Partnership Health Center
Board of Directors' Monthly Meeting

PHC Pre-Meeting Session 11:40A: *Risk and Safety Report – Staci Finley, Quality Assurance Mgr*

AGENDA

April 12, 2024 12:00 P.M. – 1:30 P.M.

WEINBERG CONFERENCE ROOMS | 401 Railroad St. W, Missoula

Virtual: Click here to join the meeting | **Meeting ID = 281 930 063 75 | Passcode: jGkWKf**

Or call in (audio only) +1 312-702-0492,,407787355# | Phone Conference ID: 407 787 355#

A Board quorum is currently 6 members, with a majority of patient Board members (P/M). We value your time and try to keep the meeting length to a minimum. We need a quorum to conduct business immediately upon Call to Order. When calling in, please mute your phone to prevent background noise from carrying through. If you need to leave before the meeting adjourns, please notify Kathleen Walters, Lara Salazar, or Bri Walker (406-258-4521).

I.	Call to Order	12:00
II.	Acknowledgement of Land Stewards – stated below[1]	12:01
III.	Public Comments regarding Agenda and Non-Agenda Items	12:05
IV.	Referrals/Comments from Board Members	12:10
	A. Board Member Conflict of Interest Disclosures*	
	B. **New Board Member: Suzette Baker** (application previously sent)	
V.	Committee updates	12:15
	A. Executive/Finance Committee (EFC)	
VI.	Topics Requiring Motions/Discussion *(Motion requested to approve items as presented)*	12:25
	A. **Annual Risk & Safety Report**	
	B. **Risk Management Plan***	
	C. **Corporate Compliance Plan Policy***	
	D. **Electronic Health Record (EHR) software platform contract/purchase***	
	E. **Fiscal Year (FY) 2025 Budget***	
VII.	**Chief Executive Officer (CEO) Presentation** *(Motion proposed to accept presentations)*	1:10
	A. Leadership Reports/Info*	
VIII.	**Consent Agenda:** *(Motion requested to approve/acknowledge items as presented)*	1:25
	➢ **Other Reports/Info**	
	A. Fully Executed Contracts*	
	➢ **Board of Directors' – Full and Committee Minutes/Reports**	
	A. Board of Directors' 03/08/24 Meeting Minutes *Approval**	
	B. Executive/Finance Committee 02/28/24 Minutes Review*	
IX.	**Next Board Meeting date: May 10, 2024**	
X.	**Adjournment** *(Motion requested to adjourn meeting)*	1:30

[1]*Partnership Health Center respectfully acknowledges that we occupy the traditional homelands of the Séliš, Qĺispé, and Ktunaxa-Ksanka nations. We also recognize that these lands are a site of trade, medicine gathering, healing, and travel for other Native tribes in the area and is still home for many Indigenous people. We extend our gratitude for those who have stewarded this land since time immemorial.*

We acknowledge that the health care system has played a role in the oppression of Indigenous peoples. We commit to ongoing learning about the impact of colonization on the health and wellbeing of Indigenous peoples, and we commit to meaningful action that reverses health disparities.

[2]*Substance Abuse and Mental Health Services Administration*

(*) Enclosed in packet.

Consent Agenda: The items listed under the consent agenda (information items) are considered to be routine matters and will be approved by a single motion of the board without separate discussion. If separate discussion is desired, that item will be removed from the consent agenda and placed on the regular business agenda for discussion.

Action items (outside of Consent Agenda) are in blue.

***Board packet copies available to the Public upon request.** Email: walkerb@phc.missoula.mt.us

***2024 Meeting dates*:**

Monthly Board Meetings	
JANUARY	**01/12/2024**
FEBRUARY	**02/09/2024**
MARCH	**03/08/2024**
APRIL	**04/12/2024**
MAY	**05/10/2024**
JUNE	**06/14/2024**
JULY	**07/12/2024**
AUGUST	**08/09/2024**
SEPTEMBER	**09/13/2024**
OCTOBER	**10/11/2024**
NOVEMBER	**11/08/2024**
DECEMBER	**12/13/2024**

BOARD MEMBERS PRESENT FOR 2024 MONTHLY

Member Name	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	# Attended
Sara Heinemen (Ex-Officio)	N/A	N/A	N/A										0 of 0
John Crawford*	X	X	Ab-Exc										2 of 3
Jilayne Dunn	X	X	X										3 of 3
Annie Green*	X	X	X										3 of 3
Kero, Patty*	X	X	X										3 of 3
Joe Melvin*	X	X	X										3 of 3
Karen Myers	X	Ab-Exc	X	Ab-Exc									2 of 4
Jay Raines*			X										1 of 1
Dave Strohmaier	X	Ab-Exc	X										2 of 3
Mark Thane	Ab-Exc	X	X										2 of 3
Kathleen Walters*	X	X	X										3 of 3
Jeff Weist*	X	X	X										3 of 3
Nathalie Wolfram*	X	X	X										3 of 3

X = Virtual Attendance

Board Members: 12

Ex-Officio: 1

Quorum: 6, with majority of Patient Board Members (P/M).

* = P/M

PARTNERSHIP HEALTH CENTER BOARD OF DIRECTORS

As of October 13, 2023
Conflict of Interest Disclosures

Board Member Ownership	**List of Board Membership Employment**
John Crawford, ***P/M***	**Board Membership**: All Nations Health Center
Jilayne Dunn, ***NP/M***	**Employe**r: City of Missoula
Annie Green, ***P/M***	**Employe**r: University of Montana
Patty Kero, ***P/M***	**Potential Conflict**: University of Montana affiliation,
Joe Melvin, ***P/M***	None
Karen Myers, ***NP/M***	**Employer**: Providence Montana
David Strohmaier, ***NP/M***	**Employer**: Missoula County (Commissioner) **Board Memberships**: Big Sky Passenger Rail Authority, City-County Health Board, Local Emergency Mgt. Planning Committee, Transportation Policy Coordinating Committee, Urban Growth Commission, NACo Arts and Culture Commission, MACo Board, Lolo Nat'l Forest Resource Advisory Council; Other boards as assigned
Mark Thane, ***NP/M***	Service in the Montana State Legislature Appointment to ARPA Oversight Committee **Board Memberships**: Community Medical Center
Kathleen Walters, ***P/M***	**Employer**: Montana Realty Network
Jeff Weist, ***P/M***	**Employer**: Missoula County Public Schools
Nathalie Wolfram, ***P/M***	**Employe**r: University of Montana

P/M = Patient (Board) Member

NP/M = Non-Patient (Board) Member

Risk Management Plan

Version 5.1 authored by Staci Finley on 2024/03/26 15:41

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1. Purpose: Partnership Health Center's (PHC) Risk Management Plan is designed to support the mission and vision of the organization as it pertains to clinical risk and patient safety as well as visitor, third party, ~~volunteer,~~ and employee safety. The Risk Management plan also supports the assessment and mitigation of potential business, operational, and property risks that may impact PHC.

2. Guiding Principles: PHC's Risk Management Plan is an overarching, conceptual framework that guides the development of a program for risk management and patient safety initiatives and activities. The Risk Management Plan in conjunction with the Quality Management Plan provides the framework that PHC employs to ensure that the delivery of healthcare is safe, and of the highest quality possible. The Risk Management plan is operationalized through a formal, written risk management and patient safety program supported by policies and procedures approved by PHC's Governing Board.

PHC believes that patient safety and risk management is a responsibility shared by everyone within the organization. Teamwork and participation among leadership, management, providers, clinical and administrative staff ~~as well as volunteers~~ are essential for an efficient and effective patient safety and risk management program. PHC affirms that a risk management program can only be implemented through organizational collaboration and interdepartmental coordination that supports patient safety activities at every level of patient contact.

PHC supports the establishment of a just culture that emphasizes implementing evidence-based best practices, learning from error analysis, providing constructive feedback and is non-punitive. We provide a non-punitive environment conducive to reporting, to provide education, feedback to providers and staff, and to prevent and reduce future incidents. In a just culture, unsafe conditions and hazards are readily and proactively identified, medical or patient care errors are reported and analyzed, mistakes are openly discussed, and suggestions for systematic improvements are welcomed. Individuals are held accountable for compliance with patient safety and risk management practices.

PHC top Risks identified in Risk and Safety Report presented to the board annually (Copy of Risk and Safety Report available upon request from Quality Assurance Manager ~~Compliance Officer~~).

PHC's Risk Management Plan reinforces the development, review, and revision of PHC's policies and procedures in light of identified risks and chosen risk mitigation and reduction strategies. The key principles of the Risk Management Plan provide the foundation for developing policies and procedures for day-to-day risk management activities, including:

- Claims Management
- Complaint resolution
- Confidentiality and release of information
- Event investigation, root-cause analysis, and follow-up
- Failure mode and effect analysis
- Provider and staff education, competency validation, and credentialing requirements
- Reporting and management of Serious Adverse Incidents (SAI) and near misses
- Trend analysis of SAI, near misses, patient feedback ~~complaints~~, and claims

2.1 Governing Body Leadership: The success of PHC's Patient Safety and Risk Management Program requires commitment from PHC's co-applicants and PHC's organizational leader. Missoula County is responsible for providing oversight and indemnification for PHC and PHC's Governing Board ~~(Board)~~. With guidance and approval from Missoula County, the PHC Board authorizes the formal program and adoption of this plan through documented review and approval of the Risk Management Plan during board meeting minutes. The Board will review and approve the Risk Management Plan annually or as needed.

The PHC Board is committed to promoting the safety of all patients, visitors, employees, volunteers and other individuals involved in organization operations. The Patient Safety and Risk Management Program is aligned with the principles of the PHC Quality Management Plan and is designed to reduce system-related errors and potentially unsafe conditions by implementing continuous Improvement strategies to support an organizational culture of safety. PHC and the PHC Board believes all improvement efforts related to clinical quality or patient safety should be cyclical in nature to support a culture of continuous improvement. The PHC Board empowers PHC leadership and management teams with the responsibility for implementing

performance improvement and risk management strategies. In accordance with Section 4.2.4 of the Co-Applicant Agreement, Missoula County will provide risk management oversight and indemnification for PHC and the PHC Governing Board except as otherwise provided by the Federal Tort Claims Act (FTCA).

3. Program Goals and Objectives: The Patient Safety and Risk Management Program goals and objectives include the following:

- Continuously improve patient safety and minimize or prevent the occurrence of errors, events, and system breakdowns leading to harm of patients, staff, volunteers, visitors, and others through proactive risk management and patient safety activities.
- Minimize adverse effects of errors, events, and system breakdowns when they do occur.
- Minimize losses to the organization overall by proactively identifying, analyzing, preventing, and controlling potential clinical, business, financial and operational risks.
- Facilitate compliance with regulatory, legal, and accrediting agency requirements (~~Patient-Centered Medical Home,~~ The Joint Commission, FTCA, OSHA etc.).
- Protect human and intangible resources (e.g., reputation).

4. Scope and Function of the Program: The PHC Patient Safety and Risk Management Program interfaces with many operational departments and services throughout PHC and the Missoula County Department of Risk & Benefits, as well as Health Resource Service Administration (HRSA).

4.1 Functional Interfaces: Functional interfaces with the patient safety and risk management program include areas such as credentialing and privileging, information technology, event reporting and investigation, performance assessment and improvement, volunteers, and the health center's administration. All areas work together on risk reduction strategies and methods as defined in this plan (Attachment 1).

4.2 Risk Management Program Functions: Risk management functional responsibilities include the following:

1. Developing systems for overseeing the reporting of adverse events, near misses, and potentially unsafe conditions. Reporting responsibilities may include internal reporting as well as external reporting to regulatory, governmental, or voluntary agencies. This includes the development and implementation of event reporting policies and procedures.
2. Ensuring the collection and analysis of data to monitor the performance of processes that involved risk or that may result in serious adverse events, near misses, and potentially unsafe conditions; providing feedback to providers and staff; and using this data to facilitate systems improvements to reduce the probability of occurrence of future related events (e.g., preventive screening, diagnostic testing, medical record documentation, medication use processes, sterilization, perinatal care). Risk assessment tools include the use of failure mode and effect analysis, system analysis, root-cause analysis, and other tools.
3. Overseeing the organizational risk informational management system, Daphne Adverse Incident Report (AIR), for data collection and processing, information analysis, and generation of statistical trend reports for the identification and monitoring of adverse events, claims, finances, and effectiveness of the risk management program. This system may utilize and include, but is not limited to, attorney requests for medical records, x-rays, laboratory reports; event reports; medical records reviews; patient complaints; and results of failure mode and effect analysis of high risk processes, as well as root-cause analyses of sentinel events.
4. Ensuring compliance with data collection and reporting requirements of governmental, regulatory, and accrediting agencies.
5. Facilitating and ensuring the implementation of patient safety initiatives such as improved tracking systems for preventive screenings and diagnostic tests, medication safety systems and falls prevention programs.
6. Facilitating and ensuring provider and staff participation in educational programs on patient safety and risk management in the form of Health stream educations or in person trainings.
7. Facilitating a culture of safety in the organization that embodies an atmosphere of mutual trust in which all providers and staff members can talk freely about safety problems and potential solutions without fear of retribution. This ordinarily involves performing safety culture surveys and assessments.
8. Proactively advising the organization on strategies to reduce unsafe situations and improve the overall environmental safety of patients, visitors, staff, and volunteers.

9. Preventing and minimizing the risk of liability to the PHC, and protecting the financial, human, and other tangible and intangible assets of PHC.
10. Decreasing the likelihood of claims and lawsuits by developing a patient and family communication and education plan. This includes communicating and disclosing errors and events that occur in the course of patient care with a plan to manage any adverse effects or complications.
11. Investigating and assisting in claim resolution to minimize financial exposure in coordination with Missoula County's Department of Risk & Benefits which manages all insurance programs for the County inclusive of those programs insuring PHC.
12. Reporting claims and potentially compensable events (PCEs) to the appropriate entity, including Missoula County Department of Risk & Benefits, provider medical malpractice insurance or the U.S. Department of Health and Human Services FTCA (as appropriate) and other insurers in accordance with the requirements of the insurance policy/contract with assistance from Missoula County Department of Risk & Benefits and FTCA requirements. See Principles of Practice, ~~#34~~Handling Subpoenas, Claims and Lawsuits.
13. Supporting quality assessment and improvement programs throughout PHC.
14. Implementing programs that fulfill regulatory, legal, and accreditation requirements.
15. Monitoring the effectiveness and performance of risk management and patient safety actions. Performance monitoring data may include the following:
    1. Claims and claim trends
    2. Culture of safety surveys
    3. Event trending data
    4. Ongoing risk assessment information
    5. Patient's or family's perceptions of how well the organization meets their needs and expectations
    6. Quality performance data
    7. Research data
16. Completing liability insurance applications with oversight and assistance from Missoula County Department of Risk & Benefits and re-deeming applications.
17. Developing and monitoring effective handoff procedures for continuity of patient care.

<u>5. Administrative and Committee Structure and Mechanisms for Coordination</u>: The Patient Safety and Risk Management Program are administered through a collaboration of roles and positions within PHC and Missoula County. PHC, Missoula County, and Missoula City-County Health Department are co-applicants for the mutual operation of a federally qualified health center. Pursuant to this agreement, Missoula County provides risk management oversight and indemnification for PHC and the PHC Board except as otherwise provided by the FTCA. For this reason, Missoula County has increased liability exposure based on the services that PHC provides as well as the numbers of employees and visitors required to offer high quality, accessible programming. The Co-Applicant agreement requires PHC notify Missoula County Department of Risk & Benefits of all FTCA malpractice claims, as well as potentially compensable events (PCE). The Missoula County Director of Risk Management & Benefits and the PHC Compliance Officer will be the primary contacts overseeing the completion and resolution of any claims made against PHC. The PHC Compliance Officer will oversee the completion and submission of the yearly FTCA re-deeming application to ensure that this coverage is kept current. This co-applicant relationship requires on-going coordination between both Missoula County and PHC and special care is taken to ensure compliance with all overseeing agencies (e.g., Missoula County, Bureau of Primary Care, etc.). The Compliance Officer's position it to support the ongoing efforts related to risk management, emergency preparedness, and developing a culture of safety at PHC. The Missoula County Director of Risk Management & Benefits reports directly to the Missoula Board of County Commissioners. The PHC Compliance Officer reports directly to the PHC COO ~~Executive Director~~. The Missoula County Director of Risk Management & Benefits and the PHC Compliance Officer will interface with administration, staff, medical providers, and other professionals and they have the authority to cross operational lines in order to meet the goals of the program.

The PHC Compliance Officer has been tasked with: a) overseeing the implementation, delivery, and monitoring of the internal efforts of PHC to improve patient safety and respond to internal events and risks as they occur and b) chairing the activities of the Quality Improvement Committee, Clinic Management, and Emergency Preparedness committees. The Compliance Officer reports directly to the COO ~~Director of Quality Improvement~~. The Quality Improvement committee meets regularly and includes representatives from key clinical and

support services. The report to Quality Improvement Committee and Clinic Management is designed to the sharing of risk management knowledge and practices across multiple disciplines; to optimize the use of key findings from risk management activities in making recommendations; and to reduce the overall likelihood of adverse events and improve patient safety. The report is an integral part of a patient safety and quality improvement evaluation system.

Documentation of the designation of the Compliance Officer is contained in the ~~Patient Safety/~~Risk Management Plan. The PHC Compliance Officer is responsible for reporting actual or potential FTCA claims and for coordinating and facilitating the investigative processes. For non-FTCA claims, the Missoula County Director of Risk Management & Benefits is responsible for investigating and reporting to the insurance carrier actual or potential clinical, operational, or business claims or lawsuits arising out of PHC, according to the requirements specified in the insurance policy or contract. The Missoula County Director of Risk Management & Benefits serves as the primary contact between the organization and other external parties on all matters relative to risk identification, prevention, and control, as well as risk retention and risk transfer. The Missoula County Director of Risk Management & Benefits oversees the reporting of events to external organizations, per regulations and contracts, and communicates analysis and feedback of reported risk management and patient safety information to the organization for action. The PHC Compliance Officer is tasked with supporting the implementation of any risk mitigation efforts or practices that are identified by the Missoula County Director of Risk Management & Benefits.

6. Reporting Requirements, Monitoring, and Continuous Improvement: The Quality Improvement Committee reviews risk management activities quarterly. The Compliance Officer reports activities and outcomes (e.g., claims activity, risk and safety assessment results, event report summaries, and trends) regularly to the PHC Leadership Team and the PHC Board. This report informs them of efforts made to identify and reduce risks, reports on the success of these activities, and communicates outstanding issues that need input of support for action or resolution. Data reporting may include event trends, claims analysis, frequency and severity data, relevant provider and staff education, and risk management/patient safety activities. In accordance with PHC's policies, recommendations from the Quality Improvement Committee are submitted as needed to the PHC Board for approval. Performance improvement goals are developed to remain consistent with the stated risk management and patient safety goals and objectives referenced from The Joint Commission National Patient Safety Goals for Ambulatory Care. (Attachment 2).

Documentation is in the form of Quality Improvement Committee meeting minutes. Risk management activities will be communicated across the organization and to relevant parties on a quarterly basis, or more often if necessary.

7. Confidentiality: Any and all documents and records that are part of the patient safety and risk management process shall be privileged and confidential to the extent provided by state and federal law. Confidentiality protections may include attorney/client privilege, attorney work product, Patient Safety Organization, and peer review protections.

8. Training: All Staff will be sent mandatory trainings through Medtrainer and include at least the following:

Q1: Annual Compliance and FTCA requirement trainings

~~This Risk and Safety Bundle~~ ~~FTCA training bundle~~ ~~will be sent through Health stream.~~ ~~Medtrainer:~~

All Staff:

- HIPAA-Health Insurance Portability and Accountability Act
- Blood Borne Pathogens: The Basics
- ~~ICS & Fire Evacuation Protocol~~
- ~~Medical Emergency Response~~
- Introduction to Infection Control (includes Handwashing)
- Personal Protective Equipment (PPE)
- ~~Patient Identifiers and the 6 Rights of Medication Administration~~
- ~~Threatening Behavior & Disruptive Patient Response~~

Additional for Clinical Staff:

- Risk Management for Women of Reproductive Age (OB Training)
- N95 Filtering Facepiece Respirator

Annual Compliance forms for review will be sent through Medtrainer: ~~Health Stream and include at least the following trainings:~~

- Workforce Confidentiality
- Conflicts of Interest
- Standards of Conduct
- Missoula County Technology Agreement
- ~~Run-Hide-Fight~~
- ~~HIPAA & IT Security~~

Q2-OSHA/HRSA Mandatory required Trainings:

All Staff:

- OSHA General Safety Orientation
- OSHA Fire Safety and Fire Extinguisher Types
- Workplace Violence Prevention and Intervention
- Safety-Active Shooter Training
- Workplace Violence Training

Additional for Clinical Staff:

- OSHA Hazardous Communication and Chemical Safety (HAZCOM) GHS Standard
- OSHA Preventing Needlesticks and Other Sharps Injuries

Q3-Safety Trainings (as identified by Senior Leadership and Compliance Officer)

Q4-Cybersecurity/Other Safety Trainings (as identified by Senior Leadership and Compliance Officer)

~~Technology Policy Q1, OSHA/HRSA Q2, and Annual Risk and Safety training every April February. All new hire employees are assigned all trainings listed below during orientation.~~

~~Health stream~~ Medtrainer trainings will be updated and managed by the Compliance Officer. Reports will be pulled for completion rates and reminders sent out to supervisors for staff completion.

Obstetrical Procedure training will be completed by the Family Medicine Residency Program. All 1st year residents will complete the Advanced Life Support in Obstetrics (ALSO) course. **Advanced Life Support in Obstetrics (ALSO)** is an evidence-based, interprofessional, and multidisciplinary training program that equips the entire maternity care team with skills to effectively manage obstetric emergencies. This comprehensive course encourages a standardized team-based approach amongst physicians, residents, nurse midwives, registered nurses and other members of the maternity care team to improve patient safety and positively impact maternal outcomes. All clinical staff receive Risk Management for Women of Reproductive Age (OB Training) through Medtrainer annually to fulfill the FTCA requirement of OB Education.

Overall course objectives include:

1. Discuss methods of managing pregnancy and birth urgencies and emergencies, which standardize the skills of practicing maternity care providers.

2. Demonstrate content and skill acquisition as evidenced by successful completion of online course examination, skills workstations, and group testing stations.

Dental staff will complete OSHA's Hazard Communication Standard, Blood borne Disease Pathogens Standard, CDC Infection Control Guidelines, Dental Sterilization, and Current Biohazard Waste Management Practices. This training is Annual and will be managed by the Dental Director or Lead Hygienist.

Attachment 1: Definitions

- **Serious Adverse Incident (SAI):** An undesired outcome or occurrence, not expected within the normal course of care or treatment, disease process, condition of the patient or delivery of services.
- **Claims Management:** Activities undertaken by the risk manager to exert control over potential or filed claims against the organization and/or its providers. These activities include identifying potential claims early, notifying the organization's liability insurance carrier and/or defense counsel of potential claims and lawsuits, evaluating liability and associated costs, identifying and mitigating potential damages, assisting with the defense of claims by scheduling individuals for deposition, providing documents or answers to written interrogatories, implementing alternate dispute-resolution tactics, and investigating adverse events or incidents.
- **Failure mode and effects analysis:** A proactive method of evaluating a process to identify where and how it might fail and for assessing the relative impact of different failures in order to identify the parts of the process that are most in need of improvement.
- **Near Miss:** An event or situation that could have resulted in an accident, injury or illness but did not, either by chance or through timely intervention (e.g., a procedure almost performed on the wrong patient due to a lapse in verification of patient identification but caught at the last minute by chance). Near misses are opportunities for learning and afford the chance to develop preventive strategies and actions. Near misses receive the same level of scrutiny as serious adverse events that result in actual injury.
- **Risk Identification:** The process used to identify situations, policies or practices that could result in the risk of patient harm and/or financial loss. Sources of information include proactive risk assessments, closed claims data, serious adverse incident reports, past accreditation or licensing surveys, medical records, clinical and risk management research, walk-through inspections, quality improvement reports, insurance company claim reports, and informal communication with healthcare providers.
- **Risk Management:** Clinical and administrative activities undertaken to identify, evaluate, prevent and control risk of injury or harm to patients, staff, visitors, volunteers, and others to reduce the risk of loss to the organization.
- **Risk Management Information System:** A computerized system used for data collection and processing, information analysis, and generation of statistical trend reports for the identification and monitoring of events, claims, finances, and more. (DaphneAIR)
- **Root-Cause Analysis:** A process for identifying the basic or causal factors that underlie an occurrence or possible occurrence of a serious adverse incident.
- **Sentinel Event:** Defined by the Joint Commission as an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase: "or risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse event occurring.
- **Trigger Methodology:** A method for measuring harm related to the occurrence of adverse events. This method utilizes a clearly defined list of patient events against which patient medical records are screened. Screening criteria are based on high-risk areas, or those areas identified as "red flags" though event reporting or as a result of serious adverse events.
- **Unsafe and/or Hazardous Conditions:** Any set of circumstances (exclusive of a patient's own disease process or condition) that significantly increases the likelihood of a serious adverse event occurring for a patient, visitor, employee, volunteer, or other individual.
- **Medtrainer**: Health care-specific learning management system. Health care centers use for assigning, tracking, delivering, and reporting on classroom and online learning to support improved outcomes.
- **ICS:** Incident Command System- management system designed to enable effective and efficient domestic incident management by integrating a combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure.

Attachment 3: Risk Management Training Plan 2024 ~~-2022~~

Training Timeline Staff required	Responsible to conduct training; (platform)	Accountable for completion follow up	Training Topic	Compliance Rate
In Orientation; All Staff	Compliance Officer (In person, Medtrainer)	Director of Staff Engagement ~~Staff Engagement Manager~~	<u>List of Trainings:</u> • **Workforce Confidentiality**- agreement of confidentiality and protected health information, Medical records • **Conflicts of Interest**- agreement of understanding of conflicts of interest • **Standards of Conduct**--violations of standards of conduct, identifying conflicts • **HIPAA Compliant Email**-Understanding HIPAA Privacy Rule and Protected Health Information (PHI), how to send secure emails within organization	Tracked via Medtrainer Required for Orientation
Annually (January) All staff	Compliance Officer (Medtrainer ~~Healthstream~~) FTCA ~~Feldesman, Tucker, Leifer & Fidell, LLP, Homeland Security~~	Compliance Officer	<u>FTCA Bundle</u>: All Staff: • HIPAA-Health Insurance Portability and Accountability Act • Blood Borne Pathogens: The Basics • Introduction to Infection Control (includes Handwashing) • Personal Protective Equipment (PPE) • Additional for Clinical Staff: • Risk Management for Women of Reproductive Age (OB Training) • N95 Filtering Facepiece Respirator Annual Compliance forms: • Workforce Confidentiality • Conflicts of Interest • Standards of Conduct • Missoula County Technology Agreement ~~Compliance Forms:~~ • ~~Workforce Confidentiality- agreement of confidentiality and protected health information, medical records~~ • ~~Conflicts of Interest- agreement of understanding of conflicts of interest~~ • ~~Standards of Conduct- violations of standards of conduct, identifying conflicts~~ • ~~Run-Hide-Fight- surviving an active shooter~~	

			~~HIPAA & IT Security - Understanding HIPAA and how to protect health information~~ • ~~Missoula County Technology Policy - suspicious emails and how to contact IT~~ • ~~Proper body mechanics - Understanding proper body mechanics and patient lifting~~	Tracked via Healthstream Compliance rates: Required for FTCA After due date, Supervisors are notified on non-compliance, and take action per department.
Annually (February) All Staff	Compliance Officer (Medtrainer ~~Healthstream~~) -Centers for Disease Control and Prevention(CDC) -Crisis Intervention Team Program(CIT) -Federal Emergency Management Agency (FEMA)	Compliance Officer	~~Safety and Risk Bundle:~~ • ~~ICS & Fire Evacuation Protocol - ICS Structure and overview, Emergency evacuation protocol~~ • ~~Medical Emergency Response - Medical emergency protocol, how to help an unresponsive patient~~ • ~~Handwashing - How to properly wash your hands~~ • ~~Patient Identifiers and the 6 Rights of Medication Administration - Importance of using two patient identifiers, Use of 6 rights of medication administration~~ • ~~Threatening Behavior & Disruptive Patient Response - How to de-escalate a patient and procedure~~ **All Staff:** • OSHA General Safety Orientation • OSHA Fire Safety and Fire Extinguisher Types • Workplace Violence Prevention and Intervention • Safety-Active Shooter Training • Workplace Violence Training **Additional for Clinical Staff:** • OSHA Hazardous Communication and Chemical Safety (HAZCOM) GHS Standard • OSHA Preventing Needlesticks and Other Sharps Injuries	Tracked via Medtrainer ~~Healthstream~~ Compliance Rates: Required per OSHA/HRSA After due date, Supervisors are notified on non-compliance, and take action per department.
Annu -				

ally (March) Dental Staff Only	Dental Director and Lead Hygenst PACE Academy of General Dentistry	Dental Director	<u>Safety and Risk Bundle: Sterilization</u> • OSHA's Hazard Communication Standard • Blood borne Disease Pathogens Standard • CDC Infection Control Guidelines • Current Biohazard Waste Management Practices • Sterilization	Tracked by certificates of completion. Reminders during unit meetings until due date. There is a Unit meeting dedicated to complete.
Annually (July) Obstetrical Providers	Family Medicine Residency of Western Montana American Academy of Family Physicians Advanced Life Support in Obstetrics Course	Family Medicine Residency Program Coordinator	ALSO Course: is an evidence-based, inter professional, and multidisciplinary training program that equips the entire maternity care team with skills to effectively manage obstetric emergencies. This comprehensive course encourages a standardized team-based approach amongst physicians, residents, nurse midwives, registered nurses and other members of the maternity care team to improve patient safety and positively impact maternal outcomes.	This is a requirement of the Residency, and they are required to complete.
Annually (January) Board Members	Compliance for Board members	Compliance Officer	• **Workforce Confidentiality**-agreement of confidentiality and protected health information, medical records • **Conflicts of Interest**-agreement of understanding of conflicts of interest • **Standards of Conduct**-violations of standards of conduct, identifying conflicts	Requirement for board members

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Lara Salazer

CEO

Date

~~John Crawford~~ Kathleen Walters

PHC Board President

Date

PRINCIPLES OF PRACTICE

Corporate Compliance Plan
(Approved by Board)

Title: CORPORATE COMPLIANCE PLAN
Section: Corporate Compliance
Effective date: 04/2020
Last reviewed: 04/2021
Next revision: 08/2023
Status: Approved by Board
Reference: N/A
Lead author: Compliance Officer

PURPOSE

PHC's Corporate Compliance Plan provides an overview of the components of the Corporate Compliance Program and an overview of applicable compliance related laws, rules and regulations. It is PHC's intent to comply with all federal, state and local laws, rules and regulations, as well as to use general good business practices to protect its reputation and to avoid or prevent non-compliance.

POLICY/PROCEDURES

Corporate Compliance Plan

Partnership Health Center (PHC) is committed to conducting business in compliance with all applicable laws, rules and regulations. PHC has established this Corporate Compliance Plan and related Corporate Compliance policies and procedures (including PHC's Standards of Conduct) to assist in developing a proactive and effective Corporate Compliance Program.

Scope

This Corporate Compliance Plan is intended to apply to all of PHC's activities and to all Workforce Members which includes Board members, employees, students, residents, volunteers, trainees, contractors, agents, consultants, and any others who act on PHC's behalf. This Corporate Compliance Plan is distributed to all individuals newly affiliated with *PHC* during orientation and it is reviewed annually thereafter.

PHC recognizes the importance of complying with applicable federal, state, and local laws and regulations and developing a proactive and effective Corporate Compliance Program. To support these goals, PHC has developed this Corporate Compliance Plan. PHC's Corporate Compliance Plan is divided into two main sections:

- An overview of the components of PHC's Corporate Compliance Program and
- An overview of applicable compliance-related laws, rules and regulations.

Every Workforce Member is responsible for ensuring that his or her conduct is consistent with the PHC's Corporate Compliance Program, including this Corporate Compliance Plan, policies and procedures (including the Standards of Conduct), and generally accepted standards of professionalism, courtesy, and respect. Supervisors and managers are responsible for ensuring that

Email: hello@phc.missoula.mt.us Web: partnershiphealthcenter.org

the conduct of those they supervise complies with this Corporate Compliance Plan. All individuals are required to review this Corporate Compliance Plan and then sign and return the Receipt, Review, and Understanding of Corporate Compliance Plan and Agreement with Compliance Requirement.

Overview of the Components of PHC's Corporate Compliance Program:

PHC's Corporate Compliance Program consists of the following elements:

Compliance Program Structure. It is PHC's policy to have a Compliance Officer to oversee the development and implementation of its Corporate Compliance Program and to ensure appropriate handling of instances of suspected or known illegal or unethical conduct. The Compliance Officer's duties include:

- Receiving reports of problems or violations, investigating such reports and coordinating any required corrective action;
- Suggesting policies related to compliance to the Board and developing procedures implementing policies approved by the Board;
- Overseeing periodic compliance audits and regular compliance monitoring by department managers;
- Training Workforce Members with PHC in compliance matters;
- Reporting incidents of non-compliant conduct to the CEO ~~Executive Director~~ and Board, as appropriate; and
- Ensuring that appropriate disciplinary actions or sanctions are applied.

PHC's Compliance Officer reports to the CEO ~~Executive Director~~ and is assured direct access to PHC's Board for the purpose of making reports and recommendations on compliance matters.

~~PHC's Compliance Officer works closely with the PHC Board Compliance Committee (which consists of PHC managers and PHC board members) in implementing PHC's Corporate Compliance Program.~~

Quarterly, the Compliance Officer provides copies of the Quality Corporate Compliance Committee (QCCC) Meeting minutes to the full Board. A board member serves as chair of the ~~Board~~ Quality Corporate ~~C~~ompliance Committee (QCCC).

~~The Compliance Officer meets and reports quarterly to the Compliance Committee of the Board.~~

Written Standards of Conduct and Policies and Procedures for Promoting Compliance

PHC has established compliance standards, policies, and procedures to assist Workforce Members in recognizing compliance issues and to guide them to do the right thing. These include organizational policies and procedures that direct the operations of PHC's Compliance function, including the Standards of Conduct, and this Corporate Compliance Plan document. Copies of these items are available through PHC's Wiki ~~intranet (POP folder – Corporate Compliance section)~~ or by requesting a copy from the Compliance Officer.

PHC develops and/or revises and implements policies and procedures consistent with the requirements and standards established by the Board; federal, state and local laws, rules and regulations; relevant reviewing and accrediting organizations (such as the Bureau of Primary Health

Care); and, as applicable, commercial health plans. It is PHC's policy to address identified areas of risk and to promote compliance by developing written policies and procedures that establish guiding principles or courses of action for affected personnel.

Education and Training

PHC develops and/or offers ongoing and regular educational and training programs so that all Workforce Members are familiar with the Corporate Compliance Program, including the Corporate Compliance policies and procedures, including the Standards of Conduct. It is PHC's policy to ensure that Workforce Members understand the fraud and abuse laws and, if applicable to their position, the coding and billing requirements imposed by Medicare, Medicaid, and other applicable government health care programs and commercial health plans. PHC communicates this information, along with information regarding its standards, policies, and procedures, to all Workforce Members through its Corporate Compliance training program for newly hired individuals and through on-going training for current employees and Board members. Education and training programs remind employees and Board members that failure to comply may result in disciplinary action and/or termination.

Reporting Compliance Issues. PHC is committed to establishing and maintaining meaningful and open lines of communication between the Compliance Officer, the Executive Director, and the Board. PHC also recognizes the importance and necessity of open lines of communication between Workforce Members and the Compliance Officer.

Any Workforce Member, who is aware of or suspects a violation of an applicable law, rule, regulation or PHC's policies and procedures, including the Standards of Conduct, has an affirmative duty to report this information. All reports of alleged, known or suspected non-compliance may be reported through the regular chain of command. Such reports should be reported to the Compliance Officer. ~~by the manger or supervisor~~. Any individual who, for any reason, is uncomfortable with reporting ~~through the normal chain of command should report the information directly to the Compliance Officer. PHC has a formalized system of communication to report potential non-compliance to the Compliance Officer.~~ an individual may communicate information anonymously ~~directly to the Compliance Officer by~~ ~~calling 406-258-4183 or by~~ calling the Compliance Hotline at 406-258-4193.

PHC takes all necessary steps to maintain the confidentiality of the identity of the individual who has reported the information to the Compliance Officer. However, at some point the identity of such individual may need to be revealed in order to appropriately address the reported matter. Individuals also may make anonymous reports through the hotline, though it is preferred that individuals identify themselves as part of the report.

Failure to report instances of suspected unethical or non-compliant conduct is considered a violation of this Corporate Compliance Plan and PHC's Compliance Program policies requiring such reporting. In addition, managers and supervisors may be subject to disciplinary action for failing to detect noncompliance with applicable law or policies and procedures where reasonable diligence on the part of the manager or supervisor would have led to the discovery of a problem or violation.

No retaliatory action will be taken against any individual who, in good faith, reports suspected or known instances of non-compliance. Anyone who is involved in an act of retaliation, intimidation or harassment of an individual who reports a compliance concern in good faith will be subject to disciplinary action.

Responding to Allegations of Improper and Illegal Activity

PHC takes appropriate steps to respond to every report of suspected unethical or non-compliant conduct, as well as to address unreported incidents of suspected unethical or non-compliant conduct. These steps may include conducting investigations, reviewing documents, implementing or revising policies and procedures, offering training, conducting audits, and imposing disciplinary action. As required, PHC reports violations or misconduct to the government and makes any necessary payments to the government.

Monitoring and Auditing

PHC strives to conduct regular internal monitoring and self-audits of its operations to ascertain problems and weaknesses in its operations and to measure the effectiveness of its Corporate Compliance Program.

Corrective Action and Disciplinary Standards

PHC is committed to ensuring that the Corporate Compliance Plan and related Corporate Compliance policies and procedures, including the Standards of Conduct, are adhered to by all Workforce Members through the consistent enforcement of these standards. Enforcement will be accomplished by imposing appropriate disciplinary action. It is PHC's goal that every Workforce Member understands the consequences of improper or non-compliant activities and that all violators will be treated equally.

Overview of Applicable Compliance-Related Laws, Rules and Regulations

The healthcare industry is subject to many federal, state and local laws, rules and regulations that govern all aspects of the delivery of and payment for health care services. Violations, whether intentional or unintentional, may result in significant civil or criminal sanctions, or both, for institutions and individuals that do not comply with the laws, rules and regulations.

PHC's Corporate Compliance Program is a comprehensive organizational program that identifies applicable federal, state and local laws, rules and regulations governing the organization and ensures compliance with these mandates. The following list represents the laws and regulations that PHC incorporates into its Corporate Compliance Program. It is not an exhaustive list of all the requirements with which PHC will comply, but rather describes those laws most relevant to the following compliance topics: false claims, whistleblower protection, anti-kickback, physician self-referral, and confidentiality. The list will be updated as the laws change and PHC's Compliance Officer will update its policies and procedures to reflect these changes.

False Claims

Federal Laws

Civil False Claims Act (31 U.S.C. §§ 3729-3733):

- (a)Liability for Certain Acts.—
- (1) In general.—Subject to paragraph (2), any person who—

- (A) knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval;
- (B) knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim;
- (C)conspires to commit a violation of subparagraph (A), (B), (D), (E), (F), or (G);
- (D)has possession, custody, or control of property or money used, or to be used, by the Government and knowingly delivers, or causes to be delivered, less than all of that money or property;
- (E)is authorized to make or deliver a document certifying receipt of property used, or to be used, by the Government and, intending to defraud the Government, makes or delivers the receipt without completely knowing that the information on the receipt is true;
- (F)knowingly buys, or receives as a pledge of an obligation or debt, public property from an officer or employee of the Government, or a member of the Armed Forces, who lawfully may not sell or pledge property; or
- (G)knowingly makes, uses, or causes to be made or used, a false record or statement material to an obligation to pay or transmit money or property to the Government, or knowingly conceals or knowingly and improperly avoids or decreases an obligation to pay or transmit money or property to the Government, is liable to the United States Government for a civil penalty of not less than $5,000 and not more than $10,000, as adjusted by the Federal Civil Penalties Inflation Adjustment Act of 1990 (28 U.S.C. 2461 note; Public Law 104–410[1]), plus 3 times the amount of damages which the Government sustains because of the act of that person.

~~The Federal Civil False Claims Act is a set of federal statutes that, among other things, forbids "knowingly:"~~

- ~~Presenting or causing the presentation of, a false claim for reimbursement by a federal health care program, including Medicare or Medicaid;~~
- ~~Making, using or causing to be made or used, a false record or statement material to a false or fraudulent claim;~~
- ~~Repaying less than what is owed to the government;~~
- ~~Making, using or causing to be made or used, a false record or statement material to reducing or avoiding repayment to the government;~~
- ~~Avoiding or decreasing an obligation to pay or transmit money or property to the government; and/or~~
- ~~Conspiring to defraud the federal government through one of the actions listed above.~~

~~To take one of these prohibited actions "knowingly" means to have actual knowledge of the falsity of the information or to act in deliberate ignorance or in reckless disregard of such falsity.~~

The U.S. Attorney General may bring an action under this law. In addition, the law provides that any "whistleblower" may bring an action under this act on his/her own behalf and for the United States Government.

False Claims Act fines range from ~~$10,781 to $21,563~~ 13,508 to 27,018 per false claim, payment of treble damages (i.e., three times the amount of damages sustained by the government due to

the violation), and exclusion from participation in federal health care programs such as Medicare or Medicaid.

See Other laws:

- Civil Monetary Penalties Law (42 U.S.C. § 1320a-7a)
- Criminal Penalties Law (42 U.S.C. § 1320a-7b)
- Criminal False Claims Act (18 U.S.C. § 287)
- Conspiracy to Defraud the Government with Respect to Claims (18 U.S.C. § 286)
- Statements or Entries Generally; False Statements Relating to Health Care Matters (18 U.S.C. §§ 1001, 1035)
- General Health Care Fraud Statute (18 U.S.C. § 1347)
- Federal Program Fraud Civil Remedies Act (31 U.S.C. §§ 3801-3812)

- ~~Civil Monetary Penalties Law (42 U.S.C. § 1320a-7a): Provides for civil fines for knowingly presenting or causing to be presented to the federal or a state government a claim that the person knows or should know the claim is false or fraudulent. Penalties include up to triple damages in addition to $5,500-$11,000 per claim or up to $50,000 for a false statement or misrepresentation.~~
- ~~Criminal Penalties Law (42 U.S.C. § 1320a-7b): Provides for up to 5 years imprisonment and fines up to $25,000 for knowingly and willfully making or causing to be made any false statement or representation of a material fact in any application for any benefit or payment under a federal health care program.~~
- ~~Criminal False Claims Act (18 U.S.C. § 287): Provides for up to 5 years imprisonment and fines for making or presenting a claim to the federal government, knowing such claim to be false, fictitious, or fraudulent.~~
- ~~Conspiracy to Defraud the Government with Respect to Claims (18 U.S.C. § 286): Whoever enters into any agreement, combination, conspiracy to defraud the federal government ... by obtaining or aiding to obtain the payment or allowance of any false, fictitious or fraudulent claim, is subject to a separate criminal penalty.~~
- ~~Statements or Entries Generally; False Statements Relating to Health Care Matters (18 U.S.C. §§ 1001, 1035): Provide for criminal liability to anyone who "knowing and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact; makes any materially false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry ..."~~
- ~~General Health Care Fraud Statute (18 U.S.C. § 1347): The Government can prosecute an individual or entity who knowingly and willfully executes or attempts to execute a scheme or artifice to: defraud any health care benefit program, or obtain by means of false or fraudulent pretenses, representations or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program, in connection with the delivery of or payment for health care benefits, items, or services. Health care benefit program means "any public or private plan or contract, affecting commerce, under which any medical benefit, item, or service is provided to any individual." Penalties include a fine and/or imprisonment for not more than ten years. If serious bodily injury results, the prison sentence may increase up to 20 years and/or a fine.~~

- ~~Federal Program Fraud Civil Remedies Act (31 U.S.C. §§ 3801-3812): Provides federal administrative remedies for false claims and statements, including those made to federally-funded health care programs. Current civil penalties are $10,781 for each false claim or statement, and up to double damages for each false claim for which the government makes a payment.~~

MONTANA STATE FALSE CLAIMS ACT –

~~"~~Refer to PHC Federal and State False Claims Act Policy~~" – Corporate Compliance #28~~

Whistleblower Protections

The "qui tam" or whistleblower provisions of the False Claims Act *and Montana False Claim Act* allow any person with actual knowledge of allegedly false claims to the government to file a lawsuit on behalf of the United States. Such persons are referred to as "relators."

The whistleblower/relator must file his or her lawsuit on behalf of the government in Federal District Court for a False Claims Act claim The lawsuit will be filed "under seal," meaning that the lawsuit is kept confidential while the government reviews and investigates the allegations contained in the lawsuit and decides how to proceed.

If the government determines that the lawsuit has merit and decides to intervene, the prosecution of the lawsuit will be directed by the United States Department of Justice under the False Claims Act.

If the government decides not to intervene, the whistleblower/relator can continue with the lawsuit on his or her own. If the lawsuit is successful, and provided certain legal requirements are met, the qui tam relator or whistleblower may receive a percentage of the amount recovered. The whistleblower may also be entitled to reasonable expenses including attorneys' fees and costs for bringing the lawsuit.

The False Claims Act provides that any employee who is subject to retaliation or discrimination by an employer in the terms and conditions of employment because the employee lawfully sought to take action or assist in taking action shall be entitled to all relief necessary to make the employee whole. Whistleblowers may not be discharged, demoted, suspended, threatened, harassed, or discriminated against in the terms and conditions of employment because of lawful actions taken by the employee in connection with an action under the False Claims Act. This includes reinstatement with seniority restored to what it would have been without the retaliation or discrimination, double the amount of back pay, interest on back pay, and compensation for any special damages sustained as a result of the employer's actions, including litigation costs and reasonable attorney's fees.

In addition, under the~~ Pilot Program for~~ Enhancement of Contractor Employee Whistleblower Protections (41 USC § 4712).-An employee of a contractor, subcontractor, grantee, subgrantee, or personal services contractor may not be discharged, demoted, or otherwise discriminated against as a reprisal for disclosing to a person or body described in paragraph (2) information that the employee reasonably believes is evidence of gross mismanagement of a Federal contract or grant, a gross waste of Federal funds, an abuse of authority relating to a Federal contract or grant, a substantial and specific danger to public health or safety, or a violation of law, rule, or regulation related to a Federal contract (including the competition for or negotiation of a contract) or grant.)~~ employees may~~

~~not be discharged, demoted, or otherwise discriminated against as a reprisal for making a report that s/he reasonably believes is evidence of any of the following:~~

- ~~Gross mismanagement of a federal grant or contract;~~
- ~~A gross waste of federal funds;~~
- ~~An abuse of authority relating to a federal grant or contract;~~
- ~~A substantial and specific danger to public health or safety; or~~
- ~~A violation of law, rule, or regulation related to a federal grant or contract (including the competition for, or negotiation of, a grant or contract).~~
- (2) Persons and bodies covered.-The persons and bodies described in this paragraph are the persons and bodies as follows:
- (A) A Member of Congress or a representative of a committee of Congress.
- (B) An Inspector General.
- (C) The Government Accountability Office.
- (D) A Federal employee responsible for contract or grant oversight or management at the relevant agency.
- (E) An authorized official of the Department of Justice or other law enforcement agency.
- (F) A court or grand jury.
- (G) A management official or other employee of the contractor, subcontractor, grantee, subgrantee, or personal services contractor who has the responsibility to investigate, discover, or address misconduct.

Anti-Kickback

Anti-Kickback Statute and Regulations (42 U.S.C. § 1320a-7b(b); 42 C.F.R. § 1001.952): The Anti-Kickback Statue prohibits the knowing and willful solicitation, receipt, offer or payment of “any remuneration (including any kickback, bribe or rebate), directly or indirectly, overtly or covertly, in cash or in kind” in return for or to induce the referral, arrangement or recommendation of Medicare or Medicaid business. Violation of the Anti-Kickback Statute is a felony and may result in a fine of up to $25,000, imprisonment of up to 5 years, or both. In addition, the Office of the Inspector General (“OIG”) of the United States Department of Health and Human Services (“HHS”) is empowered to suspend or exclude providers or suppliers from participation in the Medicare or Medicaid Programs if it determines, in its discretion, that a provider or supplier has violated the Anti-Kickback Statute.

Arrangements that satisfy all of the requirements of a regulatory “safe harbor” are immune from both criminal prosecution and administrative enforcement by the OIG. Arrangements that do not qualify under a safe harbor are scrutinized under the Anti-Kickback Statute to determine whether, through the particular arrangement, remuneration was given or offered as an inducement for referrals.

Physician Self-Referral also known as the Stark Act

Stark Act (42 U.S.C. § 1395nn): The Stark Act prohibits, with certain statutory exceptions, a physician who has an ownership interest in, or a compensation arrangement with, an entity from referring patients to that entity for the provision of “Designated Health Services” if payment for those services may be made by Medicare or Medicaid.

The Stark Act prohibits physicians from referring a patient for "Designated Health Services" to an entity with which the physician has a financial relationship and for which payment may be made by Medicare or Medicaid. "Designated Health Services" include clinical laboratory services; physical therapy services; occupational therapy services; radiology; radiation therapy services and supplies; durable medical equipment and supplies; parenteral and enteral nutrients, equipment and supplies; outpatient prescription drugs; prosthetics, orthotics, and prosthetic devises and supplies; home health services; and inpatient and outpatient hospital services.

Physicians may only own interests in or have relationships with providers or entities that provide Stark services if the relationships or operations are structured to qualify for at least one of the statutory exceptions to the Stark law.

Violations of the Stark Law may result in the denial of payment for the services provided in violation of the prohibition, refunds of amounts collected in violation, a civil penalty of up to $15,000 for each service arising out of the prohibited referral, exclusion from participation in the federal healthcare programs, and a civil penalty of up to $100,000 against parties that enter into a scheme to circumvent the Stark Law's prohibition.

Confidentiality

Federal Laws

HIPAA Privacy Rule (45 CFR Part 160 and Subparts A and E of Part 164): HIPAA established standards and requirements for healthcare providers and health plans to protect confidential patient information. The HIPAA Privacy Rule includes administrative and training requirements; requirements for policies, procedures, and forms regarding how patient information is used and disclosed; requirements regarding patient access to their own information; and agreements and policies regarding how business associates keep information confidential.

The Department of Health and Human Services' Office of Civil Rights enforces the HIPAA privacy regulations. For unintentional violations, penalties are no less than $100 per violation and no more than $50,000 per violation, with an annual cap of $1,500,000 for identical violations. The penalties per violation increase if the violation is due to reasonable cause ($1,000 to $50,000 per violation); willful neglect corrected within 30 days ($10,000 to $50,000 per violation); and willful neglect not corrected within 30 days ($50,000 per violation).

HIPAA Security Rule (45 CFR Part 160 and Subparts A and C of Part 164): The HIPAA Security Rule requires covered entities use appropriate administrative, physical and technical safeguards to ensure the confidentiality, integrity, and security of electronic protected health information.

Montana State

Health Care Information Privacy Requirements for Providers Subject to HIPAA

50-16-801. Legislative findings. The legislature finds that:

1. Health care information is personal and sensitive information that if improperly used or released may do significant harm to a patient's interests in privacy and health care or other interests;
2. The enactment of federal health care privacy legislation and the adoption of rules pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d, et

seq., provide significant privacy protection for health care information with respect to health care providers subject to HIPAA;

3. Health care providers subject to the health care information privacy protections of HIPAA, the applicability of the provisions of Title 50, chapter 16, part 5, relating to health care privacy is unnecessary and may result in significant practical difficulties;
4. It is in the best interest of the citizens of Montana to have certain requirements, with respect to the use or release of health care information by health care providers, that are more restrictive than or additional to the health care privacy protections of HIPAA. History: En. Sec. 15, Ch. 396, L. 2003.

Health Care Information Privacy Requirements for Providers Subject to HIPAA

50-16-802. Applicability. This part applies only to health care providers subject to the health care information privacy protections of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d, et seq., and administrative rules adopted in connection with HIPAA. History: En. Sec. 16, Ch. 396, L. 2003.

Workforce Members include: board members, employees, students, residents, volunteers, trainees, contractors, agents, consultants, and any others who act on PHC's behalf.

Presentation for PHC Board Approval:

Contracting for transition to a New Electronic Health Record (EHR)

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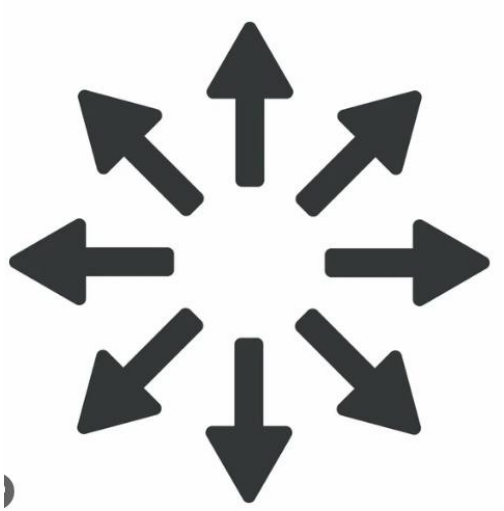
What is an EHR and why is it Important to PHC?

The most used tool in PHC's Operations



An Electronic Health Record is:

- It is where we build provider schedules
- It is where we make appointments
- It is where providers document and order
- It is where patient's medical history lives
- It is where billing creates claims, and processes charges and payments
- It is where 3rd party data (ex: lab results) connects back to PHC
- It is where quality data is stored
- It is how departments and staff communicate with each other
- It is a significant holder of the financial data of our organization

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WHY CHANGE NOW?

- We have been with our current EHR since June 2009
- Opportunity to evaluate alternatives that support our momentum as a growing organization
- Timing aligns with implementation of LEAN/Six Sigma across organization giving us skillset to succeed in this transition
- Opportunity to re-evaluate holistically our standard workflows and create something new based on what we have learned over the last 15 years
- Already identified areas that would improve with a higher functioning EHR

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An advanced and high functioning EHR will have positive impacts on all domains of our Strategic Areas of Focus:

- **Impeccable Quality**: Access to better analytics leads to better results
- **Operational Excellence:** More efficient workflows wastes less time.
- **Barrier-Free Access**: Better communication tools for patients (Telehealth, Patient Portal, Online Scheduling)
- **Innovations in Population Health:** More advanced systems allow for faster innovation
- **Joy At Work**: A better work experience leads to a better patient experience

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The Request for Proposal (RFP) Process:

- Collaborated with Dave Wall; county auditor
- Stakeholder involvement in RFP development
- Developed two phase process:

  Phase 1: Focus on Documented Response to Requested Features and Integrations

  Phase 2: Demonstrations and further investigation:
- Publicly announced

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Responding Vendors

- Athena
- Cure MD: (Did not get past Phase 1)
- eClinicalworks
- Health Choice Network (HCN)- EPIC
- Nextgen
- OCHIN - EPIC

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Phase 2 Criteria

Stakeholder Response to Demonstration Q/A

Ease of Use/Data Sharing Capacity

Legacy Data Conversion Solution

Barriers to Implementation

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Phase 2: Demonstrations

Opportunity for Staff from many departments to see the EHR systems and ask questions

Demos with these vendors and initial response:

- Athena
- HCN (EPIC)
- NextGen
- OCHIN (EPIC)

**eClinicalworks (No demo conducted)

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Site Visits and Communication

OCHIN (EPIC):

- Petaluma, CA; Daniell Oryn (Exec Team)
- Southwest Montana Community Health Center Butte, MT; (Many Departments)

HCN (EPIC):

- Washington DC; (Lara, Bryan, Jim, Kathleen)
- Dade City, FL; (Jody)

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Why Health Choice Network?

It became the choice that all others were compared to

- **Provider Preference**: Clean, Concise, Streamlined, Standardized

  "...a more finished product with guardrails that keep us to a more optimal and streamlined utilization" Sarah Watson- Medical Director and Jim Quirk –CMO

- **Alignment with Organizational Values:** CHC started/Non-Profit https://youtu.be/HNHXZq9XYoI

- **A Positive Experience**: Leadership Engagement, a genuine interest in collaborating

  "From the outset, they demonstrated a genuine interest in collaborating with us, making us feel valued as a partner. "

- "Our end-user perception is very important to our decision-making, and users who interacted with the platform and people at HCN concurred that their experience was very positive. Lara Salazar - CEO

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Year 1 Cost Estimate

$12.50 per encounter flat fee

Most costs are included in the flat fee, but not all…

EPIC	$400,000
EPIC Faxing	$600
ecw/Open Dental archiving	$140,000
Dental Xray Software (miPacs)	$20,000 (may be $0 in year 2)
Hello World (text messaging)	$13,000
MyChart	$20,000
Additional IT Hardware/Service Needs	$50,000 (should be much less in year 2)
	$643,600

A 10 Year Contract:

- $12.50 fee will not change over the course of 10 years.
- PHC has been with ecw for 15 years
- EPIC is one of the most prominent EHRs in the country/world, founded in 1979 https://www.epic.com/about/
- HCN has been in existence since 1994, 20 states, 3 million patients https://www.hcnetwork.org/index

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An Investment in:

- Provider Satisfaction
- Patient Safety
- Improved Data Availability
- Patient Experience

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"This is the EHR we have been waiting for."

Travis Cox: IT Director, Dade City, FL

"The dashboards and reports are available to managers and easy to access; the data is right there and they are using them."

Billy Nguyen: Informatics, Dade City, FL

We are not making a faster caterpillar, we are transforming into a butterfly.

QUESTIONS?

Rough Implementation Road Map

- By End of June 2024: Sign Contract
- By End of June 2024: Identify and begin implementing needed changes in IT infrastructure to support cloud based service
- August 2024: Begin Data Migration/Archiving/Configuration Implementation
- Go Live will be March 2025

We are asking the PHC Board:

- Based on the RFP process and vetting of our options, we are asking the board to:

- Approve engagement and contracting with Health Choice Network to implement and provide EPIC Electronic Health Records and other supporting services associated with that system delivery.

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Thank you!

Jody Faircloth
Chief Infrastructure Officer
Partnership Health Center
Pronouns: He/Him
Direct: (406) 258-4184 | Main: (406) 258-4789

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DRAFT

BUDGET

FY 2025

PHC PARTNERSHIP HEALTH CENTER

BUDGET ASSUMPTION 2025

	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	Feb. 29, 2024 Forecast to YE	Budget FY 2025	23-24 Comparison	24-25 Comparison
Medical Encounters	11,278	15,101	17,372	17,336	20,125	21,591	21,288	107.3%	98.6%
Residency Encounters	18,082	17,097	16,350	14,686	14,396	14,250	15,519	99.0%	108.9%
Psych APRN							3,383		
Total Creamery Medical Encounters	29,360	32,198	33,722	32,022	34,521	35,841	40,190	103.8%	112.1%
Dental Encounters	11,100	9,184	9,387	8,989	10,528	11,035	7,840		
Creamery Hygiene							4,532		
Total	11,100	9,184	9,387	8,989	10,528	11,035	12,371	104.8%	112.1%
Behavioral Health Encounters	6,731	7,622	9,326	8,311	8,992	8,908	11,689		
IBH						1,206			
Total	6,731	7,622	9,326	8,311	8,992	10,114		112.5%	0.0%
Seeley Medical Encounters	4,303	3,332	3,409	3,372	3,465	2,639	3,519	76.2%	133.3%
Seeley Dental Encounters	1,706	1,606	1,535	1,819	1,833	1,964	1,683		
Seeley Hygiene							568		
Total	1,706	1,606	1,535	1,819	1,833	1,964	2,251	107.1%	114.7%
Seeley Behavioral Health Encounters	453	213							
POV Medical Encounters	1,306	899	1,077	1,092	1,593	1,280	2,011	80.4%	157.0%
POV BH Encounters					-	92			0.0%
Lowell Medical Encounters	2,316	1,558		1,567	2,307	2,498	2,011	108.3%	80.5%
Lowell Dental Encounters	115	55		57	84	138	1,560		
Lowell Hygiene									
Total	115	55		57	84	138	1,560	164.1%	1131.6%
Lowell Behavioral Health Encounters	230	100			281	442		157.4%	0.0%
SCHHOL BASED	0	192	616	504	770	927	3,743	120.4%	403.6%
Lowell Behavioral Health Encounters									
Clinical Pharmarmacy Encounters	2,091	1,684	952	1,685	1,553	1,438	1,507	92.6%	104.8%
Pharmacy Prescriptions	106,585	110,775	104,726	107,422	115,783	123,264	126,274	106.5%	102.4%
Food Bank Medical Encounters				1,948	2,076	2,183	1,759	105.2%	80.6%
Food Bank Dental Encounters				3	106	36	571	34.3%	1571.1%
Food Bank Hygiene							89		
Food Bank Behavioral Health Encounters						286			
Trinity Medical Encounters							1,201		
Trinity Behavioral Health Encounters							1,280		
TRINITY Psych APRN							471		
TOTAL MEDICAL	37,861	38,473	38,208	40,001	43,962	44,442	51,161	101.1%	115.1%
Total Psych APRN							3,854		
CLINICAL PHARMACY	2,091	1,684	952	1,685	1,553	1,438	1,507	92.6%	104.8%
TOTAL BEHAVIORAL HEALTH	8,117	8,787	10,044	8,466	9,273	10,935	12,969	117.9%	118.6%
TOTAL SCHOOL BASED	0	192	616	504	770	927	3,743	120.4%	403.6%
TOTAL DENTAL	13,551	11,396	10,922	10,960	12,551	13,173	16,843	105.0%	127.9%
Total Dentist							11,654		
Total Hygienist							5,189		
TOTAL ENCOUNTERS	61,620	60,532	60,742	61,616	68,109	70,915	86,222	104.1%	121.6%
TOTAL PHARMACY	106,585	110,775	104,726	107,422	115,783	123,264	126,274	106.5%	102.4%

	Actual 30-Jun-21	Actual 30-Jun-22				
	2021 NON-AUDITED FROM OUR CASH BASIS	2022 NON-AUDITED FROM OUR CASH BASIS	2023 NON-AUDITED ACCRUAL	Jan-24 Total PROJECTION	Feb-24 Total PROJECTION	FY 2025 DRAFT BUDGET
NET REVENUE						
Clinical						
Patient	1,189,897	1,215,400	1,037,655	1,565,061	1,543,935	467,403
Patient Refunds	(30,485)	(14,858)		-	-	(31,675)
Patient Sum	1,159,411	1,200,542	1,037,655	1,565,061	1,543,935	435,728
Medicaid	9,369,761	9,245,365	10,494,639	9,936,566	10,018,528	11,502,157
Medicare	1,174,378	1,583,349	1,640,099	1,709,466	1,741,908	1,959,066
Private Insurance	2,161,046	2,193,571	2,233,061	2,717,167	2,769,015	3,858,235
Pharmacy						
Patient	498,969	511,657	720,517	875,749	886,909	907,375
Patient Refunds	(5,051)	(4,257)	(1,924)	-	-	(2,705)
Patient Sum	493,917	507,400	718,593	875,749	886,909	904,671
Medicaid	7,140,296	7,271,935	7,494,451	6,353,333	6,435,057	6,582,768
Medicare	-	-	-	-	-	-
Private Insurance	8,212,356	8,562,933	8,965,305	9,018,118	9,137,228	9,343,785
Total Fee Revenue	**29,711,164**	**30,565,093**	**32,583,803**	**32,175,460**	**32,532,579**	**34,586,411**
GRANTS AND DONATIONS						
FEDERAL GRANTS						
Federal Grant - Medical	6,819,998	5,089,113	5,165,846	5,126,700	5,234,005	9,212,899
Ryan White C	347,959	267,155	288,183	312,177	309,703	-
Total Federal Grants	**7,167,957**	**5,356,268**	**5,454,029**	**5,438,877**	**5,543,708**	**9,212,899**
STATE AND LOCAL SOURCES						
Ryan White B	122,083	135,275	148,815	37,092	173,477	-
Meaningful use	85,761	42,500	(171)	3,809	5,972	-
Community Based Organizations - County (Qtrly)	-	100,000	-	-	-	-
HIV State Prevention	36,252	38,362	47,459	20,516	62,789	-
Dental Contracted Svcs. - DOC & Mineral (Qtrly)	15,313	15,925	17,383	18,675	16,506	-
Grants (Use Schedule 1)	108,151	103,061	100,997	84,197	74,416	-
Montana PCMH Program	407,306	638,513	592,488	430,850	492,321	11,282
Medicaid Super Utilizer Program (Includes BC/BS)	-	-	-	-	-	-
Missoula Correctional Services Contract (Qtrly)	12,220	19,806	-	-	-	-
Total State and Local Sources	**787,086**	**1,093,442**	**906,971**	**595,139**	**825,481**	**11,282**
PRIVATE FOUNDATIONS						
Grants (Use Schedule 2)	220,186	304,846	247,500	130,857	115,656	325,000
Private Foundations	**220,186**	**304,846**	**247,500**	**130,857**	**115,656**	**325,000**
CONTRIBUTIONS & DONATIONS						
Local Partners (Yearly)	132,788	104,224	35,000	60,000	60,606	262,904
Donations	406,139	388,052	302,018	10,065	8,895	300,000
Total Contributions & Donations	**538,926**	**492,276**	**337,018**	**70,065**	**69,502**	**562,904**
OTHER SUPPORT						
Other Miscellaneous Revenue	3,211,326	219,397	145,255	105,599	96,734	-
Interest Income	14,064	8,418	84,574	80,139	70,829	-
Rental Income, Residency (Qtrly))	70,236	70,236	64,388	70,245	70,953	-
Residency Program (Qtrly)	567,147	505,961	570,345	506,462	518,502	-
Community Health Center			-	-	-	-
Healthcare for Homeless	-	-	-	-	-	-
CDBG/Home	-	-	-	29,148	58,620	-
HUD - CDBG	-	-	-	18,627	18,665	-
City Participation	-	-	-	-	-	-
CDBG Grants	-	-	-	-	-	-
Medicare Demonstration Project	-	-	-	-	-	-
Mt Primary Care Assoc. for Emergency Preparedness	-	-	-	-	-	-
Refugee Resettlement	158,916	185,442	228,566	482,273	596,098	-
UM Geriatric Workforce Enhancement Proj.	180,841	99,043	97,815	78,400	109,213	-
Public Health Emergencies	-	-	-	-	-	-
Oral Health	-	-	-	-	-	-
Miscellaneoud Federal Money	-	-	-	-	-	-
Covid 19 Stimulus Revenue	-	-	-	-	-	-
Coronavirus Relief Funds	197,367	2,240,364	2,235,471	714,682	712,800	-
Vocational Rehab Grant	-	-	-	-	-	-
HB130 Jail Div/Mental Health	-	-	-	-	-	-
Mobile Crises Unit	137,465	105,311	292,289	466,292	524,387	711,343
DPHHS County & Tribal Matching Grant	79,707	88,754	141,433	160,771	142,096	-
Enhancing Rural Access	-	16,974	22,565	32,515	31,108	-
United Way Revenue	-	93,675	181,300	120,752	106,725	-
Public Insurance Payments	-	-	-	-	-	-

	Actual 30-Jun-21	Actual 30-Jun-22				
	2021 NON-AUDITED FROM OUR CASH BASIS	2022 NON-AUDITED FROM OUR CASH BASIS	2023 NON-AUDITED ACCRUAL	Jan-24 Total PROJECTION	Feb-24 Total PROJECTION	FY 2025 DRAFT BUDGET
Trf from Public Safety	-	137	-	-	-	-
Tfr From General	-	-	-	-	-	-
Total Other Support	**4,617,068**	**3,633,712**	**4,064,001**	**2,865,905**	**3,056,731**	**711,343**
TOTAL REVENUE	**43,042,388**	**41,445,638**	**43,593,322**	**41,276,303**	**42,143,657**	**45,409,839**
GRANT AND OTHER REVENUE	13,331,223	10,880,544	11,009,519	9,100,842	9,611,077	10,823,428
EXPENSES						9,487,085
PERSONNEL						
Salaries, Wages	14,076,709	15,609,851	18,283,339	19,394,291	19,192,577	21,204,543
EAP	8,518	11,910	13,289	23,566	23,817	30,417
Benefits	4,629,386	5,126,224	6,092,102	6,518,101	6,465,670	7,205,304
Salaries, Wages & Benefits	18,714,613	20,747,986	24,388,729	25,935,958	25,682,064	28,440,264
Clothing Allowance (Beginning of year)	12,801	13,533	14,711	27,056	24,481	25,500
SUPPLIES	12,545,228	13,358,403	13,946,283	14,379,091	14,265,591	15,812,335
Pharmacy	21,180	32,632	27,670	32,309	29,033	32,000
Office	68,472	105,251	109,098	71,884	72,532	111,743
Computer	592,281	612,311	850,513	904,680	889,262	1,807,096
Clinic	222,503	269,020	259,684	283,936	273,461	318,342
Janitorial	29,592	31,239	32,394	28,525	29,298	44,952
Equipment - Non-Capital	30,534	91,734	98,991	65,417	67,099	117,947
Dental Supplies/Lab	108,530	121,832	138,705	167,176	171,713	228,362
Prescription Drugs	11,101,781	11,618,353	11,790,788	11,938,500	11,949,524	12,349,115
Vaccines	370,356	476,031	638,440	886,665	783,668	802,779
PURCHASED SERVICES	2,489,698	2,980,679	3,670,195	4,314,853	4,319,579	5,453,244
Postage	106,631	102,585	106,146	118,515	123,353	128,345
Printing/Litho	24,236	22,975	19,288	13,189	14,573	25,456
Transportation - Patient	20,782	36,028	58,964	47,446	53,594	120,821
Outreach	32,625	55,605	51,486	48,485	45,613	134,283
Books/Resource/Subscription	14,680	19,621	22,703	18,940	17,188	25,117
Dues & Memberships	61,424	41,522	11,968	59,665	52,872	43,478
Transcription	-	-	-	-	-	-
Recruitment	80	3,916	2,722	102	90	6,250
Utilities	103,061	119,215	126,710	132,312	125,620	172,336
Garbage Collection	16,174	16,038	17,970	17,944	18,555	21,277
Phone	163,981	151,099	164,725	174,304	176,777	184,729
Dental Provider Services	45,227	35,098	10,474	16,004	17,098	20,500
Provider Services	527,672	485,318	469,418	582,994	594,768	630,094
Audit Fees	18,716	45,110	45,959	33,207	59,652	45,000
Legal Services/Accounting	21,018	23,808	18,947	49,530	46,520	62,786
Contracted Services	664,527	1,048,094	1,550,760	1,920,536	1,888,255	2,329,316
Equipment Repair & Maintenance	116,590	160,730	193,861	171,856	170,845	263,287
Mileage - Personal Vehicle	4,587	5,804	7,206	9,275	8,814	13,797
Meals/Lodging/Incidentals	4,888	6,846	12,259	18,645	20,791	24,700
Continuing Education	58,810	64,266	83,289	223,988	201,493	287,000
Training/Tuition/Registration Fees	27,744	53,248	96,852	122,856	109,513	233,117
Lab Services	224,074	215,904	215,769	226,648	230,532	246,903
Waste Disposal	25,477	24,732	29,895	30,072	31,342	38,686
Rent	97,176	119,164	279,569	184,939	220,566	274,340
Professional Licenses & Dues	19,131	69,821	24,632	20,062	26,333	32,626
Interest	90,388	54,131	48,625	73,339	64,820	89,000
Paying Agent Fee	-	-	-	-	-	-
Depreciation	674,856	705,000	705,000	750,000	750,742	750,742
TOTAL OPERATING EXPENSES	**34,437,197**	**37,805,600**	**42,724,918**	**45,406,958**	**45,042,458**	**49,731,343**
NET INCOME (LOSS)	**8,605,191**	**3,640,038**	**868,404**	**(4,130,656)**	**(2,898,801)**	**(4,321,504)**
DEBT SERVICE						
Principal	120,000	125,000	130,000	135,000	135,000	140,000
Interest	-	-	48,625	73,339	73,339	89,000
Paying Agent Fee	-	-	-	-	-	-
OTHER						
Transfers						
Capital Building and Constructions	10,000	500,219	249,704	-	-	-
Capital Equipment	286,530	117,810	21,886	-	-	-
CASH PRESENTATION EXPENSES	**34,178,871**	**37,843,629**	**42,421,508**	**44,791,958**	**44,426,715**	**49,120,600**
CASH PRESENTATION NET INCOME	**8,863,517**	**3,602,009**	**1,171,814**	**(3,515,656)**	**(2,283,059)**	**(3,710,762)**

(3,710,762)	Total cash loss
875,791	EHR productivity Loss
583,600	EHR Costs
(2,251,371)	Direct operations loss

PHC PARTNERSHIP HEALTH CENTER

CAPITAL BUDGET 2025

	Dept	Cost	Totals
C8E Funded Renovation of Creamery Building	Facility	541,650	
			541,650
Freighthouse E.W. paint, carpet, improvements	Facility	57,780	
Solar	Facility	100,000	
Dividing Wall in Weinberg	Facility	30,000	
Creamery Exam Room patch + paint	Facility	20,000	
Lowell Clinic - Remodel PSR Area to accommodate 2 PSRs	Facility	7,814	
Creamery Main Floor Remodel	Facility	800,000	
Exterior PHC Sign facing Orange Street	Facility	30,000	
Exterior PHC Sign at Trinity	Facility	30,000	
			1,075,594
Twelve O'Clock Cabinets to Rooms 7 & 8	PHC Dental	35,000	
Replace aging xray head @ Creamery	PHC Dental	5,000	
Midmark Steam Steilizer M11 to replace aging equip. @ Creamery	PHC Dental	7,000	
Pano (2-D, external BW feature only) Lowell	PHC Dental	25,000	
			72,000
Badge System Upgrade	IT	78,000	
Conference Room Technology	IT		
Electronic check in kiosks	IT		
			78,000
Exam tables	Medical	160,000	
Exam room blinds	Medical	23,000	
EKG Machine	Medical	30,000	
Electronic Vaccine Reader integrated into EHR	Medical	20,000	
Interpreter services, change in contract	Medical	20,000	
Vehicle - Mobile Van Match	Medical	20,000	
			273,000
Finance Software	Administration	300,000	
			300,000
			2,340,244

PHC PARTNERSHIP HEALTH CENTER

FTE BUDGET FY 2025 DRAFT

Department Name	Department Number	2025 Budget Hours	2025 Budgeted FTEs	2024 Budget Hours	2024 Budgted FTEs	2023 Budget Hours	2023 Budgted FTEs	2022 Budget Hours	2022 Budgted FTEs	2021 Budget Hours	2021 Budgted FTEs	2020 Budgted Hours	2020 Budgted FTEs
ADMINISTRATIVE		164,062	78.9	169,954	81.7	151,402	72.8	161,343	77.6	101,456	48.6	76,943	36.9
ADMINISTRATIVE	50008	29,120	14.0	39,104	18.8	37,024	17.8	45,678	22.0	28,397	13.6		
Billing	50028	48,130	23.1	38,770	18.6	36,690	17.6	34,541	16.6	22,133	10.6		
Communications	50027	6,240	3.0	6,240	3.0	4,160	2.0	2,080	1.0	2,088	1.0		
Finance	50021	16,640	8.0	18,760	9.0	17,680	8.5	14,560	7.0	14,616	7.0		
Human Resources	50020	6,240	3.0	9,360	4.5	8,320	4.0	7,501	3.6	7,517	3.6		
Innovation	50026	8,528	4.1	8,528	4.1	10,816	5.2	23,703	11.4	4,782	2.3		
IT & Telehealth	50022	30,444	14.6	30,472	14.7	26,312	12.7	27,040	13.0	16,704	8.0		
Medical Records	50024	18,720	9.0	18,720	9.0	10,400	5.0	6,240	3.0	5,220	2.5		
Clinical Ops	50009		-		-		-	16,649	8.0	12,528	6.0	66,628	31.9
Patient Access	50025	78,624	37.8	76,544	36.8	76,544	36.8	66,358	31.9	65,647	31.4		
Quality & Safety	50023	9,672	4.7	17,992	8.7	8,320	4.0	7,029	3.4	7,726	3.7		
Facility	50011	-	-	-	-	8,320	4.0	19,664	9.5	17,644	8.5	13,363	6.4
MEDICAL		195,780	94.1	174,408	83.9	181,896	87.5	152,721	73.4	145,001	69.7	126,756	60.9
Food Bk Med	50012	3,900	1.9	2,080	1.0	2,080	1.0	4,331	2.1	4,548	2.2	3,080	1.5
HCH Medical	57000	4,160	2.0	2,080	1.0	2,080	1.0	5,177	2.5	7,506	3.6	7,815	3.7
Lowell Medical	50015	3,640	1.8	3,640	1.8	5,824	2.8	6,252	3.0	7,308	3.5	9,247	4.4
MEDICAL	50000	157,248	75.6	141,440	68.0	154,232	74.2	118,858	57.1	106,638	51.1	84,507	40.5
Seeley Medical	50002	16,432	7.9	14,768	7.1	11,440	5.5	13,944	6.7	12,737	6.1	17,932	8.6
DPHHS Refugee	55300	10,400	5.0	10,400	5.0	6,240	3.0	4,160	2.0	6,264	3.0	4,176	2.0
DENTAL		55,487	26.7	50,284	24.2	45,032	21.7	41,744	20.1	46,187	22.2	60,646	29.2
Lowell Dental	50115	4,680	2.3		-		-	772	0.4	783	0.4	1,781	0.9
Food Bank Dental	50112	4,683	2.3										
PHC Dental	50100	41,132	19.8	45,292	21.8	39,000	18.8	33,172	15.9	36,112	17.3	46,643	22.3
Seeley Dental	50110	4,992	2.4	4,992	2.4	6,032	2.9	6,136	3.0	6,160	3.0	8,381	4.0
Superior Dental	50117		-		-		-	1,664	0.8	3,132	1.5	3,841	1.8
PHARMACY		48,984	23.6	45,656	22.0	44,616	21.5	43,276	20.8	43,420	20.8	46,228	22.1
PHC Pharmacy	50200	48,984	23.6	45,656	22.0	44,616	21.5	43,276	20.8	43,420	20.8	46,228	22.1
BEHAVIORAL HEALTH		72,072	34.7	65,832	31.7	69,056	33.2	58,563	28.2	40,570	19.5	45,117	21.7
IBH Creamery	56111		-										
BH POV	57100		-		-		-	522	0.3	522	0.3	543	0.3
BH Willard	56113		-		-		-	1,409	0.7	1,409	0.7	1,670	0.8
BH Workforce Grant	56109		-		-		-	3,504	1.7	5,596	2.7	6,368	3.1
BHE	56100	56,264	27.1	49,504	23.8	54,288	26.1	37,974	18.3	23,375	11.2	17,685	8.5
BHE - Seeley	56102		-		-		-	1,670	0.8	2,088	1.0	2,034	1.0
Food Bank BH	56112		-	-	-	-	-	2,978	1.4	2,986	1.4	1,253	0.6
Lowell BH	56105		-		-		-	418	0.2	418	0.2	509	0.2
Sup BH	56107		-	2,080	1.0	4,160	2.0	4,160	2.0	4,176	2.0	752	0.4
BH Mobile Crisis Unit	56108	15,808	7.6	14,248	6.9	10,608	5.1	5,929	2.9				
BH SUD Grant	56110		-		-		-		-			14,303	6.9
SCHOOL BASED BH	58002	18,512	8.9	2,912	1.4	2,080	1.0						
Lowell School BH	56114		-	1,040	0.5								
willard				1,872	0.9	2,080	1.0						

FTE BUDGET FY 2025 DRAFT

Department Name	Department Number	2025 Budget Hours	2025 Budgeted FTEs	2024 Budget Hours	2024 Budgted FTEs	2023 Budget Hours	2023 Budgted FTEs	2022 Budget Hours	2022 Budgted FTEs	2021 Budget Hours	2021 Budgted FTEs	2020 Budgted Hours	2020 Budgted FTEs
COMMUNITY		49,400	23.8	49,088	23.6	75,088	36.1	58,475	28.1	46,374	22.3	36,749	17.7
DPHHS County & Tribal Grant	55500	2,080	1.0	1,664	0.8	1,664	0.8	2,080	1.0	2,088	1.0		
FUSE	52003		-		-		-	2,080	1.0	2,088	1.0		
Geriatric	55400	2,080	1.0	2,080	1.0	2,080	1.0	3,072	1.5	5,168	2.5	2,610	1.3
Headwaters	52002		-		-	2,080	1.0	2,080	1.0	2,088	1.0	1,566	0.8
Community Organizing	52005	2,080	1.0	2,080	1.0								
HIV Prevention	53600	1,664	0.8	1,664	0.8	1,664	0.8	1,775	0.9	1,775	0.9	1,670	0.8
Housing Navigator	52001	2,080	1.0	2,080	1.0	2,080	1.0	2,080	1.0	2,088	1.0	2,088	1.0
IBH Grant	56111		-		-		-	6,240	3.0	6,264	3.0	5,742	2.8
MCCP	55000	2,080	1.0	4,160	2.0	4,160	2.0	4,160	2.0	4,176	2.0	4,176	2.0
MCS	50005		-		-	-	-	1,357	0.7	1,044	0.5	1,044	0.5
MTHCF	54030	-	-	1,664	0.8	1,664	0.8	1,670	0.8	1,670	0.8		
MTHCF MLP	54020	2,080	1.0	2,080	1.0	2,080	1.0	2,080	1.0	1,044	0.5		
Pacific Source	54025		-		-		-		-	2,088	1.0		
PCMH	54010	12,480	6.0	2,080	1.0	17,680	8.5	6,240	3.0	6,264	3.0	5,846	2.8
Ryan White B	53000	3,432	1.7	2,496	1.2	2,496	1.2	2,759	1.3	2,558	1.2	2,088	1.0
Ryan White C	53500	2,080	1.0	2,080	1.0	2,080	1.0	3,224	1.6	3,884	1.9	2,610	1.3
Child Care	52007		-	9,360	4.5	12,480	6.0						
Zero to Five	52004		-	-	-	4,160	2.0						
CDC CHW	55200	10,192	4.9	8,320	4.0	8,320	4.0						
DEI	52006		-	-	-	2,080	1.0						
Super-Utilizer	54015		-		-		-		-			4,176	2.0
ARP-CCT	83878	7,072	3.4	7,280	3.5	8,320	4.0						
WMMHC	50001				-		-		-	2,088	1.0	3,132	1.5
COVID 19	83510				-	-	-	17,578	8.5				
TRINITY MEDICAL	TRINITY MEDICAL	5,200	2.5										
TRINITY BH	TRINITY BH	5,200	2.5										
TRINITY PSH	TRINITY PSH	3,120	1.5										
TOTAL		706,113	339.5	652,670	313.8	709,050	318.4	669,098	300.9	569,972	252.2	518,659	226.3
Open at beginning of year			57.1		46.3		-		45.3		33.2		21.6
Temp			-		-		-		5.7				
FTEs w/o open positions			282.3		267.5		318.4		249.9		219.0		204.6
Start date with a 1 FTE starting as of Jul 1			339.5		313.8		318.4		300.9		252.2		
									(5.7)				
Vacancy Rate		-6.0%	(20.4)	-4.8%	(15.0)	-13.5%	(43.0)	-6.6%	(20.0)	-3.2%	(8.2)		
FTEs measured during the year			319.1		298.8		275.4		275.2		244.0		226.3
Open at beginning of year			36.8		31.3		(43.0)		25.3		25.0		
			282.3		267.5		318.4		249.9		219.0		
Using $ Cap to set FTEs			307.0										
		March 22, 2024 Payroll PP06 had 271.53 FTEs		May 19, 2023 Payroll PP10 had 267.5 FTEs		May 20, 2022 Payroll PP10 had 248.6 FTEs		June 18, 2021 Payroll PP12 had 249.9 FTEs					

Current month cash		28,667,531	
Use of Cash			
Cash Reserves 120 days		16,100,187	16,100,187
Cash per day use	134,168		
Defered IT		1,459,391	
2025 Capital		2,340,244	
2026 Capital		1,447,367	1,447,367
2027 Capital		1,447,366	1,447,366
Restricted		22,794,555	
COVID DOLLARS For 2 years of Post COVID		3,276,607	3,276,607
2025 Loss exclude Deferred IT		2,251,371	
Balance		344,998	22,271,527

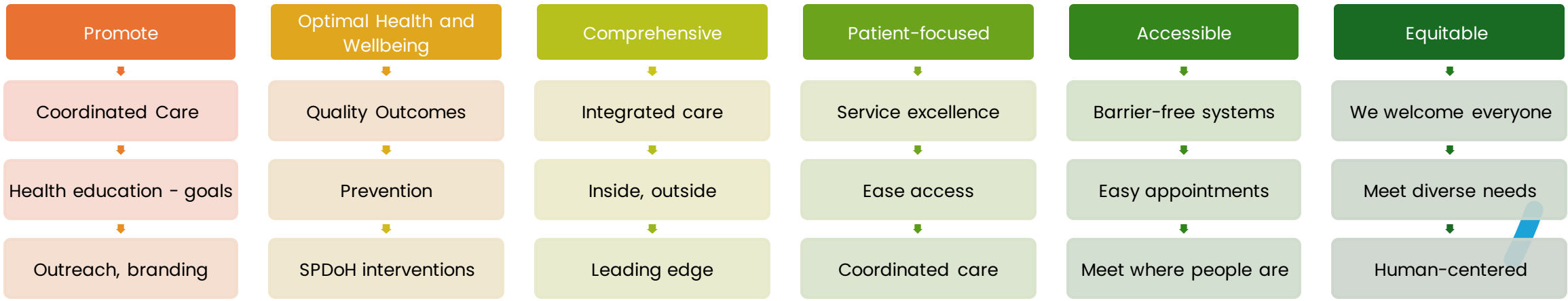
CEO and Leadership Report

April 2024
Partnership Health Center Board Meeting

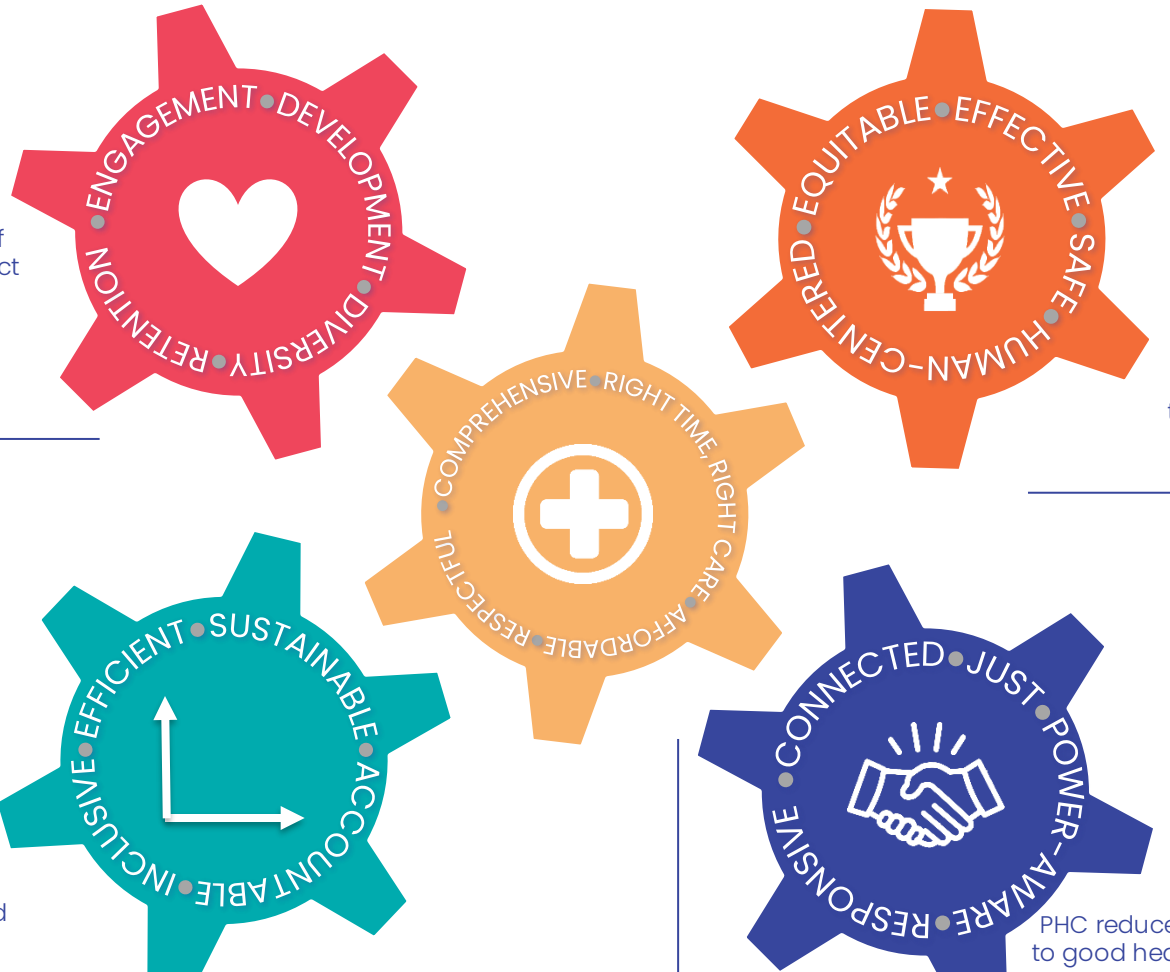
PHC
PARTNERSHIP HEALTH CENTER

PHC's Mission:

To promote optimal health and wellbeing for all through comprehensive, patient-focused, accessible and equitable care.



PHC's 5 Domains – Strategic Objectives



Joy at Work

PHC will achieve high levels of team engagement and attract and retain talented staff and leaders who serve and represent the diverse ideas, cultures, and thinking of our patients and community.

Impeccable Quality

Continually and systematically act on measures results to improve health outcomes for all those we serve, with our human-centered, evidence based, integrated model of care.

Operational Excellence

Our systems and decisions ensure sustainable, efficient, timely, proactive service, recognize diverse needs and cultures, and allow us to be agile in responding to opportunities and threats.

Barrier-Free Access

PHC ensures patients experience all of our services as welcoming, coordinated, seamless, timely and inclusive of all cultures and languages.

Innovations in Population Health

PHC reduces inequities and systemic barriers to good health in our community by investing in intelligent innovation, being on the leading edge of primary care, incubating new programs that are evidence and need-based, leveraging our partnerships.

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PHCs Values

EQUITY

Health and wellbeing are human rights.

We work together to create a future in which all people have equal opportunity to achieve health and wellbeing. We pursue justice and health equity through innovative policies, practices and services designed to bring down barriers to wellbeing and create access to the support and resources necessary for everyone in our community to thrive.

RESPECT

All people will be treated with dignity and respect.

We actively work to create an environment in which all people feel a sense of belonging, diversity is valued, and individual beliefs and backgrounds are honored with curiosity and grace.

COMPASSION

We honor the individual health goals, needs, and circumstances of every person.

With a spirit of humility, empathy and kindness, we actively listen to others and treat interactions as opportunities to deepen understanding, build trust, and remove barriers to health and wellbeing.

COMMUNITY

Partnership is not just a word in our name, it is the north star that guides how we serve our community.

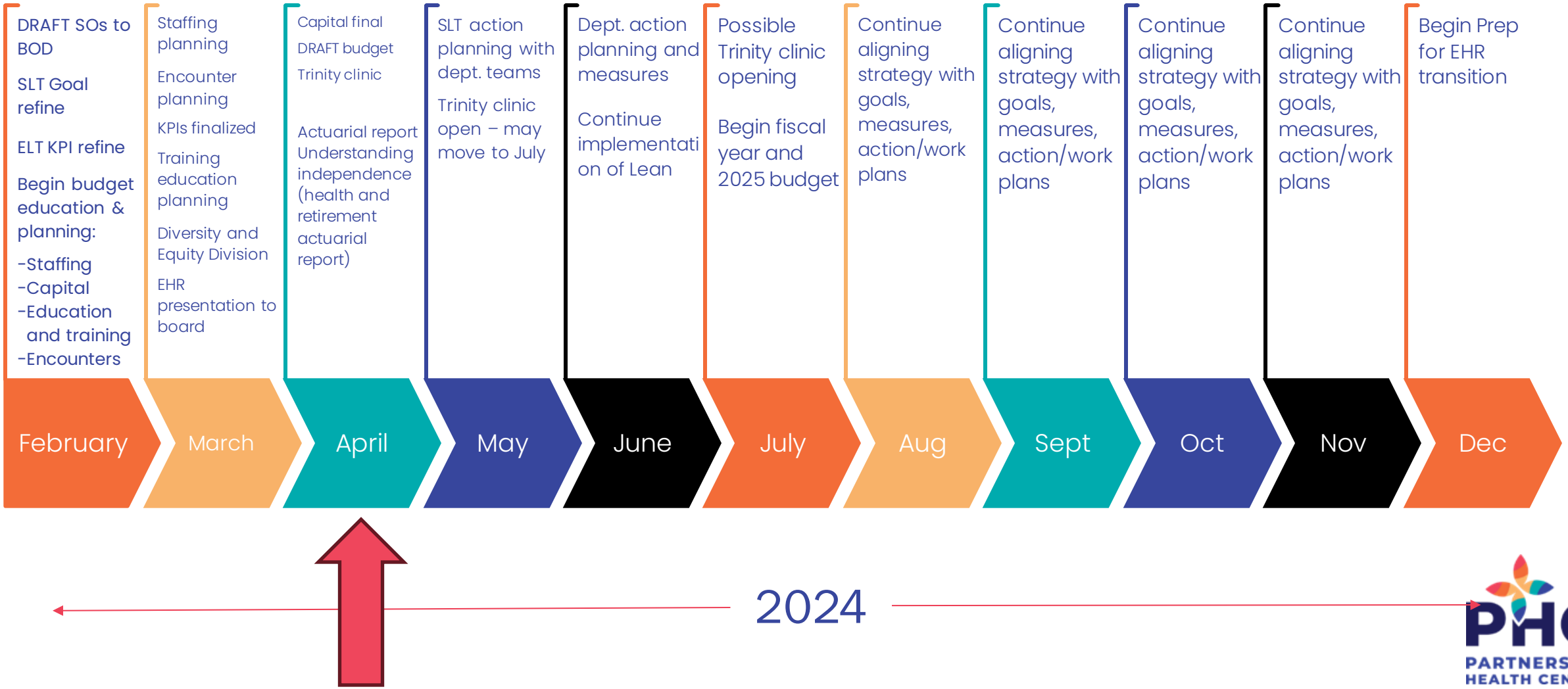
We embrace our shared humanity and connection to one another by coming together with patients, colleagues and community partners to lean into strengths, listen to diverse voices, and develop collaborative solutions in pursuit of our bold vision of *optimal health for all.*

SERVICE EXCELLENCE

We are committed to delivering an exceptional patient experience.

We rely on the lived experiences of patients, evidence-based practices, and data-informed decision making to continuously improve our services and enhance our ability to meet the needs of our patients, staff and community.

STRATEGIC DIRECTION TIMELINE continued…. 2023-2024



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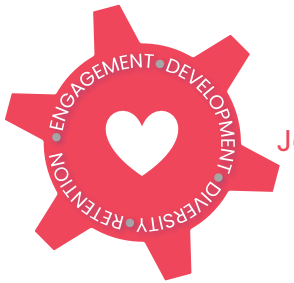


Joy at Work

Impeccable Quality

Innovations in Population Health

Barrier-Free Access

Operational Excellence

Strategic Objectives

Service Expansion

- 1.1 **Capacity**: Service expansion efforts undergo resource management plans to ensure accurate staff capacity
- 2.1 **Maintain Quality:** As we expand services, we maintain or exceed our quality
- 3.1b **Youth BH Access:** All Title 1 Schools have the behavioral health support they need.
- 3.1b **Same-day/Urgent:** One or more sites offers same-day/urgent care services.
- 4.1 **Convenient Hours:** Extended hours and the addition of a Saturday clinic
- 5.1 **Meet the need:** Continue to increase the number of unique patients seen each year

Internal Optimization

- 1.2 **Autonomy:** Employ a distributive Leadership model to afford autonomy to departments and promote an environment where patients and staff thrive.
- 2.2 **Collaborative solutions:** Improve outcomes by implementing an improvement process that enhances collaboration between departments, teams and services
- 3.2 **Value and impact:** Internal and external stakeholders understand and value our innovative programming
- 4.2 **Easy access:** Access to all PHC services is easy and barrier-free.
- 5.2 **Smooth days**: All departments use daily management systems to reduce waste and improve effectiveness

Financial Sustainability/Growth

- 1.3 **Employer of Choice:** We recruit and retain a diverse team, offering meaningful work that improves lives, and competitive wages and benefits
- 2.3 **Reduce Waste:** We reduce waste to improve quality
- 3.3 **Payment models:** Research and explore innovative payment models
- 4.3 **Staffing:** Service expansions are appropriately staffed to provide accessible, high-quality care
- 5.3 **Key Technology Systems:** Implement EMR and Financial Software systems to modernize all functioning.

Org. Chart Changes

Hold please.....

Diversity and Equity Unit

- **PURPOSE:**
  - Ensure PHC leadership and staff represent the unique ideas, cultures, traditions, and beliefs of our community.
  - Aligned with our value of Equity and our Service Expansion focus area - develop an Organizational Unit focused on enhancing services, increasing access, and ensuring welcoming environments for welcome diverse populations in Missoula County.
- **OUTCOMES:**
  - Service is provided with cultural responsiveness and humility
  - Physical spaces will be welcoming to many cultures
  - Outreach efforts will focus on understanding the needs and desires for services that are welcoming to all races, ethnicities cultures, traditions, ideas, communities.
  - Increase access to more people and communities in Missoula!
- **FIRST STEP:**
  - DONE: Recruited and hired a Chief Diversity and Equity Officer. **elcome Skye McGinty**, Chief Diversity and Equity OOfficer! EvaluateHC's performance in access to diverse populations
  - Design programs to serve and attract patients interested in culturally aligned environments

Access


Center Overview
TY February 2024
17,731
PATIENTS
69,244
VISITS

Patients with Qualifying Encounters

MEASURE

FILTER

PERIOD: TY February 2024

RENDERING PROVIDERS: All Rendering Provid...

Add Filter | Update

MEASURE ANALYZER | DETAIL LIST | VALUE SETS

17,731
Numerator

1,126

TY 2/23

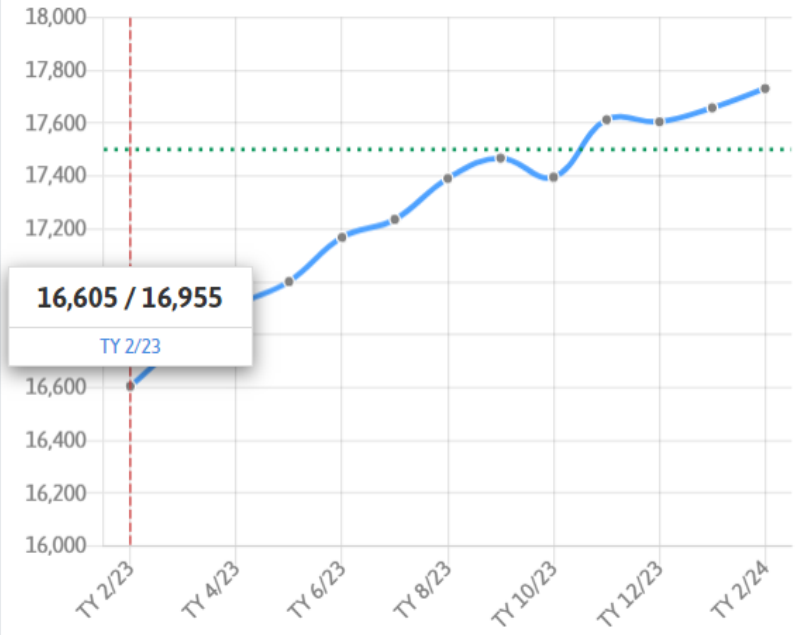
18,124

2022 ...

17,500

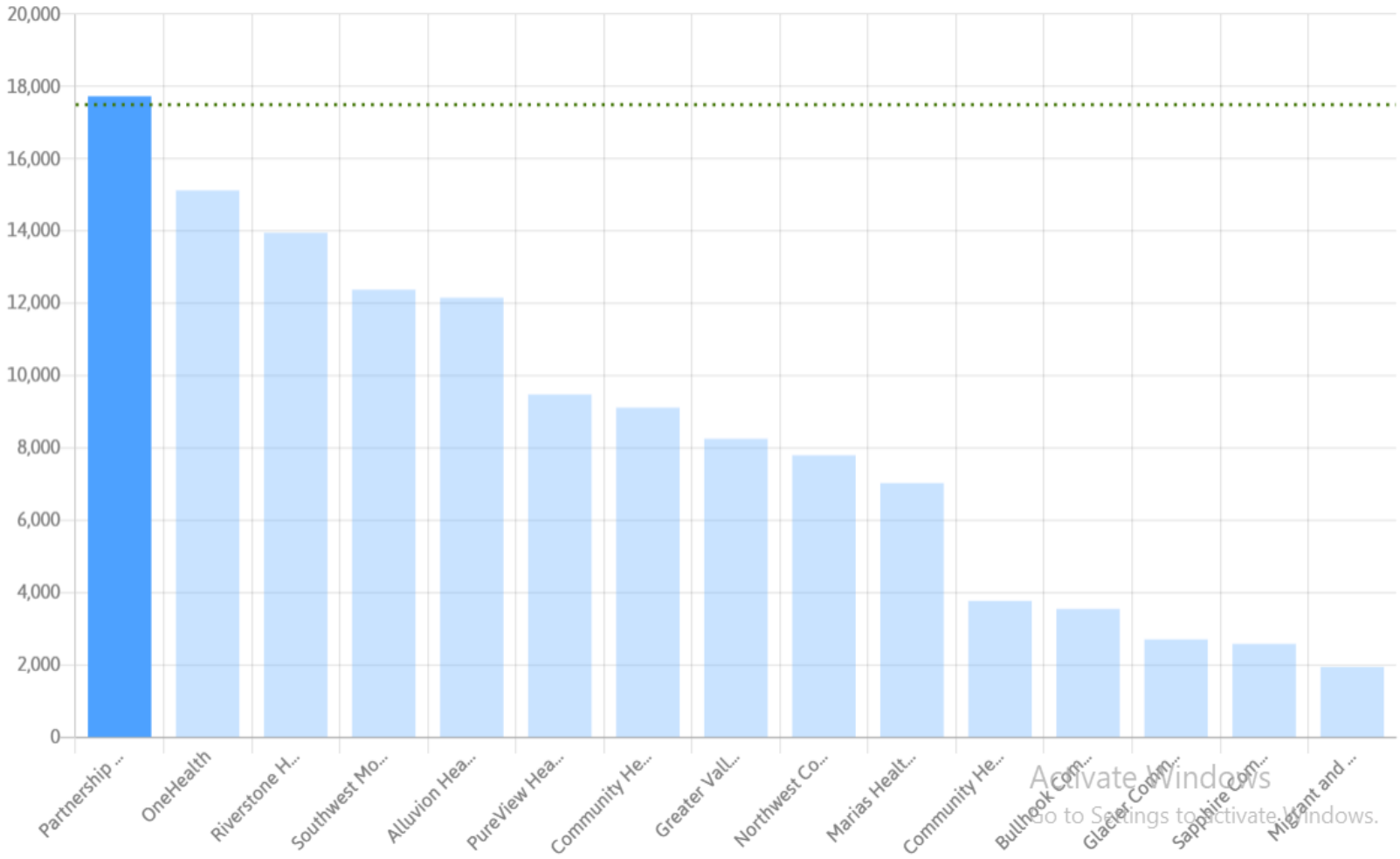
TY 2/24

GROUP BY None



Comparison

GROUP BY Center



Finance
CFO Report

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HEALTH CENTER

Chief Financial Officer Report

February 2024

PHC
PARTNERSHIP HEALTH CENTER

February

Medical Encounters
YTD total is 29,332 and the Budget is 30,309 for a % variance of -3.2.

Behavioral Health Encounters
YTD Total is 7,360 and the Budget is 7,520 for a % variance of -2.1.

School Based Encounters
YTD Total is 612 and the Budget is 818 for a % variance of -25.2.

Dental Encounters
YTD Total is 8,694 and the Budget is 9,673 for a % variance of -10.1.

Pharmacy Prescriptions
YTD Total is 81,354 and the Budget is 76,901 for a % variance of 5.8.

Consolidated Days Cash on Hand is 241.1 days calculating available cash and investments of $28.67m.
Days in Accounts Receivable are 50, and the current receivable balance is $2,704,999.
Clinical AR is presented gross and does not include an adjustment for assessment of collectability.

YTD Fee Revenue is $21.8m with a Budget of $23.42m for a % variance of -6.9%.
YTD Total Revenue is $27.81m with a Budget of $30.23m for a % variance of -8%.

YTD expenses are $29.45m with a Budget of $31.7m for a % variance of -7.1%.

YTD Net Income is $-1,639,309 with a Budget of $-1,472,442 for a % variance of 11.1%.

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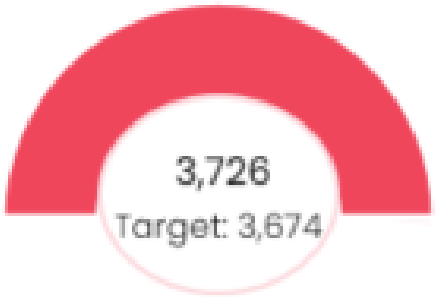
Patient Service

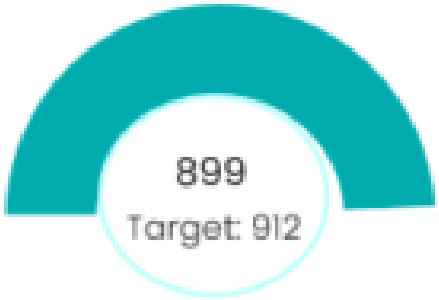
Volumes, Reporting Month

Medical



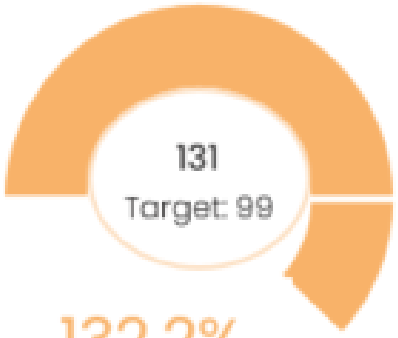
101.4%

Behavioral Health



98.6%

School Based Behavioral Health

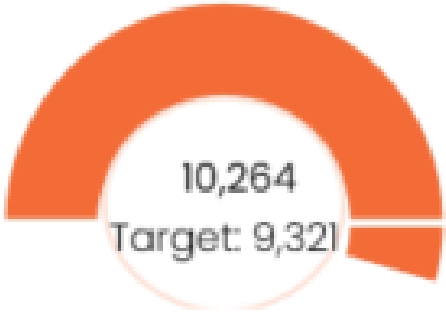


132.2%

Dental

100.6%

Pharmacy

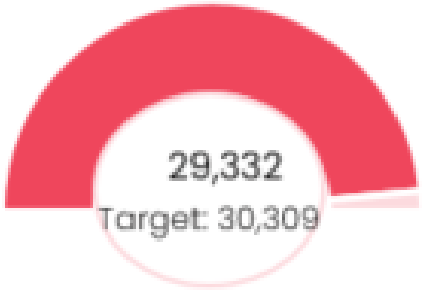


110.1%

Patient Service

Volumes, Year to Date

Medical



96.8%

Dental

89.9%

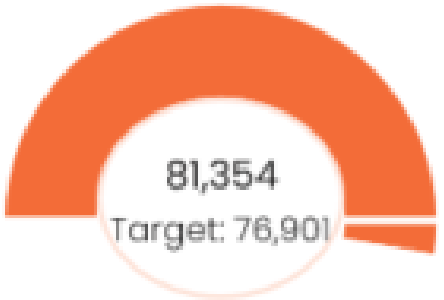
School Based Behavioral Health

74.8%

Behavioral Health

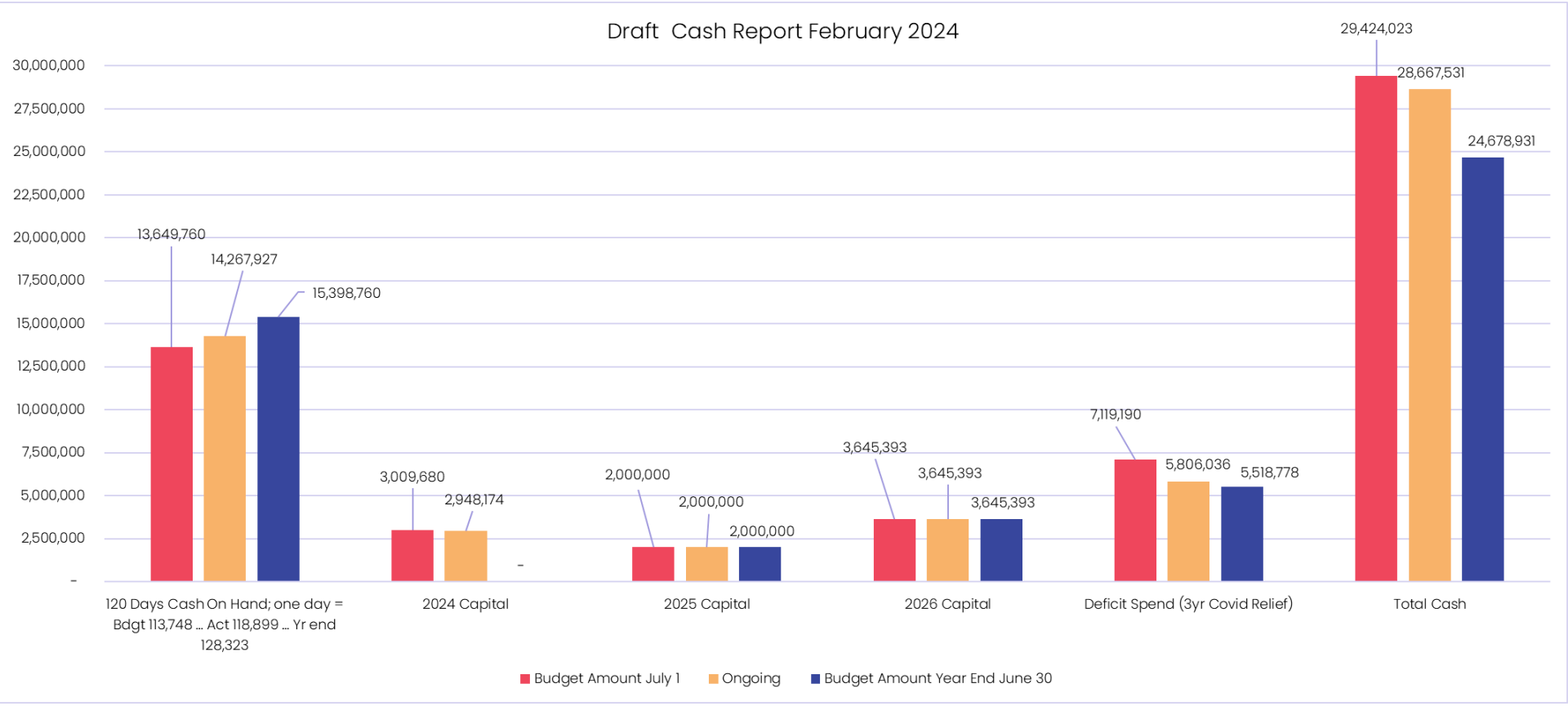
97.9%

Pharmacy



105.8%

Cash


Draft Cash Report February 2024
30,000,000
27,500,000
25,000,000
22,500,000
20,000,000
17,500,000
15,000,000
12,500,000
10,000,000
7,500,000
5,000,000
2,500,000
-
13,649,760
14,267,927
15,398,760
3,009,680
2,948,174
-
2,000,000
2,000,000
2,000,000
3,645,393
3,645,393
3,645,393
7,119,190
5,806,036
5,518,778
29,424,023
28,667,531
24,678,931
120 Days Cash On Hand; one day = Bdgt 113,748 ... Act 118,899 ... Yr end 128,323
2024 Capital
2025 Capital
2026 Capital
Deficit Spend (3yr Covid Relief)
Total Cash
Budget Amount July 1
Ongoing
Budget Amount Year End June 30

PARTNERSHIP HEALTH CENTER
DRAFT STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
For the Month Ended February 2024

	ACTUAL MTD	ACTUAL YTD	YTD BUDGET	Accrual DRAFT 2023	Accrual AUDITED 2022
OPERATING REVENUE					
Charges for Services	2,776,087	21,796,434	23,424,014	33,717,396	31,060,515
Operating Revenue	2,776,087	21,796,434	23,424,014	33,717,396	31,060,515
On-Behalf Revenue-Pensions				571,772	1,154,677
Total Operating Revenue	2,776,087	21,796,434	23,424,014	34,289,168	32,215,192
OPERATING EXPENSES					
Personnel	2,030,954	16,950,162	18,481,552	27,242,968	19,732,184
Other Operating Expenses	1,312,751	11,965,689	12,697,660	13,233,223	15,615,714
Depreciation	61,936	495,490	495,490	596,004	648,113
Operating Expenses	3,405,641	29,411,341	31,674,702	41,072,195	35,996,011
Uncompensated Absences				1,618,576	1,547,995
Pension Expense				2,766,606	1,626,775
OPEB Expense				81,943	113,811
Total Operating Expenses	3,405,641	29,411,341	31,674,702	45,539,320	39,284,592
Operating Loss	(629,554)	(7,614,906)	(8,250,688)	(11,250,152)	(7,069,400)

	ACTUAL MTD	ACTUAL YTD	YTD BUDGET	Accrual DRAFT 2023	Accrual AUDITED 2022
NON-OPERATING REVENUE (EXPENSE)					
Intergovernmental Revenue	710,544	4,785,175	5,198,442	10,206,566	9,717,122
Private/Local Grants and Donations	242,241	1,075,783	1,335,878	279,018	471,287
Miscellaneous Revenue	8,098	110,674	224,447	173,199	239,147
Investment Earnings	-	46,747	48,000	84,574	8,418
Interest Expense	-	(42,781)	(28,521)	(45,813)	(51,438)
Loss on Disposal of Assets				(343,452)	
Total Non-Operating Revenue (Expense)	960,883	5,975,598	6,778,246	10,354,092	10,384,536
Change in Net Position	331,329	(1,639,309)	(1,472,442)	(896,060)	3,315,136
Net Position, Beginning of Year		27,278,889	27,278,889	27,278,889	23,963,751
Net Position, End of Period		25,639,580	25,806,447	26,382,829	27,278,889

February Capital Purchases

Description	Cost	Budget	Budget Variance
February – None	$0	$0	$0
January – None	$0	$0	$0
Quarter 2 Oct.-Dec. Design work, phone infrastructure	$7,736	$0	($7,736)
Quarter 1 July-Sept: Dental Cabinets, IT Network, Switches	$50,770	$46,000	(4,770)
Total	$61,506		

Performance Indicators

Financial Sustainability and Growth

Drill Down Measure

Unique Patients

Unique Patients: 3/1/23 to 2/29/24

OE

14,355	5,505	2,310	17,768
Medical	Dental	BH	Total

OE = Operational Excellence

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Drill Down Measure

Cost Per Encounter

Medicaid APM Rate for 2024: $342.10

Medicaid APM Rate for 2023: $326.74

	FY Q1	FY Q2	Jan. YTD	Feb. YTD	Budget YTD
Medical	367	381	380.97	369.52	395.30
Dental	311	327	336.46	328.12	329.32
Behavioral Health	391	393	393.92	384.76	440.53
School Based Health	336	196	196.99	175.99	127.94
Total Clinical	361	371	372.67	361.72	384.73
Pharmacy	129	132	128.17	126.53	136.25

Calculations include overhead allocation

All expenses are included, depreciation and expenses for grant activities.

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Drill Down Measure
Operating Margin

net income / total revenue

	Actual	Budget
July:	-4.7%	-4.9%
August:	-4.0%	-4.9%
September:	-7.6%	-4.9%
October:	-5.5%	-4.9%
November:	-9.3%	-4.9%
December:	-11.0%	-4.9%
January:	-16.4%	-4.9%
February:	8.9%	-4.9%
Year To Date:	-5.9%	-4.9%

Excluding information added during the financial audit:
- On-Behalf Revenue-Pensions
- Uncompensated Absences
- Pension Expense
- OPEB Expense

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PARTNERSHIP HEALTH CENTER

Bryan Chalmers
Chief Financial Officer
Partnership Health Center
Direct: (406) 258-4445 | **Main:** (406) 258-4789

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Integrated Services Clinical Programs

CMO Report

PHC
PARTNERSHIP HEALTH CENTER

Operations
COO Report

Initiative	Status	Objective Alignment	KPIs
Performance Improvement (Quality and Performance Improvement)	• Engaging with Avior Group as our Lean consultants to implement Lean process improvement with Daily Management Boards • Interviewed and will hire the new Performance Excellence Facilitator this week!	Impeccable Quality Internal Optimization	Clinical Quality - UDS Patient Satisfaction
Quality Assurance (Compliance, Risk, Safety, Emergency Preparedness)	• Staci Finley – Quality Assurance Manager • FTCA Deeming Application, due June 2024 • Med Trainer Compliance and Training Software Implementation • Monitoring and triggering data hygeine and sustainability • Part of Value Based Care Team and QDI group with MTPCA • Compliance Officer, HIPPA Officer, OSHA Officer	Impeccable Quality Operational Excellence Internal Optimization	Clinical Quality Patient Satisfaction
Improvement Work	• Lab conversion to in-house phlebotomy (January-April) • Onboarding Improvements (April/May) • Mortality Review Process (January) • Trans-committee improvements (ongoing) • Increased access with Medical appt scheduling changes • Defined shared document and clinic-wide communication guidelines • Improving Diagnostic imaging communication with community partners • Unknown income data entry improvements • Cultivated outreach to Native American patients around importance of Medicare Wellness Visits	Barrier-Free Access Operational Excellence Internal Optimization Growth	Clinical Quality Measures Cost per encounter Financial Sustainability/Growth
Management Structure Development	Executive Leadership: COO: Marge Baack Senior Leadership: Staci Finley – Quality Assurance Manager Cris Fleming – Director of Clinics Eric Halvorsen – Director of Communications Coming Soon- Performance Excellence Manager, Lean Implementation Combined Leadership: Laurie Gendrow – Medical Records	Operational Excellence	Clinical Quality Staff Engagement Financial Sustainability/Growth

Quality Assurance

Board Education this month:

- Risk and Safety Report

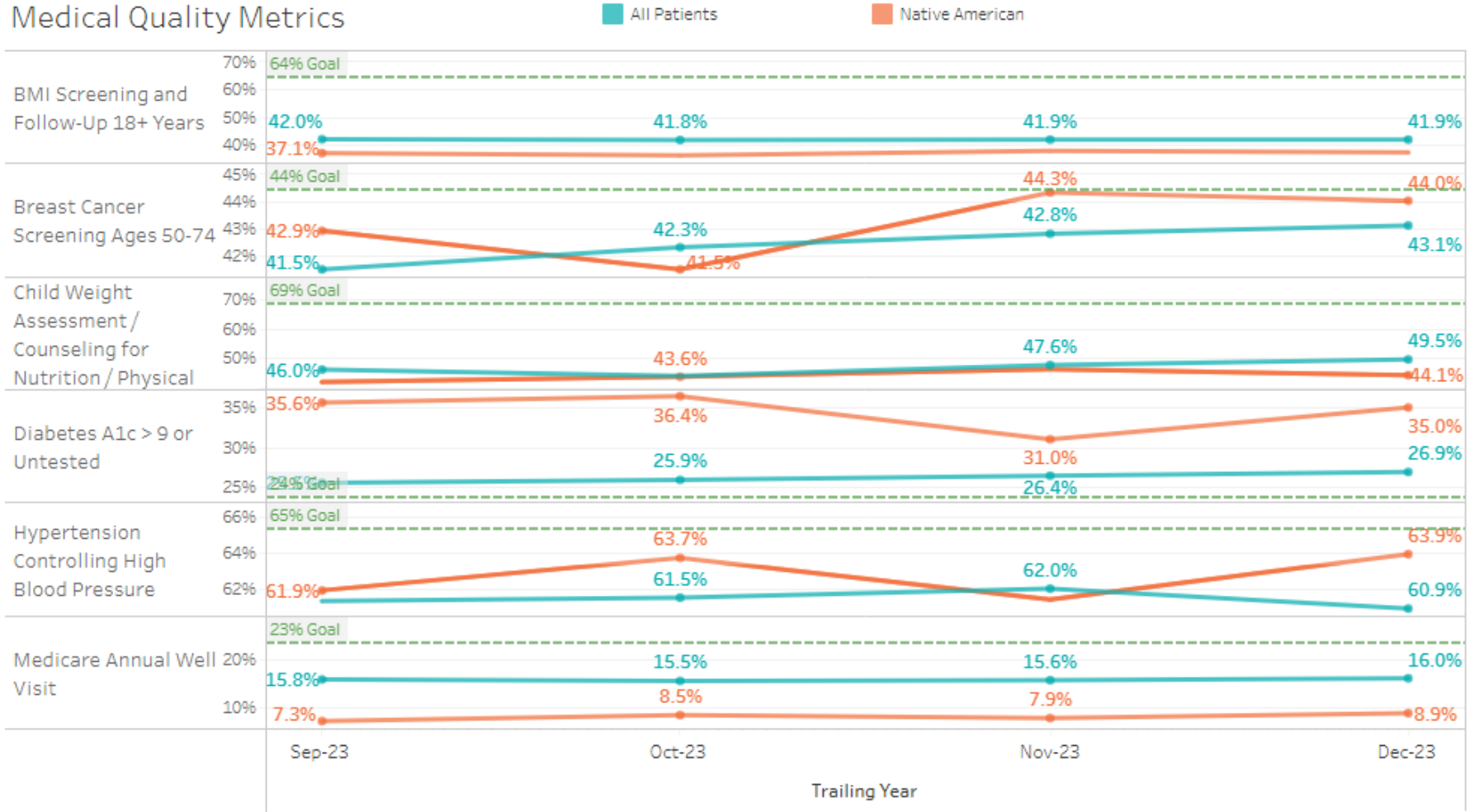
In April Board report for Approval:

- Risk Management Plan
- Compliance Plan

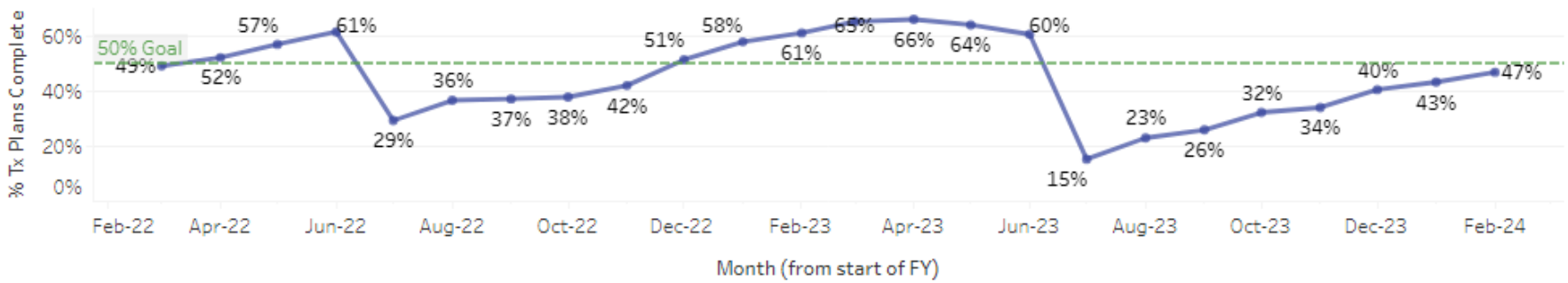
Additions:

- Quarterly Compliance Audits
- Credentialling Auditing
- Provider Peer Review

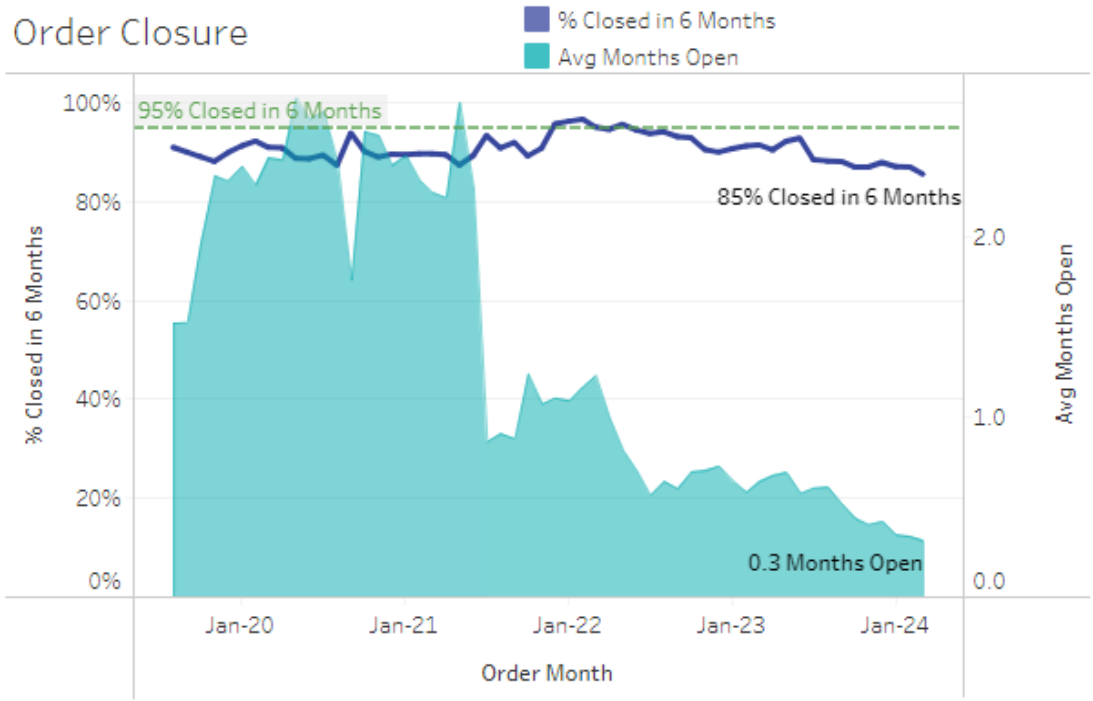
Medical Quality Metrics



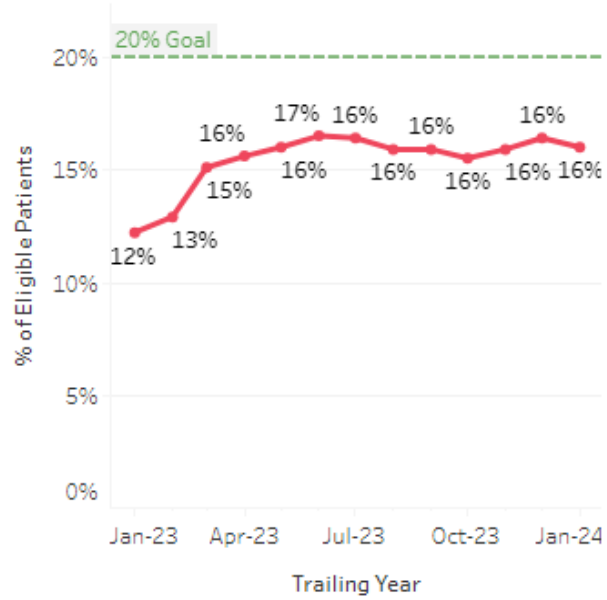
Dental Treatment Plans



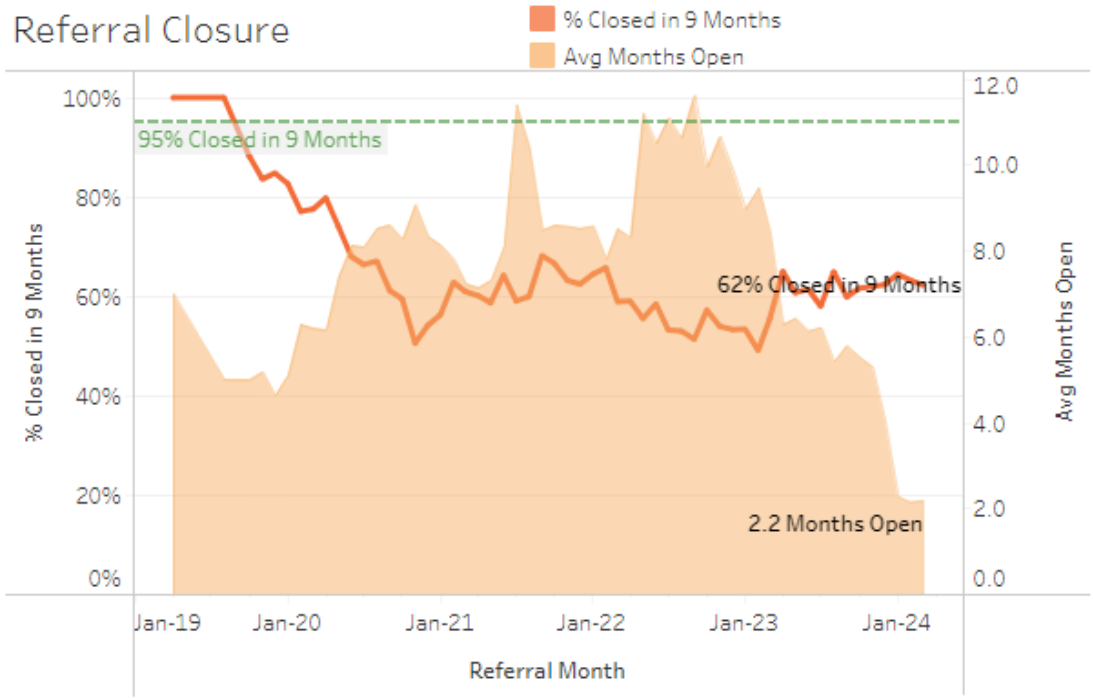
Order Closure



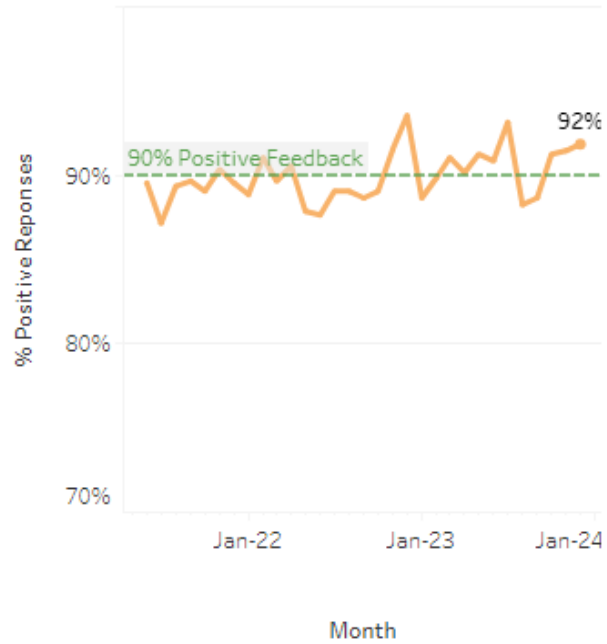
PTs w/ Medicare Wellness Visit



Referral Closure



LUMA Feedback



Operations

- Lab Transition! Inhouse Phlebotomy started 4/2/24
- Piloting new **Language Line** (Proprio)
  - Increased connections and decreased cost (30% discount) and more customization!
- Upgrading and replacing **Exam tables**
- Creative onboarding and competencies to address retention and turnover
- Launching Lean Daily Management, certifying as white belts and steering committee with determine first project with Avior Group this month

Infrastructure CIO Report

Electronic Health Record

- Separate presentation to the Board regarding RFP process and request to approve.

IT Services

- Rebuilding servers/Migrating ecw Database
- Working on a plan for cleaning-up and improving document management/storage
- Testing alternate data storage/visualization platforms
- Need to replace Dental Xray system that is end of life (Probably MIPACS)

Facilities

- Creamery Chiller replaced in March 2024
- Alder Roof replacement and RTU replacement planned for Spring 2024; awaiting C8E grant approval for roof
- Requesting feasibility study from Solar Plexus and OnSite Energy to assess installation of solar panels at Alder and Creamery
- Painting updates at Creamery
- Countertop replacements in dental
- Finishing LED lighting upgrades at Creamery
- Updating emergency exit lights & lighting at Creamery and Alder

Business Development

Business Cases

- Lab
- Radiology
- Pharmacy Expansion
- Hours of Operation

Innovations – Community Programs CINNO Report

Recent Fully Executed Contracts

Contractor	Purpose	Term	Date Approved
Hotchkiss Heating & Air	PSA Alder roof units	03/05/2024-11/30/2024	3/7/24

ACRONYM	DEFINITION
AA	Affiliation Agreement
BAA	Business Associates Agreement
EA	Employment Agreement
EFT	Electronic Funds Transfer
FUA	Facility Use Agreement
ICA	Independent Contractor Agreement
MOU	Memorandum of Understanding
PSA	Professional Service Agreement

PARTNERSHIP HEALTH CENTER (PHC)
BOARD OF DIRECTORS MINUTES
March 08, 2024

PRESENT: Kathleen Walters (*Chair* –P/M), , Jilayne Dunn (*Secretary* –NP/M), Joe Melvin (*Treasurer* –P/M), Annie Green (P/M), Patty Kero (P/M), Karen Myers (NP/M), Jay Raines (P/M), Dave Strohmaier (NP/M), Mark Thane (NP/M), Shannon Therriault (Ex-Officio), Jeff Weist (P/M), Nathalie Wolfram (P/M)

ABSENT: John Crawford (*Vice-Chair* –P/M)–**Excused**

OTHER: Keegan Flaherty, Flaherty Consulting

STAFF: Lara Salazar, Chief Executive Officer (CEO)
Bryan Chalmers, Chief Financial Officer (CFO)
Jody Faircloth, Chief Infrastructure Officer (CIO)
Jen Gregory, Director of Employee Relations
Eric Halverson, Communications Director
Bri Walker, Recording Secretary
Dr. James Quirk, Chief Medical Officer (CMO)
Jaime Dixon, Assistant CFO
Becca Goe, Chief of Innovations (CINNO)
Jenny Hall, Residency Program Coordinator
Rob Stenger, Residency Program Director
Stacy Newell, Credentialing Coordinator

(Purple = virtual)

ISSUE	DISCUSSION	ACTION
EDUCATION SESSION	Education session: Keegan Flaherty, Flaherty Consulting, presented on the topic of Board involvement with strategic planning. Key elements: • Help the organization succeed by guiding and monitoring the plan. Part of that is assuring there are enough resources to succeed in the Mission. • As the plan is implemented, skills, ability, and knowledge must be individually and collectively undertaken to navigate challenges. ▪ Examples: flexibility, risk-taking, interest in learning about healthcare, receiving info about procurement, new technologies, data assessments, be thoughtful. ▪ Education is needed about the complex healthcare landscape, legislation, and impacts to partner organizations. Risk assessments are also necessary ➢ Karen Myers agreed that it could be beneficial to invite the Providence CEO to discuss its challenges and areas that might impact PHC. • A refresher was requested on Board governance and best practice on functionality. • Focused attention on the mission and patient demographics is helpful to remove barriers and increase access, which relate directly to the strategic plan. • Keegan Flaherty will outline a plan to relay additional information and proposed training or educational elements.	

CALL TO ORDER	The meeting was called to order by Kathleen Walters, Board Chair, at 12:00 p.m.	
LAND STEWARDS	**Acknowledgement**: Kathleen Walters acknowledged the Indigenous land stewards: *Partnership Health Center respectfully acknowledges that we occupy the traditional homelands of the Séliš, Qĺispé, and Ktunaxa-Ksanka nations. We also recognize that these lands are a site of trade, medicine gathering, healing, and travel for other Native tribes in the area and is still home for many Indigenous people. We extend our gratitude for those who have stewarded this land since time immemorial. We acknowledge that the health care system has played a role in the oppression of Indigenous peoples. We commit to ongoing learning about the impact of colonization on the health and wellbeing of Indigenous peoples, and we commit to meaningful action that reverses health disparities.*	
PUBLIC COMMENTS	No public comments were brought forth.	
REFERRALS / COMMENTS FROM BOARD	• Board Member Conflict of Interest Disclosures: listings included in packet and based upon annual submissions. ➢ Jay Raines asked for clarification about the requested waiver for obtaining exclusions lists from national database(s). PHC is required through its Health Resources & Services Administration (HRSA) affiliation to check that associated persons or entities are not designated as Federally Debarred.	
COMMITTEE UPDATES ***Executive/Finance***	**Executive/Finance Committee (EFC)**: The group met for an in-depth review of the financial report. All Board members are invited to listen in each month. No additional updates – minutes of meetings included within this packet for review.	
CEO UPDATE ***Strategic Plan*** ***Diversity & Equity***	• **CEO/Leadership Update:** All Board members received a copy of the CEO Report in the packet for review. ▪ ***Mission and Strategic Objectives shown, in addition to the Values Statement.*** a. Timeline: Items exhibited by month to reflect planning goals. b. Primary objectives are Service Expansion, Internal Optimization, Financial Sustainability/Growth. Bullet points reviewed. c. Key Performance Indicators (KPI) under ongoing refinement. d. Electronic Health Record (EHR) business case presentation in April. ▪ ***Diversity and Equity Unit***: Sky McGinty has been selected as the newly-created Chief Diversity & Equity Officer (CDEO).	

Org Chart	▪ ***Organizational Chart***: A new unit will be added under CDEO's charge, with the purpose of ensuring PHC leadership and staff represent the unique ideas, cultures, traditions, and beliefs of our community.	
Staffing	▪ ***Staffing Changes***: New & exited positions shown. Active recruitments listed. ▪ ***Access***: 17,731 patient encounters and 69,244 visits during FY 2024. Those amounts exceed the projected goal. ➢ Nathalie Wolfram inquired if vacating patients are tracked and at what rate; also the reasons for leaving. Retention is tracked, but there is a year's lag in the data pertaining to rates. Patient satisfaction survey will be reviewed for departure reasons. ➢ Kathleen Walters asked if fewer people were engaging due to loss of Medicaid. Numbers support that as a factor. ➢ Jilayne Dunn asked about Sliding Fee Schedule (SFS) education. Staff continually alert patients about SFS and were pre-emptively sending the same information prior to the Medicaid re-enrollment deadline.	
Patient Incident	▪ ***Patient Incident***: Notice to leadership was received by the Call Center that a patient called in a death threat to a PHC Provider. 911 was alerted and buildings were placed on lockdown; with staff manning the doors for other patient access. A local Security Company was subsequently contracted for physical monitoring in Creamery and Alder for the month of March – it will be determined if that is an ongoing necessity. ➢ Jilayne Dunn informed that the City implemented Lotus software for staff alerts; asked if PHC has same/similar method. PHC is currently exploring options for staff communication. ➢ Kathleen Walters inquired whether the patient was detained. No updates received from the Police regarding contact. Patient has been trespassed.	
FINANCE	▪ ***Finance Report***: All Board members received the CFO Report in the Board packet for review. Jaime Dixon gave a summary of the report: a. Audit is nearly done; auditors typically speak at both EFC meeting and the Board meetings. Recommend changing policy to an "and/or" scenario or virtually with full board in June. Auditors are based in Pennsylvania and being in person for both meetings would be difficult. ➢ Kathleen Walters asked how long the meeting would last. Bryan Chalmers anticipates 10-15 minutes and is coupled with their visit to the County simultaneously.	^Topic to be revisited

	b. Auditors did have a finding (considered a "finding" if auditors find something first vs if PHC does). It has been corrected. No other findings in audit. c. PHC budget timeline is as follows: budget will be presented to EFC on 4/3/24, go to the Board for approval on 4/12/24 and then to the County by 4/15/24. No comment on timeline. d. There are policies due for approval but postponing until May/June due to budget timeline. e. Reimbursement rates reviewed and reported going backwards from $245 per encounter to $231 per encounter. This is mostly due to Medicaid redetermination. f. Cash report graph reviewed. February is projecting to be a better month. Grants have posted and there have been significant savings that have helped contribute. ➢ Nathalie Wolfram asked to clarify that when a five year grant is received, if it is being plugged in all at once or spread out over a period of time. It was confirmed it is over the period of time the grant is represented for. g. We budgeted for a $1.2 million loss but had an actual loss of $2.1 million. h. Cost per encounter was reviewed. i. Reimbursement was $327 but has moved to $342 which is positive. j. Operating margins reviewed. ▪ ***Communications and Outreach***: Eric Halverson reported on outreach events, the new PHC website and building a cohesive experience for patients. a. Outreach is a high priority channel to connect with the community. Project Community Connect is returning after a four year hiatus and is projected to have >500 participants. Fifteen PHC staff will be available at tables for questions, offering SNAP and Medicaid application assistance, sliding fee scale applications and legal assistance among other. b. New PHC website: Staff will review their individual departments for accuracy prior to launching. c. There is a vision for cohesiveness and quality across all touchpoints. A Google search for a provider will lead patients to a link that leads to the new PHC website. ➢ Kathleen Walters inquired if you can schedule an appointment through the new website. That currently is available only for standard primary care appointments but by modernizing the website, it is going to open the door to expand the options in the future.	*It was moved, seconded (Jeff Weist/Mark Thane) and carried to accept the CEO update as reported. The vote was unanimous.

CIO Report	▪ ***EHR presentation***: Jody Faircloth presented on the upcoming EHR transition. He reported he visited a site in Florida that uses the HCN version (Florida based) of Epic. He had previously visited a Butte clinic that uses OCHIN (Oregon based). When providers were trialing OCHIN, they didn't feel it was meeting expectations. In a demo of HCN, providers were more enthusiastic about its components and abilities. There is a plan to review in more detail why HCN was preferred at the upcoming board meeting. ECW is not a viable long term option for PHC ➢ Lara Salazar stated that Jody Faircloth has done a very thorough job of researching and obtaining staff input on the different EMR options. Our reporting to Accountable Care Organizations (ACOs), HRSA and other payor sources has to be quick, reliable and seamless. Epic will aide PHC in doing that. We are also looking at a financial software to help modernize our processes. ➢ Bryan Chalmers stated that the County is looking at a financial software with anticipated go live in April 2025. ➢ Dr. Quirk reported providers and staff are looking forward to the opportunity to transition to a new EMR.	
CONSENT AGENDA ***Board Minutes***	**Consent Agenda:** The Board members have agreed to use a consent agenda. Time is saved by voting on these items as a unit. Approval is requested for the following: 1. *Acknowledgement of Fully Executed Contracts as presented.* 2. *Acknowledgement of the Credentialing Report.* 3. ***Approval*** *of Board of Directors Meeting Minutes of 02/09/24 as presented.* 4. *Acknowledgement of Executive/Finance Committee (EFC) Meeting Minutes of 01/31/24 as presented.* 5. *Acknowledgement of the Quality Improvement Committee (QIC) Meeting Minutes of 02/06/24 as presented*	*It was moved, seconded (Annie Green/Nathalie Wolfram) and carried to approve the remaining Consent Agenda items as listed. The vote was unanimous.
NEXT MEETING	The next monthly Board meeting will be held on Friday, April 12, 2024.	*It was moved, seconded (Annie Green/Jeff Weist) and carried to adjourn the meeting. The vote was unanimous.
ADJOURNMENT	The meeting adjourned at 1:31 p.m.	
(*) Indicates motions made and accepted.	Respectfully submitted, _____ _____ Jilayne Dunn, PHC Board Secretary Bri Walker, Recording Secretary	

PARTNERSHIP HEALTH CENTER (PHC)
EXECUTIVE/FINANCE COMMITTEE (EFC) MEETING MINUTES
February 28, 2024

PRESENT: Kathleen Walters, Chair
John Crawford, Vice Chair
Jilayne Dunn, Secretary
Joe Melvin, Treasurer
Patty Kero, Board Trustee

STAFF: Lara Salazar, Chief Executive Officer (CEO)
Bryan Chalmers, Chief Financial Officer (CFO)
Stacy Newell, Recording Secretary
Dr. James Quirk, Chief Medical Officer (CMO)
Marge Baack, Chief Operations Officer (COO)
Jody Faircloth, Chief Infrastructure Officer (CIO)
Becca Goe, Chief Innovations Officer (CINNO)

ISSUE	DISCUSSION	ACTION
CALL TO ORDER	The meeting was called to order by Kathleen Walters, Chair, at 10:33 a.m.	
PUBLIC COMMENTS	Kathleen Walters called for public comments: None heard.	
MINUTES	All Committee members received a copy of the 01/31/24 Executive/Finance Committee Meeting Minutes for review.	*It was moved, seconded (John Crawford/Jilayne Dunn) & carried to approve the EFC Meeting Minutes of 01/31/24 as presented. The vote was unanimous.
CFO REPORT	All Committee members received a copy of the January Financial Statement in the packet for review. Bryan Chalmers reported the following: • ***Updates***: ▪ *Budget*: Missoula County requested final Fiscal Year (FY) 2025 Budget by April 15th. PHC will attempt to meet the deadline or submit by April 22nd. ▪ *Audit*: Draft audit report will be prepared by Friday. ✧ One finding is noted in relation to the reconciliation and timeliness of presenting Accounts Receivable (A/R); primarily due to manual processes. ✧ Auditors will likely report out during the June 5th EFC meeting, unless there is a recommendation for them to speak to full Board of Directors (BOD). ▪ *Medicaid:* Unprecedented changes are taking place and there is a need to form an approach over next 6-12 months and develop tools to forecast effects. • ***Volume Indicators***: ▪ Volume is great at this point and some costs are down from anticipated budget. ▪ Total encounters Year-To-Date (YTD) are -5.9% of projected numbers but all departments are higher than last year.	^**Note:** per 06/09/23 BOD minutes, Dave Strohmaier requested report-outs in the course of BOD meetings rather than EFC.

	▪ Payer mix discussed, particularly Medicaid. Hopeful estimate is that percentage will get back to a minimum of 39% but resolution unlikely until December. ▪ Operating margin was -9% actual YTD and -4.9% of budget. • ***Productivity***: ▪ Pay period included 275 Full-Time Equivalencies (FTEs) – based on hours, not bodies. Options for next budget cycle include hiring freeze and/or no pay raises. • ***Cash***: ▪ Total cash equals $27.9M; days on hand are 231. ✧ Capital account portion equals $2.9M. $12,706 Capital Reserve interest revenue posted. ✧ County postings cause drastic effects on reported amounts. Multiple errors occurred on the treasury side, and December salaries were posted late. • ***Accounts Receivable (A/R)***: ▪ Receivable balance was $2.9M and days in A/R equaled 60. ▪ Amounts are reported in gross numbers and the audit is per net totals. • ***Net Income Report (shown by service line)***: ▪ Comparisons made with Budget income/loss. ▪ Revenue adjustments displayed. ▪ Statement of net position reported: inventories, depreciation, assets, retirement, GASB[1] real estate factor, etc. Software to be included in future reports. ▪ Expected Net loss was $1.6M YTD – currently at $1.9M. ✧ Medicaid, staffing, & legislation factor into lower-than-anticipated amounts. • ***Capital Expense***: ▪ Line items displayed and described. ➢ *Jilayne Dunn vacated meeting at 11:00a. Board committee members stand at three.* • ***Grants***: ▪ Status report exhibited. • ***Budget Variance***: ▪ Estimated reconciliation explained with visual report. **CEO/Leadership updates**: • *Leadership Report – Lara Salazar reported the following.* ▪ Medicaid reimbursements also impacted by redetermination backlog. ▪ Internal Optimization is a focus area, which will include software upgrades.	
CEO REPORT		

	▪ Intentional investment in staffing is taking place. Evaluation of duplicative work also underway to help with efficiencies. Some positions could be reassigned. ▪ Tipping point to be determined with regard to use of Reserves. ▪ Eric Halverson, Communications Director, is working on an Op-Ed campaign. Board members invited to engage with him in order to share stories. ▪ Trinity project update and incident report-out planned for Board meeting. ▪ Electronic Health Record (EHR) platform continues to be researched. Top vendors are Ochin and HCN – more details to follow at a later date. ➢ Joe Melvin asked how pricing compares with current eCW software. New versions will likely increase $400,000-500,000 per year.	
NEXT BOARD AGENDA	The draft agenda for the Friday, March 08, 2024, Board Meeting was reviewed. Keegan Flaherty will present the Education Session pertaining to Board involvement with Strategic Planning.	*It was moved, seconded (John Crawford/Joe Melvin) & carried to approve the March Board Meeting Agenda. The vote was unanimous.
NEXT MEETING	The next Executive/Finance Committee meeting will be April 03, 2024.	
ADJOURNMENT	The meeting was adjourned by Kathleen Walters at 11:56 a.m.	
	Respectfully submitted,	
***** Indicates motions made and accepted.	_____ Jilayne Dunn, Board Secretary _____ Stacy Newell, Recording Secretary	

[1]Governmental Accounting Standards Board

PHC PARTNERSHIP HEALTH CENTER

MISSOULA'S COMMUNITY HEALTH CENTER

PARTNERSHIP HEALTH CENTER BOARD OF DIRECTORS
As of 01/12/2024

Name/Title	Email	Phone	Joined	Officer
(1) **Crawford, John*** **Vice-Chairman**	jcblackfeet@msn.com	406-552-8218	Feb. 2016	Vice-Chair as of 10/2023
(2) **Dunn, Jilayne** **Secretary**	jdunn@ci.missoula.mt.us	406-552-6157	(Appointed) Dec. 2013	Secretary as of 10/2021
(3) Green, Annie*	annie.green@gmail.com	406-240-0239	Mar. 2021	N/A
(4) Kero, Patty*	pmcpherson20@gmail.com	406-529-5335	Nov. 2021	N/A
(5) **Melvin, Joe*** **Treasurer**	jmelvinmt@gmail.com	406-207-8107	Jan. 2019	Treasurer as of 10/2021
(6) Myers, Karen	karen.myers@providence.org	406-329-2622 C= 396-0164	(Appointed) Sept. 2019	N/A
(7) Raines, Jay*	mrjayraines@gmail.co,	406-274-1493	Jan. 2024	N/A
(8) Strohmaier, David	dstrohmaier@missoulacounty.us	406-258-4877 C= 529-5580	(Appointed) Jul. 2019	N/A
(9) Thane, Mark	mt59801@gmail.com	406-552-3957	Oct. 2019	N/A
(10) **Walters, Kathleen*** **Chairwoman**	kathleen@montanarealtynetwork.com	406-880-8818	Jul. 2013	Chair as of 10/2023
(11) Weist, Jeff*	jeffweist@yahoo.com	406-241-4802	Mar. 2020	N/A
(12) Wolfram, Nathalie*	nathalie.wolfram@gmail.com	406-370-7731	Oct. 2018	N/A

* **= Patient Member (P/M)**

GUESTS/ EX-OFFICIO REPRESENTATIVES

Heineman, Sara OPC Supervisor Missoula County Health Department	301 W. Alder Missoula, MT 59802 Ph: 258-4987 Fax: 523-4781	sheineman@missoulacounty.us

Board Education Topics

Presented	
Date	**Topic**
	Board Governance
	Open – Board of Directors Discussion
02/09/24	Uniform Data Systems (UDS) Results
	Budget Discussion/Phases – Finance Dept
	Key Performance Indicators (KPIs)
	PHC Values Work – Communications Dept
	330e HRSA Grant Refresher
	340B Prescriptions – Pharmacy Dept
	Co-Applicant Agreement Review
01/12/24	Strategic Planning

OTHER

Presented	**Topic**
	MedTrainer
03/08/24	Board Involvement with Strategic Planning

PARTNERSHIP HEALTH CENTER, INC.
BOARD OF DIRECTORS' COMMITTEE MEMBERSHIP LIST
2024

EXECUTIVE/FINANCE COMMITTEE (EFC)

Kathleen Walters, Chair
John Crawford
Jilayne Dunn
Joe Melvin
Staff: Lara Salazar, CEO
Bryan Chalmers, CFO
Meets monthly.

QUALITY AND CORPORATE COMPLIANCE (QCCC) COMMITTEE

Jilayne Dunn, Chair
John Crawford
Karen Myers
Staff*: Marge Baack, Director of Quality Improvement*
Staci Finley, Compliance Officer
Bryan Chalmers, CFO
Meets quarterly.

BYLAWS COMMITTEE

Joe Melvin, Chair
Patty Kero
Kathleen Walters
Staff: Lara Salazar, CEO
Meets as needed.

PERSONNEL COMMITTEE

Nathalie Wolfram, Chair
John Crawford
Kathleen Walters
Jeff Weist
Meets as needed.

AD HOC COMMITTEE

Annie Green, Chair
Kathleen Walters
Nathalie Wolfram
Staff: Lara Salazar, CEO
Bryan Chalmers, CFO
Jody Faircloth, Director of Infrastructure
Meets as needed.

Partnership Health Center Board of Directors Annual Work Plan	2024											
	Q1			Q2			Q3			Q4		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Chapter 2: Health Center Program Oversight												
Review adherence to HRSA requirements												
Chapter 3: Needs Assessment												
Review and approve the Service Area based on UDS data												
Review and approve applicable needs assessments every three years	As needed											
Chapter 4: Required and Additional Services												
Review and approve Scope of Services - 5A review												
Review and approve any new or additional services	As needed											
Chapter 5: Clinical Staffing												
Board is notified of credentialling and privileging decisions	As needed											
Board considers accessibility, availability, continuity, and demographics	As needed											
Chapter 6: Accessible Locations and Hours of Operation												
Review and approve hours and locations												
Chapter 9: Sliding Fee Discount Program												
Finance committee reviews updated SFDS, presents to full board for approval												
Patient survey data on SFDP is shared with Board												
Chapter 10: Quality Improvement/Assurance & Chapter 18: Program Monitoring and Reporting Systems												
Review and approve QI Plan every three years	As needed (last done April 2022)											
Review and approve clinical policies annually												
CMO presents clinical performance data												
CFO presents bimonthly financial performance data												
Division Director strategic reports												
Chapter 11: Key Management Staff												
CEO performance evaluation		6 month check in				process check			start	complete		
Chapter 12: Contracts and Subawards												
Board approves contracts and agreements that relate to scope of services												
Coordinating committee meets 2x/year - Co-applicant agreement	Includes MCCHD director, PHC ED, board member - from PHC and MCCHD, CAO, and a county commissioner											
Chapter 13: Conflict of Interest												
Board members and key exec staff sign annual conflict of interest form												
Board conflicts are disclosed to the board												
Chapter 15: Financial Management and Accounting Systems												
Board approves financial policies annually												
Finance committee reviews annual audit, presents to full board for approval												
Finance committee reviews annual IRS 990 submission, presents for approval												
Chapter 16: Billing and Collections												
Reviews updated sliding fee schedule & policy, presented for approval as needed												
Chapter 17: Budget												
Finance committee reviews annual budget submission to HRSA, presents for approval												
Finance committee reviews annual operating budget, presents for approval												
Chapter 19: Board Authority												
Board meets monthly												
Board approves grant applications	As needed											
Recurrent grant applications												
Governance committee reviews and updates By-laws, presenting for approval	As needed											
Board participates in annual strategic thinking process												
Board monitors progress on strategic objectives												
Board completes self-evaluation annually												

Board engages in education												
Governance committee develops board leadership, presents officer slate for vote									Nominate	Vote		
Board adopts a three-year plan for financial management and capital expenditures	As needed											
Chapter 20: Board Composition												
Governance committee assesses board composition, recruits to fill needs	As needed											
Poll Board Members for Officer nominations during Sept. meeting												
Confirms no current staff or immediate clinic family members	Ongoing and annually											
Chapter 21: Federal Tort Claims Act (FTCA) Deeming Requirements												
Board approves Credentialing & Privileging Policy at least every three years	As needed											
Reviews and approves annual risk management plan												
FTCA Inservice												