

**Governing Board Meeting  
Health Services of North Texas  
March 15, 2017  
4310 Waiting Room**

<b>Agenda</b>		P.1
<b>I. Call to Order</b>	<b>Glen McKenzie</b>	
<b>Introduction of Visitors</b>		
<b>II. Board Training</b>	<b>Debra Layman</b>	
2017 Operation Initiatives		
<b>III. Consent Agenda</b>	<b>Glen McKenzie</b>	
*February 2017 Board Minutes		P.2
*February 2017 Financial Committee Minutes		P.5
*February 2017 Financials		P.6
*February 2017 QM Committee Minutes		P.10
*March 2017 Development Report (including approval of grants)		P.15
<b>IV. CEO Report</b>	<b>Doreen Rue</b>	P.19
*HSNT Sliding Fee Scale		P.23
*HSNT Change in Scope		P.28
<b>V. Committee Reports</b>		
<b>Development Committee</b>	<b>Randy Robinson</b>	
<b>Finance Committee</b>	<b>Judge David Garcia</b>	
*HSNT Billing & Collections Policy & Procedure		P.29
<b>QM/QI Committee Review</b>		
Report on TX Dept. of State Health Services Audit		
<b>Personnel Committee</b>	<b>Gloria Herron</b>	
Preparation for April Annual Meeting		
<b>VI. Old Business/New Business</b>	<b>Glen McKenzie</b>	
<b>VII. Important Dates and adjourn meeting</b>	<b>Glen McKenzie</b>	
HSNT Governing Board Meeting - Wed., April 19, 2017 - DATCU HQ in Corinth		
Cuising for a Cure - March 26, 2017		
Hearts & Heroes - October 5, 2017 - Denton Country Club		
<b>* Items Requiring a Vote</b>		

Called to order at 6pm by President Glen McKenzie

**Attendees:** Glen McKenzie, Michael Foster, Joe McCarley, Derrell Bulls, Jerry Garrett, Clara Sanchez, Judge David Garcia, Louise Baldwin, Trang Dang-Le, Justin Coury, Dean Perkins, Herman Oosterwijk, Randy Robinson

**Regrets:** Gloria Herron  
**LOA:** Cornelia Ikegwuoha

**Staff/Guests:** Doreen Rue, Larry Bisno, Pam Barnes, Debra Layman, Dr. Moore, Jen Eaton

Dr. Moore presented on 3 handouts that he brought:

- The Quick Physical Exam – goes into detail about the new dynamics in the medical field and how much they rely on technology to diagnose and get information
  - The older way is based more on physical exams and the appointments take much more time
- Patient Health Questionnaire - PHQ-9 (screen for depression, dementia, fall assessment)
  - Medicare requires annual screening on all Medicare patients & the form is time consuming for patients to work through
  - The provider must look at form closely & address any issues necessary
- Dr. Moore's Saturday schedule
  - 20 min slots per patient is not enough time for full exams, paperwork completion, medical history, etc.
  - What can we do about scheduling issues:
    - Recruiting is being done (long term) & is budgeted for
    - Short term idea – providers can take less new patients & focus on existing patients, follow ups for high risk patients, etc.
    - Request to the board to adjust our schedule?
      - Judge David Garcia commented that the board doesn't get involved with the schedule however he does recognize the issues
      - Examples to fix some issues:
        - Send patients paperwork to have it completed prior to appointment & allow time for providers to review
        - Physical exams extended to 40 min
        - New patients with conditions extended to 30 min
      - Doreen – HSNT is currently doing capacity studies/reports to further research and obtain more helpful information
      - Pam – HSNT is a much different environment for providers coming from the commercial field to an FQHC (culture shock)

**Governing Board Meeting Minutes  
Health Services of North Texas HQ  
February 15th, 2017**

- Trang commented & understands why patients aren't getting accurate follow up calls/scheduling after looking at the sample schedule Dr. Moore handed out

**Agenda Item II:** Debra Layman reported on Open Access Scheduling & Success

- Developed the Open Access Scheduling to address & handle seasonal scheduling for flu, cold, etc. appointments
- Premise: to decrease the times providers are interrupted & at capacity
- One provider has an open schedule all day & will see same day appointments
- Utilization has increased to 93%
- The program is doing very well & has had tons of positive feedback from the providers as well as the patients & will continue through March

**Agenda Item III:** Approval of January 2017 board minutes, January 2017 Financials & February 2017 Development report

**Motion to approve:** *Judge David Garcia*

**Seconded:** *Derrell Bulls*

**Motion passed:** 13-0

**Motion to approve January 2017 QM/QI minutes:** *Derrell Bulls*

**Seconded:** *Trang Dang-Le*

**Motion passed:** 13-0

**Motion to approve Change of Project Director for HRSA grant number H80CS24197 to Louise Weston-Ferrill:** *Dean Perkins*

**Seconded:** *Derrell Bulls*

**Motion passed:** 13-0

**Agenda Item IV:** CEO Report

- Doreen presented & discussed CEO report data
- Host Events – Doreen reported on the Feb. 8<sup>th</sup> Host Event & outcome
  - Going forward, there will need to be 1-2 board members at each host event
- 4304 Building Update – The framing has gone up and the progress is amazing
  - HSNT is starting line of credit for construction loan
- Hearts & Heroes Nominations
  - We're working hard this year to raise bar on the event
  - Robson Ranch Women's Club interested in helping with fundraising
  - Jill Jester & Joey Hawkins offered to help as well
  - Please take some time to complete the nomination form in the packet
  - Our goal is to make sure our nominees understand what HSNT does & who we are

Governing Board Meeting Minutes  
Health Services of North Texas HQ  
February 15th, 2017

**Agenda Item V: Committee Reports**

- Finance Committee:
  - 2016 Financials finalized & approved
  - Herman asked about HSNT's days in cash, we ended January at 59 and will be changing to 30 days (finance committee approved)
  - Discussed 2017 ratios and the changes made

**Motion to accept 2016 financial report: *Dean Perkins***

**Seconded: *Judge David Garcia***

**Motion Passed: 13-0**

**Motion to approve 2017 goals: *Derrell Bulls***

**Seconded: *Judge David Garcia***

**Motion Passed: 13-0**

- Credentialing File Approvals: Temporary privileges were previously approved

**Motion to approve Dr. King: *Derrell Bulls***

**Seconded: *Judge David Garcia***

**Motion Passed: 13-0**

**Motion to approve Dr. Hallock: *Derrell Bulls***

**Seconded: *Judge David Garcia***

**Motion Passed: 13-0**

**Agenda Item VI: New/Old Business – nothing to report**

**Agenda Item VII: Discussed important date reminders**

**Motion to meeting adjourn: *Judge David Garcia***

**Seconded: *Derrell Bulls***

**Motion Passed: 13-0**

Board Secretary Approval \_\_\_\_\_ Date \_\_\_\_\_

Board President Approval \_\_\_\_\_ Date \_\_\_\_\_



## Finance Committee Minutes

Meeting Facilitator: Judge David Garcia  
Meeting Date: February 14, 2017  
Time: 7:30 a.m.  
Location: HSNT HQ Conference Room

Attendees: Judge Garcia, Dr. Bulls, and Michael Foster  
Staff Present: Doreen Rue and Pam Barnes  
Regrets: Glen McKenzie

**Agenda Item I:** Review January 2017 minutes for approval

Minutes approved with date correction.

Motion to accept: Dr. Bulls

Seconded: Michael Foster

Motion Passed: 3-0

**Agenda Item II:** Review January 2017 financial statements:

The committee would like to see the Line of Credit interest separated out in the detail Statement of Activities for their review. Additionally, Michael Foster, commented that typically he will see the Line of Credit origination fee amortized of the life of the loan.

**Agenda Item III:** Review and Approve Financial Ratio Goals:

The committee reviewed HSNT Financial Ratios agreed to the following updates: Increase Long Term Debt Ratio to 25%; Increase Administration and Fundraising to 12%; and decrease Number of Cash in Days to 30.

Motion to accept: Dr. Bulls

Seconded: Michael Foster

Motion Passed: 3-0

**Agenda Item IV:** Review and Approve December 2016 Financials: See Notes to the Financials

Motion to accept: Dr. Bulls

Seconded: Michael Foster

Motion Passed: 3-0

**Agenda Item IV:** Approval to close American National Bank account in Wylie:

The account balance is \$148,378.60 as of January 31, 2017. These funds will be moved into HSNT operating account at Wells Fargo to be used for operations.

Motion to accept: Dr. Bulls


Seconded: Michael Foster

Motion Passed: 3-0

**Agenda Item V:** Meeting adjourned at 7:50 a.m.

Notes to the financials are attached and incorporated as part of the February minutes.

Prepared By Pamela Barnes, CFO

Approved By:   
Judge David Garcia, HSNT Board Treasurer

Health Services of North Texas, Inc.  
Statement of Financial Position  
As of 2/28/2017

	Current Period	Last Month	Prior Year End	\$ Chge	% Chge
<b>ASSETS</b>					
<b>Current Assets</b>					
Restricted - Retirement	100,640.43	93,143.48	86,013.97	14,626.46	17.00%
Overnight Investment	0.00	0.00	402,595.81	(402,595.81)	100.00%
Operating Cash	<u>798,350.76</u>	<u>934,714.57</u>	<u>548,916.35</u>	<u>249,434.41</u>	<u>45.44%</u>
Total Current Assets	898,991.19	1,027,858.05	1,037,526.13	(138,534.94)	-13.35%
<b>Other Current Assets</b>					
Grant Receivables	889,092.65	815,015.68	845,820.46	43,272.19	5.12%
Medical Receivables	208,001.98	166,737.87	164,249.45	43,752.53	26.64%
Misc. Receivables	38,428.63	38,983.11	39,956.67	(1,528.04)	0.00%
Deposits	14,599.50	14,599.50	14,599.50	0.00	0.00%
Inventory	<u>18,195.92</u>	<u>18,195.92</u>	<u>18,195.92</u>	<u>0.00</u>	<u>0.00%</u>
Total Other Current Assets	1,168,318.68	1,053,532.08	1,082,822.00	85,496.68	7.90%
<b>Short Term Investments</b>					
Investment CDs	<u>549,227.41</u>	<u>549,227.41</u>	<u>549,227.41</u>	<u>0.00</u>	<u>0.00%</u>
Total Short Term Investments	549,227.41	549,227.41	549,227.41	0.00	0.00%
<b>Long Term Assets</b>					
457b Retirement	7,695.66	7,704.51	7,704.51	(8.85)	-0.11%
<b>Fixed Assets</b>					
Medical Equipment	48,065.05	48,065.05	48,065.05	0.00	0.00%
Building Improvements	121,993.56	121,993.56	121,993.56	0.00	0.00%
PCMC Building	689,712.19	689,712.19	689,712.19	0.00	0.00%
4308 Mesa Denton Office	9,639.00	9,639.00	9,639.00	0.00	100.00%
4304 Mesa Medical Center	645,460.72	397,713.87	314,069.03	331,391.69	100.00%
Software Applications	112,081.41	112,081.41	112,081.41	0.00	0.00%
Telephone Systems	95,499.55	95,499.55	95,499.55	0.00	0.00%
IT Equipment	137,337.42	137,337.42	137,337.42	0.00	0.00%
Vehicles	108,748.92	108,748.92	121,748.92	(13,000.00)	-10.68%
Accumulated Depreciation	<u>(334,987.06)</u>	<u>(329,337.23)</u>	<u>(336,687.40)</u>	<u>1,700.34</u>	<u>-0.51%</u>
Total Fixed Assets	<u>1,633,550.76</u>	<u>1,391,453.74</u>	<u>1,313,458.73</u>	<u>320,092.03</u>	<u>24.37%</u>
Total Long Term Assets	<u>1,641,246.42</u>	<u>1,399,158.25</u>	<u>1,321,163.24</u>	<u>320,083.18</u>	<u>24.23%</u>
Total ASSETS	<u>4,257,783.70</u>	<u>4,029,775.79</u>	<u>3,990,738.78</u>	<u>267,044.92</u>	<u>6.69%</u>
<b>LIABILITIES</b>					
<b>Current Liabilities</b>					
Accounts Payable	182,044.10	146,406.45	126,192.37	55,851.73	44.26%
Accrued Payroll	206,240.39	190,207.73	176,873.73	29,366.66	16.60%
Accrued Retirement	100,640.43	93,143.48	86,013.97	14,626.46	17.00%
Payroll Liabilities	<u>9,918.51</u>	<u>11,933.57</u>	<u>216.34</u>	<u>9,702.17</u>	<u>4484.69%</u>
Total Current Liabilities	498,843.43	441,691.23	389,296.41	109,547.02	28.14%
<b>Long Term Liabilities</b>					
457b Retirement	<u>7,695.66</u>	<u>7,704.51</u>	<u>7,704.51</u>	<u>(8.85)</u>	<u>-0.11%</u>
Total Long Term Liabilities	<u>7,695.66</u>	<u>7,704.51</u>	<u>7,704.51</u>	<u>(8.85)</u>	<u>-0.11%</u>
Total LIABILITIES	<u>506,539.09</u>	<u>449,395.74</u>	<u>397,000.92</u>	<u>109,538.17</u>	<u>27.59%</u>
<b>NET ASSETS</b>					
<b>Fund Balances</b>					
Net Assets at Beginning of Year	3,593,737.86	3,593,737.86	3,770,658.13	(176,920.27)	-4.69%
Current Net Assets(Liabilities)	<u>157,506.75</u>	<u>(13,357.81)</u>	<u>(176,920.27)</u>	<u>334,427.02</u>	<u>-189.03%</u>
Total NET ASSETS	<u>3,751,244.61</u>	<u>3,580,380.05</u>	<u>3,593,737.86</u>	<u>157,506.75</u>	<u>4.38%</u>
<b>TOTAL LIABILITIES &amp; NET ASSETS</b>	<u>4,257,783.70</u>	<u>4,029,775.79</u>	<u>3,990,738.78</u>	<u>267,044.92</u>	<u>6.69%</u>

**Health Services of North Texas, Inc.**  
**Statement of Operations**  
**From 2/1/2017 Through 2/28/2017**

	Current Month	Last Month (01/01/2017 - 01/31/2017)	Current YTD	Prior YTD	FY2017 Budget	YTD Difference	Total Budg Percent
<b>Patient Revenue</b>							
Net Patient Rev	411,660.06	360,818.19	772,478.25	809,520.05	6,856,836.00	(37,041.80)	(11.26)%
Uncollectible	0.00	0.00	0.00	(53,488.70)	(161,085.00)	53,488.70	0.00%
Total Patient Revenue	<u>411,660.06</u>	<u>360,818.19</u>	<u>772,478.25</u>	<u>756,031.35</u>	<u>6,695,751.00</u>	<u>16,446.90</u>	<u>(11.54)%</u>
<b>Other Revenue</b>							
Grants	377,286.73	373,511.67	750,798.40	620,810.34	4,909,143.00	129,988.06	(15.29)%
Other	37,735.99	27,485.78	65,221.77	29,050.68	233,975.00	36,171.09	(27.87)%
Total Other Revenue	<u>415,022.72</u>	<u>400,997.45</u>	<u>816,020.17</u>	<u>649,861.02</u>	<u>5,143,118.00</u>	<u>166,159.15</u>	<u>(15.87)%</u>
<b>TOTAL Revenue</b>	<u><u>826,682.78</u></u>	<u><u>761,815.64</u></u>	<u><u>1,588,498.42</u></u>	<u><u>1,405,892.37</u></u>	<u><u>11,838,869.00</u></u>	<u><u>182,606.05</u></u>	<u><u>(13.41)%</u></u>
<b>Expenses</b>							
Personnel	487,148.84	515,934.90	1,003,083.74	885,215.05	7,407,392.00	117,868.69	13.54%
Medical Services	111,739.75	64,156.01	175,895.76	202,700.33	1,183,200.00	(26,804.57)	14.86%
Patient Care	46,587.58	57,682.56	104,270.14	108,925.34	641,436.00	(4,655.20)	16.25%
IT	38,019.48	43,914.78	81,934.26	76,436.23	637,341.00	5,498.03	12.85%
Occupancy	40,515.01	35,928.53	76,443.54	94,098.03	574,000.00	(17,654.49)	13.31%
Operating Costs	77,694.47	114,283.49	191,977.96	188,815.77	1,395,500.00	3,162.19	13.75%
Total Expenses	<u>801,705.13</u>	<u>831,900.27</u>	<u>1,633,605.40</u>	<u>1,556,190.75</u>	<u>11,838,869.00</u>	<u>77,414.65</u>	<u>13.80%</u>
Operating Income(Loss)	<u><u>24,977.65</u></u>	<u><u>(70,084.63)</u></u>	<u><u>(45,106.98)</u></u>	<u><u>(150,298.38)</u></u>	<u><u>0.00</u></u>	<u><u>105,191.40</u></u>	<u><u>0.00%</u></u>
<b>Capital Activity</b>							
Capital Income	162,546.64	56,762.05	219,308.69	67,025.65	0.00	152,283.04	0.00%
Capital Expense	(16,659.73)	(35.23)	(16,694.96)	(12,000.00)	0.00	(4,694.96)	0.00%
Total Capital Activity	<u>145,886.91</u>	<u>56,726.82</u>	<u>202,613.73</u>	<u>55,025.65</u>	<u>0.00</u>	<u>147,588.08</u>	<u>0.00%</u>
Capital Assets	<u>145,886.91</u>	<u>56,726.82</u>	<u>202,613.73</u>	<u>55,025.65</u>	<u>0.00</u>	<u>147,588.08</u>	<u>0.00%</u>
Net Assets	<u><u>170,864.56</u></u>	<u><u>(13,357.81)</u></u>	<u><u>157,506.75</u></u>	<u><u>(95,272.73)</u></u>	<u><u>0.00</u></u>	<u><u>252,779.48</u></u>	<u><u>0.00%</u></u>

**Health Services of North Texas, Inc.**  
Statement of Cash Flows  
As of 2/28/2017

	<u>Current Period</u>	<u>Current Year</u>	<u>Prior Year YTD</u>
Cash Flows from Operating Activities			
Medicaid	295,939.44	572,406.01	478,512.05
Medicare	16,260.80	39,062.84	26,928.27
Private/Commercial	8,382.18	15,465.38	14,146.75
Self Pay	46,532.94	98,225.90	73,703.78
Program Income	3,280.59	3,565.59	70,164.10
Grants	293,309.76	688,143.21	606,192.19
Receipts from Contributors	47,735.99	85,198.77	37,248.15
Change in Inventory	0.00	0.00	2,822.85
Interest Received	0.00	23.00	135.87
Payments to Employees & Suppliers	<u>(754,732.47)</u>	<u>(1,528,131.53)</u>	<u>(1,440,927.86)</u>
Total Cash Flows from Operating Activities	<u>(43,290.77)</u>	<u>(26,040.83)</u>	<u>(131,073.85)</u>
Cash Flows from Capital Activities			
Capital Activity/Disposal of Assets	<u>(85,576.09)</u>	<u>(112,494.11)</u>	<u>(25,446.09)</u>
Total Cash Flows from Capital Activities	<u>(85,576.09)</u>	<u>(112,494.11)</u>	<u>(25,446.09)</u>
Beginning Cash & Cash Equivalents	1,577,085.46	1,586,753.54	2,275,252.91
Ending Cash & Cash Equivalents	<u><u>1,448,218.60</u></u>	<u><u>1,448,218.60</u></u>	<u><u>2,118,732.97</u></u>



Health Services of North Texas, Inc.  
Financial Ratios  
February 2017

	FY2017 Goals	Fiscal Year 2017	Fiscal Year 2016
Quick Ratio Current Assets/Current Liabilities	9:1	5.18 :1	6.77 :1
Debt/Equity Total Liabilities/Total Net Assets	13.0%	13.3%	10.8%
Working Capital to Expense Ratio CA/CL divided by Expense/# month in Period	3 : 1	2.57 : 1	2.79 : 1
Long Term Debt to Equity Ratio	25%	6.7%	6.9%
Percentage of Admin & Fundraising	12.0%	10.6%	9.2%
Number of Days - Cash	30	52	59
Accounts Receivable Days (Medical AR Collection Period)	50	18	14
Change In Net Assets to Expense (Net Assets/Total Expense)	3.0%	9.5%	-1.5%
Cash Flow	1.5%	-8.7%	-30.3%
	<b>FY2017 YTD</b>	<b>FY2016 YTD</b>	
Cost per Employee this month	\$6,454.83	\$6,077.60	
Cost per Employee YTD	\$12,909.66	\$68,334.96	
Average Hourly Rate YTD	\$36.05	\$33.54	
Cost Per Medical Encounter *6,219	\$254.73	\$231.66*	
Cost Per Medical Patient *4,680	\$352.62	\$778.62*	

\* Cost per Medical Encounter and Cost per Patient is calculated based on the entire agency operations which includes services in Collin County that are not included in the FQHC scope of services. HSNT provides a number of enabling services such as housing, insurance premium payments and transportation that are not traditional FQHC services that drives our cost per patient and encounter higher than the average. Additionally, FY2017 cost per patient and cost per encounter are now based on a rolling twelve (12) months.



## HSNT Quality Management Committee Minutes 2.8.17

**Attendees:** Mari Bailey, Louise Weston-Ferrill, Dr. Moore, Suzan Stambaugh, Pamela Barnes, Deb Ivy-Sanderson, Erika Washington, Jamie Taylor, Kayla Bertsch, Kayla Whitworth

**Members Absent:** Teri Johnson, Christopher Redden, Debra Layman

**Visiting:** None

Topic	Discussion/Recommendations	Action	Responsible Party	Follow-up
Welcome & Roll Call	Suzan performed roll call & started the meeting.	N/A	N/A	N/A
Approval of January 11, 2017 Meeting Minutes	Minutes from previous QM Committee meeting were approved at the end of this meeting.	Approved	N/A	N/A
<b>STANDARD COMMITTEE REPORTS</b>				
<b>Risk Management Committee</b>				

## HSNT Quality Management Committee Minutes 2.8.17

<p>Committee report from Kayla W. from previous month</p>	<ul style="list-style-type: none"> <li>• RM Committee: Kayla reported that RM committee meeting was held 1/25.</li> <li>• 1 previous report was pending is now closed.</li> <li>• Notification to employees regarding taking large trash items to dumpsters was given.</li> <li>• DMC – working on securing a handicap parking spot in the employee lot. Will report an update at QM next month.</li> <li>• HIPPA &amp; IT update: past due employees have been notified &amp; should be up to date by next month</li> <li>• eFax is coming soon</li> <li>• Discussion of policy re: institution of medical triage form for employees for self-diagnosis, still pending until we know how to resolve</li> <li>• Install of Card entry systems – done at all sites except DSC</li> <li>• OSHA audit: Suzan brought a list to Leadership meeting 2 weeks ago but so far, nothing has been done. Will bring up again next</li> </ul>	<ul style="list-style-type: none"> <li>• Make sure past due employee have finished HIPPA training.</li> <li>• eFax update</li> <li>• Card entry system status at DSC</li> <li>• Employee Medical Triage</li> </ul>
	<p>RM Committee</p>	<p>3/8/17</p>



# HSNT Quality Management Committee Minutes 2.8.17

	<ul style="list-style-type: none"> <li>The back door at DMC (by Jennifer/Karishma's office) is not fixed. The glass has been frosted however the door frame was removed &amp; is still not put back on. It's sitting in the hallway &amp; is a safety hazard due to exposed nails. Pam will contact the door company to get this completed</li> </ul>	<ul style="list-style-type: none"> <li>Pam to follow up with door company</li> </ul>	Pam	3/8/17
<b>REVIEW OF FINANCIAL MEASURES</b>				
Pam	<ul style="list-style-type: none"> <li>Report submitted by Pam. 2017 is a year of investment. "Is the investment mission based" way of thinking when it comes to expense/purchasing</li> <li>Cost per medical patient \$632.53</li> <li>Cost per medical encounter \$202.44</li> <li>A dashboard is in process of being created. First it will be for the Board to see but eventually, more information will be added for the staff to view as well (patient goals, incentives, etc.)</li> <li>Pam &amp; Christopher are working on a laptop count. We have a large number of more laptops than employees. An idea eventually is to have a tablet to keep in the exam rooms that everyone can use but won't be carried around (reduce risk of dropping &amp; they are much cheaper than laptops).</li> </ul>	<ul style="list-style-type: none"> <li>Laptop update</li> </ul>	Pam/ Christopher	3/8/17
<b>REVIEW OF OUTREACH</b>				
Teri	<ul style="list-style-type: none"> <li>Teri was absent, Patient Satisfaction Survey 4<sup>th</sup> Quarter results to be presented in March. Teri is going to have the report up on the website in Staff Resources by the end of this week for all to review.</li> <li>New Patient Satisfaction Surveys were produced and are in use</li> <li>New expectations for number of surveys to be completed per day</li> <li>Christopher completed the internet connection issues at Elm Street &amp; surveys are in use.</li> </ul>	4 <sup>th</sup> Qtr. Satisfaction Survey	Teri	3/8/17
<b>TRAINING FOR QM MEMBERS</b>				

# HSNT Quality Management Committee Minutes 2.8.17

Louise & Deb	<ul style="list-style-type: none"> <li>• Deb emailed the QM Management Plan training. Louise &amp; Deb made it more reflective to be more of a working plan. It's not 100% final yet but close. June deadline for completion.</li> <li>• Possibly bringing back the PP for new hires on the QM report, going to view at next QM meeting</li> </ul>	QM Power Point review	Louise/Deb	6/2017
<b>ALL OTHER ITEMS</b>				
	<ul style="list-style-type: none"> <li>• Last meeting Call Center statistics: 25% abandon rate, 5 people in call center, and 3 open positions. No new statistics at this meeting but Debra &amp; Shelby are actively looking to fill open positions.</li> <li>• Debra wasn't in the meeting so no update on the scheduling analysis report.</li> <li>• Louise: will go over the new layout for the meeting minutes at the next meeting.</li> <li>• Deb: Doreen &amp; Deb are headed to THR on Friday to go over their QM plan to see how to possibly follow their guidelines, get ideas &amp; collaborate. Will provide update at next meeting.</li> </ul>	<ul style="list-style-type: none"> <li>• Update on scheduling analysis</li> <li>• QM meeting minutes</li> <li>• Update from Deb on THR meeting</li> </ul>	Debra Louise Deb	3/8/17

Date Minutes Accepted: 3/1/17

Committee Chairman: Debra Ivy-Sanderson

**NEXT MEETING:** The next meeting is scheduled for 3/15/17



## Strategic Initiatives & Development Report

### March 15, 2017 Board Meeting

#### 1. Current Strategic Focus Areas:

- **4304:** Framing continuing. Construction completion still expected early July 2017.
- **Capital Campaign:** Hosted events and pre-meetings with foundations are underway.
- **Dental Resources:** Renewing relationships with Community Dental and identifying other quality providers for Collin and Denton County patients.

2. **Business Relationships/External Activity: 1)** Contact has been made with cultivated supporter who has personal relationship with Mark Cuban (Mavericks/Shark Tank), Jesus Del Gado (Executive V.P/CMO 7-11 Corporation) and a Senior Executive of CareNow-HCA. **2) NBC 5 DFW** first broadcast of their community spotlight Street Talk aired Saturday, March 4 with two more airings forthcoming on COZY TV (NBC 5 Affiliate Network broadcast)

3. **Project 4304:** Due to an extremely mild winter construction on the new clinic at 4304 still is proceeding quickly. Framing began on February 6 and completion is expected early July. In Service date is still targeted for as early as September 2017.

4. **Capital Campaign and Annual Fund Program:** Doreen Rue, with support of Susan Saunders, had introductory meetings with several Foundations—with the President and Vice President of Hoblitzelle Foundation and Donor Services Specialist and with a Program Officer of the Dallas Foundation on Feb 24. We have been invited to submit a proposal to Hoblitzelle Foundation in Q3. Insights gained during these meetings include:

Need for significant Denton gifts to demonstrate community support before significant giving from Dallas-based funders.

- One of the foundations, during their meeting, requested that Fort Worth Foundations be part of our funding mix. .
- Introducing HSNT and building relationships with Dallas and Fort Worth foundations is a long-term effort.
- Website information is posted about the Capital Campaign with an opportunity to sign up for further information. Campaign giving opportunities will be provided at Outreach events.
- The second host event is planned for late
- **Annual Appeal Campaign:** The next individual appeal electronic and traditional mail outs are targeted for mid-spring 2017.

#### 5. Dates

- March 26, 2017: Cuisine for A Cure (Plano). Tickets are now for sell online ([www.healthntx.org/events/cuisine](http://www.healthntx.org/events/cuisine))
- October 5, 2017: Hearts & Heroes

**6 Grants: Submitted/new:** FY 2017: 5 grants submitted/3 to new funders in January 2017 (YTD 11 total Submitted/6 to new funders).

- a. Value of Grants submitted and currently awaiting decision in 2017: \$653,389.
- b. Foundations/Organizations received To-Date (FY2017) \$10,549

**7 Grants to Be Voted on:**

- \*\*Harley Davidson Foundation PCMC program support \$10,000
- \*Strake Foundation Women’s clinical services \$10,00
- \*Denton Co. Commissioners Primary medical \$125,000
- \*Communities Fndn. Of TX Medical/Capital campaign Listing guide (\$50K)
- \*Hollyfield CCMC medical equipment \$5,000
- \*Stemmons Foundation Capital campaign \$20,000
- \*Reliant Energy Foundation PCMC program support \$10,000
  
- \*UW of Metro Dallas SECC (State Employee Giving Campaign)
- \*UW of Denton County SECC (State Employee Giving Campaign)
- \*FQHC Change in Scope Additional Dental Services – update service type
- \*FQHC Change in Scope Substance Abuse Services – update service type
- \*FQHC Change in Scope Physical Therapy – update service type
- \*FQHC Change in Scope Additional Enabling/Support services – update type
- \*FQHC Change in Scope Podiatry – update service type

**HSNT Grants Update – March 15, 2017**

Submitted/Pending

EFSP	Utility assistance – Denton	\$5,000	March
Bill and Helen Crowder	DSC autoclave	\$7,000	March
United Way of Denton County	Medical visits/beh health	\$87,000	April
Northwood Woman’s Club	P/WCMC More Than Med Rm	\$10,000	May 2018
Max and Victoria Dreyfus	DSC lift exam table	\$5,717	April
Dubose Family Foundation	Denton flu shots	\$3,000	April
Kimberly-Clark	Diapers	\$2,600 in-kind	May
Ryan White State Services	Med case mgmt., case mgmt., Transportation, pharm. assistance	\$98,072	March
City of Denton	Denton medical visits	\$60,000	March
Cathay Bank (resubmission)	PCMC general operating	\$5,000	March
Fidelity (full proposal)	Health IT (upgrade EHR)	\$50,000	April
CVS Health (LOI)	Medical visits	\$10,000	April
Mitchell Foundation	PCMC general operating	\$35,000	May
William Randolph Hearst	Medical visits	\$75,000	May
SCP Foundation	PCMC general operating	\$25,000	June
Michael and Susan Dell	PCMC general operating	\$70,000	June



Speedway Charities (LOI)	More Than Medicine Room	\$15,000	March
City of Lewisville	Medical visits	\$30,000	August
Roy and Christine Sturgis	Capital campaign	\$50,000	July
Independent Bank (LOI)	More Than Medicine Room	\$10,000	July

#### Decisions

Denton Benefit League	Denton sites wall mnt. systems	\$8,749.93	Approved
Change in Scope	Update Denton site hours	N/A	Approved
Low Foundation	DSC – medical visits	\$5,000	Denied
Orix Foundation	PCMC (for 2017)	\$5,000	Approved
Texas Motor Speedway	DMC, DSC, DO (furniture, books, TV's, games for Peds)	\$15,620	Denied
Flow Foundation	Denton sites – labs & flu shots	\$15,000	Denied
Fidelity Foundation (LOI)	Health IT (upgrade EHR)	\$50,000	Invited to
submit full proposal			
FQHC Change in Scope	Transportation – update service type		Approved
FQHC Change in Scope	Translation – update service type		Approved
FQHC Change in Scope	Nutrition – remove from scope		Approved
FQHC Change in Scope	Diagnostic Labs – update service type		Approved
FQHC Change in Scope	Pharmaceutical Services – update service type		Approved
FQHC – Change in Scope	Psychiatry – update service type		Approved
FQHC Change in Scope	Optometry – remove from scope		Approved
FQHC Change in Scope	Recuperative Care – remove from scope		Approved
FQHC Change in Scope	Occupational Therapy – remove from scope		Approved
THR Clinic Connect	Primary medical care	\$120,000	Approved
Leland Fikes	DSC wall mount vitals systems	\$10,000	Denied
NAP	CCC	\$650,000	Denied
Overlake Foundation	Medical Center (PAP)	\$5,000	Denied
Collins Foundation	DMC (flu shots)	\$5,000	Denied
Nordstrom Cares	HIV Behavioral Health	\$5,000	Denied
Geico Foundation	General Operating	\$4,000	Denied
Rayzor Ranch Foundation	Outreach	\$2,000	Denied
Alan Neustadt Charitable Trust	DMC (flu shots)	\$1,000	Denied
Union Pacific Foundation	DSC OB and newborn kits	\$5,000	Denied
Lupe Murchison	PCMC general operating	\$15,000	Denied
Ed Rachal Foundation	DMC More Than Med Room	\$5,000	Denied
Ben E. Keith	Denton sites – dental kits	\$5,000	Denied
Rough Riders Foundation	Outreach	\$1,000	Denied

Pipeline/To Be Submitted (\* to be voted on)

*UW of Metro Dallas	SECC		March
*UW of Denton County	SECC		March
*FQHC Change in Scope	Additional Dental Services – update service type		March
*FQHC Change in Scope	Substance Abuse Services – update service type		March
*FQHC Change in Scope	Physical Therapy – update service type		March
*FQHC Change in Scope	Additional Enabling/Support services – update type		March
*FQHC Change in Scope	Podiatry – update service type		March
*Harley Davidson Foundation	PCMC program support	\$10,000	March
*Strake Foundation	Women’s clinical services	\$10,000	March
*Denton Co. Commissioners	Primary medical	\$125,000	April
*Communities Fndn. Of TX	Medical/Capital campaign	\$50,000 (to be Listed in Giving Guide)	April
*Hollyfield	CCMC medical equipment	\$5,000	March
*Stemmons Foundation	Capital campaign	\$20,000	March
*Reliant Energy Foundation	PCMC program support	\$10,000	March
Walmart Community (Plano)	Back to School event	\$2,500	April
Walmart Community (Denton)	Back to School event	\$2,500	April
Walmart Distribution Center	Back to School event	\$2,500	April
Dallas Women’s Foundation	Women’s clinical services	\$30,000	October
FQHC Change in Scope	Gynecology – update service type		March
Hoblitzelle	Capital campaign	\$40,000	August
Hillcrest Foundation	Capital campaign	\$35,000	July
Meadows Foundation	LCSW for P/WCMC	\$80,000	April
Luse Foundation	Medical Center	\$5,000	June
Rees Jones	Tbd	Tbd	Tbd

Health Services of North Texas Governing Board Meeting

Chief Executive Officer Report

March 2017

Total HSNT Data	17-Jan	17-Feb	17-Mar	17-Apr	17-May	17-Jun	17-Jul	17-Aug	17-Sep	17-Oct	17-Nov	17-Dec	YTD	Goal	Goal YTD
Total Medical Patient	2559	2581											4680	14500	32%
Total Medical/MH Visits	3211	3111											6219	45,000	14%
Total New Patients	376	397											773	5125	15%
<b>Medical Center-4310 &amp; 4308 Mesa- Denton</b>	<b>17-Jan</b>	<b>17-Feb</b>	<b>17-Mar</b>	<b>17-Apr</b>	<b>17-May</b>	<b>17-Jun</b>	<b>17-Jul</b>	<b>17-Aug</b>	<b>17-Sep</b>	<b>17-Oct</b>	<b>17-Nov</b>	<b>17-Dec</b>	<b>YTD</b>	<b>Goal</b>	<b>Goal YTD</b>
Total Medical Patient	1192	1206											2113	6000	35%
Total Medical/MH Visits	1488	1488											2976	18,000	17%
Total New Patients	214	232											446	1500	30%
<b>Denton South Center</b>	<b>17-Jan</b>	<b>17-Feb</b>	<b>17-Mar</b>	<b>17-Apr</b>	<b>17-May</b>	<b>17-Jun</b>	<b>17-Jul</b>	<b>17-Aug</b>	<b>17-Sep</b>	<b>17-Oct</b>	<b>17-Nov</b>	<b>17-Dec</b>	<b>YTD</b>	<b>Goal</b>	<b>Goal YTD</b>
Total Medical Patient	745	639											1185	3,500	34%
Total Medical Visits	1020	858											1878	11,500	16%
Total New Patients	104	92											196	1050	19%
<b>PCMC</b>	<b>17-Jan</b>	<b>17-Feb</b>	<b>17-Mar</b>	<b>17-Apr</b>	<b>17-May</b>	<b>17-Jun</b>	<b>17-Jul</b>	<b>17-Aug</b>	<b>17-Sep</b>	<b>17-Oct</b>	<b>17-Nov</b>	<b>17-Dec</b>	<b>YTD</b>	<b>Goal</b>	<b>Goal YTD</b>
Total Medical Patient	466	353											731	2,500	29%
Total Medical Visits	525	395											920	7,500	12%
Total New Patients	40	23											63	750	8%
<b>WCMC</b>	<b>17-Jan</b>	<b>17-Feb</b>	<b>17-Mar</b>	<b>17-Apr</b>	<b>17-May</b>	<b>17-Jun</b>	<b>17-Jul</b>	<b>17-Aug</b>	<b>17-Sep</b>	<b>17-Oct</b>	<b>17-Nov</b>	<b>17-Dec</b>	<b>YTD</b>	<b>Goal</b>	<b>Goal YTD</b>
Total Medical Patient	134	311											404	2,500	16%
Total Medical Visits	142	373											515	7,175	7%
Total New Patients	15	47											62	750	8%
<b>Medical Center - 2540 - Collin Cty</b>	<b>17-Jan</b>	<b>17-Feb</b>	<b>17-Mar</b>	<b>17-Apr</b>	<b>17-May</b>	<b>17-Jun</b>	<b>17-Jul</b>	<b>17-Aug</b>	<b>17-Sep</b>	<b>17-Oct</b>	<b>17-Nov</b>	<b>17-Dec</b>	<b>YTD</b>	<b>Goal</b>	<b>Goal YTD</b>
Total Medical Patient	22	72											91	250	36%
Total Medical Visits	23	82											105	825	13%
Total New Patients	3	3											6	75	8%
Mental Health Visits	13	16											29		

Health Services of North Texas Governing Board Meeting

Chief Executive Officer Report

March 2017

Payer Mix - Visits	17-Jan	17-Feb	17-Mar	17-Apr	17-May	17-Jun	17-Jul	17-Aug	17-Sep	17-Oct	17-Nov	17-Dec	YTD	Goal
Commercial	5%	6%											5%	6%
Medicaid	45%	45%											45%	47%
Medicare	5%	5%											5%	7%
Self/Slide/Grants	42%	40%											41%	40%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

EMR Training: eClinicalWorks (eCW)

We currently have 7 employees who are being trained as certified eCW trainers, so we will have HSNT staff as trainers as well as the eCW support team. Our current plan to train the entire team is scheduled for mid to late May, with a planned date to start using eCW in early June. These are our target dates, but we will be flexible to make sure we have sufficient training before we work with patients.

We have a number of staff who have worked with eCW at other facilities with previous versions. We will be starting off with version 10e. The eCW program has many exciting features such as:

- Fantastic Patient Portal that is fully integrated with EMR
- Check-in Kiosk that (in Spanish and English)
  - new and existing patients can use their driver’s license to check in
  - patients can update their own information
  - sign consent forms
  - make payments with multiple copays
- Healow smart phone app
- Integration between home monitoring devices and fitness trackers with patient medical records
- Automated text message and/or email appointment reminders/confirmations

We are planning for, and understand that there will be an initial period that the workflow will be slower or reduced. We encourage you to learn the new system and workflows during this time. The training component is essential to taking full advantage of the functions to create efficiencies that will result in more time for patient care, population health studies and quality initiatives that improve patient care and health outcomes.

TACHC Health IT summit was held in Austin March 1-3. The focus was to connect health centers with resources to plan for and take advantage of technology to enhance reporting, data security, Meaningful Use incentive plans, sharing information and connection to health information exchanges. Christopher and I attended this conference and found it to be especially valuable as we are working to set up eCW and several health centers that use eCW were in attendance.

Health Care in the News:

Texas Health and Human Service Commission has delayed implementation of any changes to FQHC payment until 9/1/2017. A committee of representatives from FQHCs, Texas Medicaid and Managed Care Organizations and Texas Association of Community Health Centers has been formed to promote a viable solution. FQHCs are concerned about the impact the new methodology will have on cash flow.

The proposed replacement plan for the Affordable Care Act has been released. There will be comment, debate, and compromise before the plan is ready to present for vote. We will not know the impact changes will have on medical

## Health Services of North Texas Governing Board Meeting

### Chief Executive Officer Report

March 2017

professionals to deliver care until the final plan is authorized. FQHCs are monitoring the proposals and advocating for the uninsured, low income patients to have access to affordable care. Our business model mandates that we serve anyone, regardless of ability to pay and our commitment to providing access to care to the most vulnerable populations. Nationally approximately 50% of community health center's revenue comes from Medicaid. Medicaid is a federal and state partnership with the current federal portion at approximately 56%. There is no limit or cap and those who are eligible, apply, and stay enrolled receive this entitlement benefit to access healthcare. Our model of service requires us to provide access to comprehensive support services in addition to medical care. Because of the added services, there is a higher rate of reimbursement from Medicaid that is supported by the cost to provide all services. The sustainability of health centers and our ability to serve the uninsured requires a balance of medical revenue. For example, we know that CCA in Lewisville closed their medical program because it was not sustainable and all of their patients were uninsured.

HSNT is committed to serving those with limited access and will manage changes in the health care law to continue serving our patients and communities. We live in a constant state of change and the goal is to embrace it and support the efficient use of resources to ensure that everyone has access to timely, appropriate health care.

#### Capital Campaign:

The campaign cabinet met on March 6<sup>th</sup>. Teri Johnson presented the communication and community awareness plan that consists of messages and communications through our website, social media and a marketing blitz. Dale Kimble and Jill Jester participated in a photo shoot at the building site. These photos and other community celebrities will be part of the 90 Countdown Campaign to promote donor awareness and engagement in our mission. There will be a handout available at the board meeting.

Susan and I visited Hoblitzelle Foundation and the Dallas Foundation a few weeks ago. One take away from my visit with Hoblitzelle Foundation is that we must have several significant local gifts in order to ask the Dallas and Fort Worth Foundations to support our project. We are meeting with potential donors now. Please let Randy Robinson or Doreen Rue know if you have connections with people who care about our mission. Hoblitzelle invited HSNT to submit a \$50,000 grant in their fall grant cycle. By then we need to show our local support. Our team has identified about 70 potential foundations to reach out to regarding support for our project. These foundations have given to Denton organizations in the past and are a match for our mission.

I met with leaders from Resource Center in Dallas and will meet with Callie Clinic in Sherman regarding their Campaign challenges and best practices. Both of these organizations have completed their capital campaigns and are similar to HSNT.

#### Updates:

I am working to form a committee of Lewisville leaders to review Lewisville needs assessment data and determine if there is community support for HSNT to serve this community. As you know, I met with Medical City- Lewisville last month to explore the possibility of service in Lewisville. They requested a tour of one of our Denton locations and were surprised to learn the full scope of services we provide and how many patients we serve south of Lewisville Lake. In order for us to expand or add facilities we must have local support, including financial support for operations.

Joined the Non-profit CEO Council- resource and support for CEOs. This group meets quarterly in Dallas and will be a great venue to discuss trends, challenges, and best practices. It is help at Volunteer Now which is a company that offers many services to non-profits.

Health Services of North Texas Governing Board Meeting

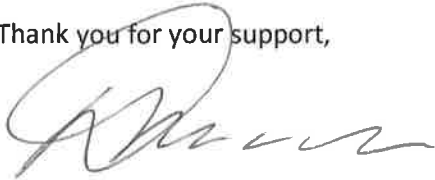
Chief Executive Officer Report

March 2017

Texas Department of State Health Services Quality Audit March 9-10. This annual audit is conducted by clinical professionals to review our quality indicators and health management of our patients living with HIV. We will have the initial audit report before the board meeting next week and will present the final report to the quality committee and board in April.

Hearts & Heroes is scheduled for October 5, 2017 at the Denton Country Club. Nominations are open for our community heroes. Please submit your nominations.

Thank you for your support,

A handwritten signature in black ink, appearing to read 'Doreen Rue', written over a circular stamp or watermark.

Doreen Rue, CEO



Health Services of North Texas  
SLIDING FEE DISCOUNT SCHEDULE (SFDS)

**Policy:** It is the policy of Health Services of North Texas (HSNT) to remove income as a barrier to care by offering a sliding fee scale to all individuals and families with income levels between 101% and 200% of the federal poverty guidelines. Each year when the federal poverty guidelines are published in the *Federal Register*, the policy will be updated with the current information. HSNT provides a full discount for individuals and families with annual incomes at or below 100% of the federal poverty guidelines (FPG). There is a nominal fee of \$15.00 per visit. This is not a minimum fee, minimum charge or co-pay. This fee will not impede the person's ability to access services.

If the person is unable to pay the discounted fee, it may be waived by the Clinic Business Manager with appropriate documentation. HSNT has some outside grants that will assist the person with these fees if they are eligible for those funds. All efforts will be made to assist the person.

The overall discounts for persons will be determined by their family income and the numbers of persons in their family. Family is defined as people living in a household. Anyone living in the household that has income will be included in the SFDS when assessing the discount. Income is defined as salary, wages, social security benefits or any other money that is received on a consistent basis. If a person doesn't have documentation of income they may fill out a self-declaration income form. The sliding fee discount application must be updated on an annual basis.

HSNT does not require persons to go through financial screening prior to receiving healthcare services. We welcome persons at all income levels to receive our services. We *invite* persons to apply for a discount based on their income level. Friendly signs will be posted at all entrances and beside all customer service windows inviting persons to apply for the sliding fee scale discount. Staff will be sensitive to these requests, welcoming any and all.

Persons who do not choose to apply for the sliding fee scale will be charged at full rates. Persons with insurance will be charged according to the agreement with their insurance company (i.e., will be charged a co-pay if applicable, and discounts will be applied according to agreements with their insurance provider). If a person with insurance is below 200% of the FPG, they may be eligible for the SFDS for co-pays unless not allowed by the insurance. This will be assessed by the Clinic Business Manager or their designee.

Inability to pay these fees will not keep persons from receiving care.

All services will be shown at full rates on the patient encounter form and in the computer regardless of the source of payment. Then, applicable discounts will be given. Discounts will apply to all services.

HSNT Headquarters  
 4401 N. I-35 Suite 112  
 Denton, TX 76201  
 940-381-1301  
 940-386-8059 Fax

Denton Medical Center  
 4308 & 4310 Mesa Drive  
 Denton, TX 76207  
 940-387-5788  
 940-391-7530 Fax

WWW.HEALTHNTX.ORG



Denton South Center  
 3337 South I-35E Suite 210  
 Denton, TX 76210  
 940-381-2313  
 940-381-5249 Fax

Collin County Center  
 2540 K Avenue  
 Plano, TX 75074  
 972-424-4480  
 972-424-9117 Fax

All front desk staff, Patient Assistance Coordinators, and Case Managers will receive annual training on the Sliding Fee Discount Schedule.

**To apply for sliding fee discount:**

- A form (attached) is to be completed by the patient or family member listing the members of the family and the household income. If the person doesn't have proof of income, they can sign a self-declaration of income form.
- Staff or a case manager will review the application with the head of household in a culturally sensitive and fully respectful manner.
- Proof of the family members (either social security cards, ID cards or birth certificates) and income (check stubs or other proof) will be copied and put into the file.
- The staff member conducting the interview will have to calculate the annual income (by converting it from weekly, bi-weekly, or monthly).
- If the family qualifies for the sliding fee discount, the staff member will "certify" the family and note the discount allowed in the file. The household "certification" will be good for 1 year.
- For other family members who come for services (at the same time or within the year), account is noted where appropriate documents are stored.
- HSNT staff will be trained on other sources of funding for patients such as the county indigent program (less than 21% of FPL) and Medicaid, so that they can encourage patients or parents of patients who may be eligible for those programs to apply for them. Patient Service Coordinators and Case Managers will keep abreast of Medicaid criteria and be available to assist patients with applications if needed.

**Sliding Fee Scale**

The policy for the sliding fee scale is to provide discounts for families living between 101% - 200% of the federal poverty guidelines as published in the *Federal Register*. Patients at or below 100% of poverty do not qualify for the sliding fee discount, but instead pay a nominal fee of \$15.00 for a medical visit.

The overall discounts for persons will be determined by their family income and the numbers of persons in their family. Discounts will be as follows:

**MEDICAL VISITS**

<b><u>% of Federal Poverty Guidelines</u></b>	<b><u>Percentage Discount*</u></b>
101 to 120% of the federal poverty level	90% discount
121 to 140% of federal poverty level	85% discount
141 to 160% of federal poverty level	70% discount
161 to 180% of federal poverty level	65% discount
181 to 200% of federal poverty level	60% discount
Over 200% of federal poverty level	0% discount

- Minimum fee \$15.00

The sliding fee discount will apply to all services within the HSNT approved scope of project, whether required or additional for all of HSNT locations. HSNT does have multiple SFDS based on services. The labs and referrals will have the following sliding fee discount



schedule.

For patients under 100% of poverty the fee for labs will be \$10.00 and imaging \$40.00.

**LABS AND IMAGING**

<u>% of Federal Poverty Guidelines</u>	<u>Percentage Discount*</u>
<b><u>101 to 150% of federal poverty level</u></b>	<b><u>70% discount</u></b>
<b><u>151 to 180% of federal poverty level</u></b>	<b><u>40% discount</u></b>
<b><u>181 to 200% of federal poverty level</u></b>	<b><u>20% discount</u></b>

- Lab minimum fee \$10.00; Imaging minimum fee \$40.00

**2017 POVERTY GUIDELINES FOR THE  
48 CONTIGUOUS STATES  
AND THE DISTRICT OF COLUMBIA**

<b>Persons in family/household</b>	<b>Poverty guideline</b>
For families/households with more than 8 persons, add \$4,180 for each additional person.	
1	\$12,060
2	16,240
3	20,420
4	24,600
5	28,780
6	32,960
7	37,140
8	41,320

Income includes total cash receipts before taxes from all sources. Income includes money wages and salaries before any deductions including net receipts from nonfarm self-employment (receipts from a person’s own unincorporated business, professional enterprise, or partnership, after deductions for business expenses); net receipts from farm self employment (receipts from a farm which one operates as an owner, renter, or sharecropper; after deductions for farm operating expenses); regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, workers’ compensation, veterans’ payments, public assistance (including AFDC or TANF, SSI, and non-federally funded GA or General Relief money payments), and training stipends, alimony, child support, and military family allotments or other regular support from an absent family member of someone not living in the household; private persons, rental income, net royalties, periodic receipt from estates or trusts, and net gambling or lottery winnings.

Income does not include the following: capital gains, any assets drawn down as withdrawals from a bank, the sale of property, house, car, or tax refunds, gift, loans, lump-sum inheritances, one-time insurance

payments, or compensation for injury, noncash benefits, i.e. employer or union-paid (portions of) health insurance of other employee fringe benefits, food or housing in lieu of wages, values of food and fuel produced and consumed on farms, imputed value of rent from owner occupied nonfarm or farming housing, and such Federal noncash benefit programs as Medicare, Medicaid, food stamps, school lunches, and housing assistance.

---

Board Member Reviewed & Approved

Date



Health Services of North Texas  
Application for Sliding Fee Scale Discount

Date \_\_\_\_\_

Patient Name: \_\_\_\_\_ Head of Household: \_\_\_\_\_

Address \_\_\_\_\_

Telephone Numbers \_\_\_\_\_

INCOME (check one)     weekly         every 2 weeks         monthly     annually  
*Complete the average amount in the blank according to how you are paid:*

Wages \_\_\_\_\_

Salary \_\_\_\_\_

Self-employment Income \_\_\_\_\_

    Less expenses \_\_\_\_\_

Net Income for self-employment business \_\_\_\_\_

Child Support \_\_\_\_\_

Government Check (list type) \_\_\_\_\_

Other Income (describe) \_\_\_\_\_

TOTAL ANNUALIZED INCOME (we will help you calculate based on above information) \_\_\_\_\_

MEMBERS OF YOUR HOUSEHOLD (those that live with you) TOTAL # \_\_\_\_\_

Name	Relationship	Birth Date	SSN

The above is true and correct to the best of my knowledge \_\_\_\_\_  
Signature

*To be completed by HSNT staff*  
 Reviewed by \_\_\_\_\_ Discount \_\_\_\_\_ Expires \_\_\_\_\_



**HEALTH SERVICES**  
OF NORTH TEXAS  
**Medical Care for You**

**Changes in Scope for Approval**

**Additional Services**

- Additional Dental Services – remove from Column III – Formal Written Referral Arrangement
- Substance Abuse Services – remove from Column III – Formal Written Referral Arrangement (will remain in Column I – Direct)
- Physical Therapy - remove from Column III – Formal Written Referral Arrangement
- Additional Enabling/Supportive Services - remove from Column III – Formal Written Referral Arrangement (will remain in Column I – Direct)

**Specialty Services**

- Podiatry - remove from Column III – Formal Written Referral Arrangement (will remain in Column II – Formal Written Contract/Agreement)

---

Randy Robinson, Board Vice President

Date

---

HSNT Headquarters  
4401 N I-35 Suite 312  
Denton, TX 76207  
940-381-1101  
940-566-8059 Fax

Denton Medical Center  
4308 & 4310 Mesa Drive  
Denton, TX 76207  
940-387-3788  
940-591-7830 Fax

WWW.HEALTHNTX.ORG



Denton South Center  
5537 South I-35E Suite 210  
Denton, TX 76210  
940-381-2315  
940-381-4249 Fax

Collin County Center  
2540 K Avenue  
Plano, TX 75074  
972-424-1480  
972-424-9117 Fax



**HEALTH SERVICES**  
— OF NORTH TEXAS —  
**Medical Care for You**

**Health Services of North Texas**

**Billing and Collections Policy and  
Procedures MANUAL**

**Health Services of North Texas, Inc.  
Financial Policies and Procedures**

**Signatures of Approval**

---

Glen McKenzie Date  
Board President

---

Doreen Rue, MSW, LMSW-AP, ACSW, NCG Date  
Chief Executive Officer

---

Pamela Barnes Date  
Chief Financial Officer

TABLE OF CONTENTS

500 BILLING AND COLLECTIONS POLICY

501 Billing Policy ..... 5

502 Patient Intake Policy ..... 5

503 Fee Schedule Policy ..... 6

504 Sliding Fee Scale Policy ..... 7

505 Completion of Patient Encounters for Billing Policy ..... 8

506 Patient Checkout and Collection Policy ..... 8

507 Claims Filing Policy ..... 9

508 Payment Posting Policy ..... 10

509 Refunds, Overpayment and Credit Balance Policy ..... 11

510 Monitoring and Analysis of Outstanding Billing Service and Reports Policy ..... 12

511 Allowance for Contractual Policy ..... 12

ATTACHMENT A ..... 13





**500  
BILLING AND COLLECTIONS  
POLICY**

Manual:	Accounting
Section:	Billing and Collections Policy
Policy Number:	500
Effective Date:	11/2010
Revision Dates:	5/2014, 9/2016, 3/2017
Review Dates:	06/2015

501 Billing Policy

It is the policy of Health Services of North Texas to provide access to services without regard for a person's ability to pay. The center ensures sustainability by contracting with and billing Medicaid, CHIP, Medicare, other government programs and also private insurers of patients in the center's service area; the center collects for services not covered by insurance per a board-approved sliding fee scale. No patient will be refused service based on inability to pay.

Health Services of North Texas, Inc. (HSNT) patient fees and reimbursement will be based on the following Board policies:

1. HSNT subscribes to administrative and fiscal practices that do not present a barrier to the availability and accessibility of services.
2. HSNT shall prescribe a schedule of fees for services provided by personnel or facilities under the jurisdiction or supervision of the Board and establish procedures for the collection of the same. In determining prescribed fees the following will be considered: 1) cost of services; 2) estimated costs associated with billings; 3) compliance with contracts established with third party payers and 4) Survey comparable area fees for other provider networks.
3. HSNT will charge all patients receiving the same service the same fee for these services.
4. HSNT will not deny services based solely on the patient's ability to pay.

502 Patient Intake Policy

It is the policy of Health Services of North Texas (HSNT) to register all individuals seeking care or services from a Health Services of North Texas facility in the Practice Management system, prior to providing healthcare services.

**PROCEDURE**

**A. Patient Identification Verification:**

1. Upon check in, patients will be requested to provide:
  - a. Name
  - b. Date of birth
  - c. Photo ID
  - d. Telephone number
  - e. Mailing address
  - f. Insurance ID card (if applicable)
  - g. E-mail address

2. For UDS purposes, patients are asked to specify the following:
  - a. Homeless status
  - b. Race
  - c. Ethnicity
  - d. Language barrier

**B. Insurance/Program Verification:**

- a. Insured patients shall have insurance coverage verified prior to or at the time of each visit. Methods used include:
  - i. All available automated verification systems
  - ii. Insurance carrier or accessing carrier website
  - iii. Phone call to insurance carrier
- b. Patients who have Primary Care Physicians (PCP's) other than Health Services of North Texas Medical Centers will be referred to those providers for care and can be encouraged to change their PCP to Health Services of North Texas for future visits if the patient desires.
- c. Patients who are eligible for but fail to obtain Medicaid coverage and have procedures performed by Health Services of North Texas physicians shall be billed for their services at the 100% Self-Pay rate.
- d. Sliding fee enrollees and grant recipients (e.g., Title X and Ryan White) eligibility shall be verified utilizing program specific guidelines. All title and grant recipients shall be charged a fee, or will have the fee waived according to their respective granting guidelines.
- e. All patients will have the opportunity to apply for HSNT's sliding fee scale.

503 Fee Schedule Policy

Health Services of North Texas will maintain a fee schedule reflecting its costs of operations whereby charges are representative of the cost to provide services and are compared to; area providers, published fee schedules rates and other third party payment sources.

**A. Schedule of Fees**

1. HSNT will charge for services based on the Board approved Schedule of Fees that are reviewed and approved annually.
2. Changes in fees shall become effective no sooner than 30 days after the date of approval by the Board of Directors. Patients will be notified prior to the effective date of the revised fees through postings at the clinic/program site and through notices included on the monthly billing statements. Services received after the date of the change will be charged at the new rate.
3. Once revised fee schedule is approved by the board, HSNT Practice Administrator will script a note to inform patients that will be included on

patients statements. HSNT Practice Administrator will inform HSNT Billing vendor of the fee schedule change.

4. Any exclusions or non-covered procedures are the responsibility of the guarantor and will be billed accordingly.

#### 504 Sliding Fee Scale Policy

Health Services of North Texas (HSNT) patients will have access to all primary care services regardless of their ability to pay. It is the policy of HSNT to establish a sliding fee scale of discounts, based on the individual's family size and income using current Federal Poverty Guidelines (FPG). The implementation is intended to minimize financial barriers to care for patients at or below 200% of the current FPG.

The sliding fee schedule of discounts applies to patients who are uninsured or underinsured and is applied to all in-scope services offered by HSNT as approved by HRSA. The sliding fee scale charges full fees to any patient with an annual income greater than 200% and no more than a nominal fee for those making less than 100% of the amount set forth in the Federal Poverty Guidelines. No patient will be refused services based on inability to pay.

- A. The patient must apply in order to qualify for the Sliding Fee Schedule. If the subsidized fee causes severe financial hardship, the patient can meet with the Site Manager to review options.
- B. The ability to pay is based on total family gross income and the number of dependents in the family unit. Total family gross income includes all income received by the family unit, prior to deductions for taxes, insurances, etc. It includes, but is not limited to, salaries, Social Security Income (SSI), Social Security Disability Income (SSDI), 1040 tax returns, pension and retirement income, workers' compensation benefits, unemployment benefits, child support, alimony, and interest and dividends from investments. The patient must provide documentation of income, such as check stubs or bank statements, and copies should be maintained at the point of service. Dependents include all individuals who are members of the family unit and who depend solely on the total family unit gross income. Total dependents include both those listed as having income and those with no income.
- C. Patient's that fail to provide income documentation within 10 days of the financial intake, charges will be billed at full fee until such documentation is provided. If a patient is covered under an insurance plan which HSNT participates with, and the patient elects not to use this insurance for covered services, the fee for these services will not be eligible for the sliding fee. HSNT will make every effort to become credentialed with all known insurance companies
- D. Individuals who may be Medicaid eligible based on income and/or disability should be encouraged to apply. If the patient refuses to apply, they will be required to pay the full fee established for services.
- E. Documentation and verification requirements for qualification to receive Sliding Fee Scale discounts are detailed in Attachment A
- F. All patients of HSNT will be made aware of the availability of the Sliding Fee Scale. This will be done by:

- a. Posting notice of the Sliding Fee Scale in clinic waiting areas.
- b. Verbally notifying patient of the Sliding Fee Scale.

#### 505 Completion of Patient Encounters for Billing Policy

It is the policy of HSNT to capture the services performed for a patient in an accurate and timely manner. The charges are captured in the electronic health record for every patient.

- A. Charge Capture includes the following information for every patient encounter regardless of the site of service. Note: all elements are electronically stored.
  - a. Patient Name
  - b. Patient Identification
  - c. Date of Birth
  - d. Rendering provider
  - e. Place of service
  - f. Date of services
  - g. Procedure code(s)
  - h. Diagnosis code(s) – appropriately linked to procedure codes
  - i. Date of injury, if applicable
  - j. Referring physician, if applicable
- B. Providers complete and document all services rendered to the patient in the EHR with any additional information necessary, correct procedure and diagnosis codes.
- C. The charges are then accepted and reviewed by HSNT front office staff on the same business day and the patient is notified of any remaining balance. Once the balance is collected, a receipt is given to the patients. All encounters are posted within 3 business days.
- D. Incomplete encounters are returned to the appropriate provider for completion. Completion is required on the same business day.
- E. Diagnosis “rule out” are not permitted. Providers must document a diagnosis and code appropriately based on information available and symptoms presented.
- F. Providers match procedure codes to the appropriate diagnosis codes using numeric method.
- G. Timeliness and accuracy of charge coding and medical record documentation are regularly reviewed.

#### 506 Patient Checkout and Collection Policy

It is the policy of HSNT to collect payment at the time services are rendered.

- A. Payment for services is expected from patients at the time of service for any part of the fee for which they will be responsible (i.e., fee based on sliding fee scale or co-payment if a third party payer exists).
- B. The front office staff is expected to assist in the collection process by emphasizing that payment is part of the patient’s responsibility. They should take time to discuss past due balances, circumstances that may be affecting payment, and positive or negative changes in the patient’s financial status requiring an updated financial contract.

- C. Patients who are unable to pay for their services on the day of the visit should be referred to the “Patient Rights and Responsibilities” document and to clinic management to establish a financial arrangement.
- D. Payment arrangements can be initiated by the site management at the clinic or with the designated patient service coordinator.
  - a. Financial arrangements are only available for on accounts with a balance greater than \$25.00
  - b. Patients must complete a Financial Arrangement Form
  - c. Front Office staff will scan the form to the patient chart in HSNT’s Practice Management System under “Other/Insurance/Pt. Demo”
- E. Patient Services Coordinator will address patient complaints about fees.
- F. If the patients concerns are not adequately addressed, the HSNT representative will refer the patient to the Site Manager or site designee.
- G. The Site Manager or designee will use their discretion in resolving the patient conflict. The Site Manager or designee has the full authority of management to act appropriately to address the concern. Potential resolutions include, but are not limited to the following:
  - a. Accepting partial payment for services that day and defer remainder of the balance to the next visit.
  - b. Initiate arrangement for payment plan. Please see procedure D. addressing payment arrangements.

#### 507 Claims Filing Policy

It is the policy of HSNT to enter and submit all claims within three (3) working days of the completed encounter through electronic health record practice management system.

- A. HSNT shall bill Medicaid, Medicare and private insurance agencies within three days of a completed encounter. All payers shall be billed within the timely filing limit set by each payer.
- B. Self-Pay charges are reduced by any adjustments or sliding fee scale discounts at the time of service rendered and communicated to the patient.
- C. Payments will be reconciled to original billings within five (5) days of receipt of documented payment by the billing vendor.
- D. Prior to submitting claims, charges are reviewed for accuracy and every effort is made to eliminate errors in registration, procedures and diagnosis coding and charge entry to ensure timely reimbursement.
  - a. During the review process, any discrepancies are resolved immediately.
  - b. If necessary, the provider rendering the services for which the charge is being billed is contacted via an internal communication or telephone call regarding the charge.
  - c. Providers have two business days to respond to question about the charge.
  - d. Charges edits are resolved within three business days.
- E. Following the edit process, clean claims are sent electronically real time or by the end of the each business day.
- F. Exception reports generated from the submission are worked on a same-day basis.

- G. Claims are not put into a pending status unless absolutely necessary.
- H. An electronic log of pending claims is maintained and monitored by HSNT Billing vendor to ensure that pending claims are resolved expediently.
- I. HSNT Billing vendor submits secondary claims in the event that a patient maintains a secondary insurance policy and the primary insurance carrier do not pay the full amount of the charge.
  - a. Secondary insurance carrier is billed for the remainder of the balance.
  - b. HSNT Billing vendor works with payers to crossover secondary claims automatically.
  - c. Within 24 hours of notifications of responsibility of the secondary payer, the secondary claim(s) are submitted.
- J. The full balance of primary and secondary claims submitted to third party payer with whom HSNT does not participate are transferred to patient responsibility at 45 days. This applies internal billing processes and excludes claims that are held up by payer issues such as clearinghouse and payer interfacing.
- K. For services covered under a capitated plan, charges are automatically adjusted by the practice management system.
  - a. If a patient receives a services for which the patient is covered, but which is not included in the capitation agreement, a claim is sent to the third party payer.
  - b. If a patient who is a beneficiary under a capitated plan received a services, which is a non-covered services or carved out under the policy, the charge is the patient's responsibility and billed according to HSNT protocols for patient billings.

508 Payment Posting Policy

It is the policy of HSNT that payments received are handled in a timely manner with sensitivity to internal controls.

- A. HSNT accepts payments remitted and transferred directly from third party payers by all payers offering electronic remittance advice (ERA) and electronic funds transfer (EFT). Remittances are accepted when available from the payer, but are not posted until HSNT Billing vendor confirms with the HSNT accounting office the ERA total funds have been transferred to HSNT bank account.
- B. HSNT accounting office will coordinate two times a month to confirm all payments posted in EHR have been received by HSNT Accounting.
- C. HSNT accepts all non-electronic payments, including non-electronic third party payer and patient checks, and payment received via U.S. Mail.
- D. The Site Manager shall authorize the patient service coordinator, authorized clinic personnel and at least one back-up staff member to receive cash. An authorized receiver shall not be involved in the cash posting or accounts receivable process. That authorization shall be in writing and shall be kept on file in the organization's main administrative office.
- E. In Person Payments
  - a. The medical receptionist shall accept in person payments and shall count any money presented while the payer is present.

- b. The medical receptionist shall prepare and give to the payer a receipt which includes the date received, the name of the payer, and the reason for the payment.
  - c. The payment shall be recorded in the Daily Cash Receipts Log and balanced at the close of the day to service activity reports for the clinic operations. The cash count will be verified by dual count performed by the medical receptionist and the Site Manager or designated staff member to sign balancing package.
  - d. The reconciliation and cash are stored in a locked safe in the clinic until deposited at least three time a week.
- F. Mailed Payments
- a. The designated staff member shall endorse each check immediately by stamping “For Deposit Only” on the back and recorded in the Daily Cash Receipts Log and totaled.
  - b. Daily Cash Receipts Log is forward to the Accounting staff to prepare deposit.

#### 509 Refunds, Overpayment and Credit Balance Policy

It is the policy of HSNT to return all monies that are not due to HSNT. These may include overpayments from patients or third party payers. HSNT is committed to complying with state and federal laws, as well as to minimize the impact that refunds have on receivables and management reports regarding business office performance.

- A. Overpayments are flagged at the time the payment is posted.
  - a. HSNT Billing vendor, or other designated staff, work these refunds no later than at the end of the month.
  - b. HSNT Billing vendor completes a Refund Request and forwards to HSNT accounting office for processing.
  - c. A thorough review of the account is conducted to determine the cause of the credit balance.
  - d. If a posting error caused the credit balance, a refund is not made.
  - e. Thorough documentation of the refund is placed in the notes of patient’s account.
- B. In addition to proactively refunded credits created during the posting process, the business office is responsible for refunding outstanding credits.
  - a. The accounts need to be reviewed thoroughly
  - b. Credit balances are identified and refunded to the patient, guarantor, or third party payer within 45 days.
  - c. Any credits identified that can be transferred to another outstanding services date are done within 30 days of creation date.
- C. If a credit balance occurs for a guarantor with multiple patients on the account and a debit balance remains on the total account, the credit is posted as an open balance payment.
- D. Requests for refunds checks are submitted to the site manager or designee in writing or via email on the Refund Request form and requires CFO approval. Accounting office issues a refund check and mails to the patient, guarantor or third party payer. HSNT Billing vendor post the refund to the patient’s accounts.

### 510 Monitoring and Analysis of Outstanding Billing Service and Reports Policy

It is the policy of HSNT to monitor the financial strength of the medical practice that is directly correlated to timely billing and claim reimbursement.

- A. HSNT Billing vendor will communicate with HSNT CFO any instances that will cause a delay in payment at least monthly.
- B. HSNT Accounting office will coordinate with HSNT Billing vendor to ensure all payments posted in EHR are recorded in HSNT general ledger monthly.
- C. HSNT Billing vendor will provide monthly account receivable report by payer
- D. HSNT Accounting will use the practice management software reporting to analyze the average claims sent and the average amount of payments collected quarterly.
- E. HSNT Accounting will use the practice management software reporting to accurately calculate the percentage of individuals who are on a payment plan, those who are paying on time and those who are falling behind and require further action quarterly.

### 511 Allowance for Contractual Adjustment Policy

Receivables should always be stated at net realizable value, therefore, Allowance for Contractual Adjustments will be recorded monthly. A general ledger contra-asset (allowance for uncollectible) and offsetting contractual allowance contra-revenue account is maintained and balanced monthly with HSNT's Practice Management System.

- A. Third party payer contractual adjustments are the differences between full charges for services provided and the allowable and reimbursable cost of the services provided. Medicare, Medicaid and insurance companies are the most common of all payer programs.
- B. Charges by agencies such as Medicare, Medicaid and other third party payers may be denied. The terms of contractual agreements with these agencies specify that a payment can be denied for services rendered to patient whom the contracting agency deem where unnecessary or not beneficial. In these cases, the patient cannot be held responsible for these denied services.



**ATTACHMENT A**  
**Health Services of North Texas**  
**SLIDING FEE DISCOUNT SCHEDULE (SFDS)**

Policy: It is the policy of Health Services of North Texas (HSNT) to remove income as a barrier to care by offering a sliding fee scale to all individuals and families with income levels between 101% and 200% of the federal poverty guidelines. Each year when the federal poverty guidelines are published in the *Federal Register*, the policy will be updated with the current information. HSNT provides a full discount for individuals and families with annual incomes at or below 100% of the federal poverty guidelines (FPG). There is a nominal fee of \$15.00 per visit. This is not a minimum fee, minimum charge or co-pay. This fee will not impede the person's ability to access services.

If the person is unable to pay the discounted fee, it may be waived by the Clinic Business Manager with appropriate documentation. HSNT has some outside grants that will assist the person with these fees if they are eligible for those funds. All efforts will be made to assist the person.

The overall discounts for persons will be determined by their family income and the numbers of persons in their family. Family is defined as people living in a household. Anyone living in the household that has income will be included in the SFDS when assessing the discount. Income is defined as salary, wages, social security benefits or any other money that is received on a consistent basis. If a person doesn't have documentation of income they may fill out a self-declaration income form. The sliding fee discount application must be updated on an annual basis.

HSNT does not require persons to go through financial screening prior to receiving healthcare services. We welcome persons at all income levels to receive our services. We *invite* persons to apply for a discount based on their income level. Friendly signs will be posted at all entrances and beside all customer service windows inviting persons to apply for the sliding fee scale discount. Staff will be sensitive to these requests, welcoming any and all.

Persons who do not choose to apply for the sliding fee scale will be charged at full rates. Persons with insurance will be charged according to the agreement with their insurance company (i.e., will be charged a co-pay if applicable, and discounts will be applied according to agreements with their insurance provider). If a person with insurance is below 200% of the FPG, they may be eligible for the SFDS for co-pays unless not allowed by the insurance. This will be assessed by the Clinic Business Manager or their designee.

Inability to pay these fees will not keep persons from receiving care.

All services will be shown at full rates on the patient encounter form and in the computer regardless of the source of payment. Then, applicable discounts will be given. Discounts will apply to all services.

All front desk staff, Patient Assistance Coordinators, and Case Managers will receive annual training on the Sliding Fee Discount Schedule.

**To apply for sliding fee discount:**

- A form (attached) is to be completed by the patient or family member listing the members of the family and the household income. If the person doesn't have proof of income, they can sign a self-declaration of income form.
- Staff or a case manager will review the application with the head of household in a culturally sensitive and fully respectful manner.
- Proof of the family members (either social security cards, ID cards or birth certificates) and income (check stubs or other proof) will be copied and put into the file.

- The staff member conducting the interview will have to calculate the annual income (by converting it from weekly, bi-weekly, or monthly).
- If the family qualifies for the sliding fee discount, the staff member will “certify” the family and note the discount allowed in the file. The household “certification” will be good for 1 year.
- For other family members who come for services (at the same time or within the year), account is noted where appropriate documents are stored.
- HSNT staff will be trained on other sources of funding for patients such as the county indigent program (less than 21% of FPL) and Medicaid, so that they can encourage patients or parents of patients who may be eligible for those programs to apply for them. Patient Service Coordinators and Case Managers will keep abreast of Medicaid criteria and be available to assist patients with applications if needed.

**Sliding Fee Scale**

The policy for the sliding fee scale is to provide discounts for families living between 101% - 200% of the federal poverty guidelines as published in the *Federal Register*. Patients at or below 100% of poverty do not qualify for the sliding fee discount, but instead pay a nominal fee of \$15.00 for a medical visit.

The overall discounts for persons will be determined by their family income and the numbers of persons in their family. Discounts will be as follows:

**MEDICAL VISITS**

<b><u>% of Federal Poverty Guidelines</u></b>	<b><u>Percentage Discount*</u></b>
101 to 120% of the federal poverty level	90% discount
121 to 140% of federal poverty level	85% discount
141 to 160% of federal poverty level	70% discount
161 to 180% of federal poverty level	65% discount
181 to 200% of federal poverty level	60% discount
Over 200% of federal poverty level	0% discount

- Minimum fee \$15.00

The sliding fee discount will apply to all services within the HSNT approved scope of project, whether required or additional for all of HSNT locations. HSNT does have multiple SFDS based on services. The labs and referrals will have the following sliding fee discount schedule.

For patients under 100% of poverty the fee for labs will be \$10.00 and imaging \$40.00.

**LABS AND IMAGING**

<b><u>% of Federal Poverty Guidelines</u></b>	<b><u>Percentage Discount*</u></b>
<b><u>101 to 150% of federal poverty level</u></b>	<b><u>70% discount</u></b>
<b><u>151 to 180% of federal poverty level</u></b>	<b><u>40% discount</u></b>
<b><u>181 to 200% of federal poverty level</u></b>	<b><u>20% discount</u></b>

- Lab minimum fee \$10.00; Imaging minimum fee \$40.00

**2016<sup>7</sup> POVERTY GUIDELINES FOR THE 48  
CONTIGUOUS STATES  
AND THE DISTRICT OF COLUMBIA**

<b>Persons in family/household</b>	<b>Poverty guideline</b>
For families/households with more than 8 persons, add \$4,180 for each additional person.	
1	\$12,060
2	16,240
3	20,420
4	24,600
5	28,780
6	32,580 <del>960</del>
7	<del>36,960</del> 37,140
8	41,320

Income includes total cash receipts before taxes from all sources. Income includes money wages and salaries before any deductions including net receipts from nonfarm self-employment (receipts from a person's own unincorporated business, professional enterprise, or partnership, after deductions for business expenses); net receipts from farm self-employment (receipts from a farm which one operates as an owner, renter, or sharecropper; after deductions for farm operating expenses); regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, workers' compensation, veterans' payments, public assistance (including AFDC or TANF, SSI, and non-federally funded GA or General Relief money payments), and training stipends, alimony, child support, and military family allotments or other regular support from an absent family member of someone not living in the household; private persons, rental income, net royalties, periodic receipt from estates or trusts, and net gambling or lottery winnings.

Income does not include the following: capital gains, any assets drawn down as withdrawals from a bank, the sale of property, house, car, or tax refunds, gift, loans, lump-sum inheritances, one-time insurance payments, or compensation for injury, noncash benefits, i.e. employer or union-paid (portions of) health insurance or other employee fringe benefits, food or housing in lieu of wages, values of food and fuel produced and consumed on farms, imputed value of rent from owner occupied nonfarm or farming housing, and such Federal noncash benefit programs as Medicare, Medicaid, food stamps, school lunches, and housing assistance.



Health Services of North Texas  
Application for Sliding Fee Scale Discount

Date \_\_\_\_\_

Patient Name: \_\_\_\_\_ Head of Household: \_\_\_\_\_

Address \_\_\_\_\_

Telephone Numbers \_\_\_\_\_

INCOME (check one)    weekly    every 2 weeks    monthly    annually

Complete the average amount in the blank according to how you are paid:

Wages \_\_\_\_\_

Salary \_\_\_\_\_

Self-employment Income \_\_\_\_\_

Less expenses \_\_\_\_\_

Net Income for self-employment business \_\_\_\_\_

Child Support \_\_\_\_\_

Government Check (list type) \_\_\_\_\_

Other Income (describe) \_\_\_\_\_

TOTAL ANNUALIZED INCOME (we will help you calculate based on above information) \_\_\_\_\_

MEMBERS OF YOUR HOUSEHOLD (those that live with you) TOTAL # \_\_\_\_\_

Name	Relationship	Birth Date	SSN

The above is true and correct to the best of my knowledge \_\_\_\_\_  
Signature

*To be completed by HSNT staff*

Reviewed by \_\_\_\_\_ Discount \_\_\_\_\_ Expires \_\_\_\_\_