



Hilltown Community Health Center

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

**BOARD MEETING
OCTOBER 29, 2019
HUNTINGTON HEALTH CENTER
5:30 PM**

AGENDA

1. Call to Order
2. Approval of the September 12, 2019 Meeting Minutes (Vote Needed)
3. Finance Committee Report for August (Vote Needed)
 - Sliding Fee Discount Program (SFDP) Policy
4. Committee Reports (as needed) (Vote Needed)
 - Executive Committee
 - Quality Improvement
 1. August and September QI Meeting Minutes
 - Fundraising
 - Credentialing/ Privileging
 1. Privileging
 - Jodi Bridgman, Dental Hygienist
 - Alexandra Kowalczyk (Newly Certified Dental Assistant)
 2. Initial Credentialing and Privileging
 - Ellen Chechile, RN
 3. Initial Credentialing
 - David Dionne, RN (Nurse Practitioner Student)
 4. Re-credentialing and Re-privileging
 - Robyn Laferriere
 - Jessica LaMontagne
 - Personnel
 - Facilities
 - Recruiting, Orientation, and Nominating (RON)
 1. Diversity recruitment plan
 - Strategic Planning
5. Chief Executive Officer / Senior Manager Reports
6. Old Business
 - Reproductive Health Services Policy (Vote Needed)
7. New Business
 - Changes in Scope (Vote Needed)
 - Report of conflicts of interest
 - School Based Health Center Policy (Vote Needed)
 - Approval of service area (Vote Needed)
8. Executive Session
9. Adjourn

BOARD MEETING NOTES

Date/Time: 10/10/2019 5:30pm

Huntington Health Center

MEMBERS: John Follet, President; Kathryn Jensen, Clerk; Matt Bannister; Lee Manchester; Alan Gaitenby; Wendy Long

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

ABSENT: Nancy Brenner, Vice President; Deb Leonczyk, Treasurer; Seth Gemme; Maya Bachman; Kate Albright-Hanna; Jenicca Gallagher

Agenda Item	Summary of Discussion	Decisions/ Next Steps/ Person Responsible Due Date
Finance Report	<ul style="list-style-type: none">Frank Mertes reported on the August results. Frank reported that there were positive results for August. There was a net operating surplus of \$88K and overall surplus of \$176K. The \$88K surplus is largely due to grant billing captured in the month. The overall surplus is in part a culmination of accrued time captured under liability and being used largely in August and below the line, two grants that contributed to the \$176K surplus. These results are still at a net loss and not meeting dashboard requirements but are doing better than the budget and better as compared to last YTD results.Frank reported on a recently negotiated contract with CVS to expand the 340B Program for increased revenue. This program affords low cost to free prescriptions accessible to Health Safety Net patients and in a conveniently located pharmacy. This new contract will go into effect for the New Year.Frank introduced the Sliding Fee Discount Program (SFDP) that HCHC evaluates, at least once every three years. Frank has worked to collect utilization data to assess the rate at which patients within each of its discount pay classes, as well as those at or below 100 percent of the FPG, are accessing health center services. Frank utilizes this data to evaluate the effectiveness of its sliding fee	

	<p>discount program in reducing financial barriers to care. Frank was able to contact the full sample of patients between 100-200% of the Federal poverty level utilizing the SFDP and indicated that the discount was helpful and their payment did not constitute a barrier to care. Most patients apply for the SFDP and then work with Navigators to get onto insurance, almost always successfully. A majority of those patients were dental patients. An extra step Frank is taking is to contact patients that were unable to pay their co-pays over the last 6 months and inform them of the SFDP.</p>	
CEO Report	<ul style="list-style-type: none"> • Eliza Lake reported two medical provider resignations in the past month. There has been great strides made in recruiting Nurse Practitioners with two new hires, and several in the recruitment pipeline. There have been extensive conversations with medical staff at all sites to provide any and all support during this crisis. Most concerning points being 1) patients have to be assigned a PCP and therefore need to be assigned to existing four PCPs 2) the assigned PCPs are responsible for all lab, imaging and hospital correspondence, adding a tremendous burden on their schedules. Most commercial insurance requires that patients have an MD assigned as a PCP, which means there is one PCP to assign to for the entire agency. Senior management is looking into companies that will help with triaging calls to elevate call duties for providers. Eliza and Senior Management are talking to other health centers about coverage and possible options to assist with transportation for Amherst patients to access those services. Due to the staffing shortage, the CCCSO position have taken over many of the functions of the vacant Clinical Director position. The staffing crunch will start this month for the Amherst site. • Eliza presented the service area map that is an analysis of 76% of the patient population (all departments) zip codes from 2018. Eliza proposed that this be HCHC service area for the 2019 community needs assessment. There are no changes in towns served from previous years, even with the addition of the Amherst site. • Eliza reported on the conflict of interests that exist on the Board. Each of the conflicts were discussed. 	

	<ul style="list-style-type: none"> ○ E. Lake: Trustee of Cooley Dickinson Health Care Corp., Board Member of Community Care Cooperative, Board Member of Mass League of Community Health Centers. ○ M. Bannister: Northampton Chamber of Commerce, NCCJ, American Red Cross, Public Health Institute of Western MA, Link to Libraries, Revitalize-CDC Board Member ○ K. Albright-Hanna: RuralOrganizing.org Board Member ○ K. Jensen: Belder Housing Board Member ○ W. Long: Employee of Gateway Regional School District (retiring in Oct 2019), and Gateway Education Foundation Board Member ○ S. Gemme: Hilltown Community Ambulance Association Board Member. ○ D. Leonczyk: Utilize Adelson CPA Firm, Gateway Education Foundation Board Member, Mass Community Action Association Board Member. ● Eliza had the first meeting with local Behavioral Health providers on taking next steps toward starting with psychiatry consults and then moving to tele-psychiatry, perhaps eventually onsite psychiatry. Eliza will be reaching out to another behavioral health provider group as well. ● There have been great strides made in telehealth, the new carts are being launched and used for ASL. Teleconferencing system install is scheduled to be finished by the end of the month. ● The new eye care program at the School Based Health Center is booming, with over 100 children signed up. ● Eliza reported on updates to organizational infrastructure. The consultant, Gail Mayeaux, has been funded by the MassLeague, but that money will be spent out by the end of this month. She has proposed to maintain contact via phone and email with senior management though the New Year via a contract with HCHC, and will pick back up at that time with new funding from the League. Senior management worked with Gail on a new organizational chart. Gail also worked with HR on a recruitment system for efficiency and information collecting. ● Eliza discussed changes in scope. 	
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	<ul style="list-style-type: none"> ○ Change to Form 5B to update the zip codes by site (75% of patient population) ○ Changes to Form 5A to remove mental health from column II to column III, moving family planning from column III entirely, and removing Crocker from afterhours coverage from column II and removing the Podiatric nurse from the HOPE Program from column II. ● Eliza reintroduced the Reproductive Health Services Policy. The policy was previous approved this year but used Title X language and this updated version took out that language. ● The School Based Health Center Policy was discussed as being an omnibus policy following a recent meeting with School Base management and reviewing the policies and procedures there. This policy outlines the inclusion of SBHC in all HCHC policies and procedures where there is not a specific SBHC policy or procedure. 	
Next Meeting	As there was no quorum, another meeting in the month of October needs to be scheduled. A doodle poll will be sent out to assure maximum participation.	

Respectfully submitted,
Tabitha Griswold, Executive Assistant

MEETING

Date/Time: 09/12/2019 5:30pm

Worthington Health Center

MEMBERS: John Follet, President; Nancy Brenner, Vice President; Kathryn Jensen, Clerk; Deb Leonczyk, Treasurer; Matt Bannister; Lee Manchester; Alan Gaitenby; Jenicca Gallagher; Wendy Long

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

GUEST: Mary Ellen McIntyre

ABSENT: Seth Gemme; Maya Bachman; Kate Albright-Hanna; Michael Purdy, CCCSO

Agenda Item	Summary of Discussion	Decisions/ Next Steps/ Person Responsible Due Date
Review of Minutes 08/08/2019	<p>John Follet called the meeting to order at 5:30 pm.</p> <p>Correction to August minutes made to include Jenicca Gallagher's last name and correction to name in introduction.</p> <p>The minutes from the meeting of August 8, 2019 were reviewed. Alan G. moved to approve the August Board minutes as amended. Nancy B. seconded the motion, which was approved by those present.</p>	August 8, 2019 Board minutes as amended were approved by all present
Finance Committee	<ul style="list-style-type: none">• Deb Leonczyk reported on the July 2019 financial results. Deb reported that although there was a \$74K operating deficit, net operating results are still positive due to \$121K in donations received, to result in a positive \$93K. There was a YTD net result of \$67K loss but that was still better than budget and better than last year.• Credit was given to the donors for that substantial \$121K donation. This donation combined with other variables brought the net result positive. While there continues to be a provider shortage, management has been aware of absences and able to schedule/ manage those absences better than last year. The eCW issue of June has been addressed and trued. All the data of staff time spent on	The Board voted unanimously to approve the finance committee report.

	<p>correcting the issue has been collected and restitution is being requested.</p> <ul style="list-style-type: none"> • Eliza has determined the contact at the state level to address obtaining the earmark that was included in the state's 2020 state budget. The advice she received was that the earmark is unrestricted and should be spent within three months of receiving. HCHC is the first western Mass health center to receive an earmark. The earmark will be used for Amherst specifically. <p>Nancy Brenner moved to approve the finance report, Kathryn Jensen seconded the motion.</p>	
CEO Report	<ul style="list-style-type: none"> • Eliza Lake reported on HCHC being awarded a HRSA Integrated Behavioral Health Services (IBHS) grant, and that HCHC was awarded an additional \$22K, creating the ability to expand the behavioral health program in exciting ways. There will be a meeting in the upcoming month with Behavioral Health Network to discuss collaborative ways to improve patient access to psychiatry. • Eliza reported that she receives a number of junk mailings addressed to board members delivered to HCHC. The board expressed consent in her discretion on opening and throwing out anything that does not look official. • Eliza emphasized the ongoing issue with lack of providers, specifically medical. HCHC is not alone in this crisis, as it is a state-wide issue. However, while there is a medical schedule completed through October, the staff continues to discuss how to cover all the sites when two providers leave in the late fall. Possibilities include a temporary reduction of medical hours in Amherst, possibly to two of three days a week. Given the small number of medical patients at the site, this would be the least disruptive scenario, and the dental and BH providers would still be on site during business hours. Senior management is working with recruiters, Cooley Dickinson Health Care, and potentially <i>locum tenums</i> to lessen the gap, and there are potentially two NPs interested in signing and a MD and NP in the pipeline with the recruiter. Eliza also sent a letter to the Daily Hampshire Gazette in response to an article regarding provider shortages in Franklin County. She noted that NPs are an important part of the primary care system, 	

	<p>and asked the community to have patience with medical entities during this crisis.</p> <ul style="list-style-type: none"> • Eliza informed the board that the state's new law, Paid Family Medical Leave (PFML) will go into effect October 1, 2019. Senior management has determined that HCHC will contribute more than the minimum required by the law for the family leave portion of the deduction. Of the .75% withheld from the employees, the state mandates that companies pay at least 60% of the medical leave portion (which is .45% of the whole) and does not require that the employer pay any of the family leave portion. HCHC will pay 50% of this portion, recognizing that this is a new reduction in employees' paychecks. Senior management elected to pay 50% of the remaining balance instead of the 100%. This will cost approximately \$4K a year more. • Eliza had shared the Executive Summary of the Operational Assessment completed by Gail Mayeaux, HMA consultant. Overall, her assessment shows that HCHC is a financially strong organization that has grown quickly and therefore needs help with addressing the challenges inherent in expansion. She is working with HCHC Senior Management and staff on three primary areas for at least the first few months of her time with the organization: communication structures and processes, revenue generation through an expanded 340B program, and realignment of middle management functions. She also informed senior management that about 2/3rds of the policies brought to the board could be procedures instead. These changes to the policies will be discussed in next month's meeting. • The Reproductive Health Policy will be brought to the board again as there were necessary changes to the language made after the approval of the policy last month. 	
Recruitment, Orientation & Nominating (RON) Committee	<ul style="list-style-type: none"> • Wendy Long reported that the committee touched base with a potential candidate, who ultimately decided not to join the board and was instructed by Wendy to contact Eliza Lake for follow up with some concerns. Eliza reported on another potential candidate in the pipeline, and will be reaching out to them. The focus continues to be on adding members from the Amherst area who represent the population of patients that are served at that site. 	

	<ul style="list-style-type: none"> Eliza reported that she recently learned at a training that in many organizations this committee functions more as a Governance Committee. She found tools to help collect information on membership for reporting. Eliza requested a meeting of this committee to help with develop a survey to collect that information on membership data. This will help to fill the gaps in membership when recruiting. 	
Corporate Compliance Committee	<ul style="list-style-type: none"> Eliza Lake reported that the committee met last week and minutes are included in her CEO report. This committee is an internal committee and is set to meet twice a year and will be reported through Eliza's CEO report, therefore coming off this list of committees. The Corporate Compliance Workplan was reviewed and updated during the recent meeting. 	This committee will be taken off the list of committees to report monthly.
Credentialing/ Privileging Committee	<ul style="list-style-type: none"> John Follet, on behalf of the Credentialing Committee, presented the following new employees: <ul style="list-style-type: none"> Gabrielle Sheridan, Medical Assistant Karen Avery, Registered Nurse <p>Nancy Brenner moved to approve the credentialing for the slate of new employees. Lee Manchester seconded the motion.</p>	<p>The Board voted unanimously to approve the credentialing and privileging of the entire slate of new employees.</p> <p>Bridget Rida, HR Manager to notify employee(s) of the granted credentials/privileges.</p>
Facilities Committee	<ul style="list-style-type: none"> Eliza Lake reported that water was cut off in Huntington, and in Russ Jordan's absence was able to make sure a water tanker was secured so that there was no disruption to services. 	
Personnel Committee	<ul style="list-style-type: none"> Eliza Lake reported that the recently approved employee handbook will be sent out next week the approval of the Immunization against Influenza Policy. 	
Strategic Planning	<ul style="list-style-type: none"> This committee has not met. 	

Fundraising Committee (ad hoc)	<ul style="list-style-type: none"> Nancy Brenner reported that the committee met last week. The annual appeal letter went out, 108 donors responded, there was one large gift of \$10K, and an average gift of \$100 and most donors came from the Hilltowns. A potential donor reached out and requested a sponsorship opportunity. Marie Burkart will follow up with a meeting after some suggestions of sponsorship opportunities were discussed at the meeting. The committee agreed that the annual report will be held off until January and will cover 2018-2019. The photo shoot, and vignettes are completed. The annual report will be sent to donors that were not contacted in the annual mailing in hopes of raising more funds. 	
Quality Improvement/Risk Management Committee	Kathryn Jensen reported on the last QI meeting, both dental and medical were more confident in data they are reporting. There was a large discussion of the eCW issue, and that ultimately there were no adverse effects on patients or patient care during that issue.	
Committee Reports	Matt Bannister moved that the committee reports be approved. Lee Manchester seconded the motion.	Committee reports presented at this meeting were approved unanimously.
Old Business	<ul style="list-style-type: none"> John Follet present the Immunization against Influenza Policy. Kathryn Jensen moved to approve the Immunization against Influenza Policy as amended without Board membership included in the mandate. Lee Manchester seconded the motion.	The Board voted unanimously to approve the HR policy.
New Business	<ul style="list-style-type: none"> The following Administrative Policies were reviewed: <ul style="list-style-type: none"> Adverse and Near Miss Incident Policy Conflict of Interest Policy Continuity of Operations Plan Policy Firearms in the Workplace Policy Fire Safety and Evacuation Plan Gift Acceptance Policy Health Center Closure Policy Hours of Operation Legislative Mandates 	The Board voted unanimously to approve the Administrative and Corporate Compliance Policies.

	<ul style="list-style-type: none"> ○ Patient Complaint and Grievance Policy ○ Policies Policy ○ Quality Improvement Program ● The following policies will be updated as procedures only and do not require a vote: <ul style="list-style-type: none"> ○ Electronic Information for Collection and Use Procedure ○ Social Media Procedure ○ Telephone Coverage Procedure ○ Patient Satisfaction Survey Procedure <p>Matt made a motion to approve the entire slate of Administrative Policies. Wendy seconded the motion.</p> <ul style="list-style-type: none"> ● The following Corporate Compliance policy was reviewed: <ul style="list-style-type: none"> ○ Corporate Compliance Program <p>Kathryn Jensen made a motion to approve the Corporate Compliance Policy. Matt Bannister seconded the motion.</p>	
Next Meeting	<p>With no further business to discuss, Kathryn Jensen made a motion to adjourn this meeting and Alan Gaitenby seconded the motion. The motion was approved.</p> <p>The meeting adjourned at 7:55pm. The next scheduled meeting is set for October 10, 2019 at 5:30pm in Huntington.</p>	

Respectfully submitted,
Tabitha Griswold, Executive Assistant

HILLTOWN COMMUNITY HEALTH CENTERS
FINANCIAL SUMMARY FOR BOARD MEETING October 10, 2019

August 2019 Results

In August 2019 we had a Net Operating Surplus of \$88,009 and an overall Surplus of \$176,685.

The Net Operating Surplus is \$97,754 better than budgeted and mostly the result of the utilization of grants.

The Overall Surplus was due to \$76,201 in capital grant revenue, Dental equipment \$36,432 and conferencing/e-visit capabilities \$39,769. We also had non-operating donations of \$12,475.

Regarding YTD through August 2019 we had a Net Operating Deficit of \$111,419 and an overall Surplus of \$114,249. The Net Operating YTD Deficit is \$159,839 better than budgeted.

The YTD Visit and Net Revenue per visit are summarized as follows:

<u>YTD Visits</u>	Act.	Bud.	Over (Under) Budget
Medical	12,033	11,270	763
Dental	11,129	12,109	(980)
Beh. Health	2,725	2,584	141
Optometry	1,578	1,597	(19)

<u>YTD Net Rev. Per Visits</u>	Act.	Bud.	Over (Under) Budget
Medical	\$144.86	\$142.52	\$2.34
Dental	\$115.92	\$113.78	\$2.14
Beh. Health	\$88.81	\$84.92	\$3.89
Optometry	\$87.45	\$84.76	\$2.70

We continue to watch cash flows very carefully, however we did notice a slight improvement from the prior month. Operating cash on-hand is only 12 days.

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

Hilltown CHC
Dashboard And Summary Financial Results
August 2019

	Actual YTD Aug. 2018	Actual YTD Dec. 2018	Actual YTD Mar. 2019	Actual YTD Jun. 2019	Actual YTD Aug 2019	Notes on Trend	Cap Link TARGET	COMMENT
<u>Liquidity Measures</u>								
Operating Days Cash	5	9	10	5	12	Measures the number of days HCHC can cover daily operating cash needs.	> 30-45 Days	Not Meeting Benchmark
Current Ratio	0.84	0.83	0.73	0.81	0.99	Measures HCHC's ability to meet current obligations.	>1.25	Not Meeting Benchmark
Patient Services AR Days	35	36	36	33	32	Measures HCHC's ability to bill and collect patient receivables	< 60-75 Days	Doing Better than Benchmark
Accounts Payable Days	64	29	33	45	48	Measures HCHC's ability to pay bills	< 45 Days	Not Meeting Benchmark
<u>Profitability Measures</u>								
Net Operational Margin	-5.3%	-4.8%	-9.1%	-3.1%	-2.0%	Measures HCHC's Financial Health	> 1 to 3%	Not Meeting Benchmark
Bottom Line Margin	3.5%	1.2%	-8.7%	-2.7%	2.1%	Measures HCHC's Financial Health but includes non-operational activities	> 3%	Not Meeting Benchmark
<u>Leverage</u>								
Total Liabilities to Total Net Assets	28.6%	32.6%	38.0%	34.3%	33.8%	Measures HCHC's total Liabilities to total Net Assets	< 30%	Not Meeting Benchmark
<u>Operational Measures</u>								
Medical Visits	11,643	18,166	4,638	9,048	12,033			
Net Medical Revenue per Visit	\$ 144.92	\$ 143.59	\$ 140.35	\$ 145.41	\$ 144.86			
Dental Visits	10,127	15,537	4,272	8,681	11,129			
Net Dental Revenue per Visit	\$ 115.23	\$ 112.76	\$ 114.63	\$ 115.08	\$ 115.92			
Behavioral Health Visits	2,762	4,306	1,089	2,079	2,725			
Net BH Revenue per Visit	\$ 93.52	\$ 87.74	\$ 78.93	\$ 89.08	\$ 88.81			
Optometry Visits	1,532	2,381	592	1,178	1,578			
Net Optometry Revenue per Visit	\$ 88.35	\$ 86.40	\$ 83.62	\$ 92.71	\$ 87.45			

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

	August 2019 Actual	August 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	212,944	174,785	38,159	1,743,099	1,606,151	136,948	1,687,330	55,769
Visits	1,442	1,210	232	12,033	11,270	763	11,643	390
Revenue/Visit	\$ 147.67	\$ 144.45	\$ 3.22	\$ 144.86	\$ 142.52	\$ 2.34	\$ 144.92	\$ (0.06)
Patient Services - Dental	147,485	189,841	(42,356)	1,290,078	1,377,724	(87,646)	1,166,977	123,101
Visits	1,273	1,658	(385)	11,129	12,109	(980)	10,127	1,002
Revenue/Visit	\$ 115.86	\$ 114.50	\$ 1.36	\$ 115.92	\$ 113.78	\$ 2.14	\$ 115.23	\$ 0.69
Patient Services - Beh. Health	23,618	24,794	(1,176)	242,004	219,433	22,571	258,313	(16,309)
Visits	279	285	(6)	2,725	2,584	141	2,762	(37)
Revenue/Visit	\$ 84.65	\$ 87.00	\$ (2.34)	\$ 88.81	\$ 84.92	\$ 3.89	\$ 93.52	\$ (4.72)
Patient Services - Optometry	23,076	16,936	6,140	137,999	135,356	2,643	135,357	2,642
Visits	221	197	24	1,578	1,597	(19)	1,532	46
Revenue/Visit	\$ 104.42	\$ 85.97	\$ 18.45	\$ 87.45	\$ 84.76	\$ 2.70	\$ 88.35	\$ (0.90)
Patient Services - Optometry Hardware	7,747	7,000	747	61,735	58,163	3,572	56,151	5,584
Patient Services - Pharmacy	19,477	16,000	3,477	83,490	99,717	(16,227)	80,661	2,829
Quality & Other Incentives	807	276	531	36,339	19,294	17,045	10,953	25,386
HRSA 330 Grant	268,921	186,492	82,429	1,228,701	1,255,683	(26,982)	1,113,029	115,672
Other Grants & Contracts	48,043	60,533	(12,490)	569,706	519,726	49,980	653,691	(83,985)
Int., Dividends Gain /(Loss) Investments	(5,957)	19,530	(25,487)	35,813	57,240	(21,427)	24,676	11,137
Rental & Misc. Income	4,002	2,567	1,435	22,427	20,245	2,182	20,930	1,497
Total Operating Revenue	750,163	698,754	51,409	5,451,391	5,368,732	82,659	5,208,068	243,323
Compensation and related expenses								
Salaries and wages	425,708	477,837	(52,129)	3,667,827	3,797,581	(129,754)	3,803,185	(135,358)
Payroll taxes	31,502	36,555	(5,053)	287,915	293,404	(5,489)	283,259	4,656
Fringe benefits	36,356	41,536	(5,180)	310,054	331,225	(21,171)	316,043	(5,989)
Total Compensation & related expenses	493,566	555,928	(62,362)	4,265,796	4,422,210	(156,414)	4,402,487	(136,691)
No. of week days	22	22	-	174	174	-	175	-
Staff cost per week day	\$ 22,435	\$ 25,269	\$ (2,835)	\$ 24,516	\$ 25,415	\$ (899)	\$ 25,157	\$ (641)

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

	August 2019 Actual	August 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	108	350	(242)	7,044	11,703	(4,659)	3,608	3,436
Bad debt	5,628	5,075	553	103,900	55,047	48,853	48,803	55,097
Computer support	5,087	6,537	(1,450)	54,821	51,977	2,844	63,462	(8,640)
Conference and meetings	283	405	(122)	5,978	2,919	3,059	3,761	2,217
Continuing education	3,897	3,870	27	24,184	26,120	(1,936)	11,818	12,366
Contracts and consulting	3,140	3,470	(330)	58,051	25,923	32,128	23,521	34,530
Depreciation and amortization	27,651	27,651	(0)	221,205	221,205	(0)	128,521	92,684
Dues and membership	3,743	3,134	609	24,439	23,754	685	23,537	903
Equipment leases	2,145	2,107	38	19,049	16,817	2,232	16,564	2,484
Insurance	2,107	2,119	(12)	16,882	16,942	(60)	15,278	1,604
Interest	1,339	1,352	(13)	10,777	11,041	(264)	11,800	(1,023)
Legal and accounting	2,188	2,888	(701)	18,517	21,700	(3,184)	22,504	(3,988)
Licenses and fees	3,377	4,660	(1,283)	31,674	35,343	(3,669)	38,042	(6,368)
Medical & dental lab and supplies	9,878	12,100	(2,222)	86,675	92,039	(5,364)	85,078	1,597
Merchant CC Fees	1,793	1,515	278	12,701	12,088	613	12,220	481
Office supplies and printing	7,550	3,586	3,964	27,992	26,680	1,312	34,140	(6,148)
Postage	2,176	1,575	601	10,976	12,546	(1,570)	11,722	(746)
Program supplies and materials	19,961	19,400	561	155,775	152,726	3,049	174,261	(18,486)
Pharmacy & Optometry COGS	10,398	10,340	58	68,428	78,822	(10,394)	60,199	8,229
Recruitment	5,300	225	5,075	9,324	900	8,424	340	8,985
Rent	8,752	5,538	3,214	52,058	45,756	6,302	34,889	17,169
Repairs and maintenance	15,970	14,024	1,946	108,626	107,024	1,602	120,584	(11,958)
Small equipment purchases	8,015	175	7,840	14,411	4,999	9,412	6,048	8,363
Telephone/Internet	13,227	13,695	(468)	102,879	109,493	(6,614)	89,658	13,221
Travel	1,348	2,280	(932)	15,951	16,174	(223)	16,603	(652)
Utilities	3,526	4,500	(974)	34,699	38,042	(3,343)	36,560	(1,860)
Loss on Disposal of Assets	-	-	-	-	-	-	-	-
Total Other Operating Expenses	168,588	152,571	16,017	1,297,014	1,217,780	79,234	1,093,520	203,495
Net Operating Surplus (Deficit)	88,009	(9,745)	97,754	(111,419)	(271,258)	159,839	(287,939)	176,519
NON-OPERATING ACTIVITIES								
Donations, Pledges & Contributions	12,475	-	12,475	141,394	430	140,964	52,288	89,106
Loan Forgiveness	-	-	-	-	-	-	-	-
Capital Grants	76,201	-	76,201	84,274	115,234	(30,960)	404,993	(320,719)
Net Non-operating Surplus (Deficit)	88,676	-	88,676	225,668	115,664	110,004	457,281	(231,613)
NET SURPLUS/(DEFICIT)	176,685	(9,745)	186,430	114,249	(155,594)	269,843	169,342	(55,094)

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

	Aug.	Aug. Budget	Over (Under) Budget	YTD	YTD Budget	Over (Under) Budget	PY YTD	Cur. v. PY YTD
<u>Operating</u>								
Medical	\$ 1,568	\$ (29,491)	\$ 31,059	\$ (207,499)	\$ (341,052)	\$ 133,553	\$ (186,700)	\$ (20,799)
Dental	(24,806)	6,885	(31,691)	(142,454)	(80,953)	(61,501)	(196,694)	\$ 54,240
Behavioral Health	26,249	138	26,111	51,435	17,705	33,730	36,287	\$ 15,148
Optometry	7,524	(1,881)	9,405	(11,535)	(21,065)	9,530	(4,799)	\$ (6,736)
Pharmacy	17,478	14,859	2,619	79,994	92,227	(12,233)	75,409	\$ 4,585
Community	604	(120)	724	(919)	(17,880)	16,961	3,362	\$ (4,281)
Fundraising	(238)	(4,958)	4,720	(31,980)	(39,719)	7,739	(46,988)	\$ 15,008
Admin. & OH	59,630	4,823	54,807	151,539	119,479	32,060	32,184	\$ 119,355
Net Operating Results	\$ 88,009	\$ (9,745)	\$ 97,754	\$ (111,419)	\$ (271,258)	\$ 159,839	\$ (287,939)	\$ 176,520
<u>Non Operating</u>								
Donations	\$ 12,475	\$ -	\$ 12,475	\$ 141,394	\$ 430	\$ 140,964	\$ 52,288	\$ 89,106
Capital Project Revenue	76,201	-	76,201	84,274	115,234	(30,960)	404,993	\$ (320,719)
Total	\$ 88,676	\$ -	\$ 88,676	\$ 225,668	\$ 115,664	\$ 110,004	\$ 457,281	\$ (231,613)
Net	\$ 176,685	\$ (9,745)	\$ 186,430	\$ 114,249	\$ (155,594)	\$ 269,843	\$ 169,342	\$ (55,093)

Hilltown Community Health Centers
Balance Sheet - Monthly Trend

	Actual Dec 2018	Actual Mar 2019	Actual Jun 2019	Actual Jul 2019	Actual Aug 2019	Budget Aug 2019	Over (Under) Aug 2019
Assets							
Current Assets							
Cash - Operating Fund	\$ 197,997	\$ 242,277	\$ 127,634	\$ 203,663	\$ 276,035	\$ 15,612	\$ 260,423
Cash - Internally Restricted	6,152	12,404	16,974	105,066	111,448	4,902	106,545
Patient Receivables	945,217	1,013,085	1,003,848	979,376	1,005,907	950,000	55,907
Less Allow. for Doubtful Accounts	(109,786)	(133,664)	(182,145)	(173,750)	(177,371)	(120,000)	(57,371)
Less Allow. for Contractual Allowances	(317,200)	(351,978)	(322,364)	(337,355)	(362,030)	(350,000)	(12,030)
A/R 340B-Pharmacist	32,188	11,707	27,251	21,334	21,359	5,000	16,359
A/R 340B-State	1,827	1,827	1,827	1,827	1,827	1,827	-
Contracts & Grants Receivable	69,673	63,523	135,003	115,378	244,696	65,000	179,696
Prepaid Expenses	14,866	20,962	71,882	23,389	19,649	11,021	8,627
A/R Pledges Receivable	28,828	15,360	15,360	16,660	16,560	8,360	8,200
Total Current Assets	869,761	895,504	895,270	955,587	1,158,080	591,723	566,357
Property & Equipment							
Land	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	-
Improvements	911,848	929,483	929,483	929,483	929,483	911,848	17,635
Leasehold Improvements	1,933,674	1,933,674	1,933,674	1,933,674	1,933,674	1,933,674	-
Equipment	1,288,156	1,293,868	1,293,868	1,293,868	1,370,069	1,288,156	81,913
Construction in Progress	-	-	-	-	-	115,234	(115,234)
Total Property and Equipment	6,952,096	6,975,444	6,975,444	6,975,444	7,051,644	7,067,330	(15,686)
Less Accumulated Depreciation	(2,430,365)	(2,513,317)	(2,596,269)	(2,623,919)	(2,651,570)	(2,651,570)	-
Net Property & Equipment	4,521,731	4,462,127	4,379,175	4,351,525	4,400,075	4,415,760	(15,686)
Other Assets							
Restricted Cash	53,713	53,721	53,748	53,762	53,771	53,712	58
Pharmacy 340B and Optometry Inventory	11,811	13,494	13,540	13,131	14,053	11,909	2,144
Investments Restricted	6,661	7,446	7,861	7,861	7,861	6,661	1,200
Investment - Vanguard	227,889	258,439	267,882	269,940	263,921	268,090	(4,169)
Total Other Assets	300,074	333,100	343,031	344,693	339,605	340,372	(768)
Total Assets	\$ 5,691,566	\$ 5,690,731	\$ 5,617,476	\$ 5,651,805	\$ 5,897,760	\$ 5,347,856	\$ 549,904
Liabilities & Fund Balance							
Current & Long Term Liabilities							
Current Liabilities							
Accounts Payable	\$ 164,918	\$ 208,209	\$ 299,353	\$ 244,976	\$ 314,530	\$ 225,000	\$ 89,530
Notes Payable	300,000	300,000	237,270	222,363	207,963	190,000	17,963
Sales Tax Payable	56	44	66	11	25	-	25
Accrued Expenses	60,334	51,693	54,879	62,812	70,745	50,000	20,745
Accrued Payroll Expenses	386,764	511,383	371,976	418,473	418,104	326,750	91,354
Payroll Liabilities	20,702	13,947	17,152	16,388	17,931	16,000	1,931
Unemployment Escrow	826	826	826	826	826	826	-
Line of Credit (\$100,000 Limit)	-	-	-	-	-	-	-
Deferred Contract Revenue	120,296	143,579	123,018	128,698	136,272	124,693	11,579
Total Current Liabilities	1,053,896	1,229,681	1,104,540	1,094,548	1,166,395	933,269	233,127
Long Term Liabilities							
Mortgage Payable United Bank	167,900	163,512	159,117	157,635	156,161	156,607	(445)
Mortgages Payable USDA Huntington	176,837	173,542	170,253	169,126	168,022	168,707	(685)
Total Long Term Liabilities	344,737	337,054	329,370	326,760	324,183	325,314	(1,131)
Total Liabilities	1,398,633	1,566,735	1,433,910	1,421,308	1,490,578	1,258,582	231,996
Fund Balance / Equity							
Fund Balance Prior Period	4,292,933	4,123,996	4,183,566	4,230,497	4,407,182	4,089,273	317,908
Total Fund Balance / Equity	4,292,933	4,123,996	4,183,566	4,230,497	4,407,182	4,089,273	317,908
Total Liabilities & Fund Balance	\$ 5,691,566	\$ 5,690,731	\$ 5,617,476	\$ 5,651,805	\$ 5,897,760	\$ 5,347,856	\$ 549,904
Current Ratio	0.83	0.73	0.81	0.87	0.99	0.63	



Hilltown Community Health Centers, Inc.

Administration

SUBJECT: NAME OF POLICY – SLIDING FEE DISCOUNT PROGRAM (SFDP)

REGULATORY REFERENCE: HRSA/BPHC [Public Health Service Act 330(k)(3)(G) and Code of Federal Regulations – 42 CFR Part c.303(f)]

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) Board of Directors have adopted this policy to make available a sliding fee discount program to ensure that no patient will be denied health care services provided by HCHC due to an inability to pay or 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 the provision of services.

This policy includes a formal documented process designed to provide free or discounted care to those who have no means, or limited means, to pay for their medical, optometry, behavioral health and dental services (Uninsured or Underinsured). The HCHC Navigators and the Billing Manager's role under this policy is to act as a patient advocate, that is, one who works with the patient and/or guarantor to find reasonable payment alternatives.

Discounts are offered based on family size and annual household income which is documented through the completion of the "Sliding Fee Discount Application".

The Sliding Fee Discount Program will only be made available for medical, dental, optometry and behavioral health clinic visits. Sliding Fee Discounts are not available for Optometry and/or Dental hardware, such as dentures and eye glasses and not for those services or equipment that are purchased from outside, including reference laboratory testing, drugs, and x-ray interpretation by a consulting radiologist, and other such services.

The Federal Poverty Guidelines, <http://aspe.hhs.gov/poverty>, are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility.

Policy:

To make available discount services to those in need.

No patient will be denied health care services provided by HCHC due to an inability to pay or on the basis of age, gender, race, sexual orientation, creed, religion, disability, or national origin.

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

Originally Drafted: JANUARY 2013

Reviewed or Revised: OCTOBER 2019

Approved by Board of Directors, Date: September 28, 2016

Approved by:

Name: Eliza B. Lake

Date: 10/10/2019

Eliza B. Lake

Chief Executive Officer, HCHC

Name: John Follet, MD

Date: 10/10/2019

John Follet, MD

President, HCHC Board of Directors

Procedure: The following guidelines are to be followed in providing the Sliding Fee Discount Program.

1. **Notification:** HCHC will notify patients of the Sliding Fee Discount Program by:
 - Notification of Sliding Fee Discount Program in the clinic waiting area.
 - Notification of the Sliding Fee Discount Program will be offered to each patient upon registration as a patient of HCHC.
 - Notification of financial assistance on each invoice and collection notice sent out by HCHC.
 - An explanation of our Sliding Fee Discount Program and our application form are available on HCHC's website.
2. **All patients** seeking healthcare services at HCHC are assured that they will be served regardless of ability to pay. **No one is refused service because of lack of financial means to pay.**
3. **Request for discount:** Requests for discounted services may be made by patients, family members, social services staff or others who are aware of existing financial hardship. The Sliding Fee Discount Program will only be made available for medical, dental, optometry and behavioral health clinic visits. Sliding Fee Discounts are not available for Optometry or Dental hardware and not for those services or equipment that are purchased from outside, including reference laboratory testing, drugs, and x-ray interpretation by a consulting radiologist, and other such services. Information and forms can be obtained from the Front Desk, Billing Department and from Navigators.
4. **Administration:** The Sliding Fee Discount Program procedure will be administered through the Finance Department / Billing Manager or their designee. Information about the Sliding Fee Discount Program policy and procedure will be provided and assistance offered for completion of the application with Navigators and /or the Billing Manager. Dignity will be respected and confidentiality maintained for all who seek and/or are provided charitable services.
5. **Alternative payment sources:** All alternative payment resources must be exhausted, including all third-party payment from insurance(s) and Federal and State programs, including Health Safety Net (HSN).
6. **Completion of Application:** The patient/responsible party must complete the Sliding Fee Discount Program application in its entirety. Every effort will be made to collect the required family income information in conjunction with any Mass Health and/or HSN applications. By signing the application, persons authorize HCHC access in confirming income as disclosed on the application form. Providing false information may result in the Sliding Fee Discount Program discounts being revoked and the full balance of the

account(s) restored and payable under the HCHC Credit and Collection Policy.

7. **Eligibility:** Sliding Fee Discounts will be based on income and family size only. HCHC uses the Census Bureau definitions of each.
 - a. Family is defined as: a group of two people or more (one of whom is the head of household) related by birth, marriage, or adoption and residing together and any person who is claimed as a dependent for Federal tax purposes; all such people (including related subfamily members) are considered as members of one family.
 - b. Income includes: earnings, unemployment compensation, workers' compensation, Social Security, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. Noncash benefits (such as SNAP benefits and housing subsidies) do not count as income.
 - c. Income verification: Applicants must provide one of the following: prior year W-2, prior year federal tax return (1040, etc.), two most recent pay stubs, letter from employer, or Form 4506-T (if W-2 not filed). Self-employed individuals will be required to submit detail of the most recent three months of income and expenses for the business and prior year Federal Form 1040 Schedule C. Adequate information must be made available to determine eligibility for the program. Self-declaration of Income may only be used in special circumstances. Specific examples include participants who are homeless. Patients who are unable to provide written verification must provide a signed statement of income, and why they are unable to provide independent verification. Self-declared patients will be responsible for 100% of their charges until management determines the appropriate category.
8. **Discounts:** Those with incomes at or below 100% of poverty will receive a full 100% discount. Those with incomes above 100% of poverty, but at or below 200% of poverty, will be charged according to the attached sliding fee schedule. The sliding fee discount schedule will be applied to any standard charges or any remaining charges after any insurance payment. The sliding fee schedule will be updated during the first quarter of every calendar year with the latest federal poverty guidelines (FPG), <http://aspe.hhs.gov/poverty>.
9. **Nominal Fee:** Patients receiving a full discount **will not** be assessed a nominal charge per visit.

10. **Waiving of Charges:** In certain situations, patients may not be able to pay the discount fee. Waiving of charges may only be used in special circumstances and must be approved by HCHC's CEO, CFO, or their designee. Any waiving of charges should be documented in the patient's file along with an explanation (e.g., ability to pay, good will, health promotion event).
11. **Applicant notification:** The Sliding Fee Discount Program determination will be provided to the applicant(s) in writing, and will include the percentage of Sliding Fee Discount Program write off, or, if applicable, the reason for denial. If the application is approved for less than a 100% discount or denied, the patient and/or responsible party must immediately establish payment arrangements with HCHC. Sliding Fee Discount Program applications cover outstanding patient balances for six months prior to application date and any balances incurred within 12 months after the approved date, unless their financial situation changes significantly. The applicant has the option to reapply after the 12 months have expired or anytime there has been a significant change in family income. When the applicant reapplies, the look back period will be the lesser of six months or the expiration of their last Sliding Fee Discount Program application.
12. **Refusal to Pay:** If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services, the patient will be contacted in writing regarding their payment obligations. If the patient is not on the sliding fee schedule, a copy of the sliding fee discount program application will be sent with the notice. If the patient does not make effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point in time, HCHC can implement procedures under the HCHC Credit and Collection Policy.
13. **Record keeping:** Information related to Sliding Fee Discount Program decisions will be maintained and preserved in a centralized confidential file located in the Billing Department Manager's Office.
14. **Policy and procedure review:** Annually, all aspects of the SFDP will be reviewed, including the nominal fee from the perspective of the patient to ensure it does not create a financial barrier to care. The SFDP will be reviewed by the CEO and/or CFO and presented to the Board of Directors for further review and approval. The review process will include a method to obtain feedback from patients. The Sliding Fee Scale will be updated based on the current Federal Poverty Guidelines. Pertinent information comparing amount budgeted and actual community care provided shall serve as a guideline for future budget planning. This will also serve as a discussion base for reviewing possible changes in our policy and procedures and for examining institutional practices which may serve as barriers preventing eligible patients from having access to our community care provisions.

15. **Referral contracts:** All HCHC referral contracts must include a clause detailing that HCHC patients receive services on a discounted fee equal to or better than the SFDS criteria of the Health Center Program. If the referral provider offers the services discounted on a SFDS with income at or below 250% FPG, as long as health center patients at or below 200% of the FPG receive a greater discount for these services than if the health center's SFDS were applied to the referral provider's fee schedule, and patients at or below 100% of the FPG receive no charge or only a nominal charge for the services, the referral arrangement is in compliance.

QI-RISK MANAGEMENT COMMITTEE

Location: Huntington Health Center

Date/Time: 08/20/2019 9:15am

TEAM MEMBERS: Kathryn Jensen (chair), Board Representative; Jon Liebman, ANP; Cynthia Magrath, Practice Manager; Michael Purdy, CCCSO; Franny Huberman, Behavioral Health Representative; Eliza Lake, CEO; Kim Savery, Community Programs Representative; Dawn Flatt, Director of Clinical Operations; Tabitha Griswold, Executive Assistant

ABSENT: Seth Gemme, Board Representative; MaryLou Stuart, Dental Representative

Agenda Item	Summary of Discussion	Decision/ Next Steps/ Person Responsible/ Due Date
Review of July 16, 2019 Minutes	The meeting was called to order by Kathryn Jensen at 9:15 am. The minutes from July 16, 2019 meeting were reviewed. Kim Savery motioned to approve, Michael Purdy seconded the motion.	July 16, 2019 Minutes were approved unanimously.
Old Business	There was no old business to report.	
Risk Management	<ul style="list-style-type: none">• Michael Purdy reported that there has not been any incidents to report.• Michael reported that there is the ongoing risk to patient care due to the staffing shortage. There will be a loss of two providers in Amherst at the end of October- beginning of November. There will not be a full time provider in Amherst following those departures. Management is re-configuring existing provider's schedules to cover the Amherst site. Jon Liebman discussed briefly on health disparities in relation to the Amherst site and staffing shortages. Michael reported that when management is making decisions on provider schedules, health disparities will be considered. In response, Jon will work to develop metrics to report health disparities to the committee.• Michael reported that there is a risk with the recent loss of a domestic violence victim's advocate. However, Kim Savery has several applicants and interviews lined up to fill the 1.5 FTE positions.• Eliza Lake reported that she received written confirmation that none of HCHC's patient data was compromised during the eCW issue in June. She also confirmed that the corrupt database still in our possession will only be available to two staff members for two months and then will be held solely by CDH. Eliza has also started conversations with CDH regarding restitution.	
Medical Department	<ul style="list-style-type: none">• Jon Liebman reported that there are no incidents to report.• Jon has been trying to incorporate data from Azara to the Medical dashboard, which is still ongoing.• Jon reported that there continues to be risk in the medical department with staff keeping up on outstanding imaging and lab results. The problem being	

	<p>that if the results are not received after being ordered, those results may be missed. However, Jon reported that this issue is getting better in the last month, as the medical department is fully staffed with MA's and RN's. Jon also stated that pre-visit planning is to be implemented again. Jon stated that there is still a large number of patients without a primary provider, and will grow with the departing providers. There are providers doing coverage on imaging and lab results that they did not order, and there have been near misses on catching issues within those results. There is also an issue of administrative mistakes with labs coming back under the wrong provider name. This continues to be an issue of non- continuity of care.</p>	
Dental Department	<ul style="list-style-type: none"> • Cynthia Magrath reported for Dental this month in MaryLou Stuart's absence. The department has been able to reduce (by 10%) the number of children with caries high risk to medium risk. There continues to be a small percentage of low risk. This reduction in risk has been achieved by implementing second fluorides in between regular cleaning. Education and partnership with nutrition has also been advantageous. The molar numbers are good but numbers are being affected by parents that refuse treatment by sealing their children's molars. The department has been using tracking codes which has been making data pulling easier. • Cynthia reported on one patient complaint. A patient received a full mouth series and her insurance did not cover the cost. Cynthia spoke to the patient and explained the requirement by the department to conduct full mouth series every three years. The complaint was resolved by having the patients chart marked to give her notice when those series are due so that the patient can budget that payment. • Cynthia reported that the department is still short one dental assistant and will be losing on dentist in a month. There are active interviews being done now with a Dentist position candidate. 	.
Six-month QI summary	<ul style="list-style-type: none"> • Kathryn reported on the Six-month QI Summary Report for January through June 2019. This report is pulled together as a summary of the minutes during those months. No comments made on the report by the committee. This report will be shared with the Board at next month's meeting. <p>Kim Savery motioned to recommend the Six-month QI Summary Report to the Board. Michael Purdy seconded the motion.</p>	The Six-month QI Summary Report was approved unanimously.
Quality Improvement Program Policy	<ul style="list-style-type: none"> • Kathryn presented the Quality Improvement Program Policy. No changes needed by the committee in the policy. <p>Michael Purdy motioned to approve the Quality Improvement Program Policy for Board review. Dawn Flatt seconded the motion.</p>	The Quality Improvement Program Policy was approved unanimously.
Adjourn	Eliza Lake recommended that Gail Mayeaux, consultant attend next month's meeting and may have some best practice advice for the group.	

	Katheryn Jensen moved that the meeting be adjourned, the meeting was adjourned at 9:53 am. The next meeting is scheduled for Tuesday, September 17, 2019 at 9:15am at the Huntington Health Center.	
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Respectfully submitted,
Tabitha Griswold, Executive Assistant

QI-RISK MANAGEMENT COMMITTEE

Location: Huntington Health Center

Date/Time: 09/17/2019 9:15am

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

ABSENT: Seth Gemme, Board Representative; MaryLou Stuart, Dental Representative; Michael Purdy, CCCSO; Dawn Flatt, Director of Clinical Operations

Agenda Item	Summary of Discussion	Decision/ Next Steps/ Person Responsible/ Due Date
Review of August 20, 2019 Minutes	<p>The meeting was called to order by Kathryn Jensen at 9:30 am. It was delayed by the late release of the previous meeting of Department Heads.</p> <p>The minutes from August 20, 2019 meeting were reviewed.</p> <p>Cynthia Magrath motioned to approve, Kim Savery seconded the motion.</p>	August 20, 2019 Minutes were approved unanimously.
Old Business	There was no old business to report.	
Meeting Process Discussion	<ul style="list-style-type: none">• Kathryn Jensen opened up a discussion on dashboard metrics as related to each department. This discussion was directed at looking at current metrics, beyond what is required by HRSA requirements. Kathryn discussed increasing the reporting on improvements on certain metrics. Eliza discussed the importance of having metrics that are actionable, especially when looking at measures that could be affected more by the larger health system (i.e., cost of insurance, deductibles, etc. leading to no shows), and recognize those that may not be actionable by HCHC directly.<ul style="list-style-type: none">○ The group discussed the medical department measuring access to care by sub-group and location to help better determine health disparities.○ In the Dental Department, most quality measures were created directly by the department. The standards for those metrics are largely determined by the American Dental Association. For instance, the current process of categorizing children by risk categories is one of the most useful tools to quality related to child patients.○ Community Programs currently has a quarterly report on each program within the department. This quarterly report could be used to determine quality improvement within the department○ Incidents and other departmental monthly agenda items, including operational issues like staffing, have historically been reported with in each department's report but are really risk management issues. Incidents, legal issues, health center operational challenges, and patient complaints will be sent to Michael Purdy, Risk Manager, and he will include them in his monthly risk management report to the Committee.	

	<ul style="list-style-type: none"> ○ Quality agenda items will be more focused on quality improvement projects, not solely on the data. ○ After a discussion of timing, it was agreed that all Department Heads will report their data by quarter, even if the meetings at which they are scheduled to report isn't for a couple of months. All Department Heads will send their reports out to the entire committee (through Tabitha), and will review each other's reports prior to the meeting so that the discussion can be on quality improvement. ● Eliza Lake reported that through the efforts of developing a communication plan with the help of Gail Mayeaux, HMA consultant, a Monthly newsletter will be delivered to staff that will include different quality measures each month. Eliza explained that there will be more discussion at future meetings on what the committee would like to put forth for quality measures in that newsletter. ● Kathryn will be doing a new schedule on dashboard reporting for the following year. 	
Adjourn	Katheryn Jensen moved that the meeting be adjourned, the meeting was adjourned at 10:06 am. The next meeting is scheduled for Tuesday, October 15, 2019 at 9:15am at the Huntington Health Center.	

Respectfully submitted,
Tabitha Griswold, Executive Assistant



Policy Title: Reproductive Health Services Policy	Policy Number: ADM-19
Department: Admin	Policy status: Active- Replaces Women's Reproductive Health Services Policy
Regulatory Reference: Section 330 of the US Public Health Service Act; Consolidated Appropriations Act, 2016, Pub. L. No. 114-113, §§ 506-507, 129 STAT. 2242, 2649 (2015); M.G.L. c. 111, § 70E	
Date Published: DEC 2016	
Dates Reviewed: MAY 2018, September 2019	
Dates Revised: September 2019	

PURPOSE:

Hilltown Community Health Center (HCHC) is committed to high standards and compliance with all applicable laws and regulations.

The purpose of the Reproductive Health Services Policy and Procedure is to provide safeguards to ensure HCHC's compliance with laws and regulations relating to the provision of women's reproductive health services affecting health centers that receive federal grant funds under Section 330 of the Public Health Service Act ("Section 330") through the U.S. Department of Health and Human Services ("HHS").

POLICY:

Compliance with Section 330

Under Section 330, Health Center is required to provide, either directly or through contracts or formal written referral arrangements, voluntary family planning services. HRSA defines voluntary family services in the Service Descriptor Guide as the following:

"Voluntary family planning services are appropriate counseling on available reproductive options consistent with Federal, state, local laws and regulations. These services may include management/treatment and procedures for a patient's chosen method (e.g., vasectomy, subdermal contraceptive placement, IUD placement, tubal ligation)."

Compliance with the Hyde Amendment

HCHC does not provide abortion services. Therefore, in providing reproductive health services as a component of its Section 330-supported health center program, HCHC will assure compliance with the Hyde Amendment. The Hyde Amendment is a statutory provision included as part of the annual HHS

Appropriations legislation, which prohibits health centers from using federal funds to provide abortions (except in cases of rape or incest, or where a woman suffers from a physical disorder, physical injury, or physical illness, including a life endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed).

The Hyde Amendment prohibits the performance of abortion procedures, as well as the administration of drugs and devices that are used for “medication” abortions that terminate an early pregnancy (up to 70 days from the date of the patient’s last menstrual cycle) rather than prevent implantation, including, but are not limited to, administration of the combination of RU-486 (Mifepristone or Mifeprex) and Misoprostol, unless the abortion procedure or medication abortion fits within one of those explicit Hyde Amendment exceptions. The Hyde Amendment does not prohibit the use of drugs or devices to prevent implantation of a fertilized ovum.

Compliance with Public Health Service Regulations

HCHC does not provide abortion services directly, but if HCHC furnishes an abortion referral in the event the patient is the survivor of rape or incest or if the patient’s life would be endangered, HCHC will maintain adequate documentation and certifications as required under 42 C.F.R. §§50.304, 50.306 and 45 C.F.R. Part 75.

Compliance with Prohibition on Coercion

In providing reproductive health services as a component of its Section 330-supported health center program, HCHC will assure compliance with statutory requirements, as set forth in 42 U.S.C. §300a-8, which prohibits all HCHC employed and contracted staff from coercing or endeavoring to coerce any person to undergo an abortion by threatening such person with the loss of, or disqualification for the receipt of, any benefit or other health center services

Conscience Protections

HCHC will implement this Policy and Procedure in a manner that complies with applicable statutes and regulations that provide protections in health care for individuals and entities on the basis of religious beliefs or moral convictions, including but not limited to the conscience protections related to abortion, sterilization, and certain other health services applicable to the Department of Health and Human Services and recipients of certain Federal funds encompassed by [42 U.S.C. §300a-7](#) (the “Church Amendments”).

Providing Access to FDA-Approved Contraceptive Methods

Health Center will, upon request, provide patients with information regarding the management/treatment, as appropriate, for a patient’s chosen family planning method. Such management/treatment information may address vasectomy, tubal ligation, and placement of long-acting reversible contraception (*e.g.*, IUDs and implants).

Staff Certification

All Health Center employees and contractors who provide clinical services and non-clinical support services are required to comply with this Reproductive Health Services Policy and Procedure by signing and returning the certification attached to this document as Exhibit A.

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

Approved by Board of Directors on: _____
Approved by:

Chief Executive Officer, HCHC

HCHC Board of Directors

Guidelines for Reproductive Health Services Procedure

PURPOSE:

The purpose of this procedure is to provide guidelines for the providing comprehensive reproductive care while ensuring compliance with laws and regulations relating to the provision of reproductive health services.

CONTACTS

Role	Name	Phone#	Email
Medical Director	Jon Liebman	413-667-2003	jliebman@hchcweb.org
Assistant Medical Director			

PROCEDURE:

Voluntary Family Planning Services Training.

All HCHC Staff, regardless of their specific job or position descriptions, duties performed or services provided, will be trained on Section 330 requirements applicable to voluntary family planning services including, but not limited to, the required scope of voluntary family planning services, as well as prohibitions and limitations on providing abortions within the Section 330-supported health center program and coercing or endeavoring to coerce any person to undergo an abortion. HCHC shall maintain records indicating the completion of such training in the applicable personnel file.

Pregnancy Options Counseling.

If a woman is identified as pregnant, Health Center staff may provide nondirective pregnancy counseling regarding the following options:

- a. prenatal care and delivery;
- b. infant care, foster care, or adoption; and
- c. pregnancy termination.

Nondirective counseling is designed to assist the patient in making a free and informed decision. In order for counseling to be nondirective, the options must be presented in a factual, objective, and unbiased manner. Nondirective counseling does not mean that the counselor is uninvolved in the process or that

counseling and education offer no guidance, but instead that patients take an active role in processing their experiences and identifying the direction of the interaction. In nondirective counseling, the counselor promotes the patient's self-awareness and empowers the patient to be informed about a range of options, consistent with the patient's expressed need. The permissive nature of nondirective pregnancy counseling affords the counselor the ability to discuss the risks and side effects of each option, so long as this counsel in no way coerces or endeavors to coerce a patient to undergo an abortion, as set forth below. Nondirective counseling permits the patient to ask questions and to have those questions answered by a medical professional.

Prohibition on Coercion.

HCHC Staff are strictly prohibited from coercing or endeavoring to coerce any person to undergo an abortion by threatening such person with the loss of, or disqualification for the receipt of, any benefit or other health center services.

Referrals for a Pregnant Patient

Once a patient is medically verified as pregnant, HCHC may provide referrals for follow-up care in accordance with ACOG guidelines.

Provision of Abortions that Comply with the Hyde Amendment

HCHC will not provide abortions under any situation, regardless of whether the abortion fits within a Hyde Amendment exception, as described above.

Massachusetts Legal Requirements

As required by Massachusetts law, female rape survivor's survivors at risk of pregnancy have the right to receive written information about emergency contraception, to be promptly offered emergency contraception, and to be provided with emergency contraception upon request. HCHC providers are required, at a minimum, to provide such written information, and they must offer and initiate emergency contraception if the patient so requests.

HCHC's Reproductive Health Services Policy and Procedure shall be reviewed periodically and updated consistent with the requirements established by the Board of Directors, HCHC's senior management, federal and state law and regulations, and applicable accrediting and review organizations.

REVIEWED BY:

EXHIBIT A

CERTIFICATION OF COMPLIANCE WITH THE WOMEN'S REPRODUCTIVE HEALTH SERVICES POLICY AND PROCEDURE

I hereby acknowledge and certify that I have received and reviewed a copy of the HCHC Reproductive Health Services Policy and Procedure and I understand that it represents a mandatory policy of HCHC.

By signing this form below, I agree to abide by the Reproductive Health Services Policy and Procedure during the term of employment, contract, or agency or while otherwise authorized to serve on HCHC's behalf.

Please return this completed, signed Certification of Commitment to the Human Resources Coordinator.

Date

Signature

Printed Name



Policy Title: School Based Health Center Policy	Policy Number: SBHC-01
Department: Clinical	Policy status: Active-New
Regulatory Reference:	
Date Published: OCT 2019	
Dates Reviewed:	
Dates Revised:	

PURPOSE:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to ensure that, except in the cases where there is a policy or procedure for the School-Based Health Center (SBHC) on a specific topic that differs from an organizational policy, the SBHC is governed by all policies and procedures of HCHC. The agency maintains and annually reviews the SBHC procedure manual.

POLICY:

1. SBHC staff will be aware and adhere to all HCHC policies and procedures.
2. SBHC staff will be aware and adhere to all SBHC as well as relevant Gateway Regional School District Policies as applicable.
3. There will be a documented review process for all SBHC procedures annually.

Questions regarding this policy or any related procedure should be directed to the directed to the SBHC Manager at 413-667-0142.

Approved by Board of Directors on: _____

Approved by:

Chief Executive Officer, HCHC

HCHC Board of Directors