

**Knox County Community Health Center
Co-Applicant Board
February 21, 2019
Minutes**

The Knox County Community Health Center Co-Applicant board meeting was held February 21, 2019. The following were in attendance:

Board Members	Knox County Health Dept. Staff
Mike Wythe, Pro-Tem	Lane Belangia, CEO
Todd Burson, Treasurer	Debbie Eiden, QI/QA Coordinator
Linda Hillier	Katie Hunter, Administrative Assistant
Diana Kidd	Alayna Mowry, Communication Specialist
Matthew Kurtz	Laura Nance, Dental Supervisor
Jim Lenthe	Ashley Phillips, Administrative Assistant
Ann Tope	Nanette Snyder, Clinical Supervisor
Bruce White	
Absent:	Guests:
Jay Nixon, President	Jeff Harmer, Board of Health
Jeremiah Cline	David Pacetti, Consumer
L.J. Harry	
Peg Tazewell	

1. Convention

1.1. Call to Order

The meeting was called to order by Pro-Tem, Mike Wythe at 11:31 a.m.

1.2. Acceptance of Agenda

Matthew Kurtz made a motion to accept the agenda. Ann Tope seconded the motion: in the negative; none. The motion was approved.

1.3. Approval of Minutes

1.3.1. Approval of January 17, 2019 KCCHC Board Minutes.

Diana Kidd made a motion to approve the January 17, 2019 KCCHC Board Minutes. Ann Tope seconded the motion: in the negative; none. The motion was approved.

1.3.2. Approval of January 17, 2019 KCCHC Finance Committee Minutes.

Jim Lenthe made a motion to approve the January 17, 2019 KCCHC Board Minutes. Todd Burson seconded the motion: in the negative; none. The motion was approved.

1.4. Public Participation - None

2. Special Reports

2.1. Marketing / Public Relations Coordinator

Alayna Mowry reported in addition to the written report:

- Working on updating the Knox County Health Department's website to promote the Danville Health Center location. Also promoting the new location on the Facebook pages for the Health Center and Health Department.
- Tightening up website pages to reflect all of the services the Health Center provides (i.e.: dental, medical, behavioral health).
- Drafting a communication/marketing plan to implement for the Danville Health Center location

For more detailed information, see Attachment 1 – Promotional Report

2.2. QI Data Coordinator

Debbie Eiden reported in addition to the written report:

- The UDS reports were due February 15, 2019. The Health Center's reports were submitted February 8, 2019. A couple measures didn't have data due to us not having clients for those services.
- Child immunization rates weren't the greatest, but this measure is recorded based on the immunization a patient has upon that initial visit to the Health Center.
- Cervical cancer screening rates were also low at 11% as the average Ohio rate is 50%. Gift card incentives are still being used, but other ways to improve this score are being looked at.
- BMI/weight assessment measures are another focus area we will work to improve as our current rate is 36% and Ohio's average is 63%.
- While some areas are low, improvement is happening in most measures when comparing to 2017
- Other UDS Performance Measure Results for 2018 include:
 - 69% for tobacco cessation (OH average is 87%)
 - Depression screening is 71.7%; (71% is OH's average and 66% is the national average)
 - Diabetes had a 100% improvement from 2017. Currently at 45%, last year we were at 90% and the national average is 33% (these percentages are supposed to be low)
 - 52.7% for Hypertension; National average was 43%
- Continue to work on educating staff on how to report things. The care is occurring here at the Health Center, we just need to make sure we are documenting what we are doing.

Bruce White entered the meeting at 11:41 a.m.

Linda Hiller: I think we should think about mailing flyers out promoting the services we provide.

Mike Wythe: Should we include our prices on the flyer?

Linda Hillier: I don't think we need to have that. If we can get them to at least call in and ask about our services, then they can ask for the price.

Debbie Eiden: That's a good idea. The mailing we did for colon screening and the gift card incentive was somewhat effective. I will talk to QI/QA about sending mail flyers promoting a national month such as cervical screening, breast cancer prevention, etc.)

Matthew Kurtz: You could also see about sending a digital flyer to all county employees via email. Additionally, ask a few employers if they would stuff the flyer in employees' pay-stub.

Jim Lenthe: I would suggest contacting the VA office as they have wide group of people they regularly contact.

Todd Burson: Debbie, all of the metrics that we are documenting, if they don't show a lot of improvement, is there a chance our funding could be lowered?

Lane Belangia: I can't fully answer that. But, this is our first full year that we have collected data and we've improved on almost every measure in comparison to 2017 data. Although we're lower than the national average on most items, we are improving. But, yes, we have standards set forth that we need to meet. By receiving these federal funds, they expect us to gather appropriate information. These are areas that we won't as easily be able to fall on next year.

For more detailed information, see Attachment 2 –QI Data Coordinator Report

2.3. Dental Coordinator

Laura Nance had no additional report beyond her written report.

Lane Belangia: Dr. Cheek, oral surgeon, is currently with us a few days per month. He is doing more than we originally anticipated him to do, which is great.

Laura Nance: Yes, my schedule is full now as I can only see patients when Dr. Cheek is here on-site.

Nanette Snyder: We currently have 35 people on the bump list. When we knew we weren't going to have a dentist, we had to bump patients on a list based on who they were going to see and what they were being seen for. Now, we are calling these patients as we have openings and time allows. This number originally started out over 100 and it's down to 35.

Ann Tope: Are we any closer to having a dentist?

Lane Belangia: We have an interview with a dentist scheduled sometime within the next two weeks. This interested candidate currently works in a FQHC in another state. He is seeking long-term employment and loan repayment benefits. Since we are designed a poor area for dental care, providers are enticed for loan repayments in underserved areas to help meet the needs of the community.

For more detailed information, see Attachment 3 –Dental Coordinator Report

2.4. CEO

Lane Belangia reported in addition to the written report:

- The Knox County Health Department completed 2-step strategic planning process and compiled 3 main strategies for the next 5 years. KCHD is also modifying a few words in their mission and vision statements. Currently working on finalizing all of this and the Health Center's strategic plan and SWOT analysis will be worked into the Health Department's final strategic plan. Co-Applicant Board members will receive a copy of the strategic plan when it's finalized.
- Patient Satisfaction Report: The Board should expect us to routinely provide them with information to help direct the Health Center to make necessary changes.
 - We scored a 3.3 out of a 4-point scale on "hours meeting the needs of the patient". This is a slight decrease from 2018. We continue to address this as we expand services in Danville, and our provided services such as dentistry, behavioral health, etc. I foresee us asking the Co-Applicant Board to expand our hours into later evenings at some point this year.
 - Some questions on the patient satisfaction survey are more general, but some specifically speak to key points that the Co-Applicant Board is asked to interpret as "are we meeting a need" or not.
 - We saw 3,100 patients in the Health Center last year, which was an increase from 2017.

Bruce White: Looking at this report, it looks as if there were 2 different surveys? I'd say the second survey knocked it out of the park- great scores. How are these surveys administered?

Lane Belangia: These surveys are administered via patient packets while they're waiting / filling out paperwork. We've noticed an increase in surveys completed since putting the survey in patient packets.

Todd Burson: So, 22 people completed survey 1. How many patients were given this survey?

Lane Belangia: I can't tell you the exact number. We administer the surveys one week out of the month Monday-Friday to collect randomized data.

Todd Burson: Okay, I wanted to make sure the sample size is big enough so the results aren't skewed.

Nanette Snyder: Most of the survey results you're seeing are coming from medical patients, since we don't have a dentist.

- Danville Health Center location: This Co-Applicant Board can't make decisions and guide us on the Danville Health Center because we aren't using federal funds to support this operation since it is classified as out-of-scope. Every time a Mount Vernon Health Center employee provides services in Danville, their time and the services provided stem from separate finances outside of the federal funding we have for the Mount Vernon site. Wednesday, Feb. 27, 2019 is the first day of operation in Danville. We are starting out

one day per week and there will be a medical provider and nurse or CMA on-site. We want to start operations to show that we are trying to meet the need of the community.

- The New-Access Point grant application will be submitted by the March 12, 2019 deadline. September 1, 2019 is the deadline for the notice of award (NOA). As mentioned before, we have a few “hot-spots” in and around the Danville area that give us extra points in the application. If we don’t receive the New-Access point funding, the Danville Health Center will officially be a satellite location and we will bring our services into scope. In doing so, we are able to collect insurance payments, etc., but we won’t receive additional federal funds to support these services.

Todd Burson: *Between now and September, the Danville Health Center costs will be encompassed through the Health Department?*

Lane Belangia: *Yes, and in doing so we are staying in compliance.*

Todd Burson: *Any revenue that we gain from the Danville site, does the Health Center get to keep it?*

Lane Belangia: *The Knox County Health Department will keep it in the general fund. I think this will be a low amount, if any.*

For more detailed information, see Attachment 4 –CEO Report

2.5. Finance

Katie Hunter reported in addition to the written report:

- Revenue received in January is broken out medical, immunization, dental, etc. Wrap-payments from Centerprise are also reflected.
- The balance remaining for payments not received over 90 days is high. Centerprise is currently re-billing some of these patients, but the date accounted for in this measure assumes the first claim date.

Lane Belangia: *They will re-work these claims at the end of March. Centerprise has done a nice job catching us up to where we need to be and they produce nice charts/visuals for us to track progress and status.*

- Monthly scorecards, prepared by Centerprise, were reviewed with the Co-Applicant Board:

- Monthly charges:

Lane Belangia: *since January, we have a little over \$146,000 in charges. We don’t expect to get all of this money in. However, the last 6 months the average was \$192,097 and within the last 12 months, we were at \$202,696. This decrease can be explained due to not having a dentist.*

- Payments:

Lane Belangia: *This reflects money that we have received in. Currently, we’re just over \$80,000. This number is reflective of payments being caught up, with just a little stemming from January charges.*

- Current AR:

Lane Belangia: 113 days is our average number of days in AR. In December, this number was down to 109. We're back up to 113 due to the holiday schedule. By the end of April, this number needs to be 45-50.

Todd Burson: What's the "Big 6/Big 5" on the monthly scorecard?

Lane Belangia: This pertains to the number of each slide. But, I will confirm this.

Todd Burson: The AR balance is 85%. So, we have billed insurance and do we expect to receive 85% of this from insurance?

Lane Belangia: They expect it to be lower, in the range of 55-65%.

Todd Burson: Do we follow any rules about days to write off?

Lane Belangia: We write everything off beyond 365 days. HRSA expects us to be diligent about how we manage our outstanding funds. Calls and letters are sent out to patients with those outstanding funds. We have to have processes like this in place that depicts we're trying to capture patient obligation. We have seen an increase in payments after we've sent calls/letters out.

For more detailed information, see Attachment 5 –Finance Report

2.6. Board Report

2.6.1. Approval to re-appoint Matthew Kurtz to the Co-Applicant Board for a 5-year term effective February 2019-February 2024.

Jim Lenthe made a motion to approve the re-appointment of Matthew Kurtz to the Co-Applicant Board for a 5-year term effective February 2019-February 2024. Diana Kidd seconded the motion: in the negative; none. The motion was approved.

2.6.2. Approval to re-appoint Peg Tazewell to the Co-Applicant Board for a 5-year term effective February 2019-February 2024.

Diana Kidd made a motion to approve the re-appointment of Peg Tazewell to the Co-Applicant Board for a 5-year term effective February 2019-February 2024. Ann Tope seconded the motion: in the negative; none. The motion was approved.

3. New Business

3.1. Finance

3.1.1. Income and Expense

Todd Burson made a motion to accept the KCCHC January 2019 Expenditure Report. Matthew Kurtz seconded the motion: in the negative; none. The motion was approved.

Lane Belangia: Just to point out, Column D reflects an expenditure amount of \$172,619. Column D also reflects a revenue amount of \$133,318. The difference in expense vs. revenue is

due to the decrease in dental revenue, which is typically quite substantial. Additionally, when we submitted the service area competition grant, the grant writer requested we bill in January 2019, so we encumbered that \$20,000 expense. The federal grant funds are depleted as of February. So, the next two months Center operations will run on revenue coming in and the outstanding claim amounts coming in. A new cycle/year of the grant begins April 1, 2019. Our goal is to have enough medical/dental patients so that use the federal funds to offset employee costs, not for operations.

Todd Burson: *Are you expecting to go to the Board of Health requesting additional funds to support the Health Center until April?*

Lane Belangia: *No. They do an annual transfer of \$50,000 in good-faith. This year, we will use these funds to off-set the funding deficit for the Health Center.*

For more details, see Attachment 6 - KCCHC January 2019 Expenditure Report

3.2. Board Approvals

3.2.1. Accept the following KCCHC policies as needed to meet the Standards of HRSA Health Center Compliance Manual

- *KCCHC Contract Management Policy*
- *KCCHC After-Hours policy*
- *KCCHC Medical Emergencies During Open Hours policy*
- *KCCHC Employee Conflict of Interest Policy*

Matthew Kurtz made a motion to accept the following KCCHC policies as needed to meet the Standards of HRSA Health Center Compliance Manual (KCCHC Contract Management Policy, KCCHC After-Hours policy, KCCHC Medical Emergencies During Open Hours policy, and KCCHC Employee Conflict of Interest Policy). Todd Burson seconded the motion: in the negative; none. The motion was approved

Mike Wythe: *These policies have not changed, but we must approve them to stay in compliance.*

3.2.2. Approval of the 2019 Sliding Fee Scale for the Community Health Center, based on Federal Poverty Guidelines released February 2019.

Ann Tope made a motion to approve the 2019 Sliding Fee Scale for the Community Health Center, based on Federal Poverty Guidelines released February 2019. Diana Kidd seconded the motion: in the negative; none. The motion was approved.

Lane Belangia: *The annual numbers have increased and those changes are reflected in the new sliding fee scale. The percentages, categories and slides remain the same. The nominal fees listed are charges for patients who cannot afford anything beyond that. The former sliding fee scale was accepted last year during the on-site visit.*

Bruce White: Which part of this is dictated to us as a board? We can't go above the 200%, correct?

Lane Belangia: It's up the Co-Applicant Board to decide what is appropriate. The minimum requirement is at least 200% of the federal poverty guidelines. We also must reflect our nominal fees for services provided. Outside of that, it's up to the Board to discuss and make changes, if needed. I have seen Health Center's go above and beyond the 200%. I can provide other examples of sliding fee scales next year when we are reviewing this.

Bruce White: Yes, next year it would be nice to see other examples.

Matthew Kurtz: And, this is only for those un-insured?

Lane Belangia: No, this can be for insured patients, too.

Nanette Snyder: We've been educating clients about using the sliding fee scale.

Bruce White: So, if I have insurance, my insurance will be billed for the services provided. The remaining amount that the insurance doesn't pay, the patient is then responsible for. Could this patient responsibility amount be incorporated into the sliding fee scale?

Nanette Snyder: Yes, correct. Essentially, we can also use the sliding fee scale for co-pays for patients who are insured.

Lane Belangia: We need to be diligent about having patients use the fee, but also be understanding of what it means to use it.

Bruce White: Do we work with a company that works to contract with insurance agencies?

Lane Belangia: Yes, we use Centerprise.

Bruce White: Are they flat rate? Or, percentage of charge?

Lane Belangia: Most are flat rate. They go off of the Medicare master fee schedule.

Linda Hillier: So, say you have one client coming in to get their teeth pulled and they can't pay for it. Then, you have five clients coming in who have insurance and pay their deductibles. Is the money we make off of those five clients paying for their services enough to cover the one person who is unable to?

Lane Belangia: Yes, essentially.

Bruce White: What's the percentage of overall payer mix such as Medicaid, Medicare, etc.?

Lane Belangia: I can provide a graph of this at next month's meeting. Those we've seen with Medicaid have increased a little bit. Also, on the Ohio Health Center fact sheet paper in your Board packets, you can see Medicaid patients visiting health centers have increased across Ohio.

3.2.3. Approval of the Community Health Center's 2019 Sliding Fee Scale policy.

Ann Tope made a motion to approve the Community Health Center's 2019 Sliding Fee Scale policy. Diana Kidd seconded the motion: in the negative; none. The motion was approved.

Ashley Phillips: We revised the mental/behavioral health care appointment to \$10/appointment. It previously stated \$30.

Lane Belangia: We decided to reduce the behavioral health nominal fee to \$10 because multiple appointments usually occur when being seen for a behavioral health care service.

3.2.4. Adopt the 2019 Knox County Health Department fee schedule, which includes the Community Health Center fees for service.

Ann Tope made a motion to adopt the 2019 Knox County Health Department fee schedule, which includes the Community Health Center fees for service. Diana Kidd seconded the motion: in the negative; none. The motion was approved.

Lane Belangia: The fees and codes for the Health Center are extremely large. We'll have the Center and Co-Applicant Board accept this fee schedule as part of the annual approval process for the Knox County Health Department. We've taken away the clinical fees that were previously encompassed on the Health Department's fee schedule since the Health Center's fee schedule encompasses all fees for the clinic. Next year, prior to the fee schedule going to the Board of Health, the Health Center's fee schedule will be approved and adopted by the Co-Applicant Board.

Bruce White: Do we need to have the fee schedule posted online?

Lane Belangia: Yes, we will have a link to the fee schedule online.

3.2.5. Approval of the amended Co-Applicant Board By-Laws, effective February 21, 2019.

Matthew Kurtz made a motion to table the amended approval of the Co-Applicant Board By-Laws to the March Co-Applicant Board meeting. Jim Lenthe seconded the motion: in the negative; none. The motion was approved.

Lane Belangia: Jay Nixon will bring the amended Co-Applicant Board By-Laws next month.

3.3. Board Information (Non-action items)

3.3.1. CEO has granted temporary privileges for CNP Allison Doup to practice for 120 days in the Community Health Center.

3.3.2. CEO has granted temporary privileges for Dr. Cheek, DDS, to practice for 120 days in the Community Health Center.

Lane Belangia: I have granted temporary privileges for two new providers.

3.3.3. CEO has signed a MOA with Michael Durham, LISW, to serve as a peer reviewer for Paul Hart-Ruthenback in the Community Health Center.

3.3.4. CEO has signed a MOU with Dr. John Cheek, DDS, to serve as a peer reviewer for Laura Nance in the Community Health Center.

Lane Belangia: I signed two MOUs to ensure proper peer review for quality assurance purposes.

4. Health Commissioner – Board of Health Update

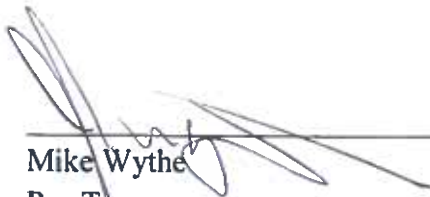
Ashley Phillips reported as Julie Miller could not attend the meeting:

- Encourage everyone to get a flu shot if they haven't done so yet
- The Knox County Health Department's strategic plan is being finalized by Measurement Resources Company. The Health Department's and Health Center's plan will both be reflected in the agency strategic plan
- No update regarding a new location in Mount Vernon for the Health Department
- Julie is working with the Community Health Center and Public Health Outreach to assist Lane and Nan with any programmatic issues and make recommendations for changes if identified. The Director of Nursing is also out on leave in February.

5. Adjournment

Being no further business, Jim Lenthe made a motion to adjourn the meeting. Ann Tope seconded the motion; in the negative, none. The motion was approved.

The meeting adjourned at 12:39pm.



Mike Wythe
Pro-Tem



Todd Burson
Treasurer