



# COASTAL HEALTH & WELLNESS

## GOVERNING BOARD

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

### AGENDA

Thursday, June 27, 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 May 30, 2019 Governing Board Meeting
- \*Item #4**ACTION**..... Informational Report
  - a) Letter of Support to President’s Cabinet Award Committee
- \*Item #5**ACTION**..... Annual Policy/Plan Review
  - a) Coastal Health & Wellness Operational Policy
- \*Item #6**ACTION**..... Policies Approved by United Board of Health as Authorized Under the Shared Services Agreement
  - a) HIPAA Policy
  - b) Records Management Policy
- Item #7..... Executive Report
- Item #8**ACTION**..... Consider for Approval Financial Committee Report May 2019
- Item #9**ACTION**..... Consider for Approval Revisions to Medical Fee Schedule and Dental Contract Fee Schedule
- Item #10**ACTION**..... Consider for Approval Privileging Rights for Ojo Opeyemi, FNP
- Item #11**ACTION**..... Consider for Approval Privileging Rights for the following UTMB Residents
  - a) Beau Kirkwood, DO
- Item #12**ACTION**..... Consider for Approval the Reappointment of Dorothy Goodman, as a Consumer Representative to the Coastal Health & Wellness Governing Board for a 3 Year Term Expiring June 2022
- Item #13..... Review of Galveston County Health District and Coastal Health & Wellness Organizational Structure

## **Adjournment**

*Tentative Next Meeting: August 1, 2019 (July Meeting)*

### **Appearances before Governing Board**

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

### **Executive Sessions**

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

**Governing Board  
June 2019  
Item #2  
Excused Absence(s)**

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**Governing Board**

**June 2019**

**Item #3**

**Consider for Approval Minutes from May 30, 2019  
Governing Board Meeting**



**Coastal Health & Wellness  
Governing Board  
May 30, 2019**

**Board Members**

**Present:**

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

**Staff:**

Kathy Barroso, Executive Director	Eileen Dawley
Hanna Lindskog, DDS	Andrea Cortinas
Cheryl Golla	Richard Mosquera
Mary Orange	Dina Driskill
Tiffany Carlson	Tyler Tipton
Ashley Tompkins	Amanda Wolff
Michelle Peacock	Tikeshia Thompson Rollins
Debra Howey	

**Excused Absence: Mario Hernandez**

**\*Items 1-7 Consent Agenda**

A motion was made by Dr. Howard to approve the consent agenda items one through seven. Dorothy Goodman seconded the motion and the Board unanimously approved the consent agenda.

**Item #8 Executive Reports**

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

**Item #9 Consider for Approval April 2019 Financial Report**

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

**Item #10 Consider for Approval Fee Schedule for Medical, Counseling and Lab Services**

Mary Orange, Business Office Manager, presented the fee schedule for Medical, Counseling and Lab services to the Board. The fee schedule proposed raising the nominal fee from \$15 to \$20 and increasing deposits requested at the time of the visit by \$5 for each sliding fee category. Virginia Valentino made a motion to approve the fee schedule with addition of a \$5 charge for epi pens and a fee of \$124 for the meningococcal vaccine. The shingles vaccine charges were also discussed, and information will be brought back to the Board for approval. Victoria Dougharty seconded the motion and the Board unanimously approved.

**Item #11 Consider for Approval Fee Schedule for Dental Services**

Mary Orange, Business Office Manager, presented the fee schedule for dental services to the Board. The proposed fee schedule included fees associated with providing root canals and crowns on a contract basis. A motion to accept the schedule as presented was made by Dr. Howard and seconded by Victoria Dougharty. The Board unanimously approved the motion.

**Item #12 Consider for Approval Re-Privileging Rights for Lisa Tigrett, M. Ed**

Kathy Barroso, Executive Director, asked the Board to consider for approval re-privileging rights for Lisa Tigrett, M. Ed, as recommended by Dr. Cynthia Ripsin, Medical Director. A motion to approve re-privileging rights for Lisa Tigrett, M. Ed, was made by Virginia Valentino and seconded by Aaron Akins. The Board unanimously approved the motion.

**Item #13 Consider for Approval Privileging Rights for the Following Contract Providers Providing Tele-Psychiatry Services**

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.

- Isela Werchan, MD

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

**Item #14 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.

- Farha Syed, MD
- Andreina Leon, MD

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

Adjournment

A motion to adjourn was made by Dorothy Goodman and seconded by Victoria Dougharty. The Board adjourned at 12:40 p.m.

\_\_\_\_\_  
Chair

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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**Governing Board  
June 2019  
Item #4  
Informational Report**

- a)** Letter of Support to President's Cabinet Award Committee

May 28, 2019

President's Cabinet Award Committee  
c/o the Office of Alumni Relations & Annual Giving  
The University of Texas Medical Branch  
301 University Blvd.  
Galveston, Texas 77555-0147

Dear Awards Committee:

As the Executive Director of Coastal Health and Wellness (CHW) and the Chief Executive Officer of the Galveston County Health District, I strongly support the President's Cabinet Award proposal, titled "*Shared Vision: Pop-Up Eye Clinic to Improve Functional Vision in Galveston.*". This application is in alignment with Galveston County Health District's 2017-2022 mission of "protecting and promoting the optimal health and well-being of Galveston County," and CHW's priority to increase access to care to any Galveston County resident.

After meeting with Drs. Hreha and Pappadis, I understand that there is a great need to have specialized functional vision services for the Galveston county community residents. The *Shared Vision* team is well suited and has the expertise to complete this endeavor, providing a great benefit to the underserved, underinsured, and elderly residents of Galveston County. The development of a mobile or Pop-Up clinic is a great way to reach more individuals, particularly those who have limited resources or support. This especially works for us because our center is located at two places; Galveston and Texas City.

I agree to support this application in the following ways: (1) arrange for space at both CHW clinic sites for the Pop-up Functional Vision Clinic, (2) provide additional language assistance to Spanish-speaking patients (as needed), and (3) promote these services on our website and to our existing primary-care patients. Thank you for your consideration of approving this proposal to improve access to vision care of Galveston County residents.

Sincerely,



Kathy Barroso, CPA  
Chief Executive Officer  
Coastal Health & Wellness  
Mid-County Annex  
9850-C Emmett F. Lowry Expressway  
Texas City, Texas 77591  
Phone: 409-938-2234

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**Governing Board  
June 2019  
Item #5  
Annual Policy/Plan Review**

- a) Coastal Health & Wellness Operational Policy

## Coastal Health & Wellness Operational Policy

### **Purpose**

This policy defines the operations of the Coastal Health & Wellness Clinics as designated by the Coastal Health & Wellness Governing Board.

### **Policy**

Coastal Health & Wellness operates as a Federally Qualified Health Center and receives funding from the Health Resources and Services Administration (HRSA) for operations. As a grantee, the clinic operates under HRSA guidelines, as well as policies established by the Coastal Health & Wellness Governing Board. *Information about the policies approved by the Coastal Health & Wellness Governing Board can be viewed at: <http://www.gchd.org/clinical-services/coastal-health-wellness-governing-board/approved-policies>* This document is intended to outline the Operational Policies of the Coastal Health & Wellness Clinics. For more information about Federally Qualified Health Centers see <http://www.bphc.hrsa.gov/about/>.

The Coastal Health & Wellness Clinics are governed by an eleven member Board. The majority of members of the Governing Board are comprised of persons who use the clinic for primary health care. The Governing Board provides high level policy direction for the operation of the clinic. The Coastal Health & Wellness Governing Board Bylaws can be viewed at: <http://www.gchd.org/home/showdocument?id=4610>.

Annually, the Coastal Health & Wellness Governing Board will review and approve policies as outlined in the Coastal Health & Wellness Governing Board Bylaws and HRSA grant requirements.

The Executive Director is hired by the Coastal Health & Wellness Governing Board and is responsible for planning, implementing, and directing all phases of the Health Center's operations in accordance with the policies and procedures set forth by the Coastal Health & Wellness Governing Board.

### **Scope of Services**

The Coastal Health & Wellness Clinics provides high quality medical and dental primary care services, as well as mental health counseling to anyone seeking care. Changes in the scope of services provided in the clinics must be approved by the Coastal Health & Wellness Governing Board and HRSA. A complete statement can be found in the current *HRSA Notice of Grant Award*. (See HRSA document files <http://bphc.hrsa.gov/programrequirements/policies/pal201405.html> for details regarding change of scope.)

### **Hours of Operation**

The clinic operates during hours that have been approved by the Coastal Health & Wellness Governing Board. These hours include daily operations M-F, 8AM-5PM and extended weekday evening hours. Coastal Health & Wellness also operates a Saturday Clinic from 8AM to 12PM in the Texas City clinic only. More information about clinic hours can be found at: <http://www.gchd.org/clinical-services/locations-and-hours>

### **Locations**

There are currently two clinic locations. –The Texas City clinic is located at 9850-C Emmett F. Lowry

Expressway, and the Galveston clinic is located at 4700 Broadway in the Island Community Center. The Texas City and Galveston clinic operations are part of the HRSA scope of service statement. Changes in location must be approved by the Coastal Health & Wellness Governing Board and the HRSA office.

### **Patient Grievance Procedure**

It is the goal of Coastal Health & Wellness to address and resolve all patient concerns and complaints at the lowest level and in the most immediate and effective manner. If a patient's concern cannot be resolved to their satisfaction by a staff member and his/her supervisor, the patient may file a complaint with the Coastal Health & Wellness Administration Office. Coastal Health & Wellness Administrative Staff will track and coordinate a response to the patient. If the patient remains unsatisfied with the response of the CHW Administrative office, the patient may file a formal complaint to the CHW Governing Board through the Executive Director.

### **Eligibility**

HRSA requirements specify that all prospective patients must be screened for eligibility for discounted services. All prospective patients are required to prove their residency, income and family composition by completing an "Application for Discounted Services" which can be found at: <http://www.gchd.org/clinical-services/access-to-care>. The information needed to become eligible for Coastal Health & Wellness services may also be found at the above link.

### **Development of Clinical Protocols**

The Medical Director and Dental Director will develop evidence based clinical guidelines and protocols for treating common conditions. These guidelines will be reviewed and updated at least every two years. Current guidelines and protocols are available on the Coastal Health & Wellness internal website for access by employees only.

### **Financial Responsibility for Referrals**

Coastal Health & Wellness medical and dental providers may refer patients to outside providers of specialty care or diagnostic tests. Generally, Coastal Health & Wellness patients are financially responsible for all referral care in accordance with the financial policy of the entity to which the patient is referred for specialty medical/dental evaluation or diagnostic tests

### **Consumer Bill of Rights**

Patients' rights and responsibilities are outlined in a document entitled *Patient Rights and Responsibilities*. This document is given to every patient eligible for services, and it can be found on the website at <http://www.gchd.org/clinical-services/patient-information>. The document is written to be in compliance with the *Bureau of Primary Health Care (BPHC) Policy Information Notice (PIN) 98-23* and the *BPHC New Start Protocol*.

### **Sliding Fee Schedule Policy**

The Coastal Health & Wellness Governing Board reviews and approves the Sliding Fee Schedule policy on an annual basis. This is based on the Federal Poverty Level Guidelines that are published annually. Uninsured discounts are established based on the sliding fee schedule for those patients who have submitted an Application for Discounted Services. (Current Federal Poverty Level information available on the HRSA web site <http://www.bphc.hrsa.gov/>.)

### **Fees for All Coastal Health & Wellness Services**

Fees for Coastal Health & Wellness services are based on the Usual, Customary and Reasonable (UCR) rates and/or the Relative Value Unit (RVU). The fee schedules for medical and dental services are reviewed and



approved by the Coastal Health & Wellness Governing Board annually. Patients are charged these fees for the services they receive subject to adjustment according to the sliding fee schedule.

### **Patient Payment & Financial Responsibilities**

Patient financial responsibilities are outlined in the Coastal Health & Wellness ***Patient Rights and Responsibilities*** located at <http://www.gchd.org/clinical-services/patient-information>.

Insured and uninsured financial responsibilities are outlined in the “Coastal Health & Wellness Patient Financial Guide” located <http://www.gchd.org/clinical-services/patient-information>.

Fees collected at the time of visit or billed at a later date are charged in accordance with the medical and dental fee schedules located at <http://www.gchd.org/clinical-services/coastal-health-wellness-governing-board/approved-policies>.

More specific expectations regarding billing and collections are outlined in the Governing Board’s Billing & Collection Policy located at <http://www.gchd.org/clinical-services/coastal-health-wellness-governing-board/approved-policies>. The Governing Board Panel, or their designee, will review the billing history of patients who have received two Debt Warning Notices and still refuse to pay. The Panel, or their designee, will then decide whether to issue the patient a Notice to Suspend access to the clinic.

### **Patient Warnings and Terminations Due to Behavior Infractions**

Patients exhibiting inappropriate behavior will receive a warning letter stating that such behavior will not be tolerated and are at risk of being terminated as a patient of Coastal Health & Wellness. If a major infraction is committed, the patient will receive a letter terminating their patient relationship with Coastal Health & Wellness. Patients issued a letter of termination notice will be advised of their right to appeal to the Coastal Health & Wellness Governing Board through the Executive Director. Terminated patients that have committed a major infraction that is criminal in nature will not be able to re-apply for services through the Coastal Health & Wellness Clinic. For a patient terminated for major infractions that are not criminal in nature, they may be allowed to reapply/reregister to obtain services at the Coastal Health & Wellness Clinics after one (1) year. Additional information regarding patient warning and terminations can be found in the Coastal Health & Wellness ***Patient Rights and Responsibilities*** located at <http://www.gchd.org/home/showdocument?id=4872>.

NOTE: Current Coastal Health & Wellness Governing Board Policies establishing Scope of Service, hours of operation, eligibility, fees, etc. can be viewed at <http://www.gchd.org/clinical-services/coastal-health-wellness-governing-board/approved-policies>.

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### **Governing Board**

**June 2019**

**Item #6**

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

- a) HIPAA Policy
- b) Records Management Policy

# HIPAA

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## **Audience**

This policy applies to all employees, interns, volunteers and students who work for or with the Galveston County Health District, the Galveston Area Ambulance Authority or Coastal Health & Wellness (collectively, “the District”), each of which are legally deemed covered entities under 45 CFR § 160.103.

## **Policy**

It is the policy of the District that individually identifiable health information (“IIHI”) be protected and that the privacy rights of individuals be fulfilled in accordance with the Health Insurance Portability and Accountability Act (“HIPAA”), as set forth by Chapter 45 of the *Code of Federal Regulations* (“CFR”), §§ 160, 162 and 164.

Individually identifiable health information, also known as protected health information (“PHI”) and electronic protected health information (“ePHI”), is information including demographic data that may relate to:

- a. An individual’s past, present, or future physical or mental health or condition;
- b. The provision of health care to the individual; or
- c. The past, present, or future payment for the provision of health care to the individual which identifies the individual person or for which there is a reasonable basis to believe it can be used to identify the individual person.

*Examples of protected health information include, but are not limited to, an individual’s name, address, birthdate, and/or Social Security number.*

The Chief Compliance Officer has been designated as the District’s Privacy Officer and is responsible for the oversight of this plan, which entails educating staff about and enforcing HIPAA and related privacy provisions.

## **Security Manual/Use**

The District has implemented a HIPAA Security Manual, which provides the framework for compliance with HIPAA security standards, specifically their pertinence to information technology other forms of electronic record retention. All employees, volunteers, and contractors are required to follow the policies and procedures outlined in this manual. The IT Director has been designated as the District’s Security Officer, and is responsible for working with the Privacy Officer to ensure compliance with all measures set forth by the *Health Information Technology for Economic and Clinical Health Act* (HITECH).

## **Disclosing PHI/ePHI**

Disclosing PHI/ePHI is the act of divulging PHI to an individual who would otherwise not have access to the information. In general, District employees must obtain specific authorization from the individual (or legal guardian of) to whom the PHI pertains in order to disclose the PHI/ePHI, unless the disclosure is legally exempted from this authorization requirement.

Employees must use authorization forms approved by administration and in accordance with specific departmental guidelines when processing such disclosures. Anytime an individual or his/her legal guardian signs an authorization form to release his or her PHI/ePHI, the employee in receipt of the authorization form must provide the individual with a copy of the signed form.

There are several circumstances during which District programs or service areas may use or disclose an individual's PHI/ePHI without first obtaining the individual's authorization. Such examples include, but may not be limited to:

- a. Furnishing information to the requesting individual who is the subject of said information;
- b. For the fulfillment of treatment, payment, and health care operations, so long as the dissemination is permitted by 45 C.F.R. § 164, with the exception of psychotherapy notes (*see specific information related to psychotherapy notes below*);
- c. When legally authorized by a party privy to such information (e.g. law enforcement, during judicial proceedings, etc.); and
- d. Limited data sets for the purpose of research, public health, or health care operations.
  - i. Such disclosures require the authorization of the Privacy Officer and CEO or Executive Director.

The Privacy Rule, a subsection of HIPAA codified under parts of 45 C.F.R. §§ 160 and 164, permits the disclosure of PHI/ePHI without authorization or permission for the following twelve (12) recognized priority purposes (however, limiting conditions may apply under specific circumstances):

- a. Requirements by law (including by statute, regulation, or court order);
- b. Public health activities;
- c. Victims of abuse, neglect, or domestic violence;
- d. Health oversight activities;
- e. Judicial and administrative proceedings;
- f. Law enforcement purposes;
- g. Decedents;
- h. Cadaveric organ, eye, or tissue donation;
- i. Research;
- j. Serious threat to health or safety;
- k. Essential government functions; and
- l. Workers' compensation.

In addition, employees must make reasonable efforts to limit PHI/ePHI to the minimum necessary standard, in order to accomplish the intended purpose of the requested, permitted, or authorized use or disclosure.

Examples of minimum necessary practices include speaking quietly when discussing a patient's healthcare status; excluding as much IIHI during peer reviews or quality assurance meetings; and ensuring that PHI/ePHI remains safeguarded in locked filing cabinets, offices, and computers accessible only to employees who require such access in order to carry out their professional duties.

It should be noted that minimum necessary disclosure requirements for PHI may not apply to:

- a. A health care provider, affiliated or unaffiliated with the District, who renders treatment to the patient;
- b. An individual who is the subject of the information, or the individual's legally authorized personal representative;
- c. To the Department of Health and Human Services, the Texas Medical Board, the Texas Attorney General, or other governmental agencies seeking such information for complaint investigation, compliance review, or enforcement;
- d. Use or disclosure that is required by law; or
- e. Use or disclosure required for compliance with the HIPAA Transaction Rule or other HIPAA administrative simplification rules.

### **Psychotherapy Notes**

Patient authorization must be obtained to use or disclose psychotherapy notes, unless subject to at least one of the following exceptions:

- a. When used by the originating provider for treatment;
- b. For mental health training programs with staff (IIHI redacted);
- c. To defend a legal action brought against the District by the patient;
- d. For HHS to investigate or determine compliance with privacy rules;
- e. To avert a serious and imminent threat to public health or safety;
- f. To a health oversight agency for lawful investigation of the originator of the psychotherapy notes; and
- g. For other activities as required by law.

**An authorization to use or disclose psychotherapy notes must be endorsed by its lonesome and generally may not be disclosed in conjunction with standard PHI disclosure requests.**

### **Contracts with Business Associates**

HIPAA covered programs or service areas may disclose PHI/ePHI to business associates, as defined in this policy. Any program within the District which contracts with a business associate must receive prior approval from the Privacy Officer and CEO or Executive Director to do so, and work with the Contracts Analyst to ensure a business associate agreement is established before transmission of any private data, as specified in 45 C.F.R. §164.504(e).

### **Privacy Notice**

District employees who interact directly with patients for the purpose of treatment must provide a *Notice of Privacy Practices* to clients prior to administering services. In doing so, employees are required to:

- a. Provide the applicable *Notice of Privacy Practices* to each direct care client (or his/her legal legal guardian) at the first office visit or other direct service delivery contact that occurs;
- b. Obtain each client's (or legal legal guardian's) written acknowledgment of receipt of the *Notice of Privacy Practices*;
- c. Maintain the client's written acknowledgment of receipt as part of the client's medical

- record; and
- d. Provide the client an additional copy of the *Notice of Privacy Practices* upon request.

In emergency situations (e.g. assumed consent is provided), the *Notice of Privacy Practices* must be mailed to the client as soon as possible after abatement of the emergency and be documented in the client's file.

If the *Notice of Privacy Practices* is revised, District programs or service areas that provide direct health care services must make the revised *Notice of Privacy Practices* available to all patients upon their initial visit to the District after the revised Notice has gone into effect (*see 45 CFR 164.520(b)(3), 164.520(c)(1)(i)(C) for health plans, and 164.520(c)(2)(iv) for covered health care providers with direct treatment relationships with individuals.*)

In addition, the *Notice of Privacy Practices* must be posted in clear and prominent locations and electronically on the District's website.

### **Verification of Identity**

District employees are required to verify the identity of an individual (or his/her legal guardian) requesting PHI/ePHI and to determine if the requesting individual has the right to the requested information before disclosing it. Any questions or concerns about such disclosures must be directed to the Privacy Officer.

### **Patient Access to PHI/ePHI**

Except in certain situations, an individual has the right to review and obtain a copy of his or her PHI/ePHI within a designated record set. A designated record set is that group of records maintained by or for the District that is used, in whole or part, to make decisions about individuals, or which is retained for provider or billing records; however, the following PHI is generally exempt from patient access:

- a. Psychotherapy notes generated by a provider;
- b. Information compiled for legal proceedings;
- c. Information held by designated research laboratories; and
- d. In situations during which a healthcare professional reasonably believes such access could cause imminent harm.

### **Amendment of PHI/ePHI in a Designated Record Set**

An individual has the right to request an amendment to PHI/ePHI about the individual if the information is in a designated record set. Requests to amend PHI/ePHI are to be forwarded to the Privacy Officer for review.

### **Restricting Uses and Disclosures of PHI/ePHI**

An individual has the right to request that the District restrict its uses and disclosures of PHI/ePHI as it pertains to the individual; however, the program or service area retains ultimate discretion as to whether it shall adhere to such requests.

If a District program or service area receives a request to restrict uses and disclosures of PHI/ePHI, the program must immediately refer the request to the Privacy Officer.

### **Accounting for Certain Disclosures**

An individual (or his/her legal guardian) has the right to receive a report of certain disclosures of the individual's PHI/ePHI.

Each HIPAA covered program or service area within the District is responsible for developing a system to track disclosures. In addition, if such a program or service area receives a written request for a report of disclosures, the program or service area must immediately refer the request to the Privacy Officer, who will work with the program manager and executive management to process the request.

### **Confidential Communications and Other Accommodations**

An individual (or his/her legal guardian) has the right to submit a written request that he or she receive PHI/ePHI from the District in a manner and place that is most conducive to the requestor. For example, an individual may request that the provider send communications to a PO Box rather than the individual's home mailing address.

If a District program receives a written request for such an accommodation, the program or service area must immediately forward the request to the Privacy Officer who will work with the program manager to ensure procedures are established to adhere to the request.

### **Complaints**

If a Health District employee receives a HIPAA related complaint, the employee must document the complaint and immediately refer the complaint to his/her supervisor and the Privacy Officer. The Privacy Officer will perform investigative fact-finding for review by the Chief Executive Officer/Executive Director or designee.

### **Training**

Any District employee, intern, student or volunteer granted access to PHI/ePHI must receive HIPAA training by a qualified member of the District. Training will occur before the individual commences with his/her job assignments and annually thereafter, or as relevant policies and/or procedures change. Documentation of training will be retained by Human Resources in personnel files.

### **Safeguards**

Managers must make reasonable efforts to limit access of PHI/ePHI to employees or classes of employees who require PHI access to perform their job duties. Access will be determined and granted by job description and function, and shall be limited to a standard in accordance with the *Minimum Necessary Rule*.

Employees are responsible for safeguarding PHI/ePHI to prevent intentional or unintentional use or disclosures. Examples of safeguarding information include shredding documents, securing records in locked and secured areas, and using screen protectors. Employees are to refer to their program specific procedures and guidelines for safeguarding information, or are to contact the Privacy Officer should any pertinent questions arise.

### **Mitigation of Harmful Effects**

If a District employee is aware of a violation of HIPAA related policies or procedures, the employee must immediately report the violation to his or her direct supervisor and/or to the Privacy Officer. District programs must coordinate with the Privacy Officer and other applicable staff to mitigate any harmful effects that may have resulted from the violation.

The Privacy Officer is responsible for reporting all HIPAA breaches to the Office of Civil Rights.

### **Prohibition Against Retaliation**

District employees may not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against any individual or other person who exercises a right or files a complaint related to the privacy of PHI/ePHI.

### **Prohibition Against Waiving Rights**

District employees must not require individuals to waive their rights related to the privacy of PHI/ePHI as a condition for treatment, payment, enrollment in a health plan, or eligibility for benefits.

### **Documentation**

District employees must maintain HIPAA privacy related documentation in accordance with District record retention schedules. Additionally, the Human Resources Department shall be responsible for retaining a certificate of recognition upon every individual's successful completion of District mandated and/or facilitated HIPAA training courses. This certificate must include a signature of both the participant and the Human Resources Manager or designee, and shall be kept on-file for a period of no less than five years.

### **HIPAA Responsibilities for Employees**

Employees are responsible for:

- a. Following all HIPAA and confidentiality policies and procedures set forth by law and District policy;
- b. Immediately reporting potential HIPAA violations to their immediate supervisor and/or the Privacy Officer;
- c. Completing required HIPAA trainings as directed by Human Resources, the Privacy Officer, or other their manager;
- d. Taking all reasonable precautions to ensure that PHI/ePHI is not accessible to those who do not require access to such information; and
- e. Using authorization forms approved by District administration in accordance with program specific guidelines.

### **HIPAA Responsibilities for Supervisors**

Supervisors are responsible for:

- a. Developing program specific procedures and guidelines in compliance with HIPAA rules and regulations;
- b. Ensuring employees follow HIPAA and confidentiality policies and program specific procedures and guidelines;
- c. Reporting potential HIPAA violations to the Privacy Officer and/or immediate supervisor; and
- d. Requesting access to PHI/ePHI only for those employees who require this information to fulfill their scope of employment.

### **Chief Compliance Officer**

The Chief Compliance Officer is the Privacy Officer for the Health District and is responsible for:

- a. Ensuring all contractors with access to PHI/ePHI have business associate agreements on-file;
- b. Receiving complaints of alleged HIPAA violations and performing investigative fact-finding regarding these complaints for review and disposition by the Chief Executive Officer/Executive Director or designee;
- c. Training employees about new or revised HIPAA related policies and procedures;
- d. Working with program managers and executive management on requests to amend, restrict the use of, accommodate, or receive accounting disclosures of PHI/ePHI; and
- e. Ensuring that the *Notice of Privacy Practices* is posted in visible locations throughout District premises as well as on the District's internet site.

### **Laws**

It is the intent of this policy to be in compliance with the Health Insurance Portability and Accountability Act of 1996 as codified at 42 U.S.C. § 1320d, and as amended by the Health Information Technology for Economic and Clinical Health Act of 2009, and with the terms and regulations set forth by Texas House Bill 300.

Employees who violate District, state or federal HIPAA policies will be subject to corrective action up to and including termination of employment

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## **RECORDS MANAGEMENT POLICY**

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WHEREAS, the *Local Government Records Act of 1989* (Title 6, Subtitle C, Local Government Code), provides that each local government must establish an active and continuing records management program; and

WHEREAS, the Galveston County Health District, Coastal Health & Wellness, and the Galveston Area Ambulance Authority (collectively “the District”) desires to adopt a plan for that purpose prescribing policies and procedures consistent with the Texas Local Government Records Act and in the interests of cost-effective and efficient record keeping; NOW, THEREFORE:

### **SECTION 1. DEFINITION OF RECORDS OF THE DISTRICT**

All documents, papers, letters, books, maps, photographs, sounds or video recordings, microfilms, magnetic tapes, electronic media, or other forms of media, regardless of physical form or characteristic and regardless of whether public access to it is open or restricted under the laws of the state or federal government, created or received by the District or any of its officers or employees pursuant to law or in the transaction of public business, are hereby declared to be records of the District and shall be created, maintained, and disposed of in accordance with the provisions of this ordinance or procedures authorized by it and in no other manner.

### **SECTION 2. RECORDS DECLARED DISTRICT PROPERTY**

All records as defined in *Section 1* of this plan are hereby declared to be property of the District. No official or employee of the District has, by virtue of his or her position, any personal or proprietary rights to such records even though he or she may have developed or compiled them. The unauthorized destruction, removal of files, or use of such records without authorized lawful permission is prohibited.

### **SECTION 3. POLICY**

It is hereby declared to be the policy of the District to provide for efficient, economical, and effective controls over the creation, distribution, organization, maintenance, use and disposition of all District records through a system of integrated procedures for the management of records from their creation to their ultimate disposition, consistent with the requirements of the Local Government Records Act and generally accepted records management practices.

### **SECTION 4. RECORDS MANAGEMENT OFFICER**

The District, through its Chief Executive Officer, designates the Risk and Safety Coordinator to serve as the Galveston County Health District Records Management Officer as provided by law and to ensure the maintenance, destruction, electronic storage, or other disposition of District records are carried out in accordance with the requirements of the Local Government Records Act. In the event of the resignation, retirement, dismissal, or

removal of the Records Management Officer, the Chief Executive Officer/Executive Director shall promptly designate another individual to fulfill this role. The individual designated as the Records Management Officer shall file his or her name with the director and librarian of the Texas State Library within thirty (30) days of the date of designation, as provided by law. The Records Management Officer for the District will be referred to as the Records Management Coordinator. The Records Management Coordinator shall:

1. Keep a master list, composed of all departmental main lists;
2. Monitor the Records Management Plan for compliance;
3. Provide assistance to Record Liaisons;
4. Report changes or non-compliance to applicable members of the executive staff; and
5. Actively support and promote the records management program throughout the District.

#### **SECTION 5. RECORDS LIAISON DESIGNATION AND DUTIES**

The Records Management Liaisons will consist of at least one (1) Records Liaison for each department within the District. The Records Liaisons shall:

1. Compile a main list of all records in their department;
2. Keep an updated master list on-file with the Records Management Coordinator;
3. Become familiar with the destruction periods for the records in their respective departments;
4. Review the master records list for conformity when notified of retention policy changes by the Records Management Coordinator;
5. Provide recommendations to the Records Management Coordinator for consideration of the destruction of records in accordance with approved records' control schedules. The Chief Compliance Officer shall render final approval of said considerations; and
6. Assist in educating staff in their respective departments about lengths of time which records should be kept.

## **SECTION 6. RECORDS CONTROL SCHEDULES**

Appropriate record control schedules issued by the Texas State Library and Archives Commission shall be adopted by the Records Management Coordinator under the direction of the Chief Executive Officer/Executive Director, as provided by law. Any destruction of the District's records will be handled in accordance with these schedules, as well as the Local Government Records Act.

## **SECTION 7. DESTRUCTION OF SCHEDULED RECORDS**

### **Offsite Records**

All records to be sent offsite shall be arranged for transportation by the Records Management Coordinator, who shall take the request to the Chief Compliance Officer, as stated in *Section 6* of this plan, for approval. Offsite records approved for destruction are securely destroyed offsite and a certificate of destruction is kept on file.

### **Onsite Records**

The Records Liaisons will monitor records kept within their department for destruction dates. At the time in which records kept within departments are due for destruction, the Records Liaison shall provide the Records Management Coordinator with a completed Disposition Log indicating the documents to be destroyed. The Records Management Coordinator shall take the request to the Chief Compliance Officer, as stated in *Section 6* of this plan, for approval. Onsite records approved for destruction are destroyed according to the Disposition Log (type of destruction marked and dated) and a copy of the Disposition Log is kept on-file by the Records Management Coordinator.

## **SECTION 8. DESTRUCTION OF UNSCHEDULED RECORDS**

A record that is not listed under an adopted records control schedule or listed on a supplemental records control schedule may be destroyed if its destruction has been approved in the same manner as a record destroyed under an approved schedule and the Records Management Coordinator has submitted to and received confirmation from the State's Records Management Library for the approved destruction authorization request.

[Back to Agenda](#)



# **COASTAL HEALTH & WELLNESS**

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**GOVERNING BOARD**

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

**Governing Board  
June 2019  
Item #7  
Executive Report**



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

# Flossing important to overall dental health

The American Dental Association (ADA) recommends cleaning between your teeth daily with an interdental cleaner, like floss.

Cleaning between your teeth may help prevent cavities and gum disease, as well as remove plaque. Plaque contains bacteria that feeds on leftover food or sugar in your mouth. When that happens, it releases an acid that can eat away at the outer shell of your teeth and cause cavities.

Plaque that is not removed by brushing and cleaning between your teeth can eventually harden into a rough substance called tartar. Tartar collects along your gum line and can lead to gum disease. Once tartar forms, only your dentist can remove it.

Using an interdental cleaner, like floss, is an essential part of taking care of your teeth and gums. It can be tempting to reach for whatever you have handy when something is stuck between your teeth. Unusual items sometimes used include fingernails, folded paper or cards, cutlery like a fork or knife, safety pins and even strands of hair. These items can be harmful, leading to pain or other possible problems.

Instead, stick to using tools designed for cleaning between teeth like dental picks, string floss, tiny brushes that reach between the teeth and water flossers.

Talk to your dentist and try different options until you find the one that works best for you. For example, dental picks might help you get to hard-to-reach places. Water flossers might be a good option if you have trouble flossing by hand or have dental work that makes flossing difficult, like braces or permanent or fixed bridges. Stick with it and you'll have adopted a healthy habit for life.

So, what time is better – before or after brushing?

Flossing, page 7

## Six simple steps to flossing

1. **Break off about 18 inches** of floss and wind most of it around one of your middle fingers. Wind the remaining floss around the same finger of the opposite hand. This finger will take up the floss as it becomes dirty.
2. **Hold the floss tightly** between your thumbs and forefingers.
3. **Guide the floss between** your teeth using a gentle rubbing motion. Never snap the floss into the gums.
4. **When the floss reaches** the gum line, curve it into a C shape against one tooth. Gently slide it into the space between the gum and the tooth.
5. **Hold the floss tightly** against the tooth. Gently rub the side of the tooth, moving the floss away from the gum up and down motions. Repeat this method on the rest of your teeth. Don't forget the back side of your last tooth.
6. **Once you're finished,** throw the floss away. A used piece of floss won't be as effective and could leave bacteria behind in your mouth.



# PROTECT ALL THE SKIN YOU'RE IN



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

## Use a Layered Approach for Sun Protection.



Sunscreen works best when used with shade or clothes, and it must be re-applied every 2 hours and after swimming, sweating, or toweling off.



Use broad spectrum sunscreen with at least SPF 15 to protect exposed skin.



Wear a hat, sunglasses, and protective clothing to shield skin.



Seek shade, especially during midday hours.

CS277180

# UV ray protection runs more than skin deep

The skin is the body's largest organ. It protects against heat, sunlight, injury and infection. Yet, some of us don't consider the necessity of protecting our skin.

It's just smart to take good care of your skin.

The need to protect your skin from the sun is supported by several studies linking overexposure with skin cancer.

The harmful ultraviolet rays from the sun and indoor tanning sunlamps can cause many other complications besides skin cancer – such as eye problems, a weakened immune system, age spots, wrinkles and leathery skin.

### How to protect your skin

There are simple, everyday steps you can take to safeguard your skin from the harmful effects of UV radiation from the sun.

**Wear proper clothing:** Wearing clothing that protects your skin from harmful ultraviolet (UV) rays is very important. Examples of protective clothing include long-sleeved shirts and pants.

Remember to also protect your head

and eyes with a hat and UV-resistant sunglasses. You can fall victim to sun damage on cloudy days and in the winter, so dress accordingly all year round.

**Avoid the burn:** Sunburns significantly increase one's life-time risk of developing skin cancer. It is especially important that children be kept from sunburns.

**Go for the shade:** Stay out of the sun, if possible, between the average peak burning hours of 10 a.m.-4 p.m. You can head for the shade, or make your own shade with protective clothing – including a broad-brimmed hat.

**Use extra caution when near reflective surfaces, like water, snow and sand:** Water, snow, sand, even the windows of a building can reflect the damaging rays of the sun. That can increase your chance of sunburn, even if you're in what you consider a shady spot.

**Use extra caution when at higher altitudes:** You can experience more UV exposure at higher altitudes, because there is less atmosphere to absorb UV radiation.

**Apply broad-spectrum sunscreen:**

Generously apply broad-spectrum sunscreen to cover all exposed skin. The broad-spectrum variety protects against overexposure to ultraviolet A (UVA) and ultraviolet B (UVB) rays. FDA recommends using sunscreens that are not only broad spectrum, but that also have a sun protection factor (SPF) value of at least 15 for protection against sun-induced skin problems.

**Re-apply broad-spectrum sunscreen throughout the day:** Even if a sunscreen is labeled as water-resistant, it must be reapplied throughout the day, especially after sweating or swimming. To be safe, apply sunscreen at a rate of one ounce every two hours. Depending on how much of the body needs coverage, a full-day (six hour) outing could require one whole tube of sunscreen.

### When to protect your skin

Since UV rays are generally their strongest from 10 a.m.-4 p.m., seek shade during those times to ensure the least amount of exposure. When applying sunscreen, be sure to reapply

UV rays, page 3



## UV rays

to all exposed skin at least 20 minutes before going outside. Reapply sunscreen every two hours, even on cloudy days, and after swimming or sweating.

### Protecting your eyes

UV rays can also penetrate the structures of your eyes and cause cell damage. According to CDC, some of the more common sun-related vision problems include cataracts, macular degeneration, and pterygium (non-cancerous growth of the conjunctiva that can obstruct vision).

**Wear a wide-brimmed hat:** To protect your vision, wear a wide-brimmed hat that keeps your face and eyes shaded from the sun at most angles.

**Wear wrap-around style sunglasses with 99 or higher UV block:** Effective sunglasses should block glare, block 99 to 100 percent of UV rays, and have a wraparound shape to protect eyes from most angles.

### Using the UV index

When planning your outdoor activities, you can decide how much sun protection you need by checking the EPA UV index online. This index measures the daily intensity of UV rays from the sun on a scale of one to 11. A low UV index requires minimal protection, whereas a high UV index requires maximum protection.

# CHW shows support for Men's Health Week



Coastal Health & Wellness employees wore blue on June 14 in support of National Men's Health Week.



**THE ZIKA VIRUS**  
CAN CAUSE  
BIRTH DEFECTS  
IN UNBORN AND NEWLY  
BORN BABIES.

[GCHD.ORG/ZIKA](http://GCHD.ORG/ZIKA)

**DEFEND. DRESS. DRAIN.**

**IT'S THAT SIMPLE.**  
Fight the Bite and defend against **ZIKA.**

[GCHD.ORG/ZIKA](http://GCHD.ORG/ZIKA)

# Out and about: Community outreach



*Galveston County Health District and Coastal Health & Wellness outreach staff attended the Texas City Hurricane Townhall and the Galveston Preparedness Fair earlier this month and helped educate the public on how to prepare for hurricane season.*

## *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.

# New diabetes cases decline

New cases of diagnosed diabetes in the U.S. decreased by 35 percent since a peak in 2009 – the first sign that efforts to stop the nation's diabetes epidemic are working, Centers for Disease Control and Prevention (CDC) researchers report.

New cases have declined from 1.7 million new cases per year in 2008 to 1.3 million new cases in 2017. And there's more good news: The number of people living with diagnosed diabetes in the United States has remained stable during the past eight years. The latest findings appear in the *British Medical Journals' Open Diabetes Research and Care*.

The new report represents the longest sustained plateau in existing cases of diagnosed diabetes and the longest decline in new diabetes cases.

"The findings suggest that our work to stem the tide of type 2 diabetes may be working – but we still have a very long way to go," said Ann Albright, Ph.D., director of the Division of Diabetes Translation at the CDC. "We must continue proven interventions and deploy innovative strategies if we're going to see a continued decline in type 2 diabetes among Americans."

### **Diabetes decline seen nationwide**

The number of people living with diagnosed diabetes increased by 4.4 percent per year from 1990-2009 to a peak of 8.2 per 100 adults, before plateauing to eight per 100 adults in 2017. Similar trends were seen across all ages, racial and ethnic groups, sexes, and education levels.

"We've seen the same thing across states, underscoring the importance of putting science-proven programs into action," Albright said. "A prime example is the National Diabetes Prevention Program. We must also in-

*Diabetes*, page 5



crease access to affordable, healthier foods and safe places to be active.”

CDC scientists used 1980-2017 cross-sectional survey data from the CDC’s National Health Interview Survey to look at trends in prevalence and incidence of diagnosed diabetes among adults aged 18-79 years. The data relies on self-reported behaviors and medical conditions, and does not distinguish between diabetes type, though type 2 diabetes typically represents 95 percent of diabetes cases.

While the causes of the plateau and decrease remain unclear, researchers suggest that they may be driven in part by increased awareness of – and emphasis on – type 2 diabetes prevention, changes in diet and physical activity, and changes in diabetes diagnostic and screening practices. Trends in population subgroups suggest that the decrease in new diabetes cases may have been driven primarily by a decrease in new cases of diagnosed diabetes in non-Hispanic white adults. The plateau seen in existing cases of diabetes may be due to the fact that people with diabetes are living longer. There have been recent reports of a decline in cardiovascular and all-cause mortality in adults with diagnosed diabetes.

In the United States, the number of people living with diagnosed diabetes and new cases of diabetes doubled in the 1990s and throughout the 2000s, becoming one of the country’s most troubling public health threats. Today, more than 30 million Americans are living with diabetes, and one in four do not know they have it.

To learn more about diabetes in the U.S. and type 2 diabetes prevention, visit <https://www.cdc.gov/diabetes/home/index.html>.

**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  
Galveston Coastal Community Health Center

# HOURS OF OPERATION

## Same Day Appointments Available.

Call (409) 938-2234 for more information.

## TEXAS CITY

Monday  
8 AM - 8 PM

Tuesday - Friday  
8 AM - 5 PM

Saturday  
8 AM - Noon

## GALVESTON

Monday, Tuesday, Wednesday and Friday  
8 AM - 5 PM

Thursday  
8 AM - 8 PM

# 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?

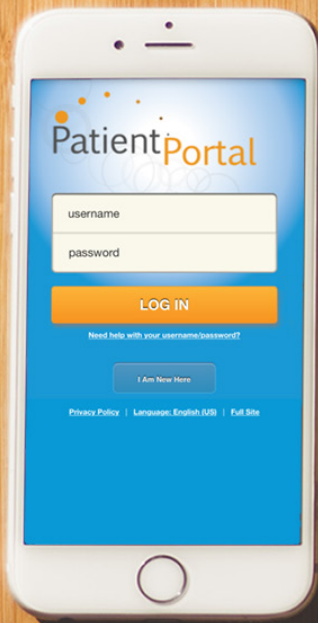
*You can ask your medical provider or nurse any non-urgent medical questions about lab results, your medicines or your health. You can ask billing questions as well.*

- 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**



The most important thing about cleaning between your teeth is that you do it. As long as you do a thorough job, it doesn't matter when you do it.

Pick a time of day when you can devote an extra couple of minutes to your dental care. People who are too tired at the end of the day may benefit from cleaning between their teeth first thing in the morning or after lunch. Others might like to go to bed with a clean mouth.

And don't forget, children need to clean between their teeth too! Start as soon as your child has two teeth that touch. Because cleaning between teeth demands more manual dexterity than very young children have, children are not usually able to do a thorough job on their own until age 10 or 11.

## “Tell me something good...”

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

*“Very thorough. Treats my mom as though they (have) all the time in the world.” (Medical services)*

*“Great place and people. Simple care. Always clean.” (Medical services)*

*“(Bang Nguyen, DDS) is very pleasant and helpful.” (Dental services)*

*“Great staff and facility.” (Dental services)*

*“All of the staff were very nice. I never have any issues.” (Medical services)*

*“(Unsil Keiser, DDS) is sensitive to me because I need her to be. I am scared of the dentist, but she makes me feel very comfortable.” (Dental services)*

*(Lisa Tigrett, LBSW, M Ed, LPC) is very uplifting and truly cares about patients.” (Counseling services)*



### DENTAL

Coastal Health & Wellness offers basic dental services for all ages from cleanings to tooth extractions.

Ask about affordable dentures, root canals and crowns.



### COUNSELING

Licensed professional counselors provide confidential one-on-one talk therapy sessions for mild to moderate mental health conditions including depression and anxiety.

Services are available for adults and children and extended counseling services are now available.



### MEDICAL

Primary care for all ages including well-child visits, women's health, family planning, annual physicals, chronic disease management, sick care and more is provided.

X-ray, laboratory, prescription and referral services are also available at Coastal Health & Wellness.



### PRENATAL

Early prenatal care for low-risk pregnancies is available.



## SUBSTANCE USE DISORDER - MENTAL HEALTH (SUD-MH) PROGRAM

Coastal Health & Wellness now offers a Substance Use Disorder-Mental Health (SUD-MH) program, serving those who struggle with opioid addiction and other substance use disorders.

Patients who establish primary care at Coastal Health & Wellness and have a substance use disorder-mental health disorder will be screened, and if accepted into the program will receive tele-psychiatry services through a board-certified psychiatrist who is also board certified in addiction medicine.



# WHEN DRIVING, PUT YOUR PHONE AWAY

Every day, at least 9 Americans die and 100 are injured in distracted driving crashes.

## MYTH

**DRIVERS CAN MULTITASK.**

**SPEAKING HANDS-FREE IS SAFE TO USE WHILE DRIVING.**

**I ONLY USE MY PHONE AT STOP LIGHTS SO IT'S OK.**

**VOICE-TO-TEXT IS SAFE TO DO WHILE DRIVING.**

## FACT

The human brain cannot do two things – like drive and hold a phone conversation – at the same time without reaction time slowing down.

Drivers talking on cell phones can miss seeing up to 50% of their driving environments, including pedestrians and red lights.

It's important to stay alert at red lights.

A recent American Automobile Association (AAA) study shows that people continue to be distracted up to 27 seconds after they finish sending a voice text.

It's very distracting. Not only are you mentally distracted, but you're visually distracted due to common auto-correct errors.



**#JUSTDRIVE**  
Learn more at [www.nsc.org](http://www.nsc.org)

## **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)
- Dr. Tirado, Dr. Werchan, Dr. McKee-Pending (Currently working to get providers added to all accepted insurance plans)

### **Committees –**

- *Quality Assurance (QA)/Performance Improvement (PI)* – Monthly meetings continue to be 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 reviewed and goals and objectives updated. The Plan will be reviewed at both the July QA/PI Committee and the July Board QA Committee, and will be submitted to the Governing Board for final review and approval at the July Board meeting.
- *Infection Control / Environment of Care /Joint Commission Committee (IEJ)*– Monthly meetings continue to be held to review infection control audits and environment of care compliance. New information related to Joint Commission standards is also discussed each month. Several staff members recently attended a Joint Commission webinar on “Conducting an Infection Control Risk Assessment”. Environment of care and safety are also top priorities, so we are planning to discuss results from a recent “Culture of Safety” survey with all staff at the July in-service, and will be breaking into groups to ask for feedback on ways in which we can continue to improve our processes.
- *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, the team is also reviewing care plan templates that include patient goals and continuity of care procedures. Luz Amaro, End-User Support &

Training Specialist, will be assisting with the coordination of this project to gather documentation to support the various PCMH components.

#### HRSA Deliverables / Updates –

- Substance Use Disorder-Mental Health (SUD-MH) grant – The SUD-MH program went live on Thursday, 6/13/19, and the response has been good. We currently have 9 patients enrolled in the program.



- 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 and is currently under a screening review. 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.
- The annual FTCA deeming application is due 7/1/19.
- The Federal Financial Report (FFR) for the grant period ending 3/31/19 is due 7/30/19.

#### Miscellaneous Updates –

- During the week of June 17-24, we held a fun event geared at educating patients about the benefits of the patient portal and encouraging them to enroll. Staff was on hand to assist patients with the enrollment process and to show them how to setup the portal phone app. Patients who enrolled onsite were also eligible for gift card drawings. The event was a big success, with a total of 106 patients enrolling in the portal during this week!
- An upgrade to the NextGen system was recently completed and went well. A recent change due to the upgrade is that patients who are not enrolled in the portal will now receive an email with a link to enroll instead of having to be onsite and issued a token.
- Expansion of the Galveston dental clinic hours went into effect on 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).

- National Health Center Week will be August 4-10 and the theme this year is *America's Health Centers: Rooted in Communities*. National Health Center week is an annual celebration with the goal of raising awareness about the mission and accomplishments of America's health centers over the past five decades.
- Board training with J2 Strategic Solutions is scheduled on 6/29/19 from 8:30 am to 1:30 pm.

#### Communications –

- **Social Media**
  - CHW offers same day appointments
  - National Hydration Day
  - Diabetes 101
  - Patient Portal
  - Patient Portal Week – photos of event
  - Women's health awareness
  - Heat safety – heat stress, stroke, exhaustion and cramps
  - Heat safety – stay hydrated, cool and remember pets
  - National Men's Health Week – change the stats
  - GCHD employees wear blue to support National Men's Health Week
  - CHW accepts most major insurance plans
  - Counseling services available
  - Summer dental hygiene tips
  - Importance of flossing
  - World Food Safety Day – education on keeping food safe
  - Healthy Concepts Clinic services
  - Healthy Concepts Clinic coming soon
- **Video**
  - Hurricane Preparedness

#### CHW Career Opportunities:

April 18-May 24, 2019

- **Employee Onboarding** – Human Resources conducted new employee orientation for the following employee(s):
  - Ebony Ellison - LVN
- **Job Offers** – The following candidate(s) were extended job offers and have future start dates:
  - Opeyemi Ojo – Nurse Practitioner
  - Naoli Hernandez – Patient Services Specialist
  - Ashley Sciba – Public Health Nurse
- **Current Vacancies:**
  - CHW Vacancies:
    - Dental
      - Dental Hygienist
      - Dental Assistant
    - Electronic Records
      - Unit Receptionist I - Dental
    - Lab
      - Lab Supervisor

- Nursing
  - LVN
  - Medical Aide (Bilingual)
- Providers
  - Physician (1)
  - Mid-level (3)

**CHW Executive Contract Report: June 2019**

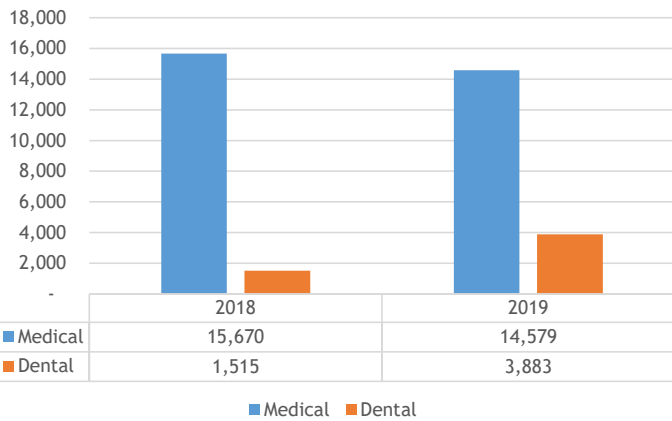
1. Coastal Health & Wellness (“CHW”) renewed a Laboratory Services Agreement with Laboratory Corporation of America (“Labcorp”) as part of a group purchasing agreement through the Texas Association of Community Health Centers (“TACHC”). In accordance with the Agreement, Labcorp will provide services to CHW including pathology readings, the provision of new or updated draw/venipuncture procedures, specimen pick-up, report delivery, supply furnishings, consultation, and laboratory education.
2. Coastal Health & Wellness signed a Dental Provider Agreement on June 7, 2019 with MCNA Insurance Company.



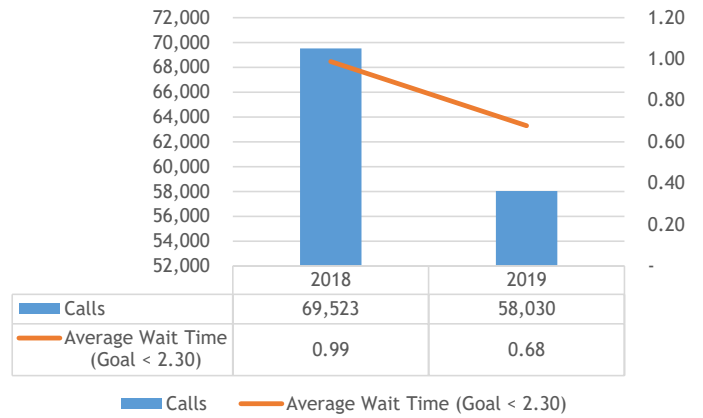
**June 2019**  
**YTD Comparison Report (January to May)**

<b>Patient Services - Patients Checked-In</b>	<b>2018</b>	<b>2019</b>	<b>% Change</b>
Medical	15,670	14,579	-7%
Dental	1,515	3,883	156%
<b>Contact Center</b>	<b>2018</b>	<b>2019</b>	<b>% Change</b>
Calls	69,523	58,030	-16.5%
Average Wait Time (Goal < 2.30)	0.99	0.68	-31%
<b>Electronic Records</b>	<b>2018</b>	<b>2019</b>	<b>% Change</b>
Record Requests	4,491	4,694	5%
<b>County Indigent Program</b>	<b>2018</b>	<b>2019</b>	<b>% Change</b>
Applied	610	717	18%
Referrals	1995	963	-52%
Avg Total Patients on Program	241	264	10%
<b>Case Management</b>	<b>2018</b>	<b>2019</b>	<b>% Change</b>
Referrals	5,387	4,366	-19%

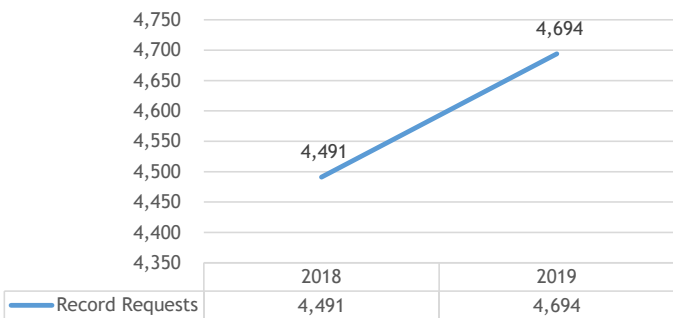
### Patient Services-Total Patients Checked-In



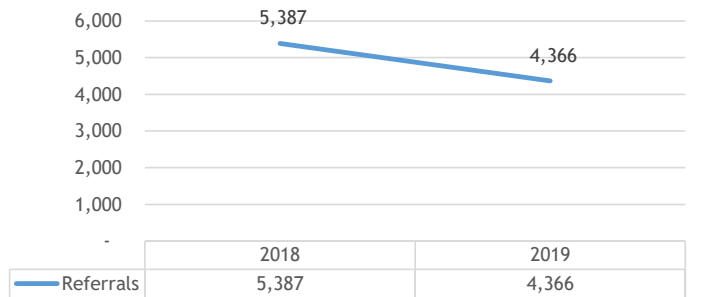
### Contact Center - Calls and Wait Time



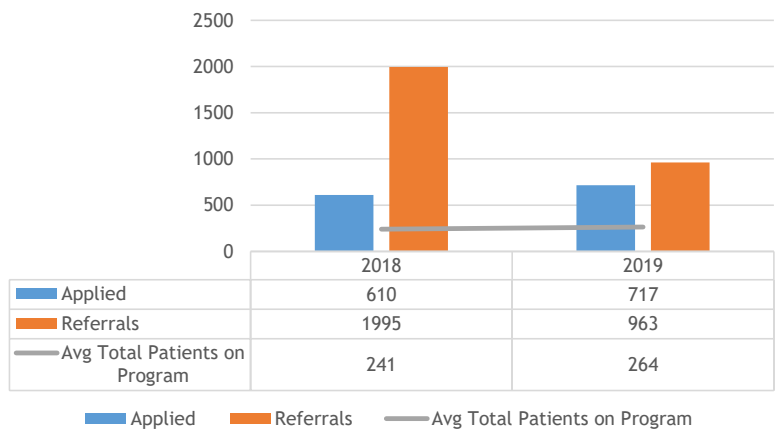
### Electronic Record Requests



### 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**

**June 2019**

**Item #8**

**Consider for Approval Financial Committee**

**Report May 2019**

# COASTAL HEALTH & WELLNESS

Governing Board



## FINANCIAL SUMMARY

For the Period Ending May 31, 2019

June 27, 2019

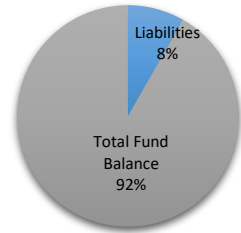
GCHD Board Room | 9850-A Emmett F. Lowry Expy. | Texas City, TX 77591

**CHW - BALANCE SHEET**

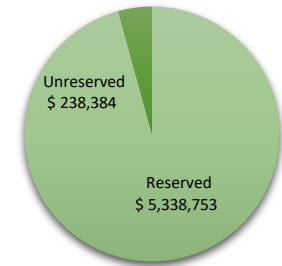
as of May 31, 2019

	Current Month May-19	Prior Month Apr-19	Increase (Decrease)
<b>ASSETS</b>			
Cash & Cash Equivalents	\$5,339,944	\$5,247,063	\$92,881
Accounts Receivable	1,860,771	\$2,307,182	(446,411)
Allowance For Bad Debt	(1,170,684)	(\$1,530,869)	360,185
Pre-Paid Expenses	66,643	\$85,853	(19,210)
Due To / From	(18,121)	\$37,706	(55,828)
<b>Total Assets</b>	<b>\$6,078,553</b>	<b>\$6,146,936</b>	<b>(\$68,382)</b>
<b>LIABILITIES</b>			
Accounts Payable	\$134,329	\$92,738	\$41,591
Accrued Salaries	348,397	271,690	76,707
Deferred Revenues	18,689	25,442	(6,753)
<b>Total Liabilities</b>	<b>\$501,416</b>	<b>\$389,870</b>	<b>\$111,545</b>
<b>FUND BALANCE</b>			
Fund Balance	5,813,682	5,813,682	0
Current Change	(236,545)	(56,617)	(179,928)
<b>Total Fund Balance</b>	<b>\$5,577,137</b>	<b>\$5,757,065</b>	<b>(\$179,928)</b>
<b>TOTAL LIABILITIES &amp; FUND BALANCE</b>	<b>\$6,078,553</b>	<b>\$6,146,936</b>	<b>(\$68,382)</b>

**Current Period Assets**



**Total Fund Balance**



**CHW - REVENUE & EXPENSES**

as of May 31, 2019

	Actual May-19	Budgeted May-19	PTD Budget Variance	YTD Budget Variance
<b>REVENUE</b>				
County Revenue	\$324,071	\$324,070	\$1	\$2
DSRIP Revenue	0	79,167	(79,167)	(158,333)
HHS Grant Revenue	296,935	260,617	36,319	102,332
Patient Revenue	(181,614)	751,002	(932,616)	(975,254)
Other Revenue	12,886	23,635	(10,749)	(22,190)
<b>Total Revenue</b>	<b>\$452,279</b>	<b>\$1,438,490</b>	<b>(\$986,211)</b>	<b>(\$1,053,444)</b>
<b>EXPENSES</b>				
Personnel	\$655,960	\$680,896	\$24,936	\$89,705
Contractual	85,984	85,808	(176)	43,845
IGT Reimbursement	0	37,500	37,500	75,000
Supplies	140,796	121,986	(18,810)	(69,353)
Travel	5,398	2,519	(2,880)	(3,598)
Bad Debt Expense	(360,185)	417,493	777,678	752,302
Other	104,254	92,289	(11,965)	(138,007)
<b>Total Expenses</b>	<b>\$632,207</b>	<b>\$1,438,490</b>	<b>\$806,284</b>	<b>\$749,895</b>
<b>CHANGE IN NET ASSETS</b>	<b>(\$179,928)</b>	<b>\$0</b>	<b>(\$179,928)</b>	<b>(\$303,549)</b>

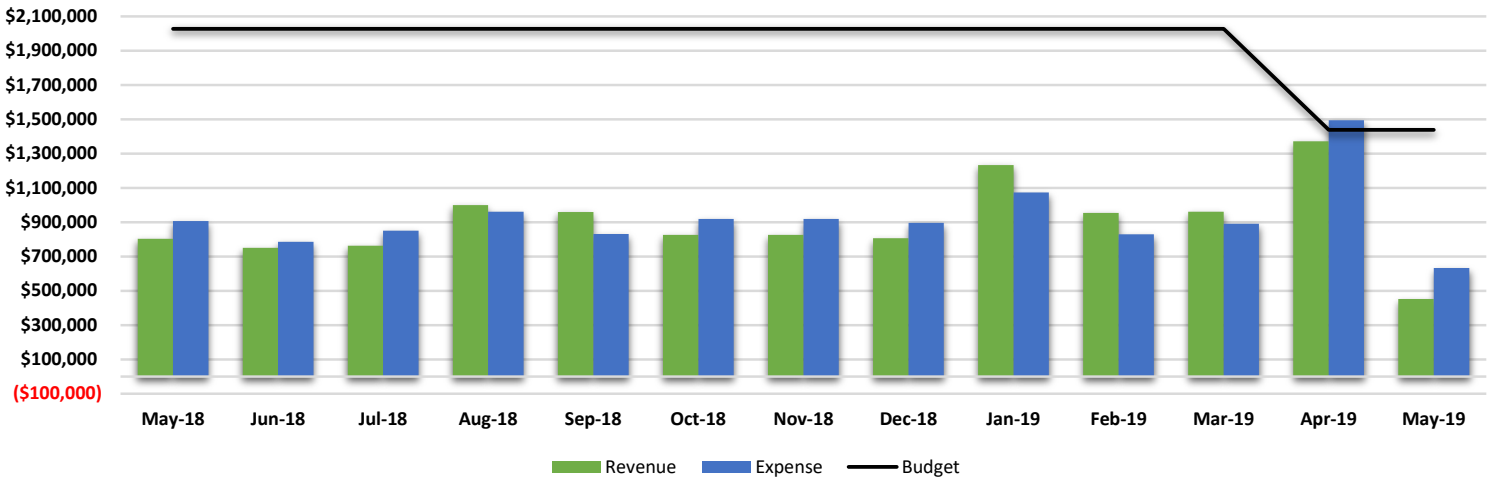
**Current Month Revenue & Expenses Actual**



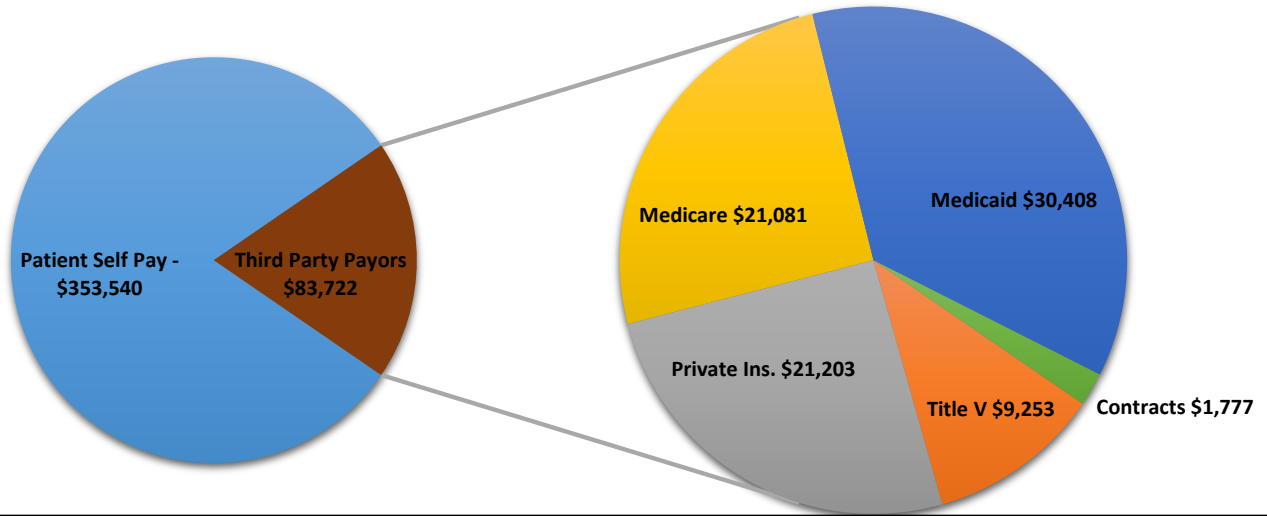
**HIGHLIGHTS**

- MTD decrease in Fund Balance of (\$179,928) and YTD decrease of (\$236,545).
- MTD revenues were underbudget by \$986,211 due to change in recording Self Pay Revenue, and lower revenues in Private Insurance, Medicare and Medicaid revenues, which offset higher HHS revenues.
- MTD expenses were \$806,284 underbudget due to change in reporting Self Pay Bad Debt expense. Supplies were overbudget (\$18,810) as well as Other (\$11,965) and were offset by savings in Personnel. Supplies included CARE Grant expenditures of \$47,742 for computers and network upgrades. Other expenses included final payment of \$14,625 to BKD for audit.
- Total Fund balance is \$5,577,137 as of 5/31/19.

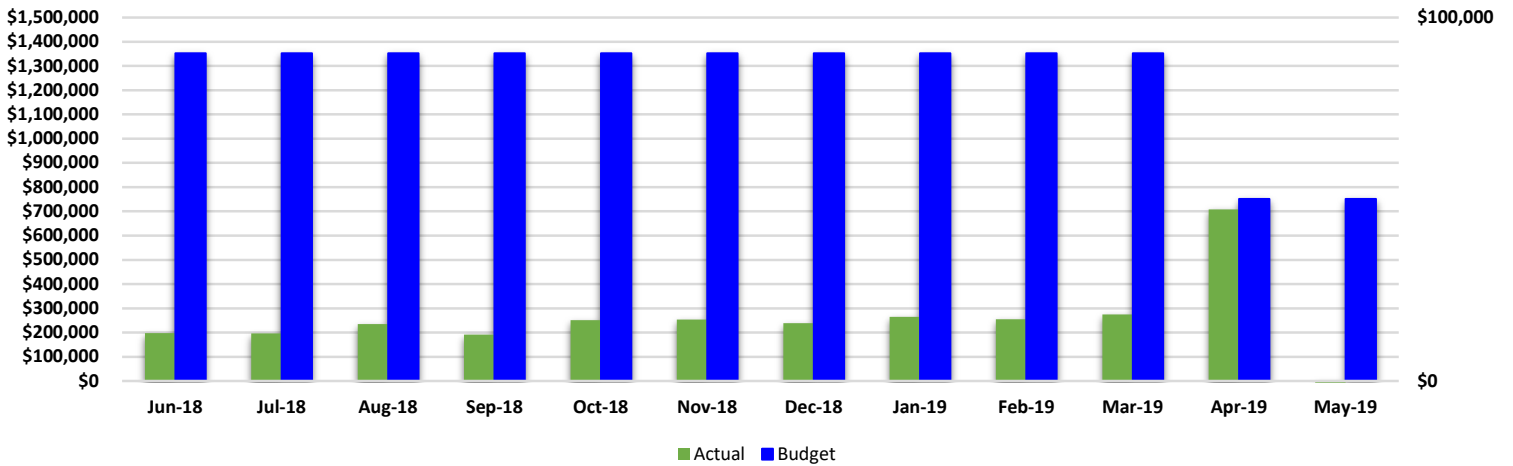
**Actual Revenue & Expenses in Comparison to Budget**

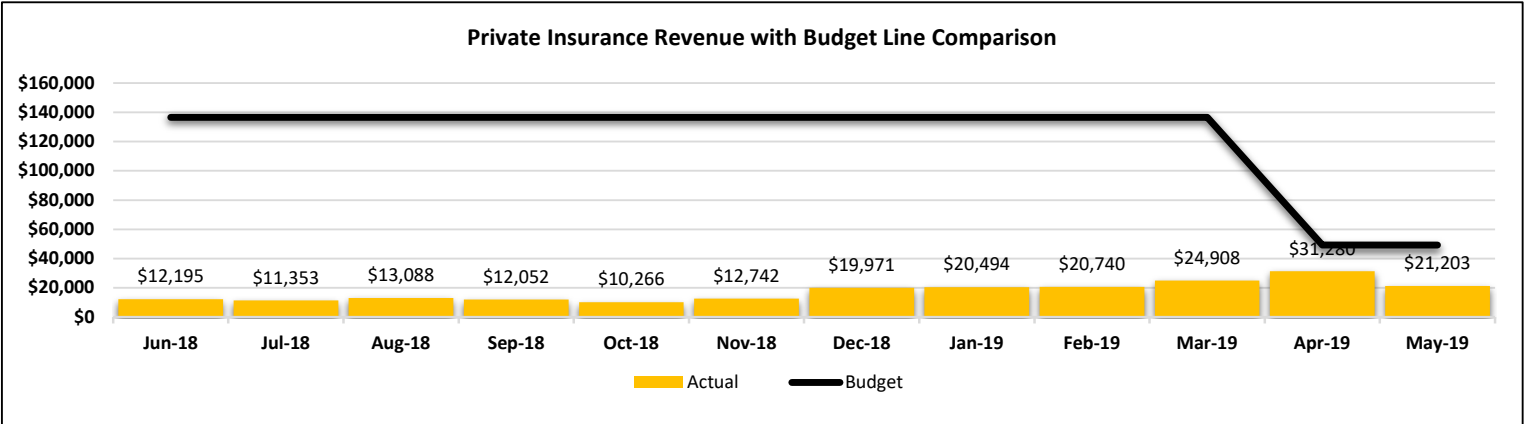
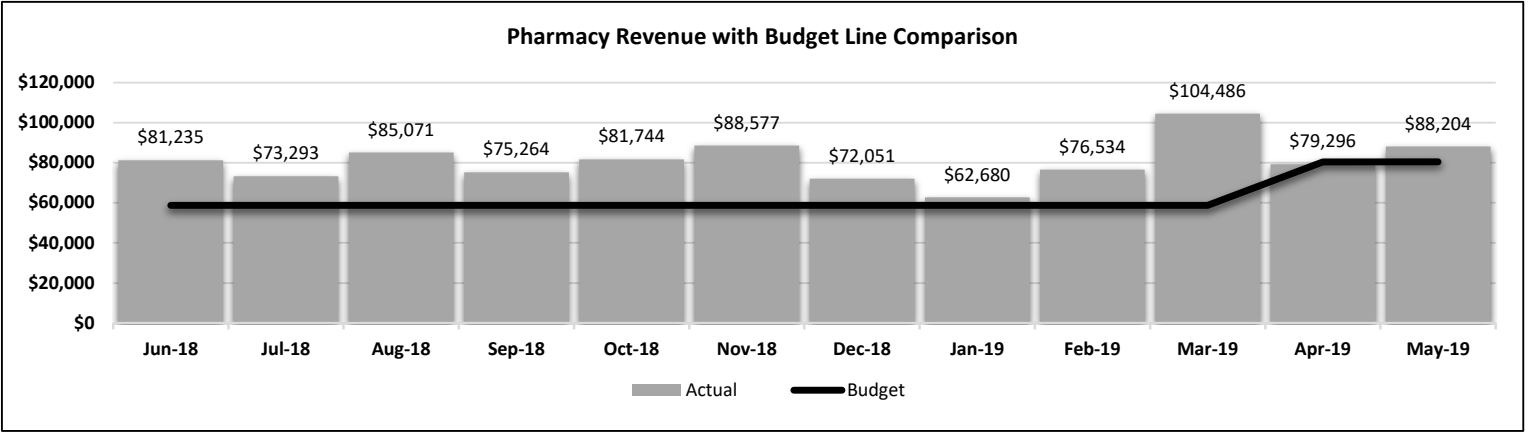
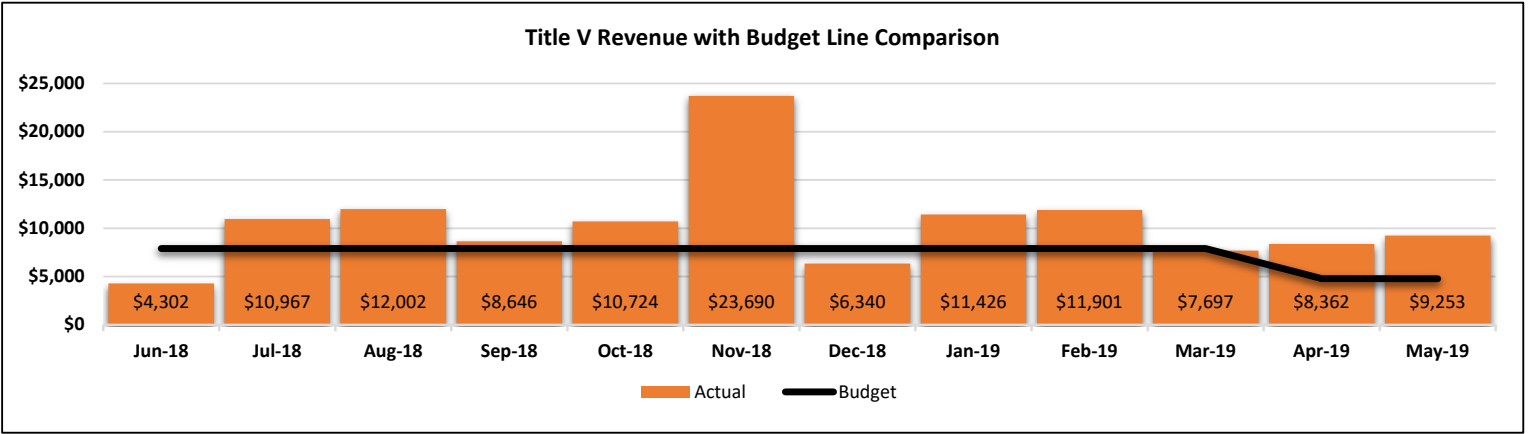
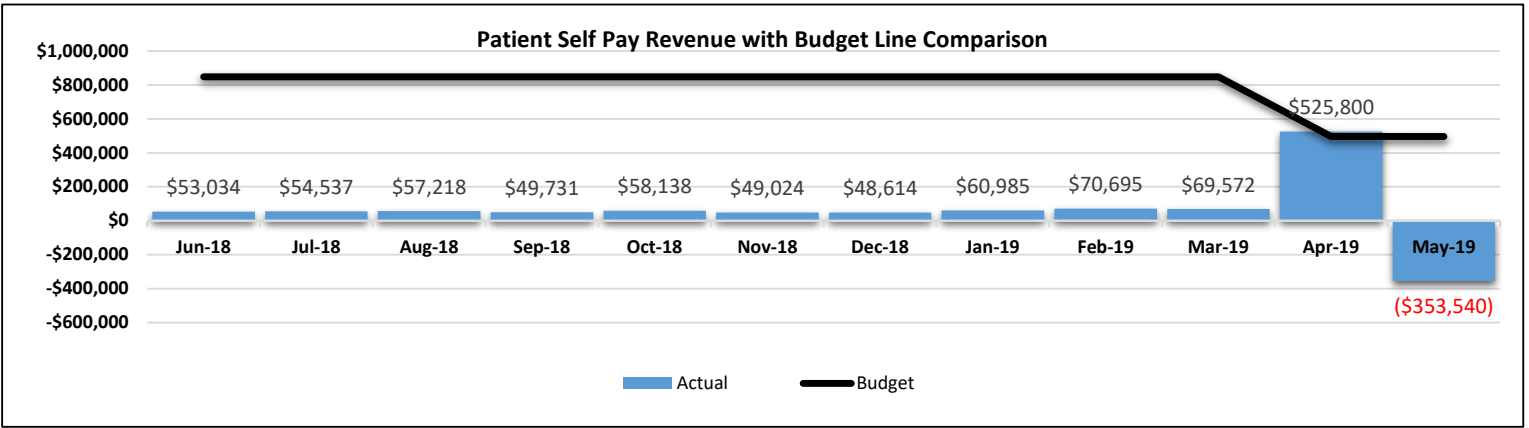


**Current Period Patient Revenue with Third Party Payor Contributions Identified**

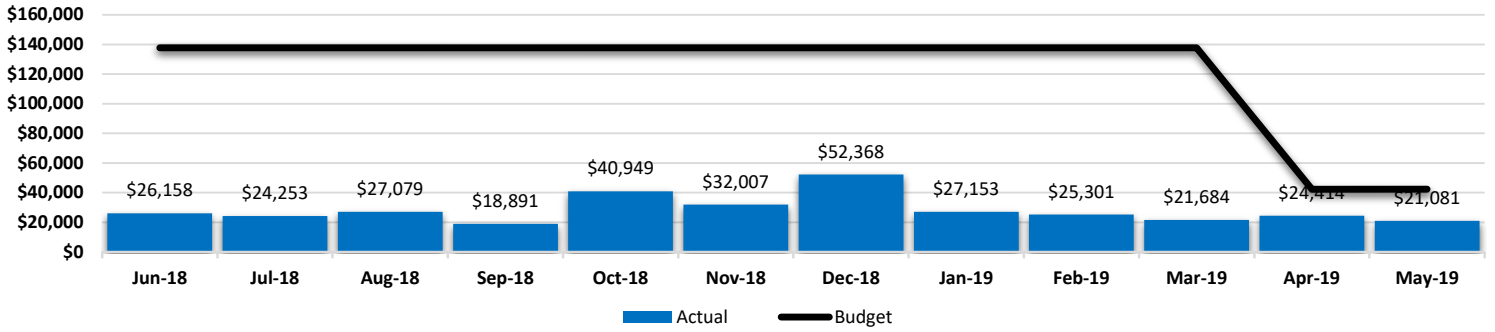


**Actual Patient Revenue Rec'd vs Budget**

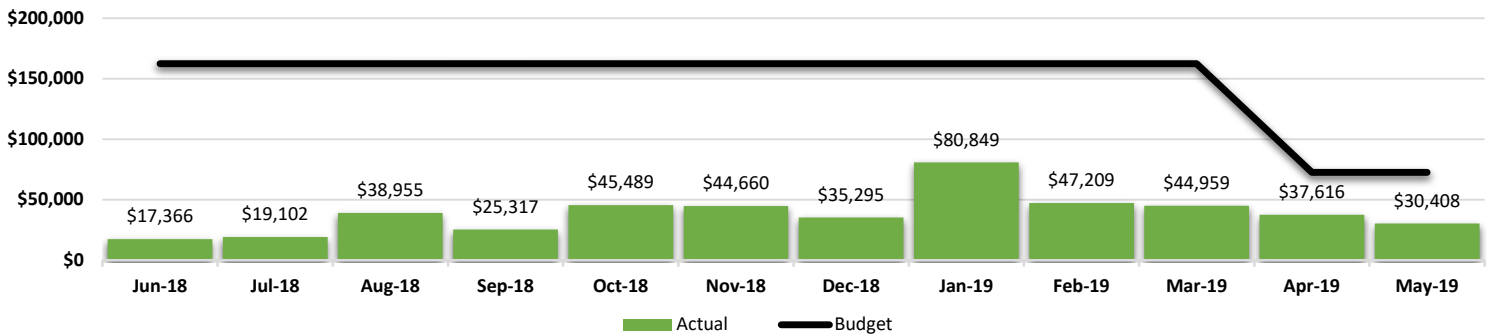




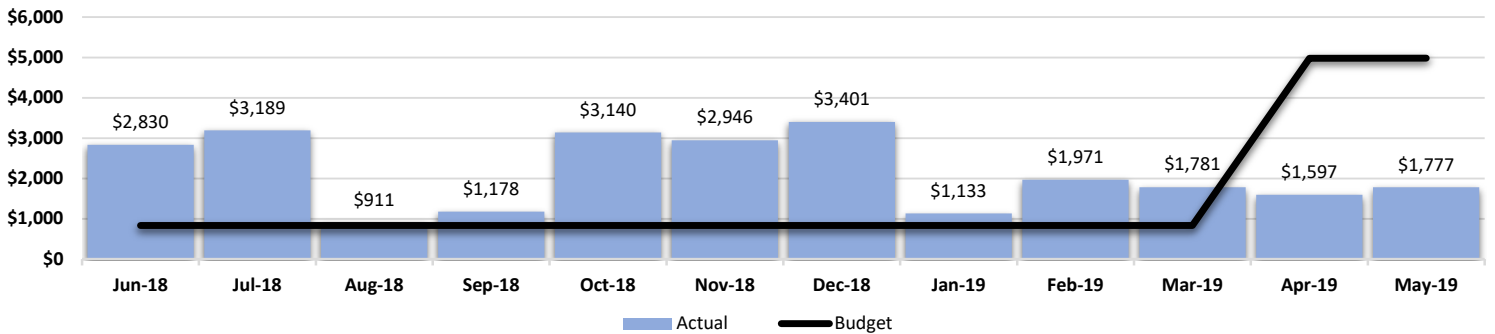
**Medicare Revenue with Budget Line Comparison**



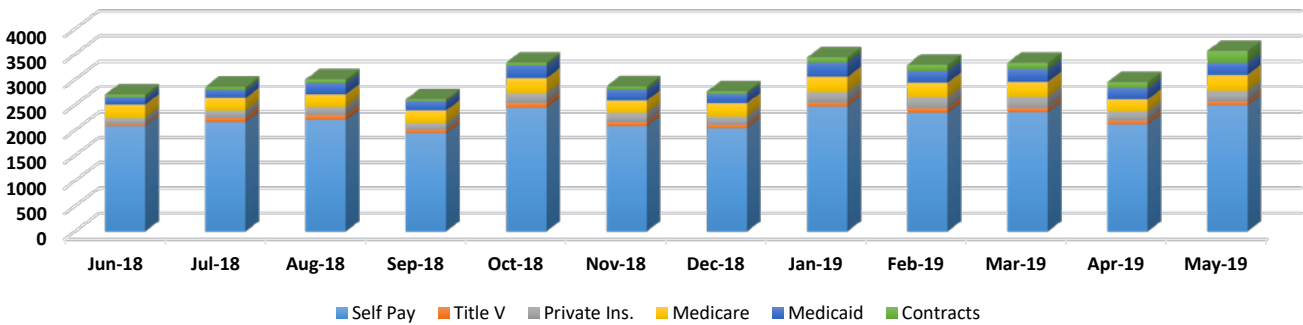
**Medicaid Revenue with Budget Line Comparison**



**Contract Revenue with Budget Line Comparison**



**Total Number of Patient Visits**



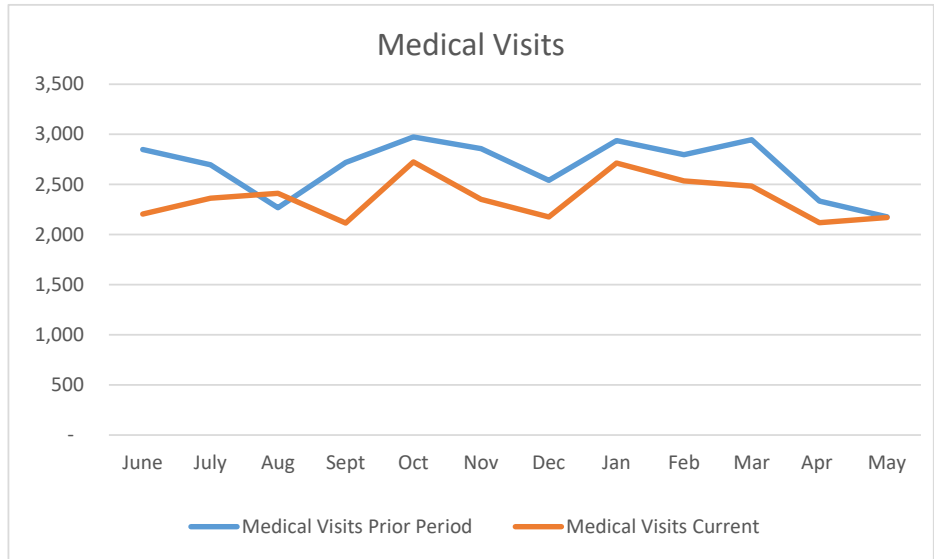


Coastal Health & Wellness								
Statement of Revenue and Expenses for the Period ending May 31, 2019								
		Period Ending	MTD	MTD Budget	YTD	YTD	YTD Budget	Annual
	Description	5/31/19	Budget	Variance	Actual	Budget	Variance	Budget
<b>Grouping</b>	<b>REVENUE</b>							
HRSA	HHS GRANT REVENUE - Federal	\$296,935	\$260,617	\$36,319	\$623,565	\$521,233.33	\$102,332	\$3,127,400
Patient Rev	GRANT REVENUE - Title V	\$9,253	\$4,780	\$4,473	\$17,615	\$9,559	\$8,056	\$57,355
Patient Rev	PATIENT FEES	(\$353,540)	\$496,551	(\$850,091)	\$172,260	\$993,101	(\$820,841)	\$5,958,608
Patient Rev	PRIVATE INSURANCE	\$21,203	\$49,289	(\$28,086)	\$52,483	\$98,579	(\$46,096)	\$591,472
Patient Rev	PHARMACY REVENUE - 340b	\$88,204	\$80,417	\$7,788	\$167,500	\$160,833	\$6,667	\$965,000
Patient Rev	MEDICARE	\$21,081	\$42,380	(\$21,299)	\$45,495	\$84,760	(\$39,265)	\$508,558
Patient Rev	MEDICAID	\$30,408	\$72,608	(\$42,200)	\$68,023	\$145,216	(\$77,193)	\$871,296
Other Rev.	LOCAL GRANTS & FOUNDATIONS	\$1,351	\$1,351	\$0	\$2,701	\$2,701	\$0	\$16,208
Other Rev.	MEDICAL RECORD REVENUE	\$2,009	\$1,354	\$655	\$3,774	\$2,708	\$1,066	\$16,250
Other Rev.	MEDICAID INCENTIVE PAYMENTS	\$0	\$0	\$0	\$0	\$0	\$0	\$0
County	COUNTY REVENUE	\$324,071	\$324,070	\$1	\$648,142	\$648,141	\$2	\$3,888,845
DSRIP	DSRIP REVENUE	\$0	\$79,167	(\$79,167)	\$0	\$158,333	(\$158,333)	\$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	\$9,035	\$5,750	\$3,285	\$17,523	\$11,500	\$6,023	\$69,000
Patient Rev	CONTRACT REVENUE	\$1,777	\$4,978	(\$3,200)	\$3,374	\$9,956	(\$6,581)	\$59,733
Other Rev.	LOCAL FUNDS / OTHER REVENUE	\$491	\$0	\$491	\$1,081	\$0	\$1,081	\$0
Other Rev.	CONVENIENCE FEE	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Rev.	Fund Balance	\$9,250	\$9,250	\$0	\$83,766	\$83,766	\$0	\$182,160
	<b>Total Revenue</b>	<b>\$461,529</b>	<b>\$1,432,560</b>	<b>(\$971,031)</b>	<b>\$1,907,303</b>	<b>\$2,930,387</b>	<b>(\$1,023,084)</b>	<b>\$17,261,885</b>
	<b>EXPENSES</b>							
Personnel	SALARIES	\$524,324	\$526,677	\$2,353	\$1,020,672	\$1,053,354	\$32,682	\$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	\$8,800	\$8,800	\$52,800.00
	SALARIES, supplemental	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Personnel	SALARIES, O/T	\$3,114	\$5,000	\$1,886	\$6,217	\$10,000	\$3,783	\$60,000.00
Personnel	SALARIES, PART-TIME	\$11,516	\$36,141	\$24,625	\$20,735	\$72,282	\$51,548	\$433,694.00
Personnel	Comp Pay	\$0	\$0	\$0	\$120	\$0	(\$120)	\$0.00
Personnel	FICA EXPENSE	\$40,474	\$43,775	\$3,300	\$78,061	\$87,549	\$9,488	\$525,296.33
Personnel	TEXAS UNEMPLOYMENT TAX	\$42	\$1,215	\$1,173	(\$562)	\$2,431	\$2,993	\$14,584.05
Personnel	LIFE INSURANCE	\$1,498	\$1,380	(\$118)	\$2,947	\$2,760	(\$187)	\$16,557.68
Personnel	LONG TERM DISABILITY INSURANCE	\$1,090	\$1,284	\$194	\$2,145	\$2,569	\$423	\$15,411.28
Personnel	GROUP HOSPITALIZATION INSURANC	\$0	\$46,032	\$46,032	\$0	\$92,064	\$92,064	\$552,383.31
Personnel	WORKER'S COMP INSURANCE	\$1,297	\$2,861	\$1,564	\$2,510	\$5,722	\$3,213	\$34,333.12
Personnel	EMPLOYER SPONSORED HEALTHCARE	\$42,633	\$0	(\$42,633)	\$82,544	\$0	(\$82,544)	\$0.00
Personnel	HRA EXPENSE	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Personnel	PENSION / RETIREMENT	\$11,433	\$12,131	\$698	\$22,229	\$24,262	\$2,034	\$145,572.38
Contractual	OUTSIDE LAB CONTRACT	\$35,697	\$30,475	(\$5,222)	\$38,130	\$60,950	\$22,820	\$365,700.00
Contractual	OUTSIDE X-RAY CONTRACT	\$2,244	\$4,428	\$2,184	\$4,356	\$8,855	\$4,499	\$53,130.00
Contractual	MISCELLANEOUS CONTRACT SERVICES	\$24,985	\$23,990	(\$995)	\$37,583	\$47,979	\$10,396	\$287,874.00
Personnel	TEMPORARY STAFFING	\$18,538	\$0	(\$18,538)	\$34,471	\$0	(\$34,471)	\$0.00
Contractual	CHW CONTRACT BILLING SERVICE	\$6,750	\$9,000	\$2,250	\$14,804	\$18,000	\$3,196	\$108,000.00
IGT	IGT REIMBURSEMENT	\$0	\$37,500	\$37,500	\$0	\$75,000	\$75,000	\$450,000.00
Contractual	JANITORIAL CONTRACT	\$13,742	\$13,926	\$184	\$27,484	\$27,852	\$368	\$167,109.24
Contractual	PEST CONTROL	\$80	\$80	(\$0)	\$160	\$160	(\$0)	\$960.00
Contractual	SECURITY	\$2,487	\$3,910	\$1,424	\$5,254	\$7,820	\$2,567	\$46,920.00
Supplies	OFFICE SUPPLIES	\$53,069	\$5,115	(\$47,954)	\$132,507	\$10,229	(\$122,277)	\$61,376.00
Supplies	OPERATING SUPPLIES	\$27,267	\$24,032	(\$3,235)	\$88,550	\$48,064	(\$40,486)	\$288,382.00
Supplies	OUTSIDE DENTAL SUPPLIES	\$4,538	\$2,000	(\$2,538)	\$6,082	\$4,000	(\$2,082)	\$24,000.00
Supplies	PHARMACEUTICAL SUPPLIES	\$55,921	\$89,889	\$33,968	\$86,064	\$179,778	\$93,714	\$1,078,668.00
Supplies	JANITORIAL SUPPLIES	\$0	\$333	\$333	\$0	\$667	\$667	\$4,000.00
Supplies	PRINTING SUPPLIES	\$0	\$200	\$200	\$122	\$400	\$278	\$2,400.00
Supplies	UNIFORMS	\$0	\$417	\$417	\$0	\$833	\$833	\$5,000.00
Other	POSTAGE	\$854	\$667	(\$187)	\$1,664	\$1,333	(\$331)	\$8,000.00
Other	TELEPHONE	\$3,680	\$4,066	\$385	\$7,354	\$8,132	\$778	\$48,790.00
Other	WATER	\$31	\$31	\$1	\$61	\$63	\$2	\$375.00
Other	ELECTRICITY	\$1,586	\$2,083	\$497	\$3,014	\$4,167	\$1,152	\$25,000.00
Travel	TRAVEL, LOCAL	\$382	\$383	\$1	\$865	\$767	(\$98)	\$4,600.00
Travel	TRAVEL, OUT OF TOWN	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Travel	LOCAL TRAINING	\$1,641	\$417	(\$1,224)	\$2,117	\$833	(\$1,284)	\$5,000.00
Travel	TRAINING, OUT OF TOWN	\$3,375	\$1,719	(\$1,656)	\$5,653	\$3,437	(\$2,216)	\$20,624.00
Other	RENTALS	\$3,598	\$3,290	(\$308)	\$6,648	\$6,580	(\$68)	\$39,480.00
Other	LEASES	\$43,121	\$43,702	\$581	\$86,241	\$87,404	\$1,163	\$524,424.00
Other	MAINTENANCE / REPAIR, EQUIP.	\$6,003	\$6,977	\$974	\$12,754	\$13,953	\$1,200	\$83,720.00
Other	MAINTENANCE / REPAIR, AUTO	\$0	\$42	\$42	\$0	\$83	\$83	\$500.00
Other	FUEL	\$0	\$42	\$42	\$0	\$83	\$83	\$500.00
Other	MAINTENANCE / REPAIR, BLDG.	\$0	\$417	\$417	\$1,126	\$833	(\$293)	\$5,000.00
Other	MAINT/REPAIR, IT Equip.	\$0	\$1,273	\$1,273	\$0	\$2,546	\$2,546	\$15,275.00
Other	MAINTENANCE / Preventative, AUTO	\$0	\$42	\$42	\$0	\$83	\$83	\$500.00
Other	INSURANCE, AUTO/Truck	\$200	\$208	\$9	\$400	\$417	\$17	\$2,500.00
Other	INSURANCE, GENERAL LIABILITY	\$1,026	\$1,029	\$3	\$2,053	\$2,058	\$6	\$12,350.00
Other	INSURANCE, BLDG. CONTENTS	\$1,451	\$1,633	\$182	\$2,903	\$3,266	\$363	\$19,595.00

Coastal Health & Wellness								
Statement of Revenue and Expenses for the Period ending May 31, 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>5/31/19</i>	<i>Budget</i>	<i>Variance</i>	<i>Actual</i>	<i>Budget</i>	<i>Variance</i>	<i>Budget</i>
Other	Settlements	\$0	\$0	\$0	\$87,500	\$0	(\$87,500)	\$0.00
Other	COMPUTER EQUIPMENT	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Other	OPERATING EQUIPMENT	\$9,250	\$0	(\$9,250)	\$9,250	\$0	(\$9,250)	\$0.00
Other	BUILDING IMPROVEMENTS	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Other	NEWSPAPER ADS	\$1,854	\$1,500	(\$354)	\$2,402	\$3,000	\$598	\$18,000.00
Other	SUBSCRIPTIONS, BOOKS, ETC	\$0	\$125	\$125	\$150	\$250	\$100	\$1,500.00
Other	ASSOCIATION DUES	\$1,000	\$2,883	\$1,883	\$2,000	\$5,765	\$3,765	\$34,592.00
Other	IT SOFTWARE, LICENSES, INTANGIBLES	\$13,720	\$18,355	\$4,635	\$77,253	\$36,711	(\$40,542)	\$220,265.00
Other	PROF FEES/LICENSE/INSPECTIONS	\$25	\$203	\$178	\$25	\$405	\$380	\$2,430.00
Other	PROFESSIONAL SERVICES	\$14,807	\$1,875	(\$12,932)	\$15,147	\$3,750	(\$11,397)	\$22,500.00
Other	MED/HAZARD WASTE DISPOSAL	\$524	\$483	(\$41)	\$1,049	\$967	(\$82)	\$5,800.00
Other	TRANSPORTATION CONTRACT	\$366	\$650	\$284	\$881	\$1,300	\$419	\$7,800.00
Other	BOARD MEETING OPERATIONS	\$0	\$29	\$29	\$44	\$58	\$14	\$350.00
Other	SERVICE CHG - CREDIT CARDS	\$1,157	\$685	(\$472)	\$1,809	\$1,370	(\$439)	\$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	(\$360,185)	\$417,493	\$777,678	\$82,685	\$834,987	\$752,302	\$5,009,920.00
Other	MISCELLANEOUS EXPENSE	\$0	\$0	\$0	\$858	\$0	(\$858)	\$0.00
	<b>Total Expenses</b>	<b>\$632,207</b>	<b>\$1,438,490</b>	<b>\$806,284</b>	<b>\$2,127,086</b>	<b>\$2,876,981</b>	<b>\$749,895</b>	<b>\$17,261,885</b>
	<b>Net Change in Fund Balance</b>	<b>(\$170,678)</b>	<b>(\$5,930)</b>	<b>(\$164,748)</b>	<b>(\$219,783)</b>	<b>\$53,406</b>	<b>(\$273,189)</b>	<b>(\$0)</b>
		(\$9,250)	Expenses Fund Bal. Reserve		(\$83,766)			
		(\$179,928)			(\$303,549)			

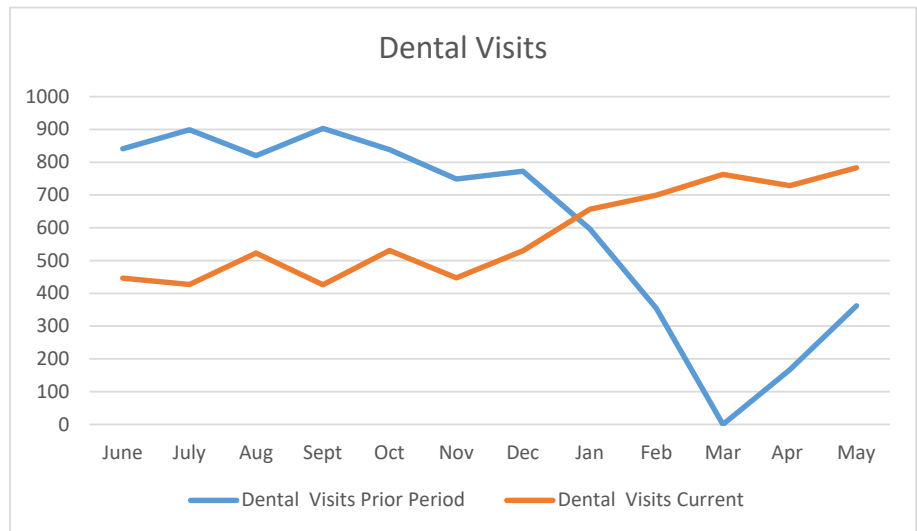
### Medical Visits

	<u>Prior Period</u>	<u>Current</u>
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
May	2,177	2,171
	<u>32,100</u>	<u>28,369</u>



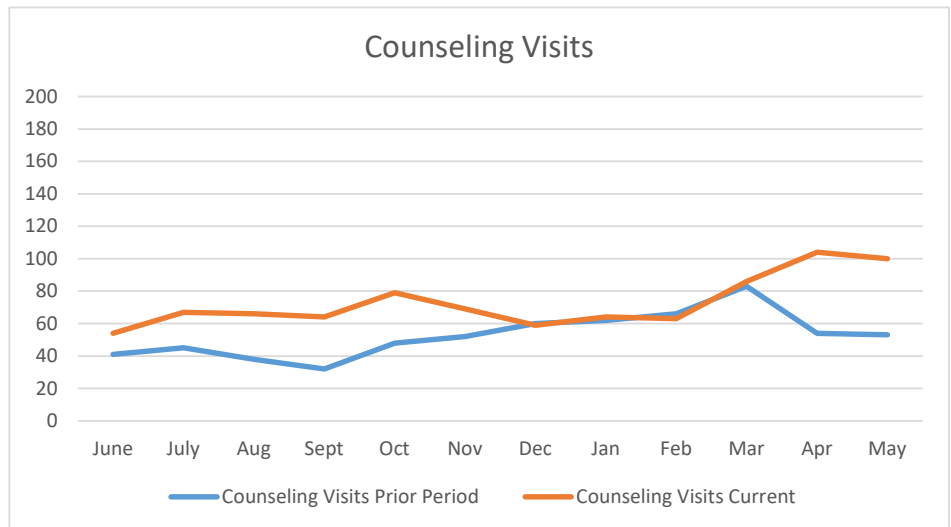
### Dental Visits

	<u>Prior Period</u>	<u>Current</u>
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
May	362	783
	<u>7,302</u>	<u>6,959</u>



### Counseling Visits

	<u>Prior Period</u>	<u>Current</u>
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
May	53	100
	<u>634</u>	<u>875</u>



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

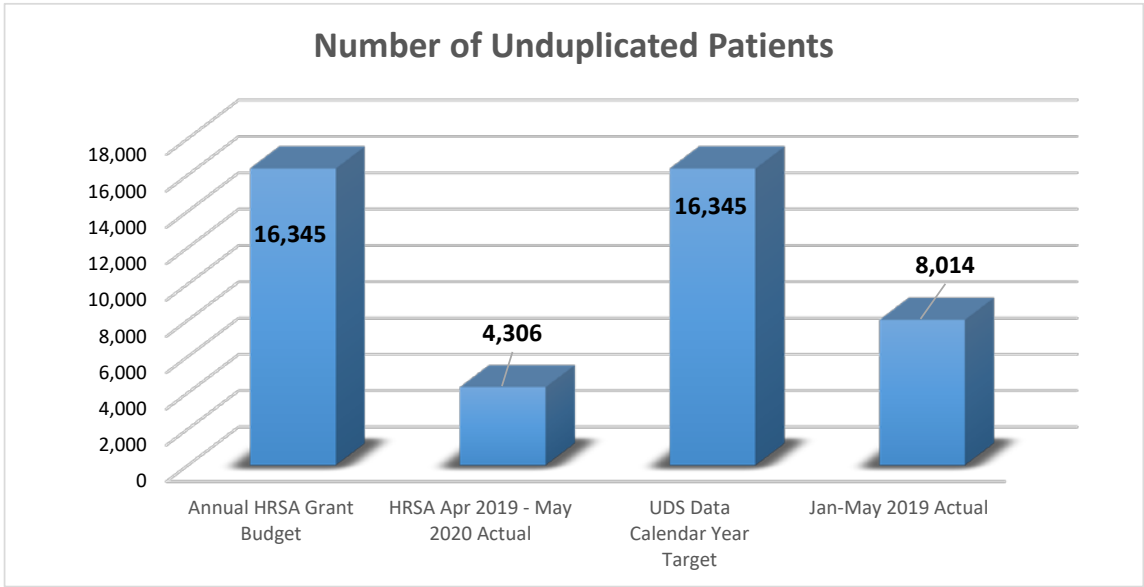
	Annual HRSA		Over/(Under)		YTD	Over/(Under)		% Over/ (Under) YTD Budget
	Grant Budget	MTD Actual	MTD Budget	MTD Budget		YTD Actual	Budget	
Medicaid	5,442	207	454	(247)	428	907	(479)	-53%
Medicare	3,640	282	303	(21)	523	607	(84)	-14%
Other Public (Title V, Contract)	1,728	201	144	57	394	288	106	37%
Private Insurance	4,718	169	393	(224)	352	786	(434)	-55%
Self Pay	31,361	2,195	2,613	(418)	4,309	5,227	(918)	-18%
	<b>46,889</b>	<b>3,054</b>	<b>3,907</b>	<b>(853)</b>	<b>6,006</b>	<b>7,815</b>	<b>(1,809)</b>	<b>-23%</b>

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

	Current Year Annual Target	Jan-May 2018 Actual	Jan-May 2019 Actual	Increase/ (Decrease) Prior	% of Annual Target
				Year	
Unduplicated Patients	16,345	7,913	8,014	101	49%

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

	Annual HRSA Grant Budget	Apr 2018 - May 2018 Actual	Apr 2019 - May 2020 Actual	Increase/ (Decrease) Prior	% of Annual Target
				Year	
Unduplicated Patients	16,345	3,625	4,306	681	26%



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**Governing Board**

**June 2019**

**Item #9**

**Consider for Approval Revisions to Medical Fee Schedule and Dental  
Contract Fee Schedule**



**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>				
Nominal Fee	Minimum Fee - 0% Responsibility	\$20			
	Deposit Payment - 20% Responsibility	\$25			
	Deposit Payment - 40% Responsibility	\$30			
	Deposit Payment - 60% Responsibility	\$35			
	Deposit Payment - 80% Responsibility	\$45			
	Deposit Payment - 100% Responsibility (required at checkin)	\$55			
Retck Svc CG	Returned check service charge	\$25			
	<b>New Patient Office Visit</b>				
99201	Typically 10 Minutes Face to Face	\$89			
99202	Typically 20 Minutes Face to Face	\$153			
99203	Typically 30 Minutes Face to Face	\$219			
99204	Typically 45 Minutes Face to Face	\$334			
99205	Typically 60 Minutes Face to Face	\$418			
G0438	Initial Visit	\$353			
	<b>Established Patient Office Visit</b>				
99211	Typically 5 Minutes Managing or Supervising (Nurse Visit)	\$42			
99212	Typically 10 Min Face to Face	\$89			
99213	Typically 15 Min Face to Face	\$150			
99214	Typically 25 Min Face to Face	\$221			
99215	Typically 40 Min Face to Face	\$296			
G0439	Subsequent Visit	\$240			
	<b>New Patient Preventive Visits</b>				
99381	Well Child less than 1year	\$228			
99382	Well Child 1 - 4 years	\$238			
99383	Well Child 5 - 11 years	\$248			
99384	Well Child 12 - 17 years	\$279			
99385	Well Adult 18 - 39 years	\$271			
99386	Well Adult 40 - 64 years	\$314			
99387	Well Adult 65 years and over	\$340			
G0402	Initial Preventive Exam	\$342			
	<b>Established Patient Preventive Visit</b>				
99391	Well Child less than 1year	\$205			

CPT #	Procedure Description	Current Fee	Proposed Fee	Difference	% change
99392	Well Child 1 - 4 years	\$219			
99393	Well Child 5 - 11 years	\$218			
99394	Well Child 12 - 17 years	\$239			
99395	Well Adult 18 - 39 years	\$244			
99396	Well Adult 40 - 64 years	\$260			
99397	Well Adult 65 years and over	\$279			
	<b>Counseling Services</b>				
90832	Psychotherapy Pt and Family (30 min.)	\$132			
90834	Psychotherapy Pt and Family (45 min.)	\$175			
90837	Psychotherapy Pt and Family (60 min.)	\$262			
90847	Family psychotherapy (with patient present)	\$220			
90853	Group psychotherapy (other than of a multiple-family group)	\$57			
	<b>Special Services</b>				
STD/HIV	STD Referral	\$22			
90853	Tobacco Group Counseling	\$55			
99499	Brief Consultation	\$17			
	<b>Incision and Drainage Procedures</b>				
10060	Incision and drainage of abscess, single	\$241			
10061	Incision and drainage of abscess, complicated or multiple	\$419			
10120	Incision and removal of a foreign object from subcutaneous tissues	\$314			
10140	Incision and drainage of hematoma	\$333			
10160	Puncture and aspiration of abscess	\$266			
	<b>Paring or Cutting</b>				
11055	Trim Skin Lesion	\$101			
	<b>Debridement Procedures</b>				
11000	Debridement of extensive eczematous or infected skin (up to 10% of body surface)	\$112			
	<b>Biopsy Procedures</b>				
11102	Biopsy, skin and subcutaneous tissue, single lesion	\$212			
11103	Biopsy, skin and subcutaneous tissue, each additional lesion	\$66			
	<b>Skin Tag Procedures</b>				
11200	Remove multiple fibrocutaneous skin tags, up to 15	\$179			
11201	Remove multiple fibrocutaneous skin tags, each additional 10	\$37			
	<b>Shaving Procedures</b>				
11300	Shaving epidermal or dermal lesion, single, trunk or extremities, 0.5 cm. or less	\$200			
11301	Shaving epidermal or dermal lesion, single, trunk or extremities, 0.6-1.0 centimeter	\$246			

CPT #	Procedure Description	Current Fee	Proposed Fee	Difference	% change
11305	Shaving epidermal or dermal lesion, single, scalp, neck, hands, feet or genitalia, 0.5 cm. or less	\$206			
11306	Shaving epidermal or dermal lesion, single, scalp, neck, hands, feet or genitalia, 0.6 -1 cm.	\$252			
11310	Shaving single epidermal or dermal lesion, on face, 0.5 cm or less	\$233			
11311	Shaving single epidermal or dermal lesion on face; lesion 0.6 to 1.0 cm	\$226			
11055	Paring or cutting of benign hyperkeratotic lesion (e.g.. corn, callous)	\$100			
	<b>Excision Procedures</b>				
11400	Excision of benign lesion, except skin tag, 0.5 cm. or less	\$254			
11401	Excision of benign lesion, except skin tag, 0.6-1.0 cm.	\$304			
11402	Excision of benign lesion, except skin tag, 1.1-2.0 cm.	\$336			
11403	Excision of benign lesion, except skin tag, 2.1-3.0 cm.	\$386			
11404	Excision of benign lesion, except skin tag, 3.1-4.0 cm.	\$437			
11420	Excision of benign lesion, except skin tag, on scalp, neck, hands, feet, genitalia, 0.5 cm or less	\$252			
11421	Excision of benign lesion, except skin tag, on scalp, necks, hands, feet, genitalia, 0.6-1 cm	\$319			
11422	Excision of benign lesion, except skin tag, on scalp, neck, hands, feet, genitalia, 1.1-2 cm	\$355			
11426	Excision of benign lesion, except skin tag, on scalp, neck, hands, feet, genitalia, over 4.0 cm	\$659			
11440	Excision of other benign lesion, except skin tag, on face, 0.5 cm or less	\$278			
11441	Excision of other benign lesion, except skin tag, on face, 0.6-1 cm	\$341			
	<b>Nail Procedures</b>				
11720	Debridement of nail(s) by any method, one to five	\$67			
11730	Complete or partial avulsion of the nail plate, single (removal of the nail without disruption of the underlying matrix or nailbed)	\$206			
11732	Avulsion of each additional nail plate	\$74			
11740	Puncture of nail to remove hematoma or blood	\$103			
11750	Surgical excision of nail with matrix, removing the nail and the underlying nail bed (e.g.. ingrown or deformed nail)	\$395			

CPT #	Procedure Description	Current Fee	Proposed Fee	Difference	% change
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).	\$350			
	<b>Wound Repair Procedures</b>				
12001	Simple suture repair of wound, 2.5 cm. or less	\$182			
12002	Simple suture repair of wound, 2.6 to 7.5 cm.	\$220			
12004	Simple suture repair of wound, 7.6 to 12.5 cm.	\$259			
12005	Simple suture repair of wound, 12.6 to 20.0 cm.	\$325			
12011	Simple suture repair of wound on face, 2.5 cm. or less	\$222			
	<b>Burn Treatment</b>				
16000	Initial treatment, 1st or 2nd degree burn, when no more than local treatment is required	\$139			
	<b>Destruction Procedures (Any Method)</b>				
17000	Destruction of benign or premalignant lesions with liquid nitrogen (e.g.. actinic keratoses), first lesion	\$146			
17003	Destruction with liquid nitrogen of benign or premalignant lesions: second through 14th lesion	\$13			
17004	Destruction with liquid nitrogen of each additional lesion over 15	\$306			
17110	Destruction with liquid nitrogen of common or plantar warts, to 14 lesions	\$230			
17111	Destruction with liquid nitrogen of common or plantar warts (15 or more)	\$271			
	<b>Injection and/or Arthrocentesis Procedures</b>				
20550	Injection, single tendon sheath or ligament	\$120			
20552	Injection(s), single or multiple trigger points, 1-2 muscles	\$113			
20600	Arthrocentesis, aspiration and/or injection, <i>small</i> joint or bursa (e.g.. fingers, toes)	\$97			
20605	Arthrocentesis, aspiration and/or injection, <i>intermediate</i> joint or bursa (e.g.. wrist, elbow)	\$102			
20610	Arthrocentesis, aspiration and/or injection, <i>major</i> joint or bursa (e.g.. Shoulder, hip, knee)	\$123			
	<b>Splint / Strapping Procedures</b>				
29550	Toe strapping	\$57			
29580	Strapping, Unna Boot	\$108			
	<b>Male Procedures</b>				
54050	Destruction of lesion(s), penis, chemical - podophyllin	\$271			
54056	Destruction of lesion(s), penis, simple, cryosurgery Liquid nitrogen	\$292			

CPT #	Procedure Description	Current Fee	Proposed Fee	Difference	% change
	<b>Female Procedures</b>				
56405	Incision and drainage of vulva or perineal abscess	\$219			
56501	Destruction of lesion(s), vulva, all methods	\$264			
56605	Biopsy of vulva or perineum; one lesion	\$165			
58100	Endometrial Biopsy	\$219			
88305	Tissue Exam by Pathologist (of endometrial biopsy) these must both be coded	\$197			
58301	Removal only - intrauterine device (IUD)	\$191			
58300	Insertion of Intrauterine Device (IUD) - insertion only		\$147		
	<b>Removal of Foreign Body</b>				
65205	Foreign body removal, eye	\$117			
69200	Foreign body removal, external auditory canal	\$232			
69210	Cerumen removal with spoon	\$100			
30300	Removal of foreign body, intranasal	\$433			
	<b>RADIOLOGY</b>				
70100	Radiologic examination, mandible	\$68			
70140	Radiologic examination, facial bones, less than 3 views	\$62			
70150	Radiologic examination, facial bones, 3 or more views	\$86			
70160	Radiologic examination, nasal bones, 3 or more views	\$67			
70210	Radiologic examination, sinuses, paranasal, less than 3 views	\$62			
70250	Radiologic examination, skull	\$75			
71045	Radiologic examination, chest, single view	\$46			
71046	Radiologic examination, chest, 2 views	\$57			
71047	Radiologic examination, chest, 3 views	\$70			
71100	Radiologic examination, ribs, 2 views	\$68			
72040	Radiologic examination, spine, cervical, 2 views (AP and lateral)	\$74			
72070	Radiologic examination, spine, thoracic, 2 views (AP and lateral)	\$70			
72100	Radiologic examination, spine, lumbar, 2 views (AP and lateral)	\$73			
72170	Radiologic examination, pelvis, 1 view	\$66			
72220	Radiologic examination, sacrum and coccyx, 2 views (AP and lateral)	\$58			
73000	Radiologic examination, clavicle, 2 views	\$56			
73030	Radiologic examination, shoulder, 2 view (or more)	\$59			
73060	Radiologic examination, humerus, 2 views (AP and lateral)	\$59			
73070	Radiologic examination, elbow, 2 views (AP and lateral)	\$56			
73080	Radiologic examination, elbow, 3 or more views	\$64			
73090	Radiologic examination, forearm, 2 views (AP and lateral)	\$53			

CPT #	Procedure Description	Current Fee	Proposed Fee	Difference	% change
73100	Radiologic examination, wrist, 2 views	\$59			
73110	Radiologic examination, wrist, 3 views (PA, lateral and oblique)	\$73			
73120	Radiologic examination, hand, 2 views	\$53			
73130	Radiologic examination, hand, 3 views (PA, lateral and oblique)	\$64			
73140	Radiologic examination, finger, 3 views (PA, lateral and oblique)	\$65			
73502	Radiologic examination, hip, unilateral, 2 views	\$86			
73521	Radiologic examination, hips, bilateral, 2 views each hip including AP view of pelvis	\$83			
73552	Radiologic examination, femur, 2 views (AP and lateral)	\$67			
73560	Radiologic examination, knee, 1 or 2 views	\$64			
73562	Radiologic examination, knee, 3 views (AP, lateral and sunrise or oblique)	\$74			
73565	Radiologic examination of bilateral knees, standing AP view, weight bearing	\$74			
73590	Radiologic examination, leg, tibia and fibula, 2 views	\$58			
73600	Radiologic examination of ankle, 2 views	\$62			
73610	Radiologic examination, ankle, complete, 3 views (AP, lateral and oblique)	\$64			
73620	Radiologic examination of foot, 2 views	\$54			
73630	Radiologic examination, foot, complete, 3 views (AP, lateral and oblique)	\$59			
73660	Radiologic examination, toes, 2 views (AP and lateral)	\$58			
74018	Radiologic examination, abdomen/KUB (kidney, ureters, bladder), 1 view	\$48			
	<b>Other Office Procedures</b>				
93000	EKG (electrocardiogram)	\$35			
94010	Spirometry	\$76			
94760	Pulse Oximetry - Noninvasive	\$6			
86580	TB Skin Test (PPD)	\$15			
94640	Airway Inhalation Treatment	\$39			
	<b>In House Labs</b>				
82962	Glucose (finger stick) by glucometer	\$4			
83036	Hemoglobin A1C (finger stick)	\$19			
86318	H. Pylori (blood test)	\$25			
82044	Microalbumin, urine	\$10			
82270	Occult Blood (guaiac) <i>Note: Indicate how many cards used by provider or issued to patient</i>	\$6			
81025	Pregnancy Test, urine	\$12			
86308	Rapid Mono (blood test)	\$10			



CPT #		Procedure Description	Current Fee	Proposed Fee	Difference	% change
87880		Rapid Strep (throat swab)	\$23			
87205		Trichomonas and Candida / Wet Mount (T&M) - performed by a medical provider	\$8			
87210		KOH Prep - performed by a medical provider	\$8			
81003		Urinalysis, automated, without microscopy (dipstick)	\$4			
		<b>Send Out Labs</b>				
		<i>Blood Tests (General)</i>				
82150	-90	Amylase + Lipase	\$26			
83690	-90					
82607	-90	Anemia Profile (includes: CBC, iron, TIBC, B12, folic acid, ferritin, reticulocytes)	\$130			
82728	-90					
82746	-90					
83540	-90					
83550	-90					
85025	-90					
85045	-90					
80048	-90	Basic Metabolic Panel (includes: calcium, carbon dioxide, chloride, creatinine, glucose, potassium, sodium and BUN)	\$16			
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			
82947	-90	Glucose Tolerance Test - 2 hours Panel	\$17			
82950	-90					
83021	-90	Hemoglobin Electrophoresis (hemoglobinopathy) Panel	\$45			
85660	-90					
85014	-90	Hematocrit (HCT) / Hemoglobin (Hgb) Panel	\$9			
85018	-90					
80076	-90	Liver Function Panel (includes: albumin, bilirubin total, phosphate alkaline, protein total, transferase alanine amino, transferase aspartate amino, LDH, GGT)	\$41			
82977	-90					
83615	-90					
80061	-90	Lipid Panel (includes: cholesterol serum total, HDL cholesterol,	\$19			
84550	-90	Rheumatoid Panel (includes: uric acid, sed rate, ANA, ASO, C-reactive protein, rheumatoid factor)	\$70			
85652	-90					
86038	-90					
86060	-90					
86140	-90					
86431	-90					

CPT #		Procedure Description	Current Fee	Proposed Fee	Difference	% change
83001	-90	<b>Testicular Function Profile Panel</b> (includes: FSH, LH, prolactin level, testosterone free and total, thyroxine total, TSH, T3/T4)	\$211			
83002	-90					
84146	-90					
84403	-90					
84436	-90					
84443	-90					
84479	-90	<b>Thyroid with TSH Panel</b> (includes: thyroxine total, TSH, thyroid hormone T3/T4)	\$57			
84436	-90					
84443	-90					
84479	-90					
85060	-90	<b>Blood Smear, peripheral interpretation</b>	\$47			
83880	-90	<b>B-Type Natriuretic Peptide (BNP)</b>	\$65			
82306	-90	<b>Calcifediol - Vitamin D</b>	\$57			
85025	-90	<b>Complete Blood Count (CBC)</b>	\$15			
84681	-90	<b>C-Peptide</b>	\$39			
82746	-90	<b>Folic Acid</b>	\$28			
84702	-90	<b>HCG (human chorionic gonadotropin) Quantitative, Serum</b>	\$30			
83498	-90	<b>Hydroxyprogesterone, 17-D (ACTH)</b>	\$52			
83615	-90	<b>LDH (Lactate Dehydrogenase)</b>	\$12			
83655	-90	<b>Lead - Blood (pedi)</b>	\$23			
83735	-90	<b>Magnesium, serum</b>	\$13			
83930	-90	<b>Osmolality, Serum</b>	\$13			
83970	-90	<b>Parathormone (parathyroid hormone)</b>	\$79			
84100	-90	<b>Phosphorus</b>	\$9			
84030	-90	<b>PKU (phenylalanine)</b>	\$11			
84132	-90	<b>Potassium, Serum</b>	\$9			
85610	-90	<b>Pro Time / INR</b>	\$8			
84146	-90	<b>Prolactin Level</b>	\$37			
84153	-90	<b>PSA (Prostate Specific Antigen) total</b>	\$35			
84244	-90	<b>Renin Activity (plasma)</b>	\$42			
85652	-90	<b>Sed Rate (blood test) nonautomated</b>	\$5			
82040		<b>Assay of Serum Albumin</b>	\$6		-	
82088		<b>Assay of Aldosterone</b>	\$46		-	
82247		<b>Bilirubin</b>	\$6		-	
82274		<b>Assay test for Blood Fecal</b>	\$18		-	
82310		<b>Assay of Calcium</b>	\$6		-	
82330		<b>Assay of Calcium</b>	\$16		-	
82550		<b>Assay of CP (CPK)</b>	\$8		-	

CPT #		Procedure Description	Current Fee	Proposed Fee	Difference	% change
82626		Dehydroepiandrosterone	\$29		-	
82607	-90	Serum B12	\$30			
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			
84295	-90	Sodium Serum	\$9			
86376	-90	Thyroid auto-antibodies	\$27			
84443	-90	TSH (thyroid stimulating hormone)	\$32			
84550	-90	Uric Acid, blood	\$10			
		<b>Infectious Disease Tests</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			
86735	-90	MMR Panel (Measles, Mumps, & Rubella antibody titers)				
86762	-90					
86765	-90		\$77			
87070	-90	Aerobic culture and sensitivity	\$16			
87075	-90	Anaerobic culture and sensitivity	\$18			
86360	-90	CD4/CD8	\$87			
87110	-90	Chlamydia Culture (vaginal, oral, rectal swab),	\$47			
87140	-90	Chlamydia Culture typing (amino fluorescent method)				
87491	-90	Chylmadia / Gonorrhea Trach DNA Amp Probe	\$132			
87591	-90					
87045	-90	Culture, Stool	\$59			
87046	-90	(includes: Bacteria, aerobic w/isolation & preliminary exam, addition				
87427	-90	pathogens if positive, Shiga-like toxin)				
87046	-90	Culture, Stool (additional pathogens if positive)		\$18		
86663	-90	Epstein - Barr (EB) virus, early	\$25			
87081	-90	Gonorrhea culture (vaginal, oral, rectal swab)	\$13			
86706	-90	Hepatitis B Surface Antibody (Qualitative)	\$21			
86694	-90	Herpes Simplex, Types 1 and 2, IgM (acute)	\$28			
86695	-90	Herpes Simplex, Types 1 and 2, IgG (chronic)	\$25			

CPT #		Procedure Description	Current Fee	Proposed Fee	Difference	% change
86696		Herpes Simplex Type 2	-			
86703	-90	HIV 1 Preliminary Test with Confirmation	\$26			
87536	-90	HIV - 1, Quantification	\$158			
86803		Hepatitis C AB Text	-			
87389		HIV-a AG W/HIV-1 & HIV-2 AB	-			
87522		Hepatitis C RNA Quant	-			
		Measles (rubeola) antibody titer				
86765	-90		\$25			
86735	-90	Mumps antibody titer	\$25			
		Ova and Parasites direct smears (concentration and identification)				
87177	-90		\$17			
86592	-90	RPR (syphilis)	\$8			
86762	-90	Rubella antibody titer	\$28			
87086	-90	Urinalysis culture and sensitivity	\$15			
86787	-90	Varicella Zoster	\$25			
		<b>Prenatal Tests</b>				
85025	-90	Pre-Natal Profile Panel (includes: CBC, HIV-1, rubella, RPR, Rh(d), blood typing ABO, hep B antigen, RBC and antibody screen)	\$124			
86850	-90					
86703	-90					
86762	-90					
86592	-90					
86901	-90					
87340	-90					
86900	-90					
82105	-90	Alpha-feto Protein Panel (at 16-18 weeks gestation)	\$127			
82677	-90	(Includes: Fetoprotein, serum; human chorionic gonadotrophin (hgc);				
84702	-90	unconjugated estrol (uE3); (DIA) diametric inhibin A)				
86336	-90					
		<b>Drug Level</b>				
		Urinalysis, nine drug screen panel (methadone, propoxyphene, amphetamine, benzodiazepines, cocaine, opiates, phencyclidine, barbiturates, THC)				
80307	-90		\$108			
80164	-90	Depakote Level (valproic acid)	\$26			
80162	-90	Digoxin Level	\$25			
80185	-90	Dilantin Level; phenytoin total	\$25			
80175		Drug Screen Quan Lamotrigine	\$15			
80178	-90	Lithium Blood Quantitative	\$13			

CPT #		Procedure Description	Current Fee	Proposed Fee	Difference	% change
80184	-90	Phenobarbital	\$22			
80156	-90	Tegretol Level (carbamazepine)	\$28			
		<i>Urine Tests (General)</i>				
82140	-90	Ammonia Level	\$28			
81001		Urinalysis Auto w/Scope	\$4			
82570	-90	Creatine Clearance 24hr urine	\$10			
83835	-90	Metaephrines Quantitative 24hr UA	\$32			
84156	-90	Protein Total Urine 24hr total	\$7			
87086	-90	Urinalysis culture and sensitivity	\$15			
		<i>Cervical Cancer Tests</i>				
88305	-90	Cervical Polyp Pathology of Biopsy (cytology form)	\$179			
88155	-90	Cytopathology Slides Cervix (two codes, primary and add on)	\$12			
88164	-90	Pap Smear (Bethesda slides)	\$35			
88150	-90	Pap Smear (Medicaid only)	\$21			
88142	-90	Pap Smear (Thin Prep liquid based for abnormal follow up)	\$29			
		<i>Histology (general)</i>				
88302	-90	Pathology of Biopsy	\$94			
		<i>Vaccine Administration</i>				
90471, 90472		*Fee for any vaccine administered	\$14			
		<i>Vaccines (purchased)</i>				
90620		Meningococcal MENB RP W/OMV Vaccine	\$124		(\$124)	-100%
90621		Meningococcal MENB RLP Vaccine	\$138		(\$138)	-100%
90632		Hep A Vaccine Adult	\$75			
90633		HEP A Pedi	\$45	\$45	\$0	0%
90636		Twinrix - Hepitatis A and Hepitatis B				
90649		HPV (Guardasil)	\$225			
90657		Flu Vaccine (6-35 months old)	\$25			
90658		Flu Vaccine (age 3 and up)	\$25			
90670		Pneumococcal Conjugate 13	\$200			
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	\$80			
90713		IPV	\$45	\$45	\$0	0%
90714		Td	\$45			
90715		Tdap	\$60			

CPT #	Procedure Description	Current Fee	Proposed Fee	Difference	% change
90716	Varicella (Chicken Pox)	\$135			
90732	Pneumovax - Adult	\$105			
90734	Meningococcal (A, C, Y and W-135)	\$130			
90736	Zostavax (shingles) vaccine	\$213			
90736	Shingles - Shingrix - two shots		\$310		
90744	Hep B - PEDI/Adolescent	\$35	\$35	\$0	0%
90746	Hep B Vaccine Adult	\$65			
	<b>*Vaccines (state supplied )</b>				
	<b>State supplied vaccines are subject to change based on state availability.</b>				
	<b>*Fee for any vaccine administered</b>	\$14			
	DT- Diphtheria and Tetanus				
	DTaP - Tetanus, Diphtheria, and Pertussis				
	Flu - Influenza				
	Hepatitis A				
	Hepatitis B				
	Hib - Haemophilus Influenzae Type-B				
	HPV Human Papillomavirus				
	IPV Polio				
	Kinrix - Diphtheria, Pertussis Acellular, Tetanus, and Polio				
	MCV4 - Meningococcal Disease				
	Meningococcal B - Serogroup B Meningococcal Disease				
	MMR - Measles, Mumps, and Rubella				
	MMRV (ProQuad) - Measles, Mumps, Rubella and Varicella				
	PCV13 - 13 Types of Pneumococcal Bacteria				
	Pediarix - Tetanus, Diphtheria, Pertussis, Polio and Hepatitis B				
	Pentacel - Diphtheria, Tetanus, Pertussis, Poliomyelitis, & Haemophilus Influenza Type B				
	PPSV23 - 23 Types of Pneumococcal Bacteria				
	RotaTeq - Rotavirus				
	Td - Tetanus and Diphtheria				
	Tdap - Tetanus, Diphtheria and Pertussis				
	Varicella - Chickenpox				
	<b>Office Medications</b>				
96372	Administration fee for therapeutic or prophylactic injections subcutaneous or intramuscular	\$14			
J0561	* Bicillin Injection (state supplied)	\$0			
J0696	* Rocephin injection per 250mg (state supplied)	\$0			
J0696	Rocephin injection per 250mg (private)	\$11	\$7	(\$4)	-36%

CPT #	Procedure Description	Current Fee	Proposed Fee	Difference	% change
J0696	Rocephin injection per 500mg (private)		\$11		
J0696	Rocephin injection per 1g (private)		\$13		
J1030	Depo-Medrol injection 40mg	\$3			
J1040	Depo-Medrol injection 80mg	\$6			
J1050	Depo-Provera injection 150mg	\$22			
J1200	Diphenhydramine injection up to 50mg (Benadryl)	\$24			
J1815	Insulin injection	\$8			
J2550	Promethazine HCL 25mg (Phenegren)		\$15		
J2790	Rhogam		\$120		
J2920	Solu Medrol injection up to 40mg	\$2			
J2930	Solu Medrol injection up to 125mg	\$3			
J3420	Vitamin B12 (cyanocobalamin) injection	\$1			
J7620D	DuoNeb (combination of Albuterol and Ipratropium)	\$4			
J7620A	Albuterol 0.83%		\$5		
J7620I	Ipratropium Bromide		\$5		
J7620S	Albuterol Sulfate Inhaler		\$8		
J0171	Epi Pen Jr. (3 units)	\$314	\$5	(\$309)	-98%
J0171	Epi Pen Adult (15 units)	\$314	\$5	(\$309)	-98%
	<b>Miscellaneous</b>				
99070	<b>**Supplies and Materials</b>				

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.

Corrected Codes

New Code



**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	
<input type="checkbox"/> D5120	Complete Denture - Mandibular	\$2,024	
<input type="checkbox"/> D5130	Immediate Denture - Maxillary	\$2,140	
<input type="checkbox"/> D5140	Immediate Denture - Mandibular	\$2,148	
<input type="checkbox"/> D5211	Maxillary Partial Denture - Resin Base	\$1,589	
<input type="checkbox"/> D5212	Mandibular Partial Denture - Resin Base	\$1,592	
<input type="checkbox"/> D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases	\$2,082	
<input type="checkbox"/> D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases	\$2,099	
<input type="checkbox"/> D5225	Maxillary Partial Denture - Flexible base (including any clasps, rests and teeth)		\$1,695
<input type="checkbox"/> D5226	Mandibular Partial Denture - Flexible base (including any clasps, rests and teeth)		\$1,687
<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	\$314
<input type="checkbox"/> D5512	Repair Broken Complete Denture Base, Maxillary	\$249	\$313
<input type="checkbox"/> D5520	Replace Missing or Broken Teeth	\$222	\$283
<input type="checkbox"/> D5611	Repair Resin Denture Base, Mandibular	\$244	\$273
<input type="checkbox"/> D5612	Repair Resin Denture Base, Maxillary	\$244	\$273
<input type="checkbox"/> D5621	Repair Cast Framework, Mandibular	\$342	\$240
<input type="checkbox"/> D5622	Repair Cast Framework, Maxillary	\$342	\$240
<input type="checkbox"/> D5630	Repair or Replace Broken Clasp	\$318	\$537
<input type="checkbox"/> D5640	Replace Broken Teeth - Per Tooth	\$225	\$283
<input type="checkbox"/> D5650	Add Tooth to Existing Partial Denture	\$272	\$283
<input type="checkbox"/> D5660	Add Clasp to Existing Partial Denture	\$321	\$537
<input type="checkbox"/> D5710	Rebase Complete Maxillary Denture	\$710	
<input type="checkbox"/> D5711	Rebase Complete Mandibular Denture	\$711	
<input type="checkbox"/> D5820	Interim Partial Denture (Maxillary)	\$822	\$883
<input type="checkbox"/> D5821	Interim Partial Denture (Mandibular)	\$822	\$883
<input type="checkbox"/> D5899	Gold Denture Crown Per Tooth	\$246	\$375
<input type="checkbox"/> D5410	Adjust Complete Denture - Maxillary	\$104	
<input type="checkbox"/> D5411	Adjust Complete Denture - Mandibular	\$104	
<input type="checkbox"/> D5421	Adjust Partial Denture - Maxillary	\$104	

CDT Code	CDT Description	Current Fee	Proposed Fee
<input type="checkbox"/> D5422	Adjust Partial Dentrue - Mandibular	\$104	
<input type="checkbox"/> D5730	Reline Complete Maxillary Denture - Chairside	\$438	
<input type="checkbox"/> D5731	Reline Complete Mandibular Denture - Chairside	\$438	
<input type="checkbox"/> D5740	Reline Partial Maxillary Denture - Chairside	\$432	
<input type="checkbox"/> D5741	Reline Partial Mandibular Denture - Chairside	\$433	
<input type="checkbox"/> D5750	Reline Complete Maxillary Denture (Lab)	\$559	
<input type="checkbox"/> D5751	Reline Complete Mandibular Denture (Lab)	\$559	
<b>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>			
<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	\$1,222	
<input type="checkbox"/> D2740	Crown - E-max crown	\$1,222	
<input type="checkbox"/> D2790	Crown - full cast high noble metal	\$1,255	
<input type="checkbox"/> D2791	Crown - full cast base metal	\$1,100	
<input type="checkbox"/> D2792	Crown - full cast noble metal	\$1,159	
<input type="checkbox"/> D2750	Crown - porcelain fused to high noble metal	\$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	\$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)	\$924	
<input type="checkbox"/> D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$1,117	
<input type="checkbox"/> D6750	Retainer Crown - porcelain fused to high noble metal	\$1,225	
<input type="checkbox"/> D6240	Pontic - porcelain fused to high noble metal	\$1,222	
<input type="checkbox"/> D6740	Retainer Crown - porcelain/ceramic	\$1,227	
<input type="checkbox"/> D6245	Pontic - porcelain/ceramic	\$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	

New codes for crowns/root canals

Corrected Rates for codes

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**Governing Board**

**June 2019**


**Item #10**

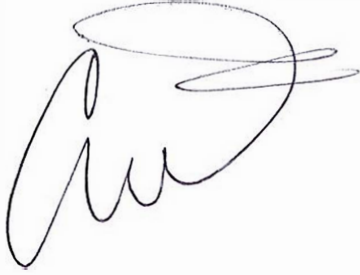
**Consider for Approval Privileging Rights for  
Ojo Opeyemi, FNP**



Date: June 27, 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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Upon the review of the completed credentialing file of Opeyemi Ojo, FNP, 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 Opeyemi Ojo, FNP, based on the following information:

- Opeyemi Ojo is a Family Nurse Practitioner who will practice full time at both the Texas City and Galveston Coastal Health & Wellness Medical Clinic. Opeyemi Ojo, graduated from University of Alabama, Tuscaloosa in 2018. Opeyemi Ojo is requesting Medical Privileges.

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### Governing Board

June 2019

Item #11

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

- a) Beau Kirkwood, DO



Date: June 27, 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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Upon the review of the completed credentialing file of Beau Kirkwood, DO 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 Beau Kirkwood, DO based on the following information:

- Beau Kirkwood, DO, is a licensed Physician IN TRAINING who will practice and train part-time at the Texas City Coastal Health & Wellness Medical Clinic. Dr. Beau Kirkwood graduated from Lincoln Memorial University Debusk College of Osteopathic Medicine. Dr. Beau Kirkwood, requests medical privileges on a part-time basis at the Texas City site.

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**Governing Board**

**June 2019**

**Item #12**

**Consider for Approval the Reappointment of Dorothy Goodman, as a  
Consumer Representative to the Coastal Health & Wellness  
Governing Board for a 3 Year Term Expiring June 2022**

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**Governing Board**

**June 2019**

**Item #13**

**Review of Galveston County Health District and Coastal Health &  
Wellness Organizational Structure**



# Galveston County Health District Operational Plan

Public Health Services  
Coastal Health & Wellness

**Kathy Barroso, CPA**  
Chief Executive Officer  
June 27, 2019



Public Health Services · Emergency Medical Services · Animal Resource Center · Coastal Health & Wellness  
*Protecting and promoting the optimal health and well-being of Galveston County.*



# Public Health Programs

## Departments / Programs

- Air & Water
- Consumer Health
- Epidemiology
- Immunizations
- HIV/STD Investigations and Treatment
- TB Monitoring & Treatment
- Breast Cancer Screenings
- Community Outreach
- Public Health Emergency Preparedness
- Birth & Death Records
- Women, Infants and Children (WIC) Program
- Animal Services
- Galveston Area Ambulance Authority

## 10 Essential Public Health Services



Public Health Services · Emergency Medical Services · Animal Resource Center · Coastal Health & Wellness  
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# Coastal Health & Wellness

## Services

- Primary Medical Care
- Dental Care
- Counseling
- Prenatal Care

## Regulatory Agencies



# Background

- Established in 1970, Coastal Health & Wellness, formerly known as Galveston County Coordinated Community Clinics (4C's) was formed as a “*public health center*” funded through a section 330 grant to a public agency (Galveston County Health District).
- HRSA requirement for Health Center Governance requires that 51% of board members be users of the clinic; thereby establishing the need for a separate board/co-applicant relationship between GCHD and Coastal.
- UBOH bylaws and the co-applicant/shared service agreement establishes the authority and rightful autonomy of the Coastal Health & Wellness Governing Board by granting “*complete authority of oversight and policy-making for Coastal Health & Wellness, a clinic operated by the Galveston County Health District but independent of the United Board of Health*”.
- Prior to 2016, several GCHD positions (including the CEO) performed duties for both GCHD and Coastal.
- HRSA site review in July 2015 recommended hiring a separate executive director who reported directly to the Coastal Governing Board.
- Request to revert to pre-2016 operating model was approved by HRSA in 2019.



# Shared Responsibilities

- Accounting / Financial Reporting
  - Purchasing & Inventory
  - Facility Management
  - Human Resources
  - Information Technology
  - Communications
  - Compliance
  - Risk & Safety
  - Public Health Emergency Preparedness
- *Under the co-applicant model, the United Board of Health is permitted to retain authority over Fiscal and Personnel policies*
  - *A co-applicant agreement between the United Board of Health and the Coastal Health & Wellness Governing Board outlining the roles, responsibilities, and shared services of both parties was executed in 2017 and was accepted by HRSA.*



# Roles & Responsibilities



Public Health Services · Emergency Medical Services · Animal Resource Center · Coastal Health & Wellness  
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# Local Health Authority

- In accordance with the Texas Health & Safety Code, Chapter 121.021, a Local Health Authority is a physician appointed to administer state and local laws relating to public health within the appointing body's jurisdiction. Duties include:
  - Issues public health advisories, alerts and warnings
  - Develops standing delegation orders when necessary for community, environmental, or disaster-related health threats in accordance with Texas Health & Safety Codes
  - Reviews and signs medical orders for GCHD public health programs
  - Establishes, maintains, and enforces quarantine
  - Appointed by Commissioners Court to serve a 2-year term



# Organizational Changes

- CEO
  - Responsible for administrative oversight of GCHD and Coastal reporting to the United Board of Health & Coastal Health & Wellness Governing Board
- Chief Nursing Officer
  - Immunizations, WIC, Coastal Nursing, Lab/Xray, Case Management, Infection Control/JC Monitoring
- Chief Compliance Officer
  - Compliance, Risk & Safety, Contracts, Facilities & Fleet, Information Technology
- Chief Financial Officer
  - Financial Services, Budget Development & Management, Procurement, Coastal Billing & Collections, Patient Services, Patient Information





# Organizational Changes

- Director of **Public Health Surveillance Programs**
  - Epidemiology, Public Health Emergency Preparedness, HIV/STD, **Vital Statistics**
  - **Public Health Accreditation Project**
- TB and **Community Health Services Manager**
  - TB, **Community Health Nursing, BCCS/D'Feet Programs**
  - **STI Clinic Nurse**



# Other Organizational Changes

- IT Department
  - IT Manager
  - Network Security Engineer
  - IT Project Specialist (part-time)
- Environmental Services
  - Air Program Manager
  - Water Program Manager



# Other Organizational Changes

- Accounting Department
  - Financial Services Manager
    - Accounts Payable/Payroll/Staff Accountants
  - Budget & Grant Manager
    - Budgets
    - Grant Billing
- Galveston Area Ambulance Authority
  - Non-emergency Transfer Field Supervisor
  - Training Officer
  - Logistics Coordinator



# Other Organizational Changes

- Animal Services
  - Shelter Coordinator transitioned to (2) Team Leads
  - Assistant Manager to Manager
  - PT Dispatcher to FT Dispatcher



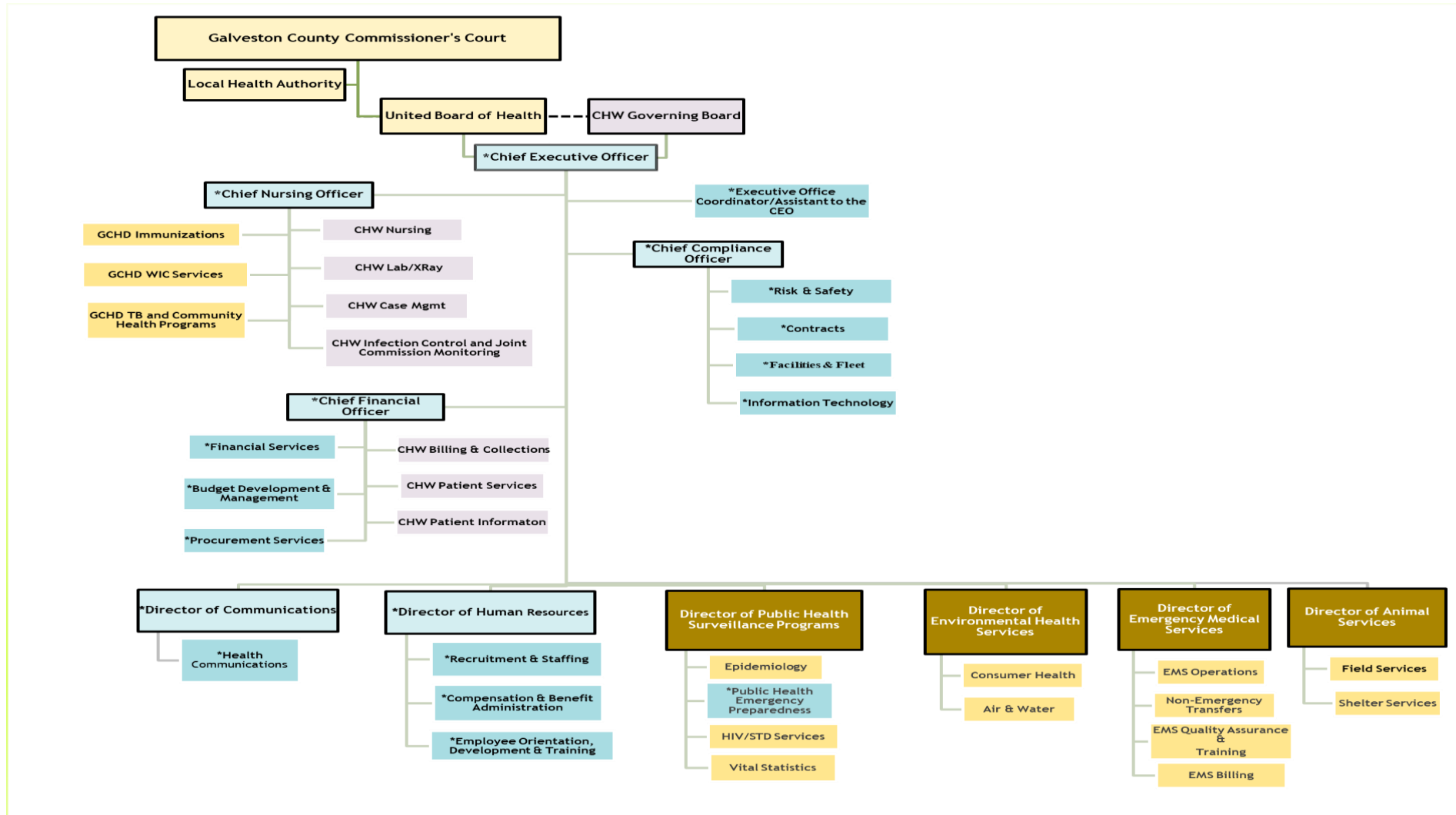
# Coastal Health & Wellness Directors

- **CHW Medical Director** (reports to CEO)
  - Physicians, Physician Assistants, Counselors
  - SUD-MH Program and PCMH Initiatives
- **CHW Dental Director** (reports to CEO)
  - Dentists, Hygienist and Supervisor of Dental Assistants
  - Oral Health Expansion Grant
- **CHW Nursing Director** (reports to Chief Nursing Officer)
  - Nurses, Medical Aides



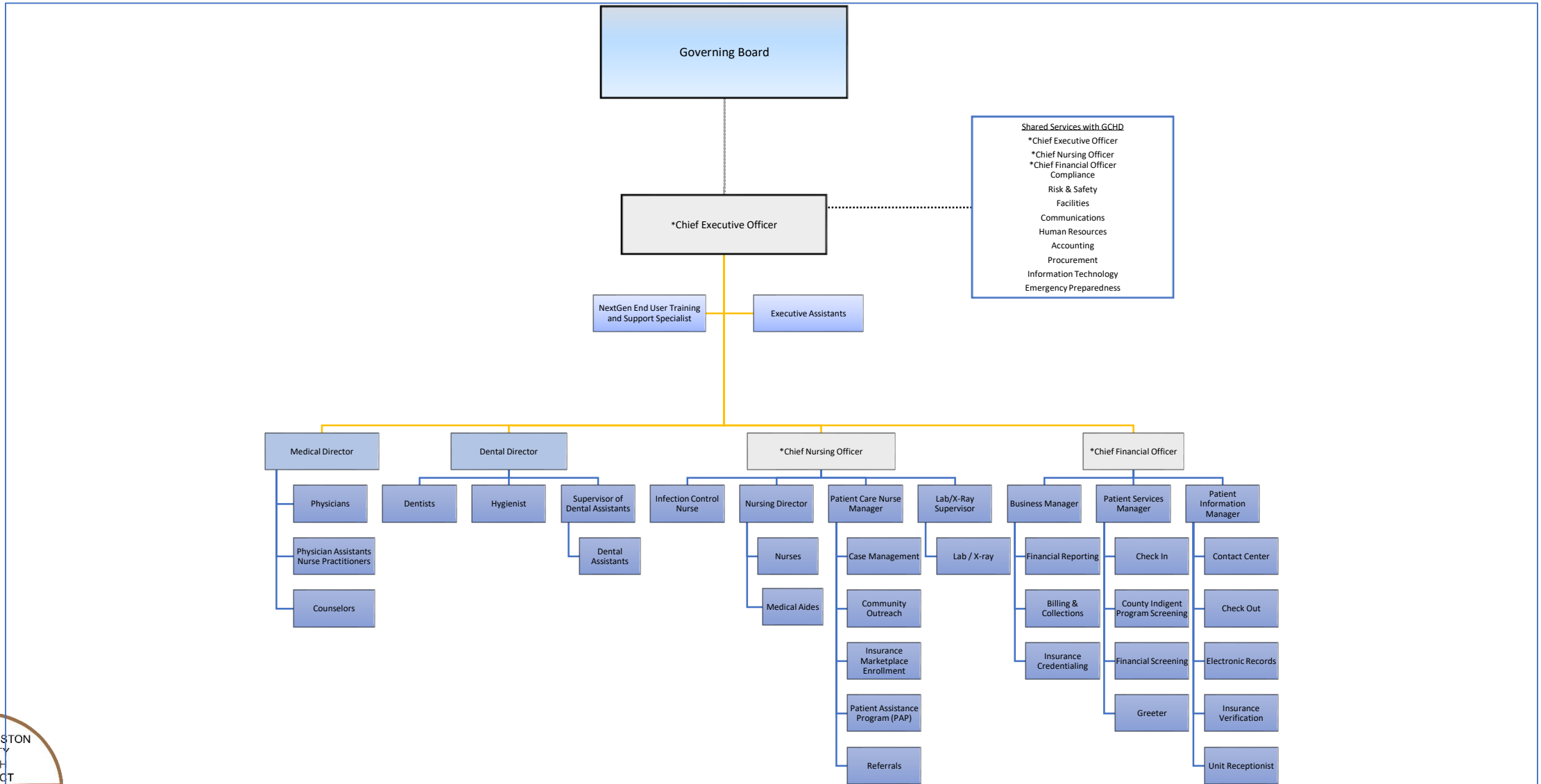
# GCHD Organizational Chart

*\*Denotes positions shared with Coastal Health & Wellness*



Public Health Services · Emergency Medical Services · Animal Resource Center · Coastal Health & Wellness  
*Protecting and promoting the optimal health and well-being of Galveston County.*

# Coastal Health & Wellness Organizational Chart



Public Health Services · Emergency Medical Services · Animal Resource Center · Coastal Health & Wellness  
*Protecting and promoting the optimal health and well-being of Galveston County.*

# Organizational Benefits

- Restructured Meetings
  - Improved Communication
- Consolidation of Resources
  - Alignment of Strategic Health Initiatives (i.e. diabetes management)
  - 1115 Waiver goals
- Additional opportunities for staff development
  - Ability to learn and interact with all District services





# Questions



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Public Health Services · Emergency Medical Services · Animal Resource Center · Coastal Health & Wellness

*Protecting and promoting the optimal health and well-being of Galveston County.*

[gchd.org](http://gchd.org)  
  