



Mayers Memorial Hospital District

Chief Executive Officer

Matthew Rees, MBA

Board of Directors

Abe Hathaway, President
 Michael D. Kerns, Vice President
 Allen Albaugh, Treasurer
 Beatriz Vasquez, PhD, Secretary
 Art Whitney, Director

**BOARD of DIRECTORS
 MEETING AGENDA**

May 27, 2015 1:00 PM
 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 – Abe Hathaway, 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	APPROVAL OF MINUTES: 3.1 Regular Meetings – April 22, 2015 (ATTACHMENT A)	ACTION ITEM
4	REPORTS ► Hospice Quarterly Report – Mary Ranquist, Hospice Manager	
5	OPERATIONS ► Chief's Reports (CEO, CNO, CCO, COO,CCO) (ATTACHMENT B) WRITTEN REPORT PROVIDED – ADDITIONAL COMMENTS AS NEED VERBALLY	Information
6	BOARD COMMITTEES: 6.1 Finance Committee – Chair Allen Albaugh 6.1.1 Committee Meeting Report 6.1.2 April 2015 Financial review and acceptance of financials (<i>dispersed separately</i>) 6.1.3 Building Options/Updates..... 6.1.4 IGT Documents/Credit Line (Attachment C)	Information ACTION ITEM Information ACTION ITEM
	6.2 Strategic Planning Committee – Chair Abe Hathaway 6.2.1 Committee Meeting Report – (Hathaway)..... 6.2.2 SSV/Trauma/Base Station status..... 6.2.3 LAFCO Update.....	Information Information Information/ Action
	6.3 Quality Committee – Chair Mike Kerns 6.3.1 Committee Meeting Report..... 6.3.2 Policies & Procedures (Attachment D)..... • AHP Reappointment.....	Information ACTION ITEM

7	7.1 INFORMATION/REPORTS/BOARD EDUCATION/ANNOUNCEMENTS ▶ Board Education – QHR Webinar 2 nd Tuesdays 2015, 10 a.m.	Information/ Discussion
8	ANNOUNCEMENT OF CLOSED SESSION: 8.1 Government Code Section 54962 Quality Assurance: Quality Improvement Issues, Medical Staff Report (Dr. AJ Weinhold, Chief of Staff), and to consider and approve Medical Staff Credentials: Medical Staff Appointment: <ul style="list-style-type: none"> • Jesse Arnold, NP 	ACTION ITEM
9	RECONVENE OPEN SESSION: REPORT ACTIONS TAKEN DURING CLOSED SESSION	
10	ADJOURNMENT: Next Regular Meeting June 24, 2015 – Burney	

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: 05/20/15

Date: April 22, 2015
Time: 1:00 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 Kerns called the regular meeting to order at 1:01 p.m. on the above date with the following present:

Abe Hathaway, President
Mike Kerns, Vice President
Beatriz Vasquez, Secretary
Allen Albaugh, Treasurer
Art Whitney

Board Members Absent:

Staff Present: Valerie Lakey, Board Clerk; Travis Lakey, CFO; Sherry Wilson, CNO; Keith Earnest, CCO, Louis Ward, COO; Caleb Johnson, CCO

2. CALL FOR REQUEST FROM AUDIENCE TO SPEAK TO ISSUES OR AGENDA ITEMS:

3. APPROVAL OF MINUTES – A motion/second (*Kerns, Vasquez*), and carried, the Board of Directors accepted the minutes for the Regular meeting – March 25, 2015 and Special Meeting April 3, 2015. *Approved All*

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 noted that AB1290 the legislation for the design build is moving ahead.
- ▶ ***Sherry Wilson, CNO:*** The quarantine has been lifted at Burney Annex as of April 21, 2015. The CNA class going well. There have been a couple of State visits in the last couple of weeks for filed 341's. All but one has been cleared without deficiency. We will receive a deficiency, but not a fine.
- ▶ ***Keith Earnest, CCO:*** Health Fair was successful; there were over 200 labs. Employee labs will be available until May 18. Last year there were 282 labs performed, we are hoping to exceed that. There was a free breakfast provided by the hospital. (McArthur reported)

The Autofax system in lab, which is a fax on demand, is now working. Currently working on autofax. Sends fax once or twice a day. We are still working on the logistics of the program.

Earnest reported meeting with a group yesterday for a needs assessment for telemedicine. We are exploring how it could work in our specialty clinic.

- ▶ ***EMR – Louis Ward, Chief Operating Officer:*** Fall River specialty clinic: the crew is going on the remodel of the clinic space. It should be open sometime in May.

Burney Clinic – working on meeting ADA requirements and having a DOT compliant restroom. We are hoping for an August 1 deadline.

IT is working on many challenges – ongoing submission for reportable labs and immunization registry.

CMS is possibly going to shorten the 2015 meaningful use requirements – the possible proposal is to shorten the attestation from 365 days to 90 days. Only 4% of hospitals can actually currently meet requirements and we are one of them.

Direct messaging to Shasta Regional and Mercy is up and running– been working on this.

We have submitted a Dietary Grant in the amount of \$43,000 for a Nutrition Center project. Grantors will be on site Thursday, April 23 to tour the site.

We have a collaborative meeting with MVHC scheduled for April 27th

► ***Caleb Johnson, Chief Compliance Officer:***

In addition to report – revenue cycle health is getting better; we are normalizing. Patient collections topped \$1.8 for 2nd month in a row. Billing staff is consistently doing better.

Johnson answered questions regarding Revenue Health report
Johnson gave a report on the OSHPD Outmigration data:

- Summary of findings
- Inpatient data 2008 – 2013
- Primarily started pulling OB data
- For our service area, Mayers birthed the largest percentage of the babies; the rest mostly went to Burney.
- Our market share is 55.6% of district mothers who delivered at Mayers
- In the extended service area – Mayers was primary facility
- Mayers' market share for extended service area is 50.1%
- Of those born at Mercy –the majority are from Burney. We are also losing some from Alturas – it was noted that some of these could be higher risk
- We need to capture more of Burney market
- OB/GYN physician could be a key factor. Mothers like seeing a specialty physician and that is why many go to Redding.

5. BOARD COMMITTEES:

5.1 Finance Committee – Chair Allen Albaugh

5.1.1 Committee Meeting – Albaugh reviewed financials and noted that some expenses are up – but we are doing more business.

5.1.2 March 2015 Financials – ***Approved All (Albaugh, Whitney)***

5.1.3 USDA Update –Albaugh addressed a letter from USDA – which basically said “No” to funding our current proposal. There was a meeting with OSHPD; the feeling

was it was a positive meeting that provided many options. (See finance committee notes.) The staff will work on options and present them at May 27th meeting. Vasquez commended T. Lakey and Ward for all of their efforts and hard work on the project. While in Sacramento, the staff/board members also met with Cal Mortgage regarding IGT and funding. To do:

- Amend feasibility study with USDA
- Pass AB1290
- Talk with architects, Construction management
- Looking at \$18 million
- Possibility of one floor as designed (17,500 sq ft), plus information on what was discussed in finance

We may need to have a special meeting to discuss options

5.1.4 Clinic Update – Covered in Ward’s report. Albaugh noted he is still looking for more revenue figures.

5.2 Strategic Planning Committee –Chair Abe Hathaway

5.2.1 Committee meeting – Reviewed legislation, SP retreat, Outmigration Data

5.2.2 Strategic Planning Retreat Report– Notes were sent out to allboard and management staff

5.3 Quality Committee – Chair Mike Kerns

5.3.1 Committee Meeting Report – Department reports, quarterly reports, Quality training report from Holly Green.

5.3.2 Policies & Procedures – (Kerns/Hathaway)

- Application for Medical Staff Reappointment
- Reporting Concerns and/or Filing a Grievance Brochure

Change title of the Complaint Policy to be consistent with the brochure– ***Approved All***

6. INFORMATION/BOARD EDUCATION/ANNOUNCEMENTS

- ▶ Board Education – QHR Webinar 2nd Tuesday each month, 10 a.m. PST
- ▶ May 14 Board Education at Lakeview
- ▶ May 6 – 8 Beatriz Vasquez is attending the ACHD Annual meeting.

7. ANNOUNCEMENT OF CLOSED SESSION: 2:05 PM

8. RECONVENE OPEN SESSION – ANNOUNCE ACTION TAKEN IN CLOSED SESSION

9. ADJOURNMENT: There being no further business, at the hour of 3:01 p.m., President Hathaway declared the meeting adjourned. Next meeting May 27, 2015 – Fall River Mills



Mayers Memorial Hospital

Operations Report April 2015

Statistics	April YTD FY15 <i>(current)</i>	April YTD FY14 <i>(prior)</i>	April Budget YTD FY15
Surgeries <i>(including C-sections)</i>	100	47	102
➤ Inpatient	31	18	16
➤ Outpatient	69	29	86
Procedures <i>(surgery suite)</i>	173	29	141
Inpatient <i>(Acute/OB/Swing) Days</i>	1814	1357	1631
Emergency Room	3297	2908	2940
Skilled Nursing Days	22067	21752	21820
OP Visits <i>(OP/Lab/X-ray)</i>	12793	12686	13553
Hospice Patient Days	1085	2169	1006
PT	10972	8065	8460
Ambulance Runs	326	336	340

Operations District-Wide

Prepared by: **Matthew Rees, Chief Executive Officer**

Administration/CEO activities during the past month:

- ▶ In the past few weeks members of the administrative team and I have spent many hours meeting with a couple of architects to revamp the hospital project into something that will fit within what USDA can approve at the state level. I will have conceptual plans and cost estimates at this coming board meeting. I attended the Intergovernmental Committee when Brian Dahle presented AB 1290. It passed 9-0, and the process should be final in mid-June. This will allow us to move forward with Design Build.
- ▶ On the 23rd of April CCAHN Advisory Board met taking major steps in putting together a self-funded health insurance product for our employees and are now working on setting up the population health model to help us control the cost for that population.
- ▶ April 27th Mayers and MVHC met to discuss many issues and get an update on a grant that MVHC is applying for, that would turn the old Fall River Outfitters into a clinic. They think there is less than a 50% chance of getting the grant.
- ▶ On April 29th MVHC arranged an interview at Mayers with a family practice physician who has since that signed a letter of intent to come to Fall River. Dr. Barrios wants to work in the clinic, ER and do OB. He will be joining MVHC in September.

- ▶ In the beginning of May we had a Resilience Advantage Training for all ER staff and others that were interested. This training is designed to help people stay calm and deal with situation and bring their bodies tension after the incident down quickly.
- ▶ Also in the beginning of May I attended the annual AHA meetings. We met with several legislators on several rural issues - 96 hour rule, Physician Direct Supervision of Therapeutic Service and making the certification period for Stage II only 90 days instead of a year. Also the District Hospital Leadership Forum met with several legislators to gain support for the DSRIP funds which could equate to \$5 million to \$18 million to Mayers over the next 5 years.
- ▶ On May 11th the 299 Collaborative met and decided to join the Sac Valley Medshare Health Information Exchange (HIE). This is the HIE that the SHARC has encouraged everyone in Shasta County to become part of. The funds from the 299 Grant will be used to pay for the expenses of joining and also be used to offset some of the cost of implementing the system at each site.
- ▶ On the 14th there was the board training in Lakeview which was offered to the members of the JPIA and was paid for through the Oregon Hospital Association. 3 board members of 3 staff members attended from Mayers. Also on the 14th Marlene, Keith and I went to Rotary to receive the \$25,000 donation.
- ▶ On the 21st CCAHN met to further discuss the employee health insurance, population health model, we will be offering members.
- ▶ The 22nd SHARC will be meeting to discuss the advancement of HIE and physician recruitment for Shasta County

Chief Clinical Officer Report

Prepared by Keith Earnest, Pharm.D.--Chief Clinical Officer

Respiratory Therapy

- A record number of onsite PFT's (12) were performed during the month of April.
- Adam Dendauw, Respiratory Manager, and Kathy Broadway RN, ER Manger, have reviewed the respiratory supplies in the crash carts and have removed trans-tracheal catheters which will result in saving the replacement costs.
- The preventative maintenance is complete on the new ventilator and it can be used on pediatric and adult patients but is not appropriate for neonatal use.
- Trach training and CPAP and BiPAP training was performed in conjunction with nurse competencies in hopes that at some future point taking stable trach patients on swing.

Pharmacy

- We have implemented the Drug-Food interactions program. A potential Drug-Food interactions report now prints daily in the dietary department so patients diets can be adjusted accordingly.
- E-prescribe is live in the ER. Special CII paper is in a locked printer drawer in the ER so physicians will not need to write CII prescriptions on their office pads.
- The Paragon pharmacy IT helped us work out several bugs in our bar code process and we expect our numbers to increase dramatically.

- The quality control process is complete for the retail portion of the 340B program. We are now transmitting successfully.
- A camera is now installed in the pharmacy and will be used to check medications when the pharmacy is accessed after hours.

Physical Therapy

- As of 5/9/15, 17 patients were waiting to be evaluated by physical therapy and of those, 8 are on the schedule for an evaluation. The use of a registry PTA increased the department efficiency and decreased our waiting list. The registry PTA has finished her contract and we are still looking for permanent staff.
- The physical therapy department is now accepting *Direct Access* patients so patients can self refer for physical therapy. Given the current staffing we are not advertising *Direct Access* at this time.

Imaging

- Researching equipment for Burney imaging to coincide with the future clinic.
- The department has initiated upfront collection of co-pays.

Cardiac Rehab/Telemedicine

- Trudi Burns, RN manager, is working with the "Silver Sneakers" programs and can potentially receive medi-care reimbursement for cardiac maintenance patients.
- Trudi Burns, RN, manager, is arranging neuro-psych consults for skilled patients that exceed the dosage thresholds for psychotropic medications. This process is very cumbersome but residents may be seen as soon as May 28th.
- Referrals have been strong and currently there are 5 monitored patients.
- We are exploring possibilities with Partnership Health's telemedicine program.
- Initial plans are underway to incorporate tele-medicine into the specialty clinic.

Laboratory

- Health fair lab draws for staff and volunteers ended May 18th and all results should be mailed by the end of the week.
- Mountain Valleys has contracted with our lab to perform the labs for their health fair.
- We have hired a casual CLS, who is highly proficient in microbiology. He will work one long weekend a month with call. We continue to search for a full time CLS to be on staff.
- Fax on demand is up and running but we are still working on getting auto-fax working.

Critical Access Hospital

Prepared by: Sherry Wilson CNO/Acute

Acute/Swing Nursing Unit

Obstetrics

- OB department did 7 deliveries in April. No inductions.
- CCHD pulse ox screening has been initiated. Immunizations are live now with the state server. Reviewing and revising Policies and Procedures.

- Quality training is next week and data is coming in from departments to sort and upload.

Emergency Department

April Ambulance Calls:

Ambulance Calls total:	35
Inter facility transfers:	14
Big Valley Area	3

Shayne Middleton from EmCare will be here June 10th and 11th for Customer Service Training. This will be open to all employees and physicians, not just ED staff. The board is also welcome. EmCare will offer three 4 hour sessions (two on the 10th and one on the 11th). It is a program based on the type customer service you receive while visiting Disneyland.

Runs reviews and skills session for April was OB Emergencies presented by Holly Green. The staff gave great reviews and requested more education on OB. May 19th Suzie Smith from Reach 5 will be here to present on Helicopter Operation. CQI continues to go smoothly.

Again the new ambulance is expected to come off the production line May 25th!!!

Kathy (along with Holly Green and Theresa Overton) attended an all day management training May 14th.

The ambulance remains fully staffed. Burney Ambulance is having trouble holding a full staff so we are working by with them "sharing" staff to provide service to our area. Sharing staff mean sometimes they have one crew member available and we might have someone available to staff a second out ambulance for increased community coverage.

The ED has had 3 RN/MICNs resign. We are actively advertising to recruit ED nurses and also reaching out to Travel Nurse Agencies for coverage.

Surgery

- April Health Fair was a huge success. We were able to communicate with the community all the surgical services that MMHD could offer. MANY were still surprised that we even had a general surgeon here. Have had some referrals from Hill Country and also a few from Susanville.

I do have some concerns:

- The number of referrals from the clinic are declining. However, the ones we do get, are cleared and scheduled very quickly.
- Dr. Syverson has only 3 clinic days in May, and only 5 in June. He needs at least 6 to keep the referrals up.

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**Skilled Nursing Facility – Burney & FRM**  
*Submitted By: Sherry Wilson, RN, CNO*

- Census is at

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Operations Report
Prepared by: Louis Ward, MHA, Chief Operating Officer

Facilities

- **Burney and Fall River Clinic – 1206(b)**
 - Worked with Margaret Truan, Grant Coordinator to establish a budget for Partnership Health grant.
 - Grant was submitted Jan 31, 2015 to Partnership Health.
 - Grant has been awarded
 - \$49,500 check has been received. Remaining 50% to be delivered upon clinic completion.
 - Renovations have been completed **Fall River Clinic**.
- **Burney Clinic Renovation**
 - Met with Hat Creek Construction and Don Garloff (draftsman) to determine drawings to allow for a bid process if need be.
 - Planning for an ADA and Department of Transportation (DOT) compliant bathroom.
 - Expected opening date of August 1, 2015

Information Technology

- **Electronic Submittal of Prescriptions**
 - Software allowing Physicians to electronically submit prescriptions to receiving pharmacies has been installed.
 - Secured printer has been installed in the ER with Rx paper
 - This will allow physicians to prescribe medications without bringing their own script pads.
- **Connected to State Immunization Registry**
 - All immunizations delivered to patients within the facility are now being electronically sent to CAIR. We are in full production.
- **Health Information Exchange**
 - The North State Health Connect has merged with the Sac Valley Med Share
 - We are now in talks determining governance issues
 - 6 Board seats are available to the members North State Health Connect
 - I am currently serving as a member on the technical committee and have also expressed interest in representing the 299 collaborative as a board member of the Sac Valley Med Share.

Dietary

- **Working with Margaret Truan on a new Grant opportunity to assist in healthier lifestyle choices for employees**
 - The Grant committee have not yet decided on awarding as of 5/19/15
 - We intend to purchase:
 - New seating
 - New food display cases
 - Employee communication boards
 - New salad bar
 - New furniture to house cutlery and other dining related material
 - New paint & framed art/photographs
 - Awaiting information from the funder on how to move forward.
 - **Healthy Lunch options for employees**
 - Beginning discussions to provided quick and healthy meal options to employees such as a wider variety of salad and sandwich options, healthy snacks, and low sugar beverage alternatives.

Purchasing

- Steve Sweet, Buyer has been made Purchasing Manager.
 - We are interviewing for a purchasing clerk position
- We are planning for our fiscal yearend inventory of the hospital for the last week in June.
 - Working with all of Managers of clinical areas to determine scheduling.

Environmental Services

- Aramark (our linen provider) has moved their plant from Redding to Sacramento, we are working with them to ensure there is no disruptions with their move.
- Implemented a new patient centered process using a bi-fold card stating the room was proudly cleaned by a member of the environmental staff prior to the patient's admission.
 - The card also provides the Chief Operating Officer's contact information if they would like to share any concerns or positive comments about the cleanliness of their rooms, as well as the hospital.
 - EVS Manager will provide in-service to all EVS staff to ensure a standardized as well as thorough cleaning of all patient rooms,

Compliance Report
Caleb Johnson, Chief Compliance Officer

Revenue Cycle

- Revenue Cycle Health Report. Attached. Noteworthy:
 1. Average Daily Revenue for April remained above \$100,000, for the fourth time in the last five months. However, collections in April fell far short of expectations (see below and notes), at \$1.3M:

Service	Payments		Gain (Loss)	Notes
	Apr-15	Mar-15		
ORG WIDE	<u>1,314,181.45</u>	<u>1,808,809.79</u>	<u>(494,628.34)</u>	
SNF	265,991.36	608,119.07	(342,127.71)	New rates w/ Partnership caused technical glitch, leading to payment/posting delays Dykes unlinked w/ Medicare, leading to unprocessed claims Acute discharges and ALOS dropped by 31% and 25%, respectively, from March to April 2015
Emergency Room	183,552.55	274,415.01	(90,862.46)	
Med-Surg	113,858.61	175,569.36	(61,710.75)	
Outpatient Medical	55,251.79	83,316.50	(28,064.71)	
Swing Bed	225,171.97	245,673.26	(20,501.29)	
Laboratory	156,997.55	162,126.30	(5,128.75)	
Observation	5,482.48	8,639.45	(3,156.97)	
Respiratory Therapy	1,803.56	2,294.01	(490.45)	
Dietary	310.09	60.26	249.83	
Radiology	50,487.51	49,760.49	727.02	
Cardiac Services	4,953.47	2,679.38	2,274.09	
Physical Therapy	67,904.20	64,262.09	3,642.11	
Surgery	101,442.35	85,782.54	15,659.81	
Obstetrics	80,973.96	45,986.07	34,987.89	

As revenue remained strong through April, and AR accumulated for reasons outlined below, we can expect collections to rebound in May and/or June.

Accounts Receivable				Notes
Service	Apr-15	Mar-15	Gain (Loss)	
ORG WIDE	6,038,173.85	5,619,068.36	419,105.49	
SNF	937,738.89	580,174.75	357,564.14	New rates w/ Partnership caused technical glitch, leading to payment/posting delays Dykes unlinked w/ Medicare, leading to unprocessed claims Surgery revenue continued to grow w/ increased volumes
Emergency Room	1,464,472.31	1,346,565.35	117,906.96	
Surgery	534,823.03	451,684.95	83,138.08	
Obstetrics	228,181.44	179,301.49	48,879.95	
Observation	82,957.62	55,950.98	27,006.64	
Outpatient Medical	245,768.94	239,108.38	6,660.56	
Respiratory Therapy	27,508.05	23,407.74	4,100.31	
Dietary	2,132.80	2,375.48	(242.68)	
Cardiac Services	9,672.42	9,953.57	(281.15)	
Laboratory	481,380.69	485,155.74	(3,775.05)	
Physical Therapy	243,212.81	252,846.13	(9,633.32)	
Radiology	181,083.55	197,166.98	(16,083.43)	
Med-Surg	1,024,366.72	1,106,742.33	(82,375.61)	
Swing Bed	558,870.96	672,792.70	(113,921.74)	

- Percent Over 120 Days improved in April to within 2% of goal, to 21.9%. This suggests we are getting close to achieving the desired profile for our AR; however, as the AR issues outlined above are resolved, likely we will need to refocus some efforts on older AR to keep the profile in line.

HIPAA

- ICD-10.** Outsource coding company Anthelio is ready for transition on October 1; In-house coder will continue ICD-10 training in June; outpatient departments have forwarded referral sheets for ICD-9 to ICD-10 translation; AMA has publically backed H.R. 2126, the Cutting Costly Codes Act of 2015, aimed at freezing ICD-10 implementation indefinitely.

	Current	Prior	Benchmark
Total Charges	3,018,549.51	3,247,684.46	2,700,000.00
Total Payments	1,314,181.45	1,808,809.79	1,624,801.65
Total Adjustments	1,295,723.75	1,506,670.12	1,329,383.16
Average Daily Revenue	100,618.32	104,764.01	90,000.00
Average Daily Payments	43,806.05	58,348.70	54,160.05
Average Daily Adjustments	43,190.79	48,602.26	44,312.77

Total AR	6,038,173.85	5,619,068.36	5,465,314.48
Total Credit Balance	(426,004.73)	(412,383.89)	(273,265.72)
Total Bad Debt	1,438,656.13	1,374,897.20	273,265.72

Adjustment Analysis

Contractual	1,100,993.78	1,335,486.59	1,295,723.75
Non-Covered	10,716.09	28,867.18	64,786.19
Untimely	33,757.79	64,428.73	64,786.19
Special Programs	76,060.97	26,026.91	64,786.19
To Bad Debt	74,195.12	51,860.71	64,786.19

Key Indicators	Current	Prior	Benchmark
Gross AR Days	60.64	56.54	55.00
Percent Over 120 Days	21.9%	23.8%	20.0%
DNFB	9.83	9.34	10.00
Number of Denied Claims	199	320	130
Clean Claim Rate	47%	48%	60%
Adjusted Collection Rate	71.4%	95.9%	97.0%

ATB Payor Mix

BLUE CROSS	7.6%	8.2%
COMMERCIAL	13.3%	12.4%
MEDICAID	27.0%	24.2%
MEDICARE	30.3%	34.1%
MEDICARE ADVANTAGE	5.0%	3.2%
PRIVATE PAY	7.6%	7.7%
SELF PAY AFTER INSURANCE	7.7%	8.5%
UNKNOWN	0.0%	0.0%
WORKMANS COMP	1.6%	1.6%

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	59,251.84	74,313.19	78,595.45	31,792.45	70,631.14	50,508.97	84,641.66	9,326.12	459,060.82
COMMERCIAL	138,608.11	229,486.97	85,824.90	60,816.42	61,528.45	62,074.10	112,380.48	52,136.54	802,855.97
MEDICAID	233,895.80	925,223.98	151,646.29	135,336.90	27,864.95	74,177.02	49,531.16	31,465.24	1,629,141.34
MEDICARE	494,701.28	503,650.22	351,772.71	33,400.90	229,359.53	64,159.61	115,106.93	38,234.33	1,830,385.51
MEDICARE ADVANTAGE	6,505.02	124,818.94	11,935.70	669.00	233.00	1,362.00	71,049.54	82,500.51	299,073.71
PRIVATE PAY	33,582.12	187,423.10	80,160.24	43,589.26	7,874.30	27,129.35	33,955.23	45,229.63	458,943.23
SELF PAY AFTER INSURANCE	682.00	62,521.44	46,194.41	43,392.19	60,949.08	129,392.41	92,450.61	26,384.47	461,966.61
UNKNOWN	-	-	-	-	-	-	-	-	-
WORKMANS COMP	12,115.00	8,053.90	4,687.63	1,047.00	2,988.00	2,621.40	34,755.90	30,477.83	96,746.66
Totals	979,341.17	2,115,491.74	810,817.33	350,044.12	461,428.45	411,424.86	593,871.51	315,754.67	6,038,173.85

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

INTERGOVERNMENTAL TRANSFER ASSESSMENT FEE

This Agreement is entered into between the CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES (“State DHCS”) and the Mayers Memorial Hospital District with respect to the matters set forth below.

RECITALS

A. This Agreement is made pursuant to the authority of Welfare & Institutions Code, section 14301.4.

THEREFORE, the parties agree as follows:

AGREEMENT**1. Transfer of Public Funds**

1.1 Mayers Memorial Hospital District shall make Intergovernmental Transfer(s) (“IGTs”) to State DHCS pursuant to section 14164 of the Welfare and Institutions Code and paragraph 1.1 of the Intergovernmental Agreement(s) Regarding the Transfer of Public Funds contract number 13-90569, to be used as a portion of the non-federal share of actuarially sound Medi-Cal managed care rate range capitation increases (“non-federal share IGT”) to Partnership HealthPlan of California (“PHC”) for the period of September 1, 2013 through June 30, 2014.

1.2 The parties acknowledge that State DHCS will obtain any necessary approvals from the Centers for Medicare and Medicaid Services (“CMS”) pertaining to the acceptance of non-federal share IGTs and the payment of non-federal share IGT related rate range capitation increases to PHC.

2. Intergovernmental Transfer Assessment Fee

2.1 The State DHCS shall, upon acceptance of non-federal share IGTs pursuant to the Intergovernmental Agreement(s) Regarding the Transfer of Public Funds, and as described in paragraph 1 of this Agreement, exercise its authority under section 14301.4 of the Welfare and Institutions Code to assess a 20-percent assessment fee on the amount of the non-federal share IGTs, except as provided under paragraph 2.4 of this Agreement, to reimburse State DHCS for the administrative costs of operating the IGT program pursuant to this section and for the support of the Medi-Cal program.

2.2 The funds subject to the 20-percent assessment fee shall be limited to non-federal share IGTs made by the transferring entity, Mayers Memorial Hospital District, pursuant to the Intergovernmental Agreement(s) Regarding the Transfer of Public Funds, and as described in paragraph 1 of this Agreement.

2.3 The 20-percent fee will be assessed on the amount of the non-federal share IGTs pursuant to the Intergovernmental Agreement(s) Regarding the Transfer of Public Funds, and as described in paragraph 1 of this Agreement, except as provided under paragraph 2.4 of this Agreement, and will be made in addition to, and transferred separately from, the transfer of funds pursuant to the Intergovernmental Agreement(s) Regarding the Transfer of Public Funds.

2.4 The 20-percent assessment fee shall not be applied to IGT amounts designated for increases to risk-based payments to managed care health plans intended to increase reimbursement for designated “public providers,” as defined by Welfare and Institutions Code 14301.4(b)(3), for purposes of equaling the amount of reimbursement the public provider would have received through certified public expenditures under the fee-for-service payment methodology. DHCS has determined that \$2,385,938 of the non-federal share IGTs pursuant to the Intergovernmental Agreement(s) Regarding the Transfer of Public Funds, and as described in paragraph 1 of this Agreement is exempt under Welfare and Institutions Code 14301.4 (d)(3).

2.5 The 20-percent assessment fee pursuant to this Agreement is non-refundable and shall be wired to State DHCS separately from, and simultaneous to, the non-federal share IGTs pursuant to the Intergovernmental Agreement(s) Regarding the Transfer of Public Funds, and as described in paragraph 1 of this Agreement. However, if any portion of the non-federal share IGTs is not expended for the specified rate increases stated in paragraph 2.2 of the Intergovernmental Agreement(s) Regarding the Transfer of Public Funds, DHCS shall return a proportionate amount of the 20-percent assessment fee to the Mayers Memorial Hospital District.

3. Other Provisions

3.1 This Agreement contains the entire Agreement between the parties with respect to the 20-percent assessment fee on non-federal share IGTs pursuant to the Intergovernmental Agreement(s) Regarding the Transfer of Public Funds, and as described in paragraph 1, and supersedes any previous or contemporaneous oral or written proposals, statements, discussions, negotiations or other agreements between the transferring entity and State DHCS. This Agreement is not, however, intended to be the sole agreement between the parties on matters relating to the funding and administration of the Medi-Cal program. One or more other agreements may exist between the parties regarding such other matters, and other agreements may be entered into in the future. This Agreement shall not modify the terms of any other agreement between the parties.

3.2 Time is of the essence in this Agreement.

3.3 Each party hereby represents that the person(s) executing this Agreement on its behalf is duly authorized to do so.

4. State Authority. Except as expressly provided herein, nothing in this Agreement shall be construed to limit, restrict, or modify State DHCS' powers, authorities, and duties under federal and state law and regulations.

5. Approval. This Agreement is of no force and effect until signed by the parties.

SIGNATURES

IN WITNESS WHEREOF, the parties hereto have executed this Agreement, on the date of the last signature below.

Mayers Memorial Hospital District:

By: _____ Date: _____
Matthew Rees, CEO

THE STATE OF CALIFORNIA, DEPARTMENT OF HEALTH CARE SERVICES:

By: _____ Date: _____
Meredith Wurden, Assistant Deputy Director, Health Care Financing

HEALTH PLAN-PROVIDER AGREEMENT

Partnership HealthPlan of California and Mayers Memorial Hospital

AMENDMENT 1

This Amendment is made this ___ day of ___ {month/year}, by and between Partnership HealthPlan of California, a County Organized Health System hereinafter referred to as "PLAN", and Mayers Memorial Hospital District, hereinafter referred to as "PROVIDER".

RECITALS:

WHEREAS, PLAN and PROVIDER have previously entered into an Agreement effective 09/01/2013;

WHEREAS, Section 10.2 of such Agreement provides for amending such Agreement;

WHEREAS, PLAN has been created by its Boards of Supervisors to negotiate exclusive contracts with the California Department of Health Care Services and to arrange for the provision of health care services to qualifying individuals in Shasta County and PLAN is a public entity, created pursuant to Welfare and Institutions Code 14087.54 and County Code Chapters 7.2, County Code Chapters 34, County Code Chapters 2.40, County Code Chapters 2.0, 8.69, and County Code Chapters 2.0.

WHEREAS, PROVIDER, Mayers Memorial Hospital District provides an Emergency Room, Ambulance Services, a Skilled Nursing Facility that includes an Alzheimer's Unit, Acute beds, OB services, Hospice, Lab, Radiology, Physical Therapy, Respiratory Therapy, Cardiac Rehabilitation and contracts with the PLAN to provide these services to Medi-Cal beneficiaries.

WHEREAS, PLAN and PROVIDER desire to amend the Agreement to provide for Medi-Cal managed care capitation rate increases to PLAN as a result of intergovernmental transfers ("IGTs") from Mayers Memorial Hospital District to the California Department of Health Care Services ("State DHCS") to maintain the availability of Medi-Cal health care services to Medi-Cal beneficiaries.

NOW, THEREFORE, PLAN and PROVIDER hereby agree as follows:

Attachment C of the Agreement is added to amend the agreement as follows:

IGT MEDI-CAL MANAGED CARE CAPITATION RATE RANGE INCREASES

1. IGT Capitation Rate Range Increases to PLAN

A. Payment

Should PLAN receive any Medi-Cal managed care capitation rate increases from State DHCS where the nonfederal share is funded by the District Hospital (Mayers Memorial Hospital District specifically pursuant to the provisions of the Intergovernmental Agreement Regarding Transfer of Public Funds (“Intergovernmental Agreement”) effective for the period September 1, 2013 through June 30, 2014 for Intergovernmental Transfer Medi-Cal Managed Care Rate Range Increases (“IGT MMCRRIs”), PLAN shall pay to PROVIDER the amount of the IGT MMCRRIs received from State DHCS, in accordance with paragraph 1.E below regarding the form and timing of Local Medi-Cal Managed Care Rate Range (“LMMCRR”) IGT Payments. LMMCRR IGT Payments paid to PROVIDER shall not replace or supplant any other amounts paid or payable to PROVIDER by PLAN.

B. Health Plan Retention

(1) **Medi-Cal Managed Care Seller’s Tax**

The PLAN shall be responsible for any Medi-Cal Managed Care Seller’s (“MMCS”) tax due pursuant to the Revenue and Taxation Code Section 6175 relating to any IGT MMCRRIs through June 30, 2014. If the PLAN receives any capitation rate increases for MMCS taxes based on the IGT MMCRRIs, PLAN may retain an amount equal to the amount of such MMCS tax that PLAN is required to pay to the State Board of Equalization, and shall pay, as part of the LMMCRR IGT Payments, the remaining amount of the capitation rate increase to PROVIDER.

(2) The PLAN shall retain a three percent (3%) administrative fee based on the total amount of the IGT MMCRRIs received from DHCS for PLAN’S administrative costs. Each provider’s share of the 3% fee shall be calculated based on that provider’s proportionate share of the LMMCRR IGT payments made by Plan in the PROVIDER’S County.

(3) PLAN will not retain any other portion of the IGT MMCRRIs received from the State DHCS other than those mentioned above.

C. Conditions for Receiving Local Medi-Cal Managed Care Rate Range IGT Payments

As a condition for receiving LMMCRR IGT Payments, PROVIDER shall, as of the date the particular LMMCRR IGT Payment is due:

(1) remain a participating provider in the PLAN and not issue a notice of termination of the Agreement;

(2) maintain its current emergency room licensure status and not close its emergency room;

- (3) maintain its current DPNF and Acute beds and not close these facilities.
- (4) maintain its current emergency response services for PLAN Medi-Cal beneficiaries.

D. Schedule and Notice of Transfer of Non-Federal Funds

PROVIDER shall provide PLAN with a copy of the schedule regarding the transfer of funds to State DHCS, referred to in the Intergovernmental Agreement, within fifteen (15) calendar days of the PROVIDER establishing such schedule with the State DHCS. Additionally, PROVIDER shall notify PLAN, in writing, no less than seven (7) calendar days prior to any changes to an existing schedule including, but not limited to, changes in the amounts specified therein.

E. Form and Timing of Payments

PLAN agrees to pay LMMCRR IGT Payments to PROVIDER in the following form and according to the following schedule:

- (1) PLAN agrees to pay the LMMCRR IGT Payments to PROVIDER using the same mechanism through which compensation and payments are normally paid to PROVIDER (e.g., electronic transfer).
- (2) PLAN will pay the LMMCRR IGT Payments to PROVIDER no later than thirty (30) calendar days after receipt of the IGT MMCRRIs from State DHCS.

F. Consideration

(1) As consideration for the LMMCRR IGT Payments, PROVIDER shall use the LMMCRR IGT Payments for the following purposes and shall treat the LMMCRR IGT Payments in the following manner:

(a) The LMMCRR IGT Payments shall represent compensation for Medi-Cal services rendered to Medi-Cal PLAN members by PROVIDER during the State fiscal year to which the LMMCRR IGT Payments apply.

(b) To the extent that total payments received by PROVIDER for any State fiscal year under this Amendment exceed the cost of Medi-Cal services provided to Medi-Cal beneficiaries by PROVIDER during that fiscal year, any remaining LMMCRR IGT Payment amounts shall be retained by PROVIDER to be expended for health care services. Retained LMMCRR IGT Payment amounts may be used by the PROVIDER in either the State fiscal year for which the payments are received or subsequent State fiscal years.

(2) For purposes of subsection (1) (b) above, if the retained LMMCRR IGT Payments, if any, are not used by PROVIDER in the State fiscal year received, retention of funds by PROVIDER will be established by demonstrating that the retained earnings account of PROVIDER at the end of any State fiscal year in which it received payments based on LMMCRR IGT Payments funded pursuant to the Intergovernmental Agreement, has increased over the unspent portion of the prior State fiscal year's balance by the amount of LMMCRR IGT Payments received, but not used. These retained PROVIDER funds may be commingled with other Mayers Memorial Hospital District funds for cash management purposes provided that such funds are appropriately tracked and only the depositing facility is authorized to expend them.

(3) Both parties agree that none of these funds, either from the Mayers Memorial Hospital District or federal matching funds will be recycled back to the District's general fund, the State, or any other intermediary organization. Payments made by the health plan to providers under the terms of this Amendment constitute patient care revenues.

G. PLAN's Oversight Responsibilities

PLAN's oversight responsibilities regarding PROVIDER's use of the LMMCRR IGT Payments shall be limited as described in this paragraph. PLAN shall request, within thirty (30) calendar days after the end of each State fiscal year in which LMMCRR IGT Payments were transferred to PROVIDER, a written confirmation that states whether and how PROVIDER complied with the provisions set forth in Paragraph 1.F above. In each instance, PROVIDER shall provide PLAN with written confirmation of compliance within thirty (30) calendar days of PLAN's request.

H. Cooperation Among Parties

Should disputes or disagreements arise regarding the ultimate computation or appropriateness of any aspect of the LMMCRR IGT Payments, PROVIDER and PLAN agree to work together in all respects to support and preserve the LMMCRR IGT Payments to the full extent possible on behalf of the safety net in Shasta, Lassen and Modoc Counties.

I. Reconciliation

Within one hundred twenty (120) calendar days after the end of each of PLAN's fiscal years in which LMMCRR IGT Payments were made to PROVIDER, PLAN shall perform a reconciliation of the LMMCRR IGT Payments transmitted to the PROVIDER during the preceding fiscal year to ensure that the supporting amount of IGT MMCRRI's were received by PLAN from State DHCS. PROVIDER agrees to return to PLAN any overpayment of LMMCRR IGT Payments made in error to PROVIDER within thirty (30) calendar days after receipt from PLAN of a written notice of the overpayment error, unless PROVIDER submits a written

objection to PLAN. Any such objection shall be resolved in accordance with the dispute resolution processes set forth in Section 8.2 of the Agreement. The reconciliation processes established under this paragraph are distinct from the indemnification provisions set forth in Section J below. PLAN agrees to transmit to the PROVIDER any underpayment of LMMCRR IGT Payments within thirty (30) calendar days of PLAN's identification of such underpayment.

J. Indemnification

PROVIDER shall indemnify PLAN in the event DHCS or any other federal or state agency recoups, offsets, or otherwise withholds any monies from or fails to provide any monies to PLAN, or PLAN is denied any monies to which it otherwise would have been entitled, as a direct result of the LMMCRR IGT arising from the Intergovernmental Agreement. Recovery by PLAN pursuant to this section shall include, but not be limited to, reduction in future LMMCRR IGTs paid to PROVIDER in an amount equal to the amount of MMCRRRI payments withheld or recovered from PLAN, or by reduction of any other amounts owed by PLAN to PROVIDER.

2. Term

The term of this Amendment shall commence on September 1, 2013 and shall terminate on September 30, 2016.

All other terms and provisions of said Agreement shall remain in full force and effect so that all rights, duties and obligations, and liabilities of the parties hereto otherwise remain unchanged; provided, however, if there is any conflict between the terms of this Amendment and the Agreement, then the terms of this Amendment shall govern.

SIGNATURES

HEALTH PLAN: _____ Date: _____

By: Jack Horn, CEO, Partnership HealthPlan of California

PROVIDER: _____ Date: _____

By: Matthew Rees, CEO Mayers Memorial Hospital District

**INTERGOVERNMENTAL AGREEMENT REGARDING
TRANSFER OF PUBLIC FUNDS**

This Agreement is entered into between the CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES (“DHCS”) and the Mayers Memorial Hospital District with respect to the matters set forth below.

RECITALS

A. This Agreement is made pursuant to the authority of Welfare & Institutions Code, section 14164 and 14301.4.

B. The Partnership HealthPlan of California is a County Organized Health System formed pursuant to Welfare and Institutions Code section 14087.54 and County Code Chapter 7.58, County Code Chapter 2.45, County Code Chapter 2, Title 2, and County Code Chapter 34. Partnership HealthPlan of California is a party to a Medi-Cal managed care contract with DHCS, entered into pursuant to Welfare and Institutions Code section 14087.3, under which Partnership HealthPlan of California arranges and pays for the provision of covered Medi-Cal health care services to eligible Medi-Cal members residing in the County.

THEREFORE, the parties agree as follows:

AGREEMENT

1. Transfer of Public Funds

1.1 The Mayers Memorial Hospital District shall transfer funds to DHCS pursuant to section 14164 and 14301.4 of the Welfare and Institutions Code, up to a maximum total amount of three million, one hundred seventeen thousand, eight hundred fifty-one dollars (\$3,117,851), to be used solely as a portion of the nonfederal share of actuarially sound Medi-Cal managed care capitation rate increases for Partnership HealthPlan of California for the period September 1, 2013 through June 30, 2014 as

described in section 2.2 below. The funds shall be transferred in accordance with a mutually agreed upon schedule between the Mayers Memorial Hospital District and DHCS, in the amounts specified therein.

1.2 The Mayers Memorial Hospital District shall certify that the funds transferred qualify for federal financial participation pursuant to 42 C.F.R. part 433 subpart B, and are not derived from impermissible sources such as recycled Medicaid payments, federal money excluded from use as State match, impermissible taxes, and non-bona fide provider-related donations. For transferring units of government that are also direct service providers, impermissible sources do not include patient care or other revenue received from programs such as Medicare or Medicaid to the extent that the program revenue is not obligated to the State as the source of funding.

2. Acceptance and Use of Transferred Funds by DHCS

2.1 DHCS shall exercise its authority under section 14164 of the Welfare and Institutions Code to accept funds transferred by the Mayers Memorial Hospital District pursuant to this Agreement as intergovernmental transfers (“IGTs”), to use for the purpose set forth in section 2.2 below.

2.2 The funds transferred by the Mayers Memorial Hospital District pursuant to this Agreement shall be used to fund a portion of the nonfederal share of increases in Medi-Cal managed care actuarially sound capitation rates described in paragraph (4) of subdivision (b) of section 14301.4 of the Welfare and Institutions Code and shall be paid, together with the related federal financial participation, by DHCS to Partnership HealthPlan of California as part of Partnership HealthPlan of California’s capitation rates for the period September 1, 2013 through June 30, 2014. The rate increases paid under section 2.2 shall be used for payments related to Medi-Cal services rendered to Medi-Cal beneficiaries. The rate increases paid under this section 2.2 shall be in addition to, and shall not replace or supplant, all other amounts paid or payable by DHCS or other State agencies to Partnership HealthPlan of California.

2.3 DHCS shall seek federal financial participation for the rate increases specified in section 2.2 to the full extent permitted by federal law.

2.4 The parties acknowledge the State DHCS will obtain any necessary approvals from the Centers for Medicare and Medicaid Services prior to the payment of any rate increase pursuant to section 2.2.

2.5 The parties agree that none of these funds, either Mayers Memorial Hospital District or federal matching funds will be recycled back to the Hospital District's general fund, the State, or any other intermediary organization. Payments made by the health plan to providers under the terms of this Agreement and their provider agreement constitute patient care revenues.

2.6 Within One Hundred Twenty (120) calendar days of the execution of this Agreement, DHCS shall advise the Mayers Memorial Hospital District and Partnership HealthPlan of California of the amount of the Medi-Cal managed care capitation rate increases that DHCS paid to Partnership HealthPlan of California during the applicable rate year involving any funding under the terms of this Agreement.

2.7 If any portion of the funds transferred by the Mayers Memorial Hospital District pursuant to this Agreement is not expended for the specified rate increases under Section 2.2, DHCS shall return the unexpended funds to the Mayers Memorial Hospital District.

3. Amendments

3.1 No amendment or modification to this Agreement shall be binding on either party unless made in writing and executed by both parties.

3.2 The parties shall negotiate in good faith to amend this Agreement as necessary and appropriate to implement the requirements set forth in section 2 of this Agreement.

4. Notices. Any and all notices required, permitted or desired to be given hereunder by one party to the other shall be in writing and shall be delivered to the other party personally or by United States first class, certified or registered mail with postage prepaid, addressed to the other party at the address set forth below:

To the Mayers Memorial Hospital District:

Matthew Rees CEO
County of Shasta
43563 Hwy 299 E
Fall River Mills, CA 96028

With copies to:

Travis Lakey CFO
County of Shasta
43563 Hwy 299 E
Fall River Mills, CA 96028

To DHCS:

Sandra Dixon
California Department of Health Care Services
Capitated Rates Development Division
1501 Capitol Ave., Suite 71-4002
MS 4413
Sacramento, CA 95814

5. Other Provisions

5.1 This Agreement contains the entire Agreement between the parties with respect to the Medi-Cal rate increases for Partnership HealthPlan of California described in section 2.2 that are funded by the Mayers Memorial Hospital District and supersedes any previous or contemporaneous oral or written proposals, statements, discussions, negotiations or other agreements between the Mayers Memorial Hospital District and DHCS. This Agreement is not, however, intended to be the sole

agreement between the parties on matters relating to the funding and administration of the Medi-Cal program. One or more other agreements already exist between the parties regarding such other matters, and other agreements may be entered into in the future. This Agreement shall not modify the terms of any other agreement between the parties.

5.2 The nonenforcement or other waiver of any provision of this Agreement shall not be construed as a continuing waiver or as a waiver of any other provision of this Agreement.

5.3 Section 2 of this Agreement shall survive the expiration or termination of this Agreement.

5.4 Nothing in this Agreement is intended to confer any rights or remedies on any third party, including, without limitation, any provider(s) or groups of providers, or any right to medical services for any individual(s) or groups of individuals; accordingly, there shall be no third party beneficiary of this Agreement.

5.5 Time is of the essence in this Agreement.

5.6 Each party hereby represents that the person(s) executing this Agreement on its behalf is duly authorized to do so.

6. State Authority. Except as expressly provided herein, nothing in this Agreement shall be construed to limit, restrict, or modify the DHCS' powers, authorities, and duties under federal and state law and regulations.

7. Approval. This Agreement is of no force and effect until signed by the parties.

8. Term. This Agreement shall be effective as of September 1, 2013 and shall expire as of June 30, 2016 unless terminated earlier by mutual agreement of the parties.

SIGNATURES

IN WITNESS WHEREOF, the parties hereto have executed this Agreement, on the date of the last signature below.

Mayers Memorial Hospital District

By: _____

Date: _____

Matthew Rees, CEO

THE STATE OF CALIFORNIA, DEPARTMENT OF HEALTH CARE SERVICES:

By: _____

Date: _____

Meredith Wurden, Assistant Deputy Director, Health Care Financing

MAYERS MEMORIAL HOSPITAL DISTRICT

P.O. Box 459
43563 Highway 299 East
Fall River Mills, CA 96028
(530) 336-5511 - Fax (530) 336-5855

APPLICATION FOR REAPPOINTMENT**ALLIED HEALTH PROFESSIONAL****Name:** _____**Date:** _____**Instructions:**

1. All information must be typed or legibly printed.
2. If more space is needed, attach additional sheets and make reference to the question(s) being answered.
3. **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**; all information must be current.
4. Current copies of the following documents **MUST** accompany this application:
 - a. Current licenses and certificates to practice your profession
 - b. Current DEA registration and State-controlled substance license (if applicable)
 - c. Current certificate of professional liability insurance coverage from insurance carrier.
 - d. Picture identification, i.e., copy of your driver's license, passport, visa, etc.
With an identifiable picture.
 - e. Evidence of board certification (if applicable)
 - f. Evidence of CMEs, i.e., computer printout (or legible list) of course names, dates, etc.
 - g. Scope of Practice and/or Delineation of Clinical Privileges (attached)
 - h. Evidence of negative PPD TB test
 - i. Evidence of current influenza vaccination or declination of vaccination
 - j. Other documents that are pertinent, e.g., ATLS, ACLS, CPR, PALS, ETC.
5. Submit the completed, signed application form to the Medical Staff Office, along with all requested documentation and the completed Scope of Practice and/or Delineation of Clinical Privileges form.

MAYERS MEMORIAL HOSPITAL DISTRICT

APPLICATION FOR ALLIED HEALTH PROFESSIONAL REAPPOINTMENT

I. INSTRUCTIONS		
This form should be typed or legibly printed. If more space is needed than provided, attach additional sheets and reference the question(s) being answered.		
II. IDENTIFYING INFORMATION		
Last Name:	First:	Middle:
Are there any other names under which you have been known? If so, list former names below:		
Home Mailing Address:	City: _____ State: _____ ZIP: _____	
Home Telephone #: ()	E-mail Address:	
Home Fax #: ()	Cell Telephone #: ()	
Specialty:	Subspecialties:	
III. PRACTICE INFORMATION WITHIN THE LAST TWO YEARS: If no change, please check here: <input type="checkbox"/>		
Practice Name:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Office Address:	City: _____ State: _____ ZIP: _____	
Telephone #: ()	Fax #: ()	
Office Manager/Administrator:	Telephone #: () Fax #: ()	
Name Affiliated with Tax ID #:	Federal Tax ID #:	
What are your plans for coverage of your patients when you are unavailable?		
IV. RESIDENCIES/FELLOWSHIPS WITHIN THE LAST TWO YEARS: If no change, please check here: <input type="checkbox"/>		
Please include residencies, fellowships, preceptorships, teaching appointments (indicate whether clinical or academic), and postgraduate education completed within the last two years, in chronological order, giving name, address, city and ZIP code, and dates. Include all programs you attended, whether or not completed.		
Institution:	Program Director:	
Mailing Address:	City: _____ State & Country: _____ ZIP: _____	
Type of Training: Specialty:	From: _____ To: _____	
Did you successfully complete the program? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, please explain on separate sheet)		
Institution:	Program Director:	
Mailing Address:	City: _____ State & Country: _____ ZIP: _____	
Type of Training: Specialty:	From: _____ To: _____	
Did you successfully complete the program? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, please explain on separate sheet)		

V. BOARD CERTIFICATION WITHIN THE LAST TWO YEARS. If no change, please check here: <input type="checkbox"/> Please attach copy of certification or eligibility to this application.			
Name of Issuing Board:	Specialty:	Date Certified / Recertified:	Expiration Date (if any):
Have you applied for board certification other than those indicated above? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, list board(s) and date(s):			
If not certified, describe on separate sheet your intent for certification, if any, and date of eligibility for certification.			
VI. OTHER CERTIFICATIONS WITHIN THE LAST TWO YEARS. If no change, please check here: <input type="checkbox"/>			
Type:	Number:	Expiration Date:	
Type:	Number:	Expiration Date:	
VII. LICENSURE/REGISTRATIONS (as applicable)			
California State License #:	Issue Date:	Expiration Date:	
Drug Enforcement Administration (DEA) Registration #:	Issue Date:	Expiration Date:	
Registration #:	Issue Date:	Expiration Date:	
Registration #:	Issue Date:	Expiration Date:	
Certificate #:	Issue Date:	Valid Through:	
VIII. ALL OTHER STATE LICENSES (list all licenses now or previously held)			
State:	License #:	Expiration Date:	
State:	License #:	Expiration Date:	
State:	License #:	Expiration Date:	
IX. PROFESSIONAL LIABILITY Coverage amounts must be at least \$1,000,000 per claim/\$3,000,000 aggregate.			
Current Insurance Carrier:	Policy #:	Original Effective Date:	
Mailing Address:		City: _____	
		State: _____ ZIP: _____	
Per claim Amount: \$	Aggregate Amount: \$	Expiration Date:	
Please list all other professional liability carriers used during the past two years			
Name of Carrier:	Policy #:	From:	To:
Mailing Address:		City: _____	
		State: _____ ZIP: _____	
Name of Carrier:	Policy #:	From:	To:
Mailing Address:		City: _____	
		State: _____ ZIP: _____	

X. CURRENT HOSPITAL/OTHER INSTITUTIONAL AFFILIATIONS: If no change, please check here: <input type="checkbox"/>		
Please list all current and previous two years of hospital affiliations, starting with most current (include assistantships, appointments, hospitals, surgery centers, institutions, corporations, military assignments etc.).		
Name and mailing address of hospital/institution, etc.:		City: _____
		State: _____ ZIP: _____
Department/Status:		Appointment Date: _____
Name and mailing address of hospital/institution, etc.:		City: _____
		State: _____ ZIP: _____
Department/Status:		Appointment Date: _____
Name and mailing address of hospital/institution, etc.:		City: _____
		State: _____ ZIP: _____
Department/Status:		Appointment Date: _____
XI. WORK HISTORY WITHIN LAST TWO YEARS. If no change, please check here: <input type="checkbox"/>		
Chronologically list all work history activities within the last two years. This information must be complete. A curriculum vitae or resume is sufficient, provided it is current and contains all information requested below. Please explain any gaps in professional work history on a separate page.		
Current Practice:	Contact Name:	Telephone #: () Fax #: ()
Mailing Address:		City: _____ State: _____ ZIP: _____
From:	To:	
Name of Practice/Employer:	Contact Name	Telephone #: () Fax #: ()
Mailing Address:		City: _____ State: _____ ZIP: _____
From:	To:	
Name of Practice/Employer:	Contact Name:	Telephone #: () Fax #: ()
Mailing Address:		City: _____ State: _____ ZIP: _____
From:	To:	
XII. PEER REFERENCES		
Please list three professional references, preferably from your specialty area, not including relatives, and only one who is an associate. If possible, include at least one member from the Medical Staff of each facility at which you have privileges. Note: References must be from individuals who are directly familiar with your work, either via direct clinical observation or through close working relations.		
Reference #1:	Specialty:	Telephone #: ()
Mailing Address:		City: _____ State: _____ ZIP: _____
Reference #2:	Specialty:	Telephone #: ()
Mailing Address		City: _____ State: _____ ZIP: _____
Reference #3:	Specialty:	Telephone #: ()
Mailing Address:		City: _____ State: _____ ZIP: _____

XIII. **ATTESTATION QUESTIONS:** Please answer the following questions. If any answer is "yes," please provide full details on a separate sheet.

Has your license or certificate to practice your profession in any jurisdiction ever been limited, suspended, revoked, denied, or subjected to probationary conditions, or have proceedings towards any of those ever been initiated or recommended?

Yes **No**

Have your clinical privileges or your Allied Health Professional status at any other hospital or health care institution ever been limited, suspended, revoked or not renewed, or subjected to probationary conditions, or have proceedings toward any of those ends ever been initiated or recommended?

Yes **No**

Has any request by you for Allied Health Professional status or for any clinical privileges ever been denied or granted with stated limitations (aside from ordinary and initial requirements of proctorship) or has such a denial or limitation ever been recommended?

Yes **No**

Have you ever been denied membership or renewal or been subject to any disciplinary action in any professional organization or society, or have proceedings toward any of those ends ever been initiated or recommended?

Yes **No**

Has your specialty board certification or eligibility ever been denied, revoked, relinquished, not renewed, suspended or reduced, or have proceedings toward any of those ends ever been initiated or recommended?

Yes **No**

Have you ever voluntarily relinquished any clinical privileges or a professional license or certificate while under investigation or threat of disciplinary action?

Yes **No**

Have you ever been denied professional liability insurance or has your policy ever been cancelled?

Yes **No**

Has any judgment or settlement been made against you as the result of a professional liability claim, or is any such claim or case pending?

Yes **No**

Have you ever been convicted by a civilian or military court?

Yes **No**

Have you ever been discharged for unsatisfactory service or misconduct, or forced to resign from any position?

Yes **No**

XIV. ALLIED HEALTH PROFESSIONAL CONTINUING MEDICAL EDUCATION DOCUMENTATION: Please attach copies of CME certification in the last two years or provide information submitted with your CA License renewal application.

To what official recording body do you report your CME hours: _____

<u>Date of Class</u>	<u>Name of Class</u>	<u>Provider No.</u>	<u>Credit Units</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

XV. HEALTH STATUS CONFIRMATION FORM: Please complete the attached Health Status Confirmation form, seal it in the enclosed envelope and return it with your completed application.

XVI. STATEMENT OF AUTHORIZATION AND RELEASE FROM LIABILITY TO MEDICAL LIABILITY COVERAGE PROVIDER: Please complete the attached "Release From Liability" letter and return it with your completed application.

XVII. INFORMATION RELEASE-ACKNOWLEDGEMENTS: Please sign the attached Information Release-Acknowledgements form.

XVIII. SPECIFIC PRIVILEGES REQUESTED: Please complete the attached Scope of Practice.

I, _____, do hereby make formal application for reappointment to Allied Health Professional status at Mayers Memorial Hospital District.

Furthermore, I agree and consent to the following:

1. To appear, if requested, for interviews or inquires regarding this application;
2. If granted Allied Health Professional status and clinical privileges, to maintain an ethical practice which will include refraining from fee splitting or other inducements related to patient referral; providing for continuous care of my patients seeking consultation or supervision as required by my license, certificate or clinical privileges or as otherwise appropriate in the best interests of patient care.

Printed Name

Signature (Stamped signature is unacceptable)

Date

HEALTH STATUS CONFIRMATION FORM

The purpose of this form is to confirm whether you are safely and competently capable of performing the duties and responsibilities of appointment and exercising your scope of practice as outlined.

You are encouraged, but not required, to complete this form and return it at this time to the Medical Staff Office, sealed in the enclosed envelope. **The completed form shall remain in the sealed envelope and shall not be reviewed until a determination has first been made by the Medical Staff Leadership that you are professionally qualified for appointment.**

If you choose not to submit this form at this time, you will be required to submit it following a determination by the Medical Staff Leadership that you are professionally qualified for appointment. However, please note that this may cause some delay in the processing of your application. Completion of this form is a necessary component of the application process and final action on your application will not be taken until this form is received and reviewed.

1. Do you have any physical or mental condition which could affect your ability to exercise the scope of practice outlined and perform the duties of staff appointment, or that would require an accommodation in order for you to safely and competently exercise the scope of practice outlined? YES NO
2. Have you been hospitalized at any time during the past five years? YES NO
3. Have you ever been denied health, life or disability insurance? YES NO
4. Do you have any limitations on your health, life or disability insurance? YES NO
5. Have you ever had any problems with alcohol or drug dependency? YES NO
6. Are you currently taking any medication that may affect either your clinical judgment or motor skills? YES NO
7. Are you currently under any limitations concerning your activities or workload? YES NO
8. Are you currently under the care of a physician? YES NO

If the answer is "YES" to any question, please explain and submit a report from your treating physician specifically addressing how the condition may affect your ability to exercise the scope of practice as outlined. Please also explain any proposed accommodation.

AFFIRMATION

I understand that my appointment is conditional upon my demonstrating that I am capable of exercising my scope of practice safely and competently and performing the duties of appointment. I affirm that all my responses provided above are accurate in accordance with the terms and conditions on the application form I submitted. I understand that the burden is on me to request any proposed accommodation and to justify its reasonableness.

Date: _____

Signature of Applicant

Printed or Typed Name and Title of Applicant

**STATEMENT OF AUTHORIZATION AND RELEASE
FROM LIABILITY TO MEDICAL LIABILITY COVERAGE PROVIDER**

(Name/Address of Insurance Entity)

POLICY #: _____

I am applying for Allied Health Professional reappointment to Mayers Memorial Hospital and hereby authorize my carrier to release to the Hospital all information regarding my claims history occurring during the past ten (10) years, but not necessarily limited to:

1. Judgments entered
2. Claims settled, and
3. Cases and lawsuits pending.

Please return this information to: Mayers Memorial Hospital
 Attention: Medical Staff Office
 P.O. Box 459
 Fall River Mills, CA 96028

- or -

Fax to: (530) 336-7335
 Attention: Medical Staff Services

In authorizing the release of such information to the hospital, I hereby release you from liability and indemnify you for acts performed in good faith and without malice in connection with supplying of this information needed for the processing of my application for AHP appointment to Mayers Memorial Hospital.

Sincerely,

Signature of Applicant

Date

Printed or Typed Name and Title of Applicant

Mayers Memorial Hospital District

INFORMATION RELEASE/ACKNOWLEDGMENT

I hereby consent to the disclosure, inspection and copying of information and documents relating to my credentials, qualifications, back-ground and performance ("credentialing information and peer review information") by and between Mayers Memorial Hospital District and other healthcare organizations (e.g., hospital medical staffs, medical groups, IPAs, HMOs, PPOs, other health delivery systems or entities, medical societies, professional associations, medical school faculty positions, training programs, professional liability insurance companies {with respect to certification of coverage and claims history}, license authorities, and businesses and individuals acting as their agents) for the purpose of evaluating my licensure, professional training, experience, current competence and ability to perform the privileges requested, as well as my character, conduct and judgment, ethics and ability to work with others. In this regard, the utmost care shall be taken to safeguard the privacy of patients and the confidentiality of patient records, and to protect peer review information from being further disclosed except as required by law.

I am informed and acknowledge that federal and state laws provide immunity protections to certain individuals and entities for their acts and/or communications in connection with evaluating the qualifications of healthcare providers. I hereby release all persons and entities, including Mayers Memorial Hospital District, Medical Staff and authorized representatives engaged in quality assessment, peer review and credentialing on behalf of this healthcare organization, and all persons and entities who, in good faith and without malice, provide peer review and other information relevant to the appointment application to such representatives of this healthcare organization, from any liability they might incur for their acts and/or communications in connection with evaluation of my appointment application and/or qualifications for participation at Mayers Memorial Hospital District, to the extent that those acts and/or communications are protected by state or federal law.

I understand that I shall be afforded such fair procedures with respect to my participation at Mayers Memorial Hospital District as may be required by state and federal law and regulation, including but not limited to, California Business and Professional Code Section 809 et seq., if applicable.

I understand and agree that I, as an applicant, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics and other qualifications and for resolving any doubt about such qualifications. By filing an application for appointment/reappointment, and in connection with this application, I agree to be bound by the Bylaws of the hospital, and the Bylaws, Rules and Regulations of the Medical Staff, as adopted by the Governing Board and the laws of the State of California and Hospital compliance policy. During such time as this application is being processed, I agree to update the application should there be any change in the information provided. I also agree to notify Mayers Memorial Hospital immediately in writing of the occurrence of any of the following:

- (i) the unstayed suspension, revocation or nonrenewal of my license(s);
- (ii) any suspension, revocation or nonrenewal of my DEA or other controlled substances registration; or
- (iii) any cancellation or nonrenewal of my professional liability insurance coverage.

I further agree to notify Mayers Memorial Hospital District in writing, promptly and no later than fourteen (14) calendar days from the occurrence of any of the following: (i) receipt of written notice of any adverse action against me by the Medical Board of California taken or pending, including but not limited to, any accusation filed, temporary restraining order, or imposition of any interim suspension, probation or limitations affecting my license(s); or (ii) any adverse action against me by any Healthcare Organization which has resulted in the filing of a Section 805 report with the Medical Board of California, or a report with the National Practitioner Data Bank; or (iii) the denial, revocation, suspension, reduction, limitation, nonrenewal or voluntary relinquishment by registration of my clinical privileges at any Healthcare Organization; or (iv) any material reduction in my professional liability insurance coverage; or (v) my receipt of written notice of any legal action against me, including, without limitation, any filed and served malpractice suit or arbitration action; or (vi) my conviction of any criminal law (excluding minor traffic violations); or (vii) my receipt of written notice of any adverse action against me under the Medicare or Medicaid programs, including, but not limited to, fraud and abuse proceedings or convictions.

I hereby affirm that the information submitted in this application and any addenda thereto is true, current, correct, and complete to the best of my knowledge and belief and is furnished in good faith. I understand that material omissions or misrepresentations may result in denial of my application or termination of my privileges, employment or physician participation agreement. A photocopy of this document shall be as effective as the original; however, a stamped signature is not acceptable.

Print Name Here: _____

Signature: _____ Date: _____

(Stamped signature is unacceptable)