



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

AGENDA

Thursday, April 26, 2018 – 12:00 PM

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

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

In accordance with the provisions of the Americans with Disabilities Act (ADA), persons in need of a special accommodation 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 March 29, 2018 Minutes
- *Item #4 **ACTION** Consider for Approval April 12, 2018 Minutes
- *Item #5 **ACTION** Annual Policy/Plan Review
 - a) Coastal Health & Wellness Hospital/ED Tracking Policy
 - b) Medical Record Fees
- *Item #6 Policies Approved by United Board of Health as Authorized Under the Shared Services Agreement
 - a) Computer and Digital Communications Usage
 - b) Hours Worked and Compensatory Overtime
 - c) Employee Ethics, Standards of Conduct, and Conflict of Interest
 - d) Emergency Operations Plan
 - e) Employee and Pre-Hire Immunizations
 - f) Limited English Proficiency
 - g) Safety & Risk Management
 - h) Workers' Compensation
 - i) Work Environment
 - j) Fund Balance (new)
 - k) HIPAA Security Manual
- *Item #7 Informational Items
 - a) Board Member Letter of Resignation (Jose Boix)
 - b) Letter to HRSA Regarding Coastal Health & Wellness Interim Executive Director
 - c) Order from Galveston County Commissioners Court Restricting Representation To or For the Galveston County Health District
 - d) Letter from Governing Board Chair Person Regarding Additional Responsibilities for Kathy Barroso, Interim Executive Director for CHW
- *Item #8 **ACTION** Consider for Approval Quarterly Investment Report
- Item #9 Executive Report

- Item #10 Update on 1115 Waiver and Plans for Community Collaboration
- Item #11 **ACTION** Ratification of Action Taken by Previous Executive Director to Waive Electronic Record Fees in the Amount of \$43 from 3/23/18 to 4/14/18 Due to GCHD Investigation
- Item #12 **ACTION** Consider for Approval March 2018 Financial Report
- Item #13 **ACTION** Consider for Approval Request to Purchase NextGen EHR Connect Software in the Amount of \$8,150 to Meet Meaningful Use Requirements for 2018
- Item #14 **ACTION** Consider for Approval Quarterly Visit and Collection Report Including a Breakdown of New Patients by Payor Source
- Item #15 **ACTION** Consider for Approval Medical Fee Schedule
- Item #16 **ACTION** Consider for Approval Dental/Denture Fee Schedule
- Item #17 **ACTION** Report on Status of Joint Commission Recommendations and Corrective Action Plan
- Item #18 **ACTION** Consider for Approval Quarterly Compliance Report
- Item #19 **ACTION** Consider for Approval Privileging Rights for Premal Patel, MD
- Item #20 **ACTION** Consider for Approval the Appointment of Samantha Robinson, RN, BSN as a Community Representative to the Coastal Health & Wellness Governing Board for a 3 Year Term Expiring April 2021
- Item #21 **ACTION** Consider for Approval the Reappointment of Miroslava Bustamante as a Consumer Representative to the Coastal Health & Wellness Governing Board for a 3 Year Term Expiring April 2021
- Item #22 **ACTION** Consider for Approval Request for an Additional Shared Service Position Due to Realignment of Duties and Business Need (Chief Compliance Officer)

Adjournment

Next Meeting: May 31, 2018

Appearances before Governing Board

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

Executive Sessions

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



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

**Governing Board
April 2018
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

April 2018

Item #3

Consider for Approval March 29, 2018 Minutes

**Coastal Health & Wellness
Governing Board Meeting
March 29, 2018**

Board Members

Present:

Dr. Howard
Jay Holland
David Delac
Mario Hernandez
Victoria Dougharty
Virginia Valentino
Miroslava Bustamante
Dorothy Goodman (Phone)

Staff:

Mary McClure, Executive Director	Pisa Ring
Dr. Foster	Tiffany Carlson
Dr. Alhassan	Kenna Pruitt
Andrea Cortinas	Sal Bonaccorso
Sandra Cuellar	Randy Valcin
Mary Orange	Mario Acosta
Michelle Peacock	Amanda Wolff
Tikeshia Thompson Rollins	Paula Compton
Anthony Hernandez	

Excused Absence:

Unexcused Absence:

Guest: John Wayne Ferguson

Items # 1-4 Consent Agenda

Dr. Howard, Board Chair, requested that consent agenda item #1 be modified to remove Executive Sessions (Items #5, #6, #7 #12. #13 and #14) from closed session and discuss items in accordance with the open meeting act. Upon a motion by Virginia Valentino, seconded by Dorothy Goodman, the consideration was unanimously approved by the Board. Consent agenda items #2-4 were then approved upon a motion by Virginia Valentino, seconded by Jay Holland and unanimously approved.

Item #5 Board Member Evaluation

Dr. Howard, Board Chair, reviewed the scoring of the annual Board Evaluation in the open meeting and informed the Board members that there is work to be done to improve on Board responsibilities to the public, Coastal Health & Wellness patients, and the staff.

Item #6 Reconvene Regular Open Meeting

Item modified since annual Board evaluation was discussed in open meeting.

Item #7 Possible Action from Annual Board Evaluation

Dr. Howard, Board Chair, stated to the Board that they need to be informed of things regarding Coastal Health & Wellness in a timely manner and he insures the Board that in the future if he hears of things going on, the Board members will also be notified. Dr. Howard stated that all Board members can and will be contacted via email or by phone. Dr. Howard also informed the Board that once Mary McClure, Executive Director, gets any information that the Board needs to be informed about, it will immediately be communicated by email and mail once Dr. Howard has been notified. A motion to accept the annual Board evaluation was made by Virginia Valentino and seconded by Miroslava Bustamante. The Board unanimously approved the evaluation.

Item #8 Executive Report

Mary McClure, Executive Director, presented the March 2018 Executive Report to the Board. David Delac, asked Mary Orange, Business Office Manager, to inform the Board of how much revenue was lost in Dental in the month of February 2018.

Item #9 Consider for Approval Financial Committee Report February 2018

Mary Orange, Business Office Manager, presented the February 2018 financial committee report to the Board. A motion to approve the financial committee report as presented was made by Virginia Valentino and seconded by Miroslava Bustamante. The Board unanimously approved the report.

Item #10 Consider for Approval Waiving Purchasing Policy Requirements for Mobile Clinic Repair

Mary Orange, Business Office Manager, asked the Board to consider for approval waiving purchasing policy requirements for the mobile clinic repair. Mary informed the Board that we received a quote for mobile clinic repairs in the amount of \$6,046.16 from M&R Fleet Services in Texas City. Due to the limited amount of vendors who can perform the needed repairs and the fact that the mobile clinic would have to be towed to other auto repair services in order for additional quotes to be obtained, we are requesting approval to waive the additional quote requirement per the Purchasing Policy. The repair cost will be split between the Galveston County Health District and Coastal Health & Wellness, at a cost of \$3,023.08 each. A motion to approve the waiver request was made by Jay Holland and seconded by Miroslava Bustamante. The Board unanimously approved waiving the purchasing requirement for this purchase.

Item #11 Update on 1115 Waiver and Plans for Community Collaboration

Dr. Howard, Board Chair, informed the Board that the update on the 1115 waiver and plans for community collaboration will be deferred.

Item #12 Joint Commission Accreditation Survey Report

Mary McClure, Executive Director, presented to the Board the 11 immediate threat to life abatement survey.

- Dr. Howard, informed the Board that the requirements of Joint Commission and resolving all of the problems at 100% have been submitted, and we are expecting Joint Commission to return at any time. . Dr. Howard stated that the dental clinic will not reopen until the Board is in agreement to do so and that once everything has been completed he is requesting an after action report that states how this happened, who's responsible, and how can we insure that this doesn't happen again
- Dr. Beverly Foster, Dental Director, stated to the Board that she takes full responsibility for some of the problems the dental department has had. Dr. Foster, stated there has been a transition of several levels of supervision within the dental clinic within the past three years and when there is a break down in the structure of the training of the Dental Assistants this is what happens. Dr. Foster, stated when you don't have a supervisor here to continue the training the dental assistants rely on the others for help. Dr. Foster, stated she has provided videos that she taped on each of the areas in the clinic and they are allowed to watch the video but as for hands on and keeping up with them each day it has been inconsistent and she takes full responsibility for that. Dr. Foster, stated that she served as interim Dental Assistant Supervisor during the period the dental supervisor position was not filled to make sure the assistants followed through and that most of them had the training. David Delac, asked the question so why are they saying they have not been trained. Dr. Foster, stated she cannot answer that question and that it may mean that they have not had a supervisor with them day to day to train them.

Item #13 Reconvene Regular Open Meeting

Item modified since the Joint Commission Accreditation Survey Report was discussed in open meeting.

Item #14 Possible Action from Joint Commission Accreditation Survey Report

Dr. Howard, Board Chair, requested a motion to accept the 11 immediate threat to life abatement survey report and send the report to HRSA to let them know what has been done. A motion was made by Virginia Valentino and seconded by Jay Holland to accept the abatement survey report and to send the report to HRSA as notification. The Board unanimously approved the motion.

Item #15 Complete Annual Conflict of Disclosure Statement

Dr. Howard, Board Chair, asked the Board to review the annual conflict of disclosure statement, vendor list and signature is required on the form.

Adjournment

A motion to adjourn was made by Jay Holland, seconded by Mario Hernandez. The Board adjourned at 1:26 p.m.

Chair

Secretary/Treasurer

Date

Date

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

April 2018

Item #4

Consider for Approval April 12, 2018 Minutes

**Coastal Health & Wellness
Governing Board Meeting
(Special Meeting)
April 12, 2018**

Board Members

Present:

Dr. Howard
Jay Holland
David Delac
Mario Hernandez
Victoria Dougharty
Virginia Valentino
Miroslava Bustamante
Dorothy Goodman

Staff:

Kathy Barroso, Interim Executive Director	Lea Williams
Dr. Nguyen	Eileen Dawley
Dr. Mosley	Pisa Ring
Andrea Cortinas	Tiffany Carlson
Sandra Cuellar	Kristina Garcia
Mary Orange	Ashley Tompkins
Sal Bonaccorso	Kenna Pruitt
Tikeshia Thompson Rollins	Wendy Jones
Anthony Hernandez	Mario Acosta
	Amanda Wolff

Excused Absence:

Unexcused Absence:

Items # 1 Establish a Quorum

Dr. Howard, Board Chair, asked the Board to make a motion that we do have a quorum. A motion was made by Virginia Valentino and seconded by Dorothy Goodman. The Board unanimously approved the motion.

Item #2 Agenda

Dr. Howard, Board Chair, asked the Board to make a motion to accept the agenda. A motion was made by Dorothy Goodman, and seconded by Mario Hernandez that the agenda be accepted. The Board unanimously approved the motion.

Item #3 EXECUTIVE SESSION

The Coastal Health & Wellness Governing Board will enter into Executive Session as permitted under the Open Meetings Act, Chapter 551 of the Texas Government Code, pursuant to *Section 551.074 of the Texas Government Code, Personnel Matters*: to deliberate the appointment, employment, evaluation, reassignment, duties, discipline, or dismissal of a public officer or employee, respectively: Executive Director

Item #4 Reconvene to Open Session

Reconvene open session at 12:12 p.m.

Item #5 Action from Executive Session

Dr. Howard, Board Chair, asked the Board to make a motion to accept Kathy Barroso, as the CHW Interim Executive Director. A motion was made by Virginia Valentino, and seconded by Dorothy Goodman to accept Kathy Barroso, as Interim Executive Director. The Board unanimously approved the motion.

Item #6 Consider for Approval Appointment to Fill the Coastal Health & Wellness Vice-Chair Board Vacancy

Dr. Howard, Board Chair, asked the Board for nominations for Vice Chair of the Governing Board. David Delac was nominated by the Board and accepted. A motion was made by Virginia Valentino, and seconded by Mario Hernandez to accept David Delac, as Vice Chair of the Governing Board. The Board unanimously approved the motion.

Item #7 Consider for Approval the Re-opening of the Coastal Health & Wellness Texas City Dental Clinic

Kathy Barroso, Interim CHW Executive Director updated the Board on the status of addressing the recent joint commission recommendations and asked the Board to consider for approval the re-opening of the Coastal Health & Wellness Texas City Dental Clinic. A motion was made by Jay Holland and seconded by Dorothy Goodman to re-open the Texas City Dental clinic and when ready, to allow re-opening of the Galveston dental clinic after Kathy and Dr. Nguyen have discussed with Dr. Howard. The Board unanimously approved the motion.

Adjournment

A motion to adjourn was made by Virginia Valentino, seconded by Jay Holland. The Board adjourned at 12:26 p.m.

Chair

Secretary/Treasurer

Date

Date

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**Governing Board
April 2018
Item #5
Annual Policy/Plan Review**

- a) Coastal Health & Wellness Hospital/ED Tracking Policy
- b) Medical Record Fees

POLICY & PROCEDURE

Emergency Department / Hospital Admission Care Transition, Tracking, and Follow Up

PRUPOSE:

The purpose of this policy is to provide a consistent, orderly process for the tracking of patients known to have been seen in an emergency department (ED) or with a hospital admission.

DEFINITIONS:

A. Established patient:

A patient is considered an established patient if they have been seen by one or more clinical providers of Coastal Health & Wellness (CHW) clinics within the last three (3) years.

B. Inactive patient:

Patient that has been seen in the past by a CHW provider but not within the last three years.

C. New patient:

Patient that has not been seen by a CHW clinic within the last three years or has not been seen by a medical provider and has only been seen by a dental or counseling provider.

~~D. Provider Triage Level:~~

~~A Visit Level (1, 2, 3, 4, or 5) assessment should be assigned to each patient prior to referral to the ED visit based on the acuity (severity). Level 1 & 2 visits are emergent and more likely to result in a hospital admission. Level 3 is considered urgent but less critical. Levels 4 & 5 are minor in acuity. The visit level should be documented in the Hospital/ED Tracking Log~~

POLICY:

It is the policy of CHW to provide continuity of care and appropriate follow up to CHW patients incurring an emergency department visit or hospital admission.

PROCEDURE:

A. Admissions

1. CHW adult patients admitted to the hospital are followed primarily by local hospitalist groups with the two local hospitals. Pediatric patients admitted to the hospital are followed by local Pediatricians.
2. For elective and urgent care admissions, CHW Providers shall contact the UTMB Patient Placement Center/Transfer Center at 1-800-962-3648 or Mainland Hospital ED at 409-938-5112.

3. Patients may present directly to the Emergency Department or be referred to ED by CHW providers as necessary.

B. Hospital Tracking

1. Patients are instructed, with each visit, to report any ED visits or hospital admissions as soon as they occur or immediately upon discharge. The Hospitalists with both local hospitals service should notify the CHW clinic's contact line when a CHW patient is admitted to their service. The notification is placed in patient documents and is forwarded to the case management department for tracking admission. The admission information is documented in the Hospital/ED Tracking Log.
2. CHW clinical staff should notify the Case Management Department when a patient is sent to the hospital via EMS or personal vehicle so the patient can be tracked, discharge documents obtained and follow up appointments scheduled.
3. Patients referred to the hospital should be logged in the Hospital/ED Tracking Log for follow-up by Case Management.

C. Sharing Clinical Information with Hospitals and Emergency Departments

1. When CHW sends a patient to the hospital/emergency room, CHW staff shall take the following actions:
 - a. When patient's condition allows or before the patient leaves the clinic, a release of information should be signed by the patient in order to obtain appropriate medical records from the ED to which he/she was referred.
 - b. The CHW provider or designee should call the ED to which the patient was referred to inform the ED physician/staff of the clinical circumstances of the referral.
 - c. The patient's demographic information, clinical assessment, and other pertinent clinical information will be sent, along with a signed Standard Release of Medical Record, for the patient's discharge paperwork, with the EMS, carried by the patient or faxed to the receiving ED/hospital.
 - d. The patient's information is added to Hospital/ED Tracking Log for tracking located at ~~CHW Nurses Station~~ in the medication rooms in both Texas City and Galveston clinics to ensure follow-up by Case Management
 - e. ~~A Variance Report of Hospital/ED visits will be completed by the Nurse Case Manager in conjunction with the Director of Nursing for submission to Compliance/QA for tracking and reporting purposes.~~
 - f. ~~The Case Management Department should request ED records and once received the Electronic Records department will scan documents into the medical record.~~
2. Should the hospitalist request clinical information from the CHW Provider, the requested information shall be transmitted to the admitting hospitalist by the Electronic Records staff.
3. To the extent possible, CHW providers shall obtain available information regarding the patient's clinical condition and treatment and communicate such information to the hospitalist managing the patient's hospital care.

CHW shall make every effort to instruct patients to identify themselves as patients of CHW clinics whenever they receive care elsewhere to encourage ongoing communication between all care providers.

D. Discharge Summaries/ED Report

1. CHW should receive admit records, discharge summaries, or emergency room records from the hospital on patients that have been admitted to the hospital or have had a visit to the emergency department. These summaries allow CHW to identify the patients needing follow up, especially if the clinic was not notified immediately of the ED visit or admission.
2. Any discharge/ED Visit summary sent to CHW will be scanned into the appropriate patient's chart. The assigned CHW provider will be notified ~~through~~ with a task through the NextGen PAQ.
3. If a patient self-refers to the ED, records should be requested from the facility when the clinic becomes aware of the visit/admission if the reports have not already been received.

E. Post Discharge Visit

1. Patients discharged from the hospital or those seen in the ED should be contacted within 7 days of discharge (if discharge date known) if the patient has not already contacted the clinic for follow up visit.
2. Follow up appointments should be scheduled within 14 days of discharge but no longer than 30 days. The provider may designate a shorter timeframe for the visit depending on the acuity of the patient and need for a more urgent follow up visit. Appointments for follow up of lower risk levels, will be scheduled per provider discretion.
3. At the appointment, referrals to community resources or disease/case management will be given as well as self-management support programs if applicable.

F. Scheduling Appointment and Tracking Follow Up

Mainland Hospital provides a weekly log and UTMB provides a daily log of all patients seen through the Emergency Department and/or are admitted to ~~Mainland~~ the hospital.

1. Hospital discharge summaries and ED reports may be requested if patient has a signed release of medical information form in place. If no form is signed prior to ED visit or admission, patient will sign the appropriate form at their follow-up provider appointment.
2. Information received will be scanned into the patient's electronic record.
3. If the discharge summary or ED report is forwarded to CHW medical records, it is scanned into the patients EHR and forwarded to the provider through the provider's PAQ.
4. ~~If patient requires a follow up appointment but has not scheduled an appointment a~~ The Patient Care Coordinator will call the patient to schedule a follow-up appointment with his/her provider. The appointment type will be "Hospital/ER Follow-Up"
5. Information from the tracking log is summarized and reported to the QA meetings on a monthly basis.



MEDICAL RECORDS FEE SCHEDULE

When requested by a **PATIENT, PATIENT'S AUTHORIZED REPRESENTATIVE/GUARDIAN, ATTORNEY or INSURANCE COMPANY:**

MEDICAL		DENTAL	
Medical Records (physical copies includes <i>cost of supplies and material, such as paper, toner, etc.</i>):		Dental Records (physical copies includes <i>cost of supplies and material, such as paper, toner, etc.</i>):	
<u>Number of Pages</u>	<u>Charge Amount</u>	<u>Number of Pages</u>	<u>Charge Amount</u>
1 – 19	\$1.25/page	1 – 19	\$1.25/page
First 20	\$25.00 (flat fee)	First 20	\$25.00
21 or more	\$25.00/first 20 pages + \$0.50/additional page	21 or more	\$25.00/first 20 pages + \$0.15/additional page
Medical Records (electronic copies <i>includes only the cost of supplies and material, such as a CD, USB drives, or portable electronic media</i>):		Dental Records (electronic copies <i>includes only the cost of supplies and material, such as a CD, USB drives, or portable electronic media</i>):	
<u>Number of Pages</u>	<u>Charge Amount</u>	<u>Number of Pages</u>	<u>Charge Amount</u>
500 (or less)	\$25.00 (flat fee)	500 (or less)	\$25.00 (flat fee)
501 (or more)	\$50.00 (flat fee)	501 (or more)	\$50.00 (flat fee)
Medical records requested for a disability claim or appeal:		Diagnostic Images:	
Initial copy: no charge		Cost of materials, labor and overhead up to, but not exceeding, \$8.00 per image.	
Secondary/duplicate copies: in accordance with aforementioned charges		Dental records requested for a disability claim or appeal:	
		For initial copy: no charge	
		For secondary/duplicate copies: in accordance with aforementioned charges	

When requested by a **GOVERNMENT AGENCY or GOVERNMENT CONTRACTOR:**

MEDICAL and DENTAL
Medical and/or dental records requested by or on behalf of governmental agencies or their proxies, regardless of reason, must: a) be requested in writing; b) in a manner deemed valid by the Executive Director or designee; and c) approved for release in writing by the Executive Director.
Should release of these records be consented to by the Executive Director, charges for dissemination of said records may meet, but not exceed, the cost of materials, labor and overhead required to generate and transfer records.

Additional and Contingency Fees:

MEDICAL and DENTAL	
Postage: Actual cost	Non-rewritable CD (CD-R): \$1.00 per disc
Labor: Up to, but not to exceed, \$15.00/hour	Notary fee: \$6.00
<i>*This fee includes the reasonable cost of labor to prepare an explanation or summary of the record, but only if the individual, in advance, chooses to receive and explanation or summary AND agrees to the fee to be charged for the explanation or the summary.</i>	
Rewritable CD (CD-RW): \$1.00 per disc	Execution of affidavit fee: \$15.00
Patient billing record when requested by an attorney: \$25.00/record	

Coastal Health & Wellness' billing practices are HITECH compliant and include a reasonable, cost-based fee to provide the patient (or the individual's personal representative) with a copy of his/her medical record. Coastal Health &



Wellness' medical record billing does not include costs associated with reviewing the patient request, searching for or retrieving the records, and segregating or otherwise preparing the record for copying.

All clinical record releases shall be made in accordance with applicable federal and state laws. Requests elicited in any manner not defined above shall immediately be forwarded to the Executive Director or designee, to determine nature, permissibility and lawful compliance for appropriate response to the request.

The Executive Director reserves the right to waive or reduce fees for the transmission of clinical records as he/she deems appropriate. This document is not intended to nor should ever be construed as an instrument utilized to preempt governing law of any form. In the case that any such fee or principle outlined in this policy is determined to be inconsistent with an authoritative statute, the terms set forth by the statute should prevail in their entirety.

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Governing Board

April 2018

Item #6

Policies Approved by United Board of Health

- a) Computer and Digital Communications Usage
- b) Hours Worked and Compensatory Overtime
- c) Employee Ethics, Standards of Conduct, and Conflict of Interest
- d) Emergency Operations Plan
- e) Employee and Pre-Hire Immunizations
- f) Limited English Proficiency
- g) Safety & Risk Management
- h) Workers' Compensation
- i) Work Environment
- j) Fund Balance (new)
- k) HIPAA Security Manual

Computer and Digital Communications Usage

Audience

This policy applies to all Galveston County Health District (GCHD), Galveston Area Ambulance Authority, and Coastal Health & Wellness (collectively "the District") employees, volunteers, students and contractors (business associates).

Communication Equipment and Services

This policy applies to all electronic devices mail (e-mail), voice mail, facsimiles, telephone systems, cellular-phones, tablet PCs, computers, removable storage devices, networks, Internet, computer files, photocopiers, printers, and other forms of written or oral communications devices including personal devices.

Policy

Health District communication equipment and services are provided for business purposes only and may not be used for activities that violate federal or state laws and/or Health District policy. Information stored on Health District communication equipment is the property of the Health District. Employees should not have any expectation of privacy.

Employees shall minimize use of health district telephones, cellular phones, facsimiles, email and Internet use for personal purposes. Brief and occasional incidental "use" of e-mail and/or Internet may be acceptable if it is not excessive or inappropriate, occurs during personal time (lunch or other breaks), and does not result in expense to the Health District. "Use" is defined as excessive if it interferes with normal job functions, responsiveness, or the ability to perform daily job activities.

Acknowledgement to Monitor

The use of GCHD furnished equipment and information systems constitutes the consent to monitoring and auditing of the use of the equipment/systems always. Monitoring includes the tracking of transactions within GCHD networks and external transactions such as Internet access. It also includes auditing of stored data on local and network storage devices as well as removable media. Users must understand that there is no expectation of privacy when using or storing data on GCHD information systems.

Network and Computer Resources

Network and computer resources refer to Internet connectivity, wide area network components, local area network components, servers, shared folders, e-mail, personal computers, laptops, portable devices and software.

Employees shall not introduce unlicensed or unauthorized software (examples -games, phone apps, iTunes, etc.) or hardware (usb drives, smart phones, external drives, cd's, etc.) into the health district's computer system for any reason. All software and hardware must be cleared by the Information Technology Department before installation on a health district computer. Existing unlicensed or unauthorized software or hardware must be immediately removed or similarly cleared through the Information Technology Department.

Employee Accounts & Passwords

Employees are responsible for activity conducted under their username and password.

Therefore, it is each employee's responsibility to:

- keep his/her passwords and workstation secure;
- lock or logoff from the PC if the PC will be unattended or is in an area with high volumes of traffic; and
- change passwords frequently, but at least once every 60-days.

**Tip: You can lock or log out of your computer by pressing the CTRL-ALT-DEL keys, and then clicking on either the "Log Off" or "Lock Computer" buttons.*

Encryption

Encryption is the process of converting (encoding) information from a readable form (plain text) that can be read by everyone into an unreadable form (cipher text) that can only be read by the information owner and/or other authorized persons.

All confidential and personal information transmitted to an email address outside of the GCHD domain (i.e. one that does not end in "@gchd.org") must be encrypted. The only exception, is email sent to utmb.edu addresses, which are already secure. Confidential information is defined as information that is given in confidence and/or is not publicly known. Confidential and personal information can include but is not limited to Financial Data (credit card or bank account numbers), Personal Health Data (actual medical information or personal data about patients) Private Individual Data (social security numbers, addresses or phone numbers). Confidential and personal information sent through electronic media must be encrypted.

Where unclear the CEO or designee will determine if information is considered confidential. In all circumstances, all employees are expected to consult with their supervisor and/or the ePHI Security Officer to determine if encryption is appropriate to send information. GCHD employees who breach the transmittal of confidential information will be subject to disciplinary action, up to and including termination.

E-mail Guidelines

E-mail is considered an official means of routing communications among internal and external parties that have access to e-mail. GCHD maintains the right to read an employee's e-mail in the event of need. Employees should not have any expectation of privacy.

Employees accessing Internet mail from home or outside of the network connections are responsible for the security of their systems and must use reasonable caution to prohibit viruses from being introduced into the e-mail system. Employees should bear in mind that their e-mail messages may be read by someone other than the person to whom they are sent and may even someday have to be disclosed to outside parties or in court if related to a legal issue. Accordingly, employees must take care to ensure that their messages are courteous and professional.

Each employee is responsible for the content of all text, audio or images that he or she places on or sends over the Health District's e-mail, internet or extranet systems. Employees must not hide their

identities or represent that any e-mail or other electronic communications were sent from someone else or another organization. Employees should be sure that their name appears in all messages communicated on the Health District's e-mail, or Internet systems. Any messages or information sent by an employee to another individual outside the Health District via the Health District's e-mail or Internet system (including bulletin boards, online services, or Internet sites) are statements that reflect on the Health District. Despite personal "disclaimers" in electronic messages, any statements may be tied to the Health District.

Software

All software installed on a Health District device including and not limited to computers, laptops, servers and smart phones may only be used in ways consistent with the licenses and copyrights of the vendor, author or owner of the material. Prior to installing any additional software, approval must be obtained, in writing, from the employee's immediate supervisor and the Director of IT. Downloading entertainment software, games, or any other software unrelated to work is prohibited.

Internet Usage

It is the practice of the Galveston County Health District to provide or contract for communication services and equipment necessary to promote the efficient conduct of its business. Internet access provided by GCHD is to be used in a responsible manner.

The employee's supervisor may revoke the employee's access to the Internet in the event the employee is using the Internet in excess, for non-business reasons, or is accessing questionable sites. A "questionable" web site would be one that hosts offensive or illegal material.

Files downloaded from the Internet must be scanned for viruses when downloaded. In addition, employees may not download files that contain offensive material.

All Internet communications can be traced back to the Health District if it is done through Health District access. Employees and contract workers with Health District Internet access are required to follow professional ethics in their use of Internet communications. Employees and contract workers should refrain from engaging in posting non-factual information and/or opinions that harm the goodwill and reputation of the Health District and/or Health District personnel.

Physical Security

Users will not remove GCHD computer systems or software from GCHD facilities without expressed permission of the Director of Information Technology or asset custodian. Portable equipment such as laptop computers or Personal Digital Assistants (PDAs) will be accounted for with a property pass prior to removal from GCHD facilities. Users are responsible for providing adequate physical security protection of portable equipment when outside GCHD facilities and keeping these items under their exclusive control.

Remote Access

To improve employee productivity while away from GCHD facilities, a secure remote access capability will be available within GCHD. Designated users are required to protect dial-in telephone numbers and Internet access addresses as well as passwords. As technology becomes available within GCHD, strong Identification & Authentication and encryption controls will be introduced into the remote access capability.

GCHD owned equipment is strongly recommended when remotely accessing GCHD network

resources. However, if personal equipment is used, the user must employ virus protection methods that are FIPS Certified and all other connections to untrusted networks (i.e. the Internet) must be terminated prior to remotely accessing the GCHD networks.

Employees are expected to seek supervisor approval prior to performing work duties outside their regular work hours (unless an emergency situation makes prior approval impractical). *Reference Hours Worked and Compensatory/Overtime policy*

Reporting Requirements

Users will promptly report to the Director of Information Technology any suspicious activity, malicious code, or perceived compromise effecting GCHD computer systems or networks. Any loss, theft, or damage to computer systems must be promptly documented and reported to the Director of Information Technology and asset custodian.

Retention

Employees are required to follow all *Record Retention* guidelines, including, but not limited to, storing email, ePHI and electronic data that meets *Record Retention* guidelines. It is the Health District's policy to follow all state and federal laws and rules for electronic record retention.

Reference "Records Management Plan"

Director of Information Technology Responsibilities

It is the Director of IT's responsibility to:

- ensure systems meet state *Record Retention* rules;
- grant access to Health District programs, telephone systems, data security groups, e-mail, etc., upon receipt of an approved *Staff Inventory Checklist* issued by HR,
- terminate employees network login id, access rights, and e-mail accounts upon notification from Human Resources;
- establish, maintain, and update security groups only upon receipt of an approved *Staff Inventory Checklist*;
- Address any employee reports (i.e. suspicious activity, loss, theft, etc.)
- keep up-to-date with rules, regulation and laws; and
- maintain confidentiality in all Health District-related IT processes.

Employee Responsibilities

It is the employee's responsibility to:

- understand and follow this policy;
- perform ethical behavior regarding the communication of confidential data or e-mail to which the employee has access;
- adhere to and sign a computer use statement;
- contact the IT Help Desk via phone at **x2210** or e-mail (helpdesk@gchd.org) for technical support related to computers or software;
- consult with his/her supervisor for guidance on the information addressed in this policy;
- inform the IT Manager and immediate supervisor if he/she suspects another person is accessing his/her account;
- complete ePHI -HIPAA Security training, if she/he has access to ePHI; and
- follow all GCHD HIPAA and ePHI policies.

Supervisor Responsibilities

It is the supervisor's responsibility to:

- understand and follow this policy;
- Complete the appropriate "Staff Inventory Checklist" for employees who need access to approved resources necessary to perform requisite job duties;
- ensure this policy is carried out in a uniform manner;
- ensure employees are following record retention guidelines and rules (if problems are identified in meeting requirements, report to Risk and Safety Coordinator); and
- take or recommend appropriate corrective action when necessary.

General Rules/Guidelines

Violation of any of the following rules will be considered adequate justification for corrective disciplinary action, up to and including termination. This is not an all-inclusive list.

Employees must not:

- search, read, copy, alter, or delete computer files to which he/she has not been granted access, permission, or authorization;
- perform malicious destruction or deletion of organizational data;
- intentionally or recklessly compromise the privacy or security of electronic information;
- release proprietary or confidential information;
- interfere with or disrupt the computer or network accounts, services, or equipment of others (examples of this include: the intentional introduction of computer "worms" and "viruses; engaging in denial of service attacks, and broadcasting to large numbers of individuals or hosts);
- send or store material that may be considered obscene, hateful, harmful, malicious, hostile, threatening, abusive, vulgar, defamatory, profane, or racially, sexually, or ethnically objectionable
- forward spam or chain mail;
- use utilities to collect information from the network such as password cracking programs, keystroke loggers, and network sniffing utilities (unless part of the employee's job description);
- perform unauthorized scanning of networks or ports for security vulnerabilities, intercept or alter network packets;
- forward GCHD e-mail that contains ePHI, confidential, or proprietary information to personal non-business e-mail accounts;
- send e-mail that contains ePHI or company confidential information to an external e-mail address without encryption or authorization;
- use company e-mail to subscribe to services that generate large volumes of "junk mail", such as giveaways, sweepstakes, and chain mail;
- forward e-mail with warnings of viruses (IT should be contacted about questionable e-mails);
- use Health District computer resources for personal financial gain (such as for a personal for-profit business);
- attempt to perform unauthorized upgrades or repairs to computer resources;
- view streaming video and/or streaming audio radio stations unless it is for business purposes and has been approved by the supervisor (on a case-by-case basis);
- download tool bars, screen savers, peer-to-peer file swapping software, use Health District computer resources to design, create, or spread malicious computer programs (such as viruses, worms, or Trojan Horses);
- Charge non GCHD issue communication devices on GCHD computers i.e. iPhone, etc.; and
- Attach unapproved usb/jump drives into the GCHD computing environment via computer or other network access.

- Duplicate or remove copyrighted software from GCHD equipment without the expressed written permission of the System Administrator or Director of Information Technology. The individual will be personally liable for any software copyright violations committed on GCHD systems under their control.

Violation

Violation of this policy may result in corrective disciplinary action, up to and including suspension or dismissal.

Hours Worked and Compensatory/Overtime

Audience

This policy applies to all Galveston County Health District, Galveston Area Ambulance Authority, and Coastal Health & Wellness (collectively “the District”) employees.

Policy

This policy is for routine (non-disaster) circumstances only. (*For emergencies or disaster circumstances refer to the GCHD Emergency Operations policy*). It is the District’s policy to work within the Fair Labor Standards Act and Texas Payday Laws. While this policy focuses on routine circumstance, GCHD expects that employees will work in excess of standard hours when requested and necessary to meet business needs or respond to public emergencies. Failure to do so may result in corrective disciplinary action.

Employee Categories and Definitions

FLSA Exempt Employee – an employee who is **not subject** to the overtime provisions of the FLSA due to an executive, administrative, or professional exemption.

FLSA Non-exempt Employee – an employee who is **subject** to the overtime provisions of the FLSA.

	Employee Leave (Vacation, Personal, etc.)	Medical, Dental & Vision Insurance	LTD, AD&D, & Dependent Life	TCDRS	457 Deferred Compensation Plan
Health District, Coastal Health & Wellness, and GAAA Administrative Staff					
Full-time with benefits (at least 40 hours per week)	Full benefits in accordance with <i>Employee Leave</i> policy	Yes	Yes	Yes	Yes
Part-time with benefits (at least 29 hours per week)	No	Yes	No	Yes	No
Part-time without benefits (less than 29 hours per week)	No	No	No	Yes	No
*Temporary/Seasonal	No	No	No	No	No
GAAA Field Staff					
Full-time with benefits (at least 48 hours per week)	Full benefits in accordance with <i>Employee Leave</i> policy	Yes	Yes	Yes	Yes
Part-time (at least 24 hours per month)	No	No	No	Yes	No

**Temporary/Seasonal Employee* – an employee who is hired for the duration of a specific project, to fill a position until a non-temporary candidate is hired, is a seasonal position, or is free to accept or decline a work offer on a daily basis.

Compensatory Time – hours worked over 40 hours ***actually** worked in a workweek that are accrued at time and one-half and can be used as time off (for FLSA non-exempt employees).

Overtime – time and one-half compensation for time worked that puts the employee over 40 hours ***actually** worked in the workweek (for FLSA non-exempt employees).

Flex-time – for exempt employees only. Flex-time is an adjustment of the employee’s routine schedule in consideration of pre-approved time worked beyond routine (ex. beyond 8-5) to achieve a minimum workweek of 40 hours. Flex-time must be pre-approved by the supervisor and typically occurs in the same work week. Flex-time does not accumulate beyond the two week pay period.

Alternate Work Schedule – set work hours which do not fall within the District’s normal business hours.

Hours of Operation

The normal business hours of the District are 8:00 A.M. to 5:00 P.M. Monday through Friday. Regular District office hours for most employees correspond to these hours with one hour for lunch for a total workweek of 40 hours. Coastal Health & Wellness hours include additional evening and weekend hours per Health Resources and Services Administration (HRSA) and Governing Board policy (Reference: *CHW Clinic Operational policy*). GAAA field hours of service are 24/7. A typical workweek is two shifts, 24 hours in length with one to three days off in between (Reference: *GAAA Standard Operating Guidelines*).

Alternate Work

All employees should be scheduled in such a way that business needs are met and business continues. Executive managers may implement alternate work schedules for employees if such implementation is feasible, within operating budget, and does not impact service delivery. Should an employee desire to work on an alternate work schedule that falls outside of the regular hours of operation in their area of service on a temporary basis, the employee must submit a written request to the executive manager who will seek approval from the Chief Executive Officer or designee for Public Health and GAAA employees or the Executive Director for Coastal Health & Wellness employees.

The Fair Labor Standards Act

The Fair Labor Standards Act (FLSA) is a federal law that governs wages, hours and working conditions. The District’s workweek for FLSA purposes includes the time between 12:01 A.M. Thursday morning and 12:00 midnight Wednesday.

FLSA Exempt Employee

For District purposes, a **FLSA exempt employee** is one who is **not subject** to the overtime provisions of the FLSA due to an executive, administrative or professional exemption.

In consideration of excess hours worked due to extenuating circumstances, administrative leave may be granted on a case-by-case basis by the Chief Executive Officer or designee for Public Health and GAAA employees or the Executive Director for Coastal Health & Wellness employees. Such leave may be with or without pay. Compensatory and overtime pay does not apply to exempt employees. The next level of supervision may approve flex-time for exempt employees as defined above. *(For emergencies or disaster circumstances refer to the GCHD Emergency Operations policy).*

FLSA Non-exempt Employee

For District purposes, a **FLSA non-exempt employee** is one who **is subject** to the overtime provisions of the FLSA. When such an employee works extra hours the employee is eligible for:

- equivalent compensation (hour-for-hour compensatory time) for time worked which does not put the employee over 40 hours ***actually** worked in the workweek;
- time and one-half compensation (overtime) for time worked that puts the employee over 40 hours ***actually** worked in the workweek; or
- time and one-half off (compensatory time) for time worked that puts the employee over 40 hours ***actually** worked in the workweek.

***Actual hours worked** are those hours an employee is performing District duties/business. Such hours do not include time the employee is on leave or off duty due to a holiday.

A FLSA non-exempt employee **must** be compensated (either in pay or in time off) for all time worked. If approval is not received to work the extra time, the employee must be counseled regarding the requirement to receive proper approval and informed that corrective disciplinary action up to and including dismissal may be taken for future incidents.

Time worked over 40 hours will be compensated with compensatory time. However, programs designated by the Chief Executive Officer or designee for Public Health and GAAA employees or the Executive Director for Coastal Health & Wellness employees may receive paid overtime if budget allows and it is within state and federal requirements. GAAA employees will receive paid overtime for working special events in lieu of comp time.

Holidays

Employees on Part-time Status

An employee who is part-time does not receive holiday pay. Should a part-time employee work on a District recognized holiday, he/she will receive straight pay for those hours worked.

Should the holiday fall on a day that the employee is not regularly scheduled to work, he/she will not receive holiday pay.

Employees on Full-time Status

A full-time with benefits employee receives holiday pay equal to eight hours for holidays not worked.

Should the employee work on a District recognized holiday, and already worked 40 regular hours that pay week, he/she will receive time and one half (compensatory time) for the time worked on the holiday and eight hours holiday pay.

Should the employee work on a District recognized holiday, and did not work 40 regular hours that pay week, he/she will receive straight pay for the time worked on the holiday and eight hours holiday pay.

Examples:

#1 *The pay week is Thursday – Wednesday. The employee works the following schedule:*

*Thursday 8 hours
Friday Holiday(works six hours)
Saturday Off
Sunday Off
Monday 8 hours
Tuesday 8 hours
Wednesday 8 hours*

The employee will be paid the following:

*32 regular hours
8 hours holiday pay
6 hours (straight time) for time worked on the holiday will be added to the employee's comp-time balance*

#2 *The pay week is Thursday – Wednesday. The employee works the following schedule:*

*Thursday 10 hours
Friday Holiday(works 6 hours)
Saturday 8 hours
Sunday Off
Monday 10 hours
Tuesday 10 hours
Wednesday 8 hours*

The employee will be paid the following:

*40 regular hours
9 overtime hours (6 hours at time and a half) added to the employee's comp-time balance
9 overtime hours (6 hours at time and a half for time worked on the holiday) added to the employee's comp-time balance
8 holiday hours added to the employee's comp-time balance*

#3 *The pay week is Thursday – Wednesday. The employee works the following schedule:*

<i>Thursday</i>	<i>8 hours</i>
<i>Friday</i>	<i>Holiday(works 6 hours)</i>
<i>Saturday</i>	<i>Off</i>
<i>Sunday</i>	<i>Off</i>
<i>Monday</i>	<i>8 Vacation</i>
<i>Tuesday</i>	<i>8 Personal Leave</i>
<i>Wednesday</i>	<i>8 hours</i>

The employee will be paid the following:

*16 regular hours
6 hours (straight time) for time worked on the holiday
8 vacation hours
8 personal hours
8 hours of holiday pay will be added to the employee's comp-time balance*

Remember: Time worked over 40 hours will be compensated with either compensatory time or overtime, if budget allows and it is within state and federal requirements.

GAAA field employees receive up to eight hours of holiday pay at the straight time rate for time worked on the holiday.

Employees on Alternate Work Schedules Due to Requirement in Program Area

A full-time with benefits employee on an alternate work schedule receives up to eight hours of holiday pay for holidays not worked. The remainder of regularly scheduled time will be taken from either vacation, personal or compensatory time (whichever is available).

Should the employee work on a District recognized holiday, and already have worked 40 regular hours that pay week, he/she will receive time and one half (compensatory time) for the time worked on the holiday and eight hours holiday pay.

Should the employee work on a District recognized holiday, and has not worked 40 regular hours that pay week, he/she will receive straight pay for the time worked on the holiday and eight hours holiday pay.

Examples:

#1 *The employee is regularly scheduled to work ten-hour days Monday through Thursday and the District recognized holiday falls on a Monday. The employee will receive 30 regular hours, eight holiday hours, and must use vacation, personal, or compensatory time to make up the remaining two hours.*

#2 *Should the employee be regularly scheduled to work ten-hour days Monday through Thursday, and the District recognized holiday falls on a Friday, the employee will have eight hours (for the holiday) added to his/her comp-time balance.*

Employee Responsibilities

Both Exempt and Non Exempt employees are responsible for filling out timesheets within the deadlines set for each pay period. Every other Wednesday timesheets should be submitted by the established deadline. Each department may have its own expectations on the payroll deadline. Occasionally, due to holidays, the deadline will be altered, but proper notification shall be sent to all staff by the Accounting Team. If an employee neglects to fill out a timesheet or misses the set deadline, they may face disciplinary action up to and including termination.

It is the employee's responsibility to:

- receive approval from his/her supervisor **prior** to performing work duties outside the regular work hours (unless an emergency situation makes prior approval impractical);
- record compensatory time and overtime in accordance with leave reporting instructions provided by the accounting department (Reference: *GCHD All Hazards Emergency Management Plan*);
- report timesheet issues and concerns to their supervisor and the IT Help desk;
- in the event of an emergency or after hour situation, the employee is to report time worked to the immediate supervisor the following business day; and
- follow time clock procedures, if applicable.

Supervisor Responsibilities

It is the Supervisor's responsibility to:

- review the bi-weekly leave report provided by payroll to ensure excessive compensatory time and/or vacation hours are not being accrued that may impact budget;
- inform employees of carryover limits per the Employee Leave policy and possible loss of accrued time (Reference: *GCHD Employee Leave policy*);
- counsel the employee regarding the requirement to receive proper approval for working hours in excess of 40 during a work week and inform the employee that corrective disciplinary action up to and including dismissal may be taken for future incidents if prior approval is not received to work extra time;
- only approve paying overtime according to budgetary limits and with the approval of the Chief Executive Officer or designee for Public Health and GAAA employees or the Executive Director for Coastal Health & Wellness employees;
- ensure staff are appropriately compensated for time spent performing duties as a District employee outside regular working hours;
- ensure electronic timesheets are completed properly and submitted according to deadlines;
- allow employees to take compensatory time when requested, provided that its use does not disrupt necessary work activities; and
- grant the use of flex time when appropriate.

Excessive compensatory time balances may have a negative financial impact on the budget and program. Supervisors are responsible for monitoring the accrual and use of compensatory time to ensure that excessive amounts of compensatory time are not being accrued by employees. In general, balances of

over 40 hours are considered excessive. As a result, supervisors are expected to work with employees to ensure time off is scheduled within a reasonable time period after compensatory time is accrued.

Recording and Use of Compensatory and Overtime

Compensatory time and overtime are recorded and used in 15-minute (one quarter of an hour) increments. Compensatory and/or overtime earned and/or used must be reported on the electronic timesheet during the pay period it is earned and/or used.

Payment for Compensatory and Overtime

Accrued but unused compensatory time will be paid when the FLSA non-exempt employee leaves employment with the District for any reason, transfers from one payroll fund to another, or transfers to an exempt position or part-time non-exempt position.

Violation

Violation of this policy may result in appropriate corrective disciplinary action, up to and including suspension or dismissal.

Law

It is the intent of this policy to be in compliance with the Fair Labor Standards Act and Texas Payday Laws.

Employee Ethics, Standards of Conduct, and Conflict of Interest

-Approved 03/28/2018
UBOH
-Effective 10/01/2004

Audience

This policy applies to all Galveston County Health District, Galveston Area Ambulance Authority, and Coastal Health & Wellness (collectively “the District”) employees, volunteers, students and contractors (business associates).

Policy

It is the District’s policy that the highest level of ethics be maintained by employees in accomplishing their duties while serving our customers and the residents of Galveston County.

General Conduct

The District employees must avoid any action that might result in or give the appearance of:

- using their public positions for private gain;
- giving unlawful preferential treatment to anyone;
- losing objectivity or impartiality;
- making a governmental decision outside of official channels;
- adversely affecting the public’s confidence in government; or
- doing personal activities while on the District’s business and paid duty.

The District’s employees must **not**:

- participate in gambling, betting, or lotteries on the District’s property;
- intentionally subject another to mistreatment or to arrest, detention, search, seizure, dispossession, assessment, or lien that they know is unlawful;
- make a terrorist threat or threat of retaliation against another employee, supervisor, or manager;
- intentionally deny or impede another in the exercise or enjoyment of any right, privilege, power, or immunity, knowing their conduct is unlawful;
- acquire or aid another to acquire a pecuniary interest in any property, transaction, or enterprise that may be affected by information to which they have access in their official capacities and which has not been made public;
- speculate or aid another to speculate on the basis of information to which they have access in their official capacities and which has not been made public;
- coerce another public servant in the performance of his/her official duty or to violate a known legal duty;
- privately address a communication to any public servant who exercises or will exercise official discretion in an adjudicatory proceeding (court or administrative) in order to influence the outcome on a basis other than as allowed by law;
- influence a witness or prospective witness in an official proceeding to lie, withhold evidence, or fail to appear at the proceeding;
- harm or threaten to harm another person by any unlawful act in retaliation for the person being a public servant, witness, or informant;
- use Health District property for political activity;

- review, inspect, or determine eligibility of a relative seeking governmental benefits. Employees are expected to defer relative to another worker or seek supervisory review and approval of the final determination of service eligibility;
- manage, supervise or participate in the hiring process of a relative through affinity (marriage) or consanguinity (blood); or
- engage in any form of romantic relationship as a supervisor and subordinate employee that could potentially have the appearance of creating or promoting favoritism or special treatment for the subordinate employee.

Personal Interests, Employment, and Business Activity

The District employees must **not**:

- have any interest or engage in any business activity or employment that conflicts or interferes with the performance of their duties for the District;
- have, either directly or indirectly, any financial or other personal interest in any contract or subcontract in connection with a District project if authorized in their official capacity to take part in negotiating, making, accepting, or approving such contract or subcontract or performing any duty for the District in connection with such contract or subcontract;
- accept other employment or engage in business or professional activities that could require or cause them to reveal confidential information acquired through their official position;
- accept other employment or compensation that could hinder their independence of judgment in the performance of their official duties;
- make personal investments that create or could reasonably be expected to create a substantial conflict between their personal interests and the public interest;
- use official information that is not available to the public for the purpose of furthering their own private interests;
- take part in any personal or business financial transaction that relies on information obtained through their official position; or
- mis-apply anything of value belonging to the District that has come into their custody or possession by virtue of his or her employment. The employee must use government property for governmental purposes, not for personal or private purposes.

Acceptance of Honorarium

Section 36.07 of the Texas Penal Code provides in part:

- (a) A public servant commits an offense if the public servant solicits, accepts, or agrees to accept an honorarium in consideration for services that the public servant would not have been requested to provide but for the public servant's official position or duties.

Therefore, District employees must not solicit, accept, or agree to accept an honorarium in consideration for services that the employee would not have been requested to provide but for the employee's official position or duties. This does not prohibit an employee from accepting transportation, meals, and lodging expenses in connection with a conference or similar event when allowed by law for official District business.

A District employee may accept an honorarium if the employee is asked to provide services which are not requested because of the employee's official status. In such cases, the employee must receive advance approval, take appropriate leave, and not use District resources in performing the services (e.g., a District employee is asked to speak at a conference solely because of his/her recognition as an expert in a particular field and not because of his/her official District position).

Prohibition of Gifts, Benefits, and Favors

District employees must **not**:

- solicit, accept, or agree to accept any benefit, gift, favor, or service that might reasonably influence them in the performance of their duties;
- solicit, accept, or agree to accept any benefit, gift, favor, or service that he or she knows or should know is being offered for the purpose of influencing his or her official conduct or for having performed official duties in favor of another;
- solicit, accept, or agree to accept any benefit, gift, or favor from a person or business who is regulated by the District;
- offer, confer, or agree to confer on another person or solicit, accept, or agree to accept from another person or business any benefit as consideration for the recipient's decision, opinion, recommendation, vote, or other exercise of discretion or for a violation of a duty imposed by law on an employee;
- solicit, accept, or agree to accept any benefit from a person or business against whom the District has litigation pending or contemplated;
- solicit, accept, or agree to accept any benefit from a person or business interested in any contract, purchase, payment, claim, or transaction involving the exercise of the employee's discretion; or
- solicit, accept, or agree to accept any benefit from a person or business interested in any District matter before the employee.

District employees who are or will be witnesses in an official proceeding must **not** solicit, accept, or agree to accept any benefit on the understanding that the employee will lie, withhold evidence, or fail to appear at the hearing.

Use of Health District Vehicles

When using a District-owned vehicle, District employees will:

- only use the vehicle for official District business;
- not drive the vehicle under the influence of alcohol or illegal drugs;
- not drive the vehicle when taking medication that impairs their ability to drive safely;
- not use the vehicle to transport intoxicating alcohol, dangerous or illegal drugs, or firearms;
- not smoke in the vehicle; and
- comply with other specifics listed in the *Safety and Risk Management* policy and Safety Manual.

Standards of Conduct and Conflict of Interest

District employees must adhere to the following regulation which is from Section 572.051 of the Government Code, titled *Standards of Conduct and Conflict of Interest*:

A District employee should not:

- accept or solicit any gift, favor, or service that might reasonably tend to influence the officer or employee in the discharge of official duties or that the officer or employee knows or should know is being offered with the intent to influence the officer's or employee's official conduct;
- accept other employment or engage in a business or professional activity that the officer or employee might reasonably expect would require or induce the officer or employee to disclose confidential information acquired by reason of the official position;
- accept other employment or compensation that could reasonably be expected to impair the officer's or employee's independence of judgment in the performance of the officer's or employee's official duties;
- make personal investments that could reasonably be expected to create a substantial conflict between the officer's or employee's private interest and the public interest; or
- intentionally or knowingly solicit, accept, or agree to accept any benefit for having exercised the officer's or employee's official powers or performed the officer's or employee's official duties in favor of another.

Political Contributions

No funds or assets of the District may be contributed to any political party or organization or to any individual who either holds public office or is a candidate for public office. The direct or indirect use of any funds or other assets of the District for political contributions in any form, whether in cash or other property, services, the use of facilities, or the use of any computer software or hardware, is strictly prohibited. The District also cannot be involved with any committee or other organization that raises funds for political purposes. This rule applies both inside and outside the United States, except in those cases permitted by law and expressly authorized by the Galveston County United Board of Health and/or County Judge.

Following are examples of prohibited activities:

- Contributions by an employee that are reimbursed through expense accounts or in other ways.
- Purchase by the District of tickets for political fund raising events.
- Contributions in kind, such as lending employees to political parties or using District assets in political campaigns.
- Indirect contributions by the District through suppliers, funding sources, or agents.
- Printing of political information for distribution or other political activities.

Government Officials

The District is legally prohibited from offering, promising, or bestowing money, gifts, loans, rewards, services, jobs, use of facilities, lavish or extensive entertainment, or other favors to a governmental official, employee, or potential employee with a view toward influencing or inducing such official or employee to use his/her influence to effect an action or decision.

This includes any employee of a federal, state or local government agency.

No employee of the District will offer, give, or promise to offer or give, directly or indirectly, any money, gratuities or other thing of value to any governmental employee with current or possible

responsibility on an award of the District. A gratuity includes any gift, favor, entertainment or other item having monetary value. This phrase includes services, conference fees, vendor promotional training, transportation, lodging and meals, as well as discounts and loans not available to the general public.

Bribery: As a public servant, you commit the offense of bribery if you solicit, offer, or accept a “benefit” in exchange for your decision, opinion, recommendation, vote, or other exercise of official discretion. District employees must:

- not make a payment either directly or indirectly or as a kickback to influence someone else;
- not accept anything of value from someone who wants to do business with the District; and
- report the matter to his/her supervisor immediately if he/she is asked to make or accept a payment or gift in any form prohibited by this policy.

Political Activity

The Hatch Act and the Intergovernmental Personnel Act of 1970 preclude federal funds from being used for partisan political purposes of any kind by any person involved in the administration of federally assisted programs.

Employees of the District are precluded, during periods of compensated time, from lobbying, preparing political publications or materials, making partisan political speeches or engaging in related lobbying activities intended to influence legislation or to promote a political party or candidate.

Employee Responsibilities

It is the employee’s responsibility to:

- review the District policies and procedures;
- request clarification when necessary;
- adhere to the policies;
- notify his/her supervisor of any actions that are or have the appearance of being unethical;
- defer relative to another worker or seek supervisory review and approval of the final determination of service eligibility;
- submit a written request for dual employment through his/her supervisor to Human Resources for executive management review and consideration; and
- notify their next level manager immediately, as well as the Human Resource Manager, if they are engaged in a form of romantic relationship as a supervisor and subordinate employee, at which time executive management will review on a case-by-case basis to prevent any actual or potential conflict of interest.

Supervisor Responsibilities

It is the supervisor’s responsibility to:

- understand and follow this policy;
- inform existing employees about this policy;
- refer employee’s written request for dual employment to Human Resources for executive management consideration.

- counsel employees who need guidance or redirection; and
- take or recommend appropriate corrective disciplinary action when necessary.

Exceptions

An employee may request a review of proposed activity, in writing, to the Compliance Officer/ General Counsel in advance of the start of the activity for approval. . Certain activities deemed as employee betterment activities will also be considered.

Violation

Violation of this policy may result in appropriate corrective disciplinary action, up to and including suspension or dismissal; and/or, in some instances, a referral to federal, state and/or local law enforcement agencies.

Laws

It is the intent of this policy to be in compliance with OMB Circular A-110, Section 572.051 of the Government Code, the Texas Penal Code, the Intergovernmental Personnel Act of 1970, the Hatch Act, and the Texas Ethics Commission.

Emergency Operations

Audience

This policy applies to all Galveston County Health District, Galveston Area Ambulance Authority, and Coastal Health & Wellness (CHW) (collectively "District") employees, volunteers, and contractors.

Policy

It is the District's policy that all employees fulfill their respective emergency response duties during a declared emergency. There is a specific group of emergencies that shall statutorily compel the District and select personnel to respond accordingly.

Chief Executive Officer / CHW Executive Director

In the event of an emergency declared by either the County Judge or Local Health Authority, the Chief Executive Officer or designee, and the CHW Executive Director or designee shall have the authority to control the purview of their respective District operational domains and associated employees by:

- Expanding and/or altering operations;
- Reducing services;
- Permitting employees to evacuate the District and setting terms of said evacuation;
- Approving the emergency expenditure of funds;
- Granting emergency leave as needed due to extenuating circumstances (*Reference: Employee Leave Policy*);
- Paying overtime to non-exempt and exempt employees outside of the normal payroll process;
- Waiving or changing regular fees; and
- Taking other actions deemed necessary to protect the health and safety of the citizens of Galveston County.

Non-Essential and Essential Employees

Depending upon the type and scope of emergency, employees shall be designated either as essential or non-essential employees by the Chief Executive Officer, CHW Executive Director, or designee. Accordingly, it is the responsibility of the employee to contact his/her supervisor to determine if he/she has been deemed essential or non-essential as a result of the circumstance.

Non-essential employees are defined as employees whose presence is unnecessary in the implementation of all or some portions of the *All Hazards Emergency Management Plan*, or in sustaining the continuity of other District operations as deemed necessary by the Chief Executive Officer or CHW Executive Director, but who cannot leave their positions until released by their supervisor. Non-essential employees are responsible for:

- If evacuated and/or temporarily relieved of their duties as a result of the emergency, calling the District's emergency number (409-938-2489) on a daily basis for return to duty information;
- Remaining in contact with his/her supervisor regarding assignments and return to duty information; and
- Remaining abreast of the emergency situation by monitoring radio, television, internet and other means of communication for relevant instruction.

Essential employees are defined as employees whose presence is critical in implementing at least some aspect of the *All Hazards Emergency Management Plan*. Any exempt or non-exempt employee may be deemed essential in order to provide for the safety and well-being of the general public or for the restoration of vital services before, during and/or after an emergency circumstance. Such personnel typically include, but are not limited to, executive managers and staff, PHEP staff, and EMS employees as well as other individuals who are required within the course and scope of their employment to provide services for the benefit of the general public during emergency situations. The Chief Executive Officer, CHW Executive Director or designees shall determine which essential employees are required to remain in the workplace, county or otherwise designated location during an emergency.

All employees are required to annually complete an Employee Hurricane Location Form (*Reference: All Hazards Emergency Management Plan*) and submit a copy to their supervisor and the Public Health Emergency Preparedness Supervisor. It shall remain the employee's responsibility to pre-plan the safeguarding and/or relocation of his/her family before the employee is required to report to the District for his/her respective duty during an emergency situation.

Non-Essential and Essential Employee Compensation

(*Reference: All Hazards Emergency Management Plan*)

If a public health emergency/disaster situation occurs or a Disaster Declaration is issued for any jurisdiction which may incorporate crucial services provided by the District or its employees, both exempt and non-exempt employees may be compensated in accordance with the following clauses.

1. **Non-essential employees** released from duty by the Chief Executive Officer, CHW Executive Director or designee may receive compensation (disaster pay) at their regular rate of pay until they are expected to return to work, or the expiration of three (3) working days – whichever event occurs sooner.
2. **Essential employees** performing District responsibilities during declared emergencies shall be paid in accordance with the terms set forth below.

During such circumstances, non-exempt employees shall be paid their regular wage for the first forty (40) hours they work during the work week, which shall always begin and reset each Thursday at 12:01 am, and one-hundred fifty percent (150%) their regular wage for every hour worked thereafter. Exempt employees undertaking District responsibilities during a declared emergency may, at the discretion of the Chief Executive Officer or CHW Executive Director, be paid at straight-rate of their average respective hourly pay (individual weekly salary/40) for every additional hour worked in excess of forty (40) hours. Likewise, the work week for exempt employees shall begin and reset every Thursday at 12:01 am.

This policy may be modified in emergency situations as deemed necessary by the Chief Executive Officer, CHW Executive Director, or designee. Each emergency approval made by the Chief Executive Officer, CHW Executive Director or designee will be brought to the respective Board at the next board meeting for review and ratification.

Employee Responsibilities

Each employee shall be responsible for:

- Understanding and following this policy, and seeking clarification from his/her supervisor if unsure about any portion of the policy or charged responsibilities during a declared emergency;
- Calling the District's emergency number daily at (409) 938-2489 for return to duty information;
- Contacting his/her supervisor to determine if he/she is considered a non-essential or essential employee;
- Reporting to work and possibly performing duties outside of his/her current job description to assist during emergency circumstances, as delegated by the Chief Executive Officer, Executive Director, or designee;
- Remaining in contact with his/her supervisor regarding specific assignments and return to duty information;
- Remaining abreast of the emergency situation by monitoring the radio, television and/or internet for work-related instructions;
- Referring to the ICS chart and/or his/her supervisor for assigned roles during an emergency; and
- Providing a telephone contact outside of the potential evacuation area via the Employee Hurricane Location Form to act as a point of contact between the evacuated employee and their supervisor.

Linkages and Collaborations

The District has established numerous contractual agreements and procedures with entities in and around Galveston County that address how the District shall partner with these entities to engage in rescue and safety collaborations during declared emergencies and multiple other incidents which may pose a threat to the health, safety and/or wellbeing of area residents. Depending upon the posed circumstance, employees shall abide by specific instructions as delineated in the *All Hazards Emergency Management Plan*, or as set for in Point of Distribution or other specified agreements, which are retained in the District's contract library, MediTract.

Maintaining Operational and Financial Stability

The District has established administrative controls necessary to manage the expenditure of funds and to provide reasonable accountability and justification for expenditures made to support emergency operations. This shall be done in accordance with the established local fiscal policies and standard cost accounting procedures. Records should be collected and centrally stored by event, to the maximum extent possible. These procedures are explicitly defined in *Section H* of the District's *All Hazards Emergency Management Plan*.

Supervisor Responsibilities

In the event of an emergency situation, each supervisor is responsible for:

- Understanding and following this policy, and seeking clarification from his/her supervisor if ambiguity or uncertainty about any portion of the policy or responsibilities during a declared emergency exists;
- Communicating non-essential and essential statuses to direct reports;
- Communicating expectations to essential employees regarding job duties during an emergency; and
- Orienting new and existing employees to emergency operations upon hire and annually thereafter.

Law

It is the intent of this policy to be in compliance with provisions set forth by the District's *All Hazards Emergency Management Plan*, and by the Health Resources and Services Administration's Public Information Notice (PIN) 2007-15.

Violation

Violation of this policy may result in appropriate corrective disciplinary action, up to and including suspension or dismissal.

Employee and Pre-hire Immunizations and Screenings

Audience

This policy applies to all Galveston County Health District, Galveston Area Ambulance Authority, Coastal Health & Wellness (collectively “the District”) employees, pre-hires, volunteers, and students.

Policy

As a condition of employment, each pre-hire and current employee must provide proof of meeting the recommended minimal immunizations requirements listed below. Any vaccine that is given in a series, the pre-hire must show proof of getting the initial dosage prior to being employed, but can get the final dosages provided by GCHD as an employee. Volunteers and students are required to receive the same vaccinations as employees and at their own expense. *(Reference: Volunteer policy)*

Employees who experience a job-related exposure are required to follow post-exposure recommendations (including follow-up blood tests) as instructed by the employee health nurse. Failure to follow post-exposure recommendations may result in corrective disciplinary action up to and including dismissal.

Required Immunizations

Category	Employee Group	Vaccine Requirement	Vaccine Responsibility
1	All employees	MMR, Tdap, Varicella	Proof must be shown prior to hire date.
2	Health Care Employees performing tasks involving exposure to blood or blood-contaminated body fluids. For example, nurses, medical aides, providers, lab technicians, dentists, dental assistants, EMS employees and WIC staff.	All Category 1 requirements and Hepatitis B	Hepatitis B vaccine is required for state licensing. Pre-hire must show proof of beginning series, GCHD will provide remaining dosages after hire date.
3	Employees performing tasks involving exposure to animals that may have rabies.	All Category 1 requirements and Rabies	Pre-hires and Employees will be provided the vaccine by GCHD after hire date.

Tuberculosis Screening

All employees will be required to receive baseline TB screening prior to their hire date. Any employee exposed to TB will undergo post-exposure repeat screening.

Positive reactors will be evaluated by the TB Program Manager. Any employee found to have active pulmonary tuberculosis will be excluded from the workplace while contagious.

Responsibilities

Each employee is responsible for:

- providing the Immunization Nurse Manager a copy of their immunization record (if available) or proof of immunity, prior to their start date; and
- keeping immunizations up-to-date in accordance with this policy.

All supervisors are responsible for:

- working with the Immunization Nurse Manager to identify the category of immunization requirements for each position;
- ensuring employees follow this policy;
- reporting non-compliance to the Chief Nursing Officer or designee; and
- taking appropriate corrective action against any employee who fails to follow this policy.

The Human Resource Manager, or designee, is responsible for:

- incorporating vaccine requirements into individual job descriptions, and
- notifying pre-hires of requirements based on national guidelines adopted by the Health District.

The Immunization Nurse Manager, or designee, is responsible for:

- working with the supervisor to identify the category of immunization requirements for each position;
- screening pre-hires for compliance with vaccine requirements;
- establishing a system for tracking employee immunization records and assuring ongoing compliance;
- notifying the employee and supervisor of requirements, need for vaccination, and follow-up dates; and
- following protocols established by the Local Health Authority.

TB Program Manager

- Evaluates all positive Reactions of Pre-hires and employees

Violation

Violation of this policy may result in appropriate corrective disciplinary action, up to and including suspension or dismissal.

Forms

Employee Immunization Category

Limited English Proficiency

Audience

This policy applies to all Galveston County Health District, Galveston Area Ambulance, and Coastal Health and Wellness (collectively “the District”) employees, volunteers, students, and contractors (business associates).

Policy

To ensure compliance with *Title VI of the Civil Rights Act of 1964*, the Galveston County Health District sets forth the following policy for persons with limited English proficiency (LEP). The purpose of this policy is to provide persons with limited English proficiency meaningful access to the District services and benefits. No person will be denied access to the District services and benefits as the result of the inability or limited ability to communicate in the English language. This policy shall apply to all the District programs and services.

Risk and Safety Coordinator/ Director of Compliance Responsibilities

It is the Risk and Safety Coordinator’s responsibility to:

- coordinate with Patient Information and HR to provide effective language assistance and identify resources that will be used to provide effective language assistance;
- assist employees in accessing language line and/or other available interpretation services; and
- investigate client complaints.

Supervisor’s Responsibilities

It is the supervisor’s responsibility to:

- ensure employees, patients or customers know resources are available to provide effective language assistance; and
- document employee training on accessing or requesting language assistance.

Employee Responsibilities

It is the employee’s responsibility to:

- schedule sign language as needed and send information to the Accounts Payable clerk;
- utilize the Language Line to assist clients, as needed; and
- within one business day of accessing the Language Line, complete the Language Line Usage form and forward the approved form to the Accounts Payable Clerk.

Laws

It is the intent of this policy to be in compliance with *Title VI of the Civil Rights Act of 1964*.

Violation

Violation of this policy may result in appropriate corrective disciplinary action, up to and including suspension or dismissal.

Safety and Risk Management

Audience

This policy applies to all Galveston County Health District, Galveston Area Ambulance Authority, and Coastal Health & Wellness (collectively “District”) employees, volunteers, and contractors.

Policy

It is the District’s policy to comply with applicable federal, state, and local standards in regards to safety and risk management.

Personnel at all levels shall be accountable for the reporting of injuries and/or incidents, as well as the prevention of job related injuries, illnesses and incidents. Every employee shall be required to comply with all safety regulations, policies and procedures as set forth by the District, and the District will provide the necessary support to ensure that comprehensive safety processes and policies are maintained.

Program Managers are responsible for developing program specific guidelines to address procedural and/or other specific safety needs. Program specific guidelines must be aligned with the *Safety and Risk Management* policy, and *The Employee Safety Manual*.

Risk and Safety Sub-Committee

For operations guided by the United Board of Health, a team of staff members shall comprise the District’s Risk and Safety Sub-Committee, which will be responsible for reviewing preventable incidents, offering recommendations for pertinent safety improvements and/or training and, if approved, implementing these recommendations.

For operations guided by the Governing Board, the Quality Assurance Committee shall serve as the Safety Committee and will be responsible for reviewing preventable incidents, offering recommendations for pertinent improvements and/or training and, if approved, implementing these recommendations.

Program Manager Responsibilities

It is the Program Manager’s responsibility to:

- Assist the safety committees by ensuring safety recommendations are departmentally implemented;
- Document corrective actions when relevant to preventable safety incidents; and
- Ensure staff receives safety training and job-related supplies and equipment as deemed applicable to staff members’ scope of employment.

Risk and Safety Coordinator / Director of Compliance Responsibilities

It is the Risk and Safety Coordinator’s responsibility to:

- Work with the safety committees to develop comprehensive safety guidelines to include reporting procedures and processes, carrying out incident investigation procedures, and education and training staff about safety plans and policies;
- Conduct surveys, audits and inspections;
- Prepare and submit required safety reports to the safety committees;

- Assist in implementing safety guidelines;
- Act as a resource to management and employees on matters concerning safety and risk management;
- Collect and track training records and accident data;
- Review accident and incident reports for accuracy and completeness; and
- Retain all records and information related to investigations, trainings, and meetings in accordance with record retention guidelines.

Employee Responsibilities

District employees shall remain responsible for:

- Practicing safety in the workplace at all times;
- Contacting emergency services immediately if he/she suspects any behavior that is life threatening or poses safety or security risks;
- Understanding and following policies, procedures, and/or guidelines related to safety and risk management;
- Attending safety trainings, as required;
- Complying with job-related program requirements;
- Utilizing personal protective equipment (PPE) properly and in accordance with departmental procedures;
- Immediately reporting at-risk conditions, behaviors, accidents, and incidents to his/her supervisor, and the Risk and Safety Coordinator via an Employee Incident or Injury Report form;
- Immediately reporting on-the-job injuries or exposures to his/her supervisor, and the Risk and Safety Coordinator via an Incident Report form, *and* following necessary steps as outlined in the *Infection Control Plan* (if applicable);
- Completing an *Employee Incident or Injury Report Form* as soon as possible, and absolutely no later than twenty-four (24) hours after occurrence of the injury or exposure; and
- Accepting safety as a personal responsibility and remaining aware of the safety and general wellbeing of other employees, clients and the general public.

Supervisor Responsibilities

It is a supervisor's responsibility to:

- Understand and follow policies and procedures related to safety and risk management;
- Inform and educate employees about policies and procedures related to safety and risk management;
- Develop and train employees about program specific safety guidelines;
- Train employees on how to properly use and store personal protective equipment (PPE);
- Document all trainings;
- Report all accidents and incidents in accordance with District policy and guidelines;
- Identify unsafe and hazardous working conditions and initiate corrective measures;
- Counsel employees requiring guidance or redirection;
- Take or recommend appropriate corrective disciplinary action when necessary; and
- Promote safety within his/her specific work area by setting an example of safe behavior.

Violations

Violation of this policy may result in appropriate corrective disciplinary action, up to and including suspension or dismissal.

Forms

- *Employee Incident or Injury Report*

Workers' Compensation

Audience

This policy applies to all Galveston County Health District, Galveston Area Ambulance Authority, and Coastal Health & Wellness (collectively "District") employees who have voluntarily opted out of their common law right as a class-member to the Worker's Compensation Act.

Policy

It is the District's policy to be in compliance with and follow the minimum requirements of the Texas Workers' Compensation Act (TWCA), which covers:

- **On-the-job injury:** An event or occurrence in the course and scope of employees' designated work which results in damage or harm to the body; and
- **Occupational illness:** An illness contracted by an employee due to a condition or exposure present in the workplace which the employee otherwise wouldn't have been exposed to.

Workers' Compensation benefits are provided through a Third Party Administrator (TPA) who determines if claims are compensable. If a claim is compensable, the TPA may provide compensation and medical benefits in accordance with the TWCA.

Reporting

An employee who sustains an injury or exposure in the course and scope of employment must immediately notify his/her supervisor and the Risk and Safety Coordinator. The employee must also complete an *Employee Incident or Injury Report* form, which is available on the employee extranet site, as soon as possible and no later than twenty-four (24) hours after occurrence of the injury or exposure. A drug and/or alcohol test may be performed on employees sustaining a work-related injury or exposure in accordance with executive guidelines and the *Drug-Free Workplace* policy.

Those occupational illnesses and/or exposures which require post exposure management will be handled in accordance with the District's *Infection Control Plan*, which outlines prevention, reporting and follow-up requirements.

Compensation

If an employee sustains an on-the-job injury which renders him/her unfit for performing the duties of the job and it is deemed compensable by TPA, the employee will receive pay as follows:

- If the employee is out on workers' compensation for less than eight days, the employee has the option to utilize his/her vacation and personal leave for up to the first seven days off work.
- Beginning on the eighth day and for any days thereafter that the employee is unfit for duty, the employee will not be able to utilize his/her vacation or personal leave. The employee shall receive payments from the TPA in accordance with the law, via checks issued directly to the employee from the TPA.
- Employees out due to a compensable workers' compensation injury will not accrue paid benefits, such as vacation and personal leave and will not be paid for holidays; however, this time period will be credited service toward vesting for the employee's retirement and longevity. Employees

on workers' compensation leave will be required to pay the employee and dependent portion of benefits (medical, dental, etc). Employees shall not be permitted to supplement workers' compensation benefits with paid vacation or personal leave.

Seeking Treatment

Employees should not use their personal health insurance for work related injuries or exposures.

In response to Texas Labor Code 504.053, employees who sustain a work related injury or exposure **must** seek treatment from a treating doctor on the Alliance network list of doctors. The Alliance network includes both primary care physicians and specialists. Any employee who chooses to seek treatment from a non-Alliance provider assumes the risk of payment for medical treatment and the potential loss of income benefits.

Please note that in emergency care situations, employees should seek care at the nearest emergency facility, ***regardless*** of whether or not the emergency care facility is a part of the Alliance network. However, all related post-emergency care treatments should be sought through a provider in the Alliance network.

The Alliance provider listing is available online at www.pswca.org. Employees may also contact TML, the District's TPA, at 1-800-762-1818 for assistance in locating an in-network provider.

Designated staff are permitted to attend medical visitations with injured employees to facilitate communication with the provider, and to assist the employee in returning to work and/or home.

Returning to Work

The District will make reasonable efforts to provide suitable return to work opportunities for employees who are unable to perform regular duties following a work related injury. Only work that is considered to meet legitimate business needs of the District will be considered.

The Risk and Safety Coordinator will work with the employee, Human Resources, provider, and the employee's supervisor to research work assignments in which the injured employee is capable of accepting. Refusal of a bona fide offer of employment will directly 1) impact income benefits provided to the employee by the TPA; and 2) may impact the employee's continued employment with the District.

Family and Medical Leave Act (FMLA)

If an employee sustains an injury in the course and scope of employment for which the employee is receiving workers' compensation benefits, the injury may also qualify the employee for FMLA leave. In such cases, it will be the policy of the District to facilitate workers' compensation and FMLA concurrently on behalf of the employee. While out on workers' compensation and approved FMLA, accrued paid leave shall not be used for any purpose during the period in which the employee is receiving workers' compensation benefits. (*Reference: Family Medical Leave policy*)

Neutral Absence Control

Any employee away from work for whatever reason for a period of six consecutive months will be terminated from the District due to unavailability for work, except for those employees who are out in accordance with USERRA, as defined by federal law (*Reference: Family and Medical Leave Act and Employee Leave policies*).

Employee Responsibilities

It is the employee's responsibility to:

- Know and follow safety policies and procedures;
- Report any injury or exposure **immediately** to the supervisor **and** Risk and Safety Coordinator as soon as possible and no later than twenty-four (24) hours after occurrence of the injury or exposure;
- Complete the *Employee Incident or Injury Report* form and return it to Risk and Safety Coordinator within twenty-four (24) hours of the injury or exposure;
- Seek treatment from an in-network provider on the Alliance network (unless emergency circumstances dictate otherwise);
- Provide a notarized statement to the Risk and Safety Coordinator within ten (10) calendar days of the employee sustaining a work related illness or exposure;
- Complete baseline testing within ten (10) calendar days if the employee sustains a work-related exposure;
- If medical attention is necessary, inform the treating provider that return to work opportunities may be available to accommodate the employee's inhibited physical abilities;
- Notify the Risk and Safety Coordinator immediately if the employee's work status changes;
- When released by the treating provider to return to work, the employee shall present clearance paperwork to the Risk and Safety Coordinator and Human Resources, and notify these parties of the employee's next regular shift as assigned by his/her supervisor;
- Comply with TPA procedures and TWCA regulations;
- Cooperate with and assist the TPA representative(s) handling the workers' compensation case; and
- Stringently follow all orders and restrictions made by providers while at home and at work.

Supervisor Responsibilities

It is the supervisor's responsibility to:

- Assist in obtaining immediate medical attention for the injured worker, as deemed appropriate;
- Notify the Risk and Safety Coordinator **immediately** and no later than twenty-four (24) hours of the injury/illness;
- Ensure that an *Employee Incident or Injury Report* form is completed and sent to the Risk and Safety Coordinator as soon as possible and no later than twenty-four (24) hours following occurrence of the injury or exposure;
- Ensure the injured worker with restrictions understands to not violate restrictions; and
- Report any incidents in which the injured worker violates medical restrictions to Risk and Safety Coordinator.

Risk and Safety Coordinator Responsibilities

It is the Risk and Safety Coordinator's responsibility to:

- Ensure the District's compliance with the Workers' Compensation Act;
- Work with the injured employee's supervisor to find a bona fide opportunity that'll enable the employee to return to work;
- Monitor workers' compensation claims and serve as a liaison between the employee and the TPA;
- Maintain a log of accidents and injuries, train employees on proper reporting of incidents, and make official recommendations to supervisors pertaining to training of common incidents;
- Regularly communicate with the injured worker and supervisor during the employee's time away from work and monitor progress of the employee during his/her recovery period;
- Attend medical appointments as necessary; and

- Determine if the employee's absence meets requirements to be designated as FMLA in accordance with the Family and Medical Leave Act. (*Reference: Family and Medical Leave Act.*)

Retaliation

Texas law prohibits retaliation against an employee because the employee in good faith filed a workers' compensation claim, hired an attorney, testified or will testify in a workers' compensation proceeding.

Law

It is the intent of this policy to be in compliance with the Texas Workers' Compensation Act and Uniformed Services Employment and Reemployment Rights Act.

Violation

Violation of this policy may result in appropriate corrective disciplinary action, up to and including suspension or dismissal.

Forms

- *Employee Incident or Injury Report*

Work Environment

Audience

This policy applies to all Galveston County Health District, Galveston Area Ambulance Authority, and Coastal Health & Wellness (collectively “the District”) employees, volunteers, students and contractors (business associates).

General Policy

The District is responsible for promoting a work environment free of hostile, intimidating, threatening, humiliating, bullying, or violent behavior in which customers and employees can conduct official business. The District intends for its work environment to be safe, positive, respectful, and productive, and has zero tolerance for behavior, actions, or language that is not conducive to that type of environment.

Employees are expected to act in a manner which acknowledges their responsibility in helping the District achieve this goal through such things as adherence to the **District’s I CARE values**, maintaining a safe and functional work area, properly using District office materials/machines and assisting in the effort to maintain a harassment-free, retaliation-free, and violence-free workplace as outlined below.

An employee who violates this policy and/or a supervisor who knows about and fails to report the violation or take appropriate corrective action against such an employee is subject to corrective action up to and including dismissal.

The District’s I CARE Values:

The District employees are expected to adhere to the District’s I CARE values as follows:

- **Integrity** - We are honest, trustworthy and transparent in all we do.
- **Customer Service** – We are committed to providing exceptional customer service.
- **Accountability** - We hold ourselves to high standards and take responsibility for our actions.
- **Respect** - We uphold a standard of conduct that recognizes and values the contributions of all.
- **Equality** - We equally value and serve all members of the community.

Public service is a public trust. As public servants, we will be fair, open, ethical, responsive, accountable, and dedicated to the public we serve. We foster a work environment that makes the best use of available resources. In so doing, we will make the District an example of leadership and excellence. We will be guided by the **I CARE values**.

Work Areas

Work areas are expected to be maintained in a manner which adheres to safety rules, assists staff in doing their jobs, and projects the District’s commitment to providing quality service. Work areas must be secured in a manner which allows for accessibility by authorized persons as designated by the supervisor. Staff must not use, duplicate, or possess keys to District work sites without proper

authorization. Unauthorized persons require management approval to access District work sites. Visitors are to be appropriately identified.

Equipment Use

The District computer hardware and software, copy machines, office supplies and other equipment are only intended for use in conducting official District business. Employees are expected to:

- adhere to this restriction; and
- handle District equipment in a manner that will not cause damage or loss of such equipment.

The District maintains the right to monitor equipment usage and employees do not have an expectation of privacy to use District equipment for District business. Other business equipment expectations can be found in the *Computer Usage* policy.

Workplace Harassment and Workplace Violence

Employees are expected to conduct themselves in a manner which promotes a work environment that is free of harassment and violence. The District prohibits and will not tolerate an employee engaging in such behavior, either at a District work site or during the performance of work-related duties.

Weapons

Unless authorized by law, employees are prohibited from possessing illegal weapons or explosives on District property. Employees are required to follow all laws and regulations as described in Government Code, Chapter 411, pertaining to a license to carry a concealed handgun.

Workplace Harassment

Workplace harassment is a form of offensive and/or oppressive treatment or behavior which to a reasonable person creates an intimidating, hostile, or abusive work environment. It can be verbal or physical behavior which is derogatory, abusive, disparaging, "bullying", or disrespectful.

It may or may not be related to a person's legally protected status or a status protected by District policy (e.g., sex, race, color, national origin, age disability, religion, sexual orientation, veteran's status). Harassing behavior is prohibited under this policy and any employee found engaging in such behavior directed at fellow employees, customers, contractors, or visitors to the workplace will be subject to disciplinary action up to and including dismissal.

Some examples of behavior which may be considered harassment include, but are not limited to the following:

- Unwelcome touching of a personal nature which can encompass leaning over, cornering or pinching.
- Slurs and jokes about a class of persons, such as those who are disabled.
- Display of calendars, posters, pictures, drawings, or cartoons which reflect disparagingly upon a class of persons.
- Disparaging or disrespectful comments even if unrelated to a person's protected status.
- Loud, angry outbursts or obscenities directed toward another employee, a customer, contractor, or visitor in the workplace.

- A pattern of action and/or words which demean or humiliate a subordinate/coworker.

Please refer to the District's policy on *Sexual Harassment* for specific information relating to sexual harassment.

Any employee who feels that he/she has been adversely affected by workplace harassment is to refer to the District's *Employee Complaint/Issue Resolution* policy.

Violence in the Workplace

Workplace violence is behavior that threatens the safety of District employees and/or customers; affects the health, life or well-being of District employees and/or customers; or results in damage to property belonging to the District or its employees/customers. Such acts include, but are not limited to:

- threatening, coercing, or assaulting an employee or customer;
- carrying weapons on a District work site or concealing a weapon on a District work site that is not legally authorized;
- any behavior that causes other to feel unsafe; or
- damaging or attempting to damage property belonging to the District or another employee.

Situations at the work site that cause an immediate threat to the health, safety, or a negative outcome are to be immediately reported to the Risk and Safety Coordinator, local building security (if available), and/or local law enforcement authorities.

Training

The Director of Contracts and Compliance, General Counsel and/ or the Risk and Safety Coordinator will give annual trainings on procedures on how to handle workplace issues involving harassment, safety, security, or confidentiality.

Violation

Violation of this policy may result in appropriate corrective action, up to and including suspension or dismissal. Supervisors are to take appropriate corrective action according to the *Corrective Action* policy.

Forms

- *Employee Incident or Injury Report*

Fund Balance Policy

Audience

This policy applies to Galveston County Health District, Galveston Area Ambulance Authority, Coastal Health & Wellness (collectively “the District”).

Purpose

The maintenance of a fund balance is essential to the preservation of the financial integrity of the District. This policy establishes definitions and provides guidance concerning the desired level of fund balance maintained by the District to mitigate financial risk that can occur from revenue fluctuations and unanticipated expenditures, in addition to allowing for the response to emergency events and/or opportunities.

Definitions

Fund balance is a measurement of available financial resources and is the difference between total assets and total liabilities in each fund.

Fund balance amounts will be reported in the following categories:

- 1) **Reserved Fund Balance** – amounts designated to be used for specific purposes such as non-recurring budgeted expenses, public health emergencies, leave payout liability, Coastal Health & Wellness and Animal Services specified funds.
- 2) **Operating Reserve** – amounts designated to provide stability and respond to unplanned events or opportunities.
- 3) **Unreserved Fund Balance** – includes all amounts not contained in the above classifications which are available for any purpose.

Policy

Fund Balance Levels – It is the goal of the District to achieve and maintain an operating reserve in all funds equivalent to 3 months of budgeted operating expenses. Unreserved fund balance amounts should be kept to under 10% of the total fund balance.

Assigning Fund Balance – A three-year forecast and classification of fund balance expenditures will be developed on an annual basis by designated District staff for presentation to and approval by the appropriate governing board.

Conditions for Use of Fund Balance – It is the intent of the District to use reserved fund balances to address non-recurring needs. Expenditures shall not normally be for recurring operating expenses. However, exceptions may be made at the discretion of the CEO and appropriate governing board.

Cash Balance – Cash balances will be maintained in money market accounts and/or pooled cash (TexPool) accounts in order to provide liquidity adequate to meet the needs of the District.

Replenishment of Reserves – In the event that operating reserves are used resulting in a balance below the 3 month minimum, a plan to replenish the reserves would be developed and included in a three-year forecast for presentation to the appropriate governing board.

Galveston County Health District

HIPAA Security Manual



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Galveston County Health District

HIPAA Security Manual

OVERVIEW

The purpose of this manual is to provide a framework for Galveston County Health District's (including Coastal Health & Wellness and Galveston Area Ambulance Authority) compliance with the Security Standards required under the Health Insurance Portability and Accountability Act (HIPAA) and state laws and regulations.

This manual is organized according to three safeguards: Administrative, Physical and Technical. Each safeguard consists of standards and implementation specifications. The specifications are divided into those that are required and those that are addressable.

GCHD will decide whether an addressable implementation specification is a reasonable and proper security measure to apply within the security framework. The decision will depend on several factors, such as, among others, GCHD's risk analysis, risk mitigation strategy, what security measures are already in place, and the cost of implementation.

The policies and procedures that make up this manual apply to all employees, volunteers, students, contractors and others who perform a service at GCHD. The policies and procedures are to ensure the confidentiality, integrity, and availability of electronic protected health information GCHD creates, receives, maintains, and transmit. GCHD will protect against reasonably anticipated threats or hazards to the security or integrity of our information systems and uses or disclosures to of such information that is not permitted.

Kathy Barroso, CPA, CEO

Date

Sal Bonaccorso
Director of Information Technology

Date

DEFINITIONS

1. *Access* means the ability or the means necessary to read, write, modify, or communicate data or information, or otherwise use any system resource.
2. *Administrative safeguards* are administrative action, and policies and procedures, to manage the selection, development, implementation, and maintenance of security measures to protect electronic protected health information and to manage the conduct of the Covered Entity's workforce in relation to the protection of that information.
3. *Authentication* means the corroboration that a person is the one claimed.
4. *Availability* means the property that data or information is accessible and useable upon demand by an authorized person.
5. *Business associate* means a person or organization who performs a function or activity on behalf of a Covered Entity or who performs a specified service regardless of whether it involves performing a service on behalf of a Covered Entity. The specified services where disclosure personally identifiable health information is considered routine include: legal, actuarial, accounting, consulting, management, administrative accreditation, data aggregation, and financial services. When a Covered Entity discloses protected health information to a business associate, a business associate agreement between the Covered Entity and the person or organization performing functions on behalf of the Covered Entity or specified services is required to protect the use and disclosure of protected health information.
6. *Confidentiality* means the property that data or information is not made available or disclosed to unauthorized persons or processes.
7. *Covered entities* are those entities covered by the HIPAA Privacy and Security Standards.
8. *Disclosure* means the release, transfer, provision of, access to, or divulging in any other manner of protected health information outside the entity holding the information.
9. *Electronic protected health information* means protected health information (see definition below) which is maintained in or transmitted by electronic media.
10. *Encryption* means the use of an algorithmic process to transform data into a form in which there is a low probability of assigning meaning without use of a confidential process or key.
11. *Facility* means the physical premises and the interior and exterior of a building(s).

12. *Information system* means an interconnected set of information resources under the same direct management control that shares common functionality. A system normally includes hardware, software, information, data, applications, communications, and people.
13. *Integrity* means the property that data or information has not been altered or destroyed in an unauthorized manner.
14. *Malicious software* means software, for example, a virus, designed to damage or disrupt a system.
15. *Minimum necessary* means a Covered Entity must make reasonable efforts to limit use and disclosure of protected health information to the minimum necessary to accomplish the intended purpose of the use or disclosure.
16. *Password* means confidential authentication information composed of a string of characters.
17. *Physical safeguards* mean physical measures, policies, and procedures to protect a Covered Entity's electronic information systems and related buildings and equipment, from natural and environmental hazards, and unauthorized intrusion.
18. *Protected health information* means individually identifying health information that is transmitted by or maintained in any form or medium.
19. *Security or Security measures* encompass all of the administrative, physical, and technical safeguards in an information system.
20. *Security incident* means any attempted or successful unauthorized access, use, disclosure, modification, or destruction of information, or interference with system operations in the information system.
21. *Technical safeguards* are the technology and the policy and procedures for its use that protect electronic protected health information and control access to it.
22. *User* means a person or entity with authorized access.
23. *User ID* means a unique identifier given to an individual allowing the individual access to a computer system. A user ID is usually accompanied by a password.
24. *Workforce member* means employees, volunteers, interns, and other persons whose conduct, in the performance of work for a Covered Entity, is under the direct control of such entity, whether or not they are paid by the Covered Entity.
25. *Workstation* means an electronic computing device, for example, a laptop or desktop computer, or any other device that performs similar functions, and electronic media stored in its immediate environment.

POLICY

GCHD is recognized to be a hybrid entity. GCHD will develop policies and procedures to ensure compliance with the requirements for hybrid entities. The health care components of GCHD must comply with the Security Standards and safeguarding electronic protected health information and non-covered components will be treated as if they were separate and distinct legal entities.

PROCEDURE

1. The following components (departments) of GCHD are not covered under the Health Insurance Portability and Accountability Act (HIPAA): Environmental Health Programs, Vital Statistics, and Animal Services. The remaining services of GCHD are health care components, including Coastal Health & Wellness and Galveston Area Ambulance Authority.
2. If a non-covered component creates, receives, maintains or transmits electronic protected health information on behalf of a health care component, then the non-covered component is a business associate of the health care component. The non-covered component must comply with the HIPAA Security Standards as a business associate.

REFERENCE

45 C.F.R. § 164.105(a)

POLICY

GCHD is a single affiliated covered entity. GCHD will develop policies and procedures to ensure compliance with the requirements HIPAA Security Standards.

PROCEDURE

1. The following entities are legally separate entities which are under common ownership or control: Galveston County Health District, Galveston Area Ambulance Authority, and Coastal Health & Wellness. These entities have been designated as a single affiliated covered entity for purposes of the Health Insurance Portability and Accountability Act (HIPAA) and will be identified as “Galveston County Health District (GCHD).”
2. GCHD’s creation, receipt, maintenance, transmission, use and disclosure of electronic protected health information will comply with the HIPAA Security Standards.

REFERENCE

45 C.F.R. § 164.105(b)

POLICY

GCHD require with business associates who create, receive, maintain or transmit electronic protected health information on GCHD's behalf to safeguard such information.

PROCEDURE

1. *Agreement.* Business associates must sign a Business Associates Agreement to safeguard electronic protected health information. The agreement will meet the requirements of the HIPAA Security Standards and requires the business associate to:
 - a. Implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of electronic protected health information that it creates, receives, maintains, or transmits on behalf of GCHD.
 - b. Ensure that any agent, including a subcontractor, to whom it provides such information agrees to implement reasonable and appropriate safeguards to protect it.
 - c. Report to GCHD any security incident of which it becomes aware of.
 - d. Authorize termination of the contract by GCHD, if GCHD determine that the business associate has violated a material term of the contract.
2. *Material Breach.* If GCHD knows of a pattern of activity or practice of the business associate that constitutes a material breach or violation of the business associate's obligation under the agreement, GCHD must take reasonable steps to cure the breach or end the violation. If these steps are unsuccessful, GCHD must terminate the agreement if feasible, or, if termination is not feasible, report the problem to the Secretary of Health and Human Services.

REFERENCE

45 C.F.R. §164.314(a)

POLICY

GCHD will implement reasonable and appropriate policies and procedures to comply with standards, implementation specifications, or other requirements of the HIPAA Security Standards.

PROCEDURE

1. Documentation. GCHD will document all policies and procedures. A written record will be maintained by the Security Officer if an action, activity or assessment that is required by this Security Manual or the HIPAA Security Standards.
2. Retention. GCHD will retain the documentation of the policies and procedures set forth in this Security Manual and any action, activity or assessments required by the HIPAA Security Standards for 6 years from the date of its creation or the date when it last was in effect, whichever is later. This retention schedule will be a part of the GCHD retention guidelines.
3. Availability. GCHD will make documentation available to those persons responsible for implementing the procedures to which the documentation pertains.
4. Updates. Director of Information Technology or Security Officer or their respective designees will review documentation periodically, and update as needed, in response to environmental or operational changes affecting the security of the electronic protected health information.

REFERENCE

45 C.F.R. §164.316(a) and (b)

POLICY

GCHD will protect the confidentiality, integrity, and availability of its information systems containing electronic protected health information. GCHD will implement reasonable and appropriate procedures and controls to prevent, detect, contain, and correct security violations.

PROCEDURE

1. **Risk Analysis**. Routinely, GCHD will conduct an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of electronic protected health information held by GCHD. The results of the risk assessment will be used to implement security measures sufficient to such to mitigate or eliminate unacceptable risks and vulnerabilities to a reasonable and appropriate level. A Risk Mitigation Proposal will document recommendations to management.
2. **Risk Management**. GCHD will monitor and manage the risks identified in the risk analysis process to ensure security measures are sufficient to reduce risks and vulnerabilities to a reasonable and appropriate level.
 - a. ***Controls***. GCHD will select appropriate controls that were identified in the risk analysis process to minimize risks to electronic protected health information. These controls will be based on the feasibility and effectiveness after taking into consideration GCHD's structure and resources, and the results of a cost-benefit analysis. Technical, management, and operational security controls may be considered.
 - b. ***Control examples include, but are not limited to, the following:***
 - i. Supportive controls: unique user IDs; system security; and system protections.
 - ii. Preventive controls: authentication controls (such as passwords, personal identification numbers); access control enforcement (such as data encryption methods, virtual private network).
 - iii. Detection controls: periodic system audits and ongoing risk management.
 - iv. Operational controls: physical access control; facility security; regular data and system backups; off-site storage; and environmental security.
3. **Sanctions**. Workforce personnel who violate the GCHD's security policies and procedures or violate the HIPAA Security Rule will be disciplined in accordance GCHD personnel policies.

- a. *Employees.* GCHD employees who either intentionally or unintentionally violate the security policies and procedures are subject to appropriate corrective disciplinary action, up to and including suspension, probation, or dismissal. Managers or supervisors may also be disciplined if their lack of diligence or supervision contributed to the violation.
 - b. *Non-Employees.* Workforce members who are not employees who either intentionally or unintentionally violate the security policies and procedures are subject to appropriate corrective disciplinary action, up to and including suspension, probation, or dismissal. Similarly, GCHD's Business Associates will be informed that they may lose any privileges or contractual rights if they violate security policies or the Business Associate Agreement.
4. Information System Activity Review. GCHD will implement procedures to regularly review records of information system activity.
- a. *Audit Logs.* GCHD will create audit logs which will record activities related to access of the GCHD system by its users. Audit logs will be reviewed on an on-going basis by the Security Officer or designee.
 - b. *Access Reports.* GCHD will create access reports listing each actual or attempted access of the system by its users. Access reports will be reviewed on an on-going basis to identify any actual or attempted unauthorized access or security incidents.
 - c. *Tracking Reports.* Any actual or attempted unauthorized access or security incident event will be tracked. GCHD will review on an on-going basis unauthorized access and security incident tracking reports. The Executive Team or designee will determine the mitigation, response and/or sanction, if any, required to respond to the events noted in the tracking report.
 - d. *Controls Audit.* GCHD will perform internal audits of operational and technical controls/procedures to prevent a HIPAA security breach.

REFERENCES

AS 3.4.1, Access Authorization
 AS 3.5.1, Workforce Training
 AS 3.5.4, Log-in Monitoring
 AS 3.7.1, Data Backup
 AS 3.7.5, Applications and Data Criticality Analysis
 TS 5.2, Audit Controls
 OR 2.4, Business Associate Agreement

45 C.F.R. §164.308 (a)(1)

POLICY

GCHD will perform the duties set forth in this policy. GCHD will designate an individual as the Security Officer who will be responsible for ensuring that GCHD complies with the security policies and procedures. The Security Officer shall report to the Chief Executive Officer.

PROCEDURE

1. Security Officer. GCHD's Security Officer is responsible for protecting the confidentiality, integrity, and availability of GCHD's information systems containing electronic protected health information, as well as ensure compliance with applicable state and federal laws and regulations.
 - a. *Designation*: GCHD's Security Officer is the Director of Information Technology
 - b. *Responsibilities*. The Security Officer's responsibilities include, but not limited to, the following:
 - i. Consult with and advise the Chief Executive Officer, Executive Management, Compliance Officer concerning security-related administrative decisions and the implementation of security-related policies and procedures.
 - ii. Develop, regularly update, and disseminate policies and procedures to assure compliance with the Security Standards.
 - iii. Initiate and conduct internal reviews of GCHD's internal security controls, prepare reports regarding GCHD's security program, and track security incidents and violations.
 - iv. Report to the Chief Executive Officer, Executive Management, Compliance Officer concerning any issues regarding GCHD's compliance with the Security Standards.
 - v. Consult with and advise the Chief Executive Officer, Executive Management, Compliance Officer concerning the occurrence of security incidents as appropriate and provide recommendations concerning potential or recommended corrective or remedial actions.

- vi. Serve as a resource for workforce members concerning security issues and GCHD's obligations under the Security Standards, this includes informing the workforce of threat and conducting needed trainings.
 - vii. The Security Officer shall coordinate with other Directors and Managers with responsibilities for information systems to ensure that all aspects of information security are adequately addressed.
2. Covered Entity. GCHD will protect the confidentiality, integrity, and availability of GCHD's information systems containing electronic protected health information.
- a. *Responsibilities*. GCHD responsibilities include, but not limited to, the following:
 - i. Designate a Security Officer.
 - ii. Implement security policies and procedures developed by the Security Officer and other management.
 - iii. Designate additional executive staff members to oversee aspects of information management security outside of the Security Officer's responsibilities.
 - iv. Train all workforce members on the security policies and procedures.
 - v. Take appropriate sanctions against a workforce member who violates a security policy or procedures.
 - vi. If a security incident occurs, take any necessary corrective or remedial action.
 - vii. Refrain from harassing or subjecting to adverse employment action any workforce member who reports a security incident or violation of a security policy that he or she, in good faith, believes has occurred.
 - viii. Maintain Agreements with business associates that comply with the Security Standards.

REFERENCES

OR 2.4. Business Associate Agreement
AS 3.1.3, Sanctions

AS 3.5, Awareness and Training
As 3.6, Security Incident Procedures

45 C.F.R. § 164.308(a)(2)

POLICY

GCHD will take reasonable and appropriate steps to ensure that workforce members who are allowed access to electronic protected health information may be safely trusted with such access. GCHD will take the necessary steps to terminate physical or remote access to electronic protected health information if a workforce member is no longer authorized to have access to such information.

PROCEDURE

- I. Authorization and/or Supervision of Workforce Members. No workforce member will be permitted access to electronic protected health information unless access is determined to be necessary to perform the workforce member's job function, and the workforce member has followed GCHD's procedures for obtaining authorization for such access.
 - a. The Security Officer and GCHD Management will ensure that each workforce member's access to electronic protected health information is appropriate and consistent according to HIPAA privacy and security guidelines.
 - b. A workforce member may receive a password to access electronic protected health information only with the authorization of his/her supervisor, Human Resources Department, or the Executive Management, in accordance with GCHD's policies. It is the responsibility of the Director of Information Technology or designee and Human Resources:
 - i. To verify that access to electronic protected health information is necessary to perform the job, and that the workforce member's access is limited to the minimum necessary electronic protected health information;
 - ii. To ensure that the workforce member receives GCHD's training concerning the security and confidentiality of electronic protected health information;
 - iii. To ensure that the workforce member signs any confidentiality agreement to attest to the workforce member's commitment not to disclose his or her password and/or other sensitive information; and
 - iv. To address any instances of security misconduct by the workforce member.

- c. GCHD will take steps to minimize the likelihood that workforce members who do not have authorized access to electronic protected health information will gain access to such information because they perform their duties in areas in which such information is present. Steps may include, but are not necessarily limited to, the following:
 - i. Ensuring computer users log off the computer system when they are not using the computer system;
 - ii. Providing immediate supervision in work areas containing electronic protected health information; and
 - iii. Using automatic screen savers or privacy screens.
- 2. Clearance Procedures. All workforce members at GCHD are required to have an employment background check as required for their job position. The appropriate personnel will identify the information security responsibilities of the workforce member and the type of supervision and access required for the position. Each GCHD workforce member will sign a confidentiality statement to protect the confidentiality, integrity and availability of GCHD information systems.
- 3. Termination of Access Procedures. The Director of Information Technology or designee, Human Resources and other designated staff will perform the following procedures for terminating access to electronic protected health information when a workforce member's authorization or employment ends or the position does not require the same level of access:
 - i. Ensure that such person no longer has physical or remote access to sensitive areas containing electronic protected health information.
 - ii. Recover or reprogram all keys, identification badges/cards, and any other object that allows physical access to property, buildings, and equipment.
 - iii. Recover any other information or property of GCHD that may be in such person's possession, such as uniforms, cell phones, equipment, etc.
 - iv. Deactivate and disable such person's user identification numbers, passwords, electronic codes, etc., and access to VPN service, and any other remote access systems.
 - v. Change combination locks, safe combinations, key pad codes etc., such person had access to.

REFERENCES

AS 3.1.2, Risk Management
AS 3.4.1, Access Authorization
AS 3.5, Awareness and Training
PS 4.1.2, Facility Security Plan
PS 4.1.3, Access Control and Validation Procedures
PS 4.4.1, Disposal

45 C.F.R. § 164.308(a)(3)

POLICY

GCHD will grant access to electronic protected health information to workforce members whose job responsibilities require such access and will document, review, and modify a workforce member's right of access to electronic protected health information as provided in this policy.

PROCEDURE

1. Access Authorizations.

- a. GCHD will document the workforce members who have access to electronic protected health information based on job responsibilities. Workforce members will have access to only that information required to perform their job responsibilities. Workforce members' access will be reviewed on an on-going basis to ensure access continues to reflect the current need for electronic protected health information.
- b. Workforce members must sign a current confidentiality statement to be granted access to electronic protected health information.
- c. All workforce members will attend trainings that will include security-related topics such as access control and documentation, maintenance of proper security measures, and the consequences of security incidents or deviations from GCHD policies and procedures.
- d. All workforce members will adhere to GCHD's policies concerning remote access and workstation access and use.
- e. Access to protected health information in any form by individuals or entities other than workforce members, such as patients, law enforcement personnel, or public health officials, will be granted in accordance with GCHD's policies and State and Federal law, and, if applicable, the Business Associate Agreement between GCHD and the entity.

2. Access Establishment and Modification.

- a. Potential workforce members shall undergo employment background checks and other measures deemed necessary by GCHD's management prior to hiring. Results of such measures shall be reviewed by GCHD's management before the workforce member is granted access to electronic protected health information.

- b. All workforce members who access electronic protected health information will be given a user ID and be required to establish a password in accordance with GCHD's guidelines in order to gain such access.
- c. Physical access controls, such as keycards and combinations, will be used to restrict access to areas containing electronic protected health information to authorized users only, as appropriate.
- d. GCHD will develop and document an emergency access procedure to allow access to electronic protected health information by certain specified workforce members under unanticipated or urgent circumstances.
- e. GCHD will allow modification of a workforce member's access to electronic protected health information where appropriate, such as where the workforce member has changed job function or status.
- f. GCHD will terminate a workforce member's access to the system upon the dismissal or separation of a workforce member from his/her position, in the event of a security incident involving the workforce member, if the workforce member violates GCHD's policies or procedures, or if access is no longer necessary to perform the workforce member's job responsibilities.

REFERENCES

AS 3.5, Awareness and Training
PS 4.1.3, Access Control and Validation Procedures
TS 5.1.1, Unique User Identification
TS 5.1.2, Emergency Access Procedure
TS 5.4, Authentication of Entity or Person

45 C.F.R. § 164.308(a)(4)

GALVESTON COUNTY HEALTH DISTRICT

Section 3.5

Awareness and Training

Effective Date: 9/26/2013

Revised: 03/12/2018

POLICY

GCHD workforce members will receive security awareness and training with respect to safeguarding electronic protected health information.

PROCEDURE

1. Workforce Training Program. GCHD will implement a security awareness and training program for all workforce members, including management.
 - a. *General Orientation*. All workforce members will receive a general orientation covering the policies included in this manual and will be given the name of the Security Officer. For new workforce members, such information will be included in the orientation materials.
 - b. *Basic Security Training*. All workforce members will receive basic security training. Training will be updated on an on-going basis. Basic security training will include a review of the policies that apply to all workforce members using the information system, such as:
 - i. Policies on proper password management and the necessity of maintaining the confidentiality of the workforce member's access code and password
 - ii. Proper use of the computer system including e-mail and the Internet
 - iii. Procedures for saving data to network drives
 - iv. Prohibition on attempting access to electronic protected health information without authorization
 - v. Prohibition on improper copying of files and programs, or loading of unauthorized programs on the information system
 - vi. Precautions against malicious software, and procedures to follow if the workforce member suspects that malicious software has been introduced
 - vii. Reporting problems with access to the system
 - viii. Reporting security incidents
 - c. *Additional Training*. Additional training will be provided periodically, but at a minimum annually, to workforce members in response to operational changes or security incidents. Training for these workforce members will include, but will not be limited to, the following:

- d. Documentation. GCHD will maintain documentation on security awareness and training of workforce members in the personnel files.
2. Security Reminders. GCHD will periodically provide security reminders to workforce members informing them of changes in policies and procedures, and to generally reinforce security awareness and training.
3. Protection from Malicious Software. GCHD will take reasonable measures to protect against the introduction of malicious software into its information system. Security training will educate workforce members on guarding against, protecting from and reporting of malicious software, which may include:
 - a. The danger of malicious software or any other agent that can destroy or alter data
 - b. The use of ant-virus protection software
 - c. Not opening or downloading files from an unknown or suspicious source
 - d. External files being loaded on to the computer through a USB drive or other source
4. Log-In Monitoring. Security training will educate workforce members on monitoring log-in attempts and reporting discrepancies if the workforce member becomes aware of such discrepancy.
5. Password Management. Security training will educate workforce members on creating, changing and safeguarding passwords. GCHD will require any workforce member who has access to GCHD's information system(s) to use a unique password, keep the password confidential, change it according to GCHD's set timeframes, and utilize safeguards to prevent misappropriation of passwords.

REFERENCES

AS 3.1.1, Risk Analysis
AS 3.1.4, Information System Activity Review
AS 3.6, Response and Reporting of Security Incidents

45 C.F.R. § 164.308(a)(5)

POLICY

GCHD respond to suspected or known security incidents and violations of GCHD's security policies and procedures; mitigate, to the extent practicable, harmful effects of security incidents that are known to GCHD; and document security incidents and their outcomes.

PROCEDURE

1. All workforce members have a duty to promptly report any security incidents and violations of GCHD's security policies and procedures (including those involving business associates) to the Security Officer, Compliance Officer, Executive Management or their respective designee.
2. Any workforce member who knowingly fails to report any security incident or violation of GCHD's security policies and procedures will be subject to discipline.
3. No retaliation shall be tolerated against a workforce member who has filed a report based on a good faith belief that another workforce member has committed an actual or suspected violation subject to the reporting requirements of this policy. Any workforce member who takes or attempts to take retaliatory action against a workforce member who reported an actual or suspected violation will be subject to discipline.
4. The Security Officer, Compliance Officer, or their respective designee shall be responsible for investigating all security incidents and security policy violations to determine the potential causes, whether the security incident has resulted in any unauthorized disclosure of electronic protected health information, corruption or unauthorized modification of data, or loss of data, and to recommend and implement appropriate measures, if any, to prevent further incidents.
5. Remedial measures will be taken to mitigate the effects of the security incident to the extent possible. If an unauthorized disclosure of protected health information has occurred, the Privacy Officer or designee shall be consulted, if appropriate, and GCHD's policies concerning mitigation of violations of privacy policies of shall be followed.
6. The Security Officer, Compliance Officer, or their respective designee will document the investigation of the reported incident, whether the incident was determined to be a security incident, and any action taken in response to the incident.

REFERENCES

AS 3.1.3, Sanctions

AS 3.2.1, Security Officer

45 C.F.R. § 164.308(a)(6)

POLICY

GCHD will establish procedures for responding to an emergency or other occurrence that damages GCHD's information systems that contain electronic protected health information.

PROCEDURE

1. Data Backup Plan. GCHD will maintain backup copies of electronic protected health information so that data can be retrieved if it is lost or corrupted.
 - a. *Data Backup*. The Director of Information will establish specific backup schedules and procedures for GCHD's networks and computer systems. All software, applications, files, data, and messages related to its health care operations stored on GCHD's networks and other information systems will be backed up to disk, or other storage area network.
 - b. *Backup Validation*. Backup and restore procedures will be reviewed periodically to ensure that procedures are appropriate and efficient, and that GCHD's ability to restore data remains intact.
 - c. *Onsite Storage*. The storage media from the previous day or current week shall be stored onsite in a secured area.
 - d. *Offsite Storage*. Certain data backups will be stored in a secure, off-site location. Data backups must be maintained for a minimum of one year. The Security Officer shall maintain documentation of the location of the off-site storage site(s).
 - e. All data backups will be logged, and data backups will be disposed of in accordance with GCHD's record retention policies.
2. Disaster Recovery Plan. GCHD will follow written procedures to restore data lost through occurrence of a disaster.
 - a. *Disaster Assessment*. Once a disaster has occurred, GCHD will assess the effect of the disaster on GCHD's information systems and determine if there is any lost functionality and loss of data. If data has been lost the Disaster Recovery Plan will be implemented.
 - b. *Securing Facilities*. In the event of a catastrophic event, GCHD will immediately ensure that all facilities housing GCHD's information systems

remain secure under the circumstances. Access to the facilities will be limited to personnel assisting in the disaster recovery.

- c. *Restoring Backup Data.* GCHD will restore software, applications, information and data to GCHD information systems.
 - d. *Testing.* Backup files will be tested to ensure the network and computer systems are operating correctly.
3. Emergency Mode Operation Plan. In conjunction with the Disaster Recovery Plan, GCHD will implement the All Hazards Emergency Management Plan to enable continuation of critical business processes for protection of the security of electronic protected health information while operating in emergency mode.
 4. Testing and Revision Procedure. GCHD will periodically test and revise its information system contingency plan.
 - a. The tests will be designed to simulate potential threats to the information system but will be conducted in a controlled environment.
 - b. The tests will evaluate adequacy of back-up and recovery systems, and time required to return the system to a normal operating environment.
 - c. If the tests reveal vulnerabilities or inadequacies of back-up and recovery systems, appropriate modifications will be made in the data backup plan, disaster recovery plan, and emergency mode operation plan.
 5. Applications and Data Criticality Analysis. GCHD will assess the relative criticality of specific applications and data in formulating its contingency plan.
 - a. GCHD will determine which applications and data are essential to maintain patient care, life safety, and other essential functions.
 - b. In evaluating the criticality of information, GCHD will consider, among other things, the difficulty of replicating the data if lost, sensitivity of the data, and consequences to patients if data is unavailable or corrupted.
 - c. Those applications and databases identified as critical to GCHD's patient care mission will be given priority in the contingency plan.
 - d. GCHD will devote appropriate resources to recovering critical functions in the event of a disaster.

REFERENCES

AS 3.1.1, Risk Analysis

AS 3.1.2, Risk Management

PS 4.1.1, Contingency Operations

PS 4.4.4, Data Back-up and Storage

TS 5.1.2, Emergency Access Procedure

45 C.F.R. § 164.308(a)(7)

POLICY

GCHD will perform periodic technical and non-technical evaluations to establish the extent that GCHD's security policies and procedures meet the requirements of the Security Rule based upon the standards implemented under the Security Rule and in response to environmental or operational changes affecting the security of electronic protected health information.

PROCEDURE

1. GCHD will perform periodic evaluations of its information system components to determine the level of security enjoyed by GCHD. The evaluation(s) may be conducted as part of GCHD's on-going risk analysis activities. Evaluations may be conducted through an external accreditation body or other outside entity.
2. The Security Officer or designee will document the outcome of the evaluation and make recommendations to management concerning any policy revisions or other changes needed to be in compliance.

REFERENCES

AS 3.1.1, Risk Analysis
AS 3.1.2, Risk Management
AS 3.7.4, Testing and Revision Procedures
45 C.F.R. § 164.308(a)(8)

POLICY

GCHD will implement policies and procedures to limit physical access to its electronic information systems and the facilities in which they are housed, while ensuring that properly authorized access is allowed.

PROCEDURE

- I. Contingency Operations. In the event of an emergency, GCHD will implement as necessary, procedures to allow access to systems to support restoration of lost data. GCHD will have in place the following contingency operations components to assist in the recovery of data and restoration of operations in the event of an emergency:
 - a. Applications and data criticality analysis
 - b. Data Backup Plan
 - c. Disaster Recovery Plan
 - d. Emergency Mode Operation Plan
 - e. Testing and revision procedure

2. Facility Security Plan. GCHD shall have in place a plan to safeguard all facilities and equipment from unauthorized physical access, tampering or theft.
 - a. GCHD will employ security personnel, security equipment, or alarms to protect all GCHD facilities during non-business hours.
 - b. All workforce members will wear identification. All visitors, contractors or other temporary personnel will be issued temporary identification and, if necessary, will be escorted to their destination.
 - c. Any sensitive equipment (servers, etc.) will be housed in a secure location and access to such equipment will be restricted to certain authorized personnel.
 - d. Off-site equipment or files will be maintained in a secure location by GCHD or by an approved contractor who will certify that adequate security is being maintained.

- e. Asset tags will be placed on all equipment and a log of all equipment shall be kept and updated quarterly. Spot checks will be performed to detect unauthorized removal of property.
 - f. Paper files shall be kept in locked file cabinets or locked rooms.
 - g. Only authorized maintenance personnel will be allowed to service electronic equipment.
 - h. Fire detection and prevention devices (sprinklers, fire extinguishers etc.) as well as flood detection devices (back flow valves, sump pumps, and leak detectors) shall be regularly maintained and inspected.
 - i. Written authorization and passes will be required to remove any equipment, data files or software off GCHD's premises.
 - j. Only authorized hardware, software and equipment will be used.
 - k. Maintenance records on all equipment shall be kept and in accordance with record retention guidelines.
3. Access Control and Validation Procedures. GCHD will implement procedures to control and validate a person's access to facilities based on their role or function, including visitor control, and control of access to software programs for testing and revision.
- a. *Physical Safeguards.* GCHD will implement the following physical safeguard procedures regarding verification of access authorization before granting physical access.
 - i. Unattended exterior doors will be protected by locks or badge readers.
 - ii. Visitors (including volunteers or contractors) will wear identification and be escorted through the facility. Visitors will only be allowed access to common areas or areas necessary to perform their job function. If a visitor requires access to information systems it must be approved by management.
 - iii. Electronic information systems or devices containing electronic protected health information will be shielded from the view of patients or visitors.
 - b. *Technical Security.* GCHD will implement technical security mechanisms to limit access control to workforce members who require access. Technical security mechanisms will include user-based access controls to protect sensitive communication transmissions.

- c. *Reporting Unauthorized Access.* Workforce members who observes a person attempting to enter GCHD facilities by bypassing the security measures, or if the person is not following the aforementioned security procedure, must report this information immediately to his/her supervisor, Director of Information Technology, or Security Officer.
4. Maintenance Records. GCHD will document repairs and modifications to the physical components of GCHD's facilities which are related to security (for example, hardware, doors, and locks). These documents will be retained according to GCHD's record retention guidelines and procedures.

REFERENCES

AS 3.1.4, Information Systems Activity Review
AS 3.3, Workforce Security
AS 3.5.4, Log-In Monitoring
AS 3.6, Security Incident Procedure
AS 3.7, Contingency Plan
AS 3.8. Evaluation
TS 5.1.2, Emergency Access Procedure
TS 5.2, Audit Controls

45 C.F.R. § 164.310(a)

POLICY

GCHD will implement an adequate level of security procedures that specify the proper functions to be performed, the manner in which those functions are to be performed, and the physical attributes of the workstations that can access electronic protected health information. This applies to all devices that have access to electronic protected health information, including computers, laptops, tablets, smart phones, etc.

PROCEDURE

1. All computer users will monitor their computers and report any potential threats to the computer and to the integrity and confidentiality of data contained in the computer system to the Director of Information Technology and Security Officer or their respective designees. All computer users will take appropriate measures to protect computers and data from damage or destruction due to disasters, to the extent possible. As part of every workforce member's orientation and, if appropriate, in ongoing security training sessions, all workforce members shall familiarize themselves with GCHD's disaster recovery and emergency mode operations plans and related policies and procedures as directed by management.
2. Computer users will ensure that computer monitors are placed so that the screen is not visible to unauthorized persons to prevent unauthorized persons from viewing electronic protected health information.
3. Workstations will have a password protected screensaver. Computer users logging onto the system will ensure that no one observes entry of their password. Workforce members will neither log onto the system using another person's password nor permit another person to log onto the system with their password. Workforce members are responsible for all actions taken under their passwords.
4. Virus software will be installed on all computers as directed by the Director of Information Technology or the Security Officer or their respective designees. Computer users must ensure that the virus software is active at all times, unless directed to deactivate the software by the Director of Information Technology or the Security Officer or their respective designees.
5. Electronic protected health information may only be accessed on a need to know basis. Workforce members will only have access to the information required to perform their job functions.

6. No workforce member will disclose electronic protected health information unless authorized to do so in accordance with GCHD's policies.
7. Workforce members will not leave printers unattended when electronic protected health information is being printed. Information will be printed only when necessary, and in accordance with the "minimum necessary" under GCHD's HIPAA policy, and shall be promptly disposed of according to GCHD's Record Retention guidelines (i.e., by shredding, secured disposal bins, etc.) when no longer needed for the purpose for which it was printed.
8. Computer users must log off the system when leaving the computer or workstation unattended. Computers will have a time-out feature after a certain period of inactivity.
9. Workforce members are responsible for the accuracy of data input into systems and applications. Supervisors will monitor the processes used by workforce members for data entry.
10. Workforce members will not attempt to evade access rights granted or attempt to access networks, systems, applications, or data to which the workforce member has not been granted access.
11. Workforce members will not download data from the computer system onto diskette, CD, hard drive, fax, scanner, any network drive or any other hardware, software or paper without the express permission of the workforce member's supervisor or the Director of Information Technology or designee.
12. Workforce members will not download software without the express permission of the Director of Information Technology or designee.
13. Workforce members will not download any information or applications to GCHD's computer without the express permission of the Director of Information Technology or designee. This includes opening files attached to an email from an unknown, suspicious, or untrustworthy source.
14. Workforce members violating this policy may be subject to disciplinary action in accordance with GCHD's policies.

REFERENCES

AS 3.5.5, Password Management
AS 3.6, Security Incident Procedures

PS 4.3, Workstation Security

45 C.F.R. § 164.310(b)

POLICY

GCHD shall implement physical safeguards for all workstations that access electronic protected health information to restrict access to authorized users. This applies to all devices that have access to electronic protected health information, including computers, laptops, tablets, smart phones, etc.

PROCEDURE

1. Each workforce member's workstation shall be configured in such a way as to promote the confidentiality and security of electronic protected health information.
2. Computer monitors should be placed so that the screen is not visible to unauthorized persons to prevent unauthorized persons from viewing electronic protected health information.
3. Printers should not be placed in a location where there is a risk of unauthorized individuals having access to printed protected health information. Information shall be printed only when necessary and shall be promptly stored and/or disposed of according to GCHD's record retention and/or disposal policies.
4. Computer users logging onto the system will ensure that no one observes entry of their password. Workforce members will neither log onto the system using another person's password nor permit another person to log onto the system with their password. Workforce members are responsible for all actions taken under their passwords.
5. Electronic protected health information may only be accessed on a need to know basis. Workforce members will only have access to the information required to perform their job functions.
6. Portable devices, including laptops, portable storage devices, smart phones, etc., will be secured when not in use.
7. If a workforce member accesses electronic protected health information from a portable device, the device must be password protected and the electronic protected health information not viewable by others.
8. Computers will have a time-out feature after a certain period of inactivity and a password protected screensaver.

9. Workforce members violating this policy may be subject to disciplinary action in accordance with GCHD's policies.

REFERENCES

AS 3.5.1, Workforce Training
AS 3.5.3, Protection from Malicious Software
AS 3.5.5, Password Management
AS 3.6, Security Incident Procedures
AS 3.7, Contingency Plan
PS 4.2, Workstation Use
PS 4.4.1, Disposal
TS 501, Integrity Controls

45 C.F.R. § 164.310(c)

POLICY

GCHD will implement reasonable and appropriate controls that govern the receipt and removal of hardware and electronic media that contain electronic protected health information into and out of a facility, and the movement of these items within the facility.

PROCEDURE

1. **Disposal.** Electronic protected health information will be disposed of in a proper and secure manner to prevent unauthorized or accidental disclosure of such information.
 - a. Disposal and/or destruction of items shall be conducted in accordance with GCHD's record retention guidelines.
 - b. *Retained Hardware or Electronic Media.* Director of Information Technology or designee is responsible for completely removing electronic protected health information from hardware that will be re-used within GCHD.
 - c. *Disposed Hardware or Electronic Media* Director of Information Technology or designee is responsible for the final disposition of hardware that contains electronic protected health information. All electronic protected health information will be completely removed from the hardware before the hardware is sold or destroyed. Hardware will then be physically destroyed and rendered functionally unusable.
 - d. *Log.* Director of Information Technology or designee will maintain a log of disposal of electronic protected health information from hardware, which will include date of disposal, who performed the disposal and how, and the hardware or information system that was disposed.
2. **Media Re-Use.** Director of Information Technology or designee will remove electronic protected health information from electronic media before the media is made available for re-use. Media will not be re-used for any purpose other than storing electronic protected health information unless all electronic protected health information has been removed from the media before re-use. Workforce members may store protected health information to a media capable of storing electronic information only when necessary, or as directed by the Director of Information Technology or designee.
3. **Accountability.** GCHD will maintain a record of the transfer, disposal and other movement of hardware and electronic media containing electronic protected health information. Organization shall also keep a record of the person currently in possession of such media.

- a. *Hardware*. GCHD will use inventory controls and take an annual inventory of each piece of hardware that contains electronic protected health information. The inventory will track the equipment's location and department. Hardware may only be removed from a GCHD facility with authorization from Executive Management or Director of Information Technology. Removal will be logged.
 - b. *Electronic Media*. Electronic media may only be removed from a GCHD facility with authorization from Executive Management or Director of Information Technology. Removal will be logged.
4. Data Backup and Storage. Director of Information Technology or designee will create a retrievable, exact copy of electronic protected health information, when needed, before movement of equipment. The data backup will be reviewed to validate the accuracy, completeness, and integrity of the backup. The backup data will then be stored in a secure location or restored on to equipment.

REFERENCES

AS 3.1.1, Risk Analysis
AS 3.7, Contingency Plan
PS 4.1, Contingency Operations

45 C.F.R. § 164.310(d)

POLICY

GCHD will implement procedures for electronic information systems that maintain electronic protected health information to allow access only to those persons or software programs that have been granted access rights.

PROCEDURE

1. Unique User Identification. All workforce members will be assigned a unique user name and number for identifying and tracking user identity.
 - a. Each computer user shall be assigned a unique user name and number (“user ID”). The user ID, as well as a password chosen by the computer user, will be required to access the computer and GCHD information systems. An individual may be assigned the same user ID for access to multiple systems.
 - b. The Director of Information Technology or designee will provide the computer user with a user ID. A record of all user IDs will be maintained in a secure setting.
 - c. User IDs will be immediately deactivated, and user access will be revoked, upon the resignation or termination of a workforce member.
2. Emergency Access Procedure. GCHD will establish procedures for obtaining necessary electronic protected health information during an emergency.
 - a. The Chief Executive Officer or designee will identify key workforce members who must have access to system information, as well as identify the most critical operations that must be restored to continue the daily business of GCHD, to alleviate the emergency.
 - b. Upon resolution of the emergency, the workforce members who had emergency access will have such access deactivated and the former permissions reinstated.
3. Automatic Log off. GCHD will implement electronic procedures that terminate an electronic session after a predetermined period of time.
 - a. Password-protected screensavers will activate at all workstations if there is no activity at a workstation for more than 15 minutes.

4. Encryption and Decryption. GCHD has determined that it is appropriate to implement encryption on protected health information.
 - a. All workforce members who transmit protected health information via email must encrypt the email before sending the information outside GCHD.
 - b. Workforce members are prohibited to send electronic protected health information over non-secured networks (e.g. transmitting protected health information over cellular devices, tables with Wi-Fi, etc. this includes, but not limited to, sending an email with protected health information from a GCHD issued cellular phone).
 - c. Each workforce member must ensure that electronic protected health information is sent over a secured network.

REFERENCES

AS 3.3.3, Termination Procedure
AS 3.5.5, Password Management
AS 3.7, Contingency Plan
PS 4.1.1, Contingency Operations
PS 4.2, Workstation Use
PS4.3, Workstation Security
TS 5.2, Audit Controls
TS 5.3, Integrity Controls
TS 5.4, Authentication of Entity or Person
TS5.5.2, Encryption

45 C.F.R. § 164.312(a)

POLICY

GCHD will implement hardware, software, and/or procedural mechanisms that record and examine activity in information systems that contain or use electronic protected health information.

PROCEDURE

1. *Audit Control Mechanism.* The Chief Executive Officer or Director of Information Technology or designee will designate an individual to conduct audits on its information systems that track user access. The computer system will have hardware/software or another procedural mechanism in place whereby access to the system is tracked according to workforce member user ID's and passwords.
2. *Activities to be Tracked.* These audits will examine specific tracking records created by workforce members accessing and documenting confidential electronic protected health information. Such activities will include, but are not limited to, unsuccessful log-in attempts and unauthorized access.
3. *Review and Respond.* Audits will be conducted at least semi-annually. The audit results will be reported to the Chief Executive Officer, Director of Information Technology, and Security Officer to further assess potential security weakness or further investigation. The audit will be conducted to:
 - a. Ensure integrity, confidentiality and availability of information and resources
 - b. Investigate possible security incidents and ensure conformance with security policies
 - c. Monitor user or system activity where appropriate
4. *Audit Trails and Reports.* Director of Information Technology and the Security Officer, or their respective designees will be responsible for maintaining the audit trails and reports. These reports will be maintained in a secure location according to GCHD record retention guidelines.

REFERENCES

Policy AS104, Information Systems Activity Review

Policy AS 3.4, Information Access Management

Policy AS 3.5.4, Log-in Monitoring

Policy AS 3.5.5, Password Management

Policy PS 4.1.3, Access Control and Validation

Policy TS 5.1, Access

45 C.F.R. § 164.312(b)

POLICY

GCHD will implement procedures to protect electronic protected health information from improper alteration or destruction.

PROCEDURE

1. The Director of Information Technology or designee will implement policies and procedures to protect electronic protected health information from improper alteration or destruction. Some of these policies and procedures are identified in this Security Manual.
2. Security Officer, Director of Information Technology, and their respective designees, will review policies and procedures on an annual basis to determine whether there is a need to impose electronic mechanisms to corroborate that electronic protected health information has not been altered or destroyed in an unauthorized manner. Determination will be considered in light of the current threats, available solutions, and costs and given to the Chief Executive Officer for review.

REFERENCES

AS 3.1.4, Information Systems Activity Review
TS 5.2, Audit Controls

45 C.F.R. § 164.312(c)

POLICY

GCHD will implement procedures to verify that a person or entity seeking access to electronic protected health information is the one claimed.

PROCEDURE1. *Person Authentication.*

- a. A user ID and appropriate password will be required to access GCHD's information system.
- b. Users will be responsible for keeping their user IDs and passwords confidential.
- c. If a user becomes aware that someone has improperly accessed his or her user ID and/or password, the user must immediately notify the Director of Information Technology and Security Officer.

2. *Entity Authentication.*

- a. Director of Information Technology will assign each entity needing access to GCHD's electronic information system containing protected health information a unique user ID. A unique user ID and password will only be assigned to those entity personnel with a need to know to perform the service required.
- b. Entities will be responsible for keeping their user IDs and passwords confidential. Entities will not make their user ID and password available companywide.
- c. Entities must follow GCHD policies and procedures, including those listed in the Security Manual.
- d. Entities must immediately notify the Director of Information Technology and Security Officer if they become aware that someone has improperly accessed his or her user ID and/or password.

REFERENCES

AS 3.4, Information Access Management

AS 3.5, Awareness and Training

TS 5.1.I, Unique User Identification

TS 5.2, Audit Controls

45 C.F.R. § 164.312(d)

POLICY

GCHD will implement technical security measures to guard against unauthorized access to electronic protected health information that is being transmitted over an electronic communications network.

PROCEDURE

1. Integrity Controls. GCHD will implement, where appropriate, security measures to ensure that electronically protected health information is not properly modified without detection until disposed of.
 - a. A user ID and appropriate password will be required to access GCHD's information system.
 - b. Audit controls will be established to track access to the system and any modifications to electronic protected health information, and tracking records will be reviewed by the Director of Information Technology, or designee, on an on-going basis.
 - c. Anti-virus software will be used.
 - d. The electronic protected health information will be protected from unauthorized Internet access through the use of firewalls and authentication devices.
2. Encryption. GCHD will implement, where appropriate, a mechanism to encrypt electronic protected health information.
 - a. All workforce members who transmit protected health information via email must encrypt the email before sending the information outside GCHD.
3. Security Protection. Director of Information Technology or designee will implement procedures to protect electronic protected health information that is transmitted over an electronic communications network. Some of these policies and procedures are identified in this Security Manual.

REFERENCES

Policy PS 4.1.3, Access Control and Validation Procedures

Policy TS 5.1, Access

Policy TS 5.3, Integrity of Electronic PHI

Policy TS 5.4, Authentication of Entity or Person

45 C.F.R. § 164.312(e)

[Back to Agenda](#)

**Governing Board
April 2018
Item #7
Informational Items**

- a) Board Member Letter of Resignation (Jose Boix)
- b) Letter to HRSA Regarding Coastal Health & Wellness Interim Executive Director
- c) Order from Galveston County Commissioners Court Restricting Representation To or For the Galveston County Health District
- d) Letter from Governing Board Chair Person Regarding Additional Responsibilities for Kathy Barroso, Interim Executive Director for CHW

**José A. Boix &
Arlene M. Boix**

1821 - 20th. Ave. North
Texas City, TX 77590

Telephone:
409.945.0492
Email: jaboix@aol.com

Letter sent via Email and Surface Mail

Milton Howard, DDS – Chairperson
Coastal Health & Wellness Board
9850 Emmett F Lowry Expy, Ste C
Texas City, TX 77591

March 26, 2018

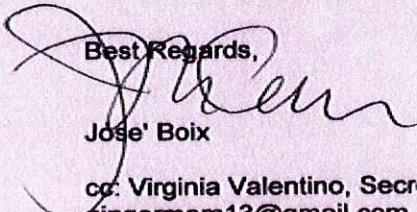
Dear Dr. Howard:

It is with regret that I am writing to inform you of my decision to resign my position on the Board of Coastal Health & Wellness (CHW), effective immediately. I am following the CHW ByLaws Provision 5. Resignation and Vacancies: A Governing Board member may resign at any time by giving written notice to the Chairperson or to the Secretary-Treasurer.

After much thought, I have decided that taking this step is best as CHW goes forward. As such, it would enable the Board to explore alternative courses of action.

The years with the Board have served me to get a better understanding of the management of public health in general. For that and much more, I am thankful.

Best Regards,



Jose' Boix

cc: Virginia Valentino, Secretary/Treasurer, Coastal Health & Wellness.
gingermom13@gmail.com

cc: McClure, Executive Director, Coastal Health & Wellness.

Milton Howard, DDS, Chair,
Coastal Health & Wellness Governing Board



Jose Boix, Vice-Chair,
Coastal Health & Wellness Governing Board

Virginia Valentino, Secretary-Treasurer,
Coastal Health & Wellness Governing Board

March 29, 2018

CDR Brandon C. Wood, MHS, MBA
United States Public Health Service
Health Resources and Services Administration
BPHC/Southwestern Division
5600 Fishers Lane, Room 16-20
Rockville, Maryland 20857

Re: Coastal Health & Wellness Executive Director

Dear Mr. Wood,

I am writing to inform you about recent changes to Coastal Health & Wellness (CHW) executive leadership.

On March 29, 2018, Ms. Mary McClure, CHW Executive Director submitted her resignation. Kathy Barroso, CEO for the Galveston County Health District will be serving as Interim Executive Director reporting directly to the Governing Board until a permanent replacement is selected. Please accept this letter as official notification of this action.

If you should have any questions or require any further information, please contact Kathy Barroso at 409-938-2257 or by email at kbarroso@gchd.org.

Respectfully,

A handwritten signature in black ink that reads "Milton Howard, DDS". The signature is written in a cursive style.

Milton Howard, DDS
Chairperson, Coastal Health & Wellness Governing Board

CC: Kathy Barroso, CHW Interim Executive Director
Coastal Health & Wellness Governing Board

practices or failures within the Dental Clinic within Coastal Health and Wellness and which has led to the testing of thousands of persons for human immunodeficiency virus (HIV), Hepatitis B, and Hepatitis C;

Whereas, pursuant to Cooperative Agreement in accordance with the Local Public Health Reorganization Act, Galveston County is a member government in the Galveston County Health District;

Whereas, Galveston County is an independent and separate political subdivision of the State of Texas distinct from the Galveston County Health District; and

Whereas, the attorneys within the Galveston County Legal Department are subject to the Texas Disciplinary Rules of Professional Conduct of the State Bar of Texas, and the Commissioners Court wishes to restrict the attorneys' representation of the Galveston County Health District/Coastal Health and Wellness to avoid any conflicts that would preclude such attorneys from rendering legal services to the Commissioners Court of Galveston County, Texas.

Now Therefore, it is hereby **ORDERED**, by the Commissioners Court of Galveston County, Texas, that the authority of the attorneys and personnel within the Galveston County Legal Department to render legal services and representation to the Galveston County Health District is hereby **AMENDED** as follows:

- No legal services, including but not limited to representation in the Federal or State Courts, and the representation of handling Public Information Act requests, are to be provided from the attorneys and personnel within the Galveston County Legal Department to or for the Galveston County Health District on any matters relating to, resulting from, or arising out of the Coastal Health and Wellness equipment sterilization practices or deficiencies thereof;
- All previous authorizations, resolutions, orders, or prior actions of the Commissioners Court authorizing the attorneys and personnel within the Galveston County Legal Department to render legal services to or for the Galveston County Health District are hereby **AMENDED** to be in conformity with this **Order**; and
- This Order is and shall be effective on and from its issuance.


Execution of this Order is on the immediately following page.

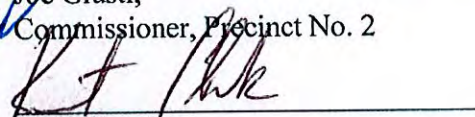
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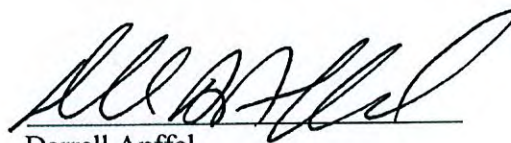
Upon Motion Duly Made and Seconded, the above ORDER is hereby ADOPTED, on this, the 9th day of April, 2018.

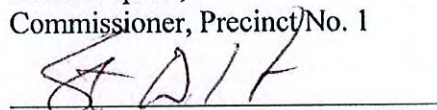
COUNTY OF GALVESTON, TEXAS, By:


Mark Henry, County Judge



Joe Giusti,
Commissioner, Precinct No. 2


Kenneth Clark,
Commissioner, Precinct No. 4


Darrell Appfel,
Commissioner, Precinct No. 1


Stephen D. Holmes,
Commissioner, Precinct No. 3

ATTEST:


Dwight D. Sullivan,
County Clerk of Galveston County, Texas

Milton Howard, DDS, Chair
Coastal Health & Wellness Governing Board



Jose Boix, Vice-Chair
Coastal Health & Wellness Governing Board

Virginia Valentino, Secretary-Treasurer
Coastal Health & Wellness Governing Board

Confidential

To: Kathy Barroso, CPA
Chief Executive Officer

From: Milton Howard, DDS 
Chair, Coastal Health & Wellness Governing Board

Date: April 13, 2018

Re: Additional Duty Assignment: Interim Coastal Health & Wellness Executive Director

In accordance with action taken at a special meeting of the Coastal Health & Wellness (CHW) Governing Board on April 12, 2018, you have been selected to serve as Interim Executive Director of Coastal Health & Wellness.

The additional responsibilities include, but not limited to the following:

- Organize and oversee CHW staff
- Oversee preparations for CHW Governing Board meetings
- Delegate and assign duties to CHW staff to carry out mission and operations
- Approve budgeted expenditures
- Approve unbudgeted expenditures up to limit set by Board
- Execute policies and directives of the Board (includes strategic health plan objectives)
- Prepare/present monthly executive report to the Board
- Assure the timely filing of any HRSA required reports
- Assuring adherence to Joint Commission requirements
- Other duties as assigned

The Coastal Health & Wellness Governing Board appreciates your willingness to step up to assume this role during this period of transition. As such, should you have any questions related to your responsibilities, please feel free to contact me.

Cc: Coastal Health & Wellness Governing Board
Personnel File

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

April 2018

Item #8

Consider for Approval the Quarterly Investment Report

**Coastal Health & Wellness
Investment Report
For the period ending March 31, 2018**

Coastal Health & Wellness	Money Market Account		
	January	February	March
Beginning Balance	\$3,534,960	\$3,832,704	\$3,259,806
Deposits	755,000	425,900	514,880
Withdrawals	(458,720)	(1,000,000)	(425,000)
Interest Earned	1,464	1,202	1,312
Ending Balance	<u>\$3,832,704</u>	<u>\$3,259,806</u>	<u>\$3,350,998</u>
Current Annual Yield	0.50%	0.50%	0.50%
Previous Quarter Yield (10/2017 to 12/2017)	0.50%	0.50%	0.50%

Tex Pool Investments		
January	February	March
\$1,011,013	\$1,012,129	\$2,013,914
0	1,000,000	0
0	0	0
1,115	1,785	2,592
<u>\$1,012,129</u>	<u>\$2,013,914</u>	<u>\$2,016,506</u>
1.299%	1.344%	1.516%
1.032%	1.051%	1.176%

FY18 Summary	Interest Earned	Avg Balance	Yield
October 1, 2017 to December 31, 2017	\$6,452	4,711,676	0.14%
January 1, 2018 to March 31, 2018	\$9,471	4,849,814	0.20%
YTD Totals	<u>\$15,923</u>	<u>\$4,780,745</u>	0.33%

Coastal Health & Wellness	Q1	Q2	Q3	Q4	YTD Comparison
Interest Yield Year to Year Comparison	Oct 1-Dec 31	Jan 1-Mar 31	Apr 1-June 30	Jul 1-Sept 30	Total as of 9/30
FY2015	0.19%	0.18%	0.19%	0.19%	0.75%
FY2016	0.13%	0.12%	0.12%	0.13%	0.50%
FY2017	0.13%	0.12%	0.12%	0.13%	0.50%
FY2018 (Current year)	0.14%	0.20%			0.33%

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

**Governing Board
April 2018
Item #9
Executive Report**

Mental health is essential to overall health, well-being

When you or someone you love is dealing with a mental health concern, sometimes it's a lot to handle.

It's important to remember that mental health is essential to everyone's overall health and well-being, and mental illnesses are common and treatable.

So much of what we do physically impacts us mentally. That is why this year's theme for May *Mental Health Month – Fitness #4Mind4Body* – is a call to pay attention to both your physical health and your mental health, which can help achieve overall wellness and set you on a path to recovery.

FITNESS #4MIND4BODY



TAKE THE CHALLENGE
by visiting bit.ly/MHChallenge.
SHARE YOUR PROGRESS
by posting with [#4mind4body](https://twitter.com/4mind4body).

May is Mental Health Month was started 69 years ago by Mental Health America to raise awareness about

mental health conditions and the importance of good mental health for everyone. Last year, Mental Health Month materials were seen and used by more than 230 million people, with more than 10,000 entities downloading MHA's tool kit.

This *May is Mental Health Month*, we are focused on how a healthy lifestyle may help prevent the onset or worsening of mental health conditions, as well as heart disease, diabetes, obesity and other chronic health problems. It can also help people recover from these conditions. Eating healthy foods, managing stress, exercising and getting enough

Mental Health, page 3



NATIONAL NURSES WEEK 2018
AMERICAN NURSES ASSOCIATION

Hats off to CHW's awesome nurses!

National Nurses Week May 6-12

During National Nurses Week, Coastal Health & Wellness extends a special thank you to our nurses who continue to provide the highest level of quality care to our patients.

All nurses deserve special recognition for their efforts in delivering compassionate care while embodying the principles of ethical practice in their profession.

What to Know

Uncontrolled high blood pressure puts your health at risk

What you don't know about high blood pressure could hurt you. High blood pressure affects one in three Americans, yet many people with the condition don't know they have it.

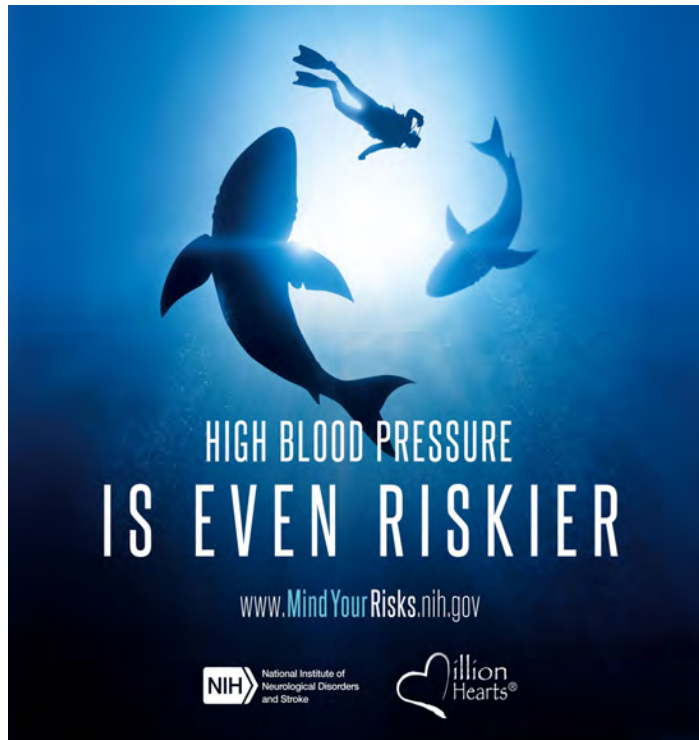
Uncontrolled high blood pressure raises the risk for heart disease and stroke, which are leading causes of death in the United States. Fortunately, high blood pressure is treatable and preventable. To lower your risk, get your blood pressure checked regularly and take action to control your blood pressure if it is too high.

Possible links to dementia

Recent studies show that high blood pressure is linked to a higher risk for dementia, a loss of cognitive function. Timing seems to matter. Some evidence suggests having uncontrolled high blood pressure during mid-life (age 45 to 65) creates a higher risk for dementia later in life.

Young people can have high blood pressure, too

High blood pressure doesn't just happen to older adults. About one in four men and nearly one in five women age 35 to 44 has high blood pressure. Experts think the increased risk for stroke among young adults



By living a healthy lifestyle, you can help keep your blood pressure in a healthy range and lower your risk for heart disease and stroke.

A healthy lifestyle includes:

- Eating a healthy diet
 - Maintaining a healthy weight
 - Getting enough physical activity
 - Not smoking
 - Limiting alcohol use
- Learn more about steps you can take to prevent high blood pressure.

is a direct result of the rising rates of obesity, high blood pressure and diabetes.

“Silent Killer” lacks symptoms

High blood pressure is sometimes called the “silent killer.” Most people with high blood pressure don't have any symptoms, such as

sweating or headaches. Because many people feel fine, they don't think they need to get their blood pressure checked.

Even if you feel normal, your health may be at risk. Talk to your doctor about your risk for high blood pressure.

Many cases go undiagnosed

About 11 million U.S. adults with high blood pressure aren't even aware they have it and are not receiving treatment to control their blood pressure. Most people with uncontrolled blood pressure have health insurance and visit a health care provider at least twice a year, but the condition remains undiagnosed, hidden from the doctor and patient.

Women and minorities face unique risks

Women with high blood pressure who become pregnant are more likely to have complications during pregnancy than those with normal blood pressure. Women with high blood pressure who want to become pregnant should work with their health care team to lower their blood pressure before becoming pregnant.

African American men and women have higher rates of high blood pressure than any other race or ethnic group. These individuals are also more likely to be hospitalized for high blood pressure. Experts think this is related to higher rates of obesity, diabetes, and stroke among this group.

Courtesy of the Centers for Disease Control and Prevention

Mental Health

sleep can go a long way in making you both physically and mentally healthy.

It is important to really look at your overall health, both physically and mentally, to achieve wellness. Getting the appropriate amount of exercise, eating healthy foods that can impact your gut health, getting enough sleep and reducing stress – it's all about finding the right balance to benefit both the mind and body.

MHA has developed a series of fact sheets (available at www.mentalhealthamerica.net/may) on the importance of exercise, diet and nutrition, gut health, sleep and stress management. Also new this year is the #4Mind4Body Challenge, where we call on everyone

**MAY IS 2
MENTAL 0
HEALTH 1
MONTH 8
#4mind4body**

to join us in completing a small task each day during the month of May – and tell us about it on social media using #4Mind4Body. Learn more here: www.mentalhealthamerica.net/challenge.

For more information on *May is Mental Health Month*, visit Mental Health America's website at www.mentalhealthamerica.net/may.

Courtesy of Mental Health America

FIGHT THE BITE

Protect yourself, your family and community from ZIKA with the 3-Ds

- 1 Defend**
 - Apply EPA-approved insect repellent with DEET in it
 - Use screens or close windows and doors to keep mosquitos out
- 2 Dress**
 - Wear pants and long-sleeve shirts when outdoors (especially at dawn and dusk)
- 3 Drain**
 - Remove standing water around your home
 - Cover trash cans or containers where water can collect

LEARN MORE AT gchd.org/zika

COMBATA LA PICADURA

Protejase usted mismo, a su familia y comunidad del ZIKA

- 1 Protejase**
 - Utilice repelentes aprobados por el EPA que contengan el ingrediente activo DEET
 - Utilice mosquiteros o cierre ventanas y puertas para evitar los mosquitos
- 2 Vistase**
 - Use ropa de manga larga y pantalones largos
- 3 Vacie**
 - Elimine agua estancada alrededor de su hogar
 - Cubra botes de basura o contenedores donde pueda acumularse agua

APRENDA MAS EN gchd.org/zika



STRESSED ABOUT RECOVERING FROM HURRICANE HARVEY?

Coastal Health & Wellness offers counseling sessions for adults and children.



For more information, call 409-938-2330 or 409-978-4216
COASTALHW.ORG

Coastal Health & Wellness Updates

Contact Center –

- Two additional phone queues have been added to help with calls to the NurseLine and to Dental area. These additional lines will provide customers with an opportunity to speak directly with someone in these areas that can assist them.

Saturday Clinic Hours –

- Currently, the clinic is scheduled to see patients on Saturdays from 10:00 AM to 5:00 PM. Two medical providers are scheduled on Saturdays, with one provider working 8 hours and another provider working 4 hours. The 8 hour provider handles walk-ins and the 4 hour provider sees patients with scheduled appointments.
- Since the number of patients seen in the afternoon on Saturdays are very few, we have decided to modify Saturday clinic hours from 8:00 AM to Noon, beginning May 5, 2018. Each provider would work 4 hours and see both scheduled and appointed patients during this time.
- The reduction in hours should still allow for the same number of patients to be served but will result in reduced staffing and security costs.

Dental Clinic –

- The Texas City Dental Clinic resumed services on April 16. During the first week of resumed operations, a total of 62 dental patients were seen.
- The Galveston Dental Clinic remains closed at this time and will be re-evaluated at a later date.

UTMB OB/GYN Agreement –

- We were recently notified that the agreement between Coastal and UTMB OB/GYN will not be renewed and will terminate effective May 15, 2018. The agreement was entered into by both parties in June 2017 and provided for one UTMB Nurse Practitioner to provide obstetrics and gynecology services at Coastal Health & Wellness for 8 hours each month. UTMB stated that they were unable to continue with the agreement because they no longer had the personnel to cover the scheduled requirements.

UTMB Professional Services Agreement –

- UTMB and Coastal recently entered into an agreement in which UTMB will provide Coastal with one licensed physician during mutually agreed upon service dates and times for a minimum of 8 hours per week, comprised of (2) four-hour clinical sessions. Physician will be responsible for supervision of any UTMB medical students who have been authorized to assist in providing services to Coastal Health & Wellness patients.

Crucial Catch Grant –

- We continue to provide mammography services through the Crucial Catch grant. The grant provides \$75,000 in funding from October 2017 to April 2019. To date, three screenings were held on the Mobile Mammography bus located in the CHW parking lot, resulting in 52 patients screened. The next screening is scheduled for July 20, 2018. In addition, iPads have been ordered through grant funds to help educate patients about mammography screenings. The

iPads allow for women between the ages of 40 to 64 to view a short mammogram screening video to help them understand the process. The next Crucial Catch event will be scheduled at Coastal in October.

Communications –

- **News Releases/ Website News Posts**
 - CHW Texas City dental clinic to open
 - Coastal Health & Wellness works to Correct Practices
 - Galveston County Health District recommends testing for Coastal Health and Wellness Patients
- **April Campaigns**
 - CHW Texas City dental clinic to reopen
 - CHW Texas City dental clinic opens
- **Videos**
 - CHW Press Conference 3.26.18

Governing Board –

- **Annual Performance Evaluations**
 - Training was provided to management on how to conduct performance evaluations. The training included an overview of the performance review form, self-review form, objectives of a review, pitfalls to avoid, and how to conduct the meeting. Managers will be conducting annual performance reviews for all employees over the next month
- **Salary Increases –**
 - Cost of living increases and/or salary adjustments were processed for all Coastal Health & Wellness employees based on the approved budget.

CHW Career Opportunities –

- **Job Offers –** The following candidate(s) were extended job offers and have future start dates:
 - Cynthia Santana – Electronic Records Specialist
 - Esmeralda Martinez – Medical Aide
 - Cynthia Henderson – LVN
- **Current Vacancies –**
 - CHW Administration – Clinical Compliance Specialist, CHW Dental Director, CHW Executive Director
 - Contact Center – Contact Center Specialist
 - Dental – Full-time Dental Assistant (2), Part-time Dental Assistant, Supervisor of Dental Assistants
 - Lab & X-Ray – Lab & X-Ray Technician (3)
 - Medical – Midlevel Provider (Nurse Practitioner or Physician Assistant) (2)
 - Nursing – LVN, Medical Aide

Governing Board Contract Report: March 2018

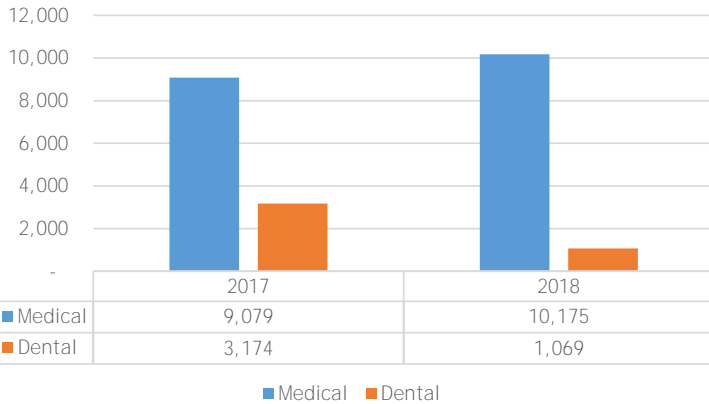
1. The District, including Coastal Health & Wellness, entered into a Billing Management and Payment Services Agreement with Modas. The purpose of this contract is to provide discounted cellular and mobile solutions to our employees through Sprint.

April 2018

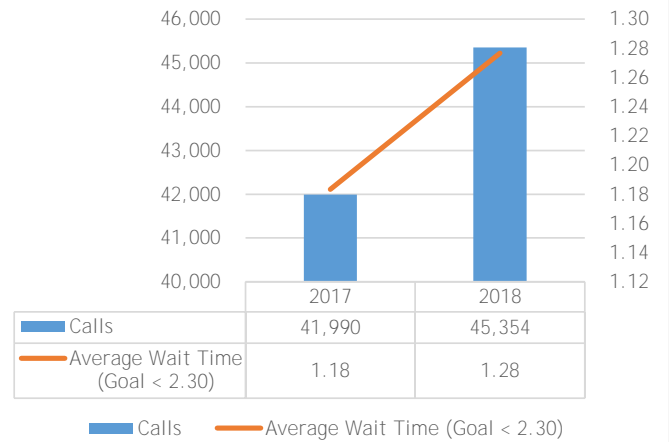
YTD Comparison Report - January through March

Patient Services - Patients Checked-In	2017	2018	% Change
Medical	9,079	10,175	12%
Dental	3,174	1,069	-66%
Contact Center	2017	2018	% Change
Calls	41,990	45,354	8%
Average Wait Time (Goal < 2.30)	1.18	1.28	8%
Electronic Records	2017	2018	% Change
Record Requests	2,628	2,712	3%
County Indigent Program	2017	2018	% Change
Applied	369	376	2%
Referrals	837	1361	63%
Avg Total Patients on Program	238	236	-1%
Case Management	2017	2018	% Change
Referrals	2,675	3,453	29%

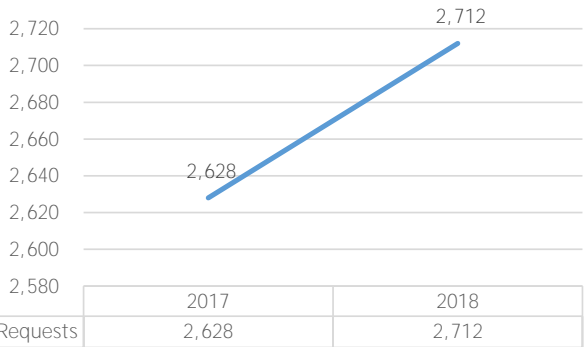
Patient Services - Total Patients Checked-In



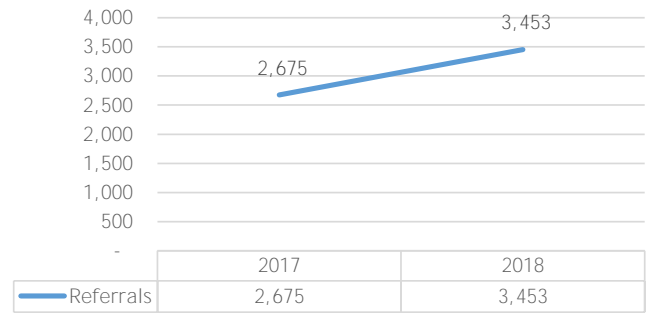
Contact Center - Calls and Wait Time



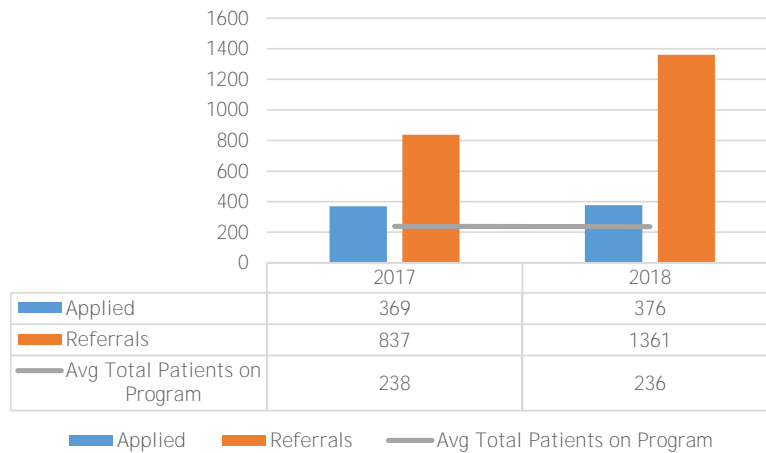
Electronic Record Requests



Case Management Referrals



County Indigent Program





COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

**Governing Board
April 2018
Item #10
Update on 1115 Waiver and Plans for
Community Collaboration**

Coastal Health & Wellness Board Presentation

Texas 1115 Healthcare Transformation Waiver

The Impacts of Projects and the Systematic Improvement Opportunities Going Forward

Craig Kovacevich, MA

Associate Vice President, Waiver Operations & Community Health Plans
Office of the President
University of Texas Medical Branch at Galveston

Excerpt from DSRIP Approval Letter

“We believe the DY 7-8 protocols will set a strong baseline for the next era of delivery system reform within Texas, and the Transition Plan will help Texas lay out its strategy for continuing its delivery system reform efforts.”

-CMS

Today we will:

1. Review the Texas 1115 Waiver's Impact to Date
2. Outline the Programmatic Changes to the 1115 Waiver
3. Discuss the Power of the Collaborative Learning Structure

Background: 1115 Healthcare Transformation Waiver

- Five-year demonstration waiver approved by CMS in December 2011; expired September 2016
 - Approximately \$29 billion value inclusive of Uncompensated Care (UC) and Delivery System Reform Incentive Payment (DSRIP)
- Purpose:
 - Preserve supplemental funding under a new methodology
 - Expand Medicaid managed care statewide (transition from fee-for-service payment model)
 - Transform patient care delivery through innovative projects that advance the Triple Aim of Healthcare:
 - Improve the patient experience of care
 - Improve the health of populations
 - Reduce the per capita cost of health care

1115 Waiver Extension

- 15-month Extension (October 1, 2016 to December 31, 2017)
 - Approval received on May 2, 2016
 - Maintains current funding levels for both UC and DSRIP
 - \$6.2 billion per year – \$3.1 billion for UC and \$3.1 billion for DSRIP
 - Promotes sustainability planning and Medicaid managed care alignment
- Additional 5 years (January 1, 2018 to September 30, 2022)
 - Approval received on December 21, 2017
 - UC: maintains current funding levels for 2 years, subsequent years will be determined based on provider charity care data
 - DSRIP: maintains current funding levels for 2 years, followed by 2 years of funding which will decrease each year (5th year will have zero funding)
 - Transitions from individual projects to “system” approach

Evolution from Project to System Approach

- Updated protocol approved for DY7-8, October 1, 2017 to September 30, 2019 (DY9-11 TBD)
 - Builds upon current DSRIP project structure
 - Individual projects evolve into larger, system-level initiatives and targeted clinical outcomes
 - Focus remains on target population: Medicaid recipients and low-income uninsured individuals
 - Continues advancing the Triple Aim of Healthcare
 - Clinical outcomes and quality standards remain priorities
 - Promotes collaboration for organizations who share patients

DY7 Structure and Funding Distribution

RHP Plan Update Submission (20%)

- Submit RHP Plan Update by April 30, 2018
- Includes Measure Bundle selections, baselines, and other associated DSRIP values

Category A – Required Reporting (0%)

- Core activities, alternative payment methodologies, costs and savings, and collaborative activities

Category B – MLIU Patient Population by Provider (10%)

- Number of MLIU individuals served by the system must be maintained each year (allowable variation determined by HHSC)

Category C – Measure Bundles (55 or 65%)

- Pay-for-performance on clinical and/or quality measure outcomes
- Bundle selections may include: Pediatric Care, Maternal Care, Chronic Disease Management, etc.

Category D – Statewide Reporting Measure Bundle (15 or 5%)

- Pay-for-reporting on a statewide bundle focused on a population health perspective
- ❖ Can be increased to 15% if private hospital participation minimums are met

DY8 Funding Distribution: 0% Category A, 10% Category B, 75% or 85% Category C, 15% or 5% Category D

DY9-11 Funding Distribution: TBD

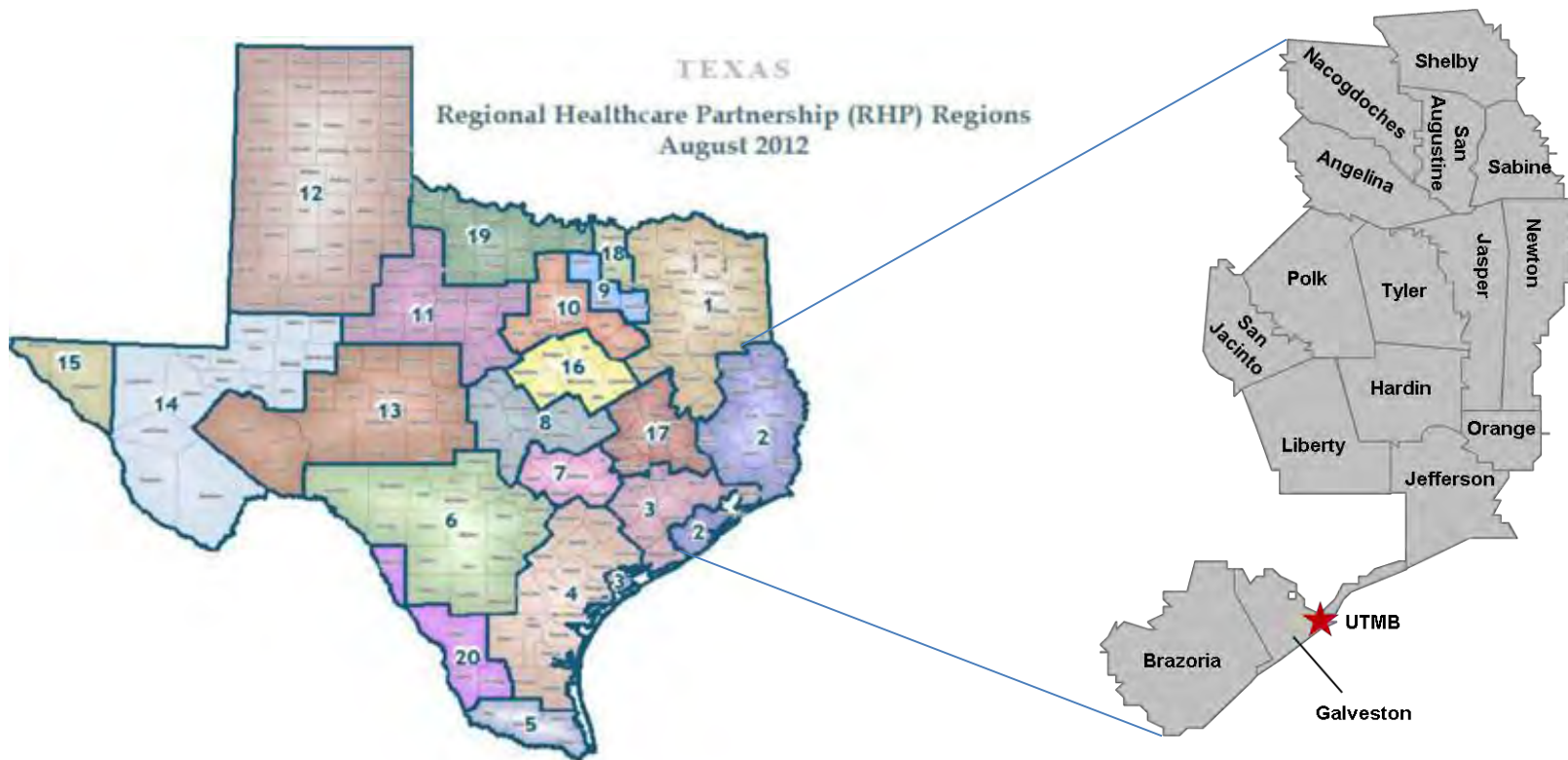
Coastal Health & Wellness

- All Funds Valuation: \$950,000 per DY7 and DY8
- Category C Selections:
 - L1-107: Colorectal Cancer Screening
 - L1-115: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
 - L1-186: Breast Cancer Screening

DSRIP Focus and Goals

- Target population: Medicaid recipients and low-income uninsured individuals
- Initiatives are aimed at enhancing patient care through increased access, better coordination, and improved quality outcomes
- Collaborative efforts have focused on sharing best practices in order to facilitate better overall outcomes
- New proposed protocol encourages continuation of collaboration and potential new partnership opportunities
- Trend towards transformation to “system networks”
 - Hospital and health systems expanding to function more as integrated networks, to include mix of outpatient and post-acute services in addition to traditional hospital services
 - Able to capture revenue sources from diverse group of patients, changing their patient mix to add those who need less hospital care

Regional Healthcare Partnership (RHP) Structure



20 RHPs
 254 counties
 >300 Performing Providers
 \$3.1B per DY7 and DY8 for DSRIP

RHP 2
 16 counties
 15 Performing Providers
 \$111.6M per DY7 and DY8 for DSRIP

UTMB, Anchor for RHP 2

- Primary roles and responsibilities as Anchor
 - Serve as liaison between HHSC and Performing Providers
 - Coordinate RHP plans, including public outreach and regional stakeholder engagement
 - Facilitate regional learning collaborative opportunities
- The RHP 2 Anchor Team also provides the following additional support:
 - Technical assistance via teleconference, in-person meetings, and/or webinars for understanding protocols, reporting, and other DSRIP-related deliverables
 - Specific, targeted provider-level assistance by request
 - Review and check semi-annual reports, RHP Plan Update templates, etc. prior to submission

Regional Learning Collaborative Opportunities

- UTMB, as Anchor, implemented two regional learning collaboratives that have been successful for both UTMB and regional providers during the initial Waiver
- Learning Collaborative activities will continue under the new DSRIP program structure
- Collaborative efforts have focused on sharing best practices in order to facilitate better overall outcomes for individuals served by RHP 2 Performing Providers
- To enhance these offerings, RHP 2 will partner with RHP 1 to allow for a broader perspective/enhanced networking and knowledge sharing
 - RHP 2 providers will be invited to RHP 1's learning collaborative events, and vice versa

Regional Learning Collaborative Opportunities

- Chronic Disease Management
 - Natural progression from the previous work on 30-Day Readmissions
 - Continuation of regional engagement to promote best practices
 - Parallel Plan-Do-Study-Act (PDSA) efforts to promote improved chronic disease management strategies amongst regional performing providers
- Behavioral Health
 - Continuation of efforts on:
 - Integration of primary and behavioral care
 - Peer support
 - Crisis services
 - Substance abuse
 - Identification of implementable practices to improve whole person wellness

Opportunities: Enhanced Collaboration

- Continuation of transformational region-wide initiatives, with additional focus on cross-regional efforts
 - Strong desire by providers to build on individual work with more robust collaboration
 - Continue to build on existing relationships and develop new opportunities to expand
- Greater partnership with Medicaid Managed Care Organizations to enhance:
 - Exploration of alternative payment models, such as “bundled payments” and “shared savings arrangements”
 - Quality reporting
 - Better, coordinated care management for shared chronic disease and/or complex patient populations
 - Development of “systems of care”

Opportunities: Community Health

- DSRIP initiatives are “incubators” for population health
- Outcome metrics are tied to target populations, based on community needs and project scope



Opportunities: Population Health Management

- DSRIP initiatives are “incubators” for population health
- Shift to system-level Measure Bundles further transforms and focuses quality outcomes on target populations



Want to Know More?



Craig S. Kovacevich, MA
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Waiver Operations & Community Health Plans
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cskovace@utmb.edu
www.utmb.edu/1115

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

April 2018

Item #11

**Ratification of Action Taken by Previous Executive Director to Waive
Electronic Record Fees in the Amount of \$43 from 3/23/18 to 4/14/18
Due to GCHD Investigation**

Ratification of Action Taken by Previous Executive Director to Waive Electronic Record Fees in the Amount of \$43 from 3/23/18 to 4/14/18 Due to GCHD Investigation

A total of 14 individuals requested their medical or dental records from Coastal Health & Wellness as a result of the GCHD investigation. The total cost of medical record fees waived from 3/23/18 to 4/14/18 was \$43 and was approved by the previous Executive Director. Patients were also encouraged to enroll in the Patient Portal, which would enable them to access their records at no cost.

Requested Action: Ratification of action taken to waive electronic record fees in the amount of \$43 from 3/23/18 to 4/14/18.

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

April 2018

Item #12

Consider for Approval March 2018 Financial Report

COASTAL HEALTH & WELLNESS

Governing Board



FINANCIAL SUMMARY

For the Period Ending March 31, 2018

April 26, 2018

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

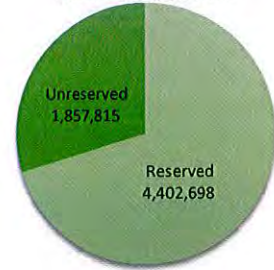
CHW - BALANCE SHEET as of March 31, 2018

	Current Month Mar-18	Prior Month Feb-18	Increase (Decrease)
ASSETS			
Cash & Cash Equivalents	\$5,481,838	\$5,458,810	\$23,028
Accounts Receivable	10,412,378	8,440,152	1,972,226
Allowance For Bad Debt	(9,284,512)	(7,787,129)	(1,497,384)
Pre-Paid Expenses	55,893	76,551	(20,657)
Due To / From	(26,841)	39,788	(66,629)
Total Assets	\$6,638,756	\$6,228,172	\$410,583
LIABILITIES			
Accounts Payable	\$142,885	\$182,354	(\$39,470)
Accrued Salaries	213,493	157,157	56,337
Deferred Revenues	21,865	27,737	(5,872)
Total Liabilities	\$378,243	\$367,248	\$10,995
FUND BALANCE			
Prior Year Fund Balance	\$4,216,182	\$4,174,682	\$41,500
Current Change	2,044,331	1,686,242	358,089
Total Fund Balance	\$6,260,513	\$5,860,924	\$399,589
TOTAL LIABILITIES & FUND BALANCE	\$6,638,756	\$6,228,172	\$410,583

Current Period Assets



Total Fund Balance



CHW - REVENUE & EXPENSES as of March 31, 2018

	Actual Mar-18	Budgeted Mar-18	PTD Budget Variance	YTD Budget Variance
REVENUE				
County Revenue	\$324,070	\$307,896	\$16,174	\$264,940
DSRIP Revenue	0	22,995	(22,995)	1,179,682
HHS Grant Revenue	608,109	260,617	347,493	61,982
Patient Revenue	1,808,355	277,192	1,531,164	10,546,268
Other Revenue	9,587	5,918	3,670	31,820
Total Revenue	\$2,750,122	\$874,617	\$1,875,505	\$12,084,692
EXPENSES				
Personnel	\$582,739	\$636,952	\$54,213	\$1,026,178
Contractual	70,968	58,751	(12,218)	55,220
IGT Reimbursement	0	0	0	(413,665)
Supplies	111,539	98,190	(13,349)	(94,524)
Travel	3,185	2,265	(920)	4,032
Bad Debt Expense	1,192,194	1,158,858	(1,497,384)	(10,447,083)
Other	84,718	78,459	(6,259)	(170,518)
Total Expenses	\$2,350,533	\$874,617	(\$1,475,916)	(\$10,040,361)
CHANGE IN NET ASSETS	\$399,589	\$0	\$399,589	\$2,044,332

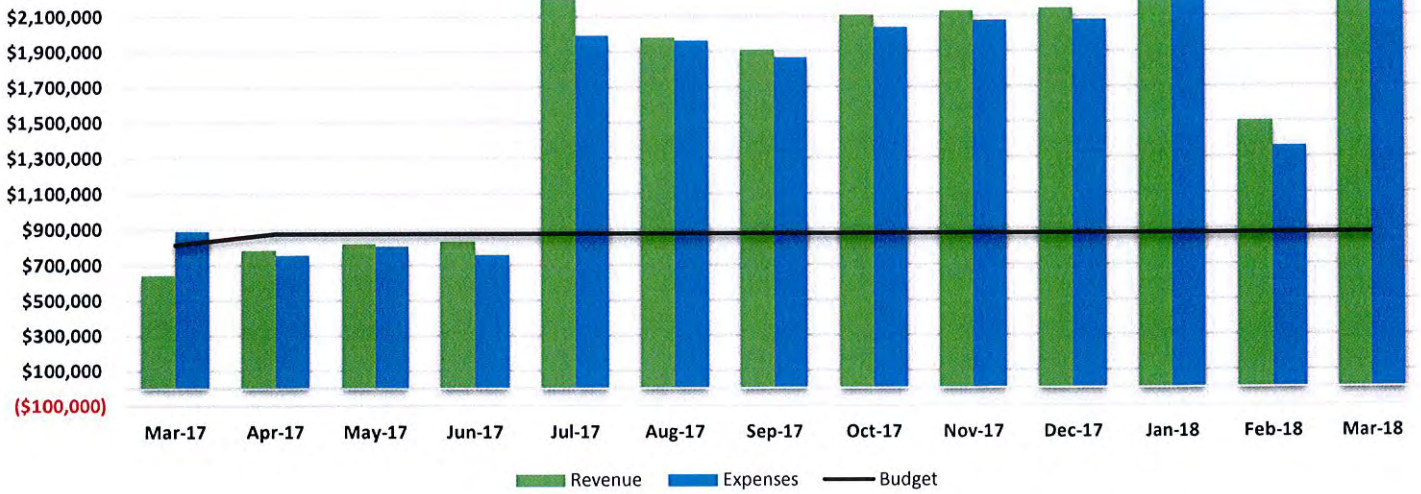
Current Month Revenue & Expenses Actual



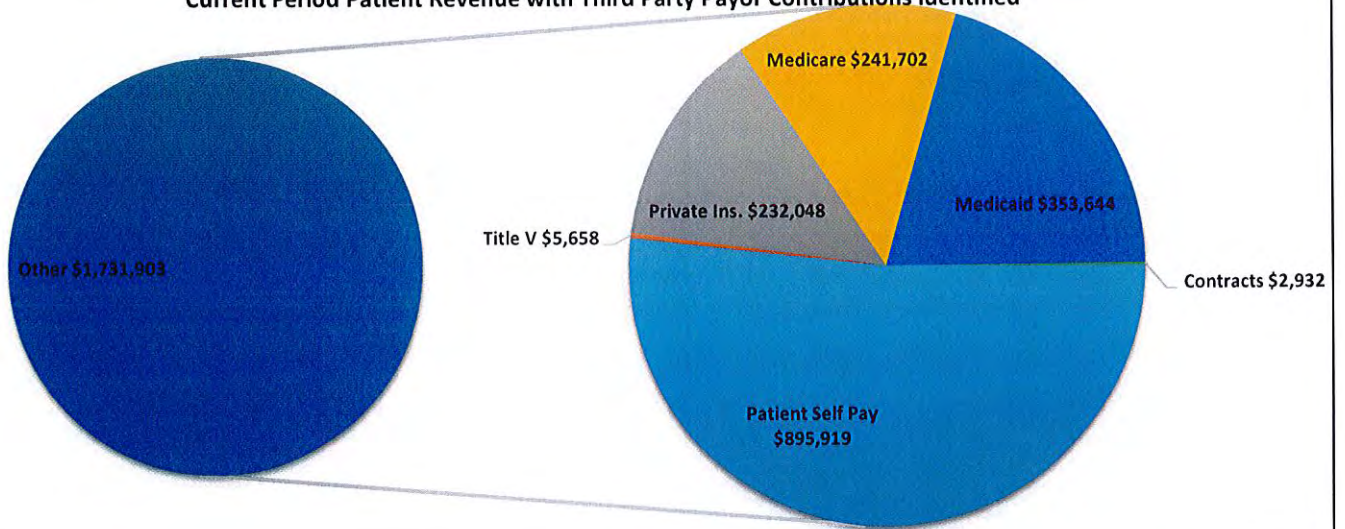
HIGHLIGHTS

- MTD increase in Fund Balance of \$399,589. \$347,493 is draw down for HRSA funds to cover corrected charges against the grant.
- Revenues were \$1,875,505 higher than budgeted this month. MTD revenues related to Private Insurance, Medicaid, Medicare and Contract Revenue were all higher than budgeted due to recording Receivables.
- YTD revenues are \$11,594,005 higher than budgeted due to recording of AR balances as well as DSRIP Payment received. Private insurance, Self Pay, Medicaid, Medicare and Contract Revenue are higher than budgeted, while Title V is under target due to dental.
- Expenses were (\$1,475,916) higher MTD than budgeted due to Bad Debt Expense, and are (\$10,040,361) higher YTD than budgeted, but are offset by savings in personnel.
- YTD increase in fund balance of \$2,044,331. Total fund balance \$6,260,513 as of 3/31/18.

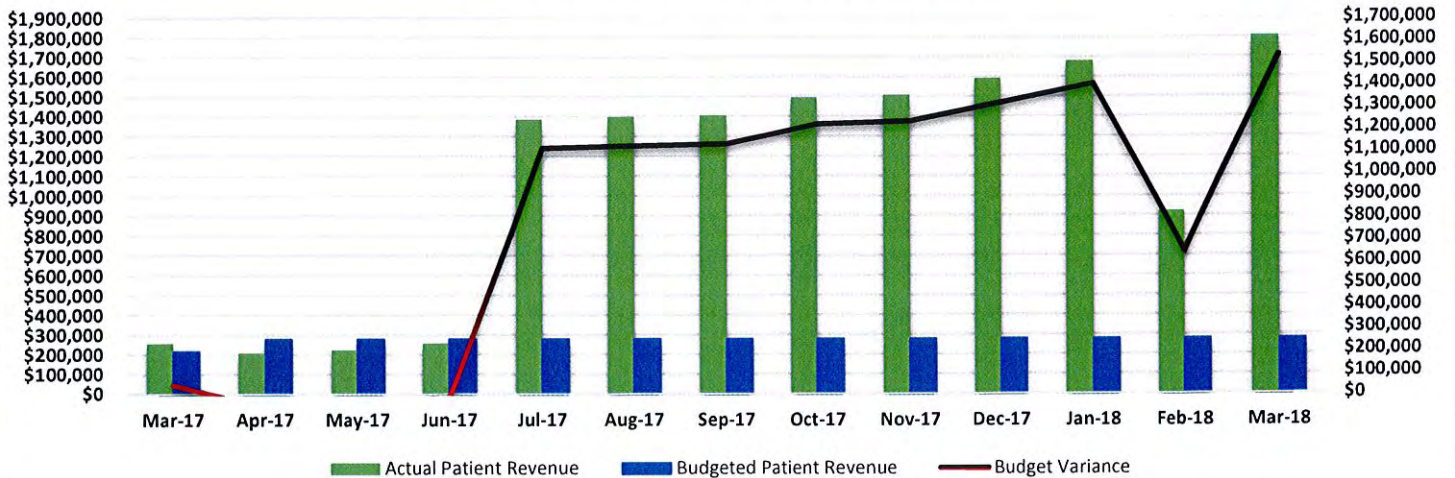
Actual Revenue & Expenses in Comparison to Budget

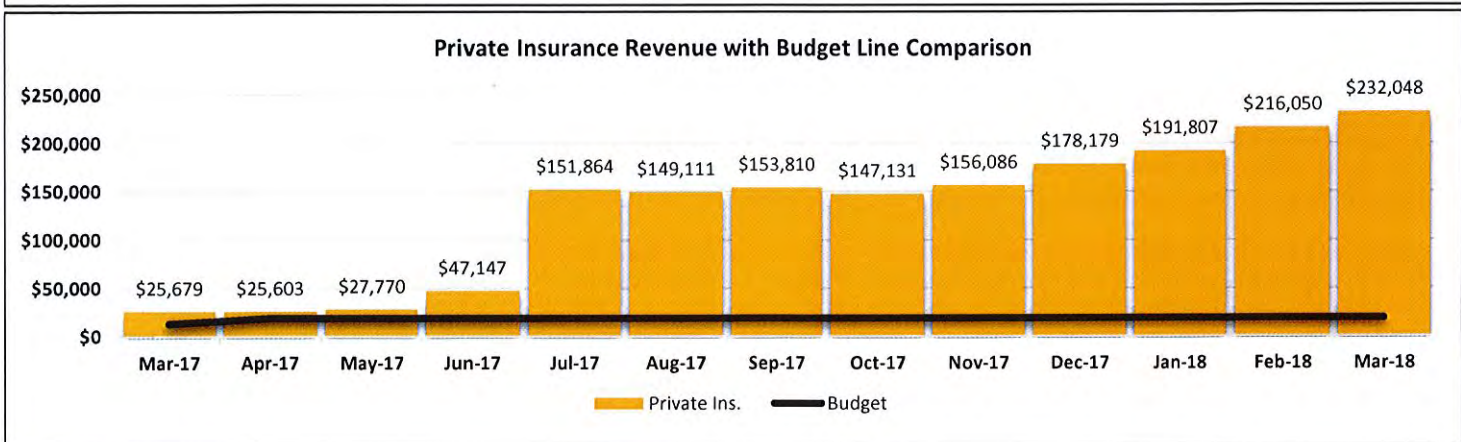
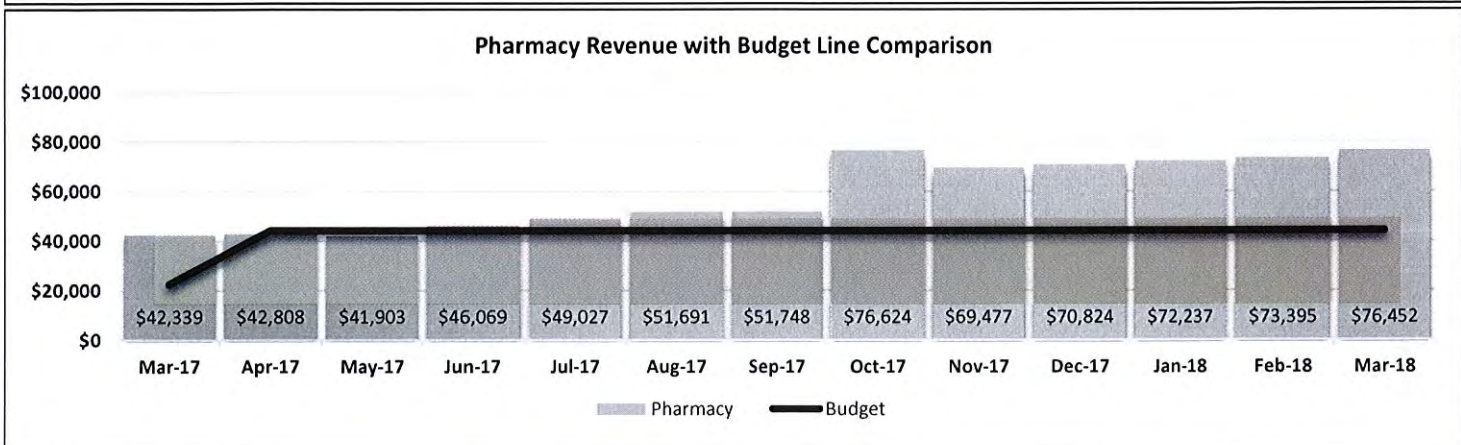
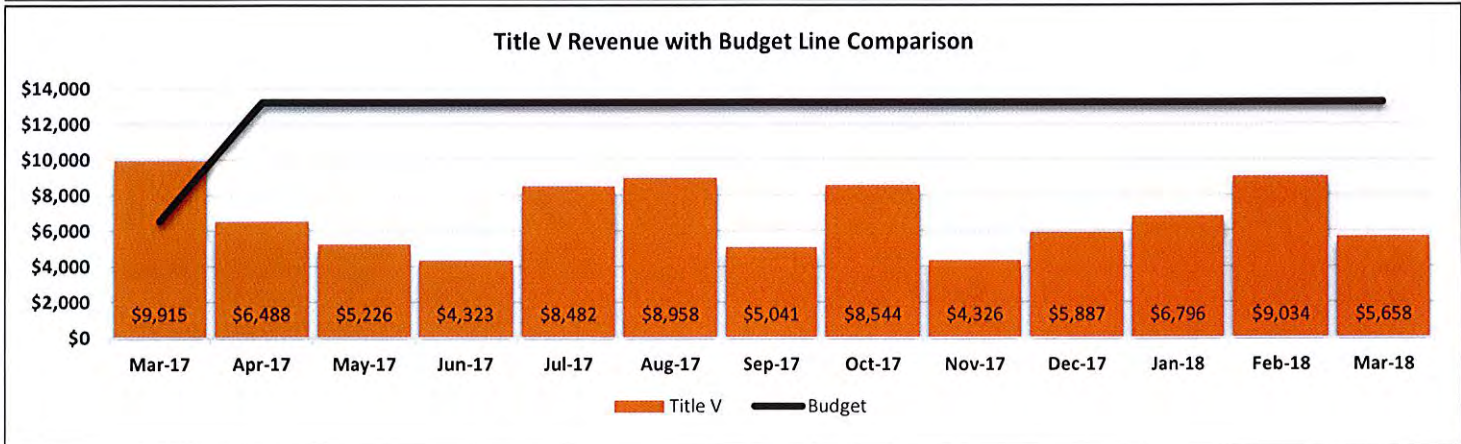
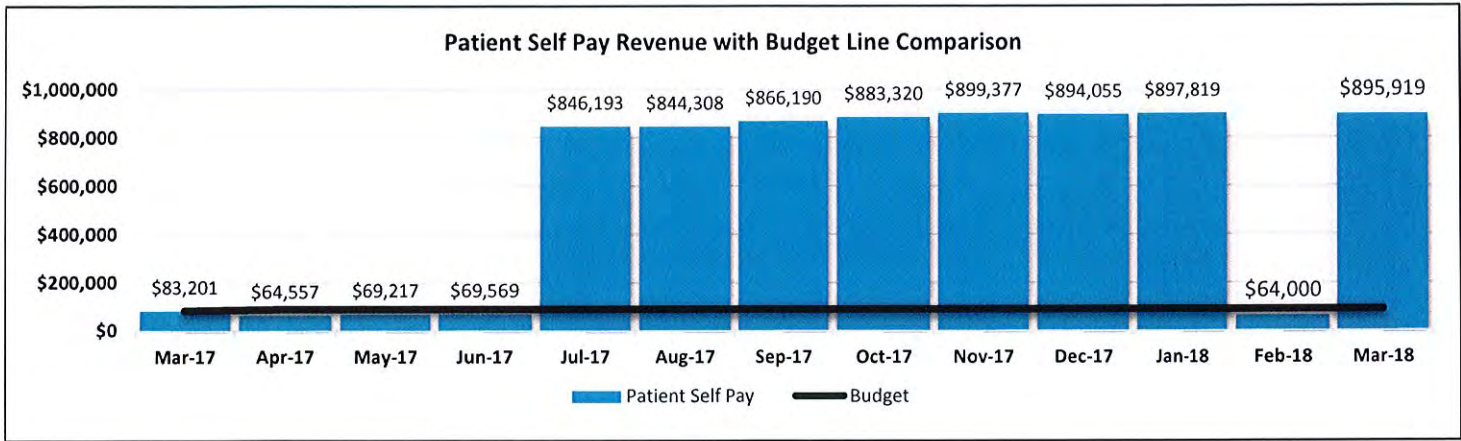


Current Period Patient Revenue with Third Party Payor Contributions Identified

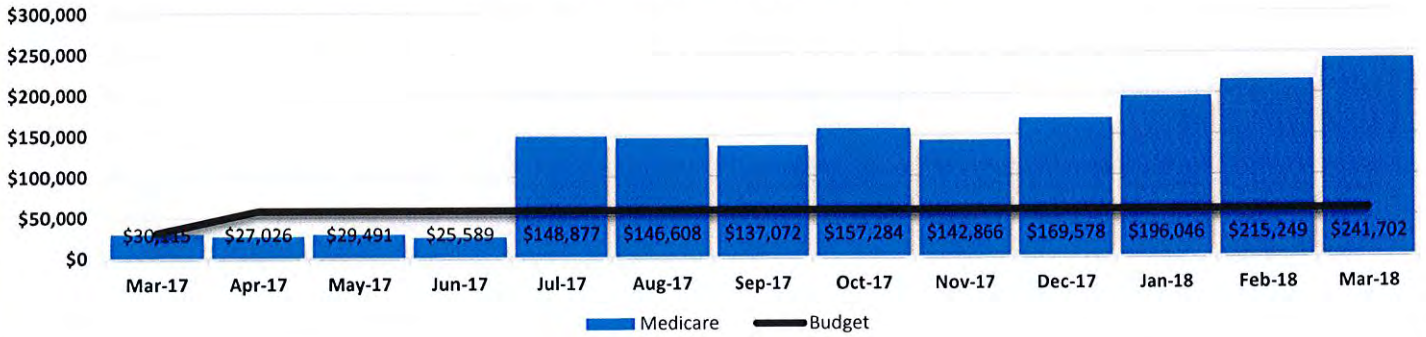


Actual Patient Revenue Rec'd vs Budget with Variance

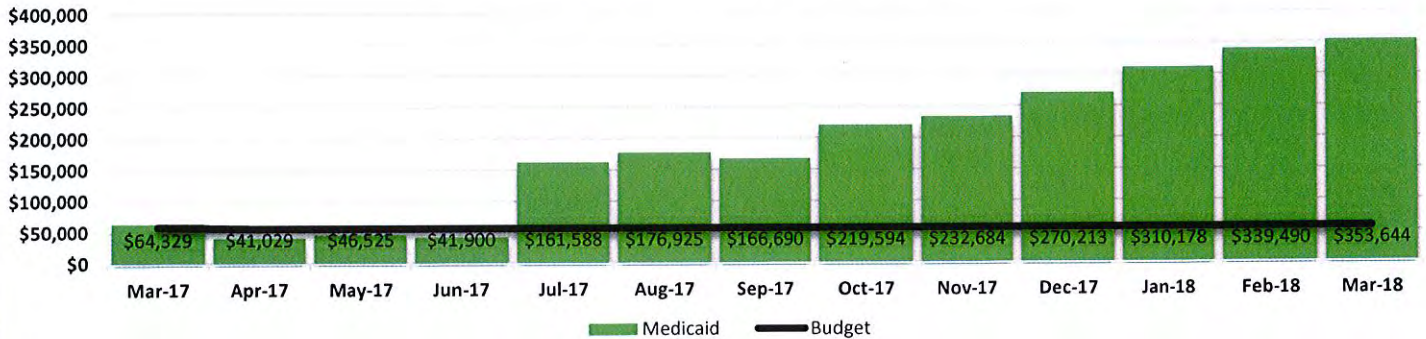




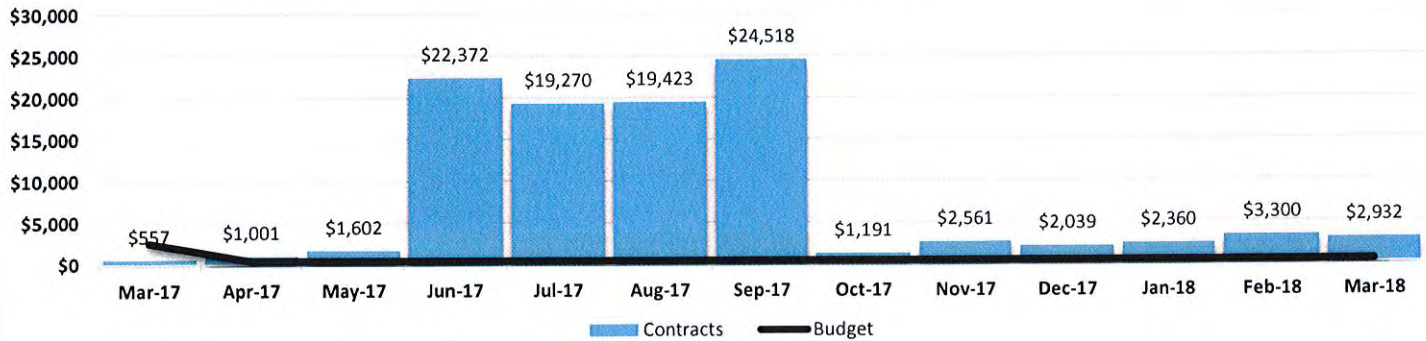
Medicare Revenue with Budget Line Comparison



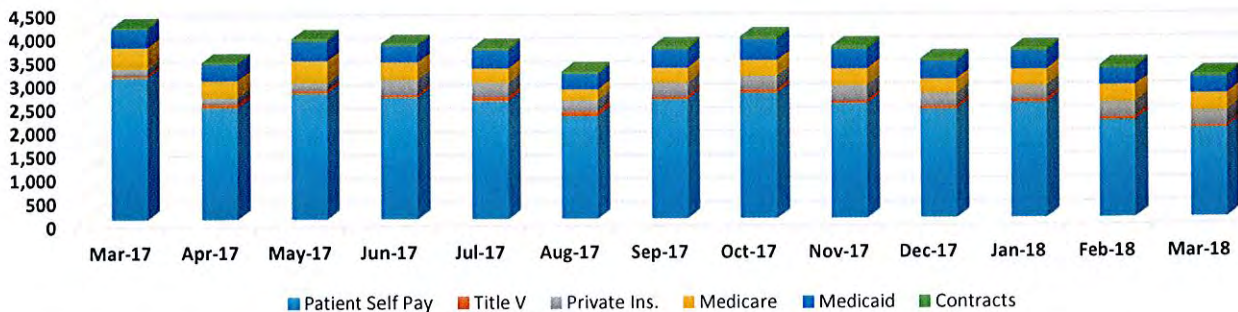
Medicaid Revenue with Budget Line Comparison



Contract Revenue with Budget Line Comparison



Total Number of Patient Visits



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

		Period Ending	MTD	MTD Budget	YTD	YTD	YTD Budget	Annual
	Description	3/31/2018	Budget	Variance	Actual	Budget	Variance	Budget
Grouping	REVENUE							
HRSA	HHS GRANT REVENUE - Federal	\$608,109	\$260,617	\$347,493	\$3,189,382	\$3,127,400	\$61,982	\$3,127,400
Patient Rev	GRANT REVENUE - Title V	\$5,658	\$13,207	(\$7,549)	\$78,764	\$158,481	(\$79,717)	\$158,481
Patient Rev	PATIENT FEES	\$895,919	\$88,309	\$807,610	\$7,294,525	\$1,059,712	\$6,234,813	\$1,059,712
Patient Rev	PRIVATE INSURANCE	\$232,048	\$18,615	\$213,433	\$1,676,608	\$223,382	\$1,453,226	\$223,382
Patient Rev	PHARMACY REVENUE - 340b	\$76,452	\$44,040	\$32,412	\$722,256	\$528,477	\$193,778	\$528,477
Patient Rev	MEDICARE	\$241,702	\$57,412	\$184,289	\$1,637,388	\$688,950	\$948,438	\$688,950
Patient Rev	MEDICAID	\$353,644	\$55,275	\$298,369	\$2,360,459	\$663,299	\$1,697,160	\$663,299
Other Rev.	LOCAL GRANTS & FOUNDATIONS	\$2,701	\$2,668	\$34	\$32,415	\$32,010	\$405	\$32,010
Other Rev.	MEDICAL RECORD REVENUE	\$1,515	\$1,583	(\$69)	\$12,318	\$19,000	(\$6,682)	\$19,000
Other Rev.	MEDICAID INCENTIVE PAYMENTS	\$50	\$0	\$50	\$22,149	\$0	\$22,149	\$0
County	COUNTY REVENUE	\$324,070	\$307,896	\$16,174	\$3,959,695	\$3,694,754	\$264,941	\$3,694,754
DSRIP	DSRIP REVENUE	\$0	\$22,995	(\$22,995)	\$1,455,620	\$275,938	\$1,179,682	\$275,938
Other Rev.	MISCELLANEOUS REVENUE	\$874	\$0	\$874	\$964	\$0	\$964	\$0
Other Rev.	OTHER REVENUE - SALE OF FIXED ASSET	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Rev.	INTEREST INCOME	\$3,995	\$1,667	\$2,329	\$29,006	\$20,000	\$9,006	\$20,000
Patient Rev	CONTRACT REVENUE	\$2,932	\$333	\$2,599	\$102,569	\$4,000	\$98,569	\$4,000
Other Rev.	LOCAL FUNDS / OTHER REVENUE	\$451	\$0	\$451	\$5,977	\$0	\$5,977	\$0
	Total Revenue	\$2,750,122	\$874,617	\$1,875,505	\$22,580,095	\$10,495,403	\$12,084,692	\$10,495,403
	EXPENSES							
Personnel	SALARIES	\$441,796	\$500,475	\$58,679	\$5,112,284	\$6,005,699	\$893,415	\$6,005,699
Personnel	SALARIES, Merit Compensation	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Personnel	SALARIES, PROVIDER INCENTIVES	\$1,000	\$4,400	\$3,400	\$11,800	\$52,800	\$41,000	\$52,800.00
	SALARIES, supplemental	\$0	\$0	\$0	\$41,500	\$0	(\$41,500)	\$0.00
Personnel	SALARIES, O/T	\$4,811	\$5,000	\$189	\$59,215	\$60,000	\$785	\$60,000.00
Personnel	SALARIES, PART-TIME	\$21,811	\$23,559	\$1,747	\$229,586	\$282,702	\$53,116	\$282,702.00
Personnel	Comp Pay	\$247	\$0	(\$247)	\$1,382	\$0	(\$1,382)	\$0.00
Personnel	FICA EXPENSE	\$34,560	\$40,808	\$6,247	\$394,148	\$489,692	\$95,544	\$489,691.89
Personnel	TEXAS UNEMPLOYMENT TAX	\$10,726	\$1,672	(\$9,054)	\$10,131	\$20,067	\$9,936	\$20,066.85
Personnel	LIFE INSURANCE	\$1,312	\$1,195	(\$117)	\$15,803	\$14,339	(\$1,463)	\$14,339.39
Personnel	LONG TERM DISABILITY INSURANCE	\$952	\$1,101	\$149	\$11,426	\$13,213	\$1,786	\$13,212.54
Personnel	GROUP HOSPITALIZATION INSURANC	\$28,013	\$43,220	\$15,207	\$340,100	\$518,639	\$178,539	\$518,638.94
Personnel	WORKER'S COMP INSURANCE	\$1,642	\$2,667	\$1,025	\$11,632	\$32,006	\$20,374	\$32,006.01
	EMPLOYER SPONSORED HEALTHCARE	\$6,178	\$0	(\$6,178)	\$29,870	\$0	(\$29,870)	\$0.00
Personnel	HRA EXPENSE	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Personnel	PENSION / RETIREMENT	\$11,529	\$12,856	\$1,327	\$131,441	\$154,269	\$22,828	\$154,268.95
Contractual	OUTSIDE LAB CONTRACT	\$43,132	\$22,000	(\$21,132)	\$324,051	\$264,000	(\$60,051)	\$264,000.00
Contractual	OUTSIDE X-RAY CONTRACT	\$2,100	\$3,000	\$900	\$43,596	\$36,000	(\$7,596)	\$36,000.00
Contractual	MISCELLANEOUS CONTRACT SERVICES	\$10,467	\$12,961	\$2,494	\$106,385	\$155,528	\$49,143	\$155,528.00
Personnel	TEMPORARY STAFFING	\$18,163	\$0	(\$18,163)	\$216,932	\$0	(\$216,932)	\$0.00
Contractual	CHW CONTRACT BILLING SERVICE	\$8,113	\$10,045	\$1,932	\$97,553	\$120,540	\$22,987	\$120,540.00
IGT	IGT REIMBURSEMENT	\$0	\$0	\$0	\$413,665	\$0	(\$413,665)	\$0.00
Contractual	JANITORIAL CONTRACT	\$2,672	\$3,000	\$328	\$31,856	\$36,000	\$4,144	\$36,000.00
Contractual	PEST CONTROL	\$80	\$100	\$20	\$961	\$1,200	\$239	\$1,200.00
Contractual	SECURITY	\$4,405	\$7,645	\$3,240	\$45,386	\$91,740	\$46,354	\$91,740.00
Supplies	OFFICE SUPPLIES	\$3,868	\$6,690	\$2,822	\$50,047	\$80,282	\$30,236	\$80,282.49
Supplies	OPERATING SUPPLIES	\$21,512	\$20,375	(\$1,137)	\$225,621	\$244,500	\$18,879	\$244,500.00
Supplies	OUTSIDE DENTAL SUPPLIES	\$0	\$2,500	\$2,500	\$14,932	\$30,000	\$15,069	\$30,000.00
Supplies	PHARMACEUTICAL SUPPLIES	\$85,720	\$68,000	(\$17,720)	\$976,721	\$816,000	(\$160,721)	\$816,000.00
Supplies	JANITORIAL SUPPLIES	\$250	\$375	\$125	\$2,240	\$4,500	\$2,260	\$4,500.00
Supplies	PRINTING SUPPLIES	\$0	\$250	\$250	\$423	\$3,000	\$2,577	\$3,000.00
Supplies	UNIFORMS	\$189	\$420	\$231	\$2,824	\$5,040	\$2,216	\$5,040.00
Other	POSTAGE	\$683	\$733	\$50	\$7,608	\$8,800	\$1,192	\$8,800.00
Other	TELEPHONE	\$4,365	\$1,525	(\$2,840)	\$36,008	\$18,300	(\$17,708)	\$18,300.00
Other	WATER	\$31	\$31	\$1	\$366	\$372	\$6	\$372.00
Other	ELECTRICITY	\$1,630	\$2,083	\$454	\$21,316	\$25,000	\$3,684	\$25,000.00
Travel	TRAVEL, LOCAL	\$1,140	\$381	(\$759)	\$4,169	\$4,575	\$406	\$4,575.00
Travel	TRAVEL, OUT OF TOWN	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Travel	LOCAL TRAINING	\$1,295	\$417	(\$878)	\$4,147	\$5,000	\$853	\$5,000.00
Travel	TRAINING, OUT OF TOWN	\$750	\$1,467	\$717	\$14,829	\$17,602	\$2,773	\$17,602.00
Other	RENTALS	\$2,872	\$5,935	\$3,063	\$52,133	\$71,220	\$19,087	\$71,220.00
Other	LEASES	\$43,702	\$38,522	(\$5,180)	\$524,422	\$462,262	(\$62,160)	\$462,262.00
Other	MAINTENANCE / REPAIR, EQUIP.	\$6,412	\$7,563	\$1,150	\$75,752	\$90,750	\$14,998	\$90,750.00
Other	MAINTENANCE / REPAIR, AUTO	\$0	\$42	\$42	\$0	\$500	\$500	\$500.00
Other	FUEL	\$0	\$42	\$42	\$501	\$500	(\$1)	\$500.00
Other	MAINTENANCE / REPAIR, BLDG.	\$307	\$417	\$110	\$2,649	\$5,000	\$2,351	\$5,000.00
Other	MAINT/REPAIR, IT Equip.	\$0	\$125	\$125	(\$71,486)	\$1,500	\$72,986	\$1,500.00
Other	MAINTENANCE / Preventative, AUTO	\$0	\$42	\$42	\$166	\$500	\$335	\$500.00
Other	INSURANCE, AUTO/Truck	\$166	\$168	\$2	\$2,004	\$2,016	\$12	\$2,016.00
Other	INSURANCE, GENERAL LIABILITY	\$724	\$833	\$109	\$14,048	\$10,000	(\$4,048)	\$10,000.00
Other	INSURANCE, BLDG. CONTENTS	\$1,359	\$1,333	(\$26)	\$16,361	\$16,000	(\$361)	\$16,000.00

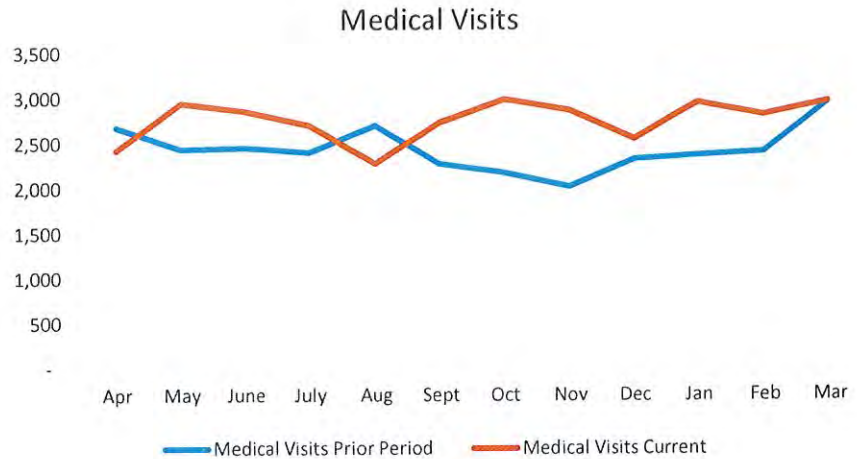
Coastal Health & Wellness

Statement of Revenue and Expenses for the Period ending March 31, 2018

		<i>Period Ending</i>	MTD	MTD Budget		YTD	YTD	YTD Budget	Annual
	<i>Description</i>	<i>3/31/2018</i>	Budget	Variance		Actual	Budget	Variance	Budget
Other	COMPUTER EQUIPMENT	\$0	\$0	\$0		\$115,042	\$0	(\$115,042)	\$0.00
Other	OPERATING EQUIPMENT	\$0	\$0	\$0		\$26,906	\$0	(\$26,906)	\$0.00
Other	BUILDING IMPROVEMENTS	\$0	\$0	\$0		\$0	\$0	\$0	\$0.00
Other	NEWSPAPER ADS	\$416	\$1,250	\$834		\$17,026	\$15,000	(\$2,026)	\$15,000.00
Other	SUBSCRIPTIONS, BOOKS, ETC	\$0	\$750	\$750		\$942	\$9,000	\$8,058	\$9,000.00
Other	ASSOCIATION DUES	\$2,667	\$2,833	\$167		\$33,205	\$34,000	\$795	\$34,000.00
Other	IT SOFTWARE, LICENSES, INTANGIBLES	\$13,247	\$9,258	(\$3,988)		\$185,800	\$111,100	(\$74,700)	\$111,100.00
Other	PROF FEES/LICENSE/INSPECTIONS	\$569	\$1,467	\$898		\$1,559	\$17,600	\$16,041	\$17,600.00
Other	PROFESSIONAL SERVICES	\$3,911	\$1,208	(\$2,703)		\$28,739	\$14,500	(\$14,239)	\$14,500.00
Other	MED/HAZARD WASTE DISPOSAL	\$520	\$458	(\$62)		\$5,944	\$5,500	(\$444)	\$5,500.00
Other	TRANSPORTATION CONTRACT	\$506	\$813	\$307		\$6,951	\$9,750	\$2,799	\$9,750.00
Other	BOARD MEETING OPERATIONS	\$0	\$29	\$29		\$207	\$350	\$143	\$350.00
Other	SERVICE CHG - CREDIT CARDS	\$632	\$579	(\$53)		\$7,892	\$6,950	(\$942)	\$6,950.00
Other	CASHIER OVER / SHORT	\$0	\$0	\$0		(\$32)	\$0	\$32	\$0.00
Other	LATE CHARGES	\$0	\$0	\$0		\$0	\$0	\$0	\$0.00
Other	BAD DEBT EXPENSE	\$1,497,384	\$0	(\$1,497,384)		\$10,447,083	\$0	(\$10,447,083)	\$0.00
Other	MISCELLANEOUS EXPENSE	\$0	\$0	\$0		\$0	\$0	\$0	\$0.00
	Total Expenses	\$2,350,533	\$874,617	(\$1,475,916)		\$20,535,764	\$10,495,403	(\$10,040,361)	\$10,495,403
	Net Change in Fund Balance	\$399,589	(\$0)	\$399,589		\$2,044,331	(\$0)	\$2,044,331	(\$0)

Medical Visits

	<u>Prior Period</u>	<u>Current</u>
Apr	2,673	2,417
May	2,435	2,939
June	2,450	2,850
July	2,395	2,696
Aug	2,693	2,267
Sept	2,265	2,720
Oct	2,164	2,974
Nov	2,012	2,857
Dec	2,316	2,542
Jan	2,353	2,939
Feb	2,390	2,798
Mar	2,943	2,946
	<u>23,756</u>	<u>27,201</u>



Dental Visits

	<u>Prior Period</u>	<u>Current</u>
Apr	921	851
May	900	858
June	974	841
July	950	899
Aug	998	820
Sept	964	903
Oct	903	838
Nov	878	749
Dec	926	772
Jan	931	597
Feb	913	354
Mar	1111	0
	<u>9,345</u>	<u>8,128</u>



Counseling Visits

	<u>Prior Period</u>	<u>Current</u>
Apr	77	66
May	68	46
June	64	41
July	51	45
Aug	80	38
Sept	66	32
Oct	76	48
Nov	57	52
Dec	65	60
Jan	66	62
Feb	63	66
Mar	40	83
	<u>670</u>	<u>490</u>



Vists by Financial Class - Actual vs. Budget
As of March 31, 2018 (Grant Year 4/1/17-3/31/18)

	Annual HRSA Grant Budget	MTD Actual	MTD Budget	Over/(Under) MTD Budget	YTD Actual	YTD Budget	Over/(Under) YTD Budget	% Over/ (Under) YTD Budget
Medicaid	4,810	359	401	(42)	4,566	4,810	(244)	-5%
Medicare	5,086	362	424	(62)	4,124	5,086	(962)	-19%
Other Public (Title V, Contract)	1,364	91	114	(23)	1,474	1,364	110	8%
Private Insurance	2,187	326	182	144	3,276	2,187	1,089	50%
Self Pay	35,801	1,891	2,983	(1,092)	26,771	35,801	(9,030)	-25%
	49,248	3,029	4,104	(1,075)	40,211	49,248	(9,037)	-18%

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

	Jan - Mar 2017	Jan - Mar 2018	Increase/ (Decrease) Prior Year	% of Annual Target
Unduplicated Patients	16,345	6,205	6,312	107
				39%

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

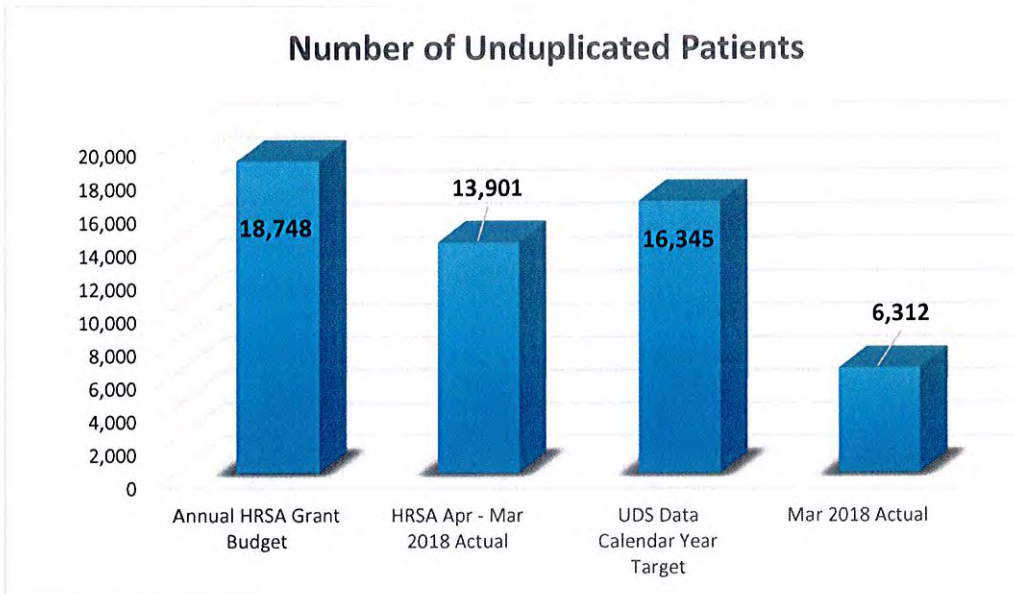
	Annual HRSA Grant Budget	Apr - Mar 2017 Actual	Apr - Mar 2018 Actual	Increase/ (Decrease) Prior Year	% of Annual Target
Unduplicated Patients	18,748	13,354	13,901	547	74%

* Note - The clinic was closed for 5.5 days during Hurricane Harvey, but was open to walk-in patients on 8/31.

**Note - The clinic was closed for 2.0 days during January due to inclement weather.

***Note - The Dental Clinic was closed for 10.0 days during February.

***Note - The Dental Clinic was closed the month of March.



[Back to Agenda](#)



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

April 2018

Item #13

**Consider for Approval Request to Purchase NextGen EHR Connect
Software in the Amount of \$8,150 to Meet Meaningful Use
Requirements for 2018**

Consider for Approval Request to Purchase NextGen EHR Connect Software in the Amount of \$8,150 to Meet Meaningful Use Requirements for 2018

In order to meet 2018 meaningful use requirements for the Electronic Health Record (EHR) Medicaid Incentive Program through CMS, a provider is required to create the summary of care records using a Certified Electronic Health Record Technology (CEHRT) and to transmit the summary of care record electronically.

Objective: The Eligible Provider who transitions their patient to another setting of care or provider of care, or refers their patient to another provider of care, provides a summary care record for each transition of care or referral.

- (1) Use certified EHR technology (CEHRT) to create a summary of care record; and
- (2) Electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals

COSTS:

- One- time costs:
 - Software - \$4,000
 - Services - \$4,150
 - \$8,150

- Maintenance cost increase of \$237.50 / quarter (annual cost of \$950)

Requested ACTION: We are requesting approval to proceed with purchasing the NextGen EHR Connect software in the amount of \$8,150 from Quality Improvement (QI) funding. Ongoing maintenance costs will be absorbed through the operating budget.



Supplemental Order Form

Please email the signed Order Form to Ordermanagement@nextgen.com or fax to 215-385-7706.

Company	Quote #	Sales Contact
Quality Systems, Inc. 18111 Von Karman Ave, Suite 600 Irvine, California 92612	PG-2018-157803 Revision #: 2 Proposal Date: 3/2/2018	Karen Raborn kraborn@nextgen.com Phone: (215) 385-7957
ERP Order Type: Add-on Sale		

Quality Systems, Inc. is the parent company of NextGen Healthcare. Company is referred to throughout as "NextGen Healthcare".

Sold To	Ship To	Bill To
Coastal Health & Wellness 9850-A Emmett F. Lowry Expres Texas City , TX 77591	Coastal Health & Wellness 9850-A Emmett F. Lowry Expres Texas City , TX 77591	Coastal Health & Wellness 9850-A Emmett F. Lowry Expres Texas City , TX 77591
SAP ID: 0000101057	SAP ID: 0000101057	SAP ID: 0000101057

NEXTGEN[®]

HEALTHCARE

Investment Detail

Prepared For: Coastal Health & Wellness

Proposal Date: 3/2/2018
 Expiration Date: 4/20/2018
 Prepared By: Karen Raborn
 Quote #: PG-2018-157803
 ERP Order Type: Add-on Sale
 Revision #: 2

QTY	Matric	Term	Unit Price	Extended Price	Extended Net Price
Company Software					
Interfaces					
1	200-540-100000 - NG EHR Connect - Query/Retrv eMPI: HL7 v2.5/3	En/Fac/Pract	No Term	\$0.00	\$0.00
1	200-540-100005 - NG EHR Connect - Demo Export: HL7 v2.5/3	En/Fac/Pract	No Term	\$0.00	\$0.00
1	200-540-100010 - NG EHR Connect - Demo Import: HL7 v2.5	En/Fac/Pract	No Term	\$0.00	\$0.00
1	200-540-100015 - NG EHR Connect - Audit Messaging	En/Fac/Pract	No Term	\$0.00	\$0.00
1	200-540-100020 - NG EHR Connect - Patient Consent using XACML	En/Fac/Pract	No Term	\$0.00	\$0.00
1	200-540-100025 - NG EHR Connect - Doc Gen: XDS (CCD/CCDA)	En/Fac/Pract	No Term	\$0.00	\$0.00
1	200-540-100030 - NG EHR Connect - Doc Exchange: XDS.b/C32 v2.5	En/Fac/Pract	No Term	\$0.00	\$0.00
1	200-540-100035 - NG EHR Connect - Locked Encounter Doc Export	En/Fac/Pract	No Term	\$0.00	\$0.00
1	200-540-110015 - EHR Connect Rosetta Retail Pkg C	En/Fac/Pract	1-Time	\$5,000.00	\$4,000.00
Company Software Subtotal				\$5,000.00	\$4,000.00
Services					
Ambulatory Services					
2	600-310-100005 - Implementation/Training - Reduced			\$75.00	\$150.00
8	600-540-100000 - EHR Connect Hourly PM Services			\$125.00	\$1,000.00
24	600-540-100005 - EHR Connect Hourly Install Services			\$125.00	\$3,000.00
Services Subtotal				\$4,150.00	\$4,150.00
Total Initial Investment				Extended Price	Extended Net Price
Company Software				\$5,000.00	\$4,000.00
Services				\$4,150.00	\$4,150.00
Total Initial Investment				\$9,150.00	\$8,150.00

Terms

- Software: 50% signing/50% 30 days from Effective Date.
- Services: Billed monthly for prior months actual service hour usage. Unused hours will expire 12 months from Effective Date.
- 1-Time Flat Fee Services: 50% signing/50% 30 days from Effective Date.
- Maintenance: Begin the first day of the month following Effective Date of the Sales Order Form.

THIS SUPPLEMENTAL ORDER FORM WILL RESULT IN A CHANGE TO YOUR MAINTENANCE SERVICES FEE(S) IN THE AMOUNT OF:

For Software per Quarter	\$237.50
For Hardware per Quarter	\$0.00
Total	\$237.50

PLEASE NOTE:

It is Customer's responsibility to log a support incident via the Client Support Center to obtain the license key for the license purchased. Payment of this order is not dependent upon obtaining a license key.

Customer understands that this SOF is subject to the terms and conditions set forth in the Software License and Service Agreement or Master Agreement previously executed by Customer.

This supplemental Order Form is subject to the Master Agreement previously entered into between the parties. [For the purposes of this Order Form, any reference to "Master Agreement" includes the current, valid Software License and Services Agreement previously executed between the parties, if any.] To the extent that the supplemental Order Form includes any Schedules, Addenda, Appendices, Exhibits and/or Attachments attached hereto, such document shall be incorporated in and become a part of the Master Agreement.

By signing below Customer indicates its acceptance of the terms and conditions of this supplemental Order Form and that: (i) it is the complete and exclusive agreement between the parties, (ii) contains the entire understanding between the parties with respect to the subject matter set forth herein, (iii) neither party is relying on any representations or warranties not specifically contained therein, (iv) supersedes all prior and contemporaneous negotiations, agreements, contracts, commitments and understandings, both verbal and written, between the parties about the subject matter herein, and (v) shall prevail over any conflicting provisions of any previously executed documents between the parties, purchase order, request for proposal, request for information or any other instrument.

Unless specifically stated herein to the contrary, the "Sold To" party remains the primary party obligated under the Agreement for payment for the items set forth herein and their use in accordance with the terms of the Agreement.

Accepted

Customer:
Coastal Health & Wellness

Signature:

Print Name:

Title:

Date:



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

April 2018

Item #14

**Consider for Approval Quarterly Visit and Collection Report
Including a Breakdown of New Patients by Payor Source**

**Coastal Health & Wellness - Quarterly Visit & Analysis Report
for the period ending March 31, 2018**

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

Total Visits by Financial Class	March 2018	March 2017	% Change	* YTD Average		% Change	* YTD Payor Mix		% Change
				2018	2017		2018	2017	
Self Pay	1,891	3,022	-37%	2,130	2,650	-20%	64.9%	73.5%	-8.7%
Medicare	362	454	-20%	355	402	-12%	10.8%	11.1%	-0.3%
Medicaid	359	392	-8%	369	347	6%	11.2%	9.6%	1.6%
Contract	49	30	63%	52	24	118%	1.6%	0.7%	0.9%
Private Insurance	326	149	119%	317	139	127%	9.6%	3.9%	5.8%
Title V	42	46	-9%	60	41	46%	1.8%	1.1%	0.7%
Total	3,029	4,093	-26.0%	3,283	3,603	-9%	100%	100%	0.0%

Department	* YTD Total Visits		% Change
	2018	2017	
Medical	8,687	7,686	13.0%
Dental	951	2,954	-68%
Lab Only	-	-	0%
Nursing	-	-	0%
Counseling	211	169	25%
Total	9,849	10,809	-9%

Unduplicated Visits	* YTD Total Users		% Change
	2018	2017	
Medical	5,713	4,874	17.2%
Dental	521	1,283	-59%
Counseling	78	42	86%
Total	6,312	6,199	1.8%

NextGen / Crystal Reports - Summary Aging by Financial Class for the period ending March 31, 2018 (based on encounter date)											Goal is 45-75 days	
											Days in A/R	
	0-30	31-60	61-90	91-120	121-150	151-180	181-up	Total	%	Current		
										Period	Last Qtr	
Self Pay	\$39,447	\$60,778	\$48,872	\$47,806	\$57,857	\$55,533	\$534,021	\$844,314	52%	329	73	
Medicare	44,605	26,764	41,484	28,240	19,680	14,550	40,470	\$215,793	13%	112	22	
Medicaid	34,438	29,766	23,170	30,398	34,547	23,305	136,617	\$312,241	19%	159	31	
Contract	1,083	6,695	1,331	2,391	2,968	3,396	25,459	\$43,322	3%	284	51	
Private Insurance	22,899	30,923	17,691	17,030	19,605	14,150	69,802	\$192,100	12%	109	28	
Title V	2,124	3,803	3,486	469	-	3,175	532	\$13,590	1%	83	31	
Unapplied	(65,736)								0%			
Totals	\$78,860	\$158,729	\$136,034	\$126,335	\$134,656	\$114,109	\$806,901	\$1,621,360	100%	179	40	

Previous Quarter Balances	\$68,525	\$162,716	\$138,724	\$114,312	\$72,896	\$99,395	\$702,163	\$1,358,730
% Change	15%	-2%	-2%	11%	85%	15%	15%	19%

Charges & Collections	March 2018	March 2017	% Change	* YTD 2018	YTD 2017	% Change
Billed	\$754,487	\$916,822	-18%	\$2,438,289	\$2,355,094	3.53%
Adjusted	(504,516)	(639,104)	-21%	(1,653,143)	(1,659,249)	-0.37%
Net Billed	\$249,972	\$277,718	-10%	\$785,146	\$695,844	12.83%
Collected	\$167,456	\$185,111	-10%	\$481,228	\$504,879	-5%
% Net Charges collected	67%	67%	1%	61%	73%	-16%

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

Payor	YTD Current Period				YTD Prior Year			
	Visits	Payor Mix	Net Revenue per Visit	(Net Billed) Net Revenue	Visits	Payor Mix	Net Revenue per Visit	(Net Billed) Net Revenue
Self Pay	7,379	64.8%	\$31.98	\$235,960	9,170	74.0%	\$28.62	\$262,454
Medicare	1,214	10.7%	\$145.57	176,726	1,353	10.9%	\$150.34	203,409
Medicaid	1,254	11.0%	\$144.34	181,004	1,155	9.3%	\$136.70	157,891
Contract	208	1.8%	\$67.50	14,039	79	0.6%	\$62.48	4,936
Private Insurance	1,129	9.9%	\$143.81	162,364	487	3.9%	\$113.88	55,461
Title V	200	1.8%	\$75.27	15,053	140	1.1%	\$83.53	11,694
Total	11,384	100%	\$68.97	\$785,146	12,384	100%	\$56.19	\$695,844

Item	2018	2017
Self Pay - Gross Charges	\$1,400,850	\$1,600,501
Self Pay - Collections	\$182,072	\$214,514
% Gross Self Pay Charges Collected	13.0%	13.4%
% Net Self Pay Charges Collected	77.2%	81.7%

Adjusted for Bad Debt Expense
HRSA goal = > 14.1%

Coastal Health & Wellness
New Patients By Financial Class
From 1/1/2018 to 3/31/18

Summary	Current Period		Prior Period 2017	
	New Patients	Current %	New Patients	%
Self Pay	693	71.4%	734	76.8%
Medicaid	67	6.9%	78	8.2%
Medicare	54	5.6%	23	2.4%
Private Insurance	135	13.9%	96	10.0%
Title V	14	1.4%	10	1.0%
Contracts	7	0.7%	15	1.6%
Total	970	100.0%	956	100.0%

[Back to Agenda](#)



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

April 2018

Item #15

Consider for Approval Medical Fee Schedule

Coastal Health & Wellness
PROPOSED Medical Fee Schedule effective May 1, 2018

CPT #	Procedure Description	Current Fee	Proposed Fee	Difference	% change
Self Pay Fees					
Nominal Fee	Minimum Fee - 0% Responsibility	\$15	\$15	\$0	0%
	Deposit Payment - 20% Responsibility	\$20	\$20	\$0	0%
	Deposit Payment - 40% Responsibility	\$25	\$25	\$0	0%
	Deposit Payment - 60% Responsibility	\$30	\$30	\$0	0%
	Deposit Payment - 80% Responsibility	\$40	\$40	\$0	0%
	Deposit Payment - 100% Responsibility (required at checkin)	\$50	\$50	\$0	0%
Retck Svc CG	Returned check service charge	\$25	\$25	\$0	0%
New Patient Office Visit					
99201	Typically 10 Minutes Face to Face	\$81	\$81	\$0	0%
99202	Typically 20 Minutes Face to Face	\$139	\$139	\$0	0%
99203	Typically 30 Minutes Face to Face	\$199	\$199	\$0	0%
99204	Typically 45 Minutes Face to Face	\$304	\$304	\$0	0%
99205	Typically 60 Minutes Face to Face	\$380	\$380	\$0	0%
G0438	Initial Visit	\$321	\$321	\$0	0%
Established Patient Office Visit					
99211	Typically 5 Minutes Managing or Supervising (Nurse Visit)	\$38	\$38	\$0	0%
99212	Typically 10 Min Face to Face	\$81	\$81	\$0	0%
99213	Typically 15 Min Face to Face	\$136	\$136	\$0	0%
99214	Typically 25 Min Face to Face	\$201	\$201	\$0	0%
99215	Typically 40 Min Face to Face	\$269	\$269	\$0	0%
G0439	Subsequent Visit	\$218	\$218	\$0	0%
New Patient Preventive Visits					
99381	Well Child less than 1year	\$207	\$207	\$0	0%
99382	Well Child 1 - 4 years	\$216	\$216	\$0	0%
99383	Well Child 5 - 11 years	\$225	\$225	\$0	0%
99384	Well Child 12 - 17 years	\$254	\$254	\$0	0%
99385	Well Adult 18 - 39 years	\$246	\$246	\$0	0%
99386	Well Adult 40 - 64 years	\$285	\$285	\$0	0%
99387	Well Adult 65 years and over	\$309	\$309	\$0	0%
G0402	Initial Preventive Exam	\$311	\$311	\$0	0%
Established Patient Preventive Visit					
99391	Well Child less than 1year	\$186	\$186	\$0	0%
99392	Well Child 1 - 4 years	\$199	\$199	\$0	0%
99393	Well Child 5 - 11 years	\$198	\$198	\$0	0%
99394	Well Child 12 - 17 years	\$217	\$217	\$0	0%
99395	Well Adult 18 - 39 years	\$222	\$222	\$0	0%
99396	Well Adult 40 - 64 years	\$236	\$236	\$0	0%

99397	Well Adult 65 years and over	\$254	\$254	\$0	0%
Counseling Services					
90832	Psychotherapy Pt and Family (30 min.)	\$120	\$120	\$0	0%
90834	Psychotherapy Pt and Family (45 min.)	\$159	\$159	\$0	0%
90837	Psychotherapy Pt and Family (60 min.)	\$238	\$238	\$0	0%
90847	Family psychotherapy (with patient present)	\$200	\$200	\$0	0%
90853	Group psychotherapy (other than of a multiple-family group)	\$52	\$52	\$0	0%
Special Services					
STD/HIV	STD Referral	\$20	\$20	\$0	0%
90853	Tobacco Group Counseling	\$50	\$50	\$0	0%
	Sports Physical	\$25	\$25	\$0	0%
99499	Brief Consultation	\$15	\$15	\$0	0%
Incision and Drainage Procedures					
10060	Incision and drainage of abscess, single	\$219	\$219	\$0	0%
10061	Incision and drainage of abscess, complicated or multiple	\$381	\$381	\$0	0%
10120	Incision and removal of a foreign object from subcutaneous tissues	\$285	\$285	\$0	0%
10140	Incision and drainage of hematoma	\$303	\$303	\$0	0%
10160	Puncture and aspiration of abscess	\$242	\$242	\$0	0%
Paring or Cutting					
11055	Trim Skin Lesion	\$92	\$92	\$0	0%
Debridement Procedures					
11000	Debridement of extensive eczematous or infected skin (up to 10% of body surface)	\$102	\$102	\$0	0%
Biopsy Procedures					
11100	Biopsy, skin and subcutaneous tissue, single lesion	\$193	\$193	\$0	0%
11101	Biopsy, skin and subcutaneous tissue, each additional lesion	\$60	\$60	\$0	0%
Skin Tag Procedures					
11200	Remove multiple fibrocuteaneous skin tags, up to 15	\$163	\$163	\$0	0%
11201	Remove multiple fibrocuteaneous skin tags, each additional 10	\$34	\$34	\$0	0%
Shaving Procedures					
11300	Shaving epidermal or dermal lesion, single, trunk or extremities, 0.5 cm. or less	\$182	\$182	\$0	0%
11301	Shaving epidermal or dermal lesion, single, trunk or extremities, 0.6-1.0 centimeter	\$224	\$224	\$0	0%
11305	Shaving epidermal or dermal lesion, single, scalp, neck, hands, feet or genitalia, 0.5 cm. or less	\$187	\$187	\$0	0%
11306	Shaving epidermal or dermal lesion, single, scalp, neck, hands, feet or genitalia, 0.6 -1 cm.	\$229	\$229	\$0	0%
11310	Shaving single epidermal or dermal lesion, on face, 0.5 cm or less	\$212	\$212	\$0	0%
11311	Shaving single epidermal or dermal lesion on face; lesion 0.6 to 1.0 cm	\$205	\$205	\$0	0%
11055	Paring or cutting of benign hyperkeratotic lesion (e.g.. corn, callous)	\$91	\$91	\$0	0%
Excision Procedures					
11400	Excision of benign lesion, except skin tag, 0.5 cm. or less	\$231	\$231	\$0	0%
11401	Excision of benign lesion, except skin tag, 0.6-1.0 cm.	\$276	\$276	\$0	0%
11402	Excision of benign lesion, except skin tag, 1.1-2.0 cm.	\$305	\$305	\$0	0%
11403	Excision of benign lesion, except skin tag, 2.1-3.0 cm.	\$351	\$351	\$0	0%
11404	Excision of benign lesion, except skin tag, 3.1-4.0 cm.	\$397	\$397	\$0	0%
11420	Excision of benign lesion, except skin tag, on scalp, neck, hands, feet, genitalia, 0.5 cm or less	\$229	\$229	\$0	0%

11421		Excision of benign lesion, except skin tag, on scalp, necks, hands, feet, genitalia, 0.6-1 cm	\$290	\$290	\$0	0%
11422		Excision of benign lesion, except skin tag, on scalp, neck, hands, feet, genitalia, 1.1-2 cm	\$323	\$323	\$0	0%
11426		Excision of benign lesion, except skin tag, on scalp, neck, hands, feet, genitalia, over 4.0 cm	\$599	\$599	\$0	0%
11440		Excision of other benign lesion, except skin tag, on face, 0.5 cm or less	\$253	\$253	\$0	0%
11441		Excision of other benign lesion, except skin tag, on face, 0.6-1 cm	\$310	\$310	\$0	0%
Nail Procedures						
11720		Debridement of nail(s) by any method, one to five	\$61	\$61	\$0	0%
11730		Complete or partial avulsion of the nail plate, single (removal of the nail without disruption of the underlying matrix or nailbed)	\$187	\$187	\$0	0%
11732		Avulsion of each additional nail plate	\$67	\$67	\$0	0%
11740		Puncture of nail to remove hematoma or blood	\$94	\$94	\$0	0%
11750		Surgical excision of nail with matrix, removing the nail and the underlying nail bed (e.g.. ingrown or deformed nail)	\$359	\$359	\$0	0%
11765		Wedge excision of skin of nail fold with an incision from the lateral border of the nail, leaving the nail matrix intact. (e.g.. for ingrown toenail).	\$318	\$318	\$0	0%
Wound Repair Procedures						
12001		Simple suture repair of wound, 2.5 cm. or less	\$165	\$165	\$0	0%
12002		Simple suture repair of wound, 2.6 to 7.5 cm.	\$200	\$200	\$0	0%
12004		Simple suture repair of wound, 7.6 to 12.5 cm.	\$235	\$235	\$0	0%
12005		Simple suture repair of wound, 12.6 to 20.0 cm.	\$295	\$295	\$0	0%
12011		Simple suture repair of wound on face, 2.5 cm. or less	\$202	\$202	\$0	0%
Burn Treatment						
16000		Initial treatment, 1st or 2nd degree burn, when no more than local treatment is required	\$126	\$126	\$0	0%
Destruction Procedures (Any Method)						
17000		Destruction of benign or premalignant lesions with liquid nitrogen (e.g.. actinic keratoses), first lesion	\$133	\$133	\$0	0%
17003		Destruction with liquid nitrogen of benign or premalignant lesions: second through 14th lesion	\$12	\$12	\$0	0%
17004		Destruction with liquid nitrogen of each additional lesion over 15	\$278	\$278	\$0	0%
17110		Destruction with liquid nitrogen of common or plantar warts, to 14 lesions	\$209	\$209	\$0	0%
17111		Destruction with liquid nitrogen of common or plantar warts (15 or more)	\$246	\$246	\$0	0%
Injection and/or Arthrocentesis Procedures						
20550		Injection, single tendon sheath or ligament	\$109	\$109	\$0	0%
20552		Injection(s), single or multiple trigger points, 1-2 muscles	\$103	\$103	\$0	0%
20600		Arthrocentesis, aspiration and/or injection, <i>small</i> joint or bursa (e.g.. fingers, toes)	\$88	\$88	\$0	0%
20605		Arthrocentesis, aspiration and/or injection, <i>intermediate</i> joint or bursa (e.g.. wrist, elbow)	\$93	\$93	\$0	0%
20610		Arthrocentesis, aspiration and/or injection, <i>major</i> joint or bursa (e.g.. Shoulder, hip, knee)	\$112	\$112	\$0	0%
Splint / Strapping Procedures				34		
29550		Toe strapping	\$52	\$52	\$0	0%

29580		Strapping, Unna Boot	\$98	\$98	\$0	0%
Male Procedures						
54050		Destruction of lesion(s), penis, chemical - podophyllin	\$246	\$246	\$0	0%
54056		Destruction of lesion(s), penis, simple, cryosurgery Liquid nitrogen	\$265	\$265	\$0	0%
Female Procedures						
56405		Incision and drainage of vulva or perineal abscess	\$199	\$199	\$0	0%
56501		Destruction of lesion(s), vulva, all methods	\$240	\$240	\$0	0%
56605		Biopsy of vulva or perineum; one lesion	\$150	\$150	\$0	0%
58100		Endometrial Biopsy	\$199	\$199	\$0	0%
88305		Tissue Exam by Pathologist (of endometrial biopsy) these must both be coded	\$179	\$179	\$0	0%
58301		Removal only - intrauterine device (IUD)	\$174	\$174	\$0	0%
Removal of Foreign Body						
65205		Foreign body removal, eye	\$106	\$106	\$0	0%
69200		Foreign body removal, external auditory canal	\$211	\$211	\$0	0%
69210		Cerumen removal with spoon	\$91	\$91	\$0	0%
30300		Removal of foreign body, intranasal	\$394	\$394	\$0	0%
RADIOLOGY						
70100		Radiologic examination, mandible	\$62	\$62	\$0	0%
70140		Radiologic examination, facial bones, less than 3 views	\$56	\$56	\$0	0%
70150		Radiologic examination, facial bones, 3 or more views	\$78	\$78	\$0	0%
70160		Radiologic examination, nasal bones, 3 or more views	\$61	\$61	\$0	0%
70210		Radiologic examination, sinuses, paranasal, less than 3 views	\$56	\$56	\$0	0%
70250		Radiologic examination, skull	\$68	\$68	\$0	0%
71045		Radiologic examination, chest, single view	\$42	\$42	\$0	0%
71046		Radiologic examination, chest, 2 views	\$52	\$52	\$0	0%
71047		Radiologic examination, chest, 3 views	\$64	\$64	\$0	0%
71100		Radiologic examination, ribs, 2 views	\$62	\$62	\$0	0%
72040		Radiologic examination, spine, cervical, 2 views (AP and lateral)	\$67	\$67	\$0	0%
72070		Radiologic examination, spine, thoracic, 2 views (AP and lateral)	\$64	\$64	\$0	0%
72100		Radiologic examination, spine, lumbar, 2 views (AP and lateral)	\$66	\$66	\$0	0%
72170		Radiologic examination, pelvis, 1 view	\$60	\$60	\$0	0%
72220		Radiologic examination, sacrum and coccyx, 2 views (AP and lateral)	\$53	\$53	\$0	0%
73000		Radiologic examination, clavicle, 2 views	\$51	\$51	\$0	0%
73030		Radiologic examination, shoulder, 2 view (or more)	\$54	\$54	\$0	0%
73060		Radiologic examination, humerus, 2 views (AP and lateral)	\$54	\$54	\$0	0%
73070		Radiologic examination, elbow, 2 views (AP and lateral)	\$51	\$51	\$0	0%
73080		Radiologic examination, elbow, 3 or more views	\$58	\$58	\$0	0%
73090		Radiologic examination, forearm, 2 views (AP and lateral)	\$48	\$48	\$0	0%
73100		Radiologic examination, wrist, 2 views	\$54	\$54	\$0	0%
73110		Radiologic examination, wrist, 3 views (PA, lateral and oblique)	\$66	\$66	\$0	0%
73120		Radiologic examination, hand, 2 views	\$48	\$48	\$0	0%
73130		Radiologic examination, hand, 3 views (PA, lateral and oblique)	\$58	\$58	\$0	0%
73140		Radiologic examination, finger, 3 views (PA, lateral and oblique)	\$59	\$59	\$0	0%
73502		Radiologic examination, hip, unilateral, 2 views	\$78	\$78	\$0	0%
73521		Radiologic examination, hips, bilateral, 2 views each hip including AP view of pelvis	\$75	\$75	\$0	0%
73552		Radiologic examination, femur, 2 views (AP and lateral)	\$61	\$61	\$0	0%

73560		Radiologic examination, knee, 1 or 2 views	\$58	\$58	\$0	0%
73562		Radiologic examination, knee, 3 views (AP, lateral and sunrise or oblique)	\$67	\$67	\$0	0%
73565		Radiologic examination of bilateral knees, standing AP view, weight bearing	\$67	\$67	\$0	0%
73590		Radiologic examination, leg, tibia and fibula, 2 views	\$53	\$53	\$0	0%
73600		Radiologic examination of ankle, 2 views	\$56	\$56	\$0	0%
73610		Radiologic examination, ankle, complets, 3 views (AP, lateral and oblique)	\$58	\$58	\$0	0%
73620		Radiologic examination fo foot, 2 views	\$49	\$49	\$0	0%
73630		Radiologic examination, foot, complete, 3 views (AP, lateral and oblique)	\$54	\$54	\$0	0%
73660		Radiologic examination, toes, 2 views (AP and lateral)	\$53	\$53	\$0	0%
74018		Radiologic examination, abdomen/KUB (kidney, ureters, bladder), 1 view	\$44	\$44	\$0	0%
Other Office Procedures						
93000		EKG (electrocardiogram)	\$32	\$32	\$0	0%
94010		Spriometry	\$69	\$69	\$0	0%
94760		Pulse Oximetry - Noninvasive	\$5	\$5	\$0	0%
86580		TB Skin Test (PPD)	\$14	\$14	\$0	0%
94640		Airway Inhalation Treatment	\$35	\$35	\$0	0%
In House Labs						
82962		Glucose (finger stick) by glucometer	\$4	\$4	\$0	0%
83036		Hemoglobin A1C (finger stick)	\$19	\$19	\$0	0%
86318		H. Pylori (blood test)	\$25	\$25	\$0	0%
82044		Microalbumin, urine	\$10	\$10	\$0	0%
82270		Occult Blood (guaiac) <i>Note: Indicate how many cards used by provider or issued to patient</i>	\$6	\$6	\$0	0%
81025		Pregnancy Test, urine	\$12	\$12	\$0	0%
86308		Rapid Mono (blood test)	\$10	\$10	\$0	0%
87880		Rapid Strep (throat swab)	\$23	\$23	\$0	0%
87205		Trichomonas and Candida / Wet Mount (T&M) - performed by a medical provider	\$8	\$8	\$0	0%
87210		KOH Prep - performed by a medical provider	\$8	\$8	\$0	0%
81003		Urinalysis, automated, without microscopy (dipstick)	\$4	\$4	\$0	0%
Send Out Labs						
Blood Tests (General)						
82150	-90	Amylase + Lipase	\$26	\$26	\$0	0%
83690	-90				\$0	
82607	-90	Anemia Profile (includes: CBC, iron, TIBC, B12, folic acid, ferritin, reticulocytes)	\$130	\$130	\$0	0%
82728	-90				\$0	
82746	-90				\$0	
83540	-90				\$0	
83550	-90				\$0	
85025	-90				\$0	
85045	-90				\$0	
80048	-90				Basic Metabolic Panel (includes: calcium, carbon dioxide, chloride, creatinine, glucose, potassium, sodium and BUN)	
80053	-90	Comprehensive Metabolic Panel (includes: albumin, bilirubin total, calcium, carbon dioxide (bicarbonate), chloride, creatinine, glucose, phosphate alkaline, potassium, protein total, sodium, transferase alanine amino, transferase aspartate amino and BUN)	\$20	\$20	\$0	0%
82947	-90	Glucose Tolerance Test - 2 hours Panel			\$0	0%

82950	-90	Glucose Tolerance Test - 2 hours Panel	\$17	\$17	\$0	
83021	-90	Hemoglobin Electrophoresis (hemoglobinopathy) Panel	\$45	\$45	\$0	0%
85660	-90				\$0	
85014	-90	Hematocrit (HCT) / Hemoglobin (Hgb) Panel	\$9	\$9	\$0	0%
85018	-90				\$0	
80076	-90	Liver Function Panel (includes: albumin, bilirubin total, phosphate alkaline, protein total, transferase alanine amino, transferase aspartate amino, LDH, GGT)	\$41	\$41	\$0	0%
82977	-90				\$0	
83615	-90				\$0	
80061	-90	Lipid Panel (includes: cholesterol serum total, HDL cholesterol, triglycerides, LDL and VLDL)	\$19	\$19	\$0	0%
84550	-90	Rheumatoid Panel (includes: uric acid, sed rate, ANA, ASO, C-reactive protein, rheumatoid factor)	\$70	\$70	\$0	0%
85652	-90				\$0	
86038	-90				\$0	
86060	-90				\$0	
86140	-90				\$0	
86431	-90				\$0	
83001	-90				Testicular Function Profile Panel (includes: FSH, LH, prolactin level, testosterone free and total, thyroxine total, TSH, T3/T4)	\$211
83002	-90	\$0				
84146	-90	\$0				
84403	-90	\$0				
84436	-90	\$0				
84443	-90	\$0				
84479	-90	\$0				
84436	-90	Thyroid with TSH Panel (includes: thyroxine total, TSH, thyroid hormone T3/T4)	\$57	\$57	\$0	0%
84443	-90				\$0	
84479	-90				\$0	
85060	-90	Blood Smear, peripheral interpretation	\$47	\$47	\$0	0%
83880	-90	B-Type Natriuretic Peptide (BNP)	\$65	\$65	\$0	0%
82306	-90	Calcifediol - Vitamin D	\$57	\$57	\$0	0%
85025	-90	Complete Blood Count (CBC)	\$15	\$15	\$0	0%
84681	-90	C-Peptide	\$39	\$39	\$0	0%
82746	-90	Folic Acid	\$28	\$28	\$0	0%
84702	-90	HCG (human chorionic gonadotropin) Quantitative, Serum	\$30	\$30	\$0	0%
83498	-90	Hydroxyprogesterone, 17-D (ACTH)	\$52	\$52	\$0	0%
83615	-90	LDH (Lactate Dehydrogenase)	\$12	\$12	\$0	0%
83655	-90	Lead - Blood (pedi)	\$23	\$23	\$0	0%
83735	-90	Magnesium, serum	\$13	\$13	\$0	0%
83930	-90	Osmolality, Serum	\$13	\$13	\$0	0%
83970	-90	Parathormone (parathyroid hormone)	\$79	\$79	\$0	0%
84100	-90	Phosphorus	\$9	\$9	\$0	0%
84030	-90	PKU (phenylalanine)	\$11	\$11	\$0	0%
84132	-90	Potassium, Serum	\$9	\$9	\$0	0%
85610	-90	Pro Time / INR	\$8	\$8	\$0	0%
84146	-90	Prolactin Level	\$37	\$37	\$0	0%
84153	-90	PSA (Prostate Specific Antigen) total	\$35	\$35	\$0	0%
84244	-90	Renin Activity (plasma)	\$42	\$42	\$0	0%
85652	-90	Sed Rate (blood test) nonautomated	\$5	\$5	\$0	0%

82607	-90	Serum B12		\$30	\$30	\$0	0%
85660	-90	Sickle Cell Screening		\$11	\$11	\$0	0%
84295	-90	Sodium Serum		\$9	\$9	\$0	0%
86376	-90	Thyroid auto-antibodies		\$27	\$27	\$0	0%
84443	-90	TSH (thyroid stimulating hormone)		\$32	\$32	\$0	0%
84550	-90	Uric Acid, blood		\$10	\$10	\$0	0%
<i>Infectious Disease Tests</i>							
80074	-90	Hepatitis Panel, Acute antibody, IgM; hep B core antibody, IgM; hep B surface antigen; hep C virus antibody)	(includes: hep A	\$67	\$67	\$0	0%
86735	-90					\$0	0%
86762	-90	MMR Panel (Measles, Mumps, & Rubella antibody titers)				\$0	
86765	-90			\$77	\$77	\$0	
87070	-90	Aerobic culture and sensitivity		\$16	\$16	\$0	0%
87075	-90	Anaerobic culture and sensitivity		\$18	\$18	\$0	0%
86360	-90	CD4/CD8		\$87	\$87	\$0	0%
87110	-90	Chlamydia Culture (vaginal, oral, rectal swab),		\$47	\$47	\$0	0%
87140	-90	Chlamydia Culture typing (amino fluorescent method)				\$0	
87491	-90					\$0	0%
87591	-90	Chylmadia / Gonorrhea Trach DNA Amp Probe		\$132	\$132	\$0	
87045	-90					\$0	0%
87046	-90	Culture, Stool w/isolation & preliminary exam, addition pathogens if positive, Shiga-like toxin)	(includes: Bacteria, aerobic	\$59	\$59	\$0	
87427	-90					\$0	
87046	-90	Culture, Stool (additional pathogens if positive)		\$18	\$18	\$0	0%
86663	-90	Epstein - Barr (EB) virus, early		\$25	\$25	\$0	0%
87081	-90	Gonorrhea culture (vaginal, oral, rectal swab)		\$13	\$13	\$0	0%
86706	-90	Hepatitis B Surface Antibody (Qualitative)		\$21	\$21	\$0	0%
86694	-90	Herpes Simplex, Types 1 and 2, IgM (acute)		\$28	\$28	\$0	0%
86695	-90	Herpes Simplex, Types 1 and 2, IgG (chronic)		\$25	\$25	\$0	0%
86703	-90	HIV 1 Preliminary Test with Confirmation		\$26	\$26	\$0	0%
87536	-90	HIV - 1, Quantification		\$158	\$158	\$0	0%
86765	-90	Measles (rubeola) antibody titer		\$25	\$25	\$0	0%
86735	-90	Mumps antibody titer		\$25	\$25	\$0	0%
87177	-90	Ova and Parasites direct smears (concentration and identification)		\$17	\$17	\$0	0%
86592	-90	RPR (syphilis)		\$8	\$8	\$0	0%
86762	-90	Rubella antibody titer		\$28	\$28	\$0	0%
87086	-90	Urinalysis culture and sensitivity		\$15	\$15	\$0	0%
86787	-90	Varicella Zoster		\$25	\$25	\$0	0%
<i>Prenatal Tests</i>							
85025	-90					\$0	0%
86850	-90					\$0	
86703	-90					\$0	
86762	-90	Pre-Natal Profile Panel rubella, RPR, Rh(d), blood typing ABO, hep B antigen, RBC and antibody screen)	(includes: CBC, HIV-1,	\$124	\$124	\$0	
86592	-90					\$0	
86901	-90					\$0	
87340	-90					\$0	

86900	-90				\$0	
82105	-90	Alpha-feto Protein Panel (at 16-18 weeks gestation) (Includes: Fetoprotein, serum; human chorionic gonadotrophin (hgc); unconjugated estrol (uE3); (DIA) diametric inhibin A)			\$0	0%
82677	-90				\$0	
84702	-90		\$127	\$127	\$0	
86336	-90				\$0	
Drug Level						
80307	-90	Urinalysis, nine drug screen panel (methadone, propoxyphene, amphetamine, benzodiazepines, cocaine, opiates, phencyclidine, barbiturates, THC)	\$108	\$108	\$0	0%
80164	-90	Depakote Level (valproic acid)	\$26	\$26	\$0	0%
80162	-90	Digoxin Level	\$25	\$25	\$0	0%
80185	-90	Dilantin Level; phenytoin total	\$25	\$25	\$0	0%
80178	-90	Lithium Blood Quantitative	\$13	\$13	\$0	0%
80184	-90	Phenobarbital	\$22	\$22	\$0	0%
80156	-90	Tegretol Level (carbamazepine)	\$28	\$28	\$0	0%
Urine Tests (General)						
82140	-90	Ammonia Level	\$28	\$28	\$0	0%
82570	-90	Creatine Clearance 24hr urine	\$10	\$10	\$0	0%
83835	-90	Metaephrines Quantitative 24hr UA	\$32	\$32	\$0	0%
84156	-90	Protein Total Urine 24hr total	\$7	\$7	\$0	0%
87086	-90	Urinalysis culture and sensitivity	\$15	\$15	\$0	0%
Cervical Cancer Tests						
88305	-90	Cervical Polyp Pathology of Biopsy (cytology form)	\$179	\$179	(\$0)	0%
88155	-90	Cytopathology Slides Cervix (two codes, primary and add on)	\$12	\$12	\$0	0%
88164	-90	Pap Smear (Bethesda slides)	\$35	\$35	\$0	0%
88150	-90	Pap Smear (Medicaid only)	\$21	\$21	\$0	0%
88142	-90	Pap Smear (Thin Prep liquid based for abnormal follow up)	\$29	\$29	\$0	0%
Histology (general)						
88302	-90	Pathology of Biopsy	\$94	\$94	\$0	0%
Vaccine Administration						
90471, 90472		*Fee for any vaccine administered	\$10	\$10	\$0	0%
Vaccines (purchased)						
90620		Meningococcal MENB RP W/OMV Vaccine	\$124	\$124	\$0	0%
90621		Meningococcal MENB RLP Vaccine	\$138	\$138	\$0	0%
90632		HEP A Vaccine Adult	\$85	\$75	(\$10)	-12%
90633		HEP A Pedi	\$40	\$45	\$5	13%
90649		HPV (Guardasil)	\$165	\$195	\$30	18%
90657		Flu Vaccine (6-35 months old)	\$25	\$25	\$0	0%
90658		Flu Vaccine (age 3 and up)	\$25	\$25	\$0	0%
90670		Pneumococcal Conjugate 13	\$175	\$175	\$0	0%
90680		Rotavirus	\$105	\$95	(\$10)	-10%
90696		Kinrix 4-6 Yr	\$65	\$65	\$0	0%
90698		Pentacel	\$100	\$100	\$0	0%
90700		Dtap <7 years of age	\$40	\$45	\$5	13%
90707		MMR	\$70	\$75	\$5	7%
90713		IPV	\$40	\$45	\$5	13%

90714	Td	\$35	\$45	\$10	29%
90715	TdaP	\$55	\$60	\$5	9%
90716	Varicella (Chicken Pox)	\$110	\$125	\$15	14%
90723	Pediarix (Dtap/HepB/IPV)	\$90	\$90	\$0	0%
90732	Pneumovax - Adult	\$90	\$95	\$5	6%
90734	Meningococcal (A, C, Y and W-135)	\$105	\$125	\$20	19%
90736	Zoster (shingles) vaccine	\$210	\$215	\$5	2%
90744	Hep B - Pedi/Adolescent	\$35	\$35	\$0	0%
90746	Hep B Vaccine Adult	\$75	\$65	(\$10)	-13%
*Vaccines (state supplied)					
State supplied vaccines are not listed and are subject to change based on state availability.					

Office Medications						
96372		Administration fee for therapeutic or prophylactic injections subcutaneous or intramuscular	\$10	\$10	\$0	0%
J0561		* Bicillin Injection (state supplied)	\$0	\$0	\$0	0%
J0696		* Rocephin injection per 250mg (state supplied)	\$0	\$0	\$0	0%
J0696		Rocephin injection per 250mg (private)	\$11	\$11	\$0	0%
J1030		Depo-Medrol injection 40mg	\$3	\$3	\$0	0%
J1040		Depo-Medrol injection 80mg	\$6	\$6	\$0	0%
J1050		Depo-Provera injection 150mg	\$88	\$88	\$0	0%
J1200		Diphenhydramine injection up to 50mg	\$24	\$24	\$0	0%
J1815		Insulin injection	\$8	\$8	\$0	0%
J2920		Solu Medrol injection up to 40mg	\$2	\$2	\$0	0%
J2930		Solu Medrol injection up to 125mg	\$3	\$3	\$0	0%
J3420		Vitamin B12 (cyanocobalamin) injection	\$1	\$1	\$0	0%
J7620		DuoNeb (combination of Albuterol and Ipratropium)	\$3	\$3	\$0	0%
J0171		Epi Pen Jr. (3 units)	\$314	\$314	\$0	0%
J0171		Epi Pen Adult (15 units)	\$314	\$314	\$0	0%
Miscellaneous						
99070		**Supplies and Materials				

These rates were calculated based on the 2018 National Physician Fee Schedule Relative Value Unit rates rounded to the nearest whole dollar and the Clinical Diagnostic Laboratories Fee Schedule using midpoint ranges.

* These vaccines are provided to CHW at no charge by DSHS; therefore, only an administrative fee is charged.

** Fees for supplies issued to patients will be based on 150% of the original cost of the item at the time purchased.

The above codes and fees define the basic scope of services of the CHW Medical Clinic. As recommended by the medical director and approved by the Executive Director, additional codes may be used when medically indicated and financially feasible.

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

April 2018

Item #16

Consider for Approval Dental/Denture Fee Schedule

2018 Proposed Dental Fee Schedule

Effective May 1, 2018

Procedure Description		Fee	Proposed Fee	Diff.	% Change
DENTAL					
DIAGNOSTIC EXAMS					
D0120	PERIODIC ORAL EVALUATION	\$51.00	\$54.00	\$3.00	6%
D0140	LIMITED ORAL EVALUATION	\$75.00	\$78.00	\$3.00	4%
D0145	ORAL EVALUATION FOR A PATIENT UNDER 3 YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER	\$68.00	\$70.00	\$2.00	3%
D0150	COMPREHENSIVE ORAL EVALUATION	\$88.00	\$92.00	\$4.00	5%
D0170	RE-EVALUATION - LIMITED PROBLEM FOCUSED	\$71.00	\$73.00	\$2.00	3%
D0171	RE-EVALUATION - POST OPERATIVE OFFICE VISIT	\$0.00	\$69.00		
X-RAYS					
D0210	INTRAORAL X-RAY - COMPLETE SERIES	\$137.00	\$142.00	\$5.00	4%
D0220	INTRAORAL X-RAY - PERIAPICAL FIRST FILM	\$30.00	\$31.00	\$1.00	3%
D0230	INTRAORAL X-RAY - PERIAPICAL EACH ADD'L FILM	\$25.00	\$26.00	\$1.00	4%
D0240	INTRAORAL X-RAY - OCCLUSAL FILM	\$42.00	\$44.00	\$2.00	5%
D0272	BITEWINGS X-RAY- TWO FILMS	\$47.00	\$48.00	\$1.00	2%
D0274	BITEWINGS X-RAY - FOUR FILMS	\$68.00	\$69.00	\$1.00	1%
D0330	PANORAMIC X-RAY FILM	\$117.00	\$121.00	\$4.00	3%
PREVENTIVE					
D1110	PROPHYLAXIS (ADULT) - ROUTINE CLEANING	\$94.00	\$96.00	\$2.00	2%
D1120	PROPHYLAXIS (CHILD) - ROUTINE CLEANING	\$68.00	\$72.00	\$4.00	6%
D1206	TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR MODERATE TO HIGH CARIES RISK PATIENTS	\$44.00	\$43.00	(\$1.00)	-2%
D1208	TOPICAL APPLICATION OF FLUORIDE	\$39.00	\$39.00		0%
D1320	TOBACCO COUNSELING FOR THE CONTROL AND PREVENTION OF ORAL DISEASE	\$76.00	\$77.00	\$1.00	1%
D1330	ORAL HYGIENE INSTRUCTIONS	\$54.00	\$54.00		0%
D1351	SEALANT - PER TOOTH	\$57.00	\$59.00	\$2.00	4%
D1510	SPACE MAINTAINER - FIXED - UNILATERAL	\$324.00	\$333.00	\$9.00	3%
D1515	SPACE MAINTAINER - FIXED - BILATERAL	\$437.00	\$450.00	\$13.00	3%
D1550	RE-CEMENTATION OF SPACE MAINTAINER	\$85.00	\$89.00	\$4.00	5%
RESTORATIVE					
D2140	AMALGAM FILLING - ONE SURFACE, PRIMARY OR PERMANENT	\$147.00	\$150.00	\$3.00	2%
D2150	AMALGAM FILLING - TWO SURFACES, PRIMARY OR PERMANENT	\$184.00	\$190.00	\$6.00	3%
D2160	AMALGAM FILLING - THREE SURFACES, PRIMARY OR PERMANENT	\$225.00	\$232.00	\$7.00	3%
D2161	AMALGAM FILLING - FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	\$266.00	\$274.00	\$8.00	3%
D2330	RESIN-BASED COMPOSITE FILLING - ONE SURFACE, ANTERIOR	\$173.00	\$176.00	\$3.00	2%
D2331	RESIN-BASED COMPOSITE FILLING - TWO SURFACES, ANTERIOR	\$205.00	\$213.00	\$8.00	4%
D2332	RESIN-BASED COMPOSITE FILLING - THREE SURFACES, ANTERIOR	\$250.00	\$262.00	\$12.00	5%
D2335	RESIN-BASED COMPOSITE FILLING - FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR) (COMPOSITE OR ACRYLIC CROWNS)	\$314.00	\$329.00	\$15.00	5%
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	\$462.00	\$468.00	\$6.00	1%
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	\$189.00	\$194.00	\$5.00	3%
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	\$243.00	\$245.00	\$2.00	1%
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	\$297.00	\$303.00	\$6.00	2%
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	\$357.00	\$359.00	\$2.00	1%
D2920	RECEMENT CROWN	\$113.00	\$119.00	\$6.00	5%

2018 Proposed Dental Fee Schedule

Effective May 1, 2018

Procedure Description					
DENTAL		Fee	Proposed Fee	Diff.	% Change
D2930	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH	\$279.00	\$285.00	\$6.00	2%
D2931	PREFABRICATED STAINLESS STEEL CROWN - PERMANENT TOOTH	\$319.00	\$339.00	\$20.00	6%
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH	\$377.00	\$382.00	\$5.00	1%
D2940	SEDATIVE FILLING	\$123.00	\$129.00	\$6.00	5%
D2950	CORE BUILDUP, INCLUDING ANY PINS	\$274.00	\$289.00	\$15.00	5%
D2951	PIN RETENTION, PER TOOTH	\$76.00	\$77.00	\$1.00	1%
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$352.00	\$361.00	\$9.00	3%
ENDODONTICS					
D3110	PULP CAP - DIRECT (EXCLUDING FINAL RESTORATION)	\$86.00	\$90.00	\$4.00	5%
D3120	PULP CAP - INDIRECT (EXCLUDING FINAL RESTORATION)	\$86.00	\$89.00	\$3.00	3%
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION)	\$207.00	\$215.00	\$8.00	4%
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	\$238.00	\$245.00	\$7.00	3%
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS	\$296.00	\$314.00	\$18.00	6%
D3240	PULPAL THERAPY (RESORBABLE FILLING) - POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	\$314.00	\$320.00	\$6.00	2%
D3310	ROOT CANAL ANTERIOR (TREATMENT) (EXCLUDING FINAL RESTORATION)	\$780.00	\$783.00	\$3.00	0%
PERIODONTICS					
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH	\$628.00	\$660.00	\$32.00	5%
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	\$266.00	\$274.00	\$8.00	3%
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH PER QUADRANT	\$190.00	\$197.00	\$7.00	4%
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS ON A SUBSEQUENT VISIT	\$188.00	\$194.00	\$6.00	3%
D4910	PERIODONTAL MAINTENANCE	\$142.00	\$146.00	\$4.00	3%
D5991	TOPICAL MEDICAMENT CARRIER	\$222.00	\$224.00	\$2.00	1%
ORAL SURGERY					
D7111	EXTRACTION, CORONAL REMNANTS - PRIMARY TOOTH	\$139.00	\$142.00	\$3.00	2%
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	\$186.00	\$191.00	\$5.00	3%
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH	\$288.00	\$294.00	\$6.00	2%
D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	\$328.00	\$338.00	\$10.00	3%
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	\$409.00	\$421.00	\$12.00	3%
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	\$313.00	\$318.00	\$5.00	2%
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY DISPLACED TOOTH	\$567.00	\$586.00	\$19.00	3%
D7285	BIOPSY OF ORAL TISSUE - HARD	\$440.00	\$446.00	\$6.00	1%
D7286	BIOPSY OF ORAL TISSUE - SOFT	\$339.00	\$346.00	\$7.00	2%
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT	\$307.00	\$315.00	\$8.00	3%
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - 1 TO 3 TEETH OR TOOTH SPACES, PER QUADRANT	\$311.00	\$314.00	\$3.00	1%
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT	\$452.00	\$455.00	\$3.00	1%
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - 1 TO 3 TEETH OR TOOTH SPACES, PER QUADRANT	\$427.00	\$439.00	\$12.00	3%
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	\$420.00	\$436.00	\$16.00	4%
D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	\$704.00	\$720.00	\$16.00	2%
D7510	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE	\$248.00	\$257.00	\$9.00	4%
D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISSUE	\$367.00	\$367.00		0%
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	\$301.00	\$313.00	\$12.00	4%
D7960	FRENULECTOMY	\$465.00	\$470.00	\$5.00	1%

**2018 Proposed Dental Fee Schedule
Effective May 1, 2018**

Procedure Description

DENTAL		Fee	Proposed Fee	Diff.	% Change
ADJUNCTIVE SERVICES					
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN MINOR PROCEDURE	\$132.00	\$135.00	\$3.00	2%
D9120	FIXED PARTIAL DENTURE SECTIONING	\$233.00	\$240.00	\$7.00	3%
D9310	CONSULTATION	\$130.00	\$130.00		0%
D9430	OFFICE VISIT FOR OBSERVATION	\$78.00	\$81.00	\$3.00	4%
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	\$59.00	\$59.00		0%
D9911	APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT PER TOOTH	\$76.00	\$78.00	\$2.00	3%
D9930	TREATMENT OF COMPLICATIONS (POST SURGICAL)	\$129.00	\$132.00	\$3.00	2%
D9940	OCCLUSAL GUARD	\$584.00	\$597.00	\$13.00	2%
D9941	FABRICATION OF ATHLETIC MOUTH GUARD	\$250.00	\$245.00	(\$5.00)	-2%
D9951	OCCLUSAL ADJUSTMENT - LIMITED	\$181.00	\$190.00	\$9.00	5%
The fee schedule changes for the above services are based on the National Dental Advisory Service Pricing Guide's 50th percentile for our area.					
The above codes and fees define the basic scope of services of Coastal Health & Wellness. As recommended by the dental director and approved by the Executive Director additional codes may be used when medically indicated and financially feasible.					

2018 Proposed Denture Contract Fee Schedule					
Effective 5.1.2018					
CDT Code	CDT Description	100%	Proposed 100% Pay	Diff	% Change
		Over 200% FPG			
<input type="checkbox"/> D5110	Complete Denture - Maxillary	\$1,613	\$ 1,797	\$184	11%
<input type="checkbox"/> D5120	Complete Denture - Mandibular	\$1,617	\$ 1,807	\$190	12%
<input type="checkbox"/> D5130	Immediate Denture - Maxillary	\$1,719	\$ 1,911	\$192	11%
<input type="checkbox"/> D5140	Immediate Denture - Mandibular	\$1,719	\$ 1,918	\$199	12%
<input type="checkbox"/> D5211	Maxillary Partial Denture - Resin Base	\$1,213	\$ 1,419	\$206	17%
<input type="checkbox"/> D5212	Mandibular Partial Denture - Resin Base	\$1,235	\$ 1,421	\$186	15%
<input type="checkbox"/> D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases	\$1,669	\$ 1,859	\$190	11%
<input type="checkbox"/> D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases	\$1,681	\$ 1,874	\$193	11%
<input type="checkbox"/> D5281	Removable Unilateral Partial Denture	\$926	\$ 1,026	\$100	11%
<input type="checkbox"/> D5511	Repair Broken Complete Denture Base, Mandibular	\$196	\$ 222	\$26	13%
<input type="checkbox"/> D5512	Repair Broken Complete Denture Base, Maxillary	\$196	\$ 222	\$26	13%
<input type="checkbox"/> D5520	Replace Missing or Broken Teeth	\$177	\$ 198	\$21	12%
<input type="checkbox"/> D5611	Repair Resin Denture Base, Mandibular	\$194	\$ 218	\$24	13%
<input type="checkbox"/> D5612	Repair Resin Denture Base, Maxillary	\$194	\$ 218	\$24	13%
<input type="checkbox"/> D5621	Repair Cast Framework, Mandibular	\$276	\$ 305	\$29	10%
<input type="checkbox"/> D5622	Repair Cast Framework, Maxillary	\$276	\$ 305	\$29	10%
<input type="checkbox"/> D5630	Repair or Replace Broken Clasp	\$250	\$ 284	\$34	13%
<input type="checkbox"/> D5640	Replace Broken Teeth - Per Tooth	\$177	\$ 201	\$24	13%
<input type="checkbox"/> D5650	Add Tooth to Existing Partial Denture	\$208	\$ 243	\$35	17%
<input type="checkbox"/> D5660	Add Clasp to Existing Partial Denture	\$259	\$ 287	\$28	11%
<input type="checkbox"/> D5710	Rebase Complete Maxillary Denture	\$558	\$ 634	\$76	14%
<input type="checkbox"/> D5711	Rebase Complete Mandibular Denture	\$556	\$ 635	\$79	14%
<input type="checkbox"/> D5820	Interim Partial Denture (Maxillary)	\$655	\$ 734	\$79	12%
<input type="checkbox"/> D5821	Interim Partial Denture (Mandibular)	\$656	\$ 734	\$78	12%
<input type="checkbox"/> D5899	Gold Denture Crown Per Tooth	\$196	\$ 771	\$575	294%
NOTE: The first 3 adjustments and/or relines of new dentures are at no charge. Those adjustments and/or relines completed after the first 3 will be charged based on the dental fee schedule					
<input type="checkbox"/> D5410	Adjust Complete Denture - Maxillary	\$84	\$ 93	\$9	10%
<input type="checkbox"/> D5411	Adjust Complete Denture - Mandibular	\$84	\$ 93	\$9	10%
<input type="checkbox"/> D5421	Adjust Partial Denture - Maxillary	\$84	\$ 93	\$9	10%

CDT Code	CDT Description	100%	Proposed 100% Pay	Diff	% Change
<input type="checkbox"/> D5422	Adjust Partial Denture - Mandibular	\$84	\$ 93	\$9	10%
<input type="checkbox"/> D5730	Reline Complete Maxillary Denture - Chairside	\$354	\$ 391	\$37	10%
<input type="checkbox"/> D5731	Reline Complete Mandibular Denture - Chairside	\$354	\$ 391	\$37	10%
<input type="checkbox"/> D5740	Reline Partial Maxillary Denture - Chairside	\$351	\$ 386	\$35	10%
<input type="checkbox"/> D5741	Reline Partial Mandibular Denture - Chairside	\$352	\$ 387	\$35	10%
<input type="checkbox"/> D5750	Reline Complete Maxillary Denture (Lab)	\$455	\$ 499	\$44	10%
<input type="checkbox"/> D5751	Reline Complete Mandibular Denture (Lab)	\$455	\$ 499	\$44	10%

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

April 2018

Item #17

**Report on Status of Joint Commission
Recommendations and Corrective Action Plan**

Report on Status of Joint Commission Recommendations and Corrective Action Plan

In response to Joint Commission recommendations, the following actions have been taken:

- The *Coastal Health & Wellness (CHW) Infection Control Policy* was established and approved by the Coastal Health & Wellness Governing Board on 3/1/2018. The policy states that CHW will implement infection control procedures according to evidence-based guidelines (CDC and AAMI) and establish procedures to ensure compliance. Infection control procedures have been established for the following:
 - o Use and maintenance of sterilization equipment
 - o Cleaning and disinfecting of equipment and work areas
 - o Logs to provide proper documentation of sterilization equipment and to monitor compliance
 - o Appropriate process when donning and removing personal protective equipment (PPE)Checklists have also been established to assure that daily, weekly and monthly tasks are completed as outlined.

- The *CHW Infection Control Policy* states that clinical staff will be trained on infection control guidelines and procedures annually or more frequently as needed based on their job requirements. Training has been provided and documented in the following areas and will be maintained on an ongoing basis:
 - o OSHA and infection control
 - o Sterilization procedures and equipment
 - o Hand hygiene and PPE
 - o Eyewash station
 - o Fire Extinguisher
 - o AEDJob descriptions have also been updated to include adherence to job specific competencies within established department deadlines.

- The *CHW Infection Control Policy* established a new position, called the Clinical Compliance Specialist. This position, working with appropriate clinical staff, will regularly review infection control procedures and update as needed. In addition, it will be the responsibility of this position to make sure that a risk assessment is completed in order to prioritize risks, ensure that trainings are consistently documented and monitored, and that environment of care surveys are completed as designated. Eileen Dawley, RN and GCHD Chief Nursing Officer is currently assuming this role on an interim basis until this position is filled.

- The Infection Disease Control Committee members have been established and are currently working on the following initiatives:
 - o Risk assessment and checklists based on CDC reference materials
 - o Infection control program goals and responsibilities
 - o Review of infection control surveys for dental, nursing and lab
 - o Presentation of infection control program to all employees (annual training)
 - o Janitorial service review

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

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April 2018

Item #18

Consider for Approval Quarterly Compliance Report

Coastal Health & Wellness Governing Board

Quarter 2, 2018 – Compliance Report

(The information presented in this Report covers January, February, and March of 2018)

INTERNAL AUDITS		
DATE CONDUCTED	TYPE OF AUDIT & FINDINGS	ACTION TAKEN
<u><i>January 2018, February 2018, and March 2018</i></u>	<p><u>Financial Screening Audit-Patient Services Manager :</u></p> <ul style="list-style-type: none"> • Financial Screening audits were performed by randomly pulling ten application charts monthly to establish accuracy and chart completeness. • An inclusive application requires CHW intake specialists to ensure the accurate completion of nine different elements within each application, all of which are reviewed during the Financial Screening audit. • We had 100 percent compliance. 	No action taken. We will continue operating under our current protocol.
<u><i>Completed in January, February, and March 2018</i></u>	<p><u>Title V Eligibility Audit -- Patient Services Manager</u></p> <ul style="list-style-type: none"> • Title V Eligibility Audit was performed on every title V application • We had 100 percent compliance with state requirements based on the following criteria: <ol style="list-style-type: none"> 1. The client income/eligibility is appropriately and accurately determined, documented, and maintained in the client’s record. 2. The record contains evidence that the client was screened for potential eligibility for other programs. 	We will continue operating under our current protocol. If there are any errors, then we conduct additional staff training to ensure that forms are completed properly.

Coastal Health & Wellness Governing Board

Quarter 2, 2018 – Compliance Report

(The information presented in this Report covers January, February, and March of 2018)

	<ol style="list-style-type: none"> 3. The Presumptive Eligibility form is completed prior to the receipt of services, if the patient presents with an immediate medical need and has not completed the eligibility process. 4. A current Statement of Applicant’s Rights and Responsibilities form has been completed/signed/dated by all categories of clients and agency staff. 5. A current Notice of Eligibility Form has been completed. 	
EXTERNAL AUDITS		
DATE CONDUCTED	TYPE OF AUDIT/FINDINGS	ACTION TAKEN
<u>02/14/2018-02/15/2018</u>	The Joint Commission: The Joint Commission conducted an unannounced survey in order to assess the Clinic’s infection control practices. The survey yielded findings that focused mainly on the lack of quality infection control standards based on clear evidenced based guidelines. The Joint Commission issued a “preliminary denial” of accreditation. It is important to note that this classification means that the Clinic’s accreditation is still in tack, and that the Joint Commission will continue to follow-up with the Clinic to ensure high quality patient care standards.	The Clinic voluntary ceased all medical and dental procedures. The Clinic Leadership Team decided to close the Dental Clinic, until there were significant improvements in infection control. Additionally, the Clinic immediately took action and developed a robust correction plan, which included hiring an infection control consultant/specialist, undergoing a myriad of infection control trainings, and updating procedures based on CDC evidence based guidelines.

Coastal Health & Wellness Governing Board

Quarter 2, 2018 – Compliance Report

(The information presented in this Report covers January, February, and March of 2018)

<u>3/5/2018</u>	<p>The Joint Commission: The Joint Commission conducted a follow-up unannounced Abatement Survey. During this survey, the Joint Commission observed that the “Immediate Threat to Life” findings in the initial report were remedied. The follow-up survey yielded that there were “No Requirements for Improvement.”</p>	<p>While the Abatement Survey was successful, the Joint Commission announced that they would return for ongoing monitoring. The Clinic implemented an Infection Control Committee to help ensure oversight. The Clinic continues to focus on improving processes and has consulted with additional resources and external infectious disease control specialists to remedy any issues and improve the Clinic’s practices. The Clinic also implemented an Infection Control Committee to ensure oversight.</p>
INCIDENT REPORTS		
DATE OF INCIDENT	COMPLIANCE/REPORTABLE ISSUES	ACTION TAKEN
<u>1/25/2018-CHW</u>	<p>A Lab Technician attempted to draw blood on a wheel chair bound patient. After inserting the needle, there was no blood flow through the needle. The Technician withdrew the needle and retracted the needle into the syringe. While retracting the used needle, the technician accidentally stuck her left index finger with the used needle. The technician did not see any blood on the patient nor the needle after withdrawing the needle from the patient arm and waited three hours before she reported the dirty needle stick. The technician did not request medical evaluation due to the patient being a long standing patient and the technician knowledge of the patients’ medical history.</p> <ul style="list-style-type: none"> • Preventable Incident 	<p>Reported Injury to Department of State Health Service.</p>

Coastal Health & Wellness Governing Board

Quarter 2, 2018 – Compliance Report

(The information presented in this Report covers January, February, and March of 2018)

<u>02/06/2018 –CHW</u>	<p>Alert Alarm notified the Executive Director that there was an issue with the alarm—specifically, the alarm was not set. There was a discrepancy as to who is responsible for setting the alarm—WIC or CHW.</p> <ul style="list-style-type: none">• Preventable Incident	<p>Created a new sign in/sign out log procedure for staff who are responsible for disarming and setting the alarm. All who disarm and/or set the alarm and sign the log will be held accountable.</p>
<u>02/14/2018-CHW</u>	<p>After using the ladies room, the bungie cord on employee’s wrist slipped off and fell into the commode. Automatic flush pushed keys and cord down the drain.</p> <ul style="list-style-type: none">• Non- Preventable Incident	<p>Employee received replacement keys and paid the fee as designated by Replacement Key procedure.</p>
<u>03/16/2018--CHW</u>	<p>Lab Technician was assisting a patient, when she observed a courier leaving boxes on the floor adjacent to the lab table. Technician did not see the boxes as she walked around the table and tripped over a box. Technician fell to ground, attempted to stop her fall but was unable to not fall. Technician reported injury to wrists, neck and left knee. The employee requested a medical evaluation 4/5/2018.</p> <ul style="list-style-type: none">• Preventable Incident	<p>A Workers’ Compensation claim was filed 3/16/2018. The Risk and Safety Coordinator spoke to the Courier (a temporary courier) about informing staff when a delivery is made. The Risk and Safety Coordinator advised the Courier of where packages should be placed, for safety purposes.</p>

Coastal Health & Wellness Governing Board

Quarter 2, 2018 – Compliance Report

(The information presented in this Report covers January, February, and March of 2018)

<u>3/19/2018—CHW</u>	<p>A new patient waiting for registration services had a seizure in the Clinic. Staff activated the Emergency Phone protocol, Coastal Red. The Front desk staff called 911. Medical personnel responded, took the patient’s vitals and remained with patient until paramedics arrived. The patient was accompanied by a family member and paramedics transported both to ER via ambulance.</p> <ul style="list-style-type: none"> • Non-Preventable Incident 	<p>Staff activated the Emergency Phone protocol, Code Red. Staff dialed 911.</p>
BAD DEBT WARNING AND SUSPENSION LETTERS		
REASON	TYPE OF LETTER	
Debt Collection Policy	Suspensions: 208 Reinstatements: 135	
Behavior Letters Issued	Warnings: 2	
<p>NOTE: Various issues were discussed in peer review. Incidents involving quality of care issues, In accordance with Section 161 et seq., Health and Safety Code, are reviewed such that proceedings and records of the quality program and committee reviews are privileged and confidential.</p>		



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

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Item #19

**Consider for Approval Privileging Rights for
Premal Patel, MD**



Date: April 26, 2018

To: CHW Governing Board

Thru: Kathy Barroso, CPA *KB*
CHW Interim Executive Director

From: Abdul-Aziz Alhassan, MD *AAA*
Medical Director

Re: Privileging

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

- Premal Patel, MD is a licensed Professional Doctor of Internal Medicine who will practice full-time in the Texas City clinic. Premal Patel, MD graduated from the University Of Texas Medical Branch. Dr. Patel is requesting Medical privileges.

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Governing Board

April 2018

Item #20

**Consider for Approval the Appointment of Samantha Robinson, RN,
BSN as a Community Representative to the Coastal Health & Wellness
Governing Board for a 3 Year Term Expiring April 2021**

Biography for Samantha Robinson, RN BSN

Ms. Robinson is a Registered Nurse in Texas working for UTMB as the Team Leader for the Ryan White Program. She has over 25 years of experience working with patients in all areas of nursing. Currently, she is focused on caring for people afflicted with HIV and AIDS in many capacities. As part of the Ryan White Program, the team of Nurses, Doctors, and Coordinators provide care and treatment, life skills, and support to patients and families affected by this disease. She is the facilitator of the medical decision team. Ms. Robinson is a member of the Ryan White Planning Council for the City of Houston on their Quality Committee, at the request of Judge Ed Emmitt; a member of the Texas State HIV Syndicate at the state level, representing the East Texas Region for decision making of funding. She has been with UTMB for four years in her present position. Volunteer positions include the Galveston County Emergency Medical Reserve Corp and with the 22 Q Syndrome Special Needs Support Group for the state of Texas. Ms. Robinson is originally from New Orleans, Louisiana, has Bachelor's Degrees in Nursing and Business. Alumni of the University of Texas, Arlington, University of Wyoming, and the University of Maryland. She is married to an Air Force retired veteran, and current NASA Engineer, has lived throughout the United States and Europe and has called Galveston County home since 2004. They have four grown children and 10 grandchildren who are the love of her life.

When asked why she has expressed a desire to serve on the Board of Coastal, she responded that she was fully aware of the importance of services provided by Coastal Health and Wellness to the people of Galveston County for their health care and dental needs. If those services were considered subpar or not available to the citizens, then we all fail as a society. Ms. Robinson feels that she would complement the current board members to provide oversight, guidance, and assistance whenever needed to assure success.

SAMANTHA M. ROBINSON RN, BSN

PROFESSIONAL SUMMARY: Results driven seasoned professional with an exceptional attention to details with over 20 years of progressive leadership roles in nursing and prior marketing experience. Critical thinker with strong leadership skills and the ability to get positive results while maintaining budgetary restrictions and ensuring the delivery of high quality cost effective care

EDUCATION: Bachelor of Science in Nursing
University of Texas-Arlington 2011
Associate of Applied Science in Nursing
Clovis Community College, Clovis, NM 1999
Laramie County Community College, WY 1991
University of Maryland-Europe, 1987

EXPERIENCE:

**Care Manager Team Leader
Ryan White Program
University of Texas Medical Branch
12/2014-Current**

Supervise staff of six and ensure compliance with current standards
Provide both Supportive and Comprehensive Case Management Models to clients based on level of need
Determine client eligibility and enrollment in services
Guided clients through intake / assessments prepare consent forms and assist in funding eligibility applications
Educate young and high-risk adults on AIDS / HIV prevention
Report new and known AIDS / HIV and reportable disease cases in accordance with the grant and state reporting guidelines
Monitor and followed-up with clients after initial visit and make appropriate referrals to medical professionals and community outreach agencies

**Director of Nursing
Director of Quality & Risk Management
Kindred Healthcare, Pasadena, TX
06/2009-10/2014**

Supervise Staff of over 220 employees in multiple departments to include Nursing, Infection Control, Health Information Management, Dietary, Physician Credentialing, and Employee

Health

Develop annual budgets and guide departments through budgetary restrictions to reach established goals
Participate in Source Boards throughout contractual process and managed contracts totaling over \$800,000 annually
Review, approve, and maintain payroll, training, and annual competencies of staff
Manage all aspects of patient care and ensure compliance with current standards
Perform evaluations across multiple departments and disciplines
Facilitate and participate in hospital and departmental performance improvement activities to measure and assess the quality of services provided.
Develop policies/procedures for the improvement of nursing care, safety, training, and staff development.
Provide medical surveillance and data collection for compliance with Joint Commission, OSHA, Quality Assurance, and Nursing Service Excellence Standards.
Perform all levels of Risk Management surveillance, mitigation, and reporting compliance to protect the assets of the company.
Acting liaison between the hospital and Emergency Preparedness Organizations-Federal, State, and Local Area Hospitals
Coordinate and Supervise Volunteer Services
Accountable for all aspects of contracts in support of hospital ancillary services

Nurse Coordinator, Chest Pain Assessment Center & Tertiary Care Units

Staff RN, Emergency Room

Clear Lake Regional Medical Center, Webster, TX

07/2006-06/2009

Managed all aspects clinical operations and staffs of over 200 nursing professionals and ensure compliance with current standards
Supervise, coordinate, delegate, and provide nursing services to approximately 150-200 patients Daily in the ER with an average staff of 38 employees per day while staying within budgeted guidelines
Maintain employee training and attendance records for over 200 employees in three departments.
Complete work schedules and maintain payroll for over 200 employees
Attend and participate in administrative and committee meetings representing Senior Leadership
Develop policies, procedures & protocols for all aspects of care, safety, training, and staff development

Director of Nursing, Sub Acute Behavior Health Care

Shiloh Treatment Center/Daystar, Manvel, TX

10/2004-07/2006

Provided direct over site and supervision for health care team involving Quality Assurance, JCAHO Standards, OSHA, Pharmacological Resources, and Nursing Protocol Revisions
Supervised, coordinated, delegated, and provided all aspects of nursing services, including medical and psychological for 150+ clients daily with a staff of 85
Negotiated and maintained contracts in the over site of clinical operations

**Charge Nurse/Instructor, Ortho-Neuro-Surgical Trauma
Altos Federal Group and PPDG, Inc.-Fed. Contract
Wilford Hall Medical Center, Lackland AFB, TX
01/2002-06/2004**

Coordinated and supervised patient care with 36 beds and staff of 50.
Delegated expected performances and served as clinical resource person.
Dedicated preceptor for all professional, ancillary staff, and AF transition RN's.
Performed initial triage and assessment of ER patients and provided immediate care.
Completed PI planning and design of source documents for protocols.
Supported ongoing recruitment and screened patient subjects for clinical research.
Collaborated with Military, Residents, and Research Scientists in provision of patient care.

**Charge RN/Staff Nurse, Medical Surgical Unit
Baptist Medical Center, San Antonio, Texas
01/2000-01/2002**

Provided nursing care of medical and surgical patients, both pre and post op.
Coordinated, supervised, and performed patient care on a 50 bed Med Surg Unit with staff of 38.
Served as Diabetes Resource Nurse for patients, families, and hospital staff.

**Licensed Practical Nurse, Behavior Health
ENMRSH, Clovis, New Mexico
1999/2000**

Provided nursing care to individuals with developmental disabilities in group homes, work centers, and clinic settings.
Administered medications, completed blood draws, and other nursing treatments.
Developed responsive programs and effective case management follow up.

**CERTIFICATIONS/
PROFESSIONAL :**

BLS, EKG
ANACNET, APIC, TGCAHQ, ANA, ENA

REFERENCES:

Available upon request

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Governing Board

April 2018

Item #21

**Consider for Approval the Reappointment of Miroslava Bustamante as a
Consumer Representative to the Coastal Health & Wellness Governing
Board for a 3 Year Term Expiring April 2021**

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

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April 2018

Item #22

**Consider for Approval Request for an Additional Shared Service
Position Due to Realignment of Duties and Business Need
(Chief Compliance Officer)**

Consider for Approval Request for an Additional Shared Service Position Due to Realignment of Duties and Business Need (Chief Compliance Officer)

Background: Compliance functions for the organization are currently delegated to the Director of Contracts, Compliance & General Counsel, which is a shared service between GCHD and CHW. This position is also responsible for overseeing risk and safety, facilities and fleet.

Challenges: Increasing responsibilities primarily in the area of compliance, regulatory requirements and legal matters.

Recommendation: To remove compliance functions from the General Counsel responsibilities and create a Chief Compliance Officer position, which would be responsible for the following:

- Policy and Procedure Management – defining, communicating, training and attesting to organizational policies and procedures.
- Compliance Monitoring – evaluating and measuring the state of compliance across the organization. Ensuring compliance with laws, regulatory requirements and policies and procedures.
- Investigations – managing investigations into wrong doing and anything that violates regulatory/legal requirements.
- Internal Audits – coordinating internal compliance reviews and reporting results to management and Board
- Risk & Safety – assuring that the organization has appropriate risk and safety policies and procedures in place and that facilities meet risk and safety standards.

This change would enable the General Counsel to focus on legal related issues, such as contracts, open record requests and conferring with outside counsel, when necessary. In addition, best practice suggests that compliance and legal roles should be separated based on the primary focus of each role.

Requested Action: Create a new position (Chief Compliance Officer) with the required expertise to oversee and ensure compliance with laws, regulatory requirements, policies and procedures. The annual salary for this position would range from \$80,000 to \$95,000 depending on experience and would be funded as a shared service. Since this is a new position, we are requesting that the position be funded from current salary lapse for the remainder of this fiscal year. Going forward, the position will be included in future annual operating budgets.

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