


Memorandum



Date: May 7, 2020
To: Southern Nevada District Board of Health
From: Alfred McGugin, MPA, FQHC Operations Officer 
Fermin Leguen, MD, MPH, Acting Chief Health Officer *FL*

RE: COMMUNITY HEALTH CENTER FQHC OPERATIONS OFFICER REPORT

Division Information/Highlights: The Southern Nevada Community Health Center, a division of the Southern Nevada Health District, mission is to serve residents of Clark County from underserved communities with appropriate and comprehensive outpatient health and wellness services, emphasizing prevention and education in a culturally respectful environment regardless of the patient's ability to pay.

April Highlights:

- **Marketing and Communication Strategy**
 - Participated in media inquiry from News Channel 8 regarding COVID-19 testing activities in minority communities and at All Saints Episcopal Church.
- **Response to COVID-19**
 - Participates in ICS structure
 - Coordinating the efforts of the NCS
 - Distributed POC testing devices to other FQHC partners and UMC.
 - Received additional HRSA supplemental funding in the amount of \$503,000 to respond specifically to COVID-19, this funding will be used for purchasing of medical supplies, support staff salaries, resources for the NCS, and partner resources for sanitation stations within encampments.
- **Administrative**
 - Submitted the Service Area Competition for the next 3 operational years
 - Submitted the OSV- Correspondence Review

Operational Site Visit : The SNCHC participated in the Correspondence Review Opportunity (CRO) to address findings from the February 2020 OSV. SNCHC CRO had 18 items that were recommended for non-compliance. During the CRO, SNCHC had two (2) items that were recommended for further review by HRSA. HRSA has reviewed those items and has recommended SNCHC for full FQHC compliance. The next SNCHC complete OSV will occur at the next service area competition in 18-24 months. The BOH and SNCHC board and staff should be very proud of this accomplishment.

Non-congregate Shelter (NCS): COVID-19 Response

SNHD has secured the NCS facility by fully executing the contract with the vendor on May 8, 2020. It is anticipated the buildings will be delivered in 12-14 days of execution the contract. The program has worked with key internal stakeholders to address, building delivery, staffing, safety, trainings, service delivery within the NCS, ancillary services, patient education and engagement and discharge. Once the buildings have been delivered, it is expected to be another 7-9 days before the sites are fully operational and ready to receive patients.

I. HIV/Ryan White Care Programs

- A. The Ryan White HIV/Medical Case Management (MCM) program received 24 referrals in March, including one pregnant woman living with HIV and two newborns perinatally exposed to HIV.
- B. The Ryan White clinic continues to implement the Rapid stART project which has a goal of rapid treatment initiation for patients newly diagnosed with HIV. The program continues to receive referrals from OEDS and the community and accommodates clients on a walk-in basis to eliminate barriers to immediate medication start.
- C. The Transitional Case Management (TCM) program continues to provide case management services to clients released from the four prison facilities. Visits to the correctional facilities is on hold until further notice due to the COVID-19 pandemic. The TCM staff will continue to provide care coordination to clients who have been released from the correctional facilities.
- D. The program is recruiting a qualified mental health provider and registered dietitian.
- E. The SHC/RW staff have been activated under ICS to respond to the COVID-19 pandemic. The ICS team began preparations for Telehealth visit encounters and COVID-19 testing for SNHD/SNCHC patients.

II. Sexual Health Clinic (STD Care Services)

- A. The Sexual Health Clinic (SHC) completed 846 service encounters with 676 clients seen.
- B. The Sexual Health Clinic continues to refer clients for rapid start HIV treatment upon receipt of confirmed HIV positive results. Rapid HIV testing services are being offered to high risk clients with STD screening. HIV pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP) and Hepatitis infection treatment services continue to be offered in the Sexual Health Clinic.
- C. A new laboratory assistant started in the Sexual Health Clinic Laboratory, filling a vacated laboratory assistant position.
- D. The clinic continues to provide expanded extended service hours Monday-Thursday.

III. Family Planning (FP)

- A. FP Program services at East Las Vegas and Decatur Public Health Centers served 301 clients; 294 of them were unduplicated.
- B. The East Las Vegas Family Planning Clinic served 71 clients; 70 of them were

unduplicated.

- C. The Decatur Family Planning clinic served 230 clients; 224 of them were unduplicated.

IV. Family Healthcare Center

- A. The Family Health Care Clinic saw 182 patients in the month of March. Twenty patients were age 18 or younger and includes 5 children from the Refugee Health Clinic. There were 162 patients age 18 or older. Immunizations were offered to those in need, according to the ACIP recommended Immunization schedule.

V. Pharmacy Services

- A. Dispensed 593 prescriptions for 499 clients.
- B. Assessed/counseled 16 clients in the Ryan White-Sexual Health Clinic.
- C. Assessed/counseled zero clients in the Tuberculosis Clinic.
- D. Assisted 13 clients to obtain medication financial assistance.
- E. Assisted 2 clients with insurance approvals.
- F. Referred zero clients to community partners.

Attachments:

Quality Report
Supplemental Funding Plan 1
Supplemental Funding Plan 2

Southern Nevada Community Health Center Quality Improvement Narrative April 2020

**Fantasi 'Stasi' Pridgon, MHA, Quality Management Coordinator
Alfred McGugin, MPA, FQHC Operations Officer**

Visits

The Southern Nevada Community Health Center had 1,578 scheduled patient appointments in April 2020, a 32% decrease over the month prior. This overall decrease in volume can presumptively be attributed to the COVID-19 response. Of our scheduled patients, 71.67% kept their appointments, 5.51% more than the month prior; there was a 12.10% cancellation rate, an increase of 1.62% over the month prior and a 16.22% no-show rate, a decrease of 7.14% over the month prior.

Cancellation rates were highest among Ryan White and SHC Uninsured at 28.80% and 21.99%, respectively. The no-show rate was highest among SHC Uninsured and Family Planning at 39.06% and 21.09%, respectively.

With the implementation of telemedicine, we have seen 204 patients via audio and Healow — 18.04% of patient visits for the month. Our telemedicine efforts have afforded us the opportunity to continue providing care to the community in a safe, effective and efficient manner as we navigate the COVID-19 pandemic and modified clinic operations. The moderate decrease in our no-show rate can presumptively be attributed to our telemedicine implementation.

eBO Report Summary: April 2020

Southern Nevada Community Health Center	Provider Visits		Cancelled Visits		No Show Visits		Telemedicine Visits						Total Scheduled Patients	
							Audio Visit		Healow		Total Visits			
Dental Clinic	0	0.00%	21	10.99%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	21	1.33%
Family Health	72	7.77%	38	19.90%	23	8.98%	67	32.84%	33	16.18%	100	49.02%	233	14.77%
Family Planning	230	24.81%	10	5.24%	54	21.09%	1	0.49%	0	0.00%	1	0.49%	295	18.69%
Refugee Health	1	0.11%	5	2.62%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	6	0.38%
RW Patient Bill/Full Pay	1	0.11%	1	0.52%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	0.13%
Ryan White Insured/Account Bill	73	7.87%	38	19.90%	24	9.38%	21	10.29%	7	3.43%	28	13.73%	163	10.33%
RWA Ambulatory	30	3.24%	12	6.28%	3	1.17%	2	0.98%	2	0.98%	4	1.96%	49	3.11%
RWA EIS	11	1.19%	1	0.52%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	12	0.76%
Ryan White Program	2	0.22%	3	1.57%	3	1.17%	2	0.98%	0	0.00%	2	0.98%	10	0.63%
SHC Insured	266	28.69%	20	10.47%	49	19.14%	15	7.35%	21	10.29%	36	17.65%	371	23.51%
SHC Uninsured	241	26.00%	42	21.99%	100	39.06%	7	3.43%	23	11.27%	30	14.71%	413	26.17%
SHC Patient Bill/Full Pay	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
SHC Special Pay	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Southern Nevada Health District	0	0.00%	0	0.00%	0	0.00%	0	0.00%	3	1.47%	3	1.47%	3	0.19%
Totals	927	100.00%	191	100.00%	256	100.00%	115	56.37%	89	43.63%	204	100.00%	1578	100.00%

<i>Percent of scheduled patients who cancelled</i>	12.10%
<i>Percent of scheduled patients who no showed</i>	16.22%
<i>Percent of scheduled patients who cancelled and no showed</i>	28.33%

Quality Improvement

Our telemedicine efforts remain strong as we continue our response to COVID-19 and fulfill our mission to provide safe, quality healthcare to the community. Patients can be seen by a provider via audio (telephone) or via Healow, an app by eClinicalWorks. Some patients have the opportunity to be seen in-person as we navigate the pandemic, though telemedicine will be our first-line approach. Telemedicine will continue beyond our response to COVID-19.

A Sliding Fee Discount Program (SFDP) survey was completed by patients at the health center to gauge knowledge of its effectiveness and awareness of the program, and learn of barriers that impact affordability. Survey highlights include 50% of respondents stating they are unable to pay the health center's nominal fee for services due to prioritizing bills, unemployment, homelessness and the impact of COVID-19, and 40% of respondents stating they have avoided seeing their provider due to their inability to pay. This survey will help inform an evaluation of the effectiveness of the SFDP and potential modifications aimed at eliminating barriers to patients seeking our health care services. See pages 6-7 for complete survey results.

Our patient satisfaction survey has been finalized and will soon be available. Patients will have the opportunity to complete the survey via tablet after each visit, eliminating the need for our paper-based survey. With an electronic survey in place, we will have the ability to keep a pulse on the patient experience and respond to concerns and/or complaints in real time, in addition to highlighting the positive. See page 8 for survey.

A Key Performance Indicators (KPI) dashboard is in development and will provide monthly updates on our quality improvement performance. This dashboard will promote accountability and continuous improvement among our health center as we provide essential health care services to the community. The dashboard will feature Health Resources & Services Administration (HRSA) Uniform Data System (UDS) Performance Measures and other performance indicators deemed necessary. An electronic version of the dashboard is in development and will be housed on SNHD's intranet site.

UDS Performance Measures: April 2020

Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9.0%)

Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period

- 27 patients with a diagnosis of diabetes were seen in April
 - Of these patients, 24 (88.89%) did not have an HbA1c test completed in the past year
 - Of these patients, 3 (11.11%) had an HbA1c test completed in the past year
 - The HbA1c of 2 patients (66.67%) was > 9.0%
 - The HbA1c of 1 patient (33.33) was < 9.0%

Depression:

Patients aged 12 and over who were (1) screened for depression with a standardized tool and (2) had a follow-up plan documented if screened positive

- 937 patients aged 12 and over were seen in April
 - Of these patients, 9 (0.96%) were screened and documented as appropriate

Weight Assessment, Minors:

Percentage of patients 3-17 years of age with a BMI percentile, and counseling on nutrition and physical activity documented

- 13 patients aged 3-17 years were seen in April
 - Of these patients, 0 (0.00%) had a documented BMI and counseling on nutrition and physical activity

BMI Screening:

Patients aged 18 and over with (1) BMI charted and (2) follow-up plan documented if patients are overweight or underweight

- 924 patients aged 18 and over were seen in April
 - Of these patients, 336 (36.36%) had a documented BMI and follow-up plan

High Blood Pressure:

Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (less than 140/90 mm Hg)

- 67 patients with a diagnosis of hypertension were seen in April
 - Of these patients, 15 (22.38%) had adequately controlled blood pressure

Low Birth Weight:

Percentage of babies of health center prenatal care patients born whose birth weight was below normal (less than 2,500 grams)

- No Data Available

Early Entry into Prenatal Care:

Percentage of prenatal care patients who entered prenatal care during their first trimester

- No Data Available

Childhood Immunization Status:

Children who have received age appropriate vaccines who are 2 years of age before the end of the reporting period

- No Data Available

Cervical Cancer Screening:

Female patients aged 23-64 who received one or more Pap tests to screen for cervical cancer

- 356 patients aged 23-64 were seen in April
 - Of these patients, 65 (18.26%) received at least one Pap test to screen for cervical cancer

Tobacco Use: Screening and Cessation Intervention:

Tobacco users aged 18 or older who have received cessation advice or medication

- 40 patients aged 18 or older were seen in April
 - Of these patients, 12 (30%) received cessation advice or medication

Use of Appropriate Medication for Asthma:

Percentage of patients aged 5 through 64 years of age identified as having persistent asthma and were appropriately prescribed medication during the measurement period

- 1 patient with a diagnosis of asthma was seen in April
 - This patient was appropriately prescribed medication during the measurement period (100%)

Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet:

Patients aged 18 and older with a diagnosis of IVD, or AMI, CABG, or PTCA procedure with Aspirin or another Antithrombotic Therapy

- 3 patients with a diagnosis of IVD or AMI, CABG, or PTCA procedure were seen in April
 - Of these patients, 1 (33.33%) is receiving Aspirin or another Antithrombotic Therapy

Colorectal Cancer Screening:

Patients age 50 through 75 years of age during measurement year (on or prior to 31 December) with appropriate screening for colorectal cancer

- 113 patients 50 through 75 years of age were seen in April
 - Of these patients, 0 (0.00%) were screened for colorectal cancer

HIV Linkage to Care:

Percentage of patients whose first ever HIV diagnosis was made by health center staff between October 1 of the prior year and September 30 of the measurement year and who were seen for follow-up treatment within 90 days of that first-ever diagnosis

- 21 patients with an initial diagnosis of HIV were seen in April
 - Of these patients, 4 (19.05%) were seen for follow-up care within 90 days

Dental Sealants for Children Between 6-9 Years:

Percentage of children, 6-9 years of age, at moderate to high risk for caries who received a sealant on a permanent first molar during the measurement period

- No Data Available

Statin Therapy for the Prevention of Cardiovascular Disease:

Percentage of patients 21 years of age and older at high risk of cardiovascular events who were prescribed or were on statin therapy

- 23 patients 21 years of age and older at high risk of cardiovascular events were seen in April
 - Of these patients, 13 (56.52%) were prescribed or were on statin therapy

Southern Nevada Community Health Center (SNCHC) Sliding Fee Discount Program Survey (April 2020)*						
Questions	Yes	Percent	No	Percent	N/A	Percent
Are you able to pay the SNCHC nominal fee for services you are seeking?	9	45%	10	50%	1	5%
If no, what would cause you not to be able to pay? (bills, childcare, other expenses)	Bills, unemployment, homelessness, COVID-19					
Are you aware of our Sliding Fee Discount Program?	11	55%	6	30%	3	15%
Do you feel our fees are fair and within market rates?	10	50%	0	0%	10	50%
Do you pay your copay each time you come to SNCHC to see your provider?	11	55%	3	15%	6	30%
If no, what prevents you from paying your copay each time?	Bills, limited financial resources, homelessness, unemployment					
Have you ever avoided going to see your provider because you were unable to pay?	8	40%	8	40%	4	20%

Total Respondents: 20

Are you able to pay the SNCHC nominal fee for services you are seeking? If no, what would cause you not to be able to pay? (bills, childcare, other expenses)

- 45% of respondents can pay the SNCHC nominal fee for services
- 50% of respondents are unable to pay the SNCHC nominal fee for services
 - Of those respondents who are unable to pay the SNCHC nominal fee for services, 60% site bills, unemployment, homelessness and the COVID-19 response as barriers
- Ability to pay the SNCHC nominal fee for services does not apply to 5% of respondents

Are you aware of our Sliding Fee Discount Program?

- 55% of respondents are aware of the SNCHC Sliding Fee Discount Program
- 30% of respondents are unaware of the SNCHC Sliding Fee Discount Program
- Knowledge of the SNCHC Sliding Fee Discount Program is not applicable to 15% of respondents

Do you feel our fees are fair and within market rates?

- 50% of respondents feel SNCHC fees are fair and within market rates
- 0% of respondents do not feel SNCHC fees are fair and within market rates
- Assessment of SNCHC fees compared to market rates is not applicable to 50% of respondents

Do you pay your copay each time you come to SNCHC to see your provider? If no, what prevents you from paying copay each time?

- 55% of respondents pay their copay each time they come to SNCHC to see their provider
- 15% of respondents do not pay their copay each time they come to SNCHC to see their provider

- Of those respondents who are unable to pay their copay each time they come to SNCHC to see their provider, 100% site bills, limited financial resources, homelessness and unemployment as barriers
 - Ability to pay their copay each time they come to SNCHC to see their provider does not apply to 30% of respondents
- Have you ever avoided going to see your provider because you were unable to pay?
- 40% of respondents have avoided going to see their provider because they were unable to pay
 - 40% of respondents have not avoided going to see their provider because they were unable to pay
 - Avoidance of going to see their provider is not applicable to 20% of respondents

P-Level	Count	Percentage
P0	1394	41.70%
P1	252	7.50%
P2	190	5.70%
P3	270	8.10%
P4	194	5.80%
P5	215	6.40%
P6	180	5.40%
NO P-Level	650	19.40%
Total	3345	100.00%

- As of March 2020, there are 3345 self-pay patients at SNCHC
- 41.7% of SNCHC's P-Level self-pay patients stand at P0 in our Sliding Fee Discount Program, compared to 38.9% of P-Level self-pay patients who collectively fall between P1-P6
 - This could indicate a correlation between the inability of some patients to pay the SNCHC nominal fee for services, as 50% of respondents indicated financial hardship
- 19.4% of the SNCHC's self-pay patient population has no P-Level assigned

*NOTE: Data may be skewed due to the COVID-19 response (unusually high unemployment rates resulting in financial instability)

Southern Nevada Community Health Center
Patient Satisfaction Survey

Dear Patient,

The Southern Nevada Community Health Center is committed to providing you with quality healthcare and customer service. Please tell us about your experience and the service you receive as a patient in our health center. We strive for continuous improvement, and your feedback informs our decisions when it comes to the patient experience. Your responses will be kept confidential.

We appreciate your time.

Please rate the following:

Ease of scheduling an appointment by phone	Extremely satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Somewhat dissatisfied	Extremely dissatisfied
Wait time to see provider	Extremely satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Somewhat dissatisfied	Extremely dissatisfied
Level of care from providers and staff	Extremely satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Somewhat dissatisfied	Extremely dissatisfied
Level of understanding of health care instructions following your visit	Extremely satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Somewhat dissatisfied	Extremely dissatisfied
Hours of operation	Extremely satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Somewhat dissatisfied	Extremely dissatisfied
Recommendation of our health center to friends and family	Extremely satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Somewhat dissatisfied	Extremely dissatisfied

Comments:



Southern Nevada Health District (SNHD) dba: Southern Nevada Community Health Center(SNCHC)
Program Plan: HC H8CCS34991
Amount: \$50,464

SNCHC respectfully submits this program plan for funding released that was released on March 24, 2020. The funding was released to Health Centers and was provided by the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020. The funding supports prevention of, preparation for, and responding to coronavirus disease.

SNCHC program plan includes the following:

Response: Detect, prevent, diagnose, and treat COVID—19

1. SNCHC will increase its capacity for patient triage, testing and assessment of symptoms, including by telephone, text monitoring systems, or videoconference through enhanced telephone triage capacity, and digital applications.
 - A) To achieve this activity, SNCHC will provide patient triage and care in an external clinic to be able to separate sick and well clinics for those that are seeking COVID-19 testing;
 - B) To offer and provide telehealth services to all FQHC patients where it is appropriate;
 - C) Enhance our EHR capacity to enable videoconferencing and text monitoring systems through the patient portal for enhanced education, triage efforts, and assessment.
 - D) SNCHC will partner with external providers and provide Point of Care (POC-ID NOW) testing, IgM/IgG serological testing and facilitation of care for any COVID-19 positive patient.

Maintain and increase capacity to provide comprehensive primary health care

2. SNCHC will increase its sites to be able to better respond to the COVID-19 public health emergency directly in the community.
 - A) SNCHC has applied and received approval for three (3) additional emergency sites to be brought into FQHC scope;
 - B) SNCHC has repurposed one (1) emergency scope site (All Saints Episcopal Church) to maintain primary care service in the context of COVID-19 and ongoing needs of the patient population, including providing Telehealth, Outreach/Education, and Case Management Services;



- C) SNCHC will Purchase personal protective equipment (PPE) for health center personnel and infected patients, including National Institute for Occupational Safety and Health (NIOSH)-approved N95 respirators for health center personnel.

Please accept this program plan as the SNCHC plan for **HC H8CCS34991**. For questions, please contact Alfred McGugin, FQHC Operations Officer, SNCHC 702 759 1674 or at mcgugin@snhd.org.



Southern Nevada Health District (SNHD) dba: Southern Nevada Community Health Center(SNCHC)
Program Plan: HC H8DCS36374
Amount: \$503,000

SNCHC respectfully submits this program plan for funding released that was released on April 8, 2020. The funding was released to Health Centers and was provided by the Coronavirus Aid, Relief, and Economic Security (CARES) Act. The supplemental funding provides one-time support to health centers for the detection of coronavirus; prevention, diagnoses, and treatment of COVID-19; and the maintenance or increase of health capacity and staffing levels during a coronavirus related public health emergency.

SNCHC program plan includes the following:

Safety – Health Centers are safe for staff and patients

1. SNCHC will seek membership in the National Association of Community Health Centers (NACHC) to ensure SNCHC has access to the most up to date information relevant to Health Centers for trainings, operational plans, preparedness and response workflows and infection control. SNCHC will also utilize technical assistance available through NACHC for continued Health Center Compliance throughout the year.
- 2.

Response: Detect, prevent, diagnose, and treat COVID—19

1. SNCHC will increase its capacity for patient triage, testing and assessment of symptoms, including by telephone, text monitoring systems, or videoconference through enhanced telephone triage capacity, and digital applications.
 - a. To achieve this activity, SNCHC will provide patient triage and care in an external clinic to be able to separate sick and well clinics for those that are seeking COVID-19 testing.
 - b. To offer and provide telehealth services to all FQHC patients where it is appropriate.
 - c. Enhance our EHR capacity to enable videoconferencing and text monitoring systems through the patient portal for enhanced education, triage efforts, and assessment.
 - d. SNCHC will partner with external providers and provide Point of Care (POC-IDNOW) testing, IgM/IgG serological testing and facilitation of care for any COVID-19 positive patient.
2. SNCHC will provide and support enhanced medical respite/recuperative care services.



- a. In collaboration with the Southern Nevada Health District (SNHD), SNCHC will provide administrative, nursing, CNA staffing as well as ancillary services, such as meals, laundry, medical and non-medical case management and linkage services to patients who are quarantine due to COVID-19 in the non-congregate sheltering (NCS) facility located at 280 S. Decatur Blvd. The patients in care at the NCS are patients that do not meet hospital admissions due to having been discharged and/or must remain in quarantine and who are not allowed or cannot return to their previous living situation due to having an active positive COVID-19 case.
 - i. Staffing:
 - a. **Administration:** Registering all patients in eClinicalWorks and ensuring charts and paperwork is correct for compliance
 - b. **Nursing:** Provide acute medical services; nursing assessments, admissions. These services are provided by an RN and/or LPN.
 - c. **CNA:** Certified nursing aide will be used to provide additional assistance to the nurses for medication adherence/reconciliation, meal and snack distribution based on any dietary restrictions; administrative tasks such as MDS, laundry preparation, and housekeeping tasks.
 - ii. Ancillary Services:
 - a. **Meals:** SNCHC will provide 1 meal x 3 times daily which also includes 1 snack x 3 times daily to all COVID-19 positive patients that are quarantined in the NCS.
 - b. **Laundry:** SNCHC will provide laundry services (i.e., contract services for washing and sanitation of towel, bedding, and other cloth materials) used in the NCS to care for the COVID-19 positive patients.
 - c. **Medical/Non-Medical Case Management/Linkage to Care:** SNCHC expects there to be a host of uninsured consumers to use the SNHD NCS. While in quarantine SNCHC will work with the patients to enroll them into the SNCHC and provide the patient with additional resources as identified in the patients nursing assessment during admission.

Maintain and increase capacity to provide comprehensive primary health care

3. SNCHC will hire other personnel to support increased service demand due to COVID-19.
 - i. **FQHC Operations Officer (0.30 FTE - McGugin):** partial salary to be moved to this source from general funds. FQHC Operations Officer supervises all division and project operations, reporting, data collection, and serves as a liaison with the SNCHC Board.



- ii. **Billing Specialist (1.0 FTE - Wilson):** oversees calculating and collecting payments for medical procedures and services. Their work includes updating patient data, developing payment plans, and preparing invoices. This position also works with other administrative offices to ensure that patients are billed quickly and accurately. As related to COVID-19 this position is coordinating all billing applications, enhancements, and workflows to ensure SNCHC can maximize its billing capacity.
 - iii. **Medical Coding Specialist (1.0 FTE - Plair):** is responsible for organizing, managing, and ensuring the accuracy of health information data. This position works to guarantee the proper coding of health information, most commonly for FQHC billing purposes as related to COVID-19 and non-COVID-19 related billable services.
 - iv. **Medical Assistant (1.0 FTE - Dominguez):** is responsible for administrative and patient and physician support task. This position assists in the NCS, both Well and Sick clinics, as well as laboratory functions of collecting and running the IDNOW COVID-19 specimens.
 - v. **Information and Referral Specialist (1.0 FTE Vacant):** will coordinate referral services for SNCHC providers and contract providers and linkage to resources from other service agencies to our clients. Since the onset of COVID-19 we have seen an increase in patients in need of referrals as well as our providers making referrals to other services.
- b. SNCHC will purchase equipment to enhance electronic tracking, data exchange, reporting, and billing.
- i. **Network Equipment:** will be purchased and/or upgraded to meet the growing demand for increased data reporting at local, state and federal levels.
 - ii. **Billing Capacity:** Additional resources will be allocated to ensure SNCHC has the billing capacity to be able to adequately bill for all services rendered during COVID-19 public health emergency. Although resources from this grant from technology are not allocated it should be noted, SNCHC plans to use resource from its general fund to accomplish this task.