



# COASTAL HEALTH & WELLNESS

## GOVERNING BOARD

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

### AGENDA

Thursday, May 30, 2019 – 12:00 PM

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

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

In accordance with the provisions of the Americans with Disabilities Act (ADA), persons in need of a special accommodation in order to participate in this proceeding should, within two (2) days prior to the proceeding, request necessary accommodations by contacting CHW’s Executive Assistant at 409-949-3406, or via email at [trollins@gchd.org](mailto:trollins@gchd.org).

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

### REGULARLY SCHEDULED MEETING

#### Meeting Called to Order

- \*Item #1 ..... Agenda
- \*Item #2**ACTION**..... Excused Absence(s)
- \*Item #3**ACTION**..... Consider for Approval Minutes from April 25, 2019 Governing Board Meeting
- \*Item #4**ACTION**..... Consider for Approval Ratification of the Action from the Executive Committee Meeting on Thursday May 9, 2019
- \*Item #5**ACTION**..... Informational Reports
  - a) Application for Oral Health Infrastructure (OHI) Funding through the Health Resources & Services Administration (HRSA)
- \*Item #6**ACTION**..... Annual Policy/Plan Review
  - a) Dental Scope of Services Policy
  - b) Medical Record Fee Schedule
  - c) Coastal Health & Wellness Test Tracking and Following up Policy
  - d) Emergency Department/Hospital Admission Care Transition, Tracking and Follow Up Policy
- \*Item #7**ACTION**..... Policies Approved by United Board of Health as Authorized Under the Shared Services Agreement
  - a) Open Records and Notary Fees
  - b) Employee Use of Coastal Health & Wellness Clinic
  - c) New Employee Orientation & Training
- Item #8..... Executive Report
- Item #9**ACTION**..... Consider for Approval April 2019 Financial Report
- Item #10**ACTION**..... Consider for Approval Fee Schedule for Medical, Counseling and Lab Services
- Item #11**ACTION**..... Consider for Approval Fee Schedule for Dental Services
- Item #12**ACTION**..... Consider for Approval Re-Privileging Rights for Lisa Tigrett, M.Ed

- Item #13**ACTION**.....Consider for Approval Privileging Rights for the following Contract Provider Providing Tele-Psychiatry Services:  
a) Isela Werchan, MD
- Item #14**ACTION**.....Consider for Approval Privileging Rights for the following UTMB Residents  
a) Farha Syed, MD  
b) Andreina Leon, MD

**Adjournment**

*Tentative Next Meeting: June 27, 2019*

**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

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**GOVERNING BOARD**

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

**Governing Board**

**May 2019**

**Item #3**

**Consider for Approval Minutes from April 25, 2019**

**Governing Board Meeting**

**Coastal Health & Wellness  
Governing Board  
April 25, 2019**

**Board Members**

**Present:**

David Delac  
Dr. Howard  
Jay Holland  
Victoria Dougharty  
Virginia Valentino  
Dorothy Goodman  
Samantha Robinson  
Aaron Akins  
Elizabeth Williams

**Staff:**

Kathy Barroso, Executive Director	Eileen Dawley
Judie Olivares	Richard Mosquera
Mary Orange	Diana Driskill
Tiffany Carlson	Tyler Tipton
Ashley Tompkins	Kristina Garcia
Michelle Peacock	Amanda Wolff
Pisa Ring	Tikeshia Thompson Rollins

**Excused Absence: Dr. Thompson**

**Unexcused: Miroslava Bustamante, Mario Hernandez**

**\*Items 1-9 Consent Agenda**

A motion was made by Virginia Valentino to approve the consent agenda items one through nine. Jay Holland requested that the minutes from the April 9, 2019 special meeting be amended to state there was no action taken from executive session. A motion was made by Virginia Valentino and seconded by Dorothy Goodman. The Board unanimously approved the consent agenda.

**Item #10 Executive Reports**

Kathy Barroso, Executive Director, presented the April 2019 Executive Report to the Board.

**Item #11 Consider for Approval March 2019 Financial Report**

Mary Orange, Business Office Manager, presented the March 2019 financial report to the Board. A motion to accept the financial report as presented was made by Virginia Valentino. Victoria Dougharty seconded the motion and the Board unanimously approved.

**Item #12 Consider for Approval Quarterly Visits and Collections Report Including a Breakdown by Payor Source for Recent New Patients**

Mary Orange, Business Office Manager, presented the quarterly visit and collections report including the breakdown of new patients by payor source. A motion to accept this report as presented was made by Virginia Valentino and seconded by Aaron Akins. The Board unanimously approved the motion.

**Item #13 Consider for Approval Quarterly Access to Care Report**

Kathy Barroso, Executive Director, presented the quarterly access to care report to the Board. Ms. Barroso informed the Board that a goal of 90 percent utilization for medical, dental and counseling services has been established. Medical utilization rates for the quarter were slightly lower than the goal while Dental utilization rates were higher. Although counseling utilization rates continued to be low, rates improved from the prior quarter. In addition, no-show rates in all areas improved in comparison to last quarter. A motion to accept this report as presented was made by Dr. Howard and seconded by Dorothy Goodman. The Board unanimously approved the motion.

**Item #14 Consider for Approval Quarterly Patient Satisfaction Survey Results**

Kathy Barroso, Executive Director, presented the results of the quarterly patient satisfaction survey from January 1, 2019 to March 31, 2019. Ms. Barroso reported that there was a 14% survey response rate in comparison to a 15% response rate reported last quarter. Overall, the majority of comments were overwhelmingly favorable, with approximately 80% of the



responses rated as excellent. A motion to accept the report as presented was made by Dr. Howard and seconded by Victoria Dougharty. The Board unanimously approved the motion.

**Item #15 Consider for Approval Quarterly Compliance Report**

Richard Mosquera, Chief Compliance Officer, presented the quarterly compliance report to the Board. Samantha Robinson suggested looking into the code alert system used in the clinic to make sure that it meets the latest standards. A motion to accept the report as presented was made by Dr. Howard and seconded by Virginia Valentino. The Board unanimously approved the motion.

**Item #16 Consider for Approval Request to add a Staff Part-Time Hygienist**

Mary Orange, Business Office Manager, asked the Board to consider for approval a request to add a staff part-time hygienist to meet the increasing need in both the Texas City and Galveston dental clinics. A motion to accept the request for a part-time hygienist was made by Dr. Howard and seconded by Virginia Valentino. The Board unanimously approved the motion.

**Item #17 Consider for Approval Re- Privileging Rights for Leonard Nagorski, MD**

Kathy Barroso, Executive Director, asked the Board to consider for approval re-privileging rights for Leonard Nagorski, MD as recommended by Dr. Cynthia Ripsin, Medical Director. A motion to approve re-privileging rights for Leonard Nagorski, MD, was made by Jay Holland and seconded by Virginia Valentino. The Board unanimously approved the motion.

**Item #18 Consider for Approval Privileging Rights for the following Contract Provider Providing Tele-Psychiatry Service**

Kathy Barroso, Executive Director, asked the Board to consider for approval privileging rights, as recommended by Dr. Cynthia Ripsin, Medical Director, for the following contract physician who will be providing tele-psychiatry services.

- Carlos Tirado, MD

A motion to approve privileging rights for Dr. Tirado was made by Virginia Valentino and seconded by Victoria Dougharty. The Board unanimously approved the motion.

**Item #19 Consider for Approval Privileging Rights for the following UTMB Residents**

Kathy Barroso, Executive Director asked the Board to consider for approval privileging rights for the following UTMB residents, as recommended by Dr. Cynthia Ripsin, Medical Director.

- Shelby Payne, MD
- Stacy Leung, MD
- Alexander Ondari, MD
- Aubrey Palmer, MD

A motion to approve privileging rights for the UTMB residents was made by Victoria Dougharty and seconded by Dorothy Goodman. The Board unanimously approved the motion.

Adjournment

A motion to adjourn was made by Virginia Valentino and seconded by Dorothy Goodman. The Board adjourned at 12:49 p.m.

\_\_\_\_\_  
Chair

\_\_\_\_\_  
Secretary/Treasurer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

[Back to Agenda](#)



# **COASTAL HEALTH & WELLNESS**

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**GOVERNING BOARD**

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

**Governing Board**

**May 2019**

**Item #4**

**Consider for Approval Ratification of the Action from the Executive  
Committee Meeting on Thursday May 9, 2019**

**Coastal Health & Wellness  
Governing Board  
Executive Committee Meeting  
May 9, 2019**

**Board Executive Committee  
Members:**

David Delac, Chairperson  
Dr. Milton Howard Vice Chairperson  
Virginia Valentino, Secretary/Treasurer (Phone)

**Staff:**

Kathy Barroso, Executive Director  
Andrea Cortinas, Chief Financial Officer  
Richard Mosquera, Chief Compliance Officer  
Andy Mann, Information Technology Manager  
Mary Orange, Business Office Manager (Phone)  
Tikeshia Thompson Rollins

*An Executive Committee meeting was held on Thursday May 9, 2019 at 9:00 a.m.*

**Item #1 Consider for Approval Authorization to Purchase X-Ray Equipment Upgrade from Fund Balance Reserves**

Andy Mann, Information Technology Manager, asked the Board to consider for approval authorization to purchase an x-ray equipment upgrade needed in order to continue to provide medical x-ray services. This purchase would be expended from designated fund balance reserves. A motion to accept the request as presented was made by Dr. Howard and seconded by Virginia Valentino. The Executive Committee unanimously approved the motion.

David Delac, Chairperson, suggested developing a three to five-year equipment replacement plan so that equipment needs could be reviewed and planned in advance. Andrea Cortinas, Chief Financial Officer, suggested presenting the plan to the Board during the annual fund balance review.

**Adjournment**

A motion to adjourn was made by Dr. Howard and seconded by Virginia Valentino. The Executive Committee adjourned at 9:08 a.m.

\_\_\_\_\_  
Chair

\_\_\_\_\_  
Secretary/Treasurer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

[Back to Agenda](#)



# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

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

**Governing Board  
May 2019  
Item #5  
Informational Reports**

- a) Application for Oral Health Infrastructure (OHI) Funding through the Health Resources & Services Administration (HRSA)

Application for Federal Assistance SF-424

OMB Approval No. 4040-0004  
Expiration Date 8/31/2016

**1. Type of Submission**  
 Preapplication  
 Application  
 Changed/Corrected Application

**2. Type of Application**  
 New  
 Continuation  
 Revision

**3. Date Received:**  
 22/2019

**4. Applicant Identifier:**

**5.a Federal Entity Identifier:**  
 Application #: 166188  
 Grants.Gov #: GRANT12845197

**5.b Federal Award Identifier:**  
 H80CS00344

**6. Date Received by State:**

**7. State Application Identifier:**

**Applicant Information:**

**1. Legal Name:** COASTAL HEALTH & WELLNESS

**2. Employer/Taxpayer Identification Number (EIN/TIN):** 1-1665318

**3. Organizational DUNS:** 135951940

**Address:**

**Street 1:** PO BOX 939

**Street 2:**

**City:** La Marque

**County:** Galveston

**State:** TX

**Province:**

**Country:** US: United States

**Zip / Postal Code:** 77568-0939

**Organization Unit:**

**Department Name:** \_\_\_\_\_ **Division Name:** \_\_\_\_\_

Name and contact information of person to be contacted on matters involving this application:

**Prefix:** \_\_\_\_\_ **\* First Name:** Mary

**Middle Name: Middle Name:** \_\_\_\_\_

**Last Name:** Orange

**Suffix:** \_\_\_\_\_

**Title:** Business Office Manager

**Organizational Affiliation:** \_\_\_\_\_

**Telephone Number:** (409) 938-2240 **Fax Number:** (409) 938-2200

**Email:** morange@gchd.org

**Type of Applicant 1:**  
 Special District Government

**Type of Applicant 2:** \_\_\_\_\_

**Type of Applicant 3:** \_\_\_\_\_

**Other (specify):** \_\_\_\_\_

**0. Name of Federal Agency:** A

**Catalog of Federal Domestic Assistance Number:** 15.527  
 DA Title: Affordable Care Act (ACA) Grants for New and Expanded Services Under the Health Center Program

**2. Funding Opportunity Number:** RSA-19-079

**Title:** National Health Infrastructure (OHI)

**Competition Identification Number:** 95

**Title:** National Health Infrastructure (OHI)

**States Affected by Project (Cities, Counties, States, etc.):**  
 Attachment

**3. Descriptive Title of Applicant's Project:**  
 Health Center Cluster

**Project Description:**  
 Attachment

Additional Program/Project Congressional Districts:

See Attachment

**Proposed Project:**

Start Date: 9/1/2019 \* b. End Date: 3/31/2021

**Estimated Funding (\$):**

Federal	\$300,000.00
Applicant	\$0.00
State	\$0.00
Local	\$0.00
Other	\$0.00
Program Income	\$0.00
TOTAL	\$300,000.00

**9. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on \_\_\_\_\_
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

**10. Is the Applicant Delinquent Of Any Federal Debt?(If "Yes", provide explanation in attachment.)**

Yes  No

\*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I Agree  
The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Suffix: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Last Name: Barroso  
Suffix: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone Number: (409) 938-2257  
Email: kbarroso@gchd.org  
Signature of Authorized Representative: Kathy Barroso

\* First Name: Kathy  
Fax Number: \_\_\_\_\_  
\* Date Signed: 4/22/2019

Project/Performance Site Location(s)

Project/Performance Site Primary Location

Organization Name: Coastal Health & Wellness

Street1: 9850 Emmett F Lowry Expy Ste C

Street2:

City: Texas City

County: Galveston

State: Texas Province:

Country: United States \* ZIP / Postal Code: 77591-2001

UNS Number: 135951940

Project/Performance Site Congressional District: 14

Project/Performance Site Location

Organization Name: Coastal Health & Wellness

Street1: 4700 Broadway St Ste 100

Street2:

City: Galveston County: Galveston

State: Texas Province:

Country: United States \* ZIP / Postal Code: 77551-4241

UNS: 135951940

Project/Performance Site Congressional District: 14



## SF-424A: BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 4040-0004

Expiration Date 8/31/2016

## SECTION A - BUDGET SUMMARY

Grant Program Function or Activity	Catalog of Federal Domestic Assistance Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
Community Health Centers	93.224	\$0.00	\$0.00	\$300,000.00	\$0.00	\$300,000.00
<b>Total</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$300,000.00</b>	<b>\$0.00</b>	<b>\$300,000.00</b>

## SECTION B - BUDGET CATEGORIES

Object Class Categories	Federal	Non-Federal	Total
a. Personnel	\$0.00	\$0.00	\$0.00
b. Fringe Benefits	\$0.00	\$0.00	\$0.00
c. Travel	\$0.00	\$0.00	\$0.00
d. Equipment	\$216019.00	\$0.00	\$216019.00
e. Supplies	\$78526.00	\$0.00	\$78526.00
f. Contractual	\$0.00	\$0.00	\$0.00
g. Construction	\$0.00	\$0.00	\$0.00
h. Other	\$5455.00	\$0.00	\$5455.00
<b>i. Total Direct Charges (sum of a-h)</b>	<b>\$300000.00</b>	<b>\$0.00</b>	<b>\$300000.00</b>
j. Indirect Charges	\$0.00	\$0.00	\$0.00
<b>k. TOTALS (sum of i and j)</b>	<b>\$300000.00</b>	<b>\$0.00</b>	<b>\$300000.00</b>

## SECTION C - NON-FEDERAL RESOURCES

Grant Program Function or Activity	Applicant	State	Other Sources	TOTALS
Community Health Centers	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

## SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Federal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Non-Federal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

## SECTION E - FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	First	Second	Third	Fourth
Community Health Centers	\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTAL</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

## SECTION F - OTHER BUDGET INFORMATION

<b>Direct Charges</b>	No information added.
<b>Indirect Charges</b>	No information added.
<b>Remarks</b>	No information added.



Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

**NOTE:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681- 1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. 45 CFR 75, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

Cathy Barroso

APPLICANT ORGANIZATION

COASTAL HEALTH & WELLNESS

\* TITLE

\* DATE SUBMITTED

DISCLOSURE OF LOBBYING ACTIVITIES

OMB Approval No. 0348-0046

Expiration Date 12/31/2013

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

1. \* Type of Federal Action:

- a. contract
b. grant
c. cooperative agreement
d. loan
e. loan guarantee
f. loan insurance

2. \* Status of Federal Action:

- a. bid/offer/application
b. initial award
c. post-award

3. \*

Report Type:

- a. initial filing
b. material change

For Material Change

Year
Quarter
Date of Last Report

Name and Address of Reporting Entity:

Prime SubAwardee Tier If Known:
Name: COASTAL HEALTH & WELLNESS
Street 1: PO BOX 939
Street 2:
City: La Marque State: TX
Zip: 77568-0939 Congressional District, if known:

If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

\* Federal Department/Agency: U.S. Department of Health and Human Services, HRSA
\* Federal Program Name/Description: Health Center Program
CFDA Number, if applicable: 93.527
Federal Action Number, if known: HRSA-19-079
9. Award Amount, if known:

4. a. Name and Address of Lobbying Registrant:

Prefix First Name Middle Name
Last Name Suffix
Street 1 Street 2
City State Zip

Individual Performing Services (including address if different from No. 10a)

Prefix First Name Middle Name
Last Name Suffix
Street 1 Street 2
City State Zip

Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact on which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature:

Name Prefix: First Name: Kathy Middle Name:
Last Name: Barroso Suffix:

Title: Telephone No.: (409) 938-2257 Date:

General Use Only:

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Standard Form - LLL



## Program Specific Form(s) - Review

00166188: COASTAL HEALTH & WELLNESS

Due Date: 05/21/2019 (Due In: 0 Days)

Announcement Number: HRSA-19-079

Announcement Name: Oral Health Infrastructure (OHI)

Application Type: Revision (Supplemental)

Grant Number: H80CS00344

Target Population: Community Health Centers

Maximum Eligible Amount: \$300,000.00

Federal Amount Requested: \$300,000.00

Resources [↗](#)

### Form 1B - Funding Request Summary

As of 05/21/2019 02:33:54 PM

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

OHI Funding Request

\$300,000.00

#### OHI Funding Activities

Indicate below if you are requesting funding for equipment and/or minor alteration/renovation (A/R).

Funds will be used for:

- Equipment only
- Minor alteration/renovation with equipment
- Minor alteration/renovation without equipment
- Activities other than minor A/R and equipment

Are you proposing to add a new service delivery site within your current service area through this application?

- Yes
- No

### Form 5B - Service Sites

As of 05/21/2019 02:33:54 PM

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



#### Alert:

This form is not applicable to you as the following are true in Form 1B of this application:

- You have answered **No** to the add Permanent or Mobile site proposal.
- You have not requested one-time funding for alteration/renovation.

### Alteration/Renovation (A/R) Information

As of 05/21/2019 02:33:54 PM

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



#### Alert:

This form is not applicable to you as in Form 1B of this application, one of the following is true:

- You have not requested one-time funding, or
- You have requested one-time funding but not indicated how you plan to use these funds, or
- You have requested one-time funding for equipment only use

### Equipment List

As of 05/21/2019 02:33:54 PM

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

#### List of Equipment

Type	Description	Unit Price	Quantity	Total Price
Clinical	Operatory chairs	\$27,495.00	3	\$82,485.00
Clinical	Hydrim C61W Instrument Washer	\$6,185.00	2	\$12,370.00
Clinical	Autoclave Sterilizer	\$9,000.00	1	\$9,000.00
Clinical	Digital x-ray sensors	\$5,419.00	8	\$43,352.00
Clinical	Nomad Hand-held X-ray units	\$7,319.00	3	\$21,957.00
Clinical	Digital Impression Intraoral Scanner	\$34,505.00	1	\$34,505.00
Clinical	Diode Laser	\$6,175.00	2	\$12,350.00
<b>Total</b>			<b>20</b>	<b>\$216,019.00</b>

Supplemental Information

As of 05/21/2019 02:33:54 PM

## 1. Scope of Services

The table below displays your currently approved scope of project for Preventive Dental and Additional Dental services (Form 5A: Services Provided), populated from your scope of project as of the date that you first accessed your application in EHB.

Service Type	Currently Approved Form 5A		
	Column I (Direct – Health Center Pays)	Column II (Formal Contract/ Agreement – Health Center Pays)	Column III (Formal Referral Arrangement – Health Center DOES NOT pay)
Preventive Dental	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Dental Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To maximize OHI funding, oral health care must be provided directly or through contract/agreement. If you are not already providing Preventive Dental services via Column I or II, you must request a Scope Adjustment once you complete your OHI project(s). You may also need to adjust your scope for other reasons.

Access the technical assistance materials on the [Scope of Project website](#) for guidance in determining whether a Scope Adjustment or Change in Scope will be necessary. Click on the "Services" header in the Resources section and [Updating Form 5A](#) to determine which changes require a Scope Adjustment or Change in Scope request.

- If a Scope Adjustment or Change in Scope is required (e.g., adding Additional Dental services for the first time), you must request it outside of this application.
- Note that you do not need to submit a Scope Adjustment or Change in Scope request if OHI funding will be used for infrastructure investments that enhance access to services that you are already providing using the same modes of provision (i.e., Form 5A Column I, Column II).

### After completing your OHI project(s), will a Scope Adjustment or Change in Scope request be necessary to ensure that all planned changes to oral health services are on your Form 5A?

- Yes, I reviewed my Form 5A and determined that my health center's proposed OHI activities will require a Scope Adjustment or Change in Scope request to modify Form 5A.  
 No, I reviewed my Form 5A and determined that my health center's proposed OHI activities will not require a Scope Adjustment or Change in Scope request to modify Form 5A.

### 2. Are you proposing to use OHI funding to purchase telehealth equipment or to increase access to virtual dentistry?

- Yes, I am proposing to use OHI funding to initiate or enhance telehealth and/or virtual dentistry.  
 No, I am not proposing to use OHI funding for telehealth and/or virtual dentistry.

Close Window





**Coastal Health & Wellness – Project Narrative**  
**Funding Period: September 1, 2019 to March 31, 2021**  
**OHI Application**  
**Tracking #166188/H80/344**

**NEED**

- 1. Describe the current and anticipated integrated oral health needs of the patient population and/or underserved population in the service area.**

Coastal Health & Wellness (CHW) is a JCAHO certified Federally Qualified Health Center in Galveston County, with clinics located in Texas City and Galveston. Coastal Health & Wellness's goal is to become a Patient Centered Medical Home (PCMH), with the ability to address an individual's needs for medical, dental and behavioral health services. Many individuals have limited income and are unable to afford more extensive dental services, which would include root canals and crowns. CHW financially screens all patients, and provides services on a sliding fee scale, based on the current Federal Poverty Level guidelines. At the present, CHW does not have the necessary equipment and supplies to provide root canals and crowns to the patient population, and patients are referred to local providers. Because the cost of these services is so expensive in the outside market, patients often do not follow through with getting these services and end up back in the clinic for extractions or emergency care. Most providers CHW refers to do not have a sliding fee scale, which makes these cost prohibitive to the patients. Currently approximately 71% of the patient population served by CHW is at or below 150% of the Federal Poverty Level and are under-insured or have no insurance. Dental visits account for only 20% of the annual visits to the Coastal Health & Wellness clinics. The goal is to increase that number by providing more comprehensive services and increasing patient education.

- 2. Describe the infrastructure enhancements necessary to address these oral health needs.**

The infrastructure enhancements include the purchase of equipment and supplies necessary to provide more comprehensive dental services which would include root canals and crowns, intraoral cameras which would be used to enhance patient education about oral hygiene, as well as training for staff to stay up to date with the latest guidelines regarding infection control and sterilization. Replacement of dental chairs, which require frequent repairs and are out of service for periods of time, will reduce the instances in which appointments may need to be cancelled or rescheduled due to equipment issues.

**RESPONSE**

- 1. Describe your health center's current oral health services, including service delivery methods (ie. The extent to which services are provided directly Form 5A, column I, etc.).**

Coastal Health & Wellness currently provides routine hygiene visits, as well as oral exams, sealants, fluoride treatments, restorative services (dentures) and limited oral surgery (mainly extractions). All services are provided by dentists and one hygienist who are employees of CHW.

- 2. Describe the proposed infrastructure investments necessary for increasing access to integrated oral health services. Specifically describe:**

- a. Any proposed minor renovations – N/A**
- b. Any proposed equipment and supplies purchases, including dental, telehealth, and other equipment and technology to extend the reach of the current dental providers thru virtual dentistry. Your response should align with the equipment list and budget information.**



Coastal Health & Wellness is requesting funding for equipment and supplies to enhance and improve the dental services currently being provided to our patients. Equipment purchases would include replacement of three operatory chairs, additional sterilization equipment, oral cancer screening devices, root canal motors and handpieces, apex locators, root canal obturation devices, hand-held x-ray units, digital impression scanners, instrument cases, and intraoral cameras and iPads to enhance patient education.

**c. Any other infrastructure investments such as training, improved workflows, systems consulting, and EHR enhancements.**

Infection control and sterilization trainings that ensure staff is up to date with the most recent guidelines is included in the grant funding request.

### **IMPACT**

**1. Describe the integrated oral health services that will be added/expanded as a result of the infrastructure investments outlined in the RESPONSE section above.**

CHW would have the ability to provide root canals and crowns to patients who are currently being referred to local providers. Those providers are in the private sector and do not offer discounted services to patients who have no insurance. Replacement of outdated operatory chairs would help reduce downtime. Intraoral cameras would increase the opportunity for providers to enhance patient education about dental hygiene as well as provide the opportunity for patients to see exactly what is going on

**2. If new dental personnel are required to expand integrated oral health services, describe how those providers will be supported. If new dental personnel are not required, describe how current dental personnel will ensure expanded integrated oral health services.**

Current dental personnel have the capability to perform root canals and crowns. As patients are identified who require root canals or crowns for preservation of their teeth, they would be scheduled for those services, instead of being referred out for services.

**3. Describe how the completed projects will support the delivery of quality integrated oral health services.**

The opportunity to perform root canals and crowns in-house, instead of referring patients to others outside in the community, will provide for more comprehensive services for our patients, and allow for better oral health.

### **RESOURCES/CAPABILITIES**

**1. Describe the capabilities and expertise that qualify the organization to carry out the proposed project, including:**

**a. Experience with successfully completing similar infrastructure projects, including how you avoided or minimized time and cost overruns.**

Coastal Health & Wellness has received several opportunities for enhancement of services thru Quality Improvement funding, CARE funding and SUD-MH funding. Identification of the necessary equipment, supplies and training ensures the ability to move forward quickly in the purchasing process, thus reducing time to implement a project. Budgets are based on quotes received during the application process.

**b. The skills and experience of staff managing the project(s).**

The Executive Director for Coastal Health & Wellness has over 25 years of experience in implementing projects and infrastructure enhancements. The Business Manager brings over 20 years of experience from the healthcare industry and social services arena, and the Purchasing Agent brings over 15 years of procurement experience at the Galveston County Health District.

**c. The capability of key management staff to provide operational oversight.**

The Dental Director for Coastal Health & Wellness, Dr. Hanna Lindskog, will provide all operational oversight for the infrastructure enhancements. She is a member of the Houston Academy of General Dentistry, Texas Dental Association and American Dental Association. She is past president of the Houston Academy of General Dentistry Board. She is the recipient of many professional achievements and awards, some of which include fellowships in the American College of Dentists and Academy of General Dentistry, the Verneti Award for Excellence in Operative Dentistry and Texas Academy of General Dentistry New Dentist of the Year.

**2. Describe the health center's acquisition policies and procedures, as well as how the health center will comply with federal procurement requirements, as applicable.** Coastal Health and Wellness falls under the Galveston County Health District's (GCHD) umbrella and, as such, adheres to GCHD's purchasing policy. The purchasing policy incorporates all Texas Municipal Procurement laws as well as state and federal statutes. It was recently updated to reflect the current Uniform Guidance procurement regulations.

**3. Describe existing and planned collaboration and coordination of oral health services with other health care providers in the area. Provide evidence of support from such providers, community members, and/or other stakeholders through letters of support uploaded as Attachment 1: Collaboration Documentation**

Currently Coastal Health and Wellness medical providers work closely in conjunction with the dental providers to refer patients for dental services. In its efforts to be recognized as a Patient Centered Medical Home, CHW providers recognize the opportunity to provide patients with more comprehensive care in the medical and dental areas. Other providers in the local area do provide referrals and information to patients who may present to their clinics for care and are unable to afford it.



**Coastal Health Wellness - Budget Justification**

Funding Period: September 1, 2019 to March 31, 2021

OHI Application

Tracking #166188/H80/344

Budget Justification			Total
	Federal Grant Request	Non-Federal Resources	
<b>PERSONNEL</b>			
<b>TOTAL PERSONNEL</b>			
<b>FRINGE BENEFITS</b>			
<b>TOTAL FRINGE @ 19.4%</b>			
<b>TRAVEL</b>			
<b>TOTAL TRAVEL</b>			
<b>EQUIPMENT – Include items of moveable equipment that cost \$5,000 or more and with a useful life of one year or more.</b>			
Equipment for dental operatories to enhance dental services	216,019		216,019
<b>TOTAL EQUIPMENT</b>	<b>\$216,019</b>	<b>\$0</b>	<b>216,019</b>
<b>SUPPLIES</b>			
Oral Cancer Screening Devices <i>one for each operatory 11 @ 1,995.00</i>	21,945		21,945
Endo (Root Canal) Motor and Handpiece <i>2-Texas City 1-Galveston @\$2,000 each</i>	6,000		6,000
Apex Locator <i>2-Texas City 1-Galveston @\$1,060 each</i>	3,180		3,180
Root Canal Obturation Device <i>2-Texas City 1-Galveston @\$2,214.50 each</i>	6,643		6,643
Mouthwatch Intraoral cameras <i>one for each operatory 11 @\$338.00 each</i>	3,718		3,718
Mouthwatch Exam Tab Software <i>1 @\$399</i>	399		399
Shofu Eye Special C III Camera <i>2-Texas City 1-Galveston @\$3,051 each</i>	9,152		9,152
iPad Pro 11" Including 2 Years Apple Care - for use with cameras <i>3-Texas City 1-Galveston @928 each</i>	3,712		3,712
iPad Cases - Otterbox series <i>3-Texas City 1-Galveston @\$90 each</i>	360		360
Laptop - for use in operatories by dental assistants <i>2-Texas City 1-Galveston @\$2,000 each</i>	6,000		6,000
Amalgam Separator <i>1-Texas City, 1-Galveston 2 @\$827.11 each</i>	1,654		1,654
Hygiene Instrument Cassettes <i>to provide safer packaging 32 @\$81.81 each</i>	2,618		2,618
Exam Instrument Cassettes <i>to provide safer packaging 66 @\$81.81 each</i>	5,399		5,399
Small Dental Instrument Cassettes <i>to provide safer packaging 44 @\$108.44 each</i>	4,771		4,771
Large Instrument Cassettes <i>to provide safer packaging 22 @\$135.19 each</i>	2,974		2,974
<b>TOTAL SUPPLIES</b>	<b>78,526</b>	<b>\$0</b>	<b>78,526</b>
<b>CONTRACTUAL – Include sufficient detail to justify costs.</b>			
<b>TOTAL CONTRACTUAL</b>			



**Coastal Health Wellness - Budget Justification**

Funding Period: September 1, 2019 to March 31, 2021

OHI Application

Tracking #166188/H80/344

<b>CONSTRUCTION</b>			
<b>TOTAL CONSTRUCTION</b>			
<b>OTHER – Include detailed justification. Note: Federal funding CANNOT support construction, fundraising, or lobbying costs.</b>			
AAMI Sterilization Training for entire dental staff <i>2 training sessions, 1/year @ \$2,000 each</i>	4,000		4,000
Infection Control Certification Training <i>Certification training for 3 staff (\$485 x 3)</i>	1,455		1,455
<b>TOTAL OTHER</b>	<b>\$5,455</b>	<b>\$0</b>	<b>\$5,455</b>
<b>TOTAL DIRECT CHARGES (Sum of TOTAL Expenses)</b>	<b>\$300,000</b>	<b>\$0</b>	<b>\$300,000</b>
<b>INDIRECT CHARGES – Include approved indirect cost rate.</b>			
X% indirect cost rate (includes utilities and accounting services)	-	-	
<b>TOTALS (Total of TOTAL DIRECT CHARGES and INDIRECT CHARGES)</b>	<b>\$300,000</b>	<b>\$0</b>	<b>\$300,000</b>

### Program Specific Form(s) - Review

#### 00166188: COASTAL HEALTH & WELLNESS

**Due Date: 05/21/2019 (Due In: 0 Days)**

**Announcement Number:** HRSA-19-079

**Announcement Name:** Oral Health Infrastructure (OHI)

**Application Type:** Revision (Supplemental)

**Grant Number:** H80CS00344

**Target Population:** Community Health Centers

**Maximum Eligible Amount:** \$300,000.00

**Federal Amount Requested:** \$300,000.00

**Resources** 

### Form 1B - Funding Request Summary

As of 05/21/2019 02:32:14 PM

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

OHI Funding Request

\$300,000.00

#### OHI Funding Activities

Indicate below if you are requesting funding for equipment and/or minor alteration/renovation (A/R).

Funds will be used for:

- Equipment only
- Minor alteration/renovation with equipment
- Minor alteration/renovation without equipment
- Activities other than minor A/R and equipment

Are you proposing to add a new service delivery site within your current service area through this application?

- Yes
- No

### Form 5B - Service Sites

As of 05/21/2019 02:32:14 PM

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

#### Alert:

This form is not applicable to you as the following are true in [Form 1B](#) of this application:

- You have answered **No** to the add Permanent or Mobile site proposal.

- You have not requested one-time funding for alteration/renovation.

## Alteration/Renovation (A/R) Information

As of 05/21/2019 02:32:14 PM

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



### Alert:

This form is not applicable to you as in [Form 1B](#) of this application, one of the following is true:

- You have not requested one-time funding, or
- You have requested one-time funding but not indicated how you plan to use these funds, or
- You have requested one-time funding for equipment only use

## Equipment List

As of 05/21/2019 02:32:14 PM

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

### List of Equipment

Type	Description	Unit Price	Quantity	Total Price
Clinical	Operatory chairs	\$27,495.00	3	\$82,485.00
Clinical	Hydrim C61W Instrument Washer	\$6,185.00	2	\$12,370.00
Clinical	Autoclave Sterilizer	\$9,000.00	1	\$9,000.00
Clinical	Digital x-ray sensors	\$5,419.00	8	\$43,352.00
Clinical	Nomad Hand-held X-ray units	\$7,319.00	3	\$21,957.00
Clinical	Digital Impression Intraoral Scanner	\$34,505.00	1	\$34,505.00
Clinical	Diode Laser	\$6,175.00	2	\$12,350.00
<b>Total</b>			<b>20</b>	<b>\$216,019.00</b>

## Supplemental Information

As of 05/21/2019 02:32:14 PM

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

### 1. Scope of Services

The table below displays your currently approved scope of project for Preventive Dental and Additional Dental services (Form 5A: Services Provided), populated from your scope of project as of the date that you first accessed your application in EHB.



**Currently Approved Form 5A**

Service Type	Column I (Direct – Health Center Pays)	Column II (Formal Contract/ Agreement – Health Center Pays)	Column III (Formal Referral Arrangement – Health Center DOES NOT pay)
Preventive Dental	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Dental Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To maximize OHI funding, oral health care must be provided directly or through contract/agreement. If you are not already providing Preventive Dental services via Column I or II, you must request a Scope Adjustment once you complete your OHI project(s). You may also need to adjust your scope for other reasons.

Access the technical assistance materials on the [Scope of Project website](#) for guidance in determining whether a Scope Adjustment or Change in Scope will be necessary. Click on the “Services” header in the Resources section and [Updating Form 5A](#) to determine which changes require a Scope Adjustment or Change in Scope request.

- If a Scope Adjustment or Change in Scope is required (e.g., adding Additional Dental services for the first time), you must request it outside of this application.
- Note that you do not need to submit a Scope Adjustment or Change in Scope request if OHI funding will be used for infrastructure investments that enhance access to services that you are already providing using the same modes of provision (i.e., Form 5A Column I, Column II).

**After completing your OHI project(s), will a Scope Adjustment or Change in Scope request be necessary to ensure that all planned changes to oral health services are on your Form 5A?**

**Yes**, I reviewed my Form 5A and determined that my health center’s proposed OHI activities will require a Scope Adjustment or Change in Scope request to modify Form 5A.

**No**, I reviewed my Form 5A and determined that my health center’s proposed OHI activities will not require a Scope Adjustment or Change in Scope request to modify Form 5A.

**2. Are you proposing to use OHI funding to purchase telehealth equipment or to increase access to virtual dentistry?**

**Yes**, I am proposing to use OHI funding to initiate or enhance telehealth and/or virtual dentistry.

**No**, I am not proposing to use OHI funding for telehealth and/or virtual dentistry.



May 21, 2019

Hanna Lindskog, DDS.  
Dental Director  
Coastal Health & Wellness  
9850-C Emmett F. Lowry Expressway  
Texas City, Texas 77591

Dear Dr. Lindskog:

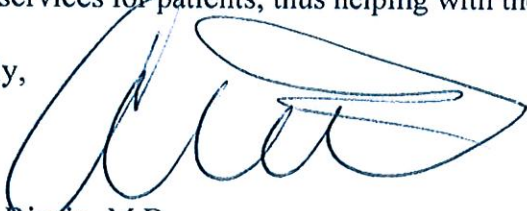
On behalf of the Medical clinic, I express my strong support for federal funding from the Health Resources and Services Administration, Bureau of Primary Health Care, for Oral Health Infrastructure.

Federally qualified community health centers provide critically needed outpatient primary medical, dental and mental health services for some of Galveston County's most underserved residents. The low-income, under- and uninsured patients served by these clinics face numerous barriers to health care due to lack of financial resources, transportation barriers, and an overall lack of area providers who serve the indigent population. Without Coastal Health & Wellness' clinics, these patients would go without care until their health problems became acute and forced them to seek care at the emergency room. Coastal Health & Wellness' clinics are community-oriented and provide patients with a medical home, which reduces costs and reduces stress on the local health care system.

As the Medical Director for Coastal Health & Wellness, I look forward to the opportunity for further collaboration of patients for medical and expanded dental services. The ability to serve the patient for all healthcare needs, medical, dental and behavioral health, furthers the goal for Coastal Health & Wellness to earn recognition as a Patient Centered Medical Home for the Galveston County Community.

The Dental Clinic at Coastal Health & Wellness has established itself as an integral part of the community's healthcare safety net. I therefore encourage the Health Resources and Services Administration, Bureau of Primary Health Care, to grant funding for Oral Health Infrastructure. Such funding would provide the ability to expand services for patients, thus helping with the overall health of the local population.

Sincerely,



Cynthia Ripsin, M.D.  
Medical Director





HELPING OTHERS PREPARE FOR ETERNITY

Leslie S Mayer, DDS  
3373 Hwy 6  
Alvin, TX 77511  
May 20, 2019

Hanna Lindskog, DDS  
Dental Director  
Coastal Health & Wellness  
9850-C Emmett F. Lowry Expressway  
Texas City, TX 77591

Dear Hanna Lindskog, DDS:

Thank you for contacting me regarding Coastal Health & Wellness' application to the Health Resources and Services Administration's Oral Health Infrastructure Project Grant. On behalf of HOPE Dental Clinic, I am pleased to offer my wholehearted support for your organization as well as for your Grant application.

As you may be aware, HOPE Dental Clinic has been providing dental services to the underserved patient population since 2008. We are dedicated to providing quality dental care to low-income, uninsured families and individuals located in Alvin, Texas and surrounding communities. Staffed largely by a team of dedicated dental professionals and volunteers, we depend on local dental clinics in the area as a referral source when a patient requires care outside our scope of services at an affordable cost.

Coastal Health & Wellness' clinics are an integral part of our patient assistance network, providing much needed dental care at a cost attenuated to the patient's income. As a providing dentist with HOPE Dental Clinic, I can attest to the fact that referrals to Coastal Health & Wellness' integrated system of care clinics are utilized routinely. Many of our patients depend on Coastal Health & Wellness for affordable dental and medical services.

Grant funding of Coastal Health & Wellness is without a doubt not only beneficial to our patients, but to our community at large. I encourage HRSA to give diligent consideration of Coastal Health and Wellness' application to the Oral Health Infrastructure Project Grant.

Sincerely,

Leslie S Mayer, DDS  
HOPE Dental Clinic

PO Box 788  
Alvin, TX 77512  
281-331-3288  
info@hope-clinic.org  
www.hope-clinic.org

*HOPE Clinic, Inc. is designated as a non-profit, tax-exempt entity under IRS code 501(c)(3).*

[Back to Agenda](#)

**Governing Board  
May 2019  
Item #6  
Annual Policy/Plan Review**

- a) Dental Scope of Services Policy
- b) Medical Record Fee Schedule
- c) Coastal Health & Wellness Test Tracking and Following up Policy
- d) Emergency Department/Hospital Admission Care Transition, Tracking and Follow Up Policy

## Coastal Health & Wellness Dental Clinics Scope of Services Policy

### Purpose

This policy applies to all Coastal Health & Wellness patients that require primary oral health services.

### Definitions

**Acute Emergency Dental Services (Required)** – Services which eliminate acute infection, control bleeding, relieve pain, and treat injuries to the maxillofacial and intra-oral regions.

Activities include diagnosis, pulp therapy, tooth extraction, palliative or temporary restorations and fillings, periodontal therapy, and prescription of medications.

**Prevention and Diagnosis (Required)** – Services that protect individuals and communities against disease agents by placing barriers between an agent and host and/or limits the impact of a disease once an agent and host have interacted so that a patient community can be restored to health. Risk assessment should occur for all children, ~~in particular, in migrant camps, homeless shelters, and community schools where at risk children attend.~~

Activities include professional oral health assessment, dental sealants, professional applied topical fluorides and supplement prescriptions where necessary, oral prophylaxis, and patient community education on self-maintenance and disease prevention, and pediatric dental screening to assess need.

**Treatment of Dental Disease Early Intervention Services (Program Expectation)** – Basic dental services which maintain and restore oral health function.

Activities include restorative services that include composite and amalgam dental fillings ~~and single unit metal stainless steel crown, composite and acrylic crowns,~~ periodontal (gum and bone) maintenance services such as periodontal scaling, non-surgical periodontal therapy, ~~and~~ space maintenance procedures to prevent orthodontic complications for patients 3-13 ~~and~~ limited endodontic therapy to prevent tooth loss, ~~and interceptive orthodontic treatment provided to prevent severe malocclusion for patients 6-12.~~ space maintainers to preserve space for eruption of permanent teeth.

~~**Services for Special Needs Patients** – Special needs patients include, but are not limited to, those with developmental disabilities, genetic disorders, or those with acquired medical disabilities such as HIV and tuberculosis.~~

**Rehabilitative Services (Optional)** – Provision of low cost solutions to replace dentition that would allow patients to obtain employment, education, or enhance self-esteem. (This requires cost sharing or co-payments from patient.)

Activities include fabrication of removable prosthetics such as dentures and partial dentures, single unit fixed prosthetics, elective oral surgery, and other specialty services.

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Use of Stainless Steel Root Canals and Crowns – Root canals may be completed on anteriors, premolars and selected molars. Crowns and root canals will require cost sharing from the patient. Being selective with root canal therapy is a must. Root canals may be completed when there is enough remaining tooth structure to support a crown. ~~therapy on posterior teeth are selective and limited. Placement of porcelain or noble metal crowns is cost prohibitive. Stainless steel crowns are the only alternative.~~

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Limited Endodontic Therapy – Being selective with root canal therapy is a must. Youth 6 to 18 with good oral hygiene and no missing teeth are excellent candidates. However, they must be informed that at this facility only stainless steel crowns are placed as a final restoration.

Anterior root canals are done when there is limited tooth destruction and a post and/or composite can be placed as a final restoration. No porcelain and/or noble crowns are permitted when there are missing teeth and all treatment plans should be modified to reach completion utilizing a partial or full removable appliance.

Fixed partial dentures may be used when there are stable abutment teeth to support the prosthesis. ~~appliances or implants are not to be used.~~

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## Policy

It is the Coastal Health & Wellness policy to provide comprehensive primary oral health services to its patients. Personal oral health care, delivered in the context of family, culture, and community, which includes all but the most specialized oral health needs of the individuals being served. The range of services includes preventive care and education, outreach, emergency services, ~~basic~~ restorative services, endodontic treatment and periodontal services. —Additional services may include basic rehabilitative services that replace missing teeth to enable the individual to eat, benefit from enhanced self-esteem, and have increased employment acceptability.

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Approved  
CHW GB- 4/25/2019

### MEDICAL RECORDS FEE SCHEDULE

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

MEDICAL	DENTAL																												
<p><b>Medical Records (physical copies):</b></p> <table border="0"> <tr> <td><u>Number of Pages</u></td> <td><u>Charge Amount</u></td> </tr> <tr> <td>1 – 19</td> <td>\$1.25/page</td> </tr> <tr> <td>First 20</td> <td>\$25.00 (flat fee)</td> </tr> <tr> <td>21 or more</td> <td>\$25.00/first 20 pages + \$0.50/additional page</td> </tr> </table> <p><b>Medical Records (electronic copies):</b></p> <table border="0"> <tr> <td><u>Number of Pages</u></td> <td><u>Charge Amount</u></td> </tr> <tr> <td>500 (or less)</td> <td>\$25.00 (flat fee)</td> </tr> <tr> <td>501 (or more)</td> <td>\$50.00 (flat fee)</td> </tr> </table> <p><i>*Lab results requested by patients or their legal guardians shall be made available to the individual at no cost.</i></p> <p><b>Medical records requested for a disability claim or appeal:</b> Initial copy: no charge Secondary/duplicate copies: in accordance with aforementioned charges</p>	<u>Number of Pages</u>	<u>Charge Amount</u>	1 – 19	\$1.25/page	First 20	\$25.00 (flat fee)	21 or more	\$25.00/first 20 pages + \$0.50/additional page	<u>Number of Pages</u>	<u>Charge Amount</u>	500 (or less)	\$25.00 (flat fee)	501 (or more)	\$50.00 (flat fee)	<p><b>Dental Records (physical copies):</b></p> <table border="0"> <tr> <td><u>Number of Pages</u></td> <td><u>Charge Amount</u></td> </tr> <tr> <td>1 – 19</td> <td>\$1.25/page</td> </tr> <tr> <td>First 20</td> <td>\$25.00</td> </tr> <tr> <td>21 or more</td> <td>\$25.00/first 20 pages + \$0.15/additional page</td> </tr> </table> <p><b>Dental Records (electronic copies):</b></p> <table border="0"> <tr> <td><u>Number of Pages</u></td> <td><u>Charge Amount</u></td> </tr> <tr> <td>500 (or less)</td> <td>\$25.00 (flat fee)</td> </tr> <tr> <td>501 (or more)</td> <td>\$50.00 (flat fee)</td> </tr> </table> <p><b>Diagnostic Images:</b> Cost of materials, labor and overhead up to, <b>but not exceeding, \$8.00 per image.</b></p> <p><b>Dental records requested for a disability claim or appeal:</b> For initial copy: no charge For secondary/duplicate copies: in accordance with aforementioned charges</p>	<u>Number of Pages</u>	<u>Charge Amount</u>	1 – 19	\$1.25/page	First 20	\$25.00	21 or more	\$25.00/first 20 pages + \$0.15/additional page	<u>Number of Pages</u>	<u>Charge Amount</u>	500 (or less)	\$25.00 (flat fee)	501 (or more)	\$50.00 (flat fee)
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**When requested by a GOVERNMENT AGENCY or GOVERNMENT CONTRACTOR:**

MEDICAL and DENTAL
<p>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.</p> <p>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.</p>

**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
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	

*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.*

## Coastal Health & Wellness Test Tracking and Follow up Policy

### **PURPOSE:**

Coastal Health & Wellness (CHW) providers routinely order laboratory and imaging tests for diagnosing and developing treatment plans. These tests are performed at CHW and the specimens are sent to an approved Laboratory for testing or Radiologist for reading. The ordering, tracking and follow-up of these tests is crucial for timely diagnosis and quality delivery of care.

### **POLICY:**

It is the policy of Coastal Health & Wellness (CHW) to accurately diagnose clinical conditions and provide efficient treatment, therefore it is the intent of CHW to track lab and imaging tests that are deemed medically necessary and to follow-up on the results in a timely manner.

### **PROCEDURE:**

- A. Depending on the lab tests ordered, LabCorp results go directly into the patient's electronic record within 3-10 business days. Quest Diagnostic results are faxed to the Lab/X-ray Department within 3-10 business days. When received, a copy of the results is hand carried to the ordering provider and placed in their designated in box, a copy is kept by the CHW Lab/X-ray Department, and a copy is sent to the Electronic Records Department to be scanned into the patient's electronic record. X-ray results go directly into the patient's electronic record within 10 business days.
- B. **Follow Up of Normal Lab Test Results:**
  - a. It is the responsibility of the ordering provider or designee to review, sign off and ensure appropriate follow up for all lab/X-ray results.
  - b. Providers are expected to review lab test results daily in the provider approval queue (PAQ).
  - c. When a provider is absent, a back-up must be designated by the provider or by the Medical Director to review lab/X-ray test results.
  - d. Providers task follow up orders to the Nursing Department. For example, a provider may task a nurse to phone a patient to provide lab results, give instructions, ask questions, arrange for a visit, etc.
  - e. It is the responsibility of the nurses to complete tasks sent by providers and document the outcomes in the Electronic Record. If a nurse is unable to contact a patient by phone after two attempts, a letter will be sent to the patient's address asking the patient to contact the clinic.
  - f. Patients may request lab results by phoning the Nurse-Line or through the patient portal. Nursing staff may only provide results to patients after the provider has reviewed and signed off on the results. Providers may instruct patients to return to the clinic for lab results. When communicating with patients by phone, patients must give their full name and DOB for identification.

**C. Follow up on Critical Lab Results:**

- a. A critical value log will be kept at each CHW clinic in the Lab/X-ray Department.
- b. When notified by phone of a critical result, the Lab/X-ray Tech will write the result verbatim on the form provided and read back the result verbatim to the reference lab caller.
- c. When notified by fax of a critical result, the Lab/X-ray Tech will use the faxed result to complete the log. The log information includes date and time received, patient name and DOB, critical lab test and critical result, and the Lab Tech's initials.
- d. The Lab/ X-ray Tech will immediately provide the written or faxed result and the logbook to the charge nurse of the clinic where the critical result was received (Texas City or Galveston).
- e. The Charge Nurse will present the result to the provider (or Medical Director or designee) and will document the delivery of the critical result in the logbook by noting the provider to whom the result was given, the Charge Nurse's initials, date, and time received.
- f. The Charge Nurse then delivers the log book back to the Lab. The Lab/X-ray Tech will note their initials, the date and time the logbook was returned to the lab.
- g. The receiving provider will access the lab report in NextGen, if available, or will use the written or faxed report. The provider will note any follow up ordered in the patient's record.
- h. The Lab/X-ray Supervisor will audit the Critical Lab Log book on a monthly basis for complete and timely documentation.
- i. See Appendix A for a list of Panic (Critical) Limits.

**D. Follow-Up of Lab Test Ordering in NextGen:** On a weekly basis the Lab/X-ray Supervisor will pull a report of lab tests that were ordered the previous week to determine if any tests remain in pending status (not received or signed off by the provider). The Lab/X-ray Supervisor will determine for each pending lab result the action needed to complete the order. The supervisor may contact the reference lab or check the reference labs database as needed. All lab tests must be completed and signed off by the ordering provider or designee.

**E. Redraws:** In the event that a patient's test must be redrawn or recollected, the Lab/X-ray Tech will contact the patient to return to the clinic, and will instruct the patient to check in. The Lab/X-ray Tech will draw and process the specimen. The Lab/X-ray Tech will notify the Lab Supervisor of the re-draw, and the Supervisor will notify the Clinic Business Director, by email, not to duplicate the charge. The patient will not be billed for the redraw

**F. Contingency Plan:** For lab tests that are ordered or processed during a time of "System Down", Lab/ X-ray Techs will follow the instructions in the NextGen Contingency Plan to process and receive all lab results by paper. When the ordering provider has reviewed the results on paper, the paper result will be scanned into the patient's electronic record by the Electronic Records Department. Paper results are to be sorted by lab staff and given to providers or designee to review the day they are received.

**G. X-Ray Result Tracking:**

- a. The Lab/X-ray Supervisor will conduct a monthly audit of all x-ray orders and x-ray reports received to ensure that each order has a report in the electronic record.
- b. The Lab/X-ray Supervisor will also perform at least a weekly audit of radiology PAC to determine if each image has been appropriately sent and a report has been received.
- c. It is the responsibility of the ordering provider to sign off each x-ray report and ensure appropriate follow up. Providers can task nursing through the PAQ with instructions for patient notification of results and follow-up needed.
- d. In the event that an X-ray report is phoned from the Radiologist to the Lab/X-Ray Department, the result will be written verbatim, read back verbatim to the Radiologist and lab staff will follow the same process for reporting a critical lab result, with immediate notification to the ordering provider, and tracking in the Lab Critical Result Log book.

**LAB/X-RAY VERBAL CRITICAL RESULTS**

Date: \_\_\_\_\_

Patient Name:

\_\_\_\_\_

Patient ID/D.O.B:

\_\_\_\_\_

\_\_\_\_\_

Lab Test/Critical Value:

\_\_\_\_\_

LabCorp Representative/Date/Time:

\_\_\_\_\_

\_\_\_\_\_

X-Ray Exam/Critical Report:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Radiologist (Representative)/Date/Time: \_\_\_\_\_

Information Taken By/Date/Time:

\_\_\_\_\_

**\*\*Remember to write and repeat all verbal information back to the representative verbatim for confirmation.**





## Panic (Critical) Values

LabCorp defines critical (panic) results as laboratory test results that exceed established limit(s) (high or low) as defined by the laboratory for certain analytes as listed in the "Critical (Panic) Limits." Critical results are considered life threatening and require immediate notification of the physician, the physician's representative, the ordering entity, or other clinical personnel responsible for the patient's care. Critical results may also be referred to as "panic" values.

Critical results are communicated to the physician, the physician's representative, the ordering entity or other clinical personnel responsible for patient care once secondary causes have been ruled out, the result has been verified, and the patient's result has been entered into the laboratory computer system.

**Note** that *abnormal results* are **not** considered Critical Values. Results that are outside the laboratory's established reference interval may be considered abnormal. "Abnormal" and "critical" are not to be used interchangeably.

Test Name	Age	Reference Interval	Default call Low <	Default call High >
Bilirubin, Total, Adult		0.0 – 1.2 mg/dL		17.0 mg/dL
Bilirubin, Total, Neonatal	Age Specific			17.0 mg/dL
Calcium	M/F: 18-59 years	8.7 – 10.2 mg/dL	7.0 mg/dL	13.0 mg/dL
	M: 60 years and older	8.6 – 10.2 mg/dL		
	F: 60 Years and older	8.6 – 10.3 mg/dL		
Creatine Kinase, MB		M: 0.0 – 10.4 ng/mL		10.4 ng/mL
		F: 0.0 – 5.3 ng/mL		5.3 ng/mL
Creatine Kinase, Total		M: 24 – 204 U/L		10,000U/L
		F: 24 – 173 U/L		
Glucose		65 – 99 mg/dL	40 mg/dL	500 mg/dL
Potassium		3.5 – 5.2 mmol/L	2.5 mmol/L	6.5 mmol/L
Sodium		134 – 144 mmol/L	120 mmol/L	160 mmol/L
Troponin I		0.00 – 0.04 ng/mL		0.04 ng/mL
Troponin T		<0.011 ng/mL		0.010 ng/mL
Fibrinogen Activity	17 years and older	193 – 507 mg/dL	80 mg/dL	999 mg/dL
Fibrinogen Antigen		180 – 350 mg/dL	80 mg/dL	999 mg/dL
Hematocrit	M: 13 years and older	37.5 – 51.0 %	18.1%	64.4%
	F: 13 years and older	34.0 – 46.6 %		
Hemoglobin	M: 15 years and older	13 – 17.7 g/dL	6.1 g/dL	21.4 g/dL
	F: 15 years and older	11.1 – 15.9 g/dL		
INR	7 months and older	0.8 – 1.2		4.9
aPTT	18 years and older	24 – 33 sec		89 sec
Neutrophils, absolute	13 years and older	1.4 – 7.0 × 10 <sup>3</sup> /μL	0.5 × 10 <sup>3</sup> /μL	999 × 10 <sup>3</sup> /μL
Platelets	13 years and older	150 – 379 × 10 <sup>3</sup> /μL	21 × 10 <sup>3</sup> /μL	999 × 10 <sup>3</sup> /μL



Test Name	Age	Reference Interval	Default call Low <	Default call High >
WBC	13 years and older	3.4 – 10.8 × 10 <sup>3</sup> /μL	1.1 × 10 <sup>3</sup> /μL	49.9 × 10 <sup>3</sup> /μL
Amitriptyline + Nortriptyline Metabolite		12 – 250 ng/mL		1,000 ng/mL
Carbamazepine		4.0 – 12.0 μg/mL		20.0 μg/mL
Digoxin		0.5 – 0.9 ng/mL		2.5 ng/mL
Ethosuximide		40 – 100 μg/mL		200 μg/mL
Lithium		0.6 – 1.2 mmol/L		1.5 mmol/L
Primidone		5.0 – 12.0 μg/mL		24.0 μg/mL
Phenobarbital		15 – 40 μg/mL		60 μg/mL
Phenytoin	4 months and older	10.0 – 20.0 μg/mL		40.0 μg/mL
Theophylline	2 months and older	10.0 – 20.0 μg/mL		25.0 μg/mL
Valproic Acid		50 – 100 μg/mL		200 μg/mL
Vancomycin, Peak		25.0 – 40.0 μg/mL		80.0 μg/mL
Vancomycin, Trough		10.0 – 15.0 μg/mL		80.0 μg/mL
Vancomycin, Random		5.0 – 40.0 μg/mL		80.0 μg/mL

### Qualitative or Non Numeric Panic Values

- Any positive gram stain, fungal stain, cryptococcal antigen or positive culture result on CSF
- Any positive gram stain or culture result from a blood culture
- Any positive gram stain or fungal stain from a normally sterile body fluid specimen
- Any positive culture from a normally sterile body fluid specimen
- Any seasonal (Nov 1 – April 30) STAT RSV EIA result
- Definitive identification of any culture isolate considered potentially life-threatening or designated as a select agent, ie, Brucella, Francisella
- Positive Shiga toxin EIA result from a patient <18 or >62 years old
- Any intracellular or extracellular blood parasite
- For Hematology stained slides, any neutrophages with phagocytosed (intracellular) microorganisms (bacteria, yeast, etc.) found in a normally sterile body fluid, ie, CSF, synovial, serous, amniotic, and/or blood specimen (Reported when present in neutrophils only)
- Any “No Clot Detected” result for prothrombin time or activated partial thromboplastin time (aPTT)
- LD Isoenzyme Interpretation – The LDH isoenzyme pattern demonstrates LD1 greater than LD2
- Any positive HSV result on CSF



www.LabCorp.com

## POLICY & PROCEDURE

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

#### PURPOSE:

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.B.~~ New patient:

~~Person who has not been seen by or received any services from a CHW clinic—medical, dental or counseling professional 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.~~

#### 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 in the medication rooms in both Texas City and Galveston clinics to ensure follow-up by Case Management
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 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 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. 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.

[Back to Agenda](#)

**Governing Board**

**May 2019**

**Item #7**

**Policies Approved by United Board of Health as Authorized Under the  
Shared Services Agreement**

- a) Open Records and Notary Fees
- b) Employee Use of Coastal Health & Wellness Clinic
- c) New Employee Orientation & Training

# GALVESTON COUNTY HEALTH DISTRICT

*Protecting and Promoting the Optimal Health and Well-Being of Galveston County*

**Ben G. Raimer, MD**  
Chair, United Board of Health

**Philip Keiser, MD**  
Local Health Authority



**Kathy Barroso, CPA**  
Chief Executive Officer

Approved  
UBOH- 4/24/2019

## Open Records Fees

All fees charged are in compliance with the *Texas Administrative Codes, Title 1, Part 3, Chapter 70*. In general, charges for copies of public information are to recover the cost of materials, labor, and overhead.

<b>Service / Item</b>	<b>Fee</b>
Standard-size paper copy	0.10
Diskette	1.00
Magnetic tape	Actual cost
Data cartridge	Actual Cost
Rewritable CD (CD-RW)	\$1.00
Non-rewritable CD (CD-R)	\$1.00
Digital video disc (DVD)	\$3.00
VHS video cassette	2.50
Audio cassette	1.00
Other electronic media	Actual Cost
Oversize Paper copy	0.50
Other Specialty paper	Actual cost
Labor charge	15.00/hr
Overhead charge	20% of labor charge
Remote document retrieval charge	Labor charge
Computer resource-Mainframe	10.00/CPU minute
Computer resource-Mid-size	1.50/CPU minute
Computer resource-Client/Server	2.20/clock hour
Computer resource-PC or LAN	1.00/clock hour
Miscellaneous supplies	Actual cost
Postage and Shipping	Actual cost
Other (e.g. credit card transaction fee)	Actual cost

## Notary Services Fees

Notary service fees are in compliance with *Texas Government Code Section 406.024*.

A Notary public taking the acknowledgment or proof of a deed or other instrument in writing, for registration, including certificate and seal, is \$6.00 for the first signature and \$1.00 for each additional signature.

# Employee Use of Coastal Health & Wellness Clinics

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-Approved  
UBOH 4/24/2019  
-Effective 04/08/2003

## **Audience/Eligibility**

This policy applies to all Galveston County Health District, Galveston Area Ambulance Authority, and Coastal Health & Wellness (collectively “the District”) employees, as well as their dependents enrolled in health insurance plans accepted by Coastal Health & Wellness. Dependents not enrolled in health insurance plans accepted by Coastal Health & Wellness and those employees not eligible for health insurance benefits through the District will be screened and billed in accordance with the established Coastal Health & Wellness Governing Board policies and related procedures.

## **Medical/Dental Clinic**

Employees and/or their dependents may be seen by a Coastal Health & Wellness provider.

*Employees seeking treatment at the clinic due to an on-the-job injury are expected to follow the District’s policy on [Workers’ Compensation](#).*

## **Employee Responsibilities**

It is the employee’s responsibility to:

- become registered with the clinic prior to seeing any Coastal Health & Wellness provider;
- pay full charges or any charges not covered by the employee’s health insurance; and
- record the appropriate leave for time away from work.

## **Management Responsibilities**

It is the responsibility of the

- CHW Executive Director and Chief Financial Officer to assure this policy is adhered to in the medical and dental clinics; and
- Direct supervisors to ensure the appropriate leave is recorded properly.

## **Violation**

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

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# New Employee Orientation & Training

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## Audience

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

## Policy

It is the District’s policy that new employees are oriented to the District, the program, and their position, within 30-days of employment. The responsibility of orienting and training new employees is shared among the employee’s supervisor, the new employee, and Human Resources.

The goals of the orientation and training policy are to assist the new employee in:

- understanding the culture, values, mission and services provided by the District;
- successfully transitioning into a new job;
- understanding his/her role and how he/she fit into the organization; and
- fulfill other job-related organizational requirements for compliance.

## Human Resources Responsibilities

It is the Human Resource Director or designee’s responsibility to:

- meet new employees to complete mandatory benefit, payroll, and human resource paperwork (within 3-days of hire);
- conduct a formal new hire orientation to orient new employees to the District (topics may include an overview of the benefits, mission, vision, services provided, information on District-wide policies, etc.)
- assist supervisors in developing program-specific orientation checklists for new employees in their respective areas;
- ensure each new hire receives GCHD required training;
- track training dates;
- ensure newly hired supervisors receive *training* on topics such as how to conduct performance evaluations, and effective supervisory practices, etc.;
- track and report compliance with New Employee Orientation and Training policy.

## Supervisor Responsibilities

It is the Supervisor’s responsibility to:

- complete a *Staff Inventory Checklist* prior to the employee’s date of hire or transfer;
- provide new employees with an orientation specific to their workplace;
- provide on-the-job training needed for new employees to assume their responsibilities;
- submit a signed program orientation checklist to Human Resources for inclusion into the employee’s personnel file (within 30-days of employment).

## Violation

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





# **COASTAL HEALTH & WELLNESS**

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**GOVERNING BOARD**

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

**Governing Board  
May 2019  
Item #8  
Executive Report**



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

# Prevention is key to change men's health stats

Coastal Health & Wellness (CHW) is encouraging men to take steps to improve their health as it celebrates National Men's Health Week, June 10-16.

On average, men live about five years less than their female counterparts. Men have a higher death rate for most of the leading causes of death including cancer, heart disease, diabetes and suicide.

It's time to change those statistics.

## Get it checked

Worried about your prostate? If you don't know what your prostate is, or what it does, you're not alone. Most men don't, but really should. More than 30 million men suffer from prostate conditions that negatively affect their quality of life. Get it checked.

## Take care of your heart

Heart disease is the leading cause of death for men in the U.S., accounting for about one in every four male deaths. Know your risks – high blood pressure, high LDL cholesterol and smoking are key risk factors for heart disease.

Other medical conditions and lifestyle choices that put men at a higher risk include diabetes, being overweight or obese, poor diet, physical inactivity and excessive alcohol use.

The goal of National Men's Health Week is to heighten the awareness of preventable health problems. Early detection and treatment are key to prevention. But, men make about half as many doctor visits for prevention as women.

## Get moving, eat healthy

Making a drastic lifestyle change can be scary, and hard to maintain for some, but taking small steps to a healthier you is

**let's change THE STATISTICS**

Did you know? on average, men live about **five years less** than women.

Men make **half as many** physician visits for prevention as women.

Gender	Physician Visits for Prevention
men	Half as many as women
women	Full amount

**LET'S CHANGE THOSE STATISTICS.**  
SCHEDULE A CHECKUP TODAY.

doable. Say no to super-size meals and yes to a healthy meal.

Focus on nutrients. Add at least one fruit and vegetable to every meal. They have many vitamins and minerals that help protect you from chronic diseases. Be sure to get enough water every day. Water helps keep your body temperature normal, cushions joints and helps get rid of waste.

Adults need at least two-and-a-half hours of moderate-intensity aerobic activity every week.

Play with your children and grandchildren. Take the stairs at work instead of the elevator. Keep comfortable walking shoes at work and in the car so that you can get in some cardio. Be sure to choose activities you enjoy so that you'll stay motivated and continue being active.

## Prevention is a priority

Certain diseases and conditions may not have symptoms. Check-ups help identify issues early. Pay attention to signs and symptoms including chest pain, shortness of breath, problems with urination and excessive thirst.

Regular checkups from a healthcare provider can help detect, and prevent, several health conditions. Regular screenings include blood pressure, cholesterol, glucose, prostate health and more.

Hypertension is one chronic condition, along with obesity and high cholesterol, which leads to heart disease, the No. 1 threat to men's health.

Tame stress. Avoid drugs and alcohol. Stay connected with friends and family and ask for help if it's needed.



# Out and about: Community outreach



Galveston County Health District (GCHD) Community Health Nurse Pam Mescall, Coastal Health & Wellness (CHW) Patient Care Community Health Worker Angela Mendoza and CHW Outreach and Enrollment Assistance Worker Veronica Rodriguez recently attended the Texas City Employee Health Fair, offering educational materials on healthy eating and living an active lifestyle.

## Pink for National Women's Health Week



Galveston County Health District and Coastal Health & Wellness employees wore pink on May 14 in support of National Women's Health Week.



# THANK YOU!



**NATIONAL NURSE'S WEEK**  
MAY 6 - MAY 12

# THANK YOU!



**NATIONAL NURSE'S WEEK**  
MAY 6 - MAY 12

## Hats off to CHW's awesome nurses!

*During National Nurse's Week, Coastal Health & Wellness extended 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.*

## Need to talk? CHW offers extended hours to help

Life can be stressful and sometimes, that stress can be overwhelming.

That's where the licensed professional counselors at Coastal Health & Wellness (CHW) can help.

One-on-one talk therapy sessions for adults and children are available at CHW clinics.

CHW is extending its counseling service hours offering evening sessions on Mondays and Thursdays in Texas City and Galveston. These sessions can help patients deal with depression, anxiety and other life stressors.

Counselors can teach coping skills and other tools to help manage stressful life situations.

CHW's professional and caring team is dedicated to helping patients improve their overall health and well-being.

As with all CHW services, many major insurance plans are accepted and discounts are offered for eligible patients.

To learn more about talk therapy and to make an appointment, call (409) 938-2330 or (409) 978-4216. Patient confidentiality will be protected.

**NEED TO TALK?**

LET OUR LICENSED PROFESSIONALS HELP YOU COPE WITH YOUR DEPRESSION, ANXIETY AND LIFE STRESSORS

**COUNSELING AVAILABLE FOR ADULTS AND CHILDREN**

For appointments call:  
**(409) 938-2330**  
OR **(409) 978-4216**

Coastal Health & Wellness  
At Home • Coastal Community Health Center





# Patients can access Patient Portal from anywhere

Have you registered for the Coastal Health & Wellness (CHW) Patient Portal?

It would be so much more convenient if patients could simply send CHW an electronic message, right? Well, register for the Patient Portal and do just that!

The Patient Portal is an easy-to-use secure internet application that allows patients to:

- Send a message to their medical provider, nurse or the billing department;
- Request and view appointments;
- Request a prescription refill;
- View a summary of health record and lab results;
- Look up information about health topics; and
- View and pay statements online.

Be sure to ask about the Patient Portal on your next visit and we'll walk you through registration.

## Patient Portal FAQs

- How can I get a Patient Portal account?

*All you need is an email address. At your next appointment, ask a check-out team member to enroll you in the Patient Portal. Please call the IT Help Desk at (409) 938-2210 for assistance.*

- What kind of questions can I ask on the Patient Portal?

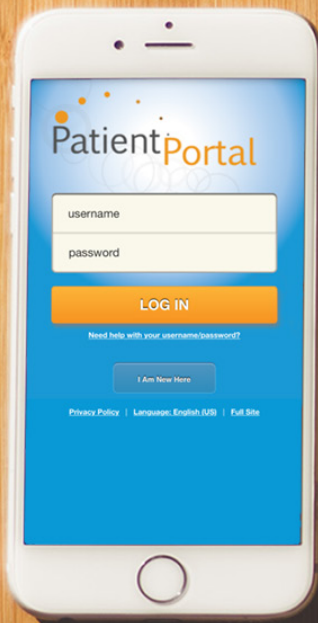
*You can ask your medical provider or nurse any non-urgent medical questions about lab results, your medicines or your health. You can ask billing questions as well.*

- How do I know my health information is secure?

*Coastal Health & Wellness has made significant investments to ensure your information is secure. We meet all regulatory requirements for security.*

- Can I request or view my upcoming appointments on the Patient Portal?

*Yes, patients can see and request appointments.*



**NOW YOU CAN ACCESS THE**  
**NEXTGEN**  
**PATIENT PORTAL**  
**FROM**  
**ANYWHERE**  
**BY USING YOUR PHONE.**

DOWNLOAD THE APP TODAY!

Available on the **App Store**

GET IT ON **Google Play**



# TAKE CONTROL. KNOW YOUR STATUS.

Opening:  
June 19 in Texas City  
June 24 in Galveston



Healthy Concepts

# CLINIC

Public Health

Offering STD, HIV, Syphilis, Hepatitis C,  
Chlamydia and Gonorrhea testing as well as  
Tuberculosis case management and treatment.

# COMING SOON

## TEXAS CITY

WEDNESDAYS 1-5 P.M.  
9850-B Emmett F. Lowry Expressway,  
Suite B103

## GALVESTON

MONDAYS 9 A.M.-1 P.M.  
Island Community Center  
4700 Broadway, Suite F101

All services are private  
and confidential.

ID required.

\$10 administrative fee,  
cash and credit accepted.

Treatment is **free**.

For more information,  
visit [www.gchd.org/STD](http://www.gchd.org/STD) or  
call (409) 938-2253.





## “Tell me something good...”

Below are comments from Coastal Health & Wellness patients following their visit at our clinics.

*“Very good people work here. I am very grateful this exist(s).” (Medical services)*

*“Very accomodating and friendly.” (Dental services)*

*“(Family Medicine Physician Assistant Taylor Riggs is) outstanding. She lets you talk and inform her with your needs. 100 percent happy with her.” (Medical services)*

*“(Richland Mosley, DDS) is very outstanding in patient’s care and she explains as she goes.” (Dental services)*

*“They are awesome.” (Medical services)*

*“I like (Behavioral Health Counselor Lisa Tigrett LBSW, M Ed, LPC). She’s nice.” (Counseling services)*

## Healthy lifestyle can reduce risk, impact of diabetes

Each year, 1.5 million Americans are diagnosed with diabetes. Diabetes is one of the leading causes of disability and death in the United States with one in 10 Americans having diabetes and another 84 million adults at high risk for developing type 2 diabetes.

Although there isn’t yet a cure for diabetes, a healthy lifestyle as recommended by your doctor can reduce its impact on your life. Everyday actions like eating a healthy diet, being physically active and taking prescribed medications help you stay on track.

From what they’ll wear to what they’ll eat and how they’ll take care of themselves, it’s important to note the day-to-day impact diabetes makes on nearly every decision a diabetic makes. There are three main types of diabetes – type 1, type 2 and gestational. Roughly 90 percent of people who have diabetes have type 2, which can often be delayed or prevented with lifestyle changes.

Type 2 affects a body’s ability to use insulin well and makes it unable to regulate blood sugar levels.

Risk factors include: being overweight; being 45 years or older; having a parent, brother or sister with type 2 diabetes; being physically active less than three times a week; and ever having gestational diabetes or giving birth to a baby who weighed more than nine pounds.

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

Race and ethnicity also matter: African Americans, Hispanic/ Latino Americans, American Indians, Pacific Islanders and some Asian Americans are at higher risk for type 2 diabetes. Uncontrolled, diabetes can cause blindness, nerve damage, kidney disease and other health problems.

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

### Symptoms

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

## #FIGHTTHEBITE



**DEFEND DRESS DRAIN**

IT’S THAT SIMPLE. FIGHT THE BITE AGAINST ZIKA.

## PROTECT WHAT MATTERS MOST

The Zika virus can cause birth defects in unborn and newly born babies.

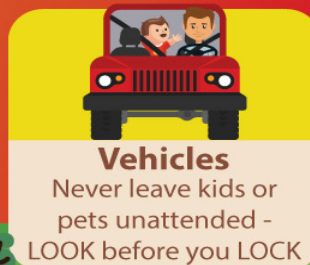
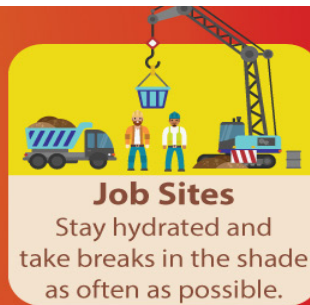


LEARN MORE AT [GCHD.ORG/ZIKA](http://GCHD.ORG/ZIKA)



# Practice HEAT SAFETY Wherever You Are

Heat related deaths are preventable. Protect yourself and others from the impacts of heat waves.



## Combination of heat, humidity can be dangerous

Everyone enjoys a little time in the sun, but many don't consider the potential dangers of spending just a few minutes unprotected.

Extreme heat occurs when temperatures reach extremely high levels, or when the combination of heat and humidity causes the air to become oppressive, according to the Centers for Disease Control and Prevention (CDC). Extreme heat causes more deaths than hurricanes, lightning, tornadoes, earthquakes and floods, all combined.

Adults 65 and older, children younger than 4, people with existing medical problems such as heart disease and those without access to AC are at risk.

If the AC is out in your home, go to a movie theater, a mall, somewhere that you can take a break from the heat. Staying cool means avoiding direct sunlight, wearing lightweight and light-colored clothing, taking cool showers or baths and not relying on a fan as the primary cooling device.

Drink plenty of water – more than you'd usually drink and don't wait until you're thirsty to drink more fluids. Avoid alcohol or liquids containing high

amounts of sugar and remind others to drink enough water.

For those who work outdoors, hydration is key. Take a break in the shade if possible and know what to do in an emergency. Wear light-colored clothing and a wide-brimmed hat.

Choose a sunscreen with a SPF of 30 or higher that is water resistant and provides broad-spectrum coverage that offers protection from UVA and UVB rays. Apply sunscreen liberally before going outdoors. It takes about 15 minutes for skin to absorb the sunscreen.

Use enough sunscreen. Most adults need at least one ounce of sunscreen, about the amount that fits in the palm of a hand, to cover the body, according to the American Academy of Dermatology.

Don't forget your ears and the tops of your feet. If you are bald or have thinning hair, apply the sunscreen to your head or wear a hat. Reapply sunscreen at least every two hours.

### Heat exhaustion vs. heat stroke

Heat exhaustion and heat stroke are often confused. With heat exhaustion, the person is sweating a lot and with heat stroke, the person has stopped

sweating and is dry. If not treated, heat exhaustion may lead to heat stroke, or death.

Symptoms of heat exhaustion includes headaches, dizziness or lightheadedness, weakness, mood changes including irritability, confusion, upset stomach, vomiting, decreased or dark colored urine, fainting and pale clammy skin. Mood changes including irritability and confusion are also symptoms of heat stroke, as well as dry, pale skin with no sweating, hot red skin that looks sunburned, seizures or fits and unconsciousness with no response.

For both heat exhaustion and heat stroke, move the victim to a cool shaded area. Do not leave the person alone.

Loosen clothing and remove heavy clothing. Fan the person's body to help cool them and apply a wet cloth to the skin. If the person is able to drink, give them cool water, unless they are sick to their stomach.

With a heat stroke, be sure to move any nearby objects away from the victim if symptoms include seizures or fits and use ice packs under the person's armpits and groin area.

# VEHICLE VS MOTORCYCLE

## SAFETY FEATURES



Most of what comes standard on the best-selling vehicles in America is missing on motorcycles. That's why it's so important for all drivers to help keep motorcyclists out of crashes.

 **LOOK TWICE**  
for motorcycles

**Share the Road.**  
Texas Department of Transportation

## **Coastal Health & Wellness Updates**

### **Insurance Contract Updates –**

#### **Dental**

- Liberty- Pending 1 provider (Lindskog)
- MCNA-Recredentialing all providers

#### **Behavioral Health**

- Texas Children’s Health Plan- Pending (Tigrett & Bailey)

#### **Medical**

- Superior Health Plan- Pending 1 providers (Ripsin)
- Blue Cross Blue Shield- Pending 1 provider (Ripsin)
- Community Health Choice- Pending 1 provider (Ripsin)
- Texas Children’s Health Plan- Pending 4 providers (Ripsin, Patel, Billingsley, Coulter)

### **Committees –**

- *Quality Assurance (QA)/Performance Improvement (PI)* – Monthly meetings are being held to review data related to various performance measures/audits and to make sure that guidelines are updated to reflect current processes. Incident reports are also reviewed and discussed to determine if any process changes are needed. The Performance Improvement Plan is currently being revised and goals and objectives updated. The Plan will be reviewed through the QA/PI Committee and then forwarded to the Board QA Committee and Governing Board for review and subsequent approval.
- *Infection Control / Environment of Care /Joint Commission Committee (IEJ)*– Monthly meetings are being held to review infection control audits and environment of care compliance. New information related to Joint Commission standards is also discussed. Currently, infection prevention and control program goals are being developed and will be brought back to the Board QA Committee for review. A new Infection Control nurse joined Coastal on 5/16/19 and is currently working with staff on infection control processes and procedures.
- *Patient Centered Medical Home (PCMH) Committee* – The Coastal medical team continues to meet to evaluate and develop processes related to this initiative. In addition to the formation of medical care color teams, daily and weekly team huddles and tasking phone calls to the appropriate resource by the Contact Center, staff continues to evaluate the necessary elements needed to achieve this designation on an ongoing basis.

**HRSA Deliverables / Updates –**

- Substance Use Disorder-Mental Health (SUD-MH) grant – The contract with CARMAhealth to provide tele-psychiatry services through a board-certified psychiatrist who is also board certified in addiction medicine has been fully executed. Provider credentialing has been completed and a full-time LVN dedicated to this program is in place. Services will be provided in Texas City initially and clinical space has been converted into a room that will provide services to patients enrolled in this program. The quarterly SUD-MH Progress report was submitted to HRSA on 5/22/19. Services are set to begin on Thursday, 6/13/19.
- Capital Assistance for Hurricane Response and Recovery Efforts (CARE) Grant – we continue to acquire equipment and supplies budgeted through this grant and are currently working to deploy laptops that were purchased through this funding.
- An application for Oral Health Infrastructure funding was submitted to HRSA on 5/21/19. The application included \$300,000 in one-time requests for dental equipment and supplies which would be used to enhance and expand dental services currently being provided. HRSA anticipates awarding funds on or around September 1, 2019. Funds would need to be utilized within a 2-year period.
- Federal Financial Report (FFR) for grant period ending 3/31/19 is due 7/30/19.

**Miscellaneous Updates –**

- The week of June 17-24, we will be conducting a fun event geared at educating patients about the benefits of the patient portal and encouraging them to enroll. We will have staff on hand to assist patients with enrolling in the portal and to also help them setup the portal phone app. Patients who enroll onsite will be eligible for gift card drawings.
- The patient satisfaction survey continues to be made available electronically to patients. Patients who have an email address are being sent an email with the survey link after their visit. Patients who cannot access a link, can utilize an iPad at the checkout areas to submit the survey so that all survey data can now be captured electronically.
- Text message appointment reminders have recently been modified to include the clinic location. Patients will receive a reminder notification 48 business hours prior to their appointment and if they do not confirm or cancel, another reminder will be sent 24 hours prior to their appointment. We are asking patients to select one appointment reminder preference (text, email or phone call).
- The Galveston dental clinic hours will be expanding hours effective 6/19/19. In addition to services offered on Tuesdays and Thursdays, the dental clinic will now also be open every other Monday (8-5), Wednesdays (9-5 or 1-5) and Fridays (8-12).
- Board training with J2 Strategic Solutions has been scheduled on 6/29/19 from 8:30 am to 1:30 pm.

**Communications –**

- **News Releases/ Website News Posts**
  - National Women's Health Week
  - Mental Health Month
- **Social Media**
  - National Nurse's Week
  - National High Blood Pressure Education Month



- Mental Health Month
- Memorial Day closures
- Diabetes awareness and education
- Healthy and Safe Swimming Week
- National High Blood Pressure Education Month
- World Hypertension Day
- National Women's Health Week
- WIC cooking series
- National Hurricane Preparedness Week graphics
- World Hand Hygiene Day
- **Video**
  - Zika – pregnancy education
  - Zika – travel education

### **CHW Career Opportunities:**

April 18-May 24, 2019

- **Employee Onboarding** – Human Resources conducted new employee orientation for the following employee(s):
  - Debra Howey, RN – Infection Control Nurse
  - Jennifer Nolley – Electronic Records Specialist
  - Jeanette Moody, LVN – LVN-Case Management
  - Angela Mendoza - Patient Care Community Health Worker (Bilingual)
  - Jessica Garza – Dental Assistant II (Bilingual)
  - Andrea Wilson – Registered Nurse
  - Elizabeth Cervantes – Medical Aide (Bilingual) Nursing
- **Current Vacancies:**
  - Dental
    - Dental Assistant full-time
    - Dental Hygienist part-time
  - Nursing
    - LVN
    - Medical Aide (Bilingual) (4)
    - Medical Aide
  - Providers
    - Physician (2)
    - Mid-level (2)

*\* 1 Midlevel on hold pending review of Business Needs*

### **CHW Executive Contract Report: May 2019**

1. A Physician Independent Contractor Agreement was executed between CARMAhealth, PLLC and Coastal Health and Wellness for telehealth services to be provided by Dr. Carlos F. Tirado. CARMAhealth employees that will be utilized are qualified licensed medical providers (psychiatrists, psychiatric advanced practitioners, primary care physicians who specialize in addiction medicine). Contractor will provide Services in four (4) hour blocks, one half-day per week. Coastal will compensate Contractor for services performed at the rate of Two Hundred and 00/100 Dollars

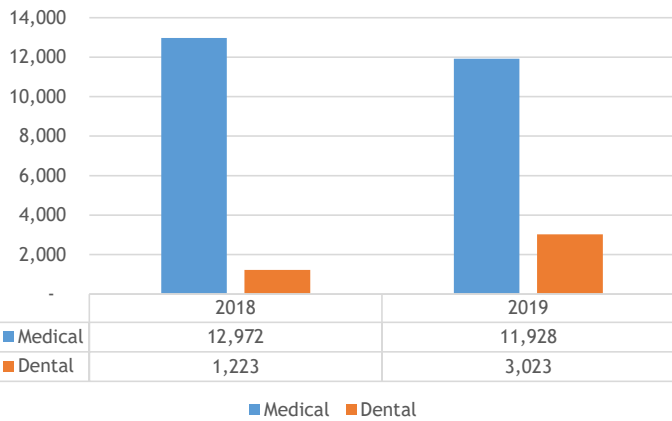
(\$200.00) per hour for a total of Eight Hundred and 00/100 Dollars (\$800.00) for the full four (4) hour block.

2. A Physician Agreement was executed between Coastal Health and Wellness and Community Health Choice, Inc. effective on April 23, 2019. This Agreement includes behavioral health services and an updated Physician/Practitioner Roster.
3. The Medical Condition Assessment Incentive Program (MCAIP) Terms and Conditions were executed between Coastal Health and Wellness and United Healthcare for the assessment of Suspect Medical Conditions. The incentive Terms and Conditions being returned by the deadline allowed CHW to begin the incentive program in 2019. The MCAIP also allows for a superior bonus if certain standards are achieved. In addition, deadlines must be met to receive the bonus.

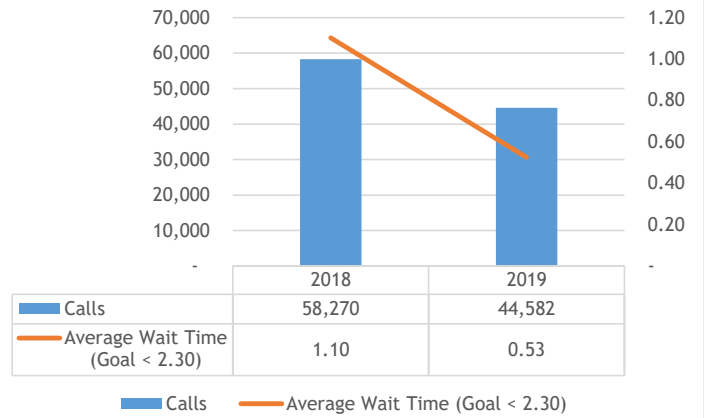
**April 2019**  
**YTD Comparison Report (January to April)**

<b>Patient Services - Patients Checked-In</b>	<b>2018</b>	<b>2019</b>	<b>% Change</b>
Medical	12,972	11,928	-8%
Dental	1,223	3,023	147%
<b>Contact Center</b>	<b>2018</b>	<b>2019</b>	<b>% Change</b>
Calls	58,270	44,582	-23.5%
Average Wait Time (Goal < 2.30)	1.10	0.53	-52%
<b>Electronic Records</b>	<b>2018</b>	<b>2019</b>	<b>% Change</b>
Record Requests	3,599	3,748	4%
<b>County Indigent Program</b>	<b>2018</b>	<b>2019</b>	<b>% Change</b>
Applied	478	580	21%
Referrals	1693	808	-52%
Avg Total Patients on Program	236	265	12%
<b>Case Management</b>	<b>2018</b>	<b>2019</b>	<b>% Change</b>
Referrals	4,303	3,514	-18%

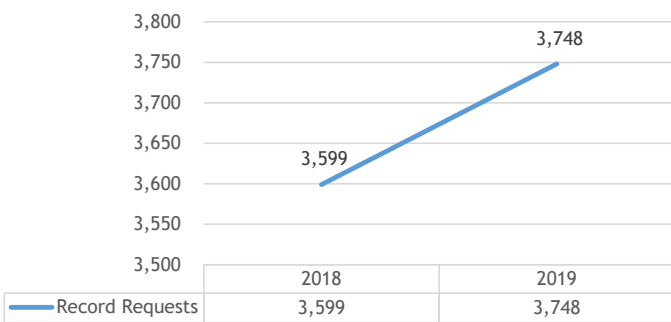
### Patient Services-Total Patients Checked-In



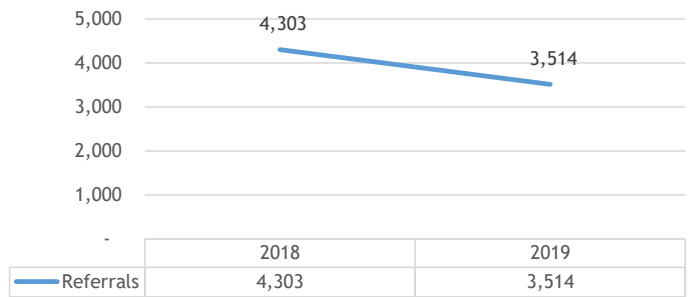
### Contact Center - Calls and Wait Time



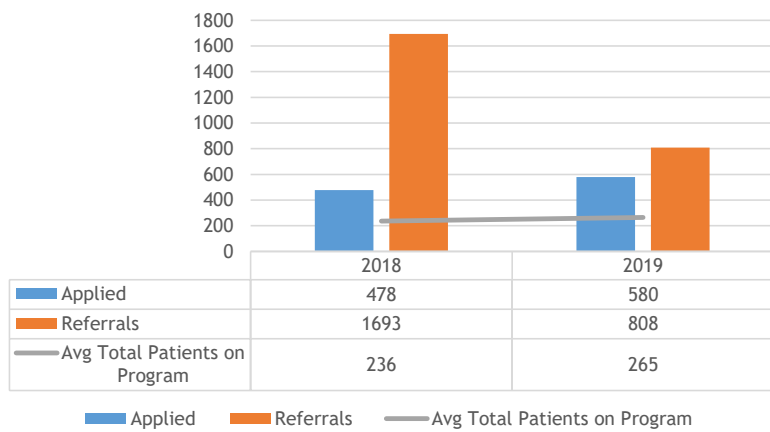
### Electronic Record Requests



### Case Management Referrals



### County Indigent Program



[Back to Agenda](#)



# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

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

**Governing Board**

**May 2019**

**Item #9**

**Consider for Approval April 2019 Financial Report**



# COASTAL HEALTH & WELLNESS

Governing Board



## FINANCIAL SUMMARY

For the Period Ending April 30, 2019

May 30, 2019

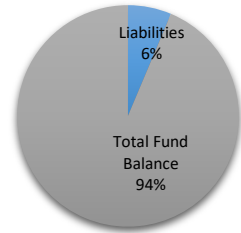
GCHD Board Room | 9850-A Emmett F. Lowry Expy. | Texas City, TX 77591

**CHW - BALANCE SHEET**

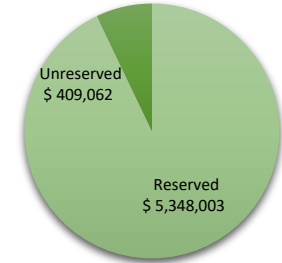
as of April 30, 2019

	Current Month Apr-19	Prior Month Mar-19	Increase (Decrease)
<b>ASSETS</b>			
Cash & Cash Equivalents	\$5,247,063	\$5,373,163	(\$126,099)
Accounts Receivable	2,307,182	\$1,891,303	415,879
Allowance For Bad Debt	(1,530,869)	(\$1,088,000)	(442,870)
Pre-Paid Expenses	85,853	\$67,774	18,080
Due To / From	37,706	(\$36,528)	74,234
<b>Total Assets</b>	<b>\$6,146,936</b>	<b>\$6,207,712</b>	<b>(\$60,776)</b>
<b>LIABILITIES</b>			
Accounts Payable	\$92,738	\$97,626	(\$4,888)
Accrued Salaries	271,690	216,339	55,351
Deferred Revenues	25,442	13,061	12,381
<b>Total Liabilities</b>	<b>\$389,870</b>	<b>\$327,025</b>	<b>\$62,845</b>
<b>FUND BALANCE</b>			
Fund Balance	5,813,682	5,813,682	0
Current Change	(56,617)	67,004	(123,621)
<b>Total Fund Balance</b>	<b>\$5,757,065</b>	<b>\$5,880,686</b>	<b>(\$123,621)</b>
<b>TOTAL LIABILITIES &amp; FUND BALANCE</b>	<b>\$6,146,936</b>	<b>\$6,207,712</b>	<b>(\$60,776)</b>

**Current Period Assets**



**Total Fund Balance**



**CHW - REVENUE & EXPENSES**

as of April 30, 2019

	Actual Apr-19	Budgeted Apr-19	PTD Budget Variance	YTD Budget Variance
<b>REVENUE</b>				
County Revenue	\$324,071	\$324,070	\$1	\$1
DSRIP Revenue	0	79,167	(79,167)	(79,167)
HHS Grant Revenue	326,630	260,617	66,013	66,013
Patient Revenue	708,364	751,002	(42,638)	(42,638)
Other Revenue	12,194	23,635	(11,441)	(11,441)
<b>Total Revenue</b>	<b>\$1,371,258</b>	<b>\$1,438,490</b>	<b>(\$67,232)</b>	<b>(\$67,232)</b>
<b>EXPENSES</b>				
Personnel	\$616,127	\$680,896	\$64,769	\$64,769
Contractual	41,787	85,808	44,021	44,021
IGT Reimbursement	0	37,500	37,500	37,500
Supplies	172,528	121,986	(50,543)	(50,543)
Travel	3,237	2,519	(719)	(719)
Bad Debt Expense	442,870	417,493	(25,376)	(25,376)
Other	218,330	92,289	(126,041)	(126,041)
<b>Total Expenses</b>	<b>\$1,494,879</b>	<b>\$1,438,490</b>	<b>(\$56,389)</b>	<b>(\$56,389)</b>
<b>CHANGE IN NET ASSETS</b>	<b>(\$123,621)</b>	<b>\$0</b>	<b>(\$123,621)</b>	<b>(\$123,621)</b>

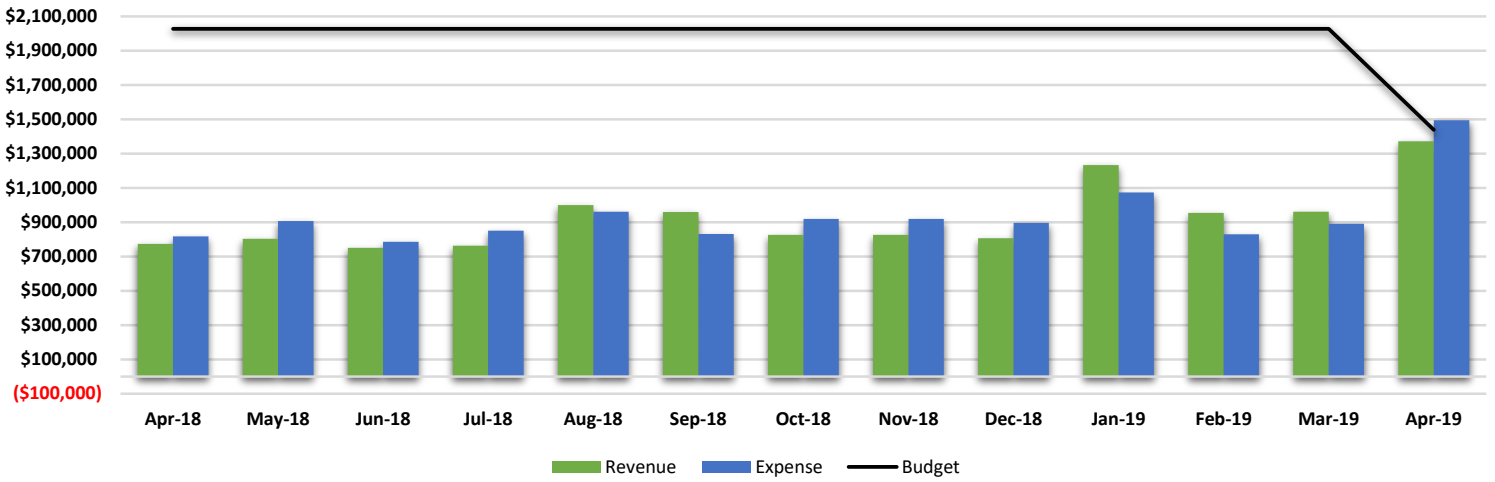
**Current Month Revenue & Expenses Actual**



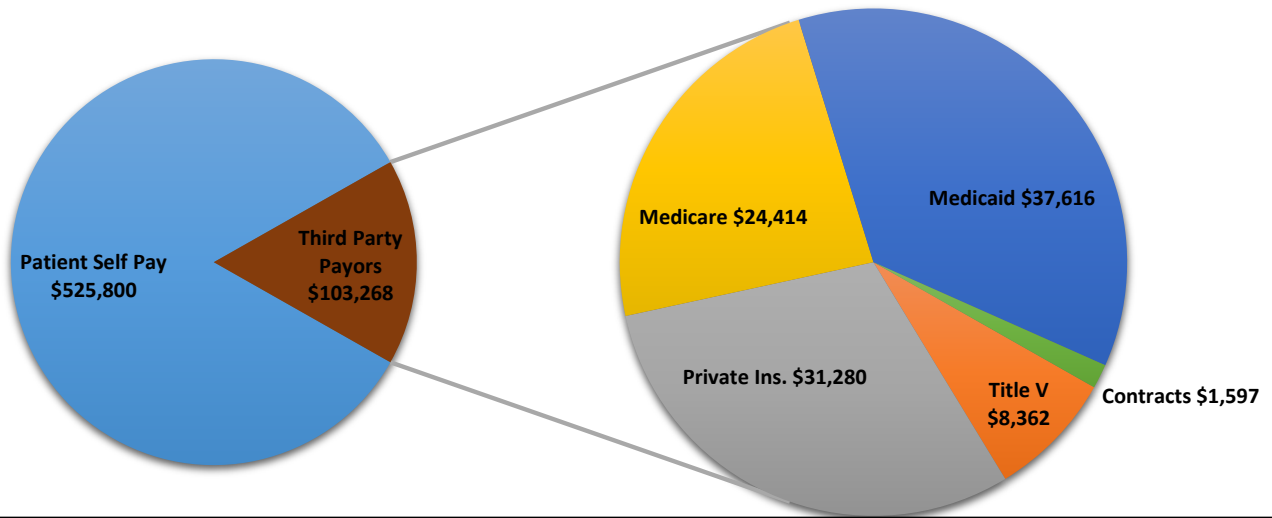
**HIGHLIGHTS**

- MTD and YTD decrease in Fund Balance of (\$123,621).
- MTD revenues were underbudget by \$67,232 due to lower Private Insurance, Medicare and Medicaid revenues which offset higher HHS Grant and Self Pay revenues.
- MTD expenses were \$56,389 overbudget due to higher supply costs, including \$24,422 for computer refreshes and \$47,519 for Care Grant purchases, as well as other expenses of a settlement payment of \$87,500 and Microsoft licensing and cloud access renewal for \$45,177 from Fund Balance Reserve. These expenses offset lower than budgeted personnel and contractual expenses.
- Total Fund balance is \$5,757,065 as of 4/30/19.

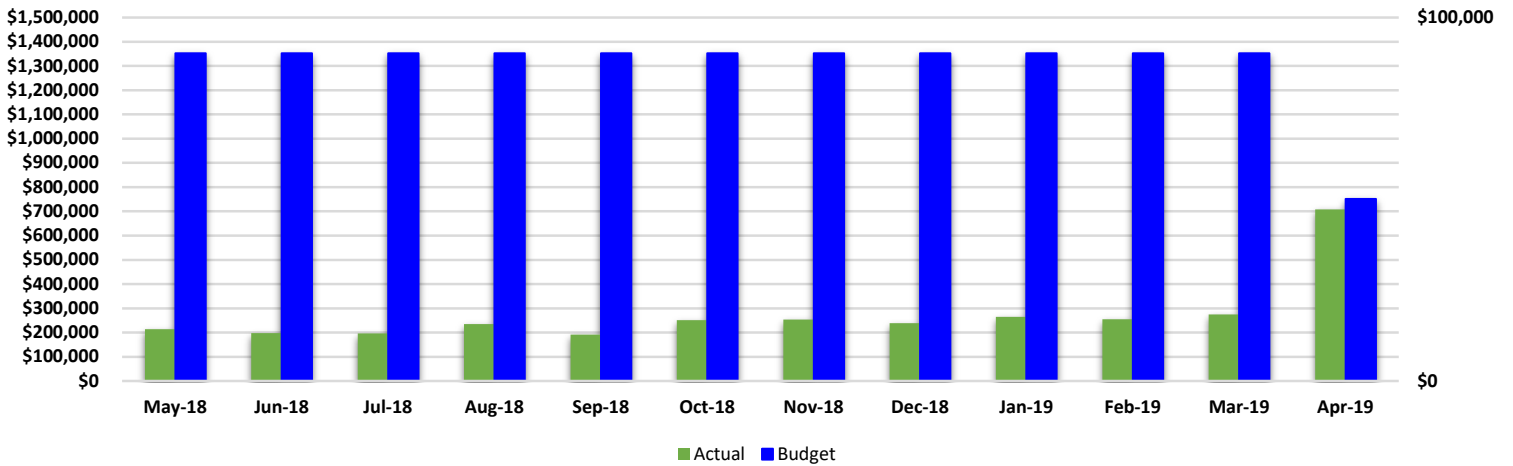
### Actual Revenue & Expenses in Comparison to Budget

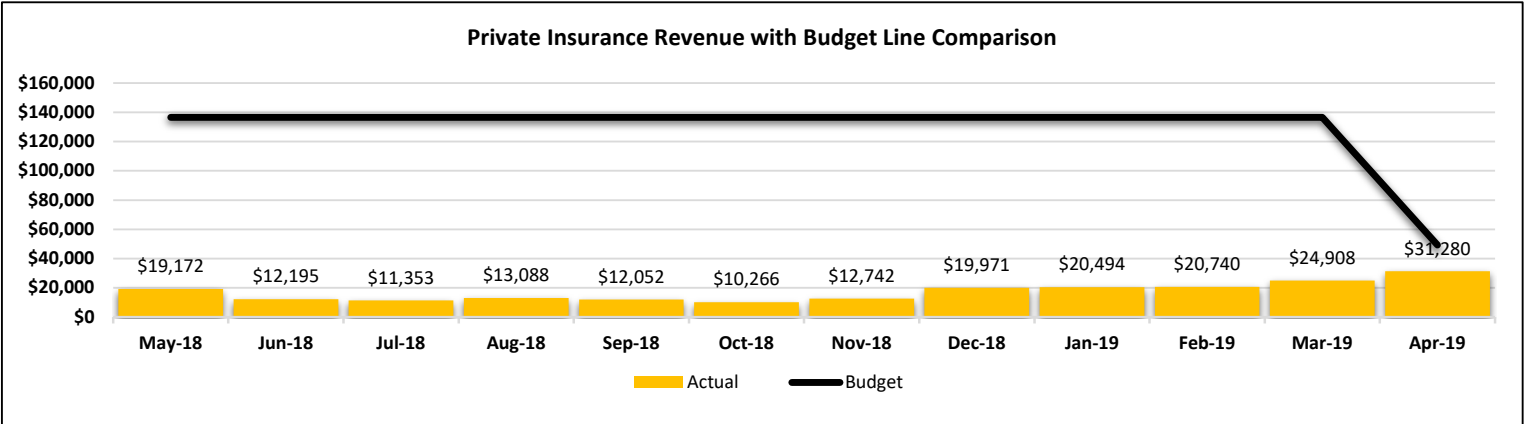
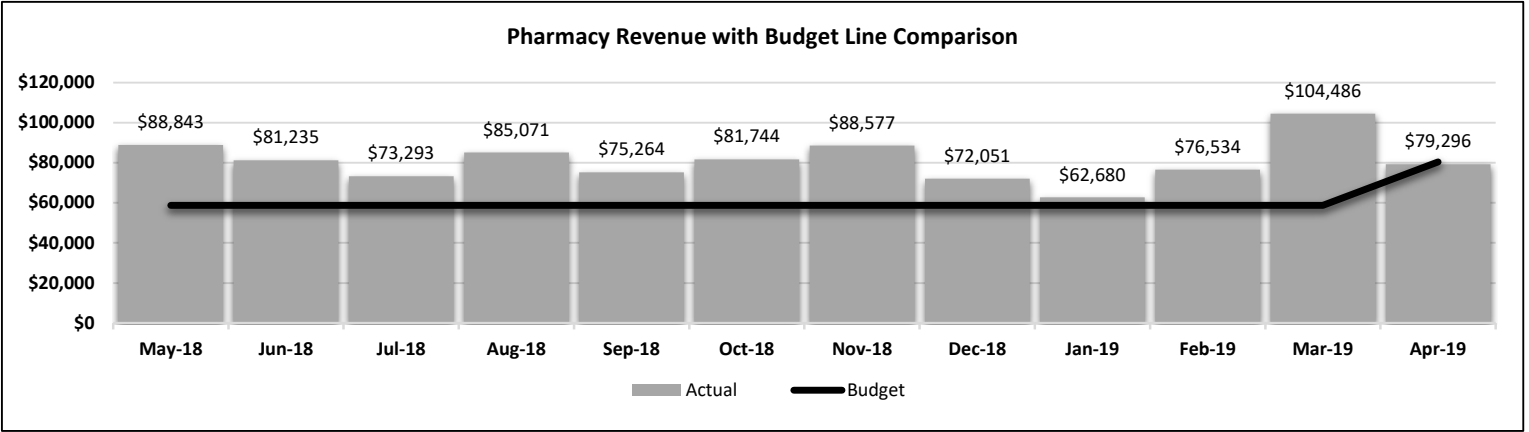
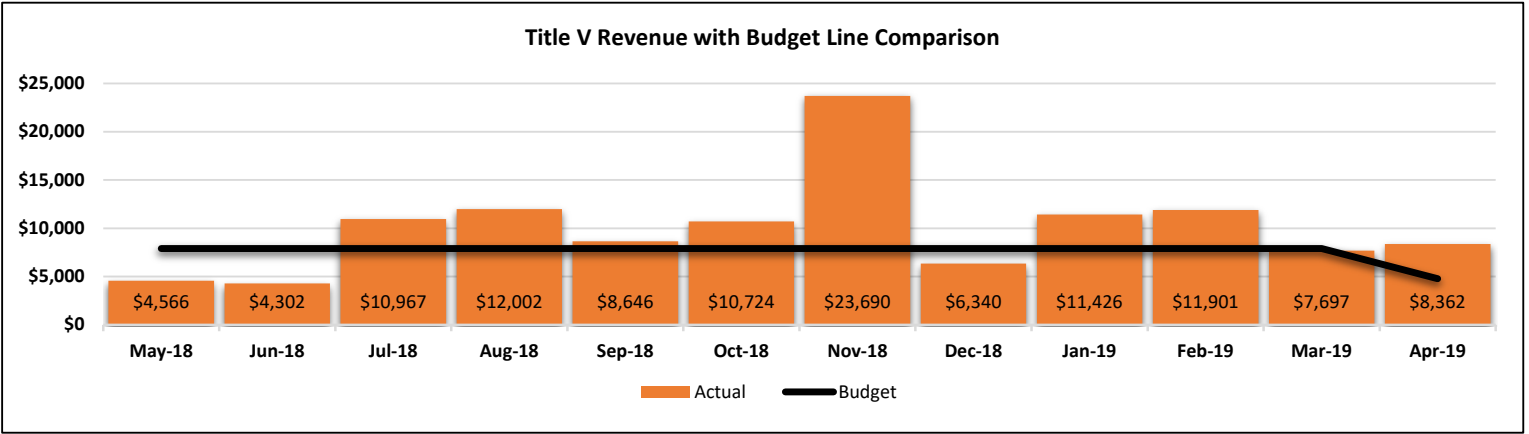
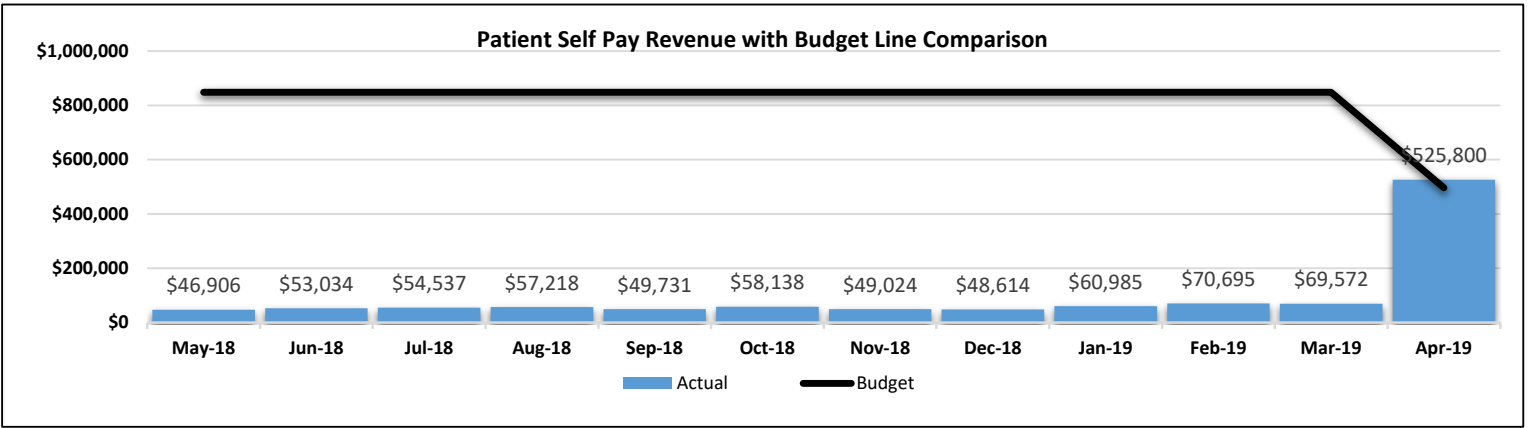


### Current Period Patient Revenue with Third Party Payor Contributions Identified

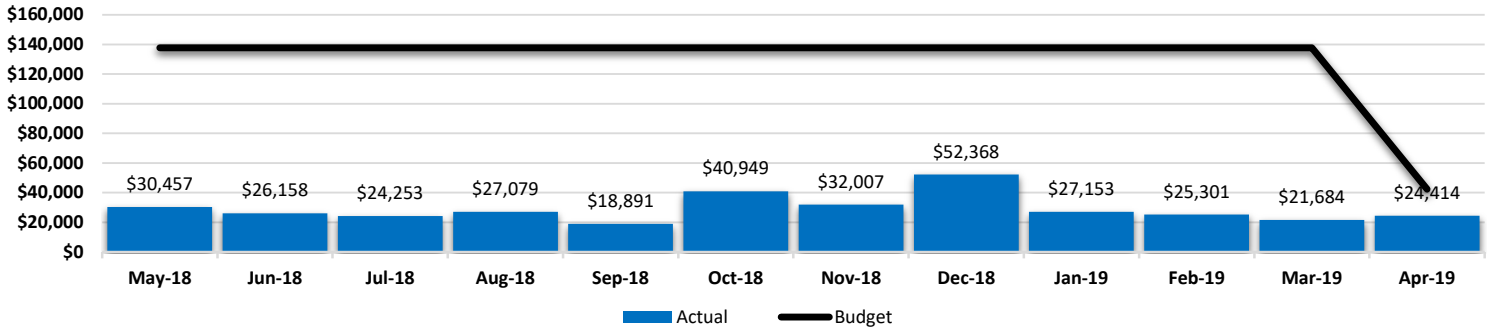


### Actual Patient Revenue Rec'd vs Budget

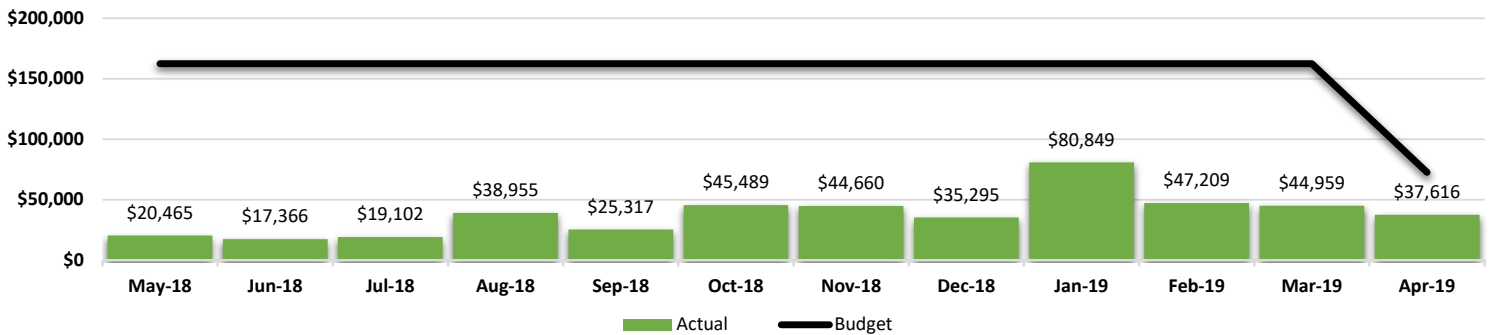




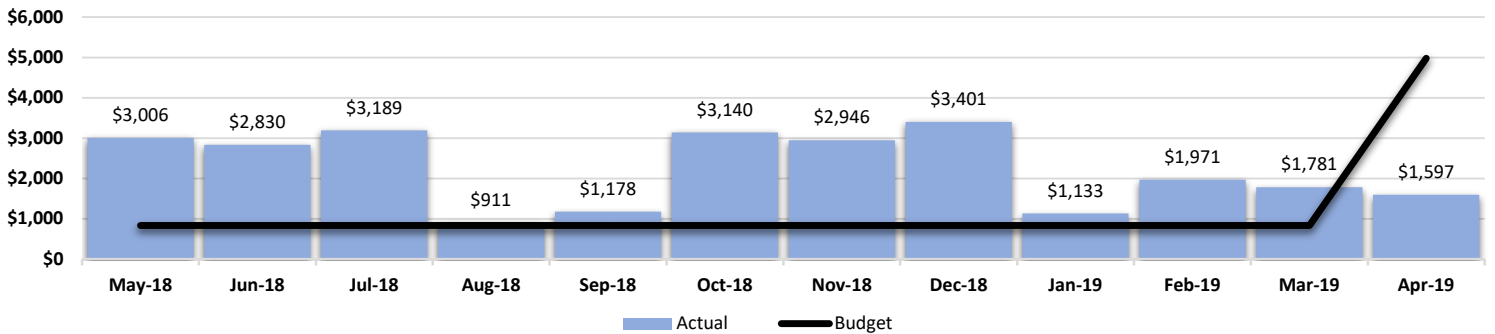
**Medicare Revenue with Budget Line Comparison**



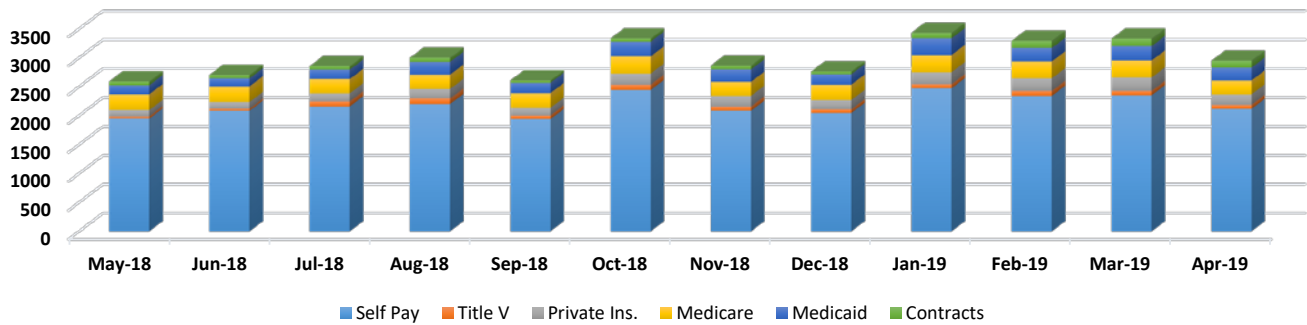
**Medicaid Revenue with Budget Line Comparison**



**Contract Revenue with Budget Line Comparison**



**Total Number of Patient Visits**





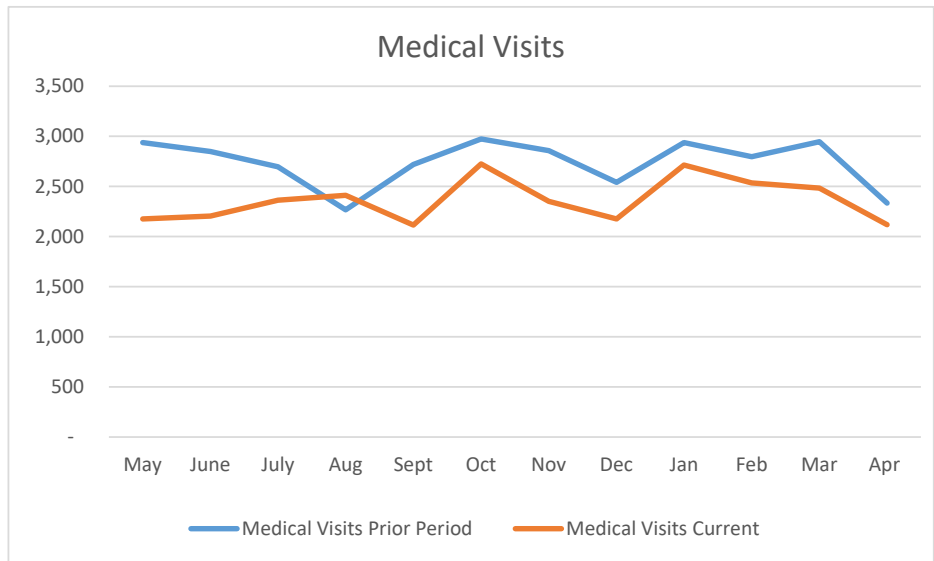
**Coastal Health & Wellness**  
**Statement of Revenue and Expenses for the Period ending April 30, 2019**

		<i>Period Ending</i>	<i>MTD</i>	<i>MTD Budget</i>		<i>YTD</i>	<i>YTD</i>	<i>YTD Budget</i>	<i>Annual</i>
	<i>Description</i>	<i>4/30/19</i>	<i>Budget</i>	<i>Variance</i>		<i>Actual</i>	<i>Budget</i>	<i>Variance</i>	<i>Budget</i>
<b>Grouping</b>	<b>REVENUE</b>								
HRSA	HHS GRANT REVENUE - Federal	\$326,630	\$260,617	\$66,013		\$326,630	\$260,616.67	\$66,013	\$3,127,400
Patient Rev	GRANT REVENUE - Title V	\$8,362	\$4,780	\$3,582		\$8,362	\$4,780	\$3,582	\$57,355
Patient Rev	PATIENT FEES	\$525,800	\$496,551	\$29,249		\$525,800	\$496,551	\$29,249	\$5,958,608
Patient Rev	PRIVATE INSURANCE	\$31,280	\$49,289	(\$18,010)		\$31,280	\$49,289	(\$18,010)	\$591,472
Patient Rev	PHARMACY REVENUE - 340b	\$79,296	\$80,417	(\$1,121)		\$79,296	\$80,417	(\$1,121)	\$965,000
Patient Rev	MEDICARE	\$24,414	\$42,380	(\$17,966)		\$24,414	\$42,380	(\$17,966)	\$508,558
Patient Rev	MEDICAID	\$37,616	\$72,608	(\$34,992)		\$37,616	\$72,608	(\$34,992)	\$871,296
Other Rev.	LOCAL GRANTS & FOUNDATIONS	\$1,351	\$1,351	\$0		\$1,351	\$1,351	\$0	\$16,208
Other Rev.	MEDICAL RECORD REVENUE	\$1,765	\$1,354	\$411		\$1,765	\$1,354	\$411	\$16,250
Other Rev.	MEDICAID INCENTIVE PAYMENTS	\$0	\$0	\$0		\$0	\$0	\$0	\$0
County	COUNTY REVENUE	\$324,071	\$324,070	\$1		\$324,071	\$324,070	\$1	\$3,888,845
DSRIP	DSRIP REVENUE	\$0	\$79,167	(\$79,167)		\$0	\$79,167	(\$79,167)	\$950,000
Other Rev.	MISCELLANEOUS REVENUE	\$0	\$0	\$0		\$0	\$0	\$0	\$0
Other Rev.	OTHER REVENUE - SALE OF FIXED ASSET	\$0	\$0	\$0		\$0	\$0	\$0	\$0
Other Rev.	INTEREST INCOME	\$8,488	\$5,750	\$2,738		\$8,488	\$5,750	\$2,738	\$69,000
Patient Rev	CONTRACT REVENUE	\$1,597	\$4,978	(\$3,381)		\$1,597	\$4,978	(\$3,381)	\$59,733
Other Rev.	LOCAL FUNDS / OTHER REVENUE	\$590	\$0	\$590		\$590	\$0	\$590	\$0
Other Rev.	CONVENIENCE FEE	\$0	\$0	\$0		\$0	\$0	\$0	\$0
Other Rev.	Fund Balance	\$69,599	\$69,599	\$0		\$69,599	\$69,599	\$0	\$182,160
	<b>Total Revenue</b>	<b>\$1,440,857</b>	<b>\$1,492,909</b>	<b>(\$52,052)</b>		<b>\$1,440,857</b>	<b>\$1,492,909</b>	<b>(\$52,052)</b>	<b>\$17,261,885</b>
	<b>EXPENSES</b>								
Personnel	SALARIES	\$496,348	\$526,677	\$30,329		\$496,348	\$526,677	\$30,329	\$6,320,124
Personnel	SALARIES, Merit Compensation	\$0	\$0	\$0		\$0	\$0	\$0	\$0.00
Personnel	SALARIES, PROVIDER INCENTIVES	\$0	\$4,400	\$4,400		\$0	\$4,400	\$4,400	\$52,800.00
	SALARIES, supplemental	\$0	\$0	\$0		\$0	\$0	\$0	\$0.00
Personnel	SALARIES, O/T	\$3,103	\$5,000	\$1,897		\$3,103	\$5,000	\$1,897	\$60,000.00
Personnel	SALARIES, PART-TIME	\$9,219	\$36,141	\$26,922		\$9,219	\$36,141	\$26,922	\$433,694.00
Personnel	Comp Pay	\$120	\$0	(\$120)		\$120	\$0	(\$120)	\$0.00
Personnel	FICA EXPENSE	\$37,587	\$43,775	\$6,188		\$37,587	\$43,775	\$6,188	\$525,296.33
Personnel	TEXAS UNEMPLOYMENT TAX	(\$605)	\$1,215	\$1,820		(\$605)	\$1,215	\$1,820	\$14,584.05
Personnel	LIFE INSURANCE	\$1,449	\$1,380	(\$69)		\$1,449	\$1,380	(\$69)	\$16,557.68
Personnel	LONG TERM DISABILITY INSURANCE	\$1,055	\$1,284	\$229		\$1,055	\$1,284	\$229	\$15,411.28
Personnel	GROUP HOSPITALIZATION INSURANC	\$0	\$46,032	\$46,032		\$0	\$46,032	\$46,032	\$552,383.31
Personnel	WORKER'S COMP INSURANCE	\$1,213	\$2,861	\$1,649		\$1,213	\$2,861	\$1,649	\$34,333.12
	EMPLOYER SPONSORED HEALTHCARE	\$39,911	\$0	(\$39,911)		\$39,911	\$0	(\$39,911)	\$0.00
Personnel	HRA EXPENSE	\$0	\$0	\$0		\$0	\$0	\$0	\$0.00
Personnel	PENSION / RETIREMENT	\$10,795	\$12,131	\$1,336		\$10,795	\$12,131	\$1,336	\$145,572.38
Contractual	OUTSIDE LAB CONTRACT	\$2,433	\$30,475	\$28,042		\$2,433	\$30,475	\$28,042	\$365,700.00
Contractual	OUTSIDE X-RAY CONTRACT	\$2,112	\$4,428	\$2,316		\$2,112	\$4,428	\$2,316	\$53,130.00
Contractual	MISCELLANEOUS CONTRACT SERVICES	\$12,598	\$23,990	\$11,391		\$12,598	\$23,990	\$11,391	\$287,874.00
Personnel	TEMPORARY STAFFING	\$15,933	\$0	(\$15,933)		\$15,933	\$0	(\$15,933)	\$0.00
Contractual	CHW CONTRACT BILLING SERVICE	\$8,054	\$9,000	\$946		\$8,054	\$9,000	\$946	\$108,000.00
IGT	IGT REIMBURSEMENT	\$0	\$37,500	\$37,500		\$0	\$37,500	\$37,500	\$450,000.00
Contractual	JANITORIAL CONTRACT	\$13,742	\$13,926	\$184		\$13,742	\$13,926	\$184	\$167,109.24
Contractual	PEST CONTROL	\$80	\$90	(\$0)		\$80	\$80	(\$0)	\$960.00
Contractual	SECURITY	\$2,767	\$3,910	\$1,143		\$2,767	\$3,910	\$1,143	\$46,920.00
Supplies	OFFICE SUPPLIES	\$79,438	\$5,115	(\$74,323)		\$79,438	\$5,115	(\$74,323)	\$61,376.00
Supplies	OPERATING SUPPLIES	\$61,283	\$24,032	(\$37,251)		\$61,283	\$24,032	(\$37,251)	\$288,382.00
Supplies	OUTSIDE DENTAL SUPPLIES	\$1,544	\$2,000	\$457		\$1,544	\$2,000	\$457	\$24,000.00
Supplies	PHARMACEUTICAL SUPPLIES	\$30,142	\$89,889	\$59,747		\$30,142	\$89,889	\$59,747	\$1,078,668.00
Supplies	JANITORIAL SUPPLIES	\$0	\$333	\$333		\$0	\$333	\$333	\$4,000.00
Supplies	PRINTING SUPPLIES	\$122	\$200	\$78		\$122	\$200	\$78	\$2,400.00
Supplies	UNIFORMS	\$0	\$417	\$417		\$0	\$417	\$417	\$5,000.00
Other	POSTAGE	\$810	\$667	(\$144)		\$810	\$667	(\$144)	\$8,000.00
Other	TELEPHONE	\$3,673	\$4,066	\$393		\$3,673	\$4,066	\$393	\$48,790.00
Other	WATER	\$31	\$31	\$1		\$31	\$31	\$1	\$375.00
Other	ELECTRICITY	\$1,429	\$2,083	\$655		\$1,429	\$2,083	\$655	\$25,000.00
Travel	TRAVEL, LOCAL	\$483	\$383	(\$100)		\$483	\$383	(\$100)	\$4,600.00
Travel	TRAVEL, OUT OF TOWN	\$0	\$0	\$0		\$0	\$0	\$0	\$0.00
Travel	LOCAL TRAINING	\$476	\$417	(\$59)		\$476	\$417	(\$59)	\$5,000.00
Travel	TRAINING, OUT OF TOWN	\$2,278	\$1,719	(\$560)		\$2,278	\$1,719	(\$560)	\$20,624.00
Other	RENTALS	\$3,049	\$3,290	\$241		\$3,049	\$3,290	\$241	\$39,480.00
Other	LEASES	\$43,121	\$43,702	\$581		\$43,121	\$43,702	\$581	\$524,424.00
Other	MAINTENANCE / REPAIR, EQUIP.	\$6,751	\$6,977	\$226		\$6,751	\$6,977	\$226	\$83,720.00
Other	MAINTENANCE / REPAIR, AUTO	\$0	\$42	\$42		\$0	\$42	\$42	\$500.00
Other	FUEL	\$0	\$42	\$42		\$0	\$42	\$42	\$500.00
Other	MAINTENANCE / REPAIR, BLDG.	\$1,126	\$417	(\$709)		\$1,126	\$417	(\$709)	\$5,000.00
Other	MAINT/REPAIR, IT Equip.	\$0	\$1,273	\$1,273		\$0	\$1,273	\$1,273	\$15,275.00
Other	MAINTENANCE / Preventative, AUTO	\$0	\$42	\$42		\$0	\$42	\$42	\$500.00
Other	INSURANCE, AUTO/Truck	\$200	\$208	\$9		\$200	\$208	\$9	\$2,500.00
Other	INSURANCE, GENERAL LIABILITY	\$1,026	\$1,029	\$3		\$1,026	\$1,029	\$3	\$12,350.00
Other	INSURANCE, BLDG. CONTENTS	\$1,451	\$1,633	\$182		\$1,451	\$1,633	\$182	\$19,595.00

Coastal Health & Wellness								
Statement of Revenue and Expenses for the Period ending April 30, 2019								
		<i>Period Ending</i>	<i>MTD</i>	<i>MTD Budget</i>	<i>YTD</i>	<i>YTD</i>	<i>YTD Budget</i>	<i>Annual</i>
	<i>Description</i>	<i>4/30/19</i>	<i>Budget</i>	<i>Variance</i>	<i>Actual</i>	<i>Budget</i>	<i>Variance</i>	<i>Budget</i>
Other	Settlements	\$87,500	\$0	(\$87,500)	\$87,500	\$0	(\$87,500)	\$0.00
Other	COMPUTER EQUIPMENT	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Other	OPERATING EQUIPMENT	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Other	BUILDING IMPROVEMENTS	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Other	NEWSPAPER ADS	\$548	\$1,500	\$952	\$548	\$1,500	\$952	\$18,000.00
Other	SUBSCRIPTIONS, BOOKS, ETC	\$150	\$125	(\$25)	\$150	\$125	(\$25)	\$1,500.00
Other	ASSOCIATION DUES	\$1,000	\$2,883	\$1,883	\$1,000	\$2,883	\$1,883	\$34,592.00
Other	IT SOFTWARE, LICENSES, INTANGIBLES	\$63,533	\$18,355	(\$45,177)	\$63,533	\$18,355	(\$45,177)	\$220,265.00
Other	PROF FEES/LICENSE/INSPECTIONS	\$0	\$203	\$203	\$0	\$203	\$203	\$2,430.00
Other	PROFESSIONAL SERVICES	\$340	\$1,875	\$1,535	\$340	\$1,875	\$1,535	\$22,500.00
Other	MED/HAZARD WASTE DISPOSAL	\$524	\$483	(\$41)	\$524	\$483	(\$41)	\$5,800.00
Other	TRANSPORTATION CONTRACT	\$515	\$650	\$135	\$515	\$650	\$135	\$7,800.00
Other	BOARD MEETING OPERATIONS	\$44	\$29	(\$15)	\$44	\$29	(\$15)	\$350.00
Other	SERVICE CHG - CREDIT CARDS	\$651	\$685	\$34	\$651	\$685	\$34	\$8,220.00
Other	CASHIER OVER / SHORT	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Other	LATE CHARGES	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Other	BAD DEBT EXPENSE	\$442,870	\$417,493	(\$25,376)	\$442,870	\$417,493	(\$25,376)	\$5,009,920.00
Other	MISCELLANEOUS EXPENSE	\$858	\$0	(\$858)	\$858	\$0	(\$858)	\$0.00
	<b>Total Expenses</b>	<b>\$1,494,879</b>	<b>\$1,438,490</b>	<b>(\$56,389)</b>	<b>\$1,494,879</b>	<b>\$1,438,490</b>	<b>(\$56,389)</b>	<b>\$17,261,885</b>
	<b>Net Change in Fund Balance</b>	<b>(\$54,022)</b>	<b>\$54,419</b>	<b>(\$108,441)</b>	<b>(\$54,022)</b>	<b>\$54,419</b>	<b>(\$108,441)</b>	<b>(\$0)</b>

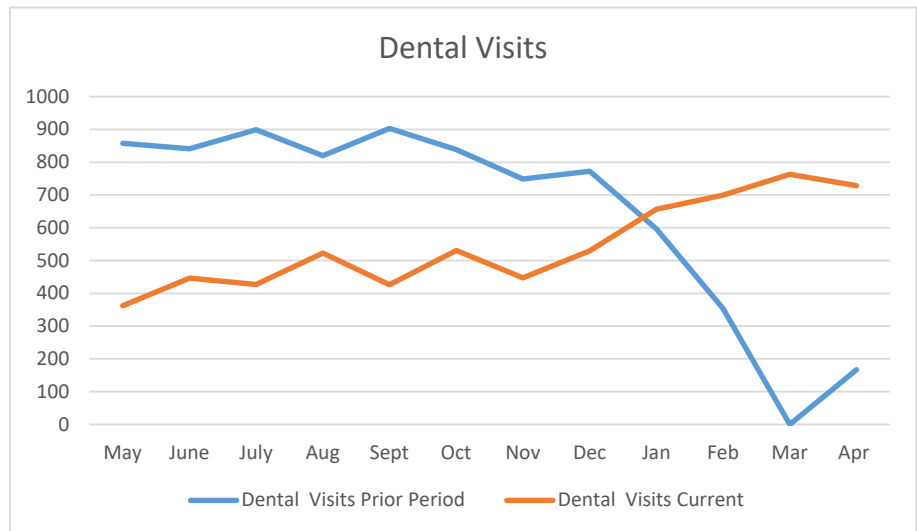
### Medical Visits

	<u>Prior Period</u>	<u>Current</u>
May	2,939	2,177
June	2,850	2,205
July	2,696	2,363
Aug	2,267	2,413
Sept	2,720	2,115
Oct	2,974	2,725
Nov	2,857	2,351
Dec	2,542	2,175
Jan	2,939	2,714
Feb	2,798	2,534
Mar	2,946	2,484
Apr	2,334	2,119
	<u>32,862</u>	<u>28,375</u>



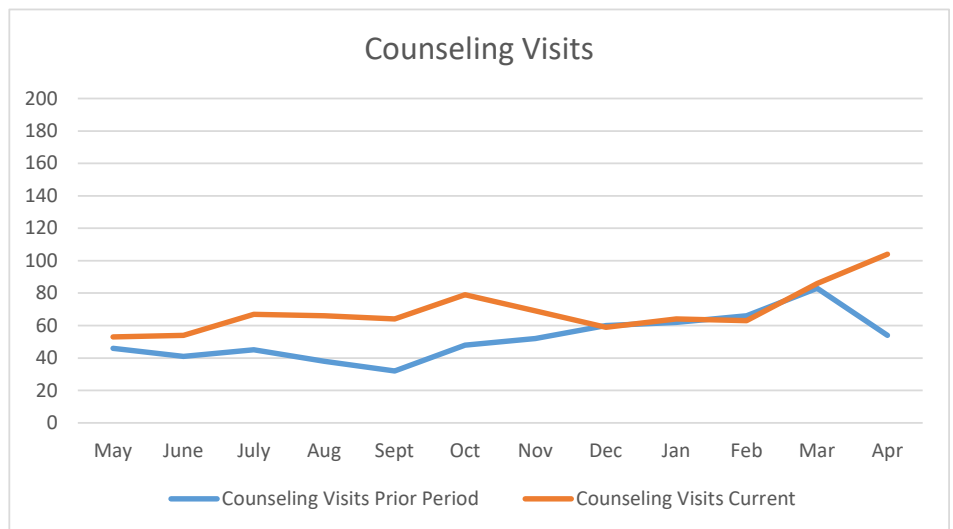
### Dental Visits

	<u>Prior Period</u>	<u>Current</u>
May	858	362
June	841	446
July	899	427
Aug	820	523
Sept	903	426
Oct	838	531
Nov	749	447
Dec	772	530
Jan	597	656
Feb	354	699
Mar	0	763
Apr	167	728
	<u>7,798</u>	<u>6,538</u>



### Counseling Visits

	<u>Prior Period</u>	<u>Current</u>
May	46	53
June	41	54
July	45	67
Aug	38	66
Sept	32	64
Oct	48	79
Nov	52	69
Dec	60	59
Jan	62	64
Feb	66	63
Mar	83	86
Apr	54	104
	<u>627</u>	<u>828</u>



**Vists by Financial Class - Actual vs. Budget**  
**As of April 30, 2019 (Grant Year 4/1/19-3/31/20)**

	Annual HRSA		Over/(Under)		YTD	Over/(Under)		% Over/ (Under)
	Grant Budget	MTD Actual	MTD Budget	MTD Budget		YTD Actual	YTD Budget	
Medicaid	5,442	222	454	(232)	222	454	(232)	-51%
Medicare	3,640	240	303	(63)	240	303	(63)	-21%
Other Public (Title V, Contract)	1,728	192	144	48	192	144	48	33%
Private Insurance	4,718	181	393	(212)	181	393	(212)	-54%
Self Pay	31,361	2,116	2,613	(497)	2,116	2,613	(497)	-19%
	<b>46,889</b>	<b>2,951</b>	<b>3,907</b>	<b>(956)</b>	<b>2,951</b>	<b>3,907</b>	<b>(956)</b>	<b>-24%</b>

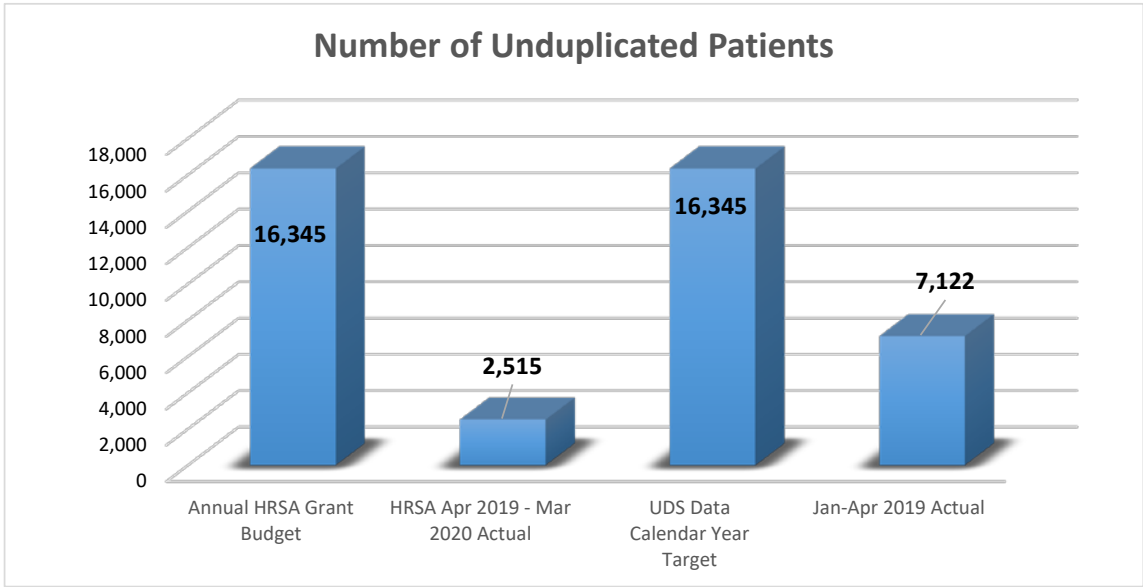
**Unduplicated Patients - Current vs. Prior Year**  
**UDS Data Calendar Year**  
**January through December**

	Current Year Annual Target	Jan-Apr 2018 Actual	Jan-Apr 2019 Actual	Increase/	% of Annual Target
				(Decrease) Prior Year	
Unduplicated Patients	16,345	7,184	7,122	(62)	44%

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

	Annual HRSA Grant Budget	Apr 2018 - Mar 2018 Actual	Apr 2019 - Mar 2020 Actual	Increase/	% of Annual Target
				(Decrease) Prior Year	
Unduplicated Patients	16,345	2,165	2,515	350	15%





[Back to Agenda](#)



# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

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

**Governing Board**

**May 2019**

**Item #10**

**Consider for Approval Fee Schedule for Medical, Counseling  
and Lab Services**

**Coastal Health & Wellness**  
**PROPOSED Medical Fee Schedule effective July 1, 2019**

CPT #	Procedure Description	Current Fee	Proposed Fee	Difference	% change
	<b>Self Pay Fees</b>				
<b>Nominal Fee</b>	<b>Minimum Fee - 0% Responsibility</b>	\$15	\$20	\$5	33%
	<b>Deposit Payment - 20% Responsibility</b>	\$20	\$25	\$5	25%
	<b>Deposit Payment - 40% Responsibility</b>	\$25	\$30	\$5	20%
	<b>Deposit Payment - 60% Responsibility</b>	\$30	\$35	\$5	17%
	<b>Deposit Payment - 80% Responsibility</b>	\$40	\$45	\$5	13%
	<b>Deposit Payment - 100% Responsibility (required at checkin)</b>	\$50	\$55	\$5	10%
<b>Retck Svc CG</b>	<b>Returned check service charge</b>	\$25	\$25	\$0	0%
	<b>New Patient Office Visit</b>				
<b>99201</b>	<b>Typically 10 Minutes Face to Face</b>	\$81	\$89	\$8	10%
<b>99202</b>	<b>Typically 20 Minutes Face to Face</b>	\$139	\$153	\$14	10%
<b>99203</b>	<b>Typically 30 Minutes Face to Face</b>	\$199	\$219	\$20	10%
<b>99204</b>	<b>Typically 45 Minutes Face to Face</b>	\$304	\$334	\$30	10%
<b>99205</b>	<b>Typically 60 Minutes Face to Face</b>	\$380	\$418	\$38	10%
<b>G0438</b>	<b>Initial Visit</b>	\$321	\$353	\$32	10%
	<b>Established Patient Office Visit</b>				
<b>99211</b>	<b>Typically 5 Minutes Managing or Supervising (Nurse Visit)</b>	\$38	\$42	\$4	10%
<b>99212</b>	<b>Typically 10 Min Face to Face</b>	\$81	\$89	\$8	10%
<b>99213</b>	<b>Typically 15 Min Face to Face</b>	\$136	\$150	\$14	10%
<b>99214</b>	<b>Typically 25 Min Face to Face</b>	\$201	\$221	\$20	10%
<b>99215</b>	<b>Typically 40 Min Face to Face</b>	\$269	\$296	\$27	10%
<b>G0439</b>	<b>Subsequent Visit</b>	\$218	\$240	\$22	10%
	<b>New Patient Preventive Visits</b>				
<b>99381</b>	<b>Well Child less than 1year</b>	\$207	\$228	\$21	10%
<b>99382</b>	<b>Well Child 1 - 4 years</b>	\$216	\$238	\$22	10%
<b>99383</b>	<b>Well Child 5 - 11 years</b>	\$225	\$248	\$23	10%
<b>99384</b>	<b>Well Child 12 - 17 years</b>	\$254	\$279	\$25	10%
<b>99385</b>	<b>Well Adult 18 - 39 years</b>	\$246	\$271	\$25	10%
<b>99386</b>	<b>Well Adult 40 - 64 years</b>	\$285	\$314	\$29	10%
<b>99387</b>	<b>Well Adult 65 years and over</b>	\$309	\$340	\$31	10%
<b>G0402</b>	<b>Initial Preventive Exam</b>	\$311	\$342	\$31	10%
	<b>Established Patient Preventive Visit</b>				
<b>99391</b>	<b>Well Child less than 1year</b>	\$186	\$205	\$19	10%

99392	Well Child 1 - 4 years	\$199	\$219	\$20	10%
99393	Well Child 5 - 11 years	\$198	\$218	\$20	10%
99394	Well Child 12 - 17 years	\$217	\$239	\$22	10%
99395	Well Adult 18 - 39 years	\$222	\$244	\$22	10%
99396	Well Adult 40 - 64 years	\$236	\$260	\$24	10%
99397	Well Adult 65 years and over	\$254	\$279	\$25	10%
<b>Counseling Services</b>					
90832	Psychotherapy Pt and Family (30 min.)	\$120	\$132	\$12	10%
90834	Psychotherapy Pt and Family (45 min.)	\$159	\$175	\$16	10%
90837	Psychotherapy Pt and Family (60 min.)	\$238	\$262	\$24	10%
90847	Family psychotherapy (with patient present)	\$200	\$220	\$20	10%
90853	Group psychotherapy (other than of a multiple-family group)	\$52	\$57	\$5	10%
<b>Special Services</b>					
STD/HIV	STD Referral	\$20	\$22	\$2	10%
90853	Tobacco Group Counseling	\$50	\$55	\$5	10%
	<b>Sports Physical</b>	<b>\$25</b>		<b>(\$25)</b>	<b>-100%</b>
99499	Brief Consultation	\$15	\$17	\$2	10%
<b>Incision and Drainage Procedures</b>					
10060	Incision and drainage of abscess, single	\$219	\$241	\$22	10%
10061	Incision and drainage of abscess, complicated or multiple	\$381	\$419	\$38	10%
10120	Incision and removal of a foreign object from subcutaneous tissues	\$285	\$314	\$29	10%
10140	Incision and drainage of hematoma	\$303	\$333	\$30	10%
10160	Puncture and aspiration of abscess	\$242	\$266	\$24	10%
<b>Paring or Cutting</b>					
11055	Trim Skin Lesion	\$92	\$101	\$9	10%
<b>Debridement Procedures</b>					
11000	Debridement of extensive eczematous or infected skin (up to 10% of body surface)	\$102	\$112	\$10	10%
<b>Biopsy Procedures</b>					
11102	Biopsy, skin and subcutaneous tissue, single lesion	\$193	\$212	\$19	10%
11103	Biopsy, skin and subcutaneous tissue, each additional lesion	\$60	\$66	\$6	10%
<b>Skin Tag Procedures</b>					
11200	Remove multiple fibrocutaneous skin tags, up to 15	\$163	\$179	\$16	10%
11201	Remove multiple fibrocutaneous skin tags, each additional 10	\$34	\$37	\$3	10%
<b>Shaving Procedures</b>					
11300	Shaving epidermal or dermal lesion, single, trunk or extremities, 0.5 cm. or less	\$182	\$200	\$18	10%
11301	Shaving epidermal or dermal lesion, single, trunk or extremities, 0.6-1.0 centimeter	\$224	\$246	\$22	10%



11305		Shaving epidermal or dermal lesion, single, scalp, neck, hands, feet or genitalia, 0.5 cm. or less	\$187	\$206	\$19	10%
11306		Shaving epidermal or dermal lesion, single, scalp, neck, hands, feet or genitalia, 0.6 -1 cm.	\$229	\$252	\$23	10%
11310		Shaving single epidermal or dermal lesion, on face, 0.5 cm or less	\$212	\$233	\$21	10%
11311		Shaving single epidermal or dermal lesion on face; lesion 0.6 to 1.0 cm	\$205	\$226	\$21	10%
11055		Paring or cutting of benign hyperkeratotic lesion (e.g.. corn, callous)	\$91	\$100	\$9	10%
<b>Excision Procedures</b>						
11400		Excision of benign lesion, except skin tag, 0.5 cm. or less	\$231	\$254	\$23	10%
11401		Excision of benign lesion, except skin tag, 0.6-1.0 cm.	\$276	\$304	\$28	10%
11402		Excision of benign lesion, except skin tag, 1.1-2.0 cm.	\$305	\$336	\$31	10%
11403		Excision of benign lesion, except skin tag, 2.1-3.0 cm.	\$351	\$386	\$35	10%
11404		Excision of benign lesion, except skin tag, 3.1-4.0 cm.	\$397	\$437	\$40	10%
11420		Excision of benign lesion, except skin tag, on scalp, neck, hands, feet, genitalia, 0.5 cm or less	\$229	\$252	\$23	10%
11421		Excision of benign lesion, except skin tag, on scalp, necks, hands, feet, genitalia, 0.6-1 cm	\$290	\$319	\$29	10%
11422		Excision of benign lesion, except skin tag, on scalp, neck, hands, feet, genitalia, 1.1-2 cm	\$323	\$355	\$32	10%
11426		Excision of benign lesion, except skin tag, on scalp, neck, hands, feet, genitalia, over 4.0 cm	\$599	\$659	\$60	10%
11440		Excision of other benign lesion, except skin tag, on face, 0.5 cm or less	\$253	\$278	\$25	10%
11441		Excision of other benign lesion, except skin tag, on face, 0.6-1 cm	\$310	\$341	\$31	10%
<b>Nail Procedures</b>						
11720		Debridement of nail(s) by any method, one to five	\$61	\$67	\$6	10%
11730		Complete or partial avulsion of the nail plate, single (removal of the nail without disruption of the underlying matrix or nailbed)	\$187	\$206	\$19	10%
11732		Avulsion of each additional nail plate	\$67	\$74	\$7	10%
11740		Puncture of nail to remove hematoma or blood	\$94	\$103	\$9	10%
11750		Surgical excision of nail with matrix, removing the nail and the underlying nail bed (e.g.. ingrown or deformed nail)	\$359	\$395	\$36	10%

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	\$350	\$32	10%
<b>Wound Repair Procedures</b>						
12001		Simple suture repair of wound, 2.5 cm. or less	\$165	\$182	\$17	10%
12002		Simple suture repair of wound, 2.6 to 7.5 cm.	\$200	\$220	\$20	10%
12004		Simple suture repair of wound, 7.6 to 12.5 cm.	\$235	\$259	\$24	10%
12005		Simple suture repair of wound, 12.6 to 20.0 cm.	\$295	\$325	\$30	10%
12011		Simple suture repair of wound on face, 2.5 cm. or less	\$202	\$222	\$20	10%
<b>Burn Treatment</b>						
16000		Initial treatment, 1st or 2nd degree burn, when no more than local treatment is required	\$126	\$139	\$13	10%
<b>Destruction Procedures (Any Method)</b>						
17000		Destruction of benign or premalignant lesions with liquid nitrogen (e.g.. actinic keratoses), first lesion	\$133	\$146	\$13	10%
17003		Destruction with liquid nitrogen of benign or premalignant lesions: second through 14th lesion	\$12	\$13	\$1	10%
17004		Destruction with liquid nitrogen of each additional lesion over 15	\$278	\$306	\$28	10%
17110		Destruction with liquid nitrogen of common or plantar warts, to 14 lesions	\$209	\$230	\$21	10%
17111		Destruction with liquid nitrogen of common or plantar warts (15 or more)	\$246	\$271	\$25	10%
<b>Injection and/or Arthrocentesis Procedures</b>						
20550		Injection, single tendon sheath or ligament	\$109	\$120	\$11	10%
20552		Injection(s), single or multiple trigger points, 1-2 muscles	\$103	\$113	\$10	10%
20600		Arthrocentesis, aspiration and/or injection, <i>small</i> joint or bursa (e.g.. fingers, toes)	\$88	\$97	\$9	10%
20605		Arthrocentesis, aspiration and/or injection, <i>intermediate</i> joint or bursa (e.g.. wrist, elbow)	\$93	\$102	\$9	10%
20610		Arthrocentesis, aspiration and/or injection, <i>major</i> joint or bursa (e.g.. Shoulder, hip, knee)	\$112	\$123	\$11	10%
<b>Splint / Strapping Procedures</b>						
29550		Toe strapping	\$52	\$57	\$5	10%
29580		Strapping, Unna Boot	\$98	\$108	\$10	10%
<b>Male Procedures</b>						
54050		Destruction of lesion(s), penis, chemical - podophyllin	\$246	\$271	\$25	10%
54056		Destruction of lesion(s), penis, simple, cryosurgery Liquid nitrogen	\$265	\$292	\$27	10%

<b>Female Procedures</b>						
56405		Incision and drainage of vulva or perineal abscess	\$199	\$219	\$20	10%
56501		Destruction of lesion(s), vulva, all methods	\$240	\$264	\$24	10%
56605		Biopsy of vulva or perineum; one lesion	\$150	\$165	\$15	10%
58100		Endometrial Biopsy	\$199	\$219	\$20	10%
88305		Tissue Exam by Pathologist (of endometrial biopsy) these must both be coded	\$179	\$197	\$18	10%
58301		Removal only - intrauterine device (IUD)	\$174	\$191	\$17	10%
<b>Removal of Foreign Body</b>						
65205		Foreign body removal, eye	\$106	\$117	\$11	10%
69200		Foreign body removal, external auditory canal	\$211	\$232	\$21	10%
69210		Cerumen removal with spoon	\$91	\$100	\$9	10%
30300		Removal of foreign body, intranasal	\$394	\$433	\$39	10%
<b>RADIOLOGY</b>						
70100		Radiologic examination, mandible	\$62	\$68	\$6	10%
70140		Radiologic examination, facial bones, less than 3 views	\$56	\$62	\$6	10%
70150		Radiologic examination, facial bones, 3 or more views	\$78	\$86	\$8	10%
70160		Radiologic examination, nasal bones, 3 or more views	\$61	\$67	\$6	10%
70210		Radiologic examination, sinuses, paranasal, less than 3 views	\$56	\$62	\$6	10%
70250		Radiologic examination, skull	\$68	\$75	\$7	10%
71045		Radiologic examination, chest, single view	\$42	\$46	\$4	10%
71046		Radiologic examination, chest, 2 views	\$52	\$57	\$5	10%
71047		Radiologic examination, chest, 3 views	\$64	\$70	\$6	10%
71100		Radiologic examination, ribs, 2 views	\$62	\$68	\$6	10%
72040		Radiologic examination, spine, cervical, 2 views (AP and lateral)	\$67	\$74	\$7	10%
72070		Radiologic examination, spine, thoracic, 2 views (AP and lateral)	\$64	\$70	\$6	10%
72100		Radiologic examination, spine, lumbar, 2 views (AP and lateral)	\$66	\$73	\$7	10%
72170		Radiologic examination, pelvis, 1 view	\$60	\$66	\$6	10%
72220		Radiologic examination, sacrum and coccyx, 2 views (AP and lateral)	\$53	\$58	\$5	10%
73000		Radiologic examination, clavicle, 2 views	\$51	\$56	\$5	10%
73030		Radiologic examination, shoulder, 2 view (or more)	\$54	\$59	\$5	10%
73060		Radiologic examination, humerus, 2 views (AP and lateral)	\$54	\$59	\$5	10%
73070		Radiologic examination, elbow, 2 views (AP and lateral)	\$51	\$56	\$5	10%
73080		Radiologic examination, elbow, 3 or more views	\$58	\$64	\$6	10%
73090		Radiologic examination, forearm, 2 views (AP and lateral)	\$48	\$53	\$5	10%
73100		Radiologic examination, wrist, 2 views	\$54	\$59	\$5	10%
73110		Radiologic examination, wrist, 3 views (PA, lateral and oblique)	\$66	\$73	\$7	10%

73120	Radiologic examination, hand, 2 views	\$48	\$53	\$5	10%
73130	Radiologic examination, hand, 3 views (PA, lateral and oblique)	\$58	\$64	\$6	10%
73140	Radiologic examination, finger, 3 views (PA, lateral and oblique)	\$59	\$65	\$6	10%
73502	Radiologic examination, hip, unilateral, 2 views	\$78	\$86	\$8	10%
73521	Radiologic examination, hips, bilateral, 2 views each hip including AP view of pelvis	\$75	\$83	\$8	10%
73552	Radiologic examination, femur, 2 views (AP and lateral)	\$61	\$67	\$6	10%
73560	Radiologic examination, knee, 1 or 2 views	\$58	\$64	\$6	10%
73562	Radiologic examination, knee, 3 views (AP, lateral and sunrise or oblique)	\$67	\$74	\$7	10%
73565	Radiologic examination of bilateral knees, standing AP view, weight bearing	\$67	\$74	\$7	10%
73590	Radiologic examination, leg, tibia and fibula, 2 views	\$53	\$58	\$5	10%
73600	Radiologic examination of ankle, 2 views	\$56	\$62	\$6	10%
73610	Radiologic examination, ankle, complete, 3 views (AP, lateral and oblique)	\$58	\$64	\$6	10%
73620	Radiologic examination of foot, 2 views	\$49	\$54	\$5	10%
73630	Radiologic examination, foot, complete, 3 views (AP, lateral and oblique)	\$54	\$59	\$5	10%
73660	Radiologic examination, toes, 2 views (AP and lateral)	\$53	\$58	\$5	10%
74018	Radiologic examination, abdomen/KUB (kidney, ureters, bladder), 1 view	\$44	\$48	\$4	10%
<b>Other Office Procedures</b>					
93000	EKG (electrocardiogram)	\$32	\$35	\$3	10%
94010	Spirometry	\$69	\$76	\$7	10%
94760	Pulse Oximetry - Noninvasive	\$5	\$6	\$1	10%
86580	TB Skin Test (PPD)	\$14	\$15	\$1	10%
94640	Airway Inhalation Treatment	\$35	\$39	\$4	10%
<b>In House Labs</b>					
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%
		<b>Send Out Labs</b>				
		<i>Blood Tests (General)</i>				
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)	\$16	\$16	\$0	0%
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	\$17	\$17	\$0	0%
82950	-90				\$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, billirubin 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,	\$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	\$211	\$0	0%
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)			\$0	0%
84443	-90				\$0	
84479	-90		\$57	\$57	\$0	
85060	-90		Blood Smear, peripheral interpretation	\$47	\$47	\$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%
82040		Assay of Serum Albumin	-	\$6	-	
82088		Assay of Aldosterone	-	\$46	-	
82247		Bilirubin	-	\$6	-	
82274		Assay test for Blood Fecal	-	\$18	-	
82310		Assay of Calcium	-	\$6	-	
82330		Assay of Calcium	-	\$16	-	
82550		Assay of CP (CPK)	-	\$8	-	
82626		Dehydroepiandrosterone	-	\$29	-	
82607	-90	Serum B12	\$30	\$30	\$0	0%
82951		Glucose Tolerance Test (GTT)	-	\$15	-	
83625		Assay of LDH Enzymes	-	\$15	-	
84155		Assay of Protein Serum	-	\$5	-	
84165		Protein E-Phoresis Serum	-	\$12	-	

84439		Assay of Free Thyroxine	-	\$11	-	
84460		Alanine Animo (ALT)(SGPT) □	-	\$6	-	
85049		Automated Platelet Count	-	\$5	-	
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%
<b><i>Infectious Disease Tests</i></b>						
80074	-90	Hepatitis Panel, Acute (includes: hep A antibody, IgM; hep B core antibody, IgM; hep B surface antigen; hep C virus antibody)	\$67	\$67	\$0	0%
86735	-90	MMR Panel (Measles, Mumps, & Rubella antibody titers)			\$0	0%
86762	-90				\$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	Chylmadia / Gonorrhea Trach DNA Amp Probe	\$132	\$132	\$0	0%
87591	-90				\$0	
87045	-90	Culture, Stool	\$59	\$59	\$0	0%
87046	-90	(includes: Bacteria, aerobic w/isolation & preliminary exam, addition			\$0	
87427	-90	pathogens if positive, Shiga-like toxin)			\$0	
87046	-90	Culture, Stool (additional pathogens if positive)			\$18	\$18
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%
86696		Herpex Simples Type 2	-	\$22	-	
86703	-90	HIV 1 Preliminary Test with Confirmation	\$26	\$26	\$0	0%
87536	-90	HIV - 1, Quantification	\$158	\$158	\$0	0%
86803		Hepatitis C AB Text	-	\$16	-	
87389		HIV-a AG W/HIV-1 & HIV-2 AB	-	\$27	-	
87522		Hepatitis C RNA Quant	-	\$48	-	

		<b>Measles (rubeola) antibody titer</b>				
86765	-90		\$25	\$25	\$0	0%
86735	-90	<b>Mumps antibody titer</b>	\$25	\$25	\$0	0%
87177	-90	<b>Ova and Parasites direct smears (concentration and identification)</b>	\$17	\$17	\$0	0%
86592	-90	<b>RPR (syphilis)</b>	\$8	\$8	\$0	0%
86762	-90	<b>Rubella antibody titer</b>	\$28	\$28	\$0	0%
87086	-90	<b>Urinalysis culture and sensitivity</b>	\$15	\$15	\$0	0%
86787	-90	<b>Varicella Zoster</b>	\$25	\$25	\$0	0%
<b>Prenatal Tests</b>						
85025	-90	<b>Pre-Natal Profile Panel</b> (includes: CBC, HIV-1, rubella, RPR, Rh(d), blood typing ABO, hep B antigen, RBC and antibody screen)	\$124	\$124	\$0	0%
86850	-90				\$0	
86703	-90				\$0	
86762	-90				\$0	
86592	-90				\$0	
86901	-90				\$0	
87340	-90				\$0	
86900	-90				\$0	
82105	-90	<b>Alpha-feto Protein Panel</b> (at 16-18 weeks gestation)	\$127	\$127	\$0	0%
82677	-90	(Includes: Fetoprotein, serum; human chorionic gonadotrophin (hgc); unconjugated estrol (uE3); (DIA) diametric inhibin A)			\$0	
84702	-90				\$0	
86336	-90				\$0	
<b>Drug Level</b>						
80307	-90	<b>Urinalysis, nine drug screen panel</b> (methadone, propoxyphene, amphetamine, benzodiazepines, cocaine, opiates, phencyclidine, barbiturates, THC)	\$108	\$108	\$0	0%
80164	-90	<b>Depakote Level (valproic acid)</b>	\$26	\$26	\$0	0%
80162	-90	<b>Digoxin Level</b>	\$25	\$25	\$0	0%
80185	-90	<b>Dilantin Level; phenytoin total</b>	\$25	\$25	\$0	0%
80175		<b>Drug Screen Quan Lamotrigine</b>	-	\$15	-	
80178	-90	<b>Lithium Blood Quantitative</b>	\$13	\$13	\$0	0%
80184	-90	<b>Phenobarbital</b>	\$22	\$22	\$0	0%
80156	-90	<b>Tegretol Level (carbamazepine)</b>	\$28	\$28	\$0	0%
<b>Urine Tests (General)</b>						
82140	-90	<b>Ammonia Level</b>	\$28	\$28	\$0	0%
81001		<b>Urinalysis Auto w/Scope</b>	-	\$4	-	
82570	-90	<b>Creatine Clearance 24hr urine</b>	\$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%
<b>Cervical Cancer Tests</b>						
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%
<b>Histology (general)</b>						
88302	-90	Pathology of Biopsy	\$94	\$94	\$0	0%
<b>Vaccine Administration</b>						
90471, 90472		*Fee for any vaccine administered	\$10	\$10	\$0	0%
<b>Vaccines (purchased)</b>						
90620		Meningococcal MENB RP W/OMV Vaccine	\$124		(\$124)	-100%
90621		Meningococcal MENB RLP Vaccine	\$138		(\$138)	-100%
90632		HEP A Vaccine Adult	\$75	\$75	\$0	0%
90633		HEP A Pedi	\$45	\$45	\$0	0%
90649		HPV (Guardasil)	\$195	\$225	\$30	15%
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	\$200	\$25	14%
90680		Rotavirus	\$95	\$95	\$0	0%
90696		Kinrix 4-6 Yr	\$65	\$65	\$0	0%
90698		Pentacel	\$100	\$100	\$0	0%
90700		Dtap <7 years of age	\$45	\$45	\$0	0%
90707		MMR	\$75	\$80	\$5	7%
90713		IPV	\$45	\$45	\$0	0%
90714		Td	\$45	\$45	\$0	0%
90715		Tdap	\$60	\$60	\$0	0%
90716		Varicella (Chicken Pox)	\$125	\$135	\$10	8%
90732		Pneumovax - Adult	\$95	\$105	\$10	11%
90734		Meningococcal (A, C, Y and W-135)	\$125	\$130	\$5	4%
90736		Zoster (shingles) vaccine	\$215	\$155	(\$60)	-28%
90744		Hep B - Pedi/Adolescent	\$35	\$35	\$0	0%
90746		Hep B Vaccine Adult	\$65	\$65	\$0	0%
<b>*Vaccines (state supplied )</b>						
State supplied vaccines are not listed and are subject to change based on state availability.						
<b>Office Medications</b>						

96372	Administration fee for therapeutic or prophylactic injections subcutaneous or intramuscular	\$10	\$14	\$4	40%
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	\$22	(\$66)	-75%
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	\$4	\$1	33%
J0171	Epi Pen Jr. (3 units)	\$314		(\$314)	-100%
J0171	Epi Pen Adult (15 units)	\$314		(\$314)	-100%
	<b>Miscellaneous</b>				
99070	**Supplies and Materials				

These rates were calculated based on the 2019 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.

Deleted Codes

New Codes

[Back to Agenda](#)





# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

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

**Governing Board**

**May 2019**

**Item #11**

**Consider for Approval Fee Schedule for Dental Services**

**Proposed 2019 Dental Fee Schedule  
Effective July 1, 2019**

<b>Procedure Description</b>		<b>Current Fee</b>	<b>Proposed Fee</b>	<b>Diff.</b>	<b>% Change</b>
<b>DENTAL</b>					
<b>DIAGNOSTIC EXAMS</b>					
D0120	PERIODIC ORAL EVALUATION	54.00	54.00	-	0%
D0140	LIMITED ORAL EVALUATION	78.00	78.00	-	0%
D0145	ORAL EVALUATION FOR A PATIENT UNDER 3 YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER	70.00	70.00	-	0%
D0150	COMPREHENSIVE ORAL EVALUATION	92.00	92.00	-	0%
D0170	RE-EVALUATION - LIMITED PROBLEM FOCUSED	73.00	73.00	-	0%
D0171	RE-EVALUATION - POST OPERATIVE OFFICE VISIT	69.00	69.00	-	0%
<b>X-RAYS</b>					
D0210	INTRAORAL X-RAY - COMPLETE SERIES	142.00	142.00	-	0%
D0220	INTRAORAL X-RAY - PERIAPICAL FIRST FILM	31.00	31.00	-	0%
D0230	INTRAORAL X-RAY - PERIAPICAL EACH ADD'L FILM	26.00	26.00	-	0%
D0240	INTRAORAL X-RAY - OCCLUSAL FILM	44.00	44.00	-	0%
D0272	BITEWINGS X-RAY- TWO FILMS	48.00	48.00	-	0%
D0274	BITEWINGS X-RAY - FOUR FILMS	69.00	69.00	-	0%
D0330	PANORAMIC X-RAY FILM	121.00	121.00	-	0%
<b>PREVENTIVE</b>					
D1110	PROPHYLAXIS (ADULT) - ROUTINE CLEANING	96.00	96.00	-	0%
D1120	PROPHYLAXIS (CHILD) - ROUTINE CLEANING	72.00	72.00	-	0%
D1206	TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR MODERATE TO HIGH CARIES RISK PATIENTS	43.00	43.00	-	0%
D1208	TOPICAL APPLICATION OF FLUORIDE	39.00	39.00	-	0%
D1320	TOBACCO COUNSELING FOR THE CONTROL AND PREVENTION OF ORAL DISEASE	77.00	77.00	-	0%
D1330	ORAL HYGIENE INSTRUCTIONS	54.00	54.00	-	0%
D1351	SEALANT - PER TOOTH	59.00	59.00	-	0%
D1354	INTERIM CARIES ARRESTING MEDICAMENT APPLICATION - PER TOOTH		69.00	-	
<del>D1510</del>	<del>SPACE MAINTAINER - FIXED - UNILATERAL</del>	<del>333.00</del>	<del>333.00</del>	<del>-</del>	0%
<del>D1515</del>	<del>SPACE MAINTAINER - FIXED - BILATERAL</del>	<del>450.00</del>		<del>(450.00)</del>	-100%
<del>D1516</del>	<del>SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY</del>		450.00		
<del>D1517</del>	<del>SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR</del>		450.00		
D1550	RE-CEMENTATION OF SPACE MAINTAINER	89.00	89.00	-	0%
<b>RESTORATIVE</b>					
D2140	AMALGAM FILLING - ONE SURFACE, PRIMARY OR PERMANENT	150.00	150.00	-	0%
D2150	AMALGAM FILLING - TWO SURFACES, PRIMARY OR PERMANENT	190.00	190.00	-	0%
D2160	AMALGAM FILLING - THREE SURFACES, PRIMARY OR PERMANENT	232.00	232.00	-	0%
D2161	AMALGAM FILLING - FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	274.00	274.00	-	0%
D2330	RESIN-BASED COMPOSITE FILLING - ONE SURFACE, ANTERIOR	176.00	176.00	-	0%
D2331	RESIN-BASED COMPOSITE FILLING - TWO SURFACES, ANTERIOR	213.00	213.00	-	0%
D2332	RESIN-BASED COMPOSITE FILLING - THREE SURFACES, ANTERIOR	262.00	262.00	-	0%
D2335	RESIN-BASED COMPOSITE FILLING - FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR) (COMPOSITE OR ACRYLIC CROWNS)	329.00	329.00	-	0%
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	468.00	468.00	-	0%
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	194.00	194.00	-	0%
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	245.00	245.00	-	0%

**Proposed 2019 Dental Fee Schedule  
Effective July 1, 2019**

**Procedure Description**

<b>DENTAL</b>		<b>Current Fee</b>	<b>Proposed Fee</b>	<b>Diff.</b>	<b>% Change</b>
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	303.00	303.00	-	0%
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	359.00	359.00	-	0%
D2920	RECEMENT CROWN	119.00	119.00	-	0%
<del>D2930</del>	<del>PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH</del>	<del>285.00</del>	<del>285.00</del>	<del>-</del>	0%
<del>D2934</del>	<del>PREFABRICATED STAINLESS STEEL CROWN - PERMANENT TOOTH</del>	<del>339.00</del>	<del>339.00</del>	<del>-</del>	0%
<del>D2934</del>	<del>PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH</del>	<del>382.00</del>	<del>382.00</del>	<del>-</del>	0%
D2940	SEDATIVE FILLING	129.00	129.00	-	0%
<del>D2950</del>	<del>CORE BUILDUP, INCLUDING ANY PINS</del>	<del>289.00</del>	<del>289.00</del>	<del>-</del>	0%
D2951	PIN RETENTION, PER TOOTH	77.00	77.00	-	0%
<del>D2954</del>	<del>PREFABRICATED POST AND CORE IN ADDITION TO CROWN</del>	<del>361.00</del>	<del>361.00</del>	<del>-</del>	0%
<b>ENDODONTICS</b>					
D3110	PULP CAP - DIRECT (EXCLUDING FINAL RESTORATION)	90.00	90.00	-	0%
D3120	PULP CAP - INDIRECT (EXCLUDING FINAL RESTORATION)	89.00	89.00	-	0%
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION)	215.00	215.00	-	0%
<del>D3224</del>	<del>PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH</del>	<del>245.00</del>	<del>245.00</del>	<del>-</del>	0%
<del>D3222</del>	<del>PARTIAL PULPOTOMY FOR APEXOGENESIS</del>	<del>314.00</del>	<del>314.00</del>	<del>-</del>	0%
<del>D3240</del>	<del>PULPAL THERAPY (RESORBABLE FILLING) - POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)</del>	<del>320.00</del>	<del>320.00</del>	<del>-</del>	0%
<del>D3310</del>	<del>ROOT CANAL ANTERIOR (TREATMENT) (EXCLUDING FINAL RESTORATION)</del>	<del>783.00</del>	<del>783.00</del>	<del>-</del>	0%
<b>PERIODONTICS</b>					
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH	660.00	660.00	-	0%
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH		338.00		
D4212	GINGIVECTOMY OR GINGIVOPLASTY TO ALLOW ACCESS FOR RESTORATIVE PROCEDURE, PER TOOTH		293.00		
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	274.00	274.00	-	0%
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH PER QUADRANT	197.00	197.00	-	0%
D4346	PERIODONTAL SCALING AND ROOT PLANING - MODERATE OR SEVERE GINGIVAL INFLAMMATION	-	164.00	-	0%
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS ON A SUBSEQUENT VISIT	194.00	194.00	-	0%
D4910	PERIODONTAL MAINTENANCE	146.00	146.00	-	0%
D5991	TOPICAL MEDICAMENT CARRIER	224.00	224.00	-	0%
<b>ORAL SURGERY</b>					
D7111	EXTRACTION, CORONAL REMNANTS - PRIMARY TOOTH	142.00	142.00	-	0%
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	191.00	191.00	-	0%
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH	294.00	294.00	-	0%
D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	338.00	338.00	-	0%
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	421.00	421.00	-	0%
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	318.00	318.00	-	0%
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY DISPLACED TOOTH	586.00	586.00	-	0%
D7285	BIOPSY OF ORAL TISSUE - HARD	446.00	446.00	-	0%
D7286	BIOPSY OF ORAL TISSUE - SOFT	346.00	346.00	-	0%
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT	315.00	315.00	-	0%
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - 1 TO 3 TEETH OR TOOTH SPACES, PER QUADRANT	314.00	314.00	-	0%
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT	455.00	455.00	-	0%
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - 1 TO 3 TEETH OR TOOTH SPACES, PER QUADRANT	439.00	439.00	-	0%

**Proposed 2019 Dental Fee Schedule  
Effective July 1, 2019**

**Procedure Description**

		<b>Current Fee</b>	<b>Proposed Fee</b>	<b>Diff.</b>	<b>% Change</b>
<b>DENTAL</b>					
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	436.00	436.00	-	0%
D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	720.00	720.00	-	0%
D7510	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE	257.00	257.00	-	0%
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	313.00	313.00	-	0%
D7960	FRENULECTOMY	470.00	470.00	-	0%
<b>ADJUNCTIVE SERVICES</b>					
D0010	OFFICE VISIT - UNABLE TO COMPLETE VISIT		50.00	-	0%
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN MINOR PROCEDURE	135.00	139.00	4.00	3%
D9120	FIXED PARTIAL DENTURE SECTIONING	240.00	240.00	-	0%
D9310	CONSULTATION	130.00	130.00	-	0%
D9430	OFFICE VISIT FOR OBSERVATION	81.00	81.00	-	0%
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	59.00	59.00	-	0%
D9911	APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT PER TOOTH	78.00	78.00	-	0%
D9930	TREATMENT OF COMPLICATIONS (POST SURGICAL)	132.00	132.00	-	0%
D9940	<del>OCCLUSAL GUARD</del>	<del>597.00</del>		<del>(597.00)</del>	-100%
D9941	<del>FABRICATION OF ATHLETIC MOUTH GUARD</del>	<del>245.00</del>		<del>(245.00)</del>	-100%
D9944	<del>OCCLUSAL GUARD - HARD APPLIANCE, FULL ARCH</del>			---	#DIV/0!
D9945	<del>OCCLUSAL GUARD - SOFT APPLIANCE, FULL ARCH</del>			---	#DIV/0!
D9946	<del>OCCLUSAL GUARD - HARD APPLIANCE, PARTIAL ARCH</del>			---	#DIV/0!
D9951	OCCLUSAL ADJUSTMENT - LIMITED	190.00		(190.00)	-100%

The fee schedule changes for the above services are based on the National Dental Advisory 2019 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.**

Deleted Codes

Fee moved to Contract Fee Schedule

New Codes

**Proposed 2019 Fee Schedule for Dental Services Requiring a Contract  
Dentures, Root Canals, Crowns and Devices  
Effective 7.1.19**

CDT Code	CDT Description	Current Fee	Proposed Fee
	<b>DENTURES</b>	Over 200% FPG	
<input type="checkbox"/> D5110	Complete Denture - Maxillary	\$2,013	\$2,013
<input type="checkbox"/> D5120	Complete Denture - Mandibular	\$2,024	\$2,024
<input type="checkbox"/> D5130	Immediate Denture - Maxillary	\$2,140	\$2,140
<input type="checkbox"/> D5140	Immediate Denture - Mandibular	\$2,148	\$2,148
<input type="checkbox"/> D5211	Maxillary Partial Denture - Resin Base	\$1,589	\$1,589
<input type="checkbox"/> D5212	Mandibular Partial Denture - Resin Base	\$1,592	\$1,592
<input type="checkbox"/> D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases	\$2,082	\$2,082
<input type="checkbox"/> D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases	\$2,099	\$2,099
<input type="checkbox"/> <del>D5281</del>	<del>Removable Unilateral Partial Denture</del>	<del>\$1,149</del>	
<input type="checkbox"/> D5282	Removable Unilateral Partial Denture, Maxillary		\$1,149
<input type="checkbox"/> D5283	Removable Unilateral Partial Denture, Mandibular		\$1,149
<input type="checkbox"/> D5511	Repair Broken Complete Denture Base, Mandibular	\$249	\$249
<input type="checkbox"/> D5512	Repair Broken Complete Denture Base, Maxillary	\$249	\$249
<input type="checkbox"/> D5520	Replace Missing or Broken Teeth	\$222	\$222
<input type="checkbox"/> D5611	Repair Resin Denture Base, Mandibular	\$244	\$244
<input type="checkbox"/> D5612	Repair Resin Denture Base, Maxillary	\$244	\$244
<input type="checkbox"/> D5621	Repair Cast Framework, Mandibular	\$342	\$342
<input type="checkbox"/> D5622	Repair Cast Framework, Maxillary	\$342	\$342
<input type="checkbox"/> D5630	Repair or Replace Broken Clasp	\$318	\$318
<input type="checkbox"/> D5640	Replace Broken Teeth - Per Tooth	\$225	\$225
<input type="checkbox"/> D5650	Add Tooth to Existing Partial Denture	\$272	\$272
<input type="checkbox"/> D5660	Add Clasp to Existing Partial Denture	\$321	\$321
<input type="checkbox"/> D5710	Rebase Complete Maxillary Denture	\$710	\$710
<input type="checkbox"/> D5711	Rebase Complete Mandibular Denture	\$711	\$711
<input type="checkbox"/> D5820	Interim Partial Denture (Maxillary)	\$822	\$822
<input type="checkbox"/> D5821	Interim Partial Denture (Mandibular)	\$822	\$822
<input type="checkbox"/> D5899	Gold Denture Crown Per Tooth	\$246	\$246
<input type="checkbox"/> D5410	Adjust Complete Denture - Maxillary	\$104	\$104
<input type="checkbox"/> D5411	Adjust Complete Denture - Mandibular	\$104	\$104
<input type="checkbox"/> D5421	Adjust Partial Denture - Maxillary	\$104	\$104



CDT Code	CDT Description	Current Fee	Proposed Fee
<input type="checkbox"/> D5422	Adjust Partial Denture - Mandibular	\$104	\$104
<input type="checkbox"/> D5730	Reline Complete Maxillary Denture - Chairside	\$438	\$438
<input type="checkbox"/> D5731	Reline Complete Mandibular Denture - Chairside	\$438	\$438
<input type="checkbox"/> D5740	Reline Partial Maxillary Denture - Chairside	\$432	\$432
<input type="checkbox"/> D5741	Reline Partial Mandibular Denture - Chairside	\$433	\$433
<input type="checkbox"/> D5750	Reline Complete Maxillary Denture (Lab)	\$559	\$559
<input type="checkbox"/> D5751	Reline Complete Mandibular Denture (Lab)	\$559	\$559

**NOTE: The first 3 adjustments of new dentures are at no charge. Those adjustments completed after the first 3 will be charged based on the dental fee schedule.**

<b>ROOT CANALS AND CROWNS</b>			
<input type="checkbox"/> D1510	Space Maintainer, Fixed, Unilateral		\$333
<input type="checkbox"/> D1515	Space Maintainer, Fixed, Bilateral, Maxillary		\$450
<input type="checkbox"/> D1516	Space Maintainer, Fixed, Bilateral, Mandibular		\$450
<input type="checkbox"/> D2740	Crown - full contour zirconia crowns	\$0	\$1,222
<input type="checkbox"/> D2740	Crown - E-max crown	\$0	\$1,222
<input type="checkbox"/> D2790	Crown - full cast high noble metal	\$0	\$1,255
<input type="checkbox"/> D2791	Crown - full cast base metal	\$0	\$1,100
<input type="checkbox"/> D2792	Crown - full cast noble metal	\$0	\$1,159
<input type="checkbox"/> D2750	Crown - porcelain fused to high noble metal	\$0	\$1,222
<input type="checkbox"/> D2930	Prefabricated Stainless Steel Crown - Primary Tooth		\$285
<input type="checkbox"/> D2931	Prefabricated Stainless Steel Crown - Permanent Tooth		\$339
<input type="checkbox"/> D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth		\$382
<input type="checkbox"/> D2950	Core Buildup, Including any pins		\$289
<input type="checkbox"/> D2952	Post and Core in Addition to crown, indirectly fabricated	\$0	\$436
<input type="checkbox"/> D2954	Prefabricated Post and Core in Addition to Crown		\$361
<input type="checkbox"/> D3221	Pupal Debridement, primary and permanent teeth		\$245
<input type="checkbox"/> D3310	Endodontic therapy, anterior tooth (excluding final restoration)		\$783
<input type="checkbox"/> D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$0	\$924
<input type="checkbox"/> D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$0	\$1,117
<input type="checkbox"/> D6750	Retainer Crown - porcelain fused to high noble metal	\$0	\$1,225
<input type="checkbox"/> D6240	Pontic - porcelain fused to high noble metal	\$0	\$1,222
<input type="checkbox"/> D6740	Retainer Crown - porcelain/ceramic	\$0	\$1,227
<input type="checkbox"/> D6245	Pontic - porcelain/ceramic	\$0	\$1,220
<b>DEVICES</b>			
<input type="checkbox"/> D9944	Occlusal Guard - Hard appliance, full arch		\$245
<input type="checkbox"/> D9945	Occlusal Guard - Soft appliance, full arch		\$245
<input type="checkbox"/> D9946	Occlusal Guard - Hard appliance, partial arch		\$245

CDT Code	CDT Description	Current Fee	Proposed Fee
Fee moved from Dental Fee Schedule			
Revised CDT code			
New codes for crowns/root canals			

**Proposed 2019 Fee Schedule for Dental Services Requiring a Contract  
Dentures, Root Canals, Crowns and Devices  
Effective 7.1.19**

CDT Code	CDT Description	0% Pay	20%	40%	60%	80%	100%
	<b>DENTURES</b>	100% FPG	101-125% FPG	126-150% FPG	151-175% FPG	176-200% FPG	Over 200% FPG
<input type="checkbox"/> D5110	Complete Denture - Maxillary	\$604	\$886	\$1,167	\$1,449	\$1,731	\$2,013
<input type="checkbox"/> D5120	Complete Denture - Mandibular	\$607	\$890	\$1,174	\$1,457	\$1,741	\$2,024
<input type="checkbox"/> D5130	Immediate Denture - Maxillary	\$642	\$942	\$1,241	\$1,541	\$1,841	\$2,140
<input type="checkbox"/> D5140	Immediate Denture - Mandibular	\$644	\$945	\$1,246	\$1,547	\$1,847	\$2,148
<input type="checkbox"/> D5211	Maxillary Partial Denture - Resin Base	\$477	\$699	\$922	\$1,144	\$1,367	\$1,589
<input type="checkbox"/> D5212	Mandibular Partial Denture - Resin Base	\$477	\$700	\$923	\$1,146	\$1,369	\$1,592
<input type="checkbox"/> D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases	\$625	\$916	\$1,208	\$1,499	\$1,791	\$2,082
<input type="checkbox"/> D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases	\$630	\$924	\$1,217	\$1,511	\$1,805	\$2,099
<input checked="" type="checkbox"/> <del>D5281</del>	<del>Removable Unilateral Partial Denture</del>	\$0	\$0	\$0	\$0	\$0	\$0
<input type="checkbox"/> D5282	Removable Unilateral Partial Denture, Maxillary	\$345	\$506	\$666	\$827	\$988	\$1,149
<input type="checkbox"/> D5283	Removable Unilateral Partial Denture, Mandibular	\$345	\$506	\$666	\$827	\$988	\$1,149
<input type="checkbox"/> D5511	Repair Broken Complete Denture Base, Mandibular	\$75	\$109	\$144	\$179	\$214	\$249
<input type="checkbox"/> D5512	Repair Broken Complete Denture Base, Maxillary	\$75	\$109	\$144	\$179	\$214	\$249
<input type="checkbox"/> D5520	Replace Missing or Broken Teeth	\$67	\$98	\$129	\$160	\$191	\$222
<input type="checkbox"/> D5611	Repair Resin Denture Base, Mandibular	\$73	\$107	\$142	\$176	\$210	\$244
<input type="checkbox"/> D5612	Repair Resin Denture Base, Maxillary	\$73	\$107	\$142	\$176	\$210	\$244
<input type="checkbox"/> D5621	Repair Cast Framework, Mandibular	\$102	\$150	\$198	\$246	\$294	\$342
<input type="checkbox"/> D5622	Repair Cast Framework, Maxillary	\$102	\$150	\$198	\$246	\$294	\$342
<input type="checkbox"/> D5630	Repair or Replace Broken Clasp	\$95	\$140	\$184	\$229	\$274	\$318
<input type="checkbox"/> D5640	Replace Broken Teeth - Per Tooth	\$68	\$99	\$131	\$162	\$194	\$225
<input type="checkbox"/> D5650	Add Tooth to Existing Partial Denture	\$82	\$120	\$158	\$196	\$234	\$272
<input type="checkbox"/> D5660	Add Clasp to Existing Partial Denture	\$96	\$141	\$186	\$231	\$276	\$321
<input type="checkbox"/> D5710	Rebase Complete Maxillary Denture	\$213	\$312	\$412	\$511	\$611	\$710
<input type="checkbox"/> D5711	Rebase Complete Mandibular Denture	\$213	\$313	\$412	\$512	\$612	\$711
<input type="checkbox"/> D5820	Interim Partial Denture (Maxillary)	\$247	\$362	\$477	\$592	\$707	\$822
<input type="checkbox"/> D5821	Interim Partial Denture (Mandibular)	\$247	\$362	\$477	\$592	\$707	\$822
<input type="checkbox"/> D5899	Gold Denture Crown Per Tooth	\$190	\$191	\$192	\$194	\$195	\$246
<input type="checkbox"/> D5410	Adjust Complete Denture - Maxillary	\$25	\$46	\$60	\$75	\$90	\$104
<input type="checkbox"/> D5411	Adjust Complete Denture - Mandibular	\$25	\$46	\$60	\$75	\$90	\$104
<input type="checkbox"/> D5421	Adjust Partial Denture - Maxillary	\$25	\$46	\$60	\$75	\$90	\$104
<input type="checkbox"/> D5422	Adjust Partial Denture - Mandibular	\$25	\$46	\$60	\$75	\$90	\$104
<input type="checkbox"/> D5730	Reline Complete Maxillary Denture - Chairside	\$103	\$193	\$254	\$315	\$377	\$438
<input type="checkbox"/> D5731	Reline Complete Mandibular Denture - Chairside	\$103	\$193	\$254	\$315	\$377	\$438
<input type="checkbox"/> D5740	Reline Partial Maxillary Denture - Chairside	\$102	\$190	\$251	\$311	\$372	\$432
<input type="checkbox"/> D5741	Reline Partial Mandibular Denture - Chairside	\$103	\$191	\$251	\$312	\$373	\$433
<input type="checkbox"/> D5750	Reline Complete Maxillary Denture (Lab)	\$168	\$246	\$324	\$402	\$481	\$559
<input type="checkbox"/> D5751	Reline Complete Mandibular Denture (Lab)	\$168	\$246	\$324	\$402	\$481	\$559

**NOTE: The first 3 adjustments of new dentures are at no charge. Those adjustments completed after the first 3 will be charged based on the dental fee schedule.**

CDT Code	CDT Description	0% Pay	20%	40%	60%	80%	100%
<b>ROOT CANALS AND CROWNS</b>							
<input type="checkbox"/> D1510	Space Maintainer, Fixed, Unilateral	\$100	\$147	\$193	\$240	\$286	\$333
<input type="checkbox"/> D1515	Space Maintainer, Fixed, Bilateral, Maxillary	\$135	\$198	\$261	\$324	\$387	\$450
<input type="checkbox"/> D1516	Space Maintainer, Fixed, Bilateral, Mandibular	\$135	\$198	\$261	\$324	\$387	\$450
<input type="checkbox"/> D2740	Crown - full contour zirconia crowns	\$367	\$538	\$709	\$880	\$1,051	\$1,222
<input type="checkbox"/> D2740	Crown - E-max crown	\$367	\$538	\$709	\$880	\$1,051	\$1,222
<input type="checkbox"/> D2790	Crown - full cast high noble metal	\$377	\$552	\$728	\$904	\$1,079	\$1,255
<input type="checkbox"/> D2791	Crown - full cast base metal	\$330	\$484	\$638	\$792	\$946	\$1,100
<input type="checkbox"/> D2792	Crown - full cast noble metal	\$348	\$510	\$672	\$834	\$997	\$1,159
<input type="checkbox"/> D2750	Crown - porcelain fused to high noble metal	\$367	\$538	\$709	\$880	\$1,051	\$1,222
<input type="checkbox"/> D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$86	\$125	\$165	\$205	\$245	\$285
<input type="checkbox"/> D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	\$102	\$149	\$197	\$244	\$292	\$339
<input type="checkbox"/> D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$115	\$168	\$222	\$275	\$329	\$382
<input type="checkbox"/> D2950	Core Buildup, Including any pins	\$87	\$127	\$168	\$208	\$249	\$289
<input type="checkbox"/> D2952	Post and Core in Addition to crown, indirectly fabricated	\$131	\$192	\$253	\$314	\$375	\$436
<input type="checkbox"/> D2954	Prefabricated Post and Core in Addition to Crown	\$108	\$159	\$209	\$260	\$310	\$361
<input type="checkbox"/> D3221	Pupal Debridement, primary and permanent teeth	\$74	\$108	\$142	\$176	\$211	\$245
<input type="checkbox"/> D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$235	\$345	\$454	\$564	\$673	\$783
<input type="checkbox"/> D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$277	\$407	\$536	\$665	\$795	\$924
<input type="checkbox"/> D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$335	\$491	\$648	\$804	\$961	\$1,117
<input type="checkbox"/> D6750	Retainer Crown - porcelain fused to high noble metal	\$368	\$539	\$711	\$882	\$1,054	\$1,225
<input type="checkbox"/> D6240	Pontic - porcelain fused to high noble metal	\$367	\$538	\$709	\$880	\$1,051	\$1,222
<input type="checkbox"/> D6740	Retainer Crown - porcelain/ceramic	\$368	\$540	\$712	\$883	\$1,055	\$1,227
<input type="checkbox"/> D6245	Pontic - porcelain/ceramic	\$366	\$537	\$708	\$878	\$1,049	\$1,220
<b>DEVICES</b>							
<input type="checkbox"/> D9944	Occlusal Guard - Hard appliance, full arch	\$74	\$108	\$142	\$176	\$211	\$245
<input type="checkbox"/> D9945	Occlusal Guard - Soft appliance, full arch	\$74	\$108	\$142	\$176	\$211	\$245
<input type="checkbox"/> D9946	Occlusal Guard - Hard appliance, partial arch	\$74	\$108	\$142	\$176	\$211	\$245

Fee moved from Dental Fee Schedule

Revised CDT code

New codes for crowns/root canals

[Back to Agenda](#)



# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

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

**Governing Board**

**May 2019**

**Item #12**

**Consider for Approval Re-Privileging Rights for Lisa Tigrett, M.Ed**





Date: May 30, 2019  
To: CHW Governing Board  
Thru: Kathy Barroso, CPA  
Executive Director  
From: Cynthia Ripsin, MS, MPH, MD  
Medical Director  
Re: Privileging

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After preparation of the credentialing file, the Coastal Health & Wellness Medical Director Cynthia Ripsin, MD has reviewed the completed file and recommends that the Governing Board approve re-privileging as follow:

- Lisa Tigrett, M.Ed., LPC, LBSW is a licensed Professional Counselor who will practice full-time at both clinic sites. Lisa Tigrett graduated from University of Oklahoma-Norman with Master of Education-Instructional Psychology degree in 1995 and from the University of Houston-Victoria in 2005 with a Master of Education-Counseling degree. Lisa Tigrett is requesting counselor re-privileging.

[Back to Agenda](#)

### **Governing Board**

**May 2019**

**Item #13**

**Consider for Approval Privileging Rights for the following Contract  
Provider Providing Tele-Psychiatry Services:**

- a) Isela Werchan, MD



Date: May 30, 2019  
To: CHW Governing Board  
Thru: Kathy Barroso, CPA *KB*  
Executive Director  
From: Cynthia Ripsin, MS, MPH, MD  
Medical Director  
Re: Privileging

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Upon the review of the completed credentialing file of Isela Werchan, MD by Judie Olivares, Human Resources Generalist, and myself (Cynthia Ripsin, MD), we would like to recommend that the Coastal Health & Wellness Governing Board approve privileging for Isela Werchan, MD based on the following information:

- Isela Werchan, MD is a licensed Professional Doctor of Medicine who will practice part-time in the Texas City clinic. Isela Werchan, MD graduated from the University of Texas Medical at Austin Dell Medical School, Austin Texas in 2016. Dr. Isela Werchan is requesting Medical Privileges.

[Back to Agenda](#)

### **Governing Board**

**May 2019**

**Item #14**

**Consider for Approval Privileging Rights for the  
following UTMB Residents**

- a) Farha Syed, MD
- b) Andreina Leon, MD





Date: May 30, 2019  
To: CHW Governing Board  
Thru: Kathy Barroso, CPA  
Executive Director  
From: Cynthia Ripsin, MS, MPH, MD  
Medical Director  
Re: Privileging

KB

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Upon the review of the completed credentialing file of Farha Syed, MD by Judie Olivares, Human Resources Generalist, and myself (Cynthia Ripsin, MD), we would like to recommend that the Coastal Health & Wellness Governing Board approve privileging for Farha Syed, MD based on the following information:

- Farha Syed, MD is a licensed Physician IN TRAINING who will practice and train part-time at the Texas City Coastal Health & Wellness Medical Clinic. Farha Syed, MD graduated from the Ross University School of Medicine, Austin Miramar, Florida in 2018. Dr. Farha Syed requests medical privileges on a part-time basis at the Texas City site.





Date: May 30, 2019  
To: CHW Governing Board  
Thru: Kathy Barroso, CPA  
Executive Director  
From: Cynthia Ripsin, MS, MPH, MD  
Medical Director  
Re: Privileging

*KBO*

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Upon the review of the completed credentialing file of Andreina Leon, MD by Judie Olivares, Human Resources Generalist, and myself (Cynthia Ripsin, MD), we would like to recommend that the Coastal Health & Wellness Governing Board approve privileging for Andreina Leon, MD based on the following information:

- Andreina Leon, MD, is a licensed Physician IN TRAINING who will practice and train part-time at the Texas City Coastal Health & Wellness Medical Clinic. Andreina Leon, MD graduated from University of Texas Medical Branch, Galveston, Texas. Dr. Andreina Leon requests medical privileges on a part-time basis at the Texas City site.

[Back to Agenda](#)