



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

AGENDA

Thursday, November 16, 2017 – 12:00 PM

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

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

In accordance with the provisions of the Americans with Disabilities Act (ADA), persons in need of a special accommodation to participate in this proceeding shall, within three (3) days prior to any proceeding contact the Administrative Office at 9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City 77591 (409) 949-3406.

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

REGULARLY SCHEDULED MEETING

Meeting Called to Order

- *Item #1 Agenda
- *Item #2**ACTION** Excused Absence(s)
- *Item #3**ACTION** Consider for Approval October 26, 2017 Minutes
- Item #4**EXECUTIVE SESSION** **Convene into Executive Session pursuant to Texas Government Code, Section 551.074 (Personnel Matters).** The Coastal Health & Wellness Governing Board will convene into Executive Session as Permitted under provisions of the Texas Open Meeting Act, pursuant to Section 551.074 of the Texas Government Code. The purpose of this Executive Session regards a personnel matter, during which the Board will perform the Interim Executive Director’s six-month evaluation.
- Item #5 Reconvene Regular Open Meeting
- Item #6**ACTION** Possible Action from Executive Session
- Item #7 Executive Report
- Item #8**ACTION** Consider for Approval Spending \$21,250 of the 2016 HRSA Quality Improvement (QI) Summit Radiographic Tables with Elevator.
- Item #9**ACTION** Consider for Approval Quarterly Access to Care Report
- Item #10**ACTION** Consider for Approval Quarterly Customer Service Report
- Item #11**ACTION** Consider for Approval HRSA Noncompeting Continuation (NCC) Progress Report and Budget for Period Covering April 1, 2018 to March 30, 2019
- Item #12**ACTION** Consider for Approval Coastal Health & Wellness Credit and Refund Policy
- Item #13**ACTION** Consider for Approval Coastal Health & Wellness Charge Capture Policy

Item #14**ACTION** Consider for Approval Coastal Health & Wellness Payment Posting Policy

Adjournment

Tentative Next Meeting: December 7, 2017

Appearances before Governing Board

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

Executive Sessions

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

The Galveston County Health District's Boardroom is wheelchair accessible. Persons with disabilities who plan to attend this meeting and who may need accommodations, auxiliary aids, or services such as interpreters, readers, or large print are requested to contact the Executive Assistant at 409-949-3406, or via e-mail at trollins@gchd.org at least 48 hours prior to the meeting so that appropriate arrangements can be made.

**Governing Board
November 2017
Item #2
Excused Absence(s)**

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

November 2017

Item #3

Consider for Approval October 26, 2017 Minutes

**Coastal Health & Wellness
Governing Board Meeting
October 26, 2017**

Board Members

Present:

Dr. Howard
Jose Boix
Jay Holland
David Delac
Mario Hernandez
Victoria Dougharty
Virginia Valentino

Staff:

Mary McClure, Interim Executive Director	Kathy Barroso, GCHD CEO
Dr. Foster	Pisa Ring
Dr. Alhassan	Laura Walker
Andrea Cortinas	Mary Orange
Sandra Cuellar	Kristina Garcia
Lea Williams	Scott Packard
Tikeshia Thompson Rollins	Mario Acosta

Excused Absence: Dorothy Goodman, and Miroslava Bustamante

Unexcused Absence:

Guest: Robert Booth

***Approval of Consent Agenda**

Upon a motion by Virginia Valentino, seconded by Mario Hernandez, Consent Agenda items one through six were unanimously approved.

Item #7 EXECUTIVE SESSION

Texas Government Code Section 551.071, Consultation with Attorney: the Coastal Health & Wellness Governing Board will enter into an executive session as permitted under the Texas Open Meetings Act, Chapter 551 of the Texas Government Code, pursuant to Section 551.071 of the Government Code: to seek the advice of its attorney about pending or contemplated litigation or on a matter in which the duty of the attorney to the Coastal Health & Wellness under the Texas Disciplinary Rules of Professional Conduct of the State Bar of Texas clearly conflicts with the Open Meetings Act relating to 17-CV-00109, United States of America, ex rel. Tammy Lynn Babcock and Malek Bohsali v. Coastal Health & Wellness, and Galveston County Health District.

Item #8 Reconvene Regular Meeting

Reconvene to regular meeting at 12:20 p.m.

Item #9 Executive Report

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

Item #10 Consider for Approval Financial Committee Report September 2017

Mary Orange, Business Office Manager, asked the Board to consider for approval financial committee report for September 2017. Mary informed the Board that the MTD increase in Fund Balance of \$43,860. Reserves were \$1,034,998 higher than budgeted this month. MTD revenue related to Self-Pay, Privates Insurance, Medicaid, Medicare, and Contract Revenue were all higher than budgeted due to recording Receivables. Mary also pointed out HHS Grant revenue is underbudget MTD \$247,995 because there was no draw for September 2017. YTD revenues are \$3,382,360 higher than budgeted due to recording of AR balances. Private insurance, Self-Pay, Medicaid, Medicare and Contract Revenue are higher than budgeted, while Title V is on target for new contract effective 9/1/17. Expenses were (\$991,138) higher MTD than budgeted due to recording of Bad Debt Expense, and are (2,892,107) higher YTD than budgeted, but are offset by savings in personnel. YTD increase in fund balance of \$287,156. Total fund balance \$4,706,434 as of 9/30/17.

- Jay Holland, informed the Board that we did not drawn down federal dollars this quarter to meet the other requirements to draw at the end of the month after all expenses are made. Kathy Barroso, GCHD CEO stated one of the other recommendations from HRSA was since the budget is split between federal and non-federal funds. Now Mary (Orange) is reviewing those federal dollars to make sure we do drawdowns that are in line with the federal spend.
- David Delac, suggested that going forward if there are expenditures with multiple parts the Board be informed of how much was approved for fund balance reserves and give updates of where we're at on making the approved purchases. Such as with IT licensing, software, hardware, etc.
- David Delac, asked that the April through March grant budget year of unduplicated patients and visits also be shown on the report.

Upon a motion made by Jay Holland, seconded by David Delac, the consideration was unanimously approved by the Board.

Item#11 Consider for Approval Quarterly Compliance Report

Mary McClure, Interim Executive Director, asked the Board to consider for approval quarterly compliance report. Upon a motion made by Virginia Valentino, seconded by Mario Hernandez, the consideration was unanimously approved by the Board.

- Jose Boix, asked what is the protocol is for patients that become belligerent in the clinic. Mary McClure, Interim Executive Director, informed the Board that she was not aware of the patient that became belligerent until she received a copy of the Incident Report from Risk and Safety however, normally if the patient is verbally abusive a warning letter, if the patient make threats a termination letter is mailed out.
- David Delac, suggested in the future that Executive Director (ED) go back to the individual that did not notify the ED of an incident in the clinic to ensure that in the future the ED is contacted and aware.

Upon a motion made by Virginia Valentino, seconded by Mario Hernandez, the consideration was unanimously approved by the Board.

Item#12 Quarterly Visits and Analysis Report Including Breakdown Payer Source for Recent New Patients

Mary Orange, Business Office Manager, asked the Board to consider for approval the Quarterly Visits and Analysis Report Including Breakdown Payer Source for Recent New Patients. Mary informed the Board that the total visits by financial class for September 2017 was 3,655 and September 2016 we had 3,295 so there is a 10% increase. The YTD average for 2017 is 3,578 for 2016 it was 3,600 so there is a 1% change. YTD Payer mix for 2017 compared to 2016 we went down a little in self-pay, Medicare, and Title V were up a little in Medicaid, contract, and private insurance. YTD total visits by type for September 2017 is 32,205 for September 2016 it was 32,422 so there is about a 1% difference. We had a big change in medical visits now that we are now fully staff. Dental and counseling are down. Unduplicated Visits for September 2017 we were at 11,721 and for September 2016 11,659 so there is a 0.5% difference. Mary also informed the Board that the account aging by payer type we are now reporting account receiving with the same AR report that we are using to record the accounts receivable and bad debt on the financial statements. Charges and collection 2017 compared to 2016 we are down 1% and YTD we are higher by 2%. The payor mix and total visits 2017 32,205 the average net revenue per visit is \$67.38 and for 2016 36,938 with the average net revenue per visit of \$56.59. The self-pay gross chargers we have gone down from 80.9% to 80.6%. HRSA goal is to be equal or above 14.1% and we are in the range of 12.9-13.3 range.

- Jose Boix, suggested that the report show just a summary.

Upon a motion made by Virginia Valentino, seconded by Mario Hernandez, the consideration was unanimously approved by the Board.

Item#13 Consider for Approval Privileging Rights for Emily Bailey, MSW, LCSW

Dr. Alhassan, Medical Director, asked the Board to consider for approval privileging rights for Emily Bailey, MSW, LCSW. Upon a motion made by Virginia Valentino, seconded by Mario Hernandez, the consideration was unanimously approved by the Board.

Item#14 Consider for Approval the TACHC Optimizing Comprehensive Clinic Care (OC³) 2017-2019 Learning Program

Mary McClure, Interim Executive Director, asked the Board to consider for approval the TACHC Optimizing Comprehensive Clinic Care (OC³) 2017-2019 learning program. Mary informed the Board that this is an 18 month learning program and the participation fee is \$2,250. There will also be some offsite conferences and webinars that the staff will participate in. Upon a motion made by Jay Holland, seconded by Jose Boix, the consideration was unanimously approved by the Board.

Item#15 Consider for Approval One Time Pay Out for Employees with 6 Months Employment to be Paid \$46,671.20 in the Pay Period Before Thanksgiving

Mary McClure, Interim Executive Director, asked the Board to consider for approval one time pay out for employees with 6 months employment to be paid \$46,671.20 in the pay period before Thanksgiving.

- David Delac, suggested in the future that the request be put into the budget.

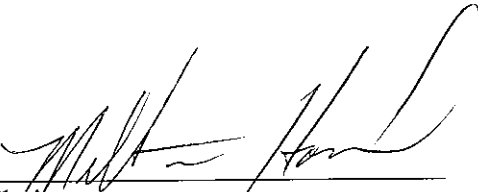
Upon a motion made by David Delac, seconded by Jay Holland, the consideration was unanimously approved by the Board.

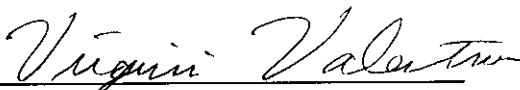
Item#16 Notice of Grant Award with Program Specific Conditions for Program Requirements based on Action Plan Submitted to HRSA from Site Visit Review

Mary McClure, Interim Executive Director, informed the Board that back in September the action plan and things that needed to be completed to HRSA based on the site review was submitted. A new notice of award was sent stating some things were completed and they are off your notice of award conditions however, we still have the things that were not completed. We now have 120 days to work on those things and respond back.

Adjournment

A motion to adjourn was made by Virginia Valentino, seconded by Mario Hernandez. The Board adjourned at 1:13 p.m.


Chair
11 - 16 - 2017
Date


Secretary/Treasurer
11/16/2017
Date

**Governing Board
November 2017
Item #4
EXECUTIVE SESSION**

Convene into Executive Session pursuant to Texas Government Code, Section 551.074 (Personnel Matters). The Coastal Health & Wellness Governing Board will convene into Executive Session as Permitted under provisions of the Texas Open Meeting Act, pursuant to Section 551.074 of the Texas Government Code. The purpose of this Executive Session regards a personnel matter, during which the Board will perform the Interim Executive Director's six-month evaluation.

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**Governing Board
November 2017
Item #5
Reconvene Regular Open Meeting**

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**Governing Board
November 2017
Item #6
Possible Action from Executive Session**

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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


**Governing Board
November 2017
Item #7
Executive Report**



A monthly newsletter about Galveston County's Community Health Center, **Coastal Health & Wellness**.

The Clock is Ticking for 2018 Coverage in the Health Insurance Marketplace

By: Mary McClure
Interim Executive Director

 The clock is ticking if you want coverage next year through the Federal Health Insurance Marketplace. Not only is it ticking, the clock is considerably shorter than prior years.

The Marketplace open enrollment period for coverage in 2018 is just November 1, 2017 through December 15, 2017. That's why it is so important to act quickly! Thankfully, Coastal Health & Wellness is here to help you meet the deadline.

Depending on your income, you may qualify for assistance paying your monthly health care premiums. Applicants may also qualify for exemptions from paying a penalty on tax returns. For example, someone with income under the income guidelines may be exempt from the tax penalty. However, people who do not enroll may face a tax penalty, which will increase every year. This may sound confusing, but we can help you figure out exactly what it means for you.

A great benefit of health care in the Marketplace is that all essential health benefits are covered.

This includes maternity care, mammograms and other preventative care services. You cannot be denied health coverage for having a pre-existing condition such as diabetes, hypertension or cancer.

There is no open enrollment for individuals to apply for Medicaid, Children's Health Insurance Program, or the Texas Woman's Health Program. Individuals may qualify for a special Marketplace enrollment period if they experience certain "qualifying life events" like marriage, relocation, income change, or birth, for example, at any time during the year.

Galveston County residents with questions about the Federal Health Insurance Marketplace can call Coastal Health & Wellness at 409-978-4225 or visit the clinic at 9850-C Emmett F. Lowry Expressway in Texas City to speak with our certified application counselors.

Whether you currently do not have coverage, are underinsured or want to explore other plans that may better fit your needs, you do not want to let the short 45-day Marketplace open enrollment period pass you by. We're here to help.

HEALTH INSURANCE FOR LESS THAN \$20 PER MONTH. THAT'S WHAT A 27-YEAR-OLD MAKING \$25,000 PER YEAR CAN FIND IN HALF OF THE COUNTRY.

SEE FOR YOURSELF AT HEALTHCARE.GOV TODAY.

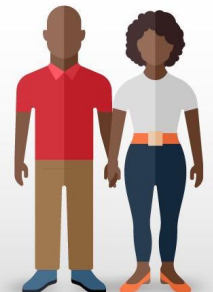
SOURCE: Center for American Progress



HEALTH INSURANCE FOR LESS THAN \$10 PER MONTH. THAT'S WHAT A 55-YEAR-OLD COUPLE MAKING \$40,000 PER YEAR CAN FIND IN 85% OF THE COUNTRY.

SEE FOR YOURSELF AT HEALTHCARE.GOV TODAY.

SOURCE: Center for American Progress

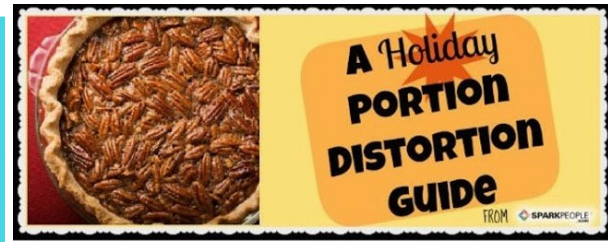




National Radiologic Technology Week

We were proud to take time to recognize our wonderful lab and x-ray staff during National Radiologic Technology Week, November 5-11, 2017.

The celebration takes place each year during the week that includes November 8 to commemorate the discovery of the x-ray by Wilhelm Conrad Roentgen on Nov. 8, 1895.



Turkey: 3 oz.
=
A deck of cards

Casseroles & Stuffing: 1/2 cup
=
A billiard ball

Mashed potatoes: 1 cup
=
A baseball

Cranberry sauce & Gravy: 1/4 cup
=
One egg

Butter: 1 teaspoon
=
One die

Pie: ~5 ounces
=
~1/6 of an 8" pie

Thank you to all veterans for sacrificing for our freedom.

 Steve Coker Navy EMS Team Captain	 Lori FitzSimmons-Evans Army Air & Water Pollution Services Manager	 Cynthia Franklin Army Billing & Collection Specialist	 Jim Hilton Army STD/HIV Program Manager	 Jay Holland Air Force CHW Governing Board Member	 Milton Howard Army CHW Governing Board Chair
 Curtis Klages Army United Board of Health Member	 Rispha McCray-Garrison Air Force CHW Lead Physician	 Patrick McGinnis Air Force United Board of Health Member	 Chad Munson Army Animal Control Officer	 Leonard Nagorski Army Coastal Health & Wellness Pediatrician	 Jeremy Progner Navy EMS EMT
 Tim Rainey Army United Board of Health Member	 Richard Randolph Air Force CHW Dentist	 Pisa Ring Army CHW Patient Info. Manager	 Jean Rivera Air Force EMS Paramedic	 Ralph Tims Marines EMS Field Supervisor	 Randy Valcin Army Director of Epi. and PHEP

These are veterans who responded to an e-mail. If you are a veteran who is not on this graphic, please know we also thank you for your service.



Providing high-quality medical, dental, and counseling services to all Galveston County residents.

TEXAS CITY CLINIC
Mid-County Annex
9850-C Emmett F. Lowry Expy.
Texas City, TX 77591

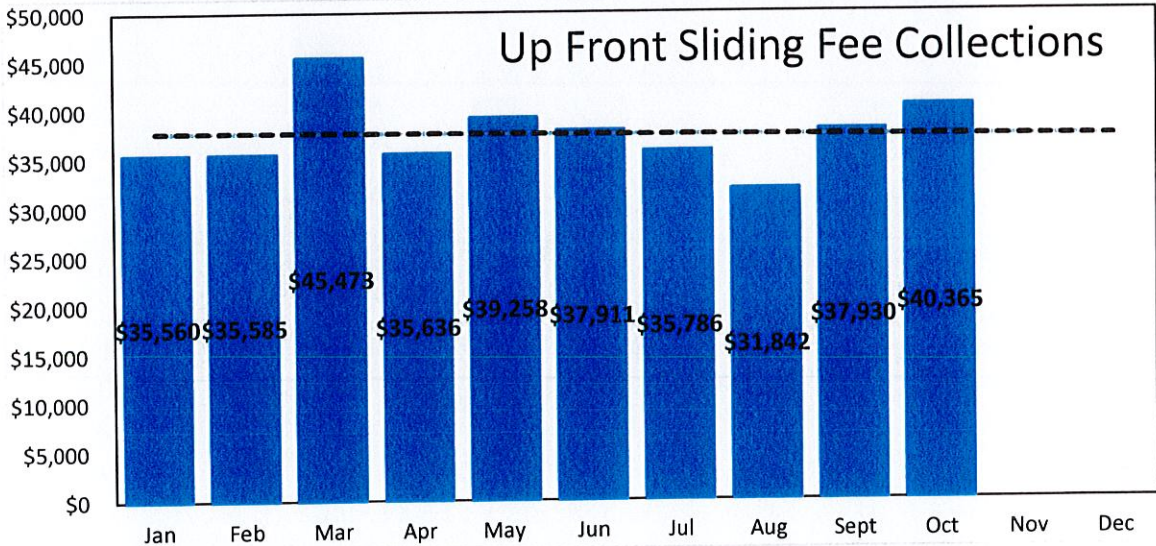
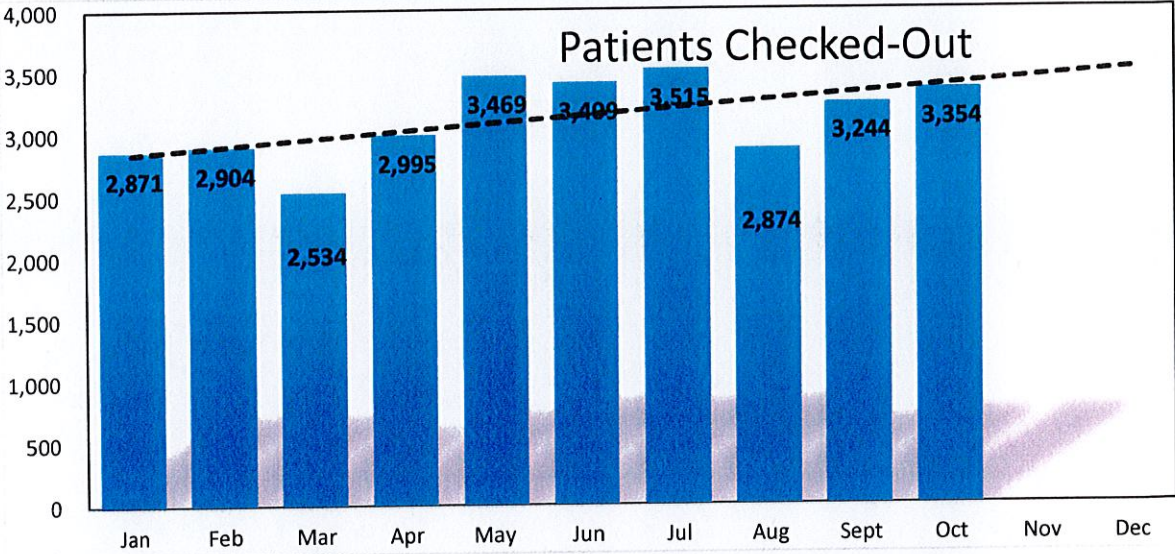
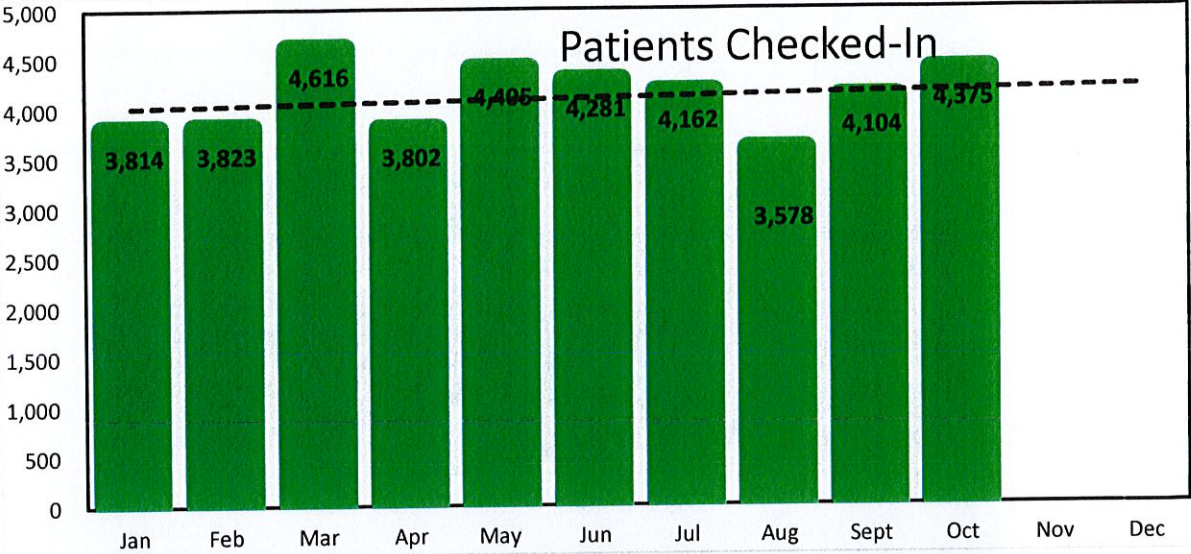
GALVESTON CLINIC
Island Community Center
4700 Broadway F100
Galveston, TX 77551

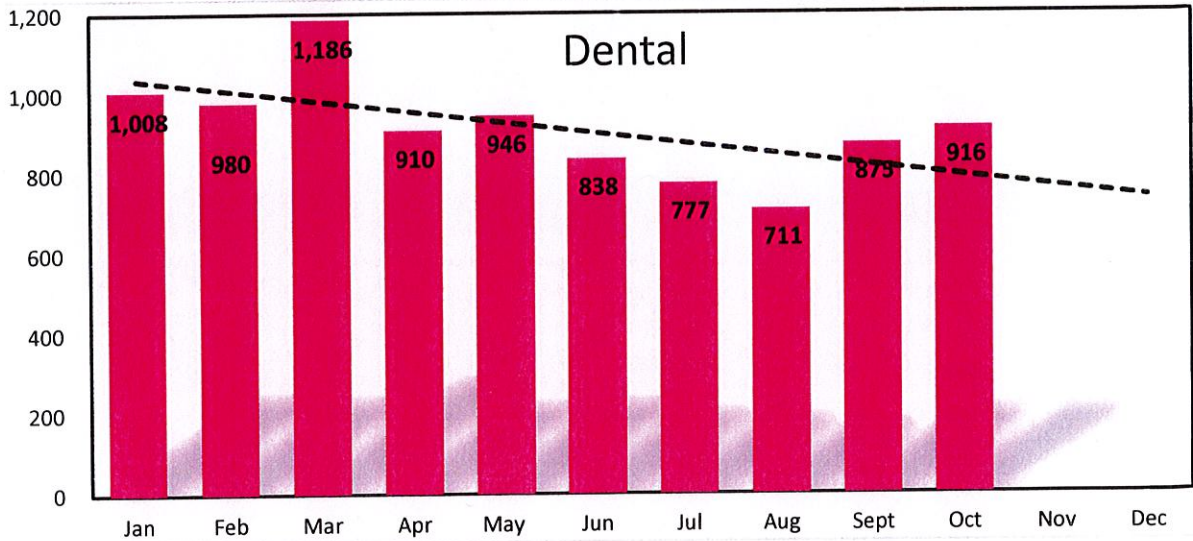
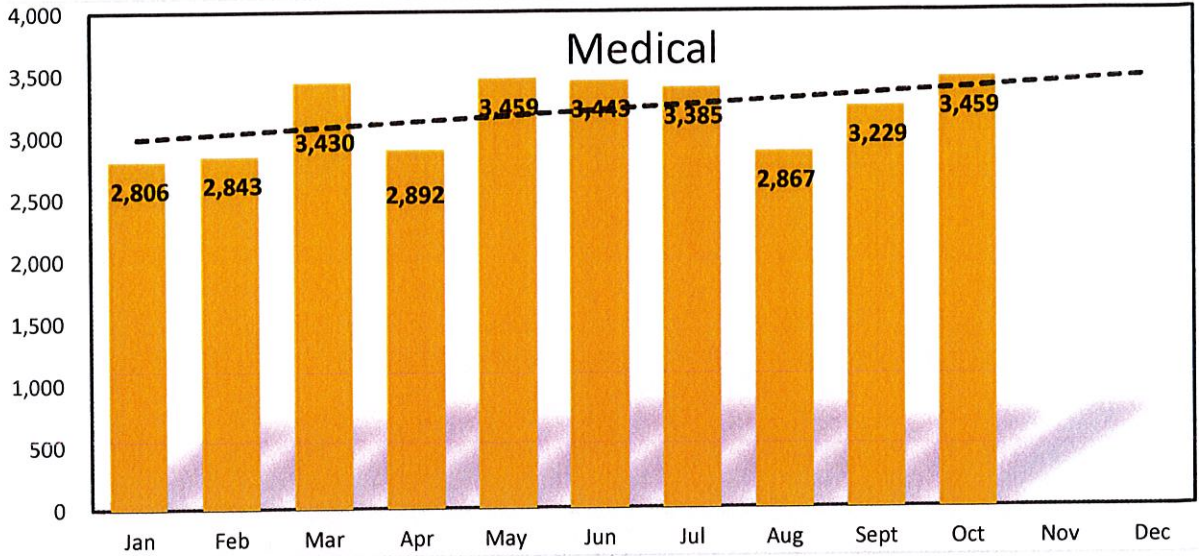
Appointments and Information
(409) 938-2234 or (281) 309-0255
NurseLine
(409) 978-4213

GB Executive Report

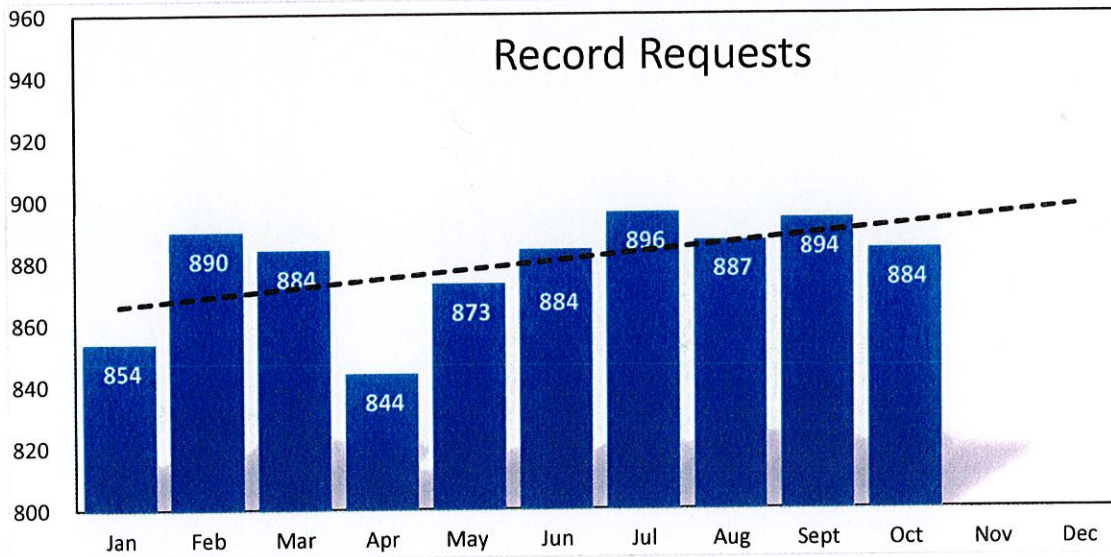
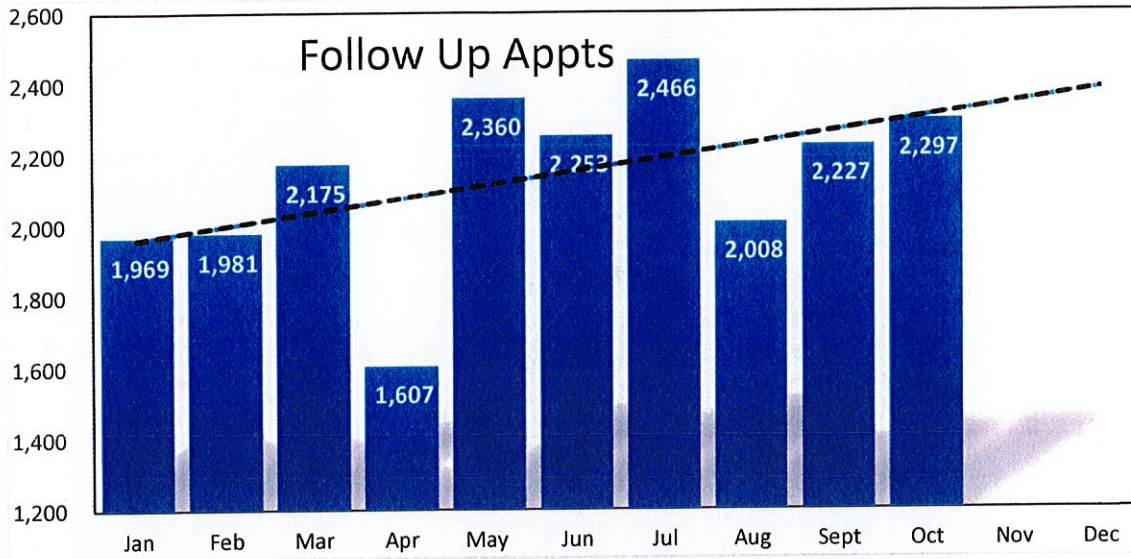
	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>	<u>Jul</u>	<u>Aug</u>	<u>Sept</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>
Patient Services												
Pts Checked-in	3,814	3,823	4,616	3,802	4,405	4,281	4,162	3,578	4,104	4,375		
Medical	2,806	2,843	3,430	2,892	3,459	3,443	3,385	2,867	3,229	3,459		
Dental	1,008	980	1,186	910	946	838	777	711	875	916		
Up Front Sliding Fee Collections	\$35,560	\$35,585	\$45,473	\$35,636	\$39,258	\$37,911	\$35,786	\$31,842	\$37,930	\$40,365		
Contact Center												
Calls	13,824	12,651	15,515	12,647	15,044	14,140	14,313	13,279	13,841	15,341		
Wait Time (< 2:30)	01:23	01:31	01:01	01:00	01:01	01:00	01:08	01:05	01:05	01:20		
Electronic Records												
Record Requests	854	890	884	844	873	884	896	887	894	884		
Pts Checked out	2,871	2,904	2,534	2,995	3,469	3,409	3,515	2,874	3,244	3,354		
F/U appts	1,969	1,981	2,175	1,607	2,360	2,253	2,466	2,008	2,227	2,297		
County Indigent												
Applied	118	123	128	122	148	141	121	128	112	152		
Referrals	226	275	336	388	370	401	393	282	464	506		
Total Patients	246	233	236	281	245	260	282	413	275	249		
Case Management												
Referrals	685	778	1,212	889	1,031	1,315	1,049	1,033	1,143	1,132		

Patient Services

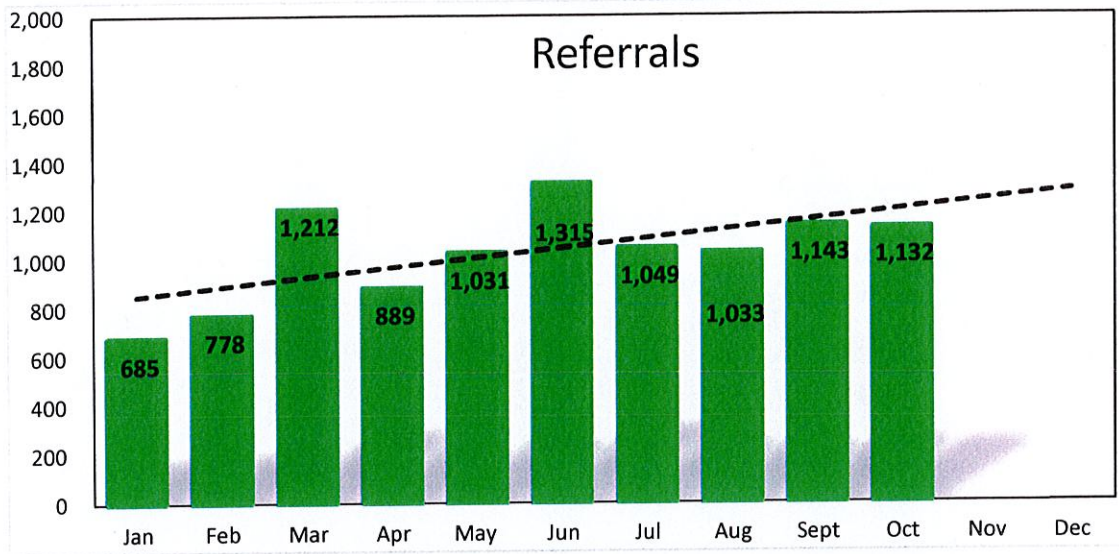




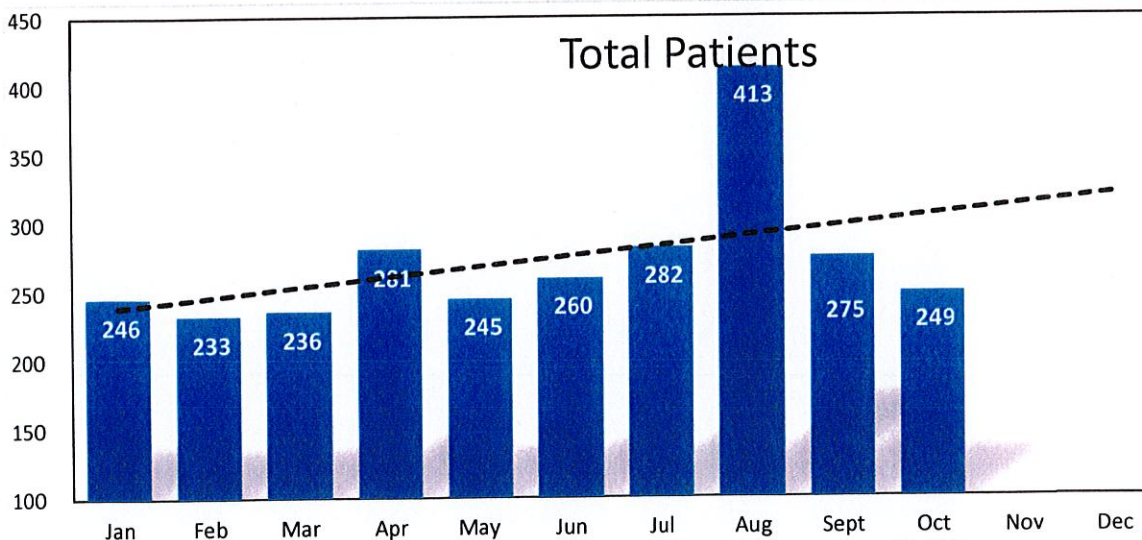
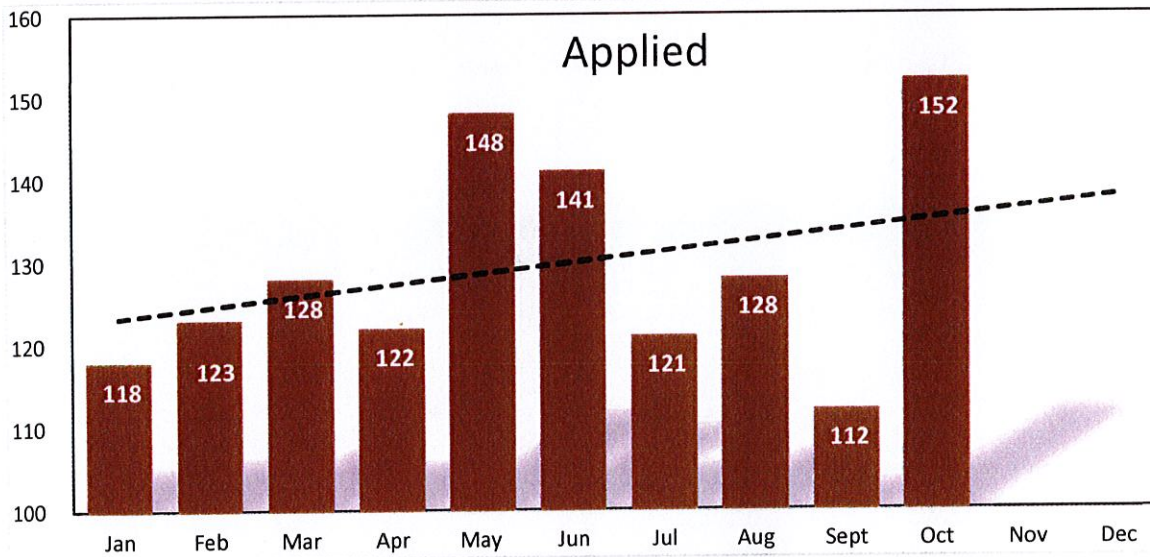
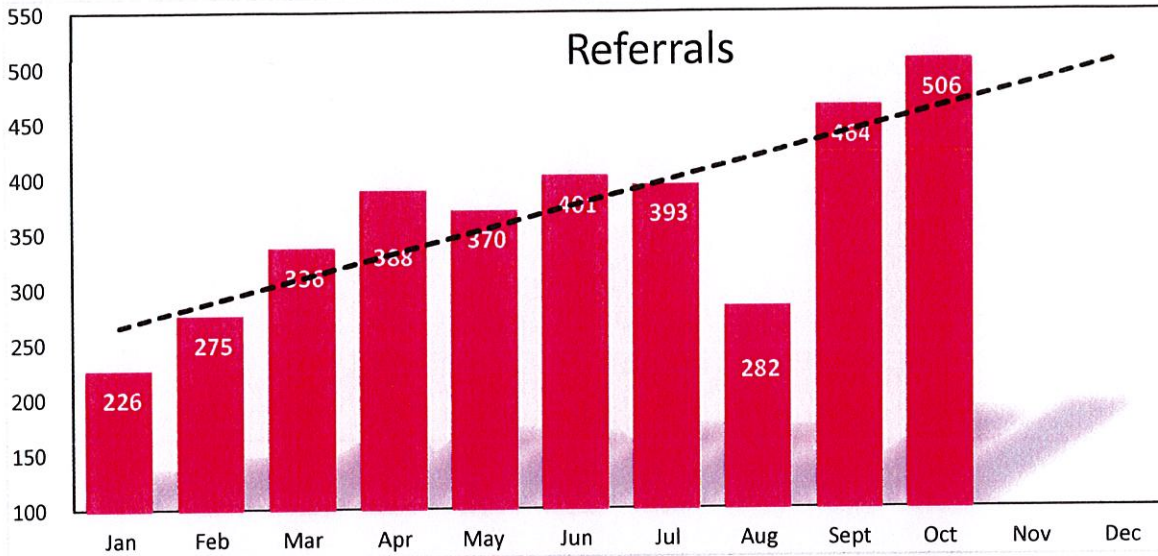
Electronic Records



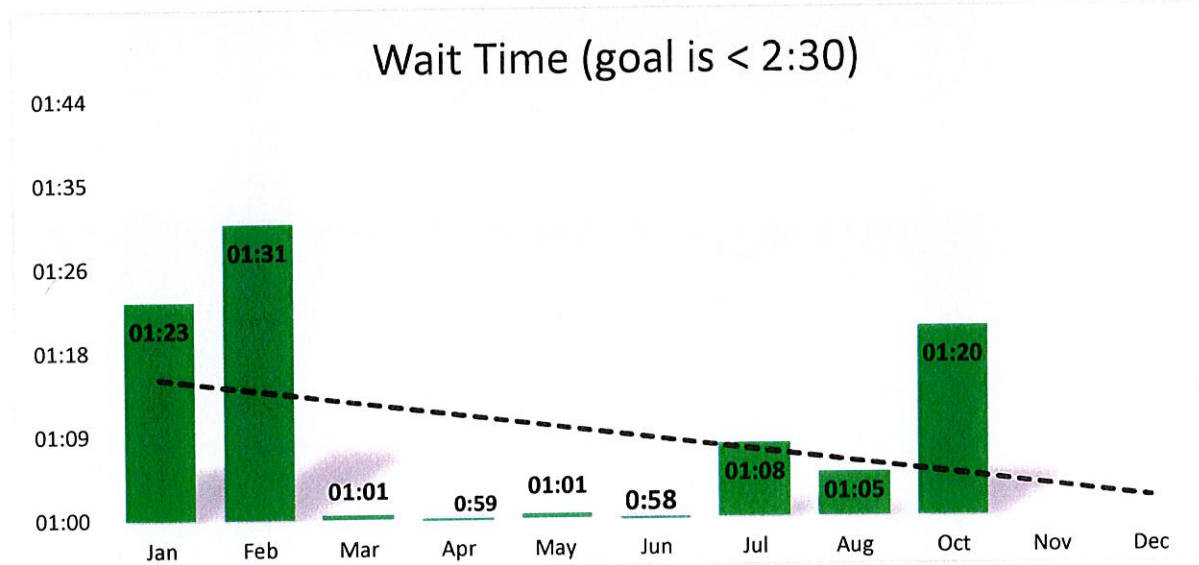
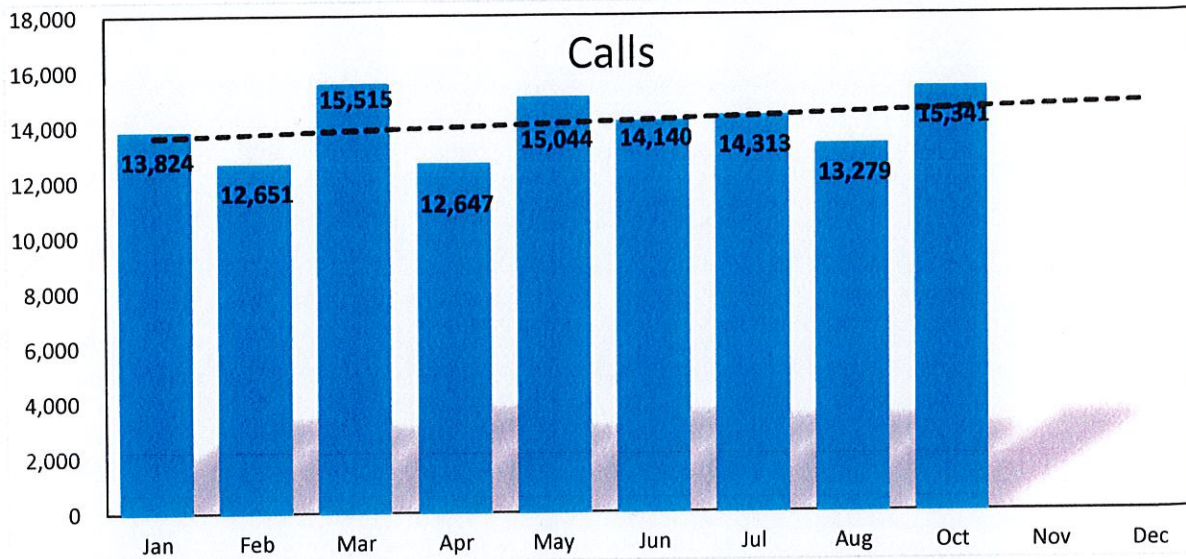
Case Management



County Indigent



Contact Center



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

October

<u>DATE</u>	<u>LOCATION</u>	<u>TYPE of outreach</u>	<u>Number of BP, Glucose & A1c screenings</u>	<u>Number of contacts made by Community Health Worker</u>	<u>Number Hrs. of outreach</u>
3-Oct	Jesse Tree	Mobile	14	0	4
7-Oct	D'Feet Walk Heart and Soul	Event	0	28	4
10-Oct	Light House Christian Ministries	Mobile	0	128	4
12-Oct	Marathon Health Fair	Health Event	75	59	4
12-Oct	Holy Rosary	Moblle	17	92	4
14-Oct	Light House Christian	Mobile	0	72	4
17-Oct	New Arrival Orientation	Presentation	0	34	4
17-Oct	Fellowship Missionary Baptist Church	Mobile	0	62	4
20-Oct	United methodist Church	Mobile	0	130	4
21-Oct	D'Feet Moody Gardens	Health Event	0	74	4
21-Oct	Children's Fair	Health fair	0	220	4
Total Screenings			<u>106</u>		
Total CHW Contacts				<u>899</u>	
Total Outreach HRs					<u>44</u>

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

November 2017

Item #8

Consider for Approval Spending \$21,250 of the 2016 HRSA Quality Improvement (QI) Summit Radiographic Tables with Elevator.

Consider for Approval Placement Fee in the Amount of \$21,250 for Summit Radiographic Tables with Elevator Feature

Coastal Health & Wellness received HRSA Quality Improvement funds in 2016 in the amount of \$50,813. A request for approval is being made to spend \$21,250 of those funds for 2 Summit Radiographic Tables with Elevator Features one for each clinic. This will improve patient care by making the patient to the x-ray table easier especially for those with limited mobility, pediatric and geriatric patients. XEC Medical Imaging Specialists is who set up the x-ray equipment in the clinics and has provides the maintenance. Their services has always been great.

Proposed Action: Request approval to expend \$21,250 of HRSA Quality Improvement funds \$50,813 awarded in 2016 for Summit Radiographic Tables with Elevator Feature.



**XEC MEDICAL
IMAGING SPECIALISTS**

**12999 Murphy Road M-12
Stafford, Texas 77477**

Authorized Dealership

Quotation

**To: Coastal Health and Wellness
9850 Emmett F Lowry Expy C
Texas City, Texas 77591**

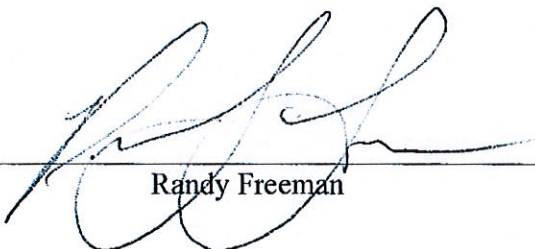
**QUOTATION NO. 082317- COASTAL
Date: 08/23/2017
SALESMAN: Randy Freeman**

X-RAY EQUIPMENT AND COMPLIANCE SPECIALISTS is pleased to submit the following Quotation offering to sell the Products described herein at prices and terms stated, subject to your acceptance of Terms and Conditions on the face and attached pages thereof. This Quotation is valid for 30 days from the date hereof.

We are pleased to quote as follows:

2 Summit Radiographic Tables with Elevator feature	Each \$10,250.00	X2	\$20,500.00
	Freight charges		<u>\$750.00</u>

Price includes normal installation	Total of this proposal	\$21,250.00
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Submitted by _____

 Randy Freeman

Accepted by _____
 Accepted By

Print Name and Title _____

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

November 2017

Item #9

Consider for Approval Quarterly Access to Care Report

2017 3rd Quarter Access To Care Report

Galveston	# Available Appointments	# Kept	% Scheduled	% Unfilled	% Kept	% No Show	Texas City	# Available Appointments	# Kept	% Scheduled	% Unfilled	% Kept	% No Show
Counseling							Counseling						
Tigrett	468	71	26%	74%	58%	42%	Tigrett	726	134	38%	62%	48%	52%
Counseling Total	468	71	26%	74%	58%	42%	Counseling Total	726	134	38%	62%	48%	52%
Dental							Dental						
Foster	183	96	82%	18%	64%	36%	Foster	728	445	100%	0%	62%	38%
Harris	192	78	68%	32%	65%	35%	Harris	772	393	80%	20%	64%	36%
Nguyen	480	282	89%	11%	66%	34%	Randolph	468	242	79%	21%	65%	35%
Trinh	133	79	90%	10%	67%	33%	Shetty	1,200	692	90%	10%	64%	36%
Dental Total	988	535	82%	18%	66%	34%	Trinh	940	524	86%	14%	75%	25%
Medical							Dental Total	4108	2296	87%	13%	66%	34%
Alhassan	113	89	100%	0%	65%	35%	Medical						
Alhassan (20)	139	123	100%	0%	88%	12%	Alhassan	408	265	100%	0%	59%	41%
Baggett	275	126	68%	32%	71%	29%	Alhassan (20)	250	194	100%	0%	78%	22%
Baggett (20)	91	58	71%	29%	89%	11%	Baggett	351	232	83%	17%	75%	25%
Borillo	259	156	74%	26%	82%	18%	Baggett (20)	99	68	84%	16%	82%	18%
McGray-Garrison	316	140	68%	32%	66%	34%	Borillo	949	641	87%	13%	78%	22%
McGray-Garrison (20)	126	67	72%	28%	74%	26%	Cochran (OB)	13	5	46%	54%	83%	17%
Morgan	268	152	70%	30%	83%	17%	Khan	582	288	60%	40%	84%	16%
Nagorski	153	55	49%	51%	73%	27%	McGray-Garrison	683	315	68%	32%	69%	31%
Nagorski (20)	79	41	57%	43%	91%	9%	McGray-Garrison (20)	357	169	63%	37%	75%	25%
Ninova	127	44	49%	51%	71%	29%	Morgan	1068	682	87%	13%	73%	27%
Ninova (20)	84	42	56%	44%	89%	11%	Nagorski	729	309	71%	29%	61%	39%
Ogundiran	226	96	57%	43%	76%	24%	Nagorski (20)	375	179	58%	42%	82%	18%
Ogundiran (20)	100	43	53%	47%	81%	19%	Ninova	896	444	72%	28%	69%	31%
Olson	189	63	41%	59%	84%	16%	Ninova (20)	358	168	59%	41%	79%	21%
Olson (20)	100	37	47%	53%	79%	21%	Ogundarian	731	377	76%	24%	68%	32%
Riggs	301	126	61%	39%	67%	33%	Ogundarian (20)	379	198	64%	36%	82%	18%
Riggs (20)	154	91	77%	23%	77%	23%	Olson	782	323	60%	40%	70%	30%
Varghese	289	258	76%	24%	74%	26%	Olson (20)	379	171	64%	36%	78%	22%
Varghese (20)	125	75	74%	26%	81%	19%	Patawaran (OB)	39	18	54%	46%	71%	29%
Medical Total	3514	1882	66%	34%	78%	22%	Riggs	624	306	75%	25%	67%	33%
							Riggs (20)	300	136	61%	39%	75%	25%
							Short (OB)	13	4	38%	62%	80%	20%
							Varghese	619	315	69%	31%	74%	26%
							Varghese (20)	348	165	62%	38%	76%	24%
							Medical Total	11,332	5972	69%	31%	75%	25%

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

July	Aug	Sept	Oct	Nov	Dec
0.6	0.5	0.4			
1.5	1.5	1.7			
1.4	1.2	1.5			
2.0	1.9	2.0			

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Governing Board

November 2017

Item #10

Consider for Approval Quarterly Customer Service Report

Quarterly Patient Satisfaction Survey 3rd Quarter 2017

Questions

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

Were you completely satisfied with your visit?

Texas City

	Excellent	Good	Fair	Poor	# of Surveys
Question 1	4	5	0	1	47
Percentage	87.23%	10.64%	0.00%	2.13%	
Question 2	43	3	0	1	
Percentage	91.49%	6.38%	0.00%	2.13%	
Question 3	42	3	1	1	
Percentage	89.36%	6.38%	2.13%	2.13%	
Question 4	41	5	0	1	
Percentage	87.23%	10.64%	0.00%	2.13%	
Overall Satisfied	Yes	46	No	1	
Percentage		97.87%		2.13%	

Galveston

	Excellent	Good	Fair	Poor	# of Surveys
Question 1	21	5	0	0	28
Percentage	75.00%	17.86%	0.00%	0.00%	
Question 2	20	4	0	2	
Percentage	71.43%	14.29%	0.00%	7.14%	
Question 3	21	4	0	1	
Percentage	75.00%	14.29%	0.00%	3.57%	
Question 4	20	3	2	2	
Percentage	71.43%	10.71%	7.14%	7.14%	
Overall Satisfied	Yes	24	No	3	
Percentage		85.71%		10.71%	

Grand Total

	Excellent	Good	Fair	Poor	# of Surveys
Question 1	62	10	0	1	75
Percentage	82.67%	13.33%	0.00%	1.33%	
Question 2	63	7	0	3	
Percentage	84.00%	9.33%	0.00%	4.00%	
Question 3	63	7	1	2	
Percentage	84.00%	9.33%	1.33%	2.67%	
Question 4	61	8	2	3	
Percentage	81.33%	10.67%	2.67%	4.00%	
Overall Satisfied	Yes	70	No	4	
Percentage		93.33%		5.33%	

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Governing Board

November 2017

Item #11

**Consider for Approval HRSA Noncompeting Continuation (NCC)
Progress Report and Budget for Period Covering April 1, 2018 to
March 30, 2019**

Program Specific Form(s) - Review

00151502: COASTAL HEALTH & WELLNESS

Due Date: 11/17/2017 (Due In: 2 Days)

Announcement Number: 5-H80-18-004

Announcement Name: Health Center Program

Progress Report Type: Noncompeting Continuation

Grant Number: H80CS00344

Target Population: Community Health Centers

Current Project Period: 4/1/2016 - 3/31/2019

Resources [↗](#)

Form 3 - Income Analysis

As of 11/15/2017 04:55:58 PM

OMB Number: 0915-0285 OMB Expiration Date: 1/31/2020

Payer Category	Patients By Primary Medical Insurance (a)	Billable Visits (b)	Income Per Visit (c)	Projected Income (d)	Prior FY Income
Part 1: Patient Service Revenue - Program Income					
1. Medicaid	1595.00	4379.00	\$445.09	\$1,949,049.11	\$542,847.04
2. Medicare	1092.00	3703.00	\$446.32	\$1,652,722.96	\$302,350.18
3. Other Public	245.00	1064.00	\$89.15	\$94,855.60	\$20,555.64
4. Private	1595.00	3417.00	\$482.49	\$1,648,668.33	\$270,526.50
5. Self Pay	9671.00	30379.00	\$335.07	\$10,179,091.53	\$804,648.00
6. Total (Lines 1 - 5)	14198	42942	N/A	\$15,524,387.53	\$1,940,927.36
Part 2: Other Income - Other Federal, State, Local and Other Income					
7. Other Federal	N/A	N/A	N/A	\$0.00	\$0.00
8. State Government	N/A	N/A	N/A	\$950,000.00	\$1,680,000.00
9. Local Government	N/A	N/A	N/A	\$3,888,844.00	\$3,653,678.80
10. Private Grants/Contracts	N/A	N/A	N/A	\$737,416.00	\$543,581.75
11. Contributions	N/A	N/A	N/A	\$0.00	\$0.00
12. Other	N/A	N/A	N/A	\$49,290.00	\$133,311.01
13. Applicant (Retained Earnings)	N/A	N/A	N/A	\$0.00	\$0.00
14. Total Other (Lines 7 - 13)	N/A	N/A	N/A	\$5,625,550.00	\$6,010,571.56
Total Non-Federal (Non-section 330) Income (Program Income Plus Other)					
15. Total Non-Federal Income (Lines 6 + 14)	N/A	N/A	N/A	\$21,149,937.53	\$7,951,498.92

Comments/Explanatory Notes (if applicable)

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OMB Number: 0915-0285 OMB Expiration Date: 1/31/2020

Form 5A - Required Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT pay)
General Primary Medical Care	[X]	[_]	[_]
Diagnostic Laboratory	[X]	[X]	[_]
Diagnostic Radiology	[X]	[X]	[_]
Screenings	[X]	[_]	[X]
Coverage for Emergencies During and After Hours	[X]	[_]	[_]
Voluntary Family Planning	[X]	[_]	[_]
Immunizations	[X]	[_]	[_]
Well Child Services	[X]	[_]	[_]

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT pay)
Gynecological Care	[X]	[_]	[_]
Obstetrical Care			
Prenatal Care	[X]	[_]	[X]
Intrapartum Care (Labor & Delivery)	[_]	[_]	[X]
Postpartum Care	[_]	[_]	[X]
Preventive Dental	[X]	[_]	[_]
Pharmaceutical Services	[_]	[X]	[_]
HCH Required Substance Abuse Services	[_]	[_]	[_]
Case Management	[X]	[_]	[_]
Eligibility Assistance	[X]	[_]	[_]
Health Education	[X]	[_]	[_]
Outreach	[X]	[_]	[_]
Transportation	[_]	[X]	[_]
Translation	[X]	[X]	[_]

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 OMB Number: 0915-0285 OMB Expiration Date: 1/31/2020

Form 5A - Additional Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT pay)
Additional Dental Services	[X]	[_]	[_]
Behavioral Health Services			
Mental Health Services	[X]	[_]	[X]
Substance Abuse Services	[X]	[_]	[X]
Optometry	[_]	[_]	[_]
Recuperative Care Program Services	[_]	[_]	[_]
Environmental Health Services	[_]	[_]	[_]
Occupational Therapy	[_]	[_]	[_]
Physical Therapy	[_]	[_]	[_]
Speech-Language Pathology/Therapy	[_]	[_]	[_]
Nutrition	[_]	[_]	[_]
Complementary and Alternative Medicine	[_]	[_]	[_]
Additional Enabling/Supportive Services	[_]	[_]	[_]

As of 11/15/2017 04:55:58 PM
 OMB Number: 0915-0285 OMB Expiration Date: 1/31/2020

Form 5A - Specialty Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT pay)
Podiatry	[_]	[_]	[_]
Psychiatry	[_]	[_]	[_]
Endocrinology	[_]	[_]	[_]
Ophthalmology	[_]	[_]	[_]
Cardiology	[_]	[_]	[_]
Pulmonology	[_]	[_]	[_]
Dermatology	[_]	[_]	[_]
Infectious Disease	[_]	[_]	[_]
Gastroenterology	[_]	[_]	[_]
Advanced Diagnostic Radiology	[_]	[_]	[_]

Form 5B - Service Sites

As of 11/15/2017 04:55:58 PM

OMB Number: 0915-0285 OMB Expiration Date: 1/31/2020

Mobile Van #1 (BPS-H80-013539)		Action Status: Picked from Scope	
Site Name	Mobile Van #1	Physical Site Address	9850-C Emmett F. Lowry Expressway STE C103, Texas City, TX 77591
Site Type	Service Delivery Site	Site Phone Number	(409) 949-3406
Web URL			
Location Type	Mobile Van	Site Setting	All Other Clinic Types
Date Site was Added to Scope	1/13/2014	Site Operational By	4/9/2014
FQHC Site Medicare Billing Number Status	This site is neither permanent nor seasonal per CMS	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	16
Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		
Organization Information			
No Organization Added			
Service Area Zip Codes	77546, 77555, 77563, 77553, 77554, 77573, 77574, 77565, 77568, 77510, 77539, 77591, 77550, 77552, 77551, 77511, 77518, 77617, 77623, 77592, 77517, 77650, 77590, 77549		

Coastal Health & Wellness (BPS-H80-012179)		Action Status: Picked from Scope	
Site Name	Coastal Health & Wellness	Physical Site Address	9850 Emmett F Lowry Expy, Texas City, TX 77591-2122
Site Type	Administrative	Site Phone Number	(409) 938-2401
Web URL	www.coastalhw.org		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	12/5/2012	Site Operational By	12/5/2012
		FQHC Site Medicare Billing Number	

FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	
FQHC Site National Provider Identification (NPI) Number	Total Hours of Operation	0
Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December	
Number of Contract Service Delivery Locations	Number of Intermittent Sites	0
Site Operated by	Grantee	

Organization Information

No Organization Added

Service Area Zip Codes

TEMPORARY SITE-Hurricane Harvey Friendswood HS (BPS-H80-021065)

Action Status: Picked from Scope

Site Name	TEMPORARY SITE-Hurricane Harvey Friendswood HS	Physical Site Address	702 Greenbriar Dr., Friendswood, TX 77546
Site Type	Service Delivery Site	Site Phone Number	(409) 939-1929
Web URL			
Location Type	Seasonal	Site Setting	All Other Clinic Types
Date Site was Added to Scope	8/28/2017	Site Operational By	
FQHC Site Medicare Billing Number Status		FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	40
Months of Operation	September, November, October		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		

Organization Information

No Organization Added

Service Area Zip Codes

77546

TEMPORARY SITE-Hurricane Harvey West Walker St (BPS-H80-021062)

Action Status: Picked from Scope

Site Name	TEMPORARY SITE-Hurricane Harvey West Walker St	Physical Site Address	2880 West Walker ST, League City, TX 77573
Site Type	Service Delivery Site	Site Phone Number	(409) 939-1929
Web URL			
Location Type	Seasonal	Site Setting	All Other Clinic Types
Date Site was Added to Scope	8/28/2017	Site Operational By	
FQHC Site Medicare Billing Number Status		FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	40
Months of Operation	September, November, October		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		

Organization Information			
No Organization Added			
Service Area Zip Codes	77573		
Coastal Health & Wellness - Galveston (BPS-H80-001376)			Action Status: Picked from Scope
Site Name	Coastal Health & Wellness - Galveston	Physical Site Address	4700 BROADWAY STREET STE 100, GALVESTON, TX 77551-4241
Site Type	Service Delivery Site	Site Phone Number	(409) 938-2401
Web URL	www.coastalhw.org		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	8/1/1996	Site Operational By	8/1/1996
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	FQHC Site Medicare Billing Number	451905
FQHC Site National Provider Identification (NPI) Number	1871766584	Total Hours of Operation	43
Months of Operation	May, June, July, August, January, February, March, April, November, September, October, December		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		
Organization Information			
No Organization Added			
Service Area Zip Codes	77550, 77553, 77546, 77539, 77552, 77592, 77590, 77518, 77573, 77617, 77568, 77623, 77551, 77510, 77554, 77574, 77565, 77549, 77555, 77591, 77650, 77511, 77563, 77517		
TEMPORARY SITE-Hurricane Harvey Morningside Dr (BPS-H80-021063)			Action Status: Picked from Scope
Site Name	TEMPORARY SITE-Hurricane Harvey Morningside Dr	Physical Site Address	416 Morningside Dr, Friendswood, TX 77546-3850
Site Type	Service Delivery Site	Site Phone Number	(409) 939-1929
Web URL			
Location Type	Seasonal	Site Setting	All Other Clinic Types
Date Site was Added to Scope	8/28/2017	Site Operational By	
FQHC Site Medicare Billing Number Status		FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	40
Months of Operation	September, November, October		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		
Organization Information			
No Organization Added			
Service Area Zip Codes	77546		
TEMPORARY SITE-Hurricane Harvey-East League City (BPS-H80-021061)			Action Status: Picked from Scope
Site Name		Physical Site Address	

	TEMPORARY SITE-Hurricane Harvey- East League City	100 East League City, League City, TX 77573
Site Type	Service Delivery Site	Site Phone Number (404) 939-1929
Web URL		
Location Type	Seasonal	Site Setting All Other Clinic Types
Date Site was Added to Scope	8/28/2017	Site Operational By
FQHC Site Medicare Billing Number Status		FQHC Site Medicare Billing Number
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation 40
Months of Operation	September, November, October	
Number of Contract Service Delivery Locations		Number of Intermittent Sites 0
Site Operated by	Grantee	
<div style="border: 1px solid black; padding: 5px;"> Organization Information No Organization Added </div>		
Service Area Zip Codes	77573	
Coastal Health & Wellness - Texas City (BPS-H80-011462)		Action Status: Picked from Scope
Site Name	Coastal Health & Wellness - Texas City	Physical Site Address 9850-C Emmett F. Lowry Expressway STE C103, Texas City, TX 77591
Site Type	Service Delivery Site	Site Phone Number (409) 938-2401
Web URL	www.coastalhw.org	
Location Type	Permanent	Site Setting All Other Clinic Types
Date Site was Added to Scope	5/22/2012	Site Operational By 5/25/2012
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	FQHC Site Medicare Billing Number 451801
FQHC Site National Provider Identification (NPI) Number	1578588406	Total Hours of Operation 50
Months of Operation	May, June, July, August, January, February, March, April, November, September, October, December	
Number of Contract Service Delivery Locations		Number of Intermittent Sites 0
Site Operated by	Grantee	
<div style="border: 1px solid black; padding: 5px;"> Organization Information No Organization Added </div>		
Service Area Zip Codes	77511, 77554, 77573, 77650, 77568, 77550, 77518, 77574, 77592, 77563, 77591, 77549, 77565, 77590, 77551, 77623, 77553, 77555, 77617, 77552, 77510, 77546, 77517, 77539	

Form 5C - Other Activities/Locations

As of 11/15/2017 04:55:58 PM
 OMB Number: 0915-0285 OMB Expiration Date: 1/31/2020

Activity/Location Information
No other activities/locations added.

Scope Certification

As of 11/15/2017 04:55:58 PM

OMB Number: 0915-0285 OMB Expiration Date: 1/31/2020

1. Scope of Project Certification - Services – Select only one below

- By checking this option, I certify that I have reviewed my Form 5A: Services Provided and it accurately reflects all services and service delivery methods included in my current approved scope of project.
- By checking this option, I certify that I have reviewed my Form 5A: Services Provided and it requires changes that I have submitted through the change in scope process.

2. Scope of Project Certification - Sites – Select only one below

- By checking this option, I certify that I have reviewed my Form 5B: Service Sites and it accurately reflects all sites included in my current approved scope of project.
- By checking this option, I certify that I have reviewed my Form 5B: Service Sites and it requires changes that I have submitted through the change in scope process.

As of 11/15/2017 04:55:58 PM

OMB Number: 0915-0285 OMB Expiration Date: 1/31/2020

Program Narrative Update - Environment and Organizational Capacity

Environment	
<p>Discuss the major changes in the region, state, and/or community over the past year that have directly impacted/affected the progress of the funded project (e.g., changing service area demographics/shifting target population needs, changes in major health care providers in the service area, changes in key program partnerships, changes in insurance coverage, including Medicaid, Medicare and the Children’s Health Insurance Program (CHIP).</p>	<p>One of the biggest and most recent changes affecting our community is Hurricane Harvey. While not directly hit by the hurricane the tropical storm that swept through after landfall hurt us. Raining lasted for days and flooding was catastrophic some areas received up to as much as 50" of rain. In Galveston County the city of Dickinson was one of the hardest hit areas. The flooding in that area divided the county, people could get from one area to another. Areas not zoned for flooding experienced flooding. Some of the medical needy in shelters were air transported by the military to Dallas. The mobile clinic was activated once the storm passed to help with any needed medical services and medication assistance. The Centers for Medicare and Medicaid approved the Texas Health and Human Services request to waive co-pays as a response to Hurricane Harvey. CHIP clients in our county will have their co-pays waived from August 25 to November 30. CHW has signed an agreement with UTMB to provide prenatal OB services at the Texas Clinic. As OB visits increase there is the ability to increase the number of OB service hours. Texans continue to benefit from the implementation of the Affordable Care Act (ACA). Newly insured individuals may receive the healthcare they need but couldn't afford. Providers are able to make referrals for specialty that had been denied in the past due for financial reasons. CHW is a site for ACA assistance and enrollment in marketplace insurance. The number of individuals inquiring about the ACA benefits and wanting to enroll has dropped. The numbers reported by staff are showing an average decrease of 38% in assistance, application submissions and enrollment. Texas still has not changed its stance on expanding Medicaid. As a result the most vulnerable population are still not eligible for insurance subsidies and are less likely to seek health care as a result. Although CHW does not deny healthcare to those below 100% of Federal Poverty Level, still individuals postpone health care and use the local ERs inappropriately. CHW continues to participate in the Delivery System Reform Incentive Payment (DSRIP) Waiver, also known as the 1115 Medicaid Waiver. CHW has experienced challenges in maintaining providers and filling vacancies. The good news for this year is that of August 2017 the medical provider positions are all filled. With some scheduling changes and filling vacant medical provider positions CHW able to meet the DSRIP incentive targets for increasing visits for the first time. Patients are able to make same day appointments and there is no longer a 2 week or more wait to be seen. CHW was awarded the Community Initiatives CHANGE Grant through the American Cancer Society, National</p>

Football League. The grant will support CHW efforts to address breast and colorectal cancer by improving access to screening, reducing cancer screening disparities and increasing outreach and education to the community.

Organizational Capacity

Discuss the major changes in the organization's capacity over the past year that have impacted or may impact the progress of the funded project, including changes in:

- Staffing, staff composition, and/or key staff vacancies;
- Operations;
- Systems, including financial, clinical, and/or practice management systems; and
- Financial status.

All medical provider positions are filled for the 1st time in a long time. This happened as of August. The CHW patient numbers were impacted the majority of the year. In August we experienced the effects of Hurricane Harvey, the clinic was closed 5½ business days. The medical provider schedule has been revamped. This has reduced the 3rd day out appointments significantly. Being fully staffed has opened more appointment for new patients. The UTMB OB contract allows for the prenatal care up to the beginning of the 3rd trimester at CHW. The patient has the option to transition to the UTMB provider for delivery. OB patients who are identified as high risk have the option to transition to UTMB earlier than the 3rd trimester. CHW will still be the patient's primary care provider. The CHANGE Grant through the American Cancer Society and NFL will support efforts to address breast and colorectal cancer by improving access to screenings, reduce screening disparities and increase education to the community. CHW will be contracting with a mammogram service to come on site to provide mammograms to patients at no cost to the patient. There is a full time dentist position open since mid-May. A locum was filling the position little while. But the daily rate was high and the overall dental visit numbers are down and the no show rate is consistently averaging 30%. Patients who don't show up for their appointments are contacted the next day about rescheduling. A new procedure is being implemented regarding incomplete treatment plans. Dental Assistants will start contacting patients with incomplete treatment plans to remind them of the important health reasons for completing their treatment plans and help patients get appointments. CHW has been actively recruiting for a part time Mental Health Counselor since April 2016. Filling the position has been challenging due to shortage in the area but a part time mental health counselor started mid-October. CHW uses a national recruitment strategy for all provider positions. CHW is a National Health Service Corp site and publicizes vacancies with the Texas Association of Community Health Centers as well as other state and local publications. CHW has still experienced some provider recruitment challenges. CHW's certified application counselors for Outreach and Enrollment are gearing up for the open enrollment period beginning November 1st. The enrollment period this year is only to December 15 which is short compared to other years. Case Management staff has been attending community events at local churches, health fairs, back to school fairs, food banks and information about CHW and brochures are provided at all events. A major upgrade to the NextGen electronic record system is scheduled soon. The upgrade is needed to meet some of the Meaningful Use Measures. CHW's financial status is viable. The fund balance operating reserve currently represents approximately 4.4 months of operating expenses based on the current budget.

Program Narrative Update - Patient Capacity and Supplemental Awards

Patient Capacity

Referencing the % Change 2014-2016 Trend, % Change 2015-2016, and % Progress Toward Goal columns:

- Discuss the trend in unduplicated patients served and report progress in reaching the projected number of patients to be served in the identified categories.

- In the Patient Capacity Narrative column, explain key factors driving significant changes in patient numbers and any downward trends or limited progress towards the projected patient goals.

Notes:

- 2014-2016 Patient Number data are pre-populated from Table 3a in the UDS Report.
- The Projected Number of Patients value is pre-populated from the Patient Target communicated via email to the authorizing official and project director on May 8, 2017. If you did not receive this email, contact BPHCPatientTargets@hrsa.gov.

Project Period: 4/1/2002 - 3/31/2019

Unduplicated Patients	2014 Patient Number ⓘ	2015 Patient Number ⓘ	2016 Patient Number ⓘ	% Change 2014-2016 Trend ⓘ	% Change 2015-2016 Trend ⓘ	% Progress toward Goal ⓘ	Projected Number of Patients	Patient Capacity Narrative (for Current Project Period)
Total Unduplicated Patients	12849	13625	13324	3.70%	-2.21%	81.52%	16345	<p>The 2016 year ended with a 6% visit and 2.21% unduplicated patient decrease from 2015. The decrease continued into calendar year 2017. There was a 5% visit and 3.8% unduplicated patient decrease between the 1st quarter in 2016 and 2017. During this time there were still provider vacancies in the medical and counseling areas. Provider vacancies increased in May when one of the full time dentist left and a Locum was used for about 3 months to fill the position. However, the overall visits have been down for dental and it was not cost effective to keep the Locum. CHW uses a national recruitment strategy for all provider positions. CHW is a National Health Service Corp site and publicizes vacancies with the Texas Association of Community Health Centers as well as other state and local publications. CHW has still experienced some provider recruitment challenges. TACHC worked with an agency this summer to conduct a salary survey. The results of that salary survey is being used as a resources for the CHW salary budget analysis. All the medical provider positions are filled as of August. There was a part time Mental Health Counselor hired in October. There is still a part time Behavior Health Counselor and the full time Dentist positions open. The total visits decrease between 2016 and 2017 at the end of the third quarter is down to 1%. There has been an increase of 1% in unduplicated patient between 2016 and 2017 at the end of the third quarter. This is encouraging especially with having had the effects of Hurricane Harvey in August. If we take an average of the increase of unduplicated patient the last month due to the Hurricane 759 x 3 more month = 2,277 + 11,721 reported at the end of the 3rd quarter = 13,998 potential at the end of December 2017. We are still feeling the after effects of the Hurricane people</p>

Notes:

- 2014-2016 Patient Number data are pre-populated from Table 3a in the UDS Report.
- The Projected Number of Patients value is pre-populated from the Patient Target communicated via email to the authorizing official and project director on May 8, 2017. If you did not receive this email, contact BPHPatientTargets@hrsa.gov.

Project Period: 4/1/2002 - 3/31/2019

Unduplicated Patients	2014 Patient Number ⓘ	2015 Patient Number ⓘ	2016 Patient Number ⓘ	% Change 2014-2016 Trend ⓘ	% Change 2015-2016 Trend ⓘ	% Progress toward Goal ⓘ	Projected Number of Patients	Patient Capacity Narrative (for Current Project Period)
								were displayed from the community some are trying to rebuild and get back into their homes. New providers are in training and working on building up their patient panels and getting contract credentialed with insurances. There was a change in the medical provider schedule which did elevate the third next available appointment timeframe significantly.

Notes:

- 2014-2016 Patient Number data are pre-populated from Table 4 in the UDS Report.
- The Projected Number of Patients column is pre-populated from the patient projection in the submission that initiated your current project period (SAC/NAP) plus the patient projections from selected supplemental funding awarded after the start of the current project period. See the frequently asked questions on the [BPR TA webpage](#) for details on the selected supplemental funding patient projections included.
- If pre-populated patient projections are not accurate, provide adjusted projections and an explanation in the Patient Capacity Narrative section.

Project Period: 4/1/2002 - 3/31/2019

Special Populations	2014 Patient Number ⓘ	2015 Patient Number ⓘ	2016 Patient Number ⓘ	% Change 2014-2016 Trend ⓘ	% Change 2015-2016 Trend ⓘ	% Progress toward Goal ⓘ	Projected Number of Patients	Patient Capacity Narrative (for Current Project Period)
Total Migratory and Seasonal Agricultural Worker Patients	0	0	0	Data not available	Data not available	Data not available	0 (This number has been calculated by adding the following patient projections: FY 2016 SAC = 0)	CHW does not serve migratory and seasonal agricultural worker patients.
Total Public Housing Resident Patients	0	0	0	Data not available	Data not available	Data not available	0 (This number has been calculated by adding the following patient projections: FY 2016 SAC = 0)	CHW has no reported patients living as residents of public housing.
Total People Experiencing Homelessness Patients	299	321	368	23.08%	14.64%	Data not available	0 (This number has been calculated by adding the following patient projections: FY 2016 SAC = 0)	CHW's current report of homeless patients seen in the clinic is 237 unduplicated through September 2017. Of the 237 there are 3 age 0-17 and 234 age 18 and over.

Supplemental Awards

Discuss the progress made in implementing recent supplemental Health Center Program awards. For each applicable supplement, provide current data on progress in the Numeric Progress Toward Goal column.

In the Supplemental Award Narrative column, describe the following:

- a. Progress toward goals;
- b. Key contributing and restricting factors impacting/affecting progress toward goals; and
- c. Plans for sustaining progress and/or overcoming barriers to ensure goal achievement.

Type of Supplemental Award	Programmatic Goal	Numeric Goal (if applicable)	Numeric Progress toward goal (as applicable)	Supplemental Award Narrative
FY 2014 Behavioral Health Integration (BHI) Supplemental	Increase the number of patients with access to integrated behavioral health care	Unduplicated Patients: 1200	205	Due to the challenges in filling the counseling positions the goal set of 1200 unduplicated patients was not met. In the first reported year there were 757 unduplicated counseling patients reported and in this second year there's an additional 205 to report. During the first reporting year the majority of the year CHW had 1.5 counselors seeing patients. In 2017 a lot of the year so far only 1 counselor has been available to see patients. In mid-October a part time counselor was hired so we now have 1.5 counselors seeing patients again. On average 32% of the available appointments are being scheduled by patients. However, the no show rate in counseling is extremely high running anywhere from 43% to 55%. Patients receive an automated reminder call 2 days prior to their appointment. The counselor is even calling them the day before and sometimes the day of their appointment to remind them to come in. Anyone who misses an appointment is called the next to see about rescheduling and what if any barriers there may have been that we may be able to help overcome.
FY 2015 NAP Satellite Grant	Achieve operational status and increase number of patients	Not Applicable	Not Applicable	Not applicable
FY 2015 Behavioral Health Integration (BHI) Supplemental	Increase the number of patients with access to integrated behavioral health care	Not Applicable	Not Applicable	Not applicable
FY 2015 Expanded Services (ES) Supplemental	Increase the number of patients and expanded services	Unduplicated Patients: 456	2463	The projected Expanded Services Supplemental Grant unduplicated patients seen during the evening and Saturday clinic times was more than anticipated. There was an 820 increase from the first year to the second year. Both walk in and scheduled appointments are offered in the Texas City Clinic on Monday evenings and in Galveston on Thursday evenings. Saturday Clinic is available in Texas City with walk in appointments starting at 10am and the last one being at 4:20. There are also scheduled appointments available from 10am to 2pm. Having these scheduled appointments available during the evening and on Saturdays continues to allow those who work, attend school or have children in school or experience other challenges trying to get here during the day the

Discuss the progress made in implementing recent supplemental Health Center Program awards. For each applicable supplement, provide current data on progress in the Numeric Progress Toward Goal column.

In the Supplemental Award Narrative column, describe the following:

- a. Progress toward goals;
- b. Key contributing and restricting factors impacting/affecting progress toward goals; and
- c. Plans for sustaining progress and/or overcoming barriers to ensure goal achievement.

Type of Supplemental Award	Programmatic Goal	Numeric Goal (if applicable)	Numeric Progress toward goal (as applicable)	Supplemental Award Narrative
				opportunity to still receive quality healthcare and not utilize the ER inappropriately and incur the related bills.
FY 2016 Substance Abuse Expansion	Increase the number of patients receiving substance abuse services, including Medication-Assisted Treatment (MAT)	Not Applicable	Not Applicable	Not applicable
FY 2016 Oral Health Expansion	Increase the percentage of health center patients receiving integrated dental services at the health center	Not Applicable	Not Applicable	Not applicable
FY 2017 NAP Satellite Grant	Achieve operational status and increase number of patients	Not Applicable	Not Applicable	Not applicable

Program Narrative Update - One Time Funding

One-Time Funding Awards		
For each applicable One-Time Funding Award, in the Activities column, discuss the activities for which the funds were used and the impact on the organization.		
Type of One-Time Funding Award	Allowable Activities	Activities
FY 2015 Quality Improvement Assistance (December 2014)	<p>Developing and improving health center quality improvement (QI) systems and infrastructure:</p> <ul style="list-style-type: none"> • training staff • developing policies and procedures • enhancing health information technology, certified electronic health record, and data systems • data analysis • implementing targeted QI activities (including hiring consultants) <p>Developing and improving care delivery systems:</p> <ul style="list-style-type: none"> • supplies to support care coordination, case management, and medication management • developing contracts and formal agreements with other providers • laboratory reporting and tracking • training and workflow redesign to support team-based care • clinical integration of behavioral health, oral health, HIV care, and other services • patient engagement activities 	<p>These QI funds were used to help purchase the Population Health module of the CHW electronic record system NextGen. The total amount of the QI funds \$17,616 were utilized towards the purchase of the NextGen Population Health module. The Governing Board approved this expenditure in April of 2015. The Population Health module software allows staff to query on a variety of measures such as age, diagnosis, CPT code, etc. and send alert notification to patients accordingly. CHW has used Population Health to send Flu and Pneumococcal vaccine reminders. Annual wellness exam reminders have been sent. The goal of Population Health is to improve the health of our patients. We have had success in reaching patients as we have received responses. We continue to explore ways in which to use this software.</p>
FY 2015 Quality Improvement Assistance (August 2015)		

For each applicable One-Time Funding Award, in the Activities column, discuss the activities for which the funds were used and the impact on the organization.

Type of One-Time Funding Award	Allowable Activities	Activities
	<p>Developing and improving health center QI systems and infrastructure:</p> <ul style="list-style-type: none"> • training staff • developing policies and procedures • enhancing health information technology, certified electronic health record, and data systems • data analysis • implementing targeted QI activities (including hiring consultants) <p>Developing and improving care delivery systems:</p> <ul style="list-style-type: none"> • supplies to support care coordination, case management and medication management • developing contracts and formal agreements with other providers • laboratory reporting and tracking • training and workflow redesign to support team-based care • clinical integration of behavioral health, oral health, HIV care, and other services • patient engagement activities <p>Developing and improving health center QI systems and infrastructure:</p> <ul style="list-style-type: none"> • training staff • developing policies and procedures • enhancing health information technology, certified electronic health record, and data systems • data analysis • implementing targeted QI activities (including hiring consultants) 	<p>A carryover was requested in July 2016 for \$33,425 to be used by March 31, 2017 for numerous items which was approved by HRSA. There was some dental equipment purchased 8 impact air hand pieces, 8 fiber optic hand pieces and 3 low speed E type hand pieces totaling \$14,123.82. Due to the limited availability of providers who are seeing prenatal patients two of our providers were sent to training on Primary Care Obstetrics and Gynecology \$3,413.43 of the QI was used for this training. The 2015 QI Funds were also used for the TACHC Optimizing Comprehensive Clinic Care OC3 training sessions clinic leadership attended in which \$8,296.12 was drawn down from the QI funds. A Migali Industries refrigerator for vaccines was purchased with the QI funds for \$3,360. The remaining \$4,231.63 was used toward the Contact Center auto attendant custom script configuration and testing which cost \$6,000. This allowed for updates to the phone tree and gave the callers the options to press 1 to make an appointment. Before callers were put into a holding que but didn't know what they were holding for other than for the next representative to answer the phone. Now they can select to appointments, nurse line, referrals, etc.</p>
<p>FY 2016 Quality Improvement Assistance (September 2016)</p>	<p>Developing and improving care delivery systems:</p> <ul style="list-style-type: none"> • purchasing supplies to support care coordination, case management, and medication management • developing and implementing contracts and formal agreements with other providers • laboratory reporting and tracking • training and workflow redesign to support team-based care • clinical integration of behavioral health, oral health, HIV care, and other services • patient engagement activities 	<p>In August 2017 a request was made to HRSA for approval to carryover the \$50,813 QI Funds. A Notice of Award dated September 19, 2017 was received showing approval of the requested carryover. Since that time a freezer with auto defrost and digital temperature control for state supplied vaccines has been purchased for the Texas City clinic that cost \$5,166 plus \$480 shipping. There were 2 spirometers purchased one for each clinic which cost \$2,118 each and software so that they data will interface directly into the electronic health record which cost an additional \$1,100. Two up and down height adjusting x-ray tables are being requested one for each clinic cost \$ 10,250 per plus the total shipping cost of \$750. Two Accuvein Illuminators for \$5,693 each were purchased. The remaining funds were designated for an ultrasound. Currently, exploring printing and scanning options for ultrasounds prior to purchase.</p>
<p>FY 2016 Delivery System Health Information Investment</p>	<p>Implementing strategic investments in health information technology (health IT) enhancements to:</p> <ul style="list-style-type: none"> • accelerate health centers' transition to value-based models of care • improve efforts to share and use information to support better decisions • increase engagement in delivery system transformation <p>Funding must be used for health IT investments in one or more of the following Activity Categories, with the option to expand telehealth in one or more of the categories as well:</p>	<p>The DSHII grant funding was in part used for an upgrade to the electronic dental health record system \$1974.37. There was \$65,901.66 used for the purchase of a server and additional software an infrastructure support. This provides expansion and growth in meeting the high demands technology. The \$73,125 DSHII funds have not yet been all spent. In August 2017 a request was submitted to HRSA requesting approval to carryover \$6,210. A Notice of Award dated September 19, 2017 was received approving the carryover. Since then 2 computers have been purchased \$1,648.43 each and 3 monitors which were \$368.44 each. There is still \$846.80</p>

For each applicable One-Time Funding Award, in the Activities column, discuss the activities for which the funds were used and the impact on the organization.

Type of One-Time Funding Award	Allowable Activities	Activities
	<ul style="list-style-type: none"> equipment and supplies purchase (required if the health center does not have an electronic health record (EHR) certified by the Office of the National Coordinator for Health IT (ONC) in use at any site) health information system enhancements training data aggregation, analytics, and data quality improvement activities 	in funds the approved carry over funds for monitors and or Adobe Acrobat Pro DC license.

Program Narrative Update - Clinical/Financial Performance Measures

Clinical/Financial Performance Measures

Referencing the % Change 2014-2016 Trend, % Change 2015-2016, and % Progress Toward Goal columns:

- Discuss the trends in Clinical and Financial Performance Measures.
- Maintenance or improvement in performance is expected; downward trends or limited progress toward the projected goals must be explained.
- In the Clinical/Financial Performance Measures Narrative column, describe the following as they relate to the data:
 - Progress toward goals;
 - Key contributing and restricting factors impacting/affecting progress toward goals; and
 - Plans for sustaining progress and/or overcoming barriers to ensure goal achievement.

Notes:

- See PAL 2016-02 for details about the ten performance measures that were updated in 2016.
- (*) For the updated performance measures, if the application that initiated your current project period was an FY 2017 SAC, the Measure Goal field will be pre-populated and cannot be edited. However, if the application that initiated your current project period was an FY 2016 SAC or an FY 2017 NAP, provide a goal in the Measure Goal field that corresponds to the updated performance measure. The goal must be provided before the % Progress Toward Goal value can be calculated.
- If pre-populated performance measure goals are not accurate, provide adjusted goals and explain (e.g., goal for the low birth weight measure has increased based on improved patient tracking via a new EHR) in the appropriate Measure Narrative section.
- (**)The Health Center Program Grant Cost Per Patient UDS data is pre-populated from the total BPHC Health Center Program grant drawn-down reported for each calendar year divided by the total unduplicated patients reported for each calendar year.

Perinatal Health

Performance Measure	2014 Measures	2015 Measures	2016 Measures	% Change 2014-2016 Trend	% Change 2015-2016 Trend	% Progress toward Goal	Measure Goals
Access to Prenatal Care	100.0000	71.4300	92.8600	-7.14%	30.00%	103.18%	90.00%
Low Birth Weight	0.0000	0.0000	18.1800	Data not available	Data not available	181.80%	10.00%

Measure Narrative

Historically, CHW sees a low volume of prenatal patients. The Medical Director is the only one who regularly saw low risk OB patients during their first trimester. The performance measure for Low Birth Weight was not met in 2016; 18.18% of patients were found to have Low Birth Weight. This exceeds CHW's measure goal of 10% of patients. A major change occurred in 2017 to address perinatal health. CHW contracted with UTMB Dept. of OB GYN to provide OB low risk prenatal services to CHW patients at the Texas City location 8 hours a month up to their third trimester. This increases access to perinatal care at CHW, and also provides follow-up through birth for our patients. In the past, patients would be lost to follow up, since our family medicine providers do not have admission privileges at local hospitals.

Preventive Health Screenings and Services

Performance Measure	2014 Measures	2015 Measures	2016 Measures	% Change 2014-2016 Trend	% Change 2015-2016 Trend	% Progress toward Goal	Measure Goals
Dental Sealants	Data not available	Data not available	5.8800	Data not available	Data not available	16.80%	35.00%
Weight Assessment and Counseling for Children and Adolescents	32.4300	35.1900	32.9700	1.67%	-6.31%	94.20%	35.00%
			30.2100			100.70%	30.00%

Performance Measure	2014 Measures	2015 Measures	2016 Measures	% Change 2014-2016 Trend	% Change 2015-2016 Trend	% Progress toward Goal	Measure Goals
Adult Weight Screening and Follow-Up	Data not available	Data not available		Data not available	Data not available		
Tobacco Use Screening and Cessation Intervention	Data not available	Data not available	69.3200	Data not available	Data not available	86.65%	80.00%
Colorectal Cancer Screening	Data not available	Data not available	6.6300	Data not available	Data not available	26.52%	25.00%
Cervical Cancer Screening	Data not available	Data not available	36.7900	Data not available	Data not available	81.76%	45.00%
Childhood Immunization Status (CIS)	Data not available	Data not available	4.7600	Data not available	Data not available	6.80%	70.00%

Measure Narrative

The number of treatment planned sealants, age 6-9yrs, has increased due to continuing use of the caries risk assessment. Caries risk assessment codes are utilized. A Caries Risk Assessment Report provides an assessment of caries risk for patients age 6 months through 20 years. The performance measure for Weight Assessment and Counseling for Children and Adolescents was not met in 2016. The 2016 values for this measure was 32.97%. There was a 6.31% decline versus 2015 UDS data, below our goal of 35%. CHW will address this by having more provider and nursing training on UDS measures. Clinic workflow has also been evaluated and will be changed to help notify providers of abnormal vitals. The measure goal of 30% for Adult Weight Screening and Follow-Up was met this year, at 30.21%. This is a significant increase over the 2015 measure of 24.51%. The 80% measure goal for Tobacco Use Screening and Cessation Intervention was not met in 2016, but the measure did increase to 69.32% from the 2015 measure of 64.48%. CHW will continue to emphasize the appropriate use of therapies relating to cessation intervention. Focus will continue to be placed on training of discussion and documentation for this performance measure with providers at their monthly in-service. Meeting the colorectal screening goal of 25% continues to be a challenge. The goal of 25% for colorectal cancer screenings for patients ages 50 to 75 was not met, and has declined from 11.98% in 2015 to 6.63% in 2016. CHW partnered with MD Anderson who has provided free FIT tests for uninsured patients and any with positive results MD Anderson arranges and pays for the colonoscopies. Additionally, the Community Initiatives CHANGE Grant through the American Cancer Society, National Football League will support CHW efforts to address colorectal cancer by improving access to screening, reducing cancer screening disparities and increasing outreach and education to the community. The goal of 45% for cervical cancer screening was not met; the percentage remained stable at 36.79% in 2016, compared to 36.58% in 2015. CHW is working with the NextGen Population Health Program to reach out to females due for cervical cancer screening through various modes text, email or voice messages. During monthly inservices providers will be reminded to include the screening with age appropriate patients as well. There was a change in the immunization requirement for the influenza vaccine in 2016. The change brought the CHW percentage down to 4.76% where had the second influenza vaccine not been added the percentage met was 52.9% much closer to the goal of the 70%. The Population Health software is being looked to see what options are feasible in contacting parents. Both providers and nursing staff will receive training on the updated vaccine requirement during the monthly inservices.

Chronic Disease Management

Performance Measure	2014 Measures	2015 Measures	2016 Measures	% Change 2014-2016 Trend	% Change 2015-2016 Trend	% Progress toward Goal	Measure Goals
Asthma: Use of Appropriate Medications	Data not available	Data not available	88.6600	Data not available	Data not available	147.77%	60.00%
Coronary Artery Disease (CAD): Lipid Therapy	76.8100	77.2700	77.4500	0.83%	0.23%	96.81%	80.00%
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	59.2200	81.6700	79.4700	34.19%	-2.69%	120.41%	66.00%
Hypertension: Controlling High Blood Pressure	Data not available	Data not available	63.3500	Data not available	Data not available	97.46%	65.00%
Diabetes: Hemoglobin A1c Poor Control	Data not available	Data not available	41.9600	Data not available	Data not available	139.87%	30.00%
HIV Linkage to Care	85.7100	100.0000	100.0000	16.67%	0.00%	116.28%	86.00%
Depression Screening and Follow Up	Data not available	Data not available	40.0000	Data not available	Data not available	200.00%	20.00%

Measure Narrative

Many of the Chronic Disease Management measure have been met by the providers as this has been a primary focus over the last year. The ICD-10 specificity of Persistent Asthma has helped make a huge improvement in identifying patients with this diagnosis. Coronary Artery Disease/Lipid Therapy Measure has been stable for 2016, changing only 0.83% over a three-year measurement. Our measurement goal is 80% (2016 data shows compliance of 77.45%) Focus will continue to be placed on discussion and documentation of this performance measure with providers at their monthly in-service. The Blood Pressure measure is close it is believed that the blood pressure control that with continued emphasis on appropriate use of medication and patient education on diet, exercise and weight control, the goal of 65% will be achieved in 2017. A measure wasn't previously set for Diabetes 30% has been suggested for this measure.

Financial Measures

Performance Measure	2014 Measures	2015 Measures	2016 Measures	% Change 2014-2016 Trend	% Change 2015-2016 Trend	% Progress toward Goal	Measure Goals
Total Cost Per Patient (Costs)	650.2486	675.0060	712.1638	9.52%	5.50%	100.30%	710.00 : 1 Ratio
Medical Cost Per Medical Visit (Costs)	137.4833	136.6477	146.0251	6.21%	6.86%	97.35%	150.00 : 1 Ratio
Health Center Program Grant Cost Per Patient (Grant Costs)	179.5559	201.8635	263.8022	46.92%	30.68%	130.61%	201.98 : 1 Ratio

Measure Narrative

CHW continues to remain below the State and National averages in total cost per patient, medical cost per medical visit and health center program grant cost per patient. In 2016 there were provider vacancies resulting in seeing less unduplicated patients and having less visits. This caused the patient revenues to be lower than budgeted. There was a concern for security after the termination of an employee and the Governing Board approved day time security coverage in latter 2016. This was an unbudgeted expense of \$15,000. The Galveston Clinic lease was budgeted at a lower rate in anticipation of remodeling. However, the details for the remodel are still being worked out. This resulted in the lease expense being over budget by \$37,652. There were services provided that were not reimbursable due to the grant funded program being expended prior to the start of the new funding year. This resulted in a loss of contract revenue \$15,131.79. All of these are contributing factors to the cost per visit.

Additional Measures

Performance Measure	2014 Measures	2015 Measures	2016 Measures	% Change 2014-2016 Trend	% Change 2015-2016 Trend	% Progress toward Goal	Measure Goals	Is This Performance Measure Applicable?
(Oral Health) Percent of dental patients with a comprehensive oral exam and completed treatment plan within 12 months	39.0000	21.4000	33.0000	-15.38%	54.21%	94.29%	35.00%	<input checked="" type="radio"/> Yes <input type="radio"/> No

Measure Narrative

The contributing factor in the 12 month period for 2016 is patient education with continuity of care. Plan is to continue to monitor patient no-show activity and re-appoint patients until treatment plans are completed.

COASTAL HEALTH & WELLNESS

Proposed Budget for the fiscal year ending March 31, 2019

Highlights

Summary

- * Budget increased \$13,834,474 compared to 2018 budget. HRSA recommendation to follow GAAP reporting for Revenues and A/R. Also includes Bad Debt expense reporting.
- * Actual net increase of \$820,871.

Revenues:

- * Overall budget revenue has an increase of \$13,834,474.
- * Decrease of \$287,035 in cash portion of Patient Services fees compared to 2018 budget due to overstated projections.
- * Recording of AR for Patient Services fees are now included in the 2019 budget, as well as the offset of Bad Debt Expense.
- * County Revenue increased \$194,090 due to transfer of CIHCP staff to CHW budget.
- * DSRIP revenue anticipated to be earned in 2018-2019 was included and is offset by the IGT payment in expenses.
- * Revenue of \$52,540 representing proposed Fund Balance expenditure is also included.
- * Grant revenue includes Title V grant funds and Crucial Catch.

Expenses:

Personnel

- * Net increase in Personnel expenses of \$188,797. Approximately \$123,440 in wages with balance being benefit expense.
- * Net increase of 5.6 FTE's (additional details included within document).
 13.5 FTE additions: 6.0 new, 0.5 reclassified from part-time to full-time, and 7.0 transferred from GCHD
 7.9 FTE reductions: 1.0 transferred to GCHD, 3.5 vacancies eliminated, and 3.4 shared service allocation reduction
- * Includes one-time \$500 payout to full-time employees from Fund Balance totaling \$52,540 (\$47,500 wages plus fringe).
- * Health Insurance increased approximately 13% from 2018. This includes additional cost for CareHere employee coverage.
- * State Unemployment tax decreased from 1.9% to 0.1% of taxable wages.

Contractual

- * Increases in Outside Lab contracts of \$54,000, based on estimated actual for 2018, Outside X-ray contracts for \$10,200, and Miscellaneous Contract Services for \$40,306 associated with a Primary Care Services Contract with UTMB.
- * Decrease in CHW Billing Contract Service due to termination of Credentialing Contract from prior year of \$18,000.

Other

- * Included proposed IGT payment that would be associated with DSRIP Funds for 2019.
- * Increase in Pharmaceutical supplies to be in line with expected 2018 expenditures, including ACCT contract expenses.
- * Increase in Telecom is offset by decrease in Rentals - moving of Comcast expense from one budget category to another.
- * Increase in IT Software, Licenses & Intangibles due to increases in Nextgen licensing and other shared services software.
- * Increase in expenses with recording of Bad Debt representing \$13,013,603.

Expense Budget Breakdown	FY2018		FY2019		Increase/(Decrease)	
Personnel	\$ 7,643,426	73%	\$ 7,832,223	32%	\$ 188,798	2%
Supplies	\$ 1,178,282	11%	\$ 1,272,476	5%	\$ 94,194	8%
Contract Services	\$ 714,758	7%	\$ 730,914	3%	\$ 16,156	2%
Equipment / Capital	\$ -	0%	\$ -	0%	\$ -	-
Other	\$ 952,337	9%	\$ 1,480,661	6%	\$ 528,324	55%
Bad Debt	\$ -	0%	\$ 13,013,603	53%	\$ 13,013,603	-
Totals	\$ 10,488,803	100%	\$ 24,329,877	100%	\$ 13,841,074	132%

COASTAL HEALTH & WELLNESS

Proposed Budget for the fiscal year ending March 31, 2019

Operating Budget

	FY17	FY18	FY19
REVENUE:			
Patient Service Income	2,463,106	2,797,824	15,524,388
Local Funding	3,828,399	3,694,754	3,888,844
Other Local Funding	31,200	32,010	32,416
Federal BPHC 330 Grant	3,001,718	3,127,400	3,127,400
Other Revenues (DSRIP, Medical Record Fees, Interest, Fund Balance):	430,000	843,415	1,756,830
TOTAL REVENUE	\$ 9,754,423	\$ 10,495,403	\$ 24,329,877

	FY17	FY18	FY19
EXPENSES:			
Personnel:			
Administration	2,100,629	2,037,239	1,731,367
Medical Staff	2,433,681	2,827,952	2,834,323
Dental Staff	808,426	864,866	841,249
Mental Health Staff	154,925	153,949	115,518
Enabling Staff (Case Management, Outreach & Education)	316,542	404,395	889,386
Salaries, Overtime	60,000	60,000	60,000
Salaries, Provider Incentives	35,000	52,800	52,800
Fringe Benefits:			
FICA Expense	438,512	489,692	499,135
Texas Unemployment Tax	1,009	20,067	1,107
Life Insurance	12,787	14,339	14,659
Long Term Disability Insurance	12,783	13,213	13,496
Group Medical Insurance	440,431	518,639	586,055
Worker's Comp Insurance	29,071	32,006	32,623
Pension / Retirement	220,940	154,269	160,506
Total Personnel and Fringe Benefits	7,064,736	7,643,426	7,832,223
Travel:			
Non-Local Travel	8,000	17,602	20,624
Local Travel - Staff travel b/t clinic sites, meetings, etc.	4,500	4,575	4,501
Total Travel	12,500	22,177	25,125
Supplies:			
Clinical Medical	110,580	114,500	110,000
Lab / X-ray	57,229	55,500	60,000
Pharmaceuticals	800,000	816,000	946,200
Dental	95,382	74,500	64,000
Outside Dental (Restorative)	30,000	30,000	24,000
Office, Administrative, & Printing Supplies	84,600	83,282	63,776
Janitorial	1,500	4,500	4,500
Total Supplies	1,179,291	1,178,282	1,272,476
Contractual:			
Patient Care Contracts:			
Outside Lab Contract (LabCorp services for 2 sites)	260,000	264,000	318,000
Outside X-Ray Contract (Xray reading services for 2 sites)	32,000	36,000	46,200
Patient Transportation Contract (transport provided to TC location)	18,000	9,750	7,800
Contract Ob/Gyn & Primary Care Services	-	-	79,200
Contract Breast & Cervical Provider Services	-	77,328	-
Translation & Interpretation Services	2,000	12,000	13,200
Subtotal Patient Care Contracts	312,000	399,078	464,400
Non-Patient Contracts:			

COASTAL HEALTH & WELLNESS

Proposed Budget for the fiscal year ending March 31, 2019

Operating Budget

	FY17	FY18	FY19
<i>Janitorial Contract (Contract for services at 1 site)</i>	35,105	36,000	33,600
<i>Security (Security services at 2 sites)</i>	20,900	91,740	46,920
<i>Pest Control (pest control services @ 1 site)</i>	1,080	1,200	960
<i>Claim Processing</i>	2,640	3,000	3,000
<i>Statement Processing / Appointment Reminders</i>	48,000	49,500	60,000
<i>Contract Management System (MediTract)</i>	3,600	6,000	6,600
<i>IT Consulting (Creager, Accufund)</i>	7,500	5,000	8,750
<i>Interface EAP, Prehire Screenings, & Medicare Exclusions</i>	2,280	2,700	5,884
<i>Billing Contract Service</i>	123,155	120,540	100,800
Subtotal Non-Patient Contracts	244,260	315,680	266,514
Total Contractual	556,260	714,758	730,914
Equipment:			
<i>None</i>	-	-	-
Total Equipment	-	-	-
Other:			
<i>Training</i>	2,500	5,000	5,000
<i>Uniforms</i>	5,500	5,040	4,800
<i>Postage</i>	10,000	8,800	8,000
<i>Telecommunications</i>	17,000	18,300	48,660
<i>Utilities (Water & Electricity)</i>	25,366	25,372	25,372
<i>Rentals</i>	65,772	71,220	36,528
<i>Leases - Facility</i>	434,064	462,262	524,424
Maint & Repair:			
<i>Equipment</i>	85,000	90,750	79,310
<i>Mobile Clinic</i>	1,250	1,500	1,500
<i>Computer</i>	164,054	1,500	-
<i>Building</i>	2,000	5,000	5,000
Insurance:			
<i>General Liability</i>	13,000	10,000	9,000
<i>Building Contents</i>	9,000	16,000	16,560
<i>Mobile Clinic</i>	1,500	2,016	1,992
<i>IGT Reimbursement</i>	-	-	450,000
<i>Newspaper Ads</i>	25,000	15,000	18,000
<i>Subscriptions, Books, etc.</i>	9,280	9,000	1,500
<i>Organizational Memberships</i>	36,000	34,000	34,592
<i>IT Software, Licensing & Usage Fees</i>	-	111,100	152,540
<i>Professional Fees/License/Inspections</i>	1,500	17,600	2,288
<i>Professional Services - Accounting Services</i>	14,500	14,500	16,100
<i>Med/Hazard Waste Disposal</i>	5,000	5,500	5,800
<i>Board Meeting Operations</i>	350	350	350
<i>Service Charge - Credit Cards</i>	14,000	350	8,220
<i>Bad Debt</i>	-	-	13,013,603
Total Other	941,636	930,160	14,469,139
TOTAL EXPENSES	\$ 9,754,423	\$ 10,488,803	\$ 24,329,877

COASTAL HEALTH & WELLNESS

Proposed Budget for the fiscal year ending March 31, 2019

Operating Budget

	FY17	FY18	FY19
CHW BUDGETED POSITIONS:			
<i>Admin Support</i>	44.5	45.5	48.1
<i>Medical Director</i>	1.0	1.0	1.0
<i>Family Physicians</i>	2.0	2.0	2.0
<i>Physician Assistant / Nurse Practitioner</i>	6.5	8.5	7.5
<i>Pediatrician</i>	0.6	1.0	1.0
<i>Nurses</i>	8.0	9.0	10.0
<i>Clinical Support</i>	18.5	19.5	20.5
<i>Lab</i>	6.0	6.5	8.0
<i>Dentists</i>	3.8	3.8	3.8
<i>Dental Hygienists</i>	1.0	1.0	1.0
<i>Dental Assistants</i>	7.6	8.6	9.6
<i>Behavioral Health Specialists</i>	2.0	2.0	1.5
<i>Case Management</i>	5.0	6.0	7.0
<i>Outreach & Education</i>	3.0	3.0	2.0
TOTAL FTE's	109.5	117.4	123.0

6 FTE Additions (all full time) :

- Case Management Assistant (half funded Crucial Catch grant)
- Dental Appointment Scheduler
- Electronic Records Specialist
- Medical Aide
- Phlebotomist
- RN Charge Nurse

0.5 FTE Reclassification:

- Part-time Phlebotomist changed to Full-time

7 FTE Transfers to CHW from GCHD:

- Business Office Manager
- CIHCP staff (x 4)
- End User Training & Support Specialist
- Insurance Credentialing Coordinator

1 FTE Transfer from CHW to GCHD:

- BCCS Care Coordinator

3.5 FTE Eliminations (all vacant positions) :

- Midlevel Provider
- Part-time Behavior Health Counselor
- O&E Assistance Coordinator
- Referral Clerk

3.4 FTE Reduction of Shared Services Personnel

- Executive Office
 - Director of Communications
 - Director of Contracts & Compliance
 - Executive Assistant
 - Fleet & Facilities Coordinator
 - Health Communications Specialist
 - MRC Coordinator
 - Risk & Safety Coordinator
- General Accounting
 - Accounts Payable Clerk
 - Budget & Grant Manager
 - Controller
 - Executive Assistant
 - Financial Services Manager
 - Grant & Billing Coordinator
 - Payroll / AR Specialist
 - Staff Accountant (x 2)
- Information Technology
 - Director of Information Systems
 - IT Network Security Specialist
 - IT Systems & Database Administrator
 - IT Technician (x 2)
 - Programmer Analyst
- Purchasing
 - Buyer
 - Courier Technician
 - Procurement Agent
 - Part-time Receiving & Inventory Clerk
- Human Resources
 - Administrative Assistant
 - HR Director
 - HR Generalist
 - HR Recruitment Specialist

COASTAL HEALTH & WELLNESS

Proposed budget for the fiscal year ending March 31, 2019

Patient Services Revenue

Without AR/Bad Debt

	<i>FY17 Actual</i>	<i>FY18 Budget</i>	<i>FY18 Actual thru 9/30/17</i>	<i>FY18 Projected thru 3/31/18</i>	FY19 Proposed Budget
Patient Fees	804,648	1,059,712	411,235	822,471	822,360
Private Insurance	263,063	223,382	278,194	556,388	558,896
Medicare	302,350	688,950	196,857	393,713	393,703
Medicaid	542,847	663,299	315,492	630,984	630,970
TOTAL REVENUE	\$ 1,912,908	\$ 2,635,343	\$ 1,201,778	\$ 2,403,556	\$ 2,405,930

With AR/Bad Debt

	<i>FY17 Actual</i>	<i>FY18 Budget</i>	<i>FY18 Actual thru 9/30/17</i>	<i>FY18 Projected thru 3/31/18</i>	FY19 Proposed Budget
Patient Fees	804,648	1,059,712	2,760,034	5,520,069	10,179,092
Private Insurance	263,063	223,382	555,305	1,110,611	1,638,668
Medicare	302,350	688,950	514,663	1,029,326	1,652,723
Medicaid	542,847	663,299	634,659	1,269,317	1,949,049
TOTAL REVENUE	\$ 1,912,908	\$ 2,635,343	\$ 4,464,661	\$ 8,929,323	\$ 15,419,533

COASTAL HEALTH & WELLNESS

Proposed budget for the fiscal year ending March 31, 2019

Budget Details

	<i>FY17 Actual</i>	<i>FY18 Budget</i>	<i>FY18 Actual thru 9/30/17</i>	<i>FY18 Projected thru 3/31/18</i>	FY19 Proposed Budget	<i>Increase / (Decrease)</i>
VISITS:	41,249	49,248	21,382	42,764	42,942	-6,306
REVENUES						
HHS Grant Revenue	3,202,603	3,127,400	1,315,705	2,631,409	3,127,400	-
Grant Revenue	20,556	158,481	38,518	77,037	94,855	(63,626)
Patient Fees	804,648	1,059,712	2,760,034	5,520,069	10,179,092	9,119,380
Private Insurance	263,063	223,382	555,305	1,110,611	1,638,668	1,415,286
Pharmacy Revenue	511,572	528,477	365,208	730,416	705,000	176,523
Medicare	302,350	688,950	514,663	1,029,326	1,652,723	963,773
Medicaid	542,847	663,299	634,659	1,269,317	1,949,049	1,285,750
Local Grants & Foundations	32,010	32,010	16,208	32,416	32,416	406
Medical Record Revenue	17,867	19,000	5,972	11,943	16,250	(2,750)
Medicaid Incentive Payments	85,000	-	36,771	73,543	-	-
County Revenue	3,653,679	3,694,754	2,015,273	4,030,546	3,888,844	194,090
DSRIP Revenue	1,680,000	275,938	350,000	700,000	950,000	674,062
Miscellaneous Revenue	812	-	90	180	-	-
Gain on Fixed Asset Disposals	517	-	-	-	-	-
Interest Income	22,334	20,000	12,399	24,799	25,000	5,000
CHW Contract Revenue	7,464	4,000	6,225	12,450	10,000	6,000
Local Funds / Other Revenue	6,781	-	3,031	6,063	-	-
Convenience Fee	-	-	-	-	8,040	8,040
Fund Balance	-	-	-	-	52,540	52,540
TOTAL REVENUE	\$ 11,154,102	\$ 10,495,403	\$ 8,630,062	\$ 17,260,124	\$ 24,329,877	\$ 13,834,474
EXPENSES						
Salaries	4,978,444	6,005,699	2,519,521	5,039,042	6,182,060	176,361
Salaries, Merit Compensation	-	-	-	-	-	-
Salaries, Provider Incentives	-	52,800	5,000	10,000	52,800	-
Salaries, O/T	50,786	60,000	32,570	65,140	60,000	-
Salaries, Part-Time	313,314	282,702	119,033	238,066	229,782	(52,920)
Comp Pay Premium	1,456	-	617	1,234	-	-
FICA Expense	390,766	489,692	197,261	394,521	499,135	9,443
Texas Unemployment Tax	7,487	20,067	(1,437)	(2,874)	1,107	(18,960)
Employee Life Insurance Exp.	15,319	14,339	7,738	15,475	14,659	320
Employee LT Disability Ins. Exp.	11,114	13,213	5,591	11,182	13,496	283
Employer Paid Health Ins.	322,351	518,639	167,025	334,049	586,055	67,416
Worker's Compensation Ins.	10,857	32,006	6,404	12,808	32,623	617
HRA Expense	501	-	-	-	-	-
Pension / Retirement	160,015	154,269	63,833	127,666	160,506	6,237
Outside Lab Contract	261,922	264,000	156,575	313,150	318,000	54,000
Outside X-Ray Contract	30,876	36,000	22,356	44,712	46,200	10,200
Misc Contract Services	96,182	155,528	45,849	91,698	176,634	21,106
Temporary Staffing	129,309	-	116,857	233,714	-	-
CHW Billing Contract Svc	111,024	120,540	49,398	98,796	100,800	(19,740)
IGT Reimbursement	151,615	-	154,945	309,891	450,000	450,000
Janitorial Contract	32,015	36,000	16,034	32,068	33,600	(2,400)
Pest Control	961	1,200	481	961	960	(240)
Security	34,060	91,740	23,239	46,479	46,920	(44,820)
Office Supplies	72,442	80,282	21,991	43,983	61,376	(18,906)
Operating Supplies	265,167	244,500	115,021	230,042	234,000	(10,500)
Outside Dental Supplies	20,130	30,000	6,288	12,576	24,000	(6,000)
Pharmaceutical Supplies	861,904	816,000	459,362	918,724	946,200	130,200

COASTAL HEALTH & WELLNESS

Proposed budget for the fiscal year ending March 31, 2019

Budget Details

	<i>FY17 Actual</i>	<i>FY18 Budget</i>	<i>FY18 Actual thru 9/30/17</i>	<i>FY18 Projected thru 3/31/18</i>	FY19 Proposed Budget	<i>Increase / (Decrease)</i>
Janitorial Supplies	3,799	4,500	1,123	2,246	4,500	-
Printing Supplies	2,098	3,000	63	125	2,400	(600)
Uniform	2,442	5,040	1,833	3,666	4,800	(240)
Postage	7,402	8,800	3,521	7,042	8,000	(800)
Telecommunications	24,171	18,300	8,028	16,056	48,660	30,360
Water	366	372	183	366	372	-
Electricity	22,632	25,000	10,622	21,245	25,000	-
Travel, Local	3,723	4,575	2,032	4,064	4,501	(74)
Travel, Out Of Town	-	-	-	-	-	-
Training, Local	3,261	5,000	878	1,755	5,000	-
Training, Out Of Town	26,301	17,602	3,618	7,236	20,624	3,022
Rentals	65,647	71,220	32,511	65,021	36,528	(34,692)
Leases	524,424	462,262	262,211	524,422	524,424	62,162
Maint/Repair, Equip.	86,303	90,750	37,436	74,872	79,310	(11,440)
Maint/Repair, Auto	-	500	-	-	500	-
Fuel	174	500	187	373	500	-
Maint/Repair, Bldg.	728	5,000	1,757	3,515	5,000	-
Maint/Repair, IT Equip.	303,039	1,500	4,470	8,940	-	(1,500)
Maint/Repair, Prev Auto	76	500	-	-	500	-
Insurance, Auto/Truck	1,525	2,016	1,008	2,016	1,992	(24)
Insurance, General Liability	10,381	10,000	4,704	9,409	9,000	(1,000)
Insurance, Bldg. Contents	15,501	16,000	8,205	16,410	16,560	560
IT Equipment	12,216	-	-	-	-	-
Operating Equipment	10,650	-	-	-	-	-
Bldg. Improvements	14,502	-	-	-	-	-
Newspaper Ads/Advertising	16,337	15,000	4,706	9,411	18,000	3,000
Subscriptions, Books, Etc.	5,631	9,000	406	813	1,500	(7,500)
Association Dues	34,706	34,000	16,000	32,000	34,592	592
IT Software, Licenses, Intangibles	68,106	111,100	106,253	212,505	152,540	41,440
Prof Fees/Licenses/Inspections	18,690	17,600	990	1,980	2,288	(15,312)
Professional Services	20,749	14,500	10,876	21,752	16,100	1,600
Med / Hazard Waste Disposal	5,662	5,500	2,829	5,658	5,800	300
Transportation	8,313	9,750	3,827	7,654	7,800	(1,950)
Board Meeting Operations	441	350	185	370	350	-
Service Charge - Credit Cards	20,831	6,950	4,056	8,111	8,220	1,270
Cashier Over/Short	150	-	(30)	(60)	-	-
Bad Debt Expense	247	-	3,262,882	6,525,765	13,013,603	13,013,603
Miscellaneous Expense	74	-	-	-	-	-
TOTAL EXPENSES	\$ 9,671,319	\$ 10,495,403	\$ 8,108,919	\$ 16,217,839	\$ 24,329,877	\$ 13,834,474
<i>Revenue Over / (Under) Expenses</i>	<i>1,482,783</i>	<i>-</i>	<i>521,142</i>	<i>1,042,285</i>	<i>-</i>	<i>-</i>

COASTAL HEALTH & WELLNESS

Proposed budget for the fiscal year ending March 31, 2019

Funding Details

	<i>Federal</i>	<i>Non-Federal</i>	FY19 Operating Budget	<i>Fund Balance</i>	FY19 Total Budget
REVENUES					
HHS Grant Revenue	3,127,400	-	3,127,400	-	3,127,400
Grant Revenue	-	94,855	94,855	-	94,855
Patient Fees	-	10,179,092	10,179,092	-	10,179,092
Private Insurance	-	1,638,668	1,638,668	-	1,638,668
Pharmacy Revenue	-	705,000	705,000	-	705,000
Medicare	-	1,652,723	1,652,723	-	1,652,723
Medicaid	-	1,949,049	1,949,049	-	1,949,049
Local Grants & Foundations	-	32,416	32,416	-	32,416
Medical Record Revenue	-	16,250	16,250	-	16,250
Medicaid Incentive Payments	-	-	-	-	-
County Revenue	-	3,888,844	3,888,844	-	3,888,844
DSRIP Revenue	-	950,000	950,000	-	950,000
Miscellaneous Revenue	-	-	-	-	-
Gain on Fixed Asset Disposals	-	-	-	-	-
Interest Income	-	25,000	25,000	-	25,000
CHW Contract Revenue	-	10,000	10,000	-	10,000
Local Funds / Other Revenue	-	-	-	-	-
Convenience Fee	-	8,040	8,040	-	8,040
Fund Balance	-	-	-	52,540	52,540
TOTAL REVENUE	\$ 3,127,400	\$ 21,149,938	\$ 24,277,338	\$ 52,540	\$ 24,329,877
EXPENSES					
Salaries	2,453,030	3,681,530	6,134,560	47,500	6,182,060
Salaries, Merit Compensation	-	-	-	-	-
Salaries, Provider Incentives	-	52,800	52,800	-	52,800
Salaries, O/T	-	60,000	60,000	-	60,000
Salaries, Part-Time	-	229,782	229,782	-	229,782
Comp Pay Premium	-	-	-	-	-
FICA Expense	187,657	307,845	495,501	3,634	499,135
Texas Unemployment Tax	387	720	1,107	-	1,107
Employee Life Insurance Exp.	5,762	8,897	14,659	-	14,659
Employee LT Disability Ins. Exp.	5,397	8,099	13,496	-	13,496
Employer Paid Health Ins.	217,356	368,699	586,055	-	586,055
Worker's Compensation Ins.	12,265	20,121	32,386	238	32,623
HRA Expense	-	-	-	-	-
Pension / Retirement	60,345	98,993	159,338	1,169	160,506
Outside Lab Contract	-	318,000	318,000	-	318,000
Outside X-Ray Contract	-	46,200	46,200	-	46,200
Misc Contract Services	-	176,634	176,634	-	176,634
Temporary Staffing	-	-	-	-	-
CHW Billing Contract Svc	50,400	50,400	100,800	-	100,800
IGT Reimbursement	-	450,000	450,000	-	450,000
Janitorial Contract	-	33,600	33,600	-	33,600
Pest Control	-	960	960	-	960
Security	40,800	6,120	46,920	-	46,920
Office Supplies	-	61,376	61,376	-	61,376
Operating Supplies	7,866	226,134	234,000	-	234,000
Outside Dental Supplies	-	24,000	24,000	-	24,000
Pharmaceutical Supplies	-	946,200	946,200	-	946,200
Janitorial Supplies	-	4,500	4,500	-	4,500
Printing Supplies	-	2,400	2,400	-	2,400

COASTAL HEALTH & WELLNESS

Proposed budget for the fiscal year ending March 31, 2019

Funding Details

	<i>Federal</i>	<i>Non-Federal</i>	FY19 Operating Budget	<i>Fund Balance</i>	FY19 Total Budget
Uniform	-	4,800	4,800	-	4,800
Postage	-	8,000	8,000	-	8,000
Telecommunications	2,400	46,260	48,660	-	48,660
Water	-	372	372	-	372
Electricity	-	25,000	25,000	-	25,000
Travel, Local	-	4,501	4,501	-	4,501
Travel, Out Of Town	-	-	-	-	-
Training, Local	-	5,000	5,000	-	5,000
Training, Out Of Town	-	20,624	20,624	-	20,624
Rentals	14,976	21,552	36,528	-	36,528
Leases	-	524,424	524,424	-	524,424
Maint/Repair, Equip.	68,760	10,550	79,310	-	79,310
Maint/Repair, Auto	-	500	500	-	500
Fuel	-	500	500	-	500
Maint/Repair, Bldg.	-	5,000	5,000	-	5,000
Maint/Repair, IT Equip.	-	-	-	-	-
Maint/Repair, Prev Auto	-	500	500	-	500
Insurance, Auto/Truck	-	1,992	1,992	-	1,992
Insurance, General Liability	-	9,000	9,000	-	9,000
Insurance, Bldg. Contents	-	16,560	16,560	-	16,560
IT Equipment	-	-	-	-	-
Operating Equipment	-	-	-	-	-
Bldg. Improvements	-	-	-	-	-
Newspaper Ads/Advertising	-	18,000	18,000	-	18,000
Subscriptions, Books, Etc.	-	1,500	1,500	-	1,500
Association Dues	-	34,592	34,592	-	34,592
IT Software, Licenses, Intangibles	-	152,540	152,540	-	152,540
Prof Fees/Licenses/Inspections	-	2,288	2,288	-	2,288
Professional Services	-	16,100	16,100	-	16,100
Med / Hazard Waste Disposal	-	5,800	5,800	-	5,800
Transportation	-	7,800	7,800	-	7,800
Board Meeting Operations	-	350	350	-	350
Service Charge - Credit Cards	-	8,220	8,220	-	8,220
Cashier Over/Short	-	-	-	-	-
Bad Debt Expense	-	13,013,603	13,013,603	-	13,013,603
Miscellaneous Expense	-	-	-	-	-
TOTAL EXPENSES	\$ 3,127,400	\$ 21,149,938	\$ 24,277,338	\$ 52,540	\$ 24,329,877
<i>Revenue Over / (Under) Expenses</i>	-	-	-	-	-

CATEGORICAL	<i>Federal</i>	<i>Non-Federal</i>	FY19 Operating Budget	<i>Fund Balance</i>	FY19 Total Budget
Wages	2,453,030	4,024,112	6,477,142	47,500	6,524,642
Benefits	489,168	813,373	1,302,541	5,040	1,307,581
Travel	-	25,125	25,125	-	25,125
Equipment	-	-	-	-	-
Supplies	7,866	1,264,610	1,272,476	-	1,272,476
Contractual	91,200	639,714	730,914	-	730,914
Other	86,136	14,383,003	14,469,139	-	14,469,139
Total Expenses	\$ 3,127,400	\$ 21,149,938	\$ 24,277,338	\$ 52,540	\$ 24,329,877

Department of Health and Human Services Health Services and Resources Administration		For HRSA Use Only				
Form 3: Income Analysis Support Year 17		Applicant Name:		COASTAL HEALTH & WELLNESS		
		Grant Number:		H80CS00344		
		Application Tracking Number:		151502		
Part 1: Patient Service Revenue - Program Income						
Line #	Payer Category	Patients	Billable Visits	Income Per Visit	Projected Income	Prior FY Income Mo/Yr: March 2017
		(a)	(b)	(c)	(d)	(e)
1	Medicaid	1,595	4,379	445.09	1,949,049.11	542,847.04
2	Medicare	1,092	3,703	446.32	1,652,722.96	302,350.18
3	Other Public	245	1,064	89.15	94,855.60	20,555.64
4	Private	1,595	3,417	482.49	1,648,668.33	270,526.50
5	Self Pay	9,671	30,379	335.07	10,179,091.53	804,648.00
6	Total (lines 1-5)	14,198	42,942	361.52	15,524,387.53	1,940,927.36
Part 2: Other Income - Other Federal, State, Local and Other Income						
7	Other Federal				-	-
8	State Government				950,000.00	1,680,000.00
9	Local Government				3,888,844.00	3,653,678.80
10	Private Grants/Contracts				737,416.00	543,581.75
11	Contributions				-	-
12	Other				49,290.00	133,311.01
13	Applicant (Retained Earnings)				-	-
14	Total Other (lines 7-13)				5,625,550.00	6,010,571.56
Total Non-Federal (Non-section 330) Income (Program Income Plus Other)						
15	Total Non-Federal (lines 6 + 14)				21,149,937.53	7,951,498.92
Comments/Explanatory Notes (if applicable)						

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.

Coastal Health & Wellness – Budget Narrative
Grant # H80CS00344 / Application tracking # 151502
Funding Period: April 1, 2018 to March 31, 2019

REVENUES

Revenues shown in the operating budget request consist of program income from patients, third party reimbursement from Medicare, Medicaid, and Private Insurance. Revenue also includes grant revenue for services provided under Title V and other revenues from contracted pharmacy services, medical record requests and interest income. Revenue in the form of cost reimbursements from local contracts and funding from Galveston County are used to defray costs. A detailed review of revenues is found in the INCOME ANALYSIS FORM - FORM 3.

The program revenue assumptions and estimates for the 2018/2019 operating budget were budgeted lower than what had been submitted for the 2017/2018 budget period. Patient revenues for the 2017/2018 budget term were based on projected increases in both unduplicated users and visits but failed to reach the anticipated levels. Although visit data over the last six months does indicate an increase in the number of private pay unduplicated patents, revenues from Medicaid, Medicare and Self Pay patients were projected to be lower in comparison to the prior year. Further review of data supports the proposed budget assumption that Private Insurance will increase in comparison to the prior period, while revenues associated with self-pay, Medicare and Medicaid patients will decrease. We anticipate the 2018/2019 submitted budget to be more in line with actual experience based on current and expected trends. Collections from Self Pay patients continues to be around 13% of gross charges, which has been the trend for the past several years. Revenues are based on full charges and include the recording of an allowance for bad debt. Other revenues include a contract with Walgreens and Southside to provide medication dispensing services to patients, in which a monthly reimbursement is received for fees collected less any contracted dispensing or administrative fees. This budget also assumes that other revenue generated from local contracts, case management, DSRIP, and various other social service programs will remain in line with prior years. The County of Galveston is projected to provide local support to Coastal Health & Wellness in the amount of \$3,888,844.

The revenue figures are reasonable estimates based on data from recent billing and collection activity. The clinic management system is used to electronically bill Medicare/Medicaid and Private Insurance, and billing services are outsourced. The fee schedule is reviewed and/or updated annually and is determined based on the annual Medicare cost report and relative value units (RVU's). Recent data indicates that Coastal Health & Wellness had 13,326 unduplicated total clinic visits for calendar year 2016, with the majority of the patient population being self-pay. This trend follows population and poverty trends within Galveston County.

EXPENDITURES

Coastal Health & Wellness operates clinic sites in Texas City and Galveston, Texas. Both are combined outpatient medical and dental clinics with adjacent WIC sites.

Costs between clinical departments are allocated as follows: salaries and benefits according to biweekly timesheets; office/clinical space, facility insurance, janitorial, and utility charges by periodic review of space usage and percentage (%) allocations; telephone costs by allocation reports; postage by a report generated from the postage meter; and a portion of office and cleaning supplies by staff and/or space allocation.

PERSONNEL: Funding for staff is paid through a mix of Section 330 Grant, program income and local contributions. See FORM 2, and PERSONNEL OBJECT CLASS CATEGORY JUSTIFICATION for details. The current staffing pattern provides an appropriate mix of provider and sufficient support staff for the activities detailed on FORM 5 and described in the health care plan. Personnel costs were budgeted to include a 1.5% cost of living salary adjustment.

Coastal Health & Wellness – Budget Narrative

Grant # H80CS00344 / Application tracking # 151502

Funding Period: April 1, 2018 to March 31, 2019

FRINGE BENEFITS: Paid fringe/benefits for all staff include: FICA (7.65%), SUTA (0.10%), Workers' Compensation (0.50%), and retirement plan contributions of 2.46% of gross salary. In addition, full-time staff benefits also include: employees' health (\$434.26 per month per employee), life insurance (0.20% of gross wages), dependent life (\$1.71 per month per employee) and disability insurance (0.22% of gross wages). SUTA rates decreased, and Retirement Plan Contributions and Employee Health benefit costs increased, with all other costs remaining relatively level in comparison to prior years.

TRAVEL: Funds for local travel are used for travel between clinics and outreach activities. Funds for non-local and local travel includes reimbursement of mileage at \$0.535 per mile when applicable, reasonable hotel accommodations, per diem, parking, conference fees and other reasonable and necessary expenses. Funds for non-local travel are used primarily for travel associated with Coastal Health & Wellness administrative activities. This includes travel for "Key Personnel" to attend meetings such as NACHC Policy Seminars, Texas Association of Community Health Center (TACHC) meetings and Southwest Primary Care Association meetings. Funds for CME and other training activities are found in "Other – Training".

SUPPLIES: Funds for supplies are detailed in the operating budget by type (medical, lab, pharmaceutical, dental, outside dental (restorative), office and janitorial supplies) and are based on recent cost experience and estimated usage derived from projected visits. Costs saving methods include contract purchasing of lab and pharmacy supplies through the State of Texas PCA, the Texas Association of Community Health Centers (TACHC), along with the use of various State and in-house bulk purchasing contracts. Dental prosthetics costs are paid for in full by patients and/or third party payers, while other supply costs are partially/fully covered by patient payments or local funding.

CONTRACTUAL: Patient care contracts include laboratory services that are provided through an outside lab under a TACHC group purchasing contract. Reading of x-rays is provided through a contract with a local radiologist, and a contract with Gulf Coast Center (GCC) to provide patient transportation, if requested. In addition, interpreter services are also available to patients as needed through a contract that provides either phone or onsite translation services. Non-patient contracts include janitorial/pest control, security service for an onsite security officer at the Texas City and Galveston site clinics, the annual cost for contract management software services, clearinghouse fees for claim processing, and contract services to provide monthly statement processing and appointment voice mail reminder services through our EPM provider. Due to the outsourcing of medical and dental billing functions, contract services also includes fees related to the outside billing agency. United Solutions MSO (USMSO) provides billing services, which is calculated based on 5% of gross collections. Contracts are awarded based on a competitive bidding process and established procedures.

OTHER: Includes: - Training: includes provider CME costs for 9 mid-levels, 4 physicians, 4 dentists and 1 dental hygienist, registration fees for seminars and webinars, as well as materials for on-site training of staff; uniforms for clinical staff; postage, and utilities such as telephone, water and electric for our Galveston facility; Rental costs – includes monthly rental cost for copiers and computers, high speed internet service through Comcast, and rental of storage area for storing medical records and other records; Leases - includes facility lease of clinical space in Texas City and Galveston; Maintenance/repair for equipment, facilities and computers – includes normal maintenance and repair costs for medical / dental equipment, building facilities and IT operations; also includes annual maintenance fees for the clinical EPM/EHR/EDR systems and the clinic portion of the annual maintenance of the Accounting software system; Insurance - costs are for general liability / building contents for the Galveston clinic; Newspaper ads – for advertising and recruiting; Subscriptions/books – pays for reference manual, newsletters and books used for reference and training; organizational membership – NACHC and TACHC Association dues; professional fees/license/inspections – include license for pharmacy, CLIA, Medical/Dental Directors professional license, and any outside legal fees; Professional services - accounting - funds are for payment of the clinics portion of the annual single agency audit; med/hazard waste/trash removal and service charges (credit cards and bank fees); Board Meeting Operations – for costs associated with Board meetings. Totals for all are based on current expenditures with projected increases or decreases, as appropriate.

Coastal Health & Wellness – Budget Narrative

Grant # H80CS00344 / Application tracking # 151502

Funding Period: April 1, 2018 to March 31, 2019

CURRENT SERVICES ADJUSTMENT: This budget does not include a request for additional 330 funding outside of the current amount provided of \$3,127,400.

PROJECT PERIOD JUSTIFICATION: This justification represents the third year of a three year project period renewal.

Coastal Health & Wellness - Budget Justification

Federal and Non-Federal Expenditures

Funding Period: April 1, 2018 to March 31, 2019

Budget Justification	FY 2019 Budget Period	
	Federal Grant Request	Non-Federal Resources
REVENUE – <i>Should be consistent with information presented in Budget Information: Budget Details form and Form 3: Income Analysis.</i>		
PROGRAM INCOME <i>(fees, third party reimbursements, and payments generated from the projected delivery of services)</i>	-	15,524,387.53
STATE FUNDS <i>(Projected revenue from 1115 Waiver Project)</i>	-	950,000.00
LOCAL FUNDS	-	3,888,844.00
FEDERAL 330 GRANT	3,127,400.00	-
OTHER SUPPORT	-	786,706.00
TOTAL REVENUE	\$ 3,127,400.00	\$ 21,149,937.53
EXPENSES: <i>Object class totals should be consistent with those presented in Section B of the Budget Information: Budget Details form.</i>		
PERSONNEL – <i>Salary Total from Form 2: Staffing Profile may not match the total below due to some salaries being charged as indirect costs. Include budget details for each staff position as seen in the Personnel Justification sample below.</i>		
ADMINISTRATION	615,871.63	1,481,554.40
MEDICAL STAFF	1,289,343.49	1,641,470.96
DENTAL STAFF	480,885.14	388,287.11
BEHAVIORAL HEALTH STAFF <i>(Mental Health/Substance Abuse)</i>	-	115,517.94
ENABLING STAFF <i>(Case Managers/Outreach & Education Staff)</i>	66,930.10	284,481.60
SALARIES, OVERTIME	-	60,000.00
SALARIES, PROVIDER INCENTIVES	-	52,800.00
TOTAL PERSONNEL	2,453,030.36	4,024,112.01
FRINGE BENEFITS		
FICA @ 7.65%	187,656.85	307,844.54
Long Term Disability Insurance @ 0.22%	5,396.66	8,099.32
Life ADD @ 0.20%	4,906.08	7,363.13
State Unemployment Tax @ 0.10%	387.00	719.89
Dependent Life @ \$1.71/month <i>(per eligible employee)</i>	855.70	1,534.08
Medical Insurance @ \$434.26/month <i>(per eligible employee)</i>	217,355.97	368,698.63
Retirement @ 2.46%	60,344.51	98,993.18
Workers Compensation @ 0.50%	12,265.17	20,120.62
TOTAL FRINGE @ 20.5%	489,167.94	813,373.39
TRAVEL		
Non-Local Travel – related to staff trainings/CME, etc. <i>(38,550 miles x 53.5 cents per mile)</i>	-	20,624.00

Coastal Health & Wellness - Budget Justification

Federal and Non-Federal Expenditures

Funding Period: April 1, 2018 to March 31, 2019

Budget Justification	FY 2019 Budget Period	
	Federal Grant Request	Non-Federal Resources
Local Travel – staff travel b/t clinic sites, meetings, etc. <i>(8,412 miles x 53.5 cents per mile)</i>	-	4,500.83
TOTAL TRAVEL	-	25,124.83
EQUIPMENT – Include items of moveable equipment that cost \$5,000 or more and with a useful life of one year or more.		
None	-	-
TOTAL EQUIPMENT	-	-
SUPPLIES		
Office, Administrative & Printing Supplies <i>(\$5,315/month x 12 months)</i>	-	63,776.00
Lab / X-ray <i>(\$5,000/month x 12 months)</i>	-	60,000.00
Medical Supplies <i>(Based on 73% of total visits - \$3.51/visit x 31,348 visits)</i>	7,865.70	102,134.30
Pharmaceuticals <i>(\$78,850/month x 12 months)</i>	-	946,200.00
Dental <i>(Based on 25% of total visits - \$5.96/visit x 10,736 visits)</i>	-	64,000.00
Outside Dental (Restorative) <i>(\$2,000/month x 12 months)</i>	-	24,000.00
Janitorial <i>(\$375/month x 12 months)</i>	-	4,500.00
TOTAL SUPPLIES	7,865.70	1,264,610.30
CONTRACTUAL – Include sufficient detail to justify costs.		
Outside Lab Contract <i>(\$8.50/test x 37,412 tests)</i>	-	318,000.00
Outside X-Ray Contract <i>(\$12.50/reading x 3,696 readings)</i>	-	46,200.00
Ob/Gyn & Primary Care Contract Services <i>(\$6,600/month x 12 months)</i>	-	79,200.00
Patient Transportation Contract with Gulf Coast Center <i>(\$31.88/average per trip x 245 estimated trips)</i>	-	7,800.00
Translation & Interpretation Services <i>(\$1,100/month x 12 months)</i>	-	13,200.00
Janitorial Contract (one site) <i>(\$2,800/month x 12 months)</i>	-	33,600.00
Security Services (two sites) <i>(\$3,910/month x 12 months)</i> <i>(Galveston site - \$510/month and Texas City site - \$3,400/month)</i>	40,800.00	6,120.00
Pest Control Services (one site) <i>(\$80/month x 12 months)</i>	-	960.00
Claim Processing <i>(\$250/month x 12 months)</i>	-	3,000.00
Statement Processing & Appointment Reminders <i>(\$5,000/month x 12 months)</i>	-	60,000.00
Contract Management System (Meditract) <i>(\$550/month x 12 months)</i>	-	6,600.00
IT Consulting (Creager & Accufund) <i>(\$730/month x 12 months)</i>	-	8,750.00
Interface EAP, Prehire Screenings & Medicare Exclusions <i>(\$490/month x 12 months)</i>	-	5,884.00

Coastal Health & Wellness - Budget Justification

Federal and Non-Federal Expenditures

Funding Period: April 1, 2018 to March 31, 2019

Budget Justification	FY 2019 Budget Period	
	Federal Grant Request	Non-Federal Resources
Billing Contract Service (5% of gross collections) <i>(\$8,400/month x 12 months)</i>	50,400.00	50,400.00
TOTAL CONTRACTUAL	91,200.00	639,714.00
OTHER – Include detailed justification. Note: Federal funding CANNOT support construction, fundraising, or lobbying costs.		
Training – CME and other types of continuing education <i>(\$417/month x 12 months)</i>	-	5,000.00
Uniforms (scrubs for providers, nurses, dentists, etc.) <i>(\$400/month x 12 months)</i>	-	4,800.00
Postage <i>(\$667/month x 12 months)</i>	-	8,000.00
Telecommunication Services (phone, data, internet) <i>(\$4,055/month x 12 months)</i>	2,400.00	46,260.00
Utilities (Water & Electricity) <i>(\$2,114/month x 12 months)</i>	-	25,372.00
Rentals (Copiers, Water, Records Storage) <i>(\$3,044/month x 12 months)</i>	14,976.00	21,552.00
Leases – Facility (Galveston & Texas City clinic sites) <i>(\$43,702/month x 12 months)</i>	-	524,424.00
Equipment Maintenance (inspections, calibrations, and repairs) <i>(\$6,609/month x 12 months)</i>	68,760.00	10,550.00
Auto Maintenance & Fuel (Mobile clinic operations) <i>(\$125/month x 12 months)</i>	-	1,500.00
Building Maintenance <i>(\$417/month x 12 months)</i>	-	5,000.00
General Liability Insurance <i>(\$750/month x 12 months)</i>	-	9,000.00
Building Contents Insurance <i>(\$1,380/month x 12 months)</i>	-	16,560.00
Auto Insurance (Mobile Clinic) <i>(\$166/month x 12 months)</i>	-	1,992.00
Newspaper Ads (staff recruitment and advertising costs for outreach and education program during open enrollment)	-	18,000.00
Subscriptions, Books, etc. <i>(\$125/month x 12 months)</i>	-	1,500.00
Organizational Memberships (TACHC, NACHC, TDA, AMA, and AAFP)	-	34,592.00
Computer Software, Licensing, Updates, & Usage Fees <i>(\$12,712/month x 12 months)</i>	-	152,540.00
Professional Fees/License/Inspections (radiation, laboratory, notary)	-	2,288.00
Professional Services (Year-end annual audit and HR verifications)	-	16,100.00
Medical/Hazard Waste Disposal <i>(\$483/month x 12 months)</i>	-	5,800.00
Board Meeting Operations	-	350.00

Coastal Health & Wellness - Budget Justification

Federal and Non-Federal Expenditures

Funding Period: April 1, 2018 to March 31, 2019

Budget Justification	FY 2019 Budget Period	
	Federal Grant Request	Non-Federal Resources
Service Charge – Credit Cards (processing fees for patients who pay with credit cards) and patient portal (\$685/month x 12 months)	-	8,220.00
IGT Reimbursement	-	450,000.00
Bad Debt - Uncollectible AR	-	13,013,603.00
TOTAL OTHER	86,136.00	14,383,003.00
TOTAL DIRECT CHARGES (Sum of TOTAL Expenses)	3,127,400.00	21,149,937.53
INDIRECT CHARGES – Include approved indirect cost rate.		
X% indirect cost rate (includes utilities and accounting services)	-	-
TOTALS (Total of TOTAL DIRECT CHARGES and INDIRECT CHARGES)	\$ 3,127,400.00	\$ 21,149,937.53

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Governing Board

November 2017

Item #12

**Consider for Approval Coastal Health & Wellness
Credit and Refund 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 employees and Billing Agency who identify potential credits and/or refunds due to patients, insurances or third party payors.

Policy

It is the Coastal Health & Wellness policy 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 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 “Please note any account credit will be applied to balances due which may have occurred for dental and/or medical services rendered by Coastal Health & Wellness clinic and any remaining credit will be refunded. The refund process may take up to 30 days for completion” on the Refund Request form.

Revenue Cycle – thoroughly reviews potential credits and/or refunds to determine the cause and the appropriate course of corrective action and 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 request

Billing Agency - thoroughly reviews potential credits and/or refunds to determine the cause and the appropriate course of corrective action and gathers necessary back up documentation, to process patient, insurance and third party refund request

Procedure

A. Business Staff

1. Notifies Manager and/or Director of any credits (e.g., via email screen shot)
2. Information regarding credits is forwarded to the Billing Agency for review and processing
3. 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
 - 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

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 Area
 - ii. If a posting error, make the necessary corrections

Note: Refer to NextGen Training Manuals

- Billing Voiding Charges and Adjustment Reversals

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Governing Board

November 2017

Item #13

**Consider for Approval Coastal Health & Wellness
Charge Capture Policy**



-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 employees and Billing Agency who enter clinic charges.

Policy

It is the Coastal Health & Wellness policy 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 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 electronic record complete reason for patient visit, blood pressure, x-rays as well as any other documentation required by DAs - records lock automatically after 72 hours

Nursing/MAs – in 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 after 72 hours

Providers (Dental & Medical) – in electronic record complete patient visit documentation submit procedure code(s) and diagnosis code(s) – records lock automatically after 72 hours

Lab - in electronic record complete and super bill services provided labs/x-rays - records lock automatically after 72 hours

Check-Out - in electronic record process any charges that populate during the checkout auto flow process and enter charges for any record request whether dental or medical

Billing Agency - in electronic record bill all encounters no later than 3 days

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 DAs
- 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
 2. Bill all completed encounters no later than 3 days after the date of service
 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
- Billing – Charge Entry Process
- Checkout With AutoFlow
- Checkout – Medical/Dental Record Copy Payments Only

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

November 2017

Item #14

**Consider for Approval Coastal Health & Wellness
Payment Posting Policy**



-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 Billing Agency who enter clinic payments.

Policy

It is the Coastal Health & Wellness policy to post payments for a patient encounter in an accurate and timely manner. The payments are posted in the electronic record for every patient.

Responsibilities

Patient Services – in 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 daily deposit

Check-Out - in 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 to the daily deposit

Revenue Cycle - in electronic record post all payments received as applicable (e.g., denture contract, budget plan, contracts, etc.) and reconcile to the daily deposit

Billing Agency - in electronic record post all payments received as applicable (e.g., patient payments, Medicare, Medicaid, Private Insurance, etc.) and reconcile to the daily deposit

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., cash, check, credit card, etc.) is entered
4. Select correctly where all unapplied amounts should be applied – *Encounter*
5. Batches are Posted Daily
6. Cash, Checks and Credit Card Slips are reconciled to the daily deposit

B. Check-out 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., cash, check, credit card, etc.) is entered
4. Select correctly where all unapplied amounts should be applied – *Encounter*
5. Batches are Posted Daily

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
 3. 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 Daily
 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
 3. 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. Apply deductibles, co-insurances, etc., and move balances as applicable to patient responsibility
 7. Batches are Posted Daily
 8. Reconcile to Daily Deposit Breakdown Sheet by Deposit Number

Note: Refer to NextGen Training Manuals

- Front Desk/Cashier Duties – Check-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

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