



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

AGENDA

Thursday, July 30, 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 July 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:

Access the URL: <https://us02web.zoom.us/j/477078265>

1. An automated prompt should appear on your screen; when it does, click “Open Zoom Meetings”
2. 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.
3. 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 will be prompted to enter the Meeting ID, which is 477 078 265 #
3. Finally, you will 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 #1ACTION.....Agenda
- *Item #2ACTION.....Excused Absence(s)
- *Item #3ACTION.....Consider for Approval Minutes from June 25, 2020 Governing Board Meeting
- *Item #4ACTION.....Consider for Approval Minutes from July 16, 2020 Governing Board QA Meeting

- *Item #5**ACTION**.....Policies Approved by United Board of Health as Authorized Under the Shared Services Agreement
 - a) Americans with Disabilities Act
 - b) Attendance
 - c) Customer Service
 - d) Family & Medical Leave
 - e) HIPAA Security Manual

- *Item #6**ACTION**.....Consider for Approval Quarterly Investment Report for the Period Ending June 30, 2020

- Item #7Executive Report

- Item #8**ACTION**.....Consider for Approval June 2020 Financial Report

- Item #9**ACTION**.....Consider for Approval Bi-Annual Third-Party Payor Adjustments

- Item #10**ACTION**Consider for Approval Quarterly Visit and Analysis Report Including Breakdown of New Patients by Payor Source for Recent New Patients

- Item #11**ACTION**.....Consider for Approval the Coastal Health & Wellness 2020-2021 Performance Improvement Plan

- Item #12**ACTION**Consider for Approval Quarterly Access to Care Report for the Period Ending June 30, 2020

- Item #13**ACTION**.....Consider for Approval Quarterly Patient Satisfaction Survey Report for the Period Ending June 30, 2020

- Item #14**ACTION**.....Consider for Approval Quarterly Compliance Report for the Period Ending June 30, 2020

- Item #15**ACTION**.....Consider for Approval Annual Dental Fee Schedule Effective August 1, 2020

- Item #16**ACTION**.....Consider for Approval Annual Fee Schedule for Dentures, Crowns, and Root Canals Effective August 1, 2020

- Item #17**ACTION**.....Consider for Approval Annual Medical Fee Schedule Effective August 1, 2020

- Item #18**ACTION**.....Consider for Approval Privileging Rights for the Following UTMB Residents:
 - a) Cintia Dafashy, MD
 - b) Hasseb Ikram, DO
 - c) Mariam Khan, MD

- Item #19.....National Network for Oral Health Access (NNOHA) Sealant Improvement Collaborative Report

Next Regular Scheduled Meeting: August 27, 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
July 2020
Item#2
Excused Absence(s)**



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

July 2020

Item#3

Consider for Approval Minutes from June 25, 2020

Governing Board Meeting

**Coastal Health & Wellness
Governing Board
June 25, 2020**

**Board Members
Conference Call:**

Milton Howard, DDS,
Virginia Valentino
Flecia Charles
Victoria Dougharty
Jay Holland,
Elizabeth Williams
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)
Kristina Garcia
Amanda Wolff
Tikeshia Thompson Rollins

Excused Absence: Samantha Robinson

Unexcused Absence: Dorothy Goodman, Miroslava Bustamante

Items 1-4 Consent Agenda

A motion was made by Virginia Valentino to approve the consent agenda items one through four. Jay Holland seconded the motion and the Board unanimously approved the consent agenda.

Item #5 Executive Reports

Kathy Barroso, Executive Director, presented the June 2020 Executive Report to the Board. Kathy informed the Board that the County of Galveston and UTMB have entered into an agreement to offer COVID-19 testing to Galveston County residents. On June 17th, testing options were expanded to include antibody testing. Testing is by appointment only and is being offered at three different UTMB Locations (Galveston, League City and Texas City). The Coastal Health & Wellness medical team have also recently ramped up testing for COVID-19. In addition to providing testing to Coastal patients, drive thru testing at the Texas City clinic will also be another option for first responders who have had a direct exposure. GCHD and Coastal staff from all areas continue to assist in the COVID-19 response efforts. In an effort to keep staff and the public who enter our facilities safe, we have installed plexiglass barriers, sneeze guards and floor markers to emphasize social distancing in public areas. Employees and the public are also asked to wear a mask while inside our facilities. Employees are being asked to fill out a daily COVID-19 questionnaire regarding symptoms and travel and to contact their supervisor immediately if they answer yes to any of the questions.

Dr. Ripsin, Medical Director, updated the Board on Medical services in the Coastal Health & Wellness Clinic:

- We have increased the number of patients by 50 patients per-week.
- Increase in face-to-face visits (80% phone and 20% face-to-face).
- Express check-in has been up and running successfully in Galveston and will be soon in TC
- Dr. Ibidapo-Obe (UTMB Family Faculty) is currently seeing patients in person every Monday
- Substance Abuse Disorder (SUD) is back up and running and we are currently seeing patients face to face
- Coastal Health & Wellness (CHW) has tested a total of 106 patients for COVID. The past month the positive rate has been 41%

- CHW is currently not administering the antibody test because it is of limited use to help us manage our patients. We will continue to do the nasal swab testing on our patients
- We are planning to start testing in the Galveston clinic within the next week as the need arises

Dr. Lindskog, Dental Director, updated the Board on dental services in the Coastal Health & Wellness Clinic:

- The Dental Clinic resumed services on May 18th.
- We are utilizing a CDC method for re-use of N95s as well as utilizing Batelle to decontaminate Moldex brand N95 respirators
- We continue to follow all Dental State Board requirements and CDC recommendations including
 - screening patients prior to and at their appointment including temperature
 - daily screening of staff members including temperature
 - dentist can only see one patient at a time
- We have continued strategic scheduling to minimize risk
 - One patient per hour
 - Staggered appointment times to minimize interaction with other patients in the waiting room
 - AM appointments for immunocompromised patients to limit their risk/exposure
- We resumed services in Galveston the week of June 8th on Tuesdays and Thursdays
- We resumed Saturday clinic in Texas City on May 30th with appointments only
- Our second hygienist will rejoin us on June 30th, 2020.
- We are prioritizing treatment that does not produce aerosol. We are using hand instruments whenever possible. If aerosols are produced, rubber dam isolation and N95 respirators are being utilized. Non-urgent treatment that generates an aerosol is being delayed.
- We have purchased air purifiers, additional rubber dam equipment, additional digital x-ray sensors, suctioning assistance devices for dental hygienists and enhanced sterilization monitoring supplies for the Bio-Sonic Ultrasonic with grant funding. We are starting to receive those shipments.
- We are dealing with staffing shortages and adapting our schedule as needed.

Item #6 Consider for Approval May 2020 Financial Report

Mary Orange, Business Office Manager, presented the May financial report to the Board. A motion to accept the financial report as presented was made by Virginia Valentino. Jay Holland seconded the motion and the Board unanimously approved.

Item #7 Consider for Approval Budget Submitted to HRSA for the FY2020 Coronavirus Aid, Relief and Economic Security (CARES) Act Funding in the Amount of \$971,360

Mary Orange, Business Office Manager, presented to the Board the budget submitted to HRSA for the FY2020 Coronavirus Aid, Relief, and Economic Security Act (CARES) funding in the amount of \$971,360. Mary informed the Board that the money will be used to address three categories, which include safety, response, and capacity. Mary also informed the Board that funding is budgeted as follows: \$792,798 will be used for personnel, \$177,349 for fringe benefits, and \$1,213 for supplies. This award will allow us to maintain our current staffing structure so that we can continue to provide the same level of services throughout the pandemic. A motion to accept the budget as presented was made by Jay Holland. Victoria Dougharty seconded the motion and the Board unanimously approved.

Item #8 Consider for Approval Budget Submitted to HRSA for the FY2020 Expanding Capacity for Coronavirus Testing (ECT) Supplemental Funding for Health Centers in the Amount of \$280,624

Mary Orange, Business Office Manager, presented to the Board the budget submitted to HRSA for the FY2020 Expanding Capacity for Coronavirus Testing (ECT) supplemental funding for Health Centers in the amount of \$280,624. This funding must be used to expand capacity for testing. Mary informed the Board that we are proposing to hire an LVN and Mid-level Provider (locum tenens). The Mid-Level provider will work approximately twenty-four hours per week, handle testing for both the Texas City and Galveston Clinic and assist patients expiring respiratory issues. The LVN will be assigned to the Mid-Level provider to provide patient care,

assist with phone calls, follow up with patients and provide monitoring. A motion to accept the budget as presented was made by Jay Holland. Aaron Akins seconded the motion and the Board unanimously approved.

Item #9 Consider for Approval the COVID-19 Response Fund for Community Health Grant Award from Direct Relief and Associated Budget in the Amount of \$50,093

Mary Orange, Business Office Manager, asked the Board to consider for approval the COVID-19 Response Fund for Community Health Grant award from Direct Relief and associated budget in the amount of \$50,093. This award will provide funding for sneeze guards, plexiglass barriers for the provider pods, automatic door openers, and five digital x-ray sensors. A motion to accept the budget as presented was made by Virginia Valentino. Aaron Akins seconded the motion and the Board unanimously approved.

Item #10 Consider for Approval Coastal Health & Wellness 340B Policy & Procedure Manual

Richard Mosquera, Chief Compliance Officer, presented the Coastal Health & Wellness 340B Policy & Procedure Manual. A motion to accept the policy and procedure manual as presented was made by Victoria Dougharty and seconded by Aaron Akins. The Board unanimously approved the motion.

Item #11 Consider for Approval Coastal Health & Wellness Operational Policy

Kathy Barroso, Executive Director, asked the Board to consider for approval the Coastal Health & Wellness Operational Policy. Kathy informed the Board that the only changes to the policy were the correction of the links referenced in the policy. A motion to accept the policy as presented was made by Aaron Akins and seconded by Victoria Dougharty. The Board unanimously approved the motion.

Item #12 Consider for Approval Coastal Health & Wellness Emergency Department/Hospital Admission Care Transition, Tracking and Follow Up Policy

Dr. Ripsin, Medical Director, asked the Board to consider for approval the Coastal Health & Wellness Emergency Department/Hospital Admission Care Transition, Tracking and Follow Up Policy. A motion to accept the policy as presented was made by Jay Holland and seconded by Virginia Valentino. The Board unanimously approved the motion.

Item #13 Consider for Approval Revisions to Coastal Health & Wellness Patient Application

Kristina Garcia, Patient Services Manager, presented the proposed revisions to the Coastal Health & Wellness patient application. A motion to accept the revisions as presented was made by Victoria Dougharty and seconded by Virginia Valentino. The Board unanimously approved the motion.

Item #14 Consider for Approval Privileging Rights for UTMB Resident Parsa Matin, MD

Kathy Barroso, Executive Director, asked the Board to consider for approval privileging rights for UTMB resident Parsa Matin, MD. Kathy informed the Board that the credentialing file for Dr. Matin was reviewed by Dr. Ripsin, Medical Director, and temporary privileges were recently granted pending final approval by the Board. A motion to approve privileging rights for Dr. Matin was made by Victoria Dougharty and seconded by Elizabeth Williams. The Board unanimously approved the motion.

Item #15 Consider for Approval the Reappointment of the following Coastal Health & Wellness Governing Board Members for a 1 Year Term Expiring June 2021:

- Elizabeth Williams (Community Representative)
- Flecia Charles (Consumer Member)
- Samantha Robinson (Community Representative)
- Milton Howard, DDS (Community Representative)
- Virginia Valentino (Consumer Member)

Dr. Howard, Vice Chair, asked the Board to consider for approval adding Dorothy Goodman, Consumer Member, to the list of members serving a one-year term expiring June 2021 and to move Samantha Robinson to a two-year

term expiring June 2022. A motion to add Dorothy Goodman to the list of members serving a one-year term was made by Jay Holland and seconded by Virginia Valentino. The Board unanimously approved the motion.

Item #16 Consider for Approval the Reappointment of the following Coastal Health & Wellness Governing Board Members for a 2 Year Term Expiring June 2022:

- Miroslava Bustamante (Consumer Member)
- Victoria Dougharty (Consumer Member)
- Jay Holland (Community Representative)
- Aaron Akins (Consumer Member)
- Dorothy Goodman (Consumer Member)

Dr. Howard, Vice Chair, asked the Board to consider for approval moving Samantha Robinson, Board Chair, to a two-year term expiring June 2022 in place of Dorothy Goodman who will serve a one-year term. A motion to move Samantha Robinson to a two-year term was made by Jay Holland and seconded by Virginia Valentino. The Board unanimously approved the motion.

The meeting was adjourned at 1:07p.m.

Vice Chair

Date

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

July 2020

Item#4

Consider for Approval Minutes from July 16, 2020

Governing Board QA Meeting

**Coastal Health & Wellness Governing Board
Quality Assurance Committee
Meeting
July 16, 2020**

BOARD QA COMMITTEE MEMBERS PRESENT (Zoom Call):

Samantha Robinson, BSN – Chair
Milton Howard, DDS – Vice Chair

BOARD QA COMMITTEE MEMBERS ABSENT:

Aaron Akins

EMPLOYEES PRESENT:

Kathy Barroso (Executive Director), Eileen Dawley (Chief Nursing Officer), Cynthia Ripsin (Medical Director), Hanna Lindskog (Dental Director), Jason Borillo (Lead Midlevel), Jason Borillo (Lead Physician Assistant), Rocky Mosquera (Chief Compliance Officer) & Anthony Hernandez (Executive Assistant II)

EMPLOYEES PRESENT (Zoom Call): Tiffany Carlson (Nursing Director), Kristina Garcia (Patient Services Manager), Virginia Lyle (Lab & X-Ray Supervisor), & Pisa Ring (Patient Information Manager)
(Minutes recorded by Anthony Hernandez)

ITEM	ACTION
Patient Access / Satisfaction Reports Quarterly Access to Care Report Quarterly Patient Satisfaction Report	<u>Quarterly Access to Care Report</u> <ul style="list-style-type: none"> Kathy reviewed the quarterly access to care report for the 1st and 2nd Quarter. In comparison to last quarter, utilization rates were lower due to COVID-19. Kathy mentioned that there were a lot of changes made in the last quarter including over the phone visits, express check-in, and medical appointment slots were changed from 20 minutes to 15 minutes. <u>Quarterly Patient Satisfaction Report</u> <ul style="list-style-type: none"> Kathy reviewed the April, May and June Patient Satisfaction Survey and the QA Committee was informed of the total weighted average score of 4.55 out of a 5. Kathy pointed out that there were a lower number of surveys submitted due to minimum face to face visits. The committee was also provided with patient comments.
Clinical Measures Quarterly Report on UDS Medical Measures in Comparison to Goals Update on Medical Quality Review Measures	<u>Quarterly Report on UDS Medical Measures in Comparison to Goals</u> <ul style="list-style-type: none"> Jason Borillo reviewed the quarterly report for the 1st and 2nd quarters on UDS medical measures in comparison to 2020 goals and discussed changes in rates related to prior periods. Dr. Ripsin pointed out that some of the measures were lower due to the pandemic. Will continue to monitor and provide updates to the Committee quarterly. <u>Update on Medical Quality Review Measures</u> <ul style="list-style-type: none"> Dr. Ripsin reviewed the Medical Quality review Measures and Peer to Peer education plan.

<p>Quality Assurance/Risk Management/ Emergency Management Reports Quarterly Risk Management Report</p> <p>Culture of Safety Update</p> <p>Quarterly Emergency Management Report</p>	<p><u>Quarterly Risk Management Report (October November & December)</u></p> <ul style="list-style-type: none"> • Quarterly Risk Management report was presented and reviewed in comparison to current goals. Rocky mention that some goals were impacted due to COVID-19. • CHW facilities were outfitted to better protect staff and patients against the potential spread of COVID-19. Changes included the following: <ul style="list-style-type: none"> ➢ Plastic sneeze barriers were installed ➢ Patient flow was redesigned ➢ Express check-in was established at both locations ➢ All providers, nurses, MA's, Hygienists, dental assistants, and lab staff were fit tested for N-95 masks <p><u>Culture of Safety Update</u></p> <ul style="list-style-type: none"> • Eileen presented the Culture of Safety results from 2019 vs 2020; overall results improved from previous year. <p><u>Quarterly Emergency Management Report</u></p> <ul style="list-style-type: none"> • Kathy reviewed the Emergency Management Report and gave an update on trainings that had occurred during the quarter.
<p>Plans and Policies Performance Improvement Plan</p>	<p><u>Performance Improvement Plan</u></p> <ul style="list-style-type: none"> • Eileen reviewed the draft infection control plan for 2020. Plan will be presented at the next Governing Board meeting for approval.
<p>Open Discussion</p>	<ul style="list-style-type: none"> • No additional comments

Next Meeting: October 15, 2020

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

July 2020

Item#5

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

- a) Americans with Disabilities Act**
- b) Attendance**
- c) Customer Service**
- d) Family & Medical Leave**
- e) HIPAA Security Manual**

Reasonable Accommodations Under the Americans with Disabilities Act (ADA) Policy

-Last Approved
UBOH 06/24/2020
-Effective 05/28/2004

Audience

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

Policy

The District will comply with the Americans with Disabilities Act (“ADA”) and all federal and state laws concerning the employment of persons with disabilities. The District does not discriminate against persons with disabilities, persons with a record of disabilities, or persons regarded as having a disability. This policy applies to all aspects of the employment process including, but not limited to, employment application, testing, hiring, assignments, evaluation, disciplinary actions, training, promotion, medical examinations, layoffs, termination, compensation, leave and benefits, and employee interaction with GCHD customers.

Accommodations

The District will make reasonable accommodations to enable qualified individuals with a disability to perform the essential functions of his or her job. To be eligible for a reasonable accommodation, an applicant or employee must be a “qualified person with a disability.” The ADA defines an “individual with a disability” as a person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

The District will accommodate the functional limitations of a qualified employee or applicant unless to do so would cause an “undue hardship” upon the District. An “undue hardship” is defined by the ADA as “significant difficulty or expense incurred by a covered entity” with respect to the provision of an accommodation. If a current employee cannot be accommodated without undue hardship, or if the District concludes that a current employee, because of a disability, cannot perform the essential functions of his or her position, with or without reasonable accommodation, the District may determine whether a vacant position, which is scheduled to be filled, exists for which the employee is qualified and which the employee can perform with or without reasonable accommodation. If such a position exists, the District possesses the discretion to reassign the employee to the position with a salary concurrent to that position. The District will not create a new position for an employee with a disability, nor will the District “bump” another employee out of a position in order to find placement for an employee with a disability. The law does not require the District to lower performance or conduct standards to make an accommodation, nor is the District obligated to provide personal equipment (e.g. glasses or hearing aids) as accommodations.

The District may terminate or deny employment, transfer or promotion where an individual poses a “direct threat” to the health and safety of himself or herself or others as a result of the adverse effects rendered upon designated tasks as a result of his or her disability. Per the ADA, a “direct threat” is defined as a significant risk of substantial harm to the health or safety of that employee or others, which cannot be eliminated or reduced by a reasonable accommodation. An assessment of a “direct threat” will be based only on valid medical analyses and/or other objective evidence, and not on speculation.

Requesting an Accommodation

The individual who wishes that a disability accommodation be made on his or her behalf must submit an accommodation request which should specify, amongst other elements: i) the employee's limitations; and ii) proposed accommodations to assist the employee in overcoming the limitations.

The Human Resources Director will evaluate the request, the employee's essential job functions, and review the case with the employee and his or her manager/supervisor for final determination of a possible accommodation plan.

Medical Documentation and Confidentiality

If the disability is not obvious and there is no other medical information already on record for the employee, the District may require the employee to provide the Health Care Provider Information-Authorization to Release Medical Records form from a physician or other medical professional concerning the existence and extent of the disability or limitations.

The employee's medical information will be maintained in a confidential file. Any information regarding the employee's condition will be made available only on a need to know basis.

Policy Regarding Service Animals for Employees and Customers with Disabilities

In compliance with the Americans with Disabilities Act, the District is committed to providing services for customers and employees with disabilities, including those accompanied by service animals. According to the policy, the District welcomes any service animal into its facilities.

What is a Service Animal?

Per the Americans with Disabilities Act, service animals are defined as any animal (typically a dog) that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Service animals may be trained either by an organization or by an individual with a disability, need not be certified or licensed, and may provide a wide range of services to the individual that may or may not be readily identifiable, including but not limited to: i) assisting persons with mobility impairments by balancing, carrying, and recovering dropped or mislaid belongings, as well as other functions; ii) assisting people who are deaf or hard of hearing by alerting them to sounds, obstacles, and the presence of others; iii) assisting people who are blind or have poor vision by alerting them to danger, guiding them, and performing other related functions; and iv) assisting people susceptible to seizures by alerting them to the onset of a seizure, cushioning their fall, reviving them, keeping others at a safe distance, and mitigating any possible injury.

The District's Requirements Regarding Customers with Service Animals

If an employee is uncertain whether a customer, visitor or fellow employee's animal is a service animal, the employee may ask the individual accompanying the animal if: i) the animal offers a service required because of a disability; and ii) what service the animal is trained to perform. However, an employee is prohibited from asking a customer for proof of his or her disability or for any information about his or her disability, nor may an employee request proof or certification of the animal's training or vaccination records. Service animals do not always have a sign or symbol indicating they are service animals, and it is the District's policy that employees, contractors, and volunteers are educated that it is illegal and against the District policy to:

- i) ask a customer or potential customer if he or she has a disability or is accompanied by a service animal before agreeing to provide service to that customer;
- ii) refuse provision of service to a customer or potential customer with a disability because the customer is accompanied by a service animal;
- iii) ask or require a customer or potential customer accompanied by a service animal to pay any charges not imposed on customers generally because that individual is accompanied by a service animal; or
- iv) require a customer or potential customer accompanied by a service animal to comply with any additional conditions of service not imposed on customers generally. Prohibited conditions of service include, but are not limited to, policies or practices suggesting that customers or potential customers accompanied by a service animal are any less welcome than are other customers.

Direct Threats to Health or Safety

In the event that a particular service animal's behavior poses a direct threat to the health or safety of others, the District has the right to exclude the animal from its facilities at that time, but may not refuse service to the individual when he or she is not accompanied by the excluded animal. Moreover, the District will not deny services to a person with a disability accompanied by a service animal based upon fear of animals. Should an employee believe that he or she cannot provide adequate service to an individual accompanied by a service animal as a result of a fear of the animal, the employee shall immediately notify his or her supervisor of the situation so that suitable provisions can be rendered to the customer in a timely and appropriate fashion.

All decisions to exclude a service animal from the facility require consultation with the Chief Compliance Officer or Human Resources Director.

The District's Requirements Regarding Employees with Service Animals

The District views employees who require the use of a service animal as an accommodation under the ADA. Employees who require a service animal must complete the *Employee Request for Accommodation Under the Americans with Disabilities Act* form. The individual form will be evaluated by the Human Resources Director and/or Chief Compliance Officer to ensure compliance with applicable ADA provisions.

Complaints and Questions Regarding this Policy

Please direct complaints or inquiries about this policy to the Chief Compliance Officer or the Human Resources Director.

Law

It is the intent of this policy to be in compliance with the Americans with Disabilities Act of 1990 and the Department of Justice's 2010 revised regulations for Titles II and III of the Americans with Disabilities Act.

Forms:

- Employee Request for Accommodation Under the Americans with Disabilities Act*
- Health Care Provider Information - Authorization to Release Medical Records*

Attendance Policy

Audience

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

Policy

The purpose of this policy is to promote the efficient operation of the District and minimize unscheduled absences. Because the District depends heavily upon its employees, it is important that employees attend work as scheduled. Dependability, attendance, punctuality, and a commitment to do the job are essential at all times. As such, employees are expected to be at work on all scheduled workdays, during all scheduled work hours, and to report to work on time. Supervisors are responsible for maintaining attendance records for their assigned areas.

Employees are expected to maintain satisfactory attendance as defined by their program or service area standards. The consistent application of attendance standards is essential to promoting fair employment practices.

Employee Responsibilities

With the exception of emergency situations, it is the employee’s responsibility to:

- demonstrate regular punctual attendance and work all scheduled hours;
- request supervisory approval per departmental guidelines for scheduled absences at least two weeks prior to use, when feasible; and,
- notify supervisor per departmental guidelines when tardy, ill or absent for any other reasons.

Supervisor Responsibilities

It is the supervisor’s responsibility to:

- communicate the departmental expectations to all assigned employees;
- assure the attendance policy is administered in a consistent and fair manner;
- maintain current and accurate attendance records for all assigned employees;
- monitor time and attendance of employees on an ongoing basis;
- coach employees, when necessary, about their attendance patterns;
- refer employees to Human Resources to discuss leave options; and
- consider staffing and operational needs or frequency of absences when approving or rejecting requests for time off.

Non-Compliance

The following are subject to corrective disciplinary action up to and including dismissal:

- not achieving program or service area attendance standards and procedures;
- reporting to work after the established starting time;
- failing to obtain prior supervisory approval for absences; and

- failing to report to work for three consecutive business days (or two consecutive shifts for GAAA field employees) without notifying supervisor.

Scheduled leave or non-illness related situations must be submitted for approval in advance and may be disapproved based on staffing needs, operational needs, or frequency of absences. Failure to report to work on a day for which approval of leave has been denied may result in corrective disciplinary action.

Violation

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

Exceptions

Absences related to the Family and Medical Leave Act and/or Workers' Compensation are not subject to corrective disciplinary action.

Customer Service Policy

Audience

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

Policy

Public service is a public trust. As public servants, we will be fair, open, ethical, responsive, accountable, and dedicated to the public we serve. Employees will be committed to providing exceptional internal and external customer service. In addition, employees are expected to demonstrate courtesy, respect, and cultural competency. Customers are best served by being directed in the most immediate fashion to the program, service area, or individual who has the most knowledge about the issue, complaint, or service needed.

The District, in compliance with applicable federal and state laws and regulations, does not discriminate against individuals on the basis of race, color, national origin (including limited English proficiency), sex, age, religion, disability, sexual orientation, veteran status or genetic information. This includes, but is not limited to, employment and access to District programs, facilities and services.

Customer Service Issues/Complaints

It is the District’s policy that customer service issues/complaints are addressed and resolved at the lowest possible level. Each department manager is expected to ensure staff and systems are in place to promptly receive, track, and respond to customer inquiries and complaints.

Customer complaints or issues that come to the executive office will be tracked and assigned to the appropriate manager. The manager is responsible for addressing the issue and following up with an e-mail summary as soon as possible, unless specified otherwise.

In some circumstances, the District may be required to notify state and federal offices of discrimination allegations and/or complaints.

Violation

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

Family and Medical Leave Policy

Audience

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

Policy

An employee who meets the eligibility criteria for leave under the Family and Medical Leave Act of 1993 is entitled to 12 workweeks of job-protected leave per 12-month period pursuant to that Act for specific family and medical reasons and 26 workweeks of job-protected military caregiver leave in a “single 12-month period” to care for a covered service member (i.e. military) with a serious injury or illness. At the District, the 12-month period for FMLA will be measured backward from the date on which an employee uses any FMLA leave. This is referred to as a rolling 12-month period.

Eligibility Criteria

To be eligible for FMLA, an employee must have been employed by the District:

- for at least 12 months (this time does not have to be consecutive or continuous and does not count employment periods prior to a break in service of seven years or more), and
- worked a minimum of 1,250 hours during the twelve (12) month period immediately preceding the commencement of the leave.

FMLA may be used for the following reasons:

- birth and care of a newborn child of the employee (*entitlement expires 12 months after birth of child*);
- placement with the employee of a child for adoption or foster care and to care for the newly placed child (*entitlement expires 12 months after placement of child*);
- to care for a spouse, child, or parent with a serious health condition (described below); or
- serious health condition of the employee that makes the employee unable to perform his or her essential job functions; or
- for qualifying exigencies arising out of the fact that the employee’s spouse, child, or parent is on active duty or call to active duty status as a member of the National Guard, Reserves, or Regular Armed Forces in support of a contingency operation.

A “**serious health condition**” is defined as an illness, injury, impairment, or physical or mental condition that involves either:

- 1) Inpatient care (i.e. overnight stay) in a hospital, hospice or residential medical-care facility, including any period of incapacity (defined as an inability to work, attend school or perform other regular daily activities), or any subsequent treatment in connection with such inpatient care; or
- 2) Continuing treatment by a health care provider, which includes:

- a) A period of incapacity of more than three consecutive calendar days, and any subsequent treatment or period of incapacity relating to the same condition, that **also** includes:
 - i) treatment two or more times by or under the supervision of a health care provider (i.e., in-person visits, the first within 7 days and both within 30 days of the first day of incapacity); or
 - ii) one treatment by a health care provider (i.e., an in-person visit within 7 days of the first day of incapacity) with a continuing regimen of treatment (e.g., prescription medication, physical therapy); or
- b) A period of incapacity due to pregnancy or for prenatal care; or
- c) Any period of incapacity or treatment for a “chronic” serious health condition which continues over an extended period of time, requires periodic visits for treatment by a health care provider (at least twice per year), and may involve episodic occasional episodes of incapacity; or
- d) A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member need not be receiving active treatment by a health care provider (i.e. Alzheimer’s Disease, severe stroke, terminal cancer); or
- e) Any absences to receive multiple treatments for restorative surgery or for a condition that would likely *result in a period of incapacity of more than three days if not treated.*

Military Family Leave Entitlements

Qualifying Exigencies

Eligible employees with a spouse, child, or parent on active duty or call to active duty status in the National Guard, Reserves, or Regular Armed Forces in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

Military Caregiver Leave

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 workweeks of leave to care for a spouse, child, parent, or next of kin that is considered a covered service member during a single 12-month period. A next of kin is a the servicemembers nearest blood relative, other than the servicemembers spouse, parent or child. A covered service member is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty and active duty that may render the service member medically unfit to perform his or her duties for which the service member is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retirement list; or a veteran who is undergoing medical treatment, recuperation, or therapy, for a serious injury or illness and who was a

member of the Armed Forces (including a member of the National Guard or Reserves) at any time during the period of 5 years preceding the date on which the veteran undergoes that medical treatment, recuperation, or therapy.

Medical Certification

An employee must provide medical certification from a health care provider when FMLA is used for a serious health condition. Certification must be provided within 15 calendar days or as soon as possible if circumstances beyond the employee's control prevent him/her from providing the certification within 15 days. The *Certification of Health Care Provider* form may be used.

An updated medical certification may be required if an extension of the leave is needed or circumstances described by the original certification change significantly.

An employee returning to work following leave for his/her own serious health condition must provide certification from a health care provider stating the employee's ability to resume work (fitness-for-duty).

If the employee fails to provide the required medical certification, the Human Resource Director may delay the taking or continuation of leave or may delay the employee's restoration to duty.

The District may directly contact the employee's health care provider for verification or clarification purposes using a health care professional, or an HR professional, or management official. The District will not use the employee's direct supervisor for this contact. Before the District makes this direct contact with the health care provider, the employee will be given an opportunity to resolve any deficiencies in the medical certification. In compliance with HIPAA Medical Privacy Rules, the District will obtain the employee's permission for clarification of individually identifiable health information.

The District has the right to ask for a second opinion if it has reason to doubt the certification. The District will pay for the employee to get a certification from a second doctor, which the District will select.

The District may deny FMLA leave to an employee who refuses to release relevant medical records to the health care provider designated to provide a second or third opinion. If necessary to resolve a conflict between the original certification and the second opinion, the District will require the opinion of a third doctor. The District and the employee will mutually select the third doctor, and the District will pay for the opinion. This third opinion will be considered final. The employee will be provisionally entitled to leave and benefits under the FMLA pending the second and/or third opinion.

Use of Paid Leave

The District requires employees to use and/or exhaust accrued leave (i.e. sick, vacation or compensatory time) for any situations covered by FMLA, with the exception for Workers' Compensation. Vacation and sick leave will continue to accrue during any paid portion of leave. Employees may not accrue additional vacation or sick leave while on the unpaid portion of FMLA leave. (Reference: *Workers' Compensation* policy)

Employees will not be paid for any holiday that falls during the leave unless the employee is supplementing FMLA leave with vacation or sick leave on the day before and the day after the holiday,

in which case the holiday may be paid. (*Reference: Hours Worked and Compensatory / Overtime and Attendance policy*)

Maintenance of Elective Health Insurance Benefits

While on FMLA leave, the District must maintain the employee’s coverage under any elective insurance plan on the same condition as coverage would have been provided if the employee had been continuously employed during the entire leave period.

Any share of elective insurance premiums which had been paid by the employee prior to the leave must continue to be paid by the employee during the leave period. If premiums are increased or decreased, the employee will be required to pay the new rates.

If an employee's FMLA leave is paid, the employee's portion of elective insurance premiums will be deducted from the employee's paycheck. However, if the employee has exhausted all leave while on FMLA and elective premiums cannot be withheld, it is the responsibility of the Employee to make arrangements with the Accounting Department for payment of the premiums.

If the employee's elective insurance premiums are more than 30 days late, the District will discontinue elective insurance coverage upon notice to the employee. The District will provide 15 days' notification prior to the employee's loss of coverage

The District will attempt to recover the employer portion of the premium costs if the employee fails to return to work following FMLA covered leave, unless the reason the employee does not return is due to a continuation of a serious health condition that entitled the employee to FMLA leave, or other circumstances beyond the employee’s control.

Job Status / Reinstatement

Upon return from FMLA, the employee is entitled to be restored to the same or equivalent position with equivalent pay, benefits, and other terms and conditions of employment held when the leave commenced.

The District reserves the right to deny reinstatement to salaried, eligible employees who are among the highest paid 10 percent of the District’s employees employed within 75 miles of the work site ("key employees") if such denial is necessary to prevent substantial and grievous economic injury to the operations of the District.

Intermittent Leave / Reduced Work Schedule

If medically necessary, leave covered by the FMLA may be taken intermittently or on a reduced work schedule. If needed, the employee must consult with the supervisor and Human Resources prior to the need for leave and make a reasonable effort to schedule such leave to minimize disruption at work. An employee may be placed in an equivalent position to better accommodate intermittent leave or a reduced work schedule.

Unless it meets the above criteria regarding medical necessity, leave covered by the FMLA may not be taken on an intermittent or reduced work schedule basis for the birth/placement of a child.

Husband and Wife Employed by the District

A husband and wife who are eligible for FMLA and are employed by the District may be limited to a combined total of 12 workweeks* of leave during any 12-month period if the leave is taken:

- birth and care of a newborn child of the employee;
- placement with the employee of a son/daughter for adoption or foster care; or
- to care for the employee's parent with a serious health condition.

*Or 26 workweeks of military caregiver leave if leave is to care for a covered service member with a serious injury or illness.

If the husband and wife both use a portion of the total 12-week family and medical leave entitlement for one of the purposes listed above, the husband and wife would each be entitled to the difference between the amounts he or she has taken individually and 12 workweeks for FMLA leave for a purpose other than those purposes above. (For example, if each spouse took 6 workweeks of leave to care for a healthy, newborn child, each could use an additional 6 workweeks due to his or her own serious health condition or to care for a child with a serious health condition.)

Substance Abuse

Treatment of substance abuse may be included under the FMLA. However, absences because of an employee's use of a substance without treatment do not qualify for the family and medical leave. The inclusion of substance abuse does not prevent the District from taking any employment action against an employee who is unable to perform the essential functions of the job, provided the District complies with the Americans with Disabilities Act (ADA) and does not take action against the employee because such employee exercises his/her rights under the Family and Medical Leave Act (1993).

Workers' Compensation

FMLA leave may run in conjunction with Workers' Compensation resulting from a work-related injury or illness. (Reference: *Workers' Compensation* policy)

Employee Responsibilities

It is the employee's responsibility to:

- provide 30 days' notice and obtain approval in advance of taking FMLA, if the need to use leave covered by FMLA is foreseeable;
- provide the supervisor and Human Resources with notice as soon as practicable for the situation, if FMLA is required because of a medical emergency or other unforeseeable event;
- while on FMLA, periodically update Human Resources on status and intent to return to work; if possible, provide Human Resources or the supervisor with reasonable notice (i.e. within two business days) regarding changed circumstances (i.e. the employee's ability to return to work earlier);
- consult with the supervisor prior to the need for intermittent FMLA and make a reasonable effort to schedule such leave to minimize disruption at work;
- if FMLA is unpaid, make arrangements with Accounting to pay elective insurance premiums; and
- complete all required forms with Human Resources.

Supervisor Responsibilities

It is the supervisor's responsibility to:

- notify Human Resources as soon as possible of an employee's absence from work that may require designation of FMLA (including any absence from work for three (3) consecutive days due to injury or illness);
- forward any documentation relating to the employee's need for FMLA to Human Resources;
- notify Human Resources when the employee returns to work;
- forward original medical release to return to work (fitness-for-duty) to Human Resources; and
- keep FMLA related records and information confidential.

Human Resource Responsibilities

It is Human Resources' responsibility to:

- notify an eligible employee of his/her eligibility to take leave and of his/her rights and responsibilities under the FMLA;
- designate if leave is to be counted toward an eligible employee's FMLA entitlement;
- provide notice, in writing, to the employee that the leave has been designated toward the FMLA entitlement within five business days;
- Notify the employee in writing at least 2-workweeks before FMLA is exhausted, informing them that their job-protected status is expiring;
- communicate with employee's supervisor;
- ensure required notices are posted in facilities; and
- ensure a copy of the FMLA policy is distributed to each employee upon hiring.

Accounting Responsibilities

It is Accountings' responsibility to:

- Assist eligible employees with making arrangements to pay elective insurance premiums when FMLA is unpaid;
- Notify the employee in writing at least 15-days in advance that payment of premiums will discontinue, and elective insurance will be cancelled if payment is more than 30-days late; and
- Cancel the employee's elective insurance when payment of premiums is more than 30-days late and employee has been properly notified.

Record Keeping

All original requests for FMLA and FMLA related documentation will be filed in a separate confidential file in Human Resources.

Law

It is the intent of this policy to be in compliance with the Family and Medical Leave Act of 1993.

Forms

GCHD will utilize forms provided by the Department of Labor.



GALVESTON COUNTY
HEALTH DISTRICT

HIPAA

SECURITY
MANUAL



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Galveston County Health District

HIPAA Security Manual

OVERVIEW

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

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

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

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

Section 2.1**Definitions****Effective Date:** 9/26/2013**Last Approved:** 06/24/2020**DEFINITIONS**

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

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

Section 2.2**Hybrid Entity****Effective Date:** 9/26/2013**Last Approved:** 06/24/2020**POLICY**

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

PROCEDURE

1. With rare exceptions, the following GCHD departments are not regulated under the Health Insurance Portability and Accountability Act (HIPAA): Environmental Health Programs, Vital Statistics, and Animal Services. The remaining services of GCHD are health care components, including Coastal Health & Wellness and the Galveston Area Ambulance Authority.
2. If one of the aforementioned departments creates, receives, maintains, or transmits electronic protected health information on behalf of a health care component, the department must comply with the HIPAA Security Standards as set forth under this manual.

REFERENCE

45 C.F.R. § 164.105(a)

Section 2.3

Affiliated Covered Entity

Effective Date: 9/26/2013

Last Approved: 06/24/2020

POLICY

GCHD is a covered entity comprised of affiliated groups that utilize a shared staff system. GCHD will develop policies and procedures to ensure compliance with the requirements HIPAA Security Standards.

PROCEDURE

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

REFERENCE

45 C.F.R. § 164.105(b)

Section 2.4**Business Associate Agreement****Effective Date:** 9/26/2013**Last Approved:** 06/24/2020**POLICY**

GCHD will follow appropriate procedures when sharing protected health information (“PHI”) with business associates who create, receive, maintain, or transmit electronic protected health information on GCHD’s behalf to safeguard such information.

PROCEDURE

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

REFERENCE

45 C.F.R. §164.314(a)

Section 2.5	Maintenance of Policies and Procedures	Effective Date: 9/26/2013
		Last Approved: 06/24/2020

POLICY

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

PROCEDURE

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

REFERENCE

45 C.F.R. §164.316(a) and (b)

Section 3.1**Security Management Process****Effective Date:** 9/26/2013**Last Approved:** 06/24/2020**POLICY**

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

PROCEDURE

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

- a. *Employees.* GCHD employees who either intentionally or unintentionally violate the security policies and procedures are subject to appropriate corrective disciplinary action, up to and including suspension, probation, or dismissal. Managers or supervisors may also be disciplined if their lack of diligence or supervision contributed to the violation.
 - b. *Non-Employees.* Independent contractors and volunteers who either intentionally or unintentionally violate the security policies or procedures are subject to dismissal. . Similarly, GCHD’s business associates will be contractually informed that they may lose any privileges or contractual rights if they violate security policies or the terms of the business associate agreement.
4. Information System Activity Review. GCHD will implement procedures to regularly review records of information system activity.
- a. *Audit Logs.* GCHD will create audit logs which will record activities related to access of the GCHD system by its users. Audit logs will be reviewed on an on-going basis by the Security Officer or designee.
 - b. *Access Reports.* GCHD will create access reports listing each actual or attempted access of the system by its users. Access reports will be reviewed on an on-going basis to identify any actual or attempted unauthorized access or security incidents.
 - c. *Tracking Reports.* Any actual or attempted unauthorized access or security incident event will be tracked and reported. GCHD will review on a routine basis unauthorized access and security incident tracking reports. Executive staff or assigned designee(s) will determine the mitigation, response and/or sanction, if any, required to respond to the events noted in the tracking report.
 - d. *Controls Audit.* GCHD will perform internal audits of operational and technical controls/procedures to prevent a HIPAA security breach.

REFERENCES

AS 3.4.1, Access Authorization
AS 3.5.1, Workforce Training
AS 3.5.4, Log-in Monitoring
AS 3.7.1, Data Backup
AS 3.7.5, Applications and Data Criticality Analysis
TS 5.2, Audit Controls
OR 2.4, Business Associate Agreement
45 C.F.R. §164.308 (a)(1)

Section 3.2**Assigned Security Responsibility****Effective Date: 9/26/2013****Last Approved: 06/24/2020****POLICY**

GCHD will perform the duties set forth in this policy. GCHD will designate an individual as the Security Officer who will be responsible for ensuring that GCHD complies with the security policies and procedures. The Security Officer shall report to the Manager of Information Technology and, in certain cases, the Chief Compliance Officer.

PROCEDURE

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

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

REFERENCES

OR 2.4. Business Associate Agreement
AS 3.1.3, Sanctions
AS 3.5, Awareness and Training
As 3.6, Security Incident Procedures

45 C.F.R. § 164.308(a)(2)

Section 3.3**Workforce Security****Effective Date: 9/26/2013****Last Approved: 06/24/2020****POLICY**

GCHD will take reasonable and appropriate steps to ensure that employees who are allowed access to ePHI may be safely trusted with such access. GCHD will take the necessary steps to terminate physical or remote access to ePHI if an employee is no longer authorized to have access to such information.

PROCEDURE

1. Authorization and/or Supervision of Employees. No employee will be permitted access to ePHI unless access is determined to be necessary to perform the employee's job function, and the employee has followed GCHD's procedures for obtaining authorization for such access.
 - a. The Security Officer and GCHD management will ensure that each employee's access to ePHI is appropriate and consistent according to HIPAA privacy and security guidelines.
 - b. An employee may receive a password to access ePHI only with the authorization of his/her supervisor, Human Resources Department, or the Executive Management, in accordance with GCHD's policy. It is the responsibility of the Security Officer or designee and Human Resources:
 - i. To verify that access to ePHI is necessary to perform the job, and that the employee's access is limited to the minimum necessary ePHI;
 - ii. To ensure that the employee receives GCHD's training concerning the security and confidentiality of electronic protected health information;
 - iii. To ensure that the employee signs any confidentiality agreement to attest to the employee's commitment not to disclose his or her password and/or other sensitive information; and
 - iv. To address any instances of security misconduct by the employee.
 - c. GCHD will take steps to minimize the likelihood that employees who do not have authorized access to ePHI will gain access to such information because they perform their duties in areas in which such information is present. Steps may include, but are not necessarily limited to, the following:

- i. Ensuring computer users log off the computer system when they are not using the computer system;
 - ii. Providing immediate supervision in work areas containing ePHI; and
 - iii. Using automatic screen savers that implement after ten minutes of idle time or privacy screens.
2. Clearance Procedures. All employees at GCHD are required to have an employment background check as required for their job position. Human Resources and the hiring supervisor will identify the information security responsibilities of the employee and the type of supervision and access required for the position. Each GCHD employee will sign a confidentiality statement to protect the confidentiality, integrity, and availability of GCHD information systems.
3. Termination of Access Procedures. The Security Officer or designee, Human Resources and other designated staff will perform the following procedures for terminating access to ePHI when an employee's authorization or employment ends, or the position does not require the same level of access:
 - i. Ensure that such person no longer has physical or remote access to sensitive areas containing electronic protected health information.
 - ii. Recover or reprogram all keys, identification badges/cards, and any other object that allows physical access to property, buildings, and equipment.
 - iii. Recover any other information or property of GCHD that may be in such person's possession, such as uniforms, cell phones, equipment, etc.
 - iv. Deactivate and disable such person's user identification numbers, passwords, electronic codes, etc., and access to VPN service, and any other remote access systems.
 - v. Change combination locks, safe combinations, keypad codes etc., such person had access to.

REFERENCES

AS 3.1.2, Risk Management
AS 3.4.1, Access Authorization

AS 3.5, Awareness and Training

PS 4.1.2, Facility Security Plan

PS 4.1.3, Access Control and Validation Procedures

PS 4.4.1, Disposal

45 C.F.R. § 164.308(a)(3)

Section 3.4**Information Access Management****Effective Date: 9/26/2013****Last Approved: 06/24/2020****POLICY**

GCHD will grant access to ePHI to employees whose job responsibilities require such access and will document, review, and modify an employee's right of access to ePHI as provided in this policy.

PROCEDURE1. Access Authorizations.

- a. GCHD will document the employees who have access to electronic protected health information based on job responsibilities. Employees will have access to only that information required to perform their job responsibilities. Employees' access will be reviewed on a continual basis to ensure access continues to reflect the current need for electronic protected health information.
- b. Employees must sign a current confidentiality statement to be granted access to ePHI.
- c. All employees will attend trainings that will include security-related topics such as access control and documentation, maintenance of proper security measures, and the consequences of security incidents or deviations from GCHD policies and procedures.
- d. All employees will adhere to GCHD's policies concerning remote access and workstation access and use.
- e. Access to PHI in any form by individuals or entities other than employees, such as patients, law enforcement personnel, or public health officials, will be granted in accordance with GCHD's policies along with state and federal law, and, if applicable, stipulations set forth under business associate agreements entered into between GCHD and the third-party.

2. Access Establishment and Modification.

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

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

REFERENCES

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

45 C.F.R. § 164.308(a)(4)

GALVESTON COUNTY HEALTH DISTRICT

Section 3.5**Awareness and Training****Effective Date: 9/26/2013****Last Approved: 06/24/2020****POLICY**

GCHD employees will receive security awareness and training with respect to safeguarding ePHI.

PROCEDURE

1. Workforce Training Program. GCHD will implement a security awareness and training program for all employees, including management.
 - a. *General Orientation*. All employees will receive a general orientation covering the policies included in this manual and will be given the name of the Security Officer. For new employees, such information will be included in the orientation materials.
 - b. *Basic Security Training*. All employees will receive basic security training. Training will be updated on continuing basis. Basic security training will include a review of the policies that apply to all employees using the information system, such as:
 - i. Policies on proper password management and the necessity of maintaining the confidentiality of the employee's access code and password;
 - ii. Proper use of the computer system including e-mail and the Internet
 - iii. Procedures for saving data to network drives;
 - iv. Prohibition on attempting access to electronic protected health information without authorization;
 - v. Prohibition on improper copying of files and programs, or loading of unauthorized programs on the information system;
 - vi. Precautions against malicious software, and procedures to follow if the employee suspects that malicious software has been introduced;
 - vii. Reporting problems with access to the system; and
 - viii. Reporting security incidents.
 - c. *Additional Training*. Additional training will be provided periodically, but at a minimum annually, to employees in response to operational changes or security incidents.
 - d. *Documentation*. GCHD will maintain documentation on security awareness and training of employees in the personnel files.

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

REFERENCES

AS 3.1.1, Risk Analysis

AS 3.1.4, Information System Activity Review

AS 3.6, Response and Reporting of Security Incidents

45 C.F.R. § 164.308(a)(5)

Section 3.6**Security Incident Procedures****Effective Date: 9/26/2013****Last Approved: 06/24/2020****POLICY**

GCHD responds to suspected or known security incidents and violations of organizational security policies and procedures; mitigates harmful effects of security incidents that are known to GCHD, and documents security incidents and their outcomes.

PROCEDURE

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

REFERENCES

AS 3.1.3, Sanctions

AS 3.2.1, Security Officer

45 C.F.R. § 164.308(a)(6)

Section 3.7**Contingency Plan****Effective Date: 9/26/2013****Last Approved: 06/24/2020****POLICY**

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

PROCEDURE

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

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

- c. *Restoring Backup Data.* GCHD will restore software, applications, information and data to appropriate information systems as soon as possible.
 - d. *Testing.* Backup systems are tested daily to ensure the network and computer systems are operating correctly.
3. Testing and Revision Procedure. GCHD will periodically test protocol and revise its information system contingency plan.
- a. The tests will be designed to simulate potential threats to the information system but will be conducted in a controlled environment.
 - b. The tests will evaluate adequacy of back-up and recovery systems, and time required to return the system to a normal operating environment.
 - c. If the tests reveal vulnerabilities or inadequacies of back-up and recovery systems, appropriate modifications will be made in the Data Backup Plan and the Disaster Recovery Plan.
 - d. The Security Officer or designee shall be responsible for the oversight of and documentation of back-up testing procedures and will notify the Manager of Information Technology immediately should flaws be detected.
4. Applications and Data Criticality Analysis. GCHD will assess the relative criticality of specific applications and data in formulating its contingency plan.
- a. GCHD will determine which applications and data are essential to maintain patient care, life safety, and other essential functions.
 - b. In evaluating the criticality of information, GCHD will consider, among other things, the difficulty of replicating the data if lost, sensitivity of the data, and consequences to patients if data is unavailable or corrupted.
 - c. Those applications and databases identified as critical to GCHD's patient care mission will be given priority in the contingency plan.
 - d. GCHD will devote appropriate resources to recovering critical functions in the event of a disaster.

REFERENCES

AS 3.1.1, Risk Analysis

AS 3.1.2, Risk Management

PS 4.1.1, Contingency Operations

PS 4.4.4, Data Back-up and Storage

TS 5.1.2, Emergency Access Procedure

45 C.F.R. § 164.308(a)(7)

Section 3.8**Evaluation****Effective Date: 9/26/2013****Last Approved: 06/24/2020****POLICY**

GCHD will perform periodic technical and non-technical evaluations to establish the extent that GCHD's security policies and procedures meet the requirements of the Security Rule (*45 CFR Part 160 and Subparts A and C of Part 164*) based upon the standards implemented under the Security Rule and in response to environmental or operational changes affecting the security of electronic protected health information.

PROCEDURE

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

REFERENCES

AS 3.1.1, Risk Analysis
AS 3.1.2, Risk Management
AS 3.7.4, Testing and Revision Procedures

45 C.F.R. § 164.308(a)(8)

Section 4.1**Facility Access Controls****Effective Date: 9/26/2013****Last Approved: 06/24/2020****POLICY**

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

PROCEDURE

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

2. Facility Security Plan. GCHD shall establish a plan to safeguard all facilities and equipment from unauthorized physical access, tampering or theft.
 - a. GCHD will employ security personnel, security equipment, appropriate locking mechanisms, and/or alarms to protect all GCHD facilities during non-business hours.
 - b. All employees will wear GCHD issued identification.
 - c. Any sensitive equipment (servers, etc.) will be housed in a secure location and access to such equipment will be restricted to certain authorized personnel.
 - d. Off-site equipment or files will be maintained in a secure location by GCHD or by an approved contractor who will certify that adequate security is maintained.
 - e. Asset tags will be placed on all equipment and a log of all equipment shall be kept and updated quarterly by the department's designated asset custodian.
 - f. Paper files containing sensitive or confidential information shall be securely retained in file cabinets, rooms, or off-site storage facilities.

- g. Only authorized maintenance personnel will be allowed to service electronic equipment.
 - h. Appropriate documentation or logging protocols will be completed whenever hardware is transported.
 - i. Only hardware, software and equipment authorized by the Information Technology department shall be used within GCHD facilities.
 - j. Maintenance records on all equipment shall be kept and in accordance with record retention guidelines.
3. Access Control and Validation Procedures. GCHD will implement procedures to control and validate a person's access to facilities based on their role or function, including visitor control, and control of access to software programs for testing and revision.
- a. *Physical Safeguards.* GCHD will implement the following physical safeguard procedures regarding verification of access authorization before granting physical access.
 - i. Unattended exterior doors will be protected by locks or badge readers.
 - ii. Visitors shall be prohibited from accessing facility areas designated solely for employees. Contract workers or other individuals requiring access to these areas shall always be accompanied by an authorized GCHD employee and at no time will be issued their own key or badge to access restricted areas.
 - iii. Electronic information systems or devices containing ePHI, including computer screens and printers will be shielded from the view of patients or visitors.
 - b. *Technical Security.* GCHD will implement technical security mechanisms to limit access control to employees. Technical security mechanisms will include user-based access controls to protect sensitive communication transmissions and will be made available solely to those employees who require such access to fulfill their professional responsibilities.
 - c. *Reporting Unauthorized Access.* Employees who observe a person attempting to enter GCHD facilities or systems by bypassing security measures in an unauthorized manner must report this information immediately to his/her supervisor, Manager of Information Technology, or Security Officer.
4. Maintenance Records. GCHD will document repairs and modifications to the physical components of GCHD's facilities which are related to security (for

example, hardware, doors, and locks). These documents will be retained according to GCHD's record retention guidelines and procedures.

REFERENCES

AS 3.1.4, Information Systems Activity Review

AS 3.3, Workforce Security

AS 3.5.4, Log-In Monitoring

AS 3.6, Security Incident Procedure

AS 3.7, Contingency Plan

AS 3.8. Evaluation

TS 5.1.2, Emergency Access Procedure

TS 5.2, Audit Controls

45 C.F.R. § 164.310(a)

Section 4.2**Workstation Use****Effective Date: 9/26/2013****Last Approved: 06/24/2020****POLICY**

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

PROCEDURE

1. All employees will monitor their computers and report any potential threats to the computer and to the integrity and confidentiality of data contained in the computer system to the Manager of Information Technology, Security Officer, or their immediate supervisor. All employees will take appropriate measures to protect computers and data from damage or destruction to the greatest possible extent. As part of every employee's orientation and, if appropriate, in ongoing security training sessions, all employees shall familiarize themselves with GCHD's emergency response plans and related policies and procedures as directed by management.
2. Employees will ensure that computer monitors are placed so the screen is not visible to unauthorized persons to prevent unauthorized persons from viewing electronic protected health information. Workstations displaying ePHI that may be visible to non-authorized individuals shall be equipped with screen protectors.
3. Workstations will have a password protected screensaver. Computer employees logging onto the system will ensure that no one observes entry of their password. Employees will neither log onto the system using another person's password nor permit another person to log onto the system with their password. Employees are responsible for all actions taken under their passwords.
4. Anti-Virus software will be installed on all computers as directed by the Manager of Information Technology or the Security Officer. Employees must ensure that the anti-virus software is active at all times, unless directed to deactivate the software by the Manager of Information Technology or the Security Officer.
5. ePHI may only be accessed on a need to know basis. Employees will only have access to the information required to perform their job functions.
6. No employee will disclose ePHI unless authorized to do so in accordance with GCHD policies.

7. Employees will not leave printers unattended when PHI is being printed. PHI will be printed only when necessary and in accordance with the “minimum necessary” under GCHD’s HIPAA policy, and shall be promptly disposed of according to GCHD’s record retention guidelines (i.e., by shredding, secured disposal bins, etc.) when no longer needed for the purpose for which it was printed.
8. Employees must log off the system when leaving their computer or workstation unattended. Computers will be configured with a “time-out” feature that will activate after an idle period of ten minutes.
9. Employees are responsible for the accuracy of data input into systems and applications. Supervisors will monitor the processes used by employees for data entry.
10. Employees will not attempt to evade access rights granted or attempt to access networks, systems, applications, or data to which the employee has not been granted access.
11. Employees will not download data from the computer system onto diskette, CD, hard drive, fax, scanner, any network drive or any other hardware, software or paper without the express permission of the employee’s supervisor, the Manager of Information Technology, or the Security Officer.
12. Employees will not download unfamiliar software without first consulting with their supervisor, the Manager of Information Technology, or Security Officer.
13. Employees violating this policy may be subject to disciplinary action up to and including termination.

REFERENCES

AS 3.5.5, Password Management
AS 3.6, Security Incident Procedures
PS 4.3, Workstation Security

45 C.F.R. § 164.310(b)

Section 4.3**Workstation Security****Effective Date: 9/26/2013****Last Approved: 06/24/2020****POLICY**

GCHD shall implement physical safeguards for all workstations that access ePHI to restrict access to authorized users. This applies to all devices that provide access to ePHI, including computers, laptops, tablets, smart phones, etc.

PROCEDURE

1. Each employee's workstation shall be configured in such a way as to promote the confidentiality and security of ePHI.
2. Computer monitors should be placed so that the screen is not visible to unauthorized persons to prevent unauthorized persons from viewing electronic protected health information.
3. Printers should not be placed in a location where there is a risk of unauthorized individuals having access to printed materials. Information shall be printed only when necessary and shall be promptly stored and/or disposed of according to GCHD's record retention and/or disposal policies.
4. Computer users logging onto the system will ensure that no one observes entry of their password. Employees will neither log onto the system using another person's password nor permit another person to log onto the system with their password. Employees are responsible for all actions taken under their passwords.
5. ePHI may only be accessed on a need to know basis. Employees will only have access to the information required to perform their job functions.
6. Portable devices, including laptops, portable storage devices, smart phones, etc., will be secured when not in use.
7. If an employee accesses ePHI from a portable device, the device must be password protected and encrypted, and the ePHI cannot be viewable to others.
8. Computers will have a time-out feature after 10 minutes of inactivity and a password protected screensaver.
9. Employees violating this policy may be subject to disciplinary action, up to and including termination.

REFERENCES

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

45 C.F.R. § 164.310(c)

Section 4.4**Device and Media Controls****Effective Date: 9/26/2013****Last Approved: 06/24/2020****POLICY**

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

PROCEDURE

1. Disposal. ePHI will be disposed of in a proper and secure manner to prevent unauthorized or accidental disclosure of such information.
 - a. Disposal and/or destruction of items shall be conducted in accordance with GCHD's record retention, inventory and/or disposal guidelines.
 - b. *Retained Hardware or Electronic Media*. The Manager of Information Technology or designee is responsible for completely removing ePHI from hardware that will be reused within GCHD.
 - c. *Disposed Hardware or Electronic Media*. The Manager of Information Technology or designee is responsible for the final disposition of hardware that contains ePHI. All ePHI will be completely removed from the hardware before the hardware is sold or destroyed. Hardware will then be physically destroyed and rendered functionally unusable, and destruction certificates or logs will be attained when appropriate.
2. Media Reuse. The Manager of Information Technology or designee will remove ePHI from electronic media before the media is made available for reuse. Employees may store ePHI solely in manners and on devices approved by the Manager of Information Technology or the Security Officer.
3. Accountability. GCHD will maintain a record of the transfer, disposal and other movement of hardware and electronic media. The organization shall also keep a record of the person currently in possession of such media.
 - a. *Hardware*. GCHD will use inventory controls and take a quarterly inventory of each piece of GCHD owned hardware. The inventory will track the equipment's location and department. Hardware may only be removed from a GCHD facility with authorization from Executive Management or Manager of Information Technology. Removal will be logged.
 - b. *Electronic Media*. Electronic media may only be removed from a GCHD facility with authorization from Executive Management or Manager of Information Technology. Such removals or disposals will be appropriately logged.

4. Data Backup and Storage. Systems shall remain in-place to retrieve data, when needed, before the transfer of any equipment. The data backup procedures will be reviewed and tested periodically by the Manager of Information Technology of their designee. The backup data will then be stored in a secure location or restored on to equipment.

REFERENCES

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

45 C.F.R. § 164.310(d)

Section 5.1**Access****Effective Date: 9/26/2013****Last Approved: 06/24/2020****POLICY**

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

PROCEDURE

1. Unique User Identification. All employees will be assigned a unique username and number for identifying and tracking user identity.
 - a. Each computer user shall be assigned a unique username and number (“user ID”). The user ID, as well as a password chosen by the employee in accordance with GCHD password policy, will be required to access any GCHD system. An individual may be assigned the same user ID for access to multiple systems.
 - b. The Manager of Information Technology or designee will provide the computer user with a user ID. A record of all user IDs will be maintained in a secure setting.
 - c. User IDs will be immediately deactivated, and user access will be revoked upon the resignation or termination of an employee.
2. Automatic Log off. GCHD will implement electronic procedures that terminate an electronic session after a predetermined period of time.
 - a. Password-protected screensavers will activate at all workstations if there is no activity at a workstation for ten minutes.
3. Encryption and Decryption. GCHD has determined that it is appropriate to implement encryption software on systems that contain ePHI.
 - a. All employees who transmit ePHI via email must encrypt the email before sending the information to a party outside of the GCHD network.
 - b. Employees are prohibited from sending ePHI over non-secured networks.

REFERENCES

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

45 C.F.R. § 164.312(a)

Section 5.2**Audit Controls****Effective Date: 9/26/2013****Last Approved: 06/24/2020****POLICY**

GCHD will implement hardware, software, and/or procedural mechanisms that record and examine activity occurring on organizational information systems that contain or use ePHI.

PROCEDURE

1. *Audit Control Mechanism.* The Security Officer is responsible for conducting audits on information systems that track user access. The computer system will have hardware/software or another procedural mechanism in-place whereby individual employees can be tracked.
2. *Activities to be Tracked.* These audits, which shall occur if there's reason to believe an employee has impermissibly accessed ePHI or as directed by the Chief Compliance Officer or Chief Executive Officer, will examine specific tracking records created by employees accessing and documenting confidential information. Such activities will include, but are not limited to, unsuccessful log-in attempts and unauthorized access.
3. *Review and Response.* Audits will be conducted at least semi-annually. The audit results will be reported to the Chief Executive Officer, Chief Compliance Officer, Manager of Information Technology, and Human Resources to further assess potential security weakness or further investigation. Such audits will be conducted to:
 - a. Ensure integrity, confidentiality and availability of information and resources;
 - b. Investigate possible security incidents and ensure conformance with security policies; and to
 - c. Monitor user or system activity when appropriate.
4. *Audit Trails and Reports.* The Security Officer or their respective designee will be responsible for maintaining these audit trails and reports. These reports will be maintained in a secure location according to GCHD record retention guidelines.

REFERENCES

Policy AS104, Information Systems Activity Review

Policy AS 3.4, Information Access Management

Policy AS 3.5.4, Log-in Monitoring

Policy AS 3.5.5, Password Management

Policy PS 4.1.3, Access Control and Validation

Policy TS 5.1, Access

45 C.F.R. § 164.312(b)

Section 5.3

Integrity of Electronic PHI

Effective Date: 9/26/2013

Last Approved: 06/24/2020

POLICY

GCHD will implement procedures to protect ePHI from improper alteration or destruction.

PROCEDURE

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

REFERENCES

AS 3.1.4, Information Systems Activity Review

TS 5.2, Audit Controls

45 C.F.R. § 164.312(c)

Section 5.4**Authentication of Entity or Person****Effective Date: 9/26/2013****Last Approved: 06/24/2020****POLICY**

GCHD will implement procedures to verify that a person or entity seeking access to ePHI is the one claimed.

PROCEDURE*1. Person Authentication.*

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

2. Entity Authentication.

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

REFERENCES

AS 3.4, Information Access Management

AS 3.5, Awareness and Training

TS 5.1.1, Unique User Identification

TS 5.2, Audit Controls

45 C.F.R. § 164.312(d)

Section 5.5**Transmission Security****Effective Date: 9/26/2013****Last Approved: 06/24/2020****POLICY**

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

PROCEDURE

1. Integrity Controls. GCHD will implement, where appropriate, security measures to ensure that ePHI is not modified by unauthorized users.
 - a. A user ID and appropriate password will be required to access GCHD's information system.
 - b. Audit controls will be established to track access to the system and any modifications to ePHI and tracking records will be reviewed by the Manager of Information Technology, the Security Officer, and the Chief Compliance Officer on at least an annual basis.
 - c. The ePHI will be protected from unauthorized Internet access through the use of firewalls and authentication devices.
2. Encryption. GCHD will implement, where appropriate, a mechanism to encrypt ePHI.
 - a. All employees who transmit protected health information via email must encrypt the email before sending the information outside GCHD.
3. *Security Protection*. The Security Officer or designee will implement procedures to protect ePHI that is transmitted over an electronic communications network.

REFERENCES

Policy PS 4.1.3, Access Control and Validation Procedures

Policy TS 5.1, Access

Policy TS 5.3, Integrity of Electronic PHI

Policy TS 5.4, Authentication of Entity or Person

45 C.F.R. § 164.312(e)



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

July 2020

Item#6

**Consider for Approval Quarterly Investment Report for the Period
Ending June 30, 2020**

**Coastal Health & Wellness
Investment Report
For the period ending June 30, 2020**

Coastal Health & Wellness	Money Market Account		
	April	May	June
Beginning Balance	\$5,138,261	\$5,048,805	\$5,281,413
Deposits	460,000	626,900	133,800
Withdrawals	(555,000)	(400,000)	(320,000)
Interest Earned	5,544	5,708	5,770
Ending Balance	\$5,048,805	\$5,281,413	\$5,100,983
Current Annual Yield	1.41%	1.41%	1.41%
Previous Quarter Yield (01/2020 - 03/2020)	1.41%	1.41%	1.41%

Tex Pool Investments		
April	May	June
\$26,408	\$26,418	\$26,424
10	6	5
\$26,418	\$26,424	\$26,429
0.46%	0.27%	0.22%
1.59%	1.59%	1.00%

Summary	Interest Earned	Avg Balance	Yield
October 1, 2019 to December 31, 2019	\$19,599	\$4,680,267	0.40%
January 1, 2020 to March 31, 2020	\$17,939	\$4,815,085	0.36%
April 1, 2020 to June 30, 2020	\$17,043	\$4,910,337	0.21%
July 1, 2020 to September 30, 2020	\$0	\$0	
YTD Totals	\$54,581	\$4,801,896	0.97%

Coastal Health & Wellness	Q1	Q2	Q3	Q4	YTD Comparison
Interest Yield Year to Year Comparison	Oct 1-Dec 31	Jan 1-Mar 31	Apr 1-June 30	Jul 1-Sept 30	Total as of 9/30
FY2017	0.13%	0.12%	0.12%	0.13%	0.50%
FY2018	0.14%	0.20%	0.30%	0.38%	1.02%
FY2019	0.43%	0.47%	0.47%	0.46%	1.83%
FY2020 (Current year)	0.40%	0.36%	0.21%		0.97%

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

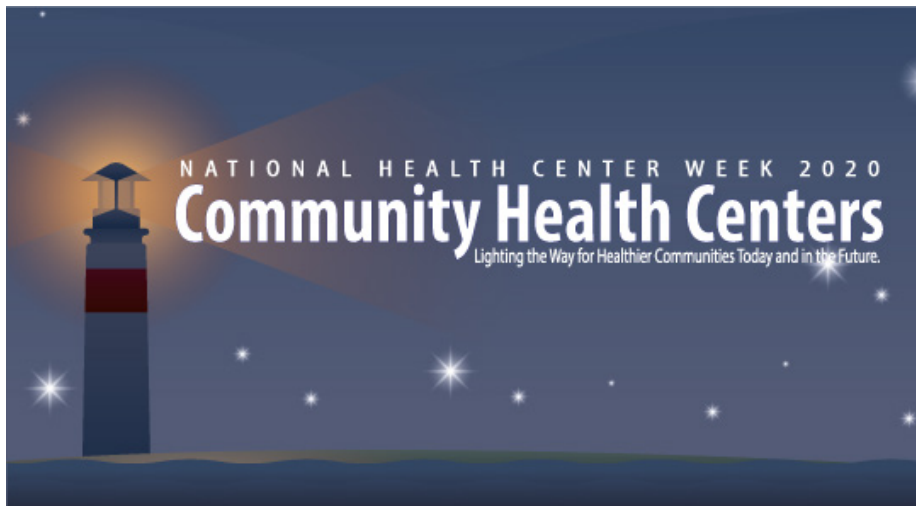
9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

**Governing Board
July 2020
Item#7
Executive Report**



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

CHW shines light on services during Health Center Week



Coastal Health & Wellness (CHW) will join other health centers across the nation Aug. 9-15 to celebrate National Health Center Week.

How healthcare visits look has changed over the past few months, but one thing has remained the same - CHW's dedication to providing access to high quality primary care to everyone.

This year's theme is "Community Health Centers: Lighting the Way for Healthier Communities Today and in the Future" and shines a light on how health centers, like CHW, provide affordable health care in communities.

CHW is part of a nationwide network of locally run health centers that serve more than 28 million people nationwide.

CHW's clinics are recognized by the Joint Commission. Accreditation by the Joint Commission is considered the gold standard in health care. Health

centers reduce unnecessary hospitalizations and visits to the emergency room. Community health centers treat patients for a fraction of the average cost of one emergency room visit and their success in managing chronic disease in medically vulnerable communities has helped reduce health care costs for American taxpayers.

Medical Care

CHW's medical clinic offers high-quality primary care including well-child visits, women's health, family planning, annual physicals, chronic disease management, sick care and more. X-ray, laboratory, prescription and referral services are available.

Early prenatal care for low-risk pregnancies is also available.

Dental Care

CHW offers basic dental services for all ages, from cleanings to tooth

You may see some changes when it is time for your next appointment. We made these changes to help protect our patients and staff. For example:

- Our office will communicate with you beforehand to ask some screening questions. You'll be asked those same questions again when you are in the office.

- We ask that you please wear a face covering before you enter and while you're in the clinic.

- We have hand sanitizer that we will ask you to use when you enter the office. You will also find some in the reception area and other places in the office for you to use as needed.

- You may see that our waiting room will no longer offer magazines, children's toys and so forth, since those items are difficult to clean and disinfect.

- Appointments will be managed to allow for social distancing between patients. That might mean that you're offered fewer options for scheduling your appointment.

- We will do our best to allow greater time between patients to reduce waiting times for you, as well as to reduce the number of patients in the reception area at any one time.

- Please reschedule your appointment if anyone in your household has been sick.

To make an appointment, please call our office at 409.938.2234.

NHCW page 2

CHW recognizes dental assistants



Beatriz Soliz

Congratulations to Beatriz Soliz who was recognized as Coastal Health & Wellness' Dental Assistant of the Quarter for January-March.

Beatriz has been with CHW for five years.

"I enjoy working with the variety of doctors we have and assistants. I feel appreciated for my hard work," Beatriz said.



Gabriella Lopez

Congratulations to Gabriella Lopez, who was recognized as Coastal Health & Wellness' Dental Assistant of the Quarter for April-June.

Gabriella, who has been with CHW for about nine months, said she enjoys working with her fellow assistants and dentists.

"This award makes me feel like I am becoming a great assistant and will grow to be an awesome assistant," Gabriella added.

NHCW

extractions. Dental providers pride themselves on not only meeting patient dental needs, but also contributing to their overall health and well-being.

In need of dentures, root canals or a crown? Be sure to ask about CHW's affordable options.

Counseling Care

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

available for adults and children. Evening appointments are also available.

Substance Use Disorder – Mental Health (SUD-MH) Program

CHW offers a Substance Use Disorder-Mental Health (SUD-MH) program to patients who establish primary care at CHW. This program is intended to help those who struggle with opioid addiction and other substance use disorders.

Insurance

Insurance is an important part of

health care. CHW accepts Medicaid, Medicare and most major insurance plans and is constantly striving to add more.

CHW has a dedicated team committed to helping patients understand their coverage.

Discounts

The primary goal of community health centers across the country is to provide care to those with limited access to health care. That's why CHW is proud to offer discounts for uninsured or under-insured patients.

GCHD names Employees of the Month



Sherri Bradley

Sherri Bradley works in accounts receivable/ payroll and was nominated for her dedication to Galveston County Health District's (GCHD) values, Integrity, Customer Service, Accountability, Respect, Equality (ICARE).

"She is truly an unsung hero at GCHD!! Sherri takes on a huge amount of responsibility as a specialist, a duty which is crucial to our business operations and each employee's livelihood," reads Sherri's nomination. "Our organization's ultimate success and honest reputation is partly due to Sherri's dependability, trustworthiness and dedication."

"She works within strict deadlines, but still ensures paychecks are accurate on time. Sherri, like most of the employees in Accounting, will arrive early and stay late so that all health district and CHW employees are paid. She in fact schedules her own personal vacations and time off around the payroll schedule!!!"



Ruth Kai

Ruth Kai works in Public Health Emergency Preparedness and was nominated for her dedication to Galveston County Health District's (GCHD) values, Integrity, Customer Service, Accountability, Respect, Equality (ICARE).

"It's easy to find someone who loves and gives in the fun times. It's incredibly hard to find someone who continues to love and give the best of themselves in the bad times. During her short time at GCHD, Ruth has been the vital missing piece to responses for Hurricane Harvey, Operation Coastal and COVID-19. She is always appreciating and comforting others, and has fed people on more occasions than I can count. She takes angry phone calls, has cleaned up and organized years of complicated information, and is always planning for whatever comes next. She does this daily, and humbly, and always refuses to receive the thanks in return," reads Ruth's nomination.



Shonta Hill

Shonta Hill works in Coastal Health & Wellness' dental department and was nominated for her dedication to Galveston County Health District's (GCHD) values, Integrity, Customer Service, Accountability, Respect, Equality (ICARE).

"Shonta is always trying to find ways to reach the dental assistants - making topics relevant for them and helping everyone learn information. During multiple weekends, she has created and organized a book containing all the instructions for dental instruments, created a game of Jeopardy with categories on topics such as Joint Commission and PPE, and has consistently coached the dental assistants on situations outside of work.

She is always positive, and never complains about her work load. She is the true cheerleader of the Dental Department," reads Shonta's nomination.

WE ARE WORKING

to keep you safe while keeping
your smile healthy!

- **Please wear a face covering** before you enter and while you're in the clinic.
- **Please use hand sanitizer** when you enter the clinic.
- **No food or drinks are allowed** in the clinic waiting room.



- **Please reschedule** if anyone in your household has been sick in the last 2 weeks.
- **Only patients with appointments will be permitted into the office.** Please do not bring anyone with you unless necessary.



- We're going to ask some screening questions related to COVID-19.
- We will take your temperature and ask you to rinse with mouthwash at the beginning of your appointment.
- Please social distance and maintain 6 feet of distance from others at all times.
- Please be patient and allow us enough time for enhanced disinfection between appointments.

Community, businesses thank GCHD for COVID-19 response



Laura Clark donated leggings to public health and Coastal Health & Wellness staff, pictured at left.

Chick-fil-A in Texas City donated lunches and coupons for public health, Galveston County Health District EMS and Galveston County Animal Resource Center employees.



County sees decrease in new COVID-19 cases

For the first time in a month, Galveston County Health District reported fewer than 1,000 new cases of COVID-19 in a seven-day period for July 19-25.

The last time the health district reported fewer than 1,000 cases in a week was June 14-20.

As of June 27, the health district reported 5,158 active cases with 69 of those hospitalized and 5,089 self-quarantined. The county's case total is 8,205 with 2,974 cases being recovered. Seventy-three COVID-19 related deaths have been reported as of July 27.

While the overall number of new cases being reported has decreased, the average weekly positivity rate has held at 9 percent the past two weeks.

A total of 104,571 COVID-19 tests had been administered as of July 27.

Epidemiology and Public Health Emergency Preparedness (PHEP) staff continue to investigate cases of COVID-19 and conduct contact tracing. Thanks to funding from Galveston County and a STAR Department of State Health Services request, the epidemiology department grew from six epidemiologists to 20 this month. The COVID-19 monitoring group - which handles baseline, case monitoring and discharge calls - consists of health district Community Health Services staff, as well as temporary nurses supplied through STAR and volunteers from UTMB.

Galveston County continues to partner with UTMB to offer free COVID-19 and antibody testing. Galveston County residents may call 832.632.6731 to make an appointment. A government issued form of identification will



COVID-19 SYMPTOMS

Call your doctor if you have symptoms or have been in close contact with a person known to have COVID-19.

SYMPTOMS INCLUDE:

- **Fever or chills**
- Cough
- **Shortness of breath or difficulty breathing**
- Fatigue
- **Muscle or body aches**
- Headache
- **New loss of taste or smell**
- Sore throat
- **Congestion or runny nose**
- Nausea or vomiting
- **Diarrhea**

COVID-19

  [GCHD.ORG/CORONAVIRUS](https://gchd.org/coronavirus)

be required at the time of testing to verify residency.

Residents are also 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 do not have a primary care provider and want to establish care through Coastal

Health & Wellness can call 409.938.2234

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

Help slow the spread of COVID-19:

- Wear a cloth face covering when in public
- Practice social distancing of at least 6 feet
- 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
- 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.
- Limit contact with people outside of your household.
- Stay home when you are sick

Coastal Health & Wellness Updates

Insurance Contract Updates –

Medical

- Dr. McDill (Pending Community Health Choice)

Pending New/Evaluating Contracts:

- Memorial Hermann Health Plan- Contract under review
- Liberty Dental (Texas City) – 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:

- We are continuing to review insurance contracts and associated HEDIS or quality measures to assure compliance with industry and healthcare standards.

Committees –

Quality Assurance/Risk Management Committee

- The monthly meeting of the QA/Risk Management Committee was held on July 1, 2020. Standard monthly and quarterly reports were reviewed along with new Dental Guidelines and revisions to the Performance Improvement Plan. Internal audits included a peer review related to documentation required for comprehensive dental exams and a dental hygiene chart review. An update was given on HEDIS measures associated with various insurance plans. HEDIS measures are a comprehensive set of standardized performance measures designed to provide purchasers and consumers with the information they need for reliable comparison of health plan performance.
- On July 16, 2020, the quarterly meeting of the Governing Board QA Committee was held. CHW staff members provided reports to the committee on patient access/satisfaction, clinical measures, quality assurance, emergency management and risk management. The results of the 2020 Culture of Safety Survey were presented to the committee and compared to the 2019 survey results. Most areas reported an improvement from the prior year. A report on Process Improvements made in the clinic during 2019-2020 was also presented along with the proposed 2020-2021 Performance Improvement Plan.

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 July 16, 2020. The Culture of Safety Survey results were presented and discussed. In addition, a report on process improvements made in Coastal Health & Wellness in 2019-2020 was presented. Other topics discussed included the infection control audits, and environmental safety and compliance reports. Performance measures for the Environment of Care Plans were also reviewed.

Patient Centered Medical Home (PCMH) Committee

- Most of the components required for PCMH certification are in place. All site visits have been postponed by TJC due to COVID-19. Once site visits have resumed, we will work with our TJC contact to determine next steps.

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 \$326,055.43 through 6/30/20 of the \$337,012 initially awarded. All grant funds must be spent by August 31, 2020.
- Through 6/30/20, 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 6/30/20, \$35,674 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 6/30/20, \$230,956 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. No costs had been funded through this grant as of 6/30/20.
- Quarterly progress reports were submitted to HRSA on July 10, 2020 for the Health Center Coronavirus Aid, Relief and Economic Security (CARES) Act funding, the FY20 Coronavirus Supplemental Funding for Health Centers, and the FY20 Expanding Capacity for Coronavirus Testing (ECT) award.
- The 2021 FTCA deeming application was submitted to HRSA on July 10, 2020.
- The federal financial report (FFR) for the grant period ending March 31, 2020 is due 7/30/2020
- Although HRSA site visits have been postponed for the immediate future, we continue to work internally to review program elements.
- 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.

Miscellaneous Updates –

- As reported last month, we received notice on 6/17/20 that the application we submitted to the Federal Communications Commission on 4/13/20 for telehealth equipment in the amount of \$226,387 was awarded to Coastal Health & Wellness. This equipment will 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 \$164,871 to assist with future shortfalls or needs. As of 6/30/2020, we have used \$36,153 to cover COVID expenses related to supplies, leaving a balance of 128,718.
- A new patient portal system (MedFusion) was implemented on 7/15/2020. The new portal will make it easier for Coastal Health & Wellness patients to request appointments, communicate with their medical team, register for services, and make online payment. The new system also provides an easier enrollment process for patients as well as a more streamlined process for notification of lab results.
- In an effort to try and minimize the amount of time that patients spend in the clinic for in-person visits, 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. An express-check-in service has also been established in both Texas City and Galveston, which allows patients to call a designated number and check-in from their vehicle.
- The new patient registration forms presented to the Board at the last meeting were implemented on 7/15/2020.
- We have recently incorporated screening for eligibility into the Texas Healthy Women's Program into our standard financial screening process. With this change, services cover by this program will be provided at no cost to those patients deemed eligible.
- CHW staff have been in communication with The Resource Group about entering into a contract to provide dental services to HIV/AIDS patients under the Ryan White grant. The contract in the amount of \$75,000 would be in effect until 3/31/21.
- Although the Galveston Housing Authority building is not yet open to the public, we are utilizing the side entrance door to the clinic for patients to enter and exit for in-person services.
- TACHC continues to provide 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.
- We are currently in the process of planning for National Community Health Center Week which will be held August 9-15. The theme this year is ***Community Health Centers: Lighting the Way for Healthier Communities Today and in the Future!*** We have formed a planning committee and are exploring various methods in which we can make the community aware of services provided by Coastal and steps we are taking to keep patients safe, especially now during the pandemic.

Communications –

- Communications continues to focus on COVID-19 with daily case updates, testing information, prevention, and overall education on the ever-changing situation.
- The communications department puts out a case update Monday-Saturday 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.
- The website continues to evolve with COVID-19 information being updated daily. There are pages dedicated to information on the county's confirmed cases, background on COVID-19, testing, resources, and communication materials. Messages from the CDC and DSHS are echoed.
- We are working with our current website vendor on the planned refresh of our existing website. This refresh will allow for increased flexibility in our communication with the public.
- The communications department developed a COVID-19 communication toolkit in both English and Spanish. The toolkit was shared with cities throughout the county and is being shared on social media.
- Social media posts include:
 - Daily posts focused on stopping of spread COVID-19 through face coverings, social distancing, hand hygiene, etc.
 - Various COVID-19 testing opportunities in the county
 - Antibody testing availability in the county
 - Caring for someone sick with COVID-19
 - Messages targeting at-risk populations
 - #ChewOnThis
 - Alzheimer's and Brain Awareness Month
 - National Men's Health Week
 - Heat safety tips
 - Hurricane Preparedness
 - CHW is hiring
 - Heat exhaustion vs. heat stroke
 - #Take10 and stress management
 - CHW services dental
 - Handwashing 101
 - Vaccine importance and schedule
 - Stress management tips

CHW Career Opportunities:

June 15-July 22, 2020

- **Employee Onboarding** – Human Resources conducted new employee orientation for the following employee(s):
 - Rebeca Meyer – Patient Service Specialist I (Bilingual) - 07/09/20
 - La Tonya Romar -Dental Assistant I (Temp) - 07/13/20
- **Job Offers** – The following candidate(s) were extended job offers and have future start dates:
 - C. Watson – LVN – 07/30/20

- **Current Vacancies:**
 - CIHCP Specialist
 - Midlevel Nurse Practitioner

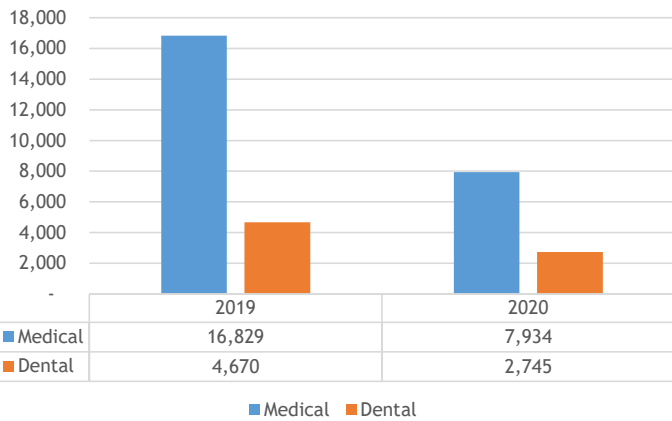
CHW Executive Contract Report: July 2020

- A Tracking Service Agreement was entered into between Coastal Health & Wellness and FIX Healthcare Technology, LLC, which will enroll Coastal in its patented RetroCAID system. This system will screen all self-pay patients who, after receiving services at Coastal Health & Wellness, become eligible for Medicaid coverages. If retroactive payment through Medicaid for said services is still eligible for collection by Coastal, RetroCAID will submit a claim to Medicaid on Coastal's behalf and, if Coastal receives payment through the claim, FIX Healthcare will assume an 18% finder's fee.

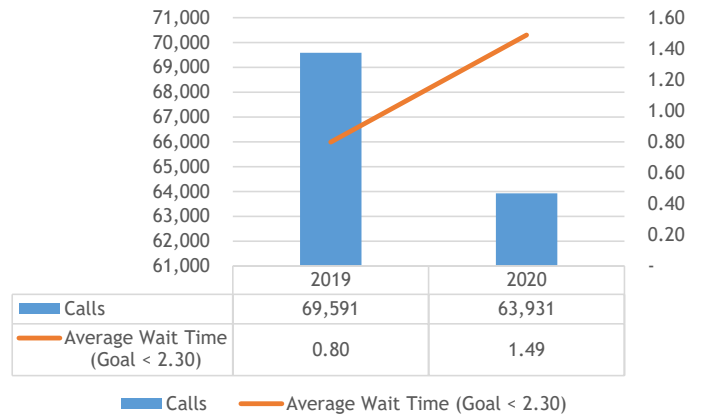
June 2020 Report
YTD Comparison Report (January - June 2020)

Patient Services - Patients Checked-In	2019	2020	% Change
Medical	16,829	7,934	-53%
Dental	4,670	2,745	-41%
Contact Center	2019	2020	% Change
Calls	69,591	63,931	-8.1%
Average Wait Time (Goal < 2.30)	0.80	1.49	86%
Electronic Records	2019	2020	% Change
Record Requests	5,606	5,444	-2.9%
County Indigent Program	2019	2020	% Change
Applied	853	617	-28%
Referrals	1108	590	-47%
Avg Total Patients on Program	260	232	-11%
Case Management	2019	2020	% Change
Referrals	5081	2339	-54%

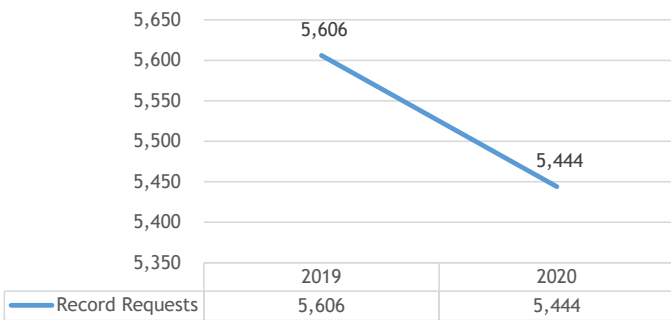
Patient Services-Total Patients Checked-In



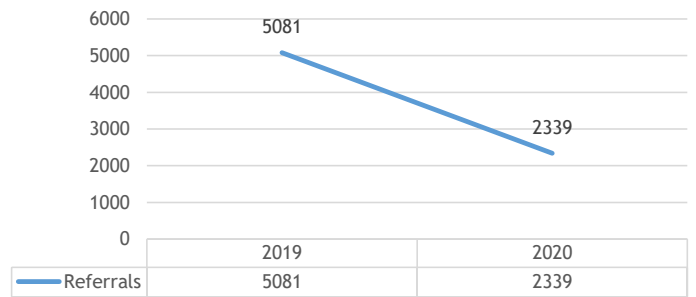
Contact Center - Calls and Wait Time



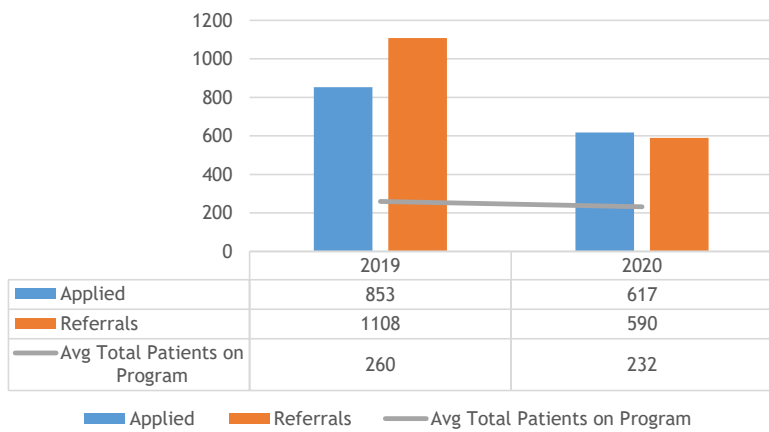
Electronic Record Requests



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

July 2020

Item#8

Consider for Approval June 2020 Financial Report

COASTAL HEALTH & WELLNESS

Governing Board



FINANCIAL SUMMARY

For the Period Ending

June 30, 2020

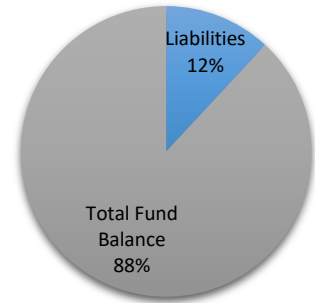
July 30, 2020

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

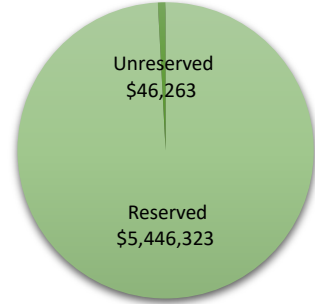
CHW - BALANCE SHEET as of June 30, 2020

	Current Month Jun-20	Prior Month May-20	Increase (Decrease)
ASSETS			
Cash & Cash Equivalents	\$5,526,864	\$5,446,077	\$80,787
Accounts Receivable	1,488,196	1,478,098	10,098
Allowance For Bad Debt	(966,839)	(941,066)	(25,774)
Pre-Paid Expenses	216,030	232,611	(16,581)
Due To / From	(29,213)	(31,272)	2,059
Total Assets	\$6,235,037	\$6,184,448	\$50,589
LIABILITIES			
Accounts Payable	\$127,962	\$144,031	(\$16,069)
Accrued Salaries	442,534	398,704	43,830
Deferred Revenues	171,955	185,519	(13,564)
Total Liabilities	\$742,451	\$728,254	\$14,197
FUND BALANCE			
Fund Balance	\$5,628,397	\$5,628,397	\$0
Current Change	(135,811)	(172,203)	36,392
Total Fund Balance	\$5,492,586	\$5,456,194	\$36,392
TOTAL LIABILITIES & FUND BALANCE	\$6,235,037	\$6,184,448	\$50,589

Current Period Assets



Total Fund Balance

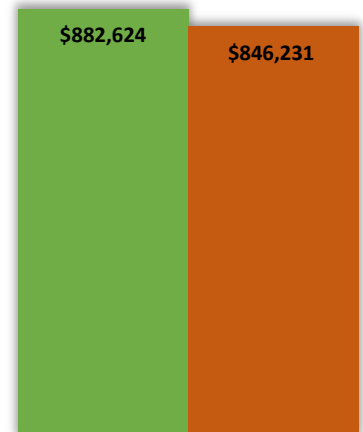


CHW - REVENUE & EXPENSES as of June 30, 2020

	Actual Jun-20	Budgeted Jun-20	PTD Budget Variance	YTD Budget Variance
REVENUE				
County Revenue	\$311,222	\$311,222	\$0	\$0
DSRIP Revenue	0	65,833	(65,833)	(197,500)
HHS Grant Revenue	347,757	260,617	87,140	220,435
Patient Revenue	150,967	317,112	(166,145)	(463,054)
Other Revenue	72,678	10,827	61,851	92,249
Total Revenue	\$882,624	\$965,611	(\$82,987)	(\$347,870)
EXPENSES				
Personnel	\$599,448	\$632,211	\$32,762	\$40,112
Contractual	40,390	70,723	30,333	94,771
IGT Reimbursement	0	25,747	25,747	77,242
Supplies	83,863	104,826	20,962	102,233
Travel	347	4,533	4,186	12,408
Bad Debt Expense	25,774	33,605	7,831	47,708
Other	96,409	93,966	(2,443)	(35,425)
Total Expenses	\$846,231	\$965,611	\$119,379	\$339,049
CHANGE IN NET ASSETS	\$36,392	\$0	\$36,392	(\$8,821)

Current Month Actuals

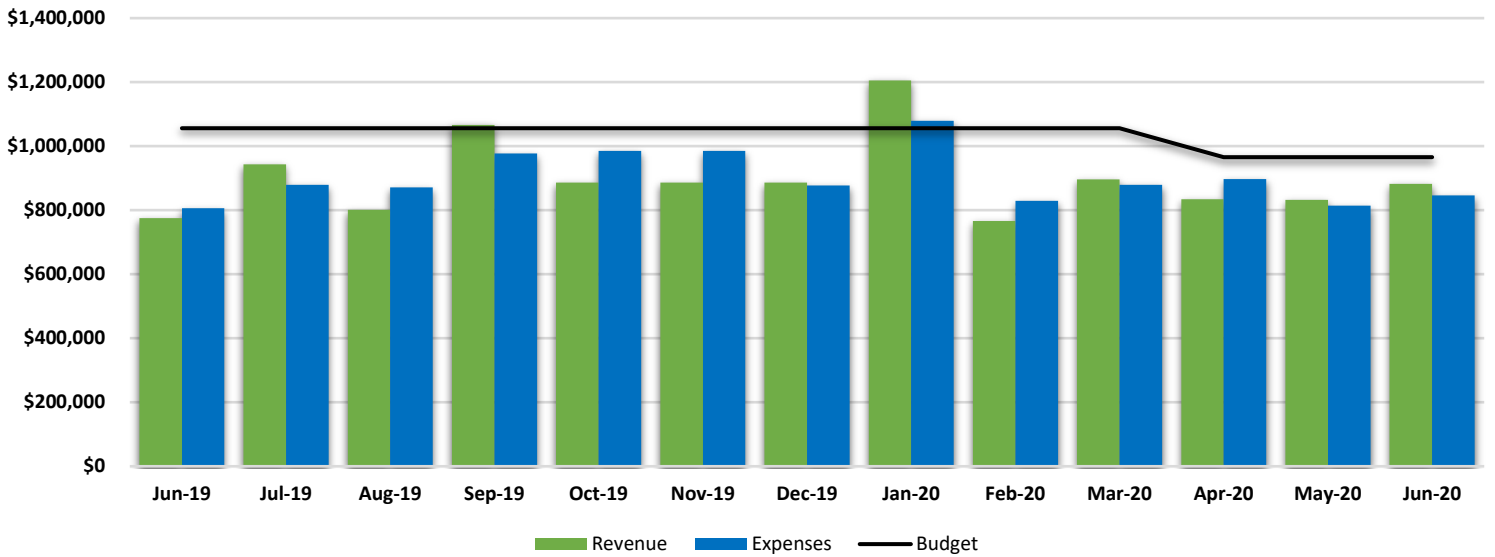
■ Revenue ■ Expenses



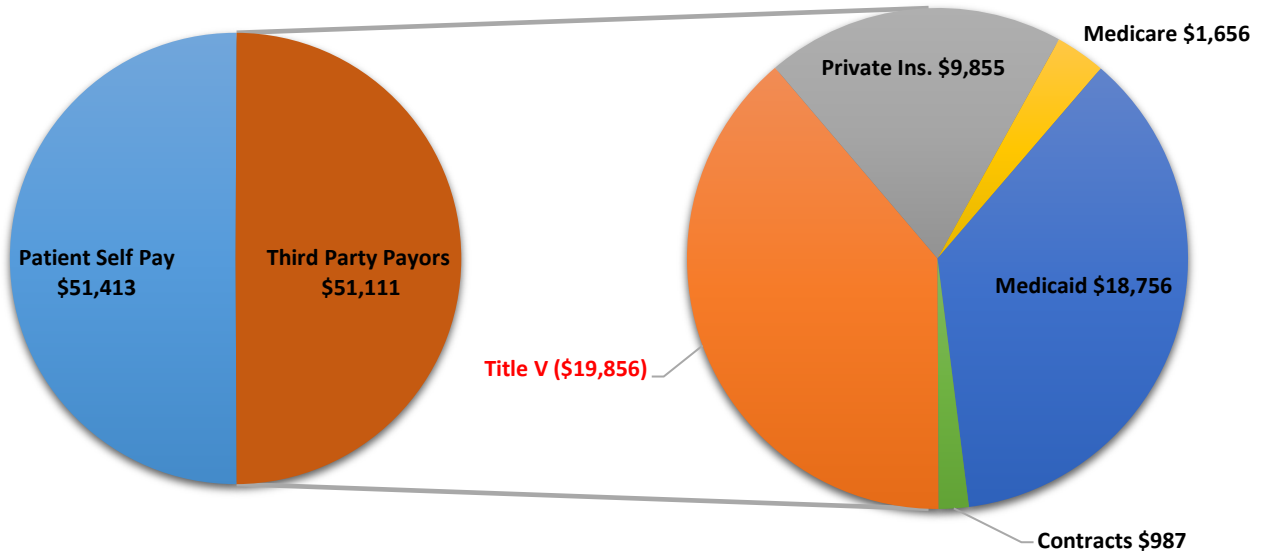
HIGHLIGHTS

- MTD Increase in Fund Balance of \$36,392.
- MTD revenues were (\$82,987) lower than budget. Large decrease in patient visit numbers due to COVID account for reduced patient revenues. Additional funding of \$87,140 from HRSA grants accounted for increase in HHS grant revenue. Increase in Other Revenue of \$61,851 was Direct Relief funds used to cover IT expenses and COVID expenses, and reclass of May and June HHS Provider Relief Funds to for COVID expenses. DSRIP revenue, which is evenly budgeted across 12 months, accounts for (\$65,883) variance.
- YTD Revenues were (\$347,870) lower than budget. Decreases in patient visits account for (\$463,054) variance, which was offset by higher HHS Grant Revenue of \$220,435, and Other Revenue of \$92,249. DSRIP revenue, which is evenly budgeted across 12 months, accounts for the (\$197,500) budget variance.
- MTD expenses were \$119,379 under budget. Savings were realized across Personnel, Contractual, IGT, Supplies, Travel and Bad Debt, which offset higher expenses of (\$10,000) for IT equipment. The equipment was covered by Direct Relief funding.
- YTD Expenses were \$339,049 under budget. Savings were realized across all categories except Other. IT equipment expenditures (\$46,129) account for the Other category budget variance. The equipment expense was covered by Direct Relief funding.
- YTD Decrease in fund balance of (\$135,811). Total Fund Balance of \$5,492,586 as of 6/30/2020.

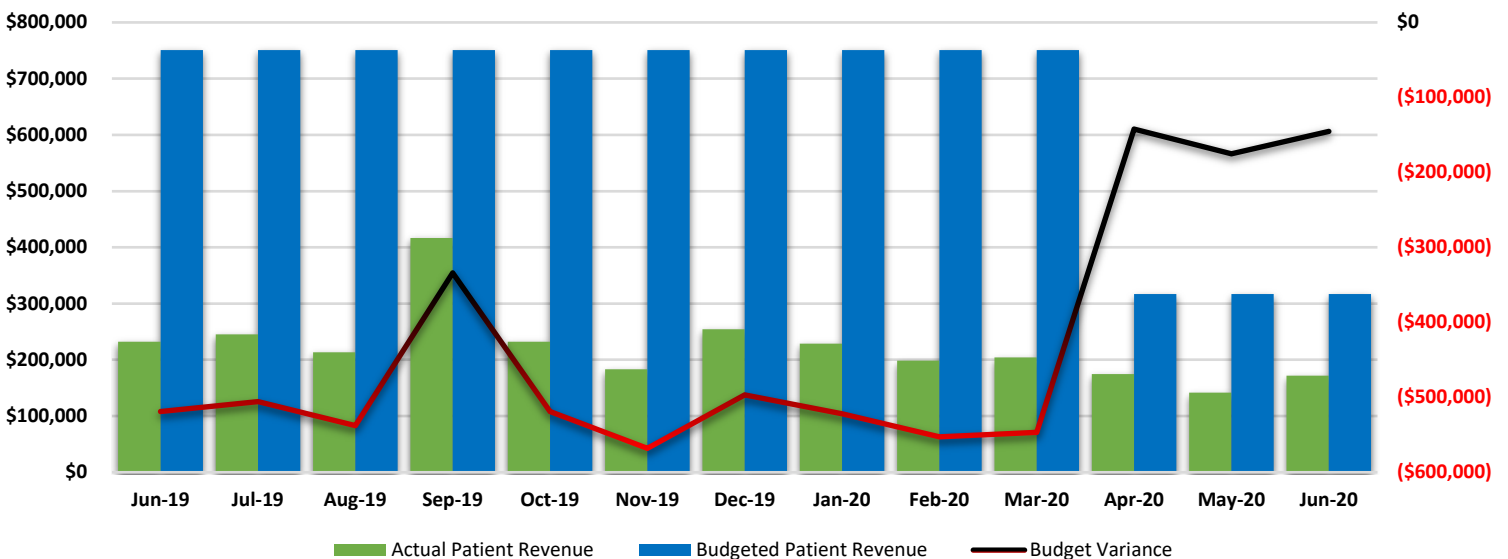
Actual Revenue & Expenses in Comparison to Budget



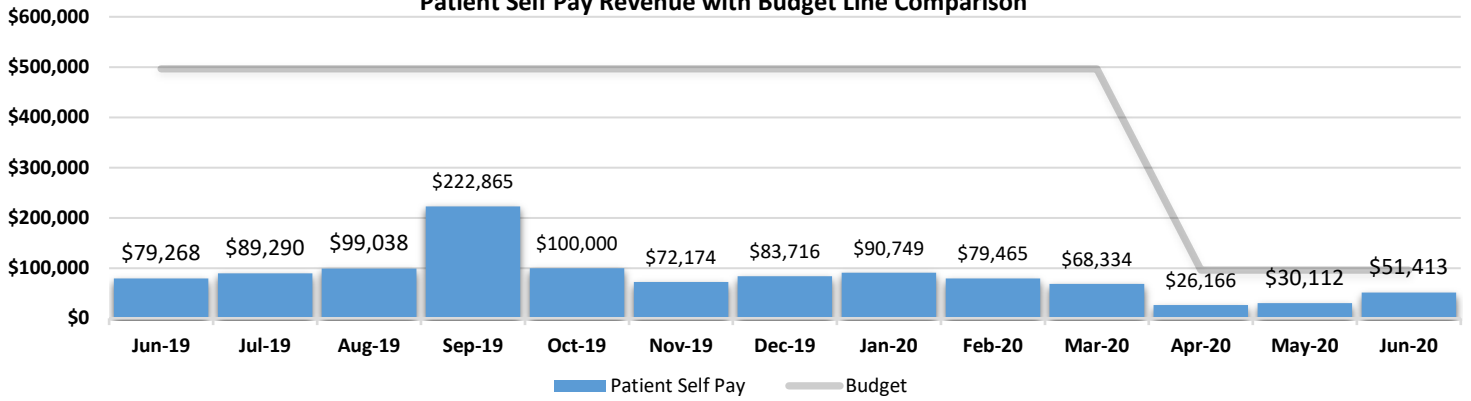
Current Period Patient Revenue with Third Party Payor Contributions Identified



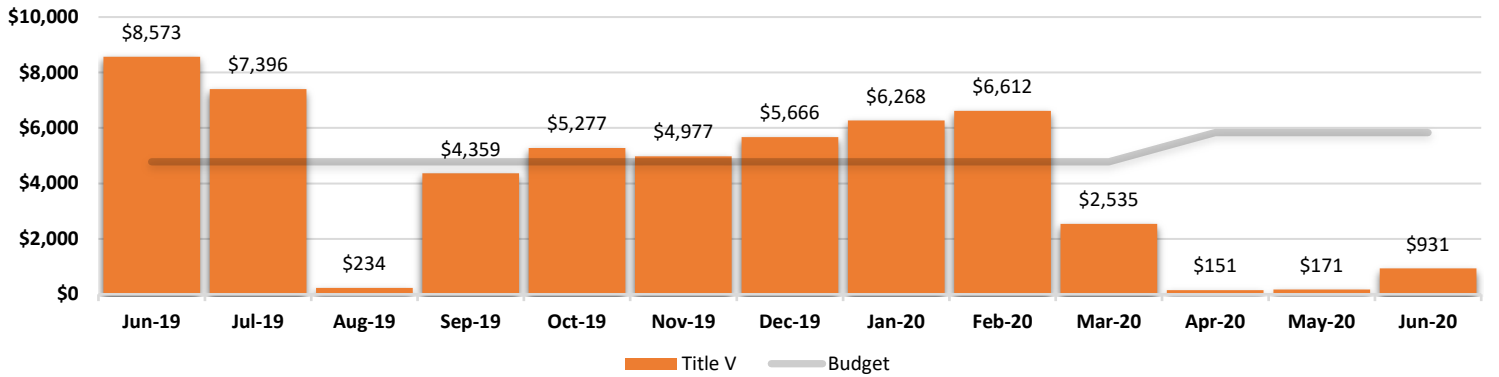
Actual Patient Revenue Rec'd vs Budget with Variance



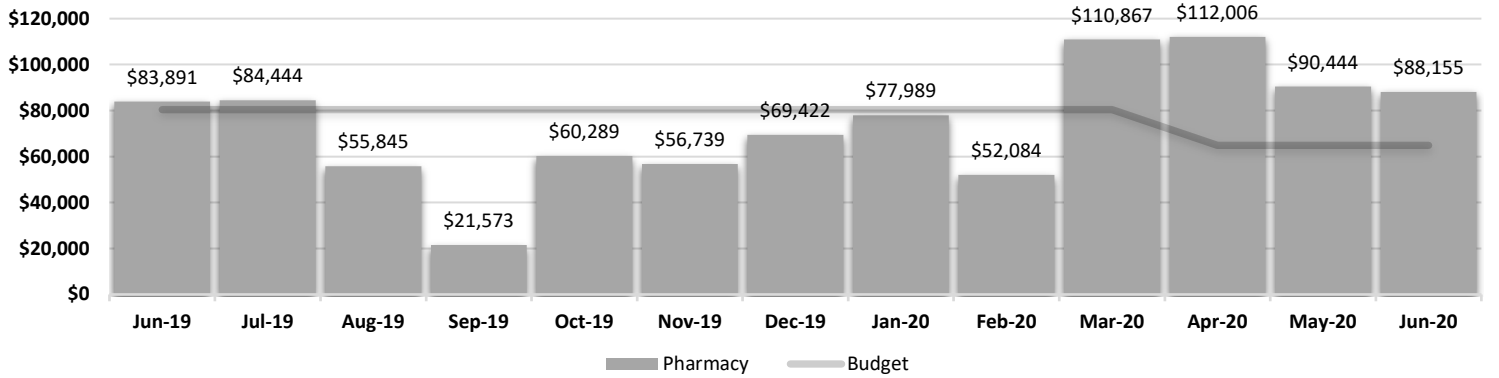
Patient Self Pay Revenue with Budget Line Comparison



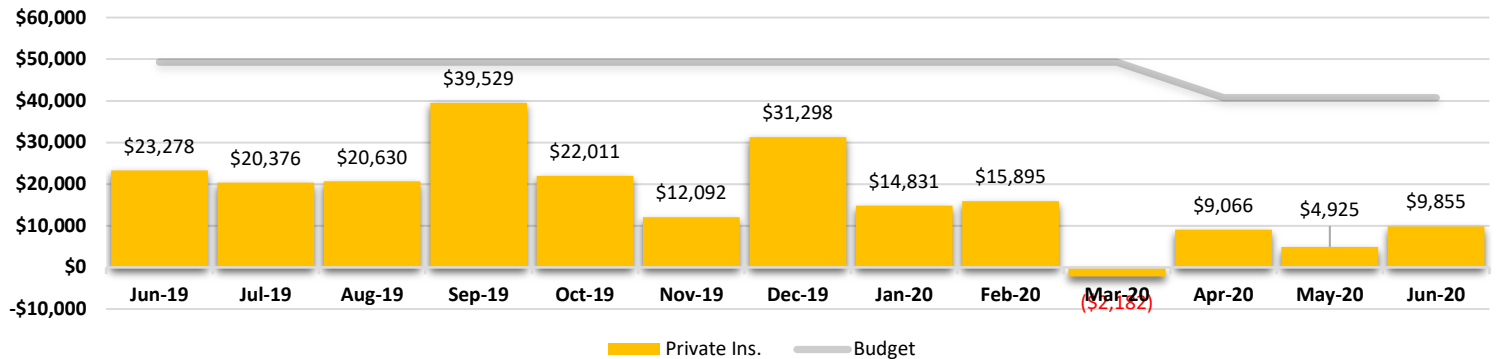
Title V Revenue with Budget Line Comparison



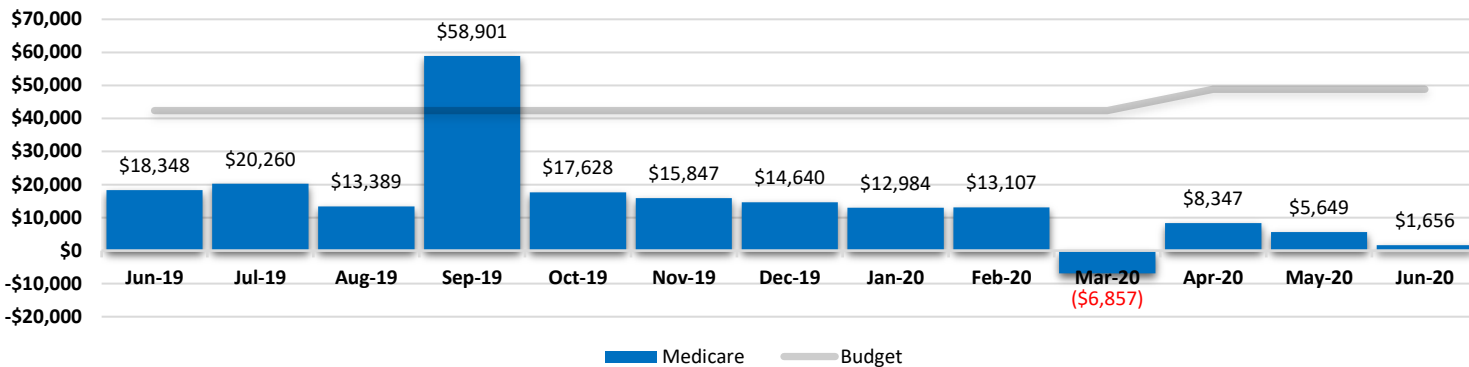
Pharmacy Revenue with Budget Line Comparison



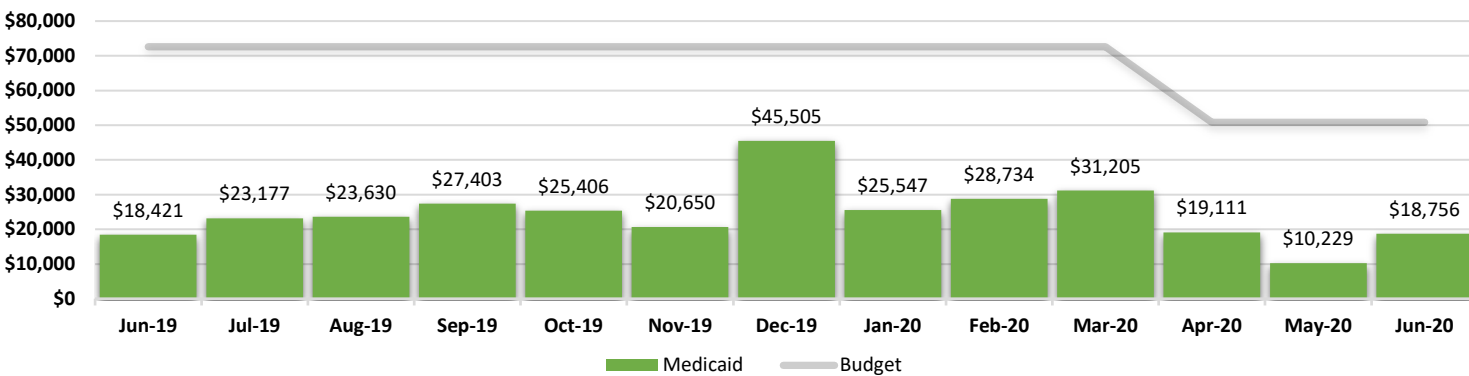
Private Insurance Revenue with Budget Line Comparison



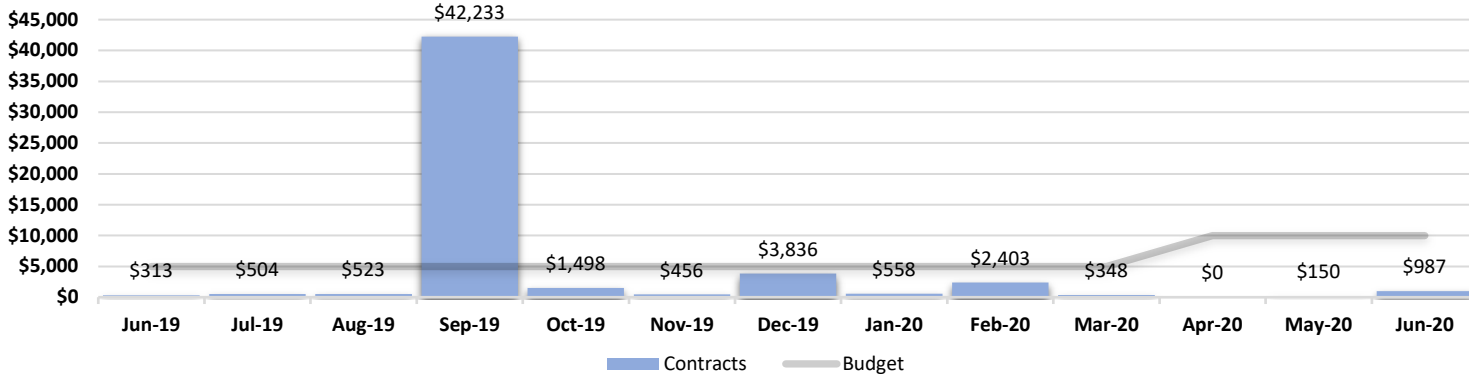
Medicare Revenue with Budget Line Comparison



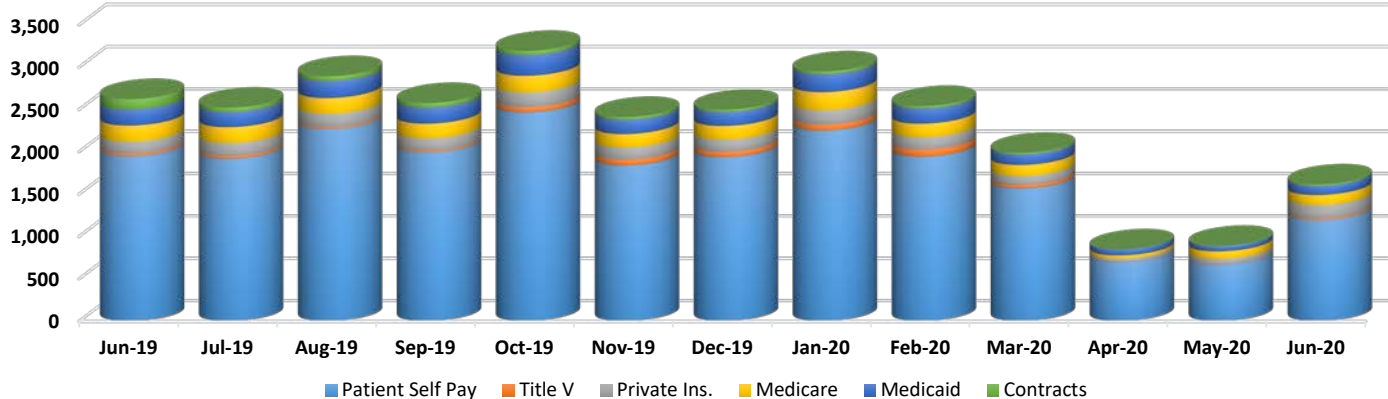
Medicaid Revenue with Budget Line Comparison



Contract Revenue with Budget Line Comparison



Total Number of Patient Visits



Coastal Health & Wellness								
Statement of Revenue and Expenses for the Period ending June 30, 2020								
		Period Ending	MTD	MTD Budget	YTD	YTD	YTD Budget	Annual
	Description	6/30/2020	Budget	Variance	Actual	Budget	Variance	Budget
Grouping	REVENUE							
HRSA	HHS GRANT REVENUE - Federal	\$347,757	\$260,617	\$87,140	\$1,002,285	\$781,850	\$220,435	\$3,127,400
	HHS GRANT REVENUE - BASE	\$232,686	\$260,617	(\$27,930)	\$683,966	\$781,850	(\$97,884)	\$3,127,400
	HHS GRANT REVENUE - SUD-MH	\$16,191	\$0	\$16,191	\$45,089	\$0	\$45,089	\$0
	HHS GRANT REVENUE - Care	\$897	\$0	\$897	\$7,475	\$0	\$7,475	\$0
	HHS GRANT REVENUE - QI 2019	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	COVID Supplemental	\$19,395	\$0	\$19,395	\$35,626	\$0	\$35,626	\$0
	CARES ACT	\$78,588	\$0	\$78,588	\$230,130	\$0	\$230,130	\$0
Patient Rev	GRANT REVENUE - Title V	(\$19,856)	\$5,833	(\$25,690)	\$1,253	\$17,500	(\$16,247)	\$70,000
Patient Rev	PATIENT FEES	\$51,413	\$96,014	(\$44,600)	\$107,692	\$288,041	(\$180,350)	\$1,152,165
Patient Rev	PRIVATE INSURANCE	\$9,855	\$40,750	(\$30,895)	\$23,846	\$122,250	(\$98,404)	\$489,000
Patient Rev	PHARMACY REVENUE - 340b	\$88,155	\$64,874	\$23,281	\$290,605	\$194,622	\$95,983	\$778,488
Patient Rev	MEDICARE	\$1,656	\$48,826	(\$47,170)	\$15,652	\$146,478	(\$130,826)	\$585,910
Patient Rev	MEDICAID	\$18,756	\$50,828	(\$32,071)	\$48,096	\$152,483	(\$104,386)	\$609,930
Other Rev.	LOCAL GRANTS & FOUNDATIONS	\$63,853	\$1,351	\$62,503	\$99,202	\$4,052	\$95,150	\$16,208
Other Rev.	MEDICAL RECORD REVENUE	\$1,508	\$1,500	\$8	\$3,905	\$4,500	(\$595)	\$18,000
Other Rev.	MEDICAID INCENTIVE PAYMENTS	\$0	\$0	\$0	\$439	\$0	\$439	\$0
County	COUNTY REVENUE	\$311,222	\$311,222	\$0	\$933,667	\$933,667	\$0	\$3,734,667
DSRIP	DSRIP REVENUE	\$0	\$65,833	(\$65,833)	\$0	\$197,500	(\$197,500)	\$790,000
Other Rev.	MISCELLANEOUS REVENUE	\$1,076	\$0	\$1,076	\$2,329	\$0	\$2,329	\$0
Other Rev.	OTHER REVENUE - SALE OF FIXED ASSE	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Rev.	INTEREST INCOME	\$5,962	\$7,500	(\$1,538)	\$17,975	\$22,500	(\$4,525)	\$90,000
Patient Rev	CONTRACT REVENUE	\$987	\$9,987	(\$9,000)	\$1,137	\$29,962	(\$28,825)	\$119,848
Other Rev.	LOCAL FUNDS / OTHER REVENUE	\$279	\$476	(\$197)	\$880	\$1,428	(\$548)	\$5,712
Other Rev.	CONVENIENCE FEE	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Rev.	Fund Balance	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Total Revenue	\$882,624	\$965,611	(\$82,987)	\$2,548,962	\$2,896,832	(\$347,870)	\$11,587,328
	EXPENSES							
Personnel	SALARIES	\$496,896	\$502,875	\$5,978	\$1,519,126	\$1,508,624	(\$10,503)	\$6,034,494
Personnel	SALARIES, Merit Compensation	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Personnel	SALARIES, PROVIDER INCENTIVES	\$0	\$6,500	\$6,500	\$0	\$19,500	\$19,500	\$78,000
Personnel	SALARIES, supplemental	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Personnel	SALARIES, O/T	\$1,935	\$3,750	\$1,815	\$4,894	\$11,250	\$6,356	\$45,000
Personnel	SALARIES, PART-TIME	\$8,026	\$15,788	\$7,761	\$29,214	\$47,363	\$18,149	\$189,451
Personnel	Comp Pay	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Personnel	FICA EXPENSE	\$37,266	\$40,460	\$3,195	\$114,852	\$121,381	\$6,529	\$485,525
Personnel	TEXAS UNEMPLOYMENT TAX	\$171	\$1,113	\$942	\$15,283	\$3,339	(\$11,944)	\$13,357
Personnel	LIFE INSURANCE	\$1,500	\$1,285	(\$215)	\$4,545	\$3,855	(\$690)	\$15,418
Personnel	LONG TERM DISABILITY INSURANCE	\$1,101	\$1,206	\$105	\$3,325	\$3,619	\$294	\$14,477
Personnel	GROUP HOSPITALIZATION INSURANC	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Personnel	WORKER'S COMP INSURANCE	\$1,410	\$1,586	\$176	\$4,279	\$4,759	\$479	\$19,034
Personnel	EMPLOYER PAID HEALTH INSURANCE	\$32,655	\$40,108	\$7,453	\$98,685	\$120,323	\$21,637	\$481,290
Personnel	EMPLOYER SPONSORED HEALTHCARE	\$7,160	\$5,852	(\$1,308)	\$21,753	\$17,555	(\$4,198)	\$70,221
Personnel	HRA EXPENSE	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Personnel	PENSION / RETIREMENT	\$11,207	\$11,689	\$482	\$34,322	\$35,066	\$744	\$140,264
Contractual	OUTSIDE LAB CONTRACT	\$3,912	\$25,125	\$21,213	\$9,311	\$75,375	\$66,064	\$301,500
Contractual	OUTSIDE X-RAY CONTRACT	\$12	\$3,000	\$2,988	\$1,668	\$9,000	\$7,332	\$36,000
Contractual	MISCELLANEOUS CONTRACT SERVICES	\$19,643	\$16,543	(\$3,100)	\$59,541	\$49,629	(\$9,912)	\$198,516
Personnel	TEMPORARY STAFFING	\$122	\$0	(\$122)	\$6,242	\$0	(\$6,242)	\$0
Contractual	CHW CONTRACT BILLING SERVICE	\$2,881	\$8,000	\$5,119	\$7,786	\$24,000	\$16,214	\$96,000
IGT	IGT REIMBURSEMENT	\$0	\$25,747	\$25,747	\$0	\$77,242	\$77,242	\$308,969
Contractual	JANITORIAL CONTRACT	\$11,645	\$14,000	\$2,355	\$32,581	\$42,000	\$9,419	\$168,000
Contractual	PEST CONTROL	\$80	\$80	(\$0)	\$240	\$240	(\$0)	\$960
Contractual	SECURITY	\$2,217	\$3,975	\$1,758	\$6,271	\$11,925	\$5,654	\$47,700
Supplies	OFFICE SUPPLIES	\$4,886	\$6,883	\$1,997	\$15,392	\$20,650	\$5,258	\$82,600
Supplies	OPERATING SUPPLIES	\$46,298	\$21,900	(\$24,398)	\$84,336	\$65,700	(\$18,636)	\$262,800
Supplies	OUTSIDE DENTAL SUPPLIES	\$1,851	\$3,350	\$1,499	\$3,329	\$10,050	\$6,721	\$40,200
Supplies	PHARMACEUTICAL SUPPLIES	\$30,828	\$71,992	\$41,164	\$109,167	\$215,977	\$106,809	\$863,906
Supplies	JANITORIAL SUPPLIES	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Supplies	PRINTING SUPPLIES	\$0	\$465	\$465	\$18	\$1,395	\$1,377	\$5,580
Supplies	UNIFORMS	\$0	\$235	\$235	\$0	\$705	\$705	\$2,820
Other	POSTAGE	\$885	\$833	(\$52)	\$1,942	\$2,500	\$558	\$10,000
Other	TELEPHONE	\$4,204	\$4,405	\$201	\$11,146	\$13,215	\$2,069	\$52,860
Other	WATER	\$31	\$31	\$1	\$92	\$93	\$2	\$372
Other	ELECTRICITY	\$1,146	\$2,000	\$854	\$2,949	\$6,000	\$3,051	\$24,000
Travel	TRAVEL, LOCAL	\$47	\$383	\$336	\$735	\$1,150	\$415	\$4,600
Travel	TRAVEL, OUT OF TOWN	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Travel	LOCAL TRAINING	\$300	\$2,933	\$2,633	\$457	\$8,800	\$8,343	\$35,200
Travel	TRAINING, OUT OF TOWN	\$0	\$1,217	\$1,217	\$0	\$3,650	\$3,650	\$14,600
Other	RENTALS	\$2,940	\$3,200	\$260	\$9,131	\$9,600	\$469	\$38,400
Other	LEASES	\$43,121	\$43,122	\$1	\$129,362	\$129,366	\$4	\$517,464
Other	MAINTENANCE / REPAIR, EQUIP.	\$5,985	\$7,120	\$1,136	\$17,992	\$21,361	\$3,369	\$85,444
Other	MAINTENANCE / REPAIR, AUTO	\$0	\$0	\$0	\$0	\$0	\$0	\$0

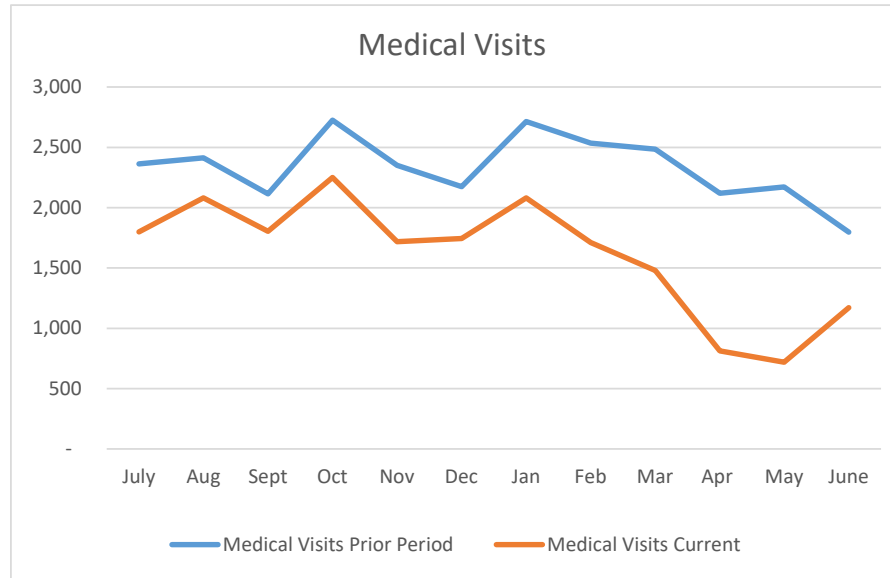
Coastal Health & Wellness

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

		<i>Period Ending</i>	<i>MTD</i>	<i>MTD Budget</i>	<i>YTD</i>	<i>YTD</i>	<i>YTD Budget</i>	<i>Annual</i>
	<i>Description</i>	<i>6/30/2020</i>	<i>Budget</i>	<i>Variance</i>	<i>Actual</i>	<i>Budget</i>	<i>Variance</i>	<i>Budget</i>
Other	FUEL	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other	MAINTENANCE / REPAIR, BLDG.	\$0	\$417	\$417	\$0	\$1,250	\$1,250	\$5,000
Other	MAINT/REPAIR, IT Equip.	\$10,000	\$0	(\$10,000)	\$46,129	\$0	(\$46,129)	\$0
Other	MAINTENANCE / Preventative, AUTO	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other	INSURANCE, AUTO/Truck	\$10	\$12	\$2	\$31	\$36	\$5	\$144
Other	INSURANCE, GENERAL LIABILITY	\$1,051	\$1,125	\$74	\$3,153	\$3,375	\$222	\$13,500
Other	INSURANCE, BLDG. CONTENTS	\$1,430	\$1,535	\$105	\$4,289	\$4,605	\$316	\$18,420
Other	Settlements	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other	COMPUTER EQUIPMENT	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other	OPERATING EQUIPMENT	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other	BUILDING IMPROVEMENTS	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other	NEWSPAPER ADS	\$0	\$1,800	\$1,800	\$199	\$5,400	\$5,201	\$21,600
Other	SUBSCRIPTIONS, BOOKS, ETC	\$519	\$248	(\$272)	\$1,064	\$743	(\$322)	\$2,970
Other	ASSOCIATION DUES	\$2,667	\$2,849	\$182	\$8,000	\$8,547	\$547	\$34,186
Other	IT SOFTWARE, LICENSES, INTANGIBLES	\$20,229	\$20,979	\$749	\$63,195	\$62,936	(\$259)	\$251,744
Other	PROF FEES/LICENSE/INSPECTIONS	\$796	\$155	(\$642)	\$1,720	\$464	(\$1,257)	\$1,854
Other	PROFESSIONAL SERVICES	\$142	\$2,202	\$2,060	\$6,643	\$6,605	(\$38)	\$26,420
Other	MED/HAZARD WASTE DISPOSAL	\$522	\$550	\$29	\$1,265	\$1,650	\$386	\$6,600
Other	TRANSPORTATION CONTRACT	\$169	\$625	\$456	\$295	\$1,875	\$1,580	\$7,500
Other	BOARD MEETING OPERATIONS	\$0	\$29	\$29	\$0	\$88	\$88	\$350
Other	SERVICE CHG - CREDIT CARDS	\$562	\$730	\$168	\$1,677	\$2,190	\$513	\$8,760
Other	CASHIER OVER / SHORT	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other	LATE CHARGES	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other	BAD DEBT EXPENSE	\$25,774	\$33,605	\$7,831	\$53,107	\$100,815	\$47,708	\$403,258
Other	MISCELLANEOUS EXPENSE	\$0	\$0	\$0	\$7,050	\$0	(\$7,050)	\$0
	Total Expenses	\$846,231	\$965,611	\$119,379	\$2,557,783	\$2,896,832	\$339,049	\$11,587,328
	Net Change in Fund Balance	\$36,392	\$0	\$36,392	(\$8,821)	\$0	(\$8,821)	\$0
				Expenses Fund Bal. Reserve	\$0			
					(\$8,821)			

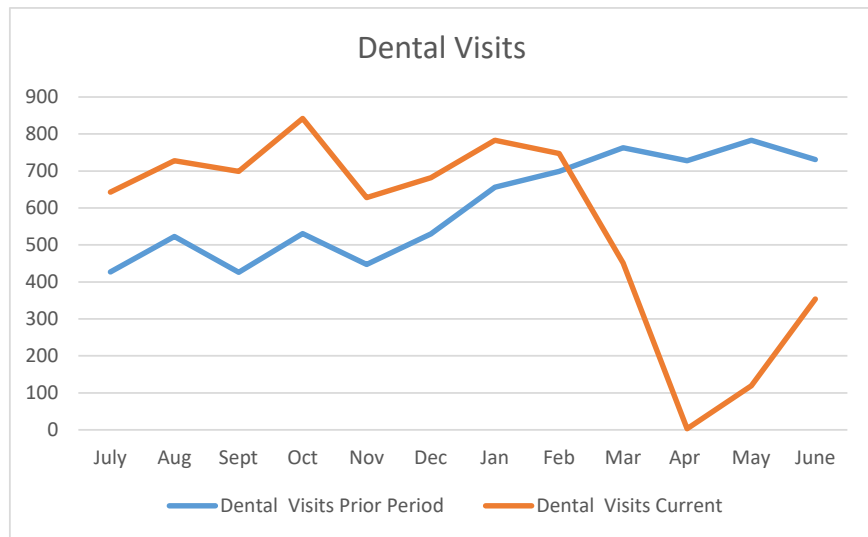
Medical Visits

	<u>Prior Period</u>	<u>Current</u>
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
May	2,171	719
June	1,797	1,170
	<u>27,961</u>	<u>19,370</u>



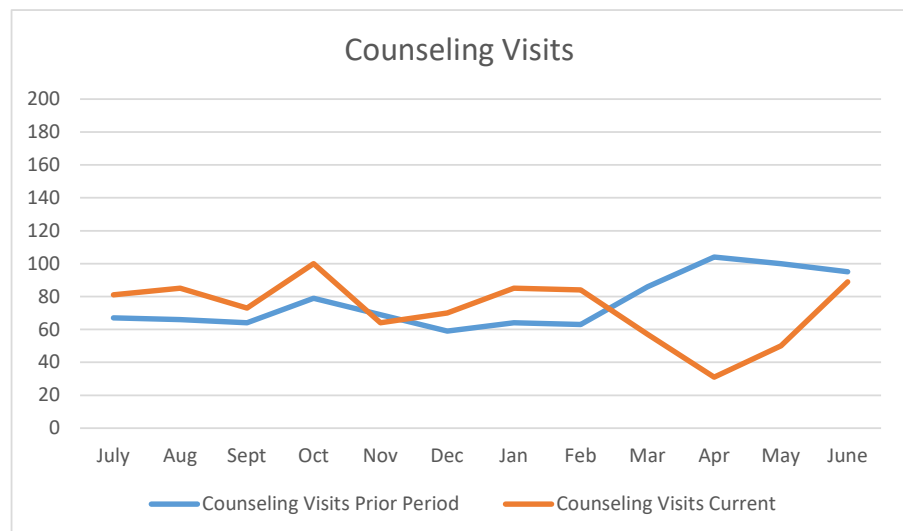
Dental Visits

	<u>Prior Period</u>	<u>Current</u>
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
May	783	119
June	731	354
	<u>7,244</u>	<u>6,679</u>



Counseling Visits

	<u>Prior Period</u>	<u>Current</u>
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
May	100	50
June	95	89
	<u>916</u>	<u>869</u>



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

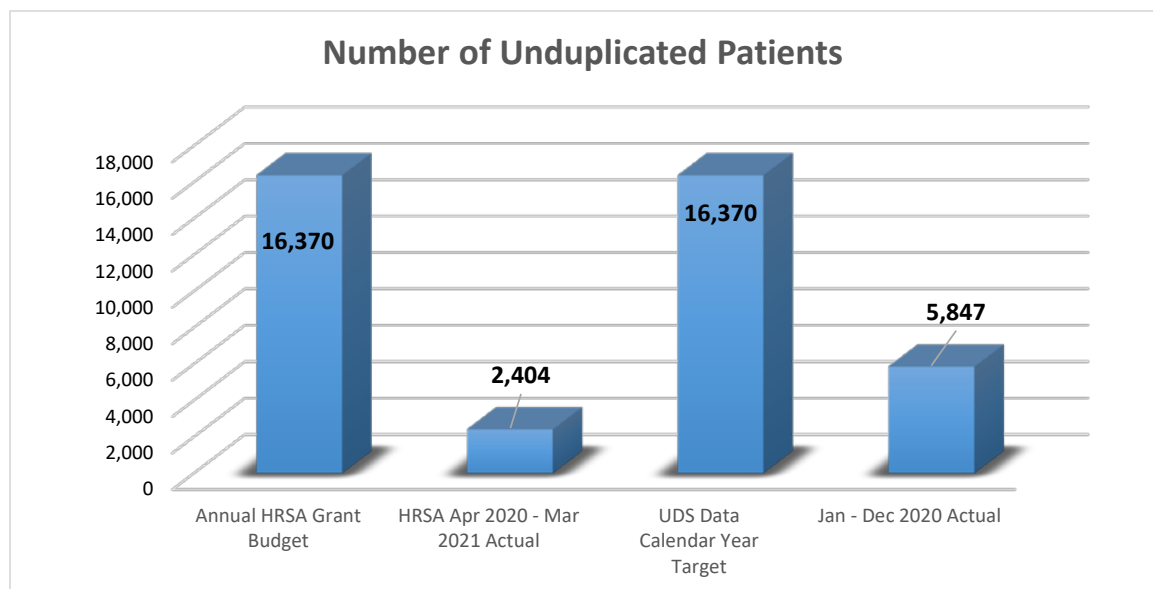
	Annual HRSA		Over/(Under)			Over/(Under)		%
	Grant Budget	MTD Actual	MTD Budget	MTD Budget	YTD Actual	YTD Budget	YTD Budget	Over/ (Under) YTD Budget
Medicaid	4,518	104	377	(273)	230	1,130	(900)	-80%
Medicare	4,507	123	376	(253)	259	1,127	(868)	-77%
Other Public (Title V, Contract)	2,498	38	208	(170)	58	625	(567)	-91%
Private Insurance	3,912	160	326	(166)	265	978	(713)	-73%
Self Pay	32,919	1,188	2,743	(1,555)	2,544	8,230	(5,686)	-69%
	48,354	1,613	4,030	(2,417)	3,356	12,089	(8,733)	-72%

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

	Current Year Annual Target	Jan-June 2019 Actual	Jan-June 2020 Actual	Increase/ (Decrease) Prior Year	% of Annual Target
Unduplicated Patients	16,370	8,677	5,847	(2,830)	36%

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

	Annual HRSA Grant Budget	Apr 2019 - Mar 2020 Actual	Apr 2020 - Mar 2021 Actual	Increase/ (Decrease) Prior Year	% of Annual Target
Unduplicated Patients	16,370	5,484	2,404	(3,080)	15%





COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

July 2020

Item#9

**Consider for Approval Bi-Annual Third-Party
Payor Adjustments**

**Coastal Health & Wellness
Adjustment - Primary Payer
From 1/1/2020 to 6/30/2020**

	Adj Amt
Totals for Billing Write-offs	(1,232.80)
Total	<u>\$ (1,232.80)</u>

Detail for Totals for Billing Write-Offs

Ambetter	\$ 1,232.80
Private Insurance Adjustment	
Out of Network Provider not covered.	

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

July 2020

Item#10

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

**Coastal Health & Wellness - Quarterly Visit & Analysis Report
for the period ending June 30, 2020**

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

Total Visits by Financial Class	June 2020	June 2019	% Change	* YTD Average		% Change		* YTD Payor Mix		% Change
				2020	2019			2020	2019	
Self Pay	1,187	1,946	-39%	691	1,116	-38%		76.2%	71.7%	5%
Medicare	123	195	-37%	66	134	-51%		7.2%	8.6%	-1%
Medicaid	105	187	-44%	62	117	-47%		6.9%	7.5%	-1%
Contract	20	126	-84%	11	82	-87%		1.2%	5.3%	-4%
Private Insurance	160	142	13%	58	96	-40%		6.4%	6.2%	0%
Title V	18	27	-33%	19	12	56%		2.1%	0.8%	1%
Total	1,613	2,623	-39%	906	1,557	-42%		100%	100%	0%

Department	* YTD Total Visits		% Change
	2020	2019	
Medical	8,022	13,818	-42%
Dental	2,456	4,361	-44%
Counseling	398	510	-22%
Total	10,876	18,689	-42%

Unduplicated Visits	* YTD Total Users		% Change
	2020	2019	
Medical	4,471	6,846	-35%
Dental	1,259	1,723	-27%
Counseling	117	107	9%
Total	5,847	8,676	-33%

NextGen / Crystal Reports - Summary Aging by Financial Class for the period ending June 30, 2020 (based on encounter date)											Goal is 45-75 days	
											Days in A/R	
	0-30	31-60	61-90	91-120	121-150	151-180	181-up	Total	%	Current		
										Period	Last Qtr	
Self Pay	35,559	34,102	22,612	27,951	45,364	43,792	634,238	\$843,617	92%	510	317	
Medicare	18,954	4,263	5,548	5,217	483	2,000	3,363	\$39,828	4%	87	43	
Medicaid	14,385	2,637	2,958	1,757	3,399	2,609	2,030	\$29,775	3%	49	31	
Contract	3,570	1,836	642	279	2,236	302	32,392	\$41,257	5%	186	101	
Private Insurance	23,286	4,036	665	224	885	1,790	4,839	\$35,724	4%	86	51	
Title V	1,581	1,215	229	225	-	127	1,445	\$4,823	1%	63	166	
Unapplied	(82,984)							(\$82,984)	-9%	-----	-----	
Totals	\$14,351	\$48,089	\$32,654	\$35,653	\$52,367	\$50,620	\$678,306	\$912,039	100%	164	118	

Previous Quarter Balances									
	(\$44,303)	\$82,846	\$81,081	\$70,428	\$61,211	\$56,162	\$646,573	\$953,999	
% Change	-132%	-42%	-60%	-49%	-14%	-10%	5%	-4%	

Charges & Collections	June 2020	June 2019	% Change	* YTD 2020	YTD 2019	% Change
Billed	\$399,032	\$722,774	-45%	\$2,464,210	\$4,995,503	-51%
Adjusted	(284,506)	(534,349)	-47%	(1,846,670)	(3,670,203)	-50%
Net Billed	\$114,526	\$188,425	-39%	\$617,540	\$1,325,300	-53%
Collected	\$70,482	\$148,201	-52%	\$572,651	\$1,057,909	-46%
% Net Charges collected	62%	79%	-22%	93%	80%	16%

Payor	YTD Current Period				YTD Prior Year			
	Visits	Payor Mix	Net Revenue per Visit	(Net Billed) Net Revenue	Visits	Payor Mix	Net Revenue per Visit	(Net Billed) Net Revenue
Self Pay	8,292	76.2%	\$35.88	\$297,504	15,392	70.6%	\$33.98	\$522,958
Medicare	788	7.2%	\$104.63	82,449	1,815	8.3%	\$138.29	250,990
Medicaid	749	6.9%	\$146.01	109,363	1,607	7.4%	\$148.71	238,978
Contract	126	1.2%	\$316.42	39,869	1,441	6.6%	\$81.24	117,072
Private Insurance	697	6.4%	\$107.03	74,601	1,394	6.4%	\$128.20	178,717
Title V	224	2.1%	\$61.41	13,755	149	0.7%	\$111.31	16,586
Total	10,876	100%	\$56.78	\$617,540	21,798	100%	\$60.80	\$1,325,300

Item	2020	2019
Self Pay - Gross Charges	\$1,711,663	\$3,289,690
Self Pay - Collections	\$270,474	\$452,779
% Gross Self Pay Charges Collected	15.8%	13.8%
% Net Self Pay Charges Collected	90.9%	86.6%

Coastal Health & Wellness
New Patients By Financial Class
From 1/1/2020 to 6/30/2020

Summary	Current Period		Prior Period 2019	
	New Patients	Current %	New Patients	%
Self Pay	733	80.2%	1,495	77.9%
Medicaid	68	7.4%	121	6.3%
Medicare	12	1.3%	60	3.1%
Private Insurance	54	5.9%	155	8.1%
Title V	31	3.4%	45	2.3%
Contracts	16	1.8%	42	2.2%
Total	914	100.0%	1,918	100.0%

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

July 2020

Item#11

**Consider for Approval the Coastal Health & Wellness 2020-2021
Performance Improvement Plan**

COASTAL HEALTH & WELLNESS PERFORMANCE IMPROVEMENT PLAN

~~2019-2020~~2020-2021

Introduction

The purpose of this Performance Improvement Plan (PIP) is to outline how Coastal Health & Wellness (CHW) will assure that a meaningful performance improvement program is implemented with continuous monitoring, clear organizational roles and responsibilities for carrying out the Plan, and how performance improvement data will be evaluated and reported to the Governing Board Quality Assurance/Performance Improvement/Risk Management (QA/PI/RM) Committee (QAC) and the CHW Governing Board (GB).

Responsibilities

Coastal Health & Wellness Governing Board

The CHW Governing Board is the policy-making authority for CHW clinical operations. The Board approves CHW operational policies, ensures CHW's continuing alignment with its vision and mission, and tracks CHW's progress to achieve goals and objectives adopted by the organization and as set forth in accordance with the Healthy People 2020.

As outlined in the Governing Board's bylaws, execution and operational aspects of Board policies are delegated to the Executive Director or his/her designee. The Health Resources and Services Administration (HRSA) mandates that a Quality Assurance/Performance Improvement/Risk Management (QA/PI/RM) Committee (QAC), comprised of Governing Board members, oversee the progression and effectiveness of Coastal Health & Wellness's overarching initiatives. In doing so, the Governing Board's QAC QA/PI/RM Committee will convene on a quarterly basis to review performance improvement data and priority indicators which shall include CHW's compliance with standards stipulated by CHW accrediting organizations including but not limited to HRSA and The Joint Commission (TJC).

The Governing Board's QAC QA/PI/RM Committee is responsible, when necessary, for requesting that the Executive Director bring pertinent information from these meetings to the Governing Board in its entirety. The Governing Board is subsequently expected to offer feedback to CHW administration regarding these matters.

Coastal Health & Wellness Quality Assurance/Performance Improvement Committee

The Coastal Health & Wellness Quality Assurance/Performance Improvement Committee includes the Executive Director, Chief Compliance Officer, Chief Nursing Officer, Chief Financial Officer, Medical Director, Nursing Director, Dental Director and all other clinic managers. The Quality Assurance/Performance Improvement Committee meets ~~on the first Wednesday of each month~~monthly to evaluate and improve upon current clinical processes as they pertain to patient care, customer service, administrative functions, and adherence to ~~all other~~ goals and objectives subject to Governing Board oversight. Minutes from the Quality Assurance/Performance Improvement Committee are distributed to all members within five (5) business days after the meeting and reviewed with all members of the Quality Assurance/Performance Improvement Committee at the start of the subsequent meeting.

Members of the Quality Assurance/Performance Improvement Committee use data presented at these meetings to establish monthly, quarterly, and annual performance matrices. The Executive Director and other designated staff coordinate with the Governing Board's QAC QA/PI/RM Committee to establish organizational responsibilities required to accomplish identified goals and objectives.

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Coastal Health & Wellness Supervisors

All Coastal Health & Wellness managers and supervisors are responsible for capturing and tracking data essential to monitoring and evaluating the progress and quality initiatives as they relate to each supervisors' departmental purview, and ensure members of their respective staff are adequately educated about their individual roles and responsibilities, and how these roles and responsibilities fit into CHW's overall objectives. When instructed by the Executive Director, supervisors will coordinate the collection of data and its subsequent aggregation and analysis, including frequency, statistical tools, historical trends, etc.

Approach to Quality Assurance/Performance Improvement

The framework for the Coastal Health & Wellness Performance Improvement Plan is developed in collaboration with a broad and inclusive group of community stakeholders and takes into consideration local morbidity and mortality data. Strategic planning fosters integrated priorities across the entire organization. For ~~2019-2020~~2020-2021, data will be collected on:

- a. Medical and dental productivity
- b. Access to care
- c. Patient satisfaction survey results
- d. Patient complaint data for unresolved complaints
- e. Patients with hypertension
- f. Patients with Type 2 diabetes
- g. Breast and colon cancer screening initiatives
- h. Insurance credentialing
- i. Chart audits for quality of care measures
- j. Other measures identified by HRSA (meaningful use and clinical measures), TJC, the Department of State Health Services and/or the ~~QAC~~ QA/PI/RM Committee

The ~~2019-2020~~2020-2021 Performance Improvement Plan will also mandate that CHW administration continue working to ~~implement new information technology for Meaningful Use and~~ collaborate with Texas Association of Community Health Centers (TACHC) to meet the requirements of the Patient Centered Medical Home credential. ~~New technology will provide opportunities to improve data gathering and data accuracy for more efficient and safer patient care.~~ Clinic staff will also continue to develop measures over the next year ~~to meet the next level of Meaningful Use to comply with (of electronic records) as required by the Centers for Medicare and Medicaid Services ("CMS")~~ regulatory changes set forth by any regulatory body.

Measurements for 2020 - 2021

Coastal Health & Wellness is committed to achieving certain goals set forth by HRSA in its Healthy People 2020 initiative. Accordingly, CHW will strive to exceed the following specific measures, which will be reviewed quarterly by the Governing Board's Quality Assurance Committee.

Objectives

- 1. Implement the new Peer to Peer Clinical Education Initiative to replace the former Peer Review Process [for all medical providers](#)
- 2. Screen at least 50% of all children, adolescents and adults for diabetes and prediabetes with a single hemoglobin A1C using the diagnostic criterion of the American Diabetes Association

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Commented [HL3]: how are we defining productivity? is this encounters/hour, production, collection, etc.??

Commented [KB4R3]: It will be a combination of all of the above.

Commented [HL5]: should consider defining what access to care means here - Pisa's access to care report is % no show, number of patients seen, utilization rate

Commented [KB6R5]: This will also include provider panel reports.

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3. Provide verbal or written patient education for at least 50% of all children, adolescents and adults who have screened positive for prediabetes
4. Improve by at least 5% the proportion of patients with Type 2 Diabetes who have a hemoglobin A1C less than 9%
5. Increase by 10% the proportion of children, adolescents and adults who have weight screenings and counseling for overweight or obesity
6. [Continue the established peer review process for all dental providers](#)
- 5-7. [Place dental sealants on at least 70% of eligible patients ages 6-9 years old](#)

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Measures from the Bureau of Primary Health Care Review

Clinical measures in the Bureau of Primary Health Care grant and mandatory reporting system will be integrated into routine QA monitoring and improvement activities to assure baseline numbers are accurate for the Uniform Data System (UDS) reporting tool.

Dental Peer Review

Dental Peer Review will continue to serve as a vehicle to evaluate and improve the quality of dental health services at Coastal Health & Wellness. Monthly measures for dental are reviewed by audit of individual records or data gathered through electronic reports generated from the system. Currently, Dental Peer Review measures are reviewed monthly by the Coastal Health & Wellness Quality Assurance/Performance Improvement Committee, and feedback from these meetings is presented to all providers by the CHW Dental Director at their department's monthly in-service meeting.

Medical Peer Review

The CHW Medical Team has modified its peer review process and is implementing the peer to peer clinical education initiative for a more comprehensive approach to quality assurance.

- Commented [RM7]: Do we need to expound by stating how outcomes will be assessed and improvements implemented?
- Commented [KB8R7]: The UDS measures will be used in this evaluation process as well.

Environment of Care and Infection Control Program

The program has predetermined measures for the effectiveness of efforts in safety, life safety, security, hazardous materials, utilities, medical equipment, emergency preparedness and infection control. Improvements are driven by identification of opportunities for ~~improvement~~enhancement through ~~conformance with the aforementioned measures~~measurement and data analysis. These are reviewed and approved annually by the ~~QAC~~ QA/PI/RM Committee and follow guidelines set forth by ~~The Joint Commission, and Occupational Safety and Health Administration~~ OSHA, AAMI and CDC.

- Commented [HL9]: do we also want to include AAMI and CDC in this list as they relate to guidelines for infection control?
- Commented [ED10R9]: changed

Staff Competencies

Licensed independent providers are credentialed and privileged in accordance with the *CHW Credentialing and Privileging Policy for Professional Provider Staff* (attached), which is reviewed and approved annually by the Coastal Health & Wellness Governing Board. Other licensed staff is periodically credentialed and works under the applicable supervision. Providers are subject to review in accordance with the *Clinical Peer/Midlevel Review* (attached). An assessment of all staff competency is made annually as a part of the Coastal Health and Wellness performance evaluation process.

Sentinel Events

A sentinel event is a serious occurrence in CHW that results in the death or serious injury of a patient, staff or visitor. It also includes an event that causes risk of death or injury, in that if it were repeated, injury or death might occur. Injury may be physical or psychological. It is not related to the course of a patient's illness or condition. Sentinel events are preventable occurrences. Some examples are death or serious injury from a medication error, from transmission of a nosocomial infection, and from breach of a safety measure or avoidable delay in treatment.

Sentinel events shall be reported as incidents and reviewed by the Coastal Health & Wellness Quality Assurance/Performance Improvement Committee. In the rare instance that a sentinel event should occur, a root cause analysis focusing on improving systems and processes will be undertaken by an appropriate multi-disciplinary group assigned by the Quality Assurance/Performance Improvement Committee. Should the event mandate reporting to an external agency, such reports will be prepared by the Chief Compliance Officer, unless directed otherwise by the Executive Director.

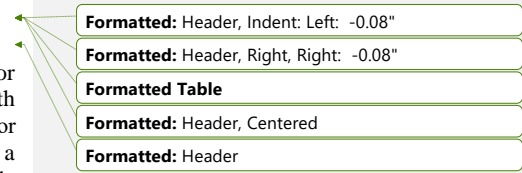
Incidents that do not rise to the level of a sentinel event are also thoroughly investigated, and corrective actions, when appropriate, are employed. Such incidents are considered to be important learning and improvement opportunities and are analyzed by the Quality Assurance/Performance Improvement Committee. Process improvements are made based upon Committee recommendations and established procedures for best practices.

Attachments:

- a. Patient Safety and Quality of Care Statement
- b. Coastal Health & Wellness Clinical Peer/Midlevel Review
- c. Galveston County Health District Coastal Health & Wellness Clinic Quality Management Program for DSHS and HHS Funded Programs
- d. Coastal Health & Wellness Credentialing and Privileging Policies for Professional Provider Staff

~~David Delae~~ Samantha Robinson, ~~Chairman~~
Coastal Health & Wellness Governing Board

Date



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Patient Safety and Quality of Care Coastal Health & Wellness Statement

Patient Safety and excellent quality of care is of the utmost importance to Coastal Health & Wellness staff at all levels. Patients can be assured that Coastal Health & Wellness (CHW) has all the standard systems in place for patient safety, quality assurance, and quality of care improvements.

~~Our~~ CHW's goal is to continuously improve health care for the public by evaluating ~~its~~ health care processes and outcomes, and by inspiring ~~in our~~ a collective sentiment striving for ~~staff~~ excellence, safety and the highest quality of care possible among all staff. CHW strives for each of its ~~Our objective is for our~~ patients to experience the safest, highest quality, best-value health care available anywhere.

Safety & Quality of Care is addressed in many ways. A few highlights include:

- **Joint Commission Accreditation** (www.jointcommission.org) – The Joint Commission is an independent, not-for-profit organization. The Joint Commission accredits and certifies more than 18,000 health care organizations and programs in the United States. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards.
- **Risk, Safety, Infection Control and Medication Management** guidelines are annually reviewed and staff practices are routinely improved and monitored.
- **Investigations** of possible adverse occurrence with root cause analysis are conducted and improvements are implemented when ~~needed~~ deemed appropriate.

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- Medical Peer Reviews of ~~provider staff's~~ patient records are performed as part of the peer-to-peer clinical education initiative and are targeted at ~~to~~ discovering ways of improving the quality of care offered.
- Mid-level Reviews ~~are conducted by the Medical Director during which time he/she~~ The medical director ~~routinely~~ reviews mid-level clinical records. Mid-level ~~s~~ providers are typically ~~pare~~ Physician a Assistants and n Nurse p Practitioners employed at Coastal Health & Wellness.
- Peer Reviews of patient's dental records are performed as part of the established dental peer review process with the dentists and dental hygienists. These peer reviews are targeted at identifying opportunities for improving the quality of care offered.

Coastal Health & Wellness follows national safety guidelines and standards. Staff routinely manages ~~our~~ CHW facilities ~~clinics to optimize in terms of~~ security, fire safety, medical equipment safety, reliable power and utility systems, and maintains a functional clinic environment. ~~We~~ Staff also ~~addresses~~ medication and infection control risks, ~~keeps~~ accurate records, continuously ~~ascertain~~ s the competency of ~~our~~ staff, and ~~provide~~ s care in accordance with recognized standards.

As a Coastal Health & Wellness patient, you should speak up if you have questions or if you wish to discuss an issue of safety or the quality of your care. You may contact Clinic Administration at (409) 949-3406. If your concerns are not addressed, you may contact The Joint Commission at (800) 994-6610.

Your health and safety ~~are~~ is of the utmost importance to our organization, our biggest concern!

**COASTAL HEALTH & WELLNESS CLINICAL
PEER/MIDLEVEL REVIEW**
A Medical and Dental Quality of Care Improvement Program

These guidelines are an attachment to the approved Coastal Health & Wellness Governing Board's Performance Improvement Plan.

LEGAL FRAMEWORK OF PROGRAM

Pursuant to the *Federal Tort Claims Act*, which provides liability coverage for the Coastal Health & Wellness clinics and its employees, all official Coastal Health & Wellness professional staff are subject to review to evaluate quality of services, provide feedback and be given the opportunity for improvement or corrective action as may be indicated. The *Texas Medicaid Managed Care Program* also requires that providers be subject to review and that quality improvement and corrective actions be taken and monitored, as appropriate.

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- Commented [HL11]: does this need to state that it is for the medical providers? The dental providers to not have an education initiative, so I did list our peer review separately
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To qualify for the confidentiality and immunity protections afforded, all Peer/Midlevel Review activities must be carried out pursuant to these guidelines and must be performed at the direction of or on behalf of the Coastal Health & Wellness Quality Assurance Committee comprised of the Executive Director, Chief Nursing Officer, Chief Compliance Officer, Medical Director, Dental Director, Nursing Director, along with other business and clinical staff, as deemed necessary, based upon the issue being addressed.

The evaluation of qualifications, credentials, and privileges of licensed and certified staff are performed in accordance with *Credentialing and Privileging Policy for Professional Provider Staff*.

PEER TO PEER CLINICAL EDUCATIONAL INITIATIVE

Context

Primary health care clinicians are responsible for partnering with our patients to work toward the goals of achieving and maintaining excellent health. This partnership for the purpose of successfully achieving measurable goals is known as value based care.

The evidence for successful prevention and management of health conditions continues to accumulate and the care we provide needs to evolve as new evidence is obtained. This necessitates a commitment to lifelong learning for [primary care](#) providers and requires ongoing, continuous review and mastery of accepted medical and dental practice.

Peer to Peer Clinical Education Initiative (formerly Peer Review)

CHW's ~~Medical and Dental Directors~~ strictly monitors ~~the~~ ~~is~~ ~~modifying~~ ~~its~~ peer review process to ensure that every provider:

- Has access to up-to-date evidence for the most common and most impactful health conditions we managed in ~~our~~ CHW clinics;
- Is aware in a timely fashion of changes in the evidence and the application of evidence as it relates to patient care; ~~and~~
- Actively engages with other providers and the health care team as a whole to provide exemplary evidence-based care for our patients.

Content

Taken alone, UDS measures do not indicate whether ~~we are or are not providing~~ CHW is upholding appropriate care. However, the ~~data does offer~~ ~~are~~ markers for conditions known to impact the health of communities so when followed over time they can help determine if we are on course to effectively manage the care of our patients.

To achieve ~~our~~ CHW goals, ~~of achieving and maintaining excellent health~~ as well as the HRSA goals identified by UDS, each [medical](#) provider will be responsible for championing one or more health conditions (HC) and/or primary prevention screening tools (PST) on an ongoing basis.

- UDS measures are embedded within the identified HC and PSTs.
- Champions are not subject area experts but are responsible for updating colleagues on changes in practice guidelines for their subject.

Tasks for each champion:

Coastal Health & Wellness
Performance Improvement Plan

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- Identify evidence-based resources for managing the HC
- Review these resources on an ongoing basis
 - Provide an initial oral presentation during in service that reviews the acceptable practices for the comprehensive primary care of the HC
 - Provide brief updates at future in service sessions
 - Provide (a) written resource(s) that providers can access when performing clinical duties
 - Titles and links to evidence reviews and summaries that form the basis of acceptable practice
 - Lists/tables for surveillance markers and their frequency for the HC
 - Provide detailed but succinct recommendations for how to document care in NG
 - Work with IT to understand exactly how and where the documentation needs to be put in NG so it can be appropriately accessed for UDS and other statistical summaries and present this to colleagues
- Provide recommendations to improve the achievement of goals for the HC:
 - Specific suggestions to be used in the huddles for capturing data for the HC
 - Specific suggestions for education by nurses and medical assistants before and after the provider visit
 - Succinct, timely handouts
 - Call backs between visits
 - Extended education sessions with nurses
- Provide recommendations for tools for
 - shared decision-making
 - patient goal setting
 - patient education
- Perform focused chart reviews for all providers directed to the HC:
 - Develop in conjunction with the medical director the format for review for the HC that will measure whether providers are appropriately managing the HC
 - All champions will review five charts of every provider and their own once each quarter (four times annually when fully implemented)

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The following table lists the health conditions and primary preventive services that will form the basis of our current peer to peer clinical education initiative. All UDS measures are represented and many are contained within more than one subject area.

Health Condition/Preventive Service	Associated UDS
Asthma management for children and asthma and COPD management for adults	Use of appropriate medications for asthma
	Tobacco use and cessation
Management of Type 2 Diabetes	Hemoglobin A1C at or better than 9%
Primary care management of Coronary Artery Disease and Other Ischemic Vascular Disease	Lipid therapy
	Aspirin or other thrombotics for IVD
	Tobacco use and cessation
Primary care management of hypertension and dyslipidemia	Lipid therapy
	Tobacco use and cessation
	Hypertensive patients with BP < 140/90

Preventive care for infants and children	Childhood immunization status
	Weight assessment and counseling
Preventive care for adult women and adolescent females	Cervical cancer screening
	Linkage to care for HIV , HIV
	Prevention/Linkage to care for HIV
	Colorectal cancer screening
	Weight assessment (BMI) and counseling
	Screening and care for clinical depression
Preventive care for adult men and adolescent males	Screening for tobacco use
	Weight assessment (BMI) and counseling
	Screening and care for clinical depression
	Screening for tobacco use
	Colorectal cancer screening
	Linkage to care for HIV , HIV
	Prevention/Linkage to care for HIV

GUIDELINES FOR TYPES OF REVIEWS

Patient Complaints, Adverse Occurrences and Sentinel Events

1. Quality of care concerns and patient complaints that are reported to CHW employees will be thoroughly investigated by the appropriate manager.
2. The appropriate manager will gather and review documentation regarding the incident/complaint including but not limited to, medical records, logs, electronic records, witness written statements, etc.
3. The appropriate manager will draft a chronological report of key findings based on documentation and present the findings to the Executive Director for review.
4. The Executive Director will review for completeness and appropriateness of the findings and formulate recommendations, including, but not limited to, staff and practice expectations, employee corrective actions, training needs, and procedures/guideline development.
5. Depending upon the nature of the infraction, the Chief Compliance Officer may report the incident to The Joint Commission, National Practitioner Databank, Texas Medical Board, Texas Board of Nursing and/or other appropriate professional licensing boards, as well as to law enforcement if necessary.
6. CHW administration will advise appropriate staff of the incident, and any related policies or procedures implemented as a result.

MIDLEVEL SUPERVISORY REVIEWS

1. On a weekly basis, at least 10% of patient visits with mid-levels are electronically selected.
2. On a weekly basis, the Medical Director or qualified designee reviews these records for appropriate documentation of history, physical exam, diagnosis(es), and plan according to established clinical practice guidelines and evidence-based clinical standards of care.
3. When the Medical Director or designee finds a quality of care concern, he or she will document the concern and recommendation to the appropriate midlevel provider in an email marked "Privileged and Confidential Chart Review Findings." In urgent instances, the Medical Director or designee will consider appropriate clinical or corrective interventions.

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4. For most frequent findings, it is expected that the Medical Director or designee provides a brief presentation on the topic during the monthly in-service. An alternative would be to arrange for a topic expert to present on the subject matter.
5. The Dental Director reviews 10% of the dental hygienist's records at least monthly according to an approved review form and gives feedback to the hygienist(s) at least monthly regarding expected improvements in care or documentation.

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DENTAL PEER REVIEW PROCEDURE

Dental reviews are conducted by the Dental Director according to measures discussed and approved by the QA/PI Committee according to a review calendar approved by the QA/PI Committee. Dental Peer Review will continue to serve as a vehicle to evaluate and improve the quality of dental health services at CHW. Monthly measures for dental are reviewed by audit of individual records or data gathered through electronic reports generated from the system. Currently, Dental Peer Review measures are reviewed monthly by the CHW Quality Assurance/Performance Improvement Committee, and feedback from these meetings is presented to all providers by the CHW Dental Director at their department’s monthly in-service meeting. Dental Peer review includes the evaluation of each type of procedure offered at CHW.

CHW’s Dental Director strictly monitors the peer review process to ensure that every provider:

- Has access to up-to-date evidence for the most common and impactful dental conditions managed in CHW clinics;
- Is aware in a timely fashion of changes in evidence, technology and dental materials and the application of these advances as it relates to patient care; and
- Actively engages with other providers and the dental team as a whole to provide exemplary evidence-based care for our patients.

ABOUT CLINICAL PRACTICE GUIDELINES

The QA/PI Committee recommends new and updated Clinical Practice Guidelines that provide an accepted, evidence based, cost-effective standard-of-care for clinical practice at the Coastal Health & Wellness, prioritizing common conditions or prevention. Variations from the standards are acceptable for documented medical reasons. Recommendations are to be submitted in writing, by the Medical Director or Dental Director to the Coastal Health & Wellness Quality Assurance/Performance Improvement Committee for review and possible action.

Recommended Clinical Practice Guidelines should reflect the most frequently addressed health and medical problems at Coastal Health & Wellness, as well as those for which care is delegated to midlevel practitioners (APN/PA) with prescriptive authority.

GALVESTON COUNTY HEALTH DISTRICT COASTAL HEALTH & WELLNESS QUALITY MANAGEMENT PROGRAM FOR DSHS AND HHS FUNDED PROGRAMS

Purpose

This guideline is designed to ensure clinic compliance with contract requirements of Department of State Health Services (DSHS), and Texas Health and Human Services (HHS) funded programs and to promote quality healthcare services for clinic patients.

Laws, Regulations and Policies:

All GCHD/CHW programs abide by the *Civil Rights Act*, including Title VI regarding limited English proficiency, *the Americans with Disabilities Act*, including Section 504 – the *Rehabilitation Act*. Policies pertinent to these laws and their applicability at Coastal Health & Wellness ~~and~~ are posted on the employee extranet site. Employees are educated about these policies upon initial hire and annually thereafter.

Abortions: No federal or DSHS funds are used for abortion or for abortion-related activities. No abortion-related activities are conducted in the Coastal Health & Wellness Clinics. No members of the Coastal Health & Wellness Governing Board or administrative staff may sit on a board of an organization that performs or endorses abortions.

Child Abuse Screening, Documenting and Reporting Guidelines: Coastal Health & Wellness staff abides by the DSHS Child Abuse Screening, Documenting and Reporting Policy requirements and posts ~~its~~ internal procedures on the employee extranet.

Human Trafficking: Coastal Health & Wellness employees are provided with annual training along with a written policy about human trafficking and a resources. ~~with additional information to review on the employee extranet site. The resources are also made available to employees via the extranet.~~

Domestic and Intimate Partner Violence: Coastal Health & Wellness employees are able to review and obtain written policy/guidelines on Domestic and Intimate Partner Violence on the employee extranet site. The employee

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extranet also offers ~~staff with staff~~ patient resources that are transcribed in both ~~to be~~ English and Spanish.

Cultural and Linguistic Competency: Coastal Health & Wellness receives annual training about requirements for overcoming barriers presented by cultural and linguistic differences, and about best practices when handling such situations.

Clinic Operations

Consent: A general consent for treatment is obtained through the Patient Services area before services are rendered. Patients sign a new general consent each time financial screening is completed. Informed consents are completed by clinical staff before an invasive procedure is performed.

Client Grievance: This procedure is covered in the Coastal Health and Wellness *Operational Policy*, approved annually by the Governing Board. Issues and complaints are addressed and resolved at the lowest possible level, in the most immediate and effective manner. Complaints that are unresolved by staff are addressed by clinic administrative staff, who report the complaint to the department supervisor/manager. The supervisor/manager will then investigate and resolve the complaint in a timely fashion. Those that are not resolved to the patient's satisfaction at the department/manager level are investigated and resolved by the Executive Director or his/her designee. The *Customer Service Policy* also discusses grievance procedures and is available on the employee extranet for review.

Release of Information: The procedures and forms that guide release of patient health information ("PHI") from Coastal Health & Wellness Clinic is posted on the employee extranet site. Fees for documented records are approved by the Governing Board annually, and coincide with the fee schedule stipulated by the Texas Medical Association.

Privacy and Confidentiality: Policies that address privacy include the *Work Environment Policy*, *HIPAA Policy*, *Computer and Electronics Usage Policy* and *Employee Ethics and Standards of Conduct Policy*. These policies can be found on the employee extranet.

Format Order Within the Record: Electronic records have specific formats within the medical and dental electronic programs, including templates and summary documents, which are adhered to by default EHR settings.

Record Retention: CHW has a Record Management Program in compliance with Title 6, Subtitle C, Local Government Code (Local Government Records Act), which includes adoption of appropriate records control schedules issued by the Texas State Library and Archives Commission, as well as DSHS and HHS medical record retention schedules. Paper records are retained both on and off-site and are destroyed according to schedule, and only after receiving approval by the Records Management Coordinator and Chief Compliance Officer. Destruction, when appropriate, is accomplished by the outside contractor per contract guidelines.

Infectious Disease Control: Coastal Health & Wellness has an *Infection Control Policy* for all staff that outlines responsibilities for using standard precautions, employee health practices, reporting contagious diseases and how employees are required to handle blood borne pathogen exposures. An *Immunization Policy* also exists for employees and volunteers. The Infection Control Nurse, with assistance from department supervisors, is responsible for the development of procedures for specific components of the infection control program. Coastal

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Health and Wellness outlines infection control program goals annually, identifies high risk procedures and describes monitoring activities in the *Infection Control Policy*.

Personnel Policies Address:

Job descriptions containing required qualifications and licensure for all personnel including contracted positions: Hiring Process, Performance Evaluation, Credentialing and Privileging Policy for Professional Staff.

A written orientation plan for new staff: Orientation Plan for New Staff; Orientation Training PowerPoint presentations on the employee extranet site.

Staff development based on employee needs: Staff development activities are determined by department supervisors or by executive leadership (Executive Director, Medical and Dental Directors) through the process of developing staff in-service agendas on a monthly basis. Activities are determined by standards set forth by regulatory authorities (Joint Commission, Bureau of Primary Care, DSHS, HHS etc.), by results of quality assurance monitoring (chart audits, etc.), by clinical needs (training on new equipment, new processes), compliance with regulatory activities (HIPAA, fraud, etc.) and by organizational needs.

Annual job evaluations of personnel, to include observation of staff/client interactions during clinical, counseling and educational settings: *Performance Evaluation Policy*.

Staff who have contact with clients are appropriately identified (name badge): *Dress Code Policy*

The agency has current Protocols for Physician Assistants (PAs) and Advanced Practice Nurses (APNs), which have been reviewed, agreed upon and signed annually by the physician, PAs and APNs: Well Child Protocols
The agency has current SDOs which have been reviewed, agreed upon and signed annually by the physician that delineates who is authorized to perform specific functions: Medical Director's SDOs for MAs that administer medications

Quality Assurance / Performance Improvement

The agency has a written and implemented internal Performance Improvement Plan used to evaluate services, processes and operations within the agency. All Coastal Health and Wellness administrative policies and procedures pertinent to federal, state or regulatory stipulations will be reviewed and approved by the Coastal Health & Wellness Quality Assurance/Performance Improvement Committee.

Evaluation of administrative policies and procedures and review of facilities: Approval of administrative policies is the responsibility of the Coastal Health and Wellness Governing Board when applicable, and is otherwise tasked to the Galveston County Health District United Board of Health. Policies are reviewed and approved annually by the Board.

Facility Maintenance and Environmental Safety

Review of facilities is accomplished in accordance with the *Safety Manual and Risk Management Policy*, along with Joint Commission Environment of Care policies, *GCHD/CHW Safety Manual* and *Infection Control Plan*. Reports are provided monthly to the Coastal Health & Wellness Infection Control and Joint Commission Committee, and quarterly to the GB Quality Assurance Committee.

Evaluation of eligibility and billing functions: For Title V and other potential DSHS/HHS funded programs, eligibility and billing audits (at least 10 records) are completed at least twice yearly by staff, and results are

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reviewed by the CHW Quality Assurance/Performance Improvement Committee. When findings fall below 90% compliance per the review tool, quarterly eligibility and billing audits are implemented. On review and recommendation of the Quality Assurance/Performance Improvement Committee, more or less frequent audits may be resumed. It is the responsibility of the CHW Quality Assurance/Performance Improvement Committee to suggest improvement activities when compliance falls below 90%, or whenever such activities are deemed appropriate.

Clinical Record Reviews: For Title V and other potential DSHS/HHS funded programs, data is pulled from the EHR/EDR by the Medical Assistant IV/[designated Dental provider](#) and compiled by the Nursing Director [and Dental Director](#). Results are then reviewed and discussed by the CHW Quality Assurance/Performance Improvement Committee. When audit findings demonstrate 90% or more compliance, audits are performed twice yearly with at least five Title V and five Texas Health Steps' medical visits sampled from each clinic site, along with five Title V Dental records sampled from each clinic site. The Title V and Texas Health Step audit tools are utilized for these reviews. When findings demonstrate less than 90% compliance, reviews are conducted quarterly on at least a total of ten Title V and ten Texas Health Steps records that can be from either clinic site. Records chosen for audit are from various providers and selected at random. [Records are audited per Dental and Medical Review tools.](#) It is the responsibility of the CHW Quality Assurance/Performance Improvement Committee to suggest improvement activities when compliance falls below 90% or whenever such activities are deemed appropriate. Corrective action may be taken as deemed appropriate.

Adverse Outcomes: Adverse outcomes are broadly defined in the Coastal Health and Wellness *Performance Improvement Plan*. Adverse outcomes include: medication errors, delay in addressing lab results or other delay in diagnosis or treatment, or other adverse outcomes due to services provided.

Adverse outcomes are completely investigated by applicable supervisors as designated by the Executive Director or designee. Root causes are determined when possible, and improvement activities and follow up is completed. Outcomes may be discussed with relevant personnel in the appropriate venue. A discussion of adverse outcomes, to include improvement activities and follow-up, will be addressed in the CHW Quality Assurance/Performance Improvement Committee meetings. If there are no adverse outcomes to report, the minutes will contain documentation of no adverse outcomes.

Client Satisfaction Surveys:—A Governing Board approved survey is given to patients to complete. Survey tallies are reported to the Coastal Health & Wellness Quality Assurance/Performance Improvement Committee on a monthly basis, and to the Governing Board on a quarterly basis.

Prepared for compliance with DSHS/HHS policies and approved by the Quality Assurance Committee on August 10, 2010. Revised per DSHS technical assistance September 3, 2010. Reviewed and approved September 21, 2011; June 14, 2012; July 23, 2013; August 20, 2014; October 21, 2015; December 07, 2017, May 22, 2018; May 18, 2019.

Kathy Barroso, CPA
Executive Director

Date

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Commented [HL13]: can "Records are audited per..." be deleted? This is already stated above in the sentence "The Title V and Texas Health Step audit tools...."

Commented [ED14R13]: deleted

Cynthia Ripsin, MD
Coastal Health & Wellness Medical Director

Date

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~~COASTAL HEALTH & WELLNESS CLINIC CREDENTIALING AND PRIVILEGING POLICY FOR PROFESSIONAL PROVIDER STAFF~~

~~**CREDENTIALING:** To ensure patient safety and a competent professional work force, all of the Coastal Health & Wellness (“CHW”) Clinic professional provider staff, employed and contracted, will be credentialed according to the following standards. Initial credentialing includes verification of licensure and certification, education, training and current competence. The Coastal Health & Wellness Governing Board, on the recommendation of the Medical or Dental Director, must approve the credentials for Medical Doctors, Doctors of Osteopathy, and other Licensed Independent Practitioners (LIPs) such as Dentists, Psychotherapists, and midlevel providers including Physician Assistants and Nurse Practitioners. Recredentialing occurs every two years.~~

~~**PRIVILEGING:** Privileging is the process of authorizing a licensed or certified health care practitioner’s scope of patient care services. LIPs and midlevel providers including Nurse Practitioners and Physician Assistants must request privileges that are consistent with the Coastal Health & Wellness Clinic scope of services and are appropriate for his/her education and training. The Governing Board may approve privileges on the recommendation of the Medical or Dental Director. Re-privileging for LIPs and midlevel providers including Nurse Practitioners and Physician Assistants occurs at least every two years, in conjunction with recredentialing procedures.~~

~~**Responsibilities:**~~

~~**Coastal Health & Wellness Governing Board** is responsible for:~~

- ~~a. Authorizing the credentialing and privileging of Coastal Health & Wellness Licensed Independent Practitioners and midlevel providers including Nurse Practitioners and Physician Assistants.~~

~~**CHW Executive Director** is responsible for:~~

- ~~a. Reviewing the credentialing and privileging processes; and~~
- ~~b. Providing letters of approval for physicians, LIPs, and midlevel providers including Nurse Practitioners and Physician Assistants of their approved privileges.~~

~~**CHW Medical Director** is responsible for:~~

- ~~a. Reviewing the credentials verifications and privileges requests of physicians, medical LIPs, and midlevel providers including Nurse Practitioners and Physician Assistants, and for making a recommendation to the Governing Board; and~~
- ~~b. Recommending approval or denial of the re-privileging of physicians, medical LIPs and midlevel providers including nurse practitioners and physician assistants based on peer review and other quality data, every two years.~~

~~**CHW Dental Director** is responsible for:~~

- ~~a. Reviewing the credentials verifications and privileges requests of dentists, and for making a recommendation to the Governing Board; and~~
- ~~b. Recommending approval or denial of the re-privileging of dentists based on peer review and other quality data, every two years.~~

~~**Human Resources** is responsible for:~~

- ~~a. Processing and verifying initial credentialing and privileging applications according to procedures;~~
- ~~b. Reporting delays, problems and adverse information to the Medical Director, Dental Director, and/or the Executive Director.~~

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Commented [HL15]: Do dental hygienists need to be credentialed?

Commented [ED16R15]: this is addressed in the newest version of the credentialing policy & will be attached to the PIP when it goes to the GB

CHW Administration is responsible for:

- a. Processing and verifying recertifying and re-privileging applications according to procedures;
- b. Tracking expiration of credentials and privileges; and
- c. Reporting delays, problems and adverse information to the Medical Director, Dental Director and/or the Executive Director.

The **Provider** is responsible for completing a credentialing application initially and a recertifying application every two years. LIPs and midlevel providers including Nurse Practitioners and Physician Assistants must also complete a privileges request, initially and every two years thereafter.

CREDENTIALING and PRIVILEGING GUIDELINES:

Initial Credentialing:

1. The Texas Standardized Credentialing Application is provided to the provider along with clear information about the application, required documents and deadlines. Other requested documents include: privileges request form, copies of relevant credentials including license(s), certifications, DEA and DPS certificates, Board certification, CPR and government issued picture identification.
2. Primary source verification is used by direct correspondence, telephone, fax, email or paper reports received from original sources to verify current licensure, certification, relevant training and experience. The following credentials are verified, as applicable: professional school, internships, residencies and post doctoral programs, and board certification. If primary source verification cannot feasibly be obtained, a Joint Commission approved equivalent sources include, but are not limited to, the following: the American Medical Association Physician Masterfile, American Board of Medical Specialties, Educational Commission for Foreign Medical Graduates, American Osteopathic Association Physician Database, and Federation of State Medical Boards and the American Academy of Physician Assistants for all actions against a physician's medical license.
3. Three professional references, as designated by the applicant on the Texas Standardized Credentialing Application, will be required from the same field and/or specialty who are not partners in a group practice and are not relatives. Professional references may be obtained from an educational program, when the applicant is a recent graduate. If the applicant has had privileges at a hospital or clinic, a letter requesting verification of privileges is also used for primary source verification. References will be asked to complete a standard reference form about the applicant's clinical performance, ethical performance, history of satisfactory practice, specific knowledge about the applicant's clinical judgment and technical skills.
5. LIPs and midlevel providers including Nurse Practitioners and Physician Assistants give a written statement and/or list of their requested privileges and attest to their ability to perform their requested privileges which are reviewed by the Medical or Dental Director.
6. A Verification of Health Fitness will be required to determine the professional's health fitness or the ability to perform the requested privileges.
7. A query of the National Practitioner Data Bank (NPDB), Health and Human Services Office of Inspector General List of Excluded Individuals database, and all individual state exclusionary databases will be conducted for information on sanctions or adverse actions against the LIPs license.
9. Background checks will be completed on all professional provider staff.

Initial Privileging: LIPs and midlevel providers including Nurse Practitioners and Physician Assistants request specific privileges in writing based on their training, competence and within the scope of services of the Coastal Health & Wellness Clinic. The Medical or Dental Director recommends the LIP's and midlevel providers

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including Nurse Practitioners and Physician Assistants privileges to the Governing Board, which has the final approval authority. The Executive Director or designee notifies the LIP and midlevel providers including Nurse Practitioners and Physician Assistants in writing of the granting of specific privileges.

Recredentialing: The recredentialing process is accomplished at least every two years. The LIP or midlevel provider including Nurse Practitioner and Physician Assistant completes the Coastal Health & Wellness recredentialing application. Licensure, Board Certification, new training and privileges with other organizations (if any) are verified. NPDB is queried. The Medical Director or Dental Director reviews the credentials.

Re-privileging: Re-privileging of LIPs and midlevel providers including Nurse Practitioners and Physician Assistants is accomplished at least every two years in conjunction with recredentialing. The LIPs and midlevel providers including Nurse Practitioners and Physician Assistants requests specific written privileges. For routine re-privileging, the Medical Director or Dental Director base their recommendations on clinical data gathered over the two years, including patient satisfaction, peer review, performance improvement activities and risk management activities. An LIP may request privileges revisions at any time. The final approval for re-privileging is that of the Governing Board.

Detailed standardized procedures and forms are written and used for credentialing and privileging.

TEMPORARY PRIVILEGES:

Purpose: To ensure a qualified and competent physician, midlevel provider including nurse practitioners and physician assistants, other LIPs, and dentist staff.

Responsibilities:

Medical and Dental Directors: recommend temporary approval of privileges only in circumstances outlined below:

CHW Executive Director or Designee: Approves temporary privileges for physicians, midlevel providers including nurse practitioners and physician assistants, other LIPs, and dentists in specific circumstances as outlined below:

Temporary privileges for physicians, midlevel providers including nurse practitioners and physician assistants, other LIPs, and dentists shall be granted under two different circumstances:

1. To fulfill an important patient care need, for example, in the event of unexpected provider absences due to illness or position vacancy.
 - a. In this circumstance, temporary privileges may be granted by the CHW Executive Director or designee on a case by case basis when there is an important patient care need that mandates an immediate authorization to practice, for a limited period of time, while the full credentials information is verified and approved. In these circumstances, temporary privileges may be granted by the Executive Director or designee upon recommendation of the Medical or Dental Director, provided there is verification of current licensure; relevant training or experience; results of the National Practitioner Data Bank query have been obtained and evaluated; any involuntary termination of medical staff membership at another organization has been evaluated; any voluntary or involuntary limitation, reduction, or loss of clinical

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~~privileges have been evaluated and current competence (as evidenced by at least two peer recommendations). In this case, temporary privileges will be approved for no more than ninety (90) days and will state the relevant patient care need.~~

~~2. When a new applicant to the organization with a complete, clean application is awaiting review and approval of the Coastal Health & Wellness Governing Board.~~

~~In this circumstance, temporary privileges may be granted by the CHW Executive Director or designee for a period not to exceed sixty (60) days, upon the recommendation of the CHW Dental or Medical Director provided there is verification of:~~

- ~~a. Current licensure;~~
- ~~b. Relevant training or experience;~~
- ~~c. Current competence (as evidenced by at least two peer recommendations);~~
- ~~d. Ability to perform the privileges requested; and~~
- ~~e. The results of the National Practitioner Data Bank query have been obtained and evaluated.~~

~~The Medical/Dental Director must verify the provider:~~

- ~~a. Submits a complete application;~~
- ~~b. Carries no current or previously successful challenge to his/her licensure or registration;~~
- ~~c. Has been subject to involuntary termination of medical staff membership at another organization; and~~
- ~~d. Has not been subject to involuntary limitation, reduction, or loss of clinical privileges.~~

~~Temporary privileges are not to be routinely used for other administrative purposes such as:~~

- ~~a. The failure of the provider to provide all information necessary to the processing of his/her reappointment in a timely manner; or~~
- ~~b. Failure of the staff to verify performance data and information in a timely manner.~~

~~**In the aforementioned situations, the provider precluding from issuing care in the facility until the reappointment process is complete.~~

ADVERSE INFORMATION:

~~If, during the credentialing process, substantive adverse information on the applicant is received, the Medical Director or Dental Director, in conjunction with the Director of Human Resources and the CHW Executive Director or designee, may recommend that the applicant not be hired or contracted.~~

Process for Medical or Dental Providers

~~Coastal Health & Wellness's process is developed in accordance with its status as a governmental entity and employer and in accordance with policy and bylaws established by HRSA, the Texas Medical Board, the Texas Dental Board, the Texas Board of Nursing, and in accordance with approved Coastal Health & Wellness policies. If the matter involves a compliance or quality of care issue, a comprehensive investigation will be performed to gather factual data and statements from all involved parties. The investigation will be reviewed by the CHW Executive Director or designee and Medical or Dental Director to determine if patient harm or non-compliance were substantiated by the investigation. If harm or non-compliance is questionable, the investigation will be forwarded for review by a confidential peer review committee of clinical counterparts for recommendations. The~~

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~~recommendations will be recorded and forwarded by the Medical or Dental Director to the involved provider for review and comment. All documentation will be kept in the providers' file. If the matter involves a substantiated violation of laws, organizations policies, or applicable licensure board regulations, the CHW Executive Director or designee and Medical or Dental Director, in consultation with the Human Resources Designee, will determine a fair and consistent corrective action in accordance with the Health District Corrective Action Policy. In the case of written reprimand or the issuance of an intent to terminate notice, policy allows the employed provider to submit a written appeal to the CHW Executive Director or designee and/or request a hearing before the CHW Executive Director, or designee, Medical or Dental Director, and Human Resources Designee. In accordance with current Coastal Health & Wellness Governing Board policies, the CHW Executive Director or designee will have the final decision on the outcome of the matter after consideration of the written appeal and/or fair hearing.~~

~~**Credentials Verification Organization (CVO):** When the Coastal Health & Wellness Clinic uses the credentialing process of another organization as a CVO for contracted LIPs, there is a signed contract outlining the process between the two organizations, including a quality assurance process. The Coastal Health & Wellness Clinic queries the National and State Practitioner Data Banks separately, and the Governing Board approves privileges.~~

~~Attachment: Credentialing and Privileging Table~~

~~Kathy Barroso, CPA Date
CHW Executive Director~~

~~David Delae Samantha Robinson, Chairman Date
Coastal Health & Wellness Governing Board~~

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**Coastal Health & Wellness
Credentialing and Privileging Table**

	MD/DO/LIP/MIDLEVEL	Dentist	
Credentialing: the process of assessing and confirming the qualifications of a licensed or certified health care practitioner	Verification of licensure and certification, education, training and competence	Verification of licensure and certification, education, training and competence	
	Approval: Medical Director and Governing Board	Approval: Dental Director and Governing Board	
Re-credentialing	As above, every 2 years	As above, every 2 years	
Privileging/Competency: the process of authorizing a licensed or certified health care practitioner's scope and content of patient care services. This is performed in conjunction with an evaluation of an individual's clinical qualifications and/or performance	By request of MD/DO/LIP/MIDLEVEL, consistent with clinic scope of services, as appropriate for verified education and training	By request of LIP, consistent with clinic scope of services, as appropriate for verified education and training	
	Approval: Medical Director and Governing Board	Approval: Dental Director and Governing Board	
Re-privileging	Every 2 years, by request of MD/DO/LIP/MIDLEVEL to continue employment or contract. Quality assurance and peer review data is considered.	Every 2 years, by request of LIP to continue employment or contract. Quality assurance and peer review data is considered.	
	Approval: Medical Director and Governing Board	Approval: Dental Director and Governing Board	

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COASTAL HEALTH & WELLNESS CLINIC CREDENTIALING AND PRIVILEGING POLICY

POLICY: To ensure patient safety and a competent professional work force, all Coastal Health & Wellness (“CHW”) practitioners (employed, volunteers and contracted) will be credentialed and privileged according to the following standards.

Practitioners are credentialed and privileged for a two-year term. Thereafter, Practitioners must be re-credentialed and have their privileges renewed for additional two-year terms in order to provide services at CHW.

CHW may contract with a credentials verification organization (CVO) to perform the credentialing activities set forth in the Credentialing and Privileging Table in this Policy.

APPLICABILITY: Except as otherwise set forth herein, any Practitioner as defined below, regardless of employment status (e.g., full-time, part-time, contracted, volunteer) must be credentialed, privileged and appointed in accordance with the procedures in this Policy before providing healthcare services to CHW patients. If CHW contracts with provider organizations or has formal, written referral arrangements for the provision of services that are within CHW’s scope of project to CHW patients, CHW shall ensure, through provisions in the contract or CHW’s review of the organization’s credentialing and privileging processes, that such Practitioners shall be licensed, certified, or registered as verified through a credentialing process that meets all applicable laws, and are competent and fit to perform the contracted services as assessed through a privileging process.

DEFINITIONS:

Credentialing: Credentialing is the process of assessing and confirming the qualifications of a Practitioner.

Privileging: Privileging is the process of authorizing a Practitioner’s scope of patient care services. Practitioners must request privileges that are consistent with the CHW Clinic’s scope of services and are appropriate for his/her education and training.

Practitioner. An individual who is a LIP, OLCP or OCS, as applicable.

Licensed Independent Practitioner (“LIP”). An individual required to be licensed, registered, or certified by the State of Texas to provide medical or dental services to patients. These individuals include, but are not limited to, physicians, dentists, behavioral health counselors, physician assistants and nurse practitioners.

Other Licensed or Certified Practitioner (“OLCP”). An individual who is licensed, registered, or certified but is not permitted by Texas State law to provide patient care services without direction or supervision. These may include, but are not limited to, registered nurses, licensed vocational nurses, dental hygienists, X-ray technicians and dental assistants.

Other Clinical Staff (“OCS”). An individual who is involved in patient care but is not required to be licensed or certified by the State of Texas. These may include, but are not limited to, medical assistants.

APPROVAL AUTHORITY:

The CHW Governing Board (the “Board”), on the recommendation of the Medical or Dental Director, must approve the credentials and privileges for Medical Doctors, Doctors of Osteopathy, and other Licensed Independent Practitioners such as Dentists, Behavioral Health Counselors, and midlevel providers including Physician Assistants and Nurse Practitioners (collectively, “LIPs”). Approval authority for OLCPs is vested in CHW’s Medical or Dental Director or through the practitioner’s supervisor for Other Clinical Staff (“OCS”).

CREDENTIALING & PRIVILEGING GUIDELINES:

Initial Credentialing:

1. CHW performs the credentialing activities in accordance with the **Credentialing and Privileging Table** set forth below.
2. The Texas Standardized Credentialing Application is provided to the LIP provider along with clear information about the application, required documents and deadlines. Other requested documents include the privileges request form, copies of relevant credentials including license(s), certifications, DEA and DPS certificates, Board certification, CPR and government-issued picture identification.
3. OLCPs and OCSs complete an employment application with verification activities performed in accordance with the **Credentialing and Privileging Table** below, which includes a request for professional references, attestation of fitness for duty and such other information set forth in the table.
4. Primary source verification is used by direct correspondence, telephone, fax, email or paper reports received from original sources to verify current licensure, certification, relevant training and experience. The credentials are verified, in accordance with the **Credentialing and Privileging Table** below. If primary source verification cannot feasibly be obtained, Joint Commission-approved equivalent sources include, but are not limited to, the following: the American Medical Association Physician Masterfile, American Board of Medical Specialties, Educational Commission for Foreign Medical Graduates, American Osteopathic Association Physician Database, and Federation of State Medical Boards and the American Academy of Physician Assistants.
5. For LIP applicants, three professional references, as designated on the Texas Standardized Credentialing Application, will be required from the same field and/or specialty who are not partners in a group practice and are not relatives, as available. Professional references may be obtained from an educational program, when the applicant is a recent graduate. If the applicant has had privileges at a hospital or clinic, a letter requesting verification of privileges is also used for primary source verification. References will be asked to complete a standard reference form about the applicant’s clinical performance, ethical performance, history of satisfactory practice, specific knowledge about the applicant’s clinical judgment and technical skills.
6. LIPs give a written statement and/or list of their requested privileges and attest to their fitness for duty and ability to perform their requested privileges which are reviewed by the Medical or Dental Director
7. A Verification of Health Fitness will be required to determine the Practitioner’s (LIP, OLCP and OCS) health fitness or the ability to perform the requested privileges.

8. A query of the National Practitioner Data Bank (NPDB), as applicable to the Practitioner, the Health and Human Services Office of Inspector General List of Excluded Individuals database, and all individual state exclusionary databases will be conducted for information on sanctions or adverse actions against a Practitioner’s license, as applicable.

9. Background checks will be completed on all Practitioners.

Initial Privileging: LIPs request specific privileges in writing based on their training, competence and within the scope of services of the Coastal Health & Wellness Clinic. The Medical or Dental Director recommends the LIP’s privileges to the Governing Board, which has the final approval authority. The Executive Director or designee notifies the LIP in writing of the granting of specific privileges. Privileging for OLCPs and OCSs occurs through supervisory evaluation per job description. Approval authority for OLCPs is vested in CHW’s Medical or Dental Director or through the practitioner’s supervisor for Other Clinical Staff (“OCS”).

Recredentialing: The recredentialing process is accomplished at least every two years in accordance with the Credentialing and Privileging Table set forth below.

Re-privileging: Re-privileging of LIPs, OLCPs and OCSs is accomplished at least every two years in conjunction with recredentialing. Determinations on renewal of privileges shall be based on peer review, supervisory performance evaluations or comparable methods for LIPs and supervisory evaluations per job description for OLCPs and OCSs. Other data that can be utilized include clinical data gathered over the two years, including patient satisfaction, performance improvement activities and risk management activities and training completed. A Practitioner may request privileges revisions at any time. The final approval for re-privileging for LIPs is that of the Governing Board. Approval authority for OLCPs is vested in CHW’s Medical or Dental Director or through the practitioner’s supervisor for Other Clinical Staff (“OCS”).

Credentialing and Privileging Table. CHW performs the following credentialing and privileging activities, as applicable to the Practitioner:

CREDENTIALING	PRACTITIONER	
	LIP	OLCP and, as applicable, OCS
ACTIVITY* Required for both initial and recurring Credentialing, as applicable		
Examples of Staff	Physician, Dentist, Physician Assistant, Nurse Practitioner	RN, Medical Assistant, LVN, Dental Assistant, X-ray Technician, Dental Hygienist
1. Verification of identity	Completed using government issued picture ID	Completed using government issued picture ID
2. Verification of current licensure, registration or certification*	Primary source	Primary source N/A for OCS
3. Verification of education and training	Primary source; Verification of graduation from medical, dental or other clinical professional school and, if applicable,	Secondary source

	residency, including receipt of sealed transcripts	
4. National Practitioner Data Bank Query*	Required Copy of completed report from NPDB query or documentation of a change in provider's file (if CHW signs providers up with NPDB and receives a real-time report of any changes in a provider's file)	Required as applicable for OLCPs; Not required for OCSs
5. Drug Enforcement Administration ("DEA") registration, *	If applicable, a copy of the physician/provider's current DEA registration certificate, which indicates the issue and expiration dates.	N/A
6. Basic life support training (if applicable) *	Required Secondary source (documentation of completion of basic life support training, e.g., a copy of a certificate of completion of training or documentation of comparable/advanced training based on provider's licensure or certification standards)	Required Documentation of completion of basic life support training (e.g., a copy of certificate of completion of training, course completion dates, etc.)
Criminal Background Check	Primary source	Primary Source

PRIVILEGING ACTIVITY	PRACTITIONER	
*required for initial and re-privileging	LIP	OLCP or OCS, as applicable
1. Verification of fitness for duty to assess the ability to perform the duties of the job in a safe, secure, productive and effective manner. *	Completed statement or attestation of fitness for duty from the Practitioner that is confirmed by either the director of a training	Completed statement or attestation of fitness for duty from the Practitioner that is confirmed by a licensed physician designated by

	program, chief of staff/department at a hospital where privileges exist, or a licensed physician	GCHD, or a licensed physician
2. Verification of immunization and communicable disease* <u>Immunizations/Communicable disease screenings that are verified according to GCHD Employee and Pre-hire Immunization Policy</u>	Copy of immunization records/status in provider's file or provider attestation including, if applicable, any declinations (provided by GCHD Immunization Program Manager).	Copy of immunization records/status in provider's file or provider attestation, including if applicable, any declinations (provided by GCHD Immunization Program Manager).
3. Verification of current clinical competence*	For initial privileges, verification through review of training, education, and as available, reference reviews. For renewal of privileges, Verification through peer review, supervisory performance reviews or other comparable methods.	Supervisory evaluation per job description.

TEMPORARY PRIVILEGES:

Medical and Dental Directors: recommend temporary approval of privileges only in circumstances outlined below.

CHW Executive Director or Designee: Approves temporary privileges for physicians, midlevel providers including nurse practitioners and physician assistants, other LIPs, and dentists in specific circumstances as outlined below, upon recommendation of the Medical or Dental Director.

Temporary privileges for physicians, midlevel providers including nurse practitioners and physician assistants, other LIPs, and dentists shall be granted under the following circumstance:

1. To fulfill an important patient care need, for example, in the event of unexpected provider absences due to illness or position vacancy.
 - a. In this circumstance, temporary privileges may be granted by the CHW Executive Director or designee, upon the recommendation of the Medical or Dental Director, on a case by case basis when there is an important patient care need that mandates an immediate authorization to practice, for a limited period of time and while the full credentials information is verified and approved; provided there is verification of current licensure; relevant training or experience; results of the National Practitioner Data Bank query have been obtained and evaluated; any involuntary termination of medical staff membership at another organization has been evaluated;

any voluntary or involuntary limitation, reduction, or loss of clinical privileges have been evaluated and current competence (as evidenced by at least two peer recommendations). In this case, temporary privileges will be approved for no more than ninety (90) days and will state the relevant patient care need.

Temporary privileges are not to be routinely used for other administrative purposes such as:

- a. The failure of the provider to provide all information necessary to the processing of his/her reappointment in a timely manner; or
- b. Failure of the staff to verify performance data and information in a timely manner.

ADVERSE ACTIONS/APPEALS:

If, during the credentialing process, substantive adverse information on the applicant is received, the Medical Director or Dental Director, in conjunction with the Director of Human Resources and the CHW Executive Director or designee, may recommend that the applicant not be hired or contracted. LIP applicants may appeal a decision made regarding denial or limitation of privileges to the Board. Such appeals must be made in writing by certified mail to the Board and must be received within thirty (30) days of the decision. The Board, at their sole discretion, may reconsider the decision made to deny or limit privileges. The LIP applicant will be informed of the Board's action.

Adverse Actions on Privileges/Process for Medical or Dental Practitioners/Appeals Process

Coastal Health & Wellness' process is developed in accordance with its status as a governmental entity and employer and in accordance with policy and bylaws established by HRSA, the Texas Medical Board, the Texas Dental Board, the Texas Board of Nursing, and in accordance with approved Coastal Health & Wellness policies.

If CHW finds that a Practitioner fails to meet appropriate standards for clinical competence and/or fitness for duty, CHW (through its Medical or Dental Director, Executive Director or the Board), as applicable, may take adverse action against a Practitioner's privileges including but not limited to suspension, limitation or termination of privileges. OLCPs and OCSs shall be notified of the determination and any corrective action or follow up required in order to address the action on privileges. OLCPs and OCSs shall not be entitled to review of such determination.

For LIPS, if the matter involves a compliance or quality of care issue, a comprehensive investigation will be performed to gather factual data and statements from all involved parties. The investigation will be reviewed by the CHW Executive Director or designee and Medical or Dental Director to determine if patient harm or non-compliance were substantiated by the investigation. If harm or non-compliance is questionable, the investigation will be forwarded for review by a confidential peer review committee of clinical counterparts for recommendations. The recommendations will be recorded and forwarded by the Medical or Dental Director to the involved provider for review and comment. All documentation will be kept in the providers' file. If the matter involves a substantiated violation of laws, organizations policies, or applicable licensure board regulations, the CHW Executive Director or designee and Medical or Dental Director, in consultation with the Human Resources Designee, will determine a fair and consistent corrective action in accordance with the *Health District Corrective Action Policy*.



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

July 2020

Item#12

Consider for Approval Access to Care Report

**Coastal Health & Wellness – Access to Care Report
April, May and June 2020 (2nd Quarter)**

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

March 15th = minimized face to face visits

Texas City	Available Appts	# Appts Scheduled	% Utilization	# Appts Kept	% Appts Kept	# No Shows	% No Shows
Medical	8,916	2,223	25%	2,582	88%	361	12%
Dental	2,332	510(1,969)*	84%	438	86%	72	14%
Dental Hygienist	819	89(527)*	64%	74	83%	15	17%
Counseling	824	255(278)*	34%*	182	71%	73	29%
Galveston	Available Appts	# Appts Scheduled	% Utilization	# Appts Kept	% Appts Kept	# No Shows	% No Shows
Medical	1,490	332(335)	22%	286	86%	46	14%
Dental	217	40(156)*	72%	35	88%	5	12%
Dental Hygienist	0	0	0%	0	0	0	0
Counseling	466	77(98)*	21%*	51	66%	26	34%

*Appointment slots / Available Appointments

January, February and March 2020 (1st Quarter)

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%
Galveston	Available Appts	# Appts Scheduled	% Utilization	# Appts Kept	% Appts Kept	# No Shows	% No Shows
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%

Change in Comparison to Prior Quarter

	Available Appointments		Utilization Rate		No Show Rate	
	Texas City	Galveston	Texas City	Galveston	Texas City	Galveston
Medical	3,111	(311)	-60%	-63%	-6%	-7%
Dental	241	(425)	-2%	-15%	-3%	-8%
Dental Hygienist	558	(107)	-27%	n/a	-1%	n/a
Counseling	28	62	-29%	-20%	-4%	-3%

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

July 2020

Item#13

**Consider for Approval Quarterly Patient Satisfaction Survey Report for
the Period Ending June 30, 2020**

Patient Satisfaction Survey Responses

April 1 - June 30, 2020

Goal: 4.8

Total Responses	28	
Galveston	1	4%
Texas City	27	96%

Type of Visit		
Medical	17	61%
Dental	11	39%
Counseling	0	0%

Appointment Time Based on Need	Very Poor	Poor	Average	Good	Excellent	Weighted Avg
Medical	5.8%	0.0%	5.8%	29.0%	58.8%	4.35
Dental	0.0%	0.0%	0.0%	27.3%	72.7%	4.73
Counseling						

The Appointment Check-in Process	Very Poor	Poor	Average	Good	Excellent	Weighted Avg
Medical	0.0%	0.0%	17.7%	23.5%	58.8%	4.41
Dental	0.0%	0.0%	9.1%	27.3%	63.4%	4.55
Counseling						

The Staff on Being Friendly & Helpful	Very Poor	Poor	Average	Good	Excellent	Weighted Avg
Medical	5.9%	5.9%	0.0%	23.5%	64.7%	4.35
Dental	0.0%	0.0%	0.0%	18.8%	81.8%	4.82
Counseling						

How Well Did Staff Explain Things to You So You Could Understand	Very Poor	Poor	Average	Good	Excellent	Weighted Avg
Medical	11.8%	0.0%	5.9%	17.7%	64.7%	4.24
Dental	0.0%	0.0%	0.0%	27.2%	72.7%	4.73
Counseling						

The Quality of Care you Received Today	Very Poor	Poor	Average	Good	Excellent	Weighted Avg
Medical	5.9%	5.9%	11.8%	17.7%	58.8%	4.18
Dental	0.0%	0.0%	0.0%	27.3%	72.7%	4.73
Counseling						

The Clinic on Being Clean & Sanitary	Very Poor	Poor	Average	Good	Excellent	Weighted Avg
Medical	0.0%	0.0%	5.9%	17.7%	76.5%	4.71
Dental	0.0%	0.0%	0.0%	9.1%	90.9%	4.91
Counseling						

What is the Likelihood that you Would Recommend Coastal Health & Wellness to a Friend or Family Member	Very Poor	Poor	Average	Good	Excellent	Weighted Avg
Medical	5.9%	0.0%	5.9%	23.5%	64.7%	4.41
Dental	0.0%	0.0%	18.2%	9.1%	72.7%	4.55
Counseling						

Average All Categories - Current Quarter	2.5%	0.8%	5.7%	21.3%	69.6%	4.55
Average All Categories - Previous Quarter	0.0%	0.0%	1.0%	6.0%	92.0%	4.90

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

July 2020

Item#14

**Consider for Approval Quarterly Compliance Report for the Period
Ending June 30, 2020**

**Coastal Health & Wellness Governing Board
Quarter 1, FY21**

Internal Audits		
AUDITOR- DATE CONDUCTED	TYPE OF AUDIT & FINDINGS	ACTION TAKEN
Patient Services Manager - March 1, 2020 – June 30, 2020	Financial Screening Audit: <ul style="list-style-type: none"> • Financial screening audits were performed by randomly pulling ten applications monthly to establish the accuracy and completeness of said applications. • Among the 30 applications reviewed, which collectively encompassed 330 individual fields, no errors were found. 	<ul style="list-style-type: none"> • Excellent job by Patient Services; continue operating under current protocol.
Patient Services Manager - March 1, 2020 – June 30, 2020	Title V Audit: <ul style="list-style-type: none"> • Title V audits were performed by randomly pulling Title V patient applications and charts to determine accuracy and inclusiveness of the documentation. • Among the 15 applications and charts reviewed, which collectively encompassed 135 individual fields, there was one cited flaw – yielding a 99% rate of accuracy. 	<ul style="list-style-type: none"> • The sole error resulted from the Patient Services employee failing to scan and upload the chart into NextGen. • The oversight was immediately corrected and brought to the attention of the employee.
Nursing Director/ Business Office Manager - January 2020 – March 31, 2020	340B Medication Audit: <ul style="list-style-type: none"> • The Nursing Director and Business Office Manager jointly performed a 340B medication audit to determine the comprehensiveness of charting internally issued 340B meds, which requires documentation reflecting consistency in medication logs, NextGen and billing activities. • Of the 20 charts analyzed (ten at each of the two sites), no errors were identified, yielding a 100% compliance rate. 	<ul style="list-style-type: none"> • Continue operating under current protocol.

**Coastal Health & Wellness Governing Board
Quarter 1, FY21**

	<ul style="list-style-type: none"> Due to COVID, this audit is running a quarter behind but will be caught up over the coming quarter, and findings will be presented at the November Board meeting. 	
External Audits		
AUDITOR – DATE OCCURRED	TYPE OF AUDIT & FINDINGS	ACTION TAKEN
N/A	<ul style="list-style-type: none"> Due to COVID-19, all scheduled external audits were cancelled. 	<ul style="list-style-type: none"> Remote or “desktop” audits are presumed to recommence over the coming weeks.
Warning and Termination Letters		
REASON	TYPE OF LETTER	
Debt Collection Policy	Suspensions 190; Reinstatements: 123	
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.

Quarterly Risk Management Report
Coastal Health & Wellness Quality Assurance Subcommittee
January - June 2020

Objective	Goal	2018-2019 Total	2019-2020 Goal	Q1 (07/19-09/19)	Q2 (10/19-12/19)	Q3 (01/20-03/20)	Q4 (04/20-06/20)	Cumulative Total	Comments	Goal Met
Customer Service and Patient Satisfaction										
Promote positive patient service experience with all staff, with a particular emphasis on treating patients in a courteous manner.	Reduce grievances by 20% from the previous year.	25	20	Total: 10 Medical: 7 Dental: 1 Security: 1 Billing: 1	Total: 18 Medical: 12 Dental: 2 Pat. Serv.: 3 Med. Rec.: 1	Total: 9 Medical: 4 Dental: 1 Pat. Serv.: 2 Med. Rec.: 1 Appts.: 1	Total: 26 Medical: 14 Appts.: 9 Billing: 2 Lab: 1	63	Complaints were of various natures, but the most common were from patients alleging they were unable to get appointments or were unable to receive prescriptions for controlled substances.	✘
Offer optimal care for all patients throughout the entirety of their visit.	Increase weighted results of patient satisfaction survey to 4.8.	4.6	4.8	4.75	4.90	4.90	4.55	4.78	.02 points from achieving stated goal of 4.8, but a .178 improvement from the prior year.	✘
Promote patient appointment confirmations.	Reduce the cumulative patient no-show rate to 20%.	29%	20%	25%	25%	18%	14%	20%		✓
Ensure staff always wear their Coastal Health & Wellness issued identification cards in a readily visible manner.	Biennial audits should yield at least 95% of identification cards being worn appropriately.	100%	95%	Audit to Occur Q2 and Q4	100%	Audit to Occur Q2 and Q4	100%	100%		✓
Minimize preventable injuries for all staff, patients and visitors.	Incur zero preventable injuries at all CHW locations.	5	0	0	0	0	0	0	No preventable incidents occurred during the prior year.	✓

KEY

COLOR KEY

Off Targeted Measures; Needs Improvement	Trending in Proper Direction; Still Needs Focus	Compliant with Goals
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Quarterly Risk Management Report
Coastal Health & Wellness Quality Assurance Subcommittee
January - June 2020

Objective	Goal	2018-2019 Total	2019- 2020 Goal	Q1 (07/19- 09/19)	Q2 (10/19- 12/19)	Q3 (01/20- 03/20)	Q4 (04/20- 06/20)	Cumulative Total	Comments	Goal Met
Staff Trainings										
Train staff on appropriate responses for different emergency scenarios.	Facilitate at least three non-required emergency preparedness drills during the year.	N/A	3	No drills facilitated	One drill	No drills facilitated (cancelled due to COVID).	No drills facilitated (cancelled due to COVID).	One drill	Stood-up County's first mass testing drive-thru site, and performed free tests on over 5,000 individuals.	X
All staff is trained on SDS material pertinent to his/her work area and responsibilities.	Ensure documented training rate of 100% within 30 days of hire.	N/A	100%	100%	100%	100%	75%	93.75%	Confirmed w/ Human Resources on 07/09/2020. Untimely training was likely a byproduct of COVID	X
All staff is trained on equipment critical to his/her job performance.	Ensure documented training rate of 100% within 30 days from hire.	N/A	100%	100%	100%	100%	75%	93.75%	but the goal will nonetheless be reiterated to staff.	X

All staff is trained on how to respond to hazards.	Documentation exhibiting staff received Hazardous Response Training exists.	N/A	100%	Training occurs during new-hire orientation and annually each October.	100%	Training occurs during new-hire orientation and annually each October.	Training occurs during new-hire orientation and annually each October.	100%	For 2019-2020, Hazardous Communication and Emergency Operations trainings were provided during October in-service; make-up session was conducted January 8, 2020.	✓
Train staff regarding detection of and follow-up actions for suspected human trafficking victims.	Provide training to 100% of employees about how to report suspected human trafficking.	100%	100%	Training occurs during new-hire orientation and annually each January.	Training occurs during new-hire orientation and annually each January.	100%	Training occurs during new-hire orientation and annually each January.	100%	New human trafficking trainings must be state approved. So far, state has approved two modules, one of which will be presented to staff before the end of 2020.	✓
Staff receives safety and incident reporting training.	Documentation exhibiting 95% of staff received Risk Management and Safety Training.	N/A	95%	100%	Training occurs during new-hire orientation and annually each September.	Training occurs during new-hire orientation and annually each September.	Training occurs during new-hire orientation and annually each September.	100%		✓
Continue to promote staff knowledge of hand-hygiene practices and policies.	Increase cumulative hand-hygiene audit score to 90%.	76%	90%	97%	91%	97%	97%	95.50%	Special thanks to Deb Howey for her efforts in improving this initiative.	✓

KEY

COLOR KEY

Off Targeted Measures; Needs Improvement	Trending in Proper Direction; Still Needs Focus	Compliant with Goals
------------------------------------------	-------------------------------------------------	----------------------

Quarterly Risk Management Report
Coastal Health & Wellness Quality Assurance Subcommittee
 January - June 2020

Objective	Goal	2018-2019 Total	2019-2020 Goal	Q1 (07/19-09/19)	Q2 (10/19-12/19)	Q3 (01/20-03/20)	Q4 (04/20-06/20)	Total	Comments	Goal Met
Maintenance and Reporting										
Protect patients and staff by ensuring incidents and adverse events are promptly reported.	95% of incident reports should be made within two business days of the incident's occurrence.	NA	95%	100%	100%	100%	100%	100%	Risk and Safety Coordinator will continue emphasizing these goals to all staff.	✓
Protect staff and patients by promptly reporting issues requiring landlord attention.	Report 100% of building and/or maintenance related issues to applicable landlord within 24 business hours of discovery.	100%	100%	100%	100%	100%	100%	100%		✓
Maintain staff and patient safety by keeping equipment properly tested and maintained.	95% of equipment (100% of critical equipment) documented in Equipment Inventory Log should be inspected and calibrated in accordance with manufacturer's recommendations.	100%	95%	100%	100%	100%	100%	100%		✓
Minimize obstruction to fire exit doors.	Achieve a cumulative score for non-obstructed doors of at least 95%.	NA	95%	100%	100%	100%	100%	100%		✓
Maintain at least 18" between storage and top of sprinkler heads.	Achieve a cumulative score of at least 90% when auditing sprinkler head ceiling clearance.	NA	90%	100%	100%	100%	100%	100%		✓
Access to fire extinguishers shall remain clear and unobstructed.	Achieve a cumulative score for non-obstructed pathways to fire extinguishers of at least 95%.	NA	95%	100%	100%	100%	100%	100%		✓
Maintain SDS binders with all applicable material.	Biennial audits should yield at least a 90% percentage of accuracy.	NA	90%	95%	100%	100%	100%	100%		✓

KEY

COLOR KEY

Off Targeted Measures; Needs Improvement	Trending in Proper Direction; Still Needs Focus	Compliant with Goals
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Quarterly Risk Management Report
Coastal Health & Wellness Quality Assurance Subcommittee
 January - June 2020

Objective	Goal	2018-2019 Total	2019-2020 Goal	Q1 (07/19-09/19)	Q2 (10/19-12/19)	Q3 (01/20-03/20)	Q4 (04/20-06/20)	Total	Comments	Goal Met
Suits, Claims and Potentially Compensable Incidents										
Take all necessary precautions to ensure an environment optimally conducive to patient safety	Incur no malpractice or risk management related suits or claims.	117	0	0	0	0	0	0	A malpractice self-reporting procedure was created and presented to clinic staff last September.	✓
Retain open communication and promote timely reporting of adverse events	Ensure potentially compensable incidents are reported and deliberated upon by executive management within 72 business hours following their occurrence.	NA	NA	0 incidents	0 incidents	0 incidents	0 incidents	0 incidents	Updates (if applicable) and retraining is scheduled for September 2020.	
Notes										

EOC Projects Commenced During Quarters 1 and 2 (01/20 - 06/20)

CHW facilities were outfitted to better protect staff and patients against the potential spread of COVID-19. Renovations and changes included:

1. Plastic sneeze barriers were installed in all patient facing administrative areas (e.g. Check-In, Check-Out, Financial Screening, etc.).
2. Patient flow, the way in which patients are routed through the clinic from arrival to departure, was streamlined in a manner that minimizes patients from coming into close proximity with other patients and staff. This includes patient check-in, where patients are greeted at the door, screened for COVID, and then asked to wait in an area with chairs situated six-feet from one another.
3. An express check-in system was established at both locations, whereby patients park in designated areas with newly installed parking signs that instruct patients to call Patient Services and notify them of their arrival. At that point, the patient registers from their car and instructed specifically where to go.
4. All providers, nurses, MAs, dentists, hygenists, dental assistants and lab staff were fit tested for N-95s by the Infection Control Nurse (which are required to be worn by dental staff during any procedure which generates an aerosol).
5. Plexiglass barriers will be installed atop provider work stations this month to mitigate both safety and privacy risks.
6. Bilingual "Six-Foot Apart" floor markers were placed where appropriate throughout both clinics.
7. Six foot sneeze barriers were placed in counseling rooms.

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

July 2020

Item#15

Consider for Approval Annual Dental Fee

Schedule Effective August1, 2020

**Proposed Dental Fee Schedule
Effective August 1, 2020**

Code added to Fee Schedule

Procedure Description

DENTAL		Current	Proposed	% change
DIAGNOSTIC EXAMS				
D0120	PERIODIC ORAL EVALUATION	54.00	57.00	6%
D0140	LIMITED ORAL EVALUATION	78.00	84.00	8%
D0145	ORAL EVALUATION FOR A PATIENT UNDER 3 YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER	70.00	75.00	7%
D0150	COMPREHENSIVE ORAL EVALUATION	92.00	99.00	8%
D0170	RE-EVALUATION - LIMITED PROBLEM FOCUSED	73.00	77.00	5%
D0171	RE-EVALUATION - POST OPERATIVE OFFICE VISIT	69.00	74.00	7%
X-RAYS				
D0210	INTRAORAL X-RAY - COMPLETE SERIES	142.00	147.00	4%
D0220	INTRAORAL X-RAY - PERIAPICAL FIRST FILM	31.00	33.00	6%
D0230	INTRAORAL X-RAY - PERIAPICAL EACH ADD'L FILM	26.00	28.00	8%
D0240	INTRAORAL X-RAY - OCCLUSAL FILM	44.00	45.00	2%
D0272	BITEWINGS X-RAY- TWO FILMS	48.00	51.00	6%
D0274	BITEWINGS X-RAY - FOUR FILMS	69.00	73.00	6%
D0330	PANORAMIC X-RAY FILM	121.00	127.00	5%
PREVENTIVE				
D1110	PROPHYLAXIS (ADULT) - ROUTINE CLEANING	96.00	102.00	6%
D1120	PROPHYLAXIS (CHILD) - ROUTINE CLEANING	72.00	76.00	6%
D1206	TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR MODERATE TO HIGH CARIES RISK PATIENTS	43.00	44.00	2%
D1208	TOPICAL APPLICATION OF FLUORIDE	39.00	43.00	10%
D1320	TOBACCO COUNSELING FOR THE CONTROL AND PREVENTION OF ORAL DISEASE	77.00	83.00	8%
D1330	ORAL HYGIENE INSTRUCTIONS	54.00	59.00	9%
D1351	SEALANT - PER TOOTH	59.00	63.00	7%
D1354	INTERIM CARIES ARRESTING MEDICAMENT APPLICATION - PER TOOTH	69.00	73.00	6%
D1550	RE-CEMENTATION OF SPACE MAINTAINER	89.00	89.00	0%
RESTORATIVE				
D2140	AMALGAM FILLING - ONE SURFACE, PRIMARY OR PERMANENT	150.00	160.00	7%
D2150	AMALGAM FILLING - TWO SURFACES, PRIMARY OR PERMANENT	190.00	201.00	6%
D2160	AMALGAM FILLING - THREE SURFACES, PRIMARY OR PERMANENT	232.00	247.00	6%
D2161	AMALGAM FILLING - FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	274.00	290.00	6%
D2330	RESIN-BASED COMPOSITE FILLING - ONE SURFACE, ANTERIOR	176.00	188.00	7%
D2331	RESIN-BASED COMPOSITE FILLING - TWO SURFACES, ANTERIOR	213.00	228.00	7%
D2332	RESIN-BASED COMPOSITE FILLING - THREE SURFACES, ANTERIOR	262.00	281.00	7%
D2335	RESIN-BASED COMPOSITE FILLING - FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR) (COMPOSITE OR ACRYLIC CROWNS)	329.00	352.00	7%
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	468.00	489.00	4%
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	194.00	205.00	6%
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	245.00	261.00	7%
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	303.00	320.00	6%

**Proposed Dental Fee Schedule
Effective August 1, 2020**

Code added to Fee Schedule

Procedure Description

DENTAL		Current	Proposed	% change
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	359.00	380.00	6%
D2920	RECEMENT CROWN	119.00	129.00	8%
D2940	SEDATIVE FILLING	129.00	139.00	8%
D2951	PIN RETENTION, PER TOOTH	77.00	83.00	8%
ENDODONTICS				
D3110	PULP CAP - DIRECT (EXCLUDING FINAL RESTORATION)	90.00	94.00	4%
D3120	PULP CAP - INDIRECT (EXCLUDING FINAL RESTORATION)	89.00	93.00	4%
D3220	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION)	215.00	225.00	5%
PERIODONTICS				
D4210	GINGIVECTOMY OR GINGIVOPLASTY - FOUR OR MORE CONTIGUOUS TEETH	660.00	683.00	3%
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH	338.00	350.00	4%
D4212	GINGIVECTOMY OR GINGIVOPLASTY TO ALLOW ACCESS FOR RESTORATIVE PROCEDURE, PER TOOTH	293.00	298.00	2%
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	274.00	288.00	5%
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH PER QUADRANT	197.00	210.00	7%
D4346	PERIODONTAL SCALING AND ROOT PLANING - MODERATE OR SEVERE GINGIVAL INFLAMMATION	164.00	176.00	7%
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS ON A SUBSEQUENT VISIT	194.00	201.00	4%
D4910	PERIODONTAL MAINTENANCE	146.00	152.00	4%
D5986	FLUORIDE GEL CARRIER	224.00	217.00	-3%
DENTURE ADJUSTMENTS				
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	104.00	99.00	-5%
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	104.00	99.00	-5%
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	104.00	99.00	-5%
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	104.00	99.00	-5%
ORAL SURGERY				
D7111	EXTRACTION, CORONAL REMNANTS - PRIMARY TOOTH	142.00	147.00	4%
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	191.00	203.00	6%
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH	294.00	309.00	5%
D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	338.00	352.00	4%
D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	421.00	440.00	5%
D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	318.00	342.00	8%
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY DISPLACED TOOTH	586.00	607.00	4%
D7285	BIOPSY OF ORAL TISSUE - HARD	446.00	487.00	9%
D7286	BIOPSY OF ORAL TISSUE - SOFT	346.00	358.00	3%
D7310	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT	315.00	338.00	7%
D7311	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - 1 TO 3 TEETH OR TOOTH SPACES, PER QUADRANT	314.00	323.00	3%
D7320	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT	455.00	469.00	3%
D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - 1 TO 3 TEETH OR TOOTH SPACES, PER QUADRANT	439.00	448.00	2%
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	436.00	452.00	4%
D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	720.00	796.00	11%

**Proposed Dental Fee Schedule
Effective August 1, 2020**

Code added to Fee Schedule

Procedure Description

DENTAL		Current	Proposed	% change
D7510	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE	257.00	269.00	5%
D7530	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISSUE	367.00	374.00	2%
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM	313.00	327.00	4%
D7960	FRENULECTOMY	470.00	495.00	5%
ADJUNCTIVE SERVICES				
D0010	OFFICE VISIT - UNABLE TO COMPLETE VISIT	50.00	50.00	0%
D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN MINOR PROCEDURE	135.00	142.00	5%
D9120	FIXED PARTIAL DENTURE SECTIONING	240.00	250.00	4%
D9310	CONSULTATION	130.00	138.00	6%
D9430	OFFICE VISIT FOR OBSERVATION	81.00	83.00	2%
D9910	APPLICATION OF DESENSITIZING MEDICAMENT	59.00	64.00	8%
D9911	APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT PER TOOTH	78.00	82.00	5%
D9930	TREATMENT OF COMPLICATIONS (POST SURGICAL)	132.00	132.00	0%
D9951	OCCLUSAL ADJUSTMENT - LIMITED	190.00	194.00	2%

The fee schedule changes for the above services are based on the National Dental Advisory 2020 Service Pricing Guide's 50th percentile for our area.

Avg Change 5%

The above codes and fees define the basic scope of services of Coastal Health & Wellness. As recommended by the dental director and approved by the Executive Director additional codes may be used when medically indicated and financially feasible.

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

July 2020

Item#16

**Consider for Approval Annual Fee Schedule for Dentures, Crowns, and
Root Canals Effective August 1, 2020**

PROPOSED 2020 FEE SCHEDULE FOR DENTAL SERVICES REQUIRING A CONTRACT

Dentures, Root Canals, Crowns and Devices

Effective 8.1.2020

Removed from Contract Fee Schedule

Added to Contract Fe Schedule

CDT Code	CDT Description	Current Fee	Proposed	% Change
	DENTURES	Over 200% FPG		
<input type="checkbox"/> D5110	Complete Denture - Maxillary	\$2,013	\$1,907	-5%
<input type="checkbox"/> D5120	Complete Denture - Mandibular	\$2,024	\$1,907	-6%
<input type="checkbox"/> D5130	Immediate Denture - Maxillary	\$2,140	\$2,000	-7%
<input type="checkbox"/> D5140	Immediate Denture - Mandibular	\$2,148	\$2,004	-7%
<input type="checkbox"/> D5211	Maxillary Partial Denture - Resin Base	\$1,589	\$1,496	-6%
<input type="checkbox"/> D5212	Mandibular Partial Denture - Resin Base	\$1,592	\$1,496	-6%
<input type="checkbox"/> D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases	\$2,082	\$1,956	-6%
<input type="checkbox"/> D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases	\$2,099	\$1,969	-6%
<input type="checkbox"/> D5225	Maxillary Partial Denture - Flexible base (including any clasps, rests and teeth)	\$1,695	\$1,711	1%
<input type="checkbox"/> D5226	Mandibular Partial Denture - Flexible base (including any clasps, rests and teeth)	\$1,687	\$1,711	1%
<input type="checkbox"/> D5282	Removable Unilateral Partial Denture, Maxillary	\$1,149	\$1,026	-11%
<input type="checkbox"/> D5283	Removable Unilateral Partial Denture, Mandibular	\$1,149	\$992	-14%
<input type="checkbox"/> D5511	Repair Broken Complete Denture Base, Mandibular	\$314	\$242	-23%
<input type="checkbox"/> D5512	Repair Broken Complete Denture Base, Maxillary	\$313	\$242	-23%
<input type="checkbox"/> D5520	Replace Missing or Broken Teeth	\$283	\$283	0%
<input type="checkbox"/> D5611	Repair Resin Denture Base, Mandibular	\$273	\$235	-14%
<input type="checkbox"/> D5612	Repair Resin Denture Base, Maxillary	\$273	\$241	-12%
<input type="checkbox"/> D5621	Repair Cast Framework, Mandibular	\$240	\$308	28%
<input type="checkbox"/> D5622	Repair Cast Framework, Maxillary	\$240	\$309	29%
<input type="checkbox"/> D5630	Repair or Replace Broken Clasp	\$537	\$295	-45%
<input type="checkbox"/> D5640	Replace Broken Teeth - Per Tooth	\$283	\$213	-25%
<input type="checkbox"/> D5650	Add Tooth to Existing Partial Denture	\$283	\$283	0%
<input type="checkbox"/> D5660	Add Clasp to Existing Partial Denture	\$537	\$294	-45%
<input type="checkbox"/> D5710	Rebase Complete Maxillary Denture	\$710	\$662	-7%
<input type="checkbox"/> D5711	Rebase Complete Mandibular Denture	\$711	\$663	-7%
<input type="checkbox"/> D5820	Interim Partial Denture (Maxillary)	\$883	\$770	-13%
<input type="checkbox"/> D5821	Interim Partial Denture (Mandibular)	\$883	\$768	-13%
<input type="checkbox"/> D5899	Gold Denture Crown Per Tooth	\$375	\$876	134%
<input type="checkbox"/> D5410	Adjust Complete Denture - Maxillary	\$104	\$99	-5%
<input type="checkbox"/> D5411	Adjust Complete Denture - Mandibular	\$104	\$98	-6%
<input type="checkbox"/> D5421	Adjust Partial Denture - Maxillary	\$104	\$99	-5%

CDT Code	CDT Description	Current Fee	Proposed	% Change
<input checked="" type="checkbox"/> D5422	Adjust Partial Denture - Mandibular	\$104	\$99	-5%
<input type="checkbox"/> D5730	Reline Complete Maxillary Denture - Chairside	\$438	\$416	-5%
<input type="checkbox"/> D5731	Reline Complete Mandibular Denture - Chairside	\$438	\$416	-5%
<input type="checkbox"/> D5740	Reline Partial Maxillary Denture - Chairside	\$432	\$400	-7%
<input type="checkbox"/> D5741	Reline Partial Mandibular Denture - Chairside	\$433	\$405	-7%
<input type="checkbox"/> D5750	Reline Complete Maxillary Denture (Lab)	\$559	\$518	-7%
<input type="checkbox"/> D5751	Reline Complete Mandibular Denture (Lab)	\$559	\$521	-7%
<input type="checkbox"/> D5760	Reline Maxillary Partial Denture (Lab)		\$506	
<input type="checkbox"/> D5761	Reline Mandibular Partial Denture (Lab)		\$508	
NOTE: The first 3 adjustments of new dentures are at no charge. Those adjustments completed after the first 3 will be charged based on the dental fee schedule.				
ROOT CANALS AND CROWNS				
<input type="checkbox"/> D1510	Space Maintainer, Fixed, Unilateral	\$333	\$348	5%
<input type="checkbox"/> D1516	Space Maintainer, Fixed, Bilateral, Maxillary	\$450	\$450	0%
<input type="checkbox"/> D1517	Space Maintainer, Fixed, Bilateral, Mandibular	\$450	\$450	0%
<input type="checkbox"/> D2740	Crown - porcelain/ceramic	\$1,222	\$1,265	4%
<input type="checkbox"/> D2740	Crown - E-max crown	\$1,222	\$1,265	4%
<input type="checkbox"/> D2790	Crown - full cast high noble metal	\$1,255	\$1,300	4%
<input type="checkbox"/> D2791	Crown - full cast base metal	\$1,100	\$1,142	4%
<input type="checkbox"/> D2792	Crown - full cast noble metal	\$1,159	\$1,207	4%
<input type="checkbox"/> D2750	Crown - porcelain fused to high noble metal	\$1,222	\$1,263	3%
<input type="checkbox"/> D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$285	\$297	4%
<input type="checkbox"/> D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	\$339	\$356	5%
<input type="checkbox"/> D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$382	\$400	5%
<input type="checkbox"/> D2950	Core Buildup, Including any pins	\$289	\$300	4%
<input type="checkbox"/> D2952	Post and Core in Addition to crown, indirectly fabricated	\$436	\$458	5%
<input type="checkbox"/> D2954	Prefabricated Post and Core in Addition to Crown	\$361	\$373	3%
<input type="checkbox"/> D3221	Pupal Debridement, primary and permanent teeth	\$245	\$255	4%
<input type="checkbox"/> D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$783	\$832	6%
<input type="checkbox"/> D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$924	\$948	3%
<input type="checkbox"/> D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$1,117	\$1,154	3%
<input type="checkbox"/> D6750	Retainer Crown - porcelain fused to high noble metal	\$1,225	\$1,255	2%
<input type="checkbox"/> D6240	Pontic - porcelain fused to high noble metal	\$1,222	\$1,247	2%
<input type="checkbox"/> D6740	Retainer Crown - porcelain/ceramic	\$1,227	\$1,268	3%
<input type="checkbox"/> D6245	Pontic - porcelain/ceramic	\$1,220	\$1,247	2%
DEVICES				
<input type="checkbox"/> D9941	Fabrication of Athletic Mouthguard		\$269	
<input type="checkbox"/> D9944	Occlusal Guard - Hard appliance, full arch	\$245	\$400	63%
<input type="checkbox"/> D9945	Occlusal Guard - Soft appliance, full arch	\$245	\$400	63%

CDT Code	CDT Description	Current Fee	Proposed	% Change
<input type="checkbox"/> D9946	Occlusal Guard - Hard appliance, partial arch	\$245	\$400	63%

The fee schedule changes for the above services are based on the National Dental Advisory 2020 Service Pricing Guide's 50th percentile for our area.

The above codes and fees define the basic scope of services of Coastal Health & Wellness. As recommended by the dental director and approved by the Executive Director additional codes may be used when medically indicated and financially feasible.

**Proposed Fee Schedule for Dental Contract Services
Dentures, Root Canals, Crowns and Devices
Effective 8.1.2020**

CDT Code	CDT Description	0% Pay	20%	40%	60%	80%	100%
	DENTURES	100% FPG	101-125% FPG	126-150% FPG	151-175% FPG	176-200% FPG	Over 200% FPG
<input type="checkbox"/> D5110	Complete Denture - Maxillary	\$572	\$839	\$1,106	\$1,373	\$1,640	\$1,907
<input type="checkbox"/> D5120	Complete Denture - Mandibular	\$572	\$839	\$1,106	\$1,373	\$1,640	\$1,907
<input type="checkbox"/> D5130	Immediate Denture - Maxillary	\$600	\$880	\$1,160	\$1,440	\$1,720	\$2,000
<input type="checkbox"/> D5140	Immediate Denture - Mandibular	\$601	\$882	\$1,162	\$1,443	\$1,723	\$2,004
<input type="checkbox"/> D5211	Maxillary Partial Denture - Resin Base	\$449	\$658	\$868	\$1,077	\$1,287	\$1,496
<input type="checkbox"/> D5212	Mandibular Partial Denture - Resin Base	\$449	\$658	\$868	\$1,077	\$1,287	\$1,496
<input type="checkbox"/> D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases	\$587	\$861	\$1,134	\$1,408	\$1,682	\$1,956
<input type="checkbox"/> D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases	\$591	\$866	\$1,142	\$1,418	\$1,693	\$1,969
<input type="checkbox"/> D5225	Maxillary Partial Denture - Flexible base (including any clasps, rests and teeth)	\$513	\$753	\$992	\$1,232	\$1,471	\$1,711
<input type="checkbox"/> D5226	Mandibular Partial Denture - Flexible base (including any clasps, rests and teeth)	\$513	\$753	\$992	\$1,232	\$1,471	\$1,711
<input type="checkbox"/> D5282	Removable Unilateral Partial Denture, Maxillary	\$308	\$451	\$595	\$739	\$882	\$1,026
<input type="checkbox"/> D5283	Removable Unilateral Partial Denture, Mandibular	\$298	\$436	\$575	\$714	\$853	\$992
<input type="checkbox"/> D5511	Repair Broken Complete Denture Base, Mandibular	\$73	\$106	\$140	\$174	\$208	\$242
<input type="checkbox"/> D5512	Repair Broken Complete Denture Base, Maxillary	\$73	\$106	\$140	\$174	\$208	\$242
<input type="checkbox"/> D5520	Replace Missing or Broken Teeth - Per Tooth	\$85	\$125	\$164	\$204	\$243	\$283
<input type="checkbox"/> D5611	Repair Resin Denture Base, Mandibular	\$71	\$103	\$136	\$169	\$202	\$235
<input type="checkbox"/> D5612	Repair Resin Denture Base, Maxillary	\$72	\$106	\$140	\$174	\$207	\$241
<input type="checkbox"/> D5621	Repair Cast Framework, Mandibular	\$92	\$136	\$179	\$222	\$265	\$308
<input type="checkbox"/> D5622	Repair Cast Framework, Maxillary	\$93	\$136	\$179	\$222	\$266	\$309
<input type="checkbox"/> D5630	Repair or Replace Broken Clasp	\$89	\$130	\$171	\$212	\$254	\$295
<input type="checkbox"/> D5640	Replace Broken Teeth - Per Tooth	\$64	\$94	\$124	\$153	\$183	\$213
<input type="checkbox"/> D5650	Add Tooth to Existing Partial Denture - Per Tooth	\$85	\$125	\$164	\$204	\$243	\$283
<input type="checkbox"/> D5660	Add Clasp to Existing Partial Denture - Per Clasp	\$88	\$129	\$171	\$212	\$253	\$294
<input type="checkbox"/> D5710	Rebase Complete Maxillary Denture	\$199	\$291	\$384	\$477	\$569	\$662
<input type="checkbox"/> D5711	Rebase Complete Mandibular Denture	\$199	\$292	\$385	\$477	\$570	\$663
<input type="checkbox"/> D5820	Interim Partial Denture (Maxillary)	\$231	\$339	\$447	\$554	\$662	\$770
<input type="checkbox"/> D5821	Interim Partial Denture (Mandibular)	\$230	\$338	\$445	\$553	\$660	\$768
<input type="checkbox"/> D5899	Gold Denture Crown Per Tooth*	\$375	\$375	\$375	\$375	\$375	\$876
<input type="checkbox"/> D5410	Adjust Complete Denture - Maxillary	\$25	\$46	\$60	\$75	\$90	\$104
<input type="checkbox"/> D5411	Adjust Complete Denture - Mandibular	\$25	\$46	\$60	\$75	\$90	\$104
<input type="checkbox"/> D5421	Adjust Partial Denture - Maxillary	\$25	\$46	\$60	\$75	\$90	\$104
<input type="checkbox"/> D5422	Adjust Partial Denture - Mandibular	\$25	\$46	\$60	\$75	\$90	\$104
<input type="checkbox"/> D5730	Reline Complete Maxillary Denture - Chairside	\$103	\$183	\$241	\$300	\$358	\$416
<input type="checkbox"/> D5731	Reline Complete Mandibular Denture - Chairside	\$103	\$183	\$241	\$300	\$358	\$416
<input type="checkbox"/> D5740	Reline Partial Maxillary Denture - Chairside	\$102	\$176	\$232	\$288	\$344	\$400
<input type="checkbox"/> D5741	Reline Partial Mandibular Denture - Chairside	\$103	\$178	\$235	\$292	\$348	\$405
<input type="checkbox"/> D5750	Reline Complete Maxillary Denture (Lab)	\$155	\$228	\$300	\$373	\$445	\$518
<input type="checkbox"/> D5751	Reline Complete Mandibular Denture (Lab)	\$156	\$229	\$302	\$375	\$448	\$521
<input type="checkbox"/> D5760	Reline Maxillary Partial Denture (Lab)	\$152	\$223	\$293	\$364	\$435	\$506
<input type="checkbox"/> D5761	Reline Mandibular Partial Denture (Lab)	\$152	\$224	\$295	\$366	\$437	\$508

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

CDT Code	CDT Description	0% Pay	20%	40%	60%	80%	100%
ROOT CANALS AND CROWNS							
<input type="checkbox"/> D1510	Space Maintainer, Fixed, Unilateral	\$104	\$153	\$202	\$251	\$299	\$348
<input type="checkbox"/> D1516	Space Maintainer, Fixed, Bilateral, Maxillary	\$135	\$198	\$261	\$324	\$387	\$450
<input type="checkbox"/> D1517	Space Maintainer, Fixed, Bilateral, Mandibular	\$135	\$198	\$261	\$324	\$387	\$450
<input type="checkbox"/> D2740	Crown - full contour zirconia crowns	\$380	\$557	\$734	\$911	\$1,088	\$1,265
<input type="checkbox"/> D2740	Crown - E-max crown	\$380	\$557	\$734	\$911	\$1,088	\$1,265
<input type="checkbox"/> D2790	Crown - full cast high noble metal	\$390	\$572	\$754	\$936	\$1,118	\$1,300
<input type="checkbox"/> D2791	Crown - full cast base metal	\$343	\$502	\$662	\$822	\$982	\$1,142
<input type="checkbox"/> D2792	Crown - full cast noble metal	\$362	\$531	\$700	\$869	\$1,038	\$1,207
<input type="checkbox"/> D2750	Crown - porcelain fused to high noble metal	\$379	\$556	\$733	\$909	\$1,086	\$1,263
<input type="checkbox"/> D2930	Prefabricated Stainless Steel Crown - Primary Tooth	\$89	\$131	\$172	\$214	\$255	\$297
<input type="checkbox"/> D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	\$107	\$157	\$206	\$256	\$306	\$356
<input type="checkbox"/> D2934	Prefabricated Esthetic Coated Stainless Steel Crown - Primary Tooth	\$120	\$176	\$232	\$288	\$344	\$400
<input type="checkbox"/> D2950	Core Buildup, Including any pins	\$90	\$132	\$174	\$216	\$258	\$300
<input type="checkbox"/> D2952	Post and Core in Addition to crown, indirectly fabricated	\$137	\$202	\$266	\$330	\$394	\$458
<input type="checkbox"/> D2954	Prefabricated Post and Core in Addition to Crown	\$112	\$164	\$216	\$269	\$321	\$373
<input type="checkbox"/> D3221	Pupal Debridement, primary and permanent teeth	\$77	\$112	\$148	\$184	\$219	\$255
<input type="checkbox"/> D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$250	\$366	\$483	\$599	\$716	\$832
<input type="checkbox"/> D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$284	\$417	\$550	\$683	\$815	\$948
<input type="checkbox"/> D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$346	\$508	\$669	\$831	\$992	\$1,154
<input type="checkbox"/> D6750	Retainer Crown - porcelain fused to high noble metal	\$377	\$552	\$728	\$904	\$1,079	\$1,255
<input type="checkbox"/> D6240	Pontic - porcelain fused to high noble metal	\$374	\$549	\$723	\$898	\$1,072	\$1,247
<input type="checkbox"/> D6740	Retainer Crown - porcelain/ceramic	\$380	\$558	\$735	\$913	\$1,090	\$1,268
<input type="checkbox"/> D6245	Pontic - porcelain/ceramic	\$374	\$549	\$723	\$898	\$1,072	\$1,247
DEVICES							
<input type="checkbox"/> D9941	Fabrication of Athletic Mouthguard	\$81	\$118	\$156	\$194	\$231	\$269
<input type="checkbox"/> D9944	Occlusal Guard - Hard appliance, full arch	\$120	\$176	\$232	\$288	\$344	\$400
<input type="checkbox"/> D9945	Occlusal Guard - Soft appliance, full arch	\$120	\$176	\$232	\$288	\$344	\$400
<input type="checkbox"/> D9946	Occlusal Guard - Hard appliance, partial arch	\$120	\$176	\$232	\$288	\$344	\$400

*Sliding fee does not apply to D5899 Gold Denture Crown per Tooth

The fee schedule changes for the above services are based on the National Dental Advisory 2020 Service Pricing Guide's 50th percentile for our area.

The above codes and fees define the basic scope of services of Coastal Health & Wellness. As recommended by the dental director and approved by the Executive Director additional codes may be used when medically indicated and financially feasible.

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

July 2020

Item#17

Consider for Approval Annual Medical Fee Schedule

Effective August 1, 2020

Coastal Health & Wellness
PROPOSED Medical Fee Schedule effective August 1, 2020

New codes for Proposed Fee Schedule

Recommended deleted from Proposed Fee Schedule

CPT #	Procedure Description	Current Fee	Proposed Fee	Difference	% change
Self Pay Fees					
Nominal Fee	Minimum Fee - 0% Responsibility	\$20	\$20	\$0	0%
	Deposit Payment - 20% Responsibility	\$25	\$25	\$0	0%
	Deposit Payment - 40% Responsibility	\$30	\$30	\$0	0%
	Deposit Payment - 60% Responsibility	\$35	\$35	\$0	0%
	Deposit Payment - 80% Responsibility	\$45	\$45	\$0	0%
	Deposit Payment - 100% Responsibility (required at checkin)	\$55	\$55	\$0	0%
Retck Svc CG	Returned check service charge	\$25	\$30	\$5	20%
New Patient Office Visit					
99201	Time for Counseling >= 10 Minutes Face to Face	\$89	\$89	\$0	0%
99202	Time for Counseling >= 20 Minutes Face to Face	\$153	\$153	\$0	0%
99203	Time for Counseling >= 30 Minutes Face to Face	\$219	\$219	\$0	0%
99204	Time for Counseling >= 45 Minutes Face to Face	\$334	\$334	\$0	0%
99205	Time for Counseling >= 60 Minutes Face to Face	\$418	\$418	\$0	0%
G0438	Initial Visit	\$353	\$353	\$0	0%
Established Patient Office Visit					
99211	Typically 5 Minutes Managing or Supervising (Nurse Visit)	\$42	\$42	\$0	0%
99212	Time for Counseling >= 10 Minutes Face to Face	\$89	\$89	\$0	0%
99213	Time for Counseling >= 15 Min Face to Face	\$150	\$150	\$0	0%
99214	Time for Counseling >= 25 Min Face to Face	\$221	\$221	\$0	0%
99215	Time for Counseling >= 40 Min Face to Face	\$296	\$296	\$0	0%
G0439	Subsequent Visit	\$240	\$240	\$0	0%
New Patient Preventive Visits					
99381	Well Child less than 1 year	\$228	\$246	\$18	8%
99382	Well Child 1 - 4 years	\$238	\$257	\$19	8%
99383	Well Child 5 - 11 years	\$248	\$267	\$20	8%
99384	Well Child 12 - 17 years	\$279	\$302	\$22	8%
99385	Well Adult 18 - 39 years	\$271	\$292	\$22	8%
99386	Well Adult 40 - 64 years	\$314	\$339	\$25	8%
99387	Well Adult 65 years and over	\$340	\$367	\$27	8%

CPT #	Procedure Description	Current Fee	Proposed Fee	Difference	% change
G0402	Initial Preventive Exam	\$342	\$369	\$27	8%
	Established Patient Preventive Visit				
99391	Well Child less than 1 year	\$205	\$221	\$16	8%
99392	Well Child 1 - 4 years	\$219	\$236	\$18	8%
99393	Well Child 5 - 11 years	\$218	\$235	\$17	8%
99394	Well Child 12 - 17 years	\$239	\$258	\$19	8%
99395	Well Adult 18 - 39 years	\$244	\$264	\$20	8%
99396	Well Adult 40 - 64 years	\$260	\$280	\$21	8%
99397	Well Adult 65 years and over	\$279	\$302	\$22	8%
	Counseling Services				
90832	Psychotherapy Pt and Family (30 min.)	\$132	\$148	\$16	12%
90834	Psychotherapy Pt and Family (45 min.)	\$175	\$196	\$21	12%
90837	Psychotherapy Pt and Family (60 min.)	\$262	\$262	\$0	0%
90847	Family psychotherapy (with patient present)	\$220	\$233	\$13	6%
90853	Group psychotherapy (other than of a multiple-family group)	\$57	\$61	\$4	7%
	Special Services				
STD/HIV	STD Referral	\$22	\$22	\$0	0%
90853	Tobacco Group Counseling	\$57	\$61	\$4	7%
99499	Brief Consultation	\$17	\$20	\$3	18%
	Incision and Drainage Procedures				
10060	Incision and drainage of abscess, single	\$241	\$265	\$24	10%
10061	Incision and drainage of abscess, complicated or multiple	\$419	\$461	\$42	10%
10120	Incision and removal of a foreign object from subcutaneous tissues	\$314	\$339	\$25	8%
10140	Incision and drainage of hematoma	\$333	\$367	\$33	10%
10160	Puncture and aspiration of abscess	\$266	\$290	\$24	9%
	Paring or Cutting				
11055	Trim Skin Lesion	\$101	\$116	\$15	15%
	Debridement Procedures				
11000	Debridement of extensive eczematous or infected skin (up to 10% of body surface)	\$112	\$123	\$11	10%
	Biopsy Procedures				
11102	Biopsy, skin and subcutaneous tissue, single lesion	\$212	\$224	\$12	6%
11103	Biopsy, skin and subcutaneous tissue, each additional lesion	\$66	\$75	\$9	14%
	Skin Tag Procedures				
11200	Remove multiple fibrocutaneous skin tags, up to 15	\$179	\$197	\$18	10%
11201	Remove multiple fibrocutaneous skin tags, each additional 10	\$37	\$41	\$4	11%

CPT #	Procedure Description	Current Fee	Proposed Fee	Difference	% change
Shaving Procedures					
11300	Shaving epidermal or dermal lesion, single, trunk or extremities, 0.5 cm. or less	\$200	\$220	\$20	10%
11301	Shaving epidermal or dermal lesion, single, trunk or extremities, 0.6-1.0 centimeter	\$246	\$271	\$25	10%
11305	Shaving epidermal or dermal lesion, single, scalp, neck, hands, feet or genitalia, 0.5 cm. or less	\$206	\$226	\$20	10%
11306	Shaving epidermal or dermal lesion, single, scalp, neck, hands, feet or genitalia, 0.6 -1 cm.	\$252	\$275	\$23	9%
11310	Shaving single epidermal or dermal lesion, on face, 0.5 cm or less	\$233	\$257	\$24	10%
11311	Shaving single epidermal or dermal lesion on face; lesion 0.6 to 1.0 cm	\$226	\$248	\$22	10%
11055	Paring or cutting of benign hyperkeratotic lesion (e.g.. corn, callous)	\$101	\$111	\$10	10%
Excision Procedures					
11400	Excision of benign lesion, except skin tag, 0.5 cm. or less	\$254	\$280	\$26	10%
11401	Excision of benign lesion, except skin tag, 0.6-1.0 cm.	\$304	\$334	\$30	10%
11402	Excision of benign lesion, except skin tag, 1.1-2.0 cm.	\$336	\$369	\$33	10%
11403	Excision of benign lesion, except skin tag, 2.1-3.0 cm.	\$386	\$425	\$39	10%
11404	Excision of benign lesion, except skin tag, 3.1-4.0 cm.	\$437	\$480	\$43	10%
11420	Excision of benign lesion, except skin tag, on scalp, neck, hands, feet, genitalia, 0.5 cm or less	\$252	\$277	\$25	10%
11421	Excision of benign lesion, except skin tag, on scalp, necks, hands, feet, genitalia, 0.6-1 cm	\$319	\$351	\$32	10%
11422	Excision of benign lesion, except skin tag, on scalp, neck, hands, feet, genitalia, 1.1-2 cm	\$355	\$391	\$36	10%
11426	Excision of benign lesion, except skin tag, on scalp, neck, hands, feet, genitalia, over 4.0 cm	\$659	\$725	\$66	10%
11440	Excision of other benign lesion, except skin tag, on face, 0.5 cm or less	\$278	\$306	\$28	10%
11441	Excision of other benign lesion, except skin tag, on face, 0.6-1 cm	\$341	\$375	\$34	10%
Nail Procedures					
11720	Debridement of nail(s) by any method, one to five	\$67	\$72	\$5	8%
11730	Complete or partial avulsion of the nail plate, single (removal of the nail without disruption of the underlying matrix or nailbed)	\$206	\$226	\$21	10%
11732	Avulsion of each additional nail plate	\$74	\$147	\$74	100%
11740	Puncture of nail to remove hematoma or blood	\$103	\$114	\$10	10%

CPT #	Procedure Description	Current Fee	Proposed Fee	Difference	% change
11750	Surgical excision of nail with matrix, removing the nail and the underlying nail bed (e.g.. ingrown or deformed nail)	\$395	\$395	\$0	0%
41765	Wedge excision of skin of nail fold with an incision from the lateral border of the nail, leaving the nail matrix intact. (e.g.. for ingrown toenail).	\$350	\$350	\$0	0%
Wound Repair Procedures					
12001	Simple suture repair of wound, 2.5 cm. or less	\$182	\$200	\$18	10%
12002	Simple suture repair of wound, 2.6 to 7.5 cm.	\$220	\$242	\$22	10%
12004	Simple suture repair of wound, 7.6 to 12.5 cm.	\$259	\$284	\$26	10%
12005	Simple suture repair of wound, 12.6 to 20.0 cm.	\$325	\$357	\$32	10%
12011	Simple suture repair of wound on face, 2.5 cm. or less	\$222	\$244	\$22	10%
Burn Treatment					
46000	Initial treatment, 1st or 2nd degree burn, when no more than local treatment is required	\$139	\$155	\$17	12%
Destruction Procedures (Any Method)					
17000	Destruction of benign or premalignant lesions with liquid nitrogen (e.g.. actinic keratoses), first lesion	\$146	\$146	\$0	0%
17003	Destruction with liquid nitrogen of benign or premalignant lesions: second through 14th lesion	\$13	\$13	\$0	2%
17004	Destruction with liquid nitrogen of each additional lesion over 15	\$306	\$336	\$31	10%
17110	Destruction with liquid nitrogen of common or plantar warts, to 14 lesions	\$230	\$248	\$18	8%
17111	Destruction with liquid nitrogen of common or plantar warts (15 or more)	\$271	\$292	\$22	8%
Injection and/or Arthrocentesis Procedures					
20550	Injection, single tendon sheath or ligament	\$120	\$124	\$4	3%
20552	Injection(s), single or multiple trigger points, 1-2 muscles	\$113	\$123	\$10	9%
20600	Arthrocentesis, aspiration and/or injection, <i>small</i> joint or bursa (e.g.. fingers, toes)	\$97	\$106	\$10	10%
20605	Arthrocentesis, aspiration and/or injection, <i>intermediate</i> joint or bursa (e.g.. wrist, elbow)	\$102	\$113	\$10	10%
20610	Arthrocentesis, aspiration and/or injection, <i>major</i> joint or bursa (e.g.. Shoulder, hip, knee)	\$123	\$136	\$12	10%
Splint / Strapping Procedures					
29550	Toe strapping	\$57	\$57	\$0	0%
29580	Strapping, Unna Boot	\$108	\$124	\$16	15%

CPT #	Procedure Description	Current Fee	Proposed Fee	Difference	% change
Male Procedures					
54050	Destruction of lesion(s), penis, chemical - podophyllin	\$271	\$300	\$29	11%
54056	Destruction of lesion(s), penis, simple, cryosurgery Liquid nitrogen	\$292	\$318	\$26	9%
Female Procedures					
56405	Incision and drainage of vulva or perineal abscess	\$219	\$274	\$55	25%
56501	Destruction of lesion(s), vulva, all methods	\$264	\$330	\$66	25%
56605	Biopsy of vulva or perineum; one lesion	\$165	\$201	\$36	22%
57420	Exam of Vagina w/Scope		\$279		
57454	BX/Curett of Cervix w/Scope		\$364		
57456	Endocerv Curettage w/Scope		\$323		
58100	Endometrial Biopsy	\$219	\$219	\$0	0%
88305	Tissue Exam by Pathologist (of endometrial biopsy) - these must both be coded	\$197	\$197	\$0	0%
58301	Removal only - intrauterine device (IUD)	\$191	\$226	\$34	18%
58300	Insertion of Intrauterine Device (IUD) - insertion only	\$147	\$179		
Removal of Foreign Body					
65205	Foreign body removal, eye	\$117	\$117	\$0	0%
69200	Foreign body removal, external auditory canal	\$232	\$232	\$0	0%
69210	Cerumen removal with spoon	\$100	\$106	\$6	6%
30300	Removal of foreign body, intranasal	\$433	\$433	\$0	0%
RADIOLOGY					
70100	Radiologic examination, mandible	\$68	\$79	\$11	16%
70140	Radiologic examination, facial bones, less than 3 views	\$62	\$69	\$7	12%
70150	Radiologic examination, facial bones, 3 or more views	\$86	\$100	\$14	16%
70160	Radiologic examination, nasal bones, 3 or more views	\$67	\$78	\$11	16%
70210	Radiologic examination, sinuses, paranasal, less than 3 views	\$62	\$68	\$7	11%
70250	Radiologic examination, skull	\$75	\$79	\$4	5%
71045	Radiologic examination, chest, single view	\$46	\$54	\$7	16%
71046	Radiologic examination, chest, 2 views	\$57	\$66	\$9	16%
71047	Radiologic examination, chest, 3 views	\$70	\$82	\$11	16%
71100	Radiologic examination, ribs, 2 views	\$68	\$78	\$10	15%
72040	Radiologic examination, spine, cervical, 2 views (AP and lateral)	\$74	\$84	\$10	14%
72070	Radiologic examination, spine, thoracic, 2 views (AP and lateral)	\$70	\$70	\$0	0%
72100	Radiologic examination, spine, lumbar, 2 views (AP and lateral)	\$73	\$84	\$12	16%
72170	Radiologic examination, pelvis, 1 view	\$66	\$66	\$0	0%
72220	Radiologic examination, sacrum and coccyx, 2+ views (AP and lateral)	\$58	\$68	\$9	16%

CPT #	Procedure Description	Current Fee	Proposed Fee	Difference	% change
73000	Radiologic examination, clavicle, 2 views	\$56	\$65	\$9	16%
73030	Radiologic examination, shoulder, 2 view (or more)	\$59	\$69	\$10	16%
73060	Radiologic examination, humerous, 2 views (AP and lateral)	\$59	\$69	\$10	16%
73070	Radiologic examination, elbow, 2 views (AP and lateral)	\$56	\$63	\$7	12%
73080	Radiologic examination, elbow, 3 or more views	\$64	\$68	\$4	7%
73090	Radiologic examination, forearm, 2 views (AP and lateral)	\$53	\$61	\$8	16%
73100	Radiologic examination, wrist, 2 views	\$59	\$69	\$10	16%
73110	Radiologic examination, wrist, 3 views (PA, lateral and oblique)	\$73	\$84	\$12	16%
73120	Radiologic examination, hand, 2 views	\$53	\$61	\$8	16%
73130	Radiologic examination, hand, 3 views (PA, lateral and oblique)	\$64	\$74	\$10	16%
73140	Radiologic examination, finger, 3 views (PA, lateral and oblique)	\$65	\$75	\$10	16%
73502	Radiologic examination, hip, unilateral, 2 views	\$86	\$100	\$14	16%
73521	Radiologic examination, hips, bilateral, 2 views each hip including AP view of pelvis	\$83	\$88	\$6	7%
73552	Radiologic examination, femur, 2 views (AP and lateral)	\$67	\$76	\$9	13%
73560	Radiologic examination, knee, 1 or 2 views	\$64	\$74	\$10	16%
73562	Radiologic examination, knee, 3 views (AP, lateral and sunrise or oblique)	\$74	\$85	\$12	16%
73565	Radiologic examination of bilateral knees, standing AP view, weight	\$74	\$85	\$12	16%
73590	Radiologic examination, leg, tibia and fibula, 2 views	\$58	\$68	\$9	16%
73600	Radiologic examination of ankle, 2 views	\$62	\$70	\$8	13%
73610	Radiologic examination, ankle, complete, 3 views (AP, lateral and oblique)	\$64	\$74	\$10	16%
73620	Radiologic examination of foot, 2 views	\$54	\$61	\$7	13%
73630	Radiologic examination, foot, complete, 3 views (AP, lateral and oblique)	\$59	\$69	\$10	16%
73660	Radiologic examination, toes, 2 views (AP and lateral)	\$58	\$62	\$3	6%
74018	Radiologic examination, abdomen/KUB (kidney, ureters, bladder), 1 view	\$48	\$56	\$8	16%
Other Office Procedures					
93000	EKG (electrocardiogram)	\$35	\$38	\$3	9%
94010	Sprionometry	\$76	\$79	\$3	4%
94760	Pulse Oximetry - Noninvasive	\$6	\$6	\$0	0%
86580	TB Skin Test (PPD)	\$15	\$14	(\$1)	-7%
94640	Airway Inhalation Treatment	\$39	\$41	\$2	5%
In House Labs					
82962	Glucose (finger stick) by glucometer	\$4	\$3	(\$1)	-18%

CPT #		Procedure Description	Current Fee	Proposed Fee	Difference	% change
83036		Hemoglobin A1C (finger stick)	\$19	\$10	(\$9)	-47%
86348 86677	162289	H. Pylori (blood test)	\$25	\$17	(\$8)	-32%
82044 82943	140301	Microalbumin, urine	\$10	\$7	(\$3)	-30%
82570	140285					
82270		Occult Blood (guaiac) <i>Note: Indicate how many cards used by provider or issued to patient</i>	\$6	\$5	(\$1)	-17%
81025	004036	Pregnancy Test, urine	\$12	\$9	(\$3)	-25%
86308		Rapid Mono (blood test)	\$10		(\$10)	-100%
87880	182445	Rapid Strep (throat swab)	\$23	\$28	\$5	22%
87205 87210		Trichomonas and Candida / Wet Mount (T&M) –performed by a medical provider–	\$8	\$8	\$0	0%
87210	008672	KOH Prep - performed by a medical provider	\$8	\$12	\$4	50%
81003	333062	Urinalysis, automated, without microscopy (dipstick)	\$4	\$4	\$0	0%
		Send Out Labs				
		<i>Blood Tests (General)</i>				
82150	027094	Amylase + Lipase	\$26	\$14	\$7	-46%
83690					\$7	
82607	042077	Anemia Profile (includes: CBC, iron, TIBC, B12, folic acid, ferritin, reticulocytes) Reticulocyte Count	\$130	\$72	\$15	-46%
82728					\$14	
82746					\$15	
83540					\$7	
83550					\$9	
85025					\$8	
85045					\$4	
80048					322758	
80053	322000	Comprehensive Metabolic Panel (includes: albumin, bilirubin total, calcium, carbon dioxide (bicarbonate), chloride, creatinine, glucose, phosphate alkaline, potassium, protein total, sodium, transferase alanine amino, transferase aspartate amino and BUN)	\$20	\$11	(\$9)	-45%
82947		Glucose Tolerance Test - 2 hours Panel	\$17	\$9	\$4	-45%
82950					\$5	
83021	121679	Hemoglobin Electrophoresis (hemoglobinopathy) Panel (HgB Frac. Profile)	\$45	\$25	\$19	-44%
85660					\$6	
85014	031088	Hematocrit (HCT) / Hemoglobin (Hgb) Panel	\$9	\$6	\$3	-33%
85018					\$3	

CPT #		Procedure Description	Current Fee	Proposed Fee	Difference	% change
80076		Liver Function Panel (includes: albumin, bilirubin total, phosphate alkaline, protein total, transferase alanine amino, transferase aspartate amino, LDH, GGT, bilirubin direct) (HFP7+2AC)	\$41	\$24	\$9	
82977	237842				\$8	-46%
83615					\$7	
80061	320064	triglycerides, LDL and VLDL)	\$19	\$14	(\$5)	-26%
84550		Rheumatoid Panel (includes: uric acid, sed rate, ANA, ASO, C-reactive protein, rheumatoid factor)	\$70	\$41	\$5	
85652					\$3	
86038	045120				\$13	-46%
86060					\$8	
86140					\$6	
86431					\$6	
83001		Testicular Function Profile Panel (includes: FSH, LH, prolactin level, testosterone-free and total, thyroxine-total, TSH, T3/T4-TSH, Testosterone Serum, T3 uptake Thyroxine (T4), Free Thyroxine Index)	\$211	\$115	\$19	
83002					\$19	
84146					\$20	
84403	058925				\$26	-46%
84436					\$7	
84443					\$17	
84479					\$7	
84436		Thyroid with TSH Panel (includes: thyroxine total, TSH, thyroid hormone T3/T4-T3 uptake, Thyroxine (T4) Free Thyroxine Index))	\$57	\$31	\$7	
84443	000620				\$17	-46%
84479					\$7	
85060	005300	Blood Smear, peripheral interpretation CBC Blood Smear-Pathology review	\$47	\$47	\$0	0%
83880	140889	B-Type Natriuretic Peptide (BNP)	\$65	\$40	(\$25)	-38%
82306	361284	Calcifediol - Vitamin D	\$57	\$30	(\$27)	-47%
85025	005009/10	Complete Blood Count (CBC) with Diff and Platelets	\$14	\$8	(\$6)	-43%
84681	010108	C-Peptide	\$39	\$21	(\$18)	-46%
82746	361236	Folic Acid (Folate)	\$27	\$15	(\$12)	-44%
84702	480038	HCG (human chorionic gonadotropin) Quantitative, Serum	\$28	\$16	(\$12)	-43%
83498		Hydroxyprogesterone, 17-D (ACTH)	\$52	\$28	(\$24)	-46%
83615	001115	LDH (Lactate Dehydrogenase)	\$11	\$7	(\$4)	-36%
83655	717009	Lead - Blood (pedi)	\$23	\$13	(\$10)	-43%
83735	001537	Magnesium, serum	\$13	\$7	(\$6)	-46%
83930	002071	Osmolality, Serum	\$13	\$7	(\$6)	-46%
83970	015610	Parathormone (parathyroid hormone)	\$79	\$42	(\$37)	-47%
84100	001024	Phosphorus	\$9	\$5	(\$4)	-44%
84030		PKU (phenylalanine) New Born Screening	\$11	\$6	(\$5)	-45%
84132	001180	Potassium, Serum	\$9	\$5	(\$4)	-44%

CPT #		Procedure Description	Current Fee	Proposed Fee	Difference	% change
85610	115220	Pro Time / INR	\$8	\$5	(\$3)	-38%
84146	004465	Prolactin Level	\$36	\$20	(\$16)	-44%
84153	010322	PSA (Prostate Specific Antigen) total	\$35	\$19	(\$16)	-46%
84244		Renin Activity (plasma)	\$42	\$22	(\$20)	-48%
85652	005215	Sed Rate (blood test) nonautomated	\$5	\$3	(\$2)	-40%
82040	001081	Assay of Serum Albumin	\$6	\$5	(\$1)	-17%
82088	004291	Assay of Aldosterone	\$46	\$46	\$0	0%
82247	001099	Bilirubin	\$6	\$6	\$0	0%
82274	182949	Assay test for Occult Blood Fecal (FIT)	\$18	\$16	(\$2)	-11%
82310	001016	Assay of Calcium	\$6	\$6	\$0	0%
82330	004804	Assay of Calcium, Ionized	\$16	\$14	(\$2)	-13%
82550	335519	Assay of CP (CPK)	\$8	\$7	(\$1)	-13%
82626	004100	Dehydroepiandrosterone (DHEA)	\$29	\$26	(\$3)	-10%
82607		Serum Vitamin B12	\$28	\$16	(\$12)	-43%
82951	095588	Glucose Tolerance Test (GTT) (2 hr 3 spec)	\$15	\$13	(\$2)	-13%
83625	011809	Assay of LDH Enzymes	\$15	\$15	\$0	0%
84155	001073	Assay of Protein Serum	\$5	\$4	(\$1)	-20%
84165 84155		Protein E-Phoresis Serum-Protein Electrophoresis, Serum	\$12	\$15	\$3	25%
84439	001974	Assay of Free-Thyroxine Free (T\$), Direct	\$11	\$10	(\$1)	-9%
84460	001545	Alanine Animotransferase (ALT)(SGPT)	\$6	\$6	\$0	0%
85049	005249	Automated Platelet Count	\$5	\$5	\$0	0%
85660	005330	Sickle Cell Screening	\$11	\$6	(\$5)	-45%
84295	001198	Sodium Serum	\$9	\$5	(\$4)	-44%
86376	006676	Thyroid auto-antibodies/Thyroid Peroxidase (TPO)	\$27	\$15	(\$12)	-44%
84443	140160	TSH (thyroid stimulating hormone)	\$32	\$17	(\$15)	-47%
84550	001057	Uric Acid, blood	\$9	\$5	(\$4)	-44%
		Infectious Disease Tests				
80074	322744	Hepatitis Panel, Acute (includes: hep A antibody, IgM; hep B core antibody, IgM; hep B surface antigen; hep C virus antibody)	\$67	\$48	(\$19)	-28%
86735					\$14	
86762	058495	MMR Panel (Measles, Mumps, & Rubella antibody titers)			\$15	-45%
86765			\$77	\$42	\$13	
87070		Aerobic culture and sensitivity	\$16	\$9	(\$7)	-44%
87075	008904	Anaerobic culture and sensitivity	\$18	\$15	(\$3)	-17%
86360	505271	CD4/CD8	\$87	\$47	(\$40)	-46%

CPT #		Procedure Description	Current Fee	Proposed Fee	Difference	% change
87110	008565	Chlamydia Culture (vaginal, oral, rectal swab),	\$47	\$26	\$20	-45%
87140		Chlamydia Culture typing (amino fluorescent method)			\$6	
87491	180098	Chylmadia / Gonorrhea Trach DNA Amp Probe	\$132	\$72	\$36	-45%
87591					\$36	
87045	008144	Culture, Stool (includes: Bacteria, aerobic w/isolation & preliminary exam, addition pathogens if positive, Shiga-like toxin)	\$59	\$32	\$10	-46%
87046					\$10	
87427					\$12	
87046		Culture, Stool (additional pathogens if positive)	\$18	\$10	(\$8)	-44%
86663	096248	Epstein - Barr (EB) virus, early-Mono IgG	\$25	\$14	(\$11)	-44%
87081		Gonorrhea culture (vaginal, oral, rectal swab)	\$13	\$7	(\$6)	-46%
86706	323088	Hepatitis B Surface Antibody (Qualitative)	\$21	\$11	(\$10)	-48%
86694		Herpes Simplex, Types 1 and 2, IgM (acute)	\$28	\$15	(\$13)	-46%
86695		Herpes Simplex, Types 1 and 2, IgG (chronic)	\$25	\$14	(\$11)	-44%
86696		Herpex Simples Type 2	\$21	\$20	(\$1)	-5%
86703		HIV 1 Preliminary Test with Confirmation	\$26	\$14	(\$12)	-46%
87536		HIV - 1, Quantification (RNA, Real Time PCR)	\$158	\$86	(\$72)	-46%
86803		Hepatitis C AB Text	\$20	\$15	(\$5)	-25%
87389		HIV-a AG W/HIV-1 & HIV-2 AB	\$29	\$25	(\$4)	-14%
87522		Hepatitis C RNA Quant	\$72	\$72	\$0	0%
86765	096560	Measles (rubeola) antibody titer	\$25	\$13	(\$12)	-48%
86735	096552	Mumps antibody titer	\$25	\$14	(\$11)	-44%
87177 87209	180844	Ova and Parasites direct smears (concentration and identification) Stool	\$17	\$27	\$10	59%
86592	006072	RPR (syphilis)	\$8	\$5	(\$3)	-38%
86762	006197	Rubella antibody titer	\$27	\$15	(\$12)	-44%
87086		Urinalysis culture and sensitivity	\$15	\$9	(\$6)	-40%
86787	096206	Varicella Zoster	\$25	\$13	(\$12)	-48%
		<i>Prenatal Tests</i>				
85025	231950	Pre-Natal Profile Panel (includes: CBC, HIV-1, rubella, RPR, Rh(d), blood typing ABO, hep B antigen, RBC and antibody screen)	\$114	\$80	\$8	-46%
86850					\$10	
86703 87389					\$25	
86762					\$15	
86592					\$5	
86901					\$3	
87340					\$11	
86900					\$3	

CPT #		Procedure Description	Current Fee	Proposed Fee	Difference	% change
82105		Alpha-feto Protein Panel (at 16-18 weeks gestation)			\$17	
82677		(Includes: Fetoprotein, serum; human chorionic gonadotrophin (hgc);-			\$25	
84702	017170	unconjugated estrol (uE3); (DIA) diametric inhibin A) AFP Tetra, (Alpha-	\$127	\$74	\$16	-46%
86336		Fetoprotein, serum), human chorionice gonadotropin (hGC)			\$16	
		Drug Level				
80307		Urinalysis, nine drug screen panel (methadone, propoxyphene, amphetamine, benzodiazepines, cocaine, opiates, phencyclidine, barbiturates, THC)	\$108	\$63	(\$45)	
80164	007260	Depakote Level (valproic acid)	\$26	\$14	(\$12)	-46%
80162	007385	Digoxin Level	\$25	\$14	(\$11)	-44%
80185	007401	Dilantin Level; phenytoin total	\$25	\$14	(\$11)	-44%
80175	716944	Drug Screen Quan Lamotrigine	\$15	\$14	(\$1)	-7%
80178	007708	Lithium Blood Quantitative	\$13	\$10	(\$3)	-23%
80184	007823	Phenobarbital	\$22	\$16	(\$6)	-27%
80156	007419	Tegretol Level (carbamazepine)	\$28	\$15	(\$13)	-46%
		Urine Tests (General)				
82140	007054	Ammonia Level, Plasma	\$28	\$15	(\$13)	-46%
81001		Urinalysis Auto w/Scope	\$4	\$4	\$0	0%
82570	003012	Creatinine Clearance 24hr urine	\$10	\$8	(\$2)	-20%
83835	004234	Metanephrines Quantitative 24hr UA	\$32	\$17	(\$15)	-47%
84156	003277	Protein Total Urine 24hr total	\$7	\$5	(\$2)	-29%
87086		Urinalysis culture and sensitivity	\$15	\$10	(\$5)	-33%
		Cervical Cancer Tests				
88305		Cervical Polyp Pathology of Biopsy (cytology form) per each cut	\$179	\$42	(\$137)	-77%
88155		Cytopathology Slides Cervix (two codes, primary and add on)	\$12	\$15	\$3	25%
88164	009100	Pap Smear (Bethesda slides)	\$35	\$16	(\$19)	-54%
88150		Pap Smear (Medicaid only)	\$21	\$16	(\$5)	-24%
88142	192005	Pap Smear (Thin Prep liquid based for abnormal follow up)	\$29	\$21	(\$8)	-28%
		Histology (general)				
88302		Pathology of Biopsy	\$94	\$32	(\$62)	-66%
		Vaccine Administration				
90471, 90472		*Fee for any vaccine administered	\$14	\$14	\$0	0%
		Vaccines (purchased)				
90632		HEP A Vaccine Adult	\$75	\$75	\$0	0%
90636		Twinrix - Hepitatis A and Hepitatis B	\$79	\$79	\$0	0%
90649		HPV (Gardasil)	\$225	\$225	\$0	0%
90657		Flu Vaccine (6-35 months old)	\$25	\$25	\$0	0%

CPT #	Procedure Description	Current Fee	Proposed Fee	Difference	% change
90658	Flu Vaccine (age 3 and up)	\$25	\$25	\$0	0%
90670	Pneumococcal Conjugate 13	\$200	\$200	\$0	0%
90707	MMR	\$80	\$80	\$0	0%
90714	Td	\$45	\$45	\$0	0%
90715	TdaP	\$60	\$60	\$0	0%
90716	Varicella (Chicken Pox)	\$135	\$135	\$0	0%
90723	Pediarix (Dtap/HepB/IPV)	\$90	\$90	\$0	0%
90732	Pneumovax - Adult	\$105	\$105	\$0	0%
90734	Meningococcal (A, C, Y and W-135)	\$130	\$130	\$0	0%
90736	Zostavax (shingles) vaccine	\$213	\$213	\$0	0%
90736	Shingles - Shingrix - two shots	\$310	\$310	\$0	0%
90746	Hep B Vaccine Adult	\$65	\$65	\$0	0%
	*Vaccines (state supplied)				
	State supplied vaccines are not listed and are subject to change based on state availability.				
	*Fee for any vaccine administered				
	DT- Diptheria and Tetanus				
	DTaP - Tetanus, Diptheria, and Pertussis				
	Flu - Influenza				
	Hepatitis A				
	Hepatitis B				
	Hib - Haemophilus Influenzae Type-B				
	HPV Human Papillomavirus				
	IPV Polio				
	Kinrix - Diptheria, Pertussis Acellular, Tetanus, and Polio				
	MCV4 - Meningococcal Disease				
	Meningococcal B - Serogroup B Meningococcal Disease				
	MMR - Measles, Mumps, and Rubella				
	MMRV (ProQuad) - Measles, Mumps, Rubella and Varicella				
	PCV13 - 13 Types of Pneumococcal Bacteria				
	Pediarix - Tetanus, Diptheria, Pertussis, Polio and Hepatitis B				
	Pentacel - Diptheria, Tetanus, Pertussis, Poliomyelitis, & Haemophilus Influenza Type B				
	PPSV23 - 23 Types of Pneumococcal Bacteria				
	RotaTeq - Rotavirus				
	Td - Tetanus and Diptheria				
	Tdap - Tetanus, Diptheria and Pertussis				
	Varicella - Chickenpox				

CPT #	Procedure Description	Current Fee	Proposed Fee	Difference	% change
Office Medications					
96372	Administration fee for therapeutic or prophylactic injections subcutaneous or intramuscular	\$14	\$14	\$0	0%
J0561	* Bicillin Injection (state supplied)	\$0		\$0	0%
J0696	* Rocephin injection per 250mg (state supplied)	\$0		\$0	0%
J0696	Rocephin injection per 250mg (private)	\$7	\$7	\$0	0%
J0696	Rocephin injection per 500mg (private)	\$11	\$11	\$0	0%
J0696	Rocephin injection per 1 g (private)	\$13	\$15	\$2	15%
J1030	Depo-Medrol injection 40mg	\$3	\$5	\$2	67%
J1040	Depo-Medrol injection 80mg	\$6	\$7	\$1	17%
J1050	Depo-Provera injection 150mg	\$22	\$15	(\$7)	-32%
J1200	Diphenhydramine injection up to 50mg	\$24	\$20	(\$4)	-17%
J1815	Insulin injection	\$8	\$6	(\$2)	-25%
J2550	Promethazine HCL 25mg (Phenegren)	\$15	\$20	\$5	33%
J2790	Rhogam	\$120	\$120	\$0	0%
J2920	Solu Medrol injection up to 40mg	\$2	\$5	\$3	150%
J2930	Solu Medrol injection up to 125mg	\$3	\$6	\$3	100%
J3420	Vitamin B12 (cyanocobalamin) injection	\$1	\$2	\$1	100%
J7620D	DuoNeb (combination of Albuterol and Ipratropium)	\$4	\$4	\$0	0%
J7620A	Albuterol 0.83%	\$5	\$6	\$1	20%
J7620I	Ipratropium Bromide	\$5	\$6	\$1	20%
J7620S	Albuterol Sulfate Inhaler	\$8	\$5	(\$3)	-38%
	Narcan (Naloxone HCL)		\$70		
J0171	Epi Pen Jr. (3 units)	\$5	\$5	\$0	0%
J0171	Epi Pen Adult (15 units)	\$5	\$5	\$0	0%
Miscellaneous					
99070	**Supplies and Materials				

These rates were calculated based on the 2019 National Physician Fee Schedule Relative Value Unit rates rounded to the nearest whole dollar and the Clinical Diagnostic Laboratories Fee Schedule using midpoint ranges.

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

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

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

Governing Board

July 2020

Item#18

Consider for Approval Privileging Rights for UTMB Resident

- a) Cintia Dafashy, MD
- b) Hasseb Ikram, DO
- c) Mariam Khan, MD



Date: July 30, 2020

To: CHW Governing Board

Thru: Kathy Barroso, CPA *KB*
Executive Director

From: Cynthia Ripsin, MS, MPH, MD *CR*
Medical Director

Re: Privileging


After review of the standard credentialing documents by a Coastal Health and Wellness Human Resources representative for resident physician Cintia Dafashy, MD, who will work at all times under the direct supervision of a Board Certified faculty physician from UTMB, we are requesting credentialing approval by the Governing Board.


In addition, after review by Medical Director Cindy Ripsin, MD, of the privileging documents submitted by Dr. Dafashy, we are requesting privileging approval by the Governing Board.



Date: July 30, 2020

To: CHW Governing Board

Thru: Kathy Barroso, CPA
Executive Director 

From: Cynthia Ripsin, MS, MPH, MD
Medical Director 

Re: Privileging

After review of the standard credentialing documents by a Coastal Health and Wellness Human Resources representative for resident physician Haseeb Ikram, DO, who will work at all times under the direct supervision of a Board Certified faculty physician from UTMB, we are requesting credentialing approval by the Governing Board.

In addition, after review by Medical Director Cindy Ripsin, MD, of the privileging documents submitted by Dr. Ikram, we are requesting privileging approval by the Governing Board.



Date: July 30, 2020

To: CHW Governing Board

Thru: Kathy Barroso, CPA *KB*
Executive Director

From: Cynthia Ripsin, MS, MPH, MD *CR*
Medical Director

Re: Privileging

After review of the standard credentialing documents by a Coastal Health and Wellness Human Resources representative for resident physician Mariam Khan, MD, who will work at all times under the direct supervision of a Board Certified faculty physician from UTMB, we are requesting credentialing approval by the Governing Board.

In addition, after review by Medical Director Cindy Ripsin, MD, of the privileging documents submitted by Dr. Khan, we are requesting privileging approval by the Governing Board.

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COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

July 2020

Item#19

**National Network for Oral Health Access (NNOHA) Sealant
Improvement Collaborative Report**



NNOHA Sealant Improvement Collaborative Report

July 2020 Board Meeting



Providing access to high-quality primary care to any Galveston County resident.

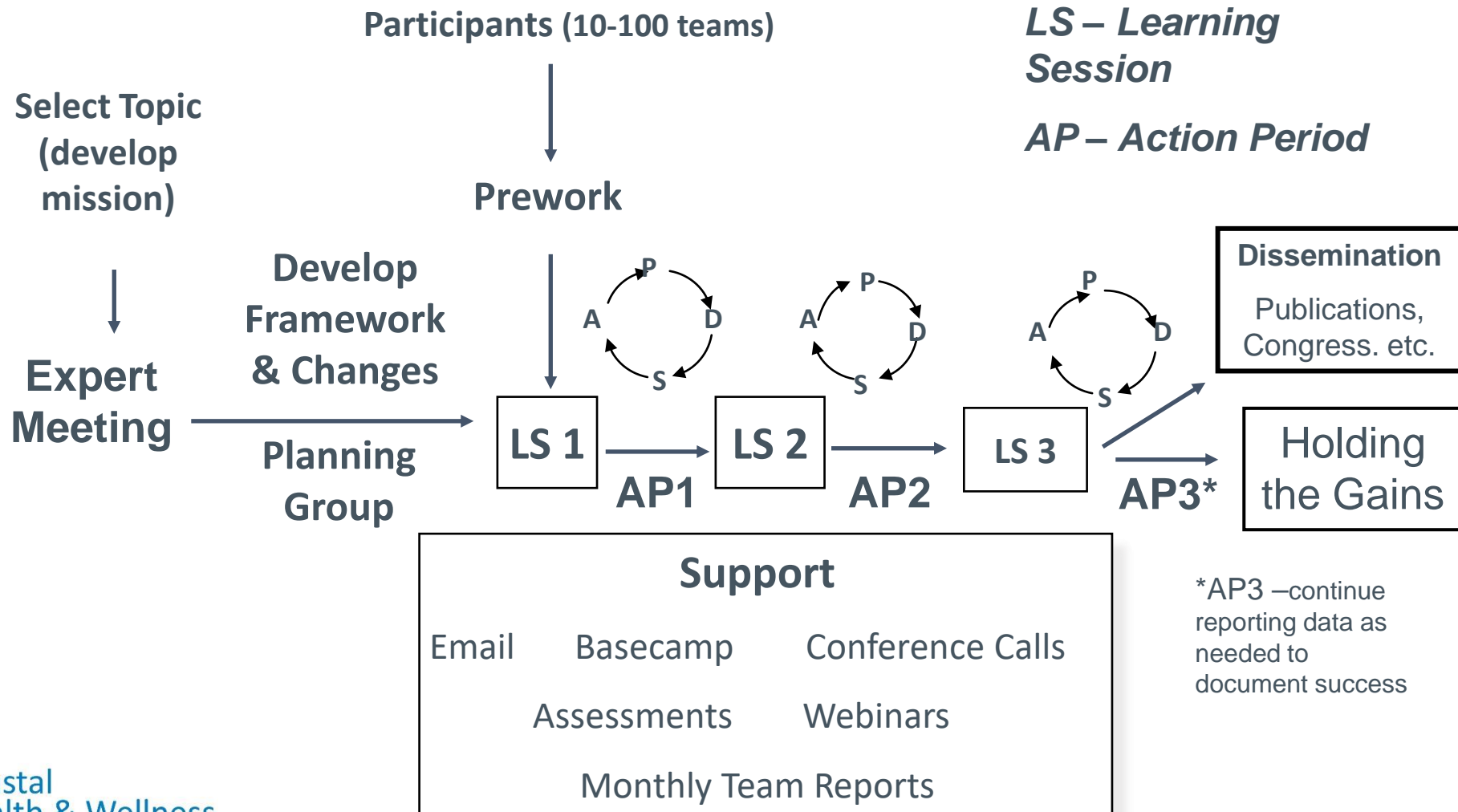
coastalhw.org 

About the Collaborative

- Participants from across the country – 40 health center dental programs
- 9-month Break Through Series collaborative from October 2019 to June 2020
 - Two 2-day learning sessions in Chicago (November and January)
 - One virtual 2-day learning session (May)
 - Multiple WebEx Calls between learning sessions
- Designed for teams to learn and apply the Model for Improvement and develop measurement processes to report on
 - Caries at Recall <21 years
 - Risk Assessment of all Dental Patients
 - Sealants 6-9-year-olds
 - Sealants 10-14-year-olds
 - Direct Cost Per Visit
 - Self-Management Goal Setting with patients <21 years old



Institute for Healthcare Improvement Breakthrough Series Collaborative Model (6 to 18 months time frame)



Team iSealistic



Kathy Barroso CEO- Senior Leader

Hanna Lindskog DDS- Dentist Champion

Luz Amaro IT- Data Manager

Shonta Hill RDA- Operation Manager

Jamie Trinh RDH- Team Leader



What did we learn?

- Reinforced the importance and potential impact of preventative dentistry
- PDSA Cycles – Completed 20 PDSA Cycles resulting in improvement in the following areas
 - Sealant efficiency (“ready to go” sealant kits)
 - Identification of sealant opportunities through daily chart review and huddles
 - Tracking Caries at Recall
 - Improved accuracy and ease of reporting sealant UDS measure
- Glass Ionomer Sealants
- Motivational Interviewing techniques for self-management goal setting
- Able to interact with other health centers at learning sessions, brainstorm and learn from others' experiences

Plan-Do-Study-Act Record DATE: 11/22/2019

Change idea to test or implement

Which change idea from the change package are you testing?
Place “ready to go” sealant set up in every room

PLAN

Questions: What do we want to know?
① Will having the “ready to go” kits allow the provider to place more sealants? ② Will it take less time to complete the sealants by having the “ready to go” kit

Predictions: What do we think will happen?
1. Initially providers may forget the kit is there
2. May become resistant still for same day sealants

Plan for Change or Test: who, what, when, where. What are we going to do to make our test happen?

List the tasks necessary to complete this test (what)	Person responsible	When	Where
1. Make the “ready to go” kits	Jamie & DeLinda	11/05/2019	Clinic
2. Educate all staff on kits - criteria	Jamie & DeLinda	11/07/2019	Clinic - meeting (Wednesday)
3. Utilize the kit	Jamie	11/05/2019	Clinic
4.			

Plan for Collection of Data: who, what, when, where. How will we compare predictions to actual?
After the appointment, Dr. Linds Kay and the provider will huddle to evaluate how the kit worked!

DO: carry out the change or test; collect data and begin analysis; describe the test
Jamie carried out the test on 11/05/2019 as planned

STUDY: complete analysis of data; summarize what was learned.
During debrief, Jamie said set up was very easy and convenient. Jamie said it shortened the amount of time that it took to complete the procedure.

ACT: are we ready to make a change? Plan for the next cycle.
Yes - will add staff (other hygienist) as per plan
Will order disposable toothbrush for sealant kits when not doing a prophylaxis
We will want to implement in doctors rooms when toothbrushes come in.

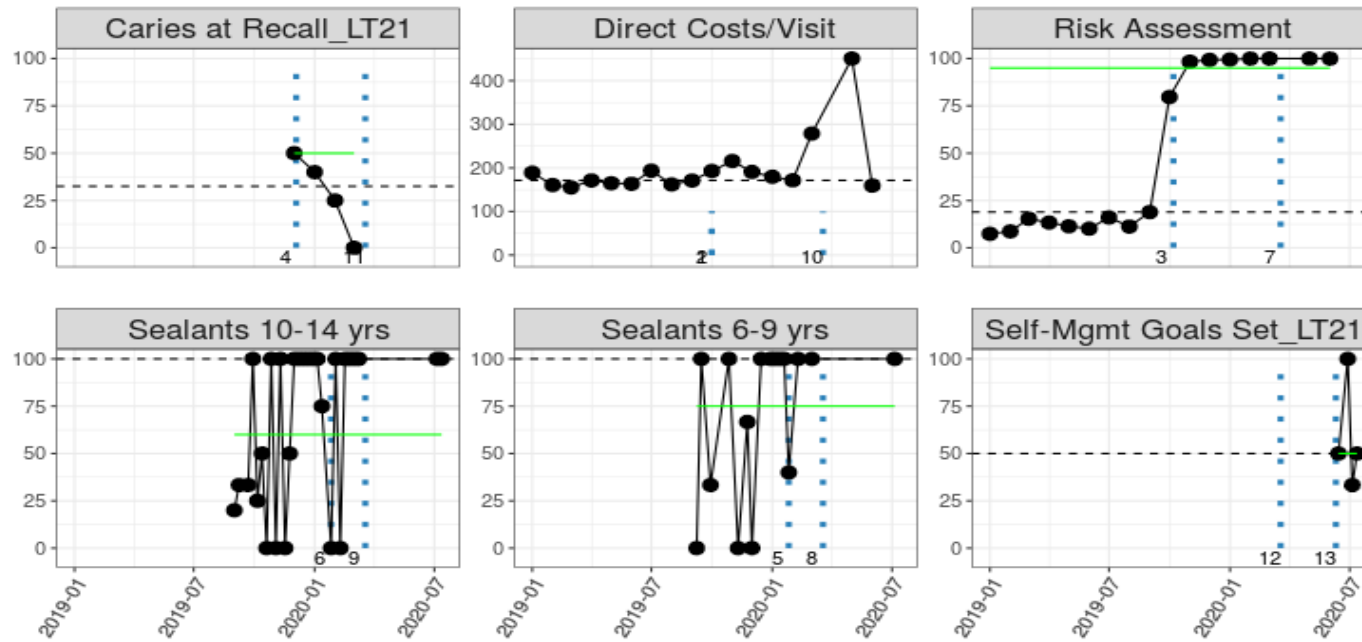
Coastal
Health &
Wellness Aim
Statement

Measure	Goal	By When?
2020 UDS Sealant Measure	70% or 20% higher than 2019 level= <hr/> 70%	December 31, 2020
Caries Risk Assessment	95%	June 30, 2020
Sealant Rate 6-9 yrs	70%	June 30, 2020
Sealant Rate 10-14 yrs	60%	June 30, 2020
Self-management goal setting	50%	June 30, 2020
Guidance (optional):		

Coastal Health & Wellness Dashboard

Coastal Health and Wellness

Series median: dashed horizontal line; Goal: solid horizontal line



January
2019 – July
2020

Lessons & Opportunities

What we are most proud of

- Significant improvement in our Sealant UDS
 - Increased UDS Sealant Measure from 30% in 2018 to 76.9% for 2019
 - 2020 Year-to-date Sealant UDS at 100%
- Reached and exceeded our goal for caries risk assessment for all patients

Where do we go from here?

- Continue to utilize processes set in place for sealants
- Improve upon self-management goal setting
- Continue to record measures from collaborative
- Continuously re-evaluate and identify areas for improvement (More PDSA cycles)

Questions?

Hanna Lindskog, DDS
hlindskog@gchd.org

Jamie Trinh, RDH
jtrinh@gchd.org

Thank you to the entire Coastal Health & Wellness Team for their efforts on this collaborative