

Governing Board Meeting Agenda

November 18, 2020 - Zoom Meeting

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I.	Call to Order	Michael Foster	
II.	Consent Agenda	Michael Foster	
	*October 2020 Board Minutes		P. 2
	*October 2020 Financial Committee Minutes		P. 6
	*October 2020 Financials		P. 11
	*October 2020 Quality Committee Minutes		P. 15
	*November 2020 MarCom Report (including approval of grants)		P. 18
III.	Board Training	Doreen Rue	
	HRSA Budget Progress Report (BPR)		P. 19
	*Authorize Executive Committee to Approve Finalized Application		
IV.	CEO Report	Doreen Rue	
	Dashboard		
V.	Committee Reports		
	Finance Committee	Dale Tampke	
	Finance Report		
	Legislative Mandate Review Policy Update		P. 27
	*FY2021 Budget		P. 40
	Quality Committee	Dr. Howard Shaw	
	Quality Report		
	Strategic Planning Committee	Dr. Dean Perkins	
	Strategic Planning Report		P. 46
	Personnel Committee	James Henderson	
	Personnel Report		P. 47
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VI.	Old Business/New Business	Michael Foster	
VII.	Executive Session	Michael Foster	
	Anjanette Lloyd EEOC #'s 450-20109-00076, 450-2019-02768		
	John Moyle Cause # 18-4895-393		
	Sarah Gibbons EEOC # 450-2019-04360		
	Progressive Auto Claim # 19-4874088, Personal Injury File # 260052		
VIII.	Important Dates and Adjourn Meeting	Michael Foster	
	December Board Meeting - December 16th @ 6pm		

*** Items Requiring a Vote**

Agenda Item I: Called to order at 6:01pm by Michael Foster

Attendees: Michael Foster, Dale Tampke, James Henderson, Sara Schroeder, Lee Brown, Melissa Winans, Hamed Husain, April Powell

Absent: Trang Dang-Le, Judge David Garcia, Dr. Dean Perkins, Dr. Howard Shaw

Quorum was met.

Staff: Doreen Rue, Pam Barnes, Debra Layman, Larry Bisno, Teri Johnson

Guests:

Agenda Item II: Consent Agenda - Approval of September 2020 Board Minutes, September 2020 Financial Committee Minutes, September 2020 Financials, September 2020 Quality Committee Minutes, October 2020 Strategic Planning Committee Minutes, October 2020 Executive Committee Minutes, October 2020 MarCom Report (including approval of grants)

Motion to approve all consent items: *Melissa Winans*

Seconded: *Lee Brown*

Motion Passed Unanimously

Agenda Item III: Board Training: New HSNT Website, presented by Teri Johnson

- HSNT's MarCom team has been developing the new website for 18 months.
- The goal of the website is to make the services we provide and work we do easily accessible to patients.
- Reviews and Business Stakeholders are both featured on the homepage.
- Provider Page
 - Visitors can see the reviews, services, and patient stories connected to that provider.
 - Allows patients to see the talent and depth of experience we have at HSNT.
- Board Member Page
 - Helps elevate HSNT by showing credibility and strength of leadership.
 - Member Login provides access to board packets, etc.
- Donations Page
 - Highlights the work HSNT's work and community needs.
- Services Page
 - SEO optimized for discoverability.
- HSNT Blog
 - Helps improve SEO and connect new patients to HSNT.
- Questions:
 - Is there a plan or schedule for posts on the website?
 - Yes, posts are based on patient access goals and provider capacity.
 - What can board members do to help promote and increase visibility?
 - Follow, Like, and Share HSNT on social media.
 - Comments and support are seen and appreciated by the staff.

Agenda Item IV: CEO Report

- The pharmacy at Serve Denton will open in the first week of November.
- TACHC Conference
 - Sessions on 340b challenges and pharmacy best practices.
 - HSNT is experiencing the best of both worlds with the new pharmacy at Serve Denton.
 - It provides the best experience for patients, best management for pharmacy regulations, and allows for collaboration between providers and pharmacists.
- 340b Program
 - Pressure is increasing on HHS to enforce regulations to keep manufacturers from limiting medication availability.
 - NACHC filed suit this morning to allow CHCs to continue to serve high need populations.
 - HSNT is communicating with our patients to find solutions for medications that may not be available until this is solved.
- Toyota Partnership
 - This program will help identify areas where we can make changes and design HSNT to be sustainable in the future.
- Dashboard
 - Days in Cash doing well.
 - Operating Margin
 - PPP Loan not recognized in the financials, once it is the margin will correct itself.
 - Compliance Goals – Continues to stay high.
- Provider & Staff Satisfaction
 - HSNT providers participated in a survey with TACHC on provider engagement.
 - HSNT will conduct a survey for the full staff in late January/ early February.
 - HSNT uses the information from these surveys to address concerns or areas for improvement.
 - Overall HSNT had high scores compared to other responses.
 - Areas to address/ look into:
 - Work-Life Balance
 - Adoption of Televisits
 - Benefits Package
 - Valuing and Encouraging Feedback

Agenda Item V: Committee Reports

- **Executive Committee – Michael Foster Reporting**
 - Meeting Report
 - The committee reviewed and approved the Sick Leave Due to COVID-19 Policy and the Emergency Family Medical Leave Policy. The committee recommends ratification of both policies by the board.

The Executive Committee recommends the ratification of the Sick Leave Due to COVID-19 Policy and the Emergency Family Medical Leave Policy by the Governing Board.

Seconded: *Lee Brown*

Motion Passed Unanimously

- **Finance Committee – Dale Tampke Reporting**
 - Meeting Report
 - Grant issues with Ryan White and Dallas County are beginning to resolve.
 - September saw an uptick in patient revenue due to increased utilization.
 - PPP Loan Forgiveness
 - Paperwork to begin the forgiveness process is due at the end of the year.
 - HSNT is in a good position to have the loan forgiven.
 - HSNT received a medical supply in-kind donation that is also reflected in the expenses this month.
 - This results in a net zero on the financials but is tracked in other areas.
 - HSNT is still exploring refinancing the capital loan for 4304 Mesa Dr.
 - Connecting with more banks to explore all options.
 - Retirement Plan Audit
 - HSNT's 403B plan was audited and had no significant findings.
 - Some highly paid employees will receive redistributions.
 - HSNT is looking into administrative help with the plan to prevent this happening in the future.

The Finance Committee recommends the approval of the Retirement Plan Audit to the Governing Board.

Seconded: *Melissa Winans*

Motion Passed Unanimously

- **Quality Committee – Melissa Winans Reporting**
 - Meeting Report
 - The Quality Committee did not have a quorum at this month's meeting.
 - Patient Satisfaction remains high at 4.49 overall.
 - COVID-19
 - Testing
 - 2259 test so far, overall, 16% positivity rating.
 - Last week: 10.14% positivity rate.
 - A new FNP was hired to staff the sick clinic at 4308 Mesa Dr.
 - No new staff positives over the past 2 weeks.
 - HSNT expects to have its PCMH designation by the end of the year.
 - The new POD Model is performing well.
 - Quality metrics are on track and HSNT is close to meeting its quality incentive goals.

- Quarterly Policy Packet
 - The policies were reviewed by both Dr. Siegel and Debra Layman.
 - As there was no quorum at the committee meeting a motion from the board is required.

Motion to approve the Quarterly Policy Packet: *Hamed Husain*

Seconded: *Dale Tampke*

Motion Passed Unanimously

- **Strategic Planning Committee – Dale Tampke Reporting**
 - Meeting Report
 - Strategic Priorities – The committee reviewed the progress made on the 2020 strategic priorities so far.
 - 19 items in total with several at 100%.
 - Areas to focus on:
 - 340b
 - Gathering and analyzing data for patient retention.
 - PrEP Program
 - HRSA Review Topics: Contracts & Subawards and Collaborative Relationships
 - HSNT is meeting requirement for Contracts & Subawards and Collaborative Relationships.
 - The committee reviewed the policies and lists of relationships included in the board packet and no changes or updates are recommended at this time.

Agenda Item VI: Old/New Business

- Old Business – none to report.
- New Business – none to report.

Agenda Item VII: Executive Session

- Anjanette Lloyd EEOC #'s 450-20109-00076, 450-2019-02768
 - In the matter of Anjanette Lloyd EEOC 3's 450-2019-00076 & 450-2019-02768, the Governing Board ratified the Executive Committee's authorization of HSNT's CEO, Doreen Rue, to enter into mediation negotiations. The Board was also briefed on the outcome of the mediation that took place on 10/15/2020.
- John Moyle Cause # 18-4895-393
 - No report at this time.
- Sarah Gibbons EEOC # 450-2019-04360
 - No report at this time.
- Progressive Auto Claim # 19-4874088, Personal Injury File # 260052
 - No report at this time.

Agenda Item VIII: Important Dates

- November Board Meeting – November 18th @ 6pm – Virtual Meeting

Adjourned by Michael Foster at 7:10pm.

Board Secretary Approval _____ **Date** _____

Board President Approval _____ **Date** _____

Health Services of North Texas, Inc.
Finance Committee Meeting Agenda
November 18th, 2020; 7:30 am
ZOOM Invitation

Meeting ID: 946 7287 6318
Password: 217287
Call In Number: 1-346-248-7799

- I. Review and approve October 2020 minutes
- II. Review and Approve October 2020 Financials-
- III. FY2021 Budget Presentation
- IV. Legislative Update
- V. SBA PPP Forgiveness Update
- VI. 8:30am Adjournment-THANK YOU!

- HSNT Bank Account Reconciliations are available for review

IMPORTANT DATES:

- November 18th, 2020; 6:00pm HSNT Board Meeting
- November 17th, 2020; 7:30am HSNT Finance Committee Meeting



Finance Committee Meeting

Meeting Facilitator: Dale Tampke

Meeting Date: October 20, 2020

Time: 7:30 a.m.

Location: HSNT HQ ZOOM

Attendees: Dale Tampke, Lee Brown and Hamed Husain

Staff Present: Doreen Rue, Pam Barnes, Christopher Redden,

Debra Layman

Regrets: none

HSNT has moved to using Zoom for all meetings, an invitation with link to join as well as a call-in number will be sent prior to each meeting.

Agenda Item I: Review and Approve September 2020 minutes

Motion to accept: Lee Brown

Seconded: Dale Tampke

Motion Passed 3-0

Agenda Item II: Review and September 2020 Financials

Dale Tampke acknowledged notes to the financials as part of the minutes Ryan White grant budgets have been approved and Ryan White service revenue for July and August are recognized in September. Next month both September and October will be recognized. The committee discussed how HSNT is restricting services to fit the new funding award. The committee also discussed Medicaid overpayments and inquired if there is an industry standard in calculating a percentage of payments we should recognize as a liability. Pam will research and report back to the committee. HSNT still has recognized \$248,153 in Medicaid overpayments as of September 30, 2020. \$219,800 of those overpayments are from one Amerigroup dated back to 2017 when the FQHC Medicaid billing structure shifted

resulting in Amerigroup paying double for one claim. All this activity is record as a liability. Pam and the HSNT billing team made contact with a new Amerigroup Provider Relations Representative and are hopeful for some resolution moving forward.

Motion to accept: Lee Brown

Seconded: Hamed Husain

Motion Passed 3-0

Agenda Item III: Retirement Audit Review

The committee reviewed the Retirement Audit report. No noted transaction entered by the Plan during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the HSNT Retirement Financial Statements. The retirement financial statements are separate from the organizations operating financials. The committee discussed possible updates to the plan to limit participant contributions amounts to avoid failure of the required nondiscrimination testing and the additionally administration burden to replay those funds in the required timeframe. HSNT would need to retain expertise for guidance in updating HSNT Retirement Plan Document

Agenda Item IV: Capital Loan Refinance Update

Currently HSNT has communicated First United Bank to refinance the mortgage loan on 4304 Mesa Drive in Denton. On other financial institutions have been contacted yet. First United Bank is very interested in working with HSNT to refinance and has requested several more months of financial to determine HSNT operations and ability to repay the loan.

Agenda Item V: SBA PPP Forgiveness Update

The SBA PPP loan from First United Bank forgiveness application has been released. Pam learned in the TACHC CFO networking meeting that other FQHCs have been advised to recognize the loan as revenue when they spent the funds. HSNT has been advised by our audit team to keep the loan in a liability until the forgiveness process is complete. We have since learned that the bank can take up to two months to review the forgiveness application and the Small Business Association (SBA) can take up to three additional months to review the

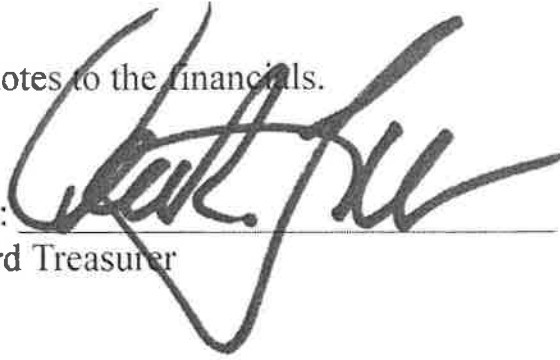
forgiveness application. This would put the recognition of this loan revenue into 2021 which will overstate revenues for 2021.

Pam will discuss with HSNT's audit team for additional advise as the rules continue to roll out.

October minutes include notes to the financials.

Board Treasurer Approval:

Dale Tampke, HSNT Board Treasurer

A handwritten signature in black ink, appearing to read "Dale Tampke", is written over a horizontal line. The signature is stylized and cursive.

Health Services of North Texas, Inc.
Statement of Financial Position
As of 10/31/2020

	Current Period	Last Month - Sept 2020	Prior Year End - Dec 2019	\$ Chge	% Chge
ASSETS					
Current Assets					
Operating Cash	<u>1,824,203.04</u>	<u>2,199,861.00</u>	<u>1,925,181.45</u>	<u>(100,978.41)</u>	<u>(0.05)</u>
Total Current Assets	1,824,203.04	2,199,861.00	1,925,181.45	(100,978.41)	(0.05)
Other Current Assets					
Grant Receivables	833,710.70	679,438.52	632,733.32	200,977.38	31.76%
340B Receivables	262,426.94	98,343.52	76,577.74	185,849.20	2.43
Medical Receivables	469,404.35	391,800.17	396,166.32	73,238.03	18.49%
Prepaid Expenses	55,698.69	66,707.78	20,571.50	35,127.19	100.00%
Deposits	11,429.25	11,429.25	11,429.25	0.00	0.00%
Inventory	<u>0.00</u>	<u>0.00</u>	<u>9,185.53</u>	<u>(9,185.53)</u>	<u>-100.00%</u>
Total Other Current Assets	1,632,669.93	1,247,719.24	1,146,663.66	486,006.27	42.38%
Short Term Investments					
Investment CDs	<u>562,996.81</u>	<u>562,996.81</u>	<u>559,676.71</u>	<u>3,320.10</u>	<u>0.59%</u>
Total Short Term Investments	562,996.81	562,996.81	559,676.71	3,320.10	0.59%
Long Term Assets					
Fixed Assets					
Medical Equipment	86,002.95	86,002.95	86,002.95	0.00	0.00%
Building Improvements	92,664.56	92,664.56	92,664.56	0.00	0.00%
4308 Mesa Denton Office	308,335.28	308,335.28	308,335.28	0.00	0.00%
4304 Mesa Medical Center	2,324,761.13	2,324,761.13	2,324,761.13	0.00	0.00%
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	145,853.15	145,853.15	145,853.15	0.00	0.00%
Vehicles	102,255.00	102,255.00	102,255.00	0.00	0.00%
4304 Land	257,000.00	257,000.00	257,000.00	0.00	100.00%
Accumulated Depreciation	<u>(624,753.88)</u>	<u>(612,783.89)</u>	<u>(504,532.38)</u>	<u>(120,221.50)</u>	<u>23.83%</u>
Total Fixed Assets	<u>2,899,699.15</u>	<u>2,911,669.14</u>	<u>3,019,920.65</u>	<u>(120,221.50)</u>	<u>-3.98%</u>
Total Long Term Assets	<u>2,899,699.15</u>	<u>2,911,669.14</u>	<u>3,019,920.65</u>	<u>(120,221.50)</u>	<u>(0.04)</u>
Total ASSETS	<u>6,919,568.93</u>	<u>6,922,246.19</u>	<u>6,651,442.47</u>	<u>268,126.46</u>	<u>4.03%</u>
LIABILITIES					
Current Liabilities					
Accounts Payable	1,458,527.49	1,455,068.08	166,111.92	1,292,415.57	778.04%
Accrued Payroll	341,664.63	328,017.13	394,494.67	(52,830.04)	-13.39%
Accrued Retirement	149,303.76	133,927.45	123,560.41	25,743.35	20.83%
Payroll Liabilities	(8,074.74)	(45,371.59)	12,244.96	(20,319.70)	-165.94%
Other Current Liability	<u>300,576.17</u>	<u>308,233.73</u>	<u>304,244.42</u>	<u>(3,668.25)</u>	<u>(0.01)</u>
Total Current Liabilities	2,241,997.31	2,179,874.80	1,000,656.38	1,241,340.93	124.05%
Long Term Liabilities					
Capital Loan	1,322,734.03	1,326,722.15	1,361,019.41	(38,285.38)	100.00
Total Long Term Liabilities	<u>1,322,734.03</u>	<u>1,326,722.15</u>	<u>1,361,019.41</u>	<u>(38,285.38)</u>	<u>100.00</u>
Total LIABILITIES	<u>3,564,731.34</u>	<u>3,506,596.95</u>	<u>2,361,675.79</u>	<u>1,203,055.55</u>	<u>50.94%</u>
NET ASSETS					
Net Assets at Beginning of Year	4,214,048.67	4,214,048.67	4,025,443.39	188,605.28	4.69%
Current Net Assets(Liabilities)	<u>(859,211.08)</u>	<u>(798,399.43)</u>	<u>187,745.55</u>	<u>(1,046,956.63)</u>	<u>-557.65%</u>
Total NET ASSETS	<u>3,354,837.59</u>	<u>3,415,649.24</u>	<u>4,213,188.94</u>	<u>(858,351.35)</u>	<u>-20.37%</u>
TOTAL LIABILITIES & NET ASSETS	<u>6,919,568.93</u>	<u>6,922,246.19</u>	<u>6,574,864.73</u>	<u>344,704.20</u>	<u>5.24%</u>

Health Services of North Texas, Inc.
Statement of Operations
From 10/1/2020 Through 10/31/2020

	Current Month	Last Month (09/01/2020 - 09/30/2020)	Current YTD	Prior YTD	FY2020 Budget	YTD Difference	% Budget
Patient Revenue							
Net Patient Rev	1,805,923.29	1,502,308.69	14,111,133.26	11,222,295.87	13,094,374.00	2,888,837.39)7.76)%
Uncollectible	(868,152.01)	(830,296.41)	(8,167,257.82)	(5,846,623.33)	(5,631,071.00)	(2,320,634.49))5.03)%
Total Patient Revenue	937,771.28	672,012.28	5,943,875.44	5,375,672.54	7,463,303.00	568,202.90	79.64)%
Other Revenue							
Grants	517,373.29	665,203.62	3,654,411.23	3,629,324.12	4,800,460.00	25,087.11	76.12)%
Other	65,298.72	380,808.50	1,216,948.18	680,960.14	991,299.00	535,988.04)2.76)%
Total Other Revenue	582,672.01	1,046,012.12	4,871,359.41	4,310,284.26	5,791,759.00	561,075.15	34.11)%
TOTAL Revenue	1,520,443.29	1,718,024.40	10,815,234.85	9,685,956.80	13,255,062.00	1,129,278.05	31.59)%
Expenses							
Personnel	969,085.72	637,077.76	6,648,543.12	5,633,640.86	7,878,425.00	1,014,902.26	84.38%
Medical Services	305,192.71	234,024.16	1,980,843.05	1,556,568.48	1,466,230.00	424,274.57	35.09%
Patient Care	35,813.30	37,057.74	368,950.41	429,156.38	560,300.00	(60,205.97)	65.84%
IT	79,932.35	85,211.74	702,018.89	532,728.88	822,383.00	169,290.01	85.36%
MarComm	6,922.95	7,946.79	100,503.59	68,938.37	197,330.00	31,565.22	50.93%
Occupancy	42,295.16	41,934.09	425,547.76	390,290.73	506,182.00	35,257.03	84.07%
Operating Costs	142,012.75	436,495.78	1,448,039.11	1,110,826.38	1,824,212.00	337,212.73	79.37%
Total Expenses	1,581,254.94	1,479,748.06	11,674,445.93	9,722,150.08	13,255,062.00	1,952,295.85	88.08%
Operating Income(Loss)	(60,811.65)	238,276.34	(859,211.08)	(36,193.28)	0.00	(823,017.80)	0.00%
Net Assets	(60,811.65)	238,276.34	(859,211.08)	(36,193.28)	0.00	(823,017.80)	0.00%

Health Services of North Texas, Inc.

Statement of Cash Flows

As of 10/31/2020

	<u>Current Period</u>	<u>Current Year</u>	<u>Prior Year YTD</u>
Cash Flows from Operating Activities			
Medicaid	424,001.76	3,310,892.06	3,410,171.59
Medicare	21,619.51	420,897.12	328,475.00
Private/Commercial	36,140.10	374,447.97	320,876.30
Self Pay	213,112.71	713,255.12	656,661.19
Program Income	313,137.90	1,217,109.49	737,198.59
Grants	199,017.69	3,191,567.91	4,033,365.53
Receipts from Contributors	65,298.72	1,213,768.59	676,612.28
Change in Inventory	0.00	9,185.53	0.00
Interest Received	0.00	3,179.59	4,347.86
Payments to Employees & Suppliers	<u>(1,635,143.08)</u>	<u>(10,449,641.18)</u>	<u>(9,699,764.65)</u>
Total Cash Flows from Operating Activities	<u>(362,814.69)</u>	<u>4,662.20</u>	<u>467,943.69</u>
Cash Flows from Capital Activities			
Capital Activity/Disposal of Assets	0.00	0.00	(83,829.65)
Capital Loan	<u>(9,407.35)</u>	<u>(94,073.50)</u>	<u>(94,073.50)</u>
Total Cash Flows from Capital Activities	<u>(9,407.35)</u>	<u>(94,073.50)</u>	<u>(177,903.15)</u>
Change in Medical Liability			
Change in Patient Refunds	<u>0.00</u>	<u>(8,636.45)</u>	<u>53,692.21</u>
Total Change in Medical Liability	<u>0.00</u>	<u>(8,636.45)</u>	<u>53,692.21</u>
Beginning Cash & Cash Equivalents	<u>2,746,211.33</u>	<u>2,472,037.04</u>	<u>1,586,753.54</u>
Ending Cash & Cash Equivalents	<u><u>2,373,989.29</u></u>	<u><u>2,373,989.29</u></u>	<u><u>1,930,486.29</u></u>

Health Services of North Texas, Inc.

Financial Ratios

October 2020

	FY2020 Goals	Fiscal Year To Date 2020	Fiscal Year End 2019
Quick Ratio Current Assets/Current Liabilities	9:1	1.65 : 1	3.54 : 1
Debt/Equity Total Liabilities/Total Net Assets	13.0%	106.3%	56.1%
Working Capital to Expense Ratio CA/CL divided by Expense/# month in Period	3 : 1	1.52 : 1	2.65 : 1
Long Term Debt to Equity Ratio	25%	39.4%	32.3%
Percentage of Admin & Fundraising <i>included estimate of new accounting standard</i>	25.0%	14.5%	15.5%
Number of Days - Cash	60	57	70
Number of Days - Liquidity	180	91	103
Accounts Receivable Days (Medical AR Collection Period)	50	40	23
Change In Net Assets to Expense (Net Assets/Total Expense)	3.0%	-7.4%	1.6%
Operating Margin (Change in Net Assets/Total Revenue)	0.5%	-9.24%	1.60%
Cash Flow	1.5%	-1.9%	30.5%
		FY2020	FY2019
Cost per Employee this month		\$7,126.03	\$4,394.18
		Rolling 12 Month Data	Fiscal Year End 2019
Cost per Employee R12		\$64,818.57	\$69,027.55
Average Hourly Rate R12		\$31.57	\$36.41
Cost Per Medical Encounter * ^{38,692}		\$336.68	\$301.50
Cost Per Medical Patient * ^{13,629}		\$1,005.81	\$900.80
Federal Cost Per Medical Patient		\$102.94	\$130.28

* Cost per Medical Encounter and Cost per Patient calculations updated for 2018 year end financials moving forward.

*Cost per Employee and Hourly Rate updated to a rolling 12 months in August 2019

Governing Board Quality Committee Minutes 10.21.2020

Attendees: Melissa Winans, Debra Layman, Doreen Rue

Absent: Dr. Howard Shaw, Dr. Dean Perkins, Dr. Jason Siegel

Guests:

Topic	Roll Call and Acceptance of Minutes	Action	Responsible Party	Follow-Up
Welcome & Roll Call	Called to Order at 5:00pm	Quorum Not Met		
Approval of minutes	Agency Minutes from August 2020 and Committee Minutes from August 2020: Moved by Dr. Dean Perkins and seconded by Melissa Winans.	Deferred to November		
New PDSAs				
	<ul style="list-style-type: none"> • New PDSAs will be reported to the committee next month. 	Report to the Board		
Patient Satisfaction				
	<ul style="list-style-type: none"> • Social Climb Snapshot <ul style="list-style-type: none"> ○ Social Media Reviews <ul style="list-style-type: none"> ▪ September 2020: 4.76 ▪ All-time: 4.49 • Executive Report <ul style="list-style-type: none"> ○ Summary of ratings and comments. <ul style="list-style-type: none"> ▪ Shows breakdown of negative and positive comments by keywords. ○ Website views increasing for CCMC. 	Report to the Board		
Update on Existing Quality Initiatives				
COVID-19 Response	<ul style="list-style-type: none"> • Testing update <ul style="list-style-type: none"> ○ 10.14% w/o 10.12.20 ○ 16.33% YTD ○ Total tests 2259 ○ Numbers more in line with the state numbers than we have seen previously. 	Report to the Board		

	<ul style="list-style-type: none"> ● HSNT hired an FNP to staff the 4308 location as a sick, non-emergency, clinic. <ul style="list-style-type: none"> ○ Prepping for “Flu-VID” season. ○ Patients are screened as they make appointments and as they arrive at clinic locations. <ul style="list-style-type: none"> ▪ Patients are redirected to 4308 if they screen positive. ● PPE supplies are holding strong. <ul style="list-style-type: none"> ○ 4308 – staff is in full PPE. ○ Other locations: mask and face shield ○ No staff members have tested positive in the last 2 weeks. 			
PCMH Update	<ul style="list-style-type: none"> ● HSNT started the application process in July 2020. ● Debra and Karishma meet 2 times a week with consultant to discuss application steps and data preparation. ● Expect to have accreditation in December. ● POD model transition helped accelerate application process, meeting requirements. ● Process moving forward and efficiently, excited about progress. ● Originally explored accreditation progress in 2017. 	Report to the Board		
Patient Access 2020 Update: Call Center Metrics	<ul style="list-style-type: none"> ● HSNT is seeing dramatic improvement in answered call numbers along with an increase in call volume. ● Talk time is also decreasing. <ul style="list-style-type: none"> ○ Believe this is due to getting the patient connected to the right person on the first try. ○ The teams are engaged and working to have the lowest abandonment rates possible. 	Report to the Board		
Quality Meeting Dashboard				
HEDIS & UDS	<ul style="list-style-type: none"> ● Metrics are tracking well overall. ● Women’s Health is struggling with early entry to prenatal care. <ul style="list-style-type: none"> ○ This continues to be a challenge for HSNT. ● Colorectal screening 	Report to the Board		

	<ul style="list-style-type: none"> ○ We don't know how much more traction is possible but continuing to push through the end of the year. ● Still no toolkit for new measures - UDS ● Cervical cancer screening numbers slipped, but we are working to improve them. ● We will continue to push on pneumonia vaccines through the end of the year. ● Believe we will hit diabetes metrics. ● Potentially able to partner with THR for prenatal and or diabetes for group classes and support. <ul style="list-style-type: none"> ○ Happy to explore, many of HSNTs prenatal patients are not first-time moms ○ May help with keeping new mothers in care at HSNT. 			
Incentive Goals	<ul style="list-style-type: none"> ● Peds performing very well. ● Primary Care has opportunities to increase scores. ● WH - slipped on tobacco - will refocus. ● Hoping to increase as we go for the end of the year 	Report to the Board		
Other Items				
Quarterly Policy Packet	<ul style="list-style-type: none"> ● Most policies are operational in nature. ● All policies were reviewed by Debra Layman and Dr. Siegel. ● Will be presented to the board. 	Report to the Board		
Information to Report to the Board				
	<ul style="list-style-type: none"> ● Patient Satisfaction ● Progress on Quality Metrics and Incentive Goals ● Patient Access 2020 Update ● PCMH Progress ● COVID-19 Response Update ● Policy Packet 	Report to the Board		

Meeting Adjourned: 5:44pm

Committee Facilitator: Debra Layman

Next Meeting: 11.18.20

Grants & MarCom Monthly Report November 2020



Keeping HSNT Top of Mind & Building Relationships

- MarCom is paving the way for anticipated growth in the Denton Pediatric program through increased marketing. See Kroger grocery cart ad!
- Business Stakeholder Program letter and invites to participate will be mailed to 50 businesses in November.
- As we are looking to finish the year strong, MarCom has established a strategy for end of year giving and it will launch the just before Thanksgiving.
- The Denton Noon Rotary club is graciously remodeling the waiting room at DSC including much needed new flooring!
- Argyle United Methodist Church is hosting a drive through Thanksgiving Meal pick up for patients.



Digital Marketing and Website

- Website metrics for October- 7,886 Unique Visitors and 11,156 Sessions- BREAKING records! New website is performing very well with new patient appointment requests and increased number of website visitors.
- Top 5 Service Pages in order: STI & STD Screening, Depression & Anxiety, Psychiatric Care, Well Woman Exam, In House Lab & Testing

Key Campaigns

- General Awareness Campaigns | Pediatrics | HIV & Infectious Disease Services | Medicare
- General HSNT Awareness through mission video, board member spotlights, patient stories and provider spotlights. **Check out the blog content on our new website!**

Up Next

- Medicare Focus | HIV and PrEP Service Marketing
- Business Stakeholder development for 2021
- Identify and develop new grantors
- End of year giving campaign
- Trammell Group, Footlight Fundraising Series goes live virtually on December 12th. Be on the lookout for an invitation.

Key Grant Metrics

Total Awarded in September: \$39,998
 Texas Women's Foundation \$30,000
 Denton Benefit League \$9,998

4 Grant Proposals in Process
 \$170,000 Value

13 Grant Proposals Awaiting Decision
 \$865,055 Value

Grant proposals/submissions for approval

THR Clinic Connect Plano	CCMC primary care	\$25,000	November
CoServ Charitable Foundation	Denton medical visits	\$20,000	November
BNSF Railway Foundation	Denton Medical visits	\$5,000	November
FQHC Change in Scope	Update hours of operation	n/a	November
FQHC Change in Scope	Update services	n/a	November

**Year-to-date, HSNT has submitted 65 Grant Proposals.
 A 35% increase over 2019. 15 to NEW funders.**

714

**NEW PATIENTS in
 October**

502

**appointment requests
 via website in October**

**Established Patient: 215
 New Patient: 287**

Patient Comment

"Knowledgeable, helpful people. Friendly and open. Great healthcare. Recently had another appointment and can not praise the staff and providers enough. During this pandemic, very thoughtful, safe and well informed."

**Follow HSNT on
 Social Media**

BPR Project Narrative Update From Electronic Handbook

Organizational Capacity (2,000 characters)

Discuss current major changes, since the last budget period, in the organization's capacity that have impacted or may impact the progress of the funded project, including changes in:

- **Staffing, including key vacancies**
- **Operations, including changes in policies and procedures as they relate to COVID-19**
- **Financial status, including the most current audit findings, as applicable.**

Staffing: To respond to COVID-19 and address the current healthcare needs of our service area, HSNT hired 3 new Licensed Vocational Nurses and 2 new Family Nurse Practitioners in 2020. In 2021, HSNT plans to hire a new pediatrician and mental health team member to further address the increasing need for accessible medical and mental healthcare in our service area.

Operations: To ensure the safety of patients and staff during the COVID-19 pandemic, HSNT implemented multiple changes to operational policies and procedures. Per these updated policies, all patients and staff are screened for fever upon entrance to any HSNT site (health centers and administrative office). Staff must wear appropriate personal protective equipment (PPE) for their role (masks at minimum), and patients are required to wear a mask within HSNT facilities. Other new safety procedures for in-person appointments include separate locations for sick and well visits and a detailed screening protocol to route patients to the most appropriate team member and location based on their responses to certain questions. We have also minimized the use of our waiting rooms by requesting that patients wait in their cars until we notify them that it is time for their appointment through a pager system.

In 2020, HSNT significantly expanded utilization of telehealth services in response to COVID-19. We previously only provided e-psychiatry services via telehealth through a contracted partner, but we now offer all services (i.e. medical, mental health, enabling) via telehealth.

Financial status: There were no findings noted in HSNT's 2019 audit. HSNT is updating our internal financial system to document revenue and expenses by program (e.g. family practice, behavioral health, gynecology, pediatrics, psychiatry, etc.) to provide data on the cost per encounter by program.

Patient Capacity

Discuss trends in unduplicated patients served and report progress in reaching the projected number of patients. In the Patient Capacity Narrative column, explain any negative trends or limited progress toward the projected number of patients and plans for achievement.

Total unduplicated patients (2,000 characters)

As of 11/9/20, HSNT served 13,385 total unduplicated patients year-to-date. This exceeds our goal of 12,910 patients served in 2020, as well as the number of unduplicated patients served in 2018 or 2019.

Mid-2019, we opened a new health center inside a large facility housing up to 20 other nonprofit organizations, and this new location has contributed to our increase in patients served. Our capacity to serve additional patients will further increase after we hire the additional providers planned for 2021.

Although HSNT has seen an increase in the number of patients served in 2020 compared to previous years, we experienced a decrease in provider utilization due to COVID-19. The increase in patients is due to additional providers being hired at the end of 2019 and in 2020, which increased our capacity to serve more patients. CARES Act grant funding from HRSA is supporting HSNT's sustainability and ability to maintain current staffing levels in spite of this decreased utilization.

Total migratory and seasonal agricultural worker patients (2,000 characters)

Year-to-date, HSNT has not served any migratory or seasonal agricultural workers. Due to service area demographics, we did not project to serve any patients within this specific population. HSNT has not served any patients who identified as migratory and seasonal agricultural workers since 2017 (27 patients served).

Total people experiencing homelessness patients (2,000 characters)

As of 11/9/20, HSNT served 220 patients experiencing homelessness. This exceeds our projection of 200 and represents an increase in the number of homeless patients served in 2018 and 2019. We have expanded outreach efforts to local agencies serving the homeless to bring awareness about HSNT's services.

Total public housing resident patients (2,000 characters)

As of 11/9/20, HSNT has not served any patients living in public housing. We did not project to serve patients within this specific population because there is a shortage of public housing facilities within our service area. HSNT did not serve any public housing residents between 2017-2019.

Total medical services patients (2,000 characters)

As of 11/9/20, HSNT served 13,309 medical patients. This exceeds our goal of 12,850 medical patients to be served in 2020, as well as the number of medical patients served in 2018 or 2019..

Total dental services patients (2,000 characters)

HSNT does not currently have a dental program, so no dental patients were served in 2020. However, our pediatric providers do a visual oral screening on children 2-17 years old, provide dental education, and refer patients to dental care if a need is identified. We are planning to establish a dental program when sufficient funding and resources are secured.

Total mental health services patients (2,000 characters)

As of 11/9/20, HSNT served 604 mental health patients, which exceeds our goal of 175 and represents a continuous positive trend since 2016. HSNT has expanded our mental health program through Access Increases in Mental Health and Substance Abuse Services (AIMS), Substance Use Disorder and Mental Health (SUD-MH), and Integrated Behavioral Health Services (IBHS) grant funding, which has contributed to the increase in mental health patients served. In keeping with our IBHS grant proposal, HSNT will hire an additional 0.5 FTE mental health team member by 4/30/2021 to further respond to the growing need for mental health services.

Total substance use disorder services patients (2,000 characters)

As of 11/9/20, HSNT has not served any substance use disorder patients year-to-date, and only served 7 substance use disorder patients between 2017-2019. We did not project to serve any patients in this category, but we utilize a contracted substance use disorder provider if a need is identified. All patients are screened for substance use disorder, and this screening is documented in the progress notes.

Total enabling services patients (2,000 characters)

As of 11/10/20, HSNT served 2,857 enabling services patients, which exceeds our goal of 1,580 and is approaching the number of enabling services patients served in 2019. This number is expected to stay stable as care managers continue supporting HSNT patients.

Total vision services

HSNT does not employ ophthalmologists, optometrists, or other vision care staff, so no vision services were provided in 2020.

Supplemental Awards (2,000 characters)

In the Supplemental Award Narrative column, describe the following:

- **Implementation status and progress toward achieving goals, including progress toward meeting projected outcomes (including actual vs. projected patients) and implementing newly proposed sites/services, as applicable;**
- **Key factors impacting progress toward achieving goals, including an explanation of the impact of any new or changing environmental factors (state/local/community) on supplemental award progress; and**
- **Plans for sustaining progress and/or overcoming barriers (including environmental barriers) to ensure goal achievement.**

FY 2019 Integrated Behavioral Health Services (IBHS)

HSNT will use this grant to hire a 0.5 FTE mental health team member to increase access to mental health services. We have experienced some challenges in hiring for this position due to the increased demand for these services caused by COVID-19. However, we will hire this new team member before the extended deadline of 4/30/21.

HSNT projected that 10 existing patients will newly access MH services by 12/31/20. As of 11/3/20, 144 existing medical patients had newly accessed these services in 2020. HSNT also projected that 10 new patients would access MH services by 12/31/20. By 11/3/20, 28 new patients had accessed these services during the year.

We have significantly increased access to mental health services through the use of telehealth. Since April of 2020 all mental health services have been provided through virtual visits, which not only increases the accessibility of services but also reduces the risk of COVID-19 transmission. HSNT will sustain access to mental healthcare through strategic staffing of our mental health care team.

One HSNT mental health team member has completed Eye Movement Desensitization and Reprocessing (EMDR) training, which is used to treat post-traumatic stress disorder (PTSD). This skill set will increase the therapeutic services available to patients experiencing PTSD. In 2021, HSNT will overcome availability and cost barriers to provide trauma-informed care training to select staff.

HSNT has also succeeded in enhancing cybersecurity training modules by upgrading to a new HIPAA training system (Healthicity). We have added monthly cybersecurity phishing (email security) training and testing using Sophos, as well as security control filtering to work with our firewalls by maintaining a record of dangerous websites. The new filtering system verifies new domains to prevent hacking, phishing, and ransomware.

One-Time Funding Awards (2,000 characters each)

Use the checkboxes in the Allowable Activities column to indicate the allowable activities that are taking place or have taken place in your health center. In the Activities column, discuss those activities (identified via checkmark) and their impact.

FY 2019 Health Center Quality Improvement (August 2019)

HSNT used our FY 2019 Quality Improvement award to support quality improvement initiatives performed by our contracted Clinical Informatics Consultant. These activities include setting up HSNT’s Electronic Health Record (EHR) for tracking and reporting, and training providers on workflow processes. These initiatives support HSNT’s Quality Improvement Program through accurate reports to measure progress on patient health outcomes, correct documentation of clinical measures and Healthcare Effectiveness Data and Information Set (HEDIS) measures in the EHR system, and analyzing patient health outcome data to determine strategies for improvement. The Clinical Informatics Consultant also supported our implementation of telehealth services by training providers on the required processes in the EHR system, and she is supporting HSNT as we work toward our goal of Patient-Centered Medical Home recognition.

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Form 1C: Documents on File

OMB No.: 0915-0285. Expiration Date: 3/31/2023

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 1C: DOCUMENTS ON FILE	FOR HRSA USE ONLY	
	LAL Number	Application Tracking Number
Note: Date of Last Review/Revision must use the date format of MM/DD/YYYY. This listing does not include all policy/procedure documents required to be maintained on file. Records demonstrating implementation of required policies and procedures must also be available for review.		
Management and Finance	Date of Last Review/Revision (MM/DD/YYYY)	Not Applicable (N/A)
Personnel policies, including selection and dismissal procedures, salary and benefit scales, employee grievance procedures, and equal opportunity practices.	1/15/20	
Procurement procedures.	1/22/19	
Standards of Conduct/Conflict of Interest policies/procedures.	6/20/19	
Financial Management/Accounting and Internal Control policies and/or procedures to ensure awarded Health Center Program federal funds are not expended for restricted activities.	1/22/19	
<ul style="list-style-type: none"> Financial Management/Accounting and Internal Control policies/procedures related to restrictions on the use of federal funds for the purchase of sterile needles or syringes for the hypodermic injection of any illegal drug.¹ (Only applicable if your organization provides syringe exchange services or is otherwise engaged in syringe service programs; otherwise, indicate as N/A). 		n/a
<ul style="list-style-type: none"> Financial Management/Accounting and Internal Control policies/procedures related to restrictions on the use of federal funds to provide abortion services, except in cases of rape or incest or where there is a threat to the life of the mother.² (Only applicable if your organization provides abortion services; otherwise, indicate as N/A). 		n/a
Billing and Collections policies/procedures, including those regarding waivers or fee reductions and refusal to pay.	1/22/19	

¹ [Pub. L. 115-141, Consolidated Appropriations Act, 2018](#), Division H, Title V, Section 520

² [Pub. L. 115-141, Consolidated Appropriations Act, 2018](#), Division H, Title V, Sections 506 and 507

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 1C: DOCUMENTS ON FILE	FOR HRSA USE ONLY	
	LAL Number	Application Tracking Number
Services	Date of Last Review/Revision (maximum 100 characters)	
Credentialing/Privileging operating procedures.	6/20/19	
Coverage for Medical Emergencies During and After Hours operating procedures.	3/20/19	
Continuity of Care/Hospital Admitting operating procedures.	3/20/19	
Sliding Fee Discount Program policies, operating procedures, and sliding fee schedule.	8/7/19	
Quality Improvement/Assurance Program policies and operating procedures that address clinical services and management, patient safety, and confidentiality of patient records.	5/15/19	
Governance	Date of Last Review/Revision (maximum 100 characters)	Not Applicable (N/A)
Governing Board Bylaws.	8/10/19	
Co-Applicant Agreement (Only applicable to public entity health centers; otherwise, indicate as N/A.)		n/a

Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) deliver comprehensive, high quality, cost-effective primary health care to patients regardless of their ability to pay. The Health Center Program application forms provide essential information to HRSA staff and objective review committee panels for application evaluation; funding recommendation and approval; designation; and monitoring. The OMB control number for this information collection is 0915-0285 and it is valid until 3/31/2023. This information collection is mandatory under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act (42 U.S.C. 254b). Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

Instructions

This form provides a summary of documents that support the implementation of Health Center Program requirements, as outlined in the Health Center Program [Compliance Manual](#); however, it does not provide an exhaustive list of all types of health center documents (e.g., policies and procedures, protocols, legal documents).

You must provide the date that each document was last reviewed/revised or select Not Applicable (N/A).

DO NOT submit these documents with the application. HRSA will review these documents as part of an [Operational Site Visit](#) and/or may request these for review post-award.

Note: Beyond Health Center Program requirements, other federal and state requirements may apply. You are encouraged to seek legal advice from your counsel to ensure that organizational documents accurately reflect all applicable requirements.

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Legislative Mandate Review

Summary:

- The Legislative Mandate Review Policy ensures HSNT is compliant with all federal requirements on the use of federally allocated grant dollars.
- Any updates to these requirements occur with the passage of a new Appropriations Bill.
- Currently, we are under a continuing resolution set to expire in December.
- No new requirements have been added and HSNT is compliant with all legislative mandates.
- We do not recommend any changes to the Legislative Mandate Review Policy at this time.

ACTION:

Reviewed by:

• Pam Barnes, CFO _____ Date: _____

• Doreen Rue, CEO _____ Date: _____

Governing Board Finance Committee Review:

_____ Date: _____

Governing Board Review:

_____ Date: _____

(President)



External Grants Policy Bulletin

Legislative Mandates in Grants Management for FY 2020

Bulletin Number: 2020-04E

Release Date: February 7, 2020

Related Bulletins: Replaces 2019-02E

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 Further Consolidated Appropriations Act, 2020 (Public Law 116-94), signed into law on December 20, 2019, which provides funding to the Health Resources and Services Administration (HRSA) for the fiscal year ending September 30, 2020. 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 2020. Legislative mandates remain in effect until a new appropriation bill is passed setting a new list of requirements. There is one requirement mandated by the Consolidated Appropriations Act 2020 (Public Law 116-93), signed into law on December 20, 2019. The FY 2020 list of legislative mandates for HRSA award recipients is the same as the FY 2019 list.

Implementation

FY 2020 Legislative Mandates are as follows:

Division A, Title II

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

Division A, 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 of Pornography on Computer Networks (Section 520)
- (10) Restriction on Funding ACORN (Section 521)
- (11) Restriction on Distribution of Sterile Needles (Section 527)

Division C, Title VII¹

¹ Consolidated Appropriations Act 2020 (Public Law 116-93), signed into law on December 20, 2019.

(12) Confidentiality Agreements (Section 742)

Details:

Division A, 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 \$197,300 as of January 1, 2020.

(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 A, 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.
- (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 of Pornography on Computer Networks (Section 520)

"(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."

(10) Restrictions on Funding ACORN (Section 521)

"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."

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

"Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to purchase 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."

The following Legislative Mandate is part of the Consolidated Appropriations Act, 2020.

Division C Title VII

(12) 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.

(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

- [Further Consolidated Appropriations Act, 2020](#)
- [Consolidated Appropriations Act, 2020](#)

Inquiries

Inquiries regarding this bulletin 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

Frequently Asked Questions

1. Do award recipients have to adhere to all twelve of these legislative mandates?

Yes, by signing the Notice of Award (NoA), an award recipient is agreeing to adhere to all of these mandates in carrying out their project.

2. Since these requirements are in the annual appropriation acts, do they change every year; and will we be required to implement any changes in future years?

Yes, the appropriation acts are issued annually. There have not been changes in the past couple of years to the legislative mandates, however, each year when the award recipient signs the NoA they are agreeing to adhere to the current legislative mandates.



LEGISLATIVE MANDATES RESTRICTING THE USES OF FEDERAL GRANT FUNDS

ADMIN008

POLICY:

I. Background: Compliance with Appropriations Act

The Consolidated Appropriations Act 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.”

II. Statement of Purpose and Policy

Health Services of North Texas (HSNT) is committed to compliance with all applicable laws and regulations. The purpose of this policy and the associated procedures is to provide safeguards to ensure HSNT’s compliance with the Legislative Mandates.

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

- (1) Salary Limitation
- (2) Gun Control
- (3) Anti-Lobbying
- (4) Acknowledgment of Federal Funding
- (5) Restriction on Abortions
- (6) Exceptions to Restriction on Abortions
- (7) Ban on Funding Human Embryo Research
- (8) Limitation on Use of Funds for Promotion of Legalization of Controlled Substances
- (9) Restriction of Pornography on Computer Networks
- (10) Restriction on Funding ACORN
- (11) Restriction on Distribution of Sterile Needles
- (12) Confidentiality Agreements

Policy

(1) **Salary Limitation**

HSNT shall not use federal grant funds to pay the salary of an individual at a rate in excess of Executive Level II.

(2) **Gun Control**

HSNT shall not use federal grant funds to advocate or promote gun control.

(3) **Anti-Lobbying**

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

- i. For publicity or propaganda purposes;
- ii. 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. HSNT shall not use federal grant funds to pay the salary or expenses of any employee or agent of HSNT 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) Acknowledgment of Federal Funding

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, HSNT 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. the percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.

(5) and (6) Restrictions on Abortions, and Exceptions to these Restrictions

HSNT shall not use federal grant funds for any abortion or for health benefits coverage that includes coverage of abortion. These restrictions shall not apply to abortions (or health benefits coverage of abortions) that fall within the Hyde amendment exceptions.¹
2

(7) Ban on Funding of Human Embryo Research

HSNT shall not use federal grant funds for (i) the creation of human embryos for research purposes; or (ii) 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

HSNT 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.³

(9) Restriction of Pornography on Computer Networks⁴

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

¹ The Hyde Amendment exceptions include (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.

² HSNT also maintains a policy and procedure relevant to this restriction. TX006- Fertility Regulation Policy.

³ The Legislative Mandates provide a potential exception when “there is significant medical evidence of a therapeutic advantage to the use of [the] drug or other substance or that federally sponsored clinical trials are being conducted to determine therapeutic advantage.” HSNT will consult with legal counsel prior to using this potential exception.

⁴ HSNT also maintains a policy and procedure relevant to this restriction. HIP001- Acceptable Use Policy.

(10) Restriction on Funding ACORN

HSNT 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

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

(12) Confidentiality Agreements

HSNT 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.

DocuSigned by:

ATCFE4BDC434BC...
Chief Executive Officer

11/25/2019
Date

DocuSigned by:

5B46A7309C3C47F...
Board of Directors Representative

12/3/2019
Date

Revision to Policy:
Board approved revision:

PROCEDURE:**1. Review and Updates of this Policy and Procedure**

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

2. Legislative Mandates Training

The CEO shall ensure that the accounting and management staff receives training regarding the Legislative Mandates and the procedures set forth in this policy and procedure.

3. Compliance Program

This Legislative Mandates policy and procedure will be incorporated into HSNT's Compliance Program.

4. Financial Management

The Chief Financial Officer (CFO) shall ensure that HSNT'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 and procedure. As necessary, the CFO may establish cost centers/accounts for the accumulation and segregation of such costs. The CFO may use any practical means to do so, consistent with HSNT's financial management policies (including by establishing appropriate cost centers and associated accounts to accumulate and segregate the following costs where necessary). Through this process, HSNT will adhere to the Legislative Mandates restrictions on use of federal funds for:

- i. "Lobbying" or other "advocacy" activities that may meet the definitions of the applicable Legislative Mandate sections (as well as 45 C.F.R. § 75.450) (including certain advocacy relating to gun control, legalization of controlled substances, consumer products, and other advocacy);
- ii. Payment of a salary (or associated fringe benefits) at a rate in excess of the Executive Level II pay scale;
- iii. Abortions or health benefits coverage that includes coverage of abortion (this restriction shall not apply to abortions (or health benefits coverage of abortions) that fall within the Hyde Amendment exceptions);
- iv. Activities related to distribution of sterile needles for hypodermic injection of any illegal drug;

- v. Human embryo research; and
- vi. Business transactions with (including the funding of) the Association of Community Organizations for Reform Now (“ACORN”).

5. Acknowledgement of Federal Funding

All statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with federal money, will be reviewed and approved by HSNT’s Director of Marketing and Communication. The Director of Marketing and Communication shall ensure that such written material include the following:

“This [publication/procurement] is issued in furtherance of HSNT’s federally funded health center project. This year, HSNT’s health center project received \$ [insert] of federal assistance, which is estimated as constituting [insert] percent of project costs. Of total project costs for this year, HSNT estimates \$ [insert], representing [insert] percent of project costs will be financed with nongovernmental sources.”

6. Restriction of Pornography on Computer Networks

HSNT’s computer network is and shall remain configured to block the viewing, downloading, and exchange of pornography. The CEO, in collaboration with the Chief Information Officer (“CIO”) shall ensure appropriate information technology assets and support are made available to ensure continued compliance.

7. Confidentiality Agreements

HSNT’s Compliance Officer shall review any and all confidentiality agreements entered into between HSNT and its employees and/or contractors and, prior to execution, shall confirm that such agreements do not prohibit or otherwise restrict the employee/contractor from lawfully reporting waste, fraud, or abuse to (i) federal law enforcement or other federal investigative personnel, or (ii) other representatives of federal departments and agencies.

FY2021 Budget Packet Summary

Health Services of North Texas projections are based on financial development and operation activities. Projection as also based on retaining provider FTE for full 12 months operating at projected capacity. Following explanation details the percentages and activities used in the projections.

Statement of Financial Position (Balance Sheet) Increase/Decrease based on FY2020 Year End Projections

CASH

- Projected full receipt of Projected Income and ending the year at 60 days

OTHER CURRENT ASSETS

- Medical AR projected 8% Total Patient Revenue
- Grant Receivable projected 15% Grant Revenue
- 340B Receivable projected 4% Total Patient Revenue
- Inventory included 340B medications at Denton Prescription Shop (HSNT contracted 340B pharmacy) that have not been dispensed. HSNT implemented 340Basic administrative third-party organization that uses an application to allow the pharmacy to use a virtual inventory rather than purchasing medications that sit on a shelf until dispensed.

FIXED ASSETS

- No Fix Asset purchases budgeted for 2021

LIABILITIES

- Accounts Payable 3% of total expenditures
- Accrued Payroll 8% of Salaries
- Accrued Retirement 3.5% of Salaries
- Capital Loan 4.75% Interest and principle (current loan balance \$1,368,496)
- Medicaid Overpayment included

NET ASSETS

- Projected

Statement of Operations (Income Statement) Increase/Decrease based on FY2020 Year End Projection

REVENUE

- 47% increase in total patient revenue (\$3,610,180)
- 17% increase in other revenue (\$1,036,864) FY2020 year end projection includes SPA PPP loan of \$1,254,200 which is not included in FY2021. If we removed P3, HSNT is projecting a 4% increase in grant and other revenue generating activity.

EXPENSE

- 9% increase in personnel- budget includes two Medical Doctors
- 39% decrease in Medical Services. This includes contract medical provider and the organization uses this line item to contract providers when employing MDs is not available. Also included Labs, Referrals, Imaging and Medications.
- 19% Increase in patient care. Includes Housing, Patient Insurance Premium Assistance and Patient Transportation.
- Level IT Budget represents 6% of Agency Budget.
- MarCom New Line Item this year. Restructure Development Department.
- 11% decrease in Occupancy
- 34% decrease in operating costs

Cash Flow and Financial Ratios based on FY2020 Year End Projections

- 60 Days in cash
- 101 Days in Liquidity
- Operating Margin 0.32% increase
- Cash Flow 4.9% increase

Health Services of North Texas, Inc.
Statement of Financial Position Projections

	2020 Year End Projection	2021 Projection	\$ Chge	% Chge
ASSETS				
Current Assets				
Operating Cash	2,026,771	1,971,352	(55,419)	-2.7%
Other Current Assets				
Medical Receivable	625,776	914,590	288,814	46.2%
Grant Receivable	637,500	650,590	13,090	2.1%
340B Receivable	312,888	457,295	144,407	46.2%
Prepaid Expenses	58,000	62,500	4,500	7.8%
Deposits	11,430	11,430	0	0.0%
Inventory	<u>0</u>	<u>0</u>	<u>0</u>	<u>0.0%</u>
Total Other Current Assets	1,645,594	2,096,406	450,812	27.4%
Short Term Investments				
Investment CDs	565,200	570,200	5,000	0.9%
Long Term Assets				
Fixed Assets				
Medical Equipment	86,003	86,003	0	0.0%
Building Improvements	92,665	92,665	0	0.0%
4308 Mesa Denton Office	308,335	308,335	0	0.0%
4304 Mesa Medical Center	2,324,761	2,324,761	0	0.0%
Software Applications	112,081	112,081	0	0.0%
Telephone Systems	95,500	95,500	0	0.0%
IT Equipment	145,853	145,853	0	0.0%
Vehicles	102,255	102,255	0	0.0%
4304 Land	257,000	257,000	0	0.0%
Accumulated Depreciation	<u>(648,854)</u>	<u>(792,854)</u>	<u>(144,000)</u>	<u>22.2%</u>
Total Fixed Assets	<u>2,875,599</u>	<u>2,731,599</u>	<u>(144,000)</u>	<u>-5.0%</u>
Total Long Term Assets	<u>2,875,599</u>	<u>2,731,599</u>	<u>(144,000)</u>	<u>-5.0%</u>
Total ASSETS	<u>7,113,164</u>	<u>7,369,557</u>	<u>256,393</u>	<u>3.6%</u>
LIABILITIES				
Current Liabilities				
Accounts Payable	441,025	501,009	59,984	13.6%
Accrued Payroll	534,800	625,097	90,297	16.9%
Accrued Retirement	200,550	273,480	72,930	36.4%
Payroll Liabilities	53,480	62,510	9,030	16.9%
Other Current Liabilities	<u>310,000</u>	<u>310,000</u>	<u>0</u>	<u>0.0%</u>
Total Current Liabilities	1,539,855	1,772,095	232,241	15.1%
Long Term Liabilities				
Capital Loan	<u>1,314,750</u>	<u>1,274,855</u>	<u>(39,895)</u>	<u>-3.0%</u>
Total LIABILITIES	<u>2,854,605</u>	<u>3,046,950</u>	<u>192,346</u>	<u>6.7%</u>
NET ASSETS				
Fund Balances				
Net Assets at Beginning of Year	4,214,049	4,258,559	44,510	1.1%
Current Net Assets(Liabilities)	<u>44,510</u>	<u>64,048</u>	<u>19,538</u>	<u>43.9%</u>
Total Fund Balances	<u>4,258,559</u>	<u>4,322,607</u>	<u>64,048</u>	<u>1.5%</u>
Total NET ASSETS	<u>4,258,559</u>	<u>4,322,607</u>	<u>64,048</u>	<u>1.5%</u>
TOTAL LIABILITIES & NET ASSETS	<u>7,113,163</u>	<u>7,369,557</u>	<u>256,394</u>	<u>3.6%</u>

Health Services of North Texas, Inc.
 Projected Statement of Operations
 FY2020 to FY2021 Comparison

	2020 Projection	2021 Projection
Patient Revenue	\$ 20,765,000	\$ 28,784,071
Net Patient Rev	<u>\$ (12,942,800)</u>	<u>\$ (17,351,691)</u>
Uncollectible	\$ 7,822,200	\$ 11,432,380
Total Patient		
Other Revenue		
Grants	\$ 4,250,000	\$ 4,337,269
Other	<u>\$ 2,026,200</u>	<u>\$ 902,067</u>
Total Other	\$ 6,276,200	\$ 5,239,336
Total Revenue	\$ 14,098,400	\$ 16,671,716
Expenses		
Personnel	\$ 7,928,550	\$ 9,383,920
Medical Services	\$ 2,600,800	\$ 2,957,381
Patient Care	\$ 450,500	\$ 641,500
IT	\$ 795,000	\$ 789,027
MarComm	\$ 115,000	\$ 154,680
Occupancy	\$ 520,000	\$ 522,067
Operating Costs	<u>\$ 1,644,040</u>	<u>\$ 2,159,092</u>
Total Expenses	<u>\$ 14,053,890</u>	<u>\$ 16,607,667</u>
Net Assets	\$ 44,510	<u>\$ 64,049</u>

Health Services of North Texas, Inc.

Statement of Activities FY2020 - FY2021 Comparison

	FY2020 Projection	FY2021 Projection
REVENUE		
Individuals	63,000	28,000
Corporations	155,000	209,500
Organizations	135,000	189,500
In Kind	55,000	257,067
United Way	338,000	215,000
Gov't Grants	4,250,000	4,337,269
Medicaid	4,900,000	15,095,890
Medicare	1,500,000	1,015,423
Commercial	1,825,000	2,459,241
Self Pay	10,560,000	18,350,376
Contractual Adj	(12,705,800)	(27,827,719)
Doubtful Allow	(12,000)	(40,000)
Bad Debt	(225,000)	(251,716)
Program Income	1,980,000	2,630,885
Interest Income	6,000	3,000
Misc. Income	20,000	0
SBA PPP	<u>1,254,200</u>	<u>0</u>
Total REVENUE	<u>14,098,400</u>	<u>16,671,716</u>
EXPENSES		
Salaries	6,685,000	7,813,709
Payroll Taxes	465,670	633,651
Fringe Benefits	733,920	900,560
Contract Labor	1,138,300	1,437,228
Communication	215,000	173,140
Depreciation	144,000	144,000
Equipment	450,000	459,927
Insurance	71,000	71,000
Interest	67,000	70,000
Training	31,500	77,000
Mileage	4,500	13,265
Misc. Expenses	1,500	4,000
Donor Development	2,500	5,900
Occupancy	515,500	522,067
Postage	6,000	7,000
Printing	19,500	44,840
Professional Srvs	65,500	300,000
Assist to Clients	2,550,000	3,233,881
Dues	37,500	76,500
Supplies	<u>850,000</u>	<u>620,000</u>
Total EXPENSES	<u>14,053,890</u>	<u>16,607,668</u>
Net Assets	<u>44,510</u>	<u>64,048</u>

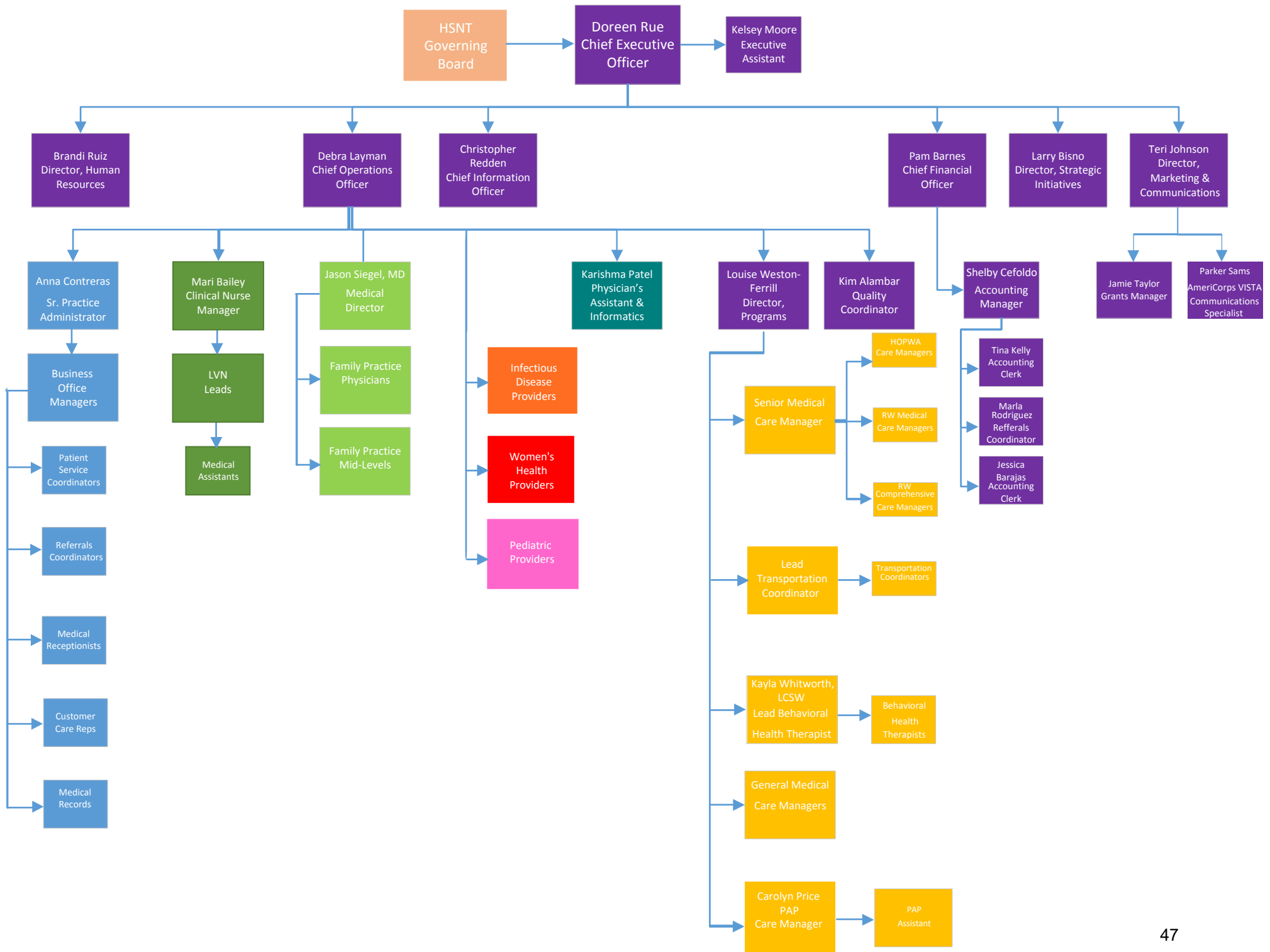
Health Services of North Texas, Inc.
FY2021 Financial Ratio Projections

	FY2020 Goals	Projected Year End 2020	Projected 2021
Quick Ratio Current Assets/Current Liabilities	9:1	2.71 : 1	2.58 : 1
Debt/Equity Total Liabilities/Total Net Assets	13.0%	67.0%	70.5%
Working Capital to Expense Ratio CA/CL divided by Expense/# month in Period	3 : 1	2.32 : 1	2.07 : 1
Long Term Debt to Equity Ratio	25%	30.9%	29.5%
Percentage of Admin & Fundraising <i>included estimate of new accounting standard</i>	25.0%	16.8%	14.8%
Number of Days - Cash	60	60	49
Number of Days - Liquidity	180	101	93
Accounts Receivable Days (Medical AR Collection Period)	50	20	29
Change In Net Assets to Expense (Net Assets/Total Expense)	3.0%	0.3%	0.4%
Operating Margin (Change in Net Assets/Total Revenue)	0.5%	0.32%	0.69%
Cash Flow	1.5%	4.9%	2.3%

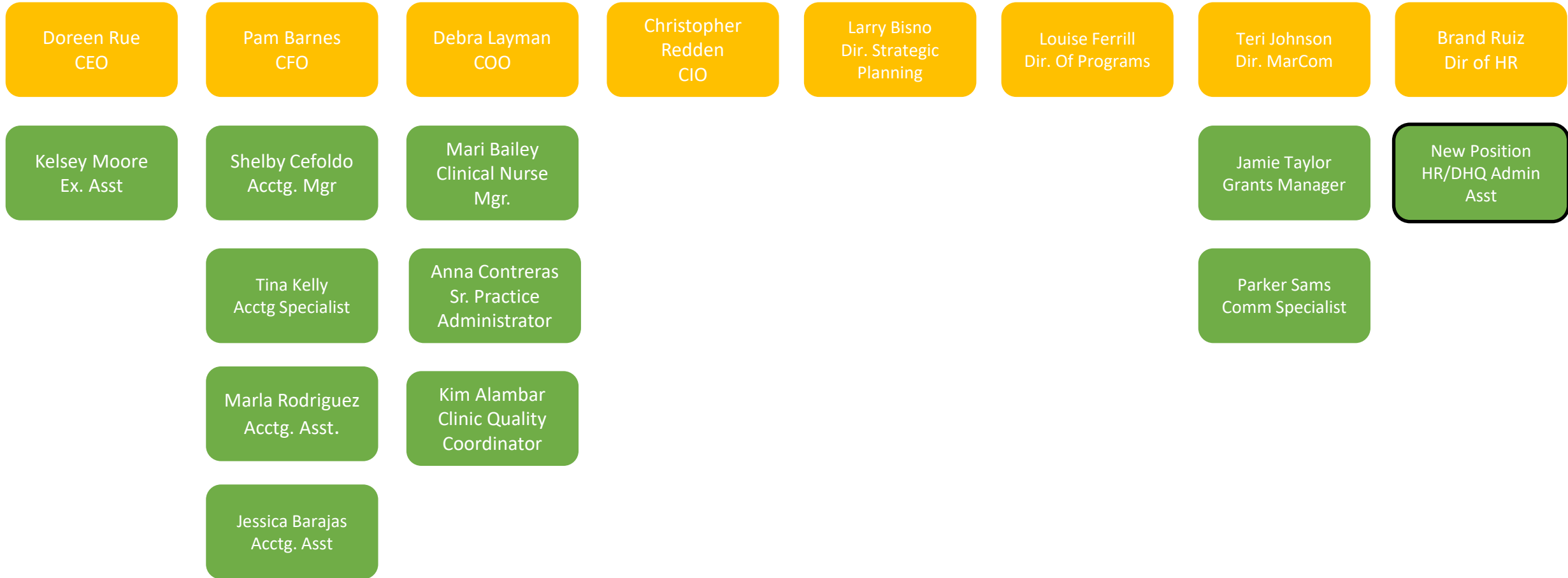
12 Month Rolling Data	2020 Current	2021 Projection
Cost per Employee R12	\$64,818.57	\$74,189.84
Average Hourly Rate R12	\$31.57	\$35.57
Cost Per Medical Encounter *64,198	\$336.68	\$227.28
Cost Per Medical Patient *13,629	\$1,005.81	\$1,070.59
Federal Cost Per Medical Patient	\$102.94	\$104.16

Incentive Goals for 2021

Incentive Goal	2020 Goal	2020 YTD	Suggested 2021 Goal
Days in Cash	60	57	TBD
Operating Margin	.5%	-9.24%	TBD
Quality Goals	80% of selected measures	85.71%	TBD
Compliance	92%	97.6%	TBD



Denton Headquarters DHQ



Denton Mesa Campus DMC

Dr. Siegel
Med Dir.
PC Physician
1.0

Dr. Starr
PC Physician
1.0

Terrie Estes
PC Nurse
Practitioner
0.8

Dr. Hudson
ID Physician
0.4

Laurie Mottl
ID Physician Asst
0.3

Dr. Jackson
Peds Physician
0.4

New Position
Peds Physician
1.0

Tabitha Muriuki
PC Nurse
Practitioner
0.8

Ann Ellison
PC Nurse
Practitioner
1.0

Joe Hallock
Peds Nurse
Practitioner
1.0

Sonia Ochoa
Thomas
E-PSYCH
0.4

Donica Rogers
LVN

Miguel
Guardado
CMA (new hire)

Ramiro Reyna
CMA

Ashly Garcia
CMA

Alison Gutierrez
CMA

Dalia Chavez
CMA

Vacant
PEDS CMA

Vacant
PEDS CMA

Crystal
Dunblazier
LVN

Taran Thomas
LVN

Paola Ortega
CMA

Christie Sirisakd
CMA

Stacy Gomez
CMA

Brandy Haines
CMA

Zoraida
Gonzales
CMA

Breanna Craft
RMRC

Teresita
Castruita
BOM

Mayra Perez
PSC

Hugo Basulto
PSC

Tiffany Gilliland
RMRC

Maria T.
Espinoza
MCR

Laura Jimenez
MCR

Quetzal Ayala
MCR

Briana Duirden
MCR

Cicie Price
PAP Coord.

Quinton Winrow
Housing CM
HOPWA

Eva Perez
MCR

Sumai Acuna
MCR

Rosa Sigala
MCR

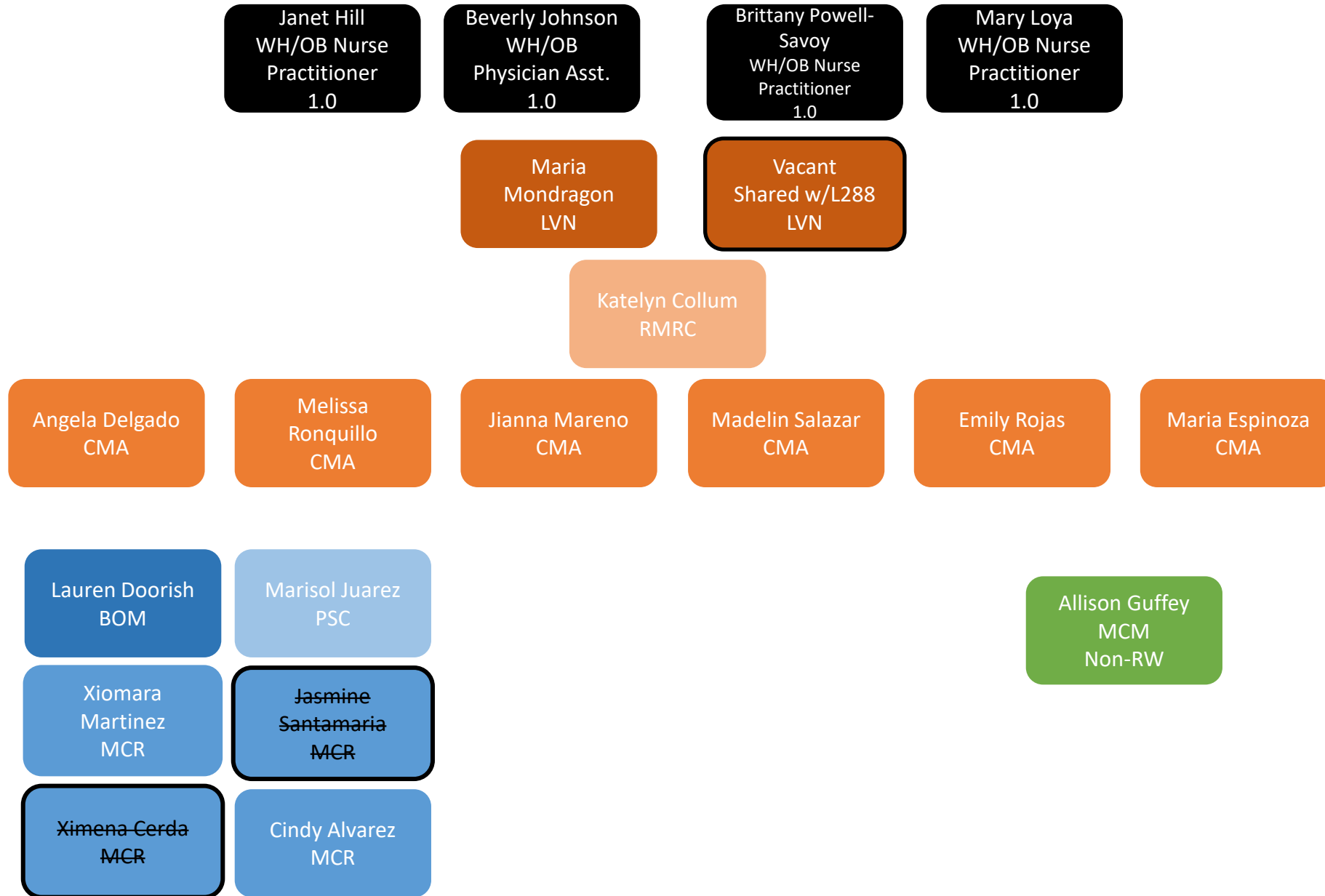
Magnolia
Stevens
MCR

Ebony Williams
PAP Coord.

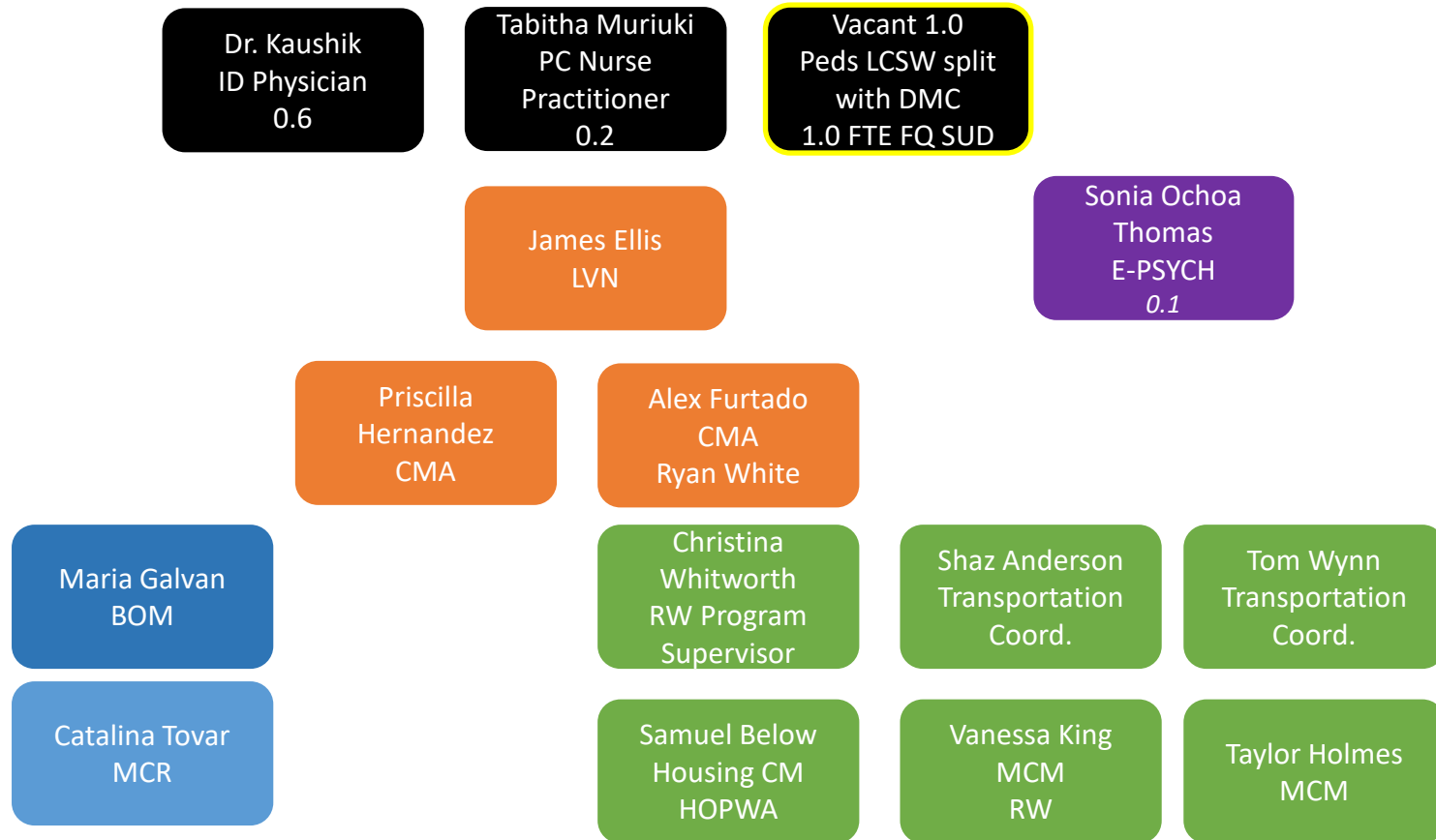
Pamela Williams-
Jackson
RW MCM

Erika
Washington
RW MCM

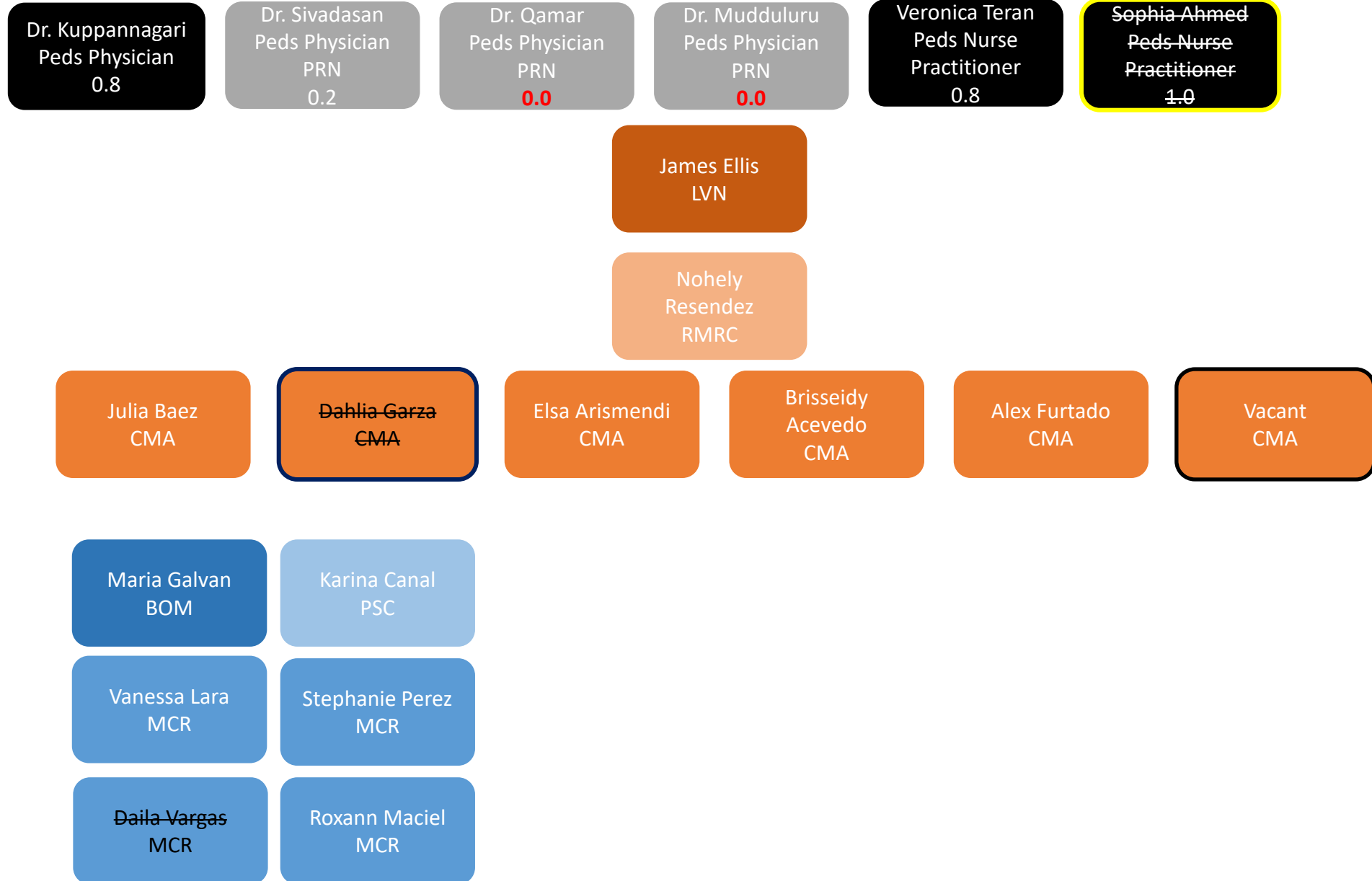
Denton South Center DSC



Collin County Medical Center CCMC



Wylie Children's Medical Center WCMC



Serve Denton Center L288

Nora Aliev
PC Nurse
Practitioner
1.0

Kerry Gamble
PC Nurse
Practitioner
1.0

Sonia Estep
Peds Nurse
Practitioner
1.0

Jean Gray \$70K
LCSW
FQHC Funding 0.5

Vacant
LCSW
1.0

Emily Sessions
LVN

Vacant
Shared w/DSC
LVN

Kristy Foote
RMRC

Yolimar Marrero
CMA

Laura Flores
CMA

Amaris Fuentes
CMA

Yuli Infante
CMA

Destinie Clegg
CMA

Cyd Burgos
BOM

Marisol Perez
PSC

Elizabeth Serrell
MCM
Non-RW

Jennifer Torres-
Vega
MCR

Cyntia Vega
MCR

Karina Rodriguez
MCR

Rosalinda Lopez
MCR

Jaelyne Garcia
MCR

FLOAT
MCR

2021 Benefits Summary

The information below provides a summary of the health, welfare, retirement and fringe benefits offered to full-time employees and their families. Please contact the Human Resources department for additional information or refer to plan materials located on the S:Drive in the Employee Benefits folder or in Paylocity.

Benefit	Carrier	Options
Medical	Blue Cross Blue Shield	<ul style="list-style-type: none"> PPO Medical Plan \$40 co-pay/ \$1,500 deductible individual
Flexible Spending Account	HSNT	<ul style="list-style-type: none"> Health: up to \$1500 per calendar year Pre-tax benefit for healthcare & childcare costs
Concierge Health (Company Paid)	FreshBenies	<ul style="list-style-type: none"> 16 concierge services – Telehealth, Doctors Online, Advocacy, Fresh Savings (includes 9 Savings categories)
Dental	Guardian	<ul style="list-style-type: none"> PPO Dental Plan
Vision	Guardian	<ul style="list-style-type: none"> Full Feature Plan
Basic Life (Company Paid), AD&D	Guardian	<ul style="list-style-type: none"> 2 X Base Salary, up to \$250,000, paid by HSNT
Voluntary Life and AD&D For Employee, Spouses, and Children	Guardian	<ul style="list-style-type: none"> Employee: Up to \$300,000 in \$10,000 increments, \$100,000 guarantee issue Spouse: Up to 50% of Employee's voluntary coverage, \$50,000 guarantee issue Child(ren): Up to 10% of Employee's voluntary coverage, \$10,000 max
Long Term Disability (Company Paid)	Cigna	<ul style="list-style-type: none"> Begins after 90th day out for Injury or Illness LTD – 60% of salary, with a max monthly benefit of \$5,000
Retirement Plan 403(b)	Fidelity	<ul style="list-style-type: none"> Dollar for Dollar Employer match, up to 5% Vesting Schedule: 25% Vesting @ 1 yr; 50% @ 2 yr; 75% @ 3 yr; 100% after 4th year

Employees are eligible for all benefits the 1st of the month after 30 days from eligible employment date

An employee is considered eligible for benefits if he or she is regularly scheduled to work more than 30 hours per week.

Employee Group Benefit Contributions

Blue Cross Blue Shield PPO	Bi-weekly Employee Costs
Employee Only	\$51.69
Employee + Children	\$397.63
Employee + Spouse	\$397.63
Employee + Family	\$743.57

Dental Guardian	Bi-weekly Cost
Employee Only	\$9.97
Employee + Children	\$40.83
Employee + Spouse	\$27.82
Employee + Family	\$58.57

Vision Guardian	Bi-weekly Cost
Employee Only	\$3.86
Employee + Children	\$6.76
Employee + Spouse	\$6.62
Employee + Family	\$10.68

The 2021 Benefits Summary is designed to provide an overview of HSNT benefit plans. All plans will be administered pursuant to benefit plan documents and/or established policies.

Paid Time Off (available to all eligible full-time employees)

PTO combines vacation and sick pay to promote flexibility for employees' time off needs. The below accrual schedule is based on a 40-hour work week, employees that work more than 30 hours, but less than 40 hours will accrue at a prorated amount based on their normal work schedule. Employees may request PTO after 30-days of hire.

Years of Service	PTO Accrual	Bi-Weekly Accrual Rate
0-2 Years	Up to 10 days (80 hours)	3.08 hours per pay period
3-5 Years	15 days (120 hours)	4.62 hours per pay period
5+ Years	22 days (176 hours)	6.77 hours per pay period

Holiday Pay (available after 30-days of employment to all eligible full-time employees, part-time employees may qualify)

The Company observes **seven holidays** during the year and provides (8) hours of compensation for each day. Holiday Pay will be paid based on the employees regularly scheduled workday hours.

Personal Days (available to all eligible full-time employees, except medical provider team)

On January 1 of each calendar year, employees (non-providers) are awarded three (3) personal days (to be taken as a full 8-hour day). Personal days do not roll over each calendar year and must be used by 12/31. During an employee's first calendar year of employment the accruals are awarded based on the schedule below and may also reduce based on work schedule modifications:

Hire Date	Personal Days
If hired before July 1 st	3 days
July 1 st – September 30 th	2 days
If hired after September 30 th	1 day

*Employees hired after December 1 will not receive personal days in first calendar year of employment.

**Behavioral health providers receive a mix of 1 Flex day and 3 personal days, prorated based on date of hire.

Benefits Specific to the Medical Provider Team:

Flex Days:

On January 1 of each calendar year, full-time Providers are awarded up to eight (8) Flex days (which may be taken in either 4-hour or 8-hour increments). Flex days do not roll over each calendar year and must be used by 12/31. During a Provider's first year the accruals are awarded based on the schedule below and may also reduce based on work schedule modifications:

Medical Provider Team	
Hire Date	Flex Days
If hired before July 1 st	Up to 8 days
July 1 st – September 30 th	Up to 4 days
If hired after September 30 th	Up to 2 days

*The above chart is for illustrative purposes only, for full-time providers hired after July 1 actual calculation of Flex days is based on number of months remaining in calendar year.

**Behavioral health providers receive a mix of 1 Flex day and 3 personal days, prorated based on date of hire

***Providers hired after December 1 will not receive flex days in first calendar year of employment.

Continuing Education:

Full-time Providers have access to CME allowances each calendar year to pay conferences and fees associated with license renewal. In 2021, physicians may access to up to \$1500 in funds, mid-level providers up to \$1200, and behavioral health providers up to \$600, to spend toward CME initiatives. Please note that all training and conferences must be pre-approved, and that providers have the option of obtaining all CMEs through the UpToDate subscription provided by HSNT. CME balances do not roll over from year to year.