



**BOARD MEETING
APRIL 27, 2017
HUNTINGTON HEALTH CENTER
5:30 PM**

AGENDA

1. Call to Order
2. Approval of the March 23, 2017 Meeting Minutes
3. Guest: Carol Liebenger-Healy, Adelson & Company, P.C., Auditing Firm
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
8. New Business
 - Policy Review:
 1. Acceptance of Guidelines For Evidence-Based Care Policy (NCQA)
 2. Coordinating Care Transitions Policy (NCQA)
 3. Diagnostic Imaging Tracking Policy (NCQA)
 4. Tracking of Discharge Summary, Newborn Screening & Hearing Tests for Newborn Visits (New for NCQA)
 5. Tracking Patient Referrals Policy (NCQA)
 6. Translation-Interpretive Services Policy (New for NCQA)
 7. Referral and Release/Sharing of Information with State Agencies Policy (New for NCQA)
 8. Patient Scheduling & Alternative Types of Clinical Encounters Policy (NCQA)
 9. Transitioning Pediatric Patients to Adult Medicine Policy (New for NCQA)
 10. HIPAA Security Policies – Annual Review
9. Adjourn

HCHC BOARD OF DIRECTORS MEETING

Location: Worthington Health Center, Huntington, MA

Date/Time: 03/23/2017 5:30pm

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

STAFF: Eliza Lake, CEO; Frank Mertes, CFO; Janet Laroche, Executive Assistant

ABSENT: Michael Purdy, CCCSO

Agenda Item	Summary of Discussion	Decision/Next Steps	Person Responsible/ Due Date
Approval of Minutes 03/09/2017	<p>John Follet called the meeting to order at 5:30pm.</p> <p>The March 9, 2017 minutes were reviewed by the Board members present. A motion was made by Tim Walter to approve the March 9, 2017. The motion was seconded by Nancy Brenner. The motion to approve the March 9 minutes was approved unanimously.</p>	The March 9, 2017 minutes were approved	
Finance Committee	<p>There was no finance committee meeting today. Frank Mertes reported that the auditors are here this week and things are going well.</p> <p>In regards to the Amherst project, the contractor selection process has begun by reviewing bids from contractors. Contract negotiations will be the next phase of the process. The construction timeframe we've discussed is still in place. A ground breaking ceremony is scheduled for April 28. It was asked how the bids look? Frank said they ranged from 1.3 million to 1.5 million, and higher than they thought they would be. There were three applicants. The architect, owner's rep and his staff, and 3 HCHC staff members reviewed the proposals. References and the</p>		

	<p>Federal disbarment list are now being checked. With no further questions about the finance report, a motion was made by Tim Walter to accept the report. It was seconded by Nancy Brenner. With no further discussion needed, the finance committee report was approved.</p>		
<p>CEO Report</p>	<p>Eliza’s report continues in its new format which Board members like. Advocacy: The Mass League and NACHC are organizing advocacy efforts. NACHC has set up an Advocacy Centers of Excellence (ACE) program. It’s designed to show that our staff and health center are active in advocacy and have given us a toolkit. It also includes a Board resolution that they encourage the Board to sign. Eliza reports that we’re already doing much of what the toolkit contains. It was asked why we should consider becoming an ACE? Eliza answered by stating it will help in getting the message out to our staff and community by talking about impacts that affect us, our patients and community. It was suggested that we might consider creating an advocacy committee and ask staff to participate. Eliza will plan to mention this at the April 6 all-staff in-service training. Tim Walter made a motion to accept the ACE Board resolution. Kathryn Jensen seconded the motion. With no further discussion, the motion to accept the ACE resolution was approved.</p> <p>Eliza reported that Mike Knapik has agreed to attend events that we plan.</p> <p>State House Day is April 12. Wendy</p>		

	Long and John Follet will attend with Eliza.		
Executive Committee	There was no report from the Executive Committee this month.		
Recruitment, Orientation & Nominating (RON) Committee	Tim reported that Matt Bannister from Peoples Bank may consider joining the Board. The next step is for Tim, John and Eliza to meet with him. John will contact Susan Fentin and ask her if she can suggest possible people to speak with about joining the Board.		
Corporate Compliance Committee	The first all-staff meeting of 2017 is scheduled for April 6. Corporate Compliance will be reviewed then. Eliza and Janet are scheduled to attend a HIPAA training April 5.		
Facilities Committee	Chairs and other office furniture have been donated by CDH to the health center. Medical exam rooms are in the process of being painted in Worthington.		
Personnel Committee	John Follet reported that the committee continues to review the employee handbook. The attorney recommended a few more policies to add. The sick leave bank was discussed. There were 6 requests in the past year where employees can request time to be used if they no longer have any of their own sick leave time available. Many hours in this sick leave bank have been donated to the bank, by some staff members who no longer work here. Frank says this bank of time does not appear on any balance sheet. To apply to receive sick time from this bank, a person has to have already have an approved FMLA application. It was asked how staff donate hours? Hours are usually donated when a staff member have reached		

	<p>the maximum number of hours allowed to be accrued. It was asked if those applying to the bank have contributed to it in the past? The answer is no, not always. And it was asked if there is a cap on the sick bank? Currently this is not a cap. It was suggested to perhaps extend the sick time policy instead of having the sick bank. This topic will continue to be discussed.</p>		
<p>Quality Improvement Committee</p>	<p>The February minutes were distributed to the Board. There was a quarterly review from the behavioral health department. Their wait list has decreased, but is still higher than they would like at 4-6 weeks. A new provider will be hired. Nancy asked what's the hope to reduce the wait list to? And is the wait list a standard practice? The answer is that the wait list is being managed well and with hiring a new clinician, the hope is to reduce the wait list dramatically once that person is hired. The no show rate for the department is approximately 25%.</p> <p>NCQA requires that our patient satisfaction survey change to the CAHPS survey, a nationally tested survey. Also, suggestion boxes need to be prominently displayed and hopefully used by patients.</p> <p>There will be no April meeting of this committee. The next meeting is scheduled for May 16.</p>		
<p>Expansion Committee</p>	<p>The advisory committee met today. Nancy, Lee, Eliza and Dr. Miranda Balkin were in attendance. It was learned that morning hours and Saturday hours will be important to the population that will be served in Amherst, more so than evening</p>		

	<p>hours. It's realized that the sliding fee scale will come into play for patients from Amherst, which will include the Chinese population that works at the Univ of Mass, along with their families.</p> <p>Focus groups will begin soon. It's also been suggested that behavioral health services be offered here, but there is not space currently to do so.</p>		
<p>Strategic Planning Committee</p>	<p>The committee met March 13. The draft strategic plan was completed and sent to this group for review. A discussion is needed to review goals for the next three years. The new CEO report is following the plan. Annual objectives need to be created by the Board and an advocacy goal will also be added to the plan.</p> <p>With 42 different languages being spoken in Amherst, the potential of patients with immigration issues may become apparent to us. It was asked if this should be included in the plan that access to health care is available regardless of immigration status. Some education may be needed. This could be a topic for the advocacy committee as well, if formed. A vote by the Board is needed for this plan to be approved.</p> <p>A motion was made by Wendy Long to approve the Strategic Plan for 2017-2020 and to add rights for immigrants into the plan. The motion was seconded by Alan Gaitenby. Without further discussion needed, the Strategic Plan for 2017-2020 was approved unanimously.</p>	<p>Strategic Plan for 2017-2020 was approved</p>	
<p>Committee Reports</p>	<p>After all the committee reports had</p>	<p>Committee reports</p>	

	been reviewed and discussed, Nancy Brenner made a motion to accept all committee reports. The motion was seconded by Tim Walter and without further discussion were approved.	presented at this meeting were approved	
Old Business	None		
New Business			
Board Retreat	<p>A discussion to have a retreat for Board members was held. It was suggested that the full retreat be held once members from Amherst have joined the Board and the site has opened. In the meantime, a smaller, limited retreat could take place for current members.</p> <p>The idea of asking potential new members to join a specific committee, instead of the full Board was discussed, since it can be difficult to find new members who have enough time to commit to the Board.</p>		
Medications Kept on Hand Policy	This is a new policy. It was asked what kind of medications are kept on hand? It was answered with numbing medications used by providers and dentists, topical ointments, ibuprofen, etc. Kathryn Jensen moved to approve the Medications Kept on Hand Policy as written. Wendy Long seconded the motion, and the Board voted unanimously to approve the Medications Kept on Hand Policy.	Medications Kept on Hand Policy was approved.	
Standing Orders Policy	This policy is a new policy for NCQA requirements and was brought to the Board for review. These orders/guidelines are used throughout the health center for certain things, such as chest pain. Tim Walter moved to approve the Standing Orders policy as written.	The Standing Orders Policy was approved.	

	<p>Nancy Brenner seconded the motion, and the Board voted unanimously to approve the Standing Orders Policy.</p>		
<p>HIPAA Privacy Policies</p>	<p>These policies are reviewed by the Board on an annual basis. It was asked if staff receive training and yes, training is done annually. There have been 3-4 complaints with investigations, but no reports to the State. There were two cases of a patient filing a complaint against a staff member as a form of retaliation. Two staff members have been terminated due to violating HIPAA policy.</p> <p>Assigned HIPAA privacy officer policy; a motion was made to approve the Assigned HIPAA privacy officer policy. Without further discussion, the motion was seconded and approved.</p> <p>Disclosure of behavioral health PHI requiring patient consent policy; a motion was made to approve the Disclosure of behavioral health PHI requiring patient consent policy. Without further discussion, the motion was seconded and approved.</p> <p>Disclosure of PHI requiring patient consent policy; a motion was made to approve the Disclosure of PHI requiring patient consent policy. Without further discussion, the motion was seconded and approved.</p> <p>Uses and disclosures of PHI without patient consent policy; a motion was made to approve the Uses and disclosures of PHI without patient consent policy. Without further discussion, the motion was seconded and approved.</p> <p>HIPAA documentation requirements policy; a motion was made to</p>	<p>The Following HIPAA Privacy Policies were approved:</p> <ul style="list-style-type: none"> • Assigned HIPAA privacy officer policy • Disclosure of behavioral health PHI requiring patient consent • Disclosure of PHI requiring patient consent • Uses and disclosures of PHI without patient consent • HIPAA documentation requirements • HIPAA privacy management • Physical safeguards for patient privacy • HIPAA training requirement • Patient’s right to access, inspect and/or copy • Reporting of alleged violations • Requests for confidential communication or restricted access to electronic chart • Patient’s right to request an amendment to a clinical record • Establishment of business associate agreements • Safeguarding 	

	<p>approve the HIPAA documentation requirements policy. Without further discussion, the motion was seconded and approved.</p> <p>HIPAA privacy management policy; a motion was made to approve the HIPAA privacy management policy. Without further discussion, the motion was seconded and approved.</p> <p>Physical safeguards for patient privacy policy; a motion was made to approve the Physical safeguards for patient privacy policy. Without further discussion, the motion was seconded and approved.</p> <p>HIPAA training requirement policy; a motion was made to approve the HIPAA training requirement policy. Without further discussion, the motion was seconded and approved.</p> <p>Patient's right to access, inspect and/or copy policy; a motion was made to approve the Patient's right to access, inspect and/or copy policy. Without further discussion, the motion was seconded and approved.</p> <p>Reporting of alleged violations policy; a motion was made to approve the Reporting of alleged violations policy. Without further discussion, the motion was seconded and approved.</p> <p>Requests for confidential communication or restricted access to electronic chart policy; a motion was made to approve the Requests for confidential communication or restricted access to electronic chart policy. Without further discussion, the motion was seconded and approved.</p> <p>Patient's right to request an amendment to a clinical record policy; a motion was made to approve the Patient's right to</p>	<p>patient information of deceased patients</p>	
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	<p>request an amendment to a clinical record policy. Without further discussion, the motion was seconded and approved.</p> <p>Establishment of business associate agreements policy; a motion was made to approve the Establishment of business associate agreements policy. Without further discussion, the motion was seconded and approved.</p> <p>Safeguarding patient information of deceased patients policy; a motion was made to approve the Safeguarding patient information of deceased patients policy. Without further discussion, the motion was seconded and approved.</p> <p>All HIPAA privacy policies were motioned by Tim Walter and seconded by Wendy Lane Wright.</p>		
Credentialing and Privileging Committee	<p>The credentialing checklist for the following new employee was brought to this meeting as being recommended for full credentialing by the Credentialing and Privileging Committee: Julia Baranyuk, Dental Hygienist. With a short discussion of the employee, a motion was then made to grant full credentials for Julia Baranyuk by Alan Gaitenby. The motion was seconded by Tim Walter. With no further discussion needed, the credentials for Julia Baranyuk were approved unanimously.</p>	<p>Credentials were granted for Julia Baranyuk, Dental Hygienist</p>	<p>Bridget Rida to notify employee of the granted credentials</p>
New Nurse Practitioner	<p>A new Nurse Practitioner has been hired and will begin in April.</p>		
Audiologist Inquiry	<p>Tim asked if we've ever had an audiologist on staff. The answer was no. If this was to be considered, input from the providers would be needed, along with researching how many referrals are made annually to</p>		

	audiologists. This service requires lots of equipment.		
Adjourn	<p>A motion to adjourn the meeting was made by Tim Walter and seconded by Nancy Brenner. The meeting adjourned at 7:20pm.</p> <p>The next regular Board meeting is scheduled for Thursday, April 27, 2017 at 5:30pm at the Huntington Health Center.</p>		

Submitted by,

Janet Laroche, Executive Assistant

Meeting Minutes

COMMITTEE: Personnel

Location: Huntington

Date/Time: April 11, 2017 8:00am

TEAM MEMBERS: John Follet, Wendy Long, Lee Manchester, Bridget Rida, Suzanne Kresiak, Pat Kirouac, Carolyn Sailer

ABSENT: John Bergeron, Karen Rowe, Kayla Turner

Agenda Item	Summary of Discussion	Decision/Next Steps	Person Responsible/ Due Date
Sick Leave Bank Program	Further discussion of the Sick Leave Bank Program occurred focusing on whether it should be dropped. It was agreed that the program is good to have. The problem is the behavior of a few 'bad apples' and the large bank of hours that if used could have budgetary consequences. It was noted that a sizable number of hours were donated by employees that are no longer with HCHC and those hours could be dropped. Anyone applying to the bank must apply to HR through FMLA which leaves little room for abuse.	The policy will state that hours will be dropped when one leaves HCHC and Bridget will winnow the hours from the current bank of those no longer with the agency	
Personnel Policies Handbook	These policies were reviewed for comments and revisions recommended as an update: Unpaid Small Necessities Leave, Unpaid Family Military Leave, Maternity/Paternity Leave, Bereavement Leave, Unpaid Leave of Absence.	Minor changes in language and context were adopted as suggested by counsel.	
Next meeting			Tuesday May 16, 2017 in Worthington

QI COMMITTEE

Location: Huntington Health Center

Date/Time: 03/21/2017 8:15am

TEAM MEMBERS Cheryl Hopson (chair); Sheri Cheung, Medicine Representative; Kathryn Jensen, Board Representative; Eliza Lake, CEO; Serena Torrey, Behavioral Health Representative; Janet Laroche, Admin & Lean Team Leader; Michael Purdy, CCCSO; Jon Liebman, ANP; Kim Savery, Community Programs Representative; Cynthia Magrath, Practice Manager

ABSENT: MaryLou Stuart, Dental Representative

Agenda Item	Summary of Discussion	Decision/Next Steps	Person Responsible/ Due Date
Review of Minutes	<p>The meeting was called to order by Cheryl Hopson at 8:15 am.</p> <p>The minutes from the February 21, 2017 meeting were reviewed. One edit was needed in the behavioral health report. With no further discussion needed, Kathryn Jensen made a motion to approve the minutes with the correction listed above. Jon Liebman seconded the motion. The February 21, 2017 minutes were approved unanimously.</p>	<p>The February 21, 2017 minutes were approved.</p>	
Peer Review / Department Reports	<p>There was no Dental report this month due to the absence of MaryLou Stuart.</p> <p>Sheri Cheung reported for Medical that medical chart reviews are in process with 4 out of 5 completed to date.</p> <p>Serena Torrey gave a follow up from last month's report to state that the department has been approved to hire another clinician due to patient demand at the Huntington site. This will be in addition to the intern starting this fall.</p> <p>Michael Purdy reported for Eye Care that there have been no complaints in his department.</p>		

Old Business			
1422 Grant	<p>Kim Savery reported the pharmacy portion of this project is moving along very well and a partnership has been formed with Walgreens.</p> <p>Briana is working on data issues and reports from eCW and Azara that are not correct. Also, some mapping is still incorrect for blood pressure rechecks. Briana is looking into this as well.</p> <p>For the Spring, 2017 pre-diabetes program with the Holyoke YMCA, they've only received 4 referrals to the program so far. Janet Dimock, CHW has been calling patients and sending letters to pre-diabetic patients to explain their diagnosis and this program.</p> <p>Cooley Dickinson is looking to create a county-wide ACO group to track diabetes, CHF, etc. It's not clear how we could be involved, if at all since we already belong to an ACO.</p>		Kim will continue to report on this
Fall 2016 Patient Satisfaction Survey	<p>Janet Laroche reported that all surveys from the fall have been tabulated and the data has been distributed to this group. Overall, results were very positive.</p> <p>For 2017, the survey questions for medical patients will be changing to the CAHPS survey, as recommended by NCQA. There are 52 questions on this survey and it incorporates questions about patient-centered medical home. All questions have been placed in a surveymonkey questionnaire and will be sent out to patients who have given us an email address. Janet also plans to train medical receptionists on how to use the laptops and survey program when asking a patient to take the survey while waiting for his/her appointment. Paper versions of the survey, along with post cards with a link to the survey will</p>		

	also be available to patients. Patient suggestion boxes are to be relocated at each site and signage will be displayed asking for patient feedback.		
NCQA Recertification	The committee is moving forward with the many items needing to be presented to NCQA. It's felt that we're getting better at looking at quality measures due to the priorities that have been set by NCQA and some priorities have shifted due to working on this project.		
C3 ACO	<p>Eliza reported that C3 has hired a consulting group to do case management for our Medicaid patients who have been in the ER and/or discharged from the hospital, but re-admitted within 72 hours. The details for this are needing to be worked out, but it will be a service we'll receive from the ACO.</p> <p>C3 will be also be handling all the data analysis for our Medicaid patients.</p>		
Adjourn	There being no other business, Kathryn Jensen made a motion to adjourn the meeting and Kim Savery seconded the motion. The meeting adjourned at 9:25am. The next meeting is scheduled for Tuesday, May 16, 2017 at 8:15am at the Huntington Health Center.		

Respectfully submitted,
Janet Laroche

Hilltown Community Health Center Hypertension (HTN) Feedback Report



Overall Results: October to December (Q4) 2016

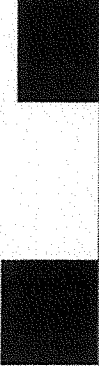


Community Snapshot

- ▶ Persons Under FPL: **16.3%**
- ▶ Median Income: **\$31,066**
- ▶ Age-Adjusted Hospitalization for CVD per 100,000 Population: **1233.4**

1233.4

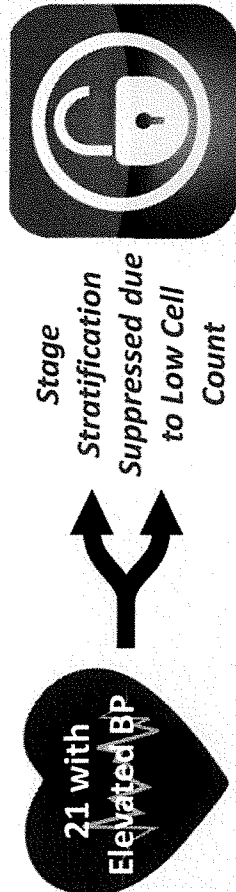
1038.1



MA Hampshire County

Potentially Undiagnosed Hypertension

Stage 1: two stage 1 BPs (160/100>BP >= 140/ 90) at least 1 week apart
Stage 2: one stage 2 BP (BP >= 160/ 100 mm Hg)

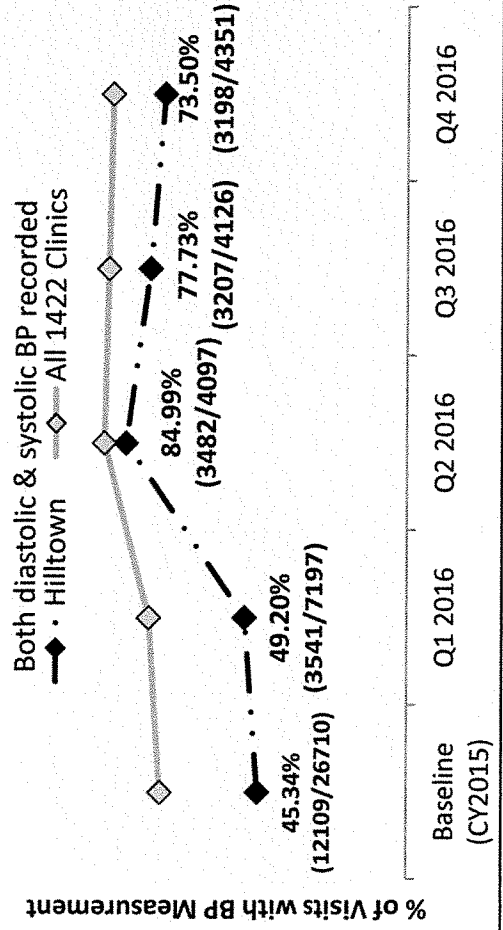


Primary Hypertension Control

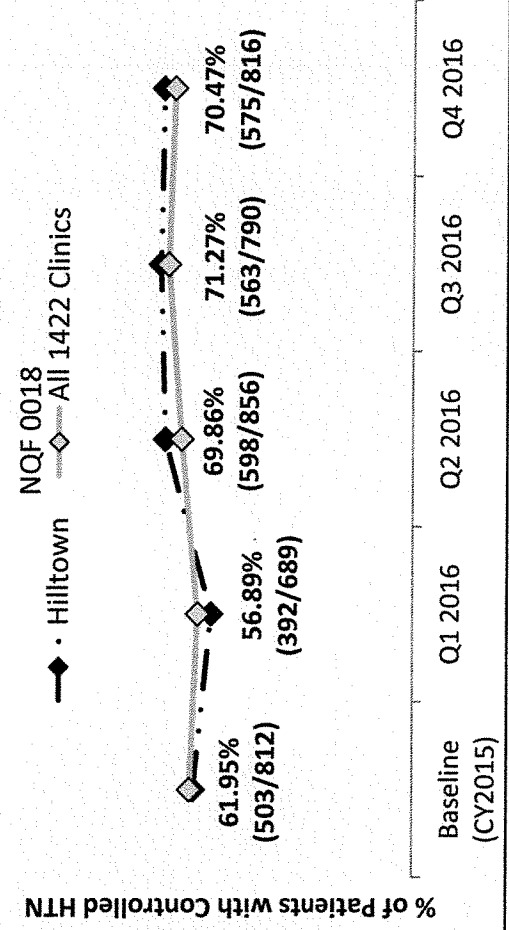
Risk Factors for Uncontrolled Hypertension

Age	18-40 Years: 34.6% (17/49) HTN uncontrolled	41-60 Years: 32.8% (104/317) HTN uncontrolled
Obesity	Healthy BMI: 35.6% (62/174) HTN uncontrolled	40.0 Plus: 31.0% (36/116) HTN uncontrolled
Insurance	Medicaid: 37.2% (32/86) HTN uncontrolled	

Blood Pressure Measurements



Trends in Hypertension Control



Hilltown Community Health Center

Prediabetes Feedback Report



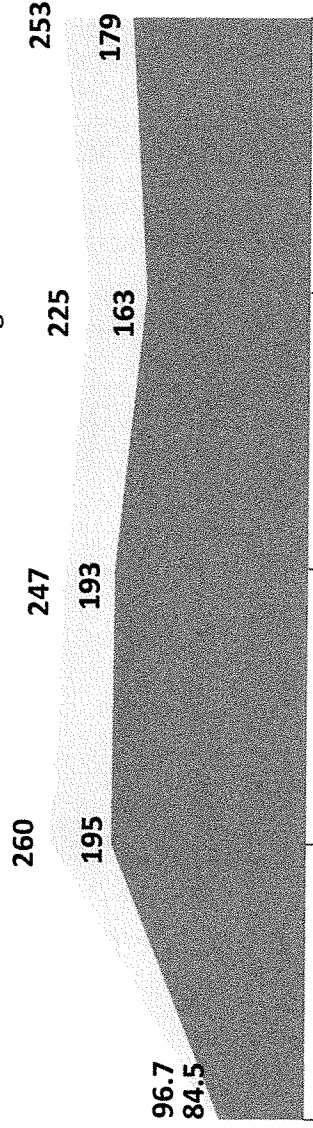
Overall Results: October to December (Q4) 2016

- Prediabetes Prevalence** 253 of 1935 patients have diagnosis or labs indicating prediabetes
- Prediabetes Diagnosis** Among the above patients, 179 (70.7%) have a diagnosis code
- Referrals to DPP** There were 4 referrals to DPP from October to December 2016

Proportion with Diagnosis Code Among Patients with Labs Indicating Prediabetes or Prediabetes Diagnosis Code

Total Patients with Labs or Diagnosis Indicating Prediabetes

Fraction of Above Patients with Prediabetes Diagnosis



CY2015 (Average/ QTR) Jan-March '16 April-June '16 July-Sept '16 Oct-Dec '16

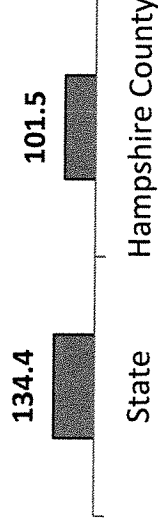
Risk Factors* Associated with Prediabetes or Labs Indicating Prediabetes For the Identification of Patients to Refer to DPP

By Age Category		Sex		By BMI Category	
41 – 60 Years	61 + Years	Male	Female	Normal (20 – 24.9)	Obese (30.0-39.9)
106 Patients	125 Patients	138 Patients	107 Patients	66 Patients	107 Patients
41.8%	49.4%	54.5%	26.0%	26.0%	42.2%

* Categories are not mutually exclusive

Community Snapshot

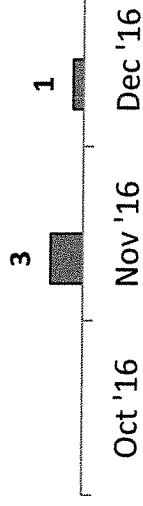
- Persons Under FPL: 16.3%
- Median Income: \$31,066
- Age-Adjusted ED Visits for Diabetes per 100,000 Population:



DPP Opportunities, Referrals, & Enrollments

Referrals & Enrollments in DPP Previous 3 Months

Total Referred Total Enrolled





Hilltown Community Health Centers, Inc.

Clinical Policy
Medical Department

SUBJECT: ACCEPTANCE OF GUIDELINES FOR EVIDENCE-BASED CARE

REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for providing evidence-based care to our patients.

Policy:

HCHC will identify the organization and evidence-based guidelines that its providers will follow in providing clinical care for certain conditions, encounters, or screenings. These conditions, encounters, or screenings could include but are not limited to pediatric CPEs, diabetes, hypertension, etc. HCHC will review these guidelines and ensure that providers are providing evidence-based care.

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

Originally Drafted: JAN 2012

Reviewed or Revised: APR 2017

Approved by Board of Directors, Date: _____

Approved by:

Eliza B. Lake
Chief Executive Officer, HCHC

Date: _____

John Follet, MD
President, HCHC Board of Directors

Procedure:

1. HCHC has agreed to follow the American Academy of Pediatrics' guidelines for conducting Well Child checks and Well Adolescent checks.
2. HCHC has agreed to follow the American Diabetes Association's guidelines regarding testing and medication recommendations for treating our patients diagnosed with Diabetes, Type 1 or Type 2.
3. HCHC has agreed to follow the American Academy of Family Physicians and Joint National Committee guidelines regarding testing and medication recommendations for treating our patients diagnosed with Hypertension.
4. HCHC has agreed to follow the U.S. Preventive Services Task Force (USPSTF) guidelines regarding testing and medication for treating our patients diagnosed with Elevated Body Mass Index (BMI) and other weight-related diagnoses.



Hilltown Community Health Centers, Inc.

Clinical Policy
Medical Department

SUBJECT: COORDINATING CARE TRANSITIONS
REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for coordinating the transition of care for patients recently discharged from the hospital, emergency room or other clinical care facility.

Policy:

1. Providers, RN (care manager), nursing, medical assistants, reception staff will identify patients with a hospital admission and or Emergency Department (ED) visit.
2. RN (care manager), nursing, medical assistants/reception will request patient discharge summaries before follow-up appointment date.
3. A member of the patient's clinical care team will contact and arrange follow-up appointments within 48 hours of discharge from ED or hospital.

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

Originally Drafted: NOV 2012

Reviewed or Revised: APR 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:

Providers, RN (care manger), nursing, medical assistants, reception staff will identify patients with a hospital admission and or ED visit.

1. Patients will be identified using methods laid out in the Hospital and ER follow-up policy.
2. When RNs are unavailable, nursing supervisors will receive the notifications.
3. If admitting hospital requests medical information, reception will fax medical summary, (assuring confidential fax). Medical summary may include, but not limited to:
 - a. Medical history
 - b. Current medications
 - c. Allergies
4. To quickly fax a medical summary, open the patient hub:
 - a. Click on Medical Summary
 - b. Click the FAX button
 - c. Enter recipient information in upper left corner
 - d. Click the Send Fax button

RN (care manager), nursing, medical assistants/reception will request patient discharge summaries before follow-up appointment date.

1. Requests for discharge summaries will be made when the follow-up appointment is booked, or when the staff receives notice of the ED visit/hospital admission.
2. Requests will be made by fax or telephonic request to the medical records department at the rendering hospital.
3. Nursing staff will annotate both the request and subsequent receipt of the discharge summary using ED/Hospital template.

A member of the patient's clinical care team will contact and arrange follow-up appointments within 48 hours of discharge from ED or hospital.

1. Providers, RN (care manager), and nursing will determine if follow-up appointment can be waived.
2. In the case of a fractured bone, the patient will be scheduled to see orthopedics, and an office visit with primary provider may not be medically necessary at this time.
3. When in doubt, nursing will request advice from the providers.



Hilltown Community Health Centers, Inc.

Clinical Policy
Medical Department

SUBJECT: DIAGNOSTIC IMAGING TRACKING

REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to ensure that diagnostic imaging (DI) orders are completed and results are received to improve patient care.

Policy:

1. Care team staff will reconcile DI orders on a weekly basis during pre-visit planning time.
2. Urgent DI will be tracked by Referrals Specialist.
3. The scanner will attach results to DI orders and send to ordering provider.
4. Provider will make arrangements to contact the patient with results.

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

Originally Drafted: NOV 2012

Reviewed or Revised: APR 2017

Approved by Board of Directors, Date: _____

Approved by:

Eliza B. Lake
Executive Director, HCHC

Date: _____

John Follet, MD
President, HCHC Board of Directors

Procedure:

Care team staff will reconcile diagnostic imaging orders on a weekly basis during pre-visit planning time.

1. On a weekly basis Care team staff will track all outstanding diagnostic imaging orders during pre-visit planning time.
2. When ordering diagnostic imaging, providers (or other staff depending on standing orders or protocols) will use the “internal notes” field of the order to enter where the patient would like to have the imaging done. If the order is printed for the patient to take to radiology, the staff member who prints the order will enter “printed” and where the patient is going for the test in the “internal notes” field of the order.
3. Certain orders (MRI, CT Scans, Ultrasounds, etc.) will likely require processing by the Referrals Specialist. Once the Referrals Specialist has processed the order, they will document in the “internal notes” field and reassign to the Team MA. The Referrals Specialist will make appointments for all DI, except x-rays, mammograms, colonoscopies, bone density. They will note the appointment date and time in the “internal notes” field.
4. The Team MA will monitor the orders to ensure results have been received and that have been linked to the original order. If not linked, the report will be returned to the scanner for linking and assignment to the appropriate provider.
5. If the DI result is not received, the Team MA will contact the location where the order was sent and request the DI results to be faxed to the electronic fax (413-923-9355) and will document in internal notes “results requested”.
 - a. If the patient did not go to the appointment or non-scheduled testing, the Team MA will contact the patient via phone or letter and ask the patient if they are still planning on doing the testing. Team MA will attempt to contact the patient 2 times. If no reply from the patient within 14 days, the Team MA will contact the patient again via letter or phone call. If no call back after 7 days, the Team MA will send a telephone encounter (TE) to the provider regarding outreach to patient.
 - b. If the patient is going to do the testing, reschedule appointment if needed.
 - c. If the patient refuses/declines/ no-shows for the testing, the Team MA/Referrals Specialist will note in the “internal notes” field “declined” and create a TE to send to the provider.
 - d. The provider will address if further action is needed. If no further action is needed, the provider will note in the TE and the DI order and cancel the order. If further action is required, the provider will arrange for contacting the patient.
 - e. The provider should send TE back to Team MA letting the Team MA know the DI order can be cancelled.

Urgent diagnostic imaging will be tracked by Referrals Specialist.

1. Any urgent DI including x-rays will be tracked by the Referrals Specialist.

2. The Referrals Specialist will create a TE and request the DI results within 1-2 days of the order/ appointment. This TE can be found in the “Referrals” jellybean.
3. If the patient did not go to the appointment, the Referrals Specialist will send TE to the provider. The provider will then make a decision on what they want to do.

The scanner will attach all DI orders and send to ordering provider.

1. When we receive results for DI, the scanner will attach the report to the order.
2. The scanner will then assign the DI to the ordering provider to review.

Provider will make arrangements to contact the patient with results.

1. If DI results are normal, the provider will make arrangements to contact the patient within 5 business days.
2. If the DI results are abnormal, the provider will make arrangements to contact the patient within 12 hrs.



Hilltown Community Health Centers, Inc.

Clinical Policy
Medical Department

SUBJECT: TRACKING OF DISCHARGE SUMMARY, NEWBORN SCREENING AND HEARING TESTS FOR NEWBORN VISITS

REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to ensure that discharge summaries, newborn screening tests, and hearing tests are received in a timely fashion and improve patient care.

Policy:

1. The receptionist will request a discharge summary and hearing test for all newborn visits from the hospital at which the baby was born.
2. The receptionist will request a newborn screening test for all newborn visits from the New England Newborn Screening Program.
3. The Team MA will monitor for results until the requests have been received.

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

Originally Drafted: APR 2017

Reviewed or Revised: APR 2017

Approved by Board of Directors, Date: _____

Approved by:

Eliza B. Lake
Chief Executive Officer, HCHC

Date: _____

John Follet, MD
Chair, HCHC Board of Directors

Procedure:

The receptionist will request a discharge summary, newborn screening test, and hearing test for all newborn visits by following the steps below:

1. When a newborn visit is scheduled, the receptionist will call/fax for discharge summary, newborn screening test, and hearing test results.
 - a. Newborn screening test will be requested from:
New England Newborn Screening Program
Phone # 617-983-6300
Fax # 617-552-2846
MUST HAVE MOTHER'S FULL NAME TO REQUEST NEWBORN SCREENING
 - b. Discharge summary and hearing test will be requested from the hospital at which the baby was born.

The Team MA will monitor for results by doing the following:

1. The receptionist will create a telephone encounter (TE) and send it to the Team MA to monitor for results.
2. If no results for the newborn screening have been received within 2 weeks of birth, the Team MA will request again. The MA will continue to request this until it's been received.
3. If the discharge summary and hearing test from the hospital have not been received by the day of the newborn appointment, the Team MA will request records again.
4. When reports are received, they will be assigned to appropriate provider to review.



Hilltown Community Health Centers, Inc.

Clinical Policy
Medical Department

SUBJECT: TRACKING PATIENT REFERRALS
REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for ensuring that referrals to other Providers are received and to identify patients who do not follow through with specialty referrals to improve care.

Policy:

1. Open referrals will be tracked by the Team Medical Assistant (MA).
2. Referrals will be reconciled every 2 weeks or at pre-visit planning time by the Team MA.
3. Urgent referral appointments will be made by the Referrals Specialist and tracked by the Team MA.

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

Originally Drafted: NOV 2012

Reviewed or Revised: APR 2017

Approved by Board of Directors, Date: _____

Approved by:

Eliza B. Lake
Chief Executive Officer, HCHC

Date: _____

John Follet, MD
Chair, HCHC Board of Directors

Procedure:

The Team MA/Referrals Specialist will track patient appointments for referrals.

1. If the consult note is not received within three months, the Team MA will contact the specialist office and assess if the patient has made an appointment.
 - a. If the patient has made an appointment and the visit has been completed, request the consult notes to be sent to the electronic fax.
 - b. If the patient's appointment is at a future date, the Team MA/Referrals Specialist will note the appointment date in the appointment field in the referral.
 - c. If the patient does not have an appointment, the Team MA will note that in the referral in the notes or reason section of the referral.
2. The Team MA will call patient and ask them about their appointment for the referral.
3. If the Patient agrees to book the referral appointment, the Team MA will document in referral in the notes section that the patient will book appointment with the specialist. The Team MA will give referral information to the Patient again.
4. If the Patient has not responded to 2 calls or if the patient does not agree to book the referral, the Team MA will create a TE and send to the Provider.
 - a. The Team MA will make 1 phone call, if no response from patient after 1 month, the Team MA will make a 2nd call.
5. The Provider will assess. If no further action is needed, the Provider will document in the telephone encounter (TE) and send the TE back to Team MA to address the referral.
6. If the Provider feels that patient needs to be seen by the specialist, he/she will contact the patient.

Referrals will be reconciled every two weeks or at Pre-Visit Planning time by Team MA.

1. On a bi-weekly basis, the Team MA will assess if consult notes have been received for pending referrals in the last 90 days.
2. When consult note are received, scanners will upload them to patient documents and assign the consult note to the provider and address the referral.
 - a. Scanners will check the "Received date" box and go into the structured data and click on the "received consult note from specialist" box and a date will populate.
3. During reconciliation, if consult note has been received and the referral is not addressed the Team MA will enter the date received from the scanned document in the "received date" box and "received consult note from specialist" in the structured data tab.

Urgent referral appointments will be made by Referrals Specialist and tracked by the Team MA.

1. A Provider will mark a referral as urgent or high priority. The referral will be assigned to an HCHC Referrals Specialist.

2. For tracking purposes, a high priority telephone encounter will be created by the Referrals Specialist and assigned to REFERRALS.
3. If necessary the Referrals Specialist will obtain an insurance authorization.
4. The Referrals Specialist will schedule an appointment for the patient and notify the patient of the appointment date and time.
5. Once the patient is aware of the appointment, the referral and telephone encounter will be forwarded to the Team MA to track.
6. The MA will request the consult notes or test results and hold the telephone encounter open until the notes are received.
7. If the notes or test results are received, Front Desk will scan them into the patient's chart and assign them to the Provider to review.
8. The Team MA will address the telephone encounter once the consult notes or test results have been received.
9. If the patient cancels the appointment, the telephone encounter should be assigned to the Provider as FYI.
10. If the appointment is rescheduled, the Team MA will keep the telephone encounter until the new date.



Hilltown Community Health Centers, Inc.

Clinical Policy
All Departments

SUBJECT: TRANSLATION-INTERPRETIVE SERVICES

REGULATORY REFERENCE: Civil Rights Act, Title VI

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for providing interpretation services to meet the language needs of our patient population.

Policy:

1. Interpreter services will be provided through Cooley Dickinson Physician Hospital Organization (CDPHO).
2. In-Person interpreter services should be scheduled at least 48 hours prior to appointment.
3. Urgent, same day and after-hour interpreter needs can be fulfilled using the telephonic interpreter services.
4. Bi-lingual staff may be able to provide communication assistance to patients to meet their clinical needs, when needed.
5. Patients are encouraged not to bring family members or friends to act as the interpreter at their appointment.

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

Originally Drafted: MAR 2017

Reviewed or Revised: APR 2017

Approved by Board of Directors, Date: _____

Approved by:

Eliza B. Lake
Chief Executive Officer, HCHC

Date: _____

John Follet, MD

Procedure:

1. If a patient is determined to need interpretive services for an upcoming appointment, an alert is placed in their EMR and an action is created in the EMR which is sent to the lead receptionist to begin the process for obtaining interpretive services.
2. In-person translation services are provided through CHPHO when determined necessary. This is completed by:
 - a. The Interpreter Request Form is completed and faxed to the community resource specialist at CDPHO.
 - b. An email confirmation is received from CDPHO once the date, time and interpreter are scheduled.
 - c. A note in the EMR is made under the patient's appointment to confirm the interpreter services.
 - d. On the day of appointment, an Interpreter Encounter Form is completed by the receptionist, interpreter and provider.
 - e. At the completion of appointment, the form is returned to the receptionist and faxed to CDPHO.
 - f. The Interpreter Encounter Form is scanned and placed in the patient's EMR.
3. If the patient cancels or reschedules the appointment, an action is created in the EMR to cancel the translation services with CDPHO. Contact CDPHO in writing by encrypted email or fax to inform them of the cancellation.
4. If telephonic interpreter services are needed for an appointment that does not require in-person interpretation, these steps are followed:
 1. Call CDPHO for an access code, 413-582-5230

When receiving a call:

- a. Use your phone's conference feature to place the Limited English Proficient (LEP) speaker on hold
- b. Dial 1-800-523-1786
- c. Provide your client ID#: 230999
- d. Select 1 for Spanish, and 2 for all other languages. Press 0 for agent assistance if you do not know the language
- e. Provide your name and the physician who the LEP is assigned to when asked
- f. Brief the interpreter by summarizing what you want to accomplish and providing any special instructions
- g. Add the LEP onto the call
- h. Say 'end of call' to the interpreter when the call is completed
- i. Once the call is complete fill out the Encounter Verification Form

When placing an outbound call to a LEP, begin at Step b. If you need assistance placing a call to the LEP, please inform the interpreter or agent at the beginning of the call.

When the LEP is face-to-face with you begin at Step b. Once the interpreter joins the line, brief him/her and place the phone on 'speaker' mode.

5. HCHC staff highly encourage patients in need of translation services not to bring a family member or friend to his/her appointment to act as the interpreter.



Hilltown Community Health Centers, Inc.

Clinical Policy
Community Programs

SUBJECT: REFERRAL AND RELEASE/SHARING OF INFORMATION WITH STATE AGENCIES

REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for sharing information with State agencies when working collaboratively with a patient/client with the goal of increasing self-management skills and reducing barriers to health and well-being.

Policy:

When sharing information with State agencies, HCHC will work collaboratively with the patient/client and referring agency by:

1. Obtaining consent from the patient/client for information to be shared.
2. Discussing the referral with the patient/client before making a referral to a State agency.

Questions regarding this policy or any related procedure should be directed to Director of Community Programs at 413-667-2203 x310.

Originally Drafted: MAR 2017

Reviewed or Revised: APR 2017

Approved by Board of Directors, Date: _____

Approved by:

Eliza B. Lake
Chief Executive Officer, HCHC

Date: _____

John Follet, MD
Chair, HCHC Board of Directors

Procedure:

1. Upon receipt of a referral:
 - a. Clearly state to referring agency that HCHC Staff will receive information, but only consented information will be shared following patient/clients first meeting and with a signed release allowing HCHC staff to do so.
 - b. Obtain consent and signed 'Release and Referral for Community Programs' form. If patient/client is minor, custodial parent may sign. If another family member or party seeks to sign, copies of legal documents enabling them to do so must be obtained and kept on file for inspection.
 - c. Send copy of form to referring agency/entity attention to referring party. If state agency sends a service plan, you may only discuss that with the patient/client until consent is signed. Any staff member found discussing patient information with any entity or person without obtaining consent shall be subject to termination with cause.
2. Before making a referral:
 - a. Discuss the referral plan with patient/client.
 - b. Obtain consent and a signed 'Release and Referral for Community Programs' form for each agency or State department in the referral plan
 - c. Send copy of signed form to agency contact. Any staff member found making referrals without patient or Legal Representative's consent shall be subject to termination with cause.
3. Unless otherwise indicated, the signed release is valid for a term of six months, or until patient/client terminates, whichever comes first.



Hilltown Community Health Centers, Inc.

Clinical Policy
Medical Dept

SUBJECT: PATIENT SCHEDULING AND ALTERNATIVE TYPES OF CLINICAL ENCOUNTERS

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 and monitors access to ensure availability for a variety of appointment types, including routine, urgent/same day care, physicals, procedures, alternative types of encounters, etc.
3. Scheduling guidelines are in place for 15/30/45 minute appointment times.
4. HCHC will monitor third next available appointments for improved patient access.

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: APR 2017

Approved by Board of Directors, Date: _____

Approved by:

Eliza B. Lake
Chief Executive Officer, HCHC

Date: _____

John Follet, MD
Chair, HCHC Board of Directors

Procedure:

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

1. When the patient calls for an appointment, priority should be to schedule with their PCP whenever possible. If unavailable, the patient will be scheduled with another provider on the care team.
2. Nurse visits should be scheduled with the patient's care team nurse when the PCP is working.

HCHC will maintain a process and monitors access to ensure availability for a variety of appointment types, including routine, urgent/same day care, physicals, procedures, etc.

1. HCHC's standards for timely appointment availability include:
 - a. Urgent/same day visits within 24 hours of the patient calling
 - b. Routine visits within 2 weeks of patient calling
 - c. Complete Physical Exam (CPE) within 2 weeks of patient calling
 - d. Procedures (routine GYN exams, IUDS, skin biopsies, etc.) within 2 weeks of patient calling
2. Same day visits will only be booked within 24 hours of the scheduled appointment time and designated as a same day visit (SDV) type.
 - a. The following SDVs are as follows in the schedule:
 1. 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.
 2. 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.
 3. 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 one of our other facilities. If the patient declines an appointment at another 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 in consultation with the provider.
6. HCHC provides alternative types of clinical encounters:
 - a. Home visits and other alternative clinical visits can be scheduled for up to an hour, depending on the travel time and other factors.

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. The following conditions warrant a 15-minute appointment:
 - a. Any acute same-day visit
 - b. Unless noted by the provider as a medical necessity (for example, 3 serious diagnoses, Diabetes uncontrolled, COPD, HTN, etc.) all follow-up appointments will be scheduled as 15-minute office visits (OV).
 - c. Emergency room follow-up appointments, unless otherwise determined by nursing or the PCP.
4. The following conditions warrant a 30-minute appointment:
 - a. Patients who have three or more serious diagnoses, such as Diabetes uncontrolled, COPD, HTN, etc.
 - b. Work/school physical
 - c. Disability paperwork
 - d. Inpatient hospital/rehabilitation/skilled nursing facility discharge follow-ups
 - e. Pre-op appointment
 - f. Abdominal pain
5. The following conditions warrant a 45-minute appointment:
 - a. Medicare extended office visit
 - b. Adult annual Comprehensive Physical exam (CPE)
 - c. Bus Department of Transportation (DOT) Physical exam

HCHC will monitor third next available appointments for improved patient access.

HCHC's standards for third next available monitoring includes:

1. To establish standards for each appointment type.
2. To monitor data on a quarterly basis and compare actual days to the set standards.
3. If improvement is needed to meet the practice's standards, a Plan-Do-Study-Act (PDSA) will be initiated.



Hilltown Community Health Centers, Inc.

Clinical Policy
Medical Department

SUBJECT: TRANSITIONING PEDIATRIC PATIENTS TO ADULT MEDICINE
REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to transition pediatric patients to adult medicine to assist our pediatric patients in becoming better prepared for an adult model of health care at age eighteen, as well as to ensure continued, preventive, acute and/or chronic care management.

Policy:

1. Pediatric patients ages 14-15 will be given a self-assessment tool and written materials regarding the transition from pediatrics to adult medicine at their Well Adolescent Check (WAC) appointment.
2. Patients ages 16-17 will be given a self-assessment tool and written materials regarding the transition from pediatrics to adult medicine at their WAC appointment.
3. Patients who are the age of 18 will be given a self-assessment tool and written materials regarding the transition from pediatrics to adult medicine at their adult physical appointment.

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

Originally Drafted: APR 2017

Reviewed or Revised: APR 2017

Approved by Board of Directors, Date: _____

Approved by:

Eliza B. Lake
Chief Executive Officer, HCHC

Date: _____

John Follet, MD
Chair, HCHC Board of Directors

Procedure:

Pediatric patients ages 14-15 will be given a self-assessment tool and written materials regarding the transition from pediatrics to adult medicine at their Well Adolescent Check (WAC) appointment.

1. A registry of patients ages 14-15 will be contacted by the receptionist to make a WAC appointment.
2. The receptionist will mail each patient 2 weeks prior to appointment:
 - a. Pediatric Transition Assessment Form (Ages 14-15)
 - b. Teen Privacy Concerns handout
 - c. Patient Centered Medical Home insert
 - d. Medical Home Patient-Provider Roles and Responsibilities handout
 - e. WAC Physical paperwork
3. At the time of the visit the medical assistant (MA)/provider will collect the Pediatric Transition Assessment Form and review with the patient and by looking at the Pediatric Transition Assessment Answer Sheet.
4. At the end of the visit the receptionist will scan the forms into the electronic chart.

Patients who are ages 16-17 will be given a self-assessment tool and written materials regarding the transition from pediatrics to adult medicine at their WAC appointment.

1. A registry of patients ages 16-17 will be contacted by the receptionist to make a WAC appointment.
2. The receptionist will mail each patient 2 weeks prior to appointment:
 - a. Pediatric Transition Assessment Form (Ages 16-18)
 - b. Things You Need to Know When You Turn 18 handout
 - c. Teen Privacy Concerns handout
 - d. Patient Centered Medical Home insert
 - e. Medical Home Patient-Provider Roles and Responsibilities handout
 - f. WAC Physical paperwork
3. At the time of the visit the MA/provider will collect the Pediatric Transition Assessment Form and review with patient and by looking at the Pediatric Transition Assessment Answer Sheet.
4. At the time of the appointment, the provider will give the patient a medical history print out to have for their records and discuss the changes from pediatric care to adult care when he/she turns 18.
6. At the end of the visit the receptionist will scan the forms into the electronic chart.

Patients who turn the age of 18 will be given a self-assessment tool and written materials regarding the transition from pediatrics to adult medicine at their adult physical appointment.

1. A registry of patients the age of 18 will be contacted by the receptionist to make a WAC appointment.
2. The receptionist will mail each patient 2 weeks prior to appointment:

- a. New HIPAA forms
 - b. Pediatric Transition Assessment Form (Ages 16-18)
 - c. Things You Need to Know When You Turn 18 handout
 - d. Teen Privacy Concerns handout
 - e. Patient Centered Medical Home Insert
 - f. Medical Home Patient-Provider Roles and Responsibilities handout
 - g. WAC Physical paperwork
7. 3. At the time of their visit the MA/provider will collect the Pediatric Transition Assessment Form and review with the patient and by looking at the Pediatric Transition Assessment Answer Sheet.
 4. At the time of the patient visit, the provider will discuss the transition to adult care and the Release of Information/Involvement in Care Form if requested by patient.
 5. At the end of the visit the receptionist will scan the forms into the electronic chart.



PEDIATRIC TRANSITION ASSESSMENT FORM (AGE 14-15)

FOR THE FOLLOWING STATEMENTS, PLEASE SELECT THE RESPONSE THAT BEST APPLIES TO YOU.

Legal Name: _____

Preferred Name: _____

DOB: ____ / ____ / ____

Date of Visit: ____ / ____ / ____

WHAT I KNOW ABOUT MY HEALTH

- I know my allergies to medications or foods. **YES / NO / DOES NOT APPLY**
- I know what my medications are and what they are used for. **YES / NO / DOES NOT APPLY**
- I know what to do if I have a medical emergency. **YES / NO / DOES NOT APPLY**
- I know my health conditions. **YES / NO / DOES NOT APPLY**
- I know the symptoms of my health conditions and how to treat them. **YES / NO / DOES NOT APPLY**

WHAT I KNOW ABOUT MY OTHER RELATED MEDICAL NEEDS

- I know the name of my pharmacy. **YES / NO / DOES NOT APPLY**
- I know how to get medication refills. **YES / NO / DOES NOT APPLY**

WHAT I KNOW ABOUT MAKING A DOCTOR'S APPOINTMENT

- I know and/or I can find my doctor's phone number. **YES / NO / DOES NOT APPLY**
- I can make my own doctor's appointments. **YES / NO / DOES NOT APPLY**
- I know where to get medical attention if my doctor's office is closed. **YES / NO / DOES NOT APPLY**

Reviewed by: _____

Date: _____



PEDIATRIC TRANSITION ASSESSMENT FORM (AGE 16-18)

FOR THE FOLLOWING STATEMENTS, PLEASE SELECT THE RESPONSE THAT BEST APPLIES TO YOU.

Legal Name: _____

Preferred Name: _____

DOB: ____ / ____ / ____

Date of Visit: ____ / ____ / ____

WHAT I KNOW ABOUT MY HEALTH

- I know my allergies to medications or foods. **YES / NO / DOES NOT APPLY**
- I know what my medications are and what they are used for. **YES / NO / DOES NOT APPLY**
- I know what to do if I have a medical emergency. **YES / NO / DOES NOT APPLY**
- I know my health conditions. **YES / NO / DOES NOT APPLY**
- I know the symptoms of my health conditions and how to treat them. **YES / NO / DOES NOT APPLY**

WHAT I KNOW ABOUT MY OTHER RELATED MEDICAL NEEDS

- I know the name of my pharmacy. **YES / NO / DOES NOT APPLY**
- I know how to get medication refills. **YES / NO / DOES NOT APPLY**
- I know where to get blood work drawn. **YES / NO / DOES NOT APPLY**
- I know where to get diagnostic testing, such as X-Rays, done. **YES / NO / DOES NOT APPLY**

WHAT I KNOW ABOUT MAKING A DOCTOR'S APPOINTMENT

- I know and/or I can find my doctor's phone number. **YES / NO / DOES NOT APPLY**
- I can make my own doctor's appointments. **YES / NO / DOES NOT APPLY**
- I know where to get medical attention if my doctor's office is closed. **YES / NO / DOES NOT APPLY**

WHAT I KNOW ABOUT GOING TO A DOCTOR'S APPOINTMENT

- I know that I need to show up 15 minutes before my appointment. **YES / NO / DOES NOT APPLY**
- I know that I may need to fill out paperwork for my appointment. **YES / NO / DOES NOT APPLY**
- I know that I need to bring my insurance cards and ID to every visit. **YES / NO / DOES NOT APPLY**
- I know to ask for referrals to specialists, if needed. **YES / NO / DOES NOT APPLY**

WHAT I KNOW MY HEALTHCARE CHANGES AT AGE 18

- I understand that my healthcare privacy changes. **YES / NO / DOES NOT APPLY**
- I have a plan to keep my health insurance. **YES / NO / DOES NOT APPLY**
- My family and I have discussed my ability to make my own healthcare decisions. **YES / NO / DOES NOT APPLY**

Reviewed by: _____

Date: _____

Pediatric Transition Assessment Answers

- **I know my allergies to medications or foods.**
 - **Yes-** That is great. Please bring a list with you to all doctor's appointments.
 - **No-** At the end of your visit, please ask for a visit summary at the check-out window. A list of your allergies will be included in the summary
- **I know what my medications are and what they are used for.**
 - **Yes-** That is great. Please bring a list of all medications with you to your doctor's appointments.
 - **No-** You may also call our nurses and they can go over your medications with you. Also, at the end of every appointment, make sure to stop at check to receive a visit summary. A list of your current medications will be included in the summary.
- **I know what to do if I have a medical emergency.**
 - **Yes-** That is great.
 - **No-** Please call 911 or go to the nearest Emergency room to seek care.
- **I know my health conditions.**
 - **Yes-** That is great. Please bring a list of any prior or new medical conditions with you to your doctor's appointments
 - **No-** Please discuss this with your doctor or parents/guardians.
- **I know my symptoms of my health conditions and how to treat them.**
 - **Yes-** That is great.
 - **No-** Please discuss this with your doctor or parents/guardians.
- **I know and/or can find my doctor's phone number.**
 - **Yes-** That is great. Please keep it in a safe place so you can find when needed.
 - **No-** You can look it up on our website hchcweb.org, a phone book, or ask your parents.
- **I know how to make my own doctor's appointments.**
 - **Yes-** That is great.
 - **No-** Call your doctor's office to speak with a receptionist. Make sure to tell them why you need to be seen and they will assist you.
- **I know where/how to get medical attention if my doctor's office is closed.**
 - **Yes-** That is great.
 - **No-** If you are having a non-life threatening problem you may call our answering service and they will contact an on-call provider to call you back. If you are having a life-threatening problem please call 911 or go to the nearest emergency room.
- **I know the name of my pharmacy.**
 - **Yes-** That is great.
 - **No-** If you don't know the name of your pharmacy is just ask your parents or doctor's office and they can assist you.
- **I know how to get medication refills.**
 - **Yes-** That is great.
 - **No-** For medication refills please contact your pharmacy. If you are at a doctor's appointment, just ask your doctor.
- **I know where to get blood work drawn.**
 - **Yes-** That is great.
 - **No-** You may have your blood work drawn right here at the doctor's office. If for some reason you cannot get it done here there are other locations in the area to have them done at such as: Noble Hospital, Cooley Dickinson Hospital, or any Baystate Reference Lab.
- **I know where to get Diagnostic imaging such as X-rays.**
 - **Yes-** That is great.
 - **No-** If you need Diagnostic Imaging done you will need to go to one of the local hospitals. You do not need an appointment for X-rays. Any other Imaging will need an appointment, our Referrals department will schedule your exam at a local hospital and contact you with the appointment date and time.
- **I know I need to show up 15 minutes before my appointment.**
 - **Yes-** That is great.
 - **No-** Please arrive 15 minutes before scheduled appointments so that you have time fill out any necessary paperwork.

Pediatric Transition Assessment Answers

- **I know how to fill out paperwork for my appointment.**
 - **Yes-** That is great.
 - **No-** You can always start practicing at your appointments now when you still have your parents to help you. You may also ask our receptionist if you have any questions about the forms.
- **I know that I need to bring my insurance card and ID to every visit.**
 - **Yes-** That is great. Please bring to every visit.
 - **No-** Please make sure you have your insurance cards and ID with you at every visit just in case we have any questions regarding insurance coverage.
- **I know how to ask for referrals to specialists, if needed.**
 - **Yes-** That is great.
 - **No-** Please ask your provider for a referral to a specialist if it is needed. You may need to make appointment to see your provider before they will send a referral to a specialist.
- **I understand how health care privacy changes at age 18.**
 - **Yes-** That is great.
 - **No-** Your parents/guardians will not be able to have any information regarding your medical care at the age of 18 unless we have written consent to do so.
- **I have a plan to keep my health insurance at age 18.**
 - **Yes-** That is great.
 - **No-** Please ask your parents about your health insurance coverage when you turn 18. With some exceptions, you are allowed to stay on your parent's insurance until the age of 26. Please discuss this with your parents first. If you are employed, please ask your human resources department about insurance coverage. You will need medical insurance in the State of Massachusetts. If you need assistance getting insurance or have insurance questions, please contact one of our insurance navigators. You can call the front desk and they will transfer your call directly.
- **My family and I have discussed my ability to make my own health care decisions at age 18.**
 - **Yes-** That is great.
 - **No-** Please talk to your parents/guardians about whether you are able to make your own medical decisions. If you are able to make medical decisions and still want your parents involved in your medical care you will need to sign an involvement in care form as well.



Teen Privacy & Why it's Important to Us

HCHC is pleased to provide you with health care services using the Patient-Centered Medical Home (PCMH) model of care. We're committed to providing teens with the tools they need as they grow from adolescents into adults. Our focus is on wellness and prevention by reducing high-risk behaviors and improving health outcomes.

What should I expect at an appointment?

- Your provider will begin the visit by talking with you and your parent/guardian together.
- Your provider will then meet with you privately and ask your parent/guardian to step out of the room. This is done because:
 - a. It's important for you to gain confidence communicating health concerns with your provider.
 - b. We routinely screen for potential abuse and other harmful situations.
 - c. Sometimes it's difficult or embarrassing for teens to discuss sensitive topics in front of their parents.
- Your parent/guardian will have the opportunity to rejoin you for more interaction with your provider and follow up about the visit.

Confidentiality means privacy. You can talk to the provider about anything. Fill your provider in on the following subjects:

- If you think you may be pregnant
- If you need birth control
- If you have a sexually transmitted infection (STI)
- If you need information about alcohol, tobacco, or other drug use
- If you want to talk about personal, school, family issues or feelings about sex and sexuality

However, some things cannot remain confidential. Your health care provider will need to contact someone if you say any of the following:

- You are being abused, physically and/or sexually
- You are going to hurt yourself or someone else

Check out the following resources for encouragement and support:

- Cyber/Social Media Bullying
www.stopbullying.gov/cyberbullying
- Eating Disorders

www.nationaleatingdisorders.org

www.anad.org

- Dating Violence
www.breakthecycle.org
- Domestic Violence Victim Advocacy
Hilltown Safety at Home Program
413-559-8039 or 413-387-3120
- Health Care Transition from Childhood to Adulthood
www.gottransition.org/youthfamilies
- Healthy Eating Habits
www.choosemyplate.gov
- National Drug Abuse Hotline
800-662-4357
- Rape, Abuse, Incest National Network
www.rainn.org
- Suicide Hotline
hopeline.com
800-442-HOPE
800-784-2432 Spanish



Things You Need to Know When You Turn 18

What is health transitioning?

HCHC is dedicated to helping our pediatric patients become better prepared for an adult model of health care at age eighteen and continuing on with our practice at young adults. Health care transition is the process of getting ready for health care as an adult. Transitioning from childhood to adulthood is exciting and challenging. As you approach your eighteenth birthday, you will move out of pediatric-focused health care and into adult-focused health care and as you get older, managing medical needs becomes your responsibility.

What are some of the changes that I should expect?

1. As an adult, you are the only one that can access your medical information. When you turn 18, you have the right to decide how much your parents are involved in your medical decisions. HCHC will no longer be allowed to discuss matters with your parent(s) about care or share any personal health information without your written consent. If you want your doctors to continue to provide information to your parent(s), you will need to sign a Release of Information/Involvement in Care form.
2. As an adult, you have the option of accepting or refusing medical treatment. If a procedure requires a signature on a consent form, read it first and ask questions as needed before you decide if you will sign it.
3. You will be responsible for any medical costs not covered by health insurance. If you choose not to use your parent's insurance, you may have to pay for services at the time of your visit. Discuss this with your parent(s).
4. When you turn 18, it will be up to you to sign medical forms, call for medication refills, and pick up prescriptions.

How can I prepare for these changes?

1. Become more involved with your health care before you turn 18.
2. Keep a record of your medications, immunizations, and allergies and bring them with you to all doctor appointments.
3. Schedule your own appointments and track them on a calendar.
4. Practice checking yourself in at the doctor's office and going to the pharmacy with your parents to fill prescriptions.
5. Before your first Adult visit, ask your parents about your family's medical history and your own medical history. Write them down and bring to your appointment with the doctor.
6. If you have questions, please contact your Primary Care Provider.

For more information regarding your health care transition from childhood to adulthood, visit <http://www.gottransition.org/youthfamilies/index.cfm>

We're a Patient Centered Medical Home

*Providing comprehensive,
coordinated, patient-centered
care delivered by our care teams.*



- Integrated, Team Based Care**
- Easy Access to Routine & Urgent Care**
- Coordination of Health Care Needs**
- Patient Engagement in Care**
- Secure, Electronic EHR Access**
- Continued Quality Assurance**

Medical Department Hours

Monday-Saturday, by Appointment

Huntington Health Center

73 Russell Road, Huntington, MA 01050
(413) 667-3009

Worthington Health Center

58 Old North Road, Worthington, MA 01098
(413) 238-5511

info@hchcweb.org
www.hchcweb.org



**Hilltown Community
Health Center**

The Patient-Centered Medical Home (PCMH) model at Hilltown Community Health Center (HCHC) is designed to promote comprehensive, coordinated, patient-centered care delivered by teams of primary care providers including physicians, nurse practitioners, nurses, medical assistants and receptionists, as well as oral health providers, behavioral health clinicians and outreach workers when needed.

In a patient-centered medical home, a primary care provider and members of his or her team coordinates all of a patient's health needs, including management of chronic conditions, visits to specialists, hospital admissions, and reminding patients when they need check-ups and tests. Our goal is to offer each patient a better quality, patient experience; continuity; along with prevention and disease management.

Our PCMH model transforms primary care into what patients want: health care that focuses on you and your needs.

- We get to know you by working together in a long-term partnership;
- We make treatment decisions with you, based on your preferences;
- We help you become engaged in your own healthy behaviors and health care.

Our facility is welcoming and inclusive. We will see anyone regardless of their ability to pay for services, and we also have trained staff that can help you get affordable and comprehensive health insurance coverage. For more information, ask a care team member today.

For 65 years, HCHC's mission has been to provide accessible, affordable services to ensure the health of all Hilltown residents and beyond. HCHC is a non-profit serving all patients, regardless of their ability to pay.



**Hilltown Community
Health Center**

Medical Home Patient and Provider Roles and Responsibilities

As a patient-centered medical home (PCMH), HCHC offers primary care that patients want: health care that focuses on you and your needs. We get to know you by working together in a long-term relationship; we make treatment decisions with you, based on your preferences; and we help you become engaged in your own healthy behaviors and healthcare. To achieve this goal, patients and our providers must work together and agree to the following roles and responsibilities.

As a patient and partner in my health care team, I will:

- Bring all questions I have to my appointments
- Give a detailed and honest health history
- Tell you how I am feeling each visit and how it affects my life
- Ask you about things I do not understand
- Help you create my action plan and track my progress
- Call my provider first with medical problems, unless it's a medical emergency
- Let you know when I get care somewhere else
- Bring a list of all medicines, supplements, and herbal or holistic products I use
- Fill my prescriptions on time, use them as prescribed, and tell you of any problems
- Keep all scheduled appointments
- Ask for support services when I need them
- Ask you if I need any tests or shots
- Provide my personal email address for easy access and easy contact

As providers and partners in your health care team, we will:

- Respect you and your family values and needs
- Listen to your questions and concerns to give appropriate response
- Ask you to take part in your health care
- Respect your culture and use language you understand
- Make sure you understand your medications
- Help you set health goals and create an action plan
- Track the care you get from other providers
- Ask for your ideas on how we can improve your care
- Offer appointments at times when you can come in; provide same day appointments and easy access to a provider when the office is closed
- Explain test results and what will happen next
- Help you get support services when you need them
- Offer educational materials to assist with self-management and specific health issues
- Stay in contact with you as your partner in care

Our facilities are welcoming and inclusive. We will see anyone regardless of their ability to pay for services, and we also have trained staff that can help you get affordable and comprehensive health insurance coverage. For more information, ask a care team member today.



Hilltown Community Health Centers, Inc.

Administrative Policy

All Departments

SUBJECT: ACCESS AUTHORIZATION

REGULATORY REFERENCE: 45 CFR 164.308(a)(4)(ii)(A)

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for authorizing appropriate access to HCHC information systems containing EPHI (Electronic Protected Health Information).

Policy:

1. HCHC must have a formal documented process for granting access to HCHC information systems that contain EPHI. At a minimum, the process must include:
 - Procedure for granting different levels of access to HCHC information systems containing EPHI.
 - Procedure for tracking and logging authorization of access to HCHC information systems containing EPHI.
 - Procedure for regularly reviewing and revising, as necessary, authorization of access to HCHC information systems containing EPHI.
2. HCHC workforce members must not be allowed access to information systems containing EPHI until properly authorized.
3. The type and extent of access authorized to HCHC information systems containing EPHI must be based on risk analysis. At a minimum, the risk analysis must consider the following factors:
 - The importance of the applications running on the information system
 - The value or sensitivity of the EPHI on the information system
 - The extent to which the information system is connected to other information systems
4. Access to HCHC information systems containing EPHI must be authorized only for HCHC workforce members having a need for specific information in order to accomplish a legitimate task. All such access must be defined and documented. Such access must also be regularly reviewed and revised as necessary.
5. HCHC workforce members must not attempt to gain access to HCHC information systems containing EPHI for which they have not been given proper authorization.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4128.

Originally Drafted: SEP 2012

Reviewed or Revised: APR 2017

Approved by Board of Directors, Date: _____

Approved by:

Eliza B. Lake
Chief Executive Officer, HCHC

Date: _____

John Follet, MD
Chair, HCHC Board of Directors

Date: _____

Procedure:

1. Supervisors will fill out IT request form for all new hires and forward to Operations/IT. The level of access to EPHI is determined by role. These are preconfigured in the clinical system.
2. IT will maintain the form on file. Operations will maintain a spreadsheet reflecting access levels and review annually.



Hilltown Community Health Centers, Inc.

Administrative Policy

All Departments

SUBJECT: ACCESS CONTROL

REGULATORY REFERENCE: 45 CFR 164.312(a)(1)

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to purchase and implement information systems that comply with HCHC's information access management policies.

Policy:

1. HCHC must purchase and implement information systems that comply with HCHC's information access management policy.
2. As appropriate, HCHC information systems must support one or more of the following types of access control to protect the confidentiality, integrity and availability of EPHI (Electronic Protected Health Information) contained on HCHC information systems:
 - User based
 - Role based
3. As appropriate, security controls or methods that allow access to HCHC information systems containing EPHI must include, at a minimum:
 - Unique user identifiers (user IDs) that enable persons and identities to be uniquely identified. User IDs must not give any indication of the user's privilege level.
 - A secret identifier (password).
 - The prompt removal or disabling of access methods for persons and entities that no longer need access to HCHC EPHI.
 - Verification that redundant user identifiers are not issued.
4. Access to HCHC information systems containing EPHI must be limited to workforce members and software programs that have a need to access specific information in order to accomplish a legitimate task.
5. HCHC workforce members must not provide access to HCHC's information systems containing EPHI to unauthorized persons.
6. All revisions to HCHC workforce member and software program access rights must be tracked and logged. This information must be securely maintained. and, at a minimum, must provide the following information:

- Data and time of revision
 - Identification of workforce member or software program whose access is being revised
 - Brief description of revised access right(s)
 - Reason for revision
7. HCHC workforce members must end electronic sessions between information systems that contain or can access EPHI when such sessions are finished, unless they can be secured by an appropriate locking method.
 8. Software accessing EPHI must be equipped with a feature allowing the system to automatically log the user off after a specified period of time.
 9. Emailing of EPHI is prohibited unless through a secure email system (encrypted through Office365).
 10. Encryption and decryption of stored EPHI is handled by Cooley-Dickinson as we are hosted on their servers.
 11. In the event of an emergency, patient care will be documented using manual means and scanned into the EMR once normal operations have resumed.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4128.

Originally Drafted: SEP 2012

Reviewed or Revised: APR 2017

Approved by Board of Directors, Date: _____

Approved by:

 Eliza B. Lake
 Chief Executive Officer, HCHC

Date: _____

 John Follet, MD
 Chair, HCHC Board of Directors



Hilltown Community Health Centers, Inc.

Administrative Policy

All Departments

SUBJECT: ASSIGNED SECURITY POLICY

REGULATORY REFERENCE: 45 CFR 164.308(a)(2)(i)

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to assign a single employee overall final responsibility for the confidentiality, integrity, and availability of its EPHI (Electronic Protected Health Information).

Policy:

1. HCHC's Chief Operations Officer is designated as the Information Security Officer and is responsible for the development and implementation of all policies and procedures necessary to appropriately protect the confidentiality, integrity, and availability of HCHC information systems and EPHI.
2. The HCHC Information Security Officer's responsibilities include, but are not limited to:
 - Ensure that no HCHC information system compromises the confidentiality, integrity, or availability of any other HCHC information system.
 - Develop, document, and ensure dissemination of appropriate security policies, procedures, and standards for the users and administrators of HCHC information systems and the data contained within them.
 - Ensure that newly acquired HCHC information systems have features that support required and/or addressable security Implementation Specifications.
 - Ensure HCHC workforce members receive regular security awareness and training.
 - Conduct periodic risk analysis of HCHC information systems and security processes.
 - Develop and implement an effective risk management program.
 - Maintain an inventory of all HCHC information systems that contain EPHI.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4128.

Originally Drafted: SEP 2012

Reviewed or Revised: APR 2017

Approved by Board of Directors, Date: _____

Approved by:

Eliza B. Lake
Chief Executive Officer, HCHC

Date: _____

John Follet, MD
Chair, HCHC Board of Directors



Hilltown Community Health Centers, Inc.

Administrative Policy

All Departments

SUBJECT: AUDIT CONTROLS

REGULATORY REFERENCE: 45 CFR 164.312(b)

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for using appropriate audit controls on its information systems that contain or use EPHI (Electronic Protected Health Information).

Policy:

1. Appropriate hardware, software, or procedural auditing mechanisms must be implemented on HCHC information systems that contain or use EPHI.
2. Logs created by audit mechanisms implemented on HCHC information systems must be reviewed regularly.
3. HCHC's electronic medical record system records:
 - Date and time of significant activity
 - Origin of significant activity
 - Identification of user performing significant activity
 - Description of attempted or completed significant activity
4. Information systems containing EPHI must employ technology to safeguard the integrity of EPHI. This is guaranteed by locking all progress notes in order to bill. Any additional information must be added as an addendum.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4128.

Originally Drafted: SEP 2012

Reviewed or Revised: APR 2017

Approved by Board of Directors, Date: _____

Approved by:

Eliza B. Lake
Chief Executive Officer, HCHC

Date: _____

John Follet, MD
Chair, HCHC Board of Directors



Hilltown Community Health Centers, Inc.

Administrative Policy

All Departments

SUBJECT: AUTHORIZATION AND/OR SUPERVISION

REGULATORY REFERENCE: 45 CFR 164.308(a)(3)(ii)(A)

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to ensure that all workforce members who can access HCHC information systems containing EPHI (Electronic Protected Health Information) are appropriately authorized or supervised.

Policy:

1. HCHC must ensure that the confidentiality, integrity, and availability of EPHI on HCHC information systems is maintained when its information systems are accessed by third parties.
2. Access by third party persons to HCHC information systems containing EPHI or HCHC locations where EPHI can be accessed must be allowed only after appropriate security controls have been implemented and an agreement has been signed defining the terms for access. The agreement must define the following:
 - The security processes and controls necessary to ensure compliance with HCHC's security policies.
 - Restrictions regarding the use and disclosure of HCHC data.
 - HCHC's right to monitor and revoke third party persons' access and activity.
3. Where appropriate, third party persons will be supervised by an appropriate HCHC employee when they are accessing HCHC information systems containing EPHI or in a HCHC location where EPHI might be accessed.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4128.

Originally Drafted: SEP 2012

Reviewed or Revised: APR 2017

Approved by Board of Directors, Date: _____

Approved by:

Eliza B. Lake
Chief Executive Officer, HCHC

Date: _____

John Follet, MD
Chair, HCHC Board of Directors



Hilltown Community Health Centers, Inc.

Administrative Policy

All Departments

**SUBJECT: BUSINESS ASSOCIATES CONTRACTS
REGULATORY REFERENCE:**

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to only permit a business associate to create, receive, maintain, or transmit EPHI (Electronic Protected Health Information) on its behalf if there is a written agreement between the two parties which provides assurances that the business associate will appropriately safeguard the information.

Policy:

1. HCHC will permit a business associate to create, receive, maintain, or transmit EPHI on its behalf only if there is a written agreement between the two parties which ensures that the business associate will appropriately and reasonably safeguard the information.
2. Failure on the part of the business associate to adequately safeguard EPHI will result in immediate termination of any business agreements and the launching of an appropriate investigation.
3. The transmission of EPHI by HCHC to a health care provider concerning the treatment of an individual does not require a business associate agreement.
4. All business associate agreements must be documented and will follow the standard business associate agreement language of HCHC.
5. New contracts with existing business associates do not have to be obtained specifically for this purpose, if existing written contracts adequately address the applicable requirements or can be amended to do so.
6. All business agreements must contain specific security-related language governing the protection of any EPHI to which the business associate has access.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4128.

Originally Drafted: SEP 2012

Reviewed or Revised: APR 2017

Approved by Board of Directors, Date: _____

Approved by:

Eliza B. Lake
Chief Executive Officer, HCHC

Date: _____

John Follet, MD
Chair, HCHC Board of Directors



Hilltown Community Health Centers, Inc.

Administrative Policy

All Departments

SUBJECT: CONTINGENCY PLAN

REGULATORY REFERENCE: 45 CFR 164.308(a)(7)(i)

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to effectively prepare for and respond to emergencies or disasters in order to protect the confidentiality, integrity and availability of its information systems.

Policy:

1. HCHC must have a formal process for both preparing for and effectively responding to emergencies and disasters that damage the confidentiality, integrity or availability of its information systems.
2. At a minimum, the process must include:
 - Regular analysis of the criticality of HCHC information systems.
 - Development and documentation of a disaster and emergency recovery strategy consistent with HCHC's business objectives and priorities.
 - Development and documentation of a disaster recovery plan that is in accordance with the above strategy.
 - Development and documentation of an emergency mode operations plan that is in accordance with the above strategy.
 - Regular testing and updating of the disaster recovery and emergency mode operations plans.
3. All EPHI (Electronic Protected Health Information) on HCHC information systems and electronic media must be regularly backed up and securely stored. All medical EPHI is backed up by Cooley-Dickinson and stored according to their plan. Dental EPHI is backed up nightly.
4. HCHC must have a formal, documented emergency mode operations plan to enable the continuance of crucial business processes that protect the security of its information systems containing EPHI during and immediately after a crisis situation.
5. HCHC must conduct regular testing of its disaster recovery plan to ensure that it is up to date and effective.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4128.

Originally Drafted: SEP 2012

Reviewed or Revised: APR 2017

Approved by Board of Directors, Date: _____

Approved by:

Eliza B. Lake
Chief Executive Officer, HCHC

Date: _____

John Follet, MD
Chair, HCHC Board of Directors



Hilltown Community Health Centers, Inc.

Administrative Policy

All Departments

SUBJECT: DATA BACKUP PLAN

REGULATORY REFERENCE: 45 CFR 164.308(a)(7)(ii)(A)

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to backup and securely store all EPHI (Electronic Protected Health Information) on its information systems and electronic media.

Policy:

1. Backup copies of all EPHI on HCHC electronic media and information systems must be made regularly. This includes both EPHI received by HCHC and created within HCHC.
2. All medical & Behavioral Health EPHI will be backed up in accordance with Cooley-Dickinson's data backup schedule.
3. All Dental EPHI will be backed up and stored on a remote server at Huntington Health Center.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4128.

Originally Drafted: SEP 2012

Reviewed or Revised: APR 2017

Approved by Board of Directors, Date: _____

Approved by:

Eliza B. Lake
Chief Executive Officer, HCHC

Date: _____

John Follet, MD
Chair, HCHC Board of Directors



Hilltown Community Health Centers, Inc.

Administrative Policy

All Departments

SUBJECT: DEVICE AND MEDIA CONTROLS

REGULATORY REFERENCE: 45 CFR 164.310(d)(1)

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to appropriately control information systems and electronic media containing EPHI (Electronic Protected Health Information) moving into, out of and within its facilities.

Policy:

1. EPHI located on HCHC information systems or electronic media must be protected against damage, theft, and unauthorized access. This includes both EPHI received by HCHC and created within HCHC.
2. Information systems and electronic media for which this policy applies include, but are not limited to, computers (both desktop and laptop), floppy disks, backup tapes, CD-ROMs, zip drives, portable hard drives and PDAs.
3. All information systems and electronic media containing EPHI must be disposed of securely and safely when no longer required.
4. All EPHI on HCHC information systems and electronic media must be carefully removed before the media or information systems are made available for re-use.
5. All information systems and electronic media containing EPHI that are received or removed from HCHC or move within its facilities must be appropriately tracked and logged.
6. Backup copies of all EPHI located on HCHC information systems or electronic media must be regularly made and stored securely.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4128.

Originally Drafted: SEP 2012

Reviewed or Revised: APR 2017

Approved by Board of Directors, Date: _____

Approved by:

Eliza B. Lake
Chief Executive Officer, HCHC

Date: _____

John Follet, MD
Chair, HCHC Board of Directors



Hilltown Community Health Centers, Inc.

Administrative Policy

All Departments

SUBJECT: EVALUATION POLICY

REGULATORY REFERENCE: 45 CFR 164.308(a)(8)(i)

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to regularly conduct a technical and non-technical evaluation of its security controls and processes.

Policy:

1. HCHC must regularly conduct a technical and non-technical evaluation of its security controls and processes to document its compliance with its security policies and the HIPAA Security Rule.
2. The evaluation may be carried out by an appropriate HCHC business unit such as the information security officer, internal audit department, or a third-party organization that has appropriate skills and experience.
3. HCHC will conduct an annual review of policies and procedures related to security of EPHI (Electronic Protected Health Information).

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4128.

Originally Drafted: SEP 2012

Reviewed or Revised: APR 2017

Approved by Board of Directors, Date: _____

Approved by:

Eliza B. Lake
Chief Executive Officer, HCHC

Date: _____

John Follet, MD
Chair, HCHC Board of Directors



Hilltown Community Health Centers, Inc.

Administrative Policy

All Departments

SUBJECT: FACILITY ACCESS CONTROLS

REGULATORY REFERENCE: 45 CFR 164.310(a)(1)

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to prevent unauthorized physical access to its facilities while ensuring that properly authorized access is allowed.

Policy:

1. HCHC must appropriately limit physical access to the information systems contained within its facilities while ensuring that properly authorized workforce members can physically access such systems.
2. HCHC information systems containing EPHI (Electronic Protected Health Information) must be physically located in such a manner as to minimize the risk that unauthorized persons can gain access to them.
3. All visitors must show proper identification and sign in prior to gaining physical access to HCHC areas where information systems containing EPHI are located.
4. HCHC must have formal, documented procedures for allowing authorized workforce members to enter its facilities to take necessary actions as defined in its disaster recovery and emergency mode operations plans.
5. All repairs / modifications to facility alarm systems are logged by the alarm company.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4128.

Originally Drafted: SEP 2012

Reviewed or Revised: APR 2017

Approved by Board of Directors, Date: _____

Approved by:

Eliza B. Lake
Chief Executive Officer, HCHC

Date: _____

John Follet, MD
Chair, HCHC Board of Directors



Hilltown Community Health Centers, Inc.

Administrative Policy

All Departments

SUBJECT: HIPAA SECURITY AWARENESS AND TRAINING

REGULATORY REFERENCE: 45 CFR 164.308(a)(5)(i)

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to provide regular HIPAA security awareness and training to its staff.

Policy:

1. HCHC develops, implements, and regularly reviews a formal, documented program for regularly providing appropriate security training and awareness to staff.
2. All HCHC staff are provided with sufficient regular training and supporting reference materials to enable them to appropriately protect HCHC information systems. Initial training must be provided prior to granting access to systems containing PHI (Protected Health Information) and annually for the duration of employment.
3. After training has been conducted, each staff member must verify that he or she has received the training, understood the material presented, and agrees to comply with it.
4. Business associates must be informed of HCHC security policies and procedures on a regular basis. Such awareness can occur through contract language or other means.
5. All HCHC information security policies and procedures must be readily available for reference and review by appropriate employees, business associates, and third-party workers.
6. HCHC must regularly train and remind its staff about its process for guarding against, detecting, and reporting malicious software that poses a risk to its information systems and data.
7. HCHC must regularly train and remind its staff about its process for monitoring log-in attempts and reporting discrepancies.
8. HCHC must regularly train and remind its staff about its process for creating, changing and safeguarding passwords.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4128.

Originally Drafted: SEP 2012

Reviewed or Revised: APR 2017

Approved by Board of Directors, Date: _____

Approved by:

Eliza B. Lake
Chief Executive Officer, HCHC

Date: _____

John Follet, MD
Chair, HCHC Board of Directors



Hilltown Community Health Centers, Inc.

Administrative Policy

All Departments

SUBJECT: INFORMATION ACCESS MANAGEMENT

REGULATORY REFERENCE: 45 CFR 164.308(a)(4)(i)

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for authorizing appropriate access to HCHC information systems containing EPHI (Electronic Protected Health Information).

Policy:

1. Access to HCHC information systems containing EPHI must be managed in order to protect the confidentiality, integrity and availability of EPHI.
2. HCHC must have a formal documented process for granting access to HCHC information systems containing EPHI. At a minimum, the process must include:
 - Procedure for granting different levels of access to HCHC information systems containing EPHI.
 - Procedure for tracking and logging authorization of access to HCHC information systems containing EPHI.
3. HCHC workforce members must not be allowed access to information systems containing EPHI until properly authorized.
4. Appropriate HCHC information system owners or their chosen delegates must define and authorize all access to HCHC information systems containing EPHI.
5. Access to HCHC information systems containing EPHI must be authorized only for HCHC workforce members having a need for specific information in order to accomplish a legitimate task. All such access must be defined and documented. Such access must also be regularly reviewed and revised as necessary.
6. HCHC workforce members must not attempt to gain access to HCHC information systems containing EPHI for which they have not been given proper authorization.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4128.

Originally Drafted: SEP 2012

Reviewed or Revised: APR 201&

Approved by Board of Directors, Date: _____

Approved by:

Eliza B. Lake
Chief Executive Officer, HCHC

Date: _____

John Follet, MD
Chair, HCHC Board of Directors



Hilltown Community Health Centers, Inc.

Administrative Policy

All Departments

SUBJECT: RISK ANALYSIS

REGULATORY REFERENCE: 45 CFR 164.308(a)(1)(ii)(A)

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for conducting accurate and thorough analysis of the potential risks to the confidentiality, integrity, and availability of its information systems containing EPHI (Electronic Protected Health Information).

Policy:

1. The identification, definition and prioritization of risks to HCHC information systems containing EPHI must be based on a formal, documented risk analysis process.
2. HCHC must conduct risk analysis on an annual basis.
3. HCHC's risk analysis process must include the following:
 - Identification and prioritization of the threats and vulnerabilities of HCHC information systems containing EPHI.
 - Identification and definition of security measures used to protect the confidentiality, integrity, and availability of HCHC information systems containing EPHI.
 - Identification of the likelihood that a given threat will exploit a specific vulnerability on a HCHC information system containing EPHI.
 - Identification of the potential impacts to the confidentiality, integrity, and availability of HCHC information systems containing EPHI if a given threat exploits a specific vulnerability.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4128.

Originally Drafted: SEP 2012

Reviewed or Revised: APR 2017

Approved by Board of Directors, Date: _____

Approved by:

Eliza B. Lake
Chief Executive Officer, HCHC

Date: _____

John Follet, MD
Chair, HCHC Board of Directors



Hilltown Community Health Centers, Inc.

Administrative Policy

All Departments

SUBJECT: SANCTION POLICY

REGULATORY REFERENCE: 45 CFR 164.308(a)(1)(ii)(C)

Purpose:

Hilltown Community Health Center, Inc. (HCHC) management has adopted this policy to have a formal documented process for applying appropriate sanctions against workforce members who fail to comply with its security policies and procedures.

Policy:

1. HCHC workforce members must understand and comply with all applicable HCHC security policies and procedures. HCHC must provide regular training and awareness for workforce members on HCHC security policies and procedures.
2. HCHC must have a formal, documented process for applying appropriate sanctions against workforce members who do not comply with its security policies and procedures. At a minimum, the process must include:
 - Procedures for detecting and reporting workforce members' non-compliance with HCHC security policies and procedures.
 - Identification and definition of levels of sanctions, including their relative severity.
 - Identification of cause and rationale for issuing of sanction.
 - A defined, formal method for evaluating the severity of non-compliance with HCHC security policies and procedures.
3. Sanctions must be commensurate with the severity of the non-compliance with HCHC security policies and procedures and must occur with appropriate involvement of HCHC's human resources department.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4128.

Originally Drafted: SEP 2012

Reviewed or Revised: APR 2017

Approved by Board of Directors, Date: _____

Approved by:

Eliza B. Lake
Chief Executive Officer, HCHC

Date: _____

John Follet, MD
Chief, HCHC Board of Directors



Hilltown Community Health Centers, Inc.

Administrative Policy

All Departments

SUBJECT: SECURITY INCIDENT RESPONSE AND REPORTING

REGULATORY REFERENCE: 45 CFR 164.308(a)(6)(i), 45 CFR 164.308(a)(6)(ii)

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for detecting and responding to security incidents.

Policy:

1. HCHC must have a formal, documented process for quickly and effectively detecting and responding to security incidents that may impact the confidentiality, integrity, or availability of HCHC information systems.
2. HCHC workforce members must report any observed or suspected security incidents as quickly as possible via HCHC's security incident reporting procedure.
3. A workforce member must not prevent another member from reporting a security incident.
4. HCHC's Information Security Officer, in cooperation with the appropriate department manager, is authorized to investigate any and all alleged violations of HCHC security policies, and to take appropriate action to mitigate the infraction and apply sanctions as warranted.
5. For purposes of analysis and possible prosecution, HCHC must collect appropriate evidence regarding security incidents.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4128.

Originally Drafted: SEP 2012

Reviewed or Revised: APR 2017

Approved by Board of Directors, Date: _____

Approved by:

Eliza B. Lake
Chief Executive Officer, HCHC

Date: _____

John Follet, MD
Chair, HCHC Board of Directors



Hilltown Community Health Centers, Inc.

Administrative Policy

All Departments

SUBJECT: SECURITY MANAGEMENT PROCESS

REGULATORY REFERENCE: 45 CFR 164.308(a)(1)(i)

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for ensuring the confidentiality, integrity, and availability of its information systems containing EPHI (Electronic Protected Health Information) by implementing policies and procedures to prevent, detect, contain, and correct security violations.

Policy:

1. HCHC's security management process must include policies and procedures for the following:
 - a. Assignment of Security Responsibilities
 - b. Defining the appropriate access, control and supervision of workforce members
 - c. Contingency planning, data backup planning and media controls
 - d. Facility and Information Access Controls
 - e. Risk Analysis & Management
 - f. Policy violation sanction
 - g. Security Awareness Training
 - h. Security Incident Reporting
 - i. Workforce Clearance and Security
 - j. Acceptable Use of company-owned workstations
2. This policy will serve as the overarching Information Security Policy. Its approval by the Board of Directors signifies subsequent approval of all underlying policies as identified in the above listing.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4128.

Originally Drafted: SEP 2012

Reviewed or Revised: APR 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



Hilltown Community Health Centers, Inc.

Administrative Policy

All Departments

SUBJECT: WORKFORCE CLEARANCE AND SECURITY

REGULATORY REFERENCE: 45 CFR 164.308(a)(3)(ii)(B)

Purpose:

Hilltown Community Health Center, Inc. (HCHC) management has adopted this policy to have a formal documented process to allow access to information systems containing EPHI (Electronic Protected Health Information) only to workforce members who have been appropriately authorized.

Policy:

1. HCHC must ensure that all workforce members who have the ability to access HCHC information systems containing EPHI are appropriately authorized or supervised.
2. The background of all HCHC workforce members must be adequately reviewed during the hiring process.
3. When defining a position, the HCHC human resources department and the hiring manager must identify the security responsibilities and supervision required for the position.
4. All HCHC workforce members who access HCHC information systems containing EPHI must sign a confidentiality agreement in which they agree not to provide EPHI or to discuss confidential information to which they have access to unauthorized persons.
5. HCHC must create and implement a formal, documented process for terminating access to EPHI when the employment of a workforce member ends.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4128.

Originally Drafted: SEP 2012

Reviewed or Revised: APR 2017

Approved by Board of Directors, Date: _____

Approved by:

Eliza B. Lake
Chief Executive Officer, HCHC

Date: _____

John Follet, MD
Chair, HCHC Board of Directors

Procedure:

The background of all HCHC workforce members must be adequately reviewed during the hiring process.

1. Verification checks must be made, as appropriate. Verification checks include, but are not limited to:
 - a. Character references
 - b. Confirmation of claimed academic and professional qualifications
 - c. Professional license validation
 - d. Credit check
 - e. Criminal background check
 - f. Office of the Inspector General (OIG) database check
2. The type and number of verification checks conducted must be based on the employee's probable access to HCHC information systems containing EPHI and their expected ability to modify or change such EPHI.
3. The extent and type of screening must be based on HCHC's risk analysis process.

When defining a position, the HCHC human resources department and the hiring manager must identify the security responsibilities and supervision required for the position.

1. Security responsibilities include general responsibilities for implementing or maintaining security, as well as any specific responsibilities for the protection of the confidentiality, integrity, or availability of HCHC information systems or processes.

All HCHC workforce members who access HCHC information systems containing EPHI must sign a confidentiality agreement in which they agree not to provide EPHI or to discuss confidential information to which they have access to unauthorized persons.

1. Employees will sign the confidentiality statement at their on-boarding session.
2. The statement will be kept in their personnel file
3. Subsequent statements will not be used but all employees will attend annual HIPAA Privacy & Security training. The attendance roster will serve as acknowledgement of a confidentiality agreement.



Hilltown Community Health Centers, Inc.

Administrative Policy

All Departments

SUBJECT: WORKSTATION ACCEPTABLE USE

REGULATORY REFERENCE: 45 CFR 164.310(b)

Purpose:

Hilltown Community Health Center, Inc. (HCHC) management has adopted this policy to have a formal documented process to appropriately use and protect its workstations.

Policy:

1. HCHC workstations must be used only for authorized purposes: to support the research, education, clinical, administrative, and other functions of HCHC.
2. All workforce members who use HCHC workstations must take all reasonable precautions to protect the confidentiality, integrity, and availability of EPHI (Electronic Protected Health Information) contained on the workstations.
3. Workforce members must not use HCHC workstations to engage in any activity that is either illegal under local, state, federal, or international law or is in violation of HCHC policy.
4. Access to all HCHC workstations containing EPHI must be controlled with a username and password.
5. HCHC workstations containing EPHI must be physically located in such a manner as to minimize the risk that unauthorized individuals can gain access to them.
6. HCHC workforce members must activate their workstation locking software whenever they leave their workstation unattended for 20 minutes or more. HCHC workforce members must log off from or lock their workstation(s) when their shifts are complete.
7. Workstations removed from HCHC premises must be protected with security controls equivalent to those for on-site workstations.

Questions regarding this policy or any related procedure should be directed to the Information Security Officer at 413-238-4128.

Originally Drafted: SEP 2012

Reviewed or Revised: APR 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:

Workforce members must not use HCHC workstations to engage in any activity that is either illegal under local, state, federal, or international law or is in violation of HCHC policy.

Activities that workforce members must not perform while using HCHC workstations include, but are not limited to:

1. Violations of the rights to privacy of protected healthcare information of HCHC's patients.
2. Violations of the rights of any person or company protected by copyright, trade secret, patent, or other intellectual property or similar laws or regulations. This includes, but is not limited to, the installation or distribution of "pirated" or other inappropriately licensed software products.
3. Purposeful introduction of malicious software onto a workstation or network (e.g., viruses, worms, Trojan horses).
4. Purposefully causing security breaches. Security breaches include, but are not limited to, accessing electronic data that the workforce member is not authorized to access or logging into an account that he or she is not authorized to access. HCHC employees that perform this activity as part of their defined job are exempt from this prohibition.
5. Performing any form of network monitoring that will intercept electronic data not intended for the workforce member. HCHC employees that perform this activity as part of their defined job are exempt from this prohibition.
6. Circumvent or attempt to avoid the user authentication or security of any HCHC workstation or account. Employees that perform this activity as part of their defined job are exempt from this prohibition.

Access to all HCHC workstations must be controlled with a username and password.

1. HCHC workforce members must not share passwords with others. If a HCHC workforce member believes that someone else is inappropriately using a user-ID or password, they must immediately notify their manager.
2. Where possible, the initial password(s) issued to a new HCHC workforce member must be valid only for the new user's first logon to a workstation. At initial logon, the user must be required to choose another password.

3. Where possible, this same process must be used when a workforce member's workstation password is reset.

HCHC workstations containing EPHI must be physically located in such a manner as to minimize the risk that unauthorized individuals can gain access to them.

1. The display screens of all HCHC workstations containing EPHI must be positioned such that information cannot be readily viewed through a window, by persons walking in a hallway, or by persons waiting in reception, public, or other related areas.

Workstations removed from HCHC premises must be protected with security controls equivalent to those for on-site workstations.

1. EPHI must not be stored on a portable workstation unless such information is appropriately protected. HCHC security office approved encryption should be used.
2. Locking software for unattended laptops must activate after 20 minutes.
3. HCHC portable workstations must be carried as carry-on (hand) baggage when workforce members use public transport. They must be concealed and/or locked when in private transport (e.g., locked in the trunk of an automobile).
4. Personal laptops will not be permitted access to the HCHC network and are not to be used to access EPHI.

Hilltown CHC
Summary Financial Results And Analytics - Dashboard
Three Months Ending March 31, 2017

	FY 2016	Budgeted FY 2017	Actual Q1 2017	Notes on Trend	Cap Link TARGET	COMMENT
<u>Liquidity Measures</u>						
Operating Days Cash	19	13	12	Measures the number of days HCHC can cover daily operating cash needs.	> 30-45 Days	Not Meeting Benchmark
Current Ratio	1.78	1.19	1.47	Measures HCHC's ability to meet current obligations.	>1.25	Doing Better than Benchmark
Patient Services AR Days	23	25	33	Measures HCHC's ability to bill and collect patient receivables	< 60-75 Days	Doing Better than Benchmark
Accounts Payable Days	50	48	56	Measures HCHC's ability to pay bills	< 60 Days	Doing Better than Benchmark
<u>Profitability Measures</u>						
Net Operational Margin	-3.2%	-0.3%	-11.4%	Measures HCHC's Financial Health	> 1 to 3%	Not Meeting Benchmark
Bottom Line Margin	4.7%	14.7%	-9.7%	Measures HCHC's Financial Health but includes non-operational activities	> 3%	Not Meeting Benchmark
<u>Leverage</u>						
Total Liabilities to Total Net Assets	33.0%	24.1%	38.3%	Measures HCHC's total Liabilities to total Net Assets	< 30%	Not Meeting Benchmark

Hilltown Community Health Centers, Inc.

Summary of Results for the First Quarter Ended March 31, 2017

SEE STATEMENT OF ACTIVITIES FOR DETAIL

Revenue

1. Patient revenue services did not meet budget for the first quarter of FY 2017.
 - a. Medical - \$150,738 and 669 visits under budget.
 - b. Dental - \$102,895 and 934 visits under budget.
 - c. Behavioral Health - \$13,786 and 23 visits under budget.
 - d. Optometry - \$7,582 under budget while being 51 visits over budget. The reimbursement rate was lower than budgeted.
 - e. Optometry Hardware and Pharmacy approximated the budget.
2. Grant revenues were at approximate budgeted amounts.
3. Dividend income out performed budget by \$27,435.

Compensation and Related Expenses

1. Wages, taxes and benefits were \$4,133 over budget, or .3%. No significant variances.

Other Operating Expenses

1. Total operating expenses were \$31,933 under budget. No significant variances. It should be noted that this category of expenses included a \$50,000 expense for the ACO Membership.

Non-Operating Activities

1. Donations for Q1 were \$85,604 under budget. This is a result of stronger than expected collections in the prior year. Overall the fundraising is ahead of scheduled and greater than expected.

Net Surplus (Deficit)

1. The Net operating results were a disappointment and is of concern. The expenses, including payroll were a combined \$27,800 under budget, however patient revenues were significantly lower to both budget and prior year for the same period; \$271,506 under budget and \$45,771 under prior year. This was the cause of the Q1 operating deficit of \$225,572.

Hilltown Community Health Centers

Statement of Activities

Three Months Ending March 31, 2017

	Jan Actual	Feb Actual	Mar Actual	Q1 FY17 Actual	Q1 FY17 Budget	Over (Under) Budget	PY Q1 FY16 Actual	Q1 17 v Q1 16 Dif.
OPERATING ACTIVITIES								
Revenue								
Patient Services - Medical	\$ 175,323	\$ 174,363	\$ 219,564	\$ 569,250	\$ 719,988	\$ (150,738)	\$ 623,540	\$ (54,290)
Visits	1,401	1,248	1,549	4,198	4,867	(669)	4,905	(707)
Net Revenue /Visit	125.14	139.71	141.75	135.60	147.93	(12.33)	127.12	8.48
Patient Services - Dental	130,149	120,448	149,941	400,538	503,433	(102,895)	441,092	(40,554)
Visits	1,208	1,092	1,338	3,638	4,572	(934)	4,919	(1,281)
Net Revenue /Visit	107.74	110.30	112.06	110.10	110.11	(0.01)	89.67	20.43
Patient Services - Beh. Health	25,519	27,497	32,772	85,787	99,573	(13,786)	47,595	38,192
Visits	344	286	368	998	1,021	(23)	465	533
Net Revenue /Visit	74.18	96.14	89.05	85.96	97.53	(11.57)	102.36	(16.40)
Patient Services - Optometry	11,662	15,665	14,048	41,375	48,957	(7,582)	36,854	4,521
Visits	182	162	206	550	499	51	605	(55)
Net Revenue /Visit	64.08	96.70	68.20	75.23	98.11	(22.88)	60.92	14.31
Patient Services - Optometry Hardware	4,663	2,380	7,756	14,798	20,500	(5,702)	20,258	(5,459)
Patient Services - Pharmacy	12,489	12,167	14,321	38,977	31,250	7,727	38,879	98
Quality & Other Incentives	437	531	502	1,470	-	1,470	13,191	(11,721)
HRSA 330 Grant	114,795	114,795	146,122	375,711	386,625	(10,913)	244,881	130,830
HIP Grant	-	23,125	3,000	26,125	25,000	1,125	16,382	9,743
DPH Grant	13,954	11,473	7,970	33,396	33,000	396	36,491	(3,095)
Other Grants & Contracts	54,636	55,547	62,623	172,806	173,875	(1,069)	239,439	(66,632)
Int., Dividends Gain /Loss Investments	69	49	28,567	28,685	1,250	27,435	4,461	24,224
Rental & Misc. Income	2,903	2,373	2,941	8,217	7,056	1,161	8,773	(556)
Total Operating Revenue	\$ 546,597	\$ 560,411	\$ 690,127	\$ 1,797,135	\$ 2,050,507	\$ (253,372)	\$ 1,771,833	\$ 25,302
Compensation and related expenses								
Salaries and wages	464,411	404,656	484,686	1,353,753	1,355,217	(1,463)	1,275,560	78,194
Payroll taxes	38,296	33,035	38,857	110,187	103,130	7,058	99,565	10,622
Fringe benefits	35,602	43,615	41,291	120,508	121,970	(1,461)	101,922	18,586
Total Compensation & related expenses	\$ 538,309	\$ 481,306	\$ 564,834	\$ 1,584,449	\$ 1,580,316	\$ 4,133	\$ 1,477,047	\$ 107,402

Hilltown Community Health Centers

Statement of Activities

Three Months Ending March 31, 2017

	Jan Actual	Feb Actual	Mar Actual	Q1 FY17 Actual	Q1 FY17 Budget	Over (Under) Budget	PY Q1 FY16 Actual	Q1 17 v Q1 16 Dif.
Other Operating Expenses								
Advertising and marketing	\$ 739	\$ 339	\$ 665	\$ 1,742	\$ 7,063	\$ (5,320)	\$ 3,806	\$ (2,064)
Bad debt	915	3,691	(29)	4,576	-	4,576	(5,125)	9,701
Computer support	7,165	6,165	7,450	20,779	29,688	(8,908)	33,991	(13,211)
Conference and meetings	70	6,477	2,263	8,810	4,750	4,060	12,316	(3,506)
Continuing education	1,994	2,771	991	5,756	8,625	(2,869)	4,438	1,319
Contracts and consulting	3,715	7,129	5,788	16,633	14,750	1,883	19,324	(2,692)
Depreciation and amortization	13,913	13,913	13,258	41,084	43,937	(2,853)	41,616	(532)
Dues and membership	50,856	2,085	1,173	54,113	57,863	(3,749)	4,019	50,094
Equipment leases	2,434	395	3,665	6,494	4,824	1,670	7,420	(926)
Insurance	1,131	1,210	1,210	3,551	3,125	426	3,053	499
Interest	1,632	1,623	1,458	4,713	4,653	60	5,439	(727)
Legal and accounting	2,083	5,929	2,161	10,174	8,750	1,424	8,327	1,847
Licenses and fees	3,655	5,211	4,850	13,716	13,119	598	11,751	1,966
Medical & dental lab and supplies	14,146	13,465	16,058	43,668	47,500	(3,832)	38,223	5,446
Merchant CC Fees	895	1,052	983	2,930	2,375	555	2,571	359
Office supplies and printing	2,142	1,843	3,979	7,964	10,125	(2,161)	14,387	(6,423)
Postage	2,030	152	2,064	4,246	3,863	384	4,065	181
Program supplies and materials	14,951	12,584	19,405	46,939	50,500	(3,561)	44,225	2,714
Pharmacy & Optometry COGS	3,322	3,542	4,512	11,376	27,000	(15,624)	15,691	(4,315)
Recruitment	404	502	850	1,755	2,125	(370)	763	992
Rent	3,000	3,000	3,000	9,000	9,713	(713)	9,100	(100)
Repairs and maintenance	15,867	13,740	16,418	46,025	43,125	2,900	49,005	(2,981)
Small equipment purchases	-	-	958	958	7,125	(6,167)	6,084	(5,126)
Telephone	8,696	9,140	9,090	26,926	23,163	3,764	16,892	10,034
Travel	2,248	2,819	4,679	9,746	11,875	(2,129)	9,599	147
Utilities	6,073	2,293	6,157	14,523	10,500	4,023	11,640	2,882
Loss on Disposal of Assets	-	-	-	-	-	-	-	-
Total Other Operating Expenses	\$ 164,075	\$ 121,069	\$ 133,055	\$ 418,199	\$ 450,132	\$ (31,933)	\$ 372,620	\$ 45,579
Net Operating Surplus (Deficit)	\$ (155,787)	\$ (41,964)	\$ (7,762)	\$ (205,513)	\$ 20,059	\$ (225,572)	\$ (77,834)	\$ (127,679)
NON_OPERATING ACTIVITIES								
Donations, Pledges & Contributions	1,145	19,090	10,955	31,190	116,794	(85,604)	46,321	(15,132)
Loan Forgiveness	-	-	-	-	-	-	13,000	(13,000)
Net Non-operating Surplus (Deficit)	\$ 1,145	\$ 19,090	\$ 10,955	\$ 31,190	\$ 116,794	\$ (85,604)	\$ 59,321	\$ (28,132)
NET SURPLUS/(DEFICIT)	\$ (154,642)	\$ (22,874)	\$ 3,193	\$ (174,323)	\$ 136,853	\$ (311,176)	\$ (18,513)	\$ (155,810)