

Governing Board Meeting Agenda

May 19, 2021 - Zoom Meeting

	Agenda		P. 1
I.	Call to Order	Michael Foster	
II.	RenueRX Presentation	Raj Chaddua	
III.	Consent Agenda	Michael Foster	
	*April 2021 Board Minutes		P. 2
	*April 2021 Financial Committee Minutes		P. 6
	*April 2021 Financials		P. 7
	*April 2021 Quality Committee Minutes		P. 11
	*May 2021 Strategic Planning Committee Minutes		P. 14
	*May 2021 MarCom Report (including approval of grants)		P. 17
IV.	Board Training	Doreen Rue	P. 20
	Legislative Mandate Review		
V.	CEO Report	Doreen Rue	P. 32
	Dashboard		
VI.	Committee Reports		
	Finance Committee	Dale Tampke	
	Finance Report		
	*ARP Grant Budget		
	Quality Committee	Dr. Howard Shaw	
	Quality Report		
	*PCMH Policies		P. 37
	*HSNT Quality Management Plan		P. 38
	HRSA 330 Compliance Update		P. 86
	<i>Required and Additional Health Services, Accessible Locations and Hours of Operations, & Quality Assurance/Improvement</i>		
	Strategic Planning Committee	Sara Schroeder	
	Strategic Planning Report		P. 92
	*CCMC Location		P. 95
	*Changes in Scope		P. 101
	Personnel Committee	James Henderson	
	Personnel Report		
	* Administrative Requirements Policy		P. 104
VIII.	Old Business/New Business	Michael Foster	
IX.	Executive Session	Michael Foster	
	John Moyle Cause # 18-4895-393		
	Sarah Gibbons EEOC # 450-2019-04360		
	Progressive Auto Claim # 19-4874088, Personal Injury File # 260052		
X.	Important Dates and Adjourn Meeting	Michael Foster	
	June Board Meeting - June 16th @ 6pm		
	* Items Requiring a Vote		

Agenda Item I: Called to order at 6:00pm by Michael Foster

Attendees: Michael Foster, Trang Dang-Le, Dale Tampke, James Henderson, Sara Schroeder, Lee Brown, Hamed Husain, Melissa Winans, April Powell, Dr. Howard Shaw, Dr. Dean Perkins

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

Quorum was met.

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

Guests: Glen McKenzie

Agenda Item II: DATCU Recognition

- The Governing Board would like to thank DATCU on behalf of HSNT for the tremendous support they have provided to HSNT impacting patient care and inspiring other community partners to contribute to HSNT’s mission.

Agenda Item III: Consent Agenda - Approval of March 2021 Board Minutes, March 2021 Financial Committee Minutes, March 2021 Financials, March 2021 Quality Committee Minutes, April 2021 Strategic Planning Committee Minutes, April 2021 MarCom Report (including approval of grants)

Motion to approve all consent items: *James Henderson*

Seconded: *Dale Tampke*

Motion Passed Unanimously

Agenda Item IV: Board Training

- HSNT Annual Stakeholder Report, presented by Teri Johnson
 - The theme of the 2021 report is “Rising to Meet Community Need”.
 - The report highlights the work done by HSNT to serve its patients and community in 2020.

Agenda Item V: CEO Report

- Dashboard
 - HSNT saw a dramatic increase in patients and visits in March.
 - Approaching 75% of 2019 numbers.
- Federal Grant Funding
 - HSNT will present a budget for the newest round of funding next month.
 - A second phase of funding is being prepared.
 - This phase will be focused on capital improvements.
- Pharmacy
 - HSNT has transitioned patients to ReNue RX after the closure of Denton Prescription Shoppe.

Agenda Item VI: Committee Reports

- **Finance Committee – Dale Tampke Reporting**
 - Meeting Report
 - Operating cash and receivables are up for the month.
 - This is due to the resolution of 340b and Ryan White funding issues.
 - Independent Audit Engagement Letter
 - HSNT’s independent audit is in progress.

- **Quality Committee – Melissa Winans Reporting**
 - Meeting Report
 - Patient Satisfaction
 - 4.61/5 public rating for March 2021
 - 98.7% of patients would recommend HSNT to family or friends
 - PCMH policies will be presented for a vote next month.
 - HSNT will be instituting flexible shifts at some clinics to increase access.
 - HSNT has vaccinated 949 people for COVID-19.

- **Strategic Planning Committee – Dr. Dean Perkins Reporting**
 - Meeting Report
 - Federal Grant
 - HSNT leadership is meeting to strategically allocate these funds.
 - Budgets will be presented next month.
 - CCMC
 - The lease on the current location was extended to July. HSNT is actively searching for a new location.
 - The 2020 Strategic Report will be presented next month.

- **Personnel Committee – James Henderson Reporting**
 - Meeting Report
 - HRSA 330 Compliance Update
 - Conflict of Interest
 - HSNT is refining the annual staff attestations and revising some policies for clarity.
 - Board Authority
 - HSNT’s policies are in compliance and the Strategic Planning Committee will utilize the 2020 Community Needs Assessment to inform the strategic planning process.
 - Board Composition
 - HSNT will more closely track the demographic composition of the board to ensure it is a reflection of the patient population.
 - 2021 Org Chart
 - The new chart reflects the restructuring of the clinical teams.

The Personnel Committee recommends the approval of the 2021 Org Chart to the Governing Board.

Seconded: *Lee Brown*

Motion Passed Unanimously

- Slate of Officers and Members 2021
 - The committee recommends the approval of the slate, including the member application for Judge Chance Oliver.

The Personnel Committee recommends the approval of the 2021 Slate of Officers and Members to the Governing Board.

Seconded: *Lee Brown*

Motion Passed Unanimously

- Committee Structure
 - The committee recommends adding Trang Dang-Le and new board member, Judge Chance Oliver, to the Quality Improvement/Assurance Committee.
 - The committee also recommends recognizing Sara Schroeder as the new chair of the Strategic Planning Committee.

The Personnel Committee recommends the approval of the 2021 Org Chart to the Governing Board.

Seconded: *Dale Tampke*

Motion Passed Unanimously

Agenda Item VII: Recognition of Outgoing Board Members and Award Presentation

- The Governing Board would like to recognize and thank Dr. Dean Perkins and Judge David Garcia for their contributions to HSNT as board members.
- The President's Award will be presented at a later date.

Agenda Item VIII: Old/New Business

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

Agenda Item IX: Executive Session

- 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 X: Important Dates

- May Board Meeting – May 19th @ 6pm – Virtual Meeting

Adjourned by Michael Foster at 6:49pm.

Board Secretary Approval _____ **Date** _____

Board President Approval _____ **Date** _____



Finance Committee Meeting

Meeting Facilitator: Dale Tampke
Meeting Date: April 20, 2021
Time: 7:30 a.m.
Location: HSNT HQ ZOOM

Attendees: Dale Tampke and Lee Brown
Staff Present: Doreen Rue, Pam Barnes, Debra Layman and Christopher Redden

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 March 2021 minutes

Motion to accept: Lee Brown
Seconded: Dale Tampke
Motion Passed 3-0

Agenda Item II: Review and Approve March 2021 Financials

Dale acknowledged the notes to the financials sent prior to the meeting. The notes have detailed comments about HSNT financial position. Pam discussed the increase in cash and increase in receivables showing some recovery from last month with a week out due to weather. Lee commented on the 340B Walgreens program glitch and Pam confirmed the system is fixed. 340B receivables are up 30%.

Motion to accept: Lee Brown
Seconded: Hamed Husain
Motion Passed 3-0

Agenda Item III: Audit Engagement Discussion

HSNT Independent Audit began on Monday April 19th. HSNT Accounting Team has provided the audit team a large amount of fiscal documentation prior to the start of the audit. This audit program will cover HSNT Single Audit, Audit of HSNT Retirement program, HSNT Information Tax Form 990, and finally HSNTs Centers for Medicare/Medicaid Services (CMS) Medicare Cost Report. HSNT audit partner has changed this year to Steven Thummel, who will present the audit to the board when complete.

Agenda Item IV: 7:57 am adjourn

March minutes include notes to the financials.

Board Treasurer Approval: _____
Dale Tampke, HSNT Board Treasurer

Health Services of North Texas, Inc.
Statement of Financial Position
As of 4/30/2021

	Current Period	Last Month - Mar 2021	Prior Year End - Dec 2020	\$ Chge	% Chge
ASSETS					
Current Assets					
Operating Cash	<u>1,927,885.65</u>	<u>2,067,662.93</u>	<u>1,965,114.47</u>	<u>(37,228.82)</u>	<u>(0.02)</u>
Total Current Assets	1,927,885.65	2,067,662.93	1,965,114.47	(37,228.82)	(0.02)
Other Current Assets					
Grant Receivables	774,926.96	692,547.17	816,078.27	(41,151.31)	-5.04%
340B Receivables	265,747.83	353,089.63	439,228.86	(173,481.03)	(0.39)
Medical Receivables	513,806.98	432,119.42	429,021.86	84,785.12	19.76%
Prepaid Expenses	70,329.05	74,287.07	51,445.64	18,883.41	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>0.00</u>	<u>0.00</u>	<u>0.00%</u>
Total Other Current Assets	1,636,240.07	1,563,472.54	1,747,203.88	(110,963.81)	-6.35%
Short Term Investments					
Investment CDs	<u>564,649.38</u>	<u>564,649.38</u>	<u>564,649.38</u>	<u>0.00</u>	<u>0.00%</u>
Total Short Term Investments	564,649.38	564,649.38	564,649.38	0.00	0.00%
Long Term Assets					
Fixed Assets					
Medical Equipment	60,525.84	60,525.84	60,525.84	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	15,240.00	15,240.00	15,240.00	0.00	0.00%
Telephone Systems	95,499.55	95,499.55	95,499.55	0.00	0.00%
IT Equipment	110,348.65	110,348.65	99,323.65	11,025.00	11.10%
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>(546,389.16)</u>	<u>(534,948.12)</u>	<u>(500,402.53)</u>	<u>(45,986.63)</u>	<u>9.19%</u>
Total Fixed Assets	<u>2,820,240.85</u>	<u>2,831,681.89</u>	<u>2,855,202.48</u>	<u>(34,961.63)</u>	<u>-1.22%</u>
Total Long Term Assets	<u>2,820,240.85</u>	<u>2,831,681.89</u>	<u>2,855,202.48</u>	<u>(34,961.63)</u>	<u>(0.01)</u>
Total ASSETS	<u>6,949,015.95</u>	<u>7,027,466.74</u>	<u>7,132,170.21</u>	<u>(183,154.26)</u>	<u>-2.57%</u>
LIABILITIES					
Current Liabilities					
Accounts Payable	434,212.68	246,508.40	265,943.30	168,269.38	63.27%
Accrued Payroll	582,866.39	563,366.39	668,636.39	(85,770.00)	-12.83%
Accrued Retirement	100,491.52	80,426.13	171,606.83	(71,115.31)	-41.44%
Payroll Liabilities	20,531.09	(9,362.70)	8,025.68	12,505.41	155.82%
Other Current Liability	<u>261,976.34</u>	<u>261,976.34</u>	<u>262,360.64</u>	<u>(384.30)</u>	<u>(0.00)</u>
Total Current Liabilities	1,400,078.02	1,142,914.56	1,376,572.84	23,505.18	1.71%
Long Term Liabilities					
Capital Loan	1,298,836.47	1,302,742.03	1,314,891.20	(16,054.73)	100.00
Total Long Term Liabilities	<u>1,298,836.47</u>	<u>1,302,742.03</u>	<u>1,314,891.20</u>	<u>(16,054.73)</u>	<u>100.00</u>
Total LIABILITIES	<u>2,698,914.49</u>	<u>2,445,656.59</u>	<u>2,691,464.04</u>	<u>7,450.45</u>	<u>0.28%</u>
NET ASSETS					
Net Assets at Beginning of Year	4,440,706.17	4,440,706.17	4,214,048.67	226,657.50	5.38%
Current Net Assets(Liabilities)	<u>(190,604.71)</u>	<u>141,103.98</u>	<u>226,657.50</u>	<u>(417,262.21)</u>	<u>-184.09%</u>
Total NET ASSETS	<u>4,250,101.46</u>	<u>4,581,810.15</u>	<u>4,440,706.17</u>	<u>(190,604.71)</u>	<u>-4.29%</u>
TOTAL LIABILITIES & NET ASSETS	<u>6,949,015.95</u>	<u>7,027,466.74</u>	<u>7,132,170.21</u>	<u>(183,154.26)</u>	<u>-2.57%</u>

Health Services of North Texas, Inc.
Statement of Operations
From 4/1/2021 Through 4/30/2021

	Current Month	Last Month (03/01/2021 - 03/31/2021)	Current YTD	Prior YTD	FY2021 Budget	YTD Difference	% Budget
Patient Revenue							
Net Patient Rev	2,358,514.28	1,887,252.02	6,980,944.21	5,776,188.01	28,784,071.00	1,204,756.20	(24.25)%
Uncollectible	(1,529,287.65)	(805,227.43)	(3,537,542.13)	(3,340,772.16)	(17,351,691.00)	(196,769.97)	(20.38)%
Total Patient Revenue	<u>829,226.63</u>	<u>1,082,024.59</u>	<u>3,443,402.08</u>	<u>2,435,415.85</u>	<u>11,432,380.00</u>	<u>1,007,986.23</u>	<u>(30.12)%</u>
Other Revenue							
Grants	535,579.07	570,037.37	1,956,347.87	1,297,065.48	4,337,269.00	659,282.39	(45.10)%
Other	48,854.88	187,633.45	400,936.78	294,526.82	902,067.00	106,409.96	(44.44)%
Total Other Revenue	<u>584,433.95</u>	<u>757,670.82</u>	<u>2,357,284.65</u>	<u>1,591,592.30</u>	<u>5,239,336.00</u>	<u>765,692.35</u>	<u>(44.99)%</u>
TOTAL Revenue	<u><u>1,413,660.58</u></u>	<u><u>1,839,695.41</u></u>	<u><u>5,800,686.73</u></u>	<u><u>4,027,008.15</u></u>	<u><u>16,671,716.00</u></u>	<u><u>1,773,678.58</u></u>	<u><u>(34.79)%</u></u>
Expenses							
Personnel	1,027,330.52	673,149.98	3,195,956.44	2,389,328.57	9,383,920.00	806,627.87	34.05%
Medical Services	386,798.76	411,194.30	1,468,460.18	690,017.80	2,957,381.00	778,442.38	49.65%
Patient Care	42,989.92	60,810.08	190,040.85	141,918.62	641,500.00	48,122.23	29.62%
IT	76,389.58	77,410.94	297,242.35	231,073.29	789,027.00	66,169.06	37.67%
MarComm	8,528.52	7,486.48	36,962.29	28,235.45	154,680.00	8,726.84	23.89%
Occupancy	45,712.40	42,874.58	184,138.25	173,910.37	522,067.00	10,227.88	35.27%
Operating Costs	157,619.57	207,140.29	618,491.08	447,262.43	2,159,093.00	171,228.65	28.64%
Total Expenses	<u>1,745,369.27</u>	<u>1,480,066.65</u>	<u>5,991,291.44</u>	<u>4,101,746.53</u>	<u>16,607,668.00</u>	<u>1,889,544.91</u>	<u>36.08%</u>
Operating Income(Loss)	<u><u>(331,708.69)</u></u>	<u><u>359,628.76</u></u>	<u><u>(190,604.71)</u></u>	<u><u>(74,738.38)</u></u>	<u><u>64,048.00</u></u>	<u><u>(115,866.33)</u></u>	<u><u>297.59%</u></u>
Net Assets	<u><u>(331,708.69)</u></u>	<u><u>359,628.76</u></u>	<u><u>(190,604.71)</u></u>	<u><u>(74,738.38)</u></u>	<u><u>64,048.00</u></u>	<u><u>(115,866.33)</u></u>	<u><u>297.59%</u></u>

Health Services of North Texas, Inc.

Statement of Cash Flows

As of 4/30/2021

	<u>Current Period</u>	<u>Current Year</u>	<u>Prior Year YTD</u>
Cash Flows from Operating Activities			
Medicaid	447,586.69	1,592,122.78	1,413,212.44
Medicare	28,489.65	106,038.95	289,879.47
Private/Commercial	34,213.71	125,145.14	214,823.31
Self Pay	72,025.57	325,559.33	217,789.67
Program Income	165,223.45	1,209,750.76	404,666.25
Grants	540,541.08	2,170,980.21	1,312,871.16
Receipts from Contributors	48,854.88	400,936.78	294,526.82
Payments to Employees & Suppliers	<u>(1,480,286.11)</u>	<u>(5,929,798.62)</u>	<u>(3,044,614.99)</u>
Total Cash Flows from Operating Activities	<u>(143,351.08)</u>	<u>735.33</u>	<u>1,103,154.13</u>
Cash Flows from Capital Activities			
Capital Activity/Disposal of Assets	0.00	(11,025.00)	0.00
Capital Loan	<u>(9,407.35)</u>	<u>(37,629.40)</u>	<u>(37,629.40)</u>
Total Cash Flows from Capital Activities	<u>(9,407.35)</u>	<u>(48,654.40)</u>	<u>(37,629.40)</u>
Change in Medical Liability			
Change in Patient Refunds	<u>(25.00)</u>	<u>2,027.08</u>	<u>(36,181.74)</u>
Total Change in Medical Liability	<u>(25.00)</u>	<u>2,027.08</u>	<u>(36,181.74)</u>
Beginning Cash & Cash Equivalents	<u>2,615,338.61</u>	<u>2,508,447.17</u>	<u>2,472,037.04</u>
Ending Cash & Cash Equivalents	<u><u>2,462,555.18</u></u>	<u><u>2,462,555.18</u></u>	<u><u>3,501,380.03</u></u>

Health Services of North Texas, Inc.

Financial Ratios

April 2021

		Fiscal Year	
	FY2020	To Date	Fiscal Year
	Goals	2021	End 2020
Quick Ratio	9:1	2.89 : 1	3.07 : 1
Current Assets/Current Liabilities			
Debt/Equity	13.0%	63.5%	60.5%
Total Liabilities/Total Net Assets			
Working Capital to Expense Ratio	3 : 1	1.82 : 1	2.39 : 1
CA/CL divided by Expense/# month in Period			
Long Term Debt to Equity Ratio	25%	30.6%	29.6%
Percentage of Admin & Fundraising	25.0%	13.0%	15.6%
<i>included estimate of new accounting standard</i>			
Number of Days - Cash	60	46	58
Number of Days - Liquidity	180	77	101
Accounts Receivable Days (Medical AR Collection Period)	50	30	28
Change In Net Assets to Expense	3.0%	-3.3%	1.6%
(Net Assets/Total Expense)			
Operating Margin	0.5%	-3.3%	1.56%
(Change in Net Assets/Total Revenue)			
Cash Flow	1.5%	-1.6%	6.0%
			FY2020
Cost per Employee this month		\$7,368.39	\$5,037.72
		Rolling 12	Fiscal Year
		Month Data	End 2020
Cost per Employee R12		\$69,090.29	\$65,398.18
Average Hourly Rate R12		\$33.30	\$32.73
Cost Per Medical Encounter *39,589		\$405.83	\$354.79
Cost Per Medical Patient *15,468		\$1,085.93	\$1,053.75
Federal Cost Per Medical Patient		\$87.51	\$103.91

* 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

April 21, 2021

Present: Dr. Howard Shaw, Melissa Winans, Dr. Dean Perkins

Absent: Dr. Jason Siegel

Staff: Debra Layman, Doreen Rue

Quorum met.

Called to order: 5:00pm

I. Roll Call and Acceptance of Minutes

- February 2021 Minutes
- March 2021 Minute

Motion to approve minutes: Melissa Winans

Seconded: Dr. Dean Perkins

Motion Passed Unanimously

II. New PDSAs

• Q1 Update

- Increased access to patient care by flexing of shifts at L288 to 730am-430pm and 9am-6pm.
- Internalized colposcopy procedures with oversight of WH Medical Director and certified WHNP.
- Completed transition of Title X program to L288 effective 4/5/21, all WHNPs rotate from DSC for coverage weekly.
- Implemented online scheduling in Family Practice and Covid vaccinations- trial is going well.
- Met with Toyota Production System Support Center on April 14 and determined direction for the project- productivity and utilization of appointment schedules for focus on sustainability. Start date of project beginning is June timeframe.
- Senior Manager recruitment underway to back fill vacant Director of Programs position that supports Ryan White, Prescription Assistance Program and Medical Case Management.
- Vacant LCSW position for Behavioral Health- very thin candidate pool due to market demand.

- Onboarding of new hire Pediatrician, Dr Crystal McLeod, underway. She will practice at DSC on Fridays to increase exposure to pregnant patients and see non acute problem visits.
- Preparations continue for third and final check in for PCMH accreditation, policies provided to GB Quality Committee to recommend approval with Governing Board. These policies are needed to support the evidence of compliance that we are providing.

III. Update on Existing Quality Initiatives

- Call Stats
 - HSNT received its highest number of calls in February.
 - Talk time has decreased with restructuring.
 - Call volume continues to increase.
 - Answer Rates
 1. New patient queue had a low answer rate in March.
 - a. 2 staff vacancies
- COVID-19 Response
 - Vaccine
 1. J&J administration on hold.
 2. 944 doses dispensed so far (J&J and Moderna)
 - Positivity Rate
 1. Positivity rate dropped dramatically this month: 3.57%.

IV. Patient Satisfaction Reports

- Public Reviews:
 - 4.52 All-Time
 - 4.51 March 2021
- 98.7% of patients would recommend HSNT to family and friends.

V. Quality Meeting Dashboard

- HEDIS, UDS, & HSNT
 - HSNT must meet 25 of the 31 goals to achieve incentive for 2021.
 1. March – meeting 16
 - 10% of visits at HSNT are remote.
 1. 2 remote ID providers
 2. BH is all remote
 3. HRSA is invested in the ongoing use of telemedicine.
- Incentive Goals
 1. HSNT is seeing a higher volume of patients in March.

- a. The staff is finding a new rhythm now that schedules are returning to normal.

VI. Reports to the Board

- Patient Satisfaction
- Incentive Progress
- COVID-19 Vaccine Distribution

Adjourned: 5:34pm

Governing Board Strategic Planning Committee Minutes

May 13, 2021

Attendees: Sara Schroeder, Dale Tampke, James Henderson, Herman Oosterwijk

Staff: Doreen Rue, Larry Bisno

Quorum Met

Meeting Called to Order at: 3:02pm

I. CCMC Location

- Some staff and board members were able to visit the proposed new site today.
- New Location:
 - i. It is an older facility but in excellent condition.
 - ii. Concerns about cooling issues – ceiling fans in all rooms.
 - Larry Bisno is requesting previous power bills and reaching out to the former tenant to get more information.
 - iii. This space has more exam rooms and room for a pharmacy space.
 - iv. Rent will be higher at the new location; however, this location has the potential to grow the practice.
 - v. The new location is 5 miles from the current CCMC location on the first floor of a mixed-use office building.
- Current CCMC Location:
 - i. Cosmetic issues – walls and flooring
 - ii. Foundation issues
 - iii. HSNT’s patients should have a feeling of dignity and respect when entering our centers.
- ReNue Pharmacy will partner with HSNT on the new space.
- Demographic Information for New Site
 - i. New location zip code is already included in HSNT’s statement of need.
 - It is the 3rd greatest need zip code in HSNT’s current scope.
 - ii. It is important to target low income, high need areas for outreach and care.
 - iii. Only 3.23% of the low-income population on this zip code are currently in care with a community health center.
 - iv. Good opportunity to attract new patients or different payer types.

- The Strategic Planning Committee will recommend moving to the new site (5501 Independence Ave.) to the Governing Board.
 - i. Motion to Approve: Dale Tampke
 - ii. Second: James Henderson
 - iii. All Approve

II. ARP Grant Funding

- HSNT leadership is gathering information on the new site and improvements needed before making allocation decisions.

III. 2020 Year End Summary

- HSNT made great strides in 2020 despite the COVID-19 pandemic.
- Technology Goals
 - i. HSNT provider piloting a remote monitoring project for HSNT's patients.
- Comprehensive Services
 - i. In 2021 HSNT is making progress on areas affected by COVID-19.
 - New pediatrician in Denton
 - Data collection to measure patient retention between pediatrics and adult care

IV. Changes in Scope

- Hours of Operations at Loop 288 and DSC – Form 5A
 - i. Increase in hours at Loop 288
 - Providers adjusting hours to increase access.
 - Will be interesting to see the patient adoption of these additional hours.
 - ii. DSC - add one hour per week
 - iii. Looking at Saturday hours as well - especially for pediatrics
 - Focus is on support staff.
 - Sick visits are a big demand on the weekends.
- Move Mental Health and Substance Abuse Services from Contract (Column II) to Referral (Column III) - Form 5A
 - i. Youth and Family Counseling is closing.
 - Moving this service to referral column.
- Add Immunizations and Health Education to Other In-Scope Activities - Form 5C
 - i. Activities must be listed to be covered for HSNT's FTCA malpractice coverage.
 - ii. Includes community outreach and immunizations.
 - Potential to go off site to administer vaccines.

- The Strategic Planning Committee will recommend approval of the Changes in Scope to the Governing Board.
 - i. Motion to Approve: Dale Tampke
 - ii. Second: James Henderson
 - iii. All Approve

V. Reports to the Board

- Approval of move to new CCMC location.
- 2020 Year End Summary
- Approval of Changes in Scope

Adjourned: 4:00pm

Grants & MarCom Monthly Report May 2021

Keeping HSNT Top of Mind & Building Relationships

- Larry Bisno presented to Leadership Anna.
- Get to know you lunch and tour of HSNT's health center at the Serve Denton Center with THR-Denton and HSNT's pediatric team including our new Pediatrician, Dr. McLeod.
- We are excited to announce HSNT has added a sub-brand to support growth of HSNT Pediatrics. Announcing **Health Services of North Texas Pediatrics**. This sub-brand has it's very own Google My Business Listing and a page within HSNT's website.



Digital Marketing and Website

- HSNT experienced a dip in website activity and visitors in April, with only 8,413 unique visitors and 11,482 sessions.
- The Make an Appointment page is the #1 page visited on our website after the homepage, with 2,427 Unique Pageviews with a 24% conversion rate.
- Google Adwords Grant is performing well with \$1,195 worth of FREE advertising, this grant served us with 234 clicks!
- Pediatric Facebook Ads performed well in April with our Cost Per Click at \$1.77, and a total of 62,372 impressions with 1,270 click thru's.

Key Campaigns

- Introduce HSNT's online schedule tool to patients and community
- Pediatrics- position HSNT as a leader in pediatric care.
- General Awareness Campaigns | Pediatrics | HIV & Infectious Disease Services
- Business Stakeholder Campaign
- COVID-19 Vaccine Education

Up Next

- Identify and define usage of new HSNT sub-brand, **Health Services of North Texas Pediatrics** along with best practices to strengthen the sub-brand.
- Preparing for Summer months and Back to School campaign
- Wylie Donor Stakeholder Development

Key Grant Metrics

Total Awarded since April Board meeting:
We did not have any awards in April.

12 Grant Proposals in Process
\$736,234 Value

22 Grant Proposals Awaiting Decision
\$494,500 Value

**Year to Date we have submitted
26 proposals, 9 to new funders.**

Grant proposals/submissions for approval

City of Denton Sponsorship	Back to School Event	\$10,000	May
Hoblitzelle Foundation	IT and medical equipment	\$60,000	May
Grande Communications	Bus passes	\$2,000	May
Baylor Scott & White Plano	Medical Visits	\$5,000	May
Baylor Scott & White Heart Hosp. Plano	Medical Visits	\$5,000	May
Baylor Scott & White Heart Hosp. Denton	Medical Visits	\$5,000	May
Medical City Plano	Medical Visits	\$5,000	May
HOPWA	Housing for people w/ HIV/AIDS	\$616,734	June

358

NEW PATIENTS
to HSNT system in April
152 are Pediatric Patients
and of those **35 Newborns!**

**PROVIDERS
THAT LISTEN.**
Pediatric Care With
No Financial Surprises

Medicaid, CHIP, And
Most Insurance
Accepted

**Schedule Your
Visit Today**



HEALTH SERVICES
OF NORTH TEXAS
PEDIATRICS

Patient Comment

"Love bringing my child here. Always leave with a pleasant feeling. All staff is friendly and caring. DR Jo is the best Pediatrician any mother could ask for!"

**Follow HSNT on
Social Media**

MarCom Focus: To Elevate HSNT brand among all Stakeholder Groups through creating meaningful content that connects Stakeholders with brand, using brand voice and communicating value for all Stakeholder Groups.

**City of Denton
Sponsorship Application FY 2021-2022**

COMPLETE APPLICATIONS ARE DUE: MAY 28, 2021

NO APPLICATION WILL BE ACCEPTED AFTER THE DEADLINE

Submit by email to: Treasury@cityofdenton.com
Submissions must contain only four PDFs and be attached in print ready order

Organization Name Health Services of North Texas, Inc.
Name of Event Denton Back to School Fair
Mailing Address 4401 N. I-35, Ste. 312, Denton, TX 76207
Physical Address of Event To be determined
Telephone 940-293-6009 EIN 75-2252866
Website Address dentonbacktoschool.org

Primary Contact Teri Johnson
Telephone 940-293-6009 Title Dir. Of Marketing & Comm.
Email Address tjohnson@healthntx.org

Secondary Contact Jamie Taylor
Telephone 940-293-6018 Title Grants Manager
Email Address jtaylor2@healthntx.org

Complete the following questions regarding your request for City sponsorship consideration

Amount of Request \$ 10,000 **Event Date:** 7/30/2022
Must be between October 1, 2021 - September 30, 2022

State your organization's mission and purpose.
HSNT's mission is improving the quality of life for all North Texans through medical care, support services, and advocacy.
We provide quality healthcare for patients of all ages on an affordable sliding-fee scale. To help connect people
in need to our services, our Marketing and Communications Department organizes events geared towards low-income
families.

Explain how your organization's mission and purpose align with the City of Denton.
HSNT's mission and purpose, and those of the Denton Back to School Fair, align with the City's dedication to supporting
charitable causes serving a public interest. The event provides children in need with essential school supplies and
connects them to resources such as affordable medical care to give them a healthy start to the new school year.

Describe the event in which funds are being requested to support.
The Denton Back to School Fair is a collaborative event that helps meet the needs of impoverished children by
providing free health education and school supplies. This event increases families' awareness about health resources
while reducing their back-to-school expenses. The goal is to increase the accessibility of healthcare and educational
resources.

Explain in detail how requested funds will be spent in support of the event.

The requested funds will support the cost of school supplies provided to children from low-income families.

One school counselor who participated in the Denton Back to School Fair in the past had the following to say about the event:

We have had families with unexpected unemployment, medical challenges that required financial leaps and bounds that families were not expecting, and the very specific brand of stress that has proven to be a significant and unique hurdle for our school community. When we had the [school supply distribution], we had so many parents that were effusive with relief. I've never had to refuse so many hugs! I am so glad that these resources exist..."

Explain in detail what avenues will be used to market the City of Denton at the event in which funds are requested.

HSNT will recognize the City of Denton as a supporter on all event marketing collateral, including the website, social media, and flyers.

Identify and provide the status of all other funding requests for this event. Provide attachment if needed.

Source	Approved	Pending	Amount
ALDI Smart Kids		\$4,000	\$4,000

Provide all of the following documents with this application and label as directed.

- Exhibit A** X Letter of determination certifying federal tax exempt status under the Internal Revenue Code.
- Exhibit B** X Most recent Form 990 submitted to the Internal Revenue Service.
- Exhibit C** X Proof of "Active" status as a non-profit Texas corporation as reflected on state comptroller's website. <https://mycpa.cpa.state.tx.us/coa/>
- Exhibit D** X List of current board of directors including addresses.
- Exhibit E** X Line item budget totaling requested amount on page 1.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

NO APPLICATION WILL BE ACCEPTED AFTER THE DEADLINE

The information provided in this application is for the purpose of obtaining sponsorship funding from the City of Denton on behalf of the undersigned. Each undersigned representative warrants the information provide within this application and its attachments are true and complete until a written notice of change is provided to the City of Denton. The City of Denton is authorized to make all inquires deemed necessary to verify the accuracy of the provided information.

President/Chairman's Signature

Secretary/Treasurer's Signature

Printed Name of Above Signer

Printed Name of Above Signer

Date

Date



Grants Policy Bulletin

Legislative Mandates in Grants Management for FY 2021

Bulletin Number: 2021-03E

Release Date: February 16, 2021

Related Bulletins: Replaces 2020-04E

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 Consolidated Appropriations Act, 2021 (Public Law 116-260), signed into law on December 27, 2020, which provides funding to the Health Resources and Services Administration (HRSA) for the fiscal year ending September 30, 2021. 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 2021. Legislative mandates remain in effect until a new appropriation bill is passed setting a new list of requirements. The FY 2021 list of legislative mandates for HRSA award recipients is the same as the FY 2020 list.

Implementation

FY 2021 Legislative Mandates are as follows:

Division E, Title VII

(1) Confidentiality Agreements (Section 742)

Division H, Title II

(2) Salary Limitation (Section 202)

(3) Gun Control (Section 210)

Division H, Title V

(4) Anti-Lobbying (Section 503)

(5) Acknowledgment of Federal Funding (Section 505)

(6) Restriction on Abortions (Section 506)

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

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

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

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

(11) Restriction on Funding ACORN (Section 521)

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

Details:

Division E Title VII

(1) Confidentiality Agreements (Section 742)

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

(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.

Division H, Title II:

(2) 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 \$ \$199,300 as of January 2021.

(3) Gun Control (Section 210)

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

Division H, Title V

(4) 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."

(5) Acknowledgment of Federal Funding (Section 505)

"When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, 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."

(6) 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.”

(7) 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.”

(8) 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.

(9) 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.”

(10) 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.”

(11) 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.”

(12) 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."

Resources

- [Consolidated Appropriations Act, 2021](#)
- [Notice of Award – Standard Terms](#)

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.

Health Center American Rescue Plan Funding

Our entire team is involved in preparing and planning the use the one-time funding opportunity presented last month at the board meeting. All team members have been invited to give their input on what is needed to improve their ability to perform their role and increase their satisfaction in the team. Although all needs identified may not be appropriate for this funding opportunity it is valuable and will be incorporated into other grants, activities, or strategic planning. The two-year budget is in development and will be presented in draft as soon as possible. The budget is due to HRSA by May 31, 2021 and the board will likely have to take action after the May board meeting to review and approve this budget. Information to follow.

Collin County Medical Center (CCMC) Location Update

The leadership team toured many potential locations searching for a new home for our CCMC operations. With the introduction of the funding mentioned above we were able to broaden our options and circle back to locations that could accommodate growth and expansion to elevate our presence in Collin County and address longstanding strategic goals to provide comprehensive services at our locations. Decisions and recommendations from the Strategic Planning Committee and Governing Board are needed to determine our next steps. These decisions will impact the use of the ARP funding and other board actions.

Our current lease for CCMC expires on July 31, 2021. The timing of the new funding creates a crossroads for determining the strategic direction of our services in Collin County - Make a bold move or scale back to a single service (HIV Care)? The strategic planning committee will lead this discussion at the board meeting.

Community Health Center Capital Funding

There is an additional opportunity in the American Rescue Plan funding for community health centers to apply for funding for construction and renovations projects. HSNT is assessing all of our locations for needed repairs and potential projects that we could incorporate into this grant. This application is due on June 24, 2021 and the strategic planning committee will address this at their next meeting. This along with the growth and capacity funding will position HSNT (and all Community Health Centers) to advance as key stakeholders in health care and meet the growing demand for primary healthcare.

Pharmacy Program

With the transition of our pharmacy business to ReNue pharmacy at our Serve Denton location we are experiencing efficiencies in management and support for our various contracts and services. This partnership is especially important considering the potential expansion of CCMC. ReNue has already committed to expanding the tele-pharmacy program should we relocate.

The contract pharmacy debate is still not resolved. However, we are following it closely and anticipate there will be an update to the program. HSNT is managing many moving parts and changes regarding pharmacy services. In particular, HSNT is using data analytics to strategically add contract pharmacy locations to better serve our patients. The goal is that we will be able to continue receiving the intended benefits as a FQHC to support access to medical care and needed medications for the populations we serve.

Expansion of Pediatric Program

Crystal McLeod, DO joined our team on March 29, 2021. Her schedule is fully ramped, and she is serving patients at our Serve Denton location. She is also caring for newborns at our Denton South Center and interacting with our prenatal providers and patients. This is part of HSNT's plan to transition care of babies and women to on-going care at HSNT. In order to improve our outreach and communications to potential patients and elevate awareness of our pediatric program HSNT created a sub-brand: Health Services of North Texas Pediatrics. This will connect potential patients searching for a pediatrician to HSNT.



Partnership with Toyota

Toyota made their first on-site visit to orient the core project team, observe our patient care workflow, and identify a specific project to tackle over the next 3 months. After mapping the entire patient visit the team will focus on the period when the patient is placed in a treatment room to the point that they are ready for check out. The next step is a 3-day intense assessment of each activity in the process. It has been made clear that we are not evaluating clinical care but rather the process improvement opportunities. Toyota utilizes visual communication to clearly determine, value add work, non-value add work, and waste. More to come as we learn from this partnership.

Denton Rotary Club Service Projects

You have already received a few updates on the waiting room makeover project at our Denton South location. The finishing touch and focal point of the project is the Denton mural. This has not been revealed to the Rotarians yet so consider this a sneak peek and mums the word.

The unveiling of the mural will take place on May 20th when Rotarians assemble the New Mom Baskets that we will distribute to first time Mom's in our prenatal program.

Please thank a Rotarian but don't mention the mural until after May 20th 😊



Updates and Information

- HSNT's independent audit started April 19, 2021. Results will be present at the July Finance Committee and Governing Board meetings.
- HSNT will join the CMS/TMF Community Coalition. This is a group of health-related entities collaborating to address community health needs. HSNT will have access to community data by zip code and community partners to strengthen health outcomes.
- United Way of Metropolitan Dallas conducted a virtual site visit. We are near the end of year two of a three-year grant. They were particularly interested in how COVID-19 shaped and impacted our programs. This funding supports the expansion of primary care and women's health services in Collin County.

Thank you for your support,

Doreen Rue, CEO



HEALTH SERVICES
OF NORTH TEXAS
Medical Care for You



It's Never Too Late to Get Help

Jennyfer's Story

When you see multiple doctors over the years and hear the same unhelpful responses time and time again, you start to develop certain expectations any time you enter any sort of healthcare facility. Jennyfer Grisso had fallen into this rut herself, and when she was recommended to Health Services of North Texas by a friend, she had similar expectations for how this latest visit was going to go.

"I expected to be like everything else, where nothing was going to get done and I was going to get turned away and left wondering what to do next," Jennyfer says. "Fortunately, it was not like that at all."

Jennyfer has only been a patient at HSNT for about a month, but she's been surprised at the results she's seen from just those four short visits with HSNT's Dr. Paul Starr.

"Dr. Starr is an absolute pleasure to visit," Jennyfer says. "I'm a very large person, you see, and he didn't just look at me and go 'Oh there's nothing wrong with you, you're just fat.' He actually listened to what I had to say."

"I expected it to be like everything else.
It was not like that at all."

Jennyfer came into HSNT with a whole host of issues: she has high blood pressure, was recently diagnosed as diabetic, has hormone problems, and suffers from bipolar disorder. With this list of ailments, it would be easy for someone to think that they were "untreatable" or were too much of a burden on a doctor, but Jennyfer says that her experience has been the exact opposite.

"From Day 1, I haven't had any problems. They're really cool with me if I tell them I'm bothered by something. He sent me for lab work, and I'm terrified of needles, but they made me really comfortable and got it over with quickly. When you go in there, everybody is warm and welcoming, everything is timely. I didn't get the usual "you're just overweight," they worked with me and legitimately seem like they care."

Since her last visit in December, Dr. Starr has put Jennyfer back on medications to help her bipolar disorder, and she says that it's brought down her anxiety and gotten her to start sleeping again.

"I hadn't been to a doctor in about 7 years. I had a lot going on when I came in. But I walked out with medications and solutions, and in the last two weeks I've been feeling better than I have in probably the last 10 years. HSNT is absolutely worth a try if you've had bad experiences with doctors in the past."

"When you go into the health center, everybody is warm and welcoming. They legitimately seem like they care."

PCMH Policies

Policies Included:

- PCMH001 Advanced Directive Planning Policy
- PCMH002 Appointment Scheduling Policy
- PCMH003 Clinical Documentation of Telephone Encounters Policy
- PCMH004 Community Resource List Policy
- PCMH005 Identifying Patients for Case Management Policy
- PCMH006 Medical History Forms Policy
- PCMH007 Medical Home Responsibilities Policy
- PCMH008 Pain and or Benzodiazepine Management Contracts Policy
- PCMH009 Patient Satisfaction Survey Policy
- PCMH010 PCMH Care Team Policy
- PCMH011 Primary Care Provider Assignment, Panel Size, Scheduling and Reporting Policy
- PCMH012 Quality Measure Reporting Policy
- PCMH013 Team Based Care Policy
- PCMH014 Tracking Hospital and ER Visits Policy

ACTION:

Reviewed by:

- Dr. Jason Siegel, Medical Director _____ Date: _____
- Debra Layman, COO _____ Date: _____
- Doreen Rue, CEO _____ Date: _____

Governing Board Quality Committee Approval:

_____ Date: _____

Governing Board Approval:

_____ Date: _____

(President)

Quality Management Plan

Summary:

The purpose of the Quality Management Program is to provide the highest possible quality health care for the patients at HSNT by ensuring a reliable and sustainable model of care. Therefore, the Quality Management Program supports the mission of HSNT, which is to improve the quality of life for all North Texans. The internal expectations of the Quality Management Program are that quality- focused evaluation and improvement activities will occur on a scheduled, ongoing basis. The external expectations of the Quality Management Program are that HSNT will be the provider of choice for North Texans seeking care.

ACTION:

Reviewed by:

- Dr. Jason Siegel, Medical Director _____ Date: _____
- Doreen Rue, CEO _____ Date: _____

Governing Board Quality Committee Approval:

_____ Date: _____

Governing Board Approval:

_____ Date: _____

(President)

QUALITY MANAGEMENT PLAN

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INTRODUCTION

Health Services of North Texas (HSNT) serves the rural and suburban North Texas counties of Denton, Collin, Hunt, Kaufman, and Rockwall. Our services include primary medical care for patients of all ages, integrated behavioral healthcare, and support services. The Quality Management (QM) Committee has members from all programs within HSNT, including Ryan White. Health Services of North Texas and its structures (Administration, Governing Board, Program Staff and Quality Management) will implement the outlined strategies, monitor quality indicators on a regular basis and maintain all monitoring documentation according to this plan.

HISTORY OF HEALTH SERVICES OF NORTH TEXAS

Health Services of North Texas (HSNT) began in 1988 as AIDenton and, later AIDS Services of North Texas, to provide support to individuals and families living with HIV/AIDS in Denton. In 1993, Ryan White CARE Act funds were granted by Dallas County Health and Human Services to the organization and enabled the expansion of HIV/AIDS services. In 1997, services were extended into four surrounding counties and primary medical care was established for uninsured HIV/ AIDS individuals. In 2009, the organization changed its name to Health Services of North Texas and broadened its mission by acquiring a primary care clinic and incorporating HIV/AIDS care into the facility. This enabled HSNT to provide care on an affordable, sliding scale to the general population, regardless of diagnosis. In 2012, HSNT's Denton Medical Center was designated as a Federally Qualified Health Center (FQHC), which strengthened the organization's capacity to provide healthcare for all, regardless of ability to pay. In 2014, HSNT acquired the Wylie Children's Medical Clinic and the Family Health Clinic in Denton. The leadership team at HSNT has extensive experience in health care administration and working with the medically fragile and underserved, as well as a diverse staff and Governing Board.

HSNT MISSION STATEMENT

IT IS THE MISSION OF HEALTH SERVICES OF NORTH TEXAS TO IMPROVE THE QUALITY OF LIFE FOR ALL NORTH TEXANS THROUGH MEDICAL CARE, SUPPORT SERVICES, AND ADVOCACY.

HSNT VISION STATEMENT

A HEALTHY COMMUNITY.

HSNT VALUES

At Health Services of North Texas, *a client-centered approach is our foundation*; we believe clients deserve a responsive, welcoming environment as they participate in their care.

As an organization, we recognize our *organization's responsibility* to provide services in an ethical and straightforward manner while maintaining privacy and confidentiality and operating in a fiscally responsible manner.

As a team of individuals coming together to create a lasting change in our community, we understand that it is our responsibility to foster a positive environment by being committed to a culture of problem-solving, a culture of learning and embracing each individual.

QUALITY STATEMENT OF PURPOSE

The purpose of the Quality Management Program is to provide the highest possible quality health care for the patients at HSNT by ensuring a reliable and sustainable model of care. Therefore, the Quality Management Program supports the mission of HSNT, which is to improve the quality of life for all North Texans. The internal expectations of the Quality Management Program are that quality- focused evaluation and improvement activities will occur on a scheduled, ongoing basis. The external expectations of the Quality Management Program are that HSNT will be the provider of choice for North Texans seeking care.

SCOPE OF QUALITY MANAGEMENT PROGRAM

Health Services of North Texas's Quality Management Program (QM) is a system-wide quality improvement program designed to:

1. Pursue a high level of balance between the patient experience, Population health, value-based care, and staff satisfaction.
2. Evaluate access, value, appropriateness, patient satisfaction and outcomes of clinical care according to established clinical protocols.
3. Integrate risk, compliance, and financial metrics as they relate to quality management.
4. Objectively analyze clinical data in a systematic manner.
5. Develop and maintain indicators to best monitor the delivery of care according to clinical protocols and established medical standards.
6. Identify and monitor trends and or problems; refer them directly to those who can resolve them dependent upon the area of responsibility within their authority.
7. Provide ongoing monitoring of implemented solutions to identify areas of success and/or additional opportunities to improve.
8. Support the development of strategies that ensure and monitor compliance with all applicable federal, state, local and contractual laws, regulations, requirements, and guidelines.
9. Maintain a written Quality Management Plan.
10. Disseminate the outcomes of the program to appropriate teams at all sites.

11. Submit the meeting minutes to the Governing Board monthly.
12. The Quality Management Plan will be reviewed annually and updated every two years, as necessary.

ADMINISTRATIVE RESPONSIBILITY

1. Overall Responsibility for the QM Program rests with the committee chairperson. In the absence of the Chairperson, the Vice Chairperson, will serve as the interim chairperson.
2. The plan will be submitted to the Governing Board every two years for approval.

COMMITTEE COMPOSITION

The QM Committee will be comprised of individuals from the following areas:

1. Chairperson, Medical Director
2. Vice Chairperson, COO
3. Senior Manager of Programs
4. Representative from Peer Review Committee
5. Representative from Risk/Safety Committee
6. Senior Practice Administrator
7. Physician
8. Senior Clinical Nurse Manager
9. Social Worker Care Manager
10. Behavioral Health Provider
11. Representative from Finance/Accounting, CFO
12. Representative from Marketing and Communications
13. Representative from Human Resources
14. Representative from Grants
15. Representative from IT, CIO
16. Quality Coordinator

17. Compliance Officer

18. Representative from Ryan White

COMMITTEE ACCOUNTABILITY

The Quality Management Plan will be reviewed on an annual basis, and revised as needed, by the Quality Management Committee. When revisions are required, the Chairperson of the QM Committee and QM Committee will review and submit the revised Quality Management Plan to the CEO. Once accepted, the Quality Management plan and any revisions will be presented to the Governing Board which has the authority and responsibility of maintaining quality of care at HSNT. The QM Committee is accountable to implement the approved plan and recommend changes and revisions. The Quality Management Plan is submitted to the CEO to present to the Governing Board for review and approval at least every three years.

FRAMEWORK

THE QM COMMITTEE STRUCTURE

1. The QM Committee is comprised of diverse membership representing all areas of the organization.
2. The QM Committee includes three standing subcommittees responsible for reporting to the QM Committee. Each subcommittee reports a summary of the meeting minutes to the QM committee monthly.
 - a. Risk Management Committee, whose primary function is to investigate current incidents and prevent similar events from happening in the future, reports monthly to the QM Committee. A summary report is submitted to the Governing Board annually, which includes goals that are set by the Risk Management Committee and approved by the QM Committee. A summary of the previous meeting and progress on goals is reported to the QM Committee monthly.
 - b. Peer Review Committee, whose primary function is to assess competency to ensure quality patient care, reports quarterly to the QM Committee.
 - c. Infectious Disease Quality Committee, whose primary function is to review quality measures and program compliance related to Outpatient Ambulatory Medical Care for the Infectious Disease Department. A summary report is submitted to the Quality Committee quarterly.
3. QM members also meet monthly to report on the following:
 - a. Performance Measures/Clinical Measures

- b. Safety
- c. Financial Sustainability
- d. Marketing and Communication/Patient Satisfaction
- e. Clinical staff satisfaction
- f. Other items as indicated

METHODS USED IN THE QUALITY MANAGEMENT PROGRAM:

This plan will use three methods to manage quality of the service delivery system:

1. Quality assurance: strategies that measure meeting the minimum requirements or standards
2. Quality improvement: ongoing strategies that identify trends and/or problem areas and are aimed at solving those problems through:
 - a. Designing activities to identify trends or problems
 - b. Implementing or revising a process to reduce or resolve the problem
 - c. Studying the results
 - d. Continuously evaluating until effective strategies and appropriate results are obtained
3. Outcome evaluation: a process that collects information about the result or benefit of a service to the consumer

SOURCE OF AUTHORITY:

1. The Chief Executive Officer and Governing Board authorizes, requires, and supports the establishment and maintenance of an effective, organization wide quality assessment and improvement program. The Chief Executive Officer, QM Chairperson, and Quality Management Committee (QM) are responsible for development and implementation of the Quality Management Plan, Quality Improvement Work Plan, and QM Program Evaluation.
2. The Quality Management Committee has the authority to direct problems to the Medical Director, Administration, or Medical or Program staff for resolution.

TRENDS AND/OR PROBLEM IDENTIFICATION

1. The QM Committee monitors all areas of quality within the organization. The Quality Improvement Work Plan lists the areas of quality that are addressed

throughout the year. If a situation arises that is not usually evaluated by the committee, it will be presented to the committee to determine the action that needs to be taken.

2. The QM Committee determines the most significant organization activities, prioritizes the identified problems, and coordinates reviews and audits.
3. The Quality Management Committee monitors both clinical and financial indicators, as well as other indicators that are appropriately related to quality patient care. All indicators shall be monitored and reported monthly to the Quality Management Committee. All clinical and financial measures are recognized as potential areas of analysis. Any areas recognized as needing improvement will be included as part of the performance improvement study for the upcoming year and noted within the Quality Improvement Work Plan.
4. Based on the Quality Improvement Work Plan, the HSNT Quality Management Committee will ensure the following are monitored and reported to the Governing Board through monthly Quality Management Reports.
 - a. Monitor, review, and approval of Quality Management Plan
 - b. Monitor, review and approval of Administration Policies and Procedures related to quality
 - c. Clinical Measures
 - d. Facility Review - OSHA
 - e. Provides oversight regarding the Credentialing and Privileging of Licensed Independent Practitioners
 - f. Patient Satisfaction Surveys
 - g. Staff Training in Quality Management
 - h. Staff satisfaction metrics
 - i. Reports from Peer Review and Risk Management Committees
 - j. Monthly Quality Management Committee meeting minutes
 - k. Financial Measures
 - l. Quality Management initiatives identified as needs/issues arise

ACTION

1. The Quality Management Committee decides on any action that needs to be taken; recommends course of action; determines deadline for action; assigns responsibility; and records minutes, which reflect actions of the Committee.
2. The Quality Management Committee is accountable to the Chief Executive Officer and/or the QM Chairperson for the findings, conclusions, recommendations, actions taken, and results of the action taken.
3. The Quality Management Committee will submit recommendations for Standing Delegation Orders, Administrative policies and procedures, Credentialing and Privileging, QM Work Plan, and QM Program Evaluation to the appropriate entity which will then be reviewed and if approved will be returned to the QM Committee for necessary actions.

FEDERAL AND STATE PROGRAMS

1. Section 330 of the Public Health Service Act managed by HRSA, was designed to define the organizations which provide care to the underserved populations within their community. These organizations receive funding from the Federal Health Center Program to aid the burden of the cost of uncompensated care.
2. Title X services are a State of Texas program, which provides funds for family planning and other preventative health services to low-income residents. This funding allows men and women in the community to have access to several FDA-approved contraceptives, breast and cervical cancer screenings, pregnancy testing, screening and treatment for sexually transmitted infections, HIV testing, patient education, and counseling related to these services.
3. The Ryan White Act is a program whose emphasis is strictly on HIV/AIDS care. This program provides assistance to those living with HIV/AIDS who have no health insurance, have insufficient health insurance, need support services, or do not have the resources necessary to get required care for their disease. Ryan White is the payor of last resort. The Ryan White Act was created to fill gaps in health care coverage to ensure that everyone who qualifies is able to receive the treatment they need, within the programmatic guidelines. The Ryan White Program is managed by the U.S. Department of Health and Human Services, Health Resources and Services Administration, and HIV/AIDS Bureau.

MONITORING AND EVALUATION ACTIVITIES

1. Quality Improvement studies are the central focus of Quality Management activities and offer a systematic and action-oriented approach to assess and monitor the quality of services provided. The studies are composed of two major components:
 - e. The assessment of the quality of services, and
 - f. Actions undertaken to address trends and/or problems identified.
2. Study topics may be identified or required by several sources. Assessments of the quality of services, such as PDSAs, will be conducted quarterly, at a minimum.
3. Minutes and report out on task assignments are used to monitor the implementation of actions on an on-going basis in the Quality Management Committee.
4. All quality improvement studies will be documented and kept on file in the executive offices and archived every three years.

STAKEHOLDER/CONSUMER/STAFF PARTICIPATION

Staff and Providers can participate in various quality management activities as members of the QM Committee. The Governing Board of HSNT, which is made up of fifty-one percent (51%) consumers, is a way that consumers can participate in the quality management program. The members can vote on propositions as well as question quality initiatives being taken by the QM Committee. Patient satisfaction surveys are conducted on an ongoing basis. This is a way HSNT patients can give their input into areas the QM Committee tracks. Staff may be involved in various quality improvement projects. To increase the level of staff knowledge regarding quality management, HSNT has developed a Quality Management introductory training that describes the basics of the purpose for quality management for the organization. This training is a part of the onboarding experience for incoming staff members to view and attest to, and it provides basic knowledge regarding what quality management is and how it is carried out at HSNT. This education addresses the importance of quality. Quality Management Committee members are given an updated training pertaining to QM methodology on a regular basis. These trainings are documented in the QM meeting minutes. Leadership encourages all staff to suggest needed changes for system improvements. Staff has a chance to discuss, and document, these improvements during their staff meetings.

DECISION MAKING

1. Decisions made by the QM committee will be voted on by the committee members. A quorum (51%) of members must be present to vote on decisions. All members have an equal vote except the Chairperson who does not vote. A simple majority

decides the proposed action. In the event of a tie vote, the Chairperson will have the deciding vote.

2. All decisions related to the quality of patient care should clearly identify the problem, name the person accountable for the problem resolution, and establish a time frame for reevaluation to ensure that the problem has been resolved.
3. Problems or areas of concern related to Medical Providers or the medical support staff will be addressed by the Medical Director. The Medical Director will have oversight responsibility for all clinical areas. Problems or areas of concern related to other areas will be addressed by the Senior Manager of Programs. Corrective action plans will be developed, implemented, and evaluated with the previously stated departments and designated staff. After all interventions have been completed, if the problem or area of concern has not been resolved, the final decision, if clinical, will be directed to the Medical Director, if programmatic, to the Senior Manager of Programs, if financial, to the Chief Financial Officer or if administrative, to the Chief Executive officer.

ORGANIZATION OF MEETINGS

MEETINGS

The Committee meetings will be held monthly. In the event the Committee meeting is canceled, another date and time will be announced, and members will be notified by the Quality Management Committee Chairperson or their designee. Each committee/report will include a status update on any ongoing improvement plan, updated metrics, current trends, as well as any new or ongoing areas or concern. Each meeting agenda shall include the following list of measures and goals, which are listed in Appendices B through G of this plan.

1. Roll Call and Acceptance of Minutes
2. Risk Management/Safety Committee Report
3. Peer Review Committee Report
4. Clinical Measures/ Ryan White Report
5. Sustainability/Financial Measures Report
6. Patient Satisfaction/Outreach – MarCom
7. Clinical Staffing Satisfaction Report
8. Training for QM Committee Members

9. Work Plan Progress Report

10. Other Business

All Quality Management activities including any findings, recommendations, and actions are confidential.

CLINICAL QUALITY MEASURES

HSNT's Clinical Measures are reported monthly to the Quality Management Committee (please refer to the Quality Improvement Work Plan). Clinical Measures, which are tracked monthly at HSNT, are:

UDS QUALITY MEASURES

1. Early Entry into Prenatal Care
2. Childhood Immunization Status (2 year olds)
3. Cervical Cancer Screening (ages 23 to 64)
4. Breast Cancer Screening (Females ages 51 to 73)
5. Weight Assessment and Counseling for Children (ages 3 to 17)
6. BMI Screening and Follow Up Plan (ages 18)
7. Tobacco Use: Screening and Cessation Intervention (ages 18+)
8. Statin Therapy (ages 21)
9. Ischemic Vascular Disease: Aspirin (ages 18)
10. Colorectal Cancer Screening (ages 50 to 75)
11. HIV Linkage to Care
12. HIV Screening (ages 15 to 65)
13. Screening for Depression and Follow Up Plan (ages 12+)
14. Depression Remission at 12 Months (ages 12)
15. Birth Weight of Infants Born to Prenatal Care Patients Who Delivered During the Year (Inverse Measure)
16. Controlling High Blood Pressure by Race and Ethnicity (ages 18 to 85)

17. Diabetes: HgA1c Poor Control by Race and Ethnicity (ages 18 to 75) (Inverse Measure)

HEDIS QUALITY MEASURES

1. Children and Adolescents Assess to Primary Care Practitioner (ages 1-2 years)
2. Cholesterol Management for Cardiac Patients: Screening
3. Diabetes: A1c Screening
4. Diabetes: BP Control (less than 140/90)
5. Diabetes: Foot Exam
6. Diabetes: LDL Screening
7. Childhood Immunization Status: Influenza
8. Lead Screening in Children
9. Breast Cancer Screening
10. Care for Older Adults: Medication Review
11. Falls: Screening for Future Fall Risk
12. Human Papillomavirus Vaccine for Female Adolescents
13. Pneumonia Vaccination for Patients 65 years and older

HSNT QUALITY MEASURES

1. Colorectal Cancer Screening (Referral, Education, Orders)
2. SAC Dental Education (ages 2 to 17)
3. Tdap in Third Trimester

FINANCIAL QUALITY MEASURES

1. Cost per Medical Patient (Rolling 12 month)
2. Cost per Medical Encounter (Rolling 12 months)
3. Health Center Program Grant Cost per Patient
4. Working Capital to Expense Ratio

5. Long Term Debt to Equity Ratio
6. Change in Net Assets to Expenses
7. Operating Margin
8. Days in Cash

RYAN WHITE CLINICAL QUALITY MEASURES

1. Screening for Clinical Depression (Non-Medical Case Management)
2. Care Plan (Medical Case Management)
3. Prescription of HIV Antiretroviral Therapy (AIDS Pharmaceutical Assistance)
4. HIV Viral Load (Outpatient Ambulatory Medical Care)
5. Health Insurance Assistance (Insurance Assistance)
6. Body Mass Index (Food Pantry)
7. Global Assessment of Functioning (GAF) Score (Mental Health)
8. Van Transportation (Transportation)

TITLE X CLINICAL QUALITY MEASURES

1. Total number of all PAP Tests with the follow abnormal results: ASC-US, ASC-H and LSIL
2. Total number of all PAP Tests with eth following abnormal results: HSIL (encompassing: moderate and sever dysplasia, CIS, CIN 2 and CIN3) Squamous cell carcinoma, Glandular cell (Atypical), Endocervical adenocarcinoma in situ, Adenocarcinoma, Other malignant neoplasms
3. Total number of confirmed HIV positive test results

A description of the Quality Measures listed above can be found in Appendices B through G. Charts with the results for each measure from the previous year can be found in Appendices H thorough K.

RISK MANAGEMENT

The Risk Management Committee meets monthly to address exposure to perceived, potential, and known risks to HSNT and patients, and to develop effective strategies for identifying associated risks. The Risk Committee must be aware of loss exposures to develop effective strategies for identifying associated risks. For risk identification and management effort to be effective, the Risk Committee must continually cultivate an

atmosphere of trust with the organization's employees and the clinical staff and communicate effectively with all levels of the organization.

Potential loss exposures include the following:

- Property (e.g., thefts; damage to the physical plant, equipment, and supplies)
- Liability (e.g., malpractice, visitor injury)
- Net income (e.g., financial penalties for regulatory noncompliance)
- Key personnel (e.g., due to injury, chronic illness, or death)
- Reputation or public image (e.g., negative media attention)

The Risk Management Committee reviews any incidents, complaints and claims to identify opportunities for improvement, as well as ways to reduce or mitigate similar events in the future. Once an incident report is given to the committee, the Risk Management Committee has the authority to discuss how the incident was resolved. If the incident has not been resolved or the committee thinks the incident was not resolved appropriately, the Risk Management Committee may decide to investigate. This Committee reports findings and actions monthly to the Quality Management Committee. Further explanation of the process is reflected in the Risk Management Policy and Procedure. All HSNT employees are encouraged to report risks and incidents to HSNT's electronic incident reporting system. Incident reports are investigated by the appropriate supervisor and recorded in the electronic incident reporting system. Reports are reviewed monthly by the Risk Management committee. A monthly report is compiled related to the incidents reported each month. This report is submitted to the monthly Quality Management committee for review. This document is housed with the monthly Quality Management committee meeting minutes.

INFORMATION TECHNOLOGY (IT) SECURITY:

Security threats are reduced in several ways at HSNT. Systems are in place to monitor and prevent IT system misuse throughout all HSNT's locations. Security policies have been developed, approved by the Governing Board, and implemented. Issues related to IT security are addressed at each Risk Management meeting. An IT risk assessment will be conducted annually to determine any potential issues related to IT security.

PEER REVIEW

The Peer Review Committee at HSNT meets quarterly to address documentation trends and provide oversight regarding documentation. This Committee reports quarterly to the Quality Management Committee. Medical Provider, Behavioral Health, and Case Management Peer Reviews are conducted on a quarterly basis ensuring quality care is being provided. A random sample of patient encounters are selected from the Electronic Health Record system and distributed for review. Scoring from peer reviews will indicate whether training is needed. Peer Review forms are kept confidential and

cannot be used for personnel reasons. Further explanation of the process is reflected in the Peer Review Policy and Procedure.

CLINICAL

Health Services of North Texas's commitment to a healthy community is mirrored by the clinical measures chosen to monitor key aspects of patient health. Clinical measures data is obtained for the previous month and reviewed to identify any trends or potential problems. This information can be used to alter services to accommodate patient needs.

FINANCIAL

The financial measures that HSNT chooses to monitor provide an overview of the financial health of the organization. The measures are obtained for the previous month and reviewed to identify any trends or potential problems. A sub-committee of the Governing Board, the Finance Committee, meets monthly to review financials and report the results at the Governing Board meeting.

APPENDIX A

SAMPLE WORKSHEET FOR PDSA CHANGES



PDSA Worksheet

Date of Report:

Measure:

Start Date:

End Date:

Outcome:

PLAN

I plan to

I hope this produces

Steps to execute:

1.

DO

What did you observe?

STUDY

What did you learn? Did you meet your measurement goal?

ACT

What did you conclude from this cycle? If the change worked, you implement the change. If the change did not work, you go back to the planning stage for a new PDSA.

APPENDIX B

UDS MEASURES

Early Entry into Prenatal Care	
Early Entry into Prenatal Care	Percentage of prenatal care patients who entered prenatal care during their first trimester.
Numerator	Patients beginning prenatal care at the health center or with a referral provider, or with another prenatal provider during their first trimester.
Denominator	Patients seen for prenatal care during the year.
Exclusions	None

Childhood Immunization Status	
Childhood Immunization Status	Percentage of children 2 years of age who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three or four H influenza type B (HiB); three Hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one Hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.
Numerator	Children who have evidence showing they received recommended vaccines, had documented history of the illness, had a seropositive test result, or had an allergic reaction to the vaccine by their second birthday.
Denominator	Children who turn 2 years of age during the measurement period and who had a <i>medical</i> visit during the measurement period.
Exclusion	Patients who were in hospice care during the measurement period.

Cervical Cancer Screening	
Cervical Cancer Screening	<p>Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria:</p> <ul style="list-style-type: none"> • Women age 21-64 who had cervical cytology performed every 3 years • Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.
Numerator	<p>Women with one or more screenings for cervical cancer. Appropriate screenings are defined by any one of the following criteria:</p> <ul style="list-style-type: none"> • Cervical cytology performed during the measurement period or the 2 years prior to the measurement period for women who are at least 21 years old at the time of the test • Cervical cytology/HPV co-testing performed during the measurement period or the 4 years prior to the measurement period for women who are at least 30 years old at the time of the test.
Denominator	Women 23 through 64 years of age with a <i>medical</i> visit during the measurement period.
Exclusions	<p>Denominator</p> <ul style="list-style-type: none"> • Women who had a hysterectomy with no residual cervix or a congenital absence of cervix • Women who were in hospice care during the measurement period

Breast Cancer Screening	
Breast Cancer Screening	Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the measurement period
Numerator	Women with one or more mammograms during the 27 months prior to the end of the measurement period.
Denominator	Women 51 through 73 years of age with a <i>medical</i> visit during the measurement period.
Exclusions	<p>Denominator</p> <ul style="list-style-type: none"> • Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy • Patients who were in hospice care during the measurement period • Patients aged 66 or older who were living long-term in an institution for more than 90 days during the measurement period

	<ul style="list-style-type: none"> Patients aged 66 and older with advanced illness and frailty
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	
Weight Assessment & Counseling for Nutrition & Physical Activity for Children	Percentage of patients 3–17 years of age who had an outpatient <i>medical</i> visit and who had evidence of height, weight, and body mass index (BMI) percentile documentation and who had documentation of counseling for nutrition and who had documentation of counseling for physical activity during the measurement period
Numerator	Children and adolescents who have had: <ul style="list-style-type: none"> their BMI percentile (not just BMI or height and weight) recorded during the measurement period and counseling for nutrition during a visit that occurred during the measurement period and counseling for physical activity during a visit that occurs during the measurement period
Denominator	Patients 3 through 16 years of age with at least one outpatient <i>medical</i> visit during the measurement period
Exclusions	Denominator <ul style="list-style-type: none"> Patients who have a diagnosis of pregnancy during the measurement period Patients who were in hospice care during the measurement period

Body Mass Index (BMI) Screening and Follow-Up Plan	
Body Mass Index (BMI) Screening and Follow-Up Plan	Percentage of patients aged 18 years and older with BMI documented during the most recent visit or within the previous 12 months to that visit and when the BMI is outside of normal parameters, a follow-up plan is documented during the visit or during the previous 12 months of that visit
Numerator	Patients with: <ul style="list-style-type: none"> a documented BMI (not just height and weight) during their most recent visit in the measurement period or during the previous 12 months of that visit, and

	<ul style="list-style-type: none"> when the BMI is outside of normal parameters, a follow-up plan is documented during the visit or during the previous 12 months of the current visit
Denominator	Patients 18 years of age or older on the date of the visit with at least one <i>medical</i> visit during the measurement period
Exclusions	<p>Denominator</p> <ul style="list-style-type: none"> Patients who are pregnant during the measurement period Patients receiving palliative care during or prior to the visit Patients who refuse measurement of height and/or weight Patients with a documented medical reason (see Specification Guidance) Patients in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient’s health status

Tobacco Use: Screening and Cessation Intervention	
Tobacco Use Screening and Cessation Intervention	Percentage of patients aged 18 and older who were screened for tobacco use one or more times within 24 months and who received cessation counseling intervention if defined as a tobacco user
Numerator	<ul style="list-style-type: none"> Patients who were screened for tobacco use at least once within 24 months before the end of the measurement period and Who received tobacco cessation intervention if identified as a tobacco user
Denominator	Patients aged 18 years and older seen for at least two <i>medical</i> visits in the measurement period or at least one preventive <i>medical</i> visit during the measurement period
Exclusions	Documentation of medical reason(s) for not screening for tobacco use or for not providing tobacco cessation intervention (e.g., limited life expectancy, other medical reason)

Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	
Statin Therapy	Percentage of the following patients at high risk for cardiovascular events aged 21 years and older who were prescribed or were on statin therapy during the measurement period:

	<ul style="list-style-type: none"> • Patients 21 years of age or older who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD), or • Patients 21 years of age or older who have ever had a fasting or direct low-density lipoprotein cholesterol (LDL-C) level greater than or equal to 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia, or • Patients 40 through 74 years of age with a diagnosis of diabetes with a fasting or direct LDL-C level of 70-189 mg/dL
Numerator	Patient who are actively using or who received an order (prescription) for statin therapy at any point during the measurement period
Denominator	Patients 21 years of age and older who have an active diagnosis of ASCVD or ever has a fasting or direct laboratory result of LDL-C greater than or equal to 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia, or patient 40 through 75 years of age with Type 1 or Type 2 diabetes and with an LDL-C result of 70-189 mg/dL recorded as the highest fasting or direct laboratory test result in the measurement year or the 2 years prior; with a <i>medical</i> visit during the measurement period
Exclusions	<p>Denominator</p> <ul style="list-style-type: none"> • Patients who have a diagnosis of pregnancy • Patients who are breastfeeding • Patients who have a diagnosis of rhabdomyolysis • Patients with adverse effect, allergy, or intolerance to statin medication • Patients who are receiving palliative care • Patients with active liver disease or hepatic disease or insufficiency • Patients with end-stage renal disease (ESRD) • Patients 40 through 75 years of age with diabetes whose most recent fasting or direct LDL-C laboratory test result was less than 70 mg/dL and who are not taking statins therapy

Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	Percentage of patients aged 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), or who had a coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCIs) in the 12 months prior to the measurement period, <i>or</i> who had an <i>active</i> diagnosis of IVD during the measurement period, and who had documentation of use of aspirin or another antiplatelet during the measurement period
Numerator	Patients who had an active medication of aspirin or another antiplatelet during the measurement period

Denominator	Patients 18 years of age and older with a <i>medical</i> visit during the measurement period who had an AMI, CABG, or PCI during the 12 months prior to the measurement year or who had a diagnosis of IVD at some point in time during the measurement period
Exclusions	Denominator <ul style="list-style-type: none"> • Patients who had documentation of use of anticoagulant medications overlapping the measurement period • Patients who were in hospice care during the measurement period

Colorectal Cancer Screening	
Colorectal Cancer Screening	Percentage of adults 50 - 75 years of age who had appropriate screening for colorectal cancer
Numerator	Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any <i>one</i> of the following criteria: <ul style="list-style-type: none"> • Fecal occult blood test (FOBT) during the measurement period • Fecal immunochemical test (FIT)- deoxyribonucleic acid (DNA) during the measurement period or the 2 years prior to the measurement period • Flexible sigmoidoscopy during the measurement period or the 4 years prior to the measurement period • Computerized tomography (CT) colonography during the measurement period or the 4 years prior to the measurement period • Colonoscopy during the measurement period or the 9 years prior to the measurement period
Denominator	Patients 50 through 74 years of age with a <i>medical</i> visit during the measurement period
Exclusions	Denominator <ul style="list-style-type: none"> • Patients with a diagnosis of colorectal cancer or a history of total colectomy • Patients who were in hospice care during the measurement period • Patients aged 66 or older who were living long-term in an institution for more than 90 days during the measurement period • Patients aged 66 and older with advanced illness and frailty

HIV Linkage to Care	
HIV Linkage to Care	Percentage of patients newly diagnosed with HIV who were seen for follow-up treatment within 30 days of diagnosis.

Numerator	Newly diagnosed HIV patients that received treatment within 30 days of diagnosis. Include patients who were newly diagnosed by your health center providers, and : <ul style="list-style-type: none"> • Had a medical visit with your health center provider who initiates treatment for HIV, or • Had a visit with a referral resource who initiates treatment for HIV
Denominator	Patients first diagnosed with HIV by the health center between December 1 of the prior year through November 30 of the current measurement year and who had at least one <i>medical</i> visit during the measurement period or prior year
Exclusions	None

HIV Screening	
HIV Screening	Percentage of patients aged 15-65 at the start of the measurement period who were between 15-65 years old when tested for HIV
Numerator	Patients with documentation of an HIV test performed on or after their 15 th birthday and before their 66 th birthday
Denominator	Patients aged 15 through 65 years of age at the start of the measurement period and with at least one outpatient <i>medical</i> visit during the measurement period
Exclusions	Denominator <ul style="list-style-type: none"> • Patients diagnosed with HIV prior to the start of the measurement period

Screening for Depression and Follow-Up Plan	
Screening for Depression and Follow-Up Plan	Percentage of patients aged 12 years and older screened for depression on the date of the visit or 14 days prior to the visit using an age-appropriate standardized depression screening tool and if positive, had a follow-up plan documented on the date of the visit
Numerator	Patients who: <ul style="list-style-type: none"> • Were screened for depression on the date of the visit or up to 14 days prior to the date of the visit using an age appropriate standardized tool and, • If screened positive for depression, had a follow-up plan documented on the date of the visit
Denominator	Patients aged 12 years and older with at least one <i>medical</i> visit during the measurement period

Exclusions	<p>Denominator</p> <ul style="list-style-type: none"> • Patients with an active diagnosis for depression or a diagnosis of bipolar disorder • Patients: <ul style="list-style-type: none"> ○ who refuse to participate ○ who are in urgent or emergent situations where time is of the essence and to delay treatment would jeopardize the patient’s health status ○ whose cognitive or functional capacity or motivation to improve may impact the accuracy of results of standardized assessment tools
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Depression Remission at Twelve Months	
Depression Remission at Twelve Months	Percentage of patients aged 12 years and older with major depression or dysthymia who reached remission 12 month (+/- 60 days) after an index event
Numerator	Patients who achieved remission at 12 months as demonstrated by the most recent 12 month (+/- 60 days) PHQ-9 or PHQ-9M score of less than 5
Denominator	Patients aged 12 years and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 or PHQ-9 modified for teens (PHQ-9M) score greater than 9 during the index event between November 1, 2018 through October 31, 2019 and at least one outpatient <i>medical</i> visit during the measurement period
Exclusions	<p>Denominator</p> <ul style="list-style-type: none"> • Patients with a diagnosis of bipolar disorder, personality disorder, schizophrenia, psychotic disorder, or pervasive developmental disorder • Patients: <ul style="list-style-type: none"> ○ who died ○ who received hospice or palliative care services ○ who were permanent nursing home residents

Birth Weight of Infants Born to Prenatal Care Patients Who Delivered During the Year	
Birth Weight of Infants Born to Prenatal Care Patients Who Delivered During the Year	Percentage of babies of health center prenatal care patients born whose birth weight was below normal (less than 2,500 grams)

Numerator	Babies born with a birth weight below normal (under 2,500 grams)
Denominator	Babies born during the measurement period to prenatal care patients
Exclusions	Denominator <ul style="list-style-type: none"> • Stillbirths or miscarriages

Controlling High Blood Pressure	
Controlling High Blood Pressure	Percentage of patients 18–85 years of age who had a diagnosis of hypertension overlapping the measurement period and whose most recent blood pressure (BP) was adequately controlled (less than 140/90 mmHg) during the measurement period
Numerator	Patients whose most recent blood pressure is adequately controlled (systolic blood pressure less than 140 mmHg and diastolic blood pressure less than 90 mmHg) during the measurement period
Denominator	Patients 18 through 84 years of age who had a diagnosis of essential hypertension overlapping the measurement period with a <i>medical</i> visit during the measurement period
Exclusions	Denominator <ul style="list-style-type: none"> • Patients with evidence of (ESRD), dialysis or renal transplant before or during the measurement period • Patients with a diagnosis of pregnancy during the measurement period • Patients who were in hospice care during the measurement period • Patients aged 66 or older living long-term in an institution for more than 90 days during the measurement period • Patients aged 66 and older with advanced illness and frailty

Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9percent)	
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9percent)	Percentage of patients 18–75 years of age with diabetes who had hemoglobin A1c (HbA1c) greater than 9.0 percent during the measurement period

Numerator	Patients whose most recent HbA1c level performed during the measurement year is greater than 9.0 percent or patients who had no test conducted during the measurement period
Denominator	Patients 18 through 74 years of age with diabetes with a <i>medical</i> visit during the measurement period
Exclusions	<p>Denominator</p> <ul style="list-style-type: none"> • Patients who were in hospice care during the measurement period • Patients aged 66 or older living long-term in an institution for more than 90 days during the measurement period • Patients aged 66 and older with advanced illness and frailty

APPENDIX C

HEDIS MEASURES

Children and Adolescents Access to Primary Care Practitioners (1-2 years)	
Numerator	Patients in the denominator who have one or more ambulatory visits during the measurement year or the two years prior to the measurement year
Denominator	Active patients between 12 and 24 months who had a visit with a PCP (Provider Specialties: Family Practice, General Practice, Geriatric Medicine, Internal Medicine, Nurse Practitioner, Pediatrics, Physician Assistant) during the measurement year
Exclusions	None

Cholesterol Management for Cardiac Patients: Screening	
Numerator	<p>Patients in the denominator who meet any of the following criteria:</p> <ul style="list-style-type: none"> • Patients who have a visit with CPT codes from the LDL-C test value set during the measurement year • Patients who had a lab done with LOINC codes in LDL-C Tests value set and the lab is received and has a non-blank result, and the result date is during the measurement year
Denominator	Active patients between 18 and 75 years during the measurement year, who have been diagnosed/treated with ICD codes/CPT codes from Acute Myocardial Infarction (AMI), or Coronary Bypass Graft (GABG), or Percutaneous Coronary Interventions (PCI), or Ischemic Vascular Disease (IVD) during the measurement year or in the year prior to the measurement year

Exclusions	None
Diabetes: A1c Testing	
Numerator	<p>Patients in denominator who meet any of the following criteria:</p> <ul style="list-style-type: none"> • Had a lab with LOINC codes (17856-6,4548-4, 4549-2, 59261-8, 62388-4, 71875-9) and the result date should be during the measurement year and the lab should be received and have a non-blank result, or • Had a visit with CPT codes 3044F, 3045F, 3046F, 83036, 83067 during the measurement year
Denominator	<p>Patient 18-75 years of age as of December 31 of the measurement year who meet any of the following criteria during the measurement year or the year prior to the measurement year:</p> <ul style="list-style-type: none"> • At least one acute inpatient encounter (Acute Inpatient value set) with a diagnosis of diabetes (Diabetes value set) without telehealth (Telehealth Modifier value set; Telehealth POS value set). • At least one acute inpatient discharge with a diagnosis of diabetes (Diabetes value set) on the discharge claim. • At least two outpatient visits (Outpatient Visit value set) on different dates of service, with a diagnosis of diabetes (Diabetes value set). • A telephone visit (Telephone Visit value set) with any diagnosis of diabetes (Diabetes value set). This can only be one of the two qualifying visits. • An online assessment (Online Assessment value set) with any diagnosis of diabetes (Diabetes value set). This can only be one of the two qualifying visits. <p>Patients who were dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis (Diabetes Medication List).</p>
Exclusions	<p>Denominator</p> <ul style="list-style-type: none"> • Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> ○ Living long-term in an institution any time during the measurement year or Local Structured Data “Currently living in a long-term Institution” Answer Boolean (Yes, No), or ○ Frailty and advanced illness during the measurement year, or ○ At least two outpatient visits on different dates of service with an advanced illness diagnosis during the measurement year or the year prior to the measurement year, or ○ A dispensed dementia medication (Dementia Medications List within RX Group RXDementia)

Diabetes: BP Control (less than 140/90)

Numerator	Patients in the denominator with most recent recorded Blood Pressure (Vital Type BP is mapped to BP in EMR) value is below 140/90
Denominator	<p>Patients 18-75 years of age as of December 31 of the measurement year who meet any of the following criteria during the measurement year or the year prior to the measurement year:</p> <ul style="list-style-type: none"> • At least one acute inpatient encounter (Acute Inpatient value set) with a diagnosis of diabetes (Diabetes value set) without telehealth (Telehealth Modifier value set; Telehealth POS value set). • At least one acute inpatient discharge with a diagnosis of diabetes (Diabetes value set) on the discharge claim. • At least two outpatient visits (Outpatient Visit value set) on different dates of service, with a diagnosis of diabetes (Diabetes value set). • A telephone visit (Telephone Visit value set) with any diagnosis of diabetes (Diabetes value set). This can only be one of the two qualifying visits. • An online assessment (Online Assessment value set) with any diagnosis of diabetes (Diabetes value set). This can only be one of the two qualifying visits. • Patients who were dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis (Diabetes Medication List).
Exclusions	<p>Denominator</p> <ul style="list-style-type: none"> • Patients diagnosed with any conditions from Diabetes Exclusions value set during measurement year or year prior to the measurement year • Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> ○ Living long-term in an institution any time during the measurement year or Local Structured Data “Currently living in a long-term Institution” Answer Boolean (Yes, No), or ○ Frailty and advanced illness during the measurement year, or ○ At least two outpatient visits on different dates of service with an advanced illness diagnosis during the measurement year or the year prior to the measurement year, or ○ A dispensed dementia medication (Dementia Medications List within RX Group RXDementia)

Diabetes: Foot Exam	
Numerator	<p>Patients in the denominator who meet any of the following criteria:</p> <ul style="list-style-type: none"> • Any of the following structure data (community) question answered as Yes during the measurement year <ul style="list-style-type: none"> ○ Community Questions: Inspection, Circulation, Monofilament, Date, Sensory Testing performed; Sensory and motor testing performed; Pedal pulse taking performed; If patient has diabetes

	<p>and current visit is for diabetes treatment: Has patient removed shoes, Visual exam of foot performed; or</p> <ul style="list-style-type: none"> • Patient who had a visit with COT code from value set Diabetic Foot Exam (2028F, G9226) during the measurement year; or • Patients who had a lab with lab name (Foot Exam, diabetic foot exam, diabetic foot exam:) and the lab should be received and has a non-blank result, and the result date should be during the measurement year; or • Having an outgoing addressed referral with provider specialties (Podiatry – Surgical Chiropody, Podiatry, Community-based podiatrist, Community-based podiatry service, Hospital-based podiatrist, Hospital-based podiatrist podiatry service, Podiatry service, Private state registered podiatry service) during measurement year
Denominator	<ul style="list-style-type: none"> • Patients 18-75 years of age (during measurement year) with at least 2 billed visits ((Outpatient, ED, Observation, Nonacute Inpatient) in the measurement year or year prior to measurement year with each visit having a diagnosis of Diabetes, or • Patients 18-75 years of age (during measurement year) who were prescribed Diabetic Medication in the measurement year or year prior to measurement year
Exclusions	<p>Denominator</p> <ul style="list-style-type: none"> • Patients who mee any of the following criteria: <ul style="list-style-type: none"> ○ Patients who were diagnosed/treated with Lower Extremity Amputation ICD codes/CPT codes during the measurement year ○ Member diagnosed with any conditions from Diabetes Exclusions value set during measurement year or year prior to the measurement year

Diabetes: LDL Screening	
Numerator	<p>Denominator patients who meet any of the following criteria</p> <ul style="list-style-type: none"> • Patient who had a visit during the measurement year with CPT codes for LDL-C Test value set (3049F, 83701, 3048F, 83700, 83721, 3050F, 80061, 83704) • Patients who had a lab done during measurement year with LOINC codes of LDL-C Tests value set (12773-8, 13457-7, 18261-8, 18262-6, 55440-2, 22748-8, 49132-4, 2089-1)
Denominator	<ul style="list-style-type: none"> • Patients 18-75 years of age (during measurement year) with at least 2 billed visits ((Outpatient, ED, Observation, Nonacute Inpatient) in the measurement year or year prior to measurement year with each visit having a diagnosis of Diabetes, or • Patients 18-75 years of age (during measurement year) who were prescribed Diabetic Medication in the measurement year or year prior to measurement year

Exclusions	Denominator
	Patients diagnosed with any conditions from Diabetes Exclusions value set during measurement year or year prior to the measurement year

Childhood Immunization Status: Influenza	
Numerator	Patients in denominator who have been administered or partially administered at least two influenza vaccinations (Influenza Vaccine Administered value set), with different dates of service on or before the child's second birthday. Vaccinations administered prior to 6 months (180 days) after birth are not counted
Denominator	Active patients who turn 2 years during the measurement year
Exclusions	Patients who have the following immunization status are excluded <ul style="list-style-type: none"> • Refused • History of immunity • Others • Pending

Lead Screening in Children	
Numerator	Patients in the denominator who meet any of the following criteria: <ul style="list-style-type: none"> • Had a lab done with LOINC codes from value set [Lead Tests] 10368-9, 10912-4, 14807-2, 17052-2, 25459-9, 27129-6, 32325-3, 5671-3, 5674-7, 77307-7) and the lab must be received and should have non-blank result and the result date should be during the measurement year or a year prior to the measurement year; <i>or</i> • Had a visit with CPT codes from the value set [Lead Tests] during the measurement year or a year prior to the measurement year
Denominator	Active patients who turn 2 years old during the measurement year
Exclusions	None

Breast Cancer Screening	
Numerator	Patients in denominator who meet the following criteria: <ul style="list-style-type: none"> • Patients for whom Community Questions: last done Mammogram; (Preventative-Data type Date) was answered as a date during the

	<p>measurement year or within 27 months prior to the measurement year end date</p> <ul style="list-style-type: none"> • Patient who had been diagnosed/treated with ICD codes/CPT codes from Mammography value set during the measurement year or within 27 months prior to the measurement year end date • Patients who had a DI (mapped to community DI elements – Mammogram, Screening, Community id 77057, 4654) during the measurement year or within 27 months prior to the measurement year end date • Patients who had a DI (mapped to community DI elements – Mammogram, Diagnostic, Community id 4656) during the measurement year or within 27 months prior to the measurement year end date. • Patients who had both DI (mapped to community DI elements – Mammogram, Uni Left, Community id 4655) and (mapped to community DI elements – Mammogram, Uni Right, Community id 4653) during the measurement year or within 27 months prior to the measurement year end date.
<p>Denominator</p>	<p>Active female patients between ages 52-74 years during the measurement year. This measure is structured to account for women currently 52 years old for whom mammograms were taken when they were of age 50</p>
<p>Exclusions</p>	<ul style="list-style-type: none"> • Patients diagnosed/treated for Unilateral Mastectomy with a modifier (CPT code) from value set Bilateral modifier, and diagnosed/treated with ICD codes/CPT codes from value set Unilateral Mastectomy ICD codes or CPT codes after 14 days from another similar history anytime in the members history, <i>or</i> • Patients with Unilateral Mastectomy or have been diagnosed with Absence of Left or Right breast • Patients with surgical history with CPT codes from value set Unilateral Mastectomy, <i>or</i> • Patient for whom any of the community questions (community question IDs – 3322, 7524, 7525, Type of Medical Reason, Type of Bilateral Mastectomy, Type of Unilateral Mastectomy) are answered • Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> ○ Living long-term in an institution any time during the measurement year or Local Structured Data “Currently living in a long-term Institution” Answer Boolean (Yes, No), <i>or</i> ○ Frailty and advanced illness during the measurement year, <i>or</i> ○ At least two outpatient visits on different dates of service with an advanced illness diagnosis during the measurement year or the year prior to the measurement year, <i>or</i> ○ A dispensed dementia medication (Dementia Medications List within RX Group RXDementia)

Care for Older Adults: Medication Review	
Numerator	<p>Patients in denominator who meet any of the following criteria:</p> <ul style="list-style-type: none"> • Patients who have a visit with CPT codes from value set [Medication Review], [TCM 7 Day], [TCM 14 Day] during the measurement year, or • Patients for whom Community Questions: Medication Review; (data type Boolean) was answered during the measurement year, or • Patients for who structured data question with exact wording [Medication Review date] (local questions-data type date) was answered during the measurement year, or • Patient for whom [verified] check box was checked in their medication during the measurement year
Denominator	Active patients who are 66 years and older as of December 31 of the measurement year
Exclusions	None

Falls: Screening for Future Fall Risk	
Numerator	<p>Patient in denominator who meet any of the following criteria:</p> <ul style="list-style-type: none"> • Patients for whom any of the community questions were answered; Community Questions: Have you had two or more falls in the past year?, Have you had any falls with injury in the past year?, Fall Risk Assessment; Screening;; or • Patients who had a lab done with exact lab name ([Fall Risk Assessment], [FALL RISK SCREENING]) or have LOINC codes from value set [Fall Screening] (52552-7, 57254-5, 73830-2) and lab is received and has a non-blank result and result date is during the measurement year, or • Patient who had a visit with CPT codes from value set [Falls screening] during the measurement year
Denominator	Active patients who are 65 years or older during the measurement year and had eligible Fall Screening visit with CPT codes from the value set [Falls screening visit] during the measurement year
Exclusions	<p>Patients in denominator who meet any of the following criteria:</p> <ul style="list-style-type: none"> • Patient who had a visit with CPT codes from value set [Falls screening] with modifier from value set [Falls Screening Excl] (1P, 8P) during the measurement year

Human Papillomavirus Vaccine for Female Adolescents	
Numerator	Patients in denominator who have either of the following: <ul style="list-style-type: none"> • At least two HPV (HPV Immunization Value Set; HPV Vaccine Procedure Value Set), with dates of service at least 146 days apart on or between the patient's 9th and 13th birthday, or • At least three HPV (HPV Immunization Value Set; HPV Vaccine Procedure Value Set), with different dates of service on or between the patient's 9th and 13th birthday
Denominator	Active patients who turn 13 years old during the measurement year.
Exclusions	Patients in denominator who meet any of the following criteria: <ul style="list-style-type: none"> • Anaphylactic reaction to the vaccines or its components (Anaphylactic Reaction Due to Vaccination value set (999.42, T80.52XA, T80.52XD, T80.52XS)) anytime on for before the member's 13th birthday • Anaphylactic reaction to the vaccines or its components (Anaphylactic Reaction Due to Serum value set (999.4)) with a date of service prior to October 1, 2011

Pneumonia Vaccination for Patients 65 Years and Older	
Numerator	Patients in denominator who meet any of the following criteria: <ul style="list-style-type: none"> • Patients who were administered or partially administered Pneumococcal vaccination from value set [Pneumococcal Old] (CPT codes: 4040F, 90669, 60970, 90732, G009; CVX codes: 100, 1109, 133, 33) anytime during the patient's lifetime
Denominator	Active patients who are 65 years or older during the measurement year
Exclusions	None

APPENDIX D

HSNT MEASURES

Colorectal Cancer Screening Referral, Orders (RO)	
Colorectal Cancer Screening REO	Percentage of patients who received education for colorectal cancer screening along with a referral or order to complete colorectal cancer screening

Numerator	Patients who meet one or more of the following criteria: <ul style="list-style-type: none"> • was referred to a gastroenterologist • was referred to the Moncrief Colorectal Cancer Screening program • given orders for an iFOBT test
Denominator	Patients 50 through 74 Years of age with a <i>medical</i> visit during the measurement period
Exclusions	Denominator <ul style="list-style-type: none"> • Patients with a diagnosis of colorectal cancer or a history of total colectomy • Patients who were in hospice care during the measurement period • Patients aged 66 or older who were living long-term in an institution for more than 90 days during the measurement period • Patients aged 66 and older with advanced illness and frailty
Service Area Competition (SAC) Dental Education (ages 2 to 17) (Rolling 12 months)	
SAC Dental Education	Percentage of patients ages 2 to 17 years of age who received a visual oral exam, dental education counseling, and a referral to dental care
Numerator	Patients with documentation of Dental Education during the measurement period
Denominator	Patients ages 2 to 17 Years of age with a <i>well-child</i> visit during the measurement period
Exclusions	None

Prenatal: TDaP in Third Trimester	
TDaP in Third Trimester	Percentage of prenatal patients in their third trimester who have received a TDaP vaccination
Numerator	Prenatal patients in their third trimester with documented evidence of a TDaP vaccination
Denominator	Prenatal patients in their third trimester (weeks 27 to 40) with a <i>medical</i> visit during the measurement period
Exclusions	Prenatal patients who have either transferred care or are lost to care.

APPENDIX E

FINANCIAL QUALITY MEASURES

Cost Per Medical Patient	
Cost Per Medical Patient	Average cost to serve one patient annually
Numerator	Total accrued cost before donations and after allocation of overhead
Denominator	Total number of patients
Exclusions	None
Cost Per Medical Encounter	
Cost Per Medical Encounter	Average cost for one medical encounter
Numerator	Total accrued cost of all HSNT medical programs after allocation of overhead
Denominator	Non-nursing medical visits
Exclusions	1. Lab and X-Ray cost
	1. Nursing (RN) and psychiatrist visits
Health Center Grant Cost Per Medical Patient	
Health Center Grant Cost Per Medical Patient	Average cost to the Federal Health Center Section 330 grant to serve one patient annually
Numerator	Total accrued cost before donations and after allocation of overhead

Denominator	Total number of patients
Exclusions	None

Working Capital to Expense Ratio	
Working Capital to Expense Ratio	AKA Operating Expense Ratio. Gives the company's underlying operational efficiency. This indicates whether the organization has enough short-term assets to cover its short-term debt
Numerator	Current Assets minus (-) Current Liabilities
Denominator	Total Expense
Exclusions	None

Long Term Debt to Equity Ratio	
Long Term Debt to Equity Ratio	Long Term Debt (land loan) compare to total value of HSNT
Numerator	Long Term Liabilities
Denominator	Net Assets
Exclusions	None

Change in Net Assets to Expense	
Change in Net Assets to Expense	Change in Net Assets. Since HSNT reports this monthly this change compares the current month to the previous month
Numerator	Net Assets
Denominator	Total expense
Exclusions	None

Operating Margin	
Operating Margin	The operating margin measures how much earned income HSNT has left, after paying all costs, to fund patient services
Numerator	Change om Net Assets
Denominator	Total Revenue
Exclusions	None

Number of Days in Cash	
Number of Days in Cash	The number of days the organization can continue to pay its operating expenses given the amount of cash available
Numerator	Cash + other cash equivalents + Accounts receivable-liabilities (liabilities-accrued retirement)
Denominator	Number of days in the year

Exclusions	None
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APPENDIX F

RYAN WHITE CLINICAL QUALITY MEASURES

Non-Medical Case Management	
Screening for Clinical Depression	Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized screening tool
Numerator	Patients screened for clinical depression on the date of encounter using an age appropriate standardized tool
Denominator	All patients aged 12 years and older before the beginning of the measurement period with at least one eligible non-medical case management encounter during the measurement period
Exclusions	<ol style="list-style-type: none"> 1. Patient Reason(s) - Patient refuses to participate 2. Medical Reason(s) - Patient is in an urgent or emergent situation where time is of the essence and to delay treat would jeopardize the patient's health status 3. Situations where the patient's functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools. For example: certain court appointed cases or cases of delirium

Medical Care Management	
MCM Care Plan	Percentage of medical case management patients regardless of age, with a diagnosis of HIV who had a medical case management care plan developed and/or updated two or more times in the measurement year
Numerator	Number of medical case management patients who had a medical case management care plan developed and/or updated two or more times which are at least 3 months apart in the measurement year
Denominator	Number of medical case management patients, regardless of age, with a diagnosis of HIV who had at least one medical case management encounter in the measurement year
Exclusions	<ol style="list-style-type: none"> 1. Medical case management patients who initiated medical case management services in the last 6 months of the measurement year

- | |
|--|
| 2. Medical case management patients who were discharged from medical case management services prior to 6 months of service in the measurement year |
|--|

AIDS Pharmaceutical Assistance	
Prescription of HIV Antiretroviral Therapy	Percentage of clients, regardless of age, who were prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year
Numerator	Number of patients from the denominator prescribed HIV antiretroviral therapy during the measurement year
Denominator	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year
Exclusions	Provider has determined it is inappropriate for a patient to be on ART at this time

Outpatient Ambulatory Medical Care	
Viral Load Suppression	Percentage of patients, regardless of age, with a diagnosis of HIV with an HIV viral load <200 copies/mL at last HIV viral load test during the measurement year
Numerator	Number of patients in the denominator with an HIV viral load <200 copies/mL at last HIV viral load test during the measurement year
Denominator	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in measurement year
Exclusions	Acute/walk-in medical visits

Insurance Assistance	
Insurance Assistance	Percentage of clients enrolled in health insurance through the health insurance assistance program
Numerator	

	Number of referred eligible clients enrolled in health insurance through program services
Denominator	Number of eligible clients referred to the insurance assistance program
Exclusions	Clients whose access to program supported health insurance has been interrupted by disruption in funding distribution

Food Pantry	
Body Mass Index	Percentage of clients showing stable or improved overall health as evidenced by Body Mass Index (BMI)
Numerator	Number of clients who have stable or improved BMI
Denominator	Number of clients for whom BMI is collected or reported when utilizing pantry services
Exclusions	<ol style="list-style-type: none"> 1. Clients that decline to be weighed 2. Clients that utilize program fewer than six times within six months 3. Clients who have food pantry items delivered to them

Global Assessment of Functioning Score – Mental Health	
Global Assessment of Functioning (GAF) Score	Percentage of clients who have maintained or improved GAF score
Numerator	Clients who have maintained or improved GAF score
Denominator	Clients with minimum of two mental health visits within measurement period
Exclusions	None

Transportation	
Van Transportation	Percentage of clients who were transported to outpatient ambulatory medical care appointment in the reporting period
Numerator	Number of patients who utilize van transportation to attend a medical visit
Denominator	Number of individuals that utilize van transportation
Exclusions	Clients who utilize van transportation less than twice every 6 months

APPENDIX G

TITLE X CLINICAL QUALITY MEASURES

Pap Tests with ASC-US, ASC-H, and LSIL results	
Pap Tests with ASC-US, ASC-H, and LSIL results	Total number of all Pap Tests with the following abnormal results: ASC-US, ASC-H, and LSIL
Numerator	Title X patients who received a Pap Test with the following abnormal results: ASC-US, ASC-H, and LSIL
Denominator	Title X patients who received a Pap Test
Exclusions	None

Pap Tests with HSIL, Squamous cell carcinoma, Glandular cell, Endocervical adenocarcinoma in situ, Adenocarcinoma, Other malignant neoplasms	
Pap Tests with HSIL, Squamous cell carcinoma, Glandular cell, Endocervical adenocarcinoma in situ,	Total number of all Pap Tests with the following abnormal results: HSIL (encompassing: moderate and severe dysplasia, CIS; CIN 2 and CIN 3), Squamous cell carcinoma, Glandular cell (Atypical), Endocervical adenocarcinoma in situ, Adenocarcinoma, Other malignant neoplasms

Adenocarcinoma, Other malignant neoplasms	
Numerator	Title X patients who received a Pap test with the following abnormal results: HSIL (encompassing: moderate and severe dysplasia, CIS; CIN 2 and CIN 3), Squamous cell carcinoma, Glandular cell (Atypical), Endocervical adenocarcinoma in situ, Adenocarcinoma, Other malignant neoplasms
Denominator	Title X patients who received a Pap Test
Exclusions	None

Confirmed positive HIV test results	
Confirmed positive HIV test results	Total number of confirmed HIV positive test results
Numerator	Title X patients who received a confirmed positive HIV test result
Denominator	Title X patients who received an HIV test
Exclusions	None

APPENDIX H

UDS CLINICAL MEASURES 2020 RESULTS	Percentage of Patients Who Met the Standardized Measure
Early Entry into Prenatal Care	43.12%
Childhood Immunization Status (2-year olds)	36.52%
Cervical Cancer Screening (ages 23 to 64)	60.48%
Breast Cancer Screening (Females ages 51 to 73)	30.29%
Weight Assessment and Counseling for Children (ages 3 to 17)	92.83%
BMI Screening and Follow Up Plan (ages 18+)	94.09%

Tobacco Use: Screening and Cessation Intervention (ages 18+)	90.50%
Statin Therapy (ages 21+)	71.54%
Ischemic Vascular Disease: Use of Aspirin/Antiplatelet (ages 18+)	84.34%
Colorectal Cancer Screening (ages 50 to 75)	18.33%
HIV Linkage to Care	100%
HIV Screening (ages 15 to 65)	43.46%
Screening for Depression and Follow Up Plan (ages 12+)	90.15%
Depression Remission at 12 Months (ages 12 +)	5.56%
Deliveries and Birthweight by Race and Ethnicity	8.36%
Controlling High Blood Pressure by Race and Ethnicity (ages 18 to 85)	48.75%
Diabetes: HgA1c Poor Control by Race and Ethnicity (ages 18-75)	40.63%

APPENDIX I

HEDIS CLINICAL MEASURES 2020 RESULTS	Percentage of Patients Who Met the Standardized Measure
Breast Cancer Screening	76.99%
Cervical Cancer Screening	57.30%
Colorectal Cancer Screening	17.49%
Lead Screening in Children	82.23%
Childhood Immunization - Influenza	59.19%
Weight Counseling (16-17)	81.94%
Weight Counseling (3-16)	84.07%
Pneumonia Vaccinations	39.119%
Diabetes A1c Tests (<9.0)	58.81%

APPENDIX J

HSNT CLINICAL MEASURES 2020 RESULTS	Percentage of Patients Who Met the Standardized Measure
Colorectal Cancer Screening REO	57.74%
SAC Dental Screening	79.91%
Tdap in Third Trimester	72.46%

APPENDIX K

FINANCIAL MEASURES 2020 RESULTS	2020
Cost Per Medical Patient	\$1030.95
Cost per Medical Encounter	\$346.72
Health Center Program Grant Cost per Patient	\$103.91
Working Capital to Expense Ratio	2.62:1
Long term debt to equity ratio	28.10%
Change in Net Assets to Expense	3.20%
Operating Margin	3.14%
Days in Cash	59

APPENDIX L

RYAN WHITE SERVICE CATEGORY 2020 RESULTS	Percent of Patients/Clients Served in 2020
Non-Medical Case Management: Screening for Clinical Depression	58%
Medical Case Management: Care Plan	74%
AIDS Pharmaceutical Assistance: Prescription of HIV Antiretroviral Therapy	100%
Outpatient Ambulatory Medical Care: HIV Viral Load Suppression	82%
Insurance Assistance: Health Insurance Assistance	100%

Food Pantry: Body Mass Index	N/A
Mental Health: GAF Score	84%
Transportation: Van Transportation	100%

Total number of Ryan White Clients served: 458

APPENDIX M

TITLE X CLINICAL QUALITY MEASURES 2020 RESULTS	2020
Total number of all PAP Tests with the following abnormal results: ASC-US, ASC-H and LSIL	164
Total number of all PAP Tests with the following abnormal results: HSIL (encompassing: moderate and severe dysplasia, CIS, CIN 2 and CIN3) Squamous cell carcinoma, Glandular cell (Atypical), Endocervical adenocarcinoma in situ, Adenocarcinoma, Other malignant neoplasms	12
Total number of confirmed HIV positive test results	4

**HRSA 330 Compliance Annual Review Final Report:
Required and Additional Health Services**

Participants:

- Project Leader: Kelsey Moore
- Compliance Officer: Larry Bisno
- Subject Owner: Debra Layman
- Review Team: Anna Contreras, Mari Bailey, Jamie Taylor, Kim Alambar, and Karishma Patel

Materials Reviewed:

- Forms 5A, 5B, and 5C
- Contracts and MOUs
- Translated Documents
- Procedures for Tracking and Managing Referred Services

Timeline:

- Review Worksheet sent to Subject Owner: 3/19/2021
- Review Worksheet Completed and Requested Documents Uploaded by Subject Owner: 4/28/2021
- Submissions Reviewed by Project Leader and Compliance Officer: 4/30/2021
- Meeting with Subject Owner, Project Leader, Compliance Officer, and Review Team to discuss next steps and recommendations: 5/5/2021
- Progress Report to Agency Quality Committee: 4/28/2021
- Full Report to Governing Board: 5/19/2021
- Final Report to Agency Quality Committee: 5/26/2021

Recommendations:

- Ensure a pharmacy contracts are compiled including Walgreens, ReNue, and Walmart.
- Policies and procedures for managing referred services are being updated as part of the PCMH process. Policies will be presented to the Governing Board for approval.
- Research other potential contract/referral resources for Mental Health and Substance Use Disorder services due to closure of Youth and Family Counseling. Present any necessary changes to Form 5A to the Governing Board for approval.
- Cultural sensitivity training will be rolled out to all clinic staff to ensure compliance.

ACTION:

Reviewed by:

• Debra Layman, COO _____ Date: _____

• Doreen Rue, CEO _____ Date: _____

Governing Board Quality Committee Approval:

_____ Date: _____

Governing Board Approval:

_____ Date: _____

(President)

**HRSA 330 Compliance Annual Review Final Report:
Accessible Locations and Hours of Operations**

Participants:

- Project Leader: Kelsey Moore
- Compliance Officer: Larry Bisno
- Subject Owner: Debra Layman
- Review Team: Anna Contreras, Mari Bailey, Jamie Taylor, Kim Alambar, and Karishma Patel

Materials Reviewed:

- Forms 5A, 5B, and 5C
- Community Needs Assessment
- Patient Satisfaction Surveys
- UDS Report and Mapper
- HSNT Site Specific Information (location, hours of operation public transportation, etc.)

Timeline:

- Review Worksheet sent to Subject Owner: 3/19/2021
- Review Worksheet Completed and Requested Documents Uploaded by Subject Owner: 4/28/2021
- Submissions Reviewed by Project Leader and Compliance Officer: 4/30/2021
- Meeting with Subject Owner, Project Leader, Compliance Officer, and Review Team to discuss next steps and recommendations: 5/5/2021
- Progress Report to Agency Quality Committee: 4/28/2021
- Full Report to Governing Board: 5/19/2021
- Final Report to Agency Quality Committee: 5/26/2021

Recommendations:

- Modified Hours for Loop 288 and DSC will be presented to the Governing Board for Approval and updated on Form 5B.

ACTION:

Reviewed by:

- Debra Layman, COO _____ Date: _____

- Doreen Rue, CEO _____ Date: _____

Governing Board Quality Committee Approval:

_____ Date: _____

Governing Board Approval:

_____ Date: _____

(President)

**HRSA 330 Compliance Annual Review Final Report:
Quality Improvement & Assurance**

Participants:

- Project Leader: Kelsey Moore
- Compliance Officer: Larry Bisno
- Subject Owner: Dr. Jason Siegel
- Review Team: Kim Alambar, Christopher Redden

Materials Reviewed:

- HSNT Quality Plan
- Clinical Guidelines & Standards of Care
- Periodic QI/QA Assessments
- Medical Director Job Description

Timeline:

- Review Worksheet sent to Subject Owner: 3/19/2021
- Review Worksheet Completed and Requested Documents Uploaded by Subject Owner: 4/28/2021
- Submissions Reviewed by Project Leader and Compliance Officer: 4/30/2021
- Meeting with Subject Owner, Project Leader, Compliance Officer, and Review Team to discuss next steps and recommendations: 5/11/2021
- Progress Report to Agency Quality Committee: 4/28/2021
- Full Report to Governing Board: 5/19/2021
- Final Report to Agency Quality Committee: 5/26/2021

Recommendations:

- HSNT's revised Quality Plan will be presented to the Governing Board for approval.
- HIPPA policies will be evaluated, and updates will be presented to the Governing Board for approval as needed.
- To ensure consistency across the organization, HSNT's clinical policies will be reviewed to ensure they comply with HSNT's updated Patient Centered Medical Home policies, procedures, and requirements. Any updated policies will be presented to the Governing Board for approval.

ACTION:

Reviewed by:

- Dr. Jason Siegel, Medical Director _____ Date: _____

- Doreen Rue, CEO _____ Date: _____

Governing Board Quality Committee Approval:

_____ Date: _____

Governing Board Approval:

_____ Date: _____

(President)



2020 STRATEGIC PRIORITIES PROGRESS REPORT

OCTOBER 2020 SUMMARY

PRIORITY 1: EARNED REVENUE

TASK	% DONE	NOTES
340b Program Development	100% of 2020 plan is complete. Future growth anticipated	This project is on-going; however, we have made huge steps this year in developing the program and organically capturing eligible claims for this program. Revenue is intended to increase access to medications and medical care. We added a TPA to manage and support compliance. Six additional contract pharmacies to better serve our patients have been implemented and one additional pharmacy will go live in October 2020. Repayment of duplicate discounts has been challenging and the current plan is to send a check VIA certified mail in October. Duplicate discount issue was resolved. On-going compliance monitoring and we worked with the pharmacy to change the set up.
Add Pharmacy at L288	100%	Pharmacy construction is 90% complete. The Pharmacy and HSNT provider/program team have met, and many added benefits are available to our program and patients. Fully integrated and engaged partnership.
Train Providers at CCMC	80%	Providers trained on pharmacy resources and 340b. Additional training needed with expansion of contract pharmacies and resources to patients at CCMC. Ongoing training and reporting to providers in 2021 is scheduled.
Recruit commercially insured patients-focus on CCMC	50%	We increased commercial payor mix at CCMC to 25%. Because of COVID-19, all visits at this location are currently using telemedicine, activities to promote this program has been have been limited. However, website and marketing plans are in place. Commercial visits for the year made up 21% of total medical visits at CCMC

PRIORITY 2: EMERGING TECHNOLOGY

TASK	% DONE	NOTES
Test Real-time Scribe	100%	Researched several solutions (live, recorded session, AI) and settled on AI. Due to benefit and cost. 1 provider successfully using full version and several others using the limited version integrated in our medical record system.
Outsource and automate Payroll	100%	Payroll transitioned to Paylocity. Staff are trained and ongoing training is needed as we add features to this system.
Replace HIPAA Help Center platform- integrate more functions	100%	Functioning as intended. 100% of staff trained. The additional functions and capabilities have supported our team and process to increase compliance. For example- automated attestations when staff comply with required activities.

Telemedicine	90%	Technology and systems in place, all providers trained and have utilized telemedicine to provide services. Working through access barriers and added technology support for system issues. In 2019 the only service accessed via telemedicine was psychiatric care with a total of 848 visits. In YTD in 2020 we have completed 2,422 visits with an average duration of 21 minutes. Devices, remote monitoring, workflow enhancements and patient access issues still to be addressed. Poised for expansion and full integration of visit type for future use. Sustainability and integration of this platform prioritized for 2021.
Increase use of eCW features and functionality	100% for current organization capacity. 75% of available functions	HEDIS, PCMH, Scribe, population health, dashboard and data analytics. Plan to continually evaluate and incorporate features relevant to HSNT and available resources. In our experience with other health centers using eCW and eCW support staff, we are high performer in utilizing available features.
Equipment replacement schedule	100%	5-year cycle- consideration in budgeting process. Ongoing evaluation of technology trends and products.
Increase patient utilization of Healow portal app (payments, schedule appt, messaging, etc.)	75%	2019 had 12,591 patient logins in patient portal or Healow app. 2020 had 55,189 logins resulting in a 438% increase in utilization. Increased usage in these elements primarily due to use of telemedicine. Accepting payments: patient portal payments are not available in Healow app yet. New website and social media push to direct patients request appointments electronically. Identified phone field errors that will be corrected to improve receipt of text message reminders when enabled.

PRIORITY 3: COMPREHENSIVE SERVICES

TASK	% DONE	NOTES
Patient Centered Medical Home	90%	Extensive work to close gaps in requirements to apply for PCMH. Expect to complete work and apply in November and received approval by end of 2020. Updated policy, procedures, workflows, and reporting in process- anticipate final review of application and decision in June 2021.
Develop L288 transfer providers to build continuity of care	100%	COVID-19 interrupted ramp up plan for 2020. Currently 3 medical providers are practicing at L288 (2 FNP and 1 PNP). LCSW hired to backfill a position and she will join this team. Team in place.
Prenatal care- ongoing care for Women	30%	Women's Health providers currently at DSC will rotate and each see patients 1 day each week at L288. Introducing patients to full continuum of care. Plan in place for rotations to start 4Q2020. Evaluating expanding scope of Title X to include L288 or possibly shift from DSC to L288. Title X services now available at L288. Will monitor continuity of care and report in 2021.
Prenatal care- retain babies in Pediatric Care	30%	Marketing and communications regarding comprehensive care and plan to connect prenatal patients in place. Postpartum visits scheduled at 288- warm introduction to pediatric providers for child and family practice providers for mom and family members. New pediatrician scheduled to meet OB patients and

		offer pediatric care at DSC 2 sessions a week to introduce and highlight newborn and pediatric services available at HSNT.
Pediatric care- retain in Primary Care	20%	Data analytics promotion of care through life cycle needed to determine goal for retaining patients. Comprehensive care and PCMH are necessary steps to realize this goal. Plan for 2021 to add Pediatrician in Denton to increase capacity and to meet more need while building a stronger program and transitions to adult care.
Implement Primary Care at CCMC	40%	Part time FNP seeing patients at CCMC. Visits were office visits until COVID-19 and telemedicine visits are currently in place. Ramp up of this program negatively impacted because of public health emergency. Several attempts to set up transition of care process with THR Plano, to date no referrals have been made. However, through community referrals, HSNT website, and other sources we have served 194 patients with primary care in 310 visits at CCMC.
PrEP program	10%	Slow to get off the ground because of COVID-19 and access to PrEP as well as cost of lab work.
Marketing and Communications Program Development	100%	New website, Social Climb-patient experience rating continues strong, revamp of patient satisfaction survey using QR code to access from patient smart phone, Business Stakeholder Partners

CONCLUSIONS/RECOMMENDATIONS

Considering the challenges faced in 2020 we have made remarkable progress in these strategic initiatives. The unexpected issues with COVID-19 produced challenges but also opportunity. Strategic use of one-time funding is focused on preparing for new normal that is sustainable and focused on access and quality care. Final report in 2021.

- 2021 Budget presented to board for consideration in November.
- 2021 priority and goals set in December 2020.

Respectfully Submitted,

Doreen Rue, CEO

Relocation of Collin County Medical Center

Summary:

Relocation of the Collin County Medical Center from 2540 K Ave, Suite 500 Plano, TX 75074 to 5501 Independence PKWY, Suite 110 Plano, TX 75023.

This includes updating HSNT's Form 5B and scope of care, terminating the existing lease and entering into a new lease agreement.

ACTION:

Reviewed by:

- Pam Barnes, CFO _____ Date: _____

- Debra Layman, COO _____ Date: _____

- Larry Bisno, Director of Strategic Initiatives _____ Date: _____

- Doreen Rue, CEO _____ Date: _____

Governing Board Strategic Planning Committee Approval:

_____ Date: _____

Governing Board Approval:

_____ Date: _____

(President)

Change in Scope for Approval
Delete Service Site from Scope

Health Services of North Texas' (HSNT) Board of Directors approves the deletion of the current Collin County Medical Center location (2540 K Avenue, Suite 500, Plano, TX 75074) as a site within the organization's FQHC scope and request that this site is removed from Form 5B.

Michael Foster, Board President

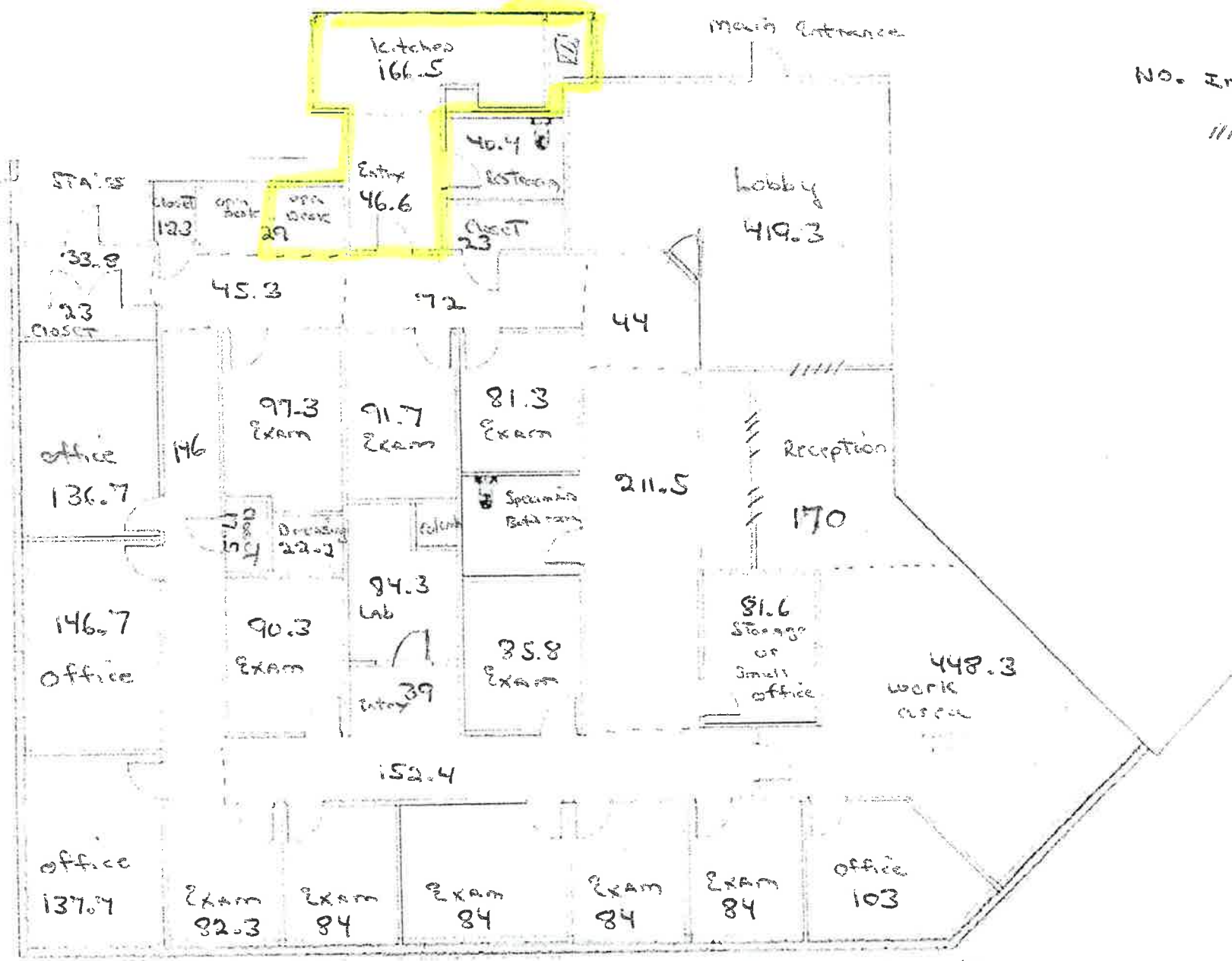
Date

Change in Scope for Approval
Add New Service Site to Scope

HSNT’s Board of Directors approves the addition of the new Collin County Medical Center location (5501 Independence Pkwy., Ste. 110, Plano TX, 75023) as a site within the organization’s FQHC scope and request that this site is added to Form 5B.

Michael Foster, Board President

Date



NO. In black = NET Sq. ft
 //// = counter check in/out
 = Specimen pass-through

office w/Glass
 Towards work area

Demographic information Plano Zip 75023

Plano Zip Code 75023

- Location in Plano: From Coit to Hwy 75 /Legacy to Parker.
- 75023 is a zip code included in our CIS for CCMC

Poverty/Medical Insurance

- Median family income: \$95,569 (2019 US Census est.)
 - Note: unemployment in Collin County increased from 3.2% in 2019 to 6.5% in 2020.

- % in poverty: 6.5% (2019 US Census est.)
- % low income: 17.5% (UDS Mapper)

- % Uninsured: 11.4% (2019 US Census est.)

- **Medicare** Coverage: of those 65 years and older: 93.3%
- **Medicaid** Coverage (of those):
 - Under 19 years 19.7%
 - 19-64: 3.9%

Children

- Children in Zip 75023 (2019 project Census Data): 10,415
 - Under 6: 30.7 %
 - 6-11: 33.1%
 - 12-17: 36.2%

- Number on public assistance past year: 15.2%
- Children below 100% of poverty level: 10.2%

Key Adult Ages

- 65 years and older: 15% (7,543 people)

Pediatricians around 5501 Independence PKWY Plano TX 75023

<u>Name</u>	<u>Address</u>	<u>Zip</u>	<u>Medicaid/CHIP</u>	<u>Distance</u>
Caremost Pediatrics	5501 Independence PKWY	23	No	0
National Pediatrics	2109 W. Spring Creek	23	Yes	1.1
Urgent Care for Kids	7212 Independence PKWY	25	Yes	1.3
Pediatrics with a Mission	6300 Stonewood Drive	24	yes	1.6
Seven Hills Pediatrics	6853 Coit Road	25	Yes	2.2
North Dallas Children's Clinic	4500 Legacy Drive	24	Yes	2.6
Cook's Children	4512 Legacy Drive	24	Yes	2.9
Honey Pediatrics and Family Care	3721 W. 15th Street	75	No	3.2
Dr. Mirand Ramirez	3608 Preston Road	93	Yes	3.5
Olive Branch Pediatrics	3105 W. 15th	75	No	3.6
Dr. Marcy Berg	2100 Hedgecoxe	25	No	3.6
Dr. Yehuda S. Ahmad	2709 W. 15th	25	Yes	3.6
Plano Pediatrics (Cooks)	4001 W. 15th	93	Yes	3.7
Dr. Allan R. deVilleneuve	4112 W. 15th	93	Yes	3.8
Bright Futures Pediatrics	7211 Preston Rd.	24	No	3.9
Village Pediatrics	5425 W. Spring Creek	25	No	4.1
Collin County Pediatrics	3555 National Drive	25	No	5.1
Dr. Shoba Michaels	5940 Communications Dr	93	No	5.1
PAD Plano	5000 Communications Dr	93	No	5.1

Changes in Scope

Summary:

- Hours of Operation at Loop 288 and DSC - Form 5B
- Move Mental Health and Substance Abuse Services from Contract (Column II) to Referral (Column III) - Form 5A
- Add Immunizations and Health Education to Other In-Scope Activities - Form 5C

ACTION:

Reviewed by:

- Doreen Rue, CEO _____ Date: _____

Governing Board Strategic Planning Committee Approval:

_____ Date: _____

Governing Board Approval:

_____ Date: _____

(President)

Hours of Operation

Loop 288 – 306 N. Loop 288, Ste. 200, Denton, TX 76209 (~~40~~47.5 hours per week)

Mon~~–~~, Tues, Thurs: 7:30 – 12pm and 1 – ~~6~~5pm

Wed: 7:30 – 12pm and 1 – 7pm

Fri: 7:30 – 12pm and 1 – 5pm

Denton Medical Center – 4304 Mesa Drive, Denton, TX 76207 (40 hours per week)

Mon – Fri: 8 – 12pm and 1 – 5pm

Denton Medical Center – 4308 Mesa Drive, Denton, TX 76207 (40 hours per week)

Mon – Fri: 8 – 12pm and 1 – 5pm

Denton South Center – 3537 South I-35E, Suite 210, Denton, TX 76210 (~~43~~2 hours per week)

Mon, Tues, Thurs, ~~Fri~~: 8 – 12pm and 1 – 5pm

Wed: 8 – 12pm and 1 – 7pm

Fri: 8 – 12pm and 1 – 6pm

Collin County Medical Center – 2540 K Avenue, Ste. 500, Plano, TX 75074 (40 hours per week)

Mon – Fri: 8 – 12pm and 1 – 5pm

Wylie Children’s Medical Clinic – 303 S. Hwy. 78, Suite 106, Wylie, TX 75098 (40 hours per week)

Mon – Fri: 8 – 12pm and 1 – 5pm

Headquarters – 4401 N. I-35, Ste. 312, Denton, TX 76207 (45 hours per week)

Mon – Fri: 8 – 5pm

Michael Foster, Board President

Date

Hours of Operation

Loop 288 – 306 N. Loop 288, Ste. 200, Denton, TX 76209 (47.5 hours per week)

Mon, Tues, Thurs: 7:30 – 12pm and 1 – 6pm

Wed: 7:30 – 12pm and 1 – 7pm

Fri: 7:30 – 12pm and 1 – 5pm

Denton Medical Center – 4304 Mesa Drive, Denton, TX 76207 (40 hours per week)

Mon – Fri: 8 – 12pm and 1 – 5pm

Denton Medical Center – 4308 Mesa Drive, Denton, TX 76207 (40 hours per week)

Mon – Fri: 8 – 12pm and 1 – 5pm

Denton South Center – 3537 South I-35E, Suite 210, Denton, TX 76210 (43 hours per week)

Mon, Tues, Thurs: 8 – 12pm and 1 – 5pm

Wed: 8 – 12pm and 1 – 7pm

Fri: 8 – 12pm and 1 – 6pm

Collin County Medical Center – 2540 K Avenue, Ste. 500, Plano, TX 75074 (40 hours per week)

Mon – Fri: 8 – 12pm and 1 – 5pm

Wylie Children’s Medical Clinic – 303 S. Hwy. 78, Suite 106, Wylie, TX 75098 (40 hours per week)

Mon – Fri: 8 – 12pm and 1 – 5pm

Headquarters – 4401 N. I-35, Ste. 312, Denton, TX 76207 (45 hours per week)

Mon – Fri: 8 – 5pm

Michael Foster, Board President

Date

Change in Scope Notification - Grant Number H80CS24197
Move Mental Health and Substance Use Disorder Services from Contract (Column II) to Referral (Column III)

Purpose: Health Services of North Texas' (HSNT) Board of Directors has been notified that Mental Health and Substance Use Disorder Services will no longer be provided through a formal written contract agreement (Column II on Form 5A) and will now be provided through a formal written referral arrangement (Column III on Form 5A). HSNT will also continue to provide these services directly.

Michael Foster, Board President

Date

Change in Scope for Approval - Grant Number H80CS24197
Add Immunizations and Health Education to Form 5C

Purpose: Health Services of North Texas' (HSNT) Board of Directors approves the addition of Immunizations and Health Education as other in-scope activities, to be added to Form 5C.

Michael Foster, Board President

Date

Administrative Requirements Policy

Summary:

The objective of this policy is to provide workforce members with information pertaining to the administrative requirements that impact the handling of protected health information (PHI). The policy applies to all workforce members, including medical staff, management, and others who have direct or indirect access to patient PHI, including electronic protected health information (ePHI) created, held, or maintained by Health Services of North Texas (HSNT), and its subsidiaries. Failure to meet the requirements set forth in this policy will result in the disabling of access to patient information and/or all HSNT access.

ACTION:

Reviewed by:

- Christopher Redden, CIO _____ Date: _____

- Doreen Rue, CEO _____ Date: _____

Governing Board Strategic Planning Committee Approval:

_____ Date: _____

Governing Board Approval:

_____ Date: _____

(President)

ADMINISTRATIVE REQUIREMENTS POLICY

HIP027

POLICY:

The objective of this policy is to provide workforce members with information pertaining to the administrative requirements that impact the handling of protected health information (PHI).

The policy applies to all workforce members, including medical staff, management, and others who have direct or indirect access to patient PHI, including electronic protected health information (ePHI) created, held, or maintained by Health Services of North Texas (HSNT), and its subsidiaries. Failure to meet the requirements set forth in this policy will result in the disabling of access to patient information and/or all HSNT access.

HSNT will follow the Administrative requirements and guidelines established by the Texas HB 300, Texas Administrative Code, HIPAA Privacy Rule (45 CFR §164.530), and HIPAA Security Rule (45 CFR §164.308).

Chief Executive Officer

Date

Board of Directors Representative

Date

Revision dates to Policy: 05/10/2021

Board approved revision:

PROCEDURE:

Privacy Officer

Health Services of North Texas has designated a Privacy Officer (PO) who is responsible for implementing the privacy policies and procedures throughout the organization. The PO ensures that all workforce members receive privacy training, as well as appropriately addresses complaints covered by the Notice of Privacy Practices.

Procedure:

Review non-standard requests for use and disclosure of PHI, and then determine if the information should be released to the requesting party.

Seek the advice of legal counsel and/or consult with management upon identifying a request that could potentially lead to legal action.

Ensure that all staff has received the appropriate Privacy Policy Training for their assigned job function.

Exercise the necessary sanctions in the approved Compliance Software by completing the incident report investigation for any workforce member who violates the organizations privacy policies and procedures.

Ensure that all business associates have signed the Business Associate Agreement and/or annual attestation.

Continue developing policies and procedures as needed for the protection of PHI.

Ensure that patient files contain valid acknowledgements and authorizations for disclosure.

Perform periodic ongoing audits of privacy protection and adherence to policies and procedures.

Respond to all requests from the Office of Civil Rights or other legal entities relating to privacy compliance or investigations.

Maintain records of restrictions, revocations and other changes to allowable uses or disclosure that the practice agrees to.

Training

Training is required to provide workforce members with the correct approach when handling PHI. Health Services of North Texas conducts Privacy Policy training:

- a. For newly hired workforce members within their first ten (10) days of employment.
- b. Within the first 21 days of new annual training material being published by the Compliance Software Application.
 - i. Employees who have completed annual HIPAA training, in a similar course, within the calendar year, will be compliant for the calendar year.
- c. All employees will be required to take assigned training, regardless of any previous trainings, when the duties of an employee are affected by a material change in state or federal law concerning protected health information.

Annual trainings are assigned according to the employee's scope of employment and in alignment with State and Federal requirements and guidelines.

Procedure:

Determine the level of training that is required for all workforce members. New Hires require extensive training; Existing Workforce members will require periodic training and Topical Awareness/Process Change Training.

Assign the appropriate training to the workforce member using the Training Module in the approved Compliance Software.

Maintain a record of who has been trained, the training exercises they have been assigned, and when the assigned training was completed in the Approved Compliance Software or by attestation. A personal, secure login to the Approved Compliance Software will be accepted as the requirement to sign, electronically or in writing, a statement verifying the employee's attendance at the training program.

Maintain the signed statement until the sixth anniversary of the date the statement is recorded. Training from a previous employer may be accepted as compliant, at the discretion of the Compliance Officer.

Administrative Safeguards

Health Services of North Texas utilizes the Approved Compliance Software to implement the appropriate administrative, technical, and physical safeguards to protect the privacy of PHI. Additionally, the organization makes reasonable efforts to mitigate any known violation of the policies and procedures that pertains to the use and disclosures of PHI.

Any individual who is aware of such an issue is required to report the incident in the Approved Compliance Software Incident Response Module. The Approved Compliance Software, allows the organization to take the appropriate sanctions when it is found that a workforce member has allowed, acted, or aided in the intentional or unintentional use and/or disclosure of PHI.

Procedure:

Mitigate any known violation of the policies and procedures that pertain to the use and disclosure of PHI.

Refer to the Incident Response Policies and Procedures located in the Approved Compliance Software, to appropriately address the incident.

Complaints

Health Services of North Texas complies with an individual and workforce member's right to file a complaint against the organization. The organization requires the execution of an "open door policy", as well as the ability to submit written complaints via the incident report for complaints that relate privacy violations, and for complaints that may be general in nature. All forms of complaints are logged into the Approved Compliance Software as an incident for further processing and review by the Privacy or Security Officer and the Health Services of North Texas Risk Committee, depending on its nature.

The organization assures that no workforce member will engage in retaliatory actions by means of intimidation, coercion, threats, or discrimination, against an individual who has who has filed a complaint.

Procedure:

Ensure that all HIPAA Complaints requested to be made face-to-face are received in a secure location that cannot be overheard by other parties.

Provide requestors who wish to make a written complaint with a standard Complaint Form, which includes the Privacy Officer's name and address.

Ensure that within (15) days after the complaint is received, that written acknowledgement is sent to complainants who have filed a written complaint. (applies to complaints that are not filed as anonymous).

Log all Complaints in the Feedback Module of the Approved Compliance Software for review and tracking.

Updates

Health Services of North Texas has implemented policies and procedures regarding PHI that comply with the HIPAA standards, implementation, and other requirements. Policies and procedures are updated as necessary to comply with changes in the law and other governing factors.

Additionally, when the Privacy Practices change, the associated Notice of Privacy Practice Form, as well as the policies and procedures are updated accordingly.

HSNT policies and procedures are established as a Best Practice using established resources as a guide. If there is a conflict between the laws, HSNT will adduce the more stringent law, or establish an entity standard that remains compliant the regulations and requirements.

Resources:

- 1) Texas HB 300, SECTION 6. Chapter 181, Health and Safety Code
- 2) Texas Administrative Code, Texas Medical Records Privacy Act, Health and Safety Code, Title 2. Health, Subtitle I. Medical Records, Chapter 181. Medical Records Privacy, Subchapter C. Access to And Use of Protected Health Information
- 3) HIPAA Privacy Rule (45 CFR §164.530), § 164.530 Administrative Requirements
- 4) HIPAA Security Rule (45 CFR §164.308), §164.308 Administrative Safeguards

Procedure:

Note: Refer to training to ensure that the appropriate topical awareness training has been associated with the policy and procedure updates below.

Update policies and procedures when notification has been received that the regulation, physical environmental or other factors pertaining to the policies and procedures has changed. Ensure that the following apply to the updated policies and procedures:

Complies with standards, requirements, and implementations.

Prior to the effective date of the change, the policy or procedure, as revised, is documented as required in the Approved Compliance Software

Update the Notice of Privacy Practice Form, as well as the policies and procedures to reflect the change in the privacy practice process.

Maintain policies and procedures in written or electric form.

Documentation

Documenting specific actions, communications, and designations allows Health Services of North Texas keep track of business operations that relate to PHI. The Approved Compliance Software aids the organization by allowing workforce members to maintain communications, activities, and designations that relates to PHI.

Because information or actions that are documented may not be needed right away, Health Services of North Texas retains documentation for six years from the date of its creation, or the date that it was in effect last (whichever is later).

Procedure:

Document communications, activities, and designations in the Approved Compliance Software.

Retain documentation for six years from the date of its creation, or the date that it was last in effect (whichever is the later).

References:

164.520 Notice of Privacy Practices

164.502 Uses and Disclosures: General Rules

164.316(b)(1)(ii) Policies and Procedures Documentation Requirements

164.316(b)(2)(i) Time Limit

164.316(b)(2)(ii) Availability

164.414 Administration Requirements and Burden of Proof

164.504 Uses and Disclosures: Organizational Requirements

164.530(a)(1)(i) Designation of Privacy Officer

164.530(a)(1)(ii) Contact Person

164.530(d)(1) Process for Complaints

164.530(b) Staff Training