

**County of Solano
Community Healthcare Board
Regular Meeting**

June 19, 2019
12:00 pm-2:00 pm
2101 Courage Drive, Fairfield, CA 94533
Multi-Purpose Room

Agenda

- 1) CALL TO ORDER – 12:00 PM**
 - a) Welcome
 - b) Roll Call

- 2) REORGANIZATION OF THE COMMUNITY HEALTHCARE BOARD**
 - a) Election of Chair
 - b) Election of Vice Chair
 - c) Consider the nomination and election of Member-At-Large
 - d) Approve the implementation of the Executive Committee

- 3) APPROVAL OF THE AGENDA**

- 4) APPROVAL OF THE MAY 15, 2019 MEETING MINUTES**

- 5) ITEMS FROM THE PUBLIC**

This is your opportunity to address the Board on a matter not listed on the Agenda, but it must be within the subject matter jurisdiction of the Board. Please submit a Speaker Card before the first speaker is called and limit your comments to three minutes.

- 6) EXECUTIVE DIRECTOR’S REPORT**

- 7) OPERATIONS COMMITTEES’ REPORTS**
 - a) Provider Advisory, Finance, Quality Performance, HRSA OSV

- 8) UNFINISHED BUSINESS**
 - a) Discuss and adopt draft Family Health Services’ Mission, Vision, and Values

- 9) NEW BUSINESS**
 - a) Discuss the Executive Director position and approve Dr. Bela Matyas as the Chief Executive Officer for the Solano County Family Health Services health centers.
 - b) Approve scheduling a special meeting, if needed, to be held on August 28th from 11:00am to 1:00pm in the event that Board approvals are required prior to the Operational Site Visit.
 - c) Review and approve Family Health Services Policies:
 - i) #100.05 – Coding
 - ii) #100.06 – Other Health Insurance/Private Insurance
 - iii) #100.07 – Void/Deleted Payments
 - iv) #100.11 – Billing and Collections
 - v) #100.14 – Bad Debt Write Off
 - vi) #100.15 – Back Office Claims Processing

**County of Solano
Community Healthcare Board
Regular Meeting**

- d) Discuss and approve a formal change in Scope to add Endocrinology as a Specialty Service provided through a formal written agreement with Touro University
- e) Discuss and approve the following scope adjustments to better align the HRSA Scope of Project with services provided by FHS:
 - i) General Primary Medical Care Services – Add to Column II
 - ii) Gynecological Care Services – Add to Column II
 - iii) Pharmaceutical Services – Add to Column II
 - iv) Translation Services – Add to Column II
 - v) Transportation Services – Move from Column I to Column II
 - vi) Additional Dental Services – Add to Column II
- f) Discuss and approve future board meeting locations, day of week, time of day, and implementation of proposed changes

10) BOARD MEMBER COMMENTS

11) CONSIDERATIONS FOR FUTURE AGENDA ITEMS

12) ADJOURN:

To the Community Healthcare Board Regular Meeting of
July 17, 2019 at 12:00PM
2101 Courage Drive, Fairfield, CA 94533, Multipurpose Room

The County of Solano Community Healthcare Board does not discriminate against persons with disabilities and is an accessible facility. If you wish to attend this meeting and you will require assistance in order to participate, please call Solano County Family Health Services at 707-784-2170 at least 24 hours in advance of the event to make reasonable arrangements to ensure accessibility to this meeting.

If you wish to address any item listed on the Agenda, or Closed Session, please submit a Speaker Card to the Board Clerk before the Board considers the specific item. Cards are available at the entrance to the Board chambers. Please limit your comments to three minutes.

DEPARTMENT OF HEALTH & SOCIAL SERVICES

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**JUNE 19, 2019
COMMUNITY HEALTHCARE BOARD
REGULAR MEETING**

AGENDA ITEM 2

REORGANIZATION OF THE COMMUNITY HEALTHCARE BOARD

SUMMARY:

On May 17, 2019, the Board made nominations for the chair and vice chair of the board in accordance with the County of Solano Community Healthcare Board Bylaws. The Board made the following nominations:

- Chair
 - Ruth Forney
 - Tracee Stacy
- Vice Chair
 - Tracee Stacy
 - Brandon Wirth

The Board also requested to implement the Executive Committee as described in Article XI Executive Committee of the Board Bylaws. As such, nominations and elections of a Member-At-Large is added for Board action.

DISCUSSION:

The Board approved the 2019 Annual Calendar in February 2019 which scheduled the Board nominations in March 2019. The Board then approved Bylaws which states nominations for officers shall be made at the regular November meeting. Identifying the conflict between the annual calendar, the board requested following the April 2019 regular meeting to bring the item of Board officer nominations and elections to the next scheduled meeting. The Board made officer nominations at the May 2019 meeting.

At the May 2019 meeting, the Board approved by unanimous vote for the next officer's term to be for the remainder of the calendar year and shall terminate December 31.

According to the Bylaws, officers shall be elected annually by a majority vote of these members present and voting, as the first order of business at the December meeting of the Board. With this special election, the vote will be the first order of business for the June meeting.

Board Bylaws state the Executive Committee shall consist of the Chair, Vice-Chair, and one (1) member of the Board elected as a member-at-large. Patient members shall be strongly encouraged to serve on the Executive Committee.

County of Solano
Community Healthcare Board

REGULAR GOVERNING BOARD MEETING MINUTES

May 15, 2019

2101 Courage Drive, Fairfield, Ca 94533, Multipurpose Room

Members Present:

Mike Brown, Ruth Forney, Tracee Stacy, Anthony Lofton, Sandra Whaley, Brandon Wirth, John Diaz, Jim Jones, Carl Holmes

Members Absent:

None

Staff Present:

Santos Vera, Bela Matyas, Michael Stacey, Janine Harris, Andrew Obando, Amanda Meadows, Daniel Yolangco, Alicia Jones, Connie Pettersen, Cheryl Esters, Sumeera Arshad, Thy Robles, Jaron West, Patricia Zuniga

1) CALL TO ORDER- 12:00PM

- a) Welcome
- b) Roll Call

2) APPROVAL OF THE AGENDA

Move to approve the agenda with no changes.

Motion by Brandon Wirth, second by Mike Brown

Aye: Mike Brown, Ruth Forney, Tracee Stacy, Anthony Lofton, Sandra Whaley, Brandon Wirth, John Diaz, Jim Jones, Carl Holmes

Nay: 0

Motion Carries

3) APPROVAL OF May 15, 2019 MEETING MINUTES

Move to approve the May 15, 2019 meeting minutes with no changes.

Tracee Stacy suggested more discussion is captured in the minutes from the board members.

Motion by Ruth Forney second by Tracee Stacy

Aye: Mike Brown, Ruth Forney, Tracee Stacy, Anthony Lofton, Sandra Whaley, Brandon Wirth, John Diaz, Jim Jones, Carl Holmes

Nay: 0

Motion Carries

4) ITEMS FROM THE PUBLIC

No Public Comment

5) Executive Director's Report

a. Mobile Units

- i. Santos Vera met with Pastor Dennis from Hope Christian Church. Pastor Dennis is involved with many churches throughout the Fairfield community. These churches provide overnight shelter and food for the homeless. Pastor Dennis has asked to have one to two days out of the month to bring the mobile units to the churches to provide services for the homeless. Santos Vera has invited Pastor Dennis for a future date to present to the board members, to approve the services of the dental, medical, or both mobile units at the churches based on the surveys and findings from Pastor Dennis.
- ii. Tracee Stacy states the board has already given discretion to use the mobile units. The board members want to be informed with the events, however they do not want to hold up any community services while waiting to vote on the topic, unless it's a permanent decision.

b. Hiring

- i. One Senior Health Services Manager (SR HSM) is in recruitment- previous SR HSM retired in April. Interviews set for May.
- ii. Two HSM are in recruitment - interviews were held a couple months ago, did not find a candidate and will be going through the interview process again.
- iii. Project Manager - is on maternity leave scheduled to come back end of May.

c. Greg Factor & Associates (GFA)

- i. GFA is a consulting firm FHS has brought in to help prepare for the Health Resources and Services Administration (HRSA) Operational Site Visit (OSV) in September. "Kick Off" meeting with GFA & FHS operational team was held last week. Training, coaching and education will be provided to staff and board members from GFA. It is highly recommended the board members meet with GFA.

6) OPERATIONS COMMITTEES' REPORTS

a. Provider Advisory

- i. Presented by Dr. Stacey - committee has met twice. Working on strategies to better provide more clinical supervision for our nurse practitioners (NP) and physician assistants (PA). Working with Touro and our providers with appropriate ratios, within our delegated services agreement.

b. Finance

- i. Presented by Janine Harris - Back office and front office data were used to report to the finance committee trends through revenue cycle. Connie stated that the committee also went over the 3rd quarter numbers.
- ii. Tracee Stacy has asked for the invites for the Finance Committee Meeting - next meeting will be held on May 29, 2019.

c. Quality Performance

- i. Presented by Santos Vera - Quality Performance Committee to be taken over by Dr. Stacey as this committee touches the clinical aspect for HRSA. Committee has not yet met after this transition.

d. HRSA OSV

- i. Presented by Santos Vera - HRSA OSV committee meeting to be held every Wednesday from 10am-12pm. Last meeting was held prior to today's board meeting.

e. COMMITTEE REPORT DISCUSSION

- i. Tracee Stacy was under the impression that budget would be a standing business item. Topics that are presented in the finance committee reports would be given, for more understanding of these committees. Examples include, patient volumes, access points.

ACTION: Santos Vera appointed Connie Pettersen to provide a grid to the board members from the finance committee monthly.

- ii. Ruth Forney & Tracee Stacy discussed the issues of updating and canceling numerous meetings and how hard it is to keep track of all the invites.

Action: Santos Vera appointed Andrew Obando to present a list of meetings for the board members. Amanda Meadows to send invites to the board members based on the committees the board members want to attend.

- iii. Ruth Forney followed up with the County providing the board members with a county email. Santos Vera has confirmed that County can provide emails, per the board members desire to obtain an email.

7) UNFINISHED BUSINESS

a. Provide an update to Family Health Services' Mission, Vision, & Values (MVV)

- i. Tracee Stacy stated a subcommittee or ad hoc meeting, to comply with the Brown act, should be established to formularize the MVV. The board at this time has not gone over MVV.
- ii. Board members were advised to consider the following when finalizing the MVV- patient access, revenue cycle, and quality of care. Suggestion to add to the agenda, where discussion and voting can take place. FHS is a FQHC govern by the board members under the Solano County staff, the MVV can be represented as its own identity.

ACTION: Andrew Obando add on the June agenda Mission, Vision, & Values consider for approval.

8) NEW BUSINESS

a. Discuss and consider for approval board member travel and attendance to the 2019 Community Health Institute & Expo in Chicago, IL scheduled August 18-20, 2019.

- i. Ruth Forney stated that although it was voted and approved for her to attend the 2019 National Health Care for the Homeless Conference, she will not be attending, as it was advised to her by staff to attend the 2019 Community Health Institute & Expo. The 2019 Community Health Institute & Expo is more beneficial and covers more of a scope of knowledge for the board members to attend than specifically the homeless conference. With multiply board members in attendance more knowledge will be gain throughout the conference.
- ii. Travel process should be done earlier. Board Members were advised by staff to figure out the conference at the beginning of year, to allow time for processing travel request.
- iii. Move to Approve the attendance of Tracee Stacy, Anthony Lofton, Mike Brown, Ruth Forney, upon the approval of Solano County, for the 2019 Community Health Institute & Expo in Chicago, IL scheduled August 18-20, 2019.

Motion by Tracee Stacy second by Mike Brown

Aye: Mike Brown, Ruth Forney, Tracee Stacy, Anthony Lofton, Sandra Whaley, Brandon Wirth, John Diaz, Jim Jones, Carl Holmes

Nay: 0

Motion Carries

b. Review and consider for approval FHS's Policies:

- i. #100.13-Dental Appliances
- ii. #100.14- Bad Debt Write Off
- iii. #200.02- Language Access and Interpretation

Move to approve FHS Policies: #100.13, #100.14, & #200.02

Motion by Brandon Wirth second by Mike Brown

Aye: Mike Brown, Ruth Forney, Tracee Stacy, Anthony Lofton, Sandra Whaley, Brandon Wirth, John Diaz, Jim Jones, Carl Holmes

Nay: 0

Motion Carries

c. Review and adopt financial management policies as approved and retained by the Solano County Board of Supervisors, Solano County Auditor-Controller's Office and/or Solano County Administrator's Office

- i. Upon discussion it was made clear to the board members, that there are policies implemented strictly by Solano County's Board of Supervisors that are nonnegotiable. However, under HSS department policies board members are encouraged to review or make suggestions regarding department related polices.

Move to approve and adopt financial management policies as approved and retained by the Solano County Board of Supervisors, Solano County Auditor-Controller's Office and/or Solano County Administrator's Office

Motion by Brandon Wirth second by Mike Brown

Aye: Mike Brown, Ruth Forney, Tracee Stacy, Anthony Lofton, Sandra Whaley, Brandon Wirth, John Diaz, Jim Jones, Carl Holmes
Nay: 0
Motion Carries

d. Review County of Solano Single Audit Report for the Fiscal Year Ended June 30, 2018 as accepted by the Solano County Board of Supervisors

- i. Single audit states that the County of Solano complied, and everything was in order.

Move to approve County of Solano Single Audit Report for the Fiscal Year Ended June 30, 2018 as accepted by the Solano County Board of Supervisors

Motion by Tracee Stacy second by Anthony Lofton

Aye: Mike Brown, Ruth Forney, Tracee Stacy, Anthony Lofton, Sandra Whaley, Brandon Wirth, John Diaz, Jim Jones, Carl Holmes
Nay: 0
Motion Carries

e. Discuss and consider nominations for Board Chair & Vice Chair, and consider term of appointment

- i. It was brought to the board members attention that there is a conflict of the board calendar and the board bylaws. One is on a HRSA timeline (Jan-Dec) the other is on a County time line (June-July). Suggestion would be to hold nominations today and vote in June, with the term ending in Dec and re-nominations in Nov for a January through December term. Decision to hold elections in June for a 6-month term, with nominations in November for a January-December term.

- ii. The following are the nominees for Chair and Vice Chair:

1. Ruth Forney nominated for Chair
2. Tracee nominated for Vice Chair & Chair
3. Brandon nominated Vice Chair

9) BOARD MEMBER COMMENTS

- a. Brandon Wirth & Sandra Whaley like the agenda package.
- b. Ruth Forney inquired about the workshop for the HSS reorganization. Dr. Matyas informed the board the workshop will be held on Tuesday May 21, 2019 2:30-430pm in the board of chambers room.

10) CONSIDERATIONS FOR FUTURE AGENDA ITEMS

- a. Ruth Forney wants to bring back the discussion of the Executive Director's position of the clinics.
- b. Dr. Matyas, with the permission of the Board, proposes the board members to reconsideration the Bad Debt policy and the wording. Give feed back to the staff to present to the board of supervisors.

11) ADJOURMENT

HANDOUTS:

- **April 17, 2019 meeting minutes**
- **2019 Community Health Institute & Expo hotel and agenda information**

- **Family Health Services Policies:**
 - **#100.12 Dental Appliances**
 - **#100.14 Bad Debt Write Off**
 - **# 200.02 Language Access and Interpreters**
- **Solano County Board of Supervisors, Solano County Auditor-Controller's Office and/or Solano County Administrator's Office financial management policies**
- **Solano County Single Audit Report for the fiscal Year Ended June 30, 2018 as accepted by the Solano County Board of Supervisors**

DRAFT FAMILY HEALTH SERVICES MISSION, VISION & VALUE STATEMENT:

MISSION:

Family Health Services (FHS) mission is to provide high quality, comprehensive, accessible medical and dental care to support Solano County's diverse community to live, learn and work with thriving health.

VISION:

FHS envisions healthy communities by building relationships and partnerships that ensure wellness, compassionate, affordable, and innovative health care for all members of our community. We will be recognized for an exceptional patient experience, comprehensive and integrated health care services with innovative approaches to clinical care, patient services, and business operations.

VALUES:

- Equity
- Diversity
- Respect
- Integrity
- Responsiveness
- Transparency

*****I built the above using the three County Mission Statements below to inform the Health Clinics complimentary mission, vision & value statement. I left fairness out of the value list because I felt it's redundant. Please feel free to make any suggestions, edits, share opinions, ask questions, you won't hurt my feelings. *****

OTHER SOLANO COUNTY MISSIONS:

- This is the County BOS general base mission statement: The place for people to live, learn, work and play.....
- The mission of Solano County Health and Social Services Department is to promote healthy, safe and stable lives. The Department's vision is for a healthy, safe and stable community.

The values of Health & Social Services are:

- Diversity
 - Respect
 - Integrity
 - Fairness
 - Transparency
 - Equity
 - Responsiveness
- The mission of Family Health Services (FHS) has always been to provide superior, comprehensive, primary medical and dental care in an effort to improve the health and quality of life for Solano County residents. FHS is especially committed to the uninsured, low-income, and medically underserved. To support the mission, FHS offers four conveniently located clinics nestled within Fairfield, Vacaville, and Vallejo to enhance access to primary medical and dental care services.



Family Health Services

Coding

Policy Number: 100.05

Effective Date	July 1, 2019
Frequency of Review	Annual
Last Reviewed	June 5, 2019
Last Updated	June 5, 2019
Author	Janine Harris
Responsible Department	Revenue Cycle Management

PURPOSE:

The purpose of this policy is to describe requirements for Medical Coding procedures for Family Health Services (FHS) billing and collections staff. FHS staff are expected to comply with this policy and procedure.

DEFINITIONS:

Medical Coding – transformation of healthcare diagnosis, procedures and medical services into Current Procedural Terminology (CPT), International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10) and Healthcare Common Procedure Coding System (HCPCS) codes.

Medical Billing – processing, submitting and following up on claims to receive payment for services rendered by a provider.

BACKGROUND

It is the policy of Solano County Health and Social Services to uphold compliance with government regulations. FHS is a Federally Qualified Health Center (FQHC) and receives federal funding under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act (42 U.S.C. 254b) (“section 330”), as amended (including sections 330(e) and (h)). The program is administered by the federal Health Resources and Services Administration (HRSA).

POLICY:

FHS front office Accounting Clerks will process and submit claims for medical billing according to the Claims Processing Policy & Procedure, policy number 100.04. Back office Accounting Clerks will process and submit claims for medical billing according to the Back Office Claims Processing Policy & Procedure, policy number 100.15. Any coding errors that prevent the billing from passing the claim edits will be sent to the FHS Policy & Financial Analyst (PFA)/Revenue Cycle Manager (RCM). Serving as FHS’s Certified Professional Coder, the PFA/RCM will review the coding error and correct, as appropriate.



Family Health Services

Coding

Policy Number: 100.05

PROCEDURE:

1. Front office Accounting Clerks will send coding errors to the FHS's Certified Professional Coder (CPC) for review and correction.
 - a. Examples include: CPT or ICD-10 inconsistent with the patient's age, missing ICD-10, missing modifier, or other claim edits that are related to CPT, ICD-10, or HCPCS.
2. Back office Accounting Clerks will send coding denials to the FHS's Certified Professional Coder (CPC) for review and correction.
 - a. Examples include: CPT or ICD-10 inconsistent with the patient's age, missing ICD-10, missing modifier, or other claim edits that are related to CPT, ICD-10, or HCPCS.
3. The CPC will review the patient's chart, as necessary.
4. If documentation supports a coding change, the CPC will update the code and submit the claim for billing.
5. The CPC will make an encounter note documenting the change and justification for the change.
6. If documentation is not sufficient to make a coding correction, the CPC will contact the provider who documented the visit for clarification and direction on the coding change.
 - a. If documentation does not support a coding change, CPC will determine the appropriate resolution.
7. Upon approval by the provider, the CPC will make the change, document with an encounter note, and submit the claim for billing.

Knowledge of a violation or potential violation of this policy must be reported directly to the FHS Revenue Cycle Manager, FHS Executive Director, or to the employee compliance hotline.

REFERENCED POLICIES	100.04 – Claims Processing Policy 100.15 – Back Office Claims Processing Policy
REFERENCED FORMS	
REFERENCES	

Chair - Community Healthcare Board

Date

Vice-Chair - Community Healthcare Board

Date



Family Health Services

Other Health Insurance/Private Insurance

Policy Number: 100.06

Effective Date	July 1, 2019
Frequency of Review	Annual
Last Reviewed	June 3, 2019
Last Updated	June 3, 2019
Author	Janine Harris
Responsible Department	Revenue Cycle Management

PURPOSE:

The purpose of this policy is to describe requirements for accepting other health insurance or private insurance for Family Health Services (FHS) patients. FHS staff are expected to comply with this policy and procedure.

FHS will ensure access to health care services by families and individuals regardless of the patient's ability to pay. At no time will a patient be denied services because of an inability to pay. Refer to the Sliding Fee Scale Discount Program policy and procedure, #100.03.

DEFINITIONS:

OHC – Private insurance, commercial insurance, Kaiser, Tri-Care, out-of-network managed Medi-Cal, Medicare Part C, etc.

BACKGROUND

It is the policy of Solano County Health and Social Services to uphold compliance with government regulations. FHS is a Federally Qualified Health Center (FQHC) and receives federal funding under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act (42 U.S.C. 254b) ("section 330"), as amended (including sections 330(e) and (h)). The program is administered by the federal Health Resources and Services Administration (HRSA).

POLICY:

OHC's are not generally accepted, unless the OHC is in addition to Partnership Healthplan of California and the patient is capitated to FHS. Courtesy billing for OHC is available; however, the patient is responsible for any costs not covered by non-contracted insurance providers. FHS does not accept Kaiser patients. Exception: If the patient is capitated to FHS or has Medicare Part C, the patient will not be billed for covered services.

FHS shall verify insurance eligibility for each patient upon scheduling an appointment, pre-registration, and check-in, as described in the Insurance Eligibility policy and procedure, #100.01. OHC insurance plan benefits vary significantly, so it is the patient's responsibility to understand their insurance benefits prior to obtaining services. Since understanding health insurance benefits can be challenging, as a courtesy, FHS staff may assist the patients with obtaining coverage information.



Family Health Services

Other Health Insurance/Private Insurance

Policy Number: 100.06

PROCEDURE:

1. FHS staff shall verify insurance eligibility upon scheduling an appointment, pre-registration, and check-in. If the patient has an OHC, FHS staff shall encourage the patient to make an appointment with a contracted provider with their OHC.
2. FHS does not contract with any OHC. FHS staff will courtesy bill the OHC for patients who are seen; however, the patient is responsible for any costs not covered by the non-contracted insurance provider.
 - a. Exception: If the patient is capitated to FHS or has Medicare Part C, the patient will not be billed for the covered services.
3. FHS staff shall offer a sliding fee scale discount program application, as described in the Sliding Fee Scale Discount Program policy and procedure, #100.03.
4. FHS staff shall bill the patient for any costs denied or rejected by the OHC.
 - a. Exception: If the patient is capitated to FHS or has Medicare Part C, the patient will not be billed for the covered services.
5. For unpaid patient balances on OHC denied or rejected services, FHS staff shall abide by the Bad Debt Write Off policy and procedure, #100.14.

Knowledge of a violation or potential violation of this policy must be reported directly to the FHS Revenue Cycle Manager and the FHS Executive Director.

REFERENCED POLICIES	Insurance Eligibility #100.01 Sliding Fee Scale Discount Program #100.03 Bad Debt Write Off #100.14
REFERENCED FORMS	
REFERENCES	

Chair - Community Healthcare Board

Date

Vice-Chair - Community Healthcare Board

Date



Family Health Services

Void/Deleted Payments

Policy Number: 100.07

Effective Date	July 1, 2019
Frequency of Review	Annual
Last Reviewed	June 3, 2019
Last Updated	June 3, 2019
Author	Janine Harris
Responsible Department	Revenue Cycle Management

PURPOSE:

The purpose of this policy is to describe requirements for voided or deleted payments in Family Health Services (FHS). FHS staff are expected to comply with this policy and procedure.

DEFINITIONS:

Cash – Currency, coin, check, money order, traveler’s checks, credit card, or debit card.

Cash Collection Points – Designated area where cash is received. FHS cash collection points include: 1119 East Monte Vista Avenue, Vacaville; 2201 Courage Drive, Fairfield; 2101 Courage Drive, Fairfield; 365 Tuolumne Street, Vallejo; 275 Beck Avenue, Fairfield.

BACKGROUND

It is the policy of Family Health Services to uphold compliance with the Department of Health and Social Services cash handling policy and procedure to ensure adequate safeguarding over the County’s cash collections.

POLICY:

It is the intent of FHS to follow the Department’s policy to establish internal controls over cash handling to ensure adequate safeguarding. FHS staff shall abide by the Department’s policy, including depositing collections daily with the County Treasurer’s office and not using collections to make disbursements or refunds.

If a payment is made in error, FHS staff shall void or delete the payment from the NextGen batch, described in the Cash Handling policy & procedure #100.02, upon review and approval by a supervisor or manager. The person who accepted the payment will not be the same person to approve the void or delete.

Payments made in error may include a payment made prior to a service being performed and the service was not able to be performed, as long as the payment was made the same day as the service was unable to be performed. If the transaction has already been included in the batch and deposited, as described in the Cash Handling policy & procedure #100.02, a refund request will be submitted and the payment will not be voided or deleted.



Void/Deleted Payments

Policy Number: 100.07

PROCEDURE:

1. FHS staff shall accept payments for services, as described in the Cash Handling policy and procedure #100.02.
2. If a payment is accepted on a patient's account but the service was not performed, FHS staff will request a supervisor or manager approval to void or delete the payment.
 - a. If the supervisor or manager accepted the payment, another supervisor or manager must approve the void or delete.
 - b. Example: A patient presents for a TB test. Payment is collected. The TB test could not be performed. The patient may request their payment be returned to them.
3. The payment is voided or deleted from the batch in NextGen upon approval by the supervisor or manager. The patient's original method of payment is returned to them.
 - a. If the patient paid with a check, the original check is returned to them. Credit cards will be refunded on the credit card. Cash is returned only if the patient paid with cash.
4. The backup for the voided or deleted payment will be attached to the batch report at the end of the day, signed by the person making the deposit, and verified by the supervisor or manager verifying the deposit.

Knowledge of a violation or potential violation of this policy must be reported directly to the FHS Revenue Cycle Manager and the FHS Executive Director, or to the employee compliance hotline.

REFERENCED POLICIES	100.02 Cash Handling
REFERENCED FORMS	
REFERENCES	

Chair - Community Healthcare Board

Date

Vice-Chair - Community Healthcare Board

Date



Family Health Services

Billing and Collections

Policy Number: 100.11

Effective Date	July 1, 2019
Frequency of Review	Annual
Last Reviewed	June 5, 2019
Last Updated	June 5, 2019
Author	Janine Harris
Responsible Department	Revenue Cycle Management

PURPOSE:

The purpose of this policy is to describe requirements for billing and collections for Family Health Services (FHS). FHS staff are expected to comply with this policy and procedure.

DEFINITIONS:

Front Office Billing and Collections – Accounting Clerks located in the health centers who process primary billing, sliding fee scale applications, and other primary billing functions.

Back Office Billing and Collections – Accounting Clerks located in the administrative division who report to the Back-Office Accounting Supervisor. Processes secondary and tertiary billing, uploads all claims, submits patient statements for printing and mailing, works denials, and other secondary and tertiary billing functions.

BACKGROUND

It is the policy of Solano County Health and Social Services to uphold compliance with government regulations. FHS is a Federally Qualified Health Center (FQHC) and receives federal funding under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act (42 U.S.C. 254b) (“section 330”), as amended (including sections 330(e) and (h)). The program is administered by the federal Health Resources and Services Administration (HRSA).

POLICY:

FHS front office Accounting Clerks shall process primary medical billing, collect payments, and assist patients with sliding fee scale, payment plan agreements, fee waivers, and other medical billing related tasks. Back office Accounting Clerks shall post Explanation of Benefits, collect payments, assist patients who call regarding their statements, work secondary and tertiary medical billing claims, work denials, submits patient statements for printing and mailing, submits all claims for processing, and works receivables and bad debt.

PROCEDURE:

1. Front office Accounting Clerks shall:
 - a. Process primary billing each day for the previous day.
 - i. Medical billing errors shall be corrected by front office Accounting Clerks.
 - ii. Coding errors shall be sent to the Certified Professional Coder (CPC) for correction.



Billing and Collections

Policy Number: 100.11

- b. Collect payments and assist patients with sliding fee scale applications, payment plan agreements, and fee waivers.
 - c. Assist patients in person and via telephone, as needed, regarding the patients account, balances, and other medical billing questions that arise.
2. Back office Accounting Clerks shall:
- a. Process secondary and tertiary medical billing claims.
 - b. Review, work and post Explanation of Benefits (EOBs).
 - c. Work denials.
 - d. Work on aged accounts receivables and bad debt.
 - e. Assist patients in person and via telephone, as needed, regarding the patients account, balances, and other medical billing questions that arise.
 - f. Submit patient statements for printing and mailing and collects payments.

Knowledge of a violation or potential violation of this policy must be reported directly to the FHS Revenue Cycle Manager, FHS Executive Director, or to the employee compliance hotline.

REFERENCED POLICIES	100.01 Insurance Eligibility 100.02 Cash Handling 100.03 Sliding Fee Scale Discount Program 100.04 Claims Processing 100.05 Coding 100.06 OHC/Private Insurance 100.07 Void/Deleted Payments 100.08 Fee Waiver & Payment Plans 100.10 Patient Registration 100.13 Dental Appliances 100.14 Bad Debt Write Off 100.15 Back Office Claims Processing 100.16 Non-Sufficient Funds
REFERENCED FORMS	
REFERENCES	

Chair - Community Healthcare Board

Date

Vice-Chair - Community Healthcare Board

Date



Family Health Services

Bad Debt Write Off

Policy Number: 100.14

Effective Date	May 1, 2019
Frequency of Review	Annual
Last Reviewed	June 3, 2019
Last Updated	June 3, 2019
Author	Barbra Barbeau
Responsible Department	Revenue Cycle Management

PURPOSE:

The purpose of this policy is to describe conversion of delinquent self-pay account to bad debt and bad debt write off for Solano County Family Health Services (FHS) patients. FHS staff are expected to comply with this policy and procedure.

FHS will ensure access to health care services by families and individuals regardless of the patient's ability to pay. At no time will a patient be denied services because of an inability to pay, as described in the Sliding Fee Scale Discount Program policy #100.03.

DEFINITIONS:

Bad Debt – Self-Pay accounts 120 days delinquent and/or all returned mail accounts with no forwarding address.

Prelisting – Marking delinquent accounts in Electronic Health Records (E H R) system for conversion to Bad Debt

Conversion – Processing of prelisted accounts to Bad Debt in Electronic Health Records (E H R) system for submission to outside Collection Agency

Write Off – Cancellation of Bad Debt accounts in Electronic Health Records (E H R) system

BACKGROUND

It is the policy of Solano County Health and Social Services to uphold compliance with government regulations. FHS is a Federally Qualified Health Center (FQHC) and receives federal funding under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act (42 U.S.C. 254b) ("section 330"), as amended (including sections 330(e) and (h)). The program is administered by the federal Health Resources and Services Administration (HRSA).

POLICY:

Solano County Family Health Services (FHS) follows the Health & Social Services Collection Policy, as approved by the Solano County Board of Supervisors on January 11, 1994.



Bad Debt Write Off

Policy Number: 100.14

FHS shall submit monthly statements to patients who have self-pay obligations of \$5 or more. Statements will show the rolling balance due to FHS. FHS abides by the Health and Social Services collection policy, which places the patient's account as delinquent without payment made within the last 120 days.

Accounts 120 days delinquent, \$50 and over, will be prelisted, converted and written off by FHS Back Office Billing & Collections (B&C) staff. Accounts with balances under \$50 will be written off by FHS B&C staff.

All returned mail statements with no forwarding address will be immediately sent to collection agency if \$50 or over or written off if under \$50.

Statements include a message alerting patient that balances not paid 90 days from date of service will be sent to a collection agency.

Payments received from the collection agency will be posted to the recovered bad debt account.

PROCEDURE:

1. Accounts 120 days delinquent, \$50 or more - B&C staff will take the following steps:
 - a. Verify if patient is covered under Ryan White program (diagnosis code B20)
 - b. If so, skip to step 4.
 - a. Review patient eligibility for date of service.
 - i. If it is determined that patient has eligibility for date of service charges will be billed to insurance.
 - b. Review to ensure Sliding-Fee-Scale Discount was applied, if applicable.
 - i. Apply Sliding-Fee-Scale Discount if applicable and restart 120 day count
 - c. Verify that patient has been provided 120 days to make payments on charge.
 - d. Verify that patient has not made a payment on account in 120 days.
 - e. Prelist charge for bad debt
 - f. Convert charge to bad debt; conversion is completed at least twice monthly.
 - g. Submit Bad Debt to outside collection agency; submission is completed at least twice monthly.
 - h. Write off bad debt in E H R system
 - i. Tracking description: "Bad Debt Final Write Off"
 - ii. Adjust code: "Bad Debt Final Write Off"
2. Accounts 120 days delinquent, under \$50 - B&C staff will take the following steps:
 - a. Review patient eligibility for date of service.
 - i. If it is determined that patient has eligibility for date of service charges will be billed to insurance.
 - b. Review to ensure Sliding-Fee-Scale Discount was applied, if applicable.
 - i. Apply Sliding-Fee-Scale Discount if applicable and restart 120 day count.
 - c. Verify that patient has been provided 120 days to make payments on charge.



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- d. Verify that patient has not made a payment on account in 120 days.
 - e. Write off bad debt in E H R system
 - i. Tracking description: "Bad Debt Under \$50 BOS"
 - ii. Adjust code: "Bad Debt Write Off BOS Under \$50"
3. Returned mail statements with no forwarding address - B&C staff will take the following steps:
- a. Review patient eligibility for date of service.
 - i. If it is determined that patient has eligibility for date of service charges will be billed to insurance.
 - b. Review to ensure Sliding-Fee-Scale Discount was applied, if applicable.
 - i. Apply Sliding-Fee-Scale Discount if applicable.
 - c. Review chart documents to verify address was entered correctly.
 - d. Add alert to account to verify patient's address.
 - e. Depending on dollar value of debt follow procedure 1 or 2 listed above.
4. Ryan White patients:
- a. Review patient eligibility for date of service.
 - i. If it is determined that patient has eligibility for date of service charges will be billed to insurance.
 - b. Review to ensure Sliding-Fee-Scale Discount was applied, if applicable.
 - i. Apply Sliding-Fee-Scale Discount if applicable.
 - c. Verify that patient has been provided 120 days to make payments on charge.
 - d. Verify that patient has not made a payment on account in 120 days
 - e. Write off Ryan White debt in E H R system
 - i. Tracking description: "Ryan White"
 - ii. Adjust code: "Ryan White"

Knowledge of a violation or potential violation of this policy must be reported directly to the FHS Revenue Cycle Manager, FHS Executive Director, or to the employee compliance hotline.



Family Health Services

Bad Debt Write Off

Policy Number: 100.14

REFERENCED POLICIES	<ul style="list-style-type: none">• Policy #100.03 – Sliding Fee Scale Discount Program• Health & Social Services Collection Policy: Board of Supervisor Agenda Item #20, Board Meeting Dated January 11, 1994, Subject: Report on Primary Care Clinic Addressing Fiscal Issues, Controls, Adding Staff and New Operating Policies• Ryan White Part C / North Bay AIDS Center Sliding Fee Scale and Billing Caps
REFERENCED FORMS	
REFERENCES	

Chair - Community Healthcare Board

Date

Vice-Chair - Community Healthcare Board

Date



Family Health Services

Back Office Claims Processing

Policy Number: 100.15

Effective Date	July 1, 2019
Frequency of Review	Annual
Last Reviewed	June 5, 2019
Last Updated	June 5, 2019
Author	Barbra Barbeau
Responsible Department	Revenue Cycle Management

PURPOSE:

The purpose of this policy is to describe requirements for claims processing for Family Health Services (FHS) back office operations. FHS staff are expected to comply with this policy and procedure.

DEFINITIONS:

Back Office Billing and Collections – Accounting Clerks located in the administrative division who report to the Back-Office Accounting Supervisor. Processes secondary and tertiary billing, uploads all claims, submits patient statements for printing and mailing, works denials, and other secondary and tertiary billing functions.

BACKGROUND

It is the policy of Solano County Health and Social Services to uphold compliance with government regulations. FHS is a Federally Qualified Health Center (FQHC) and receives federal funding under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act (42 U.S.C. 254b) (“section 330”), as amended (including sections 330(e) and (h)). The program is administered by the federal Health Resources and Services Administration (HRSA).

POLICY:

FHS back office Accounting Clerks will submit secondary and tertiary claims for billing, twice weekly, using mass billing within the electronic health records system. For encounters that do not pass the claim edits in mass billing, or cannot be billed using mass billing, the encounters will be processed individually based on prior payer Explanation of Benefits (EOB) posting.

All pending electronic claims (primary, secondary or tertiary) will be uploaded to the clearing house twice weekly. All pending paper claims (primary, secondary or tertiary) will be printed and mailed weekly or as the prior payer EOB is processed.

Self-Pay statements are mailed to patients monthly. Unpaid charges are handled according to the Bad Debt Write Off policy, #100.14.

Back office Accounting Clerks are not coders. Any coding errors that prevent the billing from passing the claim edits will be sent to the FHS Certified Professional Coder (CPC) for review and correction, as stated in the Coding policy, #100.05.



Back Office Claims Processing

Policy Number: 100.15

PROCEDURE:

1. Encounter to Claim Process
 - a. Back office Billing and Collections team will mass bill secondary and tertiary claims twice weekly.
 - b. Back office Billing and Collections team will submit pending electronic primary, secondary and tertiary claims twice weekly.
 - c. Back office Billing and Collections team will print and mail pending paper primary, secondary and tertiary claims weekly or as the prior payer EOB is processed.
 - d. Back office Billing and Collections team will work EOB denials for rebill, claim correction, appeal, tasking to front office or for adjustment.
2. Self-Pay Statements Process
 - a. Back office Billing and Collections team will submit pending self-pay charges to NextGen Electronic Data Interchange (EDI) Department twice per month. Self-pay patients fall into the first or second statement run but will only receive one statement per month.
 - b. Back office Billing and Collections team will submit unpaid self-pay charges to outside collection agency according to the Bad Debt Write Off policy, #100.14.

Knowledge of a violation or potential violation of this policy must be reported directly to the FHS Revenue Cycle Manager, FHS Executive Director, or to the employee compliance hotline.

REFERENCED POLICIES	100.05 Coding Policy 100.14 Bad Debt Write Off Policy
REFERENCED FORMS	
REFERENCES	

Chair - Community Healthcare Board

Date

Vice-Chair - Community Healthcare Board

Date

DEPARTMENT OF HEALTH & SOCIAL SERVICES

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**JUNE 19, 2019
COMMUNITY HEALTHCARE BOARD
REGULAR MEETING**

AGENDA ITEM 9 – NEW BUSINESS

d) Discuss and consider for approval a formal change in Scope to add Endocrinology as a Specialty Service provided through a formal written agreement with Touro University

SUMMARY:

Staff recommends the Board approve a change in scope to its Health Resources and Services Administration (HRSA) Health Center Program grant to add Endocrinology as a Specialty Service. This will align the HRSA Scope of Project with services currently provided by Family Health Services (FHS) through its partnership with Touro University.

DISCUSSION:

Family Health Services was notified that an Operational Site Visit would be scheduled in September 2019. The operational site visit is used to assess compliance with the HRSA Health Center Program. In April 2019 Solano County Family Health Services entered into an agreement with Greg Facktor and Associates (GFA) to provide support and preparation related to the upcoming site visit. As part of their initial assessment, the GFA team identified that the HRSA Scope of Project needs to be changed to reflect the services provided by FHS. The HRSA Scope of Project details the services provided by a health center and how those services are delivered.

Currently, Touro University provides medical providers to FHS through an existing agreement with Solano County. Endocrinology is the study of hormones and the treatment of hormone-based diseases. Patients receiving endocrinology care often suffer from conditions such as diabetes, obesity, and/or hypertension. The endocrinology care provided by FHS is delivered by physicians through Touro University.

Article II of the Board Bylaws states,

The Board shall have the following responsibilities:

- *Approving applications related to the health center project including grants/designation application and other HRSA requests regarding scope of project.*

DEPARTMENT OF HEALTH & SOCIAL SERVICES

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**JUNE 19, 2019
COMMUNITY HEALTHCARE BOARD
REGULAR MEETING**

AGENDA ITEM 9 – NEW BUSINESS

- e) **Discuss and consider for approval the following scope adjustments to better align the HRSA Scope of Project with services provided by FHS:**
- i) **General Primary Medical Care Services – Add to Column II**
 - ii) **Gynecological Care Services – Add to Column II**
 - iii) **Pharmaceutical Services – Add to Column II**
 - iv) **Translation Services – Add to Column II**
 - v) **Transportation Services – Move from Column I to Column II**
 - vi) **Additional Dental Services – Add to Column II**

SUMMARY:

Staff recommends the Board approve the following scope adjustments to its Health Resources and Services Administration (HRSA) Health Center Program grant. This will align the HRSA Scope of Project with services currently provided by Family Health Services (FHS) through its partnership with Touro University, Mercury Pharmacy, Partnership Healthplan of California, local bus and taxi services, and Children’s Choice Pediatric Dental Care.

DISCUSSION:

Family Health Services was notified that an Operational Site Visit would be scheduled in September 2019. The operational site visit is used to assess compliance with the HRSA Health Center Program. In April 2019 Solano County Family Health Services entered into an agreement with Greg Facktor and Associates (GFA) to provide support and preparation related to the upcoming site visit. As part of their initial assessment, the GFA team identified that the HRSA Scope of Project needs to be changed to reflect the services provided by FHS. The HRSA Scope of Project details the services provided by a health center and how those services are delivered.

- i) **General Primary Medical Care Service - Currently, the scope of project identifies that these services are provided only by directly employed staff. Touro University provides medical providers to FHS through an existing agreement with Solano County. Adding this service to Column II would correctly reflect that this service is also provided through a formal contract.**
- ii) **Gynecological Care Services - Currently, the scope of project identifies that these services are provided only by directly employed staff. Touro University provides medical providers to FHS through an existing agreement with Solano County. Adding this service to Column II would correctly reflect that this service is also provided through a formal contract.**
- iii) **Pharmaceutical Services - Currently, the scope of project identifies that these services are provided only by directly employed staff. Mercury Pharmacy provides contract pharmacy services to FHS through an existing agreement with Solano County. Adding this service to Column II would correctly reflect that this service is also provided through a formal contract.**

- iv) Translation Services - Currently, the scope of project identifies that these services are provided only by directly employed staff. Partnership Healthplan of California offers translation services for its members with FHS through an existing agreement with Solano County. Solano County also has an agreement with Language Link to provide translation services. Adding this service to Column II would correctly reflect that this service is also provided through a formal contract.
- v) Transportation Services - Currently, the scope of project identifies that these services are provided only by directly employed staff. Partnership Healthplan of California offers transportation services for its members with FHS through an existing agreement with Solano County. FHS also provides transportation services by offer bus passes to patients. Staff directly employed by Solano County do not provide any transportation services to patients. Removing this service from Column I and adding this service to Column II would correctly reflect that this service is provided through a formal contract.
- vi) Additional Dental Services - Currently, the scope of project identifies that these services are provided only by directly employed staff. Children's Choice Pediatric Dental Care provides deep sedation services for FHS referred children in need of emergency and essential dental treatment in a safe and comfortable environment through an existing agreement with Solano County. Adding this service to Column II would correctly reflect that this service is also provided through a formal contract.

Article II of the Board Bylaws states,

The Board shall have the following responsibilities:

- *Approving applications related to the health center project including grants/designation application and other HRSA requests regarding scope of project.*