

**Williamson County Funding Renewal
Community Clinic Services (CCS) Program
October 1, 2009-September 30, 2010**

Organization Name: The Health Center at Johns Community Hospital

Mailing Address: 305 Mallard Lane Taylor, TX 76574

Street Address (if different than above): same

Phone: 512-352-7811 **Fax:** 512-352-4716 **Website:** www.johnscommunityhospital.org

Street Address(es) of clinic(s) if different than mailing address: same

Organization Executive Director/ Chief Professional Officer: Ernest Balla, CEO

Is this a paid or volunteer position?

Phone: 512-352-4715 **Fax:** 512-352-4716 **Email:** eballa@johnscommunityhospital.org

Organization Chair of the Board/President (volunteer position): Clark Jackson

Phone: 512-352-5543 **Fax:** 512-352-7670 **Email:** clarkljackson@sbcglobal.net

Name of Primary Contact regarding this funding: Ernest Balla, CEO

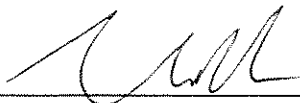
Phone: 512-352-4715 **Fax:** 512-352-4716 **Email:** eballa@johnscommunityhospital.org

Amount of Funds Requested: \$45,000

Number of Clinic Visits Proposed to be provided with this Funding (10/01/09 - 09/30/10): 900

Estimated Unduplicated Number of People proposed to be Served with this Funding (10/01/09-9/30/10): 458

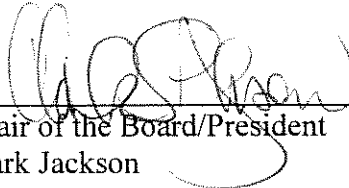
We understand that this request is to provide preventive and acute medical, mental health and dental care services to residents of Williamson County whose income is at or below 150% of the Federal Poverty Income Level and who are not eligible for any other funding assistance such as Medicaid, Medicare, CHIP, CHIP Perinatal, County Indigent Health Care Program, and the State Primary Health Care Program. We understand that funding will be at the level of \$50.00 per eligible patient visit up to a ceiling amount of the funding award and that payment will occur after services are delivered and a statement of services is submitted. We understand that the Williamson County & Cities Health District (WCCHD) administers these funds for Williamson County and we agree to comply with the billing and quality assurance requirements of WCCHD and the County.



Executive Director/Chief Professional Officer
Ernest Balla

7/22/09

Date



Chair of the Board/President
Clark Jackson

7/22/09

Date

Section 1: CLINIC ORGANIZATIONAL STRUCTURE

***Describe the organization's history (e.g., date of founding, major milestones, name changes, location changes, incorporation as a non-profit organization, 501c(3) status):** Johns Community Hospital was organized as a 501c(3) non-profit organization in 1967. In 1975, the hospital's new building was completed at 305 Mallard Lane. In 1996, a clinic, the Health Center at Johns Community Hospital was established as a department of the hospital in a 2,700 square foot addition to the hospital building. The clinic continued to grow and in 2002 moved into a new 9,000 square foot addition to the hospital building.

***Organization Mission Statement:** The mission of Johns Community Hospital is to render quality health care services to persons in Taylor and the surrounding area without regard to their ability to pay. Integral in the provision of health care services, Johns Community Hospital strives to improve the health status of the community it serves in conjunction with other community entities.

***Organization Vision Statement:** Johns Community Hospital's vision is to provide a continuum of primary and basic specialty healthcare services to the citizens of Taylor and surrounding communities. The services range from emergency and acute inpatient medical-surgical services to outpatient surgical, diagnostic and therapeutic services to extended care and home health services. To promote improvement of the general health status of the community it serves, hospital services include health education geared toward the promotion of wellness.

***Briefly describe your organization's governance structure. Please attach a listing of the current Board of Directors.** Johns Community Hospital is governed by an eleven member, self-perpetuating, volunteer Board of Directors. The Health Center, as a department of the Hospital, is also governed by this Board of Directors. The Board of Directors employs a Chief Executive Officer who is responsible for the operations of the hospital.

***Briefly describe your clinic's geographical service area (Zip codes if possible):** The clinic's geographical service area encompasses the eastern part of Williamson County roughly from Hutto eastward. The service area includes the following zip codes: 76511 (Bartlett), 76530 (Granger), 76574 (Taylor), 76577 (Thorndale), 76578 (Thrall), 78615 (Coupland), 78634 (Hutto).

***Briefly describe the population that your clinic serves/eligibility criteria:** The Health Center provides services to persons primarily in the hospital service area. Most private and government health insurance plans are accepted including commercial HMO's and PPO's, Medicare, Medicaid, Tricare, STAR, CHIP, and County Indigent. There is a sliding scale for uninsured patients.

***How does your clinic accomplish income screening and assure that your patients apply for public-funded programs for which they may be eligible?** Uninsured patients are requested to supply household income information must provide some form of proof of income. The Health Center billing staff uses an eligibility screening program (Medicaider) to determine if the patient may qualify for Medicaid or the County Indigent program. Patients are offered assistance in completing Medicaid applications that are mailed from the billing office.

***Does your clinic see patients on a walk-in basis?** Patients are seen on an appointment basis only, however a number a same day appointment slots are kept open each day.

***Does your clinic have a sliding fee scale? Please identify the specific visit co-pay based on FPL.**

The Financial Assistance (Charity) Program uses a sliding fee scale that is based on the Federal Poverty Guidelines (FPG). Patients whose income is less than: 50% of FPG pay a \$15 co-pay; 100% of FPG pay a \$20 co-pay; and 150% of FPG pay a \$25 co-pay.

***Describe your clinic's process for handling patients with the inability to pay their sliding scale fee at the time of service.** Patients who do not pay their assigned fees at the time of service are billed.

***Describe your policy for providing continued care for patients who were screened as eligible for another medical payment source but who have failed to complete the application process.** Patients who qualify for another payment source are assisted to complete the application process by our staff, so this is usually not a problem. The patients will continue to be seen for medical care while the application is pending under the hospital's Financial Assistance (Charity) program.

***Describe your policy for scheduling appointments and care of individuals with outstanding balances. If an individual has an outstanding balance, how does that affect the care provided?** Patients who do not pay assigned fees when billed will be requested to come to the billing office for financial counseling before further appointments are made. As long as the patient is making an effort to make some sort of payment on their account, they will continue to be seen for medical care. However, continued failure to make payments on their account over several months will result in a request to the patient's physician to discharge the patient from the practice.

***How does your clinic accommodate non-English speaking and hearing impaired patients?** The Health Center has several bilingual employees that can assist Spanish-speaking patients. The hospital has also made arrangements with American Sign Language interpreters that can assist hearing-impaired patients, and has a phone translation service available for other languages.

***Briefly describe your organization's quality assurance/quality improvement program (include staff licensure, continuing education, compliance with HIPAA, CLIA, pharmacy laws, medical/dental/mental health practice and ethics committee, medical record reviews, compliance with standards, evaluation of patient care outcomes, patient satisfaction surveys, etc.).** The Health Center falls under the hospital's Joint Commission accreditation that requires compliance with national standards and all Federal and State laws applicable to health care organizations including HIPAA, CLIA, and Texas Board of Pharmacy. Hospital policies require that credentials of all physician staff be thoroughly verified, and that all nursing and ancillary staff be properly licensed or certified. As part of the Health Center's performance improvement program, medical records are routinely reviewed for completeness of documentation and patient care outcomes. Insurance carriers also conduct on site audits and reviews of medical records on a regular basis.

***Does your organization and staff carry medical liability insurance? Please describe.** Johns Community Hospital carries professional liability insurance that covers the employed staff. Contracted physicians and physicians with privileges to practice in the hospital are required to carry medical liability insurance.

***Does your organization or staff have any outstanding legal actions against it? No.**
If yes, what are the circumstances surrounding the legal matters and what is the current status?

***When is your organization's fiscal year?** The fiscal year end is 12/31.

***Who provides accounting/audit services for your organization? Please include a copy of your most recent audit.** Durbin & Company, LLP is the hospital's auditor. A copy of the 2008 audited financial statement will be included with this application.

Section 2: CLINIC PRACTICE

(If your organization has more than one site where services are provided, please answer each question in this section separately for each clinic site).

***Briefly describe your clinic's staffing (include both paid and volunteer staff):** The hospital contracts with six physicians (three family practitioners, two internists and a general surgeon) that staff the Health Center. The hospital employs the support staff of the clinic that includes receptionists, clerks, nurses and three family nurse practitioners.

***What primary care services does your clinic provide (include both preventive and acute care)?** The clinic provides a full range of primary care services including Family Practice and Internal Medicine for both preventative and acute care.

***What specialty care services does your clinic provide?** The general surgeon on staff in the Health Center sees patients under the hospital's Financial Assistance program. There are also visiting specialists who rent space in the Health Center which include the following specialties Cardiology, Orthopedics, Dermatology, Hematology/Oncology, Urology, OB/GYN and Podiatry. The Health Center physicians also refer to specialists outside of Taylor. Patients must make their own financial arrangements with the visiting and out of town specialists.

***What arrangements does your clinic have for patients who need Specialty care services?**

Dental services: If needed, referrals are made to area dentists; however patients must make their own financial arrangements.

Mental health and/or substance abuse services: If needed, referrals are made to MHMR or to private mental health providers. Patients must make their own financial arrangements with private mental health providers.

Hospitalization: If needed, hospitalization at Johns Community Hospital is covered under the hospital's Financial Assistance Program. If hospitalization at another facility is required, patients must make their own financial arrangements with that facility.

Laboratory and Other Diagnostic Services: Lab and diagnostic imaging services provided by Johns Community Hospital are covered under the hospital's Financial Assistance Program. Patients must make their own financial arrangements for any services that the hospital does not provide.

Pharmacy: Neither the Health Center nor Johns Community Hospital has an outpatient pharmacy. The Health Center does maintain a large inventory of pharmaceutical samples which

physicians dispense to patients as indicated, especially to those without insurance coverage for prescriptions.

***How does your clinic market your services to the underinsured and uninsured in the community?** Notices are posted in the clinic and hospital registration areas regarding the availability of the Financial Assistance Program. An announcement is also run in the local newspaper regarding the availability of charity care.

***Days of the week and hours of clinic operation:** The Health Center is open from 8:00 a.m. to 5:00 p.m. with evening appointments available from 5 p.m. - 7 p.m. Monday through Thursday as needed, from 8:00 a.m. to 5:00 p.m. on Friday, and from 8 a.m to noon on Saturday.

***What is the average wait time for an appointment for sick care?** Same day or next day.

***What is the average wait time for preventive care?** One to seven days depending on which provider.

***What is the clinic's average cost per clinic visit?**

| | 2005 | 2006 | 2007 | 2008 |
|----------------------|---------|---------|---------|---------|
| Number of visits | 32,018 | 34,186 | 31,493 | 33,062 |
| Salaries | \$18.40 | \$17.88 | \$23.46 | \$20.80 |
| Supplies | \$2.67 | \$3.62 | \$4.06 | \$3.10 |
| Contract Labor (MD) | \$27.51 | \$27.89 | \$30.14 | \$28.56 |
| Lab/X-ray | \$16.92 | \$15.30 | \$16.90 | \$18.24 |
| Allocated Overhead* | \$20.34 | \$18.30 | \$12.75 | \$14.63 |
| Total cost per visit | \$85.84 | \$82.99 | \$87.32 | \$85.33 |

* Allocated overhead includes utilities, maintenance, housekeeping, billing, administration, interest expense, and depreciation.

***What arrangements do you have for 24/7 coverage?** The Health Center has both a primary care physician and a general surgeon on call twenty-four hours a day, seven days a week. The Medical Exchange service is utilized for patients to contact the on call physician.

***Out of every dollar received, what portion goes to direct patient care?** Indirect or overhead costs (see above) constitute 17.1% of expenses.

***How many uninsured patients were seen between 0 - 150% FPL? Between 151% - 200% FPL?**
495 total visits from 10/1/08 – 6/30/09, 378 applied who were above 151% FPL.

Section 3: FUNDING SOURCES

Insert additional rows in this table of funding sources as needed.

| Funding Sources | Last FY/08 | Current FY/09 | Next FY/10 |
|--|-------------------|-------------------|-------------------|
| Client Co-Pay | \$ included below | \$ included below | \$ included below |
| | | | |
| Insurance, Medicaid, CHIP, CHIP Perinatal, Medicare, CIHCP, PHC, other (Please list each separately) | \$1,332,377 | \$1,583,356 | \$1,500,000 |
| | | | |
| Government Grants (city, county, state, federal)—specify | \$ | \$ | \$ |
| | | | |
| | | | |
| | | | |
| | | | |
| Corporate and/or Foundation Grants—specify | \$ | \$ | \$ |
| St. David's Healthcare Foundation | \$49,000 | 0 | |
| Georgetown Healthcare Foundation | \$7,000 | 0 | |
| | | | |
| | | | |
| | | | |
| United Way Grants | \$ | \$ | \$ |
| | | | |
| | | | |
| | | | |
| Donations/ Other Fund-Raising | \$ | \$ | \$ |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Income | \$1,388,377 | \$1,583,356 | \$1,500,000 |