

Hilltown Community Health Center

**BOARD MEETING
JANUARY 28, 2016
HUNTINGTON HEALTH CENTER
6:00 PM**

AGENDA

1. Call to Order
2. Approval of the December 11, 2015 Meeting Minutes
3. Finance Committee Report
4. Executive Director / Senior Manager Reports
5. Committee Reports (as needed)
 - Executive Committee
 - Recruiting, Orientation, and Nominating (RON)
 - Corporate Compliance
 - Facilities
 - Personnel
 - Quality Improvement
 - Expansion
 - Strategic Planning
 - Fundraising and Development
6. New Business
 - Board Leadership
 - Future Finance Committee Meetings
 - Electronic Board Packets
 - Firearms Policy
 - Change in Business Hours at HHC, SBHC, & WHC
7. Adjourn

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HCHC BOARD OF DIRECTORS MEETING

Location: Roscoe's Restaurant, Chester, MA

Date/Time: 12/11/2015 4:30pm

MEMBERS: Diane Brenner, President; Wendy Long; Lee Manchester; Tim Walter; Nancy Brenner; John Follet, Vice President; Kimberly May, Clerk

STAFF: Eliza Lake, Executive Director; Jeff Hagen, COO

ABSENT: Wendy Lane Wright; Cheryl Hopson; Lew Robbins; Lucy Fandel; Alan Gaitenby

GUEST: Randy Fisher, Behavioral Health Director

Agenda Item	Summary of Discussion	Decision/Next Steps	Person Responsible/ Due Date
Approval of Minutes 11/19/2015	<p>Diane Brenner called the meeting to order at 4:30pm.</p> <p>The November 19, 2015 minutes were reviewed by the Board members present. A motion was made to approve the November 19, 2015 minutes as written. The motion was seconded and with no discussion needed, the motion to approve the minutes was approved unanimously.</p>	<p>The November 19, 2015 minutes were approved</p>	
Randy Fisher, Behavioral Health Director	<p>Eliza introduced Randy Fisher, Behavioral Health Director. Randy informed the Board that the department is currently in transition due to staffing changes. Interviews have been conducted to find a replacement for his position which he will vacate at the end of December and another clinician is leaving as well. Randy hopes to have someone in place by January. He's been surprised by the lack of applicants for the LICSW position despite the expanded advertising that's taken place. The director position is 32 clinical hours/week and the department has a current no-show rate of 21%. When this is factored in, this position sees 28 patients/week. Approximately 65% of patients referred came for services. There is no waiting list.</p>		

	<p>While in this position, Randy has streamlined the intake and case assignment process. He's used this to develop an accurate budget for the department. The budget deficit was \$35-\$45k at one point, but now has a surplus. He has also developed the first provider contracts for all department staff. A referral and intake tracking system was created along with a productivity tracking system.</p> <p>He also shared his sense of what staffing levels should be within the department. He suggested that staffing could expand by another FTE. He'd like there to be a focus on behavioral health integration for the future by assigning all clinicians to medical teams, along with creating administrative integration activities and offering training for all staff that will promote integration. He suggested continuing to work with Carson Center for training and weekly consultations with ServiceNet psychiatric services. The surplus from the department could help pay for this service.</p> <p>There's been an attempt to develop a relationship with Westfield State University second-year students for staff to teach a class on integration in a medical setting.</p>		
Finance Committee	The finance committee will be meeting on 12/29 this month.		
Facilities Committee	No report this month		
QI Committee	The committee met on December 4. Patient satisfaction survey results from the fall have been very good. The new survey format is working well. A new Lean Team project will beginning soon which will focus on internal communications within the medical dept.		

Corporate Compliance	No report this month		
Personnel Committee	No report this month		
Recruiting, Orientation & Nominating Committee	No report this month		
Expansion Committee	No report this month		
Old Business	None		
Adjourn	Meeting adjourned at 5:45pm. The next meeting is scheduled for Thursday, January 28, 2016 at 6:00pm at the Huntington Health Center. Please note the new start time.		

Meeting Notes

COMMITTEE: Personnel

Location: Huntington

Date/Time: 1/12/2016 8:00am

TEAM MEMBERS: John Follet, Lee Manchester, Wendy Long, Bridget Rida

ABSENT: Jeff Hagen, John Bergeron, Karen Rowe, Kayla Turner

Agenda Item	Summary of Discussion	Decision/Next Steps	Person Responsible/ Due Date
Paid Vacation Time Policy	Accrued vacation time data for all employees was presented and reviewed showing no greater than 3% of all employees have accrued maximum vacation time. If the maximum accrued vacation time is four weeks rather than five the change in policy would affect only a handful of others. Therefore a change in policy would have little financial impact compared to the effect on morale.	No change in policy. Employees with high accrued time will be encouraged individually by HR to take more time off. The same data will be examined quarterly.	Data to be examined 5/10/2016
Bereavement Leave Policy	Discussed were various ideas for changes in policy. The policy will be revised to better define what is meant by 'extended family'.	A draft of the revision will be reviewed and presented for Board approval.	Presented to Board 1/28/2016
Future meetings			Tuesday March 8, 2016 8:00am Worthington Tuesday May 10, 2016 8:00am Huntington

Executive Director Report: January 27, 2016

While last month's report was a meditation on the year in terms of accomplishments, we will not know the true impact of all these accomplishments on the financial status of the organization until all the year-end account reconciliations are done in preparation for the audit in March. As the Finance Committee will discuss immediately prior to your meeting, however, we have a pretty good sense how things will look. December, by our current way of measuring things, was not a good month; overall the organization lost \$6,966, for a year-end surplus of \$95,869. While this doesn't seem *too* distressing, the magnitude of the loss is masked by the fact that HCHC received \$42,500 in Meaningful Use payments and \$32,317 in quality payments from the Cooley Dickinson Physician Hospital Organization, for a total of \$74,817. Were it not for these payments, we would have been much closer to a true break-even for the year, and certainly the year-end reconciliation of accounts could bring the \$95,869 down a fair amount.

We still feel good about these numbers, however. First, in 2014 HCHC had a margin of -5% (representing a loss of over \$300,000), versus this unaudited year-end result, which if it holds represents a margin of positive 1.3% (representing the \$95,869 surplus). While the final audited amount for 2015 is likely to lower, there is no expectation that the final number will not be positive. Secondly, we have realized over the last month that our current way of accounting for the contractual allowance, which is the difference between the amount we charge insurers and the amount they pay us, has meant that those months when we charge a lot look great financially (see my reports from last fall) but those months when we are paid (ie November and December) look terrible. Frank is developing a plan for how we can change this way of accounting for patient revenue, so that the revenue in the month in which the services are provided is also the month where the contractual allowance is applied. This will result in a much smoother line of revenue – not these wild swings we've been seeing – and will not raise our hopes unnecessarily (see my reports of this fall) nor dash them unreasonably (see paragraph above!). Frank can talk more about this, and has been discussing it with the Finance Committee, and we will see the results in 2016. And we have every expectation of the trend of increased financial stability continuing in 2016, with the ultimate goal of hitting the 3%+ margin that is recommended by the League – it just might take a little while to get there, since I don't think we'll keep up the pace of the last year!

Moving on from finances, the big event of the last month occurred in the middle of the month, when in two separate incidents patients called in threats of physical violence against two of our providers at HCHC sites. In both cases, the staff acted very professionally, the interactions with the police were appropriately handled, and everyone was kept safe. That said, these episodes were very unsettling for staff, and raised some questions about the safety of our facilities and about some gaps in our existing policies and procedures. While I will not get into the details of the specific incidents here, one of them at least was very serious and resulted in the cancelation of a number of appointments and the partial closure of one of the sites for many hours. Immediately after the issue was resolved, Senior Management and Department Heads met to determine how we will move forward to ensure the continued safety of staff and

patients. Here is the plan that I have shared with all staff and which we will all be implementing over the next few weeks/months:

- Develop a Safety Committee, with representation from across the organization, both in terms of departments and sites, as well as potentially some involvement of individuals in law enforcement. This Committee will have the following responsibilities:
 - Review all current relevant policies for accuracy, appropriateness, and completeness;
 - Develop recommendations for Senior Management related to policies that should be amended, developed, or rescinded, and then review any new policies that are developed or amended;
 - Review possible models of response, from de-escalation techniques to active shooter situations, and determine with Senior Management what would work best for HCHC;
 - Assist in the development and implementation of plans for response, including development of drills and trainings;
 - Provide input to the Facilities Committee on plans for physical improvements that will increase safety at all sites; and
 - Serve as staff representatives in this process, and be the people to whom staff can report concerns or ideas. Members will then report this input back to the full committee for consideration.
- The Facilities Committee will be tasked, as mentioned above, with developing and implementing a plan for improving the safety of the sites.
- The IT Department will assist in developing a facilities ticket system for staff to be able to submit tickets that flag safety concerns and ideas related to the facilities. These tickets, which will be addressed by the Facilities Manager and Committee, will be created through the new employee portal on the website, which has lots of other useful information for staff members.
- Senior Management will work closely with the Safety Committee to review all policies related to safety, and will develop policies, as needed, for the Safety Committee's input. Some of these may come before the Board for your approval.
- The Medical Director and Behavioral Health Director will develop a Crisis Response team, and will communicate to staff its role and how to engage it appropriately.

As you can see, we will be developing a robust system for staff input on these issues. The fact that there were two incidents in the space of a week, one in Worthington and one in Huntington, means that staff were more upset than they would have been if these events had happened over the course of months. I believe that these actions will help people feel confident in their safety, and help them know what to do when one of these situations arises again, which unfortunately we have to assume it will.

One final large issue of which you need to be aware: in April, the Health Resources and Services Administration, or HRSA, will be coming to HCHC to conduct an Operational Site Visit (OSV). HRSA is now conducting these OSVs every three years, and we were last visited in 2013. As those of you who were on the Board at the time will remember, HRSA is going to review HCHC's performance on the 19 requirements of all federally-qualified community

health centers (FQHCs). Last time, we performed very well, with only one problem noted that was fixed before the site visit was complete, and with recognition that our Community Programs are a Best Practice. I have no reason to think that this time will be any different, but we are going to make sure that we are prepared. I have contacted the Mass League, and they can provide us with extensive free technical assistance to help us prepare. They can do anything from a 30 minute brief overview of the OSV and 19 Program Requirements (PRs) to a 2-3 hour presentation for either the Board, leadership staff or a combination of the two. The longer presentation could include quizzes on the 19 as well, so Board members (and staff, of course!) could feel that they really understand the full process. Importantly, they can highlight the recent changes in requirements and how they relate to the 19 PRs, and provided lessons learned based on the 11 OSVs the trainer attended in 2015. This included trends on the number of Not Mets as well as clear examples of reasons why some CHCs were out of compliance. I think it would be well worth taking advantage of anything that we can get, and I'd like to discuss tomorrow how you would like to proceed. At the moment, besides all the benefits we receive from our FQHC status, like free malpractice insurance, our federal grant will be over \$1.4 million this year - we need to do well.

Other updates:

- **Amherst:** The project is going very well. We have been recruiting individuals for the Campaign Committee, and recently received a donation of \$30,000 and a pledge for \$25,000. There are still a number of people to approach. The donor packet should be going to the printers in the next few days, and we have new letterhead and envelopes for all of HCHC as well as the project, which the project's graphic designer created for us. Outreach to community groups is continuing; I gave a presentation at the annual meeting of the Chamber of Commerce, and the Outreach Committee has been trained to serve as "ambassadors" to the community on our behalf. At its next meeting, the group will be helping us develop a brochure to be distributed to the community, including a version in Spanish. One interesting development has been the feedback from numerous sources that having a contracted relationship with local behavioral health provider(s) may not be sufficient to meet the need, and I am therefore going to be exploring both that option and the possibility of having our own BH staff on-site. The challenge will be finding a place for them to have an office, but I have tentatively raised this issue with the Town, and will see where that goes.
- **Grant with Berkshire and Franklin County CHCs:** It took longer than expected, but this week Frank and I talked with our counterparts at the Franklin County and Berkshire County community health centers (Community Health Center of Franklin County [CHCFC] and Community Health Programs [CHP]), and we all agreed that CHP would return the grant funding that was dedicated to looking at how the three organizations could create an Administrative Services Organization. While potentially an interesting idea, there was consensus that the moment for this project had passed, and there wasn't much interest in continuing to pursue it. The funder was notified, and the only follow-up may be that the group may convene sometime in the next month or two to talk about how we envision small CHCs like us surviving in the current health care environment.

Finally, I want to tell you that while I was sad to hear Diane's news that she was leaving the Board, I think she has left the organization in good hands, and I look forward to working with John as Interim President and all of you to keep the momentum going, and keep HCHC developing as a strong and vibrant organization.

Senior Management Reports

Clinical and Community Services:

Community Programs:

1. Kim Savery continues to work with the medical department to make the 1422 grant effective in promoting population health management (a new acronym that we'll be talking a lot about - PHM) in the organization, with a focus on prevention for patients at risk for specific disease conditions. She will be attending the national 1422 Grant Grantee meeting in Atlanta in May, which should be a great opportunity for learning more about how to develop and expand PHM.
3. In the interests of continuing integration across departments, a Community Health Worker will be attending the Behavioral Health department's weekly meetings.

Oral Health Department:

1. Currently have two openings for dentists, with at least one prospect. The dentist that was supposed to start in December ran into visa issues, which may be solvable, but the search for a replacement is in place.
2. Expecting one dentist to go on maternity leave this spring.
3. Interviewing a director of Oral Health Services from a large Boston Health Center, which would both help with dental capacity and possibly address the need for succession planning for departmental leadership.

Medical Department:

1. The new provider, Dr. Laura Grimes, will start on March 2nd, and will start seeing patients the next week. She will be a full-time provider, and patients are already calling to make appointments. The expectation is that she will bring new patients with her, as many of her current patients are from West Franklin County and began to see her when the last remaining physician there retired; going to Greenfield isn't any more convenient than coming to Worthington, we hope. We will be promoting her heavily, including an emphasis on her expertise in integrative medicine, which includes acupuncture, nutrition, mindfulness, etc..
2. Early next month we will be interviewing another MD from a Boston based Community Health Center who is interested in working for HCHC, and would potentially work in Amherst when the site opens.
3. Continue to have issues with Noble Hospital regarding lab orders diagnostic imaging; request has been made to have limited access to their EHR to read reports.
4. Continued work with Behavioral Health department to develop strategies for incorporating psychiatric care

Eye Care:

1. Looking at the possibility of adding a 20 clinical hour provider position to expand capacity, which would also help with future expansion possibilities (ie, offering services in Worthington, at School-Based program, etc.)
2. Began conversation with New England College of Optometry to develop an affiliation.

Behavior Health:

1. Currently have position posted for two LICSWs, in part because the employment of a LMHC fell through and now we have a wait list to be about 4-5 months long
3. Patients on the wait list are prioritized based on need
4. Serena has accepted the position as interim Director and Randy Fisher, the previous Director, has agreed to work 3 hours per week to mentor her

Our number one priority is to become fully staffed in all departments. We have provider openings in every department, and while it can be difficult working with less than optimal staffing, we believe that at the end of this transition period we will be a stronger more clinic. In the meantime, staff are working very hard to minimize disruption to patients.

Operations Report:

Facilities – The siding project for the old wing at the Worthington site has been completed.

The pathway lights from the new employee entrance to the new employee parking lot are in place and operational; we are still awaiting the parking lot light to be installed by Eversource.

The new employee entrance has been wired with an electronic lock and fob access. Russ will be contacting employees to get their respective fobs programmed.

Information Technology – The T-1 lines for failover are being built. There is likely going to be an update on this during the Board meeting.

Repairs and mold remediation continue at 9 Russell Rd. Due to an illness, the lease negotiation was postponed but will likely be completed during the first week of February. Verizon, the sub-contractor for Windstream has completed their survey for the MPLS / phone installation.

EMR – New card scanners have been installed for medical reception that will allow patients' licenses to be scanned into the patient chart, and the system will extract their photo so staff have them available. In addition, insurance cards will also be scanned and subscriber and co-pay information parsed to the appropriate fields. Receptionists are very excited with this addition, due to the ease of use and facilitation of the check-in process. It is also something that was requested as a safety measure for all staff.

Finance Report:

1. Completed standardized template of Physician Contract, which was utilized in contracting new Physician.

2. W-2 forms have been distributed to employees, 1099 forms are in process for contractors.
3. Finance and IT Department completed installation of new leased printers/copiers. This went well, but there were of course challenges for staff in getting used to the new systems.
4. Completed Financial portion of Non-Compete 330 Grant for the period 6/1/2016 – 5/31/2017. Report submitted in a timely manner.
5. Started year-end account reconciliations for annual audit.
6. Attended UDS training and started compiling information for UDS report, which is due on 2/15/2016.
7. Staff Update: Evaluation is taking place to determine staffing needs due to a number of staff leaving in the last month; this is a good time to assess the best structure to efficiently meet organizational needs.
 - a. Nancy Booth - AP & Payroll Clerk retired in December
 - b. Diane Donnachie – Billing and Collection Clerk retired in December
 - c. Brenda Mathieu – CFO Retired in December□□

**HILLTOWN COMMUNITY HEALTH CENTERS
FINANCE COMMITTEE MEETING
THURSDAY, JANUARY 28, 2016
5:00 P.M.**

**WORTHINGTON
HEALTH CENTER**

AGENDA

- 1. Approval of Finance Committee Minutes from December 28, 2015 Meeting**
 - 2. Review of Monthly Financial Reports for December 2015**
 - 3. Sign Off on Approved Purchase Requisition- None**
 - 4. Finance Dept. Updates**
 - Fiscal Year End Audit Update**
-

Notes to Financial Statements

Net Operating Income (Loss)

December 2015: \$(6,966)

Year to date: \$95,869

Net Operating Income YTD will be adjusted for Year End Audit Preparation entries.

Contributing factors to November results:

- A. December results included added incentive revenue for Meaningful Use and the CDPHO annual bonus totaling \$42,500 and \$35,317, respectively.*
- B. Accounting treatment of contractual allowance for FY 2015 will be corrected when final audit is completed; going forward in FY 2016 each month will be included an estimated accrual to account for contractual adjustments.*
- C. Expenses continued to remain consistent with prior monthly totals.*

Year End Considerations:

It is anticipated that the actual results will be reduced for FY 2015 once all accounts are reconciled.

Committee: Finance Meeting Location: Worthington Date: December 29, 2015 @ 2:00 P.M.

Committee Members present: Dianne Brenner, Lew Robbins, Staff: Eliza Lake, Frank Mertes
 Agenda Item Summary of Discussion

Agenda Item	Summary of Discussion	Decision / Next Steps	Person Responsible / Due Date
Old Business: Minutes for November 19, 2015	Minutes from the November 19 th Finance Committee meeting were presented. Dianne Brenner made a motion and Lew Robbins seconded to accept the minutes as written.	Approved	N/A
November Financials	<p><u>Net Operating Income (Loss)</u> November 2015: \$(51,859) Year to date: \$102,839 Net patient revenue per working day decreased from October to November: \$20,361 to \$17,110.</p> <p><u>Contributing factors to November results:</u> A. November had fewer working days (19) B. Accounting treatment of contractual allowance C. Expenses remained consistent with prior monthly totals, indicating that most expenses are fixed and not dependent on revenue generated.</p> <p><u>December and Year End Considerations:</u> In December possible similar loss as in November due to provider leaves and holidays. Year- end adjustments may further erode previously reported results</p>	No Action	N/A

HILLTOWN COMMUNITY HEALTH CENTERS, INC
BUDGETARY REVENUE & EXPENSE STATEMENT
PERIOD ENDING DECEMBER 31, 2015

SHEET #1

REVENUE	DECEMBER ACTUAL	DECEMBER BUDGET	MONTHLY VARIANCE	Y-T-D ACTUAL	Y-T-D BUDGET	Y-T-D VARIANCE	FY 2015 BUDGET
Medical Patient Fee Revenue (inc. Podiatry)	326,012	368,502	(42,490)	4,126,930	4,053,517	73,413	4,422,018
Oral Health Patient Fee Revenue	228,930	289,516	(60,585)	2,849,097	3,184,671	(335,574)	3,474,186
Behavioral Health Patient Fee Revenue	54,296	34,159	20,137	645,817	375,747	270,070	409,906
Optometry Patient Fee Revenue	26,333	23,813	2,520	334,279	261,943	72,336	285,756
School Based Patient Fee Revenue	23,067	11,967	11,101	213,669	119,668	94,001	143,601
Total Gross Patient Fee Revenue	658,639	727,956	(69,317)	8,169,791	7,995,545	174,247	8,735,467
Other Patient Related Revenue	76,276	15,687	60,589	152,934	172,556	(19,622)	188,243
Contractual Allowances	(391,299)	(264,912)	(126,387)	(3,479,751)	(2,914,036)	(565,715)	(3,178,948)
Net Patient Fee Revenue	343,616	478,730	(135,114)	4,842,974	5,254,065	(411,091)	5,744,762
Contract/Grant Revenue	256,413	135,075	121,337	1,928,656	1,485,830	442,826	1,620,905
Other Operating Revenue	18,776	20,557	(1,780)	222,444	226,123	(3,679)	246,680
Total Operating Revenue	618,805	634,362	(15,557)	6,994,074	6,966,018	28,056	7,612,347
Investment & Fundraising Revenue	54,263	10,166	44,096	135,773	111,830	23,943	121,996
TOTAL REVENUE	673,068	644,529	28,540	7,129,847	7,077,848	51,999	7,734,343
Expenses:							
Personnel Expenses	549,646	500,111	49,535	5,570,899	5,501,221	69,678	6,001,332
Contract/Consulting Expenses	26,625	15,219	11,407	270,885	167,407	103,477	182,626
Facility/Building Expenses	23,444	33,224	(9,779)	351,130	365,459	(14,329)	398,683
Other Expenses	80,318	71,098	9,219	841,064	782,083	58,981	853,181
TOTAL EXPENSES	680,034	619,652	60,382	7,033,978	6,816,170	217,808	7,435,822
NET INCOME (LOSS)	(6,966)	24,877	(31,843)	95,869	261,678	(165,809)	298,521

	January-15	February-15	March-15	April-15	May-15	June-15
Worked Days (not Saturdays)	19	17	22	21	20	22
Net Patient Revenue/working day	\$19,971	\$20,419	\$20,062	\$24,189	\$19,659	\$19,687
Net Operating Revenue/working day	\$28,729	\$29,370	\$27,035	\$31,860	\$25,138	\$28,787
Cost per working day of operation	\$34,104	\$30,452	\$25,825	\$27,648	\$26,989	\$27,492
Days Cash on Hand	6	5	9	9	11	12
Days in A/R	46	46	52	52	51	52

	July-15	August-15	September-15	October-15	November-15	December-15
Worked Days (not Saturdays)	22	21	21	21	19	22
Net Patient Revenue/working day	\$17,560	\$17,677	\$23,178	\$20,361	\$17,110	\$15,619
Net Operating Revenue/working day	\$28,313	\$24,158	\$31,620	\$30,339	\$26,485	\$30,594
Cost per working day of operation	\$27,197	\$26,296	\$27,949	\$28,298	\$29,214	\$30,911
Days Cash on Hand	8	11	9	11	12	12
Days in A/R	54	51	61	60	52	52

Department	% YTD Net Patient Rev.	% YTD Total Expenses
Medical	53%	39%
Oral Health	36%	25%
Behavioral Health	6%	4%
Optometry	3%	3%
School Based	2%	3%
Physical Therapy	0%	0%
Lab	0%	0%
Community	0%	7%
Fundraising	0%	1%
Management & General (Admin, Billing, Facilities)	0%	19%
	100%	100%

HILLOWN COMMUNITY HEALTH CENTERS INC.
INCOME AND EXPENSE STATEMENT
PERIOD: 12/1-12/31/2015

Sheet #1B

DEPARTMENT: Oral Health

	Actual	Year To Date Actual	Per Visit C. Mo. Actual	YTD Actual
Revenue:				
Patient Fee Revenue	\$228,930	\$2,849,097		
Other Patient Related Revenue	(\$1,718)	\$4,098		
Contractual Allowances	(\$79,818)	(\$1,120,508)		
Total Net Patient Revenue	\$147,395	\$1,732,687	\$ 96.46	\$ 84.69
Contract/Grant Revenue	\$47,699	\$112,801		
Other Operating Revenue	\$0	\$0		
Total Operating Revenue	\$195,094	\$1,845,487		
Investment & Fundraising Revenue	\$0	\$335		
TOTAL REVENUE	\$195,094	\$1,845,822		
Expenses:				
Personnel Expenses	\$126,504	\$1,459,590		
Contract/Consulting Expenses	\$13,517	\$125,924		
Facility/Building Expenses	\$2,866	\$15,570		
Other Expenses	\$19,667	\$153,900		
TOTAL EXPENSES	\$162,553	\$1,754,985	\$ 106.38	\$ 85.78
NET INCOME (LOSS)	\$32,541	\$90,837		

Dentist	Actual	Budget	Over/ (Under)
January	947	1,193	(246)
February	872	1,133	(261)
March	1,241	1,312	(71)
April	1,288	1,253	35
May	1,271	1,193	78
June	1,175	1,312	(137)
July	1,085	1,312	(227)
August	992	1,253	(261)
September	1,082	1,253	(171)
October	1,129	1,253	(124)
November	950	1,133	(183)
December	1,062	1,312	(250)
Year To Date	13,094	14,912	(1,818)

Hygienist	Actual	Budget	Over/ (Under)
January	388	497	(109)
February	370	472	(102)
March	654	546	108
April	551	521	30
May	574	497	77
June	583	546	37
July	429	546	(117)
August	454	521	(67)
September	475	521	(46)
October	556	521	35
November	517	472	45
December	520	546	(26)
Year To Date	6,071	6,206	(135)

Mobile	Actual	Budget	Over/ (Under)
January	97	111	(14)
February	107	111	(4)
March	129	111	18
April	52	111	(59)
May	179	111	68
June	186	111	75
July	-	-	-
August	-	-	-
September	179	111	68
October	158	111	47
November	61	111	(50)
December	147	116	31
Year To Date	1,295	1,115	180

HILLOWN COMMUNITY HEALTH CENTERS INC.
 INCOME AND EXPENSE STATEMENT
 PERIOD: 12/1-12/31/2015

Sheet #1D

DEPARTMENT: Optometry

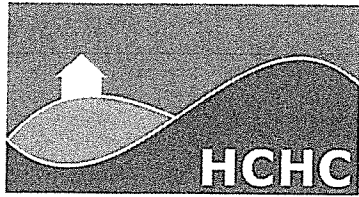
	<u>Actual</u>	<u>Year To Date Actual</u>	<u>Per Visit C. Mo. Actual</u>	<u>YTD Actual</u>
<u>Revenue:</u>				
Patient Fee Revenue	\$26,333	\$334,279		
Other Patient Related Revenue	\$0	(\$73)		
Contractual Allowances	(\$18,376)	(\$196,251)		
Total Net Patient Revenue	\$7,957	\$137,955	\$52.35	\$66.39
Contract/Grant Revenue	\$1,860	\$18,626		
Other Operating Revenue	\$7,565	\$79,812		
Total Operating Revenue	\$17,383	\$236,393		
Investment & Fundraising Revenue	\$0	\$0		
TOTAL REVENUE	\$17,383	\$236,393		
<u>Expenses:</u>				
Personnel Expenses	\$15,787	\$150,564		
Contract/Consulting Expenses	\$1,839	\$22,139		
Facility/Building Expenses	\$0	\$34		
Other Expenses	\$3,988	\$44,536		
TOTAL EXPENSES	\$21,614	\$217,273	\$ 142.20	\$ 104.56
NET INCOME (LOSS)	(\$4,232)	\$19,120		

	<u>Actual</u>	<u>Budget</u>	<u>Over/ (Under)</u>
January	172	147	25
February	135	139	(4)
March	252	161	91
April	186	154	32
May	180	147	33
June	145	161	(16)
July	134	161	(27)
August	195	154	41
September	194	154	40
October	162	154	8
November	152	139	13
December	171	161	10
Year To Date	2,078	1,832	246

Hilltown
Balance Sheet-Unaudited
For Eleven Months Ending DECEMBER 31, 2015

SHEET #2

	Current Month 12/31/2015	Last Month 11/31/2015	Variance	Last Year 12/30/2014
ASSETS				
Current Assets				
Cash - Operating Fund	\$358,058.19	\$350,253.89	\$7,804.30	\$172,956.09
Patient Recievables	600,458.09	784,126.29	(183,668.20)	593,076.53
Less Allow. for Doubtful Accts.	(129,082.64)	(126,376.84)	(2,705.80)	(108,000.00)
A/R 340B Program-Pharmacist	6,616.14	8,461.56	(1,845.42)	11,288.40
A/R 340B Program-State	(944.79)	(839.37)	(105.42)	1,009.92
A/R - Pledges Receivable	127,203.86	7,916.67	119,287.19	56,888.00
Contracts & Grants Receivable	23,908.81	95,819.12	(71,910.31)	55,953.06
Prepaid Expenses	<u>21,260.01</u>	<u>37,921.50</u>	<u>(16,661.49)</u>	<u>0.00</u>
Total Current Assets	1,007,477.67	1,157,282.82	(149,805.15)	783,172.00
Property & Equipment				
Land	\$204,505.53	\$204,505.53	\$0.00	\$204,505.53
Buildings	2,613,913.09	2,613,913.09	0.00	2,613,913.09
Improvements	870,016.16	857,447.54	12,568.62	815,214.04
Equipment	<u>1,254,750.13</u>	<u>1,221,845.13</u>	<u>32,905.00</u>	<u>1,191,942.15</u>
Total Property & Equip.	4,943,184.91	4,897,711.29	45,473.62	4,825,574.81
Less: Accum. Depreciation	<u>(2,160,961.49)</u>	<u>(2,147,089.49)</u>	<u>(13,872.00)</u>	<u>(1,994,497.49)</u>
Net Property & Equipment	2,782,223.42	2,750,621.80	31,601.62	2,831,077.32
Other Assets				
Restricted Cash	\$53,757.74	\$53,753.17	\$4.57	\$53,758.03
United Bank Cash	0.00	0.00	0.00	61,663.55
Pharmacy 340B and Optometry Inventory	18,575.02	17,859.02	716.00	16,137.72
Investment - Waddell & Reed Restricted	5,581.50	5,273.52	307.98	5,615.54
Investment - Vanguard	<u>379,545.13</u>	<u>368,538.68</u>	<u>11,006.45</u>	<u>389,269.10</u>
Total Other Assets	457,459.39	445,424.39	12,035.00	526,443.94
Total Assets	<u>4,247,160.48</u>	<u>4,353,329.01</u>	<u>(106,168.53)</u>	<u>4,140,693.26</u>
LIABILITIES & FUND BALANCE				
Current Liabilities				
Accounts Payable	\$141,496.34	\$89,516.31	\$51,980.03	\$134,232.64
Notes Payable	34,275.80	38,569.41	(4,293.61)	39,756.72
Sales Tax Payable	103.70	91.62	12.08	124.20
Accrued Expenses	13,582.38	24,093.64	(10,511.26)	0.00
Accrued Payroll Expenses	264,817.18	367,511.63	(102,694.45)	177,517.64
Payroll Liabilities	10,917.87	10,309.65	608.22	6,770.88
Unemployment Escrow	825.57	825.57	0.00	825.57
Deferred Contract Revenue	<u>55,116.45</u>	<u>82,860.74</u>	<u>(27,744.29)</u>	<u>73,373.05</u>
Total Current Liabilities	521,135.29	613,778.57	(92,643.28)	432,600.70
Long Term Liabilities				
Mortgage Payable United Bank	\$206,775.68	\$208,113.64	(\$1,337.96)	\$222,515.71
Mortgages Payable USDA Huntington	223,532.50	224,420.65	(888.15)	233,732.90
Mortgages Payable CDBG Worthington	<u>39,003.62</u>	<u>43,336.95</u>	<u>(4,333.33)</u>	<u>91,003.58</u>
Total Long Term Liabilities	469,311.80	475,871.24	(6,559.44)	547,252.19
Total Liabilities	990,447.09	1,089,649.81	(99,202.72)	979,852.89
Fund Balance/Equity				
Fund Balance Prior Year	\$3,160,840.37	\$3,160,840.37	\$0.00	\$3,477,082.42
YTD Net Profit (Loss)	<u>\$95,873.02</u>	<u>\$102,838.83</u>	<u>(\$6,965.81)</u>	<u>(316,242.05)</u>
Total Fund Balance/Equity	3,256,713.39	3,263,679.20	(6,965.81)	3,160,840.37
Total Liabilities & Fund Balance	<u>4,247,160.48</u>	<u>4,353,329.01</u>	<u>(106,168.53)</u>	<u>4,140,693.26</u>



Hilltown Community Health Center

Operational

SUBJECT: Firearms-free work place

Purpose:

To ensure that Hilltown Community Health Center maintains a workplace safe and free of violence for all employees and patients, the company prohibits the possession or use of firearms on company property.

Policy:

It is the Company's policy to maintain a firearms-free work place and prohibit the possession of firearms regardless of any license or permit that an individual may have which would otherwise authorize the individual to carry firearms on company property. Exceptions will be made only for on-duty law enforcement officers. The Company will strictly enforce this policy.

Procedure:

1. Signage, stating that firearms are not permitted on the premises, will be posted at all entrances in a location that is conspicuous to all
2. Failure on the part of an employee to comply with the policy may result in termination of employment
3. Failure on the part of a patient to comply with the policy will result in termination of appointment and personnel should follow the Disruptive Patient policy.

Originally Drafted: 01/12/2016

Reviewed or Revised: 01/28/2016

Board Approval: 01/28/2016

Approved by:

Executive Director

President, Board of Directors

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Huntington Health Center • 73 Russell Road • Huntington, MA 01050 • (413) 667-3009 • Fax (413) 667-8746

Hilltown Community Center • 9 Russell Road • Huntington, MA 01050 • (413) 667-2203 • Fax (413) 667-2225

Gateway School-Based Health Center & Gator Grins • 12 Littleville Road • Huntington, MA 01050 • (413) 667-0142 • Fax (413) 667-0145

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Hilltown Community Health Center

Administration

SUBJECT: Hours of Operation

The Board of Directors of the Hilltown Community Health Centers, Inc. approves the following hours of operation for the following sites. These hours have been determined to be appropriate and responsive to the community's needs.

Huntington Health Center: 8 AM to 7 PM Monday through Thursday each week
8 AM to 5 PM on Fridays
8 AM to 12:00 PM on alternating Saturdays

Worthington Health Center: 8 AM to 5 PM Monday, Wednesday, Thursday, and Friday each week
8 AM to 6 PM on Tuesdays
8 AM to 12:00 PM on alternating Saturdays

School-Based Health Center: 7:30 AM to 3:30 PM on days when Gateway Regional School District is in session

Originally Drafted: 01/28/2016

Reviewed or Revised: 01/28/2016

Board Approval: _____

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Approved Finance Committee Minutes from Jan 28, 2016 Meeting

Committee: Finance Meeting

Location: Worthington

Date: January 28, 2016 @ 5:00 P.M.

Committee Members present: ☒ Lewis Robbins, ☒ Tim Walker, Staff: ☒ Eliza Lake, ☒ Frank Mertes,

Agenda Item	Summary of Discussion	Decision / Next Steps	Person Responsible / Due Date
Old Business: Minutes for December 28, 2015	Minutes from the December 28th Finance Committee meeting were presented. Mr. Walker made a motion and Mr. Robbins seconded to accept the minutes as written.	Approved	N/A
December Financials	<p><u>Net Operating Income (Loss)</u></p> <p>December 2015: \$(6,966) Year to date: \$95,869</p> <p>Net Operating Income YTD will be adjusted for Year End Audit Preparation entries.</p> <p><u>Contributing factors to November results:</u></p> <p>A. December results included added incentive revenue for Meaningful Use and the CDPHO annual bonus totaling \$42,500 and \$35,317, respectively.</p> <p>B. Accounting treatment of contractual allowance for FY 2015 will be corrected when final audit is completed; going forward in FY 2016 each month will be included an estimated accrual to account for contractual adjustments.</p> <p>C. Expenses continued to remain consistent with prior monthly totals.</p> <p><u>Year End Considerations:</u></p> <p>It is anticipated that the actual results will be reduced for FY 2015 once all accounts are reconciled.</p>	No Action	N/A

