



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

AGENDA

Monday, November 9, 2020 – 12:00 PM (Special Meeting)

ON MARCH 16, 2020, GOVERNOR GREG ABBOTT TEMPORARILY SUSPENDED PART OF THE TEXAS OPEN MEETINGS ACT TO HELP MITIGATE THE SPREAD OF COVID-19. SPECIFICALLY, THIS AMENDMENT ALLOWS FOR LOCAL GOVERNMENTS TO CONVENE VIRTUALLY SO LONG AS MEMBERS OF THE PUBLIC ARE PROVIDED A MEANS BY WHICH THEY CAN HEAR AND PROVIDE COMMENT TO THE GOVERNING BODY.

The Coastal Health & Wellness Governing Board will convene for its November meeting by utilizing Zoom, which will allow for Board members and the public alike to partake in and/or view the meeting either online or over the phone.

CONNECTING VIA INTERNET:

Access the URL: <https://us02web.zoom.us/j/477078265> Meeting Password:442265

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

CONNECTING VIA PHONE (AUDIO ONLY):

1. Dial 346-248-7799
2. You will be prompted to enter the Meeting ID, which is 477 078 265 # Meeting Password:442265
3. Finally, you will be instructed to enter your Participant ID. When this occurs, merely select the pound (hashtag) key without entering any numbers. Your connection to the meeting will be automatically established upon doing so.

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

SPECIAL MEETING

Meeting Called to Order

*Item #1ACTION.....Agenda

*Item #2ACTION.....Excused Absence(s)

*Item #3ACTION.....Consider for Approval Minutes from October 29, 2020 Governing Board Meeting

- Item #4**EXECUTIVE SESSION**.....**The Coastal Health & Wellness Governing Board will enter into Executive Session as permitted under Chapter 551 of the Texas Government Code, pursuant to Section 551.074, *Personnel Matters*, specifically, to facilitate annual board member evaluations; and**
- Item #5**EXECUTIVE SESSION****The Coastal Health & Wellness Governing Board will enter into Executive Session as permitted under Chapter 551 of the Texas Government Code, pursuant to Section 551.074, *Personnel Matters*, specifically, to evaluate the CHW Executive Director.**
- Item #6**ACTION**.....Possible Action from Executive Session
- Item #7**ACTION**.....Consider for Approval Coastal Health & Wellness Sliding Fee Schedule Policy
- Item #8**ACTION**.....Consider for Approval Update to Coastal Health & Wellness No Show Policy
- Item #9**ACTION**.....Consider for Approval Privileging Rights for UTMB Resident Mohamed Faheid, MD
- Item #10**ACTION**.....Consider for Approval Privileging Rights for UTMB Resident Jessica Johnson, MD
- Item #11**ACTION**.....Consider for Approval Privileging Rights for UTMB Resident Haris Vakil, MD
- Item #12.....2019 Uniform Data System (UDS) Summary Report

Next Regular Scheduled Meeting: December 10, 2020

Appearances before the Coastal Health & Wellness Governing Board

The Coastal Health & Wellness Governing Board meetings are conducted under the provisions of the Texas Open Meetings Act, and members of the public that wish to address the Board about an item presented on the agenda shall be offered three minutes to do so. The Board cordially requests that individuals desiring to make a such a statement notify the Board of their intention by writing their name on the sign-in sheet located at the Boardroom’s main entrance.

A citizen desiring to make comment to the Board regarding an item not listed on the agenda shall submit a written request to the Executive Director by noon on the Thursday immediately preceding the Thursday of the Board meeting. A statement of the nature of the matter to be considered shall accompany the request. The Executive Director shall include the requested appearance on the agenda, and the person shall be heard if he or she appears.

Executive Sessions

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



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

**Governing Board
November 2020
Item#2
Excused Absence(s)**

[Back to Agenda](#)



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

November 2020

Item#3

**Consider for Approval Minutes from October 29, 2020 Governing
Board Meeting**

**Coastal Health & Wellness
Governing Board
October 29, 2020**

Board Members

Conference Call:

Samantha Robinson
Milton Howard, DDS,
Virginia Valentino
Flecia Charles
Victoria Dougharty
Jay Holland
Elizabeth Williams
Miroslava Bustamante

Staff:

Kathy Barroso, Executive Director
Cynthia Ripsin, MD
Hanna Lindskog, DDS
Richard Mosquera
Mary Orange (phone)
Tikeshia Thompson Rollins
Amanda Wolff

Excused Absence: Barbara Thompson, MD

Unexcused Absence: Dorothy Goodman

Items 1-6 Consent Agenda

A motion was made by Dr. Howard to approve the consent agenda items one through six. Virginia Valentino seconded the motion and the Board unanimously approved the consent agenda.

Item #7 EXECUTIVE SESSION

The Governing Board will enter into a closed meeting as permitted under Section 551.071 of the Texas Government Code, Consultation with Attorney, to seek the advice of legal counsel about pending or contemplated litigation, a settlement offer, or on a matter in which the duty of the attorney to the Board under the Texas Disciplinary Rules of Professional Conduct of the State Bar of Texas clearly conflicts with the Open Meetings Act as it pertains to the following individual: Dr. Abdul-Aziz Alhassan.

Item #8 Possible Action from Executive Session

No action was taken from executive session

Item #9 Executive Reports

Kathy Barroso, Executive Director, presented the October 2020 Executive Report to the Board. Kathy informed the Board that HRSA has scheduled a virtual operational site review for November 17th-19th, 2020. A pre-site conference call was held October 28th in preparation. HRSA is currently working on a final agenda and Kathy will share with Board members once received. Kathy also informed the Board that the contract to provide dental services to HIV patients under a Ryan White Grant was recently signed and staff is currently undergoing training.

Dr. Ripsin, Medical Director, provided the Board with the following updates:

Update from this week:

In the past 3 days:

Total of 229 patients

25 are new

Still averaging 30-35 new patients each week

77% face to face

Last week 70% were face to face

COVID:

Total tests since the beginning of the pandemic: 351

Month of October: 51

+ 7.8%

Children tested October: 15

Children tested September: 6

Unmet needs for patients due to COVID

High caregiving burden for the families of our critically ill patients who have returned home

- Most are on oxygen
 - Questions on how to fill and return
- Most are in wheelchairs
 - Cumbersome for transportation
- Some have feeding tubes
 - Questions on how to get them removed
- Transportation is challenging due to the above and home visits could be helpful.

Dr. Lindskog, Dental Director, updated the Board on dental services in the Coastal Health & Wellness Clinic:

- The Dental Clinic continues to use the Batelle N95 decontamination program and the CDC reuse protocol for N95 respirators
- We continue to follow all Dental State Board requirements and CDC recommendations.
- We continue to provide all dental services
- The Galveston Dental Clinic is open Tuesday, Wednesday and Thursday and Texas City is open Monday-Saturday.
- The part time dental hygienist will start working 3 days a week in January. (She is currently working two days a week)
- Dr. Lindskog attended the NNOHA Annual Conference this week and attended various sessions on health center fundamentals, minimally invasive dentistry, and nutrition.
- Dr. Lindskog was selected to be a Cohort 9 participant in The National Oral Health Learning Institute. This year-long, in-person and online training provides core knowledge and competencies that health center/safety-net oral health leaders need to develop as effective managers, directors, and advocates for oral health and their communities. The first meeting was October 29th, 2020 from 10 am – 1 pm.
- The Ryan White trainings are being completed this week. After the completion of these trainings, procedures will be developed, and we will begin seeing patients under this grant.
- We are experiencing occasional dental assistant staffing shortages and adapting our schedule as needed.

Item #10 Consider for Approval Preliminary September 2020 Financial Report

Mary Orange, Business Office Manager, presented the preliminary September 2020 financial report to the Board. A motion to accept the preliminary September 2020 financial report as presented was made by Virginia Valentino. Elizabeth Williams seconded the motion and the Board unanimously approved.

Item #11 Consider for Approval Submission to HRSA of the Non-Competing Progress Report and Coastal Health & Wellness 2021-2022 Budget

Mary Orange, Business Office Manager, presented the HRSA non-competing progress report and Coastal Health & Wellness 2021-2022 budget to the Board. Mary reviewed with the Board each of the documents included in the progress report as well as the proposed budget for next year. Jay Holland, a member of the Finance Committee, told the Board that the progress report and budget were discussed in the Finance Committee meeting

and all questions were addressed. A motion to accept the progress report and budget as presented was made Jay Holland. Virginia Valentino seconded the motion and the Board unanimously approved.

Item #12 Consider for Approval Revised Budget for the FCC COVID-19 Telehealth Funding Award

Mary Orange, Business Office Manager, presented the revised budget for the FCC COVID-19 telehealth funding award. Mary informed the Board that this proposal will replace 27 computers in the exam rooms for Texas City and 10 in Galveston and will function as a telehealth unit. A motion to accept the credentialing and privileging policy as presented was made by Jay Holland. Elizabeth Williams seconded the motion and the Board unanimously approved.

Item #13 Consider for Approval HRSA One-Time Supplemental Funding award and Proposed Budget in the Amount of \$29,791 to Support Quality Improvement and Health Information Technology for Quality Activities

Mary Orange, Business Office Manager, presented the proposed budget in the amount of 29,791 to support quality improvement and health information technology for quality activities. A motion to accept the one-time supplemental funding as presented was made by Virginia Valentino. Elizabeth Williams seconded the motion and the Board unanimously approved.

Item #14 Consider for Approval Quarterly Visit and Analysis Report Including Breakdown of New Patients by Payor Source for Recent New Patients

Mary Orange, Business Office Manager, presented the quarterly visit and analysis report including breakdown of new patients by payor source for recent new patients. Due to COVID, visits were down in comparison to last year but are gradually starting to trend back upward. A motion to accept the quarterly visit and analysis report as presented was made by Jay Holland. Virginia Valentino seconded the motion and the Board unanimously approved.

Item #15 Consider for Approval the Coastal Health & Wellness Diagnostic Laboratory and Radiology Test Tracking and Follow-Up Policy

Eileen Dawley, Chief Nursing Officer, asked the Board to consider for approval the diagnostic laboratory and radiology test tracking and follow-up policy. Eileen informed the Board that there was a change on how the staff follow-up with patients and some changes in responsibility of the nursing staff and how they notify patients of their results. A motion to accept the quarterly visit and analysis report as presented was made by Virginia Valentino. Flecia Charles seconded the motion and the Board unanimously approved.

Item #16 Consider for Approval the Coastal Health & Wellness Credentialing and Privileging Policy

Eileen Dawley, Chief Nursing Officer, presented the credentialing and privileging policy to the Board. Eileen informed the Board that there were no changes made to the policy. A motion to accept the credentialing and privileging policy as presented was made by Virginia Valentino. Jay Holland seconded the motion and the Board unanimously approved.

Item #17 Consider for Approval the Quarterly Access to Care Report for the Period Ending September 30, 2020

Kathy Barroso, Executive Director, presented the quarterly access to care report for the period ending September 30, 2020. Kathy informed the Board that the no show rates are still within the goal of 20%; however face-to-face visits are increasing so we will continue to monitor to see if this impacts the no-show rate. Kathy also informed the Board that this report reflects the change in medical appointment slots from 20-minute to 15-minute slots, increasing the number of total available slots. . A motion to accept the quarterly access to care report as presented was made by Jay Holland. Virginia Valentino seconded the motion and the Board unanimously approved.

Item #18 Consider for Approval the Quarterly Patient Satisfaction Survey Report for the Period Ending September 30, 2020

Kathy Barroso, Executive Director, presented the patient satisfaction survey report for the period ending September 30, 2020. Although the total weighted average score for this quarter was slightly lower than the established goal, the overall average was higher than the previous quarter. A motion to accept the quarterly patient satisfaction survey report as presented was made by Virginia Valentino. Elizabeth Williams seconded the motion and the Board unanimously approved.

Item #19 Consider for Approval the Quarterly Compliance Report for the Period Ending September 30, 2020

Richard Mosquera, Chief Compliance Officer, presented the quarterly compliance report for the period ending September 30, 2020. A motion to accept the quarterly compliance report as presented was made by Virginia Valentino. Jay Holland seconded the motion and the Board unanimously approved.

Item #20 Consider for Approval the Coastal Health & Wellness 2020-2021 Environment of Care Plans

Richard Mosquera, Chief Compliance Officer, presented the 2020-2021 environment of care plans. Each plan was reviewed with the Board and updates were discussed. A motion to accept the 2020-2021 environment of care plans as presented was made by Virginia Valentino. Jay Holland seconded the motion and the Board unanimously approved.

Item #21 Consider for Approval the Coastal Health & Wellness Risk Management Report for the Quarter Ending September 30, 2020

Richard Mosquera, Chief Compliance Officer, presented the quarterly risk management report. An update on performance relative to established goals was presented in a dashboard format. There were no areas of concern noted in the report. A motion to accept the risk management report as presented was made by Jay Holland. Virginia Valentino seconded the motion and the Board unanimously approved.

Item #22 Consider for Approval Board Member Nominations to the Board Quality Assurance/Risk Management Committee

Kathy Barroso, Executive Director, informed the Board that Samantha Robinson and Dr. Howard are the current board members serving on the QA/Risk Management Committee and asked if any other Board members would like to participate. Virginia Valentino volunteered to serve on the committee. A motion to accept Virginia Valentino as a member of the quality assurance/risk management committee was made by Jay Holland. Elizabeth Williams seconded the motion and the Board unanimously approved.

Item #23 Consider for Approval Re-Privileging Rights for Hanna Lindskog, DDS

Kathy Barroso, Executive Director, asked the Board to consider for approval re-privileging rights for Hanna Lindskog, DDS. A motion to accept re-privileging rights for Hanna Lindskog, DDS was made by Virginia Valentino and seconded by Flecia Charles. The board unanimously approved the motion.

Item #24 Consider for Approval Privileging Rights for Liunan Li, FNP-C

Dr. Ripsin, Medical Director, asked the Board to consider for approval privileging rights for Liunan Li, FNP-C. A motion to accept privileging rights for Liunan Li, FNP-C, was made by Virginia Valentino and seconded by Flecia Charles. The board unanimously approved the motion.

Item #25 Consider for Approval Privileging Rights for Julio Garza, PA-C

Dr. Ripsin, Medical Director, asked the Board to consider for approval privileging rights for Julio Garza, PA-C. A motion to accept privileging rights for Julio Garza, PA-C, was made by Virginia Valentino and seconded by Flecia Charles. The board unanimously approved the motion.

Item #26 Consider for Approval Privileging Rights for UTMB Residents Tsai Lewis, MD

Dr. Ripsin, Medical Director, asked the Board to consider for approval privileging rights for UTMB resident Tsai Lewis, MD. A motion to accept privileging rights for UTMB resident Tsai Lewis, MD was made by Virginia Valentino and seconded by Jay Holland. The board unanimously approved the motion.

Item #27 Consider for Approval Privileging Rights for UTMB Residents Danny Nguyen, DO

Dr. Ripsin, Medical Director, asked the Board to consider for approval privileging rights for UTMB resident Danny Nguyen, MD. A motion to accept privileging rights for UTMB resident Danny Nguyen, DO was made by Jay Holland and seconded by Virginia Valentino. The board unanimously approved the motion.

Item #28 Consider for Approval Privileging Rights for UTMB Residents Tran Cao, MD

Dr. Ripsin, Medical Director, asked the Board to consider for approval privileging rights for UTMB resident Tran Cao, MD. A motion to accept privileging rights for UTMB resident Tran Cao, MD was made by Virginia Valentino and seconded by Flecia Charles. The board unanimously approved the motion.

Item #29 Consider for Approval Process for Finalizing Executive Director and Board Evaluations

Kathy Barroso, Executive Director, asked the Board to re-visit the process for finalizing the Executive Director and Board evaluations that had been postponed due to COVID. Samantha Robinson asked that a google poll be sent out to Board members to see what times and dates would work best for all and to ensure that we have a quorum for the meeting. A motion to utilize the attached forms and have them back by November 5, 2020 was made by Jay Holland and seconded by Virginia Valentino. The board unanimously approved the motion.

The meeting was adjourned at 1:57p.m.

Chair

Secretary/Treasure

Date

Date

[Back to Agenda](#)

**Governing Board
November 2020
Item#4
EXECUTIVE SESSION**

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

[Back to Agenda](#)



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

**Governing Board
November 2020
Item#5
EXECUTIVE SESSION**

The Coastal Health & Wellness Governing Board will enter into Executive Session as permitted under Chapter 551 of the Texas Government Code, pursuant to Section 551.074, *Personnel Matters*, specifically, to evaluate the CHW Executive Director.

[Back to Agenda](#)



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

**Governing Board
November 2020
Item#6
Possible Action from Executive Session**

[Back to Agenda](#)



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

November 2020

Item#7

**Consider for Approval Coastal Health & Wellness Sliding Fee
Schedule Policy**



Coastal Health & Wellness Sliding Fee Schedule Policy

Purpose

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

Definitions

- FPG – Federal Poverty Guidelines
- SFDS – Sliding Fee Discount Schedule
- Family Member (size) - Family members who are considered for the eligibility criteria for the sliding fee program include the following individuals who live in the same household:
 - Patient.
 - Spouse (including same sex marriage recognized by U.S. Jurisdiction).
 - Children up to age 18 or up to age 21 if a high school or college student.
 - Elderly patients that are dependent on their children for support and are claimed as a dependent on their income taxes will be placed on a sliding fee level based on the income of their children.
 - Court-ordered guardianships of incapacitated adults and/or minors living in the household.
 - Minors living in the household which have been court-ordered or placed in the household through Child Protective Services (CPS) in custody orders.
- Income - It is CHW's policy to use the U.S. Census Bureau's standard definition of income which can be found at <https://www.census.gov/programs-surveys/cps/data/data-tools/cps-table-creator-help/income-definitions.html> Income includes but is not limited to the following:
 - Total cash receipts before taxes, money wages and salaries before any deductions, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. Income is calculated before taxes and does not include noncash benefits (such as food stamps and housing subsidies). Capital gains or losses are excluded from the income calculation. When determining family income, add up the income of all family members (non-relatives, such as housemates, do not count).

Policy

It is the policy of Coastal Health & Wellness (CHW) to remove income as a barrier to care by offering a Sliding Fee Discount Schedule (SFDS) to all individuals and families with income levels between 101% and 200% of the Federal Poverty Guidelines (FPG). Each year when the federal poverty guidelines are published in the Federal Register, the procedure will be updated with the current information.

Sliding Fee Program

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

Sliding Fee Discount Schedule (SFDS)

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

Sliding Fee Notification

Information regarding the Sliding Fee Program will be made known to patients, through one or more of the following formats:

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

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

Procedure

A. Application

The patients will be required to complete an Application for Discounted Services in addition to the income verification documentation. At such time, the staff will process the sliding fee application and income verification documentation directly into the patient's account in NextGen and determine the patient's eligibility and pay category for the sliding fee program based on the following information on the application form and proof of income documentation:

- 1) Patient's income - It is CHW's policy to use the U.S. Census Bureau's standard definition of income (See definition above).
- 2) Patient family size (dependents only) – Family size is defined by the patient completing the application. Family members who are considered for the eligibility criteria for the sliding fee program include individuals who live in the same household (See definition above).

Based on these two factors, the patient will be notified of their eligibility and sliding fee discount classification (pay category). CHW staff will "assign" the SFDS in the patient's NextGen account using the date the application was processed. CHW staff will be trained on other funding sources for patients, such as the county indigent program, Medicaid, and Title V, so they can encourage patients, or parents whose children or dependents may be eligible for these programs, to apply for them. This eligibility

determination process will be conducted in an efficient, respectful and culturally appropriate manner to assure that the administrative operating procedures for such determination do not present a barrier to care.

B. Proof of Income

The sliding fee program proof of income documentation to determine eligibility will require the patient to provide one of the following:

- 1) The Modified Adjusted Gross Income (MAGI) amount from the most current tax return.
- 2) Last payroll check stub(s) (gross income), one month's worth of pay (consecutively last 30 days of check stubs).
- 3) Social Security earnings.
- 4) Letter from employer may be accepted as proof of income if a patient does not file income tax returns and does not get paid with a check.
- 5) Self declaration – for those who do a self-declaration, eligibility will be verified and updated every three months. Individuals will also be required to fill out a form if they are self-declaring household income to be zero and provide a letter of support (See Appendix B). If applicant appears to be eligible for Medicaid, a written denial of coverage by Medicaid may also be required.

Some patients may choose not to provide information that the health center requires for assessing income and family size, even after being informed that they may qualify for a sliding fee discount. These patients are considered by CHW as declining to be assessed for eligibility for sliding fee discounts. These patients will be charged at full rates.

C. Eligibility Period

The patient's eligibility will be valid for one (1) year except for those that have self-declared their income. Eligibility on those who self-declare their income will be verified and updated every three months. The eligibility period begins on the date the application was processed. The beginning and ending date of eligibility are entered into the patient's account in NextGen. Proof of income and the application are scanned and maintained directly into the NextGen system. This process will allow management to perform QA reviews for compliance and evaluate the effectiveness of the sliding fee program.

D. Services Covered

The sliding fee discount will apply to all services within the CHW HRSA-approved scope of project, for all CHW locations. CHW has multiple SFDS's based on services/mode of delivery (see SFDS below).

E. Schedule of Fees

CHW's fee schedule is intended to generate revenue to cover the costs associated with providing services and assist in ensuring the financial viability and sustainability of the clinics. Additionally, the fee schedule will be the basis for seeking reimbursement from patients as well as third party payers. CHW's fee schedule will address all required and additional in-scope services.

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

F. Structure of Sliding Fee Discount Schedule (SFDS)

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

% of Federal Poverty Guidelines	% of Charges Paid	% of Discount	Payment
At or below 100% of federal poverty level	0%	100%	Nominal fee \$20
101 to 140 125% of federal poverty level	20%	80%	Deposit \$25.00
141-126 to 180 150% of federal poverty level	40%	60%	Deposit \$30.00
181-151 to 200 175% of federal poverty level	60%	40%	Deposit \$35.00
Over 176 to 200% of federal poverty level	80%	20%	Deposit \$45.00

The Sliding Fee Schedule for Dental Contract Services is applied to the fees for services which require outside supplies for completion of patient care, such as dentures, crowns, space maintainers, or occlusal guards. Such supplies are provided by an outside laboratory and are custom made for each patient. This fee schedule is designed to cover reasonable costs of providing these services in the approved scope of project using Relative Value Units (RVU’s) and adjusting as needed for consistency with locally prevailing rates. Locally prevailing rates are obtained annually based on the National Dental Advisory Pricing Guide’s current year 50th percentile for our area. For Dental Contract Services, the fees for those patients who screen at a 100% discount are calculated to cover the cost of the appliances. Those who screen at over 200% of the income threshold will be charged at the full rate. The change of the fees between each category A, B, C, D, E and F is approximately 17% to equally distribute the discount for services, but still cover the costs of devices.

Dental Contract Services						
	A	B	C	D	E	F
Income Threshold for Sliding Fee (FPG)	100%	101-125%	126-150%	151-175%	176-200%	Over 200% Must be paid in full

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

G. Evaluating the Sliding Fee Schedule

This sliding fee discount schedule is evaluated by the CHW Governing Board at least once every three years, to ensure it is not a barrier to care from the patient's perspective. This is accomplished by CHW using one or more of the following methods:

- 1) Patient focus groups and board members' feedback.
- 2) Advisory committees that include consumer board members.
- 3) Input from patient satisfaction surveys regarding evaluations of operating procedures and cost of health center services received as compared to the value received/affordability assumptions of the patient.
- 4) Review of co-pay amounts associated with Medicare and Medicaid for patients with comparable incomes.
- 5) Collection of utilization data that allows it to assess the rate at which patients within each of the discount pay classes, as well as those at or below 100 percent of the FPG, are accessing health center services.
- 6) Other methods as considered appropriate.

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

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

CHW's sliding fee policy is based on income and family size only. There may be patients with third party insurance that does not cover, or only partially covers, fees for certain health center services that may be eligible for CHW's sliding fee program. In such cases, subject only to potentially legal and

contractual limitations, the charge for each SFDS pay class is the maximum amount an eligible patient in that pay class is required to pay for a certain service, regardless of insurance status. Patients with third party coverage must complete an application to determine if they are eligible for a sliding fee discount for non-covered services.

I. Applying the Policy and Training Staff

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

APPENDIX A

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

I. CHW's DISCOUNT ELIGIBILITY SCHEDULE 2020-2021

% OF POVERTY PAY CODE:	GROSS ANNUAL INCOME												3190	12760	
	0	100%	20	125%	40	150%	60	175%	80	200%	100	Over			
	From	To	From	To	From	To	From	To	From	To	From	To	Over		
FAMILY SIZE 1	0	12,760	12,761	15,950	15,951	19,140	19,141	22,330	22,331	25,520	25,520 +			3190	12760
FAMILY SIZE 2	0	17,240	17,241	21,550	21,551	25,860	25,861	30,170	30,171	34,480	34,480 +			4310	17240
FAMILY SIZE 3	0	21,720	21,721	27,150	27,151	32,580	32,581	38,010	38,011	43,440	43,440 +			5430	21720
FAMILY SIZE 4	0	26,200	26,201	32,750	32,751	39,300	39,301	45,850	45,851	52,400	52,400 +			6550	26200
FAMILY SIZE 5	0	30,680	30,681	38,350	38,351	46,020	46,021	53,690	53,691	61,360	61,360 +			7670	30680
FAMILY SIZE 6	0	35,160	35,161	43,950	43,951	52,740	52,741	61,530	61,531	70,320	70,320 +			8790	35160
FAMILY SIZE 7	0	39,640	39,641	49,550	49,551	59,460	59,461	69,370	69,371	79,280	79,280 +			9910	39640
FAMILY SIZE 8	0	44,120	44,121	55,150	55,151	66,180	66,181	77,210	77,211	88,240	88,240 +			11030	44120

For each added family member add: (to max. income)

4,480	5,600	6,720	7,840	8,960
-------	-------	-------	-------	-------

Effective Date 3/1/2020

Appendix B



Sliding Fee Discount Program

Programa de Descuento de Tarifas deslizantes

STATEMENT OF SUPPORT

DECLARACIÓN DE APOYO

Instructions: This form is to be completed by the individual or organization providing support to the applicant and/or applicant's dependent(s).

Instrucciones: Este formulario debe ser completado por la persona u organización que brinde apoyo al solicitante y/o dependiente(s) del solicitante.

Financial Supporter	Partidario(a) Financiera
----------------------------	---------------------------------

I _____ (Full Name) provide support to the following individual(s) in order to help with essential living needs and expenses. I understand Coastal Health & Wellness staff will contact me at () _____. My mailing address is _____ (City) _____ (State) _____ (ZIP) _____.	Yo _____ (Nombre Completo) apoyo a la (s) siguiente (s) persona (s) con su(s) necesidades y gastos esenciales de vida. Yo verifico la información que he proporcionado, el personal de Coastal Health & Wellness se comunicará conmigo al () _____. Mi dirección de correo es _____ (Ciudad) _____ (Estado) _____ (Codigo Postal) _____.
--	--

Individual(s) Supported / Individuo(a) Apoyados
--

Name /Nombre	Date of Birth /Fecha de Nacimiento	Applicant /Solicitante
1. _____	_____	
2. _____	_____	
3. _____	_____	
4. _____	_____	

Does the above individual(s) live with you at your residence or at your organization? YES/Si NO
 ¿Vive con usted la(s) persona(s) anterior(es) en su residencia o en su organización?

Identify the Type of Support (provided to applicant) / Identificar el tipo de apoyo (proporcionando al solicitante)
--

<input type="checkbox"/> Food Comida	<input type="checkbox"/> Toiletries Artículos de aseo	<input type="checkbox"/> Transportation Transporte	<input type="checkbox"/> \$ Amount/Cash _____ Cantidad en \$/efectivo
<input type="checkbox"/> Housing Vivienda	<input type="checkbox"/> Cell phone Telefono Movil	<input type="checkbox"/> Utilities (Electric/Gas/Water) Utilidades(electricidad/gas/agua)	<input type="checkbox"/> Other _____ Otro

DISCLOSURE:
 The information provided in this form is **ONLY USED** to determine the applicant's eligibility of discounted health services at Coastal Health & Wellness. As a Financial Supporter, you **WILL NOT** be personally responsible for any of the healthcare expenses.

 However, any intentional misleading or falsified information, and/or omissions may subject you to penalties under the laws of the State of Texas which may include fines and/or imprisonment.

 I understand this disclosure and certify the information above is **TRUE, ACCURATE** and **COMPLETE** to the best of my knowledge.

 Financial Supporter/Organization (signature)

 Date _____

DIVULGACIÓN:
 La información provista en este formulario **SÓLO SE UTILIZA** para determinar la elegibilidad del solicitante de servicios de salud con descuento en Coastal Health & Wellness. Como Partidario financiero, **NO SERÁ** personalmente responsable de ninguno de los gastos de atención médica.

 Sin embargo, cualquier información engañosa o falsa intencional, y / o omisiones pueden estar sujetos a sanciones bajo las leyes del Estado de Texas, que pueden incluir multas y / o prisión.

 Entiendo esta divulgación y certifico que la información anterior es **VERDADERA, EXACTA** y **COMPLETA** a mi leal saber.

 Partidario(a) Financiera/organización (Firma)

 Fecha _____

OFFICE USE / USO DE LA OFICINA:

Manager Approval /Aprobación del Gerente: _____ Date/Fecha: _____



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

November 2020

Item#8

Consider for Approval Update to Coastal Health & Wellness

No Show Policy



NO SHOW POLICY

PURPOSE:

To maximize ~~open~~ access to care to ~~the patient population~~ those seeking care at Coastal Health & Wellness by reducing no-shows, late appointments, and cancellations.

POLICY:

It is the policy of Coastal Health & Wellness (CHW) to inform patients of the importance of keeping their scheduled appointments and the expectation of notifying the center of any cancellation or rescheduling within the allotted timeframe. Failure to comply with this policy may result in appointment limitations and/or restrictions.

PROCEDURE:

1. Each patient will receive and sign the *No Show Agreement* at the time of check-in or registration.
2. CHW's automated system will send a reminder **48** hours prior, to remind patients of their scheduled appointments. Patients will be required to CONFIRM their appointments by using the automated system protocol. Appointments **NOT** confirmed within **24** hours may be canceled and replaced with another patient in need of the appointment.
3. The patient must notify CHW **24** hours in advance if they are unable to attend their scheduled appointment and notify CHW of any changes in the preferred contact method.
4. Patients will be required to arrive 20 minutes prior to their appointment time, ~~or 1-hour prior, if the patient must be financially screened.~~ If a patient ~~is late~~ arrives late to their appointment, they may be asked to reschedule.
5. A warning notice will be sent to the patient if a patient fails to keep **2** consecutive scheduled appointments. In addition, Case Management staff will contact the patient to determine any barriers that are preventing the patient from keeping their scheduled appointments and will report findings to management. ~~Failure to keep **3** consecutive scheduled appointments, the patient will only be allowed to schedule appointments on the same day, if and only if, a cancellation is available.~~
6. This policy will be enforced uniformly and consistently by all staff and administration of Coastal Health & Wellness.

Formatted: Not Strikethrough, Not Highlight

Formatted: Not Highlight



Date: _____

Name: _____

We value you as a patient and thank you for choosing us as your healthcare provider. Our records indicate that you have failed to keep your last (2) consecutive scheduled appointments. Please understand that failure to continue to miss scheduled appointments without notifying us 24 hours in advance could result in disruption of services. If there are specific issues that are preventing you from keeping your scheduled appointments, please contact our Case Management department at 409-978-4216.

Coastal Health & Wellness Staff

[Back to Agenda](#)



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

November 2020

Item#9

**Consider for Approval Privileging Rights for UTMB Resident
Mohamed Faheid, MD**



Date: November 9, 2020

To: CHW Governing Board

Thru: Kathy Barroso, CPA
Executive Director

From: Cynthia Ripsin, MS, MPH, MD
Medical Director

Re: Privileging

After review of the standard credentialing documents by a Coastal Health and Wellness Human Resources representative for resident physician Mohamed Faheid, MD, who will work at all times under the direct supervision of a Board Certified faculty physician from UTMB, we are requesting credentialing approval by the Governing Board.

In addition, after review by Medical Director Cindy Ripsin, MD, of the privileging documents submitted by Dr. Faheid, we are requesting privileging approval by the Governing Board.

[Back to Agenda](#)



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

November 2020

Item#10

Consider for Approval Privileging Rights for UTMB Resident

Jessica Johnson, MD



Date: November 9, 2020

To: CHW Governing Board

Thru: Kathy Barroso, CPA
Executive Director

From: Cynthia Ripsin, MS, MPH, MD
Medical Director

Re: Privileging

After review of the standard credentialing documents by a Coastal Health and Wellness Human Resources representative for resident physician Jessica Johnson, MD, who will work at all times under the direct supervision of a Board Certified faculty physician from UTMB, we are requesting credentialing approval by the Governing Board.

In addition, after review by Medical Director Cindy Ripsin, MD, of the privileging documents submitted by Dr. Johnson, we are requesting privileging approval by the Governing Board.

[Back to Agenda](#)



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

November 2020

Item#11

**Consider for Approval Privileging Rights for UTMB Resident
Haris Vakil, MD**



Date: November 9, 2020

To: CHW Governing Board

Thru: Kathy Barroso, CPA
Executive Director

From: Cynthia Ripsin, MS, MPH, MD
Medical Director

Re: Privileging

After review of the standard credentialing documents by a Coastal Health and Wellness Human Resources representative for resident physician Haris Vakil, MD, who will work at all times under the direct supervision of a Board Certified faculty physician from UTMB, we are requesting credentialing approval by the Governing Board.

In addition, after review by Medical Director Cindy Ripsin, MD, of the privileging documents submitted by Dr. Vakil, we are requesting privileging approval by the Governing Board.

[Back to Agenda](#)



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

November 2020

Item#12

2019 Uniform Data System (UDS) Summary Report

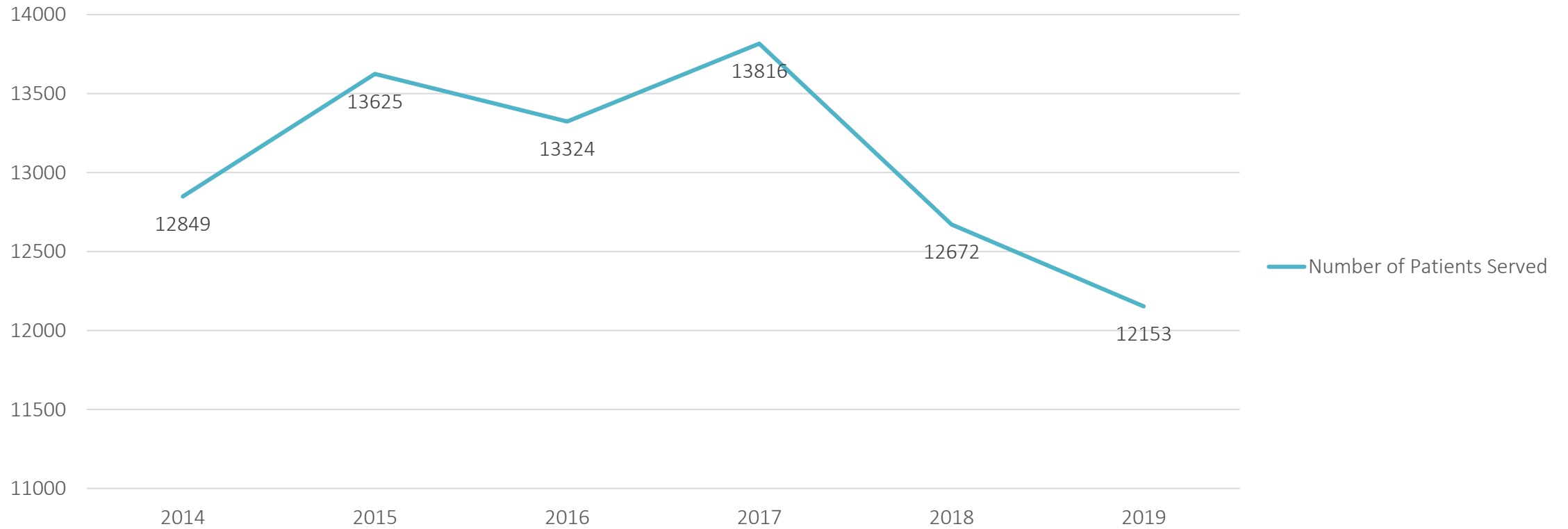


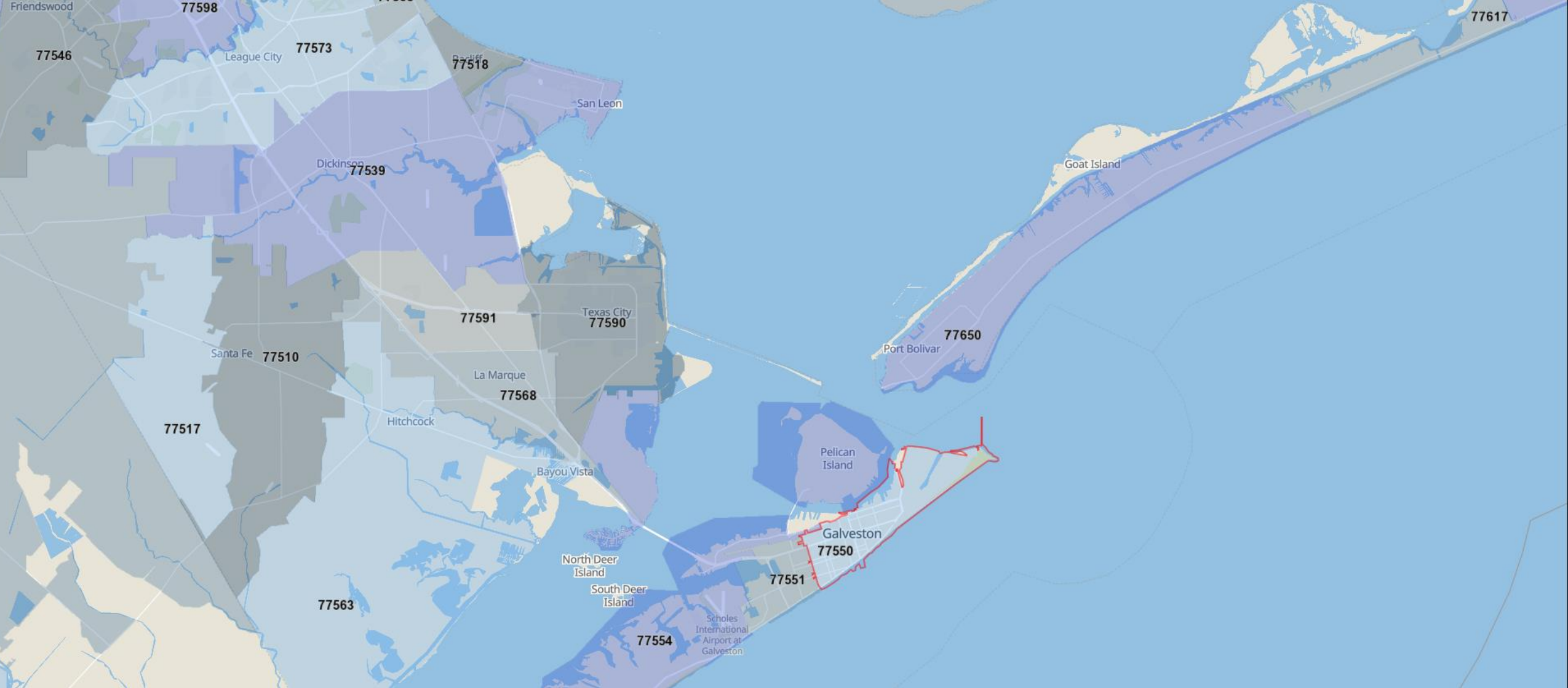
2019 Uniform Data System (UDS) Summary Report

With Comparison to State and National Averages

Kathy Barroso
Executive Director

Total Number of Patients Served

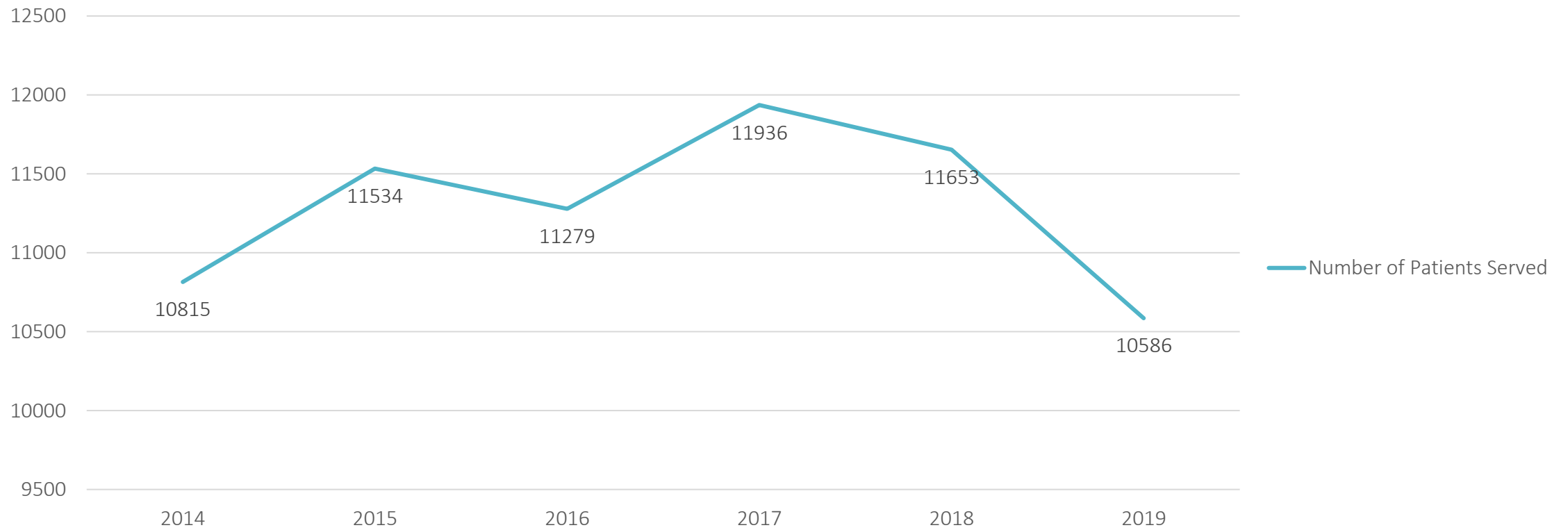




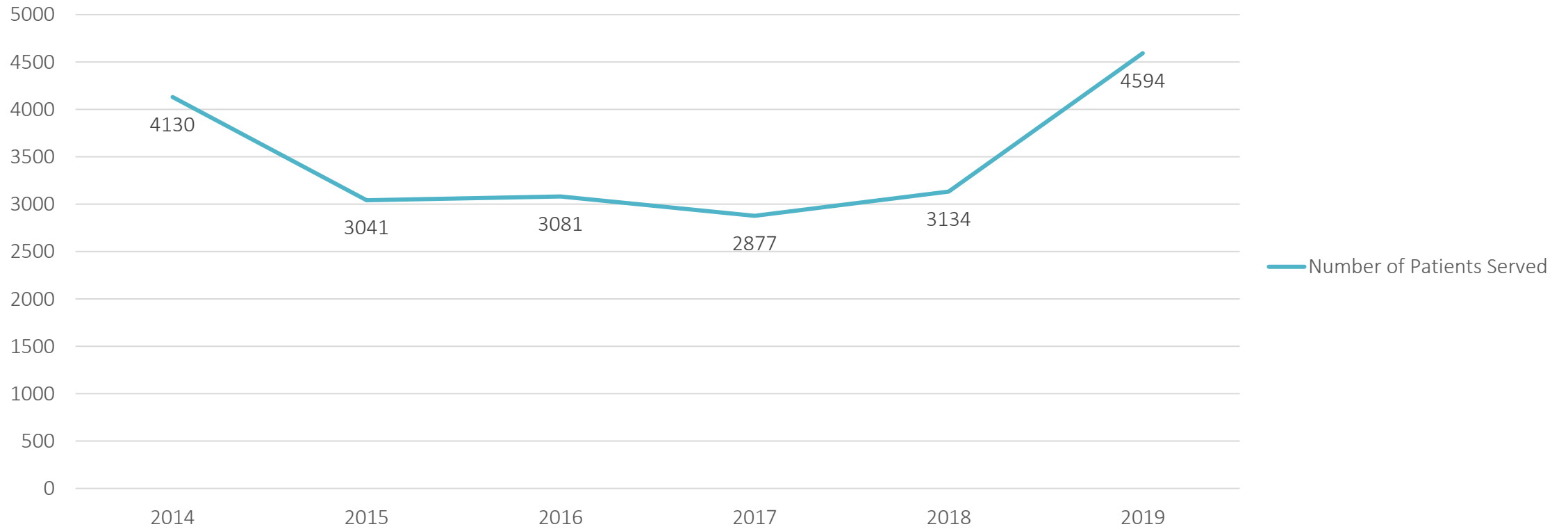
Patient Locations – Top 7 Zip Codes

77590 (2095); 77539 (1643); 77550 (1467); 77568 (1192); 77551 (1116); 77591 (1018); 77573 (812)

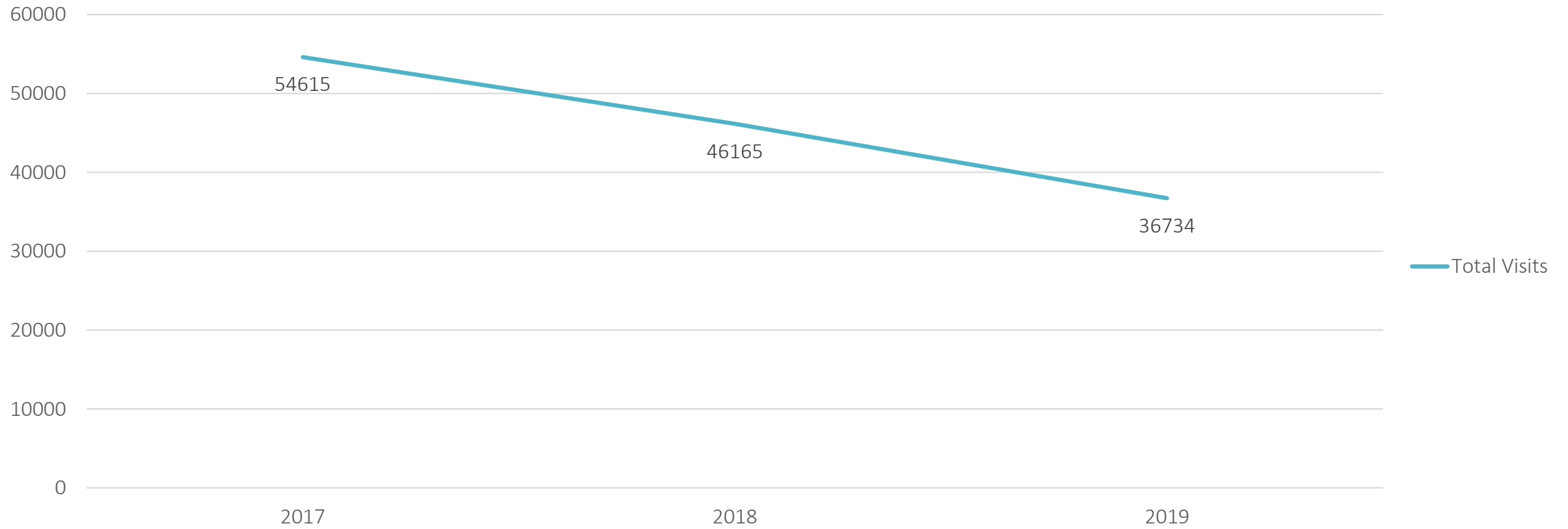
Total Medical Patients Served



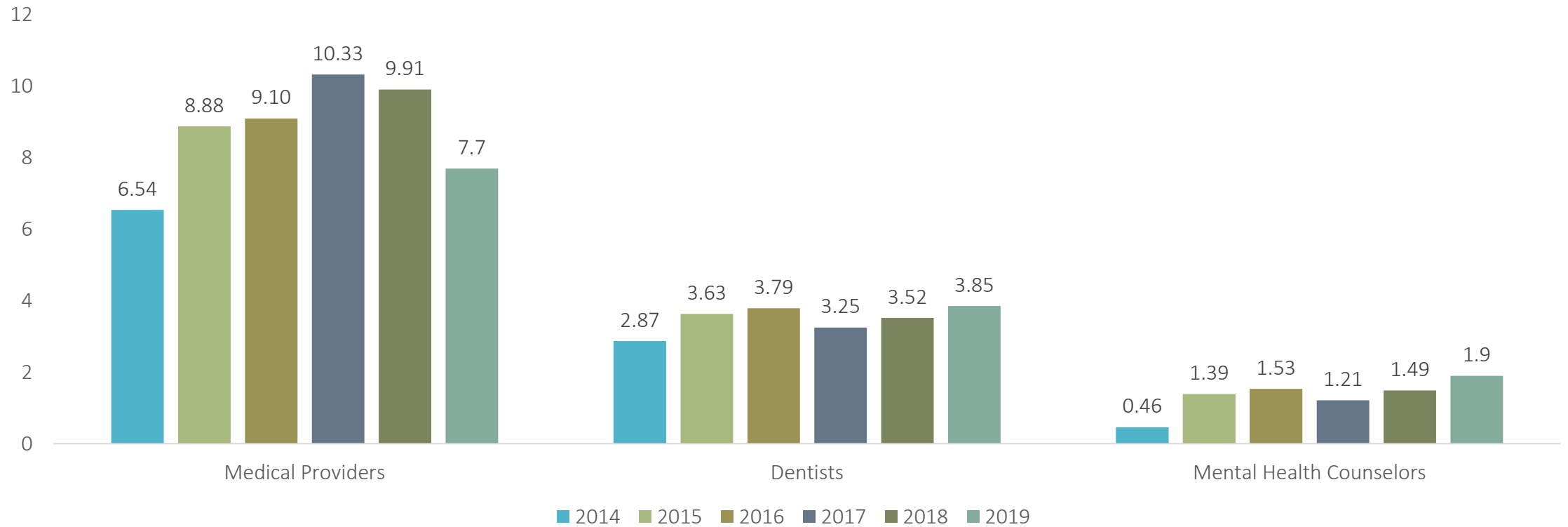
Total Dental Patients Served



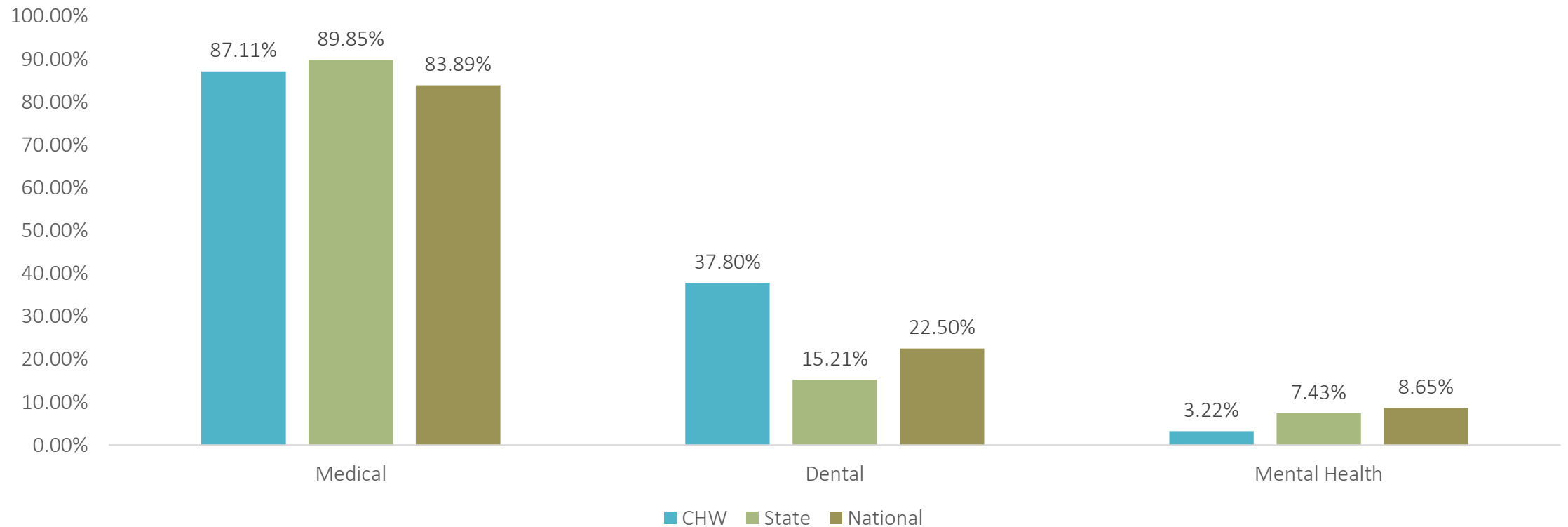
Total Visits



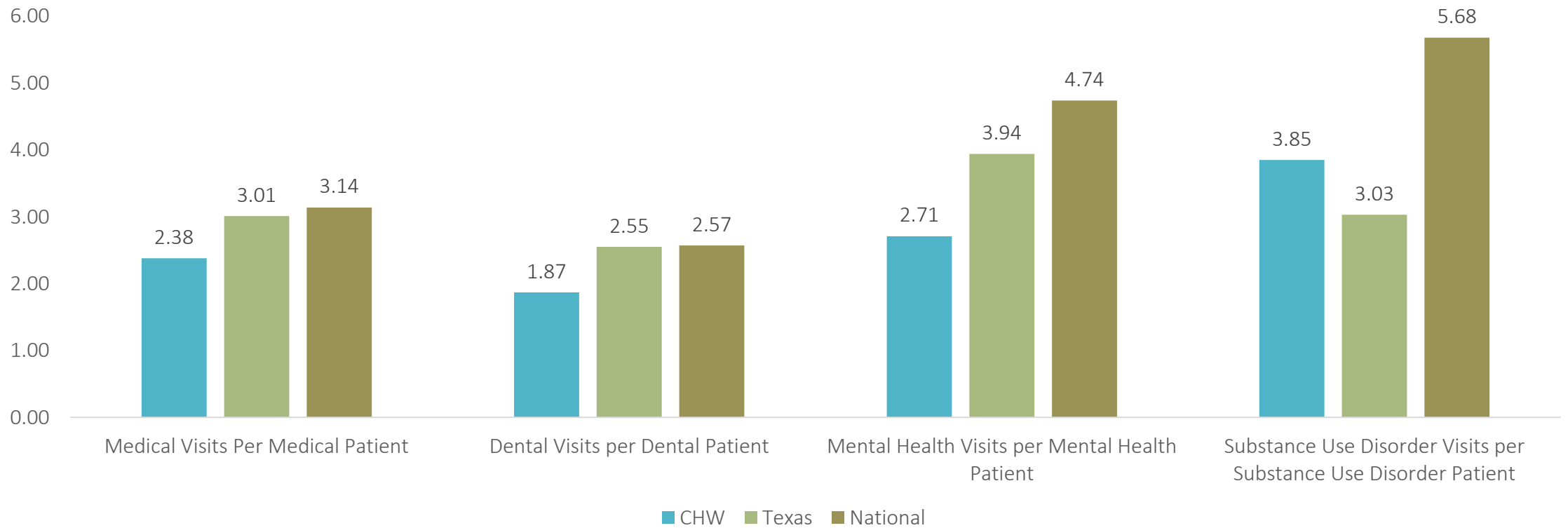
Staffing – FTE's



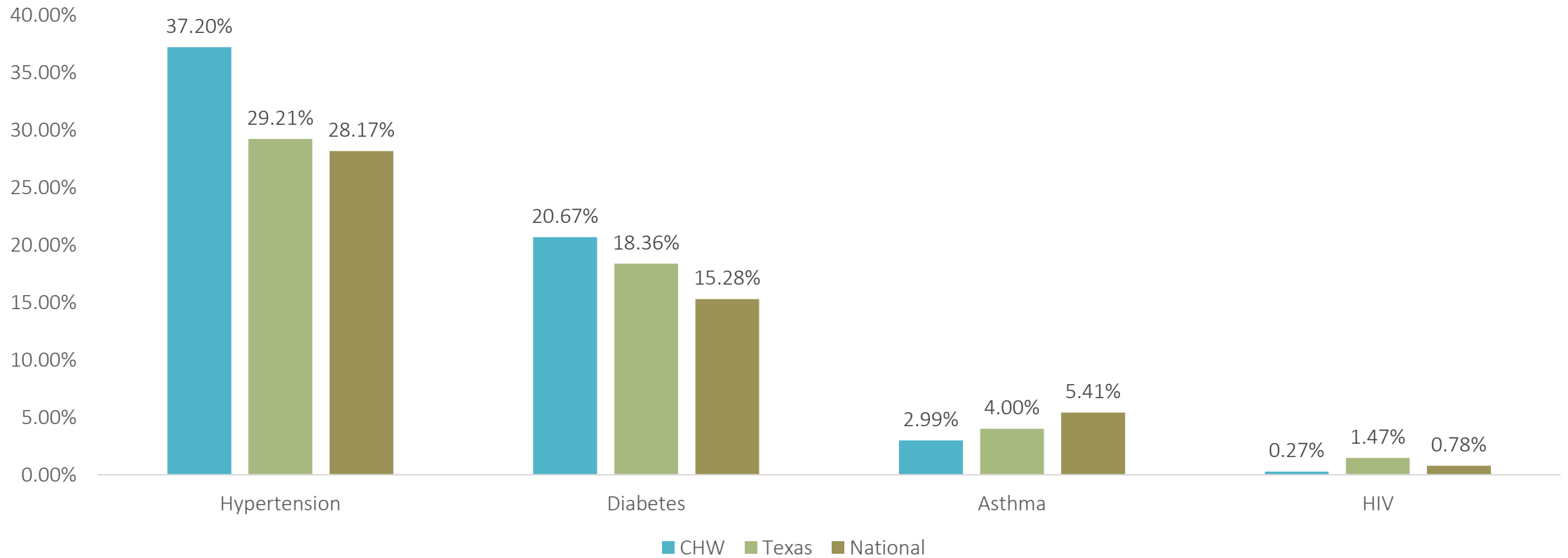
2019 Percent of Patients by Services



2019 Visits Per Patient



2019 Medical Conditions



Quality of Care Indicators

Early Entry into Prenatal Care	Coastal	State	National
Access to Prenatal Care (first prenatal visit in 1 st trimester)	77.5%	68.81%	73.81%
Low Birth Weight (live births < 2500 grams)	0.00%	8.18%	8.05%

Quality of Care Indicators (Cont'd)

Preventive Health Screenings & Services	Coastal	State	National
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	16.61%	73.85%	71.21%
Body Mass Index (BMI) Screening and Follow-Up Plan	90.55%	79.23%	72.43%
Tobacco Use Screening and Cessation Intervention	75.94%	88.93%	87.17%
Colorectal Cancer Screening	20.52%	38.64%	45.56%
Screening for Depression and Follow-up Plan	96.28%	73.63%	71.61%

Quality of Care Indicators (Cont'd)

Preventive Health Screenings & Services	Coastal	State	National
Cervical Cancer Screening	37.25%	58.15%	56.53%
Childhood Immunization Status	27.27%	38.23%	39.75%
Dental Sealants for Children between 6-9 Years	76.92%	54.14%	56.80%

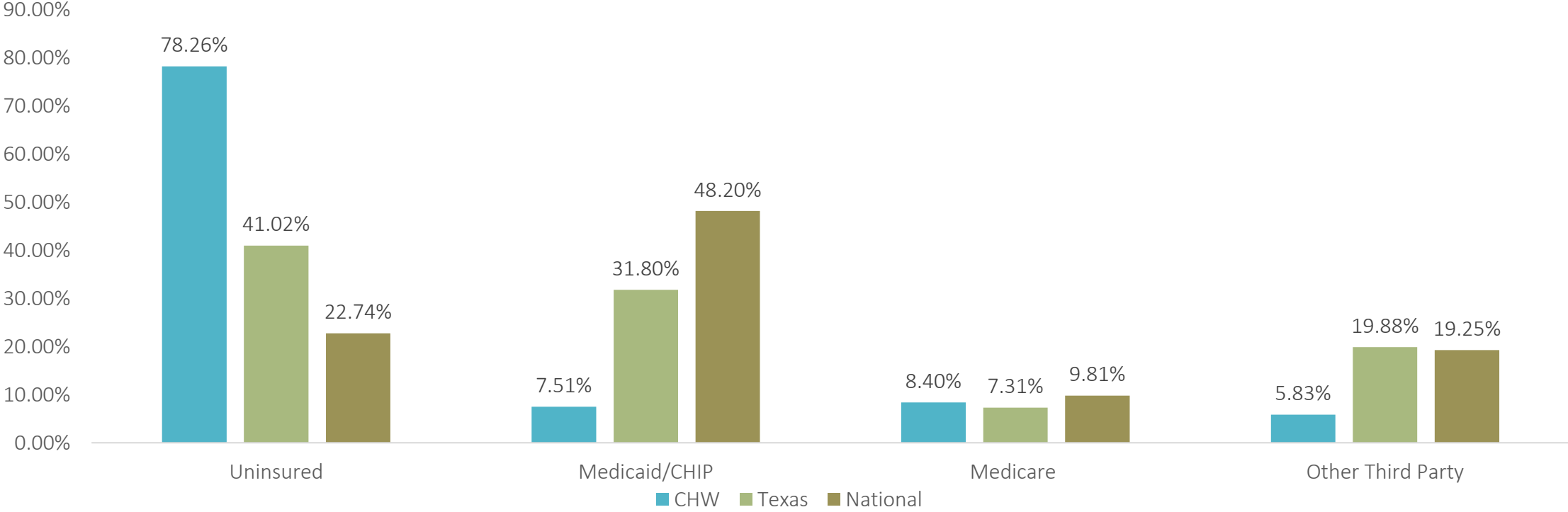
Quality of Care Indicators (Cont'd)

Chronic Disease Management	Coastal	State	National
Use of Appropriate Medications for Asthma	76.27%	87.58%	85.95%
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	77.88%	71.47%	70.09%
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	83.50%	77.63%	80.78%
HIV Linkage to Care	100%	90.84%	87.21%

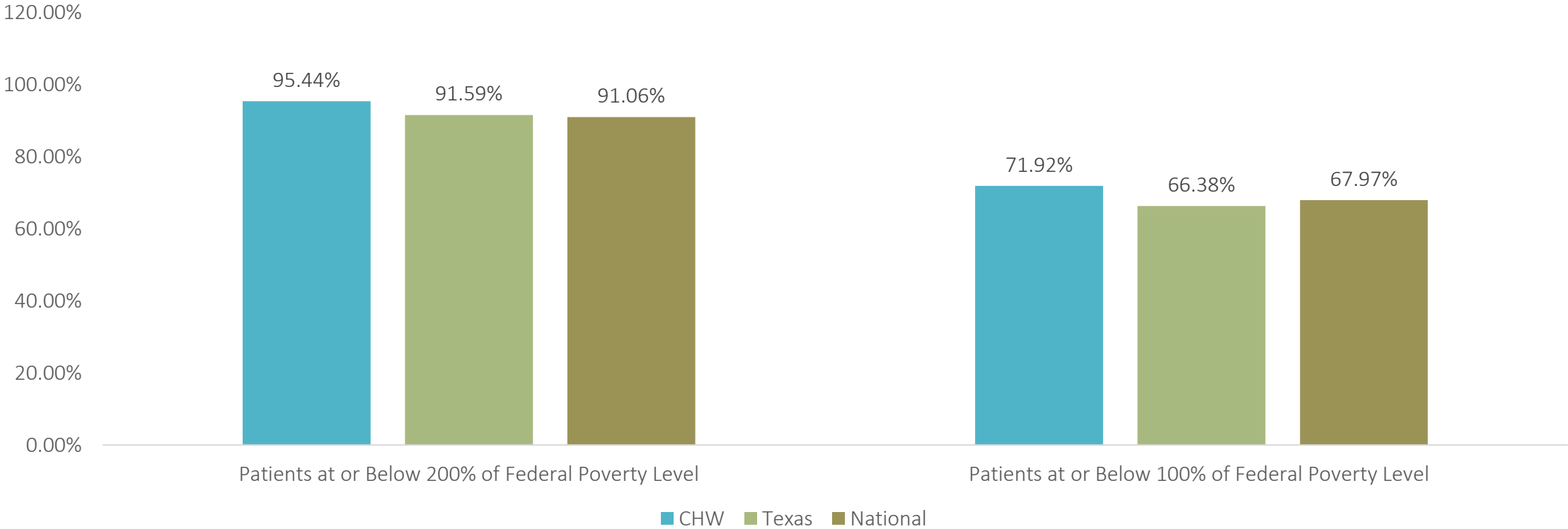
Quality of Care Indicators (Cont'd)

Chronic Disease Management	Coastal	State	National
Controlling High Blood Pressure (Hypertensive Patients with Blood Pressure < 140/90)	54.61%	61.99%	64.62%
Diabetes: Hemoglobin A1c Poor Control (Diabetic Patients with HbA1c > 9%) or No Test During Year	34.86%	35.74%	31.95%

2019 Percent of Patients by Insurance Status



2019 Percent of Patient by Income Status

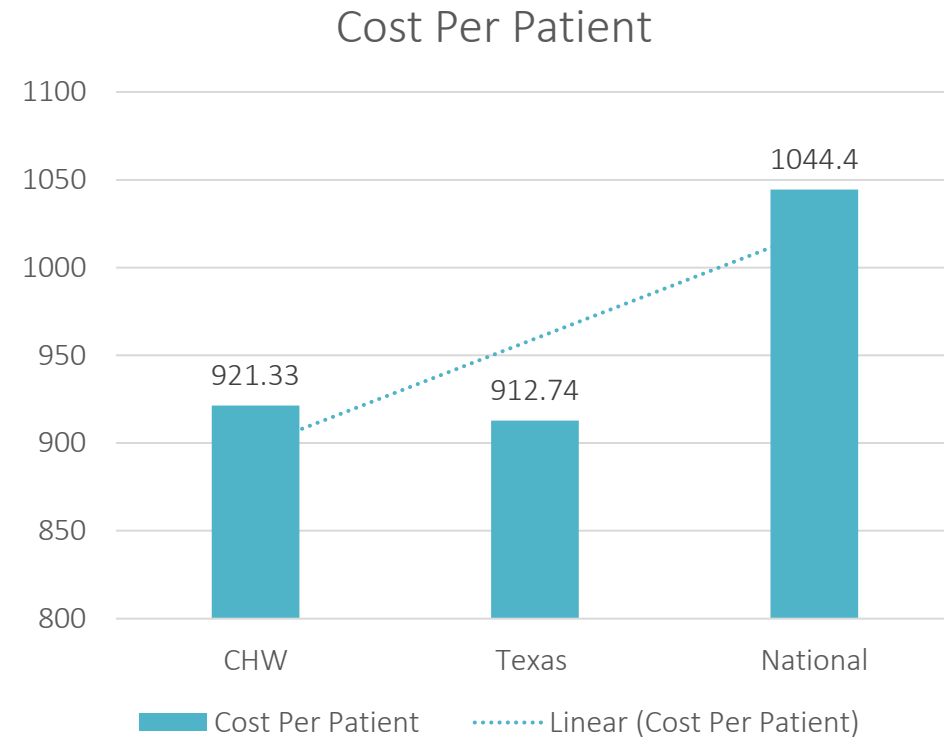


2019 Total Costs Per Patient

Coastal Health & Wellness -
\$921.33

State Average - \$912.74

National Average - \$1044.40

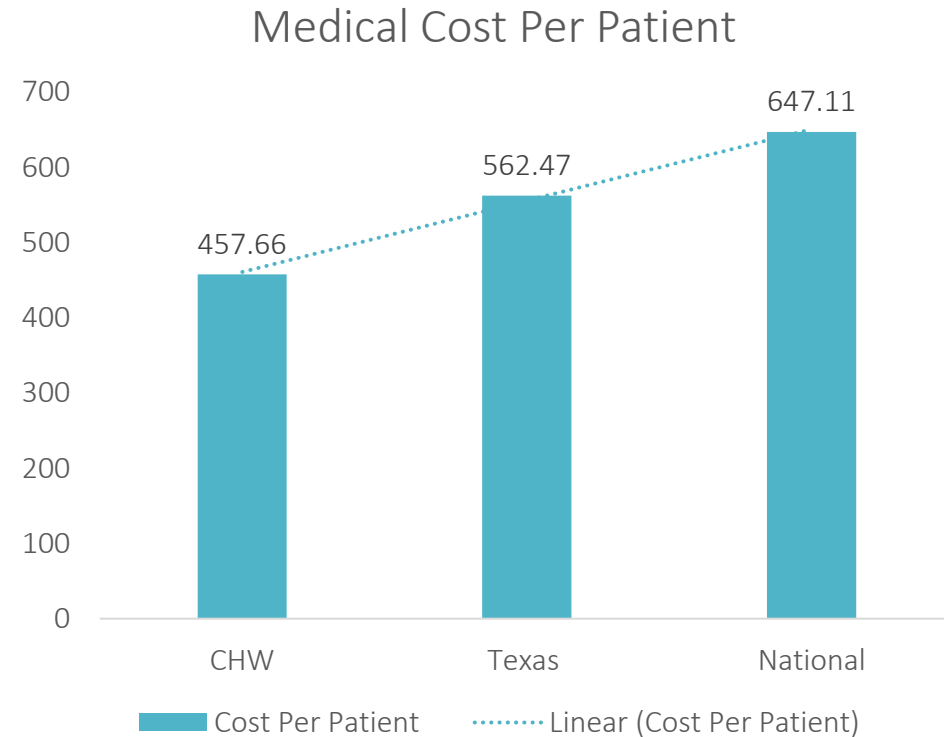


2019 Medical Costs Per Patient

Coastal Health & Wellness -
\$457.66

State Average - \$562.47

National Average - \$647.11

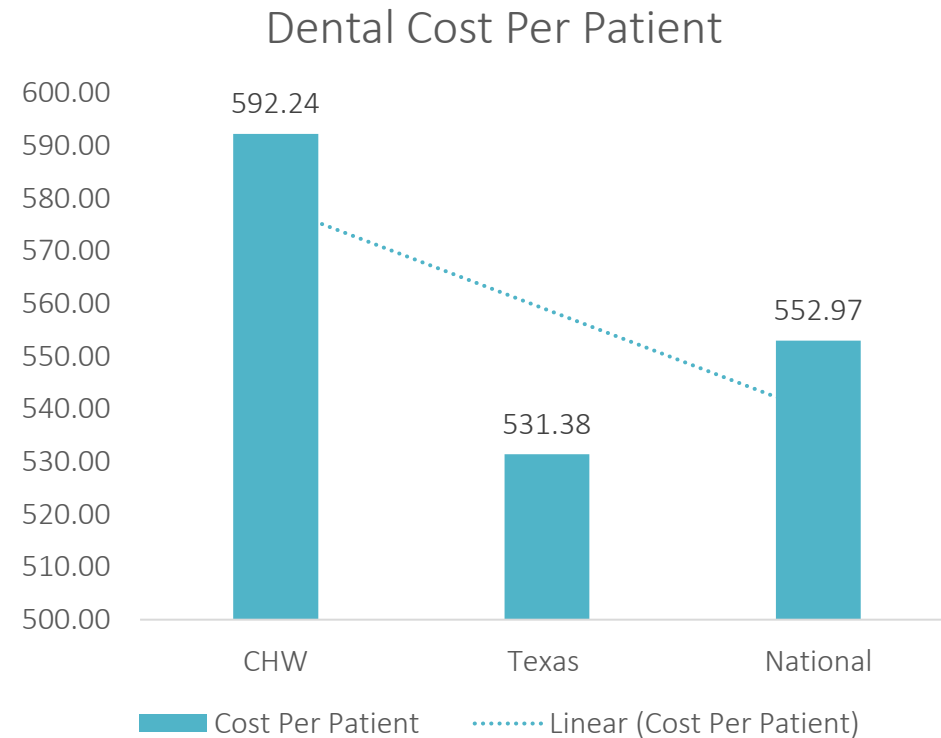


2019 Dental Costs Per Patient

Coastal Health & Wellness -
\$592.24

State Average - \$531.38

National Average - \$552.97

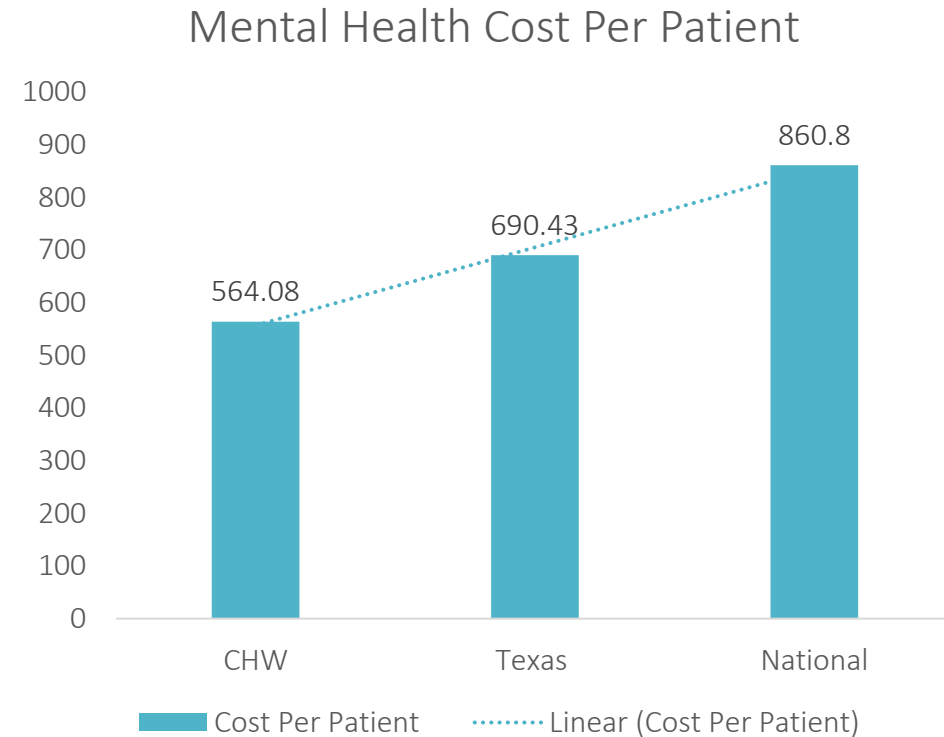


2019 Mental Health Costs Per Patient

Coastal Health & Wellness -
\$564.08

State Average - \$690.43

National Average - \$860.80

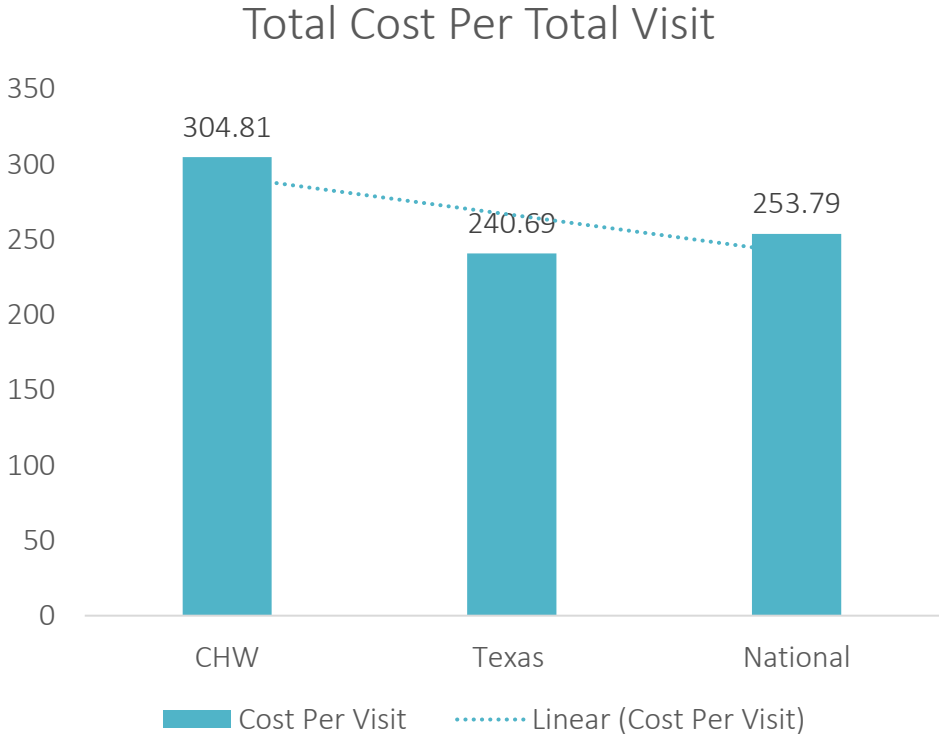


2019 Total Cost Per Total Visit

Coastal Health & Wellness -
\$304.81

State Average - \$240.69

National Average - \$253.79

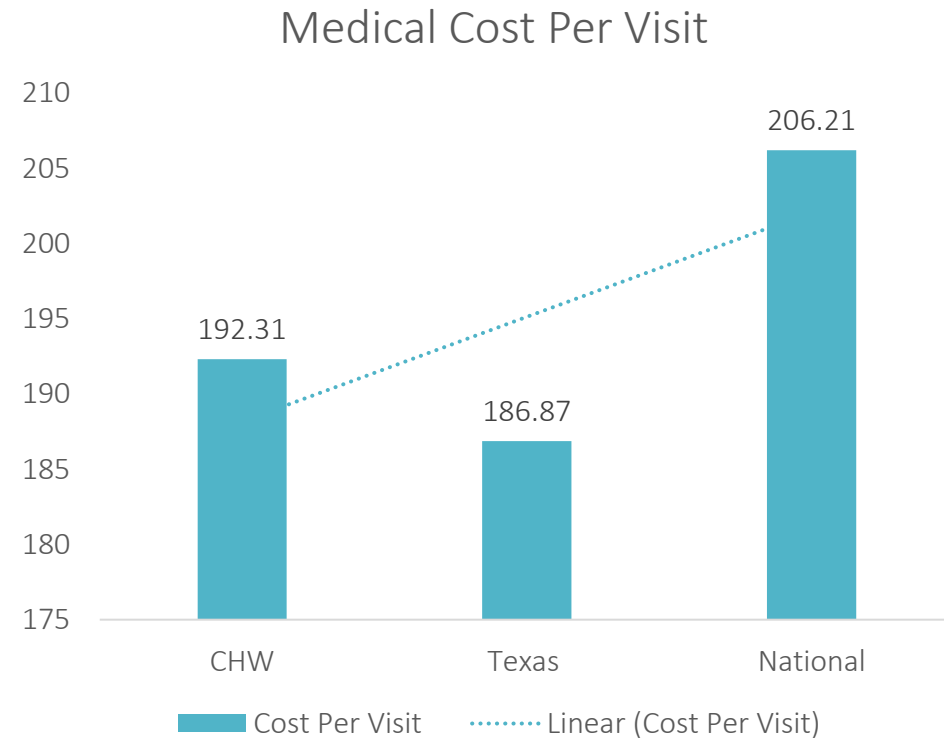


2019 Medical Cost Per Medical Visit

Coastal Health & Wellness - \$192.31

State Average - \$186.67

National Average - \$206.21

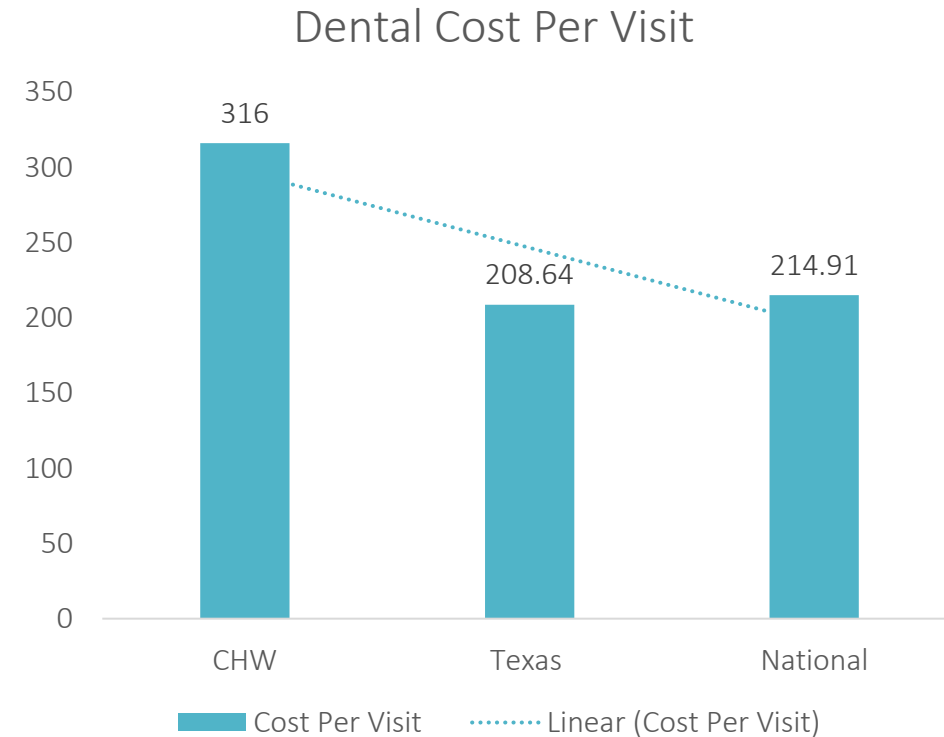


2019 Dental Cost Per Dental Visit

Coastal Health & Wellness -
\$316.00

State Average - \$208.64

National Average - \$214.91

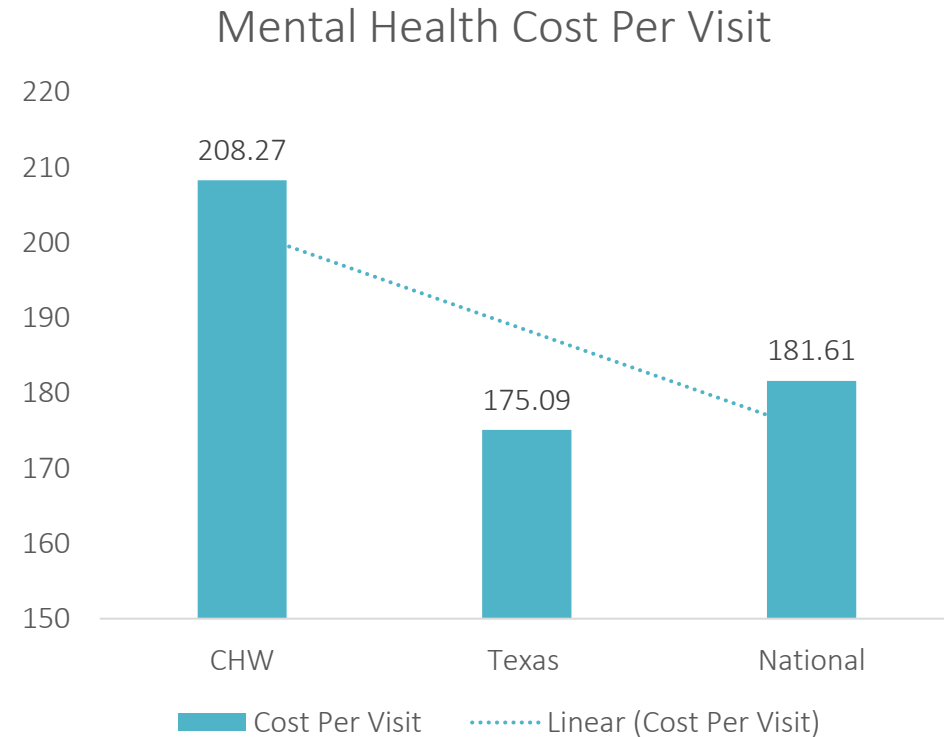


2019 Mental Health Cost Per Mental Health Visit

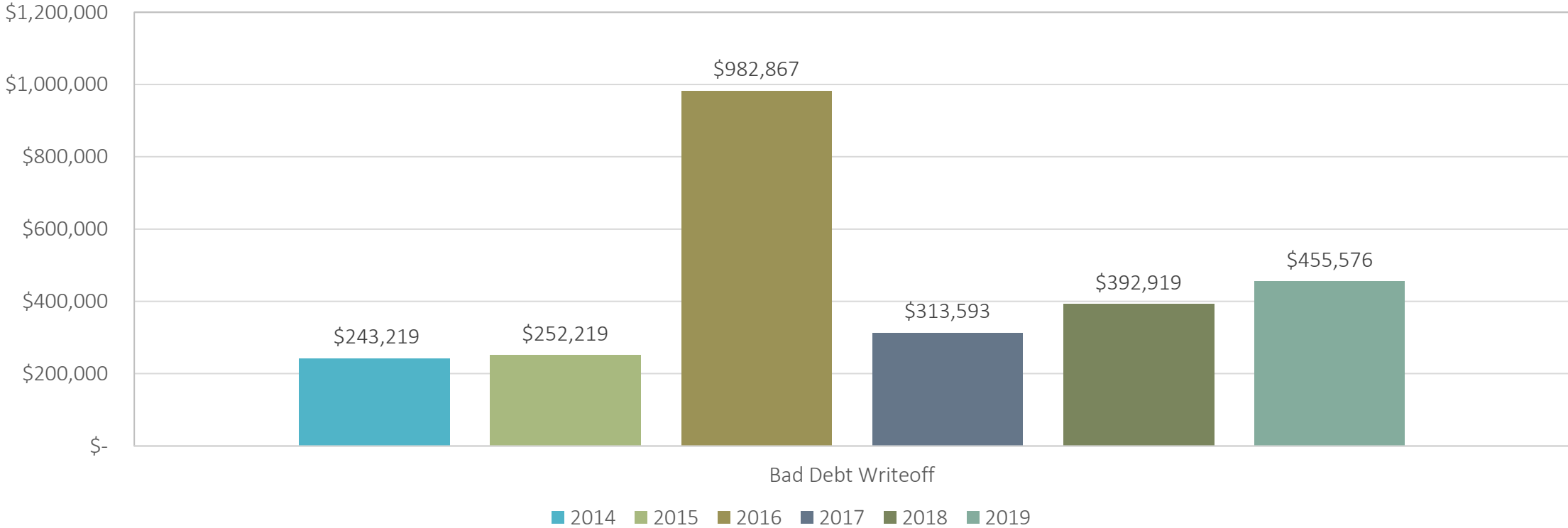
Coastal Health & Wellness -
\$208.27

State Average - \$175.09

National Average - \$181.61



Bad Debt Write Offs



Questions



[Back to Agenda](#)