

Hilltown Community Health Center

Board of Directors Meeting

September 9, 2021

<https://hchcweb-org.zoom.us/j/97600369054?pwd=b2cyeUtmDHNIcGN1R2hINEpWU90QT09>

Meeting ID: 976 0036 9054

Passcode: 627611

5:30 p.m. – 7:30 p.m.

AGENDA

<u>Time</u>	<u>Topic</u>	<u>Purpose</u>	<u>Presenter</u>
5:30 PM	Call to Order and Approval of Minutes	Vote Needed	Lee Manchester
5:35 PM	Board Member Candidate Introduction	Discussion	RON Committee
5:50 PM	Finance Committee Report	Vote Needed	Treasurer John Melehov
6:00 PM	Committee Reports <ul style="list-style-type: none">Executive CommitteeFundraising CommitteePersonnelFacilitiesRecruitment Orientation and NominationStrategic Planning	Vote Needed	Lee Manchester Nancy Brenner John Follet Alan Gaitenby Wendy Long Nancy Brenner
6:20 PM	Senior Management Reports <ul style="list-style-type: none">Credentialing and Privileging ReportQuality Improvement ReportRisk ManagementCEO Report	Vote Needed Vote Needed Vote Needed Inform/Discussion	Michael Purdy Vickie Dempsey Michael Purdy Eliza Lake
6:30 PM	New Business <ul style="list-style-type: none">Policy Approval:<ul style="list-style-type: none">Admin PoliciesBoard Policies	Vote Needed Vote Needed	RON Committee Eliza Lake
6:40 PM	Old Business <ul style="list-style-type: none">COVID-19 Vaccination Mandate PolicyTransition from eClinical Works to Epic	Vote Needed Vote Needed	Michael Purdy Eliza Lake
7:20 PM	Executive Session	Discussion	Lee Manchester
7:30 PM	Adjourn	Vote Needed	Lee Manchester

Upcoming Meetings

- Thursday, October 14, 2021 at 5:30 PM via Zoom
- Thursday, November 11, 2021 at 5:30 PM via Zoom – Veterans' Day – Any conflicts?
- Thursday, December 9, 2021 at 5:30 PM via Zoom

HCHC BOARD OF DIRECTORS MINUTES

Date/Time: 8/12/2021 5:30pm

Zoom Meeting

MEMBERS: Lee Manchester, President; John Follet, Vice President; Kathryn Jensen, Clerk; Seth Gemme; Wendy Long; Jennica Gallagher; Nancy Brenner; Alan Gaitenby

STAFF: Eliza Lake, CEO; John Melehov, CFO; Vickie Dempsey, COO; Tabitha Griswold, Executive Assistant; Michael Purdy, CCCSO

ABSENT: Matt Bannister

Agenda Item	Summary of Discussion	Decisions/ Next Steps/ Person Responsible Due Date
Review of Minutes 7/29/2021	<p>Clerk Kathryn Jensen called the meeting to order at 5:33 pm while Lee Manchester, who had lost power prior to the meeting, relogged in.</p> <p>There was no comments or discussion needed by those present on the July meeting minutes.</p> <p>Wendy Long moved to approve the July minutes as amended. Nancy Brenner seconded the motion.</p>	The Board unanimously approved to the July 29 th minutes.
Finance Committee	<ul style="list-style-type: none">John Melehov presented the June Interim Financial Statement. John Melehov briefly noted the negative \$219K net income due to the suspension of billing the 330 Grant to use up the PPP loan when it is forgiven (applied and waiting to hear back). John noted the \$325K negative cash flow which includes the \$124K Huntington mortgage payoff. The accrual income statement will be overwhelmingly positive for July due to the PPP funds being applied. The cash position remains strong. Since the month of May very little has changed in terms of clinical patient revenue. The pharmacy revenue remains strong with about \$50K-\$80K of revenue every month, especially as referrals becomes more stable. As mentioned above, the 330 Grant was not charged while expenses are being accumulated to exhaust the PPP funds. The catch-up billing will occur after the PPP is applied on the July statement as you see in the	The Board voted unanimously to approve the Finance Committee report.

	<p>intentionally suppressed revenue. The comparison of current to 2019 clinical revenue shows a closing gap for medical, dental, and optometry, and a positive increase for Behavioral Health and Pharmacy. The June salaries ticked up a little from May as there is active hiring ongoing. A large portion of salaries are covered by grant money such as the PPP, 330, and additional HRSA funding. The June expenses are tracking on budget. The current assets are at \$3.2M and total other assets of \$403K is made of almost entirely of the Vanguard investments. The ratio dipped slightly with a ratio of 3, but still very strong.</p> <ul style="list-style-type: none"> • Also discussed the possibility of risk contracting for Medicare with On Belay, a local company. C3 would essentially be the broker for that contracting. <p>Nancy Brenner moved to approve the Finance Committee report. Wendy Long seconded the motion.</p>	
Staff Recognition	<ul style="list-style-type: none"> • Vickie Dempsey presented Billing Department employee Ellen Degrave on behalf of Karen Rida, Billing Supervisor. Ellen works in the Dental process in Billing and does dental insurance company credentialing for the agency at this time. She is very dedicated and has the Health Center family close to her heart. She is very organized and does her job with great attention to detail and makes sure the process is completed to the end. Even though Ellen has retired three times, she has returned to work three times to help HCHC. She and has a loyal commitment to the Covid-19 vaccination effort, even volunteering on her days off at the early clinics at 9 Russell Rd. 	
Executive Committee	<ul style="list-style-type: none"> • This committee did not meet 	
Fundraising Committee	<ul style="list-style-type: none"> • While this committee did not meet Nancy Brenner reported that Alex Niefer is developing the narratives for the annual report and will have a draft to the committee soon. There will be about 500 distributed as a paper copy, as well as an electronic version available on the website. 	

Personnel Committee	<ul style="list-style-type: none"> Staff Satisfaction surveys will be going out this week, it was delayed due to timing of other all staff emails that needed to go out prior to that survey. 	
Facilities Committee	<ul style="list-style-type: none"> The HVAC report was received and reviewed, and John and Eliza are now in the process of determining the best next steps. This will be for work to creating permanent systems for improving air quality at all the sites. 	
RON Committee	<ul style="list-style-type: none"> Wendy Long reported that the committee interviewed two prospective Board members. They have been moved on to setting up meetings with Eliza upon her return from vacation. If all goes well, the full Board will meet them at next month's meeting and entertain a motion to bring them on to the Board. Both are very strong candidates with a lot of experience and enthusiasm. 	
Strategic planning	<ul style="list-style-type: none"> A strategic planning consultant has been recommended and will meet with Eliza next week. 	
Committee Reports	Nancy Brenner moved that the Committee reports be approved. Kathryn Jensen seconded the motion.	The Board voted unanimously to approve the Committee Reports.
Credentialing/ Privileging Report	<ul style="list-style-type: none"> Michael Purdy presented a report on the following new employees for the months of June and July that were credentialed and privileged: <ul style="list-style-type: none"> Christine Beran, HOPE Nurse/LPN Sarah Jurkofsky, LCSW Madeline Crocker, CHW Virginia Frontiero, NP Jennifer Nogueira, Medical Assistant Jagruti Patel, CHW Lead Chaneyra Rivera, Medical Assistant David Valdiviezo, CHW <p>Alan Gaitenby moved that the Credentialing and Privileging Report of the above employees be approved. Wendy Long seconded the motion.</p>	The Board voted unanimously to approve the Credentialing and Privileging Report.
Quality Improvement/	Vickie reported on a couple of initiative for QI dashboards, which included the inclusion of PCMH measures to the medical dashboard. Referral staff is now reporting to Billing,	The Board voted unanimously to approve the

<p>Risk Management</p>	<p>as well as hiring for another Referrals staff member to improve efficiencies within that task. Looking into the best communication continuity as medical staff primarily use the EMR and non-medical staff use email.</p> <p>Nancy Brenner moved to accept the Quality Improvement report, Alan Gaitenby seconded that motion.</p> <p>Michael Purdy reported on Risk Management. The following incidents were reported last month:</p> <ol style="list-style-type: none"> 1) A HIPAA incident where a patient was given another patient's lab orders. A full HIPAA investigation was completed. Mitigation efforts included re-training for front desk staff to doublecheck paperwork given to patients. All federal and state requirements were met in the investigation, including patient notifications, and reports to the appropriate agencies. 2) A missed pediatric vaccination incident. A problem with how the EMR is constructed was identified was fixed, and providers and staff will be trained on providing and documenting childhood immunizations. 3) A COVID test being provided outside of existing protocol. HCHC is not currently testing symptomatic patients. While there was no safety risk with this incident, as appropriate PPE was worn and the test was conducted outdoors, staff were retrained on the protocol. 4) An incident re communication between Medical and Behavioral Health providers when a patient is in crisis. Staff has be retrained on appropriate handling of crisis calls. <ul style="list-style-type: none"> • Employee Health has strained staffing due to an uptick in COVID-19 exposures, in part due to the demands of the vaccination clinic. There has been rapid changing protocol through Infection Control which is also putting a strain on everyday operations. PPE protocols have changed and are being used more. Watching closely on testing supply, with businesses now moving towards mandating vaccination with opt-out testing. 	<p>Quality Improvement Report.</p> <p>The Board voted unanimously to approve the Risk Management Report.</p>
------------------------	---	--

	Matt Bannister moved to accept the Risk Management report, Kathryn Jensen seconded that motion.	
New Business	<ul style="list-style-type: none"> • Michael discussed potentially mandating COVID vaccination to all HCHC staff by the end of November. This would include all 120 employees (on-site only). So far, there are about 18-20 staff that have held off or declined to be vaccinated. Medical leadership is talking to these employees before moving towards mandating. There are exemption forms being developed that would allow staff to apply for a religious and medical exemption. The completed policy will be presented at next month's meeting with more details. • Michael reported on the EPIC update. The only hesitation is about the dental platform by the Dental Department; all other integrations are strongly supported. There will be more research into the Dental (Wisdom) platform through visiting other CHC site(s) that utilize the platform. A standardized imaging process would be the best route. Extensive training and onboarding will be before implementation to minimize downtime as is the "tried and true" method EPIC uses when transitioning a new site. There is a very long transition period (implementation not until March of 2023) if we do move forward with this EHR. 	
Old Business	<ul style="list-style-type: none"> • There was no old business discussed 	
Adjourn	<p>The meeting was adjourned at 6:45 pm. The next scheduled meeting will be September 9, 2021, via Zoom.</p> <p>Wendy Long moved the meeting be adjourned. John Follet seconded the motion.</p>	The Board voted unanimously to approve adjournment.

Respectfully submitted,
Tabitha Griswold, Executive Assistant



Hilltown Community Health Center

Interim Financial Statement Presentation

July 2021 - Presented 9/8/2021

Highlights

- ▶ **\$1.5M** Net Income
 - ▶ PPP forgiveness obtained!
 - ▶ PPP hits the books as income
- ▶ **\$321K** cash flow
 - ▶ 330 drawdown resumes

Income Statement

	Jan Actual	Feb Actual	Mar Actual	Apr Actual	May Actual	June Actual	Jul Actual	YTD Total Actual	PY YTD Actual	\$ Change	% Change	YTD Feb Budget	Variance	%
OPERATING ACTIVITIES														
Revenue														
Patient Services - Medical	\$135,440	\$144,778	\$192,632	\$202,177	\$169,384	\$167,088	\$147,433	\$1,158,932	\$1,026,760	\$132,173	13%	\$1,122,585	\$36,347	3%
Patient Services - Dental	\$106,182	\$97,030	\$137,833	\$118,194	\$122,025	\$120,310	\$121,297	\$822,872	\$427,093	\$395,779	93%	\$711,774	\$111,098	16%
Patient Services - Beh. Health	\$36,624	\$35,380	\$44,740	\$42,979	\$35,995	\$40,690	\$34,426	\$270,834	\$239,928	\$30,906	13%	\$243,455	\$27,379	11%
Patient Services - Optometry	\$9,337	\$8,577	\$11,981	\$12,558	\$16,778	\$16,583	\$14,991	\$90,805	\$65,353	\$25,452	39%	\$111,536	(\$20,731)	-19%
Patient Services - Optometry Hardware	\$6,162	\$6,444	\$8,379	\$7,537	\$5,192	\$8,823	\$8,582	\$51,119	\$27,296	\$23,823	87%	\$48,677	\$2,442	5%
Patient Services - Pharmacy	\$37,224	\$35,267	\$21,233	\$38,116	\$88,012	\$67,514	\$75,556	\$362,922	\$108,950	\$253,972	233%	\$379,167	(\$16,245)	-4%
Quality & Other Incentives	\$3,776	\$9,268	\$6,325	\$80	\$7,495	\$235	\$2,442	\$29,621	\$33,214	(\$3,593)	-11%	\$37,683	(\$8,063)	-21%
HRSA 330 & Other Grant	\$261,014	\$215,010	\$212,593	\$477,985	\$313,961	\$15,079	\$287,954	\$1,783,595	\$951,447	\$832,148	87%	\$1,061,491	\$722,104	68%
Other Grants & Contracts	\$49,817	\$119,646	\$107,004	\$113,668	\$105,608	\$94,683	\$1,557,290	\$2,147,717	\$1,106,829	\$1,040,888	94%	\$1,134,117	\$1,013,600	89%
Int., Dividends Gain /Loss Investmenst	(\$465)	\$11,231	\$9,823	\$16,568	\$3,452	\$7,501	\$3,151	\$51,261	(\$1,375)	\$52,635	3829%	\$20,629	\$30,632	148%
Rental & Misc. Income	\$2,577	\$2,567	\$2,577	\$2,938	\$4,632	\$2,587	\$4,137	\$22,016	\$20,303	\$1,713	8%	\$8,824	\$13,192	149%
Total Operating Revenue	\$647,688	\$685,199	\$755,120	\$1,032,797	\$872,534	\$541,096	\$2,257,259	\$6,791,693	\$4,005,798	\$2,785,895	70%	\$4,879,938	\$1,911,755	39%

- ▶ Patient revenue mostly lateral
- ▶ Pharmacy remains strong
- ▶ 330 drawdown resumes, \$288K billed this month

YTD 2021 vs 2019

OPERATING ACTIVITIES				Jan - Jul 2021	Jan - Jul 2019	Difference	%
Revenue							
	Patient Services - Medical			\$1,158,932	\$1,530,155	(\$371,223)	-24%
	Patient Services - Dental			\$822,872	\$1,142,594	(\$319,722)	-28%
	Patient Services - Beh. Health			\$270,834	\$218,385	\$52,449	24%
	Patient Services - Optometry			\$90,805	\$114,922	(\$24,117)	-21%
	Patient Services - Optometry Hardware			\$51,119	\$53,988	(\$2,870)	-5%
	Patient Services - Pharmacy			\$362,922	\$64,013	\$298,909	467%
	Quality & Other Incentives			\$29,621	\$35,532	(\$5,912)	-17%
	HRSA 330 & Other Grant			\$1,783,595	\$959,780	\$823,815	86%
	Other Grants & Contracts			\$2,147,717	\$521,663	\$1,626,054	312%
	Int., Dividends Gain /Loss Investmenst			\$51,261	\$41,769	\$9,492	23%
	Rental & Misc. Income			\$22,016	\$18,425	\$3,591	19%
	Total Operating Revenue			\$6,791,693	\$4,701,228	\$2,090,465	44%

	Jan Actual	Feb Actual	Mar Actual	Apr Actual	May Actual	June Actual	Jul Actual	YTD Total Actual	PY YTD Actual	\$ Change	% Change	YTD Feb Budget	Variance	%
Compensation and related expenses														
Salaries and wages	(\$443,161)	(\$433,354)	(\$454,897)	(\$518,263)	(\$440,009)	(\$437,129)	(\$471,423)	(\$3,198,236)	(\$2,784,054)	(\$414,182)	-15%	(\$3,054,251)	(\$143,985)	-5%
Payroll taxes	(\$33,016)	(\$32,472)	(\$34,730)	(\$40,583)	(\$31,419)	(\$32,596)	(\$34,238)	(\$239,053)	(\$203,007)	(\$36,046)	-18%	(\$288,453)	\$49,400	17%
Fringe benefits	(\$47,695)	(\$42,289)	(\$44,019)	(\$44,255)	(\$34,574)	(\$47,233)	(\$43,855)	(\$303,919)	(\$242,438)	(\$61,481)	-25%	(\$276,273)	(\$27,646)	-10%
Total Compensation & related exp	(\$523,873)	(\$508,115)	(\$533,645)	(\$603,101)	(\$506,002)	(\$516,958)	(\$549,516)	(\$3,741,209)	(\$3,229,499)	(\$511,709)	-16%	(\$3,618,978)	(\$122,231)	-3%

- ▶ Salaries reasonably close to budget
- ▶ A large portion of salaries covered by grant money
 - ▶ PPP, 330, additional HRSA funds...

	Jan Actual	Feb Actual	Mar Actual	Apr Actual	May Actual	June Actual	Jul Actual	YTD Total Actual	PY YTD Actual	\$ Change	% Change		YTD Feb Budget	Variance	%
Other Operating Expenses															
Advertising and marketing	(\$10)	(\$223)	\$0	(\$500)	(\$20,358)	(\$1,560)	(\$603)	(\$23,254)	(\$680)	(\$22,573)	-3318%		(\$4,319)	(\$18,934)	-438%
Bad debt	(\$10,871)	(\$7,853)	(\$8,793)	(\$11,750)	(\$4,063)	(\$17,971)	(\$11,814)	(\$73,115)	(\$17,758)	(\$55,357)	-312%		(\$46,551)	(\$26,564)	-57%
Computer support	(\$8,840)	(\$15,246)	(\$7,868)	(\$17,719)	(\$18,855)	(\$8,487)	(\$8,218)	(\$85,233)	(\$73,736)	(\$11,497)	-16%		(\$76,886)	(\$8,346)	-11%
Conference and meetings	(\$2,087)	(\$440)	(\$1,910)	(\$35)	(\$607)	(\$5,235)	(\$65)	(\$10,379)	(\$2,516)	(\$7,863)	-313%		(\$4,573)	(\$5,806)	-127%
Continuing education	(\$1,522)	(\$7,870)	(\$281)	(\$5,171)	(\$1,678)	(\$880)	(\$1,150)	(\$18,552)	(\$5,777)	(\$12,776)	-221%		(\$21,000)	\$2,448	12%
Contracts and consulting	(\$13,540)	(\$8,482)	(\$12,971)	(\$10,791)	(\$11,736)	(\$27,756)	(\$8,878)	(\$94,154)	(\$150,344)	\$56,189	37%		(\$77,700)	(\$16,454)	-21%
Depreciation and amortization	(\$26,315)	(\$26,315)	(\$26,315)	(\$26,315)	(\$26,315)	(\$26,315)	(\$26,315)	(\$184,208)	(\$199,810)	\$15,602	8%		(\$199,810)	\$15,602	8%
Dues and membership	(\$6,731)	(\$1,857)	(\$4,579)	(\$4,841)	(\$7,571)	(\$3,181)	(\$4,111)	(\$32,871)	(\$24,088)	(\$8,783)	-36%		(\$28,423)	(\$4,447)	-16%
Equipment leases	(\$1,535)	(\$3,829)	(\$2,126)	(\$1,131)	(\$1,831)	(\$1,366)	(\$1,325)	(\$13,144)	(\$14,809)	\$1,664	11%		(\$15,555)	\$2,411	15%
Insurance	(\$2,206)	(\$2,319)	(\$2,330)	(\$2,364)	(\$2,364)	(\$2,364)	(\$2,364)	(\$16,313)	(\$15,299)	(\$1,014)	-7%		(\$15,375)	(\$938)	-6%
Interest	(\$354)	(\$350)	(\$313)	(\$342)	(\$327)	(\$2,240)	\$1,907	(\$2,019)	(\$8,647)	\$6,628	77%		(\$2,543)	\$524	21%
Legal and accounting	(\$2,630)	(\$4,167)	(\$2,501)	(\$2,508)	(\$2,433)	(\$4,620)	(\$8,833)	(\$27,694)	(\$18,189)	(\$9,505)	-52%		(\$24,417)	(\$3,277)	-13%
Licenses and fees	(\$5,283)	(\$1,628)	(\$2,347)	(\$6,149)	(\$5,744)	(\$6,208)	(\$5,377)	(\$32,735)	(\$28,227)	(\$4,508)	-16%		(\$27,475)	(\$5,260)	-19%
Medical & dental lab and supplies	(\$6,811)	(\$7,785)	(\$7,342)	(\$12,376)	(\$9,381)	(\$7,796)	(\$12,954)	(\$64,425)	(\$32,150)	(\$32,274)	-100%		(\$53,818)	(\$10,606)	-20%
Merchant CC Fees	(\$136)	(\$1,601)	(\$1,403)	(\$1,542)	(\$1,186)	(\$1,350)	(\$2,021)	(\$9,239)	(\$8,562)	(\$678)	-8%		(\$8,410)	(\$829)	-10%
Office supplies and printing	(\$4,214)	(\$1,759)	(\$6,798)	(\$1,340)	(\$2,352)	(\$3,393)	(\$2,900)	(\$22,756)	(\$30,844)	\$8,088	26%		(\$34,201)	\$11,445	33%
Postage	(\$2,189)	(\$1,701)	(\$165)	(\$63)	(\$2,190)	(\$450)	(\$2,067)	(\$8,826)	(\$9,343)	\$517	6%		(\$9,800)	\$974	10%
Program supplies and materials	(\$15,432)	(\$10,809)	(\$31,160)	(\$31,302)	(\$38,363)	(\$44,685)	(\$19,359)	(\$191,111)	(\$99,521)	(\$91,590)	-92%		(\$134,750)	(\$56,361)	-42%
Pharmacy & Optometry COGS	\$426	(\$14,659)	(\$9,127)	(\$10,043)	(\$7,757)	(\$12,263)	(\$17,663)	(\$71,086)	(\$46,442)	(\$24,644)	-53%		(\$171,339)	\$100,252	59%
Recruitment	\$0	(\$5,040)	\$0	\$0	(\$105)	\$0	(\$50)	(\$5,195)	(\$4,666)	(\$529)	-11%		\$0	(\$5,195)	
Rent	(\$9,927)	(\$9,227)	(\$10,053)	(\$12,919)	(\$12,152)	(\$11,665)	(\$10,595)	(\$76,538)	(\$78,231)	\$1,694	2%		(\$60,197)	(\$16,341)	-27%
Repairs and maintenance	(\$17,864)	(\$17,421)	(\$15,978)	(\$21,441)	(\$13,492)	(\$16,237)	(\$13,532)	(\$115,965)	(\$109,081)	(\$6,884)	-6%		(\$102,497)	(\$13,468)	-13%
Small equipment purchases	(\$7,898)	(\$1,595)	(\$38,441)	(\$30,619)	(\$11,501)	(\$14,891)	(\$10,194)	(\$115,140)	(\$26,304)	(\$88,836)	-338%		(\$30,264)	(\$84,876)	-280%
Telephone	(\$11,151)	(\$13,513)	(\$14,943)	(\$13,888)	(\$14,759)	(\$14,179)	(\$11,218)	(\$93,651)	(\$97,331)	\$3,681	4%		(\$100,806)	\$7,155	7%
Travel	(\$619)	(\$572)	(\$1,258)	(\$2,971)	(\$1,222)	(\$1,327)	(\$2,379)	(\$10,347)	(\$7,449)	(\$2,898)	-39%		(\$14,000)	\$3,653	26%
Utilities	(\$5,193)	(\$7,258)	(\$4,052)	(\$3,808)	(\$4,576)	(\$6,304)	(\$3,861)	(\$35,052)	(\$27,785)	(\$7,267)	-26%		(\$33,250)	(\$1,802)	-5%
Total Other Operating Expenses	(\$162,934)	(\$173,520)	(\$213,057)	(\$231,929)	(\$222,897)	(\$242,724)	(\$185,941)	(\$1,433,002)	(\$1,137,587)	(\$295,414)	-26%		(\$1,297,960)	(\$135,041)	-10%
NET OPERATING SURPLUS	(\$39,118)	\$3,564	\$8,418	\$197,767	\$143,635	(\$218,585)	\$1,521,802	\$1,617,483	(\$361,289)	\$1,978,772	548%		(\$37,000)	\$1,654,483	4472%
NON-OPERATING ACTIVITIES															
Donations, Pledges & Contributions	\$1,870	\$1,549	\$640	\$50	\$2,755	\$150	\$175	\$7,189	\$84,730	(\$77,541)	-92%		\$61,250	(\$54,061)	-88%
NET NON-OPERATING SURPLUS	\$1,870	\$1,549	\$640	\$50	\$2,755	\$150	\$175	\$7,189	\$84,730	(\$77,541)	-92%		\$61,250	(\$54,061)	-88%
NET SURPLUS/(DEFICIT)	(\$37,248)	\$5,113	\$9,058	\$197,817	\$146,390	(\$218,435)	\$1,521,977	\$1,624,672	(\$276,559)	\$1,901,231	687%		\$24,250	\$1,600,422	6600%

- Expense decreased slightly
- July revenue positive even without PPP

Cash Flow

CASH FLOWS FROM OPERATING ACTIVITIES		
	NET SURPLUS/(DEFICIT) FOR PERIOD	1,521,977
	PROVIDED (USED) BY OPERATING ACTIVITIES	(1,224,170)
	NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES	297,807
CASH FLOWS FROM INVESTING ACTIVITIES		
	NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES	23,164
	NET INCREASE/(DECREASE) IN CASH	320,971
	CASH AND CASH EQUIVALENTS AS OF 7/1/2021	3,183,728
	CASH AND CASH EQUIVALENTS AS OF 7/31/2021	3,504,699

- Cash on hand increased **\$321K**

Balance Sheet

ASSETS		
	Total Current Assets	\$3,599,164
	Net Property & Equipment	\$3,873,676
	Total Other Assets	\$407,026
	TOTAL ASSETS	\$7,879,865
Liabilities & Fund Balance		
	Total Current Liabilities	\$1,052,895
	Total Long Term Liabilities	\$0
	Total Liabilities	\$1,052,895
	Fund Balance / Equity	
	Fund Balance Prior Years	\$6,826,970
	Total Fund Balance / Equity	\$6,826,970
	Total Liabilities & Fund Balance	\$7,879,865

- ▶ Current Assets = \$3.6 M
- ▶ Current Liabilities = \$1 M
- ▶ Current Ratio = 3.4

Credentialing and Privileging Update for HCHC BOD

Month: August

Name	Position/ Credentials	Start date	Credential Date	Special Certifications	Privileging Requests	Special Privileging Requests	Any items pending?	Other Info
Laurel Chute	Optometrist	8/16/2021	8/12/2021	none	Optometry Internal Privileges	none	none	Graduation Verification



Policy Title: Adverse- Event and Near- Miss Incident Reporting	Policy Number: ADM-01
Department: Administrative	Policy status: Active
Regulatory Reference: 105 CMR 130.332(c) & 105 CMR 140.308(c)	
Date Published: OCT 2015	
Dates Reviewed: SEP 2018, AUG 2019, AUG 2020	
Dates Revised: AUG 2020	

PURPOSE:

To develop a culture of safety for patients, staff, and visitors at HCHC, and to ensure the appropriate documentation, response, and reporting of adverse events and near-misses. HCHC will use the information gathered through the reporting of adverse events and near misses to improve its Quality Improvement and Risk Management programs through the use of tracking, response, and root-cause analyses.

POLICY:

- HCHC endorses and supports a culture of safety and views adverse-event reporting as a means of improving systems and processes in providing healthcare services to all patients. In a continuing effort to promote a safe environment for patients, HCHC will conduct a systematic program of adverse-event reporting. Reporting is non-punitive, and all providers, employees, and volunteers are encouraged to report all patient and visitor events.
- HCHC encourages open and honest reporting of actual or potential injuries or hazards to patients, visitors, and employees at all sites and services and at all levels of care throughout the organization.
- HCHC aims to limit disciplinary action to only those individuals that engage in willful or malicious misconduct or exhibit continued noncompliance in following established policies and procedures relating to patient care and/or safety or continued failure to follow recommendations to improve skills.
- HCHC strives to facilitate education and problem resolution through forthright disclosure of process failure and/or human error.

Providers, employees, and volunteers are not subject to disciplinary action EXCEPT as follows:

- a. The event is not reported as soon as possible after discovering that the event has occurred and in accordance with event-reporting procedures.
- b. Providers, employees, or volunteers are directly involved in sabotage; malicious behavior; patient mistreatment, abuse, or neglect; chemical impairment; or criminal activity.
- c. False information is provided on the event report or in the follow-up investigation.
- d. A provider, employee, or volunteer fails to respond to educational efforts and/or to participate in the education process or other preventive plan.

Providers, employees, or volunteers who meet any of the exceptions listed above will be subject to disciplinary action in accordance with HCHC's personnel policies.

Event reporting is an essential component of the risk management program and is considered part of the performance and quality improvement process. Event reports may not be copied or otherwise disseminated. While the circumstances surrounding an event, all information contained in the event report, and any follow-up reports are confidential, HCHC fully supports that patients and family members or designated representatives be fully informed of errors that reach patients under one or both of the following circumstances:

- a. When some unintended act or substance reaches the patient and results in harm
- b. When there is potential clinical significance of the event to the patient

In addition, consideration should be given to disclosing errors that reach patients and do not result in harm. The decision to disclose these errors will depend on the circumstances of the event and the patient. Responsibility for disclosing the error usually rests with the provider who has overall responsibility for the patient's care; however, the risk manager should be consulted regarding approaches for appropriate communication of the occurrence of adverse events or errors to patients.

DEFINITIONS:

An **adverse event** or **incident** is defined as "an undesired outcome or occurrence, not expected within the normal course of care or treatment, disease process, condition of the patient, or delivery of services."

A **near miss** is defined as "an event or situation that could have resulted in an accident, injury, or illness but did not, either by chance or through timely intervention (e.g., a procedure almost performed on the wrong patient due to lapse in verification of patient identification but caught at the last minute by chance)." Near misses are viewed by HCHC as opportunities for learning and for developing preventive strategies and actions.

Examples of situations to be reported include, but are not limited to, the following:

1. Any happening that could have caused or did cause injury to a patient (e.g., a medication error or adverse reaction, fall, delay in delivery of needed care, unexpected death)
2. Any condition or situation that could or did result in an injury to a patient (e.g., misfiling diagnostic test results, failure to follow up on abnormal test results, scheduling problem, equipment malfunction)
3. Failure to comply with established policy or protocol, with or without patient, provider, employee, or visitor injury
4. Any injury, potential injury, or unusual occurrence involving a patient, visitor, or employee on the facility grounds (e.g., due to a fall, falling object)

5. Any suggestion or threat of lawsuits, contacting legal counsel, or claims for restitution
6. Anything unusual or not in compliance with everyday activities

Questions regarding this policy or any related procedure should be directed to the Risk Manager at 413-667-3009, ext. 270.

Approved by Board of Directors on: _____

Approved by:

Chief Executive Officer, HCHC

HCHC Board of Directors

PROCEDURE:

Each provider, employee, or volunteer shall be responsible to report all adverse events, incidents, and near misses at the time they are discovered to his or her immediate supervisor and/or the risk manager. Immediate evaluation and stabilization of the patient or other individual involved in the event should be carried out. After any needed intervention has been provided to the patient or other involved individual, the HCHC Incident Report should be completed. Persons knowledgeable about the event should complete the Incident Report objectively, accurately, and without conclusions, criticisms, or placement of blame. All Incident Reports will be forwarded as soon as possible, but at most within 24 hours, to the Risk Manager, currently the CCCSO, for review.

Serious injuries and deaths resulting from an adverse event should also be reported immediately by telephone to the risk manager. Per HCHC policy, the CEO and Medical Director should be notified of any events in Category F (i.e., requiring hospitalization) or higher within 24 hours.

Serious reportable events (SRE's) must be reported, by the Department Head or Risk Manager, to the patient/family, third party payer, and DPH's Bureau of Health Care Safety and Quality (BHCSQ) within seven days of the incident. An SRE is an event that results in a serious adverse patient outcome that is clearly identifiable and measurable, reasonably preventable, and that meets any other criteria established by the department in regulations (M.G.L. c. 111, §51H). The Risk Manager will also conduct a follow-up report within 30 days of the initial report and distribute to all 3 parties. This report will include documentation of the root cause analysis findings and determination of preventability as required by 105 CMR 130.332(c) & 105 CMR 140.308(c).

The Incident Report contains or collects the following information:

- Statement that the event report should not be filed in the patient's medical record

- Date and time of the report
- Date and time of the event
- Location of the event
- Identification of people affected (e.g., patient, visitor, employee)
- Names of people witnessing the event
- Name of the provider to whom the event was reported (if applicable) and the provider's response (e.g., orders given)
- Brief, factual description of the event
- Key observations of the event scene (e.g., if event was a fall, was there water on the floor or ice on the sidewalk)
- Manufacturer, model, and lot (or batch) number of any medical device involved
- Condition of the people affected (including any complaints of injury, observed injuries, and a brief comment on any follow-up care)

The Risk Manager will determine the severity category of the event and record it on the Incident Reporting Form.

The CEO or Risk Manager will notify external regulatory or accrediting agencies of the event as required in accordance with state and federal statutes and regulations or accreditation standards (e.g., 105 CMR 130.332(c) & 105 CMR 140.308(c)). Examples of external reporting requirements may include reporting to the U.S. Food and Drug Administration under the Safe Medical Devices Act or to state agencies.

The HR Coordinator will complete the Employee Injury portion of Incident Reporting Form, and will notify insurers (e.g., liability, property, Workers' Compensation) in accordance with established notification procedures.

See Incident Reporting Flow Chart for the full reporting process and responsibilities of designated staff members.

Supervisors will preserve, secure, and inspect before putting back into service all equipment (e.g., blood glucose monitors, steam sterilizers), assistive or transport devices (e.g., wheelchairs), accessories (e.g., electrocardiography electrodes), packaging, or any other items that may have been involved in the event.

SEVERITY CATEGORY:

The Department Manager or HCHC Risk Management designee will assign a severity category (A-I or U) to all adverse events, including near-miss and no-harm events. All events will be entered into a risk management spreadsheet by the Executive Assistant once the incident has been reported to the Quality Improvement/Risk Management (QI/RM) Committee. The purpose of this spreadsheet is for the QI/RM Committee and Senior Management to track events and to trend and analyze patterns of events for a proactive approach to quality improvement and identifying opportunities for organization wide improvements in processes or systems.

One of the following severity categories will be assigned.¹ Examples are for illustrative purposes only

¹ Adapted from the National Coordinating Council for Medication Error Reporting Programs (NCCMERP) and Pennsylvania Association for Healthcare Risk Management.

and are not all-inclusive:

- **Unsafe Conditions:**
 - **Category A:** Potentially hazardous conditions, circumstances, or events that have the capacity to cause injury, accident, or healthcare error. **Examples:** Inconsistent protocol or policy for recording pediatric immunizations contributes to the potential for missed or duplicate immunizations being given. Prenatal patient's glucose level is not checked when indicated.
- **Events, No Harm:**
 - **Category B:** Near-miss event or error occurred but did not reach the patient (e.g., caught at the last minute or because of active recovery efforts by caregivers). **Examples:** Specimens are mislabeled but recognized and corrected before leaving the health center or before reports are completed. Penicillin is prescribed for a patient with penicillin allergy, but the error is noticed by a pharmacist before medication is dispensed.
 - **Category C:** An event occurred and reached the patient or visitor, but there is no evidence of injury or harm. **Examples:** An adult patient has been missing medication doses due to lack of understanding about how to take the drug, but his or her condition or outcome is unaffected. A pediatric patient is observed falling in the waiting area, but no injury is found upon examination.
 - **Category D:** An event occurred that required monitoring to confirm that it resulted in no harm and/or required intervention to prevent harm to the patient or visitor. There were no changes in vital signs or laboratory values (if applicable). Patient's or visitor's physical and/or mental functioning is unchanged. Event does not result in any hospitalization or change in level of care. **Example:** A patient sustains a hematoma in his antecubital fossa during a phlebotomy procedure to draw blood for outpatient laboratory testing. The patient returns to the clinic provider to have his arm checked. No treatment is needed.
- **Events, Harm:**
 - **Category E:** An event occurred that may have contributed to or resulted in temporary harm, required treatment and/or intervention, or required increased observation or monitoring with changes in vital signs, mental status, or laboratory values. **Examples:** A patient fall results in a scalp laceration that requires suturing; the patient is also sent for a CT of the head to rule out further injury. An incorrect dose of a medication causes ototoxicity or nephrotoxicity.
 - **Category F:** An event occurred that may have contributed to or resulted in temporary harm to a patient or visitor and required initial or prolonged hospitalization. **Examples:** During the flushing of a patient's ear canal, the tympanic membrane is damaged, requiring a visit to the emergency department and subsequent treatment. Group B streptococcus status of mother is not documented, and infant does not receive appropriate treatment.
 - **Category G:** An event occurred that may have contributed to or resulted in permanent injury or harm to a patient or visitor. **Examples:** Patient is given an injection with a contaminated needle and acquires hepatitis C. Falls or other events result in bone fractures (e.g., broken hip, jaw, arm)
 - **Category H:** An event occurred that resulted in near-death circumstances or required intervention necessary to sustain life. **Examples:** Patient has an anaphylactic reaction to medication requiring treatment and transfer to a hospital.
- **Event, Death:**

- **Category I:** An event occurred that contributed to or resulted in patient or visitor death.
Examples: Patient's prescribed medication dose results in an overdose and the patient's death. Patient sustains a hip fracture or closed head injury as a result of a fall and later dies in surgery.
- **Undetermined:**
 - **Category U:** Cannot assess harm at this time.

ROOT-CAUSE ANALYSIS:

Root-cause analysis is a process for identifying the basic or causal factor(s) that underlie the occurrence or possible occurrence of an adverse event or error. A root-cause analysis should be conducted for all events or errors with a severity category of "E" or above, or near misses with the potential for an event or error with a severity category of "E" or above. The information and learning from the root-cause analysis should be used to facilitate systems improvements to reduce the probability of occurrence of future related events.

INVESTIGATIONS:

The Risk Manager, in conjunction with the Department Head (as applicable), is responsible for conducting follow-up investigations. The Manager's investigation is a form of self-critical analysis to determine the cause of the incident, analyze the process, and make improvements. The individual conducting the investigation will complete an event follow-up investigation form (see attached). All event follow-up reports will be completed within seven working days from the date of the initial event report. Depending upon the type of event, the investigation and report addresses patient- or visitor-specific factors (e.g., physical harm, immediate and ongoing treatment required), external factors (e.g., lighting, flooring, clutter, distractions), witnesses' statements, staffing, communication flow, construction or design factors, human or ergonomic factors, signage, equipment factors, and any other factors or conditions believed to be relevant to the cause of the event.

An investigation will be conducted, at minimum, for any of the following:

1. Any incident or adverse event with a severity category of "E" or above (i.e., any event that may have contributed to or caused temporary or permanent patient or visitor harm, initial or prolonged hospitalization, or death).
2. Any serious patient or family written or verbal complaint or verbalization that a lawsuit will be brought against the provider or the facility.
3. Any significant adverse drug reaction or significant medication error. A significant medication error is defined as unintended, undesirable, and unexpected effects of a prescribed medication or medication error that requires discontinuing a medication or modifying the dose, initial or prolonged hospitalization, or treatment with a prescription medication; results in disability, cognitive deterioration or impairment, congenital anomalies, or death; or is life-threatening.
4. Any incident involving police contact or reporting to external agencies or accreditors.
5. Any near miss with the potential for a high-severity level (e.g., potential to have been an event with harm [category E] and above).

DOCUMENTATION:

Documentation in the patient's chart or medical record, if necessary, shall include:

- Date and time of the event
- A factual account of what happened
- Name of provider notified and time of notification (if applicable)
- Patient's condition after the event
- Any treatment or diagnostic tests rendered to the patient

Documentation **should not** reflect that an event report was completed.

RETENTION OF EVENT REPORTS:

Event reports shall be retained for a minimum of two years. All reports of events involving minors shall be maintained until one year past the age of majority.



Policy Title: Conflict of Interest Policy	Policy Number: ADM-02
Department: Administrative	Policy status: Active
Regulatory Reference: 45 CFR 75.327 and 42 CFR Pt 51c.304(b)	
Date Published: JULY 2007	
Dates Reviewed: SEP 2018, JUL 2019, AUG 2020	
Dates Revised: SEP 2018, AUG 2020	

PURPOSE:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for disclosing all real or apparent conflicts of interest that are discovered or that have been brought to attention in connection with HCHC's activities.

POLICY:

1. Employees of HCHC, its board of directors and agents are prohibited from participating in the selection, award and/or administration of any contract supported by federal funds that furnishes goods or services to HCHC.
2. No board member, HCHC employee, or agent of HCHC may solicit or accept gratuities or favors of a monetary value from any person or organization having a contractual relationship with HCHC. This includes businesses soliciting business from HCHC.
3. No member of the Board of Directors or an immediate family member shall be an employee of HCHC.
4. All board members and senior management shall disclose real or apparent conflicts of interest.
5. Violations of this policy will be handled in accordance with procedures established in the Corporate Compliance Plan, Sect III, Para A & B and the Board of Directors' By-Laws.

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

Approved by Board of Directors on: _____

Approved by:

Chief Executive Officer, HCHC

HCHC Board of Directors

PROCEDURE:

- 1. Employees of HCHC, its board of directors and agents with a real or apparent conflict of interest are prohibited from participating in the selection, award and/or administration of any contract supported by federal or other funds that furnishes goods or services to HCHC.**

An individual officer, agent, or identified employee who believes that he or she or an immediate member of his or her immediate family might have a real or apparent conflict of interest, in addition to filing a notice of disclosure, must abstain from:

1. Participating in discussions or deliberations with respect to the subject of the conflict (other than to present factual information or to answer questions),
 2. Using his or her personal influence to affect deliberations,
 3. Executing agreements, or
 4. Taking similar actions on behalf of the organizations where the conflict of interest might pertain by law, agreement, or otherwise.
 5. If a Board member, Voting or,
 6. Making motions on these measures.
- 2. No board member, HCHC employee or agent of HCHC may solicit or accept gratuities or favors of a monetary value from any person or organization having a contractual relationship with HCHC. This includes businesses soliciting business from HCHC**

A "gift" is defined as anything of value offered directly by or on behalf of an actual or potential patient, vendor or contractor, except for materials of little or nominal value such as pens, food items, calendars, mugs, and other items intended for wide distribution and/or not easily resold. Gifts include (but are not limited to): personal gifts, such as sporting goods, household furnishings and liquor; social entertainment or tickets to sporting events; personal loans or privileges to obtain discounted merchandise, and the like.

- 3. No member of the Board of Directors or an immediate family member shall be an employee of the health center.**
 - a) Except under extenuating circumstances, as determined by the Chief Executive Officer, HCHC will not hire any individual (or assign, transfer or promote a current employee) who is related to one of its employees or contractors, if in the position being applied for (or assigned, transferred or promoted to), the applicant will supervise, be supervised by, or have a direct reporting relationship with the related employee or contractor.
 - b) Every applicant for employment or consultancy with HCHC must disclose any and all family, business and personal relationships with any Individual Affiliated with HCHC.
 - c) Members of the HCHC Board of Directors and their immediate family members are not eligible for employment at HCHC.
- 4. All board members and senior management shall disclose real or apparent conflicts of interest.**

All officers, Board members, and senior management employees (Chief Executive Officer, Chief Financial Officer, Chief Clinical and Community Services Officer, Chief Operating Officer, Department Managers) of this organization shall disclose all real or apparent conflicts of interest that they discover or that have been brought to their attention in connection with this organization's activities.

"Disclose" shall mean providing properly, to the appropriate person, a written description of the facts comprising the real or apparent conflict of interest. An annual disclosure statement shall be circulated to officers, Board members, and certain identified employees to assist them in considering such disclosures, but disclosure is appropriate and required whenever conflicts of interest may occur.

The written notices of disclosures shall be filed with the Chief Executive Officer or other person designated by the Chief Executive Officer to receive such notifications.

All disclosures of real or apparent conflicts of interest shall be noted for the record in the minutes of a scheduled Board of Directors meeting.

At the discretion of the Board of Directors or a committee thereof, a person with a real or apparent conflict of interest may be excused from all or any portion of discussion or deliberations with respect to the subject of the conflict.

A member of the Board or a committee thereof, who, having disclosed a conflict of interest, nevertheless shall be counted in determining the existence of a quorum at any meeting in which the subject of the conflict is discussed. The minutes of the meeting shall reflect the individual's disclosure, the vote thereon, and the individual's abstention from participation and voting.

The Chief Executive Officer shall ensure that all officers, agents, employees, and independent contractors of the organization are made aware of the organization's policy with respect to conflicts of interest.



Policy Title: Electronic Information For Collection and Use Policy	Policy Number: ADM-04
Department: Administrative	Policy status: Active- Replaces Information for Collection and Use Policy
Regulatory Reference: None	
Date Published: SEP 2015	
Dates Reviewed: SEP 2018, SEP 2020, <u>SEP 2021</u>	
Dates Revised: SEP 2021 ¹⁰	

PURPOSE:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for web log file data, subscription to our electronic mailing list and announcements, and email communications.

POLICY:

1. Web log file data:

HCHC collects some basic web log file data about web site visitors. This information includes domain names, website traffic patterns, and server usage statistics. This information ~~is~~ **can be** used for site management and administration and to improve the content and overall performance of the HCHC website.

2. Subscription to our Electronic Mailing List and Announcements:

Online subscribers to HCHC electronic announcements are providing the organization with an email address, which is kept in a private email list. The email list is only used for the purposes of sending electronic announcements. HCHC may send an email communication related to any changes in services, hours of operation, organizational updates, an electronic newsletter and other general health topics that may be of interest to the subscribers. HCHC will not share or sell information or email addresses to any third party. Individuals may request to remove a name and personal information from the mailing list at any time by emailing info@hchcweb.org or by calling 413-238-5511 ext. 118.

3. Email Communications:

The HCHC web site offers **an** email link to contact the organization and some members of staff or the Board. Email messages do not provide a secured method of delivery to communicate with HCHC and

other third parties. It is possible that email communication, if not encrypted, may be accessed or viewed inappropriately by another internet user while in transit to HCHC. If a correspondent wishes to keep their communication completely private, they should not use email to contact HCHC.

Hilltown Community Health Centers, Inc. does not collect an email address unless it is voluntarily submitted or a person chooses to communicate via email. HCHC does not sell or rent any email addresses or personal information. HCHC will do its best to respond to email messages requiring a response within a reasonable time frame during business hours. If someone uses the 'Email HCHC' page to communicate, the message and email address will be forwarded to the appropriate department within the organization for follow-up.

3. Donor Communications:

The email address of any individual who voluntarily provides an email address as part of the process of donating to HCHC through its website or through any other means may, at times, receive emails related to the health center, its activities, and further opportunities to donate. HCHC does not sell or rent any email addresses or personal information to other organizations for the purposes of solicitation of donations, or for any other reason. Individuals may request to remove an email from the donor email distribution list at any time by emailing info@hchcweb.org or by calling 413-238-5511 ext. 111.

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

Approved by Board of Directors on: _____
Approved by:

Chief Executive Officer, HCHC

HCHC Board of Directors



Policy Title: Establishment of Business Associate Agreements	Policy Number: ADM-05
Department: Administrative	Policy status: Active
Regulatory Reference: 45 CFR 164.504	
Date Published: APR 2003	
Dates Reviewed: SEP 2018, JUL 2019, AUG 2020	
Dates Revised: AUG 2020	

PURPOSE:

Hilltown Community Health Center, Inc. (HCHC) management has adopted this policy to have a formal documented process establishing agreements with vendors and business associates.

POLICY:

1. A Business Associate is any person or entity who acts in a capacity other than a member of the HCHC workforce to perform or assist in the performance of a function involving the use and disclosure of patient protected health information.
2. A Business Associate Agreement (BAA) must bind the Associate to the following:
 - a. Not use or further disclose the information other than as permitted under the contract or as required by law.
 - b. Use appropriate safeguards to prevent use or disclosure of the information other than as provided by its contract.
 - c. Report to the provider or appropriate HCHC contact any use or disclosure not provided for by its contract of which it becomes aware.
 - d. Ensure that any agents or subcontractors it provides protected health information agree to the same restrictions and conditions that apply to the business associate.
 - e. Afford individuals to access their protected health information as required by the Privacy Rule.
 - f. Make information available to provide an accounting of disclosures in accordance with the Privacy Rule.
 - g. Make its internal practices, books and records relating to the use and disclosure of protected health information received from, or created or received by the business associate, available to the Sec. of HHS for the purpose of assessing HCHC's compliance with the Privacy Rule.
 - h. At the termination of the contract/agreement, if feasible, return or destroy all protected health information received from or created or received by the business associate in HCHC's behalf.

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

Approved by Board of Directors on: _____

Approved by:

Chief Executive Officer, HCHC

HCHC Board of Directors



Policy Title: Firearms in the Workplace	Policy Number: ADM-06
Department: Administrative	Policy status: Active
Regulatory Reference: None	
Date Published: DEC 2015	
Dates Reviewed: SEP 2018, AUG 2020	
Dates Revised: AUG 2020	

PURPOSE:

Hilltown Community Health Center, Inc. (HCHC) management has adopted this policy to have a formal documented process to ensure that Hilltown Community Health Center maintains a workplace safe and free of violence for all employees and patients. The company therefore prohibits the possession or use of firearms on company property.

POLICY:

1. The possession of firearms on corporate property is prohibited regardless of any license authorizing the individual to carry a firearm.
2. The only exception to this policy will be on-duty law enforcement officers.

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

Approved by Board of Directors on: _____

Approved by:

Chief Executive Officer, HCHC

HCHC Board of Directors

PROCEDURE:

1. Signage, stating that firearms are not permitted on the premises, will be posted at all entrances in a location that is conspicuous to all
2. Failure on the part of an employee to comply with the policy may result in termination of employment
3. Failure on the part of a patient to comply with the policy will result in termination of appointment and personnel will follow the Disruptive Patient policy.



Policy Title: Fire Safety and Evacuation	Policy Number: ADM-07
Department: Administrative	Policy status: Active
Regulatory Reference: 42 CFR Parts 403, 416, 418, 441, and 494 and CMS Final Rule re: Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers; HRSA PIN 2007-15.	
Date Published: FEB 2016	
Dates Reviewed: SEP 2018, JUL 2019, AUG 2020	
Dates Revised: JUL 2019	

PURPOSE:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for ensuring staff are aware of fire safety and appropriate evacuation plans.

POLICY:

1. All HCHC facilities will have a fire inspection completed by the local official(s) on an annual basis.
2. Facilities will be equipped with fire extinguishers which are conspicuously marked and inspected annually.
3. All HCHC facilities will conduct fire drills at least two times per year.
4. All HCHC personnel will be familiar with the evacuation routes of their assigned facility. Those employees working in multiple facilities will be familiar with the evacuation plans particular to those facilities.

Questions regarding this policy or any related procedure should be directed to the Facilities Manager at 413-238-4163.

Approved by Board of Directors on: _____

Approved by:

Chief Executive Officer, HCHC

HCHC Board of Directors

PROCEDURE:

All HCHC facilities will have a fire inspection completed by the local official(s) on an annual basis.

1. The annual inspection will be scheduled by the Facilities Manager with the appropriate local agency.
2. The inspection will be conducted in accordance with local requirements.
3. The inspection report will be filed as follows:
 - a. A copy to the Department of Health (DPH)
 - b. A copy retained by the Facilities Manager
 - c. A copy posted conspicuously in the lobby area of the facility

Facilities will be equipped with fire extinguishers which are conspicuously marked and inspected annually.

1. The Huntington Facility has fire extinguishers located:
 - a. **Basement** (3) – Optometry exit door, outside the furnace room, inside the IT room
 - b. **1st floor** (5) – Exit door, Knightville Wing, outside the stairwell door, inside reception door, exit door, Littleville Wing, in dental by the Pano
 - c. **2nd floor** – staff lunch room, hallway by stairs, exit door from dietary office
2. The Worthington facility has fire extinguishers located:
 - a. **Basement** (2) – By the entry door in both basements
 - b. **1st floor** (8) – Dental by the Pano, Physical Therapy office, exit door in the Admin wing, on the wall by the entrance to medical reception, Medical wing between exam rooms 7& 8, lunchroom, by the exit near the provider office, in the server room
 - c. **2nd floor** (2) – On the wall to the right of the Finance office, on the wall in the copy machine room
3. The John P. Musante Health Center has fire extinguishers located:
 - a. **Main Hall** (2) – On the wall to the right of the Emergency Exit next to the Dental Operatories and on the wall to the left of the Community Health and Outreach Office.
4. The Community Center has fire extinguishers located:
 - a. **Main Hall:** on the wall to the right of the Main Entrance
 - b. **Family Center:** on the wall to the left of the exit to the outside play area.

All HCHC facilities will conduct fire drills at least two times per year.

1. All fire drills will be coordinated through the facilities manager
2. Drills will be pre-announced to staff to ensure they know a drill is taking place
3. Hallway doors should be closed prior to exit when possible
4. Staff will follow the evacuation plan listed below

All HCHC personnel will be familiar with the evacuation routes of their assigned facility. Those employees working in multiple facilities will be familiar with the evacuation plans peculiar to those facilities.

1. Staff will exit the building using the closest exit and rendezvous at a designated location
 - a. HHC – the west end of the parking lot near the dumpster
 - b. WHC – the north end of the front (patient) parking lot
 - c. JPMHC – in front of the Clark House Main Entrance across the lawn from the Center
 - d. Community Center – across the street in front of the Fire House

In the event of a fire, the fire alarm system should be activated, alerting all individuals in the building to the hazard.

1. The Staff members and Administrators on site will be guided by the following steps:
 - a. **Rescue** - Remove all patients and visitors in immediate danger.
 - b. **Alarm** - Activate the nearest fire alarm pull box.
 - c. **Contain** - Isolate the fire, close door, windows, fire doors beginning with those nearest the fire areas.
 - d. **Extinguish/Evacuate** - Extinguish fire with the appropriate fire extinguisher, as safe and appropriate.
2. Staff will also be instructed not to use elevators, as fire involving the control panel of the elevator or the electrical system of the building can cut power in the building and cause individuals to be between floors.
3. Reception staff will notify and assist patients in the waiting rooms or public restrooms. Reception staff will also take the RED evacuation clipboard containing a staff list, a patient list and the evacuation plan and proceed to the designated rendezvous location.
4. Clinical staff will ensure they assist any patients in the exam rooms, both ambulatory and non-ambulatory, with leaving the clinical area and will be responsible for ensuring that they evacuate the building.
5. Reception will ensure that all staff sign in upon arriving at the rendezvous location. Patients should be checked against the patient list.
6. Staff will remain in the rendezvous area until given the All Clear by the On Scene commander of the responding agencies.
7. The staff will fight the fire ONLY if:
 - a. The fire department has been notified of the fire, AND
 - b. There is a way out and staff can fight the fire with their back to the exit, AND
 - c. There is a proper extinguisher, in good working order, AND
 - d. Staff have been trained to do so.
8. If staff utilize the fire extinguisher, the designated individual will choose appropriate fire extinguisher as per classification of fire as follows:
 - a. ORDINARY COMBUSTIBLES (e.g., paper, grease, paint)
 - b. FLAMMABLE LIQUIDS (e.g., gasoline, grease paint)
 - c. ELECTRICAL EQUIPMENT (e.g., wiring, overheated fuse boxes) Note: C extinguisher (dry chemical) is an all-purpose extinguisher and can be used on Class A, B, C fires.
 - d. Once proper extinguisher has been chosen, extinguish as follows:
 - 1) Remove the extinguisher from the wall unit.
 - 2) **P** - Pull the pin.
 - 3) **A** - Aim the nozzle at the base of the fire.
 - 4) **S** - Squeeze or press the handle.
 - 5) **S** - Sweep side to side at the base of the fire until the fire is extinguished.
9. Upon deactivation of the emergency, the Facilities Manager will ensure the replacement of the fire extinguisher.

10. The Behavioral Health providers or Employee Assistance Program will be made available to provide support to the affected family members and staff.



Policy Title: Gift Acceptance	Policy Number: ADM-08
Department: Administrative	Policy status: Active
Regulatory Reference: None	
Date Published: OCT 2015	
Dates Reviewed: SEP 2018, AUG 2020	
Dates Revised: AUG 2020	

PURPOSE:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for the solicitation and acceptance of gifts to or for the benefit of HCHC for purposes that will help HCHC to further and fulfill its mission.

The mission of HCHC is "creating access to high quality integrated health care and promoting well-being for individuals, families, and our communities."

HCHC's Board of Directors has a fiduciary duty to assure that HCHC's assets are used efficiently and protected from potential liabilities and diversion to purposes other than those that further HCHC's goals. The following policies and guidelines govern acceptance of gifts made to HCHC or for the benefit of any of its programs.

POLICY:

1. The Board of Directors of HCHC and its staff solicit current and deferred gifts from individuals, corporations, and foundations to secure the future growth and mission of HCHC. We appreciate donors' consideration of any gift to HCHC. In all matters involving current and prospective donors, the interest of the donor is important to HCHC.
2. The following gifts are acceptable, but not intended to represent an exclusive list of appropriate gifts:
 - a. Cash
 - b. Securities
 - c. Retirement Plan Beneficiary Designations
 - d. Bequests
 - e. Life Insurance Beneficiary Designations

Gifts of tangible property, art, land, cars/vehicles, and in-kind will not be accepted. The Board, upon recommendation of the Finance Committee, may make exceptions.

3. These policies and guidelines govern the acceptance of gifts by HCHC and provide guidance to prospective donors and their advisors when making gifts to HCHC. The provisions of these policies apply to all gifts to HCHC for any of its programs. Gifts will be accepted only if they do not interfere with HCHC's mission, purpose and procedures.
4. HCHC shall accept only such gifts as are legal and consistent with organizational policy. While HCHC does not provide tax advice, every effort will be made to assist donors in complying with the intents and purposes of the Internal Revenue Service in allowing charitable tax benefits. Key principles include safeguarding the confidentiality of the donor relationship, providing full disclosure to the donor, and ensuring that gifts are recorded, allocated, and used according to the donor intent and designation.

Questions regarding this policy or any related procedure should be directed to the Development Director at 413-238-4111.

Approved by Board of Directors on: _____

Approved by:

Chief Executive Officer, HCHC

HCHC Board of Directors

PROCEDURE:

The following criteria govern the acceptance of each gift form:

1) **Cash.** Cash refers to cash equivalents, including checks, money orders, currency/coin, and credit card payments. Checks or money orders shall be made payable to “Hilltown Community Health Centers, Inc.”, shall appropriately identify the donor or donors and be delivered to HCHC’s administrative offices. Wire and Electronic Funds Transfer (EFT) can usually be arranged with the HCHC staff. If a donor or a company workplace matching gift program wants to send an ACH/EFT every week instead of a check, these must be authorized by the Finance Department’s cash receipting manager at HCHC before the enrollment form is sent back to the constituent.

2) **Securities.** HCHC can accept both publicly traded securities and closely held securities.

Publicly Traded Securities: Marketable securities may be transferred to an account maintained at one or more brokerage firms or delivered physically with the transferor’s signature or stock power attached. As a general rule, all marketable securities shall be sold upon receipt unless otherwise directed by the Finance Committee. In some cases, marketable securities may be restricted by applicable securities laws; in such instance the final determination on the acceptance of the restricted securities shall be made by the Finance Committee of HCHC.

Potential donors should note that a security must be owned by a donor for at least 12 months before it is gifted in order for the donor to maximize tax benefits. It is suggested that potential donors discuss any tax questions with a tax and/or financial advisor.

Closely Held Securities: Closely held securities, which include not only debt and equity positions in non-publicly traded companies but also interests in limited partnerships and limited liability companies, or other ownership forms, can be accepted. Such gifts, however, must be reviewed prior to acceptance to determine that:

- a) there are no restrictions on the security that would prevent HCHC from ultimately converting it to cash;
- b) the security is marketable; and
- c) the security will not generate any undesirable tax consequences for HCHC.

If potential problems arise on initial review of the security, further review and recommendation by an outside professional may be sought before making a final decision on acceptance of the gift. The Board of HCHC with the advice of legal counsel shall make the final determination on the acceptance of closely held securities when necessary. Every effort will be made to sell non-marketable securities as quickly as possible.

3) **Deferred Compensation/Retirement Plan Beneficiary Designations.** HCHC generally will accept gifts designating HCHC as a beneficiary of the donor’s retirement plans including, but not limited to, IRA’s, 401(k)’s 403(b)’s and other plans. Such designation will not be recorded as a gift to

HCHC until such time as the gift is irrevocable.

4) **Bequests.** Donors and supporters of HCHC will be encouraged to make bequests to HCHC under their wills and trusts. Such bequests will not be recorded as gifts to HCHC until such time as the gift is irrevocable. The criteria for the acceptance of the gift or bequest will be the same as otherwise provided herein.

5) **Life Insurance Beneficiary Designations.** Donors and supporters of HCHC will be encouraged to name HCHC as beneficiary or contingent beneficiary of their life insurance policies. Such designations shall not be recorded as gifts to HCHC until such time as the gift is irrevocable.

III. General Policies Relevant to All Gifts

A. The Finance Committee

The Finance Committee is charged with the responsibility of reviewing all non-cash gifts proposed to be made to HCHC, properly screening, accepting or rejecting those gifts, and making recommendations to the Board on gift acceptance issues when appropriate.

B. Use of Legal Counsel

HCHC shall seek the advice of legal counsel in matters relating to acceptance of gifts when appropriate. Review by counsel is recommended for:

- 1) Closely held stock transfers subject to restrictions or buy-sell agreements.
- 2) Documents naming HCHC as Trustee.
- 3) Gifts involving contracts, such as bargain sales or other documents requiring HCHC to assume an obligation.
- 4) Transactions with potential conflict of interest that may involve IRS sanctions.
- 5) Other instances in which use of counsel is deemed appropriate by the Finance Committee.

C. Conflict of Interest

HCHC will urge all prospective donors to seek the assistance of independent personal legal and financial advisors in matters relating to their gifts and the resulting tax and estate planning consequences. HCHC and its employees and agents are prohibited from advising donors about the tax consequences of their donations. Gifts are also subject to the provisions of other HCHC policies, including adopted Conflict of Interest policies.

HCHC makes every effort to ensure accepted gifts are in the best interests of the organization and the donor. HCHC works to follow The Donor Bill of Rights adopted by the AAFRC Trust for Philanthropy, the Association of Fundraising Professionals and other professional organizations.

HCHC will comply with the Model Standards of Practice for the Charitable Gift Planner, promulgated by the National Committee on Planned Giving.

D. Restrictions on Gifts

HCHC will accept unrestricted gifts, and gifts for specified programs and purposes, provided that such gifts are consistent with its stated mission, purposes, and priorities. HCHC will not accept gifts

that are too restrictive in purpose. Gifts for purposes that are not consistent with HCHC's mission or consonant with its current or anticipated future programs cannot be accepted. Examples of gifts that are too restrictive are those that violate the terms of the corporate charter, gifts that are too difficult to administer, or gifts that are for purposes outside the mission of HCHC. All final decisions on the restrictive nature of a gift, and its acceptance or refusal, shall be made by the Finance Committee of HCHC.

E. Tax Compliance

HCHC's policy is to comply with Internal Revenue Service reporting requirement and all other aspects of state and federal tax law.

F. Naming of Buildings and Physical Spaces

- a. New or significantly renovated buildings, rooms, floors, wings, entry areas or other significant areas of space can be named to recognize the generosity of donors who demonstrate their interest in and commitment to HCHC through the contribution of a significant donation. Donors whose capital gifts are designated for unrestricted use, or for unrestricted or restricted endowment for which no other naming opportunity has been given, may also be offered a naming opportunity in a building or area, the size of which is commensurate with the level of commitment made to a particular campaign.
- b. The Board will determine what level of commitment is to be recognized through a naming opportunity on a case by case basis. These determinations will ideally be consistent with past named spaces.
- c. Buildings and spaces may be named by the donor in the name of the donor(s), family members, or another individual of the donor's choosing, upon approval of the Board.
- d. The Board may choose to name a space in recognition of influence and impact on the organization, irrespective of philanthropic commitment.
- e. Signage used to recognize named spaces will be complementary to the facilities and will present a uniform and tasteful look in accordance with the interior décor of the facility.
- f. Naming of a physical space is generally done upon completion of the building or renovation project and receipt of signed documentation of the donor's intent to fulfill his or her capital commitment as well as receipt of at least the initial payment on the pledge. Should the donor fail to complete payment on a pledge for which a naming opportunity has been granted, HCHC reserves the right to remove or adjust the recognition to a space commensurate with the amount paid.
- g. In the case of significant renovation, alternation, or replacement of existing named spaces or buildings, every effort will be made to contact and inform the original donor and/or family members, and to provide recognition and acknowledgement of the original gift and legacy in an appropriate location within the new facility.



Policy Title: Health Center Closure Policy	Policy Number: ADM-09
Department: Administrative	Policy status: Active
Regulatory Reference: None	
Date Published: DEC 2015	
Dates Reviewed: SEP 2018, JUL 2019, AUG 2020	
Dates Revised: AUG 2020	

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~~ Weather Line (413-238-4110), All Staff email, and other means of communication as is available (eg, texts and/or robocalls)
2. Early closures ~~for inclement weather~~ will be disseminated to employees by All Staff email, telephone, and other means of communication as is available (eg, texts and/or robocalls).
3. The answering services will be notified immediately of delays and closures.
4. Closures will be announced on the HCHC website, social media, and on a local television station's closure list.

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

Approved on: _____

Approved by:

Chief Executive Officer, HCHC

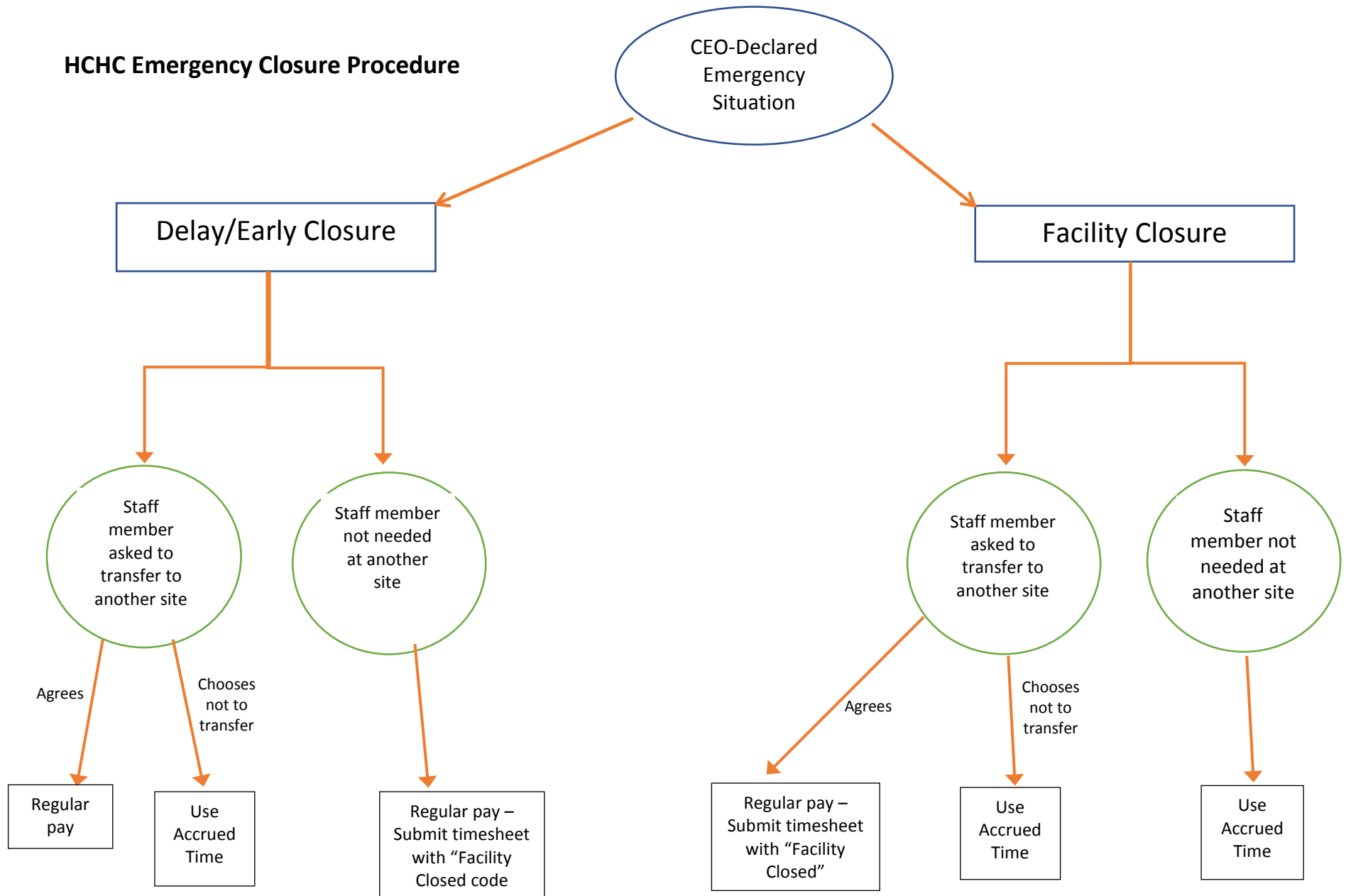
HCHC Board of Directors

PROCEDURE:

- If inclement weather is forecasted, the front desk will call all scheduled patients the prior day to inform them that any closure or delay will be announced on the Snow Line, the HCHC webpage, and on social media, and request that patients call or check those sources prior to leaving for their appointment. If the patient requests, the front desk will reschedule the visit to another day, as appropriate and feasible.
- The CEO or their designee 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 an employee chooses 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 at another site, they will be paid for the hours they were scheduled to work during the closure, and will use the Facility Closed code for the hours that are not worked.
- 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 an employee chooses 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, they must use accrued time 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, including through the provision of telehealth services.
 - If the employee agrees to work from home, they will bill the hours worked as Regular time.
 - If an employee chooses not to work from home, they must use accrued time 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.

- Supervisors may or may not approve or request that employees reschedule hours affected by a closure.
- If an employee is not scheduled to work on a day during which a closure or delay occurs, they may not use the Facilities Closed code on their timesheets.
- 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.
- Whenever possible and appropriate, patient visits that are scheduled to be in-person for a time when the facility is closed will be maintained in the schedule as a telehealth visit. This will be determined by the provider, and communicated to the front desk. If not possible, the visit will be rescheduled immediately.

HCHC Emergency Closure Procedure





Policy Title: Hours of Operation and After Hours Coverage- Establishment and Patient Notification	Policy Number: ADM-10
Department: Administrative	Policy status: Active
Regulatory Reference: Sections 330(k)(3)(A) and 330(k)(3)(H) of the PHS Act and 42 CFR Parts 51c.102(h)(4) and 51c.304	
Date Published: JAN 2016	
Dates Reviewed: FEB 2018, JUL 2019, AUG 2020	
Dates Revised: AUG 2020	

PURPOSE:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for assessing, approving, and notifying patients of each health center's hours of operation and coverage for after hours.

POLICY:

1. As needed, HCHC will review the Hours of Operation to ensure that they meet the needs of the target population and community and revise them appropriately.
2. The Board of Directors of the HCHC must review and approve the hours of operation and after hours' coverage.
3. HCHC will notify patients on each health center sites' hours of operation and after hours' coverage through its website, on-site postings, etc.

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

Approved on: _____

Approved by:

Chief Executive Officer, HCHC

HCHC Board of Directors

PROCEDURE:

1. Every year, or as often as deemed necessary, HCHC Senior Management, with the support of the Practice Manager, will determine if:
 - a. the hours of operation assure accessibility and meet the needs of the population to be served and are appropriate and responsive to the community's needs.
 - b. the after hours coverage provides professional coverage for medical and dental emergencies during hours when the center is closed.

They will take into consideration demand for services, accessibility, and organizational capacity. In order to do so, HCHC will look at a variety of factors, including but not limited to needs assessments, patient input, EHR data, etc., while ensuring that the proposal meets all federal requirements.
2. Senior Management will make a recommendation to the Board of Directors for any changes in the hours of operation and/or after hours' coverage, and the Board will vote whether to approve the proposed changes.
3. Any change to hours of operation that are not deemed temporary will be reported to HRSA through the Electronic Handbooks module, including through the Form 5B of HCHC's scope.
4. Patients will be notified of HCHC's hours of operation and after hours' coverage in the following manner:
 - A flyer in the New Patient Welcome Packet
 - Postings in all waiting rooms and bulletin boards
 - HCHC web site
 - HCHC main phone number recording
5. For after-hours issues or emergencies in any department, patients will be instructed to call the health center and the answering service will assist all patients with contacting the provider on-call.
6. If a patient faces life-threatening emergency, they will be instructed to call 9-1-1.



Policy Title: Legislative Mandates	Policy Number: ADM-11
Department: Administrative	Policy status: Active
Regulatory Reference: <u>Consolidated Appropriations Act, 2021 (Public Law 116-260)</u> Consolidated Appropriations Act, 2020 (Public Law 116-94) <u>signed into law on December 27, 2020</u> includes provisions that restrict grantees from using their federal grant funds to support certain defined activities. These limitations are commonly referred to as the "Legislative Mandates."	
Date Published: AUG 2018	
Dates Reviewed: JUL 2019, AUG 2020, <u>SEP 2021</u>	
Dates Revised: <u>SEP</u> AUG 2021 10	

PURPOSE:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy and the associated procedures (P&P) to have a formal documented process to provide safeguards to ensure HCHC compliance with the Legislative Mandates. HCHC is committed to high standards and compliance with all applicable laws and regulations.

The current Legislative Mandates, which remain in effect until a new Appropriations Act is passed, include the following:

FY 2020~~1~~ Legislative Mandates are as follows:

Division E, Title VII

(1) Confidentiality Agreements (Section 742)

Division H, Title II

~~(1)~~ (2) Salary Limitation (Section 202)

~~(2)~~ (3) Gun Control (Section 210)

~~(4)~~ Division H, Title V ~~Division A, Title V~~

~~(3)~~ (4) Anti-Lobbying (Section 503)

~~(4)~~ (5) Acknowledgment of Federal Funding (Section 505)

~~(5)~~ (6) Restriction on Abortions (Section 506)

~~(6)~~ (7) Exceptions to Restriction on Abortions (Section 507)

~~(7)~~ (8) Ban on Funding Human Embryo Research (Section 508)

~~(8)~~ (9) Limitation on Use of Funds for Promotion of Legalization of Controlled Substances

Formatted: Indent: Left: 0.5", Hanging: 0.56",
Numbered + Level: 1 + Numbering Style: 1, 2, 3, ... +
Start at: 1 + Alignment: Left + Aligned at: 0.5" + Indent
at: 0.75"

Formatted: Indent: Left: 0.5", Hanging: 0.56",
Numbered + Level: 1 + Numbering Style: 1, 2, 3, ... +
Start at: 1 + Alignment: Left + Aligned at: 0.5" + Indent
at: 0.75"

(Section 509)

~~(9)~~(10) Restriction of Pornography on Computer Networks (Section 521)

~~(10)~~(11) Restriction on Funding ACORN (Section 522)

~~(11)~~(12) Restriction on Distribution of Sterile Needles (Section 527)

~~Division C, Title VII~~

~~(12) — Confidentiality Agreements (Section 742)~~

A complete description of the Legislative Mandates for fiscal year ~~2020-2021~~ is included in HRSA Bulletin 2021-04E-03E (February 67, 2020~~1~~), which is attached to this P&P as Exhibit A and can be found at <https://www.hrsa.gov/sites/default/files/hrsa/grants/manage/grants-policy-bulletin-2021-03E.pdf>~~https://www.hrsa.gov/sites/default/files/hrsa/grants/manage/grants-policy-bulletin-2020-04E.pdf~~

POLICY:

(1) Confidentiality Agreements (Section 742)

A. None of the funds appropriated or otherwise made available by this or any other Act may be available for a contract, grant, or cooperative agreement with an entity that requires employees or contractors of such entity seeking to report fraud, waste, or abuse to sign internal confidentiality agreements or statements prohibiting or otherwise restricting such employees or contractors from lawfully reporting such waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information.

Formatted: Indent: Left: 0.58", No bullets or numbering

B. The limitation in subsection (a) shall not contravene requirements applicable to Standard Form 312, Form 4414, or any other form issued by a Federal department or agency governing the nondisclosure of classified information.

Formatted: Left, Indent: Left: 0.81", No bullets or numbering

~~(1)~~(2) Salary Limitation (Section 202)

HCHC shall not use federal grant funds to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II Salary is currently set at \$~~197~~199,300.00, as of January 1, ~~2020~~2021.

Formatted: Left, Indent: Left: 0.81", No bullets or numbering

~~(2)~~(3) Gun Control (Section 210)

HCHC shall not use federal grant funds, in whole or in part, to advocate or promote gun control.

~~(3)~~(4) Anti-Lobbying (Section 503)

A. HCHC shall not use federal grant funds, other than for normal and recognized executive legislative relationships, for the following:

- For publicity or propaganda purposes;
- For the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or

defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself;

- B. HCHC shall not use federal grant funds to pay the salary or expenses of any employee or agent of HCHC for activities designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.
- C. The prohibitions in subsections A and B include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

~~(4)~~(5) Acknowledgment of Federal Funding (Section 505)

When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with federal money, HCHC shall clearly state:

- A. the percentage of the total costs of the program or project which will be financed with Federal money;
- B. the dollar amount of Federal funds for the project or program; and
- C. percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.

~~(5)~~(6) Restrictions on Abortions (Section 506)

HCHC and its employees shall not use federal grant funds for any abortion or for health benefits coverage for employees that includes coverage of abortion. “Health benefits coverage” is defined as the package of services covered by a managed care provider or organization pursuant to a contract or other arrangement. HCHC also maintains a Women's Reproductive Health policy relevant to this restriction.

(6) Exceptions to ~~these~~ Restrictions on Abortions (Section 507)

The limitations established in the preceding section (5) shall not apply to an abortion:

- A. if the pregnancy is the result of an act of rape or incest; or
- B. in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.

Nothing in the preceding section (5) shall be construed as prohibiting the expenditure by HCHC of state, local, or private funds (other than a State's or locality's contribution of Medicaid matching funds).

(7) Ban on Funding of Human Embryo Research (Section 508)

HCHC shall not use federal grant funds for

- A. the creation of human embryos for research purposes; or
- B. research in which a human embryo or embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero under 45 CFR 46.204(b) and section 498(b) of the Public Health Service Act (42 U.S.C. 289g(b)).

(8) Limitations on Use of Grant Funds for Promotion of Legalization of Controlled Substances
(Section 509)

HCHC shall not use federal grant funds to promote the legalization of any drug or other substance included in schedule I of the schedules of controlled substances established under section 202 of the Controlled Substances Act except for normal and recognized executive-congressional communications

This limitation shall not apply when there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance or that federally sponsored clinical trials are being conducted to determine therapeutic advantage.

(9) Restriction of Pornography on Computer Networks (Section 520)

HCHC shall not use federal grant funds to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography.

(10) Restriction on Funding ACORN (Section 521)

HCHC shall not provide any federal grant funds to the Association of Community Organizations for Reform Now ("ACORN"), or any of its affiliates, subsidiaries, allied organizations, or successors.

(11) Restriction on Distribution of Sterile Needles (Section 527)

HCHC shall not use federal grant funds to distribute sterile needles or syringes for the hypodermic injection of any illegal drug.

~~(12) Confidentiality Agreements~~

~~HCHC shall not require its employees or contractors seeking to report fraud, waste, or abuse to sign internal confidentiality agreements or statements prohibiting or otherwise restricting such employees or contractors from lawfully reporting such waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information.~~

~~This limitation in subsection (12) shall not contravene requirements applicable to Standard Form 312, Form 4414, or any other form issued by a Federal department or agency governing the nondisclosure of classified information.~~

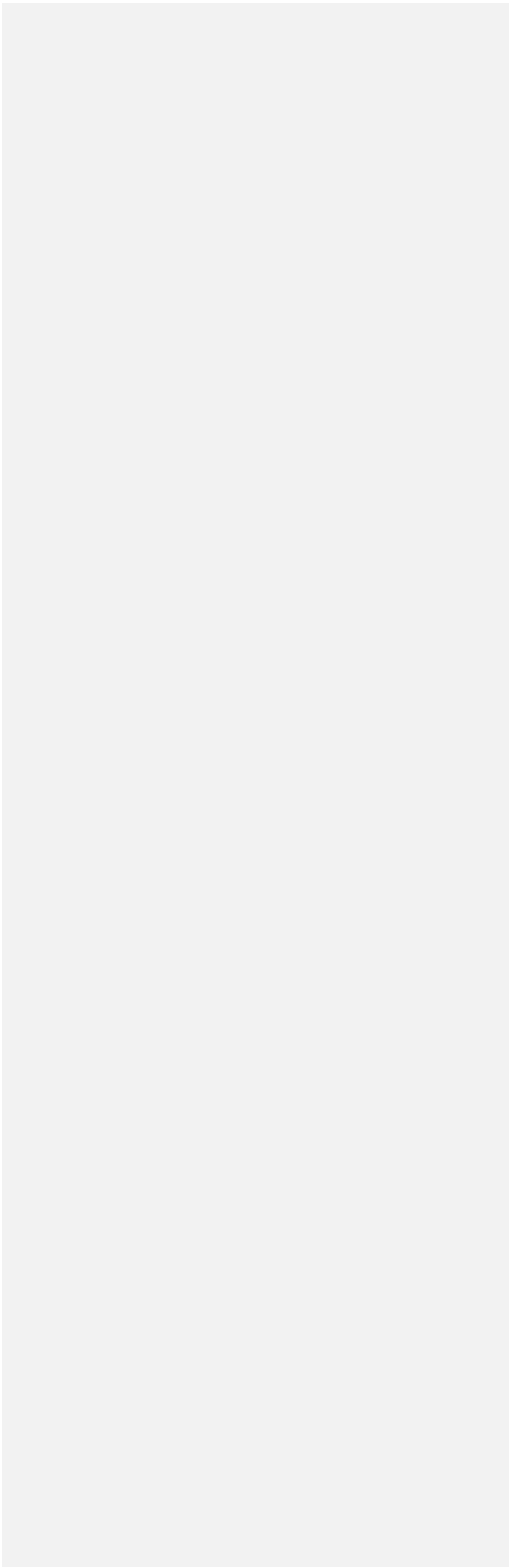
Questions regarding this policy or any related procedure should be directed to Chief Executive Officer at 413-238-4128.

Approved on: _____

Approved by:

Chief Executive Officer, HCHC

HCHC Board of Directors



PROCEDURE:

1. Review and Updates of this Policy and Procedure

The Chief Executive Officer shall review this policy upon the passage of a new HHS Appropriations Act or issuance of HRSA guidance regarding the Legislative Mandates and shall ensure this policy is updated as necessary. As appropriations acts are generally enacted annually, this policy will generally require annual review. Any modifications to this policy will require review and approval by HCHC's Board of Directors.

2. Legislative Mandates Training

The Chief Executive Officer shall ensure that the key management team and finance department staff receive training regarding the Legislative Mandates and the procedures set forth in this policy.

3. Compliance Manual

This Legislative Mandates Policy will be incorporated into HCHC's Compliance Program.

4. Financial Management

The Chief Financial Officer ("CFO") shall ensure that HCHC's financial management systems and procedures are structured to ensure that no federal grant funds are used for purposes that are impermissible under this Policy. As necessary, the CFO may establish cost centers/accounts for the accumulation and segregation of such costs.

Exhibit A



Grants Policy Bulletin

Legislative Mandates on Grants Management for FY

Bulletin Number: 2018 - 04

Release Date: April 4, 2018

Related Bulletins: Replaces 2017 - 07

Issued by: Office of Federal Assistance Management (OFAM), Division of Grants Policy (DGP)

Purpose

The purpose of this Policy Bulletin is to clarify the requirements mandated by the FY 2018 Consolidated Appropriations Act 2018 (Public Law 115-141), signed into law on March 23, 2018, which provides funding to HRSA for the fiscal year ending September 30, 2018. The intent of this Policy Bulletin is to provide information on the following statutory provisions that limit the use of funds on HRSA grants and cooperative agreements for FY 2018. Legislative mandates remain in effect until a new appropriation bill is passed setting a new list of requirements.

Implementation

FY 2018 Legislative Mandates are as follows:

Division H, Title II

- (1) Salary Limitation (Section 202)
- (2) Gun Control (Section 210)

Division H, Title V

- (3) Anti-Lobbying (Section 503)
- (4) Acknowledgment of Federal Funding (Section 505)
- (5) Restriction on Abortions (Section 506)
- (6) Exceptions to Restriction on Abortions (Section 507)
- (7) Ban on Funding Human Embryo Research (Section 508)
- (8) Limitation on Use of Funds for Promotion of Legalization of Controlled Substances (Section 509)
- (9) Restriction on Distribution of Sterile Needles (Section 520)
- (10) Restriction of Pornography on Computer Networks (Section 521)
- (11) **Restriction on Funding ACORN (Section 522)**

Division E. Title VII

(12) Confidentiality Agreements (Section 743)

Details:

Division H, Title II:

(1) Salary Limitation (Section 202)

"None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II."

The Executive Level II salary is currently set at \$189,600.

(2) Gun Control (Section 210)

"None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control."

Division H, Title V

(3) Anti-Lobbying (Section 503)

"(a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

(b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control."

(4) Acknowledgment of Federal Funding (Section 505)

"When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all grantees receiving Federal funds included in this Act, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state -(1) the

percentage of the total costs of the program or project which will be financed with Federal money; (2) the dollar amount of Federal funds for the project or program; and (3) percentage and dollar amount of the total costs of the project or program that will be financed by non- governmental sources."

(5) Restriction on Abortions (Section 506)

"(a) None of the funds appropriated in this Act, and none of the funds in any trust fund to which funds are appropriated in this Act, shall be expended for any abortion.

(b) None of the funds appropriated in this Act, and none of the funds in any trust fund to which funds are appropriated in this Act, shall be expended for health benefits coverage that includes coverage of abortion.

(c) The term "health benefits coverage" means the package of services covered by a managed care provider or organization pursuant to a contract or other arrangement."

(6) Exceptions to Restriction on Abortions (Section 507)

"(a) The limitations established in the preceding section shall not apply to an abortion -(1) if the pregnancy is the result of an act of rape or incest; or (2) in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life- endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.

(b) Nothing in the preceding section shall be construed as prohibiting the expenditure by a State, locality, entity, or private person of State, local, or private funds (other than a State's or locality's contribution of Medicaid matching funds).

(c) Nothing in the preceding section shall be construed as restricting the ability of any managed care provider from offering abortion coverage or the ability of a State or locality to contract separately with such a provider for such coverage with State funds (other than a State's or locality's contribution of Medicaid matching funds).

(d)(1) None of the funds made available in this Act may be made available to a Federal agency or program, or to a State or local government, if such agency, program, or government subjects any institutional or individual health care entity to discrimination on the basis that the health care entity does not provide, pay for, provide coverage of, or refer for abortions.

(d)(2) In this subsection, the term "health care entity" includes an individual physician or other health care professional, a hospital, a provider-sponsored organization, a health maintenance organization, a health insurance plan, or any other kind of health care facility, organization, or plan."

(7) Ban on Funding of Human Embryo Research (Section 508)

"(a) None of the funds made available in this Act may be used for -(1) the creation of a

human embryo or embryos for research purposes; or (2) research in which a human embryo or embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero under 45 CFR 46.204(b) and section 498(b) of the Public Health Service Act (42 U.S.C. 289g(b)).

(b) For purposes of this section, the term "human embryo or embryos" includes any organism, not protected as a human subject under 45 CFR 46 as of the date of the enactment of this Act, that is derived by fertilization, parthenogenesis, cloning, or any other means from one or more human gametes or human diploid cells.

(8) Limitation on Use of Funds for Promotion of Legalization of Controlled Substances (Section 509)

"(a) None of the funds made available in this Act may be used for any activity that promotes the legalization of any drug or other substance included in schedule I of the schedules of controlled substances established under section 202 of the Controlled Substances Act except for normal and recognized executive-congressional communications.

(b) The limitation in subsection (a) shall not apply when there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance or that federally sponsored clinical trials are being conducted to determine therapeutic advantage."

(9) Restriction on Distribution of Sterile Needles (Section 520)

"Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug: Provided, That such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law."

(10) Restriction of Pornography on Computer Networks (Section 521)

"(a) None of the funds made available in this Act may be used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography.

(b) Nothing in subsection (a) shall limit the use of funds necessary for any federal, state, tribal, or local law enforcement agency or any other entity carrying out criminal investigations, prosecution, or adjudication activities."

(11) Restrictions on Funding ACORN

"None of the funds made available under this or any other Act, or any prior Appropriations Act, may be provided to the Association of Community Organizations for Reform Now (ACORN), or any of its affiliates, subsidiaries, allied organizations, or successors."

Division E Title VII

(12) Confidentiality Agreements (Section 743)

(a) None of the funds appropriated or otherwise made available by this or any other Act may be available for a contract, grant, or cooperative agreement with an entity that requires employees or contractors of such entity seeking to report fraud, waste, or abuse to sign internal confidentiality agreements or statements prohibiting or otherwise restricting such employees or contractors from lawfully reporting such waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information.

(b) The limitation in subsection (a) shall not contravene requirements applicable to Standard Form 312, Form 4414, or any other form issued by a Federal department or agency governing the nondisclosure of classified information.

Resources

- Consolidated Appropriations Act, 2018
<https://www.congress.gov/bills/115/congress/house-bill/1625>

Inquiries

Inquiries regarding this notice can be directed to: Office of Federal Assistance
Management Division of Grants Policy
Policy & Special Initiatives
Branch Email:
DGP@HRSA.gov Telephone:
301-443-2837



Policy Title: Patient Complaint and Grievance Policy	Policy Number: ADM-12
Department: Administrative	Policy status: Active
Regulatory Reference: Department of Public Health	
Date Published: DEC 2004	
Dates Reviewed: SEP 2018, JUL 2019, AUG 2020	
Dates Revised: AUG 2020	

PURPOSE:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for managing patient complaints and grievances.

POLICY:

1. Patient complaints can be taken by any employee and will be directed to the appropriate Practice Manager.
2. In cases where a provider is the subject of a complaint, the complaint will be forwarded to the Medical Director or to the department's clinical director for investigation.
3. The Manager or Director receiving the complaint will make telephonic contact with the complainant within four hours of receiving the complaint.
4. The Manager or Director will have no more than 10 days to document the complaint, conduct an investigation, respond to the patient and file the investigation.

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

Approved on: _____

Approved by:

Chief Executive Officer, HCHC

HCHC Board of Directors

PROCEDURE:

1. The employee initially receiving the complaint will attempt to contact the Practice Manager.
 - a. If available, the Practice Manager will contact the complainant and document the complaint on the HCHC Patient Complaint form.
 - b. If unavailable, the employee will document the complaint on the HCHC Patient Complaint form, ensuring that the complainant's contact information is documented.
 - c. If the complainant is unwilling to have the employee document the complaint and insists on speaking with a manager, the employee will take the complainant's contact information and relay it to the Practice Manager.
 - d. If the complainant is unwilling to have the employee document the complaint or speak to a Manager, the employee will take the complainant's contact information, if possible, and relay it to the Practice Manager and will also send the patient a copy of the HCHC Patient Complaint form with a request that they fill it out themselves.
2. Once a complaint is received, the Practice Manager will make contact with the complainant, either in person or via telephone.
3. If the complaint has not been documented, the Practice Manager will document the complaint and inform the complainant that an investigation will be conducted.
4. The Practice Manager has ten business days to investigate the complaint and respond in writing to the patient with a copy of the response sent to the Executive Assistant for filing.
5. If a patient remains unsatisfied with the proposed resolution, the complaint will be forwarded to the appropriate executive officer for resolution.
 - a. Billing related complaints to the Chief Financial Officer
 - b. Operations & staff related complaints to the Chief Operations Officer
 - c. Provider related complaints to the Chief Clinical & Community Services Officer
6. Complaints not resolved at the executive officer level will be forwarded to the Chief Executive Officer
7. All complaints will be tracked on an annual basis for trend analysis by the Quality Improvement/Risk Management Committee.
8. A record of all complaints will be maintained on file by Executive Assistant and will be reported to Quality Improvement/Risk Management Committee and the Board of Directors at least bi-annually.



Policy Title: Policies	Policy Number: ADM-13
Department: Administrative	Policy status: Active
Regulatory Reference: None	
Date Published: SEP 2007	
Dates Reviewed: JAN 2018, JUL 2019, AUG 2020	
Dates Revised: AUG 2020	

PURPOSE:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for writing, categorizing, reviewing, approving, implementing and filing/storing policies.

POLICY:

1. All policies of HCHC will be written using a standardized template.
2. All policies will be categorized and numbered by the relevant department of subunit. They will also note the department, site, or subunit for which the policy is relevant, as appropriate and/or needed.
3. All policies and procedures will be reviewed by the appropriate Department Head on an annual basis.
4. All policies will be reviewed and voted upon by the Board of Directors annually.
5. All Department Heads will be responsible for implementing approved policies for his/her department, including training staff, monitoring and enforcing compliance, and proposing changes/additions/deletions of policies to Senior Management.
6. All approved policies will be filed electronically, as well as the signed hard copies, by the Executive Assistant.
7. Upon approval by the Board, all policies will be distributed to staff and made available on the all staff drive.

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

Approved on: _____

Approved by:

Chief Executive Officer, HCHC

HCHC Board of Directors



Policy Title: Immunization Against Influenza <u>and COVID-19</u> Policy	Policy Number: HR-18
Department: All departments	Policy status: New
Date Published: SEP 2019	
Dates Reviewed: <u>SEP 2021</u>	
Dates Revised: <u>SEP 2021</u>	

PURPOSE:

Hilltown Community Health Centers have established this policy to ensure its workforce is appropriately immunized against influenza and Coronavirus Disease 2019 (COVID-19).

POLICY

All employees, contractors involved in patient care, and interns, and students ~~and contractors involved in patient care~~ at HCHC shall be required to be immunized against influenza and COVID-19 in order to ensure the safety of the staff members and HCHC patients. ~~Employees shall provide p~~Proof of maintained immunization is required annually, unless they have an approved medical or religious exemption.

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

Approved by Board of Directors on: _____

Approved by:

Chief Executive Officer, HCHC

HCHC Board of Directors

Procedure

All employees, contractors involved in patient care, interns, and students at HCHC shall be required to be immunized against influenza and COVID-19 in order to ensure the safety of the staff members and HCHC patients. Proof of maintained immunization is required unless they have an approved medical or religious exemption.

All employees, and interns, students and contractors involved in patient care ~~at HCHC, of HCHC~~ shall be immunized against influenza annually, and maintain immunized status against COVID-19. Influenza immunization shall occur by November 1st of each year, and COVID-19 vaccination will occur by November 1, 2021, and then as required by HCHC thereafter. All new staff, interns, students and contractors who begin after Nov. 1st, and until to May 1 (I'm not sure of the end date) will be required to provide proof of influenza vaccination before they may begin. Failure to do so would result in the application of HCHC's progressive discipline process, up to and including termination.

~~–~~HCHC offers the influenza and COVID-19 vaccination at no cost to employees; health insurance will be billed if available. Individuals may also choose to be vaccinated elsewhere and would therefore provide documentation to Human Resources annually.

Exceptions will be made on an individual basis, through application to in consultation with the Human Resources ~~Coordinator~~ Director and/or Medical Director, or their designees, ~~for persons who have a history of severe reaction to the influenza vaccine, or have had Guillain-Barre syndrome within 6 weeks of a prior influenza vaccination, or for whom COVID-19 vaccination is contraindicated.~~ If granted a medical or religious exemption, the staff person will abide by required accommodations or will face disciplinary action. Exemption applications shall be submitted annually, or when the employee's medical condition(s) change.



Request for Medical Exemption from COVID-19 Vaccination

COVID-19 Vaccination Requirement: As a staff and patient safety initiative, and similar to influenza and other required vaccinations, COVID-19 vaccination will be required by Hilltown Community Health Center, Inc. (HCHC). **All employees, contractors involved in patient care, interns, and students, regardless of department, will be required to be fully vaccinated by no later than November 1, 2021.** COVID-19 vaccination has been proven to be extremely safe and highly effective at preventing COVID-19 infection, severe disease, hospitalization, and death. The Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) recommends all adults receive COVID-19 vaccine.

To Be Completed by Employee Seeking Exemption

I understand that in order for Hilltown Community Health Center (HCHC) to evaluate my request for medical exemption from COVID-19 vaccination, I am required to have my health care provider complete this form. I understand that this form, and the information contained on it, will be maintained confidentially, except that HCHC may authorize certain employees and/or agents to review the information for purposes of addressing my exemption request. I authorize my health care provider to release to HCHC, and to any of HCHC's employees and/or agents designated for this purpose, any and all information which shall be required with respect to my exemption request. If my health care provider requires that a HIPAA release be signed before releasing information related to my exemption request, I agree that I will promptly execute the HIPAA release. **To request a religious exemption from COVID-19 vaccination, this form and any associated documentation must be completed and submitted by September 20, 2021 by employees hired before September 10, 2021.**

I understand that:

- 1) this authorization will expire on the day my employment or other relationship with HCHC expires;
- 2) I may revoke this authorization at any time, in writing, except to the extent that action has been taken in reliance on this authorization;
- 3) my health care provider may not refuse to treat me if I refuse to sign this authorization; and
- 4) once this information is disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient(s) and may no longer be protected by federal privacy regulations. I give this authorization voluntarily and with full understanding of its nature.

Name:		Date of Birth:	
Date of Request:		Department:	
Immediate Supervisor:		Do you provide direct patient care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee Signature:		Date:	

To Be Completed by Health Care Provider

HCHC requires that all employees, contractors involved in patient care, interns, and students, regardless of department, are required to be fully vaccinated by no later than November 1, 2021. Your patient, named above, is requesting a medical exemption from COVID-19 vaccination. Medical exemption is allowed only for individuals with a recognized contraindication to the vaccines offered, a documented history of anaphylaxis or an immediate allergic reaction after a single dose of any of the vaccines necessitating a 2-dose series, and on a case-by-case basis, for individuals who developed a rare severe adverse reaction that has been medically documented by a healthcare provider. In addition, time-limited medical exemptions will be considered for individuals who are currently pregnant or who received a COVID-19 monoclonal antibody treatment for acute COVID-19 illness.

Instructions for Completing this Form: If your patient has a medical condition that you believe would qualify them for exemption from the COVID-19 vaccination requirement based on the criteria described above, please complete this form and attach any related medical documentation. Requests will be reviewed on a case-by-case basis. Clarification and/or additional documentation may be requested from the individual and/or their healthcare provider. The individual may also be referred for further assessment to an allergist in advance of a determination being made.

Medical Exemption Request: I certify that this patient is under my care and should not be vaccinated against COVID-19 for the following reason:

- ☐ Recognized contraindication to COVID-19 vaccination (please mark which one):
 - ☐ Documented allergy to polyethylene glycol (PEG)
 - ☐ Documented allergy to polysorbate
 - ☐ Documented anaphylaxis or severe immediate allergic reaction to a dose of an mRNA COVID-19 vaccine (e.g. Pfizer-BioNTech or Moderna)
 - ☐ Documented anaphylaxis or severe immediate allergic reaction to a dose of an adenovirus vector vaccine (e.g. Johnson & Johnson or AstraZeneca)
- ☐ Currently pregnant
Due Date: _____
- ☐ Receipt of COVID-19 monoclonal antibody treatment
Date of infusion: _____
- ☐ Diagnosis of Multi-system Inflammatory Syndrome-Adults (MIS-A)
(*accompanying medical documentation required*)
- ☐ Other severe reaction (please describe in space below and provider accompanying documentation)

Healthcare Provider Name:			
Provider Signature:			
Specialty:		Date:	
Work Address:			
Phone Number:			

Summary of Next Steps:

- **Submit this form and any associated documentation to Human Resources no later than September 20, 2021** by employees hired before September 10, 2021.
 - Scan/email the completed form to: brida@hchcweb.org; or
 - Snap a picture with your phone and email to: brida@hchcweb.org
 - This request will be reviewed by Employee Health Services, Infection Control, and Human Resources.
 - You will be notified of the decision of the review regarding your requested exemption. You may be offered vaccination in a supervised setting at HCHC.
 - If a medical exemption is granted, you will be required to wear a surgical mask at all times, except when in a room alone, or when eating or drinking, in which case, you must be 6 feet apart from all other people. You will be required to wear eye protection (face shield or goggles) when working directly with patient or coming within 6 feet of patients. You will be required to get screening COVID-19 PCR tests at regular intervals. In certain areas, where patients are exceptionally vulnerable, HCHC may not be able to reasonably accommodate unvaccinated employees.
 - If the medical exemption is denied, you will be required to be vaccinated.
-



Request for Religious Exemption from COVID-19 Vaccination

COVID-19 Vaccination Requirement: As a staff and patient safety initiative, and similar to influenza and other required vaccinations, COVID-19 vaccination will be required by Hilltown Community Health Center, Inc. (HCHC). ***All employees, contractors involved in patient care, interns, and students, regardless of department, will be required to be fully vaccinated by no later than November 1, 2021.*** COVID-19 vaccination has been proven to be extremely safe and highly effective at preventing COVID-19 infection, severe disease, hospitalization, and death. The Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) recommends all adults receive COVID-19 vaccine. ***Please note that contracted personnel and students requesting religious exemption must make such requests through their employer or educational institution. Please see HR18 - Immunization Against Influenza and COVID-19 Policy for additional details****

Important Information Regarding Religious Exemption Requests: While HCHC recognizes that individuals may have personal beliefs and opinions regarding COVID-19 vaccination, personal beliefs or opinions will not be sufficient to qualify for exemption from the COVID-19 vaccination requirement. Rather, a religious exemption from the vaccination requirement will be approved only for a sincerely held belief precluding COVID-19 vaccination that is religious in nature. If an exemption is granted, efforts will be made to reasonably accommodate the employee while maintaining a safe work environment for patients, staff, and others.

Reasonable accommodations may include reassignment and additional infection prevention and control measures, among other things. While HCHC will seek to identify reasonable accommodations for anyone who is granted a religious exemption, it is possible that there may not be a reasonable accommodation that will allow every person with such an exemption to continue to work onsite while unvaccinated.

Completing this Form: To request a religious exemption from COVID-19 vaccination, this form and any associated documentation must be completed and submitted by **September 20, 2021** by employees hired before **September 10, 2021**. Failure to completely and accurately provide the information requested by the deadline may result in a delay in a decision being made on the request or could result in the request being denied. If you require more space to respond to particular questions, you may attach additional pages, but please make clear which question(s) you are responding to on the additional pages.

Name:		Job Title	
Department		Hire Date	
Manager Name		Hours/Week	
Email Address		Telephone Number	

1. Please describe the religious belief that is preventing you from receiving COVID-19 vaccination.

2. Have you received a religious exemption from HCHCs flu vaccination requirement?

☐ Yes ☐ No

If yes, is the religious belief that prevented you from receiving the flu vaccine the same as the religious belief that is currently preventing you from receiving the COVID-19 vaccination?

☐ Yes ☐ No

3. Have you received a religious exemption from any other vaccine requirement in the past three years?

☐ Yes ☐ No

If yes, please provide additional details, including which vaccine(s) the exemption was for, when you were granted the exemption, the religious belief underlying the exemption request and whether you were employed by HCHC at the time.

4. Have you ever been approved for any other type of religious accommodation during your employment with HCHC?

☐ Yes ☐ No

If yes, please describe the accommodation that was approved, when this occurred and whether the accommodation is still in effect.

5. Does the religious belief that prevents you from receiving COVID vaccination derive from a recognized religion?

☐ Yes ☐ No

If yes, please answer the following questions:

- a. Please provide the name of the religion: _____
- b. Please indicate when you first began to practice this religion: _____

- c. Do you belong to an organization or group affiliated with this religion (e.g., church, mosque, synagogue, other group, etc.)? ☐ Yes ☐ No

If yes, indicate when you first affiliated with organization or group:

If yes, also provide the following information regarding the organization or group:

Name: _____

Address: _____

Phone Number: _____

Website: _____

6. Does the religious belief identified in Question #1 prevent you from receiving other vaccines or just the COVID-19 vaccines?

☐ All other vaccines

☐ Some but not all other vaccines ☐ Only the COVID-19 vaccines

6a. If your religious belief prevents you from receiving *only* the COVID-19 vaccines, please explain why. (For example, if there is something about the way that the currently approved COVID-19 vaccines are manufactured that prevents you from receiving it, please identify what that is.)

6b. If your religious belief prevents you from receiving some but not all other vaccines, please identify which vaccines you can receive and which ones you cannot receive and explain the reason for the difference.

7. Did you receive the flu vaccine for the most recent flu season? ☐ Yes ☐ No

If no, when did you last receive the flu vaccine? _____

8. Have you received other vaccines in the past? ☐ Yes ☐ No

If yes, please identify the vaccines you have received most recently and when you received them.

9. Are there other aspects of your religious belief that impact or prevent you from receiving medical care? ☐ Yes ☐ No

If yes, please explain:

10. With respect to the religious belief that is preventing you from receiving COVID-19 vaccination:
a. When did you first come to believe this?

- b. Has your religious belief that is preventing you from receiving COVID-19 vaccination changed over time? ☐ Yes ☐ No

If yes, please explain how it has changed, when it changed and why.

11. Please submit additional documentation supporting your application for exemption from the COVID-19 vaccination requirement based on a sincerely held religious belief. Additional documentation may include but is not limited to the following:

- a. Documentation from a leader within your religious organization (or organization equivalent to religious organization) supporting your belief that your religion prevents you from receiving COVID-19 vaccination.
- b. Books, pamphlets, text, or other materials that support your religious belief that you are prevented from receiving COVID-19 vaccination.
- c. A signed personal statement that provides a more in-depth description of your belief, its religious nature and why it prevents you from receiving COVID-19 vaccination.
- d. A signed statement from someone who is familiar with your beliefs confirming how your religious belief prevents you from receiving COVID-19 vaccination.

Any additional documentation that you submit will be considered in conjunction with your exemption request.

Please note that the documentation should be submitted at the same time as your request in order to avoid delays in review and processing your request for exemption.

By signing below, you certify that the information provided in this form is both complete and accurate and you understand that any intentional misrepresentation contained in this request may result in corrective action, including employment termination.

Signature:		Date:	
Printed Name:			

Summary of Next Steps:

- Submit this form and any associated documentation to Human Resources no later than September 20, 2021.
 - Scan/email the completed form to: brida@hchcweb.org; or
 - Snap a picture with your phone and email to: brida@hchcweb.org
- This request will be reviewed by HR and if applicable the interdisciplinary team established to review religious exemptions.
- If a religious exemption is granted, you will be required to wear a surgical mask at all times, except when in a room alone, or when eating or drinking, in which case, you must be 6 feet apart from all other people. You will be required to wear eye protection (face shield or goggles) when working directly with patient or coming within 6 feet of patients. You will be required to get screening COVID-19 PCR tests at regular intervals. In certain areas, where patients are exceptionally vulnerable, HCHC may not be able to reasonably accommodate unvaccinated employees.
- If the religious exemption is denied, you will be required to be vaccinated.



Policy Title: Board Member Recruitment, Retention, and Development Plan	Policy Number: BOD-1
Department: Administrative	Policy status: Active
Resources:	
Date Published: MAY 2016	
Dates Reviewed: JUL 2018, SEP 2020	
Dates Revised: JUL 2018, SEP 2020	

PURPOSE:

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

POLICY:

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

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

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

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

Questions regarding this plan should be directed to Chief Executive Officer at 413-238-4128.

Approved by Board of Directors on: _____

Approved by:

Chief Executive Officer, HCHC

HCHC Board of Directors



Policy Title: Board Orientation Policy	Policy Number: BOD-2
Department: Administrative	Policy status: Active
Resources:	
Date Published: OCT 1998	
Dates Reviewed: JUL 2018, SEP 2020	
Dates Revised: JUL 2018, SEP 2020	

PURPOSE:

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

POLICY:

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

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

BOARD OF DIRECTORS SECURE WEB PAGE:

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

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

OTHER ORIENTATION ACTIVITIES:

1. Tour of the Huntington Health Center, Worthington Health Center and John P. Musante Health Center preceding first two meetings, as possible
2. Schedule tours of School-Based Programs and Hilltown Community Center

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

Approved by Board of Directors on: _____

Approved by:

Chief Executive Officer, HCHC

HCHC Board of Directors



Policy Title: Grant and Contract Approval Policy	Policy Number: BOD-3
Department: Administrative	Policy status: Active
Resources:	
Date Published: OCT 1998	
Dates Reviewed: JUL 2018, SEP 2020	
Dates Revised: JUL 2018, SEP 2020	

PURPOSE:

Hilltown Community Health Centers, Inc. (HCHC) Board of Directors has adopted this policy to specify criteria for eligible grants, and to have a formal documented process to review/approve any grants or contracts for which HCHC may apply.

POLICY:

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

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

It is expected that the CEO will inform the Board of Directors and provide detailed information regarding all federal grants/contracts for which (s)he or the designee applies, and any other grants that will have significant programmatic impacts, as appropriate.

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

Approved by Board of Directors on: _____
Approved by:

Chief Executive Officer, HCHC

HCHC Board of Directors



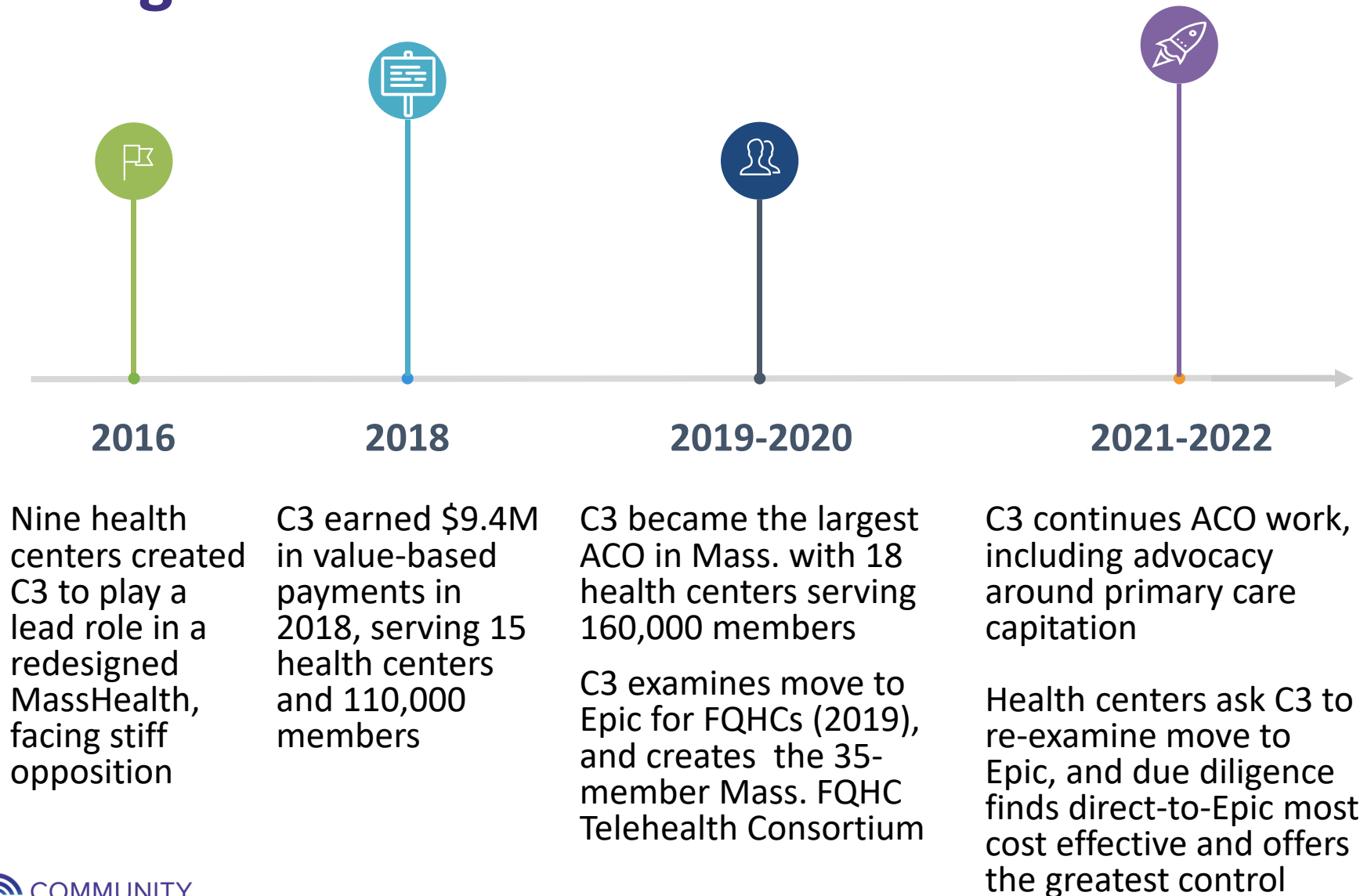
Epic Project Health Center Board Meeting Slides

August 16, 2021

Modernizing Our EHR

- For several years, we have explored a move to Epic, the industry's leading EHR for primary care
 - We see significant provider, care team, and patient benefits, but cost has been a major barrier
- Today, we have a once-in-a-career opportunity to make this change
 - Thanks to federal funding, an increase in MassHealth rates, and a unique collaboration with other FQHCs through a 501(c)(3) and FQHC-governed ACO called Community Care Cooperative (C3)

Background on C3



A Critical Opportunity

- Fourteen interested health centers and C3 have come together because we recognize an opportunity to strengthen the position of FQHCs versus well-capitalized competitors who see profits in primary care
 - We can deliver a best-in-class platform, eliminate disparate EHR strategies, and capitalize on the collective strengths of each FQHC
 - This shared platform can be a vehicle for health centers to create more value through the sharing of best clinical and administrative practices and creates a vast array of opportunities for shared service
 - Altogether, we see this as an opportunity to drive measurable improvements in community health

Best in Class and Well-Connected Solution

- We are implementing a best-in-class EHR platform with functionality that covers all components of our clinical services, and offers easy access to shared patient data with a large percentage of the Commonwealth and U.S.
 - Epic EHR/PM is top ranked in annual KLAS scores
 - Ambulatory, Practice Management, Scheduling, Dental, Eye, BH, Pharmacy all share common database and patient record
 - Care Everywhere automatically retrieves and incorporates outside records locally, regionally, and nationally
 - At full rollout, the Epic community will serve more than 90% of the people of Massachusetts

Own Your Data, Own Your Future

- Our technical architecture will ensure that we have access to and control of our data to deliver what Massachusetts FQHCs require now and in future
 - Full access to backend data to extend existing reporting and enable deep ad hoc analysis
 - Internal staffing to manage change in workflow and templates based on our learnings, priorities, and timetables

Governed by FQHCs

Leveraging Shared Experience, Common Vision

- FQHCs will govern our shared Epic instance
- We will standardize around best practices in a governance model in which stakeholders share a common vision and role in healthcare delivery

Governance: Approach to Data and Workflow Standardization



ALIGNED GOALS

- Define success together
- Local variation must not contradict system strategy
- Consider the entire ecosystem – Third parties (not just Epic)
- Share lessons learned
- Set baseline performance standards



OPERATIONAL ENGAGEMENT

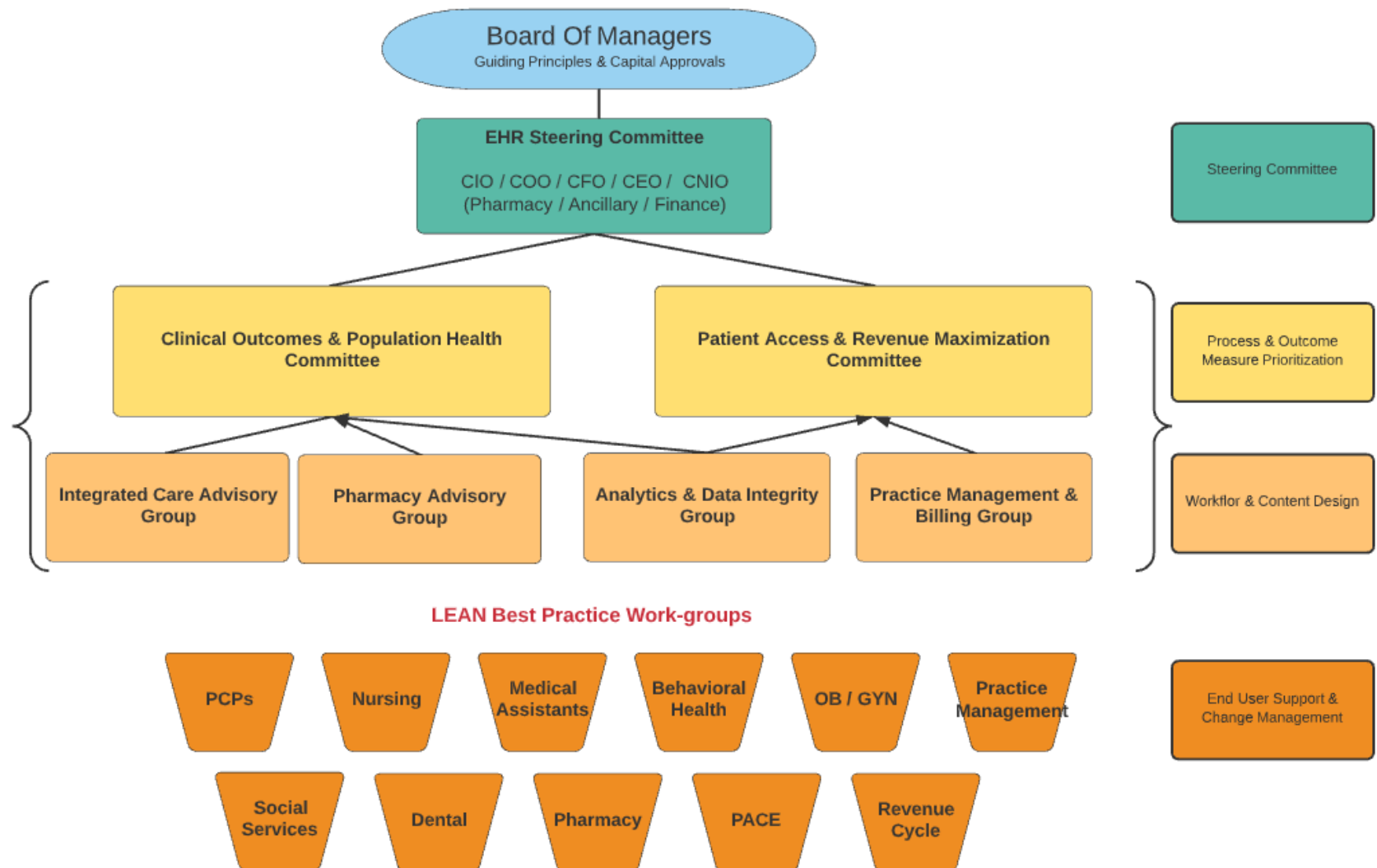
- Include the right stakeholders in decision making
- Only decision makers can allocate resources
- Encourage relationships between your organizations
- Have strong Physician Builder and personalization programs



COMMUNICATION

- Identify point people; peer-to-peer sharing
- Have a comprehensive plan (including how you message to staff and patients)
- No surprises

Governance: Structure for Data and Workflow Standardization



Cost-Effective, When We Join Together

- We have negotiated a pricing level and built a delivery model that is cost-effective and honors the competing demands for FQHC resources
 - We evaluated pricing through OCHIN, HCN, and on a direct to Epic basis through C3
 - Visit-volume derived pricing covers all components
 - Hosting services are cost-competitive
 - Delivery structure is administratively lean and leverages pooled resources

Startup Cost Comparison

FQHC	OCHIN One Time Costs*	HCN One Time Costs	EPIC One Time Costs*
Charles River Community Health	\$935,000	\$511,000	\$890,000
Brockton Neighborhood Health Center	\$3,142,000	\$441,000	\$2,868,000
Community Health Center of Franklin	\$468,000	\$310,000	\$380,000
Community Health Connections	\$1,117,000	\$221,000	\$1,180,000
Dimock Center	\$912,000	\$573,000	\$956,000
HealthFirst	\$572,000	\$373,000	\$632,000
Hilltown Community Health Center	\$536,000	\$310,000	\$460,000
Holyoke Health	\$1,730,000	\$243,000	\$1,267,000
North Shore Community Health	\$891,000	\$573,000	\$836,000
Lowell Health Center	\$1,799,000	\$1,668,000	\$1,943,000
Greater New Bedford CHC	\$853,000	\$497,000	\$935,000
Fenway	\$2,290,000	\$1,678,000	\$2,066,000
Island Health Care	\$357,000	\$310,000	\$250,000
Whittier Street Health Center	\$1,477,000	\$265,000	\$1,361,000
Total	\$17,079,000	\$7,973,000	\$16,022,000

*Includes 10% Contingency

Annual Operating Comparison

FQHC	OCHIN OPEX	HCN OPEX	EPIC OPEX*
Charles River Community Health	\$665,000	\$809,000	\$495,000
Brockton Neighborhood Health Center	\$1,745,000	\$2,728,000	\$1,541,000
Community Health Center of Franklin	\$309,000	\$441,000	\$225,000
Community Health Connections	\$829,000	\$1,364,000	\$702,000
Dimock Center	\$691,000	\$592,000	\$547,000
HealthFirst	\$456,000	\$827,000	\$357,000
Hilltown Community Health Center	\$366,000	\$522,000	\$276,000
Holyoke Health	\$994,000	\$1,501,000	\$576,000
North Shore Community Health	\$632,000	\$1,272,000	\$498,000
Lowell Health Center	\$1,065,000	\$2,463,000	\$1,191,000
Greater New Bedford CHC	\$624,000	\$1,025,000	\$569,000
Fenway	\$1,245,000	\$2,109,000	\$1,144,000
Island Health Care	\$162,000	\$134,000	\$154,000
Whittier Street Health Center	\$1,168,000	\$1,637,000	\$767,000
Total	\$10,953,000	\$17,424,000	\$9,040,000

*Includes 10% Contingency

Total Startup + 5 YR Operating Comparison

All FQHCs	One-Time	5-Year OPEX	TOTAL
OCHIN*	\$17,079,000	\$10,953,000	\$71,843,000
HCN	\$7,973,000	\$17,424,000	\$95,093,000
Direct to Epic*	\$16,022,000	\$9,040,000	\$61,225,000

Epic One time Costs	Epic Annual Operating Cost	Current Annual EHR Cost	Annual Staffing Cost Centralized	5 Year Cost Difference
\$460,000	\$276,000	\$46,000	-	\$1,607,000

*Includes 10% contingency

Implementation Critical Success Factors

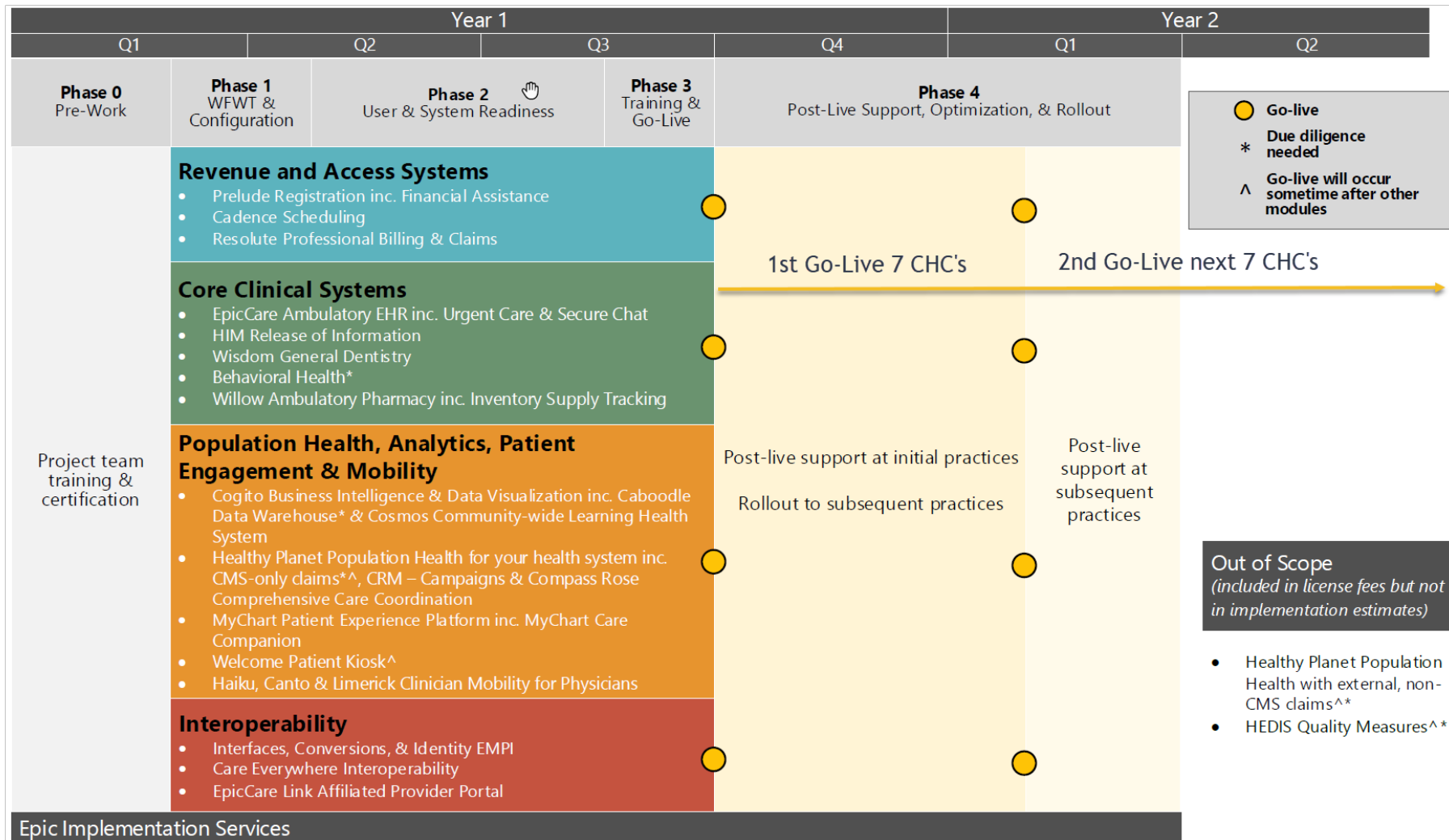
Guiding Principles

- Follow Epic Foundation System workflow recommendations where possible
- Use Foundation System content with minimal changes
- Complete Pre-Work on time to go live on time
- Focus install time on operational readiness and minimize operational changes

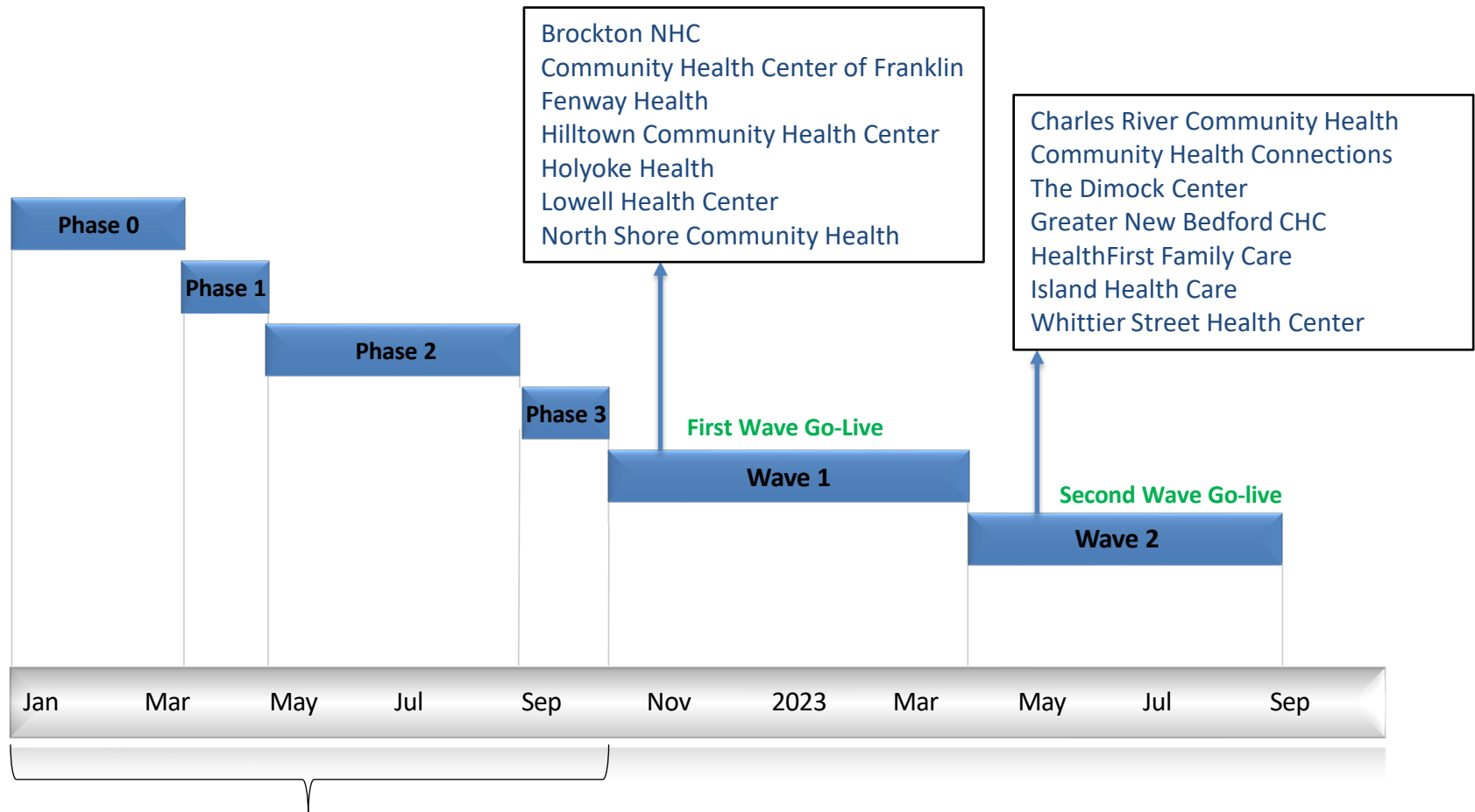
Success Factors

- Require User training and play Labs for all providers
- Send Clinician Builders to Epic before go-live
- Epic recommends **not** reducing schedules at go-live
- Use Super Users for at-the-elbow floor support during go-live
 - Epic support will be in the command centers
- Relying on Epic's infrastructure for reliable and cost-effective hosting

A Phased Approach



Two Wave Schedule



All health centers participate in Phases 0-3 together

Modernizing FQHC EHRs – C3 Epic

Executive Summary

Community health centers are a public good. They embody our belief that healthcare is a human right and essential to our well-being as a nation. Today, health centers are threatened by well-capitalized competitors – venture-backed start-ups and multi-nationals – who see profits in primary care. These competitors bring a wealth of resources to create a modern, provider- and patient-friendly IT infrastructure. We are fighting back with this proposal to bring the most advanced electronic health record (EHR) and population health system – Epic – to Massachusetts FQHCs.

While many health centers have explored a transition to Epic for years, our work began in early 2021 as several FQHCs from Community Care Cooperative (C3) joined other Massachusetts FQHCs to see if a common EHR could be feasible, if jointly undertaken. (C3 is an FQHC-governed, non-profit ACO and operating company founded to unite health centers at scale to strengthen primary care, improve health center financial performance, and advance racial justice.)

The FQHCs involved in this effort are committed to providing more opportunities for individuals to receive coordinated, holistic, and culturally appropriate care in the communities where they live and work. This group also recognizes that the value of a shared EHR is far greater than the functionality contained within the EHR: they recognize that a shared platform is a vehicle for health centers to create more value through the sharing of best clinical and administrative practices, and creates a vast array of opportunities for shared service.

C3 and the health centers are passionate and committed to honoring differences, acknowledging uniqueness, and amplifying all voices. We have a culture of inclusivity which empowers individuals at every level to enrich communities, one family at a time. Our combined Equity, Diversity, & Inclusion statements demonstrate our commitment to building an inclusive, varied health care collaborative environment which is welcoming people of all backgrounds, situations, community needs, technology challenges and much more.

We decided the time is now to care for and listen to one another through the creation of an intentionally built and managed EHR, tailored to the needs of our exceptional communities, families, and individuals. We aim to give back integrated access to the patients and providers with a world class interoperable EHR.

We know that we will not get everything right all of the time. We will be a learning organization and our mistakes will inform and drive our success. In the end, we will have built a successful EHR enterprise with a best-in-class product, eliminated disparate EHR strategies, and in doing so, capitalized on the collective strengths of each FQHC.

We hope that these materials are supportive in your decision-making process.

Supporting Community Health Center missions

To help our FQHCs drive healthy change for the communities they serve, we propose the **industry's top-ranked¹ EHR/PM suite**. With Epic, we can bring clinical care, analytics, reporting, care coordination, telehealth, population health management, practice management, revenue cycle, patient engagement, and other services together on a single platform to improve access to whole-person care, maximize quality, and achieve cost savings.

With instant access to the nation's largest interoperability network, health centers can exchange patient health information and coordinate care more effectively with hospitals and other health partners using disparate EHRs throughout Massachusetts and beyond.

Epic's proposal outlines the natively integrated system and personalized services they offer to help FQHCs unify stakeholders across our communities—including providers, health partners, patients, and patients' families.

Table of Contents

One patient, one record for community care	1
Strong clinician adoption and satisfaction	6
Fastest connection to the care community.....	3
Improving population health & wellness.....	5
Highest-rated in independent comparisons.....	7
Enrich the patient experience.....	7
Strengthening revenue cycles.....	8
Delivering the most value.....	9
Personalized services for HCs	10
A lifetime system	11

¹ KLAS Enterprises, "Best in KLAS 2021: Software and Services," January 2021.

One patient, one record for quality community care

With Epic, our goal would be able to give our network of FQHCs access to a single, longitudinal health record for each patient, with embedded care coordination tools to help facilities connect with the broader care community and support high-quality, value-based, community- and patient-focused care. The full Epic suite works together using a central data repository and shares data across Epic modules without interfaces to reduce IT complexity and expenses, increase efficiencies, improve patient safety, and increase overall patient and provider satisfaction. With the proposed solution:

- **Referrals and community collaboration are simplified.** Epic supports CDA exchange with any EHR meeting national interoperability standards. Regardless of source, information from external providers is automatically queued up in your health center providers' workflows.
- **Information entered once in the system is automatically available** across our FQHCs to drive workflows, power deep analytics, and support population health programs.
- **Social determinants of health are captured in the system and combined with patient's medical information** to support more holistic risk stratification and whole-person care.
- **Evidence-based decision support is standardized and embedded** throughout the system so that data about the whole person—medical and behavioral—can help enhance clinical and financial decision-making, reduce costly variations in care, and improve health outcomes.
- **Integrated behavioral health, Eye and dental health modules** help support the broad range of services delivered at our FQHCs.
- **An integrated patient experience platform** with multi-lingual support gives patients and their families access to their health information and self-service scheduling, communication, telehealth, preventive health, and e-payment features—helping improve patients' access to equitable, quality care.
- **Embedded population health features help orchestrate disease prevention and health and wellness programs** in the communities we serve—engaging providers, patients, and families in more coordinated value-based care.
- **Native integration between clinical and revenue cycle software improves financial performance** by increasing coding accuracy, cutting denials, and reducing staffing for coding or denial follow-up. Charges file from clinical applications to the revenue suite automatically based on orders and documentation, reducing missed charges and overall charge entry costs.

"We found early on with the EHR that we had access now to data about our patients that we never had before."



Kwame Kitson, MD, Vice
President of Quality Improvement,
Institute for Family Health (FQHC)

A truly integrated system must be acquisition-free

Epic does not acquire and bolt products together or subcontract development to other groups. *No interfaces are used between Epic applications.* Our Technologist in C3 strongly believe that having one code base on one database contributes to safety, data security, performance and reliability for users, and our ability to scale. It also allows us to avoid significant drawbacks of product acquisitions such as the need to retire duplicative products and connect disparate databases.

Strong clinician adoption and satisfaction

Successful adoption has been shown to improve best-practice-based care standardization, reduce costs, and boost long-term user satisfaction. To help providers achieve these benefits, Epic provides a system that is fast, accessible, intuitive, and easy to learn. Our FQHCs have had demonstrations in real time from our colleagues who already use Epic, showing that our FQHCS' network of providers will have a system that comes pre-loaded with best practices from other outpatient healthcare leaders and FQHCs across the country. Key capabilities include:



Broad and deep multi-specialty support. We will be able to offer targeted information displays and workflows for every major specialty and subspecialty covered by our FQHCs. As a starting point for our project, Epic delivers their Foundation System, which includes a wide range of pre-built specialty content.



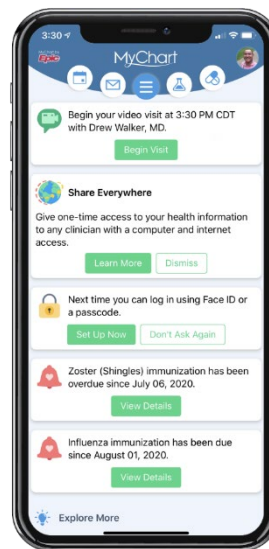
Learning system that adapts to the provider. The system automatically monitors day-to-day workflows and uses AI to suggest optimized screen layouts based on the way providers use the system.



Personalized performance and efficiency guidance. System interactions populate personal performance dashboards so users can see how they compare to peers across your network and other similar Epic customers. E-learning sessions are suggested automatically for areas where the provider could use the system more efficiently.



Telehealth tools that help clinicians coordinate care even when they cannot be in the same location as other clinicians or their patients. Patients can conduct live, on-demand tele-visits with providers from home. This increases patient access to quality, convenient care.



Patients have convenient on-the-go access to video visits from the MyChart mobile app.

Value add: Mobile apps at no additional cost

Haiku for smartphones and Canto for tablets give our providers access to their schedules, patients' health information, In Basket result notifications and staff messages, and other information on mobile devices to help improve efficiencies, patient safety, and provider satisfaction, as well as operate mobile sites of care. Limerick for Apple Watch allows providers to get a quick look at their patient list, schedule, patient summaries, and In Basket messages.

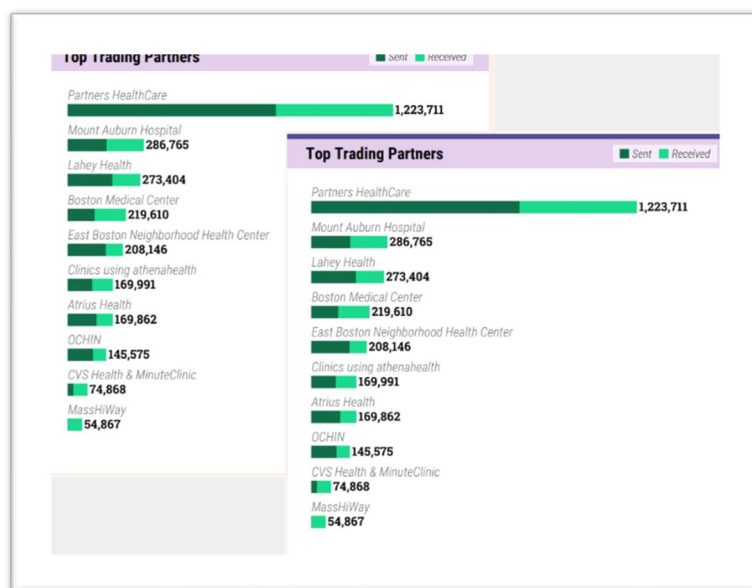
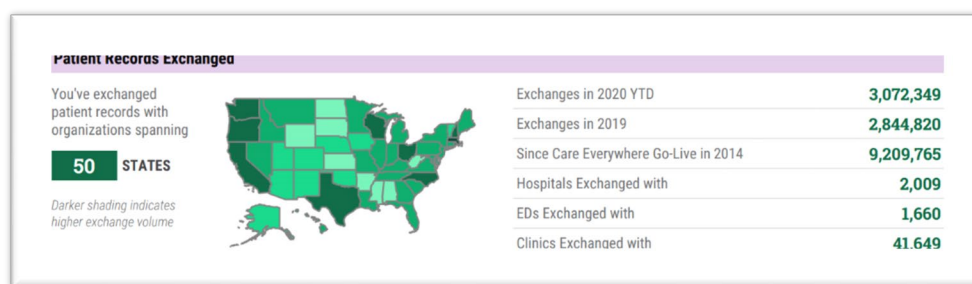
Fastest connection to the broader care community

To help our FQHCs share patient data and coordinate care with other health systems and community providers, each Epic customer has an instant connection to the **nation's largest EHR-based interoperability network**, Care Everywhere. Care Everywhere supports data exchange with any EHR that meets national interoperability standards.



Epic customers use Care Everywhere to **exchange more than 8 million patient records per day**—both with each other and with third parties such as other EHRs, Public Health Agencies, HIEs, Health Information Service Providers (HISPs), and organizations involved in the eHealth Exchange. **Approximately 50% of exchanges on the Care Everywhere network are with non-Epic EHRs.**

Care Everywhere automatically queries for outside records for patients and integrates received documents directly in the patient record to support safer and more coordinated care. One of our area's acute care hospitals shared their exchange data with us as a representative example:



Richer data exchange with other Epic community members

When exchanging information with organizations using Epic, Care Everywhere goes beyond the industry standards and allows our FQHCs to exchange a greater depth of patient information, including social determinants of health, procedure notes, surgery case notes, reference-quality images, and family history information. This will help our FQHCs construct a more complete patient health record and help providers deliver high-quality, whole-person

care. **At full rollout, the Epic community will serve more than 90% of the people of Massachusetts and 72% of the U.S. population.**



When exchanging information between organizations using Epic, Care Everywhere goes beyond the Government's standards and allows you to exchange a greater depth of patient information.

Other tools to help our FQHCs connect to and collaborate with other providers in the community are:



EpicCare Link engages community health partners and external providers using different EHR systems across the full continuum of care—including schools and early childhood development programs, homeless shelters, food access programs, social service agencies, and violence prevention organizations—through a web-based portal and a shared, longitudinal plan of care. This helps improve care coordination, increase referrals, and boost market share.



Share Everywhere allows patients to grant one-time access to portions of their health summary to any provider through a standard web browser. Information available includes medications, allergies, health issues, and immunizations.

Happy Together

Epic's **Happy Together** shows a single story for every patient based on aggregated data from clinical and non-clinical sources, including the Care Everywhere network of more than 200 million patients. Happy Together allows physicians, clinicians, care managers, community providers, and patients to see a single, comprehensive view of the patient's medical record—regardless of where the patient received care.

Care Coordination Notes

Updated 1 year ago - Eliza Jenkins, RN

The patient has multiple medical issues. Followed by case management since 2010. Intermittent medication non-compliance. Always confirm whether patient is taking medications and whether she understands doses and timing.

Allergies

Penicillins

High - Hives

Problems

Enable clinical decision support by reconciling outside information

Active Problems	Noted
Hyperlipidemia	6 years ago
GERD (gastroesophageal reflux disease)	6 years ago
Diabetes mellitus, type 2	2 years ago
History of ST elevation myocardial infarction (STEMI)	1 year ago
Depression	9 months ago

Social Determinants of Health

Alcohol Use
Not At Risk

Find community resources

Goals

Weight (lb) < 76 kg	186 lb 1.1 oz	9mo ago
Blood Pressure < 135/85	128/68	1yr ago
HbA1C < 7.0	7.3	1yr ago
Increase physical activity		

Care Gaps

Overdue

SEP 6 2017

Hemoglobin A1c (every 6 months)

Last completed: Mar 6, 2017

Active Plans

Depression

Care Team

Drew Walker, M.D.

PCP - General, Internal Medicine

Started 2 years ago

608-271-6841

Eliza Jenkins, RN

Care Coordinator

Started 1 year ago

608-555-4586

Tony E Kadil, M.D.

Consultant, Ophthalmology

Started 2 years ago

Recent Visits

JUN 23 2018

Hospital Encounter

M.D. Alex Romero

With Happy Together, a patient's Longitudinal Plan of Care gives providers a consolidated view of key health information (including allergies, problems, and care gaps) gathered from across different organizations. Care Everywhere logo icons (e) indicate which information is from external organizations.

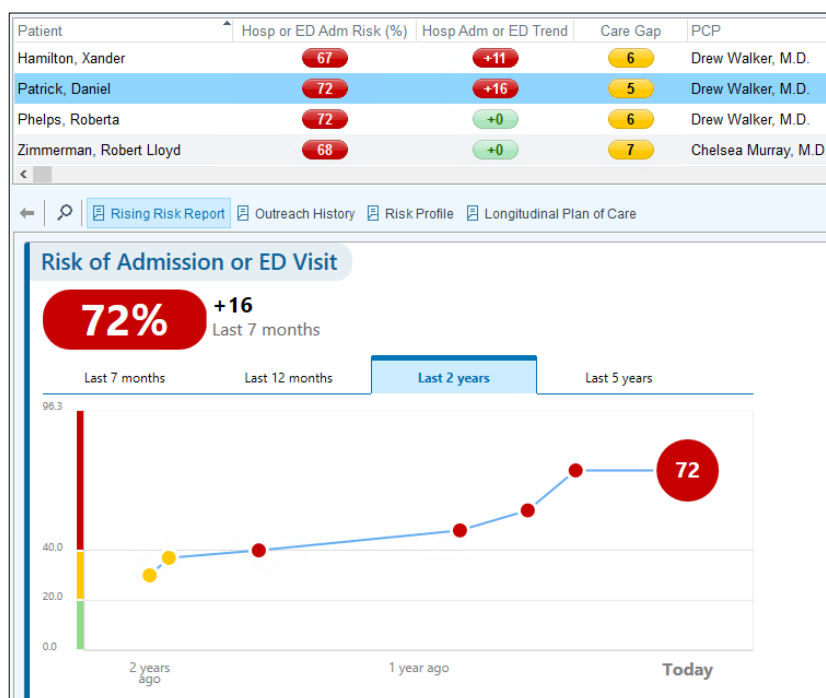
Improving population health & wellness

Healthy Planet, Epic's population health management suite, provides the integrated tools needed to help ensure optimal health and wellness for patients while lowering costs of care. Healthy Planet can serve as the central hub for managing population health longitudinally across the continuum. It includes analytics, care/case management, and patient engagement tools to help identify high-risk patients and work collaboratively with providers and the patients themselves to promote healthier living and timely preventive care.



Healthy Planet can process claims information pulled into our system to automatically close care gaps for patients, helping you save our FQHCs significant time and money. **Pre-loaded population health registries and evidence based care protocols** will allow providers to begin improving outcomes for at-risk patients quickly. Registries group patients by criteria such as age, sex, diagnosis, and other factors and allow clinicians and care managers to access patient level detail and place bulk orders for those in need of interventions or overdue care. Epic provides registries for nearly 40 chronic diseases, such as diabetes, obesity, and CHF, as well as wellness registries and registries for suspected or confirmed COVID-19 patients.

Our FQHCs will have a rich data source for business intelligence and predictive analytics via Epic's **Cogito Analytics** suite. Cogito captures clinical and financial information as a by-product of normal workflows and provides integrated tools to take direct action on data at the point of care to drive continuous clinical and financial performance improvement. Cogito also will help us quickly analyze our population for responding to grants and track metrics for outcomes associated with the grants we receive.



Reports display patients' risk scores and help providers identify trends and initiate timely interventions to improve health outcomes and lower costs as part of value-based care arrangements.

Unifying health and social care services

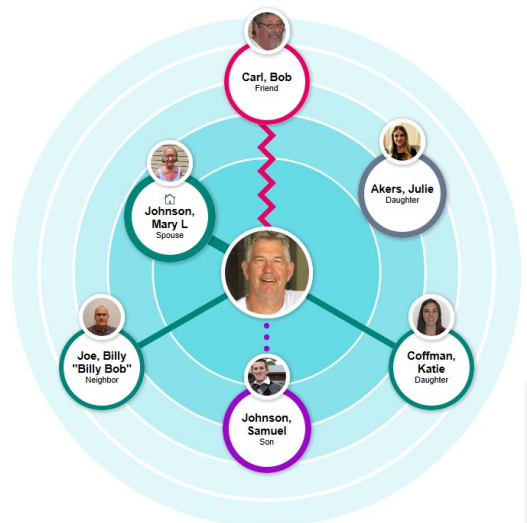
Epic's **Compass Rose comprehensive care coordination** application works in combination with Healthy Planet to help keep more people well. It provides the community-unification, patient engagement, analytics, and case management tools to address the social determinants of health that influence a person's well-being; roll out population health, social, and community related programs; and measure program effectiveness. This will allow us to better identify the resources and services that our patients need, close the quality gaps common among vulnerable populations, and deliver more targeted community programs and services to improve health outcomes and lower costs.

Key capabilities include:

- **Tracking social determinants of health and using aggregated patient data to drive decision support for patient care planning, analytics, population risk stratification, and outreach programs.** Clinicians, social services, and community workers can capture and track a patient's social determinants of health—such as social isolation, depression, housing insecurity, food insecurity, and barriers to reliable transportation. Social determinants can also be submitted directly from patients via MyChart. Users have easy access to this information in the Epic chart and can use it, combined with medical information, to inform the care and services they provide.
- **Match patients to the community services they need and manage closed-loop referrals** across the community network to help ensure optimal outcomes.
- **Build an expanded patient support network and engage the right people in a patient's social circle to promote health and wellness.** With Epic's advanced tracking and record linking functionality, we will be able to build an expanded support network that provides a better picture of the entire community—including a patient's neighbors, friends, caretakers, co-workers, religious leaders, and more. This expanded network can help us identify and close gaps in social support.
- **Use advanced mobile tools to deliver convenient services to patients** in their homes, schools, assisted living centers, and more.
- **Improve the effectiveness of social programs** with integrated program matching, enrolment, and discrete outcome tracking tools.



Many key social and environment factors that influence a patient's health are tracked in Epic.



Epic's support network tracking and visualization tools help you make connections and leverage a patient's full support network to improve the patient's health and well-being.

Highest-rated in independent comparisons

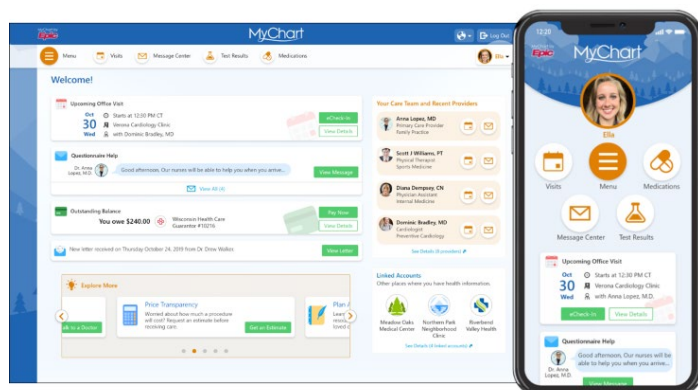
Our FQHCs' providers will have the industry's top rated software. Healthcare organizations rated our software the **#1 Overall Software Suite** and **#1 Overall Physician Practice Suite**² in KLAS's *Best in KLAS* report. In 2021 we had the #1 overall product suite for the eleventh consecutive year. Epic has also been rated the **top overall physician practice vendor** for the seven straight years. Healthcare organizations rate our software #1 in nine categories, including:



- #1 Ambulatory EHR (Over 75 Physicians)
- #1 Practice Management (Over 75 Physicians)
- #1 Patient Portal
- #1 Patient Flow solution
- #1 Healthcare Artificial Intelligence – AI Solutions

Enrich the patient experience

With **MyChart**, the nation's #1 ranked patient experience platform,³ our FQHCs will have the user-friendly patient engagement and virtual care capabilities to make it easier for our patients to access convenient, quality care and be engaged in their own health. MyChart is available from home computers as well as iPhones, iPads, Android smartphones and tablets, and the Apple Watch.



Patients and families can review information from their Epic records and access a variety of self-service options from web browsers and mobile apps.

In KLAS Enterprises' recent Patient Engagement Platforms report, **MyChart has the greatest breadth and depth of patient engagement capabilities**,⁴ serving as the most widely adopted one-stop shop for effective patient engagement in the industry.

Key capabilities include:

² KLAS Enterprises. "Best in KLAS 2021: Software and Services." January 2021.

³ KLAS Enterprises, "Best in KLAS 2021: Software and Services," January 2021.

⁴ KLAS Enterprises, "Patient Engagement Platforms 2020 report," January 2021.

- **Patient self-service access** to key clinical information and direct appointment scheduling capabilities.
- **Automatic patient-facing notifications and alerts**, including outreach reminders for upcoming appointments, Health Maintenance tasks, and progress towards health goals.
- **Secure messaging** between patients and providers.
- **Fast Pass**, which will allow us to offer cancelled appointment slots to patients through mobile device notifications to get them in sooner and keep schedules full.
- **Hello Patient**, which begins eCheck-in on the patient's mobile device based on their location.
- **On-demand video visits** connect patients/families quickly to the next available provider with no appointment needed.
- **Patient-entered data and home monitoring device connections** help providers track patients' progress when away from your organization
- **Self-service e-statement review and payment capabilities.**

Strengthening revenue cycles

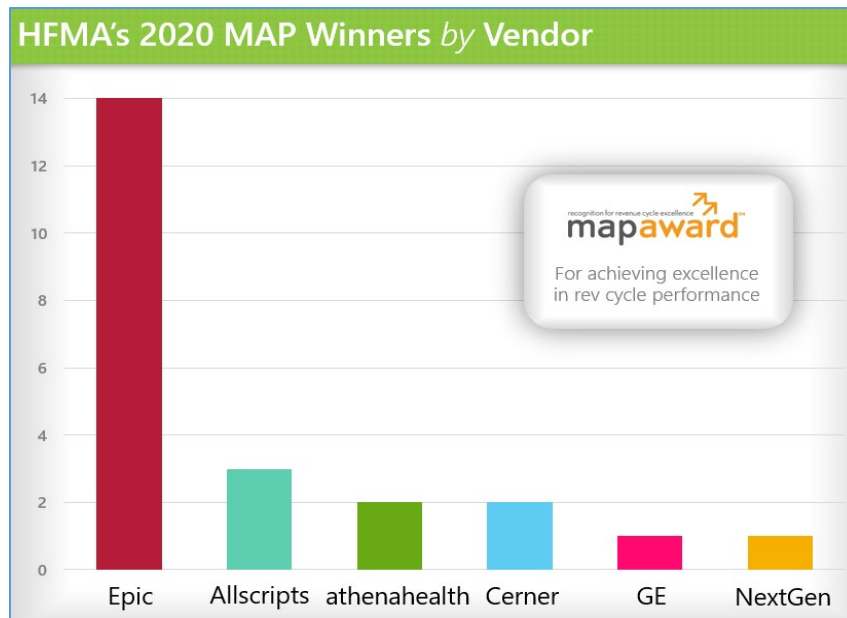
This project provides the catalyst to help our network of FQHCs improve the key clinical, administrative, and business intelligence factors that contribute to long-term financial strength. Together we will build benefits realization and financial performance into each stage of our implementation so that we understand your best opportunities for improvement, how to incorporate them into our Epic system, and how to monitor your progress over time.

	MIDDLE 50%	TOP QUARTILE
PROFESSIONAL BILLING AVERAGE CHARGES	↑ 4.7%	↑ 14.4%
PROFESSIONAL BILLING AVERAGE PAYMENTS	↑ 4.4%	↑ 12.0%

Average improvements reported by Epic community members during the first year after go-live.

Specialized Revenue Cycle Management services

Epic revenue cycle experts will deliver services to help protect our FQHCs' revenue cycles during the implementation and position them for continuous improvement into the future. Epic's **Access and Revenue Cycle Readiness (ARCR) program** facilitates strong operational management and identifies the key metrics, recommended reports, risk areas, and functionality associated with each revenue area. As part of ARCR, Epic provides a reporting graph package that provides an Excel-based summary and analysis of revenue cycle performance completed by the Epic finance team. This analysis will allow our FQHCs to compare revenue cycle performance in Epic with pre-live data and the performance of other Epic customers.



HFMA's MAP Award for High Performance in Revenue Cycle recognizes organizations that have excelled in meeting revenue cycle benchmarks, implementing specific patient-centered recommendations, and achieving strong patient satisfaction.

Delivering the most value to community groups

Helping groups like our FQHCs support crucial community care and population health management services for vulnerable patient populations is a key focus for Epic. Epic's software and services are geared to deliver the most value to community-based groups and empower you to improve patient care delivery while strengthening financial stability so that community providers can advance their health and wellness missions.

The Epic community includes:

- **More than 80 FQHCs and safety net organizations.**
- **The most successful value-based care programs**, including about half of CMS' Next Generation Accountable Care Organizations (ACOs)—including Bellin Health, the #1 performing Next Generation ACO in the country.⁵
- **91% of HIMSS Stage 7 outpatient physicians.**
- **The majority of HFMA Map Award winners for revenue cycle performance in 2020.**

Best practices, system content, and successful strategies from these groups have been incorporated into the software and services Epic has proposed for our FQHCs to help us achieve the most value for our EHR/PM investment and deliver high quality, cost-effective care to our patient communities.

⁵ <https://www.healthleadersmedia.com/clinical-care/next-gen-aco-quality-metrics-top-performer-tells-how-its-done>

The benefits of joining the largest collaborative peer group

As Epic community members, our FQHCs would join the largest collaborative group of healthcare organizations using an integrated platform to improve patient health outcomes while lowering costs of care. We provide members of the Epic community with opportunities to collaborate and share best practices, including our annual **Users' and Experts' Group Meetings**, **Physician Advisory Councils**, **Population Health Forum**, **development focus groups**, as well as an online discussion forum dedicated exclusively to behavioral health on our interactive customer website, the **UserWeb**.

FQHCs and safety net providers in the Epic community have used our software to achieve significant cost and quality of care benefits, including the following:



MetroHealth used the Epic platform to achieve an ongoing estimated ROI of nearly \$20 million per year. This includes nearly \$1 million in annual savings from improving care for diabetic patients and \$1.1 million in savings by using MyChart to reduce no-shows.



Yakima Valley Farm Workers Clinic has been recognized by national healthcare standards organizations for the quality care they provide to migrant workers—such as offering telehealth visits to help patients overcome transportation barriers and providing comprehensive primary, dental, and behavioral health care services in patients' native languages. In December 2020, YVFWC achieved gold-level recognition in the American Heart Association's Target: BP program by managing 70% or greater blood pressure control in adult patients.



Contra Costa Health Services shared referral information with Sutter Health through Care Everywhere to decrease lead time to scheduling by 20 days, increase the volume of electronic referrals received, and create a more seamless experience for patients and providers.



The Institute for Family Health used Epic's integrated decision support tools and over 40 expert-reviewed clinical measures to improve adherence to clinical guidelines, resulting in improved cancer and depression screenings, and an 18-fold increase in the rate of pneumococcal vaccinations.

Personalized services for our FQHCs

We will have a designated customer happiness executive, BFF (Best Friend Forever), and installation and support teams at Epic. They will work with our project leadership as well as with operational leadership from our FQHCs to help strengthen operational strategies, standardize processes, optimize resources, and provide higher quality care at lower costs. Epic delivers a structured approach to this engagement.

Like our FQHCs, many of Epic's community members launched their EHR/PM selections to unify multiple health services, providers, and facilities on a single, enterprise-wide electronic health record. Our project team and Epic's team have structured our implementation plans for our FQHCs to incorporate other groups' best practices so that we can build on their success. The Epic team will provide guidance through every activity, decision, and task needed to install and configure the system, engage and prepare end users, and conduct an on-time, on-budget implementation.

Focused support and continuous improvement at FQHCs

Going live on the EHR is only the beginning—it kicks off a lifetime of continuous improvement in quality of care, workflow efficiency, and financial performance. Epic provides multiple services, programs, and initiatives to keep our FQHCs' providers and care teams inspired and moving towards a better state. In addition, Epic provides a number of features, tools, modules, and services at no additional cost to add value for our organization. For more information please see the attached "Epic Value Adds."

Clinical and revenue cycle best practice sharing

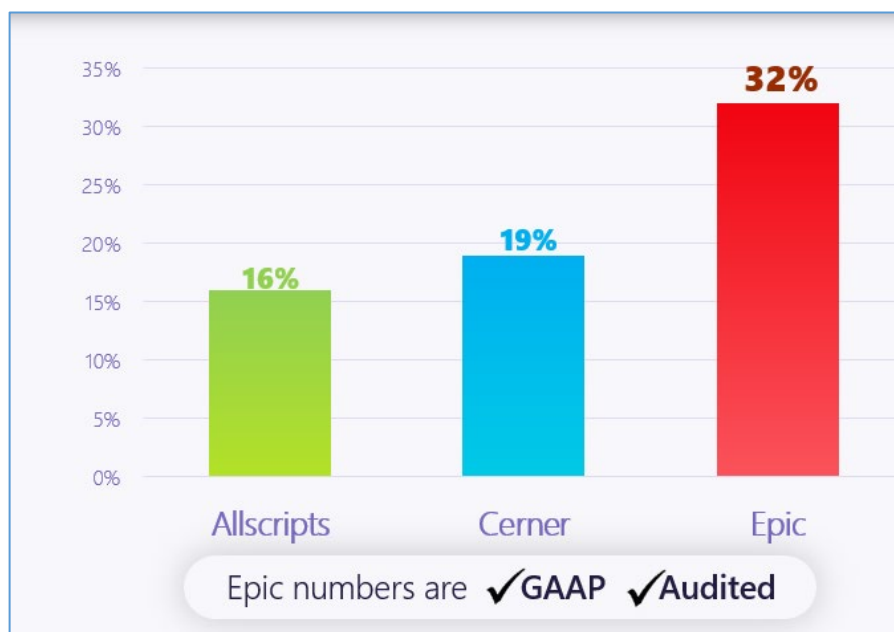
FQHCs will have access to a library of clinical and financial improvement programs proven successful with other Epic community members. Each program includes results the community member reported and provides full setup/configuration, training, and analytics details so that you can achieve similar benefits. For example, **Sutter Health shared a clinical program they deployed that used patient-centered, evidence-based decision support tools in Epic to help achieve a 20-30% improvement in overall patient compliance with preventive health maintenance tasks and screenings.**

A lifetime system to keep you ahead

To help keep its customers ahead of the changing health care environment, Epic dedicates more than 30% of their annual operating expenses to R&D, a level greater than the publicly reported investment of the next closest major health IT vendor. **Epic also includes new releases and updates for the Epic software that our FQHCs license as part of their Maintenance Program.**

Epic is the only major health IT vendor who has not sunset or stop supporting applications. Instead, Epic continues to enhance their software over time to help meet their customers' future needs and help adapt to changing market pressures.

Epic Makes Greatest Investment in R&D (% Operating Expense)



Mission

Our mission is to improve the delivery, coordination, and quality of health care across the member community health centers through the system-wide use of health information technology and clinical data exchange. We achieve staff and caregiver satisfaction through the use of a best-in-class system for clinical documentation and population health management

Our sharing of best practices to drive success and use the scale of a shared platform opens a world of new shared services opportunities for FQHCs in MA to drive value to their health centers and communities.

Health information exchange is not just about technology—it is about everything the movement of patient health information makes possible:

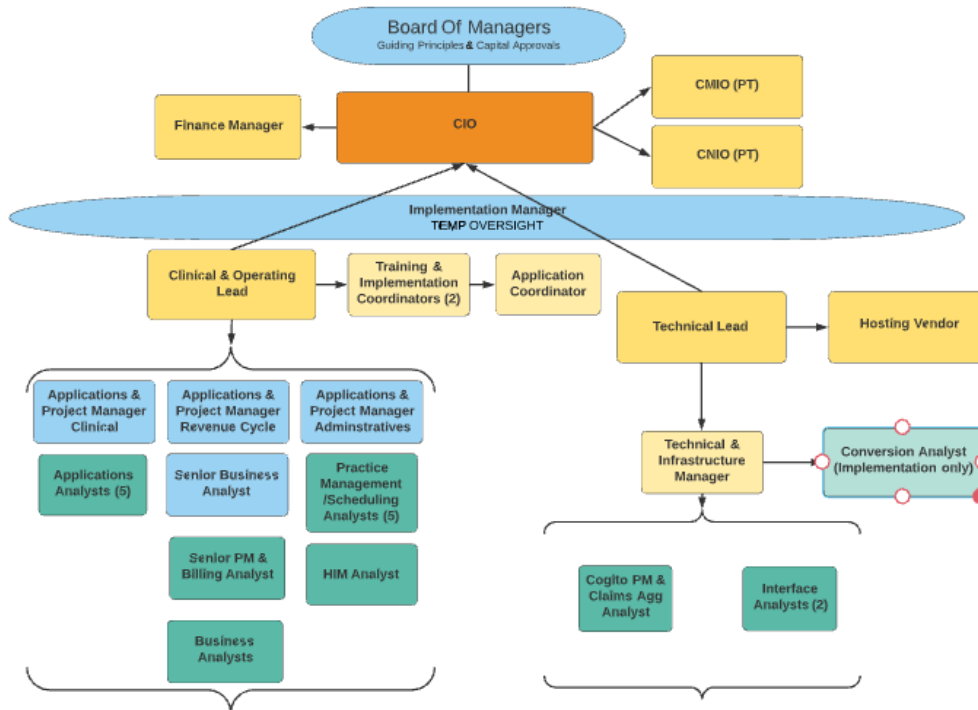
- Putting patients first and community using a unified electronic health system
- Coordinating patient care efficiently among many different providers, community partners, and hospitals—locally and nationally
- Giving health care providers more complete patient information at the time of treatment
- Empowering providers and patients to make better treatment decisions together
- Enabling patients to spend less time completing paperwork and more time talking with their caregivers
- Improving the management of chronic diseases
- Reducing medication errors and duplicate tests
- Improving the quality of health care in the health centers communities

Philosophy

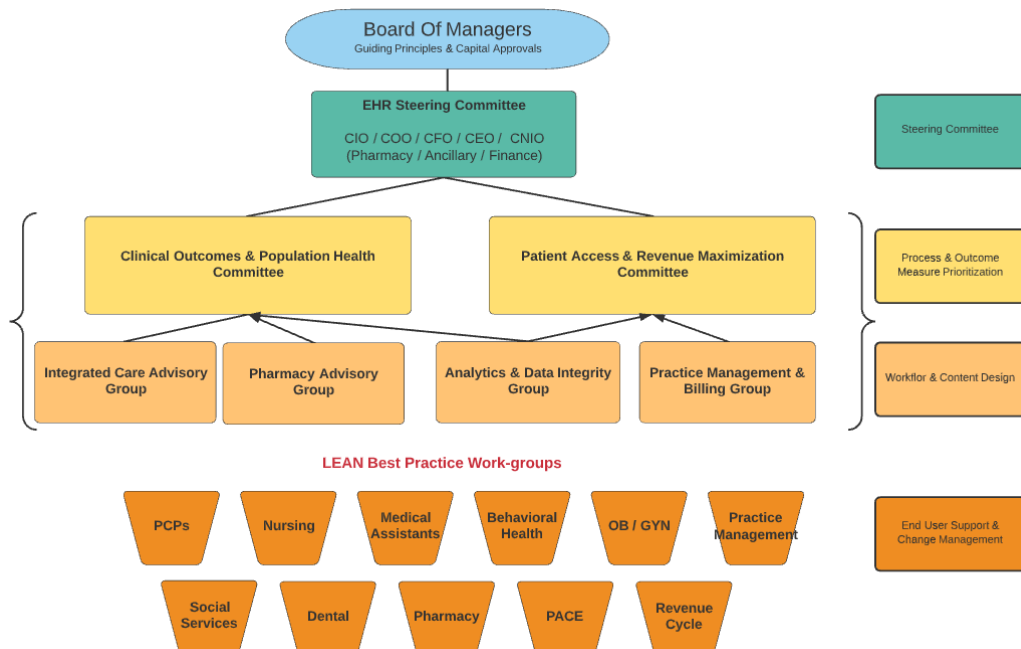
Our vision is to support a healthier population and a vastly improved health care system through a collaborative approach that leverages the strengths of many institutions. We believe that the ability to make collective decisions in response to shared challenges, deliver a best-in-class standardized approach, and scale our resources will lead to significant improvements in care delivery for our underserved patients. Furthermore, granting caregivers and patients electronic access to more complete health records will empower them to make better health decisions with this information. NewCo Board of Managers is charged with

- Ensuring all-inclusive methods and channels to enrich communication across teams;
- Stewarding the governing bodies and committees tasked with making collective decisions around the electronic health record and its points of integration;
- Foster the design and implementation of optimized clinical and operational workflows; and
- Tracking milestones and arriving at decisions that enhance the use of the EHR drive the most value from opportunities for standardization and opportunities for independent variation and innovation.

Organizational Structure



Governance Structure



Board of Managers

Membership:

Meeting Schedule: Bi-Monthly

Directive: Sets Strategy & Approves Budgets for the enterprise

Steering Committee

Membership: NewCo Management, FQHC Executives

Meeting Schedule: Monthly

Directive: Review progress on/set NewCo and Collaborative objectives; final approval on localized health center workflows and content.

Process & Outcome Measure Prioritization

Clinical Outcomes & Population Health Committee

Membership: PCPs, RNs, Care Management, Dental, Social Services, Pharmacy

Meeting Schedule: Quarterly

Directive: Determine progress and measures for success on NewCo activities related to clinical outcomes & population health. Prioritize workflow development/customization and content creation related to clinical practice, care management, and quality. Review progress to established goals.

Patient Access & Revenue Maximization Committee

Membership: PCPs/RNs/MAs, Operations, Revenue Cycle

Meeting Schedule: Quarterly

Directive: Determine progress and measures for success on NewCo activities related to patient access and revenue generation. Prioritize workflow development/customization and content creation as they relate to practice management and the revenue cycle. Review progress to established goals.

Workflow & Content Design

Integrated Care Advisory Group

Membership: PCPs/RNs/MAs, BH, Dental, OB-GYN, Care Management, Social Services

Meeting Schedule: Monthly

Directive: Design clinical care and population health workflows & content based on the priorities and metrics established by the Clinical Outcomes & Population Health Committee. Review progress & feedback from LEAN Best practice workgroups.

Pharmacy Advisory Group

Membership: PCPs/RNs/MAs, Dental, Pharmacy

Meeting Schedule: Monthly

Directive: Design pharmacy workflows & content based on the priorities and metrics established by the Clinical Outcomes & Population Health Committee. Review progress & feedback from LEAN Best practice workgroups.

Analytics & Data Integrity Group

Membership: Data Analysts, Operations, Clinical

Meeting Schedule: Monthly

Directive: Make decisions as they relate to Clarity, design and produce standard reporting and report progress into Process & Outcome Measure Prioritization Committees

Practice Management & Billing Group

Membership: Operations, Clinical, Administration

Meeting Schedule: Monthly

Directive: Design practice management workflows & content based on the priorities and metrics established by the Patient Access & Revenue Maximization Committee. Review progress & feedback from LEAN Best practice workgroups.

End-User Support & Change Management

Membership: Determined by local FQHC structure

Meeting Schedule: Monthly or as needed

Directive: Disseminate and implement workflows, obtain feedback from end-users

Participation

All health centers may attend and participate in the deliberations and decision-making around clinical and operational standardization. All will have access to the materials and documentation of the committees.

Each health center is expected to participate in the Board of Managers and EHR Steering Committee.

Some health centers that do not offer a service line in the scope of a committee—e.g., pharmacy—might choose not to participate in that specific committee.

Some health centers, especially those with fewer staff, may not have the capacity to participate actively in every committee that is relevant to their service lines. In addition to accessing and reviewing the committee's materials and documentation, these health centers may ally themselves with another health center who does participate in the committee—perhaps on the basis of common size, geography, or existing technology platforms. The allied health centers will schedule mutual briefings on committee outcomes and forward looking agenda in order to ensure that the interests of the health center who cannot participate may be represented.

Sample Scenarios

Scenario 1

The Board of Managers establishes a strategy that includes equity in quality performance by race within five years.

The Steering Committee creates an action plan that identifies race identification, patient access, and quality performance to actualize this strategy.

The Clinical Outcomes & Population Health Committee set specific process & outcome metrics related to quality measures. In contrast, the Patient Access & Revenue Maximization Committee set a target on # of patients with race identified in the EHR.

The Integrated Care Advisory Group & Practice Management & Billing Groups design workflows to best achieve these targets within the target period. The Analytics & Data Integrity Group ensures accurate and timely reporting.

Workflows are disseminated to end-users at each site through the LEAN Best Practice Workgroups. During one of these FQHC workgroup meetings, a Reception Supervisor shares their group's best practice on remote patient intake. This information is shared back to the Practice Management & Billing Group and after review, adopted across the group.

Scenario 2

A health center receives a research grant and must modify their workflow in order to comply with the requirements. This grant requires that they manage INR treatment and monitoring in a new way and the current EPIC configuration is not capable of managing. They communicate this to the Integrated Care Advisory Group who reviews the change request and ensures that it is manageable. This is then forwarded to the Steering Committee, who reviews it at their next monthly meeting. Upon examination, they decide to create an exception case and instructs NewCo to create a customized Order set and visit template.