

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

BOARD MEETING July 11, 2019 WORTHINGTON HEALTH CENTER 5:30 PM

AGENDA

- 1. Call to Order
- 2. Approval of the June 4, 2019 Meeting Minutes (Vote Needed)
- 3. Finance Committee Report for April (Vote Needed)
- 4. Committee Reports (as needed) (Vote Needed)
 - Executive Committee
 - Quality Improvement
 - 1. May QI Meeting Minutes
 - Fundraising
 - Credentialing/ Privileging-(Vote Needed)
 - 1. New Employee/Intern:
 - Linda Nolau, Community Health Worker
 - Meg Breymann, Family Nurse Practitioner
 - Mabeline Burgos, Community Health Worker Intern
 - Paige Peterson, Certified Medical Assistant
 - 2. Re-privileging:
 - Kristina Kulon, Dental Hygienist
 - Sheri Cheung, Physician
 - Nicole Makris, Nurse Practitioner
 - Franny Hubberman, LICSW
 - Kim Krusell, Optometrist
 - 3. Re-credentialing and Re-privileging:
 - Brenda Chaloux, Nurse Practitioner
 - Beth Coates, Physician
 - Aaron Riverwood, LMHC
 - Donna Mayer, Dental Assistant (no longer employed)
 - Ellen Wright, Dental Hygienist
 - Lori Paquette, Dental Hygienist
 - Karen Rowe, Dental Assistant
 - Mary Lou Stuart, Dentist/Dental Director
 - Timothy Gearin, Dentist
 - Amanpreet Gill, Dentist
 - Rossie Feldman, LICSW
 - Cheryl Circe, Dental Hygienist
 - Susan Hedges, Dental Assistant
 - Kristina Kulon, Dental Hygienist
 - Lisa Lynch, Medical Assistant

- Helen O'Melia, Dental Assistant
- Eleanor Smith, Dental Assistant
- Elizabeth Spooner, Dental Hygienist
- Julia Cowles, Dental Hygienist
- Alexandra Kowalzcyk, Dental Assistant Intern (McCann Tech)
- Personnel
- Facilities
- Recruiting, Orientation, and Nominating (RON)
- Strategic Planning
- Corporate Compliance
- 5. Chief Executive Officer / Senior Manager Reports
- 6. Old Business
 - FTCA Application
- 7. New Business
 - Adjusting Board Meeting Schedule
 - By-Laws
 - Policies (Vote Needed)
 - Human Resources Policies:
 - Anti-Discrimination Policy
 - Phone Use for Personal Matters Policy
 - Code of Conduct Policy
 - Confidentiality Agreement Policy
 - Employee Badge Policy
 - Employee Use of Social Media Policy
 - Fragrance Controlled Work Environment Policy
 - Locations of Personnel Files and Access Policy
 - Procedure for Unplanned, Short- Notice Absences from Work Policy
 - Sexual Harassment Policy
 - Sick Leave Bank Policy
 - Smoke and tobacco Free Work Place Policy
 - Time off During 90-Day Probation Period Policy
 - Board Policies:
 - Board Member Recruitment, Retention and Development Plan
 - Board Orientation Policy
 - Grant and Contract Approval Policy
- 8. Executive Session
- 9. Adjourn

HCHC BOARD OF DIRECTORS MEETING

Date/Time: 06/04/2019 6:00pm

Pizzeria Paradiso- Northampton, MA

MEMBERS: John Follet, President; Nancy Brenner, Vice President; Kathryn Jensen, Clerk; Matt

Bannister; Kate Albright-Hanna; Seth Gemme; Wendy Long; Maya Bachman

STAFF: Eliza Lake, CEO; Frank Mertes, CFO; Tabitha Griswold, Executive Assistant

ABSENT: Lee Manchester; Alan Gaitenby; Michael Purdy, Risk Manager

GUEST: Deb Leonczyk

| Agenda Item | Summary of Discussion | Decisions/ Next Steps/ Person Responsible Due Date |
|------------------------------------|--|--|
| Review of Minutes 05/02/2019 | John Follet called the meeting to order at 6:22pm. John Follet motioned to introduce Deb Leonczyk, potential new Board Member. Introductions to Deb were made. | May 2, 2019 Board minutes were approved by all present |
| | The minutes from the meeting of May2, 2019 were reviewed. Kathryn Jensen moved to approve the May Board minutes. Seth Gemme seconded the motion, which was approved by those present. | |
| Finance Committee | The Finance Committee met prior to this meeting to review the financial annual report which will be discussed in the annual report minutes, as well as the UFR submission which the Board previously authorized the committee to allow the auditors to submit. | |
| CEO Report | Eliza Lake provided a brief report on the past month. Today, June 4th was the bi-annual meeting with C3 to review HCHC's progress in meeting the requirements of participation. The C3 staff entered the meeting understanding HCHC's difficulties in staffing and financial stability. Overall the budgeted cost of care came in slightly | |

higher than budgeted, being \$6K as compared to the budgeted \$5K (put in escrow). That payment will be paid to C3 next year. HCHC's ACO quality measures were good, even though inpatient and medical surge admissions were higher. Flu, varicella and head injuries made up most of those inpatient and med surge numbers, and are something that cannot be prevented. HCHC will work to get appropriate patients into chronic care more proactively. A discussion ensued regarding issues for small sites, such as C3 meeting requirements for HCHC employees. C3 is willing to work with us on minimizing that time demand on employees.

- HCHC has been chosen by C3 to pilot an "eConsult" program, which could help cut referral numbers as HCHC providers would be able to consult with specialists prior to making a formal referral for their patients. Research shows this can cut referrals to specialists by as much as 70%. There will be a meeting later this month to move that forward.
- Frank Mertes, CFO reached out to MassHealth regarding an extension on the payback of October's \$300K cash advance. MassHealth was willing to extend the terms an additional six months, which decreases the monthly payment amount slightly. To help in repayment of the \$300K, HCHC is hopeful that the \$25K earmark included in the House budget will be included in the final state budget, and will be available hopefully in July.
- A provider in Worthington broke her arm and has been out for the past three weeks, and will continue to be out. Eliza wrote thank you notes to the three other providers filling in during the absence. This absence may lead to decisions to temporarily change hours in Worthington. The specifics are not known yet.
- The state Paid Family Medical Leave (PFML) notice has been emailed to all staff regarding the required withholdings from their pay check. The exact amount of withholding is not known, and senior management is working on determining HCHC's contribution to minimize the effects of staff paychecks. This may come as an additional \$20K expense to HCHC.

| | The FTCA application is due on July 1st. The application will be distributed next meeting for the Board's approval. | |
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| Executive Committee | John Follet reported that there was no meeting to report. | |
| Recruitment, Orientation & Nominating (RON) Committee | Alan Gaitenby, John Follet and Wendy Long met with Jennika Gallagher on May 15th. Eliza Lake and Marie Burkart already met with her in an initial outreach effort. The committee is in agreement to bring her nomination forward to the board. She was unable to meet tonight and will be away in July. The committee hopes to invite her to the August meeting for consideration and vote. Jennika is a bank Branch Manager and Assistant Vice President for the Greenfield/ Northampton Cooperative Bank. She lives in Belchertown and works in Amherst. Wendy Long introduced Deborah Leonczyk tonight for Board consideration. Deb has an extensive background with non-profit administration, is a Certified Public Accountant, holds an MBA and is currently the Executive Director of the Berkshire Community Action Council, Inc. She lives in Huntington. Deb's membership will be voted on the Board tonight, but this may require HCHC to change the meeting day as her board meets on the first Thursday of every month. Wendy Long moved to approve the acceptance of the new Board member. John Follet seconded the motion. | The Board voted unanimously to approve the nomination of Deborah Leonczyk. |
| Corporate Compliance Committee | This committee did not meet. | |
| Credentialin g/ Privileging Committee | John Follet, on behalf of the Credentialing/ Privileging Committee, presented David Bjorklund, LCSW. Kathryn Jensen moved to approve the credentialing and credentialing of this practitioner. Wendy Long seconded the motion. | The Board voted unanimously to approve the credentialing and privileging of David Bjorklund, LCSW. |
| | | Bridget Rida, HR Manager to |

| | | notify employee(s) of the granted credentials/pri vileges. |
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| Facilities Committee | This committee has not met. | |
| Personnel Committee | This committee has not met. | |
| Strategic Planning | This committee has not met. | |
| Fundraising Committee (ad hoc) | Nancy Brenner reported that the committee will continue to have an aggressive timeline to get the annual appeal out by the end of June. The Annual Report will go out later in the fall to a more select group in response to annual appeal donors. A photographer will be coming to the sites in the next week or so for provider photos, two letters have been drafted (Hilltown and valley specific), and a budget and cost discussed. Eliza noted that the new tagline "Your Health. Our Mission" has not been trademarked, so we are free to use it. | |
| Quality Improve- ment/Risk Managemen t Committee | Kathryn Jensen reported on the last QI meeting, Jon Liebman reported that HCHC's data is getting better. There was a discussion on a change in meeting structure regarding following internal processes for bringing forward risk management incidents once they have gone through appropriate channels. Conversation with the committee was started about medical patient satisfaction surveys. This year the data was very unscientifically compared to the National CAHPS (Consumer Assessment of Healthcare Provers and Systems), with the rough data collected. This showed that HCHC is within range of the national averages, and does slightly better in asking patients about behavioral health issues. Kathryn presented the QI/RM 6-month summary report. A discussion ensued regarding the thoroughness and comprehensive nature of the bi-annual QI/RM summary report for June through December 2018. Matt Bannister moved to approve the QI/RM 6-mont summary report. Nancy Brenner seconded the motion. | The Board voted unanimously to approve the QI/RM 6-month summary report. |

| Committee Reports | Nancy Brenner moved that the committee reports be approved. Wendy Long seconded the motion. | Committee reports presented at this meeting were approved unanimously. |
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| Old Business | There was no old business to discuss. | , |
| New Business | The following Administrative policy was reviewed: Claims Management Policy Matt Bannister moved to approve the Claims Management Policy. Nancy Brenner seconded the motion. The following Medical Policies were reviewed: Dismissal of Patients from Practice Policy Failure to Arrive Policy Patients at Risk of Discharge Due to Disruptive | The Board voted unanimously to approve the Claims Management Policy. The Board |
| | Behavior Policy Supervision of Medical Assistants, LPNs and RNs Policy Seth Gemme made a motion to approve the above policies. Nancy Brenner seconded the motion. Eliza reported that the by-laws will be brought before the Board at the next meeting. Slight revisions are needed to reflect board composition, electronic voting and quorum rule according to HRSA requirements. | voted unanimously to approve the Medical Policies. |
| Next Meeting | With no further business to discuss, Nancy Brenner made a motion to adjourn this meeting and Matt Bannister seconded the motion. The motion was approved. The meeting adjourned at 7:39pm. The next scheduled meeting is set for July 11, 2019 at 5:30pm in Worthington. | |

Respectfully submitted, Tabitha Griswold, Executive Assistant

QI-RISK MANAGEMENT COMMITTEE

Location: Huntington Health Center

Date/Time: 05/21/2019 9:15am

TEAM MEMBERS: Kathryn Jensen (chair), Board Representative; Michael Purdy, CCCSO; Tabitha Griswold, Executive Assistant; Jon Liebman, ANP; Franny Huberman, Behavioral Health Representative; Cynthia Magrath, Practice Manager; Eliza Lake, CEO;

ABSENT: MaryLou Stuart, Dental Representative; Kim Savery, Community Programs Representative; Dawn Flatt, Director of Clinical Operations; Seth Gemme, Board Representative

| Agenda Item | Summary of Discussion | Decision/ Next Steps/ Person Responsible/ Due Date |
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| Review of March 19, 2019 Minutes | The meeting was called to order by Kathryn Jensen at 9:21 am. The minutes from March 19, 2019 meeting were reviewed. Eliza Lake motioned to approve. All in attendance approved unanimously. | March 19, 2019 Minutes were approved unanimously. |
| Old Business | There was no old business to report. | |
| Risk Management- Incidents- Infections disease protocol- Staffing | Michael Purdy reported that there is one incident currently going through the appropriate channels to be discussed at the following meeting. Discussion on incident report process and making sure the flow chart is being utilized when following appropriate process, and that the committee understands its role in incident reports. As a follow up to a previous incident report- Dawn Flatt conducted an Infectious Control Training in February 2019. Eliza Lake reported that HR went through employee files to review each file for appropriate measles vaccinations. This measure was to ensure accurate records and that no additional vaccinations were needed. Any employees needing titers or vaccinations have been notified. Eliza discussed the possibility of requiring employees receive the flu shot this year. There will be more discussion on this matter. Eliza reported that there continues to be staffing issues, with two new resignations, and a provider out on unexpected medical leave. Senior management will be meeting today to face the challenge of the provider being out unexpectedly for medical leave. | Tabitha will check with HR for the location of the incident report form on the public drive. |
| Medical Department | Jon Liebman reported on the Medical Department dashboard. He reported that Medical data is doing better at capturing data | |

accurately. Overall measurements are reaching goals in general. Some data measurements that stood out are as follows:

- Pregnant patients accessing prenatal care in their first trimester is not being captured accurate as often time's providers would not capture that information for many reasons. Providers could get a report from MassHealth but no other insurances would provide that information.
- O Childhood vaccinations data seems to be varying in the number of children and then the approximate number of children vaccinated is low. This number could be skewed as the children's files need to be tracked down to the original pediatrician seen before coming to HCHC. Childhood vaccination numbers tend to be lower in this part of the state, in general.
- Pap Smears for patient's ages 21-64 is lower than the goal for number performed, and this may be due to not capturing any performed externally. Numbers are able to be captured though returned labs, but not reports from external specialists.
- Children with high BMI follow-up continues to be lower than goal as it is time consuming for providers to check all the correct boxes to meet this measurement. However, the adult equivalent measure has significantly improved following a training on correct data entry. A training around this measure may be needed as well.
- o HCHC is above the goal in colon-rectal screening.
- Screening for depression and documented follow-up is low, this may be due to how providers are documenting follow-up on the screens.
- Diabetes control measurements are generally on goal as 2/3rds of patients with diabetes are controlled. However, not having Diabetes type I and II differentiated in data is very hard as they are two very different diseases. HCHC does have an action plan for diabetes control through HRSA for this measurement.
- Jon reported that there were two complaints in the Medical Department.
 - A patient with a misdiagnosed skin lesion, did not like how the provider talked to the patient about the skin lesion. Jon followed up with the patient and the patient agreed to continue seeing the provider.
 - A patient was seen once for back pain, and called back following the appointment wanting high tech imaging on a specific muscle. The patient spoke to Cynthia, and determined that the patient wanted a provider to do something that was inappropriate. This patient did not want to come back to discuss the matter further with the provider.

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| 6-Month QI Summary Report June- Dec. 2018 | The 6-month QI/ Risk Management review summary was compiled from the QI minutes from June through December 2018. This report will be brought to the Board for review and submitted for the FTCA application. Michael motioned that the report be approved and submitted to the Board for review. Jon seconded the motion. | The 6-month QI Summary Report for June-Dec. 2018 was approved |
| | | unanimously |
| | | to be |
| | | submitted to the Board for |
| | | review. |
| Patient | The Medical patient satisfaction survey (using the Consumer | |
| Satisfaction | Assessment of Healthcare Providers and Systems (CAHPS)) with | |
| Survey | national comparison was reviewed briefly. HCHC was slightly below on some measures, but exceeded in others, primarily to do with | |
| | provider communication with patients, and provider ratings. In terms | |
| | of national comparison, people in this region are less likely to give | |
| | best scores. Therefore, looking at top two choices, gives a better | |
| | reading. All measures will help to make improvements in areas that do not meet the national comparison. This information can be | |
| | submitted to CAHPS to be used for the national comparison. | |
| Adjourn | Katheryn Jensen moved that the meeting be adjourned, the meeting was | |
| | adjourned at 10:05am. The next meeting is scheduled for Tuesday, June 18 , | |
| | 2019 at 9:15am at the Huntington Health Center. | |

Respectfully submitted, Tabitha Griswold Executive Assistant

| BYLAWS |
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of

HILLTOWN COMMUNITY HEALTH CENTERS, INC.

As Amended Effective
______, 2019

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BYLAWS OF

HILLTOWN COMMUNITY HEALTH CENTERS, INC.

| As Amended Effective | , 2019 |
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ARTICLE I Name and Purposes

Section 1.1 Name and Purposes. The name and purposes of this Corporation, Hilltown Community Health Centers, Inc., shall be as set forth in its articles of organization, as may be amended or restated from time to time. The Corporation is organized exclusively for charitable, educational, and scientific purposes within the meaning of Massachusetts General Laws, Chapter 180 and Section 501(c)(3) of the Internal Revenue Code, as amended, and to carry on activities in furtherance of such purposes.

<u>Section 1.2 Mission Statement.</u> Hilltown Community Health Center's mission is "Creating access to high quality integrated health care and promoting well-being for individuals, families, and our communities."

ARTICLE II No Members

<u>Section 2.1 No Members</u>. The Corporation shall have no members. Any action or vote required or permitted by Massachusetts General Laws, Chapter 180, as may be amended, to be taken by members shall be taken by action or vote of the same percentage of directors of the Corporation in accordance with Section 3 of said Chapter, as may be amended.

ARTICLE III Board of Directors

Section 3.1 Number, Term, and Election. The number of directors shall be at least nine and no more than fifteen of which at least 51 percent shall be users of the services of the Corporation. The Directors that are users of the Corporation's services shall reasonably represent the individuals who are served by the health center in terms of race, gender, and ethnicity. Of the non-patient Directors, no more than 50 percent shall be persons who derive ten percent or more of their income from the direct providing of health care, and they shall be members of the communities served by the health center or the health center's service area, and they shall provide relevant expertise and skills. The term of a director shall be three years, and directors are eligible for re-election. The Chief Executive Officer shall also serve ex-officio as a non-voting member of the Board. Health center employees and immediate family members (i.e., spouses, children, parents, or siblings through blood, adoption, or marriage) of employees may not be Directors. The Directors may elect individuals to the Board of Directors at the annual meeting of the directors or at any monthly meeting of the directors. Individuals shall be elected to the Board of Directors so that the terms of approximately one-third (or as close as practicable) of the directors shall expire each year.

<u>Section 3.2 Powers</u>. The Board of Directors shall have and may exercise all the powers of the Corporation, consistent with relevant law and the Articles of Organization, as may be amended from time to time. Unrestricted authorities, functions, and responsibilities of the Board include:

- Approval of the selection and dismissal of the Chief Executive Officer of the health center:
- Performing an annual performance evaluation of the Chief Executive Officer, which shall be conducted by the Executive Committee and reviewed and approved by the full Board;
- Regularly attend meetings and participate at a committee level;
- Approval of the health center's sites, hours of operation, and services to be provided by the
 center, including decisions to subaward or contract for a substantial portion of the health
 center's services;
- Approval of all of the center's HRSA grant applications including the section 330 grant application;
- Approval of the center's annual budget, which outlines the proposed uses of both Health Center Program award and non-Federal resources and revenue;
- Review of the results of the annual audit, and ensuring appropriate follow-up actions are taken:
- Approval of the sliding fee scale, nominal fee, and yearly federal poverty guidelines;
- Establishment of general policies for the center (including personnel, health care, fiscal, and quality assurance/improvement policies), including approval of the Quality Improvement Program and Billing and Collections policies;
- Monitoring organizational assets and performance, fiscal and clinical, including
 evaluating the performance of the health center based on quality assurance/quality
 improvement assessments and other information received from health center
 management;
- Conducting long-range/strategic planning at least once every three years, which at a minimum addresses financial management and capital expenditure needs;
- Conduct self-evaluations annually;
- Ensuring that the health center is operating in accordance with applicable federal, state and local laws and regulations, as well as its own established policies and procedures;
- Measurement and evaluation of the organization's progress in meeting its annual and long-term programmatic goals;
- Oversight of the measurement and monitoring of patient satisfaction.

Section 3.3 Chief Executive Officer. The Board of Directors shall select a Chief Executive Officer and shall determine the terms of his or her employment. The duties and powers of the Chief Executive Officer shall be those generally assigned to the chief executive officer or executive director of a non-profit corporation, and shall include the general charge and supervision of the affairs of the Corporation and the power and responsibility to enforce these bylaws and any rules and regulations made by or under the authority of the Board of Directors or the Executive Committee, to see that all requirements of law and appropriate governmental authorities are duly observed in the conduct of the affairs of the Corporation, and to execute in

the name of the Corporation all deeds, leases, contracts, and similar documents. It shall also be the duty of the Chief Executive Officer to plan, organize, maintain and control the operation of the Corporation within the policies established by the Board of Directors. The Chief Executive Officer shall analyze, report, and advise the Board of all material matters on a timely basis, and shall attend and participate in all appropriate committee meetings in order to maintain a high degree of communication and cooperation within the Corporation. The Chief Executive Officer may also be included in executive session meetings, provided the session is not pertaining to the Chief Executive Officer. The Chief Executive Officer shall normally be the official representative and spokesperson for the Corporation.

Section 3.4 Annual and Regular Meetings. The annual meeting and regular meetings of the Board of Directors shall be held at such places, within or without the Commonwealth of Massachusetts, and at such times as the Board of Directors may by vote from time to time determine. Regular meetings shall be held monthly, and must contain a quorum of voting members. No notice shall be required for any annual or regular meeting held at a time and place fixed in advance by vote of the Board of Directors.

Section 3.5 Special Meeting. Special meetings of the Board of Directors may be held at any time and at any place, within or without the Commonwealth of Massachusetts, when called by the Chair or by two or more directors, reasonable notice thereof, stating the purposes of such meeting, being given to each director by the Clerk, or, in case of the death, absence, incapacity or refusal, of the Clerk, by the Chair or by the directors calling the meeting, or at any time without call or formal notice, provided all the directors are present or waive notice thereof by a writing which is filed with the records of the meeting. In any case, it shall be deemed sufficient notice to a director to send notice by mail (paper or electronic) at least three (3) days before the meeting, addressed to the director at his or her usual or last known business or residence address.

Section 3.6 Quorum. At any meeting of the directors, a majority of the directors then in office shall constitute a quorum. When a quorum is present at any meeting, the affirmative vote of a majority of the directors present or represented at such meeting and voting on the matter shall, except where a larger vote is required by law, by the Articles of Organization or by these Bylaws, decide any matter brought before such meeting. If a quorum is not present at any meeting, such a meeting shall only be an informational meeting.

<u>Section 3.7 Consent in Lieu of Meeting</u>. Any action by the directors may be taken without a meeting if a written consent thereto is signed by all the directors and filed with the records of the directors' meetings. Such consent shall be treated as a vote of the directors for all purposes. Board members may not vote by proxy.

Section 3.8 Presence and Voting through Communication Equipment. Unless otherwise prohibited by law or the Articles of Organization, members of the Board of Directors may participate in a meeting of the Board by means of a conference telephone or similar communication equipment by means of which all persons participating in the meeting can hear and speak to each other at the same time, and participation by such means shall constitute presence in person at a meeting. In rare circumstances, Directors may vote via

electronic means (eg, email) on an item that follows the same rules of procedure and quorum as during an in-person meeting. Such votes will be then be placed on the agenda for the next full Board meeting to be entered into the minutes.

<u>Section 3.9 Resignations and Removal</u>. Any director or committee member may resign at any time by delivering his or her resignation in writing to the Chair or Clerk or to a meeting of the Board of Directors. The Directors may, by two-thirds vote at any meeting called for that purpose, remove from office any director or committee member, with or without cause.

ARTICLE IV Committees

Section 4.1 Committees. There shall be an Executive Committee, a Finance Committee, a Corporate Compliance Committee, a Quality Improvement Committee and such other standing or ad hoc committees of the Board as the Board may determine. Except as otherwise set forth in these Bylaws, the Chair of the Board shall nominate the chair and members of any such committee, who shall be appointed by and shall serve at the pleasure of Board of Directors. Except as otherwise set forth in these Bylaws or as may be determined by the directors, committees shall conduct their affairs in the same manner as is provided in these Bylaws for the directors. Each committee shall keep regular minutes of its meetings and report the same to the Board of Directors.

Section 4.2 Scope of Committees. The Executive Committee shall be chaired by the Chair of the Corporation and shall consist of the Chair, Vice-Chair, Treasurer and Clerk of the Corporation. Unless the directors shall otherwise determine prior to any such action by the Executive Committee, the Executive Committee, between meetings of the Board of Directors, shall be entitled to act all matters as to which the Board of Directors would have been entitled to act and as to which it is permitted under law, these Bylaws, and the Articles of Organization, to delegate to the Executive Committee. The Executive Committee will report its actions back to the full Board at the next Board meeting

The Treasurer shall serve as the chair of the Finance Committee. The Finance Committee shall provide advice and recommendations to the Board in all matters pertaining to the fiscal affairs of the Corporation, including the annual budget. The Corporate Compliance Committee shall consist of the same individuals serving on the Executive Committee, and shall provide advice and recommendations to the Board in all matters pertaining to corporate compliance. The Quality Improvement Committee shall assure that quality care is given in all clinical areas through peer review, dashboard metric review, and patient complaint review and ensures that the Corporation is compliant with federal and state data reporting requirements with regard to quality of care.

ARTICLE V Officers

<u>Section 5.1 Election</u>. The officers of the Corporation shall consist of a Chair, Vice-Chair, Treasurer, Clerk and such other officers as the Board of Directors may determine. All

officers shall have one year terms and shall be eligible for reelection. All officers shall be elected by the directors at the annual meeting of the directors, or at any meeting of the directors called for that purpose, and shall serve at the pleasure of the directors. Vacancies in any office shall be filled by the directors.

Section 5.2 Qualification and Powers. Officers shall be directors. So far as is permitted by law, any two or more offices may be filled by the same person. Subject to law, to the Articles of Organization, and to these Bylaws, each officer shall hold office until his or her successor is elected, or until such officer sooner dies, resigns, is removed, or becomes disqualified. Each officer shall, subject to these Bylaws, have in addition to the duties and powers herein set forth, such duties and powers as are commonly incident to such office, and such duties and powers as the Board of Directors may from time to time designate.

<u>Section 5.3 Chair</u>. The Chair shall preside at all meetings of the Board of Directors and shall be, ex officio, a member of all committees with the right to vote.

<u>Section 5.4 Vice Chair</u>. The Vice Chair shall have and may exercise all the duties and powers of the Chair during the absence of the Chair or in the event of the Chair's incapacity or other inability to act. The Vice Chair shall have such other duties and powers as the directors may determine.

<u>Section 5.5 Treasurer</u>. The Treasurer shall, subject to the direction and under the supervision of the Board of Directors, have general oversight of the financial concerns of the Corporation.

Section 5.6 Clerk. The Clerk shall be responsible for the keeping of a record of all meetings of the Board of Directors. In the absence of the Clerk from any such meeting, the Assistant Clerk, if any, or a Temporary Clerk designated by the directors, shall perform the duties of the Clerk. The Clerk shall also ensure that all minutes of board and committee meetings are stored with the Board of Directors files, after their approval by the Board.

<u>Section 5.7 Resignation and Removal</u>. Any officer may resign at any time by delivering his or her resignation in writing to the Chair or Clerk or to a meeting of the Board of Directors. The Directors may, by two-thirds vote at any meeting called for that purpose, remove from officer any officer with or without cause.

ARTICLE VI Distribution Upon Dissolution

Section 6.1 Distribution Upon Dissolution. Upon the liquidation or dissolution of the Corporation, after payment of all liabilities of the Corporation or due provision therefore, all of the assets of the Corporation shall be distributed to one or more organizations exempt from federal income tax under the provisions of Section 501(3)(c) of the Internal Revenue Code (or described in any corresponding provision of any successor statute). Such organizations shall be determined by the directors of the Corporation at or before the time of such liquidation or dissolution, and in

accordance with Chapter 180 of the General Laws of the Commonwealth of Massachusetts.

ARTICLE VII Fiscal Year

<u>Section 7.1 Fiscal Year</u>. Except as may be from time to time otherwise determined by the Board of Directors, the fiscal year of the corporation shall end on the last day of December.

ARTICLE VIII Indemnification

Section 8.1 Officers and Directors. The Corporation shall, to the extent legally permissible, indemnify its officers and directors, and their respective heirs, executors, administrators or other representatives from any costs, expenses, attorneys' fees, amounts reasonably paid in settlement, fines, penalties, liabilities and judgments incurred while in office or thereafter by reason of any such officer or director being or having been an officer or director of the Corporation or by reason of such officer or director's serving or having served at the request of the Corporation as committee member, officer, director, trustee, employee, or other agent of another organization, or in any capacity with respect to any employee benefit plan, unless, with respect to the matter as to which indemnification is sought, the officer or director shall have been or is adjudicated in any proceeding not to have acted in good faith in the reasonable belief that his or her action was in the best interests of the Corporation, or, to the extent that such matter relates to service with respect to an employee benefit plan, in the best interests of the participants or beneficiaries of such employee benefit plan. Such indemnification may include payment by the Corporation of expenses incurred in defending a civil or criminal action or proceeding in advance of the final disposition of such action or proceeding upon receipt of an undertaking by the person to be indemnified to repay such payment if he or she shall be not entitled to indemnification under this paragraph.

Section 8.2 Employees and Agents. The Corporation, to the extent legally permissible, may indemnify its employees and other agents, including but not limited to its volunteers and persons acting as members of committees of the Corporation, from any costs, expenses, attorneys' fees, amounts reasonably paid in settlement, fines, penalties, liabilities and judgments incurred while in office or thereafter by reason of any such person's being or having been an employee or agent of the Corporation or by reason of such person's serving or having served at the request of the Corporation as committee member, officer, director, trustee, employee, or other agent of another organization, or in any capacity with respect to any employee benefit plan, unless, with respect to the matter as to which indemnification is sought, the employee or agent shall have been or is adjudicated in any proceeding not to have acted in good faith in the reasonable belief that his or her action was in the best interests of the Corporation, or, to the extent that such matter relates to service with respect to an employee benefit plan, in the best interests of the participants or beneficiaries of such employee benefit plan. Such indemnification may include a payment by the Corporation of expenses incurred in defending a civil or criminal action or proceeding in advance of the final disposition of such action or proceeding upon receipt of an undertaking by the person to be indemnified to repay such payment if he or she shall be not_entitled to indemnification under this section. In

determining whether to provide indemnification under this paragraph, the Corporation may consider, among other factors, whether and to what extent insurance is or was available to the person seeking indemnification and whether and to what extent insurance is available to the Corporation for such indemnification.

ARTICLE IX Conflicts

Section 9.1 Conflicts. Each director has the responsibility to disclose fully to the Board of Directors, at such time and in such a manner as may be appropriate and consistent with policies of the Corporation, either by voice at the meeting at which the measure concerned is to be considered or in writing to the Clerk prior to such meeting, the existence of any dual interest of such director in transactions or other matters involving the Corporation in which such director may have, directly or indirectly, a separate personal interest of any nature, and such further information as may be materially relevant for consideration by the Board of Directors concerning any such matter or transaction, and to refrain, except for such disclosure and as otherwise may be appropriate, from participating in such consideration and the decision of the Board of Directors with respect to such matter or transaction, in order that the Board of Directors may at all times continue to act in the best interests of the Corporation.

ARTICLE X Amendments

Section 10.1 Amendments. The directors may, by vote of a majority of such directors then in office, at any duly called regular or special meeting, amend or repeal these Bylaws in whole or in part provided that: (1) the general substance of the proposed amendment to the Bylaws was discussed at the immediately prior duly called regular or special meeting of the Board of Directors, as reflected in the minutes of such meeting approved by the Board, and (2) notice of the proposed amendment to the Bylaws, including a copy of the general substance of such proposed amendment, is included in the notice provided to directors of the meeting at which such amendment vote is to take place.

ARTICLE XI Anti-Discrimination

Section 11.1 Anti-Discrimination. In all matters of its operation including, without limitation, treatment of patients, selecting and dealing with employees and contractors and selecting members, directors and officers, the Corporation shall not discriminate against any person or the basis of race, religion, gender, sexual orientation, age or national origin. The Corporation shall also, consistent with law, encourage the utilization of minority contractors wherever possible.

I hereby certify that these By-laws of Hilltown Community Health Centers, Inc. are a complete and accurate copy of the original documents as adopted on _______, 2019.

| Signature of Clerk | Date |
|--------------------|------|
| | |
| Printed Name | |



| Policy Title: | Policy Number: | | |
|--|----------------|--|--|
| Board Member Recruitment, Retention, and Development | BOD-1 | | |
| Plan | | | |
| Department: | Policy status: | | |
| Administrative | Active | | |
| Resources: | | | |
| Date Published: MAY 2016 | | | |
| Dates Reviewed: JUL 2018 | | | |
| Dates Revised: JUL 2018 | | | |

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for the recruitment, retention and development of Board members.

POLICY:

New Board members are recruited in a variety of ways. The process begins with understanding the current Board profile of members which identifies the skills, background, consumer/non-consumer status and demographics currently represented on the Board and what is needed. The Recruitment, Orientation and Nominating (RON) Committee members identify the people and organizations to contact as part of the recruiting process. This includes:

- Working with health center staff to identify patients who may be interested in serving as consumer members.
- Identifying the strongest candidates and prioritizing the applicants based on the skills, geographic representation and diversity needs of the Board.
- Members of the RON Committee are assigned one or more individuals to contact and disseminate recruiting materials.
- Board member candidates are subsequently interviewed by one or more Board members, preferably including the President and the CEO and, if the candidates are interested in membership, may be invited to a Board meeting to get an idea of how the organization makes decisions and shares responsibilities. This is also an opportunity for the Board to assess the skills and fit of the candidate with the organization and its leadership.
- Based on these meetings, the RON Committee may nominate the candidate to the

Board. The Board votes to accept or decline the nomination of the candidate.

- Once an individual commits to serving on the Board, she or he is given a Board Member Manual along with password information to the Board's secure web page, which includes additional resources.
- The term of a member shall be three years, and members are eligible for re-election.
- The Board will retain its members and develop their governance competency through continuing education and support, including:
 - o Opportunities for training at various conferences and seminars run by the State of Massachusetts, the Massachusetts League of Community Health Centers, the National Association of Community Health Centers and other organizations.
 - o Presentations by HCHC staff or partners on issues of importance to the governance, strategic planning, and on-going operational support of the health center.
 - o Monthly reports from the CEO and Senior Management on HCHC and its activities, with opportunities for discussion and questions at every Board meeting.

| Questions regarding this plan should be directed to | to effici Executive Officer at 415 250 4120. |
|---|--|
| Approved by Board of Directors on: | |
| Approved by: | |
| Chief Executive Officer, HCHC | HCHC Board of Directors |

Questions regarding this plan should be directed to Chief Evecutive Officer at 413 238 4128



| Policy Title: | Policy Number: | |
|--------------------------|----------------|--|
| Board Orientation Policy | BOD-2 | |
| Department: | Policy status: | |
| Administrative | Active | |
| Resources: | | |
| Date Published: OCT 1998 | | |
| Dates Reviewed: JUL 2018 | | |
| Dates Revised: JUL 2018 | | |

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to orient every new Board member of Hilltown Community Health Center with materials to review in order gain a complete understanding of Hilltown Community Health Center and his/her role as a member of the Board of Directors.

POLICY:

The CEO or Board President or designee shall meet with the new Board member to provide:

HARD COPY or EMAIL:

- 1. Welcome letter from Board President and CEO, including link to Board member web page with log-in instructions
- 2. Acronym List
- 3. Annual Disclosure Statement
- 4. Attorney General's Guide to Board Members of Charitable Organizations
- 5. Confidentiality Agreement
- 6. Health Center Services Sheet
- 7. Member Listing
- 8. Mission Statement
- 9. Monthly Meeting Schedule
- 10. New Member Required Information Form
- 11. Organizational Chart
- 12. Committee Descriptions
- 13. Ten Responsibilities of Non-Profit Boards

BOARD OF DIRECTORS SECURE WEB PAGE:

https://www.hchcweb.org/board-of-directors/

- **1.** #'s 2-13 (above) plus:
- 2. Articles of Incorporation
- 3. Board Governance Guidelines (from National Association of Community Health Centers)
- 4. Bureau of Primary Health Program Requirements
- 5. By-Laws
- 6. Corporate Compliance Documents
- 7. Directors & Officers Insurance Policy (current and past)
- 8. Finance Committee Minutes (current and past)
- 9. Governance Requirements List
- 10. History of HCHC
- 11. HRSA Program Requirements
- 12. Meeting Minutes (current and past)
- 13. Policies
 - a. Conflict of Interest
 - b. Confidentiality
 - c. Grant and Contract Approval
 - d. New Member Orientation

OTHER ORIENTATION ACTIVITIES:

- 1. Tour of the Huntington Health Center and Worthington Health Center preceding first two meetings
- 2. Schedule tours of School-Based Programs and Hilltown Community Center

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

| Approved by Board of Directors on:Approved by: | |
|--|-------------------------|
| Chief Executive Officer, HCHC | HCHC Board of Directors |



| Policy Title: | Policy Number: | | |
|------------------------------------|----------------|--|--|
| Grant and Contract Approval Policy | BOD-3 | | |
| Department: | Policy status: | | |
| Administrative | Active | | |
| Resources: | | | |
| Date Published: OCT 1998 | | | |
| Dates Reviewed: JUL 2018 | | | |
| Dates Revised: JUL 2018 | | | |

Hilltown Community Health Centers, Inc. (HCHC) Board of Directors has adopted this policy to have a formal documented process for the Board of Directors to review/approve any grants or contracts that may be applied for which meet the criteria set forth by the Board of Directors.

POLICY:

The CEO or his/her designee may apply for grants or contracts which meet the following criteria:

- 1. Appropriate grants/contracts must be related to the organization's mission.
- 2. The grant/contract must have funds which are sufficient to cover the costs of the grant/contract operations.
- 3. The authority and duties of the CEO must not be dissipated by the addition of the grant/contract.

It is expected that the CEO will inform the Board of Directors and provide detailed information regarding all grants/contracts for which (s) he or the designee applies.

| Questions regarding this policy or any related procedure should be directed to the |
|--|
| Chief Executive Officer at 413-238-4128. |
| Approved by Board of Directors on: Approved by: |

Chief Executive Officer, HCHC

HCHC Board of Directors



| Policy Title: | Policy Number: | |
|-----------------------------|----------------|--|
| Anti- Discrimination Policy | HR-02 | |
| Department: | Policy status: | |
| Administrative | Active | |
| Resources: | | |
| Date Published: SEP 2018 | | |
| Dates Reviewed: JULY 2019 | | |
| Dates Revised: JULY 2019 | | |

Hilltown Community Health Centers, Inc. is committed to ensuring that anyone who interacts with the health center is valued and does not experience discrimination in employment, volunteering, or the provision of services. HCHC strives for inclusivity and works to create a culture in which each individual is valued as employees, volunteers, patients, and community members. The organization seeks to include individuals from diverse backgrounds and celebrate the contributions they bring to the HCHC community.

POLICY:

Hilltown Community Health Centers, Inc. prohibits any form of discrimination on the basis of race, color, religion, creed, sex, gender, gender identity or gender expression, age, marital status, national origin, mental or physical disability, political belief or affiliation, veteran status, sexual orientation, genetic information, and any other class of individuals protected from discrimination under state or federal law with respect to employment, volunteer participation and the provision of services. Any violations of this policy will result in disciplinary actions as required under federal or state law, other HCHC policies, or as outlined in the HCHC Employee Corporate Compliance Program.

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

| Approved by Board of Directors on: Approved by: | |
|---|-------------------------|
| Chief Executive Officer, HCHC | HCHC Board of Directors |



| Policy Title: | Policy Number: | | |
|---------------------------------------|----------------|--|--|
| Phone Use for Personal Matters Policy | HR-03 | | |
| Department: | Policy status: | | |
| All clinical departments | New | | |
| Date Published: JUNE 2019 | | | |
| Dates Reviewed: N/A | | | |
| Dates Revised: N/A | | | |

This policy outlines the use of personal cell phones and company owned phones at work and the safe use of cell phones by employees while driving.

POLICY:

- 1. An employee's primary duty while working at the company is to carry out his or her job functions and responsibilities. Therefore:
 - a. As a general matter, personal matters should not be dealt with on Company time.
 - b. HCHC recognizes that there may be isolated occasions which may arise from time to time whereby an employee needs to address some urgent situation immediately. It is our policy that you will limit your use of phones to those instances.
 - c. Employees are encouraged to make any personal calls on non-work time where possible and to ensure that friends and family members are aware of HCHC's policy
- 2. Employees who are charged with traffic violations resulting from the use of their phone while driving will be solely responsible for all liabilities that result from such actions.
- 3. HCHC will not be liable for the loss of personal cellular phones or other personal electronic devices brought into the workplace.
- 4. The use of cell phones or other audio or video recording capable devices within the company may constitute not only an invasion of an employees or patient personal privacy, but may breach confidentiality of protected information. Therefore, the use of camera or other video-capable recording devices within HCHC is prohibited without the express prior permission of senior management and of the person(s) present at the time.
- 5. Any violation of this policy will be subject to disciplinary action up to, and including termination.

| Approved by Board of Directors on: | |
|------------------------------------|------------------------------------|
| Approved by: | |
| Chief Executive Officer, HCHC | President, HCHC Board of Directors |



| Policy Title: | Policy Number: | |
|---------------------------|----------------|--|
| Code of Conduct Policy | HR-04 | |
| Department: | Policy status: | |
| Administrative | Active | |
| Resources: | | |
| Date Published: MAR 2018 | | |
| Dates Reviewed: JULY 2019 | | |
| Dates Revised: JULY 2019 | | |

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for implementing and enforcing a Code of Conduct for all employees.

Policy:

- 1. All HCHC employees will, upon hire, be provided with a copy of the HCHC Code of Conduct (see Attachment A), be given the opportunity to read it and ask questions, and then sign it agreeing to be held by its provisions.
- 2. HCHC will provide training to all employees on the Code of Conduct annually.
- 3. The Code of Conduct will be enforced through the organizational progressive disciplinary process.
- 4. As a condition of employment all employees are required to sign and comply with this policy.

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

| Approved by Board of Directors on: | - |
|------------------------------------|-------------------------|
| Approved by: | |
| Chief Executive Officer, HCHC | HCHC Board of Directors |



Code of Conduct

OUR MISSION STATEMENT

Hilltown Community Health Center's mission is creating access to high quality integrated health care and promoting well-being for individuals, families and out communities.

CODE OF CONDUCT

The standards below are essential elements guiding workplace conduct and performance. The list is not all-inclusive but forms a baseline for conduct. All employees are expected to follow these standards and those outlined in the Personnel Policies Handbook.

1. I will respect diversity.

• Diversity comes in many forms. I will treat all patients and staff with dignity, equality and respect regardless of race, sex, color, religion, national origin, sexual orientation, age, mental or physical disability, military status or genetic information.

2. I will treat patients and co-workers with respect. I will...

- Greet all patients and staff
- Support my co-workers, including those in other departments
- Say thank you to both patients and staff
- Communicate positively and constructively
- Be part of the solution, not part of the problem
- Remain calm and professional when experiencing a difficult situation
- Address issues directly with parties involved confidentially and in a timely manner

3. I will conduct myself professionally at all times. I will....

- Lead by example
- Strive to hold a positive attitude
- Follow HCHC's confidentiality policy by not discussing patient, staff, or unconfirmed rumors in or out of the workplace
- Reply to e-mail and phone messages in a professional and timely manner
- Honor my schedule and hiring conditions (i.e. come to work on time; complete the work assigned)
- Not conduct personal or business calls when patients or staff are in need of my services
- Use HCHC equipment, time and resources judiciously and as authorized

- Follow the HCHC dress code
- Respect personal/private property

4. I will support my team. I will....

- Assist my team members to serve patients and complete tasks. I will not say "that is not my job"
- Share my knowledge and my skills with my co-workers
- Support group decisions reached by the team, even if I do not agree
- Take pride in the service my team provides to the community, and to the contribution we make to the organization as a whole
- 5. I will hold myself and my colleagues to the values and expectations held within this Code.

Page 2 of 3



Code of Conduct Acknowledgement Page

Violation of this non-exclusive Code of Conduct, or of any other written or unwritten policy, rule, regulation, directive, or procedure presently in force or later established by HCHC will lead to disciplinary action, up to and including an unpaid disciplinary suspension or immediate discharge.

I have read and understand the Code of Conduct policy (COC) expected by the health center. I agree to act in accordance with the COC as a condition of my employment by Hilltown Community Health Center.

I also understand that if I have questions or concerns at any time about this policy or any other policy, I will ask my immediate supervisor or manager, or any senior manager for clarification.

| NAME: _ | | | | |
|----------|-----|-----------|--|--|
| | | Signature | | |
| | | | | |
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| PRINT NA | ME: | | | |
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| | | | | |
| DATE. | | | | |
| DATE: | | | | |
| | | | | |

| Personnel Committee Approval | Board Adoption |
|------------------------------|--------------------|
| Date: May 10, 2011 | Date: May 24, 2011 |



| Policy Title: | Policy Number: | |
|-------------------------------------|----------------|--|
| Confidentiality Agreement Policy | HR-05 | |
| Department: | Policy status: | |
| Administrative | Active | |
| Resources: | | |
| Date Published: OCT 1998 | | |
| Dates Reviewed: SEP 2018, JULY 2019 | | |
| Dates Revised: SEP 2018, JULY 2019 | | |

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to maintain patient privacy, including obligations to protect the confidentiality of patient information and to safeguard the privacy of patient information.

POLICY:

Approved by:

As a condition of employment or assignment with HCHC, all are required to comply with HCHC's confidentiality agreement policy and sign HCHC's confidentiality agreement form.

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

Approved by Board of Directors on:

Chief Executive Officer, HCHC HCHC Board of Directors



Confidentiality Agreement

I understand that Hilltown Community Health Centers, Inc. (HCHC) has a legal and ethical responsibility to maintain patient privacy, including obligations to protect the confidentiality of patient information and to safeguard the privacy of patient information.

In addition, I understand that during the course of may employment/assignment/affiliation at HCHC, I may see or hear other confidential information such as financial data and operational information pertaining to the practice that HCHC is obligated to maintain as confidential.

As a condition of my employment/assignment/affiliation with HCHC, I understand that I must sign and comply with this agreement.

By signing this document, I understand and agree that:

I will use and disclose patient information and/or confidential information only if such use or disclosure complies with HCHC policies and procedures, and is required for the performance of my job.

My personal access codes, user ID's, office keys, and other passwords used to access computer and other equipment are to be kept confidential and secure at all times.

I will not access or view any information other than what is required to do my job. If I have any questions about whether certain information is required for my job or if I have any questions regarding policies and procedures, I will immediately ask my supervisor for clarification.

I will not discuss any information pertaining to practice in an area where unauthorized individuals may hear such information.

I will not make inquiries about any practice information for any individual or party who does not have proper authorization to access such information.

Upon termination of my employment/assignment/affiliation with HCHC, I will immediately return all property (e. g. keys, ID badges, etc.) to HCHC.

I agree that my obligations under this agreement regarding patient information and confidential information will continue after termination of my employment/assignment/affiliation.

I understand that violation of this Agreement may result in disciplinary action up to and including suspension or termination of my employment/assignment/affiliation with HCHC in accordance with HCHC policies and procedures as well as potential personal civil and criminal legal penalties.

I have read the above agreement and agree to comply with all its terms as a condition of continuing employment.

| Signature of Employee/Intern: | |
|-------------------------------|-------------|
| Print Name: | |
| , | |
| Date: | |



| Policy Title: | Policy Number: | |
|---|----------------|--|
| Employee Badge Policy | HR-08 | |
| Department: | Policy status: | |
| Administrative | NEW | |
| Resources: | | |
| Date Published: JULY 2019 | | |
| Dates Reviewed: | | |
| Dates Revised: | | |
| Reference: Facility Access Controls Policy- ADM | | |

Hilltown Community Health Centers (HCHC) has adopted this policy to ensure proper identification of all employees to prevent unauthorized physical access to its facilities while ensuring properly authorized access is allowed. This policy outlines the proper use and care of employee ID badges, as prescribed during orientation of employee.

POLICY:

Employees will wear ID badges at all times while on HCHC premises.

- a. Employees must wear their ID badge while on company property.
- b. The badge must be visible to observers. In other words, it should be displayed on outer garments when inside the building.
- c. The badge may be affixed using a lanyard, clip or retracting clip. If a lanyard is used, it must be a break-away lanyard.
- d. Loss of an employee badge must be reported to Human Resources as soon as it is noticed. A new badge will be issued at a cost of \$10.00 to the employee.
- e. Badges will not be shared by employees
- f. Failure to report a lost badge will result in disciplinary action.
- g. Badge photo and name shall not be obscured in anyway including but limited to stickers, or labels.

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

| Approved by Board of l Approved by: | Directors on: | | | |
|--|---------------|--------|-------|--|
| Cliff Co | HOLIC | HOHO D | 1 CD' | |

Chief Executive Officer, HCHC

HCHC Board of Directors



| Policy Title: | Policy Number: | |
|-------------------------------------|-----------------------|--|
| Employee Use of Social Media Policy | HR-09 | |
| Department: Administrative | Policy status: Active | |
| Resources: | | |
| Date Published: NOV 2015 | | |
| Dates Reviewed: SEP 2018, JULY 2019 | | |
| Dates Revised: SEP 2018, JULY 2019 | | |

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to formally outline the appropriate business use of social media by employees. While it is not the intention of HCHC to unreasonably restrict an employee's freedom of expression, it is our policy to ensure the health center is not misrepresented or cast in a negative light in social media.

The use of social media presents both risks and rewards. It also carries with it certain responsibilities. To assist employees, interns, contractors, and volunteers with making responsible decisions about the use of social media, Hilltown Community Health Center (HCHC) has established these guidelines for appropriate use of social media. This policy applies to all HCHC employees, interns, contractors, and volunteers.

POLICY:

Social media may not be accessed through HCHC computers without authorization of the CEO.

Conduct that adversely affects job performance, the performance of fellow employees or otherwise adversely affects patients, practitioners, or people who work on behalf of HCHC or HCHC's legitimate business interests may result in disciplinary action up to and including termination.

DEFINITIONS:

Social media includes all means of communicating or posting information or content of any sort on the Internet, including to your own or someone else's web log or blog, journal or diary, personal web site, social networking or affinity web site, web bulletin board or a chat room, whether or not associated or affiliated with HCHC, as well as any other form of electronic communication. Forms of social media include, but are not limited to, written text, audio recording, photography, and video recording.

Protected Health Information (PHI) means individually identifiable health information that is transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium.

| Questions regarding this policy or any related proc Officer at 413-238-4128. | cedure should be directed to the Chief Executive |
|--|--|
| HCHC has established the following guidelines for Approved by Board of Directors on: | ** * |
| Approved by: | |
| Chief Executive Officer, HCHC | HCHC Board of Directors |

Do's and Don'ts for use of social media

DO:

- Understand that all data and information that is entered, received, stored, or transmitted via HCHC's electronic resources is the property of HCHC and employees should have no expectation of privacy with respect to such data and information.
- Exercise good judgment. HCHC does not wish to interfere with the personal lives of its employees, but employees should be aware that their personal on-line life may be perceived as linked to their professional life.
- Be fair and courteous to fellow employees, vendors, or people who work on behalf of HCHC.
- Keep in mind that you are more likely to resolve work related complaints by speaking directly with your co-workers than by posting complaints to a social media outlet. Nevertheless, if you decide to post complaints or criticism, avoid using statements, photographs, video or audio that reasonably could be viewed as malicious, obscene, threatening, or intimidating, that disparage employees, or vendors, or that might constitute harassment or bullying. Examples of such conduct might include offensive posts meant to intentionally harm someone's reputation or posts that could contribute to a hostile work environment on the basis of race, sex, disability, religion or any other status protected by law or company policy.
- Always make sure you are honest and accurate when posting information. If you
 make a mistake, correct it quickly. Be open about any previous posts you have
 altered. Remember that the Internet archives almost everything: therefore, even
 deleted postings can be searched. Never post any information or rumors that you
 know to be false about HCHC, fellow employees, vendors, or people working on
 behalf of Health Center.
- Express only your personal opinions. Never represent yourself as a spokesperson for HCHC. If HCHC is a subject of the content you are creating, be clear and open about the fact that you are an employee and make it clear that your views do not represent those of HCHC, fellow employees, vendors or people working on behalf of HCHC. If you do publish a blog or post online related to the work you do or subjects associated with HCHC, make it clear that you are not speaking on behalf of HCHC. It is best to include a disclaimer such as "The postings on this site are my own and do not necessarily reflect the views of HCHC." If you become aware of a post that may require an official response from HCHC or could otherwise become an issue for the organization, contact and inform your supervisor and the Human Resources Department for proper handling.
- Be particular about your "friends" and associations and check the privacy and security settings on your accounts.
- Access social media only on your personal devices and/or cell phones, and only during lunch/break times.

DON'T:

- Use offensive language or engage in harassment or intimidation. Inappropriate
 postings that may include discriminatory remarks, harassment, and threats of violence
 or similar inappropriate or unlawful conduct will not be tolerated and may subject you
 to disciplinary action up to and including termination. It is a violation of this policy to
 electronically communicate in a manner which is obscene, harassing, abusive, or
 threatens an individual's safety, in accordance with the HCHC's policies on
 harassment.
- Exchange proprietary/confidential information Employees are prohibited from posting or disclosing proprietary/confidential information. This may include information regarding the development of systems, processes, products, know-how and technology. Do not post internal reports, policies, procedures or other internal business-related confidential communications.
- Use social media inappropriately.
- Use social media while engaged in work activities.
- Use your HCHC email address for personal social networking accounts.
- Share PHI via social media. This includes posting pictures or video of patients of the HCHC. Communicating this information will result in discharge from employment and possible prosecution under federal or state law.

Retaliation is prohibited

HCHC prohibits taking negative action against any employee for reporting a possible deviation from this policy or for cooperating in an investigation. Any employee who retaliates against another employee for reporting a possible deviation from this policy or for cooperating in an investigation will be subject to disciplinary action, up to and including termination.

This policy and procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and health center management, federal and state laws and regulations, and applicable accrediting and review organizations.



| Policy Title: | Policy Number: | |
|--|----------------|--|
| Fragrance Controlled Work Environment Policy | HR-10 | |
| Department: | Policy status: | |
| Administrative | Active | |
| Resources: | | |
| Date Published: JAN 2009 | | |
| Dates Reviewed: SEP 2018, JULY 2019 | | |
| Dates Revised: SEP 2018, JULY 2019 | | |

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to strive to be a fragrance-controlled institution. The Health Center's philosophy supports a healthful environment for patients, employees, and visitors.

Policy:

Fragrances: any product which produces a scent, strong enough to be perceived by others including but not limited to colognes, perfumes, after shave products, lotions, powders, deodorants, hair sprays and other hair products, and other personal products.

The organization recognizes that exposure to strong scents and fragrances in the environment can cause discomfort as well as directly impact the health of sensitive individuals. Therefore, for the comfort and health of all, use of scents and fragrant products, other than minimally scented personal care products, by HCHC employees and staff, is discouraged, particularly in clinical areas.

Manger at 413-238-4126.

Approved by Board of Directors on: ______
Approved by: ______

Chief Executive Officer, HCHC HCHC Board of Director

Questions regarding this policy or any related procedure should be directed to the Practice

PROCEDURE:

Fragrances and scented products that are perceived by others in addition to the user are not to be worn in the Health Centers, particularly in and around clinical areas, waiting rooms, the lab, or other areas that patients may frequent.

Air fresheners and room deodorizers purchased for use in the health centers must be unscented. These products are intended to mask other objectionable odors for the purpose of improved environmental comfort.

Any employee with concerns about scents or other odors associated with products used while performing job duties should contact their supervisor or department head to determine if there is an appropriate product substitution available.

RESPONSIBILITY:

Department heads and managers/supervisors are responsible for encouraging staff to comply with this policy.

It is the responsibility of all employees to support this policy.



| Policy Title: | Policy Number: | |
|---|----------------|--|
| Location of Personnel Files and Access Policy | HR-11 | |
| Department: | Policy status: | |
| Administrative | Active | |
| Resources: | | |
| Date Published: APR 2016 | | |
| Dates Reviewed: JULY 2019 | | |
| Dates Revised: APR 2016, JULY 2019 | | |

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for storing all employee personnel files.

POLICY:

- 1. All employee personnel files will be stored in a locked file cabinet in the Human Resources Manager's office.
- 2. The only employees who have regular access to personnel files are the HR Manager, the Finance Manager and the CFO.
- 3. An employee who wishes to review his/her personnel file should put this request in writing and submit it to the Human Resources Manager. The Human Resources Manager (or CFO, in the Human Resources Managers absence) shall contact the employee and schedule a time within five (5) work days of the receipt of the request, to review the file with the employee.
- 4. All information contained in the personnel file is the property of HCHC and cannot be removed. Employees may, however, request copies of information contained in their personnel files.
- 5. No information contained in individual personnel files will be released to outside sources unless explicitly requested, in writing, by the employee.

| Questions regarding this policy or any related procedure should be directed to the Huransecurces Manager at 413-238-4133. Approved by Board of Directors on: | | |
|---|-------------------------|--|
| Approved by: | | |
| Chief Executive Officer, HCHC | HCHC Board of Directors | |



| Policy Title: | Policy Number: | |
|---|----------------|--|
| Procedure for Unplanned, Short-Notice Absences from Work Policy | HR-13 | |
| Department: | Policy status: | |
| Administrative | Active | |
| Resources: | | |
| Date Published: DEC 2015 | | |
| Dates Reviewed: MAR 2016 | | |
| Dates Revised: JUNE 2016, JULY 2019 | | |

Hilltown Community Health Centers, Inc (HCHC) management has adopted this policy to have a formal, documented process for calling out sick or with an emergency.

POLICY:

- 1. Non-provider employees in must notify their immediate supervisor as early as practicable prior to their scheduled work hours.
- 2. Providers must notify the Practice Manager as early as practicable prior to their scheduled work hours.
- 3. Notification can be made by telephone, text messaging or email and is considered accepted if acknowledged. Otherwise, it is the responsibility of the Practice Manager or the Immediate Supervisor to establish the desired form of communication with their clinical providers and/or employees and that the appropriate contact information is supplied.
- 4. If an employee is absent for 2 days without notifying HCHC, it is assumed that the employee has voluntarily abandoned their position with HCHC and may be terminated.

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

| Approved by Board of Directors on: Approved by: | |
|---|-------------------------|
| | |
| Chief Executive Officer, HCHC | HCHC Board of Directors |

PROCEDURE:

Definitions

Non-provider employees includes the following:

- 1. Nurses
- 2. Medical and Dental Assistants
- 3. Receptionists
- 4. Referrals Specialists
- 5. Community Services staff
- 6. Administrative staff (including HR, Billing, Facilities, Finance, IT, etc.)

Providers include the following:

- 1. Medical Doctors
- 2. Nurse Practitioners
- 3. Dentists
- 4. Dental Hygienists
- 5. Optometrists
- 6. Behavioral Health providers

Employees in support positions must notify their immediate supervisor as early as practicable prior to their scheduled work hours.

Upon receipt of this notification, supervisors will make whatever changes to coverage schedules are necessary.

Clinical providers must notify the Practice Manager as early as practicable prior to their scheduled work hours.

- 1. Upon receipt of a notification, the Practice Manager will notify the Reception Supervisor to begin rescheduling patients.
- 2. At the earliest opportunity, the Practice Manager will notify the provider's departmental director.
- 3. If an employee is absent for 2 days without notifying HCHC, it is assumed that the employee has voluntarily abandoned their position with HCHC and may be terminated.



| Policy Title: | Policy Number: | |
|---------------------------|----------------|--|
| Sexual Harassment Policy | HR-14 | |
| Department: | Policy status: | |
| Administrative | Active | |
| Resources: | | |
| Date Published: APR 2016 | | |
| Dates Reviewed: JULY 2019 | | |
| Dates Revised: JULY 2019 | | |

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to maintain an environment where all employees may work free from sexual harassment. Sexual harassment in the workplace is unlawful.

POLICY:

HCHC strives to maintain an environment where all employees may work free from sexual harassment. Sexual harassment in the workplace is unlawful. Sexual harassment means sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when:

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

Examples of sexual harassment may include, but are not limited to: explicit or implicit demands for sexual favors in exchange for job benefits; unwelcome letters, telephone calls or displays of materials of a sexual nature; physical assaults of a sexual nature; unwelcome and deliberate touching, leaning over, cornering or pinching; unwelcome sexually suggestive looks or gestures; unwelcome pressure for sexual favors; unwelcome pressure for dates; unwelcome teasing, jokes or questions of a sexual nature; and sexually explicit voice mails, e-mails, graphics, downloading materials or websites.

| Questions regarding this policy or any related procedure Manager at 413-238-4133. | should be directed to the Human Resources |
|---|---|
| Approved by Board of Directors on:Approved by: | |
| Chief Executive Officer, HCHC | HCHC Board of Directors |

PROCEDURE:

- a.) An employee who feels that he or she has been sexually harassed or has witnessed sexual harassment, has the right and obligation to report such conduct. Each employee, supervisor or manager who is aware of an incident of potential sexual harassment must report such conduct. Reports of sexual harassment should be made to any level manager, or to Human Resources.
- b.) A thorough, impartial investigation of the alleged harassment will be conducted immediately, and if warranted, immediate appropriate action will be taken against the person responsible, up to and including termination of employment. Confidentiality will be maintained to the extent possible by the person conducting the investigation. Employees not satisfied with the results of the investigation may file a written complaint with the Chief Executive Officer of HCHC. There will be no reprisal or retaliation against anyone who reports such a complaint of sexual harassment: it is unlawful to retaliate against an employee for filing a complaint of sexual harassment or for cooperating in an investigation of a sexual harassment complaint.
- c.) An employee may report a claim of sexual harassment to: The Massachusetts Commission Against Discrimination, 436 Dwight St., Springfield, MA, telephone 413-739-2145 or the Equal Employment Opportunity Commission, John F. Kennedy Federal Building, 475 Government Center, Boston, MA 02203, telephone 800-669-4000. Any questions about this policy or its applications should be directed to the Chief Financial Officer or the Chief Executive Officer of HCHC.



SEXUAL HARASSMENT AGREEMENT

HCHC strives to maintain an environment where all employees may work free from sexual harassment. Sexual harassment in the workplace is unlawful. Sexual harassment means sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when:

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

Examples of sexual harassment may include, but are not limited to: explicit or implicit demands for sexual favors in exchange for job benefits; unwelcome letters, telephone calls or displays of materials of a sexual nature; physical assaults of a sexual nature; unwelcome and deliberate touching, leaning over, cornering or pinching; unwelcome sexually suggestive looks or gestures; unwelcome pressure for sexual favors; unwelcome pressure for dates; unwelcome teasing, jokes or questions of a sexual nature; and sexually explicit voice mails, e-mails, graphics, downloading materials or websites.

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

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

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

I acknowledge receipt of the sexual harassment policy and I agree to abide by the policy. If I have any questions regarding the content or interpretation of this policy, I will bring them to the attention of my supervisor or human resources.

| Employee Name: _ | _ | |
|------------------|-------|--|
| | | |
| | | |
| Signature: | Date: | |



| Policy Title: | Policy Number: |
|---------------------------|----------------|
| Sick Leave Bank Policy | HR-15 |
| Department: | Policy status: |
| Administrative | Active |
| Resources: | |
| Date Published: SEP 2018 | |
| Dates Reviewed: JULY 2019 | |
| Dates Revised: JULY 2019 | |

To provide a limited resource for eligible staff who experience a serious extended illness or injury, and have exhausted all of their available paid leave.

POLICY:

Hilltown Community Health Center will maintain a Sick Leave Bank program that will, under specific circumstances and for eligible employees, provide resources for those who are experiencing serious extended illness or injury, and have exhausted all of their available paid leave.

The use of the Sick Bank is restricted to those who have been employed for at least one year, and have donated at least 4 hours during the previous open enrollment period. New employees will have the option to contribute 12 months after they become benefit eligible.

| Questions regarding this policy or any related p Chief Executive Officer at 413-238-4128. Approved by Board of Directors on: | rocedure should be directed to the directed to the |
|--|--|
| Approved by: | |
| Chief Evecutive Officer, HCHC | HCHC Board of Directors |

PROCEDURE:

Staff participation is voluntary. Each December employees are given the opportunity to donate up to three days, pro-rated by their current FTE, of sick leave to the "bank." Once hours have been donated to the bank, they belong to the bank and may not be refunded to the contributing employee.

- Employees who are seriously ill and who have exhausted their paid leave time may apply to receive paid time through this program.
- Confidential requests will be made to Human Resources. This request should include a signed statement from the employee's healthcare provider. This statement must include appropriate medical facts regarding the condition, expected length of absence and expected date of return.
- Employee must have been out 10 full consecutive work days prior to use of hours from the Sick Bank.
- Employee must be in good standing. Good standing is described as:
 - o No history of past patterned use of paid leave. Patterned use is described as:
 - Frequent use of paid leave following or preceding a holiday.
 - Frequent use of paid leave on Friday and Monday.
 - Use of paid leave as it is accrued.
 - o No history of disciplinary action within 1 year of request.
- Employee must have exhausted all applicable accrued time prior to requesting hours from the sick bank.
- The maximum amount of time that an employee may request in a 12 month period is 2 weeks, pro-rated by current FTE.
- When paid by the sick bank, employee does not accrue paid leave for that period.
- The sick bank will be available (up to the max of 14 working days) without the waiting period and without the prior donations of one's own time to any staff member who requests leave for the donation of an organ or bone marrow through an established 501(c)3 organization. For example, an employee who is identified by the Bone Marrow as a "match" for a patient on their waiting list will be eligible to use Sick Bank time for the duration of their medically necessary absence from work, so long as the balance in the Sick Bank is sufficient. Proof from the organization facilitating the donation will be required and will be verified.
- Determination will be made by the Sick Bank Determination Team.



| Policy Title: | Policy Number: | |
|---|----------------|--|
| Smoke and Tobacco Free Workplace Policy | HR-16 | |
| Department: | Policy status: | |
| Administrative | Active | |
| Resources: | | |
| Date Published: AUG 2016 | | |
| Dates Reviewed: SEP 2018, JULY 2019 | | |
| Dates Revised: SEP 2018, JULY 2019 | | |

Hilltown Community Health Center, Inc. (HCHC) management has adopted this policy to ensure that Hilltown Community Health Center maintains a safe and healthy environment for all employees and patients by prohibiting the use of tobacco or electronic cigarettes on the company premises.

Policy:

It is the Company's policy to maintain a tobacco and smoke free environment. Tobacco products and the use of electronic cigarettes are not permitted on the HCHC premises, or inside any buildings.

Questions regarding this policy or any related procedure should be directed to the Chief Clinical and Community Services Officer at 413-667-3009 ext. 270

| Approved by Board of Directors on: | |
|------------------------------------|-------------------------|
| Approved by: | |
| | |
| Chief Executive Officer, HCHC | HCHC Board of Directors |

PROCEDURE:

- 1. Signage expressing the content of this policy will be posted at all entrances in a location that is conspicuous to all.
- 2. Failure on the part of an employee to comply with the policy may result in disciplinary action.
- 3. Failure on the part of a patient to comply with the policy may result in termination of appointment and personnel should follow the Disruptive Patient policy.



| Policy Title: | Policy Number: |
|--|----------------|
| Time Off During 90-Day Probation Period Policy | HR-17 |
| Department: | Policy status: |
| Administrative | Active |
| Resources: | |
| Date Published: DEC 2014 | |
| Dates Reviewed: MAR 2016 | |
| Dates Revised: MAR 2016, JULY 2019 | |

Hilltown Community Health Centers, Inc (HCHC) management has adopted this policy to have a formal documented process for the negotiation and documenting of time off granted prior to the end of an employee's 90-day probationary period.

POLICY:

- 1. Except in the event of extenuating circumstances, time off will not be granted during the first 90 calendar days of employment. Extenuating circumstances are
 - a. Time scheduled prior to the hiring of an employee
 - b. Death or serious illness of an immediate family member as described in the employee handbook
 - c. Serious illness of employee.
- 2. When extenuating circumstances exist, the time off request must be formally documented, signed by the employee and immediate supervisor and entered into the employee's file.
- 3. Should an extenuating circumstance result in the employee carrying a negative balance in accrued time, such balance shall not exceed 5 days, and the employee must sign and agree to repay HCHC for the negative balance should they be terminated while carrying a negative balance.
- 4. Should the employee be terminated while carrying a negative balance, the employee must agree to pay back HCHC for the entire negative balance.

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

| Approved by Board of Directors on: | |
|------------------------------------|-------------------------|
| Approved by: | |
| Chief Executive Officer, HCHC | HCHC Board of Directors |

PROCEDURE:

Except in the event of extenuating circumstances, time off will not be granted during the first 90 calendar days of employment. Extenuating circumstances are

Time scheduled prior to the hiring of an employee

- 1. This pre-arranged time off must be identified and negotiated prior to the new employee's orientation.
- 2. It is suggested that it be included in the original offer letter, if known
- 3. Once the offer letter is returned signed by both parties, it is filed in the new employee's file
- 4. It will also be discussed during orientation to eliminate any surprises

Death or serious illness of an immediate family member as described in the employee handbook

- 1. In the event of a death, bereavement leave will apply in accordance with the employee handbook
- 2. In the event of serious illness, the employee may request leave without pay

FTCA Application

▼ FTCA00019555/Original: HILLTOWN COMMUNITY HEALTH CENTER, INC., Worthington, MA

Grant Number: H80CS00601BHCMIS ID: 010330Application Type: RedeemingCalendar Year: 2020Application Last Submitted by: Eliza LakeDue Date: 7/1/2019 11:59:59 PM

 OMB Number:
 0906-0035
 OMB Expiration Date:
 04/30/2021

 OMB Number:
 0906-0032
 OMB Expiration Date:
 10/31/2020

| kecutive Director (Mu | st electronically sign and certify the | FTCA application prior to submission) | |
|-------------------------|--|---|-----------------------|
| alutation | | Email Address | elake@hchcweb.org |
| First Name | Eliza | Phone Number | 4132384128 Ext |
| Middle Name | | Fax Number | |
| Last Name | Lake | | |
| Governing Board Chair | rperson | | |
| Salutation | | Email Address | jfolletmd@verizon.net |
| First Name | John | Phone Number | 4136340221 Ext |
| Middle Name | | Fax Number | |
| Last Name | Follet | | |
| Medical Director | | | |
| Salutation | | Email Address | jliebman@hchcweb.org |
| First Name | Jon | Phone Number | 4136673009 Ext |
| Middle Name | | Fax Number | |
| Last Name | Liebman | | |
| Risk Manager | | | |
| Salutation | | Email Address | mpurdy@hchcweb.org |
| First Name | Michael | Phone Number | 4136673009 Ext |
| Middle Name | | Fax Number | |
| Last Name | Purdy | | |
| Primary Deeming Cont | act (Individual responsible for comp | oleting application) | |
| Salutation | N/A | Email Address | elake@hchcweb.org |
| First Name | Eliza | Phone Number | 4132384128 Ext |
| Middle Name | | Fax Number | |
| Last Name | Lake | | |
| Alternate Deeming Cor | ntact (Individual responsible for ass | isting with the application) | |
| Salutation | | Email Address | tgriswold@hchcweb.org |
| First Name | Tabitha | Phone Number | 4132384118 Ext |
| Middle Name | | Fax Number | |
| Last Name | Griswold | | |
| Credentialing/Privilegi | ng Contact (Individual responsible f | or managing updating credentialing informatio | n) |
| Salutation | N/A | Email Address | brida@hchcweb.org |
| | | | |

| First Name | Bridget | Phone Number | 4132384133 Ext |
|-------------------------|----------------------------------|--|--------------------------------|
| Middle Name | | Fax Number | |
| Last Name | Rida | | |
| Claims Management Con | tact (Individual responsible for | the management and processing of FTCA and oth | er medical malpractice claims) |
| Salutation | N/A | Email Address | elake@hchcweb.org |
| First Name | Eliza | Phone Number | 4132384128 Ext |
| Middle Name | | Fax Number | |
| Last Name | Lake | | |
| Quality Improvement/Qua | lity Assurance Contact (Individ | ual responsible for overseeing the QI/QA progran | n) |
| Salutation | N/A | Email Address | dflatt@hchcweb.org |
| First Name | Dawn | Phone Number | 4136673009 Ext |
| Middle Name | | Fax Number | |
| Last Name | Flatt | | |

Review of Risk Management Systems

1(A). I attest that my health center has implemented an ongoing risk management <u>program</u> to reduce the risk of adverse outcomes that could result in medical malpractice or other health or health-related litigation and that requires the following:

- i. Risk management across the full range of health center activities (for example, patient management including scheduling, triage, intake, tracking, and follow-up);
- ii. Health care risk management training for health center staff;
- iii. Completion of quarterly risk management assessments by the health center; and
- iv. Annual reporting to the board of: completed risk management activities; status of the health center's performance relative to established risk management goals; and proposed risk management activities that relate and/or respond to identified areas of high organizational risk.
- [X]Yes[_]No

If "No", provide an explanation.

1(B). I also acknowledge that failure to implement an ongoing risk management program and provide documentation of such implementation may result in disapproval of this deeming application and/or other remedies.

[X]Yes[_]No

If "No", provide an explanation.

- 2(A). I attest that my health center has implemented risk management <u>procedures</u> to reduce the risk of adverse outcomes that could result in medical malpractice or other health or health-related litigation. At a minimum, these procedures specifically address the following:
 - i. Identifying and mitigating (for example, through clinical protocols, medical staff supervision) the health care areas/activities of highest risk within the health center's HRSA-approved scope of project, including but not limited to tracking referrals, diagnostics, and hospital admissions ordered by health center providers:
 - ii. Documenting, analyzing, and addressing clinically-related complaints, and "near misses" reported by health center employees, patients, and other individuals;
 - iii. Setting and tracking progress related to annual risk management goals;
 - iv. Developing and implementing an annual health care risk management training plan for all staff members based on identified areas/activities of highest clinical risk for the health center (including, but not limited to obstetrical procedures, infection control) and any non-clinical trainings appropriate for health center staff (including Health Insurance Portability and Accountability Act (HIPAA) medical record confidentiality requirements); and
 - v. Completing an annual risk management report for the board and key management staff.

[X]Yes[_]No

If "No", provide an explanation.

2(B). I also acknowledge that failure to implement and maintain risk management procedures to reduce the risk of adverse outcomes that could result in medical malpractice or other health or health-related litigation, as further described above, may result in disapproval of this deeming application.

[X]Yes[_]No

If "No", provide an explanation.

2(C). Upload the risk management procedures that address the items outlined in question 2(A).i above, specifically risk management procedures that address mitigating risk in referral tracking, diagnostics, and hospital admissions ordered by health center providers or initiated by the patient.

Referral Tracking (Minimum 1) (Maximum 4)

| Document Name | Size | Date Attached | Description |
|--|--------|------------------|--|
| Tracking Patient Referrals Policy 2018.pdf | 338 kB | 06/26/2019 | HCHC Patient Referral Tracking Policy 2018 |

Hospitalization Tracking (Minimum 1) (Maximum 4)

| Document Name | Size | Date Attached | Description |
|---------------------------------------|--------|------------------|--|
| Hospital-ER Follow Up Policy 2018.pdf | 196 kB | 06/26/2019 | HCHC Hospital-ER Follow-up Policy 2018 |

Diagnostic Tracking (must include labs and x-rays) (Minimum 1) (Maximum 4)

| Document Name | Size | Date Attached | Description |
|---|--------|------------------|--|
| Diagnostic Imaging Tracking Policy 2018.pdf | 370 kB | 06/26/2019 | HCHC Diagnostic Imaging Tracking Policy 2018 |

- 3(A). I attest that my health center has developed and implemented an annual health care risk management training plan for staff members based on identified areas/activities of highest clinical risk for the health center. These training plans include detailed information related to the health center's tracking/documentation methods to ensure that trainings have been completed by the appropriate staff, including all clinical staff, at least annually. I attest that the training plans at a minimum also incorporate the following:
 - i. Obstetrical procedures (for example, continuing education for electronic fetal monitoring (such as the online course available through ECRI Institute), dystocia drills). Please note: Health centers that provide obstetrical services through health center providers need to include obstetrical training as part of their risk management training plans to demonstrate compliance. This includes health centers that provide prenatal and postpartum care through health center providers, even if they do not provide labor and delivery services;
 - ii. Infection control and sterilization (for example, Blood Borne Pathogen Exposure protocol, Infection Prevention and Control policies, Hand Hygiene training and monitoring program, dental equipment sterilization);
 - iii. HIPAA medical record confidentiality requirements; and
 - iv. Specific trainings for groups of providers that perform various services which may lead to potential risk (for example, dental, pharmacy, family practice).

[X]Yes[_]No

If "No", provide an explanation.

3(B). Upload the health center's current annual risk management training plans for all staff, including all clinical and non-clinical staff, based on identified areas/activities of highest clinical risk for the health center and that include the items outlined in risk management question 3(A).i-iv of this application. The risk management training plans should also document completion of all required training.

All documents must be from the current or previous calendar year. Any documents dated outside of this period will not be accepted.

Risk Management Training Plan (Minimum 1) (Maximum 4)

| Document Name | Size | Date Attached | Description |
|-----------------------------|-------|------------------|-------------------------|
| HCHC Training Plan 2019.pdf | 41 kB | 06/26/2019 | HCHC Training Plan 2019 |

3(C). Upload all tracking/documentation tools used to ensure trainings have been completed by all staff, at least annually (for example, excel sheet, Relias training reports).

All documents must be from the current or previous calendar year. Any documents dated outside of this period will not be accepted.

▼ Risk Management Training Plan Tracking and Documentation Tool (Minimum 1) (Maximum 4)

| riok management training that tracking and became nation foot (minimum 4) | | | | | |
|---|--------|------------------|--|--|--|
| Document Name | Size | Date Attached | Description | | |
| HCHC Infectious Disease Training Log - March 2019.pdf | 4 MB | 06/26/2019 | HCHC Training Log for Infectious Disease Training March 2019 | | |
| 2018-2019 HIPAA Course Completion Report.pdf | 308 kB | 06/26/2019 | HCHC Report on Staff HIPAA Training 2018-2019 | | |

4. Upload documentation (for example, data/trends, reports, risk management committee minutes) that demonstrates that the health center has completed quarterly risk management assessments.

| ▼ Risk Management Quarterly Assessments Documentation (Minimum 1) (Maximum 4) | | | |
|---|--------|------------------|--|
| Document Name | Size | Date Attached | Description |
| QI-RM Committee Meeting Minutes Jun 2018-May 2019.pdf | 664 kB | 06/26/2019 | HCHC's QI/Risk Management Committee meets at least 10 times a year and at all meetings there is both (+ View More) |

- 5(A). Upload the most recent report provided to the board and key management staff on health care risk management activities and progress in meeting goals at least annually, and documentation provided to the board and key management staff showing that any related follow-up actions have been implemented. The report must be from the current or previous calendar year and must be reflective of the activities related to risk over a 12-month period. Any documents dated outside of this period will not be accepted. The report must include:
 - i. Completed risk management activities (for example, risk management projects, assessments),
 - ii. Status of the health center's performance relative to established risk management goals (for example, data and trends analyses, including, but not limited to, sentinel events, adverse events, near misses, falls, wait times, patient satisfaction information, other risk management data points selected by the health center), and
 - iii. Proposed risk management activities for the next 12-month period that relate and/or respond to identified areas of high organizational risk.

Annual Risk Management Report to Board and Key Management Staff (Minimum 1) (Maximum 4)

| | • | | • | |
|------------------------|-----|--------|------------------|---|
| Document Name | | Size | Date Attached | Description |
| QI-Risk Mgt Board Repo | ort | 342 kB | 06/26/2019 | HCHC Risk Management Board Report January-June 2018 |

5(B). Upload proof that the health center board has received and reviewed the report uploaded for risk management question 5(A) of this application (for example, minutes signed by the board chair/board secretary, minutes and signed letter from board chair/board secretary).

All documents must be from the current or previous calendar year. Any documents dated outside of this period will not be accepted.

▼ Proof of Board Review of Annual Risk Management Report (Minimum 1) (Maximum 4)

| Document Name | Size | Date Attached | Description |
|---|--------|------------------|---|
| Board Minutes 09-06- 2018_signed - Excerpt.pdf | 195 kB | 06/26/2019 | HCHC Board of Directors Minutes from September 6, 2018, with presentation and approval of QI/RM (+ View More) |

6. Upload the relevant Position Description of the risk manager who is responsible for the coordination of health center risk management activities and any other associated risk management activities. The job description must clearly detail that the risk management activities are a part of the risk manager's daily responsibilities.

Risk Management Position Description (Minimum 1) (Maximum 4)

| Document Name | Size | Date Attached | Description |
|---|--------|------------------|---|
| Risk Manager - Job Description CCCSO.pdf | 108 kB | 06/26/2019 | Job Description for Chief Clinical and Community Services Officer - Risk Manager responsibilities (+ View More) |

7(A). Has the health center risk manager completed health care risk management training in the last 12 months (CY2018 or CY2019)?

[X]Yes[_]No

If "No", provide an explanation.

7(B). Upload evidence that the risk manager has completed health care risk management training in the last 12 months (CY2018 or CY2019).

Annual Risk Manager Training (Minimum 1) (Maximum 4)

| Amidal Not manager Training (minimality) | | | | |
|--|--------|------------------|--|--|
| Document Name | Size | Date Attached | Description | |
| Certificate of Risk Management Training - MPurdy June 2019.pdf | 292 kB | 06/26/2019 | Certificate of Risk Management Training Completion - M Purdy, Risk Manager June 2019 | |

Quality Improvement/Quality Assurance Plan (QI/QA)

- 1(A). I attest that my health center has board-approved policies (for example, a QI/QA plan) that demonstrate that the health center has an established QI/QA program. Such documentation must, at a minimum, demonstrate that the QI/QA program addresses the following:
 - i. The quality and utilization of health center services;
 - ii. Patient satisfaction and patient grievance processes; and
 - iii. Patient safety, including adverse events.

▼ QI/QA Policies (Maximum 4)

No documents attached

[X]Yes[_]No

If "No", provide an explanation.

- 1(B). I attest that my health center has QI/QA program operating procedures or processes that, at a minimum, address the following:
 - i. Adhering to current evidence-based clinical guidelines, standards of care, and standards of practice in the provision of health center services, as applicable;
 - ii. Identifying, analyzing, and addressing patient safety and adverse events and implementing follow-up actions, as necessary;
 - iii. Assessing patient satisfaction;
 - iv. Hearing and resolving patient grievances;
 - v. Completing periodic QI/QA assessments on at least a quarterly basis to inform the modification of the provision of health center services, as appropriate; and
 - vi. Producing and sharing reports on QI/QA to support decision-making and oversight by key management staff and by the governing board regarding the provision of health center services.

QI/QA Operating Procedures (Maximum 4)

No documents attached

[X]Yes[_]No

If "No", provide an explanation.

- 2. Upload documentation that the health center has performed QI/QA assessments on a quarterly basis (for example, through QI/QA report(s), QI/QA committee minutes, or QI/QA assessments). All documents must be from the current or previous calendar year. Any documents dated outside of this period will not be accepted. Such documentation must, at a minimum, demonstrate the following:
 - i. QI/QA assessments have been completed on at least a quarterly basis over the past calendar year by the health center's physicians or other licensed health care professionals; and
 - ii. QI/QA assessments over the past calendar year that include assessing the following:
 - a. Provider adherence to current evidence-based clinical guidance, standards of care, and standards of practice in the provision of health center services, as applicable; and
 - b. The identification of any patient safety and adverse events and the implementation of related follow-up actions, as necessary.

▼ QI/QA Assessments (Maximum 4)

| an art rioccoomento (maxim | 14111 4) | | |
|---|----------|------------------|--|
| Document Name | Size | Date Attached | Description |
| QI-RM Committee Meeting Minutes Jun 2018-May 2019.pdf | 664 kB | 06/26/2019 | HCHC's QI/Risk Management Committee meets at least 10 times per year. There is a Risk Management (+ View More) |

If you are unable to upload documentation that demonstrates the above, provide an explanation:

3(A). Upload the most recent QI/QA report that has been provided to key management staff and to the governing board. The report must be from the current calendar year or the previous calendar year.

QI/QA Report (Minimum 1) (Maximum 4)

| Document Name | Size | Date Attached | Description |
|---------------------------|-------|------------------|---|
| QI-RM Minutes 3.19.19.pdf | 98 kB | 06/26/2019 | QI/RM Minutes from March 2019 meeting, which was the most recent report made to the Board, as there (+ View More) |

3(B). Upload governing board minutes or other documentation to demonstrate that the QI/QA report uploaded for question 3(A) was shared with and discussed by key management staff and by the governing board to support decision-making and oversight regarding the provision of health center services. The minutes should include reference to the report uploaded for QI/QA question 3(A) in this application. The minutes must be from the current calendar year or the previous calendar year.

▼ Governing Board Minutes (Minimum 1) (Maximum 4)

| Document Name | Size | Date Attached | Description |
|------------------------------|--------|------------------|---|
| Board Minutes 04-04-2019.pdf | 150 kB | 06/26/2019 | HCHC Board Meeting Minutes for April 2019, at which the QI/RM Committee Chair reported on the (+ View More) |

4. Upload the relevant Position Description(s) that describe the responsibilities of the individual(s) who oversee the QI/QA program, including ensuring the implementation of QI/QA operating procedures and completion of QI/QA assessments, monitoring QI/QA outcomes, and updating QI/QA operating procedures. The job description must clearly detail that the QI/QA activities are a part of the individual's daily responsibilities.

| • | QI/QA | Position | Descriptions | (Maximum 4 | .) |
|---|-------|-----------------|--------------|------------|----|
|---|-------|-----------------|--------------|------------|----|

| | (| | | |
|--|-------|------------------|--|--|
| Document Name | Size | Date Attached | Description | |
| Director of Clinical Operations 2019.pdf | 73 kB | 06/26/2019 | Job Description for the Director of Clinical Operations, which includes responsibility for the QI/QA (+ View More) | |

5. Has the health center implemented a certified Electronic Health Record for all health center patients?

[X]Yes[_]No

If No, describe the health center's systems and procedures for maintaining a retrievable health record for each patient, the format and content of which is consistent with both federal and state law requirements.

6(A). I attest that my health center has implemented systems and procedures for protecting the confidentiality of patient information and safeguarding this information against loss, destruction, or unauthorized use, consistent with federal and state requirements.

[X]Yes[_]No

If "No", provide an explanation.

6(B). I also acknowledge and agree that failure to implement and maintain systems and procedures for protecting the confidentiality of patient information and safeguarding this information against loss, destruction, or unauthorized use, consistent with federal and state requirements, may result in disapproval of this deeming application.

[X]Yes[_]No

If "No", provide an explanation.

7. Indicate whether you currently have an active condition or any other enforcement action on your Health Center Program award related to QI/QA.

[_] Yes [X] No

If Yes, indicate the date that the condition was imposed and its source (for example, Operational Site Visit, Service Area Competition application) through which your entity received this condition. Also indicate the specific nature of the condition, including the finding and reason why the condition was imposed. Describe your entity's plan to remedy the deficiency that led to imposition of the condition and the anticipated timeline by which the plan is expected to be fully implemented.

Please note: The presence of certain award conditions and/or enforcement actions related to quality improvement/quality assurance may demonstrate noncompliance with FTCA Program requirements and may result in disapproval of deemed status.

Credentialing and Privileging

- 1(A). I attest that my health center has implemented a credentialing process for all clinical staff members (including for licensed independent practitioners and other licensed or certified health care practitioners who are health center employees, individual contractors, or volunteers). I also attest that my health center has operating procedures for the initial and recurring review of credentials, and responsibility for ensuring verification of all of the following:
 - i. Current licensure, registration, or certification using a primary source;
 - ii. Education and training for initial credentialing, using:
 - a. Primary sources for licensed independent practitioners;
 - b. Primary or other sources for other licensed or certified practitioners and any other clinical staff;
 - iii. Completion of a query through the National Practitioner Databank (NPDB);
 - iv. Clinical staff member's identity for initial credentialing using a government issued picture identification;
 - v. Drug Enforcement Administration registration (if applicable); and
 - vi. Current documentation of Basic Life Support training.

[X]Yes[_]No

If "No", provide an explanation.

1(B). I also acknowledge and agree that failure to implement and maintain a credentialing process as further described above may result in disapproval of this deeming application.

[X]Yes[_]No

If "No", provide an explanation.

- 2(A). I attest that my health center has implemented privileging procedures for the initial granting and renewal of privileges for clinical staff members (including for licensed independent practitioners and other licensed or certified health care practitioners who are health center employees, individual contractors, and volunteers). I also attest that my health center has privileging procedures that address all of the following:
 - i. Verification of fitness for duty, immunization, and communicable disease status;
 - ii. For initial privileging, verification of current clinical competence via training, education, and, as available, reference reviews;
 - iii. For renewal of privileges, verification of current clinical competence via peer review or other comparable methods (for example, supervisory performance reviews); and
 - iv. Process for denying, modifying or removing privileges based on assessments of clinical competence and/or fitness for duty.

[X]Yes[_]No

If "No", provide an explanation.

2(B). I also acknowledge and agree that failure to implement and maintain a privileging process for the initial granting and renewal of privileges for clinical staff members, including operating procedures as further described above, may result in disapproval of this deeming application.

[X]Yes[_]No

If "No", provide an explanation.

- 3. Upload the health center's credentialing and privileging operating procedures that address all credentialing and privileging components listed in questions 1(A) & 2(A) above. (Please note: Procedures that are missing any of the components referenced in the credentialing and privileging section questions 1(A) & 2(A) of this application will be interpreted as the health center not implementing those missing components.)
- ▼ Credentialing and Privileging Operating Procedures (Minimum 1) (Maximum 4)

| Document Name | Size | Date Attached | Description |
|--|------|------------------|--|
| Credentialing and Privileging Policy.pdf | 2 MB | 06/14/2019 | HCHC Credentialing and Privileging Policy 2019 |

4. I attest that my health center maintains files or records for our clinical staff (for example, employees, individual contractors, and volunteers) that contain documentation of licensure, credentialing verification, and applicable privileges, consistent with the health center's operating procedures.

[X]Yes[_]No

If "No", provide an explanation.

- 5. I attest that if my health center has contracts with provider organizations (for example, group practices, staffing agencies) or formal, written referral agreements with other provider organizations that provide services within its scope of project, the health center ensures (for example, through provisions in formal, written referral agreements, contracts, other documentation) that such providers are:
 - i. Licensed, certified, or registered as verified through a credentialing process, in accordance with applicable federal, state, and local laws; and
 - ii. Competent and fit to perform the contracted or referred services, as assessed through a privileging process.

Select N/A if the health center does not contract with provider organizations or have any formal, written referral agreements with other provider organizations.

[X]Yes[_]No[_]N/A

If "No", provide an explanation.

- Please note: "A contract between a covered entity and a provider's corporation does not confer FTCA coverage on the provider. Services provided strictly pursuant to a contract between a covered entity and any corporation, including eponymous professional corporations (defined as a professional corporation to which one has given one's name, for example, John Doe, LLC, and consisting of only one health care provider), are not covered under FSHCAA and the FTCA." See FTCA Health Center Policy Manual. Section B.3.
- 6. Indicate whether you currently have an active condition or any other enforcement action on your Health Center Program award related to credentialing or privileging.

[_] Yes [X] No

If Yes, indicate the date and source (for example, Operational Site Visit, Service Area Competition application) through which you received this condition or other enforcement action. Also indicate the specific nature of the condition or other enforcement action, including the finding and reason why it was imposed, such as failure to verify licensure, etc. Describe your entity's plan to remedy the deficiency that led to imposition of the condition or enforcement action and the anticipated timeline by which the plan is

expected to be fully implemented.

- <u>Please note</u>: The presence of certain award conditions and/or enforcement actions related to credentialing and privileging may demonstrate noncompliance with FTCA Program requirements and may result in disapproval of deemed status.
- <u>Please note</u>: Health centers are expected to maintain their own records of medical malpractice claims as part of their risk management systems and in accordance with local practice requirements and guidelines.

If a claim or lawsuit involving covered activities is presented to the covered entity/individual or filed in court, it is essential that the covered entity preserve all potentially relevant documents. Once a covered entity or covered individual reasonably anticipates litigation—and it is reasonable to anticipate litigation once a claim or lawsuit is filed, whether administratively or in state or federal district court—the entity or individual must suspend any routine destruction and hold any documents relating to the claimant or plaintiff so as to ensure their preservation for purposes of claim disposition or litigation.

Claims Management

- 1(A). I attest that my health center has a claims management process for addressing any potential or actual health or health-related claims, including medical malpractice claims, which may be eligible for FTCA coverage. My health center's claims management process includes information related to how my health center ensures the following:
 - i. The preservation of all health center documentation related to any actual or potential claim or complaint (for example, medical records and associated laboratory and x-ray results, billing records, employment records of all involved clinical providers, clinic operating procedures); and
 - ii. That any service of process/summons that the health center or its provider(s) receives relating to any alleged claim or complaint is promptly sent to the HHS, Office of the General Counsel, General Law Division, per the process prescribed by HHS and as further described in the FTCA Health Center Policy Manual.

[X]Yes[_]No

If "No", provide an explanation.

1(B). I also acknowledge and agree that failure to implement and maintain a claims management process as described above may result in disapproval of this deeming application.

[X]Yes[_]No

If "No", provide an explanation.

1(C). Upload documentation of the health center's claims management process (for example, claims management procedures) for addressing any potential or actual health or health-related claims, including medical malpractice claims, that may be eligible for FTCA coverage. In addition, this process includes the items outlined in Claims Management question 1(A).a-b of this application.

(If answer to 1(A) is Yes, attachment required; if answer to 1(A) is No, no attachment is required.)

▼ Claims Management Procedures (Maximum 4)

| | • | • | • | |
|----------------------------|-------------|--------|---------------|------------------------------------|
| Document Nam | е | Size | Date Attached | Description |
| Claims Manager 2019.pdf | nent Policy | 121 kB | 06/26/2019 | HCHC Claims Management Policy 2019 |

2(A). Has the health center had any history of claims under the FTCA? (Health centers should provide any medical malpractice claims or allegations that have been presented during the past 5 years.)

[_] Yes [X] No

If Yes, list each claim below

2(B). I agree that the health center will cooperate with all applicable Federal government representatives in the defense of any FTCA claims.

[X]Yes[_]No

If "No", provide an explanation.

3(A). I attest that my health center informs patients using plain language that it is a deemed Federal PHS employee via its website, promotional materials, and/or within an area(s) of the health center that is visible to patients. For example: "This health center receives HHS funding and has Federal PHS deemed status with respect to certain health or health-related claims, including medical malpractice claims, for itself and its covered individuals."

[X]Yes[_]No

If "No", provide an explanation.

3(B). Include a link to the exact location where this information is posted on your health center website, or attach the relevant promotional material or pictures.

(If answer to 3(A) is Yes, either free response control or attachment required; if answer to 3(A) is No, no free response control or attachment is required.) www.hchcweb.org

▼ FTCA Promotional Materials (Maximum 4)

No documents attached

3(C). Upload the relevant Position Description(s) that describe the health center's designated individual(s) who is responsible for the management and processing of claims-related activities and serves as the claims point of contact. The job description must clearly detail that the claims management activities are a part of the individual's daily responsibilities.

Attached Documents

Claims Management Position Descriptions (Minimum 1) (Maximum 6)

| Document Name | Size | Date Attached | Description |
|----------------------------|--------|---------------|------------------------------|
| E. Lake job descr. CEO.pdf | 237 kB | 06/14/2019 | Job Description for HCHC CEO |

Supporting Documentation

▼ Other Supporting Documentation (Maximum 20)

No documents attached

Certification and Signatures

I, Eliza B. Lake, declare under the penalty of perjury that all statements contained in this application and any accompanying documents are true and correct, with full knowledge that all statements made in this application are subject to investigation and that any material false statement or omission in response to any question may result in denial or subsequent revocation of coverage.

I understand that by printing my name I am signing this application.

• Please note – this must be signed by the Executive Director, as indicated in the Contact Information Section of the FTCA application. If not signed by the Executive Director, the application will be returned to the health center.

Volunteers Questions

Is the health center sponsoring any volunteer health professionals (VHP) [This includes Redeeming eligible Volunteer Health Professionals or Initial deeming Volunteer Health Professionals]?

[_] Yes [X] No

(i) Please note, if you select "No", your health center must still complete and submit the required application for health center deeming for calendar year (CY) 2020 in order to receive consideration by HRSA for FTCA medical malpractice liability coverage. Health centers are responsible for ensuring that their deeming application(s) have been successfully submitted to HRSA through the EHB.

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0906-0035, 0906-0032. Public reporting burden for this collection of information is estimated to average 2.5 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857.



CEO Progress Report to the Board of Directors Strategic and Programmatic Goals July 2019

Goal Areas and Progress Reports

Goal 1: Health Care System Integration and Financing

<u>Community Care Cooperative (C3) ACO:</u> As was reported at the last Board meeting, HCHC is doing reasonably well in implementing the C3 model of care. This month the C3 Executive Committee meeting reviewed all of the health center-specific dashboards, and we learned that HCHC is, however, the only center that has seen **no growth in the number of C3-enrolled MassHealth members**. We have discussed this internally, and are looking at the possible causes; a lack of capacity in our Navigator program, which helps people enroll; patients changing over (deliberately or not) to the fee-for-service program; or something else. This is important as the amount of federal DSRIP funding we receive is determined by the number of patients we have enrolled.

We continue to work with C3 around a pilot project on eConsults, a program out of Connecticut that allows our providers to make **electronic consults with specialists**, with the hoped-for outcome being a significant reduction in outside referrals and therefore a reduction in the number of patients needing to wait for appointments, and then traveling to them. We are in the process of answering questions about how this would work operationally, and whether we would just pilot this internally with C3 MassHealth patients, or with everyone.

Finally, C3 is actively working on **new technological supports** for its members, on two tracks. One would be a new population health module, which would enable health centers to more accurate track patients, accurate assess and report on the their risk scores (which has a significant impact on the amount of money MassHealth budgets for their care), and collect and report on quality measures. The second track is a much bigger and more complicated project, which is exploring the options for all members to be on the same Electronic Health Record (EHR). As you will see below, this is currently appealing, but in the end may be much too expensive for us or our colleagues.

<u>Hospital Engagement</u>: While our primary engagement with **Cooley Dickinson Health Care** (CDHC) is on the crisis with our EHR (see below), we also have had some very good conversations with them about a potential partnership around one of their primary care sites. It is still early in the conversation, but so far all of the discussion has been very positive on all sides. We are continuing to explore this, but want to be careful that these discussions do not get out into the public, as they are very preliminary.

I have chaired my first meeting of the **Baystate Noble Hospital** (BNH) Community Benefits Advisory Council (CBAC), and it went very well. We had discussed whether this would be a large time commitment on my part, but it is clear that it will not be – there are staff members who take minutes, develop agendas, and Baystate is clearly trying to make all its hospitals' CBACs follow roughly the same

guidelines and processes, so the group doesn't have as much control (and therefore as much work) as it could. I have learned that most people in Westfield do not use Noble, and that the majority of the hospital's patient come from the Hilltowns, which makes their decision to make me chair more logical. I am also in the process of setting up a meeting with Noble about how we can work together to better serve the 1,000+/- patients who come to Huntington for services. The hospital would like to talk about how we can partner to serve people in Westfield, whether that be with dental, behavioral health, or other services.

<u>EHR Transition</u>: This item used to be a standing issue in my reports, and had been removed when CDHC agreed that we did not need to remove our EHR from their servers. I am resurrecting it here because over the last three weeks we have had one of **the most challenging periods in recent HCHC history with our EHR**, and it is directly related to this decision to stay with CDHC's servers. It is complicated, but I will try to make it as simple as I can:

- In mid-June, we were informed that we needed to upgrade eClinical Works (eCW), our EHR, but that this upgrade could not occur until CDHC had moved HCHC and another practice, which currently shared a server, onto their own servers. This process was going to take a day and a half, but Frank went to a meeting at Cooley and they agreed that it could happen over the weekend of 6/22/19-6/23/19, starting after clinic closed Saturday at noon. They assured us that we would be fully operational by the time we opened Monday morning.
- Monday morning there was a 30 minute delay in staff being able to access the EHR, which
 caused some grumbling, but then it came back and everyone began using the system as normal.
- Within minutes, however, it became clear that things were not OK all of the work that had been done on Saturday the 22nd, which included the visits in clinic but also work providers had done from home, catching up, had disappeared. We spent a lot of time trying to figure out what had happened to it, how to retrieve it, and what the implications would be.
- What we did not know, and did not learn until Friday, is that our entire EHR had been corrupted during the process on Saturday. This became more and more evident as the week went on providers began seeing more and more weird information, that they finally realized was data from the other practice on the server that had been merged with data on our patients. For instance, our providers would open a test result on our patient, and it would actually be a years-old test result for a completely different person who was not necessarily a patient of ours, that was ordered by a provider in the other practice. It was not until our staff told eCW about this that they began to work on the problem. We do not know when and if they became aware of the issue on their own.
- Over the weekend of 6/29-6/30, numerous staff members spent many hours, including at least six hours of conference calls on Saturday and at least an equal number on Sunday, trying to figure out how this problem could be addressed. On these calls were our clinical and EHR staff, eCW staff, and representatives from CDHC, who held some responsibility for the fiasco.
- Ultimately, based on the information that eCW was able to give us on Saturday, we reverted to
 a backup of the database that was completely accurate up to 6/22/19. This meant that any
 work that was done on that Saturday and later was no longer available to providers, nursing,
 MAs, reception, billing, etc. All notes, all referrals, all billing claims, all appointments,
 everything done between 6/22/19 and 6/29/19 was gone, but everything that was there was
 accurate as of 6/22/19 and uncorrupted. eCW then made another databased that contained all
 the work done during that week, but we had to limit how many people could access it because

- we did not want people getting confused about which database they were working on, and continue to put information in the wrong place.
- Our staff, including Michael Purdy (Chief Clinical and Community Services Officer), Jon Liebman (Medical Director), Briana Blanchard (HER Specialist), Dawn Flatt (Director of Clinical Operations), Leanne Cronin (Referrals Specialist), Karen Rida (Billing Supervisor), Miranda Balkin (Deputy Medical Director), Amber Goulet (Receptionist), and Patti Igel (Reception Supervisor), have been extraordinary. They have worked many many hours to address this situation, with no regard for time of day or day of the week, some days holding three or four conference calls that lasted hours each. On top of it all, both Frank and I were out of the office for the whole of last week (although I was in contact), and Michael directed a heroic effort to get the situation under control. If there could be a better test of people's leadership, commitment, ingenuity, and teamwork, I can't imagine a harder one.
- There is a complexity to the problems created that I do not need to get into here (and another level on which I don't understand all the issues, as I do not use eCW), but it is important to know that we are not out of this yet, and everyone is very aware that there are patient safety issues that are a constant threat. Inaccurate medication lists, telephone encounters that were lost and not followed up upon, lab results that aren't flagged these all were real concerns. Through the hard work of the staff, I believe that they have addressed the most important of these issues, but there is a LOT of cleanup that still needs to be done. We won't be done with this for at least weeks more. And Frank will be able to speak more clearly to the billing issues, but we agreed today that he is not going to close June until all of the issues with its claims have been addressed. The impact on cash flow is not clear, but as you know, we can hardly tolerate any challenges. And because of staff being pulled away from activities like reminder calls, and because of the impact on both our scheduling of patients and our new provider's training on the EHR and ability to use it for the first couple of days, our patient visits and productivity were negative affected.
- On Saturday the 22nd I wrote the following to both eCW and Joanne Marqusee, the president of CDHC, explaining our understanding of the situation, and said "it will be very expensive for us to pay our staff the additional hours required to get this [additional work] done (if we can find people willing to work extra hours), and perhaps there are financial resources available elsewhere. Or maybe there is another way to help us we are open to ideas. But this problem is the very last thing we needed right now, and we are very concerned about the impact on us operationally and financially." When I spoke to Joanne on Sunday evening the 23rd, she told me that we should have all staff to carefully track the number of hours they spend on this issue, so that we can seek reparations. When I spoke to her again on yesterday, she said again that we should definitely ask eCW for compensation, and when I reminded her that CDHC held the contract with eCW, not HCHC, she said she would reach out to their lawyer at MGH. I am very happy about this, as we are very dubious about our ability to fight that battle on our own. As the CIO of CDHC said to Frank and me yesterday, when everything dies down we will need to do an assessment of where the fault for this fiasco lies, and who needs to make things right.
- Finally, I have written two emails to CDHC laying out my concerns about the HIPAA implications
 of another practice's data being comingled with ours. I wrote yesterday that "once we have
 transferred all necessary information from the corrupted database to the [functioning]
 database, we will ensure that we are no longer using, or have access to, the corrupted
 database, but this is still not an acceptable sharing of PHI. As I believe you know, we have

limited access to the corrupted database, and the staff members with access are not intentionally viewing the [other provider's] data, but it is visible throughout the records." The investigation and mitigation of this potential breach is not our responsibility, as we have been assured that none of our data has been put into their records, but I want to be abundantly clear to them and you that I have communicated my concern, and that I believe that they need to be addressing it appropriately. I have also said that I am willing to work with them to provide whatever assurances necessary to the other practice to support their efforts.

Goal 2: HCHC Expansion

John P. Musante Health Center (JPMHC): One of our dental provider's son expressed interest in volunteering his and his company's expertise in **social media marketing**, and in the last month the ads for the Amherst dental department were posted on Facebook, targeting a group that they felt would be particularly interested. The response has been great – we have received numerous calls and have enrolled at least 10 new patients, and they keep calling. Our cost was \$280 for the Facebook fee. Obviously, we are very excited about this, and are exploring whether they could do the same thing for our medical department and how much it would cost, or if we could buy the formula from them so we can do it ourselves.

Marie and I were asked to meet with our largest donors in June, who said that they would like an update on the site and our **fundraising efforts**. I was completely floored, but Marie was not, when they stated during the meeting that they would like to donate another \$110,000 – roughly the difference between what our overrun was and what the Town said (still informally!!) it would contribute. Obviously, this is huge. They understood that we do not have any outstanding debts for the project, but that it was a blow to us operationally to have to cover the additional costs. Spurred by this development, I have made some more progress in getting the final agreement from the Town Manager – since contacting him directly was fruitless, I am now working with someone in his office to get this done.

Goal 3: Improved Organizational Infrastructure

Frank and I met at the end of June with Lisa Whittemore, a **strategy consultant with Health**Management Associates (HMA), a national consulting firm. Lisa lives in Massachusetts and has worked at a number of community health centers, and spent two hours with us, learning about HCHC and our strengths and challenges. Joining us on the phone was Gail Mayeaux, another consultant, who does operational planning for health centers. While there were many good things that did and/or could come out of the meeting, Frank and I were both struck by 1) their knowledge that our problems are not unique or unexpected, even among health centers in Massachusetts, and 2) their expressing wonder that HCHC can do what we do with such a lean management team. Within days they developed an ambitious scope of work that would essentially drop Gail into HCHC for as much as 20 hours a week for three to six months to do assessment, planning, and implementation work. They both also insisted that HCHC must develop a pharmacy, as there is tremendous potential for revenue generation — we already knew that many of our colleagues only can exist as a result of their pharmacies. They could also completely develop a plan for telehealth for HCHC, given their in-house expertise at HMA. Since this

wonderful image was presented, Lisa has has a number of conversations with the League about the level of support that they would be able to provide, and today we learned that it is unlikely that we'll get all that HMA is proposing. Frank and I will talk to Lisa and the League next week to nail down what is possible, but no matter what, the help could be invaluable.

Given our provider staffing issues, I have signed a contract with Jackson Physician Search for their **MD** recruitment services. Next week a recruiter from Georgia will spend a day in the area talking to our staff and learning about HCHC and the area, so that he can best represent us to potential recruits. We had a choice between a firm that will send us lots of resumes, but does not contact the providers directly to screen them out, and JPS, which will. The difference is, of course, cost – the former firm is contingency based, so we pay nothing unless we hire someone, while JPS has a monthly fee. But we decided internally that we do not have the capacity right now to pursue dead ends. Their average time to placement is 140 days, but we have our fingers crossed, of course, that it will be shorter.

HILLTOWN COMMUNITY HEALTH CENTERS FINANCIAL SUMMARY FOR BOARD MEETING JULY 11, 2019

April and May 2019 Results

At our last Board Meeting on June 4, 2019 the Board was presented with the 2018 Annual Financial Summary. There was no FY 2019 Financial results presented. As such this report includes two months of results for both April and May 2019.

I am pleased to report that for both April and May 2019 we had a <u>positive</u> Net Operating Surplus of \$12,092 and \$50,430, respectively. This helped to reduce our May 2019 YTD Net Operating Deficit to \$112,757. This is a \$98,074 improvement from the prior year and \$69, 964 better than budgeted.

For the five months ended May 31, 2019 we experienced an increase in net revenue over the prior year for both Medical and Dental, for a combined total of \$210,107.

Compensation expense was flat as compared to the prior year and \$16, 031 under budget. When compared to prior year it should be noted that we were not yet operational in Amherst. When compared to budget it is mostly due to vacant/ open positions we are currently trying to fill. While being short staffed has helped us achieve a short term positive financial results it has been an added burden for the current staff and is not sustainable.

Other expenses are fairly consistent with budget and any increases are mainly the result of the added costs associated with the better net revenue results.

Even with the positive results we continue to experience cash flow issues. For the five months ended May 31, 2019 our operating cash on-hand is only 5 days.

Please see detailed statements for more information regarding balance sheet, departmental net results, visits and ratios.

Hilltown CHC Dashboard And Summary Financial Results April 2019

| | Actual FY 2017 | | Actual TD Dec. 2018 | Actual YTD Apr. 2019 | Notes on Trend | Cap Link TARGET | COMMENT |
|---------------------------------------|----------------------|------|---------------------------|----------------------------|--|--------------------|-----------------------------|
| Liquidity Measures | 2017 | | 2010 | 2013 | Notes on Helia | | |
| Operating Days Cash | | 7 | 9 | 13 | Measures the number of days HCHC can cover daily operating cash needs. | > 30-45 Days | Not Meeting Benchmark |
| Current Ratio | 1.3 | 4 | 0.83 | 0.76 | Measures HCHC's ability to meet current obligations. | >1.25 | Not Meeting Benchmark |
| Patient Services AR Days | : | 3 | 36 | 35 | Measures HCHC's ability to bill and collect patient receivables | < 60-75 Days | Doing Better than Benchmark |
| Accounts Payable Days | ! | 6 | 29 | 38 | Measures HCHC's ability to pay bills | < 45 Days | Doing Better than Benchmark |
| <u>Profitability Measures</u> | | | | | | | |
| Net Operational Margin | -3. | 1% | -4.8% | -6.2% | Measures HCHC's Financial Health | > 1 to 3% | Not Meeting Benchmark |
| Bottom Line Margin | 9. | 5% | 1.2% | -5.9% | Measures HCHC's Financial Health but includes non- operational activities | > 3% | Not Meeting Benchmark |
| <u>Leverage</u> | | | | | | | |
| Total Liabilities to Total Net Assets | 29. | 2% | 32.6% | 39.5% | Measures HCHC's total Liabilities to total Net Assets | < 30% | Not Meeting Benchmark |
| <u>Operational Measures</u> | | | | | | | |
| Medical Visits | 18,7 | 7 | 18,166 | 6,250 | | | |
| Net Medical Revenue per Visit | \$ 134. | 6 \$ | 143.59 | \$ 141.21 | | | |
| Dental Visits | 14,88 | 0 | 15,537 | 5,815 | | | |
| Net Dental Revenue per Visit | \$ 113.0 | 0 \$ | 112.76 | \$ 114.28 | | | |
| Behavioral Health Visits | 3,80 | 9 | 4,306 | 1,407 | | | |
| Net BH Revenue per Visit | \$ 95. | 0 \$ | 87.74 | \$ 83.02 | | | |
| Optometry Visits | 2,33 | 9 | 2,381 | 811 | | | |
| Net Optometry Revenue per Visit | \$ 79.0 | 1 \$ | 86.40 | \$ 84.36 |] | | |

Hilltown Community Health Centers Income Statement - All Departments

Period Ending Apr. 2019

| | Apr. 2019 Actual | Apr. 2019 Budget | Over (Under) Budget | YTD Total Actual | YTD Total Budget | Over (Under) Budget | YTD PY Actual | Over (Under) Cur. v. PY YTD | |
|--|---------------------|---------------------|------------------------|---------------------|---------------------|------------------------|------------------|--------------------------------|--|
| OPERATING ACTIVITIES | | | | | | | | | |
| Revenue | | | | | | | | | |
| Patient Services - Medical | 231,591 | 210,025 | 21,566 | 882,540 | 856,821 | 25,719 | 825,934 | 56,606 | |
| Visits | 1,612 | 1,455 | 157 | 6,250 | 6,080 | 170 | 5,748 | 502 | |
| Revenue/Visit | \$ 143.67 | \$ 144.35 | \$ (0.68) | \$ 141.21 | \$ 140.92 | \$ 0.28 | \$ 143.69 | \$ (2.48) | |
| Patient Services - Dental | 174,849 | 164,994 | 9,855 | 664,553 | 642,174 | 22,379 | 525,824 | 138,729 | |
| Visits | 1,543 | 1,441 | 102 | 5,815 | 5,685 | 130 | 4,703 | 1,112 | |
| Revenue/Visit | \$ 113.32 | \$ 114.50 | \$ (1.18 | \$ 114.28 | \$ 112.96 | \$ 1.32 | \$ 111.81 | \$ 2.48 | |
| Patient Services - Beh. Health | 30,849 | 27,840 | 3,009 | 116,806 | 113,902 | 2,904 | 120,434 | (3,628) | |
| Visits | 318 | 320 | (2 | 1,407 | 1,371 | 36 | 1,332 | 75 | |
| Revenue/Visit | \$ 97.01 | \$ 87.00 | \$ 10.01 | \$ 83.02 | \$ 83.08 | \$ (0.06) | \$ 90.42 | \$ (7.40) | |
| Patient Services - Optometry | 18,918 | 16,693 | 2,225 | 68,420 | 64,698 | 3,722 | 61,175 | 7,245 | |
| Visits | 219 | 195 | 24 | 811 | 785 | 26 | 766 | 45 | |
| Revenue/Visit | \$ 86.38 | \$ 85.61 | \$ 0.78 | \$ 84.36 | \$ 82.42 | \$ 1.95 | \$ 79.86 | \$ 4.50 | |
| Patient Services - Optometry Hardware | 7,716 | 7,000 | 716 | 33,751 | 30,163 | 3,588 | 27,037 | 6,714 | |
| Patient Services - Pharmacy | 9,635 | 16,000 | (6,365 | 28,118 | 35,717 | (7,599) | 39,063 | (10,945) | |
| Quality & Other Incentives | 17,233 | 17,276 | (43) | 17,991 | 18,192 | (201) | 9,682 | 8,309 | |
| HRSA 330 Grant | 129,232 | 126,160 | 3,072 | 509,091 | 503,578 | 5,513 | 489,013 | 20,078 | |
| Other Grants & Contracts | 84,814 | 81,130 | 3,684 | 281,044 | 271,092 | 9,952 | 250,571 | 30,473 | |
| Int., Dividends Gain /(Loss) Investments | 9,246 | 530 | 8,716 | 40,639 | 30,120 | 10,519 | 386 | 40,253 | |
| Rental & Misc. Income | 2,566 | 2,567 | (1) | 9,997 | 9,976 | 21 | 10,860 | (863) | |
| Total Operating Revenue | 716,649 | 670,215 | 46,434 | 2,652,950 | 2,576,433 | 76,517 | 2,359,979 | 292,971 | |
| Compensation and related expenses | | | | | | | | | |
| Salaries and wages | 467,741 | 473,300 | (5,559 | 1,888,714 | 1,883,931 | 4,783 | 1,855,891 | 32,823 | |
| Payroll taxes | 37,445 | 36,207 | 1,238 | 152,872 | 147,010 | 5,862 | 139,388 | 13,484 | |
| Fringe benefits | 39,331 | 41,521 | (2,190 | 155,397 | 165,075 | (9,678) | 155,007 | 390 | |
| Total Compensation & related expenses | 544,517 | 551,028 | | | 2,196,016 | 967 | 2,150,286 | 46,697 | |
| No . of week days | 22 | 22 | | 86 | 86 | - | 86 | - | |
| Staff cost per week day | \$ 24,751 | \$ 25,047 | \$ (296 | \$ 25,546 | \$ 25,535 | \$ 11 | \$ 25,003 | \$ 543 | |
| | | | | | | | | | |

Hilltown Community Health Centers Income Statement - All Departments

Period Ending Apr. 2019

| | Apr. 2019 Actual | Apr. 2019 Budget | Over (Under) Budget | YTD Total Actual | YTD Total Budget | Over (Under) Budget | YTD PY Actual | Over (Under) Cur. v. PY YTD | | |
|-------------------------------------|---------------------|---------------------|------------------------|---------------------|---------------------|------------------------|------------------|--------------------------------|--|--|
| Other Operating Expenses | | | | | | | | , | | |
| Advertising and marketing | 967 | 4,650 | (3,683) | 4,330 | 10,303 | (5,973) | 1,214 | 3,116 | | |
| Bad debt | 9,702 | 5,075 | 4,627 | 43,197 | 34,747 | 8,450 | 37,913 | 5,284 | | |
| Computer support | 8,434 | 6,537 | 1,897 | 30,889 | 25,829 | 5,060 | 29,538 | 1,351 | | |
| Conference and meetings | 4,360 | 405 | 3,955 | 5,032 | 1,299 | 3,733 | 2,317 | 2,715 | | |
| Continuing education | 3,669 | 3,470 | 199 | 14,267 | 10,649 | 3,618 | 9,196 | 5,071 | | |
| Contracts and consulting | 6,775 | 3,470 | 3,305 | 15,474 | 12,043 | 3,431 | 11,245 | 4,229 | | |
| Depreciation and amortization | 27,651 | 27,651 | 0 | 110,602 | 110,602 | (0) | 46,901 | 63,701 | | |
| Dues and membership | 1,743 | 3,134 | (1,391) | 8,439 | 11,220 | (2,781) | 7,444 | 995 | | |
| Equipment leases | 1,978 | 2,107 | (129) | 8,637 | 8,389 | 248 | 7,965 | 672 | | |
| Insurance | 2,107 | 2,119 | (12) | 8,456 | 8,468 | (12) | 7,212 | 1,244 | | |
| Interest | 1,379 | 1,384 | (5) | 5,444 | 5,585 | (141) | 6,032 | (588) | | |
| Legal and accounting | 2,889 | 2,888 | 2 | 9,451 | 10,150 | (699) | 12,857 | (3,406) | | |
| Licenses and fees | 3,100 | 4,660 | (1,560) | 16,266 | 16,703 | (437) | 18,855 | (2,589) | | |
| Medical & dental lab and supplies | 10,049 | 12,100 | (2,051) | 43,355 | 43,639 | (284) | 33,379 | 9,976 | | |
| Merchant CC Fees | 1,895 | 1,515 | 380 | 6,344 | 6,028 | 316 | 5,380 | 964 | | |
| Office supplies and printing | 2,988 | 3,586 | (598) | 10,893 | 12,337 | (1,444) | 15,813 | (4,920) | | |
| Postage | 132 | 2,075 | (1,943) | 4,390 | 6,246 | (1,856) | 6,633 | (2,243) | | |
| Program supplies and materials | 23,327 | 19,450 | 3,877 | 77,728 | 75,451 | 2,277 | 90,173 | (12,445) | | |
| Pharmacy & Optometry COGS | 10,784 | 10,340 | 444 | 32,013 | 37,462 | (5,449) | 26,995 | 5,018 | | |
| Recruitment | - | 225 | (225) | 2,455 | 450 | 2,005 | 284 | 2,171 | | |
| Rent | 2,538 | 5,538 | (3,000) | 22,154 | 23,604 | (1,450) | 12,560 | 9,594 | | |
| Repairs and maintenance | 15,165 | 13,974 | 1,191 | 55,697 | 50,937 | 4,760 | 96,295 | (40,598) | | |
| Small equipment purchases | - | 175 | (175) | 2,729 | 1,299 | 1,430 | 5,146 | (2,417) | | |
| Telephone/Internet | 12,312 | 13,696 | (1,384) | 53,209 | 54,708 | (1,499) | 38,111 | 15,098 | | |
| Travel | 2,457 | 2,280 | 177 | 7,388 | 7,054 | 334 | 6,138 | 1,250 | | |
| Utilities | 4,639 | 4,500 | 139 | 20,315 | 20,039 | 276 | 22,139 | (1,824) | | |
| Loss on Disposal of Assets | - | - | - | - | - | - | - | - | | |
| Total Other Operating Expenses | 161,040 | 157,003 | 4,037 | 619,154 | 605,241 | 13,913 | 557,735 | 61,419 | | |
| Net Operating Surplus (Deficit) | 11,092 | (37,816) | 48,908 | (163,187) | (224,824) | 61,637 | (348,042) | 184,855 | | |
| NON-OPERATING ACTIVITIES | | | | | | | | | | |
| Donations, Pledges & Contributions | - | - | - | 630 | 430 | 200 | 23,541 | (22,911) | | |
| Loan Forgiveness | - | - | _ | - | - | - | 293,465 | (293,465) | | |
| Capital Grants | - | 7,452 | (7,452) | 5,712 | 19,800 | (14,088) | , | 5,712 | | |
| Net Non-operating Surplus (Deficit) | - | 7,452 | (7,452) | 6,342 | 20,230 | (13,888) | 317,006 | (310,664) | | |
| NET SURPLUS/(DEFICIT) | 11,092 | (30,364) | 41,456 | (156,845) | (204,594) | 47,749 | (31,036) | (125,809) | | |

Hilltown CHC Summary of Net Results By Dept. Apr. 2019 Net Results Gain (Deficit)

| | | | Over (Under) | | | | | | | Over (Under) | | | Cur. v. PY | | | | |
|-------------------------|----|----------|--------------|-----------|----------|---------|----|-----------|----|--------------|----|----------|------------|-----------|----|-----------|--|
| | Αp | or. 2019 | Ар | r. Budget | t Budget | | | YTD YT | | YTD Budget | | Budget | | PY YTD | | YTD | |
| <u>Operating</u> | | | | | | | | | | | | | | | | | |
| Medical | \$ | (3,963) | \$ | (33,687) | \$ | 29,724 | \$ | (103,608) | \$ | (130,366) | \$ | 26,758 | \$ | (164,876) | \$ | 61,268 | |
| Dental | | (13,129) | | (22,442) | | 9,313 | | (58,595) | | (78,249) | | 19,654 | | (140,240) | \$ | 81,645 | |
| Behavioral Health | | 7,391 | | 2,021 | | 5,370 | | 8,403 | | 2,275 | | 6,128 | | (7,323) | \$ | 15,726 | |
| Optometry | | (400) | | (2,124) | | 1,724 | | (9,978) | | (16,456) | | 6,478 | | (11,814) | \$ | 1,836 | |
| Pharmacy | | 9,100 | | 14,859 | | (5,759) | | 28,149 | | 32,792 | | (4,643) | | 31,455 | \$ | (3,306) | |
| Community | | (2,054) | | (1,389) | | (665) | | (20,504) | | (16,624) | | (3,880) | | (5,446) | \$ | (15,058) | |
| Fundraising | | (4,723) | | (5,458) | | 735 | | (18,345) | | (19,886) | | 1,541 | | (25,385) | \$ | 7,040 | |
| Admin. & OH | | 19,870 | | 10,404 | | 9,466 | | 11,291 | | 1,690 | | 9,601 | | (24,413) | \$ | 35,704 | |
| Net Operating Results | \$ | 12,092 | \$ | (37,816) | \$ | 49,908 | \$ | (163,187) | \$ | (224,824) | \$ | 61,637 | \$ | (348,042) | \$ | 184,855 | |
| Non Operating | | | | | | | | | | | | | | | | | |
| Donations | \$ | - | \$ | - | \$ | - | \$ | 629 | \$ | 430 | \$ | 199 | \$ | 23,541 | \$ | (22,912) | |
| Capital Project Revenue | | | | 7,452 | | (7,452) | | 5,713 | | 19,800 | | (14,087) | | 293,465 | \$ | (287,752) | |
| Total | \$ | - | \$ | 7,452 | \$ | (7,452) | \$ | 6,342 | \$ | 20,230 | \$ | (13,888) | \$ | 317,006 | \$ | (310,664) | |
| | | | | | | | | | | | | | | | | | |
| Net | \$ | 12,092 | \$ | (30,364) | \$ | 42,456 | \$ | (156,845) | \$ | (204,594) | \$ | 47,749 | \$ | (31,036) | \$ | (125,809) | |

| Hilltown Community Health Centers Balance Sheet - Monthly Trend | Actual Dec 2018 | Actual Jan 2019 | | Actual Feb 2019 | Actual Mar 2019 | Actual Apr 2019 | Budget Apr 2019 | Ov | er (Under) Apr 2019 |
|--|-----------------------------|-----------------------|----------|---------------------------------------|----------------------------------|-------------------------------------|----------------------------------|----|---------------------------|
| Assets | | 2010 | | 2010 | 2010 | 2010 | 2010 | | 2010 |
| Current Assets | | | | | | | | | |
| Cash - Operating Fund Cash - Restricted (Amherst Donations) | \$ 197,997 6,152 | \$ 233,85 1,05 | | \$ 252,962 12,402 | 12,404 | \$ 304,099 12,407 | \$ 216,980 11,402 | \$ | 87,119 1,005 |
| Patient Receivables | 945,217 | 1,032,02 | 7 | 970,729 | 1,013,085 | 1,022,798 | 975,000 | | 47,798 |
| Less Allow. for Doubtful Accounts | (109,786) | | 6) | (128,973) | | (138,929) | (120,000) | | (18,929) |
| Less Allow. for Contractual Allowances | (317,200) | | | (344,593) | | (362,443) | (345,000) | | (17,443) |
| A/R 340B-Pharmacist | 32,188 | 7,39 | | (1,455) | | 19,273 | 5,000 | | 14,273 |
| A/R 340B-State | 1,827 | 1,82 | | 1,827 | 1,827 | 1,827 | 1,827 | | 0 |
| Contracts & Grants Receivable | 69,673 | 62,01 | | 65,280 | 63,523 | 97,647 | 65,000 | | 32,647 |
| Prepaid Expenses | 14,866 | 16,29 | | 20,021 | 20,962 | 21,364 | 17,021 | | 4,343 |
| A/R Pledges Receivable Total Current Assets | 28,828 869,761 | 26,32 887,52 | | 15,360 863,561 | 15,360 895,504 | 15,360 993,403 | 15,360 842,590 | | 150,813 |
| Total Current Assets | 809,701 | 001,32 | 0 | 805,301 | 693,304 | 993,403 | 842,390 | | 130,813 |
| Property & Equipment Land | 204,506 | 204,50 | <i>c</i> | 204,506 | 204,506 | 204,506 | 204,506 | | 0 |
| Buildings | 2,613,913 | 2,613,91 | | 2,613,913 | 2,613,913 | 2,613,913 | 2,613,913 | | (0) |
| Improvements | 911,848 | 911,84 | | 911,848 | 929,483 | 929,483 | 911,848 | | 17,635 |
| Leaehold Improvements | 1,933,674 | 1,933,67 | | 1,933,674 | 1,933,674 | 1,933,674 | 1,933,674 | | (0) |
| Equipment Equipment | 1,288,156 | 1,288,15 | | 1,288,156 | 1,293,868 | 1,293,868 | 1,288,156 | | 5,712 |
| Construction in Progress (Amherst) | 1,200,130 | 1,200,13 | U | 12,348 | 1,273,000 | 1,275,000 | 19,800 | | (19,800) |
| Total Property and Equipment | 6,952,096 | 6,952,09 | 6 | 6,964,444 | 6,975,444 | 6,975,444 | 6,971,896 | | 3,548 |
| Less Accumulated Depreciation | (2,430,365) | | | (2,485,666) | (2,513,317) | (2,540,968) | (2,540,967) | | (1) |
| Net Property & Equipment | 4,521,731 | 4,494,08 | | 4,478,778 | 4,462,127 | 4,434,476 | 4,430,929 | | 3,547 |
| | | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| Other Assets | | | | | | | | | |
| Restricted Cash | 53,713 | 53,71 | | 53,712 | 53,721 | 53,730 | 53,712 | | 18 |
| Pharmacy 340B and Optometry Inventory | 11,811 | 12,24 | | 11,909 | 13,494 | 13,081 | 11,909 | | 1,172 |
| Investments Restricted | 6,661 | 6,66 | | 6,661 | 7,446 | 7,446 | 6,661 | | 785 |
| Investment - Vanguard Total Other Assets | 227,889 300,074 | 247,38 320,00 | | 255,060 | 258,439 | 267,662 | 257,970 330,252 | | 9,692 |
| Total Other Assets | 300,074 | 320,00 | 0 | 327,342 | 333,100 | 341,919 | 330,232 | | 11,007 |
| Total Assets | \$ 5,691,566 | \$ 5,701,61 | 3 | \$ 5,669,681 | \$ 5,690,731 | \$ 5,769,798 | \$ 5,603,771 | \$ | 166,027 |
| Liabilities & Fund Balance | | | | | | | | | |
| Current & Long Term Liabilities Current Liabilities | | | | | | | | | |
| Accounts Payable | \$ 164,918 | \$ 180,93 | 2 : | \$ 225,470 | \$ 208,209 | \$ 242,280 | \$ 225,000 | \$ | 17,280 |
| Notes Payable | 300,000 | 300,00 | 0 | 300,000 | 300,000 | 276,920 | 280,000 | | (3,080) |
| Sales Tax Payable | 56 | 2 | 3 | 39 | 44 | 30 | - | | 30 |
| Accrued Expenses | 60,334 | 61,95 | 1 | 46,717 | 51,693 | 56,753 | 50,000 | | 6,753 |
| Accrued Payroll Expenses | 386,764 | 481,41 | 4 | 480,774 | 511,383 | 547,820 | 476,000 | | 71,820 |
| Payroll Liabilities | 20,702 | 17,28 | 5 | 15,242 | 13,947 | 15,394 | 16,000 | | (606) |
| Unemployment Escrow | 826 | 82 | 6 | 826 | 826 | 826 | 826 | | 0 |
| Line of Credit | - | - | | - | - | - | - | | - |
| Deferred Contract Revenue | 120,296 | 124,24 | 7 | 136,693 | 143,579 | 159,171 | 132,693 | | 26,478 |
| Total Current Liabilities | 1,053,896 | 1,166,67 | 7 | 1,205,760 | 1,229,681 | 1,299,194 | 1,180,519 | | 118,675 |
| Long Term Liabilities | | | | | | | | | |
| Mortgage Payable United Bank | 167,900 | 166,45 | | 165,007 | 163,512 | 162,054 | 162,207 | | (153) |
| Mortgages Payable USDA Huntington | 176,837 | 175,77 | | 174,707 | 173,542 | 172,462 | 172,707 | | (245) |
| Total Long Term Liabilities Total Liabilities | 344,737 1,398,633 | 342,230 1,508,900 | | 339,714 1,545,474 | 337,054 1,566,735 | 334,516 | 334,914 | | (398) |
| | 1,370,033 | 1,300,70 | , | 1,343,474 | 1,300,733 | 1,633,710 | 1,515,432 | | 118,278 |
| Fund Balance / Equity | 4.000.000 | 4 100 50 | _ | 4 10 4 20 5 | 4 100 00 - | 4.126.000 | 4.000.222 | | 47.740 |
| Fund Balance Prior Period Total Fund Balance / Equity | 4,292,933 | 4,192,70 | | 4,124,206 | 4,123,996 | 4,136,088 | 4,088,339 | | 47,749 |
| Total Liabilities & Fund Balance | \$ 5,691,566 | \$ 5,701,61 | | 4,124,206 \$ 5,669,681 | 4,123,996 \$ 5,690,731 | \$ 4,136,088 5,769,798 | 4,088,339 \$ 5,603,771 | \$ | 47,749 166,027 |
| | ,,- 30 | ,, | | ,, | . ,, | , <u>,</u> | , , , , , , , , , , , | Ė | -, |
| Current Ratio | 0.83 | 0.7 | 6 | 0.72 | 0.73 | 0.76 | 0.71 | | 0.05 |

Hilltown CHC Dashboard And Summary Financial Results May 2019

| | YTI | ctual D Dec. 2018 | Actual YTD Jan. 2019 | | Actual YTD May 2019 | Notes on Trend | Cap Link TARGET | COMMENT |
|---------------------------------------|-----|-------------------------|----------------------------|------|---------------------------|--|--------------------|-----------------------------|
| <u>Liquidity Measures</u> | | | | | | | | |
| Operating Days Cash | | 9 | 10 | | 5 | Measures the number of days HCHC can cover daily operating cash needs. | > 30-45 Days | Not Meeting Benchmark |
| Current Ratio | | 0.83 | 0.76 | 5 | 0.80 | Measures HCHC's ability to meet current obligations. | >1.25 | Not Meeting Benchmark |
| Patient Services AR Days | | 36 | 37 | 7 | 34 | Measures HCHC's ability to bill and collect patient receivables | < 60-75 Days | Doing Better than Benchmark |
| Accounts Payable Days | | 29 | 29 | 9 | 33 | Measures HCHC's ability to pay bills | < 45 Days | Doing Better than Benchmark |
| <u>Profitability Measures</u> | | | | | | | | |
| Net Operational Margin | | -4.8% | -15.39 | % | -3.3% | Measures HCHC's Financial Health | > 1 to 3% | Not Meeting Benchmark |
| Bottom Line Margin | | 1.2% | -15.39 | % | -2.9% | Measures HCHC's Financial Health but includes non- operational activities | > 3% | Not Meeting Benchmark |
| <u>Leverage</u> | | | | | | | | |
| Total Liabilities to Total Net Assets | | 32.6% | 36.09 | % | 32.7% | Measures HCHC's total Liabilities to total Net Assets | < 30% | Not Meeting Benchmark |
| <u>Operational Measures</u> | | | | | | | | |
| Medical Visits | | 18,166 | 1,726 | 5 | 7,787 | | | |
| Net Medical Revenue per Visit | \$ | 143.59 | \$ 132.36 | 5 \$ | 142.01 | | | |
| Dental Visits | | 15,537 | 1,476 | 5 | 7,388 | | | |
| Net Dental Revenue per Visit | \$ | 112.76 | \$ 109.32 | 2 \$ | 114.98 | | | |
| Behavioral Health Visits | | 4,306 | 427 | 7 | 1,799 | | | |
| Net BH Revenue per Visit | \$ | 87.74 | \$ 80.11 | 1 \$ | 82.26 | | | |
| Optometry Visits | | 2,381 | 222 | 2 | 1,001 | | | |
| Net Optometry Revenue per Visit | \$ | 86.40 | \$ 77.49 | \$ | 86.95 | | | |

Hilltown Community Health Centers Income Statement - All Departments Period Ending May 2019

| | • | | May 2019 Budget | , , | | | | | YTD Total Budget | , | | | YTD PY Actual | | er (Under) . v. PY YTD |
|--|-------|-------|--------------------|-----|-----------|------|-----------|----|---------------------|----|----------|----|------------------|----------|---------------------------|
| OPERATING ACTIVITIES | | | | | | | | | | | | | | | |
| Revenue | | | | | | | | | | | | | | 1 | |
| Patient Services - Medical | 223 | ,280 | 198,4 | 135 | 24,845 | | 1,105,820 | | 1,055,256 | | 50,564 | | 1,044,145 | 1 | 61,675 |
| Visits | | ,537 | 1,3 | 375 | 162 | | 7,787 | | 7,455 | | 332 | | 7,329 | ł | 458 |
| Revenue/Visit | \$ 14 | 5.27 | \$ 144 | .32 | \$ 0.95 | \$ | \$ 142.01 | \$ | 141.55 | \$ | 0.46 | \$ | 142.47 | \$ | (0.46) |
| Patient Services - Dental | 184 | ,947 | 192, | 590 | (7,643 |) | 849,501 | | 834,764 | | 14,737 | | 701,069 | l | 148,432 |
| Visits | | ,573 | 1,0 | 582 | (109 |) | 7,388 | | 7,367 | | 21 | | 6,135 | ł | 1,253 |
| Revenue/Visit | \$ 1 | 7.58 | \$ 114 | .50 | \$ 3.08 | \$ | \$ 114.98 | \$ | 113.31 | \$ | 1.67 | \$ | 114.27 | \$ | 0.71 |
| Patient Services - Beh. Health | 3 | ,171 | 28, | 101 | 3,070 | | 147,977 | | 142,003 | | 5,974 | | 159,226 | | (11,249) |
| Visits | | 392 | 3 | 323 | 69 | | 1,799 | | 1,694 | | 105 | | 1,782 | 1 | 17 |
| Revenue/Visit | \$ | 9.52 | \$ 87 | .00 | \$ (7.48) |) \$ | \$ 82.26 | \$ | 83.83 | \$ | (1.57) | \$ | 89.35 | \$ | (7.10) |
| Patient Services - Optometry | 13 | 3,619 | 16,0 | 593 | 1,926 | | 87,039 | | 81,391 | | 5,648 | | 87,051 | l | (12) |
| Visits | | 190 | | 195 | (5) |) | 1,001 | | 980 | | 21 | | 993 | 1 | 8 |
| Revenue/Visit | \$ | 7.99 | \$ 85 | .61 | \$ 12.39 | \$ | \$ 86.95 | \$ | 83.05 | \$ | 3.90 | \$ | 87.66 | \$ | (0.71) |
| Patient Services - Optometry Hardware | : | 3,060 | 7,0 | 000 | 1,060 | | 41,812 | | 37,163 | | 4,649 | | 36,194 | | 5,618 |
| Patient Services - Pharmacy | 13 | 2,028 | 16,0 | 000 | (3,972 |) | 40,146 | | 51,717 | | (11,571) | | 49,645 | 1 | (9,499) |
| Quality & Other Incentives | 9 | ,395 | 2 | 276 | 9,119 | | 27,386 | | 18,467 | | 8,919 | | 10,160 | 1 | 17,226 |
| HRSA 330 Grant | 183 | 3,051 | 228,2 | 294 | (40,243) |) | 697,142 | | 731,872 | | (34,730) | | 664,893 | 1 | 32,249 |
| Other Grants & Contracts | 120 | ,681 | 83, | 712 | 36,969 | | 401,725 | | 354,804 | | 46,921 | | 426,812 | 1 | (25,087) |
| Int., Dividends Gain /(Loss) Investments | (10 | ,319) | 2, | 530 | (18,849) |) | 24,320 | | 32,650 | | (8,330) | | 5,276 | ł | 19,044 |
| Rental & Misc. Income | | ,002 | 2, | 567 | 1,435 | | 13,997 | | 12,544 | | 1,453 | | 13,317 | <u> </u> | 680 |
| Total Operating Revenue | 783 | ,915 | 776, | 198 | 7,717 | | 3,436,865 | | 3,352,631 | | 84,234 | | 3,197,788 | <u> </u> | 239,077 |
| Compensation and related expenses | | | | | | | | | | | | | | | |
| Salaries and wages | 48: | ,254 | 498, | 370 | (13,616 |) | 2,373,968 | | 2,382,801 | | (8,833) | | 2,379,920 | 1 | (5,952) |
| Payroll taxes | 3′ | ,359 | 38, | 163 | (804 |) | 190,231 | | 185,173 | | 5,058 | | 179,692 | ł | 10,539 |
| Fringe benefits | 39 | ,032 | 41,0 | 511 | (2,579) |) | 194,430 | | 206,686 | | (12,256) | | 197,137 | ł | (2,707) |
| Total Compensation & related expenses | 56 | ,645 | 578,0 | 544 | (16,999 |) | 2,758,629 | | 2,774,660 | | (16,031) | | 2,756,749 | 1 | 1,880 |
| No . of week days | | 23 | | 23 | - | | 109 | | 109 | | - | | 109 | | - |
| Staff cost per week day | \$ 24 | ,419 | \$ 25, | 158 | \$ (739) |) \$ | \$ 25,309 | \$ | 25,456 | \$ | (147) | \$ | 25,291 | \$ | 17 |
| | | | | | | | | | | | | | | 1 | |

Hilltown Community Health Centers Income Statement - All Departments Period Ending May 2019

| | May 2019 Actual | May 2019 Budget | Over (Under) Budget | YTD Total Actual | YTD Total Budget | Over (Under) Budget | YTD PY Actual | Over (Under) Cur. v. PY YTD |
|-------------------------------------|--------------------|--------------------|------------------------|---------------------|---------------------|------------------------|------------------|--------------------------------|
| Other Operating Expenses | | - | _ | | | | | , |
| Advertising and marketing | 1,640 | 350 | 1,290 | 5,970 | 10,653 | (4,683) | 1,289 | 4,681 |
| Bad debt | 18,596 | 5,075 | 13,521 | 61,792 | 39,822 | 21,970 | 37,540 | 24,252 |
| Computer support | 7,088 | 6,537 | 551 | 37,976 | 32,366 | 5,610 | 35,871 | 2,105 |
| Conference and meetings | 520 | 405 | 115 | 5,552 | 1,704 | 3,848 | 2,559 | 2,993 |
| Continuing education | 3,256 | 3,861 | (605) | 17,523 | 14,510 | 3,013 | 9,820 | 7,703 |
| Contracts and consulting | 16,355 | 3,470 | 12,885 | 31,829 | 15,513 | 16,316 | 17,771 | 14,058 |
| Depreciation and amortization | 27,651 | 27,651 | 0 | 138,253 | 138,253 | 0 | 58,627 | 79,626 |
| Dues and membership | 3,180 | 3,134 | 46 | 11,619 | 14,353 | (2,734) | 8,591 | 3,028 |
| Equipment leases | 2,617 | 2,107 | 510 | 11,254 | 10,496 | 758 | 9,979 | 1,275 |
| Insurance | 2,107 | 2,119 | (12) | 10,562 | 10,586 | (24) | 9,175 | 1,387 |
| Interest | 1,759 | 1,376 | 383 | 7,204 | 6,961 | 243 | 7,471 | (267) |
| Legal and accounting | 2,380 | 2,888 | (508) | 11,831 | 13,038 | (1,207) | 15,023 | (3,192) |
| Licenses and fees | 4,219 | 4,660 | (441) | 20,485 | 21,363 | (878) | 23,202 | (2,717) |
| Medical & dental lab and supplies | 14,115 | 12,100 | 2,015 | 57,470 | 55,739 | 1,731 | 48,001 | 9,469 |
| Merchant CC Fees | 1,491 | 1,515 | (24) | 7,836 | 7,543 | 293 | 6,983 | 853 |
| Office supplies and printing | 2,236 | 3,586 | (1,350) | 13,129 | 15,922 | (2,793) | 22,045 | (8,916) |
| Postage | 2,000 | 1,575 | 425 | 6,390 | 7,821 | (1,431) | 6,685 | (295) |
| Program supplies and materials | 20,574 | 19,450 | 1,124 | 98,302 | 94,901 | 3,401 | 114,047 | (15,745) |
| Pharmacy & Optometry COGS | 4,773 | 10,340 | (5,567) | 36,785 | 47,802 | (11,017) | 33,273 | 3,512 |
| Recruitment | 498 | - | 498 | 2,953 | 450 | 2,503 | 284 | 2,669 |
| Rent | 3,988 | 5,538 | (1,550) | 26,142 | 29,142 | (3,000) | 15,700 | 10,442 |
| Repairs and maintenance | 12,348 | 14,064 | (1,716) | 68,045 | 65,001 | 3,044 | 78,306 | (10,261) |
| Small equipment purchases | 909 | 3,175 | (2,266) | 3,638 | 4,474 | (836) | 5,146 | (1,508) |
| Telephone/Internet | 10,580 | 13,696 | (3,116) | 63,789 | 68,404 | (4,615) | 50,744 | 13,045 |
| Travel | 3,151 | 2,280 | 871 | 10,539 | 9,334 | 1,205 | 8,564 | 1,975 |
| Utilities | 3,809 | 4,500 | (691) | 24,125 | 24,539 | (414) | 25,174 | (1,049) |
| Loss on Disposal of Assets | - | - | - | - | - | - | - | - |
| Total Other Operating Expenses | 171,840 | 155,451 | 16,389 | 790,993 | 760,692 | 30,301 | 651,870 | 139,123 |
| Net Operating Surplus (Deficit) | 50,430 | 42,103 | 8,327 | (112,757) | (182,721) | 69,964 | (210,831) | 98,074 |
| NON-OPERATING ACTIVITIES | | | | | | | | |
| Donations, Pledges & Contributions | 7,228 | _ | 7,228 | 7,857 | 430 | 7,427 | 24,895 | (17,038) |
| Loan Forgiveness | - | _ | - | - | - | - | - | - |
| Capital Grants | - | 95,434 | (95,434) | 5,713 | 115,234 | (109,521) | 331,744 | (326,031) |
| Net Non-operating Surplus (Deficit) | 7,228 | 95,434 | (88,206) | 13,570 | 115,664 | (102,094) | 356,639 | (343,069) |
| NET SURPLUS/(DEFICIT) | 57,658 | 137,537 | (79,879) | (99,187) | (67,057) | (32,130) | 145,808 | (244,995) |

Hilltown CHC Summary of Net Results By Dept. May 2019 Net Results Gain (Deficit)

| | | | Over (Under) | | | | Over (Under) | | | | | | Cur. v. PY | |
|------------------------------|----|----------|--------------|----------|----|----------|-----------------|----|-----------|----|-----------|-----------------|------------|------------------|
| | M | ay 2019 | Ma | y Budget | | Budget | YTD | Υ٦ | ΓD Budget | | Budget | PY YTD | | YTD |
| <u>Operating</u> | | | | | | | | | | | | | | |
| Medical | \$ | (36,061) | \$ | (62,813) | \$ | 26,752 | \$ (139,670) | \$ | (193,179) | \$ | 53,509 | \$ (171,069) | \$ | 31,399 |
| Dental | | (15,118) | | (300) | | (14,818) | (73,713) | | (78,549) | | 4,836 | (131,107) | \$ | 57,394 |
| Behavioral Health | | 4,725 | | 8,904 | | (4,179) | 13,128 | | 11,179 | | 1,949 | 16,082 | \$ | (2,954) |
| Optometry | | (626) | | (2,907) | | 2,281 | (10,604) | | (19,364) | | 8,760 | (575) | \$ | (10,029) |
| Pharmacy | | 12,134 | | 14,859 | | (2,725) | 40,283 | | 47,650 | | (7,367) | 43,923 | \$ | (3,640) |
| Community | | 10,383 | | (1,677) | | 12,060 | (10,121) | | (18,301) | | 8,180 | 8,822 | \$ | (18,943) |
| Fundraising | | (4,024) | | (5,147) | | 1,123 | (22,369) | | (25,033) | | 2,664 | (31,623) | \$ | 9,254 |
| Admin. & OH | | 79,017 | | 91,184 | | (12,167) | 90,309 | | 92,876 | | (2,567) | 54,716 | \$ | 35,593 |
| Net Operating Results | \$ | 50,430 | \$ | 42,103 | \$ | 8,327 | \$ (112,757) | \$ | (182,721) | \$ | 69,964 | \$ (210,831) | \$ | 98,074 |
| Non Operating | | | | | | | | | | | | | | |
| Donations | \$ | 7,228 | \$ | - | \$ | 7,228 | \$ 7,857 | \$ | 430 | \$ | 7,427 | \$ 24,896 | \$ | (17,039) |
| Capital Project Revenue | | | | 95,434 | | (95,434) | 5,713 | | 115,234 | | (109,521) | 331,743 | \$ | (326,030) |
| Total | \$ | 7,228 | \$ | 95,434 | \$ | (88,206) | \$ 13,570 | \$ | 115,664 | \$ | (102,094) | \$ 356,639 | \$ | (343,069) |
| | | | | | | | | | | | | | | |
| Net | \$ | 57,658 | \$ | 137,537 | \$ | (79,879) | \$ (99,187) | \$ | (67,057) | \$ | (32,130) | \$ 145,808 | \$ | <u>(244,995)</u> |

| Hilltown Community Health Centers | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|-----------------------|-------------------|--------------------------|--------------------------|
| Balance Sheet - Monthly Trend | Actual | Actual | Actual | Actual | Actual | Actual | Budget |
| | Dec | Jan | Feb | Mar | Apr | May | May |
| | 2018 | 2019 | 2019 | 2019 | 2019 | 2019 | 2019 |
| Assets Current Assets | | | | | | | |
| Cash - Operating Fund | \$ 197,997 | \$ 233,851 | \$ 252,962 | \$ 242,277 | \$ 304,099 | \$ 121,029 | \$ 215,803 |
| Cash - Restricted (Amherst Donations) | 6,152 | 1,051 | 12,402 | 12,404 | 12,407 | 16,966 | 6,402 |
| Patient Receivables | 945,217 | 1,032,027 | 970,729 | 1,013,085 | 1,022,798 | 1,030,805 | 1,010,000 |
| Less Allow. for Doubtful Accounts | (109,786) | (118,366) | (128,973) | (133,664) | (138,929) | (147,664) | (120,000) |
| Less Allow. for Contractual Allowances | (317,200) | (374,895) | (344,593) | (351,978) | (362,443) | (364,592) | (325,000) |
| A/R 340B-Pharmacist | 32,188 | 7,390 | (1,455) | 11,707 | 19,273 | 22,642 | 5,000 |
| A/R 340B-State | 1,827 | 1,827 | 1,827 | 1,827 | 1,827 | 1,827 | 1,827 |
| Contracts & Grants Receivable | 69,673 | 62,015 | 65,280 | 63,523 | 97,647 | 111,839 | 65,000 |
| Prepaid Expenses | 14,866 | 16,298 | 20,021 | 20,962 | 21,364 | 23,646 | 15,521 |
| A/R Pledges Receivable Total Current Assets | 28,828 869,761 | 26,328 887,526 | 15,360 863,561 | 15,360 895,504 | 15,360 993,403 | 15,360 831,858 | 15,360 889,914 |
| Total Cultent Assets | 809,701 | 007,320 | 805,301 | 893,304 | 993,403 | 631,636 | 009,914 |
| Property & Equipment | | | | | | | |
| Land | 204,506 | 204,506 | 204,506 | 204,506 | 204,506 | 204,506 | 204,506 |
| Buildings | 2,613,913 | 2,613,913 | 2,613,913 | 2,613,913 | 2,613,913 | 2,613,913 | 2,613,913 |
| Improvements | 911,848 | 911,848 | 911,848 | 929,483 | 929,483 | 929,483 | 911,848 |
| Leaehold Improvements | 1,933,674 | 1,933,674 | 1,933,674 | 1,933,674 | 1,933,674 | 1,933,674 | 1,933,674 |
| Equipment | 1,288,156 | 1,288,156 | 1,288,156 | 1,293,868 | 1,293,868 | 1,293,868 | 1,288,156 |
| Construction in Progress (Amherst) Total Property and Equipment | - 052 000 | - 052.006 | 12,348 | - 075 444 | 6,975,444 | 6 075 444 | 115,234 |
| Less Accumulated Depreciation | 6,952,096 (2,430,365) | 6,952,096 (2,458,016) | 6,964,444 (2,485,666) | 6,975,444 (2,513,317) | | 6,975,444 (2,568,618) | 7,067,330 (2,568,618) |
| Net Property & Equipment | 4,521,731 | 4,494,080 | 4,478,778 | 4,462,127 | 4,434,476 | 4,406,826 | 4,498,712 |
| The Hoperty & Equipment | 1,021,701 | 1, 13 1,000 | 1,170,770 | 1,102,127 | .,, | 1,100,020 | 1,150,712 |
| Other Assets | | | | | | | |
| Restricted Cash | 53,713 | 53,713 | 53,712 | 53,721 | 53,730 | 53,739 | 53,712 |
| Pharmacy 340B and Optometry Inventory | 11,811 | 12,249 | 11,909 | 13,494 | 13,081 | 13,505 | 11,909 |
| Investments Restricted | 6,661 | 6,661 | 6,661 | 7,446 | 7,446 | 7,446 | 6,661 |
| Investment - Vanguard | 227,889 | 247,383 | 255,060 | 258,439 | 267,662 | 251,319 | 260,500 |
| Total Other Assets | 300,074 | 320,006 | 327,342 | 333,100 | 341,919 | 326,009 | 332,782 |
| Total Assets | \$ 5,691,566 | \$ 5,701,613 | \$ 5,669,681 | \$ 5,690,731 | \$ 5,769,798 | \$ 5,564,693 | \$ 5,721,408 |
| Liabilities & Fund Balance | | | | | | | |
| Current & Long Term Liabilities | | | | | | | |
| Current Liabilities | | | | | | | |
| Accounts Payable | \$ 164,918 | \$ 180,932 | \$ 225,470 | \$ 208,209 | \$ 242,280 | \$ 213,946 | \$ 200,000 |
| Notes Payable | 300,000 | 300,000 | 300,000 | 300,000 | 276,920 | 253,840 | 255,000 |
| Sales Tax Payable | 56 | 23 | 39 | 44 | 30 | 47 | - |
| Accrued Expenses | 60,334 | 61,951 | 46,717 | 51,693 | 56,753 | 55,562 | 50,000 |
| Accrued Payroll Expenses | 386,764 | 481,414 | 480,774 | 511,383 | 547,820 | 388,378 | 510,500 |
| Payroll Liabilities | 20,702 | 17,285 | 15,242 | 13,947 | 15,394 | 16,563 | 16,000 |
| Unemployment Escrow | 826 | 826 | 826 | 826 | 826 | 826 | 826 |
| Line of Credit Deferred Contract Revenue | 120,296 | - 124,247 | 136,693 | 143,579 | - 159,171 | 111,322 | 130,693 |
| Total Current Liabilities | 1,053,896 | 1,166,677 | 1,205,760 | 1,229,681 | 1,299,194 | 1,040,484 | 1,163,019 |
| Long Term Liabilities | 1,033,070 | 1,100,077 | 1,203,700 | 1,229,001 | 1,255,151 | 1,010,101 | 1,103,019 |
| Mortgage Payable United Bank | 167,900 | 166,455 | 165,007 | 163,512 | 162,054 | 159,117 | 160,807 |
| Mortgages Payable USDA Huntington | 176,837 | 175,775 | 174,707 | 173,542 | 172,462 | 171,346 | 171,707 |
| Total Long Term Liabilities | 344,737 | 342,230 | 339,714 | 337,054 | 334,516 | 330,463 | 332,514 |
| Total Liabilities | 1,398,633 | 1,508,907 | 1,545,474 | 1,566,735 | 1,633,710 | 1,370,947 | 1,495,532 |
| Fund Balance / Equity | | | | | | | |
| Fund Balance Prior Period | 4,292,933 | 4,192,706 | 4,124,206 | 4,123,996 | 4,136,088 | 4,193,746 | 4,225,876 |
| Total Fund Balance / Equity | 4,292,933 | 4,192,706 | 4,124,206 | 4,123,996 | 4,136,088 | 4,193,746 | 4,225,876 |
| Total Liabilities & Fund Balance | \$ 5,691,566 | \$ 5,701,613 | \$ 5,669,681 | \$ 5,690,731 | \$ 5,769,798 | \$ 5,564,693 | \$ 5,721,408 |
| Current Ratio | 0.83 | 0.76 | 0.72 | 0.73 | 0.76 | 0.80 | 0.77 |



Annual Review 2018

HILLTOWN COMMUNITY HEALTH CENTER

Overview

Addressed most of the strategic goals and objectives in Plan

Faced unprecedented challenges

- Financial stability
- Staff development and support

On track to address all the goals/objectives by 2020, as appropriate

The next year is going to require a sustained focus on strategic decisions to address financial stability and staff development/support

- Within the larger health system context
- With the help of outside entities
- With possibly transformative impacts

Strategic Goals – 2017-2020

- 1. Health Care System Integration and Financing
- 2. Expansion Activities
- 3. Improved Organizational Capacity

1. Health System Integration and Financing

- A. Accountable Care Organization (ACO) Engagement
- B. Hospital/Health System Engagement
- C. Electronic Health Record (EHR) transitions
- D. PCMH/NCQA/PCMH Prime certifications and transformation

1A. ACO Engagement

Implementation of Community Care Cooperative (C3) model of care successful

Enrollment Activities are on-going but more challenging than anticipated

- Enrollment of existing patients relatively smooth, but access to specialists and Rx disrupted
- · Enrollment of new patients challenging due to MassHealth rules and restrictions, and public perception
- · Redetermination activities hard to maintain with inadequate staffing

Model of Care Implementation

- Practice Transformation/Quality Improvement required significant staff resources
- · Care coordination activities, particularly with BH and LTSS, unfunded or unclear
- Workflow improvements made, and in particular support for improvements in quality reporting showing results

Marketing support helpful but timing off due to delays in JPMHC opening

IT integration affected by transitions at Cooley Dickinson

1B. Health Care System Engagement

Cooley Dickinson Health Care (CDHC)

- HCHC presence in Board committees ensures voice for Hilltowns and JPMHC
- MGH relationship-building possible due to CDHC advocacy
- Language Access grant for JPMHC paid for translation and interpretation

Baystate Health Systems

- Noble Hospital Hilltowns represented on Community Benefits Advisory Council
- Referral Agreement conversations

Berkshire Health Systems

Referral Agreement renewed

Other Health Systems

 HCHC presence at Regional Advisory Council of the Pioneer Valley hospitals' joint Community Health Needs Assessment process ensured representation of Hilltowns and Amherst patient population

1D. PCMH Certifications and Transformation

NCQA Level III Certification obtained in December 2017

- Efforts to address requirements are on-going
- Enabled receipt of 2018 HRSA Quality Award funding
- Next application due in 2020

1C. EHR transitions

After initial efforts to move electronic health record (EHR) to cloud, CDHC agreed to continue hosting EHR on its servers

- Avoided additional costs and work disruption
- Required new collaboration between C3 and CDHC in order to meet quality data reporting requirements

2. Expansion Activities

- A. Expanded Services
- B. Expanded Sites/Service Areas
- C. Patient Populations
- D. Community Collaborations

2A. Expanded Services

Telehealth

- o Began conversation about C3 support for shared services with other C3 members
- o Secured HRSA SUD-MH Grant for the purchase of telehealth equipment for all sites

Portable services

- o Expanded services at local schools medical and BH
- o Secured HRSA SBHC Grant for expansion of Eye Care and Behavioral Health at Gateway

Domestic Violence – moved from collaboration to HCHC-controlled program

Office-Based Opioid Treatment (OBOT) and access to specialty care/psychiatry to be addressed in 2019

Pharmacy Expansion on hold due to state and federal changes

2B. Expanded Sites

John P. Musante Health Center

- o Opened June 11th first new HCHC site since early 1990s
- o Offers medical, dental, and community health worker services
- Major delays in opening:
 - Construction delays
 - State licensure and certification
 - Costly staffing waiting for opening
- o Major impact on HCHC as a whole
 - Staffing costs
 - Significant construction overruns
 - Slow growth in patient volume = unsupported cost in staffing
 - MassHealth impacts
- o Potential benefits are still real

2C. Expanded Patient Populations

Marketing and Outreach

- Increased print advertising, bus ads, etc.
- Increased social media advertising
- Outreach at Amherst community events

Expanded Language Capabilities

- · Dramatically increased hiring of bi-lingual staff, including providers
- · Created patient materials, website, and signage in multiple languages
- Increased number of non-English-speaking patients in Amherst and Huntington

Focus on LGBTQ Community

- Creation of DRIVE Committee scope includes larger diversity issues
- Submission of Health Equality Index application new policies and postings

2d. Expanded Community Collaborations

Food Security

- Involvement in local and regional efforts
- New relationships with Food Bank of Western Massachusetts and Collaborative for Educational Services
- New collaboration efforts in Westfield and Holyoke
- · Leadership role in Hilltowns and beyond

Western Mass Healthy Living Coalition

- · Engagement with providers serving older adults
- Multiple training opportunities for HCHC staff

Amherst Community Connections

- · Active participants in Amherst Human Services Network
- New connections to local colleges, Pioneer Valley Workers Center, etc.

3. Improved Organizational Capacity

- A. Financial Stability
- B. Staff Development and Support
- C. Facilities Improvements and Expansion
- D. Information Technology (IT) Improvement and Expansion

3A. Financial Stability

The biggest challenge for HCHC in 2018

- Contributing factors:
 - Decreased revenue due to weather, provider absences and departures, payor mix changes
 - Increased expenses due to delays in opening of JPMHC and lower than expected patient volume
 - Challenges with adequate staffing leads to operational inefficiencies
- o Impact:
 - Days of cash on hand metric was dire for much of the year, resulting in need for cash advance in October 2018 from MassHealth
 - While a loss was budgeted for the year, it was much greater than anticipated
 - Ripple effects felt throughout the organization
- o Three-pronged focus in organizational response:
 - Increasing patient volume and visits
 - Increasing operational efficiencies
 - Focusing on fundraising

3B. Staff Development and Support

Second largest challenge of 2018

Positive movement:

- o Focus on coordinated and comprehensive training moved to online system
- o Hired many committed and high quality staff
- Changed management structure to improve operational structures

Challenges:

- o Labor market tightened considerably over the course of the year
- o Financial picture negatively affected:
 - Morale
 - Pay increases
 - Extensive training upgrades
 - Managers' capacity for support/supervision

3C. Facilities Improvement and Expansion

Opening of new facility - JPMHC

Facility upgrades in Worthington and Huntington

- Paint and carpeting
- Security upgrades

3D. IT Improvement and Expansion

IT systems remained robust after substantial investment in prior years

HRSA SUD-MH funding secured for teleconferencing capabilities

Successful development of new network in Amherst

State and Federal Outreach

- Not specifically included in the Strategic Plan, but proved an important part of on-going interaction with the larger health care system (Strategic Goal 1) and will likely play a role with financial stability (Strategic Goal 3A).
- Turnover in the region's legislative delegation was initially seen as highly detrimental, but the opportunity to develop strong relationships with new legislators could prove to be beneficial.

Plans for 2019

- Continued on financial stability
 - Increasing patient volume and visits
 - Increasing operational efficiencies
 - Focusing on fundraising
- Renewed focus on staff development
 - Recruiting and retention
 - Social events
 - Communication
- Exploration of new partnerships and opportunities