



# COASTAL HEALTH & WELLNESS

## GOVERNING BOARD

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

### AGENDA

Thursday, March 29, 2018 – 12:00 PM

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

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

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

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

### **REGULARLY SCHEDULED MEETING**

#### **Meeting Called to Order**

- \*Item #1 ..... Agenda
- \*Item #2**ACTION**..... Excused Absence(s)
- \*Item #3**ACTION**..... Consider for Approval March 1, 2018 Minutes (February Meeting)
- \*Item #4**ACTION**..... Annual Policy/Plan Review
  - Dental Scope of Services Policy
  - Coastal Health & Wellness Sliding Fee Policy/Scale
  - Coastal Health & Wellness Referral Tracking Policy
- Item #5 **EXECUTIVE SESSION**..... The Coastal Health & Wellness Governing Board will enter into Executive Session as permitted under the Open Meetings Act, Chapter 551 of the Texas Government Code, pursuant to *Section 551.074 of the Government Code, Personnel Matters*: specifically, to facilitate annual board member evaluations.
- Item #6 ..... Reconvene Regular Open Meeting
- Item #7**ACTION**..... Possible Action from Executive Session Regarding Annual Board Evaluation
- Item #8 ..... Executive Report
- Item #9**ACTION**..... Consider for Approval Financial Committee Report February 2018
- Item #10**ACTION**..... Consider for Approval Waiving Purchasing Policy Requirements for Mobile Clinic Repair
- Item #11..... Update on 1115 Waiver and Plans for Community Collaboration
- Item #12 **EXECUTIVE SESSION**..... The Coastal Health & Wellness Governing Board will enter into Executive Session as permitted under the Open Meetings Act, Chapter 551 of the Texas Government Code, pursuant to *Section 551.074 of the Government Code, Personnel Matters*: specifically, to the Joint Commission Accreditation Survey Report

- Item #13.....Reconvene Regular Open Meeting
- Item #14**ACTION**.....Possible Action from Executive Session Regarding the Joint Commission Accreditation Survey Report
- Item #15.....Complete Annual Conflict of Disclosure Statement

**Adjournment**

*Tentative Next Meeting: April 26, 2018*

**Appearances before Governing Board**

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

**Executive Sessions**

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

*The Galveston County Health District's Boardroom is wheelchair accessible. Persons with disabilities who plan to attend this meeting and who may need accommodations, auxiliary aids, or services such as interpreters, readers, or large print are requested to contact GCHD's Director of Contracts and Compliance, at 409-938-2213, or via e-mail at [lwilliams@gchd.org](mailto:lwilliams@gchd.org) at least 48 hours prior to the meeting, so that appropriate arrangements can be made.*

**Governing Board  
March 2018  
Item #2  
Excused Absence(s)**

[Back to Agenda](#)



# **COASTAL HEALTH & WELLNESS**

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**GOVERNING BOARD**

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

**Governing Board**

**March 2018**

**Item #3**

**Consider for Approval March 1, 2018 Minutes  
(February Meeting)**



**Coastal Health & Wellness  
Governing Board Meeting  
March 1, 2018  
(February Meeting)**

**Board Members**

**Present:**

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

**Staff:**

Mary McClure, Executive Director	Kathy Barroso, GCHD CEO
Dr. Foster	Dr. Keiser
Dr. Alhassan	Pisa Ring
Andrea Cortinas	Kristina Garcia
Sandra Cuellar	Tiffany Carlson
Lea Williams	Kenna Pruitt
Mary Orange	Sal Bonaccorso
Eileen Dawley	Randy Valcin
Tikeshia Thompson Rollins	Mario Acosta
Anthony Hernandez	Amanda Wolff

**Excused Absence:** Dorothy Goodman

**Unexcused Absence:**

**Guest:** Jansen Otterness, and Lisa Dougharty

**\*Approval of Consent Agenda**

Upon a motion by Virginia Valentino, seconded by Jay Holland, Consent Agenda items one through four and six were unanimously approved.

\*Dr. Howard Board Chair, asked that item #5 the annual policy/plan review be tabled.

**Item #7 Consider for Approval 2017 Audit Financial Report**

Jansen Otterness, Senior Manager, with BKD presented the Financial Statement Audit Year Ended September 30, 2017. Audit results showed the Balance Sheet Total Liabilities and Net Assets at \$5,575,000. The Statement of Revenues, Expenditures and Changes in Fund Balance should and Increase in Fund Balance of \$830,000. Key Performance indicators showed the cost per visit was down in 2017 from 2016 by \$12.03 and the cost per patient was down by \$ 18.41. One finding related to compliance. An annual Uniform Data System (UDS) is required to be submitted for each calendar, an annual Federal Financial Report (FFR) for each grant year and quarterly Federal Cash Transaction Reports for each grant budget period. One report of each type listed above was selected for testing with specific data. The UDS report finding showed a data reporting error not a repeat finding. Recommendation modify the UDS review procedures to ensure the reported data is consistent with actual results and should consider reconciling UDS data to the grant application. The FFR did not include contract pharmacy revenue in the total program income reported. The FFR program income calculation had not been updated to capture contract pharmacy charges and adjustments. The recommendation FFR reporting model should be modified to capture all sources

of program income that relate to the grants. Upon a motion made by Jose Boix, seconded by Mario Hernandez the consideration was unanimously approved by the Board.

**Item #8 Executive Report**

Mary McClure, Executive Director, presented the February 2018 Executive Report to the Board

**Item #9 Consider for Approval Financial Committee Report January 2018**

Mary Orange, Business Office Manager, asked the Board to consider for approval financial committee report January 2018. Mary informed the Board that the MTD increase in Fund Balance of \$333,470. Revenues were \$1,956,837 higher than budgeted this month. MTD revenues related to Self Pay, Private Insurance, Medicaid, Medicare and Contract Revenue were all higher than budgeted due to recording Receivables. Mary also stated the YTD revenues are \$9,089,812 higher than budgeted due to recording of AR balances as well as DSRIP Payment received in January. Private insurance, Self Pay, Medicaid, Medicare and Contract Revenue are higher than budgeted, while Title V is on target. Expenses were (\$1,623,367) higher MTD than budgeted due to Bad Debt Expense, and are (\$8,078,171) higher YTD than budgeted, but are offset by savings in personnel. Expenses also includes the IGT offset payment of \$258,720 related to DSRIP payment of \$600K. YTD increase in fund balance of \$1,033,207. Total fund balance \$5,212,889 as of 1/31/18. Upon a motion made by David Delac, seconded by Jay Holland the consideration was unanimously approved by the Board.

**Item #10 Consider for Approval Bad Debt Write-off and Adjustment Report for 2017**

Mary Orange, Business Office Manager, asked the Board to consider for approval bad debt write-off and adjustment report 2017. Mary informed the Board that this is the bad debt write-off that accrues in NextGen. Total for deceased patients adjustments \$421.00, total for non-covered services \$8,230.00, and for bad debt \$313,318.42 for a total of \$321,969.42. Mary also informed the Board of the bad debt write-off for the last four years.

<u>Bad Debt Write-offs</u>	<u>Amount</u>
2014	243,219
2015	252,219
2016	1,007,748
2017	313,318
4 year average	454,126

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

**Item #11 Consider for Approval Request to Purchase Microsoft Cloud**

Sal Bonaccorso, Director of Information Technology, asked the Board to consider for approval request to purchase Microsoft Cloud. Sal informed the Board that GCHD entered in to a purchasing the Microsoft Enterprise Agreement (EA) from April 1<sup>st</sup>, 2017 to March 31<sup>st</sup>, 2020 (3 year term) for the amount of \$62,748.01. On each anniversary date (April 1<sup>st</sup>, 2018 & April 1<sup>st</sup> 2019) Microsoft instructs us to perform a "True Up" task to ensure we have purchased the proper amount of licenses. If we have additional licenses to purchase this is done on a separate purchase order

and added to a future anniversary dates of our agreement. Currently 325 Microsoft licenses are owned which are installed locally on PCs, these are not Microsoft Cloud licenses. This is an upgrade to those licenses will allow us to store information in Microsoft Cloud, instead of here locally on our servers and maintaining and managing those servers. Sal stated this will be very effective should there be an event, disaster, or power outages in the area. Not having them located here at GCHD allows us to access them anywhere in the world should this area be damaged or destroyed in any way. Sal also informed the Board that with this upgrade with Microsoft Cloud will have the advance features to screen all patient health information as well as credit card numbers. The system will automatically prevent that information from being sent outside of District employee's communications and also inform the user why it was declined. Coastal Health & Wellness portion for the upgrade will be \$16,302. Sal stated if the upgrade is done we will have a budgeted cost savings. Sal stated he can cancel various agreements that are coming up for renewal and those are Cisco IronPort which is used to block spam, Symantec Antivirus used to prevent viruses, and VMWare License Support used to run servers Barracuda Email Archiver used to archive all email and Malwarebytes used to block Malware. If all are cancelled it will only be an impact cost of \$2,248 to CHW this year. Next year CHW will see a saving of \$1,175 a year. All Coastal Health & Wellness employees will be able to communicate via instant messenger, live from their cell phones, and computers. Upon a motion made by Jay Holland, seconded by Jose Boix the consideration was unanimously approved by the Board.

**Item #12 Consider for Approval Request to Purchase Microsoft Datacenter License-\$25,901**

Sal Bonaccorso, Director of Information Technology, asked the Board to consider for approval request to purchase Microsoft datacenter license-\$25,901. Sal informed the Board that money was extended to purchase some new hardware for the server and varies storage items. Those servers were purchased without licenses therefore they cannot be used. Sal is requesting to purchase the licenses so that the hardware can be used. Sal also informed the Board that it was budgeted at \$51,802, \$25,901 coming from Coastal Health & Wellness. A budgeted cost savings from negotiations of \$17,865 brings the cost down by \$8933 for CHW. Sal is requesting approval for \$16,968 for Coastal Health & Wellness portion to purchase the Microsoft Windows Server Datacenter Licenses. Upon a motion made by Virginia Valentino, seconded by Jay Holland the consideration was unanimously approved by the Board.

**Item #13 Consider for Approval Billing and Collection Policy**

Mary McClure, Executive Director, asked the Board to consider for approval the revised Billing and Collection policy. Upon a motion made by Mario Hernandez, second by Virginia Valentino, the consideration was unanimously approved by the Board.

**Item #14 Consider for Approval Quarterly Access to Care Report**

Mary McClure, Executive Director, asked the Board to consider Quarterly Access to Care Report. Mary informed the Board of the no show for the different areas.

**Counselors**

The no show for counselors in Galveston were down at 34% but up in Texas City by 52% however we do have the part time counselor so the appointments are going up a little.



**Dental**

The dental visits for this quarter remained the same for appointments kept and the no show rates remain in the some 30% range.

**Medical**

The medical appointments remain the same in Galveston at 12% and Texas City at 24% for the number of patients that keeps there appointments and no shows.

Mary also informed that Board that the patients are called to see what their reasons are for no shows are. Upon a motion made by Mario Hernandez, second by Virginia Valentino, the consideration was unanimously approved by the Board.

**Item #15 Consider for Approval Customer Service Survey Report**

Mary McClure, Executive Director, asked the Board to consider for approval Customer Service Survey Report. Mary informed the Board that we only received 8 surveys back this quarter however they do remain on the positive side of things. 62% stated they were overall satisfied, 25% stated they were not satisfied. Any that are not satisfied gets routed back to the supervisor if there are comments on them so that they can investigate them. Mary stated to the Board that we do have a group looking at various surveys and reaching out to other organizations to see what their survey questions are and how they view their surveys. Upon a motion made by Jay Holland, second by Jose Boix, the consideration was unanimously approved by the Board.

**Item #16 Consider for Approval Privileging Rights for Richland Mosley, DDS**

Dr. Beverly Foster, Dental Director, asked the Board to consider for approval privileging for Dr. Richland Mosley. Upon a motion made by Miroslava Bustamante, second by Virginia Valentino, the consideration was unanimously approved by the Board.

**Item #17 Review Process to Evaluate Governing Board**


Dr. Howard, Board Chair, reviewed the process to evaluate the Governing Board and informed the Board that all evaluations are due to Admin on March 14, 2018.

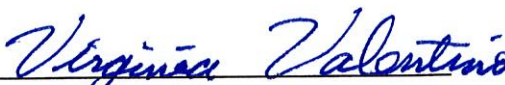
**Item #18 Review Joint Commission Accreditation Report**

Mary McClure, Executive Director, gave an update on the Joint Commission Accreditation Report. There were some findings that need to be addressed. We're working on the Plan of Correction to address items and submit plan to Joint Commission.

**Adjournment**

A motion to adjourn was made by Jay Holland, seconded by Jose Boix. The Board adjourned at 1:43 p.m.

  
Chair  
Date 3-29-2018

  
Secretary/Treasurer  
Date 3-29-2018

**Governing Board  
March 2018  
Item #4  
Annual Policy/Plan Review**

- Dental Scope of Services Policy
- Coastal Health & Wellness Sliding Fee Policy/Scale
- Coastal Health & Wellness Referral Tracking Policy



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

### Purpose

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

### Definitions

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

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

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

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

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

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

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

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

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

**Use of Stainless Steel Crowns** – Root canal therapy on posterior teeth are selective and limited. Placement of porcelain or noble metal crowns is cost prohibitive. Stainless steel crowns are the only alternative.

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

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

Fixed appliances or implants are not to be used.

### **Policy**

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

## Coastal Health & Wellness Sliding Fee Schedule Policy

### Purpose

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

### Definitions

- FPG – Federal Poverty Guidelines
- SFDS – Sliding Fee Discount Schedule
- Family Member (size) - Family members who are considered for the eligibility criteria for Sliding fee program include the following individuals who live in the same household:
  - Patient
  - Spouse (including same sex marriage recognized by U.S. Jurisdiction)
  - Children up to age 18 or up to age 21 if a high school or college student
  - Elderly patients that are dependent on their children for support and are claimed as a dependent on their income taxes will be placed on a sliding fee level based on the income of their children.
- Income - It is CHW's policy to use the Census Bureau's standard definition of income which is as follows:
  - Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.
  - Noncash benefits (such as food stamps and housing subsidies) **do not** count.
  - Before taxes.
  - Excludes capital gains or losses.
  - If a person lives with a family, add up the income of all family members. (Non-relatives, such as housemates, do not count.)

### Policy

It is the policy of Coastal Health & Wellness (CHW) to assure that no patient will be denied health care services due to an individual's inability to pay for such services. To accomplish this goal CHW has developed a Sliding Fee Program (SFP) in accordance with the guidelines and requirements of HRSA Policy Information Notice (PIN) 2014-02.

### Procedure

#### A. Sliding Fee Program

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

Version 5/2016



discount program. The Sliding Fee Schedule Policy is reviewed and approved annually by the Governing Board.

### **B. Sliding Fee Discount Schedule (SFDS)**

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

### **C. Sliding Fee Notification**

The Sliding Fee Program will be made known to patients, at a minimum, through one of these formats:

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

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

### **D. Application**

The patients will be required to complete a sliding fee application in addition to the income verification documentation. At such time, the staff will process the sliding fee application and income verification documentation directly into CHW's computer system (NextGen) and determine the patient's eligibility and pay category for the Sliding Fee Program based on the following information on the application form and proof of income documentation:

- 1) Patient's income - It is CHW's policy to use the Census Bureau's standard definition of income which is as follows:
  - a. Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.
  - b. Noncash benefits (such as food stamps and housing subsidies) **do not** count.
  - c. Before taxes.
  - d. Excludes capital gains or losses.
  - e. If a person lives with a family, add up the income of all family members. (Non-relatives, such as housemates, do not count.)

Income Used to Compute Poverty Status (Money Income) by the Census Bureau (1)

2) Patient family size (dependents only) - Family members who are considered for the eligibility criteria for Sliding fee program include the following individuals who live in the same household:

- a. Patient
- b. Spouse (including same sex marriage recognized by U.S. Jurisdiction)
- c. Children up to age 18 or up to age 21 if a high school or college student

- d. Elderly patients that are dependent on their children for support and are claimed as a dependent on their income taxes will be placed on a sliding fee level based on the income of their children

Based on these two factors the patient will be notified of their eligibility and sliding fee discount classification (pay category). Proof is valid for 1 year. This eligibility determination process will be conducted in an efficient, respectful and culturally appropriate manner to assure that the administrative operating procedures for such determination do not themselves present a barrier to care.

### **E. Proof of Income**

The Sliding Fee Program Proof of Income documentation to determine eligibility will require the patient to provide one of the following:

- 1) Most current tax returns modified adjusted gross income (MAGI) amount,
- 2) Last payroll check stub(s) (gross income), one month's worth of pay (consecutively last 30 days of check stubs)
- 3) Social security earnings,
- 4) Letter from Employer may be accepted as proof of income if a patient does not file income tax returns and does not get paid with a check,
- 5) Self declaration\*

\* The patient may self-declare his/her income if proof of income is unavailable. However, management review and approval is required.

If applicant appears to be eligible for Medicaid, a written denial of coverage by Medicaid may also be required.

Some patients may choose not to provide information that the health center requires for assessing income and family size, even after being informed that they may qualify for sliding fee discount. These patients are considered by CHW as declining to be assessed for eligibility for sliding fee discounts. As long as CHW has followed its policies and procedures and the patient declines to be considered for the SFDS, CHW may consider the patient ineligible for such discounts.

### **F. Eligibility Period**

The patient's eligibility will be valid for one (1) year. The eligibility period is also automatically programmed into CHW's computer system once eligibility is confirmed. Proof of income and the application is scanned and maintained directly in the NextGen system. This will allow Management to perform QA reviews for compliance and evaluate the effectiveness of the sliding fee program.

### **G. Services Covered**

The sliding fee discount will apply to all services within the CHW approved scope of project, whether required or additional for all of CHW locations. CHW does have multiple SFDS based on services/mode of delivery (see below).

### **H. Schedule of Fees**

CHW maintains one schedule of fees (charge master) for all patients and this fee schedule is designed to cover reasonable costs of providing services in the approved scope of project using a Relative Value Unit (RVU's) and adjusting as needed for consistency with locally prevailing rates. This fee schedule is approved by the Governing Board and evaluated annually to ensure it is consistent with locally

prevailing rates and CHW's cost structure. See also Fee schedule/charge master formula in the billing and collections policy.

**I. Structure of Sliding Fee Discount Schedule (SFDS)**

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

<b>All Services (except Denture)</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
<b>Income Threshold for Sliding Fee (FPG)</b>	<= 100%	101%-125%	126%-150%	151%-175%	176%-200%
Nominal Fee	\$15.00				
% of Charges Paid		20%	40%	60%	80%
% of Discount		80%	60%	40%	20%
Deposit Amount		\$20.00	\$ 25.00	\$ 30.00	\$ 40.00

<b>Dentures Only</b>						
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
<b>Income Threshold for Sliding Fee (FPG) Must be Paid in Full</b>	100%	101-125%	126-150%	151-175%	176-200%	Over 200%

The above SFDS is applied to all services CHW provides for which we have established charges, regardless of service type (required or additional) or the mode of delivery (directly or through contract) for which we are financially liable (Form 5A, Columns I & II HRSA Grant). For services that we do not provide directly but that CHW has a formal written referral arrangement (as specified in our Form 5A, Column III HRSA Grant), it is our policy to ensure the formal agreement includes language the entity/provider being referred to offers our patients a sliding fee discount that is equal or better than ours and complies with the criteria requirements outlined in PIN 2014-02 on page 12. All formal agreements will be amended to include such language and all new referral agreements will automatically include the language to ensure compliance. The organization will also monitor this

through a combination of patient inquiries as referrals are made and or through annual certification by the referral provider. For referring providers that offer a discount that is better than the one provided by CHW, compliance with PIN 2014-02 is not required.

#### **J. Evaluating the Sliding Fee Schedule**

This sliding fee discount schedule is evaluated annually to ensure it is not a barrier to care from the patient's prospective. This is accomplished by CHW using one or more of these methods:

- 1) Meeting with a user group of the board and discussing from the consumers prospective the amounts being charged.
- 2) Evaluating the amount of paid debt CHW has in comparison to the established base line and if the amount has increased significantly doing further analysis to determine if this factor is causing any barrier to care due to the patients inability to pay.
- 3) Obtaining feedback from the Staff on their observations of CHW's effectiveness in addressing financial barriers to care for the patients.
- 4) Performing a patient survey.
- 5) Input from patient focused groups.
- 6) Reviewing patient complaints.
- 7) Number of nursing visits\*\*
- 8) Perform blind or random tests of referring providers sliding fee program to ensure compliance and determine if barrier to care for CHW patients.

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

\*\*There is no charge for nurse visits in order to further ensure finances are not barriers to care.

#### **K. Patients with Third party coverage who are eligible for SFDS**

CHW sliding fee policy is based on income and family size only, so there may be patients with third party insurance that does not cover, or only partially covers, fees for certain health center services that may be eligible for CHW's sliding fee program. In such cases, subject only to potentially legal and contractual limitations, the charge for each SFDS pay class is the maximum amount an eligible patient in that pay class is required to pay for a certain service, regardless of insurance status.

#### **L. Applying the Policy and Training Staff**

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

(1) <http://www.census.gov/hhes/www/poverty/about/overview/measure.html>

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

I. CHW's DISCOUNT ELIGIBILITY SCHEDULE

2018 / 2019

% OF POVERTY PAY CODE:	GROSS ANNUAL INCOME													
	0	100%	20	125%	40	150%	60	175%	80	200%	100	Over		
	From	To	From	To	From	To	From	To	From	To	Over			
FAMILY SIZE	1	0	12,140	12,141	15,175	15,176	18,210	18,211	21,245	21,246	24,280	24,280 +	3035	12140
	2	0	16,460	16,461	20,575	20,576	24,690	24,691	28,805	28,806	32,920	32,920 +	4115	16460
	3	0	20,780	20,781	25,975	25,976	31,170	31,171	36,365	36,366	41,560	41,560 +	5195	20780
	4	0	25,100	25,101	31,375	31,376	37,650	37,651	43,925	43,926	50,200	50,200 +	6275	25100
	5	0	29,420	29,421	36,775	36,776	44,130	44,131	51,485	51,486	58,840	58,840 +	7355	29420
	6	0	33,740	33,741	42,175	42,176	50,610	50,611	59,045	59,046	67,480	67,480 +	8435	33740
	7	0	38,060	38,061	47,575	47,576	57,090	57,091	66,605	66,606	76,120	76,120 +	9515	38060
	8	0	42,380	42,381	52,975	52,976	63,570	63,571	74,165	74,166	84,760	84,760 +	10595	42380
-----														
For each added family member add: (to max. income)			4,320		5,400		6,480		7,560		8,640			

## **Coastal Health & Wellness Referral Tracking Policy**

### **PURPOSE:**

Referrals are made to assist patients in obtaining services not available on-site. The health center may not coerce patients to undergo any consultation or procedure unwillingly. Referrals may be recommended, and/or facilitated by the health center. When the provider or policy and procedures indicates that a referral is recommended, the obligation of the health center is to recommend that the patient seek care beyond the capability of the health center. Documentation in the medical record should reflect that the recommendation was made that the patient seeks further care. It is always appropriate to assist the patient in trying to find a provider and payment source. The significance of the problem will determine whether a referral is High Priority or Essential. Follow-up with the patient will be attempted to determine if the patient followed through with referral. Documentation will be placed in the patient Electronic Health Record (EHR) denoting all follow-up findings.

### **POLICY:**

It is the policy of the CHW Clinics to provide referrals for specialty consultations when deemed medically necessary.

### **RESPONSIBILITIES:**

#### **A. Provider**

1. Refer patients to specialty care regardless of payment or funding source. Providers document specialty type, reason for referral, urgency of referral and pertinent clinical continuity information.
2. Review outside specialist reports through the Provider Approval Queue (PAQ) and sign off all accompanying records received from specialty clinics and providers regarding clinical information and/or outcomes.

#### **B. Referral Specialist**

1. Access all patient referrals through NextGen once provider has placed a referral order
2. Obtain any prior authorization required by patient's insurance
3. Assign the referral to the appropriate accepting or in-network specialist

#### **C. Electronic Records Specialist**

1. Scan all faxed referrals and signed Release of Medical Records into the patients EHR

## PROCEDURES:

- A. Ensure facility specific Radiology referrals are completed and signed by the ordering provider
- B. Specialty referral and paperwork should include the most current Master IM and all pertinent lab/X-ray/EEG/EKG reports necessary for providing adequate background information to specialty provider (excluding radiology referrals)
- C. Referral should be faxed to the designated specialist indicated by provider
- D. Gulf Coast Center referral patients will be advised by provider that it is his/her responsibility to call Gulf Coast Center for an appointment and the number will be provided to the patient; patients will also be advised of the walk-in clinic at Gulf Coast Center every Tuesday from 9 am to 3 pm. Patients will also be advised that in an emergency they can contact the 24 hour Crisis Hotline at (866) 729-3848
- E. When radiology referrals are faxed, patients will be notified of where the referral was sent and provided with the number to call to schedule an appointment; assistance with appointment scheduling will be provided by the referral specialist if needed
- F. A next business day courtesy call will be placed to inform patient of specialty referral sent and the contact information for the specialist
- G. A one month follow up call to all patients will be placed to ensure patient has been contacted by the specialist. If patient has not been contacted, he/she will be provided the phone number to call the specialist to make appointment. If patient has been seen by the specialist, the clinical notes from the visit will be obtained and placed in scan tray to be scanned to patient's medical record
- H. If assisting patient with scheduling a referral appointment document the appointment date in NextGen. Patient refusal of specialty appointment will be documented in NextGen
- I. Provide patient with a standard Release of Medical Records form, as necessary, to be signed so medical records can be obtained from the specialist
- J. Fax the Release of Medical Records form to the specialist
- K. Once fax confirmation is received, place all documents from specialty referral, as well as current faxed referrals, in the **TO BE SCANNED** box located in the Electronic Records area
- L. Once records are released to CHW and scanned into the patients EHR, provider will review all outcomes for comments and/or follow-up visit

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# COASTAL HEALTH & WELLNESS

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## GOVERNING BOARD

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

**Governing Board  
March 2018  
Item #5  
EXECUTIVE SESSION**

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



## Governing Board Self Assessment Results - (January 2017-2018)

The following scale was used in answering the questions below.

Board members were asked to rate the Board as a whole using the scale:

5) Excellent, 4) Good, 3) Average, 2) Needs Improvement, 1) Poor

Board Self- Assessment Questions:	FY 17
1. Understand the history and mission of the Coastal Health & Wellness clinics.	3.33
2. Participate in planning, adoption, and evaluation of health improvement plans	2.67
3. Attendance at Board meetings to maintain a quorum.	3.78
4. Focus on policy issues, not day to day management of the clinics.	2.78
5. Open communication with the Executive Director	3.56
6. Annually evaluate the Executive Director	3
7. Maintains a financial committee to review and approve the budget and compare to actual expenditures.	3.56
8. Respects Board member's opinion's and constructively expresses concerns.	3.78
9. Adopt policies and support clinic improvements.	3
10. Act as an advocate for the Coastal Health & Wellness clinics in the community.	3
11. Participation in committee meetings, retreats, and other Coastal Health & Wellness activities.	3.33
12. Representation of health care needs of the community.	2.89
13. Fulfillment of board responsibilities in the bylaws.	3
<b>Totals</b>	<b>3.21</b>

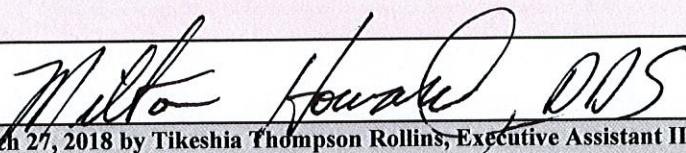
**Comments on any of the above or general comments about how well the board does its work:**

**Comments:**

- I need to do more to represent Coastal Health & Wellness in community & recruit patients.
- We must work to clarify and re-define the role of CHW-a separate entity but within the GCHD, and it's relationship with the UBoH.
- We must review/revise CHW policies regarding Board membership & selection/nominations; and job of the CHW Executive Director (evaluation and coaching).
- The GCHD and the CHW Administration & Board as a whole work effectively, & together for the common good of the community we serve.
- We need to get a handle on the CHW Policies on how the Board is informed and manages aspects of the Clinic (including Emergency/Special Board meetings).
- We have a very dedicated Board.

**Summary of any comments/suggestions after Board review:**

Milton Howard, DDS  
Chairperson of the Board



Date: 4-2-2018

Document prepared on March 27, 2018 by Tikeshia Thompson Rollins, Executive Assistant III



**Governing Board  
March 2018  
Item #6  
Reconvene Regular Open Meeting**

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**Governing Board  
March 2018  
Item #7  
Possible Action from Executive Session Regarding  
Annual Board Evaluation**

[Back to Agenda](#)



# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

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

**Governing Board  
March 2018  
Item #8  
Executive Report**



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

## April is Autism Awareness Month

April is Autism Awareness Month, and April 2 is World Autism Day.

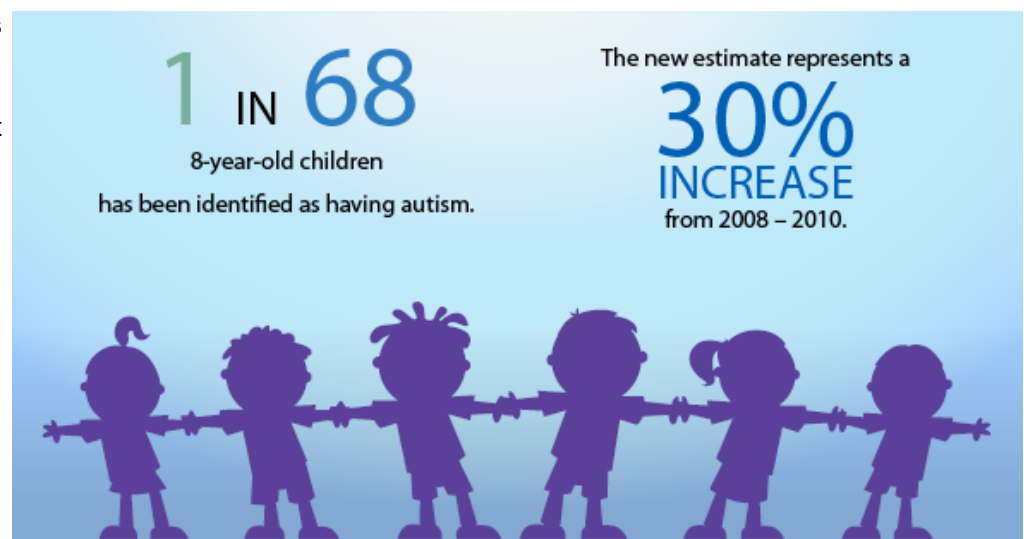
These observances offer the opportunity to highlight the increasing number of children identified with autism spectrum disorder (ASD) and the substantial burden on families and health, educational and other support services, as well as an opportunity to celebrate the unique perspectives of those living with ASD.

Autism spectrum disorder (ASD) is a [developmental disability](#) that can cause significant social, communication and behavioral challenges. There is often nothing about how people with ASD look that sets them apart from other people, but people with ASD may communicate, interact, behave, and learn in ways that are different from most other people. The learning, thinking, and problem-solving abilities of people with ASD can range from gifted to severely challenged. Some people with ASD need a lot of help in their daily lives; others need less.

If you think your child might have ASD or you think there could be a problem with the way your child plays, learns, speaks, or acts, **contact your child's doctor, and share your concerns.**

If you or the doctor is still concerned, **ask the doctor for a referral to a specialist** who can do a more in-depth evaluation of your child. Specialists who can do a more in-depth evaluation and make a diagnosis include:

- Developmental Pediatricians (doctors who have special training in child development and children with special needs)
- Child Neurologists (doctors who work on the brain, spine, and nerves) Child Psychologists or Psychiatrists (doctors who know about the human mind)

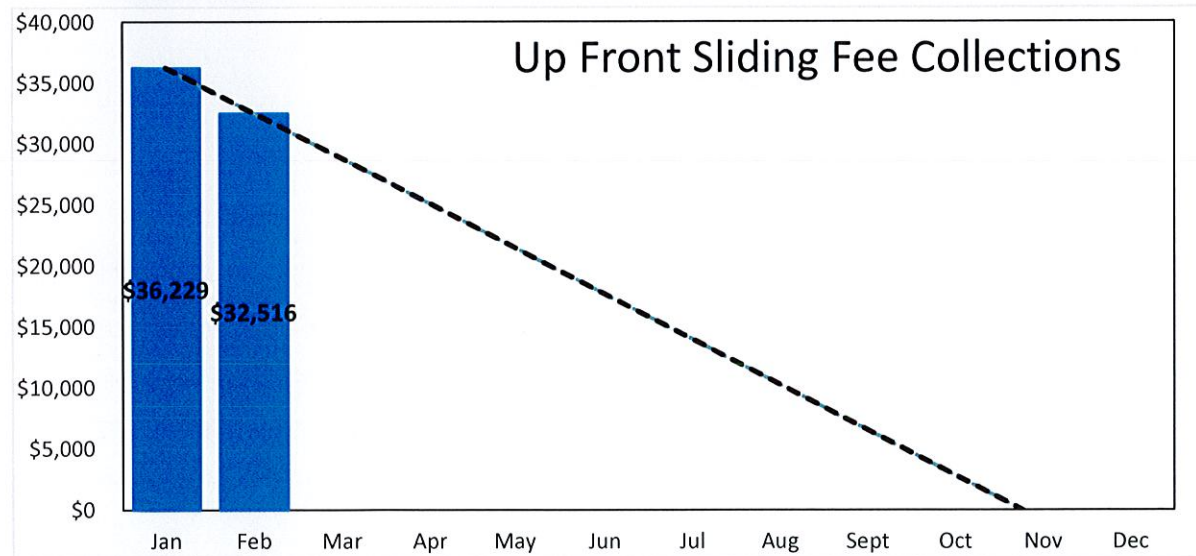
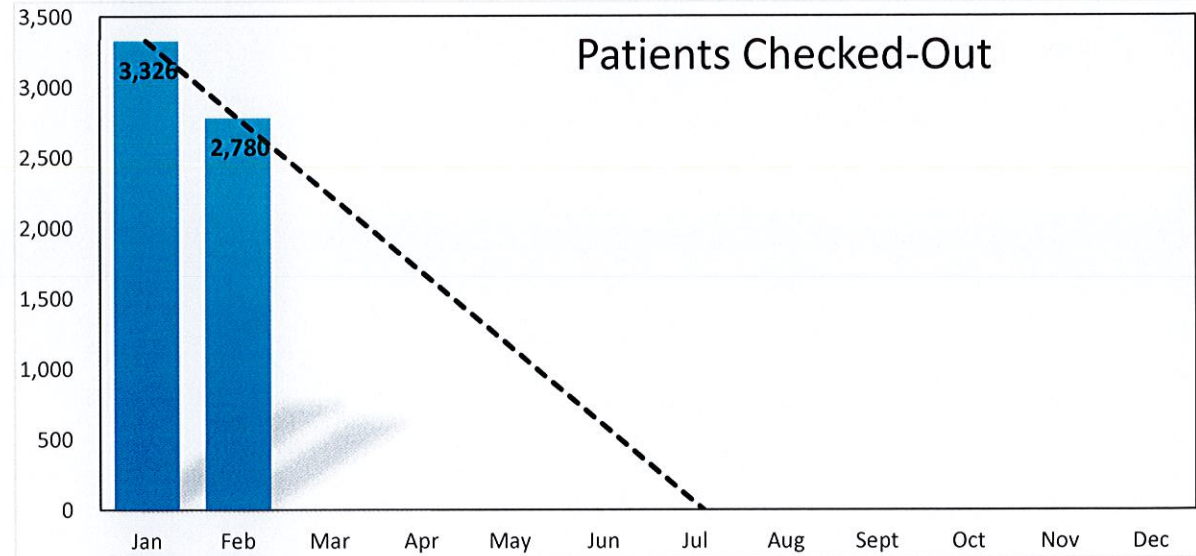
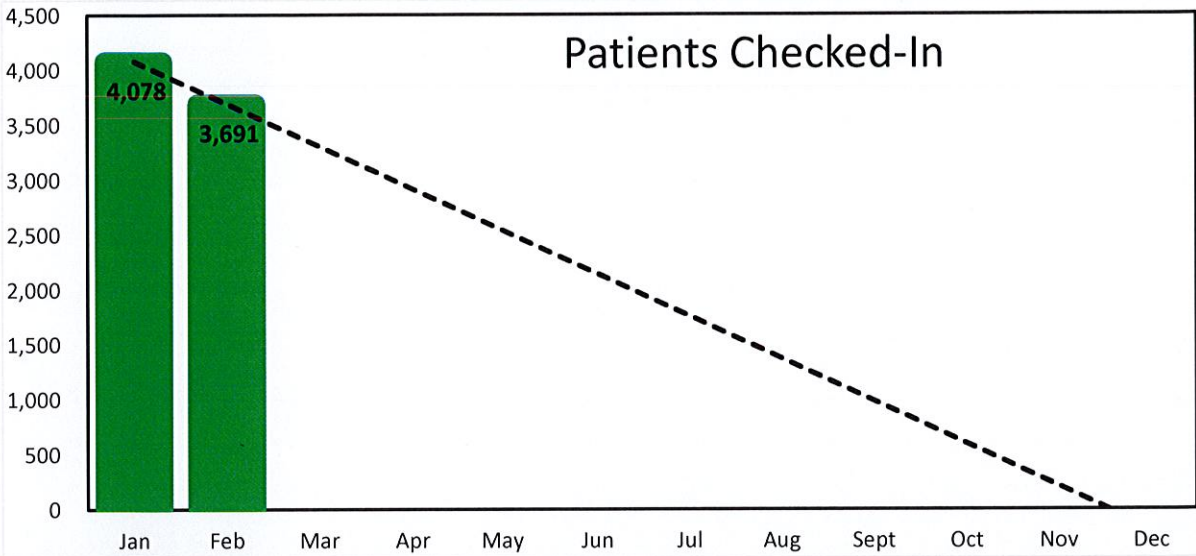


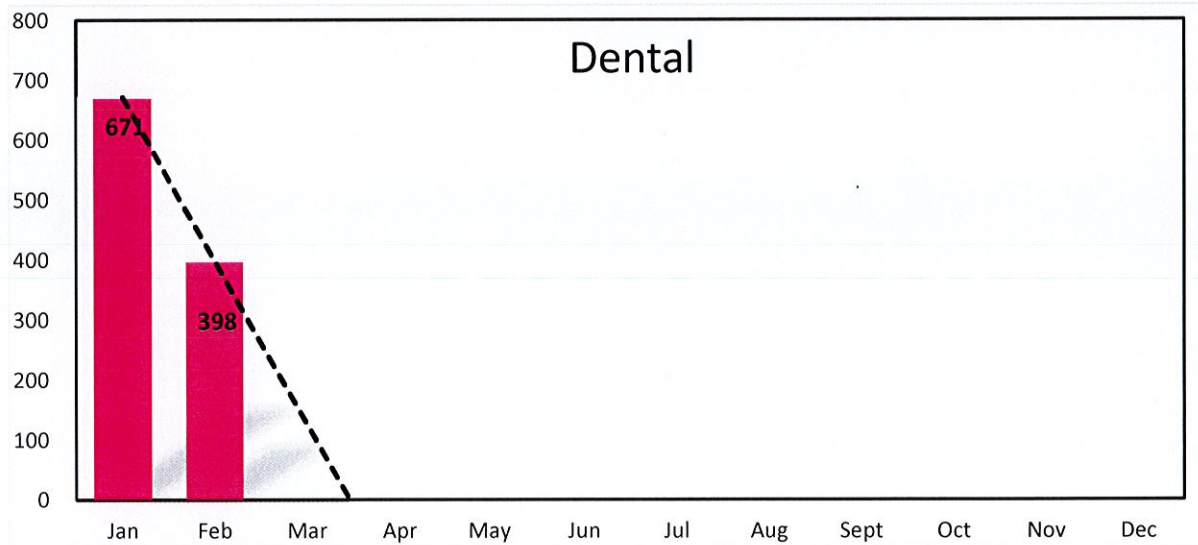
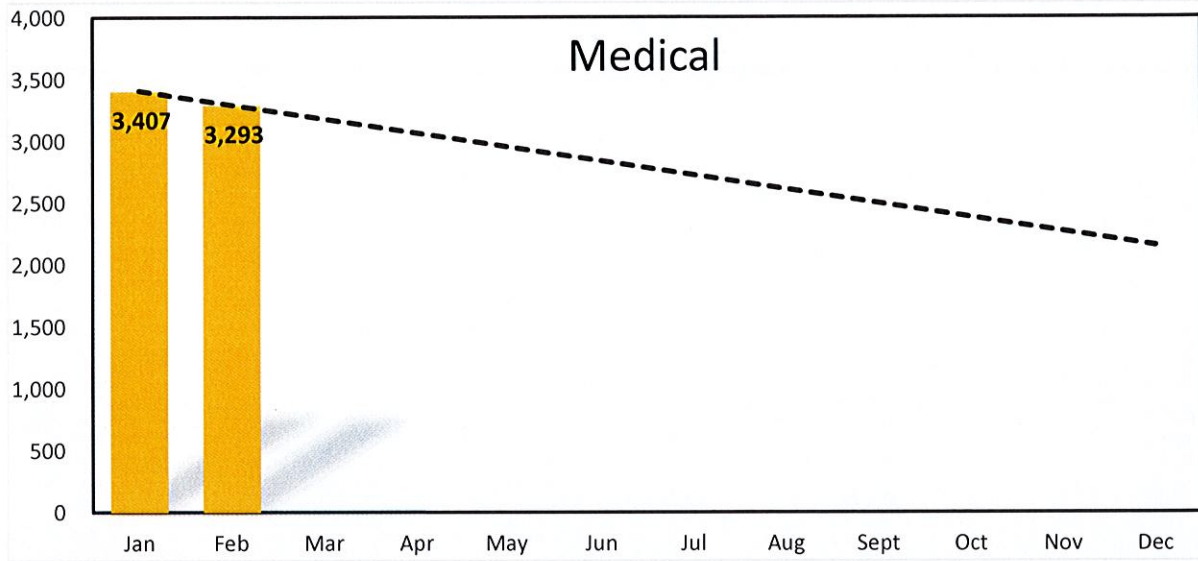
# GB Executive Report

	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>	<u>Jul</u>	<u>Aug</u>	<u>Sept</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>
<b>Patient Services</b>												
Pts Checked-in	4,078	3,691										
Medical	3,407	3,293										
Dental	671	398										
Up Front Sliding Fee Collections	\$36,229	\$32,516										
<b>Contact Center</b>												
Calls	15,292	14,290										
Wait Time (< 2:30)	01:35	01:23										
<b>Electronic Records</b>												
Record Requests	893	904										
Pts Checked out	3,326	2,780										
F/U appts	2,138	1,866										
<b>County Indigent</b>												
Applied	112	122										
Referrals	820	312										
Total Patients	243	231										
<b>Case Management</b>												
Referrals	1,181	1,145										



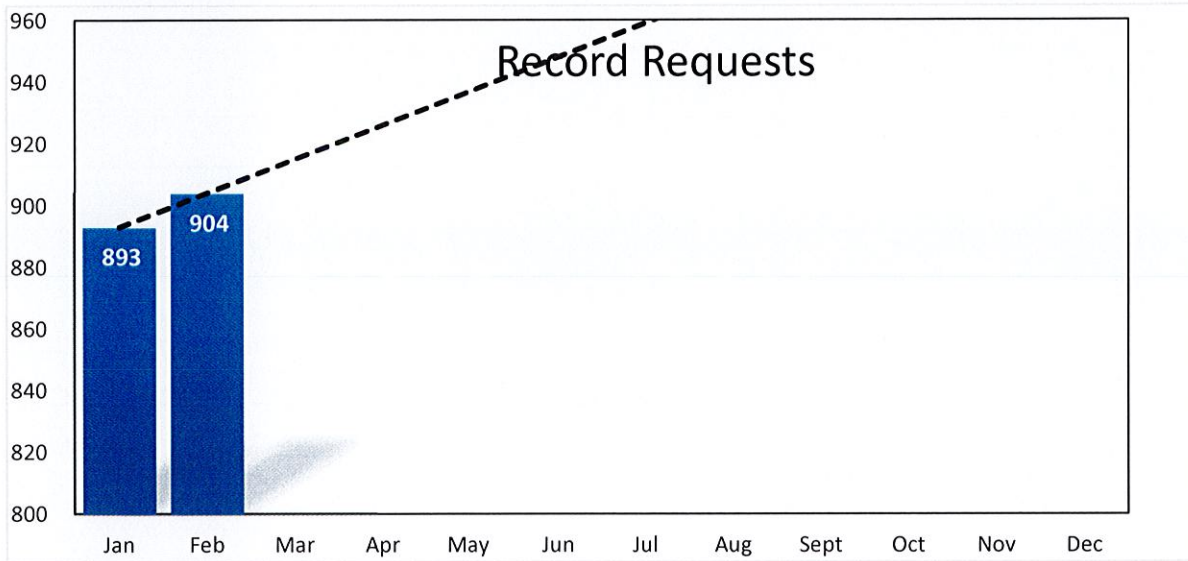
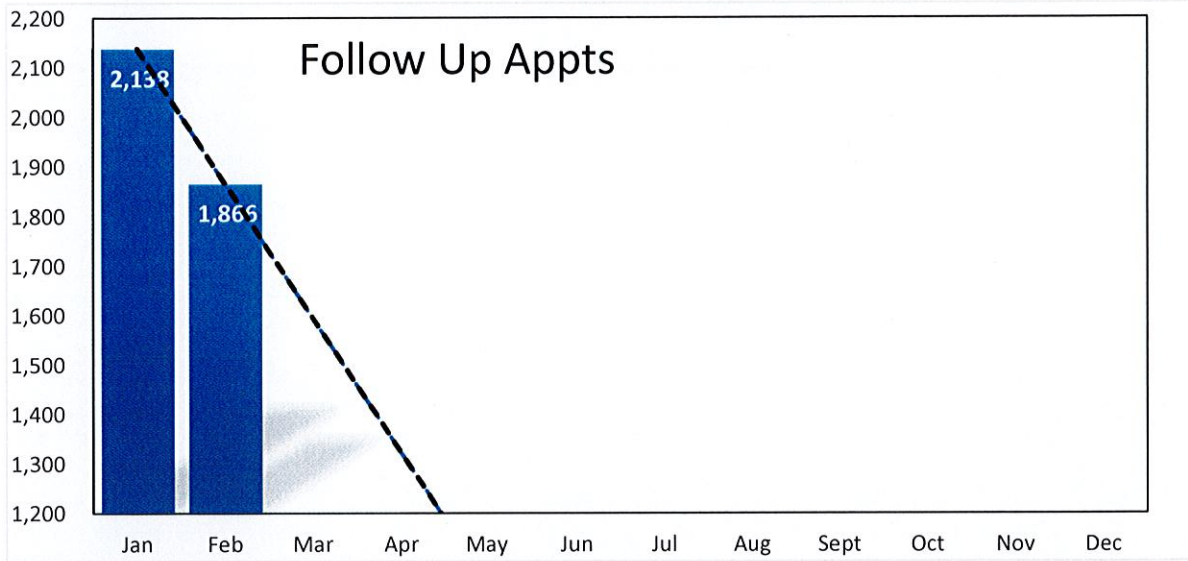
# Patient Services



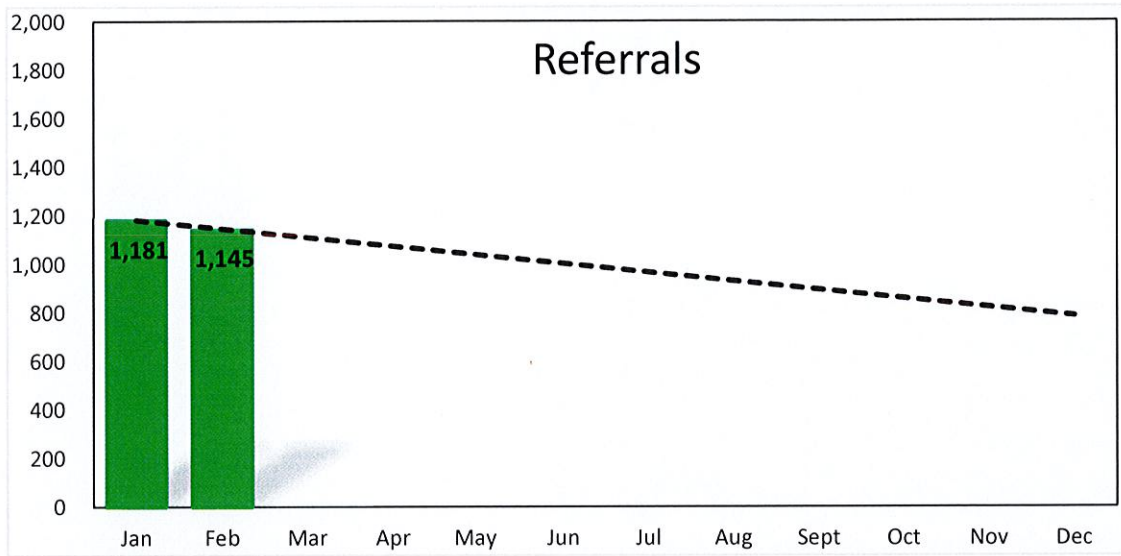




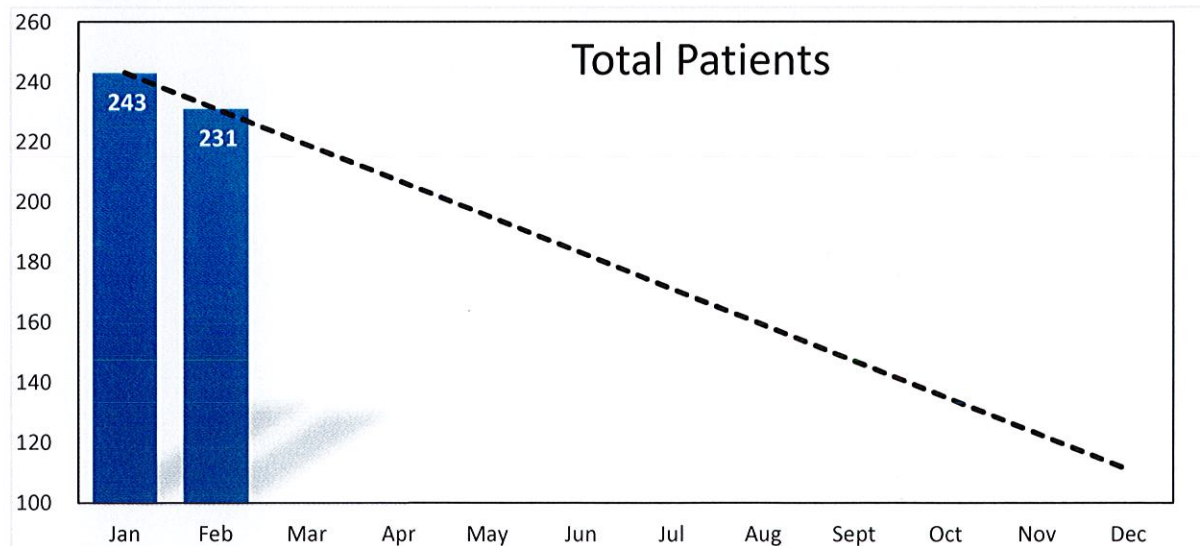
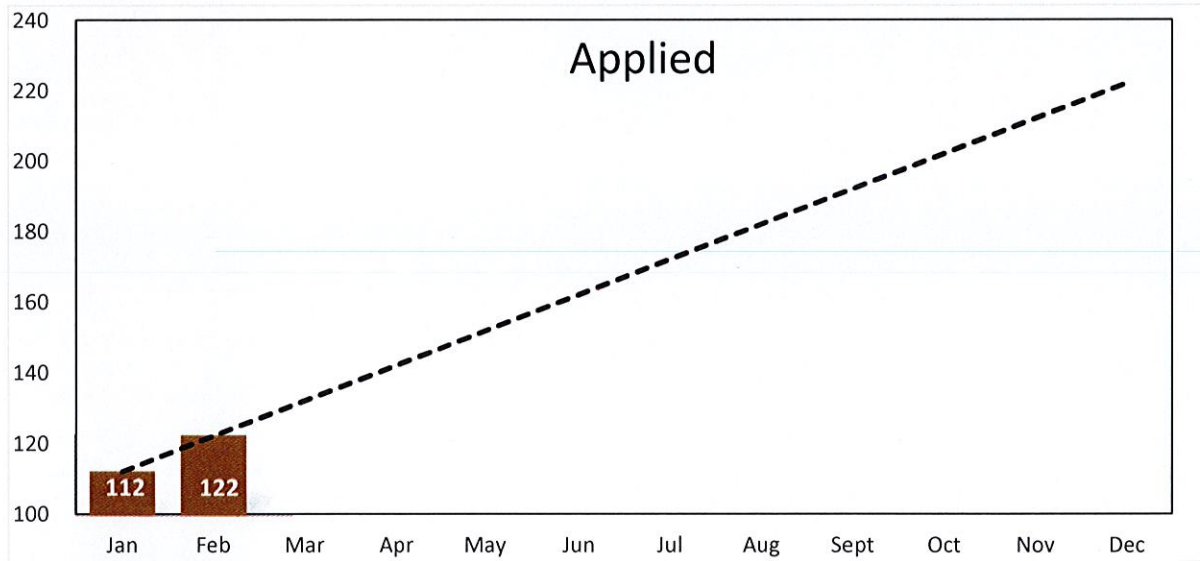
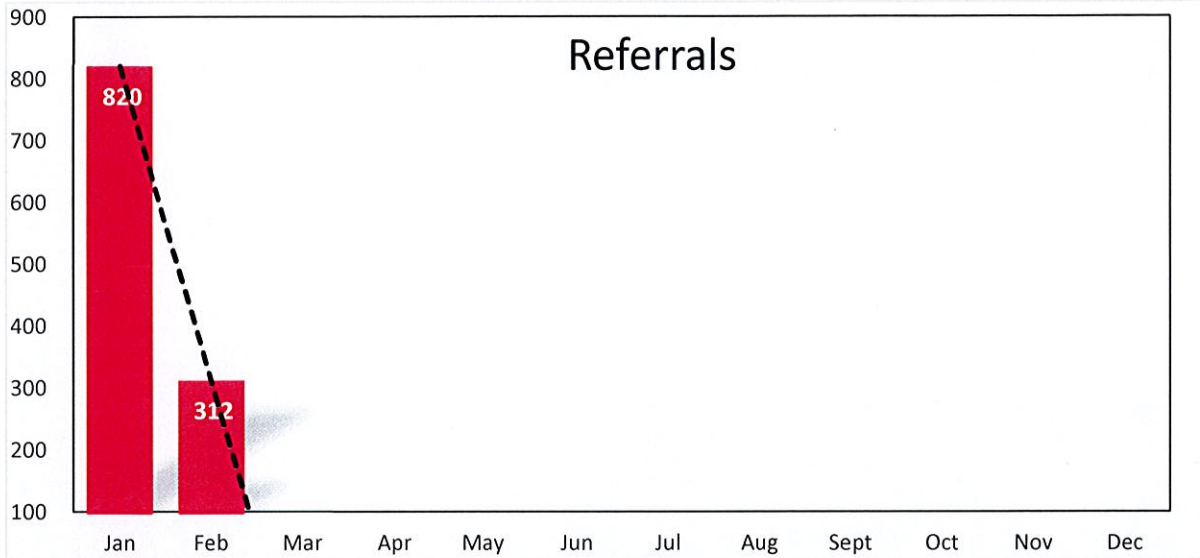
# Electronic Records



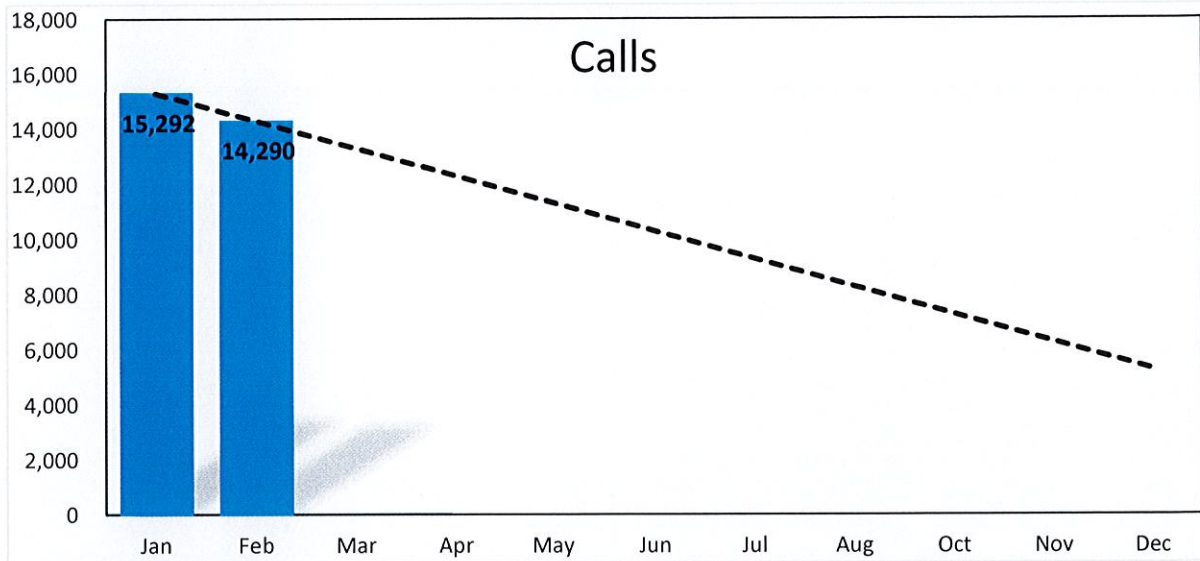
# Case Management



# County Indigent



## Contact Center





# CHW 2018 OUTREACH INITIATIVES (Mobile, Health Events, Presentations)

## February

<u>DATE</u>	<u>LOCATION</u>	<u>TYPE of outreach</u>	<u>Number of BP, Glucose &amp; A1c screenings</u>	<u>Number of contacts made by Community Health Worker</u>	<u>Number Hrs. of outreach</u>
2-Feb	ACU of Texas Bank	Health Fair	0	43	4
5-Feb	Bacliff Fire department	Health Fair	0	1	1
8-Feb	Holy Rosary	Mobile	16	48	4
8-Feb	College Of The Mainland	Health Fair	0	74	4
9-Feb	TAMU	Health Fair	0	92	4
13-Feb	Our Daily Bread	Health Fair	6	34	2
20-Feb	New Arrival Orientation	Presentation	0	37	4
<b>Total Screenings</b>			<b><u>22</u></b>		
<b>Total CHW Contacts</b>			<b><u>329</u></b>		
<b>Total Outreach HRs</b>			<b><u>23</u></b>		

## **Human Resources Update**

### **CHW Career Opportunities:**

- **Employee Onboarding** - Human Resources conducted new employee orientation for the following employee(s):
  - Richland Mosely – Dentist
  
- **Job Offers** – The following candidate(s) were extended job offers and have future start dates:
  - Shereka Laday – Dental Assistant
  
- **Current Vacancies:**
  - CHW Vacancies:
    - CHW Administration – Clinical Compliance Specialist
    - Contact Center – Contact Center Specialist
    - Dental – Full-time Dental Assistant, Part-time Dental Assistant, Supervisor of Dental Assistants
    - Electronic Records – Electronic Records Specialist
    - Lab & X-Ray – Lab & X-Ray Technician (3)
    - Medical – Behavioral Health Counselor, Midlevel (Nurse Practitioner or Physician Assistant) (2)
    - Nursing – LVN (2), Medical Aide (2)

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# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

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

**Governing Board**

**March 2018**

**Item #9**

**Consider for Approval Financial Committee  
Report February**

# COASTAL HEALTH & WELLNESS

Governing Board



## FINANCIAL SUMMARY

For the Period Ending February 28, 2018

March 29, 2018

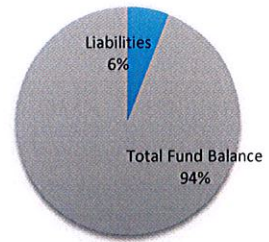
GCHD Board Room | 9850-A Emmett F. Lowry Expy. | Texas City, TX 77591



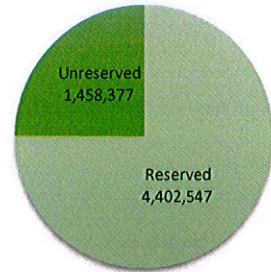
**CHW - BALANCE SHEET** as of February 28, 2018

	Current Month Feb-18	Prior Month Jan-18	Increase (Decrease)
<b>ASSETS</b>			
Cash & Cash Equivalents	\$5,458,810	\$5,323,399	\$135,411
Accounts Receivable	8,440,152	7,972,137	468,015
Allowance For Bad Debt	(7,787,129)	(7,177,335)	(609,793)
Pre-Paid Expenses	76,551	98,716	(22,165)
Due To / From	39,788	31,845	7,943
<b>Total Assets</b>	<b>\$6,228,172</b>	<b>\$6,248,762</b>	<b>(\$20,590)</b>
<b>LIABILITIES</b>			
Accounts Payable	\$182,354	\$316,953	(\$134,599)
Accrued Salaries	157,157	177,401	(20,245)
Deferred Revenues	27,737	541,518	(513,781)
<b>Total Liabilities</b>	<b>\$367,248</b>	<b>\$1,035,873</b>	<b>(\$668,625)</b>
<b>FUND BALANCE</b>			
Prior Year Fund Balance	\$4,174,682	\$4,179,682	(\$5,000)
Current Change	1,686,242	1,033,207	653,035
<b>Total Fund Balance</b>	<b>\$5,860,924</b>	<b>\$5,212,889</b>	<b>\$648,035</b>
<b>TOTAL LIABILITIES &amp; FUND BALANCE</b>	<b>\$6,228,172</b>	<b>\$6,248,762</b>	<b>(\$20,590)</b>

Current Period Assets



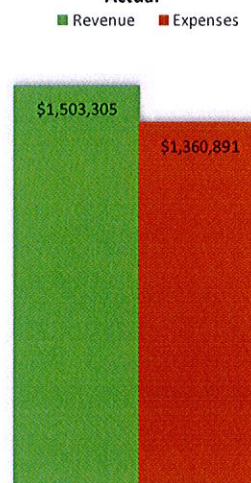
Total Fund Balance



**CHW - REVENUE & EXPENSES** as of February 28, 2018

	Actual Feb-18	Budgeted Feb-18	PTD Budget Variance	YTD Budget Variance
<b>REVENUE</b>				
County Revenue	\$324,070	\$307,896	\$16,174	\$248,766
DSRIP Revenue	0	22,995	(22,995)	697,057
HHS Grant Revenue	251,170	260,617	(9,447)	(285,510)
Patient Revenue	920,518	277,192	643,327	9,015,104
Other Revenue	7,546	5,918	1,629	43,083
<b>Total Revenue</b>	<b>\$1,503,305</b>	<b>\$874,617</b>	<b>\$628,688</b>	<b>\$9,718,500</b>
<b>EXPENSES</b>				
Personnel	\$514,593	\$636,952	\$122,359	\$971,965
Contractual	52,695	58,751	6,055	67,438
IGT Reimbursement	0	0	0	(413,665)
Supplies	94,975	98,190	3,215	(81,175)
Travel	593	2,265	1,672	4,952
Bad Debt Expense	1,192,194	1,158,858	(609,793)	(8,949,700)
Other	88,241	78,459	(9,781)	(164,260)
<b>Total Expenses</b>	<b>\$1,360,891</b>	<b>\$874,617</b>	<b>(\$486,274)</b>	<b>(\$8,564,445)</b>
<b>CHANGE IN NET ASSETS</b>	<b>\$142,414</b>	<b>\$0</b>	<b>\$142,414</b>	<b>\$1,154,055</b>

Current Month Revenue & Expenses Actual

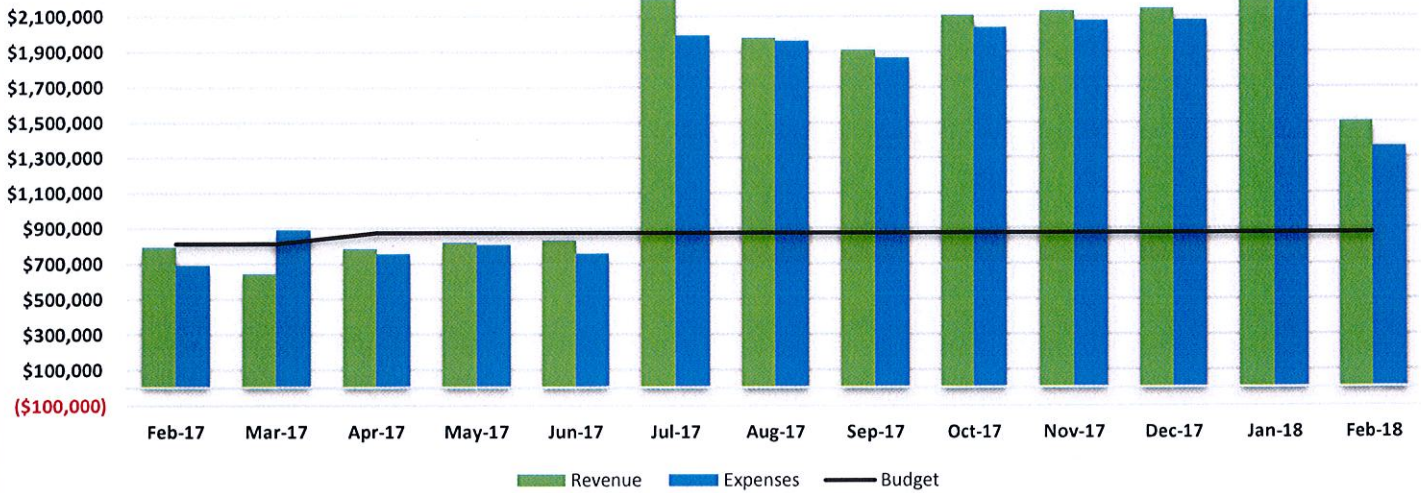


**HIGHLIGHTS**

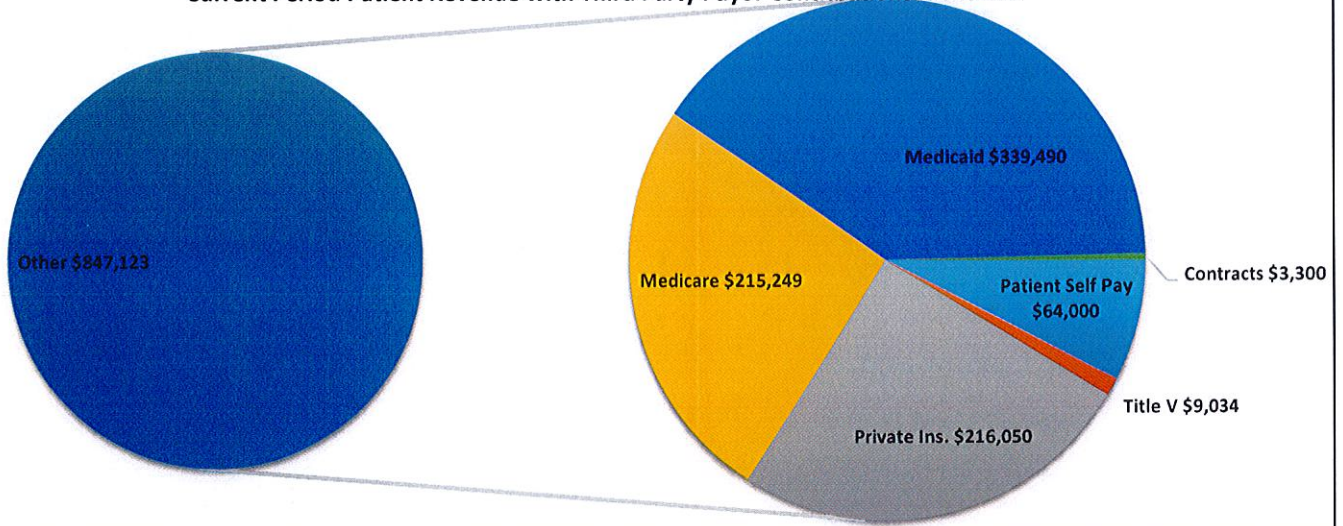
- MTD increase in Fund Balance of \$653,035. \$142,424 represents net income for February. Balance of \$510,620 is from AJE per audit to recognize DSRIP funds that were recorded in Deferred Revenue.
- Revenues were \$628,688 higher than budgeted this month. MTD revenues related to Private Insurance, Medicaid, Medicare and Contract Revenue were all higher than budgeted due to recording Receivables.
- YTD revenues are \$9,718,500 higher than budgeted due to recording of AR balances as well as DSRIP Payment received in January. Private insurance, Self Pay, Medicaid, Medicare and Contract Revenue are higher than budgeted, while Title V is on target.
- Expenses were (\$486,274) higher MTD than budgeted due to Bad Debt Expense, and are (\$8,564,445) higher YTD than budgeted, but are offset by savings in personnel. Expenses also includes the IGT offset payment of \$258,720 related to DSRIP payment of \$600K.
- YTD increase in fund balance of \$1,686,242. Total fund balance \$5860,924 as of 2/28/18.



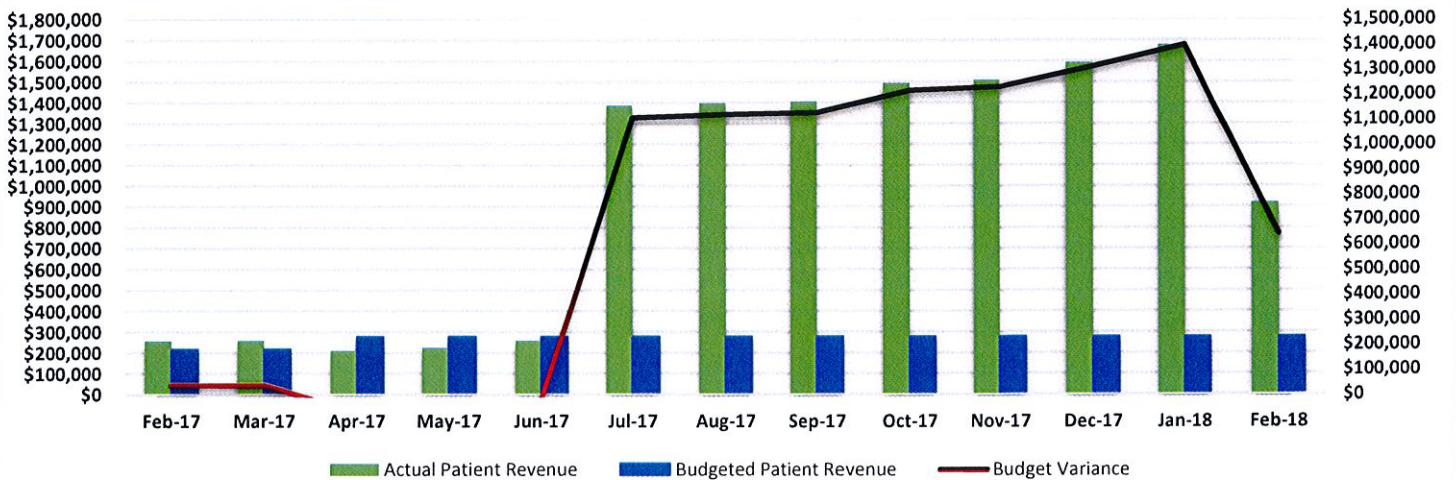
Actual Revenue & Expenses in Comparison to Budget



Current Period Patient Revenue with Third Party Payor Contributions Identified

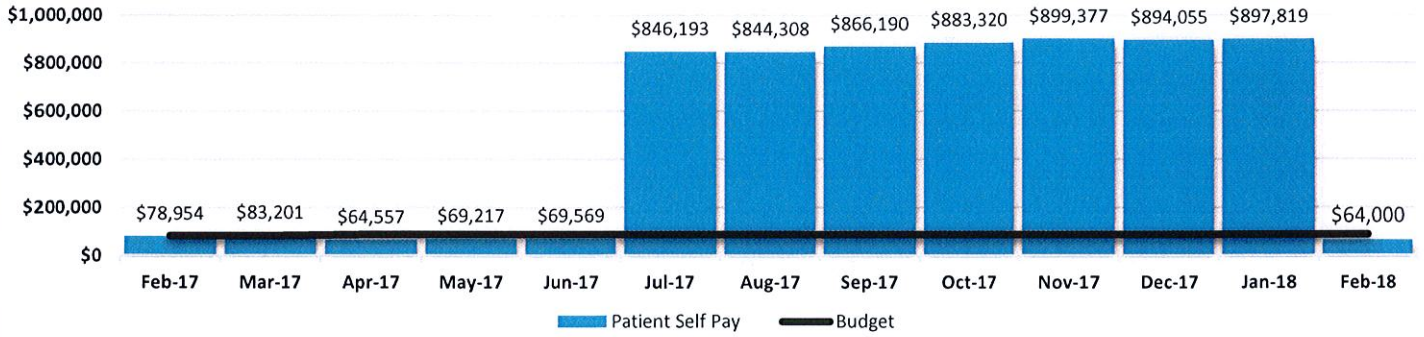


Actual Patient Revenue Rec'd vs Budget with Variance

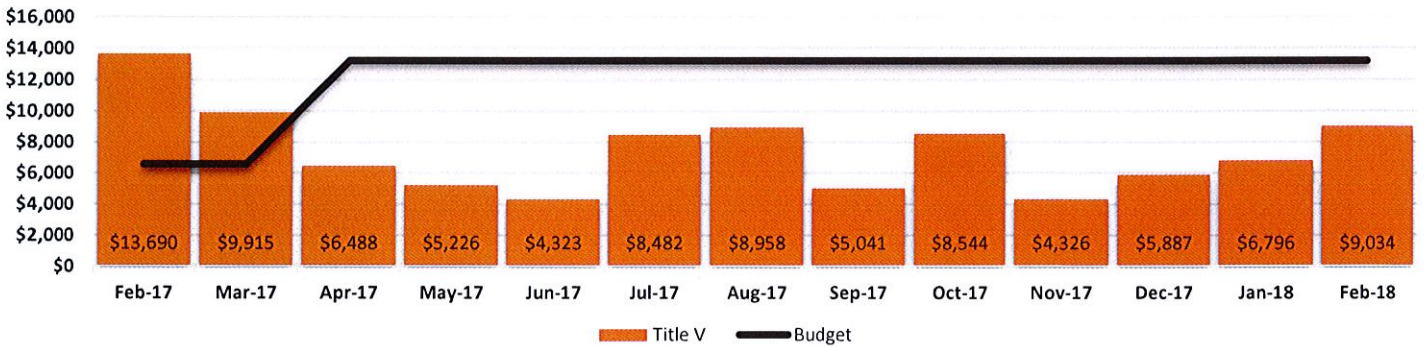




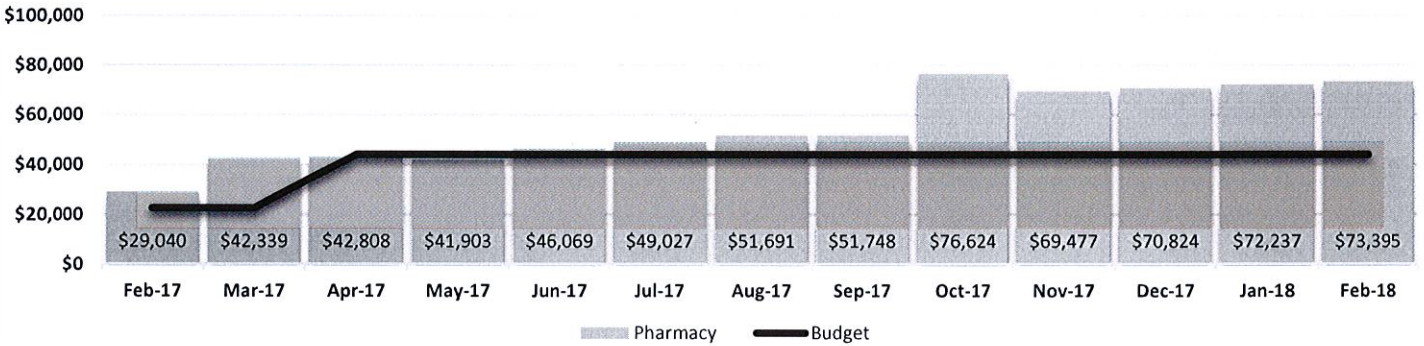
**Patient Self Pay Revenue with Budget Line Comparison**



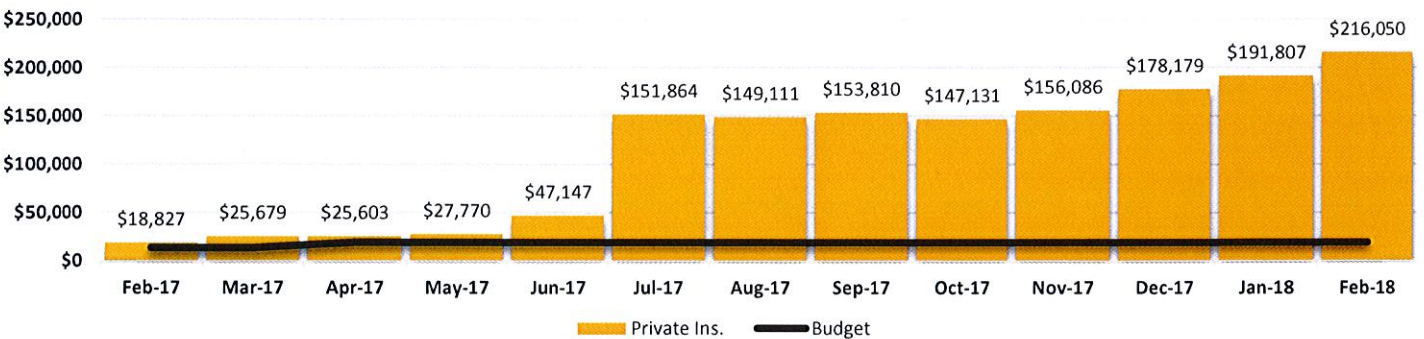
**Title V Revenue with Budget Line Comparison**



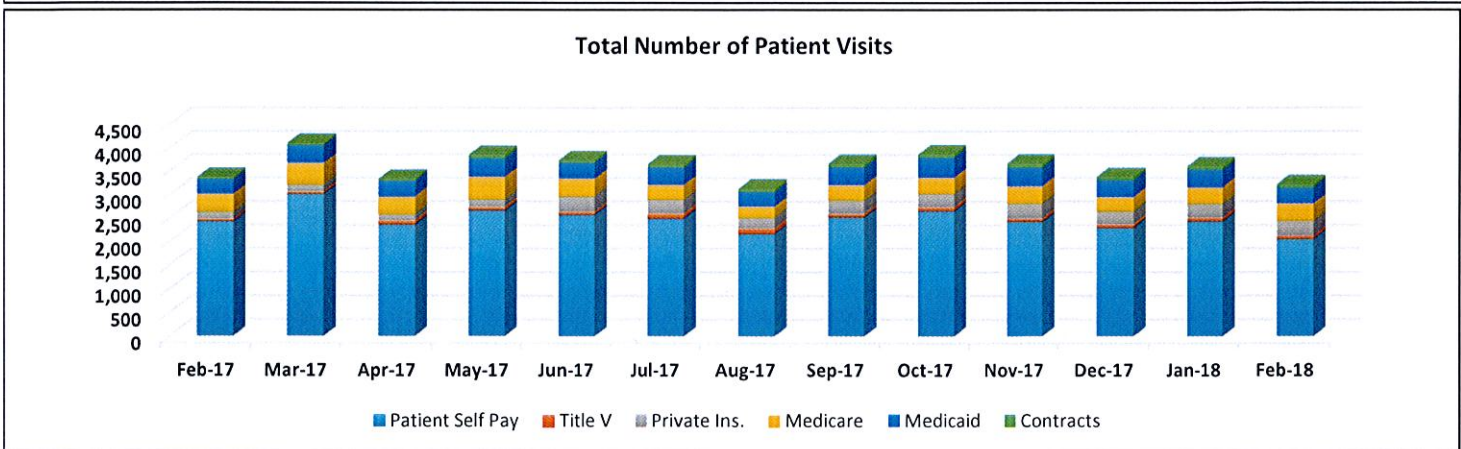
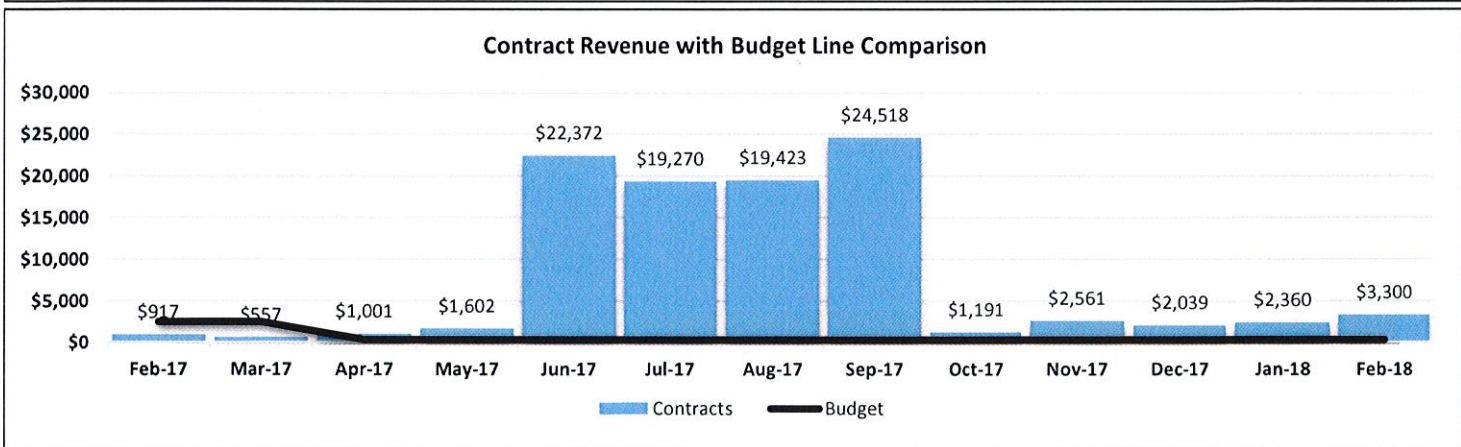
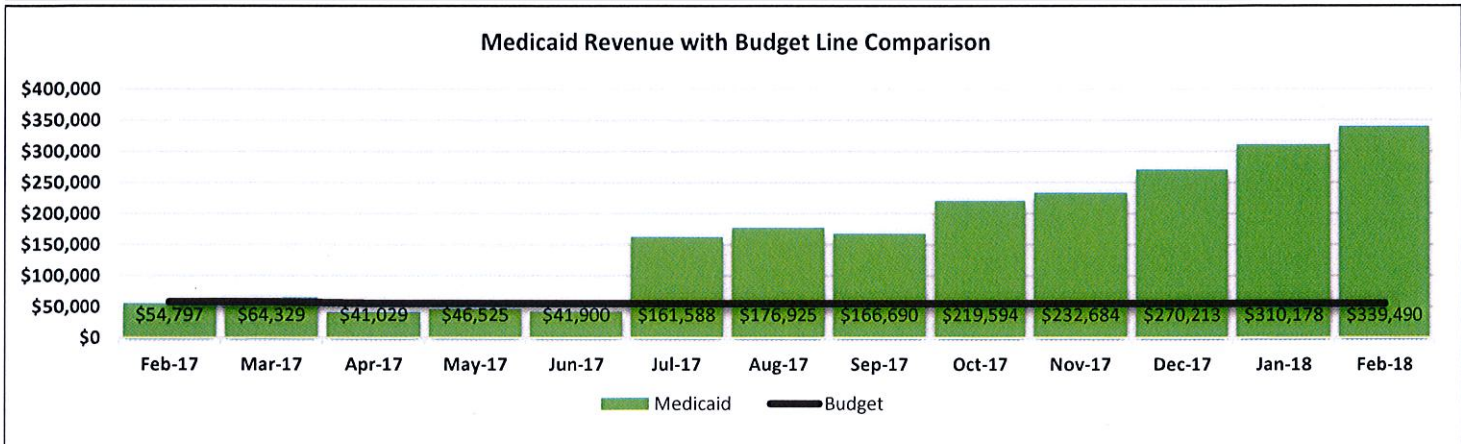
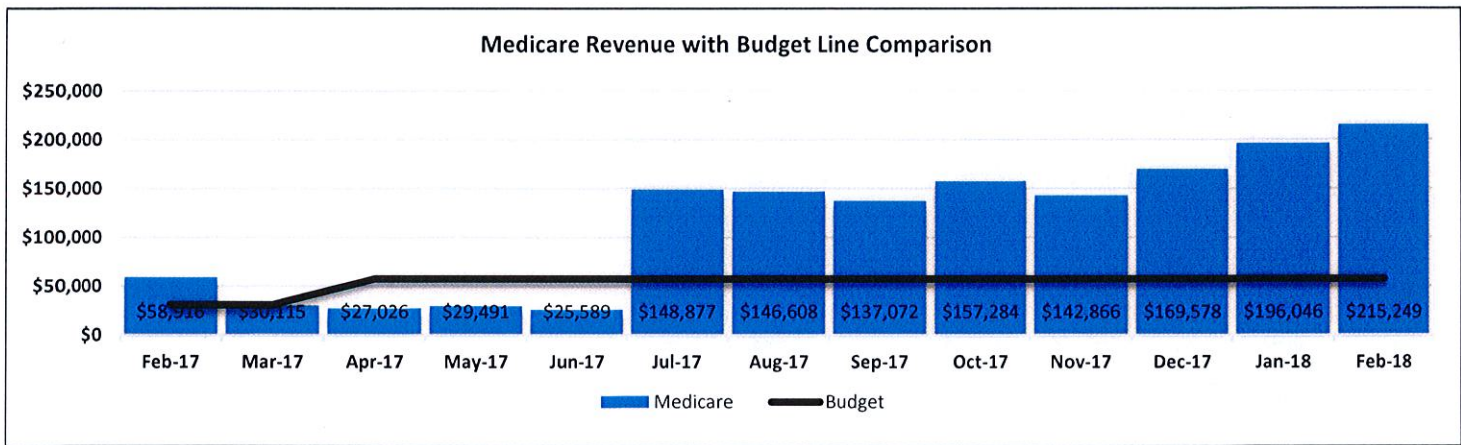
**Pharmacy Revenue with Budget Line Comparison**



**Private Insurance Revenue with Budget Line Comparison**









**Coastal Health & Wellness**  
**Statement of Revenue and Expenses for the Period ending February 28, 2018**

		Period Ending	MTD	MTD Budget	YTD	YTD	YTD Budget	Annual
	Description	2/28/2018	Budget	Variance	Actual	Budget	Variance	Budget
<b>Grouping</b>	<b>REVENUE</b>							
HRSA	HHS GRANT REVENUE - Federal	\$251,170	\$260,617	(\$9,447)	\$2,581,272	\$2,866,783	(\$285,511)	\$3,127,400
Patient Rev	GRANT REVENUE - Title V	\$9,034	\$13,207	(\$4,172)	\$73,105	\$145,274	(\$72,169)	\$158,481
Patient Rev	PATIENT FEES	\$64,000	\$88,309	(\$24,310)	\$6,398,605	\$971,402	\$5,427,203	\$1,059,712
Patient Rev	PRIVATE INSURANCE	\$216,050	\$18,615	\$197,435	\$1,444,560	\$204,767	\$1,239,793	\$223,382
Patient Rev	PHARMACY REVENUE - 340b	\$73,395	\$44,040	\$29,356	\$645,804	\$484,438	\$161,366	\$528,477
Patient Rev	MEDICARE	\$215,249	\$57,412	\$157,837	\$1,395,686	\$631,537	\$764,149	\$688,950
Patient Rev	MEDICAID	\$339,490	\$55,275	\$284,215	\$2,006,816	\$608,024	\$1,398,792	\$663,299
Other Rev.	LOCAL GRANTS & FOUNDATIONS	\$2,701	\$2,668	\$34	\$29,714	\$29,343	\$371	\$32,010
Other Rev.	MEDICAL RECORD REVENUE	\$1,188	\$1,583	(\$396)	\$10,803	\$17,417	(\$6,614)	\$19,000
Other Rev.	MEDICAID INCENTIVE PAYMENTS	\$0	\$0	\$0	\$22,099	\$0	\$22,099	\$0
County	COUNTY REVENUE	\$324,070	\$307,896	\$16,174	\$3,635,624	\$3,386,858	\$248,767	\$3,694,754
DSRIP	DSRIP REVENUE	\$0	\$22,995	(\$22,995)	\$1,455,620	\$252,943	\$1,202,677	\$275,938
Other Rev.	MISCELLANEOUS REVENUE	\$0	\$0	\$0	\$90	\$0	\$90	\$0
Other Rev.	OTHER REVENUE - SALE OF FIXED ASSET	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Rev.	INTEREST INCOME	\$3,147	\$1,667	\$1,480	\$25,011	\$18,333	\$6,677	\$20,000
Patient Rev	CONTRACT REVENUE	\$3,300	\$333	\$2,967	\$99,637	\$3,667	\$95,970	\$4,000
Other Rev.	LOCAL FUNDS / OTHER REVENUE	\$510	\$0	\$510	\$5,526	\$0	\$5,526	\$0
	<b>Total Revenue</b>	<b>\$1,503,305</b>	<b>\$874,617</b>	<b>\$628,688</b>	<b>\$19,829,972</b>	<b>\$9,620,786</b>	<b>\$10,209,187</b>	<b>\$10,495,403</b>
	<b>EXPENSES</b>							
Personnel	SALARIES	\$393,768	\$500,475	\$106,707	\$4,670,655	\$5,505,224	\$834,569	\$6,005,699
Personnel	SALARIES, Merit Compensation	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Personnel	SALARIES, PROVIDER INCENTIVES	\$1,000	\$4,400	\$3,400	\$10,800	\$48,400	\$37,600	\$52,800.00
	SALARIES, supplemental	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Personnel	SALARIES, O/T	\$3,530	\$5,000	\$1,470	\$54,404	\$55,000	\$596	\$60,000.00
Personnel	SALARIES, PART-TIME	\$18,494	\$23,559	\$5,064	\$207,775	\$259,144	\$51,369	\$282,702.00
Personnel	Comp Pay	\$143	\$0	(\$143)	\$969	\$0	(\$969)	\$0.00
Personnel	FICA EXPENSE	\$30,829	\$40,808	\$9,978	\$359,563	\$448,884	\$89,321	\$489,691.89
Personnel	TEXAS UNEMPLOYMENT TAX	\$185	\$1,672	\$1,487	\$18,975	\$18,395	\$18,989	\$20,066.85
Personnel	LIFE INSURANCE	\$1,319	\$1,195	(\$124)	\$14,515	\$13,144	(\$1,371)	\$14,339.39
Personnel	LONG TERM DISABILITY INSURANCE	\$955	\$1,101	\$146	\$10,474	\$12,111	\$1,637	\$13,212.54
Personnel	GROUP HOSPITALIZATION INSURANC	\$27,607	\$43,220	\$15,613	\$312,087	\$475,419	\$163,332	\$518,638.94
Personnel	WORKER'S COMP INSURANCE	\$2,456	\$2,667	\$211	\$9,990	\$29,339	\$19,348	\$32,006.01
	EMPLOYER SPONSORED HEALTHCARE	\$6,597	\$0	(\$6,597)	\$23,692	\$0	(\$23,692)	\$0.00
Personnel	HRA EXPENSE	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Personnel	PENSION / RETIREMENT	\$10,250	\$12,856	\$2,606	\$119,912	\$141,413	\$21,501	\$154,268.95
Contractual	OUTSIDE LAB CONTRACT	\$23,456	\$22,000	(\$1,456)	\$280,919	\$242,000	(\$38,919)	\$264,000.00
Contractual	OUTSIDE X-RAY CONTRACT	\$3,828	\$3,000	(\$828)	\$41,496	\$33,000	(\$8,496)	\$36,000.00
Contractual	MISCELLANEOUS CONTRACT SERVICES	\$11,398	\$12,961	\$1,563	\$95,918	\$142,567	\$46,649	\$155,528.00
Personnel	TEMPORARY STAFFING	\$17,460	\$0	(\$17,460)	\$198,769	\$0	(\$198,769)	\$0.00
Contractual	CHW CONTRACT BILLING SERVICE	\$7,854	\$10,045	\$2,191	\$89,440	\$110,495	\$21,055	\$120,540.00
IGT	IGT REIMBURSEMENT	\$0	\$0	\$0	\$413,665	\$0	(\$413,665)	\$0.00
Contractual	JANITORIAL CONTRACT	\$2,567	\$3,000	\$433	\$29,184	\$33,000	\$3,816	\$36,000.00
Contractual	PEST CONTROL	\$80	\$100	\$20	\$881	\$1,100	\$219	\$1,200.00
Contractual	SECURITY	\$3,513	\$7,645	\$4,132	\$40,981	\$84,095	\$43,114	\$91,740.00
Supplies	OFFICE SUPPLIES	\$2,093	\$6,690	\$4,597	\$46,179	\$73,592	\$27,413	\$80,282.49
Supplies	OPERATING SUPPLIES	\$12,088	\$20,375	\$8,287	\$204,109	\$224,125	\$20,016	\$244,500.00
Supplies	OUTSIDE DENTAL SUPPLIES	\$2,083	\$2,500	\$417	\$14,932	\$27,500	\$12,569	\$30,000.00
Supplies	PHARMACEUTICAL SUPPLIES	\$78,172	\$68,000	(\$10,172)	\$891,001	\$748,000	(\$143,001)	\$816,000.00
Supplies	JANITORIAL SUPPLIES	\$397	\$375	(\$22)	\$1,990	\$4,125	\$2,135	\$4,500.00
Supplies	PRINTING SUPPLIES	\$0	\$250	\$250	\$423	\$2,750	\$2,327	\$3,000.00
Supplies	UNIFORMS	\$141	\$420	\$279	\$2,634	\$4,620	\$1,986	\$5,040.00
Other	POSTAGE	\$671	\$733	\$63	\$6,924	\$8,067	\$1,142	\$8,800.00
Other	TELEPHONE	\$4,876	\$1,525	(\$3,351)	\$31,643	\$16,775	(\$14,868)	\$18,300.00
Other	WATER	\$31	\$31	\$1	\$336	\$341	\$6	\$372.00
Other	ELECTRICITY	\$1,860	\$2,083	\$223	\$19,686	\$22,917	\$3,230	\$25,000.00
Travel	TRAVEL, LOCAL	\$0	\$381	\$381	\$3,029	\$4,194	\$1,164	\$4,575.00
Travel	TRAVEL, OUT OF TOWN	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Travel	LOCAL TRAINING	\$140	\$417	\$277	\$2,852	\$4,583	\$1,732	\$5,000.00
Travel	TRAINING, OUT OF TOWN	\$453	\$1,467	\$1,014	\$14,079	\$16,135	\$2,057	\$17,602.00
Other	RENTALS	\$2,867	\$5,935	\$3,068	\$49,261	\$65,285	\$16,024	\$71,220.00
Other	LEASES	\$43,702	\$38,522	(\$5,180)	\$480,720	\$423,740	(\$56,980)	\$462,262.00
Other	MAINTENANCE / REPAIR, EQUIP.	\$8,770	\$7,563	(\$1,207)	\$69,340	\$83,188	\$13,848	\$90,750.00
Other	MAINTENANCE / REPAIR, AUTO	\$0	\$42	\$42	\$0	\$458	\$458	\$500.00
Other	FUEL	\$112	\$42	(\$70)	\$501	\$458	(\$43)	\$500.00
Other	MAINTENANCE / REPAIR, BLDG.	\$19	\$417	\$398	\$2,342	\$4,583	\$2,241	\$5,000.00
Other	MAINT/REPAIR, IT Equip.	\$100	\$125	\$25	(\$71,486)	\$1,375	\$72,861	\$1,500.00
Other	MAINTENANCE / Preventative, AUTO	\$0	\$42	\$42	\$166	\$458	\$293	\$500.00
Other	INSURANCE, AUTO/Truck	\$166	\$168	\$2	\$1,838	\$1,848	\$10	\$2,016.00
Other	INSURANCE, GENERAL LIABILITY	\$5,724	\$833	(\$4,891)	\$13,324	\$9,167	(\$4,158)	\$10,000.00
Other	INSURANCE, BLDG. CONTENTS	\$1,359	\$1,333	(\$26)	\$15,001	\$14,667	(\$335)	\$16,000.00
Other	COMPUTER EQUIPMENT	\$151	\$0	(\$151)	\$115,042	\$0	(\$115,042)	\$0.00
Other	OPERATING EQUIPMENT	\$0	\$0	\$0	\$26,906	\$0	(\$26,906)	\$0.00
Other	BUILDING IMPROVEMENTS	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Other	NEWSPAPER ADS	\$557	\$1,250	\$693	\$16,610	\$13,750	(\$2,860)	\$15,000.00
Other	SUBSCRIPTIONS, BOOKS, ETC	\$0	\$750	\$750	\$942	\$8,250	\$7,308	\$9,000.00
Other	ASSOCIATION DUES	\$2,667	\$2,833	\$167	\$30,538	\$31,167	\$628	\$34,000.00

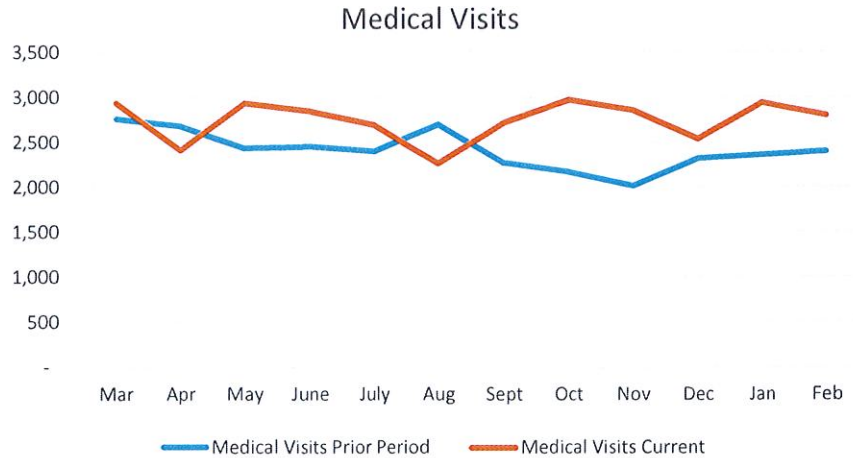


**Coastal Health & Wellness**  
**Statement of Revenue and Expenses for the Period ending February 28, 2018**

		<i>Period Ending</i>	MTD	MTD Budget	YTD	YTD	YTD Budget	Annual
	<i>Description</i>	<i>2/28/2018</i>	Budget	Variance	Actual	Budget	Variance	Budget
Other	IT SOFTWARE, LICENSES, INTANGIBLES	\$12,874	\$9,258	(\$3,616)	\$172,553	\$101,842	(\$70,712)	\$111,100.00
Other	PROF FEES/LICENSE/INSPECTIONS	\$0	\$1,467	\$1,467	\$990	\$16,133	\$15,143	\$17,600.00
Other	PROFESSIONAL SERVICES	\$16	\$1,208	\$1,192	\$24,828	\$13,292	(\$11,536)	\$14,500.00
Other	MED/HAZARD WASTE DISPOSAL	\$520	\$458	(\$62)	\$5,423	\$5,042	(\$382)	\$5,500.00
Other	TRANSPORTATION CONTRACT	\$525	\$813	\$287	\$6,445	\$8,938	\$2,492	\$9,750.00
Other	BOARD MEETING OPERATIONS	\$13	\$29	\$16	\$207	\$321	\$114	\$350.00
Other	SERVICE CHG - CREDIT CARDS	\$660	\$579	(\$81)	\$7,260	\$6,371	(\$890)	\$6,950.00
Other	CASHIER OVER / SHORT	\$1	\$0	(\$1)	(\$32)	\$0	\$32	\$0.00
Other	LATE CHARGES	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Other	BAD DEBT EXPENSE	\$609,793	\$0	(\$609,793)	\$8,949,699	\$0	(\$8,949,699)	\$0.00
Other	MISCELLANEOUS EXPENSE	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
	<b>Total Expenses</b>	<b>\$1,360,891</b>	<b>\$874,617</b>	<b>(\$486,274)</b>	<b>\$18,143,731</b>	<b>\$9,620,786</b>	<b>(\$8,522,945)</b>	<b>\$10,495,403</b>
	<b>Net Change in Fund Balance</b>	<b>\$142,414</b>	<b>(\$0)</b>	<b>\$142,414</b>	<b>\$1,686,242</b>	<b>(\$0)</b>	<b>\$1,686,242</b>	<b>(\$0)</b>

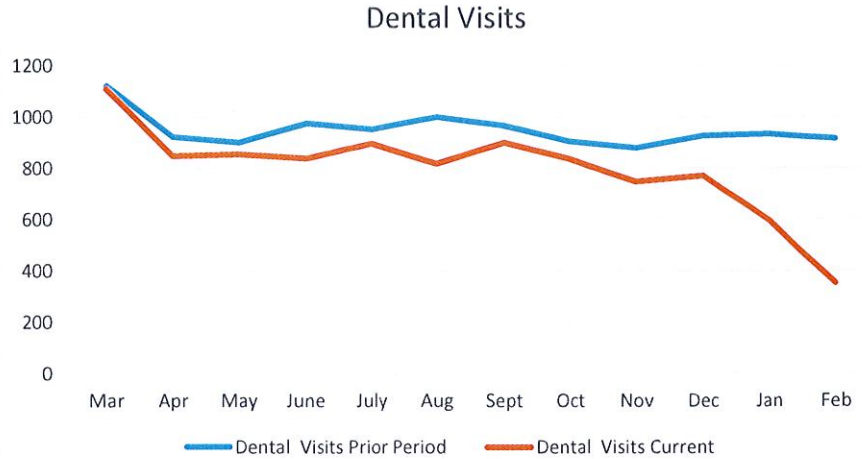
**Medical Visits**

	<u>Prior Period</u>	<u>Current</u>
Mar	2,756	2,943
Apr	2,673	2,417
May	2,435	2,939
June	2,450	2,850
July	2,395	2,696
Aug	2,693	2,267
Sept	2,265	2,720
Oct	2,164	2,974
Nov	2,012	2,857
Dec	2,316	2,542
Jan	2,353	2,939
Feb	2,390	2,798
	<u>26,512</u>	<u>30,144</u>



**Dental Visits**

	<u>Prior Period</u>	<u>Current</u>
Mar	1120	1111
Apr	921	851
May	900	858
June	974	841
July	950	899
Aug	998	820
Sept	964	903
Oct	903	838
Nov	878	749
Dec	926	772
Jan	931	597
Feb	913	354
	<u>10,465</u>	<u>9,239</u>



**Counseling Visits**

	<u>Prior Period</u>	<u>Current</u>
Mar	91	40
Apr	77	66
May	68	46
June	64	41
July	51	45
Aug	80	38
Sept	66	32
Oct	76	48
Nov	57	52
Dec	65	60
Jan	66	62
Feb	63	66
	<u>761</u>	<u>530</u>



**Vists by Financial Class - Actual vs. Budget**  
**As of February 28, 2018 (Grant Year 4/1/17-3/31/18)**

	Annual HRSA Grant Budget	MTD Actual	MTD Budget	Over/(Under) MTD Budget	YTD Actual	YTD Budget	Over/(Under) YTD Budget	% Over/ (Under) YTD Budget
Medicaid	4,810	358	401	(43)	4,207	4,409	(202)	-5%
Medicare	5,086	357	424	(67)	3,762	4,662	(900)	-19%
Other Public <i>(Title V, Contract)</i>	1,364	117	114	3	1,383	1,250	133	11%
Private Insurance	2,187	325	182	143	2,950	2,005	945	47%
Self Pay	35,801	2,061	2,983	(922)	26,735	32,818	(6,083)	-19%
	<b>49,248</b>	<b>3,218</b>	<b>4,104</b>	<b>(886)</b>	<b>39,037</b>	<b>45,144</b>	<b>(6,107)</b>	<b>-14%</b>

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

	Jan - Feb 2017 Actual	Jan - Feb 2018 Actual	Increase/ (Decrease) Prior Year	% of Annual Target
Unduplicated Patients	16,345	4,471	4,893	422
				30%

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

	Apr-Feb 2017 Actual	Apr - Feb 2018 Actual	Increase/ (Decrease) Prior Year	% of Annual Target
Unduplicated Patients	18,748	12,657	13,295	638
				71%

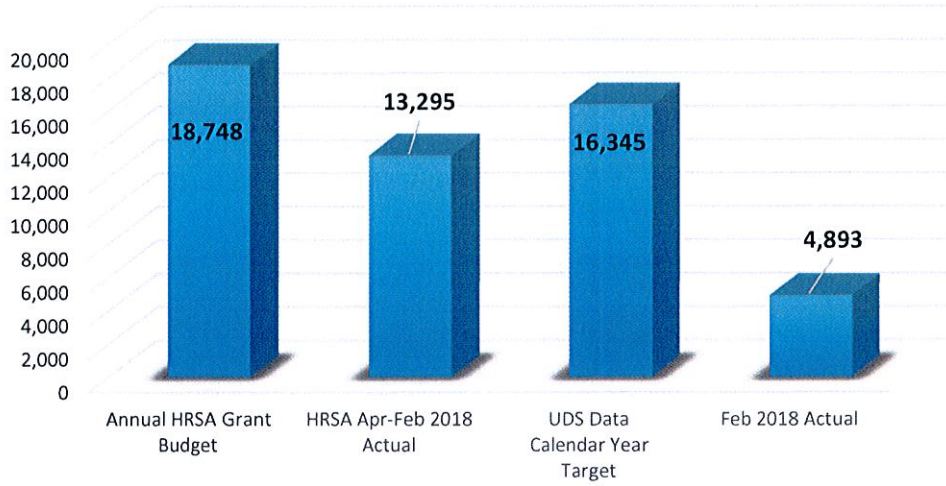
\* Note - The clinic was closed for 5.5 days during Hurricane Harvey, but was open to walk-in patients on 8/31.

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

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



### Number of Unduplicated Patients



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# **COASTAL HEALTH & WELLNESS**

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**GOVERNING BOARD**

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

**Governing Board**

**March 2018**

**Item #10**

**Consider for Approval Waiving Purchasing Policy Requirements for  
Mobile Clinic Repair**

**Consider for Approval**  
**Waiving Purchasing Policy Requirement for Mobile Clinic Repairs**

Issue:

The brakes on the mobile clinic unit went out and the unit was towed to M&R Fleet Services in Texas City for them to look at it. They have submitted a quote of \$6,046.16 to repair the brakes.

According to the District Purchasing Policy, we must obtain at least three quotes for any vehicle equipment/repairs over \$3,000 unless exempted by the appropriate Board. However, only certain companies can accommodate the size of the vehicle, and it would need to be towed to these places in order for them to give us a quote. This will result in additional costs.

Proposal:

We are requesting approval to proceed with using M&R Fleet Services to repair the unit without obtaining additional quotes. The \$6,046.16 will be split evenly between GCHD (General Fund) and CHW.

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# **COASTAL HEALTH & WELLNESS**

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**GOVERNING BOARD**

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

**Governing Board  
March 2018  
Item #11  
Update on 1115 Waiver and Plans for  
Community Collaboration**

Galveston County Health District Presentation

# Texas 1115 Healthcare Transformation Waiver

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## The Impacts of Projects and the Systematic Improvement Opportunities Going Forward

**Craig Kovacevich, MA**

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



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## Excerpt from DSRIP Approval Letter

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

-CMS

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Today we will:

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

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# Background: 1115 Healthcare Transformation Waiver

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

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# 1115 Waiver Extension

- 15-month Extension (October 1, 2016 to December 31, 2017)
  - Approval received on May 2, 2016
  - Maintains current funding levels for both UC and DSRIP
    - \$6.2 billion per year – \$3.1 billion for UC and \$3.1 billion for DSRIP
  - Promotes sustainability planning and Medicaid managed care alignment
- Additional 5 years (January 1, 2018 to September 30, 2022)
  - Approval received on December 21, 2017
  - UC: maintains current funding levels for 2 years, subsequent years will be determined based on provider charity care data
  - DSRIP: maintains current funding levels for 2 years, followed by 2 years of funding which will decrease each year (5<sup>th</sup> year will not include any funding)
  - Transitions from individual projects to “system” approach

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# Evolution from Project to System Approach

- Updated protocol proposed for DY7-11, October 1, 2017 to September 30, 2022
  - Builds upon current DSRIP project structure
    - Individual projects evolve into larger, system-level initiatives, defined as “bundles”
  - Continues advancing the Triple Aim of Healthcare
  - Bundles to include pay-for-reporting (P4R) and/or pay-for-performance (P4P) measures
    - Examples: chronic disease management, pediatric and maternal care, behavioral health
  - Clinical outcomes and quality standards remain priorities
  - Promotes collaboration for organizations who share patients



# Proposed DY7 Structure and Funding Distribution

## RHP Plan Update Submission (20%)

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

### Category A – Required Reporting (0%)

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

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

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

### Category C – Measure Bundles (55 or 65%)

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

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

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

# Hospital Example

Measure Bundle ID	Measure Bundle Name	Points	Desired Valuation Percentage	Minimum Valuation % of Total	Maximum Valuation % of Total	Category C Valuation in DY7
A1	Improved Chronic Disease Management: Diabetes Care	19	25.33%	19.00%	31.67%	\$8,002,796.45
A2	Improved Chronic Disease Management: Heart Disease	16	21.34%	16.00%	26.67%	\$6,742,190.14
C1	Primary Care Prevention - Healthy Texans	16	21.33%	16.00%	21.34%	\$6,739,030.73
C2	Primary Care Prevention - Cancer Screening	6	8.00%	6.00%	8.00%	\$2,527,531.45
D1	Pediatric Primary Care	18	24.00%	18.00%	30.00%	\$7,582,594.36
Total		75	100.00%	N/A	N/A	\$31,594,143.13

# Hospital Example

<i>Bundle-Measure ID</i>	<i>Measure Name</i>	<i>Required vs. Optional</i>	<i>P4P vs. P4R</i>	<i>Measure Category</i>	<i>Additional Points</i>
A1-112	Comprehensive Diabetes Care: Foot Exam	Required	P4P	Process	N/A
A1-115	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	Required	P4P	Clinical Outcome	N/A
A1-207	Diabetes care: BP control (<140/90mm Hg)	Required	P4P	Clinical Outcome	N/A
A1-111	Comprehensive Diabetes Care: Eye Exam (retinal) performed	Optional	P4P	Process	1
A1-500	PQI 93 Diabetes Composite (Adult short-term complications, long-term complications, uncontrolled diabetes, lower-extremity amputation admission rates)	Required	P4P	Population Based Clinical Outcome	N/A
A1-508	Reduce Rate of Emergency Department visits for Diabetes	Required	P4P	Population Based Clinical Outcome	N/A

# CMHC Example

Bundle-Measure ID	Points	Desired Valuation %	Minimum Valuation % of Total	Maximum Valuation % of Total	Category C Valuation in DY7
M1-100	4	11.11%	8.33%	13.89%	\$671,489.44
M1-103	4	11.11%	8.33%	13.89%	\$671,489.44
M1-105	2	11.11%	8.33%	11.12%	\$671,489.44
M1-115	3	11.11%	8.33%	13.89%	\$671,489.44
M1-124	1	11.11%	8.33%	11.12%	\$671,489.44
M1-125	3	11.11%	8.33%	13.89%	\$671,489.44
M1-146	1	11.11%	8.33%	11.12%	\$671,489.44
M1-147	1	11.11%	8.33%	11.12%	\$671,489.44
M1-160	3	11.12%	8.33%	13.89%	\$672,093.88
Total	22	100.00%	N/A	N/A	\$6,044,009.40



# CMHC Example

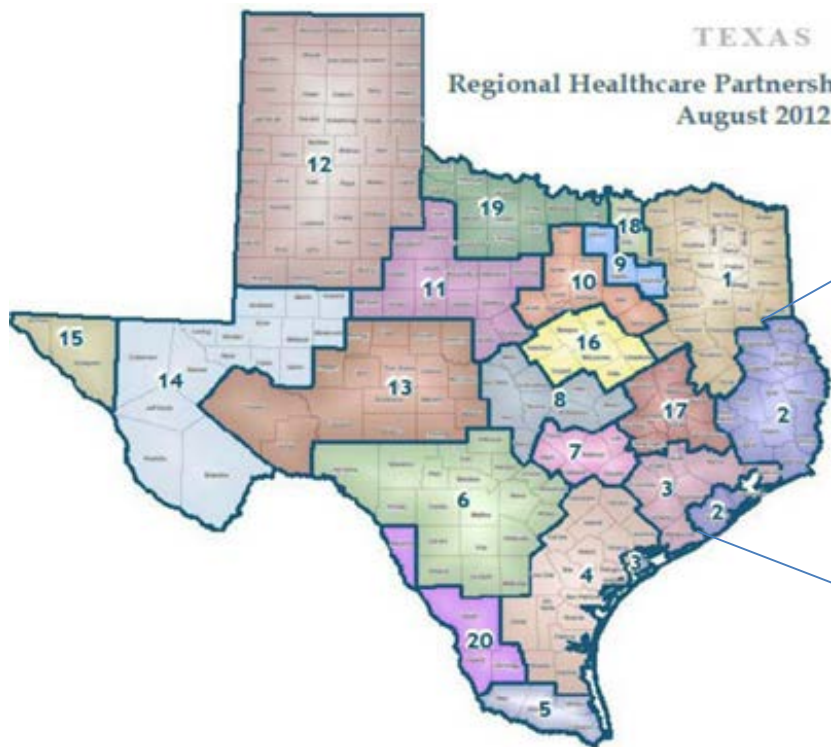
<i>Bundle-Measure ID</i>	<i>Measure Name</i>	<i>Measure Category</i>	<i>Point Value</i>	<i>Additional Points for State Priority Measure</i>
M1-100	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)	Clinical Outcome	3	1
M1-103	Controlling High Blood Pressure	Clinical Outcome	3	1
M1-105	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	Process	1	1
M1-115	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	Clinical Outcome	3	0
M1-124	Medication Reconciliation Post-Discharge	Process	1	0
M1-125	Antidepressant Medication Management (AMM-AD)	Clinical Outcome	3	0
M1-146	Screening for Clinical Depression and Follow-Up Plan (CDF-AD)	Process	1	0
M1-147	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Process	1	0
M1-160	Follow-Up After Hospitalization for Mental Illness	Clinical Outcome	3	0

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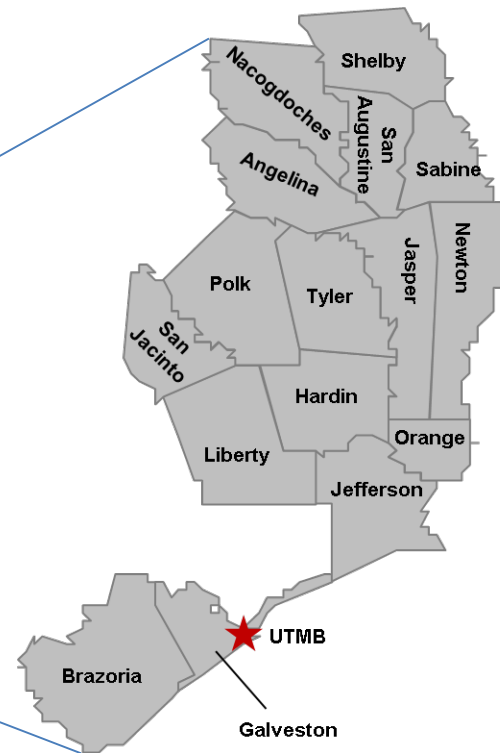
# DSRIP Focus and Goals

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

# Regional Healthcare Partnership (RHP) Structure



20 RHPs  
254 counties  
>300 Performing Providers



RHP 2  
16 counties  
15 Performing Providers

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# UTMB, Anchor for Regional Healthcare Partnership 2

- UTMB's primary roles and responsibilities
  - Serve as liaison between HHSC and Performing Providers
    - Community mental health centers
    - Federally Qualified Health Center (FQHC)
    - Private, public, and state-owned hospitals
    - Physician group practices
  - Coordinate RHP plans, including public outreach and regional stakeholder engagement
  - Facilitate regional learning collaborative opportunities
  - Manage regional database and assist with reporting
  - Provide Intergovernmental Transfer (IGT) funding as necessary for various capacities served

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# Regional Learning Collaborative Opportunities

- UTMB, as Anchor, has implemented two regional learning collaboratives that have been successful for both UTMB and regional providers
- Learning Collaborative activities will continue in DY7-11
- Collaborative efforts have focused on sharing best practices in order to facilitate better overall outcomes for RHP 2
- 30-day Readmissions
  - Continuation of regional engagement to promote best practices
  - Parallel Plan-Do-Study-Act (PDSA) efforts to promote improved chronic disease management strategies amongst regional performing providers
- Behavioral Health
  - Focus areas include: integration of primary and behavioral care, peer support, crisis services, and substance abuse
  - Identification of implementable practices to improve whole person wellness



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# Opportunities: Enhanced Collaboration

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

# Opportunities: Community Health

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



# Opportunities: Population Health Management

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



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## Want to Know More?



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# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

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

**Governing Board  
March 2018  
Item #12  
EXECUTIVE SESSION**

**The Coastal Health & Wellness Governing Board will enter into Executive Session as permitted under the Open Meetings Act, Chapter 551 of the Texas Government Code, pursuant to *Section 551.074 of the Government Code, Personnel Matters*: specifically, to the Joint Commission Accreditation Survey Report**

**Governing Board  
March 2018  
Item #13  
Reconvene Regular Open Meeting**

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### Governing Board

March 2018

Item #14

Possible Action from Executive Session Regarding  
Annual Board Evaluation

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**Governing Board  
March 2018  
Item #15  
Complete Annual Conflict of Disclosure Statement**

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