

CAROLINA HEALTH CENTERS

Risk Management Committee

February 20, 2024

MINUTES

MEMBERS PRESENT (V), ABSENT EXCUSED (A), SICK (S):

√	Kim Anderson, Financial Analyst	√	Brooke Holloway, Chief Development and Corporate Compliance Officer
√	Derek Bannister, Family Medicine Practice Manager	√	Jessica Jacobs, Director of Behavioral Health
√	Steven Bradberry, System Administrator	√	Nikki Richard, Director of Clinical Support Services
√	Jessica Brock, Pediatric Practice Manager	√	Amy Satterwhite, Pharmacy Operations Manager
√	Erika Dorn, Pediatric Practice Clinical Coordinator	√	Locke Simons, Chief Medical Officer, chair
	Joe Eiland, Facilities Manager	√	Natasha Johnson, Interim Director of Quality and Population Health
	Lisa Gilmer, Revenue Cycle Manager		

- I. The meeting was called to order by Simons at 8:33am.
- II. Minutes from October 17, 2023 meeting approved by motion from Anderson and seconded by Bradberry. Approved after change of Kim Anderson's title.
- III. **Incident report review/summarization with noted trends or issues since last meeting:** Verbal review of incident report items. No worrisome trends, no action items needed.
- IV. **Current state assessment**
 1. Periodic and regular risk management assessment –
 - a. Five for 2023. Last assessment done 10/17/2023.
 - b. Continue to monitor for need for edits to process and reporting.
 2. Annual report – Presented to board in July and to the QI Committee next month in August.
 3. Setting and tracking progress regarding annual risk management goals –
Risk Management Goals –
 - (1) **Fully established RM plan** - Done
 - (2) **RM training plan** – Done and implemented. Have adding OB training requirement.
 - (3) **Annual staff training completion rate greater than 95% by end of year** – Final completion rate for CY2023 was 95.92%. No Exempt statuses but allow for training time.
 - (4) **Risk Management Assessments** – current
 4. Annual risk management training plan – Current last 12 months numbers with 95.94% of assigned courses being completed. Still need trainings for specific groups – ECRI recommendation for FTCA. FTCA requiring OB training for basically all employees – course imported into HS.
- V. **Old business**
 1. E&M coding. Billing department staff now performing regular audits for compliance, reporting to providers and copying CMO for review. Billing department doing Lunch and Learn sessions with sites – most all sites and providers are interested. Plan is to visit every site. BH coding issues, but codes are dropping to workqueue anyway and all are being reviewed. External audit completed but results not shared yet.
 2. Vaccine issues. Workflow issues caused some, or most, of these problems. Still with issues – counts are never correct, sometimes wrong vaccine dispensed. Very time-consuming process.
 3. Timely encounter closure. CMS recommends 24-48 hours. New contract term and new bonus calculation item in place. Dashboard for providers to show their progress.
- VI. **New business**
- VII. **Risk Management Assessment** – Tool opened and reviewed with comments and edits added.

Action items/information:

Next RMC meeting: April 16, 2024 – 8:30am

The meeting was adjourned at 9:28am.

Locke E. Simons, MD
Chief Medical Officer