	\$246	\$294	\$342
	Repair Cast Framework, Maxillary	\$102	\$150	\$198	\$246	\$294	\$342
	Repair or Replace Broken Clasp	\$95	\$140	\$184	\$229	\$274	\$318
	Replace Broken Teeth - Per Tooth	\$68	\$99	\$131	\$162	\$194	\$225
	Add Tooth to Existing Partial Denture	\$82	\$120	\$158	\$196	\$234	\$272
	Add Clasp to Existing Partial Denture	\$96	\$141	\$186	\$231	\$276	
	Rebase Complete Maxillary Denture	\$213	\$312	\$412	\$511	\$611	\$710
□ D5711	Rebase Complete Mandibular Denture	\$213	\$313	\$412	\$512	\$612	\$711
□ D5820	Interim Partial Denture (Maxillary)	\$247	\$362	\$477	\$592	\$707	\$822
	Interim Partial Denture (Mandibular)	\$247	\$362	\$477	\$592	\$707	\$822
□ D5899	Gold Denture Crown Per Tooth	\$190	\$191	\$192	\$194	\$195	\$246
	e first 3 adjustments and/or relines of new dentures are at no charge. Those ad		<u>-</u>				
	Adjust Complete Denture - Maxillary	\$25	\$46		\$75	\$90	
	Adjust Complete Denture - Mandibular	\$25	\$46		\$75	\$90	
	Adjust Partial Dentrue - Maxillary	\$25	\$46		\$75	\$90	
	Adjust Partial Dentrue - Mandibular	\$25	\$46		\$75	\$90	
	Reline Complete Maxillary Denture - Chairside	\$103	\$193	\$254	\$315	\$377	\$438
	Reline Complete Mandibular Denture - Chairside	\$103	\$193	\$254	\$315	\$377	\$438
□ D5740	Reline Partial Maxillary Denture - Chairside	\$102	\$190	\$251	\$311	\$372	\$432
□ D5741	Reline Partial Mandibular Denture - Chairside	\$103	\$191	\$251	\$312	\$373	\$433
	Reline Complete Maxillary Denture (Lab)	\$168	\$246	\$324	\$402	\$481	\$559
□ D5751	Reline Complete Mandibular Denture (Lab)	\$168	\$246	\$324	\$402	\$481	\$559



Health & Wellness GOVERNING BOARD

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

Governing Board
November 2018
Item #12
Consider for Approval Quarterly Access to
Care Report

2018 3rd Quarter Access To Care Report

(July, August, September)

	# Available												
Galveston	Appointments	# Kept	% Scheduled	% Unfilled	% Kept	% No Show	Texas City	# Available Appointments	# Kept	% Scheduled	% Unfilled	% Kept	% No Show
Counseling							Counseling						
Bailey	130	18	18%	82%	75%	25%	Bailey	511	82	25%	75%	65%	40%
Tigrett	489	39	15%	85%	54%	45%	Tigrett	792	119	25%	75%	61%	48%
Counseling Total	619	57	17%	83%	65%	35%	Counseling Total	1303	201	25%	75%	62%	38%
Dental							Dental		Servi	ces resumed 4/1	6/18		
		No Dent	al Services since	2/14/18			Keiser	144	142	141%	0%	70%	30%
							Mosley	415	394	146%	0%	65%	35%
Nguyen							Nguyen	205	214	142%	0%	73%	27%
Trinh							Shetty	436	482	154%	0%	72%	28%
Dental Total							Trinh	430	255	86%	24%	69%	21%
							Dental Total	1630	1487	148%	0%	70%	30%
Medical													
Alhassan	163	167	102%	0%	86%	14%	Medical						
Borillo	336	216	73%	27%	88%	12%							
Khan	346	183	65%	35%	81%	19%	Alhassan	373	370	117%	0%	81%	19%
McGray-Garrison	289	193	84%	16%	80%	20%	Billingsley (OB)	8	4	100%	0%	50%	50%
Morgan	202	125	81%	19%	76%	24%	Borillo	928	653	88%	12%	80%	20%
Nagorski	211	111	67%	33%	79%	21%	Khan	1073	707	86%	14%	76%	24%
Ogundiran	381	194	67%	33%	76%	24%	McGray-Garrison	809	488	79%	21%	76%	24%
Riggs	556	330	79%	21%	75%	25%	Morgan	1047	703	86%	14%	78%	22%
Varghese	235	128	76%	24%	72%	28%	Nagorski	1063	593	72%	28%	77%	23%
							Ogundiran	1008	639	83%	17%	76%	24%
							Patel (Admitting)	128	91	91%	9%	78%	22%
							Riggs	717	466	88%	12%	74%	26%
Medical Total	2,719	1647	77%	23%	79%	21%	Varghese	959	615	83%	17%	77%	26%
							Medical Total	8,113	5329	85%	15%	75%	25%

Monthly Provider Productivity						
	Jan	Feb	Mar	April	May	June
Counseling	0.4	0.4	0.5	0.4	0.4	0.4
Dental	1.6	1.7	0.0	0.7	0.7	0.8
Hygienist	1.5	1.6	0.0	0.4	0.6	0.6
Medical	2	2.2	2.3	1.5	1.4	1.7

Monthly P						
	July	Aug	Sept	Oct	Nov	Dec
Counseling	0.4	0.3	0.5			
Dental	0.9	1.0	1.0			
Hygienist	0.6	0.6	0.5			
Medical	2	2.1	2.2			



Health & Wellness GOVERNING BOARD

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

Governing Board
November 2018
Item #13
Consider for Approval Quarterly
Compliance Report

*Nothing to report in the	following areas: External Audits; HIPAA Breaches	
Internal Audits		
DEPARTMENT- DATE CONDUCTED	TYPE OF AUDIT & FINDINGS	ACTION TAKEN
Patient Services Director - July 2018 — September 2018	 Financial Screening Audit: Financial Screening audits were performed by randomly pulling ten applications monthly to establish the accuracy and completeness of said charts. An inclusive application requires CHW Patient Service Specialists to ensure the correct completion of nine different elements within each application, all of which are reviewed during the Financial Screening audit. Amongst the 30 applications reviewed, which collectively encompassed 300 elements, it was noted that one chart was improperly filed – yielding a 97% rate of accuracy. 	 The individual responsible for the improper filing was counseled by the Patient Services Manager regarding best practices, and the misplaced chart was located and appropriately refiled. Continue operating under current protocol.

Patient Services	Title V Audit:	The Patient Services Manager charted
Director - July 2018 — September 2018	 Title V audits were performed by randomly pulling Title V patient applications and charts during each month of the quarter to determine accuracy and inclusiveness of the documentation. An inclusive Title V application and chart requires CHW Patient Service Specialists to ensure the precise completion of nine different elements contained within the documents, all of which are reviewed during the audit. Amongst the 76 applications and charts reviewed, which collectively encompassed 774 individual fields, 754 of these fields were deemed to have been accurately populated – yielding a 97.8% rate of success. 	several "checks and balances" techniques to be employed by Patient Services staff members while completing Title V screenings to further improve efficiency, which were subsequently communicated to the staff during the September in- service meeting, and cited inaccuracies were immediately corrected.
Nursing Director - July 2018 – September 2018	 340B Medication Audit: The Nursing Director performed a 340B medication audit to determine fullness of charting 340B ordered meds, which requires documentation reflecting consistency in medication logs, NextGen and billing activities. Of the 20 charts analyzed (ten at each of the two sites), no discrepancies were discovered, yielding a clean audit. 	Continue operating under current protocol.

Risk & Safety Coordinator – July 2018 – September 2018	 Environmental, Risk and Safety Assessments (ERSAs): 17 facility issues were collectively noted during ERSAs performed throughout the quarter, all of which occurred at the Galveston location. 14 of the 17 (82%) issues were reported to the Galveston Housing Authority within twenty-four hours of detection. 15 of the 17 (88%) reported issues have since been fixed by the Housing Authority. 	The Chief Compliance Officer is working concurrently with the Fleet and Facilities Coordinator to better the communication channels between the Health District and Housing Authority in regard to daily maintenance issues.

Clinical Compliance Coordinator –

July 2018 – September 2018

Joint Commission Survey Measures

- The Clinical Compliance Coordinator performed comprehensive Joint Commission mock surveys on a monthly basis in all potentially relevant departments.
- Surveys include multifaceted audits in accordance with Joint Commission standards for ambulatory care settings as they pertain to Environment of Care, Emergency Management, Human Resources, Infection Prevention and Control, Information Management, Leadership, Life Safety, Medication Management, Provision of Care and Services for Dental, Provision of Care and Services for Medical, Record Retention/Record of Care, Rights and Responsibilities of the Individual, and Waived Testing.
- Per the audits, the total rate of compliance in accordance with these standards ascended from 52% at the beginning of July, to 92% during the most recent audit.
- Daily reminders regarding the most sentinel aspects are being sent to all employees, and random audits are still being facilitated.

Incident Reports		
DEPARTMENT – DATE OCCURRED	SUMMARY	FOLLOW-UP
July 17, 2018	A patient fainted and remained non-responsive immediately after a blood draw. • Non-Preventable Incident	 A Code Red alert was signaled and providers immediately responded to the patient at which time vitals were taken. It was determined the patient should remain seated for an extended period of time after awakening to ensure stability prior to leaving. After remaining conscious for approximately 20 minutes, the patient notified staff that he/she felt normal and proceeded to leave the clinic under their own power.
August 16, 2018	The Medical Director and Procurement Agent received a recall notification from Westminster Pharmaceuticals, LLC for both its Levothyroxine and Liothyronine medications. • Non-Preventable Incident	 The Procurement Agent and Nursing Director both confirmed that neither of the brand's medications had ever been ordered by CHW. The Risk & Safety Coordinator notified providers to query charts for any patients ever prescribed the medication and to follow-up directly with any applicable pharmacies.

September 4, 2018	A patient fainted after a blood draw. A cactivated and the patient regained conscimomentarily before again passing out forminutes and remaining fairly rigid. • Non-Preventable Incident	iousness	 Providers immediately responded to the Lab and tended to the patient. After the patient reawoke, he/she was transferred into a wheelchair and taken into an exam room for further assessment. After determining the patient was stable and completely cognizant, he/she left the clinic under their own power. 				
September 11, 2018	An employee's car was discovered broke vandalized in an attempted theft as he was work for the evening. • Non-Preventable Incident		 Texas City Police Department was notified and arrived on-scene to sweep for fingerprints and file a report. Staff was promptly made aware of the incident via email and reminded to always take appropriate precautions. An officer from the TCPD performed a security assessment on October 11, and recommendations are currently being priced by GCHD/CHW administrators. 				
Warning and Term	Warning and Termination Letters						
REASON		TYPE OF LETTER					
Debt Collection Policy		Suspensions: 289; Reinstatements: 140					
Behavioral Letters Issue		Terminations: 0					
		Warnings: 2					

NOTE: Various issues were discussed in peer review.

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

Submitted by: Richard Mosquera, Chief Compliance Officer Coastal Health & Wellness Governing Board – November 1, 2018

GOVERNING BOARD

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

Governing Board
November 2018
Item #14
Consider for Approval Re-Privileging Rights for
Mary Ogundrian, FNP



Date:

November 1, 2018

To:

CHW Governing Board

From:

Abdul-Aziz Alhassan, MD

Medical Director

Re:

Re-Privileging

After preparation of the credentialing file, the Coastal Health & Wellness Medical Director has reviewed the complete file and recommends that the Governing Board approve reprivileging as follow:

 Mary Ogundiran is a Family nurse Practitioner who will practice full time at both clinic sites. Mary Ogundiran, FNP graduated from Indiana State university. Mary Ogundiran is requesting re-privileging.

Atremson, M()

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GOVERNING BOARD

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

Governing Board
November 2018
Item #15
Consider for Approval Privileging Rights for Hanna Lindskog, DDS, FAGD



Date:

November 1, 2018

To:

CHW Governing Board

Thru:

Kathy Barroso, CPA

Interim Executive Directo

From:

Bang Nguyen, DDS

Interim Dental Director

Re:

Privileging

Upon the review of the completed credentialing file of Hanna Lindskog, DDS by Sandra Cuellar, HR Manager, and myself (Bang Nguyen, DDS, MHA), we would like to recommend that the Coastal Health & Wellness Governing Board approve privileging for Hanna Lindskog, DDS based on the following information:

 Hanna Lindskog, DDS is a general dentist who will practice full-time at both Dental Clinic sites. Hanna Lindskog, DDS graduated from UT Health San Antonio School of Dentistry. Dr. Lindskog is requesting general dentistry privileges.

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