



Mayers Memorial Hospital District

Chief Executive Officer

Matthew Rees, MBA

Board of Directors

Allen Albaugh, President
Brenda Brubaker, Vice President
Abe Hathaway, Treasurer
Michael D. Kerns, Secretary
Art Whitney, Director

BOARD of DIRECTORS
MEETING AGENDA
November 19, 2014, 9:15 AM
Board Room (Fall River Mills)

Mission Statement

Mayers Memorial Hospital District serves the Intermountain area providing outstanding patient-centered healthcare to improve quality of life through dedicated, compassionate staff and innovative technology.

1	CALL MEETING TO ORDER – Allen Albaugh, President	
2	CALL FOR REQUEST FROM THE AUDIENCE: PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS: Persons wishing to address the Board are requested to fill out a "Request Form" prior to the beginning of the meeting (forms are available from the Clerk of the Board (M-W), 43563 Highway 299 East, Fall River Mills, or in the Board Room). If you have documents to present for the members of the Board of Directors to review, please provide a minimum of nine copies. When the President announces the public comment period, requestors will be called upon one-at-a time, please stand and give your name and comments. Each speaker is allocated five minutes to speak. Comments should be limited to matters within the jurisdiction of the Board. Pursuant to the Brown Act (Govt. Code section 54950 et seq.) action or Board discussion cannot be taken on open time matters other than to receive the comments and, if deemed necessary, to refer the subject matter to the appropriate department for follow-up and/or to schedule the matter on a subsequent Board Agenda.	
3	Board of Trustee Candidate Interviews	
10	ADJOURNMENT	

Public records which relate to any of the matters on this agenda (except Closed Session items), and which have been distributed to the members of the Board, are available for public inspection at the office of the Clerk to the Board of Directors, 43563 Highway 299 East, Fall River Mills CA 96028.

This document and other Board of Directors documents are available online at www.mayersmemorial.com.

Posted/Distributed: 11/13/14



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MEETING AGENDA

November 19, 2014, 1:00 PM
 Board Room (Fall River Mills)

Mission Statement

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3	APPROVAL OF MINUTES: 3.1 Regular Meetings – October 29, 2014 (ATTACHMENT A)	ACTION ITEM
4	OPERATIONS ► C3 Report (CEO, CNO, CCO) FACILITIES MANAGEMENT, SUPPORT SERVICES, COMPLIANCE(ATTACHMENT B) WRITTEN REPORT PROVIDED – ADDITIONAL COMMENTS AS NEED VERBALLY	Information
5	BOARD COMMITTEES: 5.1 Finance Committee – Chair Allen Albaugh 5.1.1 Committee Meeting Report 5.1.2 October 2014 Financial review and acceptance of financials (<i>dispersed separately</i>) 5.1.3 USDA Loan Update..... 5.1.4 Board Quarterly Finance Review (binder) verify and accept review of payments made to ALPHA Fund, CAHHH, EDD, IRS, State Board of Equalization, CEO expenditures/reimbursement..... 5.2 Strategic Planning Committee – Chair Abe Hathaway 5.2.1 Committee Meeting Report – No November meeting 5.3 Quality Committee – Chair Brenda Brubaker 5.3.1 Committee Meeting Report..... 5.3.2 Approval of CAH Annual Evaluation & Org Analysis report..... (<i>dispersed separately</i>)	Information ACTION ITEM Information ACTION ITEM Information ACTION ITEM

6	NEW BUSINESS	
	6.1 Trustee Appointment to be presented to Shasta County BOS.....	<i>ACTION ITEM</i>
	6.2 December Meeting Date (scheduled for Christmas Eve).....	<i>ACTION ITEM</i>
	6.3 Ad Hoc Committee appointment by board chair for "Nomination of Officers"	
	6.4 1206B Clinic Discussion and possible action on a resolution to form such a clinic.....	<i>ACTION ITEM</i>
	6.5 OB Department Discussion and possible action.....	<i>ACTION ITEM</i>
	6.6 Presentation, discussion and potential action on purchase of Ambulance (grant funds)....	<i>ACTION ITEM</i>
7	7.1 INFORMATION/REPORTS/BOARD EDUCATION/ANNOUNCEMENTS	Information/ discussion
	▶ Board Education – QHR Webinar 2 nd Tuesdays 2014, 10 a.m.	
	▶ Board Assessments - Results will be available in December	
8	ANNOUNCEMENT OF CLOSED SESSION:	
	8.1 Approve minutes of the October 29, 2014 Closed Session minutes.....	<i>ACTION ITEM</i>
9	RECONVENE OPEN SESSION: REPORT ACTIONS TAKEN DURING CLOSED SESSION	
10	ADJOURNMENT: Next Regular Meeting December ? - Burney	

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Posted/Distributed: 11/13/14

Date: October 29, 2014
Time: 1:01 P.M.
Location: Mayers Memorial Hospital
Burney, California

(These minutes are not intended to be a verbatim transcription of the proceedings and discussions associated with the business of the board's agenda; rather, what follows is a summary of the order of business and general nature of testimony, deliberations and action taken.)

1. CALL MEETING TO ORDER: Vice President Brenda Brubaker called the regular meeting to order at 1:04 p.m. on the above date with the following present:

Brenda Brubaker, Vice President
Mike Kerns, Secretary
Abe Hathaway, Treasurer
Art Whitney, Director

Board Members Absent: Allen Albaugh, President

Staff Present: Matt Rees, CEO; Valerie Lakey, Board Clerk; Travis Lakey, CFO; Louis Ward, Director of Support Services; Sherry Wilson, CNO; Caleb Johnson, Chief Compliance Officer

2. CALL FOR REQUEST FROM AUDIENCE TO SPEAK TO ISSUES OR AGENDA ITEMS: None

3. APPROVAL OF MINUTES – A motion/second (*Kerns/Hathaway*), and carried, the Board of Directors accepted the minutes for the regular meeting – September 24, 2014 - Approved All – Whitney Abstain

4. OPERATIONS REPORT:

In addition to the written operations report included in the board packet, the following verbal reports and discussions are summarized below:

► **Matt Rees, CEO:**

- Rees addressed some of the cut backs being made at the facility to save on monthly expenditures. We have stopped filling positions unless they are patient care related. All salary people are taking one unpaid day each pay period. We have come up with about \$95,000 savings per month.
- The Clinic has lost 3 of 6 physicians in last 3 months. This has resulted in our statistics dropping. We have joint meeting scheduled with MVHC board of directors on November 14 at noon. Rees has a consultant, Walter Copp, who is scheduled to attend. One of the discussion items will be opening a Clinic that could possibly benefit both MMHD and MVHC.
- We are looking at each department to get costs down.
- Still NO word on USDA – they have a continuing resolution until they have a budget – there is no timeline. Met with ANOVA regarding a downsized facility.
- JPA meeting – Kerns attended the meeting in Alturas to discuss the possibility of forming a JPA. It was decided that there is a collective interest in exploring options of a JPA. There is some hesitance, protective of own "turf". Working on ideas to share services. We will stay involved and see what comes of it. Currently, we are doing Modoc's microbiology and sharing a surgeon.
- 299 Collaborative grant - \$900,000 (2-1/2 years) for an HIE – met and reviewed the budget. Trinity, Modoc, SV, Mayers and clinics on line with HIE. (HRSA)

- ▶ **Keith Earnest, CCO:** see written report. Brubaker asked about Respiratory Week and PFT readings. Whitney asked about seeing the numbers on Modoc's labs.
- ▶ **Sherry Wilson, CNO:** Acute – down 2 nurses. Figuring out how to utilize current staff instead of registry. Overton will probably pick up shifts also. Bob May will be the new ambulance manager; will be starting within the next couple of weeks on a part time basis.
- ▶ **EMR – Louis Ward, Director of Support Services**
 - Highlights: POC was approved. Fire Panel is up and running. A lot of credit to maintenance staff in addressing the 41 deficiencies. One deficiency regarding entrance and exits – we were in the process and they didn't write it up. A lot of work to do – especially in Burney. Will strive for zero deficiencies.
 - Early in attestation period – only into it one month. 90 days stage 1; 90 days year one stage 2; 1 year stage 2; (may change to 90 days). Would help with reimbursement coming in sooner. **RUMOR** stage 3 would go away.
 - Dietary moving to electronic based system
 - Purchasing – more inventory for flu season. PPE for staff – precautionary. There is always a shortage of saline. \$600 week savings – reduced inventory with Aramark
- ▶ **Caleb Johnson, Chief Compliance Officer**
 - Brubaker had questions on clean claim rate – Johnson explained method. There are many levels of checks all the way through the system. Whitney asked about turnaround time – we have been at it one year. We have had a lot of training. There is room for improvement. Front end is good – it is the follow-up.
 - Whitney asked what the \$90,000 private pay unbilled was – It was thought it could be medi-cal pending for SNF.
 - Johnson will be using the tool (spreadsheet) he designed to meet with managers.
 - Brubaker noted we need to be using the tool to fix the issues.
 - There were many questions about A/R service billing and billing department staff. Whitney asked about the \$1 mil in bad debt – what is the process before it is designated as bad debt? There is a lot of ER bad debt. (\$767,000 is ER)
 - Hathaway noted it is a good start and a good tool – follow up on the problem areas.
 - Brubaker noted that Colene Watson is doing a good job.

5. REPORTS – Insurance

We went back to InterWest insurance proposal because Tevis couldn't cover what they offered. We are back to the GAP insurance. We are saving money and have a bigger network. We will be savings \$20,000/month. Next year may be looking at self-funded plan. There will be a focus on employee health.

6. BOARD COMMITTEES:**6.1 Finance Committee – Art Whitney**

6.1.1 Committee Report – Reviewed the finance committee meeting notes. We are looking at cuts; including looking at OB services. We need to consider what to do in this department. We will be looking at the whole process. We had 60 deliveries last year; we are trending for 40 this year. It has been an issue to keep trained staff. There are patient safety factors. Check into details of license retention if doing no OB's. Could be a \$250,000 savings per year. Will be an item on November 19th Board agenda.

6.1.2 September 2014 Financials – *(Kerns/Whitney) Approved All*

6.1.3 USDA loan – there has been no news

6.1.4 Increase and approval of Credit line extend from \$500,000 to \$1 million – the application process is at legal with Cal Mortgage - there is a commitment of funds to pay the credit line back. *(Kerns/Whitney) – Approved all*

6.2 Strategic Planning Committee – Chair Abe Hathaway

6.2.1 Committee Meeting Report – Hathaway reported on the Strategic Planning Committee meeting.

6.3 Quality Committee – Chair Brenda Brubaker

6.3.1 Committee Meeting Report (minutes as distributed)

6.3.2 MERP PLAN – *(Kerns/Hathaway) All Approved*

7. NEW BUSINESS

7.1 Trustee Appointment – V. Lakey went over the trustee appointment process. Applications are being received and candidates will be interviewed November 19th prior to the regular meeting. The recommendation from our board will be sent to the Shasta County Board of Supervisors for final approval.

7.2 By Laws Review – No new comments. Will be on the agenda for approval in December

7.3 Disaster Backup Recovery – Ward presented information to address a plan for backing up our electronic records. When finances allow, there are a few options and it is a necessary thing to do. We have 40 critical servers. We do have off site backup. It is done on an interval that is not sufficient. Will be looking at a couple of other vendors. The idea of the option of a lease agreement that we could purchase devices and increase bandwidth and have our own off site back up. \$50,000/5 years or \$30,000 year on contract. Will be continuing to develop a plan of action. Will discuss again at the December meeting.

7.4 Change November meeting date to November 19, 2014 – Fall River Board Room
(Hathaway/Kerns) Approved all

8. INFORMATION/BOARD EDUCATION/ANNOUNCEMENTS

- ▶ Board Education – QHR Webinar 2nd Tuesday each month, 10 a.m. PST
- ▶ Board Assessments – Please complete – report will be available in December

9. ANNOUNCEMENT OF CLOSED SESSION: 2:58 pm**9.1 Government Code Section 54962**

Quality Assurance: Quality Improvement Issues, Medical Staff Report (Dr. Dan Dahle, Chief of Staff)
None

9.2 Government Code Section 54957: Personnel – CEO Bonus criteria/Evaluation**9.3 Approve minutes of the Closed Session (All) (Hathaway/Kerns)**

10. RECONVENE OPEN SESSION: 3:29 PM - REPORT ACTIONS TAKEN DURING CLOSED SESSION
11. ADJOURNMENT: There being no further business, at the hour of 3:29 p.m., Vice President Brubaker declared the meeting adjourned.



Mayers Memorial Hospital

Operations Report October 2014

Statistics	October YTD FY15 <i>(current)</i>	October YTD FY14 <i>(prior)</i>	October Budget YTD FY15
Surgeries <i>(including C-sections)</i>	25	21	21
➤ Inpatient	7	7	6
➤ Outpatient	18	14	15
Procedures <i>(surgery suite)</i>	59	20	21
Inpatient <i>(Acute/OB/Swing) Days</i>	529	645	651
Emergency Room	1365	1319	1320
Skilled Nursing Days	9142	8900	9728
OP Visits <i>(OP/Lab/X-ray)</i>	5169	5373	5675
Hospice Patient Days	381	952	360
PT	4090	3293	3384
Ambulance Runs	130	137	136

Operations District-Wide

Matthew Rees, Chief Executive Officer

Administration/CEO activities during the past month:

- Moved forward with cost saving measures. We laid off 2 people, consolidated another position (moving one nurse to cover the floor) and reduced hours in many departments. We have encouraged staff to pick up shifts in nursing to reduce the use of agency staff.
- Spent a while on the phone with Walt Caldwell from the Mountain Echo talking about what was going to come out in the newspaper about the cuts. Also spoke to the Fall River Chamber about the cuts.
- Held a couple of employee meetings informing them of many of the cuts we were making and asking for further ideas.
- Spoke with all of the local physicians about OB, met with Dr. Dahle to discuss options for ER coverage and clinic as well as met with Dr. Syverson and Dr. Watson about clinic options.
- LAFCO approved our sphere of influence. It went through with no problems or protests. The sphere now includes the areas we have considered annexing. Annexing is another process to go through.
- Held a joint meeting of the Mountain Valleys staff and hospital staff to talk about issues, like EMR and communications.
- Spent many hours discussing OB including billing and cost allocations.
- Met with Dr. Syverson and talked about holding clinic in Susanville and maybe using his clinic to operate a local clinic in Burney and Fall River, could possible save us money that we would have to spend in opening a new clinic
- Holding a joint meeting with Mountain Valleys board to discuss clinic, physician recruitment and OB.
- CCAHN had a couple of meetings to discuss the CCO model and are making plans so that next year we will have a self funded health insurance plan to consider.

Chief Clinical Officer Report
Keith Earnest, Pharm.D., Chief Clinical Officer

Please accept my apologies for missing the rescheduled board meeting. I am attending the California Hospice and Palliative Care Association's annual meeting.

Physical Therapy

- Jolene Platko, PT Manager, is working on systems to reduce no shows and cancellations.
- The referral numbers are rebounding from the decreasing in the summer and the schedule is full.
- Staff is working with the billing office to refine processes surrounding Medi-Cal (Partnership) patients.
- A cycle of patient surveys was recently completed.

Cardiac Rehab

- Trudi Burns, RN manager is working with Val Lakey in marketing to revise the referral form for cardiac rehab.
- Congestive Heart Failure is now a diagnosis covered by Medi-Care for Cardiac Rehab and has been added to the new form.

Laboratory

- The Lab is ready to start drawing labs at Big Valley Medical Clinic when the contract is finalized.
- On-site lipase testing is up and going.

Respiratory

- Hours of coverage have changed from seven days a week to six days a week.
- The contract with a pulmonologist in Klamath Falls to perform diagnostic interpretations of pulmonary function tests is in place. We are pleased with the service we are receiving.

Imaging

- The PACS install continues. The PACS to Paragon® interface is live. The next step is the interface with the Mountain Valleys' information system.
- Hours of operations in Burney have been adjusted to be more efficient.

Pharmacy

- The remodeling of the IV room is complete.

Hospice

- Hospice was surveyed November 11-14th for the first time since before 1999. There were some deficiencies and a plan of corrections will be submitted once the notice of deficiencies is received.
- As Mary Ranquist is new in the management position, the survey process taught her a lot of things. The surveyors were helpful and easy to work with.

Critical Access Hospital
Submitted by: Sherry Wilson CNO/Acute

Obstetrics

- The OB department had 3 deliveries in October. We are initiating the safe sleep program which is promoted by Halo Safe sleep sacks and it is a free service to hospitals. This program will put our facility in compliance with the state for SIDS education and awareness and the reduction therein. I have put the order in to Halosleep and hope to get the sleep sacs by the end of the month and initiate their use.
- I have been working with Val Lakey, Doreen Parker and Stephanie in imaging to put together a program to capture early ultrasound patients and introduce them to myself and the unit in hopes to increase the number of OB patients delivering here a Mayers Memorial Hospital versus traveling elsewhere. My goal is to capture at least 75% of these annually, of the OB's whom are low-risk and appropriate for our level of care. When looking back at unpaid OB accounts it was found that there was a clerical error in the Medical accts that were past due from over a year ago resulting in a large amount of non-paid funds, and according to Matt Rees CEO, we are now starting to receive payment on these.
- I have also located some maternal/child grants through HRSA that I will introduce to Margaret Truan upon her return in hopes that we may qualify for some of these block grants. The numbers are up for the end of the year in expecting OBs with 5 this month and 8 for December.
- Lastly, it is my goal to have the Child Birth Preparation Classes up and in place by the first of the year, with the assistance of Val Lakey, and Terri King for advertizing and room availability. Goals for next year will focus on community outreach and networking with neighboring communities and implementing positive perceptions to increase our patient population.

Emergency Department

October Ambulance Calls:

Ambulance Calls total: 35

Inter-facility transfers: 6

Big Valley Area 10

Burney Area 5 (calls taken in Burney Area due to BFPD not having a 2nd out rig staffed)

- New Ambulance Manager hired – Please welcome Bob May. We are looking forward to positive change and a new vision on the horizon.
- One full time paramedic has resigned. Will need to fill the position ASAP.
- No Major Ambulance maintenance to report
- Moving forward with the new Ambulance funding, approximate total of \$108,000 raised including \$15,000 from the Sierra Health Foundation. Notice came in 2 weeks ago; we have never been awarded a grant from this foundation even though we have applied multiple times until now!!

- Jeanette Rodriguez and Kathy Broadway attended California Hospital Association's Disaster Preparedness Conference September 23rd and 24th. Two days of keynote speaker and breakout sessions discussing everything from Ebola to San Francisco plane crash to Flooding in Tennessee leaving 4 local hospitals without running water for 5 days.
- Kathy Broadway attended Trauma One training in Marysville. This is a program S-SV required every facility to enter data on trauma patients. They then report the data to the State of California. This is a required task which has been not met at MMHD since July 2013. Now that we have the training we will back in compliance.

Louis Ward, Director of Support Services

Facilities:

- We are still awaiting a final walkthrough and signature for the permit related to the Fire Panel project. Jose Gallegos, OSHPD Fire Marshall is expected to revisit the facility in the near future.
- I completed the OSHPD SB499 report on 10/30/14, awaiting word from OSHPD if all criteria satisfied their requirements.
 - The SB499 Report is the annual report we provide to OSHPD that incorporates patient census information and open projects or permits with the Agency. It also looks for information regarding our plan to meet the requirements of SB1954.

Information Technology:

- EMR Stage 2 attestation is began Oct 1, 2014
 - 1 year reporting period
 - Patient Portal continues to be a consideration as it seems unreasonable for many of our patients to be provided with 2 separate portals (Mayers, MVHC)
 - This continues to be a topic at Mayers/MVHC collaborative meetings.
 - HIE meeting may pose a solution in coming months.
- On Sept. 16, 2014 Reps. Renee Ellmers (R-NC) and Jim Matheson (D-UT) introduced the Flexibility in Health IT Reporting (Flex-IT) Act (H.R. 5481). This legislation would give hospitals and eligible professionals more flexibility in meeting meaningful use (MU) requirements for electronic health records in fiscal year 2015.
 - This Act would reduce the Attestation reporting period for Stage 2 to 90 days.
- Investigation vendors that will strengthen our backup solutions in times of information disasters.
 - We are developing an internal schedule to backup and remove tape drives with patient information from server room at regular intervals.
 - We will store copies of the drives at the Burney Annex.
 - We will be doing a daily, weekly, monthly, and annual backup.
 - This will give us 3 backups for our most critical information, including 1 backup at an offsite location.
 - We are still working on a more permanent plan which would incorporate an automated process.

Dietary

- With the introduction of electronic charting it is now necessary to provide Dietary access to electronic notes pertaining to diet plans and diet orders.
 - Continued to build assessments to meet the requirements of a nutritional risk assessment and likes/dislikes needed on all acute patients within a 48 hour window per policy. With new plan we will be able to get vital diet information within the first 8 hours.
 - A Registered Nurse R.N, is now performing the Admission Assessment collecting necessary information such as: This brings into compliance with new ADA standards.
 - Priority Level, Food allergies, Past medical history

Purchasing

- Over the next few weeks we will be reconfiguring one of our store rooms to allow for a neater environment as well as storage capabilities for items currently stored in our outside shed. This would alleviate much of the dangerous foot traffic while collecting items from the shed throughout the winter.
- I met with the new Ambulance Manager Bob May; I look forward to working with him to reduce inventory levels in the ER and the Ambulance. He is very interested in working with Kathy and I to ensure we have the appropriate qty of supplies and assist in reducing costs related to outdated supplies.

Environmental Services

- Continued to monitor the linen inventory levels and pricing to ensure it aligns with expected expenses.
- Moving EVS office space to BJ Macey's office to allow for BJ to move to where EVS was located. This will allow for a more professional environment for the Discharge Planner. We also setup an EVS office in Burney to allow for more space in both facilities.

Compliance Report

Caleb Johnson, Chief Compliance Officer

Revenue Cycle

- Revenue Cycle Health Report. Attached. Noteworthy:
 1. Total Charges exceeded budget for the last two months running, and Total Payments posted continue to fall slightly short of the \$1.5M goal (although \$113K in payments received in October were not posted in October due to a Partnership computer glitch that prevented access to the electronic posting file);
 2. Percent over 120 Days increased from 31.0% to over 33.3%, due in large part to unpaid traditional Medi-Cal accounts and growing Private Pay / Self Pay After Insurance (SPAI) liabilities. We have identified and corrected the issue causing non-payment of traditional Medi-Cal claims, and are in the process of cleaning up Private Pay / SPAI accounts; and
 3. Clean Claim Rate improved to 33%, but remains well below target of 60%. Due to the slow turnaround on service requests to DSG, we anticipate slow but steady progress on the Clean Claim Rate.
- Business Office Restructuring. As a part of the recent cost-saving measures, the Business Office Manager position was eliminated. The CFO and myself have begun reviewing processes and will be making changes in how business is ran, with an eye towards standardization of processes, monitoring productivity, and reducing defects that are contributing to old and denied accounts. A quick review of AR suggests there will be an increase in non-covered and untimely adjustments before we can expect a decrease, as old accounts are scrubbed and cleaned.

Other

- Six Sigma Training. Completed second week of two-week Six Sigma training course in San Francisco with Louis Ward, Director of Support Services, and have received Green Belt certification. This training was made possible through a SHIP grant awarded to Mayers, with the major objective of reducing the average time spent in the Emergency Department before a patient is sent home (CMS Quality Measure OP-18b) by 20%. The Six Sigma methodology can be used throughout the organization to improve consistency in processes / quality; already we are looking at opportunities to use Six Sigma in the Revenue Cycle.

	Current	Prior	Benchmark
Total Charges	2,784,497.16	2,749,427.00	2,700,000.00
Total Payments	1,335,977.83	1,443,375.63	1,500,000.00
Total Adjustments	1,106,947.06	1,025,714.92	1,200,000.00
Average Daily Revenue	89,822.49	91,647.57	87,096.77
Average Daily Payments	43,096.06	48,112.52	48,387.10
Average Daily Adjustments	35,707.97	34,190.50	38,709.68

Total AR	6,548,429.84	6,199,232.95	5,724,193.55
Total Credit Balance	(457,228.14)	(518,339.33)	(57,241.94)
Total Bad Debt	1,103,623.51	1,055,090.78	286,209.68

Adjustment Analysis

Contractual	899,066.44	916,442.76	960,000.00
Non-Covered	15,621.80	10,386.34	60,000.00
Untimely	104,479.19	31,691.13	60,000.00
Special Programs	29,260.70	35,377.00	60,000.00
To Bad Debt	58,518.93	31,817.69	60,000.00

Key Indicators	Current	Prior	Benchmark
Gross AR Days	73.54	72.12	65.00
Percent Over 120 Days	33.9%	31.0%	12.0%
DNFB	11.64	9.68	7.00
Number of Denied Claims	175	140	130
Clean Claim Rate	33%	23%	60%
Adjusted Collection Rate	72.0%	80.3%	97.0%

ATB Payor Mix

BLUE CROSS	7.4%	8.1%
COMMERCIAL	9.3%	9.6%
MEDICAID	40.1%	37.3%
MEDICARE	21.3%	22.0%
MEDICARE ADVANTAGE	3.9%	3.9%
PRIVATE PAY	11.0%	11.4%
SELF PAY AFTER INSURANCE	4.6%	5.1%
UNKNOWN	0.0%	0.0%
WORKMANS COMP	2.4%	2.7%

Payor Class	Unbilled	0 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	121 - 180 Days	181 - 365 Days	366 + Days	Total Amount
BLUE CROSS	113,055.79	57,977.20	128,235.27	29,976.17	18,066.09	21,133.37	87,577.09	28,644.14	484,665.12
COMMERCIAL	55,254.80	79,385.40	100,580.42	45,230.80	49,086.35	68,762.34	133,613.35	77,976.64	609,890.10
MEDICAID	357,037.35	889,233.03	239,353.28	126,009.42	112,031.06	138,484.18	495,872.67	267,525.08	2,625,546.07
MEDICARE	332,740.77	651,036.71	153,763.72	34,215.84	11,392.40	85,298.91	58,094.50	67,361.90	1,393,904.75
MEDICARE ADVANTAGE	11,335.14	18,183.00	13,358.10	15,897.76	522.02	54,372.78	108,441.35	35,080.25	254,190.40
PRIVATE PAY	149,035.29	108,679.55	83,856.17	54,869.63	59,216.16	101,864.14	141,976.81	22,198.04	721,695.79
SELF PAY AFTER INSURANCE	980.00	32,266.78	47,402.74	34,290.00	31,119.51	38,356.67	85,066.93	31,074.86	300,557.49
UNKNOWN	-	-	-	-	-	-	-	-	-
WORKMANS COMP	17,385.80	19,995.60	5,365.00	11,829.97	30,434.50	26,210.95	34,342.86	12,415.44	157,980.12
Totals	1,036,824.94	1,856,757.27	771,914.70	352,319.59	311,868.09	531,483.34	1,144,985.56	542,276.35	6,548,429.84

5-10%
10-15%
15-20%
20%+