Hilltown Community Health Center

Administrative Offices
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Worthington, MA 01098
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www.hchcweb.org

BOARD MEETING
JANUARY 26, 2017
WORTHINGTON HEALTH CENTER
5:30 PM

AGENDA

1. Call to Order

2. Approval of the December 12, 2016 Meeting Minutes

3. Approval of the January 12, 2017 Meeting Minutes

4. Finance Committee Report

5. Chief Executive Officer / Senior Manager Reports

6. Committee Reports (as needed)
   - Executive Committee
   - Recruiting, Orientation, and Nominating (RON)
   - Corporate Compliance
   - Facilities
   - Personnel
   - Quality Improvement
   - Expansion
   - Strategic Planning

7. Old Business
   - ACO Update

8. New Business
   - 2017 HCHC Budget
   - Employee Privileging
   - Policy Review:
     1. Hours of Operation-After Hours Coverage Policy
     2. No-Show Policy
     3. Late Patient Policy
     4. Patient Scheduling Policy
     5. Provider On Call Policy
     6. Welcome for New Medical Patients Policy
     7. Transferring Current Patients to a New PCP Policy
     8. Assigning New Patients to a PCP Policy

9. Adjourn

HCHC BOARD OF DIRECTORS MEETING

Location: Huntington Health Center, Worthington, MA
Date/Time: 12/12/2016 5:30pm

MEMBERS: Lee Manchester; Nancy Brenner, Vice President; John Follet, President; Kathryn Jensen; Wendy Lane Wright, Clerk; Alan Gaitenby
STAFF: Eliza Lake, Executive Director; Frank Mertes, CFO; Janet Laroche, Executive Assistant; Michael Purdy, CCCSO
GUEST: Christina Severin, CEO of Community Care Cooperative
ABSENT: Cheryl Hopson; Tim Walter; Wendy Long

Agenda Item	Summary of Discussion	Decision/Next Steps	Person Responsible/ Due Date
Approval of Minutes 11/17/2016	John Follet called the meeting to order at 5:35pm. The November 17, 2016 minutes were reviewed by the Board members present. A few changes It was brought to the group's attention: On page 4, line 6 should read behalf of, instead of behave; BIPIC should be BPHC; the ACO's name is Community Care Cooperative; on page 5, a requirement of joining the ACO is being PCMH certified or in the process of. **A motion was made by Kathryn Jensen to approve the November 17, 2016 minutes with the changes listed above. The motion was seconded by Alan Gaitenby. The motion to approve the minutes with changes was approved unanimously.**	The November 17, 2016 minutes were approved	
Christina Severin, CEO of Community Care Cooperative	Christina Severin was introduced to the Board and then presented information about the ACO, Community Care Cooperative. She shared that this ACO launched as a pilot as of December 1. Full procurement is due in February. There are three ACO options being offered by the State of MA – Models		

	A, B and C. Community Care Cooperative is a Model B program which means there is no insurance risk, only performance risk. There are 13 community health centers who have joined to date. Each will have 2 members on the ACO's board of directors. There is a $50,000 one-time membership fee to join. DSRIP funds will begin July 1, 2017. Health center PCP's can only be in one ACO, and Medicaid patients will be asked to choose an ACO. There is also an Internal Financial Architecture (IFA) with thee options – low, medium and high. Over time, Christina hopes to have all members eventually in the medium or high risk category. She's also looking to have all members using Epic as the software for their electronic medical record.		
Finance Committee	There was no finance committee report at this meeting due to this meeting being much earlier in the month than usual. Financial information will be shared with the Board later in the month.		
CEO Report	Eliza informed the Board that she will be submitting a written report at the end of the month with updates for the month and year-end information. In regards to the presentation by Christina Severin, Eliza has asked Christina if she can attend a Board meeting of the ACO this week as she will be in Boston on Thursday for another meeting and has time to attend. Cooley Dickinson Hospital (CDH) is now in discussion with Partners to create a model A ACO, which will be		

	different than Community Care Cooperative's ACO model. There are pros and cons to joining each. CDH does not have a complete understanding of the needs and of the patients of community health centers. CDH is planning to switch their electronic medical record from eCW to Epic, which would mean we would need to do the same in order to be a member of this ACO. Partners has agreed to pay 85% of the cost of changing the EHR and for training. But this would be a huge undertaking. We're struggling with analytics now. It was asked if Epic would be any better? Mapping the data in the original set up would be very important to assure the data would be useable and good. Senior management needs to discuss further and make a proposal to the Board, probably in January. She asked the Board to save January 27 for the possible holiday gathering for staff. She also informed the Board that we're in the process of completing our progress report for HRSA which is due January 13. The Board will need to vote on this before it gets submitted and will be done by email. It was brought to our attention during a recent DPH site visit that the following three policies were in need of improvement or needed to be created: Patient Complaint & Grievance Policy, Reporting Incidents Policy, and Filing Suspicion of Neglect/Abuse Policy. We were able to meet the surveyor's requests with these policies and as a result, no deficiencies will be given. During the DPH survey at SBHC, it		

	was realized that behavioral health services are being offered, but it's not listed on our DPH license as such. This will need to be applied for. It was also realized that mobile dental services should be separately licensed through DPH, which it is not currently. This will need to be applied for.		
Executive Committee	No report this month		
Recruitment, Orientation & Nominating (RON) Committee	John Follet reported in Tim's absence that Tim is working to recruit a couple new Board members.		
Corporate Compliance Committee	No report this month		
Facilities Committee	No report this month		
Personnel Committee	John Follet reported that our attorney has reviewed our employee handbook. She has given us many suggestions and edits which the committee is now reviewing. Eliza plans to attend future committee meetings since there is no senior management representation on this committee. And it was noted that Bridget Rida, HR Manager is about to go out on maternity leave.		
Quality Improvement Committee	No report this month		
Expansion Committee	No report this month		
Strategic Planning Committee	Nancy reported that a draft plan has been created and was shared with the Board. The committee hopes to have it completed by the end of December.		
Committee Reports	After all the committee reports had been reviewed and discussed**, Alan Gaitenby made a motion to accept all committee reports. The motion**	Committee reports presented at this meeting were approved	

	was seconded by Kathryn Jensen and without further discussion were approved.		
Old Business			
CEO Evaluation	John informed the Board that the executive committee recently met with Eliza to go over her annual evaluation with her. Eliza then added her comments to the evaluation and copies were distributed to the group. A short discussion began and all were in agreement with the evaluation. **A motion was then made to accept the annual evaluation of the CEO by Alan Gaitenby. The motion was then seconded by Kathryn Jensen. With no further discussion needed, the motion was approved unanimously.**	The annual evaluation of the CEO was approved	
New Business			
Paid Sick Leave Policy	John Follet reported that the current paid sick leave policy needed to be updated to comply with MA state law in regards to part-time employees. Sick leave is granted to part-time employees who work less than 20 hours per week, and will earn sick time at the rate of 1 hour for every 30 hours worked up to a maximum of 40 hours per calendar year. **A motion was made by Alan Gaitenby to approve the paid sick leave policy presented. It was seconded by Kathryn Jensen. With no further discussion needed, the paid sick leave policy was approved.**	Paid sick leave policy was approved	
Patient Complaint & Grievance Policy	Changes were made to this policy as requested by a state surveyor during our recent DPH licensure survey. The following wording was added: person/supervisor/dept head receives the complaint in writing within 24 hours of the complaint. **A**	Patient complaint & grievance policy was approved	

	motion was made by Nancy Brenner to approve the patient complaint & grievance policy presented. It was seconded by Kathryn Jensen. With no further discussion needed, the patient complaint & grievance policy was approved.		
Reporting Incidents Policy	Changes were made to this policy as requested by a state surveyor during our recent DPH licensure survey. The Incident Report policy needs to have the following list of reportables added: significant events to the department; death unanticipated not related as a result of…; full or partial evaluation; fire; suicide; serious criminal acts; pending or actual strike; contingency plans for health center; surgery and anesthesia related complications; or any other serious incidents. With no discussion needed on this, a **motion was made by Nancy Brenner to approve the Reporting Incidents Policy presented. It was seconded by Kathryn Jensen. With no further discussion needed, the reporting incidents policy was approved.**	Reporting incidents policy was approved	
Filing Suspicion of Neglect/Abuse Policy	It was brought to our attention that we needed a process for reporting suspected abuse for adults/elders as requested by a state surveyor during our recent DPH licensure survey. We have a policy for suspected abuse for children, but not adults/elders. **A motion was made by Nancy Brenner to approve the Filing Suspicion of Neglect/Abuse Policy presented. It was seconded by Kathryn Jensen. With no further discussion needed, the Filing Suspicion of Neglect/Abuse Policy was approved.**	Filing Suspicion of Neglect/Abuse Policy was approved	

Continuity of Operations Plan (COOP)	Eliza recently updated the COOP plan with changes to team members and phone numbers. With no discussion needed, **A motion was made by Nancy Brenner to approve the Continuity of Operations Plan (COOP) presented. It was seconded by Alan Gaitenby. With no further discussion needed, the Continuity of Operations Plan (COOP) was approved.**	Continuity of Operations Plan (COOP) approved	
Women's Reproductive Health Services Policy	This policy is not required, but it was recommended to us that we should have a Women's Reproductive Health Services Policy. It will assist us when speaking with the Gateway Regional School Committee regarding the services offered at SBHC as we're required by law to offer voluntary family planning services. With no questions, **A motion was made by Alan Gaitenby to approve the Women's Reproductive Health Services Policy. It was seconded by Nancy Brenner. With no further discussion needed, the Women's Reproductive Health Services Policy was approved.**	Women's Reproductive Health Services Policy was approved	
BOD Resolution Authorized Signers Form	The authorized signers form was in need of updating. This form gives authority to Eliza by the Board to sign contracts, agreements and other documents on behalf of HCHC. **Lee Manchester made a motion to accept the Board of Directors Resolution Authorized Signers form with the changes made. Wendy Lane Wright seconded the motion. With no discussion needed, the motion to accept the Board of Directors Resolution Authorized Signers form as presented was approved.**	Board of Directors Resolution authorized Signers form was approved	
Selection of Auditing Firm	HRSA requires that the Board	The selection of	

	annually approve and vote on the auditing firm hired for our financial audit. We're in the 3rd year of a 3-year contract with Adelson & Company, PC that was voted upon three years ago. **A motion was made by Alan Gaitenby to accept Adelson & Company, PC for its 3rd contract year. The motion was seconded by Nancy Brenner. With no further discussion needed, the selection of Adelson & Company, PC as our auditing firm was voted upon and approved.**	Adelson & Company, PC as our auditing firm was approved	
Program Data Reporting Systems	In response to HRSA and to meet the conditions of the 330 grant, we've updated our policies and procedures to capture accurate information for the UDS, including data in eCW. Data collection forms have also been updated to collect patient income. Staff have been trained on how to collect this data. **A motion was made to approve the Program Data Reporting Systems to meet program requirement #15 by Alan Gaitenby. The motion was seconded by Kathryn Jensen. With no further discussion needed, the motion to approve the Program Data Reporting Systems to meet HRSA program requirement #15 was voted on and approved unanimously.**	Program Data Reporting Systems to meet HRSA program requirement #15 was approved	
Credentialing and Privileging Committee	The process of provider and clinician privileging has begun. As a requirement of HRSA, each provider/clinician has to apply for privileges. These are first submitted to the department head for review. The department head then recommends the privileges to this committee. This committee reviews and makes sure there is training and experience in place for the privileges being requested by each		

	provider/clinician. Once approved, the privileging is brought to the Board for review and approval. As providers and clinicians learn new procedures and receive trainings, privileges will need to be reviewed again. The policy and procedures for this will also be changing and added to as time goes on. Privileges for the following staff were reviewed by the Board: 1. Sheri Cheung, MD 2. Cortney Haynes, MD- no longer employed here 3. Jon Liebman, NP 4. Jennie Howland, MD 5. Marisela Fermin-Schon, NP 6. Beth Coates, MD 7. Lora Grimes, MD 8. Miranda Balkin, MD 9. Suzanne Kresiak, LICSW 10. Rossie Feldman LICSW 11. Aaron Tieger, LMHC 12. Serena Torrey, LCSW 13. Jillian McBride, LCSW **A motion was made to accept the recommendations of the credentialing and privileging committee to approve privileges as noted for the above providers/clinicians by Nancy Brenner. The motion was seconded by Alan Gaitenby.** Discussion began stating that in general, behavioral health clinicians have broad privileges, but MDs and NPs have more specific privileges, depending on training and interests. The privileges for each will continue to evolve. **With no further discussion needed, the privileges for Sheri Cheung, MD; Cortney Haynes, MD- no longer employed here; Jon Liebman, NP; Jennie Howland, MD; Marisela Fermin-Schon, NP; Beth Coates, MD; Lora Grimes, MD;**	Privileges for the following staff were reviewed by the Board and approved: 1. Sheri Cheung, MD 2. Cortney Haynes, MD- no longer employed here 3. Jon Liebman, NP 4. Jennie Howland, MD 5. Marisela Fermin-Schon, NP 6. Beth Coates, MD 7. Lora Grimes, MD 8. Miranda Balkin, MD 9. Suzanne Kresiak, LICSW 10. Rossie Feldman LICSW 11. Aaron Tieger, LMHC 12. Serena Torrey, LCSW 13. Jillian McBride, LCSW	Bridget to notify each of the approved privileges

	Miranda Balkin, MD; Suzanne Kresiak, LICSW; Rossie Feldman LICSW; Aaron Tieger, LMHC; Serena Torrey, LCSW; Jillian McBride, LCSW were approved.		
Adjourn	The meeting adjourned at 7:40pm. The next regular Board meeting is scheduled for Thursday, January 26, 2017 at 5:30pm at the Worthington Health Center.		

Submitted by,

Janet Laroche, Executive Assistant

HCHC BOARD OF DIRECTORS MEETING

Location: Huntington Health Center, Huntington, MA
Date/Time: 01/12/2017 7:00pm

MEMBERS: Tim Walter, Treasurer; Alan Gaitenby; Lee Manchester; Nancy Brenner, Vice President; John Follet, President; Cheryl Hopson; Wendy Long
STAFF: Eliza Lake, CEO; Frank Mertes, CFO
ABSENT: Wendy Lane Wright, Clerk

Agenda Item	Summary of Discussion	Decision/Next Steps	Person Responsible/ Due Date
Approval of Community Care Cooperative Membership	John Follet called the meeting to order at 7:25 pm. The Board continued a conversation that was started via email (see attached) re: Senior Management's recommendation that HCHC become a member of the Community Care Cooperative (C3), an FQHC-led and managed Accountable Care Organization. HCHC would be joining the ACO at the lowest risk tier. The only question was how HCHC would be able to pay the $50,000 membership fee. Frank Mertes noted that HCHC has both a money market account, which is generally not used, and a line of credit, and that paying the fee would not be a problem in terms of cash flow. **A motion was made by Tim Walter to approve the recommendation of Senior Management to join C3. The motion was seconded by Nancy Brenner. The motion to join C3 was approved unanimously.**	The motion to approve HCHC joining C3 at the lowest risk tier was approved.	
Approval of NCC Application	Eliza presented the Non-Compete Continuation (NCC) grant application that HCHC would like to submit to HRSA for its 330 Grant funds. The Board discussed the budget, which is for the grant period 6/1/17 to 5/31/18, and the clinical and other measures that show HCHC's progress in meeting its annual	The motion to approve HCHC's NCC application was approved.	

	and long-term goals. **A motion was made by Cheryl Hopson to approve the Non-Compete Continuation grant application as presented. Wendy Long seconded the motion, and the motion was approved unanimously.**		
Adjourn	Tim Walter made a motion to adjourn, which was seconded by Wendy Long and approved unanimously by the Board. The meeting adjourned at 7:50 pm. **The next meeting is scheduled for Thursday, January 26, 2017 at 5:30 pm at the Worthington Health Center.**		

CEO Report - January 24, 2017

While there are, as always, dozens of issues that HCHC's management are addressing on a weekly or daily basis, I would like to share with you updates on the three primary foci of 2017: opening the Amherst site, HCHC's participation in the C3 ACO, and the likely change in our Electronic Health Record (EHR). These three issues are activities that will have tremendous and long-lasting impacts on the organization, and are therefore are the most important for the Board to remain involved in. Of course, I will inform you of other, less long-term activities and events, as need be. And you are always welcome to ask for more (or less!) information at any time.

Amherst: Finally, the architectural plans for the Musante Health Center are done. Frank is meeting with the architect and our Project Manager to draw up the bid documents tomorrow, and we hope to go out to bid in the next week or so. Bids would be accepted for February, and a contractor chosen in March. Ideally, we will start construction in April, with a project opening in November 2017. This is, of course, contingent upon approval of the plans by the MA Department of Public Health, but I remain optimistic that due to the Mass League's intervention, and our careful attention to details that DPH might object to, the process will be speedy. There is a MassLive article today saying essentially all this (although she seemed to think that the state review was already done), and we're discussing ways to keep the word out in the community about our progress. Also, next week will be the first meeting of the Advisory Group, at which we will begin the conversation about its role and interaction with the Board. As soon as the project is really moving forward, we will turn our attention to the hiring of all the staff required, setting up the systems required for its smooth operation (including internal staffing assignments and IT infrastructure), and determining how we will provide the Musante Health Center patients with behavioral health services. At the moment, I am leaning toward developing a robust referral and collaborative relationship with a local provider, and waiting until we have a really good sense of the patient population before we hire our own BH staff. But those are conversations to have once we've gotten the construction project on its way.

Community Care Cooperative (C3) ACO: Since you voted two weeks ago to approve HCHC's joining C3 at the lowest risk tier, Frank, Jon Liebman, and I have attended a series of meetings in Boston. The ACO is in its final development stages, in anticipation of submitting its application to the state in mid-February. This has meant providing them with a variety of financial and organizational data, providing input into the internal financial architecture, learning more about the subcontracted entity that will be implementing the chosen care model at HCHC, and reviewing the final participation agreement. This last piece will likely be finalized this week, and it will contain the terms of HCHC's participation in the organization. After the application is submitted, I anticipate that the pace of work will marginally slow down (with the exception of a full day retreat in March), but the real work will begin in the summer, when we begin to prepare for implementation in December. This will include the additional staffing, setting up the required data feeds for the repository C3 will maintain, and more. Until the application is approved, we will not know the exact amount of funds that will be

made available to HCHC, or the amount available to the ACO to support the implementation of the model within our organization, so all the current plans are estimates. But we continue to be impressed the level of expertise of the staff, and still find that while the meeting are a bit overwhelming, the future is exciting.

One note: last week the Board of C3 had to have a special vote to include us as members, given our current lack of NCQA certification. Thankfully, my colleagues on the Board realized that all organizations have seen these sorts of unfortunate events, and after recognizing that we previously had certification and are actively working to regain it (see below), they voted unanimously to approve HCHC's membership. This just reenforces the importance of the work of our team efforts to get certified this summer.

Electronic Health Record transitions: HCHC must make a change in its EHR before winter. Cooley Dickinson Health Care, which currently hosts our EHR on its servers, is adopting Mass General Hospital's system in late October 2017. At that time, we will have to do one of the following:

- find another entity to host our current EHR system, which is called eCLinical Works;
- move our current EHR to the cloud;
- transition to MGH's EHR, which is a version of a system called Epic; or
- join a health center in Boston's system, which is a different version of Epic that is designed to work with FQHCs, in anticipation of all the members of the ACO transitioning together to Epic in three years.

As you can imagine, there are pros and cons for each of these options. Tomorrow, we have two calls scheduled to learn more about the last two options; the first with an FQHC that has already transitioned to MGH's system, and the second with the health center in Boston that might be willing to let us join them in their version of Epic. We have a number of questions about any of the options: what sort of support could we expect when we need to change the system or run into problems, how well does the system support the unique reporting and billing needs of FQHCs, what is the impact on productivity in process of transitioning, and, of course, would our providers like using the new system (or at least tolerate it!). And of course, the cost is a major consideration. We are feeling less hopeful about finding a solution that would fully integrate the electronic dental record into the other records that our other providers keep, but we hope that at least the demographic data could be collected in one system. This would greatly simplify our annual reporting.

This is a decision that must be made by mid-February, so we will be able to tell you our decision at the next full Board meeting. Regardless of the choice, it too will require a lot of work during the summer and fall to ensure that the move is as smooth and as non-disruptive as possible.

<u>Other updates:</u>

NCQA/PCMH Certification: Our newly formed Patient-Centered Medical Home (PCMH) team has been meeting weekly for trainings with our consultant (who is in Texas) to learn all about the requirements of NCQA. Between meetings, staff have been working hard to address issues we've identified. For instance, Janet has been working very hard to make sure that our communication with new patients meets all the requirements. We are still learning a lot, and there are some things that we will need to put in place and then wait for 30 or 90 days to measure to show that we have implemented them. But in general, it seems like we are not far off track, and I have every confidence that we will be able to regain our certification at the highest level.

Finance and Audit: The audit will be held in two parts this year, with the first part being held during the first week of February. Frank has been working very hard to complete the budget for 2017 - which you will discuss on Thursday - and structure it in a new way that more clearly attributes costs and revenues to their rightful place. Setting up this new system was extremely labor intensive, but will save time in future years. The budget includes a 1% increase for almost all staff (which was reflected in the first paycheck of the year), and contains more substantive increases for staff who have taken on additional roles and responsibilities in our new structure. Once the budget is approved, we will develop a new organizational chart, so that the Board and staff understand the new lines of reporting and responsibility. Finally, as anticipated, it appears that 2016 ended up with an approximate operating loss of about $150,000. This number held steady for the last few months of the year, and while not positive, at -3.2% is still a great improvement over 2015's -4.7% loss. And when looks at the bottom line margin, we've gone from -2.7% to 4.7%, largely due to the Amherst fundraising.

State and National Outlook: As you all saw in my email earlier today, there are so many unknowns about the impact of the Trump Administration on HCHC and the state health system, that it's futile to spend a lot of time discussing it until we know more. I am sending this report a day earlier than usual because I will be in Boston tomorrow evening for a very early Thursday breakfast to which I was invited by the American Cancer Society (thanks to our NFL grant). The speakers include the Speaker of the House, the Secretary of HHS, and the Chair of the state Health Policy Commission, and the topic is State Health Care Policy. I imagine it will be a very interesting conversation, and I will bring back a full report to your meeting. I anticipate, however, that other than possible commitments about how they will react to the repeal of the ACA, the block granting of Medicaid, the dissolution of the Waiver, or some other future event, they won't be able to shed much light on the future. I'll let you know.

These are, indeed, interesting times. And I think we will all have to hold on tight for the next few months. I am confident that, after the dust settles, HCHC will emerge stronger and better able to meet its mission.

Meeting Minutes

COMMITTEE: Personnel **Location: Worthington** **Date/Time: January 10, 2016/8:00am**

TEAM MEMBERS: Eliza Lake, John Follet, Wendy Long, Lee Manchester

ABSENT: Karen Rowe, Kayla Turner, John Bergeron

Agenda Item	Summary of Discussion	Decision/Next Steps	Person Responsible/ Due Date
Personnel Policies Handbook	**Work continued on incorporating any approved revisions. Policies Sexual Harassment, Unlawful harassment will be replaced by a suitably formatted Anti-Harassment Policy recommended by counsel. Other policies reviewed: Categories of Employment, Criminal Offender Record Information (CORI), New Employee Orientation, Physicals and Health Screenings, Certification of Health.**	**Continued review at next meeting**	**2/14/2017**
Membership		**Letters will be sent to staff members of the committee with high absenteeism asking if they wish to step down making room for new membership.**	**John**
Next Meeting			**Tuesday February 14, 2017 Huntington**

QI COMMITTEE
Location: Huntington Health Center
Date/Time: 11/15/2016 8:15am

TEAM MEMBERS Cheryl Hopson (chair); Sheri Cheung, Medicine Representative; Eliza Lake, CEO; Kathryn Jensen, Board Representative; Serena Torrey, Behavioral Health Representative; Janet Laroche, Admin & Lean Team Leader; Michael Purdy, CCCSO

ABSENT: MaryLou Stuart, Dental Representative; Jon Liebman, ANP; Cynthia Magrath, Practice Manager; Kim Savery, Community Programs Representative

Agenda Item	Summary of Discussion	Decision/Next Steps	Person Responsible/ Due Date
Review of Minutes	The meeting was called to order by Cheryl Hopson, Chair, at 8:20 am. The minutes from the October 18, 2016 meeting were reviewed. With no discussion needed, Serena Torrey made a motion to approve the minutes as written. Eliza Lake seconded the motion. The October 18, 2016 minutes were approved unanimously.	The October 18, 2016 minutes were approved.	
Peer Review / Department Reports	The Optometry department reported that charts went out for peer review and if was found that some tests being done were not completely documented in the patient record. There are templates available and are now in use for documentation purposes. Sheri Cheung reported for the Medical department that all the privileging for the providers has been completed. The credentialing and privileging policy has been approved by HRSA. We have 120 days to show that the policy was implemented and is due 3/8/17. The privileging of the providers will be presented to the credentialing and privileging committee and then presented to the Board of Directors at their December meeting.		

	Serena Torrey reported for Behavioral Health that the privileging paperwork for her department has been completed and will be sent to HR. It was noted that biofeedback will be added to the privileging policy as not needing privileging, but hypnotherapy does need privileging and will be added as well. For the Oral Health/Dental department, codes that needed to be added to their computer system are in place and the dentists are being trained to use them. In the new version of Dentrix, there are security features that the staff need to adjust to since they are a requirement for meaningful use.		
Old Business			
1422 Grant	It was reported that the infrastructure to expand this model to other patient populations is possible, but has not yet happened. The hope is to get this moving in the future, but it's not moving as fast as the group had hoped for. More staffing and funds are needed to accomplish this.		Kim will continue to report on this
ACO Membership	Eliza informed the group that the HCHC is considering joining an ACO which would give the health center $576,000 in potential income. The membership cost is a one-time $50,000 fee. We could earn $24 per member per month. This income could help pay for staff offering population health management. By joining, we would be held accountable for our Medicaid patient population. We would need to control the total cost of care for these patients.		
Lean Team Project/NCQA	It was decided by this committee to put the Lean project on hold for now. An NCQA consultant has been hired and a team has been formed to work on getting our PCMH certification in place once more. Since this group may overlap		

	with what the Lean Team was working on, the Lean Team will be put on hold. It will be determined later in 2017 if this project will begin again.		
Reporting Measures Dashboard/Spreadsheet	Eliza reported that the DPH measures have been incorporated into the medical reporting, but are not currently on the report. As for the QI dashboards, most departments have submitted their measures.		Eliza
Patient Satisfaction Survey	Surveys have been given to all departments and will be returned to Janet for tabulation once completed.		Janet to report back with results
Integrative Pain Management Group	Serena reported that this group has met twice and its goal is to reduce the population of pain management patients who are treated with opioids. This may be accomplished by alternative and complimentary care. They are working on a 12 month schedule to get this plan in motion. Some research is needed and decisions will need to be made as to which methods can be offered at the health center. The three month goal is to have a list of developed methods and the six month goal is work out how to implement and create policies and procedures. Recommendations and resources will also be created for providers and patients. Eliza pointed out that if these services are to be offered, they would need to be added to our HRSA scope of service. Once approved by HRSA, the services would need to be offered within 120 from approval.	Serena and Eliza will stay in touch about this.	Serena will continue to report on this
Adjourn	There being no other business, Kathryn Jensen moved the meeting be adjourned. After a second by Sheri Cheung, the meeting was adjourned at 9:25am. The next meeting is scheduled for **Tuesday, January 17, 2017** at 8:15am		

	at the Huntington Health Center.		

Respectfully submitted,
Janet Laroche

Hilltown CHC (HCHC)
FY 2017 Budget Summary

The Hilltown CHC FY 2017 Budget commits resources to fulfill our mission. These resources create the revenues necessary to implement our service delivery plan to over 9,000 patients in Western Massachusetts.

The budget includes the following assumptions;

1. Operations continue at our current sites in Worthington and Huntington. We also plan to continue visits to local schools and other community based locations in our scope of services. We provide the following services; primary medical, general dentistry, behavioral/mental health, and eye care. We rent space to other providers who provide physical therapy and lab services to our patients. We also provide numerous community services and supports.

2. A new site located in Amherst Ma, opens for Medical and Dental services on November 1, 2017

3. HCHC plans to join an Accountable Care Organization with other Federally Qualified Community Health Centers located in Massachusetts to serve MA Health Patients.

4. HCHC utilizes an EMR software system through a contractual agreement with a local hospital. HCHC has been informed that this agreement will end in early fall and HCHC will be required to either join the hospital on a new system or find another EMR. This budget does not reflect the consequences of this change.

Non-Amherst	Employee Count	FTE's
Accountant	2	2.00
Billing Clerk	4	3.80
Billing Manager	1	1.00
Bookkeeper	1	0.91
CEO	1	1.00
CFO	1	1.00
CHW	2	1.93
Clinical Data Analyst	2	1.53
Custodian	1	0.80
Database Manager/Analyst	1	1.00
Dental Assistant	12	10.21
Dental Director	1	0.80
Dental Hygienist	7	4.40
Dentist	6	4.47
Development Director	1	0.67
EMR/HIM	1	1.00
Executive Assistant	1	1.00
Family Practice w/o OB	6	4.33
Financial Counselor	2	1.64
HR Coordinator	1	1.00
LICSW	4	3.61
LMHC	1	0.80
LPN	3	3.00
Medical Assistant	12	11.85
Mental Health Dept. Director	1	0.08
Nurse Manager	2	2.00
Nurse Practitioner	5	4.85
Nutritionist	1	0.40
Optometry	2	1.16
Outreach Director/Coordinator	1	1.00
Patient Registration Supervisor	1	1.00
Practice Manager	1	0.92
Receptionist	17	15.16
Referral Specialist	1	0.85
Social Worker/Case Worker	7	5.81
Staff RN	6	4.32
Grand Total	119	101.32

Amherst Expansion	Employee Count	FTE's
Dental Assistant	2	0.50
Dental Hygienist	1	0.25
Dentist	1	0.25
Family Practice w/o OB	1	0.25
Financial Counselor	1	0.25
Medical Assistant	3	0.75
Nurse Practitioner	1	0.25
Receptionist	2	0.50
Staff RN	1	0.25
Grand Total	13	3.25

Note: For purposes of the budget the Amherst site is scheduled to open on Nov. 1, 2017.

Hilltown CHC (HCHC)
FY 2017 Budget Summary

Summary of Visits

Non Amherst	FY17 Budgeted Visits
Medical	19,546
Dental	18,353
BH	4,096
Optometry	1,994
Total	43,989

Amherst	FY17 Budgeted Visits
Medical	708
Dental	550
BH	-
Optometry	-
Total	1,258

Per Visit Charge

Average of Gross Charge Per Visit

Group	PRIVATE INS.	MEDICARE	MASSHEALTH PCC	MASSHEALTH MCO	HSN	Patient
BH	172.84	167.50	167.80	167.50	165.95	185.00
Medical	188.04	276.99	175.00	167.50	190.90	146.50
Nutritionist	50.00	100.00	100.00	100.00	100.00	100.00
Dental- Dentist	220.00	220.00	185.00	185.00	150.00	200.00
Dental- Hyg.	145.00	145.00	120.00	120.00	90.00	130.00
Vision	217.72	202.75	131.58	194.02	131.58	136.87

Contractual Allowance Per Visit

Group	PRIVATE INS.	MEDICARE	MASSHEALTH PCC	MASSHEALTH MCO	HSN	Patient
BH	(77.78)	(57.40)	(75.51)	(75.20)	(74.68)	(95.00)
Medical	(51.01)	(112.80)	(33.77)	(26.17)	(56.66)	(57.60)
Nutritionist	(50.00)	(50.00)	(50.00)	(50.00)	(100.00)	(25.00)
Dental- Dentist	(69.00)	(69.00)	(53.00)	(59.00)	(65.00)	(80.00)
Dental- Hyg.	(84.00)	(79.00)	(54.00)	(54.00)	(45.00)	(75.00)
Vision	(108.86)	(97.38)	(45.79)	(96.99)	(65.79)	(54.75)

Net Charge Per Visit

Group	PRIVATE INS.	MEDICARE	MASSHEALTH PCC	MASSHEALTH MCO	HSN	Patient
BH	95.06	110.10	92.29	92.30	91.27	90.00
Medical	137.03	164.19	141.23	141.33	134.24	88.90
Nutritionist	-	50.00	50.00	50.00	-	75.00
Dental- Dentist	151.00	151.00	132.00	126.00	85.00	120.00
Dental- Hyg.	61.00	66.00	66.00	66.00	45.00	55.00
Vision	108.86	105.37	85.79	97.03	65.79	82.12

HOLIDAYS

DATE	Holiday	
1/1/2107	New Years	All Closed
1/16/2017	Martin Luther King Day	HHC Open
2/20/2017	Presidents Day	WHC Open
4/17/2017	Patriots Day	HHC Open
5/29/2017	Memorial Day	All Closed
7/4/2017	Independence Day	All Closed
9/4/2017	Labor Day	All Closed
10/9/2017	Columbus Day	WHC Open
11/23/2017	Thanksgiving Day	All Closed
11/24/2017	Day After Thanksgiving	HHC Open
12/25/2017	Christmas	All Closed

Hilltown CHC
Summary Financial Results And Analytics - Dashboard
Budget FY 2017

	Dec 2015	Projected FY 2016	Budgeted FY 2017	Notes on Trend	Cap Link TARGET	COMMENT
Liquidity Measures						
Operating Days Cash	17	19	13	Measures the number of days HCHC can cover daily operating cash needs.	> 30-45 Days	Not Meeting Benchmark
Current Ratio	1.45	1.78	1.19	Measures HCHC's ability to meet current obligations.	>1.25	Just below Benchmark
Patient Services AR Days	23	23	25	Measures HCHC's ability to bill and collect patient receivables	< 60-75 Days	Doing Better than Benchmark
Accounts Payable Days	30	29	36	Measures HCHC's ability to pay bills	< 60 Days	Doing Better than Benchmark
Profitability Measures						
Net Operational Margin	-4.7%	-3.2%	-0.3%	Measures HCHC's Financial Health	> 1 to 3%	Not Meeting Benchmark but close to Breakeven
Bottom Line Margin	-2.7%	4.7%	14.7%	Measures HCHC's Financial Health but includes non-operational activities	> 3%	Doing Better than Benchmark due to Construction Grant
Leverage						
Total Liabilities to Total Net Assets	35.0%	33.0%	24.1%	Measures HCHC's total Liabilities to total Net Assets	< 30%	Meeting Benchmark
Operational Measures						
Medical Visits		17,841	20,254			
Net Medical Revenue per Visit		$ 142.69	$ 142.76			
Dental Visits		15,755	18,903			
Net Dental Revenue per Visit		$ 104.66	$ 106.91			
Optometry Visits		2,300	1,994			
Net Optometry Revenue per Visit		$ 104.51	$ 98.11			
Behavioral Health Visits		2,225	4,096			
Net BH Revenue per Visit		$ 98.69	$ 97.53			

Hilltown CHC
Board Financial Report
Summary Balance Sheet
Budget 2017

	Projected Actual Dec 2016	Budget Dec 2017	Change
Balance Sheet			
Cash - Operating Fund	321,717	244,570	(77,147)
Cash - Restricted	350,559	-	(350,559)
Pledges Receivable	114,366	75,000	(39,366)
Net Patient Accounts Receivable	321,708	450,000	128,292
Other Current Assets	120,348	120,500	152
Total Current Assets	1,228,698	890,070	(338,628)
Net Property & Equip.	2,692,009	4,403,499	1,711,490
Other Long-term assets	494,988	500,000	5,012
Total	3,186,997	4,903,499	1,716,502
Total Assets	**4,415,695**	**5,793,569**	**1,377,874**
Liabilities & Net Assets			
Accounts Payable	223,540	265,000	41,460
Other Current Liabilities	432,514	445,637	13,123
Deferred Contract Revenue	35,994	40,000	4,006
Total Current Liabilities	692,048	750,637	58,589
Total Long Term Liabilities	402,902	374,657	(28,245)
Total Liabilities	1,094,950	1,125,294	30,344
Total Net Assets	3,320,745	4,668,275	1,347,530
Total Liabilities & Net Assets	**4,415,695**	**5,793,569**	**1,377,874**

Hilltown CHC
Board Financial Report
Budgeted Cash Flow
For the Year Ending December 2017

	Budget Non-Amherst Dec 2017	Budget Amherst Dec 2017	Budget Total Dec 2017
Beginning Cash Dec. 31, 2016	321,717	-	321,717
Cash Flows From Operating Activities			
Adjustments to reconcile change in net assets to net cash provided (used) by operating activities;			
Change in net assets	(25,260)	1,372,790	1,347,530
Depreciation	175,747	10,403	186,150
Increase (decrease) in operating assets			
Accounts receivable	(28,292)	(100,000)	(128,292)
Campaign restricted cash and pledges		389,925	389,925
Other current assets	(152)	-	(152)
Other long-term assets	(5,012)	-	(5,012)
Increase (decrease) in operating liabilities			
Accounts payable	41,460	-	41,460
Other current liabilities	13,123	-	13,123
Deferred contract revenue	4,006	-	4,006
Net Cash Provided (Used) By Operating Activities	**175,620**	**1,673,118**	**1,848,738**
Cash Flows From Investing Activities			
Additions to property and equipment	(25,000)	(1,872,640)	(1,897,640)
Cash Flows From Financing Activities			
Payments on loans	(28,245)	-	(28,245)
Ending Cash Dec. 31, 2017	**444,092**	**(199,522)**	**244,570**

Hilltown Community Health Centers, Inc.
Statement of Activities
Budget 2017

	Medical	Pharmacy	Optometry	Dental	BH	Community	Mgmt. and General	Fund-raising & Marketing	FY 2017 Budget Non Amherst	Medical	Dental	Community	Mgmt. and General	FY 2017 Amherst Budget	FY 2017 Budget	% of Revenue	FY 2016 Projected Actual	% of Revenue
Revenue																		
Patient Services	2,789,309		195,632	1,965,554	399,463				**5,349,957**	102,181	55,447			**157,628**	**5,507,585**	**57.5%**	**4,450,865**	**56.8%**
Pharmacy (340B)		125,000							**125,000**					**-**	**125,000**	**1.3%**	**156,949**	**2.0%**
Optometry Hardware			82,000						**82,000**					**-**	**82,000**	**0.9%**	**79,164**	**1.0%**
Grants & Contracts						590,600			**590,600**				104,900	**104,900**	**695,500**	**7.3%**	**809,335**	**10.3%**
DPH School Based	84,000				16,000				**100,000**					**-**	**100,000**	**1.0%**	**88,240**	**1.1%**
HRSA 330						55,000	1,491,499		**1,546,499**					**-**	**1,546,499**	**16.2%**	**1,558,673**	**19.9%**
HRSA HIP									**-**				983,618	**983,618**	**983,618**	**10.3%**	**16,382**	**0.2%**
Quality & Other Incentives							109,250		**109,250**					**-**	**109,250**	**1.1%**	**56,311**	**0.7%**
Donations, Pledges & Contributions								10,000	**10,000**				379,312	**379,312**	**389,312**	**4.1%**	**496,841**	**6.3%**
Int., Dividends Gain /Loss Investments							5,000		**5,000**					**-**	**5,000**	**0.1%**	**80,066**	**1.0%**
Rental & Misc. Income	-	-	-	-	-	-	28,225	-	**28,225**	-	-	-	-	**-**	**28,225**	**0.3%**	**40,538**	**0.5%**
Revenue Total	**2,873,309**	**125,000**	**277,632**	**1,965,554**	**415,463**	**645,600**	**1,633,974**	**10,000**	**7,946,531**	**102,181**	**55,447**	**-**	**1,467,830**	**1,625,458**	**9,571,989**	**100.0%**	**7,833,364**	**100.0%**
Compensation & Related Expenses																		
Salaries and wages	2,358,906	-	146,934	1,388,436	259,875	509,471	707,646	49,599	**5,420,867**	88,482	75,729	7,859	-	**172,070**	**5,592,937**	**58.4%**	**5,148,633**	**65.7%**
Payroll taxes	178,278	-	11,240	106,215	19,880	38,975	54,136	3,794	**412,518**	6,769	5,793	601	-	**13,163**	**425,681**	**4.4%**	**393,560**	**5.0%**
Fringe benefits	212,302	-	13,224	124,959	23,389	45,852	63,688	4,464	**487,878**	7,963	6,816	707	-	**15,486**	**503,364**	**5.3%**	**444,611**	**5.7%**
Compensation Total	**2,749,486**	**-**	**171,398**	**1,619,610**	**303,144**	**594,298**	**825,470**	**57,857**	**6,321,263**	**103,214**	**88,338**	**9,167**	**-**	**200,719**	**6,521,982**	**68.1%**	**5,986,804**	**76.4%**
Advertising and marketing						6,750	3,000	18,500	**28,250**					**-**	**28,250**	**0.3%**	**11,177**	**0.1%**
Computer support	28,500		3,500	11,250	5,000	15,000	50,000	5,500	**118,750**					**-**	**118,750**	**1.2%**	**116,031**	**1.5%**
Conference and meetings	3,000			3,000		5,500	7,500		**19,000**					**-**	**19,000**	**0.2%**	**19,369**	**0.2%**
Continuing education	16,000		3,000	11,000	1,000		3,500		**34,500**					**-**	**34,500**	**0.4%**	**18,694**	**0.2%**
Contracts and consulting	4,000					45,000	10,000		**59,000**					**-**	**59,000**	**0.6%**	**78,059**	**1.0%**
Depreciation and amortization	1,955		16,655	17,047	1,116		138,974		**175,747**	4,451	5,952			**10,403**	**186,150**	**1.9%**	**166,958**	**2.1%**
Dues and membership	12,000		300	1,250	400		17,500		**31,450**					**-**	**31,450**	**0.3%**	**29,377**	**0.4%**
ACO Membership							50,000		**50,000**					**-**	**50,000**	**0.5%**	**-**	**0.0%**
Equipment leases	4,546		1,200	900	650		12,000		**19,296**	500	500			**1,000**	**20,296**	**0.2%**	**21,812**	**0.3%**
Insurance							12,500		**12,500**					**-**	**12,500**	**0.1%**	**12,280**	**0.2%**
Interest							18,610		**18,610**					**-**	**18,610**	**0.2%**	**20,910**	**0.3%**
Legal and accounting							35,000		**35,000**					**-**	**35,000**	**0.4%**	**38,834**	**0.5%**
Licenses and fees	30,000		1,000	5,000	700	775	15,000		**52,475**					**-**	**52,475**	**0.5%**	**49,251**	**0.6%**
Med.in-house pharm & dental lab.	50,000		25,000	115,000					**190,000**	3,000	9,000			**12,000**	**202,000**	**2.1%**	**169,200**	**2.2%**
Merchant CC Fees				1,000			8,500		**9,500**	150	150			**300**	**9,800**	**0.1%**	**10,090**	**0.1%**
Office supplies and printing	4,500		250	2,500	750	17,500	15,000		**40,500**	1,000	1,000			**2,000**	**42,500**	**0.4%**	**48,629**	**0.6%**
Postage			350		100	1,500	13,500		**15,450**					**-**	**15,450**	**0.2%**	**16,971**	**0.2%**
Program supplies and materials	40,000		12,000	135,000		15,000			**202,000**	2,500	4,000			**6,500**	**208,500**	**2.2%**	**192,901**	**2.5%**
Pharmacy & Optometry COGS		87,500	20,500						**108,000**	500				**500**	**108,500**	**1.1%**	**63,857**	**0.8%**
Recruitment	5,000		1,500	500		500	1,000		**8,500**	5,000	2,000			**7,000**	**15,500**	**0.2%**	**2,891**	**0.0%**
Rent						38,850			**38,850**				8,246	**8,246**	**47,096**	**0.5%**	**38,850**	**0.5%**
Repairs and maintenance	7,000		500	15,000		10,000	140,000		**172,500**					**-**	**172,500**	**1.8%**	**174,957**	**2.2%**
Small equipment purchases	10,000			10,000	1,000		7,500		**28,500**					**-**	**28,500**	**0.3%**	**25,329**	**0.3%**
Telephone	3,150			4,000		17,500	68,000		**92,650**	750	750			**1,500**	**94,150**	**1.0%**	**92,593**	**1.2%**
Travel	2,000		1,000	1,000	1,000	25,000	17,500		**47,500**				500	**500**	**48,000**	**0.5%**	**42,819**	**0.5%**
Utilities	-	-	-	-	-	-	42,000	-	**42,000**	1,000	1,000	-	-	**2,000**	**44,000**	**0.5%**	**40,629**	**0.5%**
Related Expense Total	**221,651**	**87,500**	**86,755**	**333,447**	**11,716**	**198,875**	**686,584**	**24,000**	**1,650,528**	**18,851**	**24,352**	**-**	**8,746**	**51,949**	**1,702,477**	**17.8%**	**1,502,468**	**19.2%**
Compensation & Related Expenses Total	**2,971,137**	**87,500**	**258,153**	**1,953,057**	**314,860**	**793,173**	**1,512,054**	**81,857**	**7,971,791**	**122,065**	**112,690**	**9,167**	**8,746**	**252,668**	**8,224,459**	**85.9%**	**7,489,272**	**95.6%**
Net Surplus (Deficient)	**(97,828)**	**37,500**	**19,479**	**12,497**	**100,603**	**(147,573)**	**121,920**	**(71,857)**	**(25,260)**	**(19,884)**	**(57,243)**	**(9,167)**	**1,459,084**	**1,372,790**	**1,347,530**	**14.1%**	**344,092**	**4.4%**

Hilltown Community Health Center

Administrative Offices
58 Old North Road
Worthington, MA 01098
413-238-5511
www.hchcweb.org

Privileging was reviewed and approved for the following employees at the Credentialing and Privileging meeting held 1/12/2017:

1. Michael Purdy, OD
2. Karen Rowe, Dental Assistant
3. Eleanor Smith, Dental Assistant
4. Dorothy Hague, Dental Assistant
5. Pamela Carpenter, Dental Assistant
6. Helen O'Melia, Dental Assistant
7. Beth Brett, Dental Assistant
8. Irina Mayboroda, Dental Assistant
9. Jessica Beaudry, Dental Assistant
10. Susan Hague, Dental Assistant
11. Donna Mayer, Dental Assistant
12. MaryLou Stuart, DDS
13. Mary McClintock, DMD
14. Timothy Gearin, DMD
15. Amanpreet Gill, DMD
16. Andrew Adams, DDS
17. Alice Rudin, DDS
18. Kristina Kulon, Dental Hygienist
19. Lori Paquette, Dental Hygienist
20. Elizabeth Spooner, Dental Hygienist
21. Cheryl Circe, Dental Hygienist
22. Ellen Wright, Dental Hygienist
23. Julie Cowles, Dental Hygienist

The Board of Directors reviewed and voted to approve privileging for the above employees on January 26, 2017.

_____ _____
John Follet, Chair, HCHC Board of Directors Date

Hilltown Community Health Centers, Inc.

Administrative Policy
All Departments

SUBJECT: HOURS OF OPERATION AND AFTER HOURS COVERAGE
REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for listing each health center's hours of operation and coverage for after hours.

Policy:

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

Huntington Health Center: 8 AM to 7 PM Monday through Tuesday each week
8 AM to 6 PM Wednesday each week
8 AM to 5 PM Thursdays and Fridays
8 AM to 12:00 PM on alternating Saturdays

Worthington Health Center: 8 AM to 5 PM Monday through Friday each week
8 AM to 12 PM on alternating Saturdays

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

The Board of Directors of the Hilltown Community Health Centers, Inc. approves the following after-hours coverage for the following sites:

1. For after-hours medical/oral health/eye care issues, call 413-667-3009 or 413-238-5511 to contact the answering service who will assist the patient in reaching the on-call provider.
2. For behavioral health emergencies, call the crisis team in your area: Northampton Area: 413-586-5555; Pittsfield Area: 413-499-0412; Westfield Area: 413-568-6386; Springfield Area: 413-733-6661; Greenfield Area: 413-774-5411.
3. Call 9-1-1 if it's a life threatening emergency.

Questions regarding this policy or any related procedure should be directed to the practice manager at 413-238-4126.

Originally Drafted: JAN 2016 Reviewed or Revised: JAN 2017

Approved by Board of Directors, Date: _____

Approved by:

_____ Date: _____
Eliza B. Lake
Chief Executive Officer, HCHC

_____
John Follet, MD
Chairman, HCHC Board of Directors

Hilltown Community Health Centers, Inc.

Clinical Policy
All Departments

SUBJECT: NO-SHOW
REGULATORY REFERENCE:

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for uniformly handling patients who no-show for appointments.

Policy:

1. A no-show is designated as any patient who fails to cancel a scheduled appointment within 24 hours of the appointment or who fails to arrive at the office for their scheduled appointment.
2. Documentation of no-shows will be made by coding the visit type as No Show (N/S).
3. No show rates will be tracked quarterly.

Questions regarding this policy or any related procedure should be directed to the Practice Manager at 413-238-4126.

Originally Drafted: APR 2014 Reviewed or Revised: JAN 2017

Approved by Board of Directors, Date: _____

Approved by:

_____ Date: _____
Eliza B. Lake
Executive Director, HCHC

_____
John Follet, MD
President, HCHC Board of Directors

Hilltown Community Health Centers, Inc.

Medical Policy
All Departments

SUBJECT: LATE PATIENT
REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Center, Inc. (HCHC) management has adopted this protocol to have a formal documented process to have a systematic approach and course of action to follow regarding patients arriving late for their scheduled appointments.

Policy:

1. A patient is not considered late unless they arrive 10 minutes later than their scheduled appointment time.
2. If a provider is running behind or is not ready to see the patient, the patient will not be considered late.

Questions regarding this policy or any related procedure should be directed to the Practice Manager at 413-238-4126.

Originally Drafted: MAY 2016 Reviewed or Revised: JAN 2017

Approved by Board of Directors, Date: _____

Approved by:

_____ Date: _____
Eliza B. Lake
Chief Executive Officer, HCHC

_____
John Follet, MD
Chair, HCHC Board of Directors

Procedure:

For Medical, Dental and Optometry Departments:

1. If a patient arrives late, the receptionist will inform the patient of their tardiness.
2. The receptionist will review the provider's schedule to look for another appointment time.
3. If the appointment was an acute type visit, the patient will be offered an appointment with any provider with an available opening.
4. If patient declines the offer of another appointment, a care team member (nursing, medical assistant, dental hygienist, etc.) will speak with the patient and will bring the patient into the treatment area to assess if the patient's medical or dental needs are urgent or if their appointment can be rescheduled to a different day.
5. If the patient's symptoms prove to be urgent, the clinical staff will consult with the provider to determine how to fit the patient into the schedule.

For Behavioral Health Department:

1. If a patient arrives late, the receptionist will inform the patient of their tardiness.
2. The clinician will be notified by the receptionist of the patient's late arrival.
3. The clinician will determine if there is enough time remaining or if they have an opening later in the day they can offer the patient. If not, they will be asked to reschedule.
4. If the patient feels they need to see their clinician urgently, the receptionist will seek the advice of the clinician to determine the next step.

Hilltown Community Health Centers, Inc.

Clinical Policy
Medical Dept
Eye Care Dept
Behavioral Health Dept

SUBJECT: PATIENT SCHEDULING
REGULATORY REFERENCE: **None**

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for medical patient appointment scheduling.

Policy:

1. Whenever possible, patients will be scheduled with their own healthcare team first.
2. HCHC will maintain a process for ensuring same day access to a healthcare team.
3. HCHC will maintain a process for offering after-hours healthcare access. This could include access after normal operating hours and / or weekends.
4. Scheduling guidelines are in place for 15/30/45 minute appointment times.

Questions regarding this policy or any related procedure should be directed to the Practice Manager at 413-238-4126.

Originally Drafted: APR 2012 Reviewed or Revised: JAN 2017

Approved by Board of Directors, Date: _____

Approved by:

_____ Date: _____
Eliza B. Lake
Chief Executive Officer, HCHC

_____
John Follet, MD
Chair, HCHC Board of Directors

Procedure:

Whenever possible, patients will be scheduled with their own healthcare team first.

1. If patient wants an appointment, priority should be to schedule with their PCP whenever possible.

2. Nurse visits should be scheduled with the patient's care team nurse when the PCP is working, if at all possible.

HCHC will maintain a process for ensuring same day access to a healthcare team.

1. Same day visits will only be booked within 24 hours of the scheduled appointment time and designated as a same day visit (SDV) type.
2. The following SDVs are as follows in the schedule:
    a. WHC: 5 SDVs on Monday and Friday and 4 SDVs on Tuesday, Wednesday and Thursday. This will apply to minor holidays in addition to normal scheduling.
    b. HHC: 7 SDVs on Monday and Friday and 6 SDVs on Tuesday, Wednesday and Thursday. This will apply to minor holidays in addition to normal scheduling.
    c. When a provider is off, SDVs will be adjusted accordingly.
3. In a situation requiring nurse triage, the receptionist will ask the patient to hold and will get a nurse STAT. The following symptoms require nurse triage:
    a. Difficulty breathing
    b. Chest pain
    c. Severe headache
    d. Abdominal pain
    e. Worsening depression
    f. Suicidal or homicidal ideation
    g. Seizure or stroke symptoms (new onset of confusion, mouth drooping, speech difficulty, weakness in an extremity, especially on one side)
    h. Any time a patient is in distress or returning a nurse's call
4. In the event all SDVs are taken, the patient will be offered the option of a SDV at the other facility. If the patient doesn't want that option or if all SDVs are taken at the other facility, the patient will be offered an appointment the next day.
5. In the event the patient declines all options offered above, the call will be triaged to nursing for resolution including overbooking the last appointment of a provider's session.

HCHC will maintain a process for offering after-hours healthcare access. This could include access after normal operating hours and / or weekends.

1. Both health centers offer alternating Saturday hours from 9:00am –12:00pm.
2. WHC is open until 5:00pm Monday through Friday. HHC is open until 7:00pm on Monday and Tuesday; Wednesday until 6:00pm; and Thursday and Friday until 5:00pm.
3. For after-hours medical/dental/optometry issues, call 413-667-3009 or 413-238-5511 to contact the answering service who will assist the patient in reaching the on-call provider.
4. For behavioral health emergencies, call the crisis team in your area: Northampton Area: 413-586-5555; Pittsfield Area: 413-499-0412; Westfield Area: 413-568-6386; Springfield Area: 413-733-6661; Greenfield Area: 413-774-5411.
5. Call 9-1-1 if it's a life threatening emergency.

Scheduling guidelines are in place for 15/30/45 minute appointment times.

The following scheduling practices will be followed unless arrangements have been made with the provider:

1. No more than three (3) 15-minute visits will be scheduled consecutively.
2. When feasible, cancellations and late-cancel visits will be refilled and coded as SDV type.
3. Unless noted by the provider as a medical necessity, all follow-up appointments will be scheduled as 15-minute office visits (OV).
4. The following conditions warrant a 30-minute appointment:
    a. Patients who are over 80 years of age
    b. Work/school physicals
    c. Disability paperwork
    d. Inpatient hospital/rehabilitation/skilled nursing facility follow-ups
    e. Pre-op appointments
    f. Abdominal pain
5. Emergency Room follow-up appointments will be scheduled as 15 OV unless otherwise documented by the PCP.

Hilltown Community Health Centers, Inc.

Clinical Policy
Medical Department

SUBJECT: PROVIDER ON-CALL
REGULATORY REFERENCE: **None**

Purpose:

Hilltown Community Health Center, Inc. (HCHC) management has adopted this policy to have a formal documented process for providing safe and effective after-hours and Saturday care to the patients of Hilltown Community Health Center.

Policy:

1. All providers at the HCHC will take call on a rotating basis. This will go into effect on January 1, 2015.
2. Call will include one week (7 days) of phone call coverage and Saturday morning clinical hours from 9a.m. – 12p.m. Exceptions occur on holidays.
3. When a nurse practitioner is on call, there will be a backup MD on call – this will be scheduled on a monthly basis (i.e. 1 MD/month).

Questions regarding this policy or any related procedure should be directed to the Practice Manager at 413-238-4126.

Originally Drafted: JUL 2014 Reviewed or Revised: JAN 2017

Approved by Board of Directors, Date: _____

Approved by:

_____ Date: _____
Eliza B. Lake
Chief Executive Officer, HCHC

_____
John Follet, MD
Chairman, HCHC Board of Directors

Procedure:

All providers at the HCHC will take call on a rotating basis.

1. Call rotation will be established prior to the beginning of the year by the practice manager.
2. Call will be reimbursed at the rate established in the provider contract or addendum thereto.
3. If a provider wishes to switch their call week, it's the provider's responsibility to make arrangements with another provider and notify the practice manager of the change.
4. The call schedule will be forwarded to the answering service no later than December 26th of the preceding year for the upcoming year.
5. The answering service will be notified of any changes in schedule throughout the year.
6. The provider may choose to decrease that week's work by 4 clinical hours in lieu of additional pay with the following provisions:
    a. The decision to decrease clinical hours must be made at least three months in advance to reduce patient rescheduling.
    b. If the provider chooses to decrease clinical hours, they may not switch their call week.

Call will include one week (7 days) of phone call coverage and Saturday morning clinical hours from 9am – 12pm.

1. Call will begin on Monday at 8:00 a.m. and run through Monday at 7:59 a.m.
2. The provider taking call will work the Saturday clinical hours beginning at 9:00 a.m. and running through 12:00 p.m.

Hilltown Community Health Centers, Inc.

Clinical Policy
Medical Department

SUBJECT: WELCOME FOR NEW MEDICAL PATIENTS
REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for welcoming new patients to the health center and providing information about the medical home.

Policy:

It is the policy of HCHC to provide patients with orientation materials about the medical department and Hilltown Community Health Center services.

Questions regarding this policy or any related procedure should be directed to the practice manager at 413-238-4126.

Originally Drafted: JAN 2017 Reviewed or Revised: JAN 2017

Approved by Board of Directors, Date: _____

Approved by:

_____ Date: _____
Eliza B. Lake
Chief Executive Officer, HCHC

_____
John Follet, MD
Chair, HCHC Board of Directors

Procedure:

1. A new patient information packet is mailed by the front desk staff to each newly established patient two weeks prior to his/her appointment.
    a. Completed new patient packets are collected by the front desk staff at the patient's first visit and information is entered into the medical record
    b. The new patient history form is given to the patient to be brought to the exam room for review with the provider
    c. Patients that do not bring required paperwork to their first visit will be asked to complete it prior to meeting with their PCP

2. The new patient packet includes:
    a. Appointment information/reminder letter
    b. HIPAA and registration forms
    c. New patient history form
    d. Medical records request form for the patient to complete and return
    e. Cooley Dickinson Hospital's Information Exchange handout
    f. HCHC services sheet describing other services offered by the health center and contact information
    g. Hours of operation and after-hours coverage
    h. Medical home/patient responsibilities handout
    i. PCMH brochure

3. After a new patient's first visit, a thank you packet is mailed by the executive assistant to the patient in the month following the first visit. The packet includes:
    a. Thank you letter from the CEO with information about being a patient-centered medical home and a link to the HCHC web site, www.hchcweb.org
    b. HCHC brochure
    c. Patient portal information handout

Hilltown Community Health Centers, Inc.

Clinical Policy
Medical Dept

SUBJECT: TRANFERRING CURRENT PATIENTS TO A NEW PRIMARY CARE PROVIDER
REGULATORY REFERENCE: **None**

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for reassigning current patients to a new primary care provider (PCP).

Policy:

1. Upon the departure of a primary care provider (PCP) at HCHC, the patient(s) will be assigned to a new PCP within the health center.

Questions regarding this policy or any related procedure should be directed to the Practice Manager at 413-238-4126.

Originally Drafted: APR 2012 Reviewed or Revised: JAN 2017

Approved by Board of Directors, Date: _____

Approved by:

_____ Date: _____
Eliza B. Lake
Chief Executive Officer, HCHC

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John Follet, MD
Chair, HCHC Board of Directors

Procedure:

Current health center patients will be reassigned to a new primary care provider when their current PCP leaves the health center.

1. Upon notice of the PCP's resignation, a letter is drafted and mailed to the PCP's panel of patients informing them of:

    a. The PCP's last day at the health center

    b. The recommended HCHC PCPs to transfer to and their biographies

    c. Notification that existing appointments with their provider will need to be reassigned to another PCP

    d. If required by the patient's insurance company, the patient will be informed and asked to contact them to designate a PCP at HCHC

    2. If a patient chooses to leave the health center, a medical release request form will be mailed to the patient. Upon return of the form, their request will be processed and the patient will be marked inactive in the electronic medical record.

Hilltown Community Health Centers, Inc.

Clinical Policy
Medical Dept

SUBJECT: ASSIGNING NEW PATIENTS TO A PRIMARY CARE PROVIDER
REGULATORY REFERENCE: **None**

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for assigning new patients to the practice to a primary care provider (PCP).

Policy:

1. Upon a new patient starting at HCHC, he/she will designate a PCP.
2. Depending on the patient's insurance, he/she will be informed if required to contact their insurance to designate the newly assigned PCP.

Questions regarding this policy or any related procedure should be directed to the Practice Manager at 413-238-4126.

Originally Drafted: APR 2012 Reviewed or Revised: JAN 2017

Approved by Board of Directors, Date: _____

Approved by:

_____ Date: _____
Eliza B. Lake
Chief Executive Officer, HCHC

_____
John Follet, MD
Chair, HCHC Board of Directors

Procedure:

New health center patients will designate a Primary Care Provider.

1. A receptionist will schedule an appointment with a provider selected by the patient in consultation with the receptionist and will assign the chosen provider as the PCP.

    a. A new patient packet will be mailed to the patient if the appointment is at least 2 weeks in advance.

    b. If the appointment is a same day visit, the patient will be asked to arrive 15 minutes prior to the appointment time to complete all necessary paperwork.

    c. If an HCHC PCP has not yet been selected, and the patient's insurance requires a PCP designation, the patient will be informed and asked to contact their insurance company to designate a PCP at HCHC.

    d. The receptionist will check the New patient check box in the appointment screen the electronic medical record (EMR) at the first visit.

2. When a new patient needs an acute care visit, the receptionist will schedule the patient with their designated PCP, if available. If PCP is unavailable and the patient agrees, the patient will be scheduled with another provider with availability.