Hilltown Community Health Center

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

BOARD MEETING
FEBRUARY 22, 2018
HUNTINGTON HEALTH CENTER
5:30 PM

AGENDA

1. Call to Order

2. Approval of the January 25, 2018 Meeting Minutes

3. Finance Committee Report
   - 2018 Budget Review

4. Chief Executive Officer / Senior Manager Reports

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

6. Old Business

7. New Business
   - Oral Health/Dental Policies
   - HIPAA Privacy Policies

   - Employee Credentialing-New Employees:
     1. Sherry Ferrier, RN
     2. Rosa Saldana, Dental Hygienist
     3. Shirley Markham, RN

   - Interns/Students:
     1. Holly Lynch, Dental Assistant Intern from Porter and Chester Inst.
     2. Naomi Bliss, NP Precepting Student from Vanderbilt Univ.

   - Employee Privileging-Current Employee:
     1. Serena Torrey, LICSW –adding new requested privilege

   - Employee Privileging-NewEmployee:
     1. Rosa Saldana, Dental Hygienist

8. Adjourn

HCHC BOARD OF DIRECTORS MEETING
Date/Time: 01/25/2018 5:30pm
Worthington Health Center

MEMBERS: John Follet, President; Tim Walter, Treasurer; Alan Gaitenby; Kathryn Jensen; Lee Manchester; Seth Gemme; Matt Bannister; Wendy Lane Wright, Clerk; Cheryl Hopson; Maya Bachman
STAFF: Eliza Lake, CEO; Janet Laroche, Executive Assistant; Frank Mertes, CFO
ABSENT: Nancy Brenner, Vice President; Michael Purdy, CCCSO

Agenda Item	Summary of Discussion	Decisions/ Next Steps/ Person Responsible Due Date
Approval of Minutes 12/28/2017	John Follet called the meeting to order at 5:35pm. The December 28, 2017 minutes were reviewed by the Board members present. Alan Gaitenby made a motion to accept the minutes as written. A brief discussion was held requesting that a sentence in the CEO Report on page 3 be removed from the minutes. **A motion was made by Tim Walter to approve the December 28, 2017 minutes as amended. The motion was seconded by Alan Gaitenby. The motion to approve the December 28, 2017 minutes as amended was approved.**	December 28, 2017 minutes were approved with amendments
Finance Committee	Tim Walter reported for the finance committee which met at 4:30pm prior to this meeting. The December figures show an approximate $294,000 deficit. The deficit with Amherst is approximately $274,500 and it will increase with the first year of Amherst being open. Including depreciation, the deficit will be covered. At the present time, the cost of offering a cost of living allowance (COLA) to the staff this coming year would be $87,000 without including the providers. It's felt that this is not affordable at this time, but the Board might want to discuss this further. It was reported that the annual financial audit is happening in March. A discussion took place to consider a loan in the amount of $250,000 to cover the unexpected issues that occurred in Amherst. The costs include wiring and a switchgear, a fuse box and a transformer. Negotiations with the Town of Amherst are still going on to see who will pay for what. Frank Mertes brought up discussion regarding the budget for 2018. The budget is about the same as last year's. Cash will remain tight for the entire year. A further discussion about a COLA for staff was held. Frank stated that he would have to cut somewhere else if the COLA were included in the budget. The 2017 COLA distributed was 2%, and the year before was 1%. There have been	

	adjustments by pay categories over the years for various positions. There's an option to only give a COLA to those who make under a certain amount per hour. The total cost would be approximately $87,000 at 2%. Another option would be to reassess in 6 months to see if it's possible. No budget for 2018 was presented today. Senior Managers wanted to have a conversation with the Board about the COLA to hear their thoughts prior to finalizing the budget. The Finance Committee consensus was to possibly revisit this in 6 months. It was asked where cuts would be made if cuts had to be made somewhere? Frank stated cuts to staff would need to be made to make the $87,000 to give out. Frank informed the group that the Amherst location has not had a drain on finances presently, nor has it had an impact on health center finances. The money for Amherst has been received through fundraising, grants, etc. In regards to staff, some are unhappy about opening another location in Amherst. Some see the site as a threat or a distraction or as a loss of identity to the health center. It was asked if the reasons to open there and updates on the site have been communicated to staff? Yes, staff have received communications about the reasons and the process. It was asked if there's a way to leverage the staff to make them feel involved? One open house has already been held for staff to visit the site. Some staff attended. Another open house for staff is being planned prior to opening. A Doodle poll will be sent to ask when most would be able to attend. The hope is that once it opens and they see what it is, perceptions may change. It was suggested that maybe a 1% COLA could be considered, as something is better than nothing. If a position were to be vacated, would it be possible to not replace that person and have those duties be absorbed? Frank stated that his department is having an extremely difficult time paying bills right now. There is only 3-7 days cash on hand right now. He is making difficult decisions about paying bills at the present time. Messaging to staff regarding the budget, including the possibility of no COLA needs to be thought out carefully. Amherst, C3, MassHealth transition, the transition to the cloud are all factors in creating tight financing. There are still many unknowns. All of these factors should be done by June. It was suggested that Senior Management not mention to staff that a COLA could be possible in 6 months, but the Board will discuss this again at the July meeting. Wendy Long supports sending an email to all about the realities of where things stand. **A motion was made by Kathryn Jensen to accept the finance committee report. It was seconded by Wendy Long. With no further discussion needed, the finance committee report was approved.**	 Finance committee report was approved.

CEO Report	Eliza Lake made her CEO report to the Board. C3 implementation activity is moving along. In regards to MassHealth patients, we cannot call them at this time to discuss signing up with C3. We can contact all these patients for their next appointment to have them come in instead. We can talk with them if they have an appointment There will be a meeting with reception staff to explain the issues.	
	We've received a patient list from MassHealth that we feel is missing approximately 800 individuals of our current patients. The MassHealth list contains patient who have us listed as their PCP. In addition, there are approximately 300 names that we've never seen. It was asked how many patients do we think will fall through the cracks? A roster of patients will go to C3 every week listing what each patient has told us for tracking purposes.	
	C3 is bringing a nurse candidate to be interviewed for the position they will fill. This person will work at our sites. Staff will be part of the evaluation process. It was asked how the nurse will work with our nurses? This is a clinical position with responsibilities for managing chronic conditions. The position will work closely and interact with our staff.	
	Eliza informed the Board that there was a recent demonstration of a population health management module for the electronic health record, eCW. We received some federal funding that could pay for some of the module if Department Heads feel it's something beneficial.	
	The conversation with the Town of Amherst about the electrical expenses continues as we're waiting for their response. Due to this expense, fundraising needs to continue to raise additional funds. A survey will be completed by an outside entity to be sure the switchgear is necessary. The Town thinks it might not be necessary. But, the survey will determine for sure either way. The Town needs proof. The cost of the switchgear is $35,000. It was asked if it's not needed, can the order be cancelled?	
	There's a meeting scheduled to discuss marketing, advertising, and translation services for the site this coming week.	
	Baystate Reference Labs (BRL) toured the Amherst site. We're interested in having them be the lab on site.	
	People are already calling to make appointments at the new site.	
	Kim Savery has been interviewing for the Community Health Worker (CHW) position in Amherst. She's met with approximately 20 candidates. We now have many positions open for Amherst that have been posted. A Nurse Practitioner has been hired. And, another dentist has been interviewed as well.	
	There are still talks taking place regarding Behavioral Health services being offered in Amherst. The construction plans do not include a physical space for	

	this service since there were many regulations to meet. Renting space from Clinical Support Options could be an option that needs to be investigated further. Eliza also reported that the weather this month has created problems with closing the health centers. There have been closings and a two hour delay another day. It's been difficult to determine what the best decision is on bad weather days. Eliza asked for the Board's advice on what should be told to staff regarding the federal funding cliff. She shared several newspaper articles with the group. She has heard from the National Association of Community Health Centers (NACHC) that health centers will be included in the next Continuing Resolution or budget that must be passed by February 8. She's wondering about the messaging to staff regarding this issue and whether to be more public or not. She received some questions about a possible shut down from major donors this week. A brief discussion about the impact being different in Amherst vs. the hilltowns was held. It was mentioned that staff could perceive this potential funding cliff as scary. This is a big deal in Eliza's eyes. Eliza informed the Board that free Narcan is coming to our sites. In July, providers will be able to subscribe Suboxone. There was a meeting this week with our insurance agent to review policies. Cyber security and ransom ware policies are being considered. We're still trying to figure out something for the transportation of patients in staff's individual vehicles.	
Executive Committee	John Follet reported there was no meeting of the Executive Committee this month.	
Recruitment, Orientation & Nominating (RON) Committee	Tim Walter reported that there was no meeting of the RON committee this month. A few Advisory Committee members in Amherst could be considered as possibilities for joining our Board later in 2018.	
Corporate Compliance Committee	For Corporate compliance, there was an insurance meeting this month to review our policies. The Annual Disclosure form is being updated to reflect items contained in the Corporate Compliance policy. This form will be sent out shortly to all Board members and Senior Managers for completion.	
Facilities Committee	We're still going forward with renovations in Huntington and Worthington. Rug samples, quotes for flooring and painting are being gathered. There was a water main break in front of the Worthington location one afternoon this month. Eversource was digging a hole for a light pole in the	

	wrong place. Due to having no water, the Worthington Health Center closed early and patients/staff were moved to Huntington. Russ Jordan stayed and worked with the town crew to get it repaired. Russ went home and lent his flood lights so they could work into the night. This resulted in half an afternoon with no revenue.	
Personnel Committee	The Personnel committee was to meet in January, but the meeting was cancelled due to weather. The meeting has been rescheduled for next week.	
Quality Improve-ment/Risk Management Committee	Cheryl Hopson reported to the Board that minutes from the December meeting were included in the Board packet. Some issues from QI were already discussed in Eliza's report. The Behavioral Health department gave their quarterly report in December. The department still has a waiting list which seems to be happening regionally. At the January meeting it was reported that a part time bi-lingual Behavioral Health positon is to be posted. This will hopefully assist with decreasing the number of people on the waiting list. There was a staff shortage discussion. Currently there are fewer MDs and there are supervisory responsibilities to supervise the NPs and the PA which can be difficult. The committee also reviewed ways to share quality reports with the public as this is an NCQA requirement. Marie Burkart is looking into this. A calendar for department reporting, along with other committee tasks as needed is now in place going forward. The QI-Risk Management Bi-Annual Report was distributed to the Board and reviewed. All that's been discussed and reviewed by the QI Committee in the past 6 months is included in this report. It was clarified that the Risk Manager reports monthly at the QI meeting. Quarterly reports from each department are included in the monthly QI minutes. The quarterly reports are presented to QI and then reported to the Board. The new incident reporting forms have been implemented and are clearer and more understandable. They seem to be working better. All incidents are now being entered into a database for review by QI and Senior Management in order to assess risk.	
Committee Reports	After all the committee reports had been reviewed and discussed, **Tim Walter made a motion to accept all committee reports. The motion was seconded by Wendy Long and without further discussion needed, the reports were approved.**	Committee reports presented at this meeting were approved.
Old Business	There was no old business this month.	

New Business Policies Policy	The Policies Policy was reviewed. This policy had existed but hand not been reviewed or updated recently. **Lee Manchester made a motion to approve the Policies Policy. Matt Bannister seconded the motion. With no further discussion needed, the motion to approve the Policies policy was approved unanimously.**	Policies Policy was approved.
Employee Credentialing	Due to not having the credentialing checklist for Sherry Ferrier, RN, the review will be postponed until next month.	
Adjourn & Next Meeting	With no further business, a motion to adjourn the meeting was made by Tim Walter and seconded by Wendy Long. The meeting adjourned at 7:00pm. The next regular Board meeting is scheduled for February 22, 2018 at 5:30pm at the Huntington Health Center.	

Submitted by,

Janet Laroche, Executive Assistant

BHCMIS ID: 010330 - HILLTOWN COMMUNITY HEALTH CENTER, INC., Worthington, MA

Program Name: Health Center 330

Submission Status: Review In Progress

UDS Report - 2017

Center / Health Center Profile

Do you self-identify as an NMHC?	No

Title	Name	Phone	Fax	Email
UDS Contact	Frank Mertes	(413) 238-4116	(413) 238-5570	fmertes@HCHCweb.org
Project Director	Eliza Lake	(413) 238-4128	Not Available	elake@hchcweb.org
CEO	Not Available	Not Available	Not Available	Not Available
Chairperson	Not Available	Not Available	Not Available	Not Available
Clinical Director	Michael Purdy	(413) 667-3009 Ext. 270	(413) 238-5570	mpurdy@hchcweb.org

Feb 15 2018 Submission

Review

Program Name: Health Center 330

Submission Status: Review In Progress

UDS Report - 2017

Patients by ZIP Code

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
01001	3	11	7	22	43
01002	7	13	4	0	24
01007	2	10	0	5	17
01008	22	89	48	201	360
01011	28	164	77	291	560
01012	6	45	20	77	148
01013	6	8	8	8	30
01020	5	21	12	9	47
01022	0	2	1	3	6
01026	42	127	79	206	454
01027	21	79	26	48	174
01028	0	2	4	7	13
01029	5	25	7	19	56
01030	0	4	0	18	22
01032	8	18	4	34	64
01033	0	2	0	3	5
01034	8	30	14	31	83
01035	3	8	3	2	16
01038	1	10	3	2	16
01039	8	43	9	20	80
01040	11	19	5	12	47
01050	70	321	167	604	1162
01053	0	11	8	4	23
01054	1	6	0	0	7
01056	0	3	3	5	11
01057	0	2	2	1	5
01060	17	53	10	18	98
01061	1	5	2	2	10
01062	10	46	12	37	105
01069	0	2	1	2	5
01070	38	147	65	135	385
01071	16	73	40	173	302
01073	4	3	7	22	36
01075	0	6	4	5	15
01077	9	36	16	23	84
01084	3	17	19	19	58
01085	73	345	108	355	881
01086	3	11	5	7	26
01088	1	3	2	3	9
01089	7	25	15	40	87
01090	0	2	1	3	6
01095	1	0	1	8	10
01096	20	94	32	75	221
01097	3	18	5	17	43
01098	41	160	141	301	643
01104	2	9	1	17	29
01105	0	1	2	3	6
01106	0	1	2	9	12

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
01107	1	7	2	0	10
01108	1	7	6	7	21
01109	1	6	3	7	17
01118	2	0	7	8	17
01119	1	1	2	5	9
01129	1	0	4	3	8
01151	1	5	0	1	7
01201	21	65	17	34	137
01220	2	37	6	13	58
01223	9	48	21	66	144
01225	2	13	1	1	17
01226	5	30	8	21	64
01235	21	79	39	107	246
01237	3	5	1	2	11
01238	0	5	2	2	9
01243	4	21	12	34	71
01245	0	4	2	1	7
01247	8	41	6	9	64
01253	2	8	3	13	26
01256	2	10	8	17	37
01267	0	8	1	4	13
01270	7	17	13	31	68
01301	3	13	1	5	22
01330	9	52	12	23	96
01338	1	4	3	5	13
01339	7	19	8	4	38
01340	1	12	3	1	17
01341	0	11	2	8	21
01346	0	3	1	3	7
01360	0	2	2	1	5
01370	11	31	13	8	63
01373	1	2	3	3	9
01375	0	2	0	3	5
01376	1	3	2	2	8
01379	0	7	0	0	7
Other ZIP Codes	17	69	32	50	168
Unknown Residence	0	0	0	0	0
Total	651	2777	1248	3408	8084

BHCMIS ID: 010330 - HILLTOWN COMMUNITY HEALTH CENTER, INC., Worthington, MA

Program Name: Health Center 330

Submission Status: Review In Progress

UDS Report - 2017

Table 3A: Patients By Age And By Sex Assigned At Birth - Universal

S.No	Age Groups	Male Patients (a)	Female Patients (b)
1.	Under Age 1	20	15
2.	Age 1	17	16
3.	Age 2	20	15
4.	Age 3	25	35
5.	Age 4	37	35
6.	Age 5	43	40
7.	Age 6	43	44
8.	Age 7	38	40
9.	Age 8	45	50
10.	Age 9	31	26
11.	Age 10	52	38
12.	Age 11	40	44
13.	Age 12	54	44
14.	Age 13	49	40
15.	Age 14	56	50
16.	Age 15	39	36
17.	Age 16	55	41
18.	Age 17	39	36
	Subtotal Patients (Sum lines 1-18)	**703**	**645**
19.	Age 18	40	41
20.	Age 19	41	34
21.	Age 20	39	38
22.	Age 21	42	50
23.	Age 22	30	49
24.	Age 23	21	52
25.	Age 24	27	42
26.	Ages 25-29	195	264
27.	Ages 30-34	197	285
28.	Ages 35-39	212	263
29.	Ages 40-44	171	230
30.	Ages 45-49	232	290
31.	Ages 50-54	302	357
32.	Ages 55-59	352	478
33.	Ages 60-64	357	459
	Subtotal Patients (Sum lines 19-33)	**2,258**	**2,932**

UDS Report - 2017

Table 3A: Patients By Age And By Sex Assigned At Birth - Universal

S.No	Age Groups	Male Patients (a)	Female Patients (b)
34.	Ages 65-69	322	346
35.	Ages 70-74	216	232
36.	Ages 75-79	96	119
37.	Ages 80-84	48	57
38.	Age 85 and over	39	71
	Subtotal Patients (Sum lines 34-38)	721	825
39.	Total Patients (Sum lines 1-38)	3,682	4,402

OMB Control Number: 0195-0193

S.No	Age Groups	Male Patients (a)	Female Patients (b)

BHCMIS ID: 010330 - HILLTOWN COMMUNITY HEALTH CENTER, INC., Worthington, MA

Program Name: Health Center 330

Submission Status: Review In Progress

UDS Report - 2017
Table 3B - Demographic Characteristics - Universal

S.No	Patients by Race	Demographic Characteristics			
		Hispanic/Latino (a)	Non-Hispanic/Latino (b)	Unreported/Refused to Report Ethnicity (c)	Total (d)
1.	Asian	2	56		58
2a.	Native Hawaiian	1	9		10
2b.	Other Pacific Islander	1	2		3
2.	Total Hawaiian/Other Pacific Islander (Sum lines 2a+2b)	2	11		13
3.	Black/African American	6	61		67
4.	American Indian/Alaska native	1	38		39
5.	White	114	5,997		6,111
6.	More than one race	-	1		1
7.	Unreported/Refused to report race	44	64	1,687	1,795
8.	Total Patients (Sum lines 1+2+3 through 7)	169	6,228	1,687	8,084

S.No	Patients by Language	Number (a)
12.	Patients Best Served in a Language other than English	101

S.No	Patients by Sexual Orientation	Number (a)
13.	Lesbian or Gay	76
14.	Straight (not lesbian or gay)	2,942
15.	Bisexual	76
16.	Something else	4,638
17.	Don't know	89
18.	Chose not to disclose	263
19.	Total Patients (Sum Lines 13 to 18)	8,084

S.No	Patients by Gender Identity	Number (a)
20.	Male	3,087
21.	Female	3,647
22.	Transgender Male/ Female-to-Male	2
23.	Transgender Female/ Male-to-Female	7
24.	Other	1,302
25.	Chose not to disclose	39
26.	Total Patients (Sum Lines 20 to 25)	8,084

OMB Control Number: 0195-0193

BHCMIS ID: 010330 - HILLTOWN COMMUNITY HEALTH CENTER, INC., Worthington, MA

Program Name: Health Center 330

Submission Status: Review In Progress

UDS Report - 2017
Table 4 - Selected Patient Characteristics - Universal

S.No	Characteristic	Number of Patients (a)
Income as Percent of Poverty Guideline		
1.	100% and below	777
2.	101 - 150%	1,283
3.	151 - 200%	1,481
4.	Over 200%	1,907
5.	Unknown	2,636
6.	**Total (Sum lines 1-5)**	**8,084**

S.No	Principal Third Party Medical Insurance Source	0-17 Years Old (a)	18 and Older (b)
7.	None/Uninsured	29	622
8a.	Regular Medicaid (Title XIX)	755	2,022
8b.	CHIP Medicaid	-	-
8.	**Total Medicaid (Sum lines 8a+8b)**	**755**	**2,022**
9a.	Dually eligible (Medicare and Medicaid)	-	366
9.	Medicare (Inclusive of dually eligible and other Title XVIII beneficiaries)	0	1,248
10a.	Other Public Insurance Non-CHIP (Specify: -)	-	-
10b.	Other Public Insurance CHIP	-	-
10.	**Total Public Insurance (Sum lines 10a+10b)**		
11.	Private Insurance	564	2,844
12.	**Total (Sum lines 7+8+9+10+11)**	**1,348**	**6,736**

S.No	Payer Category	Medicaid (a)	Medicare (b)	Other Public Including Non-Medicaid CHIP (c)	Private (d)	Total (e)
Managed Care Utilization						
13a.	Capitated Member months	-	-	-	-	-
13b.	Fee-for-service Member months	9,019	-	-	15,781	24,800
13c.	**Total Member Months (Sum lines 13a+13b)**	**9,019**			**15,781**	**24,800**

Program Name: Health Center 330

Submission Status: Review In Progress

UDS Report - 2017

Table 4 - Selected Patient Characteristics - Universal

S.No	Special Populations	Number of Patients (a)
14.	Migratory (330g grantees only)	
15.	Seasonal (330g grantees only)	
16.	**Total Agricultural Workers or Dependents (All Health Centers Report This Line)**	-
17.	Homeless Shelter (330h grantees only)	
18.	Transitional (330h grantees only)	
19.	Doubling Up (330h grantees only)	
20.	Street (330h grantees only)	
21.	Other (330h grantees only)	
22.	Unknown (330h grantees only)	
23.	**Total Homeless (All Health Centers Report This Line)**	-
24.	**Total School Based Health Center Patients (All Health Centers Report This Line)**	492
25.	**Total Veterans (All Health Centers Report This Line)**	495
26.	**Total Patients Served at a Health Center Located In or Immediately Accessible to a Public Housing Site (All Health Centers Report This Line)**	-

OMB Control Number: 0195-0193

Review

UDS Report - 2017
Table 5 - Staffing And Utilization - Universal

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Medical Care Services				
1.	Family Physicians	2.89	5,520	
2.	General Practitioners	-	-	
3.	Internists	0.53	1,176	
4.	Obstetrician/Gynecologists	-	-	
5.	Pediatricians	1.00	2,277	
7.	Other Specialty Physicians	-	-	
8.	**Total Physicians (Sum lines 1-7)**	**4.42**	**8,973**	
9a.	Nurse Practitioners	4.87	8,410	
9b.	Physician Assistants	0.08	76	
10.	Certified Nurse Midwives	-	-	
10a.	**Total NP, PA, and CNMs (Sum lines 9a - 10)**	**4.95**	**8,486**	
11.	Nurses	6.00	1,257	
12.	Other Medical Personnel	12.25		
13.	Laboratory Personnel			
14.	X-Ray Personnel	-		
15.	**Total Medical (Sum lines 8+10a through 14)**	**27.62**	**18,716**	**5,200**
Dental Services				
16.	Dentists	5.00	10,035	
17.	Dental Hygienists	4.60	4,847	
17a.	Dental Therapists	-	-	
18.	Other Dental Personnel	9.47		
19.	**Total Dental Services (Sum lines 16-18)**	**19.07**	**14,882**	**4,610**
Mental Health Services				
20a.	Psychiatrists	-	-	
20a1.	Licensed Clinical Psychologists	-	-	
20a2.	Licensed Clinical Social Workers	4.65	3,809	
20b.	Other Licensed Mental Health Providers	-	-	
20c.	Other Mental Health Staff	-	-	
20.	**Total Mental Health (Sum lines 20a-20c)**	**4.65**	**3,809**	**465**

OMB Control Number: 0195-0193

UDS Report - 2017

Table 5 - Staffing And Utilization - Universal

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Substance Abuse Services				
21.	Substance Abuse Services	-	-	-
Other Professional Services				
22.	Other Professional Services (Specify: -)	-	-	-
Vision Services				
22a.	Ophthalmologists	-	-	
22b.	Optometrists	0.95	2,329	
22c.	Other Vision Care Staff	0.96		
22d.	**Total Vision Services (Sum lines 22a-22c)**	**1.91**	**2,329**	**1,808**
Pharmacy Personnel				
23.	Pharmacy Personnel	-		
Enabling Services				
24.	Case Managers	7.31	2,313	
25.	Patient/Community Education Specialists	2.03	1,585	
26.	Outreach Workers	0.93		
27.	Transportation Staff	-		
27a.	Eligibility Assistance Workers	1.00		
27b.	Interpretation Staff	-		
27c.	Community Health Workers	-		
28.	Other Enabling Services (Specify: -)	-		
29.	**Total Enabling Services (Sum lines 24-28)**	**11.27**	**3,898**	**1,269**

OMB Control Number: 0195-0193

UDS Report - 2017

Table 5 - Staffing And Utilization - Universal

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
Other Programs/Services				
29a.	Other Programs and services (Specify: -)	-		
29b.	Quality Improvement Staff	1.58		
Administration and Facility				
30a.	Management and Support Staff	6.16		
30b.	Fiscal and Billing Staff	7.05		
30c.	IT Staff	1.00		
31.	Facility Staff	0.81		
32.	Patient Support Staff	15.84		
33.	Total Facility and Non-Clinical Support Staff (Lines 30a - 32)	30.86		
Grand Total				
34.	Grand Total (Lines 15+19+20+21+22+22d+23+29+29a+29b+33)	96.96	43,634	

BHCMIS ID: 010330 - HILLTOWN COMMUNITY HEALTH CENTER, INC., Worthington, MA

Program Name: Health Center 330

Submission Status: Review In Progress

UDS Report - 2017

Table 5A - Tenure for Health Center Staff

S.No	Health Center Staff	Full and Part Time		Locum, On-Call, etc	
		Persons (a)	Total Months (b)	Persons (c)	Total Months (d)
1.	Family Physicians	5	332	-	-
2.	General Practitioners	-	-	-	-
3.	Internists	-	-	-	-
4.	Obstetrician/Gynecologists	-	-	-	-
5.	Pediatricians	1	76	-	-
7.	Other Specialty Physicians	-	-	-	-
9a.	Nurse Practitioners	4	162	-	-
9b.	Physician Assistants	1	1	-	-
10.	Certified Nurse Midwives	-	-	-	-
11.	Nurses	8	1,009	-	-
16.	Dentists	9	649	-	-
17.	Dental Hygienists	8	1,133	-	-
17a.	Dental Therapists	-	-	-	-
20a.	Psychiatrists	-	-	-	-
20a1.	Licensed Clinical Psychologists	-	-	-	-
20a2.	Licensed Clinical Social Workers	7	264	-	-
20b.	Other Licensed Mental Health Providers	-	-	-	-
22a.	Ophthalmologist	-	-	-	-
22b.	Optometrist	2	93	-	-
30a1.	Chief Executive Officer	1	63	-	-
30a2.	Chief Medical Officer	1	40	-	-
30a3.	Chief Financial Officer	1	25	-	-
30a4.	Chief Information Officer	-	-	-	-

OMB Control Number: 0195-0193

Review

UDS Report - 2017

Table 6A - Selected Diagnoses And Services Rendered - Universal

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
Selected Infectious and Parasitic Diseases				
1-2.	Symptomatic / Asymptomatic HIV	B20, B97.35, O98.7-, Z21	17	6
3.	Tuberculosis	A15- through A19-	0	0
4.	Sexually transmitted infections	A50- through A64- (exclude A63.0), M02.3-	25	20
4a.	Hepatitis B	B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51	7	6
4b.	Hepatitis C	B17.10, B17.11, B18.2, B19.20, B19.21	60	31
Selected Diseases of the Respiratory System				
5.	Asthma	J45-	912	500
6.	Chronic obstructive pulmonary diseases	J40- through J44-, J47-	991	369
Selected Other Medical Conditions				
7.	Abnormal breast findings, female	C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.81-, C50.91-, C79.81, D05-, D48.6-, N63-, R92-	114	79
8.	Abnormal cervical findings	C53-, C79.82, D06-, R87.61, R87.810, R87.820	51	39
9.	Diabetes mellitus	E08- through E13-, O24- (exclude O24.41-)	1,631	505
10.	Heart disease (selected)	I01-, I02- (exclude I02.9), I20- through I25-, I27-, I28-, I30- through I52-	1,024	449
11.	Hypertension	I10- through I16-	3,598	1,438
12.	Contact dermatitis and other eczema	L23- through L25-, L30- (exclude L30.1, L30.3, L30.4, L30.5), L55- through L59- (exclude L57.0 through L57.4)	240	205
13.	Dehydration	E86-	11	10
14.	Exposure to heat or cold	T33-, T34-, T67-, T68-, T69-	0	0

Sources of Codes:

International Classification of Diseases, 2017, (ICD-10-CM). National Center for Health Statistics (NCHS).

Current Procedural Terminology (CPT), 2017. American Medical Association (AMA).

Current Dental Terminology (CDT), 2017 - Dental Procedure Codes. American Dental Association (ADA).

Note: "X" in a code denotes any number including the absence of a number in that place. "-" (Dashes) in a code indicate that additional characters are required. ICD-10-CM codes all have at least four digits. These codes are not intended to reflect if a code is billable or not. Instead they are used to point out that other codes in the series are to be considered.

OMB Control Number: 0195-0193

UDS Report - 2017

Table 6A - Selected Diagnoses And Services Rendered - Universal

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
14a.	Overweight and obesity	E66-, Z68- (exclude Z68.1, Z68.20 through Z68.24, Z68.51. Z68.52)	1,108	769
Selected Childhood Conditions (limited to ages 0 through 17)				
15.	Otitis media and Eustachian tube disorders	H65- through H69-	80	54
16.	Selected perinatal medical conditions	A33-, P22- through P29- (exclude P29.3), P35- through P96- (exclude P54-, P91.6-, P92-, P96.81), R78.81, R78.89	11	6
17.	Lack of expected normal physiological development (such as delayed milestone; failure to gain weight; failure to thrive); Nutritional deficiencies in children only.Does not include sexual or mental development.	E40- through E46-, E50- through E63-, P92-, R62- (exclude R62.7), R63.2, R63.3	46	26
Selected Mental Health and Substance Abuse Conditions				
18.	Alcohol related disorders	F10-, G62.1	368	141
19.	Other substance related disorders (excluding tobacco use disorders)	F11- through F19- (exclude F17-), G62.0, O99.32-	172	69
19a.	Tobacco use disorder	F17-	699	407
20a.	Depression and other mood disorders	F30- through F39-	3,092	719
20b.	Anxiety disorders including PTSD	F06.4, F40- through F42-, F43.0, F43.1-, F93.0	3,864	930
20c.	Attention deficit and disruptive behavior disorders	F90- through F91-	436	140
20d.	Other mental disorders, excluding drug or alcohol dependence	F01- through F09- (exclude F06.4), F20- through F29-, F43- through F48- (exclude F43.0- and F43.1-), F50- through F59- (exclude F55-), F60- through F99- (exclude F84.2, F90-, F91-, F98-), R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0	1,015	294

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Table 6A - Selected Diagnoses And Services Rendered - Universal

S.No	Service Category	Applicable ICD-10-CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
Selected Diagnostic Tests/Screening/Preventive Services				
21.	HIV test	CPT-4: 86689; 86701 through 86703; 87389 through 87391	0	0
21a.	Hepatitis B test	CPT-4: 86704, 86706, 87515 through 87517	0	0
21b.	Hepatitis C test	CPT-4: 86803, 86804, 87520 through 87522	0	0
22.	Mammogram	CPT-4: 77052, 77057, 77065, 77066, 77067 OR ICD-10: Z12.31	0	0
23.	Pap test	CPT-4: 88141 through 88155, 88164 through 88167, 88174, 88175 OR ICD-10: Z01.41-, Z01.42, Z12.4 (exclude Z01.411 and Z01.419)	132	129
24.	Selected Immunizations: Hepatitis A, Hemophilus Influenza B (HiB), Pneumococcal, Diphtheria, Tetanus, Pertussis (DTaP) (DTP) (DT), Mumps, Measles, Rubella, Poliovirus, Varicella, Hepatitis B Child)	CPT - 4: 90633, 90634, 90645 through 90648, 90670, 90696 through 90702, 90704 through 90716, 90718 through 90723, 90743, 90744, 90748	771	600
24a.	Seasonal Flu vaccine	CPT-4: 90654 through 90662, 90672, 90673, 90685 through 90688	1,314	1,230

Sources of Codes:

International Classification of Diseases, 2017, (ICD-10-CM). National Center for Health Statistics (NCHS).

Current Procedural Terminology (CPT), 2017. American Medical Association (AMA).

Current Dental Terminology (CDT), 2017 - Dental Procedure Codes. American Dental Association (ADA).

Note: "X" in a code denotes any number including the absence of a number in that place. "-" (Dashes) in a code indicate that additional characters are required. ICD-10-CM codes all have at least four digits. These codes are not intended to reflect if a code is billable or not. Instead they are used to point out that other codes in the series are to be considered.

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Table 6A - Selected Diagnoses And Services Rendered - Universal

S.No	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
25.	Contraceptive management	ICD-10: Z30-	344	197
26.	Health supervision of infant or child (ages 0 through 11)	CPT-4: 99381 through 99383, 99391 through 99393	376	291
26a.	Childhood lead test screening (9 to 72 months)	CPT-4: 83655	0	0
26b.	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	CPT-4: 99408, 99409 HCPCS: G0396, G0397, H0050	0	0
26c.	Smoke and tobacco use cessation counseling	CPT-4: 99406, 99407 OR HCPCS: S9075 OR CPT-II: 4000F, 4001F	0	0
26d.	Comprehensive and intermediate eye exams	CPT-4: 92002, 92004, 92012, 92014	902	899

S.No	Service Category	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
Selected Dental Services				
27.	I. Emergency Services	ADA: D9110	272	254
28.	II. Oral Exams	ADA: D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180	6,082	3,985
29.	Prophylaxis - adult or child	ADA: D1110, D1120	5,571	3,571
30.	Sealants	ADA: D1351	198	162
31.	Fluoride treatment - adult or child	ADA: D1206, D1208	1,384	810
32.	III. Restorative Services	ADA: D21xx through D29xx	3,478	1,860
33.	IV. Oral Surgery (extractions and other surgical procedures)	ADA: D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7251, D7260, D7261, D7270, D7272, D7280, D7290 through D7294	542	428
34.	V. Rehabilitative services (Endo, Perio, Prostho, Ortho)	ADA: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	455	273

Sources of Codes:

International Classification of Diseases, 2017, (ICD-10-CM). National Center for Health Statistics (NCHS).

Current Procedural Terminology (CPT), 2017. American Medical Association (AMA).

Current Dental Terminology (CDT), 2017 - Dental Procedure Codes. American Dental Association (ADA).

Note: "X" in a code denotes any number including the absence of a number in that place. "-" (Dashes) in a code indicate that additional characters are required. ICD-10-CM codes all have at least four digits. These codes are not intended to reflect if a code is billable or not. Instead they are used to point out that other codes in the series are to be considered.

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Review

UDS Report - 2017

Table 6B - Quality Of Care Measures

Prenatal Care Provided by Referral Only (Check if Yes):   Yes

Section A - Age Categories for Prenatal Care Patients:

Demographic Characteristics of Prenatal Care Patients

S.No	Age	Number of Patients (a)
1.	Less than 15 years	0
2.	Ages 15-19	1
3.	Ages 20-24	1
4.	Ages 25-44	8
5.	Ages 45 and over	0
6.	Total Patients (Sum lines 1-5)	10

Section B - Early Entry into Prenatal Care

S.No	Early Entry into Prenatal Care	Women Having First Visit with Health Center (a)	Women Having First Visit with Another Provider (b)
7.	First Trimester	10	0
8.	Second Trimester	0	0
9.	Third Trimester	0	0

Section C - Childhood Immunization Status (CIS)

S.No	Childhood Immunization Status (CIS)	Total Patients with 2nd Birthday (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Immunized (c)
10.	MEASURE: Percentage of children 2 years of age who received age appropriate vaccines by their 2nd birthday	17	17	6

Section D - Cervical Cancer Screening

S.No	Cervical Cancer Screening	Total Female Patients Aged 23 through 64 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Tested (c)
11.	MEASURE: Percentage of women 23-64 years of age, who were screened for cervical cancer	1,678	1,678	763

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Program Name: Health Center 330

Submission Status: Review In Progress

UDS Report - 2017

Table 6B - Quality Of Care Measures

Section E - Weight Assessment and Counseling for Nutrition and Physical Activity of Children and Adolescents

S.No	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Total Patients Aged 3 through 17 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Counseling and BMI Documented (c)
12.	MEASURE: Percentage of patients 3-17 years of age with a BMI percentile, and counseling on nutrition and physical activity documented	561	561	120

Section F - Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

S.No	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Total Patients 18 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with BMI Charted and Follow-Up Plan Documented as Appropriate (c)
13.	MEASURE: Percentage of patients 18 years of age and older with (1) BMI documented and (2) follow-up plan documented if BMI is outside normal parameters	4,234	4,234	1,788

Section G - Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

S.No	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Total Patients Aged 18 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Assessed for Tobacco Use and Provided Intervention if a Tobacco User (c)
14a.	MEASURE: Percentage of patients 18 years of age and older who (1) were screened for tobacco use one or more times within 24 months and if identified to be a tobacco user (2) received cessation counseling intervention	3,540	3,540	1,543

Section H - Use of Appropriate Medications for Asthma

S.No	Use of Appropriate Medications for Asthma	Total Patients Aged 5 through 64 with Persistent Asthma (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Acceptable Plan (c)
16.	MEASURE: Percentage of patients 5 through 64 years of age identified as having persistent asthma and were appropriately ordered medication	101	101	97

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Submission Status: Review In Progress

UDS Report - 2017

Table 6B - Quality Of Care Measures

Section I - Coronary Artery Disease (CAD): Lipid Therapy

S.No	Coronary Artery Disease (CAD): Lipid Therapy	Total Patients Aged 18 and Older with CAD Diagnosis (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Prescribed A Lipid Lowering Therapy (c)
17.	MEASURE: Percentage of patients 18 years of age and older with a diagnosis of CAD who were prescribed a lipid lowering therapy	86	86	74

Section J - Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet

S.No	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	Total Patients Aged 18 and Older with IVD Diagnosis or AMI, CABG, or PCI Procedure (a)	Charts Sampled or EHR Total (b)	Number of Patients with Documentation of Aspirin or Other Antiplatelet Therapy (c)
18.	MEASURE: Percentage of patients 18 years of age and older with a diagnosis of IVD or AMI, CABG, or PCI procedure with aspirin or another antiplatelet	252	252	224

Section K - Colorectal Cancer Screening

S.No	Colorectal Cancer Screening	Total Patients Aged 50 through 75 (a)	Charts Sampled or EHR Total (b)	Number of Patients with Appropriate Screening for Colorectal Cancer (c)
19.	MEASURE: Percentage of patients 50 through 75 years of age who had appropriate screening for colorectal cancer	2,172	2,172	1,324

Section L - HIV Linkage to Care

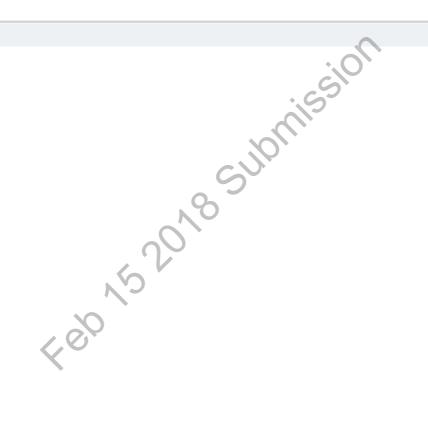| S.No	HIV Linkage to Care	Total Patients First Diagnosed with HIV (a)	Charts Sampled or EHR Total (b)	Number of Patients Seen Within 90 Days of First Diagnosis of HIV (c)
20.	MEASURE: Percentage of patients whose first ever HIV diagnosis was made by health center staff between October 1, of the prior year and September 30, of the measurement year and who were seen for follow-up treatment within 90 days of that first ever diagnosis	0	0	0

Section M - Preventive Care and Screening: Screening for Depression and Follow-Up Plan

S.No	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Total Patients Aged 12 and Older (a)	Charts Sampled or EHR Total (b)	Number of Patients Screened for Depression and Follow-Up Plan Documented as Appropriate (c)
21.	MEASURE: Percentage of patients 12 years of age and older who were (1) screened for depression with a standardized tool and, if screening was positive, (2) had a follow-up plan documented	3,380	3,380	994

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Table 6B - Quality Of Care Measures

Section N - Dental Sealants for Children between 6-9 Years				
S.No	Dental Sealants for Children between 6-9 Years	Total Patients Aged 6 through 9 at Moderate to High Risk for Caries (a)	Charts Sampled or EHR Total (b)	Number of Patients with Sealants to First Molars (c)
22.	MEASURE: Percentage of children 6 through 9 years of age, at moderate to high risk of caries who received a sealant on a first permanent molar	126	126	69

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Review

UDS Report - 2017
Table 7 - Health Outcomes and Disparities

S.No	Prenatal Services	Total (i)
0	HIV Positive Pregnant Women	0
2	Deliveries Performed by Health Center's Provider	0

Section A: Deliveries and Birth Weight

S.No	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: < 1500 grams (1b)	Live Births : 1500 - 2499 grams (1c)	Live Births : > = 2500 grams (1d)
Hispanic/Latino					
1a.	Asian	0	0	0	0
1b1.	Native Hawaiian	0	0	0	0
1b2.	Other Pacific Islander	0	0	0	0
1c.	Black/African American	0	0	0	0
1d.	American Indian/Alaska Native	0	0	0	0
1e.	White	0	0	0	0
1f.	More Than One Race	0	0	0	0
1g.	Unreported/Refused to Report Race	0	0	0	0
Subtotal Hispanic/Latino (Sum lines 1a-1g)		**0**	**0**	**0**	**0**
Non-Hispanic/Latino					
2a.	Asian	0	0	0	0
2b1.	Native Hawaiian	0	0	0	0
2b2.	Other Pacific Islander	0	0	0	0
2c.	Black/African American	0	0	0	0
2d.	American Indian/Alaska Native	0	0	0	0
2e.	White	0	0	0	0
2f.	More Than One Race	0	0	0	0
2g.	Unreported/Refused to Report Race	0	0	0	0
Subtotal Non-Hispanic/Latino (Sum lines 2a-2g)		**0**	**0**	**0**	**0**
Unreported/Refused to Report Ethnicity					
h.	Unreported /Refused to Report Race and Ethnicity	0	0	0	0
i.	**Total (Sum lines 1a-h)**	**0**	**0**	**0**	**0**

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Table 7 - Health Outcomes and Disparities

Section B: Controlling High Blood Pressure				
S.No	Race and Ethnicity	Total Patients 18 through 85 Years of Age with Hypertension (2a)	Charts Sampled or EHR Total (2b)	Patients with HTN Controlled (2c)
Hispanic/Latino				
1a.	Asian	1	1	0
1b1.	Native Hawaiian	0	0	0
1b2.	Other Pacific Islander	0	0	0
1c.	Black/African American	1	1	1
1d.	American Indian/Alaska Native	0	0	0
1e.	White	16	16	11
1f.	More Than One Race	0	0	0
1g.	Unreported/Refused to Report Race	5	5	3
Subtotal Hispanic/Latino (Sum lines 1a-1g)		**23**	**23**	**15**
Non-Hispanic/Latino				
2a.	Asian	9	9	6
2b1.	Native Hawaiian	1	1	1
2b2.	Other Pacific Islander	0	0	0
2c.	Black/African American	17	17	10
2d.	American Indian/Alaska Native	8	8	6
2e.	White	1,340	1,340	942
2f.	More Than One Race	0	0	0
2g.	Unreported/Refused to Report Race	6	6	3
Subtotal Non-Hispanic/Latino (Sum lines 2a-2g)		**1,381**	**1,381**	**968**
Unreported/Refused to Report Ethnicity				
h.	Unreported /Refused to Report Race and Ethnicity	25	25	25
i.	**Total (Sum lines 1a-h)**	**1,429**	**1,429**	**1,008**

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Table 7 - Health Outcomes and Disparities

S.No	Race and Ethnicity	Total Patients 18 through 75 Years of Age with Diabetes (3a)	Charts sampled or EHR Total (3b)	Patients with Hba1c < 8% (3d1)	Patients with HbA1c >9% Or No Test During Year (3f)
Section C: Diabetes: Hemoglobin A1c Poor Control					
Hispanic/Latino					
1a.	Asian	1	1	0	0
1b1.	Native Hawaiian	0	0	0	0
1b2.	Other Pacific Islander	0	0	0	0
1c.	Black/African American	2	2	0	2
1d.	American Indian/Alaska Native	0	0	0	0
1e.	White	8	8	6	1
1f.	More Than One Race	0	0	0	0
1g.	Unreported/Refused to Report Race	3	3	1	1
Subtotal Hispanic/Latino (Sum lines 1a-1g)		**14**	**14**	**7**	**4**
Non-Hispanic/Latino					
2a.	Asian	6	6	4	1
2b1.	Native Hawaiian	1	1	1	0
2b2.	Other Pacific Islander	0	0	0	0
2c.	Black/African American	10	10	4	4
2d.	American Indian/Alaska Native	3	3	0	2
2e.	White	394	394	241	120
2f.	More Than One Race	0	0	0	0
2g.	Unreported/Refused to Report Race	4	4	3	1
Subtotal Non-Hispanic/Latino (Sum lines 2a-2g)		**418**	**418**	**253**	**128**
Unreported/Refused to Report Ethnicity					
h.	Unreported /Refused to Report Race and Ethnicity	8	8	5	3
i.	**Total (Sum lines 1a-h)**	**440**	**440**	**265**	**135**

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Feb 15 2018 Submission

Review

UDS Report - 2017

Table 8A - Financial Costs

S.No		Accrued Cost (a) $	Allocation of Facility and Non-Clinical Support Services (b) $	Total Cost after Allocation of Facility and Non-Clinical Support Services (c) $
Financial Costs for Medical Care				
1.	Medical Staff	2,215,259	693,517	2,908,776
2.	Lab and X-ray	-	-	
3.	Medical/Other Direct	270,682	297,989	568,671
4.	**Total Medical Care Services (Sum lines 1-3)**	**2,485,941**	**991,506**	**3,477,447**
Financial Costs for Other Clinical Services				
5.	Dental	1,766,096	720,041	2,486,137
6.	Mental Health	293,024	149,370	442,394
7.	Substance Abuse	-	-	
8a.	Pharmacy not including pharmaceuticals	225	70	295
8b.	Pharmaceuticals	39,684		39,684
9.	Other Professional (Specify: -)		-	
9a.	Vision	259,213	109,968	369,181
10.	**Total Other Clinical Services (Sum lines 5-9a)**	**2,358,242**	**979,449**	**3,337,691**
Financial Costs of Enabling and Other Services				
11a.	Case Management	455,748		455,748
11b.	Transportation	8,452		8,452
11c.	Outreach	71,041		71,041
11d.	Patient and Community Education	106,764		106,764
11e.	Eligibility Assistance	53,874		53,874
11f.	Interpretation Services	-		
11g.	Other Enabling Services (Specify: -)	-		
11h.	Community Health Workers	-		
11.	**Total Enabling Services Cost (Sum lines 11a-11h)**	**695,879**	**223,618**	**919,497**
12.	Other Related Services (Specify: -)	-	-	
12a.	Quality Improvement	114,770	35,930	150,700
13.	**Total Enabling and Other Services (Sum Lines 11, 12, and 12a)**	**810,649**	**259,548**	**1,070,197**

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Program Name: Health Center 330

Submission Status: Review In Progress

UDS Report - 2017

Table 8A - Financial Costs

S.No		Accrued Cost (a) $	Allocation of Facility and Non-Clinical Support Services (b) $	Total Cost after Allocation of Facility and Non-Clinical Support Services (c) $
Facility and Non-Clinical Support Services and Totals				
14.	Facility	438,933		
15.	Non-Clinical Support Services	1,791,570		
16.	**Total Facility and Non-Clinical Support Services (Sum lines 14 and 15)**	**2,230,503**		
17.	**Total Accrued Costs (Sum lines 4+10+13+16)**	**7,885,335**		**7,885,335**
18.	Value of Donated Facilities, Services and Supplies (Specify: Space donated by Gateway School for school-based services.)			30,000
19.	**Total with Donations (Sum lines 17-18)**			**7,915,335**

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BHCMIS ID: 010330 - HILLTOWN COMMUNITY HEALTH CENTER, INC., Worthington, MA

Date Requested: 02/15/2018 01:20 PM EST
Date of Last Report Refreshed: 02/15/2018 01:20 PM EST

Program Name: Health Center 330

Submission Status: Review In Progress

UDS Report - 2017
Table 9D: Patient Related Revenue (Scope of Project Only)

| S.No | Payer Category | Full Charges this Period (a) $ | Amount Collected this Period (b) $ | Retroactive Settlements, Receipts, and Paybacks (c) | | | | Allowances (d) $ | Sliding Discounts (e) $ | Bad Debt Write Off (f) $ |
				Collection of Reconciliation/ Wrap around Current Year (c1) $	Collection of Reconciliation/ Wrap around Previous Years (c2) $	Collection of Other Payments: P4P, Risk Pools, Withholds, etc. (c3) $	Penalty/ Payback (c4) $			
1.	Medicaid Non-Managed Care	1,690,816	1,161,225	-	-	-	-	604,623		
2a.	Medicaid Managed Care (capitated)	-	-	-	-	-	-	-		
2b.	Medicaid Managed Care (fee-for-service)	803,059	597,830	-	-	-	-	279,408		
3.	Total Medicaid (Sum lines 1+2a+2b)	2,493,875	1,759,055					884,031		
4.	Medicare Non-Managed Care	1,010,593	792,825	-	-	-	-	163,101		
5a.	Medicare Managed Care (capitated)	-	-	-	-	-	-	-		
5b.	Medicare Managed Care (fee-for-service)	-	-	-	-	-	-	-		
6.	Total Medicare (Sum lines 4+5a+5b)	1,010,593	792,825					163,101		
7.	Other Public including Non-Medicaid CHIP (Non Managed Care)	-	-	-	-	-	-	-		
8a.	Other Public including Non-Medicaid CHIP (Managed Care capitated)	-	-	-	-	-	-	-		
8b.	Other Public including Non-Medicaid CHIP (Managed Care fee-for-service)	-	-	-	-	-	-	-		
9.	Total Other Public (Sum lines 7+8a+8b)									
10.	Private Non-Managed Care	1,545,467	1,070,729			-	-	571,705		
11a.	Private Managed Care (capitated)	-	-			-	-	-		
11b.	Private Managed Care (fee-for-service)	1,217,091	630,212			52,617	-	418,585		
12.	Total Private (Sum lines 10+11a+11b)	2,762,558	1,700,941			52,617		990,290		
13.	Self-pay	1,053,518	503,896						416,985	78,253
14.	Total (Sum lines 3+6+9+12+13)	7,320,544	4,756,717	-	-	52,617	-	2,037,422	416,985	78,253

OMB Control Number: 0195-0193

BHCMIS ID: 010330 - HILLTOWN COMMUNITY HEALTH CENTER, INC., Worthington, MA

Program Name: Health Center 330

Submission Status: Review In Progress

Date Requested: 02/15/2018 01:20 PM EST
Date of Last Report Refreshed: 02/15/2018 01:20 PM EST

UDS Report - 2017
Table 9E: Other Revenues

S.No	Source	Amount (a) $
BPHC Grants (Enter Amount Drawn Down - Consistent with PMS-272)		
1a.	Migrant Health Center	-
1b.	Community Health Center	1,494,438
1c.	Health Care for the Homeless	-
1e.	Public Housing Primary Care	-
1g.	**Total Health Center Cluster (Sum lines 1a-1e)**	**1,494,438**
1j.	Capital Improvement Program Grants	593,697
1k.	Capital Development Grants, including School Based Health Center Capital Grants	-
1.	**Total BPHC Grants (Sum lines 1g+1j+1k)**	**2,088,135**
Other Federal Grants		
2.	Ryan White Part C HIV Early Intervention	-
3.	Other Federal Grants (Specify:-)	-
3a.	Medicare and Medicaid EHR Incentive Payments for Eligible Providers	63,750
5.	**Total Other Federal Grants (Sum lines 2-3a)**	**63,750**
Non-Federal Grants or Contracts		
6.	State Government Grants and Contracts (Specify:DPH 1422 $148551, Dept of Early Ed & Care $71623, DSRIP $40853, DPH School Based Services $105683, Navigator $49966)	416,674
6a.	State/Local Indigent Care Programs (Specify:State Free Care)	235,926
7.	Local Government Grants and Contracts (Specify:Northern Hilltown COA $49164, Southern Hilltown COA $32600, PVPC $70750, HCDC $25690, Friends of Hilltown Safety at Home $15242, Safe Passage $49035, Highland Valley $5692, Town of Amherst CDBG Grant $72000)	320,171
8.	Foundation/Private Grants and Contracts (Specify:American Cancer Society $33278, BCBS $52859, Children's Trust Fund $3000, Comm. Foundation of W. Mass $16400, Holyoke YMCA $2475, Mass League of CHC's Emerg Prep $4769, Scholastic $50, UMass PRAPARE $1272, MA WOW $10000, United Way $43692)	167,794
9.	**Total Non-Federal Grants and Contracts (Sum lines 6+6a+7+8)**	**1,140,565**
10.	Other Revenue (Non-patient related revenue not reported elsewhere) (Specify:Dividend Income $16088, Unrealized Gain Investments $79574, Mavis Rolland fund $21404, Donations $331282, Pledges $55010, Rental Income $31878, Interest Income $1127, Medical Report Income $2595)	538,959
11.	**Total Revenue (Sum lines 1+5+9+10)**	**3,831,409**

OMB Control Number: 0195-0193

Review

UDS Report - 2017

Health Information Technology Capabilities and Quality Recognition

1. Does your center currently have an Electronic Health Record (EHR) system installed and in use?	[X] Yes, installed at all sites and used by all providers [_] Yes, but only installed at some sites or used by some providers [_] No
1a. Is your system certified by the Office of the National Coordinator for Health IT (ONC) Health IT Certification Program?	[X] Yes [_] No
Vendor	eClinicalWorks, LLC
Product Name	eClinical Works version
Version Number	10
Certified Health IT Product List Number	07312014-3002-1
1b. Did you switch to your current EHR from a previous system this year?	[_] Yes [X] No
1c. How many sites have the EHR system in use?	N/A
1d. How many providers use the EHR system?	N/A
1e. When do you plan to install the EHR system?	N/A
2. Does your center send prescriptions to the pharmacy electronically? (Do not include faxing)	[X] Yes [_] No [_] Not Sure
3. Does your center use computerized, clinical decision support such as alerts for drug allergies, checks for drug-drug interations, reminders for preventive screening tests, or other similar functions?	[X] Yes [_] No [_] Not Sure
4. Does your center exchange clinical information electronically with other key providers/health care settings such as hospitals, emergency rooms, or subspecialty clinicians?	[X] Yes [_] No [_] Not Sure
5. Does your center engage patients through health IT such as patient portals, kiosks, secure messaging (i.e., secure email) either through the EHR or through other technologies?	[X] Yes [_] No [_] Not Sure
6. Does your center use the EHR or other health IT system to provide patients with electronic summaries of office visits or other clinical information when requested?	[X] Yes [_] No [_] Not Sure
7. How do you collect data for UDS clinical reporting (Tables 6B and 7)?	[_] We use the EHR to extract automated reports [_] We use the EHR but only to access individual patient charts [X] We use the EHR in combination with another data analytic system [_] We do not use the EHR
8. Are your eligible providers participating in the Centers for Medicare and Medicaid Services (CMS) EHR Incentive Program commonly known as "Meaningful Use"?	[X] Yes, all eligible providers at all sites are participating [_] Yes, some eligible providers at some sites are participating [_] No, our eligible providers are not yet participating [_] No, because our providers are not eligible [_] Not Sure
8a. If yes (a or b), at what stage of Meaningful Use are the majority (more than half) of your participating providers (i.e., what is the stage for which they most recently received incentive payments)?	[X] Received MU for Modified Stage 2 [_] Received MU for Stage 3 [_] Not Sure
8b. If no (c only), are your eligible providers planning to participate?	N/A
9. Does your center use health IT to coordinate or to provide enabling services such as outreach, language translation, transportation, case management, or other similar services?	[X] Yes [_] No
If yes, then specify the type(s) of service	Outreach, ACA Navigation, Case Management
10. Has your health center received or retained patient centered medical home recognition or certification for one or more sites during the measurement year?	[X] Yes [_] No
If yes, which third party organization(s) granted recognition or certification status? (Can identify more than one.)	[X] National Committee for Quality Assurance (NCQA) [_] The Joint Commission (TJC) [_] Accreditation Association for the Ambulatory Health Care (AAAHC) [_] State Based Initiative

	[_] Private Payer Initiative [_] Other Recognition Body (Specify: -)
11. Has your health center received accreditation?	[_] Yes [X] No
If yes, which third party organization granted accreditation?	[_] The Joint Commission (TJC) [_] Accreditation Association for the Ambulatory Health Care (AAAHC)

Review

UDS Report - 2017

Other Data Elements

1. Medication-Assisted Treatment (MAT) for Opioid Use Disorder	
How many physicians, certified nurse practitioners and physician assistants, on-site or with whom the health center has contracts, have obtained a Drug Addiction Treatment Act of 2000 (DATA) waiver to treat opioid use disorder with medications specifically approved by the U.S. Food and Drug Administration (FDA) for that indication?	0
How many patients received medication-assisted treatment for opioid use disorder from a physician, certified nurse practitioner, or physician assistant, with a DATA waiver working on behalf of the health center?	0
2. Are you using telehealth? Telehealth is defined as the use of telecommunications and information technologies to share information, and provide clinical care, education, public health, and administrative services at a distance.	[_] Yes [X] No
If yes (a), how are you using telehealth?	[_] Provide primary care services [_] Provide specialty care services [_] Provide mental health services [_] Provide oral health services [_] Manage patients with chronic conditions [_] Other (Specify: -)
If no (b), please explain why you are not using telehealth:	Region still does not have high-speed internet for patients. HCHC is also not able to invest in the needed infrastructure at this point.
3. Provide the number of all assists provided during the past year by all trained assisters (e.g., certified application counselor or equivalent) working on behalf of the health center (employees, contractors, or volunteers), regardless of the funding source that is supporting the assisters' activities. Outreach and enrollment assists are defined as customizable education sessions about affordable health insurance coverage options (one-on-one or small group) and any other assistance provided by a health center assister to facilitate enrollment through the Marketplace, Medicaid or CHIP.	3,279

OMB Control Number: 0195-0193

Review

UDS Report - 2017

Data Audit Report

Table 3A-Patients by Age and by Sex Assigned at Birth

Edit 02160: Patients in Question - The total number of patients differs substantially from the prior year. Please correct or explain. Current year - (8,084). Prior Year - (8,019).

Related Tables: Table 3A(UR)

Frank Mertes (Health Center) on 2/15/2018 10:36 AM EST: Verified increase correct, we have added Behavioral Health & Optometry Capacity

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Table 3B-Demographic Characteristics

Edit 05142: Unreported Race/Ethnicity in Question - A large proportion of patients (20.87)% are reported as having no race or ethnicity on Line 7 Col c: Unreported / Refused to Report Race. Please correct or explain.

Related Tables: Table 3B(UR)

Frank Mertes (Health Center) on 2/15/2018 10:37 AM EST: We continue to work with front desk staff and patients to complete necessary reporting.

Table 5-Staffing and Utilization

Edit 00124: Internist Productivity Questioned - A significant change in Productivity of Internists on Line 3 (2,218.87) is reported from the prior year (2,867.44). Please check to see that the FTE and visit numbers are entered correctly.

Related Tables: Table 5(UR)

Frank Mertes (Health Center) on 2/15/2018 10:43 AM EST: Reviewed and productivity is correct as reported.

Edit 04124: Dental Hygienists Productivity Questioned - A significant change in Productivity of Dental Hygienists Line 17 (1,053.7) is reported from the prior year (1,403.79). Please check to see that the FTE and visit numbers are entered correctly.

Related Tables: Table 5(UR)

Frank Mertes (Health Center) on 2/15/2018 10:45 AM EST: Reviewed and productivity correct.

Edit 04143: Inter-year Patients questioned - On Universal - A large change in Mental Health patients from the prior year is reported on Line 20 Column C. (PY = (341) , CY= (465)). Please correct or explain.

Related Tables: Table 5(UR)

Frank Mertes (Health Center) on 2/15/2018 10:55 AM EST: Reviewed and correct, agency has effort to increase BH due to needs.

Edit 06349: Mental Health Visit per Patient in Question - On Universal - Mental Health visits per mental health patient varies substantially from national average.CY (8.19); PY National Average (4.76). Please correct and explain.

Related Tables: Table 5(UR)

Frank Mertes (Health Center) on 2/15/2018 10:56 AM EST: Reviewed and correct,

Edit 05138: Inter-year Patients questioned - On Universal - A large change in Vision Services patients from the prior year is reported on Line 22d Column c (PY = (1,219) , CY = (1,808)). Please correct or explain.

Related Tables: Table 5(UR)

Frank Mertes (Health Center) on 2/15/2018 10:57 AM EST: Reviewed and correct we also added an optometrist during the year.

Edit 04149: Inter-year Patients questioned - On Universal - A large change in Enabling Services patients from the prior year is reported on Line 29 Column C. (PY = (737) , CY = (1,269)). Please correct or explain.

Related Tables: Table 5(UR)

Frank Mertes (Health Center) on 2/15/2018 10:57 AM EST: Reviewed and correct,

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Table 6A-Selected Diagnoses and Services Rendered

Edit 02170: Pap Test Patients Questioned - The number of patients who had a pap test reported Line 23 Column b (129) on Table 6A, is unreasonably low based on the number of women aged 24-64 reported on Table 3A (2,668). Check to be sure that you are using the CPT Code or the ICD Code, not both.

Related Tables: Table 6A(UR), Table 3A(UR)

Eliza Lake (Health Center) on 2/15/2018 11:10 AM EST: Since HCHC does not offer specific OB/GYN services, most female patients received their gynecological care elsewhere. This accounts for the low number of pap smears that our providers do.

Table 6B-Quality of Care Indicators

Edit 03735: Inter-Year variance questioned - Current year prenatal patients Line 6 Column a (10) is substantially different from the prior year (4). Please correct or explain.

Related Tables: Table 6B

Eliza Lake (Health Center) on 2/15/2018 11:11 AM EST: The difference, while substantial as a proportion, is only six women. This number fluctuates annuals within a very small range.

Edit 05894: Missing Clinical Measure - You report no patients newly diagnosed with HIV. Please confirm that this is the case. If not, please complete Line 20.

Related Tables: Table 6B, Table 3A(UR)

Eliza Lake (Health Center) on 2/15/2018 11:11 AM EST: There were no new HIV diagnoses in 2017.

Table 7-Health Outcomes and Disparities

Edit 06326: Hypertension Patients by Race or Ethnicity in Question - The total number of Unreported/Refused to Report Race and Ethnicity patients with hypertension reported on Table 7 (25) is low compared to total Unreported/Refused to Report Race and Ethnicity patients reported on Table 3B (1,687) . Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Eliza Lake (Health Center) on 2/15/2018 11:17 AM EST: The large majority of patients who refuse to report race or ethnicity are dental patients only (they receive their medical care elsewhere), for whom we do not report their hypertension status.

Edit 06331: Diabetes Patients by Race or Ethnicity in Question - The total number of American Indian/Alaska native patients with Diabetes reported on Table 7 (3) is low compared to total American Indian/Alaska native patients reported on Table 3B (39) . Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Eliza Lake (Health Center) on 2/15/2018 11:21 AM EST: The vast majority of patients that refuse to report race and/or ethnicity are patients that come to HCHC for dental care only.

Edit 06332: Diabetes Patients by Race or Ethnicity in Question - The total number of White patients with Diabetes reported on Table 7 (402) is low compared to total White patients reported on Table 3B (6,111) . Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Eliza Lake (Health Center) on 2/15/2018 11:26 AM EST: The majority of patients that come to HCHC for dental care only are white.

Edit 06334: Diabetes Patients by Race or Ethnicity in Question - The total number of Unreported/Refused to report race patients with diabetes reported on Table 7 (7) is low compared to total Unreported/Refused to report race patients reported on Table 3B (108). Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Eliza Lake (Health Center) on 2/15/2018 11:27 AM EST: The vast majority of patients that refuse to report race and/or ethnicity are patients that come to HCHC for dental care only.

Edit 06335: Diabetes Patients by Race or Ethnicity in Question - The total number of Hispanic/Latino patients with diabetes reported on Table 7 (14) is low compared to total Hispanic/Latino patients reported on Table 3B (169) . Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Eliza Lake (Health Center) on 2/15/2018 11:28 AM EST: The large number of patients that come to HCHC for dental care only skew the data.

Edit 06336: Diabetes Patients by Race or Ethnicity in Question - The total number of Non-Hispanic/Latino patients with diabetes reported on Table 7 (418) is low compared to total Non-Hispanic/Latino patients reported on Table 3B (6,228) . Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Eliza Lake (Health Center) on 2/15/2018 11:29 AM EST: The majority of patients that come to HCHC for dental care only are non-Hispanic/Latino.

Edit 06337: Diabetes Patients by Race or Ethnicity in Question - The total number of Unreported/Refused to Report Race and Ethnicity patients with diabetes reported on Table 7 (8) is low compared to total Unreported/Refused to Report Race and Ethnicity patients reported on Table 3B (1,687) . Please correct or explain.

Related Tables: Table 7, Table 3B(UR)

Eliza Lake (Health Center) on 2/15/2018 11:29 AM EST: The vast majority of patients that refuse to report race and/or ethnicity are patients that come to HCHC for dental care only.

Table 8A-Financial Costs

Edit 04126: Cost Per Visit Questioned - Mental Health Cost Per Visit is substantially different than the prior year. Current Year (116.14); Prior Year (136.95).

Related Tables: Table 8A, Table 5(UR)

Frank Mertes (Health Center) on 2/15/2018 10:48 AM EST: Reviewed and visits and cost in new year are correct

Edit 05937: Cost per Visit Questioned - Vision Cost Per visit is substantially different than the prior year. Current Year (158.51); Prior Year (140.55).

Related Tables: Table 8A, Table 5(UR)

Frank Mertes (Health Center) on 2/15/2018 10:48 AM EST: Reviewed and visits and cost are correct as reported.

Edit 06306: Costs and FTE Questioned - Quality Improvement is reported on Table 8A, Line 12a (114,770) and Table 5, Line 29b (1.58) . Review and confirm that FTEs relate to costs or correct.

Related Tables: Table 8A, Table 5(UR)

Frank Mertes (Health Center) on 2/15/2018 10:54 AM EST: Reviewed and cost and FTE are correct.

Table 9E-Other Revenues

Edit 04094: Profit and Loss - When comparing cash income to accrued expenses a large surplus or deficit is reported. Please correct or explain. Surplus or Deficit = $ (702,791); Percent Surplus or Deficit (8.91)%. Note: If the value is a surplus it will be distinguished as a number inside a parentheses (Value). If the value is a deficit it will be distinguished as a number with a negative sign inside a parentheses (-Value).

Related Tables: Table 9E, Table 9D, Table 8A

Frank Mertes (Health Center) on 2/15/2018 10:52 AM EST: Surplus the result of capital campaign and HIP capital grant revenue amounting to approx. $1,000,000.

BHCMIS ID: 010330 - HILLTOWN COMMUNITY HEALTH CENTER, INC., Worthington, MA

Program Name: Health Center 330

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UDS Report - 2017

Comments

Report Comments
Not Available

Table 3B Comments
Consistent with last year's number but has decreased this year due to training with front desk staff.

Table 5 Comments
Internist productivity confirmed - provider decreased productivity. Hygienist productivity reviewed and results seem accurate. Increase in number of behavioral health patients accurate due to more clinicians on staff. Number of visits per behavioral health patient is higher than prior year - reviewed and seems accurate. Increase in number of vision patients reviewed and seems accurate. Increase in number of enabling patients reviewed and seems accurate.

Table 6B Comments
HCHC had no patients newly diagnoses with HIV in 2017. The decrease in children at risk with sealants is due to a larger number entering into dental treatment at younger ages, and an attendant reduction in their risk.

Table 7 Comments
HCHC does not provide obstetrical care.

Hilltown CHC
UDS Summary

<u>**No. of Patients**</u>

	\---FY 2017---/		\---FY 2016---/		\---FY 2015---/	
Uninsured	651	8%	665	8%	851	10%
Medicaid	2,777	34%	2,707	34%	2,928	35%
Medicare	1,248	15%	1,058	13%	1,274	15%
Private	3,408	42%	3,589	45%	3,233	39%
Total	8,084	100%	8,019	100%	8,286	100%

FTE's & Visits

	\---FY 2017---/		\---FY 2016---/		\---FY 2015---/	
	Visits	FTE's	Visits	FTE's	Visits	FTE's
Medical Visits	18,716	27.62	18,122	27.00	18,497	28.10
Dental Visits	14,882	19.07	14,398	18.25	14,653	17.33
Mental Health Visits	3,809	4.65	2,928	3.71	3,806	4.33
Vision Visits	2,329	1.91	2,282	1.76	2,078	2.00
Enabling Visits	3,898	11.27	2,947	13.16	4,666	9.00
	43,634	64.52	40,677	63.88	43,700	60.76
All Other Support Staff		32.44		29.40		28.67
Total Staff		96.96		93.28		89.43

Selected Quality of Care Measurements

	\---FY 2017---/	\---FY 2016---/	\---FY 2015---/
Cervical Cancer Screening			
Total Female Patients Aged 23 through 64	1,678	1,588	1,691
Number of Patients Tested	763	788	578
Percent	45%	50%	34%
Colorectal Cancer Screening			
Total Patients Aged 50 through 75	2,172	2,056	2,312
Number of Patients with Appropriate Screening for Colorectal Cancer	1,324	1,211	1,337
Percent	61%	59%	58%
Preventive Care and Screening: Screening for Depression and Follow-Up Plan			
Total Patients Aged 12 and Older	3,380	3,253	3,297
Number of Patients Screened for Depression and Follow-Up Plan Documented as Appropriate	994	940	846
Percent	29%	29%	26%

Hilltown CHC
UDS Summary

Cost per Patient

	\---FY 2017---/	\---FY 2016---/	\---FY 2015---/	2016 MA Avgerage	2016 Natioanl Avg. (Our size)
Medical Cost	$3,477,447	$ 3,170,979	$3,331,559		
Patients	5,200	5,174	4,952		
Cost per visit	$ 668.74	$ 612.87	$ 672.77	$ 746.81	$ 604.88
Dental Cost	$2,486,137	$ 2,285,298	$2,319,546		
Patients	4,610	4,527	4,646		
Cost per visit	$ 539.29	$ 504.82	$ 499.26	$ 526.60	$ 552.40
Mental Health Cost	$ 442,394	$ 401,004	$ 423,015		
Patients	465	341	345		
Cost per visit	$ 951.38	$ 1,175.96	$ 1,226.13	$ 1,176.50	$ 867.99
Vision Health Cost	$ 369,181	$ 320,741	$ 344,062		
Patients	1,808	1,219	1,009		
Cost per visit	$ 204.19	$ 263.12	$ 340.99	$ 210.53	$ 242.97

Cost per Visit

	\---FY 2017---/	\---FY 2016---/	\---FY 2015---/	2016 MA Avgerage	2016 Natioanl Avg. (Our size)
Medical Cost	$3,477,447	$ 3,170,979	$3,331,559		
Visits *	17,459	17,128	17,109		
Cost per visit	$ 199.18	$ 185.13	$ 194.73	$ 214.42	$ 201.91
Dental Cost	$2,486,137	$ 2,285,298	$2,319,546		
Visits	14,882	14,398	14,653		
Cost per visit	$ 167.06	$ 158.72	$ 158.30	$ 166.15	$ 222.09
Mental Health Cost	$ 442,394	$ 401,004	$ 423,015		
Visits	3,809	2,928	3,806		
Cost per visit	$ 116.14	$ 136.95	$ 111.14	$ 168.42	$ 164.06
Vision Health Cost	$ 369,181	$ 320,741	$ 344,062		
Visits	2,329	2,282	2,078		
Cost per visit	$ 158.51	$ 140.55	$ 165.57	$ 133.20	$ 156.28

* Does not iclude RN visits in calcualtion

QI-RISK MANAGEMENT COMMITTEE
Location: Huntington Health Center
Date/Time: 01/16/2018 8:15am

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

ABSENT: Sheri Cheung, Medicine Representative

Agenda Item	Summary of Discussion	Decision/ Next Steps/ Person Responsible/ Due Date
Review of December 19, 2017 Minutes	The meeting was called to order by Cheryl Hopson, Chair, at 8:25 am. The minutes from the December 19, 2017 meeting were reviewed. Jon Liebman made a motion to approve the minutes and Kim Savery seconded the motion. The December 19, 2017 minutes were approved unanimously.	The December 19, 2017 minutes were approved.
Peer Review / Department Reports Dental/Oral Health Department	The quarterly Dental Dept report was given by MaryLou Stuart. For items being tracked, there were no outstanding suspicious lesions for biopsy tracking. There was one near injury incident with a dental assistant who hurt self with a pair of sterilized scissors. The incident policy was followed and the necessary forms were completed. There was no treatment necessary for the employee. For peer review in the dept, everyone is doing better which shows improvement over last quarter. There were a few items found and all were addressed. All charts reviewed showed appropriate diagnosis and treatment. There are a few billing issues occurring due to secondary insurances not being checked prior to services being offered to patients. In one instance a patient's denture was delivered, but it wasn't realized that a denture had already been made at another dental office. This denture will not be covered by insurance. A new consent form has been created to allow patients to opt out of being pre-medicated with an antibiotic prior to treatment in the office if desired. Some orthopedic surgeons require lifetime pre-medication after a hip or knee replacement. Current literature states that this process may not be the best practice. The form covers us and many patients are happy to sign. Some have refused meds in the past due to not wanting to take antibiotics. Data from the 4th quarter of 2017 was shared with the group regarding pediatric patients (any patient 18 and under). The data shows that 45.9% of	

	these patients are at high risk; 44% are at medium risk and 10.1% are at low risk. High risk means that the patient has had a cavity in last 3 years. Medium risk is considered poor hygiene. It was noted that many patients in the mobile dental program are seen until they graduate from high school. Decay rates for these patients have been shown to go down over time.	
Medical Dept	Jon Liebman reported for the department. He's informed the group that Sheri Cheung, Medical Director for quality assurance, will not be coming to this meeting regularly for the near future due to a shortage of MDs along with her responsibilities or supervising the PA and NPs. With Dr. Howland leaving earlier than planned and Dr. Harvey now leaving, Sheri will be needed in the medical dept. The department continues to experience lab issues. One patient had a tick borne illness that was serious. The lab result was mislabeled when it came back to HHC and treatment for the patient was delayed for 10 days due to this mislabeling. Also, if there are old lab orders and the patient doesn't go to the lab to follow through, they are ordered again. The lab then gets rid of the new order. Providers then have to look for these, which are hard to find. Briana has been asked to set up a meeting with Baystate Reference Lab (BRL). These issues are exposing patients and the health center to risk. Quest has been recommended to move to for lab services by the ACO. This has not been considered so far, but we may need to reconsider.	
Behavioral Health	Serena Torrey shared with the committee that as a follow up to the discussion of hiring another staff member at last month's meeting, a part time position has been posted. She's looking for someone with Spanish speaking skills. An interview has already been set up with someone who applied for a previous position. The issue of behavioral health services offered in Amherst was discussed briefly. The current plan is to refer patients to Clinical Support Options (CSO). There's also been talk of using our own staff for behavioral health services, but there is not an office available at the Amherst site. An idea might be to ask CSO is they can rent space to us.	
Community Programs	Kim Savery reported for the Community Programs. A grant application for the Mass Office of Victim Assistance (MOVA) is being worked on by Kim and Marie Burkart. This grant is something we'd like to receive. It's supportive of the integrated model we'd like to see. If awarded, the grant will include a Community Health Worker (CHW) and Behavioral Health Services being added; a child witness advocate; transitional housing, space rental possibly from the CDC, training, transportation, etc.	

Old Business	It was asked if there's been any response from the Board of Medicine (BORM) regarding the formal complaint that was made by one of our providers recently. Jon Liebman answered that there's been no response from them or Noble Hospital. Noble may have been contacted by the BORM, but he's not sure. When Noble requested information from us regarding the issues, it was sent, but we have not heard anything since. We still have the same issues happening. The medical dept is doing its best to discourage patients from going to Noble. The new QI calendar was reviewed again. It was accepted by the committee and will be followed going forward. It will be updated and added to as needed.	
1422 Grant QI Summary	Kim Savery reported that Janet Dimock is starting another YMCA Diabetes Prevention Program (DPP) class on January 17. This will be the final class. Participants have lost a total of 270 lbs. combined by attending the class. Kim also reported that there are steps being taken to become certified as a site for the National Diabetes program. Reimbursement from this program is easier and is approximately $900 per participant. And our relationship with the Y has been difficult. The hope is to start a class before April 1. The 1422 grant ends in September. Jon Liebman asked if our nutritionist, Joanna Martin could be part of this process as a certified diabetes educator? He and Kim will discuss this further. Kim's been interviewing for a CHW for the Amherst site and has conducted 21 interviews to date. She's hopeful that a qualified candidate will be hired. The providers who will be working in Amherst would like to be involved in final interviews for this position.	
NCQA-PCMH Re-certification	Marie Burkart attended this meeting to talk more about the requirements that should be followed up on for NCQA. She has a phone call scheduled for Thursday, Jan 18 with the Mass League. We will start the process of determining what data to share from the spring patient survey data. Janet Laroche and Marie will review the CAHPS questions and will pick 30 of the most pertinent to post. The plan is to post 5 questions a month in the waiting rooms for public viewing.	
Risk Management	Michael Purdy, Risk Manager reported that there was one incident. A patient fell at the front doorway of the Huntington location. Salt was being put down, but it was too cold for the salt to melt. The patient slipped on the salt as well as the ice. It was suggested that spreading sand might be a better idea for colder days. Salt only works when the temperature is 18 degrees or above. A daily inspection of walkways is also being recommended. It was suggested that buckets of sand can be gotten from the town. The front entrance is situated where reception staff can't see if a patient has	Eliza Lake will speak with Russ Jordan about having sand available

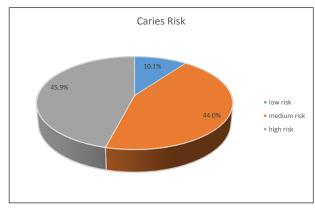|		at all locations.
	fallen outside the doorway. It was a good thing that the patient's wife was with him. It was also brought to the attention of the committee that there was a water main break in Worthington one afternoon last week. The site needed to be closed. Russ assisted with the situation by bringing lights from home so the town crew could complete the job. Some staff were upset that there wasn't a protocol in place for this type of situation. Moving staff from WHC to HHC brought up concerns. All managers happened to be at HHC during the situation which didn't help with speaking with staff to explain the situation at hand.	
QI/Risk Mgt Board Report Jul-Dec	Eliza reported that the QI/Risk Mgt bi-annual report for Jul-Dec, 2017 is completed, but was not handed out at this meeting. It will be emailed later today to the committee. The report is a compellation of all that's happened in last 6 months and all has been discussed at these meetings. Once this committee reviews the report, it can be brought to Board for review.	
Patient Satisfaction Surveys	Janet Laroche reported that patient data from eCW has been an issue to receive. As a result, medical, behavioral health and optometry surveys were not sent out for fall. Briana following up with them.	
New Business	Eliza reminded the dept managers in attendance that UDS data is due next month. Training for the new online staff training software has taken place for Bridget Rida and Frank Mertes. The group was informed that there have been a few patient complaints related to doctors leaving WHC. There have been 2 in the past month. It's felt that there may be a few more complaints related to this. The Eye Care Dept and Community Programs will be reporting at the February meeting.	
Adjourn	Eliza Lake moved that the meeting be adjourned. After a second by Jon Liebman, the meeting was adjourned at 9:25am. The next meeting is scheduled for **Tuesday, February 20, 2018** at 8:15am at the Huntington Health Center.	

Respectfully submitted,
Janet Laroche

Dental Dept Pediatric Study 4th Qtr 2017

Start date:	9/1/2017
End date:	12/31/2017
Total number of pediatric patients in date range:	307

Patients 18 and under	enter # patients	% of total
low risk	31	10.1%
medium risk	135	44.0%
high risk	141	45.9%
total	**307**	100%

	enter # patients	% of total
High risk patients over time period	141	45.9
Pediatric patients at high risk w/ 2 cleanings per year:	82	58.2
Pediatric patients at high risk w/ varnish twice per year:	64	45.4
Number of patients 6-9 years w/ 1st molar to be sealed:	62	
Eligible 6-9 year olds who have had 1st molars sealed:	29	46.8
New decay:	5	1.6

Caries Risk

- low risk (10.1%)
- medium risk (44.0%)
- high risk (45.9%)

code	description
D0601	Low Risk
D0602	Medium Risk
D0603	High Risk
D1310	Nutrition counseling
FSTFILC	First filling completed
NC001	New decay
PEDOREF	Referral to Pedi dentist
PROCOMP2	2nd prophy completed same year
QASMOL	Sealble First Molar
QASMOLC	Completed sealable first molar
VARCOMP2	2nd Fluoride Varn comp same year

Dental Department Quality assurance report for January 2018

Biopsy tracking suspicious lesions – none outstanding

Near injury incident - dental assistant accidentally cut herself with sterilized scissors – forms filled out, no treatment/followup necessary

Quarterly provider peer review – issues

Improvement over last quarter –only one case noted for each: full mouth series of xrays not updated, no signed treatment plan, no noted treatment for next visit, no recorded perio charting (could be charted but not dated unless a change noted), wrong dentist code used for exam, all cases reviewed appeared with appropriate diagnosis and treatment

Noted billing problem s– several cases finished and delivered without checking for secondary insurances which disallowed some charge

No check was made to discover that the denture already was delivered at another office so new dentures were not covered

Premed patient problem – orthopedic surgeon requires lifetime premed, vs current literature stating not clear that this is best practice – new consent forms devised to allow patient to opt out if no other mitigating medical issues

No other patient problems noted

Quality metrics: new codes added to computer and collection begun for last quarter. These are not totally accurate as they don't show the entire picture for the year

Hilltown Community Health Centers, Inc.

Clinical Policy
Oral Health/Dental Department

SUBJECT: ORAL HEALTH-DENTAL INFECTION CONTROL
REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for infection control and measures within the department.

Policy:

Infection control standards are in effect and uniform for the protection of all patients and staff. All staff will follow the following protocols to meet quality standards.

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

Originally Drafted: FEB 2017   Reviewed or Revised: FEB 2018

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:

CLEANING ROOM

1. Throw away all used products on tray i.e. 2x2's, cotton rolls, dry angles, articulating paper, micro-brush, curing light sleeve, tip-a-dilly, used etch tip, floss, tray cover, patient napkin, etc.
2. Wipe instruments that may have debris, i.e. composite instrument, dycal instrument, ball burnisher, beaver tail, dappen dish, etc.
3. Load instruments in basket for transport to lab.
4. Make sure to leave cord packers, spatulas, scissors, syringes, oral surgery instruments, tighteners, clamps, etc. out of the basket.
5. Syringes should have needle and carpule(s) removed in operatory and disposed of in sharps container.
6. Any one-use burs should be disposed of in the sharps container.
7. The high speed handpiece should be run for 20 seconds without a bur. This procedure is intended to physically flush out patient material that might have entered the turbine, air or waterlines.
8. Remove all barrier covers i.e. handle covers, headrest covers, tape on control pads, tape on x-ray control, tape on mouse, etc.
9. Spray all impressions, partials, dentures and models before leaving the room. Bringing untreated items into the lab increases chances for cross infection.
10. Remove tray to lab and place in the receiving area, i.e. next to the ultrasonic.
11. Remove gloves and return to room.
12. We are no longer spraying the Cavicide to disinfectant the room. Using the Cavicide wipes, wipe once to clean and again to disinfect. Be sure to wipe all surfaces – cart, cart drawer handles, chair, light and light handles, patient glasses, assistant glasses, bib clip, Amtel, delivery system, X-ray unit, curing light, amalgamator, bur blocks, floss container, countertop, composite gun and carpules, etch, impression guns, Ionosit, patient mirror, key board, etc.
13. Dress room – headrest cover, light handle covers, tray cover, tape on any controls and X-ray control pad/buttons and curing light sleeve.
14. Using Cavicide wipe patient glasses, assistant glasses, handheld mirror and orange shield. Rinse with water and dry so there is no Cavicide residue left on them.
15. When taking x-rays, remove dirty bib before placing the lead apron on the patient.

HAZARDOUS WASTE PROTOCOL

Amalgam:
1. Leftover amalgam should be removed from the carrier before it hardens and put in the amalgam well. Once it gets to the lab, it should be placed in the Amalgam Safe. When the safe is full it gets mailed out in the box with the prepaid label it came with.

2. On a monthly basis we clean out the chairside traps connected with the suction and empty any amalgam collected into the Amalgam Safe.
3. We have an amalgam separator in the basement which removes amalgam waste particles from the dental wastewater so that it does not end up in wastewater treatment plants. We check it monthly. When it is full we seal it off and mail it to a mercury recycler. When they receive it they issue a Certificate of Receipt.
4. Extracted teeth with amalgam in them should be placed in the Amalgam Safe.

Lead:
1. Lead backing from film is collected by our hazardous waste collection facility.
2. Old lead aprons are collected in a purchased bucket and mailed off.

Fixer:
1. Fixer is collected and picked up by our hazardous waste collection facility.

Medical Waste:
1. Blood soaked gauze is placed in a leak-resistant biohazard bag. When full they are secured and placed in a medical waste box in the basement where it is picked up by our hazardous waste collection facility.
2. OSHA considers extracted teeth to be potentially infectious material that should be disposed of in the leak-resistant biohazard bag. However, extracted teeth can be returned to patients on request. Extracted teeth with amalgam in them must go in the Amalgam Safe.
3. Needles, burs, and scalpels are disposed of in sharps containers which are closed and then placed in the medical waste box in the basement.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

1. Masks and eyewear should be worn to protect mucous membranes of the eyes, nose and mouth during procedures. Be sure mask is worn over nose not under.
2. Change masks between patients or during patient treatment if the mask becomes wet.
3. Wear lab coat – long sleeves and closed at neck. Change if it becomes visibly soiled.
4. New gloves should be worn with every patient and removed if leaving the room.
5. Masks, gloves and eyewear should not be worn when at the front desk or in the office.
6. Gloves that are torn or punctured should be removed and hands should be disinfected before regloving.
7. The effectiveness of double gloving in preventing disease transmission has not been demonstrated.
8. Utility gloves should be worn when handling instruments in the lab as well as mask and eyewear.
9. Perform hand hygiene with either a non-antimicrobial or antimicrobial soap and water when hands are visibly dirty or contaminated with blood or other potentially infectious material. If hands are not visibly soiled, an alcohol-based hand rub can also be used.

10. Hands should be cleaned before and after every patient and before regloving during a procedure.
11. Store liquid soap in either disposable closed containers or closed containers that can be washed and dried before refilling. Do not add soap to a partially empty dispenser.
12. The eye wash station(s) should be tested weekly by letting water flow for at least 3 minutes and recorded. All employees should be trained in use.

STERILIZATION PROTOCOL

1. The instrument processing area should be divided as much as possible into distinct areas for 1) receiving, cleaning and decontamination; 2) preparation and packaging; 3) sterilization; and 4) storage. Do not store instruments in an area where contaminated instruments are held or cleaned.
2. Dirty instruments should be in baskets when brought into lab and baskets should be placed in the ultrasonic. Extra instruments should be placed in baskets and put in ultrasonic. Ultrasonic lid should be used when in use.
3. All handpieces should be run through the Quattrocare, dried and bagged.
4. Burs should be placed in bur blocks to be cleaned and transferred to pouches for sterilization. Check burs for debris or rust and dispose of if they will not come clean.
5. Tray should be sprayed.
6. Wear heavy-duty utility gloves for instrument cleaning and decontamination.
7. Appropriate PPE should be worn when spraying/splashing is anticipated.
8. After ultrasonic is finished, remove baskets and rinse well. Instruments and baskets must be dry before placing in pouches. Use paper towels or laundry towels to accomplish this. Be aware of items such as sensor holders that have small openings on the side that can hold water. If the last sterilizer run of the day has happened, baskets for the next day can be left out to air dry overnight and packaged the following morning.
9. Hinged instruments should be processed open and unlocked.
10. Place pouches loosely in sterilizer. Handpieces should be sterilized in the Statim. Bagged instruments should be paper side down. Putting the instruments in paper side down allows water to "wick" out through the paper and speeds drying time. In the Statim 5000 using the wire pouch rack or Stat-Dri plates can speed up the drying process. Do NOT overfill sterilizers – overfilling will prevent pouches from fully drying and will necessitate rerunning the sterilizer.
11. Sterilizers should run all the way through the drying cycle. Hot packs should not be touched until they are cool and dry because hot packs act as wicks, absorbing moisture, and hence, bacteria from hands.
12. The pouches we use have internal and external indicators to monitor sterilization. We also use weekly spore tests for each sterilizer.
13. Pouches should be stamped with the date on the end on the paper side. When writing on the pouches use a permanent marker on the plastic side.
14. Pouches should be folded on the fold line only.

15. Sterile packages should be inspected for integrity and compromised packages must be reprocessed prior to use.
16. Sterilized packages should be stored in closed or covered cabinets and drawers, if possible.

Hilltown Community Health Centers, Inc.

Clinical Policy
Oral Health/Dental Department

SUBJECT: HYGIENE EXAM
REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for providing hygiene exams for patients.

Policy:

All hygienists will follow the attached procedure for hygiene exams.

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

Originally Drafted: FEB 2017   Reviewed or Revised: FEB 2018

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:

Exam:

1. Review medical History – make sure form is filled out in its entirety (front and back), record changes in chart/computer and add alerts
2. List medications and reason for each
3. Medical history update (pink paper) to be placed in front of most recent health history (blue paper) providers need to sign and date
4. If patient is new, take blood pressure
5. Chief complaint noted (may be recall only)
6. OCS results: negative note, if positive note: size, location and description. Flag if in house suspicion and place on tracking list. If referred, copy referral for chart and place on tracking list.
7. New patients record all existing restorations
8. Perio charting:
   - Perio diagnosis based on charting (include probing, bleeding points, furcation involvement, mobility recession, OH)
   - History of: SCPR, periodontist referral, 3-4 month recalls
   - Current recommendations: SCRP, referral, 3-4 month recalls
9. Radiographs: last FMS, last bitewings problematic teeth requiring PA, crown requiring PA
10. Watches / follow up concerns
11. Note: recommended mouth guards, fillings that are incomplete, incipient caries
12. If patient needs prescriptions (including 5000+), have them ready to sign

Following the completion of exam:

13. Check that the updated medical health history is signed, record prescriptions given
14. If a crown is treatment planned, lab work to be done, fill out PA insurance form and add x-ray and give to receptionist, have patient sign a crown consent form and give them a copy
15. Record any referrals given in computer chart and place copy in chart
16. Check to make sure correct doctor is in computer for exam
17. Note treatment to be performed next visit. Print treatment plan and have patient sign.
18. Set up next prophy and exam.
19. Fill out slip for reception, next visits to be scheduled including information as: Number of visits, time for each , which provider to see patient
20. Note in computer that treatment plan was given

Exam for a patient with an implant:

1. Make a recall for 1 year
2. Take a periapical x-ray to check bone loss, calculus, and cement
3. Occlusion check with shimpaper, slightly out of occlusion
4. Check: Inflammation, pocketing, mobility
5. Occlusal guard check: is there evidence of bruxism?

Exam for a patient with an Over denture:

1. Make a recall for 1 year
2. Check retention
3. Perio for implant abutments
4. Periapical x-rays
5. Check tissue health
6. Balanced occlusion check with articulating paper
7. Make sure no cleaner is used inside denture (affects rubber rings inside)

Clinical Policy
Oral Health/Dental Department

**SUBJECT: EARLY CHILDHOOD CARIES (ECC) PATIENT WITH HIGH RISK
REGULATORY REFERENCE**: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for providing assessment and treatment for patients with early childhood caries (ECC) with high risk.

Policy:

When an ECC patient is identified with high risk, the attached procedure is followed.

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

Originally Drafted: FEB 2017   Reviewed or Revised: FEB 2018

Approved by Board of Directors, Date: _____

Approved by:

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

_____
John Follet, MD
Chair, HCHC Board of Directors

Procedure:

New patient Exam/ Recall Exam:
1. Caries risk assessment questionnaire.
2. Comprehensive or periodic exam by dentist.
3. Appropriate prophy if cooperative (scaling as needed, rubber cup or toothbrush prophy).
4. BWS if indicated.
5. Fluoride varnish.
6. ***Dispense ECC folder, new toothbrush, toothpaste and floss.***
7. ***Self management goal:*** *complete one month tooth brushing chart and return for gold medal smile award.*

Disease management recall # 1 (one month after recall/initial apt)
1. Review tooth brushing goal from last visit
2. Review CRA: pick topic for education (a YES answer from a medium or high risk column)
3. Tooth brush demonstration: have patient or parent brush, or provider brush to demonstrate.
4. Fluoride varnish.
5. ***Dispense brushing timer.***
6. ***Self management goal:*** *set new goal for next visit.*

Disease management recall # 2 (1 month after 1ˢᵗ DM recall)
1. Review goal from last visit
2. Review CRA: pick new topic for education (a YES answer from medium or high risk column)
3. Tooth brush demonstration: have patient or parent brush, or provider brush to demonstrate.
4. Fluoride varnish
5. ***Dispense reach-out-and-read book***
6. ***Self management goal:*** *set new goal for next visit (goal can be to continue working on previous goals that patients/ parents may be struggling with)*

Disease management recall # 3
Disease management recall # 4
Disease management recall # 5
Recall exam (DM visit # 6)
1. Caries risk assessment questionnaire (assess for change in risk status, if no new decay and improved OH could change to a medium risk status)
2. Comprehensive or periodic exam by dentist.
3. Appropriate prophy if cooperative (scaling as needed, rubber cup or toothbrush prophy)
4. BWS if indicated
5. Fluoride varnish
6. ***Self management goal:*** *if patient is still high risk, pick goal to change whatever risk factor is keeping them at high status.*

Hilltown Community Health Centers, Inc.

Clinical Policy
Oral Health/Dental Department

SUBJECT: EARLY CHILDHOOD CARIES (ECC) PATIENT WITH MEDIUM RISK
REGULATORY REFERENCE: None

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for providing assessment and treatment for patients with early childhood caries (ECC) with medium risk.

Policy:

When an ECC patient is identified with medium risk, the attached procedure is followed.

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

Originally Drafted: FEB 2017   Reviewed or Revised: FEB 2018

Approved by Board of Directors, Date: _____

Approved by:

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

_____
John Follet, MD
Chair, HCHC Board of Directors

Procedure:

New patient Exam/ Recall Exam:
1. Caries risk assessment questionnaire.
2. Comprehensive or periodic exam by dentist.
3. Appropriate prophy if cooperative (scaling as needed, rubber cup or toothbrush prophy).
4. BWS if indicated.
5. Fluoride varnish.
6. ***Dispense ECC folder, new toothbrush, toothpaste and floss.***
7. ***Self management goal:*** *complete three months tooth brushing chart and return for gold medal smile award.*

Disease management recall # 1 (three months after recall/initial apt)
1. Review tooth brushing goal from last visit
2. Review CRA: pick topic for education (a YES answer from a medium or high risk column)
3. Tooth brush demonstration: have patient or parent brush, or provider brush to demonstrate.
4. Fluoride varnish.
5. ***Dispense brushing timer and reach-out-and-read book.***
6. ***Self management goal:*** *set new goal for next visit.*

Recall exam (DM visit # 2-3 months after DM visit # 1)
1. Caries risk assessment questionnaire (assess for change in risk status, if no new decay and improved OH could change to a low risk status)
2. Comprehensive or periodic exam by dentist.
3. Appropriate prophy if cooperative (scaling as needed, rubber cup or toothbrush prophy)
4. BWS if indicated
5. Fluoride varnish
6. ***Self management goal:*** *if patient is still medium risk, pick goal to change whatever risk factor is keeping them at medium status.*

Hilltown Community Health Centers, Inc.

SUBJECT: ASSIGNED HIPAA PRIVACY OFFICER

REGULATORY REFERENCE: Title 45 CFR 164.500 – 534(e)

Purpose:

Hilltown Community Health Center, Inc. (HCHC) management has adopted this policy to have a formal documented process to ensure that patient privacy is protected.

Policy:

1. HCHC's Chief Executive Officer is designated as the HIPAA Privacy Officer and is responsible for the development and implementation of all policies and procedures necessary to appropriately protect the confidentiality of HCHC patients.

2. The Privacy Officer's duties and responsibilities include but are not limited to

    a. Maintain current knowledge of applicable federal and state privacy laws.

    b. Maintain all business associate agreements and respond appropriately if problems arise.

    c. Oversee all policies and procedures for addressing patient requests for confidential communications, restrictions to access, requests to obtain or amend patient records, or obtain accountings of disclosures.

    d. Oversee grievance and appeal processes for denials or requests related to patient access or amendments.

    e. Oversee the privacy training for the organization.

    f. Participate in disciplinary actions where appropriate, related to the failure of the practice's workforce to comply with the practice's privacy policies and procedures and the Privacy Rule.

    g. Cooperate with the Office of Civil Rights in any compliance review or investigation.

    h. Perform periodic review and assessment of ongoing compliance.

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

Originally Drafted: APR 2003   Last Reviewed or Revised: FEB 2018

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.

SUBJECT: CLINICAL RECORD DOCUMENTATION, STORAGE AND ARCHIVING
REGULATORY REFERENCE: 42 CFR 51c.303(c)(1)-(2)

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for the documentation, storage and destruction of clinical records, both hard-copy and electronic.

Policy:

1. All clinical charts for active patients will be completed using the electronic medical record (EMR) or Electronic Dental Record (EDR).

2. New patients will have their paper charts abstracted in accordance with the abstraction protocol. Once abstracted, clinical charts will be put in secure storage in the Worthington record storage facility.

3. In cases where film dental X-rays are necessary, dental charts will be kept secured in the dental reception area.

4. Hard copy charts will be kept for a minimum of 20 years following the last annotation after which time they will be destroyed.

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

Originally Drafted: APR 2014   Reviewed or Revised: FEB 2018

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.

SUBJECT: DISCLOSURE OF BEHAVIORAL HEALTH PHI REQUIRING PATIENT CONSENT
REGULATORY REFERENCE: 45 CFR 164.504

Purpose:

Hilltown Community Health Center, Inc. (HCHC) management has adopted this policy to have a formal documented process for disclosing patient behavioral health information that requires patient authorization.

Policy:

1. All psychotherapy notes require patient authorization for disclosure except for the following:

    a. Use by the originator of the psychotherapy notes for treatment.

    b. Use or disclosure by the covered entity in training programs where students, trainees or practitioners learn under supervision to practice or improve their skills.

    c. Use or disclosure by the covered entity to defend a legal action or other proceeding brought by the individual.

2. An authorization to release patient health information will be scanned into the patient's chart and filed in patient documents.

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

Originally Drafted: APR 2003   Last Reviewed or Revised: FEB 2018

Approved by Board of Directors, Date: _____

Approved by:

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

_____
John Follet, MD
Chair, HCHC Board of Directors

SUBJECT: DISCLOSURE OF PHI REQUIRING PATIENT CONSENT
REGULATORY REFERENCE: 45 CFR 164.504

Purpose:

Hilltown Community Health Center, Inc. (HCHC) management has adopted this policy to have a formal documented process for disclosing patient information that requires patient authorization

Policy:

1. All psychotherapy notes require patient authorization for disclosure except for the following:

    a. Use by the originator of the psychotherapy notes for treatment.

    b. Use or disclosure by the covered entity in training programs where students, trainees or practitioners learn under supervision to practice or improve their skills.

    c. Use or disclosure by the covered entity to defend a legal action or other proceeding brought by the individual.

2. An authorization to release patient health information will be scanned into the patient's chart and filed in patient documents.

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

Originally Drafted: APR 2003   Last Reviewed or Revised: FEB 2018

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.

SUBJECT: HIPAA DOCUMENTATION REQUIREMENTS
REGULATORY REFERENCE: 45 CFR 164.504

Purpose:

Hilltown Community Health Center, Inc. (HCHC) management has adopted this policy to have a formal documented process storing and destroying HIPAA related documentation.

Policy:

1. All documentation related to HIPAA privacy implementation must be maintained for six (6) years.

2. Documentation includes but is not limited to

   a. Notice of Privacy Practices (Privacy Notice) and any subsequent revisions.

   b. Written acknowledgement by patient of receipt of the Privacy Notice or the reason documented for not being able to obtain patient acknowledgment.

   c. Copies of any patient requests made for confidential communications, restrictions to uses and disclosures and any related agreements or denials to the requests.

   d. Copies of any requests for inspection or copying of medical records made by patients and any subsequent denials.

   e. Copies of any requests made to have the practice amend the record and any subsequent denials.

   f. Accounting of disclosures as required by the privacy rule.

   g. Copies of all signed authorizations.

   h. Copies of all complaints received and any disposition.

   i. Documentation of workforce privacy policy and procedure training.

   j. Any employee sanctions that are applied as a result of non-compliance.

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

Originally Drafted: APR 2003   Last Reviewed or Revised: FEB 2018

Approved by Board of Directors, Date: _____

Approved by:

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

_____
John Follet, MD
Chair, HCHC Board of Directors

SUBJECT: HIPAA PRIVACY MANAGEMENT
REGULATORY REFERENCE: Title 45 CFR 164.500 – 534(e)

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for ensuring the confidentiality and privacy of its patients and to establish procedures to prevent, detect, contain, and correct violations.

Policy:

1. HCHC's patient privacy process must include policies and procedures for the following:

    a. Assignment of Security Responsibilities

    b. Disclosure of PHI with and without patient consent

    c. HIPAA Documentation requirements

    d. HIPAA privacy safeguards

    e. HIPAA training requirements

    f. A patient's right to access and copy

    g. Handling requests for confidential communication and access restrictions

    h. Handling requests for amendments to records

    i. Safeguarding deceased patient information

    j. Use of Business Associate Agreements

    k. Procedures for reporting violations

2. This policy will serve as the overarching HIPAA Privacy 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 HIPAA Privacy Officer at 413-238-4128.

Originally Drafted: APR 2003   Last Reviewed or Revised: FEB 2018

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Eliza B. Lake
Chief Executive Officer, HCHC

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John Follet, MD
Chair, HCHC Board of Directors

Hilltown Community Health Centers, Inc.

SUBJECT: HIPAA TRAINING REQUIREMENT

REGULATORY REFERENCE: 45 CFR 164.504

Purpose:

Hilltown Community Health Center, Inc. (HCHC) management has adopted this policy to have a formal documented process to ensure that all employees receive required HIPAA training.

Policy:

1. New employees will receive training on the HIPAA privacy rule within ten (10) working days of their start date.

2. All employees will receive annual HIPAA training conducted through the use of HCHC's online training system through HealthStream, at an In-service session, or through some other means provided by the organization. The In-service attendance roster will serve as verification of that training.

3. The Human Resources Coordinator will include proof of annual training in every staff members' personnel file.

4. The Human Resources Coordinator will work with Supervisors and Managers to ensure that all staff complete their training as required by this policy and regulation.

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

Originally Drafted: APR 2003   Last Reviewed or Revised: FEB 2018

Approved by Board of Directors, Date: _____

Approved by:

_____   Date: _____

Eliza B. Lake

Chief Executive Officer, HCHC

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John Follet, MD

Chair, HCHC Board of Directors

Hilltown Community Health Centers, Inc.

SUBJECT: PATIENT'S RIGHT TO ACCESS, INSPECT AND/OR COPY
REGULATORY REFERENCE: 45 CFR 164.504

Purpose:

Hilltown Community Health Center, Inc. (HCHC) management has adopted this policy to have a formal documented process for complying with a patient's right to access and inspect or copy their clinical records.

Policy:

1. Requests to access, inspect or copy clinical charts must be made in writing.

2. The Practice Manager or delegated representative will conduct the initial review of requests.

3. If access is denied, the denial must be made in writing and must include the basis for denial, instructions of filing an appeal or a complaint to the Privacy Officer and the contact information of the Privacy Officer.

4. A patient may request a denial be reviewed by a licensed health care provider provided the denial was based on reviewable grounds.

5. Copying of patient charts will be in accordance with the HCHC Clinical Records Request Policy.

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

Originally Drafted: APR 2003   Last Reviewed or Revised: FEB 2018

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Approved by:

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

_____
John Follet, MD
Chair, HCHC Board of Directors

Procedure:

A patient may request a denial be reviewed by a licensed health care provider provided the denial was based on reviewable grounds.

1. Requests to review records may be denied by the practice.

2. Denials are deemed to be unreviewable if they are based on any of the following:

   a. The records contain psychotherapy notes

   b. The records are part of information compiled in reasonable anticipation of or for use in a civil, criminal or administrative action or proceeding

   c. The records contain information obtained from someone else other than a health care provider under a promise of confidentiality and access would likely reveal the source of the information.

3. In the event of an unreviewable denial, the patient may not be granted a review of the denial but does have the right to file a complaint with the Privacy Officer or with the Office of Civil Rights.

4. Denials are deemed to be reviewable if they are based on any of the following:

   a. Licensed health care professional, using professional judgment, determines access requested is reasonably likely to endanger the life or physical safety of the individual or another person.

   b. The information makes reference to another person (other than a health care provider) and the licensed health care professional, using professional judgment, determines access is reasonably likely to cause substantial harm to the other person.

   c. The request for access is made by the individual's personal representative and a licensed health care professional, using professional judgment, determines provision of access to the personal representative is reasonably likely to cause substantial harm to the individual or another person.

5. In the event of a reviewable denial, the review will be conducted by a licensed health care provider, designated by HCHC, who did not participate in the original decision to deny access.

6. The review will be conducted within two weeks of notification of denial.

7. The reviewer will communicate their decision to the HCHC Privacy Officer within five (5) days of conducting the review.

8. The privacy officer will make written notification to the patient within 48 business hours.

SUBJECT: PHYSICAL SAFEGUARDS FOR PATIENT PRIVACY
REGULATORY REFERENCE: 45 CFR 164.504

Purpose:

Hilltown Community Health Center, Inc. (HCHC) management has adopted this policy to have a formal documented process to ensure that physical safeguards are in place to protect patient privacy.

Policy:

1. Written patient information will be kept confidential in public places.

2. Hallway phones are not to be used for calls which will include protected health information.

3. Computers screens will be placed in such a way that patient information is not visible by patients, or screen protectors must be used.

4. Every effort will be made to keep conversations with patients, whether by phone or in person, confidential.

5. All visitors to the agency must register and sign in at the Front Desk. Visitors will be given a badge upon registering and will return the badge upon leaving. Visitors are not allowed in any confidential areas, including but not limited to provider and nurse's offices and front desk areas.

6. Any printed PHI will be placed in the locked shredder bin(s) for destruction.

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

Originally Drafted: APR 2003   Last Reviewed or Revised: FEB 2018

Approved by Board of Directors, Date: _____

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

_____
John Follet, MD
Chair, HCHC Board of Directors

Hilltown Community Health Centers, Inc.

SUBJECT: REPORTING OF ALLEGED VIOLATIONS
REGULATORY REFERENCE: 45 CFR 164.504

Purpose:

Hilltown Community Health Center, Inc. (HCHC) management has adopted this policy to have a formal documented process for reporting alleged violations and mitigating potential harm from those violations.

Policy:

1. Patients and employees may both file complaints of alleged violations of the Privacy Act.

2. Complaints will be forwarded to the Privacy Officer for investigation.

3. The Privacy Officer will report the violation and investigation to the Office of Civil Rights (OCR) as required by statute.

4. The Privacy Officer will make mitigation and sanction recommendations to the appropriate department director based on the severity of the violation.

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

Originally Drafted: APR 2003   Last Reviewed or Revised: FEB 2018

Approved by Board of Directors, Date: _____

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_____   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: REQUESTS FOR CONFIDENTIAL COMMUNICATION OR RESTRICTED ACCESS TO ELECTRONIC CHART

REGULATORY REFERENCE: 45 CFR 164.504

Purpose:

Hilltown Community Health Center, Inc. (HCHC) management has adopted this policy to have a formal documented process for handling a patient's request for confidential communication or to have access to their chart restricted.

Policy:

1. Patients have a right to request reasonable confidential communication from HCHC.

2. Request(s) for confidential communication must be made in writing.

3. Patients may request, in writing, to have access to their electronic clinical record restricted to specific individuals.

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

Originally Drafted: APR 2003   Reviewed or Revised: FEB 2018

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:

Patients have a right to request reasonable confidential communication from HCHC.

1. Patients will fill out a request for confidential communication contained in the standard registration packet.

2. Patients may change their authorization at any time provided it is done in writing

3. Once completed, the registration packet will be scanned into the patient documents section of the electronic record.

Patients may request, in writing, to have access to their electronic clinical record restricted to specific individuals

1. Patients requesting restricted access to their electronic record must do so in writing.

2. This request will be reviewed by the provider prior to restricting access.

    a. A provider is not required to agree to a restriction.

    b. An agreed upon restriction must be documented.

    c. The following will be used to evaluate the request:

        1) Would we be able to provide or continue treatment if we honor the request?

        2) Would we be able to submit a valid claim if we were to honor the request?

        3) How would our agreement impact operations – can we operationally implement request?

        4) Would we be able to enforce the restriction internally now and in the future?

3. Once approved, the EHR Specialist will restrict access to the patient's chart in accordance with the patient's documented request.

4. Charts with restricted access will be reviewed on an annual basis for necessity.

5. Patients must be informed that such restriction could result in delays in receiving treatment

SUBJECT: SAFEGUARDING PATIENT INFORMATION OF DECEASED PATIENTS

REGULATORY REFERENCE: 45 CFR 164.504

Purpose:

Hilltown Community Health Center, Inc. (HCHC) management has adopted this policy to have a formal documented process to safeguard the protected health information (PHI) of deceased patients

Policy:

1. PHI of deceased patients shall be afforded the same protection as active patients.

2. PHI may be disclosed to coroners and medical examiners for identification purposes of to determine the cause of death.

3. PHI may be disclosed to funeral directors as necessary to carry out their duties with respect to the decedent. Such disclosure may be made prior to but in anticipation of the patient's death.

4. PHI may be released to an executor, administrator or other person having authority to act on behalf of the deceased patient or the patient's estate provided such access is under law.

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

Originally Drafted: APR 2003   Last Reviewed or Revised: FEB 2018

Approved by Board of Directors, Date: _____

Approved by:

_____   Date: _____

Eliza B. Lake

Chief Executive Officer, HCHC

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John Follet, MD

Chair, HCHC Board of Directors

Hilltown Community Health Centers, Inc.

SUBJECT: USES AND DISCLOSURES OF PHI WITHOUT PATIENT CONSENT
REGULATORY REFERENCE: 45 CFR 164.504

Purpose:

Hilltown Community Health Center, Inc. (HCHC) management has adopted this policy to have a formal documented process to regulate the disclosure and use of protected health information (PHI).

Policy:

1. PHI may be disclosed without patient consent provided it is used for Treatment, Payment or ongoing operations.

2. PHI may be disclosed to another covered entity without patient consent provided it is used for treatment, payment or ongoing operations AND the covered entity has a current relationship with the patient.

3. PHI disclosed must always follow the "Minimum Necessary" guidelines.

4. PHI may be disclosed without consent as required by law, including law enforcement officials and court orders or subpoenas.

5. PHI may be disclosed without consent to a public health agency that is permitted by law to access PHI to control disease, injury or disability. These agencies include but are not limited to MA DPH and the U.S. FDA

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

Originally Drafted: APR 2003   Last Reviewed or Revised: FEB 2018

Approved by Board of Directors, Date: _____

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Eliza B. Lake
Chief Executive Officer, HCHC

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John Follet, MD
Chair, HCHC Board of Directors