



Hilltown Community Health Center

**BOARD MEETING
JULY 28, 2016
WORTHINGTON HEALTH CENTER
6:00 PM**

AGENDA

1. Call to Order
2. Approval of the June 9, 2016 Meeting Minutes
3. Executive Director / Senior Manager Report
4. Committee Reports (as needed)
 - Executive Committee
 - Recruiting, Orientation, and Nominating (RON)
 - Corporate Compliance
 - Facilities
 - Personnel
 - Quality Improvement
 - Expansion
 - Strategic Planning
 - Fundraising and Development
 - Bylaws Ad-Hoc Committee
5. New Business
 - Discussion/Vote on Eliza's evaluation from October, 2015
 - Supervision of Nurse Practitioners Agreement Policy
 - Annual Board Approval of Credit and Collection Policy
 - 340B Pharmacy Program policy
 - Employee Policies & Procedures Handbook
 - Recruitment and Retention Plan
 - Credentialing Review:
 1. Jillian McBride, LCSW
 - Re-Credentialing Reviews:
 1. Cortney Haynes, MD
 2. Deb Lesko, Hygienist
 3. Tim Gearin, DMD
 4. Spretha Kadavath, DDS
 5. Colleen Carpenter, MA
 6. Stefanie Sudyka, MA
6. Adjourn

HCHC BOARD OF DIRECTORS MEETING

Location: Huntington Health Center, Huntington, MA

Date/Time: 06/09/2016 5:30pm

MEMBERS: Wendy Lane Wright; Alan Gaitenby; Lee Manchester; Nancy Brenner, Vice President; John Follet, President; Wendy Long, Clerk; Cheryl Hopson

STAFF: Eliza Lake, Executive Director

ABSENT: Lew Robbins, Treasurer; Tim Walter

Agenda Item	Summary of Discussion	Decision/Next Steps	Person Responsible/ Due Date
Approval of Minutes 05/26/2016	<p>John Follet called the meeting to order at 5:30pm.</p> <p>The May 26, 2016 minutes were reviewed by the Board members present. A motion was made by Wendy Long to approve the May 26, 2016 minutes. The motion was seconded by Nancy Brenner. The motion to approve the minutes were approved unanimously.</p>	<p>The May 26, 2016 minutes were approved</p>	
Committee Reports	<p>A motion was made by Nancy Brenner to table the Committee reports. Alan Gaitenby seconded the motion, and the motion was approved unanimously.</p>		
Executive Director Report	<p>Eliza reported that the Operational Site Visit is going well, with the exception during the first day of a network glitch that made it impossible for staff to access additional files requested by the reviewers. Hard copies were provided when possible, and the situation was resolved by the next morning.</p> <p>The Clinical Reviewer did identify some changes in scope (CIS) that do need to be approved by the Board prior to their being filed with HRSA. All of these are examples of services that HCHC provides directly, which were not accurately recorded in our scope.</p>		

	<p>The CIS discussed and voted upon were the following:</p> <p>In Form 5A, Required services:</p> <ul style="list-style-type: none"> - Remove Primary Medical Care from Columns II and III, as it is now all done directly. A motion to approve this CIS was made by Nancy Brenner, seconded by Alan Gaitenby, and approved unanimously. - Remove diagnostic lab from Column II as the health center does not pay. A motion to approve this CIS was made by Lee Manchester, seconded by Wendy Long, and approved unanimously. - Add Voluntary Family Planning to Column III, as HCHC has an agreement with Tapestry Health for Title X services. A motion to approve this CIS was made by Wendy Long, seconded by Cheryl Hopson, and approved unanimously. - Add Pharmacy to Column I to accommodate existing Prescription Assistance Program. A motion to approve this CIS was made by Lee Manchester, seconded by Wendy Lane Wright, and approved unanimously. - Add Transportation to Column III, include Medicaid funded transportation. A motion to approve this CIS was made by Wendy Long, seconded by Wendy Lane Wright, and approved unanimously. - Add translation to Column I to reflect current bilingual HCHC staff. A motion to approve this CIS was made by Wendy Long, seconded by Nancy Brenner, and approved unanimously. <p>In Form 5C:</p> <ul style="list-style-type: none"> - Edit the clinical outreach 	<p>The following Changes in Scope were approved:</p> <ul style="list-style-type: none"> - Remove Primary Medical Care from Columns II and III, - Remove diagnostic lab from Column II - Add Voluntary Family Planning to Column III - Add Pharmacy to Column I - Add Transportation to Column III - Add Translation to Column I - Edit Form 5C's clinical outreach activities to include flu shot clinics and other screenings. 	
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	activities to include flu shot clinics and other screenings. A motion to approve this CIS was made by Wendy Long, seconded by Cheryl Hopson, and approved unanimously.		
Old Business	None		
New Business			
Conflict of Interest Policy	Eliza presented the revised Conflict of Interest policy. This revision will bring the Policy into compliance with HRSA's Program Requirement 19 – Conflict of Interest. The Board discussed the ramifications of a violation of the policy, including whether a violation would be grounds for dismissal from the Board. Nancy Brenner moved to approve the Conflict of Interest policy as written, Alan Gaitenby seconded the motion, and the Board voted unanimously to approve the Conflict of Interest Policy.	The Conflict of Interest Policy was approved.	
Adjourn	Alan Gaitenby made a motion to adjourn, which was seconded by Wendy Long and approved unanimously by the Board. The meeting adjourned at 6:05 pm. The next meeting is scheduled for Thursday, July 28, 2016 at 6:00pm at the Worthington Health Center.		

Meeting Minutes

COMMITTEE: Personnel

Location: WHC **Date/Time:** 6/14/2016 8:00am

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

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

APPROVED:

Agenda Item	Summary of Discussion	Decision/Next Steps	Person Responsible/ Due Date
Sick leave time Per Diem Employee	<p>State law now requires that employees that work less than 20 hrs. per week and ‘per diem’ employees receive sick leave time benefits earned at a rate of 1 hr. for every 30 hrs worked. These employees may accrue up to 40 hrs. of sick leave time.</p> <p>HCHC policy does not define ‘per diem’ employee. Per diem employees are those who are called upon from time to time to fill in vacancies. Since we have no such workers at this time we agreed to not define it.</p>	Changes will be drafted, presented to the committee, and then to the Board for approval.	Bridget Rida/July 28, 2016

QI COMMITTEE

Location: Huntington Health Center

Date/Time: 06/24/2016 8:15am

TEAM MEMBERS: Cheryl Hopson, BOD; Sheri Cheung, Medicine Representative; Jon Liebman, ANP; Michael Purdy, CCCSO; Mary Lou Stuart, Dental Representative

ABSENT: Janet Laroche, Admin and Lean Team Leader; Kim Savery, Community Program Representative; Jeff Hagen, COO; Serena Torrey, Behavioral Health Representative; Cynthia Magrath, Practice Manager

Agenda Item	Summary of Discussion	Decision/Next Steps	Person Responsible/ Due Date
Review of redacted April Minutes and May Minutes	Minutes from April 29, 2016 and May 20, 2016 were reviewed with minor changes to Michael Purdy's title.		
Old Business			
Peer Review and Department Reports	<p>Quarterly Dental Report: Quarterly provider peer chart reviews resulted in four items for dental to review and address. Two patient complaints were addressed. One involved problems with technology and how to handle patient care when systems are down. Providers in all departments see this as a concern and affecting quality of care. Three problematic experiences occurred during the quarter and were resolved without issue. Dental still working on metrics but is having difficulty due to software issues with the Dentrux upgrade. Computer system was down when trainers were here to train staff on the upgrade. See attached Dental Report.</p> <p>Need to follow up on computer issues: computer glitches when systems go down, lack of access to records, is there a policy in place? Problems when admin staff is not on site, no one to deal with technology, dental software training?</p> <p>Quarterly Optometry Report: Michael has found someone to do peer incident reviews and asked if he should have a</p>		

	<p>formal written agreement or can it be an informal, verbal agreement? There were two incidents with negative outcomes which occurred during patient treatment which were reviewed. Outcome occurs routinely in 1% of cases so was not a concern legally or otherwise.</p> <p>Quarterly Community Health Report: Kim (not present) provided tracking by program of goals and progress towards those goals. Need to look at reasons for high number of breast cancer diagnoses. Are there any other measures documenting access to care that are related?</p> <p>Update on other Department issues: Medical brought forward a case involving patient death. Incident review determined that systemic issues involved a breakdown in communication in several areas. These include follow up with patient regarding timely follow through on needed referral and coverage by providers. Recommended action is to formalize the process for covering providers; meeting has already been scheduled and Medical Representative will report back to QI committee.</p>		
Call Center Planning Committee	No info, Cynthia not present. Goal was to be operational by Aug 1st. Check progress at next meeting.		
PHO Group Participation	HRSA had concerns with contract for Medicaid Patients; most likely will involve renegotiation of the contract.		
1422 Grant	Michael shared that a pilot program with Laura Grimes' team has been set up involving 10 hypertensive patients.		
Lean Team Project	No new info at this meeting, Janet not present.		

Reporting Measures Spreadsheet	Progress is slow, still trying to target 15 specific measures.		
Patient Satisfaction Survey	Reviewed information provided. Issues with Dental in Worthington- difficulty getting appointments and rescheduling appointments will hopefully resolve with the addition of two new providers. They are set to start in September (waiting for licensure); one provider has given notice. Janet indicated in her e-mail that there are issues with getting the targeted number of survey responses. Will discuss at next meeting when Janet is present.		
Meeting Time and Format	Discussed meeting format and time going forward-agreed to keep to the same schedule, monthly meetings, last Friday of the month @ 8:15am.		
Adjourn	The meeting adjourned at 9:20am. The next meeting is scheduled for July 29, 2016 at the Huntington Health Center at 8:15am.		

Submitted by Cheryl Hopson, Chair

Quality Assurance June 2016

Quarter provider peer chart review issues:

Signed treatment plans – solution – encounter form check so printed and signed by reception at check out

Signed medical history – hygienist to check at periodic exams

Documenting reasons for crowns, root canals, extraction in treatment plan – to be entered at treatment planning exam

Quality problem –missed diagnosis - xray did not show area beneath filling where there was decay – resulted in loss of tooth - discussed at staff meeting quality of xrays

Patient complaints

- 1) Patient not informed about difference in costs of posterior fillings amalgam vs composite

New advised consent form if insurance patient wants posterior composite that it may be covered as amal only and therefore cost higher

- 2) Computer down and pt rescheduled after having already been rescheduled , told she couldn't be treated because there could be no xrays – then told she couldn't have both fillings done at same time

Advised front desk to leave treatment decisions to dentist, also need to develop computer contingency plan if not working

Problematic experiences

- 1) Special needs 4 year old for 2 fillings, moved during treatment and bur went through his cheek, patient crying and would not let dentist examine him, taken to Medical and examined by Dr Coates , put on antibiotics. Patient came several days later for followup, doing fine, and healing well as we could barely see where puncture occurred
- 2) Patient with multiple extractions due to acutely infected root tips with swelling, Extractions were atraumatic with no complications noticed. On discharge, patient started coughing . The nurse practitioner was called to evaluate and it was decided to send the patient for a chest xray to rule out any possible aspiration. Patient left alert and in stable condition and proceeded to Noble Hospital. There the patient was diagnosed with pneumonia. (no aspiration)
- 3) Patient had panic attack at home after treatment – felt “velvet tongue” and difficulty swallowing, advise atavan/ valium before treatment visits due to patients anxiety

No metrics yet for our quality measure on sealants for first molars on 6-9 year olds. We are still trying to get our new dentrix program functional.



**HILLTOWN COMMUNITY
HEALTH CENTERS, INC.**

PERSONNEL POLICIES HANDBOOK

Revised December 2009: Board approved on March 2, 2010

Board approved changes to Vacation, Sick, and Personal time on January 30, 2012

Board approved changes to Standards of Conduct and Corrective Action, and Solving Problems and Grievances, added Appeals on January 27, 2014

Board approved changes to Scheduled Weekly Hours, Recording Time, and Paid Minor Holidays on May 28, 2014

Board Approved changes to Categories of Employment: SBHC Employee on April 30, 2015

Worthington Health Center · 58 Old North Road · Worthington, MA 01098 · Telephone: 413-238-5511

Huntington Health Center · 73 Russell Road · Huntington, MA 01050 · Telephone: 413-667-3009

Gateway School-Based Health Center · 12 Littleville Road · Huntington, MA 01050 · Telephone: 413-667-0142

Hilltown Social Service Project · 9 Russell Road · Huntington, MA 01050 · Telephone: 413-667-2203

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OUR MISSION

The mission of Hilltown Community Health Center's, Inc. ("HCHC") is to provide high quality, accessible medical, dental, counseling and behavioral health care, and related services to people in the Western Massachusetts Hilltowns and surrounding areas.

We seek to understand and respond to the needs of our community. All services will be delivered in a caring and professional manner within a context of a partnership between persons served and staff. To achieve our mission we promote employee growth and job satisfaction and we offer continuity of care through our relationships with other organizations.

OUR HISTORY

The Worthington Health Center was founded by Florence Bates and other concerned citizens in 1950. It began with Ms. Bates, a nurse who had worked for the Red Cross and then for the Town of Worthington, along with a part-time physician, and two semi-retired dentists. Since then we have provided high-quality medical, dental, and behavioral health care for individuals and families in the Hilltowns of rural Western Massachusetts.

In response to community needs, our services have continued to grow throughout the years. In 1987 we built a community health center in Huntington. In 1998 we established the Gateway School-Based Health Center, located at the Gateway Regional Middle-High School. In 2002, we renovated and doubled the size of our Worthington facility. A community outreach program was added in 2005. The program includes: family education and support, Gateway Family Center, Gator Grins, Hilltown Social Services and the HOPE program. To better serve our patients in the Huntington area, the Huntington Health Center underwent a renovation and expansion in 2007. For over 50 years Hilltown families have established trusting relationships with our health care providers. We are proud to continue this tradition of meeting the needs of the Hilltown citizens.

INTRODUCTION

From time to time this handbook will require changes and updating. HCHC retains the right without advance notice to make decisions involving employment as needed in order to conduct its work in a manner that is beneficial to the employees and HCHC. All employment with HCHC is "at will" employment. Under "at will" employment, employment with HCHC can and may be terminated by HCHC with or without cause at any time, for any reason, or for no reason at all. No oral promises or statements will be effective or binding on either party. Accordingly, no promise, statement, custom or act of HCHC or its representative constitutes or provides a basis for an employment contract unless it is in writing and signed by the executive director and the employee. In the case of the executive director, by the board chair.

If there are discrepancies between an individual employee's contract, and this handbook, the provisions of the employee's contract will prevail.

GENERAL PROVISIONS

By-laws: The activities of HCHC are governed by its by-laws as duly enacted and amended by its board of directors. In the event of a conflict between the by-laws and provisions set forth in this handbook, the by-laws shall prevail.

Board of Directors: As set forth in the by-laws, the board of directors is the sole policy-making body of HCHC. It shall approve all personnel policies and major personnel practice, as recommended by its personnel committee.

Personnel Committee: As set forth in the by-laws, the personnel committee, a sub-committee of the board of directors, is responsible for the formulation of personnel policy, and makes its recommendations to the board of directors. The sub-committee is comprised of board members, the executive director, the finance director, the human resources coordinator, and employee representatives.

EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of HCHC that there will be no discrimination against any employee or applicant on the basis of sex, race, color, religion, national origin, ancestry, sexual orientation, age, mental or physical disability, military status or genetic information. In keeping with this policy, we strive to maintain an environment that is professional, pleasant and productive.

CONFIDENTIALITY

All employees are expected to show the highest regard for the privacy of each patient and must strictly observe the confidentiality of medical, behavioral health, and dental records and all other patient information. Confidentiality is essential to a sound professional/patient relationship; it is also a legal and ethical matter of the utmost importance. All personnel must be careful to discuss patient information only when necessary and appropriate in the context of patient care. See the HIPAA Policy for further information.

Care should be taken to prevent patient care discussions from being overheard by other patients or staff members who are not involved, i.e. discussions regarding a patient should never take place in the corridors or reception area. Additionally, under no circumstances should any aspect of patient care or information be discussed with anyone outside of work. Care must be taken not to leave in public view lab containers, lab reports, medical files or other items containing medical information. Breach of confidentiality may be cause for immediate dismissal.

OUR EMPLOYEE RELATIONS PHILOSOPHY

The philosophy of the HCHC is to treat each employee as an individual. HCHC also aspires to develop a spirit of teamwork to obtain a common goal and to support employees in achievement of their own goals.

In order to maintain an atmosphere where these goals can be accomplished, we are committed to having a workplace in which communications are open and problems can be discussed. We firmly believe that by communicating with each other directly we will continue to resolve any difficulties that may arise and develop a mutually beneficial relationship. Employees are expected to attend regular staff meetings, where staff and management can communicate openly.

NON-DISCRIMINATION / AFFIRMATIVE ACTION

No employee shall be discriminated against on the basis of sex, race, color, religion, national origin, ancestry, sexual orientation, age, mental or physical disability, military status or genetic information.

HCHC will take affirmative action to ensure that all recruitment, employment, training, compensation, job classification, assignments, working conditions, and privileges of employment be conducted in a manner which does not discriminate against any person on the basis of sex, race, color, religion, national origin, sexual orientation, age, mental or physical disability, military status or genetic information.

It is the goal of HCHC to have a staff that is representative of the community it serves, and recruitment of representative minorities will occur as appropriate. Goals will be set in conjunction with the board of directors.

UNLAWFUL HARASSMENT

It is the policy of HCHC to prohibit harassment of one employee by another employee based on a person's sex, race, color, religion, national origin, ancestry, sexual orientation, age, mental or physical disability or military status.

Unlawful harassment includes, but is not limited to, slurs, epithets, threats, derogatory comments, unwelcome jokes, unwelcome touching, and unwelcome teasing or conduct related to a person's sex, race, color, religion, national origin, ancestry, sexual orientation, age, mental or physical disability or military status. These and any other form of unlawful harassment will not be tolerated.

Any employee who feels that (s)he is a victim of such unlawful harassment should immediately report the matter to his/her supervisor or department head or the executive director. HCHC will investigate all such reports as confidentially as possible. Adverse action will not be taken against an employee who reports or participates in the investigation of a violation of this policy. Violations of this policy will result in corrective action, up to and including discharge.

In order to promote human dignity and provide a work environment of tolerance and respect for employees, HCHC is committed to providing a workplace that is free from all forms of abuse or harassment. Harassment in any form – verbal, physical or visual – will not be tolerated.

SEXUAL HARASSMENT

HCHC strives to maintain an environment where all employees may work free from sexual harassment. Sexual harassment in the workplace is unlawful.

Sexual harassment means sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when:

- submission to or rejection of such advances, requests or conduct is made either explicitly or implicitly a term or condition of employment or as a basis for employment decisions;
- Such advances, requests or conduct have the purpose or effect of unreasonable interference with an employee's work performance by creating an intimidating, hostile, humiliating or sexually offensive work environment.

Examples of sexual harassment may include: explicit or implicit demands for sexual favors in exchange for job benefits; unwelcome letters, telephone calls or displays of materials of a sexual nature; physical assaults of a sexual nature; unwelcome and deliberate touching, leaning over, cornering or pinching; unwelcome sexually suggestive looks or gestures; unwelcome pressure for sexual favors; unwelcome pressure for dates; unwelcome teasing, jokes or questions of a sexual nature; and sexually explicit voice mails, e-mails, graphics, downloading materials or websites.

An employee who feels that he or she has been sexually harassed or has witnessed sexual harassment has the right and obligation to report such conduct. Each employee, supervisor or manager who is aware of an incident of potential sexual harassment must report such conduct. Reports of sexual harassment should be made to one of the following:

Executive Director, Finance Director, or Practice Manager

A thorough, impartial investigation of the alleged harassment will be conducted immediately, and if warranted, immediate appropriate action will be taken against the person responsible, up to and including termination of employment. Confidentiality will be maintained to the extent possible by the person conducting the investigation. Employees not satisfied with the results of the investigation may file a written complaint with the executive director of HCHC. There will be no reprisal or retaliation against anyone who reports such a complaint of sexual harassment: it is unlawful to retaliate against an employee for filing a complaint of sexual harassment or for cooperating in an investigation of a sexual harassment complaint.

An employee may report a claim of sexual harassment to: The Massachusetts Commission Against Discrimination, 436 Dwight St., Springfield, MA, telephone 413-739-2145 or the Equal Employment Opportunity Commission, John F. Kennedy Federal Building, 475 Government Center, Boston, MA 02203, telephone 800-669-4000. Any questions about this policy or its applications should be directed to the finance director or the executive director of HCHC.

EMPLOYMENT AUTHORIZATION VERIFICATION

The Immigration Reform and Control Act of 1986 prohibits the hiring of illegal aliens and mandates verification of identity and work authorization for all employees hired after November 6, 1986. Failure to provide the necessary documentation and completion of the required I-9 form prohibits employment by HCHC.

CATEGORIES OF EMPLOYMENT

Exempt Employee: Exempt employees are paid on a salaried basis, typically work at least 40 hours per week and meet the specific tests established by the Fair Labor Standards Act (FLSA) for exemption from overtime pay.

Non-Exempt Employee: Non-Exempt employees may be paid hourly or salaried, and are eligible for overtime pay.

Introductory Employee: New employees are considered to be in an introductory period during their first three months of employment. During this time, the employee and his/her supervisor will be able to determine if the job is suitable. During this introductory period an employee may be terminated at any time, for any reason. The completion of the introductory period does not guarantee employment for any period of time thereafter.

Full-Time Employee: If an employee regularly works a schedule of 37.5 or more hours per week, they are considered to be a full-time employee and will earn all benefits of HCHC based on full-time equivalency status.

Part-Time Employee: If an employee regularly works a schedule of less than 37.5 hours per week, they are considered to be a part-time employee. For a schedule of between 37.5 and 20 hours, benefits will be pro-rated, based on scheduled hours as a percent of full-time equivalency. Employees who regularly work less than 20 hours per week are not entitled to accrued leave time or other benefits, with the exception of sick time as required by the Massachusetts Earned Sick Leave Law.

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Temporary Employee: If an employee is not regularly scheduled to work or is hired for a limited period of time, they are considered to be a temporary employee. Temporary employees are not entitled to receive benefits. The status of a temporary position will be reviewed every six months to determine if the position is still needed, if temporary position status continues, or if the position will become permanent or be eliminated. Decisions will be subject to budgetary and other management constraints and considerations.

School- Based Employees: Employees who spend the majority of their time at the School-Based Health Center (SBHC), and Gator Grins office located at the Gateway Regional High School are eligible for the same benefits as all other health center employees with the following exceptions:

All decisions are at the discretion of the SBHC director, in conjunction with each department supervisor.

1. **Vacation Days:** Must be taken either during the scheduled school closings, or during the summer when school is closed. Vacation days may not be used while school is in session, except under extenuating circumstances. During school closings (i.e. Christmas, February and April break, etc...) the SBHC employee may request to work at one of the health centers if there is work available at the discretion of the department manager/supervisor.
2. **Holidays:** If the health center and SBHC are both closed, accrued time may be used to account for total weekly scheduled hours. If the health center is open and their services are needed, the

employee may work at the health center and “bank” their holiday time. See PAID MINOR HOLIDAYS in the employee handbook for examples and further explanation.

3. **Closed or Delayed for Inclement Weather:** If the school has a delay, or is closed, the employee must contact their supervisor ASAP to see if their services are needed at either WHC or HHC during the duration of the closure. If services are not needed, they get paid for the hours they were scheduled to work that day. If their services are needed, they will report to the health center as their site for that period of time. If they choose not to report to work, accrued time must be used for the hours scheduled for that day.
4. **School- Scheduled Professional Days and Early Releases:** When the school has a scheduled Professional Day or Early Release, the SBHC employee may have the option to report to the Health Center if they are not expected to attend the Professional Day, and their services are needed. If services are not needed at one of the Health Centers, they are paid for the hours they would have typically worked. If they choose not to report to work that day, accrued time must be used. This decision must be discussed and in place at least 1 month prior to the date.
5. **Summer Vacation:** During the summer vacation, SBHC employees, like all others, are presumed to provide services where needed, with the option to take time off without pay, or use accrued time. Employees may also have the option of working reduced hours during the summer weeks. In the event that services are not needed, employee may be laid off, or furloughed. During the summer months, SBHC employees will be responsible for the entire cost of any benefits carried for any period in which they are not working for HCHC.

CRIMINAL OFFENDER RECORD INFORMATION (CORI) CHECKS

CORI checks are conducted on all individuals HCHC would like to make a job offer to and to interns and volunteers who will be in direct contact with patients. Current employees may be subject to a CORI review at the discretion of HCHC and will be re-CORId if promoted to a position that brings them into direct contact with patients. Potential hires are required to complete a CORI request form which is submitted to the Criminal History System Board. Reports received from the Board indicate either no Massachusetts criminal record or a Massachusetts criminal record. Depending upon the level of the offense, HCHC either will be able to employ a person or will allow discretion in making the decision to hire. In the event a person has a criminal record for a crime which allows for discretion, the CORI committee, consisting of the executive director, director of finance and the practice manager will meet to determine what course of action will be best for the health center. All CORI information is highly confidential and cannot be divulged for any reason.

EMPLOYEE LICENSURE

All applicable **professional** licenses must be kept current for continued employment at HCHC. It is incumbent upon each licensed employee to provide annual proof of his/her licensure and it is the responsibility of the licensed professional to renew his/her license.

NEW EMPLOYEE ORIENTATION

All new employees meet with the personnel coordinator either prior to or immediately after their start

date. During that meeting the personnel coordinator will review the policies and procedures of the health center and assist with the completion of all necessary forms.

It is important that all new employees are oriented regarding hazards and safety. Therefore, new employees will receive a copy of all manuals pertinent at the time of hire including, but not limited to, the following:

1. Personnel Policies and Procedures
2. Hazards and Safety Handbook
3. HIPAA Policies
4. Corporate Compliance Manual
5. Site Specific Emergency Evacuation Plans

All new employees must sign receipts indicating they have received these handouts. In addition, the personnel coordinator will review the health center's site specific Emergency Evacuation Plan with each new employee. The posted Job Safety and Health Protection, OSHA posters will be reviewed with each new employee by designated department personnel.

All new employees will be expected to attend a "new employee orientation" within three months of hire. The content of the orientation will change from time to time but will include an overview of the health center's mission, strategic plan, department functions, and code of conduct.

PHYSICALS AND HEALTH SCREENINGS

New employees are required to undergo a physical examination before beginning employment with HCHC. Physical examinations may be provided by agency providers, at no expense to the potential new employee, may be arranged with your own PCP or proof of a physical within the past 12 months must be submitted.

New employees, who will be in direct contact with patients, are required to have a Tuberculosis test (PPD) immediately after hire. This requirement also applies to volunteers and interns who will be in direct contact with patients. Proof of having had a PPD test within three (3) months of hire may be presented in lieu of testing. Annually thereafter, an employee, volunteer or intern must be screened (by completing a form) by the health center.

If at any time during a person's employment it is suspected that (s)he may have a communicable disease that may constitute a risk for other staff or patients, the medical director or assistant medical director, in her/his absence, should be notified immediately.

CERTIFICATION OF HEALTH

Employees may be required to present a certificate of health to satisfy public health regulations, or to protect the employees and environment of the health centers. HCHC required examinations and tests will be provided at no out-of pocket expense to the employee, by HCHC medical staff. However, the costs of required examinations and/or tests not performed by a HCHC provider are the responsibility of the employee.

MEAL BREAK

Employees who are scheduled to work more than six hours a day are entitled to an unpaid 30-minute meal break. Employees may request a longer meal break, but permission for any such arrangement remains at the discretion of the employee's supervisor. There are no other mandatory breaks. Any other breaks are at the discretion of the employee's supervisor.

OVERTIME

All non-exempt employees working more than 40 hours per week, excluding meal times and leave time, shall be compensated for hours worked in excess of 40 at a rate of 1½ times their regular hourly rate. Supervisory approval must be given to an hourly employee prior to working overtime. Exempt employees do not receive overtime.

PAYDAY

Employees are paid every other week on Thursday, for the 2-week period that ended on the previous Sunday. When a payday falls on a holiday, paychecks will be distributed on the last working day before the holiday.

PAY RAISES

HCHC values its employees and will make every effort to reward good work and dedication with salary increases and/or cost of living raises.

PERFORMANCE REVIEWS / EVALUATIONS

Annually, within the month of the employee's anniversary of date of hire, supervisors will review job performances and work with an employee to develop new job performance goals. Job performance will be reviewed during this meeting; goals will be reviewed and new job performance goals set. Each employee's job performance will be evaluated based upon their most current job description.

The performance review process is designed to provide a basis for better understanding between an employee and his/her supervisor, with respect to his/her job performance, potential, and development at HCHC. New employees will generally have a review after completing their introductory period. Performance reviews may also occur at other times as deemed appropriate by your supervisor or HCHC administration.

SCHEDULED WEEKLY HOURS

Some positions require weekend or evening hours. The standard work week for an employee will be determined by the supervisor in each department based on the operational needs of the Health Center. Employees are expected to account for their scheduled weekly hours (also known as PAF hours), per the most recent Personnel Action Form (PAF). In order to account for total hours, one may have to use accrued time, since all benefits are based on scheduled weekly hours. Accrued time can not be used to exceed total PAF hours, unless the employee has prior approval from their supervisor to work beyond their normally scheduled hours. This must be clearly noted and justified on the timesheet if this is why accrued time was used in excess of PAF hours. Excess hours not noted will be adjusted to total PAF hours.

Hourly employees are excused from the requirement of using accrued time in order to make up sufficient hours to equal their official FTE status, only during work weeks that include a holiday. See “PAID MINOR HOLIDAYS” below for details and examples.

RECORDING TIME

Governmental laws require that all employees maintain an accurate record of all time worked. Timesheets are maintained and carefully reviewed in the Human Resources Office; they must also be made available to representatives of various government agencies responsible for compliance with applicable laws and regulations. Discrepancies in time and attendance records discovered by payroll or by federal regulatory agencies may result in legal consequences for all parties involved. Falsification of timesheets will be considered cause for disciplinary action.

As stated above, in order to account for total hours, one may have to use accrued time, since all benefits are based on scheduled weekly hours. Accrued time can not be used to exceed total PAF hours, unless the employee has prior approval from their supervisor to work beyond their normally scheduled hours. This must be clearly noted *and justified* on the timesheet if this is why accrued time was used in excess of PAF hours. Excess hours not noted will be adjusted to total PAF hours.

Worked hours must be recorded to the nearest quarter hour, on bi-weekly time sheets, and submitted by the employee or their supervisor. Failure to document and attest to hours worked may cause delay in issuance of pay. Bi-weekly time sheets will be reviewed by your supervisor or their designee, and approved. Each department manager/supervisor has overall responsibility for the regular submission of timesheets to the Human Resources Office. To ensure accuracy, it is recommended that timesheets are updated daily, rather than at the end of the pay period.

PAID HOLIDAYS

Paid holidays are considered to be the following:

New Year's Day*	Labor Day*
Martin Luther King Day	Columbus Day
President's Day	Thanksgiving Day*
Patriot's Day	Day after Thanksgiving
Memorial Day*	Christmas Day*
Independence Day*	* All Health Centers will be closed on these days.

Full-time employees and part-time employees, who work a minimum of 20 hours weekly, receive paid holiday leave hours for each of the holidays listed above. Employees who regularly work less than 20 hours per week are not entitled to paid holiday leave hours. When calculating the amount of hours each employee will receive as a holiday benefit, the health center will take the number of hours each employee is regularly scheduled to work each week and divide those hours by five days to determine that employee's specific amount of allowed holiday benefit time. To receive paid holiday leave, employees must record the hours they are using under the holiday leave earning code on the weekly timesheet. If an employee's regularly scheduled hours for a holiday are more than their allowed holiday hours, the employee may use previously accrued paid holiday leave to equal a regular day's scheduled time. Alternatively, employees may elect to bank the accrued holiday leave and take the holiday as paid time

off at a later date. Such time off must be approved in writing by the employee's supervisor. Unused accrued paid holiday leave will be converted to accrued vacation time at the end of each calendar year.

When a holiday falls on a Saturday, the holiday will be observed on the preceding Friday; on a Sunday, the following Monday.

PAID MINOR HOLIDAYS

One of the health center facilities is open on Martin Luther King Day, President's Day, Patriot's Day, Columbus Day, and the day after Thanksgiving. Staff may be required to work on these days. When an employee works on a holiday, (s)he may elect to be paid their earned holiday pay in addition to the pay for the time worked; or bank his/her holiday time for future use as described in the previous paragraph.

For weeks containing a holiday only, hourly staff are excused from the requirement of using accrued time in order to make up sufficient hours to equal their official FTE status. Staff will only be paid for the time submitted on their weekly timesheet.

Example 1: Sally works 40hrs/wk, 5 days/week. She earns 8hrs per holiday ($40/5=8$). By the 3rd holiday she has earned 24 hours (8hrs x 3 holidays). She used 8 hours for holiday #1, and 0 hours for holiday #2. She currently has 8 hours banked, and earns another 8 hours for holiday #3. If she works holiday #3, she can also elect to be paid the additional 8 hours, but no more. However, if she doesn't work the holiday, she can do either of the following 3 options:

- 1.) Take that day unpaid, which could potentially put her below her PAF hours, which would be OK in this case.
- 2.) Use only enough holiday hours (9hrs) to meet her PAF hours for that week.
- 3.) Take her earned 8 hours of holiday time in addition to all hours worked, potentially putting her total hours for that week over her PAF hours if she works over 32 hours during the remainder of the week (OK in this case). Since this week includes a holiday, it needs no justification for exceeding PAF hours with holiday time, but no more than 8 hours can be used in exceeding PAF hours.

Example 2: Fred works 30hrs/wk, 4 days/week: 8hrs Tue, 8hrs Wed, 8hrs Thu, 6hrs Fri. His holiday time is still based on 5 days per week- he earns 6hrs per holiday ($30/5=6$). By the 3rd holiday he has earned 18 hours (6hrs x 3 holidays). He used 6 hours for holiday #1, and 0 hours for holiday #2 because he doesn't work Mondays, leaving him with a total of 6 banked holiday hours. For holiday #3 (which falls on a Monday) he earns 6 more holiday hours for a total of 12 available. He can do either of the following 4 options:

- 1.) Choose to be paid his normal 30 hours that he worked, plus his earned 6 hours of holiday pay, putting him over his PAF. Since this week includes a holiday, it needs no justification for exceeding PAF hours with holiday time, but no more than 6 hours can be used in exceeding PAF hours.
- 2.) Choose to be paid his normal 30 hours and bank the holiday time.
- 3.) Use all 12 hours of holiday time if another day was not worked.
- 4.) Use only enough holiday hours to total his PAF hours for that week (if he worked less than 30 hours)

PAID VACATION TIME

Full-time employees are entitled to the following paid vacation time: 1) during the first five years of employment, vacation time is accrued at the rate of 1¼ days per month, i.e. three weeks annually; and 2)

after the five-year anniversary date of hire, and continuing thereafter, vacation time is accrued at the rate of 1 2/3 days per month, i.e. four weeks annually. Vacation time is pro-rated for part-time staff who work a minimum of 20 hours weekly. Employees who regularly work less than 20 hours per week are not entitled to vacation leave. **New Hires will accrue vacation time beginning the first day of employment, however this accrued time will not be available for use until they have completed 90 days of employment.**

Clinical staff must provide three months advance notification of time off requests. Non-clinical staff must provide one month's advance notification of time off requests. Supervisors will be responsible for ensuring compliance with this protocol. Whenever possible, vacation time will be granted in accordance with employee requests, taking department operating requirements into account. Generally speaking, length of employment determines priority in scheduling vacation times.

Accrued paid vacation time that is unused at the end of the calendar year may be carried over to the next year, but vacation time does not accrue when the employee has more than five weeks of accrued paid vacation time. Upon accrual of five weeks of paid vacation time, an employee ceases to accrue paid vacation time until the total accrual is reduced to less than five weeks. Upon termination of employment, payment of accrued vacation time, up to the date of termination, will be paid at the employee's current rate of pay.

Staff who will be taking approved vacation time may request to receive their vacation pay prior to leaving for vacation. The request must be made in writing and must indicate the dates of the approved vacation. The request must be submitted to the personnel coordinator at least two weeks in advance of the staff member's planned vacation.

PAID SICK LEAVE

Paid sick leave is granted to full-time employees at the rate of one day per month, accrued from the first day on employment. This benefit is pro-rated for part-time employees who work a minimum of 20 hours weekly. Accrued sick leave that is unused at the end of the calendar year may be carried over to the next year, but only a maximum of 70 days of paid sick leave may be accrued. Employees working less than 20 hours per week will earn at the rate of 1 hour for every 30 hours worked, up to 40 hours per calendar year as described in the Massachusetts Earned Sick Leave Law, the Final Regulations- Earned Sick Time (940 CMR 33.00).

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Paid sick leave may be used for employee or family illness and medical appointments, however, employees are encouraged to schedule medical appointments during time off. Upon termination, an employee will not be paid for any unused sick time. HCHC may request, at any time, a doctor's certification regarding your or a family member's illness.

New Hires will accrue sick time beginning the first day of employment, however this accrued time will not be available for use until they have completed 90 days of employment.

If an employee's absence, due to illness, exceeds the amount of paid sick days accrued, the remainder of the unpaid sick leave may be attributed to Family Medical Leave. See Federal and Family Medical Leave for more information. If an employee is sick, he or she must contact his or her supervisor to report the absence before the employee's scheduled start time.

SICK LEAVE BANK PROGRAM (SLBP)

HCHC offers a voluntary SLBP to help employees, who experience an extended illness or injury, to recover a portion of their salary that would otherwise be lost due to extended unpaid leaves of absence. Annually employees may volunteer to donate up to three days, or pro-rated days for part-time employees, of sick leave to the “bank.” In December of each year, staff are given the opportunity to contribute unused sick leave to the bank.

Employees who are seriously ill and who have exhausted their paid leave time may apply to receive paid time through this program. If an employee is unable to work due to a serious illness for at least two weeks, they may be eligible to use time from the SLBP after proper medical certification has been submitted.

The SLBP is a voluntary, emergency program that depends on employee contributions of time, and is limited to the withdrawal of up to two weeks per year per employee, prorated for part-time employees. Short-term and long-term disability plans are critical to long-term coverage of catastrophic illness or injury. SLBP is the payer of last resort. If you have any type of disability plan, and you experience an extended illness, you will be required to file a claim with your plan if you have exhausted all your other paid leave. You may be covered under the SLBP provisions for any initial waiting period before you are eligible to receive benefits, if you have no paid leave available. If you have exhausted your benefits under your disability plan(s), you may be eligible to receive benefits under the SLBP.

PAID PERSONAL LEAVE

Personal days are granted to full-time employees at the rate of two days per year, pro-rated for part-time employees who work a minimum of 20 hours weekly. Employees who regularly work less than 20 hours per week are not entitled to paid personal leave. Personal days off are to be taken with supervisory approval and should be scheduled at least two weeks in advance, except in the case of an emergency, in which case the employee shall make the request for personal time off as soon as the need for this time off is known to the employee. Personal days cannot be carried over to the following year and employees will not be paid in lieu of taking the actual time off. Upon termination, employees are not paid for any unused personal time. **New Hires personal time will be prorated beginning the first day of employment, however this time will not be available for use until they have completed 90 days of employment.**

UNPAID FAMILY AND MEDICAL LEAVE

Eligible employees may take up to 12 weeks of unpaid family/medical leave within a 12-month period and be restored to the same or an equivalent position upon their return to work. The 12-month period (or rolling year) in which 12 weeks of leave may be taken will be tracked based on the first day of the qualifying event.

When an employee's need for family/medical leave is foreseeable, the employee must give 30 days prior written notice or as much notice as possible to your supervisor and the Personnel Coordinator. Failure to provide such notice may be grounds for delay or denial of leave. If an employee's need for leave is because of a planned medical treatment, the employee must make a reasonable effort to schedule the

treatment so as not to unduly disrupt HCHC's operations, subject to the approval of the employee healthcare provider.

To be eligible for family/medical leave, you must have worked for HCHC for at least 12 months and for at least 1250 hours in the past 12 months. Eligible employees may request family/medical leave for any of the following reasons:

1. For incapacity due to pregnancy, prenatal medical care or child birth.
2. To care for an employee's child after birth or placement for adoption or foster care.
3. To care for an employee's spouse, son or daughter or parent, who has a serious health condition.
4. For a serious health condition that makes the employee unable to perform the employee's job.

Any leave due to the birth and care of a child or the placement of a child for adoption or foster care must be completed within one year of the date of birth or placement of the child.

If leave is requested for any of the above reasons, the employee must first use all accrued paid leave during the FMLA leave. Employees do not accrue any additional paid vacation leave, sick leave or personal leave during unpaid FMLA leave. The substitution of paid leave time for unpaid leave time does not extend the 12-week period.

During an approved family/medical leave, HCHC will maintain health and dental benefits under the same terms and conditions applicable to employees not on leave. However, if an employee elects not to return to work at the end of the leave period, the employee will be required to reimburse HCHC for the cost of the premiums paid by HCHC for maintaining coverage during said leave, unless the employee cannot return to work because of a serious health condition of the employee, the employee family member or because of other circumstances beyond their control.

Prior to FMLA leave, arrangements must be made with the personnel coordinator to complete necessary paperwork. If the employee has dental and/or health insurance, arrangements regarding payment of the employee's portion of health insurance need to be made for while on FMLA leave.

Where both spouses are employed by HCHC and eligible for FMLA leave, they are limited to a combined total of 12 weeks of leave during any 12-month period if the leave is taken for the placement of the employee's son or daughter or to care for the child after placement, for the birth or to care for the child after birth, or to care for the employee's parent with a serious health condition.

Leave, because of a serious health condition, may be taken intermittently (in separate blocks of time due to a single health condition) or on a reduced leave schedule (reducing the usual number of hours worked per work week or work day) if medically necessary. In addition, while an employee is on an intermittent or reduced schedule leave, HCHC may temporarily transfer the employee to an available alternative position which better accommodates the employee's recurring leave and which has equivalent pay and benefits.

If an employee is requesting a leave because of the employee's own serious health condition or to care for a covered relative with a serious health condition, the employee may be required to provide medical certification from the relevant health care provider within 15 calendar days. Failure to provide a complete

and sufficient certification is grounds for denial of leave. HCHC may require subsequent re-certification on a reasonable basis.

Employees who take FMLA leave for a serious health condition are required to obtain a certification from the employee's health care provider addressing the employee's ability to perform the essential functions of his or her job before returning to work.

Key employees may be denied restoration to employment on completion of the FMLA leave if: (1) the denial is necessary to prevent substantial and grievous economic injury to the operations of HCHC; and (2) HCHC has notified the employee of its decision to deny restoration should the leave take place or continue.

A copy of the Notice to Employee of Rights Under FMLA is attached and included as part of this handbook.

UNPAID SMALL NECESSITIES LEAVE

Employees who are eligible for the Family Medical Leave Act are also eligible for unpaid leave for certain family obligations under the Small Necessities Leave Act, M.G.L. c. 149, § 52D. Unpaid leave amounts may not exceed 24 hours during any 12-month period. If the need for the leave is foreseeable, the employee must give 7 days of notice before the date the leave is to begin. If the need for leave is unforeseeable, the employee must give as much notice as is practicable under the circumstances. Leave may be used for the following purposes:

- A. Participation in school activities directly related to the educational advancement of a son/daughter (e.g. attending parent/teacher conferences; enrolling child in school; interviewing for a new school). "School" includes any public or private elementary or secondary school, Head Start program, or licensed day care facilities.
- B. Accompanying a son or daughter to routine medical and dental appointments, including visits for check-ups and vaccinations.
- C. Accompanying an elderly relative (i.e. a person at least 60 years of age, who is related by blood or marriage, including parents to routine medical or dental appointments or appointments for other professional services related to the elder's care (e.g. interviews at nursing or group homes).

An eligible employee must substitute any accrued personal time for any of this leave period. HCHC is not required to provide paid sick leave in any situation where it would not normally provide such paid leave. This leave may be taken intermittently or on a reduced leave schedule. HCHC may require that leave requests be supported by a certification pursuant to legal regulations.

UNPAID MILITARY FAMILY LEAVE

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

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered service member during a single 12-month period. A covered service member is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the service member medically unfit to perform his or her duties for which the service member is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list. Covered service members also include veterans who are undergoing medical treatment, recuperation or therapy for a serious injury or illness and who were members of the Armed Forces at any time during the five years preceding the date of treatment, recuperation or therapy.

MATERNITY / PATERNITY LEAVE

Full-time employees who have been employed for at least three months are entitled to eight weeks of unpaid maternity/paternity leave for the purpose of birth or adoption of a child under 18 years of age. An employee must give a two-week notice of the date of his or her anticipated departure and intention to return to work. HCHC will maintain health and dental benefits under the same terms and conditions applicable to employees not on leave. However, if the employee elects not to return to work at the end of the leave period, the employee will be required to reimburse HCHC for the cost of the premiums paid by HCHC for maintaining coverage during the leave, unless the employee cannot return to work because of a certified serious health condition or because of other circumstances beyond the employee's control. Unused paid sick, vacation and holiday leave will be used concurrently with maternity/paternity leave. Maternity/paternity leave will run concurrently with FMLA leave.

Vacation, personal, and sick time will not accrue during the unpaid portion of the maternity/paternity leave. Upon termination of the eight weeks of unpaid leave, employees are entitled to return to their previous or similar position unless other employees of equal seniority and status in the same or similar position have been laid off due to economic conditions or other changes in operating conditions affecting employment during the period of such leave.

BEREAVEMENT LEAVE

Paid bereavement leave of up to five consecutive days will be granted for the death of an immediate family member. Immediate family members include spouses, domestic partners, parents, sisters, brothers, children, grandparents, parents-in-law, and grandchildren.

Paid bereavement leave of up to two consecutive days will be granted for the death of a brother-in-law, sister-in-law, aunt, uncle, or other extended family.

UNPAID LEAVE OF ABSENCE

When FMLA leave does not apply, an unpaid leave of absence may be granted at the discretion of the executive director in response to a written request. The employee must first use any applicable accrued time before any unpaid leave will be granted. During this unpaid leave, the employee will not accrue any vacation, personal, holiday, or sick time and (s)he will be responsible for paying the full amount of health and dental insurance premiums.

JURY DUTY

Employees who work 20 or more hours per week and who are summoned for jury duty on a scheduled work day will receive their regular wages for the first three days of jury duty. Thereafter, full-time and part-time employees who are summoned for jury duty on a day they are normally scheduled to work will be paid the difference between their normal rate of pay and the jury duty pay. To receive compensation, an employee must provide the HCHC with proof of jury service from the court.

Documentation of jury duty must be presented to the employee's supervisor as soon as a summons is received. An employee is expected to return to work if excused from jury duty during regularly scheduled work hours.

CONTINUING EDUCATION / PROFESSIONAL DEVELOPMENT

Employees are encouraged to take part in continuing education programs. If the continuing education program is one for which the employee intends to seek reimbursement by HCHC, the employee must obtain approval in advance from the appropriate department and or the executive director in advance of attending the program. The program should directly relate to the employee's job. Approval of such reimbursement is at the discretion of the appropriate department head or the executive director. Requests for reimbursement must be accompanied by adequate documentation and submitted within 90 days of the program, except at year end when documentation must be submitted by January 15th of the following year.

In certain situations, employees may be paid for their attendance at approved continuing education programs. If the continuing education program for which the employee received prior approval occurs during the employee's regular work schedule, then the employee will receive his/her regular pay. If the continuing education program occurs outside of the employee's regular hours of work, the employee will not be paid and will not receive compensatory time off for attending the program, if the continuing education program is voluntary and at the request of the employee. When non-exempt employees are required to attend continuing educational programs, all cost and time will be paid for by HCHC.

Employees are also encouraged to take advantage of workshops and trainings, provided free of charge, both at HCHC and at other organizations. Reimbursement of continuing education programs will cease upon the submission of a resignation.

INSURANCE

Health Insurance: Group health insurance is offered to all employees who regularly work 20 or more hours per week. HCHC and employees share in the cost of the health insurance. Employees are responsible for ensuring that their coverage is in effect. Please refer to the plan document for the most up-to-date information.

Dental Insurance: Dental insurance is offered to all employees who regularly work 20 or more hours per week. HCHC and its employees share in the cost of the dental insurance. Employees are responsible for ensuring that their coverage is in effect. Please refer to the plan document for the most up-to-date information.

Work Related Injuries/ Worker's Compensation: On-the-job injuries are covered by Workers' Compensation Insurance. Workers' Compensation Insurance is provided at no cost to the employee. Employees injured on the job, no matter how slightly, must report the incident immediately to his/her

supervisor, complete necessary paperwork and forward it to the personnel coordinator within 24 hours. Please refer to the plan document for the most up-to-date information. Employees must alert management to any condition which could lead or contribute to an employee accident.

Life Insurance: Term life insurance is available for all employees who work 20 hours or more per week. The amount of coverage is based upon each employee's annual salary. Additional amounts may be available from the insurer at the employee's own expense. The insurance is paid for by HCHC. Please refer to the insurance policy for the most up-to-date information.

Disability Insurance: Long-term disability insurance is available for all employees who work at least 30 hours per week. The insurance is paid for by HCHC. Please refer to the insurance policy for the most up-to-date information.

TAX-SHELTERED ANNUITY – 403(b) PLAN

A section 403(b) tax-sheltered annuity plan is available to all employees who regularly work 20 or more hours per week. Payroll deductions are deposited directly into the employees own tax sheltered annuity plan. Depending upon HCHC's financial condition, the board of directors may elect to place a set amount of money or a standard percentage of each employee's salary into their tax-sheltered annuity plan. This is by no means an obligation on the part of HCHC and the percentage selected, if at all, may vary from year to year.

TRAVEL EXPENSES

HCHC reimburses employees for reasonable business-related and approved travel. The amount of mileage reimbursement, determined by the board of directors, is subject to change. A Mileage Reimbursement Request Form must be completed and signed by the employee and his/her supervisor and submitted to accounts payable clerk for payment, along with all related receipts for tolls and parking. Driving from and to home and HCHC is not reimbursable. Fees for parking or traffic violations will not be reimbursed.

For business-related/approved trips that are for a day or less, employees will be reimbursed for vehicle mileage, tolls and parking. Meals will not be reimbursed for trips that do not include an overnight stay.

Business-related trips that require an overnight stay must be approved in advance. Lodging can be paid for directly by HCHC or the employee may be reimbursed upon submission of a Check Request Form, with proper documentation attached. Only business-related charges will be paid by HCHC; if the lodging receipt includes things such as personal telephone calls, room service, purchases, these items will not be reimbursed. Telephone calls to check in at HCHC or a quick call to your home to assure family that you arrived safely will be reimbursed.

Employees will be reimbursed for meals while HCHC on business that requires an overnight stay. HCHC does not, under any circumstances, reimburse for alcoholic beverages. Receipts must accompany a request for reimbursement.

ATTENDANCE AND PUNCTUALITY

Attendance and punctuality are important factors for your success within HCHC. We work as a team, and this requires that each person be in the right place at the right time. If an employee is going to be late for

work, or absent, he/she must notify their immediate supervisor as early as possible before the start of the workday/shift.

If an employee is absent for two days without notifying HCHC, it is assumed that the employee has voluntarily abandoned his/her position with HCHC, and may be terminated.

WORK WEEK

Because of the nature of our business, an individual's work schedule may vary depending upon the job responsibilities. Based on patient demand or HCHC need, it may be necessary to adjust an employee's hours of work. In these situations, every effort will be made to give an employee two weeks notice.

STANDARDS OF CONDUCT AND CORRECTIVE ACTION

REVISED: NOVEMBER 5, 2013

BOARD APPROVAL: JANUARY 27, 2014

All employees of HCHC are expected to accept personal responsibility for maintaining reasonable standard of conduct, attendance and job performance and for observing established rules and policies. HCHC's goal is to retain employees who provide quality and excellent care and service to its patients and our community. Consistent with the nature, seriousness and frequency of the conduct, HCHC may apply progressive corrective action and discipline in order to ensure that employees who fail to meet or maintain acceptable standards of conduct, job performance, or attendance will receive fair and equal treatment in the application of corrective action and discipline. This policy applies to employees at all levels. Typically, corrective action is applied to issues concerning attendance, performance, and misconduct.

While HCHC may not follow any particular order in imposing disciplinary measures, progressive steps can be as follows:

Verbal Warning: The supervisor or department head will inform the employee clearly that there is dissatisfaction with the employee's attendance, conduct, or performance and that failure to meet established standards may result in moving forward in the corrective action process. The warning will be documented.

Written Warning: Used to notify the employee that there is a concern that has not been addressed; they would be subject to further corrective action, up to and including discharge. Employee shall be informed in writing that he/she is being warned as a result of misconduct, poor performance or attendance issues, and that further corrective action will follow if there is not sufficient improvement or if the conduct recurs. The written warning shall be issued by the employee's supervisor/department head.

Final Written Warning/Disciplinary Action: This is typically the last opportunity for an employee to improve attendance, conduct or performance issues. Suspension will be considered when the supervisor/department head is of the opinion that the employee's work, behavior or performance could improve within a specified period of time to a level satisfactory to the organization. Suspension may be

with or without pay. Written Warnings/Disciplinary Actions are issued by the supervisor/department head and the HR Director.

Discharge: Is appropriate when it has been determined that any one or all of the following apply:

- 1) Previous steps have failed to adequately correct the issue.
- 2) Gross issues of attendance, misconduct or performance have occurred.
- 3) The employee has failed to meet overall performance standards.
- 4) Discharge would be in the best interest of HCHC and its commitment to quality and excellent patient care.

Right to Appeal: An employee may appeal any corrective action that may occur through the appeal procedure outlined in this handbook.

This policy does not change the at-will status of any employee.

APPEALS

REVISED: NOVEMBER 5, 2013

BOARD APPROVAL: JANUARY 27, 2014

In the event that an employee does not agree with the decisions made during the process identified above, the employee may file an appeal within 10 business days of the occurrence or reasonable knowledge of the event which is the basis for the appeal.

Submit a written appeal to the executive director. Please be specific about the nature of the appeal and include dates, as relevant. The executive director, or his designee, will meet with the employee within five working days of receipt of the appeal, to try to resolve the issue. The executive director, or his designee, will issue a written reply within five working days of this meeting. Decisions of the executive director are final. If there is an appeal against actions by the executive director the appeal is referred to the Board of Directors Personnel Committee. Only Board members of the committee will preside. The same procedure as outlined above will apply.

SOLVING PROBLEMS AND GRIEVANCES

Revised: November 5, 2013

Board Approval: January 27, 2014

We encourage you to bring your questions, suggestions, and complaints to our attention. Careful consideration will be given to each of these in our continuing effort to improve operations. All problems must first be discussed with your immediate supervisor, or with the department head, if necessary. In the event that these discussions are unsatisfactory, you may file a grievance, within 30 days of the occurrence or reasonable knowledge of the event which is the basis for the grievance, through the following procedures:

Step 1: Submit a written grievance to your supervisor/department head, with a copy to the Human Resources Director. Please be specific about the nature of your grievance and include dates, as relevant. Your supervisor will meet with you within five working days of receipt of the grievance, to try to resolve the issue. Your supervisor will issue a written reply within five working days of this meeting.

Step 2: If the issue is still unresolved, within five working days of receipt of your supervisor's written reply, you may submit a written grievance, as well as your initial grievance and your supervisor's response, to the appropriate Chief Officer, who will meet with you within five working days of receipt of

the grievance, to try to resolve the issue. The appropriate Chief Officer will issue a written reply within five working days of this meeting.

Step 3: If the issue is not resolved in Step 2, within five working days of receipt of the appropriate Chief Officer's written reply, you may submit a request for a formal hearing to the Board of Directors, who will turn this over to its Personnel Committee for the final resolution. Within seven days of receipt of your request, the board members of the Personnel Committee will meet with you to discuss your grievance and review all prior written replies. Within five working days of this meeting, the Personnel Committee will issue a written response to you. All decisions at this level are final.

A copy of your written grievance, replies from your supervisor and the appropriate Chief Officer, and the final response from the Personnel Committee will be placed in your personnel file if the grievance reaches Step 3.

If the grievance is against the Executive Director, the grievance can be filed with a Board member of the Personnel Committee of the Board of Directors. Review of the grievance and any deliberations will be conducted by Board members of the committee. Other members of the committee can be involved at the discretion of the Board members.

The identity of any employee filing a grievance will be held in strictest confidence unless the employee's identity needs to be revealed to resolve the grievance.

PATIENT AND PUBLIC RELATIONS

HCHC's reputation in the community has been built on excellent service and standards of high quality. To maintain this reputation requires the active participation of every employee. The opinions and attitudes that patients have toward HCHC may be determined for a long period of time by the action of one employee. Each employee must be sensitive to the importance of providing courteous treatment in all working relationships, and dealings with the public.

CARE OF PATIENT RECORDS

The impression that patients have of HCHC will be based, in part, on the way in which we care for their records. As professionals, we must respect the trust of our patients and ensure their records are handled securely. Records should not be altered in any way.

Original files cannot be removed from the office or site at which the patient is seen, unless required for patient care. Copies of files may only be released from the office by written release signed by the patient or by court order. In all cases, the release of copies of patient files must be approved by the personal physician, dentist, site office manager, practice manager, director of behavioral health services, medical director, dental director, or executive director. For further information on the care of patient files, see HIPAA Policy.

CHANGE OF PERSONAL DATA

HCHC needs to maintain up-to-date information on all employees in the event of an emergency. Changes in name, address, telephone number, number of dependents, or next of kin and/or beneficiaries should be forwarded to the personnel coordinator as soon as the information is available.

PROTECTING HCHC INFORMATION

Protecting HCHC's information is the responsibility of every employee, and we all share a common interest in making sure it is not improperly or accidentally disclosed. Confidential information relating to the business of the agency should not be released, such as personnel files or other confidential information.

APPEARANCE

It is the policy at HCHC to maintain a clean and professional appearance at all times. To this end, HCHC will provide the dental staff with blue lab coats and the medical providers with white lab coats. Business casual is to be worn by the administrative staff. There are to be no sandals or open toed shoes worn in the clinical area.

FRAGRANCE-CONTROLLED WORK ENVIRONMENT

It is the policy of HCHC to strive to be a fragrance-controlled institution. HCHC's philosophy supports a healthful environment for patient, employees, physicians, volunteers and visitors. The organization recognizes that exposure to strong scents and fragrances in the environment can cause discomfort as well as directly impact the health of sensitive individuals. For the comfort and health of all, use of scents and fragrant products, other than minimally scented personal care products, by HCHC employees and staff, is discouraged, particularly in clinical areas.

PERSONAL TELEPHONE CALLS AND FAXES

Personal telephone calls and faxes are discouraged while employees are at work. Not only are they disruptive to fellow staff members, they tie up valuable lines that would otherwise be available for official business.

E-MAIL, INTERNET, AND OTHER ELECTRONIC INFORMATION RESOURCES

The use of HCHC's automation systems, including computers, fax machines, printers, scanners and all forms of internet/intranet access, is for company business and is to be used for authorized purposes only. Brief and occasional personal use of the electronic mail system or the Internet is acceptable as long as it is not excessive or inappropriate, occurs during personal time (lunch or other breaks), and does not result in expense to HCHC.

HCHC owns the rights to all data and files in any computer, network, or other information system used in the health centers. HCHC reserves the right to monitor computer and e-mail usage, both as it occurs and

in the form of account histories and their content. HCHC has the right to inspect any and all files stored in any areas of the network or on any types of computer storage media in order to assure compliance with this policy and state and federal laws. Employees must be aware that the electronic mail messages sent and received using HCHC equipment are not private and are subject to viewing, downloading, inspection, release and archiving at all times.

HCHC has taken the necessary actions to assure the safety and security of our network. Any employee who attempts to disable, defeat, or circumvent HCHC security measures is subject to disciplinary action. Violation of this policy may lead to disciplinary action, up to and including dismissal.

EQUIPMENT USE

From time to time equipment owned by HCHC may be assigned to a staff member for their use either at the health center or off-site. HCHC equipment is not intended as a replacement for any equipment that may be owned personally. When a staff member is assigned a piece of equipment (e.g., tablet, cell phone, pager), they must complete and sign an equipment deployment form. It is the employee's responsibility to take appropriate precautions to prevent damage to or loss or theft of the equipment assigned. The employee or department may be responsible for certain costs to repair or replace the equipment if damage or loss is due to negligence or intentional misconduct. If a piece of equipment is lost or stolen it must be reported immediately to the employee's direct supervisor, in addition, if lost off-site, it must be reported to the police as well.

OUTSIDE EMPLOYMENT AND CONFLICTS OF INTEREST

If an employee is planning to accept an outside position while being employed by HCHC, please notify the executive director in writing. HCHC professionals may not be part of and may not develop private or other public practices which are directly competitive with HCHC and these practices may not be located within HCHC's primary service area. Outside employment must not conflict in any way with responsibilities within HCHC. The use of HCHC's telephones, fax machines, paper copiers, postage meters, and administrative support is not allowed for any outside employment purposes.

When terminating employment, professionals may not solicit HCHC patients into their practice. Extreme circumstances in which the patient's well-being would be seriously compromised may be discussed with the appropriate department head. The department head will determine if it is clinically necessary to recommend to the patient that they continue to be seen by the terminating professional. This does not apply to patients who follow a terminating professional, due to their own choosing.

PERSONNEL RECORDS

Personnel records are confidential. Written requests to review the employee personnel records should be submitted to the personnel coordinator, who will then schedule a time with the employee to review his/her record. All information contained in personnel records is the property of HCHC and cannot be removed, although copies may be made of information contained in your personnel file.

SEVERE WEATHER POLICY

Severe weather is to be expected during the winter months. Except in cases of severe weather conditions, all employees are expected to work their regular hours.

The executive director makes the determination when to close HCHC. If HCHC closes because of weather, employees scheduled to work that day will be paid. In the event the office is not closed and an employee can not make it to work, employees need to use accrued paid time other than paid sick time.

SEVERANCE PAY

HCHC does not offer severance pay to employees whose relationship with the organization is terminated.

RESIGNATIONS

HCHC requests that non-exempt employees give a minimum of three weeks notice of their resignation. HCHC requests that exempt employees give as much notice as possible (three to six months for healthcare providers and one month for other exempt employees). Thoughtfulness will be noted favorably should employees wish to reapply for employment with HCHC. HCHC should be notified of any address changes during the calendar year in which termination occurs so that tax information will be sent to the proper address.

LAYOFFS

Staff may be separated from service by layoff or a reduction in work force whenever there is no further need for employment in the position, by reason of stoppage of work, lack of funding, discontinuation of the position, restructuring, or other organizational reason. Layoffs will be department and position-specific. HCHC will provide as much notice as is required by law or as HCHC determines is reasonable under the circumstances.

COBRA

Employees of HCHC have the right to elect continuation of coverage of medical and dental benefits where there is a loss of group medical/dental coverage because of reduction in the employee's hours of employment, the termination of employment, or other qualifying events (for any reason other than gross misconduct on the employee's part, as determined by the executive director). Continuation of coverage is at the employee's expense.

A spouse or dependent child of an employee has the right to choose continuation coverage under HCHC's group medical/dental insurance plan. Under the law, the employee or family member (to include divorced spouse or dependent child) has the responsibility to inform HCHC's plan administrator of a divorce, legal separation, or a child losing dependent status under HCHC's group medical/dental insurance plan.

It is the responsibility of the plan administrator to notify the employee and any dependents the right to choose continuation coverage. Under the law, the employee has 60 days from the date of loss of coverage due to the above mentioned events to inform the plan administrator of continuation of coverage.

Coverage of group medical/dental insurance will end on the date of the qualifying event.

Under COBRA, the employee is responsible for the monthly payment of the premiums for continuation health and dental insurance coverage. It also states that, at the end of the continuation coverage period, a

participant must be allowed to enroll in an individual conversion medical plan provided under HCHC's medical insurance plan (this does not apply to dental insurance plans).

Additional information regarding coverage and cost, as well as a complete copy of the COBRA law may be obtained from the personnel coordinator.

EXIT INTERVIEWS

All employees resigning from HCHC are encouraged to participate in an exit interview with their immediate supervisor. Employees who resign may also schedule an exit interview with the executive director or designee.

REFERENCES

HCHC does not give references for employees. HCHC will, however, confirm dates of employment and an employee's position title, if requested to do so.

SAFETY IN THE WORKPLACE

Safety can only be achieved through teamwork at HCHC. Each employee, supervisor, and manager must practice safety awareness by thinking defensively, anticipating unsafe situations, and reporting unsafe conditions immediately. Please observe the following precautions:

- A. Notify supervisor if an employee identifies a potentially unsafe/unstable person, including patients and/or staff.
- B. Notify supervisor of any emergency situation. If an employee is injured or become sick at work no matter how slightly, the employee must inform the supervisor or the department director immediately.
- C. The use of alcoholic beverages or illegal drugs, substances, or the abuse of legal prescription drugs during working hours will not be tolerated.
- D. Use, adjust, and repair machines and equipment only if trained and qualified.
- E. Get help when lifting or pushing heavy objects.
- F. Understand job fully and follow instructions. If an employee is not sure of any safe procedure, ask the supervisor or department director.
- G. Know the locations, contents, and use of first aid and fire fighting equipment.
- H. Wear personal protective equipment in accordance with the job being performing.

A violation of a safety precaution is in itself an unsafe act. A violation may lead to corrective action, up to and including termination.

GOOD HOUSEKEEPING

Good work habits and a neat place to work are essential for job safety and efficiency. All employees are expected to keep their place of work organized and materials in good order at all times. Report anything that needs repair or replacement to your supervisor. It is expected that employees clean up after themselves in break room areas, including spills in the microwave or eating area and washing and putting dishes away.

SMOKING IN THE WORKPLACE

HCHC is committed to providing a safe and healthy environment for employees and visitors. Smoking is prohibited in the workplace. Smoking is permitted only in designated areas outside of each of the buildings.

SUBSTANCE ABUSE / DRUG-FREE WORKPLACE

It is a specific condition of employment that employees abide by the terms of the Drug-Free Workplace Act which prohibits the unlawful manufacture, distribution, dispensing, or use of a controlled substance at any HCHC facility or site engaged in activities supported by HCHC funds.

Each employee taking a legal drug which would affect job safety or performance is responsible for notifying the supervisor or the department director and providing a physician's certificate stating that (s)he is able to safely and efficiently perform his/her duties while on such medication. This certification must be provided before you report to your work area.

Any employee convicted of any criminal drug statute for a violation occurring in the workplace must notify the executive director of the conviction no later than five days after the employee has been convicted.

Employment or continued employment with HCHC is conditioned upon the employee's full compliance with HCHC's drug-free workplace policy. Any violation may result in corrective action, up to and including discharge. Furthermore, any employee who violates this policy may be required, in connection with or in lieu of corrective sanctions, to participate in or successfully completed a drug or alcohol assistance program, approved for such purposes by the federal, state, or local health, law enforcement, or other agency, as a condition of continued employment.

HCHC reserves the right to take other appropriate and lawful actions to enforce this policy, including but not limited to, the right to inspect the employees' personal property in certain circumstances, as well as HCHC-issued lockers, desks, or other suspected areas of concealment. Consent to such inspections under the foregoing circumstances shall be a condition of employment or continued employment with HCHC. Any employee who fails to allow a properly requested inspection shall be subject to corrective action, up to and including discharge.



Hilltown Community Health Centers, Inc.

Administrative Policy

All Departments

SUBJECT: PROVIDER RECRUITMENT AND RETENTION PLAN

REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for recruiting and retaining providers.

Policy:

The Hilltown Community Health Center (HCHC) will recruit Medical, Dental, Behavioral Health, and Eye Care providers dedicated to the provision of quality, comprehensive, cost-effective patient care. HCHC will maintain and support an on-going Provider Recruitment and Retention Plan that outlines:

- A comprehensive recruitment process designed to recruit providers committed to the mission of community based health centers and dedicated to meeting the needs of the Health Center patients.
- A comprehensive retention process that supports the personal and professional needs of providers and their families, thus encouraging long term employment commitments to HCHC.

Questions regarding this policy or any related procedure should be directed to the Human Resources Manager at 413-238-4133.

Originally Drafted: MAY 2015

Reviewed or Revised: JUN 2016

Approved by Board of Directors, Date: _____

Approved by:

Eliza B. Lake
Executive Director, HCHC

Date: _____

John Follet, MD
President, HCHC Board of Directors

Procedure:

HCHC Requirements

The success of the Hilltown Community Health Centers Recruitment and Retention Plan depends upon HCHC providing:

- A clear and definitive role of providers as team leaders among the support staff in the provision of health care.
- An effective and efficient support team that works with providers in meeting the overall needs of the community.
- A work environment that encourages the successful completion of established clinical goals.
- A compensation package that is competitive and rewards providers for commitment to the community.
- A work environment where administrative/management teams and providers understand the unique organizational and financial structure of community health centers, and work cooperatively in the planning, management, and evaluation of the health center.
- Opportunities for providers to participate, as appropriate, in community based health care initiatives, networks, and cooperative agreements and/or develop affiliations with other health care entities for the purpose of continued personal, professional and/or academic growth and development.

Recruitment of Provider Staff

1. Determine Need and Recruitment Strategy

The entire staff of HCHC will be involved in the process at varying stages. The following steps will be taken to ensure the most desirable outcome:

- 1) Determine the need for recruitment and complete the Personnel Requisition Form. Involve the provider staff in the process.
- 2) Determine desirable provider attributes and position qualifications and make any necessary updates to the job description.
- 3) Determine the feasibility of desirable recruitment methods with the Executive Assistant, who will post the ads.
- 4) Select the method(s) of advertising that best suit HCHC's needs
- 5) Target graduating residents when necessary.
- 6) Target the search area to the states needed; expand the area as necessary.
- 7) Develop a Hiring Team, which will determine the most likely resources for targeted recruitment, which could include:
 - a) Residency programs
 - b) Professional school alumni lists/publications
 - c) Publications – newspapers, journals
 - d) Internet
 - e) State medical scholarship programs
 - f) Directories of State Licensure Boards
 - g) JAMA – Annual Education issue
 - h) National Health Service Corps
 - i) Professional Recruitment Services
 - j) 3RNet

2. Development of Candidates

Do not assume that all inquiries about the position are serious. Initial screening activities should include:

- 1) Review candidate's resume/ CV for qualifications
- 2) Conduct a phone interview to ascertain the level of interest; answer questions about the practice opportunity and explain the recruitment process.
- 3) If the candidate is viable, send a recruitment packet with a sample contract and schedule an in-depth phone interview.
- 4) Include spouse/significant other on the phone interview to determine their expectations and answer any questions about the community (housing, schools, recreation, shopping, cultural opportunities).
- 5) If five or more viable candidates complete this phase, select the top three for further consideration, based upon all available data.

3. Candidate(s) Site Visit

Before the candidate visits the site, certain preparations need to be completed, including the following:

- 1) A pre-visit planning call to determine the objectives of the candidate, spouse, and other family members.
- 2) A written itinerary for the visit prior to the visit, including pertinent information related to specific activities.
- 3) Communication between members of the relevant management members/staff to review the site visit plans, their roles and preparation for the interview and responses to the candidate's questions regarding the community.
- 4) Include in site visit itinerary:
 - meetings with, as appropriate, support staff, fellow providers, department head, Senior Management leader, and Executive Director; and
 - tours of all HCHC sites, including SBHC and Hilltown Community Center, if possible
- 5) Members of the hiring team shall interview the candidate, either separately or in small group(s), following the board-approved Procedures for Interviewing Policy.
- 6) Allow time to discuss the contract thoroughly before the visit ends.
- 7) Make every effort to ensure that the visit is pleasant and ends on a positive note.
- 8) If the hiring team agrees, the candidate may be invited to return for a second site visit and/or interview, which could include shadowing opportunities, as appropriate.

4. Selecting the Candidate

Selecting the final candidate will include input from the hiring team, which may include provider staff, members of Senior Management, Practice Manager, Executive Director and/or other members. Consideration will be based on:

- 1) Candidate who best fits the qualifications and other desired attributes and requirements for the position.
- 2) Candidate who best fits the health clinic practice site and community
- 3) The most mutually financially beneficial relationship for the health center and the provider.
- 4) Overall fit and satisfaction of the candidate and family with the community.

5. Follow-up/Making the Offer

Immediately following the site visit and selection process by the hiring team, the following steps will be taken:

- 1) Hiring Manager to complete a Personnel Action Form (PAF) for all candidates they wish to extend offers to, each ranked 1st, 2nd, 3rd, and so on. This is signed by the Head of that department, and then sent to Human Resources.
- 2) Human Resources to send a letter to the selected candidate (and spouse) which includes:
 - a) Expression of thanks for visiting the program
 - b) An offer to accept the position with a designated time frame for a reply

- 3) Encourage recruitment committee members to also write letters.
- 4) Send thank you letters to other candidates invited to visit the center.

6. Follow-up/Acceptance of Offer

The following steps will be taken to bring closure to the recruitment process:

- 1) Immediately confirm the following in writing:
 - a) The candidate's acceptance has been received.
 - b) The acceptance is based upon the agreed contract.
 - c) The expected start date.
- 2) Finalize start date
- 3) Keep lines of communication open.

B. Retention of Provider Staff

1. Health Center Orientation

- 1) A provider will be assigned to each new recruit to:
 - Introduce the new provider to clinic staff
 - Provide orientation to the health center
 - Provide information about responsibilities of medical staff, such as attendance at meetings, chart completion expectations and protocol for scheduling patients.
 - Assist with establishing the provider in the patient scheduling system.
- 2) The EHR Specialist or other relevant staff person will provide new provider with a minimum of one day of training on the relevant EHR, as needed.
- 3) The new provider will be scheduled for the first month (or a period to be determined, based on proficiency with EHR) in a manner that will enable her/him to become proficient in the workflows and use of the EHR so as to mitigate a detrimental effect on morale and/or efficiency.

2. Community Orientation

HCHC will work to assist the new provider in becoming acquainted with the community.

3. Open Communication

Do not assume that a new provider will be integrated into the practice situation after the initial few days or weeks. The normal orientation phase takes about six months. During this initial period, it is important that the Department Director communicates regularly with the new provider regarding the adjustment to the practice and community. Maintaining an open line of communication may prevent misunderstandings and conflicts from arising later.

4. Team Building

Retention depends a great deal on instilling a "team" atmosphere for the new provider. It is important that the new provider become a part of the organization as quickly as possible. This process can be facilitated by a planned approach to involving the new provider in health center functions. The retention strategy will also incorporate teaching the history, traditions, and customs of HCHC and community.

5. Salary and Benefits

These policies and procedures are particularly important for the retention of existing providers, as well as the recruitment of new providers. Compensation packages will be reviewed periodically against state and local benchmarks and provider contracts updated as needed to remain competitive in the market place.



Hilltown Community Health Centers, Inc.

Medical Department

SUBJECT: SUPERVISION OF NURSE PRACTITIONERS

REGULATORY REFERENCE: 244 CMR 4.0 and 263 CMR 2.01-6.02

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to ensure the supervision of Nurse Practitioners.

Policy:

Hilltown Community Health Centers (HCHC) ensures the supervision of Nurse practitioners as allowed by the applicable laws and regulations of the Commonwealth of Massachusetts Department of Public Health Boards of Registration in Medicine, and Nursing.

Questions regarding this policy or any related procedure should be directed to the Chief Community and Clinical Services Officer at 413-667-3009.

Originally Drafted: FEB 2015

Reviewed or Revised: JUL 2016

Approved by Board of Directors, Date: _____

Approved by:

Eliza B. Lake
Executive Director, HCHC

Date: _____

John Follet, MD
President, HCHC Board of Directors

Procedure:

A. Scope of Practice for Nurse Practitioners

1. In accordance with Massachusetts Regulations governing the practice of Nurse Practitioners, 244 CMR 4.0, the nature and scope of practice within HCHC includes assessing the health status of individuals and families by obtaining health and medical histories, performing physical examinations, diagnosing health and developmental problems and caring for patients with acute and chronic diseases, including ordering diagnostic tests, treatments, and medications. HCHC Nurse Practitioners provide primary care to individuals and populations as determined by the scope of practice delineated by their certification. Treatment may include the prescription and administration of oral and parenteral therapies.
2. Nurse Practitioners provide care either independently and/or collaboratively with a supervising physician by managing therapeutic regimens in a manner consistent with generally accepted medical and nursing practice, including HCHC policies and practice guidelines.
3. Nurse Practitioners seek physician consultation in cases where the practitioner feels physician expertise is indicated, including procedures or diagnoses which the practitioner determines to be beyond their expertise, and in the case of any life threatening situation. A designated physician is available on-site or by telephone at all times. Appropriate consultation with a physician may include brief, informal consultation; formal review of a patient's records; collaborative management of a patient in which the patient periodically sees the physician in addition to the NP; or transfer of the care of the patient entirely to a physician. It is the expectation that NPs will seek consultation as appropriate to their level of training and experience, and that physicians will respond in an appropriate timeframe to a request for consultation, collaborative management, or transfer of care.
4. In the setting of a clinical emergency, depending upon the assessment of the NP and provisions of advance directives, if any, the NP activates the Emergency Medical Services system by calling 911 or the relevant local telephone number; initiates Basic Life Support procedures; and/or arranges for emergency transport, as needed.

B. Prescribing Guidelines

1. Nurse Practitioners are required to provide a copy of a current Massachusetts RN license with appropriate expanded role designation from the Massachusetts Board of Registration in Nursing.
2. Nurse Practitioners prescribing medication are required to provide to HCHC a copy of valid registration to issue written or oral prescriptions for controlled substances from the Massachusetts Department of Public Health & U.S. Drug Enforcement Administration.
3. Each NP prescribing medication is covered by the Health Center's malpractice liability insurance policy.

4. Each NP will have a signed agreement with a designated supervision physician. Additional staff physicians may be designated to cover. According to the Code of Massachusetts Regulations, a supervising physician is defined as a licensee holding an unrestricted full license in the Commonwealth, who: (a) has completed training in the United States approved by the Accreditation Council for Graduate Medical Education (ACGME) or in Canada approved by the Royal College of Physicians and Surgeons in Canada (RCPSC) in a specialty area appropriately related to the NP's area of practice, is Board certified in a specialty area appropriately related to the NP's area of practice, or has hospital admitting privileges in a specialty area appropriately related to the NP's area of practice; (b) holds valid registration(s) to issue written or oral prescriptions or medication orders for controlled substances from the Massachusetts Department of Public Health and the U.S. Drug Enforcement Administration; (c) provides supervision to a nurse midwife, a nurse practitioner, a psychiatric clinical nurse mental health clinical specialist, nurse anesthetist, or physician assistant as provided for in the applicable law or regulations of the Boards of Registration in Medicine in Nursing and Physician Assistants; (d) collaborates with the NP engaged in prescriptive practice to sign mutually developed guidelines; and (e) reviews the NP's prescriptive practice as described in the guidelines.
5. Prescription from NPs must include the name of the supervising physician.
6. Medications prescribed by an NP may include any oral, transrectal, transvaginal, transdermal, topical or injectable medication within the limits of their prescriptive privileges as specified by their Massachusetts and federal Controlled Substances Registration. Intravenous therapies will not be prescribed by NPs, nor will medications not commonly used in primary care medical practice. Implantable devices and medications, including IUDs and long-acting implantable contraceptives, will only be prescribed or implanted by clinicians who have received appropriate training in their use.
7. The initial prescription of Schedule II drugs must be submitted to the supervising physician, or his/her clearly established designee, within 96 hours. This may be done electronically. It is the responsibility of the supervising physician to document their review of the prescription, and to communicate directly with the NP should they have concerns.

C. Procedure

1. Routine Audits:

As required under state regulation, a review of each NP's charts will be conducted at least quarterly by the designated supervising physician, focusing on the appropriateness of the prescription of medications. The results of this review will be documented, and submitted to the Medical Director or Medical Council, and to the NP. This mandatory review will be conducted as part of the regular, ongoing quality improvement process at HCHC. A copy of the audit summary sheet is kept by the NP.

This document is intended to comply with Massachusetts regulations governing the practice of nursing in the expanded role, 244 CMR 4.0. Signature below indicates understanding of the above conditions for practice, and willingness to comply.

Physician/Nurse Practitioner

Signature: _____
Name: _____
Date _____

Supervising Physician

Signature: _____
Name: _____
Date _____

Additional Designated Physicians

Signature: _____
Name: _____
Date _____

Signature: _____
Name: _____
Date _____

Signature: _____
Name: _____
Date _____

Signature: _____
Name: _____
Date _____

Signature: _____
Name: _____
Date _____

Signature: _____
Name: _____
Date _____

Personnel Committee Member

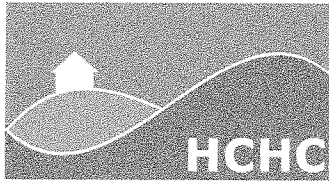
Signature: _____

Name: _____

Date _____

Expiration Date: _____

(Two years from signature date)



Hilltown Community Health Centers, Inc.

All Departments

SUBJECT: 340B Pharmacy Program

REGULATORY REFERENCE: HRSA 340B Registration; BPHC Scope of Grant; Contracts for Pharmacy Services; Wholesaler Contracts

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have formal documented processes to maintain compliance and meet operational needs of 340B program for Hilltown Community Health Centers, Inc. (hereafter The Health Center). The purpose of the policy is to improve access to 340B prescription drugs for Health Center patients and to prevent diversion and duplicative drug discounts of 340B Drugs, which are prohibited under the statute of the law.

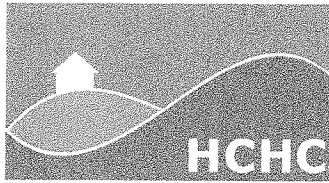
Policy:

HCHC will maintain a 340B Policy and Procedures Manual that will be reviewed at least annually for needed updates and approved by July 1st of each year. This manual will contain procedures related to the 340B program that ensures both access to 340B prescription drugs for Health Center patients and prevents diversion and duplicative drug discounts of 340B Drugs, which are prohibited under the statute of the law. As updates are needed, based on changes in health center policy, the Manual will be updated accordingly.

The Policy Manual will be readily available to all health center employees. The Policy Manual will be part of regular training within 30 days of employment and annually thereafter for all new employees who are involved with:

- 1) prescribing medications for patients;
- 2) assisting in distribution of prescriptions;
- 3) patient registration and;
- 4) reviewing eligibility reports or finances for the pharmacy program.

Questions regarding this policy or any related procedure should be directed to the Chief Financial Officer at 413-238-4116.



Reviewed or Revised: June 2016

Approved by Board of Directors, Date: _____

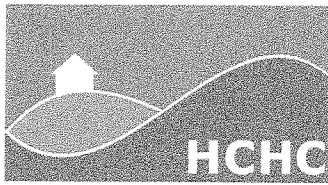
Approved by:

Eliza B. Lake
Executive Director, HCHC

Date: _____

John Follet, MD
President, HCHC Board of Directors

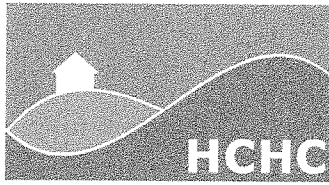
Date: _____



Procedure:

1. Definitions:

- a. **340B Drug Program:** The 340B Drug Pricing Program resulted from enactment of Public Law 102-585, the Veterans Health Care Act of 1992, which is codified as Section 340B of the Public Health Service Act. Section 340B limits the cost of drugs to Federal purchasers and to certain grantees of Federal agencies.
- b. **Covered Entities:** The statutory name for facilities and programs eligible to purchase discounted drugs through the Public Health Service's 340B drug pricing program. Covered entities include federally qualified health center lookalike programs; certain disproportionate share hospitals owned by, or under contract with, State or local governments; and several categories of facilities or programs funded by Federal grant dollars, including federally qualified health centers, AIDS drug assistance programs, hemophilia treatment centers, STD and TB grant recipients, and family planning clinics
- c. **Contracted Pharmacy:** An arrangement through which a covered entity may contract with an outside pharmacy to provide comprehensive pharmacy services utilizing medications purchased under 340B. A written contract must be in place between the Covered Entity (the Health Center) and each contracted Pharmacy. The contract is designed to facilitate program participation. The covered entity is responsible to ensure against 340B drug diversion and duplicate discounts, maintain readily auditable records, and meet all other 340B Drug Program requirements. Additional guidelines that govern the operation of contracted pharmacies for 340B participants can be found at: [Notice Regarding 340B Drug Pricing Program — Contract Pharmacy Services \(PDF - 72.6 KB\)](#).
- d. **340B Ceiling Price:** The maximum price that manufacturers can charge covered entities participating in the Public Health Service's 340B Drug Pricing Program. The 340B discount is calculated using the Medicaid rebate formula and is deducted from the manufacturer's selling price rather than paid as a rebate. Compared to a drug's Average Manufacturer Price (AMP), covered entities receive a minimum discount of 23.1% for brand name drugs (except clotting factor and drugs approved exclusively for pediatric use for which the basic rebate is 17.1% of AMP), and 13% for generic and over-the-counter drugs and are entitled to an additional discount if the price of the drug has increased faster than the rate of inflation. Note that covered entities are free to negotiate discounts that are lower than the maximum allowable statutory price, i.e., sub-ceiling prices.
- e. **Covered Drug:** An FDA-approved prescription drug, an over-the-counter (OTC) drug that is written on a prescription, a biological product that can be dispensed only by a prescription (other than a vaccine) or FDA-approved insulin. The 340B statute requires manufacturers to offer covered outpatient drugs at or below the ceiling price if the drug is a covered outpatient drug and the manufacturer has a pharmaceutical pricing

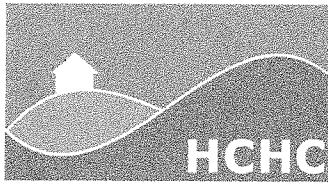


agreement with the Secretary. Drugs that do not meet the definition of covered outpatient drug under §1927(k) of the Social Security Act may not have a 340B price.

- f. Office of Pharmacy Affairs: "The 340B Drug Pricing Program was established in response to the passage of Section 340B of U.S. Public Law 102-585, the Veterans Health Care Act of 1992. Section 340B of this law limits the cost of drugs to certain grantees of federal agencies and other entities identified in the statute. Significant savings on pharmaceuticals may be seen by those entities who participate in this program." The program is administered by the Office of Pharmacy Affairs (OPA) of HRSA, under the federal Department of Health and Human Services (HHS).
- g. Eligible Patient: An individual is considered a patient of a covered entity (with the exception of State operated or funded AIDS drug assistance programs) only if: (1) the covered entity has established a relationship with the individual, which includes maintaining records of the individual's health care; (2) the individual receives health care services from a health care professional who is either employed by the covered entity or provides health care under contractual or other arrangements (e.g., referral for consultation) such that responsibility for the individual's care remains with the covered entity; (3) the individual receives a health care service or range of services for which grant funding or federally-qualified health center look-alike status has been provided. (Disproportionate share hospitals are exempt from this requirement.)
- h. 340B Prime Vendor Program: The 340B law requires HHS to create a "prime vendor" program for the entities in the 340B drug discount program. The prime vendor handles price negotiation and drug distribution responsibilities for those entities that choose to join the prime vendor. A covered entity does not have to join the prime vendor program in order to participate in the 340B program although covered entities are encouraged to join. Apexus Inc. is the current prime vendor. Since the prime vendor has the potential to control a large volume of pharmaceuticals, it can negotiate favorable prices and develop a national distribution system that would not be possible for covered entities to obtain individually.
- i. Recertification: Participating organizations/covered entities must recertify their eligibility every year and notify the Office of Pharmacy Affairs whenever there is a change in their eligibility.

2. Entity eligibility

- a. Each registered covered entity must be listed in the 340B covered entity database: <http://opanet.hrsa.gov/opa/CESearch.aspx> . At least annually, or more frequently as needed based on changes at the entity, the entity will review and update information listed in the 340B Covered Entity database. A copy of the health center's covered entity database listing is included in the manual as **Appendix A**.
- b. Scope of grant verification. As part of registration, CHCs must verify that pharmacy services have been included in the CHC scope of services filed with the Bureau of Primary Health Care as part of the HRSA grant description. A copy of the scope of



grant verification can be accessed by contacting the Chief Financial Officer in the health center.

- c. Electronic Hand Book (EHB): The OPA now bases all approval of eligible entity sites based on listing in the EHB for HRSA grantees. As such, any site for which eligible patients can access 340B drugs, must first be registered in the EHB, then subsequently registered in the OPA database, prior to accessing 340B drugs.

3. 340B Program Intent

- a. HRSA has stated that the intent of the 340B program is “To permit covered entities to stretch scarce Federal resources as far as possible, reaching more eligible patients and providing more comprehensive services.”
- b. Savings used consistent with program intent
 - i. Provide care and fill prescriptions for patients who are temporarily in an insurance gap.
 - ii. Supplement current health center operations in servicing and meeting patient needs.

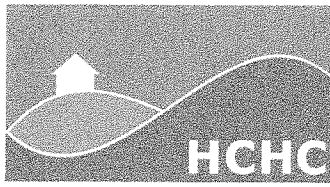
4. Program Requirements

- a. Notify supplier (wholesaler and manufacturer as needed) Once an eligible organization/covered entity has registered and been approved to participate in the 340B Drug Pricing Program, it is the organization's responsibility to notify drug manufacturers and wholesalers that it will now purchase outpatient drugs at 340B prices. The wholesalers and manufacturers verify the organization's enrollment on the 340B website and must sell its drugs at the 340B price and must sell its drugs at or below the maximum price determined under the 340B formula.
- b. Register contract pharmacies
 - i. The Health Center has chosen to engage in a contract pharmacy arrangement with Williamsburg Pharmacy and Walgreen's for pharmacy services to be delivered to eligible health center patients at:

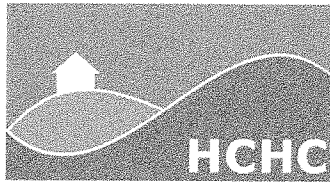
Williamsburg Pharmacy location:
49 Main Street, Williamsburg, MA

Walgreens locations:
78 Main Street, Westfield
225R King Street, Northampton
60 Springfield Street, Agawam
70 Main Street, Florence
583 James Street, Chicopee

- ii. Contracts between the health center and its contract pharmacy vendors must be maintained and valid.



5. **Access to 340B Drugs:** To continue purchasing drugs at the discounted 340B price, participants must:
- a. Register new outpatient facilities and contract pharmacies. Registration Periods
 - i. Effective October 1, 2012, additions of contract pharmacy services (as well as new registrations and additions of outpatient facilities) must be submitted
 - 1. October 1-15 for a start date of January 1
 - 2. January 1-15 for a start date of April 1
 - 3. April 1-15 for a start date of July 1
 - 4. July 1-15 for a start date of October 1
 - b. Recertify eligibility every year.
 - c. Maintain program integrity and keep accurate records documenting compliance with 340B requirements. Participants are subject to audit by the manufacturer or the federal government, and any participant that fails to comply with these requirements is liable to the manufacturer for refunds of the discounts obtained illegally.
 - d. Receive no duplicate discount (Medicaid Exclusion). Medicaid programs typically receive rebates on drugs purchased for patients. Manufacturers typically pay the rebates to Medicaid after the sale of the drug, thereby resulting in a lower drug price for the Medicaid agency. Charging the manufacturer twice via a rebate and a 340B discount on the same drug is specifically prohibited by the 340B legislation.
 - e. Agree to not resell, transfer or divert 340B drug to a person who is not a patient by the 340B definition.
 - f. Material Breach. In accordance with its recertification statement, the covered entity acknowledges its responsibility to contact HRSA as soon as reasonably possible if there is any *material breach* by the covered entity of any of the foregoing.
 - i. For the purposes of reporting non-compliance to HRSA the term material breach is defined by the health center as meeting the following circumstances:
 - 1. Greater than 10% of claims identified as non-compliant within a given period are non-correctable.
 - 2. A covered entity must contact HRSA as soon as reasonably possible following any material breach by the covered entity of any 340B program requirement.
 - ii. For situations that do not meet the "material breach" the health center will take corrective actions, maintain transparency with all stakeholders involved, and keep auditable records.
 - iii. The Self-Disclosure Tool available on the PVP website can be used to report non-compliance to HRSA:
[https://docs.340bpvp.com/documents/public/resourcecenter/Establishing Material Breach Threshold.pdf](https://docs.340bpvp.com/documents/public/resourcecenter/Establishing%20Material%20Breach%20Threshold.pdf)



6. Patient eligibility: For the purposes of 340B, the health center further defines an *eligible patient* as follows:

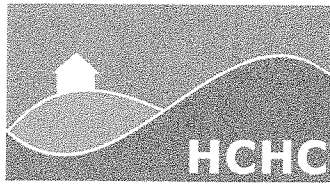
- a. A patient registered for clinical services with an active encounter with an employed or contracted provider including medical and dental within 12 months.
 - i. If patient presents to pharmacy and pharmacy determines that patient has not had an active prescription from health center provider within 12 months, the pharmacy will refer patient to health center to get updated appointment before prescription will be filled.

7. Provider Eligibility: The health center defines an eligible 340B provider:

- a. A provider with an active employment contract to provide medical services on behalf of the health center.
- b. A provider contracted by the health center to provide care on behalf of the health center for which the entity is able to maintain responsibility for the care of the patient.
- c. List of providers: The health center will submit an updated list of all prescriber NPIs with verified employment or contracted status to 340B Pharmacy not less than on a semi-annual basis, upon any change of provider personnel, or as needed.
 - i. Any updates or changes are provided once HR notifies payroll. CFO or his/her designee will update pharmacies as needed.

8. Pharmacy eligibility verification

- a. Prescriptions can be presented to Pharmacy via hard-copy, e-prescribing, phone and fax.
 - i. The prescription is reviewed electronically by pharmacy operating system to verify eligibility of provider NPI and address of provider.
- b. Patient Eligibility verification
 - i. Pharmacy staff may verify active patient status by determining if patient has had an eligible 340B prescription from a health center provider within the last 12 months.
- c. Terminated Providers
 - i. If a health center provider has been terminated, eligible patient prescriptions will be honored for 12 months from date of issue per state law.
 - ii. If pharmacy/patient request renewal prescription and the provider is terminated, a health center nurse will task the renewal to a current provider on the floor to ensure it is not refilled under terminated NPI.
- d. Sliding fee scale and/or low income voucher process
 - i. Patients who do not have prescriptions covered by insurance including Medicaid and HSNO will be eligible for discounted medications if they fall below 200% FPL per Bureau of Primary Health Care (BPHC) requirements.
 - ii. Patients will be able to receive medications at the 340B acquisition cost plus contracted administrative fee.
- e. Patient Assistance Programs (PAP)
 - i. As appropriate, patients may be referred to Needymeds.com for assistance with free medication if they cannot afford them. The health center's Community Health Workers or Navigators may help with process as appropriate based on needs of patient.



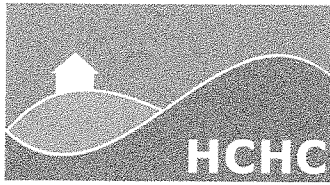
- ii. In limited circumstances, the Medical Assistants or Nurses may contact the contracted pharmacies to determine if there is any other assistance available to help defray the cost of the medication.

9. Patient freedom of choice verification

- a. Health Center Providers will inform patients of their freedom to choose a provider of pharmacy services.

10. Contract Pharmacy Processes:

- a. The health center has contracted with Williamsburg Pharmacy and Walgreen's to facilitate both the design and implementation of the 340B contract pharmacy program. The entity is responsible for 340B compliance. The executed contract with pharmacy programs appear in Appendix B.
- b. Inventory Model
 - i. Williamsburg Pharmacy uses a physical inventory model for contract pharmacy services.
 - ii. Walgreen's uses virtual replenishment inventory model.
- c. 340B eligible prescriptions may be presented to registered contract pharmacy location via (e-prescribing, hard-copy, fax, or phone).
- d. Ordering and inventory control - Williamsburg
 - i. Williamsburg contracted pharmacy staff places 340B orders, on behalf of the health center, based upon previous 340B use.
 - ii. The health center retains title to all drugs from the time the supplier fills the order to the time that Williamsburg takes delivery of the drugs.
 - iii. Pharmacy inventory is protected by a security system. Only pharmacy employees have access to the pharmacy.
 - iv. Standard pharmacy protocols are followed by Williamsburg staff for all storage, returns, disposal of drugs by pharmacy.
 - v. Williamsburg Pharmacy provides entity access to monthly data and reporting information to allow the health center ready and consistent access to all pharmacy dispensing data.
- e. Ordering and inventory control – Walgreen's
 - i. Orders are triggered by full package usage of NDC-11, placed by using online system on daily interval, and communicated to the Health Center. Staff can verify all orders through Walgreens electronic inventory system. The Health Center will review inventory orders monthly for accuracy.
 - ii. Contracted pharmacy staff places 340B orders, on behalf of Health Center, based upon 340B eligible use as determined by the eligibility verification system via Walgreens Inc.
 - iii. Walgreens Inc. notifies the Health Center if central replenishment warehouse or pharmacy location doesn't receive 11 digits NDC replenishment order within 30 days of original order fulfillment request.



- iv. For un-replenished orders, the Health Center will reimburse contracted Walgreens Inc. stores at a pre-negotiated rate for such drugs as set forth contract with Walgreens Inc.

11. 340B Procurement, inventory management and dispensing for contract pharmacy

- a. 340B Procurement and collections
 - i. "Ship to bill to" procedure refers to an arrangement whereby the covered entity will purchase the 340B drugs from wholesalers and/or manufacturers who bills the covered entity and the covered entity pays for these purchases. The manufacturer or wholesaler then directs those 340B drugs to be shipped to the contract pharmacy. Therefore the covered entity maintains title of the 340B drugs as required, but the contract pharmacy (ies) receives the drugs and dispenses them to eligible patients.
- b. Orders and Payment to Suppliers
 - i. The Health Center will purchase 340B priced pharmaceuticals through its contract with wholesaler.
 - ii. Current wholesaler services provided by AmerisourceBergen.
 - iii. The pharmacy will promptly review the Inventory Receipt when shipments are received and notify the wholesaler of any discrepancies between the quantities ordered and the actual shipment of 340B Drugs received. It will be corrected on the wholesaler invoice.
- c. Inventory verification:
 - i. Walgreen's: AmerisourceBergen sends invoices for each store every 15 days. Walgreen's sends copy of original packing slips. These are used to reconcile totals from packing slip with AmerisourceBergen statement of invoices.
 - ii. Williamsburg Pharmacy: Pharmacy uses packing slips (with stickers) to reconcile shipments from wholesaler AmerisourceBergen. Health center receives faxed copies of packing slips upon order by Pharmacy. These are reconciled to make sure all invoices are listed within wholesaler statement, which is sent every 15 days from wholesaler. If any packing slip is missing, pharmacy will send copy.

12. Rates for services

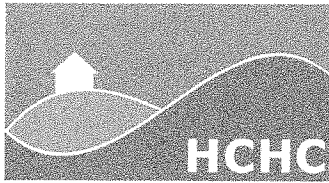
- a. The Health Center agrees to reimburse contract pharmacies in accordance with method and rates as stipulated in its contracts.

13. Medication ordering and dispensing for provider administered medications

- a. No 340B medications are used for provider administered medications unless dispensed through the pharmacy

14. Medicaid Billing

- a. As of July 1, 2013, all contract pharmacy locations follow the rules for 340B billing set in the Massachusetts Medicaid Provider Manual established in 130 CMR 406.000 (MA Medicaid billing requirements for MassHealth).



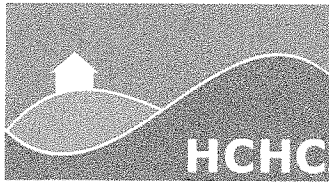
- b. MassHealth will reimburse eligible covered entities registered in the OPA database as carving-in Medicaid for 340B prescriptions at a rate of 340B actual acquisition cost plus the contracted dispensing fee.
- c. Massachusetts Medicaid excludes from its rebate submission all Medicaid Managed Care prescriptions that are filled by a 340B entity that is listed in the Medicaid Exclusion File as using 340B for Medicaid.
- d. Regulations for Massachusetts' state agencies of Office of Medicaid and the Health Care Safety net Program for 340B are set in the following sources:
<http://www.mass.gov/eohhs/docs/masshealth/regs-provider/regs-pharmacy.pdf>
<http://www.mass.gov/eohhs/docs/dhcfp/g/regs/114-3-31.pdf>

15. Division of Health Care Finance and Policy billing

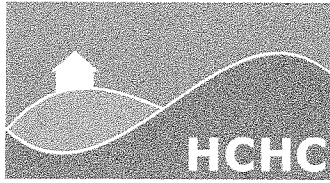
- a. In general the Health Safety Net office will pay for reimbursable services listed in its regulations, including pharmacy services at a 340B entity.
- b. A provider is eligible for Health Safety Net payments for drugs provided *to eligible patients* through its 340B pharmacy at the same rate paid by MassHealth only if it provides prescribed drugs to MassHealth members under 114.3 CMR 31.07.
- c. Safety Net providers *may not* be reimbursed for non-eligible patients or non-340B drugs unless it meets the following requirements 1) the claim is submitted by a provider that directly operates both a 340B in-house pharmacy and a retail pharmacy and 2) the claim is for a drug provided to an individual who has not been seen by a provider-based prescriber to obtain a prescription within a clinically appropriate time period. The provider must inform the patient that it may not fill future prescriptions unless the individual becomes a patient of the health center (provider).
<http://www.mass.gov/eohhs/docs/dhcfp/g/regs/114-6-13.pdf>

16. Record-keeping to prevent diversion and duplicate discounts

- a. The Health Center, with the assistance of the contract pharmacy, has established and maintained a tracking system as described herein, suitable to prevent diversion of 340B Drugs to individuals who are not patients of the Health Center.
- b. The Health Center has established a process for regular comparison of its prescribing records with the contract pharmacies dispensing records to detect potential irregularities and to ensure the efficacy of the tracking systems.
- c. A sample of 10% of prescriptions monthly will be selected at random for verification with 340B requirements.
 - i. A copy of the prescription self-audit checklist tool used monthly to verify eligibility can be found in **Appendix B**.
 - ii. Copies of monthly self-audit protocol will be kept for 3 years.
- d. Review of Medicaid prescriptions to ensure appropriate billing (carve-in)
 - i. For all prescriptions that are billed to Medicaid FFS (MassHealth), claims must be submitted at AAC plus the contracted dispensing fee.



- ii. Medicaid Managed Care
 - 1. Prescriptions *can* be filled for Patients with payer IDs that include Medicaid Managed Care at contracted usual and customary rate.
 - 2. These claims must be submitted with NCPDP claim identification code 20 at point of service.
- e. Process for reconciliation or corrective action if error is identified
 - i. For any 340B prescription filled with 340B drugs that is subsequently found to be inappropriate the claim will be resubmitted for processing as if it were not a 340B prescription and billed according to usual and customary procedures established by contract pharmacy for non-340B prescriptions.
 - ii. Any prescription from a non-health center provider that does not meet approved referral documentation within 60 days will be reversed and credited to the 340B account and filled with non-340B inventory if appropriate.
 - iii. If the prescription was filled for a patient who was cash pay or HSNO, for which no insurance can be billed, the pharmacy claim will be reversed, credited to the 340B account and the health center will cover the cost of the non-340B inventory to reconcile the claim.
 - iv. Errors will be documented as will reconciliation process.
 - v. Any material breach as defined above will be reported to HRSA with corrective action plan.



APPENDIX A

Covered Entity Database Listing

Covered Entity Information

340B ID: CH010330

Entity Name: HILLTOWN COMMUNITY HEALTH CENTERS, INC

Sub-Division Name: Worthington Health Center

Address: 58 Old North Rd
Worthington, MA 01098 - 9753

Billing Address:

Comments: 8/8/05 - UPDATED CONTACT INFO, ADDED MEDICAID #

Contract Pharmacies					Termination Date	Carve-In Effective Date
Name	Address	Address (cont'd)	City	State	Zip	Begin Date
WILLIAMSBURG PHARMACY		49 MAIN ST P.O. BOX 397	WILLIAMSBURG	MA	01096	12/07/2006
WALGREEN EASTERN CO., INC.	DBA: WALGREENS # 02710	78 MAIN ST	WESTFIELD	MA	01085	10/18/2011
WALGREEN EASTERN CO., INC.	DBA: WALGREENS # 04358	60 SPRINGFIELD ST.	AGAWAM	MA	01001	10/18/2011
WALGREEN EASTERN CO., INC.	DBA: WALGREENS # 07063	583 JAMES STREET	CHICOPEE	MA	01020-3911	10/18/2011
WALGREEN EASTERN CO., INC.	DBA: WALGREENS # 11602	70 MAIN STREET	FLORENCE	MA	01062	10/18/2011
WALGREEN EASTERN CO., INC.	DBA: WALGREENS # 11998	225R KING ST	NORTHAMPTON	MA	01060	10/18/2011

340 Program Information

Entity Type: Consolidated Health Center Program

Approval Date: 8/8/2005

Participating: Yes

Participating Start Date: 10/1/1999

Termination Date:

Termination Reason:

Medicaid Number: MA-1302469

NPI Number: H80CS00601

Grant/Provider Number: BPS-H80-003922

Site ID: No

Alternative Methods:

Covered Entity Signed By Official

Signed: 8/1/2005

Title:

Date Signed:

Phone:

Covered Entity Authorizing Official

Frank Mertes

Chief Financial Officer

413-238-4116

Covered Entity Contact Information

Jeff Hagen

Chief Operating Officer

413-238-4138

Edit Date: 3/2/2016

Children Entities Address

340B ID	Entity Name	Sub-Division Name	Address	(cont'd)	City	State	Start Date	Termination Date
CH01033A	HILLTOWN COMMUNITY HEALTH CENTERS, INC	HUNTINGTON HEALTH CENTER	73 Russell Rd		Huntington	MA	07/01/2007	

Covered Entity Information

340B ID:
Entity Name:
Sub-Division Name:
Address:

Billing Address:

Comments:

CH01033A
HILLTOWN COMMUNITY HEALTH CENTERS, INC
HUNTINGTON HEALTH CENTER
73 Russell Rd
Huntington, MA 01050 - 9777
HILLTOWN COMMUNITY HEALTH CENTERS, INC
58 OLD NORTH RD
WORTHINGTON, MA 01098

340 Program Information

Entity Type:
Approval Date:
Participating:
Participating Start Date:
Termination Date:
Termination Reason:
Medicaid Number:
NPI Number:
Grant/Provider Number:
Site ID:
Alternative Methods:

Consolidated Health Center Program
6/5/2007
Yes
7/1/2007

MA-1320866
H80CS00601
BPS-H80-003134
No

Edit Date: 3/2/2016

Covered Entity Signed By Official

Signed:
Title:
Date Signed:
Phone:

3/27/2007

Covered Entity Authorizing Official

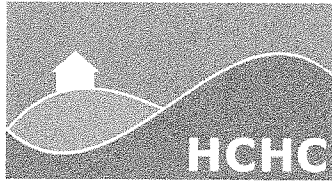
Name:
Title:
Phone:

Frank Mertes
CHIEF FINANCIAL OFFICER
413-238-4116

Covered Entity Contact Information

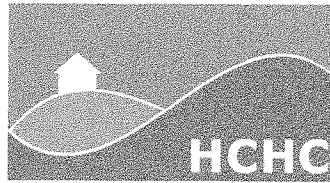
Name:
Title:
Phone:

JEFFREY G. HAGEN
CHIEF OPERATIONS OFFICER
413-238-4138



APPENDIX B

Monthly Prescription Self-Audit Checklist



Monthly Prescription Self-Audit Checklist

No.	DATA	ASSESSMENT CRITERIA	Yes; No
1.	Medicaid ID Number, Provider Number, or NPI for all entity sites billing Medicaid for 340B drugs, and point of contact with state Medicaid agency.	Medicaid billing information in the HRSA 340B Database for all entity sites (1) is accurate and complete, (2) is based on current state policy requirements, and (3) reflects current actual practices by the entity.	
2.	Ensure that all Contract Pharmacies are included in the sample.	Sample includes a minimum of 10% of prescriptions filed by each contracted pharmacy.	
3.	Scope of services for which FQHC status was awarded to the clinic is up to date	Patient received health care services from the entity that are within the scope of the grant, and at a site that is registered on the HRSA 340B Database.	
		HCHC maintains health record of Individual receiving prescription.	
		Individual received health care services from a health care professional who is either employed by the covered entity or provides health care under contractual or other arrangements (referral for consultation) such that responsibility for the care provided remains with the covered entity.	
		Provider–entity relationship is substantiated by contract/employment/other records per clinic site.	
		Prescription was from a provider NPI matching one on the eligible provider list at the time of prescribing.	
4.	Accounting of all inventory at beginning and end of sample period.	HCHC is able to provide an accounting for disposition of all the selected sample.	