

Knox County Community Health Center
Co-Applicant Board
 December 17, 2020
 Minutes

The Knox County Community Health Center Co-Applicant board meeting was held December 17th, 2020. The following were in attendance:

Board Members:	Knox County Public Health / Health Center:
Nixon, Jay, President, In Person	Belangia, Lane, CEO
Wythe, Mike, Pro-Tem, Internet	Bixler, Shelbi, Administrative Assistant
Hillier, Linda, Phone	Robinson, Stacey, Fiscal Supervisor
Kurtz, Matthew, Internet	Snyder, Nanette, Clinical Coordinator
Tazewell, Peg, Secretary, Internet	Thomas, Kristi, Administrative Assistant
Tope, Ann, Phone	Mowry, Alayna, Communications Coordinator
Jones-Perkins, Jodi, Internet	Julie Miller Health Commissioner
Hawkins, Todd, Internet	
White, Bruce, Internet	Guests:
Lenthe, Jim, Internet	Helt, Eric, Board or Health Member
Absent:	Doup, Amy, OSU Student
Boyd, Jodi	
Burdette, Patricia	

1. Convention

1.1. Call to Order

The meeting was called to order by President, Jay Nixon, at 11:35 a.m.

1.2. Acceptance of the Agenda

Jay Nixon made a motion to amend the agenda so not to include the reappointment of Jay Nixon and Mike Wythe until further research is done in regard to re-appointment date confirmations. Ann Tope made a motion to accept the amended agenda. Peg Tazewell seconded the motion: in the negative; none. The amended agenda was approved.

1.3. Approval of Minutes

1.3.1. Approval of November 19, 2020 KCCHC Board Minutes

Mike Wythe made a motion to approve the November 19, 2020 KCCHC Board Minute. Ann Tope seconded the motion: in the negative; none. The motion was approved.

1.4. Public Participation:

Eric Helt from the Board of Health was in attendance for the Co-Applicant Board meeting December 17, 2020 in order to learn more about the Co-Applicant Board since the health center fund is consists of a large component or the KPH budget

2. Special Reports

2.1. Promotional Report:

Alayna Mowry reported in addition to the written report:

- The health center is beginning to work with Bergie Media Fusion who will begin to focus on marketing and outreach for the health center and its services. The documents her company needed to review have been sent. A follow up meeting is set for January to hear where initial focus will begin. There will be a report provided with more details during the next few Co-Applicant Board meetings as information is gathered.

For more detailed information, see Attachment 1 –[Promotional Report 1](#)

For more detailed information, see Attachment 2 –[Social Media](#)

2.2. QI Coordinator / Clinical Supervisor:

Nan Snyder reported in addition to the written report:

- November's time has been mostly spent preparing for upcoming OSV. I am very proud of staff on how well they charted and closed the communication and tracking loop for patient referrals which indicated how well the center cares for our patients, there were no findings during OSV pertaining to referrals. There was no QI meeting in December the next scheduled meeting is in January. Changes will be coming on how we do QI reporting for the board members to help you better understand the importance of the quality measures and other working of the QI committee.

2.3. Dental Supervisor Report:

Lane Belangia reported:

- The new sterilization process/center has been finalized and the dental practice is more compliant with their sterilization technique and now more efficient as they can see more than one patient at a time. We are not fully back to pre-Covid scheduling by any means but it's much better than only seeing one patient at a time.

2.4. CEO Report:

Lane Belangia reported in addition to the written report:

- It has been a busy last two weeks. We have been preparing hard for the HRSA visit which resulted in a successful outcome with little finding. We are all looking forward to the Holiday's now and a restful time we hope that everyone has a safe and happy Holiday.
- The CEO performance evaluation is a requirement and one main compliant item for the co-applicant board to perform annually. This evaluation usually is performed around this time (December) but with further review it has been decided to let the performance evaluation be completed in May to from this point moving forward. This process will now better coincide with wage and performance evaluations within the organization. We are looking to evolve the assessment for the CEO and continue to strategize in the development of a quality tool for assessment that speaks to what the CEO does and the role they have.
- During the onsite visit the surveyors had many good complements on current practice and developments of the FQHC. They expressed their gratitude toward the staff and thanked them for being well prepared for each meeting and the transparency we conveyed during the entire three-day survey. There is no such thing as a perfect onsite visit so they did find a few things that we need to change that are very simple changes such as the wording in the sliding fee policy. It was a good overall survey and a good review. Most of the approval items relate to the upcoming agenda items the board will be voting on during today's meeting. The first of part of January the official CRO period will begin allowing 14 days to show HRSA how we have amended contracts, policy and form 5a. I feel most of the areas needing adjustments will be correctly fixed and the center will not have an action plan resulting from the OSV. The bureau representative who is over our initial findings report and I will speak next week to review what questions have arisen from the initial reports coming from the consultants.

***Peg Tazewll:** Lane and his staff should be commended on their efforts resulting in a review that was as positive and glowing. Federal reviewers are just always looking for something even the State does that. Congratulations on the review and all that you do.*

***Lane Belangia:** Thank you Peg, the staff certainly needs to be credited in their efforts and for a job well done!*

- A lease agreement has been completed and signed for the purchase of the Danville Dental Practice, this is a 10-year loan payment the county commissioners hold where the center pays them back in annual installments. This will be official as of January 1st, 2021. Everything with this purchase being completed is good because we have a new dentist that will be starting in January, along with hiring additional support staff for the practice. We will be able to submit the change in scope to bring a new satellite site under the scope of the HRSA funding for this location in Danville. The center will be enhancing dental

services that Amish and Medicare/Medicaid can't currently access since Danville and the surrounding areas are so remote. This will also increase the health center's overall patient numbers on an annual basis starting this January.

2.5. Finance Report:

Stacey reported in addition to the written report:

- Everything is looking good for the end of the year, revenue from fees almost \$126,000 for the month of November. Revenue is picking up and staying steady. Immunizations are picking up due to flu vaccines and because the nurses are seeing more patients at a time during the day. AR is holding at around 71 days, this is still high due to UHC and UMR being in dispute with the health center as an FQHC they indicate we are not in contract currently. They are considering us "out of network" and not "in network". I am working with them on a weekly basis to help remedy.
- Stacey reported that the OSV went really well. The sliding fee scale policy was indicated as out of compliance because the language in a sentence needed removed as it indicated the center could deny care in certain situations. This is not the intent of the policy and no patient is denied care. The policy will be corrected and voted on later in today's meeting.
- One OSV area of non-compliance related to the agency reporting to the co-applicant board the review and or any areas needing corrected from the annual State of Ohio Audit Report, with review of findings and follow-up action: 3 findings (1) public health side (2) on the health center side spoke to the current sliding fee scale and the procurement policy. The sliding fee scale adjustments were reviewed with the state auditors and it was discovered in some instances the adjustments did not calculate correctly within the EMR. These errors were corrected and refunds were issued to those patients who had overpaid. HRSA asked for policy to be generated to address this error and to move forward with quarterly audits of the SFS to ensure this does not occur with future adjustments. The procurement policy the agency holds did not match what is followed in ensuring contracts were a certain amount of money is expended that the attainment of three quotes of comparison are reviewed. This would be needed to make sure the expenditure of federal funds are allocated correctly with proper review and decision. Additionally, if we operate under a contract where there are no other viable option in attaining services the use of Sole Sourcing is completed and reviewed with the boards.

Eric Helt: *The receivables, are they relative to the sliding fee scale charge?*

Stacey Robinson: *Yes, it's based on one's household size and household income, if you fall at nominal then there is a nominal fee.*

Eric Helt: *How much do you end up writing off?*

Stacey Robinson: *We have a collections process now, they do soft collections at first and then they move to the next process of collections, no credit history is reported on for medical delinquency.*

- Sliding Fee and Procurement of Contracts by Stacey Robinson: (3) findings: KCH contract for the Certified Nurse Practitioner – they disagreed and thought that we should check in the Columbus area for this. Zach Green Deputy Health Commissioner and Katie Hunter Fiscal Officer are working on the Procurement policy corrections.

Jay Nixon: *They thought we would get a cheaper deal checking in Columbus?*

Lane Belangia: *They wanted proof that we checked everything available and that it would have cost us more for that option.*

Matthew Kurtz: *JFS finds this happens with their agency as well.*

Stacey Robinson: *Policy corrections will be submitted by December 31st, from the audit.*

For more detailed information, see Attachment 6 – [Expense and Revenue Report](#)

For more detailed information, see Attachment 7 – [Finance Report](#)

For more detailed information, see Attachment 8 – [Budget Highlights](#)

3. New Business

3.1. Finance

3.1.1. Income and Expense

Matthew Kurtz made a motion to accept the KCCHC December 2020 Finance Report. Todd Hawkins seconded the motion: in the negative; none. The motion was approved.

3.2. Contracts

3.2.1. Recommend renewal of contract with KCH for Nurse Practitioners services in the Knox County Community Health Center, effective January 1st, 2021 and shall provide Medical Services for the Community Health Center through Certified Nurse Practitioner(s) at \$58/hour yearly maximum payment under this contract not to exceed \$194,000/year.

Bruce White: *Please note in the board minutes that I will abstain from voting on this contract renewal due to conflict in interest.*

Peg Tazewell made a motion to recommend to the Board of Health the approval of the contract with KCH for Nurse Practitioner services in the Knox County Community Health Center, effective January 1st, 2021. Jim Lenthe seconded the motion: in the negative; none. The motion was approved.

Lane Belangia: *Thanks to KCH for showing true community collaboration, this contract has allowed the center to grow and save our federal funds in ways we could not have without this agreement.*

3.2.2. Recommend renewal of contract with Dr. Cheek for additional dental services in the Knox County Community Health Center, effective January 1st, 2021 for Oral Surgery and Dental services at \$100/hour at a yearly maximum of \$45,000.

Ann Tope made a motion to recommend to the Board of Health the approval of the contract with Dr. John Cheek for additional dental services in the Knox County Community Health Center, effective January 1st, 2021. Jim Lenthe seconded the motion: in the negative; none. The motion was approved.

3.3 Board Approvals

3.3.1. Approval of CEO to submit change in scope to add satellite location for dental clinic in Danville, Ohio.

Matthew Kurtz made a motion to accept the submission of the change in scope. Peg Tazewell seconded the motion: in the negative; none. The motion was approved.

Lane Belangia: *This approval will allow for the submission of the formal request which can take up to 30 days to approve. We are going to have a large range of patients now able to gain access to care being located in Danville. Thank you to the Board of Health and KPH employees who have worked on this for the past year. This is a great step forward and I appreciate everyone's support in giving great service to the Danville area.*

3.3.2. Approve the following KCCHC policy changes to meet the Standards of HRSA Health Center Compliance Manual.

- *Credentialing and Privileging Policy*
- *Sliding Fee*

Ann Tope made a motion to accept the policy changes for compliance with HRSA. Lori Jones-Perkins seconded the motion: in the negative; none. The motion was approved.

Nan Snyder: *Credentialing and Privileging Policy has been reformatted so it's easier to read, some changes include language indicating KPH "HR in collaboration w/ the KCCHC QI Coordinator" is now included as well as fit for duty of each employee. Other clinical staff category has been added even though we do not have any "other staff at this time". This is other staff who works in the clinic and don't actually put hands on the patient. No certification or license is required for these staff however documentation must be attained to ensure these staff*

members are able and fit to perform their duties in the center. The current Patient Care Navigator does not work with patients in this manner so she does not need to be classified as Other Staff as we initially had thought.

Lane Belangia: *SFS Policy: language was changed and sentence of “if the patient does not meet these requirements, their visit is subject to be rescheduled” and surveyors interpreted this statement in the policy as denying care, which we do not do, we ask patients to bring in POI at later date and patient is still seen for their appointment, the policy speaks to something we do not follow so needs to be changed. Our current nominal fees are: \$10 BH, \$30 MED, and \$40 Dental, surveyors suggested to lower to \$20 for Medical services as that fee is closer to a normal medical visit copay amount and easier for patient to pay for the services. The SFS policy continues to be the most changed policy in all health center OSV reviews. While we are to charge for the nominal fee as indicated all good faith efforts are made to collect from patients. The fact is some patients cannot afford the nominal fee and pay only a portion, and some do not pay anything.*

Jim Lenthe: *Is there anything we have to vote on?*

Lane Belangia: *No, this is part of the motion.*

Bruce White: *I think that’s a very appropriate idea. I find it interesting that they didn’t mention the dental. Is that a fair charge for the industry? If a provider’s privileges were revoked by the board there would be reporting requirement. Are you familiar with reporting those?*

Lane Belangia: *Yes.*

Bruce White: *So, if that were to happen, with all the contracts we have, in the contract does it have a clause that if a center terminates there ties then the credentialing and privileging is void?*

Lane Belangia: *It doesn’t say that, we have been adjusting all of our contracts and language in them. I do not believe the current contracts indicate such language but will look to add as we continue to evolve all contract language. All of the performance of any contract especially those where federal funding is expended now have language for evaluation and performance monitoring. There is now a clause that we as a health center have to ensure that they are credentialed and privileged within their scope. It is given in this paragraph that any contract we’re credentialing and privileging was not able to be completed for various finding the contract would not be able to be followed.*

Bruce White: *We don’t need additional work in this area then? This is a reasonable reason for termination that it’s a voluntary relinquishment of their privilege’s. That elevates the centers and other parties from liability and allows both to separate without further cause.*

For more detailed information, see Attachment 9 – [Sliding Fee Scale](#)

For more detailed information, see Attachment 10 – [Credentialing and Privileging](#)

3.3.3. Approval for new Form 5A.

- **Add Screening Column III**

Mammography screenings done by KCH other outsourced labs sent to LabCorp

- **Remove Gynecological Column III**
- **Remove Prenatal Column I and II**
While KCCCH staff may diagnose a pregnancy, center staff does not provide intended or known prenatal care, at this time the center refers all pregnancy's out to other providers.
- **Remove Postpartum Care Column II**
Same as prenatal care, no known or intended post-partum care is initiated by center staff or contracted providers
- **Pharmaceutical Services: Remove Column I**
The center cannot at this time dispense medications through samples or prescription, this is met with referral to Conway's where the center may pay for the cost of a medication and our 340b contracted pharmacy agreements.
- **Transportation: remove Column III**
The language needed to meet compliance criteria is not able to put into the KAT contract, this is an unneeded contract and will not change how patients can assess transportation to and from the centers.
- **Mental Health Add Column II**
Contracted mental health LPCC Melissa Valentine now works as a provider through contracted agreement.
- **Substance Abuse Services Add (for the first time) column I**
This service line is now separate from Mental Health Services and since the center directly employees a dependency counselor column I needs to be indicated.
- **Substance Abuse Column II & III**
To be added because of the center's MOU for referrals to The Freedom Center. And Contract LPCC Melissa Valentine
- **Nutrition: Add Column I**
This is a new addition as Lillian Collins Registered Diet Tech counsels and educates patients on nutrition one day a week to help with chronic disease management and our food prescription plan.

Peg Tazewell made a motion to approve the new form 5A. Ann Tope seconded the motion: in the negative; none. The motion was approved

3.3.4. Approval of Re-Credentialing and Granting Renewed Privileges to practice in the Knox County Community Health Center for Jackie Neighbarger, Certified Nurse Practitioner for a period of two years commencing on December 17th, 2020.

Bruce White: *I abstain from voting on the motion due to conflict of interest.*

Jim Lenthe made a motion to accept the re-credentialing and re-privileging of Jackie Neighbarger. Ann Tope seconded the motion: in the negative; none. The motion was approved

3.3.5. Approval to purchase panoramic x-ray unit for the Danville clinic from Benco Dental, maximum, \$21,236.00.

Lane Belangia: *Current panoramic unit in Danville is not working and because of low interest rate with the loan to purchase the dental clinic the Board of Health suggested we purchase a new pan and put this into the loan.*

Julie Miller: *Does that include the disposal and removal of the old machine? I know that there is a radiation concern when disposing.*

Lane Belangia: *Yes, Benco will remove the old unit and then help with the disposal of the units' head.*

Jim Lenthe made a motion to approve the purchase of the panoramic x-ray machine. Peg Tazewell seconded the motion: in the negative; none. The motion was approved.

3.4. Personnel

3.4.1. Accept the hire of Kelcy Pilotti, Certified Medical Assistant, effective November 16, 2020.

Lori Perkins-Jones made a motion to approve the hire of Kelcy Pilotti on November 16, 2020. Ann Tope seconded the motion: in the negative; none. The motion was approved.

3.4.2. Accept the resignation of Carol Green, RN effective December 11, 2020.

Todd Hawkins made a motion to approve the resignation of Carol Green effective December 11, 2020. Jim Lenthe seconded the motion: in the negative; none. The motion was approved.

4. Board information non-action items.

4.1. The CEO has made changes to all contracts for service provided for center patients along with all MOUs and MOAs. These now site language on how the center evaluates agreements regarding, the usage of a sliding fee discount, reporting to performance of agreements, ensuring those who provide services

are properly privileged and credentialed and reporting of this to the co-applicant board.

Lane Belangia: *This language is needed showing the center is addressing the evaluation of each contract/agreement and ensuring the linkage to sliding fee discounts for each patient referred out of the center. This was part of the OSV review.*

5. Health Commissioner – Board of Health Update

Julie Miller: Well, we are still dealing with COVID. We have had a change in focus and now looking into vaccine administration. We don't have any clinics scheduled yet. We do know more about the Pfizer vaccine, waiting on more details on the Moderna vaccine. KPH and other health departments will be receiving most if not all of theirs from Moderna. We are doing a Facebook live regarding the vaccine tonight, so please tune in for further details. If you are an agency that needs vaccinated stayed tuned to see where you will be tiered. Drive through or walk-up clinics will be running in the near future. COVID numbers continue to rise averaging from 50-60 new patinates/day. We could possibly expect a large surge after the Christmas holiday due to more family gatherings. Please reconsider your Holiday plans and make sure you are practicing safe social distancing to help decrease any holiday related surge. I am pleased that we are able to open this new site in Danville. We will be moving our WIC division after the first of the year to 809 Coshocton Ave. We don't like that we have to move them out, but in order for the center to continue to grow we had to accommodate. Potential property is still being discussed, in particular the old Cooper property. This morning Carmen Barbudo started the next health assessment for 2021.

Peg Tazewell: *Because Ohio defines education as K-12 us child care advocates are concerned they won't be included in education considerations for vaccination. We need help being and want to continue to advocate for the children so our workforce can receive the vaccine and stay operational. Head Start should be considered essential front-line workers because of the congregate setting we work in.*

6. Adjournment

Being no further business, Jay Nixon made a motion to adjourn the meeting.

The meeting adjourned at 12:31 p.m.

Mike Wythe
Pro-Tem

Jay Nixon
President