



Hilltown Community Health Center

**BOARD MEETING
MARCH 31, 2016
WORTHINGTON HEALTH CENTER
6:00 PM**

AGENDA

1. Call to Order
2. Approval of the February 25, 2016 Meeting Minutes
3. Finance Committee Report
4. Executive Director / Senior Manager Reports
6. Committee Reports (as needed)
 - Executive Committee
 - Recruiting, Orientation, and Nominating (RON)
 - Corporate Compliance
 - Facilities
 - Personnel
 - Quality Improvement
 - Expansion
 - Strategic Planning
 - Fundraising and Development
7. New Business
 - HIPAA Privacy Policies Review
 - All Department Policies Review
 - Bereavement Leave Policy
 - Change of Scope Discussion/Vote
 - Board Resolution for Compliance Program
 - 2016 Annual Meeting Date and Venue
8. Adjourn

Meeting Notes

COMMITTEE: Personnel

Location: Worthington Date/Time: 3/8/2016 8:00 am

TEAM MEMBERS: John Follet, Lee Manchester, Bridget Rida, Karen Rowe, John Bergeron

ABSENT: Wendy Long, Kayla Turner, Jeff Hagen

Agenda Item	Summary of Discussion	Decision/Next Steps	Person Responsible/ Due Date
Bereavement Leave Policy	<p>Discussion concerning the eligibility for two consecutive days of paid bereavement leave continued and it was decided to include aunts, uncles, cousins, and <u>other extended family</u>. Extended family is defined as those members determined by blood, law, and <u>social proximity</u>. Final approval will be determined by the Human Resource Manager.</p> <p>Paid bereavement leave of up to five consecutive will now be granted for immediate family members. Immediate family members will now include spouses, domestic partners, parents, siblings, children, grandparents, grandchildren, parents-in-law, siblings-in-law, step-parents, step-siblings, and step-children.</p>	Will be presented to the Board for approval.	March 31, 2016
Next meeting	Policies to be reviewed and revised include Sick leave, Sexual harassment, Social media.		May 10, 2016

Hilltown Community Health Centers, Inc.
Credit & Collection Policy
FY 2016

Provider Name: Hilltown Community Health Centers, Inc.
Provider Contact #413-238-4116

TABLE of CONTENTS

1. **General Filing Requirement 613.08(1) (c)**
 - 1.1 Electronic Filing with Table of Contents 613.08(1) (c)
2. **General Definitions 613.02**
 - 2.1 *Emergency Services - NA*
 - 2.2 Urgent Care Services Definition to be used in determining allowable Bad Debt under 13.06 613.02
3. **General Collection Policies & Procedures 613.08(1) (c) 2 and 613.08(1) (c) 3**
 - 3.1 Standard Collection Policies & Procedures for Patients 613.08(1) (c) 2a
 - 3.2 Policies & Procedures for Collecting Financial Information from Patients 613.08(1) (c) 2b
 - 3.3 *Emergency Care Classification - NA*
 - 3.4 Policy for Deposits and Payment Plans 613.08(1) (c) 2d
 - 3.5 Copies of Billing Invoices and Notices of Assistance 613.08(1) (c) 2e
 - 3.6 Description of any discount of charity program for the uninsured 613.08(1) (c) 2f
 - 3.7 *Hospital deductible payment option at HLHC - NA*
 - 3.8 Community Health Center (CHC) charge of 20% of deductible per visit to all partial HSN patients 613.08(1) (c) 3a
 - 3.9 *Full versus 20% deductible payment option for partial HSN patients at HLCHC, satellite, and/or student health center – NA*
 - 3.10 *Offer of 20% deductible payment option to all partial HSN patients at HLCHC, satellite, and/or student health center – NA*
4. **Collection of Financial Information 613.06(1) (a)**
 - 4.1 Emergency, Inpatient, Outpatient & CHC Services 613.06(1) (a) 1
 - 4.2 *Inpatient Verification - NA*
 - 4.3 Outpatient/CHC Verification 613.06(1) (a) 2b
5. **Deposits and Payment Plans 613.08(1) (f)**
 - 5.1 Deposits Requirement for Emergency Services & Low Income Patients 613.08(1) (f) 1
 - 5.2 Deposits Requirement for Partial-HSN Low Income Patients 613.08(1) (f) 2
 - 5.3 Deposits Requirement for Medical Hardship Patients 613.08(1)(f)3
 - 5.4 Payment Plan on Balance less than \$1000 613.08(1)(f)4
 - 5.5 Payment Plan on Balance greater than \$1000 613.08(1)(f)4

- 6. Populations Exempt from Collection Action 613.08(3)**
 - 6.1 MassHealth and Emergency Aid to the Elderly, Disabled, and Children (EAEDC) enrollees 613.08(3)(a)
 - 6.2 Participants in CMSP with Modified Adjusted Gross Income (MAGI) equal or less than 400% FPL 613.08(3)(b)
 - 6.3 Low Income Patients – Full HSN 613.08(3)(c)
 - 6.4 Low Income Patients – Partial HSN 613.08(3)(d)
 - 6.5 Low Income Patient Consent to billing for non-eligible services 613.08(3)(e)
 - 6.6 Low Income Patient Consent Exclusion – Medical Errors (SRE) 613.08(3)(e)1
 - 6.7 Low Income Patient Consent Exclusion – Admin/Billing Errors 613.08(3)(e)2
 - 6.8 Low income Patient CommonHealth deductible billing 613.08(3)(f)
 - 6.9 Medical Hardship Patient & ERBD Eligible for Medical Hardship 613.08(3)(g)
 - 6.10 *Provider fails to timely submit Medical Hardship application*
- 7. Minimum Collection Action on Hospital ERBD & CHC Bad Debt 613.06(1) (2) (3) and (4)**
 - 7.1 Initial Bill 613.06(1) (a) 3bi
 - 7.2 Collection action subsequent to Initial Bill 613.06(1) (a) 3bii
 - 7.3 Documentation of alternative collection action efforts 613.06(1) (a) 3biii
 - 7.4 Final Notice by Certified Mail 613.06(1) (a) 3biv
 - 7.5 Continuous Collection Action 613.06(1) (a) 3bv
 - 7.6 Continuous Collection Action – no gap exceeding 120 days 613.06(1) (a) 3bv
 - 7.7 Collection Action File 613.06(1) (a) 3d
 - 7.8 *ERBD claim and EVS check - NA*
 - 7.9 *HLHC Bad Debt claim and EVS check - NA*
 - 7.10 CHC Bad Debt claim and EVS check 613.06(4)
- 8. Available Third Party Resources 613.03(1) (c) 3**
 - 8.1 Diligent efforts to identify & obtain payment from all liable parties 613.03(1) (c) 3
 - 8.2 Determining the existence of insurance, including, when applicable, motor vehicle liability 613.03(1) (c) 3a
 - 8.3 Verification of patient's other health insurance coverage 613.03(1) (c) 3b
 - 8.4 Submission of claims to all insurers 613.03(1) (c) 3c
 - 8.5 Compliance with insurer's billing and authorization requirements 613.03(1) (c) 3d
 - 8.6 Appeal of denied claim 613.03(1) (c) 3e
 - 8.7 Return of HSN payments upon availability of 3rd-party resource 613.03(1) (c) 3f

- 9. Serious Reportable Events (SRE) 613.03(1) (d)**
 - 9.1 Billing & collection for services provided as a result of SRE 613.03(1) (d) 1
 - 9.2 Billing & collection for services that cause or remedy SRE 613.03(1)(d)2
 - 9.3 Billing & collection by provider not associated with SRE for SRE related services. 613.03(1)(d)3
 - 9.4 Billing & collection for readmission or follow-up on SRE associated with provider. 613.03(1)(d)4
- 10. Provider responsibilities 613.08(1)(a)(b) and (g)**
 - 10.1 Non-discrimination 613.08(1)(a)
 - 10.2 Board approval for legal execution against patient home or motor vehicle 613.08(1)(b)
 - 10.3 Advise patient on TPL duties and responsibilities 613.08(1)(g)
- 11. Patient Rights and Responsibilities 613.08(2)**
 - 11.1 Advise patient on right to apply for MassHealth, Health Connector Programs, HSN, Medical Hardship 613.08(2) (a) 1
 - 11.2 Advise patient of the right to a payment plan 613.08(2) (a) 2
 - 11.3 Advise patient on duty to provide all required documentation 613.08(2) (b) 1
 - 11.4 Advise patient on duty to inform of change in eligibility status and available TPL 613.08(2) (b) 2
 - 11.5 Advise patient on duty to track patient deductible 613.08(2) (b) 3
 - 11.6 Advise patient on duty to inform HSN/MassHealth of any TPL claim/lawsuit 613.08(2) (b) 4
 - 11.7 Advise patient on duty to file TPL claim on accident, injury or loss 613.08(2) (b) 4a
 - 11.8 Advise patient on assigning right to recover HSN payments from TPL claim proceeds 613.08(2) (b) 4bi
 - 11.9 Advise patient on duty to provide TPL claim or proceeding information 613.08(2) (b) 4bii
 - 11.10 Advise patient on duty to notify HSN/MassHealth within 10 days of filing TPL claim/lawsuit 613.08(2) (b) 4biii
 - 11.11 Advise patient on duty to repay HSN for applicable services from TPL Proceeds 613.08(2) (b) 4biv
 - 11.12 Advise patient of HSN limit on recovery of TPL claim proceeds 613.08(2) (c)
- 12. Signs 613.08(1) (e)**
 - 12.1 Location of the signs 613.08(1) (e)
 - 12.2 Size of the signs 613.08(1) (e)
 - 12.3 Multi-lingual signs when applicable 613.08(1) (e)
 - 12.4 Wording in signs 613.08(1) (e)

- 13. Sample Documents & Notices on Availability of Assistance** *613.08(1) (d) and (e)*
- 13.1 Assistance notice (non-billing invoice)
 - 13.2 Assistance program notice in initial bill (billing invoice) *613.08(1) (d) 2*
 - 13.3 Assistance notice in collection actions (billing invoices) *613.08(1) (d) 3*
 - 13.4 Payment plan notice to Low Income or Medical Hardship patients
613.08(1) (d) 4
 - 13.5 Posted Signs *613.08(1) (e)*

*Sections in Italics are not applicable to CHCs

POLICY

1. General Filing Requirement 613.08(1) (c)

1.1 613.08(1)(c) The Hilltown Community Health Centers, Inc. will electronically file its Credit & Collection Policy with the Health Safety Net (HSN) Office within 90 days of adoption of amendments to this regulation that would require a change in the Credit & Collection Policy; when the health center changes its Credit & Collection Policy; or when requested by the HSN Office.

2. General Definitions 613.02

2.1 Emergency Services – N/A

2.2 Urgent Care Services: 613.02 Medically necessary services provided in a Hospital or community health center after the sudden onset of a medical condition, whether physical or mental, manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent lay person would believe that the absence of medical attention within 24 hours could reasonably expect to result in: placing a patient's health in jeopardy; impairment to bodily function; or dysfunction of any bodily organ or part. Urgent care services are provided for conditions that are not life threatening and do not pose a high risk of serious damage to an individual's health. Urgent care services do not include elective or primary care.

3.1 General Collection Policies & Procedures 613.08(1) (c) 2 and 613.08(1) (c) 3

3.2 Standard Collection Policies and Procedures for patients 613.08(1) (c) 2a

(a) The health center makes reasonable efforts prior to or during treatment to obtain the financial information necessary to determine responsibility for payment of the bill from the patient or guarantor. The center's staff provides all first-time patients with a registration form which includes questions on the patient's insurance status, residency status, and financial status, and provides assistance, as needed, to the patient in completing the form. . A patient who states that they are insured will be requested to provide evidence of insurance sufficient to enable the center to bill the insurer. Health center staff asks returning patients, at the time of visit, whether there have been any changes in their income or insurance coverage status. If there has been a change, the new information is recorded in the center's practice management system and the patient advised or assisted to inform MassHealth of the change.

(b) The health center undertakes the following reasonable collection efforts for patients who have not provided complete eligibility documentation, or for whom insurance payment may be available:

- (1) an initial bill is sent to the party responsible for the patient's financial obligations;
- (2) subsequent billings, telephone calls, and any subsequent notification method that constitute a genuine effort to contact the party which is consonant with patient confidentiality is sent;
- (3) efforts to locate the patient or the correct address on mail returned as an incorrect address are documented, and
- (4) a final notice is sent by certified mail for balances over \$1000, where notices have not been returned as an incorrect address or as undeliverable.

(c) Cost Sharing Requirements. Health center staff inform patients who are responsible for paying co-payments in accordance with 101 CMR 613.04 (6) (b) and deductibles in accordance with 101 CMR 613.04(6) (c), that they will be responsible for these co-payments.

(d) Low Income Patient Co-Payment Requirements. The health center requests co-payments of \$1 for antihyperglycemic, antihypertensive, and antihyperlipidemic generic prescription and \$3.65 for generic and brand-name drugs from all patients over the age of 18, with the exception of pregnant or postpartum women, up to a maximum pharmacy co-payment of \$250 per year.

(e) Health Safety Net - Partial Deductibles/Sliding Fees: For Health Safety Net - Partial Patients with MassHealth MAGI Household income or Medical Hardship Family Countable Income between 200.1% and 400% of the FPL, the health center determines their deductible (40% of the difference between the lowest MassHealth MAGI Household income or Medical Hardship Family Countable Income, as described in 101 CMR 613.04(1), in the applicant's Premium Billing Family Group (PBFG) and 200.1% of the FPL). If any member of the PBFG has an FPL below 200% there is no deductible for any member of the PBFG. The Patient is responsible for 20% of the HSN payment for all services, with the exception of pharmacy services, provided up to this Deductible amount. Once the Patient has incurred the Deductible, the patient is no longer required to pay 20% of the payment. Only one Deductible is allowed per PBFG approval period.

3.2 Policies & Procedures for Collection Financial Information 613.08(1) (c) 2b

All patients who wish to apply for HSN or other public coverage are required to complete and submit a MassHealth/Connector Care Application using the eligibility procedures and requirements applicable to MassHealth applications under 130 CMR 502.000 or 130 CMR 515.000.

(a) Determination Notice. The Office of Medicaid or the Commonwealth Health Insurance Connector will notify the individual of his or her eligibility determination for MassHealth, Commonwealth Care, or Low Income Patient status.

(b) The Division's Electronic Free Care Application issued *under 101 CMR 613.04(2) (b) (3)* may be used for the following special application types:

a. Minors receiving Confidential Services may apply to be determined a Low Income Patient using their own income information and using the Division's Electronic Free Care Application. If a minor is determined to be a Low Income Patient, the health center will submit claims for confidential Services when no other source of funding is available to pay for the services confidentially. For all other services, minors are subject to the standard Low Income Patient Determination process.

b. An individual seeking eligible services who has been battered or abused, or who has a reasonable fear of abuse or continued abuse, may apply for Low Income Patient status using his or her own income information. Said individual is not required to report his or her primary address.

3.3 Emergency Care Classification - NA

3.4 Policy for Deposits and Payment Plans 613.08(1) (c) 2d

The health center's billing department provides and monitors Deposits and Payment Plans as described in **Section 5** of this policy for qualified patients as described in 101 CMR 613.08. Each payment plan must be authorized by the Billing Manager.

3.5 Copies of Billing Invoices and Notices of Assistance 613.08(1) (c) 2e

(a) **Billing Invoices:** The following language is used in billing statements sent to low income patients: “If you are unable to pay this bill, please call 413-238-5511. Financial assistance is available.”

(b) **Notices:** The Health center provides all applicants with notices of the availability of financial assistance programs, including MassHealth, subsidized Health Connector Programs, HSN and Medical Hardship, for coverage of services exclusive of personal convenience items or services, which may not be paid in full by third party coverage. The center also includes a notice about Eligible Services and programs of public assistance to Low Income Patients in its initial invoices, and in all written Collection Actions. All applicants will be provided with individual notice of approval for Health Safety Net or denial of Health Safety Net once this has been determined. The following language is used in billing statements sent to low income patients: “If you are unable to pay this bill, please call (phone #). Financial assistance is available.” The Health center will notify the patient that the Provider offers a payment plan if the patient is determined to be a Low Income Patient or qualifies for Medical Hardship.

(c) **Signs:** The Health center posts signs in the clinic and registration areas and in business office areas that are customarily used by patients that conspicuously inform patients of the availability of financial assistance and programs of public assistance and the office of John Bergeron in the Community programs at 413-667-2203 at which to apply for such programs. Signs will be large enough to be clearly visible and legible by patients visiting these areas. All signs and notices will be in English.

3.6 Discount/Charity Programs for Uninsured Patients 613.08(1) (c) 2f

The health center offers Sliding Fee Discounts to patients who are ineligible for the Health Safety Net. For these patients, the health center offers full discount to patients under 100% of the Federal Poverty Income Guidelines (FPIG) and Sliding Fee Discounts to patients with incomes between 100% and 200% of the FPIG. Sliding fee scale table is 95% discount for 100% of FPIG, 80% discount from 101% to 125% of FPIG, 60% discount from 126% to 150% of FPIG, 40% discount from 151% to 175% of FPIG, 20% discount from 176% to 200% and full cost from 201% or more of FPIG.

3.7 *Hospital deductible payment option at HLHC – NA*

3.8 Community Health Center (CHC) charge of 20% of deductible per visit to all partial HSN patients 613.08(1) (c) 3a

The health center charges HSN-Partial Low Income Patients 20% of the HSN payment for each visit, to be applied to the amount of the Patient’s annual Deductible until the patient meets the Deductible.

3.9 *Full vs. 20% deductible payment options to all partial HSN patients at HLHC, satellite, and/or student health center – NA*

3.10 *Offer of 20% deductible payment options to all partial HSN patients at HLHC, satellite, and/or student health center- NA*

4. Collection of Financial Information 613.06(1) (a)

4.1 Emergency, Inpatient, Outpatient & CHC Services: 613.06(1) (a) 1 The Health center makes reasonable efforts, as soon as reasonably possible, to obtain the financial

information necessary to determine responsibility for payment of the bill from the patient or guarantor.

4.2 Inpatient Verification - NA

4.3 Outpatient/CHC Financial Verification 613.06(1) (a) 2b

The Health center makes reasonable efforts to verify patient-supplied information at the time the patient receives the services. The verification of patient-supplied information may occur at the time the patient receives the services or during the collection process as defined below:

1. Verification of gross monthly-earned income is mandatory and shall include, but not be limited to, the following:
 - a. Two recent pay stubs;
 - b. A signed statement from the employer; or
 - c. The most recent U.S. tax return.
2. Verification of gross monthly-unearned income is mandatory and shall include, but not be limited to, the following:
 - a. A copy of a recent check or pay stub showing gross income from the source;
 - b. A statement from the income source, where matching is not available;
 - c. The most recent U.S. Tax Return.
3. Verification of gross monthly income may also include any other reliable evidence of the applicant's earned or unearned income.

5. Deposits and Payment Plans 613.08(1) (f)

5.1 The health center does not require pre-treatment deposit from Low Income patients. 613.08(1) (f) 1

5.2 Deposit Requirement for Partial-HSN Low Income Patients: The Health center does not require a deposit from individuals determined to be Low Income Patients pursuant 114.6 CMR 13.04(1). 613.08(1) (f) 2

5.3 Deposit Requirement for Medical Hardship Patients: The Health center does not require a deposit from patients eligible for Medical Hardship. 613.08(1) (f) 3

5.4 Payment Plan on Balance less than \$1000: The Health center will offer an individual with a balance of \$1,000 or less an interest-free one year payment plan with a minimum monthly payment of \$25. 613.08(1) (f) 4

5.5 Payment Plan on Balance greater than \$1000: A patient that has a balance of more than \$1,000, after an initial deposit, will be offered an interest-free payment plan with duration of at least two years. 613.08(1) (f) 4

6. Populations Exempt from Collection Action 613.08(3)

6.1 MassHealth, Emergency Aid to the Elderly, Disabled, and Children EAEDC enrollees: The health center does not bill patients enrolled in MassHealth, patients receiving governmental benefits under the Emergency Aid to the Elderly, Disabled and Children program, except that the health center may bill patients for any required co-payments and deductibles. The Health center may initiate billing for a patient who alleges that he or she is a participant in any of these programs but fails to provide proof of such participation. Upon receipt of satisfactory proof that a patient is a participant in any of the above listed programs, and receipt of the signed application, the Health center will cease its collection activities. 613.08(3) (a)

6.2 Participants in CMSP with MassHealth MAGI Household income or Medical Hardship Family Countable Income equal or less than 400% FPL: Participants in the Children's Medical Security Plan whose Family Income is equal to or less than 400% of the FPL are also exempt from Collection Action. The Health center may initiate billing for a patient who alleges that he or she is a participant in the Children's Medical Security Plan, but fails to provide proof of such participation. Upon receipt of satisfactory proof that a patient is a participant in the Children's Medical Security Plan, the Health center will cease all collection activities. *613.08(3) (b)*

6.3 Low Income Patients – Full HSN: Low Income Patients with MassHealth MAGI Household income or Medical Hardship Family Countable Income equal or less than 200% of the FPL, are exempt from Collection Action for any Eligible Services rendered by the Health center during the period for which they have been determined Low Income Patients, except for co-payments and deductibles. The Health center may continue to bill Low Income Patients for Eligible Services rendered prior to their determination as Low Income Patients, after their Low Income Patient status has expired or otherwise been terminated. *613.08(3) (c)*

6.4 Low Income Patients – Partial HSN: Low Income Patients with MassHealth MAGI Household income or Medical Hardship Family Countable Income between 200.1% and 400% of the FPL are exempt from Collection Action for the portion of their bill that exceeds the Deductible and may be billed for co-payments and deductibles as set forth in 101 CMR 13.04(6) (b) and (c). The Health center may continue to bill Low Income Patients for services rendered prior to their determination as Low Income Patients, after their Low Income Patient status has expired or otherwise been terminated. *613.08(3) (d)*

6.5 Low Income Patient Consent to billing for non-eligible services: The Health center may bill Low Income Patients for services other than Eligible Services provided at the request of the patient and for which the patient has agreed in writing to be responsible.

6.6 Low Income Patient Consent Exclusion – Medical Errors: The health center will not bill low income patients for claims related to medical errors occurring on the health center's premises. *613.08(3) (e) 1*

6.7 Low Income Patient Consent Exclusion – Admin/Billing Errors: The health center will not bill Low Income Patients for claims denied by the patient's primary insurer due to an administrative or billing error. *613.08(3) (e) 2*

6.8 Low income Patient CommonHealth deductible billing. At the request of the patient, Hilltown Community Health Centers, Inc. may bill a low-income patient in order to allow the patient to meet the required CommonHealth one-time deductible as described in 130 CMR 506.009. *613.08(3) (f)*

6.9 Medical Hardship Patient & ERBD Eligible for Medical Hardship: The Health center will not undertake a Collection Action against an individual who has qualified for Medical Hardship with respect to the amount of the bill that exceeds the Medical Hardship contribution. *613.08(3) (g)*.

6.10 The health center will not undertake a collection action against any individual who has qualified for Medical Harship with respect to any bills that would have been eligible for HSN payment in the event that the health center has not submitted the patient's Medical Hardship documentation within 5 days. *613.05(2)*.

7. Minimum Collection Action on Hospital ERBD & CHC Bad Debt 613.06(1) (2) (3) and (4)

The Health center makes the same effort to collect accounts for Uninsured Patients as it does to collect accounts from any other patient classifications.

The minimum requirements before writing off an account to the Health Safety Net include:

7.1 Initial Bill: The health center sends an initial bill to the patient or to the party responsible for the patient's personal financial obligations. 613.06(1) (a) 3bi

7.2 Collection action subsequent to Initial Bill: The health center will use subsequent bills, phone calls, collection letters, personal contact notices, and any other notification methods that constitute a genuine effort to contact the party responsible for the bill.

613.06(1) (a) 3bii

7.3 Documentation of alternative collection action efforts: The health center will document alternative efforts to locate the party responsible or the correct address on any bills returned by the USPS as "incorrect address" or "undeliverable." 613.06(1) (a) 3biii

7.4 Final Notice by Certified Mail: The health center will send a final notice by certified mail for balances over \$1,000 where notices have not been returned as "incorrect address" or "undeliverable" 613.06(1) (a) 3biv

7.5 Continuous Collection Action: The health center will document that the required collection action has been undertaken on a regular basis and, to the extent possible, does not allow a gap in this action greater than 120 days. 613.06(1) (a) 3bv

7.6 Continuous Collection Action – no gap > 120 days. If, after reasonable attempts to collect a bill, the debt for an Uninsured Patient remains unpaid for more than 120 days, the health center may deem the bill to be uncollectible and bill it to the Health Safety Net Office. 613.06(1) (a) 3bv

7.7 Collection Action File: The health center maintains a patient file which includes documentation of the collection effort including copies of the bill(s), follow-up letters, reports of telephone and personal contact, and any other effort made. 613.06(1) (a) 3d

7.8 ERBD claim and EVS check - NA

7.9 HLHC Bad Debt claim and EVS check – NA

7.10 613.06(1)(a)4 CHC Bad Debt claim and EVS check The health center may submit a claim for Urgent Care Bad Debt for Urgent Care Services if:

(a) The services were provided to:

1. An uninsured individual who is not a Low Income Patient. The health center will not submit a claim for a deductible or the coinsurance portion of a claim for which an insured patient is responsible. The health center will not submit a claim unless it has checked the REVS system to determine if the patient has filed an application for MassHealth; or

2. An uninsured individual whom the health center assists in completing a MassHealth application and who is subsequently determined into a category exempt from collection action. In this case, the above collection actions will not be required in order to file.

(b) The Health center provided Urgent Services as defined in 101 CMR 613.02 to the patient. The Health center may submit a claim for all Eligible Services provided during the Urgent Care visit, including ancillary services provided on site.

(c) The responsible provider determined that the patient required Urgent Services. The health center will submit a claim only for urgent care services provided during the visit.

(d) The Health center undertook the required Collection Action as defined in 101 CMR

613.06(1)(a) and submitted the information required in 101 CMR 613.06(1)(b) for the account; and

(e) The bill remains unpaid after a period of 120 days.

Any collection agency used by Hilltown Community Health Centers, Inc. is required to conform to the above policies.

8. Available Third Party Resources 613.03(1) (c) 3

8.1 Diligent efforts to identify & obtain payment from all liable parties: The health center will make diligent efforts to identify and obtain payment from all liable parties. 613.03(1) (c) 3

8.2 Determining the existence of insurance, including motor vehicle liability: In the event that a patient seeks care for an injury, the health center will inquire as to whether the injury was the result of a motor vehicle accident; and if so, whether the patient or the owner of the other motor vehicle had a liability policy. The health center will retain evidence of efforts to obtain third policy payer information. 613.03(1) (c) 3a

8.3 Verification of patient's other health insurance coverage: At the time of application, and when presenting for visits, patients will be asked whether they have private insurance. The health center will verify, through EVS, or any other health insurance resource available to the health center, on each date of service and at the time of billing. 613.03(1) (c) 3b

8.4 Submission of claims to all insurers: In the event that a patient has identified that they have private insurance, the health center will make reasonable efforts to obtain sufficient information to file claims with that insurer; and file such claims. 613.03(1) (c) 3c

8.5 Compliance with insurer's billing and authorization requirements: The health center will comply with the insurer's billing and authorization requirements. 613.03(1) (c) 3d

8.6 Appeal of denied claim. The health center will appeal denied claims when the stated purpose of the denial does not appear to support the denial. 613.03(1) (c) 3e

8.7 Return of HSN payments upon availability of 3rd-party resource: For motor vehicle accidents and all other recoveries on claims previously billed to the Health Safety Net, the health center will promptly report the recovery to the HSN. 613.03(1) (c) 3f

9. Serious Reportable Events (SRE) 613.03(1) (d)

9.1 Billing & collection for services provided as a result of SRE: The health center will not charge, bill, or otherwise seek payment from the HSN, a patient, or any other payer as required by 105 CMR 130.332 for services provided as a result of a SRE occurring on premises covered by a provider's license, if the provider determines that the SRE was: a. Preventable; b. Within the provider's control; and c. Unambiguously the result of a system failure as required by 105 CMR 130.332 (B) and (c). 613.03(1) (d) 1

9.2 Billing & collection for services that cause or remedy SRE: The health center will not charge, bill, or otherwise seek payment from the HSN, a patient, or any other payer as required by 105 CMR 120.332 for services directly related to: a. The occurrence of the SRE; b. The correction or remediation of the event; or c. Subsequent complications arising from the event as determined by the Health Safety Net office on a case-by-case basis. 613.03(1) (d) 2

9.3 Billing and collection by provider not associated with SRE: The health center will submit claims for services it provides that result from an SRE that did not occur on its premises 613.03(1) (d) 3

9.4 Billing & collection for readmission or follow-up on SRE associated with provider: Follow-up Care provided by the health center is not billable if the services are associated with the SRE as described above. *613.03(1) (d) 4*

10. Provider responsibilities *613.08(1) (a) (b) and (g)*

10.1 Non-discrimination: The health center shall not discriminate on the basis of race, color, national origin, citizenship, alienage, religion, creed, sex, sexual orientation, age, or disability, in its policies, or in its application of policies, concerning the acquisition and verification of financial information, pre-admission or pretreatment deposits, payment plans, deferred or rejected admissions, or Low Income Patient status. *613.08(1) (a)*

10.2 Before seeking legal execution against the personal residence or motor vehicle of a Low Income Patient, the health center requires its Board of Directors to approve such action on an individual basis. *613.08(1) (b)*

10.3 Advise patient on duties and responsibilities: The health center will advise patients of the responsibilities described in 101 CMR 613.08(2) at the time of application and at subsequent visits. *613.08(1) (g)*

11. Patient Rights and Responsibilities *613.08(2)*

11.1 Advise patient on right to apply for MassHealth, the Premium Assistance payment Program operated by the Health Connector, a Qualified Health Plan, Low Income Patient determination, and Medical Hardship: The health center informs all patients of their right to apply for MassHealth, Health Connector Programs, HSN, and Medical Hardship.

613.08(2) (a) 1

11.2 Advise patient of the right to a payment plan: The health center informs all Low Income Patients and patients determined eligible for Medical Hardship of their right to a payment plan as described in 101 CMR 613.08(1)(f). *613.08(2) (a) 2*

11.3 Advise patient on duty to provide all required documentation: The health center advises all patients that they have a duty to provide the health center all required eligibility and TPL verification at the time of application for coverage. *613.08(2) (b) 1*

11.4 Advise patient on duty to inform of change in eligibility status and available TPL: The health center informs all patients that they have a responsibility to inform the health center or MassHealth when there has been a change in their MassHealth MAGI Household income or Medical Hardship Family Countable Income as described in 101 CMR 613.04(1), insurance coverage, insurance recoveries, and/or TPL status. *613.08(2) (b) 2*

11.5 Advise patient on duty to track patient deductible: At the time of application, Low Income Partial patients are advised that it is their responsibility to track expenses toward their deductible and provide documentation to the health center that the deductible has been reached when more than one family member has been determined to be a Low Income Patient or if the patient or family members receive Eligible Services from more than one provider. *613.08(2) (b) 3*

11.6 Inform the HSN Office or MassHealth of a TPL claim/lawsuit. In the event that a patient is identified as having been involved in an accident or suffers from an illness or injury that has or may result in a lawsuit or insurance claim, the health center advises the patient of his/her duty to inform the HSN Office or MassHealth of a TPL claim/lawsuit as well as to: *613.08(2) (b) 4*

11.7 File TPL claim on accident, injury or loss *613.08(2) (b) 4a.*

- 11.8 Assign the right to recover HSN payments from TPL claim proceeds. *613.08(2) (b) 4bi*
- 11.9 Provide TPL claim or legal proceedings information *613.08(2) (b) 4bii*
- 11.10 Notify HSN/MassHealth within 10 days of filing a TPL claim/lawsuit *613.08(2) (b) 4biii*
- 11.11 Repay the HSN for applicable services from TPL Proceeds; and *613.08(2) (b) 4biv*
- 11.12 Advise patient of HSN limit on recovery of TPL claim proceeds: The health center will advise the patient that the HSN can only recover amounts to the extent of the services it reimbursed. *613.08(2) (c)*

12. Signs *613.08(1) (e)*

- 12.1 Location of the signs The Health center has posted signs in the clinic and registration areas and in business office areas that are customarily used by patients that conspicuously inform patients of the availability of financial assistance programs and the health center location at which to apply for such programs. *613.08(1) (e)*
- 12.2 Size of the Signs: The signs are large enough to be clearly visible and legible by patients visiting these areas. *613.08(1) (e)*
- 12.3 Multi-lingual signs when applicable: All signs and notices have been translated into the languages spoken by 10% or more of the residents in our health center's service area. These are: English. *613.08(1) (e)*
- 12.4 Wording in Signs: The health center signs notify patients of the availability of financial assistance and of programs of financial assistance. *613.08(1) (e)*

Financial assistance is available to help with your medical/dental bills. Please contact John Bergeron at 413-667-2203 for assistance.

13. Sample Documents & Notices on Availability of Assistance *613.08(1) (d) and (e)*

- 13.1 Assistance notice (non-billing invoice) – Attached *613.08(1) (d) 1 (Attachment 1)*
- 13.2 Assistance program notice in initial bill (billing invoice) – Attached *613.08(1) (d) 2 (Attachment2)*
- 13.3 Assistance notice in collection actions (billing invoices) – Attached *613.08(1) (d) 3 (Attachment3)*
- 13.4 Payment plan notice to Low Income or Medical Hardship patients – Attached *613.08(1) (d) 4 (Attachment4)*
- 13.5 Posted Signs – Sample(s) attached *613.08(1) e (Attachment 5)*

**Approved by the Board of Directors of
Hilltown Community Health Centers, Inc.** _____

Date: _____

Authorized Signature: _____

Title: _____]

PLEASE CALL:

JOHN BERGERON 413-667-2203
To see if you qualify for help with
your medica/dental bills.

PLEASE CALL:

JOHN BERGERON 413-667-2203
To see if you qualify for help with
your medical/dental bills.

PLEASE CALL:

JOHN BERGERON 413-667-2203
To see if you qualify for help with
your medica/dental bills.

PLEASE CALL:

JOHN BERGERON 413-667-2203
To see if you qualify for help with
your medical/dental bills.

PLEASE CALL:

JOHN BERGERON 413-667-2203
To see if you qualify for help with
your medical/dental bills.

PLEASE CALL:

JOHN BERGERON 413-667-2203
To see if you qualify for help with
your medical/dental bills.

PLEASE CALL:

JOHN BERGERON 413-667-2203
To see if you qualify for help with
your medical/dental bills.

PLEASE CALL:

JOHN BERGERON 413-667-2203
To see if you qualify for help with
your medical/dental bills.

PLEASE CALL:

JOHN BERGERON 413-667-2203
To see if you qualify for help with
your medica/dental bills.

PLEASE CALL:

JOHN BERGERON 413-667-2203
To see if you qualify for help with
your medical/dental bills.

STATEMENT

Attachment 2

This is a statement for professional services rendered by your physician. You may receive a separate bill from the hospital for its services.

PATIENT NAME		
[REDACTED]		
BILL DATE	ACCOUNT NO.	AMOUNT P
03/21/2016	[REDACTED]	

[REDACTED]

THIS IS A STATEMENT OF SERVICES RENDERED BY PHYSICIAN(S) WHO ARE MEMBERS OF:

Hilltown Community Health Ctrs Inc
 58 Old North Road
 Worthington, MA 010989753
 413-238-5511

DATE OF SERVICE	DESCRIPTION OF SERVICE	AMOUNT
12/03/2015	Claim:162509, Provider: JONATHAN LIEBMAN, NP	
12/03/2015	99213 Office Visit, Est Pt., Level 3	172.00
03/21/2016	If you are unable to pay this bill please call 413-238-5511 financial assistance is available. Your Balance Due On These Services ...	20.00

DATE	PATIENT NAME	ACCOUNT NO.	PAY THIS AMOUNT
03/21/2016	[REDACTED]	[REDACTED]	20.00

MAKE CHECK PAYABLE TO:

Hilltown Community Health Centers Inc

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT



HILLTOWN COMMUNITY HEALTH CENTERS, INC.

58 Old North Road • Worthington, MA 01098
(413) 238-5511 Clinical Fax: (413) 923-9355

3/29/2016

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

Our billing department has made a number of attempts to bring your attention to this long overdue account.

The balance of 33.04 has now gone considerably beyond our normal credit limits and you have reached the final stage of our collection process.

Because we are a non-profit Community Health Center, delinquent accounts are especially burdensome for us, as we have no profits to help offset bad debt accounts. We have valued you as a patient in the past and we do not want to jeopardize your credit rating by turning you over to a collection agency. If there is anything we can do to assist you in the payment of this account, please contact our Patient Billing Department at 413-238-5511, option 6.

If for any reason, we do not hear from you within 15 days of the date on this letter, we will be forced to proceed with collection action. Please be aware that our policy is to refuse all non-emergency services to patients whose account status has reached this point, unless payments on this overdue amount are being made. If you do not make an effort to work out a payment settlement, we may also choose to terminate you as a patient.

Thank you,

Karen Rida
HCHC Billing

Worthington Health Center • 58 Old North Road • Worthington, MA 01098 • (413) 238-4100 • Fax (413) 923-9355
Huntington Health Center • 73 Russell Road • Huntington, MA 01050 • (413) 667-3009 • Fax (413) 923-9355
Hilltown Social Services • 9 Russell Road • Huntington, MA 01050 • (413) 667-2203 • Fax (413) 667-2225
Gateway School-Based Health Center • 12 Littleville Road • Huntington, MA 01050 • (413) 667-0142 • Fax (413) 923-9355



HILLTOWN COMMUNITY HEALTH CENTERS, INC.

58 Old North Road • Worthington, MA 01098
(413) 238-5511 Clinical Fax: (413) 923-9355

3/29/2016

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

Your account has a balance of 33.04. Your payment is now overdue.

In order to avoid further collection action, we request that you pay your outstanding balance in full or that you work out a monthly payment plan that will enable you to pay your account in full within a reasonable amount of time.

If you believe a discrepancy exists in the amount owed, please contact the billing department at 413-238-5511, option 6.

Thank you,

Karen Rida
Billing Department

Worthington Health Center • 58 Old North Road • Worthington, MA 01098 • (413) 238-4100 • Fax (413) 923-9355
Huntington Health Center • 73 Russell Road • Huntington, MA 01050 • (413) 667-3009 • Fax (413) 923-9355
Hilltown Social Services • 9 Russell Road • Huntington, MA 01050 • (413) 667-2203 • Fax (413) 667-2225
Gateway School-Based Health Center • 12 Littleville Road • Huntington, MA 01050 • (413) 667-0142 • Fax (413) 923-9355

**ARE YOU
UNABLE TO PAY OUR BILL?**

**PLEASE CALL
413-238-5511**

**FINANCIAL ASSISTANCE
IS AVAILABLE**

Executive Director Report: March 30, 2016

It seems like a very long time since the last time the Board met, both because it has been five weeks, and because those weeks have been packed with activity. After weeks of both preparing for the Operational Site Visit (OSV) from HRSA, and efforts to try to get it delayed due to poor communication, we are now trying to take a deep breath and make sure that we are calmly addressing all the Program Requirements that require our attention. We have been assigned our consultants for the June 8-10th OSV, and anticipate a much more reasonable process of talking with them about what they need prior to their arrival. I will, of course, keep you informed of any new developments.

I would like to quickly run through the Program Requirements with you tomorrow, just so you know which areas we will be addressing over the next few months. In addition, I am sure that you have seen all the policies that we will be asking you to approve at the meeting. Over the next three meetings we will be bringing you groups of policies like these; this year they will have to be individually approved, but we plan to bring smaller groups to you for approval over the course of the year, based on topic area, so you don't have as much to digest in the future. We will also be discussing, and you will be asked to vote on, some Changes in Scope (CIS) that we need to file in the next month. These CIS will bring our documentation with HRSA in line with our actual practice.

In financial matters, we hosted our auditors all of last week, and anticipate that they will come next month to present their findings to at least the Finance Committee. We do not anticipate any major findings, and the process of preparing for them resulted in our books being brought completely up-to-date for the end of 2015. The results are, sadly, disappointing. Frank will give a full report to the Finance Committee tomorrow, but due to vacation liabilities from both 2014 and 2015, other adjustments to various line items, and the final accounting for the accounts receivable, we anticipate a loss of about \$173,000. This is much worse than we had hoped for, and while it is much better than 2014 (a loss of \$314,000), it is still far from the break even or profitable margin that we had hoped for. Frank is changing many of our practices already, and is confident that the number we have at the end of 2016 will not change dramatically once the audit preparation is complete. He is planning to recast the entire budget prior to the April Board meeting, and will do monthly checks on vacation liability and accounts receivable, which will dramatically decrease the shift in the bottom line. More importantly, it will allow us to have a full understanding of our financial picture monthly, and allow us to adjust accordingly. I am confident that we are moving in the right direction, but it is, inevitably, slower than we would like.

Other updates:

- Dr. Lora Grimes started working at HCHC in early March, and all reports are that things are going very smoothly. She is still not up to full productivity, but we want to make sure that she is completely comfortable with eCW before she does so. In other great news, we have an accepted offer letter from Dr. Miranda Balkin, who will be starting full-time in July, also in Worthington. This will give us coverage for the nurse practitioner who will be out on maternity leave, and for the provider who is taking a

two month leave in the fall. The plan is for Dr. Balkin to be one of the providers for the new site in Amherst – she currently works at a CHC in Boston, and grew up in Amherst and is excited to work there.

- **Amherst:** The project continues to go very well. We have finalized the membership for the Capital Campaign Committee, and the group has impressively already pledged/donated \$92,000 (and there are a number of pledges outstanding – I anticipate the total being well in excess of \$100,000). Here is the membership:
 - Stephanie O’Keeffe, Chair – former Amherst Selectboard Chair
 - Jan Eidelson – Chair of Tapestry Board
 - Clare Higgins – Head of Community Action! and former Mayor of Northampton
 - Eliza Lake
 - Ellen Brout Lindsey – Member of Community Foundation Board and active fundraiser in community
 - Bob Lowry – Owner of Bueno y Sano and Rao’s Coffee (now called Share)
 - Betsy McInnis – head of family-focused community organization
 - Kay Moran – active community member
 - David Piech, DDS – retired dentist and active in United Way
 - Barry Roberts – major property owner downtown and chair of Business Improvement District
 - J. Curtis Shumway – Owner of Hampshire Hospitality Group
 - Kathy Vorwerk-Feldman – Active community member and wife of UMass Vice-Chancellor

In addition:

- The graphic designer is working on a brochure that we will use for outreach. In addition, I gave another talk today at Applewood Retirement Community, and will speak at the Rotary Club lunch tomorrow.
- The architect anticipates the drawings being complete within a month. There have been delays related to developing occupancy loads and their impact on egress plans, and they are finalizing the needs for possible structural changes to the roof due to the new Air Handling Unit. Once the plans are complete, we can go out to bid. I will get the keys to the space tomorrow morning!
- We have a meeting of the Community Partners tomorrow, at which time I will ask them to brainstorm the communities that the JPMHC will serve, and will ask them to submit suggestions for leaders from these communities to serve on an Advisory Group. From this Group we anticipate drawing future Board members. I can report tomorrow on how this process went.
- Randy Fisher and I will be meeting with ServiceNet on Friday to discuss a possible collaborative relationship in Amherst – there are definitely benefits to doing so, and the two organizations have always had a good relationship. We will also talk about how to strengthen our access to psychiatry for all our patients, at all sites.
- I spent three days in Washington, DC, attending the Policies and Issues Forum held by the National Association of Community Health Centers every year. We spent a day visiting our Congressional delegation, and I was pleased with my meetings with Representatives McGovern and Neal – both expressed interest in visiting our sites, and I

invited McGovern to come to the opening of the JPMHC next year. I also invited Senator Elizabeth Warren to visit soon, and come to the opening. I will follow up on these invitations soon. The federal funding situation is much better than last year, but with the uncertainties around the presidential election, no one can take much for granted. I attended very useful workshops related to HRSA, OSVs, and a new effort to collect information from patients about social determinants of health through electronic medical records. I look forward to keeping up to date on this project, as it could be very useful to HCHC.

- You will learn a lot more about the implementation of the 1422 grant next month when Kim Savery, Director of Community Programs, is a guest presenter at the Board meeting. It is important to know, however, that the grant has provided us with over \$250,000 this year, and over \$150,000 for each of the next two years, to target prevention efforts toward individuals at risk of diabetes and hypertension. The staff have been working very hard to get the project off the ground, and while it has been a frustrating process, I think in the long run it will be a very good one for HCHC. Kim can tell you more, but I want to share positive findings of the outside consultants that did an analysis of our existing systems:
 - HCHC has established, Healthwise, a very robust community health worker (CHW) program that has been operating for several years. Currently, with the five experienced CHWs in the program, Healthwise provides a strong foundation for the 1422 grant project.
 - The health center has one of the lowest no show rates we have encountered (13%) in CHCs due to the systems in place
 - An effective pre-visit patient care planning process is in place with Medical Assistants taking a prominent role.
 - Nursing staff conduct weekly home visits and are integral in helping to ensure patients with chronic conditions are recalled for needed services and do not fall off the radar.
 - Provider schedules are effectively managed: most appointment slots are used each day (18-20 encounters per day) through effective scheduling policies and procedures.
 - The health center recently hired an accomplished eCW applications specialist [Briana Blanchard] with the express purpose of optimizing workflows and standardizing workflows and training.
 - Pre-visit planning on most teams is robust.
 - An RN has been hired to initiate a population health management program.
 - Key staff have undergone LEAN training.

The things that we need to work on were not unexpected, which made me happy that we are focusing our energies on the correct activities, including increasing the daily huddles, implementing the Call Center, better documentation/workflows by providers, and more. This project is going to be a very important part of our effort to prepare for the coming changes in health care financing.

- There are three things that I would like the Board to know related to personnel and health center activities:

- Jennie Howland has taken a part-time position with Clean Slate, which is a treatment center that provides individuals with substance use disorders with Suboxone treatment. According to our provider contracts, this action requires permission from me and the Board. I have given her permission provided that the organization's activities, and her activities within it, do not compete with those of HCHC (which they currently do not). Should that change, this decision will be revisited. Due to the addition of Lora Grimes to the staff, Jennie is now no longer a salaried employee, and will be working as a per diem like Mary Chmura.
- Beth Coates has requested her annual two-month leave, to start on August 26th. She has been very flexible with her dates to accommodate the new provider starting and the maternity leave of her colleague, and I am going to approve the leave tomorrow. **I would ask that the Board vote to approve Dr. Coates' leave request, as required in her contract.**
- The Department Heads and myself have approved a request from Melissa Mattison, a pharmacist who has been providing pro bono consultations with our providers for over a year, to do retrospective research with data on the HCHC patients she's been seeing related to nutrition and weight loss. I have attached the documentation here. The Department Heads and myself feel that since she is proposing a retrospective chart review with pre- and post-intervention measures using de-identified data, the study poses little to no risk to our patients and will provide us with some basic information on whether this service has been of benefit to our patients. We have therefore approved her proposal. Our policy states that the decision must also be voted on by the Board, and therefore **I ask that the Board vote to approve this research proposal.**

The next three months will be very full as we prepare for the OSV, but I am excited to know that afterwards (and after we correct anything they find), HCHC will be a stronger organization, and better able to handle the opportunities and challenges that lie ahead.

Senior Management Reports

Clinical and Community Services:

Community Service programs

- A large amount of time is committed to the 1422 grant
- The CHWs will be working with the Behavioral Health department to check in with patients on the wait list
- The CHWs are actively working with the medical department to begin to look at the high risk patients for population management
- CHW is attending the week BH meetings to work with high risk patients
- In conjunction with Behavioral Health, we are developing a stress relief work group
- The Domestic Violence Victim Advocates will be giving a training to all staff at the next In Service, scheduled for May 12th.

Eye Care

- Continue to look at possible ways to deepen the department, both with MAs and optometrist

- The first quarter numbers indicate that we have seen more patients this year than any other year

Behavioral Health

- We have interviewed two more candidates for the two open positions and have invited one back for a second interview. We had offered a position to a candidate, but she decided not to move to the area after all.
- The Director has provided de-escalation training to all front-desk staff as part of our safety improvements.

Oral Health/Dental

- We continue to be short staffed in Oral Health by two dentists; however, one of the dentists has agreed to work an extra day while another dentist is out on maternity leave
- We are advertising for two positions: 1) for a general dentist and 2) associate dental director
- We are also examining the possibility of bringing back limited license dentists to help fill the need – the department is working out a plan for supervision

Medical

- As mentioned above, we have hired another MD, Miranda Balkin, who has experience in community health centers and is coming to us from Fenway Community Health Center in Boston
- Staffing otherwise appears to be stable and adequate

Operations Report:

Facilities:

- 9 Russell Road: The fiber connection has been installed as has the router. We have accepted a bid from New England Security to revamp the aged network cabling in the facility with new Cat 6 Ethernet cable. This will allow optimization of the new MPLS soon to be installed. NE Security is scheduling three weeks out at this point.
- Parking Lots: Both health center parking lots are slated to be swept within two weeks. Once clear of sand, Russ will repaint the parking lines as needed.
- HHC Security: Operations is set to begin building the two security curtain walls that will isolate the patient waiting area from the clinical wings. Once we are assured that the emergency planning grant funding has been made available, the project will begin. Part of this project will also involve the purchase of identification badge software and a printer. When completed, each employee will have a plastic ID card w/ photo as well as a proximity card programmed for access to facilities as needed.
- Spring Cleaning: Operations has obtained a quote from our cleaning service to perform a one-time deep clean of the 9 Russell Rd facility in preparation for the internet access project. We are awaiting approval to schedule. In addition, Russ will begin making general repairs to exam rooms and will be installing chair rails to prevent wall damage in the future.
- WHC Restroom ventilation: Russ was able to make his way into the ceiling above the patient restrooms in WHC. He found that, while there are ventilation ducts in each bathroom were looped directly to the clean room with no routing to the outside. Russ is

pricing vent fans to be installed in each bathroom and vented directly to open air in the soffit.

Information Technology:

- T-1 Failover Circuit: Both T-1 failover circuits are complete. The circuit for HHC has been installed and tested. WHC's circuit is scheduled to be installed on 4/2/2016. Once completed, the health center will have redundancy as far as internet access for our VOIP phone system and access to eCW and other cloud-based applications.
- 9 Russell Rd: The equipment for the MPLS and phone system has been ordered. Once it arrives, it will be installed independent of the cabling project. Upon completion of the cabling, Daniel will patch the new cable in and schedule Windstream to complete the circuit work for the MPLS and VOIP phones.
- SQL Server Upgrade: Operations has purchased a 2012 license for server 2012. The plan is to upgrade one of our physical servers, install server 2012 and then install SQL 2012 in preparation for the Dentrux upgrade. After much deliberation, it was felt that this is a more cost effective way to upgrade. The additional benefit is we will gain an additional physical server for the future. This provides us with redundancy options as well as short-term replacement options.
- Dentrux Upgrade: We have secured a date in early May for training on the latest version of Dentrux Enterprise. Prior to that, we will perform the upgrade to our existing version which will eliminate the need for one of our servers and its associated maintenance. We anticipate increased performance and reduced downtime with the new configurations.
- New Remote Network Support Provider: Operations is pleased to announce that our new remote network support vendor is Whalley Computer Associates of Southwick, MA. Over the next couple of weeks, WCA will install two devices on our network which will allow remote monitoring. They will be replacing Fandotech, whose contract is up for renewal on 3/31/2016.

Finance Report:

The past month has been very busy preparing for the annual audit and reconciling all the accounts.

1. Audit Field work completed on March 25th, now finalizing and preparing Uniform Financial Report (UFR).
2. Final UDS report has been approved by HRSA.
3. Due to audit prep work was unable to attend the NACHC conference in Washington D.C.
4. The cash situation remains tight but we are meeting our commitments. We are planning accordingly and will watch this situation carefully.
5. Staff Update:
 - a. Lora Grimes MD joined HCHC in early March.
 - b. We continue to review the need for added staff that have budgeted in the Finance and HR departments.

- c. We are conducting a provider compensation review to standardize the compensation package for all providers.

Awaiting Approval – March 30, 2016 – Worthington Meeting Minutes

Committee: Finance Meeting Location: Worthington Date: March 31, 2016 @ 5:30 P.M.

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

Agenda Item	Summary of Discussion	Decision / Next Steps	Person Responsible / Due Date
Meeting called to order.	Meeting called to order by Mr. Lewis at 5:35 pm	N/A	Mr. Lewis
Old Business: Minutes for Feb 23, 2016	Minutes from the Feb 23 Finance Committee meeting were presented. Mr. Lewis made a motion and Mr. Walter seconded to accept the minutes as written.	Approved	N/A
Discussion regarding YE Close of Books and results given to Auditors	Reviewed schedule of adjustments that showed the entries made to go from \$95K Net Income to \$173 Net Loss. Mr. Lewis and Mr. Walter expressed the need to ensure that the contractual adjustment the accrued vacation be made on a monthly basis. Mr. Mertes indicated that the process is in place and was updated in the Jan 16 close. It was noted that even though a loss was incurred that the FY 14 results were worse and that the trend was positive.	Presentation to full Board	Mr. Lewis
Discussion on January 2016 Results	January 2016 results were presented and it was noted that there was a positive \$14k. Mr. Mertes stated that the results included the Contractual Allowance Reserve and the Accrued Vacation reserve. Mr. Mertes indicated that the Feb results would most likely be negative, but was currently unsure by how much. He also indicated that he expected the March results and the complete first quarter to show a Net Income.	Jan. Results approved and to be presented to Full Board	Mr. Lewis

Agenda Item	Summary of Discussion	Decision / Next Steps	Person Responsible / Due Date
Finance Dept. Updates:	<p>Presented by Mr. Mertes</p> <ul style="list-style-type: none"> a. Audit Field work completed on March 25th, now finalizing and preparing Uniform Financial Report (UFR). b. Final UDS has been approved by HRSA. c. Due to audit prep work was unable to attend the NACHC in Washington D.C. d. The cash situation remains tight but we are meeting our commitments. We are planning accordingly and will watch this situation carefully. e. Staff Update: f. Lora Grimes MD joined HCHC in early March. g. We continue to review the need for added staff that have budgeted in the Finance and HR departments. h. We are conducting a provider compensation review to standardize the compensation package for all providers. 	No Action	N/A
Credit & Collection Policy	Mr. Mertes presented the FY 2016 Credit and Collection Policy. Mr. Mertes noted that this policy had no changes and was approved in the prior year by the Board and DPH	Policy approved and will be presented to full Board	Mr. Lewis
Meeting Adjourned	Vote to adjourn meeting made by Mr. Walter and seconded by Mr. Lewis.	Approved	N/A

Respectfully submitted,
Frank Mertes, on behalf of Finance Committee

HCHC BOARD OF DIRECTORS MEETING

Location: Huntington Health Center, Huntington, MA

Date/Time: 02/25/2016 6:00pm

MEMBERS: Wendy Lane Wright; Cheryl Hopson; Lew Robbins; Alan Gaitenby; Lee Manchester; Tim Walter; Nancy Brenner; John Follet, Interim President; Wendy Long

STAFF: Eliza Lake, Executive Director; Jeff Hagen, COO; Frank Mertes, CFO; Janet Laroche, Executive Assistant

ABSENT: Lucy Fandel; Kimberly May, Clerk; Michael Purdy CCSO

Agenda Item	Summary of Discussion	Decision/Next Steps	Person Responsible/ Due Date
Approval of Minutes 01/28/2016	<p>John Follet called the meeting to order at 6:05pm.</p> <p>The January 28, 2016 minutes were reviewed by the Board members present. A motion was made to approve the January 28, 2016 minutes as written. The motion was seconded and with no discussion needed, the motion to approve the minutes was approved unanimously.</p>	<p>The January 28, 2016 minutes were approved</p>	
Finance Committee	<p>Lew Robbins reported on the February finance committee meeting. The year-end financials are not yet completed. They will be reviewed at a later date. But, it was discussed that December and January were not the best months from a financial perspective.</p> <p>The annual UDS report has been filed. This year's annual audit will take place in March.</p>		
Guest, Mary Ellen O'Driscoll, Mass League	<p>John introduced Mary Ellen to the group. The Board members then introduced themselves. Mary Ellen began with an overview of what the HRSA site visit means and how it works. There will be three consultants for the on-site visit. These reviews take place during the middle of a health center's 5 year grant period. She went over each of the 19 site requirements that will be reviewed and what the Board's expectations will be.</p>		

	<p>In the recent past, on average, sites were receiving 3.2 'not met requirements'. In 2015, the average of 'not mets' increased to 6.7 which indicates that it's getting increasingly more difficult to meet all the requirements. In addition to the survey results from the 19 requirements, the consultants will also make recommendations, which will not be included in the final report. If there are requirements found to be not met, there's a process to follow to resolve them.</p> <p>The role of the Board should be oversight, leadership and monitoring. She made it clear that HRSA looks for documentation. The Board will also be required to meet with the consultants during their visit. Mary Ellen also informed the group that all HCHC policies should be reviewed and approved by the Board on an annual basis.</p>		
Executive Director Report	<p>Eliza reported that there's a bill in the Mass House to support optometrists. Tim noted that the bill is number 1973. A motion was made stating that the Board will support the Mass optometry bill. The motion was seconded and without further discussion needed, the motion to support the optometry bill was approved. Without further discussion, She also reported that there has been 100% participation from the Board for the John P. Musante Health Center Capital Campaign raising almost \$10,000.</p> <p>State House Day will be in April, but it will be the same time as our HRSA visit if the April dates are confirmed. The visit is tentatively set for April 13-15.</p> <p>There's a meeting scheduled in Amherst on Thursday, March 31st from 9-10:30am with the full committee. Board members are welcome to attend if available. Eliza also wanted the Board to be aware that she's been summoned for Grand Jury</p>	The board voted to support the optometry bill #1973.	

	Duty and if chosen, the time length will be for 3 months.		
Facilities Committee	No report this month.		
QI Committee	The QI Committee held a meeting in December and plans to meet again on Friday, 2/26.		
Corporate Compliance	No report this month		
Personnel Committee	No report this month		
Recruiting, Orientation & Nominating Committee	It was reported that Alan has been nominated to be a member of this committee. It was also reported that Lew Robbins has been nominated to be Treasurer, Nancy Brenner has been nominated to be Vice President and John Follet has been nominated to become President. All nominations will be considered interim until the Annual Meeting in June. A motion was made to accept the nominations of Lew Robbins as Treasurer, Nancy Brenner as Vice President and John Follet as President. The motion was seconded and without further discussion needed, the nominations were approved.	Lew Robbins has been nominated as Treasurer, Nancy Brenner as Vice President and John Follet as President.	
Credentialing Committee	The credentialing checklists for the following new employees were brought to this meeting as being recommended for full privileges by the credentialing committee: Robyn Laferriere, QI-HOPE Nurse and Lora Grimes, MD. After a brief discussion of the candidates, a motion was made and seconded to approve full privileges for Robyn Laferriere and Lora Grimes. With no further discussion, full 2-year privileges were granted.	Credentials were reviewed for Robyn Laferriere and Lora Grimes.	Bridget Rida to notify both employees of the granted privileges.
Old Business	None		
New Business	None		
Adjourn	The meeting adjourned at 8:20pm. The next meeting is scheduled for Thursday,		

	March 31, 2016 at 6:00pm at the Worthington Health Center.		
--	--	--	--

CORPORATE COMPLIANCE MEETING

Location: Huntington Health Center

Date/Time: 03/24/2016

Present: Eliza Lake, Jeff Hagen, Michael Purdy, Frank Mertes, John Follet, Janet Laroche

Agenda Item	Summary of Discussion	Decision/Next Steps	Person Responsible/ Due Date
Corporate Compliance Conference	There's a conference taking place in April on Corporate Compliance. A brief discussion was held regarding who should attend. Eliza and Jeff will consider attending.	Review cost and details for attending	Eliza Lake; Jeff Hagen
HCHC Bylaws	There are changes and updates that need to be made to the Bylaws. The Bylaws committee will meet and begin to review and to recommend changes to the document.	A review of the document and updates to be made by the Bylaws Committee	John Follet to work on; updates to be discussed at next meeting
Corporate Compliance Toolkit	A review of the compliance toolkit that was purchased last fall has begun. Policies and procedures will be reviewed and compared to what we currently have.	Continue reviewing the toolkit and incorporate documents needed for our program	Corporate Compliance Committee members; updates to be discussed at next meeting
Current Corporate Compliance Plan	The current HCHC plan should be compared with documents in the toolkit to be sure our plan contains all the required information. The toolkit contains a work plan spreadsheet that was reviewed and discussed at the meeting.	Compare current plan to toolkit	Eliza Lake & Jeff Hagen; to be completed by 4/14/2016
Board Charter	The toolkit contains a Board Charter which endorse and authorizes the development and implementation of a corporate compliance program. This document will give authority to the committee and compliance officer to designate, manage and oversee the compliance program.	To be created and approved by the Board of Directors	Janet Laroche; add to March 31 Board meeting agenda for discussion
Corporate Compliance Officer	A discussion was held to better understand the role of the compliance		

	<p>officer and who that person should be. The officer role will have authority and responsibility for the development, implementation, oversight and evaluation of the compliance program. After some discussion, it was decided that Eliza will be HCHC's compliance officer.</p>	<p>Compliance Officer designated as Eliza Lake</p>	
Internal & External Audits	<p>At the present time, we have an internal peer review process in place. For external audits, we currently have an annual financial audit conducted. A discussion took place regarding contacting PMG to come and do another audit. It's not certain if they audit dental records in addition to medical. A recent meeting was held with Walgreens and it was suggested to have an audit conducted of our 340B program.</p>	<p>Speak with PMG at the Mass League conference being held in May to see if they can audit dental records as well. Consider a fall audit.</p>	<p>Eliza Lake & Frank Mertes</p>
Current Code of Conduct policy	<p>Our current code of conduct policy reviews standards of behavior. The toolkit suggests a policy called 'standards of conduct' which contains an extensive list of standards that employees must follow, some of which are currently in HCHC's employee handbook, but not all. It was discussed to change the name of our code of conduct policy to the standards of behavior policy. Next, we should compare what's listed in the employee handbook with the toolkit's standards of conduct policy and perhaps add what's needed. It was mentioned that HR has said there are other additions that will need to be made to the handbook soon, so this might be the time to incorporate this as well.</p>	<p>Change name of current Code of Conduct policy to Standards of Behavior policy; review employee handbook and compare to Standards of Conduct policy from toolkit</p>	<p>Personnel Committee and HR</p>
Compliance Training for employees	<p>Corporate Compliance training has been taking place annually at HCHC's spring all-staff in-service trainings. According to the toolkit, we should have a policy on training and education and should be offering additional training to keep staff informed on the topic.</p>	<p>Begin a monthly training program for all staff by sending an email with a different topic each month</p>	<p>Janet Laroche to coordinate a schedule of topics and send emails monthly</p>

	Janet shared with the committee a list of topics from the toolkit that can be sent to staff in emails as a way to get corporate compliance information to the staff on a regular basis.		
Next Meeting	The committee is scheduled to meet again on Thursday, April 14, 2016 at 1:15pm at the Huntington Health Center.		

Respectfully submitted,

Janet Laroche

Meeting Minutes

COMMITTEE: Personnel

Location: Worthington Date/Time: 3/8/2016 8:00 am

TEAM MEMBERS: John Follet, Lee Manchester, Bridget Rida, Karen Rowe, John Bergeron

ABSENT: Wendy Long, Kayla Turner, Jeff Hagen

Agenda Item	Summary of Discussion	Decision/Next Steps	Person Responsible/ Due Date
Bereavement Leave Policy	<p>Discussion concerning the eligibility for two consecutive days of paid bereavement leave continued and it was decided to include aunts, uncles, cousins, and <u>other extended family</u>. Extended family is defined as those members determined by blood, law, and <u>social proximity</u>. Final approval will be determined by the Human Resource Manager.</p> <p>Paid bereavement leave of up to five consecutive will now be granted for immediate family members. Immediate family members will now include spouses, domestic partners, parents, siblings, children, grandparents, grandchildren, parents-in-law, siblings-in-law, step-parents, step-siblings, and step-children.</p>	<p>Will be presented to the Board for approval.</p>	<p>March 31, 2016</p>
Next meeting	<p>Policies to be reviewed and revised include Sick leave, Sexual harassment, Social media.</p>		<p>May 10, 2016</p>

-Meeting Minutes

COMMITTEE: QI

Location: Huntington

Date/Time: 12/4/15/0815

TEAM MEMBERS: Kimberly May (Clerk, BOD), Cheryl Hopson (Member BOD), Jon Leibman (Medicine Representative), , Mary Lou Stuart (Dental), Cynthia Magrath (Practice Manager), Janet Laroche (Admin Support, Lean Team Leader), Kim Savery (Community Health Representative), Michael Purdy (Community Health)

ABSENT: Jeff Hagen (COO), Eliza Lake (Executive Director)

Agenda Item	Summary of Discussion	Decision/Next Steps	Person Responsible/ Due Date
Review of Old Minutes	Minutes from 10/30/15 reviewed and approved with no changes.	N/A	N/A
Old Business	<p>A. Regular Peer Review: Opto/Community Health—Optometry Peer Review done by American Board of Optometry (usually by the New England College of Optometry)—review of 20 records of diabetic—only deficiency was the patients need a BP check. There were no patient complaints, or legal issues. Community Health—Hiring from the 1422 grant is ongoing. Family Support won the DCF Award for Practice Excellence; Peer Review is via reflective practice and group review of all cases, individual program teams meet weekly or biweekly for that. No client issues or legal issues. There is a new team lead for the navigators, who identified that productivity and efficiency would improve with standard work practices—these are being developed now. Next Meeting Medicine, (followed by Behavioral Health, Dental, Opto/Community Health)</p> <p>B. Call Center Planning Update—ultimate plan is to have a single phone number, 2 people answering at each site. Also, optometry has been added to the clinics managed at the call center. Phone lines complete; software training for operators in progress. However, the contractor has been unable to find a way to make the loop between our 2 separate phone systems circuitous. This has been kicked up to senior management for guidance on how to proceed, and reassessment of whether this can work for us.</p>	<p>A. Medical Report due at next meeting</p>	<p>A. Medical rep</p> <p>C. Cynthia will continue to follow and report on this.</p>

	<p>C. PHO group participation—insurance and credentialing negotiation is through this membership (at Cooley Dickinson). Received \$17K from last year. Jon is our clinical representative, and usually discusses with the group leader Sam, over the phone. Data mapping and gathering remains the largest challenge—we have been downgraded for diagnoses with very low numbers. Brianna is working on this.</p> <p>D. ICD10 Update—rocky and time consuming, but proceeding. Updating problem lists as patients are seen means this will take at least a year. Billing issues may arise from the changes in diagnostic codes, especially if less specific codes are chosen. It will take a billing cycle or two to understand the potential impact of this.</p> <p>E. Worthington Dental Expansion-\$1500 for plumbing, project underway; the room may be too small—all involved parties will look at this this week</p> <p>F. 1422 Grant QI Information—they require our participation in electronic communications for e-referral (YMCA diabetic referrals in this case).</p>		
New Business	<p>A. Lean Project: We have noted ongoing issues with electronic communications—Jon and Cynthia will write the charter, considering Patty or Leeann as team leader, and will also need nursing from both sites, and Janet as coach. Still need to complete the charter</p> <p>B. Patient surveys—using the new survey developed by Lean Team 2015. Behavioral Health and Community Health are attached. These were discussed in detail. There were remarkably few issues found in 40 and 20 surveys, respectively,</p>	A. Jon and Cynthia	A. Next meeting
Adjourn and Next Meeting	Adjourned at 0900. Next meeting 1/28/16/0815, and resume last Friday of the month at 0815. Group would like to meet in Huntington.		1/28/16/0815