West Side Health Care District

119 Adkisson Way Taft, CA 93268 (661) 765 - 7234

Board Meeting Agenda

Thursday, May 26, 2022 at 2:00 pm

1. **Call to Order/Pledge of Allegiance**

2. **Public Input**

   West Side Park and Recreation District representative, Rene Adamo will be at the meeting to update the Board on the Senior Programs that the District sponsors.

   This is the time for public comment. Members of the public may be heard on any item on the agenda. A person addressing the Board will be limited to five minutes unless the Chairperson grants a longer period of time. Comments by members of the public on an item on the agenda will only be allowed during consideration of the item by the Board. When the item is called, please raise your hand or stand if you desire to address the Board.

   Members of the public may also, at this time only, address the Board on any non-agenda items, your comments will be limited to five minutes. You should raise your hand or stand at this time. Although Board Members may ask questions for clarification, the Board will not debate issues with the speaker. Non-emergency items may be rescheduled for a discussion at a later date. Please note, the Board may take action on non-agenda items only in emergency circumstances.

   After the comments, the public is allowed to remain and listen or may leave at any time.

   AMERICANS WITH DISABILITIES ACT (Government Code Section 54943.2) The West Side Health Care District is accessible to persons with disabilities. Disabled individuals who need special assistance to attend or participate in a meeting of the West Side Health Care District may request assistance at 119 Adkisson Way Taft, California, or by calling (661) 765-7234. Reasonable effort will be made to accommodate individuals with disabilities by making meeting materials available in alternative formats. Requests for assistance should be made five (5) working days in advance of a meeting whenever possible.

3. **Approval of Minutes**

   Board Meeting Minutes – Thursday, April 28, 2022

4. **Financial Review**

   District CPA, Kelly Hohenbrink will join the meeting via telephone.

   A. Review and Discussion /Approval the April 2022 Financial Reports

5. **Annual Review and Approval of Policy and Procedures**

   A. West Side Family Health Care- Miscellaneous Policies

6. Administrative Staff Reports

A. April 2021, General Information- Attached for informational purposes only. No Action.

7. Committee Updates

A. **Finance Committee**
Eric Cooper or Ginny Miller

B. **Facilities Committee**
Eric Cooper or Darren Walrath

C. **Community Outreach**
Jan Ashley or Darren Walrath

D. **Personnel Committee**
Adele Ward or Jan Ashley

E. **Additional Board Member Input**
This Portion of the meeting is reserved for Board Members to present information, announcements, or other items that have come to their attention. A Board member may request that an item is placed on the agenda for consideration at a future meeting or refer an item to the Executive Director for a formal report. The Board will take no formal action at this time.

8. Items for Future Agendas

9. Adjournment

The next Regular Board Meeting is set for Thursday, June 23, 2022, at 2:00 pm

ITEM 3

West Side Health Care District

119 Adkisson Way, Taft, CA 93268 (661) 765-7234

BOARD MEETING MINUTES

Thursday, April 28, 2022, at 4:00 pm

1. CALL TO ORDER

Board President, Eric Cooper, called the meeting to order at 4:00pm. Eric Cooper led the Pledge of Allegiance. Those present were:

Eric Cooper	Board President
Jan Ashley	Board Member
Ryan Shultz	Executive Director
Robyn Melton	District Manager

Board Secretary/Treasurer, Ginny Miler and Board Member, Darren Walrath Adele Ward were excused. In attendance, Medical Director, Dr. Ron Ostrom, and Clinic Director, Summer Wood-Luper were present at the meeting.

2. PUBLIC INPUT- None

3. APPROVAL OF MINUTES

The meeting minutes were reviewed. After discussion, the Minutes of Thursday, March 24, 2022, were approved by the Board of Directors.
The Finance Committee Meeting Minutes were reviewed, the Minutes of Monday, April 25, 2022 were approved by the Board of Directors.

4. FINANCIAL REVIEW

The Financial Statements of February and March 2022 were reviewed by Executive Director, Ryan Shultz. After discussion a motion was made by Adele Ward to approve the February and March 2022 financial statements. Jan Ashley seconded. Motion carried.

5. ANNUAL REVIEW AND APPROVAL OF POLICY AND PROCEDURES

After review and discussion, Jan Ashley made a Motion to approve the policies and procedures. Adele Ward seconded. Motion carried. The West Side Family Health Care Policy and Procedures that were reviewed were:

A. Employee Health Access Benefit, Durable Medical Equipment (DME) Dispensing, Intravenous Therapy, Patient with Urgent Complaint or Distress, Registration of an Established Patient, COVID-19 Vaccination Policy.
B. West Side Family Health Care Bi Annual Rural Health Clinic Program Evaluation Report
C. The West Side Health Care District Policy and Procedures that were reviewed were:
By-Laws of the West Side Health Care District.

6. ADMINISTRATIVE STAFF REPORTS
March 2022, General Information- Attached for informational purposes only.
No action.

7. BOARD COMMITTEE REPORTS
a. Finance Committee-Nothing Further at this time.
b. Facilities Committee- Nothing Further at this time.
c. Community Outreach Committee- Maricopa School District Career Day is scheduled for May 19, 2022 at 2:00 pm.
c. Personnel Committee- Nothing further at this time.
d. Additional Board Member Input- Nothing further at this time.

8. ITEMS FOR FUTURE AGENDA
Nothing at this time.

11. ADJOURNMENT
At 5:08 pm Adele Ward made a motion to Adjourn, Jan Ashley seconded. Motion carried.
The Board Meeting of April 28, 2022 was adjourned.

Respectfully Submitted: ______________________________
Adele Ward, Board Vice President

The next regular Board Meeting is scheduled for Thursday, May 26, at 2:00 pm

ITEM 4

West Side Family Health Care Patient Census 2021-2022

	July 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	March 2022	April 2022	May 2022	June 2022			
1	68	31	111	74	94	96	54	112	82	82	0	0			
2	50	72	86	39	109	84	62	88	72	45	0	0			
3	43	74	124	57	98	73	119	69	60	40	0	0			
4	24	78	61	108	81	46	109	90	76	86	0	0			
5	52	67	60	105	82	30	119	40	40	104	0	0			
6	73	58	68	86	59	108	117	58	35	82	0	0			
7	80	32	129	81	42	104	120	80	83	74	0	0			
8	78	39	121	67	97	108	88	101	85	69	0	0			
9	49	73	96	52	98	65	97	98	80	52	0	0			
10	38	73	101	33	80	98	132	65	56	42	0	0			
11	35	79	68	84	47	40	114	75	75	80	0	0			
12	66	73	59	80	84	48	145	42	37	72	0	0			
13	70	71	115	109	39	82	138	37	38	71	0	0			
14	68	34	128	80	45	99	106	79	94	77	0	0			
15	59	36	101	77	108	76	64	84	99	56	0	0			
16	65	60	86	39	93	53	66	77	83	41	0	0			
17	30	96	84	51	62	77	134	84	71	34	0	0			
18	37	63	56	117	65	57	120	77	79	73	0	0			
19	65	60	58	94	76	31	148	41	49	99	0	0			
20	96	64	112	100	37	78	138	35	41	94	0	0			
21	72	56	117	84	41	75	103	47	83	66	0	0			
22	59	53	90	90	98	67	64	109	93	73	0	0			
23	53	90	92	36	76	59	77	87	79	39	0	0			
24	42	110	80	49	71	27	142	67	56	35	0	0			
25	44	89	37	96	23	17	101	78	73	95	0	0			
26	82	96	58	98	59	48	118	39	32	101	0	0			
27	77	96	112	94	44	64	108	35	43	93	0	0			
28	72	57	92	79	52	84	100	87	94	87	0	0			
29	51	47	104	70	93	66	48	0	92	74	0	0			
30	60	122	89	40	104	67	62	0	95	52	0	0			
31	37	130	0	37	0	63	98	0	65	0	0	0	YTD	M/AVG	
M/AVG	1795	2179	2695	2306	2157	2090	3211	1981	2140	2088	0	0	22642	2058	
D/AVG	58	70	90	74	72	67	104	71	69	70	0	0	745	68	
NSOT	10	6	12	10	7	14	31	21	26	22	0	0	159	14	
X-RAYS	76	61	57	65	66	64	56	46	62	57	0	0	610	55.45	
Year	July	August	September	October	November	December	January	February	March	April	May	June	YTD	M/AVG	X-RAY
2021	1791	2176	2691	2305	2121	2073	1530	1351	1437	1616	1724	1677	22492	1874	840
2020	1258	1196	1095	1283	1341	1509	1790	1697	1385	902	1043	1140	15639	1303	788
2019	1034	1188	1334	1440	1338	1565	1470	1554	1453	1150	1290	1024	15840	1320	1250
2018	1002	1282	1284	1377	1187	1184	1632	1543	1347	1287	1310	1115	15550	1296	1286
2017	1016	1166	1243	1410	1324	1421	1348	1238	1204	1199	1238	1168	14975	1248	974
2016	1084	1319	1289	1389	1248	1420	1364	1403	1288	1260	1236	1102	15402	1284	
2015	836	989	1169	1276	1323	1411	1345	1063	1111	1090	987	833	13433	1119	
2014	784	867	1046	1006	966	1021	1391	994	1080	968	959	868	11950	996	
2013	697	1009	834	883	812	925	926	975	1047	885	893	0	9886	824	

ITEM 5

WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH
POLICY AND PROCEDURES

POLICY: Registering Patient Complaints	REVIEWED: 1/28/16; 9/22/16; 9/8/17; 7/22/18; 6/16/19; 6/19/20; 5/5/22
SECTION: Administration	REVISED: 9/22/16; 6/16/19, 05/18/2022
EFFECTIVE: 5/26/22~~6/25/20~~	MEDICAL DIRECTOR:

Subject: Patient complaints

Objective: To give consideration of all complaints and concerns, as well as ~~and~~ correct processes that are problematic, all patient complaints and concerns will be addressed in a timely manner.

Response Rating:

Required Equipment:

Procedure:

1. Patient complaint regarding billing

   a. The registration staff will explain the charges and insurance billing procedure.

   b. If patient concerns are not resolved to the patient's satisfaction, the patient will be referred to the ~~Front Office Billing Manager~~Administrative Medical Assistant for further breakdown of charges.

   c. If patient concerns are not resolved to the patient's satisfaction, the patient will be referred to the ~~Director of Clinical Operations~~Front Office Billing Manager, for problem resolution.

   d. If patient concerns are not resolved to the patient's satisfaction, the patient will be referred to the District Office for further discussion.

2. Patient complaint regarding services rendered (quality of care and/or customer service)

   a. The registration staff will refer the patient and their complaint to the Clinic Director who will review and explain services rendered and attempt to resolve the patient's complaint.

   b. If the patient is not satisfied with the Clinic Director's explanation, the patient and their complaint will be referred to the attending physician or mid-level provider for review and recommendation for resolution.

   ~~If the patient is not satisfied with this explanation, the patient will be referred to the Director of Clinical Operations for problem resolution.~~

c. ___If patient concerns are not resolved to the patient's satisfaction, the patient will be referred to ___the District Office for further discussion.

———The Clinic Director will complete an incident report and submit to the Executive Director for ___review. The Clinic Director's report will include a description of the event/complaint, involved __persons, and resolution.

i. The Executive Director will review all incident reports and determine if any further actions are necessary.
ii. The Clinic Director will provide preliminary reports to the Executive Director of all complaints and events concerning patient and staff safety or other complaint as deemed necessary by the Clinic Director.

d. ~~All patient complaints are to be routed to the Director of Clinical Operations, regardless of their resolution status, so that the Director of Clinical OperationsExecutive Director can review complaints and determine whether changes in clinic operations are —required.~~

e. Complaints will be included in the QAPI meeting agenda and addressed in that venue.

f. ___Incident Reports will be filed at the District Office

3. Patient complaint regarding Section 504 issues

    a. Refer to Section 504 Grievance policy

4. Patients will have access to the Patient Grievance forms specific to their insurance carrier. Upon request, these forms will be provided to the patient.

5. Patient grievances will be analyzed and trends identified as part of the Clinic Annual Review process with findings and recommendations shared with the leadership team.

6. Patients are requested to contact The Compliance Team, the Clinic's accreditation agency should they have a complaint or grievance. The Compliance Team can be reach by telephone at 888-291-5353 or via the internet at www.thecomplianceteam.org.

WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURES

POLICY: Billing Practices	REVIEWED: 6/2/16; 9/19/16; 9/8/17; 6/14/18; 9/27/19; 11/15/19; 5/5/22
SECTION: Administration	REVISED: 9/19/16; 6/14/18; 11/15/19,05/18/2022
EFFECTIVE: 5/26/22~~11/21/19~~	MEDICAL DIRECTOR:

Subject: Billing practices

Objective: To define Clinic billing practices

Response Rating: Mandatory

Required Equipment:

Procedure:

1. The Clinic will establish a schedule of fees that are charged for all services rendered, regardless of the payer source.

2. Contractual adjustments, reflective of Clinic agreements with insurance carriers and other third party payers will be applied to patient accounts upon receipt of final payment from the payer.

3. The Clinic will accurately document each patient encounter in the EMR for the purpose of recording care rendered.

    A. Regardless of payment methodology (i.e.: fee-for-service, flat rate, prospective payment) billing will reflect the scope and complexity of the patient examination and treatment.

3. The Clinic will accurately document the care rendered, tests/procedures performed and medications/supplies utilized to ensure a complete record of the care rendered and for the purpose of preparing a bill for payment.

    A. Payer reimbursement methodology does not affect the posting of charges to the patient's account.

3. Unless extraordinary circumstances arise, patient medical records will be completed before the end of the provider's work shift.

4. The ~~Director of Clinical Operations~~Front Office Billing Manager or designee will review the EMR for prior day open medical records and ensure the provider completes any pending entries before _the end of the second business day. T~~Both t~~he Provider ~~and the Medical Director~~ will be notified of _any pending entries.

a. The Medical Director will be notified of any pending entries older than two business days and discussed during the QAPI meeting.

5. Providers will select the E&M code that most accurately reflects the history of the patient, the physical examination, and the medical decision-making involved in the patient's care and treatment.

6. Providers will select CPT codes that most accurately reflect the procedures performed in the course of patient care and will indicate supplies and medications utilized.

7. Claims will be reviewed before submission to ensure accurate capture of procedures, tests, and medications/supplies.

8. Claims that require correction will be pulled from the queue by the designated staff member, revised, and resubmitted within five business days of the date of service.

8. Contractual adjustments will be made to accounts after posting of payer reimbursements.

9. Accounts Receivable Aging reports will be reviewed within five days of the monthly Accounts Receivable report being made available.

   A. Accounts Receivable Aging by Payor by Patient

10. Credit balance accounts will be identified and promptly audited.

11. Audited credit balance accounts will be refunded to the payor no later than 30 days after being identified.

12. Balance due (remainder balance) statements will be sent to non-MediCal patients after the insurance payor reimbursement has been made and posted and any contractual adjustment made to the account. Open account statements are sent every 35 days. Statements are sent for accounts with balances over $4.99.

13. If the patient does not make payment (either in full or in part) during the first 94~~120~~ days, and the balance owed is $50.00 or more after their insurance has paid its portion, the account will be reviewed and considered for transfer to the designated Collection Agency.

14. Past due accounts with balances less than $10.00 will not be sent to collections, but will be managed by Clinic staff in an effort to collect.

15. Adjustments made to self-pay flat fee accounts will be considered Charity Care and documented accordingly.

16. Administrative adjustments made to outstanding accounts, in consideration of the patient's inability to pay, will be considered Charity Care and documented accordingly.

17. Accounts sent to collections will be written off and documented accordingly. The balance of the account in collection will remain visible to Clinic staff. Should the patient present at the Clinic, staff will refer the patient to the collection agency to setup payments or pay full balance in collections before

the patient can be treated. All patients who present at the clinic, regardless of their ability to pay, will be assessed by a medical professional.

18. Accounts identified as Bad Debts will be written off and documented accordingly. The balance of the account in Bad Debt will remain visible to Clinic staff. Should the patient present to the Clinic, staff will

require a payment on the bad debt balance before the patient can be treated. All patients who present at the clinic, regardless of their ability to pay, will be assessed by a medical professional.

19. "On-the-spot" credits may be issued in the Clinic if the patient has paid their co-pay, deductible, or flat rate fee but decides to not be seen. In this case, the patient's funds are returned and/or their credit or debit card transaction is cancelled.

20. Should a practitioner and/or staff member believe a patient should be refunded their payment and/or their visit charges should be reversed, the staff member~~at individual~~ will complete an Incident Report, as soon as possible, and forward their documentation to the District Office for review by the Executive Director or their designee.

   a. In no instance may a patient refund be made "on-the-spot" after a patient has received care.

WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH
POLICY AND PROCEDURES

POLICY: Sliding Fee Scale	REVIEWED: 11/30/17; 8/19/18; 8/2/19; 5/5/22
SECTION: Administration	REVISED:
EFFECTIVE: 5/26/22~~8/22/19~~	MEDICAL DIRECTOR:

Subject: Sliding Fee Scale

Objective: To appropriately adjust the cost of medical care for patients whose income is near, at, or below the Federal Poverty Line, the Clinic will maintain a Sliding Fee Scale and associated processes that will be offered to patients with and without insurance.

Response Rating:

Required Equipment: None

Procedure:

A. If during the registration process a patient indicates they do not have insurance coverage or the ability to pay, they will be offered the opportunity to complete a Sliding Fee Scale worksheet to determine their eligibility for reduced fees.
   a. Notification and explanation of our Sliding Fee Scale program is available on our website.
   b. Notification will be available in the breeze way of the clinic entrance, in the patient information area.

B. The patient will complete the worksheet, with help from a staff member, if required.

C. The patient will be required to provide documentation in support of their application to participate in the Sliding Fee Scale program. Discounts will be determined based on income and family size.

Income includes: Both earned income from wages, salary, tips, and self-employment; unemployment compensation; workers compensations; Social Security; Supplemental Security income; public assistance; veterans' payments; survivor benefits; pension or retirement income; interest; dividends; royalties; income from rental properties; estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources.

Family Size includes: A group of persons united by the ties of marriage, blood, or adoption, constituting a single household and residing together. All such people are considered as members of one family.

1. Verification of income (one of the following)
   a. One month's worth of paycheck stubs
   b. One month's worth of disability or unemployment check stubs
   c. W-2 forms from the most current calendar year

d. A letter from the employer, on company letterhead, indicating the patient's gross earnings for the month

D. The patient will be required to re-apply for the Sliding Fee Scale program every six months.

E. The Sliding Fee Scale rate calculated based upon information provided by the patient will be the rate applied to all patients who reside in the patient's household and who are not already covered by a form of Medi-Cal or Managed Medi-Cal health care insurance.

F. Nominal Fee: Patients with incomes above 100% of poverty, but at/or below 200% poverty will be charged a nominal fee according to the attached sliding fee schedule and based on their family size and income. However, patients will not be denied services due to an inability to pay. The nominal fee is not a threshold for receiving care and thus, is not a minimum fee or co-payment.

G. The patient will be asked to make a payment, at the time service is rendered, but will not be required to make a payment.

H. The Sliding Fee Scale will be reviewed bi-annually by the Executive Director, Front Office Billing Manager and Chief Financial Officer.

WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH CARE
POLICY AND PROCEDURES

POLICY: Registration Of New Patient	REVIEWED: 2/17/16; 10/30/17; 3/1/19; 5/5/22
SECTION: Admitting	REVISED: 12/5/16; 3/11/18; 3/20/19
EFFECTIVE: 5/26/22~~3/28/19~~	MEDICAL DIRECTOR:

Subject: Registration of a new patient

Objective: To register patients quickly, efficiently, and accurately

Response Rating:

Required Equipment:

Procedure:

1. Greet the patient in a friendly and professional manner, asking them to sign in on the sign-in sheet.

2. Ask the patient for their insurance card(s) and photo identification. For minor patients, obtain the photo identification of the adult accompanying the patient.

3. Ask the patient to be seated and indicate you will be with them momentarily.

4. Using the information provided on the sign in sheet, search patient's date of birth in the Electronic Medical Record (EMR) using the search function, then check for a patient with the same name and date of birth.

5. If patient is not found in the EMR, this indicates the patient is new to the Clinic.

6. Add the patient's demographic information.

7. Add the patient's emergency contact name and phone number.

   a. Request an alternative emergency contact phone number other than the patient's primary phone number.

   b. If the patient denies an emergency contact, select "other" as the relationship of their emergency contact" and enter "000-000-0000" for the emergency contact number.

7. Verify patient's insurance eligibility or enter employer information if this is an Occupational Medicine patient.

a. Patient's who present for Occupational Medicine services must present an employer's authorization for treatment.
b. Employers may send written documentation with the patient, may fax the documentation to the clinic, or may call the Clinic with permission.
c. Urine drug screens, physical examinations, and first aid care are billed to the employer. Work injuries not categorized by the provider as first aid will be billed to the employer's current Workers' Compensation Insurance carrier.

8. Scan the patient's insurance cards and photo identification into the EMR.

9. Ask the patient to sign the required admitting forms, after confirming the patient's PCP and entering same in the EMR.

10. Scan the signed forms into the EMR.

11. Collect any required co-payments. Provide the patient with a receipt for their payment.

12. If the patient arrives with a serious illness or injury that requires immediate medical attention as identified in the "Patient with urgent complaint of distress" policy, treatment will begin immediately regardless of the patient's insurance or arrival time.

WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH
POLICY AND PROCEDURES

POLICY: Billing Personnel - Organization	REVIEWED: 2/10/16; 12/16/16; 10/30/17; 7/30/18; 6/16/19; 6/19/20; 5/5/22
SECTION: Administrative	REVISED: 12/19/16; 7/30/18; 6/19/20
EFFECTIVE: 05/26/22 ~~06/25/2020~~	MEDICAL DIRECTOR:

Subject: Billing personnel - organization

Objective: The ~~Director of Clinic Operations,~~ Clinic Director, Front Office, ~~and~~ Billing Manager, and ~~District~~ Executive Director will be the liaisons between the EMR vendor and the medical staff. Billing procedures are delivered according to policies and procedures that have been authorized by the Governing Body.

1. To clarify administrative and supervisory responsibilities for the billing personnel.

2. To delineate areas of responsibility.

3. To clarify determination of billing staff hours.

4. To determine the evaluation of patient billing.

5. To identify the methods used for patient billing.

Response Rating:

Required Equipment:

Procedure:

1. Billing hours are 8:00am – 5:00pm, Monday through Friday.

2. Evaluation of billing procedures will be performed. The following methods may be used to determine quality and appropriateness of billing procedures:

   a. Quality Assurance Program
   b. Patient need and ~~s~~ satisfaction (verbal and/or written)
   c. Monthly receivable report and monthly accounts payable report
   d. Collection by Insurances report
   e. Census reports

3. ~~The Director of Clinic Operations~~The Executive Director, ~~and the~~ Clinic Director and ~~will meet with the~~ Front _Office and Billing Manager, will meet ~~on at least a monthly basis~~ to discuss ~~mutual concerns~~billing related issues.

4. The Front Office and Billing Manager or their designee is responsible for submitting claims from the EMR using the missing slips, claims on hold, and manager hold "buckets".

5. The Front Office and Billing Manager or their designee will work closely with the Medical Director. This is to ~~to~~ ensure providers complete medical record documentation timely and completely, with the goal of providing an accurate, detailed record of care and proposed follow-up course of care. Also including ~~complete with~~ diagnosis and procedure codes as appropriate.

6. The Front Office and Billing Manager or their designee, will ensure timely follow-up of billing related correspondence, including balance due correspondence to self-pay patients with an open balance. As well as, ~~and will document~~ documenting actions taken within the appropriate data capture fields in the EMR's billing functionality.

7. The Front Office and Billing Manager or their designee, will work closely with the ~~Director of Clinic Operations, the Clinic Director and~~ District Accounting Department, to identify and audit credit balance accounts. They will also ~~and will~~ bring those accounts to the attention of the ~~Director of Clinical Operations, Clinic Director and~~ Executive Director for review and follow-up, including the issuance of a refund check via -the District Accounting Office or a requested "take back" requested of the insurance payor.

WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH
POLICY AND PROCEDURES

POLICY: Website Patient Portal Information	REVIEWED: 09/29/2016; 9/8/17; 7/22/18; 6/16/19; 6/19/20; 5/5/22
SECTION: Administration	REVISED:
EFFECTIVE: 5/26/22~~06/25/2020~~	MEDICAL DIRECTOR:

Policy: Patients, parents and/or guardians are entitled and encouraged to have access to their health information to enable them to understand and participate in their care and treatment with our Clinic providers. Such information will be made available by granting secure access through a patient portal in the West Side Health Care District website www.wshcd.org.

Objective: Each patient, parent or guardian will be informed on how to access the online patient portal. An information flyer or brochure will be developed that indicates the website is available for general information regarding the District and West Side Family Health Care. An individual portal on the website will enable the patient to have private and secure access to make/keep appointments; view their medical record, view selected laboratory/radiology results and update their demographic information.

Required Equipment: None

Procedure:

1. During the patient check-in process, the clinic will provide the patient with an instructional flyer on how to register on the online patient portal. The flyer will include the following instructions:

    a. Go to West Side Family Health Care website, http://www.wshcd.org/

    b. Click on 'Patient Portal Login' link

    c. Click on 'Sign up today' link

    d. Enter required information and click 'continue'

    e. Choose an option to receive a temporary passcode

    f. Retrieve temporary passcode and enter passcode

    g. Choose a primary care provider and click 'continue'

    h. Set a new password, click 'I have read and accepted Terms...' and click 'continue'

WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH
POLICY AND PROCEDURES

POLICY: Communicable Disease Reporting	REVIEWED: 9/8/17; 7/22/18; 6/19/20; 5/5/22
SECTION: Clinical	REVISED: 9/14/16; 9/8/17; 7/22/18; 11/21/19; 6/19/20, 05/18/2022
EFFECTIVE: 5/26/22~~06/25/20~~	MEDICAL DIRECTOR:

Subject: Communicable Disease Reporting

Objective: To comply with State and CDC Communicable Disease Reporting.

Response Rating: Mandatory

Required Equipment: Morbidity Report Form, Case Report Form, CalREDIE provider portal

1. REPORTING GUIDELINES

After diagnosing a patient with a reportable disease or condition, the provider or designee will follow the instructions given on the "Confidential Morbidity Report" (CMR) ~~for~~ or Case Report, for specific reporting guidelines. The Clinic will refer to the CDC List of Nationally Notifiable Medical Conditions to ensure all designated conditions are reported to State agencies (https://wwwn.cdc.gov/nndss/conditions/notifiable/2018/infectious-diseases/). A list of reporting requirements can be found at https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/ReportableDiseases.pdf

2. CONDITIONS TO BE REPORTED IMMEDIATELY

The following conditions should be reported immediately by telephone to (661) 321-3000. A ~~C~~completed Communicable Disease Report~~ing~~ (CMR) or Case Report form should be faxed to (661) 868-0261 or submitted via the CalREDIE provider portal. The appropriate CMR or case report form can be found at https://www.cdph.ca.gov/Programs/PSB/Pages/CommunicableDiseaseControl.aspx.
In light of existing outbreaks and the potential for epidemics, the Kern County Health Department has included those diseases marked with an asterisk (*) as being of utmost importance and are requesting that these diseases be reported immediately by telephone.

a. Anthrax (human or animal)
b. Botulism (infant, foodborne, wound)
c. Brucellosis, human
d. Cholera
e. Ciguatera fish poisoning
f. Coronavirus Disease 2019 (COVID-19)
g. Diphtheria

h. Domoic Acid Poisoning (Amnesic Shellfish Poisoning)
i. Flavivirus infection of undetermined species
j. Hemolytic Uremic Syndrome
k. Influenza, novel strains (human i.e. bird flu
l. *Measles (Rubeola)
m. *Meningococcal Infections
n. Middle East Respiratory Syndrome (MERS)
o. Novel Coronavirus Infection
p. Novel virus infection with pandemic potential
q. Paralytic Shellfish Poisoning
r. Plague (Human or Animal)
s. Rabies (Human or Animal)
t. Scombroid Fish Poisoning
u. Shiga toxin (detected in feces)
v. Smallpox (Variola)
w. Tularemia, human
x. Viral Hemorrhagic Fevers, human or animal (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses)
y. Occurrence of any unusual disease
z. Outbreaks of any disease

For outbreaks of any disease, the report should specify if institutional and/or open community.

3. CONDITIONS TO BE REPORTED WITHIN ONE (1) WORKING DAY

The following conditions may be reported by submitting completed CMR or Case Report Form by fax (661) 868-0261 or via the CalREDIE provider portal.

a. Babesiosis
b. Carbapenem-resistant Enterobacteriaceae
c. Campylobacteriosis
d. Chickenpox
e. Chikungunya virus
f Cryptosporidiosis
g. Dengue virus infection
g Encephalitis, specify etiology: Viral, Bacterial, Fungal, Parasitic
h. Escherichia Coli 0157:H7 Infection
h *Foodborne Disease (Report immediately when two or more cases or suspected cases of foodborne disease from separate household are suspected to have the same source of illness)
i Hemophilus Influenza Invasive Disease, all serotypes
j. Hantavirus infection
k. *Hepatitis A (acute infection)
l. Human Immunodeficiency Virus (HIV), acute infection
m. Listeriosis
n. Malaria
o. Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic

y. Rubella (German Measles)
z. Rubella Syndrome, Congenital
aa. Tetanus
bb. Tularemia, animal

5. NON-COMMUNICABLE DISEASES AND CONDITIONS TO BE REPORTED WITHIN SEVEN (7) CALENDER DAYS.

The following conditions should be reported within seven (7) calendar days from the time of identification:

a. Disorders characterized by lapses of consciousness
b. Pesticide-related illness or injury (known or suspected cases)
c. Cancer, including benign and borderline brain tumors (except (1) basal and squamous skin cancer unless occurring on genitalia, and (2) carcinoma in-situ and CIN III of the Cervix).

6. FOLLOW-UP PROCEDURES

The provider will notify the Clinic Director and the staff who have been in contact with these patients and recommend follow-up procedures.

7. INTERNAL DOCUMENTATION

A copy of all reporting documents is kept on file in the Clinic Director's Office.

COVID-19 Considerations:

a) 2020 to 2021 copies of COVID-19 CMR forms moved to District Garage.
b) 2022 to current-COVID-19 CMR forms are scanned to COVID CMR folder.

WEST SIDE HEALTH CARE DISTRICT
WEST SIDE FAMILY HEALTH
POLICY AND PROCEDURES

POLICY: **MEDICAL RECORDS FORMS AND FEES**	REVIEWED: 2/10/16; 2/16/17; 8/3/17; 7/6/18; 12/31/18; 5/5/22
SECTION: **MEDICAL RECORDS**	REVISED: 8/3/17; 7/12/18; 12/31/18
EFFECTIVE: 5/26/22~~1/24/19~~	MEDICAL DIRECTOR:

Subject: Medical Records Forms and Fees

Objective: To cover the costs of document production and printing, in some instances, fees will be assessed to complete forms on behalf of the patient and to provide copies of ~~some~~ documents.

Response Rating:

Required Equipment:

Procedure:

1. The following forms will be completed at the patient's request upon receipt of payment by the patient

   a. Personal disability insurance forms (income, mortgage, credit)
   b. Supplemental forms related to State or Federal disability insurance
      1. Initial forms will be completed without charge
      2. Supplemental or secondary forms will be completed at a cost of $10 per form, due and payable at the time the form is brought to the Clinic.

2. Forms will be completed within 7 business days

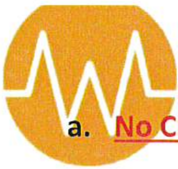
   a. Form may be completed by the RN or designee, for approval by the physician
   b. All forms must be reviewed, signed, and dated by the physician
   c. The completed form must be scanned into the patient's medical record

3. The patient will be notified by telephone that the form is completed.

   a. The form may be mailed to the patient's home address, if they request.
   b. The completed form may be picked up by the patient, after they provide photo ID or to their designee with written permission and a photo ID.

4. ~~4.~~ Patients requesting copies of their medical record may be charged for those copies:

   All request will be accompanied by a Medical Records Request form.



a. **No Charge records:**

1. Copy of most recent lab result (Labs that have been ordered within the current month).
2. Copies of the medical record that are being sent directly to a referral physician.
3. Copies of the medical record that are being sent directly to a physician that the patient has moved their care to.

b. **Payment required for records:**

Paid request will be accompanied by a Authorization for Release of Medical Records, as well as a Medical Records: Record of Receipt.

1. Copies of the patient's immunization card will be provided at a cost of $5.00, due and payable at the time the copy is requested.
2. Copies of the patient's medical record, for the patient's use and not for transfer to another physician. These records will be provided at a cost of $0.25 per page, but not to exceed $25.00. The payment is due at the time of pickup of records.
3. Copies of the patient's x-ray images, for the patient's use and not for transfer to another physician. These records will be provided at a cost of $10.00, due and payable at the time the copy is made.

a. ~~Copies of current laboratory results will be provided at no charge.~~
b. ~~Copies of the medical record being sent to a referral physician will be sent at no charge.~~
c. ~~Copies of the medical record being sent when the patient is moving their care to another practice will be sent at no charge.~~
d. ~~Copies of the patient's immunization card will be provided at a cost of $5, due and payable at the time the copy is made.~~
e. ~~Copies of the patient's medical record, for the patient's use and not for transfer to another physician, will be provided at a cost of $0.25 per page but not to exceed $25.00, due and payable at the time the copy is made.~~
f. ~~Copies of the patient's x-ray images, for the patient's use and not for transfer to another physician, will be provided a cost of $10.00, due and payable at the time the copy is made.~~
g. ~~A current signed medical records release form must be submitted at the time of the request and payment.~~

5. Subpoenas will be forwarded to the Care Coordinator and responded to within 7~~2~~ days.
   a. A fee of $35.00, payable in advance, will be collected for each subpoenaed record.

6. ~~A fee of $35.00, payable in advance, will be collected for each subpoenaed record.~~

7. All patient requests for medical records will be handled by front desk staff. This includes, but is not limited to: immunization card, most recent lab results, most recent physical examination report, most recent discharge/visit summary, medical records for patient's use, and copies of x-ray images.

8. ~~A medical records release form and record of receipt form will be required for each request.~~

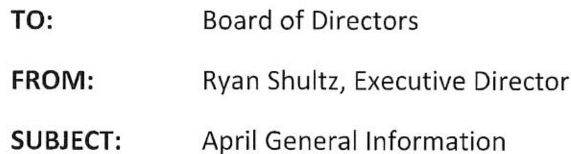
9. Subpoena records sent, released, or mailed will be logged by the Care Coordinator or designee before leaving the clinic.

10. Funds collected for subpoena records will be logged upon receipt. Funds collected for all other records will be documented on record of receipt form.

ITEM 6

May 20, 2022

TO: Board of Directors



FROM: Ryan Shultz, Executive Director

SUBJECT: April General Information

The enclosed information highlights notable activities and projects of West Side Health Care District (WSHCD) and West Side Family Health Care (WSFHC) for the month of April.

- Providers and staff continue to work extremely hard to delivery patient care services. **The clinic reported more than 2000 patient encounters and a Rural Health Clinic Payer Mix of 70%.**
- Covid-19 Vaccine Schedule: Wednesdays 10am-7pm Moderna, Fridays Pfizer 12+yr 1-2pm & 6-7pm, and Fridays Pfizer 5-11yr 3-4pm. Patients can make an appointment by visiting wshcd.org and selecting the "Schedule Your COVID-19 Vaccine" link or visiting myturn.ca.gov and searching for West Side Family Health Care.
- **The Clinic is partnering with Taft High School to provider sports physicals for student athletes on June 17th**. Appointments for physicals are made through the High School and will be completed at the clinic.
- **The Clinic is promoting back-to-school physicals for students.** A limited number of appointments will be reserved for these services between June 27th and July 8th. Physicals will continue to be provided outside of these dates subject to provider availability.
- Management presented the **Draft Fiscal Year 2022-2023 Budget** and will present the budget to the board for approval in June.
- **Management has selected Stockdale Radiology as the new Radiologist for WSFHC**. Services will begin on May 16th.