AGENDA

COMMUNITY HEALTH SERVICES BOARD MEETING

Cordova Library Conference Room

May 11, 2011 – 7:00 PM

CCMC'S core purpose is to deliver quality health care locally.

I. OPENING

- **A.** Call to Order
- **B.** Roll Call – David Allison, Sandra Aspen, Kristin Carpenter, EJ Cheshier, Timothy Joyce, Kerin Kramer
- **C.** Establishment of a Quorum

II. COMMUNICATIONS BY AND PETITIONS FROM VISITORS

- **A.** Guest Speaker
- **B.** Audience Comments (limited to 3 minutes per speaker) Speaker must give name and item on the agenda which they are addressing.

III. CONFLICT OF INTEREST

IV. APPROVAL OF AGENDA

V. APPROVAL OF CONSENT CALENDAR –

- **A.** Approval of Minutes
  - **1.** HSB Meeting Minutes – 4/13/2011……Page 1
  - **2.** HSB Special Meeting Minutes – 4/25/2011……Page 8

VI. REPORTS AND CORRESPONDENCE –

- **A.** Administrator's Report……..Page 10
- **B.** President's Report
- **C.** Finance Report……Page 11
- **D.** City Council
- **E.** Native Village of Eyak

VII. ACTION ITEMS –

- **A.** Privileging of Jere Alm……Page 19
- **B.** Privileging of Irene Rooney……..Page 29

VIII. DISCUSSION ITEMS –

- **A.** Coding Concepts Inc. 1st Quarter Onsite Report……Page 38

IX. AUDIENCE PARTICIPATION –

- **A.** The board shall give members of the public the opportunity to comment on matters which are within the subject matter jurisdiction of the Board and are appropriate for discussion in an open session. Public comment limited to 3 minutes per speaker.

X. BOARD MEMBERS COMMENTS

XI. EXECUTIVE SESSION

XII. ADJOURNMENT

*Executive Session: Subjects that may be considered in executive session are: 1) Matters, immediate knowledge of which would clearly have an adverse effect upon the finances of the public entity; 2) Subjects that tend to prejudice the reputation and character of any person, provided that person my require a public discussion; 3) Matters which by law, city charter, or ordinance are required to be confidential; 4) Matters involving consideration of government records that by law are not subject to public disclosure; 5) Direction to an attorney or labor negotiator regarding the handling of specific legal matters or labor negotiations.

Minutes
Community Health Services Board
Cordova Library Conference Room
April 13, 2011 – 7:00 PM

I. CALL TO ORDER AND ROLL CALL –

Kristin Carpenter called the HSB meeting to order at 7:02pm. **Board members present: David Allison** (by teleconference)**, Sandra Aspen, Kristin Carpenter, Tim Joyce, and Kerin Kramer.** Absent: EJ Cheshier. A quorum was established.

CCMC staff present: **Stephen Sundby, PhD** (Acting CEO), **Zhiyong Li** (CFO), **Cindy Frohnapfel** (Business Office), **Tim James** (HR), **Kari Collins, RN** (DON).

II. COMMUNICATIONS BY AND PETITIONS FROM VISITORS - None

III. CONFLICT OF INTEREST - None

IV. APPROVAL OF AGENDA

M/Joyce, S/Aspen: Move to approve the agenda.

A vote was made on the motion: 5 yeas. - 0 nays. Motion passed.

V. APPROVAL OF CONSENT CALENDAR

A. Approval of Minutes

M/Joyce, S/Aspen: Move to approve the HSB minutes for 2/09/2011, 2/23/2011 and 3/09/2011.

A vote was made on the motion: 5 yeas – 0 nays. Motion passed.

VI. REPORTS AND CORRESPONDENCE

A. Administrator's Report

Sundby reported that John Johnson, Vice President, and Rick Drake, Senior Vice President of Quorum Health Resources were given a tour of CCMC on March 14th and 15th. He thought they asked many good questions. Providence's COO Bruce

Lamoureaux visited on March 21st and asked similar questions as Quorum Health. He was taken on a tour of the facility and had lunch in the cafeteria with the City Manager. On Saturday, March 26th, CEO Noel Rea from Wrangell Medical Center was given a tour of CCMC and spoke with available staff members.

Sundby reported that he continues to advertise for an LCSW and he has an interview scheduled for Friday, April 15th. In order to be in compliance for LTC, CCMC is required to have a licensed social worker; he will contact Mavon Lee, LCSW, to return, if needed. There is also the option of getting a locum to fill in. Linda Brown, an intern, is helping, but her internship will be competed at the end of the month.

An Administrative Assistant position will be filled starting Monday, April 18th. This position will be to assist the Acting Administrator and work with other department heads to help ensure that CCMC is in compliance with regulations and laws.

A Charge Nurse position is being created to relieve Kari Collins, the current DON of some of her responsibilities and allow her more time to work on QA and compliance issues.

Li and **Sundby** have been meeting on Fridays with Angela Arnold and Penney Benson from NVE**. Sundby** stated that Sound Alternatives' computer went down last week and NVE lent them one of theirs.

Joyce questioned how CCMC could have been in compliance with policies and procedures but is no longer. **Sundby** replied that they had been removed, but are being put back in place to meet compliance.

Carpenter questioned why Wrangell Medical Center visited CCMC. **Sundby** explained that they had responded to the RFI. **Joyce** added that he had met with Noel Rea and they had a similar situation as CCMC and after making significant changes, they are now profitable at this point. He suggested that before we commit to something we think might be good, we could possibly make some changes and explore those options first.

Carpenter asked about contract costs and if there was a definite date that a permanent provider would be hired. **Sundby** replied that CCMC currently has a DO; it is hoped that she will decide to stay.

B. President's Report

Allison reported that CCMC's roof was in the senate's budget for 2 million this year and 1.5 million for the breakwater for the City.

C. Finance Report

LI reported that the finance report is for February and compared to last year, the cash position has improved. In comparison, month by month, CCMC is in a much better position and much of this stems from its billers, **Cindy Frohnapfel** and **Carol Roemhildt**. With AR Services handling the self pay and Coding Concepts educating the staff on improving the documentation, all the charges should be captured. By June, it is anticipated that revenue will improve due to updating the charge master. After talking with BC/BS, it was learned that CCMC is charging below the allowed amount which has left a significant amount of money on the table.

Max Mertz, CPA, re: the audit in August 2010. Overall, the audit went very smoothly. **Mertz** complimented **Zhiyong Li** for doing a great job on getting things organized and prepared for him considering the short time that **Li** had been employed by CCMC. The key that held up the completion of the audit was the absence of Board minutes for all of 2010. For 2011 to date, Mertz's auditing procedures require him to obtain the minutes or a summation of what the board worked on or approved. **Tim James** stated that the minutes for 2011 were up-to-date at this time and 2010 was in the completion stages.

Mertz has known **Marty Michaels** for 20 years and believes he is competent**,** dedicated**,** and gives sound advice. **Li** added that he and Michaels have been working together very well. **Li** reminded the Board that Michaels had given the Board a presentation two months ago.

Li explained that every time CCMC provides a one dollar service, it takes approximately 95 days to collect that dollar and by updating our charge master annually, we can improve the overall revenue. For the past 3 years, the auditors have recommended reducing CCMC's reliance on locums. **Kari Collins** stated that according to her LTC census, CCMC has been at full capacity for 2 years with some overflow for swing bed patients, and the census has remained the same or gone up in the sub-acute department**. Li** stated that LTC consists of 41% to 45% of total revenue.

Carpenter commented that the 60% increase in professional services is very alarming**. Li** explained that a large portion was due to employing locums. **Carpenter** questioned the In-Kind Revenue on page 18. **Li** responded that he would have to look at those numbers and get back to her at the next meeting. **Joyce** inquired as to what the CFO's plan was to get the collection days down from 165 days to 75 days. **Li** stated approximately 40% is self pay and AR Services has been working diligently on collecting

that outstanding amount. **Joyce** inquired if the decline in numbers for the past couple of months was attributed to the collection service. **Li** stated that he is unsure if it has made that much of an impact at this time. **Cindy Frohnapfel** commented that she contacted AR Services and they have brought in a small amount of money, however, it needs to be kept in mind that they are not a collection agency. **Frohnapfel** explained that it takes approximately 14 days for a bill to drop due to the numerous steps involved**. Frohnapfel** stated that the professional services were definitely missing documentation because of the inconsistency of hiring providers who are unclear as to what they need to write**. Kari Collins** stated that there has been a standardized form implemented for the ER. Presently, dictation can take as long as 5 days to get completed. **Allison** inquired if the new LTC rates had been implemented yet**. Frohnapfel** stated that CCMC was not going to get paid more due to the rate increase, however, there will be an increase in charges.

Carpenter stated that the financial report was very easy to follow and nicely formatted.

D. City Council

Allison commented that the City Manager plans to send out the RFPs this week; if there are any additions or corrections, he is open to suggestions. **Joyce** commented that question number 5 should be worded differently. It currently states "Physicians," and perhaps should be changed to "Providers" in order to include everyone. **Joyce** also stated that terms for contracts needed to be addressed. **Carpenter** replied that if anyone wanted to make any changes, they can send them to her; she will consolidate them and send them to the City Manager.

E. Native Village of Eyak

Kramer stated that NVE is soliciting for a new board member and has put out a letter of interest.

F. Health Care Task Force: Strategic Planning Update

Aspen stated that in a letter to CCMC, Angela Arnold wrote that the HCTF had been disbanded. **Joyce** explained that special committees typically exist for only 6 months, unless there is a motion to extend.

VII. ACTION ITEMS

A. Resolution of Appreciation – 11-03-01

M/Allison, S/Joyce: Move to approve the Resolution of Appreciation for Keren Kelley and Bruce Cain for their services administering the CCMC facilities for the past year. It was suggested to make appropriate corrections for the signature line and date line.

A vote was made on the motion: 5 yeas – 0 nays. Motion passed.

B. Charity Care Policy

M/Joyce, S/Aspen: Move to approve financial services 150 Charity Care.

A vote was made on the motion: 5 yeas – 0 nays. Motion passed.

VIII. DISCUSSION ITEMS

A. Nichole Hunt CPC – CODING CONCEPTS

Sundby stated that **Nichole Hunt** had given an overview report at the last Board meeting dated March 9, 2011 which was in the current Board packet.

B. Capital Project/Wish List – Nothing to report.

C. On Site Visits From Interested Third Parties

a. QHR Report

Aspen reported that QHR expressed interest in partnering with CCMC, whether by functioning in a hospital management or consulting capacity. They would be able to furnish full time providers; employee positions would not be affected. PERS would not be affected. Staff and community education is very important to them. QHR believes that CCMC has the potential to become financially secure.

Carpenter stated that she would like to know what kind of review process the City Manager foresees for the proposals. **Joyce** stated that ordinances and by-laws may need to be changed to accommodate QHR.

D. Ilanka Letter Re: CCMC Lab

Carpenter reported that ICHC will no longer be using CCMC lab services unless they are indicated as a STAT lab by the Ilanka provider. **Joyce** stated that there were several agreements with ICHC when they leased the clinic area. One of the agreements was to

utilize the lab services at a reduced rate. **Kramer** stated that the agreements were in place and had expired and were not renewed by either party. **Joyce** asked if another contract was written, would Ilanka be willing to consider it. **Kramer** responded, yes. **Sundby** stated that he would be meeting with Angela Arnold on Friday and would include it for discussion.

E. Employee Health Insurance

Sundby stated that there was going to be some rate increases and there has been some discussion with BC/BS. **Sundby** questioned if CCMC should pursue changing its insurance options before knowing what the future for CCMC will be. **Tim James** stated that the current Aetna rate is going up by 65% and BC/BS is very interested in CCMC joining the City's plan; CCMC would be grandfathered in before July 1st, 2011. BC/BS rate increase will be 11.3%. After speaking with several insurance companies, they all agreed that Cordova has a high rate of diabetes, so any kind of self insurance plan is out of the question. CCMC is currently paying $407.76 per employee. Aetna had a reserve of funds that allowed them to keep their rates falsely low for several years and now those funds have been depleted, and according to the State, they are 2 million dollars in deficit. **Joyce** asked if there was an employee portion. **James** responded that CCMC paid the premium for the employee only. **Sundby** and **James** recommended going with the Premera BC/BS insurance premium rates.

M/Joyce, S/Aspen: Move for medical coverage for CCMC staff to go with Premera BC/BS of Alaska with employee only, monthly rates based at $632.74. Additional family rates will be decided accordingly on the previous scale.

A vote was made on the motion: 5 yeas – 0 nays. Motion passed.

F. Electronic Medical Records

Sundby stated that CCMC is mandated to go with electronic medical records. He has been checking into Epic and Greenway. Epic is the same MMR that Providence uses; they have a license for the entire State and CCMC would get a discount through them. Having it in-house and a server would get CCMC up to speed and the cost would be 100K. **James** stated that the longer CCMC waits the less access it will have to the federal funding which was made accessible to critical care access hospitals last November.

F. Department Reports

Carpenter stated that she would like bullet points on the Nursing Department Census Report. **Allison** stated that he would like to see the department reports quarterly.

IX. AUDIENCE PARTICIPATION

None.

X. BOARD MEMBER COMMENTS

None.

XI. EXECUTIVE SESSION

A. Acting Administrator Pay Scale and Duties – 1

M/Joyce, S/Aspen: Move to go into executive session for item A.

A vote was made on the motion: 5 yeas – 0 nays. Motion passed.

Executive session commenced at 9:38pm and concluded at 9:45pm.

XII. REPORT IN OPEN MEETING

In executive session the Board agreed that more information was required before a decision could be made concerning **Dr. Sundby's** pay scale and duties in his role as Acting Administrator for CCMC. The Board agreed to meet in a special meeting on Monday, April 25, 2011 at 12pm in the Library Conference Room to further address this same agenda item.

XIII. ADJOURNMENT

M/Joyce, S/Aspen: Move to adjourn. Unanimously approved. Meeting adjourned at 10:55pm.

Transcribed by: Rhonda Platt

Reviewed by: Sandra Aspen, HSB Secretary

Minutes
Community Health Services Board
Special MEETING
Cordova Library Conference Room
April 25, 2011 – 12:00 PM

I. CALL TO ORDER AND ROLL CALL –

Kristin Carpenter called the HSB special meeting to order at 12:06 pm. **Board members present**: **David Allison** (by teleconference), **Sandra Aspen, Kristin Carpenter, Tim Joyce**, and **Kerin Kramer.** Absent: **EJ Cheshier.** A quorum was established.

II. COMMUNICATIONS BY AND PETITIONS FROM VISITORS – None

III. CONFLICT OF INTEREST – None

IV. APPROVAL OF AGENDA

M/Joyce, S/ Aspen: Move to approve the agenda. Passed unanimously.

V. APPROVAL OF CONSENT CALENDAR – No items
VI. REPORTS AND CORRESPONDENCE – None
VII. DIRECTION ITEMS – After Executive Session
VIII. DISCUSSION ITEMS – None
IX. AUDIENCE PARTICIPATION – None
X. BOARD MEMBERS COMMENTS – None
XI. EXECUTIVE SESSION

M/Joyce,S/Aspen: Move to go into Executive Session to discuss Interim CCMC Administrator Pay Scale and Duties for reason #1.
Executive session commenced at 12:09 pm and concluded at 12:24 pm.

XII. REPORT IN OPEN MEETING

Kristin Carpenter announced that it was agreed to adjust the CCMC Interim Administrator's salary to step 8, grade 40 as per CCMC's Pay Scale Plan, effective February 1, 2011. This will be reviewed again in three months.

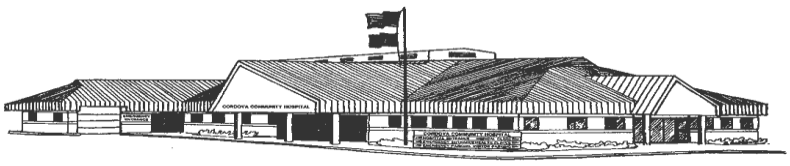
XIII. ADJOURNMENT

M/Joyce, S/Kramer: Move to adjourn the special meeting. Passed unanimously. Meeting adjourned at 12:27 PM.

Transcribed by: **Laura Cloward**

Reviewed by: **Sandra Aspen, HSB Secretary**

CORDOVA
COMMUNITY
MEDICAL
CENTER



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To: Health Services Board

From: Stephen Sundby, CCMC Acting Administrator

RE: Administrator Report

Date: May 11, 2011

1. I spoke with Angela Arnold (NVE ED) and Penney Benson (ICHC Director) regarding the decision to send laboratory work to Alaska Native Medical Center in Anchorage. They reported that the decision was made to save their patients money.

2. Wrangell Medical Center's CEO, Noel Rea and Korre Pieper, their physical therapist, visited CCMC again on Monday, April 18th. They reviewed financial documents and asked questions of billing staff.

3. Wrangell Medical Center's CFO, Olinda White and QI Coordinator, Mari Selle visited CCMC on April 27th.

4. Sound Alternatives has submitted the continuation grants for the Comprehensive Behavioral Health Services grant through the Division of Behavioral Health and the Developmental Disabilities grant through the Division of Senior and Disability Services.

5. CCMC participated in the community health fair on April 30th providing laboratory services at a reduced rate and behavioral health services information to the community.

6. Staffing:

    a. We are continuing to advertise nationally and through the State of Alaska ALEXsys job bank for a licensed clinical social worker (LCSW) to fill the vacancy in Sound Alternatives and Long Term Care (LTC) due to Mavon Lee resigning. A licensed social worker is a requirement for LTC social services and is needed at Sound Alternatives for Medicare clients.

    b. Robin James was selected to fill the Charge Nurse/Nursing Supervisor position that will take on some of the responsibilities of the Director of Nursing (DON) and allow the DON to spend more time working on quality improvement and compliance issues.

    c. An Advanced Nurse Practitioner from Missouri was interviewed on site for a mid-level provider position. Her references are being checked.

    d. A Social Worker/Registered Nurse from Michigan that has her LMSW – clinical license in Michigan and her LICSW in North Dakota was interviewed on site to fill the Sound Alternatives/Long Term Care social work position. Her references are being checked.

Reports from Finance Dept:

1. Balance Sheet as of 03/31/2011
2. YTD Income Statement as of 03/31/2011
3. Three Year Comparative Income Statements (YTD data)
4. Three Year Comparison in Patient Revenues (YTD graph)
5. Three Year Comparison in Expense Categories (YTD graph)
6. Cash Position and bank reconciliations

Cordova Community Medical Center
Balance Sheet

March 31, 2011

	Current Year	Last Year	
	3/31/2011	3/31/2010	Increase (Decrease)
Assets			
Cash	**438,063.83**	**211,147.13**	226,916.70
Receivables			
Accounts Receivable	1,550,915.94	1,705,137.19	(154,221.25)
Allowance for Uncollectible	(856,752.19)	(754,257.15)	
Net Accounts Receivable	***694,163.75***	***950,880.04***	(256,716.29)
Other	83,613.80	(68,903.94)	152,517.74
Grant Programs & City Transfers	(20,589.00)	(97,972.00)	77,383.00
Supplies Inventory	144,254.59	131,340.26	12,914.33
Prepaid Expenses	75,549.60	44,506.34	31,043.26
Other Assets			
Major Moveable	10,684,095.79	10,625,270.79	58,825.00
Accum Depreciation	(8,297,975.59)	(8,035,467.73)	(262,507.86)
Total Assets	**3,801,176.77**	**3,760,800.89**	40,375.88
Liabilities and Net Assets			
Accounts Payable	528,607.04	299,377.36	229,229.68
Accrued Payroll & Related Liab	476,513.95	478,672.37	(2,158.42)
Other Liabilities	60,412.25	74,525.38	(14,113.13)
Total Current Liabilities	1,065,533.24	852,575.11	212,958.13
Net Pension Obligation	0.00	0.00	0.00
Obligations under Capital Lease	0.00	0.00	0.00
Total Liabilities	1,065,533.24	852,575.11	212,958.13
Prior/Current Income/(Loss)	2,735,643.53	2,908,225.78	(172,582.25)
Total Liabilities & Net Assets	**3,801,176.77**	**3,760,800.89**	40,375.88

Cordova Community Medical Center
Income Statement (Fiscal Year 2011 - 7/1/10 through 6/30/11)

	Actual 2010 July	Actual 2010 August	Actual 2010 September	Actual 2010 October	Actual 2010 November	Actual 2010 December	Actual 2011 January	Actual 2011 February
Revenue								
Acute	12,500	8,750	7,500	6,425	2,500	3,750	6,250	6,250
Long Term Care	258,111	248,325	238,713	248,325	240,315	248,326	248,326	209,074
Swing Bed	14,705	13,505	24,091	39,600	96,000	45,707	35,746	48,618
Lab/Blood	50,379	70,494	57,831	60,582	67,309	43,438	36,650	49,587
EKG	2,952	3,280	2,788	4,100	2,460	2,132	2,132	3,772
Medical Supplies/RT (Oxygen)	35,946	22,317	21,848	22,236	20,869	23,617	23,299	27,506
Radiology/Ultrasound	16,740	17,235	15,442	16,215	16,382	10,489	11,647	16,717
Pharmacy	60,260	21,314	52,406	32,326	51,662	26,691	50,103	76,053
PT	8,773	21,989	22,194	23,478	20,094	18,136	21,685	24,065
Outpatient	8,316	12,662	15,415	7,839	5,743	4,936	3,567	9,732
Emergency Room	14,812	20,444	12,117	9,925	11,537	13,908	9,957	18,716
Short Stay-Obsv	4,264	728	5,371	9,619	2,340	4,004	7,129	8,008
Pro Fee	17,794	18,307	13,172	13,854	9,641	12,763	14,736	23,775
Clinic	17,326	18,052	17,590	13,818	15,634	11,007	12,743	17,657
BH (MH, AL, Outreach)	5,163	5,060	1,960	22,407	21,995	12,350	10,891	10,325
Other - Mortuary, Respite, L&D			190		420	192		
Gross Patient Services Revenue	**528,040**	**502,462**	**508,628**	**530,749**	**584,901**	**481,446**	**494,862**	**549,855**
Contractual Adj, Charity, Bad Debt	(81,384)	(28,738)	(83,103)	(39,433)	(42,317)	(29,196)	(35,529)	(73,968)
Net Patient Services Revenue	**446,656**	**473,724**	**425,525**	**491,316**	**542,584**	**452,250**	**459,333**	**475,887**
Interest Income	0	34	0	37	32	7	0	0
City Contributions								
City Funding	34,353	34,353	34,353	34,353	34,353	34,353	27,218	33,333
City In-Kind Contributions Utilities	1,019	1,019	1,019	1,019	1,019	1,019	1,018	1,019
In Kind Revenue - Non City	31,000	31,000	31,000	31,000	31,000	30,788	29,728	30,788
Grant and Waiver Funding	84,222	42,947	42,839	123,363	43,905	42,977	43,200	63,567
Non-Operating Revenue	10,170	13,715	2,078	3,762	20,323	3,620	13,453	10,232
Total Non-Operating Revenue	**160,764**	**123,068**	**111,289**	**193,534**	**130,631**	**112,764**	**114,618**	**138,940**
Total Revenue	**607,420**	**596,791**	**536,814**	**684,850**	**673,216**	**565,014**	**573,951**	**614,827**
Expenses								
Wages	246,117	258,110	219,388	252,488	242,028	250,814	246,190	235,204
Taxes and Benefits	115,450	109,948	100,832	90,124	104,555	106,608	120,653	114,462
Recruitment & Relocation	1,048	3,195	1,890	1,634	3,014	5,194	696	397
Professional Services	55,486	111,713	106,940	116,652	123,330	116,005	154,551	134,236
Minor Equipment		1,491	2,437	986	2,384	4,319	4,368	5,187
Supplies	42,865	26,435	38,662	33,516	40,721	35,424	38,009	39,731
Repair & Maintenance	6,018	7,935	3,191	6,012	5,128	463	3,656	1,151
Rent / Lease Equipment	275	275	5,017	4,114	3,025	3,507	756	2,247
Utilities and Fuel	16,475	19,600	27,316	22,706	26,572	27,889	31,982	19,048
USF In Kind Utilities Expense	32,019	32,019	32,019	32,019	32,019	32,019	30,746	31,807
Travel & Training	365	0	5,265	1,049	2,342	2,965	4,403	5,895
General & Malpractice Insurance	11,350	6,141	6,463	17,403	6,463	6,463	24,053	10,936
Other Expenses	2,859	2,809	8,468	3,694	94	2,608	14,207	2,234
	0							
Total Expenses	**530,327**	**579,672**	**557,889**	**582,397**	**591,676**	**594,278**	**674,270**	**602,535**
Income/(Loss) before depreciation	**77,094**	**17,120**	**(21,074)**	**102,453**	**81,540**	**(29,264)**	**(100,319)**	**12,292**
Depreciation Expense	21,105	21,105	21,105	21,105	21,105	21,105	21,105	21,105
Net Income/(Loss)	**55,989**	**(3,985)**	**(42,179)**	**81,348**	**60,435**	**(50,370)**	**(121,424)**	**(8,814)**

Cordova Community Medical Center
Income Statement (Fiscal Year 2011 -

	Actual 2011 March	Actual 2011 April	Actual 2011 May	Actual 2011 June	Period 9 Actual YTD Total	Ending 3/31/2011 Budget YTD Total	Variances Favorable (unfavorable)
Revenue							
Acute	7,500				61,425	147,273	(85,848)
Long Term Care	284,123				2,223,637	2,113,771	109,866
Swing Bed	436				318,407	373,464	(55,057)
Lab/Blood	65,225				501,495	571,207	(69,712)
EKG	2,788				26,404	29,520	(3,116)
Medical Supplies/RT (Oxygen)	26,970				224,610	166,646	57,963
Radiology/Ultrasound	20,161				141,028	143,245	(2,217)
Pharmacy	49,116				419,931	432,526	(12,595)
PT	10,298				170,712	176,340	(5,628)
Outpatient	9,797				78,007	66,935	11,072
Emergency Room	14,874				126,290	127,942	(1,652)
Short Stay-Obsv	5,200				46,663	39,823	6,840
Pro Fee	17,345				141,387	175,039	(33,652)
Clinic	15,967				139,794	180,425	(40,631)
BH (MH, AL, Outreach)	10,151				100,302	105,251	(4,949)
Other - Mortuary, Respite, L&D	150				952	8,480	(7,528)
Gross Patient Services Revenue	**540,101**	**0**	**0**	**0**	**4,721,044**	**4,857,886**	(136,842)
Contractual Adj, Charity, Bad Debt	(69,242)				(482,911)	(825,841)	342,929
Net Patient Services Revenue	**470,858**	**0**	**0**	**0**	**4,238,133**	**4,032,045**	206,088
Interest Income	0				111		111
City Contributions					0		0
City Funding	33,333				300,000	412,500	(112,500)
City In-Kind Contributions Utilities	1,019				9,172	9,173	(0)
In Kind Revenue - Non City	30,788				277,092	628,278	(351,186)
Grant and Waiver Funding	44,193				531,213	688,875	(157,662)
Non-Operating Revenue	7,989				85,343	71,253	14,090
Total Non-Operating Revenue	**117,322**	**0**	**0**	**0**	**1,202,931**	**1,810,079**	(607,147)
Total Revenue	**588,180**	**0**	**0**	**0**	**5,441,064**	**5,842,124**	(401,060)
Expenses							
Wages	250,427				2,200,766	2,597,026	396,260
Taxes and Benefits	122,387				985,019	1,444,931	459,911
Recruitment & Relocation	314				17,381	0	(17,381)
Professional Services	178,975				1,097,888	653,777	(444,111)
Minor Equipment	2,747				23,918	19,970	(3,949)
Supplies	44,509				339,873	283,485	(56,388)
Repair & Maintenance	5,676				39,230	29,936	(9,294)
Rent / Lease Equipment	3,290				22,505	10,861	(11,644)
Utilities and Fuel	25,885				217,472	180,714	(36,758)
USF In Kind Utilities Expense	31,807				286,476	279,000	(7,476)
Travel & Training	3,843				26,128	18,750	(7,378)
General & Malpractice Insurance	10,936				100,208	78,980	(21,228)
Other Expenses	1,411				38,383	48,203	9,819
Total Expenses	**682,208**	**0**	**0**	**0**	**5,395,250**	**5,645,632**	250,382
Income/(Loss) before depreciation	**(94,027)**	**0**	**0**	**0**	**45,814**	**196,492**	(150,678)
Depreciation Expense	21,105				189,947	206,958	(17,011)
Net Income/(Loss)	**(115,133)**	**0**	**0**	**0**	**(144,133)**	**(10,466)**	**(133,667)**

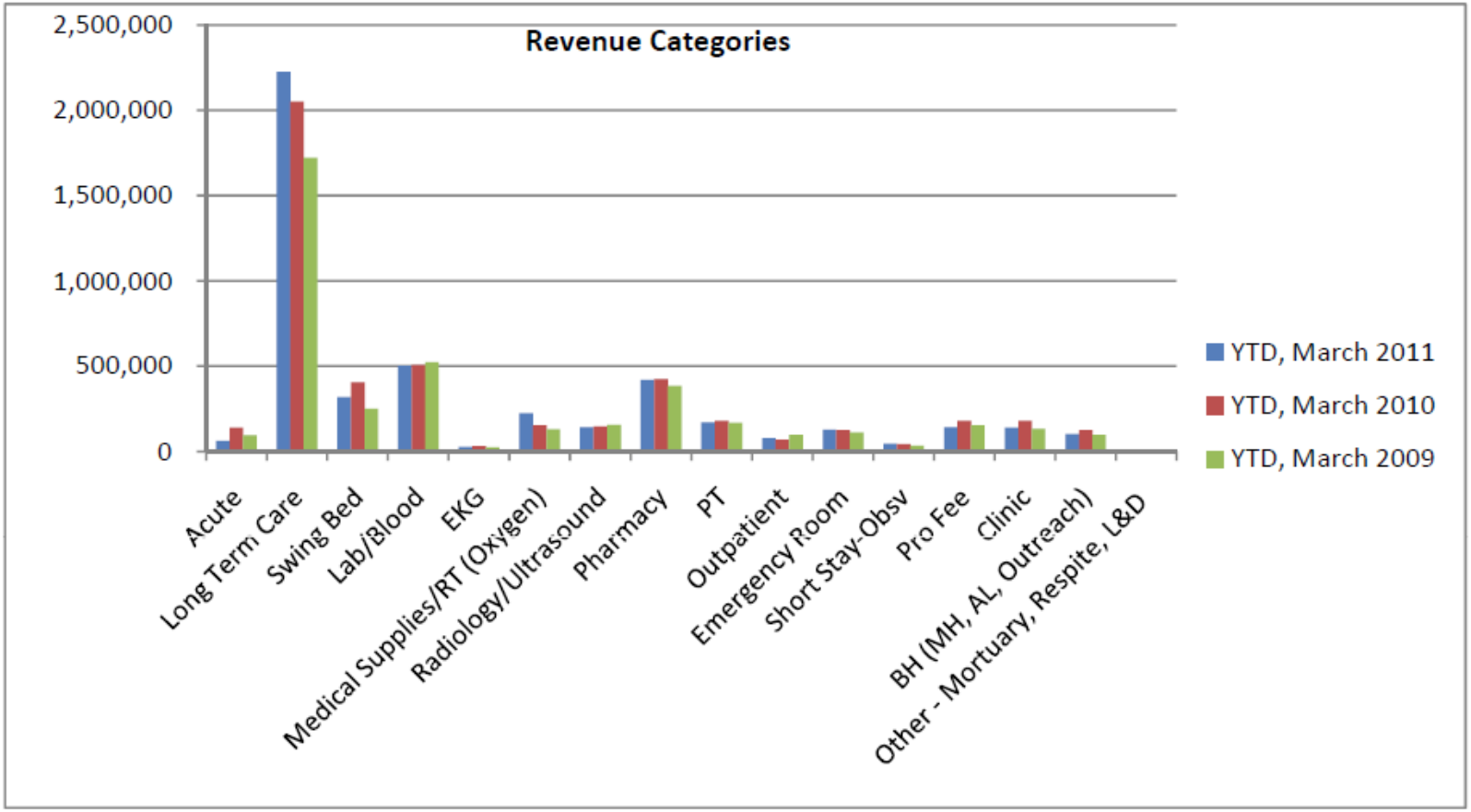
Cordova Community Medical Center

Three Year Comparative Income Statements

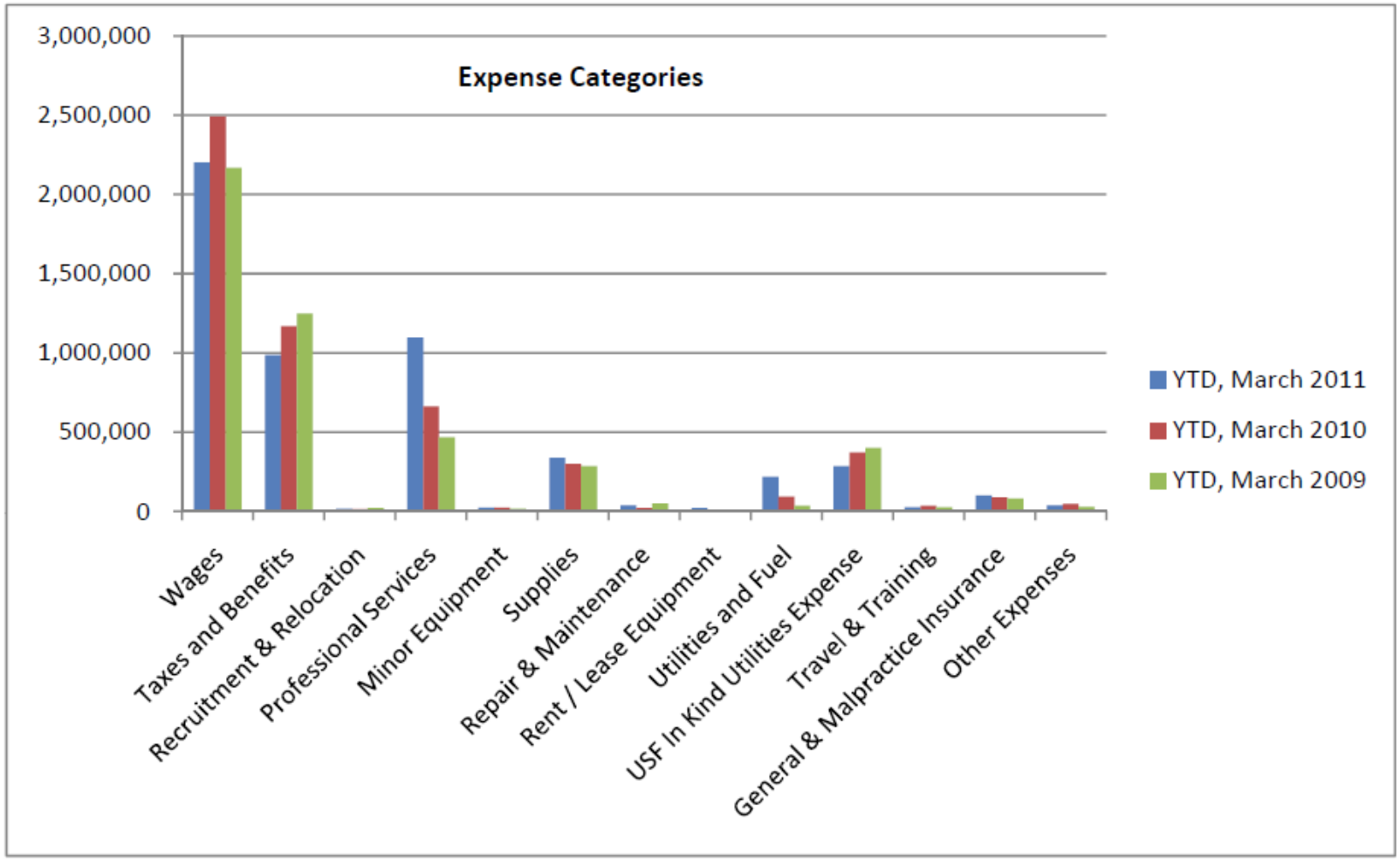
	Current to Last Year Comparison	*FY 2011* Month End of YTD, March 2011	*FY 2010* Month End of YTD, March 2010	*FY 2009* Month End of YTD, March 2009
Revenue				
Acute	-55.73%	61,425	138,750	95,000
Long Term Care	8.38%	2,223,637	2,051,630	1,719,935
Swing Bed	-21.31%	318,407	404,653	249,600
Lab/Blood	-1.12%	501,495	507,161	521,800
EKG	-12.50%	26,404	30,176	24,634
Medical Supplies/RT (Oxygen)	46.11%	224,610	153,726	131,236
Radiology/Ultrasound	-3.09%	141,028	145,519	155,719
Pharmacy	-0.79%	419,931	423,291	383,829
PT	-4.69%	170,712	179,113	167,184
Outpatient	12.68%	78,007	69,229	97,691
Emergency Room	1.53%	126,290	124,384	111,149
Short Stay-Obsv	10.51%	46,663	42,224	33,492
Pro Fee	-21.17%	141,387	179,347	152,044
Clinic	-22.21%	139,794	179,716	131,518
BH (MH, AL, Outreach)	-19.51%	100,302	124,608	97,770
Other - Mortuary, Respite, L&D	-69.82%	952	3,155	4,813
Gross Patient Services Revenue	-0.75%	**4,721,044**	**4,756,680**	**4,077,413**
Contractual Adj, Charity, Bad Debt	-49.96%	(482,911)	(965,126)	(871,434)
Net Patient Services Revenue	11.78%	**4,238,133**	**3,791,554**	**3,205,980**
Interest Income		111	6	139
City Contributions		0		
City Funding	0.00%	300,000	299,999	***835,365***
City In-Kind Contributions Utilities	-0.02%	9,172	9,174	9,174
In Kind Revenue - Non City	-23.98%	277,092	364,515	391,756
Grant and Waiver Funding	-19.76%	531,213	662,037	623,799
Non-Operating Revenue	10.36%	85,343	77,334	171,104
Total Non-Operating Revenue	-14.87%	**1,202,931**	**1,413,066**	**2,031,337**
Total Revenue	4.54%	**5,441,064**	**5,204,620**	**5,237,317**
Expenses				
Wages	-11.63%	2,200,766	2,490,409	2,165,905
Taxes and Benefits	-15.71%	985,019	1,168,613	1,247,879
Recruitment & Relocation	20.80%	17,381	14,388	21,571
Professional Services	65.93%	1,097,888	661,666	468,457
Minor Equipment	-1.37%	23,918	24,250	17,801
Supplies	12.89%	339,873	301,060	286,729
Repair & Maintenance	85.13%	39,230	21,191	51,718
Rent / Lease Equipment	120.69%	22,505	10,198	11,087
Utilities and Fuel	128.83%	217,472	95,038	37,485
USF In Kind Utilities Expense	-23.34%	286,476	373,689	400,930
Travel & Training	-25.29%	26,128	34,972	27,035
General & Malpractice Insurance	11.83%	100,208	89,611	80,754
Other Expenses	-19.24%	38,383	47,528	28,669
Total Expenses	1.17%	**5,395,250**	**5,332,611**	**4,846,021**
Income/(Loss) before depreciation	-135.79%	**45,814**	**(127,991)**	**391,295**
Depreciation Expense	-0.29%	189,947	190,503	196,468
Net Income/(Loss)	**-54.7%**	**(144,133)**	**(318,494)**	**194,827**

Cordova Community Medical Center

Three Year Comparative Income Statements



Cordova Community Medical Center
Three Year Comparative Income Statements



Bank Reconciliation

	Oct. 2010	Nov. 2010	Dec. 2010	Jan. 2011	Feb. 2011	Mar. 2011
The Balance on Bank Statements	10/31/2010	11/30/2010	12/31/2010	1/31/2011	2/28/2011	3/31/2011
General - *******099	496,022.49	566,949.56	382,421.17	377,004.71	630,428.47	379,587.69
SA - **********944	25,296.95	9,259.98	394.81	1,634.15	110,834.47	111,371.47
Total Bank Balance	521,319.44	576,209.54	382,815.98	378,638.86	741,262.94	490,959.16
The Balance in the Book (General Ledger)						
General Checking - 1010000 Beg. Bal	(117,326.74)	(31,252.89)	(107,425.61)	(152,486.08)	(96,810.20)	107,163.58
G/L Activities	86,073.85	(76,172.72)	(45,060.47)	55,675.88	203,973.78	(149,282.32)
Ending Book Balance	(31,252.89)	(107,425.61)	(152,486.08)	(96,810.20)	107,163.58	(42,118.74)
Senior Services - 1011100 Beg. Bal	(139,080.58)	(145,953.63)	(149,885.14)	(142,983.84)	(148,149.16)	(143,496.09)
G/L Activities	(6,873.05)	(3,931.51)	6,901.30	(5,165.32)	4,653.07	(6,839.50)
Ending Book Balance	(145,953.63)	(149,885.14)	(142,983.84)	(148,149.16)	(143,496.09)	(150,335.59)
Sound Alternatives-1011200 Beg. Bal	619,309.46	640,356.85	604,529.86	530,413.66	541,963.88	586,018.33
G/L Activities	21,047.39	(35,826.99)	(74,116.20)	11,550.22	44,054.45	14,633.24
Ending Book Balance	640,356.85	604,529.86	530,413.66	541,963.88	586,018.33	600,651.57
Total G/L Balance	463,150.33	347,219.11	234,943.74	297,004.52	549,685.82	408,197.24
The Reconciliation (Bank to Book)						
Ending Bank Balance	521,319.44	576,209.54	382,815.98	378,638.86	741,262.94	490,959.16
Plus Deposits in Transit	273.62	188.30			1,493.29	1,912.95
Bank Deposits (Book in Transit)				(1,246.13)		
Checks Outstanding	(59,272.00)	(229,178.73)	(147,872.24)	(80,388.21)	(193,070.41)	(84,674.87)
Incorrect Posting	682.73					
NSF	196.54					
NSF	(50.00)					
Reconciled Bank Balance	463,150.33	347,219.11	234,943.74	297,004.52	549,685.82	408,197.24
variance	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)	(0.00)
					Total G/L	438,063.83

As of	**3/31/2011**	**5/4/2011**
Cash Balance	**Bank**	**Bank**
General Checking	490,959	196,972
Payroll Checking	26,942	123,379
Capital Improvement	4,304	4,305
Petty Cash Account		
Total Cash Balance	**522,205**	**324,656**

CCMC Credentialing Checklist

Provider JERE AALM Position: PA-C

Evaluator: Van Winkle Date: 5-3-11

Review the credentialing profile for the following information – This information needs to be obtained for all licensed staff – (MD, DO, PA, NP, RN—MT/ASCP)

Credentialing	Method	Items Listed/ Comments	Yes	No	NA
Verification of licensure, registration (Online verifications of each license)	Primary Source		✓		
Verification of certification (Run the AMA)	Primary Source		✓		
Verification of Education (Run the AMA)	Primary Source		✓		
Verification of Training (Run the AMA)	Primary Source		✓		
Verification of Current competence (Prime source verify affiliations and work history as outlined on facility sheet)	Primary Source – written		✓		
Health Fitness (Functional Capacity form)	Confirmed statement		✓		
National Practitioner Data Bank Query (This is included in the app, facility will run)	Query complete		✓		
Picture Identification (Need driver's license)	Secondary Source	Passport	✓		
Immunization Status TB, HepA, B	Secondary Source				
PPD Status (W/in last 12 mo, clear with site first to see if they can do there if they don't have a current one)	Secondary Source				
BLS, PALS, ATLS. and ACLS Training (Need a copy of the card)	Secondary Source		✓		
DEA Registration (Need a copy of the card)	Secondary Source		✓		
3 Peer References	Primary Source		✓		
Verification of Malpractice Insurance if Contracted with another agency	Primary		✓		

Cordova Community Medical Center
Request for Clinical Privileges
Privileging Levels

Practitioners working for Cordova Community Medical Center (CCMC) shall submit a request for clinical privileges as part of the CCMC credentialing procedure. Privileges must be approved before the Practitioner can provide patient care. Temporary privileges may be approved for a period not to exceed 120 days.

Privileges apply to services provided to CCMC patients within the clinic or at other locations the practitioner may be assigned. The practitioner is expected to provide only previously approved procedures or services unless there is an emergency situation. Clinical privileges will be reviewed and revised by the Chief of Staff and the Health Services Board at least every two years for all practitioners.

Clinical privileges for management of patients cannot describe all possible clinical situations. Therefore, privileges will be requested in each area based on level of training, experience, and required supervision. Procedural privileges must be specifically requested*.

LEVEL I: **Mid-Level Practitioner**. The practitioner has completed an approved Physician Assistant or Nurse Practitioner training program including training and experience in the listed area of care and is licensed in the State of Alaska. Management of common limited problems does not require direct supervision. Periodic review by a supervising Physician is expected for Physician Assistants and Nurse Practitioners and appropriate consultation is encouraged for decisions on management of chronic or more complex medical problems.

LEVEL II: **Physician**. The Physician practitioner has completed a basic level of training without completion of a residency program or has not completed Specialty Board certification. Diagnosis, management and treatment of routine, limited or noncomplex cases do not require direct supervision. Periodic review may be used. Consultation and/or referral are expected for more complex cases or in situations with multiple chronic and acute medical conditions.

LEVEL III: **Board Certified Physician**. In addition to Level II requirements, the practitioner has completed a residency and has become Specialty Board certified or has demonstrated special training and experience in an area of care. Diagnosis, management and treatment of routine, common, multiple and moderately complex medical problems does not require direct supervision. Periodic review may be used. Consultation and/or referral is expected with complex or unusual cases or when unexpected outcomes occur.

LEVEL IV: **Sub-specialty Board Certified Physician** with special training and experience in a focused area of care. In addition to Level III requirements, the practitioner has completed a residency program and specialized training in a focused area of medicine and is Sub-specialty Specialty

Board Certified or Board Certified with added special certification or qualification.

Management of multiple or complex cases in the area of expertise do not require direct supervision. Consultation may often be requested by others in this area. Periodic peer review may be used. Consultation from a primary care Physician or with other specialists may often be required for the general management of the patient.

*see procedure privileging

REQUEST FOR CLINICAL PRIVILEGES
Required Clinical Skills

JERE A ALM

Name of Practitioner (print)

Practitioner Certification:

☐ Physician ☒ Physician Assistant ☐ Nurse Practitioner

Clinical privileges at Cordova Community Medical Center shall be granted to members of the medical staff who are credentialed by the organization. The categories below are the minimum requirements for practitioners. Practitioners must submit written requests to be excused from any clinical requirements.

GENERAL

- History and physical examination
- Interpretation of laboratory data
- Preliminary interpretation of EKG
- Cardiopulmonary resuscitation (Basic Life support and advance cardiac life support)
- Life threatening emergency (at the time of a clinical emergency, any practitioner may render she/he believes to be indicated)

MEDICINE

Treatment of Uncomplicated:

- Allergy
- Arthritis
- Cardiac Diseases
- Connective Tissue Diseases
- Gastrointestinal Diseases
- Hematological Diseases
- Hepatic Diseases
- Hypertension
- Infectious Diseases
- Metabolic/Endocrine Diseases
- Neurological Diseases
- Pulmonary Diseases
- Renal Diseases
- Routine physical examination

GYNECOLOGY and OBSTETRICS

- Diagnosis and treatment of vaginitis
- Fit and prescribe diaphragms
- Perform PAP Smears
- Provide family planning counseling
- Prescribe oral contraceptives

ANESTHESIA

- Local Infiltration and minor nerve blocks

DERMATOLOGY

- Treatment of simple and superficial skin lesions, acne, etc

OPHTHALMOLOGY

- External eye examination
- Eye irritation
- Order X-Rays o evaluate fracture or foreign body
- Removal of foreign bodies
- Treatment of conjunctivitis
- Treatment of corneal abrasions
- Visual acuity screening

ORTHOPEDICS

- Treatment of acute back and neck strain
- Treatment of bursitis and tendonitis
- Treatment of simple contusions and sprains
- Treatment of simple closed fractures (i.e. finger, toe, rib, etc)

PEDIATRICS

- Routine newborn care
- Medical pediatric well care, including immunizations
- Uncomplicated problem of pediatric upper respiratory tract
- Uncomplicated GI or GU conditions in pediatrics

SURGERY

- I&D of abscess
- Suture of lacerations – superficial

Cordova Community Medical Center
REQUEST FOR CLINICAL PRIVILEGES
Request for Clinical Privileges

JERE A ALM
Name of Practitioner (print)

Practitioner Certification:

☐ Nurse Practitioner ☒ Physician Assistant ☐ Physician

☐ Board Certified Physician ☐ Sub-specialty Board Certified Physician

Please indicate the requested level of care for each area:

	LEVEL I	LEVEL II	LEVEL III	LEVEL IV
NEWBORN CARE	X			
PEDIATRICS	X			
ADOLESCENT MEDICINE	X			
ADULT MEDICINE	X			
GERIATRIC MEDICINE	X			
EMERGENCY CARE	X			
GYNECOLOGY	X			
HIV CARE	X			
MENTAL HEALTH	X			
MINOR SURGERY *	X			
OBSTETRICS	X			
ORTHOPEDICS	X			
OTHER:				

*See Clinical Privilege Procedure List for specific procedures

Specialized Training: _____

_____

_____ 3/18/11
Practitioner Signature Date

Cordova Community Medical Center
CLINICAL PRIVILEGE PROCEDURE LIST

Jere Alm

Name of Practitioner (print)

Practitioner Certification:

☐ Physician ☒ Physician Assistant ☐ Nurse Practitioner

There is a body of skill and knowledge inherent in basic medicine, advanced nurse practitioner or physician assistant programs as well as in achieving certification or board status. When a practitioner achieves certification or board certified status, there will be an assumption of competence unless otherwise noted.

SPECIAL PROCEDURES

Check if privileges are requested for this procedure
Chief of Staff to indicate if competency is indicated

DIAGNOSTICS

___ (Y) / N EKG Interpretation
___ Y / N Endometrial Biopsy
_Y_ (Y) N Office Spirometry
___ Y / N Punch Biopsy of Skin
___ Y / N Tympanometry

SURGICAL

_Y_ (Y) / N Abscesses
___ (Y) / N Cerumen Impaction Removal
___ Y / (N) Endometrial Biopsy
___ (Y) N Foreign Body Removal
___ (Y) / N I&D of Superficial Soft Tissue
___ (Y) / N Nail Wedge Resection
___ (Y) / N Removal of Minor Skin lesions
___ (Y) / N Simple Laceration Repair-single layer closure
___ (Y) / N Skin Tag Removal
___ (Y) / N Wart Removal

ORTHOPEDICS

___ (Y) / N Arthrocentesis
___ (Y) / N Cast/Splint Placement
___ (Y) / N F/U fracture treatment including cast removal
___ (Y) N Fracture Treatment
___ Y / (N) Joint injection
___ Y / (N) Tendon sheath injections
___ (Y) / N Trigger point injections

OTHER PROCEDURES

___ Y (N) Cervical Cap Fitting
___ Y / (N) Complicated laceration repair –multiple layers
___ (Y) / N Cyrotherapy: X Skin _Cervix
___ Y (N) Diaphragm Fitting
___ Y / (N) Fetal Monitoring
___ Y / (N) IUD Insertion/Removal
___ (Y) / N IV Catheter placement
___ (Y) / N Minor Burn Management
___ (Y) / N Nebulizer treatment
___ (Y) / N Simple Debridement
___ (Y) / N Steroid Injection
___ (Y) N Urinary Catheter Placement

I will only do those procedures for which I have adequate knowledge and/or training. I hereby request the above clinical privileges. I consider myself to be in good physical and mental health and am capable of providing the care outlined above.

I understand that it is my personal responsibility to maintain evidence of continuing education as mandated by the State of Alaska for licensure.

I have attached applicable documentation of training and experience related to the privileges I am requesting. I attest that references, reports, records and information are available which verify my qualifications and competency to practice family medicine and to perform the above requested privileges.

Practitioner Signature — Date: 3/18/11

CEO — Date: 4/29/2011

B W. Van Winkle MD — Chief of Staff or Designee Verification — Date: 5-3-2011

Practitioner Name (please print): Jere Alm

Medical Director Review

The Medical Director has reviewed the attached list of requested privileges and the following information related to the applicant:

- ☐ Pertinent results of performance improvement activities
- ☐ Mortality data
- ☐ Professional performance
- ☐ Clinical judgment and technical skills in performing procedures and treating and managing patients
- ☐ Peer Review results
- ☐ Peer Recommendations
- ☐ Outcomes of procedures and treatment

Recommendation:

- ☐ Approve as requested
- ☐ Approve with conditions / modifications (see explanation below)
- ☐ Deny (see explanation below)

Reasons for recommended conditions / modifications / denial:

D.W. Van Winkle MD — Medical Director Signature

5-3-11 — Date

CCMC – Health Services Board

- ☐ Approve as requested
- ☐ Approve with conditions / modifications (see explanation below)
- ☐ Deny (see explanation below)

Reasons for recommended conditions / modifications / denial:

HSB President Signature

Date

Cordova Community Medical Center

Physicians/Nurse Practioner/PA-Cs:
Providers at the conclusion of their formal education should possess the knowledge, skills and abilities necessary to competently provide patient services. The following activities are considered routine clinical responsibilities performed by Physician's in both inpatient and ambulatory care settings. Please carefully review each of the clinical responsibilities listed below.

Clinical Responsibilities
1. Obtain and record a complete or directed medical history.
2. Perform and record the findings of a complete or directed physical examination.
3. Perform or assist in performing routine laboratory studies.
4. Perform assessments of patient's clinical condition and record the findings.
5. Diagnose medical and surgical conditions and record findings in the patient's record.
6. Prescribe treatments for medical and surgical conditions.
7. Performance of common, primary care oriented, therapeutic procedures (i.e., injections, immunizations, suturing and wound care, removal of foreign bodies, ear and eye irrigation, etc.).
8. Performance of common clinic or office surgical (i.e., skin biopsy, mole and wart removal, arthrocentesis, and incision and drainage of abscesses).
9. Obstetrical prenatal and postnatal care.
10. Treat common orthopedic problems such as: strains, sprains, subluxation or dislocation of a digit, elbow or shoulder and simple closed fractures not involving articulating surfaces.
11. Perform and or interpret the results of standard medical examinations such as electrocardiograms, radiography, audiometric and vision screening, tonometry and pulmonary function testing.
12. Instruct and counsel patients regarding physical and mental health on matters such as diets, disease, therapies and normal growth and development.
13. Referring patients to appropriate specialty and subspecialty services for evaluation and/or treatment.
14. Perform evaluation, and initiate treatment essential to providing an appropriate response to emergency medical conditions.
15. Order laboratory tests, X-rays and other diagnostic procedures.
16. Order diets, physical therapy, inhalation therapy, or other rehabilitative services.
17. Administer medications
18. Prescribe medications and medical devices in compliance with Alaska Law and CCMC Policies and Clinical Guidelines.
19. Work collaboratively with other medical personnel and may direct allied health professionals in the execution of patient care.

Please specify in the space provided below any items from the above clinical responsibilities list which you are NOT requesting permission to perform (attach an additional sheet if necessary). If none, please write "None.

None

Please list below any additional clinical procedures or treatments for which you are requesting permission to perform (i.e. exercise stress testing, administration of chemotherapeutic agents, ordering and administering blood products, etc...). Please indicate whether the items listed will be performed with direct or indirect physician supervision.

Clinical Responsibility	Direct	Indirect
1. _____	_____	_____
2. _____	_____	_____

Enclose statement, record of training, certification and/or verification of competency for any additonal clinical procedure, skill or treatment requested.

Applicant Statement: (Please read carefully before signing)
All the information submitted by me in this application is true to the best of my knowledge and belief. I fully understand that any misstatements in, or omissions from the application constitute cause for denial of appointment. I understand and agree that as an applicant for clinical practice as a Physician I have the burden of producing adequate information for proper evaluation of my professional competence, character,

ethics and other qualifications. By making application for clinical practice as a Physician, I hereby signify my willingness to appear for interviews in regard to my application when necessary. I authorize the CCMC, its medical staff and other hospitals or institutions and organizations with which I have been associated, including liability insurance carriers to release information related to my clinical competence to representatives of the CCMC. I hereby further consent to the inspection by the CCMC, its medical staff and its representatives of all documents including medical records at other hospitals, that may be material to an evaluation of my professional qualifications and competence to carry out the clinical activities requested as well as my moral ethical qualifications for clinical practice as a Physician. I hereby release from liability all representatives of the CCMC and its medical staff for their acts performed in good faith and without malice in connection with evaluation of my application, credentials and qualifications. In addition, I hereby release from liability any and all individuals and organizations who provide to the CCMC or its medical staff in good faith and without malice, information concerning my professional competence, ethics, character, and other qualifications for staff appointment and clinical privileges, and I hereby consent to release of such information. I agree to be bound by the terms of the Bylaws, Rules and Regulations of the CCMC and its Clinical Staff. I further acknowledge that I will cooperate with CCMC in satisfying the standards associated with obtaining and maintaining accreditation. I also agree to conduct my practice in accordance with high ethical standards. I agree to participate in and subject my clinical performance to the CCMC quality assurance program. I also pledge to provide or arrange for continuous care of my patients.

Signature of Provider Date 3/18/11

Endorsement of the Chief of Staff
D.W. Van Winkle MD Date 5-3-11

Endorsement of the Hospital Administrator
[signature] Date 4/29/2011

Endorsement of the Board Member

_____ **Date**_____

REQUEST FOR CLINICAL PRIVILEGES
Required Clinical Skills

Irene Rooney, BSN, MSN, APRN

Name of Practitioner (print): **Irene Rooney, BSN, MSN, APRN**

Practitioner Certification:
☐ Physician ☐ Physician Assistant ☒ Nurse Practitioner

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- History and physical examination
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- Preliminary interpretation of EKG
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- Life threatening emergency (at the time of a clinical emergency, any practitioner may render she/he believes to be indicated)

MEDICINE

Treatment of Uncomplicated:
- Allergy
- Arthritis
- Cardiac Diseases
- Connective Tissue Diseases
- Gastrointestinal Diseases
- Hematological Diseases
- Hepatic Diseases
- Hypertension
- Infectious Diseases
- Metabolic/Endocrine Diseases
- Neurological Diseases
- Pulmonary Diseases
- Renal Diseases
- Routine physical examination

GYNECOLOGY and OBSTETRICS
- Diagnosis and treatment of vaginitis
- Fit and prescribe diaphragms
- Perform PAP Smears
- Provide family planning counseling
- Prescribe oral contraceptives

ANESTHESIA
- Local Infiltration and minor nerve blocks

DERMATOLOGY
- Treatment of simple and superficial skin lesions, acne, etc

OPHTHALMOLOGY
- External eye examination
- Eye irritation
- Order X-Rays o evaluate fracture or foreign body
- Removal of foreign bodies
- Treatment of conjunctivitis
- Treatment of corneal abrasions
- Visual acuity screening

ORTHOPEDICS
- Treatment of acute back and neck strain
- Treatment of bursitis and tendonitis
- Treatment of simple contusions and sprains
- Treatment of simple closed fractures (i.e. finger, toe, rib, etc)

PEDIATRICS
- Routine newborn care
- Medical pediatric well care, including immunizations
- Uncomplicated problem of pediatric upper respiratory tract
- Uncomplicated GI or GU conditions in pediatrics

SURGERY
- I&D of abscess
- Suture of lacerations – superficial

Cordova Community Medical Center
REQUEST FOR CLINICAL PRIVILEGES
Request for Clinical Privileges

Irene Rooney BSN, MSN, APRN
Name of Practitioner (print): **Irene Rooney, BSN, MSN, APRN**

Practitioner Certification:

X Nurse Practitioner ☐ Physician Assistant ☐ Physician

☐ Board Certified Physician ☐ Sub-specialty Board Certified Physician

Please indicate the requested level of care for each area:

	LEVEL I	LEVEL II	LEVEL III	LEVEL IV
NEWBORN CARE				
PEDIATRICS	X			
ADOLESCENT MEDICINE	X			
ADULT MEDICINE	X			
GERIATRIC MEDICINE	X			
EMERGENCY CARE	X			
GYNECOLOGY	X			
HIV CARE	X			
MENTAL HEALTH	X			
MINOR SURGERY *				
OBSTETRICS				
ORTHOPEDICS				
OTHER:				

*See Clinical Privilege Procedure List for specific procedures

Specialized Training: Family Medicine

Irene Rooney, APRN
Practitioner Signature

4-13-11
Date

Cordova Community Medical Center
CLINICAL PRIVILEGE PROCEDURE LIST

Irene Rooney, BSN MSN, APRN

Name of Practitioner (print): **Irene Rooney, BSN, MSN, APRN**

Practitioner Certification:

☐ Physician ☐ Physician Assistant X Nurse Practitioner

There is a body of skill and knowledge inherent in basic medicine, advanced nurse practitioner or physician assistant programs as well as in achieving certification or board status. When a practitioner achieves certification or board certified status, there will be an assumption of competence unless otherwise noted.

SPECIAL PROCEDURES

Check if privileges are requested for this procedure
Chief of Staff to indicate if competency is indicated

DIAGNOSTICS

- ✓ (Y) / N EKG Interpretation
- — Y / (N) Endometrial Biopsy
- ✓ (Y) / N Office Spirometry
- ✓ (Y) / N Punch Biopsy of Skin
- ✓ Y / (N) Tympanometry

SURGICAL

- ✓ (Y) / N Abscesses
- ✓ (Y) / N Cerumen Impaction Removal
- — Y / (N) Endometrial Biopsy
- ✓ (Y) / N Foreign Body Removal
- ✓ (Y) / N I&D of Superficial Soft Tissue
- ✓ (Y) / N Nail Wedge Resection
- ✓ (Y) / N Removal of Minor Skin lesions
- ✓ (Y) / N Simple Laceration Repair-single layer closure
- ✓ (Y) / N Skin Tag Removal
- ✓ (Y) / N Wart Removal

ORTHOPEDICS

- — Y / (N) Arthrocentesis
- ✓ (Y) / N Cast/Splint Placement
- ✓ (Y) / N F/U fracture treatment including cast removal
- ✓ (Y) / N Fracture Treatment
- — Y / (N) Joint injection
- — Y / (N) Tendon sheath injections
- — Y / (N) Trigger point injections

OTHER PROCEDURES

- — Y / (N) Cervical Cap Fitting
- — Y / (N) Complicated laceration repair -multiple layers
- ✓ (Y) / N Cyrotherapy: _Skin _Cervix
- — Y / (N) Diaphragm Fitting
- — Y / (N) Fetal Monitoring
- — Y / N IUD Insertion/Removal
- ✓ (Y) / N IV Catheter placement
- ✓ (Y) / N Minor Burn Management
- ✓ (Y) / N Nebulizer treatment
- ✓ (Y) / N Simple Debridement
- ✓ (Y) / N Steroid Injection
- ✓ (Y) / N Urinary Catheter Placement

I will only do those procedures for which I have adequate knowledge and/or training. I hereby request the above clinical privileges. I consider myself to be in good physical and mental health and am capable of providing the care outlined above.

I understand that it is my personal responsibility to maintain evidence of continuing education as mandated by the State of Alaska for licensure.

I have attached applicable documentation of training and experience related to the privileges I am requesting. I attest that references, reports, records and information are available which verify my qualifications and competency to practice family medicine and to perform the above requested privileges.

Name of Practitioner (print): **Irene Rooney, BSN, MSN, APRN**

Irene Rooney, APRN — Practitioner Signature — 4-13-11 — Date

PhD — CEO — 4/29/2011 — Date

D.W. Van Winkle MD — Chief of Staff or Designee Verification — 5-4-11 — Date

Name of Practitioner (print): **Irene Rooney, BSN, MSN, APRN**

Medical Director Review

The Medical Director has reviewed the attached list of requested privileges and the following Information related to the applicant:

- ☐ Pertinent results of performance improvement activities
- ☐ Mortality data
- ☐ Professional performance
- ☐ Clinical judgment and technical skills in performing procedures and treating and managing patients
- ☐ Peer Review results
- ☑ Peer Recommendations
- ☐ Outcomes of procedures and treatment

review of credentials & interview of employee

Recommendation:

- ☑ Approve as requested
- ☐ Approve with conditions / modifications (see explanation below)
- ☐ Deny (see explanation below)

Reasons for recommended conditions / modifications / denial:

D.W. Van Winkle MD
Medical Director Signature

5-4-11
Date

CCMC – Health Services Board

- ☐ Approve as requested
- ☐ Approve with conditions / modifications (see explanation below)
- ☐ Deny (see explanation below)

Reasons for recommended conditions / modifications / denial:

HSB President Signature

Date

Cordova Community Medical Center

Physicians/Nurse Practioner/PA-Cs:
Providers at the conclusion of their formal education should possess the knowledge, skills and abilities necessary to competently provide patient services. The following activities are considered routine clinical responsibilities performed by Physician's in both inpatient and ambulatory care settings. Please carefully review each of the clinical responsibilities listed below.

Clinical Responsibilities
1. Obtain and record a complete or directed medical history.
2. Perform and record the findings of a complete or directed physical examination.
3. Perform or assist in performing routine laboratory studies.
4. Perform assessments of patient's clinical condition and record the findings.
5. Diagnose medical and surgical conditions and record findings in the patient's record.
6. Prescribe treatments for medical and surgical conditions.
7. Performance of common, primary care oriented, therapeutic procedures (i.e., injections, immunizations, suturing and wound care, removal of foreign bodies, ear and eye irrigation, etc.).
8. Performance of common clinic or office surgical (i.e., skin biopsy, mole and wart removal, arthrocentesis, and incision and drainage of abscesses).
9. Obstetrical prenatal and postnatal care.
10. Treat common orthopedic problems such as: strains, sprains, subluxation or dislocation of a digit, elbow or shoulder and simple closed fractures not involving articulating surfaces.
11. Perform and or interpret the results of standard medical examinations such as electrocardiograms, radiography, audiometric and vision screening, tonometry and pulmonary function testing.
12. Instruct and counsel patients regarding physical and mental health on matters such as diets, disease, therapies and normal growth and development.
13. Referring patients to appropriate specialty and subspecialty services for evaluation and/or treatment.
14. Perform evaluation, and initiate treatment essential to providing an appropriate response to emergency medical conditions.
15. Order laboratory tests, X-rays and other diagnostic procedures.
16. Order diets, physical therapy, inhalation therapy, or other rehabilitative services.
17. Administer medications
18. Prescribe medications and medical devices in compliance with Alaska Law and CCMC Policies and Clinical Guidelines.
19. Work collaboratively with other medical personnel and may direct allied health professionals in the execution of patient care.

Please specify in the space provided below any items from the above clinical responsibilities list which you are NOT requesting permission to perform (attach an additional sheet if necessary). If none, please write "None.

_____

_____

Please list below any additional clinical procedures or treatments for which you are requesting permission to perform (i.e. exercise stress testing, administration of chemotherapeutic agents, ordering and administering blood products, etc...). Please indicate whether the items listed will be performed with direct or indirect physician supervision.

Clinical Responsibility	Direct	Indirect
1. _____	_____	_____
2. _____	_____	_____

Enclose statement, record of training, certification and/or verification of competency for any addtional clinical procedure, skill or treatment requested.

Applicant Statement: (Please read carefully before signing)
All the information submitted by me in this application is true to the best of my knowledge and belief. I fully understand that my misstatements in, or omissions from the application constitute cause for denial of appointment. I understand and agree that as an applicant for clinical practice as a Physician I have the burden of producing adequate information for proper evaluation of my professional competence, character,

ethics and other qualifications. By making application for clinical practice as a Physician, I hereby signify my willingness to appear for interviews in regard to my application when necessary. I authorize the CCMC, its medical staff and other hospitals or institutions and organizations with which I have been associated, including liability insurance carriers to release information related to my clinical competence to representatives of the CCMC. I hereby further consent to the inspection by the CCMC, its medical staff and its representatives of all documents including medical records at other hospitals, that may be material to an evaluation of my professional qualifications and competence to carry out the clinical activities requested as well as my moral ethical qualifications for clinical practice as a Physician. I hereby release from liability all representatives of the CCMC and its medical staff for their acts performed in good faith and without malice in connection with evaluation of my application, credentials and qualifications. In addition, I hereby release from liability any and all individuals and organizations who provide to the CCMC or its medical staff in good faith and without malice, information concerning my professional competence, ethics, character, and other qualifications for staff appointment and clinical privileges, and I hereby consent to release of such information. I agree to be bound by the terms of the Bylaws, Rules and Regulations of the CCMC and its Clinical Staff. I further acknowledge that I will cooperate with CCMC in satisfying the standards associated with obtaining and maintaining accreditation. I also agree to conduct my practice in accordance with high ethical standards. I agree to participate in and subject my clinical performance to the CCMC quality assurance program. I also pledge to provide or arrange for continuous care of my patients.

Signature of Provider

Irene Rooney Date 4-13-11

Endorsement of the Chief of Staff

D.W. VanWinkle MD Date 5-4-11

Endorsement of the Hospital Administrator

[illegible] Date 4/29/2011

Endorsement of the Board Member

_____ Date_____

Functional Capacity Statement

If you answer "yes" to any of the questions below, please provide detailed information below or on a separate sheet. Included should be information regarding the name of any institution, organization or their entity at which accommodation was made for the condition. Include the name address and telephone number of a knowledgeable person at the hospital, organization or other entity at which accommodations were made

1. Do you have any ongoing physical impairment or condition that would prevent you without reasonable accommodation, to perform the essential functions of your area of specialty without a direct threat to the health and safety of others? If yes, please describe in detail the accommodation needed below or on a separate sheet.

   ☐ YES ☒ NO

2. Do you have a history, including the present of mental illness or mental health condition that might adversely affect your ability to competently and safely perform the essential functions of the position you have been hired for?

   ☐ YES ☑ NO

3. Do you have any physical, mental or emotional conditions that might limit your ability to meet other duties associated with employment and which could require an accommodation for you to perform your job duties completely and safely? If yes, please describe in detail the accommodation needed below or on a separate sheet.

   ☐ YES ☑ NO

Irene Rooney
Employee Signature

4-13-11
Date

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CCMC 1st QTR FY11 Onsite - 03/03/11 - 03/10/11

Administration

Collection Contract - HSB re-approved S/P collections contract between CCI and CCMC during the HSB board meeting on 11/07/10.

- CCI Recommendation
    - Due to the lack of support by Administration and timing CCI has declined the offer.
        - Update – Contract has been awarded as of 02/11/11 a total of 1025 patients have been transferred to collection vendor. The B/O will verify patients receive at least two statements prior to transfer to collections.

Onsite Visits – During the 11/07/10 HSB board meeting Administration stated meetings would occur initially and at the end of each onsite visit. This did not occur at the end of the 4th QTR onsite visit.

- CCI Recommendation
    - Administrator meets with the contractor initially to discuss the onsite schedule/plan and discuss any new issues to be addressed during onsite. The contractor would meet with Administrator prior to HSB board meeting to discuss issues/progress made during onsite that will be presented to the board. Contractor would conduct a final closeout meeting with the Administrator to discuss any final issues/progress, answer any questions and plan next onsite.
        - Update - During the contractor's 03/11 onsite the newly appointed interim Administrator met with contractor initially for introduction/report overview, before HSB board meeting to discuss priorities/presentation to HSB board and at the end of the onsite for a brief close out/plan for next onsite.
        - Update – During the contractor's mid-quarter onsite it was agreed that the managers will meet with the contractor for an initial and close out meeting. This will allow the mangers the opportunity to set contractor priorities and next travel schedule based on immediate needs.

Business Office

Locum Provider Medicare/Medicaid Enrollment – Locum providers filling the provider vacancies must be and are not currently enrolled with Medicare/Medicaid.

- CCI Recommendation
    - All providers should be enrolled or benefits reassigned to CCMC prior to scheduling the provider onsite.

- Update - Discussed with B/O and CFO the transition from business office staff to Human Resources as they are responsible for credentialing providers and have access to the required information. This enrollment process takes anywhere from 6-8 wks and should be started before provider arrives onsite to avoid financial impact.

Charge-master – The only portion of the charge-master that is most current at this point are the medications and supplies. The rest of the charge-master has not been evaluated/updated in over five years.

- CCI Recommendation
    - Develop a charge-master team who will be trained and responsible for routinely updating the database.
        - Update - During the contractor's mid-quarter onsite it was agreed that the Department Management Team would also be the charge-master committee. The first order of business is to restrict access to the charge-master to only those that have completed training and have obtained authorization from the committee.
    - Evaluate CCMC's charge-master pricing structure and establish a working relationship with a similar service providing CAH facility that would be willing to share pricing databases. This sharing of information will benefit both facilities when it comes to setting a standard pricing structure for local Alaska CAH facilities and will potentially improve reimbursement.

New Services – B/O is last to know when new services are initiated at CCMC (i.e. telemedicine) Tele-Psychiatry service has been added without researching the billing requirements, reimbursement guidelines and coding requirements therefore services have not been billed.

- CCI Recommendation
    - Develop a team to consist of specialty/service staff, billing, coding, finance and administration to research specific requirements and make a decision on what is most cost efficient for the facility.
        - Update - During the contractor's mid-quarter onsite it was agreed that the Charge-Master Committee would be responsible for authorizing new services. This authorization will require a review of the requested service based on utilization, expense, reimbursement and the state/federal requirements.

Admit Notification – Nursing is not consistently notifying B/O when after hours admit/transfer occurs.

- CCI Recommendation
    - Unit clerk/nurse e-mail B/O notifying when these admit/transfers occur which will allow the B/O to post charges to the proper accounts.
        - Update - During the contractor's mid-quarter onsite it was agreed that the B/O would receive additional training regarding running daily census reports. These census reports will be updated by the unit clerk by 10am daily and if there is no unit clerk coverage B/O will be notified.

Pre-Certifications – B/O is not consistently notified when a patient is admitted until charges come through days later and the B/O has to contact insurance in hopes of getting the whole stay authorized.

- CCI Recommendation
    - Train the unit clerk on conducting the pre-certifications as they are involved closer to the initiation of care.
        - Update - Discussed with B/O and CFO transitioning the responsibility to Nursing as it is a clinical function. Discussion with DON regarding the transition and agreed that nursing was the appropriate department who would be responsible.
        - Update – During the contractor's mid-quarter onsite it was agreed that the B/O would train the unit clerks on the process for obtaining the pre-certifications and the nursing staff would continue the clinical.
    - Develop a QA position to perform the following:
        - Authorizations and pre-certifications
        - Interpret and implement quality assurance policies and procedures.
        - Interpret and implement existing hospital clinical policies and procedures.
        - Perform reviews based on CCMC's quality assurance standards.
        - Review patient Medical Records using quality assurance criteria.
        - Select specific topics for review, such as problem procedures, drugs, high volume cases, high risk cases, or other factors.
        - Review patient records, applying utilization review criteria, to determine need for admission, medical necessity and continued stay in hospital.
        - Update - During the contractor's mid-quarter onsite the contractor was notified that the QA position has been approved.

B/O Staffing – The business office remains under staffed in the past they had been staffed with 2 billing/collection FTE's, 1 secondary billing FTE and 1 casual/intermittent FTE. The current focus is on billing new visits/discharges/LTC and insurance follow up if time allows. There is currently no time to stay current with all insurance follow up or collections.

- CCI Recommendation
    - Funding request for 1 additional FTE to provide backup coverage and insurance follow up
        - Update - During the contractor's mid-quarter onsite the contractor was notified that the 1 additional FTE will be funded in next fiscal year's budget.

Ilanka Secondary Payer – ER visits denied due to non-emergent case, according to the national HIS list of qualifying diagnoses they do meet criteria. (i.e. fractures, shortness of breath, etc)

- CCI Recommendation
    - Obtain a list of qualifying emergent diagnoses from Ilanka
        - Update - During the contractor's mid-quarter onsite the CFO agreed to obtain the Ilanka approved emergent diagnosis list.
    - Inquire about who is making the determination if a case is or is not emergent.

Health Land System – The system is generating dilatation of the esophagus when the charge CPT 99070 $1500.00 is posted to a patient's account. The contractor as well as the billing staff has witnessed this print on the claim forms sent to insurance as well as the patient's statements. The contractor as well as the business office staff has looked throughout the system to locate the error in information. The Business Office has contacted the vendor and to date no resolution has been made.

- CCI Recommendation
    - Follow up with Health Land on our ticket
        - Update - Discussed with CFO and he will follow up with Health Land.

Self Pay Accounts (No insurance) – The facility is potentially losing out on reimbursement opportunity due to lack of insured.

- CCI Recommendation
    - Funding request for 1 Financial Counselor FTE to work with patients during the triage process or during the stay to screen/qualify patient for Medicaid/other coverage. This FC will meet the patient shortly after initiation of treatment to begin the screening process.

- Update – Discussed with unit clerk the process, training and ordering of supplies process and who to contact. Unit clerk has completed the necessary paperwork required and is awaiting access to the MDC system in order to begin the prescreening implementation process. This new process will allow CCMC to capture reimbursement for those patients that meet the salary requirements and have no form of other insurance. This will also provide pregnant mothers and children with no insurance financial coverage.

- Update - During the contractor's mid-quarter onsite the unit clerk stated that the request for access to First Health was complete and was awaiting confirmation. Contractor educated unit clerk on the targeted patient groups and recommended the unit clerk to obtain screening packets. Contractor would also recommend training all points of registration on the pre-screening process.

  - Advanced Beneficiary Notices – Business Office still not receiving ABN's on Medicare patients for non-covered ancillary services, Medicare denies claim on remittance and then the services are written off. (Example - DEXA scans performed on Medicare patients 01/01/10-09/01/10 resulted in a loss revenue = $1100.00 this amount does not include the lab tests.)

- CCI Recommendation
  - CCI developed a quick reference list (7/09 onsite) for Lab and Radiology tests that have an LCD, NCD or frequency limit. The departments have been trained on the ABN procedure and have also been given the ABN forms to be signed by patient.
    - Update - CCI developed a reference list and trained new Lab staff regarding ABN requirements. Radiology has been collecting them for Dexa-scans since contractors 09/10 onsite.

  - Business Office still needs to develop denial codes for no ABN on file and medical necessity denials which will allow the facility to begin tracking Medicare non-covered services. Once the facility has the ability to track these services the facility can design a facility specific Medicare non-covered list by service.
    - Update – Discussed with CFO and B/O staff plan to add a denial code for tracking.

SSI Claim Scrubber – Medicare professional services are the only payer/service currently processed through the SSI system this is due to the problems with non-transmittal of claims through the SSI system. Facility has worked with the vendor on these issues over the past year with no resolution. The lab diagnosis edits are currently adjusted and taken as a contractual write off.

- CCI Recommendation
    - CCI continues to run all Medicare codes (diagnosis and procedures) through Medicare A/B code editor until facility can find a resolution through current or new claims scrubbing vendor.

    - Hold current vendor accountable for resolution with a set period of time or suggest that facility outsource service to another vendor.
        - Business office has been successful in billing Medicare 1500's and secondary's in the SSI system. Recommend testing SSI system on the EBMS commercial claims with a goal of adding all commercial carriers.
            - Update – The B/O successfully transmitted three batches of EBMS claims. The contractor has asked B/O to contact EBMS regarding claims as payment has not yet been received. Medicare secondary claims have successfully transmitted through the SSI and have been paid.

        - Update - During the contractor's mid-quarter onsite the contractor was notified that the first batch of SSI claims rejected. The B/O contacted SSI and the issue was resolved and claims were re-submitted.

    - The Health Land and SSI provider tables need to be matched 1-1 to avoid miscellaneous provider edits.

    - Send all lab diagnosis edits to CCI for accurate lab diagnosis assignment.

Charge capture has improved due to the new process however there still remains to be a delay due to the many handoffs as well as awaiting provider signatures.

- CCI Recommendation
    - Hold providers accountable for completing the charge capture documents.

    - Electronic Health Record
        - Update - Discussion with B/O and CFO regarding transitioning the charge entry process to another department. This transition will give the B/O staff more time to bill and collect revenue.

Vendor dictation is still a large part of the delay in the charge capture process.

- CCI Recommendation
    - Hold vendors accountable, send out to bid provider transcription contracts every 2-3 years and Radiology reads/reports out to bid every 3 years.
        - Update – RAPC has given medical records access to their system which allows CCMC to check status and download completed reports.

CCMC Business Office continues to complete the registration, charging, billing, collecting, reporting and deposit process for Sound Alternatives.

- CCI Recommendation
    - Setup, train and transfer the responsibility over to the Sound Alternatives clinic.

Outpatient treatable diagnosis services during an employment physical (DOT, CSD and CG) assessment. The process in the past was to enter the treatable diagnosis service, credit the account and then enter the DOT charge.

- CCI Recommendation was given during 06/10 CCI onsite and to date no decision has been made.
    - *Option #1 - enter both services and charge only for the DOT physical $150.*
    - *Options #2 - notify patients prior to visit that they may receive another statement if they are treated for a separate diagnosis.*
    - *Option #3 - don't code for physicals*
    - *Option #4 - notify in writing coding vendor to only code for preventative service regardless of documentation.*

Depending on the facilities decision a policy will need to be developed

The business office has to resend records to coding when the patient is new to the facility for accurate code assignment.

- CCI Recommendation
    - Continue to educate providers that this information should be dictated within the body of the report.

Medical Records

Archiving – The MEDICAL RECORDS B100 storage is in complete disarray and the archived Medical Records are not properly indexed.

- CCI Recommendation

    - Develop a new indexing procedure and re-index all medical records both archived boxes located in B100 as well as the active records located in the Medical Records department. This will allow a smooth transition to the electronic medical record once the time comes to scan the records into the new system.

        - Medical Records Archiving Project Update:

          EKG's – CCMC to verify that the EKG's are in charts for 20 patients and if so the documents in the cage may be destroyed.

          Numbering System – Inactive records will be filed by batch letter, batch year and box number. The deceased records will be filed by batch letter, batch year, deceased year, box number and date destroyed.

Fetal Heart Monitor Strips – Retain the mother's record and the electronic fetal monitoring (EFM) strips for the same period of time the newborn record is retained. The records of both patients would be needed in defense of any potential birth injury claim.

Destruction Schedule – There are 15 boxes of deceased records that require indexing and destroying.

Deceased Destruction – 10 years from the time of death.

Medical staff credential files and related documents must be retained at least 10 years after an individual's termination from the medical staff. The applications for medical staff membership that were denied will be retained for 3 years.

Cataloging – There are 4 ½ boxes left to catalogue.

Medical Records staff is currently indexing active charts

Schedule for the next 3 months -

- Destroy deceased records that have met the time requirements
- Catalogue the rest of the boxes
- Sort, catalogue and destroy OP records that have met the time requirements
- Complete last 4 ½ boxes

Month end un-coded report – During the moth end processing a report generates that identifies accounts that have not been coded for one reason or another. This report is then sent to Medical Records for review and recommendation.

- CCI Recommendation
    - Medical Records will need to be granted access to the un-coded report which will allow MEDICAL RECORDS department to run the report throughout the month and capture/close any pending accounts.
        - MEDICAL RECORDS
        - Reports
        - Custom Report
            - Un-coded report

Lack of staff cross training within the Medical Records department.

- CCI Recommendation
    - Administration to support cross training amongst all departments.
        - CCI instructed Medical Records to complete cross training by next onsite visit.
        - Update – The cross training has not occurred to date. B/O is backing up the M/R records department when the scanner is out. The LTC scanning does not get completed until scanner returns. If the scanner is out for a short period of time the scanning does not get completed.

Lab/Radiology charge sheets/order forms are frequently missing provider signature and are not part of the medical record.

- CCI Recommendation
    - Utilize and train providers to use the Outpatient Treatment Order form for all ancillary outpatient orders.
        - Update – The new process is consistently followed by departments, which is ensuring compliance by providing M/R with an order that is filed within the medical record.

Patient Medical Records are stored sometimes days in departments throughout the hospital making it difficult for Medical Records department to effectively manage the hospitals records.

- CCI Recommendation
    - All records including employee health records should be stored in the Medical Records Department. There should be no records stored in any department overnight unless it is an active chart (i.e. ER, OBS, Acute, Swing or LTC).

Lengthy delays in receiving reports from RAPC vendor (radiology vendor) the delays have been benched marked and reported to CCMC administration. Currently RAPC is averaging 4-7 day delay in returning our reports and they do not have coverage when our designated radiologist is out of town.

- CCI Recommendation
    - Place the contract out to bid as soon as possible.

State of Alaska Cancer Registry Reporting has not been completed for CCMC since 2005

- CCI Recommendation
        - CCI has trained the Medical Records staff the process to report to State Cancer Registry.
            - Update – Currently CR reporting requirements are up to date.

Peer Reviews - During the 09/15/10 - 09/22/10 onsite the contractor formulated a report on all providers through 3rd QTR and calculated the patient records required for peer review. In the past CCMC would use Dr. D for the peer reviews during contractors June onsite Dr. D stated that he would be willing to conduct the peer reviews offsite. The medial director would prefer Dr. D conduct the peer reviews due to the though review and useful feedback.

Providers

Provider Recruitment – Medical Director is not pleased with the current recruiting vendor due to inconsistent experience information/providers that CCMC is receiving.

- CCI Recommendation
  - Allow the Medical Director adequate time to evaluate the candidate as well as work with the candidate prior to his departures.

Locum Provider Scheduling – Lack of Locum scheduling communication during the Medical Directors leave schedule 6 weeks onsite 1 month offsite.

- CCI Recommendation
  - Development of a scheduling calendar disbursed to all departments as well as scheduling in advance to ensure full coverage of hospital/clinic services.

Locum Provider Documentation – Contractor identified several cases in which the documentation did not meet the minimum criteria for coding. The transitional admit documentation requirements had not been routinely met and notes did not follow SOAP format.

- CCI Recommendation
  - Provider orientation by Medical Director with documentation evaluation and charge form overview prior to Medical Director departure.
    - Update – The contractor tried to work with providers however the only two providers left onsite were busy with patient care or were not onsite routinely during the contractors visit.
    - Update – Medical Records developed a SOAP note form for one of the locum providers at the request of CCI due to the fact records did not meet documentation requirements to justify any level higher than level one or two which potentially lost the facility money.
    - Update – Contractor met with Medical Director and discussed the need for provider orientation.

Dictation delays continue to be an issue with the providers which in turn creates additional work for the medical record staff. Providers are not dictating and signing records prior to departure due to scheduling or lack of concurrent dictation practices. This practice has a significant impact on patient care due to the lack of complete documentation available for other treating providers especially in the Emergency Department or a referral to an outside facility/clinic. The contractor identified STAT reports requested by providers at an additional charge to CCMC and then not signed as the provider has already departed. (The average daily clinic workload 12-15 patients Monday through Wednesday)

- CCI Recommendation
    - The contractor spoke to the Medical Director and came to a schedule agreement Monday/Tuesday clinic would be dictated by Thursday 6pm and Wednesday clinic would be dictated by Monday 8am. This schedule has not been followed to date and the dictation remains 3-4 days behind.
        - Update – Currently this schedule has not been followed.
    - Administration must hold providers accountable and schedule appropriately to allow providers adequate time to complete the documentation before departure. The dictation must be required to be completed within 24hrs in order to avoid patient liability.
        - Update – Despite many discussions with the Medical Director this still remains to be a liability for CCMC.

Locum providers are not using the current dictation process and therefore handwriting all notes regardless of its type.

- CCI Recommendation
    - Provide locum training and orientation to the CCMC and it's practices.

Facility Nursing Level 1 – The facility continues to have a fair number of facility level one visits with no physician services noted. ER nursing triage/evaluates every patient that presents to the ER for services once evaluation is complete the provider is called and a determination is made if the patient will be seen in ER or in the clinic the following business day based on severity of the presenting problem. The facility is potentially loosing revenue on both the facility and professional side of services. (i.e. ER reimbursement greater than clinic services and nursing inability to charge higher than a level one based on the EMTALA regulations).

- CCI Recommendation
    - Facility still needs to establish a policy for ER physician on call services and administration needs to hold providers accountable.

Physician Orders – The consultant identified cases in which the orders did not meet the medical justification/necessity criteria or had been assigned a definitive diagnosis when a definitive diagnosis had not been confirmed. Orders often do not have a physician signature when ancillary service is ordered or performed and in some cases billed without a physician signature. Ancillary and consultative services are provided without a written order from the attending provider. Telephone orders rarely have a provider signature which requires Medical Records to follow up.

- CCI Recommendation
  - Facility providers should be required to sign every verbal order within 48 hrs, verbal orders should not be a standard of practice they should more of a rare occurrence.
  - Ancillary orders require a medically justifiable diagnosis, no rule outs/possible, and may include the signs and symptoms until a definitive diagnosis can be confirmed. (If signs and symptoms are not used until the definitive diagnosis can be confirmed the justification for additional services will not be met).
  - Consultations require a written order as well as a medically justifiable diagnosis.
  - Develop a new process for the clinical ancillary order to ensure compliance.

Nursing

Acuity Levels – DON would like to track acuity levels for reporting as the information is currently calculated by the nursing staff.

- CCI Recommendation
  - Contact Health Land vendor and verify if the information can be tracked and if so where would the information need to be keyed.
    - Health Land states that CCMC would need to purchase clinical module in order to track the data.

CCI was asked by nursing the benefits of the CAH designation - Some benefits of CAH status include:

1. Cost-based reimbursement from Medicare, which has the potential to increase revenues. As of January 1, 2004, CAHs are eligible for cost plus 1% reimbursement.
2. Focus on community needs.
3. CAH network with an acute care hospital for support.
4. Flexible staffing and services, to the extent that state licensure laws permit.
5. Capital improvement costs included in allowable costs for determining Medicare reimbursement.
6. Access to Flex Program grant money

Will CAH guarantee a better financial return? No. Some hospitals will find the cost-based reimbursement advantageous, and some will not. Each hospital must perform its own financial analysis to determine if CAH conversion would result in a better financial return. For financially distressed hospitals, even if CAH conversion results in increased reimbursement, it may not put the hospital "in the black." Some hospitals that have converted to CAH have since closed.

Is CAH a downgrade for our facility? No. CAH is a change in provider designation, not a downgrade. Conversion to CAH status does not necessarily mean losing services. In some cases, hospitals that have converted to CAH may even choose to expand their range of services to better meet community needs.

Is there a limit on the length of stay for patients at CAHs? CAHs must maintain an annual average length of stay of 96 hours or less for their acute care patients. There is no length of stay limit for swing bed patients.

What emergency services are CAHs required to provide? CAHs must provide 24-hour emergency services, with medical staff on-site; or on-call and available on-site within 30 minutes, 60 minutes if certain frontier area criteria are met.

The staff on-site or on call must meet state licensure requirements, but Medicare Conditions of Participation specify the coverage could be a doctor of medicine or osteopathy, a physician assistant, a nurse practitioner, or a clinical nurse specialist, with training or experience in emergency care. In certain very limited circumstances, the coverage could be provided temporarily by a registered nurse.

As of October 1, 2007, CMS requires that any hospital, including a CAH, that does not have a physician on site 24 hours per day, 7 days per week, provide a notice to all patients upon admission. The notice must address how emergency services are provided when a physician is not on site. For more information, see page 47413 of the August 22, 2007 *Federal Register* notice.

The nursing staff does not currently notify Medical Records when a patient is transferred to another status.

- CCI Recommendation
    - Develop a process to notify BO and MR when a patient changes status and for the new LTC or swing admits have a patient planning meeting prior to the patient's arrival with all key departments.
        - Update – Meetings with B/O, Nursing, M/R, Pharmacy and Social Worker are conducted to discuss patient status as well as transfer options.
        - Update – The meetings have not been consistent would recommend more consistency.

Hospital clinic manually schedules patients and has no way of verifying patient registration information.

- CCI Recommendation
    - Install software on computer in hospital clinic.
        - Update – Computer ordered for clinic and awaiting IT configuration.

Chart Reviews – Nursing managers are performing 100% reviews of all records to verify completeness as well as to flag orders for physician signatures.

- CCI Recommendation
    - Facility will need to enforce a physician verbal order signing policy.

Acuity Levels – Nursing is currently determining acuity levels in order to assign facility nursing level and this level is not currently utilized for clinical purposes.

- CCI Recommendation
    - CCI assigns facility level there for nursing staff should not be required to complete.
        - Nursing will manually track acuity levels for clinical purposes until a determination can be made on an EHR.

Unit Clerk – The current unit clerk has shared that she is going to complete a coding course online for the next 3-6 months at which point she will bring the coding in-house.

- CCI Recommendation
    - Contractor would be willing to evaluate the course to ensure it meets the national standards.

Transfer forms missing key nursing documentation therefore potentially impacting medical necessity requirements for a transfer.

Nursing requested a provider documentation handbook that would include admission examples as well as different levels of admission criteria:

- History & Physical and Discharge documentation examples
- Documentation examples for Bimonthly and annual LTC review
- Transitional admission process outline
    - Update – Contractor completed the provider manual and will update quarterly.

- Update – Nursing requested additional information regarding LTC to Acute transfers and when it is appropriate to transfer to Acute. Contractor added to manual the definition.

Psychiatry

Tele-psychiatry is currently being utilized in lieu of a psychiatrist onsite for supervision of the Sound Alternatives clinical staff. This service was initiated without proper collaboration of those departments responsible for charging and billing for services, therefore services have not been billed due to non-compliance of payer requirements.

- Update - Billing tele-psychiatry concerns discussed between Business Office, CFO and CCI - CFO states we are losing money so claims will be billed regardless if they are compliant or not. The CFO states that the Administrator received an authorization letter however it has not been provided to the Business Office. The Business Office will need to know how the claims should be billed under the authorization.

Physical Therapy

PT – Charges not currently submitted for maintenance physical therapy therefore skewing numbers for rebasing year.

- CCI Recommendation
  - All charges should be submitted regardless of reimbursement.
    - Update - CCI worked with current PT Locum to educate on proper documentation requirements as well as defining initial evaluation vs re-evaluation.
    - Update - The LTC maintenance program is going very well and when the patient requires restorative therapy the proper procedure is followed. The long term OP physical therapy patients have been revaluated by the current Locum PT to determine their needs which has either justified additional treatment or required that they are set up on home programs (discharged).
    - Update - The OP therapy program has suffered a consider drop in patients due to the inconsistent/lack of CCMC provider referrals.

Radiology

Provider verbal orders are documented (as a verbal order) and signed by Radiology staff.

- CCI Recommendation
  - Facility will need to enforce that the providers sign and date all verbal orders within 48 hrs (documented facility policy).

ABN's – Are still not collected for LCD/NCD Medicare non-covered tests.

- CCI Recommendation
  - CCI has developed quick reference lists for Lab and Radiology for those tests that have an LCD, NCD or frequency limit.
    - ABN's are now being collected for all bone density scans performed on Medicare patients since last onsite training.

The tele-radiology vendor process is labor intensive and requires duplicate entry of registration and history.

- CCI Recommendation
  - Facility will need to get with radiology reading vendor to evaluate other options to the manual history and registration submission.

Laboratory

ABN's – Are still not collected for LCD/NCD Medicare non-covered tests.

- CCI Recommendation
  - CCI has developed a quick reference lists for those tests that have an LCD, NCD or frequency limit and has conducted training for the new staff.

Orders – Not always signed by provider (i.e. nursing and verbal orders) and ordering diagnosis does not consistently support medical justification for the test ordered (i.e. long term drug therapy).

- CCI Recommendation
  - Facility will need to enforce that the providers sign and date all verbal orders within 24 hrs (documented facility policy).

Cultures – Potential loss in revenue due to the current charge document process in the Lab.

- CCI Recommendation
  - Multiple cultures that can be conducted on a single specimen once it is received by the reference lab CCI would recommend holding the charge sheet until the results are complete to avoid potential loss in revenue.

Materials Management

CCI asked by Pharmacy Tech about tracking LTC patient own medications.

- CCI Recommendation
  - Multi-alarm pillboxes serve two purposes; to store medication and provide reminder alerts to take medications at prescribed times.

- Personal Automatic Medication Dispensers are programmable, locked devices that will automatically dispense a dose of dry medications at predetermined times.

There are frequent medication changes due to inconsistent provider coverage and delays in admission orders of which is having a significant financial and patient care impact.

- CCI Recommendation
  - Collaboration with the medical director regarding changes in LTC patient medications.

CCMC has been filling prescriptions for non CCMC patients this practice could result in the loss of license as well as legal liability. The contract pharmacist has notified CCMC in writing that she does not permit this type business conduct under her pharmacist license.

- CCI Recommendation
  - *CCMC will has d*rafted and sent a letter to providers in town as well as local pharmacist notifying them that this type of business will not be authorized by CCMC.

The policy for not using a patient's personal medication has passed unless however it would have an adverse effect on the patient. This will require staff to be held accountable if the policy is not followed.

Closing Statement:

I have attached the collection summarization documented during our engagement which will provide additional information in a more detailed format for your review.

CCI would be happy to schedule a teleconference to review the report with you and the board at your earliest convenience. I would like to contact you within the next 7-10 business days to follow up and verify that you have received the report and to answer any questions that you may have. Should you or your board members have additional questions, please do not hesitate to contact me at (907) 360.2895.

Thank you for providing Coding Concepts, Inc with the opportunity to be of service to you.

It is my sincere hope that you are completely satisfied with the service which was provided to your facility.

Nichole Hunt, President

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Nichole Hunt, President

Coding Concepts, Inc