



# COASTAL HEALTH & WELLNESS

## GOVERNING BOARD

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

### AGENDA

Thursday, May 28, 2020 – 12:00 PM

**ON MARCH 16, 2020, GOVERNOR GREG ABBOTT TEMPORARILY SUSPENDED PART OF THE TEXAS OPEN MEETINGS ACT TO HELP MITIGATE THE SPREAD OF COVID-19. SPECIFICALLY, THIS AMENDMENT ALLOWS FOR LOCAL GOVERNMENTS TO CONVENE VIRTUALLY SO LONG AS MEMBERS OF THE PUBLIC ARE PROVIDED A MEANS BY WHICH THEY CAN HEAR AND PROVIDE COMMENT TO THE GOVERNING BODY.**

**The Coastal Health & Wellness Governing Board will convene for its regularly scheduled May meeting by utilizing Zoom, which will allow for Board members and the public alike to partake in and/or view the meeting either online or over the phone.**

#### CONNECTING VIA INTERNET:

1. Access the URL: <https://zoom.us/j/477078265>
2. An automated prompt should appear on your screen; when it does, click “Open Zoom Meetings”
3. If you would prefer to use your computer for audio connection, please do the following:
  - a. When prompted, select “Join Audio”
  - b. Another popup box will appear, select the tab, “Computer Audio”
  - c. Now click the box stating, “Join With Computer Audio.” Your connection to the meeting will be automatically established upon doing so.
4. If you would prefer to utilize a phone for your audio connection, please do the following:
  - a. Mute your computer’s volume;
  - b. When prompted, select “Join Audio”
  - c. Another popup box will appear, select the tab, “Phone Call”
  - d. You will be presented with a Dial-In, Audio Code, and Participant ID. Call the Dial-In number from your phone and follow the subsequent voice prompts. Your connection to the meeting will be automatically established upon doing so.

#### CONNECTING VIA PHONE (AUDIO ONLY):

1. Dial 346-248-7799
2. You’ll be prompted to enter the Meeting ID, which is 477 078 265 #
3. Finally, you’ll be instructed to enter your Participant ID. When this occurs, merely select the pound (hashtag) key without entering any numbers. Your connection to the meeting will be automatically established upon doing so.

**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.

### REGULARLY SCHEDULED MEETING

#### Meeting Called to Order

- \*Item #1 ..... Agenda
- \*Item #2 **ACTION** ..... Excused Absence(s)
- \*Item #3 **ACTION** ..... Consider for Approval Minutes from April 30, 2020 Governing Board Meeting

- \*Item #4**ACTION**.....Policies Approved by United Board of Health as Authorized Under the Shared Services Agreement
  - a) Employee Use of Coastal Health & Wellness Clinic Policy
  - b) New Employee Orientation & Training Policy
- Item #5 .....Executive Report
- Item #6**ACTION**.....Consider for Approval April 2020 Financial Report
- Item #7**ACTION**.....Consider for Approval Budget Submitted to HRSA for the FY2020 Coronavirus Supplemental Funding Award in the Amount of \$79,900
- Item #8**ACTION**.....Consider for Approval Quarterly Access to Care Report for the Period Ending March 31, 2020
- Item #9**ACTION**.....Consider for Approval Quarterly Patient Satisfaction Survey Results for the Period Ending March 31, 020
- Item #10**ACTION**.....Consider for Approval Quarterly Compliance Report for the Period Ending March 31, 2020
- Item #11**ACTION**.....Consider for Approval Coastal Health & Wellness Sliding Fee Schedule Policy
- Item #12**ACTION**.....Consider for Approval Coastal Health & Wellness Billing and Collection Policy
- Item #13**ACTION**.....Consider for Approval Coastal Health & Wellness Dental Scope of Services Policy
- Item #14**ACTION**.....Consider for Approval Coastal Health & Wellness Medical Records Fee Schedule
- Item #15**ACTION**.....Consider for Approval Emergency Department/Hospital Admission Care Transition, Tracking and Follow Up Policy
- Item #16**ACTION**.....Consider for Approval Coastal Health & Wellness Title V Child Health & Dental Eligibility Policy
- Item #17**ACTION**.....Consider for Approval Revisions to Coastal Health & Wellness Governing Board Bylaws

**Adjournment**

*Next Regular Scheduled Meeting: June 25, 2020*

**Appearances before the Coastal Health & Wellness Governing Board**

The Coastal Health & Wellness Governing Board meetings are conducted under the provisions of the Texas Open Meetings Act, and members of the public that wish to address the Board about an item presented on the agenda shall be offered three minutes to do so. The Board cordially requests that individuals desiring to make a such a statement notify the Board of their intention by writing their name on the sign-in sheet located at the Boardroom’s main entrance.

A citizen desiring to make comment to the Board regarding an item not listed on the agenda shall submit a written request to the Executive Director by noon on the Thursday immediately preceding the Thursday of the Board meeting. A statement of the nature of the matter to be considered shall accompany the request. The Executive Director shall include the requested appearance on the agenda, and the person shall be heard if he or she appears.

### **Executive Sessions**

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



# COASTAL HEALTH & WELLNESS

---

**GOVERNING BOARD**

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

**Governing Board  
May 2020  
Item#2  
Excused Absence(s)**

[Back to Agenda](#)





# **COASTAL HEALTH & WELLNESS**

---

**GOVERNING BOARD**

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

**Governing Board**

**May 2020**

**Item#3**

**Consider for Approval Minutes from April 30, 2020  
Governing Board Meeting**

**Coastal Health & Wellness  
Governing Board  
April 30, 2020**

**Board Members**

**Conference Call:**

Samantha Robinson  
Milton Howard, DDS,  
Virginia Valentino  
Dorothy Goodman  
Flecia Charles  
Victoria Dougharty  
Aaron Akins  
Barbara Thompson, MD

**Staff:**

Kathy Barroso, Executive Director  
Cynthia Ripsin, MD  
Hanna Lindskog, DDS  
Eileen Dawley  
Andrea Cortinas  
Richard Mosquera

Mary Orange (phone)  
Michelle Peacock (phone)  
Amanda Wolff  
Tikeshia Thompson Rollins

**Excused:** Jay Holland, Elizabeth Williams and Miroslava Bustamante

**Items 1-5 Consent Agenda**

A motion was made by Virginia Valentino to approve the consent agenda items one through five. Dorothy Goodman seconded the motion and the Board unanimously approved the consent agenda.

**Item #6 Executive Reports**

Kathy Barroso, Executive Director, updated the Board on testing related to COVID19. Ms. Barroso informed the Board that the first mass testing site for Galveston County was opened in Texas City on April 9<sup>th</sup>, and the second mass testing site was opened in Galveston on April 16<sup>th</sup> at the fire station on 57<sup>th</sup> and Broadway. On April 23<sup>rd</sup>, a third mass testing site was added in League City. Ms. Barroso also informed the Board that 3,774 tests were conducted as of the close of business April 29<sup>th</sup> through the Galveston County Health District's mass screening efforts and that Coastal staff have played a key role in these testing efforts. Since March 9<sup>th</sup>, the phone bank has handled over 10,000 calls related to COVID19, assisting with questions related to symptoms, testing and appointment scheduling. On April 23<sup>rd</sup>, a budget was submitted to HRSA for coronavirus supplemental funding that was awarded March 19<sup>th</sup>. Another budget is due to HRSA May 8<sup>th</sup> for CARES Act funding received in the amount of \$971,360.

Eileen Dawley, Chief Nursing Officer, gave the Board an update on the site visit by Joint Commission on March 12<sup>th</sup>. The surveyor visited the dental and medical clinics at both sites and the results were excellent. There were no findings in infection control and sterilization and only two minor areas sited overall. Those issues were corrected and a plan for monitoring has been submitted and accepted by Joint Commission.

Dr. Ripsin, Medical Director, gave an update on the Coastal Health & Wellness Medical department as it relates to COVID-19 as follows:

**Assistance with testing**

4 medical, 2 dental providers and many members of the nursing, medical assistant, and administrative staff have been assisting daily with the coronavirus mass testing being managed by the Health District.

The majority of medical visits this month have been done via telephone and this has worked well and has helped maintain patient and staff safety, although volume is much lower than prior to the restrictions.

**6-Week totals**

Provider visits = 1433  
Lab visits = 240  
Nurse visits = 51

- We are still having acute clinic ½ day on Saturday
- We are still offering Behavioral Health visits via phone and behavioral health therapists have also been assisting in calling our vulnerable patients to check in and discuss COVID-related anxiety and fears
- Dr Nagorski has been the pediatrician here for 5 years and he has chosen to retire.
- Dr McDill, a board-certified family physician, has joined us and she and Dr. Ripsin will manage the majority of the youngest pediatric patients while the rest of the staff can manage children and adolescents.
- Injectable contraception and some Immunizations have been occurring through nurse visits
- Next week we will begin to phase in face to face visits again which will also significantly increase the number of lab and nurse visits.
  - Our focus will be on patient and staff safety while returning to comprehensive primary care
- Galveston is still formally closed but we are developing a plan to manage patients in Galveston at the Galveston clinic for those who cannot come to Texas City and we expect the building will be open soon. The SUD program is operational, and we will begin to phase in face to face visits next week and will add new patients as needed.

Dr. Lindskog, Dental Director, gave an update on the Coastal Health & Wellness Dental department as it relates to COVID-19. Dr. Lindskog informed the Board that dental is currently seeing patients as needed for emergency/acute visits and one dentist is assigned to the clinic each day to see acute patients and address any patient concerns/prescription request. Between March 19<sup>th</sup> and March 31<sup>st</sup>, Dental had 16 acute visits and 15 addressed phone calls/prescription requests and from April 1<sup>st</sup> to April 29<sup>th</sup>, Dental had 3 acute visits and 52 addressed phone calls/ prescription request. Dr. Lindskog also informed the Board that the staff is continuing to stay up to date with all recommendations for dental care from the TSDBE, CDC, OSHA, HRSA, TDA/ADA. Dental is currently working to obtain a PPE supply of N95, level 3 mask, bouffant, gowns, face shields, and gloves.

**Item #7 Consider for Approval March 2020 Financial Report**

Mary Orange, Business Office Manager, presented the March financial reports to the Board. A motion to accept the financial reports as presented was made by Dr. Howard. Aaron Akins seconded the motion and the Board unanimously approved.

**Item #8 Consider for Approval Quarterly Visit and Collection Report Including a Breakdown by Payor Source for Recent New Patients**

Mary Orange, Business Office Manager, reported on the quarterly visits and collection report including a breakdown by payor source for recent new patients. A motion to accept the report as presented was made by Virginia Valentino and seconded by Aaron Akins. The Board unanimously approved the motion.

**Item #9 Consider for Approval Budget Submitted to HRSA for the FY2020 Coronavirus Supplemental Funding for Health Centers in the Amount of \$79,990**

Mary Orange, Business Office Manager, asked the Board to consider for approval the budget submitted to HRSA for the FY2020 Coronavirus Supplemental Funding for Health Centers in the amount of \$79,990. This budget included supplies to assist with the COVID-19 response. A motion to accept the budget submitted to HRSA for FY2020 was made by Dorothy Goodman and seconded by Victoria Dougharty. The Board unanimously approved the motion.

**Item #10 Consider for Approval Preliminary Plan of Proposed Expenditures for Health Center Coronavirus Aid, Relief and Economic Security (CARES) Act Funding in the Amount of \$971,360**

Mary Orange, Business Office Manager, asked the Board to consider for approval the preliminary plan of proposed expenditures for health center coronavirus aid, relief, and economic security (CARES) act funding in the amount of \$971,360. Mary informed the Board that the plan is to use the money to cover payroll expenses based on revenue shortfalls and any other items which may be needed for COVID-19 response efforts. A motion to accept the plan as presented was made by Flecia Charles and seconded by Dorothy Goodman. The Board unanimously approved the motion.

**Item #11 Consider for Approval Coastal Health & Wellness Medical Referral Tracking and Care Management Policy**

Michelle Peacock, Nurse Case Manager, presented the Medical Referral Tracking and Care Management policy. Michelle discussed the changes that were incorporated into the policy to align with current practices. A motion to accept the policy as presented was made by Virginia Valentino and seconded by Victoria Dougharty. The Board unanimously approved the motion.

**Item #12 Consider for Approval Re-Privileging Rights for Premal Patel, MD**

Dr. Ripsin, Medical Director, asked the Board to consider for approval re-privileging rights for Premal Patel, MD. A motion to accept re-privileging rights for Premal Patel, MD, was made by Virginia Valentino and seconded by Victoria Dougharty. The board unanimously approved the motion.

Adjournment

A motion to adjourn was made by Dr. Howard and seconded by Dorothy Goodman. The Board adjourned at 1:00 p.m.

---

Chair

---

Date

[\*\*Back to Agenda\*\*](#)



# **COASTAL HEALTH & WELLNESS**

---

**GOVERNING BOARD**

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

**Governing Board**

**May 2020**

**Item#4**

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

- a) Employee Use of Coastal Health & Wellness Clinic Policy.
- b) New Employee Orientation & Training Policy

# Employee Use of Coastal Health & Wellness Clinics Policy

---

-Last Approved  
UBOH 04/29/2020  
-Effective 04/08/2003

## **Audience/Eligibility**

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

## **Medical/Dental Clinic**

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

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

## **Employee Responsibilities**

It is the employee’s responsibility to:

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

## **Management Responsibilities**

It is the responsibility of the

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

## **Violation**

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

---

# New Employee Orientation & Training Policy

---

## Audience

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

## Policy

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

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

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

## Human Resources Responsibilities

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

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

## Supervisor Responsibilities

It is the Supervisor’s responsibility to:

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

## Violation

---

# **New Employee Orientation & Training Policy**

---

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

[Back to Agenda](#)





# COASTAL HEALTH & WELLNESS

---

**GOVERNING BOARD**

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

**Governing Board  
May 2020  
Item#5  
Executive Report**



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

# Uncontrolled high blood pressure can lead to health risks

What you don't know about high blood pressure could hurt you.

High blood pressure affects one in three Americans, yet many people with the condition don't know they have it.

May marks National High Blood Pressure Education Month. Uncontrolled high blood pressure raises the risk for heart disease and stroke, which are

leading causes of death in the United States. Fortunately, high blood pressure is treatable and preventable.

To lower your risk, get your blood pressure checked regularly and take action to control your blood pressure if it is too high.

## Possible links to dementia

Recent studies show that high blood pressure is linked to a higher risk for dementia, a loss of cognitive function. Timing seems to matter.

Some evidence suggests having uncontrolled high blood pressure during midlife - age 45 to 65 - creates a higher risk for dementia later in life.

## Young people can have high blood pressure, too

High blood pressure doesn't just happen to older adults. About one in four men and nearly one in five women age 35 to 44 has high blood pressure.

Experts think the increased risk for stroke among young adults is a direct result of the rising rates of obesity, high blood pressure and diabetes.



## "Silent Killer" lacks symptoms

High blood pressure is sometimes called the "silent killer." Most people with high blood pressure don't have any symptoms, such as sweating or headaches. Because many people feel fine, they don't think they need to get their blood pressure checked. Even if you feel normal, your health may be at risk.

Talk to your doctor about your risk for high blood pressure.

## Many cases go undiagnosed

About 11 million U.S. adults with high blood pressure aren't even aware they have it and are not receiving treatment to control their blood pressure. Most people with uncontrolled blood pressure have health insurance and visit a healthcare provider at least twice a year.

## Women and minorities face unique risks

Women with high blood pressure who become pregnant are more likely to have complications during pregnancy than those with normal blood pressure. Women with high blood pressure who want to become pregnant should work with their healthcare team to lower their blood pressure before becoming pregnant. African American men and women have higher rates of high blood pressure than any other race or ethnic group. These individuals are also more likely to be hospitalized for high blood pressure.

Experts think this is related to higher rates of obesity, diabetes, and stroke among this group.



## More than 750 GC residents test positive for COVID-19

Galveston County Health District (GCHD) continues to investigate cases of COVID-19 in Galveston County. As of May 26, more than 750 Galveston County residents have been infected with COVID-19, with 458 of those deemed recovered.

The health district reported the first Galveston County case of COVID-19 in mid-March.

More than 28,000 county residents have been tested for novel coronavirus to date, accounting for roughly 8 percent of the county's population.

Galveston County is currently partnering with UTMB to offer free COVID-19 testing in League City, Texas City and Galveston.

Galveston County residents may call 832.632.6731 to make an appointment. A government issued form of identification will be required at the time of testing to verify residency.

The health district offered free drive-thru COVID-19 testing April 9-May 8, testing more than 5,000 people at sites in League City, Texas City, Galveston and Crystal Beach.

Residents are encouraged to

contact their primary care physician for COVID-19 testing if they have come in contact with someone who is COVID-19 positive or are experiencing symptoms including cough, shortness of breath, difficulty breathing or at least two of the following symptoms: fever, chills, repeated shaking with chills, muscle pain, headache, sore throat and new loss of taste or smell.

Those who are uninsured may be tested through Coastal Health & Wellness after being financially screened. For more information, please call 409.938.7221.

For more information, please visit [gchd.org/coronavirus](http://gchd.org/coronavirus). For more information on COVID-19, please contact the health district's information line at 409.938.7221, open Monday-Friday, 8 a.m.-5 p.m.

### Practice healthy hygiene

- Wash your hands often with soap and water for at least 20 seconds.
- If soap and water are not available, use an alcohol-based hand sanitizer with at least 60 percent alcohol.
- Avoid touching your eyes, nose or mouth with unwashed hands.
- Cover coughs and sneezes with

a tissue and then throw the tissue in the trash. If tissues are not available, cough and sneeze in your elbow. Do not cough and sneeze in your hands.

- Frequently clean and disinfect objects and surfaces using a regular household cleaning spray or wipe.

### Practice social distancing

- Maintain at least 6 feet separation from others.
- Limit contact with people outside of your household. Avoid social visits.
- Limit visits and keep your distance from older relatives, especially those who are at a higher risk for developing serious COVID-19 illness.
- Avoid unnecessary travel.

### Help prevent the spread of COVID-19 to others

- Avoid close contact with people who are sick.
- Cover coughs and sneezes with a tissue and then throw the tissue in the trash. If tissues are not available, cough and sneeze in your elbow. Do not cough and sneeze in

COVID-19 page 3



# Congressman Randy Weber tours health district's COVID-19 testing site



Congressman Randy Weber took time on May 7 to visit Galveston County Health District's (GCHD) COVID-19 testing site in Texas City. Pictured above are Galveston County Local Health Authority Dr. Philip Keiser, Coastal Health & Wellness Medical Director Dr. Cynthia Ripsin, Weber and GCHD CEO Kathy Barroso.

Weber learned more about testing efforts in Galveston County, specifically at the health district's free testing sites.



## COVID-19

your hands.

- Avoid touching your eyes, nose and mouth.
- Clean and disinfect frequently touched objects and surfaces.
- Stay home when you are sick, except to get medical care.
- Wash your hands often with soap and water for at least 20 seconds.
- If soap and water are not available, use an alcohol-based hand sanitizer with at least 60 percent alcohol.





# NATIONAL NURSES WEEK

MAY 6 - MAY 12

[COASTALHW.ORG](http://COASTALHW.ORG)



Coastal Health & Wellness

## Women should make health a priority

Coastal Health & Wellness is encouraging women to take steps to improve their health as it celebrated National Women's Health Week, May 10-16.

The week served as a reminder for women to make their health a priority and to build positive health habits.

Taking care of mental health can lead to feeling better physically as mental and physical health go hand-in-hand.

It's never too early or too late to work toward a healthier you.

Women tend to care for others, often forgetting to make sure they are doing OK. Take the time each day to do something you enjoy. This will help reduce stress levels dramatically.

### Get active

Women need two-and-a-half hours of moderate intensity physical activity every week. That amounts to about 30 minutes a day. But, fewer than 50 percent of women get enough aerobic activity and only 20 percent get enough muscle-strengthening activity, the Office on Women's Health reports.

Taking 30 minutes a day for a brisk walk is enough to lower the risk of breast cancer. Women who get enough physical activity can reduce their risk of heart disease and cancer – the most common diseases that affect women. Walk to work if possible, take the stairs instead of the elevator. Every little bit helps.

### Eat healthy

Nearly two out of three women 20 years and older are overweight or obese. Foods like vegetables, fruits, whole grains, low-fat dairy products and lean protein have the nutrients needed without having too many calories.

We make about 200 decisions about food each day. It's not always easy to make healthy decisions, but it's definitely important and worth it. Choose water instead of soda. Use a smaller plate when eating to control your portions.

### Schedule your well-woman visit

Nearly one out of three women report not visiting a doctor because of cost, but most health plans are required to

Women's Health page 6



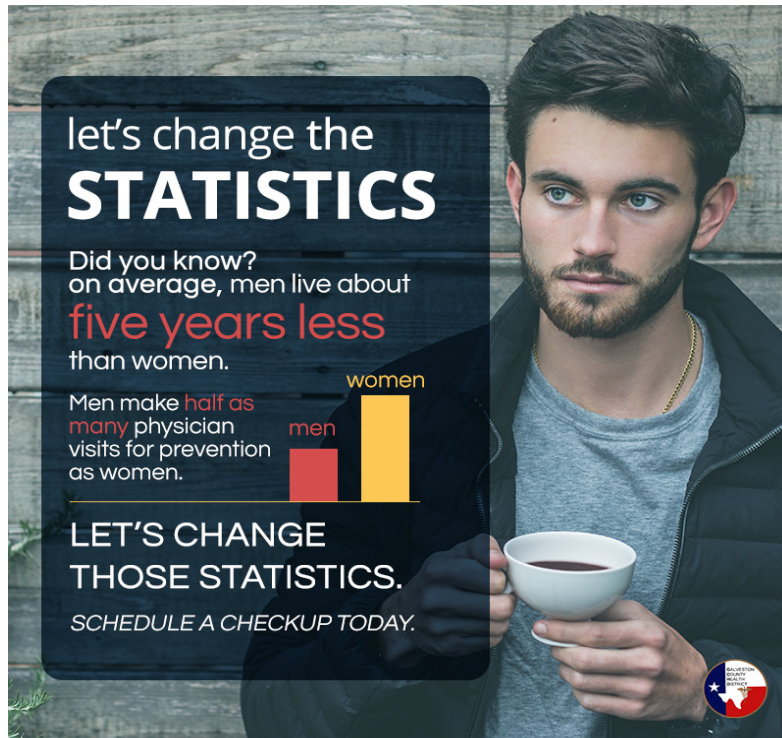
# Prevention is key to change in men's health stats

Coastal Health & Wellness is encouraging men to take steps to improve their health as it celebrates National Men's Health Week, June 15-21.

On average, men live about five years less than their female counterparts.

Men have a higher death rate for most of the leading causes of death including cancer, heart disease, diabetes and suicide.

It's time to change those statistics.



let's change the  
**STATISTICS**

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

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

Gender	Physician Visits for Prevention
men	Low (represented by a short red bar)
women	High (represented by a tall yellow bar)

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

Coastal Health & Wellness logo

to maintain for some, but taking small steps to a healthier you is doable. Say no to super-size meals and yes to a healthy meal.

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

## Get it checked

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

## Take care of your heart

Heart disease is the leading cause of death for men in the U.S., accounting for about one in every four male deaths. Know your risks – high blood pressure, high LDL cholesterol and smoking are key risk factors for heart disease. Other medical conditions and lifestyle choices that put men at a higher risk include diabetes, being overweight or obese, poor diet, physical inactivity and excessive alcohol use.

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

## Get moving, eat healthy

Making a drastic lifestyle change can be scary, and hard

Adults need at least two and-a-half hours of moderate-intensity aerobic activity every week. Play with your children and grandchildren.

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

## Prevention is a priority

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

Regular checkups from a healthcare provider can help detect, and prevent, several health conditions.

Regular screenings include blood pressure, cholesterol, glucose, prostate health and more. Hypertension is one chronic condition, along with obesity and high cholesterol, which leads to heart disease, the No. 1 threat to men's health.

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

# Healthy lifestyle can reduce risk, impact of diabetes

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

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

From what they'll wear to what they'll eat and how they'll take care of themselves, it's important to note the day-to-day impact diabetes makes on nearly every decision a diabetic makes. There are three main types of diabetes – type 1, type 2 and gesta-

tional. Roughly 90 percent of people who have diabetes have type 2, which can often be delayed or prevented with lifestyle changes.

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

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

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

Race and ethnicity also matter: African Americans, Hispanic/ Latino Americans, American Indians, Pacific

Islanders and some Asian Americans are at higher risk for type 2 diabetes. Uncontrolled, diabetes can cause blindness, nerve damage, kidney disease and other health problems.

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

## Symptoms

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

## We are here for you.

Coastal Health & Wellness is currently seeing patients by appointment only.

To make an appointment,  
please call  
**409.938.2234.**



## Women's Health

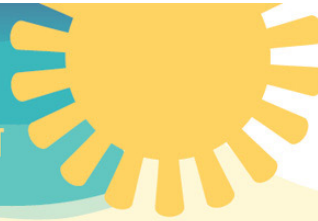
cover an annual well-woman visit at no cost to the patient. More than 75 percent of women 40-60 years old have at least one risk factor for heart disease, the most common cause of death in women in the United States.

Remember to bring a list of current medications to the well-woman visit. It's also a good idea to make a list of questions and concerns you want to ask the doctor.

A well-woman visit is a time to discuss family history and family planning.

Schedule necessary tests, including screenings for high blood pressure, high cholesterol, sexually transmitted diseases and more.

# 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

UV Safety page 10



# Community, businesses thank GCHD for COVID-19 service



Don Mafrige and Texas Pit Stop thanked Galveston Area Ambulance Authority crew members for their service with a delicious BBQ lunch. Galveston Yacht Basin/ Bait & Tackle and Popeyes also treated crews to crawfish and chicken, respectively.



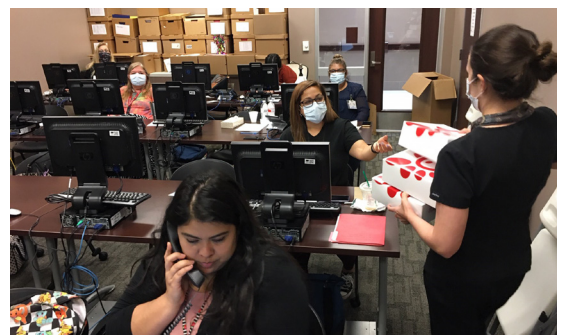
Hospitality ER in Galveston gifted sweet treats.



Jon Lindskog donated Chick-Fil-A lunches to public health teams.



An anonymous donor treated public health staff to a lunch of tamales, rice, beans, salsa and more. And, Paradise Grill donated fantastic bacon and choro breakfast burritos.





# Community, businesses thank GCHD for COVID-19 service



Keller Williams Realty Clear Lake gifted staff breakfast tacos and snack-filled bags.



Cabela's in League City donated face coverings to the Galveston County Health District.



Former WIC clients Julie Castillo and daughter Alexandra, and Lindsay Coffman and her daughter donated handmade masks to the WIC department.



Coffee Connection in Texas City kept staff fueled throughout the day with coffee.



The community sent kind and thoughtful thank you cards, delivered by the Texas City - La Marque Chamber of Commerce.



Roadkill Cookers and volunteers treated staff to an amazing BBQ lunch complete with all the fixings: Scott Mohan (BBQ pit owner), Will Riordan (Galveston County facilities), Rayette Garcia, Kriss Garcia, Robert Dee Junior, Calvin Downs, Amy Martinez, Britney Haynes, Sam's Club, Mark Garcia (Galveston County facilities), Santa Fe City Councilman Fidencio Leija, Jr., Precinct 2 Galveston County Deputy Constable Paul Edinburg, Carin Gibbons (Precinct 2 Galveston County constables office), Precinct 2 Galveston County Commissioner Joe Guisti and Yesenia Juarez (Precinct 2 Galveston County constables office)

Crystal Atwood donated ear savers to medical staff working in the health district's mass testing sites.





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 items to ensure the least amount of exposure. When applying sunscreen, be sure to re-apply 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.

## Caring for someone who is sick with COVID-19



**Monitor** the sick person for worsening symptoms. Know the emergency warning signs. Call a doctor if they are getting sicker.



Make sure the sick person drinks a lot of **fluids and rests** at home.



Have the sick person stay in **one room** and away from other people and yourself as much as possible.



**Wash laundry** thoroughly. If laundry is soiled, wear disposable gloves when you touch it. Wash your hands after you remove your gloves.



If possible, have the sick person use a **separate bathroom**. Avoid sharing personal items like dishes, towels, or bedding.



Take extra **germ-stopping precautions**. Wash your hands and disinfect surfaces, objects, and surroundings.



Have the sick person wear a **cloth face covering** when they are around people. If they can't put on a cloth face covering, you should wear one when around them.



If someone in your house has COVID-19, it is best if all members of the house **stay home and monitor** themselves for symptoms.

**COVID-19**  
CORONAVIRUS DISEASE 2019



updated 04/13/20  
1:00 pm

For updates and more information, visit [dshs.texas.gov/coronavirus](https://dshs.texas.gov/coronavirus)

## **Coastal Health & Wellness Updates**

### **COVID-19 Activities**

- The Galveston County Health District offered free drive-thru COVID-19 testing April 9-May 8. More than 5,000 people were tested at sites in League City, Texas City, Galveston, Bolivar, and Crystal Beach. Through these efforts approximately 7% of Galveston County's population has been tested for COVID-19.
- On Wednesday, May 20<sup>th</sup>, Galveston County began to offer free COVID-19 testing to Galveston County residents through an agreement with UTMB. Testing is by appointment only and is being offered at three different UTMB locations (Galveston, League City and Texas City). A government issued form of identification is required at the time of testing to verify residency.
- Coastal Health & Wellness is also providing COVID-19 testing on registered clinic patients.
- On May 11, Governor Abbott directed COVID-19 testing of all nursing home residents and employees within 14 days. To date, all Galveston County nursing home residents and employees have been tested utilizing either military strike teams or contracted groups.
- In an effort to centralize all COVID-19 test results into a single database and provide more flexibility in developing reports and graphics, a new software program has been acquired that will allow for the Health District to more easily analyze COVID-19 trends through varying demographics and locations.
- The Department of State Health Services has launched a new contact tracing software system called "Texas Health Trace". The Health District will utilize this system for contact tracing efforts.

### **Insurance Contract Updates –**

- Dr. Foreman- (Pending- Dentegra)

### **Medical**

- Dr. McDill (Pending Community Health Choice & Superior Health Plan)

### **Pending New/Evaluating Contracts:**

- Memorial Hermann Health Plan- Contract under review
- Patient /Physician and Cooperatives (PPC)- Contract under review
- Oscar Health – Contract under review
- HealthSmart Preferred Care- Pending response from HealthSmart

**Other Insurance Updates:**

- A review of all insurance contracts and associated HEDIS or quality measures is currently in progress to assure compliance with industry and healthcare standards.
- Effective April 1, 2020 insured patients who receive lab services at Coastal Health & Wellness will be billed directly by LabCorp. Health insurance plans require that the party performing the actual medical service bill the insurance company directly for these performed services. Depending upon the insurance plan, some patients may receive a bill from LabCorp. In this event, charges will be discounted for those patients who have applied and qualify for a sliding fee discount.

**Committees –****Quality Assurance/Risk Management Committee**

- The monthly meeting of the QA/Risk Management Committee was held on May 6, 2020. Standard monthly and quarterly reports were reviewed as well as new and/or updated policies and guidelines. Other items presented included dental audits, an update on the 1115 waiver projects, new financial screening forms and incident reports. Since the quarterly Board QA Committee meeting was not held in April due to COVID-19, January through June data will be reviewed at the next Board QA meeting in July.

**Infection Control / Environment of Care /Joint Commission Committee (IEJ)**

- The monthly meeting of the Joint Commission/Infection Control/Environment of Care Committee was held on May 20, 2020. The intracycle monitoring site visit results were reviewed and future plans related to the culture of safety survey were discussed. In addition, the Joint Commission statement on universal masking of staff, patients, and visitors in healthcare settings was presented. Other topics discussed included the antibiotic stewardship report; infection control audits; and environmental safety and compliance reports. Performance measure for the Environment of Care Plans were reviewed and measures were within stated goals.

**Patient Centered Medical Home (PCMH) Committee**

- Progress continues to be made on the PCMH self-assessment tool. Most of the components required for certification are in place. During the Intra-Cycle Monitoring (ICM) site visit in March, the Joint Commission surveyor provided information on what to expect during PCHM accreditation visits. Currently there are no mock site visits offered by Joint Commission (JC). To have a PCMH survey done at CHW, it can either be added to our next regular survey (the window for this is open from now through Feb 2021) or it can be a separate survey, which would be requested through the CHW account representative at JC. Two of the major focus areas for surveyors are (1) health care literacy assessment and (2) setting of self-management goals for patients (provider driven). Suggestions were given by the surveyor on literacy tools available through Agency for Healthcare Research and Quality

(AHRQ.). Another area of interest is follow-up of referrals; the target goal is 4 days, but the surveyor stated JC is aware that this is a huge challenge for organizations.

- Joint Commission announced this week that surveys will start being conducted again in June. On-site surveys had stopped in mid-March. The format will be different to account for changes related to the pandemic response.

#### **HRSA Deliverables / Updates –**

- We continue to acquire equipment and supplies budgeted through the Capital Assistance for Hurricane Response and Recovery Efforts (CARE) grant. We have currently spent \$318,580.39 through 4/30/20 of the \$337,012 initially awarded. All grant funds must be spent by August 31, 2020.
- Through 4/30/20, we have expended \$10,491.94 of the \$23,172 awarded to us by HRSA for one-time quality improvement (QI) funds.
- On 4/23/20, a budget was submitted to HRSA in response to funding awarded through the FY2020 Coronavirus Supplemental Funding for Health Centers. The award was issued 3/19/20 in the amount of \$79,990. As of 4/30/20, \$8,202 has been expended.
- On 5/8/20, a budget was submitted to HRSA in response to funding awarded through the Health Center Coronavirus Aid, Relief, and Economic Security (CARES)) Act Funding. The award was issued 4/3/20 in the amount of \$971,360. As of 4/30/20, \$78,524 has been expended.
- On 5/4/20, Coastal Health & Wellness received a notice of grant award from HRSA in the amount of \$280,624 for the FY2020 Expanding Capacity for Coronavirus Testing (ECT). The ECT notice of award includes multiple reporting requirements, including the ECT Response Reporting Requirement due in EHBs on Saturday, June 6.
- As part of the COVID-19 emergency response efforts, HRSA has been asking health centers to fill out a weekly survey to help track health center capacity and the impact of COVID-19 on health center operations, patients, and staff. HRSA will use the information collected to better understand training and technical assistance, funding and other health center resource needs.
- The deadline for filing the 2021 FTCA deeming application has been postponed until July 13, 2020.
- Due to COVID-19, the Bureau of Primary Health Care (BPHC) has postponed all planned routine Operational Site Visits (OSVs) through September 30<sup>th</sup>. We will be notified as soon as practicable regarding the rescheduling. The operational site visit (OSV) for Coastal had previously been scheduled for August 25 – August 27, 2020.

#### **Miscellaneous Updates –**

- To date, no updates have been received on the application we submitted to the Federal Communications Commission on 4/13/20 for telehealth equipment in the amount of \$226,387. This equipment would facilitate provider-patient consultations for chronic health conditions as well as medication management.

- In addition to the HRSA grant awards recently received for the COVID-19 response, Coastal Health & Wellness has received provider stimulus payments of \$117,990 to assist with future shortfalls or needs.
- Coastal Health & Wellness applied for and was recently awarded the COVID-19 Response Fund for Community Health grant in the amount of \$50,00 from Direct Relief. The purpose of this grant is to provide emergency operating funds to help offset certain expenses incurred due to the COVID-19 pandemic.
- In an effort to keep all staff and patients safe throughout the COVID-19 pandemic, we have initiated new clinic processes, which include appointments only (no walk-ins); pre-screening of patients before entering the building; and hand sanitizing before entry. We have also ordered plexiglass barriers, sneeze guards, and floor markers to emphasize social distancing.
- We continue to work towards transitioning to the new patient portal system (Medfusion). Recently, a message was sent to all current portal users announcing the launch of the new system and letting patients know that in the coming weeks, an invitation enrollment email would be sent to them. The new portal is a secure internet application that will allow the user to:
  - Send a message to your medical provider, nurse, billing department or referral department
  - Schedule and view appointments
  - Request a prescription refill
  - View a summary of your health record and lab results
  - Look up information about health topics
  - View and pay your statement online
- In order to minimize in-person services as much as possible, patient services staff have been working with patients remotely to obtain registration and financial screening documents. This has helped reduce clinic traffic and has allowed us to obtain all necessary paperwork prior to the patients visit.
- A new *Statement of Support Form* has recently been implemented for those patients that have no income and are receiving support from other individuals or groups. In addition, a new *Patient Application Form* is being developed which will be used to register all patients and not just those that are requesting discounted services.
- TACHC has been providing many resources to Health Centers in response to COVID-19. Conference calls/webinars have been very helpful in keeping health centers informed of funding and PPE opportunities to assist in our response efforts.
- The Galveston clinic remained closed this month since the Housing Authority had closed the building due to the stay at home order. We are anticipating resuming services in the Galveston clinic within the next couple of weeks.

**Communications –**

- Communication continues to focus on COVID-19 with daily case updates, testing information and overall education on the ever-changing situation and those at a higher risk.
- The communications department puts out a case update daily around 5 p.m. that includes an update on all our case numbers with graphics focused on total cases and those who have recovered. There are also various charts and graphs that break down that same information.

This is all shared with communication stakeholders at the county and cities, media and on the health district's website and social media channels.

- Non-COVID-19 related social media posts include:
  - National High Blood Pressure Education Month
  - National Women's Health Week
  - National Nurses Week
  - Weekly Chew on This campaign
  - CHW clinic services
  - Good oral health
  - Oral health care during COVID-19
  - CHW therapy services available

### **CHW Career Opportunities:**

April 23-May 19, 2020

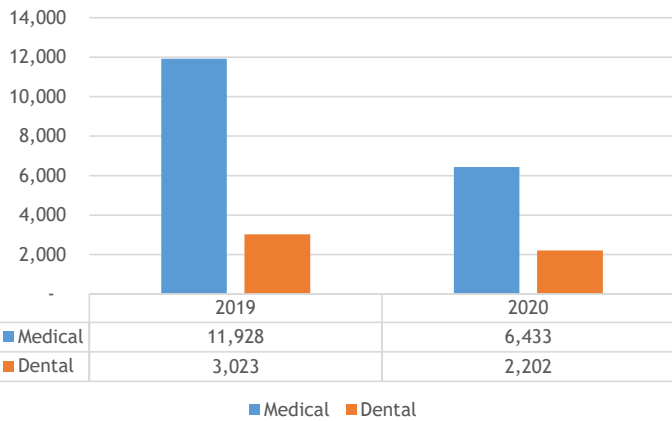
- **Employee Onboarding** – Human Resources conducted new employee orientation for the following employee(s):
  - Angie Amaro - Medical Aide – Bilingual 5/14/20
- **Current Vacancies:**
  - Nursing
    - LVN (1)
    - Medical Aide I (Bilingual) – (1)
    - Patient Services Specialist I (Bilingual) – (1)
    - Dental Assistant full-time temp position (1)

### **CHW Executive Contract Report: May 2020**

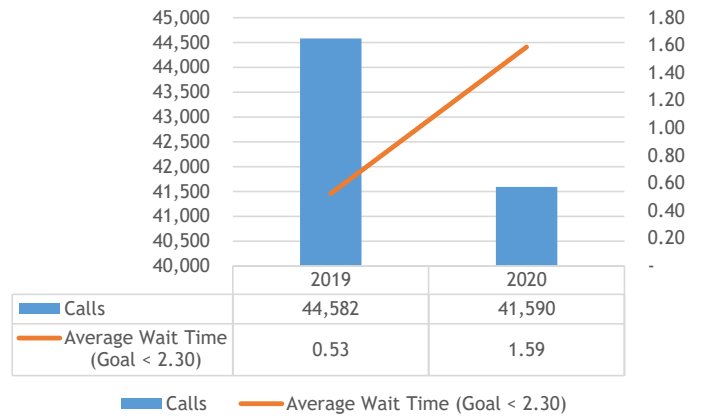
- On May 11<sup>th</sup>, Coastal Health & Wellness entered into a Decontamination Services Agreement with Battelle Memorial Institute to decontaminate compatible N95 respirators. This service, which is being funded entirely by an emergency grant issued to Batelle by the Food and Drug Administration, will allow for compatible N95 respirators to be decontaminated and reused up to twenty (20) times prior to disposal, and will thus assist in assuring adequate supply of N95s to Coastal Health & Wellness staff until the masks again become readily available.



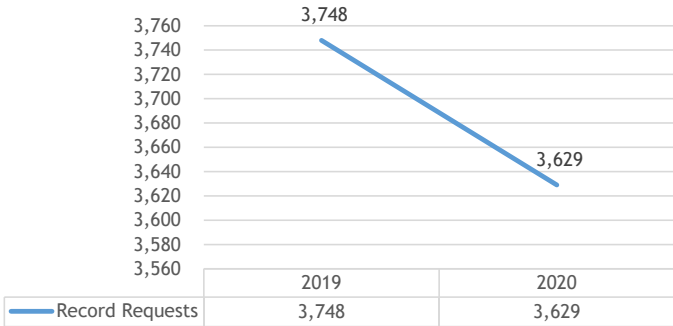
### Patient Services-Total Patients Checked-In



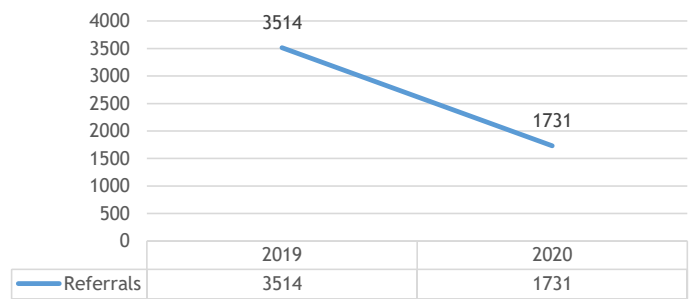
### Contact Center - Calls and Wait Time



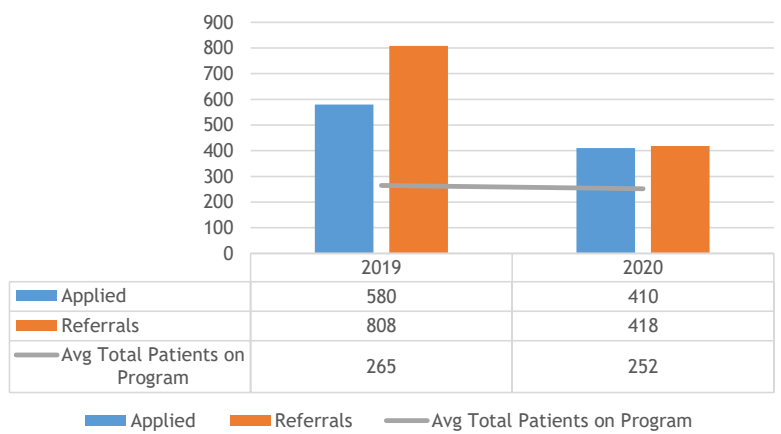
### Electronic Record Requests



### Case Management Referrals



### County Indigent Program



[Back to Agenda](#)



# COASTAL HEALTH & WELLNESS

---

**GOVERNING BOARD**

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

**Governing Board**

**May 2020**

**Item#6**

**Consider for Approval April 2020 Financial Report**

# COASTAL HEALTH & WELLNESS

Governing Board



## FINANCIAL SUMMARY

For the Period Ending

*April 30, 2020*

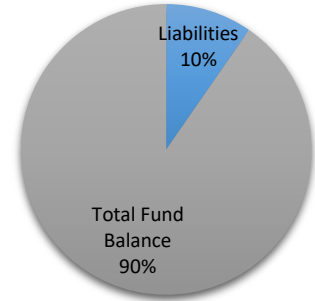
May 28, 2020

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

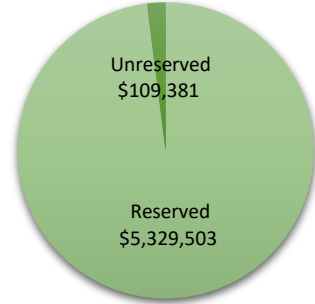
**CHW - BALANCE SHEET** as of April 30, 2020

	Current Month Apr-20	Prior Month Mar-20	Increase (Decrease)
<b>ASSETS</b>			
Cash & Cash Equivalents	\$5,336,262	\$5,333,745	\$2,518
Accounts Receivable	1,485,851	1,457,574	28,277
Allowance For Bad Debt	(926,612)	(913,733)	(12,879)
Pre-Paid Expenses	86,308	69,988	16,320
Due To / From	37,991	(28,801)	66,792
<b>Total Assets</b>	<b>\$6,019,801</b>	<b>\$5,918,773</b>	<b>\$101,028</b>
<b>LIABILITIES</b>			
Accounts Payable	\$147,306	\$75,259	\$72,048
Accrued Salaries	330,557	269,999	60,558
Deferred Revenues	103,053	72,108	30,945
<b>Total Liabilities</b>	<b>\$580,917</b>	<b>\$417,366</b>	<b>\$163,551</b>
<b>FUND BALANCE</b>			
Fund Balance	\$5,628,397	\$5,628,397	\$0
Current Change	(189,513)	(126,990)	(62,523)
<b>Total Fund Balance</b>	<b>\$5,438,884</b>	<b>\$5,501,407</b>	<b>(\$62,523)</b>
<b>TOTAL LIABILITIES &amp; FUND BALANCE</b>	<b>\$6,019,801</b>	<b>\$5,918,773</b>	<b>\$101,028</b>

Current Period Assets



Total Fund Balance

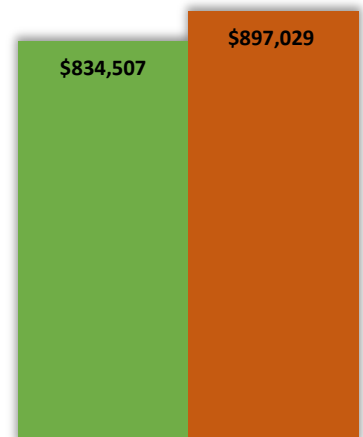


**CHW - REVENUE & EXPENSES** as of April 30, 2020

	Actual Apr-20	Budgeted Apr-20	PTD Budget Variance	YTD Budget Variance
<b>REVENUE</b>				
County Revenue	\$311,222	\$311,222	\$0	\$0
DSRIP Revenue	0	65,833	(65,833)	(65,833)
HHS Grant Revenue	338,746	260,617	78,129	78,129
Patient Revenue	174,847	317,112	(142,265)	(142,265)
Other Revenue	9,692	10,827	(1,135)	(1,135)
<b>Total Revenue</b>	<b>\$834,507</b>	<b>\$965,611</b>	<b>(\$131,104)</b>	<b>(\$131,104)</b>
<b>EXPENSES</b>				
Personnel	\$674,217	\$632,211	(\$42,006)	(\$42,006)
Contractual	49,804	70,723	20,919	20,919
IGT Reimbursement	0	25,747	25,747	25,747
Supplies	65,537	104,826	39,289	39,289
Travel	681	4,533	3,852	3,852
Bad Debt Expense	12,879	33,605	20,726	20,726
Other	93,912	93,966	54	54
<b>Total Expenses</b>	<b>\$897,029</b>	<b>\$965,611</b>	<b>\$68,581</b>	<b>\$68,581</b>
<b>CHANGE IN NET ASSETS</b>	<b>(\$62,523)</b>	<b>\$0</b>	<b>(\$62,523)</b>	<b>(\$62,523)</b>

Current Month Actuals

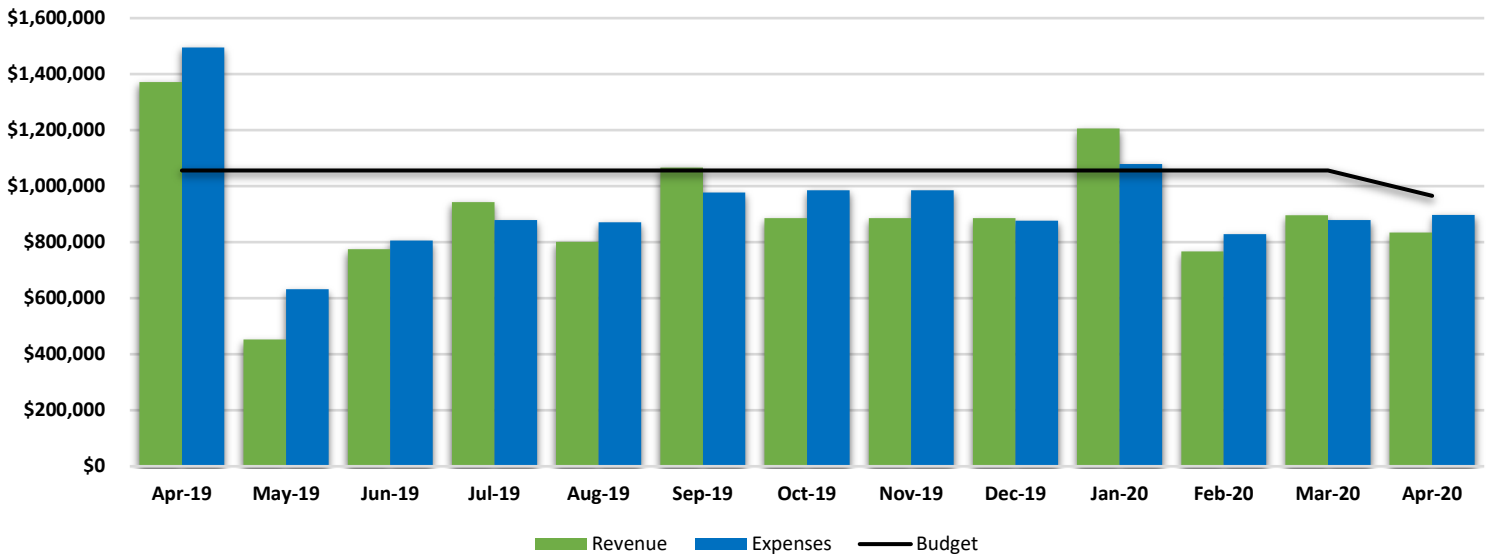
■ Revenue ■ Expenses



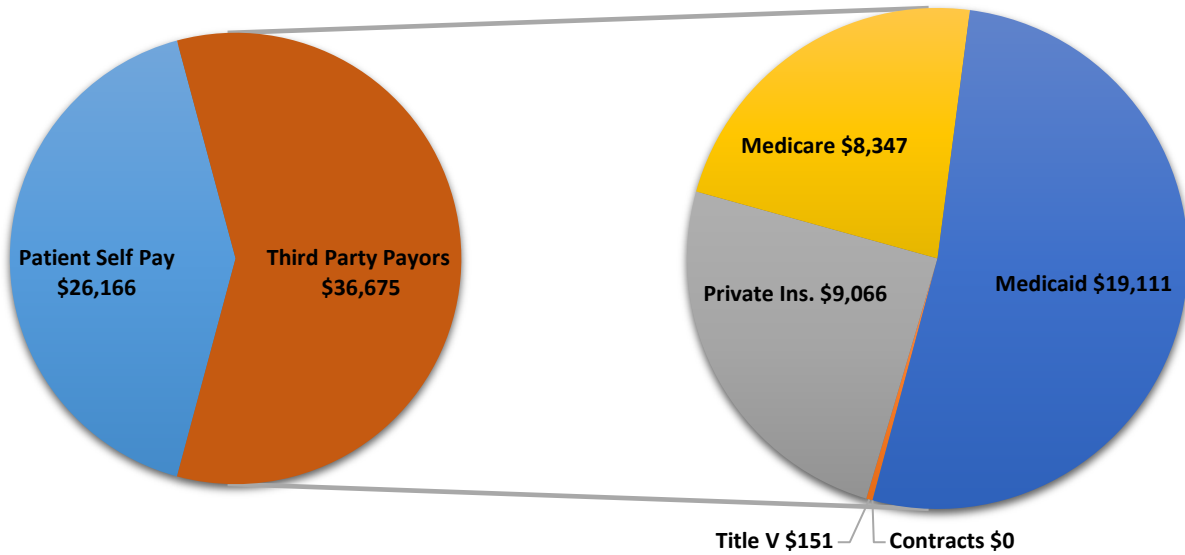
**HIGHLIGHTS**

- MTD Decrease in Fund Balance of (\$62,523).
- MTD and YTD revenues are (\$131,104) lower than budget. Large decrease in patient visit numbers due to COVID account for reduced patient revenues. Additional funding from federal government accounts for increase in HHS grant revenue. This is start of new fiscal year for CHW.
- MTD and YTD expenses are \$68,581 under budget. Increased expenses in Personnel are due to Emergency Leave Pay (\$30K) and paid out Vacation Pay (\$8K). The Emergency Leave Pay is covered thru additional HHS funding sources. A reduction in expenses is noted across all other budget categories.
- YTD decrease in Fund Balance of (\$189,513). Total Fund Balance of \$5,438,884 as of 4/30/2020.

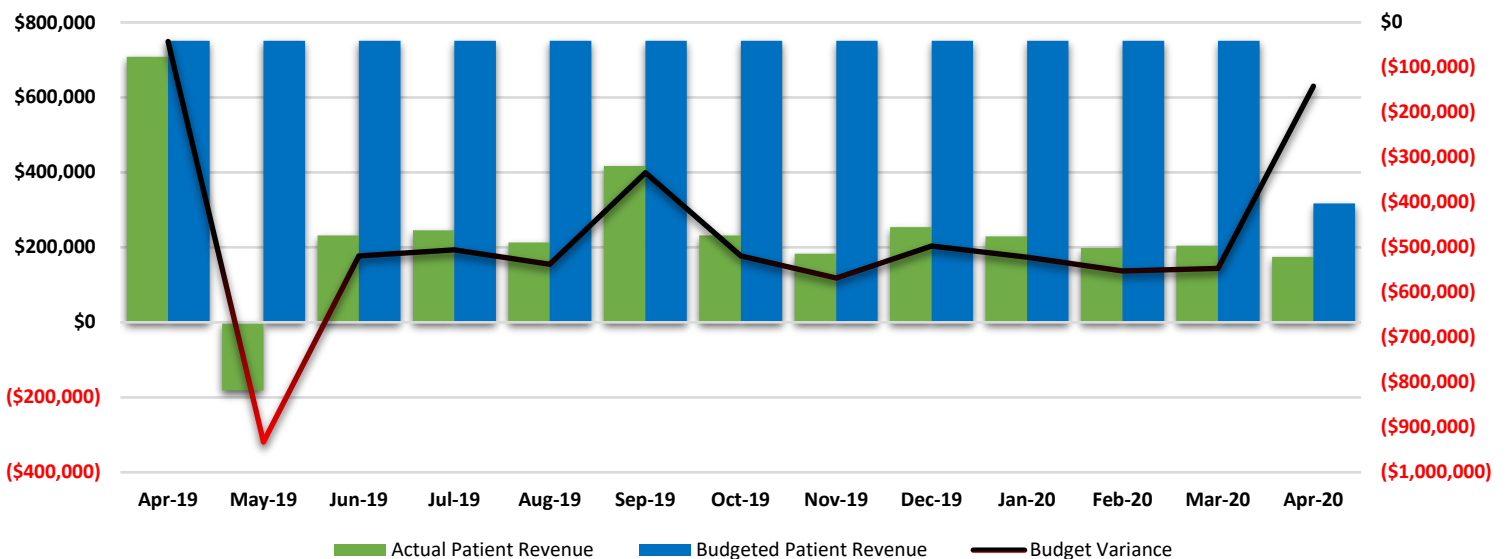
**Actual Revenue & Expenses in Comparison to Budget**

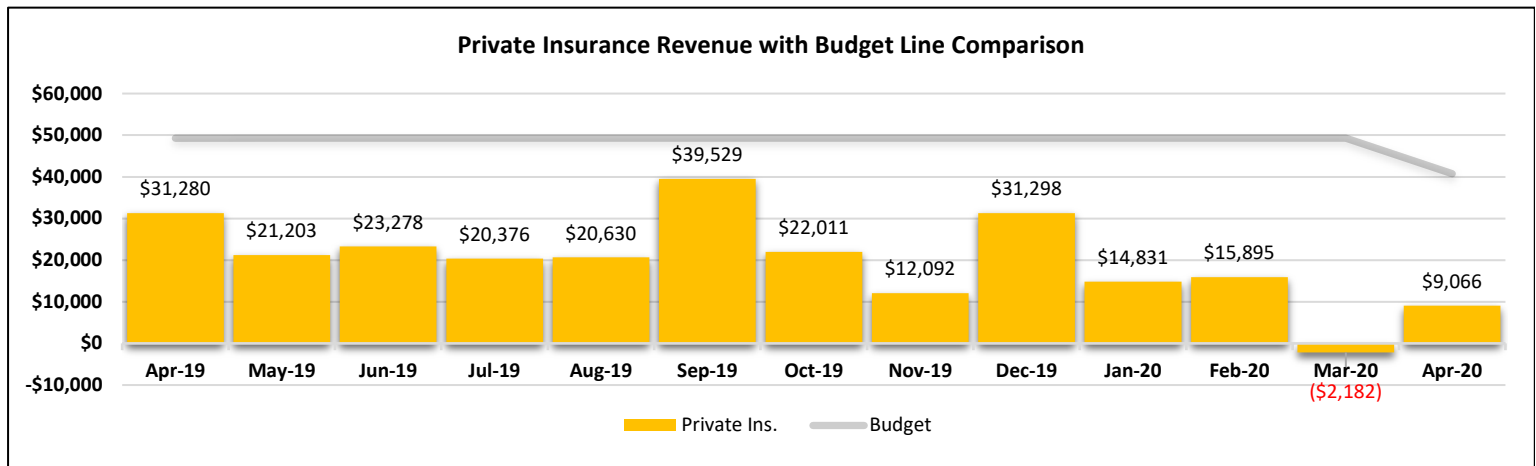
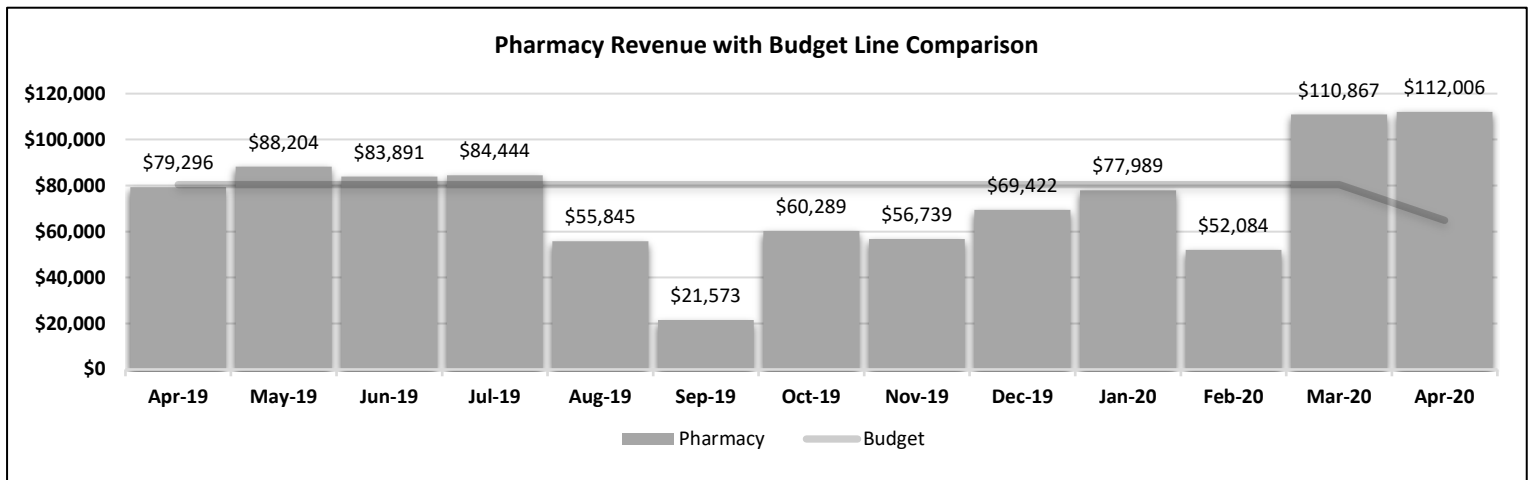
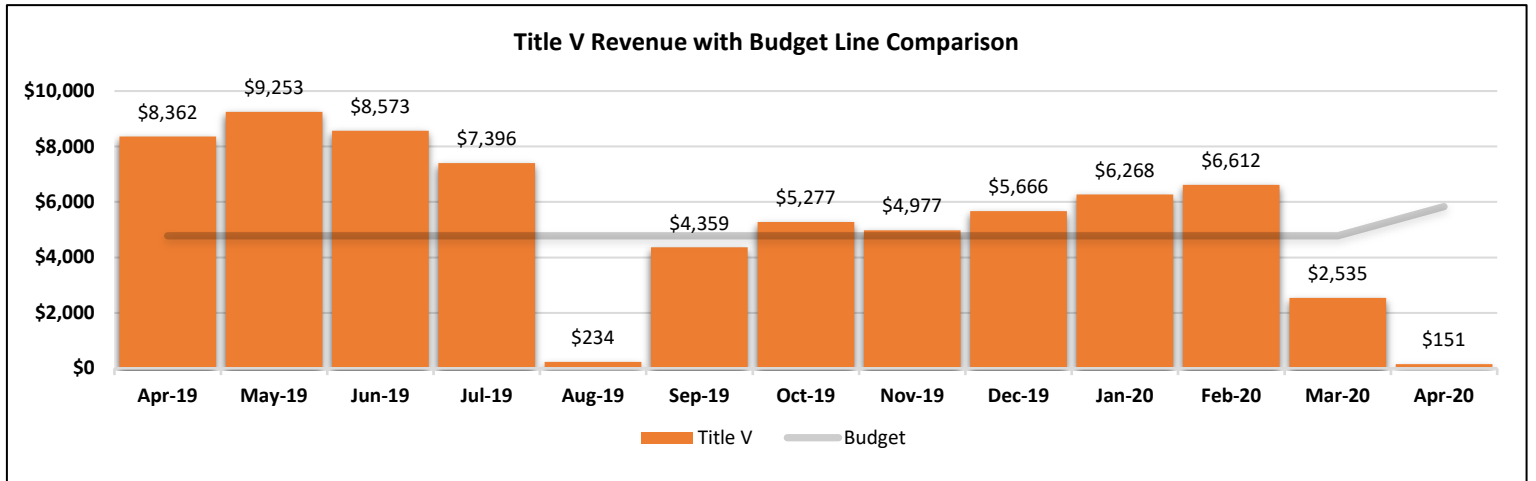
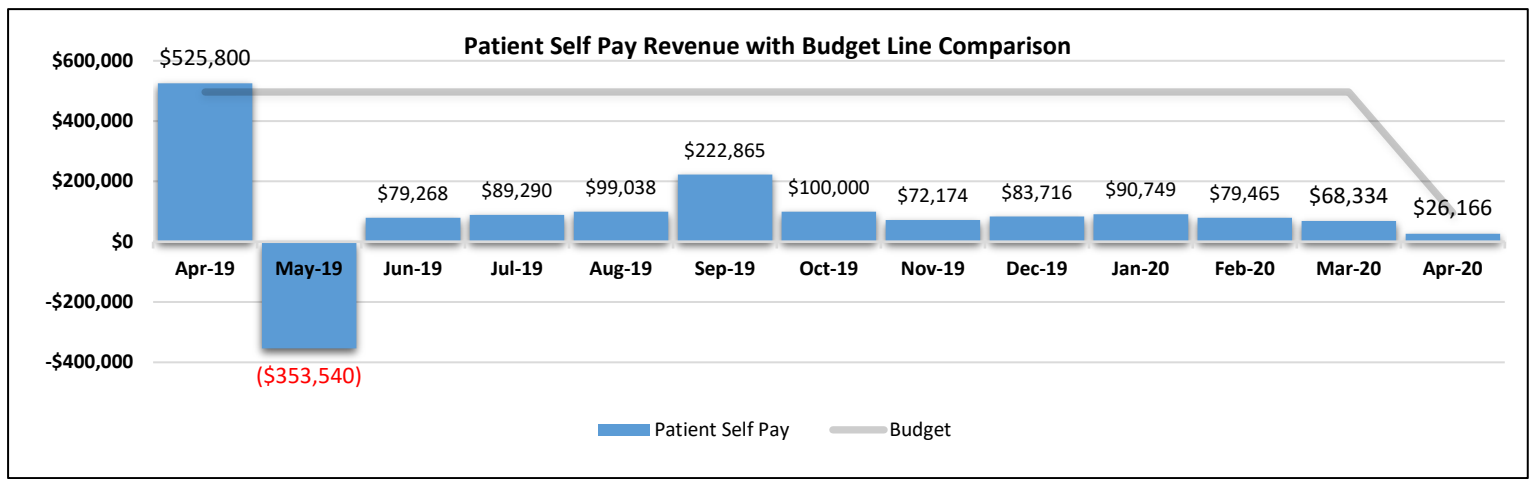


**Current Period Patient Revenue with Third Party Payor Contributions Identified**

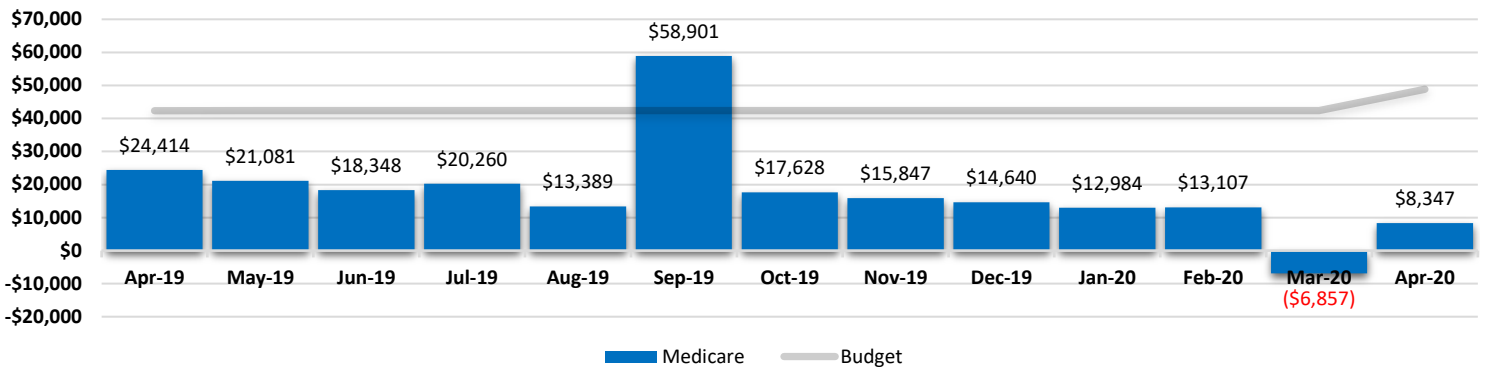


**Actual Patient Revenue Rec'd vs Budget with Variance**

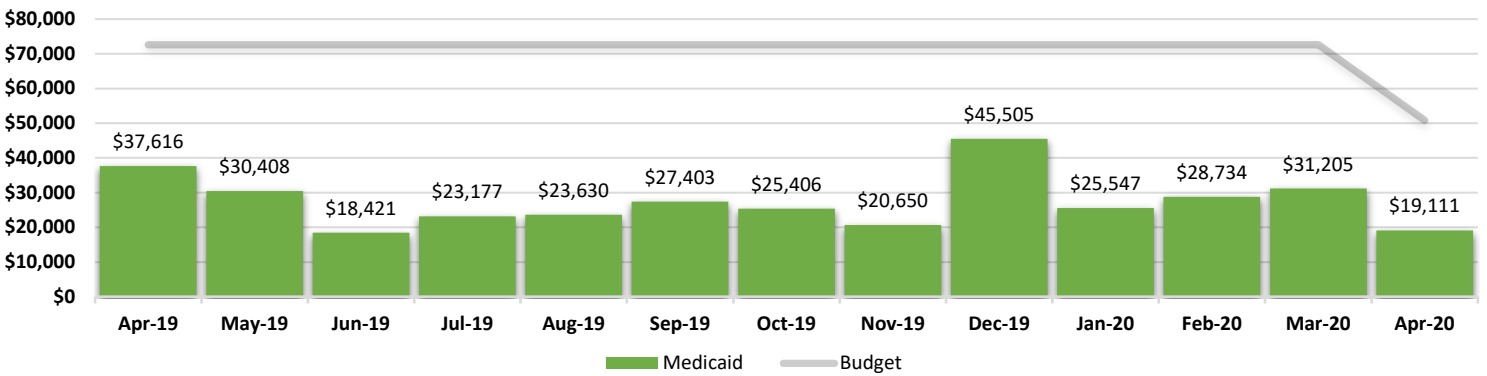




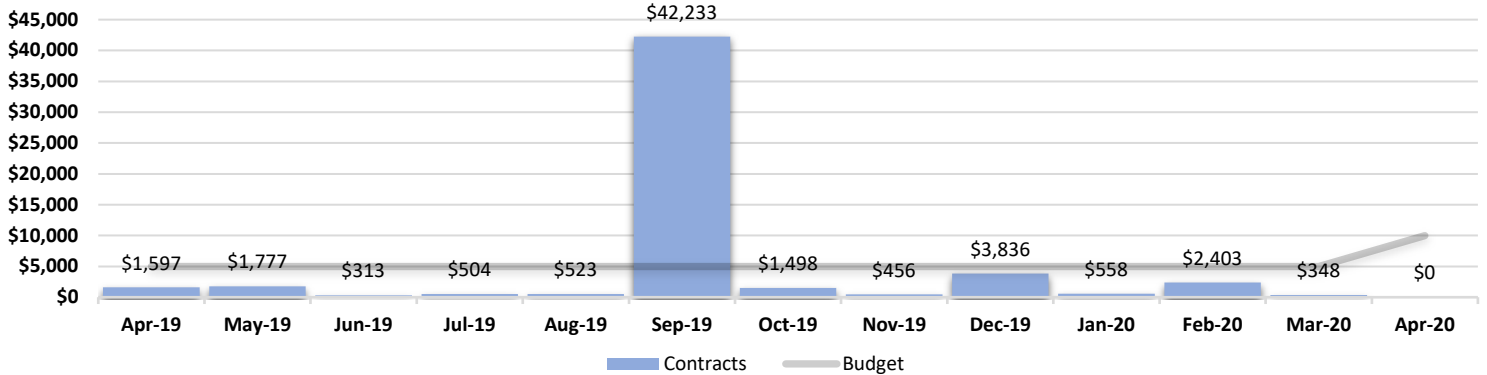
### Medicare Revenue with Budget Line Comparison



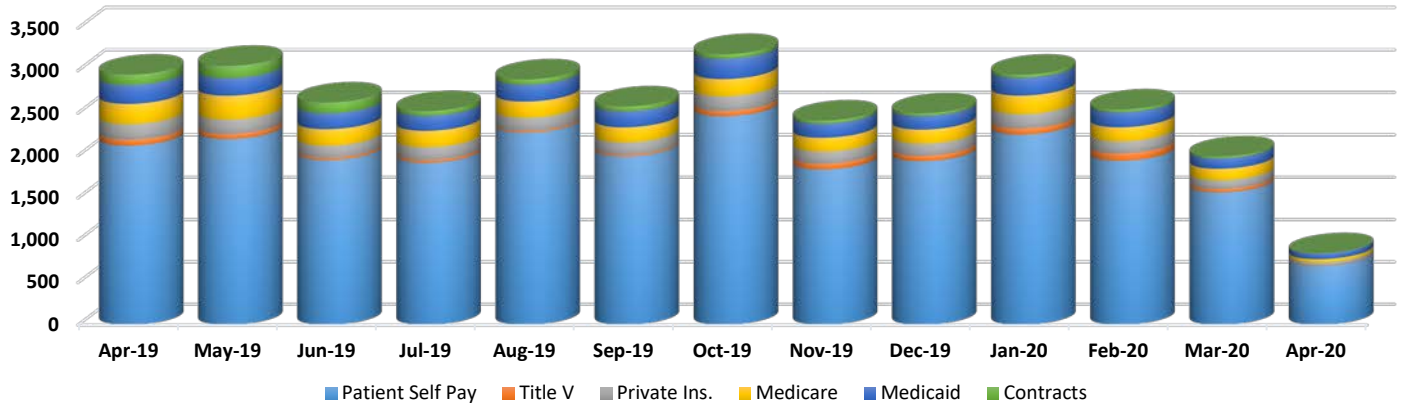
### Medicaid Revenue with Budget Line Comparison



### Contract Revenue with Budget Line Comparison



### Total Number of Patient Visits



**Coastal Health & Wellness**

**Statement of Revenue and Expenses for the Period ending April 30, 2020**

		<i>Period Ending</i>	<b>MTD</b>	<b>MTD Budget</b>	<b>YTD</b>	<b>YTD</b>	<b>YTD Budget</b>	<b>Annual</b>	
	<i>Description</i>	<i>4/30/2020</i>	<b>Budget</b>	<b>Variance</b>	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Budget</b>	
<b>Grouping</b>	<b>REVENUE</b>								
HRSA	HHS GRANT REVENUE - Federal	\$338,746	\$260,617	\$78,129	\$338,746	\$260,617	\$78,129	\$3,127,400	
	HHS GRANT REVENUE - BASE	\$238,209	\$260,617	(\$22,407)	\$238,209	\$260,617	(\$22,407)	\$3,127,400	
	HHS GRANT REVENUE - SUD-MH	\$13,811	\$0	\$0	\$13,811	\$0.00	\$0	\$0	
	HHS GRANT REVENUE - Care	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	
	HHS GRANT REVENUE - QI 2019	\$0	\$0	\$0	\$0	\$0.00	\$0	\$0	
	COVID Supplemental	\$8,202	\$0	\$0	\$8,202	\$0.00	\$0	\$0	
	CARES ACT	\$78,524	\$0	\$0	\$78,524	\$0.00	\$0	\$0	
Patient Rev	GRANT REVENUE - Title V	\$151	\$5,833	(\$5,683)	\$151	\$5,833	(\$5,683)	\$70,000	
Patient Rev	PATIENT FEES	\$26,166	\$96,014	(\$69,848)	\$26,166	\$96,014	(\$69,848)	\$1,152,165	
Patient Rev	PRIVATE INSURANCE	\$9,066	\$40,750	(\$31,684)	\$9,066	\$40,750	(\$31,684)	\$489,000	
Patient Rev	PHARMACY REVENUE - 340b	\$112,006	\$64,874	\$47,132	\$112,006	\$64,874	\$47,132	\$778,488	
Patient Rev	MEDICARE	\$8,347	\$48,826	(\$40,479)	\$8,347	\$48,826	(\$40,479)	\$585,910	
Patient Rev	MEDICAID	\$19,111	\$50,828	(\$31,716)	\$19,111	\$50,828	(\$31,716)	\$609,930	
Other Rev.	LOCAL GRANTS & FOUNDATIONS	\$781	\$1,351	(\$570)	\$781	\$1,351	(\$570)	\$16,208	
Other Rev.	MEDICAL RECORD REVENUE	\$1,031	\$1,500	(\$469)	\$1,031	\$1,500	(\$469)	\$18,000	
Other Rev.	MEDICAID INCENTIVE PAYMENTS	\$439	\$0	\$439	\$439	\$0	\$439		
County	COUNTY REVENUE	\$311,222	\$311,222	\$0	\$311,222	\$311,222	\$0	\$3,734,667	
DSRIP	DSRIP REVENUE	\$0	\$65,833	(\$65,833)	\$0	\$65,833	(\$65,833)	\$790,000	
Other Rev.	MISCELLANEOUS REVENUE	\$1,243	\$0	\$1,243	\$1,243	\$0	\$1,243		
Other Rev.	OTHER REVENUE - SALE OF FIXED ASSE	\$0	\$0	\$0	\$0	\$0	\$0		
Other Rev.	INTEREST INCOME	\$5,894	\$7,500	(\$1,606)	\$5,894	\$7,500	(\$1,606)	\$90,000	
Patient Rev	CONTRACT REVENUE	\$0	\$9,987	(\$9,987)	\$0	\$9,987	(\$9,987)	\$119,848	
Other Rev.	LOCAL FUNDS / OTHER REVENUE	\$304	\$476	(\$172)	\$304	\$476	(\$172)	\$5,712	
Other Rev.	CONVENIENCE FEE	\$0	\$0	\$0	\$0	\$0	\$0		
Other Rev.	Fund Balance	\$0	\$0	\$0	\$0	\$0	\$0		
	<b>Total Revenue</b>	<b>\$834,507</b>	<b>\$965,611</b>	<b>(\$131,104)</b>	<b>\$834,507</b>	<b>\$965,611</b>	<b>(\$131,104)</b>	<b>\$11,587,328</b>	
	<b>EXPENSES</b>								
Personnel	SALARIES	\$541,530	\$502,875	(\$38,656)	\$541,530	\$502,875	(\$38,656)	\$6,034,494	
Personnel	SALARIES, Merit Compensation	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Personnel	SALARIES, PROVIDER INCENTIVES	\$0	\$6,500	\$6,500	\$0	\$6,500	\$6,500	\$78,000	
Personnel	SALARIES, supplemental	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Personnel	SALARIES, O/T	\$1,509	\$3,750	\$2,241	\$1,509	\$3,750	\$2,241	\$45,000	
Personnel	SALARIES, PART-TIME	\$11,610	\$15,788	\$4,178	\$11,610	\$15,788	\$4,178	\$189,451	
Personnel	Comp Pay	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	
Personnel	FICA EXPENSE	\$41,365	\$40,460	(\$905)	\$41,365	\$40,460	(\$905)	\$485,525	
Personnel	TEXAS UNEMPLOYMENT TAX	\$14,942	\$1,113	(\$13,829)	\$14,942	\$1,113	(\$13,829)	\$13,357	
Personnel	LIFE INSURANCE	\$1,534	\$1,285	(\$249)	\$1,534	\$1,285	(\$249)	\$15,418	
Personnel	LONG TERM DISABILITY INSURANCE	\$1,122	\$1,206	\$84	\$1,122	\$1,206	\$84	\$14,477	
Personnel	GROUP HOSPITALIZATION INSURANC	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Personnel	WORKER'S COMP INSURANCE	\$1,515	\$1,586	\$71	\$1,515	\$1,586	\$71	\$19,034	
Personnel	EMPLOYER PAID HEALTH INSURANCE	\$33,013	\$40,108	\$7,095	\$33,013	\$40,108	\$7,095	\$481,290	
Personnel	EMPLOYER SPONSORED HEALTHCARE	\$8,925	\$5,852	(\$3,073)	\$8,925	\$5,852	(\$3,073)	\$70,221	
Personnel	HRA EXPENSE	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Personnel	PENSION / RETIREMENT	\$12,256	\$11,689	(\$567)	\$12,256	\$11,689	(\$567)	\$140,264	
Contractual	OUTSIDE LAB CONTRACT	\$9,769	\$25,125	\$15,356	\$9,769	\$25,125	\$15,356	\$301,500	
Contractual	OUTSIDE X-RAY CONTRACT	\$2,376	\$3,000	\$624	\$2,376	\$3,000	\$624	\$36,000	
Contractual	MISCELLANEOUS CONTRACT SERVICES	\$22,101	\$16,543	(\$5,558)	\$22,101	\$16,543	(\$5,558)	\$198,516	
Personnel	TEMPORARY STAFFING	\$4,896	\$0	(\$4,896)	\$4,896	\$0	(\$4,896)		
Contractual	CHW CONTRACT BILLING SERVICE	\$2,968	\$8,000	\$5,032	\$2,968	\$8,000	\$5,032	\$96,000	
IGT	IGT REIMBURSEMENT	\$0	\$25,747	\$25,747	\$0	\$25,747	\$25,747	\$308,969	
Contractual	JANITORIAL CONTRACT	\$10,513	\$14,000	\$3,487	\$10,513	\$14,000	\$3,487	\$168,000	
Contractual	PEST CONTROL	\$80	\$80	(\$0)	\$80	\$80	(\$0)	\$960	
Contractual	SECURITY	\$1,996	\$3,975	\$1,979	\$1,996	\$3,975	\$1,979	\$47,700	
Supplies	OFFICE SUPPLIES	\$1,255	\$6,883	\$5,628	\$1,255	\$6,883	\$5,628	\$82,600	
Supplies	OPERATING SUPPLIES	\$17,352	\$21,900	\$4,548	\$17,352	\$21,900	\$4,548	\$262,800	
Supplies	OUTSIDE DENTAL SUPPLIES	\$1,479	\$3,350	\$1,871	\$1,479	\$3,350	\$1,871	\$40,200	
Supplies	PHARMACEUTICAL SUPPLIES	\$45,433	\$71,992	\$26,560	\$45,433	\$71,992	\$26,560	\$863,906	
Supplies	JANITORIAL SUPPLIES	\$0	\$0	\$0	\$0	\$0	\$0		
Supplies	PRINTING SUPPLIES	\$18	\$465	\$447	\$18	\$465	\$447	\$5,580	
Supplies	UNIFORMS	\$0	\$235	\$235	\$0	\$235	\$235	\$2,820	
Other	POSTAGE	\$530	\$833	\$303	\$530	\$833	\$303	\$10,000	
Other	TELEPHONE	\$3,506	\$4,405	\$899	\$3,506	\$4,405	\$899	\$52,860	
Other	WATER	\$31	\$31	\$1	\$31	\$31	\$1	\$372	
Other	ELECTRICITY	\$882	\$2,000	\$1,118	\$882	\$2,000	\$1,118	\$24,000	
Travel	TRAVEL, LOCAL	\$524	\$383	(\$141)	\$524	\$383	(\$141)	\$4,600	
Travel	TRAVEL, OUT OF TOWN	\$0	\$0	\$0	\$0	\$0	\$0		
Travel	LOCAL TRAINING	\$157	\$2,933	\$2,776	\$157	\$2,933	\$2,776	\$35,200	
Travel	TRAINING, OUT OF TOWN	\$0	\$1,217	\$1,217	\$0	\$1,217	\$1,217	\$14,600	
Other	RENTALS	\$3,132	\$3,200	\$68	\$3,132	\$3,200	\$68	\$38,400	



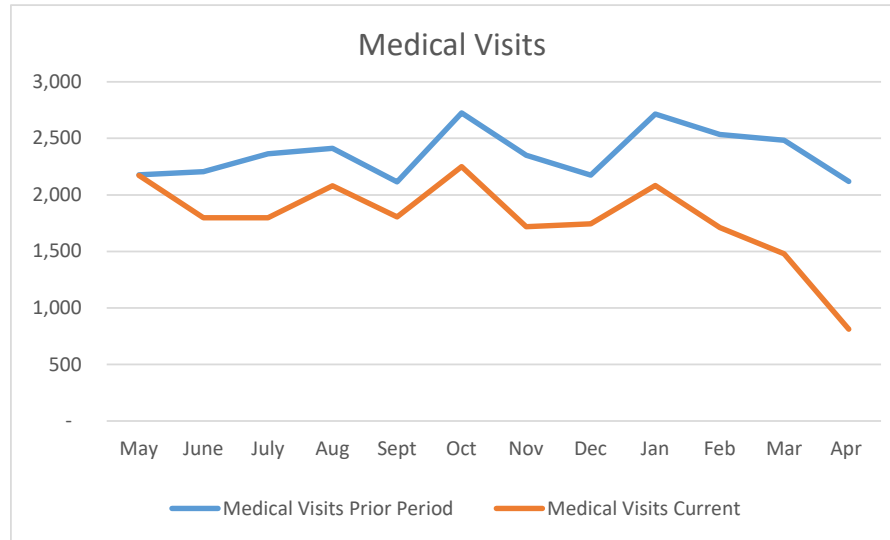
**Coastal Health & Wellness**

**Statement of Revenue and Expenses for the Period ending April 30, 2020**

		<i>Period Ending</i>	<b>MTD</b>	<b>MTD Budget</b>		<b>YTD</b>	<b>YTD</b>	<b>YTD Budget</b>	<b>Annual</b>
	<i>Description</i>	<i>4/30/2020</i>	<b>Budget</b>	<b>Variance</b>		<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Budget</b>
Other	LEASES	\$43,121	\$43,122	\$1		\$43,121	\$43,122	\$1	\$517,464
Other	MAINTENANCE / REPAIR, EQUIP.	\$5,886	\$7,120	\$1,234		\$5,886	\$7,120	\$1,234	\$85,444
Other	MAINTENANCE / REPAIR, AUTO	\$0	\$0	\$0		\$0	\$0	\$0	
Other	FUEL	\$0	\$0	\$0		\$0	\$0	\$0	
Other	MAINTENANCE / REPAIR, BLDG.	\$0	\$417	\$417		\$0	\$417	\$417	\$5,000
Other	MAINT/REPAIR, IT Equip.	\$781	\$0	(\$781)		\$781	\$0	(\$781)	
Other	MAINTENANCE / Preventative, AUTO	\$0	\$0	\$0		\$0	\$0	\$0	
Other	INSURANCE, AUTO/Truck	\$10	\$12	\$2		\$10	\$12	\$2	\$144
Other	INSURANCE, GENERAL LIABILITY	\$1,051	\$1,125	\$74		\$1,051	\$1,125	\$74	\$13,500
Other	INSURANCE, BLDG. CONTENTS	\$1,430	\$1,535	\$105		\$1,430	\$1,535	\$105	\$18,420
Other	Settlements	\$0	\$0	\$0		\$0	\$0	\$0	
Other	COMPUTER EQUIPMENT	\$0	\$0	\$0		\$0	\$0	\$0	
Other	OPERATING EQUIPMENT	\$0	\$0	\$0		\$0	\$0	\$0	
Other	BUILDING IMPROVEMENTS	\$0	\$0	\$0		\$0	\$0	\$0	
Other	NEWSPAPER ADS	\$70	\$1,800	\$1,730		\$70	\$1,800	\$1,730	\$21,600
Other	SUBSCRIPTIONS, BOOKS, ETC	\$335	\$248	(\$88)		\$335	\$248	(\$88)	\$2,970
Other	ASSOCIATION DUES	\$2,667	\$2,849	\$182		\$2,667	\$2,849	\$182	\$34,186
Other	IT SOFTWARE, LICENSES, INTANGIBLES	\$18,743	\$20,979	\$2,236		\$18,743	\$20,979	\$2,236	\$251,744
Other	PROF FEES/LICENSE/INSPECTIONS	\$684	\$155	(\$530)		\$684	\$155	(\$530)	\$1,854
Other	PROFESSIONAL SERVICES	\$3,361	\$2,202	(\$1,159)		\$3,361	\$2,202	(\$1,159)	\$26,420
Other	MED/HAZARD WASTE DISPOSAL	\$372	\$550	\$179		\$372	\$550	\$179	\$6,600
Other	TRANSPORTATION CONTRACT	\$0	\$625	\$625		\$0	\$625	\$625	\$7,500
Other	BOARD MEETING OPERATIONS	\$0	\$29	\$29		\$0	\$29	\$29	\$350
Other	SERVICE CHG - CREDIT CARDS	\$662	\$730	\$68		\$662	\$730	\$68	\$8,760
Other	CASHIER OVER / SHORT	\$0	\$0	\$0		\$0	\$0	\$0	
Other	LATE CHARGES	\$0	\$0	\$0		\$0	\$0	\$0	
Other	BAD DEBT EXPENSE	\$12,879	\$33,605	\$20,726		\$12,879	\$33,605	\$20,726	\$403,258
Other	MISCELLANEOUS EXPENSE	\$6,660	\$0	(\$6,660)		\$6,660	\$0	(\$6,660)	
	<b>Total Expenses</b>	<b>\$897,029</b>	<b>\$965,611</b>	<b>\$68,581</b>		<b>\$897,029</b>	<b>\$965,611</b>	<b>\$68,581</b>	<b>\$11,587,328</b>
	<b>Net Change in Fund Balance</b>	<b>(\$62,523)</b>	<b>\$0</b>	<b>(\$62,523)</b>		<b>(\$62,523)</b>	<b>\$0</b>	<b>(\$62,523)</b>	<b>\$0</b>
			Expenses Fund Bal. Reserve			\$0			
						(\$62,523)			

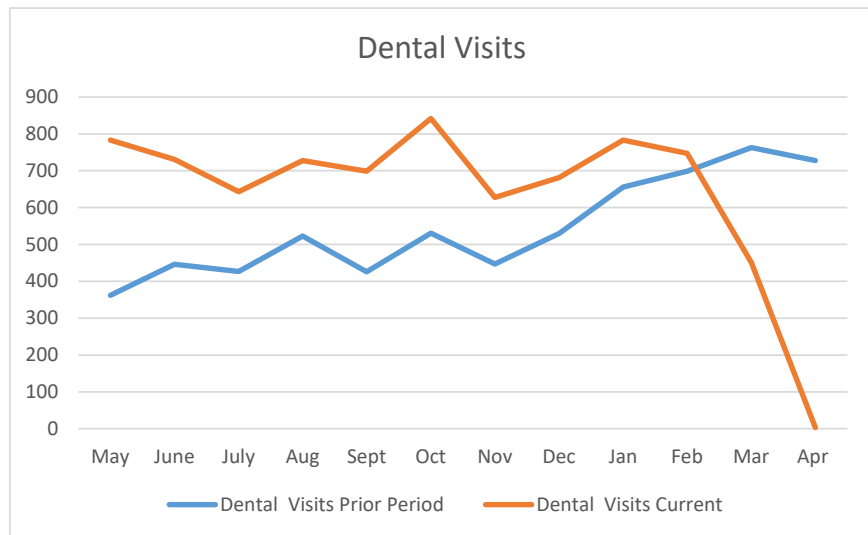
### Medical Visits

	<u>Prior Period</u>	<u>Current</u>
May	2,177	2,171
June	2,205	1,797
July	2,363	1,798
Aug	2,413	2,081
Sept	2,115	1,804
Oct	2,725	2,250
Nov	2,351	1,719
Dec	2,175	1,745
Jan	2,714	2,082
Feb	2,534	1,710
Mar	2,484	1,480
Apr	2,119	812
	<u>28,375</u>	<u>21,449</u>



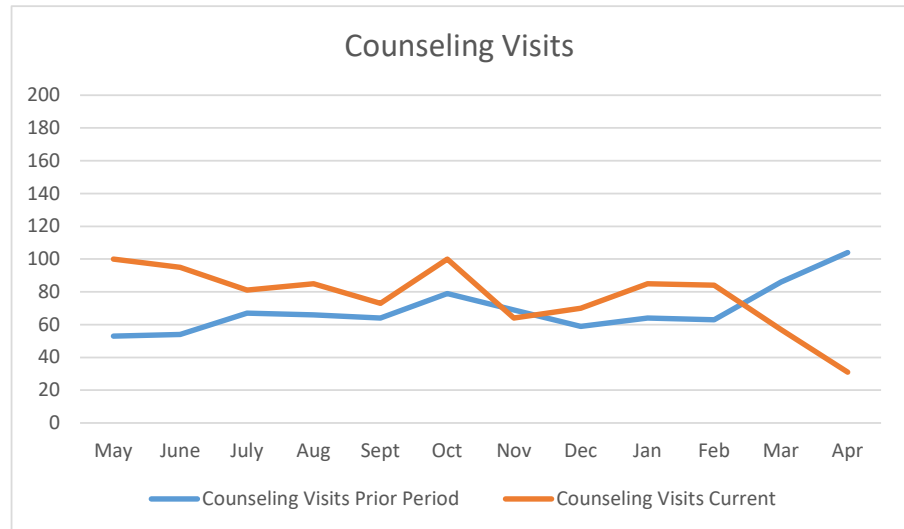
### Dental Visits

	<u>Prior Period</u>	<u>Current</u>
May	362	783
June	446	731
July	427	643
Aug	523	728
Sept	426	699
Oct	531	842
Nov	447	628
Dec	530	682
Jan	656	783
Feb	699	747
Mar	763	451
Apr	728	3
	<u>6,538</u>	<u>7,720</u>



### Counseling Visits

	<u>Prior Period</u>	<u>Current</u>
May	53	100
June	54	95
July	67	81
Aug	66	85
Sept	64	73
Oct	79	100
Nov	69	64
Dec	59	70
Jan	64	85
Feb	63	84
Mar	86	57
Apr	104	31
	<u>828</u>	<u>925</u>



**Vists by Financial Class - Actual vs. Budget  
As of April 30, 2020 (Grant Year 4/1/2020-3/31/2021)**

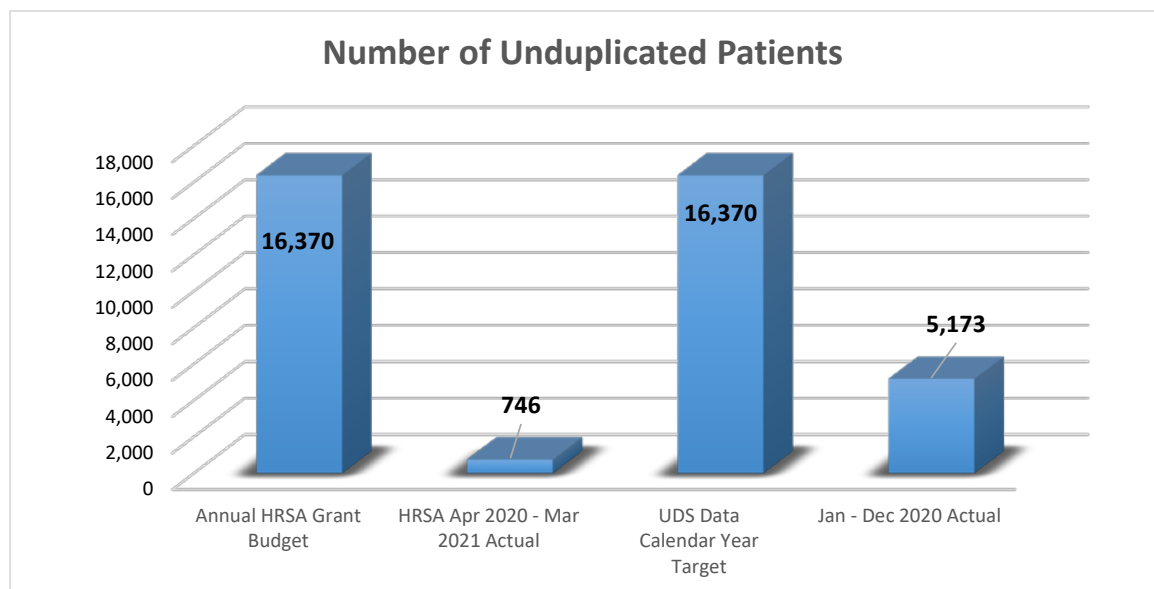
	Annual HRSA		Over/(Under)			Over/(Under)		%
	Grant Budget	MTD Actual	MTD Budget	MTD Budget	YTD Actual	YTD Budget	YTD Budget	Over/ (Under) YTD Budget
Medicaid	4,518	66	377	(311)	66	377	(311)	-82%
Medicare	4,507	39	376	(337)	39	376	(337)	-90%
Other Public (Title V, Contract)	2,498	8	208	(200)	8	208	(200)	-96%
Private Insurance	3,912	41	326	(285)	41	326	(285)	-87%
Self Pay	32,919	692	2,743	(2,051)	692	2,743	(2,051)	-75%
	<b>48,354</b>	<b>846</b>	<b>4,030</b>	<b>(3,184)</b>	<b>846</b>	<b>4,030</b>	<b>(3,184)</b>	<b>-79%</b>

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

	Current Year		Increase/		% of Annual Target
	Annual Target	Jan-Apr 2019 Actual	Jan-Apr 2020 Actual	(Decrease) Prior Year	
Unduplicated Patients	16,370	7,124	5,173	(1,951)	32%

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

	Annual HRSA		Increase/		% of Annual Target
	Grant Budget	Apr 2019 - Mar 2020 Actual	Apr 2020 - Mar 2021 Actual	(Decrease) Prior Year	
Unduplicated Patients	16,370	2,516	746	(1,770)	5%





# COASTAL HEALTH & WELLNESS

---

GOVERNING BOARD

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

**Governing Board**

**May 2020**

**Item#7**

**Consider for Approval Budget Submitted to HRSA for the FY2020  
Coronavirus Supplemental Funding Award in the Amount of \$79,900**

[Back to Agenda](#)



# **COASTAL HEALTH & WELLNESS**

---

**GOVERNING BOARD**

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

**Governing Board**

**May 2020**

**Item#8**

**Consider for Approval Quarterly Access to Care Report for the Period  
Ending March 31, 2020**



**Coastal Health & Wellness – Access to Care Report  
January, February and March 2020 (1<sup>st</sup> Quarter)**

**Goals: Utilization % = 90% (minus Counseling); No Show % = 20%**

March 15<sup>th</sup> = minimized face to face visits

Texas City	Available Appts	# Appts Scheduled	% Utilization	# Appts Kept	% Appts Kept	# No Shows	% No Shows
Medical	5,805	4,950	85%	4,057	82%	893	18%
Dental	2,091	1,792	86%	1,487	83%	305	17%
Dental Hygienist	261	237	91%	194	82%	43	18%
Counseling	796	500(356)*	63%*	238	67%	118	33%
<b>Galveston</b>	<b>Available Appts</b>	<b># Appts Scheduled</b>	<b>% Utilization</b>	<b># Appts Kept</b>	<b>% Appts Kept</b>	<b># No Shows</b>	<b>% No Shows</b>
Medical	1,801	1,529	85%	1,204	79%	325	21%
Dental	642	551(561)*	87%*	441	80%	110	20%
Dental Hygienist	107	96	90%	76	80%	20	20%
Counseling	404	112(164)*	41%*	71	63%	41	37%

\*Appointment slots / Available Appointments

**October, November and December 2019 (4<sup>th</sup> Quarter)**

	Available Appts	# Appts Scheduled	% Utilization	# Appts Kept	% Appts Kept	# No Shows	% No Shows
Medical	6,131	5,610	92%	4,322	77%	1,288	23%
Dental	2,155	2016	94%	1,593	79%	423	21%
Dental Hygienist	404	376	93%	303	81%	73	19%
Counseling	731	381(501)	69%	250	66%	131	34%
<b>Galveston</b>	<b>Available Appts</b>	<b># Appts Scheduled</b>	<b>% Utilization</b>	<b># Appts Kept</b>	<b>% Appts Kept</b>	<b># No Shows</b>	<b>% No Shows</b>
Medical	2,093	1887	90%	1,404	74%	483	26%
Dental	635	565(572)	90%*	429	76%	136	24%
Dental Hygienist	71	70	99%	57	81%	13	19%
Counseling	404	103(148)	37%*	69	67%	34	33%



### Change in Comparison to Prior Quarter

	Available Appointments		Utilization Rate		No Show Rate	
	Texas City	Galveston	Texas City	Galveston	Texas City	Galveston
Medical	(326)	(292)	-7%	-5%	-5%	-5%
Dental	(64)	7	-8%	-3%	-4%	-4%
Dental Hygienist	(143)	36	-2%	-9%	-1%	1%
Counseling	65	0	-6%	4%	-1%	4%

[Back to Agenda](#)



# COASTAL HEALTH & WELLNESS

---

**GOVERNING BOARD**

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

**Governing Board**

**May 2020**

**Item#9**

**Consider for Approval Quarterly Patient Satisfaction Survey Results  
for the Period Ending March 31, 2020**

## Patient Satisfaction Survey Responses

January 1 - March 31, 2020

**Goal: 4.8**

<b>Total Responses</b>	<b>1011</b>	
Galveston	431	43%
Texas City	580	57%

<b>Type of Visit</b>		
Medical	742	73%
Dental	214	21%
Counseling	55	5%

<b>Appointment Time Based on Need</b>	<b>Very Poor</b>	<b>Poor</b>	<b>Average</b>	<b>Good</b>	<b>Excellent</b>	<b>Weighted Avg</b>
Medical	0.3%	0.4%	1.9%	10.2%	87.3%	4.84
Dental	0.0%	0.5%	0.5%	12.3%	86.7%	4.85
Counseling	0.0%	0.0%	0.0%	12.7%	87.3%	4.87

<b>The Appointment Check-in Process</b>	<b>Very Poor</b>	<b>Poor</b>	<b>Average</b>	<b>Good</b>	<b>Excellent</b>	<b>Weighted Avg</b>
Medical	0.1%	0.7%	1.4%	10.0%	87.8%	4.85
Dental	0.5%	0.0%	1.4%	8.1%	90.1%	4.87
Counseling	0.0%	0.0%	0.0%	9.1%	90.9%	4.91

<b>The Staff on Being Friendly &amp; Helpful</b>	<b>Very Poor</b>	<b>Poor</b>	<b>Average</b>	<b>Good</b>	<b>Excellent</b>	<b>Weighted Avg</b>
Medical	0.1%	0.1%	0.5%	6.5%	92.7%	4.91
Dental	0.0%	0.0%	0.0%	6.6%	93.4%	4.93
Counseling	0.0%	0.0%	0.0%	7.3%	92.7%	4.93

<b>How Well Did Staff Explain Things to You So You Could Understand</b>	<b>Very Poor</b>	<b>Poor</b>	<b>Average</b>	<b>Good</b>	<b>Excellent</b>	<b>Weighted Avg</b>
Medical	0.3%	0.1%	1.1%	7.5%	91.0%	4.89
Dental	0.0%	0.0%	0.5%	10.4%	89.1%	4.89
Counseling	0.0%	0.0%	0.0%	9.1%	90.9%	4.91

<b>The Quality of Care you Received Today</b>	<b>Very Poor</b>	<b>Poor</b>	<b>Average</b>	<b>Good</b>	<b>Excellent</b>	<b>Weighted Avg</b>
Medical	0.3%	0.3%	1.4%	7.5%	90.6%	4.88
Dental	0.0%	0.0%	0.5%	8.1%	91.5%	4.91
Counseling	0.0%	0.0%	0.0%	7.3%	92.7%	4.93

<b>The Clinic on Being Clean &amp; Sanitary</b>	<b>Very Poor</b>	<b>Poor</b>	<b>Average</b>	<b>Good</b>	<b>Excellent</b>	<b>Weighted Avg</b>
Medical	0.1%	0.0%	0.8%	9.0%	90.1%	4.89
Dental	0.0%	0.0%	0.0%	6.6%	93.4%	4.93
Counseling	0.0%	0.0%	0.0%	7.3%	92.7%	4.93

<b>What is the Likelihood that you Would Recommend Coastal Health &amp; Wellness to a Friend or Family Member</b>	<b>Very Poor</b>	<b>Poor</b>	<b>Average</b>	<b>Good</b>	<b>Excellent</b>	<b>Weighted Avg</b>
Medical	0.1%	0.1%	1.2%	7.5%	91.0%	4.89
Dental	0.0%	0.0%	1.0%	7.6%	91.5%	4.91
Counseling	0.0%	0.0%	0.0%	9.1%	90.9%	4.91

Average All Categories - Current Quarter	0%	0%	1%	9%	91%	4.90
Average All Categories - Previous Quarter	0.0%	0.0%	1.0%	6.0%	92%	4.9

[Back to Agenda](#)



# COASTAL HEALTH & WELLNESS

---

**GOVERNING BOARD**

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

**Governing Board**

**May 2020**

**Item#10**

**Consider for Approval Quarterly Compliance Report for the Period  
Ending March 31, 2020**

**Coastal Health & Wellness Governing Board  
Quarter 4 (January – March), FY2020**

<b>Internal Audits</b>		
<b>AUDITOR- DATE CONDUCTED</b>	<b>TYPE OF AUDIT &amp; FINDINGS</b>	<b>ACTION TAKEN</b>
<b>Patient Services Manager -</b> January 1, 2020 – March 31, 2020	<b>Financial Screening Audit:</b> <ul style="list-style-type: none"> <li>• Financial screening audits were performed by randomly pulling ten applications monthly to establish the accuracy and completeness of said applications.</li> <li>• An inclusive application requires Patient Service Specialists to ensure the accurate completion of eleven different fields within each application, all of which are reviewed during the audit.</li> <li>• Among the 30 applications reviewed, which collectively encompass 330 individual fields, there was one error – yielding a 99.8% rate of accuracy.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue operating under current protocol.</li> </ul>
<b>Patient Services Manager -</b> January 1, 2020 – March 31, 2020	<b>Title V Audit:</b> <ul style="list-style-type: none"> <li>• Title V audits were performed by randomly pulling Title V patient applications and charts during April and May to determine accuracy and inclusiveness of the documentation.</li> <li>• An inclusive Title V application and chart requires Patient Service Specialists to ensure the accurate completion of nine different fields contained within the documents, all of which are reviewed during the audit.</li> <li>• Amongst the 85 applications and charts reviewed, which collectively encompassed 765 individual fields, there were 21 cited flaws – yielding a 97.2% rate of accuracy.</li> </ul>	<ul style="list-style-type: none"> <li>• The majority of the 21 errors, each of which were corrected, were attributable to data entry mistakes within NextGen.</li> <li>• Patient Services employees, several of whom are new, were retrained by the Patient Services Manager who emphasized attentiveness to detail while charting information.</li> </ul>

**Coastal Health & Wellness Governing Board  
Quarter 4 (January – March), FY2020**

<b>External Audits</b>		
<b>AUDITOR – DATE OCCURRED</b>	<b>TYPE OF AUDIT &amp; FINDINGS</b>	<b>ACTION TAKEN</b>
<b>MCNA Dental</b> February 14, 2020	<ul style="list-style-type: none"> <li>• MCNA Dental, a benefits administrator that provides service to state agencies and managed care organizations for Medicaid, CHIP, and Medicare patients, performed an unannounced audit at the Texas City and Galveston sites.</li> <li>• The audit, which included 28 different fields, explored facility safety, infection control procedures, malpractice policies, and record keeping practices.</li> <li>• The audit was entirely clean for both locations, yielding a 100% compliance rate.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue operating under current protocol.</li> </ul>
<b>LabCorp</b> March 2, 2020	<ul style="list-style-type: none"> <li>• LabCorp, Coastal Health &amp; Wellness’ primary lab services provided, performed a Patient Service Technician audit.</li> <li>• The intent of the audit was to ensure Coastal Health &amp; Wellness’ adherence to its LabCorp PST agreement by precluding the patient services technician from engaging in any work beyond the scope of contractual terms.</li> <li>• The audit yielded no adverse findings.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue operating under current protocol.</li> </ul>
<b>The Joint Commission</b> March 12, 2020	<ul style="list-style-type: none"> <li>• An intracycle monitoring site visit was performed by a surveyor from The Joint Commission, at which time the dental and medical clinics in both Texas City and Galveston were inspected.</li> <li>• The surveyor reported only two very minor adverse findings – an emergency cart that</li> </ul>	<ul style="list-style-type: none"> <li>• Both issues were corrected that day and the monitoring plan regarding the issues was submitted to and accepted by The Joint Commission.</li> <li>• Continue operating under current protocols.</li> </ul>



**Coastal Health & Wellness Governing Board  
Quarter 4 (January – March), FY2020**

	contained an improperly numbered breakaway lock, and a document retention error for a waived testing procedure.	
<b>HIPAA Breach Reports</b>		
<b><i>DEPARTMENT – DATE OCCURRED</i></b>	<b><i>SUMMARY</i></b>	<b><i>FOLLOW-UP</i></b>
<b>Patient Services</b> February 4, 2020	<ul style="list-style-type: none"> <li>• A Patient Services Representative inadvertently issued a billing invoice to the incorrect patient. The patient immediately questioned the charged amount, at which time it was discovered the invoice had been intended for another patient. After rectifying the issue, the Patient Services Representative self-reported the incident.</li> <li>• It was determined by the Patient Services Manager that the employee failed to follow the procedure for verifying documentation issued to patients, which is what resulted in the mistake.</li> </ul>	<ul style="list-style-type: none"> <li>• The staff member was issued a formal verbal warning for failing to follow protocol and was counseled about the matter by the Patient Services Director.</li> <li>• Per 45 C.F.R. § 164.408, a breach notification detailing the disclosure was submitted to the Secretary of Health &amp; Human Services.</li> </ul>
<b>Warning and Termination Letters</b>		
<b><i>REASON</i></b>	<b><i>TYPE OF LETTER</i></b>	
Debt Collection Policy	Suspensions 192; Reinstatements: 138	
Behavioral Letters Issued	Terminations: 0; Warnings: 0	

**NOTE: Various issues were discussed in peer review.**

*Incidents involving quality of care issues, in accordance with Section 161 et seq., Health and Safety Code, are reviewed such that proceedings and records of the quality program and committee reviews are privileged and confidential.*



# COASTAL HEALTH & WELLNESS

---

**GOVERNING BOARD**

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

**Governing Board**

**May 2020**

**Item#11**

**Consider for Approval Coastal Health & Wellness Sliding Fee  
Schedule Policy**



-Approved: ~~8/29/19~~  
By: CHW Governing Board  
-Last Approved: 08/29/2019  
-Effective 08/28/2015

## 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 the 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.
  - Court-ordered guardianships of incapacitated adults and/or minors living in the household.
  - Minors living in the household which have been court-ordered or placed in the household through Child Protective Services (CPS) in custody orders.
- Income - It is CHW's policy to use the U.S. Census Bureau's standard definition of income which can be found at <https://www.census.gov/programs-surveys/cps/data/data-tools/cps-table-creator-help/income-definitions.html> ~~<https://www.census.gov/topics/income-poverty/income/about.html>~~. Income includes but is not limited to the following:
  - Total cash receipts before taxes, money wages and salaries before any deductions, 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. Income is calculated before taxes and does not include noncash benefits (such as food stamps and housing subsidies). Capital gains or losses are excluded from the income calculation. When determining family income, 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 remove income as a barrier to care by offering a Sliding Fee Discount Schedule (SFDS) to all individuals and families with income levels between 101% and 200% of the Federal Poverty Guidelines (FPG). Each year when the federal poverty guidelines are published in the Federal Register, the procedure will be updated with the current information.

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

## **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 for the current year sliding fee scale.

## **Sliding Fee Notification**

Information regarding the Sliding Fee Program will be made known to patients, through one or more of the following 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 patient's registration process (assessment for income) unless the patient declines/refuses to be assessed.
- 6) CHW Website.

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).

## **Procedure**

### **A. Application**

The patients will be required to complete an Application for Discounted Services in addition to the income verification documentation. At such time, the staff will process the sliding fee application and income verification documentation directly into the patient's account in 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 U.S. Census Bureau's standard definition of income (See definition above).
- 2) Patient family size (dependents only) – Family size is defined by the patient completing the application. Family members who are considered for the eligibility criteria for the sliding fee program include individuals who live in the same household (See definition above).

Based on these two factors, the patient will be notified of their eligibility and sliding fee discount classification (pay category). CHW staff will "assign" the SFDS in the patient's NextGen account using the date the application was processed. ~~The sliding fee discount is valid for 1 year from the processed date.~~—CHW staff will be trained on other funding sources for patients, such as the county indigent program, Medicaid, and Title V, so they can encourage patients, or parents whose se children or

dependents may be eligible for ~~those~~these programs, to apply for them. 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 present a barrier to care.

## **B. 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) The Modified Adjusted Gross Income (MAGI) amount from the most current tax return.
- 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 – for those who do a self-declaration, eligibility will be verified and updated every three months. Individuals will also be required to fill out a form if they are self-declaring household income to be zero and provide a letter of support (See Appendix B). 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 a sliding fee discount. These patients are considered by CHW as declining to be assessed for eligibility for sliding fee discounts. These patients will be charged at full rates.

## **C. Eligibility Period**

The patient's eligibility will be valid for one (1) year except for those that have self-declared their income. Eligibility on those who self-declare their income will be verified and updated every three months. –The eligibility period begins on the date the application was processed. The beginning and ending date of eligibility are entered into the patient's account in NextGen. Proof of income and the application are scanned and maintained directly into the NextGen system. This process will allow management to perform QA reviews for compliance and evaluate the effectiveness of the sliding fee program.

## **D. Services Covered**

The sliding fee discount will apply to all services within the CHW HRSA-approved scope of project, for all CHW locations. CHW has multiple SFDS's based on services/mode of delivery (see SFDS below).

## **E. Schedule of Fees**

CHW's fee schedule is intended to generate revenue to cover the costs associated with providing services and assist in ensuring the financial viability and sustainability of the clinics. Additionally, the fee schedule will be the basis for seeking reimbursement from patients as well as third party payers. CHW's fee schedule will address all required and additional in-scope services.

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 Relative Value Units (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.)

**F. 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. A nominal fee 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 fee is also less than the fee paid by a patient in the first “sliding fee discount pay class” beginning above 100% of the FPG. The sliding fee discount will apply to all services within the CHW HRSA-approved scope of project.

<b>% of Federal Poverty Guidelines</b>	<b>% of Charges Paid</b>	<b>% of Discount</b>	<b>Payment</b>
At or below 100% of federal poverty level	0%	100%	Nominal fee \$20
101 to 140% of federal poverty level	20%	80%	Deposit \$25.00
141 to 180% of federal poverty level	40%	60%	Deposit \$30.00
181 to 200% of federal poverty level	60%	40%	Deposit \$35.00
Over 200% of federal poverty level	80%	20%	Deposit \$45.00

The Sliding Fee Schedule for Dental Contract Services is applied to the fees for services which require outside supplies for completion of patient care, such as dentures, crowns, space maintainers, or occlusal guards. Such supplies are provided by an outside laboratory and are custom made for each patient. This fee schedule is designed to cover reasonable costs of providing these services in the approved scope of project using Relative Value Units (RVU’s) and adjusting as needed for consistency with locally prevailing rates. Locally prevailing rates are obtained annually based on the National Dental Advisory Pricing Guide’s current year 50<sup>th</sup> percentile for our area. For Dental Contract Services, the fees for those patients who screen at a 100% discount are calculated to cover the cost of the appliances. Those who screen at over 200% of the income threshold will be charged at the full rate. The change of the fees between each category A, B, C, D, E and F is approximately 17% to equally distribute the discount for services, but still cover the costs of devices.

<b>Dental Contract Services</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)</b>	100%	101-125%	126-150%	151-175%	176-200%	Over 200% Must be paid in full
---	------	----------	----------	----------	----------	-----------------------------------

The above SFDS's are applied to all services CHW provides for which CHW has established charges, regardless of service type (required or additional) or the mode of delivery (directly or through contract) for which CHW is 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 the HRSA Compliance Manual. 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 the HRSA Compliance manual is not required.

**G. Evaluating the Sliding Fee Schedule**

This sliding fee discount schedule is evaluated by the CHW Governing Board at least once every three years, to ensure it is not a barrier to care from the patient's perspective. This is accomplished by CHW using one or more of the following methods:

- 1) Patient focus groups and board members' feedback.
- 2) Advisory committees that include consumer board members.
- 3) Input from patient satisfaction surveys regarding evaluations of operating procedures and cost of health center services received as compared to the value received/affordability assumptions of the patient.
- 4) Review of co-pay amounts associated with Medicare and Medicaid for patients with comparable incomes.
- 5) Collection of utilization data that allows it to assess the rate at which patients within each of the discount pay classes, as well as those at or below 100 percent of the FPG, are accessing health center services.
- 6) Other methods as considered appropriate.

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.

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

CHW's sliding fee policy is based on income and family size only. 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. Patients with third party coverage must complete an application to determine if they are eligible for a sliding fee discount for non-covered services.

## **I. 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.



-Approved: 8/29/19  
By: CHW Governing Board  
-Last Approved: 08/29/19  
-Effective: 08/28/2015

## Coastal Health & Wellness Sliding Fee Schedule Policy

### Purpose

This policy applies to operations in the Coastal Health & Wellness (CH&W) 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.
  - Court-Ordered Guardianships of Incapacitated Adults and/or Minors living in the household.
  - Minors living in the household which have been Court-Ordered or placed in the household through Child Protective Services (CPS) in custody orders.
- Income - It is CH&W's policy to use the Census Bureau's standard definition of income which can be found at <https://www.census.gov/topics/income-poverty/income/about.html>. Income includes but is not limited to the following:
  - ~~Total cash receipts before taxes, money wages and salaries before any deductions, 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.
  - Income is calculated before taxes and does not include noncash benefits (such as food stamps and housing subsidies). Capital gains or losses are excluded from the income calculation. When determining family income, add up the income of all family members. (Non-relatives, such as housemates, do not count).

Formatted: Font: Not Bold

Formatted: Justified, Space After: Auto, Outline numbered + Level: 1 + Numbering Style: Bullet + Aligned at: 0.5" + Tab after: 0.75" + Indent at: 0.75"

### Policy

It is the policy of Coastal Health & Wellness (CH&W) 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 CH&W has developed a Sliding Fee Program (SFP) in accordance with the guidelines and requirements of HRSA Compliance Manual, remove income as a barrier to care by offering a sliding fee discount schedule (SFDS) to all individuals and families with income levels between 101% and 200% of the~~

Formatted: Font: Bold

federal poverty guidelines (FPG). Each year when the federal poverty guidelines are published in the Federal Register, the procedure will be updated with the current information.

## **Procedure**

### **A. Sliding Fee Program**

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

Formatted: Font: Bold

Formatted: Normal, No bullets or numbering

### **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 for the current year's sliding fee scale.

Formatted: Font: Bold

Formatted: Normal, No bullets or numbering

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

The information regarding the Sliding Fee Program will be made known to patients, at a minimum, through one or more of the following formats:

Formatted: Font: Bold

Formatted: Normal, No bullets or numbering

- 1) Notices/signage in waiting room and/or reception and/or service areas,
- 2) Staff discussions/notification,
- 3) CH&W published patient brochures,
- 4) Promotional materials,
- 5) As part of the patient's registration process (assessment for income) unless the patient declines/refuses to be assessed)
- 6) CHW Website,
- 7) CHW Patient Portal.

Formatted: Strikethrough

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

## **Procedure**

### **D.A. Application**

The patients will be required to complete an Application for Discounted Services sliding fee application app actual name?? in addition to the income verification documentation. At such time, the staff will process the Application for Discounted Services sliding fee application and income verification documentation directly into into the patient's account in NextGen CH&W's computer medical record 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:

Formatted: Highlight

Formatted: Strikethrough

- 1) Patient's income - It is CH&W's policy to use the Census Bureau's standard definition of income (See Definition Aboveabove):

2) Patient family size (dependents only) -- Family size is defined by the patient completing the application. Family members who are considered for the eligibility criteria for the Sliding Fee program include ~~the following~~ individuals who live in the same household (See Definition Above)

Formatted: Strikethrough

Based on these two factors, the patient will be notified of their eligibility and sliding fee discount classification (pay category). CHW staff will "assign" the SFDS in the patient's NextGen account using the date the application was processed. The Sliding Fee Discount Eligibility is valid for 1 year from the processed date. ~~CHW staff will be trained on other funding sources for patients, such as the county indigent program, Medicaid, how about Title V?? and Title V, so they can encourage patients, or parents who children or dependents may be eligible for those programs, to apply for them.~~ 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.

Formatted: Strikethrough

#### E.B. 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 – for those who do a self-declaration, eligibility will be verified and updated every three months.\* Individuals will also be required to fill out a form if they are self-declaring household income to be zero, and (not sure if it's AND) provide a letter of support. (See Appendix B.)

Formatted: Highlight

Formatted: Highlight

Formatted: Highlight

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

Commented [M01]: Appendix B will be the form Kristina developed for those who are self-declaring and who state household income is zero.

Formatted: Strikethrough

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 CH&W as declining to be assessed for eligibility for sliding fee discounts. As long as CH&W has followed its policies and procedures and the patient declines to be considered for the SFDS, CH&W may consider the patient ineligible for such discounts. These patients will be charged at full rates.

#### F.C. Eligibility Period

The patient's eligibility will be valid for one (1) year. The eligibility period ~~is also automatically programmed into CH&W's computer system once eligibility is confirmed.~~ begins on the date the application was processed. The beginning and ending date of eligibility are entered into the patient's record/account in NextGen account. Proof of income and the application is scanned and maintained directly in the NextGen system. This process will allow Management to perform QA reviews for compliance and evaluate the effectiveness of the sliding fee program.

**G.D. Services Covered**

The sliding fee discount will apply to all services within the CHW HRSA approved scope of project, ~~whether required or additional~~ for all CH&W locations. CH&W has multiple SFDS's based on services/mode of delivery (see SFDS below).

Formatted: Strikethrough

**H.E. Schedule of Fees**

~~CHW's fee schedule is intended to generate revenue to cover the costs associated with providing services and assist in ensuring the financial viability and sustainability of the clinics. Additionally the fee schedule will be the basis for seeking reimbursement from patients as well as third party payers. CHW's fee schedule will address all required and additional in-scope services.~~

CH&W 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 Relative Value Units (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 CH&W's cost structure. (See also Fee schedule/charge master formula in the billing and collections policy.)

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

The Sliding Fee Discount Schedule is designed by CH&W in a manner that adjusts based on ability to pay. To accomplish this, CH&W has designed five discount pay classes above 100% and at or below 200% of the FPG. ~~Only a~~ nominal ~~charge-fee~~ 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 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 ~~fee 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. The sliding fee discount will apply to all services within the CHW HRSA approved scope of project. Is this a true statement? What about contracts, like COM who is billed a flat fee and Hep C patients?

Formatted: Strikethrough

<del>All Services (except Dental Contract Services)</del>	-	-	-	-	-
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
<del>Income Threshold for Sliding Fee (FPG)</del>	<del>←100%</del>	<del>101%-125%</del>	<del>126%-150%</del>	<del>151%-175%</del>	<del>176%-200%</del>
<del>Nominal Fee</del>	<del>\$20.00</del>	<del>-</del>	<del>-</del>	<del>-</del>	<del>-</del>

Formatted: Strikethrough

Formatted: Strikethrough

Formatted: Strikethrough

Formatted: Strikethrough



<del>% of Charges Paid</del>	-	<del>20%</del>	<del>40%</del>	<del>60%</del>	<del>80%</del>
<del>% of Discount</del>	-	<del>80%</del>	<del>60%</del>	<del>40%</del>	<del>20%</del>
<del>Deposit Amount</del>	-	<del>\$25.00</del>	<del>\$30.00</del>	<del>\$35.00</del>	<del>\$45.00</del>

- Formatted: Strikethrough
- Formatted: Strikethrough
- Formatted: Strikethrough
- Formatted Table

Medical visit includes Behavioral Health and Substance Use Disorder -what does this mean?

<u>% of Federal Poverty Guidelines</u>	<u>% of Charges Paid</u>	<u>% of Discount</u>	<u>Payment</u>
<u>At or below 100% of federal poverty level</u>	<u>0%</u>	<u>100%</u>	<u>Nominal fee \$20</u>
<u>101 to 140% of federal poverty level</u>	<u>20%</u>	<u>80%</u>	<u>Deposit \$25.00</u>
<u>141 to 180% of federal poverty level</u>	<u>40%</u>	<u>60%</u>	<u>Deposit \$30.00</u>
<u>181 to 200% of federal poverty level</u>	<u>60%</u>	<u>40%</u>	<u>Deposit \$35.00</u>
<u>Over 200% of federal poverty level</u>	<u>80%</u>	<u>20%</u>	<u>Deposit \$45.00</u>

- Commented [M02]: This means the fee schedule applies to those visits – Behavioral Health & SUD. It can be deleted if we feel it's not necessary.
- Formatted: Highlight

The Sliding Fee Schedule for Dental Contract Services is applied to the fees for services which require outside supplies for completion of patient care, such as dentures, crowns, space maintainers, or occlusal guards. Such supplies are provided by an outside laboratory and are custom made for each patient. This fee schedule is designed to cover reasonable costs of providing these services in the approved scope of project using Relative Value Units (RVU's) and adjusting as needed for consistency with locally prevailing rates. Locally prevailing rates are obtained annually based on the National Dental Advisory Pricing Guide's current year 50<sup>th</sup> percentile for our area. For Dental Contract Services, those patients who screen at a 100% discount, the fees are calculated to cover the cost of the appliances. Those who screen at Over 200% of the Income Threshold will be charged at the full rate. The change of the fees between each category A, B, C, D, E and F is approximately 17% to equally distribute the discount for services, but still cover the costs of devices.

- Formatted: Left, Line spacing: Multiple 1.08 li
- Formatted: Not Strikethrough
- Formatted: Strikethrough

<b>Dental Contract Services</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's ~~is~~ are applied to all services CH&W provides for which ~~we have~~ CHW has established charges, regardless of service type (required or additional) or the mode of delivery (directly or through contract) for which ~~we are~~ CHW is financially liable (Form 5A, Columns I & II HRSA Grant). For services that we do not provide directly but that CH&W 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 the HRSA Compliance Manual. 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 CH&W, compliance with the HRSA Compliance manual is not required.

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

This sliding fee discount schedule is evaluated by the CHW Governing Board annually at least once every three years, to ensure it is not a barrier to care from the patient's prospective. This is accomplished by CH&W using one or more of ~~these the following~~ methods:

- 1) ~~Meeting with a user group of the board and discussing from the consumers prospective the amounts being charged.~~ Patient focus groups and board members.
- 2) ~~Evaluating the amount of paid debt CH&W 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.~~ Advisory committees that include consumer board members
- 3) ~~Obtaining feedback from the Staff on their observations of CH&W's effectiveness in addressing financial barriers to care for the patients.~~ Input from patient satisfaction surveys regarding evaluations of operating procedures and cost of health center services received as compared to the value received/affordability assumptions of the patient.
- 4) ~~Performing a patient survey.~~ Review of co-pay amounts associated with Medicare and Medicaid for patients with comparable incomes.
- 5) ~~Input from patient focused groups.~~ Collection of utilization data that allows it to assess the rate at which patients within each of the discount pay classes, as well as those at or below 100 percent of the FPG, are accessing health center services.
- 6) ~~Reviewing patient complaints.~~ Other methods as considered appropriate.
- 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 CH&W patients.~~

The method(s) used to evaluate the effectiveness of CH&W'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 CH&W'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.~~

Formatted: Strikethrough

Formatted: Strikethrough

Formatted: Strikethrough

Formatted: Strikethrough

Formatted: Strikethrough

Formatted: Strikethrough

Formatted: Strikethrough

Formatted: Strikethrough

Formatted: Strikethrough

Formatted: Strikethrough

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

CH&W's sliding fee policy is based on income and family size only, ~~so there~~ 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 CH&W'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. Patients with third party coverage must complete an Application to determine if they are eligible for a sliding fee discount for non-covered services.

Formatted: Strikethrough

Formatted: Strikethrough

Formatted: Strikethrough

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

These policies and procedures will be uniformly applied across all CH&W patient population. ~~and~~ 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.

Formatted: Strikethrough

**APPENDIX A**

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

I. CHW's DISCOUNT ELIGIBILITY SCHEDULE 2020-2021

% OF POVERTY PAY CODE:	GROSS ANNUAL INCOME												
	100%		125%		150%		175%		200%		100		
	0	20	40	60	80	100	Over						
FAMILY SIZE	From	To	From	To	From	To	From	To	From	To	Over		
1	0	12,760	12,761	15,950	15,951	19,140	19,141	22,330	22,331	25,520	25,520 +	3190	12760
2	0	17,240	17,241	21,550	21,551	25,860	25,861	30,170	30,171	34,480	34,480 +	4310	17240
3	0	21,720	21,721	27,150	27,151	32,580	32,581	38,010	38,011	43,440	43,440 +	5430	21720
4	0	26,200	26,201	32,750	32,751	39,300	39,301	45,850	45,851	52,400	52,400 +	6550	26200
5	0	30,680	30,681	38,350	38,351	46,020	46,021	53,690	53,691	61,360	61,360 +	7670	30680
6	0	35,160	35,161	43,950	43,951	52,740	52,741	61,530	61,531	70,320	70,320 +	8790	35160
7	0	39,640	39,641	49,550	49,551	59,460	59,461	69,370	69,371	79,280	79,280 +	9910	39640
8	0	44,120	44,121	55,150	55,151	66,180	66,181	77,210	77,211	88,240	88,240 +	11030	44120

For each added family member add: (to max. income)

4,480	5,600	6,720	7,840	8,960
-------	-------	-------	-------	-------

Effective Date 3/1/2020

# Appendix B



## Sliding Fee Discount Program

Programa de Descuento de Tarifas deslizantes

## STATEMENT OF SUPPORT

DECLARACIÓN DE APOYO

Instructions: This form is to be completed by the individual or organization providing support to the applicant and/or applicant's dependent(s).

Instrucciones: Este formulario debe ser completado por la persona u organización que brinde apoyo al solicitante y/o dependiente(s) del solicitante.

<b>Financial Supporter</b>	<b>Partidario(a) Financiera</b>
----------------------------	---------------------------------

<p>I _____ (Full Name) provide support to the following individual(s) in order to help with essential living needs and expenses.</p> <p>I understand Coastal Health &amp; Wellness staff will contact me at ( ) _____.</p> <p>My mailing address is _____ (City) _____ (State) _____ (ZIP) _____.</p>	<p>Yo _____ (Nombre Completo) apoyo a la (s) siguiente (s) persona (s) con su(s) necesidades y gastos esenciales de vida.</p> <p>Yo verifico la información que he proporcionado, el personal de Coastal Health &amp; Wellness se comunicará conmigo al ( ) _____.</p> <p>Mi dirección de correo es _____ (Ciudad) _____ (Estado) _____ (Codigo Postal) _____.</p>
---	--

<b>Individual(s) Supported / Individuo(a) Apoyados</b>
--

<b>Name /Nombre</b>	<b>Date of Birth /Fecha de Nacimiento</b>	<b>Applicant /Solicitante</b>
1. _____	_____	
2. _____	_____	
3. _____	_____	
4. _____	_____	

**Does the above individual(s) live with you at your residence or at your organization?**       YES/Si     NO  
 ¿Vive con usted la(s) persona(s) anterior(es) en su residencia o en su organización?

<b>Identify the Type of Support (provided to applicant) / Identificar el tipo de apoyo (proporcionando al solicitante)</b>
--

<input type="checkbox"/> <b>Food</b> Comida	<input type="checkbox"/> <b>Toiletries</b> Artículos de aseo	<input type="checkbox"/> <b>Transportation</b> Transporte	<input type="checkbox"/> <b>\$ Amount/Cash</b> _____ Cantidad en \$/efectivo
<input type="checkbox"/> <b>Housing</b> Vivienda	<input type="checkbox"/> <b>Cell phone</b> Telefono Movil	<input type="checkbox"/> <b>Utilities (Electric/Gas/Water)</b> Utilidades(electricidad/gas/agua)	<input type="checkbox"/> <b>Other</b> _____ Otro

**DISCLOSURE:**  
 The information provided in this form is **ONLY USED** to determine the applicant's eligibility of discounted health services at Coastal Health & Wellness. As a Financial Supporter, you **WILL NOT** be personally responsible for any of the healthcare expenses.

However, any intentional misleading or falsified information, and/or omissions may subject you to penalties under the laws of the State of Texas which may include fines and/or imprisonment.

I understand this disclosure and certify the information above is **TRUE, ACCURATE** and **COMPLETE** to the best of my knowledge.

Financial Supporter/Organization (signature)  
 \_\_\_\_\_

Date \_\_\_\_\_

**DIVULGACIÓN:**  
 La información provista en este formulario **SÓLO SE UTILIZA** para determinar la elegibilidad del solicitante de servicios de salud con descuento en Coastal Health & Wellness. Como Partidario financiero, **NO SERÁ** personalmente responsable de ninguno de los gastos de atención médica.

Sin embargo, cualquier información engañosa o falsa intencional, y / o omisiones pueden estar sujetos a sanciones bajo las leyes del Estado de Texas, que pueden incluir multas y / o prisión.

Entiendo esta divulgación y certifico que la información anterior es **VERDADERA, EXACTA** y **COMPLETA** a mi leal saber.

Partidario(a) Financiera/organización (Firma)  
 \_\_\_\_\_

Fecha \_\_\_\_\_

OFFICE USE / USO DE LA OFICINA:

Manager Approval /Aprobación del Gerente: \_\_\_\_\_ Date/Fecha: \_\_\_\_\_



# COASTAL HEALTH & WELLNESS

---

**GOVERNING BOARD**

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

**Governing Board**

**May 2020**

**Item#12**

**Consider for Approval Coastal Health & Wellness Billing and  
Collection Policy**





-Approved: [03/28/2019](#)  
By: CHW Governing Board  
~~-Last Approved: [3/28/2019](#)~~  
-Effective: 10/27/2016  
~~-Reviewed: [03/28/2019](#)~~

## Coastal Health & Wellness Billing and Collection Policy

### Purpose

Formatted: Font: 14 pt

Coastal Health & Wellness (CHW) is committed to ensuring everyone receives the services they need regardless of [their](#) ability to pay for services. Coastal Health & Wellness expects patients to pay their outstanding balances in a timely manner. A bill for services is based on the patient's ability to pay. Coastal Health & Wellness also provides payment plans as necessary should financial circumstances of a patient receiving services change, or if the current financial assessment does not accurately reflect the patient's ability to pay. A patient who refuses to pay his/her outstanding balance will be notified and may be subject to a payment plan, which may lead to suspension of services if not followed.

Coastal Health & Wellness accepts third-party coverage, but patients are expected to pay any remaining balance owed after the third-party coverage makes payments. Please note co-pays are required if a qualified insurance carrier is used to pay for services. Patients who do not have third-party coverage will be billed based on their ability to pay. All patients will be charged based on the Coastal Health & Wellness [Patient Financial Guide](#) (see attached).

Patients have a right to receive an explanation of their bill. Patients are also responsible for providing accurate information regarding health insurance, address, and applicable financial resources. (See [Patient Rights and Responsibilities](#))

### **Definitions**

Ability to Pay	<p>If services rendered to a patient are not covered by insurance or a public program, patients may undergo financial screening to determine what degree patients are able to pay.</p> <p>Based on financial screening, patients are assigned a discount based on the Board approved Sliding Fee Schedule Policy. A determination is made rendering the patient as <del>either unable to pay our charges for services</del><a href="#">only able to pay a nominal fee for services</a> (0% pay) or able to pay 20%, 40%, 60%, 80% or 100% of Board approved fees for service.</p>
Bad Debt	Self-Pay charges classified as uncollectable.
Nominal Fee	A <u>\$20</u> nominal fee per visit is charged to patients on a 0% pay code.



-Approved: 03/28/2019  
 By: CHW Governing Board  
 -Last Approved: 3/28/2019  
 -Effective: 10/27/2016  
 -Reviewed: 03/28/2019

**Deposits**

Uninsured patients determined to have financial responsibility from 20% to 80% will be requested to pay a deposit and those on 100% will be **required** to pay a deposit per visit based on the following scale:

Formatted: Font: Bold

Patient Responsibility	20%	40%	60%	80%	100%
Deposit Requested at Check-in	\$25 <del>0</del>	\$25-\$30	\$30-\$35	\$40-\$45	
Deposit Required at Check-in					\$55 <del>\$50</del>

If an uninsured patient is financially screened to be below or at 80% pay (less than 200% Federal Poverty Level), the person is not refused services for inability to pay. If the nominal fee or deposit is not paid at time of check-in then the patient will receive a bill for the total amount due. However, the deposit must be collected on patients who waive financial screening or are deemed able to pay 100% (greater than the 200% Federal Poverty Limit) of Board approved fees prior to receiving services.

**Payment Plan** A monthly minimum payment will be determined on the amount owed based on the patient’s current financial status.

**Self-Pay** All fees that are the patient’s responsibility.

**Third Party Payors** An organization that is utilized as a payment source for ~~financing~~ a patient’s health~~care~~ services. (Examples: Medicare, Medicaid, Private Insurance).

**Co-Pay** This applies to ~~persons~~ ~~individuals~~ with private insurances. ~~and the~~ ~~The~~ Co-Pay amount is determined by the health insurance plan.

**Billing Process**

- A. Coastal Health & Wellness maintains dental and medical schedules of fees for all patients and these fee schedules are 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. These fee schedules are approved by the Governing Board and evaluated annually to ensure they are consistent with locally prevailing rates and Coastal Health & Wellness's cost structure.



-Approved: ~~03/28/2019~~  
By: CHW Governing Board  
~~Last Approved: 3/28/2019~~  
-Effective: 10/27/2016  
~~Reviewed: 03/28/2019~~

Patients will be billed for all outstanding charges, including the unpaid portion of the claim which is deemed patient responsibility within 30 days of date-of-service.

- B. 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). Individuals and families with annual income above two hundred percent (200%) of the FPG are not eligible for the sliding fee discount program. See current year sliding fee scale in Appendix ~~A-A~~.
- C. CHW provides access to services without regard for a person's ability to pay. The center ensures sustainability by contracting with and billing Medicaid, CHIP, Medicare, and other government programs ~~and also~~ and private insurers of patients in the center's service area. ~~the~~The center charges for services not covered by insurance per ~~our~~the board-approved Sliding Fee Schedule Policy. CHW will first evaluate a patient's existing coverage or eligibility for coverage under public and private third payors before assessing their eligibility for a sliding fee discount.
- D. CHW will bill third party payors daily.
- E. CHW makes every reasonable effort to collect reimbursements by public assistance programs and private health insurance ~~on the basis of~~based on the full amount of fees and payments for such services without application of any discount.

## Procedure

Formatted: Font: 14 pt

Coastal Health & Wellness will:

- A. Survey its service area for the costs of health care services, assess its costs and create a schedule of charges that it updates annually to reflect actual costs.
- B. Create a sliding fee schedule of discounts to apply to its various charges and review it periodically, updating as needed.
- C. Ensure a reasonable collection policy is approved by the Board. This will occur annually in conjunction with the update of the FPG.
- D. Enroll the center in Medicare Part A using the form CMS 855-A, setting up ~~an~~ NPI number for each site, a reimbursement rate with a cost report for the entire center, and enroll all providers in Part B, ~~getting them an~~with an NPI number so they may order and refer under the Medicare program.



-Approved: 03/28/2019  
By: CHW Governing Board  
~~-Last Approved: 3/28/2019~~  
-Effective: 10/27/2016  
~~-Reviewed: 03/28/2019~~

- E. Enroll the center in the appropriate Medicaid and CHIP programs available to it and renew, as required in Texas, the programs of interest including primary Medicaid, preventive care (Texas Health Steps), care for foster children, dental care, behavioral health care, Healthy Texas Women’s program, family planning, case management, and CHIP perinatal care. Enroll all providers as needed ~~with an getting them an~~ NPI number so they may order and refer under various Medicaid programs.
- F. Contract with the Medicaid/CHIP MCOs and appropriate MCO subcontractors in its area.
- G. Review ~~what~~ other government programs the center might work with.
- H. Ensure proper cost reports are submitted for rate setting with government programs.
- I. Conduct assessments annually to determine whether to contract with any Medicare MCOs in its area.
- J. Conduct assessments annually to determine whether to contract with any private insurers in its area.
- K. Ensure regular training of staff regarding billing for various payors.
- L. Review billing practices. This should include:
  - 1. Avoiding under-coding and over-~~coding;coding.~~
  - 2. Ensuring proper documentation for what is billed, and
  - 3. Ensuring timely claims filing and appeals.
- M. Conduct regular assessments through the Quality Assurance Committee to ensure appropriate enrollment in programs, contracting and billing is occurring.

**Financial Screening**

- A. Patients may complete an Application for Discounted Health Services with Coastal Health & Wellness. If a patient completes the application and the financial screening process, the patient may be eligible for a discount of Governing Board approved fees for clinic services. To complete the application a patient/parent/legal guardian must bring:
  - 1. Proof of Identification (only for each household member that would like to become a ~~patient~~patient(+)).
  - 2. Proof of Income (for each household member).



-Approved: 03/28/2019  
 By: CHW Governing Board  
 -Last Approved: 3/28/2019  
 -Effective: 10/27/2016  
 -Reviewed: 03/28/2019

**Registration**

- A. To complete registration within the Coastal Health & Wellness system a patient/parent/legal guardian must bring:
1. Proof of Address (not required for discount eligibility but needed for registration).
  2. If insured, a copy of all Health Care Coverage (only for each household member that would like to become a patient).

**Collection Classifications & Debt Collection Process**

A. The following classifications determine how a patient’s payment plan will be executed if full or partial payment is not made within 60 days after the date of service. Process will only be utilized after reasonable efforts have been made to secure payments and/or bill for amounts owed to Coastal Health & Wellness. Depending on the Collection Classification, a **Debt Warning Notice** may be issued. This Notice will inform the patient of his/her failure to pay the outstanding balance and either: a) request the patient to call the Business Office to initiate a budget payment plan or, b) warn the patient of his/her failure to comply with the budget payment plan. Patients will be billed for each visit based on their financial screening at the time services are received.

0% Pay	Patients will be sent statements for outstanding balances.  Outstanding balances at 180 days will be written off to Bad Debt.
20% - 80% Pay	Patients will be sent statements for outstanding balances.  If at 60 days the balance is over \$100, the patient will be sent a Debt Warning Notice requesting that the patient contact the Business Office to setup a payment plan.
100% Pay	Patients will be sent statements for outstanding balances until paid.  Patients at 100% pay are those who waived financial screening or have been assessed through financial screening to pay 100% of Board approved fees and are expected to pay the required deposit at the time of service.

B. If there is no response after 30 days from the first Notice, a second Debt Warning Notice will be issued stating that future access to clinic services may be suspended due to failure to pay outstanding debt.



-Approved: 03/28/2019  
By: CHW Governing Board  
~~-Last Approved: 3/28/2019~~  
-Effective: 10/27/2016  
~~-Reviewed: 03/28/2019~~

- C. If after 60 days from the second Debt Warning Notice there is no response or if the patient has failed to initiate or comply with a payment plan, the patient will be sent a Notice to Suspend his/her access to the Coastal Health & Wellness services based on non-payment.
- D. Outstanding balances at 180 days will be written off to Bad Debt.

### **Inability to Pay versus Refusal to Pay**

Once a patient's ability to pay is determined, the patient is expected to pay for services based on the assigned percent of charges they are deemed able to pay. Patients who *refuse to pay* for services are patients who have not made full or partial payment within the 90 days, according to Collection Classifications. Patients with the *inability to pay* for services are those who have been financially screened to be at the 100% Federal Poverty Level or less (0% pay).

### **Provisions for Waiving Charges**

Coastal Health & Wellness understands there may be extenuating circumstances that prevent a patient from being financially able to pay for the services in which they are responsible. ~~These circumstances will be considered self declared by the patient or parent/legal guardian. The patient or parent/legal guardian must be submitted~~ submit in writing a detailed explanation of these circumstance for approval ~~and approved~~ by the appropriate level of management.

- A. Circumstances for waiving current visit fees:
  - 1. Recent loss of employment and no current income to help support their needs.
  - 2. Recent hospitalization of self or person ~~whom~~ who resides in the same household for whom they are responsible for that impairs their ability to pay for care at this time.
  - 3. A sudden death in the family or person ~~whom~~ who resides in the same household for whom they are responsible for that impairs their ability to pay for care at this time.
  - 4. Persons affected by a natural disaster.
  - 5. Homeless as determined by recent catastrophic events where their home dwelling is not habitable.
- B. All current visit charges will be billed as normal ~~and after review and approval from Patient Services Manager, Patient Information Manager or~~ and any requests for waivers will be submitted to the Business Office Manager for review and then submitted to the Chief Financial Officer and Executive Director for approval. the charges will be adjusted accordingly.
- C. Circumstances for waiving an outstanding balance ~~due~~ include the following:





-Approved: 03/28/2019  
By: CHW Governing Board  
~~-Last Approved: 3/28/2019~~  
-Effective: 10/27/2016  
~~-Reviewed: 03/28/2019~~

1. Admitted to skilled nursing facility for long term care or hospice that impairs their financial ability to pay.
  2. Persons affected by a natural disaster that impairs their financial ability to pay.
  3. Homeless as determined by recent catastrophic events where their home dwelling will be not habitable for an undeterminable time.
- D. ~~All outstanding Requests for waivers of outstanding~~ charges will be submitted to the Business Office Manager for review and then submitted to the Chief Financial Officer billed as normal and after review and approval from and Executive Director for approval. the charges will be adjusted accordingly.

### Revenue Cycle Management

A. Revenue Cycle Management is made up of three basic components which identify the various stages of the revenue generating process.

- Front Office            This includes appointment scheduling, financial screening, and the check- in process.
- Middle Office           After the patient receives services, this process includes charge completion, charge capture, diagnosis coding, charge entry and check-out.
- Back ~~Office~~ Office       This includes billing, error and rejection process, accounts receivable management, collections, managing outstanding claims, payment and adjusting posting, contract compliance, denial and appeal processing and customer service.

B. An electronic system is in place to track each stage of the revenue generating process. Written procedures are in place for the Revenue Cycle Management system, and job descriptions and responsibilities reflect those procedures.

### Bad Debt & Adjustment Policy

- A. All self-pay patient balances will be written off as Bad Debt after 180 days and will be brought to the Governing Board for review and approval annually.
- B. It is the policy of Coastal Health & Wellness to track and monitor monies that are written off from the original charge submitted to a third-party payor. Two distinct categories of adjustments are handled and monitored separately: contractual amounts, which are considered uncollectible as a result of a contractual agreement with a third-party payor and non-contractual amounts, which are considered uncollectible for reasons other than the



-Approved: ~~03/28/2019~~  
By: CHW Governing Board  
~~Last Approved: 3/28/2019~~  
-Effective: 10/27/2016  
~~Reviewed: 03/28/2019~~

contract. Third-party payor adjustments will be brought to the Board and the reason for the adjustment will be identified. These processes will happen biannually in December and June.

- C. To track and monitor all adjustments, CHW maintains a dictionary of detailed adjustment codes for contractual and non-contractual adjustments. The non-contractual adjustments also may be attached with transaction message codes, if applicable.

### Reports to the Board

- A. The following items will be reported ~~on~~ quarterly to the Coastal Health & Wellness Finance Committee and the Governing Board for their review:

1. Quarterly and YTD breakdown of visits by Department and Payor.
2. New patient analysis.
3. Quarterly and YTD breakdown of Charges and Collections.
4. Account receivables by Payor and number of days in Accounts Receivable.
5. Current collection rates by Payor.
6. Adjustments during the reporting period.
7. Number of patients with Budget Payment Plans.
8. Number of patients suspended due to refusal to pay and number of those reinstated.
9. Biannually third party ~~no~~-contractual adjustments in December and June.

### Authority Delegated to Executive Director

The Governing Board delegates to the Executive Director ~~the~~ authority to review individual cases and make decisions in the best interest of ~~the~~ Coastal Health & Wellness. All individual cases that are presented are done so by a Patient Advocate who is familiar with the patient's current status regarding payments and collection efforts.



-Approved: 03/28/2019  
By: CHW Governing Board  
-Last Approved: 3/28/2019  
-Effective: 10/27/2016  
-Reviewed: 03/28/2019



**PATIENT RIGHTS AND RESPONSIBILITIES**

Welcome to Coastal Health & Wellness. Our goal is to provide quality health care to people in this community, regardless of their ability to pay. As a patient, you have rights and responsibilities. Also, the clinic has rights and responsibilities. We want you to understand these rights and responsibilities, so you can help us to provide health care to you. Please read and sign this statement and inform us if you have any questions.

**Human Rights:**

- You have a right to be treated with respect and dignity regardless of race, religion, sex, national origin, physical or mental handicap or disability, age, or other grounds as applicable under federal, state and local laws or regulations.

**Payment for Services**

- You are responsible for giving us accurate information about your present financial status and any changes in your financial status. Coastal Health & Wellness (CHW) needs this information to determine how much to charge you and/or bill private insurance, Medicaid, Medicare, or other benefits for which you may be eligible. If your income is less than the federal poverty guidelines, you will be charged a discounted fee.
- You have a right to receive an explanation of your bill. You must pay or arrange to pay all agreed fees; if you cannot pay right away please contact our billing office at 409-938-2248 so that we can provide care for you now and work out a payment plan.
- Please review the Coastal Health & Wellness Financial Guide.

**Privacy:**

- You have a right to have your interviews, examinations and treatment in private. Your medical records are also private. Only legally authorized persons will see your records unless you ask us to show them to someone else with a signed authorization to release your protected health information. A complete discussion of your privacy rights is included in the Notice of Privacy Practices. This notice details the various rights granted to you under the Health Insurance Portability and Accountability Act (HIPAA).

**Health Care:**

- You are responsible for providing CHW accurate, complete and current information about your health so that we can give you proper health care. You have a right and are encouraged to participate in decisions about your treatment.
- You have the right to information and explanations in the language you normally speak and in words you understand. You have a right to information about your health or illness, treatment plan (including benefits and risks), and expected outcomes, if known. If you do not wish to receive this information or if it is not medically advisable to share that information with you, we will provide it to a legally authorized person.
- If you are an adult, you have a right to refuse treatment to the extent permitted by law, and to be informed of the risk of refusing such care. You are responsible for the outcome of refusing treatment.
- You have a right to health care treatment that is reasonable for your condition and within our capability; however, CHW is not an emergency care facility. You have a right to be transferred or referred to another facility for services that we cannot provide. But, we do not pay for services you receive from another healthcare provider.
- You have a right to the appropriate assessment and management of pain within the available resources of the clinic.

**Rules**

- You have a right to receive a copy of our patient information about the health services we provide, personal conduct, and the use of our property and resources. You are responsible for obeying these rules.
- You are responsible for appropriate use of clinic services, which includes following our staff's instructions. You have a responsibility to keep your scheduled appointment and to arrive on time.
- You have a responsibility to be courteous and respectful to Coastal Health & Wellness staff and other patients.
- You are responsible for bringing a responsible adult to watch children under 12 years of age. You are responsible for their safety and the protection of other clients and our property.

**Compliments and Complaints**

- CHW wants to hear what you like and don't like. We expect your experience to be a great one. Let us know how we may gain your satisfaction. If you are not satisfied, please tell us. CHW wants suggestions so we can improve our services. Staff will tell you how to file a complaint. We will not punish you for filing a complaint and will continue to see you as a patient.

**Warnings Suspensions and Terminations**

- If you are reported to show inappropriate behavior, you will receive a letter warning you that such behavior will not be tolerated, and you are at risk of being terminated as a Coastal Health & Wellness patient.
- If you commit a major infraction, you will receive a letter terminating you as a Coastal Health & Wellness Patient.
- **Reasons for which Coastal Health & Wellness may stop providing health care services to you:**
  - Failure to follow Coastal Health & Wellness rules and requirements.
  - Intentional failure to report accurate information concerning your health.
  - Intentional failure to follow the health care program such as instruction about taking medications, personal health practices, or follow-up appointments, as recommended by your provider.
  - Creating a threat to the safety of the staff and/or other clients.
  - Forging or altering a prescription and/or other criminal acts.
  - Intentional failure to accurately report your financial status.
  - Failure to contact us to set up a payment plan on your outstanding bill.
- If you are issued a termination letter you will have a right to appeal the decision to the Coastal Health & Wellness Governing Board by writing the CHW Clinic Director at PO Box 939, La Marque, TX 77568. You will also be informed whether or not your termination is for one year (non-criminal infraction) or permanently (criminal infractions). All criminal infractions will be reported to the police.

# Coastal Health & Wellness (CHW) Financial Guide

## Information that ALL PATIENTS need to know:

### PAYMENT OPTIONS & BILLED CHARGES

The Clinic accepts CASH, CHECKS, CREDIT CARDS (Visa, MasterCard, & Discover) and MONEY ORDERS. If you are uninsured, a nominal fee or deposit is requested at the time of service; and any remaining charges, based on your discounted rate, will be billed to you.

### MAILED CHARGES

The Billing Office will mail you a statement of your account balance each month. If you have any questions about your bill, contact the billing office immediately at **(888) 354-4767 ext. 1**. The billing office is open Monday through Thursday from 8:00 to 5:00 p.m. and Friday from 8:00 a.m. to 4:00 p.m.

### PAST DUE ACCOUNTS

Your bill is past due if it is not paid in full within 30 days from the date you receive your bill. If you are unable to fully pay your bill, contact the billing office, at **(409) 938-2234**, to discuss a payment plan. Past due accounts may be referred for suspension or termination of clinic services.

## MEDICAID PATIENTS

- Each time you arrive at the clinic, present your **Medicaid Form and a picture ID**.
  - Medical, Counseling and Dental (under age 21), No charge
  - Dental (21 – years and over) - a nominal fee or deposit is requested at the time of service; and your remaining charges, based on your discounted rate (if applicable), will be billed to you. Unless you are covered by Medicaid for dental services.
- If the CHW Clinic is not listed as your Primary Care Provider (PCP), we cannot see you as a patient; however, we can assist you in changing your PCP to CHW.

## MEDICARE PART B PATIENTS

- Each time you arrive at the clinic, present your **Medicare Card and a picture ID**.
  - Medical – NO CLINIC FEE
  - Counseling - NO CLINIC FEE
  - Dental – a nominal fee or deposit is requested at the time of service; and your remaining charges, based on your discounted rate (if applicable), will be billed to you.
- You are responsible for 20% of the Medicare Allowable charges; however, you may request financial screening for to see if you are eligible for a discounted rate.
- If the CHW Clinic is not listed as your Primary Care Provider (PCP), we cannot see you as a patient; however, we can assist you in changing your PCP to CHW

## INSURED PATIENTS

- Each time you arrive at the clinic, present your **Insurance Card and a picture ID**.
- Co-payment will be due at the time of service; if you have no-copy, a \$50.00 deposit will be required before services are received if deductible or any out of pocket amounts have not been met.
- Your insurance company sets the amount of your co-payment and deductible.
- After verifying your insurance coverage, the Clinic will bill your insurance company.
- You are financially responsible for services not covered by your insurance company; however, you may request financial screening to see if you are eligible for a discounted rate
- If the CHW Clinic is not listed as your Primary Care Provider (PCP), we cannot see you as a patient; however, we can assist you in changing your PCP to CHW.

## SELF-PAY / UNINSURED PATIENTS

You must be financially screened to determine your eligibility for discounted health services. If you are uninsured and do not wish to be financially screened, you will be responsible for 100% of charges. For financial screening, please provide proof of ID, and Income and submit an *Application for Discounted Services*. Also, ask about special programs for women and children.

- Self-pay and Uninsured patients - a nominal fee or deposit is requested at the time of service; and any remaining charges, based on your discounted rate (if applicable), will be billed to you.



# **COASTAL HEALTH & WELLNESS**

---

**GOVERNING BOARD**

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

**Governing Board**

**May 2020**

**Item#13**

**Consider for Approval Coastal Health & Wellness Dental Scope of  
Services Policy**





-Approved: ~~05/30/2019~~  
\_By: CHW Governing Board  
~~-Last Approved: 5/30/2019~~  
-Effective: 4/1/2014

## 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, incision and drainage, tooth extraction, palliative or temporary restorations and fillings, interim caries arresting medicament application, periodontal therapy, and prescription of medications.

**Prevention and Diagnosis (Required)** – Services that protect individuals and communities against disease agents by placing barriers between an agent and host and/or limits the impact of a disease once an agent and host have interacted so that a patient community can be restored to health. Risk assessment should occur for all ~~children~~ patients at their comprehensive and periodic exam visits.

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

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

Activities include restorative services that include composite and amalgam dental fillings, 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 and endodontic therapy to prevent tooth loss; and space maintainers to prevent orthodontic complications and preserve space for eruption of permanent teeth.

**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.

**-Root Canals and Crowns** – Root canals may be completed on anteriors, premolars and selected molars. Crowns and root canals will require cost sharing from the patient. Being selective with root canal therapy is a must. Root canals may be completed when there is enough remaining tooth structure to support a crown.

Fixed partial dentures may be used when there are stable abutment teeth to support the prosthesis.

**Commented [HL1]:** This was redundant with the last item about space maintainers. Combined into one statement.

**Policy**

It is the Coastal Health & Wellness policy to provide comprehensive primary oral health services to its patients. Personal oral health care is 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, restorative services, endodontic treatment and periodontal services. Additional services may include basic rehabilitative services that replace missing teeth to enable the individual to eat, benefit from enhanced self-esteem, and have increased employment acceptability.

[Back to Agenda](#)



# **COASTAL HEALTH & WELLNESS**

---

**GOVERNING BOARD**

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

**Governing Board**

**May 2020**

**Item#14**

**Consider for Approval Coastal Health & Wellness  
Medical Records Fee Schedule**

-Approved:  
 By: CHW Governing Board  
 -Last Approved: 4/25/2019  
 Effective:4/1/2014

## MEDICAL RECORDS FEE SCHEDULE

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

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

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

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

**Additional and Contingency Fees:**

<b>MEDICAL and DENTAL</b>
Postage: Actual cost Labor: Up to, but not to exceed, \$15.00/hour Rewritable CD (CD-RW): \$1.00 per disc Patient billing record when requested by an attorney: \$25.00/record Non-rewritable CD (CD-R): \$1.00 per disc Notary fee: \$6.00 Execution of affidavit fee: \$15.00

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

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

*\*Coastal Health & Wellness’ fee schedule is set forth in accordance with the Texas Medical Board (TMB) rules (including §165.2. Medical Record Release and Charges) as permitted under Texas law.*



# COASTAL HEALTH & WELLNESS

---

**GOVERNING BOARD**

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

**Governing Board**

**May 2020**

**Item#15**

**Consider for Approval Emergency Department/Hospital Admission  
Care Transition, Tracking and Follow Up Policy**

[Back to Agenda](#)



# COASTAL HEALTH & WELLNESS

---

**GOVERNING BOARD**

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

**Governing Board**

**May 2020**

**Item#16**

**Consider for Approval Coastal Health & Wellness Title V Child Health  
& Dental Eligibility Policy**



## Coastal Health & Wellness Title V Child Health & Dental Eligibility Policy

### Purpose

Coastal Health & Wellness (CHW) provides Title V Child Health and Dental services. As a Title V Contractor, CHW is required to perform Title V eligibility screening assessments on pediatric clients who present for services at the clinic. This policy outlines the Title V Child Health & Dental eligibility requirements.

### Definitions

Below are some general definitions of terms or phrases that are used throughout this policy.

- **Age** – For a child to be counted as part of the household, the child must be under 18 years of age and unmarried. The Contractor should terminate the child’s eligibility at the end of the month the child become 18 unless the child:
  - Is a full-time student (as defined by the school) in high school, attends an accredited GED class, or regularly attends vocational or technical training as an equivalent to high school attendance, and
  - Is expected to graduate before or during the month of his/her 19<sup>th</sup> birthday.
  - If the child does not meet the above criteria, he/she will be considered a separate household of one.
- **Children Health Insurance Program (CHIP)** – A child health insurance program for non- Medicaid eligible children with family incomes up to 200% Federal Poverty Level (FPL).
- **Children and Adolescents** – A person from his/her 1st birthday through the 21<sup>st</sup> year.
- **Client** – An individual who has been screened, determined to be eligible for services, and has successfully completed the eligibility process.
- **Department of State Health Services (DSHS)** – The agency responsible for administering physical and mental health-related prevention, treatment, and regulatory programs for the State of Texas.
- **Eligibility Date** – Date the individual submits a completed application to the provider and is deemed eligible. The eligibility expiration date will be twelve months from the eligibility date.

- **Family Composition** – A person living alone or a group of two or more persons related by birth, marriage (including common law) or adoption, who reside together and who are legally responsible for the support of the other person. **Unborn children are also included in family size.**
- **Federal Poverty Level (FPL)** – The set minimum amount of income that a family needs for food, clothing, transportation, shelter, and other necessities. In the United States, this level is determined by the Department of Health and Human Services. FPL varies according to family size. The number is adjusted for inflation and reported annually in the form of poverty guidelines. Public assistance programs, such as Medicaid in the U.S., define eligibility income limits as some percentage of FPL.
- **Integrated Business Information System (IBIS)** – An electronic web-based application for client eligibility determination and billing.
- **Medicaid** – Title XIX of the Social Security Act; reimburses for health care services delivered to low-income clients who meet eligibility guidelines.
- **Re-certification** – The process of re-screening and determining eligibility for the next year.
- **Texas Resident** – An individual who resides within the geographic boundaries of the state and:
  - Has intent to remain within the state, whether permanently or for an indefinite period
  - Does not claim residency in any other state or country
  - Is less than 18 years of age and his/her parent(s), managing conservator, caretaker, or guardian is a Texas resident.

**The following individuals are NOT considered Texas residents** for the purpose of receiving services and are considered ineligible:

- Inmates of correctional facilities
- Residents of state schools
- Patients in state institutions or state psychiatric hospitals

**Although the following individuals reside in Texas, they are not considered Texas residents** for the purpose of receiving Title V services and are considered ineligible:

- Persons who move into the state solely for the purpose of obtaining health care services.
- Students primarily supported by their parents; whose home residence is in another State.
- **Undocumented Immigrant** – A person who is not a U.S. citizen, and has no immigration document.

## **Policy**

It is the Policy of Coastal Health & Wellness to perform Title V eligibility screening assessments on individuals from birth up to their 22nd birthday who present for services and meet the Title V eligibility criteria of (1) Texas residency (2) Gross family income at or below 185% Federal Poverty Level (FPL); and (3) Not eligible for other programs/benefits providing the same services (for example Medicaid/CHIP or other payor sources).

### **Title V Child Health and Dental Services performed at CHW**

#### **A. Child Health Preventive and Primary Health Services**

Child Health Infant/child/adolescent preventive and primary health services are provided for ages birth to their 22nd birthday. These services include well child checkups with labs, immunizations and minimal sick care and case management for high risk infants up to 1 year of age.

#### **B. Child Dental Services**

Child Dental Infant/child/adolescent dental services are provided for ages birth to their 22nd birthday. These services include comprehensive and periodic oral evaluations, radiographs; preventative services including cleanings, fluoride treatment, placement of dental sealants to any tooth at risk of dental decay; and therapeutic services including restorative treatment.

### **Contractor Responsibilities**

- A. Ensure the eligibility process is complete and include documentation of the following:
  - 1. Individual/family member's name, present address, date of birth and whether the individual/family members are currently eligible for Medicaid or other benefits.
  - 2. Health insurance policies, if applicable, providing coverage for the individual, spouse, and dependent(s).
  - 3. Gross monthly income of individual and spouse.
  - 4. Other benefits available to the family or individual; and
  - 5. Any specified or other supporting documentation necessary for the contractor to determine eligibility.
- B. Ensure the applicant's household income is at or below 185% of the FPL, documented in the client's record and if applicable, in IBIS; Use the DSHS HOUSEHOLD Eligibility Screening Form (Form EF05-14214); and HOUSEHOLD Eligibility Screening Form Worksheet (Form EF05-13227); and verification/documentation procedures established by DSHS.
- C. Assist the applicant with accurately completing the application for screening and eligibility determination.
- D. Ensure the documentation the individual provides is sufficient to make an eligibility decision.
- E. Accept reasonable documentation provided by the individual.
- F. Determine eligibility for Title V services based on the three (3) eligibility criteria stated in the first paragraph on page 3 of 10 titled Policy.
- G. Provide the eligible individual information regarding the Title V services he/she is entitled to receive and his/her rights and responsibilities.

## **Applicant/Client Responsibilities**

- A. Complete the DSHS HOUSEHOLD Eligibility Screening Form (Form EF05-14214) or request assistance for completion.
- B. Provide documents requested by the contractor. Failure to provide all required information will result in denial of eligibility.
- C. Report Changes (within 30-days) to CHW in the following areas: income, family composition, residence, address, employment, types of medical insurance coverage, and receipt of Medicaid and/or other third-party coverage benefits.

## **Title V- DSHS Eligibility Screening Forms:**

- A. **DSHS Form EF05-14214 –HOUSEHOLD Eligibility Form** (with Instructions Form) is used to assess client eligibility for **Title V Child Health & Dental** on an annual basis. Use with HOUSEHOLD Worksheet (Form EF05-13227) (English and Spanish)
  - 1. The individual is responsible for completing page one of this form, and Coastal Health & Wellness will provide assistance, if requested.
  - 2. The form may be photocopied for the number of family members needed.
  - 3. Each Title V eligible client, who is a legal adult, will sign and date the form.
  - 4. Separate forms may be completed for spouses if confidentiality is a concern.
  - 5. Any Coastal Health & Wellness employee assisting in completion of the form is required to sign the form.
  - 6. The form is filed in the client record.

- B. **DSHS Form EF05-13227 - HOUSEHOLD Eligibility Worksheet** (with Instructions Form) is used to complete the eligibility process for Titles V Child Health & Dental.

**Note:** Special circumstances may occur in the disclosure of information, documentation of pertinent facts, or events surrounding the client's application for services that make decisions and judgments by the contractor staff necessary. These circumstances should be documented in the case record on the HOUSEHOLD Eligibility Worksheet.

- C. **DSHS Form 149 – Statement of Self-Employment Income** (with Instructions Form) (English and Spanish)
- D. **DSHS Form 128 – Employment Verification**
- E. **DSHS Form 104 - Request for Information** may be used to assist applicants with requested verification requirements for all programs. (English and Spanish)
- F. **DSHS Form - APPENDIX B - Statement of Applicant's Rights and Responsibilities** (English and Spanish)
- G. **CHW Form – Notice of Eligibility** (English and Spanish)
- H. **CHW Form – Notice of Ineligibility** (English and Spanish)

## **Title V- Child Health & Dental Eligibility Process:**

Coastal Health & Wellness will perform an eligibility screening assessment on all clients who present for services at a clinic supported by Title V services. If the client has a Medicaid card, this documents their Medicaid eligibility.

**A. The eligibility process has two steps in determining and maintaining services:**

1. Screening and Eligibility Determination:
  - a. Completion of the required Screening Form, (see “Screening Forms” section below)
  - b. Applicant/Client submission of required verification.
  - c. Determination of eligibility and referral if necessary.
  - d. Completion of Statement of Applicant’s Rights and Responsibilities
  - e. Completion of Notice of Completion of Notice of Ineligibility \
  - f. Applicant/Client will be given copies of (1) Statement of Applicant’s Rights and Responsibilities and (2) Notice of Eligibility or (3) Notice of Ineligibility.
2. Annual Re-Certification: Individual client eligibility will be determined on an annual basis, prompted by the anniversary date the client was deemed eligible. Coastal Health & Wellness will determine a system to track clients’ status and renewal eligibility.

**Family Composition**

**A. Documentation of Client’s Family Composition–** If family relationship appears questionable, one of the following items shall be provided:

1. Birth Certificate
2. Baptismal certificate
3. School records
4. Other documents or proof of family relationship determined valid by the contractor to establish the dependency of the family member upon the client or head of household.

**B. Determine Family Composition/Household size as follows:**

1. If married (including common-law marriage), include applicant, spouse, and any mutual or non-mutual children (including unborn).
2. If not married, include applicant and children (including unborn).
3. If not married and living with a partner with whom applicant has mutual children, include applicant, partner, and children (including unborn).
4. A Child who is 18 years of age or older and resides with his/her parent(s)/guardian(s), but is not currently attending high school, GED classes, or vocational or technical training is considered a family of one.
5. A Child may be considered part of a family when living with relatives other than natural parents if documentation can be provided that verifies the relationship.

**C. Documentation of Client's Date of Birth shall include one of the following:**

1. Birth Certificate
2. Baptismal certificate
3. School records
4. Other documents or proof of date of birth valid by the contractor

**Residency**

**A. Texas Residency Requirement:**

An individual must be physically present within the geographic boundaries of Texas and:

1. Has the intent to remain within the state, whether permanently or for an indefinite period.
2. Does not claim residency in any other state or country; and/or
3. Is less than 18 years of age and his/her parent, managing conservator, caretaker, or guardian is a resident of Texas.

**B. There is no requirement regarding the amount of time an individual must live in Texas to establish residency for the purposes of Title V eligibility.**

**C. Although the following individuals may reside in Texas, they are not considered Texas residents for the purpose of receiving Title V services and are considered ineligible:**

1. Persons who move into the state solely for the purpose of obtaining health care services.
2. Student primarily supported by their parents; whose home residence is in another State.

**D. The following individuals are NOT considered Texas residents for the purpose of receiving services and are considered ineligible:**

1. Inmates of correctional facilities
2. Residents of state schools
3. Patients in state institutions or state psychiatric hospitals

**E. Verification/Documentation of Residency will include one of the following:**

1. Valid Texas Driver's License
2. Current voter registration
3. Rent or utility receipts for one month prior to the month of application
4. Motor vehicle registration
5. School records
6. Medical cards or other similar benefit cards
7. Property tax receipt
8. Mail addressed to the applicant, his/her spouse, or children if they live together
9. Statement from landlord, neighbor, other reliable sources
10. Other documents considered valid by the contractor

**F. Temporary Absences from State – Individuals do not lose their Texas residency status**

**Income**

Income is a calculation of gross family income from sources that are earned and unearned income. Other types of income are exempt from being counted.

**A. Types of income that are Countable:**

1. Earned Income-income a person receives for a certain degree of activity or work— related to employment: counted in the month received
2. Unearned income-payments received without performing work-related activities: counted in the month received.

**B. Income Countable toward gross family income**

1. Cash gifts and Contributions
2. Child Support payments
3. Disability insurance benefits
4. Dividends, Interest and Royalties
5. Loans (non-educational)
6. Lump-sum payments—count as income in the month received if the person receives it or expects to receive it more than once a year
7. Military Pay
8. Mineral rights
9. Pensions and annuities
10. Reimbursements
11. RSDI Payments
12. Self-Employment Income—must be annualized if intended for family support.
13. SSDI
14. Unemployment Compensation
15. Veteran’s Administration (except Exempt VA special needs payments, such as annual clothing allowances or monthly payments for an attendant for disabled veterans).
16. Wages and Salaries, Commissions
17. Worker’s Compensation

**C. Types of income that are Exempt:**

1. Adoption Payments
2. Child’s Earned Income
3. Crime Victim’s Compensation
4. Educational Assistance
5. Energy Assistance
6. Foster Care Payment
7. In-Kind Income
8. Job Training
9. Lump-Sum Payments –received once a year or less.
10. SSI Payments
11. TANF
12. VA Payments –special needs payments

**D. Verification/Documentation of Income will include one of the following to be used to complete the DSHS HOUSEHOLD Eligibility Worksheet**

1. Copy(ies) of the most recent paycheck stub (at least 2 consecutive pay periods) or monthly earnings statement(s)
2. Employer’s written verification of gross monthly income
3. Award letters
4. Domestic relation printout of child support payments
5. Letter of support



6. Unemployment benefits statement or letter from the Texas Workforce Commission
7. Award letters, court orders, or public decrees to verify support payments
8. Notes for cash contributions
9. Self-employed Individual—a signed statement from the individual with no documentation of their income

If all attempts to verify income are unsuccessful because the employer/payer fails or refuses to provide information or threatens continued employment, and no other proof can be found, Coastal Health & Wellness will determine an amount to use on the form based on the best available information and document the determined income on the DSHS HOUSEHOLD Eligibility Worksheet.

### **Income Determination Procedure**

- A. Count income already received and any income the household expects to receive. If the household is not sure about the amount expected or when the income will be received, Coastal Health and Wellness will use the best estimate.
- B. Coastal Health and Wellness will count terminated income in the month received and use actual income, not the conversion factors if terminated income is less than a full month's income.
- C. Use at least two consecutive, current pay periods to calculate projected monthly income. If client is paid one time per month and receives the same gross pay each month, then one pay period will suffice.
- D. If actual or projected income is not received monthly, convert it to a monthly amount using one of the following methods:
  1. Weekly income is multiplied by 4.33.
  2. Income received every two weeks is multiplied by 2.17.
  3. Income received twice monthly is multiplied by 2.

### **Income Deductions**

- A. Dependent childcare or adult with disabilities care expenses shall be deducted from total income in determining eligibility, if paying for the care is necessary for the employment of a member of the household.
- B. Allowable deductions:
  1. Actual expenses up to \$200.00 per child per month for children under age 2
  2. Actual expenses up to \$175.00 per child per month for children age 2 or older, and
  3. Actual expenses up to \$175.00 per adult with disabilities per month
- C. Child support payments made by a member of the household group will also be deducted. Payments made weekly, every two weeks or twice a month must be converted to a monthly amount by using one of the conversion factors in the "Monthly Income Calculation"

## **Self-Employment Income**

- A. If an applicant earns self-employment income, it must be added to any income received from other sources.
- B. Annualize (annual return on investment) self-employment income that is intended for an individual or family's annual support, regardless of how frequently the income is received.
- C. **Determine the costs of producing self-employment income by allowing the following deductions:** Capital asset improvements; Capital asset purchases, such as real property, equipment, machinery and other durable goods (in the last 12 months); Fuel; Identifiable costs of seed and fertilizer; Insurance premiums; Interest from business loans on income producing property; Labor; Linen service; Payments on the principal of loans for income producing property; Property taxes; Raw materials; Rent; Repairs that maintain income-producing property; Sales tax; Stock; Supplies; Transportation costs (50 cents per mile), Utilities.
- D. If the applicant conducts a self-employment business in his home, consider the cost of the home (rent, mortgage, utilities) as shelter costs, not business expenses, unless these costs can be identified as necessary for the business separately.
- E. If the self-employment income is only intended to support the individual or family for part of the year, average the income over the number of months it is intended to cover.
- F. If the individual has had self-employment income for the past year, use the income figures from the previous year's business records or tax forms.
- G. If current income is substantially different from income the previous year, use more current information, such as updated business ledgers or daybooks. Remember to deduct predictable business expenses.
- H. If the individual or family has not had self-employment income for the past year, average the income over the period of time the business has been in operation and project the income for one year.
- I. If the business is newly established and there is insufficient information to make a reasonable projection, calculate the income based on the best available estimate and follow-up at a later date.
- J. A signed statement of declaration from individuals who are self-employed and have no documentation of their income will be accepted with manager approval. Title V coverage cannot be extended on subsequent applications without formal verification and documentation of self-employment income.

## **Seasonal Employment**

Include the total income for the months worked in the overall calculation of income. The total gross income for the year can be verified by a letter from the individual's employer, if possible.

## **Statements of Support**

Unless the person providing the support to the individual is present during the interview and has acceptable documentation of identity, a statement of support will be required. The Statement of Support is used to document income when no supporting documentation is available or when income is irregular. If questionable, the Contractor may document proof of identification such as a Texas Driver's License, Social Security card, or a birth certificate of the supporter.

## **Employment Terminated/New Employment**

When the individual has been terminated, resigned, or laid off, the income from that job will then be disregarded. When an individual has not yet received income for new employment, use the best estimate of the amount to be received. If telephone verification regarding new or terminated employment is made, it must be documented by the contractor on the DSHS HOUSEHOLD Eligibility Form and Worksheet.

### **Disability**

The individual must submit a statement from his/her physician verifying the approximate length of disability or a letter from the company/program providing eligibility dates.

### **Reporting Changes**

- A. Coastal Health & Wellness will advise the client of his/her responsibility to report changes; and determine the effect reported changes have on the client's eligibility by re-screening and completing the eligibility determination process.
- B. Coastal Health & Wellness will explain to the client that they must report changes in the following areas: income, family composition, residence, address, employment, types of medical insurance coverage, and receipt of Medicaid and/or third-party coverage benefits.
- C. Coastal Health & Wellness will encourage client to report changes by mail, telephone, in- person, or through someone acting on the individual's behalf no later than 30 days after the client is aware of the change.

### **No Co-pays**

Coastal Health & Wellness will not charge clients co-pays for Title V medical and dental services.

[\*\*Back to Agenda\*\*](#)



# COASTAL HEALTH & WELLNESS

---

**GOVERNING BOARD**

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

**Governing Board**

**May 2020**

**Item#17**

**Consider for Approval Revisions to Coastal Health & Wellness  
Governing Board Bylaws**

# BYLAWS

## COASTAL HEALTH & WELLNESS GOVERNING BOARD

ADOPTED: May 1985  
REVISIONS APPROVED:

These policies were approved, as revised, by the Coastal Health & Wellness Governing Board at a regular meetings on Amended: May, 1986; Amended: May, 1988; Amended: Dec., 1988; Amended: Sep., 1995; Amended: Apr., 1996; Amended: Sep., 1996; Amended: Sep., 1998; Amended: July, 1999; Amended: Oct., 1999; Amended: Apr., 2000; Amended: Sep., 2000; Amended: Oct., 2001; Amended Aug., 2003; Amended: October, 2005, Amended: May, 2008; Amended Jan., 2012; Amended: Oct.,2015; Amended Dec., 2016; Amended MMay 28areh 26Feb. 2020

**CONTENTS**

DEFINITIONS ..... 3

PURPOSE ..... 4

GENERAL DESCRIPTION ..... 4

VISION, MISSION & STATUTORY FUNCTIONS ..... 5

SPECIFIC DUTIES OF BOARD ..... 5

GOVERNING BOARD OPERATIONAL PROCEDURES ..... 7

    Membership ..... 7

    Election of Membership ..... 8

    Terms of Membership ..... 8

    Removal of Membership ..... 9

    Resignation and Vacancies ..... 9

    Officers ..... 9

    Responsibilities of the Officers ..... 10

    Committees ..... 10

    Meetings ..... 11

    Minutes ..... 13

    Persons Appearing Before the Board ..... 13

    Adoption of Health Service Policies ..... 13

    Change in Board Bylaws ..... 14

    Authority to Act ..... 14

CONFLICTS OF INTEREST AND CONFIDENTIALITY ..... 14

PROHIBITION AGAINST POLITICAL ACTIVITIES AND LIMITATIONS  
ON LOBBYING ..... 15

AUTHORITY DELEGATED TO EXECUTIVE  
DIRECTOR ..... 15

DEFINITIONS:

**Business Operations** – Are those essential internal functions necessary to effectively and efficiently manage a business. Such functions include, but are not limited to, human resources, purchasing, risk management, financial management, billing, material management, information technology, etc.

**Policy** – Written policy adopted by the Governing Board provides controlling authority and/or broad guidance to the executive managers of Coastal Health & Wellness who are directly responsible for developing business procedures that direct employee activities and job expectations.

**Policy development** - Refers to the process leading to the Governing Board adopting written expectations for Coastal Health & Wellness to accomplish goals and measurable objectives. The process of developing policies with controlling authority over Coastal Health & Wellness' jurisdiction will involve: (1) the use of inclusive stakeholder feedback (e.g., advisory or ad-hoc committees); and/or (2) a formal public hearing at a Governing Board meeting.

**Budgeted Revenue/Fees** – Fees that Coastal Health & Wellness anticipates collecting. These collected fees are included in the original Governing Board approved budget.

**Unbudgeted/Revenue/Fees-** In the event Coastal Health & Wellness collects funds in excess of budgeted revenue, the excess funds must be brought to the Governing Board for approval of recommended appropriations.



## **PURPOSE**

The purpose of the Bylaws is to outline the operational rules of Coastal Health & Wellness' Governing Board ("Governing Board"/"Board"), to include the responsibilities of the Board, controlling authority, function, composition of members, responsibilities of members and officers, meeting procedures, conflicts of interest and confidentiality, and responsibilities of the Executive Director.

## **GENERAL DESCRIPTION**

Coastal Health & Wellness is a federally qualified health center ("FQHC") grantee of the U.S. Department of Health and Human Services ("HHS") as codified under Section 330 of P.L. 94-63 Title V ("Section 330"), and is operated under the direction of the Coastal Health & Wellness Governing Board, which is established to provide broad policy direction and general community-based governance and guidance to the activities of Coastal Health & Wellness' programs as required of Section 330 funded FQHCs, to assure availability of health services to ~~all residents of Galveston County~~ any and all individuals in need. By Governing Board decisions and actions, operational policies are adopted. These adopted policies provide ~~legal~~ authority and/or guidance to the duties, functions and internal business operations of Coastal Health & Wellness.

In ~~general~~ general, the Governing Board will:

- Establish and monitor Coastal Health & Wellness' plan to measurably improve health services ~~in Galveston County~~ to its patients.
- Annually review and, as necessary, modify all existing policies and fee schedules pertinent to Coastal Health & Wellness.
- Consider adopting new policies based on changes in existing state and federal policies when there is an option on whether to adopt said policies. Some new and revised policies may be state or federally mandated and shall not allow for the implementation of the policy to be optional. State and/or federally mandated policies will be communicated to the Governing Board but will not require Governing Board action to become effective.
- Review and, as necessary, act on any new health services activities and associated fee schedules proposed by clinic staff.
- Review and, as necessary, act on any proposed changes in the level of health services (e.g., hours of operation, expanded services, new services, and/or a decrease in services) currently provided by Coastal Health & Wellness.
- Review and, as necessary, act on health service issues raised by Governing Board members, especially those of which are politically sensitive, have a potential fiscal impact on ~~the citizens of Galveston County~~ Coastal Health & Wellness patients, or which may have a perceived adverse impact on Coastal Health & Wellness.
- Review and approve the annual operational budget for Coastal Health & Wellness in a manner consistent with those of which are set forth by the "*Specific Duties of Board*" section of these Bylaws (see Page 5).

**VISION, MISSION, & STATUTORY FUNCTIONS:**

The Governing Board will adopt policies that are consistent with the vision and mission of Coastal Health & Wellness, and protect the values of FQHCs as outlined in Section 330 of P.L. 94-63 Title V.

**Vision**

*“Healthy people in healthy communities with local access to health care.”*

**Mission**

*“Provide access to high quality primary care to any ~~Galveston County~~ resident and all individuals in need.”*

**Values**

1. We believe in the inherent dignity of and have respect for all people.
2. We believe that we must work together with mutual trust to provide quality care.
3. We believe our clinics should provide comfort, through courtesy and hospitality.
4. We believe that honest, unbiased communication is the basis for understanding.
5. We respect the diversity of the cultures that we serve.
6. We believe that people have free will, the ability to understand and select among choices.
7. We believe that wellness is the responsibility of the individual, the health care system, and the community.
8. We believe that we must work efficiently to conserve our resources.
9. We believe in educating patients, family, staff and community.
10. We believe that each individual’s opinions are valuable.
11. We believe that each individual’s actions contribute to the quality of care.

**SPECIFIC DUTIES OF THE BOARD:**

The Governing Board shall provide the required community based governance and oversight of Coastal Health & Wellness, consistent with the Bylaws of the Galveston County United Board of Health, which has delegated to the Governing Board the specific authorities and responsibilities over Coastal Health & Wellness, as set forth below. Per this delegation, the Governing Board shall have specific responsibility to:

- Act as supervisor to the Executive Director, which includes the responsibility for the selection, annual evaluation of performance, and, if necessary, dismissal of this position.
  - The Executive Director also serves in the capacity as the Chief Executive Officer for the Galveston County Health District (see the Co-Applicant Agreement and Shared Services Agreement Between the Coastal Health & Wellness Governing Board and the Galveston County Health District’s United Board of Health).
- Form a finance committee to review monthly financial reports of the appropriate budgets, and to subsequently recommend appropriate actions at Governing Board

## Coastal Health & Wellness Governing Board Bylaws

meetings.

- Approve the annual operating plan, operating budget, and capital budget for Coastal Health & Wellness.
- Periodically review and approve other financial policies including billing and collection activities, a fee schedule for services, the sliding fee scale discount program, and patient eligibility services including criteria for partial payment schedules.
- Review and approve unbudgeted expenditures (i.e. unexpected expenditures that are not already accounted for in the planned budget process) and recommend allocations of unexpected increase in revenues (i.e. unbudgeted funds not tied to a specific use). Once the appropriate budgets are approved, the Governing Board will review any unbudgeted revenue for appropriate allocation. In the event Coastal Health & Wellness sees a need for using unbudgeted expenditures, review and, as applicable, approve use of any dollars in the restricted reserve.
- Perform an annual self-assessment of the effectiveness, efficiency and compliance with all requirements imposed upon Coastal Health & Wellness (as set forth in Section 330 of the *Public Health Service Act*) as a group, as well as its effectiveness in meeting the expectations of the Board.
- ~~In conjunction with the Galveston County United Board of Health,~~ adopt a Strategic Health Plan (“Plan”) every five years to include priorities, goals, and objectives that Coastal Health & Wellness will be expected to accomplish. The Plan will be developed in an inclusive participatory process involving public feedback and comment. The Plan will also identify key health partners who contribute to the goals and objectives in coordination with Coastal Health & Wellness.
- Review and approve an annual report analyzing the progress of Coastal Health & Wellness in accomplishing the goals and objectives set forth by the Plan.
- Evaluate Coastal Health & Wellness’ achievements at least annually and utilize the knowledge gained thereby to revise the clinic’s goals, objectives, operational plan and budget as necessary and appropriate, including providing advice regarding the establishment of linkages with other health care providers and/or health care programs.
- Review and approve emergency/disaster plans and procedures on an annual basis.
- Review and approve any proposed single item purchased in excess of \$105,000.00 or greater which has not been budgeted.
- Review and approve any proposed single purchase with a bid of \$50,000.00 or greater.
- Review, periodically update, and adopt Coastal Health & Wellness’ operational policies on an annual basis.
- Annually evaluate Coastal Health & Wellness activities including service utilization patterns, productivity, patient satisfaction, and achievement of project objectives, and develop a process for hearing and resolving patient grievances.
- Assure that Coastal Health & Wellness is operated in compliance with applicable federal, state and local laws and regulations, including those regarding professional practice of all health care providers.
- Develop, adopt and periodically update the Coastal Health & Wellness’ health care policies including scope and availability of services, location and hours of services, patient confidentiality and notice of privacy practices, and quality-of-care audit

- procedures.
- Elect officers (see *Governing Board Operational Procedures*).
  - Annually contract, in concert with the Galveston County United Board of Health, with an outside auditor to perform a single agency audit, and officially adopt the annual audit report.
  - Approve the annual Section 330 grant application and project and plan any applications for subsequent grants under Section 330, and any changes to Coastal Health & Wellness' scope of service in conformance with the project.
  - Exercise all other authorities and responsibilities required by Section 330 and implement regulations and policies to be vested in a Section 330 compliant manner.
  - Attend to any matters the Governing Board determines are in the best interest of, and are within the purposes and objectives of, Coastal Health & Wellness.

Other than as agreed upon with the Galveston County United Board of Health, no other party may be granted approval or vetoing rights regarding any of the aforementioned authorities.

### **GOVERNING BOARD OPERATIONAL PROCEDURES**

#### 1. Membership:

The membership of the Governing Board will consist of no less than nine (9) and no more than ~~fifteen~~ (fifteen (15) persons collectively representing the community at large and accurately reflecting the ethnic and socioeconomic distribution of the region's population. A majority of the membership will be comprised of persons served by Coastal Health & Wellness, as described below.

- At a minimum, a majority of the Governing Board members shall be individuals who utilize Coastal Health & Wellness as their principal source of primary care and who, as a group, represent the individuals being served by Coastal Health & Wellness in terms of demographic factors such as race, ethnicity, gender and economic status ("consumer representatives"). To be considered a consumer representative, the individual must be a current, registered patient of Coastal Health & Wellness and must have accessed Coastal Health & Wellness in the past twenty-four (24) months to receive at least one or more in-scope services that generated a health center visit. ~~Consumer representatives shall reside in the County of Galveston.~~ A legal guardian of a dependent child or adult consumer, or a legal sponsor of an immigrant consumer, may also be considered a consumer representative for purposes of fulfilling the composition requirements set forth in this Section. Consumer representatives may be nominated by the United Board of Health or the Governing Board, in accordance with Paragraph Two (2) of this section.
- The remaining Governing Board members will be representatives of the community served by Coastal Health & Wellness, and shall be selected for their expertise in health care delivery, community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social service agencies within the community ("non-consumer representatives"). To the extent possible, non-consumer representatives should live or work in Galveston

## Coastal Health & Wellness Governing Board Bylaws

County. No more than one-half of the non-consumer representatives shall derive more than ten percent (10%) of their annual income from the health care industry. Non-consumer representatives may be nominated by the United Board of Health or the Governing Board, in accordance with Paragraph Two (2) of this section.

### Ex-Officio Member:

- The Chairperson of the Department of Family Medicine of The University of Texas Medical Branch, or designee, will be ~~an ex-officio~~ an ex-officio, non-voting member of the Governing Board.
- The Executive Director of Coastal Health & Wellness shall serve as an ex-officio, non-voting member.
- ~~The Chief Executive Officer of the Galveston County Health District shall serve as an ex-officio, non-voting member.~~

### Other qualifications

- No voting member of the Governing Board shall be an employee of Coastal Health & Wellness, the Galveston County Health District, the United Board of Health, or a spouse, child, parent, brother, or sister, by blood, marriage or adoption, of a member within the aforementioned groups.
- In no event shall Board members appointed by any third-party constitute a majority of the entire Governing Board or a majority of the non-consumer representatives, nor shall any third-party preclude the selection of Governing Board members not appointed by such third-party.

Each person elected will signify in writing to the Governing Board that he/she will accept appointment, will agree to attend all regular meetings, and, that if he/she has three (3) consecutive unexcused absences, he/she will be removed from membership, consistent with Paragraph Four (4) of this section.

### 2. Election of Membership:

All voting members of the Governing Board are elected by a majority of the seated Governing Board members, upon consideration of a slate of recommended nominees presented to the Governing Board. Either the Governing Board or the United Board of Health may recommend one or more qualified nominees for each vacancy to be included on the slate of recommended nominees presented to the Governing Board.

### 3. Terms of Membership:

Beginning in June 2020, five (5) current Board members shall be nominated and voted on by the Board to serve for a period of one (1) year, and all remaining members shall be nominated and voted on by the Board to serve for a period of two (2) years. Thereafter, all new or renewed appointments shall be for a period of two (2) years, commencing in the month of June. Members desiring to serve a subsequent term shall again be subjected to the nomination and approval process. Should a Board member be replaced during any other

month of the year, the individual replacing the Board member shall serve the duration of the departed member's term.

~~To ensure continuity and experience in the voting membership, the terms of not more than one third of the Board members will expire at any one time. Reckoning from the adoption date of these bylaws, terms of one, two and three years will be established and will be assigned by lot, at the direction of the Chairperson, to these members and to any vacancies on the roll at that time. Upon the expiration of the terms of membership initially established by lot, the regular three (3) year terms will begin. These may be filled by new election or re-election procedures as identified in Paragraph Two (2) (above). The terms of the newly elected or re-elected Governing Board members shall commence immediately upon election. At the end of a member's term, the existing member shall continue to serve on the Governing Board until an individual is elected to replace him/her, or until he/she is elected for an additional term.~~

4. Removal of Membership:

Any Governing Board member may be removed from office by a majority vote of the remaining Governing Board members present and voting at any regular meeting, or at any special meeting called for such purpose, at which a quorum exists, for neglect of duty, malfeasance, conduct detrimental to the interests of Coastal Health & Wellness, conviction of a felony, debarment or suspension from participation in federal health care programs, or whenever it is determined that the best interest of Coastal Health & Wellness would be served by such removal. Any allegation shall be presented in writing, by mail, to the Governing Board member in question at least ten (10) days in advance of the meeting. The allegation shall be noted on the agenda of the meeting. The Governing Board member in question shall be entitled to appear before and be heard at said meeting. In addition, any member who misses three (3) consecutive meetings without being excused by action of the Governing Board shall automatically be removed from office. The Chair shall declare when a vacancy exists, and the vacant seat will be filled as soon as possible.

In no event shall any third-party require the removal of any current Board members not appointed by such party.

5. Resignation and Vacancies:

A Governing Board member may resign at any time by giving written notice to the Chairperson or to the Secretary-Treasurer.

When a vacancy occurs, the Board will present a slate of nominations according to procedures outlined in Paragraph Two (2) (above). The new Governing Board member shall be elected by a majority vote of the remaining Governing Board members present and voting at any regular meeting, or at any special meeting called for such purpose, at which a quorum exists, and shall complete the unexpired term of the seat filled.



6. Officers:

There will be elected by majority vote of the membership immediately following adoption of these Bylaws and annually thereafter at the first meeting of the Governing Board for each calendar year, at which a quorum is present, a Chairperson, a Vice-Chairperson and a Secretary-Treasurer. All officers shall be voting members of the Governing Board. In the absence of the Chairperson, the Vice-Chairperson will act; in the absence of the Vice-Chairperson, the Secretary-Treasurer will act; and in the absence of all three officers, a presiding officer will be named for that meeting by a majority of the remaining voting members present.

- Each officer shall serve for a term of one (1) year or until his or her successor is elected and qualified, and there shall be no limit to the number of terms an officer may be re-elected to the same position.
- Any officer, upon a two-thirds consenting majority of the voting membership, can be removed from office. Removal from the Governing Board will automatically constitute removal from any office held by such member.
- An officer may resign at any time by giving written notice to the Chairperson or the Secretary-Treasurer.
- Upon the death, resignation or removal of an officer of the Governing Board, an interim replacement will be elected from the current voting membership by a majority vote of the members of the Governing Board present and voting at any regular meeting, or at any special meeting called for such purpose, at which a quorum exists, in order to serve out the unexpired term of that officer.

7. Responsibilities of the Officers:

The Chairperson (or the Vice-Chairperson, in the Chairperson's absence) shall:

- Conduct meeting business in accordance with Robert's Rules of Order.
- Review and sign official correspondences, including minutes, of the Governing Board, any document or instrument requiring the signature of an officer (unless expressly delegated by the Governing Board to another officer or agent), and the annual Section 330 grant application.
- Be responsible for naming the members of any Governing Board committee.
- Perform such other duties as may be required of him or her by the Governing Board.

Under no circumstances shall an ex-officio member hold any officer position.

The Secretary-Treasurer shall:

- Keep and oversee an accurate record of the proceedings of all meetings of the Governing Board, and present such record to the Governing Board for approval and adoption.
- Give or cause to be given all notices in accordance with these Bylaws or as required by law.
- Function as Chairperson of the Finance Committee.



- Perform all duties customary of the office and such other duties as may be required of him or her by the Governing Board.

8. Committees:

Each standing committee shall have at least two (2) Governing Board members and a majority of each committee shall be comprised of members of the Governing Board. Each committee shall meet upon the call of the committee chairperson, or upon the call of the Chairperson of the Governing Board, which call shall indicate the date, time and place of such meeting. Unless otherwise specified, each committee shall make a report to the Governing Board at the Governing Board's regular meeting held subsequent to the meeting of the committee. Only the Executive Committee is authorized to act for the full Board when reasonable and necessary during the interim periods between meetings of the Governing Board; the recommendations of all other committees shall be subject to review and approval of the Governing Board prior to any action being taken.

- Executive Committee: The Chairperson, Vice-Chairperson, and Secretary-Treasurer will comprise the Executive Committee of the Board. The Executive Committee has the power to act for the Governing Board during the interim periods between meetings, consistent with established Board policies, under the direction of the full Board, and subject to ratification by the full Governing Board at its next meeting. In no event shall any Governing Board members appointed by any third-party constitute a majority of the Executive Committee.
- Finance Committee: The Finance Committee shall be responsible for monitoring and making recommendations regarding the financial status and viability of Coastal Health & Wellness, including fiscal planning, budgeting, financial management policy development, and financial performance; reviewing financial statements and recommending action to the Governing Board; reporting on the annual independent financial audit process (with the final annual audit report to be presented to the Governing Board); and working with any financial consultants and auditors.
- Quality Assurance/Risk Management Committee: The Quality Assurance/Risk Management Committee shall be responsible for monitoring and making recommendations to the Governing Board regarding the provision of health care services by Coastal Health & Wellness, including accessibility, utilization patterns, productivity and patient satisfaction, environment of care, infection control, patient safety initiatives and making recommendations regarding Coastal Health & Wellness' quality assurance/quality improvement program of the clinic. In addition to Board member representatives, the Committee shall include appropriate staff clinicians and the Medical Director.
- Additional Standing or Temporary Committees: The Governing Board may designate and appoint standing or temporary committees in addition to those prescribed herein, each of which shall consist of two or more Board members. The activities of temporary committees shall be limited to those necessary to accomplish the specific task for which it was created and shall have no power to act for the

## Coastal Health & Wellness Governing Board Bylaws

Governing Board. Upon completion of the task for which appointed, such temporary committee shall be disbanded.

### 9. Meetings:

Subject to a good cause exception, the regular meeting of the Governing Board shall generally be held on the last Thursday of each month at a Governing Board determined time best suited to maintain a quorum to conduct business. All members will be notified of the time of the meeting at least seventy-two (72) hours prior to the meeting.

- Texas Open Meetings Act - All meetings of the Coastal Health & Wellness Governing Board members shall conform to the rules and requirements set forth in the Texas Open Meetings Act.
- Robert's Rule of Order – Meetings of the Governing Board shall be conducted under the latest version of Robert's Rules of Order, unless otherwise specified in these Bylaws.
- Quorum – A majority of filled positions on the Governing Board shall constitute a quorum for the transaction of business. If a quorum is not present at a meeting, or a quorum is not present at the time business is to be transacted, a majority of the Governing Board members present may adjourn the meeting to another time and shall give absent Board members reasonable notice of the time and place of such adjourned meeting.
- Location/time – Meetings shall be held in the Galveston County Health District's Boardroom unless proper action is taken by the Governing Board to hold the meeting elsewhere, at which point location and time of the meeting shall be publicly announced. Majority vote can change the time and place of regular meetings.
- Special Meetings – Special meetings may be called at any time by the Chairperson, or at the request of a majority of the Governing Board. The Coastal Health & Wellness Executive Director, or designee, prior to each meeting, shall notify all members. Any time the Governing Board needs to be called into special meeting by the Chairperson or a majority of Governing Board members, the Executive Director or designee will notify all members, at least seventy-two (72) hours prior to such meeting, of the time, date and purpose of the called meeting.
- Waiver of Notice – Notice of any meeting of the Governing Board need not be given to any Board member who submits a signed waiver of notice, either before or after the meeting, or who attends the meeting without protesting, prior thereto or at its commencement, the lack of notice.
- Voting – Except as otherwise provided by these Bylaws or as may be required by applicable law, all matters before the Governing Board shall be decided by an affirmative vote of the majority of the Board members present and voting at a meeting at which a quorum exists. Each Board member shall be entitled to one (1)

vote.

~~• Telephonic or Electronic Meetings – Any or all Governing Board members may participate in a meeting of the Board by telephone or by any other means of communication so long as all Board members who are participating in the meeting can hear all other Board members. Participation in this nature shall constitute presence in person at the meeting.~~

- Agenda – At least seventy-two (72) hours before the scheduled time of the meetings, the agenda will be posted at the entrance of the Galveston County Health District’s Boardroom, as well as at the entrance of each clinic site. Finally, the agenda and relevant handouts will be posted for the public on the Coastal Health & Wellness website.

- Executive Session – The Governing Board may conduct all or any part of a meeting in Executive Session for such purposes as authorized by the Texas Open Meetings Act. The Chairperson of the Board may invite the Coastal Health & Wellness Executive Director and such other persons as he or she deems appropriate to attend an Executive Session. Public and staff shall be excluded from Executive Sessions except when invited to give testimony or advice, after which they will be excused.

#### 10. Minutes:

The minutes of the Coastal Health & Wellness Governing Board shall be summary type minutes. Regular meetings shall be taped and filed until the minutes are approved. Tapes of meetings with items of special interest, to be determined by the Chairperson or the Executive Director, will be retained for a period of ~~twoone~~ (21) years. The minutes of the preceding meeting, including a record of attendance, will be distributed prior to, and approved at, the next regular monthly meeting and at that time, will be signed by the Secretary-Treasurer and Chairperson (or Vice- Chairperson, in absence of the Chairperson).

#### 11. Persons Appearing Before the Board:

Persons wishing to appear before the Governing Board will have as their objective any of the following or combinations thereof: (1) to request information on Coastal Health & Wellness’ affairs; (2) to comment on health service issues; and/or (3) to ask for specific action or change of policy. Under policies and procedures established by the Coastal Health & Wellness Executive Director, day-to-day citizen inquiries are addressed directly by clinic employees with issue-related job responsibilities. However, all shall be assured of their right to appear before the Governing Board if so desired. Members of the public that wish to address the Board about an item presented on the agenda shall be offered three minutes to do so. Individuals desiring to make a such a statement must notify the Board of their intention by writing their name on the sign-in sheet located at the Boardroom’s main entrance.

~~A citizen desiring to make a comment to the Board regarding an item not listed on the agenda Coastal related matter of which the citizen is unsure will be included may not be included on that month's agenda shall submit a written request to the Executive Director by noon on the Thursday immediately preceding the Thursday of the Board meeting. A statement of the nature of the matter to be considered shall accompany the request. The Executive Director shall include the requested appearance on the agenda, and the person shall be heard if he or she appears. Failing to adhere to this process shall not preclude the citizen of commenting on the matter should it nonetheless appear on the agenda. A citizen desiring to address the Governing Board shall submit a written request to the Coastal Health & Wellness Executive Director by noon on the Thursday preceding the Governing Board meeting. A statement of the nature of the matter to be considered shall accompany the request. The Coastal Health & Wellness Executive Director shall include the requested appearance on the agenda so long as the request is made in accordance with at least one of the aforementioned objectives, and the person shall be heard if he or she appears.~~

- ~~• At the discretion of the Board Chairperson, persons who have not submitted a written request may be permitted to comment on posted agenda items.~~

12. Adoption of Health Service Policies (local rules & regulations):

The Coastal Health & Wellness Governing Board will adopt health service policies that govern health service activities, consistent with all federal, state and local laws, regulations and policies.

13. Change in Board Bylaws:

Changes or new additions to Governing Board Bylaws may be adopted by the Governing Board during Governing Board meetings, as specified below. The Governing Board Chairperson may appoint a Bylaw committee comprised of selected Governing Board members with the responsibilities of developing and evaluating revisions and submitting recommendations at a future Governing Board meeting for immediate adoption. Unless otherwise stated, upon Governing Board adoption, new Bylaws will become effective immediately.

- Bylaws will be enacted upon the affirmative vote of three-fourths of the Governing Board members present at a regular meeting of the Governing Board at which a quorum exists, each member having received a copy at least ten (10) days prior to the meeting at which they will be considered.
- Bylaws may be amended, altered or repealed upon the petition of two-thirds of the voting membership of the Governing Board and affirmed by two-thirds of the voting membership present at the next regular meeting at which a quorum exists, provided however, that the members receive a copy, in writing, of the proposed amendments ten (10) days prior to the meeting at which the vote will be taken.

- In no event shall the alteration, amendment or repeal of these Bylaws, or the adoption of new Bylaws, require approval of any third party.

14. Authority to Act:

No individual Governing Board member shall act for the Governing Board except as may be specifically authorized by the Board. The Governing Board may, by a majority vote, authorize the Chairperson of the Board to act on its behalf during an emergency.

**CONFLICTS OF INTEREST AND CONFIDENTIALITY**

Each Board member has a fiduciary duty to Coastal Health & Wellness and must give it his/her loyalty. The Governing Board shall establish and adopt a written policy, consistent with Texas Local Government Code Chapter 171.001 et seq. that establishes procedures for: (i) disclosing and addressing conflicts of interest or the appearance of conflicts of interest by Governing Board members, officers, employees, consultants, and/or agents who provide services or furnish goods to the Coastal Health & Wellness; and (ii) maintaining the confidentiality of information obtained by a Governing Board member, officer, employee, consultant and/or agent by virtue of his or her position as such. Such standards shall also establish policies and procedures regarding nepotism, bribery, and the offer of gratuities.

No Board member shall participate in the selection, award or administration of any contract or other affiliation relating to operations conducted by Coastal Health & Wellness or for the furnishing of services or supplies to Coastal Health & Wellness, in which ~~he/she or his/her~~an immediate family ~~member or partner~~ has a real or potential conflict of interest (financial or otherwise) or with whom he/she is negotiating or has any arrangement concerning employment, nor shall any Governing Board member divulge the subject or substance of such discussions, contracts or other affiliations to any person, institution, entity, company or other third-party under consideration. Notwithstanding the foregoing, such contract or affiliation may be approved or authorized by a majority of the disinterested Board members present at a meeting at which a quorum exists if the facts of any such interest by a Board member shall have been disclosed to the Board by the interested Board member prior to or at the meeting at which the contract or affiliation was approved or authorized and such interested Board member abstains from voting in that regard, provided that the contract or affiliation is otherwise fully consistent with Coastal Health & Wellness' procurement policies.

**PROHIBITION AGAINST POLITICAL ACTIVITIES AND LIMITATIONS ON LOBBYING**

Coastal Health & Wellness, and any individual Board member acting on behalf of the Coastal Health & Wellness Governing Board, shall not participate, or intervene, in (including the publishing or distributing of statements) any political campaign on behalf of any candidate for public office. No substantial part of the activities of Coastal Health & Wellness shall consist of carrying on propaganda, or otherwise attempting to influence legislation, except to the extent permitted by law for nonprofit, tax-exempt organizations.

**AUTHORITY DELEGATED TO EXECUTIVE DIRECTOR** (who may in turn delegate authority to appropriate District personnel):

The Coastal Health & Wellness Executive Director shall be an agent of the Governing Board and shall be directly accountable to the Board. Subject to the control of the Governing Board, the Executive Director shall have responsibility for the general care, supervision, and direction of Coastal Health & Wellness' affairs in furtherance of the policies and programs established by the Governing Board, consistent with these Bylaws. Specifically, the Executive Director shall:

- Approve all new and/or revised operational policies not previously approved by the Governing Board for immediate implementation. As necessary, these policies will then be brought to the Coastal Health & Wellness' Governing Board at the next meeting for ratification.
- Sign contracts that commit the agency to receive or disburse any funds (local, state, or federal; public, private, and/or nonprofit) for new and existing and continuing clinic program activities.
- Provide an executive report of Coastal Health & Wellness' activities, to include a summary of new and renewed contracts/services signed by the Executive Director and/or designee.
- With accountability to the Governing Board, independently execute, direct, organize, monitor, assign and dismiss Coastal Health & Wellness staff as necessary to implement Governing Board policies, to support Governing Board meetings, to carry out policy development activities, to assure compliance with all applicable laws, rules and regulations, and to provide services in accordance with their positions.
- Approve unbudgeted single item expenditures ~~of less than \$5000.00~~ up to \$10,000.00 and subsequently report such approval in executive reports.

[Back to Agenda](#)