

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

## BOARD MEETING November 14, 2019 WORTHINGTON HEALTH CENTER 5:30 PM

#### **AGENDA**

- 1. Call to Order
- 2. Approval of the October 29, 2019 Meeting Minutes (Vote Needed)
- 3. Finance Committee Report for September (Vote Needed)
  - Form 990
- 4. Committee Reports (as needed) (Vote Needed)
  - Executive Committee
  - Quality Improvement
    - October QI Meeting Minutes
  - Fundraising
  - Credentialing/ Privileging
    - 1. Re-credentialing and Re-privileging
      - Dr. Sheri Cheung, MD
      - Franny Huberman, LICSW
      - Jaime Gogol, Medical Assistant
      - Cindy McCready, Medical Assistant
      - Joanna Martin, Nutritionist
      - Andrea Reed, LPN
    - 2. Initial Credentialing and Privileging
      - Wenola Tauro, Pharmacy Student
    - 3. Re-Privileging
      - Patricia McManam, Behavioral Health
      - Dr. Warren Graham, DMD
      - Jessica Beverly, Dental Assistant
      - Kiirsten Cooper, Dental Assistant
      - Dr. Emily Bowden, DMD
  - Personnel
  - Facilities
  - Recruiting, Orientation, and Nominating (RON)
    - Board Composition Plan
  - Strategic Planning
- 5. Chief Executive Officer / Senior Manager Reports
- 6. Old Business
  - Final review of HRSA OSV
- 7. New Business
  - Dental Fee Schedule (Vote Needed)
  - Provider Recruitment Policy (Vote Needed)
  - Health Center Closure Policy-Updated (Vote Needed)
  - BOD Committees List- Updated
- 8. Adjourn

# **BOARD MEETING MINUTES**

Date/Time: 10/29/2019 5:30pm

**Huntington Health Center** 

**MEMBERS:** John Follet, President; Kathryn Jensen, Clerk; Lee Manchester; Alan Gaitenby; Jenicca Gallagher; Nancy Brenner, Vice President; Deb Leonczyk, Treasurer; Seth Gemme; Kate Albright-

Hanna

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

Assistant

ABSENT: Maya Bachman; Matt Bannister; Wendy Long;

Agenda Item	Summary of Discussion	Decisions/ Next Steps/ Person Responsible Due Date
Review of Minutes 09/12/2019	John Follet called the meeting to order at 5:30 pm.  The minutes from the meeting of September 12, 2019 were reviewed.	September 12, 2019 Board minutes as amended were approved by all
	Deb Leonczyk moved to approve the September Board minutes. Nancy Brenner seconded the motion, which was approved by those present.	present
Finance Committee	<ul> <li>Deb Leonczyk discussed Finance Committee notes from the previous meeting as Frank Mertes reported on the August results earlier in October. 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.</li> <li>Frank reported on a recently negotiated contract with CVS to expand the 340B Program for increased revenue.</li> </ul>	The Board voted unanimously to approve the finance committee report.  The Board voted unanimously to approve the categories as they stand based on an

	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 discount program in reducing financial barriers to care. Frank was able to contact the full sample of patients between 101-200% 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.  Lee Manchester moved to accept the categories as they stand based on an analysis of patients utilizing the SFDP, Seth Gemme seconded the motion.  Nancy Brenner moved to approve the finance report, Kathryn Jensen seconded the motion.					
CEO Report	the past month. There has been great strides made in recruiting Nurse Practitioners with two part time hires, one fulltime and several in the recruitment pipeline. There have been extensive conversations with medical staff at all					

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, Michael Purdy, the CCCSO, has taken over many of the functions of the vacant Clinical Director position, including Quality Improvement, until we are able to hire a replacement. The staffing crunch will start this month for the Amherst site. If the Amherst site needs to be closed to medical patients, staff are working on developing systems to ensure patients receive service. Franklin County has been willing to take on patients, and a HIPAA-compliant Uber ride share service to help patients with transportation has been contracted.

 Eliza presented the analysis of HCHC's 2018 patient population (all departments) zip codes and the determination of where 76% of the patients came from, and the resulting proposed service area map. Eliza stated that this would be the service area used in the 2019 community needs assessment.

# Deb Leonczyk moved to accept the service area map as proposed. Alan Gaitenby seconded the motion.

- Eliza reported on the results of 2019's annual conflict of interest disclosures for Board members and Senior Management. Each of the conflicts were discussed, as was the potential need for Board members to recuse themselves from a Board discussion and/or vote, should a conflict exist.
  - 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

The Board voted unanimously to approve the HCHC 2019 Service Area Map.

- o 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.
- E. Lake: Trustee of Cooley Dickinson Health Care Corp., Board Member of Community Care Cooperative, Board Member of Mass League of Community Health Centers.
- 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 preparing for telehealth implementation. The new carts are being launched and used for ASL, which will be the first but not their only use. 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 directly with HCHC (as opposed to the League), and will pick back up at that time with new funding from the League. Senior management worked with Gail on a new organizational chart that will address our need for significantly more management and operational support staff. Gail also worked with HR on a recruitment system for efficiency and information collecting, and expanding the 340B program.
- Eliza discussed changes in HCHC's scope of services, which are outlined in Form 5A on the HRSA Electronic Handbooks, that are required to ensure that HCHC is

accurately reflecting the services it provides to HRSA. This is a critical element of our compliance, and dictates the coverage for our employees and Board members through the Federal Tort Claims Act (FTCA). In addition, she will update the ZIP codes on Form 5B, which lists all of our sites and the area that they serve.

- Remove mental health from column II on Form 5A due to the only contracted BH employee becoming a full employee.
- Remove family planning from column III entirely due to the written referral agreement with Tapestry not being a bi-directional agreement, and due to HCHC employees providing the services on-site
- Remove after hours coverage from column II as our contract with Crocker Communications does not provide any clinical support; it is a forwarding service only
- Remove General Primary Care from column II, as the contracted podiatric nurse in the HOPE Program is no longer being paid by HCHC.
- Change Form 5B to update the zip codes by site to
   75% of patient population for each site specifically.

Deb Leonczyk moved to accept the proposed changes in scope as listed and Alan Gaitenby seconded the motion.

- C3 is relooking at methodology for creating each member's Total Cost of Care (TCOC) budget, which is the standard by which each health center is judged in terms of controlling costs. The methodology has been based on historical costs, but will be transitioning to a market-based budget. C3 noted that while the larger organization earned a surplus in 2018 due to lower than budgeted costs, the majority of its members did not. As a member organization, the C3 leadership decided to change the methodology for each health center to the higher of the two budgets. Many health centers including HCHC will therefore owe C3 much less, if any, money back, and many will be sharing in the surplus; instead of owing ~\$8,000, HCHC may get a very small amount back.
- The newly established regular meetings of HCHC managers had its second meeting this month. There was productive

The Board voted unanimously to approve the proposed Changes in Scope. Eliza will submit them to HRSA prior to the site visit.

- conversation that helped facilitate good communication and creative problem solving amongst the group. Eliza is hoping to this will be a productive forum for trainings in the future.
- Federal 330 funding is effective until Nov 21<sup>st</sup> under a Continuing Resolution (CR), but there is no clarity on what will happen after that date. Congress is focused on the issue of impeachment, and continue to fund the government through CRs through the winter, or possibly through the entire federal fiscal year. Eliza will continue to update the Baord on the situation. As HCHC's federal grant year starts on June 1<sup>st</sup>, we would be unaffected unless there is a government shut-down at that time.
- The Governor's health reform bill was released on October 18<sup>th</sup> and contains a commitment to increase spending on primary care and behavioral health by 30% over the next three years. It also include the creation of a fund to support financially distressed health centers and community hospitals. And it includes all of the scope of practice changes that we have been discussing for many years: expanded authority for Nurse Practitioners (although not the full independence that most bills include), expansion of optometrists scope, and the creation of a dental therapist category of provider. All of these would help us in the provision of care to our patients. While the hope was to have the health reform bills from the House and Senate released in this calendar year, it is looking less likely. The concern is that the health reform effort will not be finished in time for the end of the legislative session next summer, which is what happened this year.
- The new monthly communications update was sent out to all staff in October. The November newsletter is being developed.
- HCHC has won a quality award for distinction from the Massachusetts Quality Health Partners in empowering self-care, which is the second year in a row that HCHC has won a quality award from MQHP. This award is based on commercially insured patient survey results. Eliza is able to attend the award dinner in Boston this year. Eliza also shared a recent outstandingly satisfied patient email.

Recruitment, Orientation & Nominating (RON) Committee	The Board Composition and recruiting process will be reviewed at an upcoming committee meeting scheduled for the beginning of November. The committee also plans on discussing potentially changing the scope of this committee.	The Board
Credentialin g/ Privileging Committee	<ul> <li>John Follet, on behalf of the Credentialing Committee, presented the following employees for privileging:         <ul> <li>Jodi Bridgman, Dental Hygienist</li> <li>Alexandra Kowalczyk (Newly certified Dental Assistant)</li> </ul> </li> <li>Nancy Brenner moved to accept the employees listed above, seconded by Seth Gemme.</li> <li>John Follet, on behalf of the Credentialing Committee presented the following initial credentialing and privileging:         <ul> <li>Ellen Chechile, RN Supervisor (Amherst)</li> </ul> </li> <li>Alan Gaitenby moved to accept the employee above and Lee Manchester seconded the motion.</li> <li>David Dionne, RN (Nurse Practitioner Student)</li> </ul>	The Board voted unanimously to approve the credentialing and privileging of the entire slate of new employees.  Bridget Rida, HR Manager to notify employee(s) of the granted credentials/pri
	<ul> <li>Robyn Laferriere, RN</li> <li>Jessica LaMontagne, RN</li> <li>Nancy Brenner moved to approve the credentialing for the</li> </ul>	vileges.
	slate of employees. Lee Manchester seconded the motion.	
Facilities Committee	<ul> <li>Alan Gaitenby briefly stated that the teleconferencing install is ongoing and will be wrapping up soon.</li> </ul>	
Personnel Committee	<ul> <li>This committee has not met. Eliza stated that there is work on scheduling an all staff meeting for December, and an all staff email going out soon in anticipation of inclement on a reminder of the site closure procedure, given the onset of winter weather.</li> </ul>	
Strategic Planning	<ul> <li>This committee has not met. Strategic Planning will begin in January for the creation of a new Plan for 2020-2023.</li> </ul>	

Fundraising Committee	<ul> <li>Nancy Brenner reported that the committee met last week, where the committee reviewed the Annual Report template. The content of the annual report is in draft, and Marie Burkart is working with Paradise Copies on the design. In February 2020 it will just be a matter of gathering financials and UDS data to include. This report will cover two years and is slated to be sent out in late winter. The committee was also asked for feedback on hiring the new Development Director, and what qualities should be weighted when looking at candidates.</li> </ul>	
Quality Improve- ment/Risk Managemen t Committee	<ul> <li>Kathryn Jensen reported on the August and September QI meetings. There was an open forum at the September QI meeting to discuss suggestions on meeting content and quality improvement projects. Some improvements to the meeting included having all incidents being reported on by the risk management officer, and not several times throughout the meeting, as well as department quarterly dashboards being sent regularly at the end of the quarter to then be present on at the appropriate meeting according to the calendar. This will also help to allow member the time to look at data ahead and suggest QI projects based on that data. The meeting allowed for a lot of ideas to be generated in short amount of time.</li> </ul>	
Committee Reports	Alan Gaitenby moved that the committee reports be approved.  Jenicca Gallagher seconded the motion.	Committee reports presented at this meeting were approved unanimously.
Old Business	<ul> <li>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.     </li> <li>Nancy Brenner moved to accept the revised Reproductive Health Policy, Jenicca Gallagher seconded the motion.</li> </ul>	The Board voted unanimously to approve the HR policy.
New Business	<ul> <li>The School Based Health Center Policy was discussed as being an omnibus policy following a recent meeting with SBHC management and through a review of the SBHC specific policies. This policy outlines the inclusion of SBHC</li> </ul>	

Executive Session Next	day. Eliza will send out a doodle Poll with field availability on that Wednesday.  Alan Gaitenby moved that the Board move to executive session and Nancy Brenner seconded the motion.  The meeting adjourned at 7:55pm. The next scheduled meeting	
	<ul> <li>in all HCHC policies and procedures where there is not a specific SBHC policy or procedure.</li> <li>Nancy Brenner moved to accept the School Based Health Center Policy as written. Jenicca Gallagher seconded the motion.</li> <li>Eliza reported that HRSA reached out and would like an hour meeting with the Board during their OSV in November. There is possibility of being able to Zoom members in during a lunch time meeting on the second</li> </ul>	The Board voted unanimously to approve the SBHC policy.

Respectfully submitted, Tabitha Griswold, Executive Assistant

#### **QI-RISK MANAGEMENT COMMITTEE**

Location: Huntington Health Center Date/Time: 10/15/2019 9:15am

**TEAM MEMBERS:** Kathryn Jensen (chair), Board Representative; Jon Liebman, ANP; Franny Huberman, Behavioral Health Representative; Kim Savery, Community Programs Representative; Michael Purdy, CCCSO; MaryLou Stuart, Dental Representative; Tabitha Griswold, Executive Assistant

ABSENT: Seth Gemme, Board Representative; Cynthia Magrath, Practice Manager; Eliza Lake, CEO

Agenda Item	Summary of Discussion	Decision/ Next Steps/ Person Responsible/ Due Date						
Review of	The meeting was called to order by Kathryn Jensen at 9:30 am.	September 17,						
September 17,		2019 Minutes						
2019 Minutes	The minutes from September 17, 2019 meeting were reviewed.	were approved unanimously.						
	Michael Purdy motioned to approve, Kim Savery seconded the motion.							
Old Business	There was no old business to report.							
Risk	Michael Purdy reported that no new incidents or legal issues to report.							
Management	Michael reported that there is an agency wide general concern with the future							
	loss of medical providers at this time. This will increase the amount of concern							
	about coverage by the four remaining providers, and these remaining							
	providers. Active recruitment efforts, include through agencies, are in place and showing some success. As a take away note-Michael stressed that as this							
	staffing crisis continues it will be pertinent for the committee to continue to							
	track quality measures through the data available to assure quality throughout							
	the staffing crisis.							
Behavioral	Franny Huberman reported that the department continues to struggle without							
Health	a BH coordinator in the first and second quarters of the year. The waitlist and							
Department	referrals are impacted by this and are currently being managed by reception,							
	which effects continuity and accuracy. There are currently 120 referrals, 97							
	patients on the waitlist and 15 patients on the School Based Health Center							
	waitlist, with an additional 20 patients on the waitlist at the Chester school. It							
	has been difficult to fill the newest BH providers schedule without a							
	coordinator. The BH provider in Amherst has been able to add another day in							
	Amherst, and her schedule is full with the two days there. There is an overwhelming theme at all sites that BH is needed but limited in space and							
	coordination to help expand. Michael added that senior management is							
	currently writing a job description for a BH coordinator to support the							
	department. He also added that recently there has been some shift with							
	reception to have one person help schedule BH patients specifically.							
Eye Care	Michael reported that there is no standard eye care dashboard, even after							
Department	reaching out to colleagues to find one. Michael will work on a dashboard to							

	include metrics such as top diagnoses and conditions that can cause adverse effects. He will also look at actionable metrics such as patients with diabetes and getting them in for exams.	
6-month QI Summary	• Kathryn presented the 6-month QI Summary report for January through June 2019. In the future, reporting will be more focused on data driven issues, not just listing out the challenges. A discussion ensued on different metrics and how to obtain the most accurate data for any reporting, including data derived from C3. It was suggested by the committee to have one sole person parsing out data and analyzing.	
Adjourn	Katheryn Jensen moved that the meeting be adjourned, the meeting was adjourned at 10:00 am. The next meeting is scheduled for <b>Tuesday, November 19, 2019</b> at 9:15am at the Huntington Health Center.  Note: Time for the next meeting was changed after the meeting to <b>Tuesday, November 5, 2019</b> at 9:15am at the Huntington Health Center.	

Respectfully submitted, Tabitha Griswold, Executive Assistant

# HILLTOWN COMMUNITY HEALTH CENTERS FINANCIAL SUMMARY FOR BOARD MEETING November 14, 2019

#### September 2019 Results

In September 2019 we had a Net Operating Loss of \$79,116 and an overall Loss of \$55,489. This brought our YTD results to a Net Operating Loss to \$190,498 and our overall Surplus to \$58,797.

The September Net Overall loss is \$2,321 better than budgeted. This is mostly due to the receipt of Mavis Roland Trust Fund contribution of approx. \$20k.

Regarding YTD through September 2019 we had a Net Operating Deficit of \$190,498 and an overall Surplus of \$58,797. The Net Operating YTD Deficit is \$138,569 better than budgeted.

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

YTD Visits	Act.	Bud.	Over (Under) Budget			
0.41: 1	12 121	12.720				
Medical	13,431	12,720	711			
Dental	12,376	13,636	(1,260)			
Beh. Health	3,084	2,954	130			
Optometry	1,735	1,792	(57)			

YTD Net Rev.	Act.	Bud.	Over (Under)		
Per Visits			Budget		
Medical	\$146.08	\$142.72	\$3.35		
Dental	\$116.56	\$113.86	\$2.70		
Beh. Health	\$90.54	\$85.18	\$5.36		
Optometry	\$94.20	\$84.85	\$9.35		

We continue to watch cash flows very carefully, however we did notice a 1 day reduction as compared to the prior month. Operating cash on-hand is only 11 days.

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

# Hilltown CHC Dashboard And Summary Financial Results September 2019

	Actual YTD Aug. 2018	Actual YTD Dec. 2018	Actual YTD Mar. 2019	Actual YTD Jun. 2019	Actual YTD Aug 2019	Actual YTD Sep 2019	Notes on Trend	Cap Link TARGET	COMMENT
Liquidity Measures	2010	2010	2013	2013	2013	2013	Notes on French		
Operating Days Cash	5	9	10	5	12	11	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	0.96	Measures HCHC's ability to meet current obligations.	>1.25	Not Meeting Benchmark
Patient Services AR Days	35	36	36	33	32	35	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	38	Measures HCHC's ability to pay bills	< 45 Days	Doing Better than Benchmark
<u>Profitability Measures</u>									
Net Operational Margin	-5.3%	-4.8%	-9.1%	-3.1%	-2.0%	-3.1%	Measures HCHC's Financial Health	> 1 to 3%	Not Meeting Benchmark
Bottom Line Margin	3.5%	1.2%	-8.7%	-2.7%	2.1%	1.0%	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%	32.6%	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	13,431			
Net Medical Revenue per Visit	\$ 144.92	\$ 143.59	\$ 140.35	\$ 145.41	\$ 144.86	\$ 146.08			
Dental Visits	10,127	15,537	4,272	8,681	11,129	12,376			
Net Dental Revenue per Visit	\$ 115.23	\$ 112.76	\$ 114.63	\$ 115.08	\$ 115.92	\$ 116.56			
Behavioral Health Visits	2,762	4,306	1,089	2,079	2,725	3,084			
Net BH Revenue per Visit	\$ 93.52	\$ 87.74	\$ 78.93	\$ 89.08	\$ 88.81	\$ 90.54			
Optometry Visits	1,532	2,381	592	1,178	1,578	1,735			
Net Optometry Revenue per Visit	\$ 88.35	\$ 86.40	\$ 83.62	\$ 92.71	\$ 87.45	\$ 94.20			

# Hilltown Community Health Centers Income Statement - All Departments

Period Ending Sep. 2019

	Sep. 2019 Actual	Sep. 2019 Budget	Over (Under) Budget		YTD Total Actual	YTD Total Budget	C	ver (Under) Budget	YTD PY Actual	er (Under) . v. PY YTD
OPERATING ACTIVITIES										
Revenue										
Patient Services - Medical	218,840	209,300	9,540	)	1,961,939	1,815,451		146,488	1,886,585	75,354
Visits	1,398	1,450	(52	2)	13,431	12,720		711	13,067	364
Revenue/Visit	\$ 156.54	\$ 144.34	\$ 12.19	\$	146.08	\$ 142.72	\$	3.35	\$ 144.38	\$ 1.70
Patient Services - Dental	152,427	174,841	(22,414	-)	1,442,506	1,552,565		(110,059)	1,333,407	109,099
Visits	1,247	1,527	(280	))	12,376	13,636		(1,260)	11,454	922
Revenue/Visit	\$ 122.23	\$ 114.50	\$ 7.74	\$	116.56	\$ 113.86	\$	2.70	\$ 116.41	\$ 0.14
Patient Services - Beh. Health	37,223	32,190	5,033	;	279,226	251,623		27,603	284,780	(5,554)
Visits	359	370	(11	)	3,084	2,954		130	3,129	(45)
Revenue/Visit	\$ 103.69	\$ 87.00	\$ 16.69	\$	90.54	\$ 85.18	\$	5.36	\$ 91.01	\$ (0.47)
Patient Services - Optometry	25,438	16,693	8,745	;	163,437	152,049		11,388	150,658	12,779
Visits	157	195	(38	3)	1,735	1,792		(57)	1,726	9
Revenue/Visit	\$ 162.03	\$ 85.61	\$ 76.42	\$	94.20	\$ 84.85	\$	9.35	\$ 87.29	\$ 6.91
Patient Services - Optometry Hardware	7,983	7,000	983	;	69,719	65,163		4,556	64,400	5,319
Patient Services - Pharmacy	12,888	16,000	(3,112	2)	96,378	115,717		(19,339)	105,913	(9,535)
Quality & Other Incentives	545	276	269	)	36,884	19,569		17,315	11,103	25,781
HRSA 330 Grant	66,492	120,479	(53,987	()	1,295,193	1,376,162		(80,969)	1,232,675	62,518
Other Grants & Contracts	68,517	57,773	10,744		638,223	577,499		60,724	711,291	(73,068)
Int., Dividends Gain /(Loss) Investments	5,108	2,530	2,578	3	40,968	59,770		(18,802)	26,782	14,186
Rental & Misc. Income	1,133	2,567	(1,434	-)	23,559	22,812		747	27,511	(3,952)
Total Operating Revenue	596,594	639,649	(43,055	j)	6,048,032	6,008,380		39,652	5,835,105	212,927
Compensation and related expenses										
Salaries and wages	427,831	467,702	(39,871	)	4,095,658	4,265,283		(169,625)	4,251,563	(155,905)
Payroll taxes	31,264	35,779	(4,515	6	319,179	329,183		(10,004)	313,729	5,450
Fringe benefits	35,599	41,499	(5,900	9)	345,654	372,724		(27,070)	352,784	(7,130)
Total Compensation & related expenses	494,694	544,980	(50,286	5)	4,760,491	4,967,190		(206,699)	4,918,076	(157,585)
No . of week days	21	21	-		195	195		-	195	-
Staff cost per week day	\$ 23,557	\$ 25,951	\$ (2,395	\$)	24,413	\$ 25,473	\$	(1,060)	\$ 25,221	\$ (808)

# Hilltown Community Health Centers Income Statement - All Departments

Period Ending Sep. 2019

	Sep. 2019	Sep. 2019	Over (Under)	YTD Total	YTD Total	Over (Under)	YTD PY	Over (Under)
Other Operating Expenses	Actual	Budget	Budget	Actual	Budget	Budget	Actual	Cur. v. PY YTD
Advertising and marketing	798	350	448	7,842	12,053	(4,211)	4,437	3,405
Bad debt	14,920	5,075	9,845	118,820	60,122	58,699	67,853	50,967
Computer support	4,761	6,537	(1,776)	59,583	58,514	1,068	67,920	(8,338)
Conference and meetings	434	405	29	6,412	3,324	3,088	3,761	2,651
Continuing education	1,219	3,870	(2,651)	25,403	29,990	(4,587)	13,720	11,683
Contracts and consulting	1,821	3,470	(1,649)	59,871	29,393	30,478	24,214	35,657
Depreciation and amortization	27,651	27,651	(1,042)	248,855	248,855	50,478	157,605	91,250
Dues and membership	1,743	3,134	(1,390)	26,183	26,888	(705)	25,658	525
Equipment leases	2,373	2,107	266	21,422	18,924	2,498	18,558	2,864
Insurance	2,107	2,119	(12)	18,989	19,061	(72)	17,348	1,641
Interest	1,329	1,344	(12)	12,106	12,385	(279)	13,439	(1,333)
Legal and accounting	2,188	2,888	(700)	20,704	24,588	(3,884)	24,671	(3,967)
Licenses and fees	3,165	4,660	(1,495)	34,847	40,003	(5,156)	41,339	(6,492)
Medical & dental lab and supplies	7,435	12,100	(4,665)	94,110	104,139	(10,029)	101,033	(6,922)
Merchant CC Fees	1,812	1,515	297	14,513	13,603	910	13,759	754
		3,586					37,097	
Office supplies and printing	2,153		(1,433)	30,145	30,266	(121)		(6,953)
Postage	250	1,575	(1,325)	11,226	14,121	(2,895)	13,645	(2,420)
Program supplies and materials	19,010	19,500	(490)	174,785	172,226	2,559	186,659	(11,874)
Pharmacy & Optometry COGS	33,365	10,340	23,025	101,793	89,162	12,631	94,473	7,320
Recruitment	3,449	- 520	3,449	12,773	900	11,873	340	12,434
Rent	17,630	5,538	12,092	69,688	51,294	18,394	42,012	27,676
Repairs and maintenance	12,380	14,064	(1,685)	121,005	121,089	(84)	130,192	(9,187)
Small equipment purchases	-	175	(175)	14,411	5,174	9,237	6,048	8,363
Telephone/Internet	13,918	13,697	221	116,797	123,190	(6,393)	102,411	14,385
Travel	2,137	2,280	(143)	18,087	18,454	(366)	19,024	(937)
Utilities	2,971	4,500	(1,529)	37,670	42,539	(4,870)	39,955	(2,286)
Loss on Disposal of Assets		-	-	-	-	-	-	-
Total Other Operating Expenses	181,016	152,479	28,538	1,478,039	1,370,257	107,782	1,267,173	210,866
Net Operating Surplus (Deficit)	(79,116)	(57,810)	(21,306)	(190,498)	(329,068)	138,569	(350,144)	159,646
NON-OPERATING ACTIVITIES								
	23,627		23,627	165,021	430	164,591	56 120	108,883
Donations, Pledges & Contributions	23,027	-		103,021	430	104,391	56,138	100,883
Loan Forgiveness	-	-	-	94.274	115 224	(20.050)	404.002	(220.710)
Capital Grants	- 22.725	-	22 (25	84,274	115,234	(30,960)	404,993	(320,719)
Net Non-operating Surplus (Deficit)	23,627	-	23,627	249,295	115,664	133,631	461,131	(211,836)
NET SURPLUS/(DEFICIT)	(55,489)	(57,810)	2,321	58,797	(213,404)	272,200	110,987	(52,190)

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

				Ov	er (Under)				Ov	er (Under)		C	ur. v. PY
	Sep.	Sep	. Budget		Budget	YTD	Ϋ́	TD Budget		Budget	PY YTD		YTD
<u>Operating</u>													
Medical	\$ (28,022)	\$	(49,934)	\$	21,912	\$ (235,521)	\$	(390,986)	\$	155,465	\$ (235,674)	\$	153
Dental	(464)		(5,245)		4,781	(142,919)		(86,198)		(56,721)	(209,998)	\$	67,079
Behavioral Health	7,596		811		6,785	59,031		18,516		40,515	34,049	\$	24,982
Optometry	8,724		(1,341)		10,065	(2,811)		(22,406)		19,595	(5,559)	\$	2,748
Pharmacy	13,512		14,859		(1,347)	93,506		107,086		(13,580)	101,580	\$	(8,074)
Community	(6,950)		(2,070)		(4,880)	(7,869)		(19,950)		12,081	(2,752)	\$	(5,117)
Fundraising	(419)		(4,770)		4,351	(32,408)		(44,489)		12,081	(51,921)	\$	19,513
Admin. & OH	 (73,094)		(10,120)		(62,974)	 78,493		109,359		(30,866)	20,131	\$	58,362
Net Operating Results	\$ (79,117)	\$	(57,810)	\$	(21,307)	\$ (190,498)	\$	(329,068)	\$	138,570	\$ (350,144)	\$	159,646
Non Operating													
Donations	\$ 23,627	\$	-	\$	23,627	\$ 165,021	\$	430	\$	164,591	\$ 56,138	\$	108,883
Capital Project Revenue	 -				-	 84,274		115,234		(30,960)	 404,993	\$	(320,719 <sub>)</sub>
Total	\$ 23,627	\$	-	\$	23,627	\$ 249,295	\$	115,664	\$	133,631	\$ 461,131	\$	(211,836)
Net	\$ (55,490)	\$	(57,810)	\$	2,320	\$ 58,797	\$	(213,404)	\$	272,201	\$ 110,987	\$	(52,190)

Hilltown Community Health Centers						
Balance Sheet - Monthly Trend	Actual	Actual	Actual	Actual	Budget	Over (Under)
	Dec	Mar	Jun	Sep	Sep	Sep
	2018	2019	2019	2019	2019	2019
Assets						
Current Assets						
Cash - Operating Fund	\$ 197,997	\$ 242,277		\$ 247,021	\$ 55,738	\$ 191,282
Cash - Internally Restricted	6,152	12,404	16,974	115,136	4,402	110,733
Patient Receivables	945,217	1,013,085	1,003,848	1,047,726	950,000	97,726
Less Allow. for Doubtful Accounts	(109,786)				(120,000)	(67,240)
Less Allow. for Contractual Allowances	(317,200)	(351,978)	(322,364)		(330,000)	(11,228)
A/R 340B-Pharmacist	32,188	11,707	27,251	17,410	5,000	12,410
A/R 340B-State	1,827	1,827	1,827	1,827	1,827	-
Contracts & Grants Receivable	69,673	63,523	135,003	103,962	65,000	38,962
Prepaid Expenses	14,866	20,962	71,882	30,204	9,521	20,682
A/R Pledges Receivable	28,828	15,360	15,360	16,360	8,360	8,000
Total Current Assets	869,761	895,504	895,270	1,051,178	649,849	401,329
Property & Equipment						
Land	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	=
Improvements	911,848	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	-
Equipment	1,288,156	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	7,051,644	7,067,330	(15,686)
Less Accumulated Depreciation	(2,430,365)	(2,513,317)		(2,679,220)	(2,679,220)	-
Net Property & Equipment	4,521,731	4,462,127	4,379,175	4,372,424	4,388,110	(15,686)
1 2 11						
Other Assets						
Restricted Cash	53,713	53,721	53,748	53,780	53,712	67
Pharmacy 340B and Optometry Inventory	11,811	13,494	13,540	14,723	11,909	2,814
Investments Restricted	6,661	7,446	7,861	8,088	6,661	1,426
Investment - Vanguard	227,889	258,439	267,882	268,784	287,620	(18,836)
Total Other Assets	300,074	333,100	343,031	345,374	359,902	(14,529)
Total Assets	\$ 5,691,566	\$ 5,690,731	\$ 5,617,476	\$ 5,768,976	\$ 5,397,861	\$ 371,115
Liabilities & Fund Balance						
Current & Long Term Liabilities						
Current Liabilities						
Accounts Payable	\$ 164,918	\$ 208,209	\$ 299,353	\$ 251,991	\$ 225,000	\$ 26,991
Notes Payable	300,000	300,000	237,270	189,963	170,000	19,963
Sales Tax Payable	56	44	66	32	-	32
Accrued Expenses	60,334	51,693	54,879	84,056	50,000	34,056
Accrued Payroll Expenses	386,764	511,383	371,976	436,649	410,900	25,749
Payroll Liabilities	20,702	13,947	17,152	19,861	16,000	3,861
Unemployment Escrow	826	826	826	826	826	-
Line of Credit (\$100,000 Limit)	-	-	=	-	-	-
Deferred Contract Revenue	120,296	143,579	123,018	112,271	122,693	(10,422)
Total Current Liabilities	1,053,896	1,229,681	1,104,540	1,095,650	995,419	100,232
Long Term Liabilities						
Mortgage Payable United Bank	167,900	163,512	159,117	154,684	155,207	(522)
Mortgages Payable USDA Huntington	176,837	173,542	170,253	166,912	167,707	(795)
Total Long Term Liabilities	344,737	337,054	329,370	321,596	322,914	(1,318)
Total Liabilities	1,398,633	1,566,735	1,433,910	1,417,246	1,318,332	98,914
Fund Balance / Equity						
Fund Balance Prior Period	4,292,933	4,123,996	4,183,566	4,351,730	4,079,529	272,201
Total Fund Balance / Equity	4,292,933	4,123,996	4,183,566	4,351,730	4,079,529	272,201
Total Liabilities & Fund Balance	\$ 5,691,566	\$ 5,690,731	\$ 5,617,476	\$ 5,768,976	\$ 5,397,861	\$ 371,115
Current Ratio	0.83	0.73	0.81	0.96	0.65	I

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				chedule
Item ID	Туре	Description	СРТ	Fee
48501	Medical	I&D ABSCESS	10030	\$ 125.00
73990	Medical	DRAINAGE, SKIN ABSCESS (SIMPLE, SINGLE)	10060	\$ 159.00
73991	Medical	DRAINAGE, SKIN ABSCESS (COMPLICATED, MULTIPLE)	10061	\$ 171.63
73994	Medical	REMOVAL of FOREIGN BODY, SIMPLE	10120	\$ 196.00
73997	Medical	PUNCTURE, DRAINAGE OF ABSCESS	10160	\$ 183.00
73999	Medical	DEBRIDE INFECTED SKIN	11000	\$ 55.00
48514	Medical	WOUND DRESSING/DEBRID	11040	\$ 67.00
74005	Medical	DEBRIDE SKIN/TISSUE	11042	\$ 71.18
74011	Medical	BIOPSY, skin, single lesion	11100	\$ 150.00
74012	Medical	BIOPSY, skin, each addl lesion	11101	\$ 29.99
74013	Medical	REMOVAL OF SKIN TAGS =15 LESIONS	11200	\$ 121.00
74014	Medical	REMOVAL, SKIN TAGS ADD-ON	11201	\$ 34.00
74016	Medical	SHAVE TRUNK 1.1-2 CM	11302	\$ 101.23
74026	Medical	EXCIS, BENIGN w/MARG 0.5 < CM	11400	\$ 113.05
74027	Medical	EXC TR-EXT B9 MARG 0.6-1 CM	11401	\$ 134.49
74032	Medical	EXC H-F-NK-SP B9 MARG 0.5 <	11420	\$ 112.27
74051	Medical	EXC TR-EXT MLG MARG 1.1-2 CM	11602	\$ 219.08
74069	Medical	REMOVAL OF NAIL PLATE	11730	\$ 91.11
74072	Medical	REMOVAL OF NAIL BED	11750	\$ 195.00
74081	Medical	INJECTION INTO SKIN LESIONS	11900	\$ 51.10
74097	Medical	INSERT DRUG IMPLANT DEVICE	11981	\$ 129.28
74098	Medical	REMOVE DRUG IMPLANT DEVICE	11982	\$ 148.72
74101	Medical	REPAIR SUPERFICIAL WOUND(S)	12004	\$ 175.29
74133	Medical	REPAIR OF WOUND OR LESION	13100	\$ 292.64
74234	Medical	REMOVAL OF SUTURES	15851	\$ 94.55

**HCHC Fee** 

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				CHC Fee chedule
Item ID	Туре	Description	СРТ	Fee
74266	Medical	DESTRUCTION, 1ST PRE MALIGNANT LESION	17000	\$ 117.00
74267	Medical	DESTRUCTION, BENIGN, 1st LESIONS	17000	\$ 117.00
253021	Medical	DESTRUCTION, 2 - 14 PRE MALIGNANT LESIONS	17003	\$ 7.00
74272	Medical	DESTRUCTION, 1-14 BENIGN LESIONS NOT SKIN TAGS	17110	\$ 160.00
74273	Medical	DESTRUCT LESION, 15 OR MORE	17111	\$ 115.90
74298	Medical	CRYOTHERAPY OF SKIN	17340	\$ 42.36
129844	Medical	INCISION OF ABSCESS	20000	\$ 195.02
129863	Medical	INJ TENDON SHEATH/LIGAMENT	20550	\$ 56.23
129864	Medical	INJECT TENDON ORIGIN/INSERT	20551	\$ 55.51
129865	Medical	INJECT TRIGGER POINT, 1 OR 2	20552	\$ 51.12
129868	Medical	Asp/Inj, INTERMED JOINT (WRIST, ELBOW, ANKLE)	20605	\$ 57.00
129869	Medical	Asp/Inj, LARGE JOINT (SHOULDER, KNEE, HIP)	20610	\$ 72.69
129870	Medical	ASPIRATE/INJ GANGLION CYST	20612	\$ 56.26
131260	Medical	APPLY LONG ARM SPLINT	29105	\$ 81.99
131261	Medical	APPLY FOREARM SPLINT	29125	\$ 63.75
132794	Medical	EXAM OF VAGINA W/SCOPE	57420	\$ 114.11
132796	Medical	COLPOSCOPY OF CERVIX (INCL UPPER/ADJ VAGINA)	57452	\$ 300.00
132798	Medical	BIOPSY OF CERVIX W/SCOPE	57455	\$ 375.00
132844	Medical	INSERT INTRAUTERINE DEVICE	58300	\$ 125.00
132845	Medical	REMOVE INTRAUTERINE DEVICE	58301	\$ 97.16
75683	Medical	REMOVE FOREIGN BODY FROM EYE	65222	\$ 170.00
75769	Medical	CATARACT SURG W/IOL, 1 STAGE	66984	\$ 653.40
48512	Medical	FOREIGN BODY/EAR	69200	\$ 123.50
75920	Medical	CLEAR OUTER EAR CANAL	69205	\$ 98.41
48506	Medical	EAR IRRIGATION	69210	\$ 83.00

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				S	chedule
Item ID	Туре	Description	CPT		Fee
48526	Medical	URINE-NO MICRO	81002	\$	12.00
133844	Medical	URINE PREGNANCY TEST	81025	\$	30.00
133897	Medical	TEST FOR BLOOD, FECES	82270	\$	27.00
196658	Medical	OCCULT BLOOD, FECES, SINGLE	82272	\$	25.00
76033	Medical	ASSAY TEST FOR BLOOD, FECAL	82274	\$	25.00
411511	Medical	ASSAY GLUCOSE BLOOD QUANT	82947	\$	7.50
134049	Medical	GLYCATED HEMOGLOBIN TEST	83036	\$	25.00
411527	Medical	GLYCOSYLATED HEMOGLOBIN TEST	83036	\$	25.00
134255	Medical	CHORIONIC GONADOTROPIN TEST	84702	\$	37.00
48530	Medical	HEMATOCRIT	85013	\$	15.00
48531	Medical	HEMOGLOBIN	85018	\$	5.00
48532	Medical	STREP SCREEN	87430	\$	28.00
140689	Medical	IMMUNIZATION ADMIN	90471	\$	60.00
247824	Medical	EACH ADD' IMMUN.	90472	\$	31.00
138765	Medical	Ea addtl single or combo	90472	\$	31.00
186626	Medical	FLU VACCINE NO PRESERV 3 & >	90656	\$	17.00
72278	Medical	INFLUENZA	90658	\$	17.00
262659	Medical	Fluarix 3 yrs +	90658	\$	17.00
271570	Medical	Influenza quadrivalent 3yr +	90686	\$	17.00
436290	Medical	Flucelevax Quadrivalent 4yrs+older	90756	\$	17.00
196700	Medical	THER/PROPH/DIAG IV INF, INIT	90765	\$	80.19
134614	Medical	REFRACTION	92015	\$	30.00
76600	Medical	AUDIOMETRY, PURE TONE	92552	\$	35.00
134644	Medical	EKG w/ 12 LEADS, Int. & Report	93000	\$	68.00
76673	Medical	EKG w/RHYTHM Int & Rpt	93040	\$	32.00

**HCHC Fee** 

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				S	chedule
Item ID	Туре	Description	CPT		Fee
48518	Medical	SPIROMETRY	94010	\$	68.00
48520	Medical	NEB/MDI RX INITIAL	94640	\$	15.00
134694	Medical	MEASURE BLOOD OXYGEN LEVEL	94760	\$	37.00
134712	Medical	IMMUNOTHERAPY INJECTIONS	95117	\$	36.00
134803	Medical	DEVELOPMENTAL TEST, LIM	96110	\$	45.00
245477	Medical	THER/PROPH/DIAG INJ, SC/IM	96372	\$	60.00
283849	Medical	Medical Nutrition Therapy, New Patient	97802	\$	35.00
283850	Medical	Medical Nutrition Therapy, Established Patient	97802	\$	35.00
76831	Medical	MEDICAL NUTRITION, INDIV, IN	97802	\$	35.00
134886	Medical	MED NUTRITION, INDIV, SUBSEQESTABLISHED PT	97803	\$	35.00
134887	Medical	MEDICAL NUTRITION, GROUP	97804	\$	15.00
446	Medical	Office Visit, New Pt., Level 5	99205	\$	293.00
447	Medical	Office Visit, Est Pt., Level 1	99211	\$	59.00
451	Medical	Office Visit, Est Pt., Level 5	99215	\$	205.00
48612	Medical	HOME V, EP FOCUSED	99347	\$	169.00
259249	Medical	Home Visit, Est Pt., Level 1	99347	\$	169.00
48613	Medical	HOME V, EP EXPANDED	99348	\$	78.35
259250	Medical	Home Visit, Est Pt., Level 2	99348	\$	78.35
48614	Medical	HOME V, EP DETAILED	99349	\$	124.00
259251	Medical	Home Visit, Est Pt., Level 3	99349	\$	124.00
48615	Medical	HOME V, EP COMPREHEN	99350	\$	190.00
259252	Medical	Home Visit, Est Pt., Level 4	99350	\$	190.00
188181	Medical	Preventive Care New Pt. Age less than 1 Year	99381	\$	186.00
188182	Medical	Preventive Care New Pt. Age 1-4	99382	\$	194.00
188183	Medical	Preventive Care New Pt. Age 5-11	99383	\$	202.00

**HCHC Fee** 

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				CHC Fee chedule
Item ID	Туре	Description	СРТ	Fee
455	Medical	Preventive Care New Pt. Age 12-17	99384	\$ 228.00
456	Medical	Preventive Care New Pt. Age 18-39	99385	\$ 236.00
457	Medical	Preventive Care New Pt. Age 40-64	99386	\$ 259.00
458	Medical	Preventive Care New Pt. Age 65 and over	99387	\$ 275.00
188178	Medical	Preventive Care Est. Pt. Age less than 1 Year	99391	\$ 181.00
188179	Medical	Preventive Care Est. Pt. Age 1-4	99392	\$ 186.00
188180	Medical	Preventive Care Est. Pt. Age 5-11	99393	\$ 194.00
459	Medical	Preventive Care Est Pt. Age 12-17	99394	\$ 207.00
460	Medical	Preventive Care Est Pt. Age 18-39	99395	\$ 186.00
461	Medical	Preventive Care Est Pt. Age 40-64	99396	\$ 202.00
462	Medical	Preventive Care Est Pt. Age 65 and over	99397	\$ 180.00
48482	Medical	P/M COUNSEL, INDIV 60 MIN	99404	\$ 131.00
283748	Medical	Office Visit, DOT Physical	99DOT	\$ 75.00
72318	Medical	SPLINT-FOREARM	A4570	\$ 15.00
135822	Medical	CERV/VAG CANCR SCR;PELV&CLN BRST EX	G0101	\$ 37.00
283853	Medical	Ca screen; pelvic/breast exam, New Patient	G0101	\$ 37.00
283854	Medical	Ca screen; pelvic/breast exam, Established Patient	G0101	\$ 37.00
283851	Medical	Diabetes Self-Management Training, New Patient	G0108	\$ 60.00
283852	Medical	Diabetes Self-Management Training, Established Patient	G0108	\$ 60.00
283857	Medical	Diab manage trn per indivi, New Patient	G0108	\$ 60.00
283858	Medical	Diab manage trn per indiv, Established Patient	G0108	\$ 60.00
135829	Medical	DM OP SLF-MGMT TRN SRVC IND-30 MIN	G0108	\$ 60.00
171896	Medical	Fecal blood scrn immunoassay	G0328	\$ 25.00
259097	Medical	ANNUAL WELLNESS VST; PPS SUBSQT VST	G0439	\$ 179.00
283873	Medical	Behavior counsel obesity 15 min, New Patient	G0447	\$ 25.00

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				CHC Fee chedule
Item ID	Туре	Description	CPT	Fee
283874	Medical	Behavior counsel obesity 15 min, Established Patient	G0447	\$ 25.00
283821	Medical	FQHC visit, new patient	G0466	\$ 225.00
283822	Medical	FQHC visit, established patient	G0467	\$ 168.00
283824	Medical	FQHC visit, mental health new patient	G0469	\$ 225.00
283825	Medical	FQHC visit, mental health, established patient	G0470	\$ 168.00
283826	Medical	FQHC visit, mental health, established patient	G0470	\$ 168.00
283828	Medical	FQHC visit, mental health, established patient	G0470	\$ 168.00
136267	Medical	INJ VIT B-12 CYNOCOBLMN TO 1000 MCG	J3420	\$ 5.00
402580	Medical	LEVONORGESTREL INTRAUTERINE CONTRACEPTION	J7298	\$ 399.00
402615	Medical	LEVONORGESTREL INTRAUTERINE CONTRACEPTION	J7298	\$ 399.00
136299	Medical	INTRAUTERINE COPPER CONTRACEPTIVE	J7300	\$ 320.00
197546	Medical	LEVONORGESTREL IMPLANT SYS	J7306	\$ 399.00
205947	Medical	ETONOGESTREL IMPLANT SYSTEM	J7307	\$ 399.00
435002	Medical	NON SUFFICENT FUND FEE	NSFEE	\$ 13.00
137528	Medical	SCR PAP SMER; OBTAIN PREP&CONVY-LAB	Q0091	\$ 43.16
136531	Medical	PEAK EXPIRATORY FLOW RATE	S8110	\$ 25.00
285978	Medical	Fallon T code	T1015	\$ 162.10
75680	Medical/Opt	REMOVAL FOREIGN BODY, EYE	65205	\$ 154.00
258972	Medical/Opt	REMOVE FOREIGN BODY FROM EYE	65220	\$ 170.00
75837	Medical/Opt	REVISE EYELASHES	67820	\$ 150.00
75900	Medical/Opt	CLOSE TEAR DUCT OPENING	68761	\$ 313.00
172573	Medical/Opt	ECHO EXAM OF EYE, THICKNESS	76514	\$ 10.00
76522	Medical/Opt	EYE EXAM, NEW PATIENT	92002	\$ 158.00
196170	Medical/Opt	Intermediate	92002	\$ 158.00
76523	Medical/Opt	EYE EXAM, NEW PATIENT	92004	\$ 197.00

New Fee schedule proposed by Billing Manager, based upon regionally adjusted Medicare Fee schedule supplied each year by eCW. This fee schedule represents the prevailing rates in our area. Some slight adjustments made by Billing Manager based on other private insurances' rates

				S	chedule
Item ID	Туре	Description	CPT		Fee
196169	Medical/Opt	EYE EXAM, NEW PATIENT	92004	\$	197.00
284481	Medical/Opt	EYE EXAM, NEW PATIENT	92004	\$	197.00
412170	Medical/Opt	EYE EXAM NEW PATIENT	92004	\$	197.00
76524	Medical/Opt	EYE EXAM ESTABLISHED PAT	92012	\$	152.00
196168	Medical/Opt	Intermediate	92012	\$	152.00
412171	Medical/Opt	EYE EXAM ESTABLISH PATIENT	92012	\$	152.00
76525	Medical/Opt	EYE EXAM& tX ESTABLISHED PT 1/>VST	92014	\$	163.00
196167	Medical/Opt	Comprehensive	92014	\$	163.00
412172	Medical/Opt	EYE EXAM&TX ESTAB PT 1/>VST	92014	\$	163.00
134616	Medical/Opt	SPECIAL EYE EVALUATION	92020	\$	70.00
76528	Medical/Opt	SPECIAL EYE EVALUATION	92060	\$	117.00
76529	Medical/Opt	ORTHOPTIC/PLEOPTIC TRAINING	92065	\$	90.00
76531	Medical/Opt	VISUAL FIELD EXAMINATION(S)	92081	\$	65.00
76532	Medical/Opt	VISUAL FIELD EXAMINATION(S)	92082	\$	95.00
76533	Medical/Opt	VISUAL FIELD EXAMINATION(S)	92083	\$	135.00
259010	Medical/Opt	CMPTR OPHTH IMG OPTIC NERVE	92133	\$	120.00
259011	Medical/Opt	CPTR OPHTH DX IMG POST SEGMT	92134	\$	28.00
76545	Medical/Opt	EYE EXAM WITH PHOTOS	92250	\$	75.00
76549	Medical/Opt	EYE PHOTOGRAPHY	92285	\$	85.00
76552	Medical/Opt	CONTACT LENS FITTING	92310	\$	70.00
76560	Medical/Opt	MODIFICATION OF CONTACT LENS	92325	\$	40.00
76564	Medical/Opt	FITTING OF SPECTACLES	92340	\$	30.00
76565	Medical/Opt	FITTING OF SPECTACLES	92341	\$	35.00
134917	Medical/Opt	VISUAL ACUITY SCREEN	99173	\$	27.00
443	Medical/Opt	Office Visit, New Pt., Level 2	99202	\$	180.00

**HCHC Fee** 

New Fee schedule proposed by Billing Manager, based upon regionally adjusted Medicare Fee schedule supplied each year by eCW. This fee schedule represents the prevailing rates in our area. Some slight adjustments made by Billing Manager based on other private insurances' rates

				CHC Fee schedule
Item ID	Туре	Description	СРТ	Fee
444	Medical/Opt	Office Visit, New Pt., Level 3	99203	\$ 185.00
445	Medical/Opt	Office Visit, New Pt., Level 4	99204	\$ 233.00
448	Medical/Opt	Office Visit, Est Pt., Level 2	99212	\$ 170.00
449	Medical/Opt	Office Visit, Est Pt., Level 3	99213	\$ 172.00
450	Medical/Opt	Office Visit, Est Pt., Level 4	99214	\$ 183.00
262839	ВН	Psychiatric Diagnostic EvaluationINACTIVE	90791	\$ 184.00
283879	BH	Psych diagnostic evaluation, New Patient	90791	\$ 184.00
283880	BH	Psych diagnostic evaluation, Established Patient	90791	\$ 184.00
262840	BH	Psychotherapy, 30 min W Pat and family INACTIVE	90832	\$ 79.00
283883	BH	Psychotherapy, patient &/family, 30 minutes, New Patient	90832	\$ 79.00
283884	BH	Psychoterapy, patient&/family, 30 minutes, Established Patient	90832	\$ 79.00
412130	BH	PSYTX W PT 30 MINUTES	90832	\$ 79.00
283887	BH	Psychotherapy, patient&/family,45 min, New Patient	90834	\$ 165.00
283888	BH	Psychotherapy, patient&/family, 45 minutes, Established Patient	90834	\$ 165.00
412132	BH	PSYTX W PT 45 MINUTES	90834	\$ 165.00
198823	BH	Therapy, 45-60 minutes NEW	90834	\$ 165.00
262841	BH	Psychotherapy, 45 min with patient or family member INACTIVE	90834	\$ 165.00
283890	BH	Psychotherapy, patient &/Family, with E&M 45 min Established Patient	90836	\$ 185.00
283891	BH	Psychotherapy,patient &/Family with E&M, 45 min New Patient	90836	\$ 185.00
262842	BH	Psychotherapy, 60 min with patient or family memberINACTIVE	90837	\$ 262.00
283892	BH	Psychotherapy,patient&family 60 minutes, New Patient	90837	\$ 262.00
283893	BH	Psychotherapy,patient&/family,60 min, Established Patient	90837	\$ 262.00
76475	BH	FAMILY PSYTX W/O PATIENT	90846	\$ 250.00
198818	ВН	Family Psychotherapy w/o Pt	90846	\$ 195.00
262845	ВН	Family Psychotherapy (w/o patient present)	90846	\$ 77.00

#### **Hilltown CHC**

#### Medical, BH and Optometry Fee Schedule

New Fee schedule proposed by Billing Manager, based upon regionally adjusted Medicare Fee schedule supplied each year by eCW. This fee schedule represents the prevailing rates in our area. Some slight adjustments made by Billing Manager based on other private insurances' rates

				S	chedule
Item ID	Type	Description	CPT		Fee
76476	BH	FAMILY PSYTX W/PATIENT	90847	\$	168.00
198817	ВН	Family Psychotherapy w/Pt	90847	\$	136.00
262846	BH	Family Psychotherapy (patient present)	90847	\$	88.00
76485	BH	ENVIRONMENTAL MANIPULATION	90882	\$	79.00

Note: Optometry Fees for Glasses, Lenses and add-ons (tinting, etc) are gased on costs + and prevailing rates.

**HCHC Fee** 

CODE	DESCRIPTION	Current Dental Fee Schedule Rates	New Rates Based on NDAS	Difference - Increase (Decrease)
D0120	Periodic oral evaluation	\$42.00	\$43.00	\$1.00
D0140	Limited oral evaluation	\$65.00	\$66.00	\$1.00
D0145	Oral evaluation < 3 yrs of age	\$45.00	\$47.00	\$2.00
D0150	Comp oral eval-new/estab pat	\$70.00	\$72.00	\$2.00
D0160	Detail/extensive oral eval, B/R	\$85.00	\$87.00	\$2.00
D0170	Limited re-evaluation estab pat	\$58.00	\$59.00	\$1.00
D0180	Comprehensive Perio Eval	\$75.00	\$90.00	\$15.00
D0210	Intraoral-complete series (bw)	\$116.00	\$118.00	\$2.00
D0220	Intraoral-periapical-1st film	\$24.00	\$24.00	\$0.00
D0230	Intraoral-periapical-each add'l	\$20.00	\$21.00	\$1.00
D0270	Bitewing-single film	\$24.00	\$26.00	\$2.00
D0272	Bitewings-two films	\$38.00	\$39.00	\$1.00
D0273	Bitewings-three films	\$48.00	\$52.00	\$4.00
D0274	Bitewings-four films	\$56.00	\$58.00	\$2.00
D0277	Vertical BWs 7-8 Films	\$0.00	\$90.00	\$90.00
D0330	Panoramic film	\$100.00	\$102.00	\$2.00
D0350	2D Oral/Facial Photo Image	\$0.00	\$60.00	\$60.00
D0460	Pulp vitality tests	\$36.00	\$58.00	\$22.00
D0470	Diagnostic casts	\$80.00	\$82.00	\$2.00
D1110	Prophylaxis-adult	\$90.00	\$92.00	\$2.00
D1120	Prophylaxis-child	\$58.00	\$64.00	\$6.00
D1206	Topical fluoride varnish	\$34.00	\$37.00	\$3.00
D1208	Flouride varnish	\$34.00	\$37.00	\$3.00
D1351	Sealant-per tooth	\$48.00	\$52.00	\$4.00
D1352	Preventive Resin Restoration	\$55.00	\$56.00	\$1.00
D1354	Interim caries arresting meds	\$45.00	\$45.00	\$0.00
D1510	Space maint-fixed-unilateral	\$280.00	\$309.00	\$29.00
D1515	Space maint-fixed-bilateral	\$385.00	\$385.00	\$0.00
D1520	Space maint-remov-unilateral	\$275.00	\$275.00	\$0.00
D1525	Space maint-remov-bilateral	\$330.00	\$330.00	\$0.00

CODE	DESCRIPTION	Current Dental Fee Schedule Rates	New Rates Based on NDAS	Difference - Increase (Decrease)
D1550	Recementation of space maint	\$72.00	\$72.00	\$0.00
D2140	Amalgam-1 surf. prim/perm	\$118.00	\$148.00	\$30.00
D2150	Amalgam-2 surf. prim/perm	\$148.00	\$188.00	\$40.00
D2160	Amalgam-3 surf. prim/perm	\$168.00	\$228.00	\$60.00
D2161	Amalgam-4+ surf. prim/perm	\$199.00	\$271.00	\$72.00
D2330	Resin-one surface, anterior	\$129.00	\$175.00	\$46.00
D2331	Resin-two surfaces, anterior	\$160.00	\$210.00	\$50.00
D2332	Resin-three surfaces, anterior	\$195.00	\$258.00	\$63.00
D2335	Resin-4+ w/incis angle-anterior	\$238.00	\$322.00	\$84.00
D2390	Resin composite crown, anterior	\$335.00	\$451.00	\$116.00
D2391	Resin composite-1s, posterior	\$147.00	\$193.00	\$46.00
D2392	Resin composite-2s, posterior	\$194.00	\$243.00	\$49.00
D2393	Resin composite-3s, posterior	\$230.00	\$298.00	\$68.00
D2394	Resin composite-4+s, posterior	\$270.00	\$356.00	\$86.00
D2510	Inlay-metallic-one surface	\$613.00	\$864.00	\$251.00
D2520	Inlay-metallic-two surfaces	\$785.00	\$948.00	\$163.00
D2530	Inlay-metallic-three + surfaces	\$850.00	\$1,012.00	\$162.00
D2543	Onlay-metallic-three surfaces	\$1,005.00	\$1,092.00	\$87.00
D2544	Onlay-metallic-four + surfaces	\$1,005.00	\$1,135.00	\$130.00
D2610	Inlay-porcel/ceramic-1 surface	\$695.00	\$935.00	\$240.00
D2620	Inlay-porcel/ceramic-2 surface	\$745.00	\$975.00	\$230.00
D2630	Inlay-porcel/ceramic-3+ surface	\$775.00	\$1,024.00	\$249.00
D2642	Onlay-porcel/ceram-2 surface	\$800.00	\$1,040.00	\$240.00
D2643	Onlay-porcel/ceram-3 surface	\$825.00	\$1,095.00	\$270.00
D2710	Crown-resin composite(indirect)	\$675.00	\$934.00	\$259.00
D2740	Crown-porcelain/ceramic substr	\$995.00	\$1,189.00	\$194.00
D2750	Crown-porc fuse high noble mtl	\$995.00	\$1,182.00	\$187.00
D2751	Crown-porc fused to base metal	\$950.00	\$1,083.00	\$133.00
D2752	Crown-porc fused noble metal	\$975.00	\$1,130.00	\$155.00
D2790	Crown-full cast high noble mtl	\$1,005.00	\$1,200.00	\$195.00

		Current Dental Fee Schedule	New Rates Based on	Difference -
CODE	DESCRIPTION	Rates	New Rates based on NDAS	Increase (Decrease)
D2791	Crown-full cast base metal	\$915.00	\$1,050.00	\$135.00
D2792	Crown-full cast noble metal	\$955.00	\$1,125.00	\$170.00
D2799	Provisional crown	\$320.00	\$440.00	\$120.00
D2920	Recement crown	\$95.00	\$118.00	\$23.00
D2930	Prefab stain steel crn-primary	\$228.00	\$233.00	\$5.00
D2931	Prefab stain steel crown-perm	\$265.00	\$270.00	\$5.00
D2940	Protective Restoration	\$95.00	\$97.00	\$2.00
D2950	Crown buildup, includ any pins	\$260.00	\$265.00	\$5.00
D2951	Pin retention-/tooth, (+ rest)	\$47.00	\$52.00	\$5.00
D2952	Cast post &core in add to crown	\$350.00	\$357.00	\$7.00
D2954	Prefab post&core in add to crn	\$293.00	\$299.00	\$6.00
D2955	Post removal (not with endo)	\$200.00	\$299.00	\$99.00
D2960	Labial veneer(laminate)-chairsd	\$455.00	\$464.00	\$9.00
D2962	Labial veneer (porceln lam)-lab	\$930.00	\$949.00	\$19.00
D2971	Crownwork under partial frame	\$195.00	\$207.00	\$12.00
D3110	Pulp cap-direct, (+rest)	\$65.00	\$66.00	\$1.00
D3120	Pulp cap-indirect, (+ rest)	\$65.00	\$66.00	\$1.00
D3220	Therapeutic pulpotomy(exc rest)	\$160.00	\$163.00	\$3.00
D3221	Pulpal debridemnt-prim/perm th	\$160.00	\$163.00	\$3.00
D3240	Pulpal therapy-posterior, prim	\$190.00	\$314.00	\$124.00
D3310	Root canal therapy - anterior	\$650.00	\$761.00	\$111.00
D3320	Root canal therapy - bicuspid	\$750.00	\$863.00	\$113.00
D3330	Root canal therapy - molar	\$930.00	\$1,051.00	\$121.00
D3346	Retreat, prev RCT - anterior	\$800.00	\$850.00	\$50.00
D3347	Retreat, prev RCT - bicuspid	\$925.00	\$958.00	\$33.00
D3348	Retreat, prev RCT - molar	\$1,100.00	\$1,113.00	\$13.00
D3920	Hemisection	\$0.00	\$342.00	\$342.00
D4210	Gingivectomy-4+ per quadrant	\$475.00	\$581.00	\$106.00
D4241	Ging flap rt pln 1-3 cntg th/qu	\$350.00	\$409.00	\$59.00
D4249	Clinic crown lengthen-hard tiss	\$655.00	\$746.00	\$91.00

2005	DECODIDATION	Current Dental Fee Schedule	New Rates Based on	Difference - Increase
<b>CODE</b> D4260	DESCRIPTION  Opposite ourgany 41 per gued	Rates \$785.00	**************************************	(Decrease) \$245.00
D4341	Osseous surgery-4+ per quad Perio scale&root pln-4+per quad	\$215.00	\$270.00	\$55.00
D4342	Perio SC&RP 1-3 teeth per quad	\$156.00	\$270.00 \$196.00	\$40.00
D4355	Full mouth debridemnt, eval/diag	\$155.00 \$155.00	\$198.00 \$193.00	\$40.00 \$38.00
D4910	Periodontal maintenance	\$135.00 \$115.00	\$195.00 \$145.00	\$30.00
D5110		\$1,475.00	·	\$30.00 \$316.00
D5110	Complete denture - maxillary		\$1,791.00 \$1,798.00	\$323.00
D5120	Complete denture - mandibular	\$1,475.00 \$1,530.00	· ·	· ·
D5140	Immediate denture - maxillary Immediate denture - mandibular	\$1,530.00 \$1,530.00	\$1,890.00 \$1,889.00	\$360.00 \$359.00
D5211		\$1,530.00 \$915.00	\$1,388.00	\$473.00
D5211	Maxillary partial - resin base	\$915.00 \$915.00		
D5212 D5213	Mandibular partial - resin base Maxil partial-metal Base W/sdls	\$1,500.00	\$1,391.00 \$1,847.00	\$476.00 \$347.00
D5214	•	\$1,500.00 \$1,500.00	\$1,850.00	\$350.00
D5225	Mand partial flex base w/sdls	\$1,300.00 \$1,475.00	\$1,609.00	\$330.00 \$134.00
D5226	Maxil partial flex base incl cl	\$1,475.00 \$1,475.00	\$1,604.00	\$134.00 \$129.00
D5409	Mand partial-flex base incl cl	\$1,475.00 \$25.00	\$30.00	\$129.00 \$5.00
D5410	Overdenture Ring Replacement	\$25.00 \$70.00	\$92.00	\$22.00
D5421	Adjust complete denture-maxil	\$70.00 \$70.00	\$92.00 \$92.00	•
D5421 D5422	Adjust partial denture-maxil	\$70.00 \$70.00	\$92.00 \$91.00	\$22.00 \$21.00
D5510	Adjust partial denture-mand	\$70.00 \$375.00	\$91.00 \$410.00	\$21.00 \$35.00
D5510 D5511	Repair Complete denture base	·	·	•
D5511 D5512	Repair Complete Mand denture base	\$375.00 \$375.00	\$410.00 \$410.00	\$35.00 \$35.00
D5512 D5520	Repair Broken complete Maxillary Denture base	\$375.00 \$455.00	\$410.00	·
	Replace teeth-comp dent (ea th)	\$155.00 \$455.00	\$158.00 \$158.00	\$3.00
D5610	Repair resin denture base	\$155.00 \$455.00	\$158.00 \$455.00	\$3.00
D5611	Repair Resin partial Mandibular denture base	\$155.00 \$455.00	\$155.00 \$455.00	\$0.00
D5612	Repair Resin partial Maxillary denture	\$155.00 \$2.45.00	\$155.00 \$250.00	\$0.00
D5620	Repair cast framework	\$245.00	\$250.00	\$5.00
D5621	Repair cast partial Mandibular framework	\$155.00 \$455.00	\$259.00	\$104.00
D5622	Repair cast partial Maxillary framework	\$155.00	\$259.00	\$104.00
D5630	Repair or replace broken clasp	\$205.00	\$259.00	\$54.00

		Current Dental Fee Schedule	New Rates Based on	Difference - Increase
CODE	DESCRIPTION	Rates	NDAS ***	(Decrease)
D5640	Replace broken teeth-per tooth	\$155.00	\$158.00	\$3.00
D5650	Add tooth to exist part denture	\$170.00	\$173.00	\$3.00
D5660	Add clasp, exist part denture	\$210.00	\$214.00	\$4.00
D5730	Reline complete maxil-chairside	\$310.00	\$316.00	\$6.00
D5731	Reline complete mand-chairside	\$310.00	\$316.00	\$6.00
D5740	Reline maxil partial-chairside	\$295.00	\$301.00	\$6.00
D5741	Reline mand partial-chairside	\$295.00	\$301.00	\$6.00
D5750	Reline complete maxillary (lab)	\$395.00	\$403.00	\$8.00
D5751	Reline complete mand (lab)	\$395.00	\$403.00	\$8.00
D5760	Reline maxillary partial (lab)	\$375.00	\$383.00	\$8.00
D5761	Reline mandibular partial (lab)	\$375.00	\$383.00	\$8.00
D5810	Interim comp denture (maxil)	\$695.00	\$709.00	\$14.00
D5811	Interim comp denture (mand)	\$675.00	\$689.00	\$14.00
D5820	Interim part dent(max)2+ teeth	\$575.00	\$587.00	\$12.00
D5820.	Flipper 1 Tooth No Clasps Upper	\$295.00	\$301.00	\$6.00
D5820	Flipper 1 Tooth With Clasps Up	\$335.00	\$332.00	-\$3.00
D5821	Interim part dent mand2+teeth	\$575.00	\$587.00	\$12.00
D5821.	Flipper 1 Tooth No Clasps Lower	\$275.00	\$301.00	\$26.00
D5821	Flipper 1 Tooth With Clasps Low	\$325.00	\$332.00	\$7.00
D5850	Tissue condition, maxillary	\$165.00	\$168.00	\$3.00
D5851	Tissue condition, mandibular	\$165.00	\$168.00	\$3.00
D5862	Precision attachment, B/R	\$400.00	\$408.00	\$8.00
D5863	Overdenture Complete Maxillary	\$0.00	\$2,300.00	\$2,300.00
D5866	Overdenture-partial mandibular	\$1,982.00	\$2,312.00	\$330.00
D5899	Unspecified remove prosth, B/R	\$80.00	\$115.00	\$35.00
D5982	Surgical stent	\$255.00	\$275.00	\$20.00
D6056	Prefab abutment-incl placement	\$650.00	\$750.00	\$100.00
D6057	Custom abutment-incl placement	\$775.00	\$898.00	\$123.00
D6058	Abutment supported porc/cer crn	\$1,150.00	\$1,428.00	\$278.00
D6059	Abtmt supp porc fused to hi-nob	\$995.00	\$1,450.00	\$455.00

		Current Dental Fee Schedule	New Rates Based on	Difference - Increase
CODE	DESCRIPTION	Rates	NDAS	(Decrease)
D6060	Abtmt supp porc fused-base metl	\$935.00	\$1,337.00	\$402.00
D6061	AbutSuppCrwnPorc Fused nble mtl	\$985.00	\$1,384.00	\$399.00
D6062	Abtmt supp cast mtl crown-hinob	\$1,050.00	\$1,455.00	\$405.00
D6063	Abtmt supp cast mtl crown-base	\$995.00	\$1,336.00	\$341.00
D6064	Abtmt supp cast mtl crown-noble	\$995.00	\$1,375.00	\$380.00
D6065	Implant supp porc/cer crown	\$1,350.00	\$1,550.00	\$200.00
D6066	Implant supp porc fused mtl crn	\$1,750.00	\$1,750.00	\$0.00
D6067	Implant supported metal crown	\$1,750.00	\$1,750.00	\$0.00
D6071	Abut sup ret-porc fsd mtl FPDno	\$1,100.00	\$1,381.00	\$281.00
D6210	Pontic-cast high noble metal	\$950.00	\$1,161.00	\$211.00
D6212	Pontic-cast noble metal	\$925.00	\$1,088.00	\$163.00
D6240	Pontic-porcelain fused to hnob	\$985.00	\$1,199.00	\$214.00
D6241	Pontic-porcelain fused to base	\$900.00	\$1,100.00	\$200.00
D6242	Pontic-porcelain fused to nobl	\$935.00	\$1,150.00	\$215.00
D6250	Pontic-resin w/ high noble met	\$850.00	\$1,151.00	\$301.00
D6251	Pontic-resin w/ predomnt base	\$850.00	\$1,100.00	\$250.00
D6545	Retainer-for Maryland Bridge	\$175.00	\$435.00	\$260.00
D6548	Ret-porc/cer-resin bnd fxd pros	\$200.00	\$951.00	\$751.00
D6750	Retainer crn-porc fused-hi nob	\$985.00	\$1,035.00	\$50.00
D6752	Retainer crn-porc fused-nob met	\$950.00	\$969.00	\$19.00
D6790	Retainer crn-full cast hi nob	\$970.00	\$1,025.00	\$55.00
D6792	Retainer crn-full cast nob met	\$960.00	\$979.00	\$19.00
D6930	Recement fixed partial denture	\$150.00	\$153.00	\$3.00
D7111	Extraction crnl remnts-decid th	\$98.00	\$98.00	\$0.00
D7140	Extract, erupted th/exposed rt	\$147.00	\$150.00	\$3.00
D7210	Extraction-surgical/erupt tooth	\$242.00	\$247.00	\$5.00
D7220	Extraction-impacted/soft tis	\$275.00	\$328.00	\$53.00
D7230	Extraction-impacted/part bony	\$355.00	\$436.00	\$81.00
D7240	Extraction-impacted/compl bony	\$415.00	\$518.00	\$103.00
D7250	Surgic removl resid tooth root	\$250.00	\$255.00	\$5.00

		Current Dental Fee Schedule	New Rates Based on	Difference - Increase
CODE	DESCRIPTION	Rates	NDAS	(Decrease)
D7280	Surgical access unreupted tooth	\$238.00	\$544.00	\$306.00
D7286	Biopsy of oral tissue-soft	\$235.00	\$240.00	\$5.00
D7288	Brush biopsy-transepith sample	\$160.00	\$160.00	\$0.00
D7310	Alveoloplasty w/ extract- /quad	\$235.00	\$249.00	\$14.00
D7311	Alveoloplasty w/ext 1-3 th/quad	\$225.00	\$230.00	\$5.00
D7320	Alveoloplasty w/o extract /quad	\$275.00	\$374.00	\$99.00
D7321	Alveolopisty w/o ex 1-3 th/quad	\$350.00	\$362.00	\$12.00
D7510	Incis&drain abscess-intra soft	\$170.00	\$192.00	\$22.00
D7911	Complicated suture-up to 5 cm	\$340.00	\$347.00	\$7.00
D7960	Frenulectomy-separate procedur	\$375.00	\$425.00	\$50.00
D7970	Excision, hyperplast tiss-arch	\$369.00	\$376.00	\$7.00
D9110	Emerg treatment, palliative	\$99.00	\$131.00	\$32.00
D9120	Fixed partl denture sectioning	\$145.00	\$220.00	\$75.00
D9450	Case present, detailed/extens tx	\$19.00	\$19.00	\$0.00
D9920	Behavior management, by report	\$60.00	\$60.00	\$0.00
D9939	Occlusal guards (In house)	\$70.00	\$70.00	\$0.00
D9940	Occlusal guards (Lab)	\$395.00	\$395.00	\$0.00
D9941	Athletic mouthguard- Lab	\$155.00	\$155.00	\$0.00
D9941.	Athletic mouthguard- In house	\$70.00	\$70.00	\$0.00
D9951	Occlusal adjustment-limited	\$115.00	\$115.00	\$0.00
1.1TP	Prodentec 1.1 Toothpaste	\$10.00	Cost plus 15%	\$0.00
BLCHAIR	Bleaching Chairside Upper&Lower	\$250.00	Cost plus 15%	\$0.00
BLCHKT	Bleaching Take Home Upper&Lower	\$150.00	Cost plus 15%	\$0.00
BLCHRARCH	Bleaching Chairside 1 arch	\$150.00	Cost plus 15%	\$0.00
BLCHRF	Bleach Re-Fills for Touch-Up	\$25.00	Cost plus 15%	\$0.00
CAPTRAY	Captivate Prefil wht sq trays 555-0756	\$29.00	Cost plus 15%	\$0.00
D9973	Bleaching Chairside one tooth	\$125.00	Cost Plus 15%	\$0.00
EEZFlosse	EEZ-thruflosser-mint	\$12.15	Cost Plus 15%	\$0.00
EXPFLOSS	Expanding floss	\$15.19	Cost Plus 15%	\$0.00
FLOSS	Floss-Roll, 200 yards	\$2.33	Cost Plus 15%	\$0.00

CODE	DESCRIPTION	Current Dental Fee Schedule Rates	New Rates Based on NDAS	Difference - Increase (Decrease)
Flossers	Acclean Flosser 48pkg of 3	\$11.39	Cost Plus 15%	\$0.00
GelKm	GelKam	\$9.00	Cost Plus 15%	\$0.00
GLOVE	Gloves- Boxed	\$5.79	Cost Plus 15%	\$0.00
MIPASTE	MI Paste One	\$14.60	Cost Plus 15%	\$0.00
MOTRIN	Motrin single use pkg 50pkg/2ea	\$13.55	Cost Plus 15%	\$0.00
OraSoo	OraSoothe Oral Wound Gel	\$20.00	Cost Plus 15%	\$0.00
OrlBSpin	Oral B Spin Brush	\$10.00	Cost Plus 15%	\$0.00
PGARD	Chlorhexidine	\$10.00	Cost Plus 15%	\$0.00
PREFORMBK	Preform Bleach Kit	\$50.00	Cost Plus 15%	\$0.00
PREVG	Tooth Paste-Prevident	\$12.00	Cost Plus 15%	\$0.00
PREVR	Prevident Mouth Rinse	\$10.00	Cost Plus 15%	\$0.00
PREVSEN	Tooth Paste Prevident Sensitive	\$13.00	Cost Plus 15%	\$0.00
ROTAB	Rotadent Replacement Brush	\$8.00	Cost Plus 15%	\$0.00
Rotadent	Rotadent	\$85.00	Cost Plus 15%	\$0.00
SonDC	Sonicare DiamondCleanTB	\$75.00	Cost Plus 15%	\$0.00
Sonic	Sonicare Electric ToothBrush	\$77.00	Cost Plus 15%	\$0.00
SONICB	SONIC BRUSH HEAD Std Adult	\$21.60	Cost Plus 15%	\$0.00
SONICCB	Sonic adult-compact brush head	\$17.60	Cost Plus 15%	\$0.00
Sonicflex	Sonicare Flexcare Platinum	\$99.00	Cost Plus 15%	\$0.00
SonK2	Socicare Kid brush 7+ 2/pk	\$17.60	Cost Plus 15%	\$0.00
SonK4	Sonicare Kid replment brush 4+	\$13.90	Cost Plus 15%	\$0.00
SonKB	Sonicare Kids replacmnt Br 7+	\$6.85	Cost Plus 15%	\$0.00
SonKid	Sonicare Electric Kid Brush	\$46.00	Cost Plus 15%	\$0.00
SOOTHE	Soothe Rx	\$40.00	Cost Plus 15%	\$0.00
WATERPK	Waterpik Classic	\$38.00	Cost Plus 15%	\$0.00
WSTRIPS	Whitening Strips	\$30.00	Cost Plus 15%	\$0.00
wtrpikshr	Shower Water Pik	\$65.00	Cost Plus 15%	\$0.00
WTRPKULT	Water Pik Ultra water flosser	\$55.00	Cost Plus 15%	\$0.00
10120	Incision removal foreign body	\$182.00	No longer used	N/A
99202	Office Visit, NP Oral Sugeon	\$95.00	No longer used	N/A

CODE	DESCRIPTION	Current Dental Fee Schedule Rates	New Rates Based on NDAS	Difference - Increase (Decrease)
99212	Office Visit,Estab Pt Oral Surg	\$95.00	No longer used	N/A
D1201	DO NOT USE	\$66.00	No longer used	N/A
D1203	Fluoride- child	\$34.00	No longer used	N/A
D1204	Fluoride -adult	\$34.00	No longer used	N/A
D2110	Amalgam-1 surf. pri-do not use	\$75.00	No longer used	N/A
D2120	Amalgam-2 surf. pri-do not use	\$88.00	No longer used	N/A
D2130	Amalgam-3 surf.prim-do not use	\$112.00	No longer used	N/A
D2131	Amalgam-4+ surf.pri-do not use	\$135.00	No longer used	N/A
D2380	Resin-1 surf post-prido not use	\$85.00	No longer used	N/A
D2381	Resin-2surf post pri do not use	\$105.00	No longer used	N/A
D2382	Resin3surfposter-pri do not use	\$135.00	No longer used	N/A
D2385	Resin-1 surface, p/p do not use	\$85.00	No longer used	N/A
D2386	Resin-2 surface, p/p do not use	\$125.00	No longer used	N/A
D2387	Resin-3 srfce +, p/p do not use	\$146.00	No longer used	N/A
D2810	Crown-3/4 cast metallic	\$730.00	No longer used	N/A
D2970	Temporary crown (fractured th)	\$290.00	No longer used	N/A
D3960	Bleaching of discolored tooth	\$75.00	No longer used	N/A
D4220	Gigicuretage,srg/qad do not use	\$95.00	No longer used	N/A
D4250	Mucogingival surgery-per quad	\$450.00	No longer used	N/A
D4274	Distal/proximal wedge procedure	\$500.00	No longer used	N/A
D4320	Provisional splinting-intracor	\$175.00	No longer used	N/A
D4321	Provisional splinting-extracor	\$295.00	No longer used	N/A
D4381	Local deliv antimicrb ag-th B/R	\$85.00	No longer used	N/A
D5860	Overdenture-complete, B/R	\$1,650.00	No longer used	N/A
D5861	Overdenture-partial, by report	\$1,982.00	No longer used	N/A
D5986	Fluoride gel carrier	\$155.00	No longer used	N/A
D5999	Unspec maxillofacial prosth B/R	\$625.00	No longer used	N/A
D6020	DO NOT USE	\$250.00	No longer used	N/A
D6053	Imp/abut remov,comp edent arch	\$2,500.00	No longer used	N/A
D6190	Implant-Surgical Index Radiogra	\$160.00	No longer used	N/A

#### Hilltown CHC Proposed New Dental Fee Schedule

New Fee schedule proposed by Dental Manager and Dental Director, based on National Dental Advisory Service (NDAS), and known prevailing rates in area. (MassHealth fee, commercial insurance fee and private offices')

CODE	DESCRIPTION	Current Dental Fee Schedule	New Rates Based on	Difference - Increase
	DESCRIPTION	Rates	NDAS	(Decrease)
D7110	Extrct-1 tooth do not use	\$85.00	No longer used	N/A
D7120	Extract additional do not use	\$75.00	No longer used	N/A
D7130	Rt removal-exp root do not use	\$95.00	No longer used	N/A
D7971	Excision-pericoronal ging /arch	\$175.00	No longer used	N/A
D9220	Deep sedat/gen anesth-1st 30m	\$300.00	No longer used	N/A
D9221	Deep sedat/gen anesth-ea+15m	\$150.00	No longer used	N/A
D9310	Consultation-per session	\$99.00	No longer used	N/A
D9430	Office visit for observation	\$45.00	No longer used	N/A
D9440	Office visit-after regular hrs	\$125.00	No longer used	N/A
D9630	Other drugs/medicaments, B/R	\$10.00	No longer used	N/A
D9910	Desensitizing Medicament	\$45.00	No longer used	N/A
D9912	Desensitize 4 quads in 1 visit	\$65.00	No longer used	N/A
D9970	Enamel microabrasion	\$45.00	No longer used	N/A
D9972	External bleaching-per arch	\$200.00	No longer used	N/A
D9974	Internal bleaching-per tooth	\$165.00	No longer used	N/A
MIPST	Xxxxxxx	\$16.00	No longer used	N/A
REPORT	Report Fee	\$25.00	No longer used	N/A
X2003	Dental Enhanced Fee	\$7.00	No longer used	N/A

# **TAX RETURN FILING INSTRUCTIONS**

\*\* FORM 990 PUBLIC DISCLOSURE COPY \*\*

#### FOR THE YEAR ENDING

DECEMBER 31, 2018

Prepared for	HILLTOWN COMMUNITY HEALTH CENTERS, INC 58 OLD NORTH ROAD WORTHINGTON, MA 01098
Prepared by	ADELSON & COMPANY PC 100 NORTH STREET PITTSFIELD, MA 01201
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

990

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

018

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

АГ	OI LIII	and and a scalendar year, or tax year beginning	enaing		
<b>B</b> c	heck if	C Name of organization		D Employer identifi	cation number
	Addre		С		
	Name chang	-		04-2	161484
	Initial return Final return	58 OLD MODERN BOXD	Room/suite		) 238-5511
	termir ated			G Gross receipts \$	8,586,158.
	Amen			H(a) Is this a group re	
	Application			for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates i	
ΙT	ax-ex	empt status: $X = 501(c)(3) = 501(c)(1) $ (insert no.) $4947(a)(1)(1)$	or 52°		list. (see instructions)
J۷	Vebsi	te: ► WWW.HCHCWEB.ORG		H(c) Group exemption	n number
<b>K</b> F	orm of	organization: X Corporation Trust Association Other	L Yea	r of formation: 1950	M State of legal domicile: MA
Pa	rt I	Summary			
е	1	Briefly describe the organization's mission or most significant activities: ${ t TO}$ P	ROVID:	E MEDICAL, D	ENTAL,
Activities & Governance		OPTOMETRY AND BEHAVIORAL HEALTH CARE, AND	D REL	ATED SERVICE	S TO PEOPLE
ərn	2	Check this box  if the organization discontinued its operations or dispose	sed of mor	re than 25% of its net a	
ŏ				3	10
æ		Number of independent voting members of the governing body (Part VI, line 1b)			10
ies	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			147
iż		Total number of volunteers (estimate if necessary)			10
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 38			0.
		0 17 17 17 17 17 17 17 17 17 17 17 17 17		Prior Year 1,195,890.	Current Year 575, 487.
ne		Contributions and grants (Part VIII, line 1h)		7,185,020.	
Revenue		Program service revenue (Part VIII, line 2g)		11,198.	
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)  Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		122,927.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,515,035.	8,374,609.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	4-	0.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		6,283,016.	6,583,991.
Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)		3,333.	0.
Expenses	b	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)	80.	•	
ũ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,499,987.	1,642,390.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,786,336.	8,226,381.
		Revenue less expenses. Subtract line 18 from line 12		728,699.	148,228.
ces				eginning of Current Year	End of Year
Net Assets or und Balances	20	Total assets (Part X, line 16)		5,524,853.	5,691,567.
t As	21	Total liabilities (Part X, line 26)		1,248,053.	1,398,611.
_		Net assets or fund balances. Subtract line 21 from line 20		4,276,800.	4,292,956.
	rt II	Signature Block			
		Ilties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is
true,	corre	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich prepare	er nas any knowledge.	
<b>~</b> :	_	Signature of officer		I Date	
Sigr		JOHN FOLLET, PRESIDENT		Duto	
Her	е	Type or print name and title			
		Print/Type preparer's name Preparer's signature	1	Date Check	TI PTIN
Paid		CAROL J LEIBINGER-HEALEY	a de la	10/20/10	$\Box$
	arer	Firm's name ADELSON & COMPANY PC		Firm's EIN	20-5711238
-	Only	Firm's address 100 NORTH STREET		THIII 3 LIN	
	.,	PITTSFIELD, MA 01201		Phone no.41	3-443-6408
Mav	the II	RS discuss this return with the preparer shown above? (see instructions)		1. 110110 1101 = =	X Yes No

Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: HILLTOWN COMMUNITY HEALTH CENTER'S MISSION IS TO PROVIDE HIGH QUALITY	,
	ACCESSIBLE MEDICAL, DENTAL, OPTOMETRY AND BEHAVIORAL HEALTH CARE, AND	
	RELATED SERVICES TO PEOPLE IN THE WESTERN MASSACHUSETTS HILLTOWNS AND	
	SURROUNDING AREAS. WE SEEK TO UNDERSTAND AND RESPOND TO THE NEEDS OF	
2	Did the organization undertake any significant program services during the year which were not listed on the	_
	prior Form 990 or 990-EZ?	J No
	If "Yes," describe these new services on Schedule O.	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes	J No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 6,580,891 • including grants of \$ ) (Revenue \$ 6,951,94	<del>// \</del>
4a	(Code:) (Expenses \$ 6,580,891. including grants of \$ ) (Revenue \$ 6,951,94) MEDICAL, DENTAL, BEHAVIORAL HEALTH AND OPTOMETRY SERVICES	<del>4 •</del> )
	HILLTOWN COMMUNITY HEALTH CENTERS, INC. (HCHC) PROVIDES COMPREHENSIVE	
	MEDICAL SERVICES TO RESIDENTS OF THE 11 WESTERN MASSACHUSETTS	
	COMMUNITIES AND THE SURROUNDING AREAS. OUR TEAM OF BOARD-CERTIFIED	
	PHYSICIANS, NURSE PRACTITIONERS, REGISTERED NURSES, AND MEDICAL	
	ASSISTANTS PROVIDE PREVENTATIVE, ACUTE AND CHRONIC CARE TREATMENT FOR	
	INFANTS, CHILDREN, ADULTS AND ELDERS AT ONE OF OUR THREE HEALTH CENTE	
	SITES. THIS INCLUDES PHYSICAL EXAMS, WELL-CHILD EXAMS, CAMP AND SPOR	
	PHYSICALS, IMMUNIZATIONS, GYNECOLOGICAL EXAMS INCLUDING COLPOSCOPY WH	
	INDICATED, LABORATORY TESTS, LIMITED PHARMACY SERVICES AND LIMITED	
	PODIATRY SERVICES. THE MEDICAL DEPARTMENT SERVED 5,392 PATIENTS IN	
	2018.	
4b	(Code:) (Expenses \$557,399. including grants of \$) (Revenue \$690,18	<u>3.</u> )
	OUTREACH AND EDUCATION PROGRAMS	
	HCHC PROVIDES A WIDE VARIETY OF OUTREACH AND EDUCATION PROGRAMS.	· ~
	WORKING CLOSELY WITH OUR MEDICAL DEPARTMENT WE OFFER WELLNESS PROGRAM	<u>S</u>
	INCLUDING NUTRITION COUNSELING (BOTH INDIVIDUAL AND GROUP), SMOKING CESSATION SERVICES, STRESS REDUCTION AND PHYSICAL ACTIVITY PROGRAMS.	
	CESSATION SERVICES, SIRESS REDUCTION AND PHISICAL ACTIVITY PROGRAMS.	
	OUR FAMILY PROGRAMS INCLUDE WORKSHOPS FOR PARENTS OF INFANTS AND	
	TODDLERS COVERING TOPICS SUCH AS CHILD-DEVELOPMENT, COMMUNICATION,	
	HEALTH AND SAFETY ISSUES (SUCH AS FAMILY CPR AND FIRST AID), INFANT	
	MASSAGE, BABY SIGN LANGUAGE, SETTING LIMITS AND POSITIVE DISCIPLINE,	
	AND COPING WITH TOUGH MOMENTS. INDIVIDUAL CONSULTATION WITH PARENTS	
	STRUGGLING WITH CHILD REARING ISSUES IS ALSO PROVIDED. HCHC ALSO	
4c	(Code:) (Expenses \$	)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ▶ 7,138,290.	
	Form 990	(2018)

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			ا ۔۔
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			٦,
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			<b>.</b>
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40	Х	
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10	21	
11	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	D 11/1	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1 Ia		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			٦,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<b> </b> ₩
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.		X
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		X
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		_ <u> </u>
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		<del></del>
19	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
		_		

Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			3,7
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		١	
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			۱
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34		Х
35.2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	334		† <u></u>
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		
-	If "Vas " complete Schedule R. Part V. line 2	26		l x

#### Note. All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	15			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			}
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			1
	(gambling) winnings to prize winners?			10	X	

37

### Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 147			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			٠,,
	-		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•			X
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		Δ.
D	If "Yes," enter the name of the foreign country:				
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	· ·	5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		30		
ou	any contributions that were not tax deductible as charitable contributions?		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribut				
	were not tax deductible?	-	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained	by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.		_		
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	100			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	100			
	Gross income from members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against	110			
~	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	•			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1			
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	· · · · · · · · · · · · · · · · · · ·		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.		Farm	990	(0040)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1								
2									
	officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c	Х						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	Х						
b	Other officers or key employees of the organization	15b		X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ►MA								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only	) availa	able					
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website X Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	FRANK MERTES - (413)238-5511								
	58 OLD NORTH ROAD, WORTHINGTON, MA 01098								

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	l		((	C)		, iou	(D)	(E)	(F)
Name and Title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from	Reportable compensation from related	Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOHN FOLLET	1.00	x		X				0.	0.	0.
CHAIR (2) NANCY BRENNER	1.00	Δ		^				0.	0.	<u> </u>
VICE CHAIR	1.00	X		x				0.	0.	0.
(3) TIM WALTER	1.00							0.	0.	
TREASURER	1.00	Х		X				0.	0.	0.
(4) KATHRYN JENSEN	1.00									
CLERK		Х		Х				0.	0.	0.
(5) M. LEE MANCHESTER	0.50									
DIRECTOR		Х						0.	0.	0.
(6) ALAN GAITENBY	0.50									
DIRECTOR		Х						0.	0.	0.
(7) WENDY LONG	0.50									
DIRECTOR		Х						0.	0.	0.
(8) MATTHEW BANNISTER	0.50								_	_
DIRECTOR		Х						0.	0.	0.
(9) MAYA D. BACHMAN	0.50	l								•
DIRECTOR		Х						0.	0.	0.
(10) SETH GEMME	0.50	١							•	•
DIRECTOR	27.50	Х						0.	0.	0.
(11) ELIZA LAKE	37.50	1		,,				101 016	0	00 001
CHIEF EXECUTIVE OFFICER	37.50			Х				121,216.	0.	20,281.
(12) FRANK MERTES	37.50	-		x				102,800.	0.	656.
CHIEF FINANCIAL OFFICER (13) LORA GRIMES	37.50			^				102,000.	0.	030.
PHYSICIAN	37.30	-				x		154,281.	0.	25,355.
(14) SHERI CHEUNG	40.00					122		134,201.	0.	23,333.
PHYSICIAN	40.00					Х		153,627.	0.	1,980.
(15) MIRANDA BALKIN	37.50							133,027	•	1,500.
PHYSICIAN	37130	1				х		136,862.	0.	20,442.
(16) MICHAEL PURDY	37.50		$\vdash$	$\vdash$		† <u> </u>		===,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
OPTOMETRIST & CHIEF CLINIC		1				х		131,873.	0.	1,102.
(17) ANDREW ADAMS	40.00							, , , , , ,		, . – .
DENTAL DIRECTOR		1				х		120,952.	0.	6,650.
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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)			
(A)	(B)			((				(D)	(E)		(F	)
Name and title	Average	(do		Pos		) than	one	Reportable	Reportable		Estima	
	hours per	box	, unle	ss pe	rson	is bot or/trus	n an	compensation	compensation		amoui	
	week (list any	_	Jei aii	luau	liecto	Ji/ ii us	(66)	from	from related		oth	
	hours for	director				_		the organization	organizations (W-2/1099-MISC)		mpen from	sation
	related	9e Or (	stee			nsateo		(W-2/1099-MISC)	(**-2/1099-101100)		rganiz	
	organizations	trust	nal tru		yee	ompe					nd re	
	below	Individual trustee or	Institutional trustee	cer	Key employee	Highest compensated employee	Former			OI	ganiz	ations
	line)	П	lnst	Officer.	Key	Hig	For					
										-		
										_		
dle Cule tetal								921,611.	(	).	76	466.
1b Sub-total c Total from continuation sheets to Part V								0.			, ,	0.
d Total (add lines 1b and 1c)								921,611.			76,	466.
2 Total number of individuals (including but n								eceived more than \$100	,000 of reportable			
compensation from the organization												9
											Ye	s No
3 Did the organization list any former officer,	•			•	•	•		•				1,7
line 1a? If "Yes," complete Schedule J for s										. 3		<u> </u>
4 For any individual listed on line 1a, is the su	•								-		X	
<ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or a</li></ul>										. 4	1	
rendered to the organization? If "Yes," com	-				-			-		. 5		Х
Section B. Independent Contractors	<u> </u>				,					·   -		<u> </u>
Complete this table for your five highest co	mpensated in	depe	ende	nt c	onti	racto	rs t	that received more than	\$100,000 of compe	ensatio	n from	
the organization. Report compensation for	the calendar y	ear e	endi	ng v	vith	or w	ithi	n the organization's tax	year.			
(A)	a al alua a a							(B)			(C)	
Name and business	address						4	Description of s	ervices	Comp	ensa	lion
WRIGHT BUILDERS, INC. 48 BATES STREET, NORHTHAI	иртт∩м	ΜZ	۱ ۵	11 (	161	n		CONSTRUCTION		5	91	277.
40 BATES STREET, NORTHIA	ar rron,	1.17		, _ (	, ,		$\dashv$	CONDINUCTION			<i>)</i>	411.
-												
							_					

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Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

#### Page 9 Form 990 (2018) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Total revenue Related or Unrelated from tax under exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues ..... 1b c Fundraising events 1d d Related organizations 404,993. e Government grants (contributions) f All other contributions, gifts, grants, and 170,494 similar amounts not included above ..... g Noncash contributions included in lines 1a-1f: \$ 575,487. h Total. Add lines 1a-1f Business Code 2 a PATIENT FEES 621110 **|4,586,735.|4,586,735**. Program Service Revenue b GOVERNMENT DIRECT AND 621110 2,164,199.2,164,199. c STATE FREE CARE 621110 397,855. 397,855. d PROGRAM REVENUE 624100 306,121. 306,121. 446110 151,811. 151,811. e PHARMACY INCOME 621110 f All other program service revenue 7,606,721. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 8,706. 8,706. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) **d** Net rental income or (loss) . 7 a Gross amount from sales of (i) Securities (ii) Other 267,077. assets other than inventory b Less: cost or other basis 163,164. and sales expenses 103,913. c Gain or (loss) 103,913. 103,913. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a Other **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses **c** Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 83,791 and allowances 48,385. **b** Less: cost of goods sold 35,406. 35,406. c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS 900099 44,376. 44,376. b d All other revenue 44,376. e Total. Add lines 11a-11d

Total revenue. See instructions

,374,609.7,642,127.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon			, , ,	
	not include amounts reported on lines 6b,	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	000 474		222 454	
	trustees, and key employees	238,471.		238,471.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	- 450 060	5 000 550	110 111	50.00
7	Other salaries and wages	5,472,962.	5,009,679.	412,414.	50,869
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	446 404	400 055	40 552	2 (84
9	Other employee benefits	446,484.	402,257.	40,553.	3,674 3,744
10	Payroll taxes	426,074.	375,678.	46,652.	3,/44
11	Fees for services (non-employees):				
а	Management	F 264		F 264	
b	Legal	5,364.		5,364.	
С	Accounting	26,600.		26,600.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	4,688.	3,029.	1,191.	468.
12	Advertising and promotion	484,559.	414,249.	67,856.	2,454
13	Office expenses	84,529.	53,148.	25,288.	6,093
14	Information technology	04,329.	33,140.	23,200.	0,093
15	Royalties	337,016.	293,601.	43,415.	
16	Occupancy	24,080.	17,776.	6,304.	
17	Travel	24,000.	11,110.	0,304.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	29,287.	26,639.	2,630.	18
19	Conferences, conventions, and meetings	17,857.	14,661.	3,196.	ΤΟ.
20	Interest  Payments to offiliates	11,001.	14,001.	3,190•	
21	Payments to affiliates	244,859.	199,601.	45,258.	
22	Depreciation, depletion, and amortization	23,557.	14,940.	8,617.	
23	Insurance Other expenses. Itemize expenses not covered	23,337.	14,740.	0,011.	
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	170,655.	170,655.		
a	MEDICAL AND DENTAL SUPP BAD DEBT	58,488.	57,155.		1,333
b	CONTRACTS/CONSULTING	34,149.	23,432.	10,717.	1,333
C	COMITY CONSULTING	J4,14J•	43,434.	10,/1/•	
d	All other expanses	96,702.	61,790.	34,685.	227
е 25	All other expenses	8,226,381.	7,138,290.	1,019,211.	68,880
25 26	Joint costs. Complete this line only if the organization	0,220,301•	,,130,230•	-, UIJ, ZII •	00,000
∠0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0. 12-31-18				Form <b>990</b> (2018

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Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			101,307.	1	90,155.
	2				287,554.	2	116,494.
	3				241,562.	3	130,016.
	4	Accounts receivable, net			448,884.	4	518,231.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	1 4958(	c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 50	1(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ř	8	Inventories for sale or use			13,089.	8	11,811.
	9	Prepaid expenses and deferred charges			4,907.	9	14,866.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	6,952,099.			
	b	Less: accumulated depreciation	10b	2,430,368.	3,852,453.	10c	4,521,731. 234,550.
	11	Investments - publicly traded securities			521,384.	11	234,550.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			53,713.	15	53,713.
	16	Total assets. Add lines 1 through 15 (must equ			5,524,853.	16	5,691,567.
	17	Accounts payable and accrued expenses			766,049.	17	633,577.
	18	Grants payable		18			
	19	Deferred revenue			107,507.	19	420,297.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former	r officer	rs, directors, trustees,			
≝		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	ated thi	rd parties	374,497.	23	344,737.
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			1,248,053.	26	1,398,611.
		Organizations that follow SFAS 117 (ASC 958	3), chec	k here ▶ X and			
es		complete lines 27 through 29, and lines 33 an					
anc	27	Unrestricted net assets			4,003,070.	27	4,230,503.
Fund Balances	28	Temporarily restricted net assets			237,150.	28	26,328.
<u> </u>	29				36,580.	29	36,125.
		Organizations that do not follow SFAS 117 (A	SC 958	B), check here ▶Ш			
ğ		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in				32	
Z	33	Total net assets or fund balances			4,276,800.	33	4,292,956.
	34	Total liabilities and net assets/fund balances			5,524,853.	34	5,691,567.

Form **990** (2018)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			4,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2	8	, 22	6,3	81.
3	Revenue less expenses. Subtract line 2 from line 1	3			8,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			6,8	
5	Net unrealized gains (losses) on investments	5		-13	2,0	72.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	4	, 29	2,9	56.
Pa	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				1
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	5,			1
	consolidated basis, or both:					1
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,			l
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (	D.			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit			
	Act and OMB Circular A-133?			За	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	Х	İ

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization HILLTOWN COMMUNITY HEALTH CENTERS, INC 04-2161484 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

Schedule A (Form 990 or 990-EZ) 2018 HILLTOWN COMMUNITY HEALTH CENTERS, INC 04-2161484 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		1		•		
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	•				12	
13	First five years. If the Form 990 is for	_			-		
Sec	organization, check this box and stop etion C. Computation of Publ	c Support Pe	rcentage				<b>P</b>
				oolumn (f))		14	
	Public support percentage for 2018 (I Public support percentage from 2017					15	<u>%</u> %
	33 1/3% support test - 2018. If the c						
100	stop here. The organization qualifies	-					
h	33 1/3% support test - 2017. If the c						
_	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"		•	•	•	· ·	. $\square$
b	10% -facts-and-circumstances tes	-	=		•		
	more, and if the organization meets the						
	organization meets the "facts-and-circ						<b>&gt;</b>
18	<b>Private foundation.</b> If the organizatio						s
			,	,		edule A (Form 990	

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

alendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(4) 2017	(a) 2010	(f) Total
	(a) 2014	( <b>D)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not	225 507	400,685.	010 622	1195890.	575,487.	2227202
include any "unusual grants.")	335,587.	400,005.	819,633.	1195690.	3/3,48/.	3327282
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose	5906631.	6448505.	7007289.	7212319.	7690512.	34265256
Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	6242218.	6849190.	7826922.	8408209.	8265999.	37592538
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0
amount on line 13 for the year						0
c Add lines 7a and 7b						0
Public support. (Subtract line 7c from line 6.)						37592538
ection B. Total Support						
alendar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	6242218.	6849190.	7826922.	8408209.	8265999.	37592538
0a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties, and income from similar sources	8,932.	8,878.	9,133.	11,198.	8,706.	46,847
<b>b</b> Unrelated business taxable income		,	,	•	•	,
(less section 511 taxes) from businesses						
acquired after June 20, 1075						
***************************************	8,932.	8,878.	9,133.	11 100	0 706	16 017
c Add lines 10a and 10b	0,934.	0,0/0.	9,133.	11,198.	8,706.	46,847
1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
2 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)	32,503.	132,252.	46,637.	95,628.	44,376.	351,396
3 Total support. (Add lines 9, 10c, 11, and 12.)	6283653.	6990320.	7882692.	8515035.	8319081.	37990781
First five years. If the Form 990 is fo						
	•			•		
ection C. Computation of Pub	io Support Do					
<u> </u>					l l	00 05
5 Public support percentage for 2018 (					15	98.95
6 Public support percentage from 2017					16	98.86
ection D. Computation of Inve	stment Incom	e Percentage				
7 Investment income percentage for 20	<b>18</b> (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	.12
8 Investment income percentage from					18	.13
9a 33 1/3% support tests - 2018. If the					3 1/3%. and line 1	
more than 33 1/3%, check this box a						
<b>b 33 1/3% support tests - 2017.</b> If the						
line 18 is not more than 33 1/3%, che	eck this box and <b>st</b>	op nere. The orga	nization qualifies a	is a publicly suppo	rted organization	▶⊑
O Private foundation. If the organization						

#### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
1			
2			
38	3		
31			
31	,		
30	2		
48			
40	1		
41	)		
40	>		
5	a		
51			
50	3		
6			
,			
7			
8			
98	a		
91	<b>)</b>		
90	3		
10	а		
10	b		

Schedule A (Form 990 or 990-EZ) 2018 HILLTOWN COMMUNITY HEALTH CENTERS, INC 04-2161484 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 HILLTOWN COMMUNITY HEALTH CENTERS, INC 04-2161484 Page 7

Par	<sup>ব</sup> V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	ion D - Distributions		<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,

Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME: OTHER REVENUE 32,503. 2014 AMOUNT: \$ 2015 AMOUNT: 132,252. 2016 AMOUNT: 46,637. 2017 AMOUNT: 95,628. 2018 AMOUNT: 44,376.

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury

Internal Revenue Service

**Schedule of Contributors** 

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

INC

OMB No. 1545-0047

2018

Name of the organization

HILLTOWN COMMUNITY HEALTH CENTERS,

Employer identification number

04-2161484

Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ 🕨 \$ \_ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization Employer identification number

### HILLTOWN COMMUNITY HEALTH CENTERS, INC

04 - 2161484

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.
(a)	(b)	(c) (d)
	Name, address, and ZIP + 4	\$ 367,080. Type of contribution  Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		\$ 104,900.  Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3	nume, dudicoo, and En TT	\$ 37,913. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4	Name, address, and ZIP + 4	\$ 24,417. Type of contribution  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		\$\$ Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		\$\$ Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

### HILLTOWN COMMUNITY HEALTH CENTERS, INC

04 - 2161484

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
23453 11-08		\$	990 990-F7 or 990-PF) (2

**Employer identification number** 

Name of organization

04-2161484 HILLTOWN COMMUNITY HEALTH CENTERS, Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

HILLTOWN COMMUNITY HEALTH CENTERS, INC

**Employer identification number** 04 - 2161484

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a ce	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the forn	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cor	nservation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) about		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	· · · · · · · · · · · · · · · · · · ·	
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the organization's accounting for
Da	conservation easements.	f Aut Historical Tuscomes and	Athan Cincilar Assats
Pa	T III Organizations Maintaining Collections o		otner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex		ance of public service, provide, in Part XIII,
_	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		' <u>-</u>
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		
h	Assets included in Form 900 Part Y		<b>P</b> 0

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		N COMMUNIT				14-21			age <b>2</b>
	t III   Organizations Maintaining C								
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significant u	ise of its	collectio	n item	S
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organization's ex	empt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, historical trea	sures, or other simi	ar assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?		<u> </u>	Yes		☐ No
Pai	rt IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Yes" o	n Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	s or other assets n	ot included				
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII								
							Amount	:	
С	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on F						Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part X	III				]
Pai	rt V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	orm 990, Part IV, line	e 10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three ye	ars back	(e) Four	years	back
1a	Beginning of year balance	36,580.	35,388.	35,184		35,218.		34,	729.
	Contributions								
	Net investment earnings, gains, and losses	-317.	1,192.	204		-34.			489.
	Grants or scholarships								
	Other expenditures for facilities								
	and programs	138.							
f	Administrative expenses								
g g	End of year balance	36,125.	36,580.	35,388		35,184.		35	218.
2	Provide the estimated percentage of the curr	· · ·	•	,	1	,	l		
	Board designated or quasi-endowment	Torre your ona balano	%	2)) 1101d do.					
	Permanent endowment > 100.00	%							
	Temporarily restricted endowment								
·	The percentages on lines 2a, 2b, and 2c sho								
32	Are there endowment funds not in the posse	•	ation that are hold a	nd administered for	the organiz	ation			
Sa		ssion of the organiza	ation that are neitra	na administered for	trie organiz	ation	Г	Yes	Na
	by:							162	No X
	(i) unrelated organizations						3a(i)		X
							3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza						3b		
Bar	Describe in Part XIII the intended uses of the		wment funds.						
Fai			) David IV line 11 a C	See Ferrer 000 Devit	V line 10				
	Complete if the organization answere						(-I) DI	1	
	Description of property	(a) Cost or o	' '	٠,	Accumulate	٦	(d) Bool	k valu	Э
	Larad	basis (investn	,	(other) d	epreciation		20.	1 5	06.
	Land				175 65	70	2,050		
	Buildings				475,67				
	Leasehold improvements			3,674.	64,45		1,869		
	Equipment		1,28	8,157.	890,24	<u> </u>	39	7,9	<u>тэ.</u>
	Other					$\leftarrow$	<b>4</b> E O ·	1 7	21
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	'0c.)			4,52	L,/	э⊥•

Schedule D (Form 990) 2018 HILLTOWN COMPart VIII Investments - Other Securities.	MONIII IILALI.	TH CENTERS, INC 04	l-2161484 <sub>Page</sub>
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

#### Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value	
(1)	) Federal income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶	

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

PART XI, LINE 4B - OTHER ADJUSTMENTS:

OR AFTER DECEMBER 31, 2015.

NON-OPERATING CAMPAIGN GRANTS AND CONTRIBUTIONS

551,070.

Schedule D (Form 99	0) 2018	HILLTOWN	COMMUNITY	HEALTH	CENTERS,	INC	04-2161484	Page 5
Schedule D (Form 99) Part XIII Supple	emental Infor	mation (continue	d)					
		,	,					

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

**Questions Regarding Compensation** 

Department of the Treasury

Internal Revenue Service

Part I

HILLTOWN COMMUNITY HEALTH CENTERS INC **Employer identification number** 04-2161484

			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			37
а	1,	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 10 15 15 15 15 15 15 15 15 15 15 15 15 15			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
_		52		х
a h	The organization?	5a 5b		X
b	Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.	30		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
U	contingent on the net earnings of:			
а		6a		х
h	The organization? Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
-	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficition	(15)(1)-(15)	reported as deferred on prior Form 990	
(1) LORA GRIMES	(i)	154,281.	0.	0.	0.	25,355.		0.	
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) SHERI CHEUNG	(i)	153,627.	0.	0.	0.	1,980.		0.	
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) MIRANDA BALKIN	(i)	136,862.	0.	0.	0.	20,442.	157,304.	0.	
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

#### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

➤ Attach to Form 990 or 990-EZ.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 **2018**Open to Public

Open to Public Inspection

Name of the organization

HILLTOWN COMMUNITY HEALTH CENTERS, INC

Employer identification number 04-2161484

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: IN THE WESTERN MASSACHUSETTS HILLTOWNS AND SURROUNDING AREAS. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ALL SERVICES WILL BE DELIVERED IN A CARING AND OUR COMMUNITY. PROFESSIONAL MANNER WITHIN A CONTEXT OF A PARTNERSHIP BETWEEN PERSONS SERVED AND STAFF. TO ACHIEVE OUR MISSION WE PROMOTE EMPLOYEE GROWTH AND JOB SATISFACTION AND WE OFFER CONTINUITY OF CARE THROUGH OUR RELATIONSHIPS WITH OTHER ORGANIZATIONS. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: HCHC'S DENTAL DEPARTMENT, STAFFED BY A TEAM OF BOARD-CERTIFIED DENTISTS, DENTAL HYGIENISTS AND DENTAL ASSISTANTS, PROVIDES PREVENTATIVE AND ACUTE CARE INCLUDING CLEANINGS AND FILLINGS, ROOT CANALS, DENTAL IMPLANTS, DENTURES, BRIDGES, PERIODONTAL WORK, EMERGENCY AND ORAL SURGERY. THE DENTAL DEPARTMENT SERVED 5,014 PATIENTS IN 2018. HCHC'S BEHAVIORAL HEALTH AND SUBSTANCE ABUSE DEPARTMENT, STAFFED BY LICENSED PRACTITIONERS, PROVIDES INDIVIDUAL, COUPLE, FAMILY AND GROUP TREATMENT FOR CHILDREN, ADOLESCENTS, ADULTS AND THE ELDERLY. THE BEHAVORIAL HEALTH AND SUBSTANCE ABUSE DEPARTMENT SERVED 472 PATIENTS IN

HCHC'S OPTOMETRY DEPARTMENT, STAFFED BY TWO LICENSED OPTOMETRISTS,

BEGAN SEEING PATIENTS IN OCTOBER 2010. SERVICES PROVIDED BY THE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

2018.

Name of the organization **Employer identification number** HILLTOWN COMMUNITY HEALTH CENTERS, INC 04-2161484 DEPARTMENT INCLUDE: VISION TESTING, VISUAL FIELD TESTS, OPTICAL SCANS AND OFFERS A VARIETY OF FRAMES AND CONTACT LENSES. THE OPTOMETRISTS WORK CLOSELY WITH THE MEDICAL PROVIDERS TO INSURE DIABETIC PATIENTS RECEIVE THE NECESSARY VISUAL SCREENINGS. THE OPTOMETRY DEPARTMENT SERVED 1,808 PATIENTS IN 2018.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: PROVIDES CHILDBIRTH EDUCATION PROGRAMS AND BREASTFEEDING EDUCATION AND SUPPORT. HCHC ALSO HAS A FAMILY CENTER WHICH PROVIDES PLAYGROUPS FOR YOUNG CHILDREN, FAMILY-ORIENTED ACTIVITIES AND PARENTING EDUCATION SUPPORT AS WELL AS A PRE-SCHOOL SCHOOL READINESS PROGRAM.

HCHC ALSO PROVIDES ASSISTANCE WITH HEALTH ACCESS (HELPING PEOPLE DETERMINE ELIGIBILITY FOR AND ENROLLING IN PUBLICALLY FUNDED HEALTH INSURANCE PROGRAMS) AND ASSISTANCE IN ACCESSING FUEL ASSISTANCE, HEALTH CARE, HOUSING REFERRALS, ADULT EDUCATION PROGRAMS, JOB READINESS PROGRAMS AND MUCH MORE.

THE HOPE (HEALTH OUTREACH PROGRAM FOR ELDERS) PROGRAM PROVIDES PREVENTATIVE AND HEALTH MAINTENANCE CARE TO SENIORS IN THEIR HOMES. THE HOPE NURSE CAN DO VITAL SIGN AND BLOOD PRESSURE CHECKS; HOME SAFETY ASSESSMENTS; MEDICATION MANAGEMENT; FLU SHOTS; ASSISTANCE IN COMPLETING HEALTH CARE PROXY FORMS; ARRANGING APPOINTMENTS WITH PHYSICIANS AND SPECIALISTS; REFERRALS FOR HOMEMAKER HELP AND MUCH MORE. THE PROGRAM ALSO PROVIDES OUTREACH VISITS BY PHYSICIANS WHEN CALLED FOR AND IN-HOME PODIATRY SERVICES TO ELDERS.

FORM 990, PART VI, SECTION B, LINE 11B:

HILLTOWN COMMUNITY HEALTH CENTERS, INC	04-2161484
FORM 990 IS REVIEWED BY THE FINANCE COMMMITTEE AND PRESENT	TED TO THE FULL
BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
A QUESTIONNAIRE MUST BE COMPLETED ANNUALLY BY OFFICERS, D	IRECTORS AND KEY
EMPLOYEES DISCLOSING ANY RELATIONSHIPS PRESENTING POTENTIAL	AL CONFLICTS OF
INTEREST.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE EXECUTIVE COMMITTEE MEETS ANNUALLY TO REVIEW THE EXEC	CUTIVE DIRECTOR'S
COMPENSATION AND COMPARE IT TO FOUR SIMILARLY-SIZED MASSAGE	CHUSETTS HEALTH
CARE ORGANIZATIONS. THE EXECUTIVE COMMITTEE'S RECOMMENDAT	ION IS BROUGHT TO
THE BOARD OF DIRECTORS FOR FURTHER DISCUSSION AND FINAL A	PRROVAL.
FORM 990, PART VI, SECTION C, LINE 18:	
FORM 990 IS AVAILABLE AT GUIDE STAR WEBSITE AND PROVIDED	JPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION PROVIDES ITS GOVERNING DOCUMENTS, CONFLIC	CT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS TO THE PUBLIC UPON REQUES	ST.

# Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

#### filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. print 04-2161484 HILLTOWN COMMUNITY HEALTH CENTERS, File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 58 OLD NORTH ROAD City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions WORTHINGTON, MA 01098 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 07 01 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 04 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 FRANK MERTES The books are in the care of ► 58 OLD NORTH ROAD -WORTHINGTON, MA 01098 Telephone No. $\blacktriangleright$ (413)238-5511Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this 」. If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and EINs of all members the extension is for. NOVEMBER 15, 2019, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2018 or \_\_\_ tax year beginning , and ending Initial return If the tax year entered in line 1 is for less than 12 months, check reason: L Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

**b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form **8868** (Rev. 1-2019)

3b



Policy Title:	Policy Number:	
Provider Recruitment and Retention Plan	HR-19	
Department:	Policy status:	
All Departments	Active	
Regulatory Reference:		
Date Published: MAY 2015		
Dates Reviewed: NOV 2019		
Dates Revised:		

# **PURPOSE:**

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for recruiting and retaining providers.

# **POLICY:**

The Hilltown Community Health Center (HCHC) will recruit Medical, Dental, Behavioral Health, and Eye Care providers dedicated to the provision of quality, comprehensive, cost-effective patient care. HCHC will maintain and support an on-going Provider Recruitment and Retention Plan that outlines:

- A comprehensive recruitment process designed to recruit providers committed to the mission
  of community based health centers and dedicated to meeting the needs of the Health Center
  patients.
- A comprehensive retention process that supports the personal, professional, and family needs of providers, thus encouraging long term employment commitments to HCHC.

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

Approved by Board of Directors on: Approved by:	
Chief Executive Officer HCHC	HCHC Board of Directors

# **PROCEDURE:**

# **HCHC Requirements**

The success of the Hilltown Community Health Centers Recruitment and Retention Plan depends upon HCHC providing:

- A clear and definitive role of providers as team leaders among the support staff in the provision of health care.
- An effective and efficient support team that works with providers in meeting the overall needs of the community.
- A work environment that encourages the successful completion of established clinical goals.
- A compensation package that is competitive and rewards providers for commitment to the community.
- A work environment where administrative/management teams and providers understand the unique organizational and financial structure of community health centers, and work cooperatively in the planning, management, and evaluation of the health center.
- Opportunities for providers to participate, as appropriate, in community based health care
  initiatives, networks, and cooperative agreements and/or develop affiliations with other
  health care entities for the purpose of continued personal, professional and/or academic
  growth and development.

# **Recruitment of Provider Staff**

# 1. Determine Need and Recruitment Strategy

The entire staff of HCHC will be involved in the process at varying stages. The following steps will be taken to ensure the most desirable outcome:

- 1) Determine the need for recruitment and complete the Personnel Requisition Form. Involve the provider staff in the process.
- 2) Determine desirable provider attributes and position qualifications and make any necessary updates to the job description.
- 3) Determine the feasibility of desirable recruitment methods with the Executive Assistant, who will post the ads.
- 4) Select the method(s) of advertising that best suit HCHC's needs
- 5) Target graduating residents when necessary.
- 6) Target the search area to the states needed; expand the area as necessary.
- 7) Develop a Hiring Team, which will determine the most likely resources for targeted recruitment, which could include:
  - a) Residency programs
  - b) Professional school alumni lists/publications
  - c) Publications newspapers, journals
  - d) Internet
  - e) State medical scholarship programs
  - f) Directories of State Licensure Boards
  - g) JAMA Annual Education issue

- h) National Health Service Corps
- i) Professional Recruitment Services
- j) 3RNet

# 2. Development of Candidates

Do not assume that all inquiries about the position are serious. Initial screening activities should include:

- 1) Review candidate's resume/ CV for qualifications
- 2) Conduct a phone interview to ascertain the level of interest; answer questions about the practice opportunity and explain the recruitment process.
- 3) If the candidate is viable, send a recruitment packet with a sample contract and schedule an in-depth phone interview.
- 4) Include spouse/significant other on the phone interview to determine their expectations and answer any questions about the community (housing, schools, recreation, shopping, cultural opportunities).
- 5) If five or more viable candidates complete this phase, select the top three for further consideration, based upon all available data.

# 3. Candidate(s) Site Visit

Before the candidate visits the site, certain preparations need to be completed, including the following:

- 1) A pre-visit planning call to determine the objectives of the candidate, spouse, and other family members.
- 2) A written itinerary for the visit prior to the visit, including pertinent information related to specific activities.
- 3) Communication between members of the relevant management members/staff to review the site visit plans, their roles and preparation for the interview and responses to the candidate's questions regarding the community.
- 4) Include in site visit itinerary:
  - meetings with, as appropriate, support staff, fellow providers, department head,
     Senior Management leader, and Executive Director; and
  - tours of all HCHC sites, including SBHC and Hilltown Community Center, if possible
- 5) Members of the hiring team shall interview the candidate, either separately or in small group(s), following the board-approved Procedures for Interviewing Policy.
- 6) Allow time to discuss the contract thoroughly before the visit ends.
- 7) Make every effort to ensure that the visit is pleasant and ends on a positive note.
- 8) If the hiring team agrees, the candidate may be invited to return for a second site visit and/or interview, which could include shadowing opportunities, as appropriate.

# 4. Selecting the Candidate

Selecting the final candidate will include input from the hiring team, which may include provider staff, members of Senior Management, Practice Manager, Executive Director and/or other members. Consideration will be based on:

1) Candidate who best fits the qualifications and other desired attributes and requirements for the position.

- 2) Candidate who best fits the health clinic practice site and community
- 3) The most mutually financially beneficial relationship for the health center and the provider.
  - 4) Overall fit and satisfaction of the candidate and family with the community.

# 5. Follow-up/Making the Offer

Immediately following the site visit and selection process by the hiring team, the following steps will be taken:

- 1) Hiring Manager to complete a Personnel Action Form (PAF) for all candidates they wish to extend offers to, each ranked 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, and so on. This is signed by the Head of that department, and then sent to Human Resources.
- 2) Human Resources to send a letter to the selected candidate (and spouse) which includes:
  - a) Expression of thanks for visiting the program
  - b) An offer to accept the position with a designated time frame for a reply
- 3) Encourage recruitment committee members to also write letters.
- 4) Send thank you letters to other candidates invited to visit the center.

# 6. Follow-up/Acceptance of Offer

The following steps will be taken to bring closure to the recruitment process:

- 1) Immediately confirm the following in writing:
  - a) The candidate's acceptance has been received.
  - b) The acceptance is based upon the agreed contract.
  - c) The expected start date.
- 2) Finalize start date
- 3) Keep lines of communication open.

#### **B.** Retention of Provider Staff

#### 1. Health Center Orientation

- 1) A provider will be assigned to each new recruit to:
  - Introduce the new provider to clinic staff
  - Provide orientation to the health center
  - Provide information about responsibilities of medical staff, such as attendance at meetings, chart completion expectations and protocol for scheduling patients.
  - Assist with establishing the provider in the patient scheduling system.
- 2) The EHR Specialist or other relevant staff person will provide new provider with a minimum of one day of training on the relevant EHR, as needed.
- 3) The new provider will be scheduled for the first month (or a period to be determined, based on proficiency with EHR) in a manner that will enable her/him to become proficient in the workflows and use of the EHR so as to mitigate a detrimental effect on morale and/or efficiency.

#### 2. Community Orientation

HCHC will work to assist the new provider in becoming acquainted with the community.

# 3. Open Communication

Do not assume that a new provider will be integrated into the practice situation after the initial few days or weeks. The normal orientation phase takes about six months. During this initial period, it is important that the Department Director communicates regularly with the new provider regarding the adjustment to the practice and community. Maintaining an open line of communication may prevent misunderstandings and conflicts from arising later.

## 4. Team Building

Retention depends a great deal on instilling a "team" atmosphere for the new provider. It is important that the new provider become a part of the organization as quickly as possible. This process can be facilitated by a planned approach to involving the new provider in health center functions. The retention strategy will also incorporate teaching the history, traditions, and customs of HCHC and community.

# 5. Salary and Benefits

These policies and procedures are particularly important for the retention of existing providers, as well as the recruitment of new providers. Compensation packages will be reviewed periodically against state and local benchmarks and provider contracts updated as needed to remain competitive in the market place.



Policy Title:	Policy Number:
Health Center Closure Policy	ADM-10
Department:	Policy status:
Administrative	Active
Regulatory Reference: None	
Date Published: DEC 2015	
Dates Reviewed: SEP 2018, JUL 2019	
Dates Revised:	

# **PURPOSE:**

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for actions required when the health center closes for weather or other reason.

# **POLICY:**

- 1. Unscheduled closures and/or delayed openings will be disseminated to employees using the Snow Line and All Staff email.
- 2. Early closures for inclement weather will be disseminated to employees by All Staff email and telephone.
- 3. Closures will be passed along to the answering service.
- 4. Closures will be noted on both the HCHC website and Facebook pages.

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



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

# **HCHC Emergency Site Closure Procedure**

The CEO makes the determination when to close HCHC sites in extreme weather or other emergency circumstances; this will be as rare an occasion as possible.

If an HCHC site closes early or has a delayed opening, employees scheduled to work that day at that location may be asked to transfer to another site to work their scheduled hours.

If they choose <u>not</u> to report to another site, accrued time must be used for the hours scheduled for that day. Unused Holiday time must be used first, and then employees may elect to use Vacation, Personal, or Sick time. Should an employee not have any unused Holiday and accrued time available, they may choose to create a negative balance in Vacation or Sick time. Hourly employees may also choose to be unpaid for their scheduled time.

If their services are not needed at another site, they will be paid for the hours they were scheduled to work during the closure.

If an HCHC site closes for an entire day due to a declared emergency situation, employees scheduled to work that day at that location may be asked to transfer to another site to work their scheduled hours. If they choose not to report to another site, accrued time must be used for the hours scheduled for that day. Unused Holiday time must be used first, and then employees may elect to use Vacation, Personal, or Sick time. Should an employee not have any unused Holiday and accrued time available, they may choose to create a negative balance in Vacation or Sick time. Hourly employees may also choose to be unpaid for their scheduled time.

If their services are not needed, accrued time must be used for the hours scheduled for that day. Unused Holiday time must be used first, and then employees may elect to use Vacation, Personal, or Sick time. Should an employee not have any unused Holiday and accrued time available, they may choose to create a negative balance in Vacation or Sick time. Hourly employees may also choose to be unpaid for their scheduled time.

In some situations, employees may be asked by their supervisor to work from home; in this case, the employee will bill the hours worked as Regular time. Supervisors may approve or request that employees reschedule hours affected by a closure.

The School-Based policy will remain unchanged, but will be superseded by the policy above only in cases where both the SBHC and HHC sites are closed.

# **HCHC Site Closure Notification Procedure**

Unscheduled closures and/or delayed openings will be disseminated to employees using the Snow Line and All Staff email.

1. The Chief Executive Officer (CEO), in conjunction with the Facilities Manager and the Practice Manager will make the decision to close the health center prior to the start of the workday.

- a. The Facilities Manager will post the announcement on the Snow Line (**413-238-4110**) prior to 6:15 a.m. on the affected day.
- b. Employees should call the Snow Line after 6:15am to be informed of the health center's status.
- c. The CEO will send out an All Staff email echoing the announcement on the Snow Line.
- 2. The CEO, in conjunction with the Facilities Manager and the Practice Manager will make the decision to have a delayed opening of the health center.
  - a. In the event of a delayed opening, employees will consult the Snow Line for updated information 1½ hours prior to the delayed opening time.
  - b. If the health center opening is delayed, staff will be expected to show up at their usual time if that time is any time after the delayed opening. *For example,* if the health center is opening at 10:00 AM, anyone whose usual work schedule calls for them to work at 10:00 AM or after will report to work on-time.

## Early closures for inclement weather will be disseminated to employees by All Staff email and telephone.

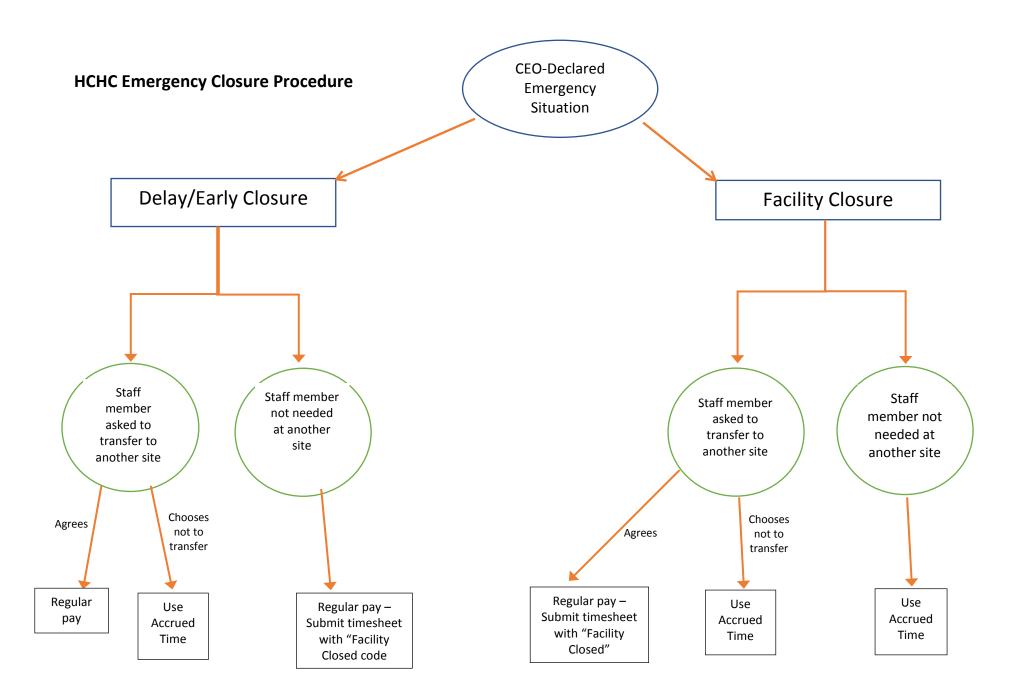
- 1. The CEO, in consultation with the Facilities Manager and Practice Manager, will make the decision to close the health center early in the event of inclement weather.
- 2. The CEO will send an All Staff email stating the reason for the early closure and the time of the closure.
- 3. Reception in both health centers will be responsible for spreading the word to all employees.

#### Notification of closures to the patients/public will be accomplished through a variety of methods.

- 1. If there is an identified possibility of a delayed opening/closure, due to weather forecasts, the Reception Supervisor and Practice Manager will ensure that all patients with appointments that could be affected by a delay/closure are contacted by phone and/or other means to ask them to check HCHC's website and/or call the phone line prior to coming to their appointment to ensure that the site is open.
- 2. Once the delay/closure decision is made, the Reception Supervisor and Practice Manager will ensure that all patients with appointments that will be affected by the closure are contacted by phone and/or other means.
- 3. All closures will be passed along to the answering service. Upon receipt of a closure, early closure or delayed opening, the Reception Supervisor will contact the answering service and ensure the following:
  - a. The phones are rolled to the service
  - b. The status of the health center is conveyed to the service with the understanding that the closure message will be automated for the patients or other people calling the health center.
  - c. Patients having an emergency will be instructed by the service to either call 911 or the service will contact the on-call provider.
  - d. The Reception Supervisor and/or Practice Manager will inform the IT Manager by phone or text that the outgoing phone message at the health center should be changed to the Inclement Weather Message. He will then manually change the outgoing messages, which will the inform callers of the closure, in the event that they punch through and don't get the answering service.

The message will include the information that closure notices are available on both the website and the Snow Line, and it will give that phone number.

- e. In the event the Reception Supervisor is unavailable, these duties will roll up to the Practice Manager.
- 4. Closures will be noted on both the HCHC website and Facebook pages. The Executive Assistant or administrator will ensure that both the HCHC web site and the HCHC Facebook page are updated with the current status of the health center.
- 5. Closures will be conveyed to local media. The Executive Assistant will contact the WGGB-40 television station and put the announcement on their closure list.





# **Board of Directors Committee Listing**

The Board of Directors is responsible for overseeing the operations of the health center by:

- Holding monthly meetings;
- Approving of the health center grant application and budget;
- Selection/dismissal and performance evaluation of the health center CEO;
- Selection of services to be provided and the health center hours of operations;
- Measuring and evaluating the organization's progress in meeting its annual and long-term programmatic and financial goals and developing plans for the long-range viability of the organization by engaging in strategic planning, ongoing review of the organization's mission and bylaws, evaluating patient satisfaction, and monitoring organizational assets and performance; and
- Establishment of general policies for the health center.

To achieve these ends, the Board has the following standing and ad hoc committees:

<u>Executive Committee:</u> The Executive Committee is responsible for ensuring that the Board is compliant with its governance requirements. It has the authority to act on behalf of the full board as long as any discussions/actions etc. are fully minuted and reported back to the full board and any votes taken are ratified by a vote of the full board.

#### Members

John Follet, Chair Nancy Brenner Kathryn Jensen Deb Leonczyk <u>Credentialing Committee</u>: Reviews and approves credentials and privileging application of newly hired clinical personnel to ensure their hire meet HCHC policy requirements. Also approves the recredentialing and re-privileging of existing personnel to ensure that they meet the requirements of organizational policy. Forwards recommended approval to the full Board.

Members
John Follet
Kathryn Jensen
HR Coordinator
CEO

<u>Facilities Committee:</u> Responsible for overseeing the development and implementation of a capital improvement plan and contributing to budgeting estimates. Monitors facility needs and reports of major developments to the full Board.

#### Members

Alan Gaitenby, Chair CFO Facilities Manager

<u>Finance Committee</u>: Reviews monthly income and expense statements as well as other financial statements, reports and performance data for each department. Reports to Board as a whole on the previous reporting period's financial activities and about anticipated expenses, trends and other factors potentially affecting the organization's financial viability. Reviews and votes to recommend to the larger Board requests for funding of items with significant cost, as per policy.

#### Members

Deb Leonczyk, Chair John Follet CEO CFO <u>Fundraising and Development Committee</u>: Oversees and provides input into fundraising activities, including establishing policies for donations, gifts and other funding matters. Creates and participates in training for Board members to act as representatives for HCHC at fundraising events. Participates in the identification and development of strategies to promote the organization and the mission.

**Members** 

Nancy Brenner, Chair Matt Bannister Kate Albright-Hanna John Follet Development Director CEO

<u>Personnel Committee:</u> Establishes and reviews policies involving personnel matters including the Employee Handbook, training policies, staff satisfaction, staff evaluation, staff benefits, and processes for handling staff complaints.

# **Members**

John Follet, Chair
Wendy Long
Lee Manchester
HR Coordinator
CEO
Employee representatives

Recruiting, Orientation & Nominating Committee:

Oversees development of a recruitment and training plan for new board members. Identifies candidates for Board membership and officers and presents slate at annual meeting. Participates in the development of on-going board training in concert with the strategic plan.

**Members** 

Wendy Long Alan Gaitenby Nancy Brenner Quality Improvement/Risk Management (QI/RM):

Assures that quality care is given in all clinical areas through peer review, dashboard metric review, and patient complaint review. Ensures organization is compliant with federal and state data reporting requirements with regard to quality of care. Monitors risk management through the review of incident reports, legal issues, and compliance with the Risk Management Plan. The committee identifies areas where improvement is needed and lays out and monitors an improvement process. Required to meet at least 6x/year, but generally meets monthly. Reports on every meeting to full Board and provides bi-annual QI/RM report of activities.

Members

Kathryn Jensen, Chair Seth Gemme CEO

CCCSO/Risk Manager

Department Heads (Medical, Dental, Behavioral Health, Optometry, Community Programs)

Strategic Planning: Responsible for development of HCHC Strategic Plan every three years, and monitoring implementation in intervening years. Develops vision for the organization and identifies goals and strategies for attaining that vision. Reviews and updates mission statement and bylaws as needed. Identifies measures for evaluating progress towards goals.

**Members** 

Deb Leonczyk Alan Gaitenby Nancy Brenner John Follet CEO CFO CCCSO



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# Self Updates: Services details

H80CS00601: HILLTOWN COMMUNITY HEALTH CENTER, INC., Worthington, MA Grant Number: H80CS00601 **BHCMIS ID: 010330** Project Period: 06/01/2002 - 05/31/2021 Budget Period: 06/01/2019 - 05/31/2020 Resources 🗹 View Form 5A Form 5B Form 5C **Pending Approved Changes Required Services Additional Services Specialty Services** Pending Approved Changes (0)

Pending Approved Changes (0)

Pending Approved Changes (0)

Approved Required Services				
	Service Delivery Methods			
Service Type	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)	
General Primary Medical Care	×			
Diagnostic Laboratory	x		X	
Diagnostic Radiology			X	
Screenings	x			
Coverage for Emergencies During and After Hours	X			
Voluntary Family Planning	x		X	
Immunizations	X			
Well Child Services	X			
Gynecological Care	x		X	
Obstetrical Care				
Prenatal Care			X	
Intrapartum Care (Labor & Delivery)			X	
Postpartum Care			X	
Preventive Dental	x			
Pharmaceutical Services	X	X		
Case Management	x			
Eligibility Assistance	X			
Health Education	x			
Outreach	X			
Transportation	X		X	
Translation	X	X		

Approved Additional Services			
	Service Delivery Methods		
Service Type	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
Additional Dental Services	X		
Behavioral Health Services			
Mental Health Services	X		
Substance Use Disorder Services	X		X
Optometry - Optometry	X		
Physical Therapy			X
Nutrition	X		
Complementary and Alternative Medicine	X		
Additional Enabling/Supportive Services	X		X

	Service Delivery Methods		
Service Type	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Writter Referral Arrangement (Health Center DOES NOT pay)

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Product: SCP | Platform #: 4.9.25.0 | Bulld #: 4.0.0.6 | Environment: Production

# Self Updates: Site details

▼ H80CS00601: HILLTOWN COMMUNITY HEALTH CENTER, INC., Worthington, MA

Grant Number: H80CS00601

**BHCMIS ID: 010330** 

Project Period: 06/01/2002 - 05/31/2021

Budget Period: 06/01/2019 - 05/31/2020

Site Id: BPS-H80-017990			Site Status: Act
Site Information			
Site Name	Hilltown Community Center	Physical Site Address	9 Russell Rd, Huntington, MA 01050- 9774
Site Type	Administrative	Site Phone Number	(413) 667-2203
Web URL	www.hchcweb.org		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	05/23/2016	Site Operational Date	
FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	
Saved Months of Operation	January, February, March, April, May, June	e, July, August, September, Octob	per, November, December
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		
Subrecipient or Contractor Information (Requ	ired only if 'Subrecipient or Contractor' is	s selected in 'Site Operated By'	field)
Subrecipient/Contractor Organization Name	Subrecipient/Contracto	or Organization Physical Site A	ddress Subrecipient/Contractor EIN
	No Subrecipient or Contractor inform	ation to be displayed	
Service Area Zip Code (Include only those fro	m which the majority of the patient popul	ation will come)	
Saved Service Area Zip Code(s)			

Site Id: BPS-H80-002432			Site Status: Active
Site Information			
Site Name	GATEWAY SCHOOL BASED HLTH CENTER	Physical Site Address	12 Littleville Rd, Huntington, MA 01050- 9761
Site Type	Service Delivery Site	Site Phone Number	(413) 667-0142
Web URL	www.hchcweb.org		
Location Type	Seasonal	Site Setting	School
Date Site was Added to Scope	01/11/1998	Site Operational Date	09/08/1997
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site	221938

Medicare Billing Number Status' field.)

**FQHC Site National Provider Identification** 

(NPI) Number (Optional field)

**Total Hours of Operation** 

(when Patients will be Served

30.00

per Week)

**Saved Months of Operation** 

January, February, March, April, May, June, September, October, November, December

**Number of Contract Service Delivery** 

(Required only for 'Migrant Voucher Screening'

Site Type)

Number of Intermittent Sites

(Required only for 'Intermittent'

Site Type)

Site Operated by

Site Information

Web URL

**Location Type** 

Health Center/Applicant

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)

Subrecipient/Contractor Organization Name

Subrecipient/Contractor Organization Physical Site Address

Subrecipient/Contractor EIN

No Subrecipient or Contractor information to be displayed

Service Area Zip Code (Include only those from which the majority of the patient population will come)

Saved Service Area Zip Code(s) 01071, 01050, 01008, 01011

Site Id: BPS-H80-003922 Site Status: Active

Site Name WORTHINGTON HEALTH CENTER

**Physical Site Address** 

Site Phone Number

58 Old North Rd, Worthington, MA

01098-9753

(413) 238-5511

Site Type Service Delivery Site

www.hchcweb.org

Date Site was Added to Scope 01/07/1976 Site Setting

All Other Clinic Types

Permanent

**Medicare Billing Number** (Required if "This site has a

**Site Operational Date** 

Medicare billing number" is

01/07/1976

**FQHC Site Medicare Billing Number Status** 

This site has a Medicare billing number

selected in 'FQHC Site Medicare Billing Number

221809

**FQHC Site National Provider Identification** 

(NPI) Number (Optional field)

1740268051

**Total Hours of Operation** (when Patients will be Served per Week)

50.00

Saved Months of Operation

January, February, March, April, May, June, July, August, September, October, November, December

Status' field.)

**Number of Contract Service Delivery** Locations

(Required only for 'Migrant Voucher Screening' Site Type)

**Number of Intermittent** Sites

(Required only for 'Intermittent' Site Type)

Site Operated by

Health Center/Applicant

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)

Subrecipient/Contractor Organization Name

Subrecipient/Contractor Organization Physical Site Address

Subrecipient/Contractor EIN

No Subrecipient or Contractor information to be displayed

Service Area Zip Code (Include only those from which the majority of the patient population will come)

01012, 01070, 01085, 01084, 01026, 01050, 01201, 01098, 01270, 01096, 01011, 01235 Saved Service Area Zip Code(s)

Site Id: BPS-H80-003134

Site Status: Active

Site Name	HUNTINGTON HEALTH CENTER	Physical Site Address	73 Russell Rd, Huntington, MA 01050 9777
Site Type	Service Delivery Site	Site Phone Number	(413) 667-3009
Web URL	www.hchcweb.org		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	01/06/1987	Site Operational Date	01/06/1987
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	221840
FQHC Site National Provider Identification NPI) Number Optional field)	1518946904	Total Hours of Operation (when Patients will be Served per Week)	64.00
Saved Months of Operation	January, February, March, April, May, June	e, July, August, September, Octob	ber, November, December
Number of Contract Service Delivery  Locations  Required only for 'Migrant Voucher Screening'  Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		

I THE TAX TO SEE THE		
Subreciplent/Contractor Organization Name	Subreciplent/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN
	No Subrecipient or Contractor information to be displayed	
Service Area Zip Code (Include only those from	which the majority of the patient population will come)	
Saved Service Area Zip Code(s) 01098, 01034	i, 01085, 01008, 01027, 01089, 01077, 01050, 01071, 01223, 01011	

ite Id: BPS-H80-017081			Site Status: Activ
Site Information			
Site Name	John P. Musante Health Center	Physical Site Address	70 Boltwood Walk, Amherst, MA 01002- 2271
Site Type	Service Delivery Site	Site Phone Number	(413) 835-4980
Web URL	www.hchcweb.org		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	09/30/2015	Site Operational Date	06/11/2018
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	221949
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	40.00
Saved Months of Operation	January, February, March, April, May, Jun	e, July, August, September, Octo	ber, November, December
Number of Contract Service Delivery Locations		Number of Intermittent Sites	

# Self Updates - Site details | EU | HRSA EHBs

(Required only for 'Migrant Voucher Screening'

(Required only for 'Intermittent' Site Type)

Site Type)

Health Center/Applicant

Site Operated by

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)

**Subrecipient/Contractor Organization Name** 

Subrecipient/Contractor Organization Physical Site Address

Subrecipient/Contractor EIN

No Subrecipient or Contractor information to be displayed

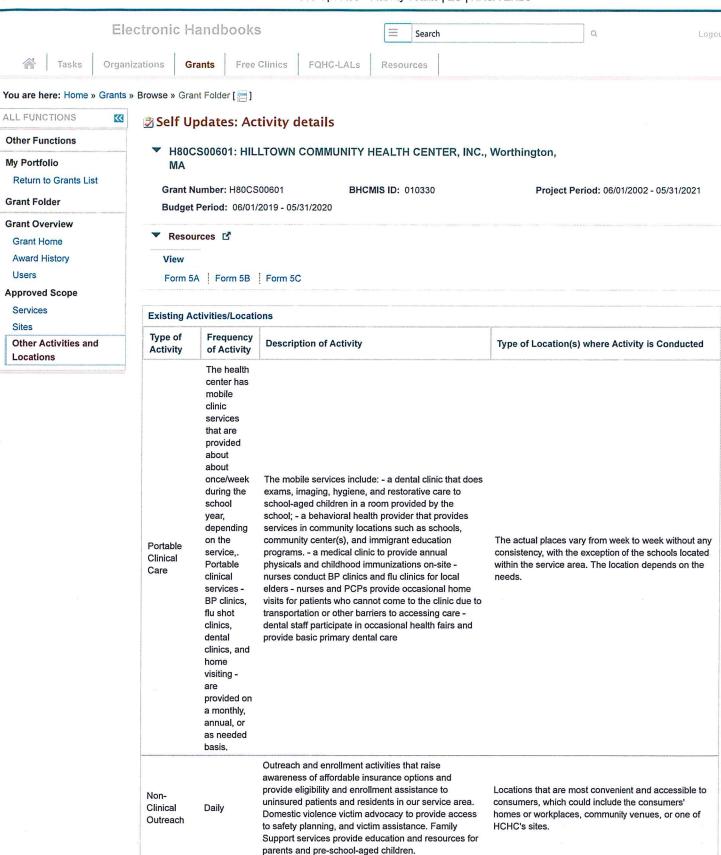
Service Area Zip Code (Include only those from which the majority of the patient population will come)

Saved Service Area Zip Code(s)

01096, 01008, 01060, 01002, 01062, 01040, 01004, 01330, 01085, 01070, 01375, 01373, 01098, 01027, 01050, 01035, 01075,

01007

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# Summary of HRSA Program Requirements for FQHCs

- PR1: Needs Assessment
  - Defineservicearea
  - o Assess unmet needs
  - o Interviewees: CEO and Development Director
- PR2: Required and Additional Health Services
  - o Provide Required Services
  - o Provide Additional Services
  - Do so through direct provision, subcontractors, or formal written referral agreements
- PR3: Clinical Staffing
  - o Staff in place to provide the services
  - o Ensure access to services through consideration of community needs
  - o Documented credentialing and privileging process for own and contracted staff
  - Interviewees: CCCSO and Medical Director, Dental Director, BH Director, and HR Coordinator, CEO
- PR4: Accessible Locations and Hours of Operation
  - o Provide services in places and at hours to meet needs of patients
  - o Interviewees: Senior Management, Board of Directors
- PRS: Coverage for Medical Emergencies During and After Hours
  - o Must have procedures for meeting emergency needs of patients at all times
  - o Interviewees: CCCSO and Medical Director
- PR6: Continuity of Care and Hospital Admitting
  - Must have procedures to ensure continuity of care within Jocal area
  - o Must have formal relationship with one or more hospitals
  - o Interviewees: CCCSO and Medical Director, possibly nursing
- PR7: Sliding Fee Discount Schedule
  - o May not deny patients due to inability to pay
  - o Fee schedule must be developed based on local market
  - o Must have a discount schedule for fees based on patient income that includes:
    - A nominal fee for those with income <100% poverty line</li>
    - Schedule of discounts for those with income <200% poverty line</li>
  - o Interviewees: CFO, Billing, Finance, Receptionists, Board of Directors, Navigators
- PR8: Quality Improvement/Assurance
  - o Must have QI program

- Must conduct assessments of quality
- o Must protect patient privacy/confidentiality
- o Interviewees: CCCSO and Medical Director, other Dept Heads, IT/EHR Staff
- PR9: Key Management Staff
  - o Must have job descriptions for key staff
  - o Must have staffing suitable for organizational needs
  - o CEO must be an employee, and HRSA must approve replacement
  - o Interviewees: Senior Management, Dept Heads?, HR
- PR10: Contracts and Subawards
  - o Must follow strict rules for contracts, procurement, and monitoring
  - o Interviewees: CFO, Finance
- PR11: Conflict of Interest
  - o Contracts must be free of conflict of interest
  - o Staff and board must follow conflict of interest rules
  - o Interviewees: CEO, CFO, Finance, Board of Directors,
- PR12: Collaborative Relationships
  - **o** Develop collaborative relationships with community entities, including hospitals and community organizations
  - o Collaborate with other FQHCs
  - o Interviewees: CEO
- PR13: Financial Management and Accounting Systems
  - o Federal funds must be carefully tracked and administered
  - o Interviewees: CFO, Finance
- PR14: Billing and Collections
  - o Payment for services must be collected from public or private payers o Patients who are unable to pay must have access to services
  - o Interviewees: CFO, Billing
- PR15: Budget
  - o Annual budget (for federal funds) must be submitted to HRSA
  - o Interviewees: CEO, CFO, Finance
- PR16: Program Monitoring and Data Reporting Systems
  - o Regular monitoring of performance on clinical and financial measures o Data reports must be submitted to HRSA as required
  - o Interviewees: CFO, Practice Manager, Reception, Board of Directors
- PR17: Board Authority
  - o Policies and procedures must ensure that Board is meeting large number of required actions, including budget, strategic planning, evaluation of CEO, etc.

- o Interviewees: CEO, Board of Directors
- PR18: Board Composition
  - o Must be at least 51% patients, and represent the communities being served o May not be employees
  - o Interviewees: CEO, Board of Directors
- FTCA: Risk Management
  - o Ensure compliance with federal requirements
  - o Interviewees: CCCSO and CEO





# 2019 COMMUNITY NEEDS ASSESSMENT

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# **Community Needs Assessment**

#### I. Overview

Hilltown Community Health Centers, Inc. (HCHC) has been designated as a federal qualified health center (FQHC) since 2000 and delivers health care in predominantly rural areas of western Massachusetts. HCHC provides comprehensive, integrated, state of the art medical, dental, behavioral health, optometry and health education and outreach services to the area.

HCHC operates four health center sites and a family support facility: The Huntington Health Center serving the southern Hilltowns, the Worthington Health Center serving the northern Hilltowns, the School-Based Health Center in the Gateway Regional Middle/High School serving the students in the Gateway Regional School District and the John P. Musante Health Center, HCHC's newest site serving Amherst and surrounding communities in the Pioneer Valley region. The Hilltown Community Center in Huntington provides on-site and community-based health education programs, health insurance assistance, social service support and services, family education and support and domestic violence advocacy and safety planning. In 2018 HCHC served 8,571 patients in over 43,696 visits across all services (some social service visits not included).

#### Service Area

The service area for Hilltown Community Health Centers, Inc. (HCHC) is comprised of twenty-five communities totaling 191,553 residents in Hampshire and Hampden Counties in Massachusetts. The service area communities are: Amherst, Belchertown, Blandford, Chester, Chesterfield, Cummington, Easthampton, Goshen, Granby, Granville, Hadley, Hatfield, Huntington, Middlefield, Montgomery, Northampton, Pelham, Plainfield, Russell, Southampton, Southwick, Westhampton, Westfield, Williamsburg and Worthington. Patients from these towns comprised 76% of all HCHC patients in 2018.

Amherst, Northampton and Westfield are the largest communities in the service area and function as the commercial and service hubs for the surrounding communities.

Bennington Wilmington Brattleboro Swanzey Peterborough

Time Peterborough

Jaffrey

Jaffrey

Hingdale

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Hingdale

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J

Figure 1. HCHC Service Area Map 2018

2018 HCHC Service Area

HCHC Service Area

**Table 1: HCHC Service Area Communities** 

	HAMPSHIRE COUNTY	I =	5
Town	2018 Patients Served	Total 2017 Population	Percent of Total
			Population
Amherst	185	39,880	.5%
Belchertown	34	14,906	.22%
Chesterfield	251	1,303	19%
Cummington	443	860	52%
Easthampton/Westhampton*	181	17,870	.9%
Goshen	67	1,096	6%
Granby	8	6,316	.12%
Hadley	42	5,301	.8%
Hatfield	11	3,305	.3%
Huntington	1177	1,977	60%
Middlefield	71	464	15%
Northampton	239	28,548	.8%
Pelham	192	1,277	15%
Plainfield	333	668	49%
Southampton	42	6,090	.7%
Williamsburg	230	2,481	9%
Worthington	657	1,253	52%
	HAMPDEN COUNTY		
Blandford	358	1,259	28%
Chester	578	1,529	38%
Granville	87	1,660	5%
Russell	368	1,330	28%
Southwick	87	9,711	.8%
Westfield/Montgomery*	901	42,469	2.1%
TOTALS	6,542	191,553	3.4%

<sup>\*</sup>Communities share same zip code so UDS patient numbers and population totals are combined. Source: US Census American Communities Survey (ACS), 2017

#### II. Factors Associated with Access to Care and Health Care Utilization

HCHC's service area is comprised of two distinct regions: the Hilltown region and the Pioneer Valley region. These areas are differentiated by geography, population density, access to services and cultural diversity.

# Hilltown Regional Characteristics Geography

HCHC's Hilltown region is comprised of the towns of Chesterfield, Cummington, Goshen, Huntington, Middlefield, Plainfield, Westhampton, Williamsburg and Worthington in Hampshire

County and Blandford, Chester, Montgomery and Russell in Hampden County. This isolated, rural area stretching over 600 square miles is set off from the rest of the state by hills and valleys. Over the decades, the Hilltowns' geology and geography have influenced its settlement pattern. The elevation difference between Hilltown uplands and the Pioneer Valley produced streams and rivers flowing through steep-sided valleys and mills were built to exploit the kinetic energy of falling water. As hilltop farming towns declined in importance, industrial towns in the river valleys rose to local prominence and population in the Hilltowns declined dramatically and settlement remains sparse. As a result, the Hilltowns' current average population density is 48 inhabitants per square mile, compared to 839 for the rest of Massachusetts (see Table 2. Hilltown Region General Characteristics below).

**Table 2: Hilltown Region General Characteristics** 

Hampshire County	Population Density (people/mile)	Educational Attainment - High School Graduation or Higher	Aged 62+	Commuting 35 minutes or more to work
Chesterfield	36.6	91.1%	21%	42%
Cummington	38.1	97.6%	29%	49%
Goshen	60.9	96%	18%	38%
Huntington	82.8	94.2%	21%	36%
Middlefield	21.6	97.7%	28%	59%
Plainfield	30.7	95.5%	29%	53%
Westhampton	66	97.8%	18%	16%
Williamsburg	96.5	96.8%	28%	45%
Worthington	36.2	94.9%	25%	56%
Hampden County				
Blandford	23.9	89.4%	28%	51%
Chester	36.5	90.7%	15%	45%
Montgomery	55.4	96.6%	24%	34%
Russell	102.5	95.2%	22%	28%
Region Average	48	94.8%	23.5%	42%
Hampshire County	300	94.5%	19%	20%
Hampden County	261	85.4%	19.3%	16%
Massachusetts	840	90.3%	19%	31%

Source: US Census American Communities Survey (ACS), 2017

#### **Transportation**

There are only two major east/west routes (Route 9 and 20) that connect the Hilltowns to other areas of the state. Many secondary roads (approximately 90% of area roadways) remain unpaved and are not well maintained, particularly during the winter months. **There is no public transportation system in the area, contributing further to isolation**. Distance to the closest hospital can be up to 30 miles and a 45 minute drive for some residents. Accessing a pharmacy or other services is also made difficult by the distance to service areas.

#### Older Adult Population

Older adults (aged 62+) represent a growing portion of the area population. The average percentage of those 62+ in the Hilltown region is 23.5%, nearly 25% higher than either the county or state-wide rates which are both 19%. Communities with significantly older populations, include Cummington, Middlefield, Plainfield, Williamsburg and Blandford.

#### **Educational Attainment**

The percentage of the population in the Hilltown region that have a high school diploma or higher educational attainment averages 94.8%, slightly higher than both the Hampshire County average of 94.5% and the state-wide average of 90.3%. No communities in the region differed significantly from the regional average. (See Table 2: Hilltown Region General Characteristics above).

#### Employment/Occupations

Gateway Regional School District and HCHC are the largest employers in the region. Small businesses and country stores account for most of the remaining of job opportunities in the Hilltowns. Many residents rely on seasonal and periodic employment, such as farming, logging, maple sugaring, construction, and snow plowing to earn a living. Residents also travel great distances to work outside the Hilltowns because of the lack of job opportunities in the area. Commuters spend an average of 42 minutes commuting to work as demonstrated in Table 2.

#### Unemployment

The regional average unemployment rate for the Hilltowns of 2.8% is identical to Hampshire County's and below the state-wide rate of 3.1% (See Table 3 Hilltown Region Economic Characteristics below). The community of Huntington is the only town that has an unemployment rate at least 10% higher than the regional average.

#### Income Level

The regional average income for the Hilltowns of \$70,957 is higher than Hampshire County's average income of \$64,974 but below the state-wide average of \$74,167. The communities of Cummington, Plainfield and Blandford have average incomes at least 10% lower than the region's average. The region's average percent of families with incomes below the poverty level is 6%, much lower than either Hampshire County's rate of 14% or the statewide rate of 11%. However pockets of poverty exist. The communities of Huntington, Plainfield and Williamsburg have poverty levels slightly higher than the region's average. (See Table 3. Hilltown Region Economic Characteristics).

**Table 3: Hilltown Region Economic Characteristics.** 

	Median		
Hampshire County	Household	Unemployment	Below Poverty
	Income		
Chesterfield	\$74,412	9.1%	6%
Cummington	\$52,500	4.9%	5%
Goshen	\$79,519	2.7%	2%
Huntington	\$66,713	1.2%	8%
Middlefield	\$75,313	2.8%	7%
Plainfield	\$56,875	4.9%	8%
Westhampton	\$86,591	5.4%	4%
Williamsburg	\$75,405	6.1%	11%
Worthington	\$75,000	1.3%	7%
Hampden County			
Blandford	\$62,875	7.9%	7%
Chester	\$76,250	5.1%	6%
Montgomery	\$74,000	5.7%	4%
Russell	\$66,985	3.9%	7%
Region Average	\$70,957	4.7%	6%
Hampshire County	\$64,974	6.5%	14%
Hampden County	\$52,205	8%	17.2%
Massachusetts	\$74,167	6%	11%

Source: US Census American Communities Survey (ACS), 2017

# Homelessness/Transience

Transience or homelessness affects all communities in Hampshire County but is less visible in some than others. The causes of homelessness include both societal factors – high housing costs, job loss and housing discrimination as well as individual factors- domestic violence, divorce, chronic illness and substance use disorder. Homelessness tends to be invisible in the Hilltowns. With limited social services or commercial places to congregate, there are few outdoor gathering places. However, those who have become transient, their first and only option in the Hilltowns is a friend or family member's couch. Unfortunately, official homeless counts are performed only in the larger towns in western MA so the exact numbers of those who are experiencing homelessness as well as whether the numbers are growing or shrinking, is not officially documented. However, HCHC's community programs do screen for social determinants of health (SDoH), including housing status. According to HCHC's Community Programs Director, in the first nine months of 2019, 30 individuals disclosed that they were homeless.

#### Cultural and Ethnic Characteristics

Culturally, the Hilltown region is very homogeneous, more so than either Hampshire or Hampden counties or the state. (See Table 4. Hilltown Region Cultural/Ethnic Characteristics). Only 2.5% of the region's population are foreign-born compared with 8% of Hampshire County, 9% of Hampden County or 17% of the state. Similarly, only 3% of the region's population speak a language other

than English at home compared to 11.5% of Hampshire County, 25.1% of Hampden County and 23% of the state. Ethnically, only 1.6% of the Hilltown population are Hispanic, compared with 5.4% of Hampshire County, 23.9% of Hampden County and 11.2% of the state.

**Table 4. Hilltown Region Cultural/Ethnic Characteristics** 

Hampshire County	Foreign Born	Speaking Language Other Than English at Home	Hispanic	Non-Hispanic
Chesterfield	.08%	2.5%	2.1%	97.9%
Cummington	0%	1.2%	2.6%	97.9%
Goshen	.03%	2.6%	3.2%	96.8%
Huntington	3%	3.4%	1%	99%
Middlefield	.4%	2.2%	0%	100%
Plainfield	7%	6.6%	3%	97%
Westhampton	2.3%	1.9%	1%	99%
Williamsburg	2%	2.2%	1.5%	98.5%
Worthington	3.5%	2.5%	.8%	99.2%
Hampden County				
Blandford	3%	1.5%	.2%	99.8%
Chester	3%	4.9%	2.6%	97.4%
Montgomery	6%	6%	1.6%	99.4%
Russell	2%	2%	1.4%	98.6%
Region Average	2.5%	3%	1.6%	98.4%
Hampshire County	8%	11.5%	5.4%	94.6%
Hampden County	9%	25.1%	23.9%	76.1%
Massachusetts	17%	23%	11.2%	88.8%

Source: US Census American Communities Survey (ACS), 2017

# **Pioneer Valley Regional Characteristics**

#### Geography

The Pioneer Valley Region is comprised of the flat lowlands on either side of the central Connecticut River in western Massachusetts. It includes the cities and towns of Amherst, Belchertown, Easthampton, Granby, Hadley, Hatfield, Northampton Pelham, and Southampton in Hampshire County and Granville, Southwick, and Westfield in Hampden County. A largely agricultural area, it is comprised mainly of small towns with low population densities with the exception of three cities: Northampton, Easthampton and Westfield. The larger communities contain many educational institutions, including the Five Colleges (Amherst, Mt. Holyoke, Smith, Hampshire, and the University of Massachusetts) and Westfield State College.

**Table 5: Pioneer Valley Region General Characteristics** 

Hampshire County	Population Density (people/mile)	Educational Attainment	Aged 62+	Commuting 35 minutes or more to work
Amherst	1370	95%	9%	14%
Belchertown	278.3	93.6%	19%	28%
Easthampton	1204	94.9%	22%	13%
Granby	225	92.6%	22%	14%
Hadley Town	227.4	96.3%	32%	11.6%
Hatfield Town	206.1	97.4%	30%	12.6%
Northampton	833.7	94.7%	21%	15.6%
Pelham	988.7	97.7%	31%	12%
Southampton	210	94.4%	30%	25.4%
Hampden County				
Granville	39.6	95%	21.4%	48%
Southwick	81.2	89.6%	23.4%	19%
Westfield	66.8	92.1%	20%	23.2%
Region Average	533	94.5%	23%	19%
Hampshire County	300	94.5%	19%	18.9%
Hampden County	261	85.4%	19.3%	16%
Massachusetts	840	90.3%	19%	28.9%

Source: US Census American Communities Survey (ACS), 2017

# **Transportation**

There is one bridge across the Connecticut River in HCHC's Pioneer Valley service area, between Hadley and Northampton. The only interstate highway, Route 91, is on the west side of the river and runs north and south, so residents of the eastern half of the service area do not have easy access to either the north or south. Public transportation is available through the Pioneer Valley Transit Authority (PVTA). Routes are primarily designed to connect the larger communities and the Five College systems. Residents of the smaller outlying communities have limited or no access to public transportation.

#### **Older Adult Population**

As with the Hilltown region, older adults (aged 62+) in the Pioneer valley region represent a growing portion of the area population. The average percentage of those 62+ in the Pioneer Valley region is 23%, higher than either the county or state-wide rates which are both 19%. Communities with a larger number of older adults than the regional average include Hadley, Hatfield, Pelham and Southampton.

#### **Educational Attainment**

The percentage of the population in the Pioneer Valley region that have a high school diploma or higher educational attainment averages 94.5%, equal to the Hampshire County average of 94.5% and higher the state-wide average of 90.3%. No communities in the region differed significantly from the regional average. (See Table 4: Pioneer valley Region General Characteristics).

### Employment/Occupations

The majority of employers in the Pioneer Valley are located in the communities of Amherst, Hadley, Northampton and Easthampton in Hampshire County. Many Hilltown residents travel to these communities for employment opportunities. Within Hampshire County, according to *Hampshire County Industry Snapshots and Crossing Themes*<sup>1</sup>, the top five employment sectors in the county are: educational services, healthcare, creative industries, manufacturing and food and agriculture. One out of every five jobs in the county is in educational services due to the concentration of institutions of higher learning in the county. The concentration of jobs in the educational services is 5.5 times greater than the US average.

# Unemployment

The regional average unemployment rate for the Pioneer Valley region of 2.9% is slightly higher than Hampshire County's and below the state-wide rate of 3.1% (See Table 5. Pioneer Valley Region Economic Characteristics). The City of Westfield is the only community that has an unemployment rate at least 10% higher than the region's average.

#### Income Level

The regional average income for the Pioneer Valley region of \$73,383 is higher than Hampshire County's average income of \$64,974 but below the state-wide average of \$74,167. The communities of Amherst, Easthampton, Hadley, Hatfield, Northampton and Westfield have average incomes at least 10% lower than the region's average. This can be explained in part due to the large number of students that reside in these communities. The region's average percent of families with incomes below the poverty level is 10%, lower than either Hampshire County's rate of 14% or the state-wide rate of 11%. Here, too, pockets of poverty do exist. The communities of Amherst, Easthampton and Northampton have poverty levels higher than the region's average. (See Table 5. Pioneer Valley Region Economic Characteristics below). All three communities have significant numbers of public housing units, which may account for the higher poverty rates.

#### Homelessness/Transience

Homelessness in HCHC's Pioneer Valley region is better quantified than in the Hilltowns. The Western Massachusetts Network to End Homelessness is a coalition of social service agencies focused on developing solutions to end homelessness through a housing-first approach that prioritizes prevention, rapid re-housing and housing stabilization. Every year they conduct a Point in Time survey to determine the total number of homeless people in the four counties of western Massachusetts. The December 2018 survey counted 307 homeless individuals in all of Hampshire County including 205 in Northampton, 37 in Amherst and 7 in Easthampton. Rates for all subpopulations (individuals, chronic, families, sheltered, unsheltered, veterans and youth under 25)

<sup>&</sup>lt;sup>1</sup> Hampshire County Industry Snapshots and Crosscutting Themes, Futureworks, June 2014

have fluctuated since 2012. The 2018 numbers were lower than in 2012 for all categories except for those in the unsheltered category<sup>2</sup>.

**Table 6. Pioneer Valley Region Economic Characteristics** 

Hampshire County	Median Household Income	Unemployment	Below 200% Poverty
Amherst	\$50,203	9.9%	33%
Belchertown	\$86,165	4.5%	6%
Easthampton	\$61,004	6.6%	11%
Granby	\$89,752	4.8%	5.5%
Hadley	\$58,953	1.2%	5.4%
Hatfield	\$65,087	2%	4.4%
Northampton	\$62,838	5.8%	15%
Pelham	\$92,250	6.2%	4%
Southampton	\$89,423	6.2%	4.6%
Hampden County			
Granville	\$86,000	5.6%	8.4%
Southwick	\$76,737	4.8%	7.2%
Westfield	\$62,212	6.3%	8.5%
Region Average	\$73,385	5.3%	10%
Hampshire County	\$64,947	6.5%	14%
Hampden County	\$52,205	8%	17.2%
Massachusetts	\$74,167	6%	11%

Source: US Census American Communities Survey (ACS), 2017

### Cultural and Ethnic Characteristics

The Pioneer Valley region is much more culturally and ethnically diverse than HCHC's Hilltown region. (See Table 7. Pioneer Valley Region Cultural/Ethnic Characteristics). Foreign born residents comprise 6% of the region's population, significantly higher than in the hilltowns (2.5%) but in line with 8% in Hampshire County residents and 9% in Hampden County. More residents also speak a language other than English at home in the Pioneer Valley (8%) than in the Hilltowns (3%). Ethnically, 4.1% of the population is Hispanic, nearly four times the number of Hispanic residents in the Hilltowns (1.6%). These statistics are reflected in the greater need for bi-lingual staffing and language translation services at HCHC's Amherst site.

**Table 7: Pioneer Valley Region Cultural/Ethnic Characteristics** 

Hampshire County	Foreign Born	Speak Language Other Than English at Home	Hispanic	Non-Hispanic
Amherst	15.8%	19.2%	6.1%	93.9%
Belchertown	4.2%	5.7%	1.3%	98.7%

<sup>&</sup>lt;sup>2</sup> https://westernmasshousingfirst.org

Easthampton	4.7%	9.4%	5.8%	94.2%
Granby	4.3%	10.2%	6.2%	93.8%
Hadley	9.3%	10.6%	5.1%	94.1%
Hatfield	2%	1.9%	.6%	99.4%
Northampton	8%	12.6%	8.7%	91.3%
Pelham	4%	6.4%	4.6%	95.4%
Southampton	7%	9.6%	.1%	99.9%
Hampden County				
Granville	2%	4.7%	2.3%	97.7%
Southwick	5%	4.4%	.2%	99.8%
Hampden County	Foreign Born	Speak Language Other Than English at Home	Hispanic	Non-Hispanic
Westfield	9.5%	13.7%	8.3%	91.7%
Region Average	6%	8%	4.1%	95.9%
Hampshire County	8%	11.5%	5.4%	94.6%
Hampden County	9%	25.1%	23.9%	76.1%
Massachusetts	17%	23%	11.2%	88.8%

Source: US Census American Communities Survey (ACS), 2017

# III. Significant Causes of Morbidity and Mortality

Health statistics in Massachusetts are collected by the Massachusetts Department of Public Health (MDPH). Data for chronic health conditions for this assessment were derived from MDPH sources except for conditions for which MDPH had no or very old data. Other sources of data include: the Robert Wood Johnson Foundation, the MA Healthy Aging Collaborative, the Massachusetts Cancer Registry, the Centers for Disease Control and Prevention, the Asthma and Allergy Foundation of America and the Massachusetts Health Policy Commission.

Priority health conditions for the purposes of this community needs assessment were determined by results from HCHC's Community Needs Survey and through review of Cooley Dickinson Health Care and Baystate Noble Hospital's recently completed 2019 Community Health Needs Assessments (CHNA). Cooley Dickinson Health Care, located in Northampton, is the regional hospital for most of Hampshire County and serves all the HCHC service area communities in Hampshire County. Noble Hospital, located in Westfield, serves all the HCHC service area communities in Hampden County.

## Diabetes

An estimated 8% of Hampshire County residents have diabetes, which is similar to the state rate of 9%<sup>3</sup>. The vast majority of diabetes is Type 2 diabetes, which is one of the leading causes of death and disability in the U.S. and a strong risk factor for cardiovascular disease. Diabetes hospitalization

<sup>3</sup> County Health Rankings and Roadmaps. 2019. County Health Rankings, Hampshire County, MA. Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

rates are a measure of severe morbidity due to diabetes. Hampshire County's rate of 117 per 100,000 people is substantially lower than the state average of 159. Rates in individualized communities vary widely in the service area. Some have higher rates of hospitalization for diabetes including Easthampton (188), Belchertown (125) and Northampton (105), while others such as Amherst (53) have substantially lower rates.

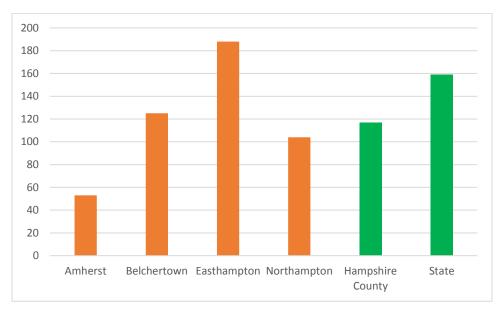


Figure 2. Diabetes Hospitalization Rates 2014

Source: MDPH, 2014. Age-adjusted per 100,000

Older adults experience higher rates of diabetes than the general population. The statewide average for adults over 65 with diabetes is 32%.<sup>4</sup> In the HCHC service area the average rate is 25.4%. Communities in the service area that have substantially higher rates of older adults with diabetes than the service area average include: Easthampton (29.2%), Montgomery (30.4%), Southampton (28.9%), and Westfield (30.4%).

### Cardiovascular Disease

According to the Massachusetts Department of Public Health (MDPH), cardiovascular disease was the leading cause of death in Hampshire County in 2016<sup>5</sup>. Cardiovascular disease includes diseases that affect the heart and blood vessels including coronary heart disease, angina, hypertension, myocardial infarction (heart attack) and stroke. Hampshire County has a lower rate of hospitalization than the state overall. However hospitalization rates in individual communities differ significantly as demonstrated in Figure 3. Cardiovascular Disease Hospitalization Rates.

<sup>&</sup>lt;sup>4</sup> MA Healthy Aging Collaborative. (2018). MA Healthy Aging Data Report.

<sup>&</sup>lt;sup>5</sup> MDPH, Massachusetts Deaths, 2016

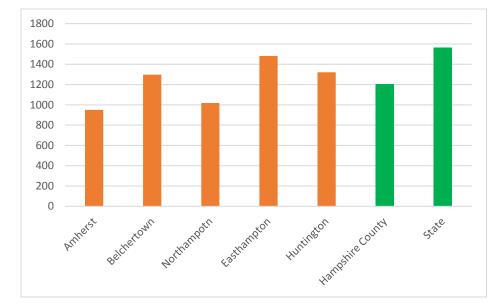


Figure 3. Cardiovascular Disease Hospitalization Rates, 2014

Source: MDPH, 2014. Age adjusted per 100,000.

As with diabetes, older adults experience higher rates of cardiovascular disease. Hypertension is a major contributor to cardiovascular disease. The state-wide average for adults over 65 with hypertension is 76.2%. In the HCHC service area the average rate is 69.5%. Communities in the service area that have substantially higher rates of older adults with cardiovascular disease than the service area average include: Westfield (76.3%), Montgomery (76.3%), Southampton (75.8%), and Belchertown (75.8%).

### Cancer

Cancer is the second leading cause of death in Hampshire County. According to MDPH, lung cancer was the leading cause of cancer death for both men and women between 2009 and 2013 in Massachusetts. Prostate cancer and breast cancer ranked second in mortality for Massachusetts men and women, respectively. The third most common type of cancer death in both men and women for 2009-2013 was cancer of the colon/rectum.

While Hampshire County's hospital admission rate for cancer is lower than the state average, (286.5/100,000 compared with 400.5) the rates vary in communities across the county as shown below in Figure 4. Cancer Hospitalization Rates. Huntington's cancer rate for instance was more than double the cancer rate for Hampshire County and more than one and half times higher than the state. The two most prevalent cancers in the community are breast cancer in women and lung cancer in both men and women. Together they accounted for 31% of all cancers cases between

<sup>&</sup>lt;sup>6</sup> MA Healthy Aging Collaborative. (2018). MA Healthy Aging Data Report.

<sup>&</sup>lt;sup>7</sup> Age-Adjusted Invasive Cancer Incidence Rates by County in Massachusetts, 2011 - 2015. (2017). Massachusetts Cancer Registry. http://cancer-rates.info/ma/

2011 and 2015 according to Massachusetts DPH's Cancer Incidence in Massachusetts: City and Town Supplement report<sup>8</sup>.

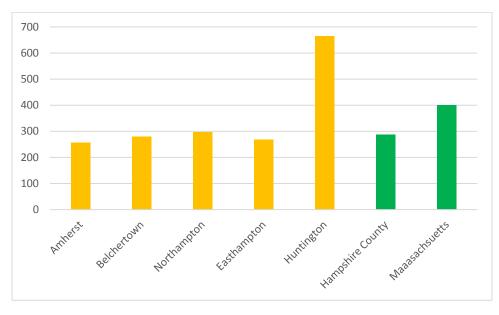


Figure 4. Cancer Hospitalization Rates, Hampshire County and Select Communities

Source: MDPH, 2014. Age adjusted per 100,000.

## Obesity

Obesity puts individuals at higher risk for all of the chronic illnesses discussed above: diabetes, cardiovascular disease and cancer as well as sleep apnea. Obesity can also impact feelings of wellness and mental health. In Massachusetts 25.9% of adults were obese in 2017 up from 16.8% in 2003.<sup>9</sup> In Hampshire County twenty-five percent of adults (25%) are obese, in line with state averages.<sup>10</sup>

Obesity in children is of particular concern as obese children often continue to be obese in adulthood, leading to adult disease risk factors that are more severe<sup>11</sup>. In Massachusetts, Body Mass Index (BMI) calculations are done annually for students in the 1<sup>st</sup>, 4<sup>th</sup>, 7<sup>th</sup> and 10<sup>th</sup> grades. Data is collected on the percentage of students overweight and obese. During the 2014 – 2015 school year, (latest data available), in Massachusetts on average, 32.2% of the students tested were overweight or obese. (See Figure 5. Percent School Age Population Overweight and Obese). School

<sup>&</sup>lt;sup>8</sup> Massachusetts DPH's Cancer Incidence in Massachusetts: City and Town Supplement, 2019

<sup>&</sup>lt;sup>9</sup> Trust for America's Health and the Robert Wood Johnson Foundation, *The State of Obesity, 2018* 

<sup>&</sup>lt;sup>10</sup>County Health Rankings and Roadmaps. 2019. County Health Rankings, Hampshire County, MA. Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

<sup>&</sup>lt;sup>11</sup> CDC. 2016. Childhood obesity causes and consequences. Centers for Disease Control and Prevention. Available at https://www.cdc.gov/obesity/childhood/causes.html

districts in HCHC's service area, including Amherst-Pelham Regional, Belchertown, Northampton, Hampshire Regional and Gateway Regional all had combined overweight and obesity rates lower than the state average. The exceptions were Smith Vocational School where 43% of the students were overweight or obese and Westfield where 33% were overweight or obese<sup>12</sup>.

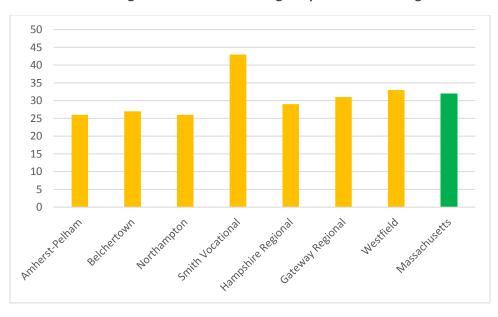


Figure 5. Percent School Age Population Overweight and Obese

Source: MDPH. Body Mass Index Screening in Massachusetts Public School Districts, 2015

### **Asthma**

The Springfield Metropolitan District, which includes Hampshire County, was identified as the most challenging place to live in the U.S. with asthma, according to the Asthma and Allergy Foundation's 2018 Asthma Capital rankings. The rankings are based on prevalence of asthma, emergency room visits, mortality, and presence of risk factors.<sup>13</sup> While the rate of emergency room use for asthma is lower in Hampshire County than the state (41.2 visits per 10,000 residents compared to 66.5 for the state), within the county high rates for emergency room use for asthma were found in Easthampton (57.6) and Huntington (63.7). In the HCHC service area as a whole, Westfield had the highest usage rate at 87.7, significantly higher than either the Hampshire County rate or the state rate<sup>14</sup>.

<sup>&</sup>lt;sup>12</sup> MDPH. 2017. Results from the Body Mass Index Screening in Massachusetts Public School Districts, 2015. Available at https://www.mass.gov/files/documents/2017/06/bac/bmi-data-tables-2015.pdf

<sup>&</sup>lt;sup>13</sup> Asthma and Allergy Foundation of America. 2018. Asthma Capitals 2018. Available at https://www.aafa.org/media/2119/aafa-2018-asthma-capitals-report.pdf

<sup>&</sup>lt;sup>14</sup> MDPH, MA Environmental Public Health Tracking, 2015

120
100
80
60
40
20
Easthampton Huntington Westfield Hampden Hampshire State County County

Figure 6. Rate of Emergency Dept. Visits for Asthma 2015

Source: MDPH Environmental Public Health Tracking, 2015

Asthma is the most common chronic disease in children. Pediatric Asthma Prevalence Rates in Hampshire County at 13.76 per 100 students for the school year 2016-2017 were, according to MA DPH, significantly higher than the state rate of 12. As shown below in Figure 7. rates within the county varied greatly from community to community with some communities significantly below both the county and state rates (Belchertown at 9), some in line with both the county rate (Amherst 12.3) and some significantly higher than both (Northampton, 18.1)<sup>15</sup>.

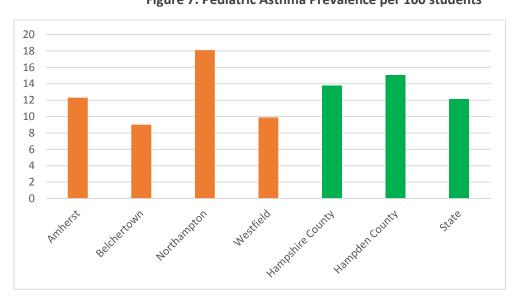


Figure 7. Pediatric Asthma Prevalence per 100 students

Source: MDPH, Environmental Public Health Tracking, School Year 2016-2017

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<sup>&</sup>lt;sup>15</sup> MDPH, MA Environmental Public Health Tracking, 2015

#### Mental Health

Mental health is an important indicator of health, affecting physical health and contributing to health inequities. Hospital mental health admissions in 2014, according to MDPH, were higher in both Hampden County (1598 per 100,000 residents) and Hampshire County (1124) than the state average (934) in 2014. The highest rates of hospitalization for mental health issues in the service area communities were in Northampton (1,940) and Westfield (1,508). Figure 8 illustrates 2014 hospitalization rates among service area counties, the state and highlighted communities.

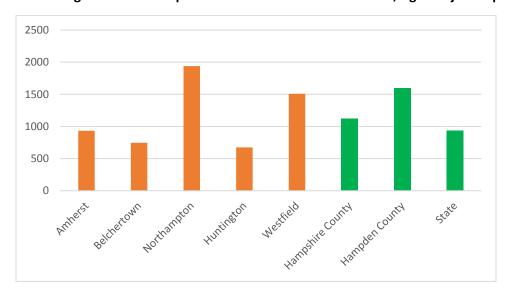


Figure 8. 2014 Hospitalization Rates for Mental Health, Age -Adjusted per 100,000.

Source: Massachusetts Center for Health Information and Analysis, 2014

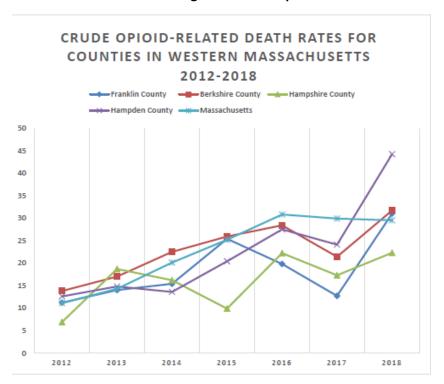
### Substance Abuse Disorder (SUD) and Opioid Use Disorder (OUD)

Mental illness often co-occurs with substance use disorders and impacts physical health as well as overall quality of life. Opioid use disorder in particular has rapidly emerged as a public health crisis in Massachusetts and across the country. In 2016, Massachusetts had the highest rate in the United States of opioid-related ED utilization and the third highest inpatient utilization among states that reported this data to the Agency for Healthcare Research and Quality<sup>16</sup>. Opioid-related deaths in western Massachusetts are once again on the rise. According to a recently released report from the Massachusetts Health Policy Forum, after a decrease in deaths in 2017, opioid-related deaths in 2018 met or surpassed previous records for all western Massachusetts counties<sup>17</sup>. Opioid related deaths for 2012 to 2018 in Hampden County increased by 84%, Hampshire County by 29%, Berkshire County by 48% and Franklin County by 114% as shown in Figure 9. The report cited an increase in the presence of fentanyl, either alone or mixed with other opioid drugs, as a major contributor to the increase. Other factors include a large number of doctors prescribing opioids, a lack of access to

<sup>&</sup>lt;sup>16</sup> Massachusetts Health Policy Commission, Opioid-Related Acute Hospital Utilization in Massachusetts, June, 2019,

<sup>&</sup>lt;sup>17</sup> Massachusetts Health Policy Forum, *Addressing the Opioid Crisis in Small and Rural Communities in Western Massachusetts*, September, 2019

treatment and federal regulations that make some treatment options, such as methadone, difficult to provide. Lack of transportation to those treatment facilities that do exist was a major barrier to treatment identified in the report.



**Figure 9. Crude Opioid Related Death Rates** 

Source: Massachusetts Health Policy Forum, 2019, Numerator from MADPH data, denominator from US Census Bureau. Per 100,000 people

The report also found that stigma further complicates effective treatment for OUD. It quoted a 2019 Massachusetts survey in which half of the family medicine, internal medicine and emergency room doctors thought that OUD was not a treatable condition. Stigma is also a factor in smaller communities, like those that make up most of western Massachusetts, where patients feel it can be difficult to maintain anonymity when seeking treatment.

In the service area, the impacts of SUD are highly concentrated by town. Figure 10 illustrates the number of opioid-related hospital admissions for drug overdoses by select towns. Amherst numbers were suppressed due to the smallness of the sample size (< 10) and Huntington had no admissions. Northampton's rate (158.9) was significantly higher than either Hampshire County rate (81.1) or the state rate (127.2). Westfield's rate (107.8) was substantially lower than Hampden County (156.1) where it is located, but higher than either Hampshire County or the state rates.

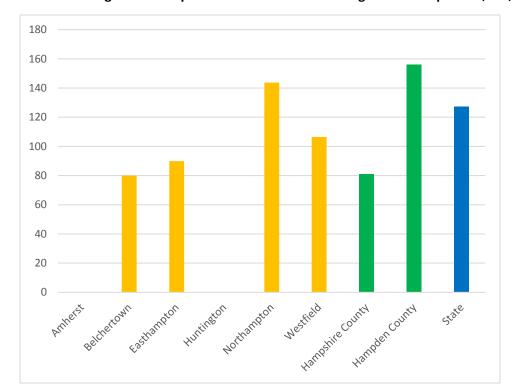


Figure 10. Hospital Admission Rates for Drug Overdoses per 100,000, 2014

Source: Massachusetts Population Health Information Tool (PHIT), 2014

# IV. Unique Health Care Needs That Impact Health Status/Access

### Limited Availability of Providers

A significant barrier to care in portions of HCHC's service area, especially in the Hilltowns, is the limited supply of providers. The Health Resources and Services Administration (HRSA) has designated the Hilltown region a Health Professional Shortage Area (HPSA) for primary care, dental health and mental health with HPSA scores of 13, 15 and 9 respectively. A recent analysis completed by the MA State Office of Rural Health shows that the Hilltown region has one-third the number of physicians per 1,000 residents compared to rural areas in Massachusetts as a whole (0.40 per 1,000 residents compared to 1.2) and one-tenth the average number of physicians available in urban areas (0.40 per 1,000 residents compared to 4.6). The numbers are similarly low for licensed practical nurses (LPN), registered nurses (RN), advanced practice nurses (APRN), physician assistants, and primary care physicians (PCP). The only category where the region had slightly better numbers than the average for rural areas was for dentists where the Hilltowns had 0.43 dentists per 1,000 residents compared with 0.32 for all rural areas combined. However the Hilltown number is only 60% of the average number of dentists in urban Massachusetts areas (0.43 compared with 0.72).

#### Social Factors

Cooley Dickinson's CHNA defines the social environment as consisting of "the **demographics** of a region, including distribution of age, race, ethnicity, immigration status, and ability; **community-level factors** such as language isolation, participation in democracy, social isolation or support, experiences of interpersonal discrimination; and the **policies and practices** of systems of government, cultural norms, and institutional racism, all of which impact people's health every day." [emphases original]

Being a connected part of a community is health-protective. Factors mentioned in the CHNAs that can lead to social isolation include:

- Emotional implications of having a disability;
- Decreased day services for people with mental health problems;
- For older adults, limited availability of Meals on Wheels, limited Senior Center hours and activities, loss of family friends to death, and hearing, vision, and dental problems.

Experiences of interpersonal racism, discrimination and other forms of exclusion can serve to socially isolate people, and have consequences for mental and physical health. Participants in focus groups and key informant interviews for the CHNAs cited the following examples of experiences that contribute to feelings of social isolation:

- Lack of sensitivity of transgender issues socially isolates transgender people who don't pass as the gender they identify with;
- People with substance abuse and mental health disorders face discrimination in the medical system;
- Rural populations feel that their priorities get "kicked down the road";
- Older people of color lack access to service providers who understand their culture and can connect with them on a personal level;
- Children with disabilities face a high rate of bullying in schools.

### Physical Environment

Within the broad category of physical or built environment, transportation was one of the most frequently cited barriers to health care and health-related services, particularly for those living in the more rural areas of the service area and for the elderly. Reliable transportation is a critical part of daily life, allowing individuals to go to work, travel to the grocery store, or get to medical appointments. As previously noted, residents of the HIlltowns face significantly longer commutes to work, but those same distances apply for other activities that contribute to health and well-being.

However, nearly 8% of households in Hampshire County do not have a car, and these rates are higher for Amherst (11%) and Northampton (10%)<sup>18</sup>. Even for those that have cars, many low income patients have unreliable private transportation and may often need to rely on public transportation. In such cases public transportation is essential, not just for medical appointments but for access to supports for healthy living, such as medication, healthy food, and recreational opportunities. The service area has one regional transportation provider: Pioneer Valley Transportation Authority (PVTA), which largely serves the main corridors of the Pioneer Valley, connecting the larger

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<sup>&</sup>lt;sup>18</sup>US Census Bureau, ACS 2013-2017

communities and the colleges in the region. PVTA routes serve only eight of the twenty-five communities in HCHC's service area: Amherst, Belchertown, Granby, Hadley, Northampton, Easthampton, Williamsburg and Westfield, with routes outside the Amherst, Hadley and Northampton routes less frequent.

Older adults are greatly affected by lack of access to public transportation, as declining health sometimes makes driving difficult for them. While senior centers sometimes provide van service, this must be scheduled in advance and prioritizes medical appointments. It can be difficult for seniors to access transportation for the needs of daily living such as food shopping, socializing, and being involved with their community. The Franklin County Regional Transit Authority (FRTA) provides ondemand van service for those over sixty to the Hilltown communities of Blandford, Chester, Chesterfield, Cummington, Goshen, Huntington, Montgomery, Plainfield, Russell and Worthington.

While there are ride sharing services that will bring people to the Hilltowns, there are no services available that originate in the rural areas, making this a very limited option for residents, not merely due to cost.

### Cultural/Ethnic Factors

Both Cooley Dickinson Healthcare's and Baystate Noble Hospital's CHNAs identified the need for culturally sensitive care as a prioritized health need. Health care providers often do not reflect the racial or ethnic background of many of their patients in the service area leading to an increasing need for training to assist them in understanding the demographics of their patient population. In addition to race and ethnic background, sensitivity training is need for stigmatized groups such as exoffenders; homeless individuals; people with mental health or substance use disorders; older adults; transgender, non-binary, and gender non-conforming people; and adults and children with disabilities. HCHC participates in multiple efforts to address these needs with its community partners to maximize limited resources, but further efforts are necessary.

## Language Needs

Language needs vary substantially across HCHC's service area. In the northern Hilltowns very few patients require interpretation services. At HCHC's Huntington Health Center in the southern Hilltowns providers occasionally need Russian and Spanish interpreter services for patients coming from the Westfield area. At HCHC's newest site in Amherst there is a great need for interpreters, a reflection of the larger immigrant community in the area. While 54% of the interpreter service requests at the Amherst site have been for Spanish, there have also been requests for Mandarin, Portuguese, Hindi, Cantonese, Urdu, Farsi and French. A predominance of the staff in Amherst are bilingual in Spanish.

Interpretation is provided at all sites through a simultaneous telephonic service currently paid for by a grant from Cooley Dickinson Health Care, and through telehealth video for patients who use American Sign Language.

## **Housing Status**

Stable, affordable housing is a key social determinant of health. Lack of affordable housing can contribute to housing instability and in some cases, homelessness. The increase in stress caused by housing instability has direct health impacts but can also force families to prioritize housing costs over purchasing medicine and healthy foods, creating secondary health impacts. One indicator of housing instability is housing cost burden, defined as spending more than 30% of one's income on

housing. In the HCHC service area, housing burden varies greatly from community to community and between owners and renters. In Massachusetts in 2017, 31% of owners and 50% of renters were cost burdened. Hampshire and Hampden County were in line with state averages: in Hampshire County the breakdown was 30.3 % of owners and 55.4% of renters experienced housing cost burden while in Hampden County the breakdown was 29.7% of owners and 55.6% of renters. Within communities in HCHC's service area, Amherst (65.6%) and Northampton (53.3%) had the highest cost burdens for renters as shown in Figure 10: Rental Cost Burden. These high rates are a result in part of the communities' proximity to local colleges including the University of Massachusetts, Amherst College and Smith College, which generate a high demand for off-campus rental housing.

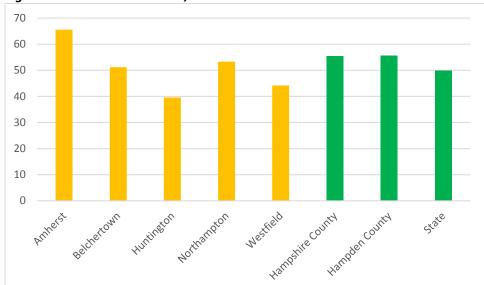


Figure 11. Rental Cost Burden, 2017

Source: US Census American Communities Survey (ACS), 2017

## <u>Homelessness</u>

As mentioned previously, homeless statistics for smaller communities, particularly rural ones, are hard to find. However there is evidence that people experiencing homelessness are more evident in communities that provide access to social services including homeless shelters, which in HCHC's service area includes Amherst, Northampton and Westfield. Certain populations are more vulnerable to homelessness than others. According to the Western Massachusetts Network to End Homelessness, approximately 55% of the homeless population are children under the age of 18. Of youth aged 18 – 24 who are unstably housed, more than half have been involved in the juvenile, foster, or jail systems. In addition, more than 80% of mothers who are homeless are survivors of domestic violence.

#### Senior Housing and Housing for Those with Disabilities

Seniors and those with disabilities living in HCHC's service area also face housing challenges, particularly in the more rural communities. As residents age, their homes may no longer be conducive to aging in place and although many seniors express a desire to stay in their local community, senior housing developments, both market rate and subsidized, are few and far between

in the area. Most senior housing units (including accessible units) are located in the larger, more urban communities and most of those have very long waiting lists for entry.

# V. Community Input

In addition to reviewing the community input solicited for the Cooley Dickinson Healthcare's and Baystate Noble Hospital's 2019 CHNAs, HCHC conducted its own Community Health Needs survey. The survey was distributed to HCHC patients, HCHC staff and residents of the service area through an online Survey Monkey link, social media, and paper questionnaires made available at HCHC service sites. Approximately 3,000 surveys were distributed. In total, 202 were completed for a response rate of nearly 7%. Major findings from the survey are summarized below.

# Major Health Concerns in the Community

In response to the question "What are the biggest health issues or concerns in your community?" with respondents checking all issues that applied, **mental health/depression/suicide** was the most frequently mentioned (51% of respondents) with **addiction** selected by 38%. The responses reflect Cooley Dickinson and Baystate Noble's CHNA findings that "mental health and substance abuse were among the top urgent health needs problems impacting the area ... "19,20. The responses were also in line with the data showing that both Hampshire and Hampden County had higher hospital admission rates than the state average with Northampton rates more than double the state rate. The fact that opioid-related deaths are once again on the rise in western Massachusetts may also be a factor in respondents prioritizing mental health and addiction as a health concern. The CHNAs both outline the following needs to address these issues:

- More treatment options, including Medication Assisted Treatment (MAT), long term care
  options, treatment beds external to the criminal justice system, and treatment for people
  with dual diagnoses
- Increased education across all sectors to reduce the stigma associated with mental health and substance use
- More sober and transitional housing for people with mental health issues, those dually diagnosed, and for those leaving institutions (incarceration, foster care, etc.)
- Increased integration between the treatment of mental health and substance use disorders
- Recognition of the impact of mental health conditions and substance abuse on families

**Heart diseas**e and **cancer** were both mentioned by 37% of respondents. Again these responses are in line with the data that show that cardiovascular (heart) disease and cancer are the number one and two leading causes of death respectively in Hampshire and Hampden Counties. Diabetes was mentioned by 49% of respondents as a large health concern which aligns with Type 2 diabetes being a leading cause of death and disability in the United States.

#### Barriers to Seeking Medical or Dental Services

In response to the survey question "What keeps people in your community from seeking treatment for medical or dental needs" the most frequent responses were: **lack of insurance** (54%), **inability to pay insurance co-pays** (52%) and **lack of transportation** (35%). Cooley Dickinson Health Care and Baystate Noble Hospital identified similar barriers in their CHNAs. Their focus groups found that,

<sup>&</sup>lt;sup>19</sup> Cooley Dickinson Health Care, Community Health Needs Assessment 2019

<sup>&</sup>lt;sup>20</sup> Baystate Noble Hospital, Community Health Needs Assessment 2019

despite the fact that in both Hampshire and Hampden counties 97% of residents were covered by health insurance in 2017, the cost of insurance co-pays, deductibles, tests, and medication is a barrier to receiving quality healthcare. Community members also mentioned that the additional costs of programs, equipment, and therapies not covered by insurance but suggested by medical providers are another frequent burden.

As with HCHC's survey respondents, transportation was mentioned as a major barrier to care in every focus group convened for the CHNAs. Older adults, children and adults living with disabilities, low income populations and cancer patients were identified by the CHNAs as groups disproportionately impacted by lack of transportation options.

## Top Health Challenges

When asked to select the top three health challenges respondents themselves faced, the top three answers were: **joint pain or back pain** (44% of respondents), **overweight/obesity** (43%), and **high blood pressure/hypertension** (28%). Joint pain, obesity, hypertension are often co-existing or comorbid. Excess weight can lead to back and joint pain and pain often leads to less physical activity which can lead to higher rates of obesity and hypertension.

**Mental health issues** (17%) were the fourth most mentioned personal health challenge, in line with the high priority all forms of community input in the CHNAs placed on addressing mental health, depression and suicide in the service area.

CDH and Baystate-Noble's CHNA's list similar health challenges as priorities:

- Mental health and substance use
- **Chronic health conditions** obesity, cardiovascular disease, diabetes, cancer, and the need for increased physical activity and healthy diet
- Alzheimer's disease and dementia<sup>21</sup>

### Social Determinants of Health

Respondents were asked to identify the social/economic/environmental supports needed to improve the health of their family and neighbors. The top four responses were: healthier foods, (44% of respondents), wellness services and mental health services (both 29%), and transportation (25%). The need for reliable access to sufficient affordable and nutritious food was also identified in both CHNAs as essential to overall health and managing many chronic conditions. According to a map prepared by the Department of Agriculture in 2015, a number of communities in HCHC's service area have areas considered to be "food deserts" or areas where grocery stores and other options to purchase healthy foods are not easily accessible. These communities include Easthampton, Northampton, Amherst and Hatfield. Although not included on the map, the Hilltown region has many areas where food access is limited, especially for those without cars. And although food pantries exist in the region a significant number of families who are eligible do not use them due to difficulties with transportation, fear of stigma and/or the religious affiliation of the food pantry organizers.

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<sup>&</sup>lt;sup>21</sup> Cooley Dickinson Health Care, Community Health Needs Assessment 2019

### Health Screenings/Information Needs

Public health leaders, as well as focus group participants and interviewees, involved in both CHNAs identified the need for health information to be accessible, understandable and more widely distributed.

When asked to identify health screenings or education/information services that were needed in the community, the top five responses to HCHC's survey were: mental health (49% of respondents), nutrition/healthy eating (46%), exercise/physical activity (38%), diabetes (36%), and dental screenings (33%). Mental health and healthy foods have been discussed above. The need for exercise/physical activity and places to be active was also called out in the CHNA community forums. Unsafe streets and a lack of sidewalks were mentioned as deterrents to getting needed exercise, especially for older adults. A desire for diabetes screenings and information may reflect the fact diabetes is a chronic disease that requires constant monitoring and attention by the patient. With a diagnosis of diabetes, a large amount of information needs to be absorbed and utilized by the patient to stay healthy. As with all chronic diseases, information and support can assist the patient in gaining confidence in their ability to manage their own self-care.

### Insurance Coverage

HCHC's survey asked a specific question about respondents' health insurance status and, if they did not have insurance, how long they had been uninsured and why. In keeping with state data, 98% of respondents currently have insurance. Of those who responded that they were not currently insured, 100% have gone six months or more without insurance. The biggest reason given for lack of insurance was cost (57% of respondents). As mentioned previously, both hospital CHNAs called out obtaining and maintaining insurance coverage as a major barrier to health care. The difficulty experienced by some residents of HCHC's service area was echoed in a recent study by the Blue Cross Blue Shield Foundation entitled The Geography of Uninsurance in Massachusetts: An Update for 2013-2017<sup>22</sup> identified six communities in HCHC's service area as "hotspot" communities, defined as communities where the uninsurance rate was in the highest quartile of all uninsured in the state: **3.4% to 25.8%.** The six communities include Worthington, Chesterfield, Chester, Russell, Northampton and Hadley.

### VI. Conclusions

Public health data, responses to HCHC's community health needs survey, and review of Cooley Dickinson Health Care's and Baystate Noble Hospital's CHNAs point to common themes regarding the healthcare needs and barriers to receiving healthcare for residents of HCHC's service area. Major themes include:

#### **Major Health Conditions**

Public health data points to chronic health conditions including diabetes, cardiovascular disease, cancer, obesity asthma and mental health issues, including Substance Abuse Disorder (SUD) and Opioid Use Disorder (OUD) as major health conditions of concern in the service area. Rates for

<sup>22</sup> Blue Cross Blue Shield Foundation entitled The Geography of Uninsurance in Massachusetts: An Update for 2013-2017, August, 2019

hospitalization for these chronic diseases in the service area are in line with state averages with the following exceptions:

- **Diabetes**: Easthampton had substantially higher rates than either the state or Hampshire County.
- **Cardiovascular Disease**: Belchertown, Easthampton and Hadley had higher rates either the state or Hampshire County.
- Cancer: Huntington had substantially higher rates than either the state or Hampshire County rate.
- Obesity: Childhood rates of obesity measured by school districts in the services area were substantially higher than state averages (county averages not available) in the Smith Vocational and Westfield school districts.
- Asthma: While Hampshire County's asthma rates were lower than state averages, Hampden County's were substantially higher. Westfield's rate was substantially higher than the state's but lower than Hampden County where it is located.
- Mental Health: Hospitalization rates were higher in both Hampshire and Hampden Counties
  than the state with Northampton and Westfield rates higher than either county or the state
  rate.
- Opioid Use Disorder: Rates were lower in Hampshire County than the state rates while
  Hampden County had rates substantially higher than either the state or Hampshire County
  rates. Northampton had rates substantially higher than either county or the state.
  Additionally, recent data shows opioid-related deaths on the rise again with deaths in 2018
  higher than 2017 when there was a decrease in deaths over the prior year.

Addressing these concentrations of chronic disease occurrences will be done in concert with the initiatives undertaken by HCHC's partner hospitals: Cooley Dickinson Health Care and Baystate Noble Hospital and other community partners, such as the Westfield Coalition for Recovery and Education (CORE) and the Hampshire County Heroin Opioid Prevention and Education Coalition (HOPE).

### Major Barriers to Health Care

Participants in HCHC's Community Needs Survey and both CHNAs conducted by Cooley Dickinson Health Care and Baystate Noble Hospital consistently cited the following barriers to accessing health care:

### Need for More Mental Health Services and Education:

Mental health/depression/suicide were the number one health concern cited by respondents to HCHC community needs survey, with addiction ranked second. Both hospital CHNAs prioritized mental health and substance use as health conditions and behaviors having the largest impacts on the communities served by the hospitals.

Over the past three years HCHC has taken actions to address these issues. In 2017 it applied for and received funding under HRSA's Access Increases in Mental Health and Substance Abuse Services (AIMS) grant to support the treatment and management of patients with opioid and benzodiazepine prescriptions. In 2018 and 2019 it applied to HRSA for funding to expand access to mental health services HCHC under HRSA's Substance Use Disorder and Mental Health Services (SUD-MH) grant

(2018) and HRSA's Integrated Behavioral health Services grant (2019). In addition to expanding its own services to address mental health and substance abuse issues, HCHC will continue to work with partners leading regional efforts such as Hampshire HOPE.

### Health Insurance:

Respondents to HCHC's survey ranked lack of insurance (54%) and inability to pay copays as the top barriers two barriers to seeking treatment for medical or dental issues. The CHNAs identified not just the cost but also the complexity of the enrollment process as major hurdles for patients in their service areas. Both CHNAs highlight the difficulty of obtaining or maintaining health insurance due to the difficulty of navigating the system especially for people with substance use disorders or mental health issues; transgender patients; people with disabilities; parents of children with disabilities; and older adults.

To assist patients with the enrollment process, HCHC, utilizing funding from HRSA and other sources, has expanded its Navigator staff over the past year from one counselor to three, with on-site appointments available in all three towns where HCHC has health centers.

### **Transportation:**

Transportation continues to be a barrier to accessing services, particularly in the more rural areas of the service area where public transportation is spotty or nonexistent. Transportation was the third most mentioned barrier to services chosen by respondents to HCHC's survey. The CHNA's listed need for transportation as one of the major barriers to accessing quality care for their patients.

As variety of ideas to address the need were outlined in the CHNAs including: expanding existing PVTA bus service; increasing eligibility for vans that are Americans with Disabilities Act (ADA) compliant; telehealth; more transportation vouchers (Uber, taxis, bus passes); mobile health vans that go to people to do lab draws and fill prescriptions; pharmacies that deliver; and EMS doing wellness checks.

HCHC has recently invested in telehealth equipment with funding from its HRSA's Substance Use Disorder and Mental Health Services (SUD-MH) grant in order to increase patient access to care within the community. HCHC was also involved in the 2016 Hilltown Transportation Study<sup>23</sup> conducted by the Franklin Regional Council of Governments which led to the creation of the Hilltown Easy Ride, a van service for seniors over 60 and veterans in the towns of Chesterfield, Cummington, Goshen, Plainfield and Worthington. The service provides transportation in a rural area with no other public transportation options. In addition to regularly scheduled shopping trips to Pittsfield and Northampton, riders may also get to medical appointments and attend social trips through the local Councils on Aging (COAs).

#### **Next Steps**

HCHC will use the results of this Needs Assessment to inform future programmatic decision-making, and as a foundation for its Strategic Planning process in 2020. Through direct services and community collaborations, HCHC already plays a critical role in the region in meeting residents' needs, but will continue to pursue partnerships and funding that will expand its ability to do so.

<sup>&</sup>lt;sup>23</sup> Franklin County Regional Government, Hilltown Transportation Study, 2016

## VII. Resources

In addition to the sources cited in this report, HCHC reviewed recent health assessments by the following state and regional agencies:

**Community Assessment Report and Strategic Plan** by Community Action! of the Franklin, Hampshire and North Quabbin Regions, October, 2017

**Hampden County Health Improvement Plan** by the Pioneer Valley Planning Commission, March, 2017

*Rural Policy Plan for the Commonwealth of Massachusetts* by Rural Policy Advisory Commission, October, 2019