PHC PARTNERSHIP HEALTH CENTER

Quality & Corporate Compliance Committee Meeting

1/18/24, 10:00-10:55am, Virtually via Teams

Facilitator: Jil Dunn   **Note-taker: Deb Harris**   **Timekeeper:**

Participant list: Marge Baack, Holly Blaylock, Bryan Chalmers, Jil Dunn, Staci Finley, Raina Moss, Jim Quirk MD, Lara Salazar

Working Agreements

- Meetings officially begin 5 minutes after scheduled start, and end 5 minutes before scheduled end; 30-minute meetings are an exception.
- Agendas are sent out at least 24 hours in advance.
- We act as supportive and collaborative meeting participants.
- We make charitable assumptions of others and ask for clarity when we need it. We try not to interrupt others.

- We are aware of the power in the room and regularly assess if the right people are there.
- We minimize distractions by avoiding multi-tasking on other things.
- We volunteer to help with notetaking, timekeeping, action items, and room set up, break down, and clean up.
- We are mindful of our ladders of inference.
- In virtual meetings we turn our cameras on unless otherwise instructed.

Purpose *(Why are we meeting?)*

Tip – Can be action oriented or information oriented. Examples of action-based purposes are make a decision, analyze, plan, build teams, solve a problem, evaluate progress, reconcile. Examples of information-based purposes are socializing, informing/updating teams, affiliate, celebrating, reporting, and learning.

- The purpose of this meeting is to…

Desired Outcomes *(What do we want to leave the meeting with?)*

Tip – should be nouns, not verbs; as brief and concise as possible; specific and measurable; from the perspective of the participant. Uses a "so that" statement so that we establish why it is important and/or what we will do with it. Be mindful of how much time you have!

- By the end of this meeting, we will have (use any/all that apply):
- A plan for _____ so that _____.
- A timeline for _____ so that _____.
- A better understanding of _____ so that _____.
- A decision on _____ so that _____.
- An agreement on _____so that _____.
- A budget for _____ so that _____.
- A brainstorm/prioritized list of _____so that _____.

Content (What)	Process (How)	Who (Roles)	Time (When)
CHECK IN	Meeting began at 10:03 am	Jil	10:00-10:05
10/19/23 MMEETING MINUTES	The committee approved the meeting minutes from October 19, 2023		
FINANCE AUDITS	We are continuing on our Sliding Fee auditing project: • Most errors are system generated. • If a biller is adding insurance or making a change to a claim, they have to monitor if the system generated that error. • We have trained crew of Sliding Fee Scale preparers with our eligibility techs and eligibility auditors so we are catching those mistakes. • We are continuing to use our monthly reports to double check that report to find transactions that could be incorrect. • We are auditing 10% audit of transactions. • We are working on October and November 2023; there are 32 transactions to investigate.		
PHARMACY AUDITS	An in-house audit with Humana was conducted. • The initial findings were that Humana wanted to take back $26,202.64. • It was appealed and it is down to $7,000. After a second appeal, she is hoping to reduce it further. • There was a prescription for $1,000 that we could win after getting the physician to respond and sign the letter. • It was an electronic prescription. If it does not correlate to the way we received it, they are saying that they do not have to pay us. It was a telephone order.		
340B SELF-AUDIT RESULTS	We are almost done with December 2023 where we use an outside provider with a valid referral to use our 340B stock.		

	• The numbers are within status quo and there are no outlier or breaches for the last quarter's results for 340B. • It is for outside providers or 340B being used and billed to Medicaid.		

2023 UDS REPORT	The UDS Report is an annual report that is due by February 15.
	    • It is reported to the Bureau of Primary Health Care (BPHC) and it is managed by HRSA (Health Resources & Services Administration).
	    • **UDS Qualifying Encounter**
	        o It has to be provided by a licensed or credentialed provider.
	        o Exercise professional independent judgment.
	        o Documented services in HER.
	        o Provide individualized care.
	        o In person or virtual.
	    • The clinical quality measures have a Healthy People 2030 target with objectives and measures.
	    • **Unique Users and Visits/Service:**
	        o <u>Unique Users</u> = 17,597 (It is up almost 8%)
	        o <u>Patient Visits</u> = 68,450 (2,000 will have to added manually)
	        o <u>Telehealth Visits</u> = 8,635
	        o <u>Behavioral Health</u> = Users: 1,878, Clinic: 3,745, Virtual: 6,044
	        o <u>Enabling Services:</u> Social Work, Ryan White, Community Health Workers, etc. which requires case management.
	    • **Gender Identity and Sexual Orientation:**
	        o There are a larger number of females than males.
	        o <u>Transgender:</u> 58
	    • **Language/Race:**
	        o <u>Best served by another language than English:</u> 522
	        o <u>White:</u> It is up from 73.5% in 2022 to 80% in 2023
	        o <u>American Indian/Alaska Native:</u> 956 patients or 5.4%
	        o 1,950 patients chose not to disclose race
	        o 3,181 chose not to disclose ethnicity
	    • **Subpopulations:**
	        o <u>Migrant Workers:</u> 260, 1.5%
	        o <u>Veterans:</u> 717, 4.1%		

	o <u>Unhoused:</u> 1,524, 8.7%
	• Income as a % Poverty Guideline:
	    o <u>100% or below:</u> 19.5%
	    o <u>101-150%:</u> 6%
	    o <u>151-200%:</u> 4.6%
	    o <u>Over 200%:</u> 16.6%
	    o <u>Unknown:</u> 52.7%
	• Medical Insurance:
	    o Insurance payer mix of Uninsured, Medicaid, Medicare, both Medicaid and Medicare and Private Insurance.
	• UDS Clinical Quality Measures:
	    o The peach colored measures have been the focus for this year.
	    o The first column is TY 12/2023
	    o The next column is showing where we were at the prior year.
	    o The third column is showing the difference between the two columns.
	    o The outcomes for the state and the nation are included for last year.
	    o The next columns are the goals for June 30, 2024 and the goals for the next three years.
	    o The Healthy People 2030 recommendations is in the last column.		

ADJOURNMENT	Meeting adjourned at 11:00am	Jil	

Action Items *(This section is for recording action items)*

Task or Action	Who	Started	By When
Provide training on the 2023 UDS Report and measures at the Board Meeting in February 2024	Marge	1/18/24	February
Bring data on if remote visits are higher for patients living outside of the city limits	Marge	1/18/24	4/18/24
Look into the percentage of the population that is American Indian/Alaska Native at PHC	Marge	1/18/24	4/18/24

Find out whether this data is collected in the census or it is done annually with the County Needs Assessment	Marge	1/18/24	4/18/24

Next Meeting 4/18/24