



Valleywise Community Health
Centers Governing Council
Meeting

February 2, 2022
6:00 p.m.

Agenda



<p><u>Council Members</u> Ryan Winkle, Chairman Michelle Barker, Vice Chairman Nelly Clotter-Woods, Ph.D., Treasurer Terry Benelli, Member Salina Imam, Member Scott Jacobson, Member Joseph Larios, Member Liz McCarty, Member Daniel Messick, Member</p>	<p><u>AGENDA</u> Valleywise Community Health Centers Governing Council</p> <p>Mission Statement of the Valleywise Community Health Centers Governing Council Serve the population of Maricopa County with excellent, comprehensive health and wellness in a culturally respectful environment.</p>
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• Valleywise Health Medical Center • 2601 East Roosevelt Street • Phoenix, Arizona 85008 •

Meeting will be held remotely. Please visit <https://valleywisehealth.org/events/valleywise-community-health-centers-governing-council-meeting-02-02-22/> for further information.

Wednesday, February 2, 2022
6:00 p.m.

One or more of the members of the Valleywise Community Health Centers Governing Council may be in attendance telephonically or by other technological means. Council members participating telephonically or by other technological means will be announced at the meeting.

Please silence any cell phones, pagers, computers, or other sound devices to minimize disruption of the meeting.

Call to Order

Roll Call

Call to the Public

This is the time for the public to comment. The Valleywise Community Health Centers Governing Council may not discuss items that are not specifically identified on the agenda. Therefore, pursuant to A.R.S. § 38-431.01(H), action taken as a result of public comment will be limited to directing staff to study the matter, responding to any criticism, or scheduling a matter for further consideration and decision at a later date.

Agendas are available within 24 hours of each meeting via the Clerk's Office, Valleywise Health Medical Center, 2601 East Roosevelt Street, Phoenix, Arizona 85008, Monday through Friday between the hours of 9:00 a.m. and 4:00 p.m. and on the internet at <https://valleywisehealth.org/about/governing-council/>. Accommodations for individuals with disabilities, alternative format materials, sign language interpretation, and assistive listening devices are available upon 72 hours advance notice via the Clerk's Office, Valleywise Health Medical Center, 2601 East Roosevelt Street, Phoenix, Arizona 85008, (602) 344-5177. To the extent possible, additional reasonable accommodations will be made available within the time constraints of the request.

ITEMS MAY BE DISCUSSED IN A DIFFERENT SEQUENCE

General Session, Presentation, Discussion and Action:

1. Approval of Consent Agenda: **15 min**
Any matter on the Consent Agenda will be removed from the Consent Agenda and discussed as a regular agenda item upon the request of any voting Governing Council member.
 - a. Minutes:
 - i. **Approve** Valleywise Community Health Centers Governing Council meeting minutes dated January 5, 2022
 - b. Contracts:
 - i. **Acknowledge** amendment #53 to the professional services agreement (90-12-084-1-53) between District Medical Group and the Maricopa County Special Health Care District dba Valleywise Health
 - ii. **Acknowledge** a new agreement (90-22-114-1) between the Arizona Department of Health Services (ADHS) and the Maricopa County Special Health Care District dba Valleywise Health, for human immunodeficiency virus (HIV) testing services
 - iii. **Acknowledge** a new agreement (MCO-20-024-MSA) between Imperial Insurance Companies, Inc. and the Maricopa County Special Health Care District dba Valleywise Health, for the provision of comprehensive healthcare services
 - iv. **Acknowledge** a new cooperative agreement (90-22-155-1) between JAR Capital Group Inc. dba Quality Vans and Specialty Vehicles, and the Maricopa County Special Health Care District dba Valleywise Health, for the purchase of a mammography mobile unit and a COVID-19 mobile medical unit, funded by the American Rescue Plan
 - c. Governance:
 - i. **Appoint** Maricopa County Special Health Care District Board Member Mary Rose Wilcox as a non-voting member of the Valleywise Community Health Centers Governing Council for the remainder of the fiscal year, ending June 30, 2022
 - ii. **Acknowledge** Valleywise Health's Federally Qualified Health Center Clinics' Service Area
 - iii. **Approve** Change in Scope of Service: delete Saturday hours at Valleywise Community Health Center-South Phoenix/Laveen effective August, 2021
 - iv. **Acknowledge** Valleywise Health's Federally Qualified Health Center Clinics' Locations, Services, and Hours of Operation
 - v. **Approve** registration fee for Salina Imam to attend the National Association of Community Health Centers (NACHC) Board Member Boot Camp held February 13, 2022
 - d. Medical Staff:
 - i. **Acknowledge** proposed revisions to policy 39026 T: Operational Credentialing

General Session, Presentation, Discussion and Action, cont.:

1. Approval of Consent Agenda, cont.:
 - d. Medical Staff, cont.:
 - ii. **Acknowledge** proposed revisions to policy 43374: Valleywise Health Medical Staff Glossary
 - iii. **Acknowledge** proposed revisions to policy 31201 T: Medical Staff Rules & Regulations

End of Consent Agenda

2. Discuss the Service Area Competition (SAC) application and project abstract to Health Resources and Services Administration **15 min**
Barbara Harding, Chief Executive Officer, Federally Qualified Health Center Clinics
3. Annual Compliance Training and Conflict of Interest Education **20 min**
L.T. Slaughter, Chief Compliance Officer
4. Discuss and Review Federally Qualified Health Centers Clinics operational dashboard **5 min**
Barbara Harding, Chief Executive Officer, Federally Qualified Health Center Clinics
5. Recent meeting reports from the Valleywise Community Health Centers Governing Council's committees **5 min**
 - a. Compliance and Quality Committee
Michelle Barker, Committee Chair
 - b. Executive Committee
Ryan Winkle, Committee Chair
 - c. Finance Committee
Nelly Clotter-Woods, Ph.D., Committee Chair
 - d. Strategic Planning and Outreach Committee
Joseph Larios, Committee Chair
6. Federally Qualified Health Center Clinics Chief Executive Officer's report **5 min**
Barbara Harding, Chief Executive Officer, Federally Qualified Health Center Clinics
7. Valleywise Health's President and Chief Executive Officer's report **5 min**
Steve Purves, President and Chief Executive Officer, Valleywise Health
8. Chairman and Council Member Closing Comments/Announcements **5 min**
Valleywise Community Health Centers Governing Council

General Session, Presentation, Discussion and Action, cont.:

9. Review Staff Assignments 5 min
Cassandra Santos, Assistant Clerk

Old Business:

January 5, 2022

Provide the Governing Council with requested information stemming from the COVID-19 focus groups report presentation

Adjourn



Valleywise Community Health
Centers Governing Council
Meeting

February 2, 2022

Item 1.

Consent Agenda



Valleywise Community Health
Centers Governing Council
Meeting

February 2, 2022

Item 1.a.i.

Minutes:
January 5, 2022

Minutes

**Valleywise Community Health Centers Governing Council
Valleywise Health Medical Center
January 5, 2022
6:00 p.m.**

DRAFT

Members Present: Ryan Winkle, Chairman - *participated remotely*
Michelle Barker, Vice Chairman - *participated remotely*
Nelly Clotter-Woods, Ph.D., Treasurer - *participated remotely*
Terry Benelli, Member - *participated remotely*
Salina Imam, Member - *participated remotely*
Scott Jacobson, Member - *participated remotely*
Liz McCarty, Member - *participated remotely*
Daniel Messick, Member - *participated remotely*

Members Absent: Joseph Larios, Member

Others/Guest Presenters: Barbara Harding, Chief Executive Officer, Federally Qualified Health Center Clinics - *participated remotely*
Steve Purves, President & Chief Executive Officer, Valleywise Health - *participated remotely*
Claire Agnew, Chief Financial Officer - *participated remotely*
Ijana Harris, Assistant General Counsel - *participated remotely*
Annie Daymude, MPH, Community Health Impact Analyst, Maricopa County Department of Public Health - *participated remotely*
Melanie Talbot, Chief Governance Officer - *participated remotely*

Recorded by: Cassandra Santos, Assistant Clerk - *participated remotely*

Call to Order

Chairman Winkle called the meeting to order at 6:00 p.m.

Roll Call

Ms. Talbot called roll. Following roll call, it was noted that seven of the nine voting members of the Valleywise Community Health Centers Governing Council were present, which represented a quorum. Ms. Imam joined the meeting shortly after roll call.

For the benefit of all participants, Ms. Talbot announced the Governing Council members participating remotely.

NOTE: Ms. Imam joined the meeting at 6:01 p.m.

Call to the Public

Chairman Winkle called for public comment.

There were no comments.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – January 5, 2022**

General Session, Presentation, Discussion and Action:

1. Approval of Consent Agenda:
 - a. Minutes:
 - i. Approve Valleywise Community Health Centers Governing Council meeting minutes dated December 1, 2021
 - b. Contracts:
 - i. INTENTIONALLY LEFT BLANK
 - c. Governance:
 - i. Accept Recommendations from the Finance Committee to Accept the Maricopa County Special Health Care District dba Valleywise Health, annual audit for fiscal year ending June 30, 2021, including information related to the Federally Qualified Health Center Clinics
 - ii. Approve revisions to the organizational chart for the Federally Qualified Health Center Clinics
 - iii. Approve registration fee for Nelly Clotter-Woods, Ph.D., to attend the Arizona Alliance for Community Health Centers (AACHC) conference held April 20, 2022 through April 21, 2022
 - iv. Approve Health Resources and Services Administration grant application for funding in the amount of \$680,985, for four years, for Ryan White Part D, Women/Infant/Children/Youth (WICY), to provide health care services for low-income patients with human immunodeficiency virus
 - v. Acknowledge grant application to Arizona Women's Board for funding in the amount of \$100,000, for one year, for the expansion of the food pharmacy program at Valleywise Community Health Centers-South Phoenix/Laveen and South Central, to assist patients with obesity, hypertension, and/or pre-diabetes
 - d. Medical Staff:
 - i. Acknowledge the Federally Qualified Health Centers Medical Staff and Allied Health Professional Staff Credentials

MOTION: Mr. Jacobson moved to approve the consent agenda. Ms. McCarty seconded.

VOTE: 8 Ayes: Chairman Winkle, Vice Chairman Barker, Ms. Benelli, Dr. Clotter-Woods, Ms. Imam, Mr. Jacobson, Ms. McCarty, Mr. Messick
0 Nays
1 Absent: Mr. Larios
Motion passed.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – January 5, 2022**

General Session, Presentation, Discussion and Action, cont.:

2. Presentation on Arizona State University Southwest Interdisciplinary Research Center COVID-19 focus groups report

Ms. Daymude said that the Maricopa County Department of Public Health (MCDPH) COVID-19 focus group questionnaires were conducted by Arizona State University (ASU) Southwest Interdisciplinary Research Center. She explained that data was collected virtually from February 2021 through June 2021, with a total of 186 participants divided into 33 groups. She said that 158 of those participants also took part in a supplemental questionnaire.

She gave examples of the special population focus groups surveyed, including but not limited to seniors, veterans, immigrants, African American women, Hispanic/Latino men and refugee advocates. She highlighted details about the individual themes stemming from the questionnaires.

Ms. Daymude said that the quality-of-life portion of the questionnaire zeroed in on loss of employment and minimized work hours, loss of childcare and school, and food and transportation availability. She quoted a response from a participant, an expectant mother, who stated that her hours at work were dramatically cut.

Survey questions associated with the physical and mental health impacts of COVID-19, touched on aspects of depression from isolation, anxiety about sickness, and long-term effects. Responses from this group revealed concern about family members becoming ill from COVID-19.

Ms. Daymude stated that regarding access and barriers to health care, participants were asked about challenges related to telehealth, experiences with insurance coverage, and issues for communities of color. She said that one respondent stated concern with the geriatric population's ability to utilize telehealth, due to lack of knowledge.

Participants were asked their opinion on prevention measures for safety, including mask wearing, ambivalence on masking and social distancing enforcement, and concerns surrounding COVID-19 testing. One participant revealed mixed emotions and anxiety about the lack of seriousness surrounding mask wearing.

Ms. Daymude said that the COVID-19 vaccine information and decision questionnaire portion was guided by three questions. Participants were asked about their concerns with the vaccine, how they received information about the vaccine, and from whom they trusted receiving that information.

She said participants shared their concern with long term vaccine side effects; effects such as infertility, rushed vaccine development, and vaccine cost. Participants said they received vaccine information through multiple sources including social media, news platforms, close family, friends, and doctors. Results from the questionnaire revealed that people trusted doctors, their faith, and community leaders.

Ms. Daymude said that participants additionally expressed fear about other possible side effects including blood clots and Alzheimer's disease.

She said there was also apprehension about rumors that vaccines were developed using human cell lines which contained aborted fetus particles. Other concerns were that vaccines contained microchips and would be used for population control measures.

Ms. Daymude gave examples of how culturally diverse populations perceived information about vaccines and highlighted the channels they preferred receiving information from.

Mr. Jacobson asked what percentage of focus group participants had a previous COVID-19 infection.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – January 5, 2022**

General Session, Presentation, Discussion and Action, cont.:

2. Presentation on Arizona State University Southwest Interdisciplinary Research Center COVID-19 focus groups report, cont.

Ms. Daymude was unsure about the exact percentage and would provide the information once obtained.

Chairman Winkle asked if focus groups were chosen based on various predefined demographic traits.

Ms. Daymude explained that participants were specifically recruited from populations with historically low representation rates in past health surveys. Participants were also recruited from vaccine events held in Maricopa County within zip codes of known marginalized populations.

Mr. Jacobson asked how Maricopa County currently compared nationally regarding positive COVID-19 cases.

Ms. Daymude was uncertain; however, she would provide the information once retrieved.

Mr. Messick asked what more could be learned from analyzing conclusions of the survey, in conjunction with action items taken from the information.

Ms. Daymude said that multiple funding streams were received to address health equity as it related to COVID-19 response. Information from the questionnaires would be utilized to geographically specify areas extremely impacted by COVID-19. Strategic action plans and the community health improvement plan would be created to support those in areas where overall health disparities were greatest.

She would follow up with more details related to COVID-19 response efforts related to funding resources and request for proposals (RFPs).

Chairman Winkle asked if any participants expressed challenges accessing medical insurance coverage during the COVID-19 pandemic.

Ms. Daymude said that 43% of responders indicated that obtaining medical insurance coverage during the pandemic was a challenge.

3. Recent meeting reports from the Valleywise Community Health Centers Governing Council's committees
 - a. Compliance and Quality Committee
 - b. Executive Committee
 - c. Finance Committee
 - d. Strategic Planning and Outreach Committee

Vice Chairman Barker said there was nothing to report related to the Compliance and Quality Committee.

Chairman Winkle noted there was nothing to report from the Executive Committee.

Dr. Clotter-Woods said the Finance Committee met and reviewed financial statistics for November 2021. She highlighted details on Federally Qualified Health Center (FQHC) clinic visits compared to budget.

Mr. Jacobson said that the Strategic Planning and Outreach Committee met and discussed resources needed to support diversity, equity, inclusion, and justice (DEIJ) efforts. He said the Committee talked about a promotional communication on programs and services offered at Valleywise Health FQHC clinics.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – January 5, 2022**

General Session, Presentation, Discussion and Action, cont.:

3. Recent meeting reports from the Valleywise Community Health Centers Governing Council's committees, cont.

Ms. Harding added that the Strategic Planning and Outreach Committee discussed details related to the outcome of the Governing Council retreat.

4. Federally Qualified Health Center Clinics Chief Executive Officer's report

Ms. Harding highlighted details surrounding the National Research Corporation (NRC) patient experience, financial aspects, FQHC clinic visits, vacancy rates, staffing initiatives, and COVID-19 vaccination efforts.

She spoke about Valleywise Health's holiday angel event that supported the refugee population.

5. Valleywise Health's President and Chief Executive Officer's report

Mr. Purves discussed information associated with the COVID-19 pandemic and the consistent rate of positive cases at Valleywise Health. He spoke about the ongoing and demanding clinical staffing challenges and provided minor detail surrounding the organization's current financial status.

He reported that the human resources management company Kronos experienced a ransomware attack that would keep its systems offline until resolved. The outage would impact aspects of timekeeping and payroll operations at Valleywise Health. Staff would continue to address the issue.

Mr. Purves announced that the Valleywise Health Foundation received a substantial donation from the Halle Foundation to benefit and name the burn center at Valleywise Health Medical Center. The new name would be the Diane and Bruce Halle Arizona Burn Center.

In closing, he informed the Governing Council that Susan Lara-Willars was chosen as Valleywise Health's Chief Human Resources Officer (CHRO), effective February 7, 2022.

6. Chairman and Council Member Closing Comments/Announcements

There were no closing comments or announcements.

7. Review Staff Assignments

Ms. Talbot reviewed staff assignments and follow up stemming from the meeting.

She recapped old business from December 1, 2021 regarding the Strategic Planning and Outreach Committee being tasked with discussion on DEI efforts. She noted the item was considered satisfied.

**Valleywise Community Health Centers Governing Council
Meeting Minutes – General Session – January 5, 2022**

Adjourn

MOTION: Mr. Jacobson moved to adjourn the January 5, 2022 Valleywise Community Health Centers Governing Council meeting. Ms. Benelli seconded.

VOTE: 8 Ayes: Chairman Winkle, Vice Chairman Barker, Ms. Benelli, Dr. Clotter-Woods,
Ms. Imam, Mr. Jacobson, McCarty, Mr. Messick
0 Nays
1 Absent: Mr. Larios
Motion passed.

Meeting adjourned at 6:49 p.m.

Cassandra Santos,
Assistant Clerk



Valleywise Community Health
Centers Governing Council
Meeting

February 2, 2022

Item 1.b.i.

Contracts:
(90-12-084-1-53)



2601 E. Roosevelt
 Phoenix, AZ 85008
 Phone: (602) 344-8551

DATE: January 5, 2022

TO: Maricopa County Special Health Care District Board of Directors

cc: Steve Purves, President and Chief Executive Officer
 Martin Demos, Sr. VP & General Counsel
 Dr. Michael White, Executive Vice President and Chief Clinical Officer
 Melanie Talbot, Chief Governance Officer

FROM: Claire Agnew, Executive Vice President and Chief Financial Officer

SUBJECT: District Medical Group Contract - Amendment #53

A request for approval of Amendment #53 to the contract between District Medical Group (DMG) and Valleywise Health has been included in the January 26, 2022 Formal Meeting Consent Agenda. This amendment will be effective November 22, 2021, unless otherwise noted. The following requests are segregated by those that have or do not have a financial impact.

Amendment #53 Requests with a Financial Impact

- **Add 1.0 FTE OB/GYN NP- Peoria, Effective November 9, 2021**
 Valleywise Health is requesting to add a 1.0 FTE OB/GYN NP for Peoria.

	FY2022 Physician and Mid-Level Staffing Fees	FY2022 Estimated Gross Professional Fee Collections	Billing Fee	FY2022 Net Staffing Fees
Designated Dept. / Service Line				
OB/GYN-NP	\$93,051	\$70,265	\$6,324	\$29,110
	FTE	Rate	Total	FY22 Total
OB/GYN-NP-Peoria	1.00	\$139,576	\$139,576	\$93,051

The total added cost to Fiscal Year 2022 for the addition of the above FTE is \$93,051 in staffing fees. The additional gross professional fee collections are estimated to be \$70,265 and the billing fee is estimated to be \$6,324.

- **Add 0.8 FTE Vascular Physician and Add Vascular Call Coverage, Effective November 1, 2021**

Valleywise Health is requesting to add 0.8 FTE Vascular Physician and to add to add \$1,200 per night for 10 nights of call per month.

Designated Dept. / Service Line	FY2022 Physician and Mid-Level Staffing Fees	FY2022 Estimated Gross Professional Fee Collections	Billing Fee	FY2022 Net Staffing Fees
Vascular -MD	\$333,398	\$66,667	\$6,000	\$272,731

	FTE	Rate	Total	FY22 Total
Vascular -MD	0.80	\$625,121	\$500,097	\$333,398

	Rate	Total	FY22 Total
Additional Vascular Call	\$1,200	\$144,000	\$96,000

The total added cost to Fiscal Year 2022 for above FTE is \$333,398 in staffing fees. The additional gross professional fee collections are estimated to be \$66,667 and the billing fee is estimated to be \$6,000. The total added cost to Fiscal Year 2022 for the additional call coverage is \$96,000.

- **Remove 1.0 FTE Burn Psychologist and Add 1.0 FTE Psychiatry Medical Nurse Practitioner for Burn, Effective November 22, 2021**

Valleywise Health is requesting to remove the 1.0 FTE Burn Psychologist and add a 1.0 Medical Psych NP for Burn.

<u>Rates for Burn Midlevel</u>	FTE	Rate	Total	FY22 Total
Medical NP-Psych	1.00	\$148,778	\$148,778	\$86,787
Psychologist	1.00	\$149,048	\$149,048	\$86,945
				(\$158)

The total added cost to Fiscal Year 2022 for removing the 1.0 FTE Burn Psychologist and adding a 1.0 Medical Psych NP for Burn is (\$158).

- **Add OB/GYN MFM Call Support, Effective October 1, 2021**
Valleywise Health is requesting to add OB/GYN MFM call support.

	Rate	Total	FY22 Total
Additional MFM Call	\$50,684	\$50,684	\$38,013

The total added cost to Fiscal Year 2022 for adding the OB/GYN MFM call support is \$38,013.

- **Add New Core Faculty Table to the Contract, Effective July 1, 2021**
Valleywise Health is requesting to add a new Core Faculty Table which will include the following FTEs. The 1.0 FTE Family Medicine Core Faculty previously included in the GME Table will be moved and increased to a 1.20 FTE. The 1.90 FTE Pediatrics Core Faculty will be relocated from Section III of the contract. 1.05 FTE Internal Medicine Core Faculty will also be added.

Core Faculty	FTE	Rate	Total
Previous Family Medicine	(1.00)	(\$308,234)	(\$308,234)
New Family Medicine	1.20	\$308,234	\$369,881
Previous Pediatrics	(1.90)	(\$264,762)	(\$503,048)
New Pediatrics	1.90	\$264,762	\$503,048
Previous Internal Medicine	0.00	\$272,195	\$0
New Internal Medicine	1.05	\$272,195	\$285,804
Totals	1.25		\$347,452

The total added cost to Fiscal Year 2022 for adding the above FTEs is \$347,452.

- **Add 1.0 Behavioral Health FQHC Psychiatrist, Effective January 3, 2022**
Valleywise Health is requesting to add a 1.0 FTE for Behavioral Health FQHC Psychiatry.

	FTE	Rate	Total	FY22 Total
BH FQHC Psychiatry	1.00	\$341,035	\$341,035	\$170,518

The total added cost for Fiscal Year 2022 the above FTE is \$170,518.

Amendment #53 Requests without a Financial Impact

The following items have no impact to the cost of the DMG contract with Valleywise Health and consists of corrections or modifications to the language of the contract:

N/A

The total **Fiscal Year 2022** financial impact of Amendment #53 to the Valleywise Health-DMG Contract is: **\$953,666.**

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Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Wednesday, January 12, 2022 2:03 PM
To: Melanie Talbot
Subject: Contract Approval Request: Amendment#53 to the Professional Medical Services District Medical Group (DMG)

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Message Information

From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Amendment#53 to the Professional Medical Services District Medical Group (DMG)
Additional Indicate whether you approve or reject by clicking the Approve or Reject Information button below.

Approve/Reject Contract

[Click here](#) to approve or reject the Contract.

Attachments

Name	Description	Type	Current File / URL
V4.Board Narrative VH-DMG Agreement-Amendment 53-Jan 2022.pdf		File	 V4.Board Narrative VH-DMG Agreement-Amendment 53-Jan 2022.pdf

Contract Information

Division Contracts Division
Folder Amendments
Status Pending Approval
Title Amendment#53 to the Professional Medical Services
Contract Identifier Board - Amendment
Contract Number 90-12-084-1-53
Primary Responsible Party Melton, Christopher C.
Departments
Product/Service Description Amendment#53 to the Professional Medical Services
Action/Background A request for approval of Amendment #53 to the contract between District Medical Group (DMG) and Valleywise Health has been included in the January 26, 2022 Formal Meeting Consent Agenda. This amendment will be effective November 22, 2021, unless otherwise noted. The following requests are segregated by those that have or do not have a financial impact.

Amendment #53 Requests with a Financial Impact

- Add 1.0 FTE OB/GYN NP- Peoria, Effective November 9, 2021
Valleywise Health is requesting to add a 1.0 FTE OB/GYN NP for Peoria.

The total added cost to Fiscal Year 2022 for the addition of the above FTE is \$93,051 in staffing fees. The additional gross professional fee collections are estimated to be \$70,265 and the billing fee is estimated to be \$6,324.

- Add 0.8 FTE Vascular Physician and Add Add Vascular Call Coverage, Effective November 1, 2021
Valleywise Health is requesting to add 0.8 FTE Vascular Physician and to add to add \$1,200 per night for 10 nights of call per month.

The total added cost to Fiscal Year 2022 for above FTE is \$333,398 in staffing fees. The additional gross professional fee collections are estimated to be \$66,667 and the billing fee is estimated to be \$6,000. The total added cost to Fiscal Year 2022 for the additional call coverage is \$96,000.

- Remove 1.0 FTE Burn Psychologist and Add 1.0 FTE Psychiatry Medical Nurse Practitioner for Burn, Effective November 22, 2021
Valleywise Health is requesting to remove the 1.0 FTE Burn Psychologist and add a 1.0 Medical Psych NP for Burn.

The total added cost to Fiscal Year 2022 for removing the 1.0 FTE Burn Psychologist and adding a 1.0 Medical Psych NP for Burn is (\$158).

- Add OB/GYN MFM Call Support, Effective October 1, 2021
Valleywise Health is requesting to add OB/GYN MFM call support.

The total added cost to Fiscal Year 2022 for adding the OB/GYN MFM call support is \$38,013.

- Add New Core Faculty Table to the Contract, Effective July 1, 2021
Valleywise Health is requesting to add a new Core Faculty Table which will include the following FTEs. The 1.0 FTE Family Medicine Core Faculty previously included in the GME Table will be moved and increased to a 1.20 FTE. The 1.90 FTE Pediatrics Core Faculty will be relocated from Section III of the contract. 1.05 FTE Internal Medicine Core Faculty will also be added.

The total added cost to Fiscal Year 2022 for adding the above FTEs is \$347,452.

- Add 1.0 Behavioral Health FQHC Psychiatrist, Effective January 3, 2022
Valleywise Health is requesting to add a 1.0 FTE for Behavioral Health FQHC Psychiatry.

The total added cost for Fiscal Year 2022 the above FTE is \$170,518.

Amendment #53 Requests without a Financial Impact

The following items have no impact to the cost of the DMG contract with Valleywise Health and consists of corrections or modifications to the language of the contract:

N/A

The total Fiscal Year 2022 financial impact of Amendment #53 to the Valleywise Health-DMG Contract is: \$953,666.

Evaluation Process The requesting department has determined that the Contractor is performing satisfactorily and is meeting the goals and objectives of the organization.

Category

Effective Date 11/22/2021

Term End Date

Annual Value \$953,666.00

Expense/Revenue Expense

Budgeted Travel Type Yes

Procurement Number

Primary Vendor District Medical Group (DMG)

Responses

Member Name	Status	Comments
Melton, Christopher C.	Approved	
Harris, Ijana M.	Approved	
White, Michael	Approved	
Agnew, Claire F.	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	



Valleywise Community Health
Centers Governing Council
Meeting

February 2, 2022

Item 1.b.ii.

Contracts:
(90-22-114-1)

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Thursday, December 9, 2021 4:41 PM
To: Melanie Talbot
Subject: Contract Approval Request: ADHS HIV Testing Services (CTR056404) Arizona Department of Health Services (ADHS)

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Message Information

From [Purves, Steve](#)

To [Talbot, Melanie](#);

Subject Contract Approval Request: ADHS HIV Testing Services (CTR056404) Arizona Department of Health Services (ADHS)

Additional Information Indicate whether you approve or reject by clicking the Approve or Reject Information button below.

Approve/Reject Contract

[Click here](#) to approve or reject the Contract.

Attachments

Name	Description	Type	Current File / URL
RFBA		File	 RFBA - ADHS CTR056404.pdf
ADHS Agreement (CTR056404) - pending BOARD signature, January 2022		File	 CTR056404 Valleywise Health Contract_For Supplier Signature.pdf

Contract Information

Division Contracts Division
Folder Contracts \ Grants
Status Pending Approval
Title ADHS HIV Testing Services (CTR056404)
Contract Identifier Board - New Contract
Contract Number 90-22-114-1
Primary Responsible Party Tymczyna, Katherine
Departments Grants - ADHS Ambulatory HIV Testin
Product/Service Description
Action/Background Approve a new Agreement between the Arizona Department of Health Services (ADHS) and Maricopa County Special Health Care District dba Valleywise Health for HIV Testing Services. The ADHS seeks to establish free HIV Testing Services in clinical and non-clinical settings, using diverse

strategies to improve the availability, accessibility, and acceptability of free HIV testing among priority populations in geographic priority areas.

The term of this Agreement shall commence upon signature by both parties and shall continue for period of one (1) year period subject to additional successive periods of twelve(12) months per extension with a maximum aggregate including all extensions not to exceed three (3) years. This Agreement is 100% grant funded and includes 25% indirect cost.

The State reserves the right to terminate the Agreement, in whole or in part at any time when in the best interest of the State, without penalty or recourse and provide written notice, at which time Valleywise Health shall stop all work and will be entitled to receive just and equitable compensation for work in progress, work completed and materials accepted before the effective date of the termination.

This grant agreement is sponsored by Dr. Michael White, EVP and Chief Clinical Officer.

Evaluation Process ADHS was determined to meet the requirements of the requesting department and Valleywise Health. Procurement has been satisfied pursuant to HS-102B(2) of the Procurement Code in that any Valleywise Health compliance with the terms and conditions of a grant, gift or bequest is exempt from the solicitation requirements of the Procurement Code.

Category

Effective Date

Term End Date 12/31/2022

Annual Value \$474,019.56

Expense/Revenue Revenue

Budgeted Travel Type Yes

Procurement Number

Primary Vendor Arizona Department of Health Services (ADHS)

Responses

Member Name	Status	Comments
Melton, Christopher C.	Approved	Reviewed and approve
Joiner, Jennifer L.	Approved	
Landas, Lito S.	Approved	
Harding, Barbara J.	Approved	
Meier, Matthew P.	Approved	
White, Michael	Approved	
Agnew, Claire F.	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	
Harris, Ijana M.	Approved	



Valleywise Community Health
Centers Governing Council
Meeting

February 2, 2022

Item 1.b.iii.

Contracts:
(MCO-20-024-MSA)

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Thursday, January 13, 2022 8:58 AM
To: Melanie Talbot
Subject: Contract Approval Request: Imperial Insurance Companies, Inc. Imperial Insurance Companies, Inc.

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Message Information

From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Imperial Insurance Companies, Inc. Imperial Insurance Companies, Inc.
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject Information button below.

Approve/Reject Contract

[Click here](#) to approve or reject the Contract.

Contract Information

Division Contracts Division
Folder Contracts \ Managed Care/Revenue
Status Pending Approval
Title Imperial Insurance Companies, Inc.

Contract Identifier
Contract Number MCO-20-024 - MSA
Primary Responsible Party Tucker, Collee K.
Departments
Product/Service Description Medicare Advantage

Action/Background Approve a new agreement (MCO-20-024-MSA) between Imperial Insurance Companies, Inc. and Maricopa County Special Health Care District dba Valleywise Health, for the provision of comprehensive healthcare services

Evaluation Process This is a new agreement is between Imperial Insurance Companies, Inc. and Maricopa County Special Health Care District DBA Valleywise Health. Imperial Insurance Companies, Inc. is a new Medicare Advantage product being offered in Maricopa County. This agreement will allow members to receive comprehensive healthcare through Valleywise Health facilities and providers to include inpatient and outpatient medical and behavioral hospital services as well as services within the Valleywise Health clinic setting and with our professional providers.

Category
Effective Date 3/1/2022
Term End Date

Annual Value \$0.00

Expense/Revenue

Budgeted Travel Type

Procurement Number

Primary Vendor Imperial Insurance Companies, Inc.

Responses

Member Name	Status	Comments
Tucker, Collee K.	Approved	
Clarke, Renee R.	Approved	
Demos, Martin C.	Approved	
Agnew, Claire F.	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	
Harris, Ijana M.	Approved	



Valleywise Community Health
Centers Governing Council
Meeting

February 2, 2022

Item 1.b.iv.

Contracts:
(90-22-155-1)

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Friday, January 14, 2022 12:43 PM
To: Melanie Talbot
Subject: Contract Approval Request: Vehicle Outfitter re Purchase of Mobile Units (Mammography Mobile Unit & COVID-19 Mobile Medical Vehicle) J.A.R. Capital Group, Inc. dba Quality Vans & Specialty Vehicles

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Message Information

From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Vehicle Outfitter re Purchase of Mobile Units (Mammography Mobile Unit & COVID-19 Mobile Medical Vehicle) J.A.R. Capital Group, Inc. dba Quality Vans & Specialty Vehicles
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button below.

Approve/Reject Contract

[Click here](#) to approve or reject the Contract.

Attachments

Name	Description	Type	Current File / URL
Draft Agreement 90-22-155-1 (Co-op Agreement with JAR Capital Group dba Quality Vans & Specialty Veh		File	 Draft Agreement 90-22-155-1 (Co-op Agreement with JAR Capital Group dba Quality Vans & Specialty Vehicles).pdf

Contract Information

Division Contracts Division
Folder Contracts \ Supplies - Non-Medical
Status Pending Approval
Title Vehicle Outfitter re Purchase of Mobile Units (Mammography Mobile Unit & COVID-19 Mobile Medical Vehicle)
Contract Identifier Board - New Contract
Contract Number 90-22-155-1
Primary Responsible Party Melton, Christopher C.
Departments HOSPITAL ADMINISTRATION
Product/Service Description Cooperative Agreement for the purchase of two mobile units
Action/Background Approve a new Cooperative Agreement between JAR Capital Group Inc. dba Quality Vans and Specialty Vehicles and Maricopa County Special Health Care

District dba Valleywise Health to purchase the Mobile Units (Mammography Mobile Unit & COVID-19/Public Health Mobile Medical Vehicle). Through this Cooperative Agreement, Valleywise Health will be accessing Quality Vans and Specialty Vehicle's pricing, terms, and conditions as outlined in the Maricopa County Contract Serial No. 190170-S. This agreement is effective as of the execution date and will remain effective until January 31, 2023.

The anticipated total expenditure for both Mobile Unit is approximately \$1,088,719, and is fully funded by the American Rescue Plan H8FCS41092.

This Cooperative Agreement is sponsored by Barbara Harding, SVP Ambulatory Services & CEO FQHC Clinics.

Evaluation Process The Contractor was determined to meet the requirements of the requesting department and Valleywise Health. Procurement has been satisfied pursuant to HS-102(B)(1) of the Procurement Code in that contracts between Valleywise Health and other political subdivisions, cooperative purchasing agreements with governmental entities, or other governments are exempt from the solicitation requirements of the Procurement Code.

Category Co-op

Effective Date

Term End Date 1/31/2023

Annual Value \$1,088,719.00

Expense/Revenue Expense

Budgeted Travel Type

Procurement Number

Primary Vendor J.A.R. Capital Group, Inc. dba Quality Vans & Specialty Vehicles

Responses

Member Name	Status	Comments
Melton, Christopher C.	Approved	
Harding, Barbara J.	Approved	
Harris, Ijana M.	Approved	
White, Michael	Approved	
Agnew, Claire F.	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	



Valleywise Community Health
Centers Governing Council
Meeting

February 2, 2022

Item 1.c.i.

Governance:
Appoint District Board Member
Mary Rose Wilcox
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

February 2, 2022

Item 1.c.ii.

Governance:
FQHC Clinics'
Service Area



Office of the Senior Vice President & CEO FQHC Clinics

2601 East Roosevelt Street • Phoenix • AZ • 85008

Date: February 2, 2022

To: Valleywise Community Health Centers Governing Council

From: Barbara Harding, BAN, RN, MPA, PAHM, CCM
Sr VP Amb Services & CEO FQHC Clinics

Subj: Valleywise Health's FQHC Service Area by ZIP Code

HRSA requires that health center programs annually review their service area based on where current or proposed patient populations reside as documented by the ZIP codes reported.

Attached is Valleywise Health's annual review of the FQHCs Service Area by ZIP Code.

**Valleywise Health Clinic ZIP Code Data
Calendar Year 2021**

Valleywise Community Health Center Avondale	% of Total Patient Population	
Top 10 ZIP Codes	7.80%	
	Patient Count	% of Clinic Patients
85323	2,549	24.57%
85353	934	9.00%
85338	617	5.94%
85037	602	5.80%
85326	589	5.67%
85392	532	5.12%
85003	459	4.42%
85035	397	3.83%
85043	379	3.65%
85301	217	2.09%

Valleywise Community Health Center Chandler	% of Total Patient Population	
Top 10 ZIP Codes	6.10%	
	Patient Count	% of Clinic Patients
85225	3,077	37.95%
85286	568	7.00%
85224	428	5.27%
85226	222	2.73%
85204	203	2.50%
85249	196	2.41%
85120	190	2.34%
85248	176	2.17%
85295	162	1.99%
85142	143	1.76%

Valleywise Community Health Center Maryvale	% of Total Patient Population	
Top 10 ZIP Codes	5.33%	
	Patient Count	% of Clinic Patients
85031	816	11.51%
85033	747	10.54%
85301	719	10.14%
85009	697	9.83%
85035	697	9.83%
85017	404	5.70%
85019	346	4.88%
85043	246	3.47%
85037	241	3.40%
85303	208	2.93%

Valleywise Community Health Center West Maryvale	% of Total Patient Population	
Top 10 ZIP Codes	1.36%	
	Patient Count	% of Clinic Patients
85301	241	13.24%
85033	223	12.25%
85035	223	12.25%
85009	153	8.41%
85301	135	7.42%
85019	85	4.67%
85017	84	4.61%
85043	79	4.34%
85037	73	4.01%
85303	55	3.02%

Total Patient Population = number of billed patients by FQHC service location
Includes Clinic Site Locations that closed in 2021: El Mirage, Glendale, and Maryvale

Clinic Patients = number of unique patients at each FQHC service location
Includes Clinic Site Locations that opened in 2021: West Maryvale

**Valleywise Health Clinic ZIP Code Data
Calendar Year 2021**

Valleywise Community Health Center McDowell	% of Total Patient Population	
Top 10 ZIP Codes	3.45%	
	Patient Count	% of Clinic Patients
85008	200	4.35%
85015	191	4.16%
85013	127	2.76%
85021	123	2.67%
85301	117	2.54%
85016	109	2.37%
85041	109	2.37%
85009	106	2.30%
85014	104	2.26%
85017	104	2.26%

Valleywise Community Health Center North Phoenix	% of Total Patient Population	
Top 10 ZIP Codes	5.25%	
	Patient Count	% of Clinic Patients
85021	1,043	14.92%
85029	719	10.29%
85051	623	8.91%
85020	393	5.62%
85017	347	4.96%
85301	337	4.82%
85023	253	3.62%
85032	250	3.57%
85015	245	3.50%
85022	227	3.24%

Valleywise Community Health Center South Central Phoenix	% of Total Patient Population	
Top 10 ZIP Codes	7.39%	
	Patient Count	% of Clinic Patients
85401	1,510	15.36%
85040	945	9.61%
85009	928	9.44%
85007	758	7.71%
85042	513	5.21%
85008	492	5.00%
85003	277	2.81%
85035	248	2.52%
85015	245	2.49%
85006	242	2.46%

Valleywise Comprehensive Health Center Phoenix	% of Total Patient Population	
Top 10 ZIP Codes	38.61%	
	Patient Count	% of Clinic Patients
85008	5,476	10.67%
85009	2,880	5.61%
85041	2,469	4.81%
85040	1,997	3.89%
85301	1,808	3.52%
85006	1,591	3.10%
85035	1,587	3.09%
85017	1,480	2.88%
85033	1,386	2.70%
85042	1,321	2.57%

Total Patient Population = number of billed patients by FQHC service location
Includes Clinic Site Locations that closed in 2021: El Mirage, Glendale, and Maryvale

Clinic Patients = number of unique patients at each FQHC service location
Includes Clinic Site Locations that opened in 2021: West Maryvale

**Valleywise Health Clinic ZIP Code Data
Calendar Year 2021**

Valleywise Community Health Center South Phoenix/Laveen	% of Total Patient Population	
Top 10 ZIP Codes	4.89%	
	Patient Count	% of Clinic Patients
85041	2,220	34.15%
85040	692	10.64%
85339	664	10.21%
85009	590	9.07%
85042	472	7.26%
85043	201	3.09%
85007	161	2.47%
85035	152	2.33%
85008	84	1.29%
85031	73	1.12%

Valleywise Comprehensive Health Center Peoria	% of Total Patient Population	
Top 10 ZIP Codes	10.12%	
	Patient Count	% of Clinic Patients
85301	1,596	11.86%
85335	1,380	10.25%
85345	956	7.10%
85033	708	5.26%
85303	612	4.54%
85031	541	4.02%
85035	471	3.50%
85302	363	2.69%
85019	345	2.56%
85037	331	2.46%

Valleywise Community Health Center Mesa	% of Total Patient Population	
Top 10 ZIP Codes	5.60%	
	Patient Count	% of Clinic Patients
85204	1,253	16.85%
85201	1,028	13.82%
85210	989	13.30%
85203	565	7.59%
85202	291	3.91%
85205	282	3.79%
85225	211	2.83%
85206	180	2.42%
85213	180	2.42%
85207	177	2.38%

Valleywise Community Health Center Guadalupe	% of Total Patient Population	
Top 10 ZIP Codes	2.71%	
	Patient Count	% of Clinic Patients
85283	1,070	29.66%
85282	349	9.67%
85042	280	7.76%
85281	186	5.15%
85040	162	4.49%
85044	122	3.38%
85205	86	2.38%
85210	84	2.32%
85008	83	2.30%
85201	78	2.16%

Total Patient Population = number of billed patients by FQHC service location
Includes Clinic Site Locations that closed in 2021: El Mirage, Glendale, and Maryvale

Clinic Patients = number of unique patients at each FQHC service location
Includes Clinic Site Locations that opened in 2021: West Maryvale

**Valleywise Health Clinic ZIP Code Data
Calendar Year 2021**

Valleywise Community Health Center El Mirage	% of Total Patient Population	
Top 10 ZIP Codes	0.58%	
	Patient Count	% of Clinic Patients
85335	244	31.68%
85301	41	5.32%
85345	39	5.06%
85379	36	4.67%
85374	33	4.28%
85033	23	2.98%
85323	23	2.98%
85363	23	2.98%
85351	18	2.33%
85031	15	1.94%

Valleywise Community Health Center Glendale	% of Total Patient Population	
Top 10 ZIP Codes	0.77%	
	Patient Count	% of Clinic Patients
85301	248	24.21%
85031	85	8.30%
85035	66	6.44%
85033	65	6.34%
85303	64	6.25%
85019	52	5.07%
85017	41	4.00%
85301	38	3.71%
85051	35	3.41%
85009	32	3.12%

Total Patient Population = number of billed patients by FQHC service location
Includes Clinic Site Locations that closed in 2021: El Mirage, Glendale, and Maryvale

Clinic Patients = number of unique patients at each FQHC service location
Includes Clinic Site Locations that opened in 2021: West Maryvale



Valleywise Community Health
Centers Governing Council
Meeting

February 2, 2022

Item 1.c.iii.

Governance:
Change in Scope of Service



Office of the Senior Vice President & CEO FQHC Clinics

2601 East Roosevelt Street • Phoenix • AZ • 85008

Date: February 2, 2022

To: Valleywise Community Health Centers Governing Council

From: Barbara Harding, BAN, RN, MPA, PAHM, CCM
Sr VP Amb Services & CEO FQHC Clinics

Subj: Change in Scope (CIS) Removal of Clinic Hours at Valleywise
Community Health Center – South Phoenix/Laveen

In July 2021, the Valleywise Community Health Centers Governing Council approved a change in scope to add Saturday hours at Valleywise Community Health Center – South Phoenix/Laveen. However, due to difficulties with increasing staffing capacity, we have been unable to implement this change. Therefore, I am requesting that the Governing Council approve a change in scope request to remove the Saturday hours at Valleywise Community Health Center – South Phoenix/Laveen.



Valleywise Community Health
Centers Governing Council
Meeting

February 2, 2022

Item 1.c.iv.

Governance:
FQHC Clinics'
Locations, Services, and
Hours of Operation



Office of the Senior Vice President & CEO FQHC Clinics

2601 East Roosevelt Street • Phoenix • AZ • 85008

Date: February 2, 2022

To: Valleywise Community Health Centers Governing Council

From: Barbara Harding, BAN, RN, MPA, PAHM, CCM
Sr VP Amb Services & CEO FQHC Clinics

Subj: Valleywise Health's FQHC Clinic Locations, Services, and Hours of
Operation

The Valleywise Community Health Centers Governing Council is required by Health Resources and Services Administration (HRSA) to approve the service site locations, services, and hours of operation.

The attached is Valleywise Health's Federally Qualified Health Center Clinics locations, services, and hours of operation.



FQHC Clinic Locations, Services, and Hours of Operation

Location	Address	Days/Hours	General Medical Services	Oral Health Services	Behavioral Health Services
Valleywise Health Community Health Center - Avondale	950 E. Van Buren Street Avondale, AZ 85323	Monday - Friday 7:00AM -5:00PM Saturday 7:00AM – 4:30PM	X	X	X
Valleywise Health Community Health Center – Chandler	811 S. Hamilton Chandler, AZ 85225	Monday - Friday 7:00AM -5:30PM Saturday 7:30AM – 11:30AM	X	X	X
Valleywise Health Community Health Center - Guadalupe	5825 E. Calle Guadalupe Guadalupe, AZ 85283	Monday - Friday 7:30AM -4:30PM Saturday N/A	X		X
Valleywise Health Community Health Center – West Maryvale	7808 W. Thomas Road Phoenix, AZ 85033	Monday - Friday 7:00AM -5:00PM Saturday N/A	X		X
Valleywise Health Community Health Center – McDowell	1101 N. Central Avenue, Suite 204 Phoenix, AZ 85004	Monday - Friday 7:00AM -5:00PM Saturday N/A	X	X	X
Valleywise Health Community Health Center – Mesa	950 E. Main Street Mesa, AZ 85203	Monday - Friday 7:00AM -5:30PM Saturday N/A	X		X
Valleywise Health Community Health Center – North Phoenix	2025 W. Northern Avenue Phoenix, AZ 85021	Monday - Friday 7:00AM -6:00PM Saturday 7:00AM – 11:00AM	X		X
Valleywise Health Community Health Center – South Central	33 W. Tamarisk Street Phoenix, AZ 85041	Monday - Friday 7:00AM -5:30PM Saturday 7:00AM – 5:30PM	X		X
Valleywise Health Community Health Center – South Phoenix/Laveen	5650 S. 35 th Avenue Phoenix, AZ 85041	Monday - Friday 7:00AM -6:00PM Saturday 7:30AM – 11:30AM N/A	X		X
Valleywise Health Comprehensive Health Center - Peoria	8088 W. Whitney Drive Peoria, AZ 85345	Monday - Friday 7:00AM -6:00PM Saturday 7:00AM – 11:00AM	X	X	X
Valleywise Health Comprehensive Health Center - Phoenix	2525 E. Roosevelt Street Phoenix, AZ 85008	Monday - Friday 8:00AM -5:00PM Saturday N/A	X	X	



Valleywise Community Health
Centers Governing Council
Meeting

February 2, 2022

Item 1.c.v.

Governance:
National Association of Community
Health Centers (NACHC)
Board Member Boot Camp Registration

Board Member Boot Camp

2022 Board Member Boot Camp is now a Virtual Only Event

An Introduction to Health Center Board Roles

Sunday, February 13, 2022

Health centers operate in a changing and increasingly complex health care environment. It is important that health center board members understand the role of the board and their responsibilities as board members. Board Member Boot Camp starts with a review of board roles and responsibilities and an overview of the legal duties of board members. This offering also provides a deep dive into several areas of responsibility including quality oversight and financial oversight, and an introduction to advocacy for board members. Participants will also gain an understanding of where to access additional resources about health center board roles.

Who Should Attend?

Board Member Boot Camp is designed for new health center board members or health center board members that want a refresher about board roles. *

Pricing Information

Participants must register for Board Member Boot Camp separately from the Policy & Issues Virtual Conference.

- NACHC Member Rate \$250 (1st and 2nd registrant from an organization)/NACHC Member Rate \$230 (3rd or more registrants from the same organization)
- Non-Member Rate \$500 (1st and 2nd registrant from an organization)/Non-Member Rate \$460 (3rd or more registrants from the same organization)

Schedule**

All times are Eastern time.

11:00 am – 1:00 pm

Overview of Health Center Board Roles & Legal Duties of Board Members

Boards of directors play a vital role in the overall success and sustainability of health centers. This segment will review the roles and responsibilities of the board. It will also include discussion of the legal duties of board members and the importance of the board-CEO partnership. This section will include some discussion of the board's oversight of the Health Resource and Services Administration (HRSA) Health Center Program.

Faculty (anticipated):

Jacqueline C. Leifer, Esq., Senior Partner, Feldesman Tucker Leifer Fidell LLP

Deborah D. Morrison, Board Chair, Roanoke Chowan Community Health Center

Avni Shridharani, MHS, President, Community Health Strategies, LLC

Rachel A. Gonzales-Hanson, former Health Center CEO and SVP, Western Operations, NACHC

Emily Heard, MA, Director, Health Center Governance Training, NACHC

1:00 pm – 1:30 pm Break

1:30 pm – 2:30 pm

The Fundamentals of Board Financial Oversight

The board is responsible for safeguarding the organization's assets. This segment covers the establishment of financial priorities for the health center, budget approval, internal control policies and procedures, long-range planning, financial statements, and the audit.

Faculty (anticipated):

Mary L. Hawbecker, CPA, Senior Vice President, Operations and Chief Financial Officer, NACHC

Gervean Williams, Director, Finance Training and Technical Assistance, NACHC

2:30 pm – 3:00 pm Break

3:00 pm – 4:45 pm

Critical Components of Health Center Governance: Quality Oversight & Board Member Advocacy

This section will combine two critical focus areas for health center boards:

- **Providing Oversight of Quality** – Providing quality health care services is central to the mission of health centers. The governing board has a critical role in providing oversight of the quality assurance and quality improvement program. This segment defines quality and discusses the board's oversight role related to quality.
- **Board Member Advocacy** – This segment will include an introduction to advocacy for board members.

At the conclusion, participants will have an opportunity to reflect on items they will take back to their boards or implement to make themselves a more effective board member.

Faculty (anticipated):

A. Seiji Hayashi, MD, MPH, FAAFP, Chief Transformation Officer and Medical Director, Mary's Center

Avni Shridharani, MHS, President, Community Health Strategies, LLC

Susan Greer Burton, Director, National Grassroots Advocacy, NACHC

Brandon L. Jones, Health Center Board Member

* Please note this program does not go into detail about co-applicant board roles or governance structures for public agencies, such as county or city health departments and universities, among others, that may receive grant funding under the Health Center Program. For information on public center governance, please refer to the [Public Centers Monograph](#).

** Schedule as of January 11, 2022. Subject to change.

REGISTRATION FORM

(Please duplicate for each registrant)

Please type. No telephone reservations will be accepted.

A. ABOUT YOU

Name _____

Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Phone (____) _____ Fax (____) _____

Admin Contact _____ Phone (____) _____

B. BOARD MEMBER BOOT CAMP

	Member	Non-Member
<input type="checkbox"/> First and second registrant from same organization:	\$250* _____	\$500* _____
<input type="checkbox"/> Third or more registrants from same organization:	\$230* _____	\$460* _____

GRAND TOTAL ENCLOSED \$ _____

C. PAYMENT INFORMATION (Payment MUST be received with registration form.)

My check is enclosed and made payable to NACHC. Please charge my: Master Card Visa American Express

Card Number: _____ Expiration Date: _____

Name as it appears on card: _____

Card Holder's Signature: _____

VIRTUAL EVENT

Three Ways To Register:



ELECTRONICALLY

Find this registration form on line at <http://nachc.org/conferences/policy-and-issues/pi-registration/>. You may register automatically with a credit card or you can print the form and mail it with your check.



MAIL

Mail Registration to:
NACHC Meetings/Acct. Dept.
7501 Wisconsin Avenue
Suite 1100W
Bethesda, MD 20814



FAX

Fax registration form with credit card information to 301-347-0457.

Registration forms will not be processed without payment.

NACHC CANCELLATION POLICY:

All cancellations must be in writing and must be received at NACHC on/before Friday, February 4, 2022.

- Cancellations received on/before Friday, February 4, 2022 will be assessed a \$100 processing fee. (Allow 6-8 weeks following the conclusion of the conference for all refunds.)
- Cancellations received after Friday, February 4, 2022 are not refundable.
- Cancellations after the conclusion of the conference are non-refundable.
- Substitutions are encouraged.
- "No Shows" are non-refundable.

DO NOT mail your forms after January 28, 2022!

For NACHC use only:

Pay thru date: _____

Check #: _____

Batch #: _____



Valleywise Community Health
Centers Governing Council
Meeting

February 2, 2022

Item 1.d.i.

Medical Staff:
Policy 39026 T



JANUARY 2022

SUMMARY OF PROPOSED REVISIONS

VALLEYWISE HEALTH MEDICAL AFFAIRS - OPERATIONAL CREDENTIALING POLICY (#39026 T)

Policy:

Section Ten – Practitioner Directories

New section developed to define timeframe to report to health plans via the delegation rosters of updated/corrected information as pertaining to provider information used in health plan directories.

Valleywise Health Administrative Policy & Procedure

Effective Date: 04/10

Reviewed Dates: 03/18, 08/20

Revision Dates: 09/11, 04/12, 04/13, 04/14, 02/15, 03/16, 5/17, 06/19, 12/20, 04/21, 06/21, 09/21, 01/22

Policy #: 39026 T

Policy Title: Clinical Services/Medical Affairs: Operational Credentialing Policy and Procedure

Scope: [] **District Governance (G)**
[] **System-Wide (S)**
[] **Division (D)**
[] **Multi-Division (MD)**
[x] **Department (T) Medical Staff Services**
[] **Multi-Department (MT)**

Purpose:

In accordance with Medical Staff Bylaws and Medical Staff and Allied Health Professional Credentials Policies, to further define the process for credentialing and re-credentialing members of the Medical Staff and Allied Health Professional staff in compliance with NCQA and HRSA (as used by the FQHC) standards, DNV, CMS, and health plan delegation agreements.

Definitions:

Allied Health Professional (AHP): A Licensed Independent Practitioner (LIP), a Category I provider, or an Advanced Practice Professional, a Category II provider other than a Medical Staff member who is authorized to provide patient care services in the Hospital who has been granted clinical privileges/practice prerogatives.

AMA: American Medical Association

AOA: American Osteopathic Association

Certifacts: An official Display Agent for the American Board of Medical Specialties (ABMS) to serve as one of the LIPs of primary source equivalent ABMS

CMS: Centers for Medicare and Medicaid Services

Clinical Privileges: The authorization granted by the Maricopa County Special Health Care District Board ("Board") to render specific patient care services, for which the Medical Staff leaders and Board have developed eligibility and other privileging criteria and focused and ongoing professional practice evaluation standards with the results of the Board's decisions communicated to the LIPs.

CVO: Credentialing Verification Organization. Valleywise Health CVO is comprised of Medical Staff Services, Human Resources, Employee Health and Wellness, Center for Clinical Excellence. CVO includes the verification from a primary source.

Delegation Agreement – An agreement between Valleywise Health and a health plan that allows the health plan to accept the credentialing process of Valleywise Health,

provided Valleywise Health meets the health plan's credentialing standards and successfully demonstrates compliance upon audit by the respective health plan.

DNV: Det Norske Veritas – A hospital accreditation program approved by the US Centers for Medicare and Medicaid Services (CMS). DNV performs annual deemed status surveys.

ECFMG: The Educational Commission for Foreign Medical Graduates for verification of a physician's graduation from a foreign medical school.

FQHC: Federally Qualified Health Center

Governing Body: An organized group or individual who assumes full legal authority and responsibility for operations of the hospital, medical staff, and administrative officials.

HRSA: Health Resources and Services Administration

LIP: Licensed Independent Practitioner who is permitted by law and by the Hospital to provide patient care services without direction or supervision, so long as their practice is consistent with state and federal law and/or Hospital policy, and within the scope of his, her, their license and consistent with the clinical privileges granted (e.g., Physicians, Dentists, Clinical Psychologists, License Professional Counselors, and Licensed Clinical Social Workers). Other AHP/APP, considered a LIP per the Health Resources and Services Administration ("HRSA") Health Center Program Compliance Manual, who may provide a medical level of care or performs surgical tasks consistent with the clinical privileges granted by the Hospital may and exercise those clinical privileges under the direction/supervision of a Supervising/Collaborating Physician pursuant to a written delegation agreement of supervision or collaborative agreement (e.g. Physician Assistant) or without direction or supervision/collaboration (e.g. Nurse Practitioner ("NP") or Certified Nurse Midwife ("CNM")), so long as their practice is consistent with state and federal law and/or Hospital policy.

Medical Staff: All physicians, dentists, oral surgeons and podiatrists who have been appointed to the Medical Staff by the Board.

MSS: Medical Staff Services

NCQA: National Committee for Quality Assurance

Participating Practitioners: Medical Staff and Allied Health Professional Staff as defined in the Medical Staff Credentialing Policy and Allied Health Professional Policy.

Preclusion List: A list generated by CMS that contains the names of prescribers, individuals, and/or entities that are unable to receive payment for Medicare Advantage (MA) items and service and/or Part D drugs prescribed or provided to Medicare beneficiaries.

Primary Source Verification: Verification by the original source of a specific credential of the accuracy of a qualification reported by an individual health care practitioner. Primary source verification could include direct correspondence, telephone, fax, e-mail, or paper or online reports received from original sources (i.e., telephone confirmation from an educational institution that the individual graduated with the degree[s] listed on his or her application, confirmation through a state's database that a LIP's license is current, reports from credentials verification organizations). Designated examples of primary sources accepted but not limited to the following: AMA, ABMS/Certifacts, ECFMG, AOA, AAPA.

Secondary Source Verification: Documented verifications of credentials obtained through a verification report from a recognized entity considered as an acceptable source of information.

Virtual Meeting: A meeting conducted by way of either video or web-based conferencing with audio.

Policy:

Valleywise Health which includes the Valleywise Health Medical Center and all of its affiliated inpatient, ancillary, outpatient, and licensed health services, facilities, departments and programs, including the Valleywise Behavioral Health Centers (Maryvale, Mesa, Phoenix), Valleywise Comprehensive Health Centers (Phoenix and Peoria), Arizona Burn Center, Valleywise Emergency (Maryvale), and Valleywise Community Health Centers (Federally Qualified Health Care (FQHC) Clinics) that provide services within its scope of project/services ensures that such LIPs are licensed, certified, or registered as verified through a credentialing and re-credentialing process in accordance with the Valleywise Health Medical Staff Credentials Policy and Allied Health Professional Policy; and applicable Federal, state, and local laws; and competent and fit to perform the contracted or referred services, as assessed through a privileging process; and is operationalized as set forth in this policy.

Valleywise Health will determine in its decision-making the following considerations in relation to credentialing:

- Staffing composition (for example, use of nurse practitioners, physician assistants, certified nurse midwives) and its staffing levels (for example, full – and/or part-time staff);
- Approval authority for credentialing and privileging of its clinical staff;
- Credentialing protocols will be implemented (for example, a health center may contract with a credentials verification organization (CVO) to perform credentialing activities or it may have its own staff conduct credentialing), including whether to have separate credentialing processes for LIPS versus other provider types;
- Assessment of clinical competence and fitness for duty of its staff (for example, regarding clinical competence, a health center may utilize peer review conducted by its own LIPs or may contract with another organization to conduct peer review);
- Consistent with established privileging criteria whether to deny, modify, or remove privileges of its staff; whether to use an appeals process in conjunction with such determinations; and whether to implement corrective action plans in conjunction with the denial, modification, or removal of privileges;
- Consistent with its contracts/cooperative arrangements whether to disallow individual LIPs or organizations from providing health services on the health center’s behalf.

A health care plan may delegate its credentialing function for LIPs who provide services at Valleywise Health. Health care plans, through a contractual agreement, may delegate the credentialing, re-credentialing and monitoring for adverse actions of all participating LIPs. The Delegation Agreement shall detail the delegated activities, responsibilities of the health plan and of Valleywise Health, and the process by which evaluation of the process shall occur.

Valleywise Health may sub-delegate primary source verification and, if applicable, shall conduct regular audits of all such delegated activities. The applications for initial appointment and reappointment existing now and as may be revised are incorporated by reference and made a part of the Medical Staff and Allied Health Professional Credentials Policies.

Procedure:

SECTION 1 – INITIAL CREDENTIALING/APPOINTMENT PROCEDURES

1.1 Verification of Information

The information that shall be collected and verified by representatives of the MSS Department working with the Credentials Committee shall include, but not be limited to:

- 1.1.1** Education and training will be verified using primary sources. Examples of primary sources include but not limited to the AMA/AOA profile or directly with the training program by written letter, or The Educational Commission for Foreign Medical Graduates (ECFMG) to verify a LIP's graduation from a foreign medical school.
- 1.1.2** All currently unrestricted professional licensures or certifications verified using primary source verification achieved with the appropriate state agencies, by a letter, telephone verification, licensing board website, or secure electronic communication obtained from the appropriate state licensing board. Telephone and electronic communication shall be appropriately documented with the date, time, and initials of the individual performing the verification. A current copy of the Drug Enforcement Administration (DEA) registration when applicable, with the date and number of each will be primary source verified with the U.S. Department of Justice Drug Enforcement Administration Diversion Control Division.
- 1.1.3** Specialty or sub-specialty board certification, recertification, or active candidate status verified by Certifacts, AMA/AOA profile, or directly with the ABMS/AOA Specialty Board.
- 1.1.4** Continuous professional liability insurance coverage as required in the Credentialing Policy. The applicant must include names of present and past insurance carriers and complete information on malpractice claims history and experience including past and pending claims, final judgments, or settlements. The National Practitioners Data Bank (NPDB) is queried for verification of any professional liability claims.
- 1.1.5** Any pending or completed action involving the withdrawal of an application for or the denial, revocation, suspension, reduction, limitation, probation, non-renewal, or voluntary relinquishment (by expiration or resignation while under investigation or to avoid investigation) of: license or certificate to practice in any state or country; DEA or other controlled substances registration; specialty or sub-specialty board certification or eligibility; staff membership status, prerogatives, or clinical privileges at any hospital, clinic or health care institution; professional liability insurance coverage. The entities that shall verify this information shall include, but not be limited to the applicable state agency; health care affiliations; NPDB; and professional peer references.
- 1.1.6** Health Status, Fitness for Duty, Immunization, and Communicable Disease Status information provided in response to pertinent questions about a LIP's physical and mental health status or chemical/substance dependency/abuse that may impair his/her ability to provide professional services.

- 1.1.7** Charge, indictment, conviction, or a plea of guilty or no contest pertaining to any felony, or to any misdemeanor involving (i) controlled substances; (ii) illegal drugs; (iii) Medicare, Medicaid, or insurance or health care fraud or abuse; or (iv) violence against another shall be elicited on the application.
- 1.1.8** All hospitals or health care organizations where the applicant had or has any association, employment, privileges or practice to include start and end dates of each affiliation. All time gaps in practice greater than three (3) months since graduation must be accounted for and shall be verified by an individual who can attest to the validity of the activity as specified by the applicant, or re-applicant.
- 1.1.9** Medicare sanctions are verified directly with the OIG and SAM (Office of the Inspector General and the System for Awards Management) websites or the NPDB.
- 1.1.10** The Medicare Opt-Out Report will be reviewed at initial appointment. If a LIP is identified they shall be deemed to not meet the qualifications for appointment as outlined in the credentialing policies.
- 1.1.11** The Preclusion List will be provided by each health plan to be reviewed monthly and at time of initial appointment.
- 1.1.12** The Social Security Administration's "Death Master File Index" will be used to screen the applicant's social security number through the background check process for applicants undergoing the initial credentialing process.
- 1.1.13** The National Plan and Provider Enumeration System ("NPDES") National Provider Identifier ("NPI") Registry will be queried to confirm/verify the applicant's individual "NPI" number at time of initial credentialing/appointment.
- 1.1.14** Clinical staff member's (LIPs) identity is verified through government issued picture identification.
- 1.1.15** All Medical Staff and Allied Health Professional Staff are enrolled in the NPDB Continuous Query Program with NPDB queries reviewed at time initial appointment/reappointment, new privilege requests, and on an ongoing/real-time basis as Continuous Query enrollment reports are made available.
- 1.1.16** Current documentation of basic life support training will be obtained and filed in the LIP's credential file (i.e., BLS, ACLS, PALS, NRP) if applicant is practicing in the FQHC Clinic.
- 1.1.17** Current Level 1 Fingerprint Clearance card issued by the Arizona Department of Public Safety at time of initial appointment/credentialing **OR** Record of fingerprinting application in process with the Arizona Department of Public Safety **and** a copy of completed/signed Arizona Department of Health Services Bureau of Child Care Licensing Criminal History Affidavit, in accordance with Arizona Revised Statute ("ARS") §36-425.03 (Children's Behavioral Health Programs) R9-10-1006 (11.)(c.)(vi), will be obtained and filed in the LIP's credential file if the applicant is located or covering in a Valleywise Community Health Center or a Valleywise Comprehensive Health Center.
- 1.1.18** Medical Staff and Allied Health Professionals will be notified within ten (10) days of Credentialing Committee decision of either approval or denial by the Governing Body of Valleywise Health.

SECTION TWO – REAPPOINTMENT/RE-CREDENTIALING PROCEDURES

- 2.1** All terms, conditions, requirements, and procedures relating to initial credentialing/appointment shall apply to continued appointment and re-credentialing/reappointment. Each staff member shall be sent an application for recredentialing/reappointment and notice of the date on which the appointment will expire (not to exceed two years from the last appointment/reappointment) in accordance with Medical Staff and Allied Health Professional Staff Credentialing Policies.
- 2.2** The MSS Department shall verify information since the time of the member's last appointment regarding professional and collegial activities, performance, clinical or technical skills and conduct. Such information will include but not be limited to:
- 2.2.1** At least two peer references
 - 2.2.2** Within the last two years, any pending or completed professional action as specified in Section 1.1.5 of this policy.
 - 2.2.3** Medical malpractice history over the past two years is required on the application and verified through NPDB.
 - 2.2.4** All currently unrestricted professional licensures or certifications verified using primary source verification with the appropriate state agencies, and a current copy of the Drug Enforcement Administration (DEA) registration when applicable, with the date and number of each will be primary source verified with the U.S. Department of Justice Drug Enforcement Administration Diversion Control Division.
 - 2.2.5** Primary source verification of Specialty or sub-specialty board certification, or recertification
 - 2.2.6** All hospitals or health care organizations where the applicant had or has any association, employment, privileges or practice with the dates of each affiliation.
 - 2.2.7** Health Status, Fitness for Duty, Immunization, and Communicable Disease Status information provided in response to pertinent questions about a LIP's physical and mental health status or chemical/substance dependency/abuse that may impair his/her ability to provide professional services reviewed at time of reappointment.
 - 2.2.8** Medicare/Medicaid Sanctions (i.e., OIG and SAM) and Medicare Opt- Out Report will be reviewed at reappointment. If a LIP is identified they shall be deemed to not meet the qualifications for reappointment as outlined in the credentialing policies.
 - 2.2.9** The Preclusion List will be provided by each health plan to be reviewed monthly and at time of re-credentialing/reappointment.
 - 2.2.10** The Social Security Administration's "Death Master File Index" will be used to rescreen the applicant's social security number through the background check process for applicants undergoing the reappointment/recredentialing process.
 - 2.2.11** The National Plan and Provider Enumeration System ("NPPE") National Provider Identifier ("NPI") Registry will be queried to reconfirm/reverify the applicant's individual "NPI" number at time of recredentialing/reappointment.
 - 2.2.12** Current documentation of basic life support training will be re-verified and filed in the LIP's credential file (i.e., BLS, ACLS, PALS, NRP) at time of recredentialing/reappointment if applicant is practicing in the FQHC Clinic.

2.2.13 Current Level 1 Fingerprint Clearance card issued by the Arizona Department of Public Safety at time of reappointment/re-credentialing **OR** Record of fingerprinting clearance renewal application for an expiring fingerprint clearance card in process with the Arizona Department of Public Safety **and** copy of an updated Arizona Department of Health Services Bureau of Child Care Licensing Criminal History Affidavit, in accordance with Arizona Revised Statute ("ARS") §36-425.03 (Children's Behavioral Health Programs) R9-10-1006 (11.)(c.)(vi) in R910-1006 (11.)(c.)(vi), will be obtained and filed in LIP's credential file if the applicant is located or covering in a Valleywise Community Health Center or a Valleywise Comprehensive Health Center.

2.2.14 Medical Staff and Allied Health Professionals will be notified within ten (10) days of Credentialing Committee decision of either approval or denial by the Governing Body of Valleywise Health.

2.3 The sources used for verification will be the same as in the initial credentialing process.

SECTION THREE - NOTIFICATION AND STATUS OF APPLICATION

3.1 During the initial credentialing or re-credentialing process, the LIP will be given notice by the Valleywise Health credentialing staff of any conflicting information and be given an opportunity to reconcile such information in accordance with the Medical Staff and Allied Health Professional Credentials Policies.

3.2 LIPs receive a copy of the Medical Staff Bylaws, Medical Staff Credentialing Policy, or Allied Health Professional Credentialing Policy (if applicable) outlining their rights.

3.3 LIPs have the right to review information submitted to support their credentialing application in accordance with the **Practitioner Access to Credentialing Files Policy**.

SECTION FOUR - ONGOING VERIFICATION OF INFORMATION

4.1 Medicare/Medicaid Exclusions shall be verified on a monthly basis. Verification shall be accomplished through a sweep of the credentialing database matched against the OIG (Office of Inspector General) and SAM (System for Awards Management) websites.

4.2 Medicare/Medicaid Opt-Out Report - The Medicare Opt-Out Report will be reviewed on a quarterly basis; if a LIP is identified the health plan will be notified immediately.

4.3 Licensure - The applicant's current professional licensure shall also be verified at the time of license renewal and revision of privileges. During the interim period between reappointment cycles, the Credentials Committee shall review disciplinary actions identified, or other issues deemed to be significant. The Credentials Committee shall make recommendations on these matters, when deemed necessary. Any licensure revocation, suspension, restriction, or probation shall result in a like limitation of clinical privileges, as of the date such action becomes effective and throughout its term. Contracted health plans shall be notified immediately of any such actions.

4.4 Patient Complaints, Adverse Events, and Medical Record Review- The collection of and review of information obtained from complaints, adverse events, and medical

record review is performed on a concurrent basis. Appropriate interventions are identified from adverse events through the confidential peer review mechanism.

- 4.5** Immunizations and communicable disease status are verified by the Valleywise Health Employee Health and Wellness Department at time of initial appointment and on an ongoing basis in accordance with Valleywise Health policies and procedures.
- 4.6** Level 1 Fingerprinting Clearance cards will be verified with the Arizona Department of Public Safety.

SECTION FIVE - REPORTING TO THE NATIONAL PRACTITIONER DATA BANK (NPDB), STATE LICENSING BOARD, AHCCCS CLINICAL QUALITY MANAGEMENT UNIT, OFFICE OF THE ATTORNEY GENERAL, AND LAW ENFORCEMENT AGENCY

- 5.1** It is the policy of Valleywise Health to comply with the required reporting of adverse actions taken against a Participating Practitioner to all regulatory agencies, including the **National Practitioner Data Bank** (NPDB) and the appropriate State of Arizona Licensing Board.
- 5.2** Following a formal peer review process, and at the time that Valleywise Health denies, reduces, revokes, terminates, or suspends the privileges of a LIP for a period of longer than thirty (30) calendar days, or accepts the Participating LIP's surrender of privileges while under investigation by Valleywise Health, Valleywise Health will notify the NPDB and the appropriate State of Arizona Licensing Board.
- 5.3** NPDB Reporting:
 - 5.3.1** Valleywise Health will submit a report to the NPDB of the adverse action consistent with the NPDB timeliness requirements.
 - 5.3.2** The NPDB report will be submitted electronically, in accordance with NPDB requirements via the NPDB website at www.npdb-hipdb.com
- 5.4** State of Arizona Licensing Board Reporting: The Report Verification Document that Valleywise Health received from the NPDB will be submitted to the appropriate State licensing board.
- 5.5** AHCCCS Clinical Quality Management Unit/Office of the Attorney General: A report shall be submitted within one business day of quality deficiencies that result in a LIP's suspension or termination from the Valleywise Health Medical Staff or Allied Health Professional Staff.
- 5.6** Law Enforcement Agency: Reports will be filed in accordance with Valleywise Health Policies and Procedures.

SECTION SIX – PROTECTION AGAINST DISCRIMINATION

- 6.1** In accordance with the Medical Staff and Allied Health Professional Credentials Policies, No individual shall be denied appointment or reappointment at the Hospital on the basis of gender, race, ethnic/national identity, ancestry, age, health status, sexual orientation, religion, veteran's status, marital status, handicap, or types of patients (e.g. Medicaid) in which the LIP specializes. Means used to prevent discrimination in the decision-making process includes:
 - 6.1.1** The Credentials Committee will be comprised of a multi-disciplinary, heterogeneous group of practitioners to the degree feasible.

6.1.2 All members of the medical staff and allied health professional staff are required to attest to their willingness to abide by the Medical Staff Bylaws and associated documents. Discrimination is prohibited in the Medical Staff Credentialing Policy (section 2.A.5) and Allied Health Professional Credentialing Policy (Section 3.A.5).

6.1.3 Adverse recommendations must be supported by qualitative and quantitative data that is presented to the Credentials Committee blindly (i.e., using a numeric identifier in lieu of name, discipline, specialty, etc.).

6.1.4 All denial decisions will be handled in accordance with the Medical Staff Credentials Policy (Article 3.A.6-3.A.7) and Allied Health Professional Policy (Article 4.A.5-4.A.6) and potentials for discrimination shall be assessed through the respective (medical staff or allied health professional staff) Hearing and Appeal Process.

6.2 The Credentials Committee will conduct an annual review of credentialing decisions to ensure that practitioners are not discriminated against.

SECTION SEVEN – GENERAL PROVISIONS

7.1 Valleywise Health shall seek to verify all the data elements as set forth in this policy and the Medical Staff and Allied Health Professional Staff Credentialing Policies. Demonstration of verification of the data elements will be achieved with each verified element dated/initialed via electronic database/audit tool sheet by the representative of the MSS Department conducting the credentialing/verification.

7.2 Valleywise Health will conduct timely verification of information, as evidenced by approval (or denial) of a LIP for initial credentialing/appointment within seventy-five (75) days of receipt of a complete application. Each applicant is required to sign and attest to the accuracy of the information provided in the application. If the signature attestation exceeds seventy-five (75) calendar days before the credentialing decision, MSS shall update it with an attestation that the information on the application remains correct and complete.

7.3 Valleywise Health will conduct timely verification of information, as evidenced by approval (or denial) of a LIP for re-credentialing/reappointment within one hundred eighty (180) days of receipt of a complete application. Each applicant is required to sign and attest to the accuracy of the information provided in the re-credentialing/reappointment application. If the signature attestation exceeds one hundred eighty (180) days before the credentialing decision, MSS shall update it with an attestation that the information on the application remains correct and complete.

7.4 All members of the Medical Staff and Allied Health Professional Staff acknowledge that they agree to respect and maintain the confidentiality of all discussions, deliberations, proceedings, and activities of Medical Staff Committees and Departments which have the responsibility of evaluating and improving the quality of care in the Hospital. Members of the Credentials Committee and other Peer Review Committees may be required to sign a confidentiality statement.

7.5 Provisionally credentialed (clean file review) and approval is permitted in accordance with the criteria and process set forth in the Medical Staff Credentialing Policy (Section 4.B) and Allied Health Professional Staff Credentialing Policy (Section 4.C).

- 7.6** The health care plan and Valleywise Health will identify the LIPs who will participate in this agreement in a written list updated monthly. Any published directories are based on the information provided from the Credentials Office.
- 7.7** Valleywise Health will conform to the current requirements established by the NCQA.
- 7.8** For purpose of the "Federal Quality Health Care (FQHC)" delegated credentialing arrangements, a completed application is defined as the fully verified application that has been acted on favorably by the Valleywise Health Credentials Committee.
- 7.9** Any meeting of the Credentials Committee by way of a virtual meeting may only be conducted by either video or web-based conferencing with audio.
- 7.10** Valleywise Health will review and monitor LIP adverse events and complaints on a continuous ongoing basis in accordance with our Valleywise Health Medical Staff Peer Review Policy.
- 7.11** Valleywise Health Medical Staff Services will conduct a review of the CMS Preclusion List, as provided by the health plan, on a monthly basis, at time of initial credentialing, and recredentialing/reappointment. If a practitioner/applicant is confirmed to be on the Preclusion List, Valleywise Health will terminate its agreement with the practitioner and provide a notification letter to the practitioner/applicant of said termination. Also, Valleywise Health will provide notification to the health plan (MCO).

SECTION EIGHT – CREDENTIALING SYSTEM CONTROLS

- 8.1 Primary Source Verification Information:** Credentialing information, including application, supporting documents, and primary source verification (PSV) of license, DEA, board certification, education/training, and professional liability claims are obtained/received from the applicant or appropriate verification entity via mail, email, electronic/online portal. When PSV is printed/received and is not automatically date stamped, the MSS representative manually date stamps and initials the document to indicate when it was printed/received. All PSV documents are kept in each applicant's individual credentialing file. All credentialing files are stored in a locked cabinet/office accessible only by the MSS representative or electronically within the credentialing database.
- 8.2 Tracking Modifications:** Any modification(s) made to a completed application, supporting documentation, or a PSV will be documented by completion of the Application / Primary Source Verification (PSV) Update form in its entirety, which includes the applicant's name, specialty, document to update, explanation of update, the name of the person providing the update, the date the update was obtained, and the name of the MSS representative who obtained the update. When email or fax confirmation is obtained from the applicant or applicable/primary source, the MSS representative will attach to the completed Application / Primary Source Verification (PSV) Update form.
- 8.3 Authorization to Modify Information:** Only the MSS representative (in consultation with the Director of Medical Staff Services) will have the authority to access, modify, and/or delete information when circumstances for modification are

deemed appropriate, including but not limited to discrepancies identified by the applicant, MSS representative, Department Chair, or CCO.

- 8.4 Securing Information:** All credentialing information is protected from unauthorized modification. The MSS representative maintains a database for all credentialed applicants that is password protected. Non-electronic credentialing information is stored in a locked cabinet/office accessible only by the MSS representative or electronically within the credentialing database.
- 8.5 Credentialing Process Audit:** The credentialing processes in place by the organization are audited on an annual basis by the Director of Medical Staff Services or designee. Credentialing files are randomly chosen and are reviewed to ensure PSV information was dated and initialed by the MSS representative, that any modified information on the credentialing application or PSV is appropriately documented, and that all information is secured in a locked cabinet/office. In addition, annual delegated credentialing audits are performed by the organization's delegated entities. The organization undergoes renewal of DNV accreditation on an annual basis wherein credentialing files are reviewed by a DNV surveyor, as well as operational site visits conducted by the Health Resources & Services Administration Health Center Program within their designated project/designation period.

SECTION NINE – CLINIC SITE VISITS

- 9.1 Purpose:** To provide a mechanism for compliance with standards in regard to clinic site visits for Primary Care, Dental, Specialist, and Obstetrics/Gynecology providers related to clinic/practice site quality.
- 9.2 Policy:** To ensure conformance with the standards of Valleywise Health, contracted managed care organizations, Det Norske Veritas ("DNV"), National Committee of Quality Assurance ("NCQA"), as well as Federal, State, and local regulatory requirements.
- 9.3 Procedure:** In an effort to assess the quality, safety and accessibility of clinic sites where care is delivered, the Clinic Managers in collaboration with the Medical Staff Services Department will conduct the site review, forwarding the completed audit form to the Medical Staff Services Department for evaluation to determine whether additional action is required.
- 9.4 Threshold:** A minimum score of 80% must be achieved to pass the review. If the clinic site fails to meet the threshold, an action plan will be requested addressing implementation for improvement. Deficient clinic sites will be re-reviewed at least every six (6) months until an acceptable score is achieved.
- 9.5 Ongoing Review:** Complaints will continually be monitored by the clinic managers for all applicable clinic sites in accordance with this policy. A site visit will be

conducted when two (2) complaints within a six (6) month period occur against one clinic site in any of the areas identified (i.e., physical accessibility, physical appearance, adequacy of waiting and examining room space, availability of appointments, and adequacy of treatment record keeping) and will be conducted within sixty (60) days of the second complaint received.

- 9.6** If acceptable to the health plan, a site review will be conducted for only new clinics or relocated clinic sites. Clinic site reviews will not be performed on established clinic sites/practices that are accredited by DNV, NCQA or any other recognized accrediting body. Appropriate documentation of accreditation will be maintained for those sites.

SECTION TEN – PRACTITIONER DIRECTORIES

10.1 The Valleywise Health Medical Staff Services Department will provide updated and corrected information within thirty (30) calendar days of receipt of updated or corrected information to all contracted health plans for use in practitioner directories.

References:

Valleywise Health Medical Staff Bylaws, Medical Staff Credentialing Policy, Allied Health Professional Staff Manual, Practitioner Access to Credential Files, NCQA Standards CR 1-12, Health Care Quality Improvement Act of 1986, HRSA-Health Center Program Compliance Manual (Chapter 5), AHCCCS Medical Policy Manual, Chapter 900.

Valleywise Health Policy & Procedure - Approval Sheet
(Before submitting, fill out COMPLETELY.)

POLICY RESPONSIBLE PARTY: Kristine Trulock, Director of Medical Staff Services

DEVELOPMENT TEAM(S): Credentialing Committee

Policy #:39026 T

Policy Title: Operational Credentialing Policy and Procedure

e-Signers:

Michael D. White, MD, MBA, EVP and Chief Clinical Officer

Place an X on the right side of applicable description:

New -

Retire -

Reviewed -

Revised with Minor Changes - X

Revised with Major Changes -

Please list revisions made below: (Other than grammatical changes or name and date changes) **New section (10) added to comply with health plan expectations of reporting changes with contracted health plans for use in provider directories.**

List associated form(s): (If applicable)

Reviewed and Approved by in Addition to Responsible Party and E-

Signer(s):

Committee: Credentials Committee

~~09/21~~01/22

Committee: Medical Executive Committee

09/2101/22

Reviewed for EPIC:

00/00

Other: Maricopa County Special Health Care District Board

~~09/21~~01/22

Other:

00/00

Other:

00/00



Valleywise Community Health
Centers Governing Council
Meeting

February 2, 2022

Item 1.d.ii.

Medical Staff:
Policy 43374



JANUARY 2022

SUMMARY OF PROPOSED REVISIONS

VALLEYWISE HEALTH MEDICAL STAFF GLOSSARY (#43374)

Policy:

(1)

A new category has been developed to formally recognize/identify Certified Nurse Midwives, Certified Registered Nurse Anesthetists, Nurse Practitioners, and Physician Assistants as “Advanced Practice Clinicians”.

**MEDICAL STAFF BYLAWS, POLICIES,
AND
RULES AND REGULATIONS**

**VALLEYWISE HEALTH
MEDICAL STAFF
GLOSSARY**

APPROVED DRAFT
May 26, 2021 *JANUARY 2022*

MEDICAL STAFF GLOSSARY

The following definitions shall apply to terms used in the Medical Staff Bylaws, the Medical Staff Credentials Policy, the Medical Staff Organization Manual, the Medical Staff Rules and Regulations, the Allied Health Policy, and all associated Professional Practice Evaluation policies of the Medical Staff:

- (1) “ADVANCED PRACTICE CLINICIANS” (“APCs”) means individuals other than Medical Staff members who are licensed healthcare professionals who are board certified and have at least a master’s degree. APCs are -trained to practice medicine and prescribe within the scope of their training as outlined by their specific scope of practice and are authorized by law and by the Hospital to provide patient care services.
- (12) "ALLIED HEALTH PROFESSIONALS" ("AHPs") means individuals other than Medical Staff members or APCs who are qualified by training, experience, and current competence in a discipline permitted to practice in the hospital and are authorized by law and by the Hospital to provide patient care services.
- (23) “ATTENDING” means any physician on the Medical Staff who is actively involved in the care of a patient at any point during the patient's treatment at the Hospital
- (34) "BOARD" means the Governing Body of the Maricopa County Special Healthcare District (d.b.a., Valleywise Health), which has the overall responsibility for the Hospital.
- (45) "CATEGORY I PRACTITIONER" means a Licensed Independent Practitioner, a type of Allied Health Professional who is permitted by law and by the Hospital to provide patient care services without direction or supervision, so long as their practice is consistent with state and federal law and/or Hospital policy, and within the scope of his or her license and consistent with the clinical privileges granted (e.g., Clinical Psychologists, Licensed Professional Counselors, and Licensed Clinical Social Workers). Category I practitioners also include those physicians not appointed to the Medical Staff who seek to exercise certain limited clinical privileges at the Hospital under the conditions set forth in the Advanced Practice Clinician and Allied Health Professional Policy (e.g., moonlighting residents). See Appendix A.
- (56) "CATEGORY II PRACTITIONER" means an Advanced Practice Professional Clinician or Allied Health Professional; a type of Allied Health Professional who provides a medical level of care or performs surgical tasks consistent with the clinical privileges granted by the Hospital. Category II practitioners may exercise those clinical privileges under the direction/supervision of a Supervising/Collaborating Physician pursuant to a written delegation agreement of supervision or collaborative agreement (e.g., Physician Assistant ("PA")) or without direction or supervision/collaboration (e.g., Nurse Practitioner

("NP") or Certified Nurse Midwife ("CNM")), so long as their practice is consistent with state and federal law and/or Hospital policy. See Appendix B.

- (67) "CATEGORY III PRACTITIONER" means a Dependent Practitioner, a type of Allied Health Professional who is permitted by law or the Hospital to function only under the direction of, or in collaboration with, a Collaborating Physician (or, in the case of Medical Assistants, a Collaborating Category I practitioner), pursuant to and consistent with the scope of practice granted, and established competencies. All aspects of the clinical practice of Category III practitioners at the Hospital shall be handled by the Hospital's Human Resources Department in accordance with applicable human resources policies and procedures, and the provisions of the Allied Health Policy shall specifically **not** apply. See Appendix C.
- (78) "CHIEF EXECUTIVE OFFICER" ("CEO") means the individual appointed by the Board to act on its behalf in the overall management of the Hospital.
- (89) "CHIEF MEDICAL OFFICER" ("CMO") means the individual appointed by the CEO to act as the Chief Medical Officer of the Hospital, in cooperation with the Chief of Staff.
- (910) "CHIEF CLINICAL OFFICER" ("CCO") means the individual appointed by the CEO to act as the Chief Clinical Officer of the Hospital, in cooperation with the Chief of Staff.
- (4011) "CLINICAL PRIVILEGES" or "PRIVILEGES" means the authorization granted by the Board to render specific patient care services, for which the Medical Staff leaders and Board have developed eligibility and other privileging criteria and focused and ongoing professional practice evaluation standards.
- (4412) "COLLABORATING/SUPERVISING PHYSICIAN" means a member of the Medical Staff with clinical privileges, who has agreed in writing to supervise with a Category II practitioner and to accept full responsibility for the actions of the Category II practitioner while he or she is practicing in the Hospital.
- (4213) "COLLABORATION/SUPERVISION" means the collaboration with (or supervision of) a Category II practitioner by a Collaborating/Supervising Physician, that may or may not require the actual presence of the Collaborating/Supervising Physician, but that does require, at a minimum, that the Collaborating/Supervising Physician be readily available for consultation. For purposes of supervising Medical Assistants, "Collaboration" may also refer to a Collaborating Category I practitioner. The requisite level of supervision (general, direct, or personal) shall be determined at the time each Category II practitioner is credentialed and shall be consistent with any applicable written supervision or collaboration agreement that may exist. ("General" supervision means that the physician is immediately available by phone, "direct" supervision means that the physician is on the Hospital's campus, and "personal" supervision means that the physician is in the same room.)

- (~~13~~14) "DAYS" means calendar days.
- (~~14~~15) "DENTIST" means a doctor of dental surgery ("D.D.S.") or doctor of dental medicine ("D.M.D.").
- (~~15~~16) "HOSPITAL" means Valleywise Health, which includes the Valleywise Health Medical Center and all of its affiliated inpatient, ancillary, outpatient, and licensed health services, facilities, departments and programs, including the Valleywise Behavioral Health Centers (Maryvale, Mesa, and Phoenix), Valleywise Comprehensive Health Centers (Phoenix and Peoria), Arizona Burn Center, Valleywise Emergency (Maryvale and Phoenix), Valleywise Community Health Centers (Federally Qualified Health Care (FQHC) Clinics).
- (~~16~~17) "MEDICAL EXECUTIVE COMMITTEE" or "MEC" means the Executive Committee of the Medical Staff.
- (~~17~~18) "MEDICAL STAFF" means all physicians, dentists, oral surgeons, and podiatrists who have been appointed to the Medical Staff by the Board.
- (~~18~~19) "MEDICAL STAFF LEADER" means any Medical Staff officer, department chair, or committee chair.
- (~~19~~20) "MEDICAL STAFF OFFICER" means the Medical Staff elected officers consisting of Chief of Staff, Vice Chief of Staff, and Immediate Past Chief of Staff.
- (~~20~~21) "MEMBER" means any physician, dentist, oral surgeon, and podiatrist who has been granted Medical Staff appointment by the Board to practice at the Hospital.
- (~~21~~22) "NOTICE" means written communication by regular U.S. mail, e-mail, facsimile, Hospital mail, or hand delivery.
- (~~22~~23) "ORAL AND MAXILLOFACIAL SURGEON" means an individual with a D.D.S. or a D.M.D. degree, who has completed additional training in oral and maxillofacial surgery.
- (~~23~~24) "PERMISSION TO PRACTICE" means the authorization granted to [Advanced Practice Clinicians and/or Allied Health Professionals](#) by the Board or CEO, as applicable, to exercise a scope of practice or clinical privileges.
- (~~24~~25) "PHYSICIAN" includes both doctors of medicine ("M.D.s") and doctors of osteopathy ("D.O.s") (or equivalent).
- (~~25~~26) "PHYSICIAN IN TRAINING" means a Resident/Fellow in an approved graduate medical education training program within Valleywise Health.

| (~~2627~~) "PODIATRIST" means a doctor of podiatric medicine ("D.P.M.").

| (~~2728~~) "SPECIAL NOTICE" means hand delivery, certified mail (return receipt requested), or overnight delivery service providing receipt.

| (~~2829~~) "TELEMEDICINE" means the exchange of medical information from one site to another via electronic communications for the purpose of improving patient care, treatment, and services by individuals who are not members of the Medical Staff.

APPENDIX A

Those Allied Health Professionals currently practicing as Category I Practitioners at the Hospital are as follows:

- Clinical Psychologists
- Licensed Professional Counselor
- Licensed Marriage & Family Therapist
- Licensed Independent Substance Abuse Counselor
- Licensed Clinical Social Worker
- Optometrists
- Physicians providing limited services (e.g., moonlighting residents functioning outside their training program)

APPENDIX B

Those [Advanced Practice Clinicians](#) and/or Allied Health Professionals currently practicing as Category II Practitioners at the Hospital are as follows:

- Audiologist
- Certified Nurse Midwife [\(APC\)](#)
- Certified Registered Nurse Anesthetist [\(APC\)](#)
- Naturopathic Physician
- Nurse Practitioner [\(APC\)](#)
- Perfusionist
- Physician Assistants [\(APC\)](#)

APPENDIX C

Medical Assistants and other applicable health care providers who are managed by the Hospital Human Resources Department.



Valleywise Community Health
Centers Governing Council
Meeting

February 2, 2022

Item 1.d.iii.

Medical Staff:
Policy 31201 T



JANUARY 2022

**SUMMARY OF PROPOSED REVISIONS
VALLEYWISE HEALTH MEDICAL STAFF RULES & REGULATIONS (#31201 T)**

Policy:

Article III: Health Records

➤ **3.9. (Completion of Health Records/Timeliness of Documentation)**

Proposed revisions are to provide a more progressive/definitive timeline for clinicians to complete delinquent medical records and/or be processed for “Automatic Relinquishment of Privileges” and/or “Automatic Resignation” due to failure to complete medical records in a timely manner.

This policy is also being updated to include “Advanced Practice Clinician” verbiage to align with pending changes to various medical staff / hospital policies.

**MEDICAL STAFF BYLAWS, POLICIES, AND
RULES AND REGULATIONS
OF
VALLEYWISE HEALTH**

**MEDICAL STAFF
RULES AND REGULATIONS**

APPROVED
~~October 27, 2021~~DRAFT January 2022

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ARTICLE I

GENERAL

1.1. Definitions:

The definitions that apply to terms used in these Medical Staff Rules and Regulations are set forth in the Medical Staff Glossary.

1.2. Delegation of Functions:

- (a) When a function is to be carried out by a member of Hospital management, by a Medical Staff member, or by a Medical Staff committee, the individual, or the committee through its chair, may delegate performance of the function to one or more designees unless such delegation is expressly prohibited elsewhere in any of the Medical Staff documents.
- (b) When a Medical Staff member is unavailable to perform a necessary function, one or more of the Medical Staff Leaders may perform the function personally or delegate it to another appropriate individual.

1.3. Medical Student Notes

Medical Student notes shall be managed in accordance with Valleywise Health Policy #01033.

ARTICLE II

ADMISSIONS, ASSESSMENTS AND CARE, TREATMENT AND SERVICES

2.1. Admissions:

- (a) A patient may only be admitted to the Hospital by order of a Medical Staff member who is granted admitting privileges.
- (b) Except in an emergency or court-ordered admissions, all inpatient health records will include (i) evidence of informed consent via a signed "Conditions of Admission" form and (ii) an admitting diagnosis before or at the time of admission. In the case of an emergency, the admitting diagnosis, along with the fact that there was a lack of consent, will be recorded in the health record as soon as possible.

2.2. Responsibilities of Attending Physician:

- (a) Patients admitted to the Hospital must have a specific Attending Physician of record assigned to them throughout the patient's hospital stay. The Attending Physician must be a physician member of the Medical Staff with appropriate clinical privileges to care for the patient.
- (b) "Attending Physician" means any physician on the Medical Staff who is actively involved in the care of a patient at any point during the patient's treatment at the Hospital and who has the responsibilities outlined in these Medical Staff Rules and Regulations. These responsibilities include the preparation of complete and legible health record entries related to the specific care/services he or she provides.
- (c) The Attending Physician will be responsible for the medical care and treatment of the patient while in the Hospital, including appropriate communication among the individuals involved in the patient's care, the prompt and accurate completion of the portions of the health record for which he or she is responsible, and necessary patient instructions.
- (d) Whenever the care of a patient is transferred between services within the Acute Hospital or to the Emergency Department, communication (preferably verbal) is made between the referring and accepting Attending Physician, or Resident Staff or Advanced Practice Clinician/Allied Health Professional designee. Upon transfer of care within the inpatient units of the behavioral health facilities, verbal communication of significant clinical issues shall be communicated between Attending Physicians or his/her physician or Resident staff or advanced practice clinician/allied health professional designees. Transfers of patients ~~from-between~~ the behavioral health services to the Emergency Department will be accompanied by verbal communication between the Attending Physician or his/her physician or

Resident staff or advanced practice clinician/allied health professional designee, and the Emergency Department physician.

- (e) “Acute Hospital” means the Valleywise Health Medical Center inpatient facility, and does not include the behavioral health inpatient facilities, or outpatient facilities.

2.3. Availability and Alternate Coverage:

- (a) The Attending Physician will provide professional care for his or her patients in the Hospital by being personally available, or by making arrangements with an alternate medical staff member who has appropriate clinical privileges to care for his or her patients.
- (b) If an Attending Physician is unavailable to care for a patient, or knows that he or she will be out of town, the Department Chair will be responsible for ensuring availability of an Attending Physician through the "on-call" schedule. The "on-call" schedule is accessible through the Hospital operator.
- (c) The Attending Physician (or his or her alternate) will be available to respond by telephone within 30 minutes and, if needed, be present as guided by the clinical circumstances to any reasonable request for guidance regarding the care of a patient.
- (d) If an Attending Physician or his or her alternate is not available, the Chief Medical Officer or the Chief of Staff will have the authority to call on the on-call physician or any other member of the Medical Staff to attend the patient.

2.4. Continued Hospitalization:

The Attending Physician will provide whatever information requested by the Utilization Management Department with respect to the continued hospitalization of a patient, including:

- (1) an adequate record of the reason for continued hospitalization (a simple reconfirmation of the patient's diagnosis is not sufficient);
- (2) the estimated period of time the patient will need to remain in the Hospital; and
- (3) plans for post-hospital care.

This response will be provided to Utilization Management within 24 hours of the request, in accordance with Utilization Management policies and procedures.

ARTICLE III

HEALTH RECORDS

3.1. General:

- (a) The Attending Physician will be responsible for the timely, complete, accurate, and legible completion of the portions of the health record that pertain to the care he or she provides.
- (b) Only authorized individuals may make entries in the health record. All handwritten entries will be legible in blue or preferably black ink.
- (c) All entries in the health record will be authenticated, dated, and timed.
- (d) Abbreviations on the unacceptable abbreviations and/or symbols list may not be used. The Medical Staff will periodically review the policy that delineates the unacceptable abbreviations and/or symbols.

3.2. Access and Retention of the Health Record:

- (a) Access to all health records of patients will be afforded to members of the Medical Staff for bona fide study and research consistent with preserving the confidentiality of personal information concerning the individual patients. All such projects will be approved by the Institutional Review Board (IRB).
- (b) Medical Staff and Advanced Practice Clinician/Allied Health Professional Staff members may only access their own health records in accordance with Valleywise Health Policy 01260S and 01287S.
- (c) Subject to the discretion of the Chief Medical Officer, former members of the Medical Staff may be permitted access to information from the health records of their patients covering all periods during which they attended to such patients in the Hospital.
- (d) All requests for copies of health records from patients and/or their legal representative should be referred to the Health Information Management Department in accordance with Valleywise Health Policy #01287S.
- (e) Any copies made from the electronic health record must be kept confidential and shall be disposed of in a manner that assures confidentiality (e.g., shredding).

3.3. Content of Record:

- (a) Health records will contain information to justify admission and continued hospitalization, support the diagnosis, and describe the patient's progress and response to medications and services.
- (b) Health record entries will be legible, complete, dated, timed, and authenticated with credentials in written or electronic form by the person responsible for providing or evaluating the service provided, consistent with the Hospital's policies and procedures. Stamped signatures are not permitted in the health record.
- (c) Any documentation in the health record shall be the joint responsibility of the Attending Physician and the Hospital.
- (d) All inpatient health records will include, but are not limited to, the information outlined in this paragraph, as relevant and appropriate to the patient's care:
 - (1) identification data, including the patient's name, sex, address, date of birth, name of authorized representative and any known allergies or sensitivities;
 - (2) patient's language and communication needs;
 - (3) medication information, including: the patient's weight; medications ordered or prescribed; and medications administered in the Hospital (including the date and time of administration, the individual administering the medication, the strength, dose, or rate of administration, administration devices used, access site or route, known drug allergies, and adverse drug reactions);
 - (4) evidence of informed consent when required by Hospital policy and, when appropriate, evidence of any known advance directives;
 - (5) admitting history and physical examination or interval note;
 - (6) admitting diagnosis and the names of the admitting practitioner and the Attending Physician;
 - (7) all orders;
 - (8) treatment plan and goals;
 - (9) record of hospital services provided to the patient;
 - (10) progress notes made by authorized individuals;

- (11) emergency care, treatment, and services provided to the patient before his or her arrival, if any;
 - (12) diagnostic and therapeutic procedures, tests, and results;
 - (13) documentation of restraint or seclusion;
 - (14) relevant observations;
 - (15) consultation reports;
 - (16) complications, hospital acquired infections, and unfavorable reactions to medications and/or treatments;
 - (17) discharge summary with outcome of hospitalization, final diagnosis, disposition of case, discharge instructions, and whether the patient left against medical advice
 - (18) completion of health records within 30 days following discharge; and
 - (19) any other information as required by law.
- (e) All outpatient health records will include, but are not limited to, the information outlined in this paragraph, as relevant and appropriate to the patient's care:
- (1) identification data, including the patient's name, sex, address, date of birth, name of authorized representative and any known allergies or sensitivities;
 - (2) patient's language and communication needs;
 - (3) medication information, including: the patient's weight; medications ordered or prescribed; and medications administered in the Hospital (including the date and time of administration, the individual administering the medication, the strength, dose, or rate of administration, administration devices used, access site or route, known drug allergies, and adverse drug reactions);
 - (4) evidence of informed consent when required by Hospital policy and, when appropriate, evidence of any known advance directives;
 - (5) diagnosis or reason for outpatient medical services;
 - (6) an appropriate history and physical examination;
 - (7) all orders;

- (8) record of hospital services provided to the patient;
 - (9) diagnostic and therapeutic procedures, tests, and results;
 - (10) documentation of restraint or seclusion;
 - (11) consultation reports;
 - (12) emergency care, treatment, and services provided to the patient before his or her arrival, if any; and
 - (13) any other information as required by law
- (f) For patients receiving continuing ambulatory care services, the health record will contain a summary list(s) of significant diagnoses, procedures, drug allergies, and medications, as outlined in this paragraph:
- (1) known significant medical diagnoses and conditions;
 - (2) known significant operative and invasive procedures;
 - (3) known adverse and allergic drug reactions; and
 - (4) known long-term medications, including current medications, over-the-counter drugs, and herbal preparations.
- (g) Health records of patients who have received emergency care will be completed promptly and will contain the information outlined in this paragraph:
- (1) time and means of arrival;
 - (2) the patient's chief complaint;
 - (3) record of care prior to arrival;
 - (4) results of the Medical Screening Examination and the name of the individual performing the examination;
 - (5) known long-term medications, including current medications, over-the-counter drugs, and herbal preparations;
 - (6) patient's medical history;
 - (7) the name of the individual(s) who provided treatment, if applicable; and

- (8) conclusions at termination of treatment, including final disposition, condition, and instructions for follow-up care, and whether the patient left against medical advice.

3.4. History and Physical: Please refer to the Medical Staff Bylaws – Appendix A

3.5. Progress Notes:

- (a) A “main daily progress note” will be documented daily by the Attending Physician or designee for all patients (excluding custodial patients) who have been admitted to the Acute Hospital. It may be documented by an advanced practice clinician/allied health professional as permitted by his/her clinical privileges or scope of practice. When the “main daily progress note” is documented by an advanced practice clinician/allied health professional, the note shall include an attestation of supervision by, or collaboration with an Attending Physician. When the “main daily progress note” is documented by a Resident, this note shall be reviewed and co-signed by the Attending Physician with an approved attestation of supervision or a separate note. When appropriate, each of the patient's clinical problems should be clearly identified in the main daily progress note and correlated with specific orders as well as results of tests and treatments.
- (b) Patients who remain in the Acute Hospital pending placement in a facility with a lower level of care (e.g., skilled nursing facility) will be deemed “custodial patients.” Custodial patients are patients who no longer meet criteria for continued care in an Acute Hospital and require a lower level of care. The Attending Physician or designee will document in the main daily progress note that the patient’s status will be transitioned to a custodial level of care. Custodial patients will have a progress note documented weekly (to be conducted Monday–Friday, excluding holidays) by an Attending Physician, or designee.
- (c) Behavioral Health Inpatient Facilities - A “main daily progress note” will be documented by the Attending Physician or his/or her covering practitioner for all patients who have been admitted to a Behavioral Health inpatient facility each working day (Monday through Friday, except legal holidays). It may be documented by an advanced practice clinician/allied health professional as permitted by his/her clinical privileges or scope of practice. An advanced practice clinician/allied health professional, in collaboration with the Attending Psychiatrist, may be responsible for ~~of~~ the day to day care for the patients. The Attending Psychiatrist shall meet with the Psychiatry Advanced Practice Clinician/Allied Health Professional weekly and document his/her agreement with the plan of care, and shall do any legal work needed for the patient. When the “main daily progress note” is documented by a Resident, this note shall be reviewed and co-signed by the Attending Psychiatrist with an approved attestation of supervision or a separate note. As delineated elsewhere in these Medical Staff Rules and Regulations, admission history and physicals and discharge summaries

that have been delegated to an advanced practice clinician/allied health professional shall be authenticated by an Attending Psychiatrist.

- (d) ***All Critical Care Units [i.e., Medical Intensive Care Unit (MICU), Surgical Intensive Care Unit (SICU), or Burn Intensive Care Unit (BICU)] patients must be seen at least once daily by an Attending Physician, from the respective Unit. If the Attending Physician does not personally complete a progress note, he/she must co-sign the note documented by the Resident physician or advanced practice clinician/allied health professional and must include attestation of his/her personal examination of the patient.***
- (e) Progress notes will be legibly written or entered into the electronic health record, dated, timed, and authenticated by an Attending Physician or designee in accordance with Section 3.5 (a-d) of this policy.

3.6. Authentication:

- (a) Authentication means to establish authorship by handwritten or electronic signatures.
- (b) Handwritten signatures require written signature, printed name, credential (i.e., M.D., D.O., P.A.), date, time, and personal identification number ("PAS").
- (c) An electronic signature requires statement of signature (i.e., signed, authenticated), printed name, credential, date, and time.
- (d) The practitioner will provide a signed statement attesting that he or she alone will use his or her unique electronic signature to authenticate documents in accordance with Hospital policy.
- (e) A single signature on the face sheet of a record will not suffice to authenticate the entire record. Entries will be individually authenticated.

3.7. Informed Consent:

Informed consent will be obtained in accordance with the Hospital's Informed Consent policies and procedures and documented in the health record.

3.8. Physician Attestation Statements

Services performed by a Resident require an approved physician attestation of supervision statement to be documented timely in the health record.

3.9. Completion of Health Records/Timeliness of Documentation:

- (a) General Requirements. It is the responsibility of every Practitioner involved in the care of a patient in the Hospital to prepare and complete medical records in a timely fashion in accordance with the specific provisions of these Rules and Regulations and other relevant policies. A medical record is considered delinquent when:
- (1) history and physical examinations – within 24 hours of admission;
 - (2) an operative report shall be written or dictated in accordance with Section 6.2 (a) and (b) of these medical staff rules and regulations;
 - (3) complete Behavioral Health (for all behavioral health inpatient facilities) discharge summary – within 10 working days of discharge;
 - (4) complete Acute Hospital discharge summary – within 10 days of discharge;
 - (5) complete outpatient health record – within 3 business days of encounter, with best practice being within 24 hours;
 - (6) complete inpatient health record – within 10 days of discharge; and
 - (7) complete Emergency Medicine record – within 72 hours of encounter.
- (b) Notification of Pending Suspension. If a medical record remains delinquent thirty (30) days after patient discharge/service date, HIM will notify the practitioner of the delinquency. The notice will give the practitioner seven days to complete the medical record. In accordance with paragraphs (c) and (d) below, failure to complete the delinquent medical records within seven days of the notice may result in the automatic relinquishment of the practitioner’s clinical privileges. Please refer to Policy 39029 S: Management of Health Records for timelines of HIM medical record delinquency notifications.
- (c) Enforcement. If a practitioner fails to complete a delinquent medical record within seven days of being notified of the delinquency, HIM will refer the matter to Medical Staff Services. If the Chief of Staff and the CCO confirm the delinquency, they will notify the practitioner of the automatic relinquishment of his or her clinical privileges. A practitioner who automatically relinquishes his or her clinical privileges due to delinquent medical records will be subject to the following progressive steps whenever the relinquishments occur within a two-year reappointment period (or over any [two-year] period if a pattern or trend of noncompliance is identified):

- (1) The **first time** that a practitioner's privileges are relinquished, the relinquishment will continue until all of the practitioner's delinquent medical records have been completed.*
- (2) The **second time** that a practitioner's privileges are relinquished will result in the matter being referred to the applicable Department Chair, who will offer assistance to the practitioner in complying with this section of the Rules and Regulations. The relinquishment will continue until all of the practitioner's delinquent medical records have been completed and the practitioner has met with the Department Chair.*
- (3) The **third time** that a practitioner's privileges are relinquished will result in a referral to the Leadership Council for review under the Medical Staff Professionalism Policy. The relinquishment will continue until all of the Practitioner's delinquent medical records have been completed and the individual has met with the Leadership Council to explain the reasons for the delinquencies.*
- (4) A practitioner who automatically relinquishes his or her clinical privileges a **fourth time** indicates his or her inability and/or unwillingness to meet the requirements in these Rules and Regulations. Accordingly, that practitioner will automatically resign his or her Medical Staff appointment or permission to practice as an Advanced Practice Clinician/Allied Health Professional and must follow the steps outlined in (e) below if he or she wishes to rejoin the Medical Staff or renew his or her practice as an Advanced Practice Clinician/Allied Health Professional.

* **When placed on an "Automatic Relinquishment of Privileges", the practitioner will have 30 days to complete each of these steps. Failure to do so will result in the practitioner's automatic resignation from the Medical Staff or his or her permission to practice as an Advanced Practice Clinician/Allied Health Professional.**

- (d) Automatic Relinquishment Procedures. In the event that an automatic relinquishment occurs, notification of the relinquishment will be provided to the Emergency Department, Admissions, the nursing administration, and applicable Department Chair. The affected practitioner will be prohibited from admitting patients or scheduling any elective cases after the relinquishment takes effect. In addition, the practitioner will be responsible for rescheduling any scheduled procedures and/or transferring the care of any inpatients to a practitioner who has appropriate clinical privileges. However, the practitioner must complete all scheduled emergency call obligations or arrange for appropriate coverage.
- (e) Rejoining the Medical Staff or Renewing Practice as an Advanced Practice Clinician/Allied Health Professional After Resignation. Any practitioner who

resigns his or her appointment (or permission to practice) and clinical privileges as a result of medical record delinquencies may subsequently apply as an initial applicant, provided that all delinquent medical records have been completed. The individual may not be granted any temporary privileges while the application is being processed until all records are completed.

(f) Former Practitioners. When a practitioner no longer practices at Valleywise Health, and his or her medical records are filed as permanently incomplete, this will be recorded in the practitioner's Confidential File and divulged in response to any future credentialing inquiry concerning the practitioner.

(g) Exceptions. Any requests for special exceptions to the above requirements will be submitted by the practitioner and considered by the MEC.

~~(a) It is the responsibility of the physician to prepare and complete health records in a timely fashion in accordance with the specific provisions of these Rules and Regulations and other relevant policies of the Hospital.~~

~~(b) Health records will be completed within the following time frames or they will be considered delinquent:~~

~~(1) history and physical examinations within 24 hours of admission;~~

~~(2) an operative report shall be written or dictated in accordance with Section 6.2 (a) and (b) of these medical staff rules and regulations;~~

~~(3) complete Behavioral Health (for all behavioral health inpatient facilities) discharge summary within 10 working days of discharge;~~

~~(4) complete Acute Hospital discharge summary within 10 days of discharge;~~

~~(5) complete outpatient health record within 3 business days of encounter, with best practice being within 24 hours;~~

~~(6) complete inpatient health record within 10 days of discharge; and~~

~~(7) complete Emergency Medicine record within 72 hours of encounter.~~

~~(c) If the health record remains incomplete 30 days following discharge, or service date, as applicable; the physician, or allied health professional will be notified of the delinquency and that his or her clinical privileges have been automatically relinquished in accordance with the Credentials Policy. The relinquishment will remain in effect until all of the physician's, or allied health professional's records are no longer delinquent.~~

- ~~(d) Failure to complete the health records that caused the automatic relinquishment of clinical privileges three months from the relinquishment will constitute an automatic resignation of appointment from the Medical Staff and of all clinical privileges.~~
- ~~(e) A health record will be considered complete when the required contents are available within the electronic health record and appropriately authenticated. In accordance with Valleywise Health policies and procedures, the health record will also be declared complete when the responsible Physician, or allied health professional is deceased, unavailable permanently, or protractedly for other reasons. The Chairman of the Department most responsible for the care provided will review the deficient record before declaring it complete due to reasons listed above. The Department Chairman will annotate "This health record is declared complete for filing purposes," and sign the entry.~~

ARTICLE IV

MEDICAL ORDERS

4.1. General:

- (a) All written or computer entered orders will be dated, timed, and authenticated at the time of entry by the ordering practitioner.
- (b) Orders will be entered clearly, legibly, and completely. Orders which are illegible or improperly entered will not be carried out until they are clarified by the ordering practitioner and are understood by the appropriate health care provider.
- (c) Orders for tests and therapies will be accepted only from:
 - (1) members of the Medical Staff;
 - (2) members of the Resident Staff;
 - (3) advanced practice clinicians/allied health professionals who are granted clinical privileges by the Hospital, to the extent permitted by their licenses; and
 - (4) other individuals not on the Medical Staff (e.g., Locum Tenens), in accordance with privileges granted.
- (d) The use of the terms "renew," "repeat," "resume," and "continue" with respect to previous handwritten orders is not acceptable. The electronic health record (EHR) will allow a Provider to "re-order" or "modify" an existing order.
- (e) The EHR will allow a Provider to "sign and hold" an order for a period of time as allowed by Hospital policy.
- (f) Orders will be reconciled when a patient is transferred from one level of service to another.
- (g) Transfers to the operating room from the Emergency Department will only require documentation of care assumed by the attending surgeon.
- (h) All orders for drugs and medications administered to patients will be evaluated by a Pharmacist prior to dispensing with two exceptions: (i) a Provider with prescribing privileges controls the ordering, preparation, and administration of the medication; or (ii) in urgent situations when the resulting delay would harm the

patient, including situations in which the patient experiences a sudden change in clinical status.

- (i) All medication orders will clearly state the administration times or the time interval between doses. If not specifically prescribed as to time or number of doses, the medications will be controlled by automatic stop orders or by protocols. When medication or treatment is to be resumed after an automatic stop order has been employed, the orders that were stopped will be rewritten. All PRN medication orders must be qualified by either specifying time intervals or the limitation of quantity to be given in a 24-hour period. All PRN medications must specify the indications for use.
- (j) An advanced practice clinician/allied health professional may be authorized to write medical and prescription orders as specifically delineated in his or her privileges granted.

4.2. Verbal Orders:

- (a) A verbal order (via telephone or in person) for medication or treatment will be accepted only under circumstances when it is impractical for such order to be entered by the responsible practitioner.
- (b) Verbal orders will include the date and time of entry into the health record, will be written in blue or preferably black ink if handwritten, and will identify the name of the individual who gave, received, and implemented the order. All verbal orders will be co-signed/authenticated by the ordering physician within 48 hours.
- (c) For verbal or telephone orders, or for the reporting of critical test results over the telephone, the complete order or test result will be verified by having the person receiving the information record and "read-back" the complete order or test result.
- (d) The following are the personnel authorized to receive and record verbal orders:
 - (1) a licensed nurse;
 - (2) a pharmacist who may transcribe a verbal order pertaining to medications and monitoring;
 - (3) a respiratory therapist who may transcribe a verbal order pertaining to respiratory therapy treatments;
 - (4) a physical therapist who may transcribe a verbal order pertaining to physical therapy treatments;

- (5) a radiology or imaging technologist (i.e., nuclear medicine, diagnostic medical sonographer) who may transcribe a verbal order pertaining to tests and/or therapy treatments in their specific areas of expertise;
- (6) an occupational therapist who may transcribe a verbal order pertaining to occupational treatments;
- (7) a speech therapist who may transcribe a verbal order pertaining to speech therapy; and
- (8) a dietician who may transcribe a telephone/verbal order pertaining to diet and nutrition.

4.3. Standing Order Protocols:

- (a) The Medical Executive Committee (or its designee) will review and approve any suggested written protocol(s) or standing order(s) to be utilized in the Hospital for drugs or biologicals or other forms of treatment, and under which circumstances it would apply.
- (b) If the use of a written protocol or standing order has been approved by the Medical Executive Committee, initiation of such protocols or standing orders shall require an order from a practitioner responsible for the patient's care in the Hospital.

4.4. Orders for Drugs and Biologicals:

- (a) Orders for drugs and biologicals may only be ordered by Medical Staff members, Resident Staff, and other authorized individuals with clinical privileges at the Hospital.
- (b) All orders for medications and biologicals will be dated, timed and authenticated by the practitioner responsible for the care of the patient, with the exception of influenza and pneumococcal vaccines, which may be administered per Hospital policy after an assessment for contraindications. Verbal or telephone orders will only be used in accordance with these Rules and Regulations and other Hospital policies.

4.5. Orders for Radiology Services and Diagnostic Imaging Services:

Orders for radiology services and diagnostic imaging services must include: (i) the patient's name; (ii) the name of the ordering individual; (iii) the radiological or diagnostic imaging procedure orders; and (iv) the reason for the procedure (“rule out” should not be used).

4.6. Orders for Respiratory Care Services:

- (a) "Respiratory treatments and interventions" means any treatment or intervention that requires the services of a respiratory therapist (i.e. initiation of mechanical ventilation, chest physical therapy and formal pulmonary function testing).
- (b) Orders for respiratory care services must include: (i) the patient's name; (ii) the name and signature of the ordering individual; (iii) the type, frequency, and, if applicable, duration of treatment; (iv) the type and dosage of medication and diluents; and (v) the oxygen concentration or oxygen liter flow and method of administration.

ARTICLE V

CONSULTATIONS

5.1. General:

- (a) Any individual with clinical privileges at the Hospital may be requested to provide a consultation within his or her area of expertise, and these individuals will respond appropriately as a condition of their Medical Staff or Advanced Practice Clinician/Allied Health Professional Staff appointment.
- (b) For inpatient consultations will be communicated/called Physician, or Advanced Practice Clinician/Allied Health Professional to Physician, or Advanced Practice Clinician/Allied Health Professional, as deemed necessary and shall always be accompanied by a documented order detailing the reason for the consult. Once the consultation is completed the results will be documented in the legal health record and conveyed to the referring Attending or covering provider.
- (c) If a nurse employed by the Hospital has any reason to doubt or question the care provided to any patient or believes that an appropriate consultation is needed and has not been obtained, after having a conversation with the Attending Physician, that nurse will notify his or her nursing supervisor who, in turn, may refer the matter to the Chief Nursing Officer. The Chief Nursing Officer may bring the matter to the attention of the Department Chair in which the member in question has clinical privileges. Thereafter, the Department Chair or Chief Medical Officer may request a consultation after discussion with the Attending Physician.
- (d) In circumstances of grave urgency, or where consultation is required by these Rules and Regulations, or where a consultation requirement is imposed by the Medical Executive Committee, the appropriate Department Chair will at all times have the right to call in a consultant or consultants.

5.2. Contents of Consultation Report:

- (a) Each inpatient consultation report will be completed in a timely manner and prior to transfer to another facility; and will contain a dictated or legible written opinion and recommendations by the consultant that reflect, when appropriate, an actual examination of the patient and the patient's health record. A statement, such as "I concur," will not constitute an acceptable consultation report. The consultation report will be made a part of the patient's health record.
- (b) When non-emergency operative procedures are involved, the consultant's report will be recorded in the patient's health record prior to the surgical procedure. The consultation report will contain the date and time of the consultation, an opinion based on relevant findings and reasons, and the authentication of the consultant.

5.3. Required Consultations:

- (a) Except in an emergency, appropriate consultations are **required** in all cases which, in the judgment of the Attending Physician:
 - (1) when a patient has attempted suicide or has taken a chemical overdose (in which case a crisis intervention assessment and treatment will be requested, offered to, or arranged);
 - (2) the patient requires nephrology/dialysis services and the Attending Physician is not privileged to perform the procedure; or
 - (3) Anesthesia consultation for airway manipulation in the patient with suspected difficult airway, in accordance with Valleywise Health Policy #39028 S.
- (b) Except in an emergency, consultations are **recommended** in all cases which, in the judgment of the Attending Physician:
 - (1) the patient is a poor candidate for the operation or treatment;
 - (2) the diagnosis is obscure after ordinary diagnostic procedures have been completed;
 - (3) there is doubt as to the best therapeutic measures to be used; or
 - (4) unusually complicated situations are present that may require specific skills of other practitioners.
 - (5) patient on a non-psychiatric service exhibits severe symptoms of mental illness.

Additional requirements for consultation may be established by the Medical Staff.

5.4. Psychiatric Consultations:

- (a) Psychiatric consultation and treatment will be requested for and offered to all patients who have engaged in self-destructive behavior (e.g., attempted suicide, chemical overdose). If psychiatric care is recommended, evidence that such care has at least been offered and/or an appropriate referral made will be documented in the patient's health record.
- (b) A psychiatric consultation must also be obtained before any patient who has been transferred to the Hospital from a Hospital-affiliated psychiatric facility is discharged.

ARTICLE VI
SURGICAL SERVICES

6.1. Pre-Procedure Protocol:

- (a) Except in an emergency, the Attending Physician responsible for the patient's care will document an interval note in the health record prior to the surgical procedure, documenting the following:
 - (1) the provisional diagnosis and the results of any indicated diagnostic tests;
 - (2) a properly executed informed consent;
 - (3) documentation of review of relevant diagnostic tests;
 - (4) a complete history and physical work-up and, as necessary, appropriately updated (or completed focused history and physical form, as appropriate); and
 - (5) a consent or refusal for blood or blood products signed by the patient or patient's representatives.

- (b) The following will also occur before an invasive procedure or the administration of moderate or deep sedation or anesthesia occurs:
 - (1) the anticipated needs of the patient are assessed to plan for the appropriate level of post-procedural care;
 - (2) pre-procedural education, treatments, and services are provided according to the plan for care, treatment, and services;
 - (3) an Attending Physician is in the Hospital; and
 - (4) the procedure site is marked and a "time out" is conducted immediately before starting the procedure, as described in the Universal Protocol.

6.2. Post-Procedure Protocol:

For every procedure performed in an operating room and/or under sedation the following will occur:

- (a) A full operative/procedure report shall be dictated or documented and authenticated in its entirety (inclusive of co-signature and/or teaching attestation when documented by other qualified practitioners (i.e., Resident Physicians, Nurse

Practitioners, Physician Assistants, Nurse Midwives) by the surgeon immediately following the surgery/procedure, and before the patient is transferred to the next level of care (e.g. before the patient leaves the post anesthesia care area). The ICU is considered the same level of care as the post anesthesia care area, and therefore, the complete operative note will be documented within one (1) hour, and before the patient is transferred from the ICU to the next level of care. The full operative report will contain at least the following:

- (1) Patient name and medical record number;
 - (2) Date and time of the surgery/procedure;
 - (3) Name(s) of the surgeon(s) and assistant surgeon(s) or other practitioners who performed surgical tasks (even when performing those tasks under supervision);
 - (4) Pre-operative and post-operative diagnosis;
 - (5) Name of the specific surgical procedure(s) performed;
 - (6) Type of anesthesia administered;
 - (7) Complications;
 - (8) A description of techniques, findings, and tissues removed or altered;
 - (9) Estimated blood loss (specify N/A if no blood loss);
 - (10) Surgeons or practitioners name(s) and a description of the specific significant surgical tasks that were conducted by practitioners other than the primary surgeon/practitioner (significant surgical tasks include: opening and closing, harvesting grafts, dissecting tissue, removing tissue, implanting devices, altering tissues) and
 - (11) Prosthetic devices, grafts, tissues, transplants, or devices implanted (if any).
- (b) All surgeries or invasive procedures that require anesthesia services (excluding minimal sedation or topical analgesics, which are not considered to be “anesthesia”) require a full operative report or an immediate post-operative/post procedure note (Brief Op Note) when the full and authenticated operative note is not immediately available in the patient’s health record.
- (c) When the full and authenticated operative note is not immediately available in the health record before the patient is transferred to the next level of care, an immediate post-operative/post procedure note (Brief Op Note) is required to be documented and authenticated in its entirety (inclusive of co-signature and/or teaching

attestation when documented by other qualified practitioners (i.e., Resident Physicians, Nurse Practitioners, Physician Assistants, Nurse Midwives) by the Attending Surgeon. If information identified in the immediate post-operative/post procedure note is available elsewhere in the medical record; it is acceptable if referred to and authenticated as accurate by the Attending Surgeon. The ICU is considered the same level of care as the post anesthesia care area, and therefore, the immediate post-operative/post procedure note (Brief Op Note) will be documented within one (1) hour, and before the patient is transferred from the ICU to the next level of care. An immediate post-operative/post procedure note (Brief Op Note) will contain the following information:

- (1) Name(s) of the surgeon(s) and assistant(s);
 - (2) Pre-operative and post-operative diagnosis;
 - (3) Procedure(s) performed;
 - (4) Specimens removed;
 - (5) Estimated blood loss (specify N/A if no blood loss);
 - (6) Complications (if any encountered);
 - (7) Type of anesthesia administered; and
 - (8) Grafts or implants (may indicate where in chart for detail, if any).
- (d) Unless otherwise exempt by law and Hospital policy, all specimens removed during a surgical procedure will be properly labeled and sent to a laboratory for examination by a pathologist. The specimen will be accompanied by pertinent clinical information, including its source and the pre-operative and post-operative surgical diagnosis.

ARTICLE VII

ANESTHESIA SERVICES

7.1. General:

- (a) Anesthesia may only be administered by the following qualified practitioners:
 - (1) a qualified anesthesiologist;
 - (2) an MD or DO (other than an anesthesiologist);
 - (3) an oral surgeon, in accordance with state law; or
 - (4) a CRNA who is supervised by an anesthesiologist who is immediately available.
- (b) An anesthesiologist is considered "immediately available" when needed by a CRNA under the anesthesiologist's supervision only if he/she is physically located within the same area as the CRNA (e.g., in the same operative suite, or in the same labor and delivery unit, or in the same procedure room, and not otherwise occupied in a way that prevents him/her from immediately conducting hands-on intervention, if needed).
- (c) "Anesthesia" means general or regional anesthesia, monitored anesthesia care or deep sedation. "Anesthesia" does not include topical or local anesthesia, minimal or procedural sedation, or analgesia via epidurals/spinals for labor and delivery.
- (d) Because it is not always possible to predict how an individual patient will respond to minimal or procedural sedation, a qualified practitioner must be available to return a patient to the originally intended level of sedation when the level of sedation becomes deeper than initially intended.
- (e) General anesthesia for surgical procedures will not be administered in the Emergency Department unless the surgical and anesthetic procedures are considered lifesaving.

7.2. Pre-Anesthesia Procedures:

- (a) A pre-anesthesia evaluation will be performed for each patient who receives anesthesia by an individual qualified to administer anesthesia within 48 hours prior to an inpatient or outpatient procedure requiring anesthesia services.

- (b) The evaluation will be recorded in the health record and will include:
 - (1) a review of the medical history, including anesthesia, drug and allergy history;
 - (2) an interview and examination of the patient;
 - (3) notation of any anesthesia risks in accordance with ASA classification;
 - (4) identification of potential anesthesia problems that may suggest complications or contraindications to the planned procedure (e.g., difficult airway);
 - (5) development of a plan for the patient's anesthesia care (i.e., discussion of risks and benefits); and
 - (6) any additional pre-anesthesia evaluations that may be appropriate or applicable (e.g., stress tests, additional specialist consultations).
- (c) The patient will be reevaluated immediately before induction in order to confirm that the patient remains able to proceed with care and treatment.

7.3. Monitoring During Procedure:

- (a) All patients will be monitored during the procedure and/or administration of anesthesia at a level consistent with the potential effect of the procedure and/or anesthesia. Appropriate methods will be used to continuously monitor oxygenation, ventilation, and circulation during procedures that may affect the patient's physiological status.
- (b) All events taking place during the induction and maintenance of, and the emergence from, anesthesia will be documented legibly in an intraoperative anesthesia record, including:
 - (1) the name and hospital identification number of the patient;
 - (2) the name of the practitioner who administered anesthesia and, as applicable, any supervising practitioner;
 - (3) the name, dosage, route, time and duration of all anesthetic agents;
 - (4) the technique(s) used and patient position(s), including the insertion or use of any intravascular or airway devices;
 - (5) the name and amounts of IV medications and fluids, including blood or blood products, if applicable;

- (6) time-based documentation of vital signs, as well as oxygenation and ventilation parameters; and
- (7) any complications, adverse reactions or problems occurring during anesthesia, including the patient's status upon leaving the operating room (e.g., description of symptoms, vital signs, treatment rendered, and patient's response to treatment).

7.4. Post-Anesthesia Evaluations:

- (a) A post-anesthesia evaluation will be completed and documented in the patient's health record by an individual qualified to administer anesthesia no later than 48 hours after the patient has been moved into the designated recovery area. Where post-operative sedation is necessary for the optimum care of the patient, the evaluation can occur in the PACU/ICU or other designated recovery area. For outpatients, the post-anesthesia evaluation must be completed prior to the patient's discharge.
- (b) The elements of the post-anesthesia evaluation will conform to current standards of anesthesia care, including:
 - (1) respiratory function;
 - (2) cardiovascular function;
 - (3) mental status;
 - (4) temperature;
 - (5) pain;
 - (6) nausea and vomiting; and
 - (7) post-operative hydrations.

The post-anesthesia evaluation should not begin until the patient is sufficiently recovered so as to participate in the evaluation, to the extent possible given the patient's medical condition.

- (c) Patients will be discharged from the recovery area by a qualified practitioner or according to criteria approved by the clinical leaders. Post-operative documentation will record the patient's discharge from the post-anesthesia care area and record the name of the individual responsible for discharge.

- (d) Patients who have received anesthesia in an outpatient setting will be discharged to the company of a responsible, designated adult.
- (e) When surgical or anesthesia services are performed on an outpatient basis, the patient will be provided with written instructions for follow-up care that include information about how to obtain assistance in the event of post-operative problems. The instructions will be reviewed with the patient or the individual responsible for the patient.

7.5. Minimal or Moderate ("Procedural") Sedation:

All patients receiving minimal or procedural sedation will be monitored and evaluated before, during, and after the procedure by a trained practitioner in accordance with the Valleywise Health Sedation for Procedures policy, guidelines, and protocols.

ARTICLE VIII

PHARMACY

8.1. General Rules:

- (a) Orders for drugs and biologicals are addressed in the Medical Orders Article.
- (b) Blood transfusions and intravenous medications will be administered in accordance with state law and approved policies and procedures.
- (c) Transfusion reactions, adverse medication reactions, and errors in administration of medications will be immediately documented in the patient's health record and reported to the Attending Physician, in accordance with Valleywise Health policies and procedures.
- (d) Self-medication by patients will not be permitted, except for self-administered analgesia medication using a Patient Controlled Analgesia (PCA) pump or patients with a Continuous Subcutaneous Insulin Infusion (CSII) Pump, unless documented in the orders by the Attending Physician, in accordance with Valleywise Health policy.
- (e) The pharmacy may substitute an alternative equivalent product for a prescribed brand name when the alternative is of equal quality and ingredients, and is to be administered for the same purpose and in the same manner.
- (f) Except for investigational or experimental drugs in a clinical investigation, all drugs and biologicals administered will be listed in the latest edition of: United States Pharmacopeia, National Formulary, or if under a research protocol will have an approved New Drug Application by the F.D.A.
- (g) The use of investigational or experimental drugs in clinical investigations will be subject to the rules established by the Medical Executive Committee and the Institutional Review Board and as outlined in the approved Hospital formulary.
- (h) Information relating to medication interactions, therapy, side effects, toxicology, dosage, indications for use, and routes of administration will be readily available to members of the Medical Staff, other practitioners and Hospital staff.

8.2. Storage and Access:

- (a) In order to facilitate the delivery of safe care, medications and biologicals will be controlled and distributed in accordance with Hospital policy, consistent with federal and state law.

- (1) All medications and biologicals will be kept in a secure area, and locked unless under the immediate control of authorized staff.
 - (2) Medications listed in Schedules II, III, IV, and V of the Comprehensive Drug Abuse Prevention and Control Act of 1970 will be kept locked within a secure area.
 - (3) Only authorized personnel may have access to locked or secure areas.
- (b) Abuses and losses of controlled substances will be reported, in accordance with applicable federal and state laws, to the individual responsible for the pharmaceutical service and to the Chief Medical Officer.

8.3. Patient's Own Medications:

Patients may not take medication from home, unless on the specific order by the Attending Physician, or designee in accordance with Valleywise Health Hospital Policy #51126 S.

ARTICLE IX

RESTRAINTS, SECLUSION, AND BEHAVIOR MANAGEMENT PROGRAMS

Restraints, seclusion, and behavior management programs will be governed by the Hospital policy addressing restraints, seclusion, and behavior management.

ARTICLE X

EMERGENCY SERVICES

10.1. General:

Emergency services and care will be provided to any person in danger of loss of life or serious injury or illness whenever there are appropriate facilities and qualified personnel available to provide such services or care. Such emergency services and care will be provided without regard to the patient's race, ethnicity, religion, national origin, citizenship, age, sex, pre-existing medical condition, physical or mental handicap, insurance status, economic status, or ability to pay for medical services.

10.2. Medical Screening Examinations:

Medical screening examinations, within the capability of the Hospital, will be performed on all individuals who come to the Hospital requesting examination or treatment to determine the presence of an emergency medical condition. Qualified medical personnel who can perform medical screening examinations within applicable Hospital policies and procedures are defined as:

(a) Emergency Department:

- (1) members of the Medical Staff with clinical privileges in Emergency Medicine;
- (2) other Medical Staff members; and
- (3) appropriately credentialed Nurse Practitioners.
- (4) registered nurses providing emergency services who have achieved competency and training, in accordance with Labor and Delivery Policies and Procedures.

(b) Labor and Delivery:

- (1) members of the Medical Staff with OB/GYN privileges;
- (2) other Medical Staff members;
- (3) members of the Resident Staff;
- (4) certified nurse midwives with OB privileges; and

- (5) registered nurses providing emergency services who have achieved competency and training, in accordance with Labor and Delivery Policies and Procedures.
- (c) Psychiatry:
- (1) members of the Medical Staff with Psychiatry privileges;
 - (2) other Medical Staff members;
 - (3) members of the Resident Staff;
 - (4) Nurse Practitioners with psychiatric assessment privileges;
 - (5) Psychologists; and
 - (6) Registered Nurses or Social Workers who have achieved competency, in accordance with the Psychiatry policies and procedures.

10.3. On-Call Responsibilities:

Patient transfers from the Emergency Department will be made in accordance with Article XII of these Rules and Regulations and Hospital policies and procedures.

10.4. Emergency Medical Certified Technicians (EMCT)

- (1) The Emergency Department Medical Director with specific qualifications as defined by Arizona statutes and rules and regulations provides on-line medical direction to EMCTs acting on behalf of the emergency medical services provider.
- (2) The Emergency Department Attending Physicians with specific qualifications as delineated in the Arizona statutes and rules and regulations are available to provide on-line medical direction to an EMCT 24 hours a day, seven days a week;
- (3) On-line medical direction provided to EMCTs acting on behalf of the emergency medical services provider is consistent with the EMCT's scope of practice and protocols established by the EMCTs administrative medical director;
- (4) Communication equipment that will allow on-line medical direction to be given to the EMCT is operational and accessible, and a plan for alternative communications in the event of a disaster has been established; and
- (5) EMCTs will only perform tasks within their scope of practice.

ARTICLE XI

DISCHARGE PLANNING AND DISCHARGE SUMMARIES

11.1. Who May Discharge:

- (a) Patients will be discharged only upon the written discharge order of the Attending Physician or designee. Should a patient insist on leaving the Hospital against medical advice, or without proper discharge, a notation of the incident will be made in the patient's health record, and the patient will be asked to sign the Hospital's release form.
- (b) At the time of discharge, the Attending Physician or his or her designee will review the record for completeness, state the principal and secondary diagnosis (if one exists) and authenticate the entry.

11.2. Identification of Patients in Need of Discharge Planning:

- (a) All patients who are likely to suffer adverse health consequences upon discharge if there is no adequate discharge planning will be identified at an early stage of hospitalization.
- (b) Criteria to be used in making this evaluation include:
 - (1) functional status;
 - (2) cognitive ability of the patient; and
 - (3) family support.

11.3. Discharge Planning:

- (a) Discharge planning will be an integral part of the hospitalization of each patient and an assessment will commence as soon as possible after admission. The discharge plan and assessment, which includes an evaluation of the availability of appropriate services to meet the patient's needs after hospitalization, will be documented in the patient's health record.
- (b) Discharge planning will include determining the need for continuing care, treatment, and services after discharge or transfer.

11.4. Discharge Summary:

- (a) A concise discharge/death summary will be prepared and signed by the Attending Physician discharging the patient. All discharge/death summaries will include the following:
 - (1) reason for hospitalization;
 - (2) significant findings;
 - (3) procedures performed and care, treatment, and services provided;
 - (4) condition at discharge or cause of death, if known;
 - (5) information provided to the patient and family, as appropriate;
 - (6) final diagnoses and relevant co-morbidities; and
 - (7) disposition, including discharge medications.
- (b) A final legible progress note or Valleywise Health pre-approved form may be substituted for a discharge summary only in the case of normal newborn infants, uncomplicated vaginal deliveries, outpatient observation stays, and uncomplicated length of stay of under 48 hours. The progress note must be authenticated by the Attending Physician.
- (c) Whether delegated or non-delegated, the practitioner who writes the discharge summary will authenticate, date and time his or her entry and for delegated discharge summaries the Attending Physician responsible for the patient during his or her hospital stay shall co-authenticate and date the discharge summary.

11.5. Discharge of Minors and Incompetent Patients:

Any individual who cannot legally consent to his or her own care will be discharged only to the custody of parents, legal guardian, or another responsible party unless otherwise directed by the parent, guardian, or court order. If the parent or guardian directs that discharge be made otherwise, that individual will so state in writing and the statement will become a part of the permanent health record of the patient.

11.6. Discharge Instructions:

Upon discharge, the Attending Physician, or designee, will arrange that the patient or legal guardian be given written discharge instructions.

ARTICLE XII

TRANSFER TO ANOTHER HOSPITAL OR HEALTH CARE FACILITY

12.1. Transfer:

The process for providing appropriate care for a patient, during and after transfer from the Hospital to another facility shall be provided in accordance with Hospital policy and procedures.

ARTICLE XIII

MISCELLANEOUS

13.1. Patient Death and Death Certificates:

- (a) Pronouncement of death will be made by the Attending Physician, or the Nurse Practitioner, or Physician Assistant in accordance with their respective professional licensing requirements. In addition, appropriate entry in the health record will be made by the attending physician, Nurse Practitioner, or Physician Assistant prior to the release of the body to the Hospital morgue.
- (b) Death certificates are the responsibility of the Attending Physician, Nurse Practitioner, or Physician Assistant and will be completed within 24 hours of when the certificate is available to the Attending Physician, Nurse Practitioner, or Physician Assistant.
- (c) The body of a deceased patient can be released only with the consent of the parent, legal guardian, or responsible person, and only after an entry has been made in the deceased patient's health record by the Attending Physician or other designated member of the Medical Staff, and completion of the "Human Remains Form" by the Attending Physician or other designated member of the Medical Staff.
- (d) The Medical Examiner should be informed of a death in accordance with state and local laws.

13.2. Autopsies:

- (a) The Attending Physician should attempt to secure autopsies in accordance with state and local laws. The Attending Physician will be notified when an autopsy is to be performed and will be responsible for securing permission, whenever possible.
- (b) Any request for an autopsy by the family of a patient who died while at the Hospital will be honored if at all possible. Difficulties or questions that arise with such a request will be directed to the Chief Medical Officer.
- (c) The Medical Staff will be actively involved in the assessment of the developed criteria for autopsies.

13.3. Treatment of Family Members:

- (a) No member of the Medical Staff will admit, treat or participate in the surgery of a member of his or her immediate family, including spouse, parent, child, or sibling,

unless otherwise approved by the Chief Medical Officer or the Chief of Staff. This prohibition is not applicable to in-laws or other relatives.

- (b) An exception to this prohibition will be made (1) if the patient's disease is so rare or exceptional and the physician is considered an expert in the field or (2) in an emergency where no other Medical Staff member is readily available to care for the family member, and a transfer is believed to be detrimental to the patient's health.

13.4. Self Treatment

Members of the Medical Staff are strongly discouraged from treating themselves, except in an emergency situation or where no viable alternative treatment is available.

13.5. Investigational Research:

All research will be conducted in accordance with Hospital policies and procedures as established by the Institutional Review Board (IRB).

13.6. End of Life/DNR Policy:

The Medical Staff will administer care in accordance with the Hospital's End of Life and Do Not Resuscitate (DNR) policies and procedures for those competent adult patients who knowingly choose to forgo treatment.

13.7. Emergency Preparedness:

All members of the Medical Staff will be familiar with the Hospital Emergency Preparedness Plan and related policies as they relate to their role in disaster drills and in a real disaster. The provisions of the Hospital Emergency Preparedness Plan and related policies will supersede normal Hospital procedures.

ARTICLE XIV

AMENDMENTS

An amendment to the Medical Staff Rules and Regulations may be made by a majority vote of the members of the Medical Executive Committee present and voting at any meeting of that committee where a quorum exists. Notice of all proposed amendments to this document shall be provided to each voting member of the Medical Staff at least 14 days prior to the Medical Executive Committee meeting when the vote is to take place, and any voting member may submit written comments on the amendments to the Medical Executive Committee. Adoption of and changes to the Medical Staff Rules and Regulations will become effective only when approved by the Board.

ARTICLE XV

ADOPTION

These rules and regulations are adopted and made effective upon approval of the Board, superseding and replacing any and all other bylaws, rules and regulations, policies, manuals of the Medical Staff, or the Hospital policies pertaining to the subject matter thereof.

Adopted by the Medical Staff:

Medical Executive Committee
~~2021~~January 11, 2022

Date: ~~October 12,~~

~~Approved by the Board of Directors:~~

Approved by the Maricopa Special Healthcare District Board of Directors
Date: ~~October 27, 2021~~January 26, 2022

Revisions:

1980, 1981, 1982, 1/83, 08/83, 05/84, 07/87, 08/88, 11/88, 04/89, 01/91, 07/91, 12/91, 05/92, 12/92, 10/94, 11/95, 05/96, 10/96, 02/98, 07/98, 04/2000, 06/2001, 08/2001, 09/2002, 10/2004 (New Governance Change Only), 05/2005, 05/2006, 08/006, 05/2007, 08/2007, 02/2008, 09/2008, 08/2010, 01/2011, 02/2012, 06/2012, 01/2013, 09/13, 11/13, 04/2016, 01/2017, 2/2019, 9/2019, 6/2020, 08/2020, 10/2020, 11/2020, 10/2021, 01/2022



Valleywise Community Health
Centers Governing Council
Meeting

February 2, 2022

Item 2.

Service Area Competition (SAC)
Application and Project Abstract



Office of the Senior Vice President & CEO FQHC Clinics
2601 East Roosevelt Street • Phoenix • AZ • 85008

Date: February 2, 2022

To: Valleywise Community Health Centers Governing Council

From: Barbara Harding, BAN, RN, MPA, PAHM, CCM
Sr VP Amb Services & CEO FQHC Clinics

Subj: FY 2022 HRSA Services Area Competition (SAC) Application
Project Abstract for Valleywise Health

A HRSA SAC Application is a request for federal financial assistance to continue comprehensive primary care services provision as a Federally Qualified Health Center (FQHC). Existing FQHCs in good standing are eligible to reapply for continued funding when HRSA issues a SAC Notice of Funding Opportunity (NOFO) for their service area.

The Valleywise Health SAC NOFO was released on December 9, 2021. The first phase of the application is submission of the Project Abstract, due on February 7, 2022. The Project Abstract is a brief description of the proposed project including the needs to be addressed, the proposed services, and the population groups to be served.

Attached is the FY 2022 HRSA SAC Application Project Abstract for Valleywise Health.

PROJECT ABSTRACT

Project Title: Service Area Competition (SAC) Competing Continuation

Applicant Name: Maricopa County Special Health Care District, dba Valleywise Health

Address: 2601 E. Roosevelt Street, Phoenix, AZ 85008

Project Director: Barbara Harding, BAN, RN, MPA, PAHM, CCM, Senior Vice President of Ambulatory Services and CEO FQHC Clinics

Contact: (Ph) 602-344-1129; **Email:** barbara.harding@valleywisehealth.org

Website: <https://valleywisehealth.org/>; **Requested Grant Funding:** \$650,000

Needs to Be Addressed, Proposed Services, and Population Groups to Be Served: Valleywise Health (VH) is the only public teaching hospital and health care system in Arizona providing primary and specialty care services predominantly to underserved, low-income and ethnically diverse populations. For nearly 150 years, VH has built a reputation of quality health and medical services by placing compassion at the forefront of care. As a Health Center Program with Community Health Center designation, VH provides services at 11 FQHC clinics located throughout Maricopa County: 1) North Phoenix, 2) South Central Phoenix, 3) South Phoenix/Laveen, 4) Phoenix, 5) McDowell, 6) Avondale, 7) Chandler, 8) Guadalupe, 9) West Maryvale, 10) Mesa, and 11) Peoria. Maricopa County is geographically located in the south-central portion of Arizona and spans 9,224 miles. The largest city, Phoenix, is both the County seat and the State capital. The target population within Maricopa County is ethnically/racially diverse (73%), of which 31% are Hispanic and 6.4% are Black/African American. Over 40% of VH patients are non-English speaking. In Fiscal Year 2021, 76% of patients obtaining services at VH FQHC clinics utilized AHCCCS (State of Arizona Medicaid), Medicare, the VH Financial Assistance Program (sliding fee scale) or were self-pay.

The VH service area has high rates of poor health indicators, including obesity, diabetes, cardiovascular disease, and respiratory illness. Individuals living within medically underserved areas frequently experience challenges with accessing care. To combat these challenges, VH is dedicated to addressing the social determinants of health for all patients. Family Learning Centers (FLCs), initially established for families with children ages 0-5 years, are currently embedded within the Chandler, West Maryvale, South Phoenix/Laveen, North Phoenix, Phoenix, South Central Phoenix and Peoria clinics and provide healthcare guidance and resources, parenting activities, community referrals, and education classes. Additionally, VH is certified by NCQA as a Patient-Centered Medical Home and adheres to a model of health care that is relationship-based with an orientation toward the whole person. VH has been actively involved in the Federal Ryan White HIV/AIDS Program (RWHAP) since receiving HRSA Demonstration Project funding in 1990. The McDowell clinic serves as the largest provider of HIV/AIDS-related medical care for adults across Maricopa County. In response to significant growth in refugee new arrivals to the Phoenix metropolitan area in recent years and the commitment to serving the entire family, the VH Refugee Women's Health Clinic (RWHC), founded in 2008, has grown to include the Refugee Pediatric Clinic and the Refugee Family Medicine Clinic. In the 14 years since its inception, the RWHC has cared for over 16,000 refugees, including 9,000 women from 64 countries representing 62 spoken languages, and delivered over 2,000 newborns.

VH projects to deliver comprehensive, culturally competent primary health services and integrate access to pharmacy, mental health, substance use disorder, and oral health services to 85,683 unique patients in 279,306 visits across the 11 FQHC clinics located in Services Area #387, Phoenix Metropolitan Area, Arizona. VH proposes to expand FLCs into Community Learning Centers and increase services that support access to non-medical, social, education and other related services, including chronic disease management for adults. A formal request for a Change in Scope is planned to add Additional Enabling/Supportive Services to the Scope of Project reflecting this expansion and ensuring patients are provided continued support with access to services beyond any required case management.



Valleywise Community Health
Centers Governing Council
Meeting

February 2, 2022

Item 3.

Compliance Training and Conflict
of Interest Education

FY2022 Valleywise Community Health Centers Governing Council - Compliance Training

Reporting Group: Compliance and Internal Audit

Person Reporting:

L.T. Slaughter, Jr., CPA, CGMA, CHC, CISSP, CISA, MBA

Reporting period: FY2022

Chief Compliance Officer/Privacy Officer

Expectations for Board Oversight of Compliance Program Functions

- A Board must act in good faith in the exercise of its oversight responsibility for its organization, including making inquiries to ensure: (1) a corporate information and reporting system exists and (2) the reporting system is adequate to assure the Board that appropriate information relating to compliance with applicable laws will come to its attention timely and as a matter of course.

Expectations for Board Oversight of Compliance Program Functions

- The existence of a corporate reporting system is a key compliance program element, which not only keeps the Board informed of the activities of the organization, but also enables an organization to evaluate and respond to issues of potentially illegal or otherwise inappropriate activity.

OBJECTIVES

In this training, you will learn about our approach:

- ❑ Understand the Your Business - Overview of Valleywise Health (including the FQHC Structure)
- ❑ Understand the Healthcare Environment - Key Regulations and Trends
- ❑ Risk Assessment Process - Identification and Prioritization of Risks
- ❑ Risk Mitigation Process - Board Oversight, Conflict of Interest, Management Oversight, FAC Committee, Compliance Program, Internal Audit, Revenue Cycle, Performance Excellence, etc.

METHODOLOGY AND APPROACH

Our Methodology and Approach



1 ***Understand the Business***

- Conducted interviews with various members of Valleywise Health Management and Healthcare Industry leaders;
- Considered whether any key initiatives or changes to Valleywise Health' strategic plan may impact the risk profile of the organization;
- Reviewed the audit and compliance work plans and priorities of other health systems to determine current areas of focus by others in the industry.

2 ***Risk Assessment***

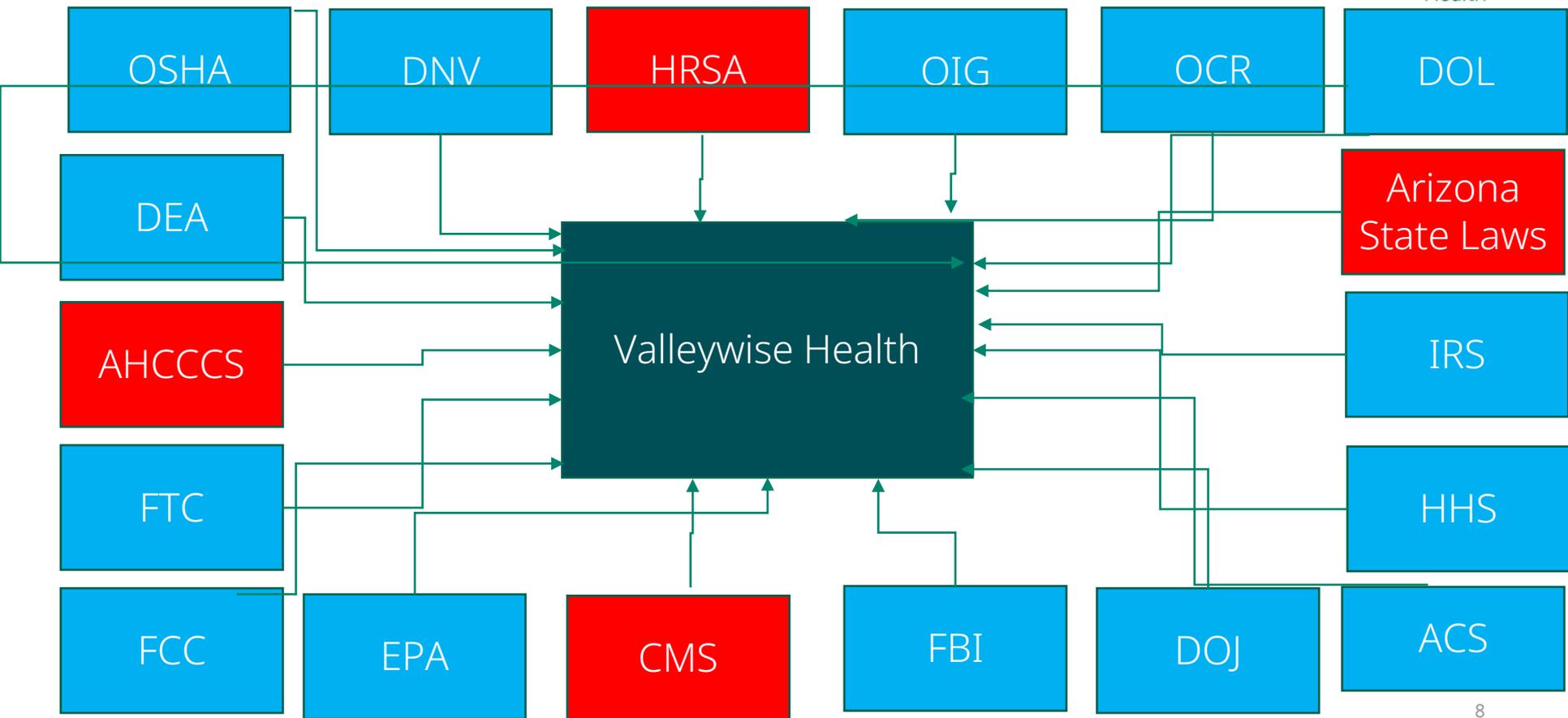
- Prioritized risks and areas of concern based on the importance to business performance, impact to the organization and the likelihood of control /process issues;
- Considered the prior year risk assessments and work completed in FY20 & FY21 and the findings from previous internal audit and compliance activities.

3 ***Prioritized Internal Audit and Compliance Plan***

- Proposed a list of compliance and internal audit projects focused on the risks identified and areas of concern to be completed in FY2022. These will be reassessed quarterly.

UNDERSTAND THE HEALTHCARE ENVIRONMENT

Healthcare Regulation/Quality Oversight Bodies

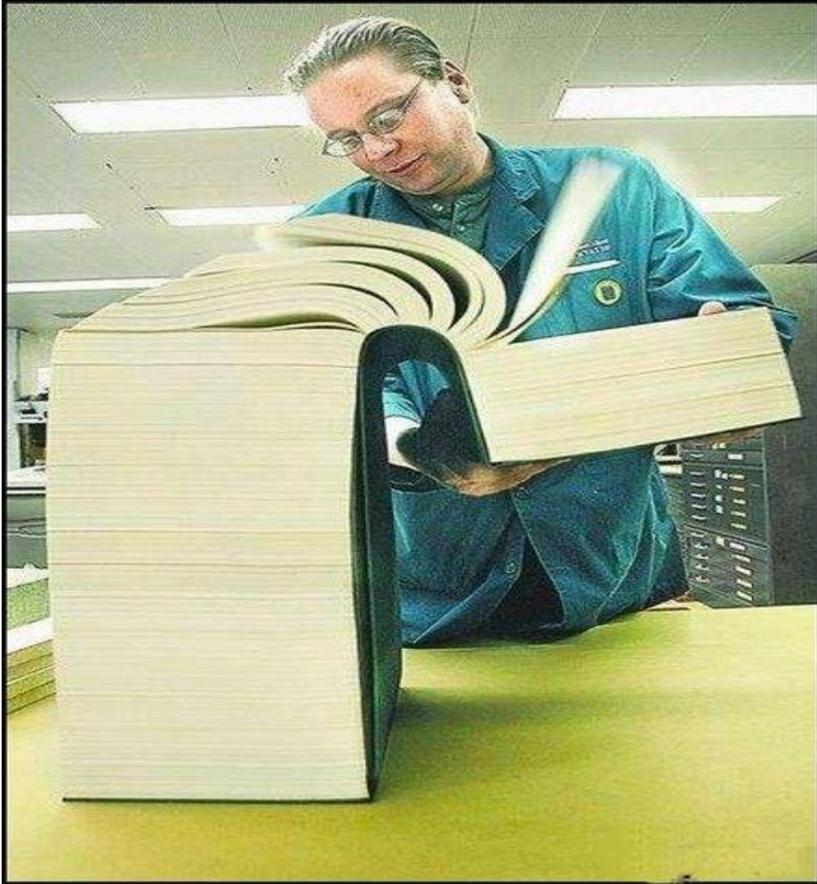


Healthcare Regulation Oversight Bodies

- ❑ Arizona Healthcare Cost Containment System (AHCCCS)
- ❑ Center for Medicare and Medicaid Services (CMS)
- ❑ Health Resources and Services Administration (HRSA)
- ❑ United States Department of Justice (DOJ)
- ❑ Office of Inspector General (OIG)
- ❑ Office for Civil Rights (OCR)
- ❑ Valleywise Health District policies
- ❑ Internal Revenue Service (IRS)
- ❑ Food and Drug Administration (FDA)
- ❑ Many Others (OSHA, FCC, DEA, etc.)

Top Risks Changes for Valleywise Health in 2022

1. Pandemic Impacts (Burnout, vacancies, process changes etc.) (Increased)
 2. Cybersecurity (Increased)
 3. Telehealth Explosion (Increased)
 4. Supply Chain (Reshoring) (New)
 5. Price transparency (New)
 6. Forecasting (Increased)
 7. Clinical quality (Increased)
 8. Physician alignment and Contracting (Increased)
 9. Patient safety (Increased)
 10. Construction Management (Increased)
 11. Emergency preparedness (Increased)
 12. Third-party vendor management (Increased)
 13. Case management (Increased)
- And many more!



Changes to current healthcare regulations

(No Surprise Act)

Below are some risks that may affect how you do your oversight



1. **AHCCCS State Medicaid Plan**
2. **HRSA (Regulates Federally Qualified Health Center (FQHC))**
3. **Affordable Care Act (MACRA)**
4. **Anti-Kickback Statutes**
5. **Emergency Medical Treatment and Active Labor Act (EMTALA)**
6. **HIPAA (Health Insurance Portability and Accountability Act) and HITECH.**
7. **Medicare Rules – Condition of Participation**
8. **Care Re-imagined**
9. **False Claims Act and the Federal Sentencing Guidelines**
10. **Deficit Reduction Act of 2005**
11. **OSHA, FDA, and EPA Laws (DNV, Occupational Safety and Health Administration, Food and Drug Administration, Environmental Protection Agency).**
12. **Others (Arizona State Regulations, LEP 1557, Payment Suspensions, 60 Day Rule, etc.)**

UNDERSTAND THE BUSINESS

Understand the Business – Valleywise Health's Main Business Units



Valleywise Health

A - Acute
Care
Hospital

B – Graduate
Medical
Education
(Residency
Program)

C - FQHC

D -
CHC

E -
Behavioral
Health

F - DMG
(District Medical
Group)

G - ACO
(ACN)

H – Grants
and
Research

I – Care Re-
imagined

Understand the Business – Valleywise Health's Major Payers/Revenue

Valleywise Health

1 – AHCCCS
(60%)

2 – Ad Valorem
Tax

3 -
Commercial

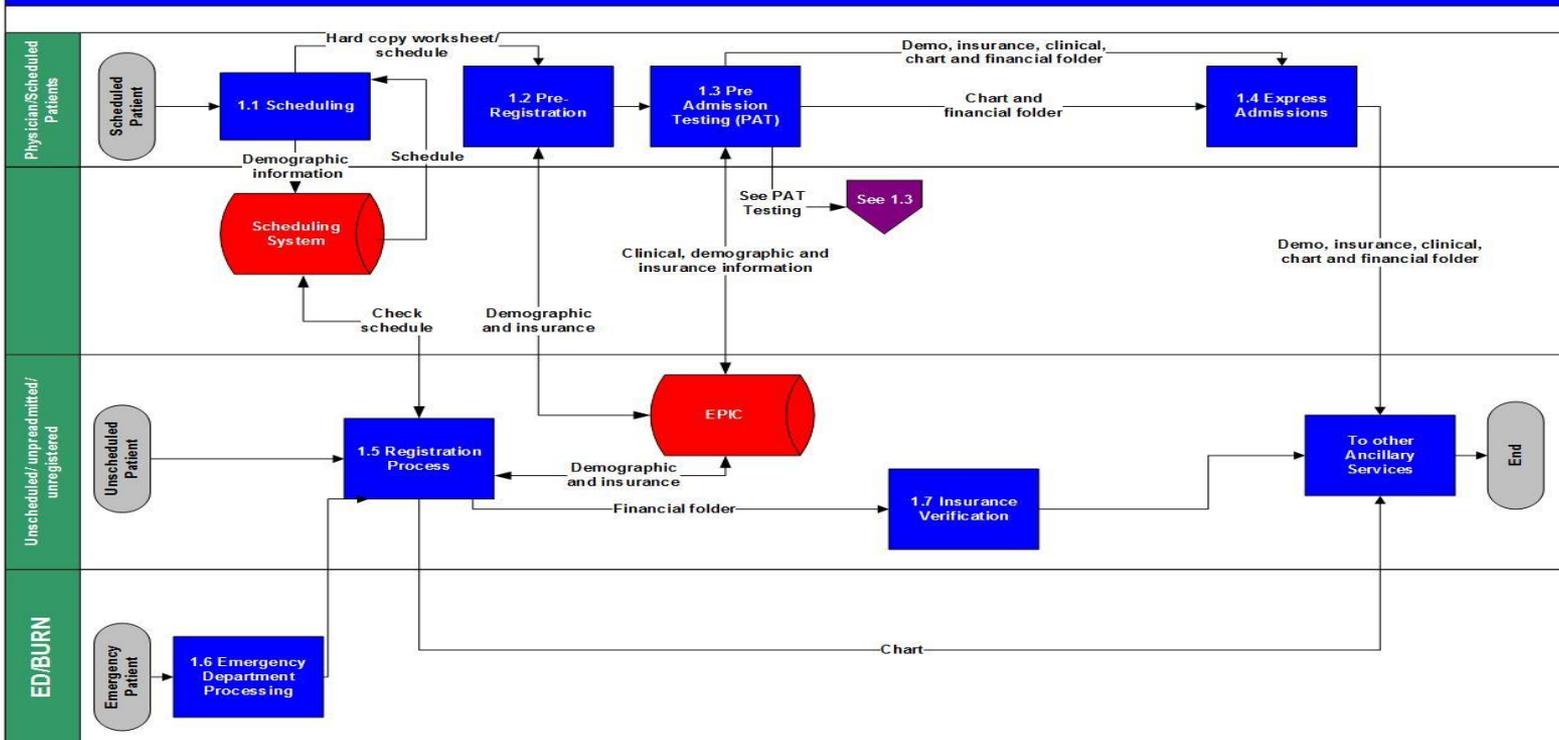
4 - Medicare

5 - Grants

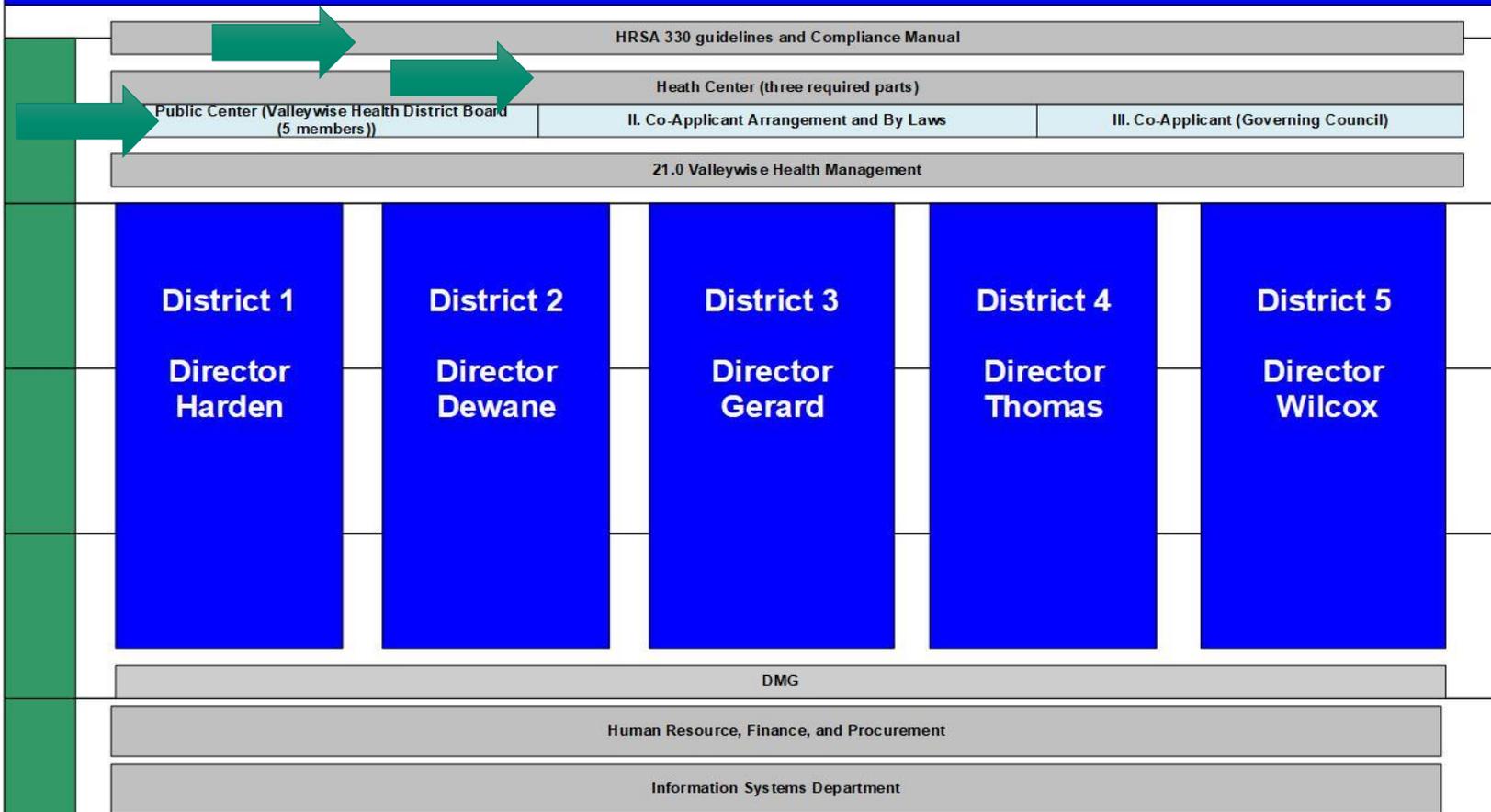
6 - Self
Pay

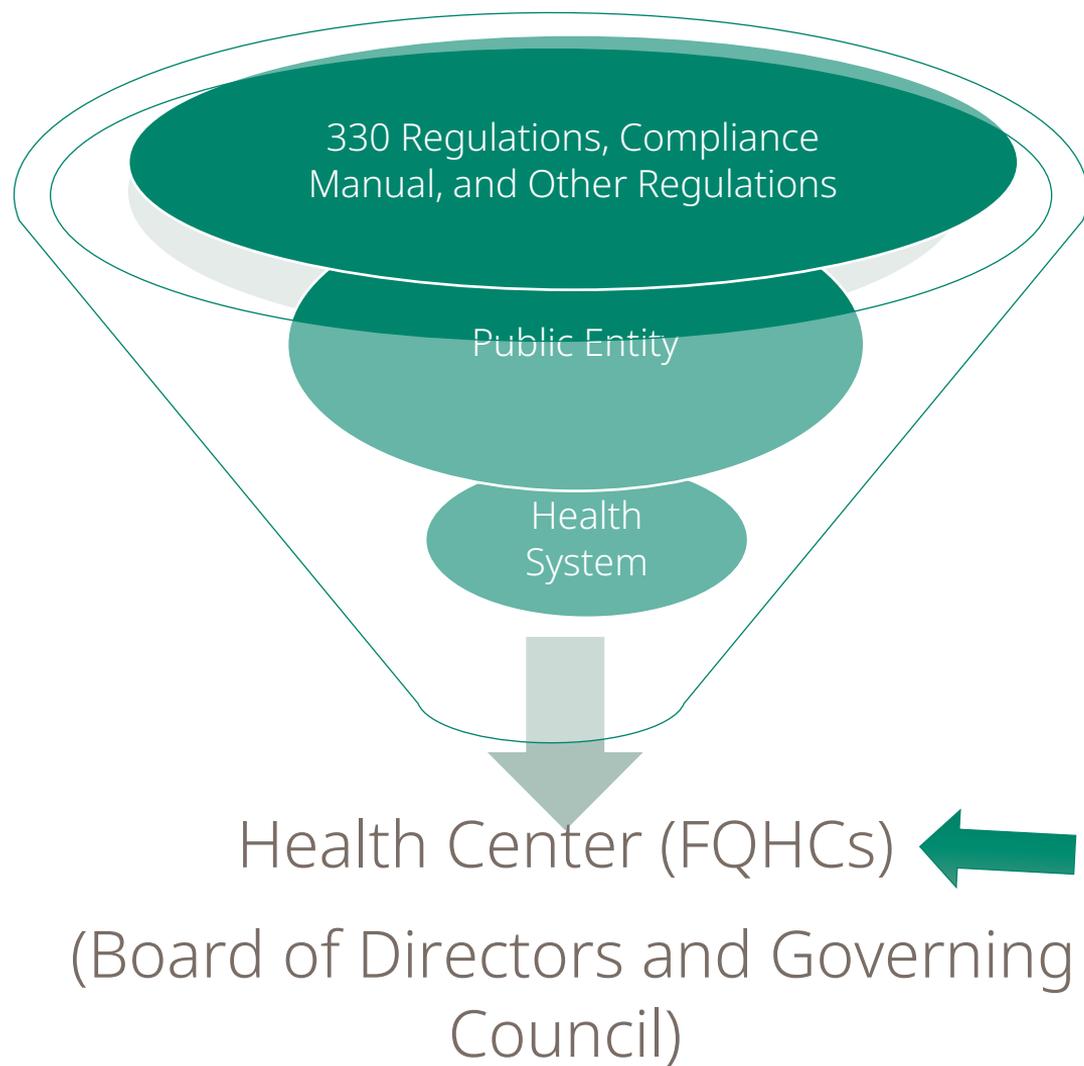
Overview of the Revenue Cycle: EXAMPLE

1.0 Admissions

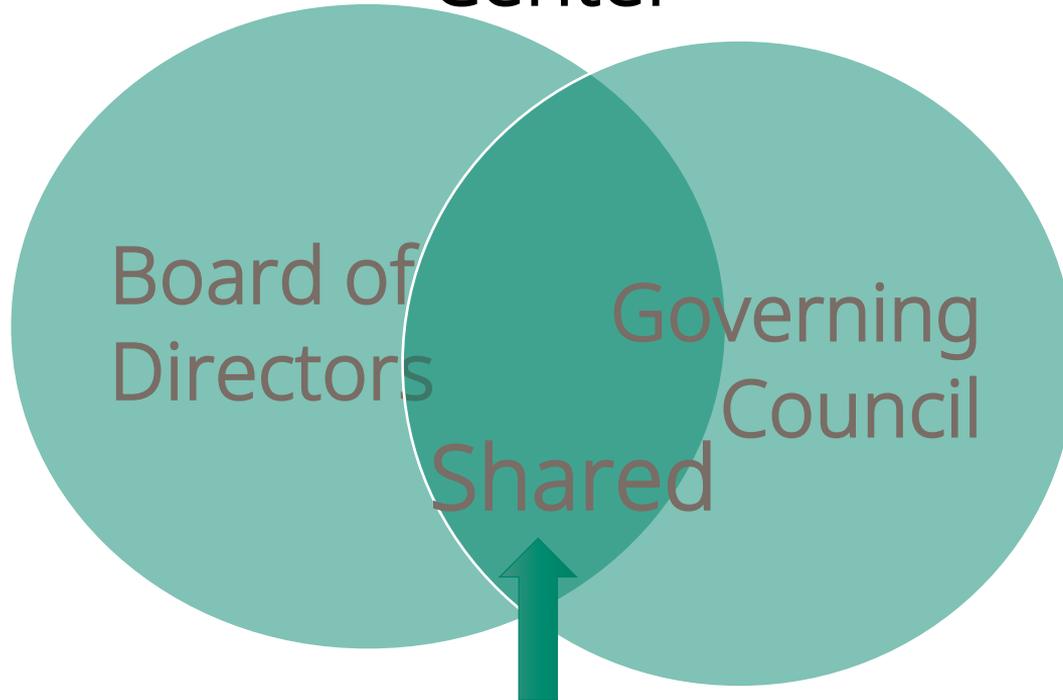


Valleywise Health - District Board and Governing Council Overview - 2022





Responsibilities of the Health Center



CO-APPLICANT OPERATIONAL ARRANGEMENT
Between the
MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
and the
VALLEYWISE COMMUNITY HEALTH CENTERS GOVERNING COUNCIL

See Co-Applicant Arrangement

Health Center Program Compliance Manual Overview and Site Visit Guidance



The Health Resources and Services Administration's (HRSA) Bureau of Primary Health Care (BPHC) is responsible for effective and efficient oversight of the Health Center Program. This includes ensuring that health centers comply with applicable statutory and regulatory requirements for the Health Center Program. The Health Center Program Compliance Manual serves as a streamlined and consolidated resource to assist health centers in understanding and demonstrating compliance with Health Center Program and Federal Torts Claims Act program requirements.

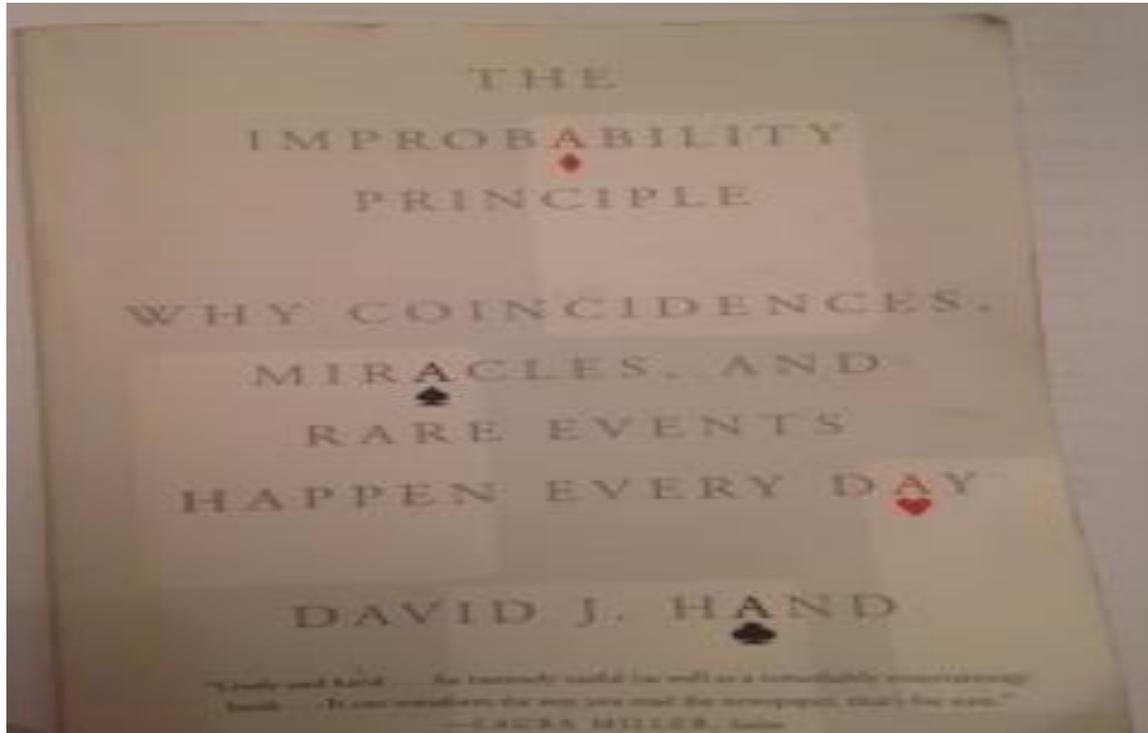
FQHC TIMELINE:



- 10/2018 - **First** site visit in nine years was a successful... achieving 90/93 Elements (97%)
- 9/2019 - We received full FQHC status in September 2019.
- 2/2020 - Technical Assistance Review
- 8/2021 – **Operational Site Visit (OSV) – 93/93 Elements!! Great Job Ambulatory Team!!**

RISK ASSESSMENT

The Improbability Principle

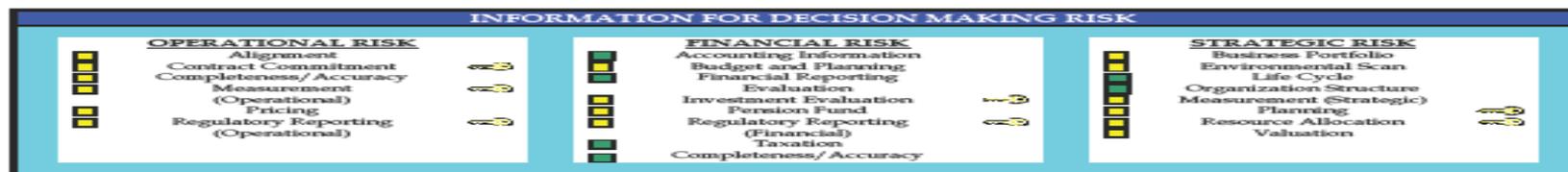


The Enterprise Risk Management Process

The ERM process includes the following major components:

- Risk identification
- Prioritization and scoring of risks
- Risk response - This involves developing and implementing an action plan to avoid, accept, reduce or finance risks

Enterprise Risk Management Prepared By L.T. Slaughter



Enterprise Risk: ■ High ■ Medium ■ Low Key Enterprise Risk

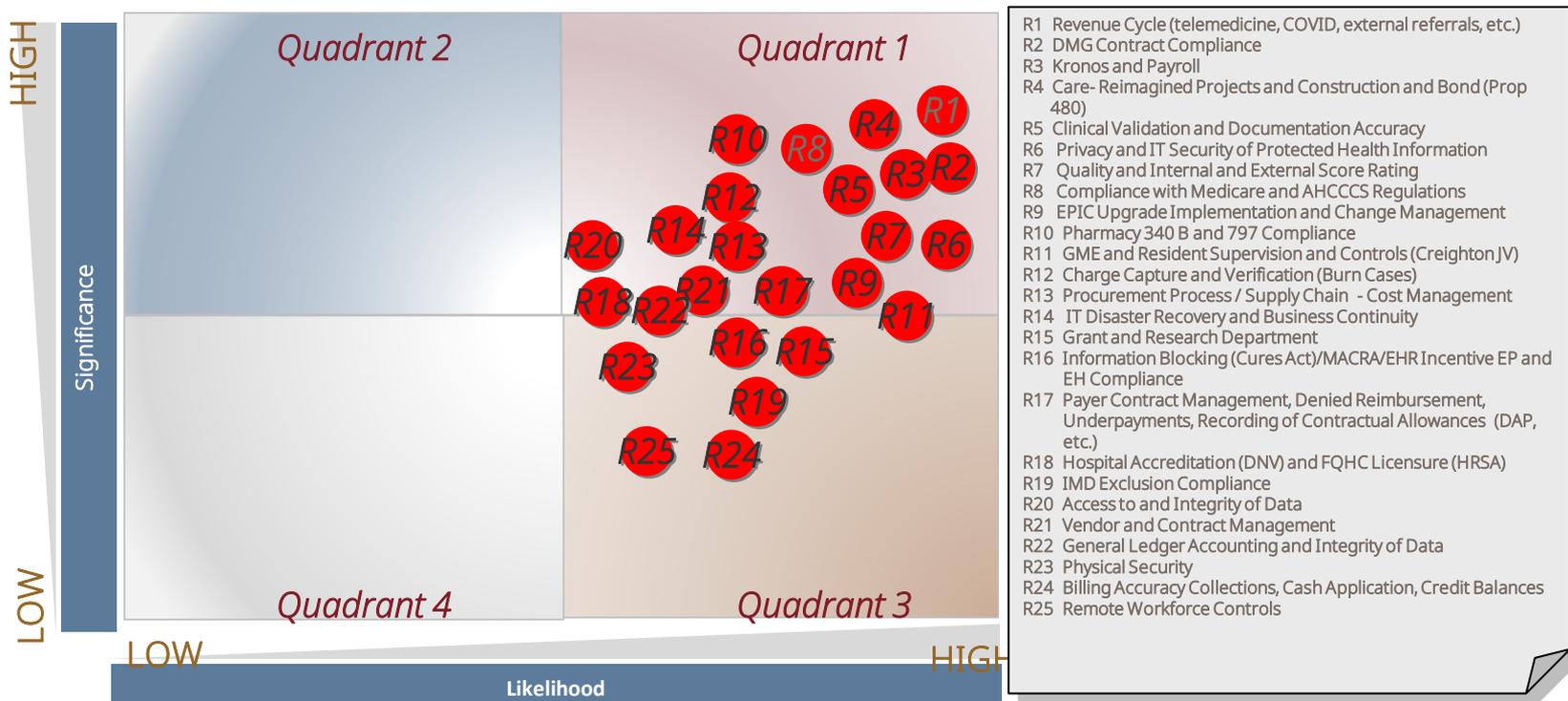
Risk Assessment Process - Key Risks (Example)



- R1 Revenue Cycle (telemedicine, COVID, external referrals, etc.)
- R2 DMG Contract Compliance
- R3 Kronos and Payroll
- R4 Care- Reimagined Projects and Construction and Bond (Prop 480)
- R5 Clinical Validation and Documentation Accuracy
- R6 Privacy and IT Security of Protected Health Information
- R7 Quality and Internal and External Score Rating
- R8 Compliance with Medicare and AHCCCS Regulations
- R9 EPIC Upgrade Implementation and Change Management
- R10 Pharmacy 340 B and 797 Compliance
- R11 GME and Resident Supervision and Controls (Creighton JV)
- R12 Charge Capture and Verification (Burn Cases)
- R13 Procurement Process / Supply Chain - Cost Management
- R14 IT Disaster Recovery and Business Continuity
- R15 Grant and Research Department
- R16 Information Blocking (Cures Act)/MACRA/EHR Incentive EP and EH Compliance
- R17 Payer Contract Management, Denied Reimbursement, Underpayments, Recording of Contractual Allowances (DAP, etc.)
- R18 Hospital Accreditation (DNV) and FQHC Licensure (HRSA)
- R19 IMD Exclusion Compliance
- R20 Access to and Integrity of Data
- R21 Vendor and Contract Management
- R22 General Ledger Accounting and Integrity of Data
- R23 Physical Security
- R24 Billing Accuracy Collections, Cash Application, Credit Balances
- R25 Remote Workforce Controls

Risk Assessment Process– Prioritization Map (Example)

The map below depicts the highest rated risks based on feedback from interviews and other data gathering. The risks are plotted based on their individual significance to the business along with the likelihood that issues and / or improvement opportunities currently exist. The highest risk areas are shown in Quadrant 1 and generally include those risks that are inherently high for the industry or are a known concern to MIHS.



Updated: Top risks for healthcare organizations (Valleywise Health) in FY2022



1. Pandemic Impacts (Burnout, vacancies, process changes, etc.) (Increased)
 2. Cybersecurity (Increased)
 3. Telehealth Explosion (Increased)
 4. Supply Chain (Reshoring) (New)
 5. Price transparency (New)
 6. Forecasting (Increased)
 7. Clinical quality (Increased)
 8. Physician alignment and Contracting (Increased)
 9. Patient safety (Increased)
 10. Construction Management (Increased)
 11. Emergency preparedness (Increased)
 12. Third-party vendor management (Increased)
 13. Case management (Increased)
- And many more!

Internal Audit

Internal Control

- In 2013, the **Committee of Sponsoring Organizations of the Treadway Commission (COSO)** updated their model for evaluating internal controls.
- This model has been adopted as the generally accepted framework for internal control.
- The COSO model defines internal control as: a process, effected by an entity's board of directors, management and other personnel, designed to provide "reasonable assurance" regarding the achievement of objectives in the following categories:
 - Effectiveness and efficiency of operations
 - Reliability of financial reporting
 - Compliance with applicable laws and regulations



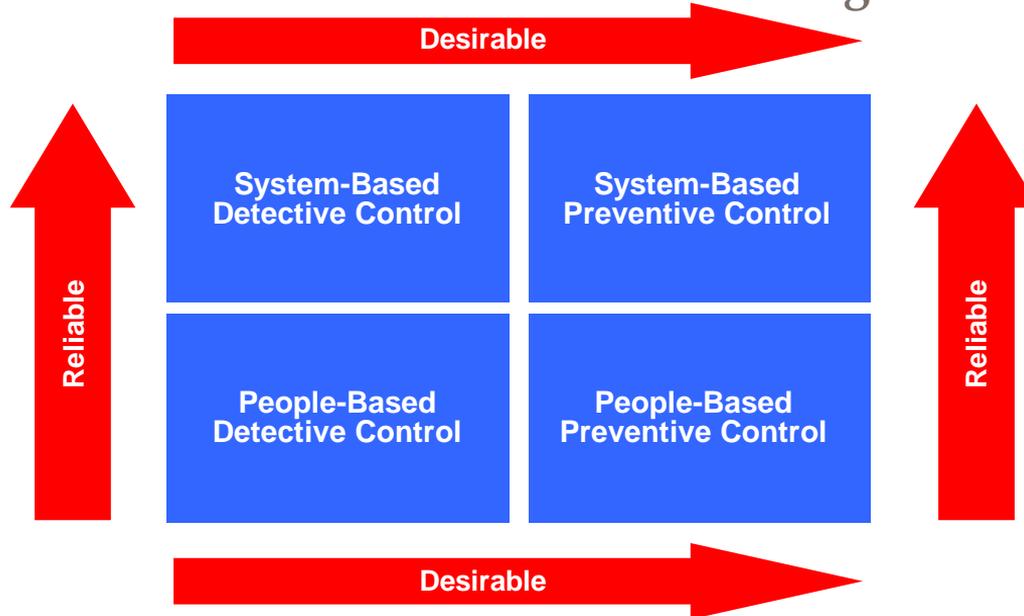
Types of Internal Controls

- **Preventive** - controls that prevent the loss or harmful event from occurring.
 - Segregation of duties minimizes the chance an employee can issue fraudulent payments (i.e. one person submits a payment request, but a second person must authorize it).
- **Detective** - controls that monitor activity to identify instances where practices or procedures were not followed.
 - An exception report that detects and lists incorrect or invalid entries or transactions.
- **Corrective** - controls that restore the system or process back to the state prior to a harmful event.
 - A full restoration of a system from backup tapes after evidence is found that someone has improperly altered the payment data.

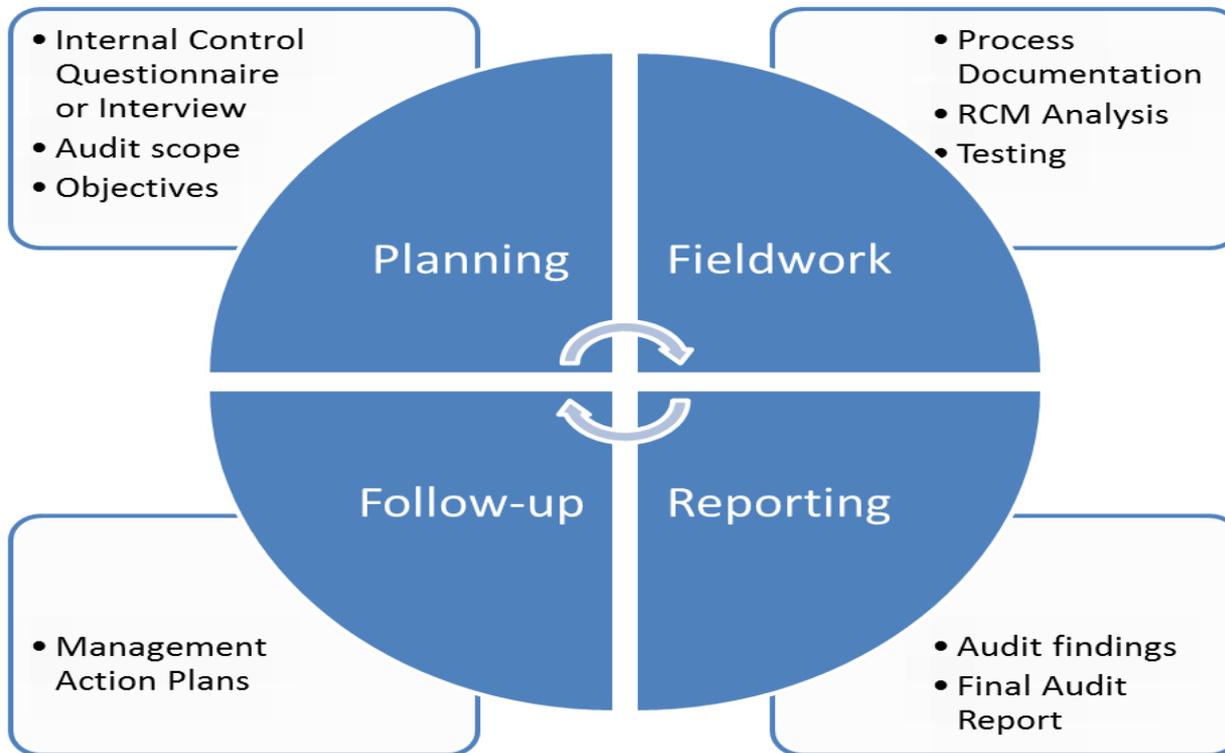
Determine Controls that Mitigate Risks

CONTROL / kun-'trol (*noun*): to reduce the incidence or severity of, especially to innocuous levels.

Control Types Evaluate Controls Design



The Internal Audit Process



Compliance Program and Code of Conduct and Ethics

Valleywise Health's Compliance Plan

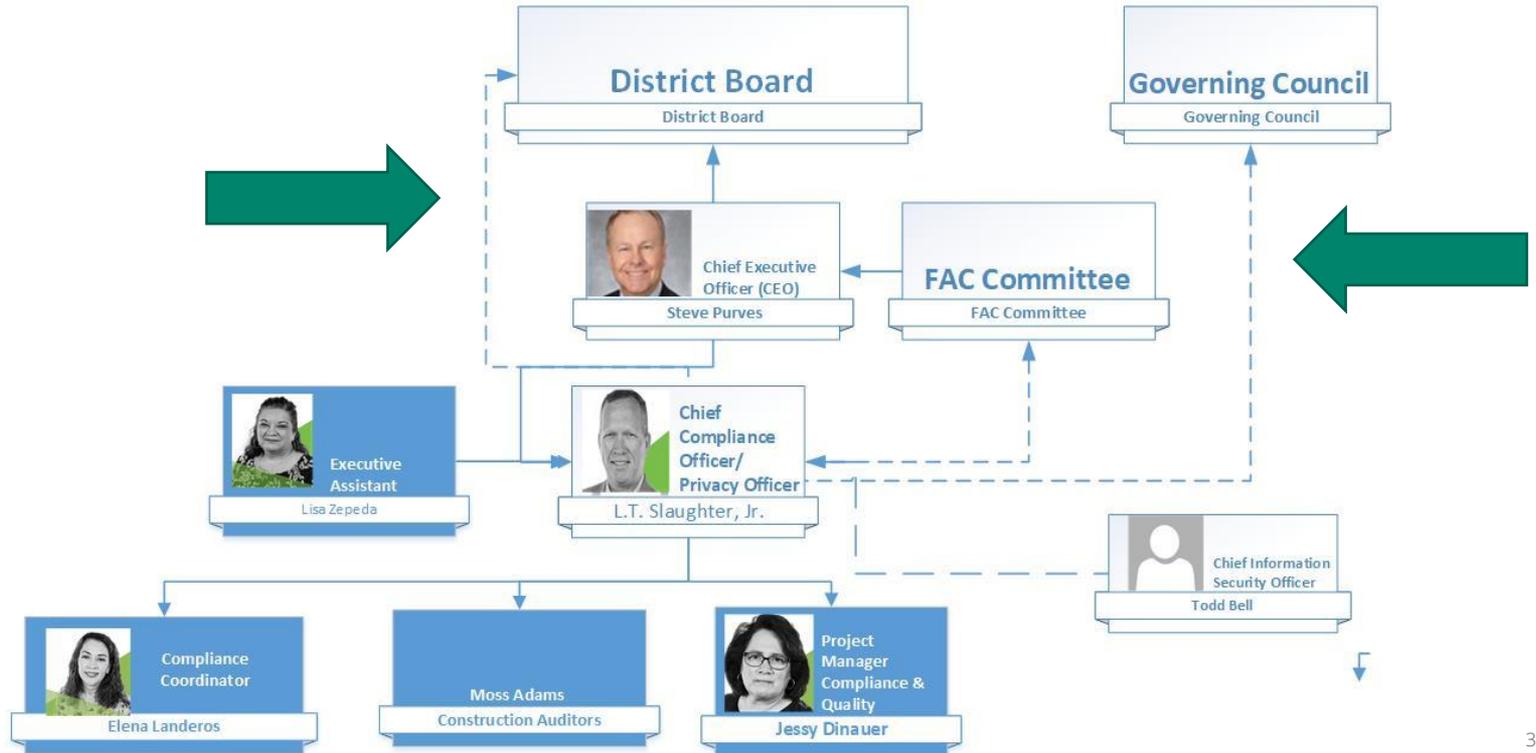
To help the organization follow rules and be ethical, the Office of Inspector General (OIG) has listed seven elements that facilities should include in their corporate compliance plan. Valleywise Health has used the OIG's guideline as a model, and it is the responsibility of all employees to understand ours



Valleywise Health's Compliance Plan



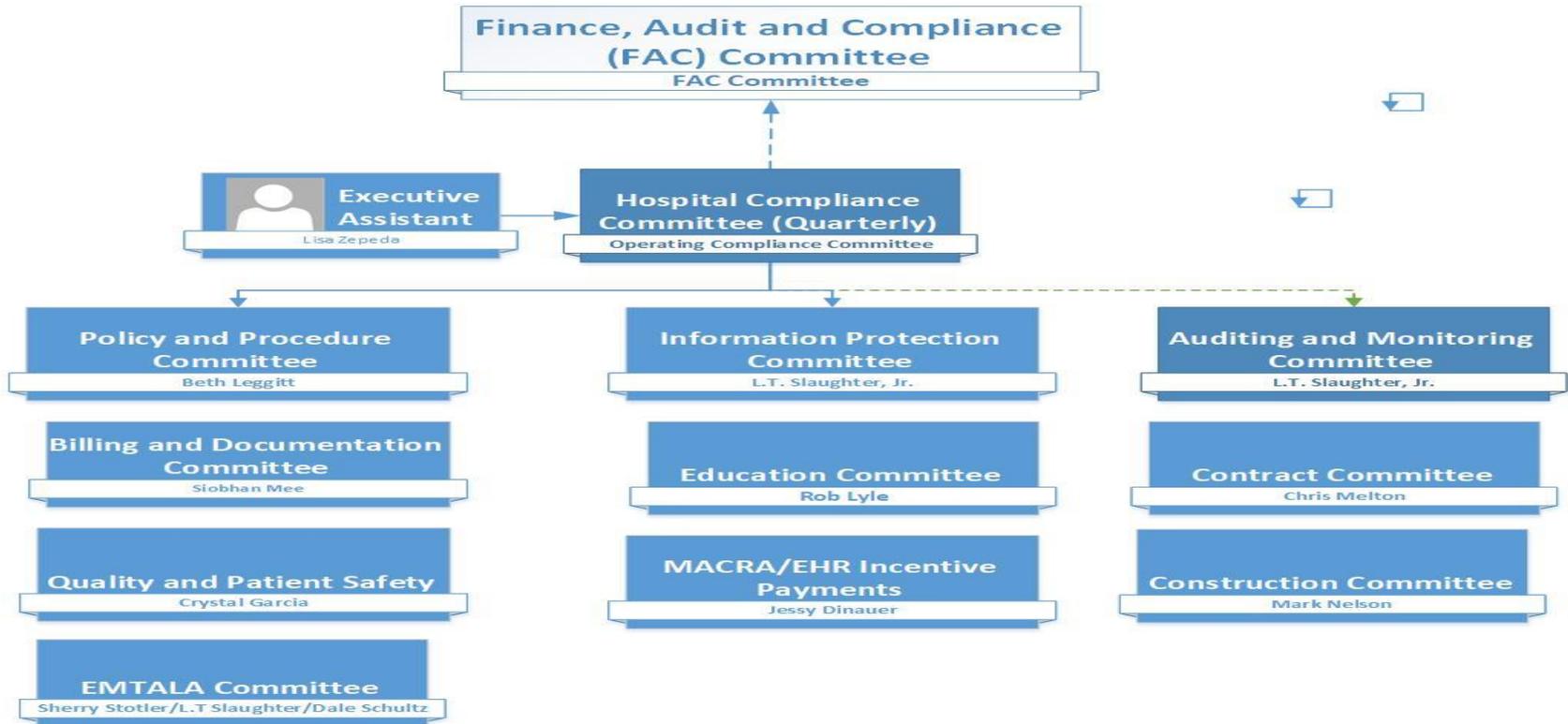
Valleywise Health Compliance Department Organization Chart and Reporting Structure



Valleywise Health's Compliance Plan



Valleywise Health Compliance Committee Structure



Element One: Code of Conduct and Ethics (“The Code”) and Policies and Procedures

THE CODE

“The Code” has been adopted by Valleywise Health to provide standards by which the Board of Directors, employees, officers, medical staff and agents will conduct themselves to protect and promote organization-wide integrity and to enhance Valleywise Health’s ability to achieve its organizational mission.”

Policies and Procedures

All policies and procedures are located on the Vine and are contained in Compliance 360 (our online policy and procedure management system).

Compliance **360°** **Policies/Forms**

Valleywise Health

Code of Conduct and Ethics

2022*

Please sign here: _____ Date: _____

Please print your name: _____ Dept. _____

*We are requesting that you sign this today

Standards of Conduct and Ethics – “THE CODE”



- T - **Treat** all Patients with respect and dignity – Providing High Quality Services
- H - **Healthcare** Legal and Regulatory Compliance – Full Compliance with applicable laws.
- E - Avoid **Every** Conflict of Interest – maintain a duty of loyalty to Valleywise Health

- C - Relationships with Payers and Government - Satisfy the **Conditions** of Payment Required to Payers
- O – **Oversight** of Relationships with Physicians and other Providers
- D - Respect for Our Culture – Recognize our **Diverse** workforce
- E – **Electronic** Information Systems – Information is used appropriately and safeguarded zealously.

E AVOID **EVERY** CONFLICT OF INTEREST

We maintain the highest standard of integrity and objectivity in dealing with suppliers and service providers. We are prohibited from accepting or giving gifts or tips. Under no circumstances will we accept or give kickbacks in return for improperly obtaining, influencing or rewarding favorable treatment in obtaining contracts, services, referrals, goods or business.



Board Conflict of Interest



Policy #: 01291 S

Policy Title: Compliance: Conflicts of Interest and Gift Policy

II. THE MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT BOARD OF DIRECTORS CONFLICT OF INTEREST AND GIFT POLICY

The Maricopa County Special Health Care District Board of Directors shall comply with all federal and state conflict of interest laws, including but not limited to the provisions **of A.R.S. § 38-501** et. seq. in addition, any such person who has such a conflict of interest shall make such conflict known to the Clerk of the Board, and it shall be recorded in the meeting minutes, and in the conflict of interest disclosure file maintained by the Clerk of the Board. Such person shall refrain from voting upon or participating in any such matter. If, at any time a Board member develops a potential conflict of interest, such potential conflict shall be disclosed to the Clerk of the Board. Any Board member may consult Board Counsel to resolve any possible conflict of interest question.

Element Two: Oversight & Accountability - Chief Compliance Officer



Valleywise Health has designated **L.T. Slaughter, Jr.** to be the **Chief Compliance Officer**. You can reach him directly at (602) 344-5915 or submit a questions through the Vine at “ask the Compliance Officer”.



Element Three: Effective Training

We provide all new hires and existing employees as well as medical staff, residents, contractor and other agents APEX computerized training for the annual requirement. We will also be issuing awareness trainings that will cover compliance, privacy and IT security topics. Lastly, we have developed specific resources, tools and reference materials that are available in the Compliance page of the Vine.

What if training is not completed?

If the required training is not completed by year-end, then there are disciplinary policies and procedures for employees, medical staff, residents, contractor and other agents.

We achieved 99% or higher completion rate in FY 2017, 2018, 2019, 2020 AND 2021 (all physicians, courtesy, residents, agents and employees ...over 4,100 individuals)



Element Four: Lines of Communication

The Compliance Hot Line (Ethics Line) is intended to supplement existing internal communication channels. It is not intended to replace your management team, senior management or other corporate resources. The Compliance Hot Line (Ethics Line) is available when you believe that you have exhausted normal Valleywise Health channels or feel uncomfortable about bringing an issue to your supervisor or a higher-level supervisor.

The Compliance Hot Line (Ethics Line) is available 24 hours a day, seven days a week.

1-866-333-6447



Element Five: Policies, Procedures and Disciplinary Guidelines



We have a progressive disciplinary policy provided by Human Resources. This policy is available on the Vine and in Compliance 360 our online policy and procedure portal.

“We have a zero tolerance for non-compliance”.

Steve Purves President and CEO

L.T. Slaughter, Jr., Chief Compliance Officer

Compliance **360**^o

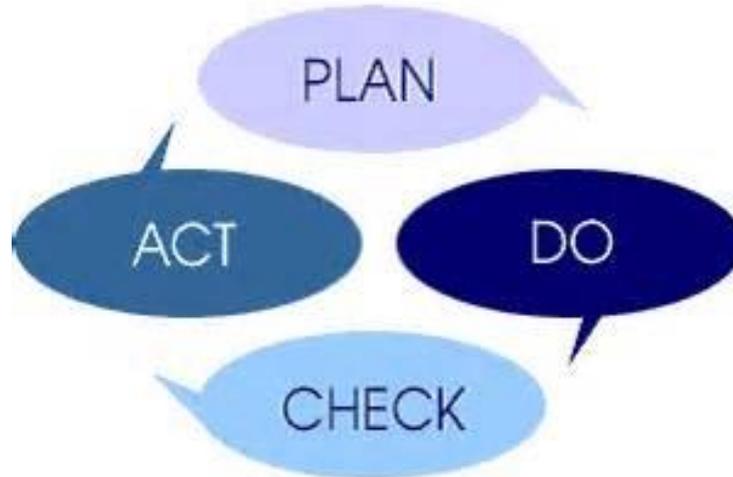
Element Six: Auditing and Monitoring

We utilize a risk-based auditing and monitoring approach. We focus on the highest risks and also implement monitoring tools throughout the organization to provide a span on controls and to identify issues as quickly as possible.



Element Seven: Corrective Actions

When an issue has been identified, the Compliance Department will work closely with management to recommend corrective action and may assist with the implementation of the plan and future monitoring for effectiveness.



Element Eight: Monitoring Effectiveness of the Plan

The Finance, Audit and Compliance (FAC) Committee monitors the effectiveness of the internal audit and compliance program. They report their findings to the CEO quarterly and this get reported to the Board of Directors.



Audit and Compliance Plan Examples

Q2 FY2022 Compliance Work Plan – Example



The FY2022 compliance projects are listed below with proposed timing and estimated hours. Each project will, at a minimum, include a focus on the adequacy of compliance with regulations, as well as the identification of value-added recommendations. The FY 2022 compliance work plan represents compliance activities based on the results of the risk assessment and may be subject to change based on changes in risk, priorities and Valleywise Health initiatives throughout the fiscal year.

Project Name	Audit Timing	Est. Audit Hours	Current Status	Completion Status	Initial Risk Rating	Post Review Ranking
Risk Assessment and Selection Q1						
CQ1.1 FQHC Operational Site Visit (OSV) Compliance Follow-up (R17)	Q1	100 Hours			5	
CQ1.2 Violent Patients (R5)	Q1	150 Hours			5	
CQ1.3 Telehealth, Charge Capture, Work Queues, E&M Compliance (R1) (R13) (R12)(R24)	Q1	150 Hours			5	
Risk Re-assessment and Selection Q2						
CQ2.1 New Facility Reviews (R4)(R5) (R7)(R11)(R12)	Q2	100 Hours			5	
CQ2.2 Resident Model Compliance (R10)	Q2	100 Hours			5	
CQ2.3 EHR Incentive Payments - (Two Reporting Years by 12/31/2021) (R25)	Q2	150 Hours			5	

ABN – Advance Beneficiary Notice – A Medicare rule that requires communication to a Medicare beneficiary that a test or procedure is not medically necessary and they will be liable for the test or procedure.

ACN – Arizona Care Network – An Accountable Care Organization that operate in Arizona.

AHCCCS – Arizona Healthcare Cost Containment System – State of Arizona’s name for the Medicaid state plan.

Medicare PPS – Medicare Prospective Payment System – A fixed based Medicare payment model.

MACRA – The Medicare Access and CHIP Reauthorization Act – Created a quality payment program.

MU – Meaningful Use – A term used in the Affordable Care Act to evaluate the implementation of Electronic Health Records and qualify for receiving incentive payments.

NAP – New Access Point – A process where you receive a HRSA grant to open a new FQHC site.

OSV – Operational Site Visit – The name for the HRSA audit of FQHCs at it relates to the HRSA Compliance Manual.

Prop 480 (Care-Reimagined) – Referendum passed by the voters of Maricopa County to fund the re-construction of Maricopa County Special Health Care District d/b/a Valleywise Health.

Q2 FY2022 Internal Audit Work Plan - Example



The FY2022 internal audit projects are listed below with proposed timing and estimated hours. Each project will, at a minimum, include a focus on the adequacy of internal controls as well as the identification of value-added recommendations. The FY2022 audit plan represents audits based on the results of the risk assessment and may be subject to change based on changes in risk, priorities and Valleywise Health initiatives throughout the fiscal year.

Project Name	Audit Timing	Est. Audit Hours	Current Status	Completion Status	Initial Risk Rating	Post Review Ranking
Risk Assessment and Selection Q1 (Current State Assessment)						
IQ1.1 Care Re-Imagined (Prop 480) Controls and Monitoring Review (R4)(R23)	Q1	150 Hours			5	
IQ1.2 Quality Reporting Barriers (R9) (R19)	Q1	150 Hours			5	
IQ1.3 DMG Contract Review (R2)(R23)	Q1	150 Hours			5	
Risk Re-assessment and Selection Q2						
IQ2.1 Grants Reviews (R6)(R23)	Q2	200 Hours			5	
IQ2.2 Care Re-Imagined (Prop 480) Controls and Monitoring Review (A/P Procurement) (R15)(R22)	Q2	100 Hours			5	
IQ2.3 Managed Care Contracts and Physician Credentialing (R18)(R20)(R12)	Q2	150 Hours			5	
IQ2.4 Business Continuity Assessment (R16)	Q1	150 Hours			5	

Compliance Regulations and Other Key Issues

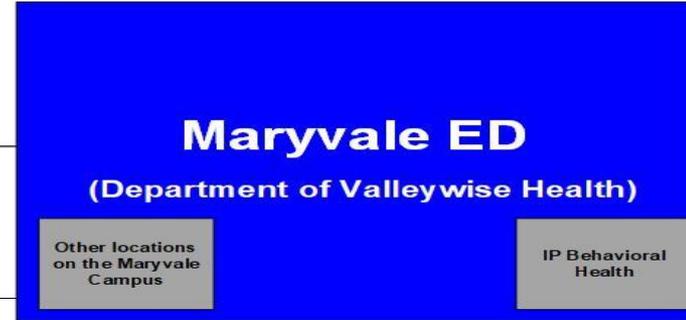
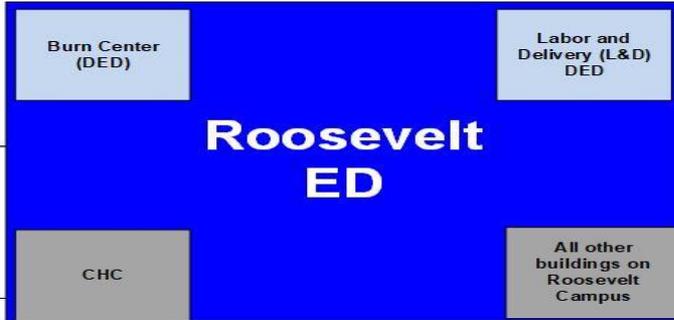
The Emergency Medical Treatment and Labor Act (EMTALA), is also known as the Patient Anti-Dumping Law.



- ❑ All clinical facilities must meet or exceed the requirements of the Emergency Medical Treatment and Labor Act (EMTALA) in providing emergency medical treatment to all patients
- ❑ When an individual arrives alone or with another person at a clinical facility, and a request is made on the individual's behalf for a medical examination or for treatment, a clinical facility must provide for an appropriate medical screening examination within the capability of the facility's emergency department, to determine whether an emergency medical condition exists, or with respect to a pregnant woman having contractions, whether the woman is in labor.
- ❑ The facility must not delay an examination or treatment to inquire about the method of payment or the individual's insurance status
- ❑ If a medical emergency exists, or a woman is in labor, the clinical facility must treat and stabilize the patient before transferring to another facility.

The Emergency Medical Treatment And Labor Act (EMTALA), is also known as the Patient Anti-Dumping

20.0 Valleywise Health EMTALA Responsibilities



-  Dedicated Emergency Department (DED) with EMTALA Responsibilities
-  EMTALA Responsibilities
-  250 Yard Rule on Presenting to the ED

Emergency Medical Treatment and Labor Act (EMTALA)

- **The Emergency Medical Treatment and Labor Act (EMTALA) is triggered when one of two events occur:**

1. **Patient Presents:** Individual comes to the 1) **Maryvale ED** 2) **Roosevelt ED** or to our **Dedicated Emergency Departments (DED) at Roosevelt Campus (i.e., Burn and Labor & Delivery)** or 3) **on the either campus/property** and a request is made for examination/treatment for an emergency medical condition ("EMC") (or based on appearance, prudent layperson observer would believe individual needs an exam); or 
2. **Transfer Requested:** A transfer request is made for an unstable ED patient where the transferring hospital lacks specialized capability or capacity to treat individual at the time of the request and the recipient hospital has capability and capacity to treat at the time of the request. 

Emergency Medical Treatment and Labor Act (EMTALA)

- **1) INDIVIDUAL PRESENTS:**

- **1.1) LOG**

- **1.2) SCREEN**

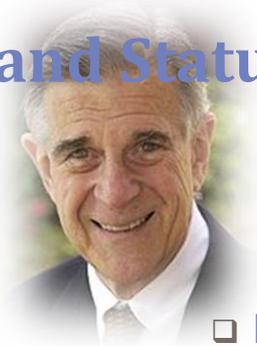
- **1.3) STABILIZE**

- **(EVERY INDIVIDUAL EVERY TIME)**



Fraud, Waste and Abuse:





*Pete Stark –
CA Congressman*

Stark Law – known as “Physician Self Referral Law”

Enacted 1992

- ❑ Physician may not make a referral to an entity for which Medicare payment may be made if the physician or an immediate family member that has a financial relationship with the entity
- ❑ Can be liable for civil penalties of up to **\$15,000**
- ❑ **3 X, the amount of improper payment** received from the Medicare program;
- ❑ Exclusion from the Medicare / Medicaid programs
- ❑ Payment of civil penalties of up to **\$100,000** for each circumvention scheme.

Laws and Statutes

The Anti-Kickback Statute – Enacted 1987

- ❑ Prohibits making or accepting payment to induce or reward for referring, recommending or arranging for the purchase of any item for which payment may be made under a federally-funded health care program.
- ❑ Prohibits outright bribes, offering inurement or remuneration when its purpose is the inducement of a physician to refer patients for services or Research Studies that will be reimbursed by a federal healthcare program.
- ❑ Both sides of an impermissible kickback relationship are liable
- ❑ Violations can lead to criminal and civil penalties.



False Claims Act (Lincoln's Law)



Enforcement

Imposes liability on persons and companies who defraud government programs

- ❑ Results in both criminal and civil liabilities
- ❑ 7 types of misconduct
- ❑ Knowledge requirement
- ❑ **“Deliberate Ignorance”**, and **“Reckless Disregard”**, increased civil fines, increased rewards for whistleblowers, employment protection.

Examples of False Claims

- ❑ Billing for a service that was not medically necessary
- ❑ Billing and inflating costs in order to be reimbursed
- ❑ Billing for services that are research-only services
- ❑ Billing Medicare or Medicaid for services that are paid for by the Study Sponsor

FCA Implications

What could be the impact on the hospital?

- ❑ Criminal & Civil Liability*
- ❑ Cost associated with investigating the alleged fraud
- ❑ Impact to revenue
- ❑ Damaged reputation
- ❑ Corporate Integrity Agreement

An agreement usually for 5 years with strict audit, reporting and compliance program activities must be conducted – strictly monitored by Office of Inspector General

***Any person knowingly submits false claims is liable for treble damages and penalties per claim from \$5,000 to \$11,000**



Deficit Reduction Act (DRA)

Deficit Reduction Act of 2005 (signed 2006) and the Employee Whistleblower Protection 2013

- Requires we teach about whistleblowing, includes employees may not be demoted, discriminated against or discharged for disclosing information.
- The DRA is driven by amount of Medicaid dollars.
- 5 million dollars** or more in a given period in a calendar year
- Requires whistleblower to have followed internal reporting process
- NOTE: We were audited by AHCCCS in FY 2019 and they found we were 100% compliant.



From the Office of Inspector General (2021-2022) Example Cases



Medical Equipment Company Owners Sentenced to More Than 12 Years for \$27 Million Fraud Scheme (December 2021)

A Texas woman and an Austrian national were sentenced yesterday to 151 months in prison for a \$27 million Medicare kickback conspiracy.

Lab Owner Pleads Guilty to \$6.9 Million Genetic Testing & COVID-19 Testing Fraud Scheme (Jan 2022)

A Florida man pleaded guilty today in the Southern District of Florida to a \$6.9 million conspiracy to defraud Medicare by paying kickbacks and bribes to obtain doctors' orders for medically unnecessary lab tests that were then billed to Medicare.

Deficit Reduction Act Policy 0111S



We were audited by AHCCCS in 2021 and 2019 and achieved a 100% compliance rating.

Effective Date: 10/06
Reviewed Dates: 11/11, 11/17, 09/18
Revision Dates: 02/08, 01/10, 06/15, 09/15, 11/17

Policy #: 0111 S

Policy Title: Compliance: False Claims Act

Scope: District Governance (G)
 System-Wide (S)
 Division (D)
 Multi-Division (MD)
 Department (T)
 Multi-Department (MT)

Purpose:

The purpose of this policy is to provide guidance to personnel, including employees, Medical Staff, contractors, and agents ("Personnel"), on the False Claims Act; the Administrative Remedies under the Act; and the legal protection under Federal/State law(s) given to personnel who report incidents of false claims to regulatory agencies ("whistleblower protection"), as required by the Deficit Reduction Act of 2005.

HIPAA Privacy and Security

Privacy vs Security

The **privacy** rules identify **what information** is protected. They also define **when and how** that information may be used or disclosed. The **security** rules identify **steps to take to secure PHI** that is in **electronic** format. These rules help to make sure processes are in place to protect the information covered by the privacy rules.

Respect of the Patient's Health Information (PHI)

Eight main areas to watch out for at Valleywise Health:

1. **E-MAILS and TEXTING** – E-mailing or texting unencrypted PHI or clicking inappropriate links.
2. **PHI ON DEVICES** - Unencrypted Devices with PHI – Loss of thumb drives, computers, cell phones, etc.
3. **PICTURES AND VIDEOS**- Taking Pictures of PHI with a non-Valleywise Health camera.
4. **SOCIAL NETWORKS** – Posting information on social networks.
5. **FAXES** (make sure you verify the number).
6. **TRASH** (do not throw away IV bags, stickers, etc. with patient identifiers on them).
7. **DISCUSSION WITH PEERS or PATIENTS** (Peers - Dining Room, elevators, home, etc. – Patients - Inappropriate Setting.)
8. **MAILING/PROVIDING CORRESPONDENCE** - Providing patients with paperwork related to their care.



Breach and Obligations

Where a covered entity knows of a material breach or violation by the business associate of the contract or agreement, the covered entity is required to take reasonable steps to cure the breach or end the violation, and if such steps are unsuccessful, to terminate the contract or arrangement.

If termination of the contract or agreement is not feasible, a covered entity is required to report the problem to the Department of Health and Human Services (HHS) Office for Civil Rights (OCR)



VALLEYWISE HEALTH'S PROACTIVE RESPONSE:

- ✓ **Implemented a Compliance Program (Seven Elements)**
- ✓ **Risk Management Plan (Risk Assessment)**
- ✓ **Compliance and Internal Audits**
- ✓ **Policies and Procedures Reviews**
- ✓ **Education Training General and Specific**
- ✓ **Designate a Compliance Officer, Privacy Officer and Information Security Officer**
- ✓ **Discipline and Corrective Actions**
- ✓ **Excellent Communication and Team Work**
- ✓ **Expect to be the best!**

Questions?





Valleywise Community Health
Centers Governing Council
Meeting

February 2, 2022

Item 4.

FQHC Clinics'
Operational Dashboard

Ambulatory Pillars Dashboard December 2021

Community Health Centers

** ***														
PATIENT EXPERIENCE - Ambulatory	Target	Avondale	Chandler	Guadalupe	Maryvale	West Maryvale	Mesa	New Mesa	North Phoenix	S. Central Phoenix	S. Phoenix Laveen	McDowell	McDowell - PEC	VCHCs FYTD
Net Promoter Score FYTD <i>(Would recommend facility)</i>	≥75.9	66.2	67.1	66.5	79.9	78.9	62.3		71.8	65.5	73.0	79.7	100.0	66.7
n-size		1,133	908	364	369	123	746		999	1,046	744	730	28	7,190

** ***														
ACCESS - Ambulatory	Target	Avondale	Chandler	Guadalupe	Maryvale	West Maryvale	Mesa	New Mesa	North Phoenix	S. Central Phoenix	S. Phoenix Laveen	McDowell	McDowell - PEC	VCHCs FYTD
Appointments Scheduled FYTD		18,004	16,694	7,530	11,920	4,079	15,783		16,269	21,032	13,848	23,042	711	148,912
Appointment Fill Rate FYTD		95.6%	86.8%	82.9%	82.7%	85.9%	92.2%		92.0%	83.9%	82.9%	90.1%	77.3%	87.8%
Scheduled Appointment No-Shows FYTD		2,217	2,074	1,095	1,998	643	2,624		2,925	3,835	2,468	5,335	136	25,350
No Show Rate FYTD	<18%	12.3%	12.4%	14.5%	16.8%	15.8%	16.6%		18.0%	18.2%	17.8%	23.2%	19.1%	17.0%

** ***														
FINANCE - Ambulatory	Target	Avondale	Chandler	Guadalupe	Maryvale	West Maryvale	Mesa	New Mesa	North Phoenix	S. Central Phoenix	S. Phoenix Laveen	McDowell	McDowell - PEC	VCHCs FYTD
In-Person Visits FYTD		9,069	7,997	3,782	5,199	1,964	7,324		7,472	10,938	6,582	7,228	177	67,732
Virtual Visits FYTD		2,822	2,285	682	1,669	414	1,821		2,300	2,143	1,715	3,689	155	19,695
Total Actual Visits (includes Nurse Only Visits) FYTD		11,891	10,282	4,464	6,868	2,378	9,145		9,772	13,081	8,297	10,917	332	87,427
Budgeted Visits FYTD		10,628	9,601	3,471	6,017	2,612	8,509		7,344	9,618	9,409	11,652	617	79,478
Variance FYTD		1,263	681	993	851	(234)	636		2,428	3,463	(1,112)	(735)	(285)	7,949
Variance by % FYTD		11.9%	7.1%	28.6%	14.1%	-9.0%	7.5%		33.1%	36.0%	-11.8%	-6.3%	-46.2%	10.0%
Total Number of Patients seen by provider FYTD		10,567	9,621	3,880	6,433	2,073	8,409		8,648	12,243	7,649	8,986	344	78,853

** ***														
BEHAVIORAL HEALTH - Ambulatory	Target	Avondale	Chandler	Guadalupe	Maryvale	West Maryvale	Mesa	New Mesa	North Phoenix	S. Central Phoenix	S. Phoenix Laveen	McDowell	BH Psychiatry	BH FYTD
In-Person Visits FYTD		71	33	1	23	4	92		189	88	21		38	625
Virtual Visits FYTD		1,176	564	52	608	222	1,592		488	841	498		391	7,085
Total Actual Visits FYTD		1,247	597	53	631	226	1,684		677	929	519		429	7,710
Budget Visits FYTD		1,051	525	660	572	339	1,633		525	557	546		396	7,329
Variance FYTD		196	72	(607)	59	(113)	51		152	372	(27)		33	381
Variance by % FYTD		18.6%	13.7%	-92.0%	10.3%	-33.3%	3.1%		29.0%	66.8%	-4.9%		8.3%	5.2%

**														
DENTAL - Ambulatory	Target	Avondale	Chandler	Guadalupe	Maryvale	West Maryvale	Mesa	New Mesa	North Phoenix	S. Central Phoenix	S. Phoenix Laveen	McDowell	Dental FYTD	
Actual Visits FYTD		1,296	941				800					1,792	11,408	
Budget Visits FYTD		1,039	1,008				882					1,888	10,817	
Variance FYTD		257	-67				-82					-96	591	
% Variance FYTD		24.7%	-6.6%				-9.3%					-5.1%	5.5%	

Other FQHC Clinics

Peoria Primary Care	Women's Clinic	Antepartum Testing	Diabetes Ed	Internal Medicine P	Peds Primary	Other FQHC-Peoria FYTD
73.2	73.3	67.9	71.9	69.2	76	72.5
1,394	805	137	96	855	516	3,803

Peoria Primary Care	Women's Clinic	Antepartum Testing	Diabetes Ed	Internal Medicine P	Peds Primary	Other FQHC-Peoria FYTD
23,652	19,766	6,645	2,849	15,652	15,648	84,212
86.5%	92.1%	99.9%	n/a	94.8%	84.5%	89.8%
3,850	3,274	654	456	2,844	2,722	13,800
16.3%	16.6%	9.8%	16.0%	18.2%	17.4%	16.4%

Peoria Primary Care	Women's Clinic	Antepartum Testing	Diabetes Ed	Internal Medicine P	Peds Primary	Other FQHC-Peoria FYTD	Grand Total FQHC	FYTD FQHC
9,553	10,068	4,451	768	8,815	9,614	43,269		123,034
4,208	644	17	123	554	684	6,230		33,010
13,761	10,712	4,468	891	9,369	10,298	49,499		156,044
13,532	10,994	4,181	1,436	9,808	8,163	48,114		145,738
229	(282)	287	(545)	(439)	2,135	1,385		10,306
1.7%	-2.6%	6.9%	-38.0%	-4.5%	26.2%	2.9%		7.1%
12,788	9,824	6.9%		8,531	8,193	39,336	118,189	

PEC
65
653
718
525
193
36.8%

PEC	PXC
1,780	4,799
1,636	4,364
144	435
8.8%	10.0%

LEGEND:

Not in Target
5% less than the target
Target ≥ 95%

** Specialty HIV Community Health Center
*** Specialty HIV Community Health Clinic - McDowell Services
**** Grand Total FQHC for Total Number of Patients seen by provider FYTD includes Community Health Centers & Other FQHCs
***** FYTD FQHC for Actual/Budgeted Visits includes Community Health Centers, Other FQHCs, Dental, & OP Behavioral Health Clinics

Ambulatory Care		Reporting Program	Stretch Goal	2020 UDS National Average	CYTD 2020	Desired Direction	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	June 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	YTD
Unified Data System																			
Body Mass Index (BMI) Screening and Follow-Up Plan	HRSA	> 65.72%	> 65.72%	57.29%	↑	⊗ 53.54%	⊗ 55.61%	⊗ 56.21%	⊗ 57.31%	⊗ 32.20%	⊗ 32.31%	⊗ 32.58%	⊗ 32.81%	⊗ 32.92%	⊗ 33.05%	⊗ 33.46%		⊗ 33.46%	
		Numerator				2767	5078	8438	11303	8026	9265	10379	11740	12791	13762	14969		14969	
		Denominator				5168	9131	15012	19722	24922	28678	31857	35786	38855	41643	44743		44743	
Cervical Cancer Screening	HRSA	> 51.00%	> 51.00%	45.59%	↑	⊗ 45.37%	⊗ 45.82%	⊕ 46.68%	⊕ 46.93%	⊕ 48.74%	⊕ 48.83%	⊕ 48.95%	⊕ 49.13%	⊕ 49.63%	⊕ 49.67%	⊕ 49.56%		⊕ 49.56%	
		Numerator				3065	4678	6555	7761	9065	9910	10619	11604	12552	13189	13866		13866	
		Denominator				6756	10210	14043	16539	18598	20294	21695	23619	25293	26555	27981		27981	
Childhood Immunization Status (CIS)	HRSA	> 40.42%	> 40.42%	52.20%	↑	⊕ 49.83%	⊕ 52.56%	⊕ 53.77%	⊕ 54.65%	⊕ 53.54%	⊕ 52.51%	⊕ 51.39%	⊕ 50.81%	⊕ 50.19%	⊕ 49.46%	⊕ 47.98%		⊕ 47.98%	
		Numerator				144	236	364	435	477	503	516	533	539	547	545		545	
		Denominator				289	449	677	796	891	958	1004	1049	1074	1106	1136		1136	
Colorectal Cancer Screening	HRSA	> 40.09%	> 40.09%	45.89%	↑	⊕ 37.71%	⊕ 39.67%	⊕ 42.01%	⊕ 43.34%	⊕ 44.18%	⊕ 45.61%	⊕ 46.53%	⊕ 47.52%	⊕ 48.09%	⊕ 49.11%	⊕ 50.21%		⊕ 50.21%	
		Numerator				1949	3142	4522	5469	6318	7046	7578	8256	8742	9289	9873		9873	
		Denominator				5168	7921	10763	12619	14302	15450	16287	17374	18179	18916	19663		19663	
Controlling High Blood Pressure	HRSA	> 57.98%	> 57.98%	46.42%	↑	⊗ 21.62%	⊗ 27.23%	⊗ 32.80%	⊗ 37.49%	⊗ 41.27%	⊗ 44.45%	⊗ 46.17%	⊗ 47.79%	⊗ 48.34%	⊗ 48.00%	⊗ 47.92%		⊗ 47.92%	
		Numerator				962	1862	3097	4184	5428	6320	6940	7639	8069	8350	8674		8674	
		Denominator				4450	6837	9442	11161	13152	14218	15032	15986	16693	17396	18101		18101	
Diabetes: Hemoglobin A1c Poor Control	HRSA	< 35.60%	< 35.60%	35.15%	↓	⊗ 72.09%	⊗ 62.37%	⊗ 52.10%	⊗ 45.55%	⊗ 41.27%	⊕ 38.69%	⊕ 37.17%	⊕ 35.83%	⊕ 34.78%	⊕ 33.61%	⊕ 32.74%		⊕ 32.74%	
		Numerator				2363	3037	3437	3489	3553	3583	3613	3699	3744	3759	3790		3790	
		Denominator				3278	4869	6597	7660	8610	9260	9721	10325	10764	11184	11577		11577	
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	HRSA	> 78.80%	> 78.8%	80.05%	↑	⊕ 81.09%	⊕ 79.34%	⊕ 78.88%	⊕ 78.49%	⊕ 79.61%	⊕ 79.86%	⊕ 79.77%	⊕ 79.91%	⊕ 80.07%	⊕ 79.52%	⊕ 79.84%		⊕ 79.84%	
		Numerator				523	749	1012	1186	1355	1455	1530	1623	1683	1736	1822		1822	
		Denominator				645	944	1283	1511	1702	1822	1918	2031	2102	2183	2282		2282	
Screening for Clinical Depression and Follow-Up Plan if positive screen	HRSA	> 64.21%	> 64.21%	40.92%	↑	⊗ 24.84%	⊗ 27.75%	⊗ 31.27%	⊗ 33.79%	⊗ 36.85%	⊗ 39.26%	⊗ 41.20%	⊗ 43.57%	⊗ 44.86%	⊗ 46.31%	⊗ 47.77%		⊗ 47.77%	
		Numerator				2944	5089	7989	10080	11015	12826	14487	16797	18417	20027	21878		21878	
		Denominator				11850	18342	25552	29828	29891	32666	35164	38555	41057	43248	45796		45796	
Tobacco Use: Screening and Cessation Intervention	HRSA	> 83.43%	> 83.43%	85.60%	↑	⊕ 86.06%	⊕ 85.85%	⊕ 86.19%	⊕ 86.23%	⊕ 82.52%	⊕ 83.71%	⊕ 84.51%	⊕ 85.31%	⊕ 86.20%	⊕ 86.94%	⊕ 87.46%		⊕ 87.46%	
		Numerator				2592	6304	10916	14652	17942	21050	23698	27206	30421	33137	35904		35904	
		Denominator				3012	7343	12665	16992	21743	25147	28040	31889	35292	38115	41054		41054	
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	HRSA	> 65.13%	> 65.13%	66.54%	↑	⊗ 49.38%	⊗ 55.82%	⊕ 60.28%	⊕ 62.24%	⊕ 64.48%	⊕ 66.97%	⊕ 70.41%	⊕ 72.18%	⊕ 73.72%	⊕ 75.34%	⊕ 77.10%		⊕ 77.10%	
		Numerator				761	1591	2762	3625	4506	5297	6381	7548	8256	8983	9729		9729	
		Denominator				1541	2850	4582	5824	6988	7909	9062	10457	11199	11923	12618		12618	
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	HRSA	> 71.92%	> 71.92%	73.77%	↑	⊕ 74.69%	⊕ 74.54%	⊕ 74.55%	⊕ 74.22%	⊕ 72.53%	⊕ 72.41%	⊕ 72.29%	⊕ 72.06%	⊕ 72.03%	⊕ 71.85%	⊕ 71.82%		⊕ 71.82%	
		Numerator				3087	4676	6363	7402	8242	8843	9278	9809	10218	10572	10970		10970	
		Denominator				4133	6273	8535	9973	11364	12213	12834	13613	14186	14714	15275		15275	
Breast Cancer Screening	HRSA	> 45.34%	> 45.34%	55.42%	↑	⊕ 44.56%	⊕ 47.98%	⊕ 50.64%	⊕ 51.70%	⊕ 53.23%	⊕ 54.45%	⊕ 55.33%	⊕ 56.50%	⊕ 56.99%	⊕ 57.66%	⊕ 58.30%		⊕ 58.30%	
		Numerator				1232	2022	2900	3446	3983	4384	4686	5077	5352	5621	5880		5880	
		Denominator				2765	4214	5727	6665	7483	8051	8469	8986	9391	9749	10086		10086	
HIV Screening	HRSA	> 32.29%	> 32.29%	47.79%	↑	⊕ 53.88%	⊕ 53.49%	⊕ 53.49%	⊕ 53.88%	⊕ 54.09%	⊕ 55.97%	⊕ 56.81%	⊕ 57.68%	⊕ 57.91%	⊕ 57.99%	⊕ 58.16%		⊕ 58.16%	
		Numerator				5981	9114	12755	15420	17945	20503	22461	25056	26974	28515	30348		30348	
		Denominator				11101	17038	23845	28617	33176	36635	39540	43439	46582	49175	52178		52178	

‡ -

**Data is pulled from the UDS dashboard on the 1st Monday of every month

~	Data Not Available
‡	Data is not final and subject to change
⊕	Equal or greater than benchmark
⊕	Less than 10% negative variance
⊗	Greater than 10% negative variance

Ambulatory Pillars Dashboard Data Dictionary

Federally Qualified Health Centers

	Data Source	Owner	Frequency	System
PATIENT EXPERIENCE - Ambulatory				
Net promoter score (Would recommend facility)	A customer loyalty index calculated based on a patient's response on a scale of 1-10 to the question "How likely would you be to recommend this facility to your family and friends?". The NPS = % Promoters (9 or 10 responses) - % Detractors (0-6 responses)	Amanda Jacobs	Monthly	NRC Health - Department Summary Report
ACCESS - Ambulatory				
Appointments Scheduled	All appointment visits are included, except from Dental, Financial Counseling, Lab, Radiology, and Ophthalmology departments.	Amanda Jacobs	Monthly	EPIC Report
Appointment Fill Rate	Provider schedule utilization metric calculated by number of patients to appointment slots available.	Amanda Jacobs	Monthly	EPIC Report
Scheduled Appointment No-Shows	All No- show appointment visits are included, except from Dental, Financial Counseling, Lab, Radiology, and Ophthalmology departments.	Amanda Jacobs	Monthly	EPIC Report
No Show Rate	Percentages of Scheduled Patients who were a "No show" patients or same day cancellations	Amanda Jacobs	Monthly	EPIC Report
FINANCE - Ambulatory				
Actual Visits (includes nurse only visits) FYTD	All visits per Clinic (visit count methodology). For the Fiscal Year to Date	Amanda Jacobs	Monthly	Axiom
Budgeted Visits FYTD	All budgeted visits per Clinic (visit count methodology) For the Fiscal Year to Date	Amanda Jacobs	Monthly	Axiom
Variance FYTD	Actual Visits FYTD (includes nurse only visits) - Budgeted Visits FYTD. For the Fiscal Year to Date	Amanda Jacobs	Monthly	Formula
Variance by % FYTD	Variance FYTD / Budgeted Visits FYTD (%) For the Fiscal Year to Date	Amanda Jacobs	Monthly	Formula
Total Number of Patients seen by provider	Completed visits for provider only	Maria Aguirre	Monthly	Epic - Clarity Query
Grand Total FQHC	Includes Month Totals from Community Health Centers, Dental, Other FQHC, and OP Behavioral Health clinics	Amanda Jacobs	Monthly	Formula
FYTD FQHC	Includes FYTD Totals from Community Health Centers, Dental, Other FQHC, and OP Behavioral Health clinics	Amanda Jacobs	Monthly	Formula
FINANCE - BEHAVIORAL HEALTH				
Actual Visits FYTD	Actual Visits per BH Clinic (all visits per Valleywise Health month end visit count methodology) For fiscal year to date	Amanda Jacobs	Monthly	Axiom
Budgeted Visits FYTD	Budgeted Visits per BH Clinic (all visits per Valleywise Health month end visit count methodology) For fiscal year to date	Amanda Jacobs	Monthly	Axiom
Variance FYTD	Actual Visits FYTD (includes nurse only visits) - FYTD Budgeted Visits	Amanda Jacobs	Monthly	Formula
Variance by % FYTD	Variance FYTD/ Budgeted Visits FYTD (%)	Amanda Jacobs	Monthly	Formula

Federally Qualified Health Centers

		Data Source	Owner	Frequency	System
FINANCE-DENTAL					
Actual Visits FYTD		All visits per Dental Clinic (visit count methodology) For fiscal year to date	Amanda Jacobs	Monthly	Axiom
Budgeted Visits FYTD		All budgeted visits per Dental Clinic (visit count methodology) For fiscal year to date	Amanda Jacobs	Monthly	Axiom
Variance FYTD		Actual Visits FYTD (includes nurse only visits) - FYTD Budgeted Visits	Amanda Jacobs	Monthly	Formula
Variance by % FYTD		Variance FYTD/ Budgeted Visits FYTD (%)	Amanda Jacobs	Monthly	Formula
QUALITY - Ambulatory					
Quality /Regulatory Metrics	Required by:		Quality	Monthly	
Body Mass Index (BMI) Screening and Follow-Up	CMS69v9	<p>Description: Percentage of patients aged 18 years and older with BMI documented during the most recent visit or within the previous 12 months to that visit and who had a follow-up plan documented if the most recent BMI was outside of normal parameters</p> <p>Numerator: Patients with:</p> <ul style="list-style-type: none"> • a documented BMI (not just height and weight) during their most recent visit in the measurement period or during the previous 12 months of that visit, and • when the BMI is outside of normal parameters, a follow-up plan is documented during the visit or during the previous 12 months of the current visit <p>Denominator:</p> <ul style="list-style-type: none"> • Patients 18 years of age or older on the date of the visit with at least one medical visit during the measurement period 	Quality	Monthly	EPIC/UDS
Cervical Cancer Screening	CMS124v9	<p>Description: Percentage of women 21*–64 years of age who were screened for cervical cancer using either of the following criteria:</p> <ul style="list-style-type: none"> • Women age 21*–64 who had cervical cytology performed within the last 3 years • Women age 30–64 who had human papillomavirus (HPV) testing performed within the last 5 years <p>Numerator: Women with one or more screenings for cervical cancer. Appropriate screenings are defined by any one of the following criteria:</p> <ul style="list-style-type: none"> • Cervical cytology performed during the measurement period or the 2 years prior to the measurement period for women who are at least 21 years old at the time of the test. • Cervical HPV testing performed during the measurement period or the 4 years prior to the measurement period for women who are 30 years or older at the time of the test. <p>Denominator:</p> <ul style="list-style-type: none"> • Women 23 through 64 years of age with a medical visit during the measurement period 	Quality	Monthly	EPIC/UDS

Federally Qualified Health Centers

	Data Source		Owner	Frequency	System
Childhood Immunization Status (CIS)	CMS117v9	<p>Description: Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three or four H influenza type B (HiB); three Hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one Hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.</p> <p>Numerator:</p> <ul style="list-style-type: none"> • Children who have evidence showing they received recommended vaccines, had documented history of the illness, had a seropositive test result, or had an allergic reaction to the vaccine by their second birthday <p>Denominator:</p> <ul style="list-style-type: none"> • Children who turn 2 years of age during the measurement period and who had a medical visit during the measurement period 	Quality	Monthly	EPIC/UDS
Colorectal Cancer Screening	CMS130v9	<p>Description: Percentage of adults 50–75 years of age who had appropriate screening for colorectal cancerPercentage of adults 50–75 years of age who had appropriate screening for colorectal cancer</p> <p>Numerator: Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria:</p> <ul style="list-style-type: none"> • Fecal occult blood test (FOBT) during the measurement period • Fecal immunochemical test (FIT)-deoxyribonucleic acid (DNA) during the measurement period or the 2 years prior to the measurement period • Flexible sigmoidoscopy during the measurement period or the 4 years prior to the measurement period • Computerized tomography (CT) colonography during the measurement period or the 4 years prior to the measurement period • Colonoscopy during the measurement period or the 9 years prior to the measurement period <p>Denominator: Patients 50 through 74 years of age with a medical visit during the measurement period</p>	Quality	Monthly	EPIC/UDS
Controlling High Blood Pressure	CMS165v9	<p>Description: Percentage of patients 18–85 years of age who had a diagnosis of hypertension overlapping the measurement period or the year prior and whose most recent blood pressure (BP) was adequately controlled (less than 140/90 mmHg) during the measurement period</p> <p>Numerator:</p> <ul style="list-style-type: none"> • Patients whose most recent blood pressure is adequately controlled (systolic blood pressure less than 140 mmHg and diastolic blood pressure less than 90 mmHg) during the measurement period <p>Denominator:</p> <ul style="list-style-type: none"> • Patients 18 through 84 years of age who had a diagnosis of essential hypertension overlapping the measurement period or the year prior to the measurement period with a medical visit during the measurement period 	Quality	Monthly	EPIC/UDS
Diabetes: Hemoglobin A1c Poor Control	CMS122v9	<p>Description: Percentage of patients 18–75 years of age with diabetes who had hemoglobin A1c (HbA1c) greater than 9.0 percent during the measurement period</p> <p>Numerator:</p> <ul style="list-style-type: none"> • Patients whose most recent HbA1c level performed during the measurement period was greater than 9.0 percent or patients who had no HbA1c test conducted during the measurement period <p>Denominator:</p> <ul style="list-style-type: none"> • Patients 18 through 74 years of age with diabetes with a medical visit during the measurement period 	Quality	Monthly	EPIC/UDS

Federally Qualified Health Centers

Data Source		Owner	Frequency	System
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	CMS164v7	Quality	Monthly	EPIC/UDS
<p>Description: Percentage of patients 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), or who had a coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCIs) in the 12 months prior to the measurement period or who had an active diagnosis of IVD during the measurement period, and who had documented use of aspirin or another antiplatelet during the measurement period</p> <p>Numerator:</p> <ul style="list-style-type: none"> • Patients who had an active medication of aspirin or another antiplatelet during the measurement period <p>Denominator:</p> <ul style="list-style-type: none"> • Patients 18 years of age and older with a medical visit during the measurement period who had an AMI, CABG, or PCI during the 12 months prior to the measurement period or who had a diagnosis of IVD overlapping the measurement period 				
Screening for Clinical Depression and Follow-Up Plan	CMS2v10	Quality	Monthly	EPIC/UDS
<p>Description: Percentage of patients aged 12 years and older screened for depression on the date of the visit or 14 days prior to the visit using an age-appropriate standardized depression screening tool and, if screening was positive, had a follow-up plan documented on the date of the visit</p> <p>Numerator: Patients who:</p> <ul style="list-style-type: none"> • were screened for depression on the date of the visit or up to 14 days prior to the date of the visit using an age-appropriate standardized tool and, • if screened positive for depression, had a follow-up plan documented on the date of the visit. <p>Denominator:</p> <ul style="list-style-type: none"> • Patients aged 12 years and older with at least one medical visit during the measurement period 				
Tobacco Use: Screening and Cessation Intervention:	CMS138v9	Quality	Monthly	EPIC/UDS
<p>Description: Percentage of patients aged 18 and older who were screened for tobacco use one or more times within 12 months and who received tobacco cessation intervention if identified as a tobacco user</p> <p>Numerator:</p> <ul style="list-style-type: none"> • Patients who were screened for tobacco use at least once within 12 months before the end of the measurement period and • Who received tobacco cessation intervention if identified as a tobacco user <p>Denominator:</p> <ul style="list-style-type: none"> • Patients aged 18 years and older seen for at least two medical visits in the measurement period or at least one preventive medical visit during the measurement period. 				
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	CMS155v9	Quality	Monthly	EPIC/UDS
<p>Description: Percentage of patients 3–17* years of age who had an outpatient medical visit and who had evidence of height, weight, and body mass index (BMI) percentile documentation and who had documentation of counseling for nutrition and who had documentation of counseling for physical activity during the measurement period</p> <p>Numerator: Children and adolescents who have had:</p> <ul style="list-style-type: none"> • their height, weight, and BMI percentile recorded during the measurement period and • counseling for nutrition during the measurement period and • counseling for physical activity during the measurement period <p>Denominator:</p> <ul style="list-style-type: none"> • Patients 3 through 16 years of age with at least one outpatient medical visit during the measurement period 				

Federally Qualified Health Centers

	Data Source		Owner	Frequency	System
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS347v4	<p>Description: Percentage of the following patients at high risk of cardiovascular events aged 21 years and older who were prescribed or were on statin therapy during the measurement period:</p> <ul style="list-style-type: none"> • Patients 21 years of age or older who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD), or • Patients 21 years of age or older who have ever had a fasting or direct low-density lipoprotein cholesterol (LDL-C) level greater than or equal to 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia, or • Patients 40 through 75 years of age with a diagnosis of diabetes with a fasting or direct LDL-C level of 70–189 mg/dL <p>Numerator:</p> <ul style="list-style-type: none"> • Patients who are actively using or who received an order (prescription) for statin therapy at any point during the measurement period <p>Denominator: Patients 21 years of age and older who:</p> <ul style="list-style-type: none"> o have an active diagnosis of ASCVD or o ever had a fasting or direct laboratory result of LDL-C greater than or equal to 190 mg/dL or o were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia, or • Patients 40 through 75 years of age with Type 1 or Type 2 diabetes and with an LDL-C result of 70–189 mg/dL recorded as the highest fasting or direct laboratory test result in the calendar year or the 2 years prior; • With a medical visit during the measurement period 	Quality	Monthly	EPIC/UDS
Breast Cancer Screening	CMS125v9	<p>Description: Percentage of women 50*–74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the measurement period</p> <p>Numerator:</p> <ul style="list-style-type: none"> • Women with one or more mammograms during the 27 months prior to the end of the measurement period <p>Denominator:</p> <ul style="list-style-type: none"> • Women 51 through 73 years of age with a medical visit during the measurement period 	Quality	Monthly	EPIC/UDS
HIV Screening	CMS349v3	<p>Description: Percentage of patients aged 15–65 at the start of the measurement period who were between 15–65 years old when tested for HIV</p> <p>Numerator:</p> <ul style="list-style-type: none"> • Patients with documentation of an HIV test performed on or after their 15th birthday and before their 66th birthday <p>Denominator:</p> <ul style="list-style-type: none"> • Patients aged 15 through 65 years of age at the start of the measurement period and with at least one outpatient medical visit during the measurement period 	Quality	Monthly	EPIC/UDS

FEDERALLY QUALIFIED HEALTH CENTERS

DEC FY 2022

VISITS SUMMARY

	MTD Analysis						YTD Analysis				
	Prior Year	Prior Month	Month To Date FY 2022			Prior YTD	Year To Date FY 2022				
	FY 2021 DEC Actual	FY 2022 NOV Actual	FY 2022 DEC Actual	FY 2022 DEC Budget	Variance (Unfavorable)	%	FY 2021 DEC Actual	FY 2022 DEC Actual	FY 2022 DEC Budget	Variance (Unfavorable)	%
VCHC Clinics											
FQHC CLINIC - SOUTH CENTRAL PHOENIX	2,130	2,186	2,186	1,601	585	37%	7,672	13,081	9,618	3,463	36%
FQHC CLINIC - AVONDALE	2,121	2,286	2,173	1,819	354	19%	11,792	11,891	10,628	1,263	12%
FQHC CLINIC - MARYVALE	1,633	-	-	-	-	-	9,667	6,868	6,017	851	14%
FQHC CLINIC - MSA	1,477	1,423	1,391	1,469	(78)	(5%)	8,823	9,145	8,509	636	7%
FQHC CLINIC - CHANDLER	2,087	1,665	1,664	1,558	106	7%	11,043	10,282	9,601	681	7%
FQHC CLINIC - GUADALUPE	664	689	597	591	6	1%	4,215	4,464	3,471	993	29%
FQHC CLINIC - MCDOWELL	1,989	1,722	1,831	1,797	34	2%	10,508	10,917	11,652	(735)	(6%)
FQHC CLINIC - SOUTH PHOENIX LAVEEN	1,424	1,388	1,189	1,679	(490)	(29%)	6,223	8,297	9,409	(1,112)	(12%)
FQHC CLINIC - WEST MARYVALE	-	1,044	1,331	1,392	(61)	(4%)	-	2,378	2,612	(234)	(9%)
FQHC CLINIC - NORTH PHOENIX	1,256	1,784	1,820	1,449	371	26%	2,290	9,772	7,344	2,428	33%
FQHC MCDOWELL SERVICES - PEORIA	-	94	87	146	(59)	(40%)	-	332	617	(285)	(46%)
Total	17,570	14,281	14,269	13,501	768	6%	94,131	87,427	79,478	7,949	10%

	MTD Analysis						YTD Analysis				
	Prior Year	Prior Month	Month To Date FY 2022			Prior YTD	Year To Date FY 2022				
	FY 2021 DEC Actual	FY 2022 NOV Actual	FY 2022 DEC Actual	FY 2022 DEC Budget	Variance (Unfavorable)	%	FY 2021 DEC Actual	FY 2022 DEC Actual	FY 2022 DEC Budget	Variance (Unfavorable)	%
OP BH Clinics											
BH FQHC - PSYCHIATRY	-	85	102	69	33	48%	-	429	396	33	8%
BH FQHC - SOUTH CENTRAL PHOENIX	100	173	153	91	62	68%	391	929	557	372	67%
BH FQHC - AVONDALE	167	179	233	172	61	35%	798	1,247	1,051	196	19%
BH FQHC - MARYVALE	140	-	-	-	-	-	753	631	572	59	10%
BH FQHC - MSA	211	229	188	267	(79)	(30%)	1,319	1,684	1,633	51	3%
BH FQHC - CHANDLER	81	102	74	86	(12)	(14%)	512	597	525	72	14%
BH FQHC - GUADALUPE	96	25	26	108	(82)	(76%)	700	53	660	(607)	(92%)
BH FQHC - PEORIA	-	110	133	86	47	55%	-	718	525	193	37%
BH FQHC - SOUTH PHOENIX LAVEEN	71	88	69	89	(20)	(22%)	328	519	546	(27)	(5%)
BH FQHC - WEST MARYVALE	-	118	102	172	(70)	(41%)	-	226	339	(113)	(33%)
BH FQHC - NORTH PHOENIX	91	109	98	86	12	14%	148	677	525	152	29%
Total	1,058	1,218	1,178	1,226	(48)	(4%)	5,965	7,710	7,329	381	5%

	MTD Analysis						YTD Analysis				
	Prior Year	Prior Month	Month To Date FY 2022			Prior YTD	Year To Date FY 2022				
	FY 2021 DEC Actual	FY 2022 NOV Actual	FY 2022 DEC Actual	FY 2022 DEC Budget	Variance (Unfavorable)	%	FY 2021 DEC Actual	FY 2022 DEC Actual	FY 2022 DEC Budget	Variance (Unfavorable)	%
VCHC - Phoenix Clinics											
FQHC MARICOPA WOMENS CARE - PHOENIX	1,845	1,797	1,664	1,764	(100)	(6%)	11,143	10,712	10,994	(282)	(3%)
FQHC ANTEPARTUM TESTING - PHOENIX	697	697	669	694	(25)	(4%)	4,250	4,468	4,181	287	7%
FQHC DIABETES OUTREACH CLINIC - PHOENIX	225	143	111	251	(140)	(56%)	1,412	891	1,436	(545)	(38%)
FQHC PEDIATRIC CLINIC - PHOENIX	1,292	1,772	1,563	1,347	216	16%	8,050	10,298	8,163	2,135	26%
FQHC MEDICINE CLINIC - PHOENIX	1,842	1,854	1,568	1,718	(150)	(9%)	9,578	9,369	9,808	(439)	(4%)
Total	5,901	6,263	5,575	5,774	(199)	(3%)	34,433	35,738	34,582	1,156	3%

FEDERALLY QUALIFIED HEALTH CENTERS
DEC FY 2022
VISITS SUMMARY

VCHC - Peoria Clinic
FQHC PRIMARY CARE - PEORIA
Total

MTD Analysis						YTD Analysis				
Prior Year	Prior Month	Month To Date FY 2021				Prior YTD	Year To Date FY 2021			
FY 2021 DEC	FY 2022 NOV	FY 2022 DEC	FY 2022 DEC	Variance	%	FY 2021 DEC	FY 2022 DEC	FY 2022 DEC	Variance	%
Actual	Actual	Actual	Budget	(Unfavorable)		Actual	Actual	Budget	(Unfavorable)	
-	2,149	2,341	2,316	25	1%	-	13,761	13,532	229	2%
-	2,149	2,341	2,316	25	1%	-	13,761	13,532	229	2%

Dental Clinics
FQHC DENTAL - PHOENIX
FQHC DENTAL - CHANDLER
FQHC DENTAL - AVONDALE
FQHC DENTAL - MSA
FQHC DENTAL - MCDOWELL
FQHC DENTAL - PEORIA
Total

MTD Analysis						YTD Analysis				
Prior Year	Prior Month	Month To Date FY 2021				Prior YTD	Year To Date FY 2021			
FY 2021 DEC	FY 2022 NOV	FY 2022 DEC	FY 2022 DEC	Variance	%	FY 2021 DEC	FY 2022 DEC	FY 2022 DEC	Variance	%
Actual	Actual	Actual	Budget	(Unfavorable)		Actual	Actual	Budget	(Unfavorable)	
691	721	708	785	(77)	(10%)	4,071	4,799	4,364	435	10%
114	154	202	176	26	15%	579	941	1,008	(67)	(7%)
213	203	186	187	(1)	(1%)	935	1,296	1,039	257	25%
114	95	-	110	(110)	(100%)	536	800	882	(82)	(9%)
233	277	171	352	(181)	(51%)	1,034	1,792	1,888	(96)	(5%)
-	293	349	308	41	13%	-	1,780	1,636	144	9%
1,365	1,743	1,616	1,918	(302)	(16%)	7,155	11,408	10,817	591	5%
25,894	25,654	24,979	24,735	244	1%	141,684	156,044	145,738	10,306	7%

Grand Totals



Valleywise Community Health
Centers Governing Council
Meeting

February 2, 2022

Item 5.

Committee Reports



Valleywise Community Health
Centers Governing Council
Meeting

February 2, 2022

Item 5.a.

Compliance and Quality
Committee Report
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

February 2, 2022

Item 5.b.

Executive Committee Report
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

February 2, 2022

Item 5.c.

Finance Committee Report -
Financial Highlights

**VALLEYWISE HEALTH
FEDERALLY QUALIFIED HEALTH CENTERS
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending December 31, 2021**

OPERATING REVENUE

(a) Visits

	Actual	Budget	Variance	%Variance
Month-to-Date	24,979	24,735	244	1.0%
Year-to-Date	156,044	145,738	10,306	7.1%

Visits greater than budget for the month by 244 or 1.0%. Current month visits less than prior month by 675 or 2.6%. The VCHC's were greater than budget by 768 or 5.7%, the Outpatient Behavioral Health clinics were less than budget by 48 or 3.9%, VCHC-Phoenix was less than budget by 199 or 3.4%, VCHC-Peoria was greater than budget by 25 or 1.1% and Dental less than budget by 302 or 15.7%.

(b) Net Patient Service Revenue

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 4,998,574	\$ 4,899,370	\$ 99,204	2.0%
Year-to-Date	\$ 30,578,172	\$ 28,835,313	\$ 1,742,859	6.0%
Month-to-Date Per Visit	\$ 200	\$ 198	\$ 2	1.0%
Year-to-Date Per Visit	\$ 196	\$ 198	\$ (2)	-1.0%

Net patient service revenue is greater than budget by \$99,204K for MTD. On a per visit basis, net patient service revenue is greater than budget by 1.0% for MTD. The VCHC's were greater than budget by \$232.9K or 8.1%, the Outpatient Behavioral Health clinics were greater than budget by \$17.1K or 6.0%, the VCHC-Phoenix was less than budget by \$47.1K or 4.9%, the VCHC-Peoria was less than budget by \$11.0K or 2.4% and Dental less than budget by \$92.7K or 29.5%.

(c) Other Operating Revenue

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 290,879	\$ 243,282	\$ 47,597	19.6%
Year-to-Date	\$ 2,008,604	\$ 1,465,142	\$ 543,462	37.1%

Other operating revenue is greater than budget by \$47.6K for MTD.

(d) PCMH Revenue

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ -	\$ -	\$ -	0.0%
Year-to-Date	\$ 19,268	\$ 18,814	\$ 454	2.4%

(e) Total operating revenues

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 5,289,453	\$ 5,142,653	\$ 146,800	2.9%
Year-to-Date	\$ 32,606,044	\$ 30,319,269	\$ 2,286,775	7.5%
Month-to-Date Per Visit	\$ 212	\$ 208	\$ 4	1.8%
Year-to-Date Per Visit	\$ 209	\$ 208	\$ 1	0.4%

Total operating revenues are greater than budget by \$146.8K for MTD. On a per visit basis, total operating revenue is greater than budget by \$4.00 for MTD.

VALLEYWISE HEALTH
FEDERALLY QUALIFIED HEALTH CENTERS
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending December 31, 2021

OPERATING EXPENSES

(f) Salaries and Wages

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 1,999,570	\$ 1,752,607	\$ (246,963)	-14.1%
Year-to-Date	\$ 11,725,178	\$ 10,260,984	\$ (1,464,195)	-14.3%
Month-to-Date FTEs	362	430	68	15.8%
Year-to-Date FTEs	362	432	71	16.4%

Salaries and wages were greater than budget by \$247.0K for MTD. FTEs were less than budget by 68 for MTD. The average salaries and wages per FTE were greater compared to the previous month by \$378.89.

The budget includes FTE's under the American Rescue Plan.

(h) Employee Benefits

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 623,033	\$ 583,209	\$ (39,824)	-6.8%
Year-to-Date	\$ 3,831,339	\$ 3,443,320	\$ (388,019)	-11.3%
Month-to-Date Per FTE	\$ 1,719	\$ 1,355	\$ (364)	-26.8%
Year-to-Date Per FTE	\$ 10,597	\$ 7,966	\$ (2,631)	-33.0%

Employee benefits are greater than budget by \$39.8K MTD.

Benefits as a % of Salaries

	Actual	Budget	Variance	%Variance
Month-to-Date	31.2%	33.3%	2.1%	6.4%
Year-to-Date	32.7%	33.6%	0.9%	2.6%

(i) Medical Service Fees

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 1,667,687	\$ 1,864,771	\$ 197,084	10.6%
Year-to-Date	\$ 10,421,240	\$ 11,113,754	\$ 692,514	6.2%

Medical service fees were less than budget for the month by \$197.1K MTD.

The VCHC's were less than budget by \$93.3K or 8.0%, OP Behavioral Health greater than budget by \$5.5K or 35.5%, VCHC - Phoenix was less than budget by \$66.7K or 14.2% and VCHC-Peoria was less than budget by \$42.5K or 19.7%.

(j) Supplies

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 272,952	\$ 214,116	\$ (58,837)	-27.5%
Year-to-Date	\$ 1,520,302	\$ 1,261,989	\$ (258,313)	-20.5%
Month-to-Date Supplies per Visit	\$ 11	\$ 9	\$ (2)	-26.2%
Year-to-Date Supplies per Visit	\$ 10	\$ 9	\$ (1)	-12.5%

Supplies expenses were greater than budget by \$58.8K MTD. The VCHC's greater than budget in Pharmaceuticals by \$42.2K.

(k) Purchased Services

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 17,284	\$ 15,363	\$ (1,921)	-12.5%
Year-to-Date	\$ 122,315	\$ 95,945	\$ (26,370)	-27.5%

Purchased services were greater than budget by \$1.9K MTD.

**VALLEYWISE HEALTH
FEDERALLY QUALIFIED HEALTH CENTERS
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending December 31, 2021**

OPERATING EXPENSES (continued)

(l) Other Expenses

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 65,328	\$ 68,876	\$ 3,548	5.2%
Year-to-Date	\$ 458,246	\$ 510,096	\$ 51,850	10.2%

Other expenses were less than budget by \$3.5K MTD.

(n) Allocated Ancillary Expense

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 836,442	\$ 594,045	\$ (242,398)	-40.8%
Year-to-Date	\$ 4,518,328	\$ 3,620,458	\$ (897,869)	-24.8%

Allocated ancillary expenses were greater than budget by \$242.4K MTD.

(o) Total operating expenses

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 5,497,344	\$ 5,093,195	\$ (404,149)	-7.9%
Year-to-Date	\$ 32,620,031	\$ 30,307,741	\$ (2,312,290)	-7.6%
Month-to-Date Per Visit	\$ 220	\$ 206	\$ (14)	-6.4%
Year-to-Date Per Visit	\$ 209	\$ 208	\$ (1)	-0.5%

Total operating expenses were greater than budget by \$404.1K MTD. On a per visit basis, the current month was 6.4% unfavorable.

(p) Margin (before overhead allocation)

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ (207,891)	\$ 49,458	\$ (257,349)	-520.3%
Year-to-Date	\$ (13,987)	\$ 11,528	\$ (25,515)	-221.3%
Month-to-Date Per Visit	\$ (8)	\$ 2	\$ (10)	-516.2%
Year-to-Date Per Visit	\$ (0)	\$ 0	\$ (0)	-213.3%

Total margin (before overhead allocation) is less than budget by \$257.3K for MTD.



Valleywise Community Health
Centers Governing Council
Meeting

February 2, 2022

Item 5.d.

Strategic Planning and Outreach
Committee Report
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

February 2, 2022

Item 6.

FQHC Clinics'
CEO Report



Office of the Sr Vice President & CEO FQHC Clinics
2525 East Roosevelt Street • Phoenix • AZ • 85008

DATE: February 2, 2022

TO: Valleywise Community Health Centers Governing Council

FROM: Barbara Harding, BAN, RN, MPA, PAHM, CCM
Sr VP Amb Services & CEO FQHC Clinics

SUBJECT: CEO Report

Visit Metrics: December 2021

Valleywise Community Health Centers (FQHC) maintained a positive variance achieving 5.7 % MTD and 10.0% FYTD. South Phoenix/Laveen continues to be challenged with a negative visit variance, MTD (29.2%), FYTD, (11.8%). Staffing challenges continue to be the primary barriers for attaining targets.

The Net Promoter, or patient experience, December FYTD: 66.7
Target: 75.9. Action plan has been developed to focus on opportunities for improvement.

HIV Service Line

HIV services conducted at Valleywise Community Health Center – McDowell had a positive visit variance of 1.9% MTD. Valleywise Comprehensive Health Center – Peoria is ramping up with a negative variance of (40.4%) MTD. Visit rates may be further impacted by resignation received this month from two providers. Leadership is actively working to recruit and fill these positions.

Valleywise Comprehensive Health Center – Peoria (FQHC) Clinic is continuing to build volume. December visit variance was positive, FYTD 1.7%.

Valleywise Comprehensive Health Center – Phoenix continues to have a positive visit variance, FYTD, 2.9%.

Diabetes Education continues with a negative variance MTD (55.8%). This is attributed to PTO time used for the holidays and illness. Given there is no coverage when staff are off, we will continue to see a negative variance. The manager is working with the team to identify ways in which to close the gap.

Integrated Behavioral Health (IBH) services MTD had a negative variance of (3.9%). However, FYTD continues to be positive 5.2%.

Valleywise Community Health Centers (FQHC) Dental Clinics continue to rebound working to meet target goals given the past year's performance gaps created by the service limitations of the COVID-19 pandemic. December 2021 visit variance, MTD was negative at (15.7%). There are two leaves of absence, military, and birth, attributing to the loss of visits in December. A positive FYTD visit variance at 5.5%.

COVID-19: Workforce Impact

Workforce issues are seriously impacting all healthcare sectors, both clinics and acute care. Key contributors to this are:

- Pandemic and illness of families/staff/providers
- Competition for staff/providers – pay
- Work environment and ability to work from home
- The Great Resignation: Increasing numbers of trained individuals leaving the workforce due to a variety of reasons including burnout, retirement, etc. There was a shortage in the workforce prior to the pandemic and current conditions have exacerbated.

This is not unique to our clinics and/or the hospital given this is a national issue. To that end we have been taking the following actions:

- Working with DMG to ensure that we are working together for recruitment and hiring. This includes maintaining high HPSA scores and managing the Bureau of Healthcare Workforce (BHW) loan repayment program.
- Working with Valleywise Health Human Resources to meeting with all FQHC managers weekly regarding the recruitment workflow to ensure candidates are sent to managers quickly.
- Assisting Valleywise Health Human Resources on conducting recruitment fairs for staff.
- Managers and CMDs were asked to increase the ratio of virtual/in-person visits to 60/40%.
- Conduct daily huddles with all clinic managers to discuss staffing challenges for the day, triaging and redistributing staff to improve clinical workflow.
- Establishing relationships with the schools training health professionals so we have a direct pipeline of applicants

Rapid Cycle of Change: Colorectal Cancer Prevention Contest

Plan: As Federally Qualified Health Centers, we are required to work on improving the health of the population served. Preventative screenings are an important element to identify and treat diseases sooner. The Valleywise Health population has a high risk for the incidence for colorectal cancer. UDS scores for colorectal cancer have lagged. A focused group led by Deanna Grabill, Manager, Population Health Management and Christi Blanda, Manger, McDowell Clinic led the charge to create a fun competition between clinics, Medical Assistants and Care Manager Extenders. established a fund contest to see if Valleywise Health could increase the number of screening performed.

Do: Issue a challenge to see who can provide/return the CRC screening FIT Test from 10/19/2021 to 12/10/21.

Study: The outcome was tremendous!

- Total CRC Kits given during contest: **712**
- Total CRC Kits returned during contest: **424**

Overall Return rate: 60%

Act: Besides our patients being winners, the TEAMWORK shown was a winner! Given the stellar outcome, a new contest will be initiated for continuous improvement of screening to prevent colorectal cancer.

Congratulations to all!

Clinic Return Rate Winners:

PXC IM- 1st place kits returned

Avondale- 2nd place kits returned

Chandler- 3rd place kits returned

Clinic MAs with the Highest Kit Return Rate %:

AVONDALE:

Bustos, Daniel MA- 1st place return rate %- 80%

Gutierrez, Jesus MA- 2nd place return rate %- 63%

Medina, Patricia CMA- 3rd place return rate %- 57%

CHANDLER:

Zavala, Belinda CMA- 1st place return rate %- 60%

Padilla, Daisy MA- 2nd place return rate %- 59%

Becker-Stark, Iria MA- 3rd place return rate %- 53%

GUADALUPE:

Granados, Jocelyn MA- 1st place return rate %- 53%

MCDOWELL:

Ellis, Janely MA- 1st place return rate %- 42%

Arambula Dominguez, Adriana MA- 2nd place return rate %- 40%

MESA:

Pino, Laura MA- 1st place return rate %- 77%
Garcia, Erica CMA- 2nd place return rate %- 59%
Goodson, Delisica CMA- 3rd place return rate %- 42%

NORTH PHX:

Morales, Veronica CMA II- 1st place return rate %- 75%

PEORIA:

Pipkins, Juana MA- 1st place return rate %- 92%
Frazier, Felicia MA- 2nd place return rate %- 50%

PXC IM:

Ballesteros, Jose MA- 1st place return rate %- 71%
Gamboa, David MA- 2nd place return rate %- 65%
Ramos, Elisa MA- 2nd place return rate %- 65%
Valenzuela, Alyssa CMA- 3rd place return rate %- 50%

SOUTH CENTRAL:

Martinez, Raquel MA- 1st place return rate %- 72%
*Baluyut, Kathleen- 2nd place return rate %- 33%

SOUTH PHX/LAVEEN:

Tafoya, Leticia CMA- 1st place return rate %- 20%

MA'S With Highest Overall Return Rate %:

Pipkins, Juana MA- 1st place overall
Bustos, Daniel MA- 2nd place overall
Pino, Laura MA- 3rd place overall

Honorable Mentions:

Becker-Stark, Iria MA-1st in kits *given*- 47
Ramos, Elisa MA- 2nd in kits *given*- 43
Garcia, Veronica MA- 3rd in kits *given*- 31
Pino, Laura MA- 3rd in kits *given*- 31

Cortez, Lourdes MA- 78% return rate
Leuci, Nicole MA-83% return rate
Baluyut, Kathleen-lab Going the extra mile
Hernandez, Marlene-lab- Going the extra mile
Mims, Kimberly-lab- Going the extra mile

CME Outreach Team:

Eleanor Soto- 1st overall
Courtney Hunt- 2nd overall
Susana Grijavla- 3rd overall

March is National Colorectal Cancer Awareness Month.
Get Screened.
Regular screening tests for cancer can improve and save your life.



**VALLEYWISE COMMUNITY HEALTH CENTER – MESA
EFFECTIVE: JANUARY 24, 2022**





Valleywise Community Health
Centers Governing Council
Meeting

February 2, 2022

Item 7.

Valleywise Health's President
and CEO Report
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

February 2, 2022

Item 8.

Closing Comments
and Announcements
(No Handout)



Valleywise Community Health
Centers Governing Council
Meeting

February 2, 2022

Item 9.

Staff Assignments
(No Handout)